



THE MADRAS MEDICAL CODE

VOLUME II

FIFTH EDITION

(Corrected up to 1st July 1954)

Attested

27.5.14
**Assistant Engineer
(Highways) C & M
Thirukkattupalli.**

COMPILED IN THE
OFFICE OF THE DIRECTOR OF MEDICAL
SERVICES, MADRAS

ISSUED BY THE
AUTHORITY OF THE GOVERNMENT OF
MADRAS

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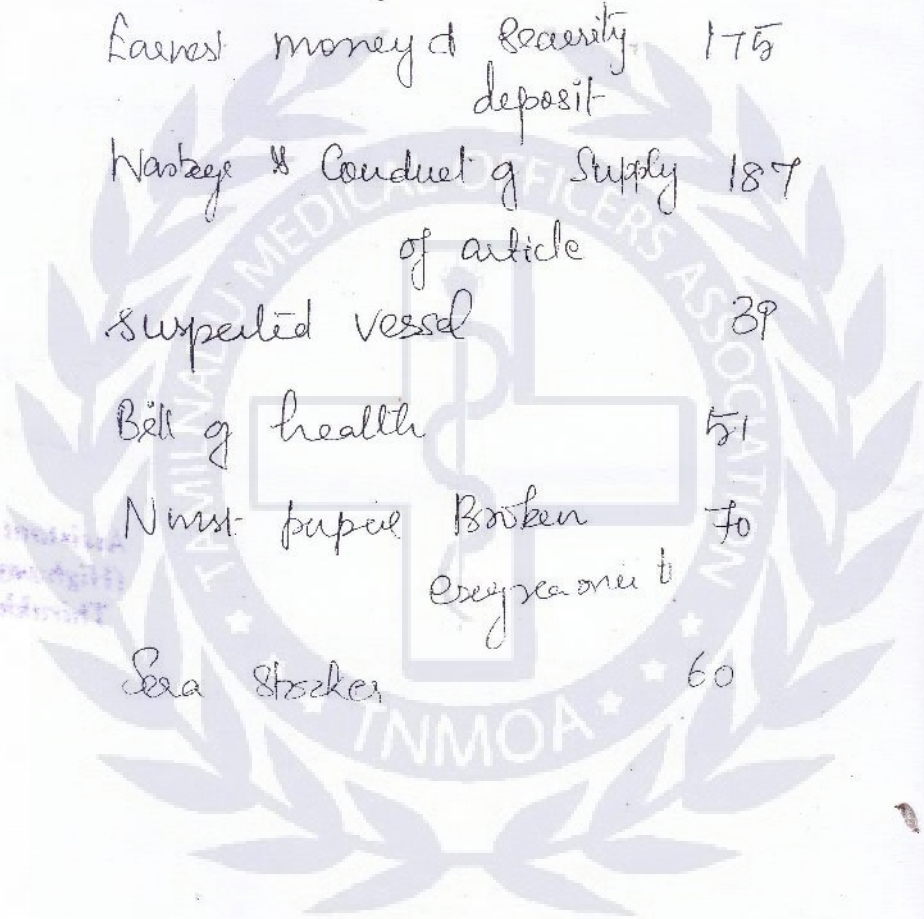
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1959... functions of Advisory
Government Hospitals in the

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MADRAS MEDICAL CODE.

VOLUME II—APPENDICES.

APPENDIX I.

(Vide rule 8.)

POWERS OF THE DIRECTOR OF MEDICAL SERVICES.

The Director of Medical Services is vested with the following powers:—

I. ENTERTAINMENT OF PERSONNEL.

1. To sanction the employment of unskilled menials and skilled labourers on non-pensionable establishments whose pay is debited to contingencies, subject to conditions mentioned in item 37 of Appendix 7 to the Madras Financial Code, Volume II.

2. To enhance the pay of a menial paid from contingencies who is temporarily taken into camp in exceptional circumstances for the period of the tour by an amount not exceeding the travelling allowance admissible under the Madras Travelling Allowance Rules to Government servants of the lowest grade, provided that he could have been eligible for a daily allowance during the tour, if he had been working on the regular establishment. The enhanced pay in lieu of travelling allowance may be raised by 50 per cent in the case of journeys in the special tracts included in Class I, and by 33½ per cent in case of journeys in the localities included in Class II, in Annexure V to Madras Manual of Special Pay and Allowances, Volume I.

(Paragraph 2 of item 37 of Appendix 7 to the Madras Financial Code, Volume II.)

3. To increase temporary posts of nurses in Government hospitals in times of very urgent necessity arising out of epidemics such as cholera, typhoid, etc., subject to conditions—

(i) that the total number of temporary posts of nurses sanctioned for any Government hospital shall not exceed four at a time;

(ii) that no temporary post is sanctioned for a period exceeding three months on each occasion;

(iii) that there shall be paid to the holder of any such temporary post, a monthly pay calculated at the rate of minimum of the scale of pay and the usual allowances admissible to holders of corresponding permanent posts; and

(iv) that the cost of the temporary establishment shall have been specifically provided for in the budget for the year.

[G.O. No. 1524, Public (Services), dated 9th September 1938.]

4. To place temporary Assistant Surgeons on reserve duty for such periods as may be found necessary provided the sanctioned cadre including the leave reserve is not thereby exceeded.

(G.O. No. 2056, P.H., dated 22nd December 1923.)

(ii) The pay of no temporary post shall exceed the pay fixed for the lowest grade or class of the corresponding permanent posts.

(iii) The cost of the temporary establishment shall have been specifically provided for in the budget for the year.

(iv) (1) In the case of Mental Hospital, Kozhikode, the proportion of attendants to inmates, in the hospital shall not exceed 1 to 9; an additional attendant may be sanctioned when the number of inmates exceeds any multiple of nine by five or more.

(2) In the case of the Mental Hospital, Madras, the proportion of attendants to inmates in the hospital shall not exceed 1 to 9; in working out this proportion, night patrols amalgamated with the staff of attendants shall be excluded.

(v) In the case of any mental hospital, the proportion of totis to the inmates in the hospital shall not exceed 1 to 20; an additional toti may be sanctioned when the number of inmates exceeds any multiple of twenty by ten or more.

(vi) In working out the proportions specified in conditions (iv) and (v), the population of men inmates and women inmates shall be separately taken into account.

6. To sanction temporary posts of nursing orderlies and totis in Government hospitals in times of very urgent necessity arising out of epidemics or accidents or similar causes subject to the following conditions:—

(i) The total number of temporary posts of nursing orderlies and totis sanctioned for any Government hospital shall not exceed six at a time;

(ii) no temporary post shall be sanctioned for a period exceeding three months on each occasion;

(iii) there shall be paid to the holders of temporary posts of nursing orderly and toti the minimum pay in the time-scales of pay applicable to holders of permanent posts borne on the respective cadres; and

(iv) the cost of the temporary establishment shall have been specifically provided for in the budget for the year.

[G.Os. No. 793, Public (Services), dated 28th April 1936, and No. 2017, Public (Services), dated 25th October 1937.]

7. (i) To vary at his discretion, the following details connected with a temporary establishment which has been sanctioned by competent authority for employment *during a portion of every year*:—

- (a) The number of persons employed;
- (b) the rate of pay of particular posts; and
- (c) the period of employment.

This delegation is subject to the condition that—

(1) the cost of such establishment shall be restricted to within the appropriation for that purpose; and

(2) the pay of no post shall be raised beyond the maximum limit, if any, fixed by the competent authority in each case.

(ii) The power delegated in 7 (i) above can also be exercised in the case of temporary establishments employed continuously for a year or more, subject, however, to the following additional conditions :—

(a) That no alteration in the scale or rate of pay in any of the temporary posts in such establishment, the pay or the maximum pay of which exceeds Rs. 50 a month, shall be made without the approval of the competent authority;

(b) that in the case of a temporary post on a time-scale of pay, the variation shall be in accordance with the time-scale sanctioned for a corresponding post borne on the permanent cadre of the service concerned; and

(c) that the aggregate cost of the temporary establishment shall not in any case exceed the limit sanctioned by the competent authority.

[G.O. No. 333, Public (Services), dated 10th February 1940.]

8. To authorize the alteration of the date of birth entered in the service book of a non-gazetted Government servant.

(Note under rule 6 in Annexure II, Part III. of the Fundamental Rules.)

9. To increase the number of stipends at the rates obtainable for the fourth year pupil nurses, in all the training centres for the training of male nurse pupils for a period of six months in Mental hospitals.

(G.O. No. 3216, P.H., dated 16th October 1942.)

10. To increase up to a maximum of twenty the number of stipends payable to women nurse pupils posted to the Government Hospital for Women and Children, Madras, for training in midwifery.

(G.Os. No. 772, P.H., dated 22nd February 1941, and No. 2251, P.H., dated 21st July 1942.)

11. To sanction the appointment as a nursing orderly, of any person not qualified under the rules for such appointment in respect of appointments in local fund and municipal institutions of modern medicine.

(G.O. No. 1187, P.H., dated 7th August 1936.)

12. To suspend a lien in respect of any post to which he or an authority subordinate to him can appoint under Fundamental Rule 14 (b).

[Delegation under Fundamental Rule 14 (b).]

13. To sanction the transfer of Medical Officers of the rank of Assistant Surgeons to foreign service in the Madras State.

NOTE.—As regards the pay and the concessions permissible to officers in foreign services, see delegation under Fundamental Rule 114.

14. To direct for special reasons of a public nature, to be recorded as a part of the order, that transfer of charge of an officer shall be effected at a specified place other than his headquarters in the case of transfers ordered by him or by other officers subordinate

VI. BUILDINGS.

34. To sanction estimates for expenditure on the construction and repairs of buildings departmentally up to a limit of Rs. 2,500, subject to conditions in Chapter VIII of Madras Financial Code, Volume I.

35. To accord administrative approval to—

(i) original works other than residential buildings and electric works, the cost of which is debitable to Public Works grant up to a limit of Rs. 5,000;

(ii) proposals to works connected with quarters for employees in inferior service up to the limit of powers delegated to the head of the department in respect of non-residential buildings subject to provisos (b) and (c) in clause (i) of rule 8 of Part II of Appendix 12 to the Madras Financial Code, Volume II; and

(iii) proposals for improving an existing residential building subject to the conditions that the addition to the capital cost does not exceed Rs. 500 in each case and that the standard rent of the building will not exceed 10 per cent of the average emoluments of the class of tenant for whom it is intended.

NOTE.—The administrative approval of the Director of Medical Services is accorded by his counter-signature on the plans and estimates.

(Appendix 12 of the Madras Financial Code, Volume II.)

36. To sanction additions, improvements and alterations to the existing electric installations up to Rs. 1,000 for each estimate in the case of non-residential buildings and up to Rs. 500 a year for each residence including out-houses in respect of residential buildings.

(Appendix 14 of Madras Financial Code, Volume II.)

37. To accord administrative approval for estimates not exceeding Rs. 200 for improvements to rent-free quarters and to counter-sign the estimates for electric installations.

(G.O. No. 1722, P.H., dated 25th May 1948.)

38. To sanction renting of private lands and buildings for office, residential or for other public purposes as in item 49 of Appendix 7, Madras Financial Code, Volume II.

39. To sanction payment of rent for private houses occupied by the nursing staff attached to Government hospitals where official quarters have not been provided subject to a maximum limit of Rs. 20 a month for each nurse.

(Item 49 of Appendix 7, Madras Financial Code, Volume II.)

VII. CONTINGENT AND OTHER FINANCIAL POWERS.

40. To incur recurring contingent charges up to Rs. 10 a month and for a period not exceeding six months subject to the conditions laid down in Article 93 of the Madras Financial Code, Volume I.

41. To incur recurring contingent charges of Rs. 12 per annum for the purchase of window-delivery tickets subject to the existence of budget provision.

(G.O. No. 426, Finance, dated 14th September 1908.)

42. To treat charges on account of the issue of money orders when remittance by money order is unavoidable and in the interests of public service as contingent expenditure and to permit remittances of pay, travelling allowances and contingent charges of subordinate Government servants employed in out of the way places in special circumstances when the money order commission exceeds the travelling allowance that would be payable to a peon sent to encash the bill.

(Item 40, Appendix 7, to Madras Financial Code, Volume II.)

43. To sanction the incurring of advertisement charges.

(Item 40, Appendix 7, to Madras Financial Code, Volume II.)

44. To write off irrecoverable value of stores or public money lost through fraud, negligence or other causes and unprofitable outlay on works up to a limit of Rs. 500 subject to the conditions mentioned in Article 297, Chapter XII, of the Madras Financial Code, Volume I, and Appendix 23 to Madras Financial Code, Volume II.

45. To write off the cost of condemned and missing articles of furniture and crockery and to purchase new articles to replace them in the nurses' quarters attached to the Government hospitals, up to a limit of Rs. 100 for each hospital in any one year.

[Item 13 (1) of Appendix 23 to Madras Financial Code, Volume II, and G.O. Ms. No. 378, P.H., dated 12th February 1943.]

46. To sanction such alterations in, and additions to, the diet scales as may be necessary to suit local conditions.

47. To transfer articles from one office or institution to another in the Medical department.

(G.O. No. 112, Public, dated 25th January 1913.)

48. To reduce the prescribed rates of hospital stoppages for any class of paying patients according as the merits of the case may demand. Applications for reduction should be made by the Medical officers in charge of the institutions in the form prescribed for the purpose.

49. To authorize the Accountant-General to investigate arrear claims of officers appointed by him which have remained in abeyance for over a year but not over three years.

The power should be exercised cautiously and only in cases in which there appears to be a *prima facie* reasonable claim and reasonable cause of delay.

(Article 54 of the Madras Financial Code, Volume I.)

50. To sanction permanent advance under Article 95 of Madras Financial Code, Volume I, in respect of officers and officers' subordinate to him up to the amount advised by the Accountant-General. When there is a difference of opinion between the Accountant-General and the sanctioning authority on this point, the matter should be referred for the orders of the State Government.

51. To grant temporary advances to gazetted officers and to non-

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51. To grant temporary advances to gazetted officers and to non-gazetted officers in receipt of not less than Rs. 150 per month under his control from the sums at their credit in the General Provident

52. To sanction photographic charges in the public interest when the expenditure is in excess of the powers delegated to the Superintendents of Government hospitals.

(Item 41, Appendix 7, to Madras Financial Code, Volume II.)

53. (i) To accord sanction to the grant of honoraria in the case of Government examination, (ii) to sanction the undertaking of private work and the acceptance of honoraria therefor by a Government servant under his control, (iii) to sanction the undertaking of work and acceptance of fees in connexion with examination held by a university or other examining body and (iv) to sanction the acceptance of remuneration for broadcast talks, subject to the conditions prescribed in Subsidiary Rules 2 to 7 under Fundamental Rule 47.

54. To incur expenditure on the replacement of draught bullocks in institutions under his control, provided that (i) the Government have sanctioned the maintenance of a draught bullock in the institution concerned and (ii) not more than Rs. 200 is paid for any one bullock.

(Item 34, Appendix 7, Madras Financial Code, Volume II.)

55. To incur expenditure on the purchase of she-buffaloes in full milk, in a placement of dry ones for the daily farm at the Mental Hospital, Kozhikode.

(Item 34, Appendix 7, Madras Financial Code, Volume II.)

56. To sanction purchase of a new bicycle in the place of one condemned by him or by the head of an office under his control with his sanction.

(Item 6, Appendix 7, to Madras Financial Code, Volume II.)

57. To sanction the supply of cooking utensils for the use of nurses in Government hospitals where common messes are opened subject to the following limits :—

(a) Initial supply for each hospital—Rs. 500.

(b) Renewals for each hospital—Rs. 150 a year.

(G.O. No. 1140, P.H., dated 8th May 1930.)

58. To sanction up to Rs. 250 per head in Madras City and Rs. 200 per head in the mufassal for the supply of furniture and crockery for the use of the nursing staff of Government hospitals.

(G.Os. Ms. No. 1808, P.H., dated 24th July 1930, and No. 961, P.H., dated 27th May 1931.)

NOTE.—The limit has been enhanced to Rs. 350 per nurse serving either in the city or in the mufassal, so long as the prices continue to remain high.

(G.O. No. 3259, P.H., dated 17th December 1945.)

59. To sanction expenditure on tinning of brass vessels repair and varnishing of furniture, etc., in the nurses' quarters attached to Government hospitals up to a limit of Rs. 50 at a time.

(G.Os. No. 702, P.H., dated 25th February 1950, and No. 3311, Health, dated 23rd October 1952.)

60. To sanction expenditure on the purchase and repair of furniture up to a limit of Rs. 2,000 subject to the general rules regarding the purchase of stores in Chapter VII in Madras

Financial Code, Volume I. The limits refer, except where otherwise stated, to the cost of each article or any number of articles of the same kind purchased at any one time whether for one office or for a number of offices.

(Item 23, Appendix 7, to Madras Financial Code, Volume II, and G.O. No. 3659, P.H., dated 26th November 1942.)

61. To sanction expenditure on the employment of servants for common messes for the nursing staff attached to Government hospitals subject to a maximum limit of Rs. 30 per mensem for each hospital or Rs. 6 per member of the nursing staff using the common mess whichever is less.

(G.O. No. 2500, P.H., dated 6th October 1930.)

62. To sanction purchase of (i) bed linen for nurses employed in Government hospitals according to the scale given below and (ii) table linen according to actual requirements in hospitals where the nurses run a common mess.

Scale of bed linen for each member of the nursing staff :—

Bed sheets	.. .. .	2 pairs.
Pillow	.. .. .	1
Pillow cases	.. .. .	3
Mattress	.. .. .	1
Mattress cover	.. .. .	1
Mosquito curtain	.. .. .	1 if the quarters have no electric fan.

(G.O. No. 2256, P.H., dated 15th September 1930.)

VIII. CONTRACTS.

63. To execute deeds, contracts and other instruments relating to the Medical department on behalf of the Government of Madras.

(Item 12, Appendix 4, to Madras Financial Code, Volume II.)

64. To exempt a firm of established repute from obligation to furnish security in respect of all contracts or a particular contract or class of contracts made with the Medical department.

[Article 129 (b) of Madras Financial Code, Volume I.]

IX. STATIONERY, BOOKS AND PERIODICALS.

65. To indent on the Superintendent, Government of India Printing Press for India, Army Forms required for his own use or for that of officers subordinate to him.

(G.O. No. 424, Public, dated 3rd April 1912.)

66. To obtain free of cost copies of any Act, Code, or set of rules, published by the Government Press under the authority of the State Government for any officer under his control.

(Paragraph 207 of the Printing Manual and Appendix "C" thereto.)

67. To sanction purchase of books, maps and periodicals required for the use of his own office and officers subordinate to him

68. To incur expenditure on local purchase of stationery articles up to a limit of Rs. 50 in each case subject to conditions mentioned in rule 7 of Appendix 7 to Madras Financial Code, Volume II.

(G.O. No. 2637, Education, dated 21st October 1948.)

69. To sanction supply of rubber stamps through the Superintendent, Government Press.

(Paragraph 231 and Appendix H of the Printing Manual.)

70. To sanction free supply of clothing to nursing orderlies, totis and other menials employed in the city and mufassal Government hospitals on the scale in force for similar classes of servants in the institution or district concerned.

(Chapter X of Stationery Manual, Volume I, and G.O. No. 1944, Education, dated 15th December 1941.)

71. To sanction, after previous consultation with the Superintendent of Stationery, the supply of warm clothing to additional menials in the Medical department who are permanently stationed in hill tracts, in accordance with rules and scales laid down in the Madras Stationery Manual.

X. PURCHASE OF STORES.

72. To sanction expenditure on the purchase and repair of apparatus, instruments, machinery and the like up to a limit of Rs. 3,000 subject to the general rules regarding purchase of stores in Chapter VII of the Madras Financial Code, Volume I.

(Items 4 and 23 of Appendix 7, to Madras Financial Code, Volume II, and G.O. No. 184, Health, dated 15th January 1953.)

XI. MISCELLANEOUS.

73. To accord sanction for the filing of suits to recover arrears of hospital stoppages if such a course is advised by the Government law officers.

(G.O. No. 2910, P.H., dated 3rd November 1937.)

74. To sanction the payment of ordinary costs (including the pleader's fees) in connexion with law suits instituted by him under the orders of a competent authority.

(Item 33, Appendix 7, to Madras Financial Code, Volume II.)

75. To sanction expenditure on repairs to motor vans up to a limit of Rs. 500 for repairs carried out at a time to one or any number of motor vans used in the department, subject to the condition that the rules regarding the invitation of tenders for the execution of works are observed.

[Item 39 (D) of Appendix 7, to the Madras Financial Code, Volume II.]

76. To sanction contributions not exceeding Rs. 25 a year for each district towards the maintenance of lending libraries of medical books.

(Item 12 of Appendix 15, to Madras Financial Code, Volume II.)

77. To permit the use of punkabs and electric fans in exceptional cases for non-gazetted establishments during the months from November to February, if he is satisfied that there is a real necessity for it.

(Item 28, Appendix 7, to Madras Financial Code, Volume II.)

78. (i) To sanction refund of a fee paid for the licentiate course in Ophthalmology or in Gynæcology and Obstetrics, when the candidate is prevented from undergoing the course owing to circumstances beyond his control and prefers a claim for refund within three months of the payment of the fee.

(ii) To sanction the refund of a fee paid in connexion with the medical examination for commutation of pensions as follows:—

(a) The refund of the entire fee paid when no medical examination actually takes place owing to the withdrawal of the application for commutation or for other reasons which the Director of Medical Services considers sufficient; and

(b) the refund of the excess fee, when the fee paid is in excess of the prescribed amount.

(Item 13, Appendix 2, to Madras Financial Code, Volume II.)

79. To indent on the Superintendent, Government Press, for mounting of maps required for the use of Medical department.

(G.O. Ms. No. 217, dated 19th March 1929.)

80. To sanction the admission of private maternity assistants to refresher courses in Government Training centres for maternity assistants subject to the condition that no extra expenditure is caused to Government. No fee will be levied from the candidates. They should, however, meet their own messing charges.

(G.O. No. 5265, P.H., dated 16th December 1941.)

81. To grant permission to occupy Government quarters to officers proceeding on leave on average pay not exceeding four months.

(Note to rule 4 of Subsidiary Rules under Fundamental Rule 45.)

APPENDIX II.

RULES TO REGULATE THE RECRUITMENT AND CONDITIONS OF SERVICE OF HONORARY MEDICAL OFFICERS IN GOVERNMENT MEDICAL INSTITUTIONS IN THE MADRAS STATE.

1. *Scope of appointment.*—Honorary officers may be appointed to all Government hospitals and teaching institutions at the discretion of Government.

2. *Advertisement of vacancies.*—Whenever it is proposed to make an honorary appointment in any Government institution, due publicity should be given to such proposal by publication on the notice board of the institution concerned, and on the notice board of the office of the District Medical Officer in the case of mufassal institutions and also in the public press. Applications in the prescribed form for appointments should be invited, specifying the special qualifications, if any, required.

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APPENDIX II.

RULES TO REGULATE THE RECRUITMENT AND CONDITIONS OF SERVICE OF HONORARY MEDICAL OFFICERS IN GOVERNMENT MEDICAL INSTITUTIONS IN THE MADRAS STATE.

1. *Scope of appointment.*—Honorary officers may be appointed to all Government hospitals and teaching institutions at the discretion of Government.

2. *Advertisement of vacancies.*—Whenever it is proposed to make an honorary appointment in any Government institution, due publicity should be given to such proposal by publication on the notice board of the institution concerned, and on the notice board of the office of the District Medical Officer in the case of mufassal institutions and also in the public press. Applications in the prescribed form for appointments should be invited, specifying the special qualifications, if any, required.

appointments to such vacancies should be proposed pending advertisement and regular appointment. The District Medical Officers, the Superintendents of hospitals, etc., should submit promptly to the Director of Medical Services necessary proposals when such vacancies occur to enable him to advertise them in time. They should also submit a return of vacancies of Honorary Medical Officers in the months of January, April, July and October every year to enable the Director of Medical Services to advertise the vacancies periodically. Even if there are no vacancies during any quarter, a nil report should be sent.

3. *Selection and appointment—(a) Teaching institutions.*—Appointments will be made by the Government on a consideration of the recommendations made by the Director of Medical Services. In making his recommendations, the Director of Medical Services shall consult a committee, consisting of the Dean or the Principal of the teaching institution, the Dean or the Superintendent of the attached hospital and one Honorary Medical Officer on the staff.

(b) *Hospitals not attached to teaching institutions.*—Appointments will be made by the Government on a consideration of the recommendations made by the Director of Medical Services. In making his recommendations, the Director of Medical Services shall consult a committee, consisting, in the City, of the Superintendent of the hospital and one Honorary Medical Officer on the staff and in the mufassal, of the District Medical Officer and one Honorary Medical Officer of the district.

NOTE 1.—The Honorary Medical Officer referred to in clauses (a) and (b) above should be appointed to serve on the Selection Committee with the previous approval of the Director of Medical Services.

NOTE 2.—The Honorary Medical Officer in the Selection Committee referred to in clauses (a) and (b) above should not himself be a candidate for the appointment. If no Honorary Medical Officer who is not himself a candidate for appointment is available to serve on the Committee, the Committee will be constituted without an Honorary Medical Officer.

4. *Designation.*—There shall be three classes of Honorary Medical Officers, viz. :—

- (1) Honorary Medical Officers (Surgeons and Physicians).
- (2) Honorary Assistant Medical Officers (Senior).
- (3) Honorary Assistant Medical Officers (Junior).

NOTE 1.—Honorary Medical Officers (and Honorary Assistant Medical Officers appointed to hospitals which are attached to teaching institutions, may be designated as "Honorary Medical Officers (or Assistant Medical Officers) and Honorary Clinical Lecturers".

NOTE 2.—Honorary Physicians and Honorary Surgeons will be treated as being equals in rank to Civil Surgeons and Honorary Assistant Medical Officers (junior and senior) will both be treated as being equals in rank to Assistant Surgeons.

5. *Qualifications—A. Teaching institutions.*—(1) A candidate for appointment as Honorary Medical Officer (Surgeon or Physician) should possess the higher post-graduate degree of M.D., M.S., M.R.C.P., F.R.C.S., M.R.C.O.G., or equivalent qualification, being a qualification prescribed by the University for the particular post.

(2) No person shall be eligible to be appointed to the post of Honorary Medical Officer, unless he has worked as Assistant Medical Officer (senior) in the concerned subject for a period of not less than five years or produces evidence of having worked in similar capacity in a recognized institution for a period of not less than five years.

(3) No person shall ordinarily be eligible to be appointed to the post of Honorary Assistant Medical Officer (Senior) unless he has worked as an Assistant Medical Officer (Junior) for a period of not less than three years. In special cases, however, a person who possesses the qualifications mentioned in (1) above may, if he is considered otherwise competent and is deemed to have the requisite experience, be appointed to the post of Honorary Assistant Medical Officer (senior) without having served as an Assistant Medical Officer (junior).

(4) No person shall be eligible to be appointed to the post of Honorary Assistant Medical Officer (senior or junior) unless he possesses a medical degree of any University in the State.

B. *Non-teaching institutions.*—(1) A candidate for appointment as Honorary Medical Officer—

(a) should have worked as an Assistant Medical Officer (senior) for a period of not less than five years or produce evidence of having worked in a similar capacity in a recognized institution for a period of not less than five years;

(b) should have done good work during the abovesaid period of five years and possess sufficient experience and practice in the concerned branch and should preferably possess the qualifications mentioned in under A (1) above.

(2) A candidate for appointment as Honorary Assistant Medical Officer (senior) should ordinarily have served as an Assistant Medical Officer (junior) for a period of not less than three years. In special cases, however, a person who is deemed to have the requisite qualifications and experience may be appointed to the post of Honorary Assistant Medical Officer (senior) without having served as an Honorary Medical Officer (junior).

(3) A candidate for the post of Honorary Assistant Medical Officer (senior or junior) should preferably possess the qualification mentioned under A (1) above and should be registered under the Madras Medical Registration Act, 1914, but if he is to be appointed in the Dental department, he should possess a diploma or degree in Dentistry given after examination by a University Board or faculty recognized by the Government of the country in which it was awarded.

6. *First appointment.*—Except as provided for under A (2) and (3) and B (1) and (2) in the rule 5 above, the first appointment in honorary service shall be to the post of Assistant Medical Officer (junior).

7. *Training.*—Medical officers desirous of holding honorary appointments in special subjects, but who have not had the special training necessary to give them proficiency in that subject will be permitted to undergo training without payment of fees at one of the Government Medical Colleges or hospitals attached to a teaching institution for the period considered necessary by the Director of Medical Services provided they execute a bond to serve the

the Director of Medical Services. The officers will not be entitled to any travelling allowance for journeys which they may undertake in this connexion.

NOTE.—(1) The bond referred to in the above rule should be executed in the Form given in the Annexure.

(2) The amount of the bond to be executed by the Honorary Medical Officers, who are given training in special subjects in accordance with the above rule should be Rs. 150 (rupees one hundred and fifty only) and the bond should be executed on stamp paper of the value of Rs. 2-8-0, the cost being met by the medical officer concerned.

8. *Tenure of appointment*—(a) *Assistant Medical Officer (junior)*.—A person appointed to this post shall hold it for a period ranging for three to five years, of which the first year shall be considered as a period of probation.

NOTE.—An Assistant Medical Officer will be classed as "Junior" if he has not done three years or over three years satisfactory service as an Assistant Medical Officer except in the specific cases mentioned in sub-rule 5-A (3). An officer who has rendered three years or over three years' satisfactory service may be classed as "Senior". An Assistant Medical Officer (junior) may be designated as Assistant Medical Officer (senior) on his completing three years' satisfactory service as an Assistant Medical Officer (junior). The Director of Medical Services should put up proposals to Government at the appropriate time for such change in classification in each individual case.

(b) *Assistant Medical Officer (senior) or Medical Officer*.—A person appointed to this post shall hold it for a period of five years, of which, the first two years shall be considered as a period of probation. The period of tenure shall ordinarily be extended by the Government by a further period of five years, subject to satisfactory work and conduct on considering the recommendations of the Director of Medical Services. The tenure may be extended by further periods beyond the first two periods of five years at the discretion of the Government.

If, during the period of probation in each case, the work or conduct of the honorary officer is unsatisfactory or if it is considered that his/her professional ability is, not up to the required standard, his/her appointment shall be terminated.

9. *Honoraria*.—Honorary Medical Officers will be eligible for honoraria or allowances subject to such conditions and at such rates as the Government may prescribe from time to time.

10. *Receipt of fees from patients*.—Honorary Medical Officers must abide by the Government rules in force in regard to the acceptance of fees from patients by the staff of the hospital.

11. *Duties*.—(i) Honorary officers should conform to the rules in force in the institutions in which they are working, in so far as they relate to the admission, care and discharge of patients, the use of Government materials, and also hours of attendance.

(ii) Honorary officers should perform such duties as may be assigned to them. The allocation of all their duties will be made by the Director of Medical Services.

(iii) Honorary officers shall give at least three full hours of the best part of the day for service in the hospitals in which they are appointed.

(iv) Honorary officers who have only out-patients in their charge should attend daily during the out-patient hours

(v) Subject to the above rules, the hours of attendance shall be fixed by the Director of Medical Services on the recommendation of the head of the teaching institution, the Superintendent of the hospital or the District Medical Officer, as the case may be, but the hours so fixed should be uniform for all districts.

NOTE.—With reference to the above rule, the Director of Medical Services has directed that the hours of attendance of Honorary Medical Officers and Honorary Assistant Medical Officers shall be fixed as follows:—

- 1 Honorary Officers who have only out-patient work. During the out-patient hours of the hospital to which they are attached.
- 2 Those who have only ward work .. 10 a.m. to 1 p.m.
- 3 Those who have both ward work and out-patient duties. Do.

(vi) Honorary officers with special qualifications will, as far as possible, be placed in independent charge of special departments, e.g., (1) eye, (2) ear, nose and throat, (3) radiology, (4) venereal diseases, etc., and given full scope to work up successful clinics. The duty of these officers will be to attend to the work in the special departments in their charge.

(vii) Honorary Surgeons and Physicians will be placed in charge of a specified number of beds for surgical and medical cases respectively and they will be entirely responsible for the treatment and care of the patients in their charge. They should visit the patients in their charge daily or more than once daily, should that be necessary, except on Sundays and answer all emergent calls relating to these patients on Sundays. In the hospitals which are attached to teaching institutions, the honorary officers will be responsible for imparting clinical instruction to students in connexion with the beds in their charge in accordance with such plans as may be laid down by the Professor in charge of the medical or surgical unit or by the Superintendent of the hospital.

(viii) The entire management and control of Government medical institutions and the discipline of the staff are vested in the respective heads of teaching institutions, Superintendents or Medical officers-in-charge, as the case may be. Honorary officers should observe all the rules in force and report all instances of neglect or inattention or other breaches of discipline relating to their wards to the Superintendents or Medical officers-in-charge, who will deal with them. They may freely consult the heads of teaching institutions, Superintendents or Medical officer-in-charge on any points in respect of which they consider that the rules admit of improvement, but they must abide by any decision the latter may arrive at.

The heads of teaching institutions, Superintendents and Medical officers-in-charge of the hospitals should give full scope to the honorary workers and endeavour to make the scheme a success.

(ix) Honorary officers who are in sole charge of Government

(x) In emergencies like air raid, riots, etc., honorary officers shall place their services at the disposal of the authorities concerned, if required to do so by the head of the medical institution or the District Medical Officer, as the case may be.

NOTE.—Sub-rules (vi) and (vii) should strictly be followed by allotting a reasonable number of beds to each Honorary Medical Officer in the special departments and placing the officer in independent charge thereof. These officers will however be under the general control of the District Medical Officers.

12. *Issue of certificate.*—Honorary Medical Officers will issue the necessary certificates for patients under their treatment but should not, except at the special request of the Superintendent or in his absence, of the Senior Medical Officer-in-charge, deal with any case in the in-patient or out-patient department other than those assigned to them or with the other miscellaneous work of the hospitals.

13. *Medico-legal work.*—Honorary Medical officers appointed in Government medical institutions may be called on to conduct post-mortem and other medico-legal work, subject to the conditions specified below:—

(1) In mufassal hospitals, post-mortem work connected with judicial cases shall be performed by a wholetime Government Medical Officer, when he is in the station and by the Honorary Medical Officer in his absence. If there is a lady medical Officer attached to the institution, the post-mortem work on female bodies should be done by that officer.

(2) The remuneration to be paid to the Honorary Medical Officer for the work will be regulated by paragraph 650 of this Code.

14. *Private practice*—(a) *Teaching institution.*—Honorary officers attached to teaching institutions shall restrict their private practice to consulting or specialist practice in their subjects.

(b) *Other institutions.*—Honorary officers will be free to undertake private practice outside Government medical institutions. They shall not—

(1) receive any fees from patients for purpose of admitting them to Government medical institutions, or

(2) discharge any patient from the hospital for the purpose of treating him as a private patient, provided that it shall be open to an honorary officer to take under his care a patient who has been discharged from the hospital in accordance with the rules governing the discharge of patients from Government hospitals.

Private patients may be admitted in Government medical institutions irrespective of whether they have made payment or not to the Honorary Medical officers for consultation outside the institutions, but every patient so proposed to be admitted should take his turn according to the usual procedure and no preference should be shown to those who have consulted honorary officers privately.

15. *Temporary absence from duty.*—If, for any reason, Honorary Medical Officers are unable to attend during the prescribed hours, they should inform the heads of teaching institutions, the Superintendents or Medical officers-in-charge, as the case may be in time to enable them to arrange for carrying on their work.

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16. *Leave.*—Honorary Medical Officers may be granted casual leave up to 20 days in a year by the heads of teaching institutions, the Superintendents or the Medical officers-in-charge, as the case may be. They may also be granted leave of absence other than casual leave at the rate of 1/22 of the period of duty, subject to a maximum of 30 days at a time, if arrangements can be made for carrying on their duties without appointing substitutes and without extra expenditure to Government. Such leave shall be granted by the heads of teaching institutions, the Superintendents of the institutions or the Medical officers-in-charge, as the case may be, in respect of Honorary Assistant Medical Officers (junior and senior) and by the Director of Medical Services in the case of Honorary Surgeons and Honorary Physicians on the basis of leave accounts maintained in each institution.

The officers empowered to sanction leave to the Honorary Medical Officers up to a maximum of 30 days may also grant leave to the Honorary Medical officers in excess of the leave to their credit subject to the maximum of 30 days at a time, the excess leave granted being treated as "leave not due" and adjusted against the leave subsequently earned by the officers.

Leave of absence other than casual leave for a period exceeding 30 days at a time may be granted to all Honorary Medical officers on medical grounds or for any other special reasons, with the specific sanction of the Government.

Study leave may also be granted to honorary officers for such period as may be deemed fit for the purpose of undergoing an approved course of post-graduate study.

During the period of study leave or other kind of leave, the Honorary Medical officers will be allowed to have a lien on their appointments. Such of the honoraries as are given an honorarium will not be eligible for the honorarium during the period of leave other than casual leave.

NOTE.—It has been held that the number of days of casual leave allowed every year to Honorary Medical officers in Government medical institutions need not be reduced from 20 to 15 days, as it is essential to secure the goodwill of the Honoraries in the interests of teaching and hospital reputation and the treatment of the paid officers should therefore necessarily stand on a separate level to that of Honoraries.

17. *Transfer.*—(1) Honorary Medical officers in Madras City will be liable to transfer from one institution to another at the discretion of the Government.

(2) Honorary Medical officers employed in the mufassal institutions shall not be transferred from place to place.

18. *Age-limit.*—Honorary Medical officers who have attained the age of 55 years and who wish to continue in service shall produce a certificate of physical fitness.

19. *Use of Government libraries.*—Honorary officers will be allowed the use of the libraries in the institutions in which they are appointed on the same terms as for paid Government officers.

... of or damage to, etc., to

through fraud or negligence on his part and he will be liable to make good the value of Government property or equipment lost or damaged or destroyed by his default or carelessness.

21. *Reports on officers.*—On the 31st January of each year heads of institutions, District Medical Officers in the case of mufassal hospitals and Superintendents of State hospitals in the Madras City should submit to the Director of Medical Services in the form prescribed by him, confidential reports on all Honorary Medical officers, serving under them. During the period of probation, half-yearly confidential reports should be submitted to the Director of Medical Services.

22. *Termination of appointment.*—The appointment will ordinarily be terminable by three months' notice in writing on either side. Honorary Medical officers who have executed bonds under rule 7 should, however, serve the Government for the period prescribed in the bonds. In all cases, the Government reserve the right to terminate the appointments or to accept the resignations of Honorary Medical officers, without any notice and without assigning any reasons therefor. In the event of a breach of rule 14, the services of the Honorary Medical officer concerned are liable to be summarily dispensed with. In cases where the charges against an Honorary Medical officer are not of a confidential nature, he may be given an opportunity to explain. In regard to adverse confidential reports against an Honorary Medical officer, the Director of Medical Services may call for an explanation which should be submitted through the head of the hospital, the District Medical Officer or the head of the teaching institutions in which the officer is working.

23. *General.*—The Government reserve the right to amend or to add to these rules as they deem fit.

N.B.—Wherever the words, "head of the institution" occur in the above rules, they shall be deemed to include also the Dean or the Principal of the College, if any, attached to the institution.

(G.O. No. 1328, P.H., dated 22nd April 1948, Government Memorandum No. 50599-G-2/48, P.H., dated 27th January 1949, G.Os. No. 263, P.H., dated 28th January 1949, No. 3219, P.H., dated 10th September 1949, and No. 1318, H., dated 22nd April 1952.)

FORM OF APPLICATION.

(See rule 2.)

Application of.....for appointment as.....
.....in the Government Hospital/College.

- 1 Full name of the applicant and address.
- 2 Date and place of birth (district, State or country)
- 3 Religion and community or caste
- 4 Legal nationality at birth (whether subject of Indian Union or not) and State to which the applicant belongs
- 5 Qualifications (general educational and medical institutions where the applicant was educated and years in which they were obtained)
- 6 Special training received, if any
- 7 Post-graduate courses undertaken, if any

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- 8 Previous appointments, if any, held under Government, local board or municipality or private bodies (nature and dates of appointments should be specified).
- 9 Reasons for relinquishing appointments referred to in item 8
- 10 Military service rendered, if any, with full particulars including certificates of merit and awards
- 11 Period spent on private practice and places of private practice
- 12 Date of registration of Medical qualifications under the Madras Medical Registration Act, 1914
- 13 General remarks

Station.

Date.

Signature of the Applicant.

NOTE.—(1) The candidates who apply for honorary appointments in teaching institutions should enclose with their applications certificates from two medical officers not below the rank of Civil Surgeon or Honorary Surgeon or Honorary Physician in the form appended. In other cases, namely, for honorary appointments in non-teaching institutions in the Madras City and in the mufassal, certificates from two members of the medical profession or from two respectable gentlemen of standing in the ordinary letter form testifying to the popularity, etc., of the candidates should be enclosed.

(2) If required, the candidate should appear for an interview before the selection committee at his/her own expense.

FORM OF CERTIFICATE FOR RECOMMENDATION FOR APPOINTMENT OF A HONORARY MEDICAL OFFICER AT THE GOVERNMENT HOSPITAL,

Name of the candidate
 Period known

Proficiency in professional work—

- 1 Surgery, Medicine, etc
- 2 Teaching
- 3 X-ray work
- 4 Laboratory work
- 5 Special work performed, if any
- 6 Personality of the candidate and manner
- 7 Physical capacity
- 8 Conduct and character
- 9 Fitness for appointment as Honorary Medical Officer
- 10 General remarks

Station.

Date.

Signature of the Civil Surgeon.

(Name in block letters).....

Designation.

ANNEXURE.

KNOW ALL MEN BY these presents that I _____, son of _____, residing at _____, am held firmly bound to THE GOVERNOR OF MADRAS hereinafter called the Governor which expression shall where the context admits include his successors in office or assigns or certain attorney or attorneys in the sum of Rupees _____ only (Rs. _____) to be paid to the Governor for which payment well and truly to be made I bind myself, my heirs, executors, administrators and legal representatives firmly by these presents.

Signed by me this _____ day of _____ 19 _____

WHEREAS I the above bounden _____ have been selected by the Government of Madras (hereinafter referred to as "the Government") for special training at one of the Government Medical Colleges or hospitals attached to a teaching institution for a period of six months in order to qualify me to hold an honorary appointment in _____ department (here mention special subject) without my having to pay the usual tuition and other college fees.

AND WHEREAS it has been agreed by and between myself of the one part and the Governor of the other part that I shall undergo the full period of special training prescribed by the Director of Medical Services, Madras (hereinafter referred to as "the Director of Medical Services") and that I shall during such course of special training abide by such rules as may from time to time be laid down for regulating my attendance and conduct and that I shall after the successful completion of the said training serve, if so required, the Government in the capacity of an Honorary Assistant Medical Officer in the _____ Department of the _____ Hospital at _____ for a period of three years.

AND WHEREAS in consideration of the free special training to be afforded to me I agree to enter into and have entered into this bond in the sum of Rupees _____ (Rs. _____).

Now the condition of this bond is such that if I the above bounden _____ shall (unless prevented by accident or illness certified by a competent medical authority to the satisfaction of the Director of Medical Services or unless prevented by circumstances over which I shall have no control, the opinion of the Director of Medical Services as to the existence of such circumstances being final) undergo the full period of the said special training and shall during such period of special training abide by all the aforesaid rules for regulating my course of training, attendance and conduct and shall not during such course of special training be guilty of idleness, misconduct, or irregularity in attendance and shall at all times obey, follow and carry out the orders and directions that may from time to time be given to me by the Director of Medical Services or any other person duly authorized by him and after the period of special training is over shall serve, if required, the Government as an Honorary Assistant Medical Officer for a full period of three years in the department of _____ the _____ hospital at _____ and if I shall fail to observe or perform all or any of the covenants and conditions hereinbefore contained shall pay to the Government the said sum of Rupees _____ or such less sum as I shall be required to pay by the Director of Medical Services. Then this bond or obligation shall be void otherwise it shall remain in full force and virtue and all sums due by me to the Governor under this bond shall be liable to be recovered from me under the Madras Revenue Recovery Act, 1864 (Madras Act II of 1864).

SIGNED AND DELIVERED by the above named
in the presence of
(G.O. No. 3961, P.H., dated 10th November 1949.)

APPENDIX III.

RULES TO REGULATE THE APPOINTMENT OF
HONORARY MEDICAL OFFICERS IN INSTITUTIONS
OF MODERN MEDICINE UNDER THE CONTROL OF
LOCAL BODIES IN THE MADRAS STATE.

1. *Scope of employment and appointing authority.*—District boards and municipal councils may at their discretion employ Honorary Medical officers in the hospitals and dispensaries under their control. The appointments shall be made in consultation with the Director of Medical Services by the president, in the case of a district board and by the executive authority in the case of a municipal council.

2. *Advertisement of vacancies.*—Whenever it is proposed to make an honorary appointment in any municipal or local fund medical institution, due publicity should be given to such proposal by publication on the notice board of the institution concerned, of the office of the District Medical Officer and the office of the local board or municipal council and also in the public press and the *Fort St. George Gazette* and the *District Gazette*. Applications in the prescribed form for appointments should be invited, specifying the special qualifications, if any, required and out of those received, the best should be recommended to the Director of Medical Services. In case of difference of opinion between the appointing authority and the Director of Medical Services, the matter shall be referred to the Government, whose decision shall be final.

3. *Description.*—There will be only one class of Honorary Medical officers, viz., honorary Medical officers.

4. *Qualification.*—A candidate for appointment as Honorary Medical Officer should be a registered medical practitioner, i.e., registered under the Madras Medical Registration Act, 1914.

5. *Tenure of appointment.*—The tenure of appointment of an honorary Medical officer will be five years of which the first two years will be treated as period of probation. The tenure may be extended in deserving cases at the discretion of the appointing authority.

6. *Honorarium.*—Honorary Medical officers will be eligible subject to such conditions as the local body may prescribe for an honorarium not exceeding Rs. 30 per mensem. They shall not be eligible for any other allowances.

7. *Receipt of fees from patients.*—Honorary Medical officers must abide by the rules, if any, framed by local bodies in regard to the acceptance of fees from patients by the staff of the hospital.

8. *Duties.*—(i) Honorary Medical officers should conform to the rules in force in the institutions in which they are working, in

(ii) Honorary Medical officers should perform such duties as may be assigned to them. The allocation of their duties either in the in-patient or out-patient department or in both will be made by the appointing authority, with the approval of the District Medical Officer. An appeal shall, however, lie to the Director of Medical Services against the allocations so made.

(iii) Honorary Medical officers shall give at least three full hours of the best part of the day for services in the hospitals or dispensaries in which they are appointed.

(iv) Honorary Medical officers who have only out-patients in their charge should attend daily during the out-patient hours.

(v) Subject to the above rules, the hours of attendance shall be fixed by the appointing authority with the approval of the District Medical Officer.

(vi) Honorary Medical officers with special qualifications will, as far as possible, be placed in independent charge of special departments, e.g., (1) eye, (2) ear, nose and throat, (3) venereal diseases, (4) tuberculosis, etc. The primary duty of these officers will be to attend to the work in the special departments in their charge; but they may, with the approval of the District Medical Officer and the appointing authority concerned, undertake general work in the medical institutions to which they are attached.

(vii) The entire management and control of medical institutions and the discipline of the staff are vested in the Medical Officers-in-charge of the medical institutions. Honorary Medical officers should observe all the rules in force and report all instances of neglect or inattention or other breaches of discipline relating to their wards to the Medical officers-in-charge who will deal with them. They may freely consult the Medical Officers-in-charge and the District Medical Officers on any points in respect of which they consider that the rules admit of improvement but they must abide by any decision arrived by the District Medical Officer.

(viii) The Medical officer-in-charge of the medical institutions should give full scope to the honorary workers and endeavour to make the scheme a success.

During the temporary absence for short period of paid Medical officers on court duty, casual leave, etc., the honorary Medical officer or the senior honorary Medical officer will be in charge of the institution.

(ix) Honorary Medical officers should be prepared to co-operate with the Public Health staff in epidemic work also in their respective localities in the event of a sudden outbreak of an epidemic.

9. *Issue of certificates.*—Honorary Medical officers will issue the necessary certificates for patients under their treatment but should not, except at the special request of the Medical officer-in-charge, deal with any cases in the in-patient or out-patient department, other than those assigned to them or with the other miscellaneous work of the institution.

10. Honorary Medical officers appointed in local fund and municipal medical institutions will be responsible for the conduct of post-mortem and other medico-legal work subject to the conditions specified below :—

(1) Post-mortem work connected with judicial cases shall be performed by the Chief Medical Officer on duty in the institution irrespective of whether he is a paid or an honorary officer.

(2) Post-mortem work not connected with judicial cases and other medico-legal work shall be performed by honorary Medical officers, if there is no paid Medical officer attached to the institution or if he is unavoidably absent from the station.

(3) The remuneration to be paid to the honorary Medical officers for the work will be regulated in accordance with paragraph 650 of the Civil Medical Code, Volume I.

NOTE.—(1) All cases sent by the police or magistrates for post-mortem examination should be treated as cases connected with judicial cases.

(2) If the Chief Medical Officer in charge of the institution is absent, the officer next in charge should perform post-mortem work connected with judicial cases. If a question arises as to who should do the work in the absence of both the Chief Medical Officer and his first assistant, it shall be decided by the District Medical Officer.

11. *Private practice.*—Honorary Medical officers will be free to undertake private practice outside the institutions concerned. They shall not—

(i) receive any fees from patients for the purpose of admitting them in the institutions in which they are employed, or

(ii) discharge any patient from the medical institution for the purpose of treating him as a private patient, provided that it shall be open to an honorary Medical officer to take under his care a patient who has been discharged from the hospital in accordance with the rules governing the discharge of patients from medical institutions.

Private patients may be admitted in the institutions irrespective of whether they have made any payment or not to honorary Medical officers for consultation outside the institutions, but every patient so proposed to be admitted should take his turn according to the usual procedure and no preference should be shown to those who have consulted the honorary Medical officers privately.

12. *Temporary absence from duty.*—Honorary medical officers should be punctual in the hours of attendance prescribed and should not leave the institution during the hours of duty, except on previous permission from the medical officer in charge. Nor should they avail themselves of any leave without previous sanction and until arrangements are made to carry on their duties during their absence, except under extraordinary circumstances. They should always notify to the District Medical Officers through the Medical officers in charge of the institutions their absence from the station.

13. *Leave.*—Honorary medical officers may be granted casual leave up to 15 days in a year by the District Medical Officers. They

if arrangements can be made for carrying on their duties without extra expenditure. In such cases, the honorary medical officers will be considered to have a lien on their appointment during the period of leave and they will be allowed to rejoin their appointment on the expiry of the leave. If no such arrangements can be made, the honorary medical officers should be instructed to resign their appointments and fresh appointments should be made in their places.

14. *Transfer.*—Honorary medical officers shall not ordinarily be transferred from place to place but mutual transfers may be effected, if both parties agree.

15. *Age-limit.*—Honorary medical officers shall ordinarily retire on attaining the age of 55 years. Those who wish to continue in service shall produce a certificate of physical fitness.

16. *Use of libraries.*—Honorary medical officers will be allowed the use of libraries in the institutions in which they are appointed.

17. *Responsibility in cases of loss of, or damage, etc., to hospital property.*—Every honorary medical officer will be held personally responsible for any loss sustained by local bodies through fraud or negligence on his part and he will be liable to make good the value of the hospital property or equipment lost, damaged or destroyed by his default or carelessness. They should not take outside or use the hospital property, instruments, appliances, dressings, etc., for their private cases except on payment of fees prescribed.

18. *Reports on officers.*—On the 31st January of each year, District Medical Officers should submit to the Director of Medical Services through the appointing authority concerned confidential reports on all honorary medical officers serving under them in the form prescribed. During the period of probation, half-yearly confidential reports should similarly be submitted to the Director of Medical Services.

19. *Termination of appointment.*—The appointment will ordinarily be terminable by three months' notice in writing on either side. In all cases, the appointing authority reserves the right to terminate the appointments or to accept the resignations of honorary medical officers, without any notice and without assigning any reason therefor. In the event of a breach of rule 13, the services of the honorary medical officers concerned are liable to be summarily dispensed with. In cases where the charges against an honorary medical officer are not of a confidential nature, he may be given an opportunity to explain. In regard to adverse confidential reports against an honorary medical officer, the Director of Medical Services may call for an explanation which should be submitted through the head of the hospital, the District Medical Officer and the appointing authority.

20. *Correspondence, etc.*—All communications, correspondence, appeals, complaints, etc., from the honorary medical officers should be sent through the appointing authority and the District Medical Officer. They should not correspond direct with the Director of Medical Services or the Government.

21. *Publication of official information.*—(1) No honorary medical officer shall, except in accordance with any special or general permission of the Director of Medical Services, communicate directly or indirectly any official document or information to a Government servant unauthorized to receive the same, to a non-official or to the press.

(2) No honorary medical officer shall, in any document which he publishes or in any communication to the press or in a public speech criticise the policy or action of Government in the matter of medical administration, intemperately or unreasonably. No such publication or communication or speech should be made without the special or general permission of the Director of Medical Services. If however, honorary medical officers have any grievance in connexion with the discharge of their public duties, they should make their representation to the District Medical Officer direct and, if necessary, they may address the Director of Medical Services through the District Medical Officer and the appointing authority.

(3) No honorary medical officer shall, except with the previous sanction of the District Medical Officer, have recourse to any court or the press for the vindication of his official acts or character from defamatory attacks. Application for such sanction should be made through the appointing authority.

Nothing mentioned above shall derogate from the right of an honorary medical officer to vindicate his private acts or character.

22. *General.*—The Government reserve the right to amend or to add to these rules as they deem fit.
(G.O. No. 1097, P.H., dated 18th March 1940.)

APPENDIX IV.

RULES REGULATING THE SELECTION AND APPOINTMENT OF HOUSE SURGEONS AND HOUSE PHYSICIANS IN GOVERNMENT HOSPITALS.

1. *Appointment—Scope and object.*—House Surgeons and House Physicians may be appointed when required in all Government hospitals in the Madras City, in district headquarters hospitals, and in any other Government hospital with a bed strength of twenty-five or more or where enough clinical material for training is available. The main object of the appointments is to provide clinical experience for medical graduates who have completed their courses of study. Some of the appointments will carry subsistence allowance and the rest will be unpaid.

2. *Number of appointments.*—The number of paid posts shall be determined by Government from time to time, while the number of unpaid posts shall be fixed by the Director of Medical Services in accordance with the requirement of each hospital. The number of appointments shall be determined by Government and the numbers of unpaid posts shall be determined by Government from time to time.

21. *Publication of official information.*—(1) No honorary medical officer shall, except in accordance with any special or general permission of the Director of Medical Services, communicate directly or indirectly any official document or information to a Government servant unauthorized to receive the same, to a non-official or to the press.

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2. *Number of appointments.*—The number of paid posts shall be determined by Government from time to time, while the number of unpaid posts shall be fixed by the Director of Medical Services in accordance with the requirement of each hospital. The number of paid posts sanctioned by Government and the numbers of unpaid posts fixed by the Director of Medical Services in the various hospitals on 1st January 1951 are given in Annexure I to

3. *Qualifications for appointment.*—A candidate for appointment as House Surgeon or House Physician shall possess the M.B.B.S. degree of the Madras or Andhra University.

4. *Applications for appointments.*—Applications for appointments as House Surgeons and House Physicians shall be submitted to the President, Selection Committee for House Surgeons and House Physicians, Government General Hospital, Madras, through the Superintendent of the Hospital, in which the candidate wishes to work as House Surgeon or House Physician and shall be in the form in Annexure II to these rules.

5. *Selecting authority.*—The selection of candidates for appointment as House Surgeons and House Physicians shall be made by a committee consisting of—

President.

(1) The Dean of the Madras Medical College and General Hospital, Madras.

Members.

(1) The Dean, Government Stanley Hospital and Stanley Medical College, Madras.

(2) One Honorary Physician or Honorary Surgeon from the Government General Hospital, Madras.

(3) One Honorary Physician or Honorary Surgeon from the Stanley Hospital, Madras.

(4) Superintendent, Government Hospital for Women and Children, Madras.

The President of the Selection Committee will prepare a consolidated statement of all the applications and forward the same to the Director of Medical Services with the Committee's recommendation thereon for making appointments.

6. *General principles for selection of House Surgeons and House Physicians.*—(a) Selection shall be made in January and July every year for one half of the sanctioned posts in January and the other half in July.

(b) All candidates who have obtained the medical degree and who have not undergone training as House Surgeon or House Physician shall, as far as possible, be given opportunities to undergo the training.

(c) Selection of candidates for appointment to either category of posts, namely, paid and unpaid, shall, so far as it is possible conform to the rule relating to the reservation of appointments in Government service.

(d) Subject to the provisions of sub-rule (c) above, candidates shall be given preference to hold paid and unpaid posts in their order of merit, that is to say, those who have passed the final examination without failing in any annual examination shall be given preference in order of merit as evidenced by the results of their examinations for paid appointment first and then for unpaid appointments and the remaining vacancies shall be given to the other candidates in similar order of merit.

(e) The candidates selected for appointment shall be arranged in the following order :—

- (i) List of candidates (men and women) for paid appointments.
- (ii) List of candidates (men and women) for unpaid posts.
- (iii) List of candidates in the waiting list.

(f) If a vacancy occurs in list (i) above it shall be filled up by promotion from list (ii) in order of merit and subject to the provisions of sub-rule (c), the resultant vacancy in list (ii) shall be filled up by a candidate from list (iii). There shall be no direct appointment of a candidate in list (iii) to a paid post. Failure or refusal of a candidate in list (iii) to join a post offered shall result in the forfeiture of his or her claims for appointment.

7. *Postings.*—The selected candidates shall as far as practicable be posted to the institutions which they choose. Candidates who do not propose to pursue studies for higher examinations may be posted to District Headquarters hospitals if vacancies do not exist in the city hospitals. Subject to these conditions, the Director of Medical Services shall have full discretion in the matter of posting the candidates.

8. *Tenure of appointments.*—(a) Each House Surgeon or House Physician shall ordinarily hold office for a period of one year, but may be continued beyond the period so long as there are no new applicants for the posts.

(b) Candidates who propose to settle down as general practitioners after their training has been completed, shall be posted for duty in general and special branches for a period of not exceeding three months at a time in each branch during the tenure of one year.

(c) Candidates who propose to specialize in any subject shall be posted to suitable institutions and may be allowed to work in any particular branch for six months at a time during the tenure of one year.

9. *Appointment of Demonstrators as House Surgeons or House Physicians.*—No interchange shall be allowed between posts of House Surgeons or House Physicians on the one hand and Demonstrators on the other unless the person concerned has completed his term in either category of posts, i.e., one year for House Surgeons or House Physicians and three years for Demonstrators. Medical graduates who have finished their house surgery may be permitted to take up posts of demonstrators if no newly passed out candidates are available or when they desire to qualify for post-graduate course.

10. *Private practice.*—House Surgeons and House Physicians working in Government medical institutions shall not engage themselves in private practice in their off duty hours during the tenure of their appointments as House Surgeons and House Physicians.

11. *Subsistence allowances.*—A subsistence allowance of Rs. 60

allowance of Rs. 10 per mensem shall be paid to the holders of the paid posts of House Surgeon or House Physician in the Government Mental Hospital, Madras.

12. *Provision of quarters.*—House Surgeons and House Physicians shall be entitled to free quarters where quarters are available. They shall also be entitled to the free supply of electric current up to a limit and replacement of worn out electric bulbs (owing to fair wear and tear), at the expense of Government. Where it is not possible to provide free quarters, each House Surgeon or House Physician shall be granted a house allowance of Rs. 15 a month, if his appointment is in the City of Madras and Rs. 10 a month, if he is employed at any other station.

NOTE.—Senior House Surgeons and Senior House Physicians shall not be entitled to free quarters or to any house allowances in lieu thereof.

13. *Travelling allowance for journeys on duty.*—(a) House officers will be eligible for travelling allowance as officers in grade VIII when they are required to travel on duty to give evidence in law courts for other purposes.

(b) When at the instance of the State any unpaid House Surgeon or unpaid House Physician appears before any criminal court located at Saidapet and having jurisdiction in the Chingleput district to give evidence in his official capacity, he shall be paid a conveyance allowance of Rs. 2 (rupees two only).

(c) When at the instance of the State any unpaid House Surgeon or unpaid House Physician in the City of Madras appears before a Presidency Magistrate's Court to give evidence in his official capacity he shall be paid a conveyance allowance of Rs. 2 (rupees two only).

14. *Caution money.*—A sum of Rs. 25 shall be levied from each paid and unpaid House Surgeon and House Physician employed in Government medical institutions and from each Senior House Surgeon or House Physician as security against loss of or damage to, hospital equipment which he or she may handle while engaged in official work. The caution money shall be paid into the treasury under Revenue Deposit Account under Article 262 of the Madras Financial Code, Volume I. The caution deposit shall be refunded to the candidate concerned at the time of the termination of the House Surgeoncy, any damage or loss of hospital property being made good from the deposit.

15. *Grant of leave.*—(a) Paid House Surgeons and House Physicians may be granted leave by the Dean or Superintendents of Government hospitals for one month at any time during their one year's service for reasons of health or on urgent private affairs. They may be granted subsistence allowance during that period of leave provided no payment is made to their substitutes.

(b) Senior House Surgeons and Senior House Physicians may also be granted leave of absence by the Dean or Superintendents of hospitals up to a total period of 30 days in a year for reasons of health or on private affairs. Sanction of the Director of Medical Services is necessary for the grant of leave in excess of 30 days.

(c) No casual leave will be granted in addition.

16. *Training of House Surgeons and House Physicians in blood transfusion.*—Medical graduates appointed as House Surgeons and House Physicians in Government medical institutions in the Madras City as well as in the mufassal shall undergo a course of training in blood transfusion and resuscitation during the period of their House Surgeoncy. The training in the case of those attached to the City State hospitals shall be imparted at the Government General Hospital or the Stanley Hospital, Madras, in consultation with the Deans of these hospitals, in convenient batches. House Surgeons and House Physicians employed in the District Headquarters and other hospitals shall be trained by the medical officer attached to that hospital, who has already undergone the necessary training in blood transfusion and resuscitation.

17. *Appointment of candidates who wish to prosecute higher studies.*—Candidates who have completed one year's training and who have been definitely selected to undergo post-graduate courses for higher degrees such as M.D., M.S., or recognized specialist diplomas such as D.G.O., D.L.O., D.O., L.O., etc., may be appointed by the Director of Medical Services as Senior House Surgeons or Senior House Physicians to enable them to prepare for such degrees or diplomas. Such appointments shall be subject to the following conditions:—

(i) The period of the appointment shall not ordinarily exceed two years and shall be specified in the proceedings of the Director of Medical Services making the appointment, a copy of which shall be communicated to the Accountant-General.

(ii) The candidates shall not be paid any allowance from State funds, but each of them shall pay a fee of Rs. 20 per quarter for the training.

(iii) The entire fee shall be credited to the Government.

(iv) The Senior House Surgeons or House Physicians will be eligible for travelling allowance as officers in Grade VIII when they are required to travel on duty to give evidence in law courts or for other purposes.

When at the instance of the State, any Senior House Surgeon or House Physician appears before any criminal court located at Saidapet and having jurisdiction in the Chingleput district to give evidence in his official capacity, he shall be paid a conveyance allowance of Rs. 2 (rupees two only).

When at the instance of the State, any Senior House Surgeon or House Physician in the City of Madras appears before a Presidency Magistrate's Court to give evidence in his official capacity, he shall be paid a conveyance allowance of Rs. 2 (rupees two only).

18. *Duties.*—House Surgeons and House Physicians and Senior

19. *Termination of appointment.*—The Director of Medical Services may for sufficient reasons terminate the appointment of any House Surgeon or House Physician. The decision of the Director of Medical Services in the matter shall be final.

20. *Report to Government.*—A report showing the selections and appointments made under this scheme should be submitted to the Government at the end of each year.

21. *Power to amend or alter the rules.*—The Government reserve the right to amend or to add to these rules as they deem fit.

ANNEXURE I.

(See rule 2.)

NUMBER OF APPOINTMENTS FOR HOUSE SURGEONS AND HOUSE PHYSICIANS AS ON 1ST JANUARY 1951.

Name of hospital.	Number of posts available.		
	Paid.	Unpaid.	Total.
(1)	(2)	(3)	(4)
1 Government General Hospital, Madras.	46	59	105
2 Government Stanley Hospital, Madras.	26	42	68
3 Government Ophthalmic Hospital, Madras.	3	2	5
4 Government Royapetta Hospital, Madras.	6	4	10
5 Government Rajah Sir Ramaswami Mudaliar's Lying-in-Hospital, Madras.	4	2	6
6 Government Hospital for Women and Children, Madras.	9	3	12
7 Kasturba Gandhi Hospital for Women and Children, Madras.	11	11	22
*8 Government Mental Hospital, Madras.	2	..	2
9 Headquarters Hospital, Tanjore ..	4	..	4
10 Headquarters Hospital, Tiruchirappalli.	3	..	3
11 Headquarters Hospital, Coimbatore.	2	4	6
12 Headquarters Hospital, Madurai ..	5	7	12
13 Headquarters Hospital, Salem ..	..	2	2
Total ..	121	136	257

* This hospital is not recognized by the University of Madras for general House Surgeoncy.

ANNEXURE II.

(See rule 4.)

FORM OF APPLICATION.

- 1 Full name of the applicant and address
- 2 Caste
- 3 Age and date of birth
- 4 District and State to which the applicant belongs
- 5 Languages spoken
- 6 Date of applicant's commencement of medical studies
- 7 Date of obtaining medical degree
- 8 Distinctions gained and whether or not the applicant possesses other degrees or diplomas
- 9 Whether the applicant proposes to set up practice as a general practitioner after training
- 10 Whether during the course of training the applicant proposes to specialize in any branch or to prepare for higher examinations and if so, in what branch and for what examination
- 11 The hospital in which the applicant wishes to be employed
- 12 Whether the applicant has already held appointment as House Surgeon or House Physician and if so, when, for what period, and where
- 13 Signature of the applicant
- 14 Date of signature
- 15 Remarks of the Superintendent of the hospital through whom the application is submitted

NOTE.—The marks obtained in the examination should be obtained from the University on payment and the same forwarded along with the application for appointment as House Surgeon and House Physician.
(G.Os. No. 2065, Health, dated 11th June 1951, Ms. No. 3830, Health, dated 7th November 1951, Ms. No. 544, Health, dated 19th February 1952, No. 1754, Health, dated 29th May 1952 and No. 3085, Health, dated 1st October 1952.)

APPENDIX V.

RULES TO REGULATE THE METHOD OF RECRUITMENT, THE CONDITIONS OF SERVICE, PAY AND ALLOWANCES OF NUNS IN GOVERNMENT MEDICAL INSTITUTIONS IN THE MADRAS STATE.

1 Extent of application.—These rules shall apply to nuns

ANNEXURE II.

(See rule 4.)

FORM OF APPLICATION.

- 1 Full name of the applicant and address
- 2 Caste
- 3 Age and date of birth
- 4 District and State to which the applicant belongs
- 5 Languages spoken
- 6 Date of applicant's commencement of medical studies
- 7 Date of obtaining medical degree
- 8 Distinctions gained and whether or not the applicant possesses other degrees or diplomas
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3. *Recruitment.*—The Superintendent of the hospital concerned shall appoint such nuns as may be deputed for the purpose by the concerned convent authorities.

If a vacancy arises and if the Mission authorities are unable to depute a nun to fill up the vacancy, the Superintendent of the hospital concerned may temporarily fill up the vacancy by appointing a suitable candidate.

4. *Transfer.*—Nuns are not liable to transfer to any other hospital.

5. *Pay and allowances.*—The rate of pay and allowances for nuns shall be as follows :—

Pay.—Rupees 90 per mensem for those who are employed in institution other than Headquarters Hospital, Tiruchirappalli. The pay of the nun in the Government Headquarters Hospital, Tiruchirappalli, shall be Rs. 70 per mensem.

Allowances.—Ration allowance shall be paid at Rs. 30 per mensem each.

Other concessions.—(1) Rent-free quarters.

(2) Rent-free electric installation and free supply of electric energy according to the scale sanctioned for nurses employed in Government hospitals.

(3) Rent-free sanitary and water-supply arrangements.

(4) Supply of furniture and crockery on the scale sanctioned for the use of the nursing staff attached to Government hospitals.

(5) One servant for four nuns.

(6) Cleaning charges at 8 annas a month for each nun.

(7) Bed linen not exceeding the monetary limit fixed by Government from time to time.

(8) Table linen not exceeding Rs. 20-9-0 for the combined use of three nuns.

NOTE.—In addition to the allowances and concessions mentioned above, nuns employed in Government hospitals will be eligible to draw dearness allowance at the rate sanctioned for nurses from time to time. Those who cannot be provided with residential accommodation in any of the convents near the hospital are eligible for a house allowance of Rs. 15 per mensem each and a conveyance allowance of Rs. 15 per mensem each.

6. *Leave.*—Nuns shall be eligible for the leave admissible to permanent Government servants under the provisions of Fundamental Rules or the Madras Leave Rules, according as they entered service, before or after the date of introduction of the Madras Leave Rules, 1933.

7. *Pension and Provident Fund.*—Nuns shall not be eligible for any pension or provident fund privileges.

8. *Duties.*—Nuns shall supervise the kitchen, diet and linen departments in the hospitals in which they are employed and shall perform such other duties as may be assigned to them by the Superintendent of the hospital.

9. *Discipline.*—Nuns employed in Government hospitals shall be under the disciplinary control of the Superintendent of the hospital concerned. If the Superintendent considers that any disciplinary action is necessary, he shall, as far as possible, consult the Mission authorities concerned before taking any action. In cases of emergency, he may suspend the nun but a report should be sent immediately to the Mission authorities concerned.

An appeal shall lie to the Director of Medical Services against the orders of the Superintendent under this rule. The decision of the Director of Medical Services shall be final.

10. *Retirement.*—Any nun on completion of 55 years of age shall be withdrawn by the Mission authorities concerned. The Mission authorities concerned may, after giving notice to the Superintendent of the hospital concerned, withdraw any nun at any time, without assigning any reasons.

NOTE.—In special circumstances, the Government may, on the recommendation of the Director of Medical Services, permit the employment of an over-aged nun temporarily (subject to the condition that she is physically fit to discharge her duties) until a nun who is not over 55 years of age is deputed by the Mission authorities concerned.

11. Nothing contained in the Civil Services (Classification, Control and Appeal) Rules or the rules made thereunder shall apply to the nuns who are appointed under these rules.

12. These rules are liable to be modified at the discretion of the Government.

(G.Os. No. 323, P.H., dated 6th February 1937, No. 2137, P.H., dated 18th August 1945, No. 2424, P.H., dated 12th July 1947, and No. 543, P.H., dated 19th February 1949.)

APPENDIX VI.

RULES FOR THE CONTROL OF THE SPREAD OF INFECTION OF DANGEROUS, INFECTIOUS AND CONTAGIOUS DISEASES BY VESSELS ARRIVING AT, BEING IN OR DEPARTING FROM THE MAJOR PORTS, AND THE DISPOSAL OF DEAD BODIES ON SUCH VESSELS.

PART I—DEFINITIONS.

1. These rules may be called the Indian Port Health Rules. They shall apply to the major ports in India.

2. In these rules, unless there is anything repugnant in the context to indicate otherwise—

(1) "crew" means and includes any person on board a vessel who is employed in the vessel's service or in connexion with the vessel's service on board for the

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(3) "Health Officer" means any person appointed by the Central Government, either by name or by virtue of his office, to the Health Officer of a port, and include an Additional or Assistant Port Health Officer and any officer appointed by the Central Government either by name or by virtue of his office to perform any of the duties of a Health Officer of a port;

(4) the term "infected" when used with reference to any articles means all articles considered by the Health Officer to be infected with any of the diseases specified in rule 3 of these rules;

(5) "infected port" means any port outside India which the Central Government may, by notification, declare for the purpose of these rules to be infected with any of the diseases specified in rule 3 of these rules;

(6) "Medical Officer" (of a vessel) means any person holding medical charge of a vessel;

(7) "isolation" means the segregation of any person suffering from any of the diseases specified in rule 3 of these rules in such a manner as to ensure that such person will not convey the infection to other persons;

(8) "observation" means the segregation of any person suspected of suffering from any of the diseases specified in rule 3 of these rules for the purpose of ascertaining whether or not the said person is suffering from any such diseases;

(9) the term "surveillance" means that persons, although suspected of infection, are not segregated but are permitted to continue their journey in the ordinary course and the authorities of the several places whither they are bound are given prior information of their coming;

(10) "vessel" includes anything other than a scaplane, made for the conveyance by water of human beings or of property;

(11) "period of incubation" in respect of an infectious disease mentioned below means the period specified against it:—

	Days.
Plague	6
Cholera	5
Yellow fever	9
Typhus	12
Smallpox	14
Chickenpox	14
Cerebro-spinal meningitis	10
Diphtheria	7
Relapsing fever	14
Influenzal pneumonia	5

PART II—RULES TO BE OBSERVED AT PORTS IN INDIA ON THE ARRIVAL OF VESSELS.

3. The diseases to which the rules in this part apply are—

(1) Plague, (2) Cholera, (3) Yellow fever, (4) Typhus, (5) Smallpox, (6) Chickenpox, (7) Cerebro-spinal meningitis, (8) Diphtheria, (9) Relapsing fever, (10) Jigger and (11) Influenzal pneumonia.

4. The master of every vessel arriving at any port in India shall show until the vessel is free from control under these rules, whichever of the following signals is appropriate :—

(a) By day, during the whole of the time between sunrise and sunset, when the vessel is within three miles of the coast—

(i) the flag signal Q meaning—" my ship is healthy and I request free PRATIQUE ".

(ii) the two flag signal QQ meaning—" my ship is suspected " vide rules 18, 23, 27, 32, 35, 39 and 41 ; or

(iii) the two flag signal QL meaning—" my ship is infected " vide rules 18, 23, 27, 32, 35, 39, 41 and 45 ;

(b) by night, during the whole of the time between sunset and sunrise but only when the vessel is within three miles of the coast a signal comprising a red light over a white light, the lights being not more than 6 feet apart, and meaning—" I have not free PRATIQUE ".

The night signal shall be shown at the peak or other conspicuous place where it can best be seen :

Provided that the authorities at a port may, with the previous approval of the Central Government, notify alternative signals not conflicting with the International Code, for use by vessels visiting the port frequently.

5. The master of any vessel fitted with a suitable wireless transmitting apparatus shall when not more than twelve hours and not less than four hours out from any port to which he is proceeding send to the Health Officer of the port either directly or through an agent approved by the Health Officer a wireless message embodying all such of the items of information set out in the Standard Quarantine Messages of the International Code of Signals as are applicable :

Provided that the authorities at a port may, with the previous approval of the Central Government, notify alternative signals not conflicting with the International Code, for use by vessels visiting the port frequently.

Cases of sickness or death occurring subsequent to the transmission of such message shall be communicated by wireless in like manner before the arrival of the vessel in the port.

NOTE.—The telegraphic address of the various Health Officers is " Quarantine " and the items of the Standard Quarantine Messages of the International Code of Signals are reproduced below :—

STANDARD QUARANTINE MESSAGES.

Item I.

MEBAV. The following is an international quarantine message from vessel indicated of port indicated which expects to arrive at time indicated, on date indicated (here follow groups to complete above).

Item II

Item III.

- MEDIH. No case of infectious disease, or of sickness suspected to be of an infectious nature, has occurred on board during the last 15 days.
- MEFOF. Number indicated cases of infectious disease(s) indicated have occurred during the last 15 days.

Item IV.

- MEGYX. I have no other case of sickness on board.
- MEHUD. I have number indicated other cases of sickness on board.

Item V.

- MEJAC. No deaths from sickness infectious or otherwise have occurred on board during the voyage.
- MEKEEK. Number indicated deaths from sickness infectious or otherwise have occurred in board during the voyage.

Item VI.

- MELOC. I have a ship's surgeon on board.
- MEMYT. I have no ship's surgeon on board.

Item VII.

- MENIJ. I do not wish to disembark any sick.
- MEPUP. I wish to disembark number indicated sick, suffering from disease(s) indicated.

Item VIII.

- MEQOV. My crew consists of number indicated, and I have no passengers on board.
- MERAT. My crew consists of number indicated and I have number indicated passengers.

Item IX.

- MESEC. I do not propose to disembark any passengers.
- METIK. I propose to disembark number indicated passengers of class indicated.

6. On the arrival of a vessel at a port, the master of the vessel shall at the earliest opportunity and in the form annexed to these rules, report to the pilot, boarding officer, or other officer duly authorized in this behalf all matters that have occurred during the voyage which might affect the classification of the vessel as "infected", "suspected" or "healthy" and any sickness or deaths from any cause and the pilot boarding officer or other officer authorized in this behalf shall promptly communicate such report to the Health Officer, provided that in the case of healthy vessels and vessels that are classed as "suspected" not on account of the occurrence of any disease on board but merely by reason that they have sailed from or touched at a particular port it shall be permissible for the pilot, boarding officer or other officer authorized in this behalf, if acting on the general or special instructions of the Health Officer, to treat the vessel as "healthy" and to allow *pratique*.

7. If after a vessel has arrived within port limits a case or suspected case of any of the diseases specified in rule 3 occurs on board, the master shall hoist the signal prescribed in rule 4 for "infected vessels" shall stop all communication with the shore and shall immediately report the circumstance to the Health Officer.

8. Every medical practitioner, who becomes cognizant that any passenger on board or any member of the crew or any person employed on board any vessel in the port is suffering from any of the diseases specified in rule 3, shall immediately give notice thereof by telephone and in writing to the Health Officer.

9. All infected or suspected vessels shall stop at such place at the port as the relevant port authority shall, in consultation with the Health Officer, provide in this behalf and shall not enter any dock or come alongside any wharf or have communication with the shore until authorized to do so by the Health Officer or on the conditions specified in the proviso to rule 6 by the pilot, boarding officer or other officer authorized in this behalf.

10. So long as the signals showing that the vessel is "infected" or "suspected" are displayed by a vessel no tinal or other person in charge of or navigating any boat other than a boat conveying a pilot, a harbour-master and/or conservator or his deputy or an official acting in execution of these rules shall attempt to take such boat alongside the vessel except with the permission of the Health Officer, and no person other than a pilot, a harbour-master and/or conservator or his deputy or an official acting in the execution of these rules shall board or leave any "infected" or "suspected" vessel without the written permission of the Health Officer.

11. Healthy vessels which while in port do not desire to have communication with the shore shall, on arrival, hoist the code over Q flag by day, and the international code signal by night meaning—"I have not free *pratique*" (as provided for in rule 4).

A vessel shall be regarded as not having communication with the shore if making a call of less than twenty-four hours and if either with the shore or with any other vessel in the port, it has no communication of such a nature as to render possible the conveyance of any of the disease specified in rule 3 of these rules from the vessel to the shore or to any other vessel in the port or *vice versa*.

Such vessels shall be subject to such restriction under these rules as the Health Officer may impose.

12. In the case of all infected vessels the Health Officer shall, and in the case of all other vessel, the Health Officer may proceed on board and examine the vessel, and the master of the vessel shall give him every facility for the examination of the passengers, crew, personal effects, cargo, provisions, water-supply and any part of the vessel the Health Officer considers it necessary to examine. The Health Officer may require a written declaration from the medical officer (if any) of the vessel or from the Master or from both, stating whether any death or sickness from an unknown or suspicious cause or any case of any of the diseases specified in rule 3 has occurred on board the vessel either during the voyage or before her departure, and with reference to plague, whether any unusual mortality has been observed among rats on the vessel. If the Health Officer is satisfied that such deaths or cases of sickness as may have occurred were not due to any of the diseases specified

satisfied he shall proceed as provided in these rules. Inspection by the Health Officer under this rule shall not be undertaken between sunset and sunrise except in such unusual circumstances as, in the opinion of the Health Officer, a departure from this procedure.

13. As the result of every inspection carried out under this rule the Health Officer shall classify the vessel as infected, suspected or healthy, in accordance with the definitions given hereafter.

14. (1) All cases of plague, cholera, yellow fever, typhoid and smallpox shall be removed from a vessel on diagnosis by the Health Officer. The removal of persons who have been in contact with such cases may be enforced by the Health Officer if after consideration of the circumstances he considers that such removal is necessary to prevent the spread of the disease.

(2) In the case of the other diseases specified in rule 13, the removal of such sick persons and their contacts as are bound for an onward port shall be enforced by the Health Officer or other officer if he considers such action necessary on account of lack of facilities for isolation or treatment on board the vessel.

(3) Whenever a person suffering from one of the diseases specified in rule 3 remains on board, the Health Officer, in his discretion, may limit communication between the vessel and the shore or between the vessel and any other vessel in the port.

15. The Health Officer shall inform the Municipal or Corporation Health Officer in all cases in which he arranges for the removal of a patient to a sanatorium or hospital or other place outside the Municipal or Corporation limits, and shall furnish the Municipal or Corporation Health Officer with the address of any residence to which he permits the removal of a patient.

16. Where plague, cholera or smallpox is the disease or diseases of which the vessel is deemed to be infected, the Health Officer shall offer free of charge inoculation, vaccination or revaccination as the case may be, to all persons on the vessel willing to be vaccinated upon and shall cause to be inoculated, vaccinated or revaccinated as the case may be, free of charge, if their guardians or parents in charge of them consent, all minors whom he may consider to be in a suitable physical condition for such operation.

17. In the case of a vessel infected or suspected to be infected with any of the diseases specified in rule 3, the Health Officer shall, whenever he considers it necessary and practicable, in writing by letter or telegram to the health authorities of the State, advise the date of departure, route, number of persons and destination in the respective state of any of the passengers on board the said vessel.

Special rules on account of plague.

18. *Infected vessel.*—A vessel shall be regarded as infected if

- (1) if it has a case of human plague on board or
- (2) if a person on board the vessel developed plague more than six days after his embarkation, or
- (3) if plague-infected rats are found on board.

Suspected vessel.—A vessel shall be regarded as suspected—

(1) if a person on board the vessel developed plague within the first six days after his embarkation, or

(2) if investigations regarding rats have shown the existence of an unusual mortality amongst them without determining the case thereof.

The vessel shall continue to be regarded as suspected until it has been subjected at a suitably equipped port to the measures prescribed in this behalf by these rules.

Healthy vessel.—A healthy vessel is any vessel other than an infected or suspected vessel as defined above.

A vessel shall be regarded as healthy, notwithstanding its having come from an infected port if there has been no human or rat plague on board either at the time of departure or during the voyage or on arrival and if the investigations regarding rats have not shown the existence of an unusual mortality amongst them.

19. In the case of plague-infected vessels—

(a) before *pratique* (which shall be in writing) is given—

(1) the vessel shall be inspected and all persons on board shall be medically examined by the Health Officer;

(2) all persons suffering from plague shall be disembarked and isolated;

(3) all persons suspected to be suffering from plague shall be disembarked and placed under observation;

(4) in the case of persons who have been in contact with a case of plague, the Health Officer, after taking into consideration the date of the last case, the condition of the vessel and all relevant circumstances, may either—

(i) place such persons under observation; or

(ii) place them under surveillance; or

(iii) subject them to a period of observation followed by a period of surveillance:

Provided that the total duration of these measures shall not exceed six days from the date of the arrival of the vessel in the port.

During the period of the application of the measures specified under this sub-clause, the Health Officer may, in his discretion, prohibit the members of the crew from leaving the vessel.

(5) Bedding which has been used, soiled linen, wearing apparel and other articles which, in the opinion of the Health Officer, are infected shall be, disinfected and, if necessary disinfected.

(6) The members of the vessel which have been occupied by

(7) The Health Officer may require deratisation of the vessel before unloading cargo, if he is of opinion, having regard to the nature of the cargo, and the way in which it is loaded that it is possible to effect a total destruction of rats on board before unloading. In such case, the vessel may not be subjected to a further deratisation after unloading except in the circumstances mentioned in sub-rule (8). In other cases, the complete destruction of rodents on board shall be effected when the holds are empty. In the case of vessels in ballast, this process shall be carried out as soon as possible and in any case before cargo is taken.

(8) When before or during the course of unloading cargo plague-infected rats are found on board or when it has been established that there exists on board and unusual mortality amongst rats, the cause of which has not been determined, the Health Officer may require the deratisation of the vessel before or during the unloading cargo. If during the course of unloading or after the unloading of cargo live rats are again found a fresh deratisation may be carried out: provided that of the deratisations thus effected only one shall be undertaken at the expense of the owners of the vessel.

(9) If a vessel is to unload a part of its cargo only, and if the Health Officer considers that it is impossible to carry out complete deratisation the said vessel may remain in the port for the time required to unload that part of its cargo provided that all precautions are taken to the satisfaction of the Health Officer to prevent rats passing from the vessel to the shore either during unloading or otherwise.

(b) Unloading shall be carried out under the control of the Health Officer, who shall take all measures which, in his opinion, are necessary to prevent the infection of the staff engaged on this work. The staff shall be subjected to observation or surveillance for a period not exceeding six days from the time when they have ceased to work at the unloading of the vessel.

20. When the measures prescribed in rule 19 (a) have been duly taken in respect of any infected vessel the Health Officer shall grant *pratique* (which shall be in writing): provided that, if subsequent to the grant of the above certificate a case of plague or of illness suspected to be plague, occurs on board or if an unusual mortality amongst rats is discovered, the certificate shall become invalid and the vessel shall again become subject to the requirements of the rules regarding infected vessels.

21. In the case of plague-suspected vessels, the measures specified in rule 19 (a), (1), (5), (6), (7), (8) and (9) may be taken at the discretion of the Health Officer before *pratique* (which shall be in writing) is given. Rule 19 (b) shall also be applicable to such vessels.

In addition, the crew and passengers may be subjected by the Health Officer to surveillance the duration of which dating from the arrival of the vessel, shall not exceed six days.

The Health Officer may, in his discretion, prohibit the members of the crew from leaving the vessel during this period.

22. Healthy vessels shall be given free *pratique* :

Provided that the Health Officer may, in his discretion, take the following measures in respect of such vessels :—

- (i) Medical inspection as prescribed in rule 12.
- (ii) Destruction of rats on board in exceptional cases and for well-bounded reasons which shall be communicated in writing to the master of the vessel.
- (iii) When the vessel has come from an infected port, the crew and passengers may be subjected to surveillance during a period which shall not exceed six days reckoned from the date on which the vessel left the infected port. In such circumstances, the Health Officer may, in his discretion, prohibit the members of the crew from leaving the vessel during this period.

Special rules on account of cholera.

23. *Infected vessel*.—A vessel shall be regarded as infected if there is a case of cholera on board or if within the five days prior to the arrival of the vessel in port a case of cholera occurred on board.

Suspected vessel.—A vessel shall be regarded as suspected if although no fresh case has occurred on board within the five days prior to the arrival of the vessel in port, there had been a case of cholera on board at the time of departure or during the voyage or if a period of five days has not elapsed since the date of the vessel leaving the last-infected port or if there is on board a person who within five days of the vessel's arrival in port left an area which was infected with cholera at the time of his leaving such area.

The vessel shall continue to be regarded as suspected until it has been subjected to the measures prescribed by these rules.

Healthy vessel.—A healthy vessel is any vessel other than an infected or suspected vessel as defined above.

A vessel shall be regarded as healthy if notwithstanding its having come from an infected port or having on board persons from an infected area there has been no case of cholera on board either at the time of departure or during the voyage or on arrival and if more than five days have elapsed since the vessel left the last-infected port and/or since any person on board left any infected area.

Cases presenting the clinical symptoms of cholera in which no cholera vibrios have been found or in which vibrios not strictly conforming to the character of cholera vibrios have been found, shall be subject to all measures required in the case of cholera.

24. In the case of cholera-infected vessels—

(a) Before *pratique* (which shall be in writing) is given—

- (1) The vessel shall be inspected and all persons on board

(3) All persons suspected to be suffering from cholera shall be disembarked and placed under observation.

(4) The members of the crew and the passengers may, at the discretion of the Health Officer, be disembarked and either be kept under observation or subjected to surveillance for a period not exceeding five days reckoned from the date of arrival of the vessel: provided that persons satisfying the Health Officer that they have been protected against cholera by inoculation effected within the preceding six months excluding the last six days thereof may be subjected to surveillance but not observation. During the period of the application of the measures specified under this sub-clause, the Health Officer may, in his discretion, prohibit the members of the crew from leaving the vessel.

(5) Bedding which has been used, soiled linen, wearing apparel and other articles, including foodstuffs whether constituting cargo or part thereof or otherwise which, in the opinion of the Health Officer, are infected shall be disinfected: provided that in special circumstances, the Health Officer may, for reasons to be recorded in writing, order the destruction of foodstuffs which, in his opinion, are infected.

(6) Those parts of the vessel which have been occupied by persons suffering from cholera or which, in the opinion of the Health Officer are infected, shall be disinfected.

(7) If, in the opinion of the Health Officer, the drinking-water stored on board is infected, he shall cause it to be emptied out after it has been disinfected and to be replaced, after disinfection of the tanks and filters, by a supply of wholesome drinking water.

(8) The Health Officer may prohibit the emptying out of water ballast in port without previous disinfection if it has been taken in at an infected port.

(9) The Health Officer may require human dejecta and the waste water of the vessel to be disinfected before they are discharged from the vessel into the waters of the port.

(b) Unloading shall be carried out under the control of the Health Officer, who shall take all measures which, in his opinion, are necessary to prevent the infection of the staff engaged on this work. The staff so engaged shall be subjected to observation or to surveillance for a period not exceeding five days from the time when they have ceased to work at the unloading of the vessel.

25. *Cholera-suspected vessels.*—In the case of cholera-suspected vessels, the measures specified in rule 24 (a) (1), (5), (6), (7), (8) and (9) may be taken at the discretion of the Health Officer before *pratique* (which shall be in writing) is given.

Rule 24 (b) shall also be applicable to such vessels.

In addition, the crew and passengers may be subjected at the discretion of the Health Officer to surveillance, the duration of which dating from the arrival of the vessel, shall not exceed five days. The Health Officer may, in his discretion, prohibit the members of the crew from leaving the vessel during this period.

26. *Healthy vessels shall be given free 'pratique'*.—Provided that the Health Officer may, in his discretion, take as regards these vessels, the measures specified in (1), (5), (7), (8) and (9) of rule 24 (a) :

Provided further that the crew and passengers may be subjected to surveillance during a period which shall not exceed five days reckoned from the date of arrival of a vessel.

Special rules on account of yellow fever.

27. (a) *Infected vessel*.—A vessel shall be regarded as infected if there is a case of yellow fever on board or if a case of yellow fever existed on board at the time of departure or if a case of yellow fever has occurred on board during the voyage.

(b) *Suspected vessel*.—A vessel shall be regarded as suspected vessel if, although there has been no case of yellow fever on board as specified in (a) above, it arrives after a voyage of less than nine days from an infected port or from a port in close relation with an endemic centre of yellow fever, or if it arrives after a voyage of more than nine days from any such port but in the opinion of the Health Officer, it may carry from such port adult stegomyia (*aedes egypti*) or other mosquitoes capable of transmitting the disease.

(c) *Healthy vessel*.—(1) A healthy vessel is any vessel other than an infected or suspected vessels as defined above.

(2) Notwithstanding its having come from an infected port, a vessel shall be regarded as healthy : provided the voyage has lasted for more than nine days and there has been no case of yellow fever on board in the manner specified for infected vessels and either it does not in the opinion of the Health Officer, carry adult stegomyia (*aedes egypti*) or other mosquitoes capable of transmitting the disease or it has been proved to the satisfaction of the Health Officer—

(i) that the vessel, during its stay in the port of departure, was moored at a distance of at least half a mile from the shore and at such a distance from all other vessel in the harbour as to make the access of mosquitoes improbable; or

(ii) that the vessel, at the time of or since departure, was or has been effectively fumigated in order to destroy mosquitoes.

28. No vessel infected with or suspected of being infected with yellow fever shall enter any port in India other than that or those prescribed for this purpose by the Central Government.

29. In the case of vessels infected with yellow fever, the following measures shall be taken before *pratique* (which shall be in writing) is given :—

(1) The vessel shall be inspected and all persons on board shall be medically examined by the Health Officer.

(2) All persons coming from yellow fever or suspected to be

(3) All other persons shall be kept under observation during a period which shall not exceed nine days reckoned from the date of their arrival.

(4) The vessel shall be moored at such a distance not being less than half a mile, from the shore and from all other vessels, as will render improbable the access of mosquitoes from the vessel to the shore or to any other vessel or *vice versa*.

(5) The destruction of mosquitoes in all phases of growth shall be carried out on board at the earliest opportunity and as far as possible before unloading cargo if unloading is carried out before the destruction of mosquitoes, the personnel employed on this work shall be subjected to observation or to surveillance for a period not exceeding nine days from the time when they ceased to be exposed to the risk of infection.

30. *Yellow fever-suspected vessels.*—Vessel suspected of being infected with yellow fever shall be subjected to the measures specified in (1), (3), (4) and (5) of rule 29 before *pratique* (which shall be in writing) is given.

When a period of not less than thirty days has elapsed since the departure of the vessel from the infected port, and no case has occurred during the voyage the vessel may be granted free *pratique* subject to preliminary fumigation if, in the opinion of the Health Officer, this is necessary.

31. *Healthy vessels.*—In the case of healthy vessel as defined by rule 27 (c) (2) of these rules free *pratique* shall be granted only after medical inspection of the vessel and persons on board by the Health Officer.

Special rules on account of typhus.

32. *Infected vessel.*—A vessel shall be regarded as infected if there is a case of typhus on board or a case of typhus has occurred on board during the voyage.

Suspected vessel.—A vessel shall be regarded as suspected if, although there has been no case of typhus on board at the time of arrival and no case of typhus has occurred on board during the voyage there is on board a person who, within twelve days prior to the arrival of the vessel in port, left an area where typhus was epidemic at the time of the person leaving such area.

For the purpose of this rule typhus shall be considered as being present in epidemic form in any area when a notification to this effect in respect of such area has been issued by the Central Government.

Healthy vessel.—A vessel shall be regarded as healthy if it is not an infected or suspected vessel as defined above.

33. In the case of infected vessels, the following measures shall be taken before *pratique* (which shall be in writing) is given :—

(1) The vessel shall be inspected and all persons on board shall be medically examined by the Health Officer.

(2) All persons suffering from typhus or suspected by the Health Officer to be suffering from typhus, shall be disembarked, isolated and deloused.

(3) Other persons reasonably suspected by the Health Officer to harbour lice or to have been exposed to infection shall also be deloused and may be subjected by him to surveillance during a period which shall be specified but which in any case shall not exceed twelve days, reckoned from the date of delousing.

(4) Bedding which has been used, linen, wearing apparel, and other articles which, in the opinion of the Health Officer are infected shall be disinsectised.

(5) Those parts of the vessel which have been occupied by persons suffering from typhus or which in the opinion of the Health Officer are infected shall be disinsectised.

34: (a) *Typhus-suspected vessels*.—Vessels suspected of typhus may, in the discretion of the Health Officer, be subjected to the measures specified in (1), (3) and (4) of rule 33 before *pratique* (which shall be in writing) is given.

(b) *Healthy vessels*.—Healthy vessels shall be given free *pratique*.

Special rules on account of smallpox.

35. *Infected vessel*.—A vessel shall be regarded as infected if there is a case of smallpox on board or if a case of a smallpox has occurred on board within fourteen days prior to the arrival of the vessel in port.

Suspected vessel.—A vessel shall be regarded as suspected if notwithstanding there being no case of smallpox on board at the time of arrival, nor any case having occurred during the voyage within fourteen days prior to arrival, there is on board a person unprotected by vaccination or by a previous attack of smallpox who within fourteen days prior to the arrival of the vessel in port left an area where smallpox was epidemic at the time of his leaving such area.

For the purpose of this rule, smallpox shall be considered as being present in epidemic form in any area when a notification to this effect in respect of such area has been issued by the Central Government.

Healthy vessel.—A vessel shall be regarded as healthy if it is not an infected or suspected vessel as defined above.

36. In the case of infected vessels, before *pratique* (which shall be in writing) is given:—

(1) The vessel shall be inspected and all persons on board shall be medically examined by the Health Officer.

(2) All persons suffering from smallpox shall be disembarked

(4) Other persons reasonably suspected by the Health Officer to have been exposed to infection and who in his opinion, are not sufficiently protected by recent vaccination, or by a previous attack of smallpox may be subjected by him free of charge (i) to vaccination, if they are willing to be vaccinated or in the case of minors if their guardians or those in charge of them consent to their vaccination, and to surveillance or (ii) if they are not willing to be vaccinated and in the case of minors, if their guardians or those in charge of them do not consent to their vaccination, to observation. The period of surveillance or observation, if imposed under (i) or (ii), as the case may be, shall be fixed in accordance with circumstances but in any case, the period shall not exceed fourteen days reckoned from the date of the arrival of the vessel.

(5) Bedding which has been used, soiled linen, wearing apparel and other articles which, in the opinion of the Health Officer, are infected shall be disinfected.

(6) Those parts of the vessel which have been occupied by person suffering from smallpox or which in the opinion of the Health Officer are infected, shall be disinfected.

37. *Smallpox-suspected vessels.*—Vessels suspected of being infected with smallpox may, in the discretion of the Health Officer, be subjected to the measures specified in rule 36 (1), (4) and (5) before *pratique* (which shall be in writing) is given.

38. *Healthy vessels.*—Healthy vessels shall be given free *pratique*.

Special rules on account of chickenpox, cerebro-spinal meningitis, diphtheria and relapsing fever.

39. *Infected vessel.*—A vessel shall be regarded as infected if there is on board a case of one of these diseases or if prior to the arrival of the vessel in port, there has occurred on board a case of one of these diseases within the period of incubation of that disease.

Suspected vessel.—A vessel shall be regarded as suspected, if prior to the arrival of the vessel in port there has occurred on board a case of one of these diseases but not within the period of incubation of that disease :

Provided that a vessel shall not be regarded as suspected if the period of incubation had elapsed since the occurrence of any case before the arrival of the vessel at a previous port of call and the Health Officer is satisfied that the vessel has been subjected to proper medical examination at that port and that all necessary measures have been taken.

Healthy vessel.—A vessel shall be regarded as healthy if it is not an infected or suspected vessel as defined above.

40. (a) In the event of a vessel being classed as infected or suspected on account of any of the abovementioned diseases, the Health Officer, before *pratique* (which shall be in writing) is given—

(1) shall arrange for the conveyance of any person suffering or suspected to be suffering from such disease to a sanatorium or

hospital, unless the sick person or his friends can make adequate provision elsewhere to the satisfaction of the Health Officer; but he shall not enforce the removal from the vessel or any passenger or passengers bound for an onward port except as provided for in rule 14;

(2) may cause persons whom he suspects having been exposed on board to infection with relapsing fever, to be deloused;

(3) may direct such bedding, linen, wearing apparel and articles which in his opinion are infected, to be disinfected and/or disinsectised;

(4) may order those parts of the vessel which have been occupied by persons suffering from any of these diseases or which in his opinion are infected to be disinfected and/or disinsectised.

(b) Healthy vessels shall be given free *pratique*.

Special rules on account of jigger.

41. *Infected vessel.*—A vessel shall be regarded as infected if there is any person on board suffering from jigger.

Suspected vessel.—A vessel shall be regarded as suspected if it has come from any place on the East Coast of Africa within the limits of Port Sudan and Durban or from any other place declared by the Central Government to be infected with jigger and conveys sand or earth from such place either as ballast or cargo.

Healthy vessel.—A vessel shall be regarded as healthy if it is not an infected or suspected vessel as defined above.

42. In the case of an infected vessel before *pratique* (which shall be in writing) is given—

(1) the Health Officer shall examine every person on board whom he has reason to consider as having been exposed to infection with jigger and any person or persons found to be suffering therefrom shall be removed to hospital for treatment;

(2) the wearing apparel, bedding and personal effects of infected persons shall be disinfected. The Health Officer may, in his discretion, order the disinfection of the wearing apparel, bedding and personal effects of any other person on board;

(3) any part of the vessel which in the opinion of the Health Officer is infected shall be disinfected.

43. In the case of a suspected vessel no earth or sand as specified in rule 41 shall be landed from the vessel without the permission of the Health Officer who, if he considers it necessary, may order that any sand or earth on the vessel whether constituting the cargo or ballast or part thereof or otherwise shall be discharged into the sea/river at such places as shall be appointed for the purpose by the relevant port authority in consultation with the Health Officer. After such discharge into the sea/river or where permission to land the earth or sand has been accorded, the vessel may be given *pratique*.

Special rules on account of influenzal pneumonia.

45. *Infected vessel.*—A vessel shall be regarded as infected if there is a case of influenzal pneumonia on board or if there has occurred a case on board within a period of five days prior to the arrival of the vessel in port.

Healthy vessel—A vessel shall be regarded as healthy if it is not an infected vessel as defined above.

46. (a) In the case of an infected vessel before *pratique* (which shall be in writing) is given—

(1) the Health Officer may examine every person on board whom he has reason to consider has been exposed to infection with influenzal pneumonia and subject to the conditions prescribed in rule 14, any person or persons found by him on examination to be suffering from influenzal pneumonia shall be disembarked and isolated;

(2) bedding which has been used, soiled linen, wearing apparel and other articles which in the opinion of the Health Officer are infected shall be disinfected.

(b) Healthy vessels shall be given free *pratique*.

General rules applicable to all diseases specified in rule 3.

47. (1) The master of any vessel subject to these rules shall comply with all directions in conformity with these rules which the Health Officer may consider it necessary to issue.

(2) In exercising the powers conferred and the functions imposed upon him by the foregoing rules, the Health Officer shall attach due importance to the presence on board the vessel of a medical officer and to the provision on board the vessel of suitable apparatus for disinfection, disinsectisation and destruction of rats, and shall, in general, apply the principles laid down in the foregoing rules, with due regard to their necessity and practicability in the particular circumstances of each case.

48. (1) No vessel which has arrived from an infected port and which has been subjected there to adequate sanitary measures to the satisfaction of the Health Officer shall again be subjected to these measures unless since its departure from such infected port it has called at another infected port or some other incident has occurred which, in the opinion of the Health Officer, justifies the reapplication of such sanitary measures.

(2) A vessel shall, for the purpose of sub-rule (1) of this rule, be regarded as having called at a port if it has entered the port limits and has had, either with the shore or with any other vessel in the port, communication of such a nature that conveyance to the vessel of any of the diseases specified in rule 3 of these rules is possible.

49. The foregoing rules shall not prevent the transshipment subject to such restrictions as may be imposed by the Health Officer in conformity therewith of passengers, mails or goods between vessels which have not been granted *pratique*.

50. (a) Any vessel arriving in port which refuses to submit to the appropriate measures prescribed by the Health Officer under these rules shall be refused permission to enter into any form of communication with the shore or with any other vessel in the port which would render possible the conveyance of any of the diseases referred to in rule 3 of these rules to the shore or to such other vessel or *vice versa*.

(b) In the case of a vessel refused permission under these rules to communicate with the shore or with any other vessel in the port passengers who desire to disembark with their baggage or tranship from the vessel shall be permitted to do so on the condition that they undertake to submit to the appropriate measures prescribed by the Health Officer under these rules.

51. In the event of any vessel putting back to sea as a result of permission to communicate with the shore or with any other vessel in the port having been refused under the foregoing rules, the Health Officer shall intimate this fact with the attendant circumstances by telegraph, if possible, to the next port of call of the vessel in India.

Rules applicable to persons.

52. Where any person, who is under observation in virtue of the application of these rules for the purpose of ascertaining whether or not he is infected with any of the infectious diseases specified in rule 3 of these rules, develops any of these diseases, he shall be isolated in such place or sent to such hospital as the Health Officer may direct. Where such person forms one of a group of persons who are being kept under observation for the aforesaid purpose, he shall be isolated or sent to a hospital at the discretion of the Health Officer in the manner specified above and the other persons may, at the discretion of the medical officer in charge, continue to be detained under observation for a period reckoned from the date of the occurrence of the case not exceeding that prescribed in this behalf by these rules in respect of the disease in question. The clothes and personal effects of the patient and of such persons as have been in contact with the patient may be disinfected and/or disinsectized at the discretion of the medical officer in charge.

53. The medical officer in charge of any place appointed for the observation of any person under these rules, may in his discretion by written order, direct that any person who is kept there under observation shall be allowed to depart and shall be subjected to surveillance.

54. Persons subjected to observation or surveillance shall submit to and comply with all directions as to medical supervision or otherwise which may be given by written order of a medical officer appointed in this behalf by the Government concerned.

55. When a suspected case of any infectious disease is disembarked from a vessel at any port, the Health Officer of that port shall report by telegraph the confirmation or otherwise of the

PART III—RULES TO BE OBSERVED IN THE CASE OF ALL VESSELS
LEAVING PORTS IN INDIA FOR PORTS BEYOND INDIA.

56. (1) All persons proposing to embark upon a vessel leaving any Indian port for any port beyond India shall be medically examined by the Health Officer. All persons in whom such medical examination discloses symptoms of any of the disease specified in rule 3 of these rules shall be prohibited by the Health Officer from embarking. Further, all persons in such relation with a person displaying the symptoms of one of the diseases referred to above as to render them liable to transmit the infection in question shall also be prohibited by the Health Officer from embarking.

(2) Such medical examination shall ordinarily take place by day on shore as shortly as possible before embarkation, at the time and place fixed by the Health Officer.

(3) Through passengers and the members of the crew of a through vessel shall be liable to medical examination by the Health Officer if the stay of the vessel in the port exceeds 24 hours.

(4) Any person failing to attend at the time and place appointed by the Health Officer for such medical examination may, in the discretion of the Health Officer, be prohibited from embarking or re-embarking as the case may be.

(5) In addition to the medical examination referred to above, of persons proposing to embark on a vessel, the Health Officer may, in his discretion, cause to be disinfected and/or disinsectized on shore previous to such embarkation any clothing, bedding or other articles belonging to such persons, and in the absence of such disinfection and/or disinsectization, may prohibit the taking on board of any such clothing, bedding or other articles.

If any clothing, bedding or other articles which in the opinion of the Health Officer may require disinfection and/or disinsectization have been placed on board without having undergone such disinfection and/or disinsectization, the Health Officer may cause their immediate removal from the vessel.

(6) The master of a vessel shall not permit the embarkation of any clothing, bedding or other articles belonging to new members of the crew unless embarkation of such clothing, bedding or other articles has been authorized by the Health Officer of the port.

(7) So long as the agreement between the Central Government and the Government of Burma dispensing with the routine medical inspection of all passengers and members of the crew on ships bound for ports in India or Burma, as the case may be, remains in force the medical inspection of all passengers and members of the crew of ships bound for ports in Burma shall not be necessary **except** in cases where in the opinion of the Director-General of Health Services, New Delhi, the health conditions at the port of departure require such inspection.

57. (1) On the completion of the medical examination prescribed in rule 56, the Health Officer shall, before the vessel leaves the port, endorse on the vessel's bill of health a statement to that effect indicating the classes of persons examined, e.g., newly embarked passengers and crew, through passengers and crew.

(2) Where in the special circumstance of any vessel or of the persons on board that vessel, any measure prescribed as necessary or as within the discretion of the Health Officer under these rules have been satisfactorily and effectively carried out, the Health Officer shall endorse on the vessel's bill of health, before the vessel leaves the port, a statement giving all necessary information to enable the Health Officer at the next port of call to determine the health condition of the vessel at the time it arrives in that port.

(3) Where no measures under these rules have been necessary in respect of a vessel or of the persons on board, a statement to this effect shall be endorsed on the vessel's bill of health on the vessel's leaving the port :

Provided that once the statements referred to above have been endorsed upon a vessel's bill of health no person, baggage, merchandise or other articles shall proceed or be taken on board except with the permission of the Health Officer to whom, in such event the bill of health shall be returned by the master of the vessel for necessary amendment if the Health Officer considers such amendment necessary.

58. No endorsement on a vessel's bill of health made under rule 57 shall be valid if the vessel remains in the port for a period exceeding twenty-four hours after that endorsement has been made. Such vessel shall not leave the port until—

(a) a fresh medical examination of all persons on board has been made within the terms of rule 56; and

(b) a fresh endorsement on the vessel's bill of health has been made within the terms of rule 57 :

Provided that such fresh examination may be conducted on board the vessel, whether or not there has been communication with the shore since the previous examination was made.

59. Port clearance shall not be granted to any vessel unless and until the master produces the vessel's bill of health endorsed in the appropriate manner prescribed in the foregoing rules :

Provided that, at any port where, in the opinion of the Central Government local conditions render relaxation of this rule advisable, the authority responsible for granting port clearance may grant it to any vessel on receiving from the agents of the vessel a written guarantee that a duplicate of such bill of health signed by the Health Officer will be furnished by them to him within forty-eight hours :

Provided further, so long as the agreement between the Central Government and Government of Burma abolishing bills of health for vessels plying between ports in India and ports in Burma remains in force, such vessels shall not be required to carry bills of health except in cases where, in the opinion of the Director-General of Health Services, New Delhi, it shall be necessary to do so.

PART IV—GENERAL RULES:

60. At all ports—

(a) the Health Officer shall take effectual measures—

(i) where cholera exists at the port, to ensure that drinking-water and foodstuffs taken on board a vessel are wholesome and that water taken in a ballast is disinfected, if necessary;

(ii) to ensure that old clothes and rags, whether bale or otherwise have been thoroughly disinfected before loading if, in his opinion, they are likely to be infected with small-pox; and

(iii) to prevent the breeding of mosquitoes in the port area;

(b) the Health Officer may, in his discretion, prohibit the admission of any visitor to any vessel in port;

(c) the Health Officer may, in his discretion, refuse entry into the limits of the port to any person or remove from the limits of the port any person who, in his opinion, is likely to spread any infectious disease.

60-A. The master of any vessel on arrival at any port shall take such precautions as the Health Officer may specify in order to prevent rats gaining access to vessels.

61. No vessel shall leave any port in India for any port beyond India, unless the master of such vessel is in possession of a deratization certificate or deratization exemption certificate issued not more than six months prior to the date of proposed departure to the effect that such vessel has been inspected by an accredited Port Health authority and that its rat population has been reduced to or maintained at a minimum as the case may be.

62. (1) The following persons shall be accredited Port Health authorities for the purpose of rule 61, namely:—

(i) for foreign ports the Health Officers of the port specified in the "List of ports qualified to issue certificate" issued from time to time by the Office International d'Hygiene Publique, and

(ii) for Indian ports, the Health Officers of the ports of Bombay and Calcutta.

(2) The period of the validity of the certificate referred to in rule 61 may be extended by one month by the Health Officer in his discretion in the case of a vessel proceeding to its home port.

63. If no such certificate is produced by the master of a vessel proposing to leave port, the Health Officer may, after enquiry and inspection, either—

(a) cause the vessel to be deratized under his direction and control, or

(b) issue a dated deratization exemption certificate if he is satisfied that the rat population is maintained at a minimum.

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Where the Health Officer acts in accordance with the provision of sub-clause (a), he shall, on the completion of the deratization to his satisfaction, issue a dated deratisation certificate. The Health Officer shall decide in each case the technique which shall be employed to secure the practical extermination of rats on board; details of the deratizing process applied and of the number of rats destroyed shall be entered by the Health Officer on the certificate.

Where the Health Officer acts in accordance with the provisions of sub-clause (b) he shall state on the deratization exemption certificate the reasons which, in his opinion, justify the issue of such certificate.

64. Where although a deratization certificate or a deratization exemption certificate, as prescribed in rule 61, is produced by the master of a vessel, the Health Officer finds, after enquiry and inspection, that the rat population on the vessel is not maintained at a minimum he may cause the vessel to be deratized under his discretion and control.

On the completion to the satisfaction of the Health Officer of any deratization carried out under this rule, the Health Officer shall issue a dated deratization certificate. The Health Officer shall decide in each case the technique which shall be employed to secure the practical extermination of rats on board, details of the deratizing process applied and of the number of rats destroyed shall be entered by the Health Officer on the certificate.

65. (1) The deratization under these rules of any vessel shall be carried out in such a manner as to avoid as far as possible damage to the vessel and cargo (if necessary).

(2) The process of deratization shall not last longer than 24 hours.

(3) In the case of vessels in ballast, deratization shall be carried out before cargo is taken on board.

(4) The fees chargeable for deratization certificate and deratization exemption certificates at Indian ports shall be as fixed from time to time by the Central Government.

66. (1) The Health Officer, in order to ascertain its general sanitary condition may at any time inspect any vessel within the precincts of the port. Such inspection may have regard to the prevalence on the vessel of mosquitoes, insects or other vermin. The Health Officer may make in this regard recommendations to the master, owner or agent for the rectification of any particular insanitary state, for the destruction of mosquitoes, insect or other vermin and the elimination of their breeding places on board. The Health Officer may further require such measures to be adopted, or in default of such adoption may carry them out himself or cause them to be carried out at the expense of the master, owner, or agent.

67. Whenever a person suffering or suspected to be suffering from any infectious disease or any one who has been in contact with such a person and is considered liable to develop such infectious disease is disembarked from a vessel, the Health Officer shall notify the Corporation or Municipal Health Officer and supply him with the necessary particulars.

68. The Health Officer may direct the disinfection or in special cases for reasons to be recorded in writing the destruction of food-stuffs on board a vessel which in his opinion are infected with any disease or otherwise are dangerous to public health. In default of immediate destruction, he may himself seize and destroy such food-stuffs, and thereafter shall enter in the vessel's log or give to the master of the vessel a certificate detailing the nature and amount of foodstuff so seized and the reason for their destruction.

69. (1) The Health Officer, if requested in this behalf by the master or any representative of the owner or agent of a vessel, which has undergone sanitary measures under these rules, shall supply such master or representative of the owner or agent, free of charge, with a certificate specifying the nature of the sanitary measures undergone and the methods applied, the parts of the vessel treated, and the reasons for employing such measures.

(2) The Health Officer is requested in this behalf by any person who has arrived by an infected or suspected vessel, shall supply such persons, free of charge, with a certificate setting out the date of arrival and the measures to which the person and his baggage have been subjected.

Rules applicable in the event of death on board.

70. If death occurs on board before a vessel enters port limits, the dead body shall, unless there are special reasons to the contrary, be buried at sea before the vessel enters port limits, in not less than five fathoms of water in such manner as to secure its immediate sinking and remaining below the surface:

Provided that, in the case of a vessel proceeding to Calcutta, if death occurs after passing Saugor and

(i) if the vessel is not likely to reach Calcutta the same day the dead body shall be disposed of at Diamond Harbour with the permission of the local magistrate;

(ii) if the vessel is likely to reach Calcutta the same day the dead body shall be brought to the port and then dealt with in accordance with the provisions of rule 71.

71. If death occurs on board within port limits, or if a vessel arrives with a dead body on board—

(i) the master of the vessel shall at once inform the Health Officer of the fact;

(ii) the Medical Officer of the vessel, or if there is no Medical Officer, the Health Officer shall, if possible, ascertain and certify the case of death;

(iii) if for any reason the Medical Officer of the vessel or as the case may be the Health Officer is unable to certify the cause of death, the Health Officer shall report the matter to the police with a view to the removal of the dead body from the vessel and its post-mortem examination;

(iv) the master of the vessel shall, in all cases where post-mortem examination is necessary or where the dead body is unclaimed hand over the dead body to the police, and in all other cases to the person claiming the dead body;

(v) the master of the vessel shall carry out such instructions for the disposal of the dead body and for the cleansing and disinfection of the vessel as may be given by the Health Officer.

72. If death occurs on board either by accident or in suspicious circumstances the master of the vessel shall report the matter to the police at the earliest possible opportunity.

73. (1) If death occurs during the day on board a vessel within port limits the ensign and house flag, if any, shall immediately be lowered to half-mast and kept in the position from sunrise till sunset as long as the dead body remains on board; and if death occurs between sunset and sunrise one red light shall be hoisted at the peak, half-mast high.

(2) Every vessel arriving at a port with a dead body on board shall, if the arrival is by day, hoist the appropriate international code signal in accordance with Code Book, Volume I, and if the arrival is by night transmit a message to the signal station, intimating the fact of a dead body being on board.

FORM.

HEALTH REPORT.

[To be rendered under the Indian Port Health Rules, 1938, framed under section 6 (1) of the Indian Ports Act, 1908, by the Master of every vessel immediately on arrival at the port of]

Name of the vessel. Nationality. Tonnage (net)

First port of loading. Date of departure.

Ports of call on route with dates.

Health questions.

1. When and at what port was your ship last granted

(a) Deratization exemption certificate.

2. Have any cases of plague, cholera, yellow fever, typhus, smallpox, chickenpox, cerebro-spinal meningitis, diphtherit, relapsing fever, jigger or influenza, pneumonia occurred on board during the voyage? If so, give particulars such as name of illness, date of onset, port and date of embarkation of case
3. Are the cases still on board? If not how were they disposed of?
4. If removed, has disinfection been carried out since removal? If so, at what port?
5. Is there on board any person, who has come from any place on the east of Africa within the limits of Port Sudau and Durban? Does the vessel convey sand or earth from any such place?
6. Has plague occurred amongst rats on board during the voyage has an unusual mortality amongst rats been noted during the voyage without determining the cause thereof?
7. Has any death from any cause other than those mentioned above occurred during the voyage? If so, give particulars.
8. Are you aware of any other condition on board which may lead to the infection or to the spread of infectious disease?

NOTE.—In the absence of a Surgeon the master should regard the following symptoms as grounds for suspecting the existence of infectious disease:—

Fever accompanied by prostration or persisting for several days (or attended with glandular swellings; any acute skin rash or eruption with or without fever, severe diarrhoea with symptoms of collapse. Jandice accompanied by fever).

The particulars given in this health report are true and correct to the best of my knowledge

Date.

(Signed) _____,

Ship's Surgeon.

Countersigned.

(Master.

APPENDIX VII.

INSTRUCTIONS REGARDING VACCINIA VACCINATION,
BACTERIAL VACCINES, SERA AND SNAKE-BITE.

I. VACCINIA VACCINATION.

Vaccine lymph contains the living virus of vaccinia which perhaps is a form of smallpox virus modified by frequent passage through calves. As produced at the King Institute, the vaccine issued is a 1 in 7 dilution of pulp in equal parts of glycerine and water. Vaccine pulp is obtained by scraping off the vesicles formed on inoculated calves. Glycerine serves both as a diluent and as an antiseptic, slowly killing off the ordinary contaminating organisms—mainly staphylococci, while having very little effect on the vaccinia virus. The points to remember in using vaccine lymph are—

(i) Virus dies rapidly when subjected to ordinary air temperatures, and so it is always essential to use lymph within four days of its receipt. In any case, lymph should be kept as cool as possible—on ice preferably.

(ii) The site of inoculation must be thoroughly cleaned with soap and water. No antiseptic should be used unless it be completely volatile (pure alcohol, etc.). If such be used, it should be allowed to evaporate thoroughly.

(iii) The use of the rotary lancet is recommended; one turn of the rotary lancet, is all that is necessary; it should be used only with light pressure so that a circular scarification is produced without any bleeding.

(iv) After vaccine lymph has been rubbed into the site, the spot should be allowed to dry and no dressing either then or later put on, except in special cases when a loose pad of white sterile lint free from all antiseptics may be used. Vaccination "shields" are not recommended. The inoculated site should not be exposed to direct sunshine.

(v) For primary vaccination, two insertions on each arm (i.e.), four insertions, are recommended. For a re-vaccination two insertions only.

(vi) A baby should be vaccinated at the fourth or fifth month. The first re-vaccination should be at 7 years of age and the second at 20.

II. BACTERIAL VACCINES.

These are sterile suspensions of pathogenic bacteria in normal saline solution with 0.5 per cent carbolic acid. They should be stored in a cool dark place. Injuries should be given subcutaneously with ordinary precautions as to sterility. The strengths given below are for the vaccines made at the King Institute—

Prophylactic vaccines.

(i) T.A.B. Vaccine—contains 1,000 m. Typhoid, 550 m. Paratyphoid A. and 500 m. Paratyphoid B. bacilli per c.c. A first dose of $\frac{1}{2}$ c.c. followed by 1 c.c. after 7 to 10 days is to be given. Ordinarily prophylactic inoculations should be repeated every year.

(ii) Cholera vaccine—contains 8,000 m. per c.c. Dosage as for T.A.B. vaccine.

(iii) Plague vaccine—contains a broth culture of plague bacilli made at Haffkine Institute, Bombay. Supplies of this vaccine can be obtained direct from Haffkine Institute or the King Institute. Dosage—first dose 1 c.c. Second dose 2 c.c. a week later. If time does not permit, a single dose of 3 c.c. may be given.

Therapeutic vaccines.

Dosage.—In most cases one starts with a small dose, $\frac{1}{2}$ c.c. of the initial dose supplied, and works up to larger doses, being guided as to the dose and interval by the local and general reactions. The exception is when some degree of "protein shock" is wanted.

(i) Typhoid vaccine.—Roman supplied—20, 50 and 100 m. (2 tubes each).

(ii) Staphylococcal vaccine : contains staphylococcus pyogenes, aureus and albus. Dose—100, 200 and 400 m. (2 tubes each). As a rule, gives very good results, starting dose about 50 m., further doses at intervals of about five days or more.

(iii) Streptococcal vaccine : Doses supplied—20, 50 and 110 m. (2 tubes each). Intervals of about five days or more.

(iv) Streptococcal Phylorrhoea vaccine—Doses supplied—20, 50 and 100 m. (2 tubes each).

(v) Streptococcal Filarial vaccine—Doses supplied—20, 50 and 100 m. (2 tubes each).

(vi) Streptococcal Pemphigus vaccine—Doses supplied—20, 50 and 100 m. (2 tubes each).

(vii) Mixed Staphylo and Strepto vaccine—contains four parts of staphylococcus and one part of Streptococcus. Doses supplied—20, 50 and 100 m. (2 tubes each).

(viii) Acne—Doses supplied 2—0, 50 and 100 m. (2 tubes each).

(ix) Mixed Acne—contains two parts of Staphylococcus and one part of Acne. Doses supplied—20, 50 and 100 m. (2 tubes each).

(x) Gonococcus vaccine—Doses supplied—20, 50 and 100 m. (2 tubes each). Intervals five days or more.

(xi) Gonococcus compound vaccine—contains equal parts of Gonococcus, Streptococcus and B. Diphtheroid and two parts of Staphylococcus. Doses supplied—20, 50 and 100 m. (2 tubes each).

(xii) Compound Catarrhal vaccine—Contains one part each of Pneumococcus, Streptococcus, N. Catarrhalis. Doses supplied—20, 50 and 100 m. (2 tubes each).

(xiii) Compound Influenza Catartha vaccine contains equal parts of Pneumococcus, Streptococcus, N. Catarrhalis and H. Influenza. Doses supplied—20, 50 and 100 m. (2 tubes each).

(xiv) B. Coli Vaccine—Doses supplied—20, 50 and 100 m. (2 tubes each). Intervals—5 days.

(xv) Mixed B. Coli Plus Streptococcus Puerperal Vaccine—Contains equal parts of B. Coli Puerperal and Streptococcus Puerperal. Doses supplied—20, 50 and 100 m. (2 tubes each).

(xvi) B. Coli Puerperal Vaccine—Doses supplied—20, 50 and 100 m. (2 tubes each).

(xvii) Streptococcus Puerperal vaccine—Doses supplied—20, 50 and 100 m. (2 tubes each).

(xviii) B. Pertussis vaccine (curative) combined—contains for every 1,000 m. of H. Pertussis, Streptococcus (2 m.) Pneumococcus (2 m.), N. Catarrhalis (5 m.) and H. Influenza (10 m.) are added. Doses supplied—1,000, 2,000 and 4,000 m. (2 tubes each.)

(xix) B. Pertussis vaccine (prophylactic) contains B. Pertussis only. Doses supplied—1,000, 2,000 and 4,000 m. (one tube of each).

(xx) Tuberculins—several forms exist; the following variety made by Burroughs Wellcome & Co. can be obtained from the King Institute of Preventive Medicine, Guindy. Old Tuberculin (T) Human for V.P. Reaction. It is also available in the dilutions required for Mantoux test.

(xxi) Rabies vaccine—This is an emulsion of 1 per cent of the brain and spinal cord of rabbit (laboratory virus) rabbits in 0.5 per cent carbolic saline. The ordinary dose is 5 c.c. a day for 14 days. The vaccine is stocked at all headquarters hospitals where patients are to be sent for the injections.

(xxii) Sterile foreign protein solutions—

(a) Milk—starting dose 2.8 c.c.

(b) Peptone 2 per cent, starting dose 0.5 c.c., 5 per cent and other strengths are put up for the later doses.

(c) Vaccines of organisms other than the injecting one, e.g., T.A.B. for non-specific protein therapy. The usual dose supplied is 250 m. in 1 c.c.

III. SERA.

Horses are immunized against specific organisms and their serum is bottled usually after the addition of small quantities of carbolic acid (0.5 per cent) or tricressol (0.35 per cent) or Merthiolate 1 in 10,000.

Sera should be stored between 35°F and 45°F in the dark, and they lose their potency very slowly, e.g., at the end of one year the potency is practically that indicated on the label and at the

quickly—so that the serum may be of very little use. This does not apply to antivenene which keeps its potency for about two years at air temperatures if kept in the dark. In emergencies if only old serum be available it should be given because no harm can result and it may have retained some potency. The directions enclosed with each bulb should be followed :—

Generally sera act more quickly and efficiently when given intravenously and so should always be given by this route when quick absorption is essential, e.g., in snake bite and in severe cases of diphtheria or dysentery. When this is the case and when serum for any reason cannot be given intravenously, then it should be diluted with an equal quantity of saline and given introperitoneally. Inject in the middle line just below the umbilicus, incline the needle obliquely upwards and backwards and have its point on the upper side. The limbs should be restrained. Give serum intraspinally in treating tetanus.

Several commercial firms prepare sera. The sera mentioned below are stocked in the King Institute, Guindy :—

- (i) Cobra and Russell Viper's antivenene—From Central Research Institute, Kasauli, in 10 c.c. bulbs, equivalent to 40 c.c.
- (ii) Normal horse serum—From Central Research Institute, Kasauli. 20 c.c. bulbs.
- (iii) Anti-tetanic serum—In bulbs of 1,500 units in 1 c.c. and 25,000 units in 4 c.c.
- (iv) Anti-diphtheritic serum—In bulbs of 2,000 units (about 2 c.c.) 1,000 units, 6,000, 8,000 and 10,000 units.
- (v) Undiluted diphtheritic toxin and heated toxin—For the schick test (B.W. and Co., one pair of bulls contain enough for 50 tests).
- (vi) Diphtheria Toxoid, Anti-Toxin Floccules (T.A.F.) and Alum Precipitated Toxoid (A.P.T.)—used prophylactically to produce active immunity.
- (vii) Anti-gas gangrene serum—4,000 and 10,000 units.
- (viii) Anti-dysenteric serum—in bulbs of 20 c.c. and 1 c.c. (concentrated).
- (ix) Anti-Streptococcus serum—in bulbs of 3 c.c. (concentrated).
- (x) Anti-Meningococcus serum—in bulbs of 5 c.c. (concentrated).
- (xi) Anti-Pneumococcus serum—in bulbs of 25 c.c.
- (xii) Anti-Anthrax serum—in bulbs of 10 c.c.
- (xiii) Haemostatic serum—in bulbs of 2 c.c.
- (xiv) Anti-Scorpion serum—in bulbs of 2 c.c.

Anaphylaxis.—The only contra indication to giving serum is the danger of anaphylaxis in some people sensitive to horse serum. This does not apply to small subcutaneous doses of serum as in the prophylaxis of tetanus, but applies when larger doses are given in any way and to all intravenous injections whatever the dose. Inquire whether the patient gets asthma or has had a previous

injection of horse serum which produces sensitization. To detect whether a patient is sensitive, dilute 1 c.c. of the serum with 9 c.c. of saline and give an intradermal injection of 1/50th of a c.c. of the diluted serum and a similar quantity of saline in another spot as a control. If the patient is sensitive an urticarial wheal develops at the serum injection site. If anaphylaxis be apprehended, give an injection of 1/100th gram atropine with 8 minims of 1 in 1,000 adrenalin, dilute all the serum 1 in 10 or more (but never less) with saline and inject *slowly* halting for 3 or 4 minutes after the first two c.c. have been given in the case of an intravenous injection.

IV. SNAKE BITE.

The wall chart on snakes issued by the Bombay Natural History Society (price Rs. 5) makes it easy to decide whether a snake is poisonous or not—for further information books on snake should be consulted, e.g., 'Poisonous Snakes of India and Ceylon'—By Major Wall.

General rules.

(a) All poisonous snakes have poison fangs which are the two upper front teeth enlarged and grooved or hollowed to conduct the poison. These usually lie folded backward and partially covered by folds of mucous membrane. The gum margins immediately behind the poison fangs have no teeth.

(b) All poisonous snakes and some harmless snakes have the belly covered with large transverse plates extending completely across from side to side so that the small scales on each side are not visible from below.

Specific characters.

(i) *Cobras and Coral Snakes.*—In these the third supra labial scale touches both the eye and the nasal scales.

(ii) *Kraits.*—The middle row of scales down the back is enlarged and in addition there are only four infra labial scales (on the side of the under jaw) of which the fourth is decidedly the largest.

(iii) *Vipers.*—Most vipers have the top of the head covered with small scales which is unusual in snakes for most have large scales on the head. Pit vipers have large scales on the head but show a distinct pit between the eye and the nostril. The common echis viper has scales. Scales are "keeled". Russell's viper has dark rings or diamond shaped markings which are usually edged with white.

Symptoms of poisoning.

(a) Colubrine poisons.

(i) *Cobra venom.*—A feeling of intoxication is followed by paralysis beginning in the legs and ascending to the head by way of the trunk. The head droops and there is paralysis of the muscles,

difficult till it finally ceases, the face being livid and distressed and swallowing impossible. The heart remains comparatively unaffected and continues to beat after respiration has failed. Death usually takes place in from $1\frac{1}{2}$ to 6 hours from respiratory failure.

(ii) *Krait venom*.—Is almost identical with cobra venom, but in addition haemorrhages into the stomach and bowels may occur, accompanied in many cases, with violent abdominal pain which is characteristic of the venom.

(b) Viper poisoning.

(iii) *Viper venom*.—Destroys the cells of the blood, prevents clotting and destroys the internal coats of the blood vessels, thus causing bleeding in various parts of the body. The wound is painful. The parts get swollen and infiltrated with blood, and lastly slough, and severe septic infection may follow. At first nausea and vomiting frequently occur, but there is no paralysis as in cobra poisoning.

Local treatment.—The first thing for the patient to do is to tie a ligature if possible above the part to stop the venous flow and (not the arterial flow). The next thing is to vigorously suck the bite opening up the site with a knife if he can. When the patient is brought, to one, make certain of having an efficient ligature by tying rubber tubing above the part. If the bite be in a situation where the subcutaneous tissue is lax, infiltrate the region where the poison is most likely to be which is the site about the above bite, with 10–20 c.c. of 1 per cent solution of gold chloride. If this is not available, use zinc or potassium or other soluble permanganate solution in about 5 per cent solution. When the subcutaneous tissue is firm and this amount cannot be injected, infiltrate with 1 c.c. of 10 per cent gold chloride or open up the wound and rub in crystals of permanganate. All these local treatments produce local necrosis.

General treatment.—Inject intravenously Kasauli antivenene for cobra and Russell viper bites. Dose 100–200 c.c. repeated if necessary one or more times every half an hour. If the intravenous route be impossible, give it by intraperitoneal injection (see section on sera).

If the snake be a krait or some poisonous snake other than a cobra or Russell viper, Kasauli antivenene can be tried, but it is stated that the antivenene is of very little use in these cases. If any polyvalent snake venom be available, it should be given instead. In colubrine poisoning, artificial respiration may prolong life sufficiently for most of the poison to be excreted or neutralized by antivenene, and so it should be done as long as the heart beats. It should be started before the failure of natural respiration is complete.

Adrenalin and pituitary are the best stimulants. Normal saline injections will help in excretion of the poison. Calcium chloride or gluconate should be injected in case of viper bite to increase the coagulability of the blood and so prevent haemorrhages.

APPENDIX VIII.

PART I—RULES FOR THE TRAINING OF NURSES IN GOVERNMENT HOSPITALS IN THE MADRAS STATE.

NOTE.—The terms 'Nurses' and 'Nurse Pupils' in these rules refer in general to men and women nurses and nurse pupils, unless the context otherwise indicates and applies to those recruited and paid by the Government, but they may be adopted with suitable changes to the training of nurses by local bodies.

1. *Centres for training.*—Schools for training of nurses exist at the following Government hospitals:—

- | | |
|---|------------------------------|
| 1 Government General Hospital, Madras. | } Complete training centres. |
| 2 Government Stanley Hospital, Madras. | |
| 3 Government Headquarters Hospital, Coimbatore. | |
| 4 Government Headquarters Hospital, Tanjore. | |
| 5 Erskine Hospital, Madurai | |
| 6 Government Headquarters Hospital, Mangalore. | } Partial training centres. |
| 7 Kasturba Gandhi Hospital for Women and Children, Madras (for women only) by affiliation with the Government General Hospital, Madras. | |

Only the first 12 or 18 months of the course of training will be given in the partial training centres and the pupil nurses will be transferred to one of the complete training centres for their further training.

(2. *Admission of candidates for training.*—Recruitment of candidates for training will be made by a selection committee at the regional centre shown against the training centres:—)

- | Training centres. | Regional centres. |
|--|--|
| 1 Government General Hospital, Madras. | } Government General Hospital, Madras. |
| 2 Government Stanley Hospital, Madras | |
| 3 Kasturba Gandhi Hospital for Women and Children, Madras. | |
| 4 Erskine Hospital, Madurai | |
| 5 Government Headquarters Hospital, Tanjore. | |
| 6 Government Headquarters Hospital, Coimbatore. | |
| 7 Government Headquarters Hospital, Mangalore. | |

(Candidates should apply in Form "A" annexed to these rules to the Superintendent or the Nursing Superintendent in charge of the nursing arrangements in the hospital at the corresponding regional recruiting centre and should indicate in their applications, the training centre they wish to join, but they are liable to be posted to any training centre.) A fee of Rs. 2 will be levied in the case of applications from men nurse pupils. The fee should be paid into a Government treasury or into the Reserve Bank of India, Madras, or any of the branches of the Imperial Bank of India, to the credit of the Madras Government under the head "XXVII. Medical—

(The selection of candidates will be made after a personal interview of the applicants at the Regional Recruiting centre.) Candidates should be prepared to come for a personal interview at their own expense.

(Candidates will ordinarily be admitted for training on the 1st January and 1st July of each year.) Candidates will also be admitted at other times, if necessary, to fill vacancies but in such cases, the rate of stipend fixed for the first year pupils will be allowed for the additional period during which the pupils will have to be under training.

(3. *Qualifications*.)—Admission will be restricted to candidates who satisfy the following conditions, namely:—

(a) Candidates should be Indian Nationals. ✓

(b) *Age*.—Men nurse pupils shall not be less than 17 years and not more than 22 years of age at the time of admission for the training provided, however, the President of a Regional Committee for the selection of nurse pupils may admit deserving candidates up to the age of 23 years.

Women nurse pupils shall not be less than 17 years or more than 30 years of age at the time of admission for the training. h

x2 (c) *Educational qualifications*.—The minimum educational qualification shall be eligibility for the University course or the minimum educational qualification prescribed for admission to Government service in the case of the men nurse pupils other than Harijans and those belonging to Backward classes and a completed Secondary School-Leaving Certificate or a completed European School-Leaving Certificate in the case of Backward class and Harijan male nurse pupils and all women nurse pupils.

NOTE.—The woman S.S.L.C. candidates should have appeared for the Public Examination and the European School-Leaving Certificate candidates should have completed the IX Standard of an European High School and should have appeared for the High School Examination but not necessarily have passed such examination. European School-Leaving Certificate of Travancore will be accepted as sufficient qualification in the same manner as the Secondary School-Leaving Certificate of the Madras Government. A woman candidate who has appeared for the Senior Cambridge examination will also be considered eligible for recruitment.

(d) An applicant for training as a woman nurse should be an unmarried woman or a widow with children. Widow with children of 5 years of age and over may be admitted for the training, provided that proper arrangements are made for the maintenance of the children.

NOTE.—(1) No exemption will be granted from the prescribed standard of educational qualification.

(2) Preference will be given to candidates possessing higher qualifications.

(3) Preference will be given to candidates belonging to this State.

(4) In the case of women candidates, preference will be given to candidates whose family circumstances render it easy for them to devote their entire attention to the work of nursing and who are not likely to seek other or more lucrative employment.

(5) A woman nurse pupil marrying during the period of agreement will be deemed to have resigned her engagement for training and will be liable to the penalties mentioned in rule 17 below.

4. *Health and other certificates.*—Candidates must submit along with their applications—

(a) A certificate of physical fitness in Form " B " annexed to these rules from a Civil Surgeon or an Honorary Surgeon or Honorary Physician.

(b) A certificate of vaccination or revaccination within the last three years.

(c) A certificate of inoculation against enteric fever, the inoculation consisting of two injections, the first being $\frac{1}{2}$ c.c. and the second 1 c.c.

(d) Testimonials in original from two respectable persons.

(e) Evidence of educational qualification.

Male candidates who possess the minimum qualification should submit their S.S.L.C. books along with a certificate from the headmaster of the school where the applicant studied stating that he has been declared eligible for University course of study.

Women S.S.L.C. candidates should submit their S.S.L.C. books while those, who have appeared for the European High School Examinations or the Senior Cambridge Examination may produce a certificate from the head of the institution in which the applicant studied stating that she has appeared for the examination.

(f) Treasury or bank receipt for Rs. 2 in the case of male candidates.

5. *Entrance examination and agreement.*—Candidates will be admitted on three months' trial and on the expiry of this period, if they fail to pass an Entrance Examination to be held by the Nursing Superintendent or Head Nurse in charge of the nursing arrangements of the hospital, their training will be terminated forthwith. Nurse pupils, whose answers have not been found up to the standard in the Entrance Examination but who are deemed to be mentally and physically fit to continue the training, shall be given a second chance for appearing for the examination. If found to be satisfactory and medically fit to continue the course of training men and women nurse pupils will be required to sign an agreement in the form given in Annexure IV to these rules to remain in the service of Government for a minimum period of four years. In the case, however, of minors who are below the age of 18 an agreement in the Form given in Annexure IV executed by the pupils' father or guardian, should be obtained.

NOTE.—(1) The principle enunciated in the third sentence of this rule should apply to candidates who are admitted into the Central Preliminary Training School for Nurses at Madras and who are to be examined after a period of training of fourteen weeks.

(2) An interval of one month should be allowed to lapse between the first Entrance Examination and the second Entrance Examination to be held for the benefit of candidates who fail for the first time.

6. *Course of training, syllabus and contract period of service.*—

(a) The course of training for men and women nurse pupils shall not exceed $3\frac{1}{2}$ years as shown below and nurse pupils will be taught

Men nurse pupils.—Three years in General Sick Nursing and six months training in Psychiatry in a Government Mental Hospital.

(b) Women nurse pupils who join the Kasturba Gandhi Hospital for Women and Children, Madras, for training will be sent to the Government General Hospital, Madras, for a period of six months for undergoing training in male wards.

(c) At the end of the third year, women nurse pupils who pass the final qualifying examination in General Sick Nursing shall attend one of the recognized hospitals for women and children for a period of six months for training in Gynæcology and Obstetrics and pass the examination in these subjects. Men nurse pupils who pass the final qualifying examination in General Sick Nursing shall attend one of the recognized Mental Hospitals in the State for a period of six months for training in Psychiatry and pass the examination in that subject. Men and women nurse pupils, after successfully completing the course may be called upon, if necessary, by the authorities (which expression shall include the Government of Madras or any officer or authority acting under their orders) to serve as nurses in hospitals for a period of six months and shall serve accordingly, if so required :

Provided that if a woman nurse pupil has passed the examination in Gynæcology and Obstetrics, before undergoing the course of training as a sick nurse, she shall not be required to attend a hospital for women and children for training in those subjects, but shall, only, if so required by the authorities aforesaid, serve as a nurse for a period of six months in any hospital.

NOTE.—Service, if any, as nurse, will not be part of the training but will be subsequent to the successful completion of the training.

7. *Medium of instruction.*—The medium of instruction will be English.

(8. *General discipline.*—Nurse pupils must conform to the rules and regulations of the hospitals in which they are undergoing training. For the purpose of discipline, pupil nurses will be placed under the immediate orders of the Nursing Superintendent, Assistant Nursing Superintendent or Head Nurse in charge of the nursing arrangements, as the case may be, in the hospital subject to the general control of the Superintendent of the hospital.

9. *Stipends and allowances.*—The stipend (or pay) and allowances of nurse pupils are fixed as follows, but these are liable to be revised at any time without previous notice :—

(a) Stipends.	First year	..	..	Rs. 10	per mensem.
	Second year	..	..	Rs. 15	do.
	Third year	..	..	Rs. 15	do.
	Fourth year (when undergoing training in Gynaecology and Obstetrics by women nurse pupils and when undergoing training in Psychiatry by men nurse pupils).	..	..	Rs. 15	do.

Pay during the contract period of service as nurse for six months as provided in the rules above. { Minimum pay admissible for a nurse in the Madras Medical Subordinate Service.

- (b) Ration allowance Rs. 30 a month.
- (c) Uniform allowance (women) and (men) .. Rs. 37-8-0 a year.
- (d) Dhobi allowance Rs. 2 a month.

NOTE.—(1) The rates of stipends mentioned above have been increased as follows as a temporary measure:—

First year	Rs. 15 a month.
Second year	Rs. 20 do.
Third year	Rs. 25 do.
Fourth year	Rs. 30 do.

(2) Uniform allowance will be granted after three months trial for the first year and in advance for subsequently. At the beginning of the fourth year men nurse pupils who undergo training in Psychiatry will be paid uniform allowance at Rs. 12-3-0 each for the half year and at Rs. 37-8-0 each if and when they are taken on for the six months' contract period as nurses. At the beginning of the fourth year women nurse pupils will be paid a uniform allowance of Rs. 37-8-0 each, if and when they are taken on for six months' contract period as nurse.

(3) A dhobi allowance of Rs. 3 per mensem will be granted to nurse pupils during their contract service as nurses.

(4) Nurse pupils who have completed their first three years' course of training in General Sick Nursing and are employed in the Military Department and who on release from Military service are posted to undergo the fourth year of training will be paid the minimum of the scale of pay of nurses while undergoing such training.

10. *Free quarters and other concessions.*—Women nurse pupils will be provided with rent-free quarters in or near the hospital to which they are attached. Quarters will be made available for men nurse pupils wherever possible but no house-rent allowance in lieu thereof will be granted. Men nurse pupils provided with quarters will be eligible for free supply of electricity and other concessions admissible to women nurse pupils.

11. *Leave.*—(a) Nurse pupils may be granted leave of absence for one month for every eleven months of training undergone but not more than one month at a time or three months in all during their period of three years' training and fifteen days during the period of training in Gynæcology and Obstetrics in the case of women pupils and fifteen days during the period of training in Psychiatry in the case of men pupils. Men and women nurse pupils during their training in Psychiatry and in Obstetrics and Gynæcology respectively, may in addition be granted, for special reasons, leave on private affairs without stipends and allowances up to a maximum of fifteen days, which may be combined with leave with stipends and allowances and the period of such leave will be reckoned as part of the training. Men and women pupils posted to serve their contract period may also be granted fifteen days leave during such service as nurse. The stipend and ration allowance referred to in rule 9 will be drawn and paid to them during the leave. The

the preceding twelve months. During the contract period of six months nurse pupils may, in addition, be granted, for special reasons, leave without pay and allowances up to a maximum of fifteen days. These periods of leave will be reckoned as part of the training and of the contract service as nurse.

(b) Nurse pupils may also be granted extraordinary leave without stipends or allowances on medical certificate for six months in all and up to a maximum of two months at any one time during the period of their contract. Such leave may be combined with earned leave but the total amount of leave so combined admissible at any one time shall be limited to three months. Nurse pupils of the second and third years may, in exceptional circumstances, be granted extraordinary leave on private grounds without stipends or allowances for one month in all up to a maximum of fifteen days at any one time during the period of their contract. If a nurse pupil who is granted the maximum leave according to this rule, is unable to resume duty on the expiry of the leave, his/her services shall be terminated.

(c) A nurse pupil who is granting extraordinary leave without allowances will not be permitted to count such leave towards the prescribed period of training. The pupil will undergo extra training for the period covered by such absence and continue his/her training until the next Board examination.

(d) Nurse pupils may in addition be granted sick leave with stipends and allowances for a period of fifteen days for every twelve months of training undergone by them. This may be accumulated. It will be granted only to those who are admitted in sick rooms or wards of hospital.

(e) During the contract period of six months, nurse pupils may also be granted quarantine leave with allowances. But if a nurse pupil catches an infection, the pupil will not be eligible for quarantine leave; he or she will be eligible only for the leave admissible under sub-rules (a) to (d) above. The period of contract service of the nurse pupil will be extended where necessary by the period for which he or she is granted quarantine leave especially in cases in which both the normal leave with allowances up to the maximum of fifteen days and the leave without allowances up to a similar maximum, have both been enjoyed by the pupil.

NOTE.—Quarantine leave is in the nature of special casual leave and consequently, no substitute should be appointed in the place of the person who has been granted quarantine leave. If a substitute is necessary, ordinary leave should be granted to the nurse pupil. Cases where the appointment of a substitute is considered necessary, but the person concerned has no ordinary leave to his or her credit, should be referred to the Government for orders.

12. *Readmission of candidates who have proceeded on long sick leave.*—If a nurse pupil proceeds on leave on account of ill-health and his/her services are terminated with reference to rule 11 (b), such a pupil may be readmitted by the Director of Medical Services for training, provided there is a vacancy and the pupil is found to be in sound health. On such re-admission, the pupil may be credited with such portion of previous training as the Director of Medical Services considers advisable.

13. *Board examinations.*—Examinations in General Sick Nursing will be held in the months of June and December and examinations in Gynæcology and Obstetrics and Psychiatry will be held in the months of March, June, September and December of each year. The actual date on which the examinations will commence will be published in the *Fort St. George Gazette*.

A nurse pupil should appear for the first part of the examination held after completion of one year's training and before the eighteenth month and for the final qualifying examination on completion of a further period of eighteen months' training subsequent to passing the first part of the examination and three years' training in all.

14. *Remand and dismissal.*—(a) A nurse pupil who fails to pass the first part of the examination after the prescribed period of training will be remanded for six months. If he or she fails for a second time, the pupil will be dismissed.

(b) A nurse pupil will be allowed two chances to pass the final examination. Failure to pass the final examination in two chances will entail dismissal.

(c) A woman nurse pupil who fails to pass the examination in Gynæcology and Obstetrics in her first attempt will be remanded for three months. If she fails for a second time, she will be dismissed.

A man nurse pupil, who fails to pass the examination in Psychiatry in his first attempt will be remanded for three months. If he fails for the second time, he will be permitted to appear for the examination for the third time, after undergoing training for a further period of three months at his own expense.

(d) The stipend and allowances payable to a nurse pupil will not be affected by failure to pass the first or the final examination in General Sick Nursing at the first chance. Similarly in the case of men and women nurse pupils, the stipend and allowances payable will not be affected by failure to pass the examination in Psychiatry or in Gynæcology and Obstetrics, as the case may be, at the first chance.

15. *Dress.*—Nurse pupils shall wear white uniform when on duty (vide Annexure III). First year nurse pupils shall provide uniform at their own cost till they have completed their three months' trial; if they are found satisfactory, a uniform allowance will be allowed for the period.

16. *Appointments not guaranteed.*—Nurse pupils who successfully complete their training and obtain their diplomas will be eligible for appointment in any of the hospitals in this State. (Appointments cannot however be guaranteed) to all or any of the hospitals. Recruitment will be made by the Director

17. *Resignation.*—(i) A nurse pupil, leaving before the completion of the period of agreement or during the extended period thereof under rule 14, on any account except ill-health, which should be certified by the Superintendent of the hospital, shall give one month's previous notice in writing to the Nursing Superintendent or the Head Nurse in charge.

(ii) The nurse pupil shall refund the stipend, pay or leave salary drawn during the period of training, provided that if the nurse pupil has drawn such stipend, pay or leave salary for more than six months, only the stipend, pay or leave salary drawn for the last six months shall be refunded.

(iii) The nurse pupil shall also refund any uniform allowance received within six months prior to the date on which the nurse pupil leaves the hospital.

(iv) If the nurse pupil gives one month's notice as required by sub-rule (i) no stipend, pay, leave salary or allowance shall be paid to the nurse pupil during the period of notice.

(v) If the nurse pupil fails to give the notice required by sub-rule (i) or if the notice given falls short of one month, the nurse pupil shall pay the Government by way of penalty, in addition to the amounts referred to in sub-rules (ii) and (iii) a sum equal to the stipend or pay for two months at the rates admissible at the time of leaving.

(vi) If a woman nurse pupil marries before the completion of the period of the agreement or termination thereof as provided in the agreement she shall be deemed to have left the training school or service without notice and she shall be liable to the penalties mentioned in sub-rules (ii), (iii) and (v).

18. *Re-employment of dismissed pupils.*—No nurse pupil who has been discharged from a hospital on account of misconduct or inefficiency shall be re-employed in any other Government Hospital in the State.

19. *Powers to amend or alter the rules.*—The Government reserve to themselves full power to add to or to amend these rules without notice in such manner as they may consider necessary.

ANNEXURE I.

(Vide rule 2.)

FORM A.

Form of application for admission into the Madras Government Hospitals Training School for women nurses.

[This form should be filled up by the candidate in her own handwriting and sent to the Superintendent or the Nursing Superintendent of the hospital with all the certificates.]

- 1 Name in full and home address ..
- 2 Are you single, married or a widow? . . .
- 3 If a widow, have you any children?
- 4 Age, last birthday

NOTE.—Date of birth entered in the School Register should be given.

- 5 (a) Height
 (b) Weight
- 6 (a) Where educated?
 (b) What educational qualifications do you possess?
 (c) Have you had any previous nursing experience in midwifery or general nursing?
 and
 (d) Whether you have been dismissed from nurses training at any time before this?
- 7 Are you in good health?
- 8 Your present occupation
- 9 Where, if any, was your last situation?
- 10 Name and address of two persons other than relatives (ladies preferred) for reference. If you have been previously employed, one of these should be your late employers.
 (1)
 (2)
- 11 What is the name, address and occupation of your nearest relative? Also state your relationship with him or her.
- 12 State community to which you belong.
- 13 Training centre you wish to join ..

I solemnly declare that the above statements are correct.

Station

Date

Signature.

Form of application for admission into the Madras Government Hospitals Training School for men nurses.

- 1 Name in full and home address ..
 2 Age, last birthday

NOTE.—Date of birth entered in the School Register should be given.

- 3 Are you single, married or a widower?
 If a widower, have you any children and are they provided for?

- 4 Your present occupation
 5 (a) Height
 (b) Weight

(b) What educational qualifications do you possess ?

(c) Have you had any previous experience in general sick nursing ?

and

(d) Whether you have been dismissed from nurses training at any time before this ?

7 Are you in good health ?

8 Where, if any, was your last situation ?

9 Name and address of two persons other than relatives for reference. If you have been previously employed, one of these should be your late employers.

(1)

(2)

10 What is the name, address and occupation of your nearest relative ? Also state relationship.

11 State community to which you belong ..

12 Training centre you wish to join ? ..

I solemnly declare that the above statements are correct.

Station

Date

Signature.

NOTE.—This form should be filled up in the candidate's own handwriting and sent to the Superintendent or Nursing Superintendent of the Hospital with all the certificates.

FORM B.

[Vide rule 4 (1).]

Certificate of Physical Fitness.

N.B.—This certificate should be signed by a Civil Surgeon or an Honorary Surgeon or Honorary Physician.

1 Name of applicant

2 How long have you known him/her ? ..

3 Has he/she any organic disease ? ..

4 What is the condition of his/her ? ..

(a) Lungs

(b) Heart

5 Are his/her sight and hearing good ?
Has he/she any squint ?

6 Is there any history of past illness ? If so, what ?

Is ho/she free from all deformities such as flatfoot, curvature of spine, etc.

8 Is there any reason to suppose that he/she will not be able for physical reasons to take the course of training for a nurse and do the practical work that will be required of him/her?

- 9 Weight
 10 Height (minimum 5 feet)
 11 Skin
 12 Any other defects

Place

Date

Signature.

Rank.

Designation.

ANNEXURE II.

(Vide rule 6.)

The course of professional study of and examinations for nurse pupils will include—

(a) For the first part of the examination:—

- (i) Elementary Anatomy and Physiology,
- (ii) Hygiene,
- (iii) First Aid, and
- (iv) Theory and practice of Nursing—
 - (1) Elementary Nursing, and
 - (2) Bandaging.

(b) For the second part of the examination:—

- (i) Theory and Practice of Nursing—Advanced.
- (ii) Materia Medica and Therapeutics (including Dietetics).
- (iii) Medical Nursing.
- (iv) Surgical Nursing.
- (v) Tropical diseases and Hygiene.
- (vi) Venereal and Genito-urinary diseases (For men nurse pupils only).

(c) For the Gynaecological and Obstetrics examination for women nurse pupils—

- (i) Gynaecology
- (ii) Ante-natal care
- (iii) Midwifery

} Details as prescribed by
 the rules framed by
 Government under
 Madras Nurses and
 Midwives Act, 1926
 (vide Appendix A.

- (d) For the Psychiatry examination for men nurse, pupils:—
The training of men nurses will be as shown hereunder:—
Mental hospitals—Six months.

ANNEXURE III.

(Vide rule 15.)

Women Nurse probationers and Nurses uniform.

Dresses of white long-cloth.—To be made all in one 12 inches from ground with 4 inches hem sleeves straight reaching with 2 inches hem to elbow. Collars to turn down all round of same material $2\frac{1}{2}$ inches deep.

Apron.—White long-cloth to reach to hem of dress. Round bib reaching to neck in front, cross over straps at back. One right hand pocket.

Waist belts.—White long-cloth or linen $2\frac{1}{2}$ inches deep. Two studs or button holes to fasten.

Caps.—White mainsook 2 inches turn up all-round brim.

Shoes and stockings.—White shoes low-heeled.

Badges.—According to rank.

Indian nurses and nurse-pupils are permitted to wear either—

(a) Dress as prescribed above for all nurses, or

(b) sarees, if preferred of white mull and white bodice (made of long-cloth) short sleeves to elbow turning back $2\frac{1}{2}$ inches.

But they must in any case wear cap, belt and apron as prescribed.

N.B.—The above uniform should be worn by all nurses employed in Government hospitals in this State. Sisters of religious orders employed as nurses are however allowed to wear the uniform of their order.

Male Nurse probationers and Nurses uniform.

White trousers, white canvas shoes, white coats with hospital badge on sleeves with closed collar and white cap with apron.

ANNEXURE IV.

(Vide rule 5.)

SECTION A.

Form of agreement to be executed by the Women Nurse-pupils trained in Government hospitals in the Madras State.

ARTICLES OF AGREEMENT MADE AND ENTERED INTO THIS DAY OF
19 _____ between _____ of the
first part and _____ the Governor of Madras (hereinafter
called the "Governor" which expression shall, when the context so
admits, include his successors-in-office and assigns) of the second

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APPENDICES

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part whereby each of the parties hereto so far as the covenants and conditions on her or his own part are to be observed and performed covenants with the other of them as follows:—

(1) The said _____ will of her own free will and consent well and faithfully undergo the course of training prescribed by the rules for the training of women nurses in Government hospitals at the schools attached to such hospitals and will use her best endeavours to pass the prescribed examinations, namely, the first part of the examination after the completion of one year's training and the final qualifying examination on the completion of three years' training.

(2) The said _____ will on passing the final qualifying examination in general sick nursing attend a recognized hospital for women and children for six months for training in Gynaecology and Obstetrics and pass the examination in those subjects if she has not already passed them before undergoing training as a sick nurse.

After passing the examination, she will, if so required by the authorities (which expression shall include the Government of Madras, or any officer or authority acting under their orders) serve as a nurse for a further period of six months in any hospital.

Provided that if the said _____ has passed the examination in Gynaecology and Obstetrics prior to undergoing the course of training as a nurse, she shall not be required to attend any such hospital for training in Gynaecology and Obstetrics but shall instead, if so required by the authorities aforesaid, serve as such nurse for a period of six months.

Provided further that if the said _____ is granted quarantine leave during the period of contract service of six months, the period of contract service shall where necessary be extended by the period for which the person is granted quarantine leave especially in cases in which both the normal leave with allowances up to the maximum of 15 days and the leave without allowances up to a similar maximum, have both been enjoyed by the said _____

Provided also that the period of training or contract service as the case may be of the said _____ shall be extended by the period for which a nurse-pupil was granted extraordinary leave without allowances on medical certificate.

If the said _____ shall join the Kasturba Gandhi Hospital for Women and Children, Madras, for training, she will be sent to the Government General Hospital, Madras, for a period of six months for undergoing training in male wards.

(3) The said _____ will during the said course of training and service observe and obey all lawful orders issued by and in all matters of discipline be subject to the Nursing Superintendent, Assistant Nursing Superintendent or Head Nurse in charge of the nursing arrangements for the time being in the hospital to which _____ shall be subject to the general control of the Super-

(4) The Government of Madras (hereinafter called 'the Government') shall —

(i) educate the said ment hospitals at which training schools for women nurses exist free at the Govern-

AND

(ii) grant the said allowances on the following scales:—

Period of training.	Stipend or pay.	Ration allowance.	Uniform allowance.	Dhoby allowance.
(1)	(2)	(3)	(4)	(5)
	per mensem.	per mensem.	per annum.	per mensem.
	RS.	RS.	RS.	RS.
1 First year ..	10	30	37½	2
2 Second year.	15	30	37½	2
3 Third year.	15	30	37½	2
4 Fourth year—				

(a) While undergoing training in Gynaecology and Obstetrics for six months at a recognized hospital for women and children ..

15	30	37½	2
Minimum admissible for nurses.	30	75 per annum or 37-8-0 per half-year.	3

(b) When serving as a nurse in a Government hospital for 6 months.

NOTE.—(1) The rates of stipend have temporarily been increased as follows:—

First year	Rs. 15 per mensem.
Second year	Rs. 20 ..
Third year	Rs. 25 ..
Fourth year	Rs. 30 ..

(2) Uniform allowance will be admissible only after completion of three months satisfactory trial for the first year and in advance for subsequent years.

(3) Nurse pupils who have completed their first three years' course of training in general sick nursing and are employed in the Military Department and who on release from Military service are posted to undergo the fourth year of training will be paid the minimum of the scale of pay of nurses (prescribed by Government from time to time), while undergoing training.

(5) The said will present herself for the first part of the examination to be held in June and December in each year after the completion of one year's training and for the final examination on completion of a further period of 18 months' training subsequent to passing the first part of the examination and three years in all. In case of failure to pass the first part of the examination

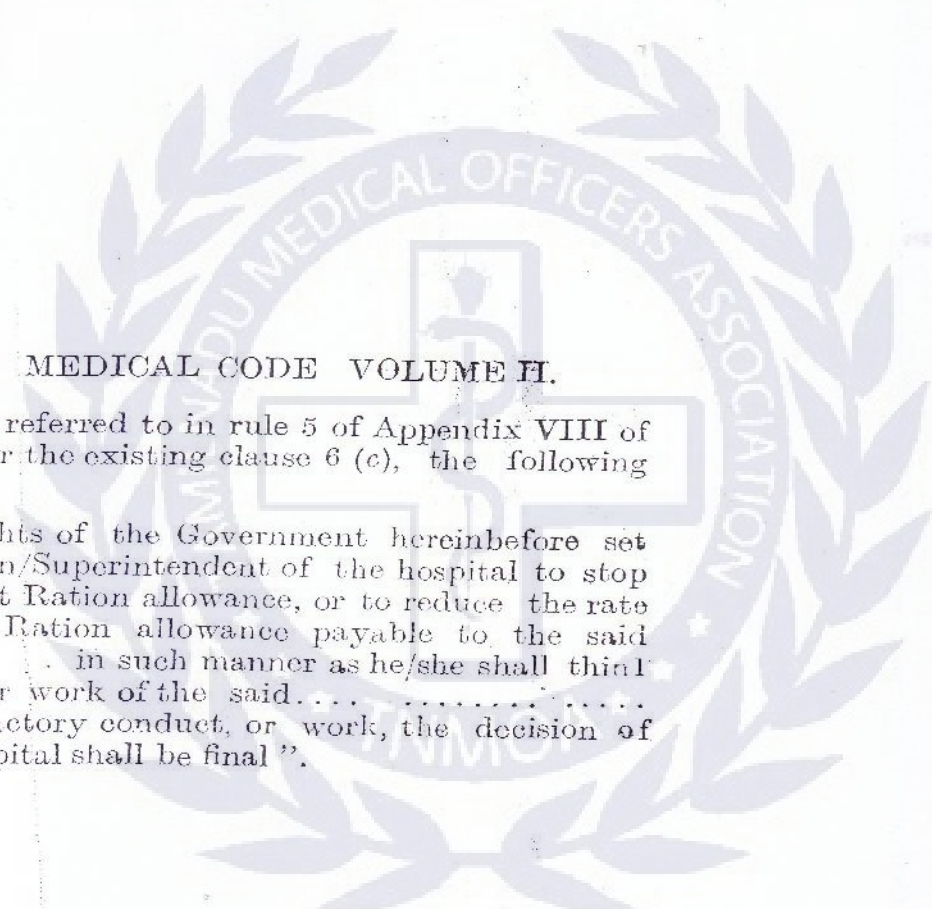
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AMENDMENTS TO MADRAS MEDICAL CODE VOLUME II.

Section "A" of Annexure IV referred to in rule 5 of Appendix VIII of Medical Code, Volume II, for the existing clause 6 (c), the following substituted :—

Without prejudice to the rights of the Government hereinbefore set shall be lawful for the Dean/Superintendent of the hospital to stop and all allowances except Ration allowance, or to reduce the rate and all allowances except Ration allowance payable to the said in such manner as he/she shall think unsatisfactory conduct, or work of the said. as to which unsatisfactory conduct, or work, the decision of Superintendent of the hospital shall be final".



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she will be remanded for a period of six months. If she fails for a second time, she will be dismissed. In the final examination, she will be allowed two attempts to pass it and be dismissed if she fails. The stipend and allowances payable to her will not be affected by her failure to pass the first or the final examination at the first chance.

She will also present herself for the examination in Gynaecology and Obstetrics after undergoing training in Gynaecology and Obstetrics for a period of six months. If she fails in her first attempt, she will be remanded for a period of three months. If she fails for a second time, the pupil will be dismissed. The stipend or allowances payable to her will not be affected by her failure to pass the examination at the first chance.

(6) (a) The Government shall be at liberty to rescind this agreement on account of the said leaving the said training school or service before the completion of the said four years or on account of negligence or failure to attend to duty, idleness or insubordination or misconduct on the part of the said and to dismiss her from the said school or service as aforesaid.

(b) The Government shall also be at liberty during the period of this agreement at any time or from time to time to revise the rates of stipend or pay and or allowances hereinbefore fixed.

(c) Without prejudice to the rights of the Government hereinbefore set forth it shall be lawful for the Government to stop the stipend or to reduce the rate of stipend payable to the said in such manner as they shall think fit for any unsatisfactory conduct or work of the said as to which unsatisfactory conduct or work, the decision of the Superintendent of the hospital shall be final.

(7) Should the said desire to leave the training school or service before the completion of the period of agreement, or during the extended period thereof under clause (5) on any account except ill-health (which should be certified by the Superintendent of the hospital) she shall give one month's previous notice in writing of such desire to the Nursing Superintendent or Head Nurse in charge of the hospital. Before leaving, she shall refund all stipend, pay or leave salary drawn by her during the period of training, provided that if she has drawn such stipend, pay or leave salary for a period of more than six months, she shall refund only the stipend, pay or leave salary drawn for the last six months. She shall also refund any uniform allowance received within six months prior to the date on which she leaves the hospital. If she gives one month's notice as aforesaid, no stipend, pay, leave salary or allowances shall be paid to her during that period. If she fails to give such notice, or if the notice given falls short of one month, shall pay the Government by way of penalty in addition to the refunds aforementioned, a sum equal to the stipend or pay for two months at the rate admissible at the time of leaving. Failing such refund and payment, the total amount due shall be recoverable as if it were an arrear of land revenue.

(8) Should the said marry before the completion of the period of this agreement or termination thereof

IN WITNESS WHEREOF the said
 and Superintendent for and on
 behalf of and by the order and direction of the Governor of Madras
 have hereunto set their hands the day and year first above written.

Signed by the abovenamed
 in the presence of:

Signed by the abovenamed
 in the presence of:

SECTION B.

*Form of agreement to be executed by the men nurse pupils trained in
 Government hospitals in the Madras State.*

ARTICLES OF AGREEMENT made and entered into this day
 of 19 BETWEEN of the
 first part and THE GOVERNOR OF MADRAS (hereinafter called the
 Governor which expression shall, when the context so admits include
 his successors-in-office and assigns) of the second part WHEREBY EACH
 of the parties here to so far as the covenants and conditions of his
 own part are to be observed and performed covenants with the other
 of them as follows:—

1. The said will of his own free will and consent well and faithfully undergo the
 course of training prescribed by the rules for the training of nurses in
 Government hospitals at the schools attached to such hospitals and
 will use his best endeavours to pass the prescribed examinations,
 namely, the first part of the examination after the completion of one
 year's training and the final qualifying examination on the completion
 of three years' training.

2. The said will, on passing
 the final qualifying examination in General Sick Nursing, attend a
 recognized Mental Hospital for six months for training in Psychiatry
 and pass the examination in this subject and thereafter if so required
 by the authorities (which expression shall include the Government of
 Madras or any officer or authority acting under their orders) serve as a
 nurse in a hospital for a period of six months, if so required.

3. The said will during the said
 course of training and service observe and obey all lawful orders
 issued by, in all matters of discipline be subject to, the Nursing Super-
 intendent, Assistant Nursing Superintendent, Head Nurse in charge
 of the nursing arrangements for the time being in the hospital to which
 he is attached subject in all cases to the general control of the Super-
 intendent for the time being of the hospital.

4. The Government of Madras (hereinafter called the Govern-
 ment) shall—

(i) educate the said free at the
 Government hospitals at which training schools for nurses exist,

(ii) grant the said allowances on the following scale:—

Period of training.	Pay or stipend per mensem.	Ration allowance per mensem.	Uniform allowance per annum.	Dhobi allowance per mensem.
(1)	(2)	(3)	(4)	(5)
	RS.	RS.	RS.	RS.
First year	10	30	25	2
Second year	15	30	25	2
Third year	15	30	25	2
Fourth year when undergoing training in Psychiatry.	15	30	25	2
When serving as a nurse in a Government hospital.	Minimum pay admissible for nurses.	30	25	2

lieu thereof):

NOTE.—(1) The rates of stipend have been increased as follows as a temporary measure:—

First year	..	..	..	..	Rs. 15 a month.
Second year	..	..	..	..	Rs. 20 "
Third year	..	..	..	..	Rs. 25 "
Fourth year	..	..	..	..	Rs. 30 "

(2) Uniform allowance will be admissible only after completion of three months satisfactory trial for the first year and in advance for subsequent years.

The said will also be provided wherever possible with rent-free quarters in or near the hospital to which he is attached, but no house-rent allowance will be granted in lieu thereof:

Provided that the said will present himself for the first part of the examination to be held in June and December in each year after the completion of one year's training and for the final examination on completion of a further period of 18 months' training subsequent to passing the first part of the examination and three years in all. In case of failure to pass the first part of the examination, he will be remanded for a period of six months. If he fails for a second time, he will be dismissed. In the final examination, he will be allowed two attempts to pass it and be dismissed if he fails. The stipends and allowances payable to him will not be affected by his failure to pass the first or the final examination at the first chance.

He will also present himself for the examination in Psychiatry after undergoing training in Psychiatry for a period of six months. If he fails to pass the examination in his first attempt, he will be remanded for a period of three months. If he fails for the second

5. (a) The Government shall be at liberty to rescind this agreement on account of said leaving the said training school or service before the completion of the said four years or on account of negligence or failure to attend to duty, idleness or insubordination or misconduct on the part of the said and to dismiss him from the said school or service as aforesaid.

(b) The Government will be at liberty during the period of this agreement at any time or from time to time to revise the rates of pay or stipend and allowances hereinbefore fixed.

(c) Without prejudice to the rights of the Government hereinbefore set forth (it shall be lawful for the Government to stop the stipend or to reduce the rate of stipend payable to the said

in such manner as they shall think fit for any unsatisfactory conduct or work of the said which unsatisfactory conduct or work, the decision of the Superintendent of the hospital shall be final).

6. Should the said desire to leave the training school or service before the completion of the period of agreement on any account except ill-health (which should be certified by the Superintendent of the hospital), he shall give one month's previous notice in writing of such desire to the Nursing Superintendent or Head Nurse of the hospital. Before leaving, he shall refund all stipend, pay or leave salary drawn by him during the period of training, provided that if he has drawn such stipend, pay or leave salary for a period of more than six months, he shall refund only the stipend, pay or leave salary drawn for the last six months. He shall also refund any uniform allowance, received within six months prior to the date on which he leaves the hospital. If he gives one month's notice as aforesaid, no stipend, pay, leave salary or allowances shall be paid to him during that period. If he fails to give such notice or if the notice given falls short of one month, he shall pay the Government by way of penalty, in addition to the refunds aforementioned a sum equal to the stipend or pay for two months at the rate admissible at the time of leaving. Failing such refund and payment, the total amount due shall be recoverable as if it were an arrear of land revenue.

IN WITNESS WHEREOF the said Superintendent for and on behalf of and by the order and direction of the Governor of Madras have hereunto set their hands the day and year first above written.

Signed by the abovenamed
in the presence of:

Signed by the abovenamed
in the presence of:

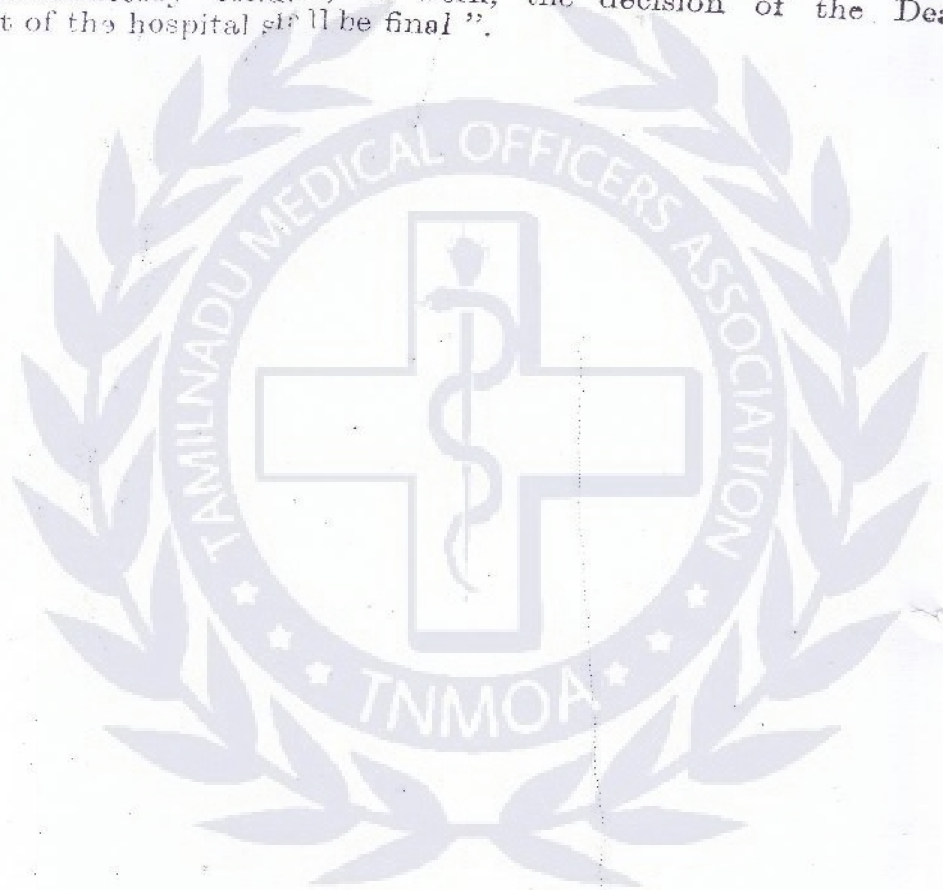
SECTION C.

Form of bond to be executed by the father or guardian of a female or male nurse pupil for nurses' training in Government hospitals in the Madras State.

KNOW ALL MEN by these presents that I son of , resident at and held and firmly bound up to the Governor of Madras, which expression shall when the context so admits include his successors-in-office and assigns in the sum of rupees to be paid to the Government of Madras (hereinafter called 'the

In section " B " of Annexure IV referred to in rule 5 of API VIII of Madras Medical Code, Volume II, for the existing clause 5 (following shall be substituted :--

" Without prejudice to the rights of the Government, hereinbefore set forth, it shall be lawful for the Dean/Superintendent of the hospital to stop the stipend and all allowances except Ration allowance, or to reduce the rate of stipend and all allowances except Ration allowance payable to the said in such manner as he/she shall think it for any unsatisfactory conduct, or work of the said s to which unsatisfactory conduct, or work, the decision of the Dean/Superintendent of the hospital shall be final "



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Government') for which payment well and truly to be made, I bind myself, my heirs, executors, administrators and legal representatives firmly by these presents.

Scaled with my seal this _____ day of _____ 19 _____

WHEREAS one _____ has been selected to undergo a course of training prescribed by the rules for the training of Women/Men Nurses in Government hospitals at the schools attached to such hospitals;

AND WHEREAS the said _____ being a minor cannot legally execute the formal agreement which is usually executed by nurse pupils trained in Government hospitals in the Madras State AND WHEREAS the above bounden father/guardian of the said _____ has agreed to stand surety for the due payment by the said

_____ of the money that may become due and payable to the Government if the said _____ leaves the training school or the service of the Government before the completion of the prescribed period on any account except ill-health (which should be certified by the Superintendent of the hospital) without giving three months' previous notice in writing to the Nursing Superintendent or Head Nurse in charge of the hospital of his/her intention to leave the same or should the notice given fall short of three months [or should she marry before completion of the prescribed period];

Now the condition of the above-written bond is such that if the said _____ leave the training school or service of the Government before completion of the prescribed period on any account except ill-health (which should be certified by the Superintendent of the hospital) without giving three months' previous notice in writing to the Nursing Superintendent or Head Nurse in charge of the hospital of his/her intention to leave his/her service or should the notice given fall short of three months [or should she marry before completion of the prescribed period]. The above-bounden shall within the space of one calendar month next after receiving a notice in writing from the Director of Medical Services, Madras, demanding payment of the amount specified therein well and truly pay or cause to be paid to the Government the sum or sums of money stated in the said notice. Then the above-written bond shall be void and of no effect; otherwise the same shall remain in full force and virtue.

Signed and sealed by the abovenamed in the presence of:

NOTE.—From the bonds obtained from male nurse pupils omit the words "[or should she marry before completion of the prescribed period]" in both the places where they occur in the bond form given above.

(G.Os. No. 2456, P.H., dated 7th August 1942, No. 3485, P.H., dated 12th November 1942, No. 5337, P.H., dated 19th January 1943, No. 676, P.H., dated 11th March 1944, No. 2040, P.H., dated 19th July 1944, No. 2439, P.H., dated 31st August 1944, No. 1127, P.H., dated 27th April 1945, No. 1258, P.H., dated 15th May 1945, No. 2773, P.H., dated 25th October 1945, No. 2524, P.H., dated 24th August 1946, No. 3165, P.H., dated 7th November 1946, No. 1909, P.H., dated 2nd June 1947, No. 3540, P.H., dated 27th October 1947, No. 145, P.H., dated 17th January 1948, No. 2377, P.H., dated 30th June 1949, No. 2128, Health, dated 12th June 1950, No. 3446, Health, dated 3rd October 1950, No. 3737, Health, dated 3rd November 1950, No. 780, Health, dated 9th March 1951, and No. 2000, Health, dated 5th June 1951, and Surgeon-General's Circular P. No. 163-N/46 dated 18th

PART II--RULES FOR THE CONDUCT OF QUALIFYING EXAMINATIONS FOR NURSE.

1. The Examination Board (hereinafter referred to as the Board) for the conduct of qualifying examinations in general nursing shall consist of the following persons, namely :—

Chairman.

- (1) Director of Medical Services.

Deputy Chairman.

- (2) Dean, Government General Hospital and Medical College, Madras.

Members.

- (3) One Examiner from the Government Stanley Hospital, Madras. }
 (4) Two Examiners from the Government General Hospital, Madras. }
 (5) One Nursing Superintendent (Senior Officer). } To be nominated by
 (6) Two Nursing Tutors from the City State Hospitals. } the Director of Medical Services.
 (7) One Nursing Tutor from a mufassal Hospital }

The Members will hold office for a period of two years at a time.

NOTE.—The Members will be considered to be on duty during the period of their absence from their headquarters in connection with the conduct of the examinations.

2 (1) The Deputy Chairman may, in addition to the members expressly assigned to him as such, assist the Chairman in the business part of the examination.

2. (1) The Deputy Chairman may, in addition to the members specified in rule 1, "Co-opt other persons to serve as Members of the Board in case of emergency".

3. The qualifying examination shall be held in June and December of each year. The actual date on which the examinations will commence, shall be published in the *Fort. St. George Gazette* at least six weeks in advance.

4. The examination shall be held in two parts. The fee for Part I of the examination shall be Rs. 7 and for Part II Rs. 10. Any fee paid shall, in no circumstances, be returned.

5. A candidate who intends to appear for the examination shall, at least four weeks before the advertised date of the commencement of the examination, send an application in Form "A" or Form "B", as the case may be, through the Superintendent of the training centre to the Chairman together with the prescribed fee and a certificate in Form "C" that she has undergone the necessary training.

NOTE.—If the certificate is not available at the time, it may be submitted later, provided that it is despatched in time so as to reach the Chairman at least seven days before the date on which the examination will commence.

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6. (1) The head of each training institution, from which candidates appear for the qualifying examinations, shall furnish for the information of the Board a list of such candidates.

(2) There shall be furnished along with such list, in respect of each candidate specified therein—

(a) a certificate testifying to her character, general conduct and the nature of her ward work; and

(b) her nursing chart.

7. If, after having paid the fee and been accepted as eligible, a candidate is prevented by illness (which shall be attested by a certificate from a medical practitioner registered under the Madras Medical Registration Act (Madras Act IV of 1914) from appearing for, or completing, such examination, the candidate shall, subject to any special circumstances which in the opinion of the Board may disentitle her to the concession, be admitted without payment of a fee to the examinations immediately following.

8. When a candidate is accepted as eligible to appear for the examination, the Chairman shall send to her at the address furnished by her for the purpose, a card of admission to the written examination. The Chairman shall arrange that each candidate appearing for the written examination receives a card of admission to the oral and practical examination.

A candidate presenting herself at either examination without a card of admission shall be liable to exclusion therefrom.

9. The Deputy Chairman shall arrange for the printing of the question papers. He shall send as many question papers as there are candidates appearing for the examination from each training institution to the head of such institution in a sealed cover. Such cover shall only be opened in the examination room on the date and at the hour appointed for the examination. A responsible person shall be present in the room in which the examination is being held during the hours of the examination and such person shall see that books, notes, etc., are not made use of by any candidate during these hours.

At the oral and practical examinations, the examiners shall distribute the work among themselves by mutual agreement.

10. Examiners shall be supplied with the certificate furnished in respect of each of the candidates examined by them, in Form "D" or Form "E" as the case may be, and her nursing charts

11. If, during an examination, any candidate shows a want of acquaintance with such subjects as are ordinarily comprised in a course of elementary education and she is not rejected on this ground special note shall be made by the examiner against the candidate's name. If the examiners find that the knowledge possessed or the training undergone by any candidate is insufficient, they shall reject such candidates.

12. Equal marks shall be allowed in each subject for—

- (1) the written examination; and
- (2) the oral and practical examination.

13. Within a week of the conclusion of the last oral and practical examination, the examiners shall consider the results of the examination and forward the papers with the marks allotted to the Deputy Chairman, together with any report which the examiners may desire to make. A candidate who secures not less than one-third of the marks in each subject and not less than one-half of the aggregate number of marks shall be declared to have passed the examination, subject to her satisfying the provisions of rule 11. Successful candidates who secure not less than 75 per cent of the aggregate number of marks shall be declared to have passed "with distinction".

The names of the successful candidates shall be published in the *Fort St. George Gazette*.

NOTE.—(1) The Board of Examiners shall issue a certificate in Form 'F' to each successful candidate.

(2) The rules regarding the issue of duplicate copies of certificates are given in the annexure to these rules.

14. Any candidate who fails to pass the examination may be permitted to appear for a subsequent examination after having undergone further training for a period of not less than six months. The fee for such re-examination shall be Rs. 7 for Part I, and Rs. 10 for Part II.

15. The examination fees collected from candidates appearing for the qualifying examinations in General Sick Nursing shall be distributed among the examiners, etc., in the following proportion :—

- 1 Government's share 12 (twelve per cent).
- 2 Purchase of stationery 5 (five per cent).
- 3 Superintendence and skilled assistance 10 (ten per cent).
- 4 Setting of question paper 20 (twenty per cent).
- 5 Conduct of oral examination 10 (ten per cent).
- 6 Valuation of answer papers 10 (ten per cent).
- 7 Conduct of practical examination 25 (twenty-five per cent).
- 8 Chairman's share 4 (four per cent).
- 9 Deputy Chairman's share 4 (four per cent).

FORM A.
(Vide rule 5.)

*Application for the first part of the examination in General
Nursing to be held in*

June 19
December

- 1 Name of candidate (in full)
- 2 Nationality or race
- 3 Trained.—
 - (i) Place { Years.
 - (ii) Period of training { Months.
- 4 Whether appeared before for first part of the examination or not, and dates of such appearance.

Signature of candidate.

- 5 Certificate (to be filled in by Head of Training Institution) regarding—
 - (i) Character
 - (ii) General conduct
 - (iii) General ward work

Signature
Head of Training Institution.

Date 19 . .

FORM B,
(Vide rule 5.)

*Application for the second part of the examination in General
Nursing to be held in*

June 19
December.

- 1 Name of candidate (in full)
- 2 Nationality or race
- 3 Trained.—
 - (i) Place { Years.
 - (ii) Period of training { Months.
- 4 Date of passing the first part of the examination.
- 5 Date of any previous appearance for second part of examination.

Signature of candidate.

- 6 Certificate (to be filled in by Head of Training Institution) regarding—
 - (i) Character.
 - (ii) General conduct.
 - (iii) General ward work.

Signature
Head of Training Institution.

FORM C.

Certificate required of a candidate desirous of appearing for the examination qualifying for registration as a nurse.

I, _____ certify that _____
 has been a _____ Probationer Nurse
 at the _____ for a full period of three
 calendar years, viz., from the _____ to the _____
 and that she has attended the lectures
 and passed the successive examinations in the subjects prescribed for
 each of the three years of training, and has also spent not less than
 six months of the period of three years on night duty.

I further certify that she is trustworthy, sober and of good moral
 character, and her general conduct while under training has been
 Date _____ 19 _____

Signature of certifying authority.

Occupation

Address

FORM D.

(Vide rule 10.)

*List of candidates for the first part of the examination
 in General Nursing to be held in*

June _____ 19 _____
 December.

(To be submitted in duplicate in the first week of May or
 November, as the case may be.)

Serial number	Name of candidate (in full).	Nationality or race.	Training			Whether appeared before for the first part of examination and date of such appearance.	Certificate (to be filled in by head of training institution) regarding		
			Place.	Period of training.	Months.		Character.	General conduct.	General Ward work.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

FORM E.

(Vide rule 10.)

List of candidates for the first part of examination in General Nursing to be held in

June
19 .
December.

(To be submitted in duplicate in the second week of May or November, as the case may be.)

Serial number.	Name of candidate (in full).	Nationality or race.	Training.			Date of passing the first part of the examination.	Date of any previous appearance for the second part of the examination.	Whether passed Mid-wifery examination.	Certificate (to be filled in by head of the training institution) regarding.		
			Place.	Years.	Months.				Character.	General conduct.	General Ward work.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)

FORM F.

(Vide rule 13.)

GOVERNMENT OF MADRAS.

Trained Nurses Certificate.

This is to certify that _____ has been instructed in the theory and practice of medical and surgical nursing in the wards of a hospital which is a recognized training school in General Nursing for a period of not less than three years from _____ to _____ and that she is qualified to undertake the duties of a trained nurse. Her work has been _____ and her general conduct _____

*Board of Examiners.**Director of Medical Services.*

ANNEXURE.

(Vide rule 13.)

Rules for the issue of duplicate copies of diploma in sick Nursing.

Duplicate copies of diplomas in sick nursing may be granted to candidates applying for them subject to the following conditions:—

1. A candidate applying for a duplicate copy of a diploma should forward along with the application:

(i) a statement of the circumstances under which the original diploma was lost;

(ii) a declaration sworn before a magistrate that the statement in item (i) represents the truth; and

(iii) a certificate of identification signed by two responsible persons to show that the applicant was the person previously in possession of the original diploma.

2. On receipt of the application and other documents mentioned above, the Deputy Chairman, Examination Board for Nurses or the Chairman, Examination Board for Midwives, as the case may be, issue a duplicate copy of the diploma, subject to the following conditions:—

(i) A special form should be used for the duplicate diploma and its colour should be different from that of the original diploma.

(ii) The word 'Duplicate' should be printed in the form in bold capitals in red colour.

(iii) A note should be inserted at the bottom of the form to the effect that the original diploma is reported to have been lost.

3. A separate register should be maintained showing particulars of duplicate diplomas granted and the papers in connexion with the duplicate diplomas should be preserved as permanent record.

4. A fee of Rs. 3 should be charged for the grant of a copy of the diploma. The fee should be credited in full to State Funds.

(G.Os. No. 1101, P.H., dated 6th May 1937, No. 1853, P.H., dated 16th June 1942, No. 2420, P.H., dated 6th August 1942, No. 1703, P.H., dated 19th June 1944, No. 2934, P.H., dated 26th August 1948, No. 1893, Health, dated 28th May 1951, and No. 535, Health, dated 19th February 1952.)

APPENDIX IX,

PART I—RULES FOR THE ADMISSION AND TRAINING OF CANDIDATES IN DIPLOMA IN NURSING COURSE AT THE GOVERNMENT GENERAL HOSPITAL, MADRAS.

1. The course is open to both men and women candidates.
2. Applications should be submitted to the Director of Medical Services, Madras-6, in the prescribed form.
3. Candidates should not be less than 25 years of age.
4. Only candidates who possess a minimum general educational qualification of a pass in S.S.L.C. are eligible for selection for Part 'A' of this D.N. Course. For selection for part 'B' of the

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(Vide rule 13.)

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(i) a statement of the circumstances under which the original diploma was lost;

(ii) a declaration sworn before a magistrate that the statement in item (i) represents the truth; and

(iii) a certificate of identification signed by two responsible persons to show that the applicant was the person previously in possession of the original diploma.

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(ii) The word 'Duplicate' should be printed in the form in bold capitals in red colour.

(iii) A note should be inserted at the bottom of the form to the effect that the original diploma is reported to have been lost.

3. A separate register should be maintained showing particulars of duplicate diplomas granted and the papers in connexion with the duplicate diplomas should be preserved as permanent record.

4. A fee of Rs. 3 should be charged for the grant of a copy of the diploma. The fee should be credited in full to State Funds.

(G.Os. No. 1101, P.H., dated 6th May 1937, No. 1853, P.H., dated 16th June 1942, No. 2420, P.H., dated 6th August 1942, No. 1703, P.H., dated 19th June 1944, No. 2934, P.H., dated 26th August 1948, No. 1893, Health, dated 28th May 1951, and No. 535, Health, dated 19th February 1952.)

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2. Applications should be submitted to the Director of Medical Services, Madras-6, in the prescribed form.

3. Candidates should not be less than 25 years of age.

4. Only candidates who possess a minimum general educational qualification of a pass in S.S.L.C. are eligible for selection for Part 'A' of this D.N. Course. For selection for part 'B' of the

course a completed Secondary School-Leaving Certificate is enough. No candidate whose qualification is less than completed S.S.L.C. is eligible for selection to this Diploma Course.

5. Candidates should be registered general trained nurses and maternity assistants in the case of women and registered general trained nurses in the case of men.

NOTE.—The term "General Training Nurses" means "Those who are trained in the medical and surgical nursing of men, women and children."

6. Candidates must have had not less than two years experience in Government hospitals after qualifying themselves as Nurses.

7. Candidates are required to produce certificate of physical fitness signed by a civil surgeon and a dental certificate from a dental surgeon employed in a Government hospital. The certificate of physical fitness should make particular mention of the condition of vision in all cases and in case of women a report of the gynaecology and obstetrics state of the candidate.

8. The trainees will be under the general control of the Dean, Government General Hospital, and Medical College, Madras, and under the direct control of the Nursing Superintendent, Government General Hospital, Madras, for all educational, administrative and disciplinary purposes.

9. Women candidates will reside in the Nurses' Home of the Government General Hospital, Madras, and join the Nurses' common mess. Men candidates will be accommodated in the men nurses' quarters attached to the Government General Hospital, Madras, if accommodation is available. Otherwise they will be paid House Rent Allowance according to the existing rates.

10. Each student will pay his/her own dhobi charges. Traveling allowance for excursions to be met by the students. Each student may be required to spend about Rs. 75 to Rs. 100 on text and exercise books and stationery.

11. Selected candidates who are employees of this Government will execute an agreement to the effect that after successful completion of the course, they undertake to serve the Government of Madras for a period of not less than five years.

12. Candidates will be on probation for the first six weeks, at the end of which period they will sit for a preliminary examination. If they fail in this examination, they will be remanded for a further period of one month and examined again. If they fail in the examination for the second time also, they will be discharged from the training and will not be readmitted.

13. The fee for the qualifying examination is Rs. 25.

14. The number of attempts to pass the final qualifying Board Examination will be restricted to three.

16. Candidates who fail to pass in the final qualifying Board Examination in the second attempt will be remanded for further three months and permitted to appear for the examination for the third time after undergoing training for a further period of three months at their own cost subject to the following conditions:—

(i) the period of further training for three months shall be treated as leave to which they are eligible in the case of Nursing Staff of this Government deputed for the training;

(ii) a tuition fee of Rs. 50 will be levied from them for a further training as in the case of private candidates.

TERMS AND CONDITIONS FOR THE ADMISSION OF PRIVATE CANDIDATES INCLUDING CANDIDATES FROM MISSION HOSPITALS AND THE GOVERNMENT HOSPITALS OF OTHER STATES.

1. All the above rules except rules 9 and 11 applicable to the employees of the Madras Government will apply in the case of private candidates.

2. A tuition fee of Rs. 150 will be charged for the entire course of nine months from each student, the fee being collected in advance at the rate of Rs. 50 at the beginning of each quarter.

3. They need not necessarily reside in the Nurses' Home of the Government General Hospital, Madras. But those desirous of living in the Nurses' Home of the Government General Hospital, Madras, will be required to pay Rs. 20 per mensem towards accommodation charges and boarding charges at rates in force from time to time.

4. Private candidates, who fail in the qualifying Board Examination for the Diploma in Nursing in the first attempt, shall pay an additional fee of Rs. 50 for the remand period of three months, before they reappear for the examination.

NOTE.—Each successful candidate will be awarded a diploma in the form given in Annexure I or II to these rules according as he or she has passed the final qualifying examination after having undergone the nursing tutor's or the nursing administrator's course.

5. Private candidates who fail in the qualifying Board Examination for the Diploma in Nursing in the second attempt, shall pay another additional fee of Rs. 50 for the remand period of three months before they reappear for the examination.

ANNEXURE I.

DIPLOMA IN NURSING COURSE.

Certificate of examination in Nursing Education.

This is to certify that _____ a student of the Diploma in Nursing Course, Government General Hospital, Madras, having attended a course of lectures and demonstrations in the under-mentioned subjects for a period of nine months from _____ to _____ and having passed the required examinations held in the year _____ is awarded this Diploma as "NURSING TUTOR".

Subjects.

1. *Science.*—Elementary Physics and Chemistry, Elementary Anatomy and Physiology, Biology, Bacteriology and Psychology—General and Educational.

2. *Health.*—Hygiene and Nutrition.

3. *Nursing subjects.*—Ethical principles and professional adjustment, History of Nursing, Public Health Aspect of Nursing, Nursing School of Administration, Principles of Supervision, Principles of Education and Method of Teaching.

4. Practical examination in Teaching of Nursing Arts and Sciences to Nursing.

*Deputy Chairman,
Examination Board for Diploma in
Nursing, Government General Hospital,
Madras.*

*Chairman,
Examination Board for Diploma
in Nursing and Director of Medical Services,
Madras.*

Madras,

Dated.....

ANNEXURE II.

DIPLOMA IN NURSING COURSE.

Certificate of examination in Hospital Administration.

This is to certify that _____ a student
of the Diploma in Nursing Course, Government General Hospital,
Madras, having attended a course of lectures and demonstrations in
the undermentioned subjects for a period of nine months from _____
to _____ and having passed
the required examinations held in the year _____ is awarded this
Diploma as "NURSING ADMINISTRATOR".

Subject.

1. *Science.*—Elementary Anatomy and Physiology, Bacteriology, Psychology—General and Educational.

2. *Health.*—Hygiene and Nutrition.

3. *Nursing subjects.*—Ethical Principles and Professional Adjustment, History of Nursing, Public Health Aspect of Nursing, Principle of Supervision, Hospital Administration and Personnel Management.

4. Practical examination in clinical teaching.

**Deputy Chairman,
Examination Board for Diploma in
Nursing, Government General Hospital,
Madras.*

*Chairman,
Examination Board for Diploma
in Nursing and Director of Medical Services,
Madras.*

Madras,

PART II—DETAILED SYLLABUS FOR THE COURSE OF DIPLOMA IN NURSING (MADRAS).

GROUP I.

1. *Elementary Physics*—(Five to seven lectures, demonstrations, each of one hour duration).—Mass, weight, force, work and levers (application in human body); air, pressure and humidity, density, specific gravity, specific heat, conduction, radiation and convection, elementary knowledge of sound, light and electricity, visit to the Barnard Institute of Radiology at the end of the course by arrangement with the Radiologist.

2. *Elementary Chemistry*—(Five to seven lectures, demonstrations, each of one hour duration).—Introduction to Chemistry, elements and compounds; simple salts, acids and basis and oxidising and reducing agents, composition of air and water; hard and soft water; the nature of some important organic compounds of special interest to nurses; demonstrations of (a) tests for protein, carbohydrate, and fat in milk and other food-stuffs, (b) of alluminium, sugar and bile in urine.

3. *Elementary Biology*—(Eight to ten lectures, demonstrations, each of one hour duration).—The cell as morphological and physiological unit—growth—multiplication—elementary knowledge of biological activity, differentiation of tissues—transition from simple multicellular organisms to higher forms, embryology and life history of frog, chick and rabbit dissection and study of the anatomy of a rabbit. Visit to the Biology Museum, Madras Medical College.

4. *Human Anatomy*—(Twelve hours).—The body considered as a whole—The plan of Human body—systems of the body—divisions, cavities, organs. The skeletal system—Division of the skeleton, the axial skeleton—Bones of the skull, vertebral column, thorax. The appendicular skeleton—Bones of the upper and lower extremities. The skeletal muscles attachments, origin and insertion, muscle action. The circulatory system, the sympathetic system, the respiratory system, the digestive system, the urinary system, the endocrine glands, the male and female reproductive system, the nervous system, the sensory organs and sensation.

5. *Physiology*—(a) *Lectures* (12 hours).—The composition and properties of blood circulation with special reference to pulse and blood pressure, respiration, digestion, excretion, heat production and regulation of temperature of the body; elementary knowledge of hormones, nerve and muscle action and fatigue.

(b) *Practical Physiology, mostly demonstration* (6 hours).—Sheep's heart dissection, records of frogs' heart action, listening to human heart sounds, measuring blood pressure, study of pulse and taking pulse tracing, stethograph records, measuring tidal, complete of a rabbit. Visit to the Biology Museum, Madras Medical College. nerve preparation and its electrical stimulation, fatigue, ergograph; simple reflex action.

(c) *Histology* (6 hours).—Demonstrations of epithelial cells, blood teased muscle tendon and nerve fibres, bone and cartilage demonstration of stained sections of important organs.

6. *Hygiene*—(a) *Lectures (12 hours) (Common to both Parts A and B)*.—Positive health, health charts, rules of health, personal cleanliness, air and ventilation and pure water disposal of refuse, tour planning, insects and parasites and immunity.

(b) *Communal Hygiene (6 hours)*.—Causes of disease and their prevention, disinfection, school hygiene, organization of the Madras Public Health Department, Maternity and Child Welfare centres, elementary knowledge of vital statistics.

(c) *Nutrition (12 hours)*.—Classification of food-stuffs vitamins, well-balanced diets and their calorific values, milk its contamination, adulteration and pasteurisation, infant feeding, invalid diets and special diets in conditions of disease such as anæmia, heart disease, gastric and intestinal infections, diabetes, etc.

(d) *Nursing from a Public Health aspect (12 hours)*.—The prevention of disease—Preventive medicine—Schemes for the investigation of the pre-disposing cases of diseases. The environment of patients—The personal aspects of Public Health, Nutrition, Mental and moral hygiene. Maternal and infant mortality—Causes and control. The necessity of medical examination of school children. The organization of the Public Health Department in the Presidency of Madras, vital statistics. Control of epidemic diseases.

(e) *Excursions*.—Visit to water works, incinerator, trenching ground septic tank lectures, Stanley College Hygiene Museum, Maternity and Child Welfare centre, Children's ward of the Government General Hospital, Ophthalmic Hospital, Infectious Diseases Hospital, Tuberculosis Sanatorium at Tambaram, King Institute, Guindy, Malarial Control Station at Ennore, Lady Willingdon Leprosy Settlement, Tirumani, Asok Vihar, Crece.

7. *Bacteriology (Common to both Parts A and B) (8 lecture-demonstrations of 2 hours each—16 hours)*.—The cell, morphology of more important protozoa; bacteria and spores and their classification and distribution—Technique of taking throat swabs, collection of urine, sputum, faeces for laboratory examination, examination of just amœba and bacteria; culture media, growth of bacteria, sterilization; spread of bacteria in food and drink, examination of milk and water, infection, immunity, vaccines, sera and allergy, visit to the Pathology and Bacteriology Museum.

GROUP II.

1. *Ethical principles and professional adjustment (20 hours)*.—Acquainting the student to the course to develop appreciation of the aims and functions of the course and her relation to the entire programme. Meaning of ethics, conduct obligations, responsibility.

Acquainting her with personal and professional problems, understanding and appreciation of the professional responsibilities. Personal and professional development. Professional relationship of the nurse to allied fields.

2. (a) *History of nursing*, (b) *growth and development of nursing school* and (c) *growth and development of hospitals* (40 hours).—A study of the development of nursing from the earliest lines to the modern period. Origin of nursing. The contribution of the pre-Christian civilization in India, Egypt, Babylon and Assyria, Greece and Rome. The influence of the early Christian church—Deaconesses and other institutions, Foundation of the monastic and secular nursing orders. The middle ages; Feudalism, Crusades, Renaissance, Military nursing orders, the knights Hospitallers of St. John outgrowth; St. John's Ambulance Corps, Knights Templar; Teutonic knights; Secular trends in nursing St. Vincent de'Paul and the Sisters of Charity. St. Francis of Assisis Grey, Sisters. Poor Clares, Tertiary order of St. Francis Begumies of Belgium, Santa Spirito, male nursing order, Jeanne Mance and her work in Canada. The later nursing orders. The Dark period of nursing and the period of revival. Reforms in the 18th and 19th centuries. John Howard, Elizabeth Fry, Pastor Fliedner and the Kaiserwern Deaconesses and other religious sisterhoods. Florence Nightingale. The influence of contemporary scientific discovery and industrial conditions. Henry Dnuant and the red cross with its nursing activities. The development of military, naval and air force nursing services. The growth of special branches of nursing. Studies undertaken; curriculum, community nursing needs, working hours for nurses; reorganization of registers. The State in relation to nursing. Development of University school and post-graduate education. National and internal nursing literature and journals.

Growth and development of nursing school.—The Nightingale school outstanding aims of nursing education in this period. Influence of education of nursing of pre-Nightingale period on nursing education. What social, economic and political factors influenced the development of nursing education in the pre-Nightingale period. The Nightingale system—reasons for development, influence of economic, social and political factors in development, objectives, essential features of policy for organization of St. Thomas' School. Development of school or nursing in India. Discussion of important social, economic, religious and political factors influencing developments in India. Developments during the past 20 years and present trends—Influence of social and political changes. Influence of professional and other organizations and other factors. Probable future developments—changing concepts—aims and objectives. Characteristics of a profession, educational development of profession strength and weakness of apprenticeship method. Desirable and necessary changes in development of schools of nursing as professional schools.

Growth and development of hospitals.—Early Hindu and Egyptian hospitals; Greek and Roman hospitals; Hospitals of the early Christian era; Muhammadan hospitals; early Military

hospitals; medieval hospitals. The dark age of hospitals. Hospitals of the Renaissance; hospitals of the eighteenth century. Late 19th century. Twentieth century progress.

3. *Psychology*—(a) *General Psychology* (30 hours).—Introduction, definition, types and scope of Psychology, value of study to the individual. Physical mechanisms behind our behaviour. The sense organs, the nervous system, glands and muscles, their functions and importance in behaviours.

The mind, conscious, sub-conscious and unconscious; the importance of each in behaviour—determiners and regulators of behaviour motivation—organic and social motives, physical and mental factors, instincts, habits, attitudes, emotions, sentiments, will, imagination, confidence, interest, affection, imitation, suggestion, etc., importance of fear, worry and phobias. Influence of group on the individual and vice-versa—crowd psychology, mental mechanisms, definitions, types of individuals; extravert, introverts, etc., importance of conflicts and choices. Importance of adjustment, mal-adjustments, adjustments, adjustment by attack, substitution, flight, various mechanism of introversion; repression, suppression and sublimation. Dangers of repression. Psychology of specific life periods, childhood, adolescence and adulthood—characteristic and important factors in each. Mental health and Hygiene. Important factors in the development of a well integrated personality, neurosis and psychosis and early symptoms of poor adjustment. Practical value of psychology in nursing.

(b) *Educational Psychology* (30 hours).—Characteristics of educational psychology, past and present; province and scope of educational psychology, maturation, learning and growth. General nature of learning, the learning process, perception, retention and recall types of learning habits, knowledge and skills, concepts, generalizations, attitudes and appreciations; important factors in learning—Intelligence, laws of learning, motivation effect and exercise, other factors in learning. Characteristics of learning, kinds of learning, economy in learning, measurement of learning.

Study methods.—Importance of such factors as distraction, distribution of study periods, note taking, etc. Improving student learnings in nursing—important factors and suggestions for improving students learning in the class room, wards and departments of the hospital providing for individual differences. Methods, evaluation purpose, aims and objectives of evaluation, nature of evaluation. The testing programme—oral, written essay and objective types of questions, comprehensive tests, practical tests. Construction of examinations and questions, means of improving tests and grading—Observation guides.

(c) *Social Psychology* (8 hours).—The nature of the individual and society, social virtues or qualities, cultural heritage. The problem of authority individualism and collection, moral life and social welfare, social value of the house, the school service groups and institutions. Social change and evolution group work.

Practical of supervision and general administration

public relationships. A study of trends, functions, phases and methods of supervision. The general principles and methods of office organization and management. Personal management and general administration, general principles of control and supervision, joint consultations, conditions of work, health and safety. Employee service, standards of comparison. Business affairs and institutional management, general principles of office organization meetings, committees, committee procedures and minutes, sub-committees, reports, filing and indexing accounts, budget value purpose, principles of budgeting, correspondence and records keeping, handling of applicants and principles of interviewing, administrative, teaching and supervisory functions of supervision, value of supervision in improving quality of nursing care and education of the student, development of special techniques for use in class room, wards and departments of the hospitals.

5. (a) *Nursing School administration (30 hours)*.—Review of development of schools of nursing especially in India with special reference to organization and administrative procedure, qualities essential in a good administrator. Administration of faculty and staff—Selection and appointment, conditions of employment, terms of service including salaries, holidays, teaching and service loads, health service, retirement, etc., staff education. Administration of students—Selection and admission of student, orientation of students, promotions, housing and health programme, student counselling educational, professional and personal. Extra-curricular activities, records application, health work and conduct and all other educational records. Administration of curriculum, administrative control of revisions, problems in relation to teaching, etc. Administration of budget sources of funds budgetary procedures, purpose and preparation and administration of the budget. Publicity—Purpose of means of such as calendar, annual reports, community groups, schools, etc. Student personal practice.

(b) *Hospital administration (30 hours)*.—Organization, governing body superintendent and heads of departments, constitution and bye-laws. Functions of administrators—Policies of work, organization charts (division of labour and lines of authority). Budget—Departmental and total budgets. Annual and monthly reports to governing body. The physical plant, present and future plans for extension, annual repairs and upkeep. Functions of the hospital committees, advisory staff committees, organization of nursing service. Nursing staff—Ratio to patients—Ratio of different grades—Educational qualification and professional preparation—System of training—Registration councils. The relation of Matron to staff, ward rounds. Matrons' office—routine correspondence—record of pupil-nurses work. Administration of Nurse Home. Allocation of duties to each group in nursing service under various combinations of workers. Relation of nursing service, department to nursing school. Special hospitals—Children's Mental Maternity—Tuberculosis, chronic diseases. Special departments, operating theatres—Out-patient, issue of drugs, instruments, etc. Radiology—Linen stores—Purchase of

stock—Control inventories repair. Laundry—Methods, stock, receipt and issue general stores—Visits and observation Ward Administration. Staff education.

6. *Principles of education and methods of teaching* (30 hours).—Brief history of the development of education. Philosophy of past and present. Importances of aims and objectives. Essentials of education, the learner, teacher and environments and the importances of each. Adjustment in education. Teaching—Meeting of teachings, what is involved in teaching, laws of teaching, preparation, public activity and expression, application of these laws in general and in nursing education. Types of teachings—Selection and organization of subject-matters, means of selection factors which influence selection, criteria for selection and organization of units. Instruments and methods of education—Environment and equipment, class rooms, library, etc. Recreational and extra-curricular activities—facilities. Methods—Definitions purpose—Function of method, selection of method, tutorial and study. Lesson plan—Essentials of a good use of the following methods—lecture—assignment, laboratory, demonstrations, discussion, panel discussion, conference and similar methods, recitation, problem and project, independent reading method, tutorial and study. Lesson plan: Essentials of a good lesson plan, practical suggestions on formulation of lesson plans, advantageous of lesson, plan and constructive use of lesson plans.

Curricula for schools of nursing. Organization and factors which influence the patterns. Study of content, teaching units, materials of instruction, activities, situations, etc.

GROUP III.

Field work for those taking diploma (teaching) in Nursing—

1. Observation and teaching in schools of Nursing—
 - (1) Observation of class room teaching.
 - (2) Clinical teaching.
 - (3) Class room teaching.
2. Observation and teaching in hospitals—
 - (1) Observation of clinical teaching and ward supervision.
 - (2) Clinical teaching.
 - (3) Ward supervision and teaching.
3. Observation and experience in general administration and personnel management in nursing schools and students' residence.

GROUP IV.

Field work for those taking Diploma (Administration) in Nursing—

1. Observation and teaching in hospitals—
 - (1) Observation of clinical teaching and ward supervision.
 - (2) Clinical teaching.
 - (3) Ward supervision and teaching.
2. Observation and experience in general administration and personnel management in various departments of the hospitals.

APPENDIX X.

PART I—RULES FOR THE ADMISSION AND TRAINING OF CANDIDATES FOR THE ADVANCED COURSE IN MIDWIFERY (GYNÆCOLOGY AND OBSTETRICS) AT THE GOVERNMENT HOSPITAL FOR WOMEN AND CHILDREN, THE KASTURBA GANDHI HOSPITAL FOR WOMEN AND CHILDREN AND THE GOVERNMENT RAJA SIR RAMASWAMY MUDALIAR'S LYING-IN HOSPITAL, MADRAS.

1. Training Schools for Maternity Assistants exist at the Government Hospital for Women and Children, the Government Kasturba Gandhi Hospital for Women and Children, and the Government Raja Sir Ramaswami Mudaliar's Lying-in Hospital, Madras.

2. Candidates for training in one of the above institutions should apply in the prescribed form (vide Form A) to the Nursing Superintendent in charge of the Nursing arrangements in the hospital. Candidates will usually be admitted for training in the first week of January, April, July or October each year.

3. *Conditions of admission*—(1) *Age*.—Candidates must be over 18 and not more than 35 years of age. They must be unmarried or widowed.

NOTE.—(1) Married women whose husbands are alive will be eligible for admission provided they obtain the written consent of their husbands or produce satisfactory evidence of judicial separation from their husbands. The object of obtaining the written consent of the husbands or evidence of judicial separation from them is to ensure that married midwifery pupils admitted for training do not render themselves liable to become pregnant in the course of the training, as it will involve an unavoidable interruption to the early completion of the course. Candidates should clearly understand the implication of this rule in order that they may avoid becoming pregnant in the course of the training in their own interests.

(2) A pupil marrying during the period of her training will be deemed to have resigned her engagement for training and will be liable to the penalties mentioned in rule 16 below.

(2) *Educational qualifications*.—A pass in the European Middle School Examination or a pass in the Fourth Form. Preference will be given to candidates with higher qualifications. The Director of Medical Services is authorized to grant exemptions in special cases provided that, in the opinion of the Superintendent and Nursing Superintendent of the hospital, after an examination, the educational qualifications of the candidates are considered sufficient.

(3) *Health and physical fitness, etc.*—Candidates must produce a health certificate in Form B of having been revaccinated within the last six months and a certificate of recent inoculation against enteric fever from a medical practitioner, registered under the Madras Medical Registration Act (Madras Act IV of 1914) who is not below the rank of an Assistant Surgeon and testimonials from two respectable persons.

1. Selected candidates (regular midwifery pupils and not general trained nurses who undergo midwifery training for six months) will be admitted on one month's probation and on the expiry of this period, if found satisfactory, will be required to complete the eighteen-months' training in midwifery.

5. The course of training shall extend to eighteen months. (In the case of candidates who have passed an approved examination in general nursing, the course of training shall be for six months only.)

6. Midwifery pupils must conform to the rules and regulations of the hospitals in which they are being trained.

7. For the purpose of discipline, midwifery pupils will be placed under the immediate orders of the Nursing Superintendent, subject to the general control of the Superintendent of the hospital.

8. Four examinations will be held in each year, in March, June, September and December. The actual date on which the examination will commence will be published in the *Fort St. George Gazette*. The examination will consist of questions in midwifery and gynæcological nursing. The subjects are taught from the following books:—

- (1) I. Comyns Berkley Handbook of Midwifery for Nurses.
- (2) Comyns Berkley's Gynæcological Nursing.

9. Midwifery pupils shall be eligible for the award, at the discretion of the Superintendent of the hospital, of one of the sanctioned stipends. Pupils who fail for the first time may appear for the next examination. A candidate who fails for the second time should be considered ineligible for the grant of stipend.

10. The stipend and allowances of midwifery pupils are fixed as follows:—

Stipends	Rs. 30 per mensem.
Dhoby allowance	Rs. 1-12-0 per mensem.
Dearness allowance	Rs. 19 per mensem or such amount as may be sanctioned by Government from time to time.
Book and uniform allowance.	Rs. 75 for the whole course.

General trained nurses who have executed agreement bonds to serve the Government for a period of four years and who undergo six months' training in Gynæcology and Obstetrics will be paid the stipend and allowances drawn by them in the third year of their nurse's training while undergoing training in Gynæcology and Obstetrics for six months.

NOTE.—If a different rates of stipend is actually in force at the time of training in Gynæcology and Obstetrics, the general trained nurse pupils will be paid only at that rate.

11. A pupil midwife will be dismissed at any time during the course of training for reasons of misconduct of any kind.

12. If a pupil shall reside in the Government quarters

13. Private pupils are also eligible for admission for training in midwifery at the above institutions provided they fulfil the conditions prescribed. They shall, on selection, pay (1) an entrance fee of Rs. 12 and (2) a sum of Rs. 35 per mensem if European or Anglo-Indian and Rs. 18 per mensem if Indian, for messing charges on joining the hospital. The messing charges shall be paid monthly in advance not later than the 5th of each month. They must also satisfy the Superintendent before they join the hospital that they are in a position to pay the advance every month till they pass the examination. In the event of a candidate failing to abide by the rules for the training in midwifery, the entrance fee will be forfeited, otherwise it will be returned to her at the end of her course of training.

14. Midwifery pupils who pass the examination and obtain certificates will be eligible for permanent appointments as maternity assistants in any of the Government hospitals on the scale of pay sanctioned for first-class maternity assistants. Permanent appointments cannot, however, be guaranteed to all or any of the successful candidates.

15. Midwifery pupils shall wear white uniform dress when on duty (vide Form C). They should provide the uniform at their own cost.

16. (1) A midwifery pupil leaving before the completion of the training on any account except ill-health (which should be certified by the Superintendent of the hospital) or unfitness under rule 4, shall give one month's previous notice in writing to the Nursing Superintendent.

(2) She shall refund the stipend and dhoby allowance drawn by her during the period of training, provided that if she has drawn such stipend and allowance for more than six months, only the stipend and allowance drawn for the last six months shall be refunded.

(3) If she gives one month's notice as required by sub-rule (1), no stipend or dhoby allowance shall be paid to her during the period of notice.

(4) If she fails to give the notice required by sub-rule (1), or if the notice given falls short of one month, she shall pay the Government by way of penalty in addition to the amount referred to in sub-rule (2) a sum equal to the stipend and dhoby allowance for two months at the rate admissible at the time of leaving.

17. No midwifery pupil, who has been discharged as unfit to complete the course of training on account of misconduct or inefficiency, shall be eligible for readmission as a midwifery pupil.

18. (1) The pupil midwives will be given casual leave up to a maximum of 20 days during the whole period of their training subject to the executive instructions in the Fundamental Rules. In addition they may be granted sick leave with stipends and allowances for a period not exceeding 15 days for the whole period of their training provided they are admitted in sick-rooms or wards of hospitals.

Dr. N. Sathyabama

(2) They may also be granted extraordinary leave without stipends or allowances for a period not exceeding 15 days for the whole period of their training in exceptional cases in addition to the sick leave.

(3) If a midwifery pupil who is granted leave according to the rules is unable to resume duty on the expiry of the leave, her services will be terminated. She may, however, be readmitted for training subsequently by the head of the training centre concerned, provided there is a vacancy and she is found medically fit to rejoin the training and she may also be credited with such portion of the previous training as the head of the training centre considers advisable.

FORM A.

(Vide rule 2.)

[This form should be filled in the candidate's own handwriting and sent to the Nursing Superintendent of the Hospital concerned with all the certificates required by rule 3.]

Form of application for admission into the Madras Government Hospitals for Training in Midwifery.

- 1 Name in full and permanent address ..
- 2 Are you a single woman, married, or a widow ?
- 3 Your present occupation
- 4 Age, last birth day
- 5 (a) Height
- (b) Weight
- 6 Where educated, what educational qualification do you possess and have you had any previous nursing experience in Midwifery or General Nursing ?
- 7 Are you in good health ?
- 8 Where, if any, was your last situation?
- 9 If a widow, have you children, and how are they provided for ?
- 10 If married, has the consent of the husband been obtained ?
- 11 Name and address of a Clergyman, Medical Officer, or Magistrate who knows you.
- 12 (a) What is the name, address and occupation of your nearest relative ?
- (b) What is the relationship ? ..
- 13 Give the names and addresses of two respectable persons to whom reference can be made.

FORM B.

[Vide rule 3 (3).]

Certificate of physical fitness.

I do hereby certify that I have examined a candidate for admission into the Government Training School for Midwives in the _____ and cannot discover that she has any disease, constitutional affection or bodily infirmity except _____. I do not consider this a disqualification for employment as a midwifery pupil. Her age is according to her own statement _____ years and by appearance about _____ years. I further certify that she has marks of smallpox/vaccination.

Personal marks.

Station	Name
Date.	Rank
	Designation.

FORM C.

(Vide rule 15.)

Midwifery pupils uniform.

Dress.—Of white long-cloth. To be made all in one 12 inches from the ground with four inches hem. Short sleeves to elbow, turning back $2\frac{1}{2}$ inches cuff. Collars to turn down all round of some material $2\frac{1}{2}$ inches deep.

Aprons.—White long-cloth to reach to hem of dress. Round bib reaching to neck in front, cross over straps at back. One right hand pocket.

Waist belts.—White long-cloth or linen $2\frac{1}{2}$ inches deep. Two studs or button holes to fasten.

Caps.—White nain sock (white mull) 2 inches turn-up all round brim.

Shoes and stockings.—White, low-heeled.

Indian midwifery pupils are permitted to wear either—

(a) dress as prescribed above, or

(b) sarees, if preferred, of white mull and white bodices made of long-cloth (short sleeves to elbow turning back $2\frac{1}{2}$ inches); but they must in any case wear cap, belt and apron as prescribed.

(G.Os. No. 852, P.H., dated 4th April 1929, No. 356, P.H., dated 6th February 1945, No. 1801, P.H., dated 6th July 1945, No. 3325, P.H., dated 3rd October 1947, No. 1227, P.H., dated 16th April 1948, No. 2469, P.H., dated 11th July 1949, and No. 910, Health, dated 11th March 1950, and Surgeon-General's Circular P. No. 190-N/49, dated 19th August 1949.)

PART II—RULES FOR THE ADMISSION AND TRAINING
OF CANDIDATES IN MIDWIFERY IN THE
LANGUAGES OF THE STATE.

(NOTE.—These rules apply to the admission and training of candidates in Government hospitals only, but they may be adopted with suitable modifications by other training centres.)

1. *Training centres.*—Centres for the training of candidates in midwifery in the languages of the State are specified in Annexure I to these rules.

2. *Form of application.*—Candidates for training in any of the Government hospitals should apply in Form A to the Nursing Superintendent or the Head Nurse in charge of the nursing arrangements in the hospital concerned. The selected candidates will be admitted for training on the 1st of March, June, September and December of each year.

3. *Qualifications.*—Admission will be restricted to candidates who satisfy the following conditions, namely:—

(a) *Age.*—The candidates shall not be less than 18 or more than 35 years of age.

(b) *Educational qualifications.*—No candidate shall ordinarily be admitted for training unless she produces evidence of having passed the VIII standard or III Form in one of the languages of the State.

NOTE.—(1) Preference will be given to candidates possessing higher educational qualifications.

(2) Preference will be given to candidates who are unmarried or widowed. A candidate will not be entertained while pregnant or nursing a baby.

(3) Married women whose husbands are alive, may be admitted for training provided they obtain the written consent of their husbands or produce satisfactory evidence of judicial separation from their husbands. A pupil midwife marrying during the period of her training will be deemed to have resigned her engagement for training and will be liable to the penalties mentioned in rule 14 below.

The Director of Medical Services shall, however, have power to exempt deserving candidates from the possession of this educational qualification provided that the Nursing Superintendent and the Superintendent of the hospital are, after examination, satisfied with their educational qualification.

4. *Health and other certificates.*—Candidates must produce—

(i) a health certificate in Form B from a medical practitioner registered under the Madras Medical Registration Act (Madras

(iii) a certificate of inoculation against enteric fever, the inoculation consisting of two injections, the first being $\frac{1}{2}$ c.c. and the second 1 c.c.; and

(iv) testimonials from two respectable persons.

5. *Course of training.*—The course of training shall extend to 18 months.

6. *Agreement.*—Selected candidates will be admitted on one month's probation and on the expiry of this period, will be permitted to complete the 18 months' training in midwifery. Candidates who are given stipends by the Government for the training will be required to execute an agreement in the form given in Annexure II.

7. *Residence.*—Midwifery pupils undergoing training in the languages of the State may be provided with free quarters in or near the hospitals, if such quarters are available. Midwifery pupils granted stipends by the Government will, if provided with free quarters, be eligible for the same concessions as nurse pupils, with regard to the supply of electric current and water to their quarters. Other pupils if provided with free quarters will have to make their own arrangements for bedding and other articles and will have to pay the electric and water-supply charges pertaining to their quarters. All the midwifery pupils will conform to the rules and regulations of the hospitals in which they are being trained.

8. *General discipline.*—Midwifery pupils will be placed under the immediate orders of the Nursing Superintendent, Assistant Nursing Superintendent or the Head Nurse-in-charge of the nursing arrangements, as the case may be, subject to the general control of the Superintendent of the hospital.

9. *Examination.*—Four examinations will be held in each year in February, May, August and November. The actual date on which the examination will commence will be notified in the *Fort St. George Gazette*. The examination will consist of a written paper of two hours' duration and an oral and practical examination and shall be conducted by a Board of Examiners appointed by the Director of Medical Services for the purpose. The subject is taught from the following book:—

“ A Manual of Midwifery for Indian Nurses ” in one of the languages of the State approved by the Board.

10. *Remand.*—If a midwifery pupil granted a stipend by the Government fails to pass the examination in her first attempt, she may be remanded for three months and if she fails again, she may be remanded for a further period not exceeding three months. No Government stipend or allowance will be given to her after she fails to pass the examination at the second attempt, but she may appear for the final qualifying examination for the third time without stipend.

11. *Uniform*—Midwifery pupils shall wear white sarees and red jackets when on duty (vide Form C). They should provide their uniform at their own cost.

12. *Stipends allowances, etc.*—(a) Midwifery pupils admitted for training in the hospitals may be either stipended or unstipended. The stipended pupils may be either Government stipendiaries or those sent for training by local bodies, etc. Private pupils are also eligible for admission for training in midwifery at the above institutions provided they fulfil the conditions prescribed.

(b) The stipends and allowances of midwifery pupils are fixed as follows:—

Stipends	Rs. 18 per mensem.
Dhoby allowance	Rs. 1-12-0 per mensem.
Dearness allowance	Rs. 18 per mensem.
Uniform and food allowance	Rs. 75 for the whole course,

NOTE.—Expenditure may be incurred from State funds on the purchase of materials for cleaning the quarters allotted to stipendiary midwifery pupils undergoing training in Government hospitals the expenditure being calculated at the rate of annas four a month per member provided with free quarters.

(c) A sum of Rs. 470 (rupees four hundred and seventy only) should be collected in advance from each of the private candidates and from those deputed by local bodies for undergoing training in midwifery in the languages of the State as per the following details:—

	RS.
(i) Messing and incidental charges for 18 months at Rs. 25 per mensem	450
(ii) Caution money to defray charges on account of breakages, etc., or to be returned otherwise in full at the time of leave the training	20

(d) Candidates other than Government stipendiaries who fail in the qualifying examination will be allowed to undergo training for a further period of three months with a view to appear for the next examination on payment of Rs. 45 for the further training by the local body or the candidate as the case may be.

13. *Dismissal*.—A midwifery pupil may be dismissed at any time during her course of training if she is found to be guilty of insubordination,

13-A. *Leave*.—The pupil midwives will be given casual leave up to a maximum of 20 days during the whole period of their training, subject to the executive instructions in the Fundamental Rules. In addition, they may be granted sick leave with stipends and allowances for a period not exceeding 15 days for the whole period of their training, provided they are admitted in sick-rooms or wards of hospitals. They may also be granted extraordinary leave without stipends or allowances for a period not exceeding 15 days for the whole period of their training in exceptional cases, in addition to their sick leave. If a midwifery pupil who is granted leave according to the rules, is unable to resume duty on the expiry of the leave, her services shall be terminated. She may, however, be readmitted for training subsequently by the head of the training centre concerned provided there is a vacancy and she is found medically fit to rejoin the training and she may also be credited with such portion of the previous training as the head of training centre considers advisable.

14. *Resignation*.—(1) A midwifery pupil in receipt of stipend from the Government, who desires to leave the hospital before the completion of the period of training, or further period of training, if any, on any account except ill-health (which should be certified by the Superintendent of the hospital) shall give one month's previous notice in writing of such desire to the Nursing Superintendent, Assistant Nursing Superintendent or head nurse under whose immediate control she has been placed.

(2) She shall refund the stipend and dhoby allowance drawn by her during the period of training, provided that if she has drawn such stipend and allowance for more than six months, only the stipend and allowance drawn for the last six months shall be refunded.

(3) If she gives one month's notice as required by sub-rule (1), no stipend or dhoby allowance shall be paid to her during the period of notice.

(4) If she fails to give the notice required by sub-rule (1), or if the notice given falls short of one month, she shall pay the Government, by way of penalty, in addition to the amount referred to in sub-rule (2) a sum equal to the stipend and dhoby allowance for two months at the rate admissible at the time of leaving.

15. *Readmission of dismissed pupils*.—No midwifery pupil, who has been discharged for any of the reasons mentioned in rule 13 above, shall be eligible for readmission.

16. Midwifery pupils shall provide themselves with a pair of blunt pointed dressing scissors, a fountain pen, a wrist-watch, an inch tape and books and other articles.

17. The Government reserve to themselves full power to add to or amend these rules without notice in such manner as they may consider necessary.

FORM A.

(Vide rule 2.)

Form of application for admission into the Madras Government Hospitals for training in Midwifery in the languages of the State.

[This form should be filled in in the candidate's own handwriting and should be sent to the Nursing Superintendant of the hospital concerned with all the certificates mentioned in rule 4.]

- 1 Name in full and present address ..
- 2 Are you single, married or widow? If married, whether you are living with your husband or apart from him. Husband's written consent or evidence of judicial separation from him should be produced.
- 3 Your present occupation ..
- 4 Age, last birthday ..

(NOTE.—Date entered in the school register should, if possible, be furnished.)

- 5 Height ..
- 6 Whether educated, what educational qualification do you possess and in which language of this State. Whether you have been dismissed from midwifery training at any time before this.
- 7 Are you in good health? ..
- 8 Where, if any, was your last situation ..
- 9 If married or a widow, have you children and, if so, how many?
- 10 What is the name, address and occupation of your nearest relative?
- 11 Give the names and addresses of two respectable persons to whom reference can be made.
- 12 State nationality and caste ..

I declare the above statements to be correct.

Signature.

FORM B.

(Vide rule 4.)

I do hereby certify that I have examined
 a candidate for admission into the Government Training
 School for Midwives in the languages of the State at
 and cannot discover that she has any disease, constitutional affection
 or bodily infirmity except . . . I do not
 consider this a disqualification for employment as a midwifery pupil.

Her age is according to her own statement years and by appearance
 about . . . years.

I further certify that she has marks of smallpox/vaccination.

Personal marks.

Name

Rank

Designation.

Station

Date

FORM C.

(Vide rule 6.)

*Uniforms for pupils undergoing midwifery training in Government
 Hospitals in the Languages of the State.*

Midwifery Pupils' Uniform.

1. Six white sarrees.
2. Six red jackets, short sleeves not longer than down to elbow,
 buttoned up to neck.

ANNEXURE I.

(Vide rule 1.)

*List of training centres for the training of midwives in the
 Languages of the State.*

Districts.	Language or languages.	Hospitals recognized for the training of midwives in the languages of the State.
(1)	(2)	(3)
1 North Arcot.	Tamil and Telugu.	1 Government Pentland Hospital, Vellore.
		2 Scrudder Memorial Hospital, Ranipet.
2 South Arcot.	Tamil . .	3 Government Headquarters Hospital, Cuddalore.

Districts. (1)	Language or languages. (2)	Hospitals recognized for the training of midwives in the languages of the State. (3)
3 Chingleput ..	Tamil ..	4 Methodist Mission Hospital, Ikkadu.
4 Coimbatore..	Tamil ..	5 Government Headquarters Hospital, Coimbatore.
5 South Kanara	Kannada.	6 London Mission Hospital Erode.
		7 Lady Goschen Hospital, Mangalore.
6 Madras ..	Tamil and Telugu.	8 Government Hospital for Women and Children, Madras.
		9 Government Kasturba Gandhi Hospital for Women and Children, Madras.
		10 Raja Sir Ramaswami Mudaliar's Lying-in Hospital, Rayapuram, Madras.
		11 Kalyani Hospital, Mylapore, Madras.
7 Madurai ..	Tamil ..	12 Government Headquarters Hospital, Madurai.
		13 American Mission Hospital, Madurai.
8 Malabar ..	Malayalam	14 Women and Children Hospital, Kozhikode.
		15 Government Hospital, Cochin.
9 The Nilgiris.	Tamil ..	16 Government Hospital, Coonoor.
		17 Government Headquarters Hospital, Ootacamund.
10 Ramanathapuram.	Tamil ..	18 St. Martin's Hospital, Ramanathapuram.
11 Salem ..	Tamil ..	19 Queen Alexandra Hospital, Salem.
12 Tanjore ..	Tamil ..	20 Headquarters Hospital, Tanjore.
13 Tiruchirappalai.	Tamil ..	21 Headquarters Hospital, Tiruchirappalli.
		22 Government Ranee's Hospital, Pudukkottai.
14 Tirunelveli.	Tamil ..	23 Government Women and Children Hospital, Vannarpet.

ANNEXURE II.

(Vide rule 6.)

Form of agreement to be executed by midwifery pupils trained in the languages of the State in Government Hospitals in Madras State at the expense of Government.

AGREEMENT made the _____ day of _____ 19____ BETWEEN _____ daughter of _____ first part and THE GOVERNOR OF MADRAS of the second part WITNESSETH _____ of the _____ residing at _____

rules for the training of maternity assistants in Government hospitals at the training centres attached to such hospitals and will use her best endeavours to pass the prescribed examination in the last month of her period of training.

(2) The said _____ shall during the period of training observe and obey all lawful orders issued by and in all matters of discipline be subject to the Nursing Superintendent, Assistant Nursing Superintendent or Head Nurse in charge of the nursing arrangements for the time being in the hospital to which she may be attached, subject however in all cases to the general control of the Superintendent for the time being of such hospital. She shall also obey and conform to all other rules and regulations of the hospital in which she may be trained. She shall further be bound by all rules and orders made by the Government of Madras (hereinafter called the Government) from time to time and applicable to her.

(3) The Government shall—

(i) Educate in the principles and practice of midwifery the said _____ at the _____ free of charges for a period of 18 months.

(ii) Grant the said _____ a stipend of Rs. 18 per mensem, a dhobi allowance of Rs. 1-12-0 per mensem and Rs. 75 for the whole course for the purchase of books, uniforms, etc., and

(iii) provide rent-free quarters, if available in or near the hospital to which the said _____ may be attached.

(4) The said _____ shall present herself for the midwifery examination to be held in the last month of the period of training. In case of failure to pass the said examination she shall be given training for a further period not exceeding three months during which period she shall be entitled to receive the stipend and also be eligible for rent-free quarters, if available, subject to the terms and conditions herein contained. She shall appear for the midwifery examination to be held in the last month of the further period of training and if she fails at this examination also she will be permitted by the head of the training centre concerned to have training for a further period of three months only at her own cost and no Government stipend or allowance will be paid to her.

(5) (a) The Government shall be at liberty rescind this agreement on account of the said _____ leaving the said centre before the completion of her training or if she shall be guilty of negligence or failure to attend to duty, idleness or insubordination or misconduct or unfitness (the opinion of _____ as regards all or any of the above matters being final) and to dismiss her from the school in which she may be undergoing the course of training.

(b) The Government shall also be at liberty during the period of this agreement at any time or from time to time to revise the rates of stipend and/or allowances hereinbefore fixed.

(6) Before leaving, she shall refund all stipend and dhobi allowance drawn by her during the period of training, provided that if she has drawn such stipend and allowances for a period of more than six months, she shall refund only the stipend and allowance drawn for the last six months. If she gives one month's notice as aforesaid, no stipend or dhobi allowance shall be paid to her during that period. If she fails to give such notice, or if the notice given falls short of one month, she shall pay the Government by way of

penalty, in addition to the refunds aforementioned, a sum equal to the stipend and dhobi allowance for two months at the rate admissible at the time of leaving. Failing such payment and refund, the amount due, shall be recoverable as if it were an arrear of land revenue.

(7) Should the said _____ marry before the completion of the period of training or further training, if any, hereinbefore provided she shall be deemed to have left the training school without notice and shall be subject to the penalties hereinbefore provided.

In witness whereof of the said _____ and _____ acting for and on behalf of and by the order and direction of the Governor of Madras have hereunto set their hands the day and year first above written.
Signed by the above named _____

in the presence of _____
Signed by the above named _____
in the presence of _____

(G.Os. No. 4050, P.H., dated 3rd November 1939, No. 4202, P.H., dated 15th November 1939, No. 356, P.H., dated 6th February 1945, No. 1801, P.H., dated 6th July 1945, No. 2006, P.H., dated 10th June 1947, No. 3325, P.H., dated 3rd October 1947, No. 1221, P.H., dated 16th April 1948, No. 2466, P.H., dated 9th July 1949, No. 2469, P.H., dated 11th July 1949, No. 3137, P.H., dated 5th September 1949, No. 910, Health, dated 11th March 1950, No. 4371, Health, dated 24th December 1951, and No. 2336, Health, dated 22nd July 1952.)

PART III—RULES FOR THE CONDUCT OF QUALIFYING EXAMINATION FOR MATERNITY ASSISTANTS.

1. The Examination Board (hereinafter referred to as the Board) for the conduct of qualifying examination in midwifery shall consist of the following persons, namely:—

Chairman.

The Superintendent, Government Hospital for Women and Children, Madras.

Deputy Chairman.

Obstetric Physician and Gynæcologist, Government Hospital for Women and Children, Madras.

Members.

- 1 Obstetrician and Gynæcologist, Kasturba Gandhi Hospital for Women and Children, Madras.
- 2 Superintendent, Raja Sir Ramaswami Mudaliar's Lying-in Hospital, Madras.
- 3 Superintendent, Christiana Rainy Hospital, Madras.
- 4 Superintendent, Kalyani Hospital, Madras.

- 6 Lecturer in Ante-natal Care, Madras Medical College, and Surgeon, Ante-natal Department, Government Hospital for Women and Children, Madras.
- 7 Nursing Superintendent, Government Hospital for Women and Children, Madras.
- 8 Nursing Superintendent, Kasturba Gandhi Hospital for Women and Children, Madras.
- 9 Nursing Superintendent, Raja Sir Ramaswami Mudaliar's Lying-in Hospital, Madras.
- 10 Nursing Superintendent, Christina Rainy Hospital, Madras.

NOTE.—The Chairman of the Examination Board is empowered to co-opt from time to time additional members as required (with reference to the language of the examination) from a panel of names approved for the purpose by the State Government.

2. The qualifying examinations shall be held as follows:—
 - (a) English or Advance Grade—
In March, June, September and December of each year.
 - (b) The Regional Language Grade—
In February, May, August and November of each year.

The examinations shall be held at the Government Hospital for Women and Children, Egmore, Madras, and at such other centres as may be notified in the *Fort St. George Gazette*. The actual dates on which the examinations will commence will be published in the *Fort St. George Gazette* at least five weeks in advance.

3. The fee for the examination in the English or Advanced Grade shall be Rs. 5.

The fee for the examination in the languages of the State shall be Rs. 3.

Any fee paid shall in no circumstances be returned.

4. A candidate who intends to appear for the examination shall, at least three weeks before the advertised date of the commencement of the examination, send an application to the Chairman, in Form "A" together with the prescribed fee and a certificate in Form "B" to show that she has undergone the training in a centre or centres recognized for the purpose by the Madras Nurses and Midwives' Council. Every candidate applying for the examination shall produce a certificate signed by the Nursing Superintendent or the Superintendent of the Hospital, showing that she has conducted at least twenty delivery cases and attended a course of thirty lectures including practical demonstrations.

NOTE.—If the certificate is not available at the time, it may be submitted later, provided that it is despatched in time so as to reach the Chairman at least seven days before the date on which the examination will commence.

5. (1) The head of each training institution from which candidates appear for the qualifying examination, shall furnish for the information of the Board a list of such candidates.

(2) There shall be furnished along with such list in respect of each candidate, specified therein, a certificate in Form "C" testifying to her character, general conduct and the nature of her ward work.

6. If, after having paid her fee for an examination and been accepted as eligible, a candidate is prevented by illness which shall be attested by a certificate from a medical practitioner registered under the Madras Medical Registration Act, 1914 (Madras Act IV of 1914), from appearing for any part of the examination, she shall, subject to any circumstances which in the opinion of the Board disentitles her to the concession, be admitted to the examination immediately following, without payment of a fee.

7. (1) When a candidate is accepted as eligible to appear for the examination, the Chairman shall send to her at the address furnished by her for the purpose of a card of admission to the examination. The Chairman shall arrange that each candidate appearing for the examination receives due notice of the time and date of the oral and practical examination.

(2) A candidate presenting herself at the examination without a ticket of admission shall be liable to exclusion therefrom.

8. (1) The Chairman shall send as many question papers as there are candidates appearing for the examination to the chief officer in charge of the conduct of the examinations in a sealed cover. Such cover shall only be opened in the examination room on the date and at the hour appointed for the examination in the presence of the candidates. A responsible person shall be appointed as invigilator during the examination, who shall see that books, notes, etc., are not made use of by the candidates during these hours. Strict silence shall be enforced.

(2) At the oral and practical examinations the examiners shall distribute the work amongst themselves by mutual agreement.

9. (a) Examiners shall be supplied with the certificate in respect of each of the candidates examined by them in Form "C" and they shall take such report into consideration as well as the actual work done at the examination.

(b) A candidate shall submit to the examiners at the oral and practical examination, her case book containing reports made by herself of all the cases she had conducted and nursed.

10. If during an examination, any candidate shows a want of acquaintance with such subjects as are ordinarily comprised in a course of elementary education and she is not rejected on that ground, a special note shall be made by the examiner against the candidate's name. If the examiners find that the knowledge possessed, or the training undergone, by any candidate is insufficient, they shall reject such candidates.

12. (1) Within a week of the conclusion of the last oral and practical examination, the examiners shall consider the results of the examination and forward the papers with the marks allotted to the Chairman together with any report which the examiners may desire to make. Candidates securing not less than one-half of the aggregate number of marks shall be declared to have passed the examination, subject to satisfying the provisions of rule 10. Successful candidates who secure not less than 75 per cent of the aggregate number of marks shall be declared to have passed "with distinction".

(2) The names of the successful candidates shall be published in the *Fort St. George Gazette*.

(3) Maternity Assistants after passing the examination, shall be given a diploma in Form D or D-1, as the case may be, signed by the Chairman and Deputy Chairman of the Examination Board.

13. Any candidate who fails to pass the examination in Midwifery may be permitted to appear for a subsequent examination after having undergone further training for a period, of not less than three months, which may be extended to six months, if the Board considers such extension to be necessary. The fee for such re-examination shall be Rs. 5 if in the English or Advanced Grade and Rs. 3 if in the Regional Language Grade.

14. The scale of remuneration to be paid to the examiners shall be such as may, from time to time, be approved by State Government.

FORM A.

(Vide rule 4.)

Application for admission to the qualifying Examination in
Midwifery to be held in 19 ..

- | | | |
|---|-----------|----|
| 1 Name of candidate (in full) .. | .. | .. |
| 2 Nationality or race .. | .. | .. |
| 3 Training— | | |
| (i) Place .. | .. | .. |
| (ii) Period .. | { From .. | .. |
| | { to .. | .. |
| 4 Whether previously examined or not .. | .. | .. |
| 5 If previously examined, date of examination. | | |
| 6 Certificate from head of training institution regarding— | | |
| (i) Character .. | .. | .. |
| (ii) General conduct .. | .. | .. |
| (iii) General ward work .. | .. | .. |
| 7 The language in which the candidate desires to be examined. | | |

Date

19

Signature of the candidate.

NOTE.—Items 1 to 5 and 7 should be filled in by the candidate in her own handwriting and item 6 by the head of the training institution.

FORM B.

(Vide rule 4.)

Certificate required of a candidate desirous of appearing for the examination qualifying for registration as a Maternity Assistant.

I, _____ certify that _____ has been a Midwifery student at the _____ from the _____ to the _____ and that she has attended _____ labours, _____ of which she has personally delivered and has nursed during the ten days following delivery.

She has also attended over two-thirds of the lectures and classes of instruction in Midwifery.

I further certify that she is trustworthy, sober and of good moral character, and her general conduct has been _____

Signature of certifying authority.

Designation.

Address.

Dated

19

FORM C.

(Vide rules 5 and 9.)

List of candidates for the Final Examination in Midwifery to be held in _____ *19* _____

[To be sent in duplicate in the first week of _____]

Serial number.	Name of candidate (in full).	Nationality or race.	Training period.			Whether previously examined or not.	If previously examined date or examination.	Certificate from head of training institution regarding.		
			Place.	From	To			Character.	General conduct.	Ward work.

FORM D.

(Vide rule 12.)

No. _____

GOVERNMENT OF MADRAS.

Midwifery Certificate.

This is to certify that _____ has been examined by the Board of Examiners for Maternity Assistants in Practical Midwifery and Gynaecological Nursing and is declared to have passed the examination.

She is qualified to practise as a Maternity Assistant.

FORM D-1.

(V) de rule 12.)

No.

GOVERNMENT OF MADRAS.

Regional language trained Maternity Assistant's Certificate.

This is to certify that _____ trained at
 the Board of Examiners for Maternity Assistants in Practical
 Midwifery in _____ has been examined by
 and has been declared to have
 passed the examination.

She is qualified to practice as a Maternity Assistant

Madras,

Dated

19 .

Chairman.

Deputy Chairman.

(G.Os. No. 1101, P.H., dated 6th May 1937, No. 2498, P.H., dated 14th
 June 1941, and No. 2953, Health, dated 22nd August 1950.)

APPENDIX XI.

PART I—RULES FOR THE ADMISSION AND TRAINING COMPOUNDERS.

1. *Training centres.*—Centres for the training of compounders are specified in Annexure I to these rules.

2. *Recruitment.*—Candidates will be admitted on payment of stipends. Non-stipendiaries will also be admitted wherever they volunteer to take up the course. The selection of candidates will be made by the District Medical Officer or the Superintendent of the hospital concerned subject to the approval of the Director of Medical Services. The applicants should, if required, appear before the District Medical Officer or the Superintendent of the hospital concerned for personal interview at their own cost.

3. *Qualifications.*—Admission will be restricted to candidates who satisfy the following conditions, namely:—

(a) *Age.*—The candidates shall not be less than 18 years and more than 27 years of age. In computing the age-limit in the case of ex-Military personnel, the period of Military service rendered may be excluded.

Note.—Candidates who are above the prescribed age-limit of 27 applying for admission to the compounders' training course may be admitted as non-stipendiaries.

(b) *Educational qualifications.*—The minimum educational qualification shall be eligibility for the University course. Those who have passed the Matriculation examination conducted by the Madras University or the Andhra University and those who hold the English School-Leaving Certificate of Travancore State will also be eligible for admission.

NOTES.—(1) The above qualifications may be relaxed by Government for any specified period to enable candidates who have completed the Secondary School-Leaving Certificate with chemistry or physics as optional subjects or completed S.S.L.C. holders who have been taken General Science under the 1948 scheme being admitted. Preference will however be given to fully qualified candidates who have taken either chemistry or physics as optional subjects in the School Final Class.

(2) Preference will be given to candidates belonging to this State.

(3) Preference will be given to young widows and wives of soldiers, after provision is made for demobilized personnel and discharged workers in war works.

(4) The Director of Medical Services is authorized to admit ex-Military personnel who do not possess the prescribed educational qualifications for training and also remit the period of training prescribed in rule 5 below, if after an examination by the District Medical Officer or the Superintendent of the hospital concerned, they are found to possess adequate knowledge of English and compounding. A report should be sent to Government of the cases falling under this category.

4. *Health and other tests.*—Candidates must produce—

(1) A health certificate in the prescribed form from a medical practitioner registered under the Madras Medical Registration Act, 1914 (Madras Act IV of 1914) (vide Form given at the end of these rules).

(2) Testimonials from two respectable persons.

(3) Evidence of educational qualifications and a certificate from the headmaster of the school where the applicant studied stating that he has been declared eligible for the University Course of Study, if they possess the minimum educational qualifications, along with the Secondary School-Leaving Certificate books.

5. *Course of training and syllabus.*—(1) The course of training shall extend to one year but a candidate who has put in 80 per cent of attendance will be permitted to appear for the qualifying examination.

(2) The first nine-months training for the candidates will be given by the Pharmacists in the training centres.

(3) The last three months training for all candidates except those undergoing the training in the Christian Medical College Hospital, Vellore, will be given by the Pharmacist in the Government General Hospital, Madras.

(4) During the final period of training at the General Hospital, Madras, the following subjects are taught:—

The candidates will also be taken to the Medical Stores Depot in order to enable them to observe the manufacture of drugs on a large scale.

(5) Trainees in the Christian Medical College Hospital, Vellore, will undergo their entire period of 12 months training in this institution. An adequate number of visits to the Medical Store Depot, Madras, will be arranged for by the authorities of the hospital during the final three months' period of training. The candidates should take the qualifying examination in compounding at the Government General Hospital, Madras.

NOTE.—The syllabus prescribed for compounder's training is given in Annexure II.

6. *Medium of instruction.*—The medium of instruction will be English.

7. *Stipends.*—(1) A stipend of Rs. 25 per mensem to candidates admitted for training in the hospitals in the City of Madras and Rs. 20 per mensem to those to be trained in hospitals in the mufassal is sanctioned by Government and these are liable to be revised at any time, without previous notice. Candidates recruited for training in the mufassal hospitals will be paid stipend at the rate of Rs. 25 per mensem during the last three months of their training in the Government General Hospital, Madras.

(2) The total number of stipends will be fixed by Government from time to time. Fifty per cent of these stipends will be paid from State Funds and the remaining by such local bodies as require qualified compounders for their medical institutions. Local bodies may nominate their own candidates and forward their applications to the District Medical Officer or the Superintendent of the hospital concerned. If the nominations of the local bodies or the selection from these nominees should fall short of the reserved number, the Government will increase correspondingly the number of candidates to be granted stipends from State Funds so that the total number of stipends may be kept up. The stipendiaries will be exempted from the payment of tuition and examination fees.

(3) Ex-soldiers will be given preference in the matter of award of stipends.

(4) Not more than six candidates of the Travancore State will be admitted for training, provided there are not sufficient number of applicants for the training from this State.

(5) A stipendiary candidate trained on behalf of the Government at any of the training centres will be paid as travelling allowance a single third-class railway fare for his journey to complete the prescribed course of training at the Government General Hospital, Madras. The Dean, Government General Hospital, Madras, will claim the travelling allowance and make the payment to the candidate. No travelling allowance will be admissible for the return journey.

8. *Contract period of service.*—The stipendiaries should execute an agreement in the Form given in Annexure III to these rules to remain in the service of Government or the local body concerned

for a minimum period of six months after passing the compounder's examination. The obligation to serve Government or the local body for the compulsory period will lapse, if employment is not provided for them within a period of three months after completion of training.

NOTE.—The amount of stipends, examination fees and training fees refundable by stipendiary pupil compounders in the case of their failure to fulfil the conditions of their training, shall be recovered in the same manner as arrears of Land Revenue.

9. *Leave.*—Pupil compounders may be granted leave of absence for a period not exceeding 15 days for sickness and unavoidable private affairs at the discretion of the Superintendent of the training centre concerned if the progress of the pupil is satisfactory. The pupil compounder may also be granted casual leave for a total period of 15 days. The pupil compounders will be eligible for stipends during the period of leave admissible as above.

10. *Fees.*—The fee for the entire course of training will be Rs. 30 for each candidate and the fee for the examination will be Rs. 12 for each candidate.

11. *Examination.*—If a candidate fails in the qualifying examination and is required to undergo a further period of training before appearing for a subsequent examination, the fee for the said period of training shall be Rs. 7-8-0 per candidate. The examination at the end of the training for all candidates will be held at the Government General Hospital, Madras. It will be conducted by the Medical Department. The actual date on which the examination will commence will be published in the *Fort St. George Gazette*.

NOTE.—The qualifying examinations shall be held in the months of June and September each year by the Examination Board constituted for the purpose.

12. *General discipline.*—Candidates admitted for training must conform to the rules and regulations of the hospitals in which they are undergoing training.

13. *Appointments not guaranteed.*—Pupil compounders who successfully complete their training and obtain their diplomas will be eligible for appointment in any of the hospitals in the State. Appointment cannot, however, be guaranteed to all or any of the successful candidates. Recruitment will be made by the appointing authorities in accordance with the Madras Medical Subordinate Service Rules.

14. *Re-employment of dismissed pupils.*—No pupil compounder who has been discharged from a hospital on account of misconduct or inefficiency shall be re-employed in any other Government hospital in the State.

... after the rules. The Government reserve

FORM OF HEALTH CERTIFICATE.

(Vide rule 4.)

Certificate of Physical Fitness.

I do hereby certify that I have examined a candidate for admission into the Government Training Centre for compounders in the _____ and cannot discover that he has any disease, constitutional affection or bodily infirmity except _____ I do not consider this a disqualification for employment as a pupil compounder. His age is according to his own statement _____ years and by appearance about _____ years. I further certify that he has marks of small-pox/vaccination.

Personal marks.

Name.

Rank.

Designation.

Station.

Dated.

ANNEXURE I.

(Vide rule 1.)

List of training centres for the training of compounders in the State.

District.	Hospital.
1 Arcot, north ..	1 Government Pentland Hospital, Vellore.
	2 Christian Medical College Hospital, Vellore.
	3 Christikula Ashram Hospital, Tirupattur,
2 Arcot, south ..	4 Government Headquarters Hospital, Cuddalore.
3 Coimbatore ..	5 Government Headquarters Hospital, Coimbatore.
4 South Kanara ..	6 Government Headquarters Hospital, Mangalore.
5 Madurai ..	7 Erskine Hospital, Madurai.
6 Malabar ..	8 Government Headquarters Hospital, Kozhikode.
7 Ramanathapuram.	9 Government Headquarters Hospital, Ramanathapuram.
8 Salem ..	10 Government Headquarters Hospital, Salem.
9 Tanjore ..	11 Raja Mirasdar District Headquarters Hospital, Tanjore.
10 Tiruchirappalli..	12 Gandhiji Memorial District Headquarters Hospital, Tiruchirappalli.
11 Tirunelveli ..	13 Government Headquarters Hospital, Palayankottai.
12 Madras ..	14 Government General Hospital, Madras.
	15 Government Stanley Hospital, Madras.
	16 Government Hospital for Women and Children, Madras.
	17 Kasturba Gandhi Hospital for Women and Children, Madras.
	18 Government Royapetta Hospital, Madras.

NOTE.—No Government or local board stipends are available in the hospitals mentioned in items 2, 5 and 6.

ANNEXURE II.

(Vide rule 5.)

SYLLABUS FOR COMPOUNDERS' TRAINING.

(a) Written Examination.

Knowledge of official preparations and dosage of drugs in the British Pharmacopœia, 1948, including a theoretical knowledge of how pills, plasters, ointments, suppositories, emulsions, liniments, lotions, solutions, etc., are made in Practical Dispensing.

Knowledge of the proportion of active ingredients in preparations containing the following:—

Aloes, Belladonna, Calumba, Cardomom, Cinchona, Digitalis, Ergot, Glycyrrhiza, Hyoscyamus, Ipecacuanha, Nux Vomica, Opium, Rhubarb, Senna Senega, Valerian, Ginger.

Knowledge of preparations containing the following official alkaloids and their salts:—

Atropine, Cocaine, Hyoscyamine, Hyoscyne, Ergotzine ethanesulphonate, Emetine, Strychnine, Morphine, Godeine, Quinine, Quinidine.

Knowledge of common incompatibilities met with in prescriptions and the methods of overcoming them.

Knowledge of emergency methods of sterilization in the dispensary.

Knowledge of maintaining the stock and sale of drugs that come under the Drugs Act.

Knowledge of the principles of urine testing—

- (i) Physiological examination of urine,
- (ii) Specific gravity,
- (iii) Tests for normal and abnormal constituents which include tests for Albumin, Sugar, Ketone bodies, Bile pigments, Bile salts, Blood and Pus.

Knowledge of preparation of Pathological slides which include:—

- (i) Simple stain (Löffler's methy-lenc-blud solution.
- (ii) Gram's method for Gonococci, Pneumococci, etc.
- (iii) Strains for tubercle bacilli (Ziehl-Neelson carbol fusion).

(b) Oral and Practical Examination.

I. Practical Dispensing.

1. The equipment of a dispensary.
2. The British and the metric weights and measures, the weights and measures of the apothecaries system, the fluid, grain, the drop.
3. The British Pharmacopœia and its uses. The galenical preparations (official formulæ) of the British Pharmacopœia and of the Indian Pharmacopœia, the doses of the most important of them, including the doses of all poisonous preparations.
4. The prescription, the label, the distinctive labels of poisons and of drugs for external use, weighing and measuring of liquids and

5. The mixture: how dispensed, the sequence to be observed in mixing certain ingredients incompatible ingredients sometimes intentional, Chemical reactions how avoided in certain mixtures; suspending agents in mixtures containing heavy insoluble salts of resinous tinctures, finishing and wrapping.

6. Emulsions: emulsifying agents: emulsification of special drugs of fixed and volatile oils and of balsams.

7. Draughts and drops: how dispensed.

8. Pills: to be dispensed as small as possible, characteristics of a properly prepared pill, excipients (hard, soft and liquid), special excipients dusting powders, silvering, gelating, coating and varnishing pills.

9. Powders, essential points in dispensing powders, powder containing volatile or deliquescent salts, and powders for lotions and injections, how dispensed.

10. Aromatic waters, extemporaneous preparations of.

11. Decoctions, infusions: the importance of their being freshly prepared.

12. Suppositories, pessaries and bougies, the necessity of adding wax to certain official suppositories.

13. Liniments and pigments; how dispensed.

14. Plasters and blisters, plaster shapes.

15. Ointments: guiding principles in making ointments.

16. Departmental rules regarding the keeping of poisons, the dispensing of liniments and poisonous preparations, with an additional course in the examination of urine and staining of slides.

II. First Aid.

Instruction and examination in "First Aid" in accordance with the approved syllabus of St. John's Ambulance Association. The examination shall comprise the items I and II above:—

- (1) An oral examination.
- (2) A practical examination.
- (3) A practical examination in dispensing in which the candidate will have to conduct such of the operations or parts of them as the examiner may require.

The distribution of marks and the minima required for passing in each subject (practical Dispensing and First Aid) shall be as follows:—

	Maximum.	Minimum for passing.	
		First class.	Second class.
Oral examination ..	25	16	12
Practical examination ..	75	50	38
	<u>100</u>	<u>66</u>	<u>50</u>

NOTE.—A candidate to qualify himself for a certificate in Practical Dispensing (for compounders) should both the subjects mentioned above in one and the same session of the examination.

ANNEXURE III.

(Vide rule 8.)

Agreement form to be executed by the pupil compounders.

" KNOW ALL MEN BY THESE PRESENTS THAT I _____ son of _____ residing at _____ am held and firmly bound up to THE GOVERNOR OF MADRAS (hereinafter referred to as 'The Governor' which expression shall where the context so permits include his successors in office and assigns), in the sum of _____ Rupees _____ to be paid to the Governor or to his certain attorney or attorneys for which payment well and truly to be made I bind myself, my heirs, executors, administrators and legal representatives firmly by these presents, signed by me this day of _____

19 .

WHEREAS I the above bounden _____ have been selected by the Government of Madras (hereinafter referred to as 'the Government') to be trained as a compounder AND WHEREAS the Government have decided to pay me a stipend of Rs. _____ per month during the period of twelve months when I shall be undergoing such training AND WHEREAS it has been agreed that I shall enter into the above bond in the abovementioned sum _____ with such conditions as are hereunder written:

Now the conditions of the above written bond are such that if I shall undergo the full course of Government training for compounders, unless I be prevented by ill-health certified by a competent medical authority to the satisfaction of _____ for the time being from undergoing such full course of training, abide by all the rules and regulations laid down by the Government with respect to trainees as compounders and shall during such course of training abstain from engaging in any trade or calling or attending any other institution and shall after completion of such course of training appear for the next ensuing compounders' examination to be held by the Government and in the event of failure to pass such examination appear for the succeeding Government examination or examinations with a view to my becoming qualified as a compounder and shall, after completion of my course of such training and passing the said examination, faithfully and diligently serve the Government in the capacity of a compounder to the entire satisfaction of _____ for a period of six months from the date of my appointment on such conditions and for such salary as may be decided by the Government and shall during such period of service at all times obey the lawful orders of the Government or any officer or officers of the Government under whom I may be placed for the time being and shall generally comply with the rules and regulations applicable to the department in which I may be serving and shall, in the event of my failure to act as aforesaid in respect of all or any of the matters aforesaid, refund to the Government all amounts received by me as stipend and pay the Government the tuition, examination and other fees which _____ being a stipendiary I would have paid then the above

recovered from me as if they were arrears of Land Revenue under the Madras Revenue Recovery Act, 1864 (Madras Act II of 1864).

Signed by the abovenamed
in the presence of

(G.Os. No. 1892, P.H., dated 24th May 1949, No. 2969, P.H., dated 23rd August 1949, No. 2632, P.H., dated 15th October 1949, and No. 3885, P.H. dated 5th November 1949, Government Memorandum No. 83655-D-2/49-2, P.H., dated 8th November 1949, G.Os. No. 209, P.H., dated 17th January 1950, No. 3214, Health, dated 13th September 1950, and No. 3501, Health, dated 9th October 1950, Director of Medical Service's P. No. 4-G-1/52, dated 5th January 1952, and G.O. No. 2039, Health, dated 26th June 1952.)

PART II—RULES FOR THE CONDUCT OF QUALIFYING EXAMINATION FOR COMPOUNDERS.

1. *Constitution of the Examination Board.*—The Examination Board (hereinafter referred as the Board) for the conduct of qualifying examination for compounders shall consist of the following persons, namely :—

Chairman.

(1) The Drugs Controller (Director of Medical Services), Madras.

Members.

(2) The Professor of Pharmacology, Medical College, Madras.
(3) The Assistant Professor of Pharmacology, Madras Medical College, Madras.

(4) The Assistant Professor of Pharmacology, Stanley Medical College, Madras.

(5) One pharmacist to be nominated by the Chairman from a list of names to be submitted by the Pharmaceutical Society of India (Madras).

2. *Appointment of a Deputy Chairman.*—(a) The Chairman of the Board shall appoint one of the members of the Board who is a medical officer, to be its Deputy Chairman.

(b) The Deputy Chairman shall, in addition to any functions expressly assigned to him as such assist the Chairman in the business part of the examination.

3. *Date of examination.*—The qualifying examinations shall be held in the months of June and September each year. The actual date on which the examinations will begin shall be published in the *Fort St. George Gazette*; at least six weeks in advance.

4. *General scheme for examination.*—The subjects and scheme for the examination shall be as follows :—

Subjects.—(1) (i) Materia Medica including the principles of urine testing and preparation of pathological slides.

(ii) Practical dispensing.

(iii) First Aid.

(2) The examination shall comprise—

- (i) A written examination in Materia Medica.
- (ii) A practical and oral examination in dispensing in which the candidates will have to conduct such of the operations or parts of them as the Examiner may require.
- (iii) A practical and oral examination in First Aid.

5. *Fees.*—The fees for the examination shall be Rs. 12. Any fee paid shall, in no circumstances, be returned.

6. *Application for appearing for examination.*—A candidate who intends to appear for the examination shall at least four weeks before the advertised date of the beginning of the examination send an application in the appended form (vide Form "A") to the Chairman, together with the prescribed fee and a certificate that he has undergone the necessary training.

7. *Supply of list of candidates to the Board.*—At the time the candidates are sent for their final three months training to the Government General Hospital, Madras, the head of the training institution from which the candidates are sent, shall furnish for the information of the Board, a list of such candidates in Form "B" attached.

8. *Concession to candidates who fall ill.*—If, after having paid the fee and been accepted as eligible, a candidate is prevented by illness which shall be attested by a certificate from a medical practitioner registered under the Madras Medical Registration Act, 1914 (Madras Act IV of 1914), from appearing for, or completing such examination, the candidate shall, subject to any special circumstances, which in the opinion of the Board, may disentitle him to the concession, be admitted without payment of a fee to the examination, immediately following.

9. *Power of Board to frame rules.*—The Board shall be competent to frame such rules, as it thinks necessary for the proper conduct of the examination and other matters connected with the same, subject to the provisions of this scheme.

10. *Allotment of marks for subjects.*—The distribution of marks will be as follows:—

	Subjects.	Marks.
Materia Medica	50
Dispensing—Practical	50
Dispensing—Oral	50
First Aid—Practical and oral	50

11. *Declaration of names of successful candidates.*—A candidate who secures not less than one-half of the marks in each subject shall be declared to have passed the examination. Successful candidates who secure not less than 75 per cent of the aggregate number of marks shall be declared to have passed with distinction.

The names of the successful candidates shall be forwarded to the Director of Medical Services, for publication in the *Fort St. George Gazette*.

12. *Examination for failed candidates.*—(1) Any candidate who fails to pass the examination may be permitted to appear for a subsequent examination with, or without further training as may be recommended by the Board, but he shall not be allowed to sit for examination for more than three times.

(2) At the time of announcing the results of the examination, the Board will declare which of the failed candidates should undergo a further course of training.

(3) The period of such further course of training shall be the final three months training given by the Pharmacist at the Government General Hospital, Madras.

13. *Remuneration to Examiners.*—The scale of remuneration to be paid to Examiners who conduct the qualifying examinations for compounders shall be based on the amount of examination fees collected from the candidates appearing for Compounders' Examination and it shall be distributed in the following proportions:—

(1)	Government's share	16 (sixteen per cent).
(2)	Skilled assistance	6 (six per cent).
(3)	Purchase of Stationary	2 (two per cent).
(4)	Clerical assistance at the Medical College, Madras.	3 (three per cent)
(5)	Clerical work in the office of the Director of Medical Services, Madras.	4 (four per cent)
(6)	Services of attendants	2 (two per cent).
(7)	Setting of question papers	12½ (twelve and a half per cent).
(8)	Practical and Oral Examination.	25 (twenty five per cent).
(9)	Valuation of answer paper	13 (thirteen per cent).
(10)	Deputy Chairman's share of fees for actual conduct of Examina- tion.	12½ (twelve and a half per cent).
(11)	Chairman's share	4 (four per cent).

Total .. 100 per cent.

FORM A.

(Vide rule 5.)

Application for the qualifying examination for compounders to be held in 19 . . .

- 1 Name of the candidate (in full)
- 2 Nationality or race
- 3 Trained at the District Headquarters Hospital from to and the Government General Hospital, Madras, from to
- 4 Whether appeared before for the examination and the date of such appearance

Signature of the candidate.

- 5 Certificate (to be filled in by head of training institution regarding)—
 - (i) Character
 - (ii) General conduct
 - (iii) Work

NOTE.—Item 5 need not be filled up in the case of candidates who have once failed in the examination and who are permitted to sit for the examination again without a further course of training.

(Signature)

Date 19

Head of Training Institution.

FORM B.

(Vide rule 7.)

List of candidates for the qualifying examination for compounders to be held in 19 . . .

Serial number.	Name of candidate (in full.)	Nationality or race.	Training.		Whether appeared before for the examination and the date of such appearance.	Certificate (to be filled in by head of training institution regarding)		
			Place.	Period of training.		Character.	General conduct.	Work.
			From	To				

APPENDIX XII.

RULES RELATING TO THE COURSE OF TRAINING FOR
CERTIFIED RADIOLOGICAL ASSISTANTS (C.R.A.,
MADRAS).

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 recognized by the Board of Examiners as equivalent to the above.

Students who have put in at least two years' training in a Government School of Technology will be admitted to this course. Preference will be given to those who hold a recognized diploma in electrical engineering. Admission will be restricted to fifteen 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.

3. *Syllabus for the course.*—The syllabus for the course will be as follows:—

PART I EXAMINATION.

Three months tuition followed by examination.

Elementary Anatomy.—Skeletal bones—Epiphysis in Embryo, in infancy and adults, skull with reference to Pituitary Fossa, Cranial Fossa, blood vessel grooves, fractures; the diploë and Lumbar vertebræ Long and short bones of extremity.

Physiology.—Elementary knowledge of special organs of the body, the brain, spinal chord, lungs and heart, Oesophagus, stomach, intestines (large and small), appendix, liver, spleen, pancreas and ductless glands.

Pathology.—Lesion of the skull—diseases of the heart and lungs—visceræ of abdomen, bony tumours, etc.

PART II EXAMINATION.

Six months tuition followed by examination.

Radiography, Radiotherapy and Electrology suitable for C.R.A. :—

History—Lectures :

Apparatus.—Construction, wiring and assembling; valve and X-ray tubes, types, construction and properties—Care and control of apparatus;

Radiography.—Radiographic technique, care of patients while in the Radiographic Department.

Dark room.—Photography and Dark-room technique.

Radium and X-ray treatment.—Superficial and deep exposures—Filters—Radiation dangers—care of patients while in the department.

Electrology.—Principles of electrical, light and heat treatment—Methods of application—care of patients during treatment.

PART III EXAMINATION.

Three months work followed by examination.

Practical work in the several departments of the Barnard Institute of Radiology.

4. *Award of stipends.*—(i) Eight out of the fifteen candidates admitted every year for training in the C.R.A. course conducted in the Barnard Institute of Radiology, Government General Hospital, Madras, may be awarded a stipend of Rs. 25 per mensem each.

(ii) Stipendiary candidates are exempted from payment of tuition fees, but they are required to pay the examination fees.

(iii) They should execute a bond in the form given in the annexure to these rules to serve the Government for a period of five years after successfully completing the course, if called upon to do so. No appointment is however guaranteed.

(iv) The stipends sanctioned to the candidates for undergoing training in the C.R.A. course may be withheld at any stage, if the progress of study and conduct of a candidate is found to be unsatisfactory.

5. *Examinations.*—Examination in Part I will commence on the first Monday in October, in Part II on the first Monday in April and in Part III on the first Monday in July.

6. *Certificates.*—Certificates will be granted to successful candidates by the Dean, Government General Hospital, Madras.

NOTE.—The following procedure should be observed in the matter of issue of duplicate copies of C.R.A. certificates:—

(i) A candidate applying for a duplicate copy of a certificate should forward along with the application—

(a) a statement of the circumstances under which the original was lost,

(b) a declaration sworn before a magistrate that the statement in (a) above represents the truth, and

(c) a certificate of identification signed by two responsible persons to

(ii) On receipt of the application and other documents mentioned above, the Chairman, C.R.A. Board of Examiners, shall after scrutiny of the documents and verification of the qualification of the applicant issue a duplicate copy of the certificate, subject to the following conditions:—

(a) The word 'Duplicate' should be written in the form in bold capitals in red colour.

(b) A note should be inserted at the bottom of the form to the effect that the original certificate is reported to have been lost.

(iii) A fee of Rs. 3 should be charged for the grant of a copy of the certificate. The fee should be credited in full to State Funds.

A note should be made in the certificate register under the full signature of the issuing officer that a duplicate diploma has been issued to the party. The correspondence should be given a permanent number and preserved as a permanent record.

7. *Tuition fees.*—The tuition fee for the whole course will be Rs. 240 per candidate and should be paid in full before admission.

8. *Refund of tuition fees.*—(i) Refunds of fees are ordinarily inadmissible, if the candidate has attended any portion of the course except in cases where for reasons beyond his/her control, the candidate is prevented from joining the course or the candidate has to interrupt his/her studies for taking up for war work. In the latter case, a refund of the full fee will be allowed for each complete month of the course not attended by the candidate which the Dean of the hospital considers in the circumstances of each case reasonable.

(ii) All claims for refunds of fees should be preferred in writing with full circumstances of the case within a period of three months from the date of payment of fees or from the date on which the candidate taking up the work, has to leave the course.

(iii) Fee paid for the course may at the discretion of the competent authority, be reserved for a subsequent course provided that the candidate has not attended the course for any portion of the period for which the fee has been paid.

(iv) Claims for the refund of the fees reserved for a subsequent course on the plea of inability to attend the course will on no account be considered, and the fee reserved for a subsequent course cannot be reserved for a second time.

(v) The competent authority for the purpose of these rules shall be the Director of Medical Services.

9. *Examination fees.*—The examination fee will be Rs. 20 for each part. The examination fees should be paid immediately preceding the admission along with the tuition fee. Further fees of Rs. 20 should be paid for each subsequent appearance in a part 'before such appearance'.

10. *Re-examination of failed candidates.*—(i) A re-examination will be held for failed candidates at the end of three months, the date of such re-examination being fixed by the Chairman of the Examining Board after obtaining the approval of the Director of Medical Services.

11. *Remuneration to Examiners.*—The fee realized from candidates appearing for the C.R.A. Examination will be distributed in the following proportions :—

1. Government share	Sixteen per cent.
2. Stationery	Five per cent.
3. Government superintendence and skilled assistance.	Eight per cent.
4. Setting of question paper	Twenty-five per cent.
5. Oral examination	Do.
6. Valuation of answer papers	Thirteen per cent.
7. Chairman's share	Eight per cent.
Total	One hundred per cent.

ANNEXURE.

(See rule 4.)

KNOW ALL MEN BY THESE PRESENTS THAT I, _____ son of _____, residing at _____ am held and firmly bound unto THE GOVERNOR OF MADRAS (hereinafter referred to as 'The Governor' which expression shall where the context permits include his successors-in-office and assigns) in the sum of Rs. 300 (Rupees three hundred only) to be paid to the Governor or to his certain attorney or attorneys for which payment well and truly to be made I bind myself, my heirs, executors, administrators and legal representatives firmly by these presents.

Signed by me this _____ day of _____

Student of the C.R.A. course.

Dean,
Government General Hospital and
Madras Medical College, Madras.

WHEREAS I the above bounden

have been selected

been agreed that I shall enter into the above bond in the abovementioned sum of Rs. 300 (Rupees three hundred only) with such conditions as are hereunder written.

Now the conditions of the above written bond are such that if I shall undergo the full course of Government training for the Certified Radiological Assistants, unless I be prevented by ill-health certified by a competent medical authority to the satisfaction of the Dean, Government General Hospital and Madras Medical College, Madras, for the time being from undergoing such full course of training abide by all the rules and regulations laid down by the Government with respect to trainees as Certified Radiological Assistants and shall during such course of training abstain from engaging in any trade or calling or attending any other institution and shall after completion of such course of training appear for the C.R.A. Examinations to be held by the Government and in the event of failure to pass such examinations appear for the succeeding Government examination or examinations with a view to my becoming qualified as a Certified Radiological Assistant and shall after successfully completing the course, faithfully and diligently serve the State in the Radiological departments of the Government Hospitals for a period of *five years* from the date of my appointment if called upon to do so, on such conditions and for such salary as may be decided by the Government and shall during such period of service at all times obey the lawful orders of the Government or officer or officers or the Government under whom I may be placed for the time being and shall generally comply with the rules and regulations applicable to the department in which I may be serving and shall, in the event of my failure to act as aforesaid in respect of all or any of the matters aforesaid, refund to the Government all amounts received by me as a stipend and pay the Government the tuition, and other fees which, but for my being a stipendiary, I would have paid, then the above written bond shall be void and of no effect, otherwise the same shall remain in full force and virtue and all sums due by me to the Government as refunds of stipend and otherwise under the bond may be recovered from me as if they were arrears of land revenue under the Madras Revenue Recovery Act, 1864 (Madras Act II of 1864).

I also shall take note that there shall be no guarantee of appointment after my successfully completing the course.

Signed by the above named
in the presence of

Signature of the C.R.A. student.

Dean,

Government General Hospital and
Madras Medical College, Madras.

G.Os. No. 4000, P.H., dated 31st August 1940, and No. 1282, P.H., dated 14th May 1944, Government Memorandum No. 41438-44/D-1, P.H., dated 21st August 1944, G.Os. No. 886, P.H., dated 3rd April 1945, No. 940, Health, dated 14th March 1950, No. 1309, Health, dated 13th April 1951, No. 2223, Health, dated 21st June 1951, No. 359, Health, dated 2nd February 1953, and No. 501, Health, dated 11th February 1953.)

APPENDIX XIII.

PART I—CERTIFIED LABORATORY TECHNICIAN'S COURSE.

1. *Qualifications.*—The course will be open to persons who have obtained the Laboratory Attendant's Certificate, and who have put in at least two years' service in any laboratory attached to a Government or University institution. In case of candidates who have passed the Intermediate Examination in Science subjects of any recognized University before taking the Laboratory Attendants' course, the period of service in any Government or University Laboratory will not be necessary:

Provided that in the case of candidates deputed from Government service, the possession of Laboratory Attendants' certificate will not be insisted upon as a preliminary qualification.

2. *Course of training.*—The course will cover a period of one year. The training will be given in the Department of Pathology, Medical College, Madras, the Department of Bio-Chemistry, Medical College, Madras, and the King Institute of Preventive Medicine, Guindy.

3. *Admissions.*—Admission will be restricted to eighteen candidates at a time.

4. *Syllabus.*—The syllabus for the course will be as follows:—

A. Department of Pathology, Medical College, Madras.

(Three months)

(i) (a) *Clinical Laboratory Methods.*—Instructions in the preparation of different re-agents required in Clinical Laboratory for examination of urine, blood, faeces, sputum, C.S.F., etc.

(b) Setting up of apparatus for the various tests.

(c) Use of microscope.

(ii) *Histo-Pathology.*—(a) Preparation of various fixatives and staining re-agents used in histo-pathological work.

(b) Use of the microtome.

(c) Embedding and section cutting.

(d) Different methods of staining.

(iii) *Maintenance of records.*

(iv) *Lecture demonstration by one member of the staff once a week.*

B. Department of Bio-Chemistry, Medical College, Madras.

(iii) Preparation of standard volumetric solutions and accuracy in volumetric analyses.

(v) Care and use of micro-analytical apparatus.

(vi) Preparation of re-agents for routine bio-chemical analysis.

(vii) Technique of routine quantitative bio-chemical analysis of blood, pathological fluids and concretions.

(viii) Lecture demonstration once a week on the fundamentals involved in quantitative analytical method.

C. King Institute, Guindy.

(Six months)

(i) Preparation of special media.

(ii) Advanced bacteriological and serological technique with special reference to identification of organisms and vaccine manufactures.

(iii) Preparation of re-agents and stains.

(iv) Maintenance of records.

(v) Lecture demonstrations in such subjects as general bacteriology, immunity and elementary physiology.

NOTE.—The technicians to be employed in the Pathology and Hygiene departments of the Medical Colleges will undergo training in the King Institute, Guindy, only for a period of five months instead of six months specified in the syllabus, but they will be required to spend one more month in the Medical College, Madras, to study Museum Mounting and Model making in the Hygiene Department.

5. *Examinations.*—An examination will be held at the end of the whole course in December.

6. *Issue of certificates to successful candidates.*—Certificates will be granted to the successful candidates by a Board of Examiners which will be constituted by the Director of Medical Services.

NOTE.—The form of certificate is given in the annexure to these rules.

7. *Tuition and examination fees.*—No fee will be charged for the training or for the examination of candidates.

8. *Discharge of unsuitable candidates.*—Any unsuitable candidate will be expelled from the course at any stage of the training.

9. *Caution money.*—Candidates will be required to pay a deposit of Rs. 50 (fifty only) to cover any damage or loss of apparatus, etc. (or execute a guarantee), for the said amount with two sureties who are considered financially sound to stand surety.

10. *Re-examination for failed candidates.*—A re-examination will be held for failed candidates at the end of three months. A failed candidate will be required to undergo fresh course of training unless the Board of Examiners considers this unnecessary. The additional period of such training will be stipulated by the Board with respect to each failed candidate. Not more than two failures will be allowed for the whole examination.

(G.Os. No. 1784, P.H., dated 26th June 1944, No. 1115, P.H., dated 26th April, 1945, and No. 498, P.H., dated 19th February 1948, and Surgeon-General's P. No. 24-M (1)/47, dated 1st February 1947.)

PART II—CERTIFIED LABORATORY ATTENDANT'S COURSE.

1. *Educational qualifications.*—The course will be open to persons who possess a minimum qualification of—

- (i) A pass in the Matriculation of the Madras University; or
- (ii) A pass in the Secondary School-Leaving Certificate Examination with *Science* as a special subject; or
- (iii) A pass in an examination recognized by the Board of Examiners as equivalent to above.

2. *Course of training.*—The course will cover a period of one year. The training will be given in the King Institute of Preventive Medicine, Guindy, and in the Department of Pathology, Medical College, Madras.

3. *Admissions.*—Admissions will be restricted to eighteen candidates at a time.

4. *Syllabus.*—The syllabus for the course will be as follows:—

A. *The King Institute of Preventive Medicine, Guindy.*

(Eight months)

(i) *Preparation and sterilization of glassware and media.*—
(a) Glassware—Preparation, cleaning and sterilization.

(b) Preparation of simple media and combined media including methods of their sterilization. Care and operation of different types of sterilizers and hot air ovens.

(ii) *General bacteriological technique.*—(a) Training in the operation and care of routine laboratory equipment, such as microscopes, incubators, water-baths and centrifuges, etc.

(b) Staining methods including preparation of simple stains.

(c) Cultural methods and use of media.

(d) Technique of agglutination tests.

(e) Disinfection and sterilization of contaminated material.

(f) Handling of laboratory animals.

(iii) *Serological technique.*—(a) Care of apparatus used in the tests.

(b) Preparation of material for examination.

(iv) *Maintaining of records.*

(v) *Lecture demonstrations once a week by the officers of the Institute.*

B. *The Department of Pathology, Medical College, Madras.*

(Four months)

(i) *Clinical laboratory methods.*—(a) Preparation of simple

(c) Technique of examination of urine, faeces, sputum, blood, etc. (qualitative).

(ii) *Attendance on the post-mortem room.*—(a) To get acquainted with the use of instruments and render intelligent assistance to the Pathologist.

(b) Collection and handling of pathological material received from the hospital and post-mortem room.

(c) Lecture demonstrations once a week by one of the medical officers of the department.

(iii) *Course in bio-chemistry.*—(a) Cleaning the glassware, colorimeter and other pieces of apparatus used.

(b) Preparation for fractional test meal and for other tests like kidney function, liver function tests, etc.

(c) Use of a rough balance.

(d) Preparation of solutions used for qualitative tests.

(e) Technique of simple qualitative tests used in routine biochemical analysis.

(f) Setting up of apparatus for routine quantitative biochemical analysis.

(g) Setting up of B.M.R. apparatus.

(h) Lecture demonstrations once a week on fundamental principles.

5. *Examinations.*—An examination will be held at the end of the whole course in December.

6. *Issue of certificates to successful candidates.*—Certificates will be granted to the successful candidates by a Board of Examiners which will be constituted by the Director of Medical Services.

NOTE.—The form of certificate is given in the annexure to these rules.

7. *Tuition and examination fees.*—No fee will be charged for the training or for the examination of candidates.

8. *Discharge of unsuitable candidates.*—Any unsuitable candidate will be expelled from the course at any stage of the training.

9. *Caution money.*—Candidates will be required to pay a deposit of Rs. 50 (rupees fifty only) to cover any damage or loss of apparatus, etc. (or execute a guarantee for the said amount with two sureties who are considered financially sound to stand surety).

10. *Re-examination of failed candidates.*—A re-examination will be held for failed candidates at the end of three months. A failed candidate will be required to undergo a fresh course of training. The additional period of such training will be stipulated by the Board with respect to each failed candidate. During this period, the candidates will not be eligible to any stipends. Not more than two failures will be allowed for the whole examination.

(G.O. No. 1784, P.H., dated 26th June 1944, and Surgeon-General's P. No. 24-M (1)/47, dated 1st February 1947.)

ANNEXURE.

Form of certificate to be issued to successful candidates.

GOVERNMENT OF MADRAS.

LABORATORY TECHNICIAN'S CERTIFICATE.
ATTENDANT'S

THIS IS TO CERTIFY THAT _____ has passed the Government Examination held in _____ 19____ at the Madras Medical College after satisfactory undergoing the prescribed courses of lectures, practical demonstrations and training according to the syllabus prescribed in G.O. No. 1784, P.H., dated 26th June 1944, Technician _____ in the Madras State for the Certified Laboratory _____ Attendant had therefore in our opinion received a training that qualified him for the post of Laboratory _____ in the Madras State. Madras,

Dated _____ 19____

Board of Examiners.

NOTE.

The person named in the certificate is entitled to use the designation " Certified Laboratory _____ . In official correspondence, this designation should invariably be added after the name and no other contraction other than that following should be employed, viz., " Certified Laboratory Technician _____ ."
Attendant

Mark of identification:

- 1
- 2

Signature of the candidate.

Place

Date

Signature and designation of the officer in whose presence the above were recorded.

APPENDIX XIV.

RULES RELATING TO THE TRAINING OF NURSING ORDERLIES.

1. *Centres for training.*—All Government hospitals in the Madras City, all District Headquarters hospitals and the Government hospitals at Cochin, Tellicherry, Coonoor, Nagapattinam, Tuticorin, Kancheepuram, Kumbakonam, Cannanore, Srirangam,

ANNEXURE.

Form of certificate to be issued to successful candidates.

GOVERNMENT OF MADRAS.

LABORATORY TECHNICIAN'S CERTIFICATE.
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2. *Admission of candidates.*—Every candidate recruited for appointment as a Nursing orderly in the Madras General Subordinate Service will be sent to a selected training centre for a period of one year.

3. *Educational qualification.*—A candidate for training as a Nursing orderly must have passed the V standard in a recognized school or must possess the Indian Army Third-class Certificate of Education.

NOTE (1).—The term 'recognized school' shall mean a school maintained by or opened with the sanction of the Government of Madras or to which recognition has been accorded by the Director of Public Instruction, Madras, under the Madras Educational Rules.

NOTE (2).—Headmasters of elementary schools are not authorized to issue leaving or transfer certificates. Pupils leaving schools after passing the fifth or any higher standard will be granted, on application a school-leaving certificate by the Deputy Inspector of schools or Sub-Assistant-Inspectress of Schools, as the case may be. In the case of secondary schools a transfer certificate issued by the headmaster of the school to the effect that the candidate has passed the V class may be accepted for the purpose of this rule.

NOTE (3).—Persons not possessing the educational qualification proscribed above may be appointed in acting and temporary vacancies of nursing orderlies and admitted for the training course if qualified persons are not available. But such cases should be reported to the Director of Medical Services and the previous approval of the Director of Medical Services should be obtained for the permanent retention of unqualified persons in substantive vacancies.

4. *Age-limit.*—A candidate for training must not have completed 25 years of age.

5. *Syllabus.*—The syllabus for the course will be as shown in Annexure I to these rules.

6. *Pay and allowances during the period of training.*—While under training the trainees will draw the minimum pay in the scale sanctioned for qualified II Grade Nursing Orderlies.

7. *Washing of uniforms at Government expenses.*—Uniforms supplied to nursing orderlies in Government hospitals shall be washed at Government expense. The washing will be arranged for by the Superintendents or the Medical Officers in charge of the hospitals. No separate allowance will be granted to the nursing orderlies for this purpose.

8. *Free quarters or house-rent allowance.*—Female nursing orderlies will be allowed rent-free quarters while male nursing orderlies should pay rent for the quarters, if any, provided for them at the concessional rates which may be sanctioned by Government from time to time.

9. *Examinations.*—The examination will be oral and practical. It will be conducted by—

(1) Resident Medical Officers in the case of the City State Hospitals.

(2) Assistant District Medical Officers in the case of all District Headquarters hospitals.

(3) The senior Medical Officer in charge in the case of other Government hospitals.

The minimum number of marks required for a pass in the examination shall be as follows:—

(1)	Maximum.	Minimum.	
		First class.	Second class.
(2)	(3)	(4)	(5)
Oral	25	15	12
Practical	75	50	38
Total	100	65	50

A candidate who fails in the first attempt to pass the examination will be allowed another chance to appear at the subsequent examination. But if he fails for a second time, his probation shall be terminated.

10. *Special concession to demobilised personnel.*—(1) Candidates who have rendered war service as nursing orderlies may be exempted from training as nursing orderlies in Civil Government hospitals if the duration of their war service is for two years or more and if it is less than two years, the period of military service rendered by them may be computed as half the period for the purpose of undergoing the nursing orderlies' training.

(2) All such military candidates, irrespective of the length of their war service should pass the necessary examination prescribed for nursing orderlies failing which they will not be granted increments or confirmed in the posts of nursing orderlies.

11. *Issue of certificates to successful candidates.*—A certificate in the form given in Annexure II to these rules will be issued to successful candidates.

ANNEXURE I.

SYLLABUS OF TRAINING.

Introductory.—General qualities to be acquired by a Nursing Orderly, viz., obedience, discipline, harmless, tact, thoughtfulness for others and common sense; manners and morals, kindness, sympathy rendering all services to patients with no desire for tips or remuneration of any kind.

I. *Hygiene.*—(a) General—Aid—necessity of fresh air especially for the sick.

Hygiene of the room of ward—ventilation—light temperature of the room—Prevention of draughts, evils of over-crowding of the room with furniture, purdahs, draperies. Avoidance of dust, collection of rubbish and discharges.

(b) Personal hygiene—cleanliness of clothing, hands, face, mouth and hair. Use of soap and water and nail brush. Dangers of infecting clean surgical and maternity cases by sores and wounds

(c) Toilet of the patient—daily cleaning of patients—face, hands, trunk, lower limbs—in rotation cleaning of hair—pediculi—treatment of—cleanliness of nails—of mouth—sores—change of bed linen.

(d) Elementary sanitation—general cleanliness of wards and surroundings.

II. *Food.*—(a) In health and disease—what is meant by food. Varieties of food—solids and liquids—kinds of liquid, food used for the sick—with quantities and hours of feeding—manner of feeding bed cases—by mouth—by nose—per rectum. Use of water and its necessity in certain cases with quantity. Hospital diets—dangers of uncooked food—serving of patients' food cleanliness vessels and utensils.

(b) Digestion and excretion—definition, organs of digestion and excretion—chief diseases arising from improper digestion and excretion due to improper feeding. Evils of overfeeding—regular daily evacuation necessary to maintain health—Dangers of smuggling article of diet.

III. *Conveying and handling of patients.*—(1) Modern methods of conveying the sick, i.e., ambulance cars, stretchers, chairs. The object of these being done with rapidity of movements combined with smoothness (no jolting).

(2) The method of dressing and undressing the sick in bed.

(3) Methods of transferring a patient from the sick bed on to a stretcher or chair or vice versa.

(4) Methods of handling unconscious patients.

(5) Attention to bed-ridden cases.

IV. *Attendance of infectious cases.*—Spread of infection caused by personal precaution to guard against infection. Disinfectants—definition—varieties in common use—how prepared. The importance of disinfectant in modern surgical practice and on the dressing of wounds. Their importance on modern hygiene in the prevention of disease. Hankinization of wells, chlorination of drinking water. Disposal of excreta and discharges specially infectious disease—modern methods of disinfection of excreta—disinfection of linen—setting apart linen for infectious cases—disinfection of patient room and crockery.

V. *Medicines and their administration.*—(1) Methods of giving drugs by the mouth, lungs, skin, rectum and under the skin.

(2) Accuracy in giving medicines, time frequency—quantity—various measures used.

VI. *Enemata.*—Definition—method of administration—varieties—purgative nutrient—other medicated enemata—the use of rectal tube.

VII. *External applications.*—Counter-irritants—poultices. Gargles—eye-lotion, eye-drops—counter-irritants—varieties. Leeches—ointments—lotions—poultices—varieties—fomentations and stupes—hot water bottles—ice bags—ice poultices.

VIII. *Baths and jacks.*—As apart from cleansing baths—cold bath—hot bath—hot air bath—vapour bath—mercurial bath—continuous bath—arms and leg bath—medicated baths—hot pack, cold pack sponging.

IX. *The nursing of helpless patients.*—Washing of patients—cleansing of mouth and teeth and materials used in cleansing bed sores—cause prevention—treatment. Moving of helpless patients from a stretcher to a bed or operating table. Change the sheets. A draw sheet—feeding of patient—use of feeding cup. Bed pans, urinals, nasal feeding—care of the dead.

X. *The observation of the sick.*—Reporting on a patient—written report on seriously ill—what to observe—position, expression. The skin—eyes—ulcers—scars, jaundice, etc. Digestive system—Presence of sores on the lips, teeth, tongue, etc. Excretory system stools—urine—respiratory system—respiration, cough—Nervous system—fits, delirium, sleep—the temperature the clinical thermometer—normal temperature—fever, rigors and pulse rate quality.

XI. *Signs and symptoms of some of the more common and important dangerous diseases requiring skilled nursing.*—(1) Enteric or typhoid fever: method of infection. Diet and feeding of disposal of excreta and discharge complications and nursing—treatment of absolute rest in bed.

(2) Diphtheria: how infected—segregation of diet and feeding of—disposal of excreta and discharges complications—Tracheotomy.

(3) Dysentery: mode of infection—flies—diet and feeding—disposal of excreta.

(4) Cholera: conveyed by—boiling of water—preventive measures—disposal of excreta and vomit recording of rectal temperature—use of hypertonic saline.

(5) Small-pox: Air borne disease—segregation—vaccination—Hyperpyrexia.

(6) Tetanus—causation—segregation from other surgical cases—diet and feeding—avoidance of light—noise—prevention of biting of the tongue.

(7) Lobar pneumonia—absolute rest in bed—use of hydrotherapy—dyspepsia and cyanosis—use of oxygen—watching for crisis—danger of heart-failure; use of oxygen after cyanosis.

XII. *Surgical nursing.*—(a) Surgical cleanliness—rest—local and general.

(b) Sterilization and cleaning of—

(1) Instruments.

(2) Ligatures and sutures.

(c) Operations--

- (1) Preparation of the patient.
- (2) After-treatment of operation cases--preparation of bed--watchfulness bed cradle--feeding withheld until ordered--shock and hæmorrhage and the treatment until seen by surgeon.
- (3) Operation theatre--manner of cleaning and dusting--furniture and equipment of a modern theatre.
- (4) After-treatment and management of tracheotomy cases.

XIII. *Management of wards.*—(1) Ventilation of wards--vitiating of air more likely than in ordinary rooms on account of emanation from the patients' bodies, their linen and excreta, their wounds, dressings, etc., necessity of several inlets and outlets.

- (2) Duty of attendants.
- (3) Floor of ward.
- (4) Dusting.
- (5) Cleaning of walls, windows, wood-work, brass work and utensils.
- (6) Cleaning of beds--vermin--dangers of mosquitoes, bugs, lice and flies--their sources and remedies.
- (7) Air and water beds--use of.

XIV. *Bandaging.*—To be demonstrated—

- (a) The object of bandaging—to fix splints or dressing—to apply pressure to prevent movements, etc.
- (b) Various types of bandages in use and the method of using them.
- (c) The importance of cleanliness in dressing cases.

XV. *Wounds.*—Classification—manner of cleaning and dressing—danger of tetanus and a sepsis antiseptic lotions and dressings in common use.

XVI. *Bleeding on hæmorrhage.*—Varieties—watchfulness necessary—Immediate report to surgeon when there is serious bleeding. Temporary arrest of bleeding—digital pressure—application of tourniquet—position of main arteries.

XVII. *Fractures and First-aid.*—Causes of fracture—varieties—Application of splint—Importance of sepsis in compound fractures and immobility in treatment—massage. Sprints—varieties to be shown and demonstrated improvised splints—padding of splints fracture beds—use of sand bags—danger of tight bandaging plaster of Paris and its use.

XVIII. *Instruments and appliances.*—(a) Show the common instruments in use in the medical and surgical wards and name them.

- (b) Their care and mode of cleaning and replacing.
- (c) The special care required in dealing with rubber articles—gloves—catheters—stomach tube, etc.

(d) Impress the necessity of keeping each article in its place.

XIX. *Lectures on first-aid.*—Suffocation—drowning—poisoning.

ANNEXURE II.

Form of certificate.

This is to certify that _____ has undergone training as a Nursing Orderly for a period of one year in the Government _____ Hospital _____, in accordance with the approved syllabus and that he has passed the examination conducted at the end of the course in the _____ class.

Countersigned.

*Resident Medical Officer.**Assistant Superintendent.*

Superintendent.

Station

Government

Hospital.

Date

(G.Os. No. 1121, P.H., dated 7th May 1930, No. 1780, P.H., dated 23rd September 1931, No. 869, P.H., dated 19th March 1936 and No. 1686, P.H., dated 7th May 1946, Surgeon-General's Circular P. No. 94-H, dated 30th May 1931, Surgeon-General's Circular P. No. 141-H, dated 16th April 1941, and Surgeon-General's Circular P. No. 98-G, dated 6th March 1946.)

APPENDIX XV.

RULES RELATING TO ANTI-RABIC TREATMENT.

PART I.

MEMORANDUM OF INFORMATION FOR THE GUIDANCE OF PATIENTS
DESIRING TO UNDERGO ANTI-RABIC TREATMENT.

Persons bitten by, or otherwise exposed to the risk of infection from an animal known or suspected to be rabid should receive anti-rabic treatment immediately. The following items of information should be considered in deciding upon the necessity for treatment :—

(i) A rabid animal may be paralysed or may display energy and fury.

(ii) An animal may be rabid without exhibiting any signs in water.

(iii) An animal is seldom infective prior to 5 days before symptoms of rabies are observed.

(iv) Any person who is bitten by an animal should report for treatment at a Dispensary or at the nearest or most accessible

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tals

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Form of certificate.

This is to certify that _____ has undergone training as a Nursing Orderly for a period of one year in the Government _____ Hospital _____, in accordance with the approved syllabus and that he has passed the examination conducted at the end of the course in the _____ class.

Countersigned,

Resident Medical Officer.

Assistant Superintendent.

Superintendent.

Station

Government

Hospital.

Date

(G.Os. No. 1121, P.H., dated 7th May 1930, No. 1780, P.H., dated 23rd September 1931, No. 869, P.H., dated 19th March 1936 and No. 1686, P.H., dated 7th May 1946, Surgeon-General's Circular P. No. 94-H, dated 30th May 1931, Surgeon-General's Circular P. No. 141-H, dated 16th April 1941, and Surgeon-General's Circular P. No. 98-G, dated 6th March 1946.)

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(i) A rabid animal may be paralysed or may display energy and fury.

(ii) An animal may be rabid without exhibiting any signs in water.

(iii) An animal is seldom infective prior to 5 days before symptoms of rabies are observed.

(iv) Any person who is bitten by an animal should report for treatment at once to a Government Hospital or at the nearest or most accessible

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tals

(v) When a dog which is known bites a person, the animal should be kept tied up under observation for a period of ten days.

(a) If the dog remains in perfect health throughout this observation period, the person bitten need not receive treatment.

(b) If, however, the dog develops symptoms or dies within the ten-day period, the person bitten should report for treatment at the Pasteur Institute, Coonoor, or at the nearest or most accessible anti-rabic treatment centre. Portions of the dog's brain should be sent to the Pasteur Institute, Coonoor, for verification of the diagnosis.

(c) In the case of bites on the face or of deep and extensive bites on other parts of the body, the ten-day observation period should not be adhered to, but the person bitten should seek treatment immediately.

(vi) (a) Any person who is attacked and bitten by a wild jackal or an unprovoked cat should undergo anti-rabic treatment because it is highly probable that such animals are rabid.

(b) Persons who are scratched by the claws of a rabid animal should undergo anti-rabic treatment.

(c) Persons with cuts or abrasions on the skin or mucous membranes who are licked on the damaged parts by a rabid animal should receive anti-rabic treatment.

(vii) Persons, the continuity of whose skin and mucous membranes is unimpaired and who are licked by a rabid animal, need not be treated, nor does the handling of rabid animals by similar persons render treatment obligatory.

(viii) Wounds, caused or licked by rabid animals, should be properly cauterized as quickly as possible. After preliminary washing with some anti-septic lotion, if possible, the wounds should be dried and cauterized with fuming nitric acid. If concentrated nitric acid is not available, pure carbolic acid or the actual cautery may be substituted.

In cases of difficulty or doubt which are not covered by the information given in this memorandum, a communication describing the relevant circumstances in detail should be addressed to the Director, Pasteur Institute, Coonoor, who will gladly offer such additional information and advice as he is able to give.

2. As soon as the necessity for treatment has been decided upon, the patient should report for treatment at the nearest or most easily accessible treatment centre without delay.

3. Anti-rabic treatment is available at the Pasteur Institute, Coonoor, Government General Hospital, Government Stanley Hospital, Government Royapetta Hospital, Kasturba Gandhi Hospital for Women and Children, Hospital of Indigenous Medicine, Madras, District Headquarters Hospitals, other Government Primary local

fund and municipal medical institutions in the Madras State, the Lawrence Military School, Dovedale, and at the following mission hospitals :—

Danish Mission Hospital, Tirukkoyilur, South Arcot district.

Kanarese Evangelical Mission Hospital, Udipi, South Kanara district.

London Mission Hospital, Erode, Coimbatore district.

National Missionary Society Mission Hospital, Tiruppattur, North Arcot district.

Scudder Memorial Hospital, Ranipet.

Wesleyan Mission Hospital, Ikkadu, Tiruvallur, Chingleput district.

Wesleyan Mission Hospital, Tiruvallur, Chingleput district.

Medical Officers in charge of subsidized and non-subsidized rural dispensaries who are trained and registered private medical practitioners (Modern Medicine) in the Madras State may obtain anti-rabic vaccine on payment from the Director, Pasteur Institute, Coonoor, for the treatment of their *private patients only*. The vaccine required for a complete course will be supplied by the Director of the Institute at the prevailing price plus sales tax and is issued only by value payable parcel post. The issue of vaccine to such medical officers and private medical practitioners is subject to their undertaking to carry out the treatment strictly in accordance with the instructions issued from the Pasteur Institute, Coonoor, and to complete and forward the necessary health returns to the Director of the Institute. Failure to comply with these conditions will render the medical men responsible ineligible for the further supply of anti-rabic vaccine.

3-A. Anti-rabic vaccine may be issued on payment of cost to Registered L.I.Ms. subject to the following conditions :—

(a) They should undergo training at their cost in the method of administration of anti-rabic treatment for two weeks at a Government training centre and obtain a certificate to that effect from the officer in charge of the centre.

(b) They should give an undertaking that they would carry out the instructions issued from the Pasteur Institute, Coonoor, and that they would complete and forward the necessary health returns to the above Institute as and when they are required.

Anti-rabic vaccine should be issued to them only on the production of the certificate referred to in (a) above and on their giving the undertaking referred to in (b) above to the issuing authority.

4. Those who desire to undergo anti-rabic treatment at the Pasteur Institute, Coonoor, or at any of the mission hospitals

The maximum course of treatment covers a period of fourteen consecutive days, but this causes little or no inconvenience and patients may lead a normal existence in so far as the rules of life recommended permit.

6. *Information for those who proceed to Coonoor.*—(a) Coonoor is situated on the Nilgiri Hills about 6,000 feet above sea-level and can be reached by the Nilgiri Railway from Mettupalayam in about three hours, or by motor road.

(b) Mettupalayam is on the south-west branch of the Southern Railways and is easily accessible from all parts of Southern India. The Institute is about a mile from the Coonoor Railway Station to which it is connected by motor road.

(c) *Climate.*—The temperature of Coonoor ranges between 60°F. and 75°F. from March to September and between 40°F. and 60°F. from October to February.

(d) The annual rainfall is about 70 inches, the greater part of which is received during the north-east monsoon in October, November and December.

(e) Persons coming from the plains require fairly warm, but not heavy clothing and bedding. Indigent Indian patients will be supplied with blanket on arrival.

(f) *Accommodation.*—There are several hotels and boarding houses which are open all the year round.

(g) Europeans and Anglo-Indians are not accommodated at the Institute, but must make their own arrangements for boarding and lodging. Persons who cannot afford hotel rates can find inexpensive lodgings in the town within three-quarters of a mile from the Institute.

(h) Well-to-do Indians can find houses in convenient situations, and others can arrange for lodgings and meals in the town. Indigent patients are accommodated in the free quarters in the Institute compound and will be provided with blankets and cooking pots.

(i) Military patients are given anti-rabic treatment at their respective military hospitals; and wherever there are no recognized military anti-rabic treatment centres, at the nearest civil hospitals.

7. All persons who cannot afford to go to Coonoor and all indigent persons may obtain anti-rabic treatment at any of the other treatment centres provided by Government which is most convenient to them—vide paragraph 3. Treatment at these centres is free only to indigent persons, that is, persons whose pay or income does not exceed Rs. 100 per mensem, to all Government servants and to families of all non-gazetted Government servants and employees of local bodies drawing salaries not exceeding Rs. 300 per mensem and to their families. All others will be charged the price of the vaccine at the prevailing rate, plus sales tax and in addition the charges incurred on account of any telegram sent to

the Pasteur Institute, Coonoor, for vaccine for their treatment; if they are admitted as in-patients, the usual nursing and dieting charges will be levied in addition.

NOTE.—(1) In the case of military patients and their families who are entitled to free medical treatment at the expense of the Defence Services Estimates as defined in regulations for the Medical Services of the Army in India, bills on account of anti-rabic treatment rendered and vaccine supplied to them during each month, together with particulars of such patients or their families, should be forwarded by officers-in-charge of Government anti-rabic treatment centres to the Officer Commanding, Military Hospital concerned, who will certify on the bills that they relate to patients entitled to free anti-rabic treatment, and the certified bill will be returned to the officer in charge of the treatment centre concerned, who will arrange with his Accounts Officer to raise the necessary book debit against the Controller of Military Accounts concerned. In the case of non-Government anti-rabic treatment centres, the Officer Commanding, Military Hospital, will countersign the bill and forward it to the Controller of Military Accounts concerned for payment and adjustment against the grant effected.

The expenditure involved is debitable to head "2—1. Medical Services—a. 8. Miscellaneous and incidental expenses" of the Defence Services Estimates.

(2) House Surgeons and House Physicians employed in Government hospitals, students and pupils in the Government Medical College (including military pupils) and nurse-pupils in Government hospitals are given free anti-rabic treatment.

(3) The medical officer in charge of the treatment centre may, in his discretion, charge full or half-cost of the anti-rabic vaccine. The reasons for not charging the full cost should be recorded in writing.

8. Patients who are sent to the Institute or other treatment centre by or at the expense of private employers, friends or other private persons or associations, should be provided by them with the cost of their return journey and also with sufficient money to pay for their food during the course of treatment, which lasts fourteen days. If desired, money for these purposes may be sent to the Director of the Institute or the medical officer in charge of the treatment centre, and this course is strongly recommended in the case of menial servants and illiterate or irresponsible people.

PART II.

RULES FOR THE GRANT OF CONCESSIONS TO GOVERNMENT SERVANTS AND THEIR FAMILIES AND INDIGENT PERSONS NOT EMPLOYED IN THE PUBLIC SERVICE TO ENABLE THEM WHEN EXPOSED TO INFECTION FROM RABID ANIMALS OR THOSE SUSPECTED TO BE RABID TO PROCEED TO THE PASTEUR INSTITUTE AT COONOR OR ANY OTHER TREATMENT CENTRE PROVIDED BY THE GOVERNMENT.

Concessions to Government servants and their families.

'Government servant' in these rules means a Government servant, whether temporary, officiating or permanent, paid from State Revenues or from Port and Marine funds administered by the Government and includes a member of the work-charged establishment of the Public Works Department or of the temporary establishment in the Forest department sanctioned under section 7 (b) of the Madras Forest Code or of piece-work or day-extra establishment in the Government Presses and a Government servant whose pay is debitable to Central Revenues, if he is under the administrative control of the State Government acting as the

2. Government servants and their families when exposed to infection from rabid animals or those suspected to be rabid may proceed for anti-rabic treatment either to the Pasteur Institute, Coonoor, or to any of the other treatment centres, other than mission hospitals, provided by the Government whichever is nearest to them.

3. Any Government servant who has difficulty in finding at once the means to enable him to proceed to the Pasteur Institute, Coonoor, or any other centre for anti-rabic treatment that is nearest and whose pay does not exceed Rs. 500 a month, may be granted—

(i) an advance not exceeding his actual travelling expenses to and from the place to which he is proceeding for anti-rabic treatment, viz., (a) a single fare each way by railway of the class by which he is entitled to travel on duty, (b) for journeys by road or river the actual cost of transit, not exceeding the amount admissible under the rules. The expenses for the return journey should be paid to the patient after the treatment is finished, by the Treasury Officer of the station on production of a discharge certificate from the medical officer in charge of the centre, and in the case of a treatment centre, where there is no Government treasury, the medical officer in charge of the centre should advance the expenses for the return journey from the permanent advance held by him and subsequently recover the same from the nearest Government treasury;

(ii) an advance of one month's pay; and

(iii) casual leave for twenty days if he is employed in a place which is a treatment centre and casual leave for twenty days plus the time required to go to and return from the nearest treatment centre, if he is employed in a place which is not a treatment centre, provided that if the absence of such Government servant makes it necessary for a substitute to be appointed during this period, the period of absence may, under the orders of the Government, be treated as extra leave on full average pay not debitable to his leave account and not as casual leave. Any further leave required should be leave on full or half-average pay, as the case may be, debitable to his leave account.

NOTE.—(1) The words "does not exceed Rs. 500 a month" occurring in this rule and the word "pay" occurring in this and subsequent rules should be interpreted as referring to substantive pay as defined in rule 9 (28) of the Fundamental Rules.

In the case of a Government servant without a lien on a permanent post, pay actually drawn may be taken as substantive pay.

In the case of a piece-worker employed in the Government Press, Madras, and its branches, "pay" will mean pay calculated at class rates and in the case of day-extra establishments pay calculated at the rate fixed for them.

(2) The grant to inferior servants of extra leave on full average pay, contemplated in this rule is not subject to the usual condition that there should be no extra expense to the Government.

(3) The maximum leave admissible to a member of the work-charged establishment of the Public Works Department or of piece-work or day-extra establishment in the Government Presses to whom the concession is extended, will be casual leave for fifteen days if he is employed in a place where the anti-rabic treatment is available and casual leave for fifteen days plus the time required to go to and return from the nearest treatment centre.

if he is employed in a place where such treatment is not available; provided that, if a substitute is appointed, the whole period of the leave will be treated as leave without allowances. Any further leave required will also be treated as leave without allowances.

(4) In the case of Government servants whose pay does not exceed Rs. 50 per mensem, the recovery of the amounts advanced as travelling allowance may be waived. In the case of those drawing over Rs. 50 but not more than Rs. 100, where special circumstances exist, the recovery of the amounts advanced as travelling allowance may be waived altogether or in part, if the head of the department thinks fit.

4. Any Government servant drawing not more than Rs. 500 a month a member of whose family is exposed to infection from a rabid animal or those suspected to be rabid and who has difficulty in finding at once the means of sending him or her to the Pasteur Institute at Coonoor, or to the nearest treatment centre, other than a mission hospital, may be granted an advance not exceeding the actual travelling expenses admissible under rule 3 (i) plus one month's pay. If he does not draw more than Rs. 100 a month, an advance of the travelling expenses of an attendant, if necessary, may be given to a similar amount and subject to the same conditions of recovery (see below) as for the patient. In the case of Government servants whose pay does not exceed Rs. 50, the recovery of the amounts advanced as travelling expenses for the members of their families and for the attendant may be waived. In the case of those drawing over Rs. 50 but not more than Rs. 100, where special circumstances exist, the travelling expenses advanced for the members of their families and for the attendant may be waived altogether or in part if the head of the department thinks fit.

5. All officers of the Medical, Public Health and Animal Husbandry departments of whatever class, are treated as on duty for the purpose of pay, travelling allowance, leave and pension for the period covered by their journeys to and from the nearest centre for anti-rabic treatment, and their residence at any of the centres provided that they come into contact with rabid or suspected animals while actually discharging their official duties.

6. Government servants drawing more than Rs. 100 per mensem proceeding to the Pasteur Institute or any other centre for treatment should bear the cost of their maintenance both during their journey and while under treatment at the Institute, or the treatment centre. Those drawing not more than Rs. 100 per mensem are entitled to maintenance allowance during treatment as well as during the journey to and from the Pasteur Institute or the nearest treatment centre, at the rates of daily allowance admissible to them under the Madras Travelling Allowance Rules. The same concession is also admissible to members of the families of Government servants of this class who undergo anti-rabic treatment.

NOTE.—The menials employed in the Medical, Public Health and Animal Husbandry departments who are paid from contingencies and who come into contact with rabid animals or those suspected to be rabid while actually discharging their official duties are entitled to the concession admissible under rules 5 and 6 above.

7. The officers of the Madras State mentioned in Annexure I shall be entitled to the abovementioned concessions to Govern-

8. The despatch of every Government servant or every member of the family of a Government servant to the Pasteur Institute, Coonoor, or the nearest centre for anti-rabic treatment, other than a mission hospital, should at once be reported to the officer immediately superior to the officer by whom the patient is sent and by that officer, if he is not the head of the department, to the head of the department. Where the head of the department himself sends the person, no further report will be required. A report should also at once be made direct to the Director of the Pasteur Institute, Coonoor, or the medical officer in charge of the treatment centre concerned, in the form given in Annexure III.

9. The Director of the Pasteur Institute or the medical officer in charge of the treatment centre, on production of satisfactory proof of identity and of adequate evidence that the patient, if a Government servant, did not receive an advance of one month's pay admissible to him under these rules as a recoverable loan, may grant to such a Government servant an advance not exceeding one month's pay, intimating the grant to the head of the department to which the Government servant belongs with a view to the recovery of the sum advanced from his pay. The proof furnished by the Government servant will be made a voucher and the charge will be recovered by the Director or the medical officer in charge of the treatment centre from the officer in charge of the treasury or sub-treasury, who will, when necessary, arrange to pass it on to the district concerned. Subject to the same conditions of proof and recovery, the Director or the medical officer in charge of the treatment centre may also make, in very special cases, a further advance not exceeding half a month's pay to a Government servant who has already received an advance of one month's pay before his departure for the Institute or the hospital, but has run short of funds while under treatment, and may also pay as an advance the maintenance and return journey expenses of Government servants drawing not more than Rs. 100 a month, to the amount admissible under rules 3 (i) and 6. Any of the above advances may also be granted to a Government servant, subject to the above conditions of proof and recovery, if applied for by him on account of a member of his family undergoing treatment at the Institute or the hospital.

10. The discharge certificate to be granted by the Director or the medical officer in charge should be prepared in duplicate; one copy of it should be despatched by him to the Government servant responsible for the original advance, and the other copy should be attached to the bill for the travelling allowance for the return journey which will be presented for payment at the treasury.

11. The bill for travelling allowance for the return journey should be at the same rates as were allowed for the journey to the Institute or the treatment centre, and should also be supported by the original intimation received from the officer who is responsible for the original advance. Maintenance charges for days spent at the Institute or the hospital and for the days of the return journey may be advanced on separate bills drawn by the Director or the medical officer in charge of the treatment centre, who will

certify thereon the class to which the patient belongs and the number of days that he was under treatment or that will be occupied in the journey.

12. The travelling and maintenance allowances of Government servants paid from State revenues should be debited to a special detailed head, viz., 57. Miscellaneous—k. Miscellaneous and Unforeseen charges—C. Miscellaneous charges for the treatment of patients at the Pasteur Institute (or at any of the treatment centres). The travelling and maintenance allowances of Government servants paid from Central Revenues and who are under the administrative control of the State Government acting as the Agent of the President, Indian Union, should be debited to Central Revenues. The bills for such charges should be sent to the head of the office or department under the Central Government under which the Government servants concerned are serving. The travelling and maintenance allowances of servants of Port and Marine funds administered by the Government should be debited to the funds from which their salaries are met. Any recoveries of overdrawals to be effected in consequence of a Government servant having been allowed travelling allowance in excess of that to which he was entitled will be made by the Accountant-General.

NOTE.—In the case of all Government servants and their families, the charge of the anti-rabic vaccine and for telegrams for vaccine will be borne by the Government.

13. All advances made to Government servants under rules 3, 4 and 9 should ordinarily be recovered in three equal monthly instalments as provided in Article 239 (c) of Madras Financial Code, Volume I. But in special cases where it is considered that the enforcement of the rules would cause hardship, the State Government or the Honourable the Judges of the High Court, the Board of Revenue and the officers named below, who have been specially empowered in that behalf, may sanction the repayment of an advance in more than three but not more than twelve instalments:—

NOTE.—The amount of advance to be recovered monthly should be fixed in whole rupees and the balance should be recovered in the last instalment.

Director of Medical Services.
 Inspector-General of Prisons.
 Inspector-General of Police.
 Inspector-General of Registration.
 Presidency Port Officer.
 Director of Public Instruction.
 Chief Engineers.
 Director of Public Health.
 Chief Conservator of Forests.
 Transport Commissioner.

13-A. The family of a Government servant of the class referred to in rule 1 shall also be entitled to anti-rabic treatment at the Pasteur Institute or other treatment centres, other than a mission hospital, on the same scale and conditions allowed to the Govern-

14. (1) Indigent patients, when exposed to risk of infection from rabid animals or those suspected to be rabid should proceed for anti-rabic treatment to the Pasteur Institute, Coonoor, or any of the treatment centres provided by the Government that is nearest. Any indigent person domiciled in the Indian Union not employed in the Public Service, who has been exposed to infection from a rabid animal or one suspected to be rabid and who, in the opinion of any of the officers referred to in Annexure II, is unable to proceed to the nearest centre for anti-rabic treatment at his own expense, may be granted the following concessions, viz., (a) a single third-class fare each way by railway, (b) for journeys by road or river, the actual cost of transit.

(2) Maintenance allowance may also be granted to indigent patients whether adult or child at the following rates:—

(a) *During journeys.*—(i) Europeans and Anglo-Indians—As. 8 per day.

(ii) Indians.—As. 4 per day.

(b) *During the course of treatment to enable the patient to obtain proper diet.*—(i) Europeans and Anglo-Indians—As. 12 per day.

(ii) Indians.—As. 3 to Rs. 6 per day according to circumstances relating to individual cases.

NOTE.—The rate of maintenance allowance should not ordinarily exceed 3 annas per day. In the case of patients who have dependants and who are unable to follow their normal vocations, the maximum allowance of 6 annas per day may be given. In deciding the rate the Medical Officer should consider circumstances such as (1) whether the patient is the breadwinner of the family or a dependant, (2) whether the patient can or cannot carry on his usual vocation during treatment and (3) whether the patient has had to leave his usual place of residence and take up temporary residence at or near the treatment centre. While it is important that the allowance should not be an unwarranted source of income to the patient it is even more important that patients should not have to forego adequate treatment for want of means:

Provided that for the purpose of this rule no person or member of the family of a person who pay more than Rs. 100 as kist per annum or whose income from any other source than land exceeds Rs. 100 per mensem shall ordinarily be classed as indigent nor shall any person be classed as indigent who has at the time or can obtain from relatives the means of paying his or her expenses. Any person claiming to be indigent for the purpose of this rule shall produce a certificate to that effect from the village headman (including the village headman, if any, in a municipality) or from the subsidized rural medical practitioner if there is one in the village or from two respectable inhabitants of his or her village or from the executive authority of the municipality or the presidents of the district and panchayat boards as the case may be.

A list of officers in the Madras State authorized to grant this concession is given in Annexure II.

15. Indigent patients and their attendants proceeding to the Pasteur Institute, Coonoor, or to the nearest anti-rabic treatment centre, other than a mission hospital, should be provided with a single third-class ticket by the shortest and cheapest route by the officer, who despatches them and the Director, Pasteur Institute, Coonoor, or the medical officer in charge of the treatment centre will make similar arrangements for the patients' return journey.

Persons who are exposed to infection from rabid animals or those suspected to be rabid when applying for certificates of indigency should produce evidence to the satisfaction of the officers and others referred to above that they have actually been bitten

ificate signed by the officer despatching him/her that he/she has been sent to the Institute or any other centre for treatment at the expense of State revenues or by local or municipal funds. If the area to which the patient belongs is within the limits of a municipal town or of a local board, the name of the municipality or local board concerned should be stated in the certificate.

18. The maintenance allowance of the patient while under treatment and for the period of the return journey and also, if necessary, the cost of transit for journeys by rail, road or river on the return journey, will be disbursed by the Director, Pasteur Institute, Coonoor, or the medical officer in charge of the treatment centre in the first instance and subsequently recovered from the treasury on production of a discharge certificate.

19. The discharge certificate to be granted by the Director or the medical officer should be prepared in duplicate. One copy should be despatched by him to the Government servant responsible for the original advance and the other should be attached to the bill for travelling allowance for the return journey when presented for payment at the treasury.

20. The bill for travelling allowance for the return journey should be at the same rates as were allowed for the journey to the Institute or other treatment centre and should be supported by the intimation received from the officer responsible for the original advance.

21. Maintenance charges for days spent at the Institute or the treatment centre and for the days occupied by the return journey and also the third-class railway fare may be advanced on separate bills drawn by the Director or the medical officer, who will certify thereon the days that the patient was under treatment or that will be occupied in the journey.

NOTE.—The bills drawn by the medical officer should exclude dieting charges incurred on behalf of any indigent person who has been admitted as in-patient in any of the treatment centres other than the Pasteur Institute, Coonoor, while undergoing the treatment.

22. Any indigent person who is (a) a woman, (b) a child under 16 years of age, or (c) a man incapable by reason of age or other sufficient cause of travelling alone, may be allowed to be accompanied by not more than one attendant (except in the case provided for in the note below), the cost of such attendant being debited to the same fund to which the charges on account of the patients are debited. Such attendant or attendants may be granted travelling expenses and maintenance allowance at the rate sanctioned for patients and also wages not exceeding four annas a day, in cases where the despatching officer is satisfied that the patient is unable to pay the daily expenses of the attendant or attendants. This concession is also admissible to Government servants drawing not more than Rs. 100 a month and subject to the condition in rule 4 to members of the families of such Government servants.

NOTE.—More than one attendant may be allowed on the authority of one of the authorities mentioned in Annexure II in special cases, as, e.g., when the patient is a child unable to travel without the mother or other woman in charge who also requires an attendant, or when the patient is a woman and in addition to one attendant is compelled to take one or more children with her.

23. The despatch of each indigent person to Coonoor or any other centre except a mission hospital for anti-rabic treatment at the public expense should at once be reported to the Director or the medical officer concerned in the form given in Annexure III. A report should also be sent to the executive authority of the municipality or the president of the district or panchayat board concerned if the area from which the patient is despatched is within the limits of a village panchayat, a municipal town or of a district board; and in every case a report should also at once be sent to the Accountant-General.

The report should state—

(a) the amount of travelling allowance (by rail, road or river) advanced;

(b) the number of days for which and the rate at which maintenance allowance has been advanced;

(c) the charges that should be borne by State revenues or by municipal, village panchayat or district board funds.

In the case of persons who of their own accord resort to any centre for anti-rabic treatment, the necessary reports should be sent to the Accountant-General and the local bodies concerned by the medical officer in charge of the treatment centre.

24. (a) The expenses incurred in the treatment of indigent persons residing within the limits of the following cantonments, viz., Wellington, St. Thomas Mount, Pallavaram and Poonamallee should be debited to cantonment funds.

NOTE.—The term 'expenses' in this includes the cost of the anti-rabic vaccine and the charges incurred on account of telegrams to the Pasteur Institute, Coonoor, for the vaccine and also the third-class railway fares but does not include the actual dieting charges of persons admitted as in-patients in Government hospitals, local fund and municipal medical institutions while undergoing treatment.

(b) In the case of other indigent patients, the cost of anti-rabic vaccine and telegram charges will exclusively be debited to State funds but maintenance charges and the railway fares advanced to such patients will be recovered once a month before the end of the month from the local body concerned if the patient is residing within the jurisdiction of a district board or municipality. The exhibition of charges in the public accounts shall be as under :—

(1) The cost of anti-rabic vaccine supplied to Government, primary, local fund and municipal hospitals in the State should be treated as regular expenditure of the hospitals concerned and should be debited to "Supplies and Services—Voted—Medicines and Hospital necessities".

(2) The expenditure on service postage on account of tele-

(3) Advances of maintenance charges and third-class railway fares made by superintendents or medical officers of hospitals to indigent out-patients undergoing anti-rabic treatment should be classed as under :—

(i) " Advances repayable—Civil Advances—Objection Book Advances—Other Officers (anti-rabic charges) " only in cases where the charges are recoverable from local bodies and others, subsequent recoveries being credited to the same head of account; and

(ii) " 57. Miscellaneous—k. Miscellaneous and Unforeseen Charges—C. Miscellaneous charges for the treatment of patients at the Pasteur Institute " in cases where such charges are to be met from State funds.

NOTE.—The procedure to be followed for the accounting of the expenditure on telegram, the cost of vaccine and maintenance and other charges of patients undergoing anti-rabic treatment in local fund and municipal medical institutions is laid down below :—

(i) *Expenditure on telegrams.*—Medical officers in charge of local fund and municipal medical institutions should utilize local fund or municipal perforated stamps for the despatch of telegrams and recover the cost from State funds by presenting a bill at the end of each month to the Treasury Officer. This officer will debit the expenditure on the monthly bills to the contingencies of the Government Headquarters Hospital of the district in which the local fund or municipal hospital is situated, adjust the amount to the credit of the district board or municipal council concerned and advise the president, district board, or the executive authority of the municipality of the claim made.

(ii) *Cost of vaccine.*—The medical officers in charge of the local fund or municipal medical institutions may, after countersigning the bills, forward them to the Director, Pasteur Institute, Coonoor, who will present them at the Sub-Treasury, Coonoor, for debiting the amount to the Headquarters Hospital of the district concerned and crediting it to the funds of the Pasteur Institute.

(iii) *Maintenance and other charges.*—(a) In the case of Government servants who are treated in local fund or municipal medical institutions, medical officers in charge of the institutions should meet the maintenance and other charges from their permanent advance in the first instance and subsequently recover the amount from State revenues by presenting at the treasury at the end of each month a bill countersigned by the District Medical Officer concerned and supported by proper vouchers. The Treasury Officer will pass the bill and adjust the amount of the bill to the credit of the local board or municipal council concerned.

(b) In the case of indigent patients other than Government servants who come from other local board or municipal areas, the medical officer of the local fund or municipal medical institution wherein they are given anti-rabic treatment should meet the maintenance and other charges from their permanent advance in the first instance and subsequently recover the amount from the local board or municipal council concerned. All claims arising in the cases should be settled by the local body within a month from the date of receipt of the bill. The Government leave it to the local bodies concerned to make their own arrangements in regard to the manner in which the amounts are to be adjusted.

25. The Director or the medical officer concerned may make advances to indigent patients who come to the Institute or the treatment centre at their own expense but are unable to maintain themselves or to pay for their return journey. Such advances should be recovered from the local bodies concerned by presenting immediately on completion of the treatment a bill supported by the

certificate of indigence produced by the patient as required by rule 14. If more than one indigent patient from the same local area completes the treatment in the course of a month, a consolidated bill to cover all the cases may be sent to the local body concerned. When an apparently indigent patient arrives without a certificate of indigence, the Director or the medical officer in charge of the treatment centre may admit the patient without waiting for the certificate, but he should at once send the name and address of the patient to the executive authority of the municipality or the Tahsildar of the taluk concerned with a request that a certificate of indigence should be sent. The executive authority of the municipality or Tahsildar should treat such communications as *very urgent* and send a reply to the medical officer concerned before the patient has completed the treatment, i.e., within 14 days of the person's admission as a patient. On receipt of the certificate from the Tahsildar or the executive authority the maintenance allowance and third-class railway fare advanced to the patients should be recovered from the local body concerned by presenting a bill as prescribed above. If, on the other hand, no certificate is received from or given by the executive authority or the Tahsildar, the Director or the medical officer concerned should recover, if possible, the charges from the patient, and this cannot be done, the possibility of recovering them should be investigated in the following manner :—

The Director or the medical officer concerned should correspond direct with the officers in charge of the district to which the patients to whom advances have been made say they belong, and should ask them to take over for investigation claims in respect of the advances made. District officers should take over these claims as soon as they are satisfied that the persons who received the advances actually belong to their districts and should inform the Director or the medical officer that they have done so.

The Director or the medical officer should then recover from the treasury any sum of money advanced by him producing the district officer's 'acceptance' in support of his claim. If the patient resides within an area under the jurisdiction of a municipality or district board within the Madras State, the claim should then be passed on to the local body concerned for adjustment. If the patient resides outside the Madras State, the Director or medical officer should correspond in the manner indicated above direct with the district officer of the area in which the patient resides and if the district officer accepts the claim, any sum of money advanced should be recovered from the treasury of the State concerned producing the district officer's "acceptance" as a voucher. The Accountant-General, Madras, will then debit the amount advanced to the State Government concerned through the exchange account. If no district officer accepts the claim, it should be adjusted finally as a State charge under the head "57. Miscellaneous—k. Miscellaneous and Unforeseen Charges—C. Miscel-

The previous sanction of the Central Government has been obtained to the rules in so far as they apply to officers of the Central Government who are under the control of the State Governments as the Agent of the President, Indian Union.

Note.—The Director, Pasteur Institute, Coonoor, is also authorized to sanction the debit to State revenue of irrecoverable advances subject to the submission of quarterly returns to Government of such sanctions through the Director of Medical Services.

26. With regard to indigent patients who are sent for treatment from the Pasteur Institute to the Government Hospital, Coonoor, the Director may, in the first instance, defray the expenses connected with their diet, and, in case of death, of their burial or cremation, as the case may be, and recover the cost in accordance with the procedure laid down in rules 23 to 25.

ANNEXURE I.

(Vide rule 7, Part II.)

LIST OF OFFICERS EMPOWERED TO GRANT CONCESSIONS TO GOVERNMENT SERVANTS EMPLOYED UNDER THEM OR SUBJECT TO THEIR AUTHORITY TO PROCEED TO THE PASTEUR INSTITUTE, COONOR, OR ANY OTHER CENTRE FOR ANTI-RABIC TREATMENT OTHER THAN A MISSION HOSPITAL.

Development Department.

Chief Conservator of Forests.
 Officers of and above the rank of Assistant Conservator of Forests.
 Conservators in the Forest department.
 Director of Fisheries.
 Gazetted officers of the Fisheries department.
 Director of Industries and Commerce.
 Gazetted officers of the Industries and Commerce department.
 Director, Cinchona department.
 Registrar of Co-operative Societies.
 Gazetted officers of the Co-operative department.
 Director of Animal Husbandry.
 Principal, Madras Veterinary College.
 Gazetted officers, Animal Husbandry department.
 Veterinary Assistant Surgeons.
 Gazetted officers of the Excise Prohibition department.
 Registrar of Joint Stock Companies.
 Commissioner of Labour.
 Protectors of Emigrants.
 Assistant Director (West Coast)—Fisheries department.

Finance Department.

Examiner of Local Fund Accounts.

Home Department.

Inspector-General of Police.
 Inspector-General of Police, Fire Service Branch.
 Deputy Inspectors-General of Police, Fire Service Branch.

Home Department--cont.

Deputy Inspectors-General of Police.
 Commissioner of Police, Fire Service Branch.
 Commissioner of Police.
 Superintendents of Police (including Deputy Commissioners of Police, Madras).
 Police Radio Officer.
 Assistant Superintendents of Police.
 Deputy Superintendents of Police.
 Inspector-General of Prisons.
 Chief Inspector of Certified Schools and Vigilance Service.
 Superintendents of Jails and Borstal Schools and Headmasters of Certified Schools.
 The Hon'ble the Chief Justice of the High Court of Judicature at Madras.
 Chief Judge, Court of Small Causes.
 Judges of the Court of Small Causes, Madras.
 Judge, City Civil Court, Madras.
 District Judges.
 District Magistrates (Judicial).
 Subordinate Judges.
 Subdivisional Magistrates (Judicial).
 District Munsifs.
 Administrator-General and Official Trustee, Madras.
 Advocate-General, Madras.
 The Public Prosecutor, Madras.
 The Government Pleader, Madras.
 The Sheriff of Madras.
 The State Prosecutor, Madras.
 Presidency Magistrates.
 Transport Commissioner, Madras.

Health Department.

The Director of Medical Services.
 The Director of Public Health.
 Assistant Directors of Public Health.
 The Director, King Institute of Preventive Medicine, Guindy.
 The Chemical Examiner to Government.
 Commissioned Medical Officers.
 Civil Surgeons.
 Assistant Surgeons in independent charge of hospitals or dispensaries.
 District Health Officers.
 The Director of Town-Planning.
 The Chief Engineer (Public Health).
 The Sanitary Engineer.

Education Department.

Superintendent of Stationery.
 Superintendent, Government Press.
 Senior Translator to Government.
 Curator, Madras Record Office.
 Director of Public Instruction.
 Gazetted officers, Education Department.
 Superintendent, Government Museum, and Principal Librarian,
 Connemara Public Library.

Political Department.

Comptroller.
 Secretary to the Governor.

Public Department.

Secretaries, Deputy Secretaries and Under Secretaries to Govern-
 ment.
 Secretary to the Madras Legislature.

Public Works Department.

Chief Engineers.
 Chief Operation Engineers, Electricity department.
 Chief Construction Engineer, Electricity department.
 Superintending Engineers and Chief Electrical Inspector to Govern-
 ment.
 Executive Engineers, Divisional Electrical Engineers and Divi-
 sional Engineers (Highways).
 All subdivisional officers and all heads of offices (for persons imme-
 diately subordinate to them).
 Electrical Engineer (General) and Assistant Engineer (Electrical)
 under the Electrical Engineer (General).
 The Electrical Inspector and the Assistant Engineers under the
 Electrical Inspector.
 State Port Officer.
 Port Officers and Port Conservators.
 Chairman, Tuticorin Port Trust.

Local Administration Department.

Inspector of Municipal Councils and Local Boards.
 Regional Inspectors of Municipal Councils and Local Boards.

Revenue Department.

Board of Revenue.
 Collectors.
 Divisional Officers.
 Tahsildars (including Inspecting Tahsildars).
 Deputy Tahsildars in independent charge.

N. Sathyabama

APPENDICES

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Revenue Department—cont.

Officers of and above the rank of Assistant Director in the Survey department and Sub-Assistants of Survey.

Heads of public offices in Madras.

Inspector-General of Registration,

District Registrars.

Sub-Registrars.

Registrar-General of Births, Deaths and Marriages.

Commercial Tax Officers.

Food and Agriculture Department.

Director of Agriculture.

Gazetted officers of the Agricultural department.

Rural Welfare Department.

Commissioner, Hindu Religious and Charitable Endowments (A) Department.

Deputy Commissioners, Hindu Religious and Charitable Endowments (A) Department.

Assistant Commissioners, Hindu Religious and Charitable Endowments (A) Department.

ANNEXURE II.

(Vide rules 14 and 16, Part II.)

LIST OF OFFICERS EMPowered TO GRANT CONCESSIONS TO INDIGENT PERSONS NOT EMPLOYED IN THE PUBLIC SERVICE TO PROCEED TO THE PASTEUR INSTITUTE, COONOR, OR ANY OTHER CENTRE FOR ANTI-RABIC TREATMENT THAT IS NEAREST.

- (1) Commissioned Medical Officers.
- (2) Civil Surgeons.
- (3) Assistant Surgeons in independent charge of hospitals.
- (4) Veterinary Assistant Surgeons.
- (5) District and Municipal Health Officers.
- (6) Collectors
- (7) Divisional Officers
- (8) Tahsildars
- (9) Deputy Tahsildars in independent charge
- (10) Officers of the Police department of and above the rank of Deputy Superintendent

These officers will exercise their powers only when there is no medical officer present at the station.

ANNEXURE III.

(Vide rules 8 and 23, Part II.)

FORM OF INTIMATION OF DESPATCH OF PATIENTS FOR ANTI-RABIC TREATMENT.

- (1) Name of patient.
- (2) Age and sex.
- (3) Occupation or designation of appointment if a public servant.
- (4) Address in full.
- (5) Father's name.
- (6) Whether indigent or not.
- (7) If indigent and not a Government servant, the municipal town or the local board area to which the patient belongs.
- (8) Name of attendant or attendants, if any.
- (9) Whether the expenditure is debitable to State, Local or Municipal Funds.
- (10) Details of the amount advanced to the patient and the attendant or attendants, if any—
 - (a) Advance of one month's pay.
 - (b) Road journey allowance to the entraining railway station.
 - (c) Class railway fare from _____ to _____
 - (d) Class steamer or boat hire at Rs. _____ per head from _____ to _____
 - (e) Diet en route for _____ days at _____ per day.
- (11) The names and addresses of other persons who were bitten by the same animal.

Station

Date

(Signature of despatching officer)

Designation.

Copy to be sent—

- (i) (in duplicate) to the medical officer in charge of the treatment centre or the Director, Pasteur Institute, Coonoor;
- (ii) to the Accountant-General, Madras;
- (iii) to the Executive Authority of the Municipality or to the President, District Board, or to the officer immediately superior to the officer by whom the patient is sent.

APPENDIX XVI.

1. *Rules relating to District Medical libraries.*—(a) District Medical libraries are maintained in each district under the control and supervision of the District Medical Officer for the benefit of medical officers in the employ of Government and of local bodies, Health Officers, Honorary Medical Officers and Rural Medical Officers. These 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.

Education Department.

Superintendent of Stationery.
 Superintendent, Government Press.
 Senior Translator to Government.
 Curator, Madras Record Office.
 Director of Public Instruction.
 Gazetted officers, Education Department.
 Superintendent, Government Museum, and Principal Librarian,
 Connemara Public Library.

Political Department.

Comptroller.
 Secretary to the Governor.

Public Department.

Secretaries, Deputy Secretaries and Under Secretaries to Govern-
 ment.
 Secretary to the Madras Legislature.

Public Works Department.

Chief Engineers.
 Chief Operation Engineers, Electricity department.
 Chief Construction Engineer, Electricity department.
 Superintending Engineers and Chief Electrical Inspector to Govern-
 ment.
 Executive Engineers, Divisional Electrical Engineers and Divi-
 sional Engineers (Highways).
 All subdivisional officers and all heads of offices (for persons imme-
 diately subordinate to them).
 Electrical Engineer (General) and Assistant Engineer (Electrical)
 under the Electrical Engineer (General).
 The Electrical Inspector and the Assistant Engineers under the
 Electrical Inspector.
 State Port Officer.
 Port Officers and Port Conservators.
 Chairman, Tuticorin Port Trust.

Local Administration Department.

Inspector of Municipal Councils and Local Boards.
 Regional Inspectors of Municipal Councils and Local Boards.

Revenue Department.

Board of Revenue.
 Collectors.
 Divisional Officers.
 Tahsildars (including Inspecting Tahsildars).
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APPENDICES

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Revenue Department—cont.

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Commercial Tax Officers.

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Gazetted officers of the Agricultural department.

Rural Welfare Department.

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Deputy Commissioners, Hindu Religious and Charitable Endowments (A) Department.

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- (9) Whether the expenditure is debitable to State, Local or Municipal Funds.
- (10) Details of the amount advanced to the patient and the attendant or attendants, if any—
 - (a) Advance of one month's pay.
 - (b) Road journey allowance to the entraining railway station.
 - (c) Class railway fare from _____ to _____
 - (d) Class steamer or boat hire at Rs. _____ per head from _____ to _____
 - (e) Diet en route for _____ days at _____ per day.
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Station

Date

(Signature of despatching officer)

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(b) The Government have permitted district boards to pay a maximum contribution of Rs. 150 per annum to the District Medical library. The maximum grant payable by a Municipal Council fixed at Rs. 25 per annum. Municipal councils and headquarters towns whose hospitals have been taken over by Government are exempted from paying the contribution towards the establishment and maintenance of the District Medical libraries. The Director of Medical Services is empowered to sanction a contribution not exceeding Rs. 25 a year for each district towards the maintenance of libraries of Medical books.

(G.Os. No. 436 L., dated 20th March 1908, No. 373 L., dated 30th March 1909, No. 1835, P.H., dated 31st July 1934, and No. 1434, P.H., dated 16th June 1937.)

NOTE.—The financial position of each library should be taken into account by the Director of Medical Services before sanctioning a grant from State funds towards the maintenance of the library, every year.

(Surgeon-General's P. No. 279-M/41, dated 29th August 1941.)

2. *Rules for the working of libraries of Medical books.*—(1) The library shall be maintained in the office of the District Medical Officer and under his control and supervision. The work of the library in each district is carried out by a clerk of the District Medical Officer's office without any remuneration.

(2) The senior Assistant Surgeon attached to the District Headquarters Hospital or any other suitable medical officer shall be appointed by the District Medical Officer to be Librarian.

(3) The head clerk of the District Medical Officer's office or suitable Medical Officer appointed by the District Medical Officer in that behalf shall be styled "Treasurer" and shall be responsible for the proper collections of subscriptions, safe custody of amounts left in his hands belonging to the library and maintenance of the library records.

(4) All correspondence relating to applications for books will be addressed to the Librarian who will keep a regular account of books received and issued and register applications from members for the same.

(5) These libraries and their accounts are under the control of the District Medical Officers and audited by the Examiner of Local Fund Accounts once a year. The accounts of all District Medical libraries should be for the official and not for the calendar year. The District Inspector of Local Fund Accounts should communicate to the District Medical Officer for rectification of all minor irregularities in the form of an objection statement. Major irregularities should be mentioned in an audit report which should be sent to the Director of Medical Services through the District Medical Officer concerned and the orders passed by the Director of Medical Services should be communicated to the Examiner of Local Fund Accounts so that he may know whether adequate steps have been taken for the irregularities pointed out.

(6) All moneys received on behalf of the library by the District Medical Officers in their official capacity should be paid into the Public Account, and a personal deposit account should be opened in the name of the District Medical Officer concerned. The moneys may be withdrawn from the Public Account as and when required for disbursement in accordance with the provisions of instruction 22 under Treasury Rule 16 in the Madras Treasury Code, Volume I.

(G.O. No. 34, Finance, dated 6th February 1941.)

NOTE.—Each District Medical Library is allowed to retain an imprest money of rupees five only to meet petty expenses connected with the maintenance of the library. The money will be found from the funds of the library concerned.

(G.O. Ms. No. 2146, P.H., dated 13th July 1942.)

(7) Medical Officers (including those in charge of institutions of indigenous medicine under the control of local bodies and private medical practitioners registered under G.O. No. 231, P.H., dated 1st February 1933), are eligible for membership and also those retired from service. Private medical practitioners with recognized qualifications may, if the District Medical Officer thinks fit, be admitted as members, provided they are registered under the Madras Medical Registration Act, 1914.

(G.O. No. 1137, P.H., dated 26th April 1934.)

NOTE.—A District Medical Library is maintained in the headquarters of each district under the control of and supervision of the concerned District Medical Officer for the benefit of all medical men in the district whether they are public servants or private medical practitioners. It is not obligatory on the part of a Government medical officer or a medical officer in the employ of a local body or an honorary medical officer to enrol himself as a member of the library; but it is most desirable that they enlist themselves as members of the library so as to increase its usefulness and at the same time enable them to keep up their professional knowledge up to date by reading latest books and periodicals.

(Surgeon-General's Circular P. No. 104-H-45, dated 9th July 1945.)

(8) Subscriptions shall be collected in advance from members at the beginning of each official year in accordance with the following scale:—

	Rate per annum.		
	RS.	A.	P.
Medical officers drawing a pension of not more than Rs. 75	1	8	0
Medical officers drawing a pension of not more than Rs. 80 to 90	1	14	0
Medical officers drawing a pension of not more than Rs. 95 to 105	2	4	0
Medical officers drawing a pension of not more than Rs. 110 to 120	2	10	0
Medical officers drawing a pension of not more than Rs. 125 to 135	3	0	0
Assistant Surgeons drawing pay of and retired medical officers drawing a pension of Rs. 140 to 150	3	6	0
Assistant Surgeons drawing pay of and retired medical officers drawing a pension of Rs. 155 to 160	3	12	0
Assistant Surgeons drawing pay of and retired medical officers drawing a pension of Rs. 165 to 170	4	2	0

	Rate per annum		
	RS.	A.	P.
Assistant Surgeons drawing pay of and retired medical officers drawing a pension of Rs. 175	4	8	0
Assistant Surgeons drawing pay of and retired medical officers drawing a pension of Rs. 200	5	0	0
Assistant Surgeons drawing pay of and retired medical officers drawing a pension of Rs. 250	5	8	0
Assistant Surgeons drawing pay of and retired medical officers drawing a pension of Rs. 300	6	0	0
Assistant Surgeons drawing pay of and retired medical officers drawing a pension of Rs. 350	6	8	0
Assistant Surgeons drawing pay of and retired medical officers drawing a pension of Rs. 400	7	0	0
Assistant Surgeons drawing pay of and retired medical officers drawing a pension of Rs. 450	7	8	0
Registered private Medical Practitioners with L.M.P. qualification	5	0	0
Registered Private Medical Practitioners with University Degree	7	8	0
Honorary Assistant Medical Officers and unpaid House Surgeons and House Physicians with University degree qualifications	4	0	0
Honorary Assistant Medical Officers, Unpaid House Surgeons and Physicians with Licentiate qualifications	2	8	0
District Medical Officers and Civil Surgeons	3	0	0
Medical Officers in charge of Rural dispensaries	1	8	0

(Surgeon-General's Circulars No. 284-A, dated 1st July 1922, P. No. 337-A, dated 2nd December 1925, and P. No. 86-M, dated 21st May 1941.)

NOTE.—(i) The rank of a District Health Officer is considered as equivalent to an Assistant Surgeon and subscription collected accordingly.

(Surgeon-General's P. No. 113-M, dated 28th April 1928.)

(ii) Subscription for Honorary Medical Officers are the same as that fixed for registered private medical practitioners with University degree.

(Surgeon-General's P. No. 198-M, dated 5th December 1929.)

(iii) Officers of the Hind Kusht Nivaran Sangh working in Government medical institutions are permitted to subscribe for membership in the district lending libraries at the rates prescribed for Honorary Medical Officers.

(G.O. No. 1624, P.W., dated 14th June 1943.)

(iv) The rate of subscription laid down in this rule should be calculated with reference to the amount of pay or pension drawn; war or dearness allowance should not be taken into account in order to arrive at the rate of subscription.

(Surgeon-General's Circular P. No. 190-II, dated 19th December 1945.)

(v) Subscriptions due from members are payable in advance. Delay in the payment of subscriptions should not be allowed to occur as it will adversely affect the successful working of the District Medical libraries. The District Medical Officers should observe the following instructions in

(b) Defaulting Medical Officers in the employ of local bodies including the Rural Medical Practitioners should be reported on to the executive authorities of the concerned local bodies and the subscriptions due should be collected with the assistance of the local bodies.

(c) Steps should be taken to collect in advance always the subscriptions due from Private Medical Practitioners and Honorary Medical Officers. If they fail to pay the subscriptions within three months from the date on which they are due, their names should be removed from the list of members.

(Surgeon-General's Circular P. No. 382-G, dated 16th October 1943.)

(9) Subscriptions for broken periods of less than three months shall not be accepted.

(10) A medical officer transferred from another district who has paid subscription to the Medical Library in that district shall be admitted to the privileges of membership without further payment for the year for which subscription has been paid.

(11) A register showing the subscriptions from members, the contributions from Government and local bodies and other miscellaneous receipts realized by the District Medical Officer, as well as charges incurred on the purchase of medical books for the library should be maintained in Form A appended.

A stock register of books purchased, a register of books issued and returned to subscribers and a simple register to show the names of subscribers each month should be maintained in Forms B, C and D, respectively.

FORM A.

Receipts.				Payments.					
Date of receipt,	Voucher number*	Particulars.	Cash.	Date of remittances in to the Treasury.	Date of payment.	Voucher number.	Particulars.	Amount.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			RS. A. P.					RS. A. P.	

* NOTE.—The forwarding memorandum or letter should be treated as receipt voucher and given a serial number and filed in that order for the purpose of check receipts. Every item of receipts should be supported by a letter, memorandum or chalan.

FORM B.
STOCK REGISTER OF BOOKS PURCHASED.

Receipts.						
Serial number.	Name of author.	Name of the book.	Date of purchase and voucher number.	Number of copies.	Value.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)

FORM C.
REGISTER OF BOOK ISSUED.

Issues.

(1) Name of the book.	(2) To whom issued.	(3) When issued.	(4) Date of return.	(5) Remarks.
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FORM D.
REGISTER OF SUBSCRIPTIONS AND DONATIONS.

(1) Name of the Subscriber or Donor.	(2) Forwarding memorandum.	(3) Amount due. RS. A. P.	(4) Amount paid. RS. A. P.	(5) Balance. RS. A. P.	(6) Number of items in the cash book.	(7) Remarks.
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NOTE.—At the end of the year the District Medical Officer should sign the register and the balance of each year brought forward as opening entries of the succeeding year in red ink.

(12) A printed list of books shall be supplied to each member.

(13) Members shall not be supplied with more than one book at a time and books shall not be retained by members for more than a fortnight of each occasion, except in cases where sanction of the District Medical Officer is obtained for the retention of the same for a longer period.

(14) Books shall be supplied in the order in which application has been made for the same. Members should therefore register their names in advance.

(15) Members may always consult books at the library.

(16) Any book lost or damaged by members must be replaced by them.

(17) Members transferred to another district must return the books taken before departure.

(18) The postage on account of the transmission of books and journals from the District Medical library to the members and *vice versa* should be met out of the funds of the library. No service charges should be used for the purpose.

(19) Members on leave may continue to be members so long as they have a lien on an appointment in the district or have not been posted to another district.

(20) The District Medical Officer shall submit an annual report in the following form to reach the office of the Director of Medical Services not later than the 1st March on the working of the library for the preceding calendar year with information as to the cash balance in the form subjoined to the annual report:—

Report of the working of the Medical Library of district for the year.

- Total number of books at the beginning of the year
- 2 The number of books at the end of the year ..
- 3 Total number of members at the beginning of the year ..
- 4 Total number of members at the end of the year ..
- 5 Total number of books circulated during the year ..
- 6 Total number of members amongst whom circulated ..
- 7 Other interesting information, if any ..

Receipts.					
Cash balance at the beginning of the year.	Government contributions.	Local fund contributions.	Municipal contributions.	Subscriptions from members.	Total.
(1)	(2)	(3)	(4)	(5)	(6)
RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.

Expenditure.				
Cost of books.	Cost of furniture.	Contingencies.	Total.	Closing balance on.
(7)	(8)	(9)	(10)	(11)
RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.

Station	Name
Date	Rank
	Designation

3. (a) Indents for books required for these libraries published in and out of India are received in the office of the Director of Medical Services from District Medical Officer by 1st October each year.

(G.O. Ms. No. 275-L, dated 4th March 1910.)

(b) The books and periodicals included in the indent are to be purchased in the open market at the cheapest rates and the cost therefor is to be paid direct by the District Medical Officers to the suppliers.

(G.O. No. 944, P.H., dated 3rd May 1932.)

(c) If any medical book is very urgently required for a District Medical library for reference it may be purchased locally and the sanction of the Director of Medical Services obtained after the conclusion of the transaction duly explaining the urgency necessitating the purchase before obtaining formal sanction.

(Surgeon-General's Circular No. 6966, dated 1st November 1912.)

(d) Medical Officers should observe the following rules for the preparation of indents for books with a view to save unnecessary clerical labour, delay and frequent references :—

(i) Annual indents in triplicate for books required for the use of libraries should reach the office of the Director of Medical Services on or before 1st October every year.

Books on Indigenous medicine required for libraries should be purchased in consultation with the Principal, Hospital and College of Indigenous Medicine, and the cost involved should be met from the amount available with the District Medical Officer for meeting the cost of maintaining the libraries.

(G.O. No. 1137, P.H., dated 26th April 1934.)

(ii) The total value of all the books indented for should not exceed the funds available for the library. A certificate to this effect should be attached to the indent.

(iii) The indent should be divided into two parts one showing English or foreign publications and the other Indian publications. The value of the former should be shown in sterling money and that of the latter in the Indian money. Books in both the parts should be arranged in alphabetical order according to the names of authors.

(iv) Books whose prices or publishers are not known should not be indented for.

(v) Indents should be prepared on a form similar to the one shown below :—

Annual indent for books required for the use of lending library at—

Serial number.	Name of the author.	Name of the book.	Number of copies.	Value.	Publishers.
(1)	(2)	(3)	(4)	(5)	(6)

(vi) The Director of Medical Services, who is empowered to sanction the purchase of books and publications required for District Medical libraries, has also power to write off the value of damaged and condemned books.

4. It is most important that all medical men should keep up their professional knowledge by reading of the newest medical books and periodicals and it is for this purpose that the circulating libraries are established and kept up to date. The District Medical Officers and Civil Surgeons should note in the confidential returns of all officers serving under them whether their subordinates keep up their professional knowledge by reading books from the libraries of medical books.

APPENDIX XVII.

DIET RULES AND SCALES FOR THE GOVERNMENT HOSPITALS IN MADRAS STATE.

PART I--HOW SUPPLIES ARE OBTAINED.

1. When diet articles are not obtainable from Government institutions, they may be procured departmentally or by contract, tenders being invited for them.

2. (1) Purchase by contract.—(i) The following general instructions should be strictly observed by the heads of medical institutions before they enter into contracts for the supply of articles of diet required for the hospitals in their charge:—

(a) No tender for the supply of any article "at current market rates" should be accepted. The contract rate should include charge for the delivery of articles at the hospital stores.

(b) No claim for the revision or modification of the rates quoted by the contractors should be allowed on any ground whatsoever. The rates quoted by the contractors should include payment of customs duties at the time of tender or any enhancement thereof or which may thereafter be levied.

(c) The articles manufactured in this State should be given first preference and then those that are manufactured in India and outside India provided that the quality of the articles is gone and that the prices quoted are not higher than those quoted for articles of foreign manufacture.

(G.O. No. 911, P.H., dated 8th March 1935.)

Preference should be given in the manner indicated in rule I of Article 125 of Madras Financial Code, Volume I, while accepting tenders.

(ii) Before accepting tenders finally, heads of medical institutions should compare the rates with the local prices which should, if necessary, be ascertained from Tahsildars.

(2) Departmental purchases.—(i) If the rate tendered for the supply of any article by contract is unduly high, the tender for such article should be rejected and departmental purchase resorted to in accordance with the instructions issued by the Director of Medical Services from time to time.

**AMENDMENT TO THE MADRAS MEDICAL CODE,
VOLUME II.**

The following shall be added after the item "**Firewood**
Pasuarina" under the heading "**Diet—Storable**"
in Part II of Appendix XVII.

"*Firewood Jungle.*—Should be absolutely dry. The sizes of
the billets to be supplied may range from 75 mm. to 150 mm. in
diameter and 600 mm. to 900 mm. in length.

**AMENDMENT TO THE MADRAS MEDICAL CODE,
VOLUME II.**

Under Part XVI, in Appendix XVII, the following shall be
added after the figures and words "205. Whisky" :—

NOTE.—Multi-purpose food may be supplied to the deserving patients who
put on extra diets without exceeding the permissible limit of extras and substi-
tute diets, viz., Re. 1 per diem per diem.

(G.O. Ms. No. 1901, Health, dated 7th August 1961.)
(D.M.S. P. No. 219/A-1/61, dated 18th August 1961.)

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(ii) The following procedure should generally be observed when a diet or other article is to be purchased departmentally :

(a) Steps should be taken to contact particular individual and to purchase the articles from the individual who quotes the lowest rate, provided that such rate does not exceed the prevailing market rate which should be duly ascertained. If he is willing to execute an agreement for the supply of the article at the agreed rate on a contract basis, necessary steps should be taken for the execution of the usual agreement. If he is not willing to execute an agreement, purchase may be made from him on a departmental basis subject to the following conditions :

I. That payment for supplies in any month will be made at the rate offered by him or at the market rate as ascertained from the Revenue authorities in the month *whichever is less*;

II. that samples will be sent to the Government Analyst from time to time and at least once a month and that, if the Government Analyst's report is unfavourable, the cost of the supplies made on the day on which the sample was sent will be recovered.

(b) In order to ensure that the payment is made to individual suppliers in accordance with the condition stipulated in clause (a) I above, heads of medical institutions should ascertain from the Revenue authorities the prevailing market rates once a month. If no individual comes forward to supply the articles in accordance with the terms and conditions set out in clause (a) above, such of the articles as are available with the registered co-operative societies may be purchased from them and the rest in the open market after inviting tenders every month.

NOTE.—The conditions referred to in clauses (a) and (b) above should be enforced only when purchases are made from individuals and they will not apply to purchases made from registered co-operative societies or from authorized firms.

(Director of Medical Service's Circular Reference No. 111979 A. 2/52, dated 28th March 1953.)

3. As contractors are mostly middlemen, heads of medical institutions are at liberty to buy direct from large firms or from producers, or from ordinary shops should they find that they can get the required articles more cheaply in this way, but direct purchases should not interfere with any contract for such articles, which has been already entered into by the heads of medical institutions. Heads of medical institutions should keep themselves acquainted with the prevailing market prices, so that they may be able to make purchases at advantageous rates.

4. The amount of any article of diet to be stored at any one time is left to the discretion of heads of the medical institutions subject to the condition that they should purchase the articles when the market is favourable, and the quantity purchased should not exceed that which can be thoroughly examined before taking into store, and that which is likely to remain in perfect condition till it is consumed.

5. *Contract system.*—When supplies can be arranged by means of contract with advantage to the State, tenders should be invited by advertisement in accordance with the procedure laid down in

6. The duration of contracts should not exceed one year but may be for any shorter period at the discretion of the heads of medical institutions. The time for making contracts and the amounts contracted for, also rest with the heads of medical institutions.

7. In stating the amounts of the various articles for which tenders are invited, the phrase "probable number or quantity required" should invariably be used.

8. Petty articles such as mangoes, partridge, snipes, etc., which are used in very small and variable quantities, should not be considered for.

NOTE.—Rates for these petty articles may, however, be accepted if the tenderers quoting for them happen to secure contracts for articles of a bulk supply such as meat, vegetables, etc., which they have to bring to the hospital daily provided the rates obtained are reasonable.

9. The following instructions should be observed in inviting tenders:—

(1) *Eggs*.—The supply of "graded eggs" and marked 'Agmark' B grade weighing not exceeding 1½ oz. each should be encouraged as far as possible. The tender for 'Agmark' B graded eggs may be accepted only when the rate quoted for the same does not exceed 5 per cent over the lowest tendered rate for ordinary eggs of same description and that the lowest tendered rate for ordinary fresh eggs need alone be accepted if tendered rate for the 'Agmark' B graded eggs exceeds 5 per cent over the lowest tendered rate for ordinary eggs.

(G.O. No. 967, Development, dated 21st June 1943, and No. 1084, Health, dated 26th March 1953.)

(2) *Butter-milk*.—Butter-milk should be made in the hospital itself and not obtained as such from contractors. One pint of milk is equivalent to 2½ pints of buttermilk of sp. gr. 10.14.

(3) *Fish and vegetables*.—The contractors supplying these articles should be required to supply, over and above the actual requirements, an extra quantity as stated below to cover wastage:—

Articles. (1)	Extra quantity to be supplied. (2)
Green and leafy vegetables	.. 2 oz. for every lb.
Other vegetables .. ..	.. 4 oz. for every lb.
Potatoes ordinary .. ..	.. 3 oz. for every lb.
Potatoes sweet .. ..	.. 2 oz. for every lb.
Fish, meat, etc. .. ..	.. The contractors should be required to supply the actual quantity after removing bones, etc.

(4) *Coffee, sugar, etc.*—The following procedure should be observed in estimating the probable requirements of coffee, sugar, etc.:—

Coffee.—Jaggery cane should be used for preparing coffee for all non-payment patients in the general wards.

Sugar.—Brown sugar and jaggery should be used except for paying patients, who are particular in using only white sugar.

In Madras City, the Deans and Superintendents of Hospitals will, however, have the discretion to use white sugar or brown sugar according to circumstances and convenience in each hospital.

(G.Os. No. 838, P.H., dated 2nd March 1938, and No. 2079, P.H., dated 7th June 1938.)

10. The following instructions should be observed by heads of medical institutions in regard to the scrutiny and disposal of tenders:—

(i) The tenders after they are opened should be scrutinized and corrections should be initialed wherever necessary. The heads of medical institutions should then read out in the presence of the tenderers or their authorized agents, the rates quoted by the various tenderers in respect of the more important articles. They should maintain a register showing the total number of tenders received for each article of tender case. It should be seen at the time of check of the comparative statement with a view to see that all the tenders received have been completed. The officer opening the tenders should invariably attest the statement in which the names of tenderers and the rates quoted by them are entered after they read out in the presence of tenderers who are present. The attestation of the tenderers should also be taken on the statement.

(ii) The original tenders should be retained under lock and key by the heads of medical institutions themselves, the duplicate alone being given to clerks for the compilation of comparative statements.

(iii) They should check the comparative statements with the original tenders retained by them under lock and key.

(iv) Every page of the tenders should be signed by the heads of medical institutions and all alterations initialed by them.

11. The head of a medical institution is primarily responsible for seeing that articles of diet and hospital supplies are obtained at reasonable rates and that the articles and supplies are suitable for the purposes for which they are required. But the Director of Medical Services exercises a general control over the tenders and contracts in order that, among other things, he may ensure that the supplies are obtained in the best market, that the rates given are not excessive and that the expenditure is kept within proper limits.

12. In some places a few contractors from a sort of ring among themselves and prevent outsiders from tendering for supply of articles of diet and other necessities and consequently the rates of many articles included in the tenders are far higher than the prevailing market rates. Heads of medical institutions should as far as possible see that such rings among contractors are broken down. If contractors rates which are to be accepted are found to be exorbitant, the matter should be brought to the attention of the Director of Medical Services.

14. In cases where the orders of the Director of Medical Services or of the Government are necessary, the head of a medical institution shall submit to the Director of Medical Services the original tenders together with a comparative statement in duplicate in the authorized form by the 25th January in the case of diet articles and in the case of others at least three weeks in advance of the date on which the proposed contract will come into force with his specific recommendation. Detailed reasons should be given if the tender recommended by him for approval is not the lowest. When the tender has been approved, an agreement should be executed in the form given in Part III. It is the duty of the Dean or Superintendent to enforce the conditions of the contract.

15. The head of the medical institution should make it a point to accept only the lowest tender for a specified quality of articles. The question of convenience of giving the contract to the same contractor or offer of revised rates should not stand in the way of accepting the original and lowest tender. If the supply of a contractor is reported unsatisfactory by the Medical Officers in charge of the Medical Institutions the panel clauses of the contract should be brought into operation.

(Surgeon-General's P. No. 178-A, dated 16th July 1941.)

NOTE.—(i) Samples of bread, butter, milk, gingelly oil, ghee, coffee powder, dholl, coconut oil, jaggery, brown sugar and biscuit (arrow-root) should be sent to the Government Analyst for analysis at least once a month. The sample should be taken by a responsible officer from the supplies made in the presence of the contractor or his agent or representative. It should be immediately packed and sealed with the office seal as well as that of the contractor. The token of the sample having been so taken and sealed, the signature of the contractor or his agent or representative should be obtained in a register kept for the purpose. In the case of rice, however, a reference may be made to the Agricultural Chemist, Coimbatore, and the Government Analyst, Guindy, for analysis, when the head of the medical institution has reasonable doubts about the quality.

(ii) If a sample does not conform to the standard prescribed or is reported to be adulterated, it should be followed up by sending weekly samples. The contractor should be apprised of the unsatisfactory nature of the supply and the action proposed to be taken under clause 9 of the agreement. He should also be warned that repetition of such inferior supplies will entail termination of his contract.

(iii) Immediately on receipt of report regarding unsatisfactoriness of the sample sent for analysis the Health Officer or the Health Inspector, as the case may be, should be addressed confidentially to take samples under the Madras Prevention of Adulteration Act.

(iv) If three consecutive samples are reported to be unsatisfactory or adulterated, action should be taken to terminate the contract.

(v) A register should be maintained in each institution in the form given below. It should be scrutinized by the head of the medical institution at the time of sending samples and receipt of report and attested by him.

Register of samples of diet articles.

- 1 Date.
- 2 Name of article sent for analysis.
- 3 Date on which sent to Government Analyst.
- 4 Report on analysis.
- 5 Number and date of Government Analyst's letter forwarding the report.
- 6 Action taken against the contractor.
- 7 Remarks.

(vi) The District Medical Officers should scrutinize the register maintained in the mufassal medical institutions in the district during their period of inspection.

(G.O. Ms. No. 1396, Development, dated 2nd August 1941, and Surgeon-General's P. No. 77-M. 2/47, dated 11th October 1947.)

16. *Earnest money and security deposits.*—The Director of Medical Services is permitted to dispense with the payment or to reduce the amount of earnest money or security deposit in special cases when tenders are received from, or contracts placed with firms or contractors of established repute.

(G.Os. No. 1450, P.H., dated 8th June 1929, and No. 774, P.H., dated 6th April 1932.)

NOTE.—(i) The Director of Medical Services may consider applications from individual contractors for the grant of exemption from payment of earnest money, provided they satisfy all the following conditions:—

(a) The individual concerned should have been an hospital contractor for at least three years including the year preceding the year to which the tender relates.

(b) The earnest money payable at 5 per cent is more than Rs. 500.

(c) The amount of security deposit already furnished by the individual concerned for his current contract is more than Rs. 500.

(d) The head of the medical institution concerned recommends the grant of exemption from the payment of earnest money to the contractor concerned.

The Director of Medical Services reserves the right to relax any of these conditions in exceptional cases.

A contractor who wishes to apply for exemption from the payment of earnest money should do so in the form given below and submit it to the head of the institution concerned so as to reach him by the 5th December. The head of the institution should reject any application which has not been received by him by the prescribed date or which do not satisfy the prescribed conditions. He should forward the other applications to the Director of Medical Services so as to reach him by the 15th December. An applicant should take care to see that he fills in all the columns in the application correctly and completely. Otherwise the application is liable to be rejected.

Application for the grant of exemption from the payment of earnest money for the year.

- 1 Name of the contractor
- 2 Name of the hospital
- 3 For how many years he was the contractor for the hospital—the years to be specified.
- 4 Name of the diet articles for which he is the contractor for the current year.
- 5 Total amount furnished by the contractor as security deposit at 10 per cent for the proper fulfilment of the contract during the current year.
- 6 Name of the diet articles for which the contractor proposes to submit tenders for the coming year.
- 7 Total amount payable by the contractor as earnest money at 5 per cent.
- 8 Whether similar concession has been granted to the contractor during the current

I solemnly declare that the security deposit already furnished by me may be utilized as earnest money for my tender for and that I bind myself to make good the difference in case the earnest money payable is in excess of the security deposit already furnished.

Signature of the contractor.

Station

Date

Recommendation of the Head of the Medical Institution.

NOTE (ii).—The grant of exemption from payment of security deposits will generally be governed by the following principles:—

Contractors will, at the discretion of the Director of Medical Services be allowed to furnish 5 per cent instead of 10 per cent of the total value of the articles as security deposit, provided that the amount payable at 5 per cent should be subject to a minimum of Rs. 1,000 for any one hospital and that the person is a long-standing and reputable contractor.

The contractors should submit the applications sufficiently early and the applications should be forwarded to the office of the Director of Medical Services by the heads of medical institutions at least a week before the expiry of the 15 days limit within which agreements are to be executed. Any application which is not so received is liable for rejection.

17. The Director of Medical Services may exempt all co-operative societies from the payment of earnest money in respect of their tenders for the supply of diet articles to Government medical institutions. Security deposits varying from 5 per cent to 10 per cent of the total value of the articles tendered should be collected from such societies except in the case of Madras Milk Supply Union, which is exempted from the payment of security deposit in respect of the contracts for the supply of milk to the City State Hospitals.

18. A register will be kept by the head of the medical institution of all security deposits and particulars of all transactions in regard to the receipt and return of the deposits will be duly recorded therein.

19. *Acceptance of tenders.*—(1) The Director of Medical Services is empowered to accept the tenders for the supply of the following diet articles to the City State hospitals, District Headquarters hospitals, Mental hospitals and hospitals in charge of Civil Surgeons in the State subject to the proviso that the tenders for the supply of the three articles, viz., milk, rice and eggs, to the City State hospitals alone should be submitted to Government for orders:—

Diet—Storeable.

- | | | | |
|---|-------------------------|----|------------|
| 1 | Coke. | 7 | Firewood. |
| 2 | Charcoal | 8 | Tamarind. |
| 3 | Rice. | 9 | Chillies. |
| 4 | Jaggery, cane. | 10 | Coriander. |
| 5 | Sugar, brown and white. | 11 | Pepper. |
| 6 | Dhali. | 12 | Blackgram. |

Diet—Storeable—cont.

13	Gingelly oil.	16	Biscuits.
14	Coconut oil.	17	Iddili.
15	Coffee powder.	18	Bread, brown and white.

Diet—Perishable.

19	Butter.	26	Coconut.
20	Milk.	27	Onions.
21	Chicken or fowl.	28	Tomatoes.
22	Fish.	29	Potatoes.
23	Mutton with bone and with out bone.	30	Apples.
24	Eggs.	31	Limes.
25	Vegetables, country and European.	32	Oranges.
		33	Sathukodies.
		34	Plantains.

(2) The District Medical Officers may pass orders in respect of all articles in the case of taluk headquarters institutions, etc.

(3) The Deans, Superintendents and the District Medical Officers are permitted to accept tenders for the supply of following items of diet and other articles to their respective medical institutions :—

Non-diet—Storeable.

1	Baskets.	17	Putti.
2	Brooms.	18	Glue.
3	Coconuts for scrubbers	19	Glasso Polish.
4	Leaf Umbrellas.	20	Wire mesh.
5	Date mats.	21	Twine.
6	Whitewashing brushes.	22	Toilet paper.
7	Chatties.	23	Gillette razor blades.
8	Goglets.	24	French polish.
9	Goglets covers.	25	Galvanized wire guage.
10	Water pots.	26	French chalk.
11	Linseed Oil.	27	Soda ash.
12	Bees wax.	28	Bleaching powder.
13	Sand paper.	29	Country Washing soda.
14	Emery paper.	30	Incense.
15	Screws.	31	Soapnuts.
16	Wire nails.	32	Crystal soda, white.

Diet—Storeable.

33	Cummin seed.	45	Tea.
34	Garlic.	46	White salt.
35	Mustard, Country.	47	Venegar.
36	Turmeric.	48	Essence of coffee.
37	Vendium.	49	Essence of Vanilla.
38	Asafoetida, L.G. Brand.	50	Essence of almond.
39	Arrow-root powder.	51	Horlicks malted milk.
40		52	Nutmeg

Diet—Perishable.

56 Pigeons.	65 Bacon.
57 Ducks.	66 Ham.
58 Prawns.	67 Cream.
59 Mutton suet.	68 Liver.
60 Brain.	69 Chillies green.
61 Kidney.	70 Ginger green.
62 Tongues.	71 Rex jelly.
63 Sweet bread.	72 Mangoes.
64 Sheeps feet.	73 Grapes blue.

Bedding and clothing.

74 Reel thread.	80 Napthalene balls.
75 Buttons.	81 Cowdung cakes.
76 Needle packets.	82 Marking nuts.
77 Singer sewing needles.	83 Thread.
78 Ball thread.	84 Soda water.
79 Indigo.	

(G.O. No. 184, Health, dated 15th January 1953.)

20. Soon after the rates have been accepted by the Government or the Director of Medical Services or the Deans or the Superintendents as the case may be the tenderers will be informed of the acceptance or otherwise and the successful tenderers or bidders will be required to execute the agreement within 15 days from the date of receipt of the order of acceptance. Rules regarding the execution of agreement are contained in Part IV.

21. The perishable articles should, as a rule, be required to be supplied before 7 a.m. daily so that the preparation of morning meals for the patients may not be delayed.

22. Deans and Superintendents will bear in mind that the contractor's bills should be submitted on or before the 12th of each month.

23. Payment to contractors may, if feasible, be made in the same month for the articles and things supplied by them during that month.

PART II—CONDITIONS OF TENDER FOR THE SUPPLY OF ARTICLES OF DIET AND OTHER HOSPITAL REQUIREMENTS FOR THE GOVERNMENT HOSPITAL FOR THE YEAR 19

Notice is hereby given that sealed tenders in duplicate will be received up to 2 p.m. on the 8th day of January 19 , by the Dean/Superintendent, Government hospital, for the supply of the following articles from 1st April 19 to 31st March 19 :—

(i) Storeable articles, diet and non-diet, wines and spirits, aerated waters, etc., must be supplied in such quantities as required by the Dean/Superintendent, from time to time.

(ii) Perishables consist of perishable articles of daily supply. An indent for each day's requirements will be given to the contractors.

Diet—Storeable—cont.

- | | | | |
|----|----------------|----|-------------------------|
| 13 | Gingely oil. | 16 | Biscuits. |
| 14 | Coconut oil. | 17 | Iddili. |
| 15 | Coffee powder. | 18 | Bread, brown and white. |

Diet—Perishable.

- | | | | |
|----|--|----|--------------|
| 19 | Butter. | 26 | Coconut. |
| 20 | Milk. | 27 | Onions. |
| 21 | Chicken or fowl. | 28 | Tomatoes. |
| 22 | Fish. | 29 | Potatoes. |
| 23 | Mutton with bone and with
out bone. | 30 | Apples. |
| 24 | Eggs. | 31 | Limes. |
| 25 | Vegetables, country and
European. | 32 | Oranges. |
| | | 33 | Sathukodies. |
| | | 34 | Plantains. |

(2) The District Medical Officers may pass orders in respect of all articles in the case of taluk headquarters institutions, etc.

(3) The Deans, Superintendents and the District Medical Officers are permitted to accept tenders for the supply of following items of diet and other articles to their respective medical institutions :—

Non-diet—Storeable.

- | | | | |
|----|------------------------|----|------------------------|
| 1 | Baskets. | 17 | Putti. |
| 2 | Brooms. | 18 | Glue. |
| 3 | Coconuts for scrubbers | 19 | Glasso Polish. |
| 4 | Leaf Umbrellas. | 20 | Wire mesh. |
| 5 | Date mats. | 21 | Twine. |
| 6 | Whitewashing brushes. | 22 | Toilet paper. |
| 7 | Chatties. | 23 | Gillette razor blades. |
| 8 | Goglets. | 24 | French polish. |
| 9 | Goglets covers. | 25 | Galvanized wire guage. |
| 10 | Water pots. | 26 | French chalk. |
| 11 | Linseed Oil. | 27 | Soda ash. |
| 12 | Bees wax. | 28 | Bleaching powder. |
| 13 | Sand paper. | 29 | Country Washing soda. |
| 14 | Emery paper. | 30 | Incense. |
| 15 | Screws. | 31 | Soapnuts. |
| 16 | Wire nails. | 32 | Crystal soda, white. |

Diet—Storeable.

- | | | | |
|----|-------------------------|----|-----------------------|
| 33 | Cummin seed. | 45 | Tea. |
| 34 | Garlic. | 46 | White salt. |
| 35 | Mustard, Country. | 47 | Venegar. |
| 36 | Turmeric. | 48 | Essence of coffee. |
| 37 | Vendium. | 49 | Essence of Vanilla. |
| 38 | Asafoetida, L.G. Brand. | 50 | Essence of almond. |
| 39 | Arrow-root powder. | 51 | Horlicks malted milk. |
| 40 | Barley. | 52 | Nutmeg. |
| 41 | Corn flour. | 53 | Apricots. |

Diet—Perishable.

56 Pigeons.	65 Bacon.
57 Ducks.	66 Ham.
58 Prawns.	67 Cream.
59 Mutton suet.	68 Liver.
60 Brain.	69 Chillies green.
61 Kidney.	70 Ginger green.
62 Tongues.	71 Rex jelly.
63 Sweet bread.	72 Mangoos.
64 Sheeps feet.	73 Grapes blue.

Bedding and clothing.

74 Reel thread.	80 Napthalene balls.
75 Buttons.	81 Cowdung cakes.
76 Needle packets.	82 Marking nuts.
77 Singer sewing needles.	83 Thread.
78 Ball thread.	84 Soda water.
79 Indigo.	

(G.O. No. 184, Health, dated 15th January 1953.)

20. Soon after the rates have been accepted by the Government or the Director of Medical Services or the Deans or the Superintendents as the case may be the tenderers will be informed of the acceptance or otherwise and the successful tenderers or bidders will be required to execute the agreement within 15 days from the date of receipt of the order of acceptance. Rules regarding the execution of agreement are contained in Part IV.

21. The perishable articles should, as a rule, be required to be supplied before 7 a.m. daily so that the preparation of morning meals for the patients may not be delayed.

22. Deans and Superintendents will bear in mind that the contractor's bills should be submitted on or before the 12th of each month.

23. Payment to contractors may, if feasible, be made in the same month for the articles and things supplied by them during that month.

PART II—CONDITIONS OF TENDER FOR THE SUPPLY OF ARTICLES OF DIET AND OTHER HOSPITAL REQUIREMENTS FOR THE GOVERNMENT HOSPITAL FOR THE YEAR 19

Notice is hereby given that sealed tenders in duplicate will be received up to 2 p.m. on the 8th day of January 19 , by the Dean/Superintendent, Government hospital, for the supply of the following articles from 1st April 19 to 31st March 19 :—

(i) Storable articles, diet and non-diet, wines and spirits, aerated waters, etc., must be supplied in such quantities as required by the Dean/Superintendent, from time to time.

(ii) Perishables consist of perishable articles of daily supply. An indent for each day's requirements will be given to the contractors.

2. Tenders will be opened by the Dean/Superintendent of the hospital at 2 p.m. on the last day appointed for their receipt in the presence of those interested who may choose to attend.
3. The articles required are detailed in the classified schedule annexed and information as to samples, etc., may be had on personal application at the hospital. In cases of doubt the description of articles shall be those given in the British Pharmacopoeia.
4. The number of quantity entered in the schedule is the probable number or quantity which the Dean/Superintendent requires to be supplied and may be more or less according to actual requirements. Notwithstanding the estimate of probable quantities of numbers, the Dean/Superintendent has the right to order any quantity or number of articles mentioned in the schedule as may from time to time be required, or *not to order any quantity or number of any of such articles at all.*
5. Tenders should be submitted in the prescribed forms which can be had from the hospital on payment of a fee of rupees five plus sales tax. The fee should be paid into Reserve Bank of India, Madras, or any of the branches of the Imperial Bank of India or any Government treasury under the head "XXVII. Medical—Miscellaneous" and the chalan produced at the hospital for obtaining the forms.
6. Rates should be quoted separately for each article. No tender for the supply of articles marked "at current market rate" will be accepted. The contract rate should include charge for delivery of articles at the hospital.
7. Each tender must contain not only the rates but also the total value of each item of supply entered in a separate column, the items in which must be totalled up showing the aggregate value of each entire tender. The rates quoted in tenders should also be expressed in words in a separate column provided for the purpose.
- 7-A. The Government hereby agree that during the term fixed by this contract and except as herein provided, Government shall not purchase from any person or persons other than the contractor or from any company or corporation all or any quantities of goods or materials agreed to be supplied by the contractor.
8. Every correction in the tender should invariably be initialed by the tenderer, failing which the tender will be rejected.
9. No person making a tender shall be allowed at any time and on any ground whatsoever any claim for revision or modification of the rates quoted by him. The tenderer should clearly understand that the rates quoted by him include the payment of customs duties payable at the time of tender or any enhancement thereof or which may thereafter be levied on all or any of the articles tendered for.

purchaser for the same class and description of goods under the provisions of clause 6 of the Hoarding and Profiteering Prevention Ordinance, 1943, as amended from time to time. If the price quoted exceed the controlled price or the prices permissible under the Hoarding and Profiteering Prevention Ordinance, the contractor will specifically mention this fact in his tender along with reasons for quoting such higher price. The purchaser at his discretion will in such case exercise the right of revising the price at any stage, so as to conform with the controlled price or the price permissible under the Hoarding and Profiteering Ordinance. This discretion will be exercised without prejudice to any other action that may be taken against the contractor.

10. Each tender must be accompanied by a deposit equal to 5 per cent of the total aggregate value of the articles tendered for as earnest money unless exemption has been authorized under clause 11. Deposits of earnest money may be in the form of Government promissory notes which should be sent with the tender. At the option the contractor may pay cash into the Reserve Bank of India, Madras, or of any of the branches of the State Bank of India or any Government treasury in the mufassal in favour of the Dean/Superintendent of the hospital, in which case the bank or treasury receipt should be sent with the tender.

No cash will be received by the Dean/Superintendent as earnest money deposit. When several articles are tendered for, one bank or treasury receipt for the total amount of earnest money will be received. In default of deposits of earnest money in one of the modes above mentioned the tender will be rejected.

NOTE.—The earnest money in the case of any one article is limited to a maximum of Rs. 1,000.

11. On no account will the security deposit of a previous contract be taken as an authority to permit a tenderer to make his tender without depositing earnest money. With the approval of the Director of Medical Services, the amount of earnest money to be deposited may be reduced or dispensed with in the case of approved contractors or firms of established repute. But the previous permission of the Director of Medical Services should be obtained for such reductions or dispensations and applications therefor should be made in the prescribed form which may be had free on application to the Superintendent/Dean.

12. Tenders should be superscribed in the manner classified in clause 1 above and on the cover the words "Tender for the hospital supplies" should be written.

13. Sealed samples of articles tendered for should be submitted free of cost by the tenderer within two days when called for. Samples should also be submitted free of cost by the tenderer from time to time if so required by the Superintendent/Dean during the period of the contract and the samples will be subject to analysis by the Government Analyst if the Superintendent/Dean so directs. The tenderer should distinctly understand that their supplies should conform to the approved samples and where no samples are being deposited, the decision of the Superintendent/Dean as to the quality of the goods shall be final and binding.

2. Tenders will be opened by the Dean/Superintendent of the hospital at 2 p.m. on the last day appointed for their receipt in the presence of those interested who may choose to attend.
3. The articles required are detailed in the classified schedule annexed and information as to samples, etc., may be had on personal application at the hospital. In cases of doubt the description of articles shall be those given in the British Pharmacopoea.
4. The number of quantity entered in the schedule is the probable number or quantity which the Dean/Superintendent requires to be supplied and may be more or less according to actual requirements. Notwithstanding the estimate of probable quantities of numbers, the Dean/Superintendent has the right to order any quantity or number of articles mentioned in the schedule as may from time to time be required, or not to order any quantity or number of any of such articles at all.
5. Tenders should be submitted in the prescribed forms which can be had from the hospital on payment of a fee of rupees five plus sales tax. The fee should be paid into Reserve Bank of India, Madras, or any of the branches of the Imperial Bank of India or any Government treasury under the head "XXVII. Medical--Miscellaneous" and the chalan produced at the hospital for obtaining the forms.
6. Rates should be quoted separately for each article. No tender for the supply of articles marked "at current market rate" will be accepted. The contract rate should include charge for delivery of articles at the hospital.
7. Each tender must contain not only the rates but also the total value of each item of supply entered in a separate column, the items in which must be totalled up showing the aggregate value of each entire tender. The rates quoted in tenders should also be expressed in words in a separate column provided for the purpose.
- 7-A. The Government hereby agree that during the term fixed by this contract and except as herein provided, Government shall not purchase from any person or persons other than the contractor or from any company or corporation all or any quantities of goods or materials agreed to be supplied by the contractor.
8. Every correction in the tender should invariably be initialed by the tenderer, failing which the tender will be rejected.
9. No person making a tender shall be allowed at any time and on any ground whatsoever any claim for revision or modification of the rates quoted by him. The tenderer should clearly understand that the rates quoted by him include the payment of customs duties payable at the time of tender or any enhancement thereof or which may thereafter be levied on all or any of the articles tendered for.

purchaser for the same class and description of goods under the provisions of clause 6 of the Hoarding and Profiteering Prevention Ordinance, 1943, as amended from time to time. If the price quoted exceed the controlled price or the prices permissible under the Hoarding and Profiteering Prevention Ordinance, the contractor will specifically mention this fact in his tender along with reasons for quoting such higher price. The purchaser at his discretion will in such case exercise the right of revising the price at any stage, so as to conform with the controlled price or the price permissible under the Hoarding and Profiteering Ordinance. This discretion will be exercised without prejudice to any other action that may be taken against the contractor.

10. Each tender must be accompanied by a deposit equal to 5 per cent of the total aggregate value of the articles tendered for as earnest money unless exemption has been authorized under clause 11. Deposits of earnest money may be in the form of Government promissory notes which should be sent with the tender. At the option the contractor may pay cash into the Reserve Bank of India, Madras, or of any of the branches of the State Bank of India or any Government treasury in the mufassal in favour of the Dean/Superintendent of the hospital, in which case the bank or treasury receipt should be sent with the tender.

No cash will be received by the Dean/Superintendent as earnest money deposit. When several articles are tendered for, one bank or treasury receipt for the total amount of earnest money will be received. In default of deposits of earnest money in one of the modes above mentioned the tender will be rejected.

NOTE.—The earnest money in the case of any one article is limited to a maximum of Rs. 1,000.

11. On no account will the security deposit of a previous contract be taken as an authority to permit a tenderer to make his tender without depositing earnest money. With the approval of the Director of Medical Services, the amount of earnest money to be deposited may be reduced or dispensed with in the case of approved contractors or firms of established repute. But the previous permission of the Director of Medical Services should be obtained for such reductions or dispensations and applications therefor should be made in the prescribed form which may be had free on application to the Superintendent/Dean.

12. Tenders should be superscribed in the manner classified in clause 1 above and on the cover the words "Tender for the hospital supplies" should be written.

13. Sealed samples of articles tendered for should be submitted free of cost by the tenderer within two days when called for. Samples should also be submitted free of cost by the tenderer from time to time if so required by the Superintendent/Dean during the period of the contract and the samples will be subject to analysis by the Government Analyst if the Superintendent/Dean so directs. The tenderer should distinctly understand that their supplies should conform to the approved samples and where no samples are being deposited, the decision of the Superintendent/Dean as to the quality of the goods shall be final and binding.

14. The Dean/Superintendent at his option may require any tenderer to produce a solvency certificate signed by the Tahsildar within a period fixed by him.

NOTE.— Each tender must be accompanied by a solvency certificate obtained on or after 1st October 19 and signed by a Tahsildar or a true copy of the same attested by a gazetted officer failing which the tender will be rejected.

14-A. In cases where the value of the contract, that is, the probable cost of the annual requirements exceeds Rs. 10,000 every tenderer should produce an income-tax verification certificate in the prescribed form which can be copied at the office of the Dean/Superintendent. The certificate should be produced within one month from the date of submission of tenders or within such time as the Dean/Superintendent may in his discretion allow.

15. The acceptance or otherwise of tender will be communicated to the tenderer in writing.

16. The Dean reserves to himself the right to reject the tenders or to accept the tenders for the supply of all the articles or for only one or more of the articles tendered for in a tender without assigning any reason for so doing.

17. The earnest money deposit will be returned to the unsuccessful tenderers immediately after the results of the tender are intimated to them. In the case of a successful tenderer it may, at the discretion of the Dean/Superintendent of the hospital be adjusted towards the security deposit payable by him under clause 18 below.

The successful tenderers will also be required to deposit on or before the date herein fixed for execution of the agreement a security of 10 per cent of the total value of the supplies undertaken in the post office savings bank security deposit, or Government promissory notes, or in such other forms as laid down in the succeeding clauses.

18. The successful tenderers will be required to enter into a stamped agreement (stamp duty to be paid by the contractor) with the Dean/Superintendent of the hospital, draft of which may be seen at the office of the Dean/Superintendent within fifteen days of the receipt or intimation by them that their rates have been accepted.

With the approval of the Director of Medical Services the amount of security deposit may be reduced in the case of approved contractors and firms of established repute.

19. The Dean/Superintendent will be at liberty within a period of three months from the date of commencement of the contract to terminate without assigning any reason therefor the contract either wholly or in part on one month's notice; the contractor will not be entitled to any compensation whatsoever in respect of such termination.

20. When Government securities, municipal debentures or Port Trust bonds are tendered as security by contractors, they

21. Government promissory notes, lodged as earnest money or security deposit for a period of 12 months or less, shall not be endorsed over to the Dean/Superintendent, but shall remain in the name of the depositor. The Government will have power to appropriate or cancel the notes and authority to that effect will be entered in the contracts or other document Securities Manual.

22. Investments in Co-operative Provincial Bank or Co-operative Central Banks approved for the purpose by the Registrar of Co-operative Societies may be lodged as securities subject to the conditions—

(1) That the deposit is made in the name of the Dean/Superintendent of the hospital;

(2) that the contractor agrees in writing that he undertakes the risks, if any, involved in the investment; and

(3) that the bank concerned certifies on the deposit receipt that the deposit is withdrawable on the Dean's/Superintendent's demand.

23. If the tenderer fails to execute the agreement and/or deposit the required security within the time specified or withdraw their tender after the intimation of the acceptance or their tender has been sent to them, or owing to any other reason they are unable to undertake the contract, their contract will be cancelled and the earnest money deposited by them along with their tender forfeited to Government and they will also be liable for all damages sustained by the Dean/Superintendent by reason of such breach including the liability to pay any difference between, the prices accepted by him and those ultimately paid by him for such articles.

Such damages shall be assessed by the Dean/Superintendent whose decision is final and the amount so assessed is recoverable by proceedings under the Madras Revenue Recovery Act, 1864 (Madras Act II of 1864), as an arrear of land revenue.

24. The contract may not be sublet without the permission of the Director of Medical Services.

25. No articles shall be supplied to the hospital except on a requisition in writing signed by the Dean/Superintendent or by some person authorized by the Dean/Superintendent in writing to do so.

26. No advance of cash will be made to the contractor.

27. Payment will be made on monthly bills; in calculating the amounts due under such bills, fractions of less than half a rupee shall be disregarded and half a rupee or more shall be taken as a rupee where the total of the bills amounts to Rs. 25 or more; where such total is less than Rs. 25, amounts below 6 pies shall be disregarded and 6 pies and above shall be taken as one anna.

28. The loss to Government, if any, incurred on account of purchase rendered necessary elsewhere by failure, neglect or refusal on the part of the contractors to supply according to the terms of

14. The Dean/Superintendent at his option may require any tenderer to produce a solvency certificate signed by the Tahsildar within a period fixed by him.

Note.—Each tender must be accompanied by a solvency certificate obtained on or after 1st October 19 and signed by a Tahsildar or a true copy of the same attested by a gazetted officer failing which the tender will be rejected.

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(1) That the deposit is made in the name of the Dean/Superintendent of the hospital;

(2) that the contractor agrees in writing that he undertakes the risks, if any, involved in the investment; and

(3) that the bank concerned certifies on the deposit receipt that the deposit is withdrawable on the Dean's/Superintendent's demand.

23. If the tenderer fails to execute the agreement and/or deposit the required security within the time specified or withdraw their tender after the intimation of the acceptance or their tender has been sent to them, or owing to any other reason they are unable to undertake the contract, their contract will be cancelled and the earnest money deposited by them along with their tender forfeited to Government and they will also be liable for all damages sustained by the Dean/Superintendent by reason of such breach including the liability to pay any difference between the prices accepted by him and those ultimately paid by him for such articles.

Such damages shall be assessed by the Dean/Superintendent whose decision is final and the amount so assessed is recoverable by proceedings under the Madras Revenue Recovery Act, 1864 (Madras Act II of 1864), as an arrear of land revenue.

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28. The loss to Government, if any, incurred on account of purchase rendered necessary elsewhere by failure, neglect or refusal on the part of the contractors to supply according to the terms of

the agreement will be recovered from them. If any articles or things supplied by the contractors have been partially or wholly used or consumed in the hospitals and they are subsequently found to be in bad order, unsound, unmerchable, inferior in quality or description or not in accordance with samples or otherwise faulty or unfit for use or unwholesome, then the contract price or prices of such articles or things will be recovered from the contractors if payment had already been made to them. Otherwise the contractor will not be entitled to any payment whatsoever for such articles. For infringement of the stipulations of the contract or for other justifiable reasons, the contract may be terminated by the Dean/Superintendent and the contractors shall be liable for all losses sustained by the Dean/Superintendent in consequence of the termination, which may be recovered from the security deposited by the contractors or other money due to become due to them. In the event of such amounts being insufficient the balance may be recovered personally from the contractor or from their properties :

Provided further and it is distinctly understood that if any of the said articles and/or things are not available in the local market or if it is not possible for the Superintendent/Dean to purchase the said articles and/or things in time for the requirements of the hospital, it shall be lawful for the said Superintendent/Dean in his sole discretion or for any person authorized by him thereunto to purchase substitutes for the said articles and/or things and to recover from the contractor the difference, if any, between the price or prices of the said substituted articles and/or things which may be so purchased or the moneys which may have been paid for the same and the price or prices payable under this contract to the contractor of similar articles or things which he has contracted to supply. The opinion of the Superintendent/Dean as to the availability of the said articles and things and as to whether it is not possible to purchase the said articles or things in time for hospital requirements and as to the nature and quality of the substitutes to be purchased, as final and binding on the contractor.

SCHEDULE.

- Baskets, large.
- Brooms long, 7 inches girth.
- Coconut brooms, 7 inches girth (well cleaned).
- Coconuts (full) for scrubbers, large.
- Leaf umbrellas.
- Date mats, 6 feet by 4 feet.
- Whitewashing brushes, country (full size bundles).
- Winnows.
- Chatties, large.
- Goglets, wide mouthed.
- Goglet covers, special.
- Water pots

Bees wax, yellow, superior quality.
 Green powder.
 Sand paper, rough and soft.
 Emery paper, rough and soft.
 Screws, sizes $\frac{1}{4}$ inch, $\frac{1}{2}$ inch, $\frac{3}{4}$ inch, 1 inch, $1\frac{1}{2}$ inches, 2 inches.
 Wire nails, sizes $\frac{1}{4}$ inch, $\frac{1}{2}$ inch, $\frac{3}{4}$ inch, 1 inch, $1\frac{1}{2}$ inches, 2 inches.
 Putti.
 Glue.
 Glasso polish, No. 6 or Hutchison Metal Polish, 8 oz. tins.
 Wire mesh.
 Twine, Europe.
 Toilet paper.
 Gillette razor blades, standard.
 French polish.
 Galvanized wire, gauge 13.
 French chalk, superior quality, English.
 Soda ash, heavy or light, 1 or 2 cwt. bags.
 Caustic soda.
 Bleaching powder.
 Country washing soda (Fuller's earth).
 Incense.
 Linseed meal.
 Waste cotton in bundles of 1 lb. each.
 Soapnuts.
 Crystal soda, white.

Diet—Storable.

Coke, soft, 1 to $1\frac{1}{2}$ inches in size, free from dust and other impurities.
 Charcoal, free from powder and dust (in tons).
 Firewood, casuarina, billets of $1\frac{1}{2}$ inches to 2 inches in diameter and 2 feet in length.
 Rice, boiled.
 Rice, raw.
 Jaggery (cane).
 Sugar, brown (cane).
 Sugar, white (cane) granulated.
 Dhall (thuvurai) (good, Tiruppattur, of uniform light yellow colour of unbroken half grains, dry, free from stones, dirt or any extraneous matter, capable of being cooked completely within half to three-fourths hour).
 Vanaspathy, Lion brand.
 Tamarind, without seeds.
 Chillies, dry.
 Coriander.
 Cummin seed.
 Garlic.

the agreement will be recovered from them. If any articles or things supplied by the contractors have been partially or wholly used or consumed in the hospitals and they are subsequently found to be in bad order, unsound, unmerchantable, inferior in quality or description or not in accordance with samples or otherwise faulty or unfit for use or unwholesome, then the contract price or prices of such articles or things will be recovered from the contractors if payment had already been made to them. Otherwise the contractor will not be entitled to any payment whatsoever for such articles. For infringement of the stipulations of the contract or for other justifiable reasons, the contract may be terminated by the Dean/Superintendent and the contractors shall be liable for all losses sustained by the Dean/Superintendent in consequence of the termination, which may be recovered from the security deposited by the contractors or other money due to become due to them. In the event of such amounts being insufficient the balance may be recovered personally from the contractor or from their properties :

Provided further and it is distinctly understood that if any of the said articles and/or things are not available in the local market or if it is not possible for the Superintendent/Dean to purchase the said articles and/or things in time for the requirements of the hospital, it shall be lawful for the said Superintendent/Dean in his sole discretion or for any person authorized by him thereunto to purchase substitutes for the said articles and/or things which recover from the contractor the difference, if any, between the price or prices of the said substituted articles and/or things which may be so purchased or the moneys which may have been paid for the same and the price or prices payable under this contract to the contractor of similar articles or things which he has contracted to supply. The opinion of the Superintendent/Dean as to the availability of the said articles and things and as to whether it is not possible to purchase the said articles or things in time for hospital requirements and as to the nature and quality of the substitutes to be purchased, as final and binding on the contractor.

SCHEDULE.

- Baskets, large.
- Brooms long, 7 inches girth.
- Coconut brooms, 7 inches girth (well cleaned).
- Coconuts (full) for scrubbers, large.
- Leaf umbrellas.
- Date mats, 6 feet by 4 feet.
- Whitewashing brushes, country (full size bundles).
- Winnows.
- Chatties, large.
- Goglets, wide mouthed.
- Goglet covers, special.
- Water...

Bees wax, yellow, superior quality.
 Green powder.
 Sand paper, rough and soft.
 Emery paper, rough and soft.
 Screws, sizes $\frac{1}{4}$ inch, $\frac{1}{2}$ inch, $\frac{3}{4}$ inch, 1 inch, $1\frac{1}{2}$ inches, 2 inches.
 Wire nails, sizes $\frac{1}{4}$ inch, $\frac{1}{2}$ inch, $\frac{3}{4}$ inch, 1 inch, $1\frac{1}{2}$ inches, 2 inches.
 Putti.
 Glue.
 Glasso polish, No. 6 or Hutchison Metal Polish, 8 oz. tins.
 Wire mesh.
 Twine, Europe.
 Toilet paper.
 Gillette razor blades, standard.
 French polish.
 Galvanized wire, gauge 13.
 French chalk, superior quality, English.
 Soda ash, heavy or light, 1 or 2 cwt. bags.
 Caustic soda.
 Bleaching powder.
 Country washing soda (Fuller's earth).
 Incense.
 Linseed meal.
 Waste cotton in bundles of 1 lb. each.
 Soapnuts.
 Crystal soda, white.

Diet—Storable.

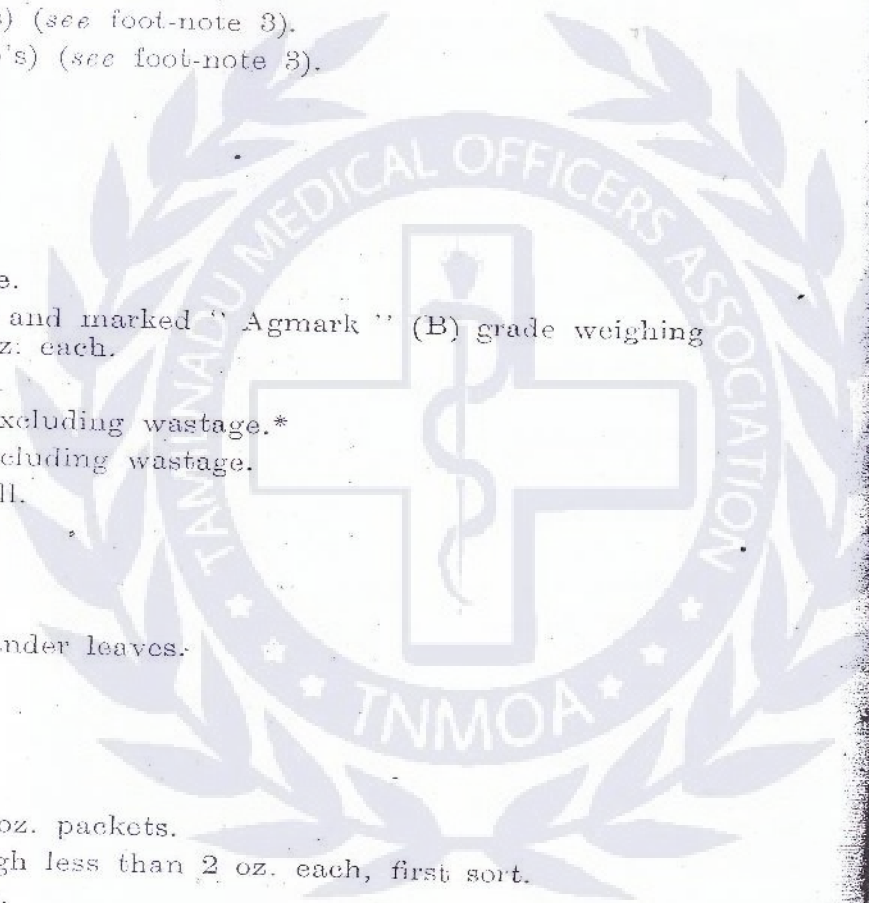
Coke, soft, 1 to $1\frac{1}{2}$ inches in size, free from dust and other impurities.
 Charcoal, free from powder and dust (in tons).
 Firewood, casuarina, billets of $1\frac{1}{2}$ inches to 2 inches in diameter and 2 feet in length.
 Rice, boiled.
 Rice, raw.
 Jaggery (cane).
 Sugar, brown (cane).
 Sugar, white (cane) granulated.
 Dhall (thuvarai) (good, Tiruppattur, of uniform light yellow colour of unbroken half grains, dry, free from stones, dirt or any extraneous matter, capable of being cooked completely within half to three-fourths hour).
 Vanaspathy, Lion brand.
 Tamarind, without seeds.
 Chillies, dry.
 Coriander.
 Cummin seed.
 Garlic.

- Mustard, country.
 Pepper, black.
 Turmeric.
 Vendium.
 Asafoetida, L.G. brand.
 Blackgram, broken and well cleaned.
 Ginger, dry.
 Salt, common.
 Oil, gingelly.
 Oil, coconut, in 38 lb. tins, pure.
 Arrowroot powder derived from the plant *Maranta Arundinaceae* in
 1 lb. tin.
 Barley (loose, Indian).
 Corn flour, in 1 lb. tin.
 Maida (American flour).
 Vermicelli.
 Sago (well cleaned).
 Sooji.
 Bran, wheat (fine mess).
 Appalams, large.
 Coffee powder, first sort, Peaberry in 7 lb. tins.
 Coffee powder, second sort, Arabica or Cherry straight, 7 or 20 lb.
 tins.
 Tea, Orange Pekoe, loose or 12 lb. chest.
 Europe mustard in $\frac{1}{2}$ lb. tins.
 White salt, Standard or Philips or Dalmia in 1 lb. packets.
 Vinegar, Europe, white cottrel, large.
 Baking powder.
 Salad oil, 10 oz. bottles.
 Essence of coffee.
 Essence of vanilla.
 Essence of almond.
 Biscuits in $\frac{1}{2}$ lb. packet or loose in 8 to 15 lb. tins.
 Horlicks malted milk, large.
 Nutmeg.
 Apricots.
 Quacker oats in $1\frac{1}{2}$ lb. tins.
 Jam, Prevent's mixed fruit, $8\frac{1}{2}$ lb. or household 7 lb. tins.
 Marmalade Jam, in 1 lb. tin.

Diets—Perishable.

- Bread, brown.
 Bread, white, of good and unobjectionable quality, should be free
 from alum and yield an acidity equivalent to not more than 4.5
 cc. normal acid per 100 gms. of bread. The maximum limit of
 ash permissible is 0.02 per cent (calculated on the dry matter)
 insoluble in dilute hydrochloric acid.

- Milk, cow's, of good and wholesome quality, pint of 20 fluid ounces each and 1 lb. 4½ oz. by weight, cows to be milked at the hospital premises, fresh, specific gravity not less than 1.025.
- Chicken or half fowls, 10 oz. in weight when dressed.
- Pigeons.
- Ducks.
- Fish, excluding wastage (vide footnote 2).
- Prawns, excluding wastage.
- Mutton suet (*see* foot-note 3).
- Brain (sheep's) (*see* foot-note 3).
- Kidney (sheep's) (*see* foot-note 3).
- Tongues (sheep's) (*see* foot-note 3).
- Sweet-bread (sheep's) (*see* foot-note 3).
- Bone marrow (sheep's) (*see* foot-note 3).
- Sheep's feet.
- Bacon, English.
- Ham.
- Cream, fresh.
- Mutton, with bone.
- Mutton, without bone.
- Eggs (Hen's) graded and marked "Agmark" (B) grade weighing not exceeding 1½ oz. each.
- Liver (sheep's).
- Country vegetables excluding wastage.*
- Europe vegetables excluding wastage.
- Coconut, without shell.
- Chillies, green.
- Ginger, green.
- Mint and parsley.
- Kariveppilai and coriander leaves.
- Onions.
- Tomatoes, well ripe.
- Tree tomatoes.
- Spice powder.
- Rex jelly, 3 oz. or 5 oz. packets.
- Potatoes, none to weigh less than 2 oz. each, first sort.
- Apples, good, full size.
- Mangoes, full size.
- Grapes, blue.
- Limes, fresh, full size.
- Oranges, big size, fresh, in hundreds.
- Sathukudi, full size, fresh, in hundreds.
- Plantains, of good size, fully ripe, in hundreds.
- Hill plantains, ripe, good size of each not less than 3 inches in length.
- NOTE.—Apples, mangoes, limes, wholesale rates to be given in terms of 100 fruits.



- Mustard, country.
 Pepper, black.
 Turmeric.
 Vendium.
 Asafœtida, L.G. brand.
 Blackgram, broken and well cleaned.
 Ginger, dry.
 Salt, common.
 Oil, gingelly.
 Oil, coconut, in 38 lb. tins, pure.
 Arrowroot powder derived from the plant *Maranta Arundinœæ* in
 1 lb. tin.
 Barley (loose, Indian).
 Corn flour, in 1 lb. tin.
 Maida (American flour).
 Vermicelli.
 Sago (well cleaned).
 Sooji.
 Bran, wheat (fine mess).
 Appalams, large.
 Coffee powder, first sort, Peaberry in 7 lb. tins.
 Coffee powder, second sort, Arabica or Cherry straight, 7 or 20 lb.
 tins.
 Tea, Orange Pekoe, loose or 12 lb. chest.
 Europe mustard in $\frac{1}{2}$ lb. tins.
 White salt, Standard or Philips or Dalmia in 1 lb. packets.
 Vinegar, Europe, white cottrel, large.
 Baking powder.
 Salad oil, 10 oz. bottles.
 Essence of coffee.
 Essence of vanilla.
 Essence of almond.
 Biscuits in $\frac{1}{2}$ lb. packet or loose in 8 to 15 lb. tins.
 Horlicks malted milk, large.
 Nutmeg.
 Apricots.
 Quacker oats in $1\frac{1}{2}$ lb. tins.
 Jam, Prevent's mixed fruit, $8\frac{1}{2}$ lb. or household 7 lb. tins.
 Marmalade Jam, in 1 lb. tin.

Diet—Perishable.

Bread, brown.

Bread, white, of good and unobjectionable quality, should be free from alum and yield an acidity equivalent to not more than 4.5 cc. normal acid per 100 gms. of bread. The maximum limit of ash permissible is 0.02 per cent (calculated on the dry solid, insoluble in dilute hydrochloric acid).

- Milk, cow's, of good and wholesome quality, pint of 20 fluid ounces each and 1 lb. $4\frac{1}{2}$ oz. by weight, cows to be milked at the hospital premises, fresh, specific gravity not less than 1.025.
- Chicken or half fowls, 10 oz. in weight when dressed.
- Pigeons.
- Ducks.
- Fish, excluding wastage (vide footnote 2).
- Prawns, excluding wastage.
- Mutton suet (*see* foot note 3).
- Brain (sheep's) (*see* foot-note 3).
- Kidney (sheep's) (*see* foot-note 3).
- Tongues (sheep's) (*see* foot-note 3).
- Sweet-bread (sheep's) (*see* foot-note 3).
- Bone marrow (sheep's) (*see* foot-note 3).
- Sheep's feet.
- Bacon, English.
- Ham.
- Cream, fresh.
- Mutton, with bone.
- Mutton, without bone.
- Eggs (Hen's) graded and marked "Agmark" (B) grade weighing not exceeding $1\frac{1}{2}$ oz. each.
- Liver (sheep's).
- Country vegetables excluding wastage.*
- Europe vegetables excluding wastage.
- Coconut, without shell.
- Chillies, green.
- Ginger, green.
- Mint and parsley.
- Kariveppilai and coriander leaves.
- Onions.
- Tomatoes, well ripe.
- Tree tomatoes.
- Spice powder.
- Rex jelly, 3 oz. or 5 oz. packets.
- Potatoes, none to weigh less than 2 oz. each, first sort.
- Apples, good, full size.
- Mangoes, full size.
- Grapes, blue.
- Limes, fresh, full size.
- Oranges, big size, fresh, in hundreds.
- Sathukudi, full size, fresh, in hundreds.
- Plantains, of good size, fully ripe, in hundreds.
- Hill plantains, ripe, good size of each not less than 3 inches in length.

NOTE.—Apples, mangoes, limes, wholesale rates to be given in terms of 100 fruits.

Aerated waters.

Soda water, splits.

Lemonade, splits.

Bedding and clothing.

Cock Brand reel thread No. 40.

Thread buttons, large.

Bone buttons, large.

Bone buttons, small.

Trouser buttons (large and small).

Needles packets (Walker Sulthans) No. 6.

Singer sewing needles.

Tape, Europe, large.

Tape, Europe, small.

Ball thread No. 40, Alexander.

Indigo blue or Robin blue.

Indigo, Elephant and Crown.

Napthalene balls.

Cowdung cakes.

Marking nuts.

Reel thread, red "S. & P." Coat's.

Do. black.

Do. blue.

Cotton for mattresses, without seeds, clean.

N.B.—Country vegetables.—Different varieties of vegetables available during the season to be supplied from day to day. The vegetables must be lady's fingers, drumsticks, brinjals, pumpkins, kannalam pusinikkai, chemakilangu, radish, sweet potatoes, green plantains, kothavarakkai, peerkangai, country beans, etc.

Europe vegetables.—Cabbage, beetroot, cauliflower, peas, beans, cho-cho, rubarb, etc., to be supplied as required.

Tomatoes.—Each tomato should weigh not less than 4 oz.

* 1. *Wastage.*—The contractor should supply over and above the actual requirements an extra quantity as stated below to cover wastage:—

Articles.	Extra quantity to be supplied.
(1)	(2)
Green and leafy vegetables	.. 2 oz. for every pound.
Other vegetables	.. 4 oz. for every pound.
Potatoes, sweet	.. 2 oz. for every pound.

2. *Fish.*—The contractor should supply the required quantity after removing bones, etc. Only fresh fish will be accepted. Iced fish will not be accepted.

3. *Milk.*—The contract for the supply of milk will be subject to the dairy rules of the respective hospitals. A portion of the daily requirements of milk will be obtained in the shape of

This quantity is not included in the probable requirements.

Besides the samples that may be taken by the hospital authorities for analysis, the Food Inspectors of the Corporation of Madras may also sample the contractors at the time when he delivers the articles to the hospital, in accordance with the Madras Prevention of Adulteration Act.

No rent will be recovered from the contractors on account of the cow-shed used by them for milking alone or for keeping the cows as well.

4. *Bread*.—The white and brown bread supplied to the hospital should be in 1 lb. loaves. Less weight of loaves supplied, if any, will be deducted from the contractor's bill.

5. *Mutton*.—Each sheep must weigh not less than 20 lb. Only male sheep will be accepted. The feet of the sheep must be attached when the mutton is being passed by the Superintendent. Goat's flesh will not be accepted as mutton under any circumstances. Mutton must be supplied from sheep slaughtered on the previous evenings and the carcasses brought to the hospital immediately and kept in the cold storage room. The same must be weighed and supplied to the hospital as per indent the next morning. The contractor should himself arrange for cutting the mutton and separating the bones. *Mutton without bones*.—The contractor should supply the actual quantity required after removing bones, etc. *Mutton with bones*.—The ratio of mutton to bones will be 2: 1.

6. *Eggs*.—The contractor whose tender is accepted should immediately replace such eggs as are found rotten. Proportionate reduction will be made from the contractor's bill for any shortage in weight for the eggs supplied and accepted. Agmark "B" grade eggs will be preferred.

7. *Potatoes*.—The contractor should supply over and above the actual requirements 3 oz. to the pound to cover wastage.

8. *Oranges*.—*Full size* as available during the season weighing not less than 4 oz. each. The variety of oranges required for the hospitals is the one known as "Kamala." The fruits should be sweet. The weight of 4 ounces specified above is the minimum weight; less weight below this minimum, if any, will be deducted from the contractor's bill.

9. *Sathukudi*.—*Full size* as available during the season weighing not less than 6 oz. each. The fruits should be sweet. The weight of 6 oz. specified above is the minimum weight. Less weight below this minimum, if any, will be deducted from the contractor's bill.

10. *Butter*.—Subject to the test by the Government Analyst, Guindy, the quality of the butter should be according to the standard fixed by the Madras Food Adulteration Act, viz., it must not contain more than 20 per cent moisture and fat.

Besides the test that may be carried out by the Hospital authorities the Food Inspectors of the Corporation of Madras may also take samples at the time the article is delivered to the hospital, under the Madras Prevention of Adulteration Act.

Aerated waters.

Soda water, splits.

Lemonade, splits.

Bedding and clothing.

Cock Brand reel thread No. 40.

Thread buttons, large.

Bone buttons, large.

Bone buttons, small.

Trouser buttons (large and small).

Needles packets (Walker Sulthans) No. 6.

Singer sewing needles.

Tape, Europe, large.

Tape, Europe, small.

Ball thread No. 40, Alexander.

Indigo blue or Robin blue.

Indigo, Elephant and Crown.

Napthalene balls.

Cowdung cakes.

Marking nuts.

Reel thread, red "S. & P." Coat's.

Do. black.

Do. blue.

Cotton for mattresses, without seeds, clean.

N.B.—Country vegetables.—Different varieties of vegetables available during the season to be supplied from day to day. The vegetables must be lady's fingers, drumsticks, brinjals, pumpkins, kannalam pusinikkai, chemakilangu, radish, sweet potatoes, green plantains, kothavarakkai, peerkangai, country beans, etc.

Europe vegetables.—Cabbage, beetroot, cauliflower, peas, beans, cho-cho, rubarb, etc., to be supplied as required.

Tomatoes.—Each tomato should weigh not less than 4 oz.

* 1. *Wastage.*—The contractor should supply over and above the actual requirements an extra quantity as stated below to cover wastage:—

Articles.	Extra quantity to be supplied.
(1)	(2)
Green and leafy vegetables	.. 2 oz. for every pound.
Other vegetables .. .. .	.. 4 oz. for every pound.
Potatoes, sweet .. .. .	.. 2 oz. for every pound.

2. *Fish.*—The contractor should supply the required quantity after removing bones, etc. Only fresh fish will be accepted. Iced fish will not be accepted.

3. *Milk.*—The contract for the supply of milk will be subject to the dairy rules of the respective hospitals. A portion of the daily requirements of milk will be obtained in .. .

This quantity is not included in the probable requirements.

Besides the samples that may be taken by the hospital authorities for analysis, the Food Inspectors of the Corporation of Madras may also sample the contractors at the time when he delivers the articles to the hospital, in accordance with the Madras Prevention of Adulteration Act.

No rent will be recovered from the contractors on account of the cow-shed used by them for milking alone or for keeping the cows as well.

4. *Bread*.—The white and brown bread supplied to the hospital should be in 1 lb. loaves. Less weight of loaves supplied, if any, will be deducted from the contractor's bill.

5. *Mutton*.—Each sheep must weigh not less than 20 lb. Only male sheep will be accepted. The feet of the sheep must be attached when the mutton is being passed by the Superintendent. Goat's flesh will not be accepted as mutton under any circumstances. Mutton must be supplied from sheep slaughtered on the previous evenings and the carcasses brought to the hospital immediately and kept in the cold storage room. The same must be weighed and supplied to the hospital as per indent the next morning. The contractor should himself arrange for cutting the mutton and separating the bones. *Mutton without bones*.—The contractor should supply the actual quantity required after removing bones, etc. *Mutton with bones*.—The ratio of mutton to bones will be 2: 1.

6. *Eggs*.—The contractor whose tender is accepted should immediately replace such eggs as are found rotten. Proportionate reduction will be made from the contractor's bill for any shortage in weight for the eggs supplied and accepted. Agmark "B" grade eggs will be preferred.

7. *Potatoes*.—The contractor should supply over and above the actual requirements 3 oz. to the pound to cover wastage.

8. *Oranges*.—Full size as available during the season weighing not less than 4 oz. each. The variety of oranges required for the hospitals is the one known as "Kamala." The fruits should be sweet. The weight of 4 ounces specified above is the minimum weight; less weight below this minimum, if any, will be deducted from the contractor's bill.

9. *Sathukudi*.—Full size as available during the season weighing not less than 6 oz. each. The fruits should be sweet. The weight of 6 oz. specified above is the minimum weight. Less weight below this minimum, if any, will be deducted from the contractor's bill.

10. *Butter*.—Subject to the test by the Government Analyst, Guindy, the quality of the butter should be according to the standard fixed by the Madras Food Adulteration Act, viz., it must not contain more than 20 per cent moisture and fat.

Besides the test that may be carried out by the Hospital authorities the Food Inspectors of the Corporation of Madras may also take samples at the time the article is delivered to the hospital, under the Madras Prevention of Adulteration Act.

11. *Biscuits*.—(i) Biscuits should be made of wheat flour and should not contain more than 8 per cent moisture.

(ii) The biscuits shall be fresh, crisp, well baked, of satisfactory texture and consistency, pleasant in taste and flavour and free from weevils, mould and all injurious constituents.

(iii) The free fatty acid (expressed as oleic acid) of the fat derived from the biscuits should not be more than 2.5 per cent.

Note.—This schedule is as published by the General Hospital, Madras. It may be modified and grouped according to the individual requirements of each hospital.

PART III—CONTRACT AGREEMENT FORM.

AGREEMENT made the day of of 19 between (hereinafter called "the contractor") of the one part and the Governor of Madras (hereinafter called "the purchaser") of the other part. WHEREAS the Contractor has agreed with the Purchaser to supply to the Government hospital at all such quantities of the articles and/or things specified and described in the schedule annexed to Part II of the Diet Rules (and which said articles and/or things are hereinafter referred to as "the said articles and/or things") as the Contractor shall be required by or on behalf of the Purchaser to supply for the said Government hospital at any time or times hereinafter during the period of commencing from the first day of 19 and at the price or prices and in the manner and upon the terms and conditions hereinafter mentioned.

AND WHEREAS the Contractor has deposited with Government securities of the face-value of rupees more particularly described in the second schedule herein described as security for the due and faithful performance by the contractor of his contract.

NOW THESE PRESENTS WITNESS that for carrying the said agreement into execution the contractor on the one part for himself, his heirs, executors, administrators, legal representatives and permitted assigns and the purchaser on the other part for himself, his successors and assigns mutually covenant declare contract and agree each of them with the other of them in manner following (that is to say):—

1. At any time or times and at all times during the period of commencing with the first day of 19 at which the contractor shall be required by the Dean/Superintendent for the time being of the Government hospital at (hereinafter referred to as "the said Dean/Superintendent") so to do the contractor shall and will supply to the said Government hospital at and for such price or prices as are specified in the said schedule all such quantities of the said articles and/or things as the said Dean/Superintendent shall from time to time require the contractor to supply under this contract and all such articles and/or things shall be delivered by the contractor between such hours on such day or days at such place or places to such person or persons and in such manner as the said Dean/Superintendent shall from time to time require.

or numbers that may have been mentioned by or on behalf of the Purchaser prior to the execution of these presents the Purchaser has the right to order any quantity or number of any of the said articles and/or things mentioned in the said schedule as may from time to time be required by or on behalf of the Purchaser to be supplied as aforesaid during the period herein fixed or not to order any quantity or number of any of such articles and/or things at all.

2. The Contractor shall not at any time and on any ground whatsoever during the period of years hereinbefore fixed claim any revision or modification of the rates respectively agreed upon for the articles and/or things mentioned in the first schedule hereunder written and specified therein. It is hereby understood and agreed that the rates so fixed include the payment by the Contractor of customs duties now payable or any enhancement thereof or which may hereafter be served on all or any of the said articles and/or things mentioned in the first schedule.

2-A. The Purchaser at his discretion will exercise the right of revising the price of any of the articles at any stage so as to conform with the controlled price. This discretion will be exercised without prejudice to any other action that may be taken against the contractor.

3. All articles and/or things supplied by the Contractor under this contract shall be of the qualities and descriptions specified in the said schedule and if samples have been deposited by the contractor they shall conform to such samples. In cases of doubt the description of the article shall be of those given in the British Pharmacopoea. The Purchaser is entitled to call upon the contractor from time to time and at any time during the period of this contract to supply samples free of cost of all or any of the articles and/or things supplied by the contractor under this contract and the said articles and/or things supplied and to be supplied by the contractor shall conform to such samples.

In the case of storable articles of diet, they shall conform as nearly as possible to the samples deposited by the contractor and where no samples have been deposited, the decision of the said purchaser as to the quality of the goods shall be final and binding on the contractor. In the case of non-storable articles of diet, their quality shall as far as possible be tested by the Public Analyst and when so tested his decision shall be final and binding on the contractor. It shall not be incumbent on the purchaser to take from the contractor the quantities of the said articles and/or things mentioned in the said schedule or any larger or smaller quantity or quantities thereof respectively than any, from time to time be required by the purchaser but the purchaser hereby agrees that except as herein provided he shall not buy during the period herein contracted to be supplied by the contractor or any part thereof from any person, firm or company other than the contractor.

4. All articles and/or things supplied by the contractor shall be subject to inspection and acceptance or rejection by such person as the said Dean/Superintendent shall from time to time name and

11. *Biscuits.*—(i) Biscuits should be made of wheat flour and should not contain more than 8 per cent moisture.

(ii) The biscuits shall be fresh, crisp, well baked, of satisfactory texture and consistency, pleasant in taste and flavour and free from weevils, mould and all injurious constituents.

(iii) The free fatty acid (expressed as oleic acid) of the fat derived from the biscuits should not be more than 2.5 per cent.

Note.—This schedule is as published by the General Hospital, Madras. It may be modified and grouped according to the individual requirements of each hospital.

PART III—CONTRACT AGREEMENT FORM.

AGREEMENT made the _____ day of _____ of 19____ between (hereinafter called "the contractor") of the one part and the Governor of Madras (hereinafter called "the purchaser") of the other part. WHEREAS the Contractor has agreed with the Purchaser to supply to the Government _____ hospital at _____ all such quantities of the articles and/or things specified and described in the schedule annexed to Part II of the Diet Rules (and which said articles and/or things are hereinafter referred to as "the said articles and/or things") as the Contractor shall be required by or on behalf of the Purchaser to supply for the said Government _____ hospital at any time or times hereinafter during the period of _____ commencing from the first day of _____ 19____ and at the price or prices and in the manner and upon the terms and conditions hereinafter mentioned.

AND WHEREAS the Contractor has deposited with Government securities of the face-value of rupees _____ more particularly described in the second schedule herein described as security for the due and faithful performance by the contractor of his contract.

NOW THESE PRESENTS WITNESS that for carrying the said agreement into execution the contractor on the one part for himself, his heirs, executors, administrators, legal representatives and permitted assigns and the purchaser on the other part for himself, his successors and assigns mutually covenant declare contract and agree each of them with the other of them in manner following (that is to say) :—

1. At any time or times and at all times during the period of _____ commencing with the first day of _____ 19____ at which the contractor shall be required by the Dean/Superintendent for the time being of the Government _____ hospital at _____ (hereinafter referred to as "the said Dean/Superintendent") so to do the contractor shall and will supply to the said Government _____ hospital at _____ and for such price or prices as are specified in the said schedule all such quantities of the said articles and/or things as the said Dean/Superintendent shall from time to time require the contractor to supply under this contract and all such articles and/or things shall be delivered by the contractor between such hours on such day or days at such place or places to such person or persons and in such manner _____

or numbers that may have been mentioned by or on behalf of the Purchaser prior to the execution of these presents the Purchaser has the right to order any quantity or number of any of the said articles and/or things mentioned in the said schedule as may from time to time be required by or on behalf of the Purchaser to be supplied as aforesaid during the period herein fixed or not to order any quantity or number of any of such articles and/or things at all.

2. The Contractor shall not at any time and on any ground whatsoever during the period of years hereinbefore fixed claim any revision or modification of the rates respectively agreed upon for the articles and/or things mentioned in the first schedule hereunder written and specified therein. It is hereby understood and agreed that the rates so fixed include the payment by the Contractor of customs duties now payable or any enhancement thereof or which may hereafter be served on all or any of the said articles and/or things mentioned in the first schedule.

2-A. The Purchaser at his discretion will exercise the right of revising the price of any of the articles at any stage so as to conform with the controlled price. This discretion will be exercised without prejudice to any other action that may be taken against the contractor.

3. All articles and/or things supplied by the Contractor under this contract shall be of the qualities and descriptions specified in the said schedule and if samples have been deposited by the contractor they shall conform to such samples. In cases of doubt the description of the article shall be of those given in the British Pharmacopoeia. The Purchaser is entitled to call upon the contractor from time to time and at any time during the period of this contract to supply samples free of cost of all or any of the articles and/or things supplied by the contractor under this contract and the said articles and/or things supplied and to be supplied by the contractor shall conform to such samples.

In the case of storable articles of diet, they shall conform as nearly as possible to the samples deposited by the contractor and where no samples have been deposited, the decision of the said purchaser as to the quality of the goods shall be final and binding on the contractor. In the case of non-storable articles of diet, their quality shall as far as possible be tested by the Public Analyst and when so tested his decision shall be final and binding on the contractor. It shall not be incumbent on the purchaser to take from the contractor the quantities of the said articles and/or things mentioned in the said schedule or any larger or smaller quantity or quantities thereof respectively than any, from time to time be required by the purchaser but the purchaser hereby agrees that except as herein provided he shall not buy during the period herein contracted to be supplied by the contractor or any part thereof from any person, firm or company other than the contractor.

4. All articles and/or things supplied by the contractor shall be subject to inspection and acceptance or rejection by such person as the said Dean/Superintendent shall from time to time name and

hereby agreed that, if any articles and/or things which have already been accepted by or on behalf of the purchaser and partially or wholly used or consumed at the said Government

Hospital are discovered by the said Dean/Superintendent at any time after such acceptance and during or after use or consumption to be or have been in bad order, unsound, unmerchantable, inferior in quality or description or not in accordance with sample or otherwise faulty or unfit for use or unwholesome, then the contract price or prices of such articles or things will be recovered from the contractor if payment had already been made. Otherwise the contractor will not be entitled to any payment whatsoever for such articles :

Provided further and it is hereby agreed that if any of the said articles and/or things are not available in the local market or it is not possible for the purchaser to purchase the said articles and/or things in time for the requirements of the hospital, it shall be lawful for the said purchaser in his sole discretion or for any person by him thereunto authorized to purchase substitutes for the said articles and/or things and to recover from the contractor the difference if any, between the price or prices of the said substituted articles and/or things and to recover from the contractor the difference if any between the price or prices of the said substituted articles and/or things which may be so purchased or the moneys which may have been paid for the same and price or prices payable under this contract to the contractor of similar articles or things which he has contracted to supply. The opinion of the purchaser as to the availability of the said articles and or things and as to whether it is not possible to purchase the said articles and/or things in time and quality of the substitutes to be purchased, is final and binding on the contractor.

9-A. The price quoted by the contractor shall not in any case exceed the controlled price, if any, fixed by Government or the reasonable price which it is permissible for him to charge a private purchaser for the same class and description of goods under the provisions of clause 6 of the Hoarding and Profiteering Prevention Ordinance, 1943, as amended from time to time. If the prices quoted exceed the controlled price the contractor will specifically mention this fact in the tender along with the reasons for quoting such higher prices. The purchaser at his discretion will in such cases exercise the right of revising the price at any stage so as to conform with the controlled price or the price permissible under the Hoarding and Profiteering Prevention Ordinance. This discretion will be exercised without prejudice to any other action that may be taken against the contractor.

10. The contractor shall pay and reimburse to the purchaser such price or difference in price as aforesaid within two days after the same shall have been demanded from him by or on behalf of the purchaser.

11. The contractor shall and will submit and deliver to the said Dean/Superintendent on or before the twelfth day of every calendar month a bill or bills in the usual and proper form for all articles and/or things supplied under this contract during the previous

hereby agreed that, if any articles and/or things which have already been accepted by or on behalf of the purchaser and partially or wholly used or consumed at the said Government Hospital are discovered by the said Dean/Superintendent at any time after such acceptance and during or after use or consumption to be or have been in bad order, unsound, unmerchable, inferior in quality or description or not in accordance with sample or otherwise faulty or unfit for use or unwholesome, then the contract price or prices of such articles or things will be recovered from the contractor if payment had already been made. Otherwise the contractor will not be entitled to any payment whatsoever for such articles :

Provided further and it is hereby agreed that if any of the said articles and/or things are not available in the local market or it is not possible for the purchaser to purchase the said articles and/or things in time for the requirements of the hospital, it shall be lawful for the said purchaser in his sole description or for any person by him thereunto authorized to purchase substitutes for the said articles and/or things and to recover from the contractor the difference if any, between the price or prices of the said substituted articles and/or things and to recover from the contractor the difference if any between the price or prices of the said substituted articles and/or things which may be so purchased or the moneys which may have been paid for the same and price or prices payable under this contract to the contractor of similar articles or things which he has contracted to supply. The opinion of the purchaser as to the availability of the said articles and or things and as to whether it is not possible to purchase the said articles and/or things in time and quality of the substitutes to be purchased, is final and binding on the contractor.

9-A. The price quoted by the contractor shall not in any case exceed the controlled price, if any, fixed by Government or the reasonable price which it is permissible for him to charge a private purchaser for the same class and description of goods under the provisions of clause 6 of the Hoarding and Profiteering Prevention Ordinance, 1943, as amended from time to time. If the prices quoted exceed the controlled price the contractor will specifically mention this fact in the tender along with the reasons for quoting such higher prices. The purchaser at his discretion will in such cases exercise the right of revising the price at any stage so as to conform with the controlled price or the price permissible under the Hoarding and Profiteering Prevention Ordinance. This discretion will be exercised without prejudice to any other action that may be taken against the contractor.

10. The contractor shall pay and reimburse to the purchaser such price or difference in price as aforesaid within two days after the same shall have been demanded from him by or on behalf of the purchaser.

11. The contractor shall and will submit and deliver to the said Dean/Superintendent on or before the twelfth day of every calendar month a bill or bills in the usual and proper form for all articles and/or things supplied under this contract during the previous

appoint to that duty or for that purpose (and which said person to be so named and appointed as aforesaid is hereinafter referred to as "the Inspection Officer").

5. All articles and/or things supplied by the contractor which in the opinion of the Inspecting Officer or Government Analyst shall be in bad order, unsound, unmerchantable, inferior in quality or description or not in accordance with the samples of the articles and/or things specified in the said schedule or deposited by the contractor or otherwise faulty or unfit for use or unwholesome shall or may be rejected by the Inspecting Officer and his opinion and rejection shall in all respects be final and conclusive and altogether operative and binding upon the contractor and shall not be open or subject to question or dispute by the contractor upon any ground whatsoever.

6. All articles and/or things supplied by the contractor which shall be rejected by the Inspecting Officer shall be removed by the contractor within one hour after such rejection shall have been notified to the contractor by the Inspecting Officer.

7. In lieu of any articles and/or things which shall have been rejected by the Inspecting Officer under the provision hereinbefore contained the contractor shall and will within one hour after such rejection shall have been notified to him as aforesaid supply and deliver to the said Government Hospital, between such hours at such place or places, to such person or persons and in such manner as the said Dean/Superintendent shall require or direct such quantity or quantities of the said articles and/or things of the qualities and descriptions specified in the first schedule as shall be equivalent in quantity or quantities to the quantity or quantities of the said articles and/or things which shall have been so rejected as aforesaid.

8. All articles and/or things supplied in lieu of or in substitution for rejected articles and/or things shall be in like manner subject to such inspection rejection and removal as aforesaid as often as the Inspecting Officer shall consider necessary.

9. In case of any neglect or refusal on the part of the Contractor to supply and deliver any of the said articles or things which the said Dean/Superintendent shall from time to time require the contractor to supply and deliver and of such approved quality and at such time or times, place or places and in such manner as hereinbefore provided and so often as any such neglect or refusal shall happen it shall be lawful for the said Dean/Superintendent or any person by him thereunto authorized to purchase elsewhere and from any other person or persons whomsoever such quantities of the said articles and/or things as shall not have been duly supplied and delivered by the contractor or as shall be required in lieu of any of the said articles and/or things which shall have been so rejected as aforesaid and to charge the difference (if any) to the

appoint to that duty or for that purpose (and which said person to be so named and appointed as aforesaid is hereinafter referred to as "the Inspecting Officer").

5. All articles and/or things supplied by the contractor which in the opinion of the Inspecting Officer or Government Analyst shall be in bad order, unsound, unmerchantable, inferior in quality or description or not in accordance with the samples of the articles and/or things specified in the said schedule or deposited by the contractor or otherwise faulty or unfit for use or unwholesome shall or may be rejected by the Inspecting Officer and his opinion and rejection shall in all respects be final and conclusive and altogether operative and binding upon the contractor and shall not be open or subject to question or dispute by the contractor upon any ground whatsoever.

6. All articles and/or things supplied by the contractor which shall be rejected by the Inspecting Officer shall be removed by the contractor within one hour after such rejection shall have been notified to the contractor by the Inspecting Officer.

7. In lieu of any articles and/or things which shall have been rejected by the Inspecting Officer under the provision hereinbefore contained the contractor shall and will within one hour after such rejection shall have been notified to him as aforesaid supply and deliver to the said Government Hospital, between such hours at such place or places, to such person or persons and in such manner as the said Dean/Superintendent shall require or direct such quantity or quantities of the said articles and/or things of the qualities and descriptions specified in the first schedule as shall be equivalent in quantity or quantities to the quantity or quantities of the said articles and/or things which shall have been so rejected as aforesaid.

8. All articles and/or things supplied in lieu of or in substitution for rejected articles and/or things shall be in like manner subject to such inspection rejection and removal as aforesaid as often as the Inspecting Officer shall consider necessary.

9. In case of any neglect or refusal on the part of the Contractor to supply and deliver any of the said articles or things which the said Dean/Superintendent shall from time to time require the contractor to supply and deliver and of such approved quality and at such time or times, place or places and in such manner as hereinbefore provided and so often as any such neglect or refusal shall happen it shall be lawful for the said Dean/Superintendent or any person by him thereunto authorized to purchase elsewhere and from any other person or persons whomsoever such quantities of the said articles and/or things as shall not have been duly supplied and delivered by the contractor or as shall be required in lieu of any of the said articles and/or things which shall have been so rejected as aforesaid and to charge the difference (if any) between the price or prices of the articles and/or things which may be so purchased or the moneys which may have been paid for the same and the price or prices payable under this contract.

calendar month. In calculating the amount due under such bills fractions of less than half a rupee shall be disregarded and half a rupee or more shall be taken as a rupee where the total of the bills amounts to Rs. 25 or more where such total is less than Rs. 25 amounts below 6 pies shall be disregarded and 6 pies and above shall be taken as one anna.

12. The contractor shall not be in any way interested or concerned directly or indirectly with any of the servants of the said Government Hospital in any trade, business or other transaction whatsoever nor shall the contractor give or pay or promise to give or pay to any such servant directly or indirectly any money or fee under the designation of "Custom" or otherwise nor shall the contractor assign or make over this contract directly or indirectly to any person or persons whomsoever or permit any person or persons whomsoever to interfere in the management or performance hereof either under power-of-attorney granted by the contractor or otherwise without the consent in writing of the said Dean/Superintendent.

13. The contractor shall at all times during the continuance of this contract obey and carry out in all things the orders, instructions and directions of the said Dean/Superintendent and of all officers and servants acting under his orders and by him authorized to act in all or any of the matters and things herein contained and the contractor shall, except in cases where the decision of the Inspecting Officer or Government Analyst is by these presents made final and conclusive, abide by the decision of the said Dean/Superintendent and of any officer or servant acting under his orders and by him authorized to act for him in all matters relating to or in anywise concerning the construction of this contract or any matter, clause or thing herein contained or any question, arising thereout any and every such decision as aforesaid shall be final and conclusive and altogether operative and binding on the contractor and shall not be subject to question or review upon any ground whatsoever.

14. Within thirty days after the delivery and acceptance of any articles and for things supplied under this contract and the delivery of bills for the same the purchaser subject to the conditions hereof shall and will pay the contractor for all such articles and/or things as delivered and accepted at the rates specified for such articles and/or things in the first schedule.

14-A. A final payment of goods or materials supplied under this contract shall be made only on production by the contractor of a certificate from the Income-tax authorities that the income-tax payable by him up to and of the previous accounts year has been paid in full.

15. Upon the complete fulfilment of this contract by the contractor to the satisfaction of the said Dean/Superintendent the said Government securities described in the schedule shall be re-endorsed and returned to the contractor.

16. The purchaser shall be at liberty within a period of three months from the date hereof to terminate this agreement either wholly or in part on one month's notice and thereupon this agreement shall cease and

17. In the case the contractor shall fail or neglect or refuse to observe, perform, fulfil and keep all or any one or more or any part of any one or more of the covenants, stipulations and provisions herein contained it shall be lawful for the said Dean/Superintendent (if he shall think fit so to do) without prejudice and in addition to all and every other the remedies hereinbefore contained on behalf of the purchaser on any such failure, neglect or refusal as aforesaid by any writing under his hand to put an end to this contract either wholly or in part so far as regards the purchaser and thereupon every article, clause or thing on his part herein contained shall cease and be void and in case any moneys, damages, losses, expenses, difference in price or compensation shall then or at any time during the continuance of this contract be due from or payable by the contractor to the purchaser it shall be lawful for the said Dean/Superintendent to appropriate or cancel the securities more particularly described in the second schedule hereunder written so deposited by the contractor or hereinbefore recited towards the sum or sums due as above stated and also from and out of any moneys then in the hands of the said Dean/Superintendent and payable or to become payable to the contractor to reimburse to the purchaser all such moneys damages losses expenses difference in price and compensation as the purchaser shall have sustained or been put to or be entitled to by reason of the contractor having been guilty of any such failure neglect or refusal as aforesaid or other breach in the performance of this contract or as shall for the time being be due and owing from or payable by the contractor to the purchaser and if the amount of the securities so appropriated or cancelled and such other moneys as aforesaid shall be insufficient to pay and satisfy the whole or such moneys damages losses expenses difference in price and compensation as aforesaid then and in that case it shall be lawful for the purchaser to recover the residue thereof by proceedings under the Madras Revenue Recovery Act, 1864 (Madras Act II of 1864), when the liabilities to pay the residue and the amount thereof are not in dispute and/or legal proceedings against the contractor upon the covenants and agreements herein contained as the purchaser may deem fit.

IN WITNESS whereof the said _____ and _____
 Officer-in-charge Hospital
 acting for and on behalf of and by the order and direction of His
 Excellency the Governor of Madras have herunto set their res-
 pective hands the day and year first above mentioned.
 Signed by the abovenamed } Contractor's signature.
 in the presence of }
 Signed by the officer-in-charge } Dean/Superintendent's signature.
 Hospital in the presence of }

SCHEDULE.

Articles to be supplied.	Quantity.	Probable quantity or number.	Price.	Remarks.
			RS. A. P.	

Contractor's signature.

Dean's/Superintendent's signature.

calendar month. In calculating the amount due under such bills fractions of less than half a rupee shall be disregarded and half a rupee or more shall be taken as a rupee where the total of the bills amounts to Rs. 25 or more where such total is less than Rs. 25 amounts below 6 pies shall be disregarded and 6 pies and above shall be taken as one anna.

12. The contractor shall not be in any way interested or concerned directly or indirectly with any of the servants of the said Government Hospital in any trade, business or other transaction whatsoever nor shall the contractor give or pay or promise to give or pay to any such servant directly or indirectly any money or fee under the designation of "Custom" or otherwise nor shall the contractor assign or make over this contract directly or indirectly to any person or persons whomsoever or permit any person or persons whomsoever to interfere in the management or performance hereof either under power-of-attorney granted by the contractor or otherwise without the consent in writing of the said Dean/Superintendent.

13. The contractor shall at all times during the continuance of this contract obey and carry out in all things the orders, instructions and directions of the said Dean/Superintendent and of all officers and servants acting under his orders and by him authorized to act in all or any of the matters and things herein contained and the contractor shall, except in cases where the decision of the Inspecting Officer or Government Analyst is by these presents made final and conclusive, abide by the decision of the said Dean/Superintendent and of any officer or servant acting under his orders and by him authorized to act for him in all matters relating to or in anywise concerning the construction of this contract or any matter, clause or thing herein contained or any question, arising thereout any and every such decision as aforesaid shall be final and conclusive and altogether operative and binding on the contractor and shall not be subject to question or review upon any ground whatsoever.

14. Within thirty days after the delivery and acceptance of any articles and for things supplied under this contract and the delivery of bills for the same the purchaser subject to the conditions hereof shall and will pay the contractor for all such articles and/or things as delivered and accepted at the rates specified for such articles and/or things in the first schedule.

14-A. A final payment of goods or materials supplied under this contract shall be made only on production by the contractor of a certificate from the Income-tax authorities that the income-tax payable by him up to and of the previous accounts year has been paid in full.

15. Upon the complete fulfilment of this contract by the contractor to the satisfaction of the said Dean/Superintendent the said Government securities described in the schedule shall be re-endorsed and returned to the contractor.

16. The purchaser shall be at liberty within a period of three months from the date hereof to terminate this agreement either wholly or in part on one month's notice and thereupon this agreement shall cease and terminate.

17. In the case the contractor shall fail or neglect or refuse to observe, perform, fulfil and keep all or any one or more or any part of any one or more of the covenants, stipulations and provisions herein contained it shall be lawful for the said Dean/ Superintendent (if he shall think fit so to do) without prejudice and in addition to all and every other the remedies hereinbefore contained on behalf of the purchaser on any such failure, neglect or refusal as aforesaid by any writing under his hand to put an end to this contract either wholly or in part so far as regards the purchaser and thereupon every article, clause or thing on his part herein contained shall cease and be void and in case any moneys, damages, losses, expenses, difference in price or compensation shall then or at any time during the continuance of this contract be due from or payable by the contractor to the purchaser it shall be lawful for the said Dean/ Superintendent to appropriate or cancel the securities more particularly described in the second schedule hereunder written so deposited by the contractor or hereinbefore recited towards the sum or sums due as above stated and also from and out of any moneys then in the hands of the said Dean/ Superintendent and payable or to become payable to the contractor to reimburse to the purchaser all such moneys damages losses expenses difference in price and compensation as the purchaser shall have sustained or been put to or be entitled to by reason of the contractor having been guilty of any such failure neglect or refusal as aforesaid or other breach in the performance of this contract or as shall for the time being be due and owing from or payable by the contractor to the purchaser and if the amount of the securities so appropriated or cancelled and such other moneys as aforesaid shall be insufficient to pay and satisfy the whole or such moneys damages losses expenses difference in price and compensation as aforesaid then and in that case it shall be lawful for the purchaser to recover the residue thereof by proceedings under the Madras Revenue Recovery Act, 1864 (Madras Act II of 1864), when the liabilities to pay the residue and the amount thereof are not in dispute and/or legal proceedings against the contractor upon the covenants and agreements herein contained as the purchaser may deem fit.

IN WITNESS whereof the said _____ and _____
 _____ Officer-in-charge _____ Hospital
 acting for and on behalf of and by the order and direction of His
 Excellency the Governor of Madras have hereunto set their res-
 pective hands the day and year first above mentioned.
 Signed by the abovenamed _____ } Contractor's signature.
 in the presence of _____ }
 Signed by the officer-in-charge _____ } Dean/ Superintendent's signature.
 Hospital in the presence of _____ }

SCHEDULE.

Articles to be supplied.	Quantity.	Probable quantity or number.	Price.	Remarks.
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RS. A. P.

Contractor's signature.

Dean's/ Superintendent's signature.

PART IV—FORM FOR TENDERS.

To
The Dean/Superintendent,
Government Hospital,

With reference to
following tender:—

I submit the

Description of articles.	Number or quantity tendered for.	Rate per in figures.	Rate per in words.	Total amount. RS. A. P.	Remarks.
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(1) Bank receipt or Government promissory note for Rs. forwarded herewith.

(2) I bind myself to the conditions prescribed in . . .

(3) I agree to have the earnest money if in Government promissory notes or bank receipts, confiscated to Government in case of my failure to undertake the tender.

Signature :

Tenderer.

(Address in full and clear.)

Date :

PART V—INVITATION AND SUBMISSION OF TENDERS.

1. The following procedures should be adopted for inviting tenders and their acceptance by the Government, the Director of Medical Services, Dean or Superintendent as the case may be:—

A short notification in the form given below will be published by the Director of Medical Services in two issues of the *Fort George Gazette* both in the case of hospitals in the Madras City and in the mufassal. Medical Officers in the mufassal will send in time a similar notification in the District Gazettes and forward a duplicate copy of the notifications to the Director of Medical Services for record. Short advertisements in the leading English and Indian language newspapers in the mufassal will also be published by the Medical Officers; advertisements in certain leading newspapers in Madras will be issued by the office of the Director of Medical Services.

TENDERS.

Supply of diet articles, etc., to Government Hospitals.

Notice is hereby given that sealed tenders in duplicate for the supply of diet articles and other hospital requirements from the 1st April 19 to the 31st March 19 for the Government Hospitals in Madras City and in the mufassal will be received by the Medical Officer-in-charge of the Hospitals concerned up to 2 p.m. on Monday, the January 19 .

Printed copies of the conditions of tender . . .

Such applications should be accompanied by chalans for Rs. 5 (Rupees five only) and for sales tax. The fee should be paid into the Reserve Bank of India, Madras, or any of the branches of the Imperial Bank of India or any Government treasury to the credit of the Madras Government under the head "XXVII. Medical—Miscellaneous."

A solvency certificate obtained on or after the 1st October 19 and signed by a Tahsildar or a true copy of the same attested by a Gazetted Officer should be sent along with the tender.

2. Only the schedule of articles of diet, etc., required for each hospital will be printed annually by the Medical Officers. This schedule and the conditions of tender should both be regarded as one form—Tender notification (MI-84).

One copy of the tender notification and two copies of the tender form should be supplied to persons paying the prescribed fee of Rs. 5 plus sales tax referred to in rule 1 above.

3. Copies of the hand-bill similar to the short notification referred to in rule 1 above will be printed and supplied to the contractors in the approved list free of charge.

In the case of City State Hospitals the hand-bills will be printed and supplied to the approved contractors by the Dean, Government General Hospital, Madras. Spare copies of the hand-bills will also be supplied to the Dean and the Superintendents of other hospitals for distribution to intending tenderers who are not on the approved list.

4. The approved list of contractors will be compiled annually (during the month of October) by the office of the Director of Medical Services.

5. The last day for the receipt of the tenders will be fixed by the Director of Medical Services. It is usually the first Monday in January, 2 p.m., and if that day happens to be a holiday, the following day.

6. Tenders should be forwarded to the Director of Medical Services with the recommendations of the Deans or Superintendents by the 25th January. The following documents should accompany the tenders:—

I Batch.

(1) Letter containing the recommendations of the Head of Medical Institution together with the certificate in duplicate stating that the tenders taken up for consideration have been received;

(2) statement showing the names of all the tenderers and the earnest money deposited by them (Statement A);

(3) statement showing the names of the tenderers and the extent of their solvency (Statement B);

(4) analytical report on bread samples;

(5) one copy of the conditions of tender; and

(6) one copy of the schedule of articles.

PART IV—FORM FOR TENDERS.

To The Dean/Superintendent,
Government
Hospital,

With reference to
following tender:—

Description of articles.	Number or quantity tendered for.	Rate per in figures.	Rate per in words.	Total amount. RS. A. P.	Remarks.
					I submit the

- (1) Bank receipt or Government promissory note for Rs. is forwarded herewith.
- (2) I bind myself to the conditions prescribed in . . .
- (3) I agree to have the earnest money if in Government promissory notes or bank receipts, confiscated to Government in case of any failure to undertake the tender.
- Station :

Date:

(Address in full and clear.)

Tenderer.

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(2) statement showing the names of all the tenderers and the earnest money deposited by them (Statement A);

(3) statement showing the names of the tenderers and the extent of their solvency (Statement B);

(4) analytical report on bread samples;

(5) one copy of the conditions of tender; and

(6) one copy of the schedule of articles.

II Batch.

- (1) One copy in each of the tenders received (original);
- (2) market rate furnished by the Tahsildar;
- (3) one copy of the conditions of tender;
- (4) one copy of the schedule of articles; and
- (5) comparative statement in duplicate.

STATEMENT A.

Serial number.	Name of the tenderer.	Total amount of tender.	Whether the signature in column (3) is correct or not.	Five per cent of total amount.	Amount deposited.	Date on which deposit was made.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Certified that the deposit has been made in one of the modes prescribed in clause 10 read with clause 22 of the conditions of the tender.

NOTE.—(1) In the case of tenders exempted from payment of earnest money amount of exemption and the amount of deposit made should be given separately in column (6).

(2) No chalan or receipt need be sent to the office of the Director of Medical Services.

STATEMENT B.

Serial number.	Name of the tenderer.	Last date fixed for the receipt of solvency certificates.	Date on which the certificate was received.	Amount of solvency.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)

NOTE.—(1) In the column 'Remarks' the Head of Medical Institution should say whether he is satisfied with the solvency of the tenderer or not. If not, specific reasons should be given.

(2) No solvency certificate need be sent to the office of the Director of Medical Services unless called for.

The files sent to the Director of Medical Services should contain complete particulars so as to obviate the necessity for making further references by the Director of Medical Services.

Treasury receipts or bank receipts lodged by tenderers as earnest money should not be sent to the office of the Director of Medical Services unless specifically called for in any particular case.

Explanation should be furnished whenever necessary, e.g. :—

(i) When the head of the medical institution proposes to accept a rate other than the lowest.

(ii) When any of the tenderers is considered not a safe man

(iii) When articles available in the Jail Department are proposed to be purchased elsewhere.

(iv) When there are marked variations between the market rates and the recommended rates.

(v) When departmental purchase of any particular article is advocated, etc.

The explanation may be furnished either in the comparative statement or in the covering letter.

Re-tenders may be invited in the following circumstances :—

(i) If the lowest tender rate exceeds the market rate by 10 per cent, unless the market rate reported is suspicious and appears to be unduly inflated. In the latter case, the existing contract rate may be adopted as the basis, and re-tender may be invited if the otherwise acceptable lowest tender rate exceeds 10 per cent of the current contract rate. Comparison with the current contract rate may be resorted to only to this extent and not when the tender rate is within the market rate (not considered suspicious) plus 10 per cent;

(ii) if the contractors are reported to have formed a ring and quoted high rate; and

(iii) if the lowest tender rate is high as compared with the rate quoted for another hospital in the same place, after making due allowance for the extra transport charge.

(Director of Medical Services P. No. 36-A-2/52, dated the 18th March 1952.)

PART VI—AGREEMENTS WITH CONTRACTORS.

The following instructions should be carefully observed in executing agreement bonds :—

(i) Agreement bonds should be executed in—

(a) Form M.I. 69 in the case of contractors paying security deposits or

(b) Form M.I. No. 70 in the case of persons exempted from payment of the security deposits.

(ii) Under the Indian Stamp Act I of 1899, as amended by Act VI of 1922, agreement bonds require to be stamped with a non-judicial stamp of twelve annas. This stamp paper should be used as the first page of each bond. Court-fee or postage stamps should not be used.

Note.—Co-operative societies registered under the Madras Co-operative Societies Act, 1932 (Madras Act VI of 1932), are exempt from the execution of the agreement in the judicial stamp paper.

(G.Os. Ms. No. 1243, Development, dated 11th October 1933, and No. 222, Development, dated 15th January 1953, and Director of Medical Services' Circular P. No. 90-A-2/53, dated 5th June 1953.)

(iii) Each page of the agreement bond and the accompanying schedule should be signed by both the contracting parties.

(iv) Any corrections, alterations or interlineations in the bond should be intialled by both the contracting parties.

II Batch.

- (1) One copy in each of the tenders received (original);
- (2) market rate furnished by the Tahsildar;
- (3) one copy of the conditions of tender;
- (4) one copy of the schedule of articles; and
- (5) comparative statement in duplicate.

STATEMENT A.

Serial number.	Name of the tenderer.	Total amount of tender.	Whether the signature in column (3) is correct or not.	Five per cent of total amount.	Amount deposited.	Date on which deposit was made.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Certified that the deposit has been made in one of the modes prescribed in clause 10 read with clause 22 of the conditions of the tender.

NOTE.—(1) In the case of tenders exempted from payment of earnest money amount of exemption and the amount of deposit made should be given separately in column (6).

(2) No chalan or receipt need be sent to the office of the Director of Medical Services.

STATEMENT B.

Serial number.	Name of the tenderer.	Last date fixed for the receipt of solvency certificates.	Date on which the certificate was received.	Amount of solvency.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)

NOTE.—(1) In the column 'Remarks' the Head of Medical Institution should say whether he is satisfied with the solvency of the tenderer or not. If not, specific reasons should be given.

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(ii) When any of the tenderers is considered not a safe man to deal with on account of his financial instability.

(iii) When articles available in the Jail Department are proposed to be purchased elsewhere.

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(iv) Any corrections, alterations or interlineations in the bond should be intialled by both the contracting parties.

(v) The rates in the schedule attached to the bond should be expressed in words.

(vi) Agreements in respect of contracts for supplies beginning from 1st April should be executed by Medical Officers in charge of institutions immediately after the receipt of orders of Government or the Director of Medical Services approving the accepted tender rates.

2. An agreement in the prescribed form is not necessary in cases where the value of the articles to be supplied by the contractor for the whole year is less than Rs. 25; it would be sufficient if a letter of acceptance from the firm or contractor to supply the articles required is received.

PART VII—HOW STORABLE ARTICLES ARE STORED.

Rice.—As new rice is less wholesome than old, if six months' supply is to be stocked, it is desirable that the two kinds should be procured in equal quantities and that the old be used first.

New rice means rice of the latest crop, old rice that of the previous crop. Rice kept too long is liable to damage by insects and fungi. New rice is cheaper than rice that has been kept for some time. Rice is best stored in bags on trestles and should be inspected at intervals in the shade, not in the sun, so that the ravages by "weevils", etc., may be readily detected.

Sugar and salt.—As the rates for these articles vary but little during the year, no advantage is derived from stocking large quantities. In wet weather the bags should be exposed as often as possible to direct sun-light. They should be stored in Pegu jars.

Tea keeps very well in the sheet lead covers in which received.

Tamarind, dhall, chillies, coriander seeds, etc., can be best preserved in the original bags on trestles. They should occasionally be exposed to the sun, more particularly during the rains. Tamarind with seeds is subject to deterioration.

Store rooms should be kept as free as possible from dust and the direct rays of the sun. To exclude crows, sparrows and squirrels, opening where possible should be protected by wire-netting $\frac{1}{4}$ inch mesh; the use of rat-traps is also commended.

Kerosene oil should be stored in steel drums. If kept in any quantity care should be taken that no lights are allowed in the room.

PART VIII—STOCK CHECKING AND CONTROL.

At his inspections the Director of Medical Services should select certain article for examination as to quality and also check the stock on hand.

Control report on articles of diet stores in the Hospital.

Name of article.	Amount according to hospital stock book.	Actual amount.	Whether fit for hospital purposes or not.
------------------	--	----------------	---

Date.

Director of Medical Services, Madras.

PART IX--THE STORE-KEEPER.

1. He shall enter into an agreement with the Dean/Superintendent in the prescribed form.

2. He shall be present daily for such period as the Dean/Superintendent may direct except for two hours allowed for meals. On Sunday he will be permitted, if possible, to leave after the morning work is over. Arrangements for leave on public holidays will be made as far as practicable from time to time.

3. He shall be in charge of the store-rooms and shall be directly responsible to the Dean/Superintendent.

4. He shall enter into a security of rupees In Govern-
ment paper endorsed to the Dean/Superintendent.

5. He shall receive all grain, etc., brought into store, weigh the same and certify the weight and quality on the bill. He shall then send the bill to the steward for disposal, and bring to the notice of the Dean/Superintendent any deficiency in weight or quality before he forwards the bill.

6. He shall exercise all care that all articles in his charge are frequently examined and promptly reported to the Dean/Superintendent any deterioration from vermin, damp or any other cause.

7. He shall issue grain, etc., strictly in accordance with the daily requisition, signed by a steward or other proper authority and shall be personally responsible for all receipts into and issues from his stores.

He shall maintain the following books:—

- (i) Day-book of stores and stock.
- (ii) Ledger of stores and stock.
- (iii) Daily comparative statement of receipts and issues of stores and stock.
- (iv) Monthly comparative statement of issues of stores and stock.

8. At the end of each quarter he shall take stock and report to the Dean/Superintendent the amount and condition of the stores.

9. (i) In hospitals where no regular stock account of stores is maintained the procedure indicated below will be observed:—

The daily indents on the contractors for the diet articles required for each day which should be prepared in the office shall be sent every evening, i.e., at 5 p.m. (articles required for the next day) duly signed by the Resident Medical Officer or any other officer available in the hospital to the receiving officer of the diet articles (viz., Nursing Superintendent, Head Nurse, Nurse, etc.). The receiving officer as soon as articles are received should sign in the indent in the place provided for this purpose and indicate thereon variations, if any, and return the indents to the office. As soon as indents are received in the office, necessary entries should be made in the stock book maintained in the office after adjusting the day's transactions.

(v) The rates in the schedule attached to the bond should be expressed in words.

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PART XI—HOW ARTICLES OF DIET ARE ISSUED.

The articles either require cooking or they do not.

In the former case, requisitions are made on the storekeeper by the steward on various forms according to his requirements. Such articles are then sent to the kitchen.

In the latter case requisitions on the storekeeper are also made on the proper forms and the articles go to the wards direct.

PART XII—HOW ARTICLES OF DIET ARE COOKED.

1. Cooks employed in Government hospitals should wear a neat white cap, clean jacket and trousers or dhoti. Turbans should be absolutely forbidden.

2. Arrangements should be made in each hospital to prevent ward servants or strangers from entering the kitchen on any pretence whatever. The only persons who should enter the kitchen are the responsible Medical Officers, nuns, stewards and the kitchen servants.

3. Cooking vessels with flat, not globular, bottoms should be used.

4. The amount of firewood, etc., laid down in the scale per diet will diminish with the increase in the number of diets. Deans and Superintendents should note this carefully as otherwise there will be an unnecessary waste of fuel, etc.

5. Apart from the ingredients contained in the formulæ for the preparation of diets and extras, certain articles as vinegar, salad oil, worcester sauce, essence of runnett, etc., required for the preparation of diets in the kitchen and salt (white), pepper, mustard, etc., for special use in the dining rooms may be issued as "Special issues". An account of such articles must be maintained in the Special Issue Register (Medl. Form Gr. III/B-129).

Medical officers should note carefully that only such quantities of the above articles as may be actually required for use in the kitchen or dining room are issued.

6. Milk should always be boiled before issue to patients.

7. Beef, tea and all broths may be ordered "jugged" when the total quantity of the pint will not exceed 8 oz. and meat, bones, etc., will be strained from the broth.

8. No broth or soup should be sent from the kitchen with grease on them.

9. Buttermilk should be made in the hospital itself and not obtained as such from contractors one pint of milk = $2\frac{1}{2}$ pints of buttermilk of specific gravity 10.14.

10. The tea should be infused (not boiled) in the presence of one of the stewards, a cauldron being exclusively reserved for the purpose.

(ii) At the end of each month before passing the contractor's bill for payment, the quantities billed for by the contractor should be verified with reference to the totals made in the stock book of diet articles as well as the total in the register of dieting patients, the entries in the latter register being made with reference to indents given to contractors based on bed-head tickets.

(Surgeon-General's P. No. 94, Mis./43, dated 1st March 1943.)

PART X—THE QUALITY OF ARTICLES OF DIET.

1. The non-storable articles composing the various diets and extras will be ready at the morning visit for the inspection of the Medical Officer.

2. The cows from which the milk is supplied will be brought to the hospital morning and evening and milked under the supervision of a nurse or a sister of a religious order. Men nurses may be replaced for women nurses in this work, wherever possible. In big institutions where large quantity of milk is consumed, the head of the institution should depute another nurse or any other member of the staff to assist the nurse or sister of the religious orders, as the case may be, in the supervision work. Periodically, the Medical Officer in charge of the institution or the Resident Medical Officer should pay surprise visits to ensure effective work being done in this respect.

The milk so collected will be put at once into clean cans and locked up till handed over to the cook for boiling, after which it will be again placed in the same cans and served out under supervision.

(G.O. Ms. No. 1682, Health, dated 5th May 1953.)

3. The quality of butter may be generally determined by the taste. When melted in the test tube, the water and the case in below the oil ought not to exceed 15 per cent.

4. Ghee may be tested by taste and smell.

5. Good beef or mutton may be distinguished by appearance and smell; the fat should be fine and white, the flesh close ground and of a bright red colour, the inside of the leg of a sheep well formed and plump. The feet of the sheep should be attached when the mutton is being passed by the Medical Officer.

6. The eggs must not have been preserved by any process and must be free from taint; the shell must be clean, free from stain, sound, of normal texture and shape. The contents must be free from blemish, the yolk central and translucent or faintly but not clearly outlined and freely mobile; the white must be translucent and clear and the air space must not exceed three-eighths of an inch in depth.

(G.O. No. 967, Development, dated 4th June 1943, and Surgeon-General's P. No. 106 M/43, 1-1-1943.)

PART XI--HOW ARTICLES OF DIET ARE ISSUED.

The articles either require cooking or they do not.

In the former case, requisitions are made on the storekeeper by the steward on various forms according to his requirements. Such articles are then sent to the kitchen.

In the latter case requisitions on the storekeeper are also made on the proper forms and the articles go to the wards direct.

PART XII--HOW ARTICLES OF DIET ARE COOKED.

1. Cooks employed in Government hospitals should wear a neat white cap, clean jacket and trousers or dhoti. Turbans should be absolutely forbidden.

2. Arrangements should be made in each hospital to prevent ward servants or strangers from entering the kitchen on any pretence whatever. The only persons who should enter the kitchen are the responsible Medical Officers, nuns, stewards and the kitchen servants.

3. Cooking vessels with flat, not globular, bottoms should be used.

4. The amount of firewood, etc., laid down in the scale per diet will diminish with the increase in the number of diets. Deans and Superintendents should note this carefully as otherwise there will be an unnecessary waste of fuel, etc.

5. Apart from the ingredients contained in the formulæ for the preparation of diets and extras, certain articles as vinegar, salad oil, worcester sauce, essence of runnett, etc., required for the preparation of diets in the kitchen and salt (white), pepper, mustard, etc., for special use in the dining rooms may be issued as "Special issues". An account of such articles must be maintained in the Special Issue Register (Medl. Form Gr. III/B-129).

Medical officers should note carefully that only such quantities of the above articles as may be actually required for use in the kitchen or dining room are issued.

6. Milk should always be boiled before issue to patients.

7. Beef, tea and all broths may be ordered "jugged" when the total quantity of the pint will not exceed 8 oz. and meat, bones, etc., will be strained from the broth.

8. No broth or soup should be sent from the kitchen with grease on them.

9. Buttermilk should be made in the hospital itself and not obtained as such from contractors one pint of milk = $2\frac{1}{2}$ pints of buttermilk of specific gravity 10.14.

10. The tea should be infused (not boiled) in the presence of one of the stewards, a cauldron being exclusively reserved for the purpose.

(ii) At the end of each month before passing the contractor's bill for payment, the quantities billed for by the contractor should be verified with reference to the totals made in the stock book of diet articles as well as the total in the register of dieting patients, the entries in the latter register being made with reference to indents given to contractors based on bed-head tickets.

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The milk so collected will be put at once into clean cans and locked up till handed over to the cook for boiling, after which it will be again placed in the same cans and served out under supervision.

(G.O. Ms. No. 1682, Health, dated 5th May 1953.)

3. The quality of butter may be generally determined by the taste. When melted in the test tube, the water and the case in below the oil ought not to exceed 15 per cent.

4. Ghee may be tested by taste and smell.

5. Good beef or mutton may be distinguished by appearance and smell; the fat should be fine and white, the flesh close ground and of a bright red colour, the inside of the leg of a sheep well formed and plump. The feet of the sheep should be attached when the mutton is being passed by the Medical Officer.

6. The eggs must not have been preserved by any process and must be free from taint; the shell must be clean, free from stain, sound, of normal texture and shape. The contents must be free from bluish, the yolk central and translucent or faintly but not clearly outlined and freely mobile; the white must be translucent and clear and the air space must not exceed three-eighths of an inch in depth.

(G.O. No. 867, Development, dated 4th June 1943, and Surgeon-General's P. No. 196-M/43, dated 26th August 1943.)

11. The salt used for all diets should be of the quality known as country as supplied by the Government Salt Depot.

12. Each pint of milk to consist of 20 oz. One pint (20 fluid ounces) of milk by weight = 1 lb. $4\frac{1}{2}$ oz.

Each unit of measure coffee to consist of 10 oz.

Each unit of measure broth to consist of 16 oz.

Each unit of measure jug-broth to consist of 8 oz.

Each unit of measure coffee to consist of 13 oz. and tea 12 oz.

13. In the General Hospital, Stanley Hospital and Mental Hospital, Madras, 51 oz. by weight or 64 oz. by measure is the outturn of a pound of raw rice when boiled.

14. The following country vegetables should be used to vary the diets for which country vegetables are ordered:—

Sweet potatoes, brinjals, bundakal, pumpkins, country spinach, goa potatoes, drumsticks, yams, country beans, country asparagus, spinach, etc.

15. The diets and cooked extras such as broth, congee, coffee, etc., should invariably be served in the presence of the stewards and the nurses in charge of the wards.

PART XIII—INSTRUCTIONS TO MEDICAL OFFICERS REGARDING THE DUTYING MANAGEMENT OF THE SICK.

The Medical Officers without giving any previous warning should visit the hospital occasionally for the purpose of ascertaining whether the sick get the full quantities of the articles ordered, as well as for inspecting the meal.

2. *Diet sheets.*—The diet entries in the bed-head tickets must be made by the Medical Officer or Ward Assistant Surgeon and not by the nurse and house surgeons or house physicians.

All entries and corrections must be made in ink.

Entries must be legibly written.

All corrections must be initialed and dated.

Bed-head tickets that are illegibly written or in any way defective and likely to give rise to correspondence with the Accountant-General will be re-written by the Ward Assistant Surgeons who will present them to the respective Medical Officers for initials and return them with the originals duly cancelled to the Steward's department. Medical Officers will see that the originals are marked 'Cancelled'.

3. Assistant Surgeons will enter the date and the hour of admission on the diet sheets and after completion, initial them at the right-hand top corner.

4. *Admissions.*—If a patient is admitted before 12 noon, he may be put on half diet (ordinary, acute, special, etc.) and his or her diet sheet should be sent at once to the diet clerk. If a patient

5. *Discharges.*—Patients should, as a rule, be discharged in the afternoon after their evening meals, but in the event of being necessarily detained for discharge in the morning, they should be ordered a half diet (morning meal).

6. Rules regarding the classification of diets and composition of the standard scales, approved for use in all hospitals are contained in Part XV.

7. Medical Officers have the discretion to vary the nature and composition of the model diets subject to the proviso that the substitute diets so prescribed—

(i) are not below the standard calorific value of the model diets; and

(ii) do not cost more than the model diets.

When a patient is ordered extras as substitute or in addition to the authorized hospital diets, it must always be stated on the diet sheet to what class the patient belongs, i.e., 'ordinary', 'special', 'acute', 'special—convalescent', etc.

Infants under three years will be dieted on extras at the discretion of the Medical Officer.

Brandy and arrack may be prescribed when required as stimulants but they should then be classed as 'Medicine' and not as food.

8. Medical Officers may order any special article of diet which they consider absolutely essential in the treatment of a particular case. They will invariably initial such entries and the diet sheets of all patients to whom extras are ordered either in addition to the standard scales of diet or as substitute diets in place of authorized diets.

9. All special orders regarding the cooking of diets must be endorsed on the diet sheets.

PART XIV—COST OF DIET AND PERMISSIBLE LIMIT.

1. At the beginning of each official year, the cost of each kind of standard diet and authorized extras should be calculated for each institution with reference to the accepted tender rates for the year. A copy of the list of cost of diets and extras will be supplied to each Medical Officer.

Note.—In working out the costs, the average cost of diet articles purchased departmentally during the month of April should be taken as a temporary measure as the basis for calculation in respect of articles which are purchased departmentally from time to time.

(G.O. No. 2507, P.H., dated 12th August 1942.)

2. Copies of the accepted tender rates and the list of cost of diets and extras should be communicated to the Accountant-General by the Deans/Superintendents of the Hospitals.

11. The salt used for all diets should be of the quality known as country as supplied by the Government Salt Depot.

12. Each pint of milk to consist of 20 oz. One pint (20 fluid ounces) of milk by weight = 1 lb. 4½ oz.

Each unit of measure conjee to consist of 10 oz.

Each unit of measure broth to consist of 16 oz.

Each unit of measure jug-broth to consist of 8 oz.

Each unit of measure coffee to consist of 13 oz. and tea 12 oz.

13. In the General Hospital, Stanley Hospital and Mental Hospital, Madras, 51 oz. by weight or 64 oz. by measure is the outturn of a pound of raw rice when boiled.

14. The following country vegetables should be used to vary the diets for which country vegetables are ordered:—

Sweet potatoes, brinjals, bundakai, pumpkins, country spinach, goa potatoes, drumsticks, yams, country beans, country asparagus, spinach, etc.

15. The diets and cooked extras such as broth, conjee, coffee, etc., should invariably be served in the presence of the stewards and the nurses in charge of the wards.

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The Medical Officers without giving any previous warning should visit the hospital occasionally for the purpose of ascertaining whether the sick get the full quantities of the articles ordered, as well as for inspecting the meal.

2. *Diet sheets.*—The diet entries in the bed-head tickets must be made by the Medical Officer or Ward Assistant Surgeon and not by the nurse and house surgeons or house physicians.

All entries and corrections must be made in ink.

Entries must be legibly written.

All corrections must be initialed and date.

Bed-head tickets that are illegibly written or in any way defective and likely to give rise to correspondence with the Accountant-General will be re-written by the Ward Assistant Surgeons who will present them to the respective Medical Officers for initials and return them with the originals duly cancelled to the Steward's department. Medical Officers will see that the originals are marked 'Cancelled'.

3. Assistant Surgeons will enter the date and the hour of

is admitted late in the day, he/she should be put on such extras as may be sufficient for the remaining portion of the day and the diet required for the next day will be written up.

5. *Discharges.*—Patients should, as a rule, be discharged in the afternoon after their evening meals, but in the event of being necessarily detained for discharge in the morning, they should be ordered a half diet (morning meal).

6. Rules regarding the classification of diets and composition of the standard scales, approved for use in all hospitals are contained in Part XV.

7. Medical Officers have the discretion to vary the nature and composition of the model diets subject to the proviso that the substitute diets so prescribed—

- (i) are not below the standard calorific value of the model diets; and
- (ii) do not cost more than the model diets.

When a patient is ordered extras as substitute or in addition to the authorized hospital diets, it must always be stated on the diet sheet to what class the patient belongs, i.e., 'ordinary', 'special', 'acute', 'special—convalescent', etc.

Infants under three years will be dieted on extras at the discretion of the Medical Officer.

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8. Medical Officers may order any special article of diet which they consider absolutely essential in the treatment of a particular case. They will invariably initial such entries and the diet sheets of all patients to whom extras are ordered either in addition to the standard scales of diet or as substitute diets in place of authorized diets.

9. All special orders regarding the cooking of diets must be endorsed on the diet sheets.

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NOTE.—In working out the costs, the average cost of diet articles purchased departmentally during the month of April should be taken as a temporary measure as the basis for calculation in respect of articles which are purchased departmentally from time to time.

(G.O. No. 2507, P.H., dated 12th August 1942.)

2. Copies of the accepted tender rates and the list of cost of diets and extras should be communicated to the Accountant-General by the Deans/Superintendents of the Hospitals.

3. *Permissible limit.*—The daily abstract of diets (diet roll) should be kept up separately for each class of patients. Separate extracts should also be maintained for the several classes of special wards, i.e., A, B and C class wards and for the general wards. It should contain the following particulars:—

(i) the number of patients dieted on standard diets and the number dieted on extras only, classified according to the respective class of diets for which they are substituted—ordinary, acute, special, convalescent special, etc., as the case may be;

NOTE.—Self-diets should be classified separately and should not be taken into account in the cost of diets.

The extras issued under various classes of diets may be grouped together.

(ii) the actual cost of diet for the day, i.e., the cost of the standard scales of diets plus the cost of the extras; and

(iii) the permissible limit for the day.

This is worked out by multiplying the number of patients dieted under each class referred to in (i) above by the cost of diet of that class calculated with reference to the accepted tender rates and the total of the costs thus worked out for the several classes of diets is the permissible limit for the day.

The actual cost of diet referred to in clause (ii) should not exceed the permissible limit.

NOTE.—It is not necessary that the actual cost of the diets of each class should be compared with the permissible expenditure for that class of diet. It is sufficient if the actual cost of all the diets and the extras is compared with the total permissible cost. In-patients on self-diet should be excluded from the calculation.

4. When the actual cost for a month exceeds the permissible limit, a special report should be made to the Director of Medical Services with full reasons therefor and sanction obtained for the extra expenditure incurred. The Accountant-General will also bring to the notice of the Government in his half-yearly or annual audit reports all instances of excess expenditure over the standard scales.

5. The comparison of the actual expenditure with the permissible limit both daily and monthly, is necessary in order to ensure an effective check over the expenditure on diet in Government hospitals and that it is sufficient if the special report to be made to the Director of Medical Services is confined to cases where the average monthly expenditure exceeds the permissible limit.

(G.O. No. 2008, P.H., dated 15th August 1930.)

7. The expenditure of diets for special wards should be worked out separately and the average calculated daily for each class of wards. The average cost is found by dividing the amount spent on diets and extras by the number of patients for whom the diets and extras are issued for the day.

8. *Limit of cost for special ward patients.*—The following limits of cost of diets have been fixed as the maximum for the day for any one patient in the special wards :—

	RS.
A class	4
B class	3
C class	2

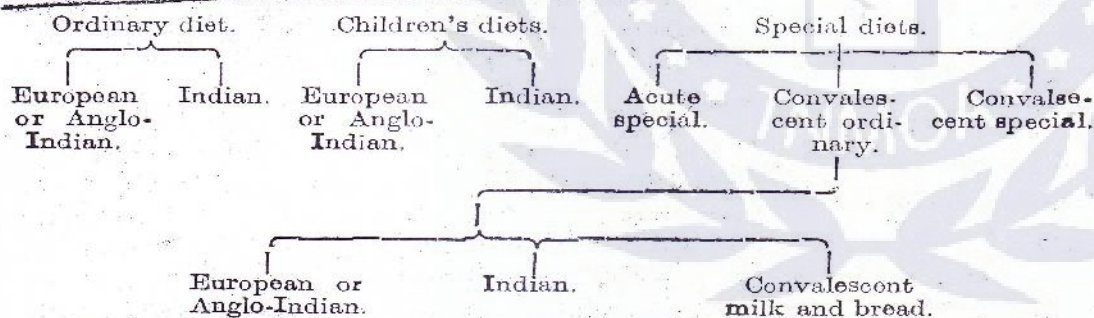
(G.O. No. 3508, P.H., dated 18th September 1944.)

The limits fixed above should be taken as the permissible limits and when the monthly average exceeds these limits, a report should be made to the Director of Medical Services with full reasons therefor and sanction obtained for extra expenditure incurred.

(Surgeon-General's Circular P. No. 128, Mis./42, dated 26th October 1942.)

PART XV—DIET SCALES.

Diets are classified as follows :—



Note.—The acute special, convalescent special and convalescent milk and bread diets are identical for Europeans and Indians.

2. Annexure I contains six model scales of 'ordinary diet' for Indian and seven for European or Anglo-Indian patients and also special scales for children of either class. The basis of all is a nucleus diet to which certain additions can be made at the discretion of the Medical Officer. In framing the several scales, the following criteria were considered :—

- (1) A minimum calorific value,
- (2) a certain variety so as to appeal to the patients and induce them to eat, and
- (3) limitation of cost.

3. *Permissible limit.*—The daily abstract of diets (diet roll) should be kept up separately for each class of patients. Separate extracts should also be maintained for the several classes of special wards, i.e., A, B and C class wards and for the general wards. It should contain the following particulars :—

(i) the number of patients dieted on standard diets and the number dieted on extras only, classified according to the respective class of diets for which they are substituted—ordinary, acute, special, convalescent special, etc., as the case may be;

NOTE.—Self-diets should be classified separately and should not be taken into account in the cost of diets.

The extras issued under various classes of diets may be grouped together.

(ii) the actual cost of diet for the day, i.e., the cost of the standard scales of diets plus the cost of the extras; and

(iii) the permissible limit for the day.

This is worked out by multiplying the number of patients dieted under each class referred to in (i) above by the cost of diet of that class calculated with reference to the accepted tender rates and the total of the costs thus worked out for the several classes of diets is the permissible limit for the day.

The actual cost of diet referred to in clause (ii) should not exceed the permissible limit.

NOTE.—It is not necessary that the actual cost of the diets of each class should be compared with the permissible expenditure for that class of diet. It is sufficient if the actual cost of all the diets and the extras is compared with the total permissible cost. In-patients on self-diet should be excluded from the calculation.

4. When the actual cost for a month exceeds the permissible limit, a special report should be made to the Director of Medical Services with full reasons therefor and sanction obtained for the extra expenditure incurred. The Accountant-General will also bring to the notice of the Government in his half-yearly or annual audit reports all instances of excess expenditure over the standard scales.

5. The comparison of the actual expenditure with the permissible limit both daily and monthly, is necessary in order to ensure an effective check over the expenditure on diet in Government hospitals and that it is sufficient if the special report to be made to the Director of Medical Services is confined to cases where the average monthly expenditure exceeds the permissible limit.

7. The expenditure of diets for special wards should be worked out separately and the average calculated daily for each class of wards. The average cost is found by dividing the amount spent on diets and extras by the number of patients for whom the diets and extras are issued for the day.

8. *Limit of cost for special ward patients.*—The following limits of cost of diets have been fixed as the maximum for the day for any one patient in the special wards :—

	RS.
A class	4
B class	3
C class	2

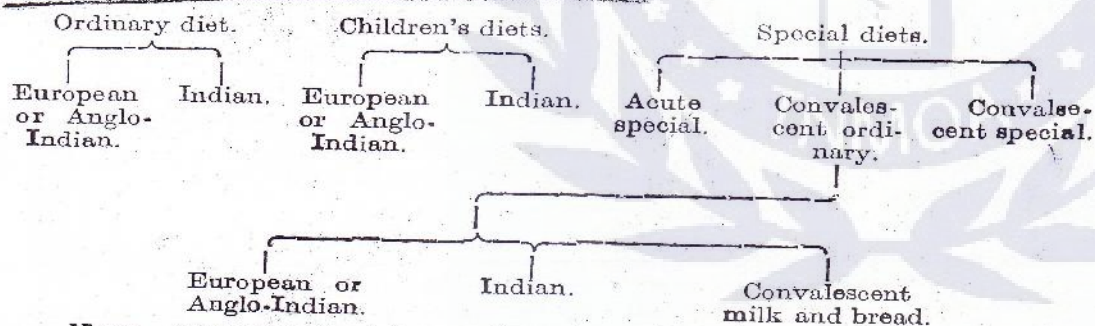
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PART XV—DIET SCALES.

Diets are classified as follows :—



NOTE.—The acute special, convalescent special and convalescent milk and bread diets are identical for Europeans and Indians.

2. Annexure I contains six model scales of 'ordinary diet' for Indian and seven for European or Anglo-Indian patients and also special scales for children of either class. The basis of all is a nucleus diet to which certain additions can be made at the discretion of the Medical Officer. In framing the several scales, the following criteria were considered :—

- (1) A minimum calcrific value,
- (2) a certain variety so as to appeal to the patients and induce them to eat, and
- (3) limitation of cost.

It also contains certain 'Special diets' called 'Acute special diets' and 'Convalescent special diets', that may be prescribed for certain acute cases and for convalescents respectively. The patients in the Tuberculosis Sanatorium will all be treated as special cases and placed on either of the special diets—acute or convalescent as necessitated by their condition.

(G.O. No. 919, P.H. dated 14th June 1926.)

3. In ordering a diet, it is not necessary to write on the diet sheet more than 'Ordinary—Indian', 'Ordinary—European', 'Acute—Special', etc. The variation of the diet is made by the Steward department according to table. In special cases any particular diet (Ordinary No. 1 or No. II, etc.) may be ordered continuously, but in that case the diet sheet be initialed by the Medical Officer.

4. Annexure II contains a time-table of the several diets and their distribution at each meal.

The following table shows in general, the distribution of food at stated hours as observed in the Government General Hospital, Madras:—

6 a.m.	8 a.m.	8-30 a.m.
Morning coffee for Indians and Europeans.	Bread sugar, plantains for ordinary and milk and bread diets; biscuits, oranges, eggs and other dry extras. Milk for diets and extras.	Ordinary diet (Indians, morning meals). Ordinary diet for children. Breakfast for Europeans; butter for all diets. Portion of cooked extras (barley-water conjee, etc.)
1 p.m.	6-15 p.m.	7 p.m.
Evening coffee for Indians and butter for ordinary Indian diets. Ordinary diets for children. Lunch for Europeans. Cooked extras (broths), conjee, rice, curry, etc.	Coffee or tea for ordinary European diets. Evening meals for Indian adults.	Milk for diets and extras. Dinner for Europeans.

5. The staff nurse in charge of the ward is responsible that the patients are given the correct diets which have been ordered for them and will invariably be present and supervise the distribution of diets to the individual patients.

ANNEXURE I.

1. INDIAN ORDINARY DIET—NON-VEGETARIAN.

Nucleus.

1 Sugar	.. .. .	1 oz.
2 Bread	.. .. .	4 oz.
3 Coffee	.. .. .	1 pt.
4 Rice	.. .. .	12 oz.
5 Buttermilk	.. .. .	$\frac{1}{2}$ pt.
6 Pepper water	.. .. .	$\frac{1}{2}$ pt.
7 Country vegetables	.. .. .	4 oz.
8 Dhall	.. .. .	2 oz.
9 Curry powder	.. .. .	$\frac{3}{8}$ oz.
10 Tamarind	.. .. .	$\frac{1}{4}$ oz.
11 Onions	.. .. .	$\frac{1}{4}$ oz.
12 Salt	.. .. .	$\frac{3}{4}$ oz.
13 Plantain	.. .. .	1
14 Firewood	.. .. .	1-1/2 lb.
15 Gingelly oil	.. .. .	$\frac{1}{2}$ oz.
16 Butter 1 oz. or ghee $\frac{1}{2}$ oz. or fish oil $\frac{1}{2}$ oz.		
17 Coriander and Karipillai leaves	.. .. .	10 gr.
18 Asafoetida	.. .. .	$2\frac{1}{2}$ gr.
19 Blackgram broken	.. .. .	$\frac{1}{2}$ dr.

The following should be added to the nucleus on the week days mentioned below:—

1 Sunday	.. .. .	Mutton 3 oz.
2 Monday	.. .. .	Vegetables 4 oz.
3 Tuesday	.. .. .	Fish 3 oz.
4 Wednesday	.. .. .	Potatoes 3 oz.
5 Thursday	.. .. .	Eggs. 2 Nos.
6 Friday	.. .. .	Vegetables 4 oz.
7 Saturday	.. .. .	Potatoes 5 oz.

2. ORDINARY—INDIAN (VEGETARIAN).

Diet Nos. II, IV, VI and VII of 1. Ordinary—Indian—Vide supra.

3. EUROPEAN ORDINARY DIETS.

Nucleus diet—

Bread, 12 oz.

Butter, 1 oz.

Coffee, 1 pt.

Tea, 1 pt.

Plantains, 1.

Jam, 1 oz.

Milk $\frac{1}{2}$ pt.

E. Vegetables, 3 oz.

Potatoes, 3 oz.

Firewood, 3 oz.

1	Sugar	1 oz.
2	Bread	4 oz.
3	Coffee	1 pt.
4	Rice	12 oz.
5	Buttermilk	½ pt.
6	Pepper water	½ pt.
7	Country vegetables	4 oz.
8	Dhal	2 oz.
9	Curry powder	3/8 oz.
10	Tamarind	1/4 oz.
11	Onions	1/4 oz.
12	Salt	3/4 oz.
13	Plantain	1
14	Firewood	1-1/2 lb.
15	Gingelly oil	½ oz.
16	Butter 1 oz. or ghee ½ oz. or fish oil ½ oz.	
17	Coriander and Karipillai leaves	10 gr.
18	Asafoetida	2½ gr.
19	Blackgram broken	½ dr.

The following should be added to the nucleus on the week days mentioned below:—

1	Sunday	..	..	..	Mutton 3 oz.
2	Monday	..	..	..	Vegetables 4 oz.
3	Tuesday	..	..	..	Fish 3 oz.
4	Wednesday	..	..	..	Potatoes 3 oz.
5	Thursday	..	..	..	Eggs, 2 Nos.
6	Friday	..	..	..	Vegetables 4 oz.
7	Saturday	..	..	..	Potatoes 5 oz.

2. ORDINARY—INDIAN (VEGETARIAN).

Diet Nos. II, IV, VI and VII of 1. Ordinary—Indian—Vide supra.

3. EUROPEAN ORDINARY DIETS.

Nucleus diet—	
Bread, 12 oz.	..
Butter, 1 oz.	..
Coffee, 1 pt.	..
Tea, 1 pt.	..
Plantains, 1.	..
Jam, 1 oz.	..
Milk ½ pt.	..
E. Vegetables, 3 oz.	..
Potatoes, 3 oz.	..
Firewood, 3 oz.	..

It also contains certain 'Special diets' called 'Acute special diets' and 'Convalescent special diets', that may be prescribed for certain acute cases and for convalescents respectively. The patients in the Tuberculosis Sanatorium will all be treated as special cases and placed on either of the special diets—acute or convalescent as necessitated by their condition.

(G.O. No. 919, P.H. dated 14th June 1926.)

3. In ordering a diet, it is not necessary to write on the diet sheet more than 'Ordinary—Indian', 'Ordinary—European', 'Acute—Special', etc. The variation of the diet is made by the Steward department according to table. In special cases any particular diet (Ordinary No. 1 or No. II, etc.) may be ordered continuously, but in that case the diet sheet be initialed by the Medical Officer.

4. Annexure II contains a time-table of the several diets and their distribution at each meal.

The following table shows in general, the distribution of food at stated hours as observed in the Government General Hospital, Madras:—

6 a.m.	8 a.m.	8-30 a.m.
Morning coffee for Indians and Europeans.	Bread sugar, plantains for ordinary and milk and bread diets; biscuits, oranges, eggs and other dry extras. Milk for diets and extras.	Ordinary diet (Indians, morning meals). Ordinary diet for children. Breakfast for Europeans, butter for all diets. Portion of cooked extras (barley-water conjee, etc.)
1 p.m.	6-15 p.m.	7 p.m.
Evening coffee for Indians and butter for ordinary Indian diets. Ordinary diets for children. Lunch for Europeans. Cooked extras (broths), conjee, rice, curry, etc.	Coffee or tea for ordinary European diets. Evening meals for Indian adults.	Milk for diets and extras. Dinner for Europeans.

5. The staff nurse in charge of the ward is responsible that the patients are given the correct diets which have been ordered for them and will invariably be present and supervise the distribution of diets to the individual patients.

6. Nurses are to report to the Steward at once in writing and to the Medical Officer at his next visit, anything they may have observed to be wrong in the quality or quantity of the meals served out to patients.

8. CHILDREN'S DIET, ORDINARY, EUROPEAN CHILDREN.

- Nucleus diet—
Milk, 1½ pts.
Bread, 6 oz.
Butter, 1 oz.
Sugar, 2 oz.
Plantain, 1.
Firewood, 1½ lb.
- No. I diet—
Nucleus diet—
Beef cutlets, 2 oz.
E. Vegetable, 1 oz.
Potatoes, 1 oz.
Sago pudding, ½.
- No. II diet—
Nucleus diet—
Eggs poached with toast, 1.
Potato, 1 oz.
Mutton fry, 2 oz.
E. Vegetable, 1 oz.
Rice pudding, ½.
- No. III diet—
Nucleus diet—
Beef mince, 2 oz.
E. Vegetable, 1 oz.
Table rice, 2 oz.
Egg curry, 1.
Potato, 1 oz.
Vermicelli pudding, ½.
- No. IV diet—
Nucleus diet—
Potato, 1 oz.
Mutton stew, 2 oz.
E. Vegetable, oz.
Lime pudding, ½.
- No. V diet—
Nucleus diet—
Beef or Mutton roast, 2 oz.
E. Vegetable, 1 oz.
Table rice, 2 oz.
Mutton curry, 2 oz.
Custard, ½.
- No. VI diet—
Nucleus diet—
Irish stew, 2 oz.
E. Vegetable, 1 oz.
Table rice, 2 oz.
Egg curry, 1.
Plantain fritter, ½.
Potato, 1 oz.
- No. VII diet—
Nucleus diet—
E. Vegetable, 1 oz.
Potato, 1 oz.
Chicken grill, ½.
Table rice, 2 oz.
E. Vegetable curry, 2 oz.
Lime pudding, ½.

9. CHILDREN'S DIET, ORDINARY, INDIAN CHILDREN.

- Nucleus diet—
Milk, 1½ pt.
Bread, 6 oz.
Butter, 1 oz.
Sugar, 2 oz.
Plantain, 1.
Rice, 4 oz.
Curry powder, 1/8 oz.
Tamarind, 1/8 oz.
Gingelly oil, 3/16 oz.
Salt, 3/16 oz.
Buttermilk, ½ pt.
Pepper water, ½ pt.
Firewood, ½ lb.
- No. I diet—
Nucleus diet—
Potatoes (curry) 1 oz. } Sunday.
- Mutton (fry), 1 oz. }
- No. II diet—
Nucleus diet—
Dholl (curry), 1 oz. } Monday.
- Country vegetable (fry), 1 oz. }
- No. III diet—
Nucleus diet—
Potatoes (curry), 1 oz. } Tuesday.
- No. III diet—cont.
Nucleus diet—cont.
Potatoes (fry), 1 oz. }
- No. IV diet—
Nucleus diet—
Dholl (curry), 1 oz. } Wednesday and Saturday.
- Country vegetables (fry), 1 oz. }
- No. V diet—
Nucleus diet—
Potatoes (curry), 1 oz. } Thursday.
- Dholl curry, 1 oz. }
- Egg (fry), ½ oz. }
- No. VI diet—
Nucleus diet—
Dhall (curry), 1 oz. with country vegetable, 1 oz. } Friday.
- Potatoes (fry), 1 oz. }
- No. VII diet—
Same as No. IV diet.

3. EUROPEAN ORDINARY DIETS—*cont.*

No. I diet—	No. V diet—
Nucleus—	Nucleus—
Fish fry, 3 oz.	Table rice, 4 oz.
Beef cutlets, 3 oz.	Mutton curry, 3 oz.
Sago pudding, $\frac{1}{2}$.	Beef or mutton grill, 3 oz.
No. II diet—	Custard pudding, $\frac{1}{2}$.
Nucleus—	No. VI diet—
Eggs (Poached) 2 (on toast)	Nucleus—
Mutton fry, 3 oz.	Table rice, 4 oz.
Rice pudding, $\frac{1}{2}$.	Fish curry, 3 oz.
No. III diet—	Irish stew, 3 oz.
Nucleus—	Plantain fritters, 1.
Table rice, 4 oz.	No. VII diet—
Egg curry, 2 oz.	Nucleus—
Beef, minced, 3 oz.	Chicken grill, $\frac{1}{2}$.
Vermicelli pudding, $\frac{1}{2}$.	Table rice, 4 oz.
No. IV diet—	Vegetable curry, 4 oz.
Nucleus—	Lime pudding, $\frac{1}{2}$.
Fish fry (or outlets), 3 oz.	
Mutton stew, 3 oz.	
Lime pudding, $\frac{1}{2}$.	

(G.Os. Ms. Nos. 1543, P.H., dated 15th August 1931, and 599, P.H., dated 14th March 1942.)

4. ACUTE SPECIAL.

(Similar for European and Indian.)

Milk, 3 pt. (for whey 2 $\frac{1}{4}$ pts.)
 Limes (for preparing whey).
 Eggs, 6 (for Albumin water, 2 pts.)
 Sugar, 3 oz.
 Firewood 1 $\frac{1}{2}$ lb.

5. CONVALESCENT SPECIAL.

(Similar for European and Indian.)

Milk, 2 $\frac{1}{2}$ pt.
 Chicken broth, 1.
 Firewood, 1 $\frac{1}{2}$ lb.

6. CONVALESCENT, ORDINARY, EUROPEAN.

Ordinary European diet plus 1 pt. of milk.
 Convalescent, Ordinary, Indian (Non-vegetarian).
 Ordinary Indian diet plus 1 pt. of milk.
 Convalescent, Ordinary, Indian (Non-vegetarian).
 Ordinary Indian Vegetarian diet, i.e., II, IV, VI and VII Plus 1 pt. of milk.

7. CONVALESCENT, MILK AND BREAD DIET FOR ADULTS.

(Similar for Europeans and Indians.)

Milk, 11 pt.

Coffee, 1 pt.

8. CHILDREN'S DIET, ORDINARY, EUROPEAN CHILDREN.

Nucleus diet—
Milk, $1\frac{1}{2}$ pts.
Bread, 6 oz.
Butter, 1 oz.
Sugar, 2 oz.
Plantain, 1.
Firewood, $1\frac{1}{2}$ lb.

No. I diet—

Nucleus diet—
Beef cutlets, 2 oz.
E. Vegetable, 1 oz.
Potatoes, 1 oz.
Sago pudding, $\frac{1}{2}$.

No. II diet—

Nucleus diet—
Eggs poached with toast, 1.
Potato, 1 oz.
Mutton fry, 2 oz.
E. Vegetable, 1 oz.
Rice pudding, $\frac{1}{2}$.

No. III diet—

Nucleus diet—
Beef mince, 2 oz.
E. Vegetable, 1 oz.
Table rice, 2 oz.
Egg curry, 1.
Potato, 1 oz.
Vermicelli pudding, $\frac{1}{2}$.

No. IV diet—

Nucleus diet—
Potato, 1 oz.
Mutton stew, 2 oz.
E. Vegetable, oz.
Lime pudding, $\frac{1}{2}$.

No. V diet—

Nucleus diet—
Beef or Mutton roast, 2 oz.
E. Vegetable, 1 oz.
Table rice, 2 oz.
Mutton curry, 2 oz.
Custard, $\frac{1}{2}$.

No. VI diet—

Nucleus diet—
Irish stew, 2 oz.
E. Vegetable, 1 oz.
Table rice, 2 oz.
Egg curry, 1.
Plantain fritter, $\frac{1}{2}$.
Potato, 1 oz.

No. VII diet—

Nucleus diet—
E. Vegetable, 1 oz.
Potato, 1 oz.
Chicken grill, $\frac{1}{2}$.
Table rice, 2 oz.
E. Vegetable curry, 2 oz.
Lime pudding, $\frac{1}{2}$.

9. CHILDREN'S DIET, ORDINARY, INDIAN CHILDREN.

Nucleus diet—
Milk, $1\frac{1}{2}$ pt.
Bread, 6 oz.
Butter, 1 oz.
Sugar, 2 oz.
Plantain, 1.
Rice, 4 oz.
Curry powder, $\frac{1}{8}$ oz.
Tamarind, $\frac{1}{8}$ oz.
Gingelly oil, $\frac{3}{16}$ oz.
Salt, $\frac{3}{16}$ oz.
Buttermilk, $\frac{1}{2}$ pt.
Pepper water, $\frac{1}{2}$ pt.
Firewood, $\frac{1}{2}$ lb.

No. I diet—

Nucleus diet—
Potatoes (curry) } Sunday.
1 oz.
Mutton (fry), 1 oz.

No. II diet—

Nucleus diet—
Dholl (curry), 1 oz. } Monday.
Country vegetable
(fry), 1 oz.

No. III diet—

Nucleus diet—
Potatoes (curry), } Tuesday.
1 oz.

No. III diet—cont.

Nucleus diet—cont.
Potatoes (fry),
1 oz.

No. IV diet—

Nucleus diet—
Dholl (curry), } Wednes-
1 oz. day and
Country vege- } Saturday.
tables (fry),
1 oz.

No. V diet—

Nucleus diet—
Potatoes (curry), } Thursday.
1 oz.
Dholl curry, 1 oz.
Egg (fry), $\frac{1}{2}$ oz.

No. VI diet—

Nucleus diet—
Dholl (curry), } Friday.
1 oz. with coun-
try vegetable,
1 oz.
Potatoes (fry),
1 oz.

No. VII diet—

Same as No. IV diet.

Week	Day	Meal	Time	Ingredients
Tuesday	III	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.
	II	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.
Monday	III	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.
	II	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.
Sunday	I	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.
	(1)	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.

DISTRIBUTION OF CHILDREN'S DIET (INDIAN PATIENTS).

Week	Day	Meal	Time	Ingredients
Tuesday	III	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.
	II	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.
Monday	III	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.
	II	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.
Sunday	I	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.
	(1)	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.

DISTRIBUTION OF ACUTE SPECIAL DIET.

With half pint of milk issued at 8 a.m. and half pint at 7 p.m.
Convalescent ordinary diet (European).—Ordinary European diet with half pint of milk issued at 8 a.m. and half pint at 7 p.m.
Convalescent ordinary diet (Indian).—Ordinary Indian diet with half pint of milk issued at 8 a.m. and half pint at 7 p.m.

(G.O. Ms. No. 699, P.H., dated 14th March 1932.)

Week	Day	Meal	Time	Ingredients
Saturday	VI	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.
	(1)	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.
Sunday	VII	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.
	(2)	Do.	8 a.m.	Milk 1 1/2 pt.
		Do.	1-1:30 p.m.	Chicken broth.
		Do.	7 p.m.	Milk 1 pt.

ANNEXURE II.

DISTRIBUTION OF INDIAN ORDINARY DIETS.

6-15 a.m.

Coffee, 1 pt.
Rice, 6 oz.
Vegetable curry, 4 oz.
Buttermilk, ½ pt.

1-15 p.m.

Bread, 4 oz.
Butter, 1 oz.
Sugar, 1 oz.
Plantain, 1.

Pepper water, ½ pt. with
Mutton, fry, 3 oz. (Sunday)
Vegetable, fry, 4 oz. (Monday)
Fish, fry, 3 oz. (Tuesday)
Potatoes, fry, 4 oz. (Wednesday)
Egg, fry, 2 oz. (Thursday)
Vegetables, fry, 4 oz. (Friday)
Potatoes, fry, 4 oz. (Saturday)

Week	Diet No.	8 a.m.	1-30 a.m.	1 p.m.	2-30 p.m.	4 p.m.
Monday	(1)	1 pt. Coffee,	1-30 a.m.	1 p.m.	2-30 p.m.	4 p.m.
Tuesday	(2)	Bread, 12 oz.				
Wednesday	(3)	Butter, 1 oz.				
Thursday	(4)	Plantain, 1.				
Friday	(5)	E. Veg., 3 oz.				
Saturday	(6)	Potatoes, 3 oz.				
Sunday	(7)	Sago pud., ½				

Day	Diet	8 a.m.	1-30 a.m.	1 p.m.	2-30 p.m.	4 p.m.
Monday	I	1 pt. Coffee,	1-30 a.m.	1 p.m.	2-30 p.m.	4 p.m.
Tuesday	II	Bread, 12 oz.				
Wednesday	III	Butter, 1 oz.				
Thursday	IV	Plantain, 1.				
Friday	V	E. Veg., 3 oz.				
Saturday	VI	Potatoes, 3 oz.				
Sunday	VII	Sago pud., ½				

Day	Diet	8 a.m.	1-30 a.m.	1 p.m.	2-30 p.m.	4 p.m.
Monday	I	1 pt. Coffee,	1-30 a.m.	1 p.m.	2-30 p.m.	4 p.m.
Tuesday	II	Bread, 12 oz.				
Wednesday	III	Butter, 1 oz.				
Thursday	IV	Plantain, 1.				
Friday	V	E. Veg., 3 oz.				
Saturday	VI	Potatoes, 3 oz.				
Sunday	VII	Sago pud., ½				

Day	Diet	8 a.m.	1-30 a.m.	1 p.m.	2-30 p.m.	4 p.m.
Monday	I	1 pt. Coffee,	1-30 a.m.	1 p.m.	2-30 p.m.	4 p.m.
Tuesday	II	Bread, 12 oz.				
Wednesday	III	Butter, 1 oz.				
Thursday	IV	Plantain, 1.				
Friday	V	E. Veg., 3 oz.				
Saturday	VI	Potatoes, 3 oz.				
Sunday	VII	Sago pud., ½				

Day	Diet	8 a.m.	1-30 a.m.	1 p.m.	2-30 p.m.	4 p.m.
Monday	I	1 pt. Coffee,	1-30 a.m.	1 p.m.	2-30 p.m.	4 p.m.
Tuesday	II	Bread, 12 oz.				
Wednesday	III	Butter, 1 oz.				
Thursday	IV	Plantain, 1.				
Friday	V	E. Veg., 3 oz.				
Saturday	VI	Potatoes, 3 oz.				
Sunday	VII	Sago pud., ½				

Day	Diet	8 a.m.	1-30 a.m.	1 p.m.	2-30 p.m.	4 p.m.
Monday	I	1 pt. Coffee,	1-30 a.m.	1 p.m.	2-30 p.m.	4 p.m.
Tuesday	II	Bread, 12 oz.				
Wednesday	III	Butter, 1 oz.				
Thursday	IV	Plantain, 1.				
Friday	V	E. Veg., 3 oz.				
Saturday	VI	Potatoes, 3 oz.				
Sunday	VII	Sago pud., ½				

Day	Diet	8 a.m.	1-30 a.m.	1 p.m.	2-30 p.m.	4 p.m.
Monday	I	1 pt. Coffee,	1-30 a.m.	1 p.m.	2-30 p.m.	4 p.m.
Tuesday	II	Bread, 12 oz.				
Wednesday	III	Butter, 1 oz.				
Thursday	IV	Plantain, 1.				
Friday	V	E. Veg., 3 oz.				
Saturday	VI	Potatoes, 3 oz.				
Sunday	VII	Sago pud., ½				

W.M.C. II-14A

ANNEXURE II.

DISTRIBUTION OF INDIAN ORDINARY DIET.

<p>6-15 a.m.</p> <p>Coffee, 1 pt.</p> <p>1-15 p.m.</p> <p>Bread, 4 oz. Butter, 1 oz. Sugar, 1 oz., Plantain, 1.</p>	<p>8-15 a.m.</p> <p>Rice, 6 oz. Vegetable curry, 4 oz. Buttermilk, $\frac{1}{2}$ pt.</p> <p>6-15 p.m.</p> <p>Rice, 6 oz. Pepper water, $\frac{1}{2}$ pt. with Mutton, fry, 3 oz. (Sunday) Vegetable, fry, 4 oz. (Monday) Fish, fry, 3 oz. (Tuesday) Potatoes, fry, 4 oz. (Wednesday) Egg, fry, 2 oz. (Thursday) Vegetables, fry, 4 oz. (Friday) Potatoes, fry, 4 oz. (Saturday)</p>
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DISTRIBUTION OF EUROPEAN ORDINARY DIETS.

Week.	Diet No.	8 a.m.	8-30 a.m.	1 p.m.	3-30 p.m.	7 p.m.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Monday ..	I	Coffee, 1 pt.	Bread, 12 oz. Butter, 1 oz. Plantain, 1. Jam, 1 oz. Fry fish, 3 oz.	Beef cutlet, 3 oz. E. Veg., 3 oz. Potatoes, 3 oz. Sago pud., $\frac{1}{2}$	Tea, 1 pt.	Milk, $\frac{1}{2}$ pt.
Tuesday ..	II	Do.	Bread, 12 oz. Butter, 1 oz. Plantain, 1 Jam, 1 oz. Poached eggs 2	Mutton fry, 3 oz. Veg., 3 oz. Potatoes, 3 oz. Rice, pud. $\frac{1}{2}$.	Do.	Do.
Wednesday.	III	Do.	Bread, 12 oz. Butter, 1 oz. Plantain, 1. Jam, 1 oz. T. rice, 4 oz. Egg curry, 2.	Beef min., 3 oz. Potatoes, 3 oz. Vegetables, Vermicelli pudg. $\frac{1}{2}$.	Do.	Do.
Thursday.	IV	Do.	Bread, 12 oz. Butter, 1 oz. Plantain, 1. Jam, 1 oz. Fish, fry, or cutlet, 3 oz.	Mutton stew; 3 oz. Vegt., 3 oz. Potatoes, 3 oz. Lime pudg., $\frac{1}{2}$.	Do.	Do.
Friday ..	V	Do.	Bread, 12 oz. Butter, 1 oz.	Beef or mut. cutlet, 3 oz.	Do.	Do.

Week.	Diet No.	8 a.m.	8-30 a.m.	1 p.m.	3-30 p.m.	7 p.m.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Saturday ..	VI	Coffee	Bread, 12 oz. Butter, 1 oz. Plantain, 1. Jam, 1 oz. T. rice, 4 oz. Fish curry, 3 oz.	Irish stew, 3 oz. Veg., 3 oz. Potatoes, 3 oz. Plantain, Fritter, 1.	Tea 1 pt.	Milk ½ pt.
Sunday ..	VII	Do.	Bread, 12 oz. Butter, 1 oz. Plantain, 1. Jam, 1 oz. Chick grill, ½ Vegetable, 3 oz.	T. rice, 4 oz. V. Curry, 4 oz. Potatoes, 3 oz. Lime pudd- ing, ½.	Do.	Do.

(G.O. Ms. No. 599, P.H., dated 14th March 1932.)

Convalescent ordinary diet (European).—Ordinary European diet with half pint of milk issued at 8 a.m. and half pint at 7 p.m.

Convalescent ordinary diet (Indian)—Ordinary Indian diet with half pint of milk issued at 8 a.m. and half pint at 7 p.m.

DISTRIBUTION OF ACUTE SPECIAL DIET.

8 a.m.	2-2-30 p.m.	7 p.m.
Milk, 1½ pt.	Eggs, 6 Limes, 6 Sugar, 3.	Milk, 1½ pt.

DISTRIBUTION OF CONVALESCENT SPECIAL DIET.

8 a.m.	1-1-30 p.m.	7 p.m.
Milk 1½ pt.	Chicken broth.	Milk 1 pt.

DISTRIBUTION OF CHILDREN'S DIET (INDIAN PATIENTS).

Week.	Diet No.	6-6-30 a.m.	8-8-30 a.m.	1-1-30 p.m.	7 p.m.	
(1)	(2)	(3)	(4)	(5)	(6)	
Sunday	I	Milk ½ pt. Bread 2 oz. Sugar 1 oz.	Rice 2 oz. Potato curry 1 oz. Buttermilk ½ oz. Plantain 1.	Bread 1 oz. Butter 1 oz. Sugar 1 oz. Milk ½ pt.	Rice 2 oz. Pepper water 1 pt. M. Fry 1 oz.	Milk ½ pt.
Monday	II	Do.	Rice 2 oz. Dholl curry 1 oz. Buttermilk ½ pt. Plantain 1.	Bread 4 oz. Butter 1 oz. Sugar 1 oz. Milk ½ pt.	Rice 2 oz. Pepper water ½ pt. C. Veg. fry 1 oz.	Do.
Tuesday	III	Do.	Rice 2 oz. Potato curry 1 oz. Buttermilk ½ pt. Plantain 1.	Bread 4 oz. Butter 1 oz. Sugar 1 oz. Milk ½ pt.	Rice 2 oz. Pepper water ½ pt. Potato fry 1 oz.	Do.

APPENDICES

Week.	Diet No.	6-6-30 a.m.	8-8-30 a.m.	1-1-30 p.m.	7 p.m.	
(1)	(2)	(3)	(4)	(5)	(6)	
Wednesday.	IV	Milk $\frac{1}{2}$ pt. Bread 2 oz. Sugar 1 oz.	Rice 2 oz. Dholl curry 1 oz. Buttermilk $\frac{1}{2}$ pt. Plantain 1.	Bread 4 oz. Butter 1 oz. Sugar 1 oz. Milk $\frac{1}{2}$ pt.	Rice 2 oz. Pepper water $\frac{1}{2}$ pt. C. Veg. fry 1 oz.	Milk $\frac{1}{2}$ pt.
Thursday.	V	Do.	Rice 2 oz. Potato curry 1 oz. Dholl curry 1 oz. Buttermilk $\frac{1}{2}$ pt. Plantain 1.	Bread 4 oz. Butter 1 oz. Sugar 1 oz. Milk $\frac{1}{2}$ pt.	Rice 2 oz. Pepper water $\frac{1}{2}$ pt. Egg fry $\frac{1}{2}$	Do.
Friday ..	VI	Do.	Rice 2 oz. Dholl curry 1 oz. C. Veg. fry 1 oz. Buttermilk $\frac{1}{2}$ pt. Plantain 1.	Bread 4 oz. Butter 1 oz. Sugar 1 oz. Milk $\frac{1}{2}$ pt.	Rice 2 oz. Pepper water $\frac{1}{2}$ pt.	Do.
Saturday.	VII	(Vide supra under Thursday, No. V diet.)				

1. Half ordinary diet, morning, will consist of articles of diet issued from 6 to 10 a.m.
2. Half ordinary diet, evening, will consist of articles of diet issued from 1 to 7 p.m.
3. The ingredients such as curry powder, tamarind, gingelly oil and salt (country), should be issued in equal quantities for both the meals.

DISTRIBUTION OF MILK AND BREAD DIET.

6-30 a.m.	8-30 a.m.	1-30 p.m.	3-30 p.m.	7 p.m.
(1)	(2)	(3)	(4)	(5)
Coffee 1 pt.	Bread 4 oz. Sugar 1 oz. Milk $\frac{1}{2}$ pt. Plantain 1.	Rice conjee 1 pt. (If written up under extras).	Bread 8 oz. Butter 1 oz. Sugar 1 oz. Milk $\frac{1}{2}$ pt. Plantain 1.	Milk $\frac{1}{2}$ pt.

DISTRIBUTION OF CHILDREN'S DIET (EUROPEAN PATENTS).

Week.	Diet No.	6-6-30 a.m.	8-8-30 a.m.	1-1-30 p.m.	4-30-5 p.m.	7 p.m.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Monday ..	I	Milk $\frac{1}{2}$ pt. Bread 2 oz. Sugar 1 oz.	Plantain 1 Potato 2 oz. Beef cut 2 oz. E. Veg. 1 oz.	Bread 4 oz. Butter 1 oz. Sago pud. $\frac{1}{2}$ Sugar 1 oz.	Milk $\frac{1}{2}$ pt.	Milk $\frac{1}{2}$ pt.
Tuesday ..	II	Do.	Plantain 1 Egg poached	Bread 4 oz. Butter 1 oz.	Do.	Do.

Week.	Diet No.	6-8-80 a.m.	8-8-30 a.m.	1-20 p.m.	4-20-5 p.m.	7 p.m.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wednesday.	III	Milk ½ pt. Bread 2 oz. Sugar 10 oz.	Plantain 1. Beef mince 2 oz. E. Veg. 1 oz.	Bread 4 oz. Butter 1 oz. T. rice 2 oz. Sugar 1 oz. Egg curry 1 Potato 1 oz. Vermi. pud. ½ oz.	Milk ½ pt.	Milk ½ pt.
Thursday.	IV	Do.	Plantain 1. Potato 1 oz. Mut. Stew 2 oz. E. Veg. 1 oz.	Bread 4 oz. Butter 1 oz. Lime pud. ½ oz. Sugar 1 oz.	Do.	Do.
Friday ..	V	Do.	Plantain 1 oz. Beef roast 2 oz. or mut. 2 oz. E. Veg. 1 oz.	Bread 4 oz. Butter 1 oz. T. rice 2 oz. Mut. curry 2 oz. Sugar 1 oz. Custard ½ oz.	Do.	Do.
Saturday ..	VI	Do.	Irish stew 2 oz. E. Veg. 1 oz. Potato 1 oz. Plantain 1.	Bread 4 oz. Butter 1 oz. T. rice 2 oz. Egg curry 1 Plan. fritters ½ oz. Sugar 1 oz.	Do.	Do.
Sunday ..	VII	Do.	E. Veg. 1 oz. Potato 1 oz. Chick grill ½ oz. Plantain 1.	Bread 4 oz. Butter 1 oz. T. rice 2 oz. E. Veg. curry 2 oz. Lime pud. ½ oz. Sugar 1 oz.	Do.	Do.

1. Half ordinary diet, morning, will consist of the articles of diet issued from 6 to 10 a.m.

2. Half ordinary diet, evening, will consist of the articles of diet issued from 1 to 7 p.m.

PART XVI—EXTRA DIETS.

Number of formulae.	Names.		Number of formulae.	Names.	
	(1)	(2)		(1)	(2)
1	Almonds.		10	Bacon fry.	
2	Apples.		11	Banana custard.	
3	Apple jelly.		12	Barley.	
4	Apple baked.		13	Barley conjee.	
5	Apple stewed.		14	Barley pudding.	
6	Arrowroot.		15	Barley water.	
7	Arrowroot Blanc-mange.		16	Beef clear soup.	
8	Arrowroot conjee.		17	Beef grill.	
9	Arrowroot jelly.		18	Beef juice.	

APPENDICES

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Week.	Diet No.	6-6-30 a.m.	8-8-30 a.m.	1-1-30 p.m.	7 p.m.	
(1)	(2)	(3)	(4)	(5)	(6)	
Wednes- day.	IV	Milk $\frac{1}{2}$ pt. Bread 2 oz. Sugar 1 oz.	Rice 2 oz. Dholl curry 1 oz. Buttermilk $\frac{1}{2}$ pt. Plantain 1.	Bread 4 oz. Butter 1 oz. Sugar 1 oz. Milk $\frac{1}{2}$ pt.	Rice 2 oz. Pepper water $\frac{1}{2}$ pt. C. Veg. fry 1 oz.	Milk $\frac{1}{2}$ pt.
Thurs- day.	V	Do.	Rice 2 oz. Potato curry 1 oz. Dholl curry 1 oz. Buttermilk $\frac{1}{2}$ pt. Plantain 1.	Bread 4 oz. Butter 1 oz. Sugar 1 oz. Milk $\frac{1}{2}$ pt.	Rice 2 oz. Pepper water $\frac{1}{2}$ pt. Egg fry $\frac{1}{2}$	Do.
Friday ..	VI	Do.	Rice 2 oz. Dholl curry 1 oz. C. Veg. fry 1 oz. Buttermilk $\frac{1}{2}$ pt. Plantain 1.	Bread 4 oz. Butter 1 oz. Sugar 1 oz. Milk $\frac{1}{2}$ pt.	Rice 2 oz. Pepper water $\frac{1}{2}$ pt.	Do.

Saturday. VII (Vide supra under Thursday, No. V diet.)

1. Half ordinary diet, morning, will consist of articles of diet issued from 6 to 10 a.m.
2. Half ordinary diet, evening, will consist of articles of diet issued from 1 to 7 p.m.
3. The ingredients such as curry powder, tamarind, gingelly oil and salt (country), should be issued in equal quantities for both the meals.

DISTRIBUTION OF MILK AND BREAD DIET.

6-30 a.m.	8-30 a.m.	1-30 p.m.	3-30 p.m.	7 p.m.
(1)	(2)	(3)	(4)	(5)
Coffee 1 pt.	Bread 4 oz. Sugar 1 oz. Milk $\frac{1}{2}$ pt. Plantain 1.	Rice conjee 1 pt. (If written up under extras).	Bread 8 oz. Butter 1 oz. Sugar 1 oz. Milk $\frac{1}{2}$ pt. Plantain 1.	Milk $\frac{1}{2}$ pt.

DISTRIBUTION OF CHILDREN'S DIET (EUROPEAN PATIENTS).

Week.	Diet No.	6-6-30 a.m.	8-8-30 a.m.	1-1-30 p.m.	4-30-5 p.m.	7 p.m.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Monday ..	I	Milk $\frac{1}{2}$ pt. Bread 2 oz. Sugar 1 oz.	Plantain 1 Potato 2 oz. Beef out 2 oz. E. Veg. 1 oz. Plantain 1 Egg. poached with toast 1.	Bread 4 oz. Butter 1 oz. Sago pud. $\frac{1}{2}$ Sugar 1 oz.	Milk $\frac{1}{2}$ pt.	Milk $\frac{1}{2}$ pt.
Tuesday...	II	Do.	Do.	Bread 4 oz. Butter 1 oz. Sugar 1 oz.	Do.	Do.

Week.	Diet No.	7-8-30 a.m.	8-8-30 a.m.	1-30 p.m.	4-30-5 p.m.	7 p.m.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wednesday.	III	Milk ½ pt. Bread 2 oz. Sugar 10 oz.	Plantain 1. Beef mince 2 oz. E. Veg. 1 oz.	Bread 4 oz. Butter 1 oz. T. rice 2 oz. Sugar 1 oz. Egg curry 1 Potato 1 oz. Verini. pud. ½ oz.	Milk ½ pt.	Milk ½ pt.
Thursday.	IV	Do.	Plantain 1. Potato 1 oz. Mut. Stew 2 oz. E. Veg. 1 oz.	Bread 4 oz. Butter 1 oz. Lime pud. ½ oz. Sugar 1 oz.	Do.	Do.
Friday ..	V	Do.	Plantain 1 oz. Beef rost 2 oz. or mut. 2 oz. E. Veg. 1 oz.	Bread 4 oz. Butter 1 oz. T. rice 2 oz. Mut. curry 2 oz. Sugar 1 oz. Custard ½ oz.	Do.	Do.
Saturday ..	VI	Do.	Irish stew 2 oz. E. Veg. 1 oz. Potato 1 oz. Plantain 1.	Bread 4 oz. Butter 1 oz. T. rice 2 oz. Egg curry 1 Plan. fritters ½ oz. Sugar 1 oz.	Do.	Do.
Sunday ..	VII	Do.	E. Veg. 1 oz. Potato 1 oz. Chick grill ½ oz. Plantain 1.	Bread 4 oz. Butter 1 oz. T. rice 2 oz. E. Veg. curry 2 oz. Lime pud. ½ oz. Sugar 1 oz.	Do.	Do.

1. Half ordinary diet, morning, will consist of the articles of diet issued from 6 to 10 a.m.

2. Half ordinary diet, evening, will consist of the articles of diet issued from 1 to 7 p.m.

PART XVI—EXTRA DIETS.

Number of formulae.	Names.	Number of formulae.	Names.
(1)	(2)	(1)	(2)
1	Almonds.	10	Bacon fry.
2	Apples.	11	Banana custard.
3	Apple jelly.	12	Barley.
4	Apple baked.	13	Barley conjee.
5	Apple stewed.	14	Barley pudding.
6	Arrowroot.	15	Barley water.
7	Arrowroot Blanc-mange.	16	Beef clear soup.
8	Arrowroot conjee.	17	Beef grill.
9	Arrowroot jelly.	18	Beef juice.

Number of formule.	Names.	Number of formule.	Names.
(1)	(2)	(1)	(2)
19	Beef steak.	71	Eggs sauce.
20	Beef tea.	72	Eggs scrambled.
21	Beef jugged.	73	Eggs stuffed.
22	Biscuits.	74	Essance of beef brandis.
23	Blanc-mange.	75	Essence of chicken brandis.
24	Bombay toast.	76	Essance of mutton brandis.
25	Brain cutlets.	77	Extract of beef, Liebeg's.
26	Bran-biscuits.	78	Fish baked.
27	Brest cake.	79	Fish boiled.
28	Brinjal outlet.	80	Fish curry.
29	Bread.	81	Fish fried or outlet.
30	Bread pudding.	82	Fish moli.
31	Bread toast.	83	Fish pudding.
32	Butter.	84	Fish steamed.
33	Buttermilk.	85	French ball curry.
34	Caramel custard.	86	Fruit salad.
35	Chicken.	87	Fruit stewed.
36	Chicken boiled.	88	Ghee.
37	Chicken broth.	89	Ginger tea.
38	Chicken curry.	90	Grapes.
39	Chicken cutlets.	91	Hoppers.
40	Chicken fricasee.	92	Ice.
41	Chicken grilled.	93	Irish stew.
42	Chicken jelly.	94	Imperia water.
43	Chicken kurma.	95	Jam.
44	Chicken kusee.	96	Kidney Devil.
45	Chicken pepper water.	97	Kidney fry.
46	Chicken pie.	98	Kidney stew.
47	Chicken pillao.	99	Lime juice.
48	Chicken stew.	100	Lime pudding.
49	Chocolate blanc-mange.	101	Limes.
50	Cocoa.	102	Linseed tea.
51	Coconut pudding.	103	Liver fry.
52	Coconut pan cake.	104	Liver stew.
53	Coffee with milk.	105	Macaroni pudding.
54	Corn flour.	106	Malabar pudding.
55	Corn blanc-mange.	107	Mangoes.
56	Corn conjeo.	108	Mellin's food.
57	Corn pudding.	109	Milk.
58	Curled pan cake.	110	Milk jelly.
59	Curry powder.	111	Mutton without bone.
60	Custard.	112	Mutton with bone.
61	Dholl curry.	113	Mutton broth.
62	Dholl pepper water.	114	Mutton chops.
63	Dholl soup.	115	Mutton chops boiled.
64	Duck roast.	116	Mutton curry.
65	Eggs.	117	Mutton cutlets.
66	Egg curry.	118	Mutton fat.
67	Egg fried.	119	Mutton fried.
68	Egg moli.	120	Mutton grill.

Number of formulae.	Names.	Number of formulae.	Names.
(1)	(2)	(1)	(2)
123	Mutton pie.	165	Scotch broth, beef or mutton
124	Mutton pillav.	166	Sheep-trotter jelly.
125	Mutton stew.	167	Sheep-trotter stew.
126	Oatmeal porridge.	168	Soda water.
127	Onion sauco.	169	Soojee.
128	Oranges.	170	Soojee conjee.
129	Orange jelly.	171	Soojee jelly.
130	Pan cake.	172	Soojee pudding.
131	Peas soup.	173	Spice powder.
132	Pepper.	174	Sugar.
133	Pepper water.	175	Sweetbread fry
134	Pigeon pie.	176	Sweet bread stew.
135	Pigeon roast.	177	Tapioca conjee.
136	Pigeon stew.	178	Tapioca pudding.
137	Plantains.	179	Tea with milk.
138	Plantains fritters.	180	Teal roast.
139	Plantains fry.	181	Tomato cutlet.
140	Plantains stew.	182	Tomato fry.
141	Plum pudding.	183	Tomato sauce.
142	Pomegranate.	184	Tomato soup.
143	Potatoes.	185	Tongue stew.
144	Potatoes cutlets.	186	Turkey roast.
145	Potatoes fry.	187	Tyre or curds.
146	Potatoes pie.	188	Vegetable, country and Europe.
147	Potatoes pudding.	189	Vegetable curry.
148	Potatoes soup.	190	Vegetable cutlet.
149	Prawn curry.	191	Vegetable fry.
150	Praunes jelly.	192	Vegetable pie.
151	Queens pudding.	193	Vegetable soup.
152	Rabbit.	194	Vegetable stew.
153	Ragi cake.	195	Vermicelli pudding.
154	Ragi conjee.	196	Wheat cakes.
155	Rice.	197	Yorkshire pudding.
156	Rice table.	198	Sines and stimulants.
157	Rice conjee-water.	199	Arrack.
158	Rice pudding.	200	Beer.
159	Rice waste cake.	201	Brandy.
160	Rice conjee.	202	Champagne.
161	Sago.	203	Port wine.
162	Sago conjee.	204	Sherry.
163	Sago jelly.	205	Whisky.
164	Sago pudding.		

FORMULAE FOR PREPARATIONS OF EXTRA DIETS F.

NOTE.—1. Cocogem or Cocotine may be substituted in place of ghee. Gingly oil may also be used instead of Indians, if preferred.

2. Barley flour (Rabinson's Patent Barley) may be used in place of pearl barley, the quantity of flour to be used being only one-eighth of the pearl or loose variety. The quantities given in the formulae are for pearl or loose barley.

- 1 Apple jelly—
Apples .. No. 2
Oranges .. No. 3
Limes .. No. 3
Sugar .. Oz. 4
Gelatine .. Oz. 1
- 2 Baked apple:—
Apple .. No. 1
Butter .. Oz. $\frac{1}{2}$
- 3 Stewed apple—
Apple .. No. 1
Sugar .. Oz. 1
- 4 Arrowroot blanc-mange—
Arrowroot .. Oz. 1
Sugar .. Oz. 1
Limo .. No. 1
Milk .. Pt. 1
Ice .. Lb. $\frac{1}{2}$
- 5 Arrowroot conjee per pint—
Arrowroot .. Oz. $\frac{1}{2}$
Sugar .. Oz. $\frac{1}{2}$
Milk .. Oz. 3
- 6 Arrowroot jelly—
Arrowroot .. Oz. $1\frac{1}{2}$
Sugar .. Oz. 1
Egg .. No. 1
Milk .. Oz. 2
- 7 Bacon fry—
Bacon .. Oz. 1
Ghee .. Oz. 1
Salt .. Gr. 30
- 8 Banana custard—
Plantains .. No. 2
Milk .. Pt. 1
Eggs .. No. 2
Sugar .. Oz. 1
- 9 Barley conjee—
Barley flour .. Oz. $\frac{1}{2}$
Sugar .. Oz. $\frac{1}{2}$
Milk .. Oz. 3
- 10 Barley pudding—
Barley .. Oz. 4
Butter .. Oz. $\frac{1}{2}$
Milk .. Pt. 1
Eggs .. No. 2
Sugar .. Oz. 1
- 11 Barley water, 1 pint—
Barley .. Oz. 2
Sugar .. Oz. 1
- 12 Beef clear soup—
Beef .. Lb. 1
Eggs .. No. 2
Salt .. Gr. 60
Pepper .. Gr. 10
Onions .. Oz. 1
- 13 Beef grill—
Beef .. Oz. 8
Ghee .. Oz. 1
Salt .. Gr. 2
Pepper .. Gr. 1
- 14 Beef juice, 1 lb.—
Beef .. Lb. 1
Hydrochloric acid .. Drops. 40
Salt .. Oz. $\frac{1}{4}$
or prepare as follows:—
Mince the beef and put in a jar adding 60 grains of salt to one pound of beef, cover the jar with paste and leave it in hot water near fire for three hours and then strain the juice with a clean piece of muslin.
- 15 Beef steak—
Beef undercut .. Oz. 8
Ghee .. Oz. $\frac{1}{2}$
Pepper .. Gr. 30
Salt .. Gr. 30
- 16 Beef-tea, 1 pint—
Beef without bone .. Oz. 12
Salt .. Gr. 60
Pepper .. Gr. 10
- 17 Beef-tea, jugged—
Beef .. Lb. 1
Salt .. Gr. 60
Pepper .. Gr. 20
Water sufficient to just cover meat when placed in jar. To be jugged for three hours.
- 18 Blanc-mange—
Gelatine .. Oz. 1
Sugar .. Oz. 1
Limo .. No. 1
Ice .. Lb. $\frac{1}{2}$
Eggs .. No. 2
Milk .. Pt. 1
- 19 Bombay toast—
Bread .. Oz. 2
Butter .. Oz. 1
Egg .. No. 1
Milk .. Oz. 5
Sugar .. Oz. $\frac{1}{2}$
- 20 Brain outlets—
Brain .. Oz. 8
Salt .. Gr. 60
Pepper .. Gr. 30
Ghee .. Oz. 1
Onions .. Oz. $\frac{1}{2}$
Bread .. Oz. 6

- 21 Bran-biscuits, 1 lb.—
 Bran .. Lb. 1
 Salt .. Oz. $\frac{1}{2}$
 Ghee .. Oz. 2
- 22 Bread bake—
 (Breast) mutton Oz. 3
 Bread .. Oz. 4
 Ghee .. Oz. 1
 Wheat flour .. Oz. 1
 Onion .. Oz. 1
 Mint and parsley Gr. 60
 Salt .. Gr. 60
 Pepper .. Gr. 60
- 23 Brinjal cutlet—
 Brinjal (country vegetable) .. Oz. 8
 Ghee .. Oz. 1
 Salt .. Gr. 60
 Onions .. Oz. $\frac{1}{2}$
 Pepper .. Gr. 10
 Wheat flour .. Oz. 1
 Mutton .. Oz. 8
 Bread .. Oz. 3
- 24 Bread pudding—
 Bread .. Oz. 4
 Sugar .. Oz. 1
 Eggs .. No. 2
 Milk .. Oz. 18
- 25 Bread toast—
 Bread .. Oz. 2
 Butter .. Oz. $\frac{1}{2}$
- 26 Caramol custard—
 Milk .. Pt. 2
 Eggs .. No. 2
 Sugar .. Oz. 2
 Butter .. Oz. 1
 Wheat flour .. Oz. $\frac{3}{4}$
- 27 Chicken, boiled—
 Chicken, No. 1 Oz. 10
 Salt .. Gr. 60
 Wheat flour .. Oz. 1
- 28 Chicken broth, 1 pint—
 Chicken No. 1 Oz. 10
 Barley .. Oz. $\frac{1}{4}$
 Salt .. Gr. 60
 (for jug-broth omit barley and add wheat flour $\frac{3}{4}$ oz.)
- 29 Chicken curry—
 Chicken, No. 1 Oz. 10
 Ghee .. Oz. $\frac{1}{2}$
 Curry-powder Oz. $\frac{3}{8}$
 Tamarind .. Oz. $\frac{1}{4}$
 Onions .. Oz. $\frac{1}{2}$
 Salt .. Gr. 60
 Coconut .. Oz. 3
- 30 Chicken cutlets—
 Chicken, No. 1 Oz. 10
 Ghee .. Oz. 1
 Salt .. Gr. 30
 Onions .. Oz. $\frac{1}{2}$
 Bread .. Oz. 6
 Wheat flour .. Oz. 1
- 31 Chicken fricasee—
 Chicken, No. 1 Oz. 10
 Milk .. Pt. $\frac{1}{2}$
 Onions .. Oz. 1
 Salt .. Gr. 60
 Pepper .. Gr. 10
 Butter .. Oz. 1
 Cornflour .. Oz. $\frac{1}{2}$
- 32 Chicken grill—
 Chicken, No. 1 Oz. 10
 Ghee .. Oz. 1
 Salt .. Gr. 60
 Pepper .. Gr. 30
- 33 Chicken jelly—
 Chicken, No. 2 Oz. 20
 Sugar .. Oz. 1
 Lime .. No. 1
 Eggs .. No. 2
 Ice .. Lb. 1
- 34 Chicken kurnas—
 Chicken .. No. 1
 Ghee .. Oz. $\frac{1}{2}$
 Curry powder Oz. $\frac{3}{8}$
 Tamarind .. Oz. $\frac{1}{4}$
 Onions .. Oz. $\frac{1}{2}$
 Salt .. Gr. 60
 Coconut .. Oz. 3
- 35 Chicken kusee—
 Chicken, No. 1 Oz. 10
 Table rice .. Oz. 2
 Onions .. Oz. $\frac{1}{4}$
 Salt .. Gr. 60
 Pepper .. Gr. 10
 Ghee .. Oz. $\frac{1}{2}$
- 36 Chicken pepper-water,
 1 pint—
 Chicken, No. 1 Oz. 10
 Curry powder Oz. $\frac{1}{4}$
 Ghee .. Oz. $\frac{3}{8}$
 Salt .. Gr. 60
 Lime .. No. 1
 Coconut .. Oz. 3
 Onions .. Oz. 1
 Pepper .. Gr. 60
- 37 Chicken pie—
 Chicken .. No. 1
 Ghee .. Oz. 2
 Wheat flour .. Oz. 12
 Suet .. Oz. 8

- 1 Apple jelly—
Apples .. No. 2
Oranges .. No. 3
Limes .. No. 3
Sugar .. Oz. 4
Gelatine .. Oz. 1
- 2 Baked apple:—
Apple .. No. 1
Butter .. Oz. $\frac{1}{2}$
- 3 Stewed apple—
Apple .. No. 1
Sugar .. Oz. 1
- 4 Arrowroot blanc-mange—
Arrowroot .. Oz. 1
Sugar .. Oz. 1
Lime .. No. 1
Milk .. Pt. 1
Ice .. Lb. $\frac{1}{2}$
- 5 Arrowroot conjee per pint—
Arrowroot .. Oz. $\frac{1}{2}$
Sugar .. Oz. $\frac{1}{2}$
Milk .. Oz. 3
- 6 Arrowroot jelly—
Arrowroot .. Oz. $1\frac{1}{2}$
Sugar .. Oz. 1
Egg .. No. 1
Milk .. Oz. 2
- 7 Bacon fry—
Bacon .. Oz. 1
Ghee .. Oz. 1
Salt .. Gr. 30
- 8 Banana custard—
Plantains .. No. 2
Milk .. Pt. 1
Eggs .. No. 2
Sugar .. Oz. 1
- 9 Barley conjee—
Barley flour .. Oz. $\frac{1}{2}$
Sugar .. Oz. $\frac{1}{2}$
Milk .. Oz. 3
- 10 Barley pudding—
Barley .. Oz. 4
Butter .. Oz. $\frac{1}{2}$
Milk .. Pt. 1
Eggs .. No. 2
Sugar .. Oz. 1
- 11 Barley water, 1 pint—
Barley .. Oz. 2
Sugar .. Oz. 1
- 12 Beef clear soup—
Beef .. Lb. 1
Eggs .. No. 2
Salt .. Gr. 60
Pepper .. Gr. 10
Onions .. Oz. 1
Mint and parsley Gr. 60

- 13 Beef grill—
Beef .. Oz. 8
Ghee .. Oz. 1
Salt .. Gr. 2
Pepper .. Gr. 1
- 14 Beef juice, 1 lb.—
Beef .. Lb. 1
Hydrochloric acid
Drops. 40
Salt .. Oz. $\frac{1}{4}$

or prepare as follows:—

Mince the beef and put in a jar adding 60 grains of salt to one pound of beef, cover the jar with paste and leave it in hot water near fire for three hours and then strain the juice with a clean piece of muslin.

- 15 Beef steak—
Beef undercut Oz. 8
Ghee .. Oz. $\frac{1}{2}$
Pepper .. Gr. 30
Salt .. Gr. 30
- 16 Beef-tea, 1 pint—
Beef without
bone .. Oz. 12
Salt .. Gr. 60
Pepper .. Gr. 10
- 17 Beef-tea, jugged—
Beef .. Lb. 1
Salt .. Gr. 60
Pepper .. Gr. 20

Water sufficient to just cover meat when placed in jar. To be jugged for three hours.

- 18 Blanc-mange—
Gelatine .. Oz. 1
Sugar .. Oz. 1
Lime .. No. 1
Ice .. Lb. $\frac{1}{2}$
Eggs .. No. 2
Milk .. Pt. 1
- 19 Bombay toast—
Bread .. Oz. 2
Butter .. Oz. 1
Egg .. No. 1
Milk .. Oz. 5
Sugar .. Oz. $\frac{1}{2}$
- 20 Brain outlets—
Brain .. Oz. 8
Salt .. Gr. 60
Pepper .. Gr. 30
Ghee .. Oz. 1
Onions .. Oz. $\frac{1}{2}$
Bread .. Oz. 6
Wheat flour .. Oz. 1

- | | | | | | |
|----|------------------------------------|-------------------|----|-----------------------|-------------------|
| 21 | Bran-biscuits, 1 lb.— | | 30 | Chicken cutlets— | |
| | Bran .. | Lb. 1 | | Chicken, No. 1 .. | Oz. 10 |
| | Salt .. | Oz. $\frac{1}{2}$ | | Ghee .. | Oz. 1 |
| | Ghee .. | Oz. 2 | | Salt .. | Gr. 30 |
| 22 | Bread bake— | | | Onions .. | Oz. $\frac{1}{2}$ |
| | (Breast) mutton .. | Oz. 8 | | Bread .. | Oz. 6 |
| | Bread .. | Oz. 4 | | Wheat flour .. | Oz. 1 |
| | Ghee .. | Oz. 1 | 31 | Chicken fricasee— | |
| | Wheat flour .. | Oz. 1 | | Chicken, No. 1 .. | Oz. 10 |
| | Onion .. | Oz. 1 | | Milk .. | Pt. $\frac{1}{2}$ |
| | Mint and parsley .. | Gr. 60 | | Onions .. | Oz. 1 |
| | Salt .. | Gr. 60 | | Salt .. | Gr. 60 |
| | Pepper .. | Gr. 60 | | Pepper .. | Gr. 10 |
| 23 | Brinjal cutlet— | | | Butter .. | Oz. 1 |
| | Brinjal (country | | | Cornflour .. | Oz. $\frac{1}{2}$ |
| | vegetable) .. | Oz. 8 | 32 | Chicken grill— | |
| | Ghee .. | Oz. 1 | | Chicken, No. 1 .. | Oz. 10 |
| | Salt .. | Gr. 60 | | Ghee .. | Oz. 1 |
| | Onions .. | Oz. $\frac{1}{2}$ | | Salt .. | Gr. 60 |
| | Pepper .. | Gr. 10 | | Pepper .. | Gr. 30 |
| | Wheat flour .. | Oz. 1 | 33 | Chicken jelly— | |
| | Mutton .. | Oz. 8 | | Chicken, No. 2 .. | Oz. 20 |
| | Bread .. | Oz. 3 | | Sugar .. | Oz. 1 |
| 24 | Bread pudding— | | | Lime .. | No. 1 |
| | Bread .. | Oz. 4 | | Eggs .. | No. 2 |
| | Sugar .. | Oz. 1 | | Ice .. | Lb. 1 |
| | Eggs .. | No. 2 | 34 | Chicken kurma— | |
| | Milk .. | Oz. 15 | | Chicken .. | No. 1 |
| 25 | Bread toast— | | | Ghee .. | Oz. $\frac{1}{2}$ |
| | Bread .. | Oz. 2 | | Curry powder .. | Oz. $\frac{3}{8}$ |
| | Butter .. | Oz. $\frac{1}{2}$ | | Tamarind .. | Oz. $\frac{1}{4}$ |
| 26 | Caramel custard— | | | Onions .. | Oz. $\frac{1}{2}$ |
| | Milk .. | Pt. 2 | | Salt .. | Gr. 60 |
| | Eggs .. | No. 2 | | Coconut .. | Oz. 3 |
| | Sugar .. | Oz. 2 | 35 | Chicken kusee— | |
| | Butter .. | Oz. 1 | | Chicken, No. 1 .. | Oz. 10 |
| | Wheat flour .. | Oz. $\frac{3}{4}$ | | Table rice .. | Oz. 2 |
| 27 | Chicken, boiled— | | | Onions .. | Oz. $\frac{1}{2}$ |
| | Chicken, No. 1 .. | Oz. 10 | | Salt .. | Gr. 60 |
| | Salt .. | Gr. 60 | | Pepper .. | Gr. 10 |
| | Wheat flour .. | Oz. 1 | | Ghee .. | Oz. $\frac{1}{2}$ |
| 28 | Chicken broth, 1 pint— | | 36 | Chicken pepper-water, | |
| | Chicken No. 1 .. | Oz. 10 | | 1 pint— | |
| | Barley .. | Oz. $\frac{1}{2}$ | | Chicken, No. 1 .. | Oz. 10 |
| | Salt .. | Gr. 60 | | Curry powder .. | Oz. $\frac{1}{2}$ |
| | (for jug-broth omit barley and | | | Ghee .. | Oz. $\frac{3}{8}$ |
| | add wheat flour $\frac{1}{2}$ oz.) | | | Salt .. | Gr. 60 |
| | | | | Lime .. | No. 1 |
| | | | | Coconut .. | Oz. 3 |
| 29 | Chicken curry— | | | Onions .. | Oz. 1 |
| | Chicken, No. 1 .. | Oz. 10 | | Pepper .. | Gr. 60 |
| | Ghee .. | Oz. $\frac{1}{2}$ | 37 | Chicken pie— | |
| | Curry-powder .. | Oz. $\frac{3}{8}$ | | Chicken .. | No. 1 |
| | Tamarind .. | Oz. $\frac{1}{2}$ | | Ghee .. | Oz. 2 |
| | Onions .. | Oz. $\frac{1}{2}$ | | Wheat flour .. | Oz. 12 |
| | Salt .. | Gr. 60 | | Suet .. | Oz. 8 |
| | Coconut .. | Oz. 3 | | | |

- 37 Chicken pie—*cont.*
 Salt .. Gr. 120
 Pepper .. Gr. 20
 Onions .. Oz. $\frac{1}{2}$
- 38 Chicken pillao—
 Chicken .. No. 1
 Ghee .. Oz. 4
 Table rice .. Oz. 4
 Spice .. Gr. 120
 Salt .. Gr. 120
 Onions .. Oz. $\frac{1}{4}$
- 39 Chicken stew—
 Chicken .. No. 1
 Ghee .. Oz. $\frac{1}{2}$
 Flour .. Oz. 1
 Onions .. Oz. $\frac{1}{2}$
 Spice .. Gr. 30
 Salt .. Gr. 120
- 40 Chocolate blanc-mange—
 Cocoa .. Oz. $\frac{1}{2}$
 Gelatine .. Oz. 1
 Sugar .. Oz. 1
 Lime .. No. 1
 Ice .. Lb. $\frac{1}{2}$
 Eggs .. No. 2
- 41 Cocoa, 1 pint—
 Cocoa .. Oz. 1
 Milk .. Pt. 1
 Sugar .. Oz. $\frac{1}{2}$
- 42 Coconut pudding—
 Coconut .. Oz. 4
 Eggs .. No. 2
 Sugar .. Oz. 1
 Milk .. Pt. 1
- 43 Coconut pan cake—
 Coconut .. Oz. 2
 Egg .. No. 1
 Sugar .. Oz. 1
 Ghee .. Oz. 1
 Wheat flour .. Oz. $1\frac{1}{2}$
 Milk .. Pt. 5
- 44 Coffee, with milk 1 pint—
 Coffee-powder .. Oz. $\frac{1}{2}$
 Sugar .. Oz. 1
 Milk .. Oz. 3
- 45 Corn-flour blanc-mange—
 Corn-flour .. Oz. 1
 Sugar .. Oz. 1
 Lime .. No. 1
 Ice .. Lb. 2
 Milk .. Pt. 1
- 46 Corn-flour conjeo—
 Corn-flour .. Oz. $\frac{1}{2}$
 Sugar .. Oz. $\frac{1}{3}$
 Milk .. Oz. 3
- 47 Corn-flour pudding—
 Corn-flour .. Oz. 2
 Sugar .. Oz. 1
 Eggs .. No. 2
 Milk .. Oz. 15
 Spice powder .. Gr. 20
- 48 Curled pan cake—
 Lime .. No. 1
 Egg .. No. 1
 Sugar .. Oz. 1
 Ghee .. Oz. 1
 Wheat flour .. Oz. $1\frac{1}{2}$
 Milk .. Pt. 5
- 49 Curry powder—
 Chillies .. Lb. 25
 Black-pepper .. Oz. 1-9
 Coriander .. Lb. 25
 Turmeric .. Oz. 1-9
 Cummin-seed .. Oz. 3-2
 Mustard .. Oz. 1-9
 Vendium .. Oz. 1-2
- 49-A Curry-powder—
 (for Mental Hospitals alone)
 Chillies .. Lb. 3
 Black-pepper .. Oz. 10
 Coriander .. Oz. 6
 Turmeric .. Oz. 10
 Cummin-seed .. Oz. 10
 Mustard .. Oz. 10
 Vendium .. Oz. 10
 Garlic .. Oz. 3
- 50 Custard—
 Milk .. Pt. 1
 Sugar .. Oz. 1
 Eggs .. No. 2
- 51 Dhol curry—
 Dhol .. Oz. 4
 Curry-powder .. Oz. $\frac{3}{16}$
 Tamarind .. Oz. $\frac{1}{2}$
 Onions .. Oz. $\frac{1}{2}$
 Salt .. Oz. $\frac{1}{2}$
- 52 Dhol pepper-water—
 Same as pepper-water add
 2 oz. dhol.
- 53 Dhol soup—
 Dhol .. Oz. 4
 Salt .. Oz. $\frac{1}{2}$
 Pepper .. Gr. 30
 Mint and parsley .. Gr. 60
 Onions .. Oz. $\frac{1}{2}$
 Beef .. Oz. 8
- 54 Duck roast—
 Duck .. No. 1
 Ghee .. Oz. 2
 Bread .. Oz. 8
 Potatoes .. Oz. 8

- 54 Duck roast—*cont.*
Onions .. Oz. 6
Salt .. Gr. 120
Pepper .. Gr. 60
- 55 Egg curried—
Eggs .. No. 2
Curry-powder. Oz. $\frac{3}{16}$
Onions .. Oz. $\frac{1}{4}$
Ghee .. Oz. $\frac{1}{4}$
Salt .. Oz. $\frac{1}{4}$
Tamarind .. Oz. $\frac{1}{4}$
Coconut .. Oz. $1\frac{1}{2}$
- 56 Egg fried—
Eggs .. No. 1
Ghee .. Oz. $\frac{1}{4}$
Salt .. Gr. 30
Pepper .. Dr. 1
- 57 Egg moli—
Eggs .. No. 2
Ghee .. Oz. $\frac{1}{4}$
Wheat flour .. Oz. $\frac{1}{2}$
Coconut .. Oz. 1
Lime .. No. $\frac{1}{2}$
Green chillies. Oz. $\frac{1}{4}$
Ginger, green. Oz. $\frac{1}{8}$
Onions .. Oz. $\frac{1}{4}$
Salt .. Oz. 1.8
- 58 Egg omelette—
Eggs .. No. 2
Onions .. Oz. $\frac{1}{2}$
Ghee .. Oz. 1
Wheat flour .. Oz. 1
Green chillies. Gr. 60
Salt .. Dr. 1
- 59 Egg poached—
Egg .. No. 1
Butter .. Gr. 60
Bread for toast. Oz. 1
Salt .. Gr. 30
- 60 Egg sauce—
Egg .. No. 1
Wheat flour .. Oz. 1
Butter .. Oz. $\frac{1}{2}$
Milk .. Oz. 5
- 61 Egg scrambled—
Eggs .. No. 2
Bread .. Oz. 2
Butter .. Oz. $\frac{1}{2}$
Milk .. Pt. $\frac{1}{2}$
- 62 Egg stuffed or toast—
Eggs .. No. 2
Bread .. Oz. 2
Butter .. Oz. $\frac{1}{2}$
Salt .. Gr. 60
Pepper .. Gr. 60
Mustard .. Gr. 60
- 63 Baked fish—
Fish .. Oz. 8
Butter .. Oz. $\frac{1}{2}$
Onions .. Oz. $\frac{1}{2}$
Salt .. Gr. 60
Pepper .. Gr. 60
- 64 Fish, boiled—
Fish .. Oz. 8
Pepper .. Gr. 10
Salt .. Gr. 20
Corn-flour .. Oz. $\frac{1}{2}$
Milk .. Oz. 6
- 65 Fish, curry—
Fish .. Oz. 8
Ghee .. Oz. $\frac{1}{2}$
Curry-powder. Oz. $\frac{3}{8}$
Tamarind .. Oz. $\frac{1}{2}$
Onions .. Oz. $\frac{1}{2}$
Salt, country.. Oz. $\frac{1}{2}$
Coconut .. Oz. 3
- 66 Fish, fry or cutlet—
Fish .. Oz. 8
Ghee .. Oz. 1
Flour .. Oz. 1
Salt .. Gr. 30
Turmeric .. Oz. $\frac{1}{2}$
Bread .. Oz. 6
- 67 Fish, moli—
Fish .. Oz. 8
Ghee .. Oz. 1
Flour .. Oz. 1
Coconut .. Oz. 2
Lime .. No. 1
Green chillies. Oz. $\frac{1}{2}$
Ginger, fresh. Oz. $\frac{1}{4}$
Onions .. Oz. 4
Salt .. Oz. $\frac{1}{4}$
- 68 Fish pudding—
Fish .. Oz. 8
Butter .. Oz. 2
Salt .. Gr. 60
Pepper .. Gr. 60
Eggs .. No. 2
Milk .. Pt. $\frac{1}{2}$
- 69 Steamed fish—
Same as baked fish.
- 70 French bali curry—
Same as mutton curry,
plus poppy seeds $\frac{1}{2}$ oz.
and spice powder Gr. 30
- 71 Fruit salad—
Plantain .. No. 1
Orange .. No. 1
Apple .. No. 1
Sugar .. Oz. 1
Ice .. Lb. 1

- 37 Chicken pie—*cont.*
 Salt .. Gr. 120
 Pepper .. Gr. 20
 Onions .. Oz. $\frac{1}{2}$
- 38 Chicken pillao—
 Chicken .. No. 1
 Ghee .. Oz. 4
 Table rice .. Oz. 4
 Spice .. Gr. 120
 Salt .. Gr. 120
 Onions .. Oz. $\frac{1}{4}$
- 39 Chicken stew—
 Chicken .. No. 1
 Ghee .. Oz. $\frac{1}{2}$
 Flour .. Oz. 1
 Onions .. Oz. $\frac{1}{2}$
 Spice .. Gr. 30
 Salt .. Gr. 120
- 40 Chocolate blanc-mange—
 Cocoa .. Oz. $\frac{1}{2}$
 Gelatine .. Oz. 1
 Sugar .. Oz. 1
 Lime .. No. 1
 Ice .. Lb. $\frac{1}{2}$
 Eggs .. No. 2
- 41 Cocoa, 1 pint—
 Cocoa .. Oz. 1
 Milk .. Pt. 1
 Sugar .. Oz. $\frac{1}{2}$
- 42 Coconut pudding—
 Coconut .. Oz. 4
 Eggs .. No. 2
 Sugar .. Oz. 1
 Milk .. Pt. 1
- 43 Coconut pan cake—
 Coconut .. Oz. 2
 Egg .. No. 1
 Sugar .. Oz. 1
 Ghee .. Oz. 1
 Wheat flour .. Oz. $1\frac{1}{2}$
 Milk .. Pt. 5
- 44 Coffee, with milk 1 pint—
 Coffee-powder .. Oz. $\frac{1}{2}$
 Sugar .. Oz. 1
 Milk .. Oz. 3
- 45 Corn-flour blanc-mange—
 Corn-flour .. Oz. 1
 Sugar .. Oz. 1
 Lime .. No. 1
 Ice .. Lb. 2
 Milk .. Pt. 1
- 46 Corn-flour conjee—
 Corn-flour .. Oz. $\frac{1}{2}$
 Sugar .. Oz. $\frac{1}{3}$
 Milk .. Oz. 3
- 47 Corn-flour pudding—
 Corn-flour .. Oz. 2
 Sugar .. Oz. 1
 Eggs .. No. 2
 Milk .. Oz. 15
 Spice powder .. Gr. 20
- 48 Curled pan cake—
 Lime .. No. 1
 Egg .. No. 1
 Sugar .. Oz. 1
 Ghee .. Oz. 1
 Wheat flour .. Oz. $1\frac{1}{2}$
 Milk .. Pt. 5
- 49 Curry powder—
 Chillies .. Lb. 25
 Black-pepper .. Oz. 1-9
 Coriander .. Lb. 25
 Turmeric .. Oz. 1-9
 Cummin-seed .. Oz. 3-2
 Mustard .. Oz. 1-9
 Vendium .. Oz. 1-2
- 49-A Curry-powder—
 (for Mental Hospitals alone)
 Chillies .. Lb. 3
 Black-pepper .. Oz. 10
 Coriander .. Oz. 6
 Turmeric .. Oz. 10
 Cummin-seed .. Oz. 10
 Mustard .. Oz. 10
 Vendium .. Oz. 10
 Garlic .. Oz. 3
- 50 Custard—
 Milk .. Pt. 1
 Sugar .. Oz. 1
 Eggs .. No. 2
- 51 Dhol curry—
 Dhol .. Oz. 4
 Curry-powder .. Oz. $\frac{3}{16}$
 Tamarind .. Oz. $\frac{1}{2}$
 Onions .. Oz. $\frac{1}{2}$
 Salt .. Oz. $\frac{1}{2}$
- 52 Dhol pepper-water—
 Same as pepper-water add
 2 oz. dhol.
- 53 Dhol soup—
 Dhol .. Oz. 4
 Salt .. Oz. $\frac{1}{2}$
 Pepper .. Gr. 30
 Mint and pars-
 ley .. Gr. 60
 Onions .. Oz. $\frac{1}{2}$
 Beef .. Oz. 8
- 54 Duck roast—
 Duck .. No. 1
 Ghee .. Oz. 2
 Bread .. Oz. 8
 Potatoes .. Oz. 8

- 54 Duck roast—*cont.*
Onions .. Oz. 6
Salt .. Gr. 120
Pepper ... Gr. 60
- 55 Egg curried—
Eggs .. No. 2
Curry-powder. Oz. 3/16
Onions .. Oz. 1/4
Ghee .. Oz. 1/4
Salt .. Oz. 1/4
Tamarind .. Oz. 1/4
Coconut .. Oz. 1 1/4
- 56 Egg fried—
Eggs .. No. 1
Ghee .. Oz. 1/4
Salt .. Gr. 30
Pepper .. Dr. 1
- 57 Egg moli—
Eggs .. No. 2
Ghee ... Oz. 1/4
Wheat flour .. Oz. 1/2
Coconut .. Oz. 1
Lime .. No. 1/4
Green chillies. Oz. 1/4
Ginger, green. Oz. 1/8
Onions .. Oz. 1/4
Salt .. Oz. 1.8
- 58 Egg omelette—
Eggs ... No. 2
Onions .. Oz. 1/2
Ghee .. Oz. 1
Wheat flour .. Oz. 1
Green chillies. Gr. 60
Salt .. Dr. 1
- 59 Egg poached—
Egg .. No. 1
Butter .. Gr. 60
Bread for toast. Oz. 1
Salt .. Gr. 30
- 60 Egg sauce—
Egg .. No. 1
Wheat flour .. Oz. 1
Butter .. Oz. 1/2
Milk .. Oz. 5
- 61 Egg scrambled—
Eggs .. No. 2
Bread .. Oz. 2
Butter .. Oz. 1/2
Milk .. Pt. 1/2
- 62 Egg stuffed or toast—
Eggs .. No. 2
Bread .. Oz. 2
Butter .. Oz. 1/2
Salt .. Gr. 60
Pepper .. Gr. 60
Mustard ... Gr. 60
- 63 Baked fish—
Fish .. Oz. 8
Butter .. Oz. 1/2
Onions .. Oz. 1/2
Salt .. Gr. 60
Pepper .. Gr. 60
- 64 Fish, boiled—
Fish .. Oz. 8
Pepper .. Gr. 10
Salt .. Gr. 30
Corn-flour .. Oz. 1/2
Milk .. Oz. 3
- 65 Fish, curry—
Fish .. Oz. 8
Ghee .. Oz. 1/2
Curry-powder. Oz. 3/8
Tamarind .. Oz. 1/2
Onions .. Oz. 1/2
Salt, country.. Oz. 1/2
Coconut ... Oz. 3
- 66 Fish, fry or cutlet—
Fish .. Oz. 8
Ghee .. Oz. 1
Flour .. Oz. 1
Salt .. Gr. 30
Turmeric ... Oz. 1/4
Bread .. Oz. 6
- 67 Fish, moli—
Fish .. Oz. 8
Ghee .. Oz. 1
Flour .. Oz. 1
Coconut ... Oz. 2
Lime .. No. 1
Green chillies. Oz. 1/2
Ginger, fresh. Oz. 1/4
Onions .. Oz. 4
Salt .. Oz. 1/4
- 68 Fish pudding—
Fish .. Oz. 8
Butter .. Oz. 2
Salt .. Gr. 60
Pepper .. Gr. 60
Eggs .. No. 2
Milk .. Pt. 1/2
- 69 Steamed fish—
Same as baked fish.
- 70 French bali curry—
Same as mutton curry,
plus poppy seeds 1/2 oz.
and spice powder Gr. 30
- 71 Fruit salad—
Plantain .. No. 1
Orange .. No. 1
Apple .. No. 1
Sugar .. Oz. 1
Ice .. Lb. 1

- 72 Fruit, stewed—
Fruits (appricot,
figs, plums,
prunes, etc.) Oz. 4
Sugar .. Oz. 1
- 73 Ginger tea, 1 pint—
Ginger dried .. Oz. $\frac{1}{4}$
Sugar .. Oz. $\frac{1}{2}$
Milk .. Oz. 2
- 74 Irish stew—
Mutton with-
out bone .. Oz. 4
Ghee .. Oz. $\frac{1}{2}$
Salt country .. Oz. $\frac{1}{4}$
Potatoes .. Oz. 3
Onions .. Oz. $\frac{1}{2}$
Mint and parsley. Dr. $\frac{1}{2}$
Flour (Wheat) Oz. $\frac{1}{2}$
- 75 Devil kidney—
Kidney .. Oz. 8
Salt .. Gr. 30
Ghee .. Oz. $\frac{1}{2}$
Onions .. Oz. $\frac{1}{4}$
Pepper .. Gr. 30
- 76 Kidney fry—
Same as mutton fry.
- 77 Kidney stew—
Same as mutton stew.
- 78 Lime-juice, 1 pint—
Limes .. No. 2
Sugar .. Oz. $\frac{3}{4}$
- 79 Lime pudding—
Eggs .. No. 4
Sugar .. Oz. 1
Butter .. Oz. $\frac{1}{2}$
Lime .. No. 1
- 80 Linseed tea—
Linseed .. Oz. 1
Sugar .. Oz. $\frac{1}{2}$
Milk .. Oz. 2
- 81 Liver fry—
Same as mutton fry.
- 82 Liver stew—
Same as mutton stew.
- 83 Macroni pudding—
Macroni .. Oz. 2
Sugar .. Oz. 2
Eggs .. No. 2
Milk .. Pt. 1
Cheese .. Oz. 4
- 84 Malabar pudding—
Coconut .. Oz. 4
Brown sugar .. Oz. 2
Sago .. Oz. 2

- 85 Milk jelly—
Milk .. Pt. 1
Sugar .. Oz. 1
Gelatine .. Oz. 1
Ice .. Lb. 2
- 86 Mutton broth, 1 pint—
Mutton with
bones .. Oz. 12
Barley .. Oz. $\frac{1}{4}$
With sufficient
water to pro-
duce .. Oz. 16
Pepper .. Gr. 10
Salt .. Gr. 60
(For jug-broth omit barley and
add wheat flour oz. $\frac{3}{4}$.)
- 87 Mutton chops—
Mutton .. Lb. 1
Ghee .. Oz. 1
Pepper .. Gr. 60
Salt .. Gr. 60
N.B.—For crumbed chops add
bread 12 oz. and wheat flour 2 oz.
- 88 Mutton chops-boiled—
Mutton .. Oz. 8
Ghee .. Oz. $\frac{1}{2}$
Pepper .. Gr. 10
Salt .. Gr. 30
Onions .. Oz. 1
Barley .. Oz. $\frac{1}{2}$
- 89 Mutton-curry—
Mutton .. Oz. 8
Ghee .. Oz. $\frac{1}{2}$
Curry-powder Oz. $\frac{3}{8}$
Tamarind .. Oz. $\frac{1}{4}$
Onions .. Oz. $\frac{1}{2}$
Salt .. Gr. 30
Coconut .. Oz. 3
- 90 Mutton cutlets—
Mutton .. Oz. 8
Salt .. Gr. 60
Ghee .. Oz. 1
Onions .. Oz. $\frac{1}{2}$
Pepper .. Gr. 30
Bread .. Oz. 6
Wheat flour .. Oz. 1
- 91 Mutton-fried—
Mutton .. Oz. 8
Ghee .. Oz. 1
Salt .. Gr. 30
- 92 Mutton grill—
Same as beef grill.

93	Mutton minced—		101	Pan cake— <i>cont.</i>			
	Mutton ..	Oz. 8		Wheat flour ..	Oz. 1½		
	Ghee ..	Oz. ½		Milk ..	Oz. 5		
	Salt ..	Gr. 30	102	Pea soup—			
	Pepper ..	Gr. 10		Beef ..	Oz. 8		
	Mint and parsley. Gr. 30			Peas, green ..	Oz. 4		
94	Mutton pepper-water—			Salt ..	Gr. 60		
	Mutton ..	Oz. 12		Pepper ..	Gr. 30		
	Curry powder. Oz. 3/8			Mint and parsley. Gr. 60			1
	Ghee ..	Oz. ½		Onions ..	Oz. ½		
	Onions ..	Oz. 1	103	Pepper-water, 1 pint—			
	Salt ..	Gr. 60		Chillies ..	Oz. ¼		
	Lime ..	No. 1		Pepper ..	Oz. ¼		
	Pepper ..	Gr. 60		Garlic ..	Oz. 1/8		1
	Coconut ..	Oz. 3		Tamarind ..	Oz. ½		
95	Mutton pie—			Salt ..	Oz. 3/16		
	Mutton ..	Oz. 12	104	Pigeon pie—			
	Ghee ..	Oz. 2		Pigeon ..	No. 1		
	Wheat flour ..	Oz. 12		Ghee ..	Oz. 1		
	Suet ..	Oz. 8		Wheat flour ..	Oz. 8		
	Salt ..	Gr. 120		Suet ..	Oz. 4		
	Pepper ..	Gr. 20		Salt ..	Gr. 60		1
	Onions ..	Oz. ½		Pepper ..	Gr. 10		
96	Mutton pillao—			Onions ..	Oz. ½		
	Mutton without		105	Pigeon roast—			1
	bone ..	Oz. 6		Pigeon ..	No. 1		
	Ghee ..	Oz. 2		Ghee ..	Oz. ½		
	Table rice ..	Oz. 4		Pepper ..	Gr. 10		
	Spice ..	Gr. 60		Salt ..	Gr. 30		
	Salt ..	Gr. 60		Milk ..	Oz. 3		
	Onions ..	Gr. 60		Bread ..	Oz. 1		
97	Mutton stew—		106	Pigeon stew—			
	Mutton ..	Oz. 8		Pigeon ..	No. 1		
	Ghee ..	Oz. ½		Ghee ..	Oz. ½		
	Flour ..	Oz. ¼		Flour ..	Oz. ¼		11
	Onions ..	Oz. ¼		Onions ..	Oz. ½		
	Salt ..	Gr. 30		Pepper ..	Gr. 10		
	Pepper ..	Gr. 30		Salt ..	Gr. 30		
98	Oatmeal porridge—		107	Plantain fritters—			
	Oatmeal ..	Oz. 2		Wheat flour ..	Oz. 2		
	Milk ..	Pt. 1		Ghee ..	Oz. 1		
	Sugar ..	Oz. 2		Egg ..	No. 1		
99.	Onion sauce—			Plantains ..	No. 2		11
	Onions ..	Oz. 4		Sugar, white ..	Oz. ½		
	Wheat flour ..	Oz. 1	108	Plantain fry—			
	Butter ..	Oz. ½		Plantain ..	No. 1		
	Milk ..	Oz. 5		Ghee ..	Oz. ½		
100	Orange jelly—		109	Plantain stew—			
	Oranges ..	Nos. 3		Plantain ..	No. 1		
	Limes ..	Nos. 2		Sugar ..	Oz. 1		11
	Sugar ..	Oz. 4	110	Plum pudding—			
	Gelatine ..	Oz. 1		Bread ..	Oz. 4		
101	Pan cake—			Butter ..	Oz. 1		
	Egg ..	No. 1		Sugar ..	Oz. 1		
	Sugar ..	Oz. 1		Almond ..	Oz. 1		
	Ghee ..	Oz. 1		Plums ..	Oz. 1		

- 72 Fruit, stewed—
Fruits (apricot,
figs, plums,
prunes, etc.) Oz. 4
Sugar .. Oz. 1
- 73 Ginger tea, 1 pint—
Ginger dried .. Oz. $\frac{1}{4}$
Sugar .. Oz. $\frac{1}{2}$
Milk .. Oz. 2
- 74 Irish stew—
Mutton with-
out bone .. Oz. 4
Ghee .. Oz. $\frac{1}{2}$
Salt country .. Oz. $\frac{1}{4}$
Potatoes .. Oz. 3
Onions .. Oz. $\frac{1}{2}$
Mint and parsley. Dr. $\frac{1}{2}$
Flour (Wheat) Oz. $\frac{1}{2}$
- 75 Devil kidney—
Kidney .. Oz. 8
Salt .. Gr. 30
Ghee .. Oz. $\frac{1}{2}$
Onions .. Oz. $\frac{1}{4}$
Pepper .. Gr. 30
- 76 Kidney fry—
Same as mutton fry.
- 77 Kidney stew—
Same as mutton stew.
- 78 Lime-juice, 1 pint—
Limes .. No. 2
Sugar .. Oz. $\frac{3}{4}$
- 79 Lime pudding—
Eggs .. No. 4
Sugar .. Oz. 1
Butter .. Oz. $\frac{1}{2}$
Lime .. No. 1
- 80 Linseed tea—
Linseed .. Oz. 1
Sugar .. Oz. $\frac{1}{2}$
Milk .. Oz. 2
- 81 Liver fry—
Same as mutton fry.
- 82 Liver stew—
Same as mutton stew.
- 83 Macaroni pudding—
Macaroni .. Oz. 2
Sugar .. Oz. 2
Eggs .. No. 2
Milk .. Pt. 1
Cheese .. Oz. 4
- 84 Malabar pudding—
Coconut .. Oz. 4
Brown sugar .. Oz. 2
Sago .. Oz. 2

- 85 Milk jelly—
Milk .. Pt. 1
Sugar .. Oz. 1
Gelatine .. Oz. 1
Ice .. Lb. 2
- 86 Mutton broth, 1 pint—
Mutton with
bones .. Oz. 12
Barley .. Oz. $\frac{1}{2}$
With sufficient
water to pro-
duce .. Oz. 16
Pepper .. Gr. 10
Salt .. Gr. 60
(For jug-broth omit barley and
add wheat flour oz. $\frac{3}{4}$.)
- 87 Mutton chops—
Mutton .. Lb. 1
Ghee .. Oz. 1
Pepper .. Gr. 60
Salt .. Gr. 60
N.B.—For crumbed chops add
bread 12 oz. and wheat flour 2 oz.
- 88 Mutton chops-boiled—
Mutton .. Oz. 8
Ghee .. Oz. $\frac{1}{2}$
Pepper .. Gr. 10
Salt .. Gr. 30
Onions .. Oz. 1
Barley .. Oz. $\frac{1}{2}$
- 89 Mutton-curry—
Mutton .. Oz. 8
Ghee .. Oz. $\frac{1}{2}$
Curry-powder Oz. $\frac{3}{8}$
Tamarind .. Oz. $\frac{1}{2}$
Onions .. Oz. $\frac{1}{2}$
Salt .. Gr. 30
Coconut .. Oz. 3
- 90 Mutton cutlets—
Mutton .. Oz. 8
Salt .. Gr. 60
Ghee .. Oz. 1
Onions .. Oz. $\frac{1}{2}$
Pepper .. Gr. 30
Bread .. Oz. 6
Wheat flour .. Oz. 1
- 91 Mutton-fried—
Mutton .. Oz. 8
Ghee .. Oz. 1
Salt .. Gr. 30
- 92 Mutton grill—
Same as beef grill.

93	Mutton minced—		101	Pan cake— <i>cont.</i>			
	Mutton ..	Oz. 8		Wheat flour ..	Oz. 1½		
	Ghee ..	Oz. ½		Milk ..	Oz. 5		
	Salt ..	Gr. 30	102	Pea soup—			
	Pepper ..	Gr. 10		Beef ..	Oz. 8		
	Mint and parsley. Gr.	30		Peas, green ..	Oz. 4		
94	Mutton pepper-water—			Salt ..	Gr. 60		
	Mutton ..	Oz. 12		Pepper ..	Gr. 30		
	Curry-powder. Oz.	3/8		Mint and parsley. Gr.	60		1
	Ghee ..	Oz. ½		Onions ..	Oz. ½		
	Onions ..	Oz. 1	103	Pepper-water, 1 pint—			
	Salt ..	Gr. 60		Chillies ..	Oz. ¼		
	Lime ..	No. 1		Pepper ..	Oz. ¼		1
	Pepper ..	Gr. 60		Garlic ..	Oz. 1/8		
	Coconut ..	Oz. 3		Tamarind ..	Oz. ¼		
95	Mutton pie—			Salt ..	Oz. 3/16		
	Mutton ..	Oz. 12	104	Pigeon pie—			
	Ghee ..	Oz. 2		Pigeon ..	No. 1		
	Wheat flour ..	Oz. 12		Ghee ..	Oz. 1		
	Suet ..	Oz. 8		Wheat flour ..	Oz. 6		
	Salt ..	Gr. 120		Suet ..	Oz. 4		
	Pepper ..	Gr. 20		Salt ..	Gr. 60		1
	Onions ..	Oz. ½		Pepper ..	Gr. 10		
				Onions ..	Oz. ½		
96	Mutton pillao—		105	Pigeon roast—			1
	Mutton without			Pigeon ..	No. 1		
	bone ..	Oz. 6		Ghee ..	Oz. ½		
	Ghee ..	Oz. 2		Pepper ..	Gr. 10		
	Table rice ..	Oz. 4		Salt ..	Gr. 30		
	Spice ..	Gr. 60		Milk ..	Oz. 3		
	Salt ..	Gr. 60		Bread ..	Oz. 1		
	Onions ..	Gr. 60	106	Pigeon stew—			
97	Mutton stew—			Pigeon ..	No. 1		
	Mutton ..	Oz. 8		Ghee ..	Oz. ¼		
	Ghee ..	Oz. ½		Flour ..	Oz. ¼		11
	Flour ..	Oz. ¼		Onions ..	Oz. ¼		
	Onions ..	Oz. ¼		Pepper ..	Gr. 10		
	Salt ..	Gr. 30		Salt ..	Gr. 30		
	Pepper ..	Gr. 30	107	Plantain fritters—			
98	Oatmeal porridge—			Wheat flour ..	Oz. 2		
	Oatmeal ..	Oz. 2		Ghee ..	Oz. 1		
	Milk ..	Pt. 1		Egg ..	No. 1		11
	Sugar ..	Oz. 2		Plantains ..	No. 2		
99.	Onion sauce—			Sugar, white ..	Oz. ½		
	Onions ..	Oz. 4	108	Plantain fry—			
	Wheat flour ..	Oz. 1		Plantain ..	No. 1		
	Butter ..	Oz. ½		Ghee ..	Oz. ½		
	Milk ..	Oz. 5	109	Plantain stew—			
100	Orange jolly—			Plantain ..	No. 1		
	Oranges ..	Nos. 3		Sugar ..	Oz. 1		11
	Limes ..	Nos. 2	110	Plum pudding—			
	Sugar ..	Oz. 4		Bread ..	Oz. 4		
	Gelatine ..	Oz. 1		Butter ..	Oz. 1		
101	Pan cake—			Sugar ..	Oz. 1		
	Egg ..	No. 1		Almond ..	Oz. 1		
	Sugar ..	Oz. 1		Plums ..	Oz. 1		
	Ghee ..	Oz. 1					

- 110 Plum pudding—*cont.*
 Eggs .. No. 2
 Nutmeg .. Oz. $\frac{1}{4}$
 Milk .. Oz. 15
 Currants .. Oz. 1
- 111 Potato cutlets—
 Potatoes .. Oz. 8
 Ghee .. Oz. 1
 Salt .. Gr. 60
 Onions .. Oz. $\frac{1}{4}$
 Pepper .. Gr. 10
 Wheat flour .. Oz. 1
 Mutton .. Oz. 8
- 112 Potato fry—
 Same as mutton fry.
- 113 Potato pie—
 Potatoes .. Lb. 1
 Mutton .. Oz. 12
 Salt .. Gr. 120
 Pepper .. Gr. 60
 Spice-powder. Gr. 30
 Onions .. Oz. 2
 Ghee .. Oz. 2
 Butter .. Oz. 1
 Wheat flour .. Oz. 2
- 114 Potato pudding—
 Potatoes .. Oz. 4
 Milk .. Oz. 15
 Sugar .. Oz. 1
 Butter .. Oz. 1
 Nutmeg .. Oz. $\frac{1}{4}$
 Eggs .. Nos. 2
- 115 Potato soup—
 Beef .. Oz. 8
 Potatoes .. Oz. 4
 Salt .. Gr. 60
 Pepper .. Gr. 30
 Mint and parsley. Gr. 60
 Onions .. Oz. $\frac{1}{2}$
 Milk .. Oz. 4
- 116 Prawn curry—
 Prawn .. Oz. 8
 Ghee .. Oz. $\frac{1}{2}$
 Curry-powder Oz. $\frac{3}{8}$
 Tamarind .. Oz. $\frac{1}{4}$
 Onions .. Oz. $\frac{1}{4}$
 Salt .. Oz. $\frac{1}{4}$
 Coconut .. Oz. 3
- 117 Prunes jelly—
 Prunes .. Oz. 4
 Eggs .. Nos. 2
 Ice .. Lb. $\frac{1}{4}$
 Lime .. No. 1
 Sugar .. Oz. 2
 Gelatine .. Oz. $1\frac{1}{2}$
- 118 Queen's pudding—
 Eggs .. No. 3
 Arrowroot .. Oz. $1\frac{1}{2}$
 Milk .. Pt. 1
 Sugar .. Oz. 1
 Butter .. Oz. $\frac{1}{2}$
 Jam .. Oz. 2
- 119 Rabbit—
 Same formulæ as for chicken grill, chicken stew and chicken curry. Backs and legs the best parts for stewing or curry; the coarser parts to be used for roast.
- 120 Ragi cake—
 Ragi flour .. Oz. 2
 Ghee .. Oz. $\frac{1}{2}$
 Salt .. Oz. $\frac{1}{8}$
- 121 Ragi conjee
 Ragi flour .. Oz. 2
 Salt .. Gr. 60
- 122 Rice conjee-water—
 Rice .. Oz. 2
 Salt .. Gr. 60
- 123 Rice pudding—
 Table rice .. Oz. 2
 Sugar .. Oz. 1
 Milk .. Oz. 15
 Eggs .. Nos. 2
- 124 Rice-waste cake—
 Rice-waste .. Oz. 2
 Ghee .. Oz. $\frac{1}{2}$
 Salt .. Oz. $\frac{1}{8}$
- 125 Rice-waste conjee—
 Rice-waste .. Oz. 3
 Milk .. Oz. 3
 Sugar .. Oz. $\frac{1}{2}$
- 126 Sago conjee—
 Sago .. Oz. $\frac{1}{2}$
 Sugar .. Oz. $\frac{1}{2}$
- 127 Sago jelly—
 Sago .. Oz. 2
 Sugar .. Oz. $\frac{1}{2}$
 Milk .. Oz. 2
- 128 Sago pudding—
 Sago .. Oz. 2
 Sugar .. Oz. 1
 Eggs .. No. 2
 Milk .. Oz. 15
- 129 Scotch broth—
 Beef or mutton (without bones). Oz. 12
 Salt .. Gr. 60
 Vegetables, Europe. .. Oz. 4
 Barley .. Oz. 2

- 130 Sheep-trotter jelly—
 Sheep-trotters .. No. 8
 Sugar .. Oz. 2
 Lime .. No. 1
 Eggs .. No. 2
 Ice .. Lb. 1
 Sherry .. Oz. 1
- 131 Sheep-trotter stew—
 Sheep-trotters .. No. 8
 Pepper .. Gr. 10
 Salt .. Gr. 60
 Ghee .. Oz. $\frac{1}{2}$
- 132 Soojee conjee—
 Soojee .. Oz. $\frac{1}{2}$
 Sugar .. Oz. $\frac{1}{2}$
- 133 Soojee jelly—
 Soojee .. Oz. 2
 Sugar .. Oz. $\frac{1}{2}$
 Milk .. Oz. 6
- 134 Soojee pudding—
 Soojee .. Oz. 2
 Sugar .. Oz. 1
 Eggs .. No. 2
 Milk .. Oz. 15
- 135 Spice-powder—
 Ginger in powder. Oz. 2 $\frac{1}{2}$
 Cinnamon powder. Oz. $\frac{1}{2}$
 Nutmeg .. Oz. $\frac{1}{4}$
 Cloves .. Oz. $\frac{1}{4}$
- 136 Sweet bread fry—
 Same as mutton fry.
- 137 Sweet bread stew—
 Same as mutton stew.
- 138 Tapioca conjee—
 Tapioca .. Oz. $\frac{1}{4}$
 Sugar .. Oz. $\frac{1}{2}$
- 139 Tapioca pudding—
 Tapioca .. Oz. 2
 Sugar .. Oz. 1
 Milk .. Oz. 15
 Eggs .. No. 2
- 140 Tea with milk 1 pint—
 Tea .. Oz. $\frac{1}{2}$
 Sugar .. Oz. $\frac{1}{2}$
 Milk .. Oz. 2
- 141 Teal roast—
 Teal .. No. 1
 Ghee .. Oz. $\frac{1}{2}$
 Pepper .. Gr. 10
 Salt .. Gr. 30
 Lime .. No. 1
- 142 Tomato outlet—
 Same as brinjal outlet.
- 143 Tomato fry—
 Tomato .. No. 2
 Ghee .. Oz. 1
 Salt .. Gr. 30
- 144 Tomato sauce—
 Tomato .. No. 1
 Butter .. Oz. $\frac{1}{2}$
 Salt .. Gr. 30
- 145 Tomato soup—
 Tomatoes .. No. 2
 Beef .. Oz. 8
 Salt .. Gr. 60
 Pepper .. Gr. 20
 Onions .. Oz. $\frac{1}{2}$
 Mint and parsley. Gr. 60
- 146 Tongue stew—
 Same as mutton stew.
- 147 Turkey roast—
 Turkey .. No. 1
 Cocotine .. Oz. 8
 Bread .. Lb. 2
 Potatoes .. Lb. 2
 E. Vegetables. Lb. 1
 Onions .. Lb. 1 $\frac{1}{2}$
 Salt .. Oz. 1
 Pepper .. Oz. $\frac{1}{2}$
- 148 Vegetable curry—
 Vegetables .. Oz. 4
 Curry powder. Oz. $\frac{3}{16}$
 Tamarind .. Oz. $\frac{1}{2}$
 Onions .. Oz. $\frac{1}{2}$
 Salt .. Oz. $\frac{1}{2}$
- 149 Vegetable outlet—
 Vegetables .. Oz. 8
 Ghee .. Oz. 1
 Onions .. Oz. $\frac{1}{2}$
 Salt .. Gr. 60
 Pepper .. Gr. 30
 Bread .. Oz. 6
 Wheat flour .. Oz. 1
- 150 Vegetable fry—
 Vegetable .. Oz. 8
 Ghee .. Oz. 1
 Salt .. Gr. 30
- 151 Vegetable pie—
 Vegetables .. Oz. 8
 Potatoes .. Oz. 4
 Suet .. Oz. 8
 Wheat flour .. Oz. 12
 Ghee .. Oz. 2
 Onion .. Oz. $\frac{1}{2}$
 Salt .. Gr. 120
 Pepper .. Gr. 20

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- 110 Plum pudding—*cont.*
 Eggs .. No. 2
 Nutmeg .. Oz. $\frac{1}{4}$
 Milk .. Oz. 15
 Currants .. Oz. 1
- 111 Potato outlets—
 Potatoes .. Oz. 8
 Ghee .. Oz. 1
 Salt .. Gr. 60
 Onions .. Oz. $\frac{1}{4}$
 Pepper .. Gr. 10
 Wheat flour .. Oz. 1
 Mutton .. Oz. 8
- 112 Potato fry—
 Same as mutton fry.
- 113 Potato pie—
 Potatoes .. Lb. 1
 Mutton .. Oz. 12
 Salt .. Gr. 120
 Pepper .. Gr. 60
 Spice-powder .. Gr. 30
 Onions .. Oz. 2
 Ghee .. Oz. 2
 Butter .. Oz. 1
 Wheat flour .. Oz. 2
- 114 Potato pudding—
 Potatoes .. Oz. 4
 Milk .. Oz. 15
 Sugar .. Oz. 1
 Butter .. Oz. 1
 Nutmeg .. Oz. $\frac{1}{4}$
 Eggs .. Nos. 2
- 115 Potato soup—
 Beef .. Oz. 8
 Potatoes .. Oz. 4
 Salt .. Gr. 60
 Pepper .. Gr. 30
 Mint and parsley .. Gr. 60
 Onions .. Oz. $\frac{1}{4}$
 Milk .. Oz. 4
- 116 Prawn curry—
 Prawn .. Oz. 8
 Ghee .. Oz. $\frac{1}{2}$
 Curry-powder .. Oz. $\frac{3}{8}$
 Tamarind .. Oz. $\frac{1}{4}$
 Onions .. Oz. $\frac{1}{4}$
 Salt .. Oz. $\frac{1}{4}$
 Coconut* .. Oz. 3
- 117 Prunes jelly—
 Prunes .. Oz. 4
 Eggs .. Nos. 2
 Ice .. Lb. $\frac{1}{4}$
 Lime .. No. 1
 Sugar .. Oz. 2
 Gelatine .. Oz. $1\frac{1}{2}$
- 118 Queen's pudding—
 Eggs .. No. 3
 Arrowroot .. Oz. $1\frac{1}{2}$
 Milk .. Pt. 1
 Sugar .. Oz. 1
 Butter .. Oz. $\frac{1}{2}$
 Jam .. Oz. 2
- 119 Rabbit—
 Same formulae as for chicken grill, chicken stew and chicken curry. Backs and legs the best parts for stewing or curry; the coarser parts to be used for roast.
- 120 Ragi cake—
 Ragi flour .. Oz. 2
 Ghee .. Oz. $\frac{1}{2}$
 Salt .. Oz. $\frac{1}{8}$
- 121 Ragi conjee
 Ragi flour .. Oz. 2
 Salt .. Gr. 60
- 122 Rice conjee-water—
 Rice .. Oz. 2
 Salt .. Gr. 60
- 123 Rice pudding—
 Table rice .. Oz. 2
 Sugar .. Oz. 1
 Milk .. Oz. 15
 Eggs .. Nos. 2
- 124 Rice-waste cake—
 Rice-waste .. Oz. 2
 Ghee .. Oz. $\frac{1}{2}$
 Salt .. Oz. $\frac{1}{8}$
- 125 Rice-waste conjee—
 Rice-waste .. Oz. 3
 Milk .. Oz. 3
 Sugar .. Oz. $\frac{1}{2}$
- 126 Sago conjee—
 Sago .. Oz. $\frac{1}{2}$
 Sugar .. Oz. $\frac{1}{2}$
- 127 Sago jelly—
 Sago .. Oz. 2
 Sugar .. Oz. $\frac{1}{2}$
 Milk .. Oz. 2
- 128 Sago pudding—
 Sago .. Oz. 2
 Sugar .. Oz. 1
 Eggs .. No. 2
 Milk .. Oz. 15
- 129 Scotch broth—
 Beef or mutton (without bones) .. Oz. 12
 Salt .. Gr. 60
 Vegetables, Europe. .. Oz. 4
 Barley .. Oz. 2

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|-----|-------------------------|---------------------|-----|------------------------|--------------------|
| 130 | Sheep trotter jelly— | | 143 | Tomato fry— | |
| | Sheep-trotters .. | No. 8 | | Tomato .. | No. 2 |
| | Sugar .. | Oz. 2 | | Ghee .. | Oz. 1 |
| | Lime .. | No. 1 | | Salt .. | Gr. 30 |
| | Eggs .. | No. 2 | 144 | Tomato sauce— | |
| | Ice .. | Lb. 1 | | Tomato .. | No. 1 |
| | Sherry .. | Oz. 1 | | Butter .. | Oz. $\frac{1}{2}$ |
| 131 | Sheep-trotter stew— | | | Salt .. | Gr. 30 |
| | Sheep-trotters .. | No. 8 | 145 | Tomato soup— | |
| | Pepper .. | Gr. 10 | | Tomatoes .. | No. 2 |
| | Salt .. | Gr. 60 | | Beef .. | Oz. 8 |
| | Ghee .. | Oz. $\frac{1}{2}$ | | Salt .. | Gr. 60 |
| 132 | Soojee conjee— | | | Pepper .. | Gr. 20 |
| | Soojee .. | Oz. $\frac{1}{2}$ | | Onions .. | Oz. $\frac{1}{2}$ |
| | Sugar .. | Oz. $\frac{1}{2}$ | | Mint and pars-
ley. | Gr. 60 |
| 133 | Soojee jelly— | | 146 | Tongue stew— | |
| | Soojee .. | Oz. 2 | | Same as mutton stew. | |
| | Sugar .. | Oz. $\frac{1}{2}$ | 147 | Turkey roast— | |
| | Milk .. | Oz. 6 | | Turkey .. | No. 1 |
| 134 | Soojee pudding— | | | Cocotine .. | Oz. 8 |
| | Soojee .. | Oz. 2 | | Bread .. | Lb. 2 |
| | Sugar .. | Oz. 1 | | Potatoes .. | Lb. 2 |
| | Eggs .. | No. 2 | | E. Vegetables. | Lb. 1 |
| | Milk .. | Oz. 15 | | Onions .. | Lb. $1\frac{1}{2}$ |
| 135 | Spice powder— | | | Salt .. | Oz. 1 |
| | Ginger in pow-
der. | Oz. 2 $\frac{3}{4}$ | | Pepper .. | Oz. $\frac{1}{2}$ |
| | Cinnamon pow-
der. | Oz. $\frac{1}{2}$ | 148 | Vegetable curry— | |
| | Nutmeg .. | Oz. $\frac{1}{2}$ | | Vegetables .. | Oz. 4 |
| | Cloves .. | Oz. $\frac{1}{4}$ | | Curry powder. | Oz. 3/16 |
| 136 | Sweet bread fry— | | | Tamarind .. | Oz. $\frac{1}{2}$ |
| | Same as mutton fry. | | | Onions .. | Oz. $\frac{1}{2}$ |
| 137 | Sweet bread stew— | | | Salt .. | Oz. $\frac{1}{2}$ |
| | Same as mutton stew. | | 149 | Vegetable cutlet— | |
| 138 | Tapioca conjee— | | | Vegetables .. | Oz. 8 |
| | Tapioca .. | Oz. $\frac{1}{4}$ | | Ghee .. | Oz. 1 |
| | Sugar .. | Oz. $\frac{1}{2}$ | | Onions .. | Oz. $\frac{1}{2}$ |
| 139 | Tapioca pudding— | | | Salt .. | Gr. 60 |
| | Tapioca .. | Oz. 2 | | Pepper .. | Gr. 30 |
| | Sugar .. | Oz. 1 | | Bread .. | Oz. 6 |
| | Milk .. | Oz. 15 | | Wheat flour .. | Oz. 1 |
| | Eggs .. | No. 2 | 150 | Vegetable fry— | |
| 140 | Tea with milk 1 pint— | | | Vegetable .. | Oz. 8 |
| | Tea .. | Oz. $\frac{1}{2}$ | | Ghee .. | Oz. 1 |
| | Sugar .. | Oz. $\frac{1}{2}$ | | Salt .. | Gr. 30 |
| | Milk .. | Oz. 2 | 151 | Vegetable pie— | |
| 141 | Teal roast— | | | Vegetables .. | Oz. 8 |
| | Teal .. | No. 1 | | Potatoes .. | Oz. 4 |
| | Ghee .. | Oz. $\frac{1}{2}$ | | Suct .. | Oz. 8 |
| | Pepper .. | Gr. 10 | | Wheat flour .. | Oz. 12 |
| | Salt .. | Gr. 30 | | Ghee .. | Oz. 2 |
| | Lime .. | No. 1 | | Onion .. | Oz. $\frac{1}{2}$ |
| 142 | Tomato cutlet— | | | Salt .. | Gr. 120 |
| | Same as brinjal cutlet. | | | Pepper .. | Gr. 20 |

152	Vegetable soup—		154	Vermicelli pudding—	
	Mutton ..	Oz. 12		Vermicelli ..	Oz. 2
	Vegetables, ..	Oz. 4		Milk ..	Pt. 1
	Europe.			Sugar ..	Oz. 1
	Salt ..	Gr. 60		Eggs ..	Nos. 2
	Milk ..	Oz. 4		Nutmeg ..	Oz. $\frac{1}{4}$
153	Vegetable stew—		155	Wheat cake each—	
	Vegetables ..	Oz. 8		Wheat flour ..	Oz. 2
	Salt ..	Oz. $\frac{1}{4}$		Ghee ..	Oz. $\frac{1}{2}$
	Pepper ..	Oz. $\frac{1}{4}$		Sugar ..	Oz. $\frac{1}{2}$
	Wheat flour ..	Oz. $\frac{1}{2}$	156	Yorkshire pudding—	
	Ghee ..	Oz. $\frac{1}{2}$		Eggs ..	Nos. 2
	Spice powder. ..	Oz. 118		Ghee ..	Oz. $\frac{1}{2}$
	Onions ..	Oz. 1		Wheat flour ..	Oz. $\frac{1}{2}$
				Salt ..	Gr. 60
				Milk ..	Oz. 4

APPENDIX XVIII.

PART I—RULES DEFINING THE CONSTITUTION AND FUNCTIONS OF ADVISORY COMMITTEES APPOINTED FOR GOVERNMENT HOSPITALS IN THE MADRAS CITY.

(The Advisory Committee is constituted in order to keep the Director of Medical Services and the Government informed as to the needs of the hospital as viewed by public. The entire supervision and management of the institution and its establishments will be in the hands of the Dean or the Superintendent-in-charge, subject to the control of the Director of Medical Services and the Government. The Committee shall be an advisory body, with no executive authority.)

2. (The Committee shall ordinarily consist of four ex-officio members including the Dean or the Superintendent and the Nursing Superintendent of the hospital and twelve nominated non-official members of whom five may preferably be ladies, two of these ladies being public-spirited persons representing the medical association or members of the independent medical profession nominated by the Government. These members may be varied by the Government at their discretion in individual cases. In the case of Women and Children's Hospitals, lady members may be appointed, as far as possible.)

NOTE.—The Deputy Superintendent, Government Hospital for Women and Children, Madras, shall be an ex-officio member of the Advisory Committee of the hospital.

3. (A nominated member shall hold appointment for three years, but shall be eligible for re-nomination as provided for in Note below. If a nominated member is absent from the station for a period of more than three months reckoned from the date of

152	Vegetable soup—		154	Vermicelli pudding—	
	Mutton ..	Oz. 12		Vermicelli ..	Oz. 2
	Vegetables, ..	Oz. 4		Milk ..	Pt. 1
	Europe.			Sugar ..	Oz. 1
	Salt ..	Gr. 60		Eggs ..	Nos. 2
	Milk ..	Oz. 4		Nutmeg ..	Oz. $\frac{1}{4}$
153	Vegetable stew—		155	Wheat cake each—	
	Vegetables ..	Oz. 8		Wheat flour ..	Oz. 2
	Salt ..	Oz. $\frac{1}{4}$		Ghee ..	Oz. $\frac{1}{2}$
	Pepper ..	Oz. $\frac{1}{4}$		Sugar ..	Oz. $\frac{1}{2}$
	Wheat flour ..	Oz. $\frac{1}{2}$	156	Yorkshire pudding—	
	Ghee ..	Oz. $\frac{1}{2}$		Eggs ..	Nos. 2
	Spice powder. ..	Oz. 118		Ghee ..	Oz. $\frac{1}{2}$
	Onions ..	Oz. 1		Wheat flour ..	Oz. $\frac{1}{2}$
				Salt ..	Gr. 60
				Milk ..	Oz. 4

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the commencement of his or her term of office or of the last meeting which he or she attended, or if within the said period of three months, less than three meetings have been held, absents himself or herself from three consecutive meetings held after the said date, the member shall be considered to have vacated his or her seat on the committee, unless his or her absence from the station or from the meetings, as the case may be, is condoned by the Government. If a member of the Union Parliament is nominated as a non-official member of a Hospital Advisory Committee and his absence at the Committee meetings for more than three months is inevitable, it should not be a sufficient reason for removing him from the committee on account of such absence.

Note—One-third to one-half of the number of non-official members may be newly nominated once in three years, and in the matter of re-nomination of non-official members at the end of this period for the remaining vacancies on the committee, preference shall be given to those who attended the meetings regularly and evinced interest in their work. The persons nominated or re-nominated should be good and capable persons. To facilitate work, vacancies occurring in the middle of the term should be limited to the period up to which the members nominated in the past continue to serve on the committee.

4. The committee shall choose one of its members as the President who shall hold office for the period of his or her membership. The Resident Medical Officer of the hospital shall be the Secretary of the Committee and shall attend all meetings of the committee. In the absence of the President, the members present shall elect one of the members to preside at the meeting. Seven members shall form a quorum.

5. (1) The committee shall meet as often as may be necessary for the discussion of topics of interest and importance connected with the hospital. The meeting shall be convened by the Secretary under the orders of the President. It will be open to any member of the committee to forward to the President any remarks or suggestions which he or she may have to make or which he or she may desire to have discussed at the meeting of the committee.

(2) The lady members of the Advisory Committee shall, with the approval of the committee, form themselves into a sub-committee for doing social work among nurses. The sub-committee should confine its activities purely to social work among the nurses and should not deal with questions relating to their service.

6. All suggestions and recommendations for the improvement of the hospital and for the welfare of the patients shall be brought before the committee for consideration and decision by a majority. In any case of equality of votes, the President shall have a second or casting vote.

7. The minutes of the proceedings of the committee shall be recorded in a book and shall be signed by the President or the member who presides at the meeting.

8. All recommendations of the committee shall be forwarded to the Dean or the Superintendent of the Hospital for necessary action. A copy of the minutes of each meeting shall also be communicated to the Director of Medical Services for information through the Superintendent of the Hospital.

152	Vegetable soup—		154	Vermicelli pudding—	
	Mutton ..	Oz. 12		Vermicelli ..	Oz. 2
	Vegetables, Europe. ..	Oz. 4		Milk ..	Pt. 1
	Salt ..	Gr. 60		Sugar ..	Oz. 1
	Milk ..	Oz. 4		Eggs ..	Nos. 2
				Nutmeg ..	Oz. $\frac{1}{4}$
153	Vegetable stew—		155	Wheat-cake each—	
	Vegetables ..	Oz. 8		Wheat flour ..	Oz. 2
	Salt ..	Oz. $\frac{1}{4}$		Ghee ..	Oz. $\frac{1}{2}$
	Pepper ..	Oz. $\frac{1}{4}$		Sugar ..	Oz. $\frac{1}{4}$
	Wheat flour ..	Oz. $\frac{1}{2}$	156	Yorkshire pudding—	
	Ghee ..	Oz. $\frac{1}{2}$		Eggs ..	Nos. 2
	Spice powder. ..	Oz. 118		Ghee ..	Oz. $\frac{1}{2}$
	Onions ..	Oz. 1		Wheat flour ..	Oz. $\frac{1}{2}$
				Salt ..	Gr. 60
				Milk ..	Oz. 4

APPENDIX XVIII.

PART I—RULES DEFINING THE CONSTITUTION AND FUNCTIONS OF ADVISORY COMMITTEES APPOINTED FOR GOVERNMENT HOSPITALS IN THE MADRAS CITY.

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NOTE.—The Deputy Superintendent, Government Hospital for Women and Children, Madras, shall be an ex-officio member of the Advisory Committee of the hospital.

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the commencement of his or her term of office or of the last meeting which he or she attended, or if within the said period of three months, less than three meetings have been held, absents himself or herself from three consecutive meetings held after the said date, the member shall be considered to have vacated his or her seat on the committee, unless his or her absence from the station or from the meetings, as the case may be, is condoned by the Government. If a member of the Union Parliament is nominated as a non-official member of a Hospital Advisory Committee and his absence at the Committee meetings for more than three months is inevitable, it should not be a sufficient reason for removing him from the committee on account of such absence.

NOTE—One-third to one-half of the number of non-official members may be newly nominated once in three years, and in the matter of re-nomination of non-official members at the end of this period for the remaining vacancies on the committee, preference shall be given to those who attended the meetings regularly and evinced interest in their work. The persons nominated or re-nominated should be good and capable persons. To facilitate work, vacancies occurring in the middle of the term should be limited to the period up to which the members nominated in the batch continue to serve on the committee.

4. The committee shall choose one of its members as the President who shall hold office for the period of his or her membership. The Resident Medical Officer of the hospital shall be the Secretary of the Committee and shall attend all meetings of the committee. In the absence of the President, the members present shall elect one of the members to preside at the meeting. Seven members shall form a quorum.

5. (1) The committee shall meet as often as may be necessary for the discussion of topics of interest and importance connected with the hospital. The meeting shall be convened by the Secretary under the orders of the President. It will be open to any member of the committee to forward to the President any remarks or suggestions which he or she may have to make or which he or she may desire to have discussed at the meeting of the committee.

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6. All suggestions and recommendations for the improvement of the hospital and for the welfare of the patients shall be brought before the committee for consideration and decision by a majority. In any case of equality of votes, the President shall have a second or casting vote.

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9. The Dean or the Superintendent of the Hospital shall carry out the recommendations of the Committee as far as practicable. If he or she cannot accept their recommendations the matter should be referred to the Director of Medical Services for orders.

10. Individual members of the committee may arrange with the medical officer in charge to visit the hospital at any time during working hours and may record in the visitors' book any remarks and suggestions they may wish to make.

11. The non-official members shall pay surprise visits once a week by turns by maintaining a rotation roster as in the case of inspections of jails by non-official visitors. (An inspection book with the points to be observed on the lines indicated below shall be opened at each hospital for the members to write their remarks:--

- (1) Are patients treated strictly in the order of their arrival? If there are large crowds at particular hours, is the system of forming queues adopted for out-patients?
- (2) Are medicines dispensed promptly and according to turn?
- (3) How many, if any, of the patients privately consulted or were treated by the Medical Officer before admission?
- (4) Is the hospital clean and sanitary?
- (5) Where diet is supplied, is it satisfactory?
- (6) Have the patients any complaints in respect of their treatment by the hospital staff?
- (7) Do the statistics of patients indicate that the hospital is popular?
- (8) How much time does the Medical Officer spend in the hospital? Is he easily accessible for emergent cases?
- (9) Other suggestions for improving the conditions and the procedure of the hospital.

12. (A complaint book for recording complaints by patients shall also be kept at each hospital.) These two books shall be placed before the advisory committee for consideration at its meetings.

13. Identification cards shall be supplied to all non-official members.

14. The Dean or Superintendent of the hospital shall submit periodical reports on the attendance of non-official members at the meetings of the committee and on the work done by the Advisory Committee to the Director of Medical Services once in six months, the report for the first six months being submitted in July of every year and the report for the next six months being submitted in January of the succeeding year. The Director of Medical Services shall review the reports and submit a copy of his review to Government for information.

(G.Os. No. 1718, P.H., dated 16th July 1930. No. 859, P.H., dated 18th March 1936, No. 1577, P.H., dated 6th July 1937. No. 2337, P.H., dated 3rd June 1941, No. 1382, P.H., dated 19th April 1950. No. 1510, Health, dated 8th May 1952, Government Memorandum No. 25703/52-1-H-3, Health, dated 12th June 1952. G.O.Ms No. 3535, He 1th, dated 26th September 1953 and G.O. No. 1654, Health, dated 16th June 1954.)

PART II—RULES DEFINING THE CONSTITUTION AND FUNCTIONS OF ADVISORY COMMITTEES APPOINTED FOR MUFASSAL GOVERNMENT HOSPITALS IN THE MADRAS STATE.

The Advisory Committee is constituted in order to keep the Director of Medical Services and the Government informed as to the needs of the hospital as viewed by the public. The entire supervision and management of the institution and its establishment. The committee shall be an advisory body with no executive to the control of the Director of Medical Services and the Government. The committee shall be an advisory body with no executive authority.

2. The composition of the committee shall ordinarily be as follows:—

- (a) District Headquarters Hospitals.—(1) The Collector.
- (2) The President, District Board (when a non-official).
- (3) The District Medical Officer.
- (4) The Executive Engineer.
- (5) The Chairman, Municipal Council, in the case of municipal towns, when a non-official.
- (6) A second representative of the municipal council.
- (7) A second representative of the district board.
- (8) (A non-official) who is a member of Legislative Assembly or Legislative Council representing the area in question or a public-spirited person preferably a lady, representing a Congress Committee or Public Welfare Committee, organization or body nominated by the Government.
- (9) (A non-official preferably a lady, being a public-spirited person representing a Medical Association or a member of the independent medical profession, nominated by the Government.)
- (10) }
 (11) } Four other non-official members nominated by the
 (12) } Government.
 (13) }

NOTE 1.—Individual members of the Legislature may be appointed as Members of the Advisory Committees on the recommendation of the Collector and the Director of Medical Services; any member so appointed will take the place of the second representative of municipal council or the district board as may be specified in each case. Members of the Legislature may also be appointed as members of the committees when the Chairman of the Municipal Council or the Special Officer in the case of superseded municipalities happens to be an official.

NOTE 2.—One or at the most, two legislators may be appointed as co-opted members of Hospital Advisory Committees in their respective residential areas if there are no legislators already serving on the committees.

NOTE 3.—In cases where a district comprises more than one local fund district the presidents of all district boards in the district may serve as members of the Advisory Committee of the Government District Headquarters Hospital as representatives of district boards. Similarly each of the district boards in the district may send up a second representative to serve on the committee.

9. (The Dean or the Superintendent of the Hospital shall carry out the recommendations of the Committee as far as practicable. If he or she cannot accept their recommendations the matter should be referred to the Director of Medical Services for orders.)

10. (Individual members of the committee may arrange with the medical officer in charge to visit the hospital at any time during working hours and may record in the visitors' book any remarks and suggestions they may wish to make.)

11. (The non-official members shall pay surprise visits once a week by turns by maintaining a rotation roster as in the case of inspections of jails by non-official visitors.) (An inspection book with the points to be observed on the lines indicated below shall be opened at each hospital for the members to write their remarks:—

(1) Are patients treated strictly in the order of their arrival? If there are large crowds at particular hours, is the system of forming queues adopted for out-patients?

(2) Are medicines dispensed promptly and according to turn?

(3) How many, if any, of the patients privately consulted or were treated by the Medical Officer before admission?

(4) Is the hospital clean and sanitary?

(5) Where diet is supplied, is it satisfactory?

(6) Have the patients any complaints in respect of their treatment by the hospital staff?

(7) Do the statistics of patients indicate that the hospital is popular?

(8) How much time does the Medical Officer spend in the hospital? Is he easily accessible for emergent cases?

(9) Other suggestions for improving the conditions and the procedure of the hospital.

12. (A complaint book for recording complaints by patients shall also be kept at each hospital.) These two books shall be placed before the advisory committee for consideration at its meetings.

13. Identification cards shall be supplied to all non-official members.

14. (The Dean or Superintendent of the hospital shall submit periodical reports on the attendance of non-official members at the meetings of the committee and on the work done by the Advisory Committee to the Director of Medical Services once in six months, the report for the first six months being submitted in July of every year and the report for the next six months being submitted in January of the succeeding year. The Director of Medical Services shall review the reports and submit a copy of his review to Government for information.)

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(6) A second representative of the municipal council.

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(8) (A non-official) who is a (member of Legislative Assembly or Legislative Council representing the area in question or a public-spirited person preferably a lady, representing a Congress Committee or Public Welfare Committee, organization or body nominated by the Government.)

(9) (A non-official preferably a lady, being a public-spirited person representing a Medical Association or a member of the independent medical profession, nominated by the Government.)

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(b) *Hospitals at divisional centres.*—(1) (The Revenue Divisional Officer, or if the station is not the headquarters of the Revenue Divisional Officer, the Tahsildar, Deputy Tahsildar or an official of the Judicial Department) not lower in rank than a District Munsif (if one is available at the station).

(2) (The Chairman, Municipal Council, or the President, Panchayat, as the case may be.) In the case of Government medical institutions at divisional centres which are outside the municipal or panchayat areas, a non-official member of the district board elected for the circle in which the institution is situated.

(3) (Local Public Works Department officer,) if one is employed in the station (vide note below).

(4) (The Medical Officer in charge.)

(5) and (6) Two non-officials who are members of the Madras Legislative Assembly or the Madras Legislative Council or public-spirited persons, representing a Congress committee or a public welfare committee organization or body nominated by the Government.

(7) A non-official, preferably a lady, who is a public-spirited person representing a medical association or a member of the independent medical profession nominated by the Government.

(8)

(9) Three other non-official members nominated by the

(10) Government.

NOTE.—If no Public Works Department Officer is employed in the station, his place will be taken by another non-official gentleman, nominated by the Government.

3. (The representatives elected by the municipal council and district board need not necessarily be members of the respective bodies.) An elected member shall hold this appointment for three years and shall be eligible for re-election. (Women shall be eligible as members of the advisory committee.) (The Assistant to the District Medical Officer in the case of District Headquarters Hospitals, the Resident Medical Officer in the case of hospitals under Civil Surgeons (wherever there is a Resident Medical Officer in addition to the Medical Officer in charge) and the Medical Officer in charge in the case of other hospitals, shall discharge the duties of the Secretary of the Committee and shall attend all meetings of the committee.)

(If a nominated member is absent from the station for a period of more than three months reckoned from the date of the commencement of his or her term of office or of the last meeting which he or she attended or if within the said period of three months, less than three meetings have been held, absents himself or herself from three consecutive meetings held after the said date, the member shall be considered to have vacated his or her seat on the committee.)

unless his or her absence from the station or from the meetings, as the case may be, is condoned by the Government.) (If a member of the Union Parliament is nominated as a non-official member of a Hospital Advisory Committee, his absence at the committee meetings for more than three months is inevitable, it should not be a sufficient reason for removing him from the committee on account of such absence.)

Note—One-third to one-half of the number of non-official members may be newly nominated once in three years, and in the matter of re-nomination of non-official members at the end of this period for the remaining vacancies on the committee, preference shall be given to those who attended the meetings regularly and evinced interest in their work. The persons nominated or re-nominated should be good and capable persons. To facilitate work, vacancies occurring in the middle of the term should be limited to the period up to which the members nominated in the batch continue to serve on the committee.

4. (The committee shall meet as often as may be necessary for the discussion of topics of interest and importance connected with the hospital.) The meetings shall be convened by the Secretary under the orders of the Collector, Divisional Officer, Tahsildar, Deputy Tahsildar or an officer of the Judicial Department not lower in rank than a District Munsif, as the case may be.) It will be open to any member of the committee to forward to the Collector, Divisional Officer, Tahsildar, Deputy Tahsildar or an officer of the Judicial Department not lower in rank than a District Munsif any remarks or suggestions which he may have to make or which he may desire to have discussed at a meeting of the committee.

5. The Collector, Divisional Officer, Tahsildar, Deputy Tahsildar or an officer of the Judicial Department not lower in rank than a District Munsif shall preside at the meetings, but in his absence the members present shall elect a Chairman for the meeting. Six members shall form a quorum.

6. If at a meeting convened under rule 4 there is no quorum as fixed in rule 5, the meeting can be adjourned to a specific date and for such an adjourned meeting four members shall form quorum.

7. All suggestions and recommendations for the improvement of the hospital and for the welfare of the patients shall be brought before the committee for consideration and decision by a majority. In any case of equality of votes, the chairman shall have a second or casting vote.

8. The minutes of the proceedings of the committee shall be recorded in a book and shall be signed by the Chairman of the meeting.

9. All recommendations of the committee shall be forwarded to the District Medical Officer for necessary action. A copy of the minutes of each meeting shall also be communicated to the Director of Medical Services for information.

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15. The District Medical Officer shall submit periodical reports on the attendance of non-official members at the meetings of the committees and on the work done by the Advisory Committees to the Director of Medical Services once in six months, the report for the first six months being submitted in July of every year and the report for the next six months being submitted in January of the succeeding year. The Director of Medical Services shall review the reports and submit a copy of his review to the Government for information.

(G.Os. No. 1598, P.H., dated 26th June 1929, No. 1186, P.H., dated 20th May 1935, No. 846, P.H., dated 18th March 1936, No. 1577, P.H., dated 6th July 1937, No. 2973, P.H., dated 6th November 1937, No. 2337, P.H., dated 3rd June 1941, No. 1387, P.H., dated 25th April 1947, No. 2700, P.H., dated 9th August 1948, No. 4338, P.H., dated 22nd December 1948, No. 1382, Health, dated 19th April 1950, No. 2995, Health, dated 30th August 1951, No. 1510, Health, dated 8th May 1952, Government Memorandum No. 25703/52-1-H-3, Health, dated 12th June 1952, G.O. Ms. No. 3535, Health, dated 26th September 1953 and G.O. No. 1654, Health, dated 16th June 1954.)

PART III—RULES DEFINING THE CONSTITUTION AND
FUNCTIONS OF ADVISORY COMMITTEES APPOINTED
FOR PRIVATE LEPROSY INSTITUTIONS.

An advisory committee is constituted for each of the private leprosy institutions in the State mentioned in the schedule below which receive capitation grants from Government.

The committee will consist of the following members :—

1. The Collector of the district.
2. The District Medical Officer.
3. The District Health Officer.
4. The Superintendent of the institutions.

The Collector will be the President of the committee. The Collector may authorize the Revenue Divisional Officer of the division in which the institution is situated to take his place on the committee. Three members for an ordinary meeting and two members for an adjourned meeting shall form a quorum. In any case of equality of votes, the President shall have a second or casting vote. If the President happens to be absent at a particular meeting, the members present shall elect a president and conduct business provided there is quorum.

2. (1) The committee shall ordinarily meet quarterly at the Superintendent's office.

(2) The President shall give notice of the date of the meetings to other members and record the proceedings. Such records may be kept in the office of the Superintendent of the private leprosy institution concerned and shall be available for reference by any member of the committee at any reasonable time.

(3) The Medical Officer of the institution shall be present at the meeting whenever the President considers it necessary for the transaction of any business before the committee.

(4) Members of the committee shall be authorized to visit the institution at any reasonable time during office hours. Previous intimation of such proposed visits shall be made to the Superintendent who will make necessary arrangements to suit the convenience of all concerned.

(5) The committee shall assist the authorities of the institution by looking into appeals from patients against any rulings of authorities with regard to admission or discharge. Such appeals shall be signed and sent to the President of the Committee who shall forward them to the Superintendent with a request that they may be considered at the next meeting of the committee. Members of the committee shall forward to the President any appeals which they may have received from patients.

(6) Anonymous and pseudonymous appeals shall be ignored.

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The committee shall take an interest in the general welfare of the inmates and in matters concerning the general efficiency of the institution but shall not be concerned with details of medical treatment, finance and administration.

(G.Os. No. 709, P.H., dated 17th February 1941, No. 1804, P.H., dated 18th June 1946, No. 2102, P.H., dated 17th June 1947, and No. 3027, Health, dated 29th August 1950.)

The officers should arrange to visit the institution during the course of their tours and no separate travelling allowance will be paid to them for the purpose.

NOTE.—The Collector of the district, the District Medical Officer and the District Health Officer have jurisdiction over the areas in which the private leprosy institutions are situated and it should therefore be ordinarily possible for them to so arrange their tours as to make it convenient for them to attend the meetings of the advisory committee. In exceptional cases, however, where the tours cannot be so arranged, their travelling allowance for attending the meetings should be met from State funds and the expenditure on this account debited to the head of account to which their pay is debited.

(G.O. No. 201, P.H., dated 19th January 1942.)

Schedule.

1. Leprosy Asylum, Vadathorasalur, South Arcot district.
2. Davapuram Hospital and Homes for Lepers, Manamadurai, Ramanathapuram district.
3. Leprosy Hospital, Kumbakonam, Tanjore district.
4. Kasturba Gandhi Kushta Nivarana Nilayam, Mazhavanthangal, South Arcot district.
5. St. Joseph's Leprosy Home, Tu. corin, Tirunelveli district.

APPENDIX XIX.

ORDINARY FIRE RULES FOR GOVERNMENT BUILDINGS (NON-RESIDENTIAL).

CHAPTER I—SCALE OF FIRE APPLIANCES.

1. Chemical fire extinguishers and water or sand in buckets are first-aid appliances, to be used for attacking a fire at the outset to enable it to be put out immediately or at least to keep it under control until the arrival of the fire brigade.

2. For purposes of the supply of ordinary fire appliances, buildings are divided into two classes, viz. :—

(I) Ordinary; and

(II) Buildings where there is special danger of oil, chemical or electrical fires.

The committee shall take an interest in the general welfare of the inmates and in matters concerning the general efficiency of the institution but shall not be concerned with details of medical treatment, finance and administration.

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2. For purposes of the supply of ordinary fire appliances, buildings are divided into two classes, viz. :—

(I) Ordinary; and

(II) Buildings where there is special danger of oil, chemical or electrical fires.

I. Ordinary buildings—(1) Costing Rs. 10,000 and below—

(a) For a superficial area of 1,000 square feet and below.—Four fire buckets 12 inches high and 10 inches deep, always filled half the number with water and half with sand.

(b) For a superficial area more than 1,000 square feet.—The number of fire buckets is to be increased from four at the rate of one for every 500 square feet.

(2) Costing more than Rs. 10,000—(a) For a superficial area of 5,000 square feet or less.—Six fire buckets and one 2-gallon capacity soda-acid type extinguisher.

(b) For a superficial area of over 5,000 square feet.—The number of fire buckets is to be increased over that specified at (2) (a) above, at the rate of one for every 1,000 square feet in excess of 5,000 square feet. The number of soda-acid type extinguishers will be on the same scale as under (2) (a).

II. Buildings where there is special danger of oil, chemical or electrical fires—(a) For a superficial area of 5,000 square feet or less.—Twelve fire buckets of the specified size, but filled with sand instead of water, and one foam-type chemical extinguisher of 2-gallon capacity.

(b) For a superficial area of over 5,000 square feet.—The number of fire buckets specified at (II) (a) above is to be increased at the rate of one for every extra 500 square feet over 5,000 square feet. The chemical extinguishers will be on the same scale as in (II) (a).

NOTE.—(1) A fire bucket of 12 inches high and 10 inches deep means one that measures 12 inches high on the outside and is 10 inches deep on the inside. The top diameter is usually 12 inches and the bottom diameter is slightly less but not less than 9 inches.

(2) Superficial area.—This is the surface area of each floor of a building and not the plinth area. The plinth area will be the superficial area for the ground floor only. The actual superficial area in the case of the upper floors should be considered separately in each case for purposes of the supply. The articles meant for a particular floor must be placed in that floor only.

(3) In assessing the cost of a building for purposes of classification, the cost of that particular detached building only should be taken into consideration.

(4) A list of suitable chemical fire extinguishers with the names of firms where they can be purchased, could be obtained from the concerned Executive Engineer, who may consult the latest Indian Stores Department price list for fire extinguishers and refills.

3. Telephone.—Wherever, there is a non-automatic exchange telephone room, a receiver will be fixed in a glass case outside the exchange room. Whenever there is an automatic exchange the watchman should be trained to dial the fire station number. In case of fire, the watchman detecting the fire will break open the glass case, take the receiver and call "Fire." The telephone exchange will at once communicate to the nearest fire brigade station and inform them of the locality in danger. There will also

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(d) That the sealing of papers is always done under the direct supervision of a responsible clerk who should see that due care is taken.

(e) That no naked lights are used in any office. All candles or wicks must be protected by glass.

(f) That fire-places for the preparation of pastes or glue are not allowed in or near any building.

(g) That waste paper is not allowed to accumulate in large quantities in any office. One or more receptacles is provided outside the building for waste paper and is sufficiently distant from the main building. Every evening the waste paper of the day is collected and put into one of the receptacles.

(h) That fire buckets are kept always full of sand or water or in some cases it may be found suitable to keep half the number of buckets filled with water and half with sand.

(i) That old furniture is not left lying about but disposed of at once.

(j) That smoking in record rooms is strictly prohibited.

(k) That dried leaves and other litter is removed from the top of terraces at intervals.

(l) That all restrictions and rules regarding lighting issued by the local, municipal, or A.R.P. authorities are strictly followed.

(m) That in hill stations where there are fire-places for warming officers, fire guards of metal gauze or netting are provided in front of all fire-places.

5. One bell gong or more according to the size of the building should be fixed in each building which should be sounded for giving the fire alarm. When this is sounded, it is the duty of the men listed for fire-fighting to rush up to the place of fire for fire-fighting.

CHAPTER III—ON THE OUTBREAK OF FIRE.

1. On the outbreak of fire, electric current should be switched off at the main.

2. Fire caused by ignited oil should be smothered at once by means of earth or sand kept in receptacles placed in suitable positions for the purpose; and water should on no account be used. If chemical extinguishers of the foam-type are available they can be used.

3. Immediately a fire is detected, the alarm must be given as explained in paragraph 6 of Chapter II and intimation also given to the nearest fire brigade and to the nearest police station by phone or otherwise as described in paragraph 3 of Chapter I.

4. Immediately on the alarm being raised, every man should proceed to the post to which he is told off and make such effective efforts as he can to put out the fire, pending the arrival of the fire brigade. If buildings are equipped with fire-houses and hydrants

connected to the overhead tanks, they should be used to the best advantage, as it will be possible to put out major fires by a timely use of these appliances.

5. All movements should be carried out with silence and rapidity and special care must be taken to see that there is no crowding in passages and staircases.

6. As a draught of air will tend to increase the fire, all doors and windows which it is not necessary to use for ingress or egress, should be closed.

7. All inflammable materials near the fire should be collected and carried to a place of safety.

CHAPTER IV—GENERAL INSTRUCTIONS.

1. The rules in Chapters I to III are applicable for ordinary Government non-residential buildings. These rules should be printed in English and Indian languages and be hung up in conspicuous places in every building.

2. As regards the appliances to be provided, for fire protection, the Executive Engineer, who is in charge of the building will advise the head of the office of the number of fire buckets and chemical extinguishers required according to the scale fixed taking into consideration the cost of the building and the superficial area of each floor. The responsibility of seeing that the equipment is according to scale and is kept in working trim is that of the head of the office.

3. In the case of important buildings where there is insufficient means of access to the roof, the Executive Officer should consider the possibility of providing ladders of suitable length for gaining access to any part of the roof.

4. The initial supply of fire buckets, and fire extinguishers together with other appurtenances, such as, stands, buckets, etc., as well as all renewals of, and repairs to, the fire buckets and fire extinguishers shall be made by the heads of the offices concerned—such works being treated as assigned to the departments concerned. If in any case, professional skill or assistance is considered necessary the Executive Engineer or the Subdivisional Officer shall be consulted.

5. When a building is occupied by more than one department, the "department" for the purpose of this rule, shall be the Revenue Department if it be one of the occupants and if not, the Government Department occupying the major portion of the building, to be decided in each case, by the Superintending Engineer concerned. If, in such cases, a department of the Central Government happens to be one of the occupants, the cost of the fire appliances supplied or of the repairs thereto in respect of the portion of the building occupied by such department, shall be recovered from that department.

6. A building should be the unit for purposes of fire protection. In cases where a building (whether owned by Government or hired) is used partly as an office and partly as a residence for a Government officer the department to which the office belongs shall be responsible for the provision of fire protection appliances for the entire building.

7. The supply of buckets and tanks, etc., to buildings rented as offices will be arranged for by the heads of offices, occupying the buildings.

8. Responsibility for fire protection for buildings not in charge of Public Works Department is that of the head of the office occupying it.

9. The main principle underlying the rules is that the head of the office should see that his office building is protected. On that principle, it is for him to supply the buckets and other appliances, for him to get the rules translated, printed and hung up, and for him to make good (with the assistance of the Executive Engineer where necessary) any other defects.

CHAPTER V—PRACTICE DRILL.

1. The head of the office should fix an officer who will be responsible for the training of the men to take part in putting out fires during day and night and conducting periodical drills. The practices must be as realistic as possible and should include relaying of sand and water from a nearby source by forming a chain of all staff available.

2. For day time the services of the several attenders and peons on duty should be utilized but for night, special watchmen should be engaged.

3. Fire practices in the use of these appliances should be given by the officer appointed once a week until all the attenders, peons and night watchmen have had sufficient practice in the use of the various appliances.

4. After they have had sufficient practice there should be periodical practice drill in the use of chemical fire extinguishers, etc., at intervals of one month.

5. A stock of refills for chemical fire extinguishers should always be kept. New refills should be loaded after each practice drill to ensure that the refills are serviceable.

6. A suitable day in the first week of every quarter should be selected for fire drill but the hour should not be fixed nor intimated. On the day selected, an alarm should be given by the officer in charge of the arrangements at different parts of the building each time and the practice drill with appliances gone through under the guidance of the officer in as orderly a manner as possible. This should be witnessed by the head of the office or his assistant deputed for the purpose. Similar drill should be gone through during night time during the same week but on a different day.

APPENDICES

7. A register should be kept of all such exercises and of the defects noticed with any of the appliances. This register should be inspected by the head of the office on the same day or the day following and he should take action to set right the defects.

8. A register should be kept showing the issue of the refills for the chemical fire extinguishers after each practice of fire-fight.

9. Where special hydrants are fixed inside the buildings and fire-hoses are kept in glass cases, all the hydrants should be tested with the hoses on the drill day to ensure that they function all right and the men are fully acquainted with their use. On the morning of the practice, the glass cases should be kept open. After the practice is over the hoses should be cleaned, aired and kept in their proper places and the glass cases closed.

CHAPTER VI—NIGHT WATCHMEN.

1. The watchmen will be on duty from 6 p.m. to 6 a.m. every day. They will go round as soon as they come on duty to see that all doors have been locked. They will take turns (where there are more than one watchman on duty) in going round the offices and record the same at the tell-tale clock, where these are provided, every half an hour, patrolling only the verandas and corridors round the office rooms. They will carry a whistle and a stout bamboo 5 feet long.

2. Where there is a head watchman or a superintendent, he will visit the watchmen at uncertain hours during the night to see that they are doing their duty. During such visits he will carry on his person the set of duplicate keys of all the offices sealed in a bag. If there is only one watchman, he will have these duplicates with him.

3. *Action to be taken in case of a fire.*—Should a watchman on his rounds observe any outbreak of fire, he will at once whistle for the other watchman, and sound the fire alarm bell. He will act in accordance with paragraph 3 of Chapter I. The telephone exchange will at once communicate to the nearest fire station and inform them of the locality in danger. Where there are no telephones information should be communicated to the nearest police station.

4. If the fire is inside any one of the rooms, which cannot be readily opened, the watchman and the head watchman or superintendent if available on the spot, will immediately force open the door by means of a crowbar (which will be kept in the custody of the watchman at an approved location) and try to put out the fire with the chemical fire extinguisher available. In the meantime the other watchmen will get the fire buckets and pumps into operation. They will also whistle and call the watchmen of the neighbouring offices, if any.

NOTE.—All temporary Government buildings built of inflammable materials shall be provided with fire hooks and fire rakes. The scale of the fire hooks and rakes to be provided is left to the discretion of the head of the office concerned.

(G.Os. No. 2993, P.W., dated 10th Decemebr 1941, and Ms. No. 2204, P.W.D., dated 21st August 1945.)

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(G.Os. No. 2993, P.W., dated 10th Decemehr 1941, and Ms. No. 2204, P.W.D., dated 21st August 1945.)

APPENDIX XX.

GENERAL INSTRUCTIONS OF THE DIRECTOR-GENERAL OF STORES, LONDON, REGARDING THE PREPARATION OF INDENTS.

1. On the front page of the indent, the following information should be given :—

(i) Head of service (number and description), and whether " Central " or " State," the name of the State in the latter case being given, e.g., " 41. Civil Works—Central " or " 41. Civil Works—Madras State ".

(ii) A certificate of funds in the following form :— " Funds provided in the High Commissioner's budget for the financial year.

N.B.—If no provision exists in the High Commissioner's Budget (although it may exist in the Indian portion of the budget of the Government Concerned) the indent should be accompanied either by formal order transferring the necessary provision or by an intimation from or with the concurrence of Government that the indent may be complied with, and that funds will be transferred to the High Commissioner's budget for the financial year concerned (the year being always stated).

2. It is not desired to restrict indentors to the use of a particular indent form, but it is suggested that the specimen form annexed might be adopted as a model where revision or reprint of existing forms is considered necessary.

3. Nine copies of the indents should be sent. If the indent is accompanied by drawings, these should be tracings. If for any reason tracings cannot be sent not less than six ferro prints are desirable.

4. Indents may be either printed or typewritten, but should not be in manuscript.

5. Where the charges for stores are to be passed through the remittance account for final adjustment in India (e.g., stores for Government Commercial Undertakings, stores debitable to local funds, etc.), the indents should be clearly noted to that effect and a certificate given that the necessary funds are available in India.

6. In the case of demands made by telegram, all essential data should be included, also the address to which the stores are to be despatched, the estimated cost, the head of service, and intimation that provision is included in the High Commissioner's budget.

7. Indents should be transmitted as early as possible in the financial year in which the funds are provided, and, wherever practicable, should be despatched from India so as to arrive in London at the latest by the 30th November. No useful purpose is served by certifying against the grant for a given financial year indents which are sent forward so late that they obviously cannot be complied with and paid for within the financial year.

8. Indents sent forward in one financial year which are to be met from funds which are expected to be provided in the budget for the ensuing financial year should invariably state either (a) that orders are not to be placed until the funds have been voted or

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sanctioned, or (b) that the Government concerned concur in the orders being placed in anticipation of the necessary provision being made in the budget for the ensuing year (it being, of course, understood that no payments will actually be made before the commencement of the financial year in which the necessary provision is made).

9. Each item should be separately priced, *in pounds sterling*, and additions should be made at the end of the indent for the estimated cost of freight, and, where applicable, for departmental expenses, etc. Shillings and pence should be omitted where this can conveniently be done. No items should be left unpriced, a rough estimate being inserted where reliable information of the cost is not available.

10. Each indent should be confined to one financial year and to one head of service.

11. When sending to the India Store Department, London, indents which are subject to financial limits a separate limit should be shown for each item. In such cases it is preferable to state that the limit of the sum allotted for each item should not be appreciably exceeded rather than to impose an absolute limit which must not be exceeded. It is advisable in these cases to leave it to the discretion of the Director-General whether—

(i) stores under any one item should be purchased up to the limit of the amount allotted against the item and the balance of the item referred to India for further instructions, or

(ii) the whole item should be referred to India before any order is placed, or

(iii) the item should be ordered in full when it is known that savings more than covering the excess have been effected in the purchase of other items in the same indent.

12. The date by which the stores are required to be landed in India should be stated definitely. Vague phrases such as "urgently required", "as soon as possible", etc., should not be used. A brief explanation of the urgency should be furnished when necessary, especially in cases where the success of a scheme depends upon the early arrival of stores.

13. The address to which the stores are to be consigned should be clearly stated and should, preferably consist of—

(1) the name of the department or title of officer;

(2) the town;

(3) the Indian port of landing.

14. The item should be numbered consecutively, only a single series of numbers being used in an indent. This applies also to indents sent in the form of a letter.

15. When demands have been made by letter or telegram, confirming indents are unnecessary and should not be sent.

16. When correspondence has taken place between indenting officers and manufacturers, or direct quotations obtained, it is essential that copies of such correspondence should accompany the indent.

17. When it is desired that supply should be restricted to a particular firm, a specific statement to that effect should be made in the indent, and the reason stated briefly for the information of the High Commissioner. As the general instructions of the Government of India require that competition in supply must be obtained wherever practicable, such restrictions should be exceptional. Catalogue references and references to previous supplies are very useful, but in the absence of any special marginal note are interpreted as merely indicating type or description or article required. The date of any catalogue quoted should be given.

18. When indenting for plant, machinery or electrical apparatus, the purpose for which it is required should be stated as fully as possible, or reference given to a previous suitable supply. In the absence of information to the contrary it is assumed that the latest model or type of the machine demanded will be acceptable. If for any reason an exact duplicate of an old type is required this should be stated.

19. Indents for spare parts should be compiled from makers' spare parts catalogues, where available, and the care should be taken to quote the correct symbol number and nomenclature or code word applicable to the particular type of engine or plant. The maker's number of the machine should also be stated. Failing this, the date and source of original supply should be given.

20. Supplies of certain bulky articles, such as stoneware pipes, rain-water pipes, light castings, etc., are usually sent out unpacked, a percentage increase being made to the quantity actually required in order to cover possible breakages in transit. When such addition has been made by the indenting officer, the indent should be noted to that effect. In the absence of such note, the addition will be made by the Store Department.

21. When drawings are asked for in indents, they are usually despatched immediately after the plant has been inspected and approved. When advance drawings are required for foundations, or other reasons, the demand should be noted accordingly. Instructional and erection drawings should always be asked for when demanding unfamiliar or complicated plant and machinery.

22. The stores should be examined immediately on their receipt at destination, and, whenever possible, under the personal supervision of a responsible officer.

23. Particular attention should be given to the instructions on the front of the packing account, which should be in the hands of the supervising officer during the examination of the stores.

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24. If stores are found to be in accordance with the particulars in the Packing Account, a receipt should be furnished in the following terms :—

“ Stores received (date) and examined (date) found to be correct as to quantity and in accordance with the particulars in this Packing Account.”

25. All articles not enclosed in packages, or loose bulk consignments, are held to have been counted or weighed by the master of the vessel on shipment; consequently any discrepancy should first be referred to the Port Officer, with an enquiry whether the ship discharged the full quantity.

26. Should any articles appear to have original defects, samples, upon which judgment may be formed, should in all cases be sent to the Director-General, India Store Department, with the complaint, whether it relates to quality or to pattern.

27. If any article not described in the Packing Account be received, full particulars thereof should be entered in the Packing Account and reported by letter to the Director-General, India Store Department.

28. The Packing Account should in all cases be signed by the Senior Officer of the department at the station to which the stores are consigned.

29. When any discrepancy, except as provided for in paragraph 30, is found on receipt of the stores, and especially where early replacement is required, it is requested that the earliest possible intimation may be made by letter addressed to the Director-General, India Store Department, London, and a reference to this letter noted on the Packing Account. This letter should quote the shipping number of package and name of steamer by which the stores were shipped. In the case of damage, the report should state whether it is considered to be due to defective packing or to rough handling in transit and in what condition the case containing the stores was received by the consignee. In the case of deficiency, it should in addition state whether the case showed any indication of pilfering in transit and whether the weight on receipt agreed with the weight shown on the Packing Account.

30. When discrepancies are discovered and are considered not of sufficient importance to be reported, having regard to the value, nature of the stores and percentage of loss, the receipt on the Packing Account should be qualified as follows: “ Except for sundry trifling discrepancies on which no action is required”. Reports of trivial discrepancies or breakages should be avoided, since correspondence with suppliers in cases in which the value involved is trivial is liable to prejudice the settlement of more important claims.

31. It should invariably be stated in Reports and Packing Accounts whether replacement is required or not. In ordinary circumstances, replacement will not be made unless specially asked for.

INDENT.

No.

Dated 19 .

Telegraphic Indent Code Word

Head of Service

(Number and description and whether "Central" or State the name of the State being given in the latter case.)

Funds provided in the High Commissioner's Budget for the financial year.

When required to be landed in India

Address (es) for the stores
(Concluding with the port of landing in India)

Explanation of contractions.

Item number.	Description of stores.	Distributions if any.	Number or quantity required.	Estimated cost.			Remarks by Indenting Officer.
				£.	s.	d.	
(1)	(2)	(3)	(4)	(5)			(6)

N.R.—This page is intended for the India Stores Department only.

Name of contractor.	Date of contract.	Actual cost.			Remarks.
		£.	s.	d.	

Special rules for the preparation and transmission of foreign indents applicable to officers under the Director of Medical Services are given below:—

(1) The annual foreign indents are intended exclusively for the purchase in England of special medicines and instruments which are not available in the Medical Store Depot, Madras.

(2) The special foreign indents from the Government Medical institutions should be submitted to the Director of Medical Services soon after the budget grant is communicated.

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(3) Before preparing their special foreign indents Medical Officers are requested to refer to priced vocabulary of Medical Stores which should be kept corrected up to date for information, whether any or all of the special medicines and instruments they require are available in the Medical Store Depot and only such articles as are not available at the Medical Store Depot should be included in the foreign indents. Those that are available at the Medical Store Depot should be obtained on an extra indent with the previous sanction of the Director of Medical Services, the necessity for the articles being fully explained and information afforded as to whether funds are available to meet their cost.

NOTE.—(i) In cases where any special article costs Rs. 500 or more, the sanction of the State Government must be obtained for its inclusion in the special foreign indent and Medical Officers should therefore explain the necessity for its purchase.

(ii) The special foreign indent should bear the following certificate:—
“Certified that the special drugs and instruments included in the accompanying indent are not available at the Medical Store Depot, Madras”.

(4) The indents should be prepared on the form prescribed, and entries should be typewritten legibly. A tough quality of paper of foolscap size should be used. If one sheet is found insufficient other printed sheets made of paper of the same size and quality should be interleaved and the whole indent sewn or bound up in book form with the pages numbered.

(5) All entries should be consecutively numbered and arranged in the following groups in alphabetical order:—

(i) Instruments, (ii) Medicines, (iii) Dressings. Lines should be well and evenly spaced out.

(6) The names of medicines should invariably be given in Latin and the cost of every item in sterling money.

(7) In the case of instruments, their correct names and description, the page of the catalogue in which they are found and their serial number in such catalogue should invariably be quoted for ready reference and with a view to avoid errors in supply.

(8) The column in the indent headed “Remarks by Indenting Officer” should be used for short remarks only. If long specifications are furnished they shall be placed at the end of the indent and shall be printed on one side of the paper only.

(9) In the case of indents from State hospitals or institutions nine copies should be prepared and submitted to the Director of Medical Services for transmission to the Director-General of Stores, India Office, London. Each copy should correspond exactly with every other.

(10) Indents from State institutions should bear a code word on the first page which should be previously obtained from the office of the Director of Medical Services. The date when stores are required to reach India should be marked with due care allowing the India Office sufficient time for the purchase, packing and conveyance of the stores to India.

APPENDIX XXI.

The authorities who shall prepare, maintain and scrutinise personal files of officers and establishments in the Medical department are as follows:—

Particulars of appointment.	Authorities who should prepare and maintain personal files.	Authorities who should scrutinise personal files.	
(1)	(2)	(3)	
District Medical Officers and Civil Surgeons who are in charge of independent stations and institutions.	Director of Medical Services.	..	No
Director, King Institute, Guindy.	Do.	..	No
Assistant Director of Medical Services (Medical).	Do.	..	No
Assistant Director of Medical Services (E.S.I.).	Do.	..	Ch
Assistant to the Director of Medical Services (Accounts).	Do.	..	Ch
Assistant to the Director of Medical Services (Administration).	Do.	..	De
Manager, Office of the Director of Medical Services, Madras.	Do.	..	Pr
Government Analyst ..	Director, King Institute, Guindy.	Director of Medical Services.	No
Assistant Director, King Institute, Guindy.	Do.	Do.	Ch
Assistant Surgeons, King Institute, Guindy.	Do.	Do.	Fi
Chief Water Analyst, King Institute, Guindy.	Do.	Do.	J
Assistant Surgeons in Medical Department.	District Medical Officers or Superintendents or Dean or Principals of Institutions under whom they serve.	Do.	R
Resident Medical Officer, Government General Hospital, Madras.	Dean, Government General Hospital, Madras.	Do.	N
The Medical Officer to the Madras City Police.	Commissioner of Police.	Inspector-General of Police and Director of Medical Services.	C
Chemical Examiner and Professor of Chemistry, Medical College, Madras.	Dean, Madras Medical College, Madras.	Director of Medical Services.	D

Particulars of appointment.	Authorities who should prepare and maintain personal files.	Authorities who should scrutinise personal files.
(1)	(2)	(3)
Non-Clinical Professors ..	Dean or the Principals of Medical Colleges.	Director of Medical Services.
Non-Clinical Tutors or Assistants.	Do.	Do.
Clinical Professors	Do.	Do.
Clinical Tutors or Assistants ..	Do.	Do.
Dental Surgeon	Do.	Do.
Professors of Pharmaceutics and Pharmaceutical Chemistry, Medical College, Madras.	Dean, Medical College, Madras.	Do.
Non-Clinical Lecturers.	Dean or the Principals of Medical Colleges.	Do.
Clinical Lecturers.	Do.	Do.
First Assistant Chemical Examiner.	Chemical Examiner.	Do.
Junior Assistant Chemical Examiner.	Do.	Do.
Research Assistant, Lay Secretaries and Treasurers in Government Medical Institutions, Grades I and II.	Head of the institution concerned.	Do.
Nursing Superintendents, Head Nurses and Nurses.	District Medical Officers or Dean or Superintendents of concerned medical institutions under whom they serve.	Do.
Compounders	Do.	Do.
X-Ray Assistants, Photographers and Photo Artists.	Dean or the Superintendents of the respective hospitals or Director, King Institute, Guindy, as the case may be.	Do.
Electric Supervisor and Mechanic, General Hospital, Shift chargeman, Government General Hospital Laundry, Mechanic, Chargeman, Government General Hospital and Mechanic, Government Stanley Hospital, Madras.	Head of the institution concerned.	Do.
Gas Mechanics, General Hospital, Madras.	Dean, Government General Hospital, Madras.	Do.

Particulars of appointment.	Authorities who should prepare and maintain personal files.	Authorities who should scrutinise personal files.	
(1)	(2)	(3)	
Engine Drivers, etc.	Head of the institution concerned.	..	
Sergeant, General Hospital ..	Dean, Government General Hospital, Madras.	..	
Pharmacists	Head of the institution concerned.	..	
First and Second Physicist, Barnard Institute of Radiology, Government General Hospital, Madras.	Dean, Government General Hospital, Madras.	Director of Medical Services.	Sto (
Work Mistress	Superintendent of the Hospital concerned.	Do.	De l
Weaving Master	Do.	Do.	Ser e M
Head Overseers	Do.	..	Up t e
Deputy Overseers	Do.	..	Up i t I (G.
Junior Water Analyst	Director, King Institute, Guindy.	Do.	
Laboratory Assistants	District Medical Officers or Superintendents of Institutions concerned.	Do.	
Junior Assistant to Government Analyst.	Government Analyst.	Director, King Institute, Guindy.	
Senior Assistants, Vaccine Section.	Director, King Institute, Guindy.	..	
Junior Assistants, Vaccine Section.	Do.	..	
Sample Takers	Do.	..	
Physical Directors	Dean, Madras Medical College, Madras, or the Principal of the Medical College concerned.	Director of Medical Services.	
Government Artist and Photo Artist.	Do.	..	cas
Draughtsman	Dean or the Principals of Medical Colleges and Director, King Institute, Guindy.	..	ad ad ser
Mechanic, King Institute, Guindy.	Director, King Institute, Guindy.	..	is sto

Particulars of appointment.	Authorities who should prepare and maintain personal files.	Authorities who should scrutinise personal files.
(1)	(2)	(3)
Store-Keeper, King Institute, Guindy.	Director, King Institute, Guindy.	Director of Medical Services.
Demonstrators in Medical Colleges.	Heads of Special Departments.	Dean or the Principals of Medical Colleges.
Senior and Junior Superintendents, Office of the Director of Medical Services.	Officers under whom they serve.	Director of Medical Services.
Upper division clerks, Office of the Director of Medical Services.		
Upper Division Ministerial staff including Head clerks and Managers in all Medical Institutions or Offices excepting the Director of Medical Services Office.	Head of the office or institution concerned.	Do.
(G.O. Nos. 144, P.H., dated 16th January 1939, 2734, P.H., dated 2nd August 1939, 3857, P.H., dated 24th October 1939, 5458, P.H., dated 2nd March 1943, 48, P.H., dated 10th January 1944 and 3139, P.H., dated 14th September 1948.)		

APPENDIX XXII.

INSTRUCTIONS REGARDING DISPOSAL OF DISCIPLINARY CASES.

The following instructions regarding disposal of disciplinary cases should be strictly complied with:—

1. Rule 8 of the Madras Civil Services (Classification, Control and Appeal) Rules reads as follows:—

“The following penalties may, for good and sufficient reason and as hereinafter provided, be imposed upon members of the services specified in rule 5, namely:—

- (i) Censure.
- (ii) Fine (in the case of persons for whom such penalty is permissible under these rules).
- (iii) Withholding of increments or promotion, including stoppage at an efficiency bar.
- (iv) Reduction to a lower rank in the seniority list or to a lower post or time-scale, whether in the same service or in another service, State or subordinate or to a lower stage in a time-scale.

Particulars of appointment.	Authorities who should prepare and maintain personal files.	Authorities who should scrutinise personal files.
(1)	(2)	(3)
Store-Keeper, King Institute, Guindy.	Director, King Institute, Guindy.	Director of Medical Services.
Demonstrators in Medical Colleges.	Heads of Special Departments.	Dean or the Principals of Medical Colleges.
Senior and Junior Superintendents, Office of the Director of Medical Services.	Officers under whom they serve.	Director of Medical Services.
Upper division clerks, Office of the Director of Medical Services.		
Upper Division Ministerial staff including Head clerks and Managers in all Medical Institutions or Offices excepting the Director of Medical Services Office.	Head of the office or institution concerned.	Do.

(G.O. Nos. 144, P.H., dated 16th January 1939, 2734, P.H., dated 2nd August 1939, 3857, P.H., dated 24th October 1939, 5458, P.H., dated 2nd March 1943, 48, P.H., dated 10th January 1944 and 3139, P.H., dated 14th September 1948.)

APPENDIX XXII.

INSTRUCTIONS REGARDING DISPOSAL OF DISCIPLINARY CASES.

The following instructions regarding disposal of disciplinary cases should be strictly complied with:—

1. Rule 8 of the Madras Civil Services (Classification, Control and Appeal) Rules reads as follows:—

“The following penalties may, for good and sufficient reason and as hereinafter provided, be imposed upon members of the services specified in rule 5, namely:—

- (i) Censure.
- (ii) Fine (in the case of persons for whom such penalty is permissible under these rules).
- (iii) Withholding of increments or promotion, including stoppage at an efficiency bar.
- (iv) Reduction to a lower rank in the seniority list or to a lower post or time-scale, whether in the same service or in another service, State or subordinate or to a lower stage in a time-scale.

(v) Recovery from pay of the whole or part of any pecuniary loss caused to State Government or Central Government or to a local body by negligence or breach of orders.

(vi) Compulsory retirement otherwise than under Article 465 (2) or under Note 1 to Article 465-A of the Civil Service Regulations.

(vii) Removal from the Civil Service of the State.

(viii) Dismissal from the Civil Service of the State.

(ix) Suspension for a period not exceeding fifteen days in the case of forest guards in the last grade.

(x) Suspension, where a person has already been suspended under rule 15 (e), to the extent considered necessary by the authority imposing the penalty."

[G.O. No. 1442, Public (Services), dated 30th May 1953.]

Explanation.—I. The discharge

(a) of a person appointed on probation before the expiry or at the end of the prescribed or extended period of probation, or

(b) of a person engaged under contract, in accordance with the terms of his contract, or

(c) of a person appointed otherwise than under contract should a temporary appointment on the expiration of the period of the appointment does not amount to removal or dismissal within the meaning of this rule.

II. The removal of a person from the Civil Service of the Government shall not disqualify him from future employment but the dismissal of a person from the Civil Service of the Government shall ordinarily disqualify him from future employment.

III. The reversion of a person to his parent department while on deputation in a temporary department, the posts in which are not governed by rules, shall not amount to reduction within the meaning of this rule.

2. Rule 15 as amended reads as follows:—

"15. (a) In every case where it is proposed to impose on a member of a service any of the penalties mentioned in clauses (i), (ii), (iii), (v) and (ix) of rule 8, he shall be given a reasonable opportunity of making any representation that he may desire to make and such representation, if any, shall be taken into consideration before the order imposing the penalty is passed.

[G.O. No. 1966, Public (Services), dated 2nd August 1952.]

(b) (i) without prejudice to the provisions of the Public Servants' Inquiries Act, 1850, in every case where it is proposed to impose on a member of a service any of the penalties mentioned in clauses (iv), (vi), (vii) and (viii) of rule 8, the grounds on which it is proposed to take action shall be reduced to the form of a definite

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charge or charges, which shall be communicated to person charged, together with a statement of the allegations on which each charge is based and of any other circumstances which it is proposed to take into consideration in passing orders of the case. He shall be required, within a reasonable time, to put in a written statement of his defence and to state whether he desires an oral inquiry or only to be heard in person. An oral inquiry shall be held if such an inquiry is desired by the person charged or is directed by the authority concerned. At that inquiry oral evidence shall be heard as to such of the allegations as are not admitted, and the person charged shall be entitled to cross-examine the witnesses, to give evidence in person and to have such witnesses called, as he may wish, provided that the officer conducting the inquiry may, for special and sufficient reasons to be recorded in writing, refuse to call a witness. After the inquiry has been completed, the person charged shall be entitled to put in, if he so desires any further written statement of his defence. If no oral inquiry is held and if he had desired to be heard in person, a personal hearing shall be given to him. The proceedings shall contain a sufficient record of the evidence and a statement of the findings and the grounds thereof.

(ii) After the inquiry referred to in clause (i) has been completed and after the authority competent to impose penalty mentioned in that clause has arrived at provisional conclusions in regard to the penalty to be imposed, the person charged shall be supplied with a copy of the report of the enquiring authority and be called upon to show cause, within a reasonable time not ordinarily exceeding one month, against the particular penalty proposed to be inflicted. Any representation in this behalf submitted by the person charged shall be duly taken into consideration before final orders are passed :

Provided that the provisions of this sub-rule shall not apply to the members of the Madras Government Press Subordinate Service who shall in respect of disciplinary matters be dealt with according to the provisions of Article 311 of the Constitution of India.

Explanation.—An opportunity to make any representation given under sub-rule (a) or (b) against the imposition of any of the penalties mentioned in rule 8 shall be given after the authority competent to impose the penalty arrives at a provisional conclusion in regard to the penalty to be imposed either by such authority himself or under his direction by a subordinate authority who is superior in rank to the officer on whom it is proposed to impose the penalty.

[G.O. No. 565, Public (Services), dated 5th March 1953.]

(c) (i) The requirements of sub-rules (a) and (b) shall not apply where it is proposed to impose on a member of a service any of the penalties mentioned in rule 8 on the basis of facts which have led to his conviction in a criminal court or by a court martial or where the officer concerned has absconded or where it is for other reasons impracticable to communicate with him.

(ii) The provisions of sub-rule (b) shall not apply where the Governor is satisfied that in the interest of the security of the State it is not expedient to follow the procedure prescribed in that sub-rule.

(d) (i) All or any of the provisions of sub-rules (a) and (b) may, in exceptional cases, for special and sufficient reasons to be recorded in writing, be waived where there is a difficulty in observing exactly the requirements of the sub-rules and those requirements can be waived without injustice to the person charged.

(ii) If any question arises whether it is reasonably practicable to follow the procedure prescribed in sub-rule (b), the decision thereon of the authority empowered to dismiss or remove such person or reduce him in rank, as the case may be, shall be final.

(iii) The provisions of sub-rule (b) may be waived in cases where deficiency in the stores in charge of a member of subordinate service in the Jail department detected at the time of stock-taking is due to negligence or breach of orders on his part and the authority competent to write off the loss caused to Government by such deficiency is of opinion that the loss does not exceed Rs. 100 and that it should be recovered from the pay of such member. In such cases, the member shall, before the recovery is ordered from him, be given a reasonable opportunity of showing cause why the loss should not be recovered from his pay.

(e) A member of a service may be placed under suspension from service pending inquiry into grave charges, where such suspension is necessary in the public interests."

3. These are statutory requirements and any departure from the procedure laid down in the Statutory Rules will be an incurable defect and the Government have no option on appeal but to set aside the proceedings which materially infringe the provisions of these rules.

4. *Preliminary investigation.*—(The Statutory Rules do not require that a preliminary investigation should be made in any particular manner.) Very often, irregularities come to notice, either on a specific complaint made by an aggrieved party, or discovered *suo motu* by the superior officers in the course of their normal duties of supervision, direction and control of the institutions and the staff in their charge. (Before deciding on the question whether disciplinary action should be initiated against a Government servant, it is necessary to ensure that there is a *prima facie* case for taking such step.) Therefore, a preliminary investigation is necessary and essential, particularly when the more severe penalties specified in rule 15 of Classification, Control and Appeal Rules (paragraph 2 above) appear to be indicated; and such investigation should be quick and as brief as possible, the aim being to bring to light facts that would establish the necessity or otherwise of initiating disciplinary proceedings.)

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5. In complicated cases, such as theft of articles from stores, removal of rations from the kitchen or other authorized premises, or cases of insubordination or dereliction of duty, it would be necessary to record statements from persons who have a knowledge of the circumstances of the case. In the interests of quick disposal such preliminary enquiry cannot always be held in the presence of the accused public servant. For one thing, the object of the preliminary enquiry would be to discover precisely who the public servant responsible for the dereliction of duty is. Care should be taken to record the statements clearly and unambiguously and make this part of the enquiry reasonably thorough.

6. (After the conclusion of the enquiry, the officer concerned should apply his mind to the facts that have been *prima facie* established, and if the circumstances necessitate disciplinary proceedings being instituted, he should at once proceed to consider whether negligence or lapse on the part of the public servant concerned is such as to call for the penalties proposed in clauses (i), (ii), (iii) or (v) of rule 8 or clauses (iv) or (vi) to (viii) of the said rule.) In the former set of cases, i.e., where the circumstances are such that a censure or a fine or withholding of increments or promotion including stoppage at efficiency bar would appear to be adequate, all that would be required is to furnish the public servant concerned with a sufficiently clear statement of the grounds on which it is proposed to impose the relevant punishment and ask him to show cause against the same. A reasonable opportunity should be given to the Government servant concerned of showing cause against the action proposed so as to eliminate the risk of unjust punishment. An appeal is allowed against every order of punishment. It is essential that there should be available to the appellate authority as complete a record as possible of the proceedings leading to the award of the penalty. This is particularly important when appeals lie to Government and in cases where Government have to consult Madras Public Service Commission before passing orders on appeal. In these proceedings it is neither necessary nor desirable to ask the public servant whether he desires to be heard in person, or whether he desires only an oral enquiry but there is nothing to prevent the public servant concerned when submitting the explanation in reply to the "show cause" notice to desire to be heard in person, or to adduce evidence that would show that he is not guilty. Each such case will have to be dealt with on merits and particularly in border line cases officers should deal with the acts of omission and commission and also the explanation offered by the public servant item by item, and come to definite finding on each specific issue in their final proceedings.

7. (i) In the case of more severe penalties contemplated in rule 8, the procedure prescribed in rule 15 (b) has to be followed. Here also, particularly in cases of the nature of thefts or dereliction of duty involved, there would necessarily have been a preliminary enquiry, and possibly also statements recorded from persons who have knowledge of the circumstances of the case. After the preliminary enquiry the officer himself can at any time, and without specific authorization by the authority competent to impose a penalty, frame charges against, and enquire into the

N. S. Raju b. m. a.

conduct of, any public servant directly subordinate to him, although he may not be competent to impose the penalty specified. But in all serious cases it would be desirable that the results of the preliminary enquiry are communicated to the superior authority competent to impose the punishment and a specific authorization obtained to proceed with the enquiry except in cases where there is danger of evidence disappearing by the delay, when the enquiry can go on pending orders of the superior authority concerned.

(ii) It is imperative that the proceedings should be thorough in every respect. At the proceedings in a disciplinary case are of a quasi-judicial character, it is of great importance that they should be so conducted as not to give rise to any feeling in the mind of the person charged that the enquiry was not conducted in an impartial and detached frame of mind. Especially should this be the case where the officer conducting the enquiry is himself in the position of a prosecutor. All the requirements of the rules should therefore be complied with scrupulously.

(iii) (It is also necessary that there should be no avoidable delay in completing the proceedings.) Care should be taken to avoid all dilatoriness and adjournment or postponement of the enquiry should be allowed with circumspection and only when necessary. Where an officer is suspended pending an enquiry into his conduct on the ground that it is undesirable to allow him to continue on duty during the enquiry, it is all the more necessary that the enquiry should be completed with expedition and orders passed as early as possible.

8. Charges.—(i) The next important step is the question of framing charges. The charges should be in clear and unambiguous terms (each charging the subordinate with a definite act of omission or commission). The statement of allegations upon which each charge is based must accompany the charge in specific terms which the person is called upon to answer. For example, in an inquiry into alleged corruption or incompetence, a single charge of a general nature such as "corruption" or "incompetence" cannot be regarded as sufficiently precise. A separate charge should therefore be framed in respect of each instance of corruption or incompetence. Charges based on particular instances may, however, be combined with a general charge of corruption or incompetence of which the instances furnish the evidence.

(ii) It is not necessary that the charges should be framed by the authority competent to award a penalty or even that enquiry should be conducted by that authority. An officer can at any time and without specific authorization by the authority competent to impose the penalty frame charges against and enquire into the conduct of an officer directly subordinate to him, although he may not be competent to impose a penalty.

9. It would be advantageous perhaps to begin the memorandum of charges saying:

(" The following charges are framed against you, (here enter the name of the public servant)."

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Charge 1.

"After this will follow the charges."

Below each charge would be the grounds of charge which will be a short and brief narrative of the grounds leading up to the charge. After the grounds of charge will follow evidence in support of the charge.

10. To take a specific case, a cook may be caught in the process of removing some rations from the kitchen and he might be caught anywhere in the premises of the hospital between the kitchen and the gate, or even at the gate. The charge would probably read in such cases as follows:—

"*Charge 1.*—You stole or attempted to steal (mention a brief description of the articles stolen or attempted to be stolen) on or about (enter the date and time), by removing or attempting to remove the same from the premises of the hospital."

Grounds of charge.—This will give a brief description of the circumstances in which he was caught and would quote the relevant rules and standing orders of the hospital regarding the issue, cooking and disposal of the rations, and would state how the particular act was in contravention of the rules, and under the circumstances of the case, amount to theft, etc.

Evidence in support of the charge.—In this will be included the statements recorded in the preliminary enquiry and also such other evidence that will be relied upon to establish the case. Copies of the documents could very well be enclosed, or a gist of the statements recorded could be indicated under this head of "Evidence in support of the charge." The name of the witnesses and their designations should also be stated clearly.

11. Similarly, in the case of other charges the same details, i.e., the grounds of the charge and the evidence in support of the charge should be mentioned.

12. Some officers may prefer the alternative method of giving brief description of the circumstances leading up to the charge and end up by saying:

"therefore, the following charge is framed against you", etc.

Either of the two methods may be followed depending upon the circumstances of the case. But in the same proceedings two different patterns should not be mixed up, as it might vitiate the enquiry.

13. It would be convenient, in order to ensure that none of the statutory requirements are overlooked, to attach a questionnaire to the memorandum and call upon the accused public servant to fill

in the questionnaire and resubmit it along with his explanation. The memorandum of charges to be communicated to the public servant should invariably conclude with a paragraph as follows:—

“The attention of _____ is directed to the provisions of rule 15 (b) of the Civil Services (Classification, Control and Appeal) Rules. He should fill in the form attached and resubmit it duly signed with his written explanation for the charges communicated to him herewith.”

14. The officer conducting the enquiry should, on receipt of the returned form and the written explanation, examine carefully the answers to those questions. If in any particular case he considers that the person charged has claimed a privilege which is either unnecessary or is one to which he is not legitimately entitled under the rules, he should record his reasons specifically before disallowing the claim.

The questionnaire is framed to assist the enquiring officer and cannot operate to absolve him from his responsibility for seeing that the rules are complied with.

Even if a person charged has waived an oral enquiry, the enquiring officer may direct that there be one, and should do so if a charge cannot be properly appreciated without it.

If the person charged only desires a personal hearing, a sufficient record of what he says should be made by the enquiring officer.

As the finding on each charge must be specific and amount to a finding of ‘guilty’ or ‘not guilty’ on the specific charge or something less which it embraces, the original charge should be amended if it is not suitable for the purpose.

15. *Evidence.*—(i) Documentary evidence produced at the inquiry should be properly proved as in a court. Formal proof is not necessary in the case of any record or document which is accepted by the person charged.

(ii) The evidence should, in all cases, be recorded in the presence of the person charged, that is to say, both the evidence given in the examination-in-chief and in cross-examination should be so recorded. As far as possible the cross-examination should be done immediately after the examination-in-chief is over. The officer charged is also entitled to give evidence in person. The evidence of the witnesses and of the person charged, if he offers evidence, should be taken down in writing, irrelevant questions and answers being ruled out by the inquiring officer; and their depositions should be read over and signed by them in token of their having been correctly recorded. If the departmental enquiry is conducted on the complaint of a private person or body, the complainant should not be allowed to cross-examine the officer charged who is in such inquiry in the position of an accused person, but the complainant may suggest questions to the inquiring officer to be put to the witnesses produced in defence of the officer charged, or the inquiring officer may, in his discretion, permit the complainant himself to cross-examine the said witnesses.

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(iii) The witnesses examined at the preliminary inquiry held before the framing of charges, whose evidence is considered necessary to prove the charges, must be recalled at the regular inquiry after the charges have been framed. It shall not be necessary to record over again the evidence recorded at the preliminary inquiry; but the evidence so recorded should be read out at the regular inquiry in the presence of the person charged and he should be given an opportunity to cross-examine the witnesses, whether or not he had already cross-examined them at the preliminary inquiry. If, however, any such witness was examined at the preliminary inquiry in the absence of the person charged, such witness should, if the person charged so desires, be examined-in-chief in his presence at the regular inquiry (instead of the evidence given by the witness at the preliminary inquiry being read out) and the person charged should also be given an opportunity to cross-examine the witness.

(iv) It is not necessary that every person who was examined at the preliminary inquiry should be examined at the regular inquiry though it is incumbent on the inquiring officer to examine at the regular inquiry any particular witnesses previously examined who the officer charged specifically asks should be examined. But no evidence other than that of person examined at the regular inquiry should be relied upon in arriving at the findings.

(v) Where the inquiring officer refuses to permit the person charged to call and examine a witness cited by him, the reasons for such refusal must be recorded in writing; failure so to record the reasons will vitiate the inquiry.

16. *Appearance of lawyers.*—Ordinarily there is no reason why a lawyer should be allowed in a departmental inquiry. If, however, the enquiring officer is satisfied that the person charged will be greatly prejudiced in making his defence unless he is allowed a lawyer, the enquiring officer may, for special reasons to be recorded, allow a lawyer to appear and plead on behalf of the person charged.

17. *Findings.*—As a matter of routine, the first paragraph of the enquiring officer's findings should deal with the questions of procedure and should conclude with a finding that the provisions relating to procedure have been fully complied with. Only after this has been done should the enquiring officer proceed to record his findings on the charges of merits. The officer holding the enquiry should record his finding on each charge separately after carefully considering the evidence adduced in support of it as well as that for the defence. It should be left open to the enquiring officer to make recommendations in those cases which he takes up *suo motu* and that in cases where he is directed to hold an enquiry, it should be left open to the officer ordering the enquiry to direct the enquiry officer to make recommendation or not as he sees fit. The officer conducting the enquiry or awarding the punishment should record his findings in his own hand or have them recorded to his dictation and append a certificate to that effect.

The enquiring officer should invariably enter at the foot of his findings a list of the witnesses examined, the name and designation of the officer who examined them, and the documents exhibited during the enquiry. The officer awarding the punishment should do the same if witnesses are examined or documents admitted in evidence by him after the enquiring officer submits his findings.

18. *Past record.*—An officer's past record should not be taken into account in arriving at a finding as to the truth or otherwise of the charges against him. It may, however, be taken into account in assessing the punishment to be awarded after the charges have been proved and if it is intended to do so, the following procedure should be adopted. After the substantive charge or charges have been proved a further charge based on the previous record of the officer should be framed and the procedure specified in rule 15 (b) of the Civil Services (Classification, Control and Appeal) Rules should be gone through afresh in regard to that charge and a finding thereon arrived at. The person charged should be afforded all the facilities necessary for enabling him to meet the allegations based on such further charge.

In awarding punishment for the misdemeanour of an officer who has a series of previous censures, account should be taken of the previous censures.

19. *Arrangement of records.*—The system of arranging the records of enquiry should be uniform. The record of the preliminary investigation (which is not governed by any statutory rules) should be distinguished from the record of the regular enquiry conducted under rule 15 (b) of the Civil Services (Classification, Control and Appeal) Rules. The former should be closed with a disposal and when the enquiry under the statutory rules is commenced, a fresh current should be opened beginning with the memorandum of charges. The record of this enquiry should be kept in two parts, viz., Part I containing the charges, the explanation of the officer whose conduct is under enquiry, the evidence and findings and Part II containing merely the correspondence, summonses, notices, etc., arising from the enquiry. The pages in each part should be numbered separately. If a register is part of the record, it should be numbered as one page of the record, but the pages of the register should also be numbered independently. Part I should contain also an index giving the references to the papers filed in it and this should be signed at the foot by the head ministerial officer. Heads of departments, when they submit appeals and memorials addressed to Government, by persons who are or were in the service of Government, in respect of matters affecting them as Government servants, should invariably send along with the records the personal files of the appellants or memorialists.

20. *Lent officers.*—In the case of officers lent by the department or office to another, the disciplinary authority in respect of the post held by the officer for the time being may impose any of the prescribed penalties except those of removal and dismissal from service; but before imposing any such penalty such authority should consult

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the lending authority in the matter and the opinion of the latter should ordinarily prevail. In cases which call for the punishment of removal or dismissal, the borrowing authority should complete the inquiry and forward the records together with its findings to the lending authority which should pass such orders as it may think fit.

21. *Probationers, temporary officers and officers of contract.*—
The discharge—

(a) of a person appointed on probation before the expiry or at the end of the prescribed or extended period of probation, or

(b) of a person engaged under contract, in accordance with the terms of his contract, or

(c) of a person appointed otherwise than under contract to hold a temporary appointment on the expiration of the period of appointment, does not amount to removal or dismissal within the meaning of rule 8 of the Civil Services (Classification, Control and Appeal) Rules.

But a probationer, temporary officer or contract officer, is nonetheless a member of the service concerned and in respect of disciplinary matters will be subject to the ordinary disciplinary rules in the same way as other members of such service.

22. *Appeals.*—Every officer to whom a penalty has been awarded is entitled to one appeal. In the case of the State services, the appellate authority is State Government in respect of orders passed by head of departments and the Governor of Madras exercising his individual judgment in respect of all orders passed by the State Government; in case of the Subordinate Services, the appellate authority shall be as follows:—

(a) If a punishment was imposed by an authority specified in the relevant column of the appendix to the Madras Civil Services (Classification, Control and Appeal) Rules—the authority specified in the last column thereof.

(b) If such punishment was imposed by an authority (other than the State Government) higher than that specified in the relevant column of the appendix referred to above, the next higher authority to whom the former authority is administratively subordinate.

(c) If such punishment was imposed by the State Government the Governor of Madras exercising his individual judgment.

When an appeal is presented, the appellate authority should first satisfy itself whether the requirements of rule 15 of the Madras Civil Services (Classification, Control and Appeal) Rules have been complied with and if there are any defects in the procedure, it should return the case to the authority which passed the original order for rectification of the defects. If the appellant alleges that the rules were not followed, the authority which passed the original order should, in forwarding the appeal to the appellate authority,

specifically comment on that allegations and the appellate authority, should specifically examine when such allegation is justified. Where the requirement in the matter of procedure have been complied with, the appellate authority should consider—

(a) whether the facts on which the order was based have been established;

(b) whether the facts established afford sufficient ground for taking action; and

(c) whether the penalty is excessive, adequate or inadequate, and, after such consideration, shall pass such order as it thinks proper. It is open to the appellate authority to enhance the punishment awarded where it considers such enhancement to be necessary.

23. *Revision, etc.*—In the case of members of the Subordinate Services, an original order of punishment may be passed not only by the authority specified in the appendix to the Madras Civil Services (Classification, Control and Appeal) Rules but also by any higher authority to whom the authority so specified is administratively subordinate. Any such higher authority may therefore call for the records in a disciplinary case and pass such orders as it considers proper, even though no appeal has been preferred to it. In such a case, however, that is, where the higher authority, otherwise than on appeal presented to it, enhances the penalty or awards a penalty when the lower authority did not do so, its order will be an original order and an appeal to the next higher authority shall be preferred if the appellant so desires.

[G.Os. No. 1112, Public (Services), dated 7th July 1939, No. 404, Public (Services), dated 21st February 1940, Government Memorandum No. 7972-1, Public (Services), dated 20th April 1940, G.Os. No. 1867, Public (Services), dated 19th September 1940, No. 3625, Public (Services), dated 14th December 1943, Ms. No. 2866, Public (Elections), dated 29th September 1944, and No. 2566, Health, dated 12th July 1951 and Director of Medical Service's Circular P. No. 160-E-1/51, dated 3rd August 1951.]

ANNEXURE.

FORM OF QUESTIONNAIRE.

1. Have you any objection to the form of any of the charges.

2. In addition to the written statement of your defence which you are now required to submit, you are entitled to continue your defence by either of the following methods:—

(a) an oral enquiry held in your presence.

(b) to be heard in person without an oral enquiry.

Please state in the column opposite whether you require either method to be adopted.

NOTE.—If you choose method (a), the following witnesses will be recalled to prove the charges:—

(i) Witnesses examined in your presence at the preliminary enquiry—

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- 3
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(ii) Witnesses not yet examined in your presence—

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The evidence recorded from (i) at the preliminary enquiry will be read out at the regular enquiry and you will be given an opportunity to cross-examine the witnesses again.

Any evidence recorded from (ii) at the preliminary enquiry will also be read out at the regular enquiry unless you prefer that any of the witnesses be examined-in-chief before you instead. Whichever course you choose, you will be given an opportunity to cross-examine them.

3. (i) Do you wish to give evidence yourself.

(ii) If so, on what points ?

4. (i) Do you wish to have any witnesses examined on your behalf ?

(ii) If so, state their names and note briefly the matters to which they are called to depose.

NOTE.—After the completion of the enquiry you may, if you so desire, put in a further written statement of your defence.

APPENDIX XXIII.

INSTRUCTIONS REGARDING THE SUBMISSION AND RECEIPT OF PETITIONS AND OTHER PAPERS OF THE SAME CLASS ADDRESSED TO THE GOVERNMENT OF MADRAS.

1. *Definitions.*—In these instructions—

(1) 'Government' means the Government of Madras;

(2) 'Petition' includes memorials, letters and applications of the nature of petitions.

2. *Scope of instructions.*—(1) Save as hereinafter provided, these instructions shall apply as far as may be, to all petitions addressed to the Government.

(2) They shall not apply to—

(a) petitions which are appeals preferred by a member of the Civil Service of the State under the rules governing their conditions of service or under the Constitution of India;

(b) petitions relating to bills pending before the State Legislature; such petitions are governed by the standing orders of the Legislature;

(c) petitions submitted by, or on behalf of, convicts under sentence of death; and

(ii) Witnesses not yet examined in your presence—

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The evidence recorded from (i) at the preliminary enquiry will be read out at the regular enquiry and you will be given an opportunity to cross-examine the witnesses again.

Any evidence recorded from (ii) at the preliminary enquiry will also be read out at the regular enquiry unless you prefer that any of the witnesses be examined-in-chief before you instead. Whichever course you choose, you will be given an opportunity to cross-examine them.

3. (i) Do you wish to give evidence yourself.

(ii) If so, on what points ?

4. (i) Do you wish to have any witnesses examined on your behalf ?

(ii) If so, state their names and note briefly the matters to which they are called to depose.

NOTE.—After the completion of the enquiry you may, if you so desire, put in a further written statement of your defence.

APPENDIX XXIII.

INSTRUCTIONS REGARDING THE SUBMISSION AND RECEIPT OF PETITIONS AND OTHER PAPERS OF THE SAME CLASS ADDRESSED TO THE GOVERNMENT OF MADRAS.

1. *Definitions.*—In these instructions—

(1) 'Government' means the Government of Madras;

(2) 'Petition' includes memorials, letters and applications of the nature of petitions.

2. *Scope of instructions.*—(1) Save as hereinafter provided, these instructions shall apply as far as may be, to all petitions addressed to the Government.

(2) They shall not apply to—

(a) petitions which are appeals preferred by a member of the Civil Service of the State under the rules governing their conditions of service or under the Constitution of India;

(b) petitions relating to bills pending before the State Legislature; such petitions are governed by the standing orders of the Legislature;

(c) petitions submitted by, or on behalf of, convicts under sentence of death; and

(d) petitions addressed to the Governor by persons who are or were in the service of the State in respect of matters affecting them as servants of the State Government; such petitions are governed by the special instructions issued by the Governor in that behalf.

(3) They shall not affect any rules or orders in respect of representations submitted by recognized associations of Government servants.

3. (1) A petition may be either in manuscript or type-script or in print.

(2) Every petition shall be authenticated by the signature of the petitioner, or when the petitioners are numerous, by the signatures of one or more of them.

4. Every petition shall—

(a) contain all material statements and arguments relied upon by the petitioner;

(b) be complete in itself;

(c) if any recorded order of a public authority is complained against, be accompanied by a copy of the order and by a copy of any order in the case passed by a subordinate authority together with a copy of the petition to such authority;

(d) end with a specific prayer.

5. (1) Any person having cause of complaint against the Government shall, in the first instance, seek redress from the local authority who, if unable to grant the redress sought, shall pass an order in writing to that effect. If dissatisfied with this decision, the petitioner shall be at liberty to address the Board of Revenue, court or other superior authority by which the local authority is controlled; or he may address the Government in cases wherein there is no such controlling authority.

Communications intended for the Government shall be addressed to the Government of Madras or to a Secretary to the Government of Madras. A communication addressed to the Governor or to a Member or Minister is not addressed to the Government and does not come within the cognizance of the Government, unless the Governor, the Member or the Minister sees fit to send it to a Secretary to Government.

(2) Petitions containing complaints against the Military Department shall be addressed to the Commander, Madras district.

6. (1) The Government will not receive a petition on any matter, unless it shall appear that the petitioner has first applied to the local authority and also the Board of Revenue or the other controlling authority where such exists.

(2) Petitions from persons who have been employed in the Army shall, if they relate to a matter concerning the Military Department, be addressed to the Commander, Madras District.

7. In order to enable the Government to enforce the foregoing rule without injustice or hardship to complaining parties, all heads of offices shall understand that a party affected by an order is entitled to have, on application, a copy of such order, which, in all cases, except those where no appeal lies, shall contain a statement of the grounds of the decision. This shall be furnished to him on plain paper and without payment.

8. The Government will receive petitions only from principals; communications running in the name of a pleader or agent will receive no attention. Anonymous petitions will be totally disregarded and destroyed on receipt.

9. Resolutions submitted by associations and other similar bodies will receive no attention; any such body wishing action to be taken on its representations should submit them in the form of a petition stating the grounds and the circumstances of each case.

10. As the Government never interfere with the distribution of subordinate appointments, applications for situation in the gift of appointing authorities will remain unnoticed.

11. Every member of a civil service of the State wishing to petition Government shall do so separately :

Provided that nothing in this instruction shall apply to representations submitted by recognized associations of servants of the State Government in accordance with such rules as may from time to time be prescribed by the Government.

NOTE.—In view of the present scarcity of paper, the Government have ordered that the practice of Government servants sending separate but exactly similar memorials to the Governor or the Government on the same grievance with reference to the above instruction may be stopped and that instead a joint memorial on one and the same subject signed by several Government servants may be submitted. A breach of the order contained in this note shall constitute an offence against discipline and will be dealt with as such.

12. Every person in civil employment and every person who has been in civil employment, shall, if he desires to petition the Government in respect of such employment, or in respect of the termination of such employment submit a separate petition on his own behalf.

13. Every petition from a person who is or was in the service of the State shall be addressed to a Secretary to Government and submitted through the head of the office or department to which the petitioner belongs or belonged.

14. The head of the office or the department shall, unless empowered under instructions contained in paragraphs 20 or 21 to return or withhold it, at once forward the petition to the Secretary to Government in the department concerned through the ordinary official channel and may make such remarks as he may consider necessary in regard to the accuracy of the statements made and inferences drawn in the petition; he shall also forward such records not submitted by the petitioner, as should properly be consulted in order to the due disposal of the petition.

15. Petitions from the Carnatic stipendiaries, or on the subject of Carnatic stipends, shall be submitted through the Paymaster, Carnatic Stipends.

16. Petitions from political prisoners other than Carnatic stipendiaries and from Kandyan prisoners or on the subject of Political pensions other than Carnatic shall be submitted through the Agent to the Governor or the Collector of the district, in which the petitioners reside.

17. Petitions addressed to the Government will be liable to summary rejection in the following cases:—

(1) When the petitioner has not complied, in full, with the above instructions;

(2) when a petition is illegible or unintelligible or contains language which in the opinion of the Government is disloyal, disrespectful or improper;

(3) when a previous petition has been disposed of by the Government of Madras and the petition discloses no new facts or circumstances which afford grounds for a reconsideration of the case;

(4) when the petition is mere application for relief, pecuniary or other, which is—

(a) presented by a person manifestly possessing no claim or advancing a claim of an obviously unsubstantial character; or

(b) so belated that its consideration is clearly impossible;

(5) when the petition is—

(a) an application for employment in the service of the State not made in pursuance of any rule or an announcement regarding applications for such employment; or

(b) a request for exemption from the provisions of any law or rule prescribing the qualifications to be possessed by persons in the service of the State or by persons engaging in any profession or employment;

(6) when the petition is an appeal from a judicial decision unless such petition—

(a) is an appeal from a judicial decision in a case in which Government have reserved any discretion of interference;

(b) is an appeal from a judicial decision in a suit to which Government were a party

or

(c) is a prayer for the suspension or remission of a sentence under Chapter XXIX of the Code of Criminal Procedure.

(7) when the petition is a representation against a decision which is declared to be final by any law or statutory rule;

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(8) when the law provides a different or specific remedy in respect of the subject-matter of the petition whether or not any period of limitation prescribed for the prosecution of such remedy has expired;

(9) when the petition is submitted otherwise than in accordance with any rule, order or contract such as is referred to in sub-clause (a) of clause (14), by a person in the service of the State with regard to his prospective claim to pension;

(10) when a petition is an appeal against a failure by Government to exercise a discretion vested in them by law or rule;

(11) when the action desired in a petition is in the nature of a favour and not of a right;

(12) when the petition is a representation against an order of a subordinate authority communicated to the petitioner more than six months before the submission of the petition, and no satisfactory explanation for the delay is given;

(13) when the petition is a representation against the discharge of a person—

(a) appointed on probation, during such probation;

(b) appointed, otherwise than under contract, to hold a temporary appointment, on the expiration of the period of such appointment; or

(c) engaged under contract in accordance with the terms of such contract;

(14) when the petition is a representation by a servant of the State against an order—

(a) from which he has exercised, or possesses a right of appeal under—

(i) rules or orders regulating his conditions of service; or

(ii) the terms of his contract of service;

(b) passed by any authority in the exercise of appellate or revisional powers conferred by any rule, order or contract such as is referred to in sub-clause (a); or

(c) from which, not being an order of punishment passed by the Government, an appeal is expressly barred by any rule, order or contract such as is referred to in sub-clause (a);

(15) when the petition is a representation relating to an order of the Government refusing to grant or to recommend—

(a) a special pension,

(b) a compassionate pension,

(c) any pecuniary or other concession to which the petitioner is not entitled under any law or statutory rule;

(16) when the petition is a representation with regard to any matter connected with the official prospects or position of a person in the service of the State, and is not submitted by such person;

(17) when the petition relates to a subject on which the Government are competent to pass orders, and no application for redress has been made by the petitioner to the Government;

(18) when the petition is a representation against the action of a private individual or of a body of private individuals regarding the private relations of the petitioner and such individual or body and

(19) when the petition not being a petition such as is referred to in the exceptions in clause (6) relates to matters in which the petitioner has no direct personal interest.

18. The Government will, when a petition is rejected, in accordance with the instructions contained in the above paragraph, inform the petitioner of the rejection and the reasons therefor.

19. Where a petition has already been rejected under paragraph 17, and a further petition on the same subject is submitted which does not contain facts not already brought to notice, such further petition will be disregarded.

The High Court.
 The Board of Revenue.
 The Commissioner of Excise.
 The Director of Medical Services.
 The Chairman, Madras Public Service Commission
 The Secretaries to Government.
 The Chief Conservator of Forests.
 The Chief Engineers.
 The Director of Agriculture.
 The Director of Public Instruction, and Commissioner for Government Examinations.
 The Inspector-General of Police.
 The Inspector-General of Prisons.
 The Presidency Port Officer.
 The Director of Public Health.
 The Commissioner of Police.
 The Superintending Engineers.
 The Commissioner of Labour and Rural Uplift
 The Director of Fisheries.
 The Director of Industries and Commerce.
 The Director of Animal Husbandry.
 The Inspector-General of Registration.
 The Registrar of Co-operative Societies.
 The Collectors.
 The District and Sessions Judges.
 The Sanitary Engineer.
 The Superintendent, Government Press.
 The Presidents of District Boards.
 The Commissioners of Municipal Councils.

20. The authorities named in the margin are vested with discretionary power to return for correction or rectification petitions addressed to the Government and forwarded through them in the following cases :—

(a) when a petition is illegible or unintelligible.

(b) when a petition runs in the name of a pleader or agent instead of in the name of the principal.

(c) when a petition from a person who is or was in the service of the State is addressed otherwise than in accordance with these instructions.

21. The abovementioned authorities are vested with discretionary powers to withhold petitions addressed to the Government and forwarded through them in the following cases :—

(a) when a petition is an application for pecuniary assistance by a person manifestly possessing no claim;

(b) when a petition relates to a subject on which those authorities are themselves competent to pass orders and no previous application for redress has been made to them.

22. An authority withholding a petition under instructions in the above paragraph shall inform the petitioner of the withholding and the reasons therefor.

(18) when the petition is a representation against the action of a private individual or of a body of private individuals regarding the private relations of the petitioner and such individual or body and

(19) when the petition not being a petition such as is referred to in the exceptions in clause (6) relates to matters in which the petitioner has no direct personal interest.

18. The Government will, when a petition is rejected, in accordance with the instructions contained in the above paragraph, inform the petitioner of the rejection and the reasons therefor.

19. Where a petition has already been rejected under paragraph 17, and a further petition on the same subject is submitted which does not contain facts not already brought to notice, such further petition will be disregarded.

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 The Board of Revenue.
 The Commissioner of Excise.
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 The Chairman, Madras Public Service Commission
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 The Presidency Port Officer.
 The Director of Public Health.
 The Commissioner of Police.
 The Superintending Engineers.
 The Commissioner of Labour and Rural Uplift
 The Director of Fisheries.
 The Director of Industries and Commerce.
 The Director of Animal Husbandry.
 The Inspector-General of Registration.
 The Registrar of Co-operative Societies.
 The Collectors.
 The District and Sessions Judges.
 The Sanitary Engineer.
 The Superintendent, Government Press.
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(a) when a petition is illegible or unintelligible.

(b) when a petition runs in the name of a pleader or agent instead of in the name of the principal.

(c) when a petition from a person who is or was in the service of the State is addressed otherwise than in accordance with these instructions.

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(a) when a petition is an application for pecuniary assistance by a person manifestly possessing no claim;

(b) when a petition relates to a subject on which those authorities are themselves competent to pass orders and no previous application for redress has been made to them.

22. An authority withholding a petition under instructions in the above paragraph shall inform the petitioner of the withholding and the reasons therefor.

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

M.M.O. - 18A

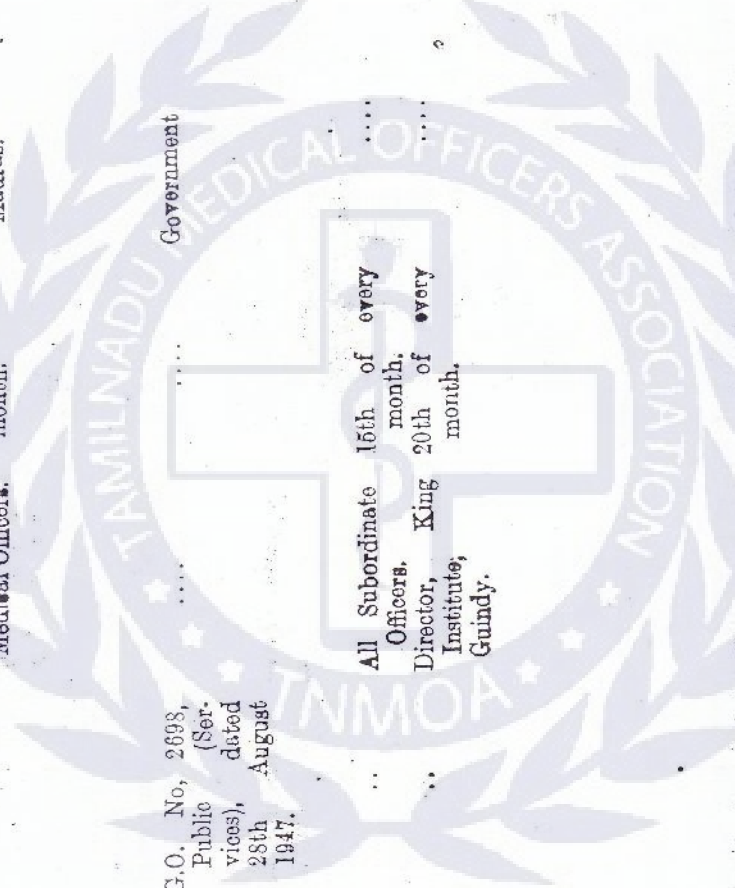
Nature of report or return.	Incoming.		Outgoing.	
	From whom due.	When due.	To whom due.	When due.
(1) Authority prescribing the report or return.	(2)	(3)	(4)	(5)
(2) Details of New Schemes sanctioned during the previous fortnight.	Letter, dated 16th April 1949-SB, dated 8th September 1949 of the Director-General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



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

Nature report of return.	Incoming.		Outgoing.	
	Authority prescribing the report or return.	From whom due.	To whom due.	When due.
(1)	(2)	(3)	(4)	(5)
<i>Monthly—cont.</i>				
5 Absentee statement of the Nursing staff.	Surgeon-General's Circular P. No. 105-N/46, dated 17th June 1946.	All Subordinate Medical Officers.	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.
7 Statement showing the sanctioned number of Midwifery Pupils.	Surgeon General's Circular P. No. 303-N/48, dated 24th December 1948.	Do.	.....	.....
8 Return regarding the maintenance of horses at King Institute, Guindy.	.....	Director, King Institute, Guindy.	.....	.....
9 Inspection Report of Sales concerns.	Drugs Controller's Report, R. No. 15504-D/52, dated 1st March 1952.	Drugs Inspectors.	.....	.....
10 Statement showing the number of shops inspected every month.	Do.	Do.	.....	.....
11 Particulars of last pay certificate of Civil Government servants reverted from Military received during the month.	.....	All subordinate Medical Officers.	.....	.....
12 Statement of debit to be raised against the Central	.....	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 Maternity Assistants. All Treasury Officers. Do.
- 14 Statement of promotions and appointments for previous month. G.O. Ms. No. 956, Public (Services), dated 9th May 1941. Secretary, Public Services Commission, Madras. 10th of the following month.
- 15 Reconciliation certificates. Accountant-General, Madras. 10th of each month. The certificate is furnished to the Accountant-General, Madras, on the 10th of the third month succeeding that to which the accounts relate.
- 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. All District Medical Officers. Do. 10th of every month.
- 17 List of cases of corruption detected during the previous month. G.O. No. 2698, Public (Services), dated 28th August 1941. Government. Do.
- 18 Extract from the disbursing Officers Register—
 (a) Under "38 Medical".
 (b) Under "39 Public Health—Bacteriological Laboratory, King Institute, Guindy." All Subordinate Officers, King 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—cont.

Nature of report of return.	Incoming.		Outgoing.	
	Authority pre- scribing the report or return.	From whom due.	To whom due.	When due.
(1)	(2)	(3)	(5)	(6)
<i>Monthly—cont.</i>				
19 Statement of receipts under— (a) XXVII. Medical.	..	All Subordinate 15th of every Officers. month.	....	....
(b) XXVIII-Public Health.	..	Director, King 20th of every Institute, month. Guindy	....	....
20 Statement of expenditure under—"Miscellaneous Treatment of patients of the Pasteur Institute, Coonoor.	..	Director, Do. Pasteur. Insti- tute, Coonoor	....	....
21 List at temporary appoint- ments and promotions made in the Madras Medical Subordinate Service—Branch III Nursing.	G.O. No. 956 Public (Services), dated 9th May 1941.	....	Secretary, Madras Public Service Commission, Madras.	25th of every month.
1 Army personnel serving under State Government for the previous quarter.	G.O. No. 1125. All Subordinate Public (Military), dated 26th April 1949.	....	Government	12th of January, April July and October.
2 Nominal list of Nurses for each quarter.	Surgeon-General's Circular P. No. 175 N/48, dated 21st July 1948.	Do. Do.	....	....
3 Nominal list of Maternity Assistants for each quarter.	....	Do.	....	....

15th of every quarter

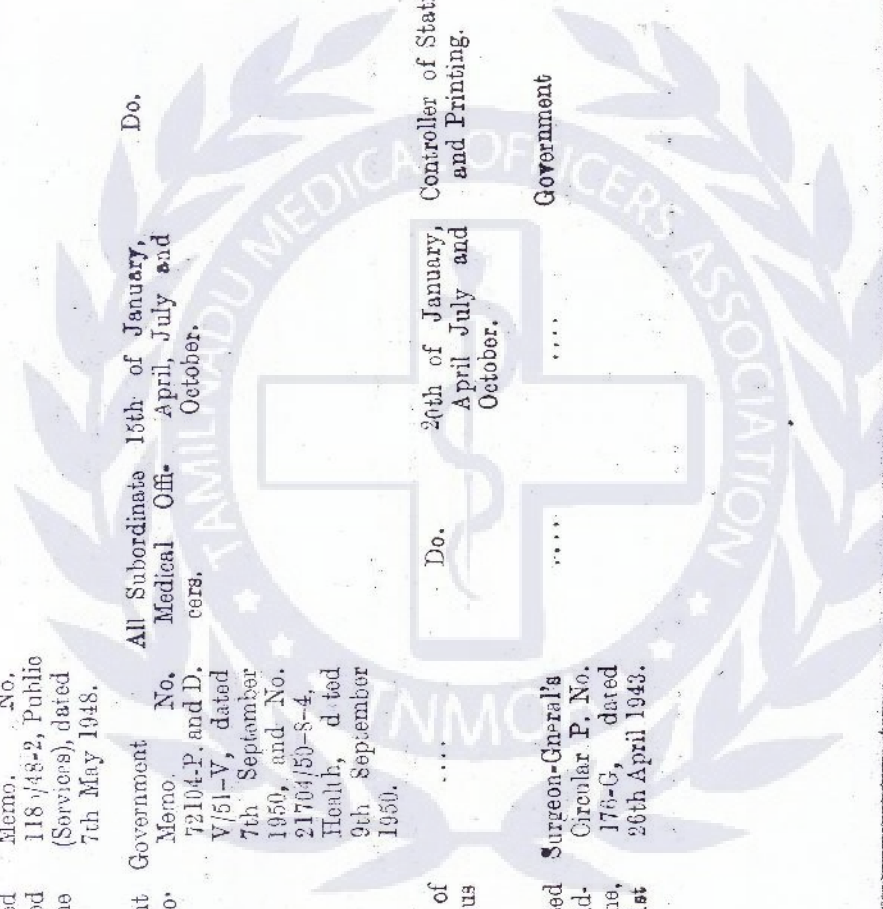
Government

every

five 10th of

Government

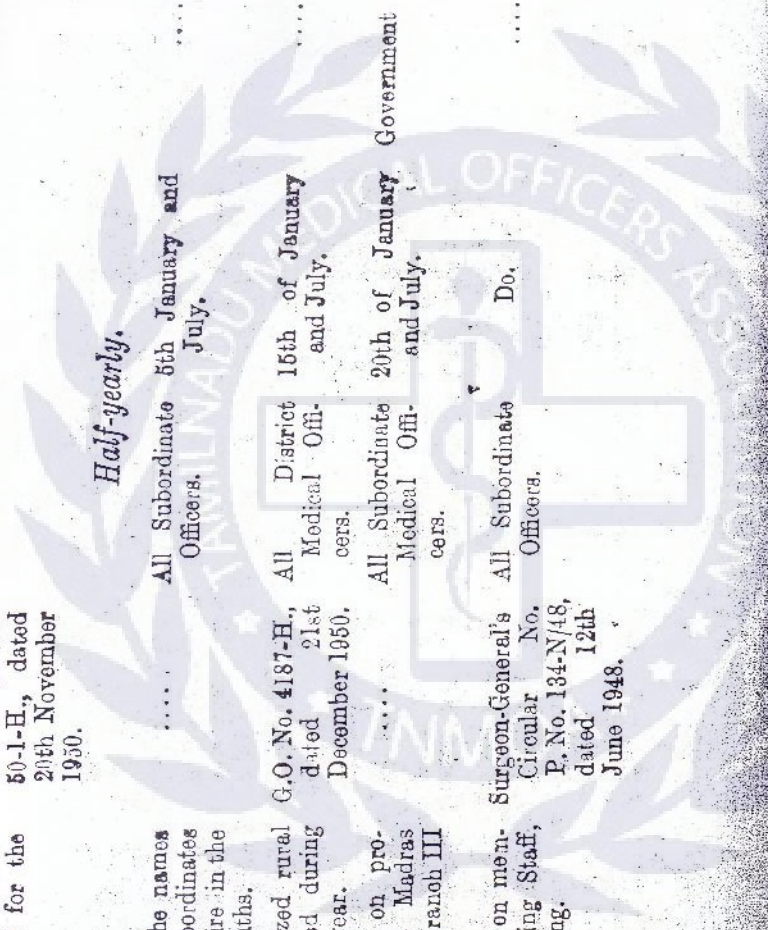
4 Reports from the Government Analyst (Drugs) and Government Analyst (Drugs Special), King Institute, Guindy.	Government Memo. No. 3976-Q/51-1, dated 11th August 1951.	Director, King Institute, Guindy.	Government	15th of every quarter
5 List of temporary appointments to technical posts under emergency provisions for the previous quarter.	Government Memo. No. 5035/51-H, dated 24th November 1951.	All Subordinate Medical Officers.	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. 118/43-2, Public (Servants), dated 7th May 1948.	....	Do.	Do.
7 List of Post War Development and Social Service Programme.	Government Memo. No. 72104-P and D, V/51-V, dated 7th September 1950, and No. 21704/50-S-4, Health, dated 9th September 1950.	All Subordinate Medical Officers.	Do.	25th of January, April, July and October.
8 Certificate of verification of stationery for the previous quarter.	....	Do.	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 P. No. 176-G, dated 26th April 1943.	....	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.

Names of report of return.	Authority prescribing the report or return.		Incoming.		Outgoing.	
	(1)	(2)	From whom due.	When due.	To whom due.	When due.
10 Civil Medical list of Gazetted Officers corrected up to 1st April, 1st July, 1st October and 1st January.			(3)	(4)	(5)	(6)
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.	.....	.....	Superintendent, Government Press.	25th of March, June, September and December.
1 Statement showing the names of officers and subordinates who are due to retire in the succeeding six months.		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, All dated 21st December 1950.	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.	20th of January and July.	Government	1st of March and September.
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.	Do.	.....	.....

Half-yearly.



Confidential Reports on Civil Surgeons (temporary).	Do.	1st of February and July.	Government	1st of March and August.
Confidential Reports on Assistant Surgeons (temporary).	Do.	Do.	Do.	Do.
Verification of cadre strength of Civil Surgeons and Assistant Surgeons.	.....	.....	Accountant-General, Madras.	1st of April and 1st October.
Certificate of regular deductions for subscription from compulsory subscribers to General Provident Fund.	.....	All Subordinate Officers.	.....	.....
Civil list of Gazetted Officers for the half-years ending 30th June and 31st December respectively.	.....	.....	Government	25th of June and December.
1 Revised Estimate under 38. Medical and under 39. Public Health-d. Bacteriological Laboratory—King Institute, Guindy.	.....	Annual.	.....	.....
2 Statement showing the number of shops inspected during the previous year.	.....	All Subordinate Medical Officers.	Government	10th February.
3 List of Assistant Surgeons due to retire from service.	.....	Drug Controller's Report, P. No. 15504-D/52, dated 1st March 1952.	.....	.....
	.....	All Subordinate Medical Officers.	.....	.....



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

Nature of report or return.	Authority prescribing the report or return.		Incoming.		Outgoing.	
	(1)	(2)	From whom due.	When due.	To whom due.	When due.
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.	(3)	(4)	(5)	(6)
5 Budget, Imperial Council of Agricultural Research—Exhibition of Actuals.	Government	25th January.
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	.....	.....

Annual—cont.

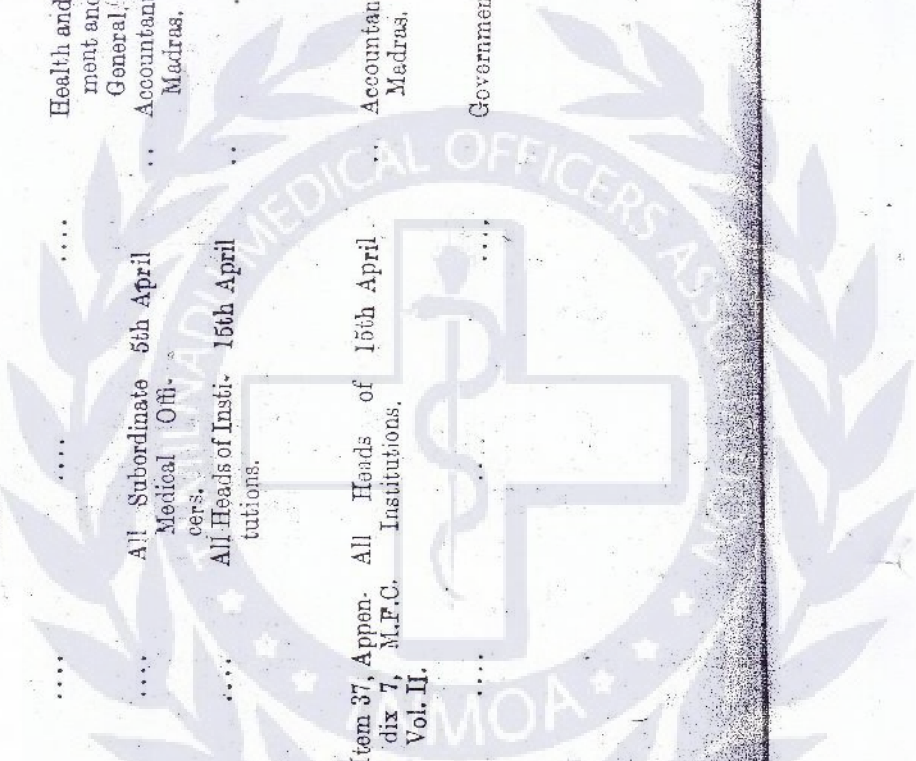


10 Confidential Reports on Assistant Surgeons (Approved Probationers and Permanent).	Do.	1st February	Do.	Government	1st March.
11 Confidential Reports on Civil Surgeons (approved Probationers and Permanent).	All Subordinate Officers.	Do.	Do.	Superintendent, Government Press.	15th March.
12 Indent for T. & A. Code forms for Medical Department.	Superintendents of Mental Hospitals.	Do.	Do.	Government	1st March.
13 Annual Report on Mental Hospitals.	All Subordinate Medical Officers.	Do.	Do.	Superintendent, Government Press.	15th April.
14 Indent for common Forms	All Subordinate Officers.	Do.	Do.	Government	1st June.
15 Annual or Triennial Report on the working of Civil Hospitals and Dispensaries.	Port Health Officers.	10th February	Do.	Superintendent, Government Press.	1st March.
16 Indent for forms under Indian Ports Act.	All Subordinate Officers.	16th February	Do.	Do.	Do.
17 Indent for common and Confidential covers.	.....	.....	.....	Health and Finance Departments and Accountant-General, Madras.	15th February.
18 Demands for grants, supplementary estimates "57. Miscellaneous charges for the Pasteur Institute, Coonoor".	.....	.....	.....	.....	.....
19 Report on the Inspection of Government Hospitals and Dispensaries by District Medical Officers.	D.M.S. Circular P. No. 226/G1/51, dated 23rd August 1951.	All District Medical Officers.	Before the end of February.	.....	.....
20 Return showing how the rule of reservation of appointments has been working in the Ministerial Service.	G.O. Ms. No. 693 Public (Services), dated 3rd March 1952.	All Subordinate Medical Officers.	1st March	Government	1st April.

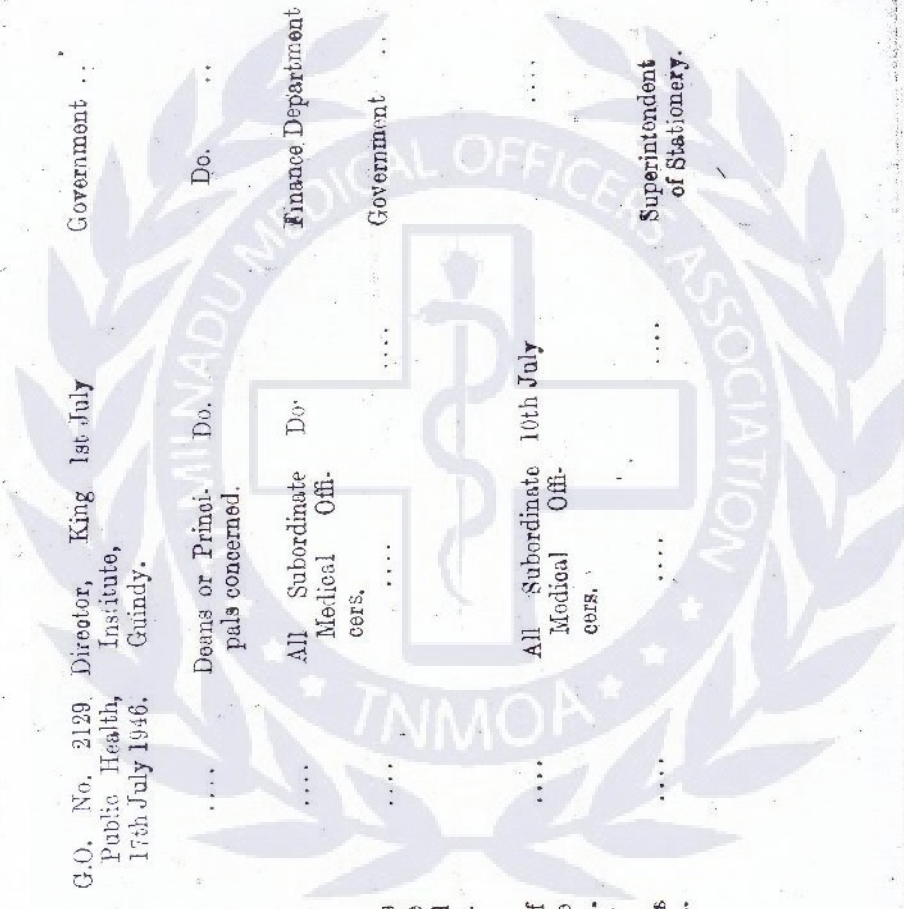
List of Reports and Returns Received in and despatched from the Office of the Director of Medical Services—cont.

Nature of report or return.	Incoming.		Outgoing.	
	Authority prescribing the report or return.	From whom due.	To whom due.	When due.
(1)	(2)	(3)	(5)	(6)
21 Surrender of Funds	Health and Finance Departments and Accountant-General, Madras.	10th March.
22 Particulars regarding recovery of money from the pupil Maternity Assistants who resigned before completion of the training.	Accountant-General, Madras.	15th April.
23 Statements of maintenance grants paid to private medical institutions.	Health and Finance Department and Accountant-General, Madras.	20th March.
24 April return in respect of the members of the Nursing Staff Branch III—Nursing.	Accountant-General, Madras.	20th May.
25 Annual Statement of Non-Medical staff excluding Nursing staff as on 1st January of the succeeding year.
26 Certificate of payment of the rates of wages paid to menials paid from contingencies.	Item 37, Appendix 7, M.F.C. Vol. II.	All Subordinate Medical Officers.	Accountant-General, Madras.	30th April.
27 Statement regarding Appropriation Accounts. Experimental investigations without fruitful result. Incorporation account.	All Heads of Institutions.	Government	15th May.

Annual—cont.

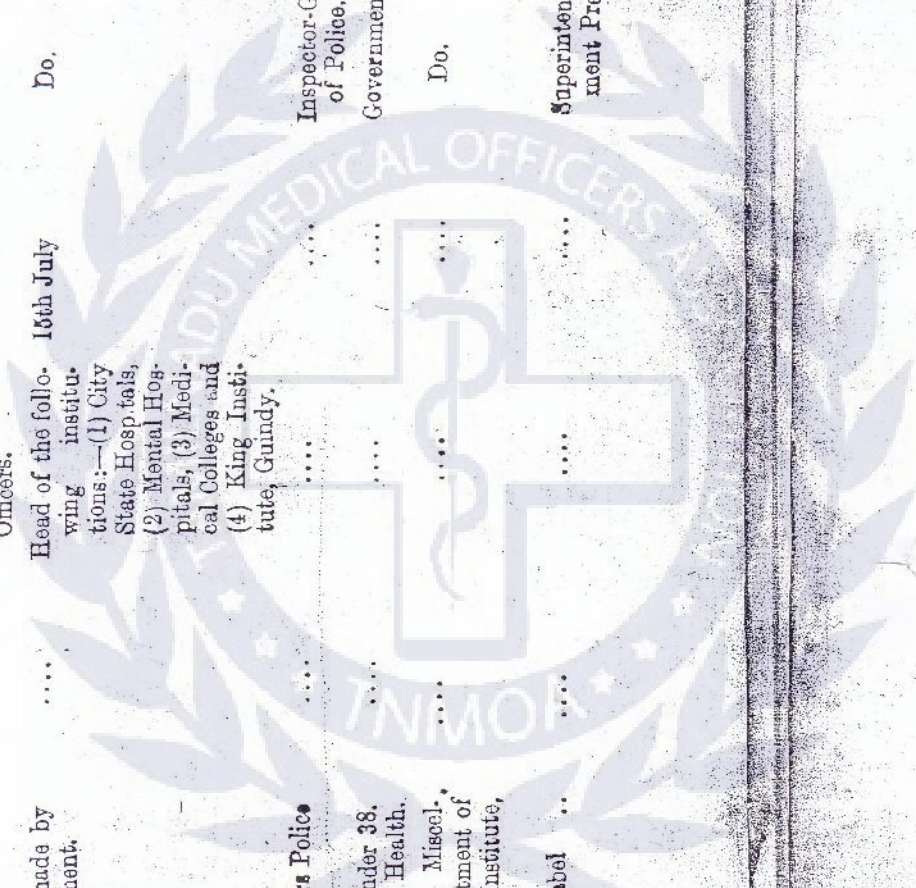


28 Indent for stationery	All Subordinate Officers.	15th May	Superintendent of Stationery.	30th June.
29 Statement of Stock and Store Accounts for the previous year for inclusion in appropriation Accounts.	Appendix 10 to M.F.C. Volume II.	30th May	Accountant-General	Do.
30 List of estimates of vacancies in the Madras Ministerial service.	G.O. No. 958, Public (Services), dated 9th May 1941.	.....	Secretary, Public Service Commission, Madras.	1st June.
31 Exhibition of losses in Government and Appropriation Accounts.	.....	.....	Do.	15th June.
32 Administration Report of the King Institute, Guindy including the Government Analyst's Report.	G.O. No. 2129, Public Health, 15th July 1946.	1st July	Government	15th July.
33 Administration Report of Medical Colleges and Chemical Examiner's Office.	.....	Do.	Do.	Do.
34 Statement of numbers	Deans or Principals concerned.	Do.	Do.	Do.
35 Report regarding the progress of subscription to the General Provident Fund and Defence Savings Provident Fund.	All Subordinate Medical Officers.	Do.	Finance Department	1st August.
36 Certificate of verification of securities deposited by the contractors and Government servants, etc.	.....	.....	Government	1st July.
36A Indent for special Act forms for the Medical Department.	All Subordinate Medical Officers.	10th July	Superintendent of Stationery.	15th July.



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

Nature of report or return.	Incoming.		Outgoing.	
	Authority prescribing the report or return.	From whom due.	To whom due.	When due.
(2)	(2)	(3)	(5)	(6)
<i>Annual—cont.</i>				
37 List of Assistant Surgeons who have been transferred before their tenure period in a station.	G.O. No. 4037, Public (Services), dated 21st November 1949.	.....	Government	26th July.
38 State Administration Report, Part II.	.....	All Subordinate Officers.	Do.	15th August.
39 Claims likely to be made by the Madras Government.	.....	Head of the following institutions:—(1) City State Hospitals, (2) Mental Hospitals, (3) Medical Colleges and (4) King Institute, Guindy.	Do.	1st September.
40 Statement of Numbers Police Hospitals.	.....	.....	Inspector-General of Police.	15th July.
41 Charges in England under 38. Medical and 39 Public Health.	.....	.....	Government	1st week of August.
42 Budget Estimate 57. Miscellaneous for the treatment of patients in Pasteur Institute, Coonoor.	.....	.....	Do.	1st September.
43 Indent for economy label	.....	.....	Superintendent, Government Press.	Do.



44 Budget Estimate .. .. .	.....	All Subordinate Officers.	1st week of September.	Health and Finance Departments.	15th October.
45 Receipts Budget XXVII Medical .. .. .	.....	Do.	.....	Do.	20th September.
46 Receipts Budget XXVIII Public Health, .. .. .	.....	Do.	.....	Do.	25th September
47 Part II Schemes .. .. .	.....	Health Department	.....	Health Department	1st October.
48 Deposit account of grant made by the Indian Council of Agricultural Research, .. .. .	.....	Finance Department	.....	Finance Department	
49 Indent for Military Forms .. .. .	.....	.....	.....	Deputy Controller, Government of India, Central Forms Stores, Calcutta.	5th November.
50 Madras State Administration Report furnishing of details. ....	.....	.....	.....	Government	
51 Budget Estimate under XLIX. Receipts and superannuation contribution for pension and gratuities —Other contributions. ....	.....	.....	.....	Do.	Do.
52 State Administration Report, Part I. ....	.....	All Subordinate Officers.	15th November ..	Do.	15th December.
53 Correction of the Annual list of Nursing Staff. ....	.....	Director of All Subordinate Medical Services, Medical Officers.	15th December ..	.....	.....
		Cir. Ref. No. 15281 N/52, dated 4th March 1952.		Occasional.	
1 Statement showing the particulars of dealers dealing in without valid licences.		Drug Controller's R. No. 15604 W/52, dated 1st March 1952.		As and when such cases arise.	