

Discuss about Private practitioners of the members of the Tamil Nadu Medical Service.

Answer: As per Para 418 of the Tamil Nadu Medical Code Vol. I, the Medical practitioners are permitted to run private clinics in the villages they serve on specified day in a week in the afternoons. This private practice should not be detrimental to the dispensary works. They are entitled to charge fees for professional services rendered and medicines supplied.

The medical practitioner may even go to other places where another medical practitioner lives, if his professional services are specifically sought for. This is subject to the condition that he observes the terms of the agreement in the matter of keeping his own dispensary open in his village at the stipulated time and does not violate the requirements of medical ethics and does not also stay away from his place for a long period. He should not visit another jurisdiction where another medical practitioner practices if his services are not sought for.

He should also inform the District Medical Officer his absence from the dispensary if he has to urgently attend private cases (labour or otherwise) to enable the District Medical Officer to keep a watch. The Medical Officer should not habitually leave the Head quarters for private practice rendering the poor unable to be treated. If the Medical Officer absents in the working hours, it should be treated as leave to which he is eligible.

Write briefly regarding custody, issue and use of Radium.

Answer: Para 747 of the Tamil Nadu Medical Code Vol. I has prescribed following procedures for the custody, issue and use of radium in Government Hospitals.

Stock of radium shall be maintained by the Director and the Superintendent of the hospitals. The first physicist/Radiologist shall be responsible for safe custody and issue of radium subject to over all responsibility to Director/Superintendent. When the radium is not required for treatment/research/experiment it shall be stored in the main safe.

For this purpose, the officer in-charge shall maintain stock register in form-A duly entering the transactions therein and attested by the Dean/Superintendent. The receipt of new needles or re-made needles shall be entered duly endorsing the purity and auto photograph certificates. The day to day issues shall be entered in the radium dairy to be maintained in Form B. The issues shall be entered in a Register in form C. A daily check book in form D showing at a glance the availability of the container; the details of the stock; strength shall be maintained duly striking the daily closing balance.

Whenever the radium is handed over to another person both the giver and receiver shall certify the contents and got verified by the Dean/Superintendent.

During the end of each financial year the Dean shall verify the stock and forward a certificate of verification to the Director of Medical Education by not later than Fifth April.

Use of Radium: Radium may also be lent to private practice. The use of radium on a patient shall be decided by a team of experts consisting of a surgeon incharge, the Radiotheraphyist and the pathologist.

Issue of Radium: When radium is required for treatment, a request in writing should be sent to the first physicist or the second radiotheraphyist incharge/Radiologist in the form E before 2 days in advance. In case of emergencies, request shall be made before 24 hours duly indicating the nature of emergency. Radium shall be delivered personally by a physicist approved for this purpose. The giver and taker shall make necessary entries in respective registers.

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What are the powers of the Director of Medical and Rural Health Services?

Answer: The following are the powers of the Director of Medical and Rural Health Services (Now known as Director of Medical and Family Health Welfare). (Para 8, the Tamil Nadu Medical Code Vol. I and detailed in Appendix I of the Tamil Nadu Medical Code Vol. II.)

The powers of the Director are classified into different groups namely appointment, training, travelling allowance, sanction of rent to buildings, contingent and financial powers, contracts, stationery, books and periodicals, purchase of stores, miscellaneous and disciplinary powers against the employees.

(i) *Appointment:* To sanction the employment of unskilled menials; to enhance pay of menials; to increase temporary posts of nurses in Government hospitals; to place temporary Assistant surgeons on reserved duties; to appoint Drug Inspectors and depute them for training; to make temporary additions to the number of attendants and sanitary workers in Mental hospitals; to sanction temporary post of Nursing Assistants and Sanitary workers in Government hospitals in emergencies due to burst of epidemics and accidents etc.; to adjust the temporary establishment depending on needs at his discretion; to appoint two junior assistants for compilation of statistics of the Government hospitals; to increase number of stipends in the hospitals; to sanction appointment of unqualified person as Nursing Assistant in local Body Medical Institutions; to suspend lien of the subordinates under FR 14 (b); to depute Assistant Surgeons on Foreign Service; to shift the headquarters of the subordinates in the Public Interest; to transfer Nurse pupils from one

training centre to another in exceptional circumstances; to temporarily divert the stipends; to authorize additional charge; to extend/deprobation of the Assistant surgeons and Lay Secretaries and Nursing Superintendents, Nursing Tutors. Similar powers have also been vested with the Director of Medical Education.

(ii) *Special Training* : To depute officers specified in Annexure I to F.R. to undergo training; to sanction the training of private medical practitioners in Government Institutions; to depute Medical Officers of Government Leprosy Institutions for training.

(iii) *Leave*: To grant leave to his staff, civil surgeons; to extend the joining time upto a maximum of 30 days; to regulate excess joining time availed off by the Gazetted officers due to delay in receipt of posting orders; to sanction Extra-ordinary leave upto a maximum of six months to Medical Officers and to permit the officers equivalent to Civil surgeons and above to go abroad on pilgrimage for sight seeing or to visit relatives and friends.

(iv) *Travelling Allowance*: To exercise special powers as specified in Tamil Nadu Travelling Allowance Rules; to sanction Travelling Allowance to officers on transfer who have overstayed Joining time; to sanction traveling allowance from state fund to local body Medical Officers transferred in public interest.

(v) *Buildings and Rent*: To sanction expenditure on electrical installations upto Rs.1000/- for each year in the case of non-residential building and upto Rs.500/- per year for each residence in respect of residential buildings; to accord administrative approval of estimates upto Rs.200/- for repairs on rent-free quarters; to sanction estimates for petty electric works of Rs.400/- for each estimate subject to a limit of Rs.4000/- to an institution/hospital; to sanction rent for private building upto Rs.12500/- per month.

(vi) *Contingent and financial powers*: To sanction advertisement charges for invitation of tenders for supply of articles etc; to write off losses of irrecoverable values of stores and public money lost upto Rs.1,00,000/- as per Appendix 21 Tamil Nadu

Financial Code Vol.II; to sanction such alterations in and additions to the diet scales as may be necessary to suit local conditions; to transfer articles from one office or institution to other; to reduce hospital stoppages of paying patients as per rules; to sanction all petty claims of contingent expenditure upto Rs.500/- other than recurring claims; to sanction arrear claims of officers remaining undrawn for more than three years; to sanction permanent advance to subordinate officers; to sanction honorarium; to sanction the supply of cooking utensils, furniture and crockery, supply of washing materials to dhobies, to sanction grant to private medical institutions irrespective of monetary limit; to sanction expenditure to purchase non-diet articles.

(vii) *Contracts*: To execute deeds, contracts and other instruments on behalf of the Government of Tamil Nadu; to exempt a firm of repute from furnishing security in respect of contracts;

(viii) *Stationery, Book and Periodicals*: To place indent for stationery; to obtain books etc. free of cost; to purchase book and periodicals for his office; to purchase stationery upto a limit of Rs.10,000/- in each item. To sanction uniform to basic servants; to purchase crockery linen, medicine, apparatus, instruments and equipments upto a limit of Rs.10,000/-; to purchase gauze, bandage cloth, wash well, soap and cotton upto Rs.10,000/-.

(ix) *Miscellaneous Powers*: To depute private maternity assistants to refresher course in Government Training Centres; to allow officers to occupy the quarters during leave; to sanction expenditure on the purchase of portraits; to incur expenditure on printing periodicals and bulletins; to sanction advances; to write off irrecoverable item of hospital stoppages; to incur expenditure on (1) Sports materials to Nursing staff (2) for law suits, cinema slides (3) bus boards (4) Family planning models (5) Orientation Training camp (6) Seminars (7) Family Planning advertisements (8) Audio visual equipment (9) Repairs on Motor vehicles (10) Conducting exhibitions (11) Publicity of tuberculosis control programme.

Note: The powers narrated above are only indicative and not exhaustive. They are subject to limits provided in the Tamil Nadu

Financial Code Volume I, the Tamil Nadu Financial Code Vol. II, the Tamil Nadu Medical Code Vol. I and the Tamil Nadu Medical Code Vol. II.

Describe the services provided in Family Planning in the Primary Health Centres in the State of Tamil Nadu and the responsibilities of the staff thereof.

Answer: The Primary Health Centre offers following services in Family Planning (Para 1009 of the Tamil Nadu Medical Code Vol. I).

The trained Mid-wife and health visitors of the Primary Health Centres take responsibility to educate the patients in achieving family planning targets. They advise pregnant mothers of the importance of family planning and impress upon them of the need for the family planning programmes. They distribute contraceptives to willing mothers enlightening them to follow some methods of family planning. They direct willing mothers to the nearby Government hospitals for salpiogectomy operations. They convince the husbands to undergo vasectomy operations. If the facility is not available at primary health centres, the staff refers the patients to the nearest Government hospitals.

The primary health centres keep stock of contraceptives for distribution among the public. The Medical Officer of the centre explores the possibility to appoint the designated leaders in villages as depot holders for the supply of contraceptives on a voluntary basis.

The family planning work of the maternity assistants in the field is supervised by health visitors. The Gramasevak of the block are also involved in the distribution of condoms in their jurisdiction. The health inspector supervises the distribution of the condoms.

The primary health centres also conduct vasectomy operations. The Medical Officers of these centres have been trained for this purpose. The District Health Officer undertakes the responsibility to provide training to these Medical Officers and monitor the achievement of target.

What are the DIET Rules for the Government Hospitals in Tamil Nadu?

Answer: Rules governing the conditions of tender for supply of diet articles and other hospital requirements and the scale of diet will be as detailed in Appendix XVII of the Tamil Nadu Medical Code Vol. II.

The Diet articles shall be purchased by adopting following procedures.

The diet articles should be purchased through contract and also may be effected through departmental purchases. Where purchase is effected through contracts, tendering authority should accept tenders on the condition that rates shall not be altered to the market fluctuations; that the goods shall be delivered at the hospital stores; that the revision of rates are inadmissible and the rates offered shall continue till the end of contract; that the rates quoted should include excise and customs if any charged. The Tendering authority should also compare the market rates obtained through Tahsildar prior to 24 hours to the opening of tenders. No advance shall be paid to the contractor. The tendering authority reserves the right to cancel the contract at any time without assigning any reason.

Where the tenders are rejected due to quoting of higher rates or due to some other reasons, the Tendering authority will resort to departmental purchase duly recording the reasons therefor. In that case, he will invite quotations monthly from the individuals who are likely to undertake the supply and accept the lowest tender duly comparing the prevailing market rates. If the supplier fails to supply the whole or anyone of the articles he should purchase through alternate source and the expenditure incurred shall be recovered from the supplier.

Butter, bread, milk, ghee etc. should be sent to chemical analysis and their quality tested. If they are found to be unsatisfactory or adulterated, the cost of the supplies of the day shall be recovered

from the supplier. If the cost has already been paid, the amount should be recovered. The above conditions will be incorporated in the tender.

Where it is not possible to effect purchase through the above means, the head of institution may effect purchase from the cooperative society, or if the cooperative supply the article at a lesser rate than the prevailing market rates.

If the rates quoted by the cooperatives are higher, local purchase should be effected duly quoting the reasons therefor.

The Heads of Institutions should get acquainted with the prevailing market rates to get maximum benefit. He may also purchase the articles directly through firms, if the rates are less than the supplier. The authority may also effect bulk purchase if such purchase and stocking shall not affect the public interest.

Guidelines prescribed for the purchase of egg, butter milk, fish and vegetables, coffee and sugar shall be followed and these items may be got analyzed atleast once a month following the procedure made therein. If a sample does not confirm to the prescribed standards or reported to be adulterated, such supply shall be subjected to weekly analysis. The supplier should be cautioned for breach of contract. A register of samples shall be maintained and verified by the officers periodically.

The diet purchase should be effected through contracts only by floating tenders as per Article 125 of the Financial Code Volume I. The lowest rate among the tenders should be accepted. The tendering authority should reserve the right to terminate the tender at any time without assigning any reason. He should also acquaint with the market rates of the items tendered and reasonably apply his discretionary powers in accepting tenders. The tenderer should remit deposit. The Tendering Authority should execute an agreement with the successful tenderer incorporating therein all precautions to guard against losses. The authority shall at his discretion shall revise the price of any article at any stage. The authority should or cause to inspect the supplies

daily and reject the unsuitable supplies. Such rejected items shall be removed by the contractor within one hour after such rejection.

Cooking and issue of articles shall be done in the presence of responsible persons / staff nurse.

The Medical Officer shall prescribe the sick and dieting management through diet sheets which will be executed. The cost for extra supply shall be charged.

The cost of diet and permissible limit shall be calculated at the beginning of April every year for each institution. In working the average cost, the purchases made in April should be reckoned as a base rate.

It is the duty of staff nurse for the supply of correct diet to the patients. She shall report the Medical Officer and steward in writing with regard to quality and quantity of the diet.

. Describe the scope and objectives of the Primary Health Centres?

Answer: The scope and objectives of the primary health center aims to attain disease free society at the peripheral level. It is a multipurpose unit established to render preventive and curative and health promotive services to the community and to build up positive health of the community. With these responsibilities in the field of health for the locals, the primary health centers perform a role as a technical advisor to those bodies and act as their channel of such service to the people.

The primary health centers function under the co-ordination of State Government and the Central Government to eradicate congenial diseases of health hazard like Malaria, tuberculosis, small pox, polio etc. with specially trained staff. After the eradication is achieved, the primary health centers take over the responsibilities of preventive and curative measures of these diseases in future.

The centers, co-ordinate its activities with that of the specialized services, water supply, drainage etc. and work in close collaboration in such agencies at the block level. The centres extend specialized services in the field of environmental sanitation and provide technical guidance and support to the staff in improving domestic sanitation.

The centres also undertake special schemes for enforcement of BCG campaign, Leprosy, Malaria etc.

The centres work in very close collaboration in Taluk head quarters and District head quarters hospitals to enable the local residence to get specialized medical care.

The following services are also radiate from the primary health centres and sub-centres to render health services to the community.

- (1) Medical Care
- (2) Improvement of vital statistics
- (3) Maternal and child health services including training of dais
- (4) Family planning
- (5) School health services
- (6) Control of communicable disease
- (7) Environmental sanitation
- (8) Health Education

(Para 1009 of the Tamil Nadu Medical Code Vol. I)

What are the rules for compulsory rotatory House Surgeons training in teaching hospitals in Tamil Nadu?

Answer: The scheme was introduced in the year 1914. The Rules framed by the Government relating to appointment of House Surgeons and House Physicians are governed by the provision made in Annexure IV of the Tamil Nadu Medical Code Vol. II.

Every candidate passed final year MBBS as an integral part of the MBBS course shall undergo compulsorily rotatory House Surgency training of twelve months so as to become eligible for full registration.

The object of the training is to provide adequate clinical experience and training in public health to the new graduates.

Every student shall be entrusted with clinical responsibility during the period of House Surgency and the day-to-day work will be verified and certified by the Medical Officer under whom he works. They should perform such duties as may be assigned to them from time to time by the head of the institutions.

The Dean and Principals of medical colleges shall obtain the performance and conduct report of the House Surgeons from the Physician and Surgeons at the end of each phase of training. If the work and conduct are found to be unsatisfactory, his name will be recommended to the Director of Medical Education to curtail the remuneration, whose orders are final in this regard. A record of each House Surgeon shall be maintained in the institution concerned. A permanent register for this purpose containing the details related to the House Surgeons will be maintained in each institution.

The State Medical Council shall grant a professional Registration Certificate to the candidates on production of the Provisional MBBS Pass Certificate and also an order from the Dean or Principal of the Medical College showing that the candidate has been admitted to undergo the compulsory rotatory house surgency. The provisional registration shall be in force for a period of one year.

The candidate shall be provided with rent free quarters. Where rent free quarters are not provided, such candidates shall be allowed HRA.

Every House surgeon/Physician surgeon shall remit a caution money deposit as prescribed from time to time.

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Every candidate shall be allowed upto one month leave in a year on the grounds of health or private affairs. They shall be allowed remuneration during the leave period. No other leave is admissible. If the candidate avails for the leave for one month or more continuously except the one month leave will not be entitled for remuneration. The Director of Medical Education is competent to have full discretion in this matter.

The House Surgeons cannot do private practice during this one year period.

Each candidate shall pay the mess bills, establishment charges etc. regularly every month failing which the Dean and Principal of the college shall expel them from the quarters without any notice.

The Director of Medical Education is empowered to terminate the house surgeons for sufficient reasons and any appeal against the order of the Director of Medical Education shall be made to the Government.

. Mention the conditions for the acceptance of donations of buildings for Medical institutions from private individuals or association?

Answer: The following are the prescribed conditions to accept donation of buildings from private individuals or associations. (Para 377 of the Tamil Nadu Medical Code Vol. I)

- (1) If the donor himself constructs the building, the construction should be in accordance to the plans and estimates approved by the authorities competent to accord sanction.
- (2) If the construction is financed partly from donations and partly from the Government, the construction shall be dealt as per Government rules treating the construction as a Government scheme.

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- (3) If the cost is met from donation, the entire cost of construction including fluctuation of prices should be met by the donor.
- (4) Where the cost is met partly by the donor and the Government, the donor should deposit promised amount in advance.
- (5) The building becomes a Government property after its completion and handed over to the Government.
- (6) The Government reserves the right to dispose of the building or close the institution.
- (7) If the donor promises any amount towards equipment charges, such amount shall be deposited with the Government before the commencement of work.
- (8) The Government should satisfy itself that it can maintain the building.
- (9) The centage charges may be waived.
- (10) The approval of the Director of Health Services shall be obtained before the commencement of work.
- (11) If the donor desires to prepare plans and estimates it should be certified by a qualified engineer and he should execute construction with proper supervision. In that case the building shall be inspected by the Government engineers and certified by them. If the work is executed partly by Government, the Government engineers should supervise the work.

What are the rules relating to the punishment of officers in Tamil Nadu?

Awarding of punishments shall precede with the institution of disciplinary proceeding against the erring official under Rule 17 (b) of the Tamil Nadu Civil Services (Discipline & Appeal) Rules. No punishment can be inflicted upon a Government employee unless the procedures prescribed in these rules are followed and the guilt against the employee is proved. If punishment is awarded arbitrarily without following these procedures, it is void.

The following are the punishments to be inflicted upon an officer.

- (1) Censure
- (2) Fine
- (3) Withholding of increment or promotion
- (4) Reduction to a lower rank in the Seniority list or post or time scale
- (5) Cash recovery
- (6) Compulsory retirement
- (7) Removal from service
- (8) Dismissal from service
- (9) Suspension

The punishments are classified into two kinds namely (i) minor (ii) major. In case of minor punishment, disciplinary action shall be initiated under rule 17 (a) and under rule 17 (b) if the gravity is more warranting major punishment. The procedure under rules 17(a) is comparatively lesser than the procedure under rule 17(b) in view of the damage caused on the employee. Under rule 17(b), the aggrieved is provided with additional opportunity for conducting enquiry by an authority other than the disciplinary authority to ensure un-biased disciplinary action.

The disciplinary action shall generally be initiated by the appointing authority unless powers have been delegated to a lower authority. Under rule 17(a), the guilty is called to explain for the

lapses. If explanation is found to be acceptable, he will be absolved from the charges, otherwise, punishment shall be inflicted upon him by the competent authority. In the case of 17 (b), the procedure is exhaustive. The guilty is supplied with the lapses in the form of a charge memo calling to submit his explanation. Enquiry officer is appointed to probe the genuineness of the charges. He is also personally heard and allowed to cross examine the witness by the enquiry officer. The enquiry officer's report is also taken into consideration before passing final order by the competent authority. But it is not obligatory to always rely on the Enquiry Officer's report.

On receipt of Enquiry Officer's report, the Disciplinary authority examine the report and arrives at his own conclusion. He passes final order under his signature and seal and ensure that the order is served or caused to be served on the guilty under the proper acknowledgement. Once it is served or caused to be served, the punishment comes to be effective.

The delinquent has been provided with opportunity of preferring appeal against the punishment to the appellate authority within 60 days from the date of receipt of the final orders.

The final orders shall be a speaking order without void of misconception. The Government may also suo-motto re-open a case under their review powers.

The details of the disciplinary authority has been set out in the annexure to the above rules.

Mention about the kinds of leave available to Government Servants and the procedure adopted about each kind of leave.

Answer: The Medical Officer and the staff are eligible for the following kinds of leave. (Para 867 to 889 of the Tamil Nadu Medical Code Vol. I)

- (1) Casual Leave
- (2) Compensatory Leave
- (3) Earned Leave
- (4) Unearned Leave on Medical Certificate (or) Private Affairs
- (5) Maternity Leave
- (6) Hospital Leave
- (7) Special disability Leave

The above leave shall be sanctioned on application in advance to the competent authority. Leave cannot be claimed as a matter of right when the public interest so requires.

Casual leave is a concession to the Medical Officers and the staff. It shall be availed of only on previous sanction except urgency. District Medical Officers and other Civil Surgeons and Medical Officers of equivalent cadres should send applications to the concerned Head of Department. The Assistant Surgeons, Nursing Staff and Menials employed in Government Medical Institutions should send applications to the Medical Officer in-charge.

If a Medical Officer or staff summons to attend hospital on public holidays, he shall be allowed compensatory off. This leave cannot be claimed as a matter of right. Previous sanction should be sought for and leave shall be availed of within six months from the date of holiday work. Total leave, in a calendar year, should not exceed 20 days and shall automatically lapse at the end of 6 months to which the holiday work relates. This leave may be combined with other kinds of leave subject to the conditions prescribed therefor.

The application for all kinds of leave shall be forwarded to the competent authority through proper channel duly certifying leave eligibility. The authorities empowered to grant leave under F.R. 65 shall normally sanction the leave if the public interest does not warrant refusal of leave.

The gazetted officers should furnish the leave address in the leave application and also communicate the changes if any.

If an officer desires of returning to duty before the expiry of leave he should communicate his intention to the head of the department.

Study leave to the Medical Officers under FR-84 shall be sanctioned by the Government.

Leave salary shall be at the rate of the salary drawn by them prior to proceeding on leave.

The maternity leave to the married woman employees shall be sanctioned by the competent authorities under FR 101-A. All regular employees shall be eligible for 90 days of maternity leave either post or after delivery. Temporary employees should complete one year of service and the leave in excess of the available eligible credit to make up 90 days shall be allowed to them.

The Medical Officers employed in Government tuberculosis institutions or sanitarium, X-Ray and Radium Department shall be granted compulsory leave of one month leave each year. They should be allowed 1½ days off in a week including Sundays.

Brief the rules for grant of concession to the Government Servants and their families to get treatment when exposed to infected rabid animals.

Answer: Government Servants and their families can take treatment for infection from rabid animals either at Pasteur Institution, Coonoor or at any Government Hospitals/Dispensaries.

Government Servant who has to proceed to Pasteur Institution, Coonoor or to the nearest place for treatment may be granted an advance not exceeding his actual travelling expenses. After treatment is completed, the Treasury Officer will pay for the return journey and in the absence of Treasury, the Medical officer incharge of the hospital should advance the expenses from the permanent advance held by him.

An advance of one month pay and twenty days casual leave plus the time required for the travel to go to hospital and return should be might be sanctioned. Any further leave required should be leave on full or half-average pay as the case may be debitable to his leave account.

To a Government servant or whose pay does not exceed Rs.50/- the recovery of advance amount for travelling may be waived. It is the discretion of the Head of the Department to waive the advance amount, if the employee draws more than Rs.50/- but below Rs.100/-.

Those drawing more than Rs.100/- per month should bear the cost of maintenance to go to the place of treatment. The Government servant drawing less than Rs.100/- are eligible for maintenance allowance during treatment and to and fro charges to go to hospital or Pasteur Institution, Coonoor. [Appendix XV, Tamil Nadu Medical Code, Vol. II]

How the Medical Council of India is constituted and what are its functions?

Answer: In order to establish a uniform minimum standard of higher qualification in medicine for all States "The Medical Council of India" has been constituted under Section 3 (1) of the Indian Medical Council Act, 1956.

The persons appointed by the Executive Committee of the Medical Council of India will inspect the examinations conducted by Medical Institutions in India for the purpose of Medical qualification.

The Director of Medical Services is ordinarily nominated by the State Government as a Member of the Medical Council of India under section 3(1)(a) of the Indian Medical Council Act, 1956. [Para 992, Tamil Nadu Medical Code, Vol. I]

How records of service are maintained for gazetted, non-gazetted and last grade servants?

Answer: The records of services are maintained as detailed below: [Para 851, Tamil Nadu Medical Code, Vol. I]

For Gazetted officers: The record of services for gazetted officers (self drawing officers) will be maintained by the Head of Office or if there is no Head of Office by his Superior Officer or Head of the Department and that of the Head of office by the Head of the Department.

Radium if issued for treatment in the wards, shall be stocked in an emergency radium box. When the radium needles are not required, they shall immediately be returned to the officer in-charge of radium and should not be kept in the wards unnecessarily.

One key of the box should be given to the ward sister and the other shall be kept by the RMO and shall be opened when it is actually required duly maintaining account in form G. The ward medical officer issuing radium shall maintain a daily check book in-form D1 duly furnishing therein the required details.

The radium should be used on the patient immediately and should not be stocked. When radium is removed outside working hours, it shall be given to RMO/Assistant surgeon for restoration duly recording the transactions in the respective registers.

In the general hospitals, the assistant surgeon of the cancer unit shall maintain the radium daily check book.

The officer who indents for radium should himself apply radium on the patients.

Radium needles should not be placed in contact to mercury or iodine solution.

State about the departmental examinations prescribed for the members of the Tamil Nadu Ministerial Service in Medical Department.

Answer: The members of the Tamil Nadu Ministerial Service should pass the following examinations for completion of probation, and for promotion.

- (i) The Junior Assistants should undergo Bhavanisagar Training during the probation period.
- (ii) The Junior Assistants shall pass the Account test for Subordinate Officers Part I; Department test in the Medical Code and the District Office Manual test for promotion.

(iii) The employees completed 53 years of age and unable to pass this test even after appearing the examination five times may seek relaxation from the Government.

(iv) The Junior Assistants appointed by direct recruitment or by transfer from another service should pass the department test in Tamil Nadu Medical Code during the period of probation.

Discuss the physical standards for Medical Examinations of candidates for appointment of various services.

Answer: Para 588 of the Tamil Nadu Medical Code Vol. I prescribe Physical Standards of Medical Examination of candidates for appointment to various services.

Every candidate selected for appointment under Government of Tamil Nadu is subjected to Medical Examination by authorized Medical Authority. The candidate should appear himself before the Authorized Medical Authority for Medical Examination and certification. In respect of appointment by transfer physical fitness is not necessary unless statutory rules prescribe Medical Examination. The Medical certificate shall be given in the prescribed form.

The physical standard differs from post to post depending on the job requirement. The Regulation for the issue of physical standard certificate are intended merely for guidance of Medical Examinations and are not met to restrict their discretion in any manner.

In case of Executive post in the Tamil Nadu State and Subordinate Service, the rule prescribes good mental and bodily health, the candidate should be free from physical defects. The minimum and maximum chest measurement shall be prescribed in the respective service rules as provided in Rule *ibid*.

In recording chest measurement fraction of less than half centimeter should be ignored in all cases of examination. The chest expansion should not be less than 5 centimeter.

Height shall be measured without shoes and weight thrown on the heels. The weight shall be measured in kgs. The examination of the acuteness of vision includes two tests one for distant and the other for near vision. The vision standard shall be as prescribed in para *ibid*.

Ex-tuberculosis patients may be certified as fit for entry into Government Service if they are found recouped by recognized tuberculosis specialist.

For appointment to posts other than the Executive and Ministerial services a candidate must be in good mental and bodily health and free from any physical 'defect likely' to affect his performance. Rigid physical standards need not be insisted for orthopedically handicapped person. Measurement of the chest shall be taken as specified in these rules. The Height shall be measured without shoes and standing erect and weight thrown on the heels. The urine passed in the presence of the examiner should be examined and the result recorded.

The scars (or) other indelible marks should be preferred for identification mark than moles. The candidates hearing and speech should be observed. Non infective leprosy alone be considered as inevitable skin disease on two scores if they are deformity which cannot be remedied and it is likely to increase and if the type of neural leprosy is such that the patients may become lapromatous case in the later years. Ex-tuberculosis patient may also be considered if they are found fit by the specialists.

Separate physical fitness forms should be used for the executive and non-executive posts as prescribed in para 588 *ibid*.

The physical standards for the physically handicapped persons may be examined and they may be considered for appointment if the defect is not such as would render the candidate unfit.

In the case of appointment in Government of India the Medical Standards as prescribed by Government of India from time to time shall be observed.

Vaccination certificate required by candidates for employment in Public Service should not be granted except with reference to TNPSC Notification or on the requisition of the head of office where the candidate seeks employment. Civil/Assistant Surgeon, RMP of the Medical Department, Assistant Director of Public Health, Health Officer and Assistant Health Officer, Health Inspector and Sanitary Inspector employed in local bodies may issue the vaccination certificate.

Write briefly about the service conditions of Pharmacists?

Answer: The service conditions of the pharmacists are governed by section 4 of para 70 and 71 of the Tamil Nadu Medical Code Vol. I

As per para 292 *ibid* there shall be one pharmacist per every 100 patients and one additional Pharmacists for 75 additional in-patients.

Transfer and posting of the Pharmacist from one hospital to another in Madras City (or) one hospital to another in the same district if the appointing authorities are different (or) from the city of Madras to moffussil and vice-versa (or) one district to another shall be made by Director of Health Services and Family Planning and Director of Medical Education as the case may be.

All transfers and postings of Chief Pharmacists shall be made by the Director of Health Services and Family Planning (or) Director of Medical Education as the case may be.

The District Medical Officer of each District except Chengelpet, Thanjavur, Madurai, Tirunelveli and Coimbatore may depute pharmacists to jail department within their jurisdiction for a period which may extent to three years. They may be recalled before the expiry of the period if necessity arises. In respect of Chengalpet and other districts referred to above, the Superintendents of the respective hospitals shall depute the pharmacists.

Transfer and postings of pharmacists in jail department within a district shall be made by the District Medical Officer concerned.

Transfer and postings of pharmacists from the medical department to the jail department within the district shall be made by the District Medical Officer concerned. In respect of pharmacists employed in Education Department also transfer may be made by the District Medical Officer concerned.

There shall be combined cadre of pharmacists and Nursing Assistants Grade I and II working in Primary Health Centres and General Medical Institutions in the districts under some arrangement - namely D.M.O. & D.H.O. shall be the appointing authorities for pharmacists and nursing assistants in respect of Medical Institution under their respective jurisdiction.

The entire district shall be considered as one unit for the purpose of promotion of Pharmacists and Nursing Assistants working in PHC under the Public Health wing and those in the Government Medical Institutions under the Medical wing to higher post of both wings; Interchangeability of pharmacists and Nursing Assistant serving both in PHC and Medical wing in the district shall be allowed; the D.M.O. of the concerned district shall be the co-ordinating authority who shall maintain a combined seniority list of pharmacist and nursing assistant working in both Medical and Public Health wing of the District for purpose of promotion and transfer.

Write briefly regarding rules for Government Servant suffering from Tuberculosis.

Answer: Para 537 of the Tamil Nadu Medical Code Vol. I governs the rules related to Government Servants suffering from Tuberculosis.

According to these rules, the employees suffering or suspected to be suffering from Tuberculosis shall be referred to the nearby Tuberculosis clinic attached to Government hospitals. The city

employees shall be referred to the T.B. Institute, Chennai for medical examination. If the employee is found to suffer from this disease he shall be granted eligible leave. He should undergo treatment in the hospital or from authorized private medical practitioner or in a private institution. He is required to undergo Medical examination also at the Government T.B. Institute (or) at a T.B. Clinic as the case may be before he rejoins duty. He should not be allowed to rejoin duty unless his sputum is negative for Tuberclebacilly by culture. If he is found unfit for further service, he should be medically invalidated from the service.

The Medical examination and other connected tests will be done free of cost. The employee shall be allowed T.A. in connection of Medical Examinations.

Interest free advance equal to two months basic pay is allowed to those drawing less than Rs.1000/- as per Article 255C of TNFC Vol. I The advance is recoverable in 18 monthly instalment form the full month leave salary. The advance is admissible only once and may be allowed during duty or leave as per Govt. Ir. No. 23057/Sal. 2/94-2 Finance dt 13.05.94 and Govt. Ir. No. 70935/Sal. 2/94-03 Finance dt. 29.12.84.

Un-earned leave of medical certificate shall be allowed upto 540 days without any reference to period of service.

The T.B. patient on E.O.L. and whose pay does not exceed Rs.1000/- shall be paid ex-gratia pay of Rs.250/- per month as per G.O. Ms. No. 530 P & A.R. dt. 17.10.1987.

Write about the check memorandum for Disciplinary cases?

Answer: Check list for disciplinary cases will be as given below.

Part - A

(For all the departments of Secretariat and all other departments under the Government)

1	Name of the Accused Officer	
2	Designation and office in which he is/was working	
3	Group of which he belongs (i.e. A, B, C or D)	
4	His present pay and scale of pay	
5	Whether the Accused Officer comes under State Service or Subordinate Service	
6	(a) Date of Birth (b) Date of superannuation	
7	Date of entry into Government service	
8	Nature of charges framed (in brief)	
9	(a) Whether placed under suspension or not; if so, date of suspension (b) whether suspension orders issued by the Competent Authority	
10	Whether definite and specific charges have been framed	
11	Whether a statement of allegations on which each charge is based has been communicated	
12	Date on which the charge memo was served on the accused office	
13	Whether the Accused Officer has been asked to: (a) put in his written statement of defence; (b) to state whether he wants an oral inquiry, and (c) to state whether he wants to be heard in person Note: The Accused Officer should be allowed a personal hearing before or after enquiry, if so desired by him. A personal hearing must be given, if desired before issue of final orders.	
14	Date of submission of explanation by the Accused officer	
15	Date of appointment of Enquiry Officer	

16	Whether the Enquiry Officer has been asked to prepare the Enquiry Report as per the Guidelines in the Handbook on Disciplinary Procedures	
17	Date of submission of the Enquiry Report by the Enquiry Officer	
18	If the Accused Officer does not want an oral enquiry, whether such an enquiry was directed by the authority concerned	
19	Whether evidence has been recorded at the oral enquiry in the presence of the person charged	
20	Whether the witnesses examined at the preliminary enquiry, if any, were recalled during the oral enquiry to prove the charges	
21	Whether copies of the evidences such as the complaints and statements made by witnesses during preliminary enquiry, etc., on which the competent authority proposes to rely upon have been furnished to the Accused Officer as early as possible before the prosecution witnesses are to be cross examined.	
22	Whether the documentary evidences including inspection reports statements by witnesses recorded by the Vigilance and Anti Corruption Department, etc., relied upon have been furnished both by prosecution and defence, have been filed as exhibits and properly proved	
23	If any witness was examined at the preliminary enquiry in the absence of the person charged, was his presence considered necessary at the oral enquiry by the Accused Officer and, if so, was he examined in the presence of the person charged?	
24	Whether the person charged was allowed to cross examine the witnesses produced by the prosecution, to give evidence in person and to call witnesses on his behalf?	
25	Was any witness asked for by the person charged, refused to be allowed and if so, was sufficient reason recorded to the effect?	

26	Did any contingency arise where the request of the Accused Officer for furnishing certain records could not be conceded or disclosed to him in Public interest or for any other substantial and justifiable reason. If so, whether the Accused Officer was informed accordingly and the fact of such refusal together with the reasons thereof recorded in writing?	
27	Was there any request to be heard in person in addition to the oral enquiry, and if so, was it complied with?	
28	Does the proceedings of the oral enquiry contain sufficient record of the evidence and statement of the findings of the ground thereof?	
29	Was a report of the enquiry and or the personal hearing with findings, recorded by the enquiring authority even in cases where he is himself the punishing authority?	
30	Authority competent to impose the penalty	
31	Whether the charges framed, explanation of the Accused Officer and report of the Enquiry Officer and all other relevant records independently and carefully examined by the Punishing Authority and whether the fact recorded in the final orders?	
32	(a) Is the final order proposed to be issued self contained? (b) Whether a copy of the report of the Enquiry Officer enclosed with the final order?	
33	Has the acknowledgment of the person been obtained in token of having received the copy of the final orders or alternatively was the order sent by registered post acknowledgement due or tendered to an adult member of his family or affixed it in some conspicuous part of his last known place of residence?	

What are the instructions to the Medical Officers regarding the dieting management of the sick?

Answer: The in-patients other than paying patients are provided with nutritious diet freely. It is the responsibility of the Medical Officers to supervise, check and monitor the dieting service. The Medical Officers shall conduct surprise check of the wards to ascertain the diet is supplied as per requirements (Part XIII of Appendix XVII of the Tamil Nadu Medical Code Vol. II)

To eliminate malpractices and to watch the diet supply, the medical officers should take special care. They should undertake surprise visits and check the quantities and quality of the diet supplied.

To ensure better management the diet entries in the bed entries ticket should be made by the Medical Officer or ward Assistant Surgeon only and not by others. Entries must be made in ink and corrections attested initials with date. Assistant Surgeons shall enter in the diet sheet the hour of admission with dated initial.

If a patient is admitted before 12 noon, he will be given half diet and his diet sheet should be immediately sent to diet clerk. Where a patient is admitted late in the day he will be given regular food from the next day. In respect of discharge cases diet shall be managed with half or full diet depending on the discharge time. Infants below three years shall be managed on extras on the discretion of the medical officers.

The medical officers shall not alter the diet or calorific value unless there is necessity. If there is need, special or acute diet justification should be entered by the medical officers in the diet sheet and attest them. The Medical Officers shall endorse on the diet sheet regarding any special orders which they consider necessity.

The Medical Officers should be careful when prescribing brandy or arrack or stimulants.

The Medical Officers should observe the rules contained in Part XV with regard to the classification of DIET and composition of the Standard scales approved for use in the hospitals.

Write briefly about the action to be taken at the out-break of fire?

Answer: The following are the actions to be taken by the officials at the out-break of fire in the hospitals or Government residential buildings (Chapter III of Appendix XIX of the Tamil Nadu Medical Code Vol. II)

- (1) All power supply should be switched off at the main at the out-break of fire.
- (2) If the fire was caused by ignited oil it should be smothered at once by means of earth or sand kept in receptacles provided for these purpose. In such case of fire, water should not be used. It will help to increase the fire. If the chemical extinguishers of the foam type are available, they can be used.
- (3) At the moment of fire is noticed, fire alarm should be given by the available person. The bell fixed for this purpose in the building walls should be struck. On hearing the sound, the available persons shall rush up to the place of fire fighting.
- (4) Intimation should also be given to the nearest fire brigade and to the nearest fire station over phone or otherwise.
- (5) On hearing the fire alarm the employees trained for this purpose available in the hospital should proceed to the post of which he is trained and take such effective efforts as he can to put out the fire. If the fire fighting equipments with fire hoses and hydrants connected to overhead tanks are available, they should be best used of the advantage as this will help to put out major fires timely.
- (6) All movements of the employees and the equipments shall be carried out speedily but with silence. The people should not be allowed to crowd in the passages and staircases.

- (7) The air will tend to increase the fire. Hence during fire fighting operations all doors and windows which are not necessary should be closed.
- (8) All inflammable materials near the fire should be removed and carried to a place of safety.

Write short notes on

- (a) *Benefits provided under Employees State Insurance Scheme*
- (b) *Postmortem Register*

Answer: (a) *Benefits provided under Employees State Insurance Scheme:* The Employees State Insurance scheme aims to implement the medical needs of the workers employed in the factories. The rules framed in accordance with the provisions of the ESI Act of 1948. The Act and rules made therefor aim to give the worker a sense of social security on a much higher and broader scale by providing them free medical aid of a higher standard. The scheme was inaugurated in Tamil Nadu during the year 1955 in Coimbatore area and later extended to other places in stages.

The factories using power and employing 20 persons or more will be covered under this scheme. The workers whose monthly wages does not exceed Rs.500/- (now increased) should join the scheme.

According to this scheme the employee should subscribe to the scheme through his salary bill at a fixed rate which should be matched by the employer through a grant.

The ESI Corporation is an apex body and is the trust of the insured persons. It discharges its obligation through a network of Regional Officers and local officers spread over the country. The members representing employees, Medical Professionals and the Parliament will be the Trust members. The Director General who is the Chief Executive Officer of the Corporation is also an Ex-Officio

member of the trust and of its Standing Committee. At the regional level and local levels, the Regional Boards and local committees meet the interest of the workers.

The employees are entitled for the following benefits:

- (1) O.P. Treatment
- (2) Free supply of drugs and dressings
- (3) Facilities for advanced laboratory tests and X-ray examinations
- (4) In-patient treatment in hospital
- (5) Specialist Services
- (6) Ambulance facilities or conveyance charges for treatment
- (7) Domiciliary visits by Insurance Medical Officers and Insurance Medical Practitioners
- (8) Maternity treatment consisting of ante-natal, confinement and post-natal care for workers.

Answer: (b) Post Mortem Register: The Post Mortem Register is a legal record and to be provided in the Court in Medico-Legal cases. Hence the Medical Officer in-charge of the post mortem should take special care while making entries in the register. The Medical Officers conducting the autopsy shall dictate rough notes during postmortem and shall be entered in copying pencil in the loose form by his assistance or pharmacists. The Medical Officer should sign the loose forms after satisfying himself that the entries are correctly made. He should then record such entries in the register in Form M-1-28 which is known as Post Mortem Register. The loose forms considered as an original document are to be produced and filled in the judicial court, if necessary, as evidence in proof of the correctness of the entries made in the Post Mortem Certificate. No subsequent additions are allowed. The Post Mortem register is office record. The wound register should also be maintained carefully and no other persons except the incharge Medical Officer should have access to this register. (Para 623 of the Tamil Nadu Medical Code Vol. I)

What are the instructions for the preparation of indents for Medical Stores ?

Answer : Following instructions shall be followed in the preparation of indents for Medical Stores. (Para 687 of the Tamil Nadu Medical Code Vol. I)

- (1) Indents should be prepared in printed forms and voucher forms (MSD No. 134 & 135 and supplemental Indent in form MSD No. 136 respectively). Form No. IAFS 2096 for receipt and delivery vouchers should be used and manuscript forms should not be used.
- (2) The Instructions printed in the form for the preparation of indent should be followed without omission.
- (3) The Account under which the cost is debitable and the average daily sick should be noted without omission.
- (4) The store incharge shall report to the competent authority any unusual or unauthorized demands sent to the stores.
- (5) Articles should be entered in terms of the price vocabulary to Medical stores.
- (6) If indent for any unauthorized articles is made, the necessity should be explained against such article with reasons and genuineness. The terms "absolute necessary" "necessary for efficient treatments" to patients will not be entertained.

- (7) The articles not included in the price vocabulary for the medical stores should not be indented. Such medicines shall be included in the annual indent following the special rules prescribed in Appendix XX of the Tamil Nadu Medical Code Vol. II
- (8) All columns should be filled in by the indenting officer which should be checked by the Medical Officer incharge.
- (9) The calendar year immediately preceding the date of preparation of indent should invariably be furnished in column 4 and expenditure during that calendar year should be noted.
- (10) The date of stock taking should be filled in column 5.
- (11) While calculating the indent for the year full 12 months supply in the case of Madras City and 18 months supply less the balance drugs on hand in the case of moffussil medical institutions should be furnished in the indent. If the expenditure exceeds the anticipated one, the necessity for the intermediate demand should be generally avoided. For this purpose the calculation set out in the rule should be followed. If the required drug exceeds the quantity arrived at by the approved method of calculation a brief explanation for the necessity should be reasonably furnished in the separate sheet. If not, additional supply will be refused.
- (12) Quantities indented should generally be in terms of packages to avoid wastage. Figure should be in round numbers to issue articles in original containers.
- (13) In respect of indent for elastic stockings, legging knee caps, trusses and artificial legs the Indent should contain full and correct measurements and state right or left.
- (14) In respect of glows, the Indent should contain information as to the size and thickness.

- (15) Where indent is sent for India rubber tubing, size of the required as available in the vocabulary should be furnished.
- (16) The information required by the intending officer should be invariably furnished.
- (17) All the four copies of every Indent should be legible and accurate.
- (18) More colouring and flavouring preparations such as Tr. Lavendulae, Syrup Aurantil, Coritcis should not be supplied to charitable institutions.
- (19) Indent for rectified spirit should be made for the barest minimum required quantity only.
- (20) The authorized intending officer should send separate indent for each officer. Consolidated intends for several places should not be made.
- (21) Annual indent for articles for Medico-Legal purposes when on separate forms should be sent along with the ordinary annual indent of the Institutions.

Write briefly about the Tamil Nadu Medical Subordinate Services.

Answer: The Tamil Nadu Medical Services has been classified into two major wings. (i) Tamil Nadu Medical Services and (ii) Tamil Nadu Medical Subordinate Service. Later is divided into 4 branches namely (Para 47 of the Tamil Nadu Medical Code Vol. I):

Branch I	—	Medical
Branch II	—	Indian Medicine
Branch III	—	Nursing
Branch IV	—	General

The above 4 branches are further divided into different categories under each branch for administrative convenience and service conditions.

The service conditions of the above establishment are governed by General Rules for the Tamil Nadu State and Subordinate Service Rules and also by the appropriate Special Rules applicable to particular services as laid down in volume III of the Tamil Nadu Services Manual. If any provision in General Rules contained in volume I is repugnant to a provision in special rule applicable to any particular service contained in volume III the later shall, in respect of service, prevail the provision in the General Rules in Volume I.

Major categories of the Tamil Nadu Subordinate Service are Nursing, Maternity Assistants, Pharmacists and Miscellaneous posts. The Rules for such categories and all other service conditions have been detailed in the Tamil Nadu Service Manual Volume III. With regard to transfer and postings also. Para 47 of the Tamil Nadu Medical Code vol. I has prescribed Rules.

Write the names of the Medical Institutions which are eligible for annual maintenance grant from Government.

Answer: Previously all the small Medical Institutions were under the administrative control of the Panchayat Union which was entitled for grant from the Government of Tamil Nadu. For better and efficient administration the Government converted all the local body institutions as Government hospitals and the expenditure towards medicines and other infrastructure facilities are being met from the Consolidated Fund of Tamil Nadu through Medical Demand placed before the Legislature. Hence the question of providing grants to these local body institutions does not arise in the changed circumstances.

The private medical institutions detailed in Para 784 of the Tamil Nadu Medical Code Volume I are being allowed annual maintenance grant. (The candidates may reproduce the names of those hospitals).

What are the points to be noted by the Medical Officers during the inspection of sub-jails?

Answer: During inspection of sub jails, the Medical Officers should see (Para 108, The Tamil Nadu Medical Code Vol. I)

- (1) that the cells are swept daily and washed with clean water atleast once in three days in order to minimize the stink in the cells.
- (2) that receptacles properly coated with tar are provided in the cells for answering calls during day time and night.
- (3) that receptacles are provided in the latrines so that cleaning may be easy and more efficient.
- (4) that some lime is always kept wet in a bucket to white wash the floor to a distance of about 14 metres from the wall opposite to the cell door and the wall itself to a height, about a meter, twice a week so as to minimize the smell of urine and spital.
- (5) that where there is a proper enclosure to the sub jail, the prisoners are taken out and kept within that enclosure at least to sit on the verandah, for two hours in the morning and two hours in the evening.

What are the instructions in serving of summons to Medical Officers?

Answer: Following instructions are to be observed for serving summons to Medical Officers. (Para 859 of the Tamil Nadu Medical Code, Volume I).

In respect of Medical Officers in Government Medical Institutions local bodies honorary medical officers summons should be served direct if the hearing is in headquarters and fact intimated to District Medical Officer concerned.

If the court is situated outside the headquarters, in that case summon should be served to the above officers through the District Medical Officer concerned. The District Medical Officer shall forward summon to Medical Officers concerned. And in respect of local body Medical Officers also, the District Medical Officer shall inform the Commissioner of Panchayat Union and the Executive Authority of the Municipality concerned as the case may be. The Director of Medical Education should make alternative arrangements to run the Institution in the absence of the Medical Officers.

In case of honorary Medical Officers, summons should be served to the Superintendent or Medical Officer in-charge of the Medical Institution. (The honorary Medical Officer system has now been dispensed with).

Where the time is very short, the communication should not be sent through post, the District Medical Officer shall give phonogram or telegram message.

The summon should be served direct to the Heads like Superintendent of the hospital, District Medical Officer and Civil Surgeon to attend criminal courts on evidence when absence (i) from the station in the case of superintendent and civil surgeons and (ii) from the jurisdiction in the case of District Medical Officer is not involved. But the fact should be intimated simultaneously to the Head of Department concerned to provide alternative arrangement.

Discuss the procedure for imposing "Major Penalties" in disciplinary cases.

Answer: Reduction to lower rank in the seniority list or to a lower post of time scale of pay whether in the same or another service; removal from service or dismissal from service or compulsory retirement; or postponement of increment with cumulative effect affecting pension are termed as major punishments which will affect the career of the employees. Since it will have damaging effect on the career of the employee, the procedure prescribed are elaborate for

Regarding punishment and disciplinary action will be initiated under Rule 17 (b) of the Tamil Nadu Civil Services (Discipline and Appeal) Rules.

To start with, lapses/allegations should be gathered and prima-facie cases should be established. The lapses/guilt/allegations should be detailed as definite charges and a charge memo be prepared and served on the delinquent giving him 21 days of time from the date of receipt of the memo to submit his replies. Further extension of time may be allowed on genuine reasons and on specific request from the delinquent.

The delinquent after receiving the charge memo should submit his explanation within the prescribed time. Extension of time may however be allowed if sought for. But it should be ensured that the delinquent is not evasive to stall or postponed the proceedings.

The delinquent should be allowed to peruse the records and cross examine the witnesses during enquiries. At no point, he should be denied reasonable opportunities.

Since the punishment will affect his career, the delinquent is provided with an opportunity to be heard in person in the form of enquiry and also should be allowed to have oral enquiry. For this purpose the questionnaire in the prescribed format should invariably be sent along with the charge memo.

On receipt of explanation, the disciplinary authority will appoint an enquiry officer to conduct the oral and personal enquiry. The enquiry officer should be of a higher rank and should not be biased towards the delinquent. The enquiry officer shall call the delinquent on the appointed day and conduct the enquiry. During the enquiry, the enquiry officer will provide all opportunities to the delinquent to cross examine the witnesses to peruse the records if necessary or to engage a counsel on his behalf. On hearing both sides and the witnesses the enquiry officer will record the statement and obtain the signatures in each page of the statement and forward his report duly concluding his observations. The enquiry officer should

specifically mention whether the charges have been proved or not with reasons. He cannot however suggest any punishments.

On receipt of the enquiry officers report, the disciplinary authority shall pass appropriate final orders after examining the case in detail and considering all related factors sign it in his name and serve the orders on the delinquent without any loss of time. If the disciplinary authority concludes the charges are disproved he will issue such order abating the charges. The orders passed should be speaking order.

During the whole process of the of the disciplinary proceeding it should be ensured that the delinquent had not been denied with the maximum opportunity to prove his innocence.

The delinquent may prefer appeal against the orders passed by the competent authority within 60 days from the date of receipt of the punishment orders. (Para 817 to 836 of the Tamil Nadu Medical Code Volume I and Tamil Nadu Civil Services (Discipline and Appeal) Rules.

Describe the concessions given to Nursing Staff.

Answer: Following concessions are admissible to the Nursing staff (Para 56 of Tamil Nadu Medical Code Volume I)

- (i) the Special Pay and compensatory allowance namely ration, uniform, dhobi etc.
- (ii) the nursing staff attached to hospitals in Chennai city and the moffussil are entitled to rent free quarters, free electric installation.
- (iii) Furniture and crockery upto Rs.450/- per head.
- (iv) Bed sheets 2 pairs, one mosquito curtain (if the quarters have no electric fan), one pillow, 3 pillow covers, one mattress and one mattress cover are supplied for each member.

- (v) If common messes are opened, cooking utensils will be supplied (initial supply for each hospital Rs.500/- and renewal of each hospital for Rs.150/-)
- (vi) The cleaning charges of the nurses quarters shall be met from the hospital funds.
- (vii) The nursing staff employed in government hospitals are eligible for rent free sanitary and water supply installation and fittings.
- (viii) Field services rendered by the nursing staff in the army on or before 14.10.1968 shall be reckoned for pensionary benefits.
- (ix) The nurses working in Tuberculosis institutions are eligible for risk allowances.
- (x) Nurses possessing diploma in the recognized field and approved by the Indian Nursing Council are eligible for one advance increment. Nurses possessing B.Sc. (Nursing) degree will be given two advance increment.

Write briefly about the duties of Drug Inspectors.

Answer: The Drug Inspectors are responsible for the following duties (Para 761 of Tamil Nadu Medical Code Volume I)

- (a) To inspect all the establishments licensed for the sale of drugs atleast twice a year.
- (b) To satisfy himself that the conditions imposes on the licencees are being observed.
- (c) He should inspect the manufacture of drugs within his jurisdiction atleast once in two years and insure that the licensing procedure had been observed.
- (d) He should inspect the manufacturing units permitted the manufacture schedule 'C' and 'C1' drugs and satisfy himself. (1) About the process of manufacture (2) The means employed for standardizing and testing the drugs (3) The methods and place of

storage (4) The technical qualification of the staff employed and other components probably affect the potency (or) purity of the product.

- (e) He should submit a detailed report to the controlling authority after each inspection about any deviation.
- (f) He should take samples of the drugs manufactured on the premises and send them for test for analysis.
- (g) He should institute prosecutions wherever the act and rules were found violated.
- (h) He should also take follow up action after every inspection and issue show cause memo wherever serious violations are noticed.
- (i) He will correspond with the drugs controller with regard to technical natures. He should submit fortnightly diaries, tour programmes, quarterly reports and other periodicals to the Drugs Controller through the Medical Officer.
- (j) He should not hesitate to take risk in inspecting the godowns or storing points manufacturing or selling units to ascertain whether the drug rules are followed scrupulously and no spurious drugs are manufactured and sold to the public. He shall not hesitate to seek police assistance when it is necessary and where he may accept resistance in executing his legitimate functions.
- (k) He should approach the Chief Assistant State Prosecutors and the Assistant State Prosecutor in the city and Assistant Public Prosecutor in the moffussil if there is necessity and avoid such actions unnecessarily.
- (l) He should also execute his functions under Drugs and Magic Remedies Act (OA), Drugs (Price Control Order 1970), Dangerous Drugs Act and ensure that the legislations and notification of these Acts are complied with.

- (m) He shall not execute prosecution under drugs and cosmetics Act 1940 except with the prior permission of the drug controller.
- (n) He shall, in his office, maintain the register of samples taken; Register of prosecution launched; Register of books and periodicals; Register showing the list of licenses issued; Complaint register and register of receipt and disposal of application for the grant for renewal of license.
- (o) He shall submit periodical reports to the drug controller namely (1) Fortnightly dairy (2) Monthly Report (3) Quarterly report and (4) Annual report in the prescribed forms.
- (p) He should launch the complaints in the Court of law immediately on receipt of sanction of the drugs controller.
- (q) He shall, on no account, receive the license fees from the dealers in any form. He should advice them to remit the fees directly in the Government Treasury concerned.
- (r) He shall keep the identity card and brass official seal in his personal custody.
- (s) He shall not disclose any information acquired by him in the course of his official duties except when required by a Court of Law.

What are the instructions for the despatch of the dead bodies for examination?

Answer: The following procedures should be followed as per Para 612 of Tamil Nadu Medical Code Volume I while despatching dead bodies.

- (1) There should not be any delay in despatching the dead bodies to Post Mortem examination.

(2) Before despatch, an inquiry should be conducted to elucidate elaborative information regarding the fact of death.

(3) The Police officers, in their absence, village magistrates should hold an inquest under Section 174 of the Criminal procedure code to ascertain whether the death has caused due to suicide or death by murder or animal or by machines by accident or death occurred under suspicious circumstances.

(4) Where the body is found uncared in the public the village magistrate shall record information under Village Police Regulation XI of 1816 regarding the discovery of the body and its state of appearance when discovered or regarding the murder of the deceased if murder has been committed. Inquest shall however be conducted by the Magistrate specified in Section 174 (5) of the Criminal Procedure code.

(5) Where the Village Magistrate receives intimation of death under suspicious circumstances, he should (a) immediately inform the nearest Magistrate empowered to hold inquest and to the nearest police station and (b) immediately proceed to the place with two or more respectable inhabitants and hold investigation and drop a report on to the apparent cause of death. He should record in his statement the description of such wounds, fractures, bruises and other marks of injury as may be found on the body and the manner or weapon or instrument which have caused the death. This is only a preliminary investigation and at this point it does not required the examination of the witnesses. Investigation shall be made in the presence of respectable inhabitants.

(6) When a police officer arrives before the body being sent to Post Mortem, he must first record the injuries as indicated above and if he doubts the death suspicious, he should immediately send the dead body for Post Mortem

investigation to the nearest Civil Surgeon or other qualified officer appointed for this purpose.

(7) If there is delay in arrival of police officer or a Magistrate, the Village Magistrate after completing his investigation send the body to the nearest hospital for examination.

(8) A requisition should also be sent to the Medical Officer with a statement showing the sex identification and caste marks as well as the name, village and age of the diseased if known.

(9) There should not be any delay in sending the body to Post Mortem because the delay will decompose the body and will deprive the Medical Officer to ascertain the cause of death.

(10) The Village Magistrate or police officer should also send immediately the report of preliminary investigation to the nearest Magistrate authorized to hold inquest.

(11) In, addition to the investigation done by the Village Magistrate or by the Police Officer the Police will continue further enquiries if there is reason to think that a cognizable crime has been committed and they should record statement in their diaries. They should however complete the preliminary investigation under section 174 of Criminal Procedure Code without delay.

Write short notes on

(a) *Poor funds*

(b) *Medical Examination of women candidates*

Answer(a): The Poor funds have been established in pursuance to the press communiqué issued in G.O. 362 Medical dt. 31.07.1918 with an aim to help the poor and deserving patients with

comforts like clutches, artificial limbs, appliances etc. and also to meet their railway fares for treatment. The funds are mobilized through voluntary subscriptions through poor fund boxes from patients, the staff and their friends. A box named as poor fund box intended for this purpose may be kept in the hospitals.

Following rules have been framed for guidance with regard to usage of this fund. (Para 315 of Tamil Nadu Medical Code Volume I).

- (1) The transaction record namely cash book and order book should be maintained.
- (2) The box should be opened at least once in a month in the presence of the Medical Officer or a responsible person deputed by him.
- (3) The accumulation shall be deposited in the personal deposit account kept in the name of the Medical Officer.
- (4) A specific amount authorized by an entry in the order book should be retained in the cash box through which the current expenditure is met from these funds. The Medical Officer should reconcile the deposit account monthly and record a certificate in the poor fund account.
- (5) The receipt and expenditure shall be entered in the cash book.
- (6) Various items with recurring expenditure shall be spent after effecting necessary entries in the order book.
- (7) Alterations in the amount of any item of recurring expenditure must be authorized by an explanatory entry in the order book.
- (8) Transfer of sums to all charities connected with hospitals must be authorized by an entry in the order book.

- (9) A separate account must be kept of all articles of dead stock instruments, appliances etc. purchase from the poor fund.
- (10) The collection under this fund should be utilized for the comforts for the poor patients and not to any other purpose.
- (11) The account is subject to test audit by the inspection staff.
- (12) The instructions contained in Para 99 to 105 of the instructions regarding maintenance of accounts etc. in State Medical Institutions shall be followed.

Answer (b): Medical Examination on women shall not be made without the consent of the individual and of the parent or guardian if she is a minor. The consent should preferably be in writing with attesting witness. A police officer or a magistrate shall not direct medical examination on a women charged with abortion conducted without her consent. (Para 627 of the Tamil Nadu Medical Code Volume I).

In rape cases in Chennai city the medical examination and determination of age should be done by the Registered Medical Practitioner of Kasturba Gandhi Hospital for Women and Children, Chennai. (Para 628 of the Tamil Nadu Medical Code Volume I).

In respect of Women Government employees the Registered Medical Practitioner can issue certificate of physical fitness for purpose of leave (Para 482 of the Tamil Nadu Medical Code Vol. I).

The Superintendent of the Kasturba Gandhi Hospital for Women and Children, Chennai who is Ex-Officio District Surgeon for the city of Chennai for purpose of Medical examination of women employees serving in Chennai City. (Para 120 of the Tamil Nadu Medical Code Volume I).

- 3
- (a) Describe the classification of diet.
 (b) Write notes on Diabetic diet – Non vegetarian.

Answer: (a) Classification of diet : Diet has been classified into ordinary diet, children's diet and special diet. The Medical Officer shall prescribe diet with reference to patient's ailment and condition in order to provide a minimum calorie value diet or diet to have appeal on the patient and induce them to eat and with reference to the cost. (Para XV of Appendix XVII of the Tamil Nadu Medical Code Volume II).

(b) *Non-vegetarian diabetic diet* commences with coffee without sugar (200ml) by 7.00 am; by 9.00 am one chappathi, one egg and 125ml milk; by 11.00 am and 5.00 pm 50 gram of rice with side dishes which may include mutton curry – 50gms, vegetables – 150gms, greens – 150gms, buttermilk – 250ml; by 1.00 pm – chappathi 1 no., coffee without sugar 200ml with an orange and by 7.00pm with 125ml of milk. (Para XV of Appendix XVII of the Tamil Nadu Medical Code Volume II).

Describe the constitution of various Medical Boards and its functions.

Answer: Para 558 of the Tamil Nadu Medical Code Volume I has prescribed the rules for the constitution of the Medical Board. Previously there were only 3 Medical Boards throughout Tamil Nadu namely Medical Board at Government General Hospital, Chennai, Medical Board at Raja Mirasudar Hospital, Thanjavur and Medical Board at Government Erskine Hospital, Madurai catering to the needs of entire Tamil Nadu. The Dean and Superintendents of the hospital concerned were delegated with powers for the constitution of Medical

Board to examine candidates for appointment, leave on medical grounds and to invalidate government employees from service.

But it is not so now. The scope of medical service has been enlarged and widened due to increase in population. In order to provide immediate medical care and Family Welfare measures the Government have started more medical colleges under the control of Director of Medical Education and Government hospitals in every taluk and District Medical Hospitals at district headquarters. In the changed situations, each Medical College hospital has been constituted with a Board and similarly in every District the Medical Board functions under the District Medical Officer.

An appellate Medical Board is also constituted which consists of the Director of Medical Education as President and two members who are specialists in the disease. The appellate Medical Board mainly deals with the invalidation cases.

Board is vested with the functions to examine the applicants medically for appointment, to certify leave applied for Government employees and to certify invalidation the employees from service due to incapacity or infirmity. The examination of employees for the assessment of commutation of pension and granting of liquor permits have been dispensed with due to change in Government policies.

The Board examines the candidates for appointment based on requisition from Head of Departments; it conducts medical examination on women candidates; conducts eye test for appointment of voluntary services and technical posts and for appointment for State Services and the cases referred to it by the UPSC and TNPSC for specific standards of eye sight. It examines and gives opinion with regard to leave where reference is made to it by the Heads of Offices. It also examines the contract officers and offer medical opinion when such opinion is sought for. The Medical Board is however not competent to the grant of special disability leave for Government employees under FR 83 and 83 (A). The Medical Board may also examine the employees of Foreign Governments.

Write about the functions of Primary Health Centres ?

Answer: Please refer page No. 7 for the scope and objectives of Primary Health Centres.

The Primary Health Centres provides medical care; consolidates vital medical statistics; undertakes maternal and child health services, family planning and school health services; controls the communicable disease; it cares about environmental sanitation and educate the villagers in the art of health care. The Primary Health Centres functions in the village itself and that the villagers are able to avail of the medical facilities provided by the Government.

India is predominantly an agricultural country and its population has spread only in villages. The Primary Health Centres provide immediate medical care in emergencies of these villages. Otherwise they will be deprived of medical care and they have to travel a long distance to reach the district or taluk hospitals which are away from the inhabitation.

The Primary Health Centres generally undertakes outpatient care and also provides pregnancy care and extends support during delivery of the pregnant women. The paramedical staff undertakes extensive visits in their jurisdiction to offer medical opinion to the needy patients.

It helps the prevention of infectious diseases existing in the community. The outpatients are able to be provided with specialty care needed by the patients.

The Medical Officer incharge of Primary Health Centres are able to utilize the opportunity during its functions to visit the intensive area, villages and schools with his subordinate staff to eradicate communicable disease; bringing records and statistical data upto date and able to conduct maternal child health care clinics and also special clinics of Tuberculosis, leprosy in these rural areas.

Where inpatient care facilities have been provided in Primary Health Centres, the incharge Medical Officers were able to refer the patients to taluk and district hospitals and to continue follow up treatment after their discharge from this hospital.

The Public Health activities aim for the well being of all groups in the community without discrimination of age, race, creed and caste. To attain these, the Primary Health Centres concentrate on maternity and child health and also which provides special attention in view of the special risks the mother is exposed to during pregnancy and the child when it born in adverse environment. Thus the Primary Health Centres protect the mother and baby from probable medical problems which may even jeopardize their lives. Though these centers have attained some progress in this area, much remains to be done to reduce the mortality and morbidity occurring among these vulnerable groups by a well conceived and executed maternal and child health programme. The health visitor and maternity assistants help to achieve this aim by periodically visiting the patients in the vicinity of the Primary Health Centres. The visits of the medical staff help to improve the standard of life of the villagers.

The Primary Health Centres also provide family planning facilities and educate the villagers of the needs to have a small family. The life advice to mothers during their visits to hospitals and supply of contraceptives helps to curtail the birth rate which ultimately helps to contain national population. The Primary Health Centres also conduct approved family planning nurseries.

The Primary Health Centres play vital and prominent role in controlling communicable diseases. The centres execute national and state level plan in this regard and strive in hard to prevent and eradicate these diseases by providing needy medical care of the village population.

The Medical Officers and their staff have been prescribed with fixed duties and responsibilities to attain rural medical care in general and prevent and protect the village folk from diseases. (Para 1009 of Tamil Nadu Medical Code Volume I).

Describe the procedure to be followed while appointing medical officers for conducting Post Mortem and the examination of bodies and issue of certificates?

Answer: Para 606 and 607 of the Tamil Nadu Medical Code Vol. I prescribe the procedures for the appointment of Medical Officers to conduct postmortem on dead bodies. Government Medical Officers and other Medical Officers of the local bodies are authorized to examine the dead bodies sent to them under section 174 of criminal procedure code to conduct post-mortem examination. Generally the Medical Officers of Taluk Head Quarters hospitals are authorised to conduct such examination since each Taluk has been provided with a Government General Hospital. The Rural Medical Practitioners who are neither Government Medical Officers nor local body employees cannot be appointed to conduct postmortem on dead bodies. Generally the Government Medical Officer when he is in the station shall conduct postmortem. If there is a woman Medical Officer available in the hospital, she shall be appointed to conduct Postmortem on female bodies. When the Medical Officer is absent from the station either on casual leave or on other duty the Medical Officer incharge of the nearest Medical Institution should be summoned for this purpose. The Medical Officers practicing Indian Medicine should not be appointed to conduct postmortem.

In Chennai city, the Professor of Forensic Science shall conduct postmortem examination between 10 and 1 pm daily. During his absence, the Professor of Pathology of the respective Medical College Hospital shall conduct the postmortem. The list of police stations attached to these medical college hospitals for postmortem has been given in Para 633 of the Tamil Nadu Medical Code Vol. I.

The Medical Officer conducting the post-mortem shall fill up the details of the certificate in the prescribed form and forward it to the competent authority. The postmortem certificate shall contain the following information as prescribed in Para 621 of the Tamil Nadu Medical Code Vol. I.

- (1) The sex.
- (2) The approximate age judged from appearance
- (3) The date and the time of receipt of body and name and designation of the person ordering postmortem together with the number and date of document sent by him.
- (4) The number, rank and name of the constable who brought the body.
- (5) The condition of the body as seen by the Medical Officer (i.e.) whether warm or cold condition of "rifformoritis" or undergoing "Putrefaction".
- (6) The time and date of commencement of postmortem.
- (7) All particulars regarding wounds, injures and suspicious signs (external and internal) should be consciously and sufficiently described. The site and extent of wound to be noted specifically.
- (8) Identification and caste marks¹ should be entered in the office copy of the certificate.
- (9) The original certificate should be placed in a sealed cover and sent directly to the Magistrate specified by the police. Duplicate copy should be given to the police. The 3rd copy should be given to the District Medical Officers concerned while the 4th copy retained as office record.
- (10) In respect of Military cases, the Medical Officer should confidentially give certified copy of postmortem report.

There should not be any delay in conducting the examination. He may even conduct examination on Sundays. If the body is received late in the evening atleast external appearance should be noted immediately and subsequent examination done early next morning in the hospitals where refrigerator facilities are not provided.

The postmortem shall be conducted thoroughly without any reservation, postponing routine cases if necessary because advance decomposition will not help to identify the cause of death. Where the body is so decomposed the metallic poison in the body could not be identified hence remains of viscera may be forwarded to the chemical examination.

Since postmortem and wound certificates are exhibits in the Sessions cases and referred in trial and criminal appeals the Medical Officer should not do any mistake while entering information in the certificates. He should write them legibly and clearly without any doubt or difficulty. Omissions and mistakes should be avoided. Since omissions may materially affect Medico-Legal cases. Hence the Medical Officers shall take sincere care while conducting and recording postmortem cases.

Write about the Departmental punishment to the subordinates

(a) After their acquittal in a criminal court.

(b) When convicted in the criminal court.

Answer (a) : Mere acquittal by a subordinate officer in a criminal case instituted against him cannot free him and the department is entitled to initiate departmental enquiry under Tamil Nadu Civil Services (Discipline and Appeal) Rules on the basis of charges against him. Where a criminal court has arrived at a definite decision which is neither reversed nor modified it is not expedient that the department should proceed on the basis of the proceedings in the criminal court were misconceived or that the judgment was erroneous. However on the grounds that the charges are not placed before the criminal court or the department was unable to discuss a definite aspect of the case and in that case the department is free to initiate proceedings in the matters which did not form the basis of the judicial proceedings.

The departmental authorities should not dissent from the conclusions arrived at from the court of law unless fresh

circumstances were brought to light lacunae or defects in the evidence before or the procedure of such court. (Para 822 of the Tamil Nadu Medical Code Vol. I)

Answer (b) : Where an officer is convicted by criminal court he cannot straight away be removed or dismissed from service on the grounds of conviction until he is being given with a reasonable opportunity of showing cause against the action proposed to be taken in regard to him and to prove his innocence by offering reasonable defence. This provision however does not apply in the case of any employee who is dismissed or removed or reduced in rank on the ground of conduct which has led to his conviction on a criminal charge. Rule 17 (c) of the Tamil Nadu Civil Services (Discipline and Appeal) Rules empowers the competent authority to prosecute them on the above rules and pass orders imposing appropriate penalties following the detailed procedures prescribed in the rules. In such cases immediate action should be initiated on the conviction by the first trial court in order to avoid wasteful expenditure by keeping the employee under suspension. Final action for dismissal or removal etc. should not be postponed until the convicted employee had exhausted all his rights of appeal to higher course. Where the employee is able to succeed in the appeal it is not necessarily follow that there must be a necessitating reinstatement with back wages. The competent authority is free to initiate departmental disciplinary action with a view to inflict appropriate punishment for the lapse. The orders passed by the appropriate court shall be immediately obtained by the prosecuting officers and appropriate authority should decide the need for further action. (Para 823 of the Tamil Nadu Medical Code Vol. I)

Mention the facilities provided to the individuals (Father and Mother) undergoing sterilization operation?

Answer: The Government have provided following facilities for the father's and mother's undergoing sterilization operation in Government Hospitals (Para 1007 of the Tamil Nadu Medical Code Vol. I).

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- (1) Sterilization operation is done free of cost irrespective of their income.
- (2) The operation is conducted on the father who had completed 50 years and the mother who had completed 21 years of age and they should have two living children at the age of operation.
- (3) The Hospital stoppages, confinement charges, cost of blood plasma etc. are waived if their income does not exceed Rs.200/- per mensem.
- (4) The Government employees are given 6 days special casual leave for vasectomy operation.
- (5) Women employees who undergoes non-puerperal sterilization are given 20 days special casual leave while one day is allowed to them for IUD injections
- (6) A special casual leave of 7 days is granted for the husband if the wife undergoes sterilization operation.
- (7) A compensatory allowance of Rs.60/- is paid to the father and mother immediately after operation.
- (8) Free ambulance services for to and fro journey are provided if the pregnant mothers undergoes sterilization operation in continuation to delivery.
- (9) Hospital stoppages towards costly drugs etc. are given free of cost for undergoing vasectomy operations irrespective of their income.
- (10) The motivating person bringing the cases for vasectomy or tubectomy operation will be paid Rs.10/- for each case.
- (11) In rural areas every Panchayat is paid a compensatory grant of Rs.10/- per case for vasectomy or salipugectomy cases referred to by them.

Mention various types of operation tables and state the types of operation tables to be purchased?

Answer: The tables made of gun metal are not strong and liable to break easily. Hence they should not be used. Only metal made operation tables should be purchased. (Para 740 of the Tamil Nadu Medical Code Volume I)

Write notes on the grant of certificate of drunkenness under the Tamil Nadu Prohibition Act?

Answer: Whenever a person is found to be under the influence of drink is referred to the Medical Officer for opinion to prosecute him under the Prohibition Act, he shall follow the procedure prescribed in Para 634 of the Tamil Nadu Medical Code Vol. I

The consumption of alcoholic influenced substance like ethers can be identified through the resperative track only after 5 minutes or more. Just local presence of the liquor in the mouth can also produce the smell. An alleged offender under the influence of alcohol can be identified through the breath, which may continue for several hours as long as there is enough alcohol in the blood. Proprietary medicines may also produce such smell in the breath after absorption. Hence a Medical Officer while certifying the alleged offenders should carefully and deliberately examine the cases before arriving at a conclusion.

Therefore, he cannot depend entirely on the smell for certifying the alleged offenders because even barely ferment materials may produce such smell when consumed. So the Medical Officer have to give his final opinion only after chemically examining a stomach wash, urine and blood.

The certifying officer can follow some normal conservative tests to detect the drunkenness. To arrive at his conclusion he may ask the alleged offender to pickup match stick or pins from the ground; make him repeat some test words and phrases in the local language; make him stand steady with his eyes shut; make him walk along chalked line using controls; make him light a beedi or cigarette or repeating the memories of recent events.

Certificate of drunkenness should be granted in Medical Form 166-C. A. Medical Officer can give additional information either orally or writing. The certifying officer may sort the opinion of the higher officer if they consider necessary. In this case, without loss of time they should direct the alleged offender to such test, since loss of time may hamper the process of investigation.

State whether the Government servants in Foreign Service are entitled to Medical Benefits as available in the Parent Department?

Answer: The employees under Foreign Service shall be entitled for all the benefits enjoyed by them in the parent department prior to the deputation to Foreign Service. Even after his deputation to Foreign Service the employee should continue to serve the Government. Hence the deputation in no way deprive him or infringe the rights enjoyed by him prior to his deputation.

Para 463 of the Tamil Nadu Medical Code Vol. I explains in detail such privilege entitled to such employees.

According to these rules, such officers are eligible for all medical concession to which they would have been entitled to if they have remained in Government employment. The Foreign employer is fully responsible for all such concessions. Where such employee undergoes treatment in the Government Hospital, he will be considered to be a private person for the purpose of hospital stoppages. The foreign employer concerned should reimburse him the difference between the amount recovered from him as a private person and the amount which could be recoverable from him if he had remained in Government employment.

If such employee is on leave (other than casual leave) while undergoing treatment he will be entitled to all the concessions which are admissible to all Government employees of his standing.

If the facilities of a medical attendant is provided during Foreign Service, no claim to the services of a Government Medical Officer except when the former desire to call in the later for consultation as admissible.

Write about the grants given to private Medical Institutions?

Answer: The Government give grants to Medical Institutions under the control of private bodies, associations, societies, missionary bodies etc. in deserving cases. The Grants are classified into recurring and non-recurring. Capitation grants to private leprosy institutions and maintenance grant to other medical institutions are termed as recurring expenditure. Building grants, equipment grants, grant towards acquisition of land required for medical purpose are termed as non-recurring grants.

Certain private leprosy institutions scheduled in para 777 of the Tamil Nadu Medical Code Vol. I are given with capitation grants depending on the number of in-patients for their maintenance at Rs.25/- per mensem for each patient and Rs.12/- per mensem per each dependent child. These institutions shall submit application in the prescribed form to the Director of Health Services and Family Planning through the District Medical Officer furnishing the required details therein.

The Tuberculosis Sanitoriums are given grants for maintenance on the net cost basis subject to the prescribed maximum.

Certain institutions which take care of destitute patients from incurable diseases are also given capitation grants calculated at the rate of Rs.15/- per month for each patient. The grant is limited to the prescribed numbers.

The State Government gives capitation grants to the district branches of the Hingal Kusht Nivaran Sangh at the rate of Rs.15/- per month per each destitute patient suffering from incurable diseases and shifted from the Government Medical Institutions to these institutions for medical care.

All the above grants and the grant extended by the Government in various forms to private institutions are allowed subject to the following conditions.

- (1) The Management shall maintain necessary registers and submit returns as prescribed by the Director of Health Services and Family Planning.
- (2) The Director of Health Services and Family Planning is empowered inspect the premises periodically.
- (3) The patient, irrespective of caste and creed should be admitted in the hospitals.
- (4) The management should engage only Registered Medical Practitioners and trained nurses and Maternity Assistants.
- (5) The total grant payable to medical institutions will be limited to the actual net cost or the net cost after deducting the total income of the institution from the total expenditure incurred on maintenance.
- (6) The management should maintain duly audited accounts.
- (7) The grantee private institutions should agree to have a government representative in their executive committee, if so required.

The Director of Health Services and Family Planning shall sanction and disburse the maintenance and capitation grants to all these institutions after satisfying himself that the prescribed conditions are executed and followed.

The Grantee Institution shall submit audited accounts annually to the Government. (Para 777 to 785 of the Tamil Nadu Medical Code Vol. I)

Write short notes on local purchase of drugs in Government Medical Institutions and the powers and restrictions.

Answer: Para 692 of the Tamil Nadu Medical Code Vol. I prescribes rules related to local purchase of Medicine for Government Medical Institutions. The District Medical Officers and Assistant Surgeon in independent charge in Moffussil are vested with powers to effect local purchases of Medicine, dressing etc. subject to certain conditions and in the following circumstances.

- (1) When the Medical stores depot expresses its inability to supply the requirements within a reasonable time.
- (2) In the event of emergency to meet the immediate requirements of the Institutions when no stock is available in the institution and the supplies cannot be had from the depot.
- (3) The local purchases shall not exceed the admissible financial limit.

When the above officers going for local purchase, the Medical Officers shall place orders only from the firms of repute and after satisfying themselves about the therapeutic value on the standard of the medicines supplied by the company. In case of doubt, samples should be got checked and satisfied.

Write short notes on eligibility of leave to the medical officers working in the Tuberculosis institutions?

Answer: Every Medical Officer working in medical tuberculosis institutions or sanitarium shall compulsorily go on one month leave each year out of the leave at his credit to recoup his health. Only 15 days will be debited against his leave account. In other words, his Earned Leave accumulation will be reduced by 15 days.

Such compulsory leave taken by the Medical Officers attached to these institutions shall count for increment.

Temporary Government Medical Officer shall also be eligible for leave. (Para 882 of the Tamil Nadu Medical Code Vol. I).

Write about the custody of stores in Government Medical Institutions and responsibilities etc.

Answer: Para 267-A of the Tamil Nadu Medical Code Vol. I has prescribed rules about custody and responsibility of stores. According to these rules the custody of stores and maintenance of account are the responsibility of the person in charge as indicated in the Annexure to these rules. The loss due to shortages or due to defective maintenance of account will be recovered proportionately from the person in charge in the merit of each case.

Where loss is noted, following procedure should be adopted with regard to recovery of the value of stores lost.

- (1) Loss due to shortage will be recovered from the person responsible for the shortage.
- (2) Loss due to defective maintenance of accounts, omissions to bring stock of receipts incorrect issues will be recovered from the persons handling the stores, from persons who maintained the stock accounts, from the supervisory officer who failed to verify the defects during their inspection and from the officers whose duties are to check actual receipt entries in the stock at the time of passing bills as the case may be.

Who is authorised to conduct Medical Examination on Rape victims in Madras City.

Answer: The R.M.O. of the Kasturba Gandhi Hospital for Women and Children, Chennai is authorized to conduct medical examination of females in rape cases in Madras city and determination of age.

Who are all the members prescribed for Departmental Examinations in Tamil Nadu Medical Services?

Answer: Para 219 to 223 prescribes Departmental tests to be passed by the Medical Officers and other staff of the Medical Department.

Language Test: An employee recruited by transfer or by promotion shall possess adequate knowledge in Tamil. If not, he should acquire knowledge in Tamil by passing the Test conducted by TNPSC. If such employees fail to acquire Tamil knowledge within the period of probation he shall be terminated.

Account Test: A probationary Lay Secretary and Treasurer shall pass the Account Test for Executive Officers or the Account test for Subordinate Officers Part I within the period of probation failing which his services are liable to be terminated.

Departmental Test in the Tamil Nadu Medical Code Vol. I: Assistant Surgeons (including clinical and non-clinical lectures) clinical and non-clinical tutors or assistants and selection category assistant surgeon); Civil surgeons; Assistant dental surgeons; dieticians; non-medical tutors in Bio-chemistry; Micro-biology; Physiology; Anatomy and Pharmacology shall pass the departmental test in the Tamil Nadu Medical Code Vol. I within the period of probation. Their probation shall be extended upto 5 years to enable them to pass the examination failing which they will be terminated from service.

Account test for Executive Officers: Directly recruited probationers shall pass the account test for Executive Officers within the period of probation. In the case of assistant surgeon/assistant dental surgeon/assistant reader in dental surgery who does not pass this test

within the probation period his increment shall be stopped without cumulative effect till he passes the test. However he should pass the test within five years from the date of regularization of service, failing which, he will be terminated.

Departmental examination prescribed for Ministerial service: The Ministerial staff of the Medical department shall get promotion only after passing Account Test for Subordinate Officers Part I; Government Office Manual Test and Departmental Test in Medical Code.

A person who has passed the Account Test for Subordinate Officers Part I and appointed as Assistant by transfer from any other service shall pass Departmental Test in the Tamil Nadu Medical Code within two years from the date of regularization of services. If he fails to pass the test, he shall not be eligible to draw increment, until he passes the said test. Such postponement of increment will be without cumulative effect. His probation may be extended upto five years to enable him to pass the test.

Write about treatment of leprosy patients?

Answer: Para 304 and 305 of the Tamil Nadu Medical Code Vol. I prescribe procedures with regard to treatment of leprosy patients.

The hospitals should provide necessary treatment and medical care when a leprosy patient reports in a hospital. No discrimination should be shown towards them. The hospitals and dispensaries should keep ready the drugs and equipment necessary for the treatment. When a survey education and treatment unit is attached to a General Medical Institution, one of the Medical Officers of that institution should conduct the clinic for the leprosy patients. He should not leave

the job to the paramedical worker or any other hospital job. The field worker of that area should be accommodated in the hospital and provided with facilities to treat the leprosy patients.

Leprosy patients who require injection and dressing should be attended to by the dispensary or hospital personnel. They should be given admission for general complaints without any discrimination.

The Medical Officer of the leprosy control unit should conduct wayside clinic as nearer to the patient's house as possible to facilitate prolonged and regular treatment.

The leprosy patients may be admitted in the Government or voluntary institution for the following cases. The patient's should not be segregated or isolated from regular patients.

- (1) Patients developing reaction.
- (2) Patients requiring stabilization in anti-leprosy drugs.
- (3) Patients to be put an therapeutic trial and for research purpose.
- (4) Patients with complications requiring specialized attention.
- (5) Patients having complication for which there is no facility in the local hospital.
- (6) Highly advanced cases temporarily to reduce the quantum of infection.
- (7) Infective children cases to maintain regular treatment.

The patient need not be kept inside the hospital till his or her lifetime. The patient should be as early as possible, should be made to join their home or work to avoid rehabilitation.

What are the rules governing Medical Attendance and the Levy of Fees in Government Medical Institutions in the State of Tamil Nadu?

Answer: Medical Attendance means the provisional advice and care during sickness or injury afforded by a Medical Attendant's

residence or in his consulting room including such surgical treatment as can suitably be given at the Government Servant's residence (or) at the consulting room of the authorized Medical Attendant. It includes professional advice afforded by a Medical Officer during treatment at a hospital.

The Medical Attendant Rules prescribe procedures for free medical treatment to government employees, allocation of wards, prescribe fees for consultations and visits and other modalities of treatment rendered in the Government Medical Institutions. Para 456 of the Tamil Nadu Medical Code Vol. I detail the rules governing the Medical Attendance and Levy of Fees in Government Medical Institutions. The Rules made for this purpose is called Tamil Nadu Medical Attendance Rules which extend to the whole of the State Tamil Nadu.

The provision of these rules apply to all India Service Offices, Gazetted and non-Gazetted officers of Tamil Nadu Government service. According to these provisions the Government employees and their family members are entitled for free medical treatment and in-patient facilities in Government Medical Institutions. The employees are also entitled to reimburse the expenditure incurred towards the cost of Medicines purchased by them in open market for the purpose of treatment.

These rules specify the family members to whom the benefits can be extended. According to these rules even the judicially separated wife, adopted mother, stepmother, divorced or widow daughters are also entitled to avail of the benefits.

The Government employees are entitled for the facilities during leave also. These rules provide free medical facilities for the retired employees, employees working on consolidated pay and temporary employees. Casual and daily paid workers are however not entitled for the benefit. Every employee including retired employees entitled for free medical concessions under these rules will be supplied with a family identification card to enable them to take treatment anywhere in the State of Tamil Nadu.

Rules also provide for reimbursement of expenses towards the Medicines purchased locally. In emergency cases where an employee had to be treated in private medical institutions, the expenditure incurred thereon may also be reimbursed provided the Director of Medical Education recommends the expenditure.

Rules prescribe the rate of fees to be collected from the paying patients for treatments, paramedical assistance and surgeries given to them in the course of their treatment. The Rules have specified the amount to be collected from them for consultation and other medical facilities offered to them.

The rules have specified charges to be collected from the paying patients for their accommodation in the special wards and scale of other specialty treatments.

Rules have also identified certain drugs to be administered only after collection of charges. Such drugs shall be administered on the patient only after the value of drugs is remitted by the patient.

These rules also prescribe the charges to be collected for dental, eye and other speciality treatments.

Write about the rules regulating the Selection and Appointment of House surgeons and House physicians in Government Hospitals. (See Page No. 8)

Write short notes on

- (a) Budget of the Tamil Nadu Medical Department
- (b) Diet Scales

Answer (a): The Budget of the Tamil Nadu Medical Department is prepared in accordance with the rules contained in the Tamil Nadu Budget Manual, (Para 765 of the Tamil Nadu Medical Code Vol. I). The controlling and disbursing officers are responsible to watch the progress of expenditure and ensure that it does not exceed the approved appropriations. The authorities may sought re-appropriation or supplementary appropriation to the competent authorities explaining the reasons. The grant sought for under Budget provision shall be reasonable and genuine. Unnecessary grant shall not be proposed locking up government money.

Answer (b): Please see page no. 46 – the answer may be reproduced to this question.

What is the procedure for determining the age?

Answer: Para 481 of the Tamil Nadu Medical Code Vol. I prescribes the procedure to determine the age. According to these provisions, age can be determined by a physical or radiological examination or both and the certificate issued should in every case, specify the nature of the examination adopted.

Where radiological examination facility is not available, age certificate should be given based on physical examination only and should be so indicated in the certificate. If however, Police or Judicial authorities request to examine the candidate radiologically, person should be referred to the nearest station where radiological facilities are available and age assessment be obtained. In such cases, there should not be any delay in complying with the request of the police or judicial authorities.

In stations where radiological facilities are available, age certificate may be granted in accordance the requirement either by a physical examination only or by radiological examination or by both.

If the requisition is indefinite about the mode of examination, the requisitioning authority may be addressed to specify about the mode.

If possible, accurate age may be assessed by causing the production of birth of baptismal certificate or extract from the connected registers failing which eyewitnesses present at birth.

Para 481 (a) prescribes the procedure of determining the age of an adolescent before committal of Boston School. Whenever such children are brought for examination the Medical Officer shall conduct physical examination including the growth of teeth, hair, sexual capacity etc. in addition to the radiological examination. The opinion should be given based on both physical and radiological if there is any difference between the two opinion, the case may be referred to the District Medical Officer in the mofussil and to the professor of Forensic Medicine of Madras Medical College, Madras in respect of Chennai city cases for the second medical opinion.

What is the procedure for recovery of hospital stoppages?

Answer: Hospital stoppages are the cost towards treatment, diet and other facilities offered to a patient. The stoppages shall be collected invariably from patients with income exceeding Rs.... .. Per mensem. Para 469 of the Tamil Nadu Medical Code Vol. I prescribes the rules for this purpose.

According to these rules, the income of a patient before admission should be ascertained. He should declare in writing about the income of the head of the family or his income, as the case may be in the printed form. In the case of monthly salaried employees, pay and other allowances should be declared separately. It should be got signed by the patient or the member of his family. In case of

Illiterates left hand thumb impressions should be obtained and duly attested. In case of doubt the Revenue Department should be contacted and fact obtained. Based on the income details, hospital stoppages should be charged.

If the patient or guardian disputes the income, admission should be refused unless the case is an emergent one. Hospital stoppages should be recovered in advance as required by Rule 39 of the Tamil Nadu Medical Attendance Rules in advance for a period of ten days. If the stay is prolonged for more than 10 days, advance charges be collected for each of the subsequent period of 10 days. The stoppage charges shall be settled in full before the discharge of the patient. Where it is not possible to recover the amount and the patient is appeared to be evasive, the Collector or other Revenue Authorities may be addressed to effect recovery under Section 52 of the Tamil Nadu Revenue Recovery Act.

Excess collection should be refunded to the patient at the time of discharge. If not possible intimation should be sent to him by post, with a request to collect the excess amount. The amount should not be allowed to lapse in Government account.

VII. What are the forms to be filled up by the Medical Officer in charge of the institution that is proposed to be inspected by the Director of Health Services and Family Planning?

Answer: Appendix XXVII of Tamil Nadu Medical Code Vol. II prescribes the forms to be filled up by the incharge of the Medical Institution while inspection is taken up by the Director.

Appendix XXVII may be referred to for the purpose. The Medical Officer shall invariably furnish all the details prescribed therein.

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Write short notes on classification of Hospitals and Dispensaries.

Answer: According to para 244 of the Tamil Nadu Medical Code Vol. I, the hospitals and dispensaries in the State are classified into following categories.

- (1) *Class I – State Public :* All institutions maintained from the State funds and under Government managements fall under this category. The fact of getting endowments, donations or grants from other sources are regardless so long as the State provide funds for the maintenance.
- (2) *Class II – State Special:* State Dispensaries which serve only a special section of the public like police, forest projects, canals, railways, ESI and others fall under this category.
- (3) *Class III – Panchayat Union and Municipal Funds including village panchayat:* These institutions which are controlled and maintained by local bodies fall in this category. Mere provision of grants (or) contribution (or) donations should not dilute the local bodies interest on these Institutions.
- (4) *Class IV – Private aided:* This class comprises Institution supported by private subscription or grants but receiving aid from Government.
- (5) *Class V – Private non-aided:* The institutions funded and maintained by the private individuals or association fall in this category. The Government does not have any claim over these institutions even though it has got supremacy control over these institutions.
- (6) *Class VI – Rural Dispensaries maintained by Panchayat Unions:* Under the scheme of medical practitioners in rural areas fall in this category. Chapter XV of the Tamil Nadu Medical Code Vol. I prescribe the procedure for these categories of hospitals. (The system has now been dispensed with)

Write short notes on Medical relief arrangements in connection with Railway Accidents.

Answer: Whenever an accident is reported to the Medical Officer or he got access to such report the Medical Officer should immediately proceed to the accident zone without any loss of time and should be made available himself in the accident spot and commence relief work. (Para 114 (A) of the Tamil Nadu Medical Code Vol. I).

For this purpose, the Medical Officer incharge of a Medical Institution shall furnish to the nearest railway station particulars of name, designation and residential addresses of serving Medical Officers. They shall not hesitate to render medical aid and associate with railway authorities whenever the accident is brought to their notice.

The railway administration should collect the addresses of Medical Officer working in the each hospital or dispensary in order to establish a methodical system to make use of their services in the event of accident.

What are the procedures to be followed in withholding of increment?

Answer: Withholding of the increment is one of the punishments provided in Rule 8 of the Tamil Nadu Civil Services (Discipline and Appeal) Rules. It is of two kinds namely (i) with cumulative effect and (ii) without cumulative effect. An increment cannot be postponed as punishment in the normal course unless sufficient opportunities are provided to the delinquent to defend himself and prove his innocence. Rule 17 (a) and 17 (b) of the Tamil

Nadu Civil Services (Discipline and Appeal) Rules empowers the disciplinary authorities to inflict such punishment but only after issue of a show cause notice to the delinquent under rule 17 (a) or serving a charge memo under rule 17 (b) as the case may be and hearing his side. Para 828 of the Tamil Nadu Medical Code Vol. I narrates the procedure to be followed by the disciplinary authorities to inflict the punishment of withholding of increment.

Accordingly the competent authority after issue of show cause notice (or) a charge memo can pass appropriate orders. Such orders shall have effect to postpone the future increment and shall not impound the increment already accrued but not sanctioned due to administrative reasons. FR 24 prescribes that increment shall be drawn as a matter of course unless it is withheld and the fact of mere pending of charges shall not debar an employee in getting his increment on the usual date.

If the increment is ordered to be postponed without cumulative effect, the withheld increment will be restored after the completion of period of punishment. But in the case of increment with cumulative effect it will have a recurring effect till retirement and the delinquent has to forego the benefit permanently. The disciplinary authority while inflicting the punishment of stoppage of increment shall specifically state whether the postponement includes the period of leave spent (or) not. In the case of cumulative effect the damage is permanent and that such indication is not necessary.

The disciplinary authority while passing such orders shall specifically state whether the postponement will affect the officer's pension and if so, to what extent. He should clearly indicate this in the punishment order and should say the order is intend to have adverse effect on pension.

What are the instructions for publication of Government advertisement?

Answer: Para 942 of the Tamil Nadu Medical Code Vol. I have prescribed rules for the publication of advertisements. According to these rules competent authority, where it is found necessary, initiate advertisement after securing financial sanction. He shall send the text to the Director of Information and Public Relations in the Secretariat duly furnishing the number of insertions to be given and the area to be covered by the advertisement. He may also suggest the names of Newspapers for this purpose.

The authorised officer shall send as many copies of advertisement text as required for despatch to the newspapers plus one extra copy for the reference of Information and Public Relations Department. The Information and Public Relations Department should be given sufficient time. Hence it is incumbent upon the officer concerned to send the request well in advance.

The advertisement matter should be typed or neatly written in ink. Carbon copies which are not legible should not be sent. The Information and Public Relations Department may release the advertisement to the press directly or through the authorised agencies.

In every draft advertisement it should be inscribed on the top the words "Government of Tamil Nadu" and below the name of the advertising department. The name and designation of the officer causing the advertisement along with his address should be given at the bottom of advertisement.

Where the work involves preparation of design and blocks the advertising officer should utilize the services of the advertising agencies.

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It is the duty of the advertising officer to ensure publication of the advertisement and to effect payment within 75 days.

Where an officer wishes to publish advertisement in anticipation of financial sanction he may do so in his own responsibility.

Write short notes on

- (a) *The tuberculosis Association of Tamil Nadu.*
- (b) *Furniture for a Mortuary.*

Answer: (a) Tuberculosis Association of Tamil Nadu: This was formed in 1939 incorporated the King Emperor's Anti-Tuberculosis Fund and King George Tharks giving Anti-Tuberculosis Fund. The President of Indian Union is the Patron of the Association. The Tamil Nadu Association is an organ of the Indian Association and is registered under the Societies Registration Act and its activities extend to the whole of Tamil Nadu. The office of the Association may either locate at Chennai or as directed by the governing body from time to time. (Para 1000 of the Tamil Nadu Medical Code Vol. I).

The objectives of the Association are mainly prevention, control, treatment and relief of tuberculosis. In districts also district level associations have been formed with similar objectives; administration of endowments having for all or any of their objectives, the precaution control treatment and relief of the tuberculosis, the collection management and disbursement of funds raised to achieve

the object; to acquire sites or selling for buildings or construction or enlargement for this purpose; the taking over of the assets and/or activities of any person or body for the advancement of the object of the association; the purchase or acquisition or lease or in exchange or by way of gift or otherwise of any real or personal or immovable or movable properties and any rights of privileges necessary for the purposes of the association; the borrowing of money with or without security; the establishment and maintenance of provident fund or pension funds for the benefit of the employees of the association; the doing to all such things as are incidental or conducive to the attainment of the above subjects or any of them are which may be conveniently done along with or subsidiary to the said objects.

The Governor of Tamil Nadu shall be the President of the Association while the Minister of Public Health and Director of Health Services are the Chairman and Vice-Chairman of the Association respectively.

(b) *List of Furniture for Mortuary :* Para 350 of the Tamil Nadu Medical Code Vol. I prescribe the furnitures to be provided for a mortuary. According to this provision

- (1) The dissection table – 6½ x 3' x 3' lined on the top with marble or white porcelain top slightly inclined from the edge to the centre through which a hole passes for drainage with span necked water taps. One at the head of the table, one at the sink attached to the post mortem table.
- (2) A small writing slab with a white porcelain tile or marble slab fixed to the wall at the height of a standing writing desk.
- (3) Enamel buckets
- (4) Glazed stone sink with isolated slab at one end which should be covered with a white porcelain tile or marble and slope towards the sink; the slab is used for cutting up of organs.

- (5) A side room with facilities for storing sterilized aprons, mackintosh and post mortem instruments and glows, microscope freeing microtome and accessories wall cupboards.
- (6) A trolley type weighting machine for weighing body along with a metal stretcher.
- (7) A weighting machine 'Avery' type with double pan for weighting organs of maximum two kgs., sensitivity one gm along with accessories. Pans should be made up of stainless steel.
- (8) A metal scale in centimetres on two metres length.
- (9) A metal scale 30 cms length
- (10) Wedges and wooden blocks for steadying the body.
- (11) Operation theatre, ceiling lamp, one metre diameter above the postmortem table in the middle with provision for changing the direction and inclination.
- (12) Lamp stand 3 metres height with caster wheel for movement with provision for reflector for focusing light.
- (13) A 'U' shaped gallery to accommodate 50 students (10 x 5 rows) (applicable to Medical colleges hospitals only).
- (14) A long sink attached to one of the water inclined 20' x 22' x 1' with water tap at one end, drainage at other end for washing small and long intestines.

Write about Advisory Committee?

Answer: Advisory committee is a committee constituted to improve the needs of the hospitals and to stimulate the interest of the lay public in the welfare of the hospitals and strengthening the hands

of the heads of hospitals in their efforts to improve the institution. Individual members of the committee, in their capacity as non-official visitors can also associate in popularising the Institution and increase the comforts of patients. Such committee is not necessary when there is no need for constitution of such committees. The committee shall be constituted and its functions will be demarked as provided in Appendix XVIII of the Tamil Nadu Medical Code Vol. II. (Para 281 of the Tamil Nadu Medical Code Vol. I). The committee is an advisory body with no executive authority.

The committee ordinarily consists of 4 Ex-Officio members including the Dean or the Superintendent, the Nursing Superintendent of the hospital and 12 nominated non-official members of whom 5 may preferably be ladies, 2 of them public representing the Medical Association (or) Members of the independent medical profession nominated by the Government. The Government may alter the number of members.

The nominated members of the committee shall hold office for 3 years. If a nominated member is absent from the station for more than 3 months reckoned from the date of commencement of his office or the last meeting which he attended (or) if within the said period of 3 months less than 3 meetings have been held in absence himself or from 3 consecutive meeting held after the said date he shall be considered to have vacated the seat. The Government is vested with powers to dissolve the committee at any time or remove any member of the committee before the expiry of the term.

The Committee shall meet as often as may be necessary. But at least once in 3 months for discussion of important issues. The President shall cause to convene the meeting through the Secretary. The lady members with the approval of committee form themselves into a sub committee for doing social work.

The Committee will discuss various matters related to the welfare of the hospitals and the patients and communicate their decisions in the form of minutes and forward to the Dean or Superintendent for necessary action. A copy shall be forwarded to the Director of Medical Education.

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The members of the committee shall pay surprise visits once a week by turn in the hospital by rotation and record their observation in the Inspection book. They will verify the treatment given to the patient, supply medicine to patients; enquire whether the patients have privately consulted before their admission; ensure cleanliness and sanitation of hospital; enquire the satisfactory diet supply; enquire whether the Medical Officer is available to treat the patient.

The functions of the committee shall be an advisory body without executive body.

VI. What are the rules for the auction sale for unserviceable articles?

Answer: The unserviceable articles should be disposed off at convenient intervals to provide space to accommodate serviceable articles. Para 713 of the Tamil Nadu Medical Code Vol. I stipulates the rules for the sale of unserviceable articles through public auction.

According to G.O. Ms. No. 536, Health dt. 08... .. open tender system shall be adopted where the value exceeds Rs.1.00 lakh. If the value exceeds Rs.25,000/- limited tender method should be adopted and if value is less than Rs.25,000/- the unserviceable articles should be sold in public auction.

The unserviceable articles include empty tins, barrels, drums, bottles, gunni bags and unrepairable furnitures etc.

Auction should be conducted periodically or as decided by the Superintendent of the hospital depending upon the quantity. The Lay Secretary or the R.M.O. as the case may be will be present during the auction.

The department shall prepare a list of unserviceable articles in duplicate and forward the articles to the stores duly getting acknowledgement in the duplicate copy. Such articles shall be entered in a separate register maintained for this as and when they are received. As soon as there is fairly good collection, auction should be arranged.

A notice of auction signed by the Lay Secretary or the R.M.O. indicating the conditions and procedures, time, date and place where the auction is to be held will be published. A list of articles to be auctioned showing the number or quantities should accompany the auction notice. Article shall be arranged in groups or lots and numbered consecutively and the numbers entered in the auction book.

The bidder shall deposit the prescribed amount, obtain a token before entering the auction room. The bidders may inspect the articles before the commencement of auction.

The Lay Secretary or RMO as the case may be, shall commence the auction at the appointed time with the minimum bidding. During auction, he shall record all the biddings without omission. When the highest bid is reached and there is no further bid, the highest amount will be announced three times and the highest bidder shall be declared as successful. He should immediately or on next day remit the amount, failing which re-auction will be conducted.

The Lay Secretary or the RMO will issue a receipt duly signed to the successful bidder. The articles will be released outside under a gate pass signed in form CF 305 which will be issued only on remittance of entire amount.

If the successful bidder fails to remit the amount or clear the lots the article will be sold at his risk and he will forfeit the amount remitted to Government.

The amount realized through the auction sale should be remitted to Government accounts. The details of auction and amount realized shall be sent to the Director of Medical Education/Director of Public Health for approval. A certificate to the effect and the amount collected has been remitted in the bank should also be recorded in the statement.

All records pertaining to the auction should be preserved and produced to the audit.

What are the rules regarding training of nurses in Government hospitals?

Answer: Para 225 of the Tamil Nadu Medical Code Vol. I prescribes the rules for the training of Nurses in Government hospitals. Regional Committees appointed by the Government selects the qualified and suitable female candidates for training of nurses in Government hospitals. The course of training is 3 years in General sick nursing and six months gynecology and obstetrics. Candidates who failed in the entrance examination in the first attempt will be allowed to continue this training for a period of one month. The re-examination will be held at the end of the month and if they failed to pass the examination, they will be terminated forthwith. If they found to be satisfactorily and medically fit to continue the course, they will be required to sign an agreement to serve the Government for a minimum period of 3 years from the date of admission if so required by the Government.

After undergoing the course of training and passing the final examination the qualified candidates should serve in a Government hospital as a nurse for 3 years period.

Appendix VIII of the Tamil Nadu Medical Code Vol. II prescribes the rules for selection of candidates for nurses for training. Minimum educational qualification shall be eligibility for the University course with a minimum total of 300 marks in the SSLC examination. A mere pass in SSLC is enough in the case of SC/ST candidates.

The candidates should be unmarried or a widow with or without children.

Write short notes on

(a) *Postpartum programme*

(b) *Medical termination of pregnancy*

Answer (a) : The aim of this programme is to intensify or initiate Family Planning activities in large maternity hospitals when

the women is admitted for confinement in such institution. Educational and motivational activities are continued during the lying-in-period and at the time of the 4-6 weeks post-partum check. The hospitals selected for the implementation of this programme have to fully participate in the teaching programme on Family Planning for under-graduates, Nurses and other para-medical staff.

The objective of this programme is to maximize the extent of effective contraception among the target population in the community surrounding the Hospital by focusing on the obstetrical or abortion cases and other types of patients. (Para 1007 of the Tamil Nadu Medical Code Vol. I)

Answer (b): Medical Termination of Pregnancy: Prior to 1972 voluntary abortions were not permitted. They were termed as offence. The Government of India with an aim to enforce family planning programme and to provide small family enacted an Act namely Medical Termination of Pregnancy detailed in Para 1007 of the Tamil Nadu Medical Code Volume I. According to this Act, from the year 1972 the Government hospitals and authorized private institutions have been permitted to conduct abortion on the willing mothers.

This Act was also necessitated to save the illegal abortion handled by quacks. Previously abortions were not permitted except on medical grounds and to be certified by not less than two recognized medical practitioners. Yet, there were many illegal and criminal abortions every year for unwanted pregnancies. Such abortions ruined the health of the mother and often lead to maternal death. The promulgation of this Act save these women from the clutches of the untrained and unscrupulous people and promote maternal death.

Under the provision of the Act medical termination of pregnancies can be performed only in the recognized institutions approved by the Government and by the doctors certified by the Medical Termination of Pregnancy Board. For this purpose, the doctors in government hospitals are given training in medical termination of pregnancy.

What are the procedures to be followed when summoned to produce official documents by Courts?

Answer: Following procedures should be followed as per Para 863 of the Tamil Nadu Medical Code Vol. I when a Medical Officer is summoned by a court to produce documents and the procedure contained in Section 122, 123, 124 and 162 of the Indian Evidence Act, 1872 should be followed.

- (1) The Medical Officer should be authorised to give evidence in the Court. The unauthorized officers shall not be permitted to give evidence and get access to official records.
- (2) The Medical Officer shall not be compelled to disclose communication made to him in official confidence when he considers that the public interest would suffer by the disclosure.
- (3) A witness is summoned to produce a document shall, if it is in his possession or power, bring to court, notwithstanding any objection which there may be to its production. The validity of such objection may be decided by the Court.
- (4) For the purpose of Section 123 of Indian Evidence Act, the expression "officer" shall mean the head of office in whose custody the document is required by the Court and vis-à-vis the Court which demands its production that the officer should be treated as the authority to withhold or give the necessary permission.
- (5) Where a document is highly confidential, the head of the Government should obtain the consent of Government of India through the usual official channels before agreeing to produce the documents in a Court or allowing evidence based on them.
- (6) The Head of Department however should not allow production of the document if it relates to matter which are

generally regarded as confidential or disclosure of which, could in his opinion, be detrimental to public interest or to matter which are in dispute in some other connection or have given rise to a controversy between Government and some other party.

- (7) Where permission under Section 123 of the Indian Evidence Act was withheld by the competent authority, the officer attending the Court should convey to the Court through a communication duly signed by the competent authority. He should also explain the Court that he is not at liberty to produce the documents before the Court or to give any evidence derived from them.
- (8) The Head of the Department should obey the Courts order and appear personally or arrange for the appearance with the documents and submit his position of his inability to produce the documents in the Court.

What are the rules under Indian Lunacy Act?

Answer: The following are the abridged rules of Indian Lunacy Act as provided in Para 601 of the Tamil Nadu Medical Code Vol. I.

- (1) A Magistrate by passing a detention order under Section 8, 16 (or) 23 of the Indian Lunacy Act, 1912 may if he deems it necessary detain a police guard to provide for the sole custody of a patient who found to be insane.
- (2) If the relative of a patient presents a petition for a reception order under Section 5 of the Indian Lunacy Act, 1912 so desires whether the patient be handed over to him before removal of patient to the mental hospital, the request may be conceded, if the Magistrate considers the request reasonable.

- (3) All possible previous history with regard to the patient should be obtained. The Medical Officers sending in-patients should make every endeavor to obtain full and correct history of each case.
- (4) The Medical Officer concerned shall inspect the patient daily and ensure that he is properly cared and controlled. The Magistrate shall, if possible, occasionally visit the patient in company with the Medical Officer. The Medical Officer shall take down supplementary deposition from the patient if necessary.
- (5) If the alleged Lunatic is a female, only female attendant should be provided.
- (6) The Magistrate who detained the patient under the Act and subsequently finds him sane he should immediately issue an order of discharge and communicate to the Medical Officer.
- (7) Where it is necessary to send the Lunatic to mental hospital, availability of accommodation should be enquired into.
- (8) The Medical Officer who certified the patient insane under Section 16 shall also furnish a certificate whether patient is fit to travel and also provided with sufficient clothing for the journeys.
- (9) The Magistrate may provide Police guard in the case of dangerous lunatic patients.
- (10) When a lunatic during treatment accompanied by the police guard falls sick by refusing to eat food, should immediately be taken to the nearest hospital for advice and treatment.
- (11) Every women patient sent to mental hospital, shall, if possible, be accompanied by trained nurse. When it is not possible to provide such service, a female attendant or

relative shall accompany the patient in addition to the usual police escort.

- (12) When committing a lunatic to a mental hospital, the Magistrate should at the same time take steps to procure from the legal heir to maintain the lunatic the cost of keeping him in the mental hospital. If necessary the Magistrate by an order secure to meet the expenses of the lunatic from the estate proceeds if the lunatic has been left over with an estate for maintenance.

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Describe the rules to be followed by Medical Officers for transmission of articles to the Director, Tamil Nadu Forensic and Chemical Laboratory for analysis?

Answer: Appendix XXIX of the Tamil Nadu Medical Code Volume II has prescribed the rules for transmission of articles to the Director of Forensic and Chemical Laboratory for analysis.

The Medical Officer shall furnish the details while forwarding such articles the purpose for which such analysis is required and also furnish full particulars of the case whatever the nature may be. Both the details are complimentary to one another. Hence the Medical Officer should invariably furnish all the information.

The Medical Officer should keep ready in stock methylated spirit for the transmission of viscera and other articles to the laboratory.

While suspected poisoning cases are referred such materials liable to rapid decomposition should be placed in spirit to avoid contamination. This precaution is necessary to help the Medical Officer while witnessing in the Court.

When the case of poisoning is dealt, the samples shall be obtained by tying the stomach at both ends to avoid the escape of contents available in the intestines. The contents should be collected in a clean bottle and the Medical Officer should examine mucous surface of the stomach carefully and note the appearance. Suspicious articles if any found should be carefully picked off with a pair of forceps and placed in a separate small phial for transmission.

Where a Medical Officer suspects death through poison he should forward the following articles each in a separate bottle for analysis. Other viscera or tissues need not be transmitted unless the Medical Officer reasonably finds the needs.

- (1) Stomach; contents of the stomach which may if convenient be put in the same bottle with the stomach.
- (2) Suspicious particles, if any found and removed from mucus membrane of the stomach.
- (3) A portion of the liver not less than 500 grams in weight or the whole liver if it is less than 500 grams and one kidney.
- (4) The vomited matter, if any available.
- (5) A sample of the preservative used (150 ml).
- (6) The contents of the small intestines.
- (7) Urine which may have been separately collected after the commencement of symptoms or collected from the bladder after death.
- (8) A sample of blood of 10ml preserved with sodium citrate (or) sodium oxalate + sodium fluoride duly indicating the site of collection.

In all cases while transmitting these contents strong methylated spirit supplied by the Medical stores should be invariably added to the contents of the bottles referred to 1, 3, 4, 6 and 7. The spirit obtained from medical stores alone should be used.

The vomited and purged matters should be sufficiently collected carefully and packed before transmission.

If, when the Medical Officer suspects the poison has been admitted through food, medicine etc. he should collect them and pack them separately and transmit them by sufficiently adding methylated spirit. Fruits or such materials suspected to be the cause of death; the Medical Officer shall also transmit them.

In the case of post-mortem, suspected due to poisoning the Medical Officer should report the result of examination to the police and on receipt of orders from the police or Magistrate he should

transmit viscera of the deceased and other articles to medical analysis. In the case of administration of poison where the patient is alive, the Medical Officer should report such facts also to the police and transmit the samples for analysis on receipt of orders from the Police or Magistrate. The Medical Officer himself can also send the samples for analysis, if he finds it quite necessary.

In the case of murders or death through violent crimes the Medical Officer should preserve specimens of blood from the bodies and sent to analysis. For this purpose, the blood samples of about 25ml should be dried on a clean filter paper and sent in an envelope. The blood should not be dried in the sun. An unsustained part of filter paper should also be sent as a control in a separate envelope.

In the case of blood collected from living persons sent to analysis citrated blood not less than 5ml; non citrated blood not less than 1ml where the above is not possible about 0.25ml of blood dried in a clean filter paper should be sent.

In the case of indecent sexual assaults, the Medical Officer shall send blood samples collected from the victim and accused; saliva samples collected from the accused based on approved standards should be transmitted. While transmitting such articles the Medical Officer will write a letter to the Director, advising him for the despatch containing the details of impression of the seal used in closing the bottles and description thereof - a list of the articles forwarded; the name of the officer who demands the analysis; a detailed account of the postmortem appearance and an account of the symptoms observed by himself or others and a statement of the treatment if any given.

While transmitting the samples of articles to the Medical analysis, the Medical Officer shall take care to seal the bottles carefully in such a manner that they cannot be opened without disturbing the seal and the seal used should not be changed; each bottle should be labelled with required details briefly.

When the articles are transmitted by post, the Medical Officer should take special care to avoid destruction or disturbance to the articles during transmit. He should take all efforts to preserve the articles of decomposed nature during transit.

Where the tissues surrounding gunshot injuries are transmitted, the specimen of unaffected tissue of the same body may be sent.

Write short notes on Grant of Certificate of physical fitness to candidates suffering from Neural leprosy for public service?

Answer: A candidate selected for Public Service should not suffer from any inveterate skin disease. For this purpose he should approach a Government Medical Officer and get himself examined. The Medical Officer will conduct a thorough examination and issue a certificate as prescribed in Para 502 of the Tamil Nadu Medical Code Vol. I.

Non infective leprosy can only be considered as inveterate skin disease on two cases (1) If there is deformity which cannot be remedied and is likely to increase (2) If the type of neural leprosy is such that the patient may become a leprotomatous case in later years.

The Medical Officer finds the candidate contacted with non-injective leprosy he can certify him as fit for Government job. However he should be examined by a registered Government Leprologist with five years of standing experience before issuing the certificate.

The certificate shall be issued in the prescribed form.

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Give an account of duties of certifying surgeons under the Factory Act?

Answer: Para 136 of the Tamil Nadu Medical Code Vol. I prescribes the duties of the certifying surgeons under the Factory Act.

The Surgeons concerned shall inform the factory manager within his local limit about the time, date on which he intend to examine the works for certification.

The certifying surgeons shall act on the request of the Chief Inspector of Factories, examine the works and furnish him the report as required. The intention of this examination is to analyse whether the working condition or the production process is hazardous to the workers. The surgeon will examine these aspects and recommend such remedial measures. He will

- (1) examine the cases on illness and investigate whether the illness have caused due to nature of the manufacturing process carried on or due to other working conditions.
- (2) whether the illness has developed due to change in the manufacturing process carried on, or in the substance used or there is likely hood of the injury to the health of the workers employed in that manufacturing process.
- (3) Whether the employment of young persons in such an industry is likely to cause injury to their health.

The certifying surgeon shall visit the factories within the local limits assigned to him at such intervals as prescribed by the rules relating to such dangerous operations.

The certifying surgeon will examine and record the results of his examination in a register known as the Health Register maintained in Form 17 which shall be kept by the factory manager and produced to the certifying surgeon in each visit.

If the certifying surgeon finds an employee unfit due to illness he shall suspend such person for such time as he may think fit and he can be re-employed on the advise of the certifying surgeons.

The certifying surgeon shall issue the certificate in Form V. He will record the findings and obtain left thumb mark of the worker and issue the foil to the examined person retaining the counterfoil for two years with him.

The certifying surgeon should obtain facilities for conducting this examination from the Manager of the factory. He should provide the certifying surgeon a clean room with ventilation and provided with other facilities.

Mention the quarantine diseases under Indian Port Health Rules. How will you manage a ship suspected to have "Plague"?

Answer: Appendix VI of the Tamil Nadu Medical Code Volume II prescribes the procedure and remedial measures under the Indian Port Health Rules, 1955.

When a ship on its arrival suspected to be with plague shall be examined medically and clinically by the Medical Officer. The ship shall be regarded as infected with plague if it has a case of human

plague on board or if a case of human plague was recorded on board more than 6 days after embarkation (or) if a plague infected rodent is found on board.

The Medical Officer on examination may suspect to have plague infection on board when such a case has occurred within the first 6 days after embarkation (or) if there is evidence of an abnormal mortality among rodents on board of which the cause is not yet known. The health officer should examine and satisfying himself the suspected ship that the abnormal mortality among rodents is not due to plague and until the measures prescribed in Rule 22 have, if necessary, be effectively carried out at a suitably equipped port.

The health officer, on examination, if he is satisfied that the ship is free from plague infection even it comes from plague infected area or having on board a person coming from plague infected area.

Where the Medical Officer who finds the ship infected with plague after thorough examination

- (1) shall medically examine the person on board
- (2) the infected person shall be disembarked and isolated for such period considered necessary.
- (3) Suspects on board may be disinfected and if necessary place under surveillance for a period of not more than 6 days from the date of arrival.
- (4) The suspected baggages if necessary isolated.
- (5) If there is rodent plague is identified on board, the ship shall be kept if necessary, in quarantine as prescribed in Rule 53. The deratting shall be carried out as soon as the heal have been emptied. One or more deratting preliminaries of the ship with a cargo or during its unloading may be carried out to prevent the escape of infected rodents.

If the complete destruction of rodents is unable to be secured because the cargo is not unloaded fully, the health officer shall allow unloading and place the ship in quarantine if he considered necessary to prevent the escape of infected rodents.

The unloading shall be carried out under the control of health officer who shall take all precautionary measures to prevent infection.

The health officer may certify a ship free pratique but if a ship comes from plague infected area the health officer may place the ship under surveillance and disembark the suspects and destruct the rodents on board by giving a letter to the master in writing.

The Medical Officer/Health Officer shall also take any other effective preventive measures to eradicate and control the plague on board.

Describe procedure to be followed in reporting accidents and police cases.

Answer: Whenever accident and legal cases are brought for treatment the procedure prescribed in Para 310 of the Tamil Nadu Medical Code Vol. I should be followed by the in-charge Medical Officer.

He shall immediately report to the Sub-Inspector of Police concerned (1) the accident likely to result in patients death (2) injuries and the circumstances of which make it probable that some one has committed an offence including serious injuries (3) street accidents.

Serious cases of injuries in which there is reason to believe or suspect that an offence has been committed should be reported to police to enable to record dying declaration. In the case of in-patients, the Medical Officer in charge should state whether dying declaration is necessary.

54 Whenever a report is conveyed over phone to the Central Crime Branch in Chennai City and the local police station in the District the name, designation and time of the Police Officer receiving the information shall be recorded. In that case, he should also send original report in Form M-1-27 signed by him through a messenger and acknowledgement obtained.

Whenever rape or attempted rape cases are admitted for treatment the Medical Officer shall advise the patient to inform the matter to the Police.

In all the accident and injurious cases brought to hospital for treatment the Medical Officer shall enter the details including the prescribed treatment adopted in the accident register.

When a written application for a wound certificate or extract from the accident register is sent by the police along with the patient such certificates should be handed over immediately on examination the constable who brings the patient. In all other cases such extracts shall be furnished only on application from a police officer not below the Sub-Inspector of the station.

The accident register is a confidential one and should be kept in the custody of a responsible Medical Officer. Police officers in the rank of Sub-Inspector and above in uniform may however on application may be permitted to refer the register for purpose of investigation. If a sub-Inspector and above rank officer requested the Medical Officer to accompany him to record dying declaration the Medical Officer should oblige the request.

When a death occurs after the admission in the hospital from suicide; accident or under circumstances raising a reasonable suspicion that some other person has committed an offence, the in charge Medical Officer shall immediately report the matter to the Sub-Inspector concerned in Form MF-1-74B and obtain instructions for holding postmortem examination. Such body should not be handed over to the patients without the approval of Police.

Write short notes on

- (a) Types of Penalties under D.P.
- (b) Types of Medical Certificates.

Answer (a): The following are the penalties under the Tamil Nadu Civil Services (Discipline and Appeals) Rules 1955, broadly the penalties have been classified into two namely major and minor depending on the gravity and intensity of the lapse. To inflict major punishments the disciplinary authority shall initiate disciplinary action under Rule 17(b) *ibid* while for minor punishments he shall take action under Rule 17 (a) *ibid*.

The following are termed as minor punishments.

- (1) Censure.
- (2) Fine (in the case of persons for whom such penalty is permissible).
- (3) Withholding of increments or promotion.
- (4) Recovery from pay, the whole or part of precautionary loss cause to Government due to negligence or breach of orders.
- (5) Suspension (is not a penalty)

Major Penalties

- (1) Reduction to a lower rank in a seniority list or to a lower post not being lower than that to which he was directly recruited whether in the same service or in another service, State or Subordinate or to a lower time scale not being lower than that to which he was directly recruited or to a lower stage in a time scale.
- (2) Compulsory retirement.
- (3) Removal from service.
- (4) Dismissal from service.

Answer (b): Types of Medical certificates: The Medical Officers are entitled to issue following certificates.

- (1) Certificate to trainees for admission into Government Service (Para 494)
- (2) Certificate of Postal Life Insurance (Para 578)
- (3) Certificate for Tuberculosis patients (Para 537)
- (4) Certificate in early stage of leprosy (Para 536)
- (5) Certificate of age (Para 479)
- (6) Certificate of physical fitness for public service (Para 472)
- (7) Certificate of prisoners for travel (Para 509)
- (8) Certificate to commercial Air Pilots (Para 513)
- (9) Certificate to Indian Sea-men (Para 515)
- (10) Certificate to Military personnel and civilian officers employed in defense service (Para 545)
- (11) Certificate under Tamil Nadu Motor Vehicle Rule (Para 512)
- (12) Certificate to employment of deaf personnel in Government Service (Para 501)
- (13) Certificate for eye vision (Para 498)
- (14) Certificate for examination for recruits in Indian Army (Para 521)
- (15) Certificate to invalidate of Government employees from service (Para 549)
- (16) Physical fitness certificate of employees (Para 488)
- (17) Medical Certificate to Government employees (Para 532)
- (18) Physical fitness certificate to candidates suffering from Neural leprosy (Para 502)

Write briefly regarding the regulations for the Medical Examination of candidates for appointment to Executive posts in the Tamil Nadu State and Subordinate Services?

Answer: Annexure I under Para 588 of the Tamil Nadu Medical Code Vol. I prescribe the regulations for the Medical Examination of candidates for appointment to Executive posts in the Tamil Nadu State and Subordinate Services. The Medical Officers should keep in mind that these regulations are intended for guidance and not meant to restrict their discretion. According to these regulations a candidate for appointment shall not be certified fit by a Medical Officer unless he satisfies the rules provided for physical standards.

Please see page no. 19.

Write about the maintenance of stock registers by medical institutions.

Answer: Each Medical Institution shall maintain stock registers in the prescribed form as specified in Para 263 of the Tamil Nadu Medical Code Volume I.

- (1) Stock register shall be maintained in respect of (a) Medicine drugs and dressing (Medl. Form 1-147-141 or 148-142) (b) Surgical Instruments and Appliances (Medl. Form 1-149-142) (c) Bedding, clothing and hospital linen (Medl. Form 1-144-137) (d) Furniture including ward furnitures (MFC Form 10)

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- (e) Hospital crockery (f) Dietary stores (g) Miscellaneous stores.
- (2) The stock registers should show the value also except office stores like furniture and stationery etc.
 - (3) New articles purchased or supplied during the year should be entered in the stock register and those condemned or otherwise disposed shall be removed from the register.
 - (4) On every 31st March stock taken should be conducted either by the Head of Office or the officer next in authority to him. However in the case of bedding and clothing quarterly stock taken should be conducted.
 - (5) The Head of office shall submit a certificate of stock verification to the controlling authority. The Head of office is responsible for maintenance of register and correctness of the verification of the report. The certificate and the return of the stock shall reach the Director of medical Education/Director of Public Health not later than 15th April every year.
 - (6) Controlling authorities shall verify the stock during their inspection and satisfy themselves whether the stock books are properly maintained.
 - (7) The Head of Department shall submit a consolidation stock verification certificate to the Accountant General by not later than 31st August every year.
 - (8) The Medical Institutions shall also maintain a stock register for the books, registers and forms, list of ward accommodation showing the superficial area and cubic space allowed to each bed; list of buildings etc.
 - (9) The X-ray Institute at Chennai and the X-ray Departments in Moffussil shall maintain the registers to show the daily record of work done in departments (or) branches; stock books of

apparatus and stores; Register showing the names of paying patients treated with fees collected and name of the Medical Officer attended the case.

Write short notes on

- (a) *Disciplinary action against probationers*
- (b) *Instructions for sending samples to Government Analyst for analysis.*

Answer (a) : Para 829 has prescribed the procedures to initiate disciplinary action against a probationer whose performance is not found to be good. In such cases the observations shall be recorded before passing final orders. If his work is found to be unsatisfactory the appointing authority, at his discretion, by order either terminate the probation and discharge him from service or extend the period of his probation after giving him reasonable opportunity or showing cause of action proposed to be taken in this regard to him.

If at the end of the prescribed period of probation, the appointing authority decides that the probationer is not suitable to order completion of probation in the post which he was selected, the appointing authority by order discharge him from service after giving him a reasonable opportunity of showing cause against the action proposed to be taken.

Where serious charges are pending against the probationer his probation shall not be completed. Probation is not a matter of mere dates and his declaration is not an automatic process. If the disciplinary action is pending during the probation period, the probation shall not be completed until the disciplinary proceeding is finalized.

Answer (b) : Para 210 of the Tamil Nadu Medical Code Volume I has prescribed instructions for sending samples to analysis under Prevention of Food Adulteration Act. According to these instructions whenever a Medical Officer sends samples to the Government Analyst he should observe the following instructions.

- (1) The covering letter requesting the Analyst for analysis should contain specimen impression of the seal used to seal the samples besides full particulars regarding the samples sent.
- (2) Samples should always be send along with a covering letter.
- (3) In the case of bread one loaf of bread should be sent. If it is milk 22ml, in the case of butter and ghee – 150gms; oil, tea, coffee, rice, pulses, flour etc. – 125 gms.
- (4) Liquids should be sent in narrow mouthed bottles. Solid and semi-solids should be sent in wide mouthed bottles. Bread should be sent loosely packed in brown paper. Butter should always be sent in bottles.
- (5) The samples should be labelled with information like nature, name of hospital, serial number and date.
- (6) Mix samples should be preserved with formalin to prevent their decomposition in transit.
- (7) When two or more samples of same diet are sent they should be given distinguishing letter or numbers to avoid mixing.

- (8) When medicine is sent to analysis, the quantity shall be 15 Nos. if it is tablet and 220ml for liquid preparations and 200ml if it is stock mixture duly subscribing the details of composition of the samples to be pasted on the container and detailed in the covering letter.

56 Describe the rules for the administration and training of Diploma Courses in Pharmacy.

Answer: The Appendix-XI of the Tamil Nadu Medical Code Vol. II prescribes rules for the Diploma course in Pharmacy. Such candidates should have pass matriculation examination or SSLC examination with science as one of the subjects. Preference will given to the candidates of Tamil Nadu origin and young widows and wife's of soldiers for admission.

Candidates will be admitted on payment of stipends. Non-stipendaries will also be admitted whenever they voluntary to take up the course. Madurai Medical College, Madurai is the training centre and the Dean will be the selecting authority after personal interview.

The selected candidates shall produce original certificates of qualification, transfer certificate, physical fitness certificate issued by RMP not below the rank of Assistant Surgeon indicating height, weight, chest measurement before and after expansion, correctness of vision and appearance. Two conduct certificates of recent date in original.

The first year study of course shall include the respective subjects Inorganic and Physical chemistry, Physics, Biology, Botany, Zoology, English, Anatomy, Physiology and Health Education. In the second academic year the subjects General Pharmacy, Dispensing Pharmacy, Forensic Pharmacy, Pharmaceutical Economics including General Organic Chemistry, Pharmacognosy and Pharmacology are taught.

The Medium of instruction will be in English. During the course the candidate shall be entitled for stipend. The stipendaries should execute an agreement in the form given in Annexure III to these rules to serve the Government for a minimum period of six months after passing the examination. If they failed to serve the Government, the amount of stipend, examination fees and training fees should be refunded by the candidate.

The candidates shall be on leave for not exceeding 15 days at the discretion of the Superintendent of the Training Course due to sickness or unavoidable private affairs. Casual leave for a total period of 15 days is also allowed. Stipend will be paid during the leave period also.

The candidates admitted for training must follow the rules and regulations of the hospitals in which they are serving.

After the completion of the course the successful candidates shall be provided appointment in Government hospitals but it is not guaranteed and it depends on availability of vacancies.

If any candidate is discharged on account of misconduct or inefficiency he shall not be re-employed anywhere.

III. Write in detail the rules regarding the personal conduct of a public servant?

Answer: The Government employees except those who are provided with uniforms are not bound by any restriction in the matter of dress and are at liberty to wear whatever dress they are provided which should be in inconformity with the ideas of decency in current society. (Para 791 of the Tamil Nadu Medical Code Vol.I)

The Government employees while dealing with the public should have decency. The attitude of the Government servants towards the public should be courteous. They should realize their conduct and personal relation with the public should be so regulated so as to reflect their duty to serve in the best interest of the people and the country. While the difference or discourtesy towards the member of the public coming to them for relief or guidance is bad the Government will take appropriate action. (Para 792 of the Tamil Nadu Medical Code Vol. I)

When false and malicious allegations are made against an employee with a view to hamper him and embraced him in the proper discharge of the duties the employee shall be provided such legal assistance as may be necessary to enable him to take effective action against those making allegations.

When the administration finds substance in the allegations appropriate action will be initiated against the person alleged. (Para 793 of the Tamil Nadu Medical Code Vol. I)

The officers on tour should not accept any extraordinary gesture during tour. They should not during camp, indent on their subordinate for supplies free of cost or nominal cost. (Para 794 of the Tamil Nadu Medical Code Vol. I)

The employees working in Medical Department may become members of the St. John Ambulance Brigade; Members of Physical Science Association and permitted to contribute articles of professional nature to journals the Medical Officers may publish the result of the research work undertaken in a Government laboratory. (Para 795, 796, 797 and 798 of the Tamil Nadu Medical Code Vol. I).

They should not criticise the actions of the Government by themselves or through Associations or journals. The employees should not broadcast or publish anonymously or in his own name or under any other name any communication to the press about the Government Policies. (Para 800 of the Tamil Nadu Medical Code Vol. I).

Government Servant should not participate in political or communal meetings or associate in any manner. (Para 801 of the Tamil Nadu Medical Code Vol. I)

They should not bring external influence to achieve their personal interest. (Para 805 of the Tamil Nadu Medical Code Vol. I)

The Government employees should observe the restrictions provided in the Tamil Nadu Government Servants Conduct Rules in the event of accepting gift; public demonstration; collection of subscription; investment lending and borrowing; acquiring by any manner immovable and movable property, solvency and habitual indebtedness; official documents and divulging. (Para 790 of the Tamil Nadu Medical Code Vol. I).

**What are all the duties of Government Analyst?
Mention the functions of Government Analysts laboratory?**

Answer: Para 197 of the Tamil Nadu Medical Code Vol. I prescribes the duties of the Government Analyst. According to these provisions, the Government Analyst

- (1) should examine and report on samples from local bodies and drugs taken under the respective acts and from hospitals, dispensaries and other departments.
- (2) to advise government to technical points and connection with the working of prevention of food adulteration act; the Tamil Nadu Prevention of Food Adulteration Rules and the Drugs Act.
- (3) To make recommendations for standards for food stuffs.
- (4) To undertake such other work connected with other special subject as may be entrusted to him by the Director of Health Services and Family planning.

- (5) To assist the local bodies in a proper enforcement of the prevention of food adulteration act.
- (6) To analyze samples sent by Magistrate and give his opinion.

Functions of Government Analyst Laboratory

Government Analyst Laboratory is located in the King Institute of Preventive Medicine, Guindy. It undertakes the analysis of foods and drugs with the object of preventing the sale of adulterated, substandard or disbranded goods to the public. The work of the laboratory comprises the following functions as per Para 183 of the Tamil Nadu Medical Code Vol. I.

- (1) Analysis of food samples taken under the Food Adulteration Act, 1954.
- (2) Analysis of diet articles from Government hospitals.
- (3) Analysis of drugs and cosmetics taken under the Drugs and Cosmetic Act from the State of Tamil Nadu and Pondicherry.
- (4) Analysis of sample of food from the Railways, Food Corporation of India, Port Health authorities, Magistrate etc.
- (5) Analysis of food and drugs from private parties.
- (6) Examination of food for contamination with chemical poison.

What are all the powers and duties of District Medical Officer ?

Answer: The following are the duties of District Medical Officer (Para 92 of the Tamil Nadu Medical Code Vol. I)

- (1) He should advise the Commissioner of Panchayat Union and Municipalities on all professional matters connected with the administration of hospital and dispensaries managed by them.
- (2) He will advise the local authority in respect of appointment, transfer, promotion, punishment etc. of the subordinate Medical staff employed by them.
- (3) He will bring to the notice of the Revenue and Judicial officers all circumstances leading to health hazard of Government Servants, prisoners in jail and general public.
- (4) He will coordinate with the Public Health Officer with free exchange of views to ensure public health in the district.
- (5) He will supervise and control the Medical establishment of jails, dispensaries and mental hospitals of the District Head Quarters.
- (6) He will check and control all indents from subordinate Medical Officers in independent charge throughout the District including the indents of Medical practitioners in-charge of Rural Dispensaries.
- (7) He will control and supervise the leprosy clinics attached to their respective centres and deal with all correspondence connected with the working of the clinics.

- (8) As a controlling officer he will monitor the expenditure of his subordinate officer.
- (9) He will inspect all dispensaries including rural dispensaries in his jurisdiction.
- (10) During his inspection he will take care to ensure that the clinical and surgery functions are carried out properly and deligently by the staff. He will also ensure the facilities provided to patients are sufficient and they are not denied proper treatment or facilities. He should also inspect the buildings and furnitures and other equipments and initiate appropriate action to replace them whenever necessary.

Write short notes on –

- (a) Pension and Gratuity
- (b) The programmes relating to primary health centres. (See Page No. 7)

Answer (a): Pension is a recurring monthly payment of life which depends on the length of service and pay drawn by a retired employee. Pension is payable for a retired employee who has spent all his active life in the service of Government. It is not only compensation for the services rendered in the past, but it also has a broader significance, in that, it is a measure of socio-economic justice which inherits economic security in the fall of life when physical and mental powers are getting eroded. Pension has been judicially defined as a stated allowance or stipend make by consideration of past service or a surrender of rights or emoluments to one retired from service. Thus the pension payable to an employee is earned by rendering long service and therefore can be set to be deferred portion of the compensation for the service rendered. In the event of his death his spouse gets a monthly payment for her life.

The pension is of five kinds namely (1) Compensation pension (2) Invalid pension (3) Superannuation pension (4) Retiring Pension and (5) Family Pension.

Among this, superannuation pension is the pension granted to an officer who is compelled to retire from service on attaining a particular age. This pension depends on the service rendered and average pay during the 10 months period prior to the retirement.

Family pension is the pension granted to the eligible family members in the event of death while in service (or) after retirement.

Compensation pension is a pension granted to an officer who is discharged from service due to abolishment of a permanent post while retiring pension is a pension granted to an officer who as a measure of punishment is compulsorily retired from service.

Invalid pension is a pension granted to the employee retired on Medical Invalidation.

Answer(b): On the other hand, gratuity is a lumpsum payment granted to the retired employee or to the family of the employee who dies while is service. Like pension, the gratuity is also determined with reference to the length of service and the pay drawn by him at the time of his retirement. The gratuity has been classified into two kinds namely (1) Retirement gratuity and (2) Death gratuity.

Retirement gratuity is admissible on retirement of an employee after completion of 5 years of qualifying service and will be equal to $\frac{1}{4}$ of his monthly emoluments for each completed 6 months period of qualifying service subject to a maximum of $16\frac{1}{2}$ times the emoluments and a maximum of Rs.3.50 lakhs. Now Rs 10 lakhs

The death gratuity is admissible in the event of death of an employee while in service and will be paid equal to 12 times of his emoluments if he had completed qualifying service of 5 years or more but less than 20 years. If he had completed 20 years or more service at the time of his death, the death gratuity will be equal to $\frac{1}{2}$ month emoluments for every completed six months period of qualifying service subject to a maximum of Rs.3.50 lakhs. Now 10 lakhs

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Describe the duties of Rural Medical Practitioners ?

Answer: The system of Rural Medical Practitioners is now dispensed with. Public Health Centre/Dispensaries have been provided with sufficient complementary and sub staff to cater to the need of the village public. Hence the question has become irrelevant in the present day context.

Describe the procedure to be observed in dealing with the minor works in the Medical Department.

Answer: Following procedure should be adopted while dealing with minor works in Medical Department as per Para 330 of the Tamil Nadu Medical Code Volume I.

- (1) Minor work should be undertaken depending on priority and urgency.
- (2) The District Medical Officer shall identify one work in district, Superintendent in hospitals in city and Director of King Institute shall identify work and send them to the Director of Family Planning/Director of Medical Education for approval. The Director of Medical Education shall prepare a consolidated priority list for all the medical institutions in the city.
- (3) The officers concerned should submit to the Director of Health Services and Family Planning/Director of Medical Education every year list of proposed work to be executed in the following financial year.

- (4) The Director of Health Services and Family Planning/Director of Medical Education shall communicate the appropriation for minor works as soon as they are received to enable the subordinate officers to commence the work.
- (5) On receipt of allotment of funds, the Director of Medical Education and other officers concerned shall correspond with the Executive Engineers for the commencement of work early. If they find the funds are not sufficient to execute other urgent identified works, they will address the Director seeking further allotment.

What are the regulations governing the procedure for commutation of pension?

Answer: All the retired employees are entitled for commutation of pension as a matter of course without medical examination. However if a retired employee wishes to commute after one year of retirement, in that case Medical opinion is necessary and such officers are referred for medical opinion. When such reference is made they will be ordered before the Medical Board for examination, in case of moffussil before the District Medical Officer for examination.

In the case of an applicant retired on invalid pension the ground of invalidating or the statement of the medical case shall be referred to by the certifying officer.

The report of Medical Examination whether by a single Medical Officer or by a standing medical board shall be furnished in Annexure II under Part II of the Tamil Nadu Pension Rules. When the examination is conducted by a single Medical Officer he shall confidentially report the matter to the Secretary of the Standing Medical Board, Government Hospital, Madras.

While referring the retired employee to the Board one unattested copy shall be forwarded with the application. The Medical

Officer of the standing medical board shall attest the photograph of the pensioner. After the medical examination is over the copy will be returned to the Sanctioning Authority along with the other records.

No fee shall be charged for Medical examination. If the pensioner is examined by a medical authority outside the state he shall pay the required fees.

If the medical authority rejects the commutation to the applicant (or) reduce the quantum the retired pension will be allowed for re-examination at his cost provided that the interval of not less than one year has lapsed between the first and second opinion. In that case the Medical Board will be furnished with the copy of the earlier report. (Para 579 of the Tamil Nadu Medical Code Volume I).

Describe the procedures followed for the purchase of electric bulbs and lamp charges.

Answer: Para 337 of the Tamil Nadu Medical Code Volume I provides rules related to electric bulb and lamp charges.

The medical authorities should not effect local purchase of electric bulbs. They should place indents through the Electrical Engineer of PWD well in advance. If he is unable to provide the supply and express his disability then the stock may be purchased locally by resorting to calling quotations from various leading dealers or manufactures and accept the lowest quotation. Whenever tube lights of more than 3 nos. are required they should be obtained from Electrical Engineer. Now the latest rules are that the Medical Department shall purchase and stock the bulbs meeting the expenditure from contingencies. The PWD staff attached to electrical wing will however fit the bulbs.

Discuss about the competent authority to condemn and write off the value of condemned articles.

Answer: As per Para 268 of the Tamil Nadu Medical Code Volume I the powers of condemnation of unserviceable stores vested with the District Medical Officer. For this purpose, the Medical Officer incharge of hospitals shall sent a list of condemned articles to the District Medical Officer at the periodical intervals. The list should contain full details of the condemned article, date of their purchase, value of purchase, amount so far incurred towards repair charges and any other related information, The District Medical Officer shall examine the proposal and if he concurs in the views of the condemnation of the articles and the value of the articles condemned are within his powers he will approve the proposal duly following the instructions contained in 104, 142 of the Tamil Nadu Financial Code Volume I.

The Medical Officer in the case of Government hospitals and local authorities concerned in case of Municipal and Panchayat Union Institutions may dispose off condemned articles by sale or by destruction in accordance with the instructions contained in the order of condemnation.

The stores which have become unserviceable otherwise than in the ordinary course due to wear and tear should not be condemned until their value has been written off by the competent authority or the cost equivalent to their value is recovered from the person concerned or if he is found responsible for the loss.

Write short notes on -

- (a) *Casual leave*
 (b) *Rules relating to District Medical Libraries.*

Answer (a) : (1) Casual leave is a concession to employees to enable them in special circumstances to be absent from duty for short period.

(2) The period of absence under casual leave shall be treated as duty for all purposes. That is the period will count for increment, leave, pension, etc.

(3) Total casual leave allowed to the employee in a calendar year is 12 days.

(4) The leave, including government holidays availed of at a time should not exceed 10 days. If the eleventh day is unexpectedly declared as holiday(s) the total leave in that case, may exceed ten days - G.O. Ms. No. 309, P & A.R., dt. 16.08.93.

(5) The leave may also be combined with compensatory leave or holidays and the total of all leave availed of at a time should not exceed 10 days.

(6) Casual leave should not be combined with E.L., or UEL, etc.,

(7) Employees appointed under emergency provisions and who are likely to be ousted at any time, their eligibility for casual leave shall be calculated with reference to the period actually spent by them on duty and shall be proportionately restricted. As a working principle, they shall be given three days CL for every two months.

(8) Advance application of CL need not contain the purpose for which the CL is requested - G.O. Ms. No. 1410, P & A.R., dt. 02.12.77.

(9) Application for leave (or extension of leave) must be given either before the leave is taken or at the time of joining duty - G.O. *ibid.*

(10) Employees irrespective of the office hours are eligible for 12 days, C.L. - Govt. Lr. No. 109257-A/85, P & A.R. dt. 31.12.1983.

(11) When CL is not available at the credit, they may take E.L. for short spells by sending advance intimation - Ruling (3) under F.R. 67.

(12) Contingent employees are also eligible for C.L., if they have completed 30 days of duty - G.O. Ms. No. 1180, P & A.R. dt. 15.12.1986.

Answer (b) : Appendix XVI of the Tamil Nadu Medical Code Volume II prescribes rules related to District Medical Library. The Libraries are maintained in each district under the control and supervision of the District Medical Officers for the benefit of Medical Officers employed in Government and local bodies. The books are kept upto date so as to enable all medical men in the State to improve their professional knowledge and to be in touch with the latest advanced medicines and surgery. The District Medical Officer is empowered to purchase books required for the Library subject to a maximum of Rs.150/- per annum.(would have been increased now)

Following Rules have been framed for the working of these libraries.

- (1) The library shall be maintained in the office of the District Medical Officer under his control and supervision. A junior assistant is in-charge of this library.

- (2) The Senior Assistant Surgeon attached to District Head Quarters Hospital or any other suitable Medical Officer shall be appointed as librarian.
- (3) The establishment assistant of the District Medical Officer's office or the Medical Officer appointed by the District Medical Officer shall be named as Treasurer and shall be responsible for the collection of subscription, safe custody of amounts and for maintenance of library records.
- (4) Correspondence related to library should be addressed to the librarian only. He will keep proper accounts of books received and issued.
- (5) The transactions of the library shall be audited by the Local Fund Audit once in a year.
- (6) The Audit shall communicate the District Medical Officer about the defects identified by them for rectification in the form of an objection statement.
- (7) Major identified irregularities should be mentioned in the audit report and send to the Director through the Medical Officer concerned. The orders passed in this regard should be communicated to the audit.
- (8) A personnel deposit account shall be maintained in the name of the Treasurer and the money collected be deposited in that account.
- (9) Registered Medical Officers, Private Medical Practitioners with recognized qualifications may be admitted as members at the discretion of the District Medical Officer.
- (10) The members should subscribe an amount per annum to continue to be a member of this library.

Write short notes on -

- (a) *Poor funds - (See Page No. 43)*
- (b) *Working hours of District Public Health laboratory.*

Answer (b): Appendix XXV of the Tamil Nadu Medical Code Volume II explain the rules regarding the working hours, constitution etc. of the District Public Health laboratories.

In order to develop public laboratory service, District Public Health laboratory has been established in each district except Coimbatore, Pudukottai and Dharmapuri district. Only minimum laboratory service has been provided in Dharmapuri district.

All the District Public Health laboratories in the State and the Principal laboratory at Coimbatore will function from 9 am to 1 pm and from 2 pm to 4 pm on all working days with one-hour lunch break between 1 pm and 2 pm. During the working hours the laboratory should be kept open to receive specimen upto 4 pm for laboratory test and a staff will conduct test of the specimens received upto 5 pm.

On public holidays except Sundays the laboratory shall function from 9 am to 1 pm with full complement staff and in the afternoon 2 pm to 4 pm a technician will be available on duty to attend

the urgent work. On Sundays the laboratory shall function from 9 am to 1pm and closed in the afternoon.

In the case of emergencies the District Medical Officer and Head of office of equal cadres are empowered to summon the Medical Officer or any one or all the laboratory staff for duty and such calls for emergency works should be obeyed without reservation. He should also kept in mind that the District Laboratory is not an office in the sense it is usually understood but it is a part of a hospital service and should therefore be opened during the hospital hours.

The working hours of the laboratory should be displaced predominantly both in Tamil and English on a board and hung at a predominant place of each laboratory.

Mention the rules governing appointment and duties of Maternity Assistants in rural dispensaries.

Answer: Para 430 of the Tamil Nadu Medical Code Volume I specify the provision for appointment of maternity assistant. The maternity assistant should possess the qualification etc. provided in the Tamil Nadu Medical Subordinate Service Rules contained in the Tamil Nadu Service Manual Vol. III. The candidates satisfying such conditions and registered under the Tamil Nadu Nurses or Midwives Act, 1926 or employed in Medical Rural Dispensaries for offering maternity relief in village. They should produce original certificates and physical fitness certificate issued by Government Medical Officer before their joining in Government service.

According to Para 432, while selecting the candidates for maternity assistants priority should be given to stipendiary candidates of Panchayat union; candidates who have acted previously in short vacancies and perform satisfactorily and the best of the remaining applicants.

According to Para 433, the Commissioner of the Panchayat Union are vested with powers of appointment of Medical Assistants employed in rural dispensaries of both Modern and Indian medicine in consultation with the District Medical Officer concerned. Similar powers have been vested with the Executive authorities of the Panchayat Boards for such appointments.

With regard to duties of medical assistants Para 437 has prescribed the following duties.

- (1) Attend the Rural Dispensary in the village during the fixed working hours and assess the medical practitioner in the examination and treatment of medical patients. They should not however be utilized for dressing the surgical cases.
- (2) They should visit pregnant mothers within 8 kms of radius from the headquarters and advice them on antenatal care. They should also undertake propaganda work regarding the benefits in maternity cases.
- (3) He shall maintain a register and enter the results of his visit and produce the same for inspection or whenever required to do so.
- (4) He should work under the direct control of the R.M.P. and will be the under the administration control of the Commissioner.
- (5) He will be available on all days during day or night and to attend all the urgent cases of labour and also attend to labour cases in her jurisdiction.
- (6) He shall achieve the target of maternity cases as fixed by the Commissioner from time to time. If the target is not achieved subsidy will be reduced proportionately.
- (7) He will undergo prescribed training whenever necessary.

- (8) He shall submit the prescribed number of cases conducted by him and also can explanation for the shortfall to the Director of Health Services through the Commissioner of Panchayat Union.
- (9) He should be available in the headquarters at all times and shall not leave the territory without the previous sanction of the Commissioner of Panchayat Union.

State the rules governing fees for postmortem and Medico-legal certificate.

Answer: Para 650 of the Tamil Nadu Medical Code Volume I prescribes the fees for postmortem and medico-legal cases.

- (1) A civil surgeon or an officer incharge of postmortem case shall be entitled for a fee of Rs...../- for conducting postmortem and a fee of Rs... ../- for conducting a medico-legal examination other than a postmortem examination in cases not falling within his normal functions, whether or not he has to give evidence in the Court of Law.
- (2) A fee of Rs... ../- may be paid to other Medical Officers for conducting postmortem or medico-legal examination in similar circumstances. When such officers are required to give evidence in the court of law they shall be entitled only for the Court Batta.
- (3) A Medical Officer is entitled to retain the entire fee collected for issuing certificate to the purpose of LIC, probate letters of administration, succession etc.
- (4) They are entitled for fees granted by the District Superintendent of Police for certifying prohibition cases on the person charged under the Tamil Nadu Prohibition Act, 1927.
- (5) When a private institution incurs any expenditure out of his funds in connection with such examination the District

Magistrate may sanction reimbursement of such expenditure to the private institution.

- (6) The Panchayat Union Medical Officers shall also perform these duties, but are not eligible for any fees.
- (7) Where a Medical Officer of a Panchayat Union which does not receive Government contribution if attends to postmortem, the fees shall be paid in the Panchayat union concerned and not to the Medical Officer concerned.
- (8) When the authorities of any State including the Union Territories requested the Medical Officer of the Government of Tamil Nadu for a wound certificate etc. such authorities shall pay the prescribed fees for the purpose namely (a) Examination of report and certificate (b) Attendance of case in hospitals (c) Attendance at Courts (d) Postmortem examination report and (e) Servant to assist postmortem examination. The fees collected should be credited to Government account and not retained by the Medical Officer.
- (9) The District Superintendent of Police may sanction fees to Medical Practitioners of Panchayat Union to issue wound and postmortem certificate issued at the instance of police at the prescribed rates.

VII. Mention the rules relating to retention and destruction of records in Government Medical Institutions.

Answer: Para 991 of the Tamil Nadu Medical Code Volume I prescribes the procedure about the retention and destruction of records in Medical Institutions.

- (1) Records containing correspondence establishment, reorganization of the particular institution and records related to permanent interest shall be carefully preserved. Register of incidents and correspondence are a permanent one.

- (2) When a record is to be destroyed after a specified period and the Head of the Department finds reasons to retain them for further period or permanently he shall do so by recording his observation. He shall however arrange to destroy after the expiry of the prescribed period.
- (3) When pay bills or acquittance rolls are to be destroyed it should be satisfied that the procedure prescribed in Rule 6 and 12 of the subsidiary rules under FR 74 has been strictly followed.
- (4) The Head of office may sanction destruction of his own and offices subordinate to him as he considered to be useless, but before doing so he should obtain the concurrence of Accountant General.
- (5) The Head of Department should maintain a permanent list of the details of records destroyed from time to time.
- (6) Records connected with the expenditure which is within the period of limitation fixed by law; records connected with expenditure on projects; schemes or works which have not been completed; records connected with claims of serving personnel shall not be destroyed.
- (7) Registers shall be retained and destroyed only after the expiry period provided in Para 991 of the Tamil Nadu Medical Code Volume I. No register or records shall be destroyed before the expiry period. On no account, cashbook, hospital order book, visitors book are permanent one and shall not be destroyed.

Describe the instructions to be followed by Medical Officer in gunshot injuries.

Answer: The Medical Officers shall follow the instructions prescribed in Para 632 of the Tamil Nadu Medical Code Volume I in gunshot injuries. The instructions are reproduced below:

- (1) When the Medical Officer is required to visit the scene of crime he should note the surrounding area, a distance of 500 yards in case of rifle, 100 to 150 yards in the case of short gun, 50 to 75 yards in the case of revolver or pistol injuries and observe
 - (a) the level and inclination of the ground
 - (b) The presses of pits, hallows, elevations, hillocks, rocks and other objects likely to give a vintage ground
 - (c) The presence of vegetation and nature of trees, branch or unbranched or grass and its ground where shrub or bramble bush or other growth
 - (d) The pathways and roadway, their location and relation to the body
 - (e) The direction of slope, if any
 - (f) Water courses, ponds, wells etc., if any
 - (g) Determine the points of compass regarding the area and the layout of the sand with regard to some fixed objects
 - (h) The layout of the body and of the limbs with the help of a compass and perpendicular planes; the angle of the upper arm with trunk in two planes and the fore arm with upper arm; hands if spine or prone clenched or spread.
 - (i) Foot prints or heaten tracks in the vegetation.
- (2) He will examine the body and surrounding without disturbing the body about the clothing, blood strains, material flowing from mouth or nostrils or seminal strains if there are other injuries other than gun shot, the direction of the face and its inclination with the body on the ground.
- (3) He should examine the wound and record his observations (a) whether the wound is in the form of a cross shaped tear, a clean punched hole or an irregular one (b) whether there is brazing of

margins, denotation of the outer layer of the skin (c) whether there is sinking of hair (d) whether there is a fine ring of blacking around the wound due to grease and metallic fouling from the bullet (e) Whether there is ploughing up and blackening of the tissue beneath (f) whether any particulars of unburnt black powder or flakes of smokeless powder (or) embedded in or beneath tissues.

- (4) He should also take exact and accurate measurement if possible with callipers of the hole proper and under the area of erosion and the area of discoloration surrounding it. Examine the exist wound similarly and note if tissues are pushed out, if burnt are splintered and if any pieces present or if any foreign body present and collect them.
- (5) If he finds a weapon in that area he should measure the distance carefully without disturbing the object.
- (6) He should also note whether there is any evidence of staggering or in co-ordination in gait and note the relative position of foot prints or of poralasis with one side limbs, flex into abnormal positions or rolling.
- (7) He should note the injuries which might be due to fall of a person loosing consciousness and note the blood finger prints.
- (8) He should take photograph of the body before it is disturbed.
- (9) If he finds a bullet outside the body, he should examine the bullet injury and record his observation in findings. He should not touch the bullet while recording his observation. Then he should remove the bullet and dry it in air without disturbing stains of blood or other matter and cover it in cotton or wool and despatch it to the Forensic Lab for examination.
- (10) Where blood strains are spread in different places they should be separately collected and examined because they may belong to different persons.

- (11) In case of murder or suspicious death the portion of fractural or penetrated bone should be preserved.
- (12) He should possibly note the direction of grooving, note if it right handed or left handed.
- (13) If the bone is fragmented and dislocated from wounds the Medical Officer should note the direction in which they are driven and examine cavities for fragment of bones or tissues. He should also note if the bones are still capable of exhibit or elasticity.
- (14) He should note the amount of loss of blood, pallorcongesion of internal organs, presence of diseases other than injuries, contents of viscera, state of digestion.
- (15) If the case is doubtful or if the probability of the injuries would have been infected while the diseased was in the state o unconsciousness due to poisoning or intoxication in that cas the Medical Officer should send the viscera for che. cal examination.
- (16) The Medical Officer shall send the tissues along with the track of a bullet wound for chemical examination for the presence of lead if necessary.
- (17) The Medical Officer should carefully search for bullet, wadding, cardboard etc. if necessary if the aid of radiography and preserve it in sealed bottles as necessary exhibits. Grain of powder collected from the clothes or body should also be sent for examination to ascertain their chemical characters.
- (18) The examination is going to help the investigation authority to establish the office in the offender. Hence the Medical Officer take atmost care in his investigation and examination.
- (19) He should examine the case with a view to establish the identity of the weapons from which they were fired which will be the vital factor in such cases.

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What are the points, the inspection officers of Medical Institutions shall note?

Answer: The inspecting officers should observe following points while inspecting Medical Institutions. [Para 92 (8), Tamil Nadu Medical Code, Vol. I]

- (i) Check the routine work of the Institution.
- (ii) Inspect compound, buildings, furnitures, lamps and other infrastructure facilities of the hospitals.
- (iii) Examine patients about the treatment, diet and food served to them.
- (iv) Inspection of bedding, clothing, medicine and their storing and maintenance.
- (v) Checking of stock book to detect sufficient availability of medicines and also the shortages.
- (vi) Examination of surgical equipments to ensure their prompt functioning and storing.
- (vii) To check the operation register to ascertain about the need of additional requirements.
- (viii) Inspection of Registers
- (ix) Detailed enquiry about the availability of maternity assistance.

- (x) To solve the grievance of sub-staff.
- (xi) To instruct to condemn, repair and replace of the all old items of materials.
- (xii) To transfer the excess stock of material or medicines to the needy institutions.
- (xiii) To instruct the medical officers to improve the method of working.
- (xiv) To inspect post-mortem room.
- (xv) After inspection is over, a copy should be sent to the Director of Medical Services.
- (xvi) To inspect local body institution if necessary.

What are the methodology to be adopted in implementing new schemes and construction of buildings?

Answer: The following methodologies should be adopted in implementing new schemes in the construction of buildings. [Para 329, Tamil Nadu Medical Code, Vol. I]

Estimates and preliminary plans should be prepared initially. Before requesting P.W.D. for this purpose, such estimates and plans

should be scrutinised by a committee consisting of Director of Public Health/Director Medical Education as the case may be and Government Architect to be consulted. The opinion of the Executive Engineer should be obtained.

If the scheme relates to a moffusil hospital, the committee should inspect the site. As soon as Administrative Approval is obtained for such construction a lumpsum amount should be provided for electrical and sanitary fittings.

A detailed plan should be caused to be prepared by a Government Architect and circulate such plans to the experienced officers for their considered opinion.

In case of buildings of the Director of Medical Education, the considered opinion of experienced Doctors and Nursing Superintendents and other specialty heads, so that they can offer their opinion.

The Head of the Department should also take care about sanitation, water and electrical supply while drawing plans and also during their execution.

If once the Head of the Department countersigns the plan, it should not be altered subsequently without the approval of Government.

State the symptoms of snakebite poisoning and its treatment.

Answer: The following are the symptoms of snakebite poisoning, which requires treatment as indicated below: [Appendix VII, Tamil Nadu Medical Code, Vol. II]

The poisoning differs in each case and it depends on the type of the snake. If it is a cobra bite and the patient feels intoxication, followed by paralysis beginning in the legs and ascended to the Head. Saliva dribblers from the mouth and speech become increasingly difficult. Nausea and vomiting frequently occur. The breathing gets more and more difficult and the face gets swallowed. The Heart remains comparatively unaffected and continues to beat after respiration fails.

If it is a krait bite, symptoms of Hemorrhage into the stomach and bowels may occur. If it is viper bite, blood cells will be destroying in the internal coats of the blood vessel.

Local Treatment: Tie a ligature if possible above the part to stop the venous flow and not the arterial flow. Open the site with a knife and suck vigorously.

General Treatment: Inject intravenously Kasuali antivenin for cobra and Russel viper bites. Dose 100-200 c.c. should be repeated if necessary one or more times every half an hour. If any polyvalent snake venom is available, it should be given instead. In colubrine poisoning, artificial respiration heartbeats should be started before the failure of natural respiration is complete.

Adrenalin and pituitary are the best stimulants. Normal saline injection will help in excretion the poison. Calcium chloride or gluconate should be injected of the blood to prevent haemorrhageous.

III. List of important Registers and records to be maintained in the Hospitals and Dispensaries (Professional Records).

Answer: A list of important registers and records (Professional Records) to be maintained in State hospitals and dispensaries is given below: [Para 991, Tamil Nadu Medical Code Vol. I].

- (1) Cash Book
- (2) Case sheets of scientific interest along with respective radiographs as museum specimens.
- (3) Death Register
- (4) Nominal Register of in-patients
- (5) Operation Register (Major and Minor)
- (6) Accident Register
- (7) Post-Mortem Register
- (8) Post-Mortem Certificate book in counterfoil
- (9) Wound Register Book in counterfoil
- (10) Midwifery Register
- (11) Register of private cases where hospitals instruments are used
- (12) Cholera Register
- (13) Daily Register showing the diseases of in and out-patients

- (14) Hospital Statistics (including manuscript register for annual statistics)
- (15) Medical Certificate Book
- (16) Nominal Register of out-patients
- (17) Operation Register (Dental Department)
- (18) Operation Register (Out-patient Department)
- (19) Register of classes and sexes
- (20) Requisition sent by ward Medical Officers for electrical treatment and radium
- (21) Ward-prescription book
- (22) Declaration form taken from the patients
- (23) Requisition sent by private medical practitioners for x-ray examinations.
- (24) Admission and discharge certificate book in counterfoil
- (25) Register showing intimation of accidents to the Police.

Short notes on -

- (a) Loan on Government Hospital instruments and dressings for private cases.
- (b) Circulars

Answer:

(a) Para 649 of the Tamil Nadu Medical Code Volume I deals with procedures of loaning the hospital instruments and dressing for private cases.

According to these instructions, the Medical Officers should not treat the private patients in the hospitals. However hospital instruments be supplied with dressings for private practice subject to the following conditions.

- (1) that such loaning of instruments should not be detrimental to the hospital work.
- (2) the Medical Officers receiving the instruments are responsible for the safe custody of instruments and should compensate the loss or damage.
- (3) they shall pay the charges prescribed for surgical and other instruments, dressings, oxygen gas cylinders, for intravenous set and blood.
- (4) while the instruments are spared for private practice the Medical Officer seeking the loan of instruments shall levy the prescribed charges of the instruments in advance. He should pay 50% of the normal charges as penalty in addition to the normal charges for each day of delay after the due date. The total period being limited to seven days.
- (5) The register with required informations as prescribed in para *ibid* shall also be maintained duly furnishing the details therein.

(b) *Circulars*: Para 98 of the Tamil Nadu Medical Code Vol. I prescribes the procedure to be adopted with regard to circulars. The Medical Officers shall forward the copies of circulars issued by Higher authorities namely the Director of Medical Services and Director of Medical Education etc. They should ensure the circulars are forwarded to the subordinates and they are duly served with the informations. However they should refrain from circulating the confidential informations.

Write the procedure for burial or cremation of deceased destitute of pauper.

Answer: Para 273, Tamil Nadu Medical Code Vol.I, Rules related to the burial or cremation of the destitute persons are governed by item 1 of Appendix XIV of Tamil Nadu Financial Code, Vol. II which is not a prescribed book for this examination. Hence the information is not furnished here.

Write short notes on -

- (a) St. John's Ambulance
- (b) C.T.C.

Answer: (a) *St. John's Ambulance* was established on 01.10.1909 in New Delhi. Then it was shifted to Madras State in 1959 and named as Tamil Nadu State Centre in 1969. The Ambulance Association encourages and promotes all works of humanity and charity for the relief of persons in sickness, distress, suffering and dangers without distinction of race, class or creed. The object of the Association is to render First Aid wherever necessary to impart training about the elementary principles and practice of Nursing and also about sanitation; provide ambulance depots wherever necessary; to organise ambulance cops and promote awareness to involve in relief measures. [Para 1004, Tamil Nadu Medical Code, Vol. I]

(b) *Certificate of Transfer Charges* (C.T.C.) is the document to be signed by the transferred gazetted officer and the relieving officer in token of assuming charges and relieving from charges of a post. It should be signed and sent by post on the same day to the superior officers. [Para 844, Tamil Nadu Medical Code, Vol. I]

What is the procedure to be followed in case of appeals from Government Servants invalidated from service?

Answer: Gazetted Officers and Non-gazetted employees whose pension exceeds Rs.100/- per month may submit an appeal for re-examination by a Medical Board subject to the following conditions.

The Head of the Department who receives the report of a Medical Board should inform the officer concerned the fact that it is proposed to submit a recommendation to the Government stating that he should be invalidated from service and that until the orders of Government are received he will be granted leave.

On receipt of the report, if an officer himself desires to retire on invalid pension or by nature of his disability that no useful purpose will be served by submitting an appeal, the officer should be informed that if he so desires he may submit an appeal within one month through proper channel. However the reason on which the Board desires to invalidate need not be informed to him. The appeal should be supported by a Medical Certificate from a Civil Surgeon.

Re-examination by a Medical Board (which will consist of Director of Medical Education as President and two members who are specialists in respective disease) will be sanctioned if the Government in consultation with Director of Medical Education felt that there is a prima-facie ground exists for an appeal.

The findings of the Board which is confidential will be forwarded to Government for final orders and will be served to the individual through the Head of the Department. The individual should remit Rs.32/- immediately on constitution of the Board.

There will be no fees for non-gazetted Government servant and for those who receive pension below Rs.100/-. To entertain an appeal to the above category, Head of the Department has to make a request, that too, subject to the approval of Director of Medical Education. But the cases will be dealt by the ordinary standing Medical Board. [Para 1568, Tamil Nadu Medical Code, Vol. I]

List of Reports and Returns received in and despatched from the Office of the Director of Medical Services—cont.

Nature of report or return. (1)	Authority pro- scribing the report or return. (2)	Incoming.		Outgoing.	
		From whom due. (3)	When due. (4)	To whom due. (5)	When due. (6)
4 Statement showing the names of Subordinates of the Medical Department who were given permission under S.R. 8 (a) to rule 9 of the Government Servants Conduct Rules.	Government	26th January.
5 Budget, Imperial Council of Agricultural Research—Exhibition of Actuals.	Do.	Do.
6 Indent for standard Medical Forms.	Do.	Do.
7 Confidential Reports on members of Nursing Staff, Branch III—Nursing.	Surgeon-General's Circular P. No. 154—N—50, dated 29th July 1950.	All Subordinate Medical Officers.	15th January	Superintendent, Government Press.	1st March.
8 List of Clerical Establishment in City and Mufassal Medical Institutions and the Office of the Director of Medical Services.	All Subordinate Medical Officers.	20th January	.....	.....
9 Confidential Reports on Honorary Medical Officers and Honorary Assistant Medical Officers.	All Subordinate Medical Officers.	31st January	Superintendent, Government Press, Madras.	26th January.

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For non-Gazetted employees: For these people, record of services will be maintained through service book at his cost. Head of Office will maintain this and transferred to the new office in the event of his transfer.

The head of office will make all entries without omission and attest them. The individual should verify the entries at periodical intervals. The Head of office should allow the individual to verify the Service Book at any time if he desires to do so. The Service Book of the individual not working under a head of office should not be retained beyond one week, if the same was received for certain purpose. [Para 851, Tamil Nadu Medical Code, Vol. I]

Write short notes on –

(a) Confidential Reports

(b) Medical Attendance Rules (Please refer page 63-64)

Answer: (a) Confidential Reports are the assessment of the individual employee by their superiors. The Collectors should send confidential reports to the Director of Medical Services on District Medical Officers and Civil Surgeons. It must contain a general impression on the character and conduct of concerned officers. These reports should be retained for a period of five years. Collectors should inspect Government Medical Institutions during his regular district tours and make exclusive visits and assess the performance.

District Medical officers assess the works of Assistant Surgeons and prepare the confidential reports and submit to the Director of Medical Services.

Adverse remarks if any, should be communicated to the persons concerned only after they have been accepted by the scrutinising authorities. [Paras 810 to 816, Tamil Nadu Medical Code, Vol. I]

(a) What are the rules governing Registration of Medical Officers under Tamil Nadu Medical Registration Act?

(b) What are the constitution and functions of Medical Council of India.

Answer:

(a) *Registration:* All Medical officers including Housemen and Honorary Medical Officers employed in Government Panchayat Union or Municipal Medical Institutions including rural dispensaries and medical practitioners in charge of institutions receiving grant-in-aid or other concessions from Government must be registered under the Tamil Nadu Medical Registration Act IV of 1914. The Act and its by laws are printed in the Tamil Nadu Medical Register published every year.

All Nurses and Maternity Assistants employed in any hospital, dispensary or infirmary not supported entirely by voluntary contributions must be registered as a nurse or Maternity Assistant under the Tamil Nadu Nurses and Midwives Act, 1926.

(b) *Constitution and functions of Medical Council of India –* The Medical Council of India has been constituted under section 3 (1) of the Indian Medical Council Act, 1956, in order to establish a uniform minimum standard of higher qualification for all States.

(2) The Executive Committee of the Medical Council of India shall appoint such number of medical inspectors as it may require to

attend at any or all of the examinations held by medical institutions in India for the purpose of granting recognised medical qualifications.

(3) The Director of Medical Education is ordinarily nominated by the State Government as a member of the Medical Council of India under section 3 (1) of the Indian Medical Council Act, 1956.

How 'Sanctioned staff of Hospitals' registers are maintained?

Answer: Sanctioned staff of Hospital registers is maintained as detailed below. [Para 285, Tamil Nadu Medical Code, Vol.I]

- (1) Two separate registers should be maintained. One is for permanent staff and another is for temporary staff. This register will help to review proposals of continuance staff on the expiry of sanction.
- (2) Temporary staff should not be sanctioned beyond February each year.
- (3) Proposals for the continuance of temporary staff should be submitted on or before 1st October each year, separately for Medical, Nursing and Maternity assistance, clerical staff and non-medical staff.
- (4) The proposals should contain the need for continuance of staff, volume of work, work remaining to be done etc.
- (5) Proposals for continuance of temporary post, which have been in existence for the last three years, should be submitted in Form 'C' furnishing all the information justifying the proposal.
- (6) Proposals for the further continuance and for the permanent retention of the temporary post should be sent separately.

What are the rules relating to the Anti-Rabies Treatment?

Answer: The following are the rules governing anti-rabies treatment. [Para 278, Tamil Nadu Medical Code, Vol.I and Appendix XV, Tamil Nadu Medical Code, Vol. II]

- (1) The animal should be secured and tied up and kept under observation for a period of 10 days. If the dog remains in perfect health no treatment is necessary.
- (2) If the dog develops any symptoms or dies within 10 days period the patient should be given treatment. The portion of dog's brain should be sent to the Pasteur Institute for examination.
- (3) In case of deep bites immediate treatment should be given.
- (4) If the patient is scratched by the claws of a rabid animal, in that case also immediate treatment should be commenced.
- (5) Person with cuts or abrasions on the skin or mucous membranes who are licked on the damaged parts by a rabid animal should also be given immediate treatment.
- (6) Wounds caused or licked by rabid animals should be properly cauterized as quickly as possible. After preliminary washing with some anti-septic lotion, the wound should be dried and cauterized with fuming nitric acid.
- (7) In case of doubts about the treatment, the advice of the Pasteur Institute should be obtained.

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State the rules governing grant of Compensatory Leave.

Answer: The following rules shall regulate the grant of compensatory holidays. [Para 889, Tamil Nadu Medical Code, Vol. I]

(i) No compensatory holidays can be claimed as a matter of right. It shall be within the discretion of the superior to admit a claim for a compensation holidays.

(ii) No compensatory holidays can be availed of unless there has been prior credit of such holidays to the Government Servant.

(iii) To be eligible to claim credit for a compensatory holidays an application shall be made within one month of the holiday work.

(iv) Whenever orders are passed admitting credit for a compensatory holiday, the fact shall be entered in the casual leave register on the page allotted to the Government servant opening a new column to indicate compensatory holidays.

(v) No Government servant shall be entitled to a credit of more than 20 compensatory holidays in all, in a calendar year.

(vi) Every compensatory holiday shall automatically lapse at the end of six months of the holiday to which it relates.

(vii) Compensatory holidays may be combined with casual leave or authorised public holidays subject to condition that the total period of absence shall not exceed ten days.

Write about the rules relating to District Medical Libraries.

Answer: District Medical Libraries are maintained in each district under the control and supervision of the District Medical officers for the benefit of Medical Officers in the employ of Government, Local Bodies, health officers, Honorary Medical

Officers and Rural Medical Officers. Those are kept up-to-date so as to enable all medical men in the State to improve their professional knowledge and to be in touch with the latest advances in medicine and surgery.

The Government has permitted Panchayat Unions to pay a maximum contribution of Rs.150 per annum to the District Medical Library. The maximum grant by Municipal Council is fixed at Rs.25 per annum. Municipal Council and headquarters towns whose hospitals have been taken over by Government are exempted from paying the contribution towards the establishment and maintenance of District Medical Libraries. The Director of Health Services and Family Planning is empowered to sanction a contribution not exceeding Rs.500/- a year towards the maintenance of each District Medical Lending Library. The District Medical Officers are empowered to purchase books required for District Medical Lending Library subject to a maximum of Rs.150/- per annum and availability of funds in the Budget. [Appendix XVI, Tamil Nadu Medical Code, Vol. II]

What is the procedure for opening new rural dispensaries?

Answer: No new rural dispensary should be opened within a radius of 8 kms. from an existing dispensary. However Rural Siddha dispensaries may be opened by Local Bodies within a radius of 8 kms, if considered necessary provided the financial position of the local body is sound.

Panchayat Unions should report to Government by the 1st September of each year the number of additional Rural Dispensaries, which they desire to open in the succeeding year with a certificate to the effect that they will meet the cost of medicines etc. to be supplied to them. Consultation should be made with the District Medical Officers and the Revenue Divisional Officers concerned through the Collector in regard to the suitability of the villages selected by them for the opening of new rural dispensaries and submit a copy of

recommendation along with the proposals for the opening of new rural dispensaries.

The District Medical Officers should take note of the following points when making recommendations for the opening of new rural dispensaries. [Para 403, Tamil Nadu Medical Code, Vol. I]

- (1) Whether the Public Health Expenditure of the Panchayat Union is within the permissible limits laid down by the Government from time to time.
- (2) Whether the Panchayat Union will be in a position to finance the dispensary for reasonably a long period of time.
- (3) Whether all the existing rural dispensaries are properly equipped with midwifery forceps, tooth-care, etc. according to G.O. Ms. No. 761, Public Health dt. 7th April 1925.
- (4) Whether the Panchayat Union has made suitable provision for drugs etc.

Mention the instructions for filling in postmortem and wound certificates.

Answer: Postmortem certificates – Instructions for filling in

- (a) After the words "body of a" the sex should be entered.
- (b) Approximate age should be judged from appearance and entered.
- (c) Date and time of receipt of the body and the name and official position of the person ordering the post-mortem should be entered together with the number and date of document sent by him.

- (d) The Number, rank and name of the constable in-charge of the body should be entered.
- (e) After the words "the body when first seen by the undersigned was" its condition should be noted.
- (f) The time at which the post-mortem examination was commenced and the date on which it was made should be accurately entered.
- (g) After "appearance found" all particulars regarding wounds, injuries and suspicious signs, external or internal, should be concisely and sufficiently described, the site and extent of any wounds being carefully entered.
- (h) Identification and caste marks should be entered in the office copy of the certificate.
- (i) The original certificate should be sent directly to the concerned Magistrate in a sealed cover. The second and third copies should be sent to the Police and Director of Medical Education respectively and the fourth copy retained in the hospital for record.
- (j) The Post-mortem Register must be filled up in first in ink with post-mortem notes. Then only the certificate should be written.
- (k) A certified copy of the Post-mortem certificate marked confidential may be given to the military authorities on requisition. [Para 621, Tamil Nadu Medical Code, Vol. I]

Wound certificates – Instructions for filling in [Para 622 Tamil Nadu Medical Code, Vol. I]

- (a) After the words "of a" the sex of the person, should be entered.
- (b) After the word "Sent with" should be entered particulars of a document received from a Magistrate or the Police.

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- (c) When the injured person is accompanied by a constable, the name, number and rank of the constable should be noted. If no communication in writing is received with the injured person the facts should be noted as follows:-

“Who was sent without a written communication by

- (d) The exact time at which the injured person was first seen by the certifying officer and also the exact time at which the examination was commenced should be carefully noted and entered in the certificate.
- (e) Particulars of all injuries found should be continuously and sufficiently described in the plainest language.
- (f) Medical Officer should ascertain and incorporate in the certificate only the alleged course as to the manner in which the injuries were inflicted, the weapon used and the time.
- (g) After the word, “I am of the opinion that” enter whether the injuries are (or) are not of a grievous nature, and if the former, whether a fatal result or any permanent injury is likely to follow.
- (h) Identification and caste-marks should be entered in the office copy of the certificate.
- (i) The original certificate should be forwarded at once either to the Magistrate or to Police officer who sent the injured person.
- (j) As the certificate has to be filled in and dispatched immediately after the examination a very carefully considered prognosis should be made especially as regards injuries to the head or spine.
- (k) The Medical Officers should write their names in block letters below their signature.
- (l) Further details should be entered in the hospital wound register.

VIII. Mention the rules regarding statistics of hospitals and the various statements to be maintained.

Answer: The hospitals and dispensaries should submit various statistical reports regarding the Opening of hospitals, Facilities available in the hospitals, Facilities created during the current financial year, Statistics of patients treated, Statistics of Leprosy, Tuberculosis, Venereal diseases, E.N.T. diseases, Surgical Operations performed during the year.

For this purpose Para 951, Tamil Nadu Medical Code, Vol. I have prescribed various statements from A to G. These statistical reports should contain factual informations since they will be read by the public and utilise for questions and debates in the Legislature. So, great care should be taken while preparing these statements.

Besides annual statistical reports should also be prepared in January or February containing various statistical informations relating to the operation maintenance of the hospitals.

What are the procedures to be adopted for medical examination of medical students and nurse pupils during the period of study and training?

Answer: With a view to prevent Medical students and nurse pupils from contacting diseases during the period of study and training the following procedures should be adopted to carryout a thorough medical examination annually of both medical students and nurse pupils:-

(1) The Superintendents of teaching hospitals attached to the Medical Colleges should arrange for the Medical examination of the medical students on their admission into the colleges and for an annual examination of the other students who are already admitted on the rolls of the college by the physicians of the hospitals in convenient batches and in cases where there is a suspicion of tuberculosis, an x-ray examination or screening should be done. The medical examination of the students should be spared out over the entire academic year.

(2) The Superintendents of the hospitals attached with training centers for nursing should follow a similar procedure in the case of pupil nurses.

(3) A card index in the prescribed form in respect of each medical students and nurse pupil should be maintained recording the result of the examination.

(4) The Medical Examination as well as x-ray examination, wherever necessary, should be done free of cost. [Para 543, Tamil Nadu Medical Code, Vol. I]

Define the Medical Board and the procedures for appearing before the Medical Board.

Answer: For Constitution of various Medical Boards and their functions. - Please Refer page 46

Procedure: No reference to a Medical Board should be allowed where the object of the reference is merely to determine whether the leave or extension of leave applied for may be sanctioned without the approval of the Government in the administrative department concerned; but the authority competent to retire the applicant has the power to send him before a Medical Board for a certificate as to the fitness or otherwise of the applicant to remain in service if they consider that the Government Servant is not able to perform his duties properly on account of any ailment. [Para 565, Tamil Nadu Medical Code, Vol. I].

[Now an employee seeking Medical leave exceeding 60 days required to be appeared before a Medical Board for justification of the ailment and opinion of the board is obligatory. In that case every Headquarters hospital and Medical institutions attached to the Director of Medical Education will constitute a permanent Medical Board for this purpose].

Mention the procedure of Medical Examination for Political Pensioners for commutation of life pension and life interest.

Answer: Except in cases of compulsory commutation, all political pensioners, whether male or female, who apply for commutation of a life pension or life interest in any other political pensions should be required to undergo the same medical examinations as is laid down in the regulations issued by the Government of India governing the procedure for commutation of service pension. That is, a certificate from a Medical Board should be insisted in cases where the amount to be commuted, together with any amount or amounts previously commuted exceeds Rs.25/- and in other cases a certificate from the Civil Surgeon, District Medical Officer or District Surgeon of the area in the Madras City in which the applicant is ordinarily reside. Female pensioners may be examined by women doctors registered for this purpose.

The procedure for the submission and disposal of application for commutation are detailed in the Civil Pensions (Commutation) Rules. In all cases Form A, Part I with the exception of question 7 and Form 'C' Part I (Second form of questionnaire) II & III appended to the regulations referred to above should be filled in. [Para 587, Tamil Nadu Medical Code, Vol. I]

(a) What is the procedure being followed in treating Policemen?

(b) How the cost of treatment of Policemen in Police Hospital are met?

Answer:

(a) *The following procedure should be adopted to treat policemen.*

Policemen should be treated in hospitals or dispensaries including rural dispensaries of modern or/and Indian Medicine nearest or most accessible to their stations. They need not be removed to a separate police hospital or District Headquarters Hospital but may be retained and treated in the nearest hospital easily accessible if the Medical officer attending on them consider that the complaint is one which could be treated by him properly and cured by him. If the Medical officer however is of opinion that their transfer to a separate police hospital or District Headquarters hospital is necessary considering the nature of illness (as said in paragraph 307) he should ascertain before hand except in emergent cases whether accommodation will be available for them in the hospital to which they are proposed to be sent and then arrange for their transfer. [Para 316, Tamil Nadu Medical Code, Vol. I]

(b) *The cost of treatment of Policemen in Police hospital will be met as follows:*

(1) Policemen treated in police hospitals in special police wards attached to Government, Panchayat Union or Municipal Hospitals will be treated like other Government Servants in the matter of recovery of hospital charges. Where local bodies maintain police wards the charges incurred by them will be paid by the Government in

the manner provided in paragraphs 4 and 6 of G.O. Ms. No. 68, Medical dated 19th September 1916. Charges for diet will be recovered from Gazetted Police Officers when they are treated in Government Hospitals as per scale in paragraph 456 and credited to Government.

(2) Special Police Officers injured on duty and admitted to Government Medical institutions are entitled to free accommodation, diet and treatment. When they are admitted to Panchayat Union or Municipal Medical institutions the charges, if any, leviable from them under the rules of the institution will be borne by Government.

(4) When Policemen are treated as out-patients or as in-patients of a hospital where no special arrangements are made for their treatment, they will be subject to such rules as are applicable to other persons of the same status at the hospitals in question; any charges leviable on them under the rules of the hospital will be borne by the Government. [Para 317, Tamil Nadu Medical Code, Vol. I]

What is the procedure for the exhumation of the remains of deceased persons for the purpose of reburial in another place of exportation abroad?

Answer: Exhumation of the remains of the deceased person may be taken up on the application of interested person. Following procedure should be adopted while exhumating the body. [Para 641, Tamil Nadu Medical Code, Vol. I]

- (1) That a certificate from the Chief Medical Officer concerned indicating that no risk to the public health will be incurred by the disinterment.
- (2) That the grave is well soaked on the previous day of disinterment with a solution of perchloride of mercury of the strength of 1 in 1000.

- (3) Mercury lotion should be sprayed frequently during this operation.
- (4) The gravediggers should be washed before and after disinterment with a solution of perchloride of Mercury of the strength of 1 in 5000.
- (5) The remains of the deceased are encased in strong zinc covering prior to the removal from the cemetery after exhumation.
- (6) That the medical officer should ensure these precautions.
- (7) If necessary a faculty is obtained from the Bishop of the Diocese concerned.
- (8) The date and time of disinterment are intimated well in advance to the Chief Medical officer concerned.
- (9) The expenditure towards this operation is borne by the party applying for exhumation.
- (10) Orders of Government of India is necessary if it is proposed to remove the body outside India.

(a) What are the rules governing the Registration of Nurses under Tamil Nadu Nurses and Midwives Act?

(b) Mention the Constitution and function of the Tamil Nadu Nurses and Midwives Council.

Answer:

(a) The Registration of Nurses, Midwives, Auxiliary Nurse Midwives and Health visitors in the State of Tamil Nadu is regulated by the following Acts.

- (1) Tamil Nadu Nurses, Midwives Act, 1926 (came into force from 14th February 1928)
- (2) The Tamil Nadu Nurses and Midwives (Amendment) Act, 1960; and
- (3) G.O. Ms. No. 1011, Health dated 2nd May 1964 [Para 996, Tamil Nadu Medical Code, Vol. I]

(b) The Tamil Nadu Nurses and Midwives Council has been established under the provisions of the Tamil Nadu Nurses and Midwives Act 1926, having for its object, the registration of Nurses and Midwives in the State of Tamil Nadu. The object of registration was extended to Auxiliary Nurse, Midwives and Health visitors by the Tamil Nadu and Midwives (Amendment) Act 1960, which was later confirmed and published in G.O. Ms. No. 1011, Health dt. 2nd May 1964. The constitution and functions of the Council are laid down in the above acts. The Director of Health Services and Family Planning is the President of the Council.

The Council shall hold not less than two and not more than three ordinary meetings every year at such time as the President may fix. An extraordinary meeting of the Council may be held by the President at any time and shall be summoned by him on a written requisition signed by not less than six members of the Council stating the purpose for which the meeting is being called. [Para 997, Tamil Nadu Medical Code, Vol. I]

(a) Write about the Constitution and functions of Tamil Nadu Nurses and Midwives Council? (Please refer page 156)

(b) Write the rules relating to Private practice of Medical Officers employed in Radiological Department?

Answer: Medical Officers employed in the Barnard Institute of Radiology, Government General Hospital, Madras and those employed in Radiological Department of other Government Medical Institutions on a whole-time basis should not engage in any sort of private practice in Medical Institutions which they are employed or share any portion of the fees levied from x-ray and electrical work done in those institutions.

(2) They will be allowed only consulting practice in their speciality using for the purpose their own apparatus. The term "Consulting practice in the Speciality" will mean (i) the examination and treatment of patients with the Radiologists own apparatus in his consulting room which would mean his own house or some place used as a consulting room other than the Government Medical Institutions in which he is employed and (ii) examination of patients elsewhere than in his consulting room or the Government institution in which he is employed at the request of or in company with a Registered Practitioner. [Para 645, Tamil Nadu Medical Code, Vol. I]

Describe rules relating to the course of Training for Certified Radiological Assistants. [C.R.A.]

Answer: Rules relating to the course of training for Certified Radiological Assistants are as follows:

(1) *General:* The course will be open to persons who possess a minimum qualification of—

- (i) a pass in the Matriculation Examination of the University of Madras (or)
- (ii) a Secondary School Leaving Certificate with science as special subject (or)
- (iii) a pass in an examination recognised by the Board of Examinations as equivalent to the above.

Students who have put in atleast two years training in a Government School of Technology will be admitted to this course. Preference will be given to those who hold a recognised diploma in Electrical Engineering. Admission will be restricted to fifteen (15) candidates at a time.

(2) *Place and period of Training:* The course will cover a period of one year. All the subjects will be taught at the Barnard Institute of Radiology, Government General Hospital, Madras.

Syllabus for the course will consists of three months tuition on Elementary Anatomy, Physiology and Pathology followed by examination. This will be followed by six months tuition on Radiography, Radiotherapy and Electrology suitably for Certified Radiological Assistants followed by Examination. [Para 238, Tamil Nadu Medical Code, Vol. I and Appendix XII of Tamil Nadu Medical Code, Vol. II]

III. Write about the precautions to be taken in Government offices against fire.

Answer: The following are the precautions to be taken against fire in an office. [Para 435, Tamil Nadu Medical Code, Vol. I and Appendix XIX, Tamil Nadu Medical Code, Vol. II]

- (i) No temporary shed should be built of combustible materials without the permission of the Executive Engineer. The erection of thatched or mat building within 15 yards of an office is prohibited.
- (ii) Galvanized iron buckets with water or sand and chemical fire extinguishers should be kept in easily accessible places in every building for use during fire.
- (iii) The number of buckets and fire extinguishers to be provided should be as per scale fixed and the head of office should ensure that these equipments are in working condition.
- (iv) If adequate water supply is not available within a convenient distance, water should be provided in covered tanks sufficiently large to fill the buckets ten times.
- (v) When portable fire engines are provided, the engine and other appliances should be complete and in working order. The hoses should be of sufficient length to reach the top of the building.
- (vi) All attendants and peons should be given practice drill and at least once a month in the use of fire appliances and the head of each office concerned should make arrangements from the proper conduct of these drills.
- (vii) The head of office or a clerk named by name should see each room of the building and ensure that the electric fans and lights are switched off and the waste papers have been removed, and that in hill stations where fire is kept in fire places to keep the room warm, all fire is effectively extinguished.
- (viii) That only safety measures are used; easily inflammable material are stored outside the building; sealing of papers is done under proper supervision; no naked lights are used; candles and wicks are protected by glass; fire places for the preparation of pastes are not allowed in or near the buildings.

- (ix) That waste paper is not allowed to accumulate in large quantities; one or more receptacles is provided outside the building; old furnitures are removed; the dried leaves and other litters are removed from the top of terraces at intervals.
- (x) Smoking is strictly prohibited inside the office premises.

What are the duties of Rural Medical Practitioners?

Answer: The following are the duties of Rural Medical Practitioners. [Para 412, Tamil Nadu Medical Code, Vol. I]

- (1) He should treat the patients free of charge and supply free medicines to them.
- (2) He should procure medicines from the Union whenever necessary.
- (3) He should be available in the Headquarters day and night to treat the emergency cases.
- (4) If he goes out of Headquarters to treat emergency cases in neighbouring areas, he should intimate such absence to the Commissioner of Panchayat Union.
- (5) He should display the required information about the facilities available in the dispensary and also indicate that they are liable to pay charges if their income exceeds the prescribed limit.
- (6) He should maintain books, registers and accounts for all transactions held in the dispensary.
- (7) He should send prescribed statistical returns to the higher officials.
- (8) He should make available all accounts during inspection and checks. He should also submit all assistance to the inspecting and verifying officers.

- (9) He should also follow the rules as laid down from time to time in regard to claiming of subsidy due to him and maternity assistant.
- (10) He should attend inoculation work. He should attend the duties connected with the fairs and festivals, epidemics or other items of works connected with Public health, if required by the authorities.
- (11) He should also take additional charge of a dispensary if so required, take stock of medicines and equipment in it, and participate in any conference within the District for selection of samples of drugs etc.
- (12) If the Medical Officer is trained in Public Health, he should attend such work within a radius of 8 km. from his Headquarters.

Write the rules relating to condemnation of unserviceable articles in the Nurse quarters.

Answer: The following are the rules of condemnation of unserviceable articles in the nurses quarters. [Para 61, Tamil Nadu Medical Code, Vol. I]

- (1) The unserviceable articles such as furniture, crockery, bed and table given in the nurse's quarters should be condemned by a condemnation Board consisting of Superintendent, Nursing Superintendent, the R.M.O., and a member of the Advisory Committee of the hospital.
- (2) The condemned articles should be auctioned according to the rules and the sale proceeds should be credited to Government Account.
- (3) If any article is missing or broken due to carelessness, the cost should be recovered from the person responsible. If it is not

possible to fix responsibility, the cost should be recovered from the occupant of the premises.

- (4) The sanction of the Director of Public Health/Director of Medical Education should be obtained for replacing and serviceable articles.
- (5) The Superintendent in charge of the hospital will have power to sanction renewals of bed and table linen condemned by the Board. Director of Public Health/Director of Medical Education is competent to write off the cost of condemned and missing articles of furniture and crockery in the nurse's quarters. For this, proposal should be submitted in triplicate in Form No. 1.
- (6) Various unserviceable articles should be grouped under the appropriate heads and a certificate should be appended to the statement to the effect that the articles have become unserviceable owing to normal wear and tear and that they have been condemned as unfit for further use.
- (7) Director of Public Health/Director of Medical Education should send a consolidated annual report showing the value of unserviceable articles under each group.

(a) State the instructions to officers proceeding on leave out of India.

Answer: (a) The following instructions should be observed when the officers proceeding on leave out of India. [Para 879, Tamil Nadu Medical Code, Vol. I]

- (1) The concerned officer should get L.P.C. and contact Accountant General for payment upto the date of relief.

- (2) Vaccination Certificate for having vaccinated within two years should be submitted.
- (3) The officer should hold a valid passport. If the passport is ten years old a fresh passport should be obtained following the procedure prescribed to obtain a passport.

[Other procedures furnished in Para 879 relate to the officers serving under Britain Colonial India. They have become irrelevant now. - Author]

(a) Write about the relationship to be maintained between Government Servants and the public in Hospitals.

Answer: The attitude of the Government employees towards public should be Cordial and generous keeping in view with the changed condition in the administration of the Country under a popular Government. They should realise that their conduct and personal relations with the public should be so regulated as to reflect their duty in the public interest. Indifference or discourtesy towards the members of the public should not be entertained. Officers should develop cordial relations with the public while they approach them for treatment. [Para 792, Tamil Nadu Medical Code, Vol. I]

Write the rules regarding the grant of compulsory leave to the employees in X-ray and Radium Departments.

Answer: The following rules shall apply to the employees serving in X-ray and radium departments. [Para 883, Tamil Nadu Medical Code, Vol. I]

- (1) No employee should work for more than seven hours a day including meals time.
- (2) These departments should be closed for 1½ day in the week including Sundays to enable the workers to be away from these instruments.
- (3) Every employee should compulsorily go on one-month free leave. Out of this, 15 days should be debited to his leave account. Assistant Surgeons on reserve duty in the Bernard Institute of Radiology, Government General Hospital, Madras are also eligible for this concession.
- (4) Blood test should be taken once in every 4 months from the employees engaged in these works and the results tabulated in a separate register for observation.

APPENDIX XXIV.

List of Reports and Returns received in and despatched from the Office of the Director of Medical Services.

Nature of report or return.	Authority prescribing the report or return.	Incoming.		Outgoing.	
		From whom due.	When due.	To whom due.	When due.
(1)	(2)	(3)	(4)	(5)	(6)
<i>Fortnightly.</i>					
1 Details of New Schemes sanctioned during the previous fortnight.	....	....	....	Government	1st and 15th of every month.
2 List of Poliomyelitis cases treated in Government Hospitals during the previous fortnight.	Letter, dated 16th April 1949-SB, dated 8th September 1949 of the Director-General of Health Services, New Delhi.	All heads of Medical Institutions.	5th and 20th of each month.	Director-General of Health Services, New Delhi.	10th and 25th of each month.
<i>Monthly.</i>					
1 Statement of charges of Medical Officers for the previous month.	....	All subordinate Medical Officers.	1st of the following month.	....	....
2 Report regarding results of Analysis of Vegetable oil products marketed in the Madras State.	....	Government Analyst, Guindy.	5th of every month.	Government (Food and Agriculture) Department.	7th of every month.
3 Statement on the progress of Blood Banks.	....	Heads of Medical institutions where Blood Banks function. Subordinate officers.	Do.	Director-General of Health Services, New Delhi.	10th of every month.
4 Report regarding Blood Transfusion and Blood charged.	....	....	Do.	....	....

List of Reports and Returns received in and despatched from the Office of the Director of Medical Services--cont.

Nature report of return.	Authority prescribing the report or return.	Incoming.		Outgoing.	
		From whom due.	When due.	To whom due.	When due.
(1)	(2)	(3)	(4)	(5)	(6)
Monthly--cont.					
5 Absentee statement of the Nursing staff.	Surgeon-General's Circular P. No. 105-N/46, dated 17th June 1946.	All Subordinate Medical Officers.	5th of every month.	Accountant-General, Madras.	20th of every succeeding month.
6 Statement showing the sanctioned number of Nurse Pupils.	Surgeon-General's Circular P. No. 280-G, dated 7th September 1940.	Do.	Do.	Do.	Do.
7 Statement showing the sanctioned number of Midwifery Pupils.	Surgeon General's Circular P. No. 303-N/48, dated 24th December 1948.	Do.	Do.	.....	.....
8 Return regarding the maintenance of horses at King Institute, Guindy.	.....	Director, King Institute, Guindy.	7th of every month.	.....	.....
9 Inspection Report of Sales concerns.	Drugs Controller's R. No. 15501-D/52, dated 1st March 1952.	Drugs Inspectors.	10th of every month.	.....	.....
10 Statement showing the number of shops inspected every month.	Do.	Do.	Do.	.....	.....
11 Particulars of last pay certificate of Civil Government servants reverted from Military received during the month.	.....	All subordinate Medical Officers.	Do.	.....	.....
12 Statement of debit to be raised against the Central and State Governments of Pakistan for the month.	.....	Do.	Do.	.....	.....
13 Duplicate bills of grants and subsidy paid to Rural Medical Practitioners and Master-Practitioners.	G.O. Ms. No. 956, Public (Services), dated 9th May 1941.	All Treasury Officers.	Do.	Secretary, Public Service Commission, Madras.	10th of the following month.
14 Statement of promotions and appointments for previous month.	.....	.....	.....	Accountant-General, Madras.	10th of each month.
15 Reconciliation certificates	.....	All District Medical Officers.	10th of every month.	Accountant-General, Madras.	The certificate is furnished to the Accountant-General, Madras, on the 10th of the third month succeeding that to which the accounts relate, 15th of every month.
16 Statement of changes, vacancies of posts of Government Medical Officers lent to local bodies involving variations in the amount to be re-covered from the local body.	.....	.....	.....	Government	Do.
17 List of cases of corruption detected during the previous month.	G.O. No. 2698, Public (Services), dated 28th August 1947.	.....	.....	.....	.....
18 Extract from the disbursing Officers Register-- (a) Under "38 Medical". (b) Under "39 Public Health--Bacteriological Laboratory, King Institute, Guindy.	.....	All Subordinate Officers, Director, Institute, Guindy.	15th of every month, 20th of every month.	.....	.....

List of Reports and Returns received in and despatched from the Office of the Director of Medical Services—contd.

Nature of report of return.	Incoming.		Outgoing.	
	From whom due.	When due.	To whom due.	When due.
(1) 19 Statement of receipts under— (a) XXVII. Medical Health.	(2) Authority prescribing the report or return.	(3)	(4)	(5)
(b) XXVIII. Public Health.				(6)
20 Statement of expenditure under—“Miscellaneous Treatment of patients of the Pasteur Institute, Coonoor.				
21 List of temporary appointments and promotions made in the Madras Medical Subordinate Service—Branch III Nursing.	G.O. No. 956 Public (Services), dated 9th May 1941.			
1 Army personnel serving under State Government for the previous quarter.	G.O. No. 1125. Public (Military), dated 26th April 1949.			
2 Nominal list of Nurses for each quarter.	Surgeon-General's Circular P. No. 175 N/48, dated 21st July 1948.			
3 Nominal list of Maternity Assistants for each quarter.				

Monthly—cont.

All Subordinate Officers.	15th of every month.		
Director, Institute, Guindy	30th of every month.		
Director, Pasteur Institute, Coonoor	Do.		
Secretary, Madras Public Service Commission, Madras.	26th of every month.		

Quarterly.

1 Army personnel serving under State Government for the previous quarter.	All Subordinate Medical Officers.	3rd January, April, July and October.	Government	12th of January, April, July and October.
2 Nominal list of Nurses for each quarter.	Do.	10th of January, April, July and October.	Do.	---
3 Nominal list of Maternity Assistants for each quarter.	Do.	Do.	Do.	---

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4 Reports from the Government Analyst (Drugs) and Government Analyst (Drugs Special), King Institute, Guindy.	Government Memo. No. 3976-Q/51-1, dated 11th August 1951.	Director, King Institute, Guindy.	10th of every quarter.	Government	15th of every quarter
5 List of temporary appointments to technical posts under emergency provisions for the previous quarter.	Government Memo. No. 5635-51-E, dated 24th November 1951.	All Subordinate Medical Officers.	10th of January, April, July and October.	Do.	15th of January, April, July and October.
6 List of non-permanent Government servants discharged for proved or suspected corruption during the previous quarter.	Government Memo. No. 118-48-2, Public (Services), dated 7th May 1948.	Do.	Do.	Do.	Do.
7 List of Post War Development and Social Service Programmes.	Government Memo. No. 72104-P, and D. V/51-V, dated 7th September 1950, and No. 21704/50-8-4, Health, dated 9th September 1950.	All Subordinate Medical Officers.	15th of January, April, July and October.	Do.	25th of January, April, July, and October.
8 Certificate of verification of stationery for the previous quarter.	Do.	Do.	20th of January, April, July and October.	Controller of Stationary and Printing.	1st of February, May, August and November.
9 Corrected list of Gazetted Officers for the quarter ending 31st March, 30th June, 30th September, and 31st December.	Surgeon-General's Circular F. No. 176-G, dated 26th April 1943.	Do.	Do.	Government	25th of March, June, September and December.

List of Reports and Returns received in and despatched from the Office of the Director of Medical Services—cont.

Name of report of return.	Incoming.		Outgoing.	
	Authority prescribing the report or return.	From whom due.	To whom due.	When due.
(1)	(2)	(3)	(5)	(6)
10 Civil Medical list of Gazetted Officers corrected up to 1st April, 1st July, 1st October and 1st January.	Government D.O. No. 41122-M-50-1-H., dated 20th November 1950.	Superintendent, Government Press.	Superintendent, Government Press.	25th of March, June, September and December.
11 List of permanent retention of temporary posts and confirmation of the staff for the previous quarter.	Government D.O. No. 41122-M-50-1-H., dated 20th November 1950.	Government	Government	25th of January, April, July and October.
1 Statement showing the names of officers and subordinates who are due to retire in the succeeding six months.		All Subordinate Officers.	All Subordinate Officers.	5th January and July.
2 List of non-subsidized rural dispensaries opened during the previous half year.	G.O. No. 4187-H., dated 21st December 1950.	All District Medical Officers.	All District Medical Officers.	15th of January and July.
3 Confidential reports on probationers in the Madras Medical Service, Branch III Nursing.		All Subordinate Medical Officers.	All Subordinate Medical Officers.	20th of January and July.
4 Confidential reports on members of the Nursing Staff, Branch III Nursing.	Surgeon-General's Circular No. P. No. 134-N/48, dated 12th June 1948.	All Subordinate Officers.	All Subordinate Officers.	Do.
5 Confidential Reports on Civil Surgeons (temporary).		Do.	Do.	1st of February and July.
6 Confidential Reports on Assistant Surgeons (temporary).		Do.	Do.	Do.
7 Verification of cadre strength of Civil Surgeons and Assistant Surgeons.		All Subordinate Officers.	Accountant-General, Madras.	1st of April and October.
8 Certificate of regular deductions for subscription from compulsory subscribers to General Provident Fund.		All Subordinate Officers.	Government	15th of April and October.
9 Civil list of Gazetted Officers for the half-years ending 30th June and 31st December respectively.		All Subordinate Medical Officers.	Government	25th of June and December.
1 Revised Estimate under 38. Medical and under 39. Public Health—d Bacteriological laboratory—King Institute, Guindy.		All Subordinate Medical Officers.	Government	7th of January.
2 Statement showing the number of shops inspected during the previous year.	Drug Controller's R. No. 16504-D/52, dated 1st March 1952.	Drug Inspectors.	Drug Inspectors.	10th of January.
3 List of Assistant Surgeons due to retire from service.		All Subordinate Medical Officers.	All Subordinate Medical Officers.	15th of January.