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TAMIL NADU ARCHIVES

GOVERNMENT OF TAMIL NADU

Revenue DEPARTMENT

G.O. No.	4319	Press.
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Dated	3. 8. 1877	197

Not to be folded or roughly handled.

FINANCIAL DEPARTMENT.

ERRATUM.

IN Proceedings of Government Financial Department, dated 17th July 1877, No. 1921, on the subject of Medical Education, in para. 4, line 11, *for*, five eleventh; *read*, five-sevenths.

H. B. GRIGG,

*Acting Under Secretary
in Charge.*

FORT SAINT GEORGE, }
27th August 1877. }

To

in the Punjab at Lahore, and in the Madras Presidency; but in Medical Colleges similar in their object to that of the Madras Presidency; and in addition Bengal has Medical Schools at Patna, Dacca, Cuttack, and Bulrampur, and in all of these there are 3,000 or 4,000 students.

5. The *Nagpur School of Medicine* was opened in the year 1867, and up to the month of April 1875 it had sent out seventy-two Hospital Assistants. At the close of 1875, fifty were under tuition, and ten or twelve of them were expected to qualify by March of the current year. Its teaching staff consists of a Principal and three teachers.

GOVERNMENT OF MADRAS.
FINANCIAL DEPARTMENT.

17th July 1877, No. 1921.

Medical—Education.

Read the following papers:—

No. 124. Minute by the Hon. Sir W. ROBINSON, K.C.S.I., dated 12th May 1877.

No. 125. From Surgeon-General E. G. BALFOUR, Indian Medical Department, to the Chief Secretary to Government, dated Fort St. George, 14th July 1876, No. 412.

In paragraph 4 of my letter, No. 610, of the 1st December 1875, I reported to His Grace the Governor in Council that I was in correspondence with Medical officers in the Telugu and Tamil Districts, inviting them to teach Medical Science to local students, and that the officers whom I then named were eager to begin; and I expressed a hope of early being in a position to address Government on the subject.

2. The question how to obtain for this Presidency a sufficient number of medical men has been continuously under discussion since 1864; many suggestions for the attainment of the object in view have been put forward; and this plan, which I have now set in motion, is, I think, to be regarded as one from which good results will follow, and capable of being developed to a considerable extent. In 1873, I thought it probable that if Municipalities and Local Fund Boards were informed that for Rupees 528 a student could be passed through the Hospital Assistant curriculum of the Madras College some of the Boards might be inclined to send private students as stipended pupils, and I then circulated a memorandum to all those institutions; 1873, 18th March, No. 1850.

and, on the 30th August last, also, in another circular to all the Boards, I again sent out my memorandum of the year 1873, and shortly afterwards put myself in communication with certain of the Civil Surgeons, with the results which I will now record.

G.O.,
Surgeon-General. 1875, 19th Jan., No. 39. No. 418 of 23rd Feb.
" 25th May " 284. " 1431 of 7th July.
" 19th Aug. " 433. " 1782 of 7th Sept.
Government, also, however, had been greatly aiding my efforts by the orders issued on my letters as per margin.

3. That a movement of such kind as might produce additional medical men was really needed has been very clearly proved during the past twelve months' prevalence of cholera in an epidemic form, though it must be allowed that little is doing for the country in this Presidency compared with what other parts of India, and what even some Missionary bodies are doing.

4. Under the Governments of Bengal, of the North-Western Provinces at Agra, in the Punjab at Lahore, and in the Central Provinces at Nagpur, there are four Medical Colleges similar in their object to that of the Madras Presidency; but in addition Bengal has Medical Schools at Patna, Dacca, Cuttack, and Bulrampur, and in all of these there are 3,000 or 4,000 students.

5. The Nagpur School of Medicine was opened in the year 1867, and up to the month of April 1875 it had sent out seventy-two Hospital Assistants. At the close of 1875, fifty were under tuition, and ten or twelve of them were expected to qualify by March of the current year. Its teaching staff consists of a Principal and three teachers.

6. The *Hyderabad Medical School* was established in the year 1846. It has continued under the care of the successive Residency Surgeons, aided by an educational staff of an Assistant Superintendent, a Lecturer on Anatomy, and a Demonstrator who have fifty to sixty students under tuition. Up to the year 1867 the object was to turn out the students as Physicians and Surgeons, but in that year a junior class was formed with the intention of training Dressers, and up to the beginning of 1876 fifty-six students had obtained their certificates as Hakims, and eighteen of them certificates as Dressers. The great bulk of the students have been of the Muhammadan religion, and those who have qualified are in the service of the Hyderabad State, the Hakims on salaries ranging from Hali Sicca Rupees 70 to 400, and the Dressers, Hali Sicca Rupees 30 to 80.

7. The *Trevandrum Medical School* was established in 1861 by the Travancore Government, and up to February 1876 had educated twelve medical men, eleven of whom are now in the Medical Service of that State. There were at the close of 1875 twelve medical students, all of whom expected to obtain employment from that Government.

8. The *Madras Medical Mission* opened a Medical School in 1866, in order to obtain medical men for mission purposes; in the ten years that have passed by, twenty-one young men have been educated, all of whom are at present employed either in dispensaries or engaged in private practice. Some of them support themselves and earn from Rupees 40 to Rupees 50 monthly, and are doing good according to their opportunities. In February last twelve students were under tuition, whom Dr. Elder considered could be useful to their countrymen in the year 1878. The curriculum lasts three years, and the subjects taught are Anatomy, Chemistry, Materia Medica, Pharmacy, Physiology, Medicine, Surgery, and Obstetrics.

9. At *Ranipet*, the Rev. Drs. Scudder, Medical Missionaries, began about the year 1866 to train students in medicine, and by 1870 three of them left the school. One of these three is employed as a compounder, and the other two are practising their profession, one at Yegamoor in North Arcot, and the other at Narasinganum in South Arcot, each of these two having over 600 patients a-year. In February 1876, only one Ranipet student remained under tuition.

10. At the *Dindigul Medical Mission*, under the Rev. Edward Chester, M.D., there has been conducted with success a Medical School for young men to be trained up to Mission work.

11. I will now show what has resulted from the efforts made by me in November and December last, when I invited officers to aid in the extension of Medical Science—see paragraph 16.

12. The *Bellary Medical School* was established at the beginning of the year 1876 by Surgeon Stanley Dobie. The Municipality of Bellary had already entertained two medical pupils to be educated for three years and to receive Rupees 5 per mensem, and there is now a third who is studying voluntarily. The Local Fund Board, Bellary Circle, resolved to entertain six pupils on the same terms, one from each taluq was to be allowed, and a knowledge of English was not held to be necessary. In answer to advertisements and a memorandum sent to the medical subordinates in the taluqs, asking them to induce youths to apply, one application has been received; the applicant has not yet arrived. Surgeon Dobie lectures daily in Anatomy, Physiology, Materia Medica, Medicine and Surgery; and Chemistry and Midwifery will be taught as the students advance. Examinations are held weekly. The pupils are instructed at the bedside, in the operating-room, and at the deadhouse. The medical subordinates aid in instructing the pupils, teach them compounding, bandaging, &c., and help them in their studies. They also show them the out-patient practice. The medical subordinates and the Civil Surgeon have enough books between them for present wants. As the number of pupils increases it will be necessary to buy books. A complete skeleton has been gathered from a neighbouring burial-ground. The three medical subordinates at the Civil Hospital attend the lectures with marked interest.

13. The *Medical School at Coimbatore* has not yet been quite a year in existence. It owed its origin to G.O.G., No. 418, of 23rd February 1875. The Municipality advertised in the District Gazette for pupils, who were to receive their training gratis, but without any stipends. Only one lad, a Vellala Tamilar, offered himself and began his medical studies on the 1st September 1875; in February 1876 he declared his inability to continue under tuition without pay. The Municipality at one of their meetings consented to allow the stipends fixed in a scale prepared by the Civil Surgeon. In addition to a preliminary Hospital training of two years, provision has been made for a Collegiate course of six months. The course of study has been framed on the plan laid down by Government for the grade of civil medical pupil. With this view a supply of text-books has been ordered from England. Till the receipt of these the pupil will receive Clinical instruction in the wards, and be taught Practical Pharmacy in the Dispensary. The pupil has been made to enter into an agreement subject to the same conditions as obtain in the case of the civil medical pupil grade. A stipulation has been, however, entered in the bond for the repayment of the whole sum—Rupees 318—expended on his education, in monthly instalments of Rupees 4. He will, on the conclusion of the collegiate course and conditional on his passing successfully the required examination, be appointed to one of the Municipal or Local Fund Dispensaries in the district. It is only upon a guarantee of future employment that natives can be induced to qualify themselves for the medical profession. The prospect of private practice is not sufficient for this purpose. Municipal Medical Pupil J. Gnanapragasam Pillay is making fair progress in Practical Pharmacy and in dressings, &c.

14. At *Calicut*, in December last, Surgeon-Major Roberts brought my request prominently before the Municipality who agreed to select and support two students, but they sent only one in May of this year, and up to the end of June had not supplied books nor allotted a stipend. Several others have volunteered but leave, and he is of opinion that unless stipended they will not remain.

15. *Conjeeveram*.—With the sanction of Government, the Chingleput Local Fund Board last year selected two elderly Hindu practitioners of forty and fifty years of age as stipendiary pupils for instruction by the Medical officer at the Conjeeveram Civil Dispensary. They joined on the 5th July 1875, and the Medical officer felt that the first task to set about was to remove from their minds much that was pernicious in the doctrines of their School of Medicine as regards the medicinal and dietetic treatment of the sick. He obtained for them three Tamil books—A Compendium of English Medicine; the Medical Adviser of Woman; and the Vaccination Manual. His attention was principally directed to their practical instruction in the daily work of the hospital, dressing of ulcers and wounds, and bandaging, and compounding and dispensing prescriptions; at the same time taking every opportunity to impart Clinical instruction. The prevalence there of cholera as an epidemic all through the year has required the attention of the Medical officer and pupils, and has caused interruptions in the teaching. The younger of the two pupils has made some progress in Pharmacy and in the elements of Medicine and Surgery, and is willing to learn, and in another year will be qualified for practice. The elder pupil has learned little, and is reported by the Medical officer as too old, and, being himself unwilling to continue, the Medical officer has recommended his discharge.

16. The *Dindigul School* was opened in November 1875. It is under the superintendence of the Rev. Edward Chester, M.D. It has two medical classes, viz., that supported by the Mission in which all the young men are Native Christians, and its students have purchased Dr. Bidie's Pharmacy and Dr. Shortt's Manual. The Local Fund Medical Class has nine young men, six of whom are of the Vellala race with an East Indian, a Naidu, and another. In this class the warrant Medical officer, allowed by G.O., No. 1646, of the 11th August 1875, as an assistant, gives notes on Anatomy, and the only book they have purchased is Bidie's Pharmacy. In their second year, it is intended that they have notes on other subjects. The curriculum for the Local Fund Board students is proposed to extend through three years and to embrace Anatomy, Pharmacy, Hygiene, Practice of Medicine, and other branches of a medical education. The students are stipended by the Dindigul and Madura

Circles on monthly stipends of Rupees 5, 6 and 7 for their first, second, and third years of study.

17. At *Guntur*, Surgeon Tyrrell's proposals for educating young men have been discussed and favorably received by the Members of the Local Fund Board of this Circle, but the subject has not been settled. The Vice-President has called for the opinions of all the Members of the Board, and it will be finally settled at the next meeting.

18. At *Madura*, since September 1875, Surgeon Robinson has been teaching six unpaid medical students along with those of the pre-collegiate Government students, but one has left, and one has gone to be under the Rev. Edward Chester at the Dindigul School of Medicine. Instruction was first given in Osteology, the whole of the bones being regularly gone through; also in Pharmacy, Materia Medica, and the outlines of Medicine; the students have been likewise taught to read prescriptions, to dispense medicines while Clinical teaching was given in the wards of the hospital, where they have many opportunities of seeing and assisting at capital and minor operations. Since the beginning of June instruction in Physiology has been given four times a week, and in Surgery on three, with occasional examinations in Materia Medica and Medicine, and the opportunities are availed of for teaching Anatomy, afforded during *post-mortem* examinations. The progress of the pupils has been very satisfactory. As dispensers and dressers they have made themselves most useful. One of them, William Scott, who has been some time at the hospital, is stated by Surgeon Robinson to be quite competent to prescribe for the ordinary out-patient cases. He reports the *Madura* Dispensary to be well adapted for a small Medical School, the patients being numerous and with cases of great variety.

19. The *Masulipatam Medical School* was opened by Surgeon Cooke, M.B., on the 18th November 1875, when he began with eight pupils though more offered. The Local Fund Board allotted Rupees 1,000 for Medical Education, and since April last certain of the pupils have had stipends of Rupees 5 each; and at the present moment there are six, three Muhammedans and three Hindus, of ages ranging from eighteen, to twenty-two, all of whom know English either fairly well or very well. At first, as books had not been provided, Dr. Cook lectured in the morning of one day, the pupils taking notes, and in the evening the Hospital Assistant went over the subject, and on the day following they were examined. The usual text-books in use at the Medical College were since recently supplied to them. The subjects taught at first were Materia Medica, Anatomy, and Physiology, and they were taught to compound all the important pharmaceutical operations, weights and measures, and characters, actions, and doses of more important medicines, as also the antidotes for poisons. They have become well acquainted with the more important drugs and with the symptoms and treatment of chronic poisoning by iodine, lead, mercury, arsenic, and opium, and they know almost all the bones, and the positions and uses of the various organs of the body. Surgeon Cook mentions that the Local Fund Board has not given them any certainty of employment after examination, and he believes that, if hopes of employment be not held out to them, the whole scheme will fall through.

20. At *Nellore*, with the authority of the Local Fund Board, Surgeon-Major Aeneas Ross opened a *Medical School* on the 22nd March 1876, forming it into two branches, one where English was the medium of instruction, the other in which Telugu was used. Five students entered the English Class and nine commenced with the Vernacular tongue, though at first twelve for the English and nearly thirty for the latter class presented themselves. At the close of last month, four English-speaking and nine Vernacular students remained on stipends, a Brahman student having withdrawn as he found caste objections raised to his handling bones and dissecting; but there are now several candidates for his vacant place. Of the students, one is an East Indian, one a Tamlar, two Native Christians, four Telings, and four Muhammedans, and an intelligent young Rajput who somewhat latter joined the Vernacular Class as unstipended student. Two hours daily, Sundays excepted, are given to teaching them, the first hour being given to a thorough examination of the students in the subjects of the previous day's lecture, and up to the date of the report all the bones of the body with two or three exceptions had been lectured on, and the progress of the students has

been thoroughly satisfactory. The students attend at the Civil Dispensary morning and evening; they have been taught to apply simple dressings, &c., and they have made good progress in dispensing.

21. At *Tanjore*, the private medical students are under the instruction of Surgeon O'Hara, Civil Surgeon, and Hospital Assistant T. Mathuranayagam Pillay. The latter takes the tutorial and practical instruction in Materia Medica, Practical Pharmacy, and Minor Surgery, and Dr. O'Hara undertakes the Clinical instruction and examination. At present, the pupils are fifteen in number, there are eight private students, each with a stipend of Rupees 5, from the taluqs of the Tanjore District. Tanjore, Negapatam, Manargudi, Mayaveram, Combaconum, each two, with two volunteers (unstipended pupils from the Tanjore Municipality). They attend the Raj Hospital between 6½ and 9½ A.M., undertaking the compounding, and present with the out-patients, and accompanying the Civil Surgeon in the wards. They carry note-books and enter short accounts of the principal diseases—surgical and medical—given by the Civil Surgeon at the bedside. From noon to 2 P.M. they attend the Municipal Dispensary for instruction in Materia Medica, Practical Pharmacy, and Minor Surgery. The books employed being Dr. Bidie's Pharmacy, Royle's Materia Medica, Anandale's Minor Surgery. On these subjects they keep note-books. As a rule they do not take night duty, but in the event of their being any case (*e.g.*, capital amputations) demanding constant intelligent attendance, they are directed to attend and keep notes of the condition of the patient during their respective tours of duty. Besides these eight there are two volunteers under instruction. They attend the Municipal Dispensary. The progress of some students has been good, that of others fair, while of the advance made by two the officer speaks unfavorably; the powers of observation and comprehension of these two lads being very poor. This progress is satisfactory of itself, but the opening of these schools gave birth to the idea of establishing, with two or three lakhs, a large Central Medical College at Trivady, which has received the approval of Government in the Proceedings of the 20th May 1876, from which great benefits have been expected. But the same want, viz., the absence of hospitals which has prevented Oxford and Cambridge being great medical schools, is apparent here. Without an hospital where the students may receive Clinical instruction there cannot be any true Medical Education.

22. At *Tellicherry*, under Surgeon Levinge, there are three pupils, Mutary Kaman Kyattli, Kaman Nambayar, and Thyachatil Govindan Nair, but the report on them has not come to hand; one of the pupils is of the Tier race, and has been attending as a volunteer since January 1876. He speaks English well and keeps pace with the other pupils. He knows the anatomy of the bones, materia medica, and a little surgery and dispensing medicines.

23. The *Tinnevely* Board, in March last, resolved to allot Rupees 250 per annum for the establishment and maintenance of a Medical School to consist of four pupils. The proposal has been referred to Government for sanction.

24. My letter, No. 282, of 21st May 1875, now before Government, in which I submitted a scheme for apprenticing and teaching pupils for the medical profession, gives in detail the rules for their entertainment. I hope that orders on that letter may soon be issued. In this communication I have shown what Medical officers of Government and Municipal and Local Fund Boards have been willing to do and have done during a period of anxiety as to how to provide medical men for the districts, where cholera has been epidemic. I may point to the large measure of success that has attended the efforts of Surgeon-Major Aeneas Ross at Nellore, of Surgeon Cook, M.B., at Masulipatam, and of Surgeon O'Hara at Tanjore; and of the progress at other places as evidence of what can be done; and will now only add that how to supply the medical men wanted by Collectors for their districts and by Presidents of Boards for new hospitals, has for the last few years been to this office the most constant cause of anxiety.

25. The need for additional medical men is so great that any addition to our present means would be acceptable. I submitted this in my letter, No. 144, of 18th April 1873, when noticing recommendations that had before my time been made regarding the establishment of Provincial Medical Schools. I have also suggested the

education at the Madras College of an increased number of students; that warrant medical officers should itinerate the country to teach the native practitioners and the people how better to care for the sick; that the Native Infirmary, Madras, should become a Medical School; Government has liberally approved of my proposals that women should be educated as Doctors, and that the University should re-establish a degree of Licentiate of Medicine, and I would hope that the subjects submitted by me of "State Medicine," of Zillah Schools (No. 282 of 21st May 1875), and creation of a new Medical Corporation, now before Government, may also be favorably considered.

Read again the following:—

No. 126. *Extract from a letter from Surgeon-Major W. R. CORNISH, F.R.C.S., Sanitary Commissioner for Madras, to the Acting Chief Secretary to Government, dated Coonoor, 7th July 1874, No. 118.*

23. And I now have to lay before Government my opinion that the time has come when this subject, of medical education and training, should be dealt with on broader grounds than those of mere expediency and policy in regard to the necessities of State institutions, and that the assistance of Government is essential to foster and encourage the medical training and education of the indigenous practitioners of the country, who, notwithstanding the multiplication of hospitals and educated practitioners in Government or Municipal employ, must, from the very nature of things, be still the doctors of nine-tenths of the rural population.

24. Ever since the year 1863, when as Secretary to the Head of the Medical Department I first drew attention to the needs of the country in regard to the education of its native practitioners and midwives, the matter has been before Government, and a great deal has been said and written in regard to the establishment of Provincial Medical Schools. I do not propose to traverse any of this ground again, or to refer to the mass of official papers in which the subject lies entombed, but I will offer one or two suggestions that seem to me within the power and ability of the Government to entertain, in the disposal of the great question of what can be done by a Government to aid its people in providing themselves with medical men in some degree fitted for the responsibilities they undertake.

25. If we consider for a moment what has already been accomplished by Government in regard to the efficiency of its own servants in the several branches of administration, in requiring all classes to show special knowledge before they can advance to situations in which such special knowledge is required, it does not seem to be wholly impracticable to apply a similar procedure to a class of men whose duties call them to deal with the health and lives of the people at large.

26. It is very properly required of the Vakil or Pleader that he shall show some acquaintance with legal procedure, and the laws of evidence, before he is permitted to receive money from the public for his services in a Judicial Court. The Schoolmaster is required to pass certain standards of examination before he is eligible to receive a Government grant-in-aid. The Revenue and Judicial subordinates of the State are, in like manner, required to know something of the duties of their appointments, and the general public in their dealings with all these classes have the satisfaction of knowing that the Government have been at some pains to ascertain the fitness of the individuals for the special work devolving upon them.

27. But when we come to examine the actual condition of the medical profession in India, we find that the public, whose health and worldly prospects may be absolutely dependent on the skill and knowledge of their medical advisers, are wholly unprotected by the State, and that any ignorant charlatan may practice upon them with impunity. He may ruin their health by the misuse of poisonous drugs, or bind up fractured limbs in such a manner that they rot away and perish, or cause the death of mother and child in labor, from sheer ignorance of the methods of saving life. Whatever may be the amount of human suffering incurred through the ignorance of pretenders to medical skill, a Government, which makes no attempts to regulate and improve the conditions

of medical practice, is in some degree responsible for. If it be incumbent upon a State to pass ordinances for the regulation of candidates for the legal profession, it is surely no less a public duty to ensure that all those who exercise the calling of a medical practitioner shall afford some evidence of their fitness to be entrusted with the lives of the people.

28. The condition of the Medical Profession in India, at the present time, is somewhat similar to what it was in England and Wales before the passing of the Apothecaries Act in 1815, with this difference, that the unfitness of the Indian practitioner is more universal than that of the bygone English Apothecary. The European officials of the Medical Service, and the limited number of men trained in the Indian Colleges, represent the Physicians and Surgeons of those times, who had chartered privileges, while the indigenous practitioners represent the old race of Apothecaries, who were the general practitioners of the country, and who prior to the year 1815 got no other professional training than was to be obtained by servitude, or apprenticeship, with persons of the same calling.

29. To attempt the enlightenment of the existing race of medical practitioners of India would be a task beyond the powers of any Government. A similar difficulty was encountered and acknowledged by the British Government in its efforts to introduce a uniformity of qualification amongst the general practitioners of Great Britain. Legislation in the latter case had to be directed to the future, rather than to the present, as must be the case in India whenever the subject of medical qualification is to be brought within the cognizance of the law. The Apothecaries Act distinctly exempted all those who were in practice before the year 1815 from its operations, and the mere fact of a person being engaged in practice before the date defined in the Act, was subsequently held to be a qualification for that person to practice and recover fees, or charges, for medical attendance and drugs, and was held by the Poor Law Board as a qualification for the medical charge of a union district.

30. And with regard to the existing race of medical practitioners in India, a similar practice will be absolutely necessary, whenever the Government deem it advisable to legislate on the subject of the future status of the medical profession.

My earnest advice to the Government is, that, as the subject of the medical education of the natives of India has been under discussion in this Presidency for upwards of eleven years, no more time should be lost in bringing before the Legislative Council a Bill to regulate the qualifications of medical practitioners. As regards the means of medical training, Madras is behind the other Presidencies; Provincial Schools are being established at Patna and Dacca, in Bengal, while the Native State of Hyderabad has for years past had its Medical School, and the comparatively junior Government of the Central Provinces has instituted a school in Nagpore. The means of medical education should be provided at some four or five selected stations in the Provinces, in addition to the existing college.

31. I believe legislation to be necessary, because, until Government is pleased to define the privileges of the profession in the future, we cannot reasonably expect young men of education and intelligence to seek a livelihood in a profession that has no existing status, or dignity in native esteem; and further, because in all civilized countries it is the concern of the State to see that those engaged in occupations involving the responsible charge of the health and lives of the people, are fitted for their duties, and protected by the law from the competition of mere pretenders to knowledge, who have shown no qualifications for their calling.

32. Legislation, in my opinion, should precede, or at any rate should not be deferred beyond, the establishment of Provincial Schools of Medicine for the training of young men for the profession. It is necessary that the native public should become familiarized with the idea that the future race of medical men are to undergo a training and examination as to their fitness to practice, and nothing will bring the fact home to them in such a practical form as an enactment intended to take effect from a prospective date. If an Act, such as is here contemplated, could be passed during the next Legislative Session, its practical operation might be deferred

until the 1st January 1880, and meanwhile all candidates for admission to the qualified ranks of the profession would have ample time to shape their education in accordance with the requirements of the law. I have entered in an appendix the principal heads for a draft Act, suitable to the circumstances.

33. While nothing short of legislative interference will, in my view of the case, raise the social and professional status of the medical profession in India, I must not omit to point out that simultaneously with legislation there must be means and opportunities provided for the natives of complying with the requirements of the law in regard to their training and education. Medical Schools will have to be established in the provinces, so as to meet the convenience of candidates, and for some years to come it will be necessary for Government to take an active part in their maintenance. In Europe Medical Schools are, for the most part, self-supporting, but I apprehend that many years must elapse before they will become so in India. The people will require to see clearly before them the advantages of the medical profession before they will seek admission to it, and pay for their education, and the Government cannot afford to wait for an indefinite period for this amount of enlightenment, as its own material interests are immediately involved in augmenting the number of agents required for the Sanitary and Medical administration of the country. In process of time, when the medical profession is actually established and protected by the law, it is quite possible that Medical Schools for the benefit of the general population will become independent of Government aid.*

No. 127. *Extract of a letter from Surgeon-General G. SMITH, M.D., Indian Medical Department, to the Chief Secretary to Government, dated Fort St. George, 27th February 1877, No. 127.*

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."

* The progress of the Calcutta Medical College in this respect is most gratifying. Out of a total of 1,441 students in the past year, 1,076 were paying fees, and Rupees 35,736 were realized from the payments of private students.—W.R.C.

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 towards 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 it 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 medical men 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

† Of these nine are Hospitals in Madras.

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 unfrequently 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 furniture, 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.

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 pressing to require is a supply of fairly educated subordinates, some of them *fixtured* 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 *clientele*.

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 neighbouring 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

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

the saving in bricks and mortar, not to mention other necessary arrangements involving heavy expenses, would be very considerable.*

32. Major Dispensaries should be of sizes suited to the requirements of the locality in which they are built. All unnecessary expense should be avoided, the object being to allow of the available means reaching the masses directly, and as much 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-Magistrates, in Municipal towns, in seaport towns, in towns generally of 5,000 or at least of 10,000 inhabitants and upward, and in specially unhealthy localities.

33. In connection 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 rites 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 *sees* 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 unity of operation and with the retention of the directing and controlling power at headquarters. Government 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 individual, 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 of 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.

No. 128.

ORDER THEREON, 17th July 1877, No. 1921.

The question of extending the facilities for Medical Education, and of providing a body of trained medical practitioners, to meet the wants in this respect of the population at large, has now for many years occupied the serious attention of Government; but the great cost which would be involved by an attempt to provide such aid entirely from public funds on the one hand, and the danger, on the other, that there would be no sufficient demand for the services of a superior class of trained private practitioners, has hitherto stood in the way of any definite extensive action in the matter. The Government consider, however, that the second of these dangers, at any rate, is now very much less than it was some years ago, and the letter and extracts from letters above recorded will consequently be referred to the consideration of the Local Fund Boards and Municipalities throughout the Presidency, in view to their reporting at an early date on the best method, in their opinion, of providing extended means of medical education for intending private practitioners.

2. The first of the papers now referred to for consideration is an account submitted by Dr. Balfour of the results realized in his endeavours to work out the scheme of

affording medical education in existing Civil Dispensaries which was approved in G.O., dated 23rd February 1875, No. 418.

3. The second contains proposals by Dr. Cornish for provision, by legislation, for the proper qualification of all persons practising the medical profession in Southern India.

4. The third is Dr. Smith's scheme referred to in paragraph 9 of G.O., dated 4th May 1877, No. 1420. His proposals are based on the proposition that the medical wants of the country will be satisfactorily met when one medical agent has been provided to every 5,000 of the population, involving altogether rather more than 7,000 medical agents, to meet the annual decrement amongst which not fewer than 300 medical men must be provided annually, which would require the establishment of three well-equipped Provincial Medical Schools. The Government further understand the scheme to contemplate a guarantee of employment either under Government or a Local or Municipal body to all successful students. Taking the average pay of a Civil Hospital Assistant (Rupees 30 per mensem) the payment of the salaries alone would involve an annual expenditure of Rupees 25,20,000, or about five-elevenths of the total amount now raised by means of a cess on land under Act IV of 1871. The cost of a State Medical Agency of this numerical strength seems to Government to be absolutely prohibitory, and the immediate object of the present reference is consequently to obtain the views of the local bodies with reference to the development, by means of Local and Municipal Funds, of facilities for affording a sufficient medical education to intending private practitioners.

5. The ordinary staff of existing Dispensaries and of other similar institutions which may be established under Acts III and IV of 1871 will be provided from the General Civil Medical Subordinate Establishment regarding which orders have been passed in G.O., dated 7th May 1875, No. 1001, and G.O., dated 4th May 1877, No. 1420.

(True Extract.)

D. F. CARMICHAEL,
Chief Secretary.
6. 5. July
Acting Under Secy. to Govt.

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

Esd. J. Wright.

Revenue Deficiency
✓ *4035335*

Cost. of 1877 *Madras.*

FINANCIAL.

To
THE SURGEON-GENERAL, INDIAN
MEDICAL DEPARTMENT.

Genl. &c., &c.

Dated July, 17th.

Issued 3-5

Recd. 3 August

G.O., 17th July 1877, No. 1021.

JULY.
NOB. 124-128.

Method.—Certain papers referred, with remarks,
for the consideration of all Local Fund Boards
and Municipalities in view to their reporting on
the best method of providing extended means of
Medical Education for increasing public prodi-
tious.

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Lodges
11 August