

ORDINARY, MS.

Public DEPARTMENT.
G.O., DATED 20-1-94
No. 46

INDEXED.

When given for copying. 20/1.

[Despatch Abstract.]

Director that the pa-
pers regarding the scheme
for housing the Women
& Children Street in
Moulvi Bazar, Street
buildings be purchased
the British R.S. for use
on the day July 1904.
The subject is the paper
concerning the connection
with the Medical College
& the effect which will
be produced on that in-
stitution by the day
to report on the subject
of a Survey Institute
opened to the Comm.

27-11 MV
2-3-11
16-5-02
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29-1-07
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16-5-14

Box Paper, No.

FURTHER PAPER, No.

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

ENCLOSURES.

CURRENT No.

STATEMENT WITH DITTO.

ORDER OF GOVERNMENT.

LETTER OF GOVERNMENT.

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.

JANUARY 1894, No. , PUBLIC.

GOVERNMENT OF MADRAS.

PUBLIC DEPARTMENT.

READ—the following paper:—

From Surgeon Major-General W. F. DEFABECK, M.D., Surgeon-General with the Government of Madras, on tour, to the Chief Secretary to Government, dated Camp, Bellary, 2nd November 1893, No. 552.

With reference to paragraph 4 of G.O., No. 332, Public, dated the 26th April 1893, calling for a report as to what changes in the district and hospital staff should be made when the Women and Children's Hospital is transferred to the General Hospital, I have the honour to submit the following proposals for the consideration of Government.

2. The available space in the present station hospital is sufficient to provide accommodation for 266 female patients, each patient to be allowed the same superficial area as is provided at present in the General Hospital for males. To provide suitable accommodation for these 266 patients it will be necessary to make some structural alterations in the present building. These will consist chiefly of the removal of superfluous partition walls on the basement story which will improve the ventilation and lighting of the wards, the conversion of the ward at present used for labour cases into a small operating room and certain alterations in the latrines and bath-rooms to render them suitable for female patients. These alterations, though necessary, are not likely to entail any great expense. It will be necessary to build a separate contagious block similar to that at present in use in the General Hospital to accommodate at least 40 patients; the space available on the roof of the hospital can be utilized for the erection of new quarters for the Matron Superintendent and additional nursing staff which will be required for the combined hospitals. At present the Matron's and nurses' quarters are situated on the roof of the General Hospital, and I propose that the present Matron's quarters be converted into dining and sitting room for the whole staff of nurses, and new quarters be erected for her on the south side of the existing nurses' quarters, which should be left as at present to be occupied in part by the Assistant Matron whom it is proposed to entertain and in part by nurses for whom separate rooms are not now available.

It will be necessary also to build quarters for the new Resident Physician on the south-east corner.

3. The total number of beds at present available for use in the General Hospital is 375; these in addition to the 266 beds to be given over from the Military side and the 40 in the contagious block will give a total of 681 beds for the combined hospital or approximately 300 beds for female and children patients.

This number represents the total accommodation available; it is not likely, however, that all the beds will at any one time be occupied. I have accordingly taken 250 beds on which to found all estimates for additional medical staff, nursing and subordinate establishments, and I do not consider that the estimate can be considered too high when it is remembered that at present applicants for admission into the Women and Children's Hospital are largely in excess of the accommodation available (125 beds) and cases have to be daily turned away for want of room. There can, I think, be no doubt that in a very short time the estimate I have formed will not be found to be a very extravagant one.

375
266
40
681

4. *Medical Staff, &c.*—The existing staff and establishment in the Women and Children's Hospital are totally inadequate and cannot be taken as the basis on which the establishment of the proposed hospital should be founded, and I am of opinion that the following proposals represent the minimum staff with which the new hospital can be efficiently and satisfactorily worked:—

(1) *Nursing Establishment.*—On the basis of 250 beds, at least 25 Eurasian or East Indian nurses graded as they are at present will be necessary. The number, though apparently calculated on a ratio of 1 nurse to every 10 beds, is really in proportion of 1 nurse to 20 beds, as only one-half is available at one time; one-half being at work during the day time, the other half resting for night duty.

Corresponding to male ward attendants at the General Hospital 50 trained native nurses will be required. This number is calculated on a ratio of 1 to 10 beds. For ordinary menial duties 12 ayahs will be required. These women are not nurses in the ordinary sense of the word, but are merely employed for ordinary waiting and carrying duties and other rough work about the wards.

The existing nursing establishment at the Women and Children's Hospital which will be available for the new hospital is shown in the proposition statement.

(2) *Medical Subordinates.*—Three apothecaries, two hospital assistants, two compounders and two dispensary coolies will be required in addition to the present staff at the General Hospital. The requirements for men of the apothecary grade in the General Hospital are based on the ratio of one man for each medical officer. In fixing the number of additional apothecaries required I have adhered to this principle. The existing staff at the Women and Children's Hospital consists of 2 apothecaries and 2 hospital assistants, so that the actual additional subordinate medical staff required will be one apothecary, two compounders and two dispensary coolies.

(3) *Matron.*—The duties of the Matron Superintendent of the General Hospital are at present quite as much as can be efficiently performed by one person and I consider that it will be necessary to appoint an Assistant Matron to assist the present Matron Superintendent in the discharge of the duties of the combined hospitals.

(4) *Store and Steward Departments, &c.*—Some additions will also be necessary in the Store and Steward's departments, &c., details of which are given in the proposition statement.

(5) *Medical Staff.*—On the basis of 250 beds, I am of opinion that at least 3 additional medical officers are required for the efficient discharge of the professional duties of the new hospital, but if my proposals, the details of which are given later on, in regard to the working of the 2nd District are approved, the services of the medical officer in charge of the district can be utilized for the new hospital. It will be necessary, therefore, to provide two new officers for that institution.

At present the total number of beds at the General Hospital is 375, but in this number are included the beds for cholera cases and those in the officers' quarters. The total number of beds available are rarely occupied at one time. The professional work is distributed amongst 5 officers (the Resident Surgeon has no beds), each medical officer having charge of 75 beds. For practical purposes the total number of beds in the combined hospitals may be taken at 600, and I propose that each medical officer should have charge of about 90 beds, as will be explained in the following paragraph.

Should my proposals be accepted by Government and the staff of the General hospital increased by three officers for the working of the combined institutions, I propose that the designation and duties of each officer should be as follows:—

Senior Medical Officer.			
1st Physician.		1st Surgeon.	
2nd do.		2nd do.	
3rd do.		3rd do.	
Resident Physician.		Resident Surgeon.	

The Senior Medical Officer should continue to be Principal of the Medical College, but be relieved of the chair of Medicine and of all ward work in the hospital and

his duties restricted to the administration of the combined hospitals and of the college. These duties I consider are quite as much as one officer can be expected to perform.

The 1st Physician should be Professor of Medicine in the Medical College and of Clinical Medicine in the combined hospitals with charge of 90 beds.

The 2nd Physician to remain as now Professor of Hygiene with charge of about 90 beds.

The 3rd Physician should be Professor of Pathology with 90 beds in the hospital.

The 1st Surgeon to remain as at present Professor of Surgery and of Clinical Surgery with charge of about 90 beds.

The 2nd Surgeon to continue as Professor of Materia Medica with charge of about 90 beds.

The 3rd Surgeon to be Professor of Operative and Minor Surgery with 90 beds.

The Resident Physician and Surgeon to be Pathologists to the hospital with charge of 30 beds each without any attached duty in the college.

At present there is only one resident medical officer at the General Hospital who is also Professor of Pathology in the Medical College. For such a large hospital as is now proposed, it will be absolutely necessary to have a second medical officer resident on the premises. I have accordingly included in the proposed staff a Resident Physician, and I propose that the Resident Surgeon should be relieved of the chair of Pathology in the Medical College and that both resident medical officers should be restricted to work in the hospital and out-patient department. I consider that these two appointments should be reserved for junior officers. My recommendation that these officers should have no professorial duties is based on the ground that it is not advisable as a rule to appoint junior members of the service to fill educational appointments, which should ordinarily be reserved for those who have had some years' practical experience in the diseases of this country and who have shown special aptitude for teaching.

5. The financial aspect of the scheme is explained in the accompanying proposition statement, from which it will be seen that the total monthly expenditure, exclusive of the pay of medical officers, for the combined hospitals will be Rs. 6,505-8-0. From this should be deducted the following items:—

	RS.	A.	P.
Present expenditure, General Hospital	3,458	0	0
Women and Children's Hospital ..	1,123	8	0
Total ..	4,581	8	0

This leaves a balance of Rs. 1,924, which represents the net extra expenditure, and considering that estimates were formed on the basis of 250 beds for the new hospital, I do not consider that the extra cost is by any means high.

6. As regards the pay of medical officers, I recommend that the Senior Medical Officer should still continue to draw his present pay, Rs. 1,600. Although under the new arrangements he will be relieved of his ward and professorial duties, the administration of such a large and important institution as the combined hospitals and of the college will fully occupy his time and attention.

For the officers specified in the margin, I strongly recommend that pay according to the scale laid down in the Government Order of 1864 reproduced on page 120 of the Medical Code of 1870, Volume I, should be adopted.

It is in my opinion desirable that the officers selected for these important appointments should be men of experience, of professional repute and of high scientific attainments. To retain the services of such officers it is necessary that their pay should be so regulated that they may count on an increased rate on promotion to a

higher rank. At present the pay of the Senior Surgeon at the General Hospital is thus regulated as well as that of the Superintendents, Lying-in and Ophthalmic hospitals.

The 3rd Physician and 3rd Surgeon should, I propose, draw consolidated salaries and at the rate sanctioned for the present Resident Surgeon, viz., Rs. 800.

The Resident Physician and Resident Surgeon under the new scheme would ordinarily be officers junior in the service and should each be paid a consolidated salary of Rs. 500 per mensem with free quarters on the hospital premises.

I further propose that these appointments should be tenable for three years only. This would permit of a large number of junior officers having the advantage of special training and experience to qualify them for more important appointments later on.

7. The financial result of these proposals is explained below, the maximum pay of rank being given in each case: —

Senior Medical Officer	Rs.	1,600
1st Physician	1,250	
1st Surgeon	1,250	
2nd Physician	1,050	
2nd Surgeon	1,050	
3rd Physician	800	
3rd Surgeon	800	
Resident Physician	500	
„ Surgeon	500	
Total ..	8,800	
Deduct the present expenditure on account of medical officers at the General Hospital	Rs. 5,600	
Deduct pay of present incumbent of Women and Children's hospital	1,050	
	6,650	
Net increase ..	2,150	

8. As regards changes in the district staff, I propose that, as the present Women and Children's Hospital will now be abolished, the services of the medical officer may be utilized at the General Hospital. He will, however, retain his present extra charges and continue to conduct the duties of the Surgeon, 2nd District. By the new arrangement, he will have extra duties in connection with his professorial appointment at the college, but will be relieved of medical charge of the present Women and Children's Hospital.

9. In conclusion I wish to say that the proposals contained in this letter are in a great measure based on the recommendations of a committee composed of the senior officers of the General Hospital and other hospitals in Madras.

No. 552

From

SURGEON MAJOR-GENERAL W. F. DEFABECK, M.D.,

SURGEON-GENERAL WITH THE

GOVERNMENT OF MADRAS,

Madras,

To

THE Honorable the Chief Secretary to Government
Public Department.

SIR,

With reference to para 4 of G. O. No. 332 Public dated the 26th April 1893 calling for a report as to what changes in the District and Hospital staff should be made, when the Women and Children Hospital is transferred to the General Hospital, I have the honor to submit the following proposals for the consideration of Government.

2. The available space in the present Station Hospital is sufficient to provide accommodation for 266 female patients, each patient to be allowed the same superficial area as is provided at present in the General Hospital, for males. To provide suitable accommodation for these 266 patients it will be necessary to make some structural alterations in the present building. These will consist chiefly of the removal of superfluous partition

walls.

halls on the basement story, which will improve the ventilation and lighting of the wards, the conversion of the ward at present used for labor cases into a small operating room and certain alterations in the latrines and bath rooms to render them suitable for female patients. These alterations though necessary are not likely to entail any great expense. It will be necessary to build a separate contagious block similar to that at present in use in the General Hospital to accommodate at least 40 patients; the space available on the roof of the hospital can be utilized for the erection of new quarters for the Matron Superintendent and additional nursing staff which will be required for the combined hospitals. At present the matron's and nurses' quarters are situated on the roof of the General Hospital and I propose that the present matron's quarters be converted into dining and sitting room for the whole staff of nurses, and new quarters be erected for her on the south side of the existing nurses' quarters, which should be left as at present to be occupied in part by the assistant matron whom it is proposed to entertain and in part by nurses for whom separate rooms are not now available.

It will be necessary also to build quarters for the new Resident Physician on the south-east corner.

(2)

3. The total number of beds at present available for use in the General Hospital is 875, these in addition to the 266 beds to be given over from the military side and the 40 in the contagious block will give a total of 671 beds for the combined hospital or approximately 300 beds for female and children patients.

This number represents the total accommodation available; it is not likely however that all the beds will at any one time be occupied. I have accordingly taken 250 beds on which to found all estimates for additional medical staff, nursing and subordinate establishments, and I do not consider that the estimate can be considered too high when it is remembered that at present applicants for admission into the Women and Children Hospital are largely in excess of the accommodation available (125 beds) and cases have to be daily turned away for want of room. There can I think be no doubt that in a very short time the estimate I have formed will not be found to be a very extravagant one.

4. Medical Staff. The existing staff and establishment in the Women and Children

hospital are totally inadequate and cannot be taken as the basis on which the establishment of the proposed hospital should be founded and am. of opinion that the following proposals represent the minimum staff with which the new hospital can be efficiently and satisfactorily worked.

1) Nursing establishment. On the basis of 250 beds, at least 25 Eurasian or East Indian nurses graded as they are at present will be necessary. The number though apparently calculated on a ratio of 1 nurse to every 10 beds is really in proportion of 1 nurse to 20 beds as only one-half is available at one time; one-half being at work during the day time, the other half resting for night duty.

Corresponding to male ward attendants at the General Hospital 50 trained native nurses will be required. This number is calculated on a ratio of 1 to 10 beds. For ordinary menial duties 12 ayahs will be required. These women are not nurses in the ordinary sense of the word but are merely employed for ordinary waiting and carrying duties and other rough work about

the wards.

The existing nursing establishment at the Women and Children Hospital which will be available for the new hospital is shown in the proposition statement.

2) Medical subordinates. Three apothecaries, two Hospital assistants, two compounders and two Dispensary coolies will be required in addition to the present staff at the General Hospital. The requirements for men of the apothecary grade in the General Hospital are based on the ratio of one man for each medical officer. In fixing the number of additional apothecaries ^{required} I have adhered to this principle. The existing staff at the Women and Children Hospital consists of 2 apothecaries and 2 Hospital assistants - so that the actual additional subordinate medical staff required will be one apothecary, two compounders and two Dispensary coolies.

3. Matron. The duties of the matron superintendent of the General Hospital are at present quite as much as can be efficiently performed by one person and I consider that it will be necessary to appoint an assistant matron to assist the present matron, superintendent in the discharge

of the duties of the combined hospitals.

3) Store & Steward Dept. Some additions will also be necessary in the Store and Steward's Department, details of which are given in the proposition statement.

(5) Medical Staff. On the basis of 250 beds, I am of opinion that at least 3 additional medical officers are required for the efficient discharge of the professional duties of the new hospital, but if my proposals, the details of which are given later on, in regard to the working of the 2nd District are approved, the services of the medical officer in charge of the District can be utilized for the new hospital. It will be necessary therefore to provide two more officers for that institution.

At present the total number of beds at the General Hospital is 375, but in this number are included the beds for cholera cases and those in the Officers' quarters. The total number of beds available are rarely occupied at one time. The professional work is distributed amongst 5 officers (the Resident Surgeon has no beds), each medical officer having on charge of 75 beds. For practical purposes the total number of beds in the combined hospitals may be taken at 600, and I propose that each medical

Officer

3) officers. The recommended number of officers should have charge of about 90 beds, as will be explained in the following para.

Should my proposals be accepted by Government and the staff of the General Hospital increased by 3 officers for the working of the combined institutions I propose that the designation and duties of each officer should be as follows:-

Senior medical Officer

1st Physician

1st Surgeon

2nd Physician

2nd Surgeon

3rd Physician

3rd Surgeon

Resident Physician

Resident Surgeon.

The Senior medical Officer should continue to be Principal of the Medical College but be relieved of the chair of Medicine and of all ward work in the Hospital and his duties restricted to the administration of the combined hospitals and of the college. These duties I consider are quite as much as one officer can be expected to perform.

The 1st Physician should be Professor of Medicine in the Medical College and of clinical medicine in the combined hospitals with charge of 90 beds.

The 2nd Physician to remain as now Professor of Hygiene with charge of about 90 beds.

The 3rd Physician should be Professor of Pathology

the 90 beds in the Hospital.

The 1st Surgeon to remain as at present Professor of Surgery and of clinical surgery with charge of about 90 beds.

The 2nd Surgeon to continue as Professor of Materia Medica with charge of about 90 beds.

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The Resident Physician and Surgeon to be Pathologists to the Hospital with charge of 30 beds each without any attached duty in the College.

At present there is only one Resident medical officer at the General Hospital who is also Professor of Pathology in the medical college. For such a large hospital as is now proposed, it will be absolutely necessary to have a second medical officer resident on the premises. I have accordingly included in the proposed staff a Resident Physician, and I propose that the Resident Surgeon should be relieved of the chair of Pathology in the medical college and that both resident medical officers should be restricted to work in the hospital and out patient Department. I consider that these two appointments should be reserved for junior officers

officers. My recommendation that these officers should have no professorial duties is based on the ground that it is not advisable as a rule to appoint junior members of the service to fill educational appointments which should ordinarily be reserved for those who have had some years' practical experience in the diseases of this country and who have shown special aptitude for teaching.

5. The financial aspect of the scheme is explained in the accompanying proposition statement from which it will be seen that the total monthly expenditure, exclusive of the pay of medical officers for the combined hospitals will be Rs 6505-8-0. From this should be deducted the following items:-

Present expenditure General Hospital	Rs 2458-0-0
Do Women & Children Hspl	1120-8-0
Total	Rs 4581-8-0

This leaves a balance of Rs 1924-0-0 which represents the net extra expenditure and considering that estimates were formed on the basis of 250 beds for the new hospital, I do not consider that the extra cost is by any means high.

As regards the pay of Medical Officers, I recommend that the Senior Medical Officer should still continue to draw his present pay Rs 1600. Although under the new arrangements he will be relieved of his ward and Professorial duties the administration of such a large and important institution as the combined hospitals and of the College will fully occupy his time and attention.

For the Officers specified in the margin I strongly recommend that pay according to the scale laid down in the G. O. of 1864 reproduced on page 120 of the Medical Code of 1870, Volume I should be adopted.

It is in my opinion desirable that the officers selected for these important appointments should be men of experience, of professional repute and of high scientific attainments. To retain the services of such officers it is necessary that their pay should be so regulated that they may count on an increased rate on promotion to a higher rank. At present the pay of the Senior Surgeon at the General Hospital is thus regulated as well as that of the Superintendents Lying in and Ophthalmic Hospitals.

1st Physician
1st Surgeon
2nd Physician
2nd Surgeon

The 3rd Physician and 3rd Surgeon should draw consolidated salaries and at the rate sanctioned for the present Resident Surgeon viz Rs 800.

The Resident Physician and Resident Surgeon under the new scheme would ordinarily be officers junior in the service and should each be paid a consolidated salary of Rs 500 per mensem with free quarters on the hospital premises.

I further propose that these appointments should be tenable for three years only. This would permit of a large number of junior officers having the advantage of special training and experience to qualify them for more important appointments later on.

7. The financial result of these proposals is explained below, the maximum pay of rank being given in each case.

Senior med. officer.	Rs 1600.
1st Physician —	1250
1st Surgeon —	1250
2nd Physician —	1050
2nd Surgeon —	1050
3rd Physician —	800
3rd Surgeon —	800
Resident Physician —	500
Resident Surgeon —	500
Total Rs 8800	

Total. Rs 8800.

Deduct the present expenditure
on account of medical officers
at the General Hospital. } Rs 5600
Deduct pay of present incumbent
of Women & Children Hospital } Rs 1050.
} . 6650

net increase Rs 2150.

As regards changes in the District staff, I propose
that as the present Women and Children Hospital
will now be abolished, the services of the medical
officer may be utilized at the General Hospital. He
will however retain his present extra charges and
continue to conduct the duties of the Surgeon
2^d District. By the new arrangement, he will
have extra duties in connection with his
professorial appointment at the college but will
be relieved of medical charge of the present Women
and Children Hospital.

In conclusion I wish to say that the
proposals contained in this letter are in a
great measure based on the recommendations
of a committee composed of the senior officers

of

of the General Hospital, and other Hospitals in
Madras

I have the honor to be,
sir,
Your most obedt servant,

Sd/-

Surgeon General
with foot of Madras.

Total 8.200

Public (1893) DEPARTMENT.

on

SURG. MAJOR-GEN. W. F. DEFAECK, M.D.,

SURGEON-GENERAL WITH THE

GOVERNMENT OF MADRAS,

Madras,

No. 552

Dated 27th Oct 1893

Recd. 4th Nov 1893
Regd. 6th Nov 1893

Subject.

Submit proposals with

reference to the establishment to
required for the Women & children
Hosp. when removed to the present
Station Hosp. buildings.

Pub. 7662, 15-9-93
Pub. 5092, 29-5-93
Pub. 3952, 17-5-93
3647, 5-5-93
3320, 26-4-93

Pub. 3917, 20-4-93
3577, 6-4-93

Printed file ending with Pub. 7662, 15-8-93

Ref. of 11 Dec 93 No. 2210

The Surgeon General is
requested to submit for the
perusal of Govt. the report
of the Committee referred
to in para. 9.

3.5.13
8/12

/for readers/
8/12/93

The Surgeon General. Dated 11/12/93

Report of the Committee appointed by the Surgeon-General with the
Government of Madras (vide his memorandum No. 5210, dated
23rd August 1893, and reconstituted by his memorandum, dated
9th October 1893), to report on the following subjects:—

- "I. The structural changes in the present Station Hospital
which it will be necessary to make to render it suit-
able for the accommodation and treatment of female
in- and out- patients.
- "II. The increase in the existing Medical, Surgical, Nursing
and Menial Staff of the General Hospital which
will be required for the efficient working of the new
hospital."

Total number of beds available.

The number of beds available in the Station Hospital,
after giving the same superficial area per bed as in the
male side of the General Hospital, will be—

	Beds.
Basement floor	142
First floor	124
Total	266

To this number must be added 40 more beds, as it
will be absolutely necessary to have a contagious block
(the details of which will be hereafter supplied), so that
the total aggregate of available beds will be approxi-
mately 300.

Number of beds taken as a work-
ing basis.

As it is not likely that the entire total of the beds
will be at any one time occupied, a working basis of 250
beds has been taken, on which to found all estimates
of staff, nursing and subordinate establishment. In
the present Women and Children's Hospital the total
number of available beds is approximately 25, and
cases are daily turned away for want of accommodation.
There can be no doubt that within a very short time the
proposed increase will not be found to be an extravagant
estimate.

I. The necessary structural changes are of three
kinds:—

- (a) Alterations in the present Station Hospital.
- (b) Extensions to present General Hospital.
- (c) Additional new buildings.

(a) The changes required in the existing base-
ment and first floors of the Station Hospital will be
slight alterations, consisting chiefly in the removal of
superfluous partition walls; the conversion of the present
labour ward into an operating theatre; alterations in
the basement floor latrines to fit them for the use of

native female patients; and redistribution of the water-supply.

(b) Extensions both of the present native and European kitchens of the male side will also be necessary.

(c) As regards additional new buildings, the following are necessary:—

Contagious block.

A contagious block, similar to that in use at the General Hospital; a rough plan of this (No. 4) has been submitted by the Consulting Architect to Government, giving an approximate estimate of 40 beds.

New buildings on Station Hospital roof.

New buildings to be constructed on the present roof of the Station Hospital. It is suggested that the following re-arrangement and additions be made (*vide* plan No. 3). That the present Matron's quarters be converted into a dining and sitting room for the entire nursing staff (of the combined hospitals), and that new quarters be erected for her on the south side of the existing Nurses' quarters.

Matron's quarters.

Assistant Matron's quarters.

That the existing Nurses' quarters be left as it is now; to be occupied in part by the Assistant Matron, whom it is proposed to entertain, and in part by Nurses for whom cubicles are not available.

Nurses' cubicles.

That 26 cubicles for the increased nursing staff be built as per accompanying plan (No. 3).

Resident Physician's quarters.

That quarters be built for the proposed Resident Physician on the south-east corner.

II. The committee are unanimously of opinion that the staff, establishment and equipment of the present Women and Children's Hospital are notoriously and scandalously inadequate and insufficient.

This has been pointed out and reported on time after time by the present Surgeon of the Second District, by the Acting Surgeon of Second District and by the present Superintendent, Lying-in Hospital; when in charge of the gynaecological wards that were formerly located in the Women and Children's Hospital, but are now placed in a separate block in the Lying-in Hospital compound.

The various departments are considered in the following order:—

- Nursing establishment;
- Subordinate Medical and dispensary departments;
- Office;
- Linen department;
- Steward's and store department; and
- Sanitary department.

The proposals concerning the new Medical Staff are given at the end of the report.

(Simultaneous reference is invited to the accompanying comparative table, from which can be seen at a glance the present staff and establishment at the General Hospital; the present staff and establishment at the Women and Children's Hospital; the proposed new staff and establishment at the Women and Children's Hospital.)

Comparative Table.

Present staff of General Hospital.	Salary.	Present staff of Women and Children's Hospital.	Salary.	Proposed new staff of Women and Children's Hospital.	Salary.
(a) Nursing Establishment.					
1 Matron Superintendent.	300	1 Matron ...	50	Add to present Matron Superintendent's pay ..	100
1 Head Nurse ...	60	1 East Indian Nurse ...	8	1 Assistant Matron Superintendent ...	200
1 Assistant Head Nurse ...	50	5 Native Nurses ...	6	25 Nurses (European and East Indian as at present) graded as follows:—	
4 First-grade Nurses ...	40	5 Ayahs (extra) ...	6	1 Head Nurse ...	60
6 Second-grade Nurses ...	30			1 Assistant Head Nurse ...	50
6 Pupil Nurses ...	15			5 First-grade Nurses ...	40
(All Nurses receive Rs. 15 extra per mensem 'ration money') ...	270			9 Second-grade Nurses ...	30
1 Matey for Nurses ...	7			9 Pupil Nurses ...	15
6 Ward Attendants ...	10			(Ration money on the present scale) ...	375
14 Ward Attendants ...	8			50 Native Nurses (corresponding to male ward attendants graded as follows:—	
15 Ward Attendants ...	7			8 First-grade Native Nurses ...	15
13 Extra Ward Attendants.	6			16 Second-grade Native Nurses ...	12
				14 Third-grade Native Nurses ...	9
				12 Fourth-grade Native Nurses ...	7
				12 Ayahs ...	6
	1,472		118		1,984
(b) Medical Subordinate and Dispensary Establishment.					
1 First-class Apothecary.	275	1 First-grade Senior Apothecary ...	505	3 Assistant Apothecaries (on pay of rank, Rs. 50 + 30) ...	80
6 Assistant Apothecaries.	Pay of rank.	2 Civil Apothecaries (1 extra and 1 draws Rs. 30 staff allowance) ...	105	2 Hospital Assistants (on pay of rank, Rs. 25 + 10) ...	35
2 Hospital Assistants.	6	2 First-class Hospital Assistants ...	65	2 Compounders (rising to Rs. 20 by increments of Rs. 3 every five years) ...	9
1 Out-patient room Cooly.	8			1 Dispensary Cooly ...	8
1 Dispensary Cooly ...	14			1 Dispensary Cooly ...	6
2 Gate Peons ...	9			2 Gate Peons ...	12
4 Compounders (graded).					366
	1,013		785		
(c) Office.					
1 Senior Clerk ...	35	Nil.		1 Clerk ...	20
1 Junior Clerk ...	20				20
	55				
(d) Linen.					
1 Linen Clerk ...	50	2 Dhobies ...	8	4 Dhobies ...	10
6 Dhobies ...	8			2 Tailors ...	8
2 Tailors ...	8				56
	114		16		
(e) Steward's Department and Store.					
1 Steward (rising to 250)...	200	1 Steward (and Writer)...	19	1 Assistant Steward ...	60
1 Assistant Steward ...	60	1 First-class Cooly ...	10	1 Steward's Clerk ...	30
1 Assistant Steward ...	30	1 Second-class Cooly ...	5½	1 Steward's Clerk ...	20
2 Coolies (Office) ...	7	1 Head Cook ...	8	2 Steward's Cooly ...	7
1 Mussalchi ...	7	1 Assistant Cook (extra) ...	6	2 Mussalchis ...	7
1 Head Cook for Europeans ...	14	1 Hindu Cook ...	5	1 Assistant Cook for Europeans (mate) ...	10
1 Cook's Mate ...	10	1 Peon ...	7		

Comparative Table—continued.

Present staff of General Hospital.	Salary.	Present staff of Women and Children's Hospital.	Salary.	Proposed new staff of Women and Children's Hospital.	Salary.
(e) Steward's Department and Store—continued.					
1 Cook's Mate	Rs. 7	1 Cleaning Woman ...	Rs. 4	2 Assistant Cooks for Natives	Rs. 8
1 Head Cook for Natives.	10	1 Storekeeper	20	1 Assistant Butcher ...	6
1 Cook's Mate	6	1 Weighman	6	2 Kitchen Coolies ...	6
2 Coolies (kitchen) ...	6			1 Assistant Storekeeper ...	20
1 Butcher	6			1 Iceman	6
1 Carpenter	14				
1 Storekeeper	45				
1 Weighman	15				
1 Iceman	6				
2 Store Coolies (extra) ...	6				
	468		90		208
(f) Sanitary Department.					
1 Hospital Sergeant (paid by Military)	44	1 Gardener (extra) ...	6	1 Sergeant or Overseer ...	40
1 Headman of servants.	10	2 Toties (Male)	6	1 Headman of servants ...	12
13 Bearers	6	8 Toties (Female) 3 extra	4	12 Bearers	6
4 Gardeners	5	2 Women Sweepers ...	4	2 Gardeners	5
13 Toties	6	3 Lascars	6	4 Male Toties	6
10 Toties (extra)	6	1 Puckally	8	16 Female Toties	6
1 Toty (woman), nurses' quarters	5			4 Sweeper Women ...	4
4 Women Sweepers ...	4			4 Lascars	6
1 Sweeper (extra) ...	4			3 Bathmen	6
6 Lascars (2 extra) ...	6				
3 Bathmen	6				
1 Bricklayer	11				
	336		84		312
Total	3,458	Total	1,123½	Total	2,946

European and East Indian Nurses.

Nursing Institute.

Native Nurses.

(a) *Nursing Establishment.*—On a basis of 250 beds occupied, at least 25 European or East Indian Nurses, graded as they are at present, will be necessary.

This number, though apparently calculated on a ratio of 1 nurse to 10 beds, is really in the proportion of 1 nurse to 20 beds, as one-half of them only are available at any one time; one-half being at work during the day time, the other half resting for their turn at night duty.

The committee desire to point out that the establishment of a Nursing Institute can be readily carried out in connection with the enlarged staff of nurses under the proposed scheme.

The committee very strongly support this, as it will add both to the efficiency and economy of the conjoint hospital.

Corresponding to Male Ward Attendants in the present General Hospital.—50 trained native nurses will be required. This number is calculated on a ratio of 1 to 10 beds.

They will be graded as follows :—

8 on the First grade at Rs. 15 per mensem.
16 on the Second grade at Rs. 12 "
14 on the Third grade at Rs. 9 "
12 on the Fourth grade at Rs. 7 "
(Pupil class).

By the Superintendent of Lying-in Hospital considerable difficulty is found to exist in getting Native

female nurses on a salary of less than Rs. 12 per mensem, since they can, as a rule, readily ensure a larger income by private employ, or in some cases by work under Local Fund Boards. The extra pay on promotion to the highest grades induces a certain number to remain.

For ordinary menial duties, 12 ayahs on Rs. 6 per mensem will be necessary.

They are not nurses in any sense of the word, but are merely employed for ordinary waiting and carrying duties, and other rough work about the wards.

(b) *Medical Subordinate and Dispensary Department.*—The following is the proposed increase to the establishment :—

- 3 Apothecaries.
- 2 Hospital Assistants.
- 2 Compounders.
- 2 Dispensary Coolies.
- 2 Gate Peons.

One Apothecary has been allowed for each Medical Officer.

The 2 Hospital Assistants, Compounders and Coolies are for the dispensary.

The committee agree that for the present a few minor modifications in the present dispensary building (which is conveniently situated) should suffice, with the extra staff recommended, to deal with the increased work of dispensing.

It would be highly inconvenient to alter the buildings in this part of the hospital.

(c) *Office and (d) Linen Department.*—In the former (c) another clerk on Rs. 20 and in the latter (d) 4 more dhobies and 2 more tailors will be necessary.

(e) *Steward's and Store Department.*—The following is the proposed increase :—

- 1 Assistant Steward.
- 1 Steward's Clerk.
- 1 Steward's Clerk.
- 2 Steward's Coolies.
- 2 Mussalchis.
- 1 Assistant Cook for Europeans (mate).
- 2 Assistant Cooks for Natives.
- 1 Assistant Butcher.
- 2 Kitchen Coolies.
- 1 Assistant Storekeeper.
- 1 Iceman.

(f) *Sanitary Department.*—The proposed extra staff is as follows :—

- 1 Hospital Sergeant.*
- 1 Headman of servants.
- 12 Bearers.
- 2 Gardeners.
- 4 Male Toties.
- 16 Female Toties.
- 4 Sweepers (female).
- 4 Lascars.
- 3 Bathmen.

* Not necessarily a soldier, but an European is essential.
The committee recommend a slight increase in the pay of some of the menials, as they are well aware that the present scale is quite inadequate to secure proper services. The smallness of their pay leads them too frequently to attempt to worry and annoy the sick by asking them for money.

NEW MEDICAL STAFF.

On the basis of 250 beds, the committee are unanimously of opinion that, in order to do the work efficiently, an increase of no less than three Medical Officers must be made.

The committee would point out however that actually only 2 new officers will be required, inasmuch as the services of one surplus officer will be at once available in the following manner.

They suggest and strongly recommend the amalgamation of the duties of the Surgeons of the Second and Third Districts, since the chief function and by far the most important duty of the Surgeon of the Second District is the charge of the present Women and Children's Hospital.

After the transfer of this his chief occupation will be gone, thereby setting free one Medical Officer who is available to take over one of the new appointments.

To amalgamate the duties of the Surgeons of the Second and Third Districts under the care of the latter will not entail too heavy a charge for one Medical Officer; more particularly if the surgery of the Body Guard be handed over to a Medical Officer in military employ, as is obviously appropriate.

New Medical Officers.

The committee would also point out the following:—

It should be remembered that out of the two additional Medical Officers asked for last year, only one was eventually sanctioned (on this account one ward still remains unoccupied in the General Hospital).

It is understood, however, that Government approved of two extra Medical Officers as being absolutely required.

Senior Medical Officer.

That the Senior Medical Officer of the combined hospital be relieved of the chair of Medicine in the college and from all ward work in the hospital.

He will, thus, be a purely administrative officer, having charge, as Principal, of the whole discipline and office work of the Medical College, and, as Senior Medical Officer, of the administration of the new hospital with a total of over 600 beds.

Reconstitution of staff and their duties.

Although it is not strictly within the letter of their instructions, the committee feel that they should formulate proposals regarding the staff of the conjoint hospital and permanently determine the best re-arranged nomenclature of the Medical Officers of the staff together with their allied duties at the Medical College. Below is given, after careful consideration, each officer's hospital position, work and college duties:—

Senior Medical Officer.

First Physician.

Second Physician (now called Assistant Physician).

Third Physician (now called Additional Medical Officer).

Resident Physician.

First Surgeon (now called Senior Surgeon).

Second Surgeon (now called Junior Surgeon).

Third Surgeon.

Resident Surgeon.

The new appointments are given in block type.

The old titles are given in brackets.

Duties of Medical Staff.

First Physician to have combined duties of the Professorship of Medicine in the Medical College and of

Clinical Medicine in the hospital, with charge of about 70 medical beds.

Second Physician to remain as Professor of Hygiene and with charge of about 70 medical beds.

Third Physician to be Professor of Medical Jurisprudence and with charge of about 70 medical beds.

Resident Physician to be Professor of Pathology in the Medical College and Pathologist to the hospital, with charge of about 30 medical beds.

First Surgeon remains, as at present, Professor of Surgery and of Clinical Surgery and with charge of about 70 surgical beds.

Second Surgeon remains, as at present, Professor of Materia Medica and with charge of about 70 surgical beds.

Third Surgeon to be Professor of Operative and Minor Surgery and with charge of about 70 surgical beds.

Resident Surgeon's duties as before, excepting the omission of those pertaining to the chair of Pathology.

The final re-arrangement of the college duties with the new conjoint staff will require reconsideration in connection with the recommendations of the former re-organization committee.

Pay.—In order that these appointments may prove attractive to capable men, the committee are strongly of opinion that the pay of these officers should be graded in the same way as now obtains in the case of officers holding full professorships in the Medical College with conjoint Presidency duties.

W. R. BROWNE, M.D., Surgn.-Lt.-Col.,
President.

J. MAITLAND, M.D., Surgn.-Major, }
G. C. HALL, Surgn.-Capt., I.M.S., } Members.
(Secretary).

GENERAL HOSPITAL, MADRAS,
October 16th, 1893.

17. 5-9307395
Fort St George 30 Dec 1893
Office Note No. 2197

In connection with the proposed removal of the Military Hospital from Madras to the Mount and Poornamallee the Honorable Mr. Garstin has noted as follows.

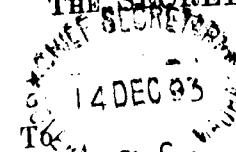
Is any thing being done about building the small temporary Military Hospital near the Medical College?

Please let me have the required information

Emergency
Military Department,
Fort St George the 14 December 1893.
No. 8230
OFFICE NOTE.

From

THE SECRETARY TO GOVERNMENT,
MILITARY DEPARTMENT.



The Honorable the Chief Secretary.

In reply to the Chief Secretary's Office Note of 8th December No. 2197, the undersigned has the honor to state that as ordered in para. 2 of P.S. (Military) No. 3125 of 12th May 1893, the construction of the Military Detention Hospital at Madras is held in abeyance pending the sanction of the Government of India to the scheme connected with the transfer of the Station Hospital from Madras to Saint Thomas' Mount and Poornamallee. This matter is still under the consideration of the Supreme Government. Vide P.S. No. 795 dated 2nd December 1893.

1010
W.H. He
Secretary to Government

30

Hon. Mr. Garstin C.S.O.

Submitted in reply
to the H. M. S. question.
The file is being circled
separately.

35B.
15/12/12
25/12/12

Public Act 3347.

Memorandum

There is not much difference between the proposals of the Surgeon General and those of the Committee.

The only point of difference are the following:-

The Surgeon General says that the 1st, 2nd, & 3rd Physicians & the 1st, 2nd, & 3rd Surgeons should be given charge of 90 beds each, but the Committee give them only 70 beds each. The result of this is that the Surgeon General makes provision for 600 beds (vide para 3 of his letter), while the Committee provides only for 450 beds (in this connection please see page 1 of the report.)

The Surgeon General recommends the 3rd Physician to be Professor of Pathology and proposes nobody for the Chair of Medical Jurisprudence. On the other hand, the Committee propose the 3rd Physician to take the Chair of Medical Jurisprudence and suggest for the Professorship of Pathology the Resident Physician, who, the Surgeon General says, should be entirely relieved of College work.

The Surgeon General proposes in detail the pay of all the physicians and surgeons, but the Committee

Committee simply say that the pay of these officers should be graded in the same way as now obtains in the case of officers holding full professorships in the Medical College with Conjoint Presidency duties.

The Committee do not discuss the financial aspect of the scheme, which the Surgeon General does.

In the Structural changes there is some difference of opinion.

The Committee say that the extensions both of the present main and European kitchens of the male side will be necessary; that 26 cubicles should be constructed for the increased nursing staff (vide page 2 of the printed report) and that for the present a few minor modifications in the present dispensary building would suffice, with the extra staff recommended to deal with the increased work of dispensing (vide page 5), whereas the Surgeon General is silent on these points.

Another point which the Surgeon General does not touch upon in his letter is about the establishment of a Nursing Institute referred to on page 4 of the Committee's report.

Copy of a vote by H.E. the Governor on papers re Mrs. Nichol's appt. as Matron Supt. of the G.H.

"Mrs. Nichol has been working up a Nurse's Training School and I think some steps should be taken to affiliate it to the Genl. Hospital, and that Govt. should support it but the Surgeon Genl. should be asked to report on the matter first.

W.
24/12/93.

Note

vide page 4 of the Committee's printed report. The matter will be referred to the Surgeon General when orders are drafted on these papers.

35B
5/1

FOR ORDERS.

A sum of Rs. 80,000 was provided in the Public Works Budget for 1893-94 for the construction of a new Women & Children's Hospital on a site near the Medical College. It was, however, subsequently decided to remove the Military Hospital from its present quarters adjoining the General Hospital to St. Thomas Mount and Poonamallee and to utilise the building for women and children in connection with the General Hospital.

It was resolved that the initial expenditure involved by the change should be borne by Provincial, and Rs. 75,976 of the 80,000 were placed at the disposal of the Military Deptt. in which, however, the Commander-in-Chief was informed that the money should not be utilised until the receipt of India's sanction to the scheme. This was in May last. Subsequently India asked for further information which was furnished by the Military Deptt., and nothing further has transpired. A reminder is being forwarded.

Meanwhile

Office
Submit this file to the
Hill on Monday
Evening, the 8th.
J.B.
5/1/94

Shir D. R. on Sharp.
L.H.

C/S/1.
R.H.

vide S. 1010

2/19
Meanwhile - in accordance with para 4 of G.O. d/ 26-4-93, No. 332 - the Surgeon General with a Committee has been considering the changes in staff which will be necessary to give effect to the scheme.

The result is embodied in the current now submitted, which has had to be delayed for want of certain papers in the file which were in circulation.

The proposition statement (which it is observed was not submitted through the Accountant-General) gives the following particulars:-

Rs.

Nursing establishment.....	+ 1,866
Medical subordinates and Dispensary.....	- 474
Office.....	+ 20
Linen Department.....	+ 40
Stewards Department.....	+ 300
Sanitary Department.....	+ 272

Medical Officers..... + 2,150
(vide para. 7 of current)

4,074 per mensem

12

Rs. 48,888 per annum

No provision for this expenditure has been made in the Medical Budget for 1894-95 and the latest information from the Accountant General

places

37 places the deficit for 1893/94 under Provincial at a little over five lakhs.

No estimate of the cost of adapting the building for use as a Women and Children's Hospital or of the additional accommodation required has yet been received.

In regard to the increase in establishment it is submitted that the Medical committee must be the best judges and that it would be futile to provide additional beds without the necessary staff to work them.

Two additional Medical Officers are required and the sanction of the Secretary of State to the appointments will be necessary. India has been prepared for the application. Vide para 4 of letter No. 148 d/7-3-92 and para 2 of India's letter in G.O. 888 of 14-12-92. There was considerable difficulty in obtaining sanction to the recent additional appointment at the General Hospital.

I think we had better see the report of the Committee
BB
1/12/93
Is anything being done about building the small temporary hospital near the hospital College
7/12/93

3513/28 + 1. I submit that the report of the Committee should be called for. The S. G. is usually not ready to throw reports from him at the head of G.O. and leave it to work out matters for itself. I have heard a rumour that the S. G. is commencing small works and is altogether in accord with them. The Committee or even in a final line and that it was anticipated.

medical circle that the Committee
report would be a help to it.
The may be incorrect but it
is a submitted desirable
to make time on the point.

The ~~the~~ extra expenditure involved
by the additions to the Genl Hospital
to provide for women & children to
be large and there does not appear
to be any source from which it
can be met.

30
30/11/93

OFFICE OF SURGEON-GENERAL

WITH THE GOVERNMENT OF MADRAS

No. 655

Encl. —

Madras, 6 December 1893

From S. M. Genl. W. F. de Zabeck M.D.
SURGEON-GENERAL WITH THE

GOVERNMENT OF MADRAS,

MADRAS.

To

THE Honble the Chief Secy to Government
Public Department,

SIR,

In compliance with Govern-
ment Memorandum no. 22 dated
December 1893, I have the honor to
ward a copy (printed) of the
Report regarding the General Hospital.

Public (1893) DEPARTMENT.

From S. M. Genl. W. F. de Fabeck M.D.
SURGEON-GENERAL WITH THE

GOVERNMENT OF MADRAS,

Madras,

No. 655

ENCLOSURE.

Received 13 December 1893.

No.



SUBJECT.

Regarding a printed copy
Committee's report re:
C. Hospital.

is a settlement of the question of the effect
which will be produced on the working
of the Medical College by the proposed
scheme of amalgamating the proposed Medical
is under the 1893 Act. The scheme, and it
will not be so to decide on any
matters regarding it without consulting
the authorities, & say - I don't think the
two currents will be put on the
bank of the scheme.

For Orders

The report of the Committee is
with reference to the note no
C No. 2969 submitted with
a memorandum showing the
point of difference between
the Committee's report.

~~Example of the Committee's report~~
~~Example of the Committee's report~~
~~Example of the Committee's report~~

The cost of the proposed establishment
is apparently exceedingly high, but
a separate W & C hospital
would have cost much more and
it is difficult to say where reduction
is possible.

The whole business looks, from
the Committee's report as if the whole
be again being up for an
indefinite period.

22/12/93

I expect the C.S. is right in thinking
that there is a good chance of the
whole business being being a good
prolonged time. Meanwhile, however, it
seems to me that we should as
far as possible make all necessary
preliminary arrangements.

Again G.O., dated

18, No.

Again G.O., dated

18, No.

Current No. 2969 of 1893, dated 4 Dec from the Surgeon-General.

" " 3347 " " 13 Dec "

Current No. 3351 of 1893, dated 14 Dec from the Military Dept.

ORDER: 20 Jan 94 No 46

It seems probable that the scheme for
locating the Women and Children's Hospital
in the building at present occupied by
the Military Hospital will be delayed for
some further considerable time.

The Govt. is, however, of opinion
that preliminary arrangements should be
proceeded with. The papers will accordingly

be forwarded to the Director of Public
Instruction for report on that portion of
the

General's proposals which refer
to the Professorship.

with the Medical College and the effect

which would be produced on that insti-
tution by them.

The Surgeon-General will be re-
quested to report on the subject of

nursing Institute which is referred to

at page 4 of the Committee's remarks. It

is understood that a Nursing Training

School

school is being managed by Mrs. Nis-
d it might be advantageous to af-
e it to the Nursing Establishment
e General Hospital.

/from orders/

*B.
7/1*

1911/1912

The Surgeon-General.

Education Deptt.

into curricular

24/11/11

*thing
with
of it
as it
has
high*