

Public (1895) Department.

ORDINARY MS.

G.O., No. 722

DATED 30th Aug 1895

[Despatch Abstract.]

GENERAL AND WOMEN AND CHILDREN'S HOSPITAL.

Passing orders regarding the Medical staff of the---:
and censuring Dr. Price for the tone and ^{the} unbecoming manner in which he
has written of his late superior, Surgeon-General deFabeck.

BACK PAPERS.

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

FURTHER PAPERS.

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

[G. H.]
2,500-9-9-95

ORDINARY, MS.

Pub-DEPARTMENT.
G.O., DATED 30-8-95
No. 722

INDEXED.

When given for copying.

[Despatch Abstract.]

Passing orders regarding the medical staff of the General & Women & Children's Hospital; and censuring Dr. Price for the tone & unbecoming manner in which he written of his late Superior, Surgeon-General de Fabeck.

BACK PAPER, No.

OF 189

FURTHER PAPER, No.

OF 189

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

ENCLOSURES.

CURRENT No.

STATEMENT WITH DITTO.

ORDER OF GOVERNMENT

LETTER OF GOVERNMENT.

STATEMENT WITH DITTO.

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

N.B.-

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

vide h.p. v. 6
Pubd/11/11/97.
S.D.B.
5/3/97

C.M. 324 of 96 = reply to 1/2/96

4148 of 95 = reply to 1/2/95

Ootacamund, the July 1895.

Heading— Medical Department
Appointments

From

HIS EXCELLENCY LIEUT.-GENERAL C. MANSFIELD CLARKE, C.B.,

COMMANDING THE FORCES,

MADRAS COMMAND,

To

THE Chief Secretary to Government.
Madras.

SIR,

With reference to the order of Madras Government No 569 dated 9th July 1895, I have the honor to state that, as a Detention Hospital for British Troops will shortly be erected in close proximity to Fort Saint George, an Army Medical Staff Officer will be detailed, as a tentative measure, to take over the duties of Fort Surgeon in addition to his own.

2. It is understood that the Assistant Surgeon in Subordinate Medical Charge will remain in Sub Charge and that the free quarters over the Fort Dispensary will, as at present, be at the disposal of the Medical Officer deputed for the Fort duties.

I have the honor to be
Sir

Your most obedient servant

Ansford
Lieutenant General

Commanding the Forces, Madras Command

It is requested that the above heading, with number and date of this communication, may be quoted in any subsequent correspondence on this subject.

Q. 10. 10. 10.

The Chief Justice, the Justices
Robinson

Botocement, 19th July 1895
 Recd }
 Rep } 2

Stating that an Army Medical Staff Officer will be detailed as a tentative measure to take over the duties of Post Surgeon in addition to his own.

Pub Cno 218 1/2 of 95 abstract
 ... fo. no 569 27-7-95 min
 ... 221 27-3-95
 ... 65 27-1-95 only
 Cno 25-244 2418 of '95
 722
 38-2-95

have sent the other file which
came with this (file ending with
N^o 2418, about the head off-
ice of the Genl. Hospital) to the
Mr. Jones. When that
is disposed of, let me have
back again with this -
contains a suggestion about amal-
gating the 2nd & 3rd districts.
I think we might work in
the proposals in this
Also at the same time
we have the papers about
Asst. Surgeon I lately
joined & help the Surgeon
of 2nd district, as a temp^y
one.

878795

Submitted to the Hon.
member with the file
needed with C. 2418 and
draft of P. thereon.
H.O. No. 453 of 8.6.95,
ccy: a copy of Ash
is submitted.

५ म३
२४/८१/५

26/8/95.

Public Current 2299

The Lt. Genl. Commanding
 the Forces now states that an
 officer of the Army Medical
 Staff will be detailed, as a
 tentative measure, to take
 over the duties of Fort Surgeon.
 But His Excellency ^{Lt. Col Clarke} understands
 that the Assistant Surgeon will
 remain in sub-charge.
 (vide Current 2673 sincereed.)
 As to the quarters occupied
 by the Fort Surgeon H.E. has already
 been informed that they are
 the property of the Military
 not the Civil Dept.

It is submitted that the Officer at present conducting the duties of Post Surgeon should have some notice of ejection to enable him to provide himself with other quarters. As however D. Smythe is a bachelor he should be able to move out at very short notice.

The question of an additional uncovenanted medical officer for duty at the Presidency Town has now to be taken up.

It will be seen from the
Surgeon Genl's letter in G.O.

G.O. 28th Jan. 95 No. 65 that
it is proposed that he should
relieve the Surgeon of the
First District of duties con-
nected with

- (1) The Lepet Hospital and
Criminal Lepers
- (2) Her Majesty's Grand Jail
- (3) The Police lock-up
and the Port Surgeon of his
Port and Marine duties

x Interventions

This would leave to the
Surgeon of the First District
medical duties connected
with the following -

- (1) The Monegar Choultry
- (2) The Royapuram Native
Infirmary
- (3) The Municipal North
Black Town dispensary
- (4) Clinical Instruction
of the Hospital Assistant class
for which he receives an
extra allowance of Rs 100
- (5) Rajah Sir S. Ramaswamy's
Lying-in Hospital
- (6) Inspection of Emigrants
for which he receives an extra
allowance of Rs 150
- (7) The ordinary District work

It will thus be seen
that although the Surgeon
of the First District would
be relieved of a con-

siderable

considerable amount of work
his emoluments would not
be reduced. It is also ap-
parent that if the uncove-
nanted officer was
entrusted with the Clin-
ical instruction and the
inspection of Emigrants
a sum of Rs 250 would be
immediately available
towards his pay.

There is at present
a senior Apothecary
in subcharge of Port and
Marine Duties. It should
be possible to dispense with
his services and the full
pay of an uncovenanted
Medical officer would
then become available
without any additional
expense.

It is submitted that
the Surgeon Genl. may be
requested to state whether
the foregoing proposals
can be carried out,
and if not why not. He is
not likely to agree readily
to the proposal but expendi-
-ture ~~on~~ under "Medical"
is increasing rapidly and
the Govt must see that
all additional expenditure
is absolutely justified.

J.D.B.
23/7/95 The plan suggested above seems
feasible. At any rate it would be
a well known fact that the S.S. has

Revision of Genl Hosp^l
Establishment

Hon H. W. Bliss C. S. E.



Done

No. 535
Encl. 535

OFFICE OF SURGEON-GENERAL

WITH THE GOVERNMENT OF MADRAS,

Colacemund 17th August 1895.

From

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

SURGEON-GENERAL WITH THE

GOVERNMENT OF MADRAS,

Madras,

To

THE Hon^{ble} the Chief Secretary to Government.
Public Department.

SIR,

With reference to G.O. No. 1141 Military dated the 19th March 1895 and para 1 of Public Department G.O. No. 221 of the 27th idem, I have the honor to request the favor of being informed if any decision has been arrived at regarding the relief of the Fort Surgeon of his purely Military Medical duties.

2. As the amalgamation of the Women and Children Hospital with the General Hospital is now being carried out I shall feel obliged by your obtaining the early orders of Government on the subject.

I have the honour to be,

Sir,

Your most obedient Servant,

C. Sibthorpe

Surgn.-Major-Genl.,

Surgeon-General with the Govt. of Madras,

Revision of Genl Hoof

cm 2299 of 95

Public (189) DEPARTMENT.

From

SURGEON-MAJOR-GENL. C. SIBTHORPE, F.R.C.P.I.,

SURGEON-GENERAL WITH THE

GOVERNMENT OF MADRAS,

Madras,

To



No. Four
535
ENCLOSURE.

Dated

Received

7

6th } August 1895.

No.

SUBJECT.

Requests being informed
if any decision has been
arrived at regarding the relief
of the Fort Surgeon of his purely
mily. Medical duties.

(Code
(Class.)

To

(Office)

Words.

Day.

Hour.

Minute.

Official
Instructions.

To

(Person)

INDIAN

TELEGRAPHS.

Station
Number.

From

(Office)

From

(Person)

Handwritten text in the telegram body, including "The Surgeon-General of the Madras Government" and "Medical Officer".

From

Mrs.

Mrs. by

Sent to

Mrs.

Mrs. by

U. G. P. - No. 24 T-15 6-22-40-00-000

Telegraph Master.

Current No.

Pub: DEPARTMENT.

Telephone.

From

The Lieut Genl:
Commanding
the Forces
Madras

No.

Dated 16th } Aug: '95
Received 16th }

Enclosures

SUBJECT.

Stating that the question
of the duties of the Fort
Surgeon being taken over
by an officer of the
Army Medical Staff
should be deferred
until the completion
of the Detention Hospital

Office of Surgeon-General.
with the Government of Madras
Pottacamund 29 July 1895.

N^o 1000

From.

Surgeon-Major-General G. Sibthorpe. F.R.C.P.S.

Surgeon-General with the Govt. of Madras.
Pottacamund.

To.
The Honble the Chief Secretary to Government.
Public Department.
Pottacamund.

Sir,

With reference to G.O. N^o 570 Public dated
9th July 1895 I am submitting separately the
fresh proposition statement called for through
the Accountant General.

2. With reference to para 2 of the G.O. the
Senior Medical Officer of the General Hospital writes

"2 It seems to me that G.O. N^o 570 dated 9th July
1895 has mixed up (a) the recommendations
for the temporary conditions which will come
into force when the Women and Children's
hospital is moved into the third storey of
this hospital and (b) the permanent arrange-
ments which will take place when the
Station hospital is completely vacated. Unless
these two conditions are clearly separated

There are 480 beds. There
will be 500. I don't see
practical difference as
the number of beds
may be arranged in
the number of beds
needed in getting rid
the Fort Surgeon. But
at present the same
is

and kept in view confusion must arise.

3. My statement of the distribution of beds as given in para 2 of the G.O. has reference entirely to the temporary condition referred to in para 2 (a) of this minute. It is the only distribution at present practicable.

4. In my opinion the Resident Medical Officer has quite as much work as he can possibly attend to and it would be a decided mistake to put him in charge of beds. Surgeon General de Labeck had no practical experience of the working of a large hospital like this and consequently it would simplify matters if his recommendations were quietly put aside.

3. In these opinions I concur, as I think it would not be advisable to take the Resident Medical Officer away from the out-patient department which is under his charge and where he is the only European Commissioned Medical Officer who actually sees and prescribes for out-patients suffering from diseases of a general character in Madras.

4. The Senior Medical Officer further writes "5. In my opinion the Resident Physician, when appointed, and when the complete hospital is in full swing, ought to be relieved of

Mr. Hellen a man of 30 yrs. senior is now in charge of the female outpatients. The B.S. make some opinion on the most competent man - I will let him alone. MS

And Mr. Dr. Day. then we will let him, there will in future be 4 MS

This is an extraordinary way of writing for an official document. It is surprising that the President S.G. should, by forcing these comments on his predecessor, have endorsed them. I wonder what the authorities would say of the matter. I think both the S.G. & Dr. Price deserve a reprimand. MS

In para 3. he endorses them. It actually makes them his own. MS

I don't believe there is a hospital in the country where the Comm. Medical Officer sees the bulk of the outpatients. It is quite impossible that he should - In spite of the fact that the D.M. & S.O. is constantly on circuit & sees no other than at headquarters he has field things to see & does not possibly see more than the most serious cases among the outpatients. There are often 70 or 80 or more outpatients a day. How could he do more than see the worst cases? MS

now has beds - This should be First not Fort, I think MS

now has beds -

ward work and sent to work in the out-patient department female side. At present as additional Medical Officer he is in charge of beds."

5. In this proposition I do not concur, in my opinion the Resident Physician should be required to take his share of the beds, the out-patient department being left in charge of the Resident Surgeon with Apothecaries under him as at present. The Senior Medical Officer appears to forget that in para 4 of the G.O. under reference ^{the 10th} has ordered the designation of Additional Medical Officer to be changed to that of Resident Physician.

b. The Senior Medical Officer goes on to say "b. The G.O. seems to me to make a mistake when it states there will be seven Medical Officers in charge of 500 beds. The true number will be five as shown thus:-

- One Senior Medical Officer Administrator
1. Senior (Fort) Surgeon in charge of beds.
 2. Second Surgeon ——— do ———
 3. Third Surgeon (Professor of Anatomy) — do ———
now Fort Surgeon
 4. First Physician (Surgeon 2nd Dist) — do ———
 5. Second Physician ——— do ———

Resident Physician } Out-patients
Resident Surgeon }
but if the Third Physician asked for in the report of the Committee appointed by the Surgeon

in No. 210 of the 23rd August 1893 be sanctioned there will be six (not seven) Medical officers for charge of 500 beds - sixty three of the 500 will however be general and contagious beds so that there will be 437 to divide between the five (or six) officers."

7. The proposal of the Committee here referred to ~~to be~~ are now before Government in the Educational Department on the reorganization of the Medical College. The Senior Medical Officer correctly names 5 officers as available for charge of beds when the Fort Surgeon's services are made available. This with the Resident Physician as suggested by me makes 6 and if the Additional Physician is sanctioned by Government and the Right Honorable the Secretary of State we will have 7 officers to deal with 500 or practically 437 beds giving an average of 63 beds each. This in my opinion is rather higher than a Medical officer should be called upon to deal with every morning when he has clinical teaching to carry on as well as the examination of and actual treatment of his patients. I consider 50 beds quite enough for one clinical teacher to have to look

after daily and this was the opinion of one of the most experienced in clinical teaching of my predecessors, I mean the late Surgeon-General George Smith whose opinion on the subject is recorded in the Government Orders in the years 1874 and 1875 on the reforms then introduced into the General Hospital. If these suggestions are sanctioned and 7 Medical Officers made available for the charge of the beds in the hospital it will be in a better position than it has ever been and the work will be more in accordance with the capabilities of medical men to perform thoroughly. This subject will be finally dealt with by Government in the orders on the reconstruction of the Medical College.

8. The Senior Medical Officer further writes:-
"7. In para 4 of the G.O. it states 'the officer' - Additional Medical Officer - who will be, when the permanent arrangement referred to in para 2 (b) of this minute is completed, Resident Physician - 'should be required to take up his quarters at the hospital at once' as you have asked me for a 'report' on this part of the G.O. I have not given this order effect. I take this opportunity of stating that I know it will be most distasteful to the

Officers, and to point out that it is not usual to try to compel Commissioned Officers to live together - as a matter of fact the acting additional Medical Officer is married.

9. Some months ago I called on the Senior Medical Officer to direct the Additional Medical Officer who was then a bachelor to take up his quarters in the hospital and on his representation and after fully going into the question I found that it was impracticable and directed the Senior Medical Officer to make arrangements so that the services of one of the Commissioned Medical Officers should be always available in the hospital in case the Resident Medical Officer could not be present. This was done and I am of opinion that the Additional Medical Officer (Resident Physician) cannot be called upon to live in the hospital until he is provided with quarters and I think his designation ought not to be changed until the quarters are ready. I do not consider that two Commissioned Medical Officers should be called upon to live together in the quarters now provided for the Resident Medical Officer, there is not sufficient room nor the convenience which an official has a right to expect -

I expect this is just nonsense & that the quarters are much superior to the sort of places I lived in when I was a young man - I have even I don't object to improving the quarters if it is known to be necessary & so, but I don't like the idea of

This has nothing to do with the matter. But there are still plenty of bachelors.

meaning that they are not married & have been married long.

Whether the existing quarters can be enlarged by adding a third storey and the addition of the necessary subsidiary buildings and rooms is a question which I think should be referred to the Consulting Architect in consultation with the Senior Medical Officer.

10. When Surgeon Captain Brookesworth was selected as acting Additional Medical Officer it was not possible for one to suggest, a bachelor as I would have preferred. I do not consider the question of these officers being married or not is much matter. They are permitted by the rules of the service to enter it as married. If Government accepts my suggestion to prepare these quarters for two separate officers, the quarters which would be sufficient for a bachelor should suffice for a married man presumably without a family or at least a grown up family.

11. As to the three year tenure of appointment I would be very glad to see it, at least for one of these officers but this question has been fully dealt with by me in the proposals on the reconstruction of the Medical College. If both of them were to be restricted to

three years tenure, it would be necessary to make other arrangements in the College for the important chair of Pathology.

12. The Senior Medical Officer further writes:-

"The allotment of beds referred to in para 5 of this G.O. has reference to the temporary arrangement referred to in para 2 (a) of this minute. It seems to me that the wishes of Government can be practically met by not putting female patients into Munro and Elphinstone wards. This will leave 104 beds for females, which will be sufficient for the present, and until the permanent arrangement in para 2 (b) is brought into force". I concur in this suggestion.

13. I am not clear whether the "rough sketch plan" referred to in para 5 of the G.O. is to be made out for the temporary (a) or permanent (b) arrangement referred to in para 2 of this letter.

14. Is the statement called for in para 8 of the G.O. to be a mere copy of the proposition

statement referred to in para 1 of this letter or is it to contain the extra Medical officers, for if so it cannot be completed until orders are received on the Medical College reorganization scheme.

x I enclose a
Comm. officer being
put into a paper stated
M

I have the honor to be
Sir,
Your Most Obedt. Servant.

C. S. Brooke

Surgeon Major General

Surgeon General with the Govt. of Madras

9

+

Public 1895 Dept.

From

Surgeon Major Genl C. Subthorpe
F.R.C.S.
Surgeon General with the
Government of Madras

To Your
508

Dated 29th }
Received } July 1895
445

No

Subject

Submits reply with reference
to G.O. 570 of 9 July 1895
in connection with the
Combined General, Women
& Children's Hospital

Pub. C.O. 2299 of 1895 - abstract.
... 570 of 9-7-95 do
Medical College re-organization for ... of ...
Pub. 390 of 4-6-94
46 of 20-1-94
576 of 8-5-94

Public Department.

C. No. 2418.

FOR ORDERS

In G.O. 570 sanctioned the
7-7-95 Dr. Price endorsed
proposals of ...
... (see p.p. 2 & 3 of the paper sent)
... that 1 fully assist Surgeon
... in the ...
... 29 Civil apothecaries should in future
be attached to the ...
... was an increase of 3 Civil apothecaries. Before
doing so, I worked out the daily number
of ... each man would be on duty in
the manner shown in the annexed paper
marked ... from which it appears that
the number of ... daily which these
apothecaries will have to spend on duty
within the hospital walls (not including
time spent in coming to & returning from the
hospital) will average 7 1/2 ...
the consideration that med. officers, even
though subordinates, are expected to have
a little spare time for private practice, 7 1/2
hours a day in the hospital, with no sun-
days or holidays off, is really too much
to expect of them. Practically no doubt they
cannot do on Sundays. Operations are per-
formed; med. stores are not issued; books
are not written up; & so on. Otherwise
I don't see how they could manage. As to
things, are, therefore, if the hospital is to
be properly managed,
med. subordinates are necessary.

In considering these proposals, which
it will be observed, provide for med.
subordinates to deal with the outpatients,
I had in my mind, of course, Dr. De
Fabrick's proposal (vide page 3 of his
printed letter in G.O. 46 of 20.1.94) which
as far as I know has not before
been assented to. The Res. Physician should
Surgeon & the Res. Physician should
Each take a certain number of beds.
These four med. subordinates are of course
assisted by students of different standing (from
1 to 4 years) who do the rounds, make up the
dinner &c. ... provision is made
... that the ...
... the Res. Physician - they
... should not doubt see the more serious cases,
but I cannot imagine that the necessity
of doing so can prevent their attending
to a certain number of beds, for serious cases
cannot be of frequent occurrence among the
outpatients. I should accept Dr. De Fabrick's

The Surgeon-General replies

to G.O. No. 570, dated 9th July.

Both the Senior Medical
Officer and the Surgeon-General consider
that the Resident Medical Officer (the
Resident Surgeon) should continue in
charge of the out-patient department
and not be put in charge of beds. If this
is agreed to for the present and until
the whole of the station hospital
is handed over it is submitted that the
Senior Medical Officer should not be
relieved of beds. According to Dr.
Price's statement in G.O. 570 he would
be relieved of 36 beds and the Surgeon
and District would have charge of 83
beds, instead of the whole number
available in the Women and Children's
hospital. This is also a reduction & to
balance it the Second Surgeon's beds are
increased from 71 to 83, and the
additional Medical Officers from 74 to
83. The total number of beds distributed
is 418 among five officers. The Fort
Surgeon

Surgeon may now be counted on as the Sixth Officer and that would give an average of $69\frac{2}{3}$ beds each. It is submitted that no officer can attend to such a number of beds thoroughly and give clinical instruction as well. The object now should be to utilise the extra officers to reduce the number of beds in individual charge instead of, as the Senior Medical Officer proposes, to relieve himself and the Resident Physician (the present additional Medical Officer) altogether of the charge of beds. If the Senior Medical Officer retains for the present his 86 beds that will leave 382 beds to the six officers, or an average of $63\frac{2}{3}$ each, which is ample for one officer. Indeed the Surgeon-General thinks 50 ample.

With reference to para. 6 it is submitted that the Surgeon-General be told at once that the Govt. has no intention of asking the Secretary of State to sanction another officer for the hospital. Two additional have been provided, the Surgeon 2nd District and the Port Surgeon, and they must suffice. The Senior Medical Officer's proposals if adopted would amount to asking the

Secretary

I don't see this - we haven't got him yet & perhaps even shall get him
W

** Recommendations in paper of those now put forward. If this is decided on, I would let the Sen. Med. Officer give up his bed, as proposed, for I think the adverse charge of hospital & staff is enough to give him full occupation. If not, I would, as suggested, in the note, not allow him to give up his bed. In either case, I think it that the med. officers of the hospital will have enough to look after than they can look after properly together with their professional duties. But I don't see what we can do to prevent this. It would be useless, in my opinion, to ask India & the S. of S. to sanction another Sen. Med. Officer. I shall write further present, and we must get hold of the Port Surgeon until the new detention hospital is established close to the Port. This won't be for another year or two. In the meantime the S. of S. must manage at the Genl. hospital as best he can.*
W

Dr. Price objects to the word "Sen." in the S.O. of 9.7.95. But it is quite right, I think, thus:-
W

1. Surgeon (Braine)
2. Resident Do. (Piffard, ag.)
3. Asst. Physician (Robertson, ag.)
4. Second Surgeon (Williams, ag.)
5. Asst. Med. Officer (to be called Res. Physician) (Molamorth, ag.)
6. Surgeon, 2nd district
7. Port Surgeon.

I take the names from Civil List -
W

Scantly so; which would be absurd
W

I should say "impertinent"
W

I think it would be sufficient to say that it was very ill-advised
W

Quite so. The S. of S. really might know his own records
W

Secretary of State for another Commissioned Officer for the charge of the female out-patient department. Dr. Price should be informed that it is irregular for him to place on record that he considers a mistake has been made in an Order of Govt. because it does not fall in with views of his which have not yet been considered by Govt.

Para. 7 opens with a misstatement. The two Committees were distinct. The first dealt with the necessary structural changes in the Station Hospital and the revision of the Staff of the General Hospital on the amalgamation (G.O. 46, dated 30th January 1894). It was composed of Drs. Browne, Maitland and Hall. The other Committee discussed all questions relating to the reorganisation of the Medical College and consisted of Drs. Price, Brantfoot, Browne, Allison and Smyth. (vide Proof of papers, put up, the original being in circulation) The Surgeon-General's proposals regarding duties of Medical Officers in the Hospital and College are embodied in para. 10 of his letter No. 41, dated 18th January 1895 (in the proof). They do not vary much from recommendations

of the Committee embodied in the report with G.O. 46 of 1894.

It is submitted that it is a question for careful consideration whether the Govt. can afford to maintain so expensive an official as the Senior Medical Officer for purely administrative duties in connection with the hospital and college. Under the new arrangements he would neither lecture nor be in charge of beds. Are the duties which he would perform consistent with his rank and pay?

The order in para. 4 of G.O. 570 that the additional Medical Officer should be designated the Resident Physician and required to take up his quarters in the hospital at once has not been given effect to as the officer who has recently taken up the appointment is a married man. The Surgeon General reports that when the previous officer, who was a bachelor, was ordered to move into quarters it was found impracticable. *but he does not say why.*

There seems to be a strong feeling against compelling two bachelors to occupy the upper storied quarters now available. The Surgeon General suggests that the question

On the whole, I think this will be best. He will have consulting practice in the hospital & we can make him really responsible for the hospital expenditure, not of which alone no doubt a large proportion of his pay can be saved. In the other plan, it is proposed that he should be the off. of the district med. school - but I don't myself see why the S.G. himself should not do that work. *W*

The College Reorganization Committee discussed the question whether the Sen. Med. O. as the S.G. and be made Visitor of the Schools. They decided in favor of the Sen. O. because the S.G. has too much work & old he is supervising officers disproof of the P.M.O.'s reports. However, this may be decided the recommendation.

We have already decided that the addl. med. officer should be called the Res. Physician & should be made to reside. I consider this a most essential reform, because it removes it from the hospital, and how? offices always being in the hospital, and anything that may happen. I would not like the S.G. to propose at once the same plan unless we find more for the off. & to send him to live in the quarters. The S.G. does not explain why it was impracticable that two officers (both being at the time bachelors) should live in the quarters provided, & I should like to see notice given to prove that telling him that if he wants to prove that the two storied quarters are insufficient for 2 bachelors he should send up plans for 2 bachelors - as for the being distasteful, but I consider - as for the being distasteful, as Dr. Price says, to these officers & live together, how do men manage in Europe when provided with quarters, as in India? very the case both in India & in England? *W*

Long applies to the time when the hospital are fully occupied. *W*

If the quarters are sufficient for the two officers, they must reside there. & if not sufficient at present, they must be made *W*

Object altogether to married couples living in the hospital *W*

The S.G. must provide a "suitable bachelor" - or give proof that he cannot find one. It looks as if he were manufacturing difficulties. No doubt of it, I fear *W*
27/8

These questions may be asked, but it is difficult to judge without the any plan *W*

of adding a third storey to the building be referred to the Consulting Architect and Senior Medical Officer. There is, however, no guarantee that the provision of a third storey would remove all the existing objections and there is nothing to prevent the Surgeon-General from reporting afterwards that he cannot find suitable bachelors for the appointments and that there is greater reason against compelling two married couples or one couple and one bachelor to live under the same roof. There would appear to be some sentiment in the matter which judicious handling might have removed but which has been rather fostered by the Surgeon-General.

The proposal in para. 12 would reduce the number of female beds more than is desirable. The Senior Medical Officer makes the number 104 but has apparently omitted 4 for small-pox. This means only 86 beds for general cases, which it is submitted is insufficient. 10 14 are provided in either the Munro or Elphinstone wards 100 general beds or 122 in all would be available. It is doubtful though whether it is necessary to maintain so many as 22 specific beds. It may be hoped that not more than 12 of them will be required as there is no

chole 34

cholera or small-pox about. It so 110
beds could be provided for general
cases.

Orders on para. 18 are requested
It would be useful to have a sketch
showing each of the two arrangements.

Para. 14. Para. 8 of G.O. No. 570
called for a "proposition statement"
"exhibiting the entire changes proposed
"with reference to G.O. dated 31st May
"1895, No. 489". That G.O. contains no
mention of Medical officers.

The Surgeon-General's letter
is largely made up of extracts from
communications from the Senior Medical
Officers. If Govt. required that officer's
opinion in his own words the Surgeon-
General would have been directed to
call upon him for a report.

It is submitted that at a time
when there are so many important pro-
posals before Govt. relating to the
hospital requirements of the Presidency
town the Surgeon-General should be on
the spot so as to be able to report
after personal inspection instead of
being entirely dependent on his
Secretary and subordinate officers.

D. Price seems inclined to set himself against
everything that Govt. wishes done. He
is continually seeking to find fault
or to put forward obstacles to
what is a petulant and not altogether
subordinate manner. I have just

Let us have plans as things are
being arranged now. I can't well judge of
the future until we see how the
nurses are to be accommodated on
the 3rd floor. *W*

Quite so
W

W

I think the same may be said of the
S.G. *W*

DEPARTMENT.

I think it is desirable that the S.G. should
go back to the S. G. and see the order carried
out. He [the S.G.] seems unable to have been
here whilst so many medical questions are
pending, but, as the time will be long, he
can come up again. I have the responsibility
of the medical corps upon me now.

8/8/95

C. No.

I am not sure that the S.G.
being up here is not a mistake
by fault of his. I have
about full of papers containing
proposals for the improvement
of the Sub. Med. Dept., which
I have been constantly bringing
to him with him & he has
been staying on (at least so he
has told me more than once)
in the hope that I'd do so. But
I have never been able to find the
time, nor do I know that
I can't hang on to these questions
properly until I can settle
the pending questions regarding
the reorganization of the Med.
College. I should say he had
better be told to go down & see
the order of Govt. carried out. He
can come up again if wanted
for the other matters. But I don't
think he should be blamed for staying
up as he has done, for the
fact it is a mistake of my fault,
if anyone's, as his.

There is a great deal of truth in this.
The S.G. doesn't seem to under-
stand that if he passes on
objectionable language he is
himself responsible for it.

W
are

8/8/95

dealt with a paper in which there is
obscure in a marked degree (Departmental
purchase of articles of bulk)
The S.G. remains up here - he has been
here almost ever since Govt. has come
up and has no intention of moving.
and I submit that it is an important
measure such as the present is, that
it is his duty to be in London and
to see things for himself and to settle
the difficulties which are raised,
by personal discussion and personal
influence. Instead of doing this
he remains up here, does nothing except
helter and skelter at the head of
Govt. whenever he has the opportunity
the effusions and objections of
a petulant and fractious officer making
no attempt to check his language
or to put matters clearly and

34

before Capt. Some after time he does
the same thing and I have known
them once had to send his letters
back to him because they have
been given to a
bundle of correspondence with
his subordinates and have
in themselves afforded no information.
I submit that he should know
so down to what an extent he knows
if he cannot evolve a satisfactory
solution of the matter with
regard to which so many difficulties
are being ^{made} ~~known~~. It is a pity
that I have not been able
before this intended release

RD
8/8/95

FOR ORDERS.

5 Circ

X.

Subordinate Med. officers in the Genl Hospital.

See officers of this class
are proposed, vide pp 243
of the paper marked A sub-
mitted with the S. G. letter
of April 18, 1895, in S. O. 570
9.7.95.

I calculate the average number
of hours each of these officers
will be on duty every day in
the following manner, exclusive
of time spent in coming from
returning home:—

I. All ten have to be on duty
from 7 to 11 A.M. daily
 $10 \times 4 = 40$ 28

II. The Med. Asst. Surgeon & the
Apothecary who assist him will
have to stay on after they have
got rid of the out-patients for
several hours, say until 2 P.M.,
to give out med. stores, write
up books &c.

$2 \times 3 = 6$

III. When the men shown in II
leave, two other men should
assume duty, under the arrange-
ment by which (vide para 2
(6) of the S. G. letter above
quoted) two men of this class
should always be present in the
hospital. These men will stay
on duty until 7 A.M. next
day, when they will take their
turn of morning duty before going
home—

$2 \times 17 =$

34

i was a census
of the number of
= 40

11/1
27/1

Brought over

68

IV. In the afternoon of each day
(as the S.S. informs me) the Absol
theories attached to the several
wards should look in for a couple
of hours to attend to specially
serious cases. When by a man
is on duty under III. no such
special visit will be needed,
perhaps. There are 5 Apollonius
attached to wards - Say 3
look in for an afternoon. It is
to have

$$3 \times 2 = \underline{6}$$

Total daily hours of duty 74
Deduct work of Absol & Apollonius
this work under head I } 14
and II

Balance duty of the unit of eight 60 + 12 (error in first calculation)
or $7\frac{1}{2}$ hours a day apiece. = $76 - 8 - 4$
4 hours a day is too much

N.B. These remaining eight will
spend one night in form at the
hospital away from home.

RD
8/8/95

His, but what can be done?

W
2000

RD
2/8/95

Public Dept

C. 2418 & notes -
Submitted to H.E. the
Governor. The file was
detained to enable a
reference to be made
to H.E. the district Genl
as to the instruction of his
No. 109 of 19 July (C. 2299)
The H.E. took it to mean
that the Army Medl.
Offr. could not be spared
until the Detention
Hospl. was completed, but
there seemed reasons to
understand from the
letter that an officer
could be spared at
once. This is confirmed
by the telephone mess.
age recd. from H.E. the
dpt Genl today, C. 2673.
Unfortunately, on recon-
sideration, H.E. ^{in 4 minutes} considers
that the question of Mily
taking over the duties
of the Fort-Surgeon must
be deferred until the Detention
Hospl. is ready for occupation.

RD
16/8/95

RD
16/8/95

Convey ~~a~~ ~~trust~~ ~~springing in~~ ~~for~~ Price

~~future to uphold the dignity of his
position as head of the Medical Dept.~~

2. In ~~the same~~ ^{the San. Med. Offr's} statement which accompanied the Surgeon-General's letter No. 393, dated 15th June 1895, ~~the~~

was proposed that the subordinate
medical staff of the General Hospital
with the H & C's Hospitals,
after the amalgamation, consist of the
following. - one military Assistant
Surgeon, ^{three} Civil apothecaries, ^{five} hospi-
tal assistants and ^{six} compounders. This

~~shows~~ ^{accents} an increase on the present estab-
lishment of ^{three} Civil apothecaries, ^{two} ~~and~~ ^{two} compounders,
hospital assistants. After careful con-
sideration the Govt. ~~decided~~ ^{has} not to

withhold its approval to the proposed
ditions ~~in accordance~~ which provided for ^{four} ~~3~~ medical
subordinates to deal with out-patients.

the Govt. ~~with~~^{has} in view Surgeon-General
C. F. Beck's proposal (vide page 3 of
N^o. 5524/2-11-93
his letter ⁱⁿ G.O. No. 16, dated 20th
January 1894) that the Resident Surgeon

and the ~~resident~~ Physician should each
be in charge of a certain number of
beds. This seems only reasonable in
the provision made for the out-patient#
apt³: appears to be ample without the

...and presence of either of the
officers

3 The tone and language of
the letter adapted by him to
the needs of his hearers, and
[I think we sh^d. here add.]
The Govt. much regrets that in the interests
of discipline it has been compelled to make these
remarks, in the case of an officer, whose excellent
work at the General Hospital
has done so much for that Instⁿ.

I suggest their addition as Dr. Price has
worked like a slave - day after day - for
more than 12 hours a day - & has no doubt
been much overworked. He is senior in service
to the S. G. and tho' he deserves rebuke, it wd
I think be more becoming to good
if it let him down easy. W

* Para 6 of go. 570 of 9.7.95.

5.

These are all good but to be remembered with white hair in the book life - "Resident being sent back, in charge of cultivation".

* He would also have consulting
practice in the Hospital and
would be held ~~fully~~ responsible
for all expenditure connected with
that institution.

Print [] - contained, and
 then was shown in red ink
 W
 I think it may be named as
 altered H W
 —

officers named. It is no doubt necessary that they should personally attend to the more serious cases among out-patients; but this ~~cannot prevent~~ ^{should not interfere with} their attending to a certain number of beds, ~~for~~ ^{as} serious cases cannot be of frequent occurrence among out-patients. Unless ^{they} both ~~are~~ ^{are} ~~able to~~ ^{are} ~~hold~~ ^{are} ~~charge~~ ^{are} ~~of~~ ^{are} ~~some~~ ^{are} ~~beds,~~ ^{are} ~~it~~ ^{are} is impossible for the Senior Medical Officer to relinquish his. The Govt., however, considers that there is sufficient work for the latter officer in the administrative charge of the Hospital

and the College. The Surgeon General should propose a revised distribution of beds accordingly. Even when ~~the~~ ^{an} increased number of medical officers is available, it ~~is~~ ^{may} ~~not~~ ^{will} be possible to reduce the number of beds allotted to each to such a minimum as ~~they could~~ ^{is desirable} thoroughly ~~look after~~ ^{attend to} in addition to their professional duties. It is probable however that the beds ~~would~~ ^{will rarely or} never be fully occupied.

8. With reference to para 2 of the Surgeon-General's letter under disposal, it is observed that in ^{the} ~~the~~ ^{have} ~~the~~ ^{my} ~~temporary~~ arrangement, ~~possibly~~ the whole

0 f

of the ^{Station} ~~building~~ hospital ^{building} ~~becom~~ ^{becom} ~~ing~~ ^{ing}

available, there are 481 beds to be provided for out ^{future} a maximum of 500.

There is ~~no~~ ^{readily} ~~practical~~ ^{medically} difference

as regards the number ^{beds} to be distributed, ~~but there is~~ ^{now and then}

in respect of the ~~available~~ ^{available}

medical officers ~~as the~~ ^{as the}

Fort Surgeon ~~will be~~ ^{cannot} be ~~entirely~~ ^{entirely} after the comple-

tion of the Detention Hospital. ^{the}

Govt. has no intention of requesting

the Secretary of State to sanction

another medical officer for the com-

bined hospitals. In this connection

it is ~~remarked~~ ^{the remark} that the Senior Medical

Officer's proposals, if adopted, would

amount to ~~requesting~~ ^{requesting} the Secretary of State

to ~~sanction~~ ^{sanction} another commissioned medical offi-

cer ^{solely} for the charge of the female out-

patients dept. The arrangements that

already exist for carrying on the work

of this branch are, ^{however} in the opinion of

Govt, suitable and ample.

4. The Senior Medical Officer

has remarked that G.O.No.570, ~~dated~~ ^{dated}

9th July 1895, seems to ~~make a mistake~~ ^{make a mistake}

in stating that ~~there will be~~ ^{there will be} medical

officers in charge of 500 beds. The

Surgeon

Surgeon General will inform that officer

that it was very ill-advised ^{on his part} ~~to~~ ^{to}

place on record ~~the opinion that~~ ^{he considers a mis-}

take has been ~~do in an~~ ^{do in an} Order of Govt ~~that~~

bec ~~it does not fall~~ ^{it does not fall} in with views

~~held by him~~ ^{held by him} ~~not yet~~ ^{not yet} been considered

~~the number~~ ^{the number} to be perfect-

ly correct as will be seen from the

following list:-

1. Surgeon
2. Resident Surgeon
3. Assistant Physician
4. Second Surgeon
5. Resident Physician
6. Surgeon, Second District
7. Fort Surgeon.

As remarked above, the services of the last-named officer will not be available until the Detention Hospital has been completed, but neither will the additional accommodation in the Station Hospital building.

5. Para 7 of the Surgeon-General's

letter opens with this statement, which ~~should not have occurred~~ ^{should not have occurred}

~~is very discreditable~~ ^{is very discreditable} The two Committees

~~are quite~~ ^{are quite} distinct. The first

dealt with the necessary structural

changes in the Station Hospital and the

revision of the ~~General~~ ^{General} staff of the

General Hospital on the amalgamation.

It was composed of Drs. Browne, Maitland

mis-statement implies deliberation -
low. say "inaccuracy".

The second Committee discussed all questions relating to the re-organization of the Medical College and consisted of Drs. Price, Branfoot, Browne, Allison and Smyth, and their proposals are at present under the consideration of Govt.

~~James~~ he directed him to reside
at the hospital ~~and at the~~ ^{but having on a representative from here}
~~after going~~ ^{being} fully into the question,

(Govt. considers it most essential that there should be two officers resident on the premises so that one night always be in the hospital ready for any emergency. If the existing quarters can be proved to be insufficient ~~another~~

~~enumeration~~ ^{for} the legislature, the necessary
information

the present ~~Additional~~ ^M Medical Officer by a suitable bachelor or ~~or~~ submit ^{ing} proof that the services of one are not available. As at present advised, the Govt. is not satisfied that sufficient reason exists why two bachelors should not be ~~compelled~~ ^{required} to reside in the existing quarters. With reference to the concluding portion of para 10 of his letter the Surgeon-General will be informed that the Govt. ~~totally~~ ^{strongly} disapproves of married couples living ~~in the barracks~~ ^{in the hospital} ~~arrangements~~.

7. The proposal in para 12 would reduce the number of female beds more than is desirable. The Senior Medical Officer makes ~~about~~ the number ~~as~~ 101, but ^{he} has apparently omitted ^{the four} for small-pox. This means only 86 beds for general cases, which seems insufficient. If 14 are provided in either the Munro or ^{the} Epiphinstone ward, 100 general beds or 122 in all would be available. It

'seema

seems doubtful whether it is necessary
to maintain for the present so many
as 22 beds for ^{contagious} specific diseases. If that
number could with safety be reduced ^{to}
12, 110 beds ^{would be available} for
general cases. The Surgeon-General
will report on the matter.

8. The sketch plan ^{submitted} called
for by Govt. should show the arrange-
ments proposed to be carried out ^{at once}.
^{It} should ^{be} ^{clear} ^{how} ^{it} ^{is}
^{intended} to accommodate the nurses on
the ^{third} floor.

9. The question in para 14 ^{is} ^{not} ^{understood}.
^{to be} ^{appears} ^{to be} ⁱⁿ ^{the} ^{statement}. It is not
usual to include ^{Commissioned Officers} ^{are} ^{not} ^{included}
in proposition statements nor is any
mention made of them in G.O. 439 dated

31st May 1895. ^{26/8/95}
10. In conclusion the Govt.
cannot but regret to notice the spirit
of opposition which has recently been
displayed by certain officers of the
Medical dept: to carrying out its wishes.

The exertion and time which have been
expended in seeking to raise obstacles
in the way of a compliance or to
find fault with the ^{instructions} instruc-
tions of Govt. ^{have} ^{could} ^{be} ^{better} ^{spent} ⁱⁿ
endeavouring to carry out ^{these} ^{instructions} ⁱⁿ
in place before the Govt. in

a becoming manner any matters which
really ^{required} ~~required~~ further consideration.

from orders.

703
24/8/5.

To the Surgeon-General

This is all quite true.
Yes. I think Dr. Price has received
enough - & it must not be forgotten that he
has done admirable work in the hospital,
in spite of the drawbacks noted.

Medical Staff of the General Hospital

(FROM ORDERS)

Hon: H. W. Bliss. C.I.E.

Hon: J. Grose.

Resubmitted with
reference to His Excellency the
Governor's addition and
alterations.

25 B.
for C.I.
28/8/5
Seen and approved

BM
29/8/5 JG
29/8

When given for copying
When copied
When examined
When signed

189.

READ AGAIN G.O., No.
189

DATED

ARRANT No.

ENCLOSURES TO C. No.

ORDER OF GOVERNMENT

A A A A A A A

LETTER OF GOVERNMENT.

MENT WITH DITTO.

NOT FILED UP, BEING MEANT FOR DESPATCH
IN ORIGINAL.

N.B.—

A = Copy in full.
B = Not to be copied
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17-4-12 ✓

5-11-13 ✓

16-5-14 ✓

12-4-14 ✓

29-1-07 ✓

23-12-13 ✓

19-5-14 ✓

2-8-17 ✓

16-5-19 ✓

22-1-23 BIT

1-2-24 BIT

3-7-28 BIT

Public W

J. D. No. 23-24, Dated 30.8.1898

22.6.62 10/20 c. L. inf AL

Per two

23/7/60

[illegible]