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[Despatch Abstract.]

ANNUAL REPORTS OF HOSPITALS AND DISPENSARIES.
IN INDIA,

Communicating, with remarks, to the Surgeon-General, a letter
from the Government of India forwarding a review of the---by Dr.
Cleghorn, Surgeon-General with the Government of India.

BACK PAPERS.

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

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No. 227, PUBLIC, 14TH FEBRUARY 1896.

GOVERNMENT OF MADRAS.

PUBLIC DEPARTMENT.

READ—the following paper :—

From J. P. HEWETT, Esq., C.I.E., Secretary to the Government of India, Home Department (Medical), to the Chief Secretary to the Government of Madras, dated Calcutta, the 28th January 1896, No. 2-Medical—69.

I am directed to acknowledge receipt of the "Annual Statistics of the Civil Hospitals and Dispensaries" for the year 1894, together with the orders of the Madras Government thereon, and of the report and statistics of the State Hospitals in the Presidency Town of Madras, which were forwarded with your endorsements, Nos. 747 and 713, dated 7th September 1895 and 28th August 1895, respectively.

2. In order that all Local Governments and Administrations may be able to compare the results achieved in the territories under their charge and in other parts of India, respectively, it has been considered desirable to embody in a single note a general review of the various reports on hospitals and dispensaries. A copy of the note, prepared by the Surgeon-General with the Government of India with this end in view, is accordingly forwarded herewith for the information and consideration of His Excellency the Governor in Council.

3. I am to say that the Governor-General in Council notes with much satisfaction the commendation bestowed by the Surgeon-General upon the excellent management of the hospitals in the town of Madras. The Government of India hope that the Madras Government will consider the advisability of changing the system of compiling the returns for the Presidency town, as suggested by the Surgeon-General in paragraph 43, in order that there may be uniformity in the plan followed for the three Presidency towns. I am to invite the attention of the Governor in Council to the remarks contained in paragraph 85 of the Surgeon-General's note on the need for greater care, generally, in the compilation of figures for the return, and to those in paragraph 87 on the need for more attention being paid to the out-patient department of the hospitals in the Presidency towns.

ENCLOSURE.

Note by the Surgeon-General with the Government of India on the Annual Reports on Hospitals and Dispensaries in India for 1894.

1. It has hitherto been the practice to review separately the yearly reports of hospitals and dispensaries submitted by Local Governments and Administrations. It was impossible under such a system to compare the results in each province with those of the others, or to thoroughly appreciate the extent of medical and surgical relief which is yearly afforded gratuitously to the people of India. It therefore appears desirable, both from an Imperial and local point of view, to consider the figures collectively, and, when sufficient data are available, to compare the results in each province and to indicate the possible lines on which improvement may be effected.

2. The experience of the whole of India will thus be available for the information and guidance of all medical officers in civil employment, and there is every reason to hope that the knowledge thus obtained will be followed by beneficial results.

3. The returns from the hospitals and dispensaries under the Local Governments of Lower Bengal, Madras, Bombay, North-West Provinces and Oudh, the Punjab, and from those under the administrations of the Central Provinces, Assam, Burma and Hyderabad Assigned Districts,

are considered in this note. Those from the latter were due in the office of the Home Department of the Government of India on the 1st June, but the returns from Assam and the Hyderabad Assigned Districts were not received until the 13th July and 18th June respectively.

4. The returns from Local Governments are due on the 1st August, but were not received from Bengal until the 7th August, from the Punjab on the 19th August, from Madras on the 19th September, and from Bombay on the 11th and 16th October. There is no reason why the returns should not be forwarded on the dates prescribed. The delay, however, in submitting this note has not been due to the late period on which some of the returns were received, but to the impossibility of my arriving at correct conclusions until I had become personally acquainted with the systems pursued and the local conditions existing in the Madras and Bombay Presidencies.

5. The hospitals and dispensaries in Native States are under the control of the Foreign Department, and the returns from them are submitted to that department. It seems desirable that they should in future be included with those of the rest of India.

6. The returns now under consideration refer to 2,116 hospitals and dispensaries, which are officially divided into three classes. Those in Class I, number 205, including 46 in the Hyderabad Assigned Districts, are entirely supported by the Government. There are 1,508 in Class II; and these are wholly supported from Local funds; those in Class III are either supported by private individuals or partly aided by Government; of the former there are 261 institutions and of the latter 142.

7. These hospitals and dispensaries are, as a rule, inspected once every three months by the medical officer of the district, and are under the general supervision of the Civil and Administrative Medical Officer of the province. In Madras and Bombay these inspections are limited to one every year, and in the latter Presidency the District Medical Officer exercises neither administrative nor executive authority over the hospitals and dispensaries in his district—his duty in connection with them being limited to the yearly inspection. They are worked by the local bodies concerned, acting under the advice of the Administrative Medical Officer.

8. In Lower Bengal, a large proportion of the district hospitals and dispensaries are in charge of medical subordinates, who are not Government officials but are entertained by the local bodies, and over whom the Inspector-General of Civil Hospitals exercises little or no control. These institutions are managed by the local bodies which support them, assisted by the non-medical officials of the district.

9. The District Medical Officers in the different provinces comprised in the Bengal Presidency are supposed to inspect their dispensaries once every quarter. They are able as a rule to do so, because their districts are comparatively of small extent and the communications are fairly good. They are encouraged by the different Governments to make such inspections in the belief that they are necessary to efficiency. During the absence of the medical officer from headquarters, his duties are discharged by an Assistant Surgeon, who is invariably in immediate charge of the Sadr hospital.

10. In the Madras Presidency the districts are large, the roads are not always in a suitable condition for travelling, and the number of district dispensaries are greater than in the other provinces. In one district which I visited there were 36 dispensaries, besides large institutions 12 to 100 miles from the Sadr station.

11. The administrative control of these dispensaries is practically vested in the District Medical Officer. His clerical work in connection with them is consequently large, more perhaps than is necessary, and this, combined with the difficulties noted above, render it almost impossible for him to inspect the district dispensaries more than once a year. On the other hand, his establishment, both clerical and medical, is on a liberal scale. There are two or three hospital assistants attached to the local hospital, with a large staff of compounders. There are two or three hospital officers of the Assistant Surgeon class who acts as his personal assistant. He has in addition station duties in his absence. The services of this Assistant Surgeon might possibly be more fully utilized in connection with the inspection of the district dispensaries or in admitting of the more frequent absence of the District Medical Officer on such duties.

12. The arrangements in the Bombay Presidency are entirely different to those described above. The District Medical Officer or, as he is called, the Civil Surgeon, has absolutely no control over the district hospitals and dispensaries; he merely reports to the Surgeon-General through the local boards the results of his yearly inspection. The returns and accounts pass through the local board to the Surgeon-General with the Government of Bombay.

13. The head-quarters station hospital is under the immediate charge of two hospital assistants, one of whom usually discharges the clerical work of the Civil Surgeon's office—there being no establishment sanctioned for the purpose. The Civil Assistant Surgeons are in charge of the more important district hospitals. The Civil Surgeon, when he leaves the station on inspection duties, makes over charge to the senior of the two hospital assistants; so that there are administrative difficulties preventing the Civil Surgeon leaving his station. Those could be

obviated by placing one Assistant Surgeon in charge of the Sadr hospital and transferring the hospital assistants to the charge of those in the district. It seems also desirable, from an administrative and medical point of view, that the Civil Surgeons should be permitted to exercise authority over the medical institutions in their respective districts and that they should be provided with an office establishment to enable them to discharge the duties.

14. The 2,116 hospitals and dispensaries included in the returns are distributed as follows:—In Bengal 395, in Madras 479, in Bombay 307, in North-West Provinces and Oudh 336, in the Punjab 255, in the Central Provinces 117, in Assam 93, in Burma 88, and in the Hyderabad Assigned Districts 46.

15. For that portion of India comprised in the returns, there is one such institution for every 454 square miles, and in Lower Bengal there is one to 384, in Madras one to 294, in Bombay one to 407, in North-West Provinces and Oudh one to 320, in the Punjab one to 437, in the Central Provinces one to 739, in Assam one to 533, in Burma one to 1,948, and in Hyderabad Assigned Districts one to 385.

16. As regards population, there is one hospital or dispensary to every 108,616 of total population, and in Lower Bengal one to 180,625, in Madras one to 71,683, in Bombay one to 87,819, in North-West Provinces and Oudh one to 139,598, in the Punjab one to 81,830, in the Central Provinces one to 110,639, in Assam one to 58,890, in Burma one to 92,023, and in the Hyderabad Assigned Districts one to 62,979. It is evident from the above that Lower Bengal is the most backward of all the provinces in affording medical relief to its population.

17. The total number of patients, both in and out, treated at these hospitals and dispensaries during the year, amounted to 18,893,231, or a percentage of 8.22 of the total population in the areas to which the figures refer.

18. The relief afforded varies greatly in the different Governments and Administrations. It is highest in the Punjab where 16.67 of the population were treated, and lowest in Lower Bengal where the percentage was only 3.6. In Madras it was 11.1 per cent., in Bombay 9.04, in North-West Provinces and Oudh 8.4, in the Central Provinces 9.28, in Assam 9.22, in Burma 7.05, and in the Hyderabad Assigned Districts 12.06. It may be concluded from these figures that the hospitals and dispensaries in Lower Bengal are not so popular as they are elsewhere and that the minimum amount of work is performed at these institutions.

19. Of the total number of patients treated, 339,112 were returned as in-patients, of whom 57,318 were admitted into the State hospitals in the cities of Calcutta, Madras and Bombay.

20. The average number admitted into those district dispensaries where there is accommodation for such patients was—in Lower Bengal 244, in Madras 229, in Bombay 229, in North-West Provinces and Oudh 288, in the Punjab 304, in the Central Provinces 213, in Assam 332, in Burma 780, and in the Hyderabad Assigned Districts 133.

21. The expediency of maintaining an establishment for the treatment of in-patients, in many of the district hospitals, is considered extremely doubtful. The rural population have a great objection to be treated as in-patients in these hospitals, and in many instances an establishment is kept up to meet the requirements of patients who are merely admitted to occupy the beds but who are not likely to receive any benefit from treatment. The money expended in this way might, it is suggested, be much more usefully employed in improving the arrangements for treating out-patients and in extending the dispensary system, purely as a prescribing and dispensing one; but this is a question for the consideration of local officers, as they are best able to judge as to the requirements of particular localities.

22. The average number of out-patients treated at each district hospital and dispensary was—in Lower Bengal 5,852, in Madras 7,808, in Bombay 7,761, in the North-West Provinces and Oudh 11,555, in the Punjab 13,426, in the Central Provinces 10,185, in Assam 5,359, in Burma 6,159, and in the Hyderabad Assigned Districts 7,495. The arrangements for treating out-patients in Lower Bengal, Madras and Bombay are apparently susceptible of improvement. The defects in the former are undoubtedly greatly due to local management, and in the two latter the system is too complicated, and the clerical work in connection with the registration of patients is far more elaborate than is the case in the North-West Provinces and in the Punjab. The tendency appears to be to place more weight to the details of registration than to the expeditious treatment of the patient. If the system in force in the northern provinces were introduced, the patients would be benefited, their number would be increased, and the establishment now employed in connection with registration, and that entertained for dispensing medicines, could be considerably reduced, without interfering with the efficient treatment of the patients. The medical subordinates now employed on such duties would then be considered as superfluous.

23. The percentage of Hindus to the total population is 89.7 and of Muhammadans 21.47, and the percentage of Hindus treated to the total population of the class was 7.2, and of Muhammadans to their total population 11.3. Of the total patients treated 61.2 were Hindus and 30.4 Muhammadans, so that the figures, taken as a whole, show that the Muhammadans, to a greater extent than the Hindus, appreciate our system of treatment. When, however, the returns from

the Central Provinces and Hyderabad Assigned Districts show that 86.0 and 62.8 per cent. of the Muhammadan population were treated, there is every reason to doubt the accuracy of the figures. In the Punjab the dispensaries are apparently more popular with the Hindus, as 18.4 per cent. of the population of the class were treated, while only 16.1 per cent. of the Muhammadan population attended. It was, however, the reverse in the North-West Provinces and Oudh, where four-fifths of the population are Hindus, but only 6.3 per cent. of them were treated, while the Muhammadans were represented by 19.8 per cent. of their population. In the case of other Governments the percentage of attendance to the population of the class was—in Lower Bengal, Hindus 3.5, Muhammadans 3.6; Madras, Hindus 9.2, Muhammadans 21.7; and in Bombay, Hindus 7.9 and Muhammadans 14.3.

24. Of the total number of patients treated 53.1 per cent. were men, 18.5 per cent. women and 28.4 per cent. children. The percentage of women treated to total patients in the different provinces was—in Bengal 15.8, in Madras 21.0, in Bombay 18.3, in the North-West Provinces and Oudh 19.2, in the Punjab 19.4, in the Central Provinces 15.6, in Assam 12.7, in Burma 16.6, and in the Hyderabad Assigned Districts 14.5.

25. It is unnecessary to refer in detail to the diseases for which the patients sought relief. More than one-sixth, or 17.5 per cent., attended for malarial fevers. The highest percentage was 25.9 in the Hyderabad Assigned Districts, and the lowest 9.9 in Madras. In Bengal and Bombay the percentage was practically the same, or about 20 per cent. in each. Besides this itously by district officials, and 5-grain packets of the same drug are now for sale at nearly all the district post offices throughout India. This latter system was first introduced in Lower Bengal, and the sales in 1894 in that province amounted to 1,931,000 packets.

26. The numbers returned as suffering from diseases of the eye represent a percentage of 8.3 on total treated. In Assam and Lower Bengal the percentage was only 1.5 and 3.1 respectively. In the other provinces the difference from the total percentage was not so marked, ranging from 7.5 in the North-West Provinces and Oudh to 11.2 in the Hyderabad Assigned Districts.

27. The cases treated under the heading "Worms" were equal to a percentage of 4.7 on the total. The numbers vary greatly in the different provinces, being from 0.3 per cent. in the Punjab to 13.9 in Assam. In Bombay the percentage was 9.5, in Burma 7.4, in Madras 5.8, in the Central Provinces and in Bengal each 5.3, in the North-West Provinces and Oudh 2.5, and in the Hyderabad Assigned Districts 2.1.

28. The attendance for venereal diseases of all kinds gives a percentage of 1.7 on total treated. These affections were most prevalent in Burma, where the percentage was 3.9.

29. The surgical work at dispensaries forms an important part of the practice, and the number of operations performed amounted to 953,561 or 5.04 per cent. of the total cases treated. Of the above, 84,801 were returned as major operations, 14,555 of which were performed in Lower Bengal, or an average of 36 to each institution, 9,122 in Madras with an average of 19, in Bombay 7,905 with an average of 25, in North-West Provinces and Oudh 27,728 with an average of 82, in the Punjab 19,812 with an average of 77, in the Central Provinces 3,260 with an average of 28, in Assam 896, in Burma 818, and 705 in the Hyderabad Assigned Districts.

30. The division of surgical operations into major and minor is an arbitrary one, and the figures are liable, without careful scrutiny, to lead to wrong conclusions. Many of these major operations, such as trichiasis, pterygium and several others, are, as generally performed, of a trifling character, and are extremely common in certain districts of India, while in others they are seldom met with. By a mere numerical multiplication of such operations and by following the letter, and not the spirit, of the rules on the subject, it is an easy matter to swell the list of major operations. A revision of the rules regarding the classification of surgical work is necessary to render the returns more uniform in all the provinces.

31. The great prevalence of cataract throughout India has raised the operation of extraction of the lens to one of primary importance in the surgical work of hospital and dispensary practice, and the numbers operated on are increasing year by year. During 1894 there were 19,878 cases of cataract, which were operated on by extraction of the lens, and 88.4 per cent. were returned as cured.

32. The North-West Provinces and Oudh heads the list with 9,222 extractions, followed by the Punjab with 5,305, Bengal with 2,698, Madras with 1,233, the Central Provinces with 949, and Bombay with 407.

33. Of the operations in Madras, 1,090 were performed in the Ophthalmic Hospital in the city of Madras; and of those returned from Bombay, 294 were performed in the city hospitals and only 113 in the district ones.

34. Cataract cases may not be as common in Madras and Bombay as they are in Northern India, but there can be no doubt as to their existence in considerable numbers. It is, however, only a few officers who have as yet discovered them and have been able to induce the subjects of them to submit to operation.

35. Four thousand operations were performed for removal of stone from the bladder with a mortality of 6.1 per cent. Of these, 1,781 were removed by cutting operations with a mortality of 9.7 per cent., and 2,219 by crushing, either by lithotripsy or litholapaxy, with a mortality of 3.3 per cent. The cases operated on in each province, with the results, were as follows:—

	Total cases.	By cutting.	Percentage of deaths.	By crushing.	Percentage of deaths.
Punjab	1,757	521	10.0	1,236	3.4
Bombay	894	394	10.7	500	2.4
North-West Provinces and Oudh	845	517	7.5	328	4.0
Lower Bengal	245	150	10.1	95	3.2
Central Provinces	158	115	12.1	43	11.6
Madras	38	30	16.7	8	No deaths.
Burma	27	20	10.0	7	
Hyderabad Assigned Districts	27	25	20.0	2	
Assam	9	9	22.2	..	..

36. These figures, as regards mortality, cannot be accepted as strictly accurate, because the patients are not unfrequently removed from hospital by their friends before the results can be known.

37. It is hardly necessary to enter into any details regarding the cost of maintaining these hospitals and dispensaries. Any comparisons regarding the expenditure under the different headings must be more or less fallacious, as the local conditions and circumstances vary so widely under the different Governments and Administrations.

38. It is merely necessary to note that in the later established Governments of the North-West Provinces and Oudh, the Punjab and the Central Provinces, the hospitals and dispensaries are worked much more economically than they are in the older ones of Lower Bengal, Madras and Bombay, particularly as regards establishment, European medicines and contingencies.

39. The supply of European medicines to the institutions of the North-Western Provinces and Oudh, judging by the expenditure, must be inadequate for the proper treatment of the patients.

40. There is a rule in Bombay under which those patients who are known to be in good circumstances pay a fee of eight annas for medical advice and three annas for a two days' supply of medicine. In an out-door dispensary which I visited in the City of Poona, the sum of Rs. 609 was expended in the purchase of European medicines, and Rs. 479 were realized by these fees.

41. In the Punjab similar patients pay for medicines or receive them free if they subscribe to the funds of the dispensary, but considerable difficulty is found in obtaining the amounts due.

42. Under the directions contained in Home Department Circular No. ^{2-Medl.} 227-236, dated 9th May 1891, to all Local Governments and Administrations, separate reports are submitted for those Presidency hospitals which are not included under the dispensary rules. Butla 50, 23

43. In the reports received from Calcutta and Bombay, the returns from all hospitals and dispensaries in those Presidency towns appear to have been included, but in that from Madras the returns of several important institutions have been omitted, and have been included in the report on civil hospitals and dispensaries. As the former arrangement appears to be the most satisfactory from all points of view, the Government of Madras might be asked to follow it in future. 10-9

44. The particulars regarding the attendance of patients at the hospitals and dispensaries referred to in these reports have already been included in the figures relating to the whole of India, and the work only of particular Presidency hospitals will now be noticed.

45. The returns from the Medical College Hospital, Calcutta, include those from the Eden, Ezra, and Ophthalmic hospitals, all separate institutions, but are under the general superintendence of the Principal of the Medical College, who manages their financial arrangements.

46. The divided responsibility in these and other hospitals similarly situated is perhaps a disadvantage, and it would probably tend to greater efficiency if the officers who treat the patients were also invested with the entire control of the institutions and held responsible for their general management.

47. It seems desirable that separate returns on the authorised statements should be submitted for these hospitals, as is done in the case of Madras and Bombay.

48. In Calcutta, with a population of 798,166, there are twelve hospitals and dispensaries, either entirely or partly supported from Government funds, at which 24,912 in- and 264,041 out-patients were treated, or a total of 288,953. The number of major operations performed was 2,135.

49. In Madras, with a population of 452,158, the returns from six hospitals have been submitted, but those from nine others in the city should, it is thought, have been included, and these all combined give a total of 19,915 in-patients treated and 179,825 out-patients, which together amount to 199,740. The number of major operations performed was 3,687.

50. In Bombay, with a population of 821,754, there are eleven hospitals, in which 18,543 in and 92,368 out-patients were treated, or a total of 110,911. The number of major operations performed was 2,785. The percentage of total treated to the population of each was 36.44 and 13, respectively.

51. The Calcutta Medical College Hospital is, as its name implies, a collegiate institution used for teaching purposes. It corresponds in this respect with the General Hospital in Madras and the Sir Jamsetji Jijibhai Hospital in Bombay. In the two former both Europeans and Natives are treated, in the latter only Natives.

52. The College Hospital, with the others affiliated to it, treated 7,044 in-patients and 57,906 out-patients, and 2,135 major operations were performed during the year.

53. The General Hospital in Madras has no sections attached to it for treating special diseases, and in both name and reality is a general hospital. The number of in-patients treated was 5,495 and of out-patients 50,815. The number of major operations performed was 955.

54. The Sir Jamsetji Jijibhai Hospital, Bombay—also a general hospital—treated 6,847 inpatients and 26,554 out-patients, and 806 major operations were performed.

55. The Eden Hospital, Calcutta, is, as noted above, under the general administration of the Medical College Hospital. Only obstetric and gynaecological cases are treated in it, and it corresponds to the Government Lying-in Hospital, Madras, and to the Bai Motibai and Petit Hospital, Bombay.

56. In both departments 1,517 in-patients and 3,990 out-patients were treated. The number of confinements amounted to 618, and there was a total of 392 major operations. The latter included most of the serious ones usually necessary in the practice of a large obstetric hospital, and a goodly number of important ones in the Gynaecological department, among them eight ovariectomies, all of which were successful.

57. The Government Lying-in Hospital, Madras, as noted in the report of the Superintendent, admitted 3,387 patients, and 23,390 attended the out-patient department. There were 1,980 confinements with 232 major operations, and 222 among the remaining Gynaecological patients, the former included 161 cases of delivery by forceps, 18 by turning, extraction 6, cephalotripsy 27, decapitation 4, symphysiotomy 1, Caesarian section 12, and among the latter were 14 successful ovariectomies, 15 abdominal sections for various diseases, and 52 cases of recto-vesical and vesico-vaginal fistulas.

58. The returns from this hospital have been drawn up in the most careful and scientific manner, but they are merely an index of the care bestowed in the general management of the institution, down even to the smallest details. The entire arrangements connected with the hospital, and the time and attention devoted to the patients, reflect the highest credit on Surgeon-Lieutenant-Colonel Branfoot.

59. In addition to the above, there were 769 confinements in the Ramasawmy Lying-in Hospital and a considerable number in the Royal Victoria Hospital for Caste and Gosha Women.

60. I may state that considerable difficulty was at first experienced in inducing women to come into hospital for their confinements; the results are, however, beyond precedent in this country.

61. There are two Obstetric and Gynaecological hospitals in Bombay—one the Bai Motibai and Petit Hospital, adjoining the Sir Jamsetji Jijibhai Hospital, under the charge of a commissioned medical officer, and the other called the Cama and Ailbless Hospital under the charge of Miss Benson, M.B. In the former 946 in- and 12,807 out-patients were treated. There were 381 confinements and 177 major operations, including 8 symphysiotomies. In the latter there were treated 1,381 in-patients and 12,336 out-patients with 142 operations. The number of confinements was 380. The equipment and management of both these hospitals are particularly good.

62. *Ophthalmic Hospitals.*—That in Calcutta, like the Eden Hospital, is situated in the compound of the Medical College Hospital. It is stated in the report on the Calcutta institutions that 506 in- and 11,944 out-patients were treated. The number of major operations performed was 426, including 286 cases of extraction of the lens.

63. In the similar institution in Madras there were 1,703 in- and 8,252 out-patients treated. The major operations numbered 1,849 and included 1,090 cases of extraction of the lens.

64. The Ophthalmic Hospital in Bombay is not so large as either of the above. The number of patients treated in it numbered 593 with 10,171 out-patients. The major operations amounted to 1,382, of which 287 were for extraction of the lens.

65. It is impossible from the figures contained in the statements to compare with any degree of accuracy the expenditure in the above two sets of general and special hospitals, because in the

case of Calcutta one-third of the salaries of the professors, who have duties in connection with the hospitals, have been included under the heading "Salaries of Medical Officers," while in the Bombay statement no portion of these salaries have been shown; besides in the College Hospital, Calcutta, a large number of Europeans and Eurasians were treated, which was not the case in the Sir Jamsetji Jijibhai Hospital, Bombay.

66. It is not understood why any part of the salaries of officers not borne on the establishment of these hospitals should be shown in the accounts, and attention is directed to Home Department Resolution, No. 64-75—Medical, dated February 1892, and the others referred to therein.

67. The total number of patients treated in the three Bombay hospitals was 8,386 in- and 49,522 out-patients; in Calcutta, as noted above there were 7,014 in-patients and 57,906 out-patients. The amount actually spent on salaries in the College Hospital has been ascertained, and the net expenditure under those headings which are common to all hospitals was as follows:—

	Salaries of medical officers and subordinates.	Compounders and dressers.	All menial servants.	Bazaar medicines.	European medicines.	Miscellaneous charges.	Total.
	RS.	RS.	RS.	RS.	RS.	RS.	
Calcutta	31,044	2,064	18,663	1,559	10,695	34,243	
Bombay	11,042	7,395	22,277	3,549	12,574	29,523	

68. The General Hospital in Madras spent under the heading of "Compounders, Dressers, &c.," Rs. 23,169, which amount must evidently include other servants; on the pay of menial servants Rs. 10,476; on European medicines Rs. 20,016; and on miscellaneous charges Rs. 28,289.

69. In the Presidency General Hospital, Calcutta, and the St. George's Hospital, Bombay, Europeans and Eurasians only are treated. There is no hospital corresponding to them in Madras, and none under present circumstances appears to be required. In the Calcutta Hospital 3,238 in-patients were under treatment and only 303 out-patients. The daily average of the former was 178.

70. In St. George's Hospital the in-patients numbered 2,039 and the out-patients 3,882, with a daily average of 88.7 and 40.5 respectively.

71. The expenditure on these hospitals was as follows:—

	Medical officers and subordinates.	Compounders and dressers.	Menial servants.	Bazaar medicines.	European medicines.	Diet.	Miscellaneous charges.	Total.
	RS.	RS.	RS.	RS.	RS.	RS.	RS.	RS.
Presidency General Hospital	46,524	489	12,653	624	7,485	38,514	20,848	1,27,137
St. George's	31,819	11,070	9,022	321	4,654	19,430	13,429	90,555

72. The average cost of each diet was, in the Presidency Hospital As. 8-11, and in the St. George's Hospital As. 9-1. The former paid into the treasury Rs. 67,579-8-0, the amount received from paying patients, viz., Rs. 46,062 from the Port Trust for seamen and Rs. 21,517-8-0 from private patients; the latter Rs. 38,768-6-0, consisting of Rs. 11,016 from the Port Trust and Rs. 27,752-6-0 from private patients.

73. The combined Mayo and Chandney Hospitals, Calcutta, are for the treatment of natives, and affiliated with them are the dispensaries of Park Street, Chitpur and Sukea Street. There were 2,194 in-patients treated in these institutions with a daily average of 96.4 and 149,802 out-patients with a daily average of 1,006.

74. The Gokul Das Tejpal Hospital, Bombay, is also for natives, and treated 2,811 in-patients with a daily average of 99.1 and 15,980 out-patients with a daily average of 103.2.

The charges for establishment, medicines and miscellaneous articles were as follows:—

	Medical officers and subordinates.	Compounders and dressers.	Menial servants.	Bazaar medicines.	European medicines.	Miscellaneous.
	RS.	RS.	RS.	RS.	RS.	RS.
Mayo and Chandney	24,156	2,844	5,338	2,055	5,333	7,366
Gokul Das Tejpal	21,423	4,680	4,839	34	2,053	11,396

75. The average cost of diet was—in the Mayo 3 annas, in the Chandney 2 annas 7·5 pies, and in the Gokul Das Tejpal 3 annas.

76. The Campbell Hospital, Calcutta, is the largest institution of its kind in India. It is intended mainly for the treatment of natives, but possesses excellent quarters for the treatment of Europeans and Eurasians suffering from infectious diseases.

77. Attached to it is a medical school for teaching students of the hospital assistant class, the numbers being limited to 250. There are also 32 female students at present attending the classes. The main building was originally built for a godown, then converted into a market, and is now occupied by the great majority of the patients. Wards, both for surgical and lying-in cases, have just been completed, and also quarters for the female students. There were 8,410 in-patients treated with a daily average of 4·2, and 25,176 out-patients with a daily average of 181.

78. The expenditure for such a large institution was comparatively small. The allowance to the Superintendent and the pay of the medical subordinates amounted to Rs. 10,772, and the expenditure on compounders and dressers was Rs. 973; on matrons, clerks, diet sircars, etc., Rs. 3,679; on menial servants Rs. 12,686; on bazaar medicines Rs. 347; on European medicines Rs. 5,452; and on miscellaneous charges Rs. 13,717. The average cost of each diet was 2 annas 8 pies.

79. The pay of five Assistant Surgeons attached to the school has not been included in the above expenditure, and it should be explained that the duties of compounders and dressers are mainly discharged by the students.

80. This hospital possesses enormous capabilities, and they might be developed by a reconstruction of the main building so as to render it more suitable for the treatment of patients and suitable out-patient department.

81. The Native Infirmary and Branch Town Dispensary, Madras, is, although on a smaller scale, somewhat similar to the above institution. Students receive clinical instruction in its wards, and they discharge the duties of compounders and dressers both here and in the adjoining lying-in hospital.

82. The in-patients treated in the combined hospitals were 3,572, of which 769 were confinements treated in the lying-in division and 53,260 patients attended the dispensary.

83. The amount expended in the native infirmary on medical officers and subordinates was Rs. 2,461; on menial servants Rs. 1,614-10-0; on bazaar medicines Rs. 1-2-6; on European medicines Rs. 5,339; and on miscellaneous charges Rs. 3,482. The average cost of each diet was 2 annas 11 pies. The total expended in the lying-in hospital was, in addition to the above, Rs. 7,862.

84. The expenditure in different institutions conducted under somewhat similar circumstances under the headings quoted above can, to a certain extent, be controlled by the officer in charge, and the great differences observed lead to the conclusion either that an effective control has not in all instances been exercised or that some of the institutions in one or other of their departments are being worked with inadequate means and therefore in an inefficient manner. The study of this question may be left to the administrative officers and for any action which they may consider necessary to take in view of the facts now placed before them.

85. It would be a great convenience if a little more care were bestowed on the compilation of the statements and more attention given to the correctness of the figures quoted in the reports. In not a few instances the expenditure on local purchases of European medicines has been included under the heading "Bazaar medicines," which is manifestly wrong and misleading.

86. It is, I think, desirable to place on record my high appreciation of the excellent manner in which the hospitals in the Presidency towns of Madras and Bombay are managed and of the care and attention which is paid by the medical officers to all the arrangements connected with the treatment of the in-patients. The hospitals might, in some instances, be better equipped, but on the whole they are worked at a high standard of efficiency.

87. It is, however, evident that in none of the three Presidency towns has the importance of the out-patient department been thoroughly appreciated by the medical officers, except in two or three instances. With proper arrangements for ensuring the comforts and meeting the wants of the different classes of patients, combined with a business-like management of the dispensary proper, the beneficial influence of that department might be greatly extended and a wider field obtained from which to select suitable cases for treatment in hospital.

88. A system has recently been introduced in Madras of storing in the hospitals a six months' supply of non-perishable articles of diet. The system may tend to economy, but its expediency may be considered as doubtful, particularly if the responsibilities associated with it are borne by the medical officer.

CALCUTTA,
20th December 1895.

(Signed) JAMES CLEGHORN.

ORDER—No. 227, Public, dated 14th February 1896.

Communicated to the Surgeon-General, whose particular attention will be directed to paragraphs 43, 85 and 87 of Surgeon-General Cleghorn's note. With regard to the suggestions made in paragraph 43, it is observed that the present practice was apparently founded on the letter from the Government of India, No. 28, dated 17th January 1893, communicated to the Surgeon-General with G.O., No. 114, Public, dated 10th February 1893. The Surgeon-General will report on the advisability of altering the returns in the manner suggested in Dr. Cleghorn's note; and will also submit a special report on the subject of paragraph 87—the improvement of the out-patient departments of the hospitals in Madras.

2. Paragraphs 11, 21, 22, 30, 34, 38 and 49 of the note should also receive the Surgeon-General's consideration.

3. The Government has perused paragraphs 58 and 86 with pleasure. The Surgeon-General will communicate the former to Brigade-Surgeon-Lieutenant-Colonel Branfoot.

(True Extract.)

for Chief Secretary.

To the Surgeon-General.

Ed. A. Raitt.

Gobt. of {1896} Madras. &
PUBLIC.

Issued
Recd. Encl.

G.O., No. 227, 14th February 1896.

FEBRUARY.

Annual Reports of Hospitals and
Dispensaries in India.

Communicating, with remarks, to the Surgeon-
General a letter from the Government of India
forwarding a review by the Surgeon-General with
the Government of India of the —.

Pub G.O. No. 989 22-12-95
746-47 27-9-95
712-13 28-8-95
301 24-5-95
466 67 27-6-93
114 210-2-93
623-24 25-9-92
121 5. 19-2-92
23 212-1-91
775-76 216 9-91
761 2 27 9 91

From
The Govt. of India
No 2 2nd
69.

Dated 28. 1. 96
Recd 1. 2. 96. Encl. 1

Subject.

Forwarding, with remarks, for
the information and consideration
of H.E. the Governor in Council
a copy of the note prepared
by the Surgeon-General with
the Govt of India embodying
a general review of the
various reports on Hospitals
and Dispensaries.

Order No. 224 of 14 Feb 96

Communicated to the Surgeon General whose particular attention will be directed to paras 43, 85 & 87 of Surgeon General Cleghorn's note. ^{with regard to the suggestion} ~~The instructions made in para 43 it is hoped that the present practice was apparently founded on the~~ ^{the present practice was apparently founded on the} letter from the Govt of India

No. 28 of 17th Jan 93, communicated to the Surgeon General with G.O. No. 114 of 10th Feb 93. The Surgeon General will ^{also} submit a special report on the subject of para 87, ~~the improvement of the need for more attention~~ ^{the improvement of the} being paid to the out-patient departments of the hospitals in Madras.

2. Paras 11, 21, 22, 37, 34, 38 & 49 of the note should also receive the Surgeon General's ~~consideration~~ consideration.

"Instructions", but suggestions for consideration. We must hear the S.G. before deciding to alter the practice which was founded on (G.O. letter of) 17-1-93 G.H.

The S.G. will report on the advisability of ~~changing~~ ^{altering} the returns in the manner suggested in Cleghorn's note.

Note: Mr. D.C. had been more explicit. I have no idea at what hospital in Madras his remarks are aimed. Perhaps the S.G. knows. The out-patient dept. of the hospital is not the one which I thought very good when I inspected it some time ago.

The Govt has
passed paras 58 and
59 of the ~~rule~~ with pleasure.
The Surgeon General will
communicate the forms
to Brigade Surgeon Lieut.
Col. Braufoot.

gdb.
6/2/96 J.R. 8/2/96

On the whole the Surgeon General's
Review shows that in the extension
of medical relief in this
P.W. is well to the front & indeed
ahead of all the provinces.
The Dypin Hospital is the only institution on
N. he has thought it worth while bestow
unqualified praise, & Surg. Lt. Col. Braufoot
is only medical officer deserving of
special commendation in all India.
a fact may be added that his name come
up for distinction J.R. 8/2/96

The Surgeon Genl
desp 27/2/96

D. Cleghorn's Note on the
Annual Reports of Hospitals
& Dispensaries in India

Hon. Mr. Blair
H. S. to the Governor

As to para 88 of D. Cleghorn's Report
I believe it is the case that D. Braufoot
finds the system to work admirably
and that it has once been started
fairly & properly, it gives him personally
absolutely no trouble - but runs
quite smoothly & easily.

He says the Genl. H. S. in
the state of transition I have been there
the day - indeed, I have been much
more than one lately - and was much
pleased with the result. I am, I am
very glad to see a system, but the
system of order & system are of great
importance.

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