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MADRAS RECORD OFFICE.

Government of Madras.

Rudie DEPARTMENT.

G.O. No.	324.	Press Mis.
Dated	26-3-	1867

Not to be folded or roughly handled

*Proceedings of the Madras Government, Public Department,
26th March 1867.*

No. 177. Read the following letter from J. SHAW, Esq., F. R. C. S., Principal Inspector General, Medical Department, the Honorable R. S. ELLIS, C. B., Sanitary Commissioner for Madras, and Colonel A. J. M. BOILEAU, R. E., Superintending Engineer, 4th Division, to the Chief Secretary to Government, Fort Saint George; dated Madras, 31st January 1867.

We have the honor to inform you that, in accordance with the Orders of Government, dated 21st December 1866, No. 1304, and 7th January 1867, No. 21, we met on the 12th instant at the Eye Infirmary, and on subsequent occasions at the Office of the Sanitary Commissioner.

2. The temporary arrangements sanctioned by the Government, in their Order, No. 21, dated 7th January 1867, to accommodate the female patients who had vacated their Ward, in consequence of its insecure condition, have not been executed, and are not necessary, as the Female Ward has been repaired, and is pronounced by the Superintending Engineer, 4th Division, to be now in a perfectly safe condition, so that this Ward can be occupied as usual by the female patients.

3. We had only therefore to consider any arrangements which might be necessary for the general welfare of the Institution and its patients.

4. If it was intended that the present building should be retained as the only place of treatment of Eye Diseases at the Presidency, there are many improvements which could be suggested to render the patients who are resident more comfortable than they now are; but, as soon as a Military Hospital is built, and the present General Hospital becomes a Civil Hospital for Europeans, East Indians, and Natives, male and female, there will be Ophthalmic Wards set apart in the building for all classes of patients (exclusive of Military patients) who are now received as inmates in the Eye Infirmary.

The soldiers suffering from Diseases of Eye will be treated in the Ophthalmic Ward of the New Military Hospital.

5. The Committee do not feel justified in recommending that any expense should be incurred in altering and improving the present Eye Infirmary.

6. They would, however, suggest to Government that, as there is sufficient space in the Ophthalmic Ward of the General Hospital (Military Side), all Military male patients should be transferred to the General Hospital, as soon as the allotment in the General Hospital sanctioned by Government in the Order, No. 818, dated 15th August 1866, is completed. This allotment has been delayed, pending certain alterations required to be made by the Public Works Department. These are nearly completed, and the transfer of the Military patients from the Eye Infirmary to the General Hospital need not be delayed beyond a month or six weeks.

7. Until the year 1858, Europeans and East Indians suffering from Ophthalmic disease were treated by the Oculist in the General Hospital, where a separate Ward was allotted to him for this purpose; but in that year, consequent upon the mutinies, more accommodation being required for general cases, they were removed to the Native Eye Infirmary. The Committee recommend that all civil patients of these classes be transferred to the Ophthalmic Wards of the General Hospital (Civil Side), where, when the allotment above alluded to is completed, there will be accommodation for 10 patients, which is sufficient for the average number of this class of patients, as shown by the Returns furnished to the Committee by the Superintendent of the Eye Infirmary.

8. The removal of the Military and Civil European and East Indian male patients will afford increased accommodation to the Native male patients at the Infirmary—eleven additional beds being by this arrangement available.

9. The European and East Indian female patients now under treatment at the Eye Infirmary cannot, until the General Hospital is a purely Civil Institution, be removed from the Eye Infirmary, but the Superintendent is willing to give up to these patients two rooms in his own house, which will give good and ample accommodation to this class of patients.

10. The long Ward, which is now the general Female Ward, will then be reserved entirely for Native females. We beg to recommend that this Ward should be subdivided, and allotted as shown in the accompanying sketch plan. This will admit of some segregation of the patients, which is always desirable in a Hospital.

11. In making a recommendation which provides for the eventual abolition of a distinctly separate Hospital for the treatment of Diseases of the Eye, it may be convenient to lay before the Government the objections which have been made to the course we advocate by Dr. Smith, the Officer in charge of the Eye Infirmary.

12. The objections made rest on sanitary considerations, and on certain prejudices alleged by Dr. Smith to be entertained by the Native population.

Dr. Smith objects on sanitary grounds. He pleads that, by transferring to a General Hospital patients suffering from certain Eye Diseases, such as Catarrhal Ophthalmia and Purulent Ophthalmia, which are contagious disorders, the other patients in the General Hospital are exposed to unnecessary danger, and that, *per contra*, the patients suffering from Eye Diseases would be exposed in the General Hospital to possible contagion and infection from the other patients in the Hospital. To meet this objection, it is only necessary to point out that in nearly all the great London Hospitals there are Eye Wards; had it been found that contagion was conveyed and received, as Dr. Smith argues that it would be, these Wards would have been speedily closed. In the Ophthalmic Ward of the General Hospital, in which Europeans and East Indians were treated for so many years, there is no instance upon record of contagion having been contracted or conveyed by these patients. Mr. Shaw, who was Superintendent of the Eye Infirmary for upwards of eleven years, can only recollect one case occurring in the Native Eye Infirmary, although contagious cases of Ophthalmic disease were then freely admitted.

13. There are, it is true, in England and elsewhere, Ophthalmic Hospitals, just as there are Cancer Hospitals, Hospitals for Pulmonary Affections, Orthopedic Hospitals, and many other Institutions for the treatment of special diseases; but the object of the Government is to provide, as economically as is consistent with successful treatment, for persons suffering from Eye Diseases, who are in circumstances which render it necessary that they should have recourse to a public Hospital supported by the State; and this, we submit, is secured by giving sufficient separate accommodation for Ophthalmic patients in the General Hospital.

14. It is also objected by Dr. Smith that Natives suffering from Eye Diseases, especially those of a superior caste, will not so readily frequent the General Hospital, either as in-patients or out-patients, as they do a separate Ophthalmic Hospital.

There is in the Government records a voluminous correspondence on the subject, referring to a transfer which took place in 1834, and which caused a notable reduction in the number of the patients having recourse to the Ophthalmic Hospital.

Dr. Smith, in his Memorandum attached, says—"the experiment of allying the Institution with a General Hospital has been tried and failed": in this he is incorrect. The General and Ophthalmic Hospitals were in no way allied; the building was one in which the Carnatic Artificers had been located previous to being transferred to the Barracks at the Gun Carriage Manufactory, and the Oculist was as independent then as he is now. The building was undoubtedly a very unsuitable one for the purpose for which it was intended, and as the city wall and gate were at that time in existence, access from the southern side was dangerous to all classes, and more especially to those afflicted with partial or complete blindness; but these no longer exist, and the road is now one of the widest in Madras. Other reasons could be adduced connected with the management at that time of this branch of the General Hospital, which lead us to believe that if the patients are as kindly treated in the General, as they are in the present special Ophthalmic Hospital, there need not be any falling off in attendance.

15. It can hardly deter out-patients—and these number daily 34·12 as compared with the in-patients, who number 32·33—that they will have to attend at a spacious and handsome building in a central position, such as the General Hospital, where they will be treated, as at present, by a special Medical Officer.

16. The objections which might be felt by high caste persons suffering from Eye Diseases to being treated in a General Hospital, or their supposed preference for a separate Institution, do not, in the opinion of this Committee, justify the additional expense which would be entailed by retaining the present Eye Infirmary.

17. The Government, it appears to us, do all that is necessary, if adequate provision is made for Ophthalmic Native patients in a General Hospital, when the Native inmates are as kindly treated as Europeans, and when nothing is done unnecessarily to offend their caste prejudices.

18. It must be remembered that the present Eye Infirmary is a hired building, requiring expensive alteration and repair, if it is to be converted into a Hospital on modern principles.

The rent is already high, 250 Rupees per mensem, and it would be probably cheaper to purchase the building outright than to continue paying rent. But as there will be shortly ample accommodation at the General Hospital for Ophthalmic patients, this Committee resolve to recommend the eventual abolition of the present separate Institution, and they do not submit any proposals for extensive alterations or additions.

19. The accompanying plans and statement will sufficiently inform Government of the extent of accommodation that can be made available.

The alterations recommended are as follows:—

On the male side of the Hospital the two Wards for European patients, at present communicating by two archways, should be separated by the completion of the dividing wall. The two Wards thus afforded should be devoted respectively to special and contagious cases. To the latter, the bath-room adjoining should be allotted. A small latrine for the same class of patients can be provided in close proximity to the bath-room, by removing the clothing to one of the Godowns at the other side of the Hospital. In the Contagious Ward one of the present windows will have to be converted into a doorway.

In the Female Wards it is very desirable that one portion should be walled off for the treatment of contagious cases, and that the remainder of the present unsightly long Ward should be divided. The Ward which will then become the centre of the three should be furnished with central doorways at the front and back, and a doorway will also be required for the other general Female Ward, so that the patients of these two Wards may have access to the latrine for females. Bath-room and latrine accommodation for the contagious cases will also have to be provided as shown in the plan.

ACCOMPANIMENTS.

- 1 Copy of Memorandum by Surgeon Major George Smith, M. D., Superintendent of the Eye Infirmary.
- 1 Detailed statement of accommodation proposed to be provided in the Eye Infirmary of Madras.
- 1 Sketch of the Native and European Wards of the Eye Infirmary as at present.
- 1 Sketch of the Native Female Wards of the Eye Infirmary as at present.
- 1 Sketch of the Native Male Wards of the Eye Infirmary as proposed.
- 1 Sketch of the Native Female Wards of the Eye Infirmary as proposed.

Memorandum by Surgeon Major GEORGE SMITH, M. D., Superintendent of the Eye Infirmary.

I am given to understand that it has been proposed to abolish the Eye Infirmary as a separate Institution, and, in lieu thereof, to provide Wards in the General Hospital for European patients, and in a Native General Hospital for Native patients. The grounds on which this proposal rests have not been specified, but, probably, they will be found to be those of economy, concentration, and convenience.

2. The following questions have been put to me, and I propose to answer them as succinctly as I can :—

Is the maintenance of the Eye Infirmary as a distinct Institution necessary ?

What are the special advantages of the existing Institution ?

Are existing arrangements sufficient to meet the wants of the Institution ; and, if not, how may these arrangements be improved ?

3. The first question* takes it for granted that the existence of an Oculist's department is necessary. This point conceded, the expediency of retaining a separate Hospital for the treatment of Diseases of the Eye may be defended—

* Is the maintenance of the Eye Infirmary as a distinct Institution necessary ?

(A).—On the ground that the experiment of allying this Institution with a General Hospital has been tried, and has failed.

The testimony of experience admits of no evasion. In 1834, this Hospital was closed, notwithstanding the urgent remonstrances of the then Superintendent, Dr. Lane, and its patients were transferred to a building belonging to, and in the immediate neighbourhood of, the General Hospital. This translation proved to be disastrous, and the collapse of the Oculist's department became imminent.

The Institution was re-transferred to its present locality in 1838 (?), with the effect of restoring it to its former sphere of popularity and usefulness. Why repeat an *experimentum crucis* ?

(B).—On sanitary grounds.

Segregation exists, why prefer congregation ?

Patients are admitted to the Eye Infirmary suffering from contagious diseases, some of which, in certain conditions of the atmosphere, are also infectious. The ravages of some of these diseases are matters of history. Why expose the sick of a General Medical and Surgical Hospital to the

risk of such infections ; and, *per contra*, why expose healthy Ophthalmic patients to all the contingent contagions and infections of a General Hospital—to Measles, Small Pox, Dysentery, Cholera, and Typhoid Fever ?

(C).—On the ground that the present Hospital is, and has been, eminently healthy and successful, and that the experience of England is becoming more and more in favor of separate Ophthalmic Hospitals.

This Institution has been in existence nearly half a century ; the record of its operations during that time testifies to its usefulness and popularity.

Southern India, with a population of nearly 30,000,000 has but one Ophthalmic Hospital. The idea in which the Institution originated was in advance of the age. Forty years have neither extended nor intensified the idea. Half a century ago, England, as far as I know, had but one or two Ophthalmic Hospitals ; now, in addition to the Ophthalmic Institutions and Ophthalmic Wards of some Hospitals of the Metropolis, she has, in 14 Counties alone, 25 Institutions for the special treatment of Diseases of the Eye. Their multiplication is a matter of necessity, humanity, and science. Every ninth patient is an Ophthalmic case. Are Diseases of the Eye less common in India than in England ? This Institution does not meet one-fiftieth of the ophthalmic wants of this Presidency. Is this any argument for its abolition ? The question should rather be one involving the establishment of additional Ophthalmic Hospitals, than one involving the suppression of the solitary one which now exists.

(D).—On considerations connected with the habits and prejudices of the Native patients attending the Eye Infirmary. The applicants for relief at the Eye Infirmary represent fairly, and in adequate numbers, not only the lowest stratum of Native society, but also all grades of that society, not even excepting the highest ; women, as well as men, are included in this remark. Those familiar with the experiences of Native Hospitals, and with the obstinate prejudices of respectable though poor Natives, will agree with me in feeling certain that the incorporation of this Department with a Native General Hospital will result in the limitation of the Oculist's sphere of usefulness nearly, if not entirely, to the lower strata of society. In an isolated Institution, organized and conducted as this Hospital is, there is much to encourage, little to discourage, the timid Native—much to assure, little to alarm or repel ; whereas in the Wards of a General Hospital the Ophthalmic patient will find himself surrounded by sights and sounds well calculated to alarm him, and the practical result will be that the field of practice will be left to such as are forced by necessity and want to put up with the uninviting concomitants of a residence in a General Hospital.

4. With one significant break already alluded to, the present buildings have been occupied as an Eye Infirmary since 1824 or 1825. The Institution consequently is well known to the Native community of the Presidency town and of the Mofussil, and this of itself is a point of great importance, especially in the estimation of Native patients. The situation of the Hospital is convenient, central, and healthy, and on this last point, I may remark that no case of primary Zymotic disease has occurred within its walls, during my Superintendentship, nearly four years, and that only one doubtful case, as far as I can learn, occurred in the preceding ten years, when the Institution was under the care of Mr. Shaw. In a sanitary point of view, therefore, no situation could be more desirable.

5. Regarded as an Hospital for the accommodation of Native patients, many of whom are old, infirm, and helpless, the general arrangements are good. The Wards are level with the ground, permitting of ready and safe ingress and egress ; they are of adequate size, and not over-ventilated. The male portion of the Hospital is well separated from the female ; the out-offices, though small and not according to modern ideas, are conveniently situated and sufficient, if put into thorough repair, for our wants ; there is an abundant supply of good water on the premises ; there are open spaces, with and without trees, for the patients' comfort ; and the whole appearance of the Infirmary

is so much like a private dwelling, and so little like an Hospital, that the Natives, I am assured, call it Lane's Gardens. Moreover, the Superintendent's house, standing contiguous to the Hospital buildings, and situated between the Male and Female Wards, takes away still more from the Hospital appearance of the Institution, while his presence, with that of his family and servants, gives to the Native patients, whether male or female, a feeling of confidence and security which materially contributes to the popularity of the Institution. Under existing arrangements too, the patients enjoy great freedom: all appearance of restraint is carefully avoided; the doors stand open; and as every Native patient knows that he can leave Hospital when so inclined, that very assurance secures his remaining under treatment far more effectually than were he subjected to closed doors and stringent regulations. With a non-resident Medical Officer, this system would, of course, require considerable modifications.

6. In furnishing a reply to the third question, it may be well to note, in the *first* place, that the buildings are not the property of Government, and, in the *second*, that the accommodation provided is for Native patients alone. The fact that the property does not belong to Government places the Institution at disadvantage. The Wards have been built principally of brick and mud; the fixtures of the Wards are common and out of repair; the latrines, &c., are susceptible of great improvement; and the buildings, as a whole, stand in need of more cleaning and repair than they now receive. Government decline to help, because the property is not theirs, and the Receiver to the Estate naturally demurs to all projects which diminish the rent. As a consequence, the position of the Superintendent is far from satisfactory. The solution of the difficulty lies, either in the purchase of the property by Government, or in some arrangement entered into with the Receiver to the Estate, to place the buildings in a proper state of completeness, and to keep them in a proper state of repair.

7. With reference to the other point, namely, that the accommodation provided in the Hospital is for Native patients alone, it may be remarked that, up to the year 1858, European Ophthalmic cases were treated in the General Hospital. In that year, in consequence of the large influx of general patients, they were transferred, as a temporary measure, to the Eye Infirmary. In 1860 their re-transference to the General Hospital took place, but after five months, owing to the proposed enlargement of the Hospital, they were again sent to the Eye Infirmary, where they have remained ever since. The accommodation for European male and female patients in the Eye Infirmary is limited and uncomfortable. This fact has been long and well known to the authorities. A few arrangements and an inconsiderable outlay, however, would meet the requirements of the case. I beg to suggest the following alterations in present arrangements.

(I). The division of the present Female Ward into an European portion (with lavatory, &c., attached) and Native portion.

(II). The transfer to Native male patients of the present Ward used by Europeans, and the removal of European patients to the western portion of the Superintendent's house.

With these alterations in existing accommodation, and with the addition of some improvements, demanded alike by cleanliness, order, and comfort, the arrangements would be amply sufficient to meet all the wants of the Institution.

8. The expense to Government of working the Institution is inconsiderable. The Superintendent draws the employed pay and allowances of his rank, and, deducting the small outlay upon instruments and medicines, the total monthly expenses of the Institution fall short of Rupees 1000. The saving to Government from the incorporation of the Oculist's department with a Native General Hospital would be too inconsiderable to constitute any valid reason *per se* for the abandonment of the existing Institution. The closure of the Eye Infirmary would be a retrograde step.

9. An Institution like the Eye Infirmary occupies peculiar vantage ground in maintaining its existing position. It requires—not to defend its ground, for its defence lies in its success—repute, popularity, and usefulness, alike to Government and to the Public. It rests with those who propose sweeping changes to show by sound sober arguments the propriety of their suggestions; to

prove the expediency, if not the necessity, of the proposed changes; to demonstrate that their views are in accordance with the claims of humanity and science; to show, in fine, that some great convenience or pecuniary benefit will result to Government, without compromising aught of the existing usefulness and popularity of the present long established Institution.

10. As a practical man, I know that reasonable looking and well concocted plans often fail. I know that destruction is easy, and construction difficult, and, as the Superintendent of an Institution—the only one of the kind in Southern India—which has existed close upon 50 years; which has attained slowly and with difficulty its present hold upon the confidence of the community; which has conferred great benefits upon suffering humanity; and which is to this day doing a successful and earnest work, I may be pardoned if I shrink from countenancing changes which, in my judgment, can only lead to the limitation of the Oculist's sphere of usefulness, and to the ultimate abolition of his department, with the ruin of his work.

MADRAS,
19th January 1867.

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

DETAILED STATEMENT of accommodation proposed to be provided in the Eye Infirmary of Madras.

Block and Room.	How to be occupied, whether by males or females, &c.	Dimensions.			Superficial area of each room.	Cubic contents of each room.	Number of cots usually in each room.	Number at 99 square feet superficial area	Cubic contents thus afforded.	Win-dows.			Doors.			Remarks.
		Length.	Breadth.	Height.						Number.	Height.	Width.	Number.	Height.	Width.	
1	1... Native males.....	55	19	12½	1,045	12 811	13	10	1,281	7	43	3	73			
	2... Office and Record Room.....	18¾	19	12½	356	4,363	...	...	...	5	43	2	73			
	3... Native males.	30½	22	15	671	10,065	9	7	1,437	4	43	2	73			
	4... Special cases. ...	20½	19	14	389½	5,453	4	4	1,363	4	43	1	73½			
	5... Contagious cases.	36	20½	14	738	10,332	7	7	1,476	3	43	2	73½			
								28								
2	Female patients															
	1... Special Ward. ...	18½	17½	12½	328	4,022	3 to 4	3	1,340	4	63	1	84			
	2... General Ward ...	46	19½	12½	897	10,978	15 to 12	9	1,219	6	43½	2	73			
	3... Do. do. ...	52	19½	12½	1,014	12,421		10	1,242	8	43½	2	73			
	4... Contagious cases.	35½	19½	12½	692	8,480		7	1,211	4	43½	2	73			
								29								

(Signed) H. B. MONTGOMERY, M. D.,
Secretary, Sanitary Commission.

No. 178. ORDER THEREON, 26th March 1867, No. 324.

The Governor in Council resolves to adopt, for the present, the recommendations made by the Committee—

1st.—For the removal of the male European and East Indian patients to the Ophthalmic Ward of the General Hospital (Military Side); and

2nd.—For the execution of the alterations specified in paragraph 19 of the Committee's Report.

2. The general question of amalgamating the Eye-Infirmiry with the General Hospital will be reserved for future discussion whenever there may be an immediate prospect of building a separate Military Hospital at Madras.

(True Extract).

Chief Secretary.

To the Inspector General, Medical Department.
„ Sanitary Commissioner.
„ Military Department.
„ Public Works Department, with 4 Sketches.

Ed. J. H. Burns.

Memorandum

by
George Smith M.D.

Superintendent of the Eye Infirmiry

1. I am given to understand that it has been proposed to abolish the Eye Infirmiry as a separate Institution, and, in lieu thereof, to provide Wards in the General Hospital for European patients, and in a Native General Hospital for Native patients. The grounds on which this proposal rests have not been specified, but, probably, they will be found to be those of economy, concentration and convenience.

2. The following questions have been put to me, and I propose to answer them as succinctly as I can.

Is the maintenance of the Eye Infirmiry as a distinct Institution necessary?

What are the special advantages of the existing Institution? Are existing arrangements sufficient to meet the wants of the Institution, and if not, how may these arrangements be improved?

3. The first question takes it for granted that the existence of an Oculist's department is necessary. This point conceded, the expediency of retaining a separate Hospital for the treatment of

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expediency of retaining a separate Hospital for the treatment of

Diseases of the Eye may be defused.

A. On the ground that the experiment of attaching the Institution with a General Hospital has since tried, and has failed.

The testimony of experience admits of no evasion. In 1834 this Hospital was closed, notwithstanding the urgent remonstrances of the then Superintendent Dr. Ross and its patients were transferred to a building belonging to and in the immediate neighbourhood of the General Hospital. This translation proved to be disastrous, and the collapse of the Oculist's department became imminent.

The Institution was retransferred to its present locality in 1838(?) with the effect of restoring it to its former sphere of popularity and usefulness. My reputation as an oculist since 1838. On sanitary grounds.

Segregation exists, why prefer Congregation?

Patients are admitted to the Eye Infirmary suffering from contagious diseases, some of which, in certain conditions of the atmosphere, are also infectious. The passages of some of these diseases are matters of history. Why expose the sick of a General Medical and Surgical Hospital to the risk of such infections; and, per contra, why expose healthy Ophthalmic patients to all the contingent contagious and infectious of a General Hospital - to measles, small pox, dysentery, cholera, and typhoid fever?

B. On the ground that the present hospital is and has been eminently healthy and successful, and that the experience of England is becoming more and more in
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favor of separate Ophthalmic Hospitals.

This Institution has been in existence nearly half a century; the record of its operations during that time testifies to its usefulness and popularity. About in India with a population of nearly 30,000,000 has but one Ophthalmic hospital. The idea in which the Institution originated was in advance of the age. Forty years have neither extended nor intensified the idea. Half a century ago, England, as far as I know, had but one or two Ophthalmic hospitals, now, in addition to the Ophthalmic Institutions and Ophthalmic wards of some hospitals of Metropolis, she has, in 14 counties alone 25 Institutions for the special treatment of diseases of the eye. This multiplication is a matter of necessity, humanity and science. Every 9 patients is an Ophthalmic case. Are diseases of the eye less common in India than in England? This Institution does not meet one-fiftieth of the Ophthalmic wants of this Presidency. Is this any arrangement for its abolition? The question ~~is~~ rather be one involving the establishment of additional Ophthalmic Hospitals, than one involving the suppression of the solitary one which now exists.

C. On considerations connected with the habits and prejudices of the native patients attending the Eye Infirmary. The applicants for relief at the Eye Infirmary represent fairly and in adequate numbers not only the lowest stratum of native society, but also all grades of that society, not even excepting the highest;

women as well as men are included in this remark.

Those familiar with the experience of Native Hospitals, and with the obstinate prejudices of respectable though poor natives will agree with me in feeling certain that the incorporation of this Department with a Native General Hospital will result in the limitation of the Oculists sphere of usefulness nearly if not entirely to the lower strata of society. In an isolated Institution organized and conducted as this Hospital is, there is much to encourage little to discourage the timid native; much to assure, little to alarm or repel. Whereas in the wards of a General Hospital the ophthalmic patient will find himself surrounded by sick and wounds well calculated to discourage, and the practical result will be that the field of practice will be left to such as are forced by necessity and want to put up with the unimproving concomitants of a residence in a General Hospital.

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5. Regarded as an Hospital for the accommodation of native patients, many of whom are old, infirm and helpless, the general arrangements are good. The wards are level with the ground, permitting of ready and safe ingress and egress; they are of adequate size, and not over ventilated. The male portion of the Hospital is well separated from the female; the out-offices, though small and not according to modern ideas, are conveniently situated and sufficient, if put into the rough repairs, for our wants; there is an abundant supply of good water on the premises; there are open spaces with and without trees for the patients' comfort, and the whole appearance of the Infirmary is so much like a private dwelling and so little like an Hospital that the natives, I am assured, call it *Lone's Gardens*. Moreover the Superintendent's house, standing contiguous to the hospital buildings and situated between the male and female wards, takes away still more from the Hospital appearance of the Institution, while his

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presence with that of his family and servants gives to the native patients, whether male or female, a feeling of confidence and security which materially contributes to the popularity of the Institution. Under existing arrangements too the patients enjoy great freedom; all appearance of restraint is carefully avoided; the doors stand open, and as every native patient knows that he can leave hospital when so inclined, that assurance secures his remaining under treatment far more effectually than were he subjected to closer doors and stringent regulations. With a non-resident Medical Officer this system would of course require considerable modifications.

6. In furnishing a reply to the third question, it may be well to note, in the first place, that the buildings are not the property

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of Government, and in the second, that the accommodation provided is for native patients alone. The fact that the property does not belong to Government places the Institution at disadvantage. The wards have been built principally of brick and mud; the fixtures of the wards are common and out of repair, the latrines &c. are susceptible of great improvement, and the buildings, as a whole, stand in need of more cleaning and repair than they now receive. Government decline to help because the property

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2. The transfer to Native Male patients of the present ward used by Europeans, and the removal of European patients to the Western portion of the Superintendent's house.

With these alterations in existing accommodation, and with the addition of some improvements demanded alike by cleanliness, order and comfort the arrangements would be amply sufficient to meet all the wants of the Institution.

8. The expense to Government of working the Institution is inconsiderable. The Superintendent draws the employed pay and allowances of his staff, and, deducting the small outlay upon instruments and medicines, the total monthly expenses of the Institution fall short of Rs 1000. The saving to Government from the incorporation of the Oculist's department with a native General Hospital would be too inconsiderable to constitute any valid reason *per se* for the abandonment of the existing Institution. The closure of the Eye Infirmary would be a retrograde step.

9. An Institution like the Eye Infirmary occupies peculiar vantage ground in maintaining its existing position. It requires not to defend its ground, for its defence lies in its success, repute, popularity and usefulness alike to Government and to the Public. It rests with those who propose sweeping changes to shew by sound sober arguments the propriety of their

their suggestions; to prove the expediency if not the necessity of the proposed changes; to demonstrate that their views are in accordance with the claims of humanity and science; to shew in fine that some great convenience or pecuniary benefit will result to Government without compromising ought of the existing usefulness and popularity of the present long established Institution.

10. As a practical man I know that reasonable looking and well conceived plans often fail. I know that destruction is easy and construction difficult, and, as the Superintendent of an Institution - the only one of the kind in Southern India - which has existed close upon 50 years, which has attained slowly and with difficulty its present hold upon the confidence of the community, which has conferred great benefits upon suffering humanity, and which is this day doing a successful and earnest work, I may be pardoned if I shrink from countenancing changes which, in my judgement, can only lead to the limitation of the Oculist's sphere of usefulness, and to the ultimate abolition of his department with the ruin of his work.

Madras
19th January 1867

/s/ Geo. G. Smith M.D.
Surgeon Major
Superintendent Eye Infirmary.

(True Copy)

James Stewart James.

Secy. Surg. Com^{rs} for Madras

11

Obtained statement of recommendations proposed to be printed in the City Directory of 1866.

Block and Room	How taken occupied whether by Males or Females &c.	Dimensions		Length	Breadth	Area	No. of beds	No. of patients	No. of attendants	No. of nurses	No. of doctors			
		Length	Breadth											
1	Active Males	55	19	12 1/4	1045	1286	13	10	1281	7	4	3	7	3
2	Office and Recd. Room	10 3/4	19	12 1/4	356	436	-	-	-	5	4	3	7	3
3	Active Males	30 1/2	22	15	671	1068	9	7	1437	4	4	3	7	3
4	Special Cases	20 1/2	19	14	389 1/2	5453	4	4	1363	4	4	3	7	3 1/2
5	Contagious cases	36	20 1/2	14	738	10332	7	7	1476	3	4	3	7	3 1/2
	Female patients							28						
1	Special Ward	18 1/2	17 1/4	12 1/4	328	4022	364	3	1360	4	6	4	8	4
2	General Ward	46	19 1/2	12 1/4	897	10978		9	1219	6	4	3 1/2	7	3
3	Do	52	19 1/2	12 1/4	1014	12421		10	1242	8	4	3 1/2	7	3
4	Contagious Cases	35 1/2	19 1/2	12 1/4	692	8400		7	1211	4	4	3 1/2	7	3

James H. Co.

Howard M. Young, Adm.
 of the Ward Co.

St. 1143.

Public.

From the Principal Inspector General
Med. Department
D/31st January 1867.

For Orders.

There is a good deal to be said in favor
of keeping up a separate institution
for diseases of the eye, but on the whole
in my opinion I think adopt the recom-
mendations of the Committee.

Under these, until that period
when a Military Hospital
shall have been built, all that will
be done will be to transfer the Indian
European & East-Indian patients
to the General Hospital. By this
means more accommodation
will be left in the Dispensary
for native patients. It will also

2
A time when the treatment of
ophthalmic patients in a general
Hospital is practically open to the
objections urged by Dr Smith. If
it is we can retain our status. If
it is not the whole scheme of the
Committee can be carried out
when the Military Hospital
is built.

Dr J. Smith's Memorandum is a very
clear exposition of the advantages of keeping
matters as they are in respect of eye patients.
The transfers recommended by the Committee
were taken to the General Hospital only male
Europeans & East Indians, but I doubt
if this becomes necessary as Dr Smith is
shown to have added to the available
accommodation at the Eye Infirmary by
utilising two rooms of those which

he has hitherto occupied as his own.
The Eye Infirmary has a deservedly high
reputation over the whole Presidency, from
all parts of which patients of every class
willingly come for treatment. The transfer
proposed may be disastrous. Some understand
at a distance, but sufferers may be kept
away who would otherwise have sought
relief at the doctor's hands. It may be
more in conformity with rules to have
Europeans & East Indians at the General
Hospital, but I must doubt whether they
will in any way benefit by the change
and all things considered I should prefer
leaving as they are what have for so
long a series of years have worked well and
have been regarded as good arrangements.

W.D.

I think for the present that the
Suggesting of the Committee should be
adopted 1. For the removal of the
State Military ^{Land} Patents & the General
Hospital. 2. For the repairs and
alterations in the present building.
The general question of the unseparation
of the Infirmary with the General
Hospital may be reserved for subsequent
discussion when the building for a separate
Military Hospital is brought under
consideration which I hope will be the
case before the termination of the
year 1867. 68. N.

PROCEEDINGS of the MADRAS GOVERNMENT.

Read the following letter from the Committee appointed to consider & report upon the subject of accommodating ^{female} the patients at the Eye Infirmary.

9/31st Jan'y 1887.

Order thereon. 26 March 1887. N^o 324.

The Governor in Council resolves to adopt for the present the recommendations made by the Committee,

- 1st for the removal of ^{European and East Indian} the Male ~~Military~~ Patients to the Ophthalmic ward of the General Hospital (Military Side) and
- 2^d for the execution of the alterations specified in para 19 of the Committee's report.

The

No 9th Jan'y 1887 9107 31432
21st Decr 1886 - 92493
15th Aug. at - 1012103.

Director 10/16/87 Secretary
1st Sec. of Madras
The J. Medical Inspector
Genl. Sec. of Govt
S. Sec. of Govt
S. Sec. of Govt
S. Sec. of Govt
S. Sec. of Govt

The Chief Secretary to Govt
Madras

20th Decr 1887
Office:
11/11/87

Report with reference

to order No 1307 of 21st Decr 86
and the 21st Decr 87 with
arrangements necessary for the
well-being of the patients of the Eye
Infirmary at Madras.

File 439.

S.P.
W.O.

2. The general question of amalgamating the Eye Infirmary with the General Hospital will be reserved for future discussion whenever there may be an immediate prospect of building a separate Military Hospital at Madras.

P. I. G. Med. Depto
Sanitary Commission
Military Depto
Public Works Depart^{mt} with
4 Sketches

Despatch 27/3

17-18.

-624 439-

Dated. 26 March 1867.

PROCEEDINGS OF GOVERNMENT.

No. 324

Justice 1867. Department.

22 March
1867