

Public (1895) Department.

ORDINARY MS.

G.O., No. 191

DATED 15 March 1895

INDEXED.

[Despatch Abstract.]

ANNUAL REPORT ON HOSPITALS & DISPENSARIES.

Declining to issue general orders directing the controlling authorities of private and mission dispensaries assisted by Government or Local Funds to furnish returns for incorporation in the Surgeon-General's----, but making arrangements in view to the required particulars being afforded in regard to the hospital at Kodakal and the Leper Asylum at Calicut.

A

BACK PAPERS.

G.O.	No.	Department.	Date.	G.O.	No.	Department.	Date.

FURTHER PAPERS.

G.O.	No.	Department.	Date.	G.O.	No.	Department.	Date.

CIRCULAR No. 29.

HOSPITAL AND DISPENSARY STATISTICS.

The following rules are published for the information and guidance of Medical officers and Subordinates with a view to ensure uniformity in the Monthly and Annual Returns of Civil Hospitals and Dispensaries submitted to this office.

The rules now existing on the subjects treated of in this Circular should be considered as cancelled.

1. Each Hospital and Dispensary must be provided with a copy of the Nomenclature of Diseases, 2nd Edition, 1885.
2. Medical officers should see at inspections that medical subordinates understand the use of the Nomenclature of Diseases.
3. The rules and notes in it should be strictly adhered to, and attention paid to the opening paragraph of the preface to the old and new editions, as also to the explanations in page XXX.
4. Those diseases only (with their varieties) which have numbers prefixed to them, without brackets, in the Nomenclature should be recognised in the compilation of statistics.
5. Synonyms are not to be used, a single exception, however, being made in the case of the term "Ague" which can be used instead of the term "Intermittent Fever."
6. All diseases, general or local, due to syphilitic virus should be returned as syphilis, and all diseases due to gonorrhoeal virus as "gonorrhoea;" only non-specific cases should appear separately in the returns. On the same principle, Medical officers should return inflammation or suppuration of lymph glands due to "ulcer of the penis," and "warts;" and "stricture of urethra," due to gonorrhoea, as gonorrhoea. Particular attention is invited to the foot-notes given in pages 9, 111, 121, 123, 131, 135, 137, 139, 141, 143, 145, 153, 155 and 191 of the Nomenclature of Diseases.
7. Special attention should be paid to the rules in the Nomenclature of Diseases regarding general and local injuries.
8. "Effects of climate," "Effects of heat" and "Effects of cold" should be returned under general injuries.
9. Local injuries should be grouped under the general heads as contusions, fractures, wounds, scalp wounds, wounds gun-shot, sprains, dislocations, &c., without specifying the parts affected.
10. When any case is shown as "discharged" or "died" under the heading "jaundice," "diarrhoea," "colic," "ascites," "paralysis," "dyspepsia," "palpitation," &c., which are the names of symptoms and not of diseases, an explanatory note should be attached in the remarks column, and they should be specially explained in the annual reports.
11. The term "debility" or "general debility" should never be used except in the sense it is used at page 15 of the Nomenclature of Diseases, i.e., a disease of development such as immaturity at birth, malformation and old age. When debility is simply a symptom, the cause should be ascertained and the diagnosis entered accordingly.
12. Scrofulous affections, in which tubercle is an integral part of the disease, should be included and returned under tubercular diseases.
13. Irritation by nettles and stinging plants should be returned among diseases of the skin under No. 874, and not as poisoned wounds under No. 994-E.
14. Out-patients Nominal Registers should be kept in the form of Civil Medical Book I.
15. In large institutions separate registers should be maintained, (a) for Europeans and Eurasians, (b) for Natives and (c) for sexes of each class.

Registers with instructions how to keep them.

16. Daily registers in the form of Civil Medical Books, 4 and 5, should be completed daily from these registers.

17. In large institutions at the end of the month the "remaining," including all those who attended on any of the last five days of the month, should be re-entered in red ink.

18. Patients who are absent for five consecutive days should be entered as "discharged otherwise" and their tickets cancelled. If they return they should be admitted as new patients.

19. *In-patients.*—In all hospitals Nominal Registers in the form of Civil Medical Book 2 should be kept. In special hospitals when necessary additional columns can be added. The rules in paragraphs 16, 17 and 18 are also applicable to in-patients when the number of admissions render it desirable.

20. When a patient admitted for one disease, is attacked by another, unconnected with the former and before recovery from it, a fresh admission will be recorded for the second disease, and "discharged otherwise" for the first, a note referring to the new number being entered in the remarks column.

21. When a patient is admitted suffering from two diseases at the same time, the case will be shown for the most serious one; should the second disease remain after the recovery from the first, the patient will be "discharged otherwise" and readmitted for the latter disease.

22. In the case of a patient admitted for a disease which further observation or *post mortem* examination may prove to have been so entered through an error in diagnosis, the entry should be scored out and the correct disease entered in red ink, so that the case may continue under the original number, and only one admission be reckoned for it.

23. A case which, owing to the obscurity of its symptoms, cannot at the time be entered under any specific disease will be recorded as "not yet diagnosed;" when the disease has been ascertained, the case will be entered as a fresh admission if the quarterly returns have been submitted, if not, the disease should be entered. Should no disease be detected, the case should be discharged and entered as "no appreciable disease."

24. Cases should only be returned as "cured" when the cause of the disease has been removed; as "relieved" where only symptoms have been relieved. All others should be entered as "discharged otherwise."

25. No cases of cholera should be discharged for re-admission until every symptom, either directly or indirectly due to the disease, has disappeared.

26. As natural labour is not recognised in the Nomenclature of Diseases, it should not be shown in any statistical return of sick. Should recovery, however, after natural labour have been protracted from anæmia or other causes, the case should be entered as a disease, as the case may be.

27. In cases of suicide or self-inflicted injuries with suicidal intent, a note should be made in the remarks regarding the method by which the suicide was accomplished, or the injuries inflicted, the supposed or presumed motive of the act, the finding of the inquest, if one was held. If no inquest was held, the fact should be noted. In cases of recovery from injury the result should be noted.

28. *Operations.*—Operation registers should be kept in Civil Medical Book Form 3. In large institutions, at the end of each quarter, all the cases "remaining" should be brought forward in red ink.

29. All surgical operations will be shown under the headings of the diseases, which necessitated the operations, in Civil Medical Books 1 or 2, a note being made in the remark column showing the date or dates of the operation or operations.

30. When several operations are performed on the same patient, for the same disease, the patient should be "discharged otherwise" in the operation register and a new entry made for each operation.

31. Reductions of dislocations are to be classified as surgical operations in accordance with the appendix in the Nomenclature of Diseases, page 279, the particular dislocation being specified according to the lists given on pages 245, 247 and 249.

32. Fractures should be shown in Statement III under local injuries, and in Statement III-A under a separate heading. They should not be included in the list of operations; particular fractures need not be specified, but compound and simple should be shown separately.

33. Incisions should invariably specify the part incised, and should only be classed under major operations when large, as an incision for large abscesses, hydroceles, &c., or involving danger to life, or in the case of large carbuncles when coupled with erosion. The general principle noted on page 8, footnote, Statement No. III-A, is to be borne in mind.

34. "Amputation" should mention the part amputated, as leg, thigh, arm, &c., and not be returned simply as "Amputation caries," "Amputation gangrene."

35. All cases of "removal of foreign bodies" should be classified as "minor" operations, except where deep and extensive incisions are necessary to effect extraction. In reference to the eye, this difference will be noted, foreign bodies removed from the cornea or conjunctiva will be shown as "minor," operations, those extracted from the cavity of the eye-ball as "major."

36. Removal of innocent tumours should always specify site and size.

37. The result of palliative operation for ascites (paracentesis abdominis) should not be shown as death, unless death has actually resulted from, and immediately followed on the operation. In all other cases the result should be shown as "relieved," death being attributed to the proper cause.

38. *Quarterly returns.*—From the 1st January 1895, the submission of the old monthly returns will be discontinued, and the quarterly returns of sick in Civil Medical Form I, should be despatched within ten days after the completion of the quarter to which the return relates.

39. The office copies of quarterly and annual returns should be kept in printed forms.

40. The quarterly and annual returns should be carefully scrutinized in the District office before they are transmitted to the office of Surgeon-General.

41. In all large institutions it is most desirable that preparations for making the annual returns should be carried out systematically, and with this view a manuscript compilation copy of each return should be prepared in January and completed monthly.

42. The ratios on the daily average attendance of in and out patients together, should not be obtained by summing up the ratios severally obtained for each class, but should be worked out on the total sick.

43. *Annual Returns.*—Annual returns (Government of India forms Statement I to V) Civil Medical Form II, are due in the office of Surgeon-General with the Government of Madras on the 31st January of the following year.

44. No admission will appear in any annual return, as not yet diagnosed, as sufficient time will always have elapsed between the date of admission and the completion of the annual return, to ascertain the disease with exactness or to class the case as one of "no appreciable disease," should observation justify the use of this term.

45. A separate heading should be added at the end of diseases in Statement III of the annual return, for "no appreciable disease."

46. With the annual return for each hospital and dispensary should be submitted a manuscript report explaining all variations, as compared with the preceding year in Statements II to V of the Annual Statistics.

(a) From Statement II, all abnormal variations in the number of In and Out patients and in the proportion of beds to the daily average sick should be explained, noting also:—

- (1) The increase or decrease in death-rate.
- (2) The actual causes of mortality.
- (3) Cases admitted to hospital in a moribund state.
- (4) Cases removed from hospital in a moribund state.
- (5) Deaths from septic diseases acquired in hospital or previous to admission.

(b) From Statement III, any increase or decrease under any one or more diseases should be noticed with the causes as far as they can be ascertained.

(c) From Statement IV, the causes of all fluctuations in sex and class should be briefly stated.

(d) From Statements V and V, Part I, all variations under each head should be fully explained.

47. District Medical and Sanitary officers and Civil Surgeons will, in supersession of the report required to be submitted to this office under Circular Memorandum No. 7807 of 21st December 1892, which has been cancelled by G.O., No. 735 of 2nd October 1894, submit by the 31st January of each year a Consolidated report for all the hospitals and dispensaries in their districts or under their supervision, taking their information from the individual reports referred to in para. 46.

(a) The individual report should be submitted to this office along with the Consolidated report now called for which should explain—

- (1) Any increase or decrease in the number of institutions at work during the year.
- (2) Any hospitals or dispensaries having been supplied with European medicines wholly or in part at Government expense, quoting the authority.
- (3) Cause of all variations in the Provincial contributions towards the pay of Medical officers in column 36 of Statement V.

(b) A short review of the progress made during the year in the Gosha hospitals or Female Dispensaries in their districts with a statement giving the following particulars :—

[illegible]

(c) A statement showing the number of hospitals and dispensaries inspected during the year with an explanation when the number of inspection fell short of the required number.

(d) A report that a sufficient budget provision has been made for the annual repairs of hospital buildings and furniture—*vide* G.O., No. 1177-L., Local and Municipal dated 26th June 1894.

48. The following classification of Hospitals and Dispensaries should be strictly followed :—

G.O., No. 1014,
Public of 19th
May 1883.

{	Class I.—Government Institutions.
	Class II.—Local Fund and Municipal Institutions.
	Class III-A.—Private Institutions.
	Class III-B.—Private aided Institutions.

49. All institutions which have accommodations for in-patients should be classed as hospitals, and those with provision only for out-door relief as dispensaries. Any further classification deemed desirable should be made with reference to the character of the institution and not of the station where it is located.

G.O. No. 106-L., dated 16th
January 1889, Local and Municipal.

50. The number of patients shown as treated during the year should be the same in Statements II, III and IV. The daily averages in the Statements II and IV should agree. The number of surgical operations in Statements III and III-A. should correspond.

51. When the average daily attendance is out of proportion to the total treated, the same should be explained in the report made under para. 46.

52. If attendance by proxies be unusually large, the cause should be stated in the report made under para. 46.

53. Under Hindus, in Statement IV, only Caste Hindus should be returned. "Other classes" should include all others not specially accounted for.

54. A footnote should be added to statement II of the annual returns showing whether the hospital or dispensary is located in a rented building, or whether the building has been designed and built for its present purpose, or is in buildings which have been adapted for the purpose.

55. Statement III-A. should show only the major operations, and should be prepared strictly in accordance with the list of surgical operations contained in the Nomenclature of Diseases, 1885; the operations by Medical officers should be distinguished from those performed by subordinates and their results shown separately.

56. All fevers, other than malarial, should be entered in Statement III under "all other general diseases."

57. Statistics of all branch dispensaries should be shown separately and not included with the main.

58. *Finance*.—As the income of hospitals and dispensaries is exactly what is required to meet the expenses, and any surplus of the annual allotment that may then remain lapses at the close of the year, the financial statements should continue to show no opening or closing balance.

59 Any increase or decrease in the funded capital should be fully explained in the report made under para. 46.

60. Amount shown as realized by sale of securities or withdrawal of deposits, in Statement V, and that as invested, in Statement V, Part I, should tally with the amounts under these headings, in Statement V, Part II.

61. Any special allowance given by Government should in each case be explained in a footnote in Statement V.

62. Only contributions for a specific purpose, whether permanently or specially allotted for the year, will be treated as and shown under special allowances in Statement V; the authority sanctioning the grant being given in each case in a footnote.

63. The letter L., M. or P. should be added to the entries in column 2, of Statement V to indicate whether the dispensaries are maintained from Local, Municipal or Private funds.

64. The years in which the institutions were opened should invariably be noted in Statement V.

65. The nature of the pecuniary assistance given by the State to certain hospitals and dispensaries, whether the assistance is given in the shape of fixed annual grant, or in a definite proportion to the voluntary subscriptions collected from the public, or for a specific object, *e.g.* buildings, furniture, &c., should be explained in a footnote Statement V, quoting, the authority.

66. The various rates of charge allowances sanctioned for the several departments and hospitals, should also be specified in footnotes, quoting the authority.

67. All cases in which more than the eighth part of the pay of the Medical subordinate in charge is borne by Government should be shown, in a footnote quoting the authority.

68. In the financial statements of hospitals and dispensaries, all variations in the established proportion in Government contributions towards the pay of Medical subordinates should be explained, in a footnote quoting the authority.

69. The pay of Hospital clerks, Stewards, Matrons and Nurses should be shown under "Menial Establishment" in the form of financial statement now in use.

70. At the foot of Statement V, the number of patients and the daily average strength or those dieted at their own expense should be noted in red ink, explaining fully any increase or decrease as compared with the previous years in the amount of recoveries from them.

71. The outlay on hospital necessities and hospital miscellanies should be shown in column 4c of Statement V, Part I, and not included under bazaar medicines in column 4b.

72. There should be a footnote to Statement V, Part I, column (f), showing how much has been spent on repairs, how much on new buildings, with an enumeration of what new buildings have been erected during the year.

73. A statement showing the cost per patient of working the institution will be submitted in Civil Medical Form V, any great variation in the cost of any item, as compared with the average of the three preceding years, should be specially noted in a footnote.

74. The rent of buildings used as hospitals and dispensaries should be shown under "Miscellaneous charges" and not under "buildings or repairs."

75. Details of miscellaneous receipts under income and miscellaneous charges under expenditure, should be given in a footnote.

76. The cost of registers and forms supplied at Government cost, should be shown in column 3b of Statement V (Income).

77. Where there are special wards for paying patients, the cost of special and ordinary diets for Europeans and Natives, should be shown separately, in a footnote. This should be given independently of the average cost in column 6 of Statement V, Part I.

78. Attention is directed to this office Circular No. 23 of 15th November 1892 with a view to necessary steps being taken to obtain from the authorities concerned all the information required for the preparation of the financial statement which must be completed and submitted by the 1st of the year to which the return relates.

79. A special book should be kept in which notes of all facts bearing on the financial statements should be kept up.

80. If all the above records are found not to be up to date on receiving over charge of a institution a report should be made to the Surgeon-General by the Medical officer taking over charge.

81. These registers and forms can be had on requisition from the Principal Medical Storekeeper without payment. Their cost for embodiment in Statement V can be ascertained from the Principal Medical Storekeeper.

82. The statements and reports for 1894 should be submitted, as far as possible, in accordance with the above rules.

Each District Medical and Sanitary Officer should note in the annual administration report submitted by him, the names and length of service of each midwife in his district with the work done and the place where she received her training.

(By Order.)

H. THOMSON, Surgeon-Captain,
Secretary, Surgeon-General
with the Government of Madras.

Office of Surgeon-General
with the Government of Madras,
Madras, 2nd October 1894.

no: The Surgeon 4th District

25.-S.G.-500-September 94.

OFFICE OF SURGEON-GENERAL
WITH THE GOVERNMENT OF MADRAS,

Madras, 8th Decr 1894

No. 8207.

From

SURGEON-CAPTAIN H. THOMSON, M.B.,

SECRETARY, SURGEON-GENERAL WITH THE

GOVERNMENT OF MADRAS,

Madras,

To

THE Lady Superior, European Convent
Mylapore.

SIR,

In forwarding herewith a copy of this office circular No 29 of 2nd October 1894 giving instructions for the preparation of the Quarterly and Annual Returns of Civil Hospitals and Dispensaries you are requested to state whether you will obtain the blank forms &c from the Principal Medical Storekeeper, Madras and keep them according to those instructions and submit Quarterly and Annual returns through the Presidency District Surgeon

2. You are also requested to state if you are willing to permit the Surgeon of your District to inspect and report upon your Dispensary at least once a year

I have the honor to be

Sir

Your most obedt. Servant

Sd. H Thomson.

Surgeon Captain

Secy: Surg: Genl with
Govt of Madras

II

No 332

Forwarded for favor of an early
reply which must be submitted through
this office.

Royapettah Hospd.
15th Decr '94.

(Sd) J Mailland Esq.
Surgeon Major
Surg: 4th Dist.

III

No 18

To the Secy: to Surg: Genl with Govt

Herewith is attached the reply
received from the Lady Superior in charge
of the Convent.

Royapettah Hospd.
19th Janry '95

(Sd) J. Mailland Esq.
Surgeon Major
Surg: 4th Dist.

Convent of St. Thomas
Mylapore 18th Decr '94

From.

The Lady Superior

St. Thome European Convent

To.

Surgeon Capt: H Thomson Esq.

Secretary: Surgeon General

Madras.

Sir

In reply to your letter no 8207 -
dated 8th December 1894 I have the
honour to inform you that with the
very small Contribution which I now
receive I cannot at present undertake
to submit the required Returns and
for the same reason I do not think
that I should like to have the
Surgeon's Inspection and Report upon
our Dispensary.

I have &c

(Sd)

Lady Superior

(Enclosures)

C Lintanple

Surgeon Major Genl
Surg: Genl with Govt

No 92
Encl.

OFFICE OF SURGEON-GENERAL
WITH THE GOVERNMENT OF MADRAS,
Madras, 4th February 1895.

From

SURGEON MAJOR-GENERAL C. SIBTHORPE, F.R.C.S.

SURGEON-GENERAL WITH THE

GOVERNMENT OF MADRAS,

Madras,

To

THE HONORABLE THE CHIEF SECRETARY TO GOVERNMENT,

Public DEPARTMENT.

SIR,

I have the honor to state that after assuming charge of the appointment I found that the Annual Civil Hospital and Dispensary Report submitted by this office was not complete in as much as there are some private and mission Dispensaries assisted by Government or Local bodies which are not shown in it.

2. To ensure therefore that the next Report did not contain these omissions I addressed the Controlling authorities of such Institutions asking ^{them} if they had any objection to furnish this office with annual returns and also supplied them with a copy of this office Circular N: 29 of 2nd October '94 (enclosed) which was drawn up to ensure

uniformity in such returns.

3. I now enclose for the information of Government a copy of the reply from the Lady Superior of the St.

Thome European Convent together of the attached correspondence declining to furnish the Returns or allow the Surgeon 4th District, Madras to inspect the Dispensary.

4. I trust Government will agree with me that such assisted Institutions should be shown in our Civil Dispensary Report and that the Lady Superior is not justified in refusing to give the information required. I would therefore suggest for the consideration of Government that orders may be issued that in future such private medical Institutions as receive Contribution from Government or Local Bodies should maintain their records in the authorized forms and submit the necessary annual returns to this Office through the respective District Surgeons for incorporation in the Civil Hospital Report and that all such hospitals or dispensaries not in charge of a medical man holding a qualification registrable in G. O.

Britain &c should be inspected half yearly by the District Medical and Sanitary officers or any other such medical officer as may be nominated by Government to carry out such inspections.

I have the honor to be
Sir
Your most obed^t servant.

Ch. D. S. P.
Surgeon Maj. Genl.
Surgeon Genl. with Genl.

From

SURG. MAJOR-GEN. C. SIBTHORPE, F.R.C.P.
SURGEON-GENERAL WITH THE
GOVERNMENT OF MADRAS,
Madras,

To

No. 92

ENCLOSURES. 3

Dated 4th
Recd. 5th

Feb 1895

No.

Subject.

Requesting that orders may be issued that in future such medical institutions as receive Govt. Contribution should maintain their records in the authorized form and submit the necessary annual Returns to The Surgeon General.

Ref 412.2.95 re 270
The Surg Genl
is requested to submit
a complete list of private
and mission dispen-
saries assisted by
Govt or local bodies for
which no returns are
at present supplied.
The assistance given
should be stated in
each case.

9/2/95

7513
8/2

Aspd 12/2/95

No 217
Encl.

Madras, 2nd Nov. 1895

From

SURGEON MAJOR-GENERAL C. SIBTHORPE, F.R.C.P.

SURGEON-GENERAL WITH THE
GOVERNMENT OF MADRAS,
Madras,

To

THE HONORABLE THE CHIEF SECRETARY TO GOVERNMENT,

Public DEPARTMENT.

SIR,

With reference to your memo No: 270 of the 12th February 1895, I have the honor to inform you that I called upon Medical Officers last October to let me have a list of all Medical institutions in their Districts - which were in charge of properly qualified - Hospital Assistants or Medical Practitioners holding higher qualifications which were not furnishing Statistics to this Office for embodiment in the annual report.

2. About a dozen of these have promised since to furnish the returns required, I am supplying them with the forms and registers and inspection by the District Medical & San Officer when necessary.

3. As far as I have ascertained the following are the only institutions which receive and are unwilling to comply with the rule in

in force :-

- (1) Convent Dispensary Mylapore drawing rupees 240 a year from the Madras Municipality.
- (2) The branch Hospital Godaknal Malabar, receiving an annual contribution of rupees 200 from the Local Board.
- (3) Leper Asylum Calicut receiving an annual grant of rupees 200 from the Municipal Council.

Both 2 & 3 belong to the German Mission Society.

3. The reason for raising this question is that the following ~~is~~ the rule in force under the Bengal Government:-

"Whenever a Dispensary under class III is opened or closed by a private individual the fact shall be reported by the Civil Surgeon to the Inspector General of Civil Hospitals. If it is desired that such institution shall be brought under the supervision and inspection of Government Officers, or if it receives aid in any way (other than a grant of forms and registers free of cost) from Government or Local Funds, it shall be brought on to the Government list, but not otherwise. If brought on to the Govt.

list, it shall be subject to these rules," Vide rule 2 of the Manual of rules for the management of Charitable Hospitals and Dispensaries under the Govt. of Bengal 1892.

I have the honor to be,
Sir,

Your most obedient servant

C. H. Sturge.

Surgeon-Major-Genl.

Surgeon-General with the
Government of Madras.

38

Public (1895) DEPARTMENT.

From

SURG. MAJOR-GEN. C. SIBTHORPE, F.R.C.P.S.

SURGEON-GENERAL WITH THE

GOVERNMENT OF MADRAS,

Madras,

To

No. 217

ENCLOSURES.

Dated

2nd

March 1895.

Recd.

No.

Subject.

Informing that the Surgeon
Genl. asked the Medl. Officers last
October to have a list of Medl.
institutions that were not
furnishing Statistics for
embodiment.

Public DEPARTMENT.

No. 679

From

The Surgeon General

Dated 2nd March

FOR ORDERS.

1895.

The Surgeon General desires
to introduce in this Presidency
a rule similar to that which
obtains in Bengal under which
all dispensaries opened by private
individuals which receive funding
and from Government Local Funds
shall be subject to the rules which
 govern dispensaries maintained
by Government Local Bodies in regard to
their accounts. It has been many
years in this Presidency which have
not submitted returns for
incorporation in the Surgeon General's
annual reports of dispensaries. Dr.
Sibthorpe has however taken action
in the matter and has obtained
promises of compliance with
Government regulations from all but
three institutions. These are
(1) Coimbatore dispensary, City of Coimbatore,
which receives an annual grant
of Rs 240/- from the Municipality.
(2) Bannet Hospital at Kodaikanal,
which receives Rs 200/-
from the Local Board.
(3) Sefer Dispensary, Calicut, which
receives Rs 200/- from the
Local Board.
The 2nd 3rd belong to the Government.

Mission Society-

It is very desirable that the statistical information in regard to Hospitals and dispensaries should be as complete as possible.

It is feasible to receive private objections to the publication of particulars connected with the Convent dispensary, but there is no apparent reason why ~~they~~ ^{they} should be withheld in the cases of the other two.

The same seems hardly worth the candle. The President of Malabar & the Chairman of Convent Calicut might perhaps be asked to use their influence with the respective Missionaries at Kottakkal & Calicut. The Mysore Convent Dispensary might be kept alone.

LD

9/2/95

Public Department

Oct. 699.

Order: 15 March 1895, N: 191.

The Government is not prepared to issue the general orders suggested by the Surge General.

2. No further action need be taken in regard to the Convent Dispensary, Mysore. The President of the District Board, Malabar, and the Chairman of the Municipal Council, Calicut, should be requested by the Surgeon General to use their influence with the German Mission Society in view to the requirements being afforded in regard to the hospitals at Kodaikkal and the Lepers Asylum at Calicut.

from orders

LD

14/3/95

The Surgeon General. Deputy

6/3 75B

14.3.95.

Spied

When given for copying
 When copied
 When examined
 When signed

189 .

READ AGAIN G.O., No.
 189 , DATED

CURRENT No.

ENCLOSURES TO C. No.

ORDER OF GOVERNMENT A A A A A A A

LETTER OF GOVERNMENT.

STATEMENT WITH DITTO.

PAPERS NOT FILED UP, BEING MEANT FOR DESPATCH
 IN ORIGINAL.

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

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