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[Despatch Abstract.]

CIVIL HOSPITAL AND DISPENSARIES.

Recording, with remarks, letter from the Surgeon-General containing explanations in respect of the observations made by the Government of India in reviewing the annual returns of---for 1893; and impressing upon him the necessity for keeping down expenditure on ---as much as is consistent with efficiency.

Madrass	34,336 196	252
North		
South		

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G.O., 25th June 1895, No. 527.

JUNE.

Civil Hospitals and Dispensaries.

Recording, with remarks, letter from the Surgeon-General containing explanations in respect of the observations made by the Government of India in reviewing the annual returns of — for 1893; and impressing upon him the necessity for keeping down expenditure on — as much as is consistent with efficiency.



GOVERNMENT OF MADRAS.

PUBLIC DEPARTMENT.

READ—the following papers :—

From J. P. HEWETT, Esq., C.I.E., Officiating Secretary to the Government of India, Home Department (Medical), to the Chief Secretary to the Government of Madras, dated Simla, the 3rd November 1894, No. 690.

I am directed to acknowledge the receipt of your endorsement No. 536 (Public), dated the 23rd July 1894, forwarding a copy of the annual returns of the civil hospitals and dispensaries in the Madras Presidency for the year 1893, together with a copy of the resolution recorded thereon by the Government of Madras.

2. It is satisfactory to find that the total number of patients treated increased from 3,106,386 in 1892 to 3,330,970 in 1893. This number, though it represents a smaller percentage of the population to whom medical relief is afforded than in both the Punjab and Bombay, is only exceeded in the North-Western Provinces and Oudh.

3. The general charges in the Madras Presidency appear to the Government of India to be somewhat high. In the North-Western Provinces and Oudh 3,677,835 patients were treated during the year under review at a total cost of Rs. 6,61,686. Of these, 56,650 were in-door patients and 25,997 underwent major operations. In the Madras Presidency, where the number of patients aggregated 3,330,970 with only 39,579 in-door patients and 5,497 major operations, the expenditure was Rs. 8,27,922. The average cost under all heads amounted in the Madras Presidency to Rs. 248-5-0 per 1,000 patients, while in the North-Western Provinces and Oudh it was Rupees 179-9-0 and in the Punjab Rs. 147-5-0.

4. The cost of diet for each patient per annum in the Madras Presidency appears to have been Rs. 57-0-6 as compared with Rs. 25-7-5 in the North-Western Provinces and Oudh, Rs. 26-9-10 in the Punjab, and Rs. 43-11-7 in Bengal. The average diet charges for patients in the Madras Presidency were in excess of those for prisoners in the same Presidency by Rs. 27-11-6 per head. The corresponding excess in Bengal was Rs. 18-10-7, in the North-Western Provinces and Oudh Rs. 6-14-5, and in the Punjab Rs. 3-8-10. Persons sick in hospital have necessarily to be dieted on a more liberal scale than prisoners, but the figures given above seem to indicate that the charges for diet in the hospitals in Madras are unnecessarily high.

5. The average cost of medicines per patient in Madras is about twice as high as in the North-Western Provinces and Oudh, a result which cannot, it would seem, be adequately explained by local differences in price.

6. The cost of establishments in Madras, viz., Rs. 151-4-0 per 1,000 patients, also compares unfavourably with Rs. 94-5-0 in the North-Western Provinces and Oudh and Rs. 88-1-0 in the Punjab.

These charges seem to be unduly swelled owing to the number of branch dispensaries in which accommodation is provided for in-door patients, entailing the maintenance of expensive menial establishments. I am to suggest that it might be considered by the Governor in Council whether the establishments kept up at these branch dispensaries are not in some cases maintained on too expensive a scale.

7. The extent to which accommodation for in-door patients is availed of in the Madras Presidency compares unfavourably with the facts in some other Provinces. Only 54 per cent. of the available beds were occupied throughout the year, while in the North-Western Provinces and Oudh and Bengal the percentages were 72 and 71, respectively.

8. The total number of patients treated in the branch dispensary of Bissemkatak in the Vizagapatam district is returned at 752, but the daily average attendance is shown as 102.26. According to these figures each patient paid on an average fifty visits to the dispensary. At Nakkapully in the same district there were altogether 1,774 patients and a daily average attendance of 9.20. The accuracy of the figures for Bissemkatak seems doubtful.

Again, the 752 patients treated in the Bissemkatak dispensary cost Rupees 1,434-5-1, i.e., at the rate of Rs. 1,907 per 1,000 patients, the provincial average being Rs. 248-5-0. There were only sixteen in-door patients here throughout the year, and these figures indicate that each of them was fed in the hospital for 114 days on the average which seems excessive.

9. I am to request that, with the permission of the Governor in Council, these remarks may be brought to the notice of the Surgeon-General with the Government of Madras.

No. 2254.

Forwarded to the Surgeon-General for remarks.

(Signed) J. F. PRICE,
Chief Secretary.

16th November 1894.

From Surgeon-Major-General C. SIBTHORPE, F.R.C.P.I., Surgeon-General with the Government of Madras, to the Chief Secretary to Government, dated Madras, 23rd March 1895, No. 311.

With reference to G.O., No. 2254, dated 16th November 1894, and reminder dated the 24th January 1895, I have the honour to inform you that the reason for the delay in my submitting the report called for was the great difficulty I had in getting accurate information on the subject which practically raises the question of civil medical administration in this Presidency. I had to call on the Medical officers concerned throughout the Presidency for their opinions on the figures referred to in the letter from the Government of India—vide circular No. 62 of 3rd December 1894 attached.

2. On carefully reading the printed copy of the annual report on civil hospitals and dispensaries in Madras for 1893 I was struck with many discrepancies and unsatisfactory points throughout the report. I issued circular No. 29 of the 2nd October 1894 and circular No. 48 of 10th November 1894 (copies attached) with the hope of obtaining more uniformity and accuracy in the elaboration of the statistics required and better administration of the hospitals and dispensaries.

3. In G.O., No. 976 of 22nd December 1894, Public Department, the Government sanctioned the appointment of an apothecary to my office with the view of assisting me in this work.

4. I will now proceed to deal with the questions raised by the Government of India. It must, however, be remembered that the figures given by the Government of India leave out of consideration the fact that there are no Presidency Town State hospitals in the North-Western Provinces and Oudh such as exist in Madras and in which the highest number and most important class of operations are performed and to which patients from all parts of the Presidency readily and willingly resort.

5. In the year 1893 there were six such hospitals having 951 beds available with an average daily sick of 810.26 in-patients and an out-patient daily average attendance of 563.47; there were 3,417 major and 8,121 minor operations performed.

(a) Why major operations are fewer in the Madras Presidency.

Other conditions being equal, the number of patients who undergo operations in hospitals must depend on the number of persons who seek admission into them, and this latter must vary directly not only with the strength but also the density of the population of the province in which the hospitals or dispensaries are situated:—

Province.	Population.	Population per square mile.
Madras	34,336,196	252
North-Western Provinces and Oudh ..	46,905,085	436

The above figures are sufficient to show that the total hospital population and the number of major operations performed in the Madras Presidency must of necessity be less than those of the North-Western Provinces and Oudh. When, however, we come to carefully analyse the conditions obtaining in the two provinces, we find that they are far more favourable for surgical work in the North-Western Provinces than in Madras. These may be discussed under two heads thus.

I. The operators and the conditions they have to work under—

- (a) Officers.
- (b) Subordinates.

II. The patients, their surroundings and circumstances.

I. (a) Officers.—(1) In the report of the North-Western Provinces and Oudh for 1893, I find the work of 58 Commissioned Medical officers including six Military Assistant Surgeons and of 48 Civil Assistant Surgeons has been reviewed. In the Madras report for the same year the work of 35 Commissioned officers and 22 Assistant Surgeons was reviewed. Out of a total of 25,997 major operations in the North-Western Provinces and Oudh, 9,027 were performed by the 58 Commissioned officers and 12,802 by 48 out of their 61 Assistant Surgeons, leaving the balance of 4,168 operations done by 13 Assistant Surgeons and other medical subordinates. Of a total of 5,567 major operations in Madras, the 35 Commissioned officers performed 1,056 operations, the 22 Assistant Surgeons 417, leaving the balance of 4,094 major operations performed by the 152 Civil Apothecaries and the Hospital Assistants. From a consideration of the number of operations performed for cataract in the North-Western Provinces and Oudh, not to mention stone, which is endemic there, it would appear that eye instruments are supplied to almost every institution in the North-Western Provinces, whereas they are supplied only to some of the head-quarter hospitals in this Presidency.

(2) The District Medical and Sanitary officers and Civil Surgeons in this Presidency are more or less subordinate to the Surgeon-General, the Sanitary Commissioner, the Inspector-General of Prisons, the Meteorological Reporter to Government, the District Collector and the President of the District Board; it is not seldom they have to enter into lengthy and involved correspondence with these several officers and consequently their office work is very large indeed, and on account of the paucity and quality of their establishments they have to perform a good deal of work which would be as well done by good clerks.

(3) In addition to the heavy office work thus imposed on them, they have to attend to duties, such as vaccination, vital statistics, sanitation, &c., which are performed in the North-Western Provinces and Oudh by the Deputies to the Sanitary Commissioner.

(4) When out on inspection tours the officers in this Presidency are placed at a great disadvantage as compared with their *confreres* of the North-West. The districts in the North-Western Provinces are usually one-fourth or one-third the area of the districts in this Presidency and are besides pierced by a net-work of railways. The officers in the North-West therefore finish their inspection tours at a far quicker speed and in a much less time than their colleagues here.

(5) If the time taken up by all this work be taken into account there is indeed very little left for the study and performance of anything like real surgical work. It may be mentioned here that though the public may have great confidence in the Assistant Surgeon, they are rather unwilling to have serious major operations performed by him, as they believe greatly in the special aptitude of the European for surgical work. Owing to the constant changes due to the paucity of Commissioned Medical officers during the past ten or twelve years they are rarely left long enough in any station to enable them to gain the confidence of the people.

(6) There are two other important points which bear upon the work done by Commissioned Medical officers. A perusal of the report of the North-Western Provinces will show how from year to year the officers who do good work are considered by Government and it must be remembered that the Government of the North-Western Provinces and Oudh have in their gift the appointments of Civil Surgeons to such stations as Allahabad, Benares, Lucknow, Agra, Missouri, Nainital, Barreilly, all of which represent private practice to the amount of from Rs. 3,000 to 5,000 a month. These appointments are naturally given to the best Medical officers and no such appointments exist in the gift of the Madras Government.

I. (b) *Medical Subordinates*.—(1) In Madras many of these are hospital assistants placed in independent charge of outlying hospitals and dispensaries. In several instances they are inexperienced men and lack confidence in their own abilities. Being placed in stations where no kind of professional assistance is available they are very unwilling to undertake serious surgical work and consequently recommend patients to go to the District Medical and Sanitary officer or Civil Surgeon. This advice is seldom followed both on account of the uncertainty of the medical officers being present at the head-quarter station and also on account of the inconveniences in travelling, especially for a sick patient—not to mention pecuniary difficulties.

(2) In those cases where the subordinates happen to be skilled and experienced men willing to do surgical operations, the want of sufficient surgical equipment stands in their way.

(3) The diversity of languages spoken in this Presidency is a serious hindrance to any kind of professional work. The language spoken throughout the North Western Provinces is Hindustani or its dialects which are understood by Medical officers of all grades. As a deal of tact and persuasion is often necessary to prevail on patients to submit to surgical operations this multiplicity of tongues tells not a little on the number of major operations performed in this Presidency.

(4) The frequent transfers of the medical subordinates tend in no small measure to shake the confidence of the public in their doctors and when they have to go to medical men who are new to them from the vythians with whom they are dissatisfied, they have to apply to men they know little or nothing about.

II. *The patients*.—(1) I find from a study of the hospital statistics for the two provinces that out of every 1,000 patients who come to hospital—

In the North-Western Provinces and Oudh, 15 become in-patients, 7 of whom are operated on;

In Madras, 12 become in-patients, nearly 2 of whom are operated on; that is to say, nearly one out of every two patients admitted into hospital is operated on in the North-Western Provinces. The figures are rather astonishing. The figures for Madras, on the other hand, are more in accordance with the experience of the general hospitals of Europe. It may be that several operations are recorded for the same patient for the same disease in the North-Western Provinces. For instance, lithotripsy performed several times on the same patient may be registered as several operations and thus the number of operations performed may be much in excess of the number of patients submitted to them. This has hitherto not been the practice in Madras, but, under the rules in circular No. 29 of 2nd October 1894, it will be adopted.

(2) The timidity of the Madrassee is well known, he would rather die or undergo any amount of pain than submit to a cutting operation. His superstition is no less an obstacle to his having recourse to surgical aid as he attributes a large number of diseases to the wrath of a god or a demon. The teachings and practice of

the hakeem and vythian are opposed to active surgical interference as they believe greatly in the virtues of external applications and massage. When all these have failed to give the desired relief and the sustaining powers of the patient have been reduced to the lowest ebb and when the patient seems to hover between life and death he is taken to the "European doctor." If death occurs this acts as a deterrent to the admission of other cases for a long time to come. The Muhammadan, the Rajput, and the Sikh of the North-Western Provinces and Oudh are more ready to meet danger and submit to operations in the early stages of the disease. The very character of the people of the North-West, shown by their greater turbulence and pugnacity, results in a large number of injuries, and these contribute to some extent to the increased number of operations.

(3) The number of operations necessitated by accidents must also be large as factories, mills and railways (with a large number of junction stations) are much more numerous in the North-Western Provinces than in this Presidency.

					NO.	(4) Stone in the bladder is far
North-Western Provinces	..	..	..	..	895	more commonly met with in the North-
Madras	..	..	..	..	21	West, and the number of operations per-
						formed for this disease is very large.

					NO.	(5) A very large number of eye operations have been done in the North-West,
North-Western Provinces	..	..	..	..	15,871	due, as has already been mentioned, to
Madras	..	..	..	..	548	the greater facilities and encouragement
						given for doing these special operations.

(6) Above all, the plan has been adopted in the North-Western Provinces of centralizing the accommodation for in-patients at head-quarters of districts where there is a certainty of efficient treatment—a plan which greatly favours the development of operative surgery. The reverse condition obtains in this Presidency.

(7) The policy of the Madras Government has been to develop its special hospitals in the City of Madras—a policy which has been more than successful—and it must not be forgotten that the special hospitals of Madras, which are very highly organized, have not been taken into account in making the comparison.

(b) *Why the proportion of in-patients to out-patients is so low in this Presidency.*

(1) The out-patient attendance is furnished from the local population and depends on the number of dispensaries. It is therefore plain that Madras with 249 dispensaries has a greater proportion of out-patients than the North-Western Provinces with only 136 dispensaries.

(2) An in-patient hospital population, on the other hand, is largely furnished from the surrounding districts and depends on the easy access to hospitals by rail and on the number of beds available. In both these ways Madras works under disadvantages. The means of transit are wearisome and inconvenient and the number of beds available falls short of the number in the North-Western Provinces, Madras having 3,088 as against 3,363 beds in the North-Western Provinces and Oudh.

(3) It must be remembered, moreover, that in Madras the number of beds with which hospitals are provided does not represent the number of beds actually available, as many local fund bodies and municipalities make budget allotments for diets for only a fractional number of the beds the hospitals are provided with.

(4) The numerous shrines scattered over the North-Western Provinces, the crowds of pilgrims that visit these shrines, the more severe epidemics of cholera that so often prevail in their midst, the prevalence of Delhi boil and stone also contribute towards the larger percentage of in-patients in the North-Western Provinces.

(5) Moreover, the Madrassee, essentially a home-living man, likes to be surrounded by his relations especially during his illness and he is very loath to become the inmate of a hospital where he has often to take his bed next to a low caste man in whose presence he cannot eat or drink and whose touch, nay, even proximity, would pollute him. This caste prejudice prevents the higher classes of the Hindus

from becoming inmates of a hospital except in cases of the greatest necessity. Females are besides, from a sense of modesty, averse to becoming in-patients. The result is that the Madras Native hospital population is greatly composed of the low classes of Hindus, beggars and women of loose character. There is moreover an idea prevalent amongst the rural classes that it is derogatory to one's dignity to become an in-patient. These ideas are fast dying out, but it would take time for the natives of this Presidency to so freely resort to hospital as in the North-Western Provinces, where there is a preponderance of Muhammadans who have no caste prejudices.

(6) These considerations coupled with the less density of the population, the fewer number of large manufacturing towns with hospital accommodation and equipment compared with the North-Western Provinces, clearly explain why the proportion of in-patients to out-patients is so low in this Presidency.

(c) *Why the average cost per 1,000 patients under all heads is so high in this Presidency.*

(1) This is answered by the replies under headings (d), (e), (f), and by the large number of small institutions (dispensaries) in this Presidency. In 1893 there were 115 dispensaries where the average daily attendance was under 30, and 155 so-called hospitals out of 204 in which the average daily in-patients was under 10, leaving only 49 institutions having an average daily in-patient sick of 10 and upwards.

(2) It is to be noted that only 54 per cent. of provided beds was occupied throughout the year in Madras, while in the North-Western Provinces and Oudh the percentage was 72; this is due, as has been pointed out before, to the fact that allotments for diet are not made by local bodies for all the beds their hospitals are supplied with. If a full allotment was made, there would be a larger percentage of in-patients, the expenses under establishment would remain the same and consequently the total cost per 1,000 patients would be considerably lessened.

(3) The fact that many dispensaries are located in rented buildings accounts to some extent for the higher cost under all heads.

(4) In 1893 nearly half a lakh of rupees were spent on buildings and repairs in Madras.

(d) *Why the cost of diet for each patient per annum amounted to Rs. 57-0-6, &c.*

(1) Many of the Medical officers of this Presidency are of opinion that the cost of diet is not high in this Presidency, and that it would be absolutely impossible to keep a healthy man alive, much less to nourish a sick patient, for Rs. 25-7-5 per annum, the cost of diet per patient in the North-Western Provinces and Oudh.

(2) Several articles of diet are much cheaper in the North-Western Provinces than in this Presidency.

(3) The staple diet of the North-Western Provinces consists of wheat and dhol and the meat-eaters are comparatively few. In the hospitals in this Presidency the diets are good; consisting of rice and meat in some form.

(4) For obvious reasons, it is not possible to adopt the same scale of dietary for patients as for prisoners. Rice is used for patients which is more costly than raggi, cholam, or cumbu which is issued to prisoners. Meat is issued only twice a week for prisoners whereas it has more frequently to be given to the half-starved and chronic-disease-stricken patient in the Madras hospitals.

(5) The question of dieting is always a troublesome one and though the expenditure might be brought down by a better system of accounts and supply I do not consider that much change is possible in the Madras Presidency as the average cost per patient in the majority of the hospitals was only As. 2-6 per day in 1893.

(6) The question of the best system of supply and accounts for adoption in the State hospitals is now under consideration and when we have had sufficient experience in the State hospitals the same system might be adopted in all hospitals under the Madras Government.

(e) *Why the cost of medicines is so high in this Presidency.*

(1) In the North-Western Provinces Rs. 64,265-8-5 was expended on European medicines and Rs. 20,809-5-1 on bazaar medicines for a total of 3,677,835 patients.

(2) In Madras Rs. 1,27,331-0-9 was expended on European medicines and Rs. 24,540-14-0 on bazaar medicines for a total of 3,330,970 patients, showing a preference in Madras for the more reliable European drugs and a larger use of them.

(3) A factor therefore seems to be the greater use of indigenous drugs in the North-Western Provinces and Oudh than in Madras. This is in a great measure due to the fact that the medical subordinates of the North-West are in many instances ignorant of the English language and therefore not in a position to study *Materia Medica* and *Therapeutics* in that language and to their greater recourse to books printed in the vernacular and the consequent better familiarity with native drugs. The reverse condition obtains in this Presidency. The Madras medical subordinate is trained in the Medical College under European Professors, his theoretical and practical knowledge of the British Pharmacopœia and *Therapeutics* is greater and he is in a great measure ignorant of the use of indigenous drugs, not having seen them used to any extent in the Presidency hospitals where he was educated, and consequently has a greater predilection to the use of European drugs which are more costly than the indigenous ones.

(4) There has always been a prejudice against indigenous drugs in Madras on account of the difficulty of getting any of them pure or reliable. Indeed the Medical Store depôt has to draw its supplies as a rule from the Bombay or Calcutta markets; the indigenous drugs in the Madras market are so adulterated or badly prepared.

(5) The very large percentage of *surgical cases* (45.89 percentage of in-patients) and the consequent less proportion of *medical in-patients* in the North-West must to some degree account for the less expense under the head of medicines.

In this connection it may be remarked that, in former years the indents for medicine were checked in the Surgeon-General's office. This method was recently done away with by order of Government (G.O., No. 2786 L., Local and Municipal, dated 12th December 1893). The District Medical and Sanitary Officer is now directly responsible for the checking of indents and if this is to be carefully done, his office establishment should be strengthened as it is absolutely impossible to carry out the work properly with the already inadequate staff at his disposal. If this is not done much waste must inevitably result from the extravagant use of medicines on the part of medical subordinates.

(f) *Why the cost of establishment is so high in this Presidency.*

(1) The method of calculating the cost of establishment on the number treated is scarcely a fair one. In the North-Western Province report for 1893 I find a total of 305 institutions costing Rs. 3,47,559-1-7 on establishment (in page 90), which represents Rs. 1,139-8-7 per institution. In the Madras report for 1893, there are 453 institutions costing Rs. 5,04,452-7-9 on establishment, or Rs. 1,113-9-3 for each institution, which is rather in favour of the Madras management.

(2) An explanation of the extra expenditure in Madras is afforded by the fact that Madras has 453 institutions against 328 in the North-Western Provinces and Oudh, the cost of only 305 being shown in the annual report for 1893. The Madras institutions are numerically greater by 28 per cent., but the expenditure is 33 per cent. in excess; the reason of this will be evident from the following considerations.

(3) The Madras Government has urged local bodies to convert dispensaries into hospitals, and as these bodies could not meet the increased expenditure for dieting, &c., they have been meeting the demand by having some cots and an establishment and have been providing for diets for only a fractional number of the beds they have been supplying their hospitals with. This point has been dwelt upon previously. It will be noted that, although Madras has 12 hospitals in excess of the North-Western Provinces and Oudh, having 204 against 192, the number of beds in the North-Western Provinces and Oudh exceeds Madras by 275.

(4) Besides, when we come to consider the number of small dispensaries with an average out-patient attendance of 30, Madras has 115 against only 10 in the North-Western Provinces and Oudh! This goes a great way to explain why the cost of establishment is so high in this Presidency. In the North-Western Provinces and Oudh they have only 60 Assistant Surgeons whose pay is chargeable to the hospitals held by them, whereas in Madras there are 152 Civil Apothecaries who have had precisely the same professional training and many of whom hold the same university qualifications, so that 92 Civil Apothecaries in Madras hold charges which are held by the cheaper class of Hospital Assistants in the North-Western Provinces, many of whom know little or no English and who therefore draw the lower rate of pay of their grades.

(5) Again in the North-Western Provinces there are 61 Third-class Hospital Assistants in charge of hospitals and dispensaries, but in Madras senior men are posted to such charges, only a few minor dispensaries being reserved for third-class men and even this is discouraged as far as possible, as such junior men are wanting in experience and professional training.

(6) In the Madras Presidency the hospitals have also the advantage of the 22 Assistants to the District Medical and Sanitary Officers who are all Assistant Surgeons and who are paid from provincial sources. The policy of the Madras Government in insisting on hospitals being in charge of properly qualified medical men was recognized as being likely to be costly (*vide* G.O., No. 1001, Financial, dated 7th May 1875).

6. *Branch Dispensaries.*—The only branch dispensaries are those in large towns and none are maintained, such as suggested by the Government of India in paragraph 6 of their letter.

7. *Bissemkattak.*—By an error (carelessly passed in my office) in calculation, the Hospital Assistant gave the average daily sick to be 102.26. The real figure is 17.59. As regards the expenditure exceeding the provincial average, it is due to the fact that for eight months the dispensary was closed but the establishment was maintained, and thus the number of patients being low, the average was much exceeded.

8. Under the orders in G.O., No. 57 of the 24th January 1895, I hope there will be some improvement in future in the work done by medical officers at head-quarter stations.

9. Regarding the requirement of the Madras Presidency as regards hospitals and dispensaries, the last census shows that there are 58,385 towns and villages not including the Presidency town. Of these, eight are cities with a population of 50,000 and upwards; 201 with a population between 10,000 and 49,999; 10,185 towns and villages with a population of 1,000 to 9,999; 47,991 villages with a population under 999.

10. The following points appear to me to be worth the consideration of Government:—

1st.—It appears desirable to increase and improve the office establishments of District Medical and Sanitary Officers and Civil Surgeons in order that less of their time may be taken up with clerical labour and that a more efficient check should be carried out on all hospital and dispensary expenditure.

2ndly.—That the centralization of hospitals at head-quarters should be encouraged and that no hospital should be permitted to be carried on in charge of a medical man holding a less qualification than that of a civil apothecary or the L.M. fixed in consultation with the Surgeon-General and they should be properly equipped and given an adequate establishment.

3rdly.—Each dispensary in which the daily average attendance during the year is only fifteen and each hospital where the daily average sick is under ten should be specially reported upon by the District Medical and Sanitary Officer in his annual report, and, with reference to paragraph 6 of the Government of India letter, should be closed unless good grounds are shown for giving it a further trial.

4thly.—That as soon as sufficient time has elapsed to show that the proposed system of obtaining hospital supplies and of keeping the "uniform system of accounts" in the State hospitals has worked well, similar rules should be adopted for all hospitals in the Madras Presidency.

5thly.—With the view of laying down some general principles on which the development and administration of medical relief should be worked by local bodies, I would propose—

That all the eight cities with population above 50,000 should be called upon to provide a properly equipped and organized General hospital of at least fifty beds for males and females with an out-patient department.

A lying-in hospital of at least eight beds.

An isolation hospital for cholera and small-pox cases, capable of being raised to fifty beds and upwards.

Sufficient out-door dispensaries at a distance of two miles from the General hospital or each other.

A caste and gosha dispensary on a site convenient to the majority of such classes.

6thly.—That the 201 towns with a population of 10,000 to 49,999 should have a cottage hospital from 10 to 49 beds for general cases—males and females—with an out-patient department.

A lying-in hospital of not less than four beds.

An isolation hospital of not less than 10 to 49 beds.

Sufficient out-door dispensaries as above.

A caste and gosha dispensary.

All these buildings should be of a semi-permanent character as it is most probable they would, after a few years, have to be extended.

7thly.—It appears undesirable to make any formal proposition for the remaining population, but I would suggest that, as a rule, only out-patient dispensaries should in future be established, and that when proper provision has been made for the erection of the necessary buildings and their equipment, the pay of the establishment and the annual provision of funds for the necessary medicines and repairs.

To such dispensaries one or two huts might be added for in-patients when they should be denominated "hut hospitals." All such buildings should be of a semi-permanent character, so that they could be altered or removed without difficulty.

8thly.—With the view of encouraging the greater use of indigenous drugs, it is desirable that the students for the Hospital Assistant class should be well trained on the subject during their college and clinical hospital courses.

ORDER—dated 25th June 1895, No. 527, Public.

Recorded, with the remark that the Government cannot regard the Surgeon-General's explanations as altogether conclusive and desires to impress upon him the necessity for keeping down expenditure on civil hospitals and dispensaries as much as is consistent with efficiency.

2. The Government trusts that the annual report for 1894 will be free from the discrepancies and unsatisfactory points referred to in paragraph 2 of the Surgeon-General's letter.

3. With reference to paragraph II (5), the Surgeon-General is requested to state whether there is a complete set of eye instruments at each district head-quarters. It is observed from paragraph II (6) (3) that diets are not provided for the total number of beds available, and that it is stated by the Government of India that only 54 per cent. of the available beds were occupied in 1893. The Surgeon-General will report what percentage of available beds were provided with diets, and whether it is customary in any hospitals to require patients to provide their own diets when all the beds for which there are free diets are occupied.

4. In connection with his remarks in paragraph II (b) (5), the Surgeon-General does not suggest any possible means of popularising hospitals in this Presidency. This, however, is a matter which must be left to time. The Government considers that more attention might be paid in the education afforded at the Medical College on the subject of the use of indigenous drugs than at present appears to be the case. Drugs of this nature are naturally much cheaper than European medicines and the use of them where practicable and expedient should be encouraged.

5. The inference to be drawn from paragraph II (f) (3) of the Surgeon-General's letter is that, for want of a little more expenditure on diets, full use is not made of the establishments provided. This is a financial question, however, which concerns local bodies. As to the employment of third-class hospital assistants in independent charge of hospitals as well as dispensaries, Government is strongly of opinion that it is most undesirable to entrust even a dispensary to such an officer, if it can possibly be avoided.

6. His Excellency in Council now proceeds to pass orders on the various points raised in paragraph 10 of the Surgeon-General's communication:—

(1st)—The Surgeon-General will be requested to report what office establishments District Medical and Sanitary Officers and Civil Surgeons have at present. It is observed that in the budget for 1894-95 a sum of Rs. 20,000 was provided under Local for clerks and servants for District Surgeons. This gives an average of nearly Rs. 1,000 per district, which seems a high figure.

(2nd)—This point will be remitted to the Local and Municipal Department. An absolute rule, such as that recommended by the Surgeon-General, would be unworkable in the present financial circumstances of most of the local boards.

(3rd)—The Government is disposed to move in the direction suggested by the Surgeon-General, but will not lay down any definite rules in the matter. It is possible that there is unnecessary expenditure on establishments which might be avoided by centralization, but the main object—that of placing medical relief within easy reach of the people—must not be overlooked. Any cases in which the expenditure does not seem to be justified by the amount of medical relief afforded should be specially brought to notice by the Surgeon-General.

(4th)—The Government has not yet been informed in regard to the "uniform system of accounts" proposed by the Surgeon-General, but will await the result of its working.

(5th), (6th) and (7th)—These suggestions will be dealt with in the Local and Municipal Department. It is observed, however, that the Government of India object that the expenditure is already too high; the Surgeon-General proposes to increase it still more.

(8th)—This point has already been dealt with in paragraph 4 *supra*.

(True Extract.)

J. F. PRICE,
Chief Secretary.

To the Surgeon-General.

„ Local and Municipal Department.

3298

Forwarded to the Surgeon
General for remarks.

Pub Dept

Indra Chatterjee
Chief Secretary

From

Govt of India

Home Dept

2.5.13
13/11

No 690

Dated 3/11/94

Recd 10/11/94

Regd 12/11/94

Encl.

Subject

Submitting remarks, after a comparative view of the Annual Returns of the Civil Hospitals & Dispensaries in the Madras Pres. N.W. Provinces & Oudh. & requesting that these remarks may be brought to the notice of the Surgeon-General with the Govt of Madras.

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.

General Instructions.

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.

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 re-admitted 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 anaemia 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, foot-note, Statement No. III-A, is to be borne in mind.

34. "Amputation" should mention the part amputated, as leg, thigh, arms, &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:—

Name of hospital or dispensary.	Class or how supported.	Date of opening.	Accommodation giving number of beds.	ESTABLISHMENT AND COST, GIVING DETAILS.				Total treated.	Average daily attendance.	Operations.	MIDWIFERY CASES.		Cost per patient on all charges.
				Medical.	Cost.	Nursing, &c., and menial.	Cost.				Natural.	Otherwise.	

(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 foot-note 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 foot-note 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 foot-note.

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 foot-note Statement V, quoting the authority.

66. The various rates of charge allowances sanctioned for the several hospitals and dispensaries, should also be specified in foot-notes, 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 foot-note, 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 foot-note, 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 4e of Statement V, Part I, and not included under bazaar medicines in column 4b.

72. There should be a foot-note 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 foot-note.

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 foot-note.

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 foot-note. 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 to this office soon after the close 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 an 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. 48.

CIRCULAR.

THE following points noticed by the Surgeon-General in the Annual Report on Civil Hospitals and Dispensaries for 1893 are communicated to District Medical and Sanitary officers and Civil Surgeons for information and guidance.

These points should be specially borne in mind when submitting future returns, and explanation, where necessary, should invariably be offered to obviate subsequent references and delay in the compilation and submission of the report to Government by this office.

1. In some of the hospitals the provision of beds is inadequate, while in others it is largely in excess of requirements, as judged by the average daily sick; an explanation should be submitted in all such cases. The actual number of beds for all classes of cases should be shown.

2. Registers and forms supplied by Government should be specified in a footnote, and their cost noted in column 3b. Income from Government "as Registers and Forms" in Statement V of the annual returns of Civil Hospitals and Dispensaries. From the 1st January 1895 these forms and registers will be supplied on requisition by the Principal Medical Storekeeper who will furnish the statement of the cost.

3. There has been a considerable decrease in the amount of private subscriptions and donations during the last 25 years, as will be seen from the figures in the margin, this calls for serious consideration and remedy. Medical officers should endeavour to impress on the Hospital Committee, that the hospitals and dispensaries are not supposed to be entirely supported by Government or local bodies, and are worthy of the assistance of the generous and the charitable. It would be very desirable to have two boards hung in conspicuous places in hospital or dispensary—one showing the names of all donors of Rs. 25 and upwards, the other of annual subscriptions of Rs. 12 and upwards. Any one presenting money enough to build or equip a ward or dispensary, or endow a bed, should have it named after him, and it is desirable that this should be recorded on a tablet printed in English and the vernacular of the district.

			RS.	A.	P.
1869	..	..	49,750	10	1
1879	..	..	48,266	8	0
1889	..	..	19,041	10	3
Average for the last four years, 1890 to 1893.			20,433	11	4

4. Recoveries from paying patients for their diets are very small—*vide* column 3g of Statement V. Medical officers should see that payment is not evaded by those who can afford to pay.

5. The sale of medicines shows considerable variations, the cause should be concisely stated in the covering letter forwarding the annual reports.

6. Income from Government for diet in police cases, in column 3b of Statement V is very small, attention should be paid to this in future years and the cause reported.

7. It is observed that only a very small proportion of the total number of hospitals and dispensaries have any Funded capital. The absence of such capital in each case should be accounted for in a footnote to Statement V.

8. The Surgeon-General considers it would be very desirable that Medical officers should arrange with the Hospital Committee for it to meet once a month at the hospital, to look into the accounts they have to pass, and in order that he may be able to explain the administrative requirements of the hospital—*vide* G.O. No. 3056 L., Local and Municipal, dated 24th December 1892.

(By Order.)

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

Office of Surgeon-General
with the Government of Madras,
Madras, 10th November 1894.

To

The

Spare copies.

No. 62.

CIRCULAR.

CIRCULATED to District Medical and Sanitary Officers, Civil Surgeons, Officers in charge of Presidency Municipal Hospitals and Dispensaries for information and

2. Please give your opinion, supported by facts as much as possible, on the following points:—

- (a) Why major operations are so much fewer in the Madras Presidency than in the North-Western Provinces and Oudh.
- (b) Why the proportion of in-patients to out-patients is so low in this Presidency.
- (c) Why the average cost per 1,000 patients under all heads is so high in this Presidency.
- (d) Why the average cost per 1,000 patients under all heads is so high in this Presidency.
- (e) Why the cost of diet for each patient per annum amounted to Rs. 57-0-6; if the cost of the hospitals in your district the cost exceed that sum the reasons be given in detail.
- (f) Why the cost of medicines is so high in this Presidency.
- (g) Why the cost of establishments is so high in this Presidency.
- (g) Are there any branch hospitals under your supervision in which expensive establishments are maintained.

3. With reference to para. 8 the unsatisfactory state of administration should be thoroughly investigated and a full report submitted as to what steps have been taken to remedy it.

4. These reports should reach this office not later than the 31st January 1894.

5. When submitting the annual reports called for in Circular No. 1894, the facts brought to notice in this circular should be kept in mind and particular attention drawn to any similar facts stating what steps have been taken to remedy them.

(By Order.)

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

Office of Surgeon-General
with the Government of Madras,
Madras, 3rd December 1894.

To

The District Medical and Sanitary Officer,

Spare copies.

No.

From

J. P. HEWETT, Esq., C.I.E.,

Offg. Secretary to the Government of India,

To

THE CHIEF SECRETARY TO THE GOVERNMENT OF MADRAS.

Home Department.

Madras.

Simla, the November 1894.

Sir,

I am directed to acknowledge the receipt of your endorsement No. 536 (Public), dated the 23rd July 1894, forwarding a copy of the Annual Returns of the Civil Hospitals and Dispensaries in the Madras Presidency for the year 1893, together with a copy of the Resolution recorded thereon by the Government of Madras.

2. It is satisfactory to find that the total number of patients treated increased from 3,106,386 in 1892 to 3,330,970 in 1893. This number, though it represents a smaller percentage of the population to whom medical relief is afforded than in both the Punjab and Bombay, is only exceeded in the North-Western Provinces and Oudh.

3. The general charges in the Madras Presidency appear to the Government of India to be somewhat high. In the North-Western Provinces and Oudh 3,677,835 patients were treated during the year under review at a total cost of Rs. 6,61,686. Of these 58,650 were indoor patients and 25,997 underwent major operations. In the Madras Presidency, where the number of patients aggregated 3,330,970 with only 39,579 indoor patients and 5,497 major operations, the expenditure was Rs. 8,27,922. The average cost under all heads amounted in the Madras Presidency to Rs. 248-6-0 per 1,000 patients, while in the North-Western Provinces and Oudh it was Rs. 179-9-0, and in the Punjab Rs. 147-5-0.

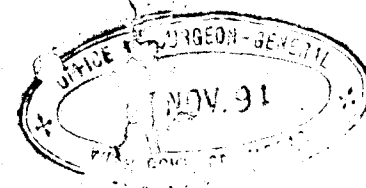
4. The cost of diet for each patient per annum in the Madras Presidency appears to be Rs. 57-0-8, as compared with Rs. 25-7-5 in the North-Western Provinces and Oudh, Rs. 26-9-19 in the Punjab, and Rs. 43-11-7 in Bengal. The average diet charges for patients in the Madras Presidency were in excess of those for prisoners in the same Presidency by Rs. 27-11-6 per head. The corresponding excess in Bengal was Rs. 18-10-7, in the North-Western Provinces and Oudh Rs. 6-14-5, and in the Punjab Rs. 8-8-10. Persons sick in Hospitals have necessarily to be dieted on a more liberal scale than prisoners, but the figures given above seem to indicate that the charges for diet in the Hospitals in Madras are unusually high.

5. The average cost of medicines per patient in Madras is about twice as high as in the North-Western Provinces and Oudh, a result which cannot, it would seem, be adequately explained by local differences in price.

6. The cost of establishments in Madras, viz., Rs. 151-4-0 per 1,000 patients, also compares unfavourably with Rs. 94-5-8 in the North-Western Provinces and Oudh, and Rs. 88-1-0 in the Punjab.

These charges seem to be unduly swelled owing to the number of Branch Dispensaries, in which accommodation is provided for indoor patients, entailing the maintenance of expensive menial establishments. I am to suggest that it might be considered by the Governor in Council whether the establishments kept up at these Branch Dispensaries are not in some cases maintained on too expensive a scale.

7. The extent to which accommodation for indoor patients is availed of in the Madras Presidency compares unfavourably with the facts in some other Provinces. Only 64 per cent. of the available beds were occupied throughout the year, while in the North-Western Provinces and Oudh and Bengal the percentages were 72 and 71, respectively.



No. 690.

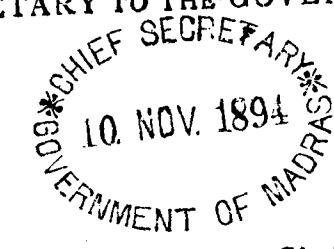
FROM

J. P. HEWETT, Esq., C.I.E.,

Offg. Secretary to the Government of India,

TO

THE CHIEF SECRETARY TO THE GOVERNMENT OF MADRAS.

Home Department.
Medical.Simla, the 3rd November 1894.

SIR,

I AM directed to acknowledge the receipt of your endorsement No. 536 (Public), dated the 23rd July 1894, forwarding a copy of the Annual Returns of the Civil Hospitals and Dispensaries in the Madras Presidency for the year 1893, together with a copy of the Resolution recorded thereon by the Government of Madras.

2. It is satisfactory to find that the total number of patients treated increased from 3,106,386 in 1892 to 3,330,970 in 1893. This number, though it represents a smaller percentage of the population to whom medical relief is afforded than in both the Punjab and Bombay, is only exceeded in the North-Western Provinces and Oudh.

3. The general charges in the Madras Presidency appear to the Government of India to be somewhat high. In the North-Western Provinces and Oudh 3,677,835 patients were treated during the year under review at a total cost of Rs. 6,61,686. Of these 56,650 were indoor patients and 25,997 underwent major operations. In the Madras Presidency, where the number of patients aggregated 3,330,970 with only 39,579 indoor patients and 5,497 major operations, the expenditure was Rs. 8,27,922. The average cost under all heads amounted in the Madras Presidency to Rs. 248-5-0 per 1,000 patients, while in the North-Western Provinces and Oudh it was Rs. 179-9-0, and in the Punjab Rs. 147-5-0.

4. The cost of diet for each patient per annum in the Madras Presidency appears to have been Rs. 57-0-6, as compared with Rs. 25-7-5 in the North-Western Provinces and Oudh, Rs. 26-9-10 in the Punjab, and Rs. 43-11-7 in Bengal. The average diet charges for patients in the Madras Presidency were in excess of those for prisoners in the same Presidency by Rs. 27-11-6 per head. The corresponding excess in Bengal was Rs. 18-10-7, in the North-Western Provinces and Oudh Rs. 6-14-5, and in the Punjab Rs. 3-8-10. Persons sick in Hospital have necessarily to be dieted on a more liberal scale than prisoners, but the figures given above seem to indicate that the charges for diet in the Hospitals in Madras are unnecessarily high.

5. The average cost of medicines per patient in Madras is about twice as high as in the North-Western Provinces and Oudh, a result which cannot, it would seem, be adequately explained by local differences in price.

6. The cost of establishments in Madras, viz., Rs. 151-4-0 per 1,000 patients, also compares unfavourably with Rs. 94-5-0 in the North-Western Provinces and Oudh, and Rs. 88-1-0 in the Punjab.

8. The total number of patients treated in the Branch Dispensary of Bissemkatak in the Vizagapatam District is returned at 752, but the daily average attendance is shown as 102.26. According to these figures each patient paid, on an average 50 visits to the Dispensary. At Nakk apully in the same District there were altogether 1,774 patients and a daily average attendance of 9.20. The accuracy of the figures for Bissemkatak seems doubtful.

Again, the 752 patients treated in the Bissemkatak Dispensary cost Rs. 1,434-5-1, i.e., at the rate of Rs. 1,907 per 1,000 patients, the provincial average being Rs. 248-5-0. There were only 16 indoor patients here throughout the year, and these figures indicate that each of them was fed in the Hospital for 114 days on the average which seems excessive.

9. I am to request that, with the permission of the Governor in Council, these remarks may be brought to the notice of the Surgeon-General with the Government of Madras.

I have the honour to be,

Sir,

Your most obedient Servant,

J. P. HEWETT,

Offg. Secretary to the Government of India.

These charges seem to be unduly swelled owing to the number of Branch Dispensaries, in which accommodation is provided for indoor patients, entailing the maintenance of expensive menial establishments. I am to suggest that it might be considered by the Governor in Council whether the establishments kept up at these Branch Dispensaries are not in some cases maintained on too expensive a scale.

7. The extent to which accommodation for indoor patients is availed of in the Madras Presidency compares unfavourably with the facts in some other Provinces. Only 54 per cent. of the available beds were occupied throughout the year, while in the North-Western Provinces and Oudh and Bengal the percentages were 72 and 71 respectively.

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J. P. Hemelt.

Offg. Secretary to the Government of India.

No 311

Encl.

From

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

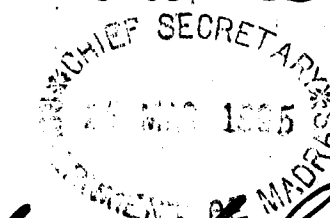
SURGEON-GENERAL WITH THE
GOVERNMENT OF MADRAS,

Madras,

To

THE HONORABLE THE CHIEF SECRETARY TO GOVERNMENT,

Public DEPARTMENT.



SIR,

With reference to G. O. No. 2254 dated 16 November 1894 and reminder no. — dated the 24th January 1895 I have the honor to inform you that the reason for the delay in my submitting the report called for was the great difficulty I had in getting accurate information on the subject which practically raised the question of civil medical administration in this Presidency. I had to call on the Medical Officers concerned throughout the Presidency for their opinions on the figures referred to in the letter from the Government of India vide circular No. of 3rd December 1894 attached.

2. On carefully reading the printed

North. 6

printed copy of the Annual Report on Civil Hospitals and Dispensaries for 1893. I was struck with many discrepancies and of the unsatisfactory points which I noted throughout the report and issued circular No 29 of the 2nd October 1894 Circular 48 of 10th November 1894 (copies attached) with the hope of obtaining more uniformity and accuracy in the elaboration of the statistics required and better administration of the hospitals and dispensaries.

In G. O. No. 976 of 22nd Dec 94 P.D. the Government sanctioned the appointment of an apothecary to my office with the view of assisting me in this work.

I will now proceed to deal with the questions raised by the Government of India. It must, however, be remembered that the figures given by the Government of India leave out of consideration the fact that there are no Presidency town State hospitals in the North West Provinces and Oudh such as exist in Madras and in which the highest number and

and most important class of operations are performed and to which patients from all parts of the Presidency readily and willingly resort.

5 In the year 1893 there were such hospitals having 951 beds available with an average daily sick of 810.26 in-patient and an out-patient daily average attendance of 563.47 there were 3417 major operations and 8128 minor operations treated.

(a) Why major operations are fewer in the Madras Presidency Other conditions being equal, the number of patients who undergo operations in hospitals must depend on the number of persons who seek admission into them and this latter must vary directly not only with the strength but also the density of the population of the province in which the hospitals or dispensaries are situated.

Province	Population	Population per square mile
Madras	34,336,196	252
North B. Provinces	18,485,000	113

The above figures are sufficient to show that the total hospital population and the number of major operations performed in the Madras Presidency must of necessity be less than those of the North West Provinces and Oudh. When however we come to carefully analyse the conditions obtaining in the two provinces, we find that they are far more favorable for surgical work in the North West Provinces than in Madras. These may be discussed under two heads thus:-

I The operators and the conditions they have to work under

(a) Officers

(b) Subordinates.

II. The patients, their surroundings and circumstances.

I (a) Officers. In the report of the North West Provinces and Oudh

for 1893 I find the work of 58 Commissioned

medical

medical officers including 6 Military Assistant Surgeons and of 48 Civil Assistant Surgeons has been reviewed. In the Madras report for the same year the work of 35 Commissioned Officers and all the Assistant Surgeons was reviewed.

Out of a total of 25,997 major operations in the North West Provinces and Oudh, 9027 were performed by the 58 Commissioned Officers and 12802 by 48 out of their 61 Assistant Surgeons leaving the balance of 4168 operations done by 13 Assistant Surgeons and other medical subordinates.

of a total of 5567 major operations in Madras, the 35 Commissioned Officers performed 1056 operations, the 22 Assistant Surgeons 417, leaving the balance of 4094 major operations performed by the 52 Civil Apothecaries and the Hospital Assistants. From a consideration of the number of operations performed for cataract in the North West Provinces and Oudh not

not to talk of stone which is endemic there, it would appear that eye-instruments are supplied to almost every institution in the North West Province where as they are supplied only to some of the head quarter hospitals in this Presidency.

(2) The District Medical and Sanitary Officers and Civil Surgeons in this Presidency are more or less subordinate to the Surgeon General, the Sanitary Commissioner, the Inspector General of Prisons, the Meteorological reporter to Government, the District Collector and the President of the District Board. It is not seldom they have to enter into lengthy and involved correspondence with these several Officers and consequently their office work is very large indeed and on account of the paucity and quality of their establishments, they have to perform a good deal of work which would be as well done by good clerks.

(3) In addition to the heavy office-work thus imposed on them they have to attend to duties such as Vaccination, Vital Statistics, Sanitation & which are performed in the North West Province and outside by the deputies to the Sanitary Commissioner.

(4) When out on inspection tours the Officers in this Presidency are placed at a great disadvantage as compared with their colleagues of the North-West. The districts in the North-west Provinces are usually $\frac{1}{4}$ or $\frac{1}{3}$ the area of the districts in this Presidency and are beset, ~~pierced~~ by a net-work of railways. The Officers in the North-west therefore finish their inspection tours at a far quicker speed and in a much lesser time than their colleagues here.

(5) If the time taken up by all this work be taken into account, there is indeed very little left for the study and performance of anything like real surgical work. It may be mentioned

mentioned here that though the public may have great confidence in the assistant Surgeon, they are rather unwilling to have serious major operations performed by him, as they believe greatly in the special aptitude of the European for surgical work owing to the constant changes due to the paucity of Commissioned medical officers during the past ten or twelve years; they are rarely left long enough in any station to enable them to gain the confidence of the people.

(b) There are two other important points which bear upon the work done by Commissioned medical officers. A perusal of the report of the North West Provinces will show how from year to year the officers who do good work are considered by Government and it must be remembered that the Government of the North West Provinces and Oudh have in their gift the appointments of

Civil

Civil Surgeons to such stations at Allahabad, Benares, Lucknow, Aggra, Meerut, Nynatal, Bareilly, all of which represent private practice to the amount of from Rs 3000 to 5000 a month. These appointments are naturally given to the best medical officers and no such appointments exist in the gift of the Madras Government.

(c) Medical Subordinates. In Madras many of these are Hospital assistants placed in independent charge of the outlying hospitals and dispensaries. In several instances they are inexperienced men and lack confidence in their own abilities and being placed in stations where no kind of professional assistance is available are very unwilling to undertake serious surgical work and consequently recommend patients to go to the District Medical and Sanitary Officer or Civil Surgeon.

n Surgeon. This advice is seldom followed both on account of the uncertainty of the Medical Officers being present at the head quarter station and also on account of the inconveniences in travelling - especially for a sick patient - not to mention pecuniary difficulties.

(2.) In those cases where the subordinates happen to be skilled and experienced men willing to do surgical operations, the want of sufficient surgical equipment stands in their way.

(3.) The diversity of languages spoken in this Presidency is a serious hindrance to any kind of professional work. On the contrary, the language spoken throughout the north-west Province is Hindustani or its dialect, which are understood by medical officers of all grades. A deal of tact and

and persuasion are often necessary to prevail on patients to submit to surgical operations this multiplicity of tongues tells not a little on the number of major operations performed in this Presidency.

(4.) The frequent transfers of the medical Subordinates tend in no small measure to shake the confidence of the public in their doctors and when they have to go to medical men who are new to them from the Vythians with whom they are dissatisfied, they have to apply to men they know little or nothing about.

II. The Patients. - 1. I find from a study of the hospital statistics for the two provinces that out of every 1000 patients who come to hospital, 15 become in-patients and 7 of whom are operated in north west Province and Oudh. 12 become in-patients and nearly 2 of whom are operated in Madras that

that is to say, nearly 1 out of every 2 patients admitted into hospital are operated in the North West Province. The figures are rather astonishing. The figures for Madras on the other hand are more in accordance with the experience of the general hospitals of Europe. It may be that several operations are recorded for the same patient for the same disease in the North West Province. For instance lithotomy performed several times on the same patient may be registered as several operations and thus the number of operations performed may be much in excess of the number of patients submitted to them. This has hitherto not been the practice in Madras but under rules in circular no: 29 of 2^d October, 94 will be adopted.

(2) The timidity of the Madrassee is well known. He would rather die or undergo any amount of pain

pain than submit to a cutting operation. His superstition is no less an obstacle to his having recourse to surgical aid, as he attributes a large number of diseases to the wrath of God or of a demon. The teachings and practices of the Akceem and Vythian are opposed to active surgical interference, they believe greatly in the virtues of external applications and massage. When all these have failed to give the desired relief and when the sustaining powers of the patient have been reduced to the lowest ebb and when, indeed, the patient seems to hover between life and death, he is taken to the 'European doctor' and if death occurs, this act as a deterrent to the admission of other cases for a long time to come. The Mahomedan, the Rajaput, and the Sirk of the North

North-west Provinces and Oudh are more ready to meet danger and submit to operations in the early stages of the disease. The very character of the people of the North-west their greater turbulence and roindism result in a large number of injuries and hurts and these contribute to some extent to the increased number of operations.

(3) The number of operations necessitated by accidents must also be large as Factories, mills and Railways (with a large number of Junction Stations) are much more numerous in the North West Province than in this Presidency.

(4) Stone in the bladder is far more commonly met with in the North-west and the number of operations performed for this disease is very large.

(5) A very large number of eye

North West
Provinces. } 895

Madras. } 21

North West
Provinces. } 1587

Madras. } 5

operations have been done in the North-west, due, as has already been mentioned, to the greater facilities and encouragement given for doing these Special operations.

(6) Above all, the plan has been adopted in the North West Province of centralizing the accommodation for inpatients at head quarters of Districts, where there is a certainty of efficient treatment - a plan which greatly favors the development of operative Surgery. The reverse condition obtains in this Presidency.

(7) But the policy of the Madras Government has been to develop its Special hospitals in the City of Madras a policy which has been more than successful and it must not be forgotten that the Special hospitals of Madras, which are very highly organized, have not been taken into account in making the Comparison

(6) Why the proportion of in-patients to out-patients is so slow in this Presidency?

(7) An out-patient attendance is furnished from the local population and depends on the number of dispensaries. It is therefore plain that Madras with 249 dispensaries has a greater proportion of out-patients than the North-West Provinces with only 136 dispensaries.

(8) An in-patient hospital population, on the other hand, is largely furnished from the surrounding districts and depends on the easy access to hospitals by rail and on the number of beds available. In both these ways, Madras works under disadvantages. The means of transit are wearisome and inconvenient and the number of beds available falls short of the number

number in the North-West Provinces, Madras having 3088, as against 3368 beds in the North-West Provinces and Oudh.

(9) It must be remembered moreover that in Madras the number of beds with which hospitals are provided does not represent the number of beds actually available as many local fund bodies and municipalities make budget allotments for diets for only a fractional number of the beds the hospitals are provided with.

(10) The numerous shrines scattered over the North-West Provinces, the crowds of pilgrims that visit these shrines, the more severe epidemics of cholera that so often prevail in that midst, the prevalence of Delhi-bomb and stone also contribute towards the larger percentage of in-patients in the North-West Provinces.

(5.) Moreover the Madrassee essentially a home living man, likes to be surrounded by his relations especially during his illness and he is very loath to become the inmate of a hospital where he has often to take his bed next to a low caste man in whose presence he cannot eat or drink and whose touch, ~~may~~ even proximity would pollute him. This caste prejudice prevents the higher classes of the Hindus from becoming inmates of a hospital except in cases of the necessity. Females are besides from a sense of modesty, averse to becoming in-patients. The result is that the Madras Native hospital population is greatly composed of the low classes of Hindus, beggars and women of worse character. There is moreover an idea prevalent —

Amongst

amongst the rural classes that it is derogatory to one's dignity to become an in-patient. These ideas are fast dying out, but it would take time for the natives of this Presidency to go freely resort to hospital as in the North-west Provinces, where there is a preponderance of Mahomedans who have no caste prejudices.

(6.) These considerations coupled with the less density of the population, the fewer number of large manufacturing towns with more accommodation and equipment than in the North west Province clearly explain why the proportion of in-patients to out-patients is so low in this Presidency.

(7.) Why the average cost per 1000 patients under all heads is so high in this Presidency?

(1.) This is answered by the replies under

under headings d. e. f. and by the large number of small institutions (dispensaries) in this Presidency. In 1893, there were 115 dispensaries where the average daily attendance was under 30 and 155 so called hospitals out of 204 in which the average daily in-patients was under 10, leaving only 49 institutions having an average daily in-patient sick of 10 and upwards.

(2) It is to be noted that only 54 per cent of provided beds was occupied throughout the year in Madras, while in the North West Province and Oudh the percentage was 72. This is due, as has been pointed out before to the fact that allotments for diet are not made by local bodies for all the beds their hospitals are supplied with. If a full allotment was made, there would be a

larger percentage of in-patients the expenses under Establishment would remain the same and consequently the total cost per in-patient would be considerably lessened.

(3.) The fact that many dispensaries are located in rented buildings accounts to some extent for the higher cost under all heads.

(4.) In 1893 nearly half a lakh of rupees were spent on buildings and repairs in Madras.

(d) Why the cost of diet for each patient per annum amounted to Rs 57- - 6 1/2.

(1.) Many of the medical officers of this Presidency are of opinion that the cost of diet is not high in this Presidency and that it would be absolutely impossible to keep a healthy

healthy man alive much less to
nourish a sick patient for —
Rs 25-7-5 per annum, the cost
of diet per patient in the North
west Province and Oudh.

(2) Several articles of diet are
much cheaper in the North west
Province than in this Presidency. The
prices of grains and mutton are
nearly three times as much in
Madras as in the North west.

(3) The staple diet of the North
west Provinces consists of wheat
and dhol and the meat eaters
are comparatively few. In the
hospitals in this Presidency the
diets are good consisting of rice
and meat in same form.

(4) For obvious reasons, it is
not possible to adopt the same
scale of dietary for patients as
for prisoners. Rice is used for
patients.

patients which is more costly than
raggi, Cholum or kumbu which is
issued to prisoners. meat is issued
only twice a week for prisoners, where
— as it has more frequently to be
given to the half-starved and —
Chronic disease-stricken patients
in the Madras hospitals.

(5) The question of dieting is always
a troublesome one and though the
expenditure might be brought down
by a better system of accounts and
supply. I do not consider that
much change is possible in the
Madras Presidency as the average
cost per patient in the majority
of the hospitals was only ^{Rs. 10} 2-6 per
day in 1893.

(6) The question of the best system
of supply and accounts for
adoption in the State hospitals
is now under consideration and
when we have had sufficient
experience

experience in the State hospitals the same system might be adopted in all hospitals under the Madras Government

(2) Why the cost of medicines is so high in this Presidency

(1) In the North-west Provinces Rs 64,265-8-5 was expended on European medicines and Rs 20,809-5-1 on bazaar medicines for a total of 36,778-35 patients.

(2) In Madras Rs 127,331-0-9 was expended on European medicines and Rs 24,540-14-0 on bazaar medicines for a total of 33,309-70 patients showing a preference in Madras for the more reliable European drugs and a large use of them.

(3) A factor therefore seems to be the greater use of indigenous drugs in the North-west Provinces and

and South than in Madras. This is in a great measure due to the fact that the medical subordinates of the North-west are in many instances ignorant of the English Language and therefore not inclined to study materia medica and therapeutics in that language and to their great recourse to books on Sanskrit literature and the consequent better familiarity with native drugs. The reverse condition obtains in this Presidency. The Madras medical subordinates is trained in the Medical College under European professors, his theoretical and practical knowledge of British Pharmacopoeia and therapeutics is greater and he is in a great measure ignorant of the use of indigenous drugs not having seen them used to any extent in the Presidency hospitals where he was educated and consequently has

has a greater predilection to the use of European drugs which are more costly than to the indigenous ones. (4) There has always been a prejudice against indigenous drugs in Madras on account of the difficulty of getting any of them pure & reliable. Indeed the Medical Store Depot has to draw its supplies as a rule from the Bombay or Calcutta markets the drugs in the Madras market are so adulterated or badly prepared.

(5) The very large percentage of Surgical Cases (46.89 percentage of in-patients) and the consequent less proportion of medical in-patients in the North-west must to some degree account for the ~~lower~~ expense under the head of medicines.

[In this connection it may be remarked that in former years, the indents for medicine used to be checked in the Surgeon General's Office

Office, but this method was recently done away with by orders of Government (G. O. No. 27862 Local and Municipal, dated 12 December 1892).

The District Medical and Sanitary Officer is now directly responsible for the checking of Indents and if this is to be carefully done, his Office establishment must be strengthened as it is absolutely impossible to carry out the work properly with the already inadequate staff at his disposal. If this is not done much waste must inevitably result from the extravagant use of medicines on the part of medical subordinates.]

(7) Why the cost of establishment is so high in this Presidency?

(1) The method of calculating the cost of establishment on the number treated is scarcely a fair one. In the North West Provincial Report for 1893 I find a total of

303 institutions costing Rs 34,759-1-7 on establishment. (In page 90) which represents Rs 1139-8-7 per institution. In the Madras report for 1893 there are 453 institutions costing Rs 50,445-7-9 on establishment or Rs 113-9-3 for each institution which is rather in favor of the Madras management.

(2.) An explanation of the extra expenditure in Madras is afforded by the fact that Madras has 453 institutions against 328 in the North-west-Provinces and Oudh the cost of only 305 being shown in the annual report for 1893.

The Madras institutions are numerically greater by 28 percent but the expenditure is 33 percent in excess. The reason of this will be evident from the following considerations.

(3.) The Madras Government has been

been urging local bodies to convert dispensaries into hospitals and as these bodies could not meet the increased expenditure for dieting &c they have been meeting the demand by having some cots and an establishment and have been providing for diet for only a fractional number of beds they have been supplying their hospitals with. This point has been dwelt upon previously. It will be noted that although Madras has 12 hospitals in excess of the North-west Provinces and Oudh, having 204 against 192, the number of beds in the North-west Provinces and Oudh exceeds Madras by 275.

(4.) Besides when we come to consider the number of small dispensaries with an average out-patient attendance of 30, Madras has 15 against only 10 in the North-west Provinces and Oudh! This goes a great way to explain why the cost of establishment is so high in this Presidency.

In the North-west Provinces and Oudh they have only 60 assistant Surgeons whose pay is chargeable to the hospitals held by them, whereas in Madras there are 162 civil apothecaries who have had precisely the same professional training and many of whom hold the same university qualifications so that 92 civil apothecaries in Madras hold Charges which are held by the cheaper class of Hospital Assistant in the North-west Provinces, many of whom know little or no English and who therefore draw the lower rate of pay of their grades.

57 Again in the North-west Provinces there are 61 third class Hospital Assistants in charge of hospitals and dispensaries but in Madras Senior men are posted to such charges only a few minor dispensaries being reserved for third class men and even this is discouraged as far as possible as such junior men want in experience and professional training.

(6) In the Madras Presidency the hospitals

hospitals have also the advantage of the assistants to the District Medical and Sanitary Officers who are all assistant Surgeons and who are paid from Provincial sources. The policy of the Madras Government in insisting on hospitals being in charge of properly qualified medical men was recognized as being likely to be costly vide G. O. No 1001 Finance dated 7 May 1895.

6 Branch dispensaries - The only branch dispensaries are those in large towns and none are maintained such as suggested by the Government of India in para 6 of their letter.

7 Bissell's Katak - By an error (carelessly passed in my office) in calculation, the Hospital Assistant gave the average daily sick to be 102.26. The real figure is 17.59. As regards the expenditure exceeding the provincial average, it is due to the fact that for eight months the dispensary was closed, but the establishment was maintained and thus the number of patients being low, the average was much exceeded.

8 Under the orders in G. O. No 57 of the 24 January 1895, I hope there

there will be some improvement in future in the work done by medical Officers at Head Quarter Stations.

9 Regarding the requirement of the Madras Presidency as regards hospitals and dispensaries the last census shows that there are 58,385 towns and villages not including the Presidency town. Of these 8 are cities with a population of 50,000 and upwards, 204 with a population between 10,000 and 49,999.

10,185 towns and villages with a population of 1000 to 9999

47,991 villages with a population under 999.

10. The following points appear to me to be worth the consideration of Government.

1st It appears desirable to increase and improve the Office-establishments

establishments of District Medical Sanitary Officers and Civil Surgeons in order that less of their time may be taken up with Clerical labour and that a more efficient check should be carried out on all hospital and dispensary expenditure.

2nd That the centralization of hospitals at Head Quarters should be encouraged and that the hospital should be permitted to be carried on in charge of a medical man holding a less qualification than that of a Civil Apothecary or the L. M. and S. of an Indian University. The accommodation of all such hospitals should be fixed in consultation with the Surgeon General and they should be properly equipped and given an adequate establishment.

3rd Each dispensary in which the

the daily average allowance during the year is only 15 and each hospital, when the daily average sick is under 10 should be specially reported upon by the Inspecting Medical Officer in his annual report and with reference to para 6 of the Government of India letter should be closed unless good grounds are shown for giving it a future trial

4th That as soon as sufficient time has elapsed to show that the proposed system of obtaining hospital supplies and of keeping the "uniform system of accounts" in the State hospitals has worked well similar rules should be adopted for all hospitals in the Madras Presidency.

5th With the view of laying down some general principles on which the development and administration of medical relief should be worked by Local Bodies

I would propose - That all the eight cities with population above 50,000 should be called upon to provide a properly equipped and organized general hospital of at least 50 beds for males and females with an out-patient department.

A lying-in hospital of at least 8 beds.

an isolation hospital for Cholera and small-pox cases capable of being raised to fifty beds and upwards.

Sufficient out-door dispensaries at a distance of two miles from the general hospital or each other, a caste and gosha dispensary on a site convenient to the majority of such classes

6th That the 201 towns with a population of 10,000 to 49,999 should have a cottage hospital from 10 to 49 beds for

for general cases males and females
with an out patient department
a lying-in hospital of not less
than 4 beds.

An isolation hospital of not
less than 10 to 49 beds sufficient out-
door dispensaries as above

A caste and gotha dispensary
all these buildings should be of a
semi permanent character as it is
most probable they would after a
few years have to be extended.

7th It appears undesirable to
make any formal proposition for
the remaining of the population,
but I would suggest that as a rule
only out-patient dispensaries should
in future be established when
proper provision has been made
for the erection of the necessary
buildings and their equipment the
pay of the establishment and the
Annual

Annual provision of funds for the
necessary medicines and repairs //

To such dispensaries one or two
huts might be added for in-patients
when they should be denominated
"Hut hospitals". all these such buildings
should be of a semi-permanent
character so that they could be altered
or removed without difficulty.

8th With the view of encouraging
the greater use of indigenous drugs it is
desirable that the students for the
Hospital Assistant Class should be
well trained on the subject during their
College and clinical hospital
Courses.

I have the honor to be

Yr most Obedt. Servant

C. B. Munkie,
Surgeon Major General
Surgeon General
with the Govt. of Madras

Public (1895) Department

From
Surgeon Major Genl C. S. Thompson Regt
Surgeon General
with the Govt. of Madras

No. 311

Dated 23rd March 94.
Received
Key

No.

Subject

Submit explanation on
the remarks of the Govt.
of India on the comparative
view of the Annual Returns
of the Civil Hospitals and
Dispensaries in the Madras
Presidency, North Western
Provinces and Oudh.

[G.
25.]

600-83-85.

Pub. DEPARTMENT.

The printed current

C. No. 3298 of 1894

+ 1023 of 1895

FOR ORDERS.

In its letter No. 690, dated 8th
November 1894, the Government of India
reviewed briefly the annual returns of
Civil hospitals and dispensaries in the
Presidency for 1893 (G.O. dated 23rd
July 1894, No. 535) and remarked on the
high cost of diets and medicines &c. as
compared with other parts of India. It
requested that the remarks may be
brought to the notice of the Surgeon
General. This was done on the 16th
November and the Surgeon General replied on
23rd March in his No. 311.
Surgeon Major General S. B. S. states that he was struck with many
discrepancies and unsatisfactory points
throughout the report in question. It
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Para. I (4)(1). The prevalence of cata-
ract and stone in the north no doubt
accounts for more operations. The

(6) Para. I(4)(a). The Surgeon General remarks that the natives "believe greatly in the special aptitude of the European for surgical work"

FOR ORDERS.

(5) If the time taken up by all this work be taken into account there is indeed very little left for the study and performance of anything like real surgical work. It may be mentioned here that though the public may have great confidence in the Assistant Surgeon, they are rather unwilling to have serious major operations performed by him, as they believe greatly in the special aptitude of the European for surgical work. Owing to the constant changes due to the paucity of Commissioned Medical officers during the past ten or twelve years they are rarely left long enough in any station to enable them to gain the confidence of the people.

Not necessarily. One statute is general,
the other individual.

(6) There are two other important points which bear upon the work done by Commissioned Medical officers. A perusal of the report of the North-Western Provinces will show how from year to year the officers who do good work are considered by Government and it must be remembered that the Government of the North-Western Provinces and Oudh have in their gift the appointments of Civil Surgeons to such stations as Allahabad, Benares, Lucknow, Agra, Missouri, Nainital, Barreilly, all of which represent private practice to the amount of from Rs. 3,000 to 5,000 a month. These appointments are naturally given to the best Medical officers and no such appointments exist in the gift of the Madras Government.

I doubt if many of these are of the same value as most of those mentioned by the S.G. - Even in Madras, few doctors enjoy lucrative private practices

Yes. But time is the only cure - Confidence is of slow growth, both in Mad: Subordinates, & in patients. I don't tell the S.G. that these things are not shaken - So far as these things are concerned, Mad: Subordinates are quite as ready to use the knife as their education warrants, & it would be worse than useless to urge them to undertake more than they are qualified to undertake

Yes, doubt, but it is hardly necessary to say so.

(c) private practices given in paragraph 1.6

appears somewhat high but the Surgeon General seems to have overlooked the appointments in Madras, Tanjore, Madura, Coonoor and Oot-camund which must, worth something in the way of private practice. It is the Surgeon-General himself who nominates officers for these appointments.

Para. 1(b). It is submitted that, if correct, the statement discloses an unsatisfactory state of affairs. It seems quite possible that necessary simple surgical operations are not performed on account of "lack of experience and confidence." Natives are averse to the use of the knife and this applies to the operator as well as to the operatee. The Surgeon General should take steps to ensure that necessary operations are not shirked. It is understood that even Hospital Assistants go through a complete course of Surgery at the Medical College.

(c) Para. 1(b)(2). The Surgeon General makes no suggestions for remedying the defect. It would be better that the "skilled and experienced men" should be posted where there are instruments rather than that their services should be lost for want of them.

Para.

(b) Para. I(b) (3) & (4). These two reasons do not seem particularly forcible.

II (1). It certainly does seem extraordinary that nearly 50 per cent of the in-patients in the North Western Provinces and Oudh are operation cases. The prevalence of stone and cataract probably accounts for this.

(h) II (2) & (3) are true, no doubt.

(i) II (4). Cannot facilities and encouragement be given here? Cataract is the most common eye complaint, and most cases are of a simple order which Hospital Assistants should be able to attend to if instruments are provided. Complete sets would not be needed.

II (6) & (7) are true - but the Government is not responsible for the number of small hospitals scattered about the country.

(k) II (b) (2). In regard to the number of beds, please see the next Section (8). Diets are not budgetted for for all the beds available. The inference is that if fully equipped more would be filled. But in paragraph 7 of India's letter it is said that only 54 per cent of the available beds in this Presidency were occupied in 1893.

The

(3) seems to be a valid argument

It is in a measure as
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(b) I. (b) Medical Subordinates. - (3) The diversity of languages spoken in the Presidency is a serious hindrance to any kind of professional work. The language spoken throughout the North Western Provinces is Hindustani or its dialects which are understood by Medical Officers of all grades. As a deal of tact and persuasion is often necessary to prevail on patients to submit to surgical operations this multiplicity of tongues tells not a little on the number of major operations performed in this Presidency.

(4) The frequent transfers of the Medical subordinates tend in no small measure to shake the confidence of the public in their doctors and when they have to go to Medical men who are new to them from the vythians with whom they are dissatisfied, they have to apply to men they know little or nothing about.

(g) II. The patients. - (1) I find from a study of the hospital statistics for the two provinces that out of every 1,000 patients who come to hospital -

In the North-Western Provinces and Oudh, 15 become in-patients, 7 of which are operated on;

In Madras, 12 become in-patients, nearly 2 of whom are operated on; that is to say, nearly one out of every two patients admitted into hospital is operated on in the North-Western Provinces. The figures are rather astonishing. The figures for Madras, on the other hand, are more in accordance with the experience of the general hospitals of Europe. It may be that several operations are recorded for the same patient for the same disease in the North-Western Provinces. For instance, lithotripsy performed several times on the same patient may be registered as several operations and thus the number of operations performed may be much in excess of the number of patients submitted to them. This has hitherto not been the practice in Madras, but, under the rules in circular No. 29 of 2nd October 1894, it will be adopted.

(2) The timidity of the Madrassee is well known, he would rather die or undergo any amount of pain than submit to a cutting operation. His superstition is no less an obstacle to his having recourse to surgical aid as he attributes a large number of diseases to the wrath of a god or a demon. The teachings and practices of the hakeem and vythian are opposed to active surgical interference as they believe greatly in the virtues of external applications and massage. When all these have failed to give the desired relief and the sustaining powers of the patient have been reduced to the lowest ebb and when the patient seems to hover between life and death he is taken to the "European doctor." If death occurs this acts as a deterrent to the admission of other cases for a long time to come. The Muhammadan, the Rajput, and the Sikh of the North-Western Provinces and Oudh are more ready to meet danger and submit to operations in the early stages of the disease. The very character of the people of the North-West, shown by their greater turbulence and pugnacity, results in a large number of injuries, and these contribute to some extent to the increased number of operations.

(3) The number of operations necessitated by accidents must also be large as factories, mills and railways (with a large number of junction stations) are much more

the North-Western Provinces and Oudh exceed Madras by 275. North-Western Provinces and Oudh, having 204 against 193, the number of beds previously. It will be noted that although Madras has 12 hospitals in excess of the North-Western Provinces and Oudh, this point has been dwelt upon only in the establishment and have been providing for them for only a fractional number of the beds they have been supplying their hospitals with.

1. (b) Medical Subordinates.—(3) The diversity of languages spoken in the Presidency is a serious hindrance to any kind of professional work. The language spoken throughout the North-Western Provinces is Hindustani or Urdu, which is understood by medical officers of all grades. As a result of this, and a tendency to prevail on patients to submit to surgical operations, this multiplicity of languages has not a little on the number of major operations performed in this Presidency.

(4) The frequent transfers of the medical subordinates tend in no small measure to shake the confidence of the public in their doctors and when they have to go to medical men who are new to them, from the vythians with whom they are dissatisfied, they have to admit to them they know little or nothing about.

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(3) The number of operations necessitated by accidents must also be large as factories, mills and railways (with a large number of junction stations) are much more numerous in the North-Western Provinces than in this Presidency.

(i) (5) A very large number of eye operations have been done in the North-West, due to the already been mentioned, to the greater facilities and encouragement given for doing these special operations. In the North-Western Provinces of Oudh, the plan has been adopted of having at headquarters of districts where the accommodation for in-patients is not sufficient, a day hospital, which greatly favours the development of the special treatment of eye diseases. The same condition obtains in the Presidency of Madras.

The Madras Government has been to develop its special policy which has been more than successful and has resulted in a large number of operations being performed in the day hospitals of Madras, which are very highly appreciated by the public.

(b) Why the proportion of in-patients to out-patients is so low in this Presidency.

(2) An in-patient hospital population, on the other hand, is largely furnished from the surrounding districts and depends on the easy access to hospitals by rail and on the number of beds available. In both these ways Madras works under disadvantages. The means of transit are wearisome and inconvenient and the number of beds available falls short of the number in the North-Western Provinces, Madras having 3,088 as against 3,363 beds in the North-Western Provinces and Oudh.

(3) It must be remembered, moreover, that in Madras the number of beds with which hospitals are provided does not represent the number of beds actually available, as many local fund bodies and municipalities make budget allotments for diets for only a fractional number of the beds the hospitals are provided with.

II. (c). Why the average cost per 1,000 patients under all heads is so high in this Presidency.

(3) It is to be noted that only 54 per cent of provided beds were occupied throughout the year in Madras, while in the North-Western Provinces and Oudh the percentage was 70; this is due, as has been pointed out before, to the fact that allotments for diet are not made by local bodies for all the beds their hospitals are supplied with. If a full allotment was made, there would be a larger percentage of in-patients, the expenses under establishment would remain the same and consequently the total cost per 1,000 patients would be considerably lessened.

II. (b). Why the proportion of in-patients to out-patients is so low in this Presidency.

(5) Moreover, the Madras man, especially a low-caste man, likes to be surrounded by his relations especially during his illness and he is very loath to become the inmate of a hospital where he has often to take his bed next to a low caste man in whose presence he cannot eat or drink and whose touch, nay, even proximity, would pollute him. This caste prejudice prevents the higher classes of the Hindus from becoming inmates of a hospital except in cases of the greatest necessity. Besides, from a sense of modesty, averse to becoming in-patients. The result is that the Madras Native hospital population is greatly composed of the low classes of Hindus, beggars and women of loose character. There is moreover an idea prevalent amongst the rural classes that it is derogatory to one's dignity to become an in-patient. These ideas are fast dying out, but it would take time for the natives of this Presidency to so freely resort to hospital as in the North Western Provinces, where there is a preponderance of Muhammadans who have no caste prejudices.

II. (d). Why the cost of diet for each patient per annum amounted to Rs. 57-0-6, &c.

(5) The question of dieting is always a troublesome one and though the expenditure might be brought down by a better system of accounts and supply, I do not consider that much change is possible in the Madras Presidency as the average cost per patient in the majority of the hospitals was only Rs. 2-6 per day in 1893.

II. (e) Why the cost of medicines is so high in this Presidency.

(3) A factor therefore seems to be the greater use of indigenous drugs in the North-Western Provinces and Oudh than in Madras. This is in a great measure due to the fact that the medical subordinates of the North-West are in many instances ignorant of the English language and therefore not in a position to study Materia Medica and Therapeutics in that language and to their greater recourse to books printed in the vernacular and the consequent better familiarity with native drugs. The reverse condition obtains in this Presidency. The Madras medical subordinate is trained in the Medical College under European Professors, his theoretical and practical knowledge of the British Pharmacopoeia and Therapeutics is greater and he is in a great measure ignorant of the use of indigenous drugs, not having seen them used to any extent in the Presidency hospitals where he was educated, and consequently has a greater predilection to the use of European drugs which are more costly than the indigenous ones.

II. (f) Why the cost of establishment is so high in this Presidency.

(3) The Madras Government has urged local bodies to convert dispensaries into hospitals, and as these bodies could not meet the increased expenditure for dieting, &c., they have been meeting the demand by having some out-patient

This might be asked. How is it possible, given the fact that diet is not provided for all the available beds, that the beds must be unoccupied, and the expenditure for dieting must be high?

We must trust to time

and what is the result of the question asked?

It is a question of time, and the life of the patient is at stake.

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It is a question of time, and the life of the patient is at stake.

The Surgeon General does not say what percentage of available beds was provided with diets. See also II (c) (3).

II (b) (5). It is for the Surgeon General to suggest any possible means of popularising hospitals and overcoming the prejudices of the people against them.

Caste feelings must be respected.

II (d). The average cost of dieting in small institutions must necessarily be higher than in large ones. The high cost of diets in the Presidency hospitals is now receiving attention.

II (d) (5). An average cost of as 2-6 per diem seems little enough. The

greater number of meat-eaters in Southern India accounts for some of the extra expenditure.

II (e) (3). The question naturally arises whether, if there are indigenous drugs that are as efficacious as European ones and much cheaper, the medical subordinate down here should not be instructed in their use. Even if the

drugs had to be obtained from Bombay or Calcutta they would probably still be cheaper than those sent out from Europe. It is not made of expensive establishments for want of more expenditure.

expenditure on diets.

11 (1) (5). If third class hospital assistants in the north are qualified to hold charge of hospitals as well as dispensaries why should it not be so down here? There is nothing to show that they are not efficient up there. Are they a better class of men or is their training better? There must be some difference.

(5) Paragraph 7. This is a case of a dispensary being open for four months only and being charged with a twelve month establishment. Could not it be utilised elsewhere during the eight months?

(6) Paragraph 10(1). Before the proposals should be formulated.

(w) 10(2). This is for local and municipal department.

(v) 10(3). It certainly seems that there is much unnecessary expenditure on establishments which might be avoided by centralisation.

(w) 10(4). The Government has not yet been informed of the system proposed by the Surgeon General in regard to accounts.

(*) 10(5), (6) & (7). The suggestions are no doubt good - but they could be better

James Thompson against putting these 3rd class men in independent charge of even a dispensary. if it can be avoided.

** They are certainly not of the quality which Madras has for hospital keeping or account.*

** What is the difficulty? The answer is that the Government are not prepared to pay the salaries of the 3rd class men. This is the only way to get them.*

** There was a reason for the suggestion. I cannot at present be sure of the exact details but I believe it was because of the fact that the 3rd class men were not capable of doing the work of the 2nd class men. The Government are not prepared to pay the salaries of the 3rd class men. This is the only way to get them.*

I don't think any such absolute rule could be made. It is better to have a system of promotion which will allow the 3rd class men to advance to the 2nd class if they are capable of doing the work.

** As I have said before, the 3rd class men are not capable of doing the work of the 2nd class men. The Government are not prepared to pay the salaries of the 3rd class men. This is the only way to get them.*

Ref. of the committee was made to the 3rd class men. The committee is of the opinion that the 3rd class men are not capable of doing the work of the 2nd class men. The Government are not prepared to pay the salaries of the 3rd class men. This is the only way to get them.

II. (f) Why the cost of establishment is so high in this Presidency.

(5) Again in the North Western Provinces there are 61 Third-class Hospital Assistants in charge of hospitals and dispensaries, but in Madras senior men are posted to such charges, only a minor few minor dispensaries, but be reserved for third-class men and even this is discouraged as far as possible, as such junior men are wanting in experience and professional training.

(s) 7. Bissekkattak. - By an error (carelessly passed in my office) in calculation, the Hospital Assistant gave the average daily sick to be 102.26. The real figure is 17.59. As regards the expenditure exceeding the provincial average, it is due to the fact that for eight months the dispensary was closed but the establishment was maintained, and thus the number of patients being low, the average was much exceeded.

10. The following points appear to me to be worth the consideration of Government:-

(1st) - It appears desirable to increase and improve the office establishments of District Medical and Sanitary Officers and Civil Surgeons in order that less of their time may be taken up with clerical labour and that a more efficient check should be carried out on all hospital and dispensary expenditure.

(2nd) - That the centralization of hospitals at head-quarters should be encouraged and that no hospital should be permitted to be carried on in charge of a medical man holding a less qualification than that of a civil apothecary or the L.M. and S. of an Indian University. The accommodation of all such hospitals should be fixed in consultation with the Surgeon General and they should be properly equipped and given an adequate establishment.

(3rd) - Each dispensary in which the daily average attendance during the year is only fifteen and each hospital where the daily average sick is under ten should be specially reported upon by the District Medical and Sanitary Officer in his annual report, and, with reference to para. 6 of the Government of India letter, should be closed unless good grounds are shown for giving it a further trial.

(4th) - That as soon as a sufficient time has elapsed to show that the proposed system of obtaining medical supplies and keeping the "uniform system of accounts" in the State is working well, similar rules should be adopted for all hospitals in the Madras Presidency.

(5th) - With a view of laying down some general principles on which the development and administration of medical relief should be worked by local bodies, I would propose:-

That all the eight cities with population above 50,000 should be called upon to provide a properly equipped and organized General hospital of at least fifty beds for males and females with an out-patient department.

A lying-in hospital of at least eight beds.

An isolation hospital for cholera and small-pox cases, capable of being raised to fifty beds and upwards.

Sufficient out-door dispensaries at a distance of two miles from the General hospital or each other.

A caste and gosha dispensary on a site convenient to the majority of such classes.

That the 201 towns with a population of 10,000 to 49,999 should have a cottage hospital from 10 to 49 beds for general cases - males and females - with an out-patient department.

A lying-in hospital of not less than four beds.

An isolation hospital of not less than 10 to 49 beds.

Sufficient out-door dispensaries as above.

A caste and gosha dispensary.

All these buildings should be of a semi-permanent character as it is most probable they would, after a few years, have to be extended.

(7th) - It appears undesirable to make any formal proposition for the remaining population. I would suggest that, as a rule, only out-patient dispensaries should be established, and that when proper provision has been made for the erection of the necessary buildings and the equipment, the power of establishment and the annual provision of funds for the necessary medicines and treatment.

To such dispensaries one or two beds might be added for out-patients when they should be denominated "cottage hospitals" and such buildings should be of a semi-permanent character.

8thly.—With the view of encouraging the greater use of indigenous drugs, it is desirable that the students for the Hospital Assistant class should be well trained on the subject during their college and clinical hospital courses.

better understood if the Surgeon General would report their effect on existing institutions. This is a matter for the Local and Municipal department.

Paragraph 10 (8). This would be a move in the right direction.

4/11. Nutsunabow

very -
Lamentably the L.S.
must be worked up.

WA
3/6/95

4/13
12.V.95.

The S.G. makes what seems to be rather a poor defence. However, I do not see any fault in it and now that he states he has called to attention the S.G. perhaps will be able to make steps to see that there is some improvement. It is strange that that as part of the education of medical students, he has not spoken to the use of indigenous drugs. I always thought that there ought to be some part of medical education in this country. P. Nutsunabow says that some years ago a book on indigenous drugs was written. I believe it was printed at the Government Press and is highly creditable.

WA
14/6/95.

Cost of Civil Hospitals
and Dispensaries

Hon. J. W. Bliss C. D.

Here is another
file containing
my distinct report

HW

17/5/95

in a box with another
too, instead of in another
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2. 4. 0 25/6
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10/5 C 21/5
25/4/6

25 June 1895 N 52

Recorded with the
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Scorpion's explanation

and desired to impress

him the necessity for

keeping down expenditure

in Civil Hospitals and

Dispensaries, as much

as is consistent with

efficiency

The post, trust

the annual report for 1894

will be free from the

discrepancies and

points regarding

2 of the Disposition

with reference to

graph II of the Disposition

is requested to state what

there is a complete

eye witness at

Head Quarters

disturb. It is observed

from para II (b) (3) that

diets are not provided

for the total number of

beds available, and

that it is stated

... gives an average of nearly
Rs 1000 per District, which seems
a high figure.

(2d) This point will be
remitted to the Local
Municipal Department.
An absolute rule, such as
that recommended by
the Surgeon General, would
be unworkable in the
present financial cir-
cumstances of most
of the local boards.

(3d) The Govt is disposed
to move in the direction
suggested by the Surgeon-
General, but will not lay
down any definite rules
in the matter. It is
possible that there is
unnecessary expenditure
on the Establishment which
might be avoided by
centralisation but
the main object of
placing medical
relief within easy
reach of the people -
must not be overlooked.
Any cases of extravagance
in which the expenditure
does not seem to be

be justified by
of medical relief afforded
should be specially brought
to notice by the Surgeon
General.

(4th) The Govt. has not
yet been informed as
regard to the "uniform
system of accounts" pro-
posed by the Surgeon General
but will await the results
of its working.

(5th), (6th), & (7th) - These suggestions
will be dealt with in the
Local & Municipal Dept.
It is observed, however,
that the Govt. of India
considers that the
Expenditure is also
too high; and the Sur-
geon General proposes to
increase it still more.

(8th) This point has
already been dealt
with in para 4.

(from Orders)

22/5/1905

Surgeon General
S. M. Dept 6

3513
17/6/95

8/7/95

[Faint, mostly illegible handwritten text on the left page]

Cost of Civil Disobedience

(from order)

P.A.

*H. L.
The A. L. want a copy of
the order to be bound to
L. M. Stephens, noon. The
I made the draft, urgent*

*P. A.
25/6/95*

at copy sent to Press.
turned for signature.
dispatched in print.

NUMBER OF COPIES
REQUIRED. { Order complete
Letter only.
Order complete with Letter.

BY AGAIN: G.O., No. 189

DATE

NAME

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Print abstract only.
Print heading only.