

- (1) பக்கங்களின் எண்ணிக்கை 26 23
(2) புதுக்கித் திருப்பிய நாள்
(3) ஆதாரக் குறிப்பவர் சுருக்கொப்பம்

தமிழ்நாடு ஆவணக் காப்பகம்.

தமிழ்நாடு அரசு

பெரிய துறை

அரசாணை எண். மு. கோப்புத் தாள் எண்.	705	அச்சுக் பலவகை
நாள் :	20. 8. 1889	199

மடிக்கலோ துன்புடி கையாளலோ கூடாது.

[7]

ORDINARY, MS.

<i>Pub</i> DEPARTMENT.	
G.O., DATED	20-8-89
No.	705

When given for copying

[Despatch Abstract.]

Position of the Surgeon General
and the Sanitary Commr,
Madras, in regard to correspond-
ing officers under the Govt. of
India.

Letter to India

HC 203157/89

350
25-10-89

18/5/88 ✓ *15-2-79* ✓
29/4/01 ✓

10-6-88 ✓

26-11-12 ✓

3-2-13 ✓

3-7-13 ✓

17-7-13 ✓

11-2-19

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710 803 157/89

ca. 850
26-10-89

18/5/22 ✓ 15-2 ✓
29/11/01 ✓
10-5-53 ✓
26-11-12 ✓
3-2-13 ✓
3-7-13 ✓

17-7-13 ✓
11-2-19

BACK PAPER, No.

FURTHER PAPER, No.

OF 188

READ AGAIN ORDER OF GOVERNMENT, DATED
188, No. MISCELLANEOUS.

ENCLOSURE.

CURRENT No.

STATEMENT WITH DITTO.

ORDER OF GOVERNMENT

A A

STATEMENT WITH DITTO.

PAPERS NOT FILED UP, BEING MEANT FOR DESPATCH
IN ORIGINAL (not paged).

N.B.—

A = Copy in full.
B = Not to be copied.
P = Copy abstract only.
Q = Copy heading only.

CHIEF SECRETARY
GOVERNMENT OF MADRAS
26 JUL 89

No. 398.

FROM

A. P. MACDONNELL, ESQ., C.S.I.,
Secretary to the Government of India,

TO

THE CHIEF SECRETARY TO THE GOVERNMENT OF
MADRAS.

Home Department
Medical.

Simla, the 28 June 1889.

SIR,

WITH reference to your letter No. 281, dated the 14th February last, and enclosures, regarding expenditure on Lunatic Asylums in the Madras Presidency, I am directed to say that the Government of India regrets that the tone of some of the remarks made by Officiating Surgeon-General Walker in his note of the 24th August 1888 on the subject, was open to objection, and that his action in communicating direct in the matter with the Surgeon-General with the Government of Madras instead of with the Government of Madras, as he was instructed to do, was irregular.

2. Your letter under reference involves, however, a consideration of the general question as to the right of the Surgeon-General with the Government of India to enter into direct communication with the Surgeons-General with the Governments of Madras and Bombay and to apply to them for any information which he may desire. The existing orders on the subject are laid down in paragraph 3 of Home Department Notification No. 361, dated the 30th July 1886, which was issued in modification of Home Department Notification No. 150, dated the 15th March 1880. Paragraph 3 of the latter notification recognized the right of the Surgeon-General with the Government of India to receive any information he might desire from the Surgeons-General and Deputy Surgeons-General attached to the several Local Governments and Administrations; but by a purely clerical error, the words "Surgeons-General and" were omitted from the last sentence of paragraph 3 of the revised notification of the 30th July 1886. This omission has now been corrected by the issue of the notification marginally noted,* of which a copy has been forwarded to you under cover of Home Department endorsement No. 389.

* No. 386 dated the 28 instant.

dated the 28 idem. In this connection, I am to request that if His Excellency the Governor in Council sees no objection, orders may be issued with a view to the adoption of a reciprocal arrangement whereby the local Surgeon-General would also be enabled to obtain information from, and enter into direct communication with, the Surgeon-General with the Government of India, with a view to procuring

Sub. 1757
24-8-86
Sub. 1672
18-11-80

Sub. 600
12-1-89

such information as he may deem necessary for the due performance of his duties and always subject to the control and direction of the Governor in Council.

only as regards the minor points
In like manner it is desirable that the Sanitary Commissioner with the Government of India should have explicit authority to communicate with the Sanitary Commissioners with Local Governments. This power indeed the Sanitary Commissioner with the Government of India now exercises and has exercised since the issue of the Home Department Resolution dated 10th September 1868, a copy of which is herewith forwarded for the information of His Excellency the Governor in Council. So far as can be traced in this office this Resolution has never been previously communicated officially to the Government of Madras. It will be for His Excellency in Council to decide whether the Sanitary Commissioner with the Government of Madras should be permitted, as in the case of the Surgeon-General, to communicate directly with the Sanitary Commissioner with the Government of India.

I have the honour to be,

SIR,

Your most obedient Servant,

A. P. Macdonnell

Secretary to the Government of India.

Extract from the proceedings of the Government of India in the Home Department (Sanitary),—
(No. 157, under date Simla, the 10th September 1868).

READ again—

Resolution No. 84-1294 to No. 184-303, dated the 12th December 1867, on the subject of the appointment of Sanitary Commissioners for Bengal, North-Western Provinces, Punjab, Central Provinces, and the Hyderabad Assigned Districts, Oude, Assam, and British Burmah.

Circular to Local Governments and Administrations No. 9-681 to No. 9-688, dated the 12th February 1868, giving an outline of the duties proposed to be entrusted to the Sanitary Commissioners, and calling for opinions on the subject, and also requesting the submission of Tabular Statements showing the Office Establishments that may be considered necessary for carrying out the scheme.

Read also the following replies to the circular of the 12th February :—

From Chief Commissioner of British Burmah, No. 789-478, dated 6th March 1868.

To Chief Commissioner of British Burmah, No. 17, dated 31st March 1868.

From Government of the North-Western Provinces, No. 972, dated 3rd March 1868.

From Government of the North-Western Provinces, No. 2181, dated 9th May 1868.

From Chief Commissioner of the Central Provinces, No. 806-67, dated 16th March 1868.

From Resident at Hyderabad, No. 9, dated 25th March 1868.

From Government of the Punjab, No. 847, dated 26th March 1868.

From Commissioner of Mysore, No. 883-12, dated 30th April 1868.

From Chief Commissioner of Oude, No. 2060, dated 23rd May 1868.

From Government of Bengal, No. 2578, dated 26th May 1868.

Read further—

An office memorandum No. 290, dated 28th May, from the Military Department, forwarding for disposal, certain papers relative to a proposal for the interchange of proceedings between the various Sanitary Commissioners.

RESOLUTION.—In determining the nature of the duties to be discharged by the new Sanitary Commissioners, it must be remembered that these appointments were created solely for the purpose of improving the sanitary condition of the people. Considering the magnitude and the difficulty of the task to be undertaken, the supervision of the public health will, the Governor General in Council thinks, take up all the time and tax all the energy and ability of the Sanitary Commissioners. It may, therefore, be assumed that these officers should not be called on to undertake any work which is not intimately associated with the special objects for which they were appointed; that they should not have transferred to them any duty now performed by others, unless that duty is unmistakably one which more properly belongs to them; and that their work should be so arranged as to prevent, as far as practicable, all possibility of collision between them and other officials.

2. Under this aspect, the Governor General in Council considers that the sketch of rules circulated for the consideration of the local Governments and Administrations with the orders of the 12th February, requires some modification.

3. His Excellency in Council now proposes only to lay down some general instructions with the object of attaining a certain amount of uniformity of system, all further details will be disposed of as the local Governments and Administrations may think best. In paragraph 14 of the orders of the 12th February, it was suggested that the Sanitary Commissioners, while having no control over jails, dispensaries and vaccination, should visit in the course of their tours all jails, dispensaries and hospitals, as well as all other public institutions, and remark on their sanitary condition. On mature consideration,

the Governor General in Council is of opinion that this is *not* advisable. The jails and dispensaries have already their responsible heads. Official inspections by the Sanitary Commissioners could not fail to divide responsibility and weaken authority, while the comments made on these institutions by the Sanitary Commissioners might lead to acrimonious and unprofitable correspondence. His Excellency in Council is accordingly pleased to direct that Sanitary Commissioners shall be held to have no duties connected with the management of jails and dispensaries, or with the operations of the Vaccination Department, or any institution under the control of the heads of other departments. It is by no means intended that the Sanitary Commissioners should not visit and make themselves acquainted with the sanitary condition of such institutions, but merely that they should exercise no official interference with them. The case of Oude is an exception to this rule, as in this province, under special arrangements, the Sanitary Commissioner is also *ex-officio* Inspector of Jails and Dispensaries.

4. The Governments of the Punjab and the North-Western Provinces not only wish that the Sanitary Commissioner should be Inspector General of Dispensaries, relieving the the Inspector General of Prisons of the duty, but the latter Government further proposes that the whole of the civil medical establishments should be placed under the Sanitary Commissioner, who should be appointed Under-Secretary to the Government. A similar plan has been recommended by the Chief Commissioner of Oude. As no other appointment which the Sanitary Commissioner could hold would so completely occupy his time and divert his attention from his own proper work as the medical supervision of a whole province, the Governor General in Council does not consider that it will be advisable to add this to the Sanitary Commissioner's duties. The question of how the administration of the Civil Medical Department of each local Government and Administration can best be conducted, is now under the consideration of the Government of India.

5. The instructions contained in paragraph 17 of the previous orders, that the Sanitary Commissioners should prepare a carefully digested report of their proceedings quarterly for submission to the local Governments within a month of the close of each quarter, have been objected to, on the ground that the labour of preparing these reports would be considerable, and that it is doubtful whether they would serve any useful purpose. On the whole His Excellency in Council thinks that an annual report, as concise and short as possible, will be sufficient. But all questions requiring the immediate attention of the local Governments should be submitted for orders without delay.

6. In paragraph 11 of the circular it was proposed that the Sanitary Commissioner should keep a watch over the food supplies within his jurisdiction, and take early note of any anticipated deficiencies in the agricultural output. Exception has been taken to this rule by some of the local Governments and Administrations, and the Governor General in Council, on a reconsideration of the matter, thinks that the work more properly belongs to the district officers, and should not be imposed on the Sanitary Commissioners.

7. In other respects the local Governments generally concur in the views which have been expressed by the Government of India. The Lieutenant-Governor of Bengal, however, supporting the opinion of the local Sanitary Commissioner, Dr. Smith, believes that the task sketched in the circular of the 12th February is difficult, if not impracticable, and suggests "the absolute necessity of reducing to reasonable limits the points to which a solitary Sanitary Commissioner, appointed over a country as large as France, should address himself in the first instance." Dr. Smith objects in particular to having any thing to do with the registration of births and deaths, and proposes that this should form the work of a special department. His Excellency in Council admits that the circumstances of Bengal are to a certain extent peculiar, and he does not wish that the duty of superintending this registration shall be made over to the Sanitary Commissioner, if the local Government consider that some other arrangement is preferable. Although it may not be possible at present to carry out the system of registering births and deaths to its full extent in every province, something at least should be done towards attaining this very

important object. Where it may not yet be advisable to embrace the whole population, the collection of vital statistics should be commenced in all the large towns without delay. There can be no doubt that, without a good system of registration of births and deaths, sanitary knowledge can make little progress. It will be left to the several local Governments and Administrations to work out their own schemes according to the means at their disposal. The circumstances of the various provinces are so different that it is impossible to lay down any general rules. But the Government of India must again urge forcibly on the local Governments the great importance of the question.

8. There are a few other questions connected with this subject which require notice. The Government of the Punjab proposes that its Sanitary Commissioner should not only be *ex-officio* member of all Municipal Committees, but of Cantonment Committees also. It is certainly very desirable that he should be a member of all Municipal Committees, for the greater portion of his work will lie in towns; but his duties are already sufficient without being supplemented by any duties connected with Cantonments. These latter are moreover provided with Military Sanitary Officers, and the interference of the Civil Sanitary Commissioner may lead to conflicts of opinion, which had better be avoided. Accordingly, Sanitary Commissioners should not exercise any official supervision over Military Cantonments, although they will of course be entitled to visit them and make themselves acquainted with their sanitary condition.

9. In many cases Lock Hospitals have been established and measures have been taken for the prevention of venereal diseases, not only among the troops, but among the civil population of the towns in the vicinity of Military Cantonments. There is usually no possibility of controlling these diseases among the troops, unless constant and vigilant attention be also paid to the subject outside the Cantonment boundaries. The Governor General in Council considers that there is no duty which will more properly fall upon the Sanitary Commissioners than the duty of supervising measures taken for the purpose of guarding the European soldiers against the dangers to which they are thus exposed, and which cannot be met by any amount of care exercised within the limits of the Cantonments alone. The Governor General in Council trusts that the local Governments and Administrations will never allow this most important subject to be lost sight of, and he thinks that there will be no better practical test of the efficiency of a Sanitary Commissioner than the success or failure of the measures which are taken for the prevention of these diseases.

10. The nature of the connection of the Sanitary Commissioners with Civil Surgeons remains to be defined. Civil Surgeons are subordinate in their several departments to the Deputy Inspector General of Hospitals, the Inspector General of Prisons, and the Inspector General of Dispensaries. Without actually placing these officers, who have been already declared to be the health officers of their districts, under the orders of the Sanitary Commissioner, His Excellency in Council depends upon their giving that officer their fullest co-operation and assistance. The exact amount of authority to be exercised over Civil Surgeons by the Sanitary Commissioner is a matter which may be left to the local Governments to decide. Whatever arrangements, however, be adopted, the authority of the Sanitary Commissioner should be, as far as possible, confined to requiring the Civil Surgeons to furnish certain information on matters affecting the public health.

11. Nothing was said in the circular of the 12th February as to the relations between the new Sanitary Commissioners and the Sanitary Commissioner with the Government of India. The subject is, however, one of importance. It is desirable to strengthen, as far as possible, the means of the local Governments in judging of the propriety in doubtful cases of the recommendations made by their Sanitary Officers. The Governor General in Council has already heard, in more than one case, of the issue of orders and circulars, which must be most irritating to the people, and which instead of doing good, would, in a sanitary point of view, probably do harm. It is very desirable to prevent the issue of such circulars until they have been carefully considered by the highest sanitary authority. There is little fear of the Sanitary Commissioners wanting energy. The danger rather is that their zeal may outstrip their judgment, and that they

may urge changes and reforms much more quickly than the people can understand or appreciate. Any rash attempt to force on improvements which are extremely distasteful to the people would not only fail to accomplish the object in view, but might be productive of results highly objectionable and even dangerous politically. There is no sanitary authority which can exercise any check upon the recommendations of the local Sanitary Officers, except the Sanitary Commissioner with the Government of India, and he can afford the necessary amount of supervision without in any way interfering with the full authority which the Governor General in Council desires to leave to the local Governments. It is desirable, on other grounds, that the Sanitary Commissioner with the Government of India should obtain the fullest information regarding the public health of each province. Possessed of all available information relative to the sanitary condition of the civil population, the Native Army, and the prisoners in jails, he should always be in a position to give to the Government of India the best opinion regarding many matters of importance affecting the health of the European troops. The new Sanitary Officers will have nothing to do with Military Cantonments. The central sanitary authority should, therefore, be able to utilize and apply for the benefit of the European soldiers the information and experience derived from a knowledge of what is going on among the general population.

12. Whenever a Sanitary Commissioner thinks it necessary that any general instructions or circulars referring to matters of considerable sanitary importance should be issued, he should invariably, except in cases of real emergency, of which the local Government or Administration will be the judge, ask the opinion of the Sanitary Commissioner with the Government of India on his proposals before submitting them to the local Government or Administration to which he is subordinate. In judging of the propriety of such recommendations, the local Governments will thus have the benefit of the opinion of the Imperial Sanitary Officer, as well as that of their own sanitary adviser. It will of course rest with the local Governments or Administrations, in case of a difference of opinion between the two authorities, to adopt whichever view they think best. Under this system the Sanitary Commissioner with the Government of India will, in fact, be the adviser of the local Governments and Administrations also. No circulars or orders should ever be issued by the local Sanitary Commissioners, except under express authority given in each separate case by the local Governments and Administrations.

13. The local Sanitary Commissioners will be entirely subordinate to the local Governments and Administrations and to no other authority, and the Sanitary Commissioner with the Government of India will have no power to issue to them any instructions of his own. But it is necessary that the latter officer should at all times receive complete information on every matter of sanitary interest, and he will be authorized to apply direct to the local Sanitary Commissioners for such statistics and information as he may require, and which it is in their power to supply. If in any case they are unable to furnish what has been asked for, they should explain the reasons to the Imperial Sanitary Commissioner, or, if necessary, refer to the local Government or Administration under which they may be serving with the view of obtaining the necessary information, if possible.

14. Each Sanitary Commissioner should furnish annually to the local Government or Administration to which he is subordinate, a report containing information of all matters of importance affecting the public health of the province which have come to his notice during the past year. With this exception no reports or proceedings of the Sanitary Commissioners should ordinarily be published by the local Governments. Any special reports regarding the outbreak of epidemic disease or other matters of importance, should be immediately sent by the local Sanitary Commissioner to the Sanitary Commissioner with the Government of India. When orders have been passed upon them by the local Government, copies of these should be forwarded for the information of the Sanitary Commissioner with the Government of India either by the local Government or by the local Sanitary Commissioner, as may be most convenient. Every thing of general interest will appear in the proceedings of the Sanitary

Commissioner with the Government of India, and these will be published and circulated.

15. Briefly stated the duties of the local Sanitary Commissioners under this revised plan will be as follows, *viz.* :—

- (1.)—To ascertain the existing sanitary condition of the country under their charge, and suggest measures for its improvement.
- (2.)—To advise local Governments and Administrations in matters concerning the public health.
- (3.)—To collect information as to the unusual prevalence of any particular disease or diseases in any particular locality, and to suggest measures for their removal; and to supervise measures for the prevention of venereal disease in the neighbourhood of Military Cantonments.
- (4.)—In case of any unusual visitation to proceed to the spot, endeavour to trace its source, and aid in carrying out remedial measures.
- (5.)—To examine all localities in which cholera, fevers and similar diseases are endemic or localized, and propose means for removing them.
- (6.)—To assist in organizing, as well as circumstances will allow, a proper system of registration of births and deaths, unless this duty be entrusted by the local Government to some other officer.
- (7.)—To prepare a medical topography of their respective Provinces or Presidencies.
- (8.)—To submit to local Governments and Administrations a carefully digested annual report of their proceedings, and in case of the outbreak of epidemic diseases to forward early reports of all their proceedings.
- (9.)—To furnish the Imperial Sanitary Commissioner with copies of their reports, and generally to keep him informed on all matters of sanitary importance.

16. The propriety of appointing the Sanitary Commissioners to be Under-Secretaries to the local Governments and Administrations is advocated by the Lieutenant-Governor of the North-Western Provinces and the Chief Commissioner of Oude. But the plan has already been disapproved by the Secretary of State, and the Governor General in Council does not consider it necessary to request its re-consideration.

17. The Resident at Hyderabad proposes to alter the arrangement under which the sanitary duties in Berar are to be performed by the Sanitary Commissioner of the Central Provinces, and to have a separate officer for Berar, who would perform the duties of Inspector of Prisons and Superintendent of Vaccination, as well as those of Sanitary Commissioner, rather than to append the province in each of the three cases to the charge of the corresponding officers in the Central Provinces. If such an arrangement can, as the Resident believes, be carried out with very trifling additional expense, it might probably be adopted with advantage. The Chief Commissioner of the Central Provinces will be consulted on this point.

18. The scheme sanctioned by the Secretary of State on the recommendation of the Government of India, does not provide for the appointment of a Sanitary Commissioner for Mysore. But a copy of the circular of the 12th February was, by a clerical error, forwarded to the Commissioner, and Mr. Bowring has submitted for sanction certain arrangements that he would propose to make for the performance of the sanitary duties in the Mysore territory. He does not anticipate any good result from those arrangements. The end proposed to be obtained by the nomination of a Sanitary Commissioner can, in his opinion, be as well secured by the local Municipal Committees, acting under the guidance of the Deputy Superintendents and Divisional Medical Officers. Under these circumstances, the Governor General in Council does not think it necessary to consider at present the propriety of appointing a Sanitary Commissioner for Mysore.

19. It now remains to consider the question of the Office Establishment, travelling allowance, and office rent to be assigned to the several Sanitary Commissioners. Considering the nature of the duties entrusted to the Sanitary Commissioners, the Governor General in Council does not think

that the Office work will be heavy. Experience alone can, however, show what establishments are actually necessary for them. For the present, the establishment asked for by the Government of the North-Western Provinces (Rs. 240 a month) seems to be reasonable. The same amount may be allowed for Bengal, but less costly establishments should be sufficient for the other provinces. No sufficient reason has been shown for allowing the services of Sub-Assistant Surgeons to the Sanitary Commissioner in Bengal as has been proposed.

20. Office rent ought not to be allowed, unless under very exceptional circumstances when no accommodation can be found in any of the existing Government buildings.

21. As regards travelling allowance, the various Sanitary Commissioners will be allowed to draw, when travelling, 8 annas a mile by road and 3 annas by rail, and rupees 4 per day during halts, provided that the sum charged for each halt shall not exceed rupees 50. The papers will be referred to the Financial Department for final orders on the points noticed in this and the two preceding paragraphs.

22. The Office of the Sanitary Commissioner with the Government of India also requires to be placed on a better footing. It has been the opinion of some authorities that the maintenance of this Office will be unnecessary, now that separate Sanitary Commissioners have been appointed for each province; so far from this being the case, the Governor General in Council is convinced that it will become one of greater importance than before, and that it may be considerably improved in efficiency and usefulness.

23. Accurate statistics of mortality and disease form the basis of sanitary science, and are the only index of its progress. Our knowledge of facts bearing upon these subjects in India is unfortunately very limited at present. The Tables of Dr. Bryden, Statistical Officer, Indian Medical Department, which have hitherto been appended to the Annual Sanitary Reports, are the most valuable data possessed by the Government of India regarding the sanitary condition of the British and Native Armies and the Jails of the Bengal Presidency. It is of the greatest importance that these Tables should be continued. But the unsatisfactory position which Dr. Bryden now occupies should be ameliorated. He is required to prepare returns showing the sickness and mortality among the European and Native Troops and in the Jails throughout the Bengal Presidency; and when the system of registering births and deaths among the general population becomes developed, he will also be expected to check and tabulate the results. Dr. Bryden's work is of great and imperial consequence; but he is attached as a mere adjunct to the Indian Medical Department, which has now nothing to do with European Troops, particulars regarding which are of the first importance; for the proper sanitary and medical administration of the Jails in each province special officers are responsible. The Native Troops are the only portion of the community, with the vital statistics of which the Indian Medical Department is directly concerned, and these troops supply a very small portion of the work which properly devolves on a statistical officer. Over many of the officers by whom registration returns will be furnished, the Inspector General of the Indian Medical Department has no authority. The time of Dr. Bryden, which ought to be devoted to the preparation of these important statistics, is now taken up to a great extent in preparing tables which have little value in connexion with vital statistics, and which can easily be compiled by ordinary clerks, such as the elaborate tables required by the local Medical Department to illustrate the operations of the Dispensaries in Lower Bengal.

24. The Governor General in Council is therefore, of opinion that Dr. Bryden should be attached to the Office of the Imperial Sanitary Commissioner, which has to deal with questions affecting the health of the country at large, and which will be in a position to utilize to the utmost the facts and returns collected by him. His Excellency in Council is accordingly pleased to direct the immediate transfer of Dr. Bryden and his establishment to the Office of the Sanitary Commissioner with the Government of India. Although Dr. Bryden's present establishment is known to be inadequate, there will be no

difficulty in providing him with a sufficient staff when the salaries now allowed for his clerks are combined with those allowed for the Office of the Sanitary Commissioner. The want of a separate statistical officer will not be felt in the Indian Medical Department, and if thought necessary, Dr. Bryden can forward to the Inspector General of Hospitals, Lower Provinces, a weekly or monthly Return of sick in Native Regiments.

ORDER.—Ordered that a copy of this Resolution be forwarded to the Governments of Bengal, North-Western Provinces, and the Punjab; the Chief Commissioners of Oude and British Burmah, and the Resident at Hyderabad, for information and guidance;

that a copy of this Resolution be forwarded to the Chief Commissioner of the Central Provinces for information and guidance, and for early report on the subject referred to in paragraph 17;

that a copy of this Resolution be forwarded to the Commissioner of Mysore for information;

that a copy of this Resolution, with a copy of the replies to the circular of the 12th February, be forwarded to the Financial Department for information, and for the issue of further orders in regard to paragraphs 19 to 21;

that a copy of this Resolution be forwarded to the Military Department for information, and for communication of the order contained in the last paragraph to the Inspector General of Hospitals, Indian Medical Service, Lower Provinces. It is understood that, in anticipation of the orders about Dr. Bryden being carried out, no officer will be appointed to act as Secretary to the Sanitary Commissioner in place of Dr. Cunningham, now acting as Sanitary Commissioner. It is therefore, desirable that the transfer of Dr. Bryden's services be carried out as quickly as possible.—Original papers received with Office memorandum dated 28th May returned;

that a copy of this Resolution be forwarded to the Sanitary Commissioner with the Government of India for information and guidance;

that a copy of this Resolution be forwarded to the Inspector General of Hospitals, Indian Medical Service, Lower Provinces, for information and guidance;

that extract, paragraphs 22 to 24 of this Resolution, with a copy of the endorsement to the Military Department, be forwarded to the Statistical Officer, Indian Medical Department, for information and guidance.

(True extract.)

(Signed.) E. C. BAYLEY,

Secretary to the Government of India.

Judd C. No. 2473

21/12/1887
1787-21-16
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Rus
16/7

From

The Govt of India,
Home Dept.

No. 398

28 June }
Dead 6 July } 1889

~~Original in the Public Dept. and not in the Home Dept.~~

Circ.
Order 15 July 89 No. 1205
Para. 1. of the foregoing letter will be commd to the Sg. with Govt. with reference to his letter. no. 354, dated 26 November 1888.

2. Para. 2 will be considered in the Public Dept.

To the Surgeon Genl. dno 16/7
Public Dept. dno 9 July.

The Govt. of India has taken an entirely new departure, and even it by an alleged clerical error in the resub. of 1886. I think a perusal of that resub. makes it clear that the Sg. Surgeon General referred to were those who were local heads of the medical Dept. in the Presidencies, Government of Chief Comm. Ships who were placed in administrative subordination to the Surgeon Genl. with the Govt. of India & that the omission of the Surgeon General with the Govt. of Madras & Bombay was not a clerical error, but designed. The fact that the orders of 1868 were not communicated to Madras & Bombay tends to the same conclusion. However we cannot dispute the orders issued only take care to resist attempts to bring our administrative officers into subordination to them of the Govt. of India

12/7 C. H. S.

CURRENT NO.
[9]

DEPARTMENT.

From

No.

Dated

Received

Enclosures

SUBJECT.

That orders may be issued with a view to the adoption of reciprocal arrangement whereby the Surgeon General & the Sanitary Commissioner with the Govt. of Madras will be enabled to enter into direct communication with the Surgeon Genl. & the Sanitary Commissioner with the Govt. of India, & the official capacities.

Public DEPARTMENT.

From

Judicial Dept

No. 1205

Dated 15 July 189

Received 15 - - -

Enclosures

SUBJECT.

Transferring letter from the Govt. of India requesting that orders may be issued with a view to the Surgeon-General and the Sanitary Commr. Madras being enabled to communicate direct with the Surgeon-General and the Sanitary Commr. with the Govt. of India

Public DEPARTMENT.

C No. 2473

From

The Secy to Govt. of India

Dated

188

FOR ORDERS.

I think this letter is one of the worst things I have ever seen come out of the Govt. of India

I think it most important that we should maintain the independence of our provincial medical & sanitary administration and resist the centralization at which these bodies are an attempt. I would advise India some what to the effect proposed in the letter but I would presume that centralization or putting out officers into any

kind of administrative subordination to the Govt. of India beyond General was intended? The Sanitary Commr. would point out that the paras quoted in the letter are inconsistent with anything but such subordination, and that the reason for the non-communication of the resolution to the Govt. of Madras & Bombay is apparently to be found in this fact. If we ignore the resolution as proposed, we shall be held to have accepted it. If forced upon us, we should in my opinion appeal to the Govt. of India.

W.L.S.
25 July.

In Para II of the Res. 27/60 the Govt. of India say that they wish

The amendment of para 3 of Home Dept. letter no 364 of 30.7.82 has already been comm. to the S. & other Comms. Commr.

May India be told that the Madras Govt. will not direct to the Secy to Govt. with this Govt. other Comms. Commr. for the Presidency Commissioner direct with the corresponding officers under the S. & I in regard to statistics & other operations of departmental order books, provided it is clearly understood that such Commr. shall be confined to the giving receiving of information on these points, that no attempt is made

2577

470

too that the S. & with this
 fact, on the other hand (assuming
 the case may be, shall be
 at liberty to refer for the
 orders of the S. in C. any
 communication from the corresponding
 officer with the S. & which
 he may consider to involve
 an encroachment on the
independence of the Prov.
Administration

I do not think we
 are "independent" in
 I think "legitimate"
 functions will be
 within the

x x x
as to the discrepancy with
this for⁵: this independence
owed to him to be secured
the last ~~part~~ ^{portion} of the Note
of 28/6/04 No. 286. & I
don't see why ~~the~~ ^{he} sh^d. not
be allowed to correspond direct
with the King of Siam with
the for⁵ of India.
I don't therefore in the margin
of a drawing the for⁵ of India
proposed in the Note. I sh^d.
agree to allow the King of Siam &
don't want to correspond with
him ~~but~~ on the understanding
that this is to remain open
for the India in that of his Dept
what this can be independent
and subordination to this for⁵ is
maintained as contemplated in
the Memo of 1860

31/7/09

*Here
is
For orders*

*Communication of letter
the Surg. Genl. and
Surg. Commr. Madras
the corresponding
files with the Surg. Genl.*

*1 P. Page
300/2*

[5] Papers to be read in Proceedings:—

Again G.O., dated 188 , No.
Again G.O., dated 188 , No.
Current No. 2246 of 188 9, dated 15 Feb from *this post! Dept*

Current No. of 188 , dated from

*Letter No 705 of 20 Augt-189.
The Sec to the 22 &
Home Dept*

3/9/89

*(The "clerical error" seems possibly bona fide)
N.C.*

*Recd 17 Augt 1889
C.H.S. 14/8/89*

*many
of the
this G.O. in C. Madras
that
the resolution of 10th
1868 of which copy is now com-
municated to this Govt. ~~XXXX~~ was
not intended to be applicable to
the provinces of Madras & Bombay
which in the department of medical
Sanitary Service papers admini-
strative organization complete in
involvement*

*Sir,
I am directed to reply
to para 2 of your letter of
28 June 1889 No 398 (Medical)
Dealing first with the
concluding portion of the
letter, I am to say that
regret is inability to
this Govt. cannot accept the
inference that the Home
Dept. Resolution of 10th Sept
1868 applies to this Presidency
The papers read at the head*

that Resolution; the fact
 that the Govts of Madras and
 Bombay were not consulted
 before it was passed; its com-
 munication to those Govts;
~~distinctly and that the Govts of Madras and Bombay~~
~~should apply to the Provincial Govts~~
~~the administration of the~~
~~provinces & Chief Commissioners~~
 the reason for this will probably
 be found in the fact that para
 12 of the Resolution & the latter
 part of para 14 involve an
 amount of dependence on the
 Central Govt Authority in
 matters of administrative
 detail which has never
 been excised from the Presi-
 dential Govts in regard to
 departments under their own
 control; ^{and which this Govt. feels assured}
 assuming however, that
 there is no intention on the

suggest the impression that the Resolution
 was intended to be applied only to provinces under
 the administration of the Chief Commissioners
 & Chief Agents which is not the case
 in para 3 of the revised Regulations for
 the Govts of Madras & Bombay the Govt.
 of India
 suggest the impression that the Resolution
 was intended to be applied only to provinces under
 the administration of the Chief Commissioners
 & Chief Agents which is not the case
 in para 3 of the revised Regulations for
 the Govts of Madras & Bombay the Govt.
 of India
 1886.

part of the Govt of India to
 centralize the administration
 of the Provincial departments by confining
 the power of the Presidency
 Govts, I am to say that H.E.
 in C has no objection to
 the establishment of direct
 communication between the
 Govts & the Provincial
 Commrs with this Govt and
 the corresponding officials
 under the Govt of India in
 regard to statistics & other
 & departmental rules and
 orders, ^{but before that it will be}
 understood that each Commr
 shall be confined to the giving
 & receiving of information on
 these points, that no attempt
 will be made to give orders or issue
 instructions on the one hand
 or to draw them on the other

20/8.

The H.E. in C. & P. also stipulate
that that the Supt. Genl. ^{with}
has seen this part, or the Sanitary
Comms. in the case may be,
or shall be at liberty to refer
for his orders any comm.
from the corresponding office
with the Govt. of India which
he may consider to involve
an encroachment on the
legitimate functions of the
Govt. Administration.

(2 orders)

seen
S. C. 5/8

C.

Position of the Supt. Genl.
& Sanitary Comms. in
regard to the corresponding
Offices under the Govt. of India

Letter to India
(From orders)

Letter to India regarding
position of San. Comms. & Supts.
General
Note for Hon. Sec. Stokes

Since the draft
was passed, it has been dis-
covered that the Government
of India Resolution of the
10th September 1868 was com-
municated to this Government
incidentally in 1875, together
with another Resolution address-
ed to the Minor Administrations
in Northern India (G.O. 64
dated 16th January 1875).
It was however distinctly
repudiated by the then Sanitary
Commissioner as binding on
Madras; and the repudiation
was concurred in by this
Government. (G.O. 266
dated 27th February 1875).

side the part of some common
letter in fo. 30.5.71. As
1491 however these papers were
not common? to India, it does
not seem altogether necessary
to make any alteration in
Letter 70.5.

20.8.89

... 28/8
I think no alteration is necessary
in the ... with the ...
put up ... only incidentally
... for information ...

11/8

29 Sept