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TAMIL NADU ARCHIVES

GOVERNMENT OF TAMIL NADU

Revenue DEPARTMENT

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Archives I—10,006—19-4-79.

GOVERNMENT OF MADRAS.

FINANCIAL DEPARTMENT.

4th May 1877, No. 1420.

Medical.

Read the following paper:—

No. 39. *From Surgeon-General C. SMITH, M.D., Surgeon-General, Indian Medical Department, to the Chief Secretary to Government, dated Fort St. George, 27th February* 1877, *No.* 127.

With reference to G.O., No. 1579, dated 1st September 1876, I have the honor to submit, for the consideration of His Grace the Governor in Council, the following remarks and suggestions.

2. The information required by Government, though limited in great measure to the question of the supply of medical subordinates for Local Fund and Municipal Dispensaries, cannot be given satisfactorily in a fragmentary form, owing to the interdependence of the several branches of the Medical Subordinate Department. It seems necessary to mention this, inasmuch as it helps to explain much of what might otherwise appear irrelevant in the following observations.

3. Annexure A exhibits, in a tabular form, the revised Establishment of Medical Subordinates of the Imperial (Military) Service as it stood on the 1st October 1876. From this statement it will be noted that, including a reserve of 15 per cent. for contingent duty, 248 medical subordinates are required for the service of the British and Indian Military Establishments of this Presidency.*

Apothecaries	31
Assistant Apothecaries	59
Passed Hospital Apprentices	18
Hospital Assistants	140
Total ..	248

4. On the same date the Medical Subordinate Department, as a whole, numbered 65 Apothecaries, 123 Assistant Apothecaries, 50 Passed Hospital Apprentices, and 414 Hospital Assistants, all attested servants of Government. On the date indicated therefore there remained a surplus of 34 Apothecaries, 64 Assistant Apothecaries, 32 Passed Hospital Apothecaries, and 274 Hospital Assistants available for service in the Civil Department.

5. From tables (a) and (b), attached to Annexure A, the annual rates of decrement of the Military surplus, calculated on the results of eight years, are shown, and with these as factors it becomes easy to determine, with approximate accuracy, the ratio per annum of the absorption into the Military Service of the said surplus. From table (b) it will be seen that, provided recruiting of both grades be suspended, the existing surplus of the Warrant grade will disappear in fifteen, and of the Hospital Assistant grade in twenty-six years. The decrement column, moreover, exhibits the additions to the service which must be made annually in order that the Subordinate Medical Department may recoup its losses.

6. Annexures B and C exhibit, in tabular forms, the revised establishment of the Civil Department under the two heads of Civil Department, Government Service, and Civil Department, Local Service, and the subjoined summary of these annexures

and of Annexure D places before Government, in a succinct form, the present condition and actual requirements of these Civil Services:—

—	Assistant Surgeons.	Apothecaries.	Assistant Apothecaries.	Passed Hospital Apprentices.	Hospital Assistants.
Employed by the Madras Government—see B.	1	18	21	..	152
Reserve 15 per cent. to be provided	..	3	3	..	23
Total ..	1	21	24	..	175
Employed by other Governments—see B ..	1	10	29	9	34
Employed by Municipal and Local Boards—see C	9	3	14	23	77
Reserve at 15 per cent. for Local Service ..	1	..	2	4	19
Civil Dispensaries now filled by Pensioners, D.	..	..	..	..	24
Civil Dispensaries sanctioned but not opened, D.	..	..	..	..	24
Total requirements of the Civil Department on 1st October 1876	12	34	69	36	353
Available from the Military Department ..	..	34	64	32	274
On 1st October 1876	..	..	5	4	79

7. It will be observed that, as in the Imperial so in the Civil Services, a reserve of 15 per cent. has been provided. Though this provision appears for the first time as an element of calculation, the reason for its appearance lies upon the surface. The risk to life and health in the Civil Department, under ordinary circumstances, is as great as in the Military, hence a corresponding provision against that risk becomes a necessity; indeed, calculations based on the non-recognition of this principle must, in the end, prove fallacious.

8. On the 1st of October 1876 the Military surplus fell short of the requirements of the Civil Departments by 88 medical subordinates.* To this deficit I solicit the attention of Government; it is a deficit which has seriously crippled the efforts of this office to provide medical help for the disease and famine-stricken districts of this Presidency during the present crisis. It must be made good as soon as practicable.

*Assistant Apothecaries	5
Passed Hospital Apprentices	4
Hospital Assistants	79
Total ..	88

9. Annexures E and F show the number and description of appointments, Military and Civil, open to medical subordinates, with the aggregate of agents available to fill them; they show, also, the measures to be taken in order to overtake the existing and prospective deficiencies, so as to restore the equilibrium in June 1882 for the Apothecary, and in June 1880 for the Hospital Assistant, grades.

10. From the facts adduced, and taking into consideration the time required to educate medical subordinates, it becomes evident that, unless some temporary modification of the established curricula be conceded, the deficiencies indicated cannot be made good within the time specified. In my opinion the minimum of interference would follow the temporary curtailment of the pre-collegiate course. If this proposal be accepted, it will be necessary at once to call in twenty of the candidates who recently competed for the Civil Apothecary grade; to place the first ten on the list under pre-collegiate training, drafting them into College on the 1st October 1877; to draft the second batch of ten into College in October 1878, after eighteen months' pre-collegiate training, and to hold an examination in August next for the selection

candidates, who, after two years' pre-collegiate and three years' collegiate training, may be expected to join the service in June 1882.

11. It will also be necessary to call in, at once, a batch of fifty candidates for the Civil Hospital Assistant grade, giving them six months' pre-collegiate training before drafting them into the Junior Department in October next; and to select, in September next, a second batch of candidates of the same strength who, after one year's pre-collegiate course, will be placed under training in October 1878, so that they may join the service in June 1880.

12. The next question which arises is this, How are these large batches of students to be educated? The answer involves the consideration, first of all, of the educational capabilities of the Medical College. Annexure G shows the probable number of students with which the Medical College will open its session on the 1st of October next, provided the admission of certain entrants, presently to be specified, be prohibited. The number amounts to 151. If to this number be added 10 Civil Hospital Apprentices and 50 Civil Native Pupils, a total of 211 students is reached. Can the Medical College undertake to educate this number efficiently?

13. In my letters, marginally noted, I have indicated the grounds on which the educational capabilities of the Medical College were estimated by me when Principal of that Institution. At present I confine myself to reproducing the practical conclusions arrived at. Succinctly stated, these were two in number, as follow:—

To Director of Public Instruction—
1. No. 203, dated 25th November 1873.
2. " 214, " 5th December 1873.
3. " 233, " 13th January 1874.
4. " 295, " 24th March 1874.
Procs. of Madras Govt., dated 7th May 1875.

(*a.*) That with the existing staff and Clinical Hospitals the maximum number of students of all departments which the College could efficiently educate was 115.

(*b.*) That with the addition of two Clinical teachers to the Medical staff of the General Hospital the number of students might be raised from 115 to 160. The principle which underlies these calculations may be thus expressed: "The capabilities as regards professional training of the Clinical Hospitals* practically determine the number of students which the Medical College can undertake to educate efficiently." By "efficiently" is meant such professional training, up to the standard fixed by Government, as shall fairly qualify the recipient, who is to be placed in independent charge, to undertake the responsibility of human life, all professional education short of this being regarded as alike insufficient and dangerous.

*1. The General Hospital.
2. The Lying-in Hospital.
3. The Eye Infirmary.

14. It is proposed, by drafting into College 10 Hospital Apprentices and by declining for the present to admit fresh entrants to the Senior Department to the Ladies' Class and to the class of students preparing for service under the Mysore Government, to raise the aggregate of students in College to 161. The efficient training of these lads will necessitate the appointment to the General Hospital of a *fourth* Clinical teacher. Government is aware that, at the beginning of the present session, sanction was accorded to an arrangement under which the Resident Medical Officer was placed in charge of certain wards as a *third* Clinical teacher. This arrangement I propose shall be allowed to continue. If these suggestions are approved of, the Physician and Surgeon of the General Hospital will each be provided with a junior Medical officer as assistant in the clinical wards.

Vide G.O., No. 516, dated 8th May 1864.

15. These propositions, however, make no provision for the education of the 50 native medical pupils above referred to. How is their education to be accomplished? The answer to this question involves the whole subject of auxiliary Medical Schools. It is obvious that, as Dispensaries increase and medical aid is extended to the masses, it will become necessary to supplement the operations of the Medical

College by the establishment, at central convenient localities, of Provincial Medical Schools. The exact type of school will depend upon the class of medical subordinates most in demand by Local Fund Boards and Municipalities, which class, from the papers before me, I gather to be that of the Hospital Assistant. The Medical College will continue to educate, as at present, its three departments, Senior, Second, and Junior, up to its full capabilities, but it will require help to meet the progressively increasing demands for Hospital Assistants, who are all trained in the Junior Department, and this help the proposed Provincial Schools should be prepared to provide. For other and obvious reasons, moreover, it is advisable that the higher medical education, including that of medical men of the Apothecary grade, should, as far as possible, be confined to the Medical College.

16. With this explanation I would propose that an auxiliary (Provincial) Medical School with all necessary equipments be at once constituted in connexion with the Native Infirmary at Royapooram; that the fifty native lads referred to be drafted into it on the 1st October 1877; and that the standard of education sanctioned be that for the Hospital Assistant grade.

17. A small school capable of educating a maximum of 200 students, but susceptible of expansion, would suffice for the present and for the near future. The school, affiliated to the Medical College and practically a simple extension of its Junior Department, would require no expensive staff of teachers. At the outset, with the help of an intelligent Assistant Apothecary and Hospital Assistant, extra to the existing Medical Subordinate Establishment of the Native Infirmary, Surgeon Thompson, on the allowances of a minor Professorship (Rupees 200 per mensem), might be requested to commence the training of the fifty young men referred to in October next.

18. The advantages of this proposal are many. The experiment—a tentative and economical one—will be conducted at the Presidency Town, the school will at all times be within reach of inspection and of direct help, and the experience thus gained will be of practical value when the necessity arises of establishing other Provincial Schools of the same kind. For details of expenditure, *vide*, Annexure H.

19. From what has been advanced it follows, as a matter of necessity, that, until deficiencies are supplied and the Subordinate Medical Department has been levelled up to the existing claims upon it, no extension of the Local Fund and Municipal Dispensary scheme can be attempted. This necessary restriction, however, will be the less felt, inasmuch as provision has been made in the Tabular Statement D for twenty-four Dispensaries, sanctioned but not manned, and for twenty-four more, manned chiefly by pensioned subordinates, whose displacement, in whole or in part, by effective medical agents will rest with Local Fund Boards and Municipalities. Moreover, it will be within the competence of local authorities to utilize the services of such fairly qualified medical agents as have been in training at Civil Hospitals, so as to tide over the transition period until more satisfactory arrangements shall have come into operation.

20. From time to time various schemes for educating increased numbers of medical subordinates have been suggested. The principal appear to have been the following: (*a*) the extension of the Medical College so as to enable it to train more subordinates than it attempts to train at present; (*b*) the institution of a Medical School in connexion with each Civil Dispensary; (*c*) the erection of four or more Provincial Medical Schools; and (*d*) the provision for a large auxiliary Medical School at Madras.

21. The first of these schemes I have shown to be impracticable consistent with honest training. The field of clinical training at the General Hospital is alike limited and imperfect, and, for years to come, it is little likely to be otherwise. Moreover the arrangements proposed in this letter, if approved of, will stretch to the verge of safety the capabilities of that institution. With increased clinical advantages, resulting from the incorporation with the General Hospital of the Hospital for Women and Children, the question may be reconsidered, but I have now to do with the actual present, not with the possible future.

22. The second scheme is founded upon the principle of local and independent action. It takes for granted the unchanging views and zeal of the members of Local Fund Boards, &c., the unfailing supply of Medical officers endowed with rare powers of teaching, and the existence of a store of native students all more or less disinterested as regards pay, promotion, and pension. Its adoption moreover would necessitate the command of ample funds to meet the heavy expenses attendant on the working of numerous and independent Medical Schools. Experiments in this direction have been and are being made, the results, however, afford but little encouragement to those who look for medical men of somewhat higher standard than that of mere "Compounders."

23. The suggestion which contemplates the institution of a limited number of Provincial Medical Schools as necessity demands, the first of which shall be located at the Presidency Town, seems to me to be that which best meets the present, prospective, and ultimate wants of the country. The number of these institutions will depend upon the necessities of the case, and on the amount of available funds. If four schools be sanctioned, I would indicate, as fitting localities, Madras, Vizagapatam, Madura, and Bellary; were a fifth found to be necessary Cannanore or Calicut might be selected. These Provincial Schools, well equipped, forming part of a definite system pivoted on the Medical College, working in one direction under fixed standards of education and toward fixed standards of qualification would meet the reasonable expectations of Government and of Local Fund Boards, &c., and would meet also the reasonable wants of the population for whose benefit alone they are to be established. I have already proposed that the model Provincial School shall be worked into practical shape at Madras.

24. I have looked in vain through the papers referred to me by Government for some distinct intimation of the *terminus ad quem* of this great scheme for affording medical help to the masses. There appears to have been action without definite system. Hitherto this has answered well, and no interference with the existing should be attempted; but as regards the future, armed as it will be with increased powers of educating medical agents, it would, methinks, be well for Government to see the end from the beginning. It seems to me that, unless some definite idea of the *terminus ad quem* be present to the mind, reasonable and satisfactory lines of action cannot be laid down. The following remarks are intended to call attention to this important matter.

25. The Committee appointed, under G.O., No. 1059, dated 30th July 1869, to consider the best mode of utilizing the Provincial Dispensaries as popular schools of medicine gave at as their opinion that one village dresser would be "able to undertake the medical supervision of 3,000 of the population." In commenting on the report Inspector-General Mackenzie regarded this estimate as "a moderate computation," and Surgeon-General Balfour is of opinion "that Southern India needs to be supplied with 8,000 to 10,000 educated men to take the place of the 8,000 Vythians and Hakims whom the country is supporting." Taking into consideration these views, and the corroboration of them met with in other documents, the conclusion may be safely arrived at that, eventually, provision will be required in the proportion of one medical agent to every 5,000 of the population.*

* In Russia the proportion is one to every			14,116	of the inhabitants.	
In Hungary	"	"	5,492	"	"
In Austria	"	"	4,355	"	"
In Prussia	"	"	3,230	"	"
In Towns of Great Britain	"	"	1,000	"	"
In Madras Presidency	"	Educated in Western science	60,000	"	"

Vide Proceedings of Madras Government, 7th May 1875. Letter from Surgeon-General Balfour, No. 84, dated 26th February 1874, paragraph 3.

26. The population of this Presidency is 31,597,872. If the proposed ratio of one medical man to every 5,000 of the population be accepted, and a reserve provision of 15 per cent. be conceded, then the medical agents will aggregate rather more than 7,000, to meet the annual decrement of which from all causes not fewer than 300 must pass into the service of the Civil Department annually. For the

professional training of this number three well-equipped Provincial Medical Schools would suffice.

27. Population is one factor; area is another. The Madras Presidency has an area of 139,698 square miles divided into twenty-one districts containing 156 taluqs, the average population of each taluq being, in round numbers, 200,000. On the numerical basis of one medical agent to every 5,000 of the inhabitants an average taluq would require the services of forty medical men, to each of whom an area of twenty-two square miles would be available within which to exercise his profession.

28. The average taluq requires medical institutions as well as medical agents. What is to be their character and on what principle are they to be provided? For convenience sake the phrase "*Major Dispensaries*" will, in this communication, signify all Hospitals and Dispensaries with accommodation for in-patients, and the phrase "*Minor Dispensaries*" all Dispensaries lacking such accommodation. Of Major Dispensaries there are in this Presidency (*vide* annexed list I) 100* yielding an average of rather more than four per district. Under existing usage the erection of a Major Dispensary is, as a rule, the first step taken when Local Fund Boards and Municipalities have determined to provide a locality with medical help, and it not infrequently happens that the building stands unoccupied from want of a medical agent, and that the heavy outlay involved in the erection of buildings and in the provision of furnitute, servants, diets, &c., so absorbs the money at the disposal of the authorities that the further extension of medical aid to the masses is, for the time at least, crippled, if not altogether arrested. As a matter of economy on the one hand, and of the desiderated extension of medical relief to the population on the other, it seems advisable to submit the practice indicated to a careful reconsideration. What is past is past; what is future may require to be done on reconsidered principles.

* Of these nine are hospitals in Madras.

29. The idea seems a not unreasonable one that Major Dispensaries might form the complementary centres of groups of Minor Dispensaries, and that they should be placed in localities where their accommodation for in-patients would fairly supplement the defects, in that respect, of the Minor Dispensaries. This principle, if found to be a sound one, would bring into prominence the importance of Minor Dispensaries.

30. What the country seems pressingly to require is a supply of fairly educated subordinates, some of them *fixtures* and attached to Major Dispensaries; others, the majority, *movable* in charge of Minor Dispensaries, and available for duty wherever necessity may require their services, for example, during seasons of prevailing epidemic disease. In addition to its practical advantages a scheme of this kind would have economy in its favor. The idea of a Minor Dispensary contemplates the occupation of a purchased or rented house, with accommodation for a Dispensary and examination room, by a medical subordinate having out-patients alone for his *clientèle*.

31. A medical subordinate in charge of a Dispensary for out-patients would have time at his disposal for house-to-house visitation, for attending sick travellers in the Choultries and Lungerkhanas, for inspecting the neighboring hamlets, and for taking an active part in carrying out local sanitary measures. With the assistance of the local Civil authorities he could make arrangements for the transmission of cases, requiring to be treated as in-patients, to the nearest Major Dispensary, and a small leaf shed would give shelter to the patient until such arrangements could be carried out. Above all things an agent of this description would be comparatively free in times of epidemic disease to move about the area of his duties, and to leave it, if necessary, in the event of the Civil authorities finding that his services would be more useful elsewhere. Under this or some similar system the saving in bricks and mortar, not to mention other necessary arrangements involving heavy expenses, would be very considerable.*

* *Vide* Standard Plans for Municipal Dispensaries, Public Works Department, G.O., No. 194, dated 28th August 1876.

32. Major Dispensaries should be of sizes suited to the requirements of the ...ality in which they are built. All ...cessary expense should be avoided ... allow of the availab... ...hing the masses

as possible in the form of medical agents, rather than in the form of medical institutions. A Major Dispensary will be required at the headquarters of each taluq and in towns of 5,000 or at least of 10,000 inhabitants and upwards. Local circumstances must determine where other Dispensaries of the same class might be established with advantage. Speaking generally on the question as a whole, Major Dispensaries will be required at the headquarters of Division Officers, at the headquarters of Tahsildars and Sub-Magistraties, in municipal towns, in seaport towns, in towns generally of 5,000 or at least of 10,000 inhabitants and upwards, and in specially unhealthy localities.

33. In connexion with the question of the provision of accommodation for in-patients it may be noted that a considerable proportion of the male and a still more considerable proportion of the female population are precluded by caste and customs from accepting relief as in-patients; hence it follows that the advantages of the hospital are, to a considerable extent, limited to the lower classes of the community. Moreover, along with this hospital population are frequently mixed up aged, infirm, and incurable paupers, whose proper refuge is the Lungerkhana, not the Hospital. The natives of India, it is true, are very charitable to indigent paupers, but if a Dispensary with in-patient accommodation supported by local rates be in the vicinity, local charity is only too ready to hand over its obligations to that institution. The preservation of indigenous charities and of kindly interest in the poor appears to me to be an object deserving of some consideration.

34. Theoretic calculations based upon a representative taluq serve only to illustrate general principles. Practically the actual requirements of each taluq and of each district must be separately considered and provided for. Neither area nor population can be trusted to as certain guides, for the disturbing factors are numerous and important. The presence or otherwise of large towns, inland and seaport, of populous villages, of mountains and mountain ranges, of rivers, jungles, swamps, fever tracts, and of sparsely-peopled stretches of country would render any hard-and-fast plan impracticable. Suffice it that general principles are indicated, and that details are left to the decision of those personally familiar with the condition and wants of the country.

35. An average district—leaving out of consideration for the moment the exceptional district of Madras itself—contains somewhat less than eight taluqs. The Major Dispensary at District Headquarters should be in reality an efficient and well-equipped Hospital, with wards medical and surgical for male and female patients, with sheds for cases of contagious diseases, with accommodation for cases of parturition, of venereal disease, of insanity—till they can be transferred to an Asylum—with cottages for caste cases and with rooms for occasional cases of disease or of injury occurring in the persons of Europeans or of East Indians. To this Hospital should be attached a Civil Apothecary and one or two Civil Hospital Assistants as the permanent subordinate staff, as well as that portion of the available general reserve allotted to the district.

36. Vythians and Hakims and their sons should receive every encouragement to attend such Hospitals for the purpose of gaining some acquaintance with the therapeutic action of drugs, with the treatment of ordinary and common injuries and of ordinary and common diseases. The services of volunteers of this kind might be of value during outbreaks of epidemic disease, even if that value only amounted to this that, as medical and surgical practitioners, they did no harm to their patients—a negative qualification, certainly, but yet a not unimportant one as concerns the practice of medicine and surgery. The idea entertained by some that medical aid should reach the masses principally by means of the hereditary physicians and surgeons of the people will appear reasonable only to those who are in total ignorance of what these medical practitioners really are.

37. The day may be distant, probably far distant, when an organization of the kind briefly indicated in this communication will be seen in actual operation. Suffice it, however, and in the mean time to work in the direction pointed out and along clearly defined lines of action, large latitude being allowed to local authorities consistent with ...oration and with the retention of the directing and controlling power at ...ment must indicate the system to be pursued, provide the

teachers from among the commissioned and subordinate ranks of their own service, fix the literary and professional standards, and determine the pay, promotion, and pension of the medical men employed in civil duties. No system which depends for its success upon the zeal and energy of individuals, which springs up under one Collector and dies under his successor, which holds out no definite prospect of assured service and assured pension will ever succeed. In fine, a definite organization under Government sanction appears to me to be absolutely necessary to save this or any similar scheme from inevitable failure.

38. The scheme now submitted contemplates the employment of Civil Apothecaries and of Civil Hospital Assistants. Civil Assistant Surgeons exist already. The curriculum of the Civil Apothecary grade is well adapted to secure a well-educated class of medical subordinates fit to hold independent medical charge of the more important Major Dispensaries. The curriculum, however, of the Junior Department requires revision before it can be regarded as sufficient to secure the professional knowledge of Hospital Assistants for the remaining independent medical charges. A change, not in the duration of the curriculum but in its distribution, will suffice to secure this end. Such a change has been long advocated and, as regards the education of Military Medical Subordinates, has been indicated as an allowable alternative by the Government of India. As hitherto, it is intended that all professional instruction shall be conveyed through the medium of the English language. An English education is easily procurable in this Presidency, easily acquired by the native student, and, once attained, it quadruples the value of a medical subordinate to the State.

39. No attempt has been made in this letter to enter upon matters of detail; these will with greater advantage come under consideration when principles shall have been agreed upon. Such questions as those of ways and means, of systematic inspection, of supplies of medicines, of the proportion of Major to Minor Dispensaries, of the proportion of Apothecaries to subordinates of the lower grade, of Civil Assistant Surgeons and their spheres of duty, &c., cannot be taken up until Government have pronounced upon the general principles which are to guide their policy and efforts in bringing medical relief down to the masses of the population.

40. In prospect of the outlay required to initiate and carry out a well-devised scheme for extending medical aid to the people of this Presidency, there appear to me to be two important principles which demand early recognition. The first principle insists on the equitable incidence of expenditure, the second on the objectionable character of eleemosynary medical education. Under the first principle the Imperial Government, the Local Government, "other Governments," Local Fund Boards, and Municipalities must be prepared to pay the precise fraction of the total expenditure justly claimable from each. In this way alone can the expenditure be met without undue pressure devolving on the resources of the Local Government. It is not intended in laying down this principle that it be acted upon so as to cause embarrassment more especially to Local Fund Boards and Municipalities, but it is laid down in order that these and other bodies may be aware that such a principle underlies Government aid, and that the end desired will not be attained until every shoulder carries its own burden.

41. In introducing the second principle regard must be had to existing circumstances. All students for example of the Senior Department in College, viz., such as are studying for the degrees and license of the local University, or for degrees and licenses in Britain, should be required to pay a definite sum annually, in advance, for the privilege of, attending the College classes and the Hospital *cliniques*. This rule, if approved of, might be introduced at once prospectively. It is also deserving of consideration whether it might not be advisable to substitute free for stipendiary Government Scholarships, or to substitute two or more free for a corresponding of stipendiary scholarships. The Lane Scholarship need not be interfe students might for the present be allowed to study as f the Senior Department should al[illegible] called upon to

42. The day will doubtless come when the principle of no eleemosynary medical education will be made applicable to the apprentices and pupils of the College and of Provincial Schools, but that day is still somewhat future. Formerly most of the lads of the Second and Junior Departments were the sons of pensioned soldiers and sepoys whose means were entirely inadequate to meet the expense of their support during their professional training at College. A recent return however shows that among the same classes of students now in College are some whose parents move in a better sphere of life with incomes sufficient to support their sons, in whole or in part, during their College course. Any changes in this direction must take place gradually and wisely. As soon as definite and attainable and fairly remunerative outlets for life work are forthcoming, and such will be found in the scheme proposed in this communication, there will be no lack of well-educated candidates, European, East Indian or Native. Meantime sudden changes are to be deprecated, more especially at the present time when the subordinate service is below its required strength, and when the physical endurance of its members is strained to the utmost.

ENCLOSURE No. 1, A.

ESTABLISHMENT of Medical Subordinates as it stood on the 1st October 1876.

	REVISED ESTABLISHMENT.			
	Apothecary.	Assistant Apothecary.	Passed Hospital Apprentice.	Hospital Assistant.
IMPERIAL SERVICE.				
Military British Medical Department.				
Three Brigades of Artillery Headquarters	3	..	3	3
Twenty Batteries of Artillery including four Field Brigades.	..	20	..	4
Two Regiments of British Cavalry	2	2	2	2
Nine do. do. Infantry	9	9	9	..
Large Depôts at Poonamallee and Wellington	2	2	2	..
Small Depôt at Ramandroog	..	1	..	..
Detachments at Calicut	..	1	..	..
Detachments at Malliapooram	..	1	..	..
Detachments at Port Blair	..	1	..	..
Detachments at Seetabuldee	..	1	..	..
	16	38	16	9
Add 15 per cent. for contingent duty	2	6	2	1
Establishment for British Troops	18	44	18	10
IMPERIAL SERVICE.				
Military Indian Medical Department.				
Garrison of Fort St. George	1	1	..	..
Garrison of Bangalore	1	1	..	..
Garrison of Trichinopoly	1	..	..	..
Garrison of Bellary	1	1	..	..
Garrison of Cannanore	1	1	..	..
Garrison of Rangoon	1	1	..	..
Garrison of Vizagapatam	..	1	..	..
Garrison of Secunderabad	1	1	..	..
Garrison of Kamptee	..	1	..	1
Medical Depôt at Madras	1	1	..	..
Medical Depôt at Rangoon	1	..	..	..
Sappers and Miners, Headquarters	1	..	..	..
Do. three detached Companies	..	..	..	3
European Artillery Veteran Company	..	..	..	..
Native Infantry Depôt, Palaveram	..	1	..	2
Four Regiments, Native Cavalry	..	..	..	8
Forty do. do. Infantry	..	..	..	80
Remount Depôt, Oossoor	..	..	..	..
Cattle Farm, Hoonsoor	1	..	..	..
Gunpowder Manufactory	..	1	..	..
Governor's Body Guard	..	1	..	..
Native Details at Trichoor	..	..	..	1
Native Details at Jubbulpore Cavalry	..	1	..	..
Native Details at Mount	..	..	..	1
Native Details at Shouaygheen	..	..	..	1
Native Details at Chandah	..	..	..	1
Native Details at Port Blair	..	..	..	1
Native Details at Seroncha	..	..	..	1
Native Details at Mysore	..	..	..	1
Native Details at Seetabuldee	..	..	..	1
Families and Details.. Arnee	..	..	..	..

ESTABLISHMENT of Medical Subordinates as it stood on the 1st October 1876—(*Concluded*).

	REVISED ESTABLISHMENT.			
	Apothecary.	Assistant Apothecary.	Passed Hospital Apprentice.	Hospital Assistant.
Lock Hospitals at Bangalore	..	..	..	1
Lock Hospitals at Bellary	..	..	..	1
Lock Hospitals at Cannanore	..	..	..	1
Lock Hospitals at Kamptee	..	..	..	1
Lock Hospitals at Secunderabad	..	..	..	1
Lock Hospitals at Seetabuldee	..	..	..	1
Lock Hospitals at St. Thomas' Mount	..	..	..	1
Lock Hospitals at Trichinopoly	..	..	..	1
Lock Hospitals at Wellington	..	..	..	1
	11	13	..	113
Add 15 per cent. reserve for contingent duty	2	2	..	17
	13	15	..	130
Establishment for Indian Troops	18	44	18	10
Do. for British do.	31	59	18	140
Total Military	65	123	50	414
Actually present on 1st October 1876	34	64	32	274
Lent to the Civil Department				

(a.)

TABLE showing Decrement of Medical Subordinates for eight Years from Reorgnization Year of 1868 to 1875 inclusive.

		1868.	1869.	1870.	1871.	1872.	1873.	1874.	1875.	Total.	Per centage.
Strength		214	215	227	234	234	240	251	246	1,861	..
Apothecary Class	Pensioned	1	2	5	3	4	2	2	5	24	..
Apothecary Class	Died	6	5	4	7	4	5	1	4	36	..
Apothecary Class	Resigned	1	..	2	..	..	..	1	..	4	..
Apothecary Class	Dismissed	2	1	1	1	3	2	1	2	13	..
Apothecary Class	Total	10	8	12	11	11	9	5	11	77	4·13
Strength		369	379	388	395	397	393	406	412	3,139	..
Hospital Assistant Class	Pensioned	2	..	1	3	1	6	9	2	24	..
Hospital Assistant Class	Died	5	10	8	3	8	3	7	8	52	..
Hospital Assistant Class	Resigned	..	1	1	..	..	..	1	..	3	..
Hospital Assistant Class	Dismissed	5	3	4	2	..	1	..	4	19	..
Hospital Assistant Class	Total	12	14	14	8	9	10	17	14	98	3·12

(b.)

TABLE showing the Absorption from Decrement of the Military Surplus.

WARRANT GRADES—EXCESS 139, DECREMENT AT 5 PER CENT.			HOSPITAL ASSISTANT GRADES—EXCESS 300, DECREMENT AT 4 PER CENT.					
Year.	Strength.	Decrement.	Year.	Strength.	Decrement.	Year.	Strength.	Decrement.
1877	238	12	[illegible]	414	17	Brought forward.		189
1878	226	11	1878	397	16	1892	225	9
1879	215	11	1879	381	15	1893	216	9
1880	204	10	1880	366	15	1894	207	8
1881	194	10	1881	351	14	1895	199	8
1882	184	9	1882	337	13	1896	191	8
1883	175	9	1883	324	13	1897	183	7
1884	166	8	1884	311	12	1898	176	7
1885	158	8	1885	299	12	1899	169	7
1886	150	7	1886	287	11	1900	162	6
1887	143	7	1887	276	11	1901	156	6
1888	136	7	1888	265	11	1902	150	6
1889	129	6	1889	254	10			
1890	123	6	1890	244	10			
1891	117	6	1891	234	9			
	111	127	Carried over		189		144	270

ENCLOSURE No. 2, B.

CIVIL DEPARTMENT—GOVERNMENT SERVICE.

	REVISED ESTABLISHMENT.			
	Apothecary.	Assistant Apothecary.	Passed Hospital Apprentice.	Hospital Assistant.
MADRAS GOVERNMENT.				
Governor's Household	..	1	..	..
General Hospital, Madras	1	4	..	2
Eye Infirmary	..	1	..	..
Lying-in Hospital and Dispensary	..	2	..	1
Lunatic Asylum, Madras	1	1	..	..
Do. Calicut	..	..	..	1
Do. Vizagapatam	..	..	..	1
Leper Hospital, Madras	1	..	..	..
Do. Palliport	..	1	..	..
Port and Marine Surgeon's Department	..	..	..	1
First, Second, and Fourth Districts, Presidency	1	..	..	..
Third District and Civil Orphan Asylum	..	..	..	3
Lawrence Asylum, Ootacamund	1	..	..	..
Penitentiary	..	1	..	..
Her Majesty's Grand Jail	1	..	..	1
Medical College	..	..	..	1
Lock Hospital, Madras	1	..	..	1
	1	..	..	3

CIVIL DEPARTMENT—GOVERNMENT SERVICE—(*Continued*).

		REVISED ESTABLISHMENT.			
		Apothecary.	Assistant Apothecary.	Passed Hospital Apprentice.	Hospital Assistant.
CIVIL DISPENSARIES AT					
Anjengo		..	..	..	1
Coonoor		..	1	..	..
Gooty		..	..	..	1
Kamptee		1	..	..	..
Kotagherry		..	..	..	1
Mercara		..	..	..	2
Ootacamund		..	1	..	..
Davala, Wynaad Civil Dispensary		..	..	..	1
Secunderabad		..	1	..	..
Tanjore Raj Hospital		..	1	..	..
Dindigul Medical School		..	..	..	..
REVENUE ESTABLISHMENT.					
Arcot, North	Chittoor .. Collector	..	..	..	1
	Vellore .. Sub-Collector	..	..	..	1
	Ranecpet .. Head Assistant	..	..	..	1
	Arnee .. Deputy Collector	..	..	..	1
Arcot, South	Virdachellum. Sub-Collector	..	..	..	1
	Tindivanum. Head Assistant	..	..	..	1
	Trikalore .. Deputy Collector	..	..	..	..
Bellary	Bellary .. Collector	..	1	..	..
	Anantapore .. Sub-Collector	..	..	..	1
	Penkondah .. Head Assistant	..	..	..	1
Canara, South	Mangalore .. Collector	..	..	..	1
	Kundapore .. Head Assistant	..	..	..	1
Coimbatore	Coimbatore .. Collector	..	..	..	1
	Erode .. Sub-Collector	..	..	..	1
Cuddapah	Cuddapah .. Collector	..	..	..	1
	Madanapully. Sub-Collector	..	..	..	1
Ganjam	Chetterpore .. Collector	..	..	..	1
	Chicacole .. Sub-Collector	..	..	..	1
Godavery	Cocanada .. Collector	..	..	..	1
	Rajahmundry. Sub-Collector	..	..	..	1
	Ellore .. Head Assistant	..	..	..	1
Kistna	Masulipatam. Collector	..	..	..	1
	Guntur .. Sub-Collector	..	..	..	1
	Bezwada .. Head Assistant	..	..	..	1
	Vinnucondah. Deputy Collector	..	..	..	1
Kurnool	Kurnool .. Collector	..	..	..	1
	Cumbum .. Head Assistant	..	..	..	1
	Nundial .. Deputy Collector	..	..	..	1
Madras	Sydapet .. Collector	..	..	..	1
	Chingleput .. Sub-Collector	..	..	..	1
Madura	Madura .. Collector	..	..	..	1
	Dindigul .. Sub-Collector	..	..	..	1
	Ramnad .. Head Assistant	..	..	..	1
Malabar	Calicut .. Collector	..	..	..	1
	Paulghaut .. Head Assistant	..	..	..	1
Nellore	Nellore .. Collector	..	..	..	1
	Ramiapatam. Sub-Collector	..	..	..	1
	Gudur .. Head Assistant	..	..	..	1
	Kaligiri .. Deputy Collector	..	..	..	1

CIVIL DEPARTMENT—GOVERNMENT SERVICE—(*Continued*).

		Revised Establishment.			
		Apothecary.	Assistant Apothecary.	Passed Hospital Apprentice.	Hospital Assistant.
REVENUE ESTABLISHMENT—(*Concluded*).					
Salem	Salem .. Collector	1	..	..	..
	Oossoor .. Sub-Collector	..	..	..	1
	Tripatore .. Head Assistant	..	..	..	1
	Namkul .. Deputy Collector	..	..	..	1
Tanjore	Tanjore .. Collector	..	..	..	1
	Negapatam .. Sub-Collector	..	..	..	1
Tinnevelly	Tinnevelly .. Collector	..	..	..	1
	Tuticorin .. Head Assistant	..	..	..	1
	Shermadevi .. Sub-Collector	..	..	..	1
	Strivilliputtur. Deputy Collector	..	..	..	1
Trichinopoly	Trichinopoly. Collector	..	..	..	1
	Arealore .. Deputy Collector	..	..	..	1
Vizagapatam	Vizagapatam. Collector	..	..	..	1
	Nursipatam .. Principal Assistant	..	1	..	..
	Vizianagrum. Sr. Asst. Collector	..	..	..	1
	Jeypore .. Assistant Collector	..	..	..	1
PROVINCIAL JAILS AT					
Bellary		..	..	..	1
Berhampore		..	..	..	1
Calicut		..	..	..	1
Cannanore (Central)		..	..	..	1
Chingleput		..	..	..	1
Chittoor		..	..	..	1
Coimbatore (Central)		..	..	..	2
Cuddalore		..	..	..	1
Cuddapah		..	..	..	1
Gumbum		..	..	..	2
Guntur		..	..	..	1
Guindy		..	..	..	1
Kurnool		..	..	..	1
Madura		..	..	..	1
Mangalore		..	..	..	1
Masulipatam		..	..	..	1
Nellore		..	..	..	1
Nilgiris, Ootacamund		..	..	..	1
Rajahmundry (District)		..	..	..	1
Do. (Central)		..	..	..	1
Salem (do.)		..	1	..	..
Tanjore		..	..	..	1
Tinnevelly		..	..	..	2
Tranquebar		..	..	..	2
Tellicherry		..	..	..	1
Trichinopoly (District)		..	..	..	1
Do. (Central)		..	..	..	1
Vellore (Central)		..	..	..	1
Vizagapatam		..	..	..	2
		..	..	..	2
POLICE AT					
Baliguda (and Assistant Agent's Establishment)		..	..	..	1
Bellary		..	..	..	
Calicut		1	..	..	..
		..	..	..	5

CIVIL DEPARTMENT—GOVERNMENT SERVICE—(*Concluded*).

	Revised Establishment.			
	Apothecary.	Assistant Apothecary.	Passed Hospital Apprentice.	Hospital Assistant.
POLICE—(*Concluded*).				
Coimbatore	..	..	..	1
Cuddalore	..	..	..	1
Cuddapah	..	..	..	1
Goonipore	..	..	..	1
Koraput (Gumsur)	..	1	..	1
Kurnool	..	..	..	1
Madura	..	..	..	1
Mangalore	..	..	..	1
Masulipatam	..	1	..	..
Nursipatam	..	..	..	1
Nursapore	..	..	..	1
Ootacamund	..	..	..	1
Palamcottah	..	1	..	..
Parvatipore and Dispensary	..	..	..	1
Rajahmundry	..	..	..	1
Ramnad	..	..	..	1
Salem	..	..	..	1
Trichinopoly	..	..	..	1
Vellore	..	..	..	1
Vizianagram	..	..	..	1
Vizagapatam	..	..	..	1
MISCELLANEOUS.				
Engineer's Establishment, Tambracherry Pass	..	..	..	1
Do. Jeypore Ghauts	..	..	..	1
Do. Bezwarrah (& Civil Dispensary)	..	1	..	..
Do. Dowlaishweram	..	..	..	1
Resident at Travancore	..	..	..	1
Revenue Survey Settlement and Demarcation	..	..	..	10
Geological Survey	..	..	..	1
Trignometrical Survey	..	..	..	1
Vaccine Department, Laccadive Islands	1	..	..	1
Civil Station of Chicacole	1	..	..	..
Do. of Chetterpore	1	..	..	..
Do. of Rajahmundry	..	..	..	..
Total	18	21	..	152
OTHER GOVERNMENTS.				
Mysore Commission	4	9	1	13
Nagpore do. and Central Provinces	1	1	..	7
Burmah, do. including Andamans	1	4	..	5
Government of India { Upper Godavery Works	..	..	1	..	1
Government of India { Steamer Irriwaddy	..	1	..	..
Government of India { Surveyor-General's Department.	..	5	5	..
Straits Government	3	9	2	8
Hyderabad Contingent and Assigned Districts	1	..	..	..
Rajah, Vizianagram	..	..	..	..
	10	29	9	34
Other Governments	18	21	..	152
Madras Government	..	..	..	..
Total	28	50	9	186

ENCLOSURE No. 3, C.

CIVIL DEPARTMENT—LOCAL SERVICE.

		Revised Establishment.			
		Apothecary.	Assistant Apothecary.	Passed Hospital Apprentice.	Hospital Assistant.
CIVIL DISPENSARIES AT					
Alur					
Adoni	*Bellary*				
Anantapore	"			1	
Bellary	"				1
Hospett	"			1	
Hurpenhally	"				1
Pennacondah	"			1	
Tadpatry	"			1	
Ahtoor	"				1
Darampoory	*Salem*		1		1
Harcor	"			1	
Oossoor	"				
Salem	"			1	
Tripatore	"				1
Sunkerydroog	"			1	
Berhampor	"				1
Chicacole	*Ganjam*			1	
" for itinerant duty	"				1
Ganjam	"				1
Chetterpore	"				1
Surada	"			1	
Bimlipatam	"			1	
Madgole	*Vizagapatam*				1
Vizagapatam	"			1	
Calicut	"		1		
Cannanore	"			1	
Cochin	*Malabar*				1
Goodaloor	"				2
Munjery	"				1
Paulghaut	"				2
Ponani	"		1		
Tellicherry	"				1
Vythiri	"				1
Leper and Small-pox, Calicut	"				1
Carcor	"				1
Collegal	*Coimbatore*		1		
Darapuram	"				1
Bowani	"			1	
Erode	"				1
Pollachy	"			1	
Sathiamangalum	"				1
Cherela	"			1	
Dachapully	*Kistna*				2
Guntur	"				1
Masulipatam	"				1
Vinukondah	"				1
Chingleput	"				1
Conjeveram	*Chingleput*				1
Sydapett	"				1
Chittoor	"				1
Palmanair	*North Arcot*				1
Vellore	"			1	
Tripatty	"		1		1
	"				1

CIVIL DEPARTMENT—LOCAL SERVICE—(*Concluded*).

		Revised Establishment.			
		Apothecary.	Assistant Apothecary.	Passed Hospital Apprentice.	Hospital Assistant
CIVIL DISPENSARIES.—(*Concluded*).					
Combaconum	*Tanjore*	1			1
Manargoody	"				1
Mayaveram	"			1	
Negapatam	"				1
Tranquebar	"		1		
Tritrapondy	"			1	
Sheally	"			1	
Cocanads	*Godavery*				1
Ellore	"				1
Do. for itinerant duties	"				1
Rajahmundry	"				1
Ramanchendrapur	"				1
Cuddalore	*South Arcot*				1
Do. Branch	"				1
Trinomallay	"				1
Virdachellum	"		1		
Cuddapah	*Cuddapah*				1
Madanapully	"	1			1
Kadri	"				1
Proddatore	"				1
Pindigul	*Madura*				1
Madura	"		1		1
Peatreecolum	"				1
Paumben	"		1		
Pulni	"			1	
Ramnad	"				1
Tirachuly	"				1
Uselamputty	"				1
Uttamapolliem	"				1
Edeyengoody	*Tinnevelly*				1
Nangunery	"				1
Strivillipattur	"				1
Tinnevelly	"				1
Do. Branch	"		1		
Tuticorin	"			1	
Kassergode	*South Canara*			1	
Kundapur	"				1
Mangalore	"			1	
Udippy	"				1
Uppinangady	"				1
Kurnool	*Kurnool*				1
Nundial	"				1
Cumbum	"				1
Nellore	"		1		
Ongole	"				1
Srirungum	*Trichinopoly*				2
Trichinopoly	"				
PRESIDENCY HOSPITALS.					
Native Infirmary		1			1
Black Town Dispensary					2
Hospital for Women and Children, Vepery			1		1
Triplicane Dispensary			1		1
Total		3	14	23	77

SUMMARY OF B AND C.

—	Assistant Surgeon.	Apothecary.	Assistant Apothecary.	Passed Hospital Apprentice.	Hospital Assistant.
Employed by the Madras Government—see B	1	18	21	..	152
Reserve at 15 per cent. to be provided	..	3	3	..	23
Total ..	1	21	24	..	175
Employed by other Governments—see B	1	10	29	9	34
Do. by Municipal and Local Boards—see C.	9	3	14	23	77
Reserve at 15 per cent. for Local Service	1	..	2	4	19
Civil Dispensaries now filled by pensioners, D.	..	..	..	..	24
Do. sanctioned but not opened, D. ..	..	..	..	..	24
Total requirements of the Civil Department on 1st October 1876	12	34	69	36	353
Available from the Military Department	..	34	64	32	274
On 1st October 1876 ..	..	..	— 5	— 4	— 79

ENCLOSURE No. 4, D.

LIST of Municipal and Local Fund Dispensaries under the Medical charge of Pensioned Medical Subordinates and others unconnected with Government, and of sanctioned Dispensaries not opened for want of Medical men.

UNDER PENSIONERS, &c.		SANCTIONED BUT NOT OPENED.	
Circle.	Dispensaries at	Circle.	Dispensaries at
Arcot, North	Ranoepett.	Bellary	Kaliandroog.
Arcot, South	Villipuram.	Canara, South ..	Buntwail.
Chingleput ..	Madurantakum.	Coimbatore	Oodoomulpet.
	Sembium.	Cuddapah	Chitwail.
Coimbatore	Coimbatore.		Pulivendala.
Cuddapah	Budwail.	Ganjam	Tekkali Raghonadapore.
Ganjam	Aska.	Kistna	Juggiahpet.
Malabar	Manantoddy.		Krossoor.
Madura	Madura Branch.		Nursarowpet.
	Permagudi.		Nuzivid.
	Shevagunga.		Repalli.
Salem	Kistnagherry.		Tiruvur.
	Namkul.		Tumurookottah.
	Yercaud.	Tanjore	Combaconum Branch.
Tanjore	Pattucottah.		Nagore.
	Tanjore Branch.		Nunnilam.
Tinnevelly	Vellam.		Trivalore.
Trichinopoly	Alanjoonery.		Vedarniem.
	Irungalur.	Trichinopoly ..	Areyalore.
Vizagapatam ..	Bobbili.		Museri.
	Nursipatam.	Vizagapatam ..	Anakapilly.
	Palcondah.		Salur.
	Parvatipore.		Siripuram.
	Yellamanchaly.		Srungaravarapucottah.
	24		24

ENCLOSURE No 5, E.

STATEMENT showing the number of Appointments open to Medical Subordinates, the number of Subordinates available to fill them, and the number deficient on the 1st October 1876.

—		Assistant Surgeon.	Apothecary.	Assistant Apothecary.	Passed Hospital Apprentice.	Hospital Assistant.
Civil ..	Fixed Establishment for Military Department, including 15 per cent. for reserve	..		59	18	140
	Required for Madras Government Establishments, including 15 per cent. for reserve ..			24	..	176
	Required for other Governments, without reserve			29	9	84
	Required for Municipal and Local Fund Hospitals, including 15 per cent. reserve ..			16	27	143
Total requirements of all Departments		12	65	128	54	493
Actually present on 1st October 1876.		..	65	123	50	414
Deficient on 1st October 1876 ..		..	..	5	4	79

ENCLOSURE F.

STATEMENT showing the Measures to be adopted to overtake the existing Deficiency and Prospective Decrement in the Subordinate Medical Department.

Class.	Year.	Strength.	CANDIDATES. Under Training.	CANDIDATES. To be Entertained.	Probable Accessions from the Medical College at 80 per cent. of those under Training.	Annual Decrement on Strength and Accessions at 5 per cent.	Annual Increase.	Annual Decrease.
Apothecary Class.	1877	238	54	April 20 / Oct. 20	8	12	..	4
	1878	234	..	..	8	12	..	4
	1879	230	..	..	5	12	..	7
	1880	223	..	..	23 + 8 = 31	13	18	..
	1881	241	..	..	8	12	..	4
	1882	237	..	..	16	Half-year 6	10	..
			54	40	76	67	28	19
Add existing deficiency on 1st October 1876							..	9
Deficiency in June 1882							28	28

Statement showing the Measures to be adopted to overtake the existing Deficiency and Prospective Decrement in the Subordinate Medical Department—(*Concluded*).

Class.	Year.	Strength.	Candidates. Under Training.	Candidates. To be Entertained.	Probable Accessions from the Medical College at 80 per cent. of those under Training.	Annual Decrement on Strength and Accessions at 5 per cent.	Annual Increase.	Annual Decrease.
Hospital Assistant Class.	1877	414	81	April 0 Oct.	21	17	4	..
	1878	418	..	.	28	18	10	..
	1879	428	..	.	16 + 40 = 56	19	37	..
	1880	465	..	.	40	Half-year 10	30	..
			81		145	64	81	..
Existing deficiency on 1st Octobe					.. ..		..	79
Equilibrium restored in June 188					.. ..		81	79

ENCLOSURE No. 7, G.

STATEMENT showing the Probable Number of Students with which the Medical College will commence the Session of 1877-78.

Senior Department students. No. 27

Second Department.

Government Students.	Civil Hospital Apprentices in College 1st year 6, 2nd year 9 ..	15	
	" " pre-collegiate entertained October 75	9	
	Military " " " December 76	14	
	Singapore students " November 76	6	
	Female students	10	
		4	
			58

Junior Department.

Government Students.	Civil Medical Pupils in College 1st year	35	
	" " pre-collegiate entertained October 75	3	
	" " " December 76	16	
	Mysore Government students	12	
			66
	Total ..		151

ENCLOSURE No. 8, H.

STATEMENT showing the Cost for the Official Year 1877-78 of recruiting the Subordinate Medical Department, as per letter, No. of

APOTHECARY CLASS.

	Rs.
Pay of 20 Apprentices proposed to be entertained on 1st April 1877, viz.,	
Ten for 12 months from 1st April 1877 to 31st March 1878, at Rs. 15	1,800
Ten for 6 months, from 1st April 1877 to 30th September 1877, at Rs. 15 ..	900
Ten for 6 months, from 1st October 1877 to 31st March 1878, at Rs. 20	1,200
Pay of second batch of 20 Apprentices proposed to be entertained on 1st Oct. 1877, viz.,	
For 6 months, from 1st October 1877 to 31st March 1878, at Rs. 15	1,800
	5,700

Teaching Staff.

One additional Clinical Teacher at the General Hospital for six months from 1st October 1877 to 31st March 1878—	
Surgeon under 10 years' service paid as Civil Surgeon of second class at Rs. 550 ..	3,300
Presidency house-rent at Rs. 60	360
Total ..	9,360

or

Surgeon under 5 years service paid as Civil Surgeon of the second class at Rs. 400	2,400
Presidency house-rent at Rs. 40	240
Pay of Apprentices as above	5,700
Total ..	8,340

HOSPITAL ASSISTANT CLASS.

	Rs.
Pay of 50 Pupils proposed to be entertained on the 1st April 1877, viz.,	
For 6 months, from 1st April to 30th September 1877, at Rs. 7	2,100
For 6 months, from 1st October 1877 to 31st March 1878, at Rs. 9	2,700
Pay of second batch of 50 Pupils proposed to be entertained on 1st October 1877, viz.,	
For 6 months, from 1st October 1877 to 31st March 1878, at Rs. 7	2,100
	6,900

Teaching Staff.

For 6 months from 1st October 1877 to 31st March 1878.—		
Superintendent's pay as minor Professor at Rs. 200	1,200	
One second-class Assistant Apothecary, pay 75, house-rent 30, staff allowance 50	930	
One second-class Hospital Assistant, pay 40, staff allowance 25	390	
Apothecary of the Native Infantry, staff allowance 50	300	
		2,820
		9,720
Cost of the Apothecary Class		9,360
Grand Total ..		19,080
or		
		9,720
Cost of the Apothecary Class		8,340
Grand Total ..		18,060

ENCLOSURE No. 9, 1.

LIST of Major Dispensaries in the Mofussil and at the Presidency.

Adoni.
Anantapur.
Bellary.
Berhampore.
Bhowany.
Bimlipatam.
Budwail.
Calicut.
Do. Leper and Small-pox Hospitals.
Cannanore.
Caroor.
Chicacole.
Chingleput.
Chittoor.
Cocanada.
Do. Seamen's Hospital.
Cochin.
Coimbatore.
Combaconum.
Conjeveram.
Coonoor.
Cuddalore.
Do. Old Town.
Cuddapah.
Cumbum.
Dindigul.
Edeyengoody.
Erode.
Ganjam.
Gopaulpore.
Ghooty.
Goodalore.
Guntur.
Herpenhully.
Hospett.
Kamptee.
Kassergode.
Kimedy.
Kundapore.
Kotaglierry.
Kurnool.
Madanapully.
Madura.
Manargoody.
Mangalore.
Masulipatam.
Mayaveram.
Munjery.
Namkul.
Negapatam.
Nellore.
Nundial.
Nungunery.
Ootacamund.
Palamcottah.
Palcondah.
Palliport Lazaretto.
Palmanair.
Palghaut.
Paumben
Pennacondah.
Pollachy.
Ponnani.
Pulney.
Rajahmundry.
Ramnad.
Ranipett.
Saint Thomas' Mount.
Salem.
Secunderabad.
Sivaganga.
Sreerungum.
Streevillipootoor.
Sunkerydroog.
Tadpatry.
Tellicherry.
Tinnevelly.
Tranquebar.
Trichinopoly.
Tripaty.
Tripatore.
Tritrapondi.
Tuticorin.
Udippy.
Uppinangady.
Uttamapolliem.
Vellore.
Virdachellum.
Vizagapatam.
Vythery.
Yercaud.

PRESIDENCY HOSPITALS.

Eye Infirmary.
Female Orphan Asylum.
General Hospital.
Lying-in Hospital.
Leper Hospital.
Male Asylum (Civil Orphan).
Native Infirmary.
Women and Children Hospital, Vepery.

Triplicane Dispensary.

No. 485.

Referred to the Director of Public Instruction for any remarks he or the Principal of the Medical College may desire to offer.

FORT ST. GEORGE,
28th February 1877.

(Signed) W. HUDLESTON,
Chief Secretary.

No. 893.

Referred, for early report, to the Acting Principal, Medical College.

MADRAS,
1st March 1877.

(Signed) R. M. MACDONALD, Colonel,
Director of Public Instruction.

No. 40. *From Colonel R. M. MACDONALD, Director of Public Instruction, to the Officiating Chief Secretary to Government, dated Madras, 14th March* 1877, No. 1127.

I have the honor, in returning the accompanying letter, No. 127, of the 27th February, from the Surgeon-General, Indian Medical Department, referred with your docket, No. 485, of the 28th February, to submit copy of a letter, No. 425, of the 7th instant, from the Acting Principal of the Medical College, stating his views on the questions discussed.

2. The comprehensive scheme sketched by Dr. Smith has evidently been most carefully elaborated, and seems to me to be exceedingly well adapted to the wants of the country.

3. Under the circumstances stated it seems necessary as proposed in paragraph 14 to decline for the present to admit fresh entrants to the Senior Department of the Medical College, to the class of female students, and to the class of students preparing for service under the Mysore Government.

4. The proposals contained in paragraph 41 for making the Senior Department somewhat more self-supporting than it has hitherto been are in accordance with the views which I have on more than one occasion laid before Government. It appears to me particularly objectionable that persons, who intend to become Commissioned Medical Officers, should be allowed to receive a gratuitous medical education and be even supported by stipendiary scholarships throughout the whole of their course or such portion of it as they choose to go through in this country. The five Government stipendiary scholarships might be abolished and ten free scholarships established for persons who enter the Senior Department with the avowed intention of taking the degree or license of the local University and of remaining in India afterwards either as private practitioners or in such employment as they may be able to obtain in this country. With these exceptions and with the exception of the female students, all the other pupils of the Senior Department might be required to pay, as proposed by Dr. Smith, a definite sum annually in advance as well as a registration fee. If this general principle is approved by Government, rules regulating the amount to be paid and the period of payment will be drawn up and submitted for sanction in connexion with paragraph 2 of G.O., No. 2263, of the 12th December 1876.

ENCLOSURE No. 1.

From Surgeon-Major J. E. DICKINSON, Acting Principal of the Medical College, to the Director of Public Instruction, dated Madras, 7th March 1877, No. 425.

In returning the enclosed, I have the honor to state that the only addition I have to offer to the well-devised plan of the Surgeon-General, Indian Medical Department, is that all scholarships, free or stipendiary, should be conferred on such candidates only who intend entering the Subordinate Medical Service of Government, not upon those who propose, after being well grounded at the Madras Medical College, to finish their education in the Home Colleges, and to compete for employment as Commissioned Medical Officers, because it is the medical subordinate grade which it is desirable to augment, not the ranks of commissioned medicos, plenty of whom can be found to enter the service leaving out of the question other reasons which are obvious.

No. 41. ORDER THEREON, 4th May 1877, No. 1420.

In paragraphs 1 to 19 of the first of the letters above recorded, the Surgeon-General, Indian Medical Department, draws attention to the existing deficiency in the strength of the Medical Subordinate Establishment and submits proposals for bringing the establishment up to the full strength. The proposals thus submitted by Dr. Smith have the full concurrence of the Acting Principal of the Medical College and the Director of Public Instruction.

2. Leaving Assistant Surgeons out of the question for the present, the requirements of all branches of the public service are estimated as follow:—

	Apothecary Class.	Hospital Assistant Class.
Military Department including reserve at 15 per cent.	198	140
Imperial and Provincial Civil Departments including reserve . .	45	176
Supplied to other Governments	48	34
For Municipalities and Local Funds including reserve. . . .	46	143
	247	493
Present on 1st October 1876	238	414
Deficiency	9	79

3. To overtake this deficiency and the usual annual decrements by June 1882 in the case of the Warrant Class, and in June 1880 as regards the Hospital Class, Dr. Smith shows in Appendix F that seventy-six men of the former class and 145 of the latter must be passed out by the College within the dates in question and this can be effected—

I. As regards the Apothecary Class—

(*a.*) By at once calling in twenty of the candidates who recently competed, and place them under pre-collegiate training, drafting the first ten on the list into the Medical College on the 1st October 1877, and the remaining ten on the 1st October 1878.

(*b.*) By selecting in August 1877 a further batch of twenty candidates to go through the usual course and join the service in 1882.

II. As regards the Hospital Assistant Class—

(*a.*) By calling in at once a batch of fifty candidates and drafting them into the College in October 1877, after six months' pre-collegiate training.

(*b.*) By selecting another batch of fifty candidates in September 1877, and drafting them into the Medical College after a year's pre-collegiate training in October 1878, so as to join the service in June 1880.

4. To provide for the efficient training of these large numbers, Dr. Smith proposes—

(*a.*) To stop for the present fresh admissions to
the Senior Department,
the Ladies' Class,
and the Mysore Government Class.

(*b.*) To add a fourth Clinical teacher to the General Hospital Staff.

(*c.*) To establish an auxiliary Provincial Medical School in connexion with the Royapooram Infirmary for educating up to the Hospital Assistant standard, placing it under Dr. Thompson with the additional allowances of a minor Professor (Rupees 200 monthly) and adding an Assistant Apothecary and a Hospital Assistant to the Infirmary Staff.

He estimates the cost of his proposals for one year at—

		Rs.
For the Apothecary Class—		
	Stipends to Apprentices	5,700
	Clinical Staff, General Hospital	3,660
For the Hospital Assistant Class—		
	Stipends to Pupils	6,900
	Teaching Staff, Auxiliary Medical School	2,820
	Total ..	19,080

5. The Government approve and sanction all of the above proposals except as regards the restriction of admissions to the Ladies' Class. Rather than sanction any check on female medical education the Government would be prepared to defer for a short time longer the completion of the full reserve of 15 per cent. and to permit the retention of pensioned officers in Local Fund and Municipal Dispensaries. The Surgeon-General will consider what modification of his proposals will be necessitated by this decision, and will also report whether he considers that any reduction of stipends can now be introduced without interfering with the supply of competent candidates. In the mean time all necessary steps may be taken to carry out the proposals subject to the above modifications.

6. It may be as well to remark that the Government understand that the proposal to stop admissions to the Mysore Government Class will not interfere with the liability of this Government to supply any vacancies which may occur among the eighty-two medical subordinates provided for other Governments in the Surgeon-General's estimate of requirements (Appendix E).

7. When submitting the report called for in paragraph 5 the Surgeon-General will submit a statement showing the total estimated charges of the Medical College and Auxiliary School for 1877-78, apportioning these charges as far as possible between the different classes of students. The Government will then be prepared to direct that a proportionate share of the cost of the College shall be defrayed from Local and Municipal Funds. A very small contribution from each will suffice.

8. There is one further point which seems to call for consideration. Under present arrangements the Military surplus employed on Civil duty is being gradually absorbed all recruiting being stopped in the meantime and admissions confined to the Civil branch only. The effect of this will be that in the course of some years there will be a total dearth of junior officers in the Military branch and promotion will be very irregular for some time after recruiting has again commenced. The Surgeon-General will consider whether it might not be advisable to call for volunteers from the Military to the Civil branch, and will submit any other suggestions that he may have to offer towards meeting the difficulty.

9. Paragraphs 20 to 40 of the Surgeon-General's letter refer to a much larger and wider subject, viz., "a great scheme for affording medical help to the masses," and will be dealt with in separate Proceedings.

10. Paragraph 41 also might more conveniently have formed the subject of a separate communication. The Government, however, approve the principle of making the Senior Department more self-supporting, and will be glad to receive detailed proposals.

(True Extract.)

Under Secy. to Govt.

To the Surgeon-General, Indian Medical Department.
" the Director of Public Instruction.
" the Military Department.
" the Revenue Department.
" the Board of Revenue.
" all Presidents of Municipal Commissions.
" all Presidents of Local Fund Boards.
" the Accountant-General.

Rec'd. Dejrant

No. 2479

Govt. of 1877. Madras

FINANCIAL.

To

THE SURGEON-GENERAL, INDIAN
MEDICAL DEPARTMENT.

&c., &c., &c.

Sir,

Dated May. 4th.

Issued 12

Rec'd 13

Ref.

G.O. 4th May 1877. No. 1200.

I have &c.,

MAY.

Nos. 39-41.

Medical.—The proposals of the Surgeon-General, Indian Medical Department, for bringing the Medical Subordinate Establishment up to the full strength, approved and sanctioned.

GW 2720.

Lodged

11 May 77.