

MA
MADRAS RECORD OFFICE.

Government of Madras.

Public DEPARTMENT.

G.O. No.	<i>260</i>	Press
	<i>(20-2)</i>	~~Mis.~~
Dated	<i>3-3-</i>	<i>1921</i>

Not to be folded or roughly handled

3rd March 1870.

dings

I the following letter from the Inspector-General of the Indian
Department, to the Chief Secretary to Government, Fort Saint
George, dated Fort Saint George, 19th January 1870, N^o 17.

As pupils honour to forward, herewith, for the consideration of Government,
Committee appointed in Government Proceedings, No. 1059, of
Vythil beg to append my observations thereon.

dy exist, a generation of the medical of the work to be done, I am of opinion
the scheme of educating native medical practitioners should not be limited,
experimentally, to one district, as is proposed by the Committee in paragraphs 5
and 6. I have already suggested, and the Board of Revenue in their Proceedings,
the 831, of 27th April 1869, have concurred in the view, that it would be most
possible to establish at the least two of these Medical Schools in the Telugu
Districts, two in the Tamil, and one in a Malayalam District. As each Medical
School would probably turn out no more than eight or ten qualified practitioners
Vythil and taking into account the fact that, if we allow the moderate computation
of village doctor to 3000 of population, a total of 8500 practitioners would
find employment in this Presidency alone, it is evident that, even with
a larger number of experimental schools I propose, many years must elapse before
a supply of qualified native doctors can be such as to sensibly benefit the mass of
the population. I approve so far of the Committee's recommendation that the
District of Cuddapah should be one of those in which a school might with
advantage be established, there being a good Civil Hospital and a well qualified
Superintendent ready at hand for the duty; but I trust, also, that sanction may be
accorded to the establishment of schools at Vizagapatam, Trichinopoly, Madura,
Cochin or Calicut on the Western Coast. The Board of Revenue has suggested
Mannanore as the most suitable station in the Malayalam Districts, but the absence
of any Civil Hospital or Dispensary at that station is a serious drawback, whereas
hospitals at Cochin and Calicut are well-adapted for clinical teaching.

3. The Committee in paragraph 10 have laid down a course of study which it
recommended should extend over a period of three years. The programme is
objectionable, but it may be a subject for grave consideration, whether the
assistance upon a course of three years of preparatory and unremunerative work is
not, in the first instance, likely to defeat the object which Government has in view.
My own impression is that, looking to the fact that no very tempting prospects are
held out to young men to induce them to study for the medical profession, the
period of study should not at present extend beyond two years. Hereafter it may
be practicable to lengthen the time of preparatory study, but in the beginning of a
great and interesting experiment of this nature, I doubt if it would be politic to
discourage young candidates for the profession by requiring an educational course
which may be regarded as incommensurate with the prospects in after life. As to
the subjects which should be taught I agree generally with the Committee, but I
should not advise that any attempt should be made at the onset to teach the elements
of midwifery. The services of such men would never be sought for in ordinary
midwifery, and in difficult cases "a little knowledge" might cause more harm than

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4. In paragraph 12 the Committee suggest that the title of "village dresser" might be fitly applied to men trained in the rudiments of their profession in the manner above described, but it appears to me that the title is scarcely suggestive enough of the profession. I should prefer the term "Vythian," or its English equivalent.

5. The compilation of suitable vernacular text books is a very important part of an educational scheme, and the Committee have discussed this question in paragraph 13 of their report. I may mention that the services of Mr. Danekotta Raju, a graduate in medicine of the Madras University, would be available for the compilation of the necessary text books. This gentleman has already prepared a Manual of Hygiene in Tamil, in a form which would be suitable for students of Provincial Medical Schools, and I believe him to be very well-qualified to assist the medical education of his fellow-countrymen, in which work he might be materially aided by the compilation of standard text books suited to the comprehension of the pupils.

6. The rates of stipend proposed by the Committee in paragraphs 15 and 16 appear to be moderate. I have nothing to suggest further on this head, except that I would not bind any man, who had passed a standard examination and possessed his qualification for practice, in a penalty to give service to the State. It is doubtless, be desirable to offer these trained native practitioners employment in connexion with the medical and sanitary administration of the country at a moderate rate, until the chief station of each taluk has been supplied with a medical officer, but it is sufficiently obvious that, if an effort is made to educate the class who now practise as hakeems and Vythians, they will prefer to pursue their profession among their own connexions, rather than take up Government employment, and it seems to me undesirable to place any restriction on the way in which they shall follow their profession. I would suggest that no one should be passed as qualified under the age of 21, but would have no other restriction in regard to age.

7. It is hardly necessary to discuss the question of the establishment of village dispensaries as suggested by the Committee in paragraphs 16 and 19. Such institutions, if they are ever to spring up at all, must be supported in some shape by the people. All that the Government can reasonably be expected to do in this matter, I conceive, is to make provision for medical aid being given to the poor and helpless, and to enforce a standard minimum of qualification of all those who aspire to serve the State as medical men or as sanitary officers. The first object might be attained supposing the men to be available, by apportioning a medical officer to a certain district, as is done in Great Britain and Ireland under the direction of the Poor Law Board. The second it is within the power of the State to define by legislative enactment, when the time shall have arrived to enforce it. The extension to remote outlying villages of the dispensary system would, I conceive, be a measure of questionable utility, though, as regards the chief taluk towns and other centres of population, such institutions for out-door relief would be very desirable.

8. In paragraph 18 the Committee deprecate the limitation of the proposed training to the sons of the present generation of practitioners. I would remark on this head that, other things being equal, the sons of the indigenous practitioners

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to high study. The sons should have the first consideration. It would be a great mistake to make as pupils men who, from their social position, would be unable to mix freely with the caste people; and, although the candidates need not be strictly limited to the sons of Vythians, it would be well to remember that the calling of a Vythian does not already exist, and that the people as a rule repose confidence in the advice and recommendation of the indigenous physician. Probably the most hopeful means of raising the degraded position of the medical profession in India might be found in improving the professional status of the existing class of native physicians. Any action on the part of the Government which might induce the present generation of hakeems and Vythians to pursue the proposed educational scheme in a light as opposed to their own interests would, I think, very much interfere with its successful working, and on this ground I think it right to remark that special inducements should be held out to the sons of Vythians to avail themselves of the proposed course of study. They should certainly have the first claim to the benefits of the proposed measures.

9. In paragraph 20 the Committee discuss the question of the means of supply of indigenous drugs to village dispensaries. I have already remarked that the question of educating native practitioners need not be complicated at the present time, with the discussion of the more doubtful advantages of village dispensaries, whether they be needed, or these remedies, or not, to the extent advocated by the Committee. The question of whether I am wholly opposed to the interference of Government throughout the country in the supply and storing of indigenous drugs for general use in the primary Medical School, so as to officially authorize the substitution of certain imported drugs by those obtainable in the country. In process of time, should there be a demand for these and other drugs in districts where they do not naturally occur, private enterprise is sure to step in to meet the want.

The establishment of Government depôts for the reception and distribution of such drugs, as advocated by the Committee, would, in my opinion, tend to paralyze all private enterprise in this direction, and could only be maintained at a cost out of all proportion to the advantages. India already consumes locally and exports many medicinal drugs of great value, such as opium, borax, senna, cardamoms, nitre, &c. In a very short time chinchona barks and their alkaloids will be added to the list. It cannot be doubted that, if a demand springs up locally, or elsewhere, for the common indigenous medicines lately admitted into the Indian Pharmacopœia, the people will find it worth their while to store and supply the same wherever they may be wanted. Supposing that the number of 8500 village dressers was ever reached, it is obvious that no one central department of administration could undertake the task of storing and distributing supplies to them. My own view in regard to this matter is that the salary of the village Vythian, or whatever he may be called, should be fixed so as to include remuneration for supplying medicines and medical attendance on the poor, as is the practice in Great Britain under the Poor Law Board. It would, I think, be wholly impossible in any other way for the Government to attempt to afford medical aid to the people at large.

10. As regards the admission into Government employ of young men trained in the various schools of the Medical Missions, as recommended in paragraph 23,

I see no serious objection so long as the men are of a social status which would not interfere with their usefulness. But it seems to me that the question of fixing a standard of qualification for native practitioners to be applied after a given period is one that will have to be dealt with by the Government in its legislative capacity. Persons of this description should ultimately be required to conform to a prescribed method of study and pass a qualifying examination conducted by legally constituted authorities before receiving licenses to practice, or before obtaining employment in connexion with the medical and sanitary administration of the Government.

11. I concur generally in the views expressed in paragraph 24 of the report, though, until the complete establishment of the five provincial schools alluded to, I would recommend that no attempt should be made in the training of village midwives. There are very many difficulties to be overcome, and I am impressed with the belief that the successful launching of our provincial Medical Schools will for a time tax the best energies of the gentlemen whom Government may be pleased to entrust with the conduct of so important an experiment.

12. In conclusion I have much pleasure in commending to the favourable notice of Government the report of the Committee, and in expressing my satisfaction at the thoughtful consideration which the members have brought to bear on the subject of utilizing the Provincial Dispensaries as popular Schools of Medicine.

The Committee appointed under G. O., No. 1059, dated 30th July 1869, to consider the best means of utilizing the Provincial Dispensaries as popular Schools of Medicine, have the honour to submit their report for the information of the Inspector-General of the Indian Medical Department.

2. In connexion with the above order, and in elucidation of its object, the Committee quote the following extracts from a Minute by the Right Hon. Lord Napier, dated 26th April 1868:—

"The execution of sanitary works and the sustained control of the District Sanitary Inspectors would be measures of a preventive character, and would check the rise and dissemination of disease. But the Government ought not to stop short here: they ought to attempt something more directly remedial in nature, they ought to make a serious effort to bring the benefits of European medical science within the reach of the whole native community. With this object in view, I do not see any better method as a commencement, than to give greater stability and scope to provincial dispensaries. I would secure them in the possession of competent resources, and make them primary schools of medicine and surgery."

"It has often been remarked that if European medical treatment is to be rendered extensively applicable to the natives of this country, it must be through native agencies already accredited and familiar, and that no better instrumentality offers itself than the hereditary popular physician. The native doctor or his son should be attracted to a European school, in which he might be disabused of his gross superstitions, and instructed in the minor operations of surgery, as well as in the use of common medicines for prevailing maladies. Instruction might also be afforded to the native midwife."

3. To bring the benefits of European medical science within the reach of the whole native community in this Presidency by educating at the provincial dispensaries the native Vythians or practitioners, as proposed in Napier's scheme.

4. The Presidency of Madras contains 25 millions of inhabitants and 78,784 villages and hamlets, and, assuming that each village dresser is able to undertake the medical supervision of 100 of the population, the element of distance being duly taken into account, upwards of 4000 such village dressers would be required to meet the wants of this Presidency.

5. The Committee have felt it necessary to approach a scheme so large and so expensive with caution. It has, therefore, been deemed advisable to select one of the nineteen districts into which the Presidency is divided, in order that the suggestions made by the Committee may be carried out in the first place on a limited scale, and the experience thus acquired may be available, when the time comes, for a more extended introduction of the scheme. The actual working of a portion of the Committee's plan would alone furnish the experience required to establish its practical value.

6. The Committee propose that the district of Cuddapah should be selected for the initial experiment, and that the provincial dispensary of the town of Cuddapah should be the first constituted out of the Provincial Primary Schools of Medicine. Cuddapah is a district of average size with a population of 1,050,104 inhabitants. The town itself is nearly in the centre of the district, and its provincial dispensary is a popular, successful, ably-managed, and well-endowed institution. Moreover, it is superintended by one who has proved himself to be a zealous medical man, and who has already had some experience in training pupils for subordinate medical duties. The Committee feel that, in the hands of this gentleman, the experiment would secure the fairest trial.

7. The wants of the district may be met by a considerable portion of the Telugu districts of the Presidency, for about 200 village dressers, and

8. The Civil Hospital at Cuddapah is capable of accommodating a Primary Medical School, so provided a cholera ward, lately erected, be made available for general patients, and a separate shed, built on the principle of the contagious wards' shed at the General Hospital, Madras. With a field of practice yielding annually more than 7000 in and out-patients, there exists practice sufficient to secure the satisfactory training of twenty-seven pupils, which number the Committee suggest shall be divided into three batches of nine students each, representing three years over which it is proposed that the course of instruction shall extend.

9. The Committee are of opinion that the professional training given to these candidates should be of a simple and practical kind; that it should be conveyed in the vernaculars; and that the standard of instruction should be fixed by a series of carefully prepared text books in the vernaculars.

10. The candidates, who are supposed to be respectable, intelligent, and active men, belonging, if possible, to the locality in which they are ultimately to labour, men of the people and contented to live as the people do, should be well-acquainted with their own vernacular language, and should be required to undergo instruction in the subjects indicated in the following curriculum of study:—

CURRICULUM OF STUDY.

1st year.

1. Materia Medica and Practical Pharmacy.
2. Elements of Anatomy and Physiology.
3. Hospital training including the compounding and dispensing of Medicine, &c.

2nd year.

1. Materia Medica and Practical Pharmacy.
2. Revision of the Elements of Anatomy and Physiology.
3. Elements of Surgery; Clinical Surgery; Minor Surgery.
4. Manufacture of necessary Surgical Apparatus and Appliances.

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3rd year.

1. Elements of Medicine and Clinical Medicine.
2. Elements of Midwifery and of the Diseases of women and children.
3. Elements of Hygiene.
4. Vaccination.
5. Dispensary practice.

At the close of each year an examination should be held, and unpromising students got rid of and a report on the habits, dispositions, and progress of the candidates should be submitted. At the close of the third year a certificate of qualification should be formally given, after examination to all passed candidates.

11. The instruction in materia medica and practical pharmacy (which latter should include the elements of pharmaceutical chemistry) should be of a practical kind, the aim of the teachers being to make the candidates thoroughly conversant with the indigenous materia medica, so that they may be, to a great extent, independent of the materia medica of the west. Chemical instruction should be confined to points which have a direct and practical bearing upon pharmacy, and the apparatus employed should be of the most simple and inexpensive kind. The school should be furnished with complete sets of European and indigenous drugs, and should be provided with the simple apparatus required for teaching the elements of practical pharmacy and of pharmaceutical chemistry. The teaching in anatomy and physiology should be elementary; it should, however, comprise a fair knowledge of the bones in order that fractures and dislocations may be detected and understood, a fair acquaintance with the position and distribution of the principal arteries and veins, and with the position and relations of the more important viscera of the body. In addition, the instruction should embrace an epitome of the principal facts of the functions of the organs of the body, such as digestion, respiration, secretion, and nervous action. As regards surgery and medicine, the simplest outline of the theory would probably suffice. The chief object being to inculcate a practical knowledge of the more common medical and surgical affections, and of the injuries and accidents of every-day life. The manufacture of simple surgical appliances should also be taught. In addition to instruction in the theory and practice of medicine, the candidates should be instructed in the nature and treatment of epidemic and endemic diseases, and, in connexion with this important subject, the great principles and facts in Hygiene should be carefully explained so that the village dresser may be safely trusted, not only with the treatment of the diseases and accidents of his district, but also with its sanitary supervision. The elements of practical midwifery would add greatly to his usefulness, and, if acquired, some of the difficulties connected with the "native midwife" scheme would probably be diminished, if not altogether removed. At first the study of practical anatomy would probably be impossible; advantage however could be taken of casual material to show the candidate the principal structures of the body. A zealous teacher will always be ready to do the best he can for his pupils in connexion with this important study. The school must be furnished with specimens, drawings, and diagrams to illustrate fully the several courses of instruction.

12. A moderate standard of instruction has been fixed by the Committee, the object being to secure a practical course so that the candidates as medical practitioners may do "the minimum of harm with the maximum amount of good;" and, with great advantage to the population, may be competent to replace the existing class of native Vythians. The limited but practical qualification of such medical men, the Committee think, would be more correctly indicated by the denotation "village dresser," than by that of "village Vythian."

13. The text books in use in the provincial schools should be carefully compiled by well-acquainted with the several subjects, and they should be prepared, moreover, upon a definite plan. They might with advantage be issued in diglott, (English and Vernacular,) and each should have a full index of subjects, and a copious vocabulary of terms. Teachers and pupils alike would derive help from these diglott text books. Candidates in their third year might be encouraged to learn a little English. Text books on various branches of medical science have been compiled by Doctor Green of Jaffna, Ceylon; but they are expensive, written, it is said,

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to high

and 1-4 Tamil, intended evidently for more advanced students, and unsuited to the curriculum of the primary schools.

The stipends should be fixed at Rupees 5, 6, and 7 for the first, second, and third years, respectively, the candidates being formally bound over to serve for a definite term, under penalty of forfeiting the whole amount of their stipend in the event of abandoning their studies, or of giving up dresserships before the expiry of a fixed period of service. The candidates should be of reach of twenty to twenty-five years, and should be men who have voluntarily selected medicine as a profession.

At first, and probably for sometime to come, the cost of the education of these village dressers will fall upon Government. Doubtless, in course of time, native gentlemen will be found to endow scholarships, and otherwise substantially to assist a scheme which, if earnestly and directly carried out, will confer incalculable benefits on the village and rural population of the country. Help from that quarter, however, can only be looked for when the practical efficiency of the scheme has been satisfactorily demonstrated. On the same principle, Government and for some time to come must bear the expense of supporting the village dresser and dispensary. Having public duties to perform, both medical and sanitary, the village dresser is entitled to a moderate remuneration, which might be given him partly in money, partly in kind, and partly in prestige. As regards his pay it does not seem unreasonable to place the dresser on the same footing as that of a skilled labourer who draws from eight to twelve annas per diem, deducting time lost owing to sickness, holidays, &c., amounts to from Rupees 10 to 15 a month. The Committee propose that the Government pay shall be Rupees 10 per mensem for the first five years, Rupees 12 per mensem, after a professional examination, for the next five years, and Rupees 15 per mensem, after examination, for the remainder of service, house-rent at eight annas per mensem being a permanent monthly allowance to all village dressers. The position of the village dresser should be such as to give him the personal influence required to facilitate the introduction among the native community of his medical and sanitary knowledge. Above all, his position and work should be recognised by the civil authorities. In addition to his duties as village physician or surgeon, the "dresser" would be virtually the sanitary inspector of his circle, the reporter of cases of sudden deaths, the willing helper of the vaccinator, and the professional adviser and attendant of the community when epidemic disease breaks out. He will not be debarred from private practice.

16. As his personal influence increases, the more intelligent and wealthy natives will be disposed to help him in his various plans for the public good. One of his first efforts should be directed to the erection of a small village hospital in connexion with the dispensary, and this hospital, consisting of an orderly arrangement of native huts, should be built in correspondence with a "model" erected in the vicinity of each primary school. To carry out this and other normal extensions of the original idea, the Committee would look to the voluntary assistance of the native population. The success of the scheme itself, however, cannot be trusted to voluntary aid given by the people; nothing short of a cess raised by legislative enactment will suffice. The State must commence and carry on the scheme until the time comes when the people, recognising its beneficial character, are prepared to give practical proof of their ability and readiness to take it into their own keeping.

17. Under the arrangements proposed, the supply of village dressers would be a gradual but steady one. The first batch of eight candidates (supposing that three out of twenty-seven students fail) would pass out at the end of the third year, and a similar batch would subsequently be forthcoming annually. The Committee are of opinion that the first village dressers should be located in the Kasaragod district, and, these supplied, that the taluqs should be provided for in proportion to their amount of population. Some such arrangement would go far to secure the success of the scheme. It must ever be borne in mind that, though the medical and sanitary wants of the masses really and pressingly exist, they are not always either felt or acknowledged by the people. The Government must expect to find their best efforts in this direction misunderstood, and should,

therefore, be prepared to adopt every practical suggestion which holds out hopes of commencing the scheme to the favourable reception of the people.

18. The Committee after consideration deem it inexpedient to limit the class of candidates to Vythians or to the sons of Vythians. In every point of view it seems advisable to have the positions of village dresser open to all candidates of respectable parentage who possess necessary qualifications.

19. The cost of a Provincial Medical School has been fairly estimated by Dr. Mackenzie (*vide* Dr. Mackenzie's Memorandum.) In order to make allowance for the lapses arising from pupils being discharged as unfit at the several examinations, it would be well to increase the number of pupils from twenty-four to twenty-seven and to fix a moderate ascending scale of an inducement to candidates to continue their studies.

The Committee recommend the following scale:—

	Annual	of the
	Rs.	being
Superintendent, Rupees 200 per mensem...	2,400	may
Assist. to do. „ 100 (staff) „	1,200	ould
27 pupils, at „ 5, 6, & 7 „	1,944	atus
Special grant to Hospital...	1,000	ith
Books, Diagrams, Models, Furniture, &c.	500	thus
Prizes „ „ „ „ „ „	100	The
Total...	7,144	fair

The cost for the two first years would be slightly less than that here indicated. Further expenses would have to be incurred in order to make the necessary additions of wards, &c., to the hospital, to provide lecture rooms, and to meet minor contingencies necessitated by the scheme. The Committee are of opinion that Rupees 32,000 as estimated by Dr. Mackenzie would suffice to support annually four Provincial Medical Schools, but they doubt whether that sum would also provide medical supplies, or secure the organized inspection which a scheme of the kind imperative requires. A good knowledge of the vernacular would, of course, be a necessary qualification both in the case of the Superintendent and in that of his Assistant. The latter functionary might have a small addition made to his pay as Medical Storekeeper, and a reasonable travelling allowance during the recess of the school would enable him personally to inspect the village dispensaries in connexion with the primary school.

20. It is true that indigenous medicines, &c., would be principally, if not exclusively, used; but that fact does not obviate the necessity of forming central medical stores at convenient points, where indigenous drugs could be collected and forwarded to the village dispensaries. At such stores, too, the packets of medicines required to meet the emergencies of epidemics might be kept ready for immediate issue should necessity arise. The expense of this arrangement might be in great measure met by directing that medicines be issued gratis to the poor alone, and by requiring from others a fixed rate of remuneration. English medicines, as quinine, should be invariably sold: satisfactory arrangements in connexion with these suggestions will involve a considerable expense to Government, and no little trouble to those upon whom the duty of carrying them into execution will ultimately devolve.

21. In paragraph 16 of this report the Committee have alluded to the formation, in the neighbourhood of each Provincial Medical School, of a model village hospital. They contemplate a very simple and inexpensive arrangement of native huts on three sides of a square with a well in the centre, and the dispensary on the remaining side of the square. It appears to the Committee that these huts should stand apart from each other; that each hut should have two rooms, one for the patient and the other for his or her friends; that a separate group should be kept for female general patients, and distinct huts for cases of parturition; that small latrines and a cook-room should be erected, and that the simple character of the whole should be so preserved that a hospital

built on the same principle with all necessary medical and sanitary arrangements should be within reach of the means of each group of villages placed under the care of a village dresser.

22. The arrangement adopted in the Punjab of placing these village dispensaries, &c., under local Boards, commends itself to the judgment of the Committee as one which it should be the aim of Government to encourage. The heads of the several local Boards might, as in the Punjab scheme, unite under a general President to form a District Board. The Committee feel, however, that this is looking not into the near, but into the distant future; still they would not lose sight of the principle that the Government can only be expected to support the scheme until those most benefited by it come forward to support it themselves. Such local Boards would ultimately take the whole scheme into their own hands, correct its defects, supplement its deficiencies, and relieve the Government from any imputation of collecting a tax for its own purposes.

23. The Committee propose that the scheme here indicated be initiated in connexion with the Civil Hospital and Dispensary of Cuddapah, and that the management of the experiment be trusted to Mr. Native Surgeon Iyasami Pillay, who, as a member of the Committee, and there interested in the success of the scheme, has promised to do his utmost to carry out carefully and economically the Committee's suggestions. The other three provincial schools might be established at Vizagapatam for the Telugu, and at Madura and Palamcottah for the Tamil, populations. A fifth primary school for the Malayalam people might be located at Calicut or at Cannanore. The Committee are aware, as alluded to by Lord Napier in his Minute already referred to, that local schools have been established by Missionaries for the education of native lads to act as dressers in connexion with their missions. An interesting and most successful training Institution is at present in operation in Royapooram under Dr. Paterson, a medical missionary, and another on a smaller scale under Dr. Lowe in Travancore, whilst individual missionaries, as Dr. Scudder of Arcot and the Rev. Mr. Chester of Dindigul, themselves medical men, have, from time to time, trained lads for the same purpose. Young men thus educated on passing the required examination should find ready admission to the grade of village dresser under Government, and some allowance might be made to the medical missionary to enable him to assimilate the operations of his school and dispensary to the requirements of the sanctioned curriculum.

24. The question of village midwives is one surrounded with difficulty. The establishment of a female midwifery class in connexion with each Provincial Medical School seems to be a natural and feasible proposal. It will not be easy, however, to collect a sufficient number of willing, respectable, and intelligent women so as to form such a class. The present native midwives are very unpromising material, they are ignorant, generally old, often nearly blind, intensely superstitious, and, as a class, far from respectable. Most of them belong to the barber caste. It will be a difficult matter to induce women to leave the Zillah stations for village life, and equally difficult to induce village women to leave their homes for a Zillah station in order to gain instruction as midwives. The customs of the common people also present difficulties. Natives of the lower rank do not, as a general rule, call in the aid of midwives in ordinary labours, and the midwives' skill is but a little way in cases out of the common run. Trained midwives, therefore, will have but a little practice in natural labours, and it is doubtful how far native females could be taught to conduct normal labours to a safe conclusion. At the same time the Committee think that the experiment should be tried. Even in the supervision of ordinary labours, in the conduct of the puerperal state, and in the management of infant life, great benefit would result to the masses from the intelligence and experience of trained native midwives. In really difficult cases it is true that even trained women would be of little use beyond knowing that the case was above their powers, preventing the use of violent and useless means, and seeking assistance in time from the Zillah Surgeon or village dresser. The Committee think that a midwifery class should be constituted and an obstetric ward established in connexion with each provincial school, and that a nurse trained under the orders of the Superintendent to assist in the instruction and training of a class of

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village midwives, or of respectable women willing to take up midwifery as a livelihood. These women might add to their qualification as midwives that of being trained sick nurses, so that a double chance of earning their livelihood might be placed within their reach. The midwife-and-nurse proposal will not secure at the outset that encouragement from the native community which probably awaits the village dresser's scheme; but difficulties which seem insurmountable at first will no doubt gradually disappear in course of time. The marked success of the Lying-in Hospital, Madras, is an encouragement to initiate the philanthropic object contemplated by Lord Napier.

(Signed) J. L. RANKING, Surgeon-Major,
Sanitary Commissioner for Madras.
(„) G. SMITH, M.D., Surgeon-Major,
Principal, Medical College.
(„) M. IYASAWMY,
Native Surgeon.

No. 21. ORDER THEREON, 3rd March 1870, No. 260.

The thanks of Government are due to the Inspector-General of the Indian Medical Department for his communication above recorded, and to the Members of the Committee for their careful report.

2. The Government are of opinion that action on the recommendations of the Committee must be deferred until the provisions of the Local Fund and Towns Improvement Bills, which have been introduced into the Legislative Council, shall have been discussed and passed in the form of law. The subject of these papers will then be resumed by Government.

3. In the meantime these Proceedings will be communicated to the Legislative Department, for the information of the Committees of the Council to which the above-mentioned Bills have been referred.

(True Extract.)

Acting Chief Secretary.

To the Legislative Department.

„ Inspector-General of the Indian Medical Department.

To Surgeon-Major J. L. Ranking.

„ do. G. Smith, M.D.

„ Native Surgeon M. Iyasawmy.

PUBLIC.

THE LEGISLATIVE DEPARTMENT.

&c., &c., &c.

Dated March, 3rd.

Recd.

Encl.

G. O., 3rd March 1870, No. 260.

MARCH.

Nos. 20-21.

Passing orders on the report submitted by the
Committee appointed to consider the best means
of utilizing the Provincial Dispensaries as popular
Schools of Medicine.



30 July/69 No 204-
5-11-11-9C14

13 Oct/69 - 57-58
22 - Miss No 106
15 Jan/68 - 56-57-

16-9 15✓

Public No. Dept.

260 13

The Inspr Genl M.D.
Fort St George
17.

The Chief Secretary
to Government

Dated 19 January
Recd. 21-20

Enc: ✓ No 50

Forwards report of
the Committee on the best
means of utilizing
provincial Dispensaries
as schools of medicine
with observations.

To the Honble Secy
- to Govt of Madras

50 260 13-20-11-9C14

Public Department

PROCEEDINGS of the MADRAS GOVERNMENT.

Read the following papers.

from the Inspr Genl, H.E. 19th Jan'y 1870, & 17th
dian Medl Dept. H.E. 27th to 4th 1870, & 28th
~~the Board of Health H.E. 27th to 4th 1870, & 28th~~

Order thereon N. 260 3 March 70

The thanks of Govern-
ment are due to the
Inspector General, Indian
Medical Department
for his communication
above recorded, and to
the members of the Com-
mittee for their careful
report.

1 The Government
are of opinion that
action on the recom-
mendations of the
Committee must be
deferred until the
provisions

provisions of the ~~divers~~
Fund and Towns' ~~divers~~
provement Bills, which
have been introduced
into the Legislative Council
shall have been dis-
cussed and passed in
the form of law. The
subject of these papers
will then be ~~consequently~~
referred by Government.

3 In the meantime
these Proceedings will
be communicated to the
Legislative Depart-
ment, for the informa-
tion of the Committees
of the Council to which
the above mentioned
Bills have been referred.

W.H.

and I until we know ^{the result} ~~the result~~ ~~the result~~
tion on the recommendations of the ~~form~~
- postponed. —

M.H.

ed thank the Inspector General for
communication and the Member of
~~the~~ ~~the~~ ~~the~~ for their report & state
the subject will be carefully
ed by Govt as soon as the provisions
local ~~local~~ Bill has been decided
passed in the form of law.

the meantime copies of these
should be ~~presented~~ ^{presented} to the
tees on these ~~acts~~ ^{Bills}

N.

B.N.

To the Legislative
Superior
Juryman Major J. D. O.
Juryman Major J. D. O.
Major Major M. D.

For order.

Letter from the Inspector General, Indian Department, dated 19th January 1870, N^o 17, with remarks the report of the Committee under G.O. 30th July 1869 N^o 1050. Pub. Sec. to the best means of utilizing the Provincial & as popular schools of medicine.

The Proceedings of the Board of Revenue for Moulvibazar, 27th April 1869 N^o 2831, is a letter. Order have not yet been passed in the above proceedings, which relate to the petition in the support of native medicine.

I have no doubt that the Maharaja of Vizianagaram will be quite prepared to undertake the expenses attending a school in connection with his Dispensary & Vizianagaram -

Under present circumstances we must, I presume, rely on local funds only, and the few money to carry out the experiment to which these papers relate. The movement in connection with Dispensaries, elementary schools of medicine. The means at the disposal of the several Districts in the fate of the "Local Funds Bill" with us.