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Government of Madras.

Public

DEPARTMENT.

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Not to be folded or roughly handled

Proceedings of the Madras Government, Public Department,

22nd June 1866.

- a. 130. Read the following letter from the Officiating Principal Inspector General, Medical Department, to the Chief Secretary to Government, Fort Saint George; dated Fort Saint George, 31st May 1866, No. 194.

With advertence to paragraphs 6, 14, and 16 of the Order of Government marginally noted, I have the honor to submit, for the consideration of Government, reports from the Medical Officers of the General Hospital, Eye Infirmary, and Lying-in-Hospital, showing the working of the newly introduced system of clothing and dieting in the two first Institutions, and the effect of the alteration in the mode of distribution of the money allowance on the latter.

Public Department, No. 1016, 28th September 1865.

2. It appears that the new rules in regard to clothing at the General Hospital have not tended much to the reduction of expense. On an average, only six of the Civil patients have provided their own clothing. I would recommend that in future it be optional with the Civil patients to use their own linen, &c., or that provided by the Hospital.

3. The new arrangements for dieting the in-patients of the Eye Infirmary, and abolishing the money allowance to out-patients, are spoken well of by Dr. Smith. I think it should be continued on its present footing.

4. As regards the Lying-in-Hospital, the changes have not been so satisfactory, and a great reduction in the number of accouchments has taken place since the abolition of the daily batta. To enable Government to understand this question, I will briefly refer to the history of the Lying-in-Hospital.

5. In 1844, this Hospital was erected by private subscription, but the Subordinate Medical assistance, medicine, and diet were supplied by Government. The Medical duties were performed gratuitously by six of the Medical Officers at Madras.

6. In 1847, when a Professorship of Midwifery was established in the Medical College, the Government assumed the sole charge of the Hospital, and appointed the Professor of Midwifery to the Medical charge. Since this period the building has been added to considerably.

7. Previous to the 15th of June 1847, the patients were dieted by the Commissariat; this plan was found to be inconvenient, and from that period, with the sanction of Government, until the first of November last, a daily money allowance of 2 Annas was granted to each patient, a sum somewhat less than the Commissariat could supply diet at. This system acted admirably, and no Institution could go on more smoothly, and, judging from an extended personal experience, I think there was as little imposition by patients as could well be. Every precaution was taken to prevent it, as the rule, upon a patient presenting herself for admission, was that the matron should satisfy herself that the woman was pregnant, and if she considered that she was within a fortnight or so of her confinement, she was taken into hospital; if not, the matron told her about what time she ought to return.

8. Matrons are not infallible as to the period when a confinement is to take place, neither are Medical men, and it is well known how frequently mistakes upon this matter are made.

9. The rule under which pregnant woman are at present admitted is rather vaguely expressed, and it is not unlikely that the Hospital authorities have acted upon it rather too literally. It says a "Native patient confined in the hospital to have a donation of Rupees 2;" this appears to have been interpreted to mean that a woman is not to be admitted into Hospital till she is in labor; at least, if admitted she is to support herself until then. This, with the large proportion of the applicants, is tantamount to denying them admission into the hospital. I understand from Mr. Cornish, who was a Member of the Committee reviewing Civil Medical Establishments, that the Committee's recommendation was not made with a view to abolish the daily issue of batta, but to limit it, in ordinary cases, to a period of fifteen days.

10. Since the year 1850, there has been a progressive annual increase in the number of accouchments, with the exception of one year; and this continued until November last, when the new system of giving the money donation came into operation. Six months' experience has shown that this change has been attended with unexpected and unfortunate results.

11. The number of confinements during the six months commencing in November last were—

	Novr.	Decr.	Jany.	Feby.	March.	April.
	77	75	64	50	63	49 or 378
against	125	110	96	85	69	90 or 575,

the average numbers confined in the corresponding months of the four preceding years; this shows a falling off of nearly 200 confinements in this short period.

12. Another result has been that, consequent upon the paucity of patients, the numbers in that most useful class, "the Nurse Pupils", have been decreased.

13. I have made the following rough table of the daily expense of each Native patient in the following Hospitals:—

	A.	P.
General Hospital...	10	5
Lunatic Asylum...	6	6
Eye Infirmary...	6	0
Vepery...	6	6
Triplicane ...	7	7
Lying-in-Hospital...	4	6. 32

which shows that, with the daily payment of 2 Annas, and including the proportion of charges for servants, it is the least expensive to Government of all the Institutions receiving in-patients.

14. I attach a table shewing the average daily cost for each Native patient in the Lying-in-Hospital for the five months preceding the 1st of November 1865, and the five following. This shows the expense for each in the first period to have been 5 Annas, and that it increased in the second to 1 Rupee 0.7 of a Pie. This is due chiefly to the fixed Establishment being the same for a large, as for a reduced number of patients.

15. I can see no reason why the old system of issuing daily batta, which has stood the test of 19 years' experience, should not be reverted to. It is the cheapest, and by far the least troublesome plan.

16. The Native women who apply for relief are generally very poor, many having no home in Madras, having come from distant places. These poor creatures—unable, when far advanced in pregnancy, to work for their livelihood—are true objects of charity.

17. If it be deemed inexpedient to revert to the money allowance, I would suggest that the poorer applicants be dieted for the period they stay in Hospital, at the Government expense.

18. This arrangement would be more costly than the issue of batta, but in some respects it would be more satisfactory, enabling the Medical Officer to vary the food occasionally, and preventing the use of unsuitable articles of diet.

22nd June 1866.

Lying-in-Hospital and Dispensary.
Table exhibiting the average cost per patient.

	Aggregate number of diets for European and East Indian Patients.	Aggregate daily num- ber of Native Pa- tients.	Native Pa- tients allow- ance, at 2 Annas per diem. Do. do. at 2 Rupees each.	Pay of Ser- vants.		Diet, Ordi- nary and Extra.		Wine, Spirits, and Malt Liquor.		Hospital Charges.						Average cost per patient for a month of 30 days.		
				Pay of Ser- vants.		Diet, Ordi- nary and Extra.		Wine, Spirits, and Malt Liquor.		Hospital neces- saries.		Clothing and Bedding.		Hospital Miscel- laneous.				Total.
				RS.	A. P.	RS.	A. P.	RS.	A. P.	RS.	A. P.	RS.	A. P.	RS.	A. P.	RS.	A. P.	RS.
Expenditure during 5 months from June 1865 to October 1865.....	1783	14,521	1815	2 0	1098	12 0	1203	3 9	288	0 0	738	11 4	148	15 0	5292	8 1	912	7
Cost per patient daily...		...	0 2 0	0 18	42	10 9	57	0 3	41	0 0	8	84	0 0	1	7	5	2	71
Expenditure during 5 months from No- vember 1865 to March 1866... ..	823	2017	610	0 0	1186	4 0	382	5 9	83	0 0	699	6 11	45	14 0	3006	14 8	3112	0
Cost per patient daily...		...	0 4	10	0 6	6	0 7	5	0 0	6	0 3	1	0 0	4	1	0	11	0

(Signed) J. SHAW, Inspector General of Hospitals,
Offg. Principal Inspr. Genl., Medical Department.

22nd June 1866.

From Surgeon J. L. PAUL, M. D., and A. M., Surgeon of the General Hospital, to the Deputy Inspector General of Hospitals, Presidency Division; dated Madras, 15th May 1866, No. 230.

Since November last, all persons having clothing of their own were requested to wear it while in Hospital, and the result has been that a daily average of $4\frac{1}{2}$ men have done so, while 76 wore the Hospital dress. At no time did the number wearing their own clothing exceed 7 per day; and on some occasions the number fell to 2. At the date of this Report there are 6 persons wearing their own clothes; and of these, one is an Assistant Apothecary, and one the Steward's son, and one a Lieutenant Colonel.

2. Civil patients wearing their own clothes complain that they have a difficulty in getting them washed and renewed. In several instances, although patients commenced to wear their own clothes on admission, they subsequently applied for Hospital clothing, their own being worn out, soiled, or more frequent changes required than they themselves could supply.

3. Besides being in most instances inconvenient to the patients themselves, the system of making them wear their own clothing is not a cleanly one, and gives the Wards an untidy and unsymmetrical appearance.

I recommend all Hospital patients to be clothed.

(Signed) H. W. PORTEOUS,
Dy. Inspr. Genl. of Hospitals,
Presidency Division.

From Surgeon Major G. SMITH, M. D., Superintendent of the Eye Infirmary, to the Deputy Inspector General of Hospitals, Presidency Division; dated Madras, 18th May 1866, No. 46.

I have now the honor to submit the report called for by Government in paragraph 16 of Order No. 1016, dated 28th September 1865. The order is as follows:—

"The Eye Infirmary the Committee consider to be on the whole economically managed, but recommend the abolition of allowances and the dieting of in-patients. As an experimental measure, the Government sanction this, subject to report after a trial of six months."

2. The system which obtained in this Hospital up to the 1st of November last, of giving each Native in-patient a daily allowance of 2 Annas for board, instead of providing the requisite diet at the expense of Government, was

one which was eminently open to objection. Under such a system, it was impossible to regulate the diet of patients, to keep a sufficient check upon the conduct of the Hospital cook, to avoid imposition on the part of the patient, or transference of part of the sum for the use of relatives and friends. The system put a premium upon feigned and factitious diseases, and directly induced dishonest patients to thwart the objects of Government, by adopting every means in their power to prolong disease. It is consequently a matter of congratulation that the new system of dieting patients has been introduced. It has hitherto worked well; malingering, if not entirely put a stop to, is yet of rare occurrence, inasmuch as the chief inducement to it, namely the facility of saving money out of the daily allowance, has now become impossible. The new system is a more expensive one to Government, but it is the only safe one in practice, and sound one in principle.

3. The total abolition, from the 1st of November last, of the daily dole of 1 Anna to out-patients is also a step essentially sound in principle. The system had its advantages, especially in the earlier years of the Institution, before

it had secured public confidence, but the necessity of its continuance on this ground no longer exists. It attracted the poorer classes to the Hospital, who would otherwise have neglected their diseases; it afforded a pittance to the poor cooly to save him from want, while it held out no inducement to him, if an honest man, to prolong his disease; it induced pauper mothers, who were earning an uncertain daily wage, to forego it for some days, that they might bring their sick children for treatment; it induced pauper strangers from the neighbouring villages to resort to Madras for treatment; and it encouraged many to bring to Hospital their aged relatives and friends, though, by doing so, they had to lose their daily hire or daily earnings in the bazaar.

The system too was economical, as regards Government, for it enabled the Surgeon to treat as out-patients many cases, which, under other circumstances, he would have admitted to Hospital.

4. With the abolition of this donation, such classes of the community, as I have indicated above, have suffered loss. Had it been possible to have restricted the batta to such and such like, the arrangement would have proved to many a timely help and blessing; but here lay the difficulty.

5. In 1863, soon after assuming charge of this Institution, I placed additional restrictions upon the issue of batta, and endeavoured to carry out the spirit of the Government's intention, by giving it the needy and destitute, and withholding it from the scheming, the dissipated, and the doubtful. An immediate diminution in the number of patients attending Hospital resulted.

6. The disadvantages of the out-patient batta system far outweigh its advantages, even if the system be worked upon a principle of definite and careful restriction. Notwithstanding all precautions, the Surgeon is often deceived. Diseases are feigned and fabricated; actual disease is kept up; and surreptitious means are devised for securing the allowance. Disease is actually increased by the system, and all the worst features of scheming and over-reaching are developed. I have known cases of disease of the eyes fabricated mechanically close to the Hospital, the eye-washes being thrown openly into the street, when the usual batta had been withheld. The system, in short, is one which, work it as you may, has a distinct tendency to foster disease and crime. Under such a system, unless most narrowly restricted, the number of out-patients might be increased to an extent only limited by the expenditure. In such a case, numbers would form no criterion of success.

7. Now, that the inducements arising from daily allowances of money to in and out-patients have been withdrawn, the Institution will show, at the expense of reduced numbers it may be, its true and healthy operation.

8. My Annual Reports for 1863-64-65 show the history of the question in its connection with my own experience.

9. Since the total abolition of the out-patient batta on the 1st of November last, this Institution has held its ground, as regards numbers, except in the item of out-patients of the lowest class. Other causes besides the abolition of the batta, however, are, and have been for some time, in operation to reduce the numbers of this class of patients; the most important of which is the absence, since 1861, of any severe epidemic of Catarrhal Ophthalmia;—

Table shewing the prevalence of Catarrhal Ophthalmia among the patients of the Eye Infirmary, during the last six years.

Years.	In-patients.						Out-patients.					
	Number of Catarrhal Ophthal- mia cases admitted.	Europeans.	East Indians.	Hindoos.	Pariahs.	Mahomedans.	Number of Catarrhal Oph- thalmia cases admitted.	Europeans.	East Indians.	Hindoos.	Pariahs.	Mahomedans.
1860.....	377	...	38	54	283	2	377	666	5	11	98	538
1861.....	289	...	42	28	218	1	289	757	4	16	112	602
1862.....	24	...	2	3	19	...	24	617	3	12	123	493
1863.....	19	1	9	2	2	5	19	580	5	17	96	445
1864.....	19	3	11	3	...	2	19	604	9	24	162	387
1865 (from Jany. to Octr.)	18	3	10	1	1	3	18	461	2	60	125	248

10. In my opinion, it would be a retrograde step to fall back upon the arrangements in force prior to 1st November 1865.

11. The appended Tables embrace all the more interesting and important facts connected with this subject.

TABLE No. 1.
TABLE showing the operation of the money allowance system of the Eye Infirmary (a), when in full operation, 1860-61-62; and (b), when modified as regards out-patients, 1863-64-65.

Years.	Castes of In-patients.						Castes of out-patients.						Proportion of Caste Hindoos to total Hindoos.	Allowance of 2 Annas per case.	Proportion of Caste Hindoos, to total Hindoos.	Allowance of 1 Anna per case.	Proportion of batta in Annas per case.
	Europeans.	East Indians.	Caste Hindoos.	Pariahs.	Mahomedans.	Total.	Europeans.	East Indians.	Caste Hindoos.	Pariahs.	Mahomedans.	Total.					
1860.....	20	55	136	454	23	688	16	68	596	1,522	89	2,309	31.8%	Rice*	2,309	692	4.3
1861.....	14	66	100	410	30	620	14	50	583	1,406	99	2,196	34.4%	1,205	2,196	799	5.7
1862.....	1	18	92	124	12	247	12	63	602	1,248	132	2,057	33.7%	1,036	2,057	865	5.7
1863.....	8	20	76	110	34	248	6	93	717	921	177	1,914	33.7%	1,030	1,914	492	4.5
1864.....	10	26	94	67	23	220	26	158	613	772	103	1,672	33.7%	1,030	1,672	201	1.8
1865 (from January to October, inclusive, being ten months)	8	26	88	56	15	193	46	206	540	593	111	1,496	33.7%	828	1,496	115	1.05

* Rice $\frac{1}{2}$ measure and one Anna batta each.

(Signed) G. SMITH, M. D.,
Superintendent Eye Infirmary.

9. It should not be overlooked that the Hospital is also a school for the Students of the College, who attend to acquire a knowledge of practical midwifery, before being sent out to practice, and, in this respect, numbers are as important an element of instruction as difficult cases.

10. Instruction and practice are also afforded to a class of pupils qualifying as midwives, who, after receiving their diploma, are gradually dispersed through this and the other Presidencies to practice. The importance of persons of this class being properly educated and taking the place of the self-taught and ignorant nurse, is fully appreciated wherever they are met with. Numbers for their practical instruction are, of course, essential.

11. The effect of the recent order, in respect to the admission of Soldiers' wives, should also be mentioned. The Certificate required is difficult to obtain, as it involves the idea, when a Medical Officer signs it, that he is incapable of treating the special complaint. The want of the necessary instruments, &c., may alone be the cause of incapacity, but this is not mentioned in the Certificate, and what advantage may be obtained in treating special complaints in a special Hospital is practically denied to Soldiers' wives. A case occurred not long since, in which a Soldier's wife requiring an operation, by no means difficult to perform, presented herself at the Hospital, and went back to procure the Certificate. She, however, failed to return, and it is ascertained that she died shortly after from the effects of hemorrhage, which would have been prevented by the operation. As no woman could be refused admittance who denies that her husband is a Soldier, the operation of the rule may be evaded by the dishonest, while those with better principle will suffer from the restriction which it entails.

12. One other point should also be adverted to, viz., the cost of each patient per mensem. With the large number of confinements during the year 1864, embraced in the calculation of the Committee, it was ascertained to be Rupees 8-7-9, for each patient per mensem. Now, however, with the same fixed Establishment, a much smaller number of patients, and a higher rate of allowance to them for the time they are in Hospital, it is found to have increased to Rupees 31-12-0

Appendix C.

each per mensem, since 1st November last. The total expenses for the 5 months preceding 1st

November 1865 being Rupees 5292-8-1, against Rupees 3006-14-8, for the 5 months following that date.

LYING-IN-HOSPITAL,
MADRAS, 2nd May 1866.

(Signed) W. H. HARRIS, M. D.,
Superintendent, Lying-in-Hospital.

[Appendices to this report not printed.]

No. 131.

ORDER THEREON, 22nd June 1866, No. 626.

In this letter the Officiating Principal Inspector General, Medical Department, reports on the results of certain measures which, in September last, the Government ordered to be adopted experimentally in the General Hospital, the Lying-in-Hospital, and the Eye Infirmary.

2. The measure tried in the General Hospital was the requiring Civil patients, not paupers, to provide their own clothing, and pay for the washing of their own under clothing while in Hospital. This arrangement has been tried for six months, and, on an average, only $4\frac{1}{2}$ of the Civil patients have provided their own clothing, the daily average wearing the Hospital dress having been 76. The Surgeon of the Hospital, Dr. Paul, states that the patients complain that they experience difficulty in getting their clothes washed and renewed, and considers that the system "is not a cleanly one, and gives the Wards an untidy and unsymmetrical appearance." The Deputy Inspector General, Dr. Porteous, recommends "all Hospital patients to be clothed" in the dress of the Institution. The Officiating Inspector General recommends that, as the new plan causes little reduction of expense, it

should be left "optional with Civil patients to use their own linen, &c., or that provided by the Hospital."

3. It seems to Government that the best plan will be to determine that all patients with salaries or means above a certain rate, say 150 Rupees per mensem, should be required, as a rule, to provide their own clothing, or pay for the use of the Hospital clothing, bearing also the expense of washing in both cases.

4. In the Lying-in-Hospital, the change prescribed was the abolition of the daily batta to Native women, at the rate of 2 Annas per diem, and the substitution for it of a donation of 2 Rupees on leaving Hospital—the daily allowance of 2 Annas being, however, granted after the 15th day of treatment, if longer retention in Hospital be necessary—and the exclusion of soldiers' wives, unless they produce a certificate from their husband's Departmental or Regimental Medical Officer, that they cannot be efficiently treated under his charge.

5. The result of the first change is reported by the Superintendent, Dr. Harris, to have been a falling off in the number of Native patients of 22 per cent. on the average of the last five years, and of 45 per cent. on the average of the last two. The persons whom the new rule has excluded from the benefits of the Institution are of the poorest class, dependent for their livelihood on daily labor, and unable to provide their food when admitted into Hospital. The Superintendent cites instances of the extreme hardship and danger to life of the new rule. The batta is less than the cost of dieting would be; the plan, however, is liable to be abused, but such cases must be rare, and any such loss is not to be compared with the positive evils of the new plan, as pointed out by Dr. Harris. Moreover, the Lying-in-Hospital is the only obstetric school for the students of the College, and for private midwives, a class of practitioners much needed throughout the Presidency. The Government consider it therefore very desirable that the old system of issuing the daily batta should be reverted to. This will accordingly now be done.

6. The new rule requiring the production of a certificate in the case of Soldiers' wives appears, also, from the Superintendent's Report, to have been productive of some hardship, and, in one case, of actual loss of life. The intention of the certificate appears to be misapprehended, and it is said to be difficult to procure, because imagined to imply an acknowledgment of professional inability to treat the case. Such an idea, if it really does prevail, is altogether erroneous, but under no circumstances ought an applicant to have been refused admission into Hospital, when life was at stake, merely for want of such a document. The Government desire to have before them further particulars of the case referred to in paragraph 11 of Dr. Harris' Report.

7. As to the rule itself, the Government direct that it be abrogated at once, and that no certificate be hereafter required; but the charge prescribed by the rules of the Service should, as in the case of treatment in a Regimental Hospital, be levied.

8. In the Eye Infirmary, the changes ordered were the abolition of batta to the out-patients, and the dieting (in lieu of batta) of the in-patients. The Superinten-

TABLE No. 2.

TABLE showing the operation of the new rules, under which Native in-patients are dieted by Government, and batta to Out-patients has been abolished.

(From 1st November 1865 to 30th April 1866, i. e., six months.)

	Castes of In-patients.					Proportion of Caste Hindoos to total Hindoos.	Cost of diet.			Castes of Out-patients.					Proportion of Caste Hindoos to total Hindoos.		
	Hindoos.									Hindoos.							
	Europeans.	East Indians.	Caste Hindoos.	Pariahs.	Mahomedans.		Rupees.	Annas.	Pice.	Europeans.	East Indians.	Caste Hindoos.	Pariahs.	Mahomedans.			
																Total.	
From 1st November 1865 to 30th April 1866, being six months.....	8	19	58	28	15	128	1 in 11	1104	14	11	35	105	313	128	78	659	1 in 11

(Signed) G. SMITH, M. D.,
Superintendent, Eye Infirmary.

REPORT on the working of the new system in regard to the allowance to Native patients confined at the Lying-in-Hospital, &c., recommended by the Committee appointed to inquire into Civil Hospital expenditure, and sanctioned by Order of Government, dated 28th September 1865, No. 1016.

The new system of allowing a fixed money payment of Rupees 2, in lieu of diet, to each Native patient confined in Hospital, having been in force for six months since its introduction on 1st November last, in substitution of the former practice of a daily allowance of two Annas to all pregnant women who were admitted for their confinement, during the time they remained in Hospital, and so great a falling off in the number of confinements having taken place, it becomes necessary to inquire if the great decrease since the 1st November is in consequence of the new system, and if the principle on which the Committee proposed the change abovementioned is correct, and more important than the successful working of a flourishing Institution, the benefits and usefulness of which in this branch were participated in so largely, especially by the poorer classes.

2. The accompanying returns of the number of confinements during the corresponding months of the preceding five years* exhibit a progressive increase, with a trifling exception for the last year, up to the date of the introduction of these changes (November 1865), as the benefits of the Institution become gradually better known and more appreciated; and it will be observed that a sudden falling off of 22 per cent., from the average of Native patients for the five years, and of about 45 per cent. from the number confined in the two preceding years, occurred immediately on the introduction of the change of system, while the slight diminution in the number of Europeans and East Indians, is readily accounted for by the restriction which was, at the same time, put upon the admission of soldiers' wives.

3. The number of confinements of Natives for the corresponding six months of the five preceding years have been 380, 409, 469, 593, and 565, respectively, averaging 493 for each period of six months, against 315 since November last. The contrast between the latter and the two preceding years is very great, the decrease being 250, or more, in the last half-year.

* Appendix A.

4. The number of confinements monthly of all classes during the six months preceding November last, compared with the six months following, will also show an equally unfavorable contrast. They are, May 93, June 104, July 122, August 110, September 105, October 111—average 107; and November 77, December 75, January 64, February 50, March 63, April 49—average 63: the total of the two periods, 645 and 378 respectively,—decrease 267 in the last half-year. On the other hand, the number of admissions in the Dispensary branch for corresponding periods

* Appendix B.

in the two preceding years* was 28 against 40 in this year,—and of out-patients treated, 3881 and 4243, against 4268—both showing an increase in the last half-year.

5. The falling off then in the Lying-in-branch is, I think, fairly attributable to the new system. Under it, no provision is made for pregnant women, until after their confinement, and though they are allowed to occupy the vacant ward, few, if any, avail themselves of the opportunity of remaining at the Hospital awaiting their labor, as they would have to return to their houses once or twice a day, to partake of the family meal. The risk they would thus incur of labor setting in during their absence from Hospital is so great, that they naturally fail to perceive the advantage of coming at all until the very last moment. Then, when labor pains have commenced, they find themselves utterly unable to walk; and the majority of the Natives who are confined at the Hospital, belonging to the poorest classes of the community—about 85 per cent. being Pariahs, mostly either coolies or grass-cutters—possess no means for a conveyance; and, unless residing in the immediate neighbourhood of the Hospital, they are thus precluded from sharing in its benefits. Even those living near at hand who may attempt to make their way to the Hospital at such a time on foot not unfrequently come to grief by the way, or are confined within a very few minutes of their arrival (vide appendix D). A case of this description happened about a week since: a poor woman residing at Chindadrappettah, started for the Hospital immediately on the setting in of labor, and on the way, while making as much haste as possible, flooding set in, and she reached the Hospital supported by two of her friends, with her clothes completely saturated with blood, and she was delivered the moment she was put to bed. Another recent case could not even reach the parturition ward, but was delivered in the verandah.

6. Scenes of this description are not creditable to the Hospital, the rules of which do not encourage the admission of pregnant women in proper time. Similar cases certainly occurred before the new system was introduced, but they were comparatively infrequent, and there was a satisfaction in knowing that the rules of the Institution were not then at fault.

7. The daily allowance was doubtless a great boon to these poor women, who are unable to earn their daily subsistence in the latter part of pregnancy, and it is evident that numbers were attracted to the Hospital by it; but if obtaining the money was their sole object, and they possessed the data on which to reckon their time correctly, why do they not come in equal number now, when in most instances they could claim the 2 Rupees in half the time? I think the fact of their being overtaken by labor pains, before they are aware of their approach, is the explanation to this question, and is also the reason of the failure of the present system.

8. Considering that the class of Native women who chiefly avail themselves of the benefits of the Institution belong to the poorest section of the community, that they depend on their daily earnings for their support, that they are incapable of working up to the very close of pregnancy, and that they possess no means for conveyance to the Hospital after the setting in of labor; considering that an Institution of this kind is not designed to take charge of *only difficult* cases of confinement, but to afford proper treatment from the beginning, in order to prevent the difficulty which later in the progress of the labor is often irremediable as far as the saving of the lives of both mother and child is concerned; and considering, also, that in this country, public charities of every description are almost entirely supported by Government, that there are no work-houses for the poor, as in England, and no proper aid procurable by these poor pregnant women elsewhere—I think the question most deserving of reconsideration, and the Institution, with its former system of working, the only one of the kind in India which has attained any degree of success, worthy of their cordial support.

22nd June 1866.

dent, Dr. Smith, reports very favorably of the change. It will, therefore, be continued, on the understanding that, if further trial raises doubt of its expediency, the question be reconsidered.

(True Extract).

Acting Chief Secretary.

To the Principal Inspector General, Medical Department, with enclosures, returne

,, Accountant General.

,, Examiner of Claims.

J. H. Burns.

OFFICE OF CONTROLLER OF MILITARY ACCOUNTS,
Fort Saint George, 4th September 1866.

A

From
The Controller of Military Accounts,
Fort St. George,

To

The Secretary to Government,
Public Department,
Fort Saint George

Sir,

Application having been made to this Office by the Examiner of Medical Accounts for Order of Government, No 626 of 22nd June 1866, to which he has been referred by the Medical Officers in charge of the Lying-in Hospital, I have the honor, presuming the Order quoted to have been passed in the Public Department, to

request

request the favor of a copy

I have the honor to be

Yr. obedient servant
Lucas
Grandy duties of Lexington, Mass.

From
The Controller of Military Accounts,
Fort St. George,

To
The Secy to Govt., Pub. Dept.,
Fort St. George

A
No.
Dated 4 September }
Received } 1866.

Enclosure.

Endorsement.

Request to refer my O.C.
No. 626 of 22 June 1866.

Form No. 5820, G. M.—26-7-66—500.

G.O. 28 Sept 1865
Public Dep't No. 1016.

17
In this letter the Prin.
Inspector Genl, Med.
Dept, reports on the
results of certain mea-
sures which in Sept.
last the Govt ordered to
be adopted experimentally
in the General Hospital,
the Lying-in Hospital,
and the Eye Infirmary.

The measure tried
in the Genl Hospital was
the requiring Civil Patients,
not Paupers, to provide
their own clothing & pay
for the washing of their
own underclothing,
while in Hospital. This
arrangement has been
tried for six months
and on an average
only $4\frac{1}{2}$ of the Civil Pa-
-tients have provided their

own clothing - the daily
average wearing the Hos-
pital Dress having been
76. The Surgeon of the
Hospital - Dr. Paul - states
that the patients com-
plain of that they ex-
perience difficulty in
getting their clothes washed
& renewed and ^{consider that} the
system "is not a cleanly
one and gives the Wards
an untidy & unsyme-
trical appearance." The
Dep't Insp: Genl, Dr. Pa-
ters, recommends
"all Hospital Patients
to be clothed" in the
dress of the Ins: to labor.
The Asst. Inspector Genl
recommends - that, as
the new plan causes
little reduction of
Expense, it should be
left optional in the

Civil Patients to use their
own linen & or that pro-
vided by the Hospital.

It seems true that
the best plan will be
to determine that all
Patients with salaries
or means above a cer-
tain rate - say 150 Rs.
per m: should be required
as a rule to provide
their own clothing - The
charges are paid in
this way - according
to means - and a patient
on 150 Rs. may reasonably
be expected to do this
much for himself - There
ought to be no difficulty
in getting clothes washed.

In the Ins: in-
Hospital the charge
prescribed was the ab-
lition of ^{the} daily bath
to native women
at the rate of 2 Annas
per diem and the aboli-
tion for it of a donation
of 2 Rs. on leaving Hospital.

The daily allowance of 2 annas being however granted after the 15th day of treatment, if longer retention in Hospital be necessary - and the exclusion of children, unless they possess a certificate from their husbands, Magistrate or Magistrate's officers that they cannot be efficiently treated under his charge.

The result of the first change is reported by the Sup^t. Dr. Harris, to have been falling off in the number of native patients of 22 per cent on the average of the last five years & of 45 per cent on the average of the last two

persons
The ~~last~~ whom the new rule has excluded from the benefits of the Institution are the poorest of the poor - dependent for their livelihood on daily labor - & unable to provide their food when admitted in to Hospital. Dr. Harris' cites instances of the extreme hardship and danger to life of the new rule - and as the latter is less than the cost of dieting would be - if like European patients in ~~other~~ the first Hospital - they were fed as well as treated - at the cost of the State - & the total charge is small. Some 250 £ per anⁿ and as whenever the lying-in Hospital is the only school for the students of the College - and for private

business - a class
of practitioners much
needed throughout the
Presidency. I trust
you will revert to
the old system. No
doubt, the latter plan
is liable to be abused,
but such cases must
be rare and any
such loss is not to
be compared with
the positive evils of
the new plan - as
pointed out by Dr. Harris.

The new rule re-
specting the production
of a Certificate in the
case of soldiers' wives
appears also, from Dr.
Harris' report to have
been productive of some
hardship - and in
one case of actual loss

of life. The intention of
the Certificate appears to
be misapprehended, by
it is said to be difficult
to procure he could imagine
to imply an acknow-
ledgement of professional
inability to treat the
case. Such an idea, if
it really does prevail,
is altogether erroneous.
But under no circum-
stances, any that are ap-
plicable to have been
refused admission
into Hospital - when
life was at stake ^{much} for
want of such a doc.
I think you should call
for particulars of this
case - Action & order
is well enough in its
way - but here it was
done by doing right in-
humanity - almost
murder in fact.

I do not see what particular object the rule was intended to achieve: the number of women cannot be very large, and the saving to the Hospital, but not saving to the Govt. is only 4 Rs per head. The women are apparently saved 1 anna per diem, Hospital stockpays - if they are the wives of effective soldiers - There can be no objection to the charge prescribed by the rules of the Service, being levied but why should Govt. try to make them go to one Hospital rather than another? If they prefer the Dying-in-Hospital he may be sure they have a ^{strong} ~~good~~ reason - real or imaginary - and in their condition imagination has great influence / for it - why not indulge them? The

They must cost nearly as much when in the Regt. or the Dying-in-Hospital.

Soldier has strong claim on the Govt. and the Govt. of a Soldier's wife is hard enough without an adding to trials.

Should there not go back to the old system and as to charge require that no more be levied than the rules of the Service prescribe -

In the Eye Dr. primarily the changes ordered were the abolition of batta to the out-patients & the directing / in lieu of batta / of the In Patients - The Sup^t Dr. Smith reports very favorably of the change and it might be continued ^{on} ~~with~~ the understanding that if further trial raises

and, the question
be reconsidered.

I suppose this con-
dition be caused by
since this letter, they
full of much too
argument, has a
good thing of them,
has in favor of the
system.

J. S. S.

Public Department.

PROCEEDINGS of the MADRAS GOVERNMENT.

Read the following letter
from the ~~Off.~~ Principal Inspector
General Medical Department.

(Here enter 31st May 1866 to 19th.)

Order thereon 22nd June 1866 No 626.

In this letter the following
Principal Inspector General Medical
Department, reports on the results
of certain measures which in
September last the Government
ordered to be adopted experimentally
in the General Hospital, the
Lying-in-Hospital, and the
Eye Hospital.

2. The measure tried in the
General Hospital was the requi-
ring civil patients, not before,
to provide their own clothing and
pay for the washing of their
own underclothing, which in

Hospital

will

Hospital. This arrangement has been tried for six months and on an average only $\frac{1}{2}$ of the Civil patients have provided their own clothing - the daily average wearing the Hospital dress having been 76. The surgeon of the Hospital, Dr. Paul, states that the patients complain that they experience difficulty in getting their clothes washed and renewed and considers that the system "is not a cleanly one and gives the Wards an untidy and unsymmetrical appearance." The Deputy Inspector General, Dr. Porteus, recommends "all Hospital patients to be clothed in the dress of the Institution." The Offg. Inspector General recommends that, as the new plan causes little reduction of expense, it should be left optional with Civil patients to use their own linen or that provided by the Hospital.

3 It seems to Government that the best plan will be

to determine that all patients with salaries or means above a certain rate - say 150 Rupees per annum - should be required as a rule to provide their own clothing or pay for the use of the Hospital clothing, bearing also the expense of washing in both cases.

4 In the Lying-in Hospital the change prescribed was the abolition of the daily batta to native women at the rate of 2 Annas per diem and the substitution for it of a donation of 2 Rupees on leaving Hospital, the daily allowance of 2 Annas being, however, granted after the 15th day of treatment, if longer retention in Hospital be necessary - with the exclusion of soldiers' wives, unless they produce a certificate from their husbands' Departmental or Regimental Medical Officers that they cannot be efficiently treated under his charge.

5 The result of the first change is reported by the Superintendent, Dr. David, to have been a falling off in the number of

the average of the last five years,
of ~~the~~ per cent on the average
the last two. The persons whom
the new rule has excluded from the
benefits of the Institution are of
the poorest class, dependent for their
subsistence on daily labor, and unable
to provide their food when admitted
into Hospital. The Superintendent
cites instances of the extreme
hardship and danger to life of
the new rule. The battle is life
than the cost of dieting would be,
the plan, however, is liable to
be abused, but such cases must
be rare and any such loss is
not to be compared with the
positive evils of the new plan,
as pointed out by Dr. Harris.
Moreover, the Lying in Hospital
is the only school for the
students of the College and
for private Midwives - a class
of practitioners much needed
throughout the Presidency. The
Government consider it ^{thoroughly} desirable
that the old system of ~~practice~~

^ Obstetric

the daily battle should be main-
-tained. This will accordingly not
be done.

6 The new rule requiring
the production of a certificate
in the case of soldiers' wives
appears also from the Super-
intendent's report to have been
productive of some hardship
and, in one case, of actual loss
of life. The intention of the
Certificate appears to be mis-
apprehended, as it is said to be
difficult to procure, because
imagined to imply an acknow-
ledgment of professional inability
to treat the case. Such an idea,
if it really does prevail, is al-
-together erroneous, and under
no circumstances ought an
applicant to have been refused
admission into Hospital -
when life was at stake - merely
for

for want of such a document.
The Government desire to have
before them further particulars
of the case referred to in para 11
of Dr. Harris' report.

7. As to the rule itself,
the Government direct that
it be abrogated at once and
that no certificate be hereafter
required, but the change pre-
scribed by the rules of the
Service should, as in the case
of treatment in a Pyrexia
Hospital, be revised.

8. As to the Cyprian reform,
the changes ordered were the
abolition of batta for the
outpatients and the disting-
uishing of batta of the
inpatients. The Super-
intendent, Dr. Smith
reports

works very favorably of the
change. It will therefore be
continued on the understanding
that if further trials raised
doubt ^{of its expediency} the question be reconsidered.
etc.

To the Hon. Secy. of the Colonies, London.
From the Hon. Secy. of the Colonies, London.
Controlling of buildings. To the Hon. Secy. of the Colonies, London.

Public 1866. Department.

No. 626.

488-146-
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PROCEEDINGS OF GOVERNMENT.

Dated 22 June 1866.

216-146-
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