

THE CENTRAL PROVINCES & BERAR MEDICAL MANUAL

PART 1 – CIVIL MEDICAL DEPARTMENT AND ESTABLISHMENT

CHAPTER 1 – CIVIL MEDICAL DEPARTMENT

1. The Medical Department consists of the following institutions and services:-

A-INSTITUTIONS

I.-Hospitals and dispensaries

- (i) Government
- (ii) Municipal (including notified area committee)
- (iii) District council
- (iv) Dispensary fund
- (v) Private
- (vi) Missionary

II. Mental hospital

III. Robertson Medical School

IV. Leper homes and hospitals

B.SERVICES

- I. Officers of the Indian Medical Service
- II. Officers of the Provincial Medical Service
 - (i) Class I
 - (ii) Class II
 - (iii) Subordinate
- III. Superintendent, Mental Hospital, Nagpur
- IV. Honorary medical staff
- V. Subsidized medical Practitioners
- VI. Nursing establishment
- VII. Ministerial and menial establishment

CHAPTER II – ADMINISTRATIVE STAFF

2. Inspector General of Civil Hospitals, Central Provinces and Berar. The Administrative Officer in charge of the Civil Medical Department is designated as Inspector-General of Civil Hospitals, Central Provinces and Berar.
3. Until all officers of the Indian Medical Service of the categories mentioned in 3 (1) (a) of the I.M.S (Civil) (Reserved Posts) Rules, 1939, who were in civil employ on the 10th of May 1928, have retired or been otherwise provided for, the post of Inspector-General of Civil hospitals shall continue to be filled from amongst such officers in the manner prescribed.
4. Duties. The Inspector-General of Civil Hospitals is the head of the Civil Medical Department of the province and his duties as such are as follows:-
 - (i) The superintendence of all hospitals, dispensaries, Mental Hospital and Robertson Medical School.
 - (ii) The control of the medical staff of the province.

He is also the advisor to Government in respect of all matters connected with the civil medical administration of the province.

5. Responsibility for submission of returns. In addition to administering the Civil Medical Department, the Inspector-General of Civil Hospital is responsible to Government for the submission of all reports, returns and other documents required by the Administrative Department of the State to illustrate the working of the medical institutions under his control.
6. Relations between Director-General, Indian Medical Service, and Inspector-General of Civil Hospitals. The Director-General of Indian Medical Service is entitled to receive any information he desires from the Inspector-General of Civil Hospitals and to communicate with him in regard to the operation of departmental rules and orders, but he will exercise no direct authority over the Inspector-General of Civil Hospitals, who will be solely under the orders of the Provincial Government. A copy of all important letters received from or addressed to Director-General, Indian Medical Service, shall be furnished by the Inspector-General of Civil Hospitals to Government for information.
[I.A. Cir of 1900 CI 143 and G.I.H.D. Notification No. 361, d 30-7-86]
7. Inspections. It will be the duty of the Inspector-General of Civil Hospitals to inspect carefully, if possible, once a year, every headquarters hospital; enquiring into all matters connected with its working, and he shall take advantage of every opportunity of visiting out-station dispensaries, the Mental Hospital, leper asylums and other medical institutions. When it is considered desirable that inspection minutes should be brought specially to the notice of local officers, the Inspector-General of Civil Hospitals, should send them direct to Commissioners with a view to action being taken. No reference need be made to Government unless there is some matter of importance to be brought to notice or unless there is some point in regard to which the Inspector-General of Civil Hospitals and the Commissioner are unable to agree.
- 8 Power. Subject to such special or general orders that may be passed by Government in this behalf, the Inspector-General has the power to dispose of all matters relating to the appointment, transfer, leave, postings and punishment or dismissal of assistant medical officers and all officials of the Medical Department subordinates to them
[Sectt. letters No.1292-I-5-36, d. 12-6-13, and No.1518-1-5-36, d.17-7-13]
9. Correspondence relating to Civil Surgeons, Superintendent, Mental Hospital, and assistant surgeons and should be referred by the Inspector-General of Civil Hospitals for the orders of Government.
[Sectt., Appts. Deptt., letter No.4171-2248-III, d.19-9-22]
10. Reports, etc. from Inspector-General of Civil Hospitals-The Inspector-General of Civil Hospitals should submit on the 10th April of every third year a full report on the working of the dispensaries, statistical returns and brief commentaries. In the shape of notes, being submitted in the intermediate years.
11. Pay of appointment. See chapter XII, paragraph 5 of the Manual of Pay and Allowances of Gazetted Officers.

12. Leave and pay while on leave. See Chapter XII, paragraphs 5,8,9 and 10 of the Manual of Pay and Allowances of Gazetted Officers.
13. Tenure of office. See Chapter XII, paragraph 6 of the Manual of Pay and Allowances of Gazetted Officers.
14. Inspector-General of Civil Hospitals debarred from Private practice. The Inspector General of Civil Hospitals is debarred from private practice of his profession. This rule is not intended to prevent him from exercising his discretion in advising an executive medical officer under his orders, affording aid on emergency or assisting with his skill and experience any member of the general public, provided that no fee is accepted for such assistance.
[D.G., I.M.S. No.S.C d. 21.9.03]
15. The Provincial Government has approved of the following arrangement under which the Inspector-General of Civil Hospitals will be allowed access to the documents of Government.

The Inspector-General of Civil Hospitals will be allowed access to files or other papers pertaining to the departments of Medical Administration, Prisons, Sanitation and Public Health and cognate matters, on his personal request, in the event of his desiring to see them in connection with any particular subject. The documents so supplied will be kept in the personal custody of an officer not lower in rank than a Superintendent and the information thereby obtained will not be referred to in official correspondence. It is understood that the Minister in charge of the subject concerned may, at his discretion, decline to furnish such papers, whether current or completed and that portions of the notes may be excised before communication to the Inspector-General.

[Sectt, Admn. Deptt., letter No.38-D-IX, d, 28-2-21]

CHAPTER III-OFFICERS OF THE INDIAN MEDICAL SERVICE

16. Civil Appointments. A number of civil appointments under the Government of India and Provincial Governments are reserved for officers of the Indian Medical Service in order to provide for a war reserve and for medical attendance on European officers of the Superior civil services and their families; officers so employed with the exception of those holding certain specified posts called "Residuary" are liable to be recalled to military duty.
17. Appointment to civil branch. An officer selected for civil employment is appointed to the civil branch by the Secretary of State.
18. Probationary Period. On transfer to a civil appointment an officer is placed on probation for a period of two years and during that time he may be required to pass a local vernacular test. Failure to do so may be regarded as a ground for refusal to confirm him in the civil appointment or for his reversion to military duty.

19. Conditions of service in civil employment. The conditions of service in civil employment are laid down in memoranda issued by or with the concurrence of the Secretary of State from time to time.

[Regulations for the medical services of the Army in India, 1537, paragraph 14]

20. Officers under the authority of the Provincial Government. During the whole period of an officer's employment on other than military duty and until his services are formally replaced at the disposal of the Government of India, he will be under the authority of the Provincial Government under which he is serving.

21. Strength of the Staff. The strength of the Indian Medical Service (Civil) prescribed by the Secretary of State for India is as given in table below:-

- (a) Duty posts reserved – 5, viz., (i) Civil Surgeon, Nagpur (ii) Civil Surgeon, Jabalpure; (iii) Civil Surgeon Raipur (iv) Civil Surgeon, Amraoti; and (v) Specialist Robertson Medical School.
- (b) Leave reserve against (a) – 2
- (c) Other medical posts-3
- (d) Posts temporarily reserved for officers in civil employment on the 10th May, 1928 viz., Inspector-General of Civil Hospitals-1
- (e) Posts temporarily reserved for officers in civil employment on the 1st May, 1937, viz., (i) civil Surgeon, Chhindwara, (ii) Inspector-General of Prisons (iii) Director of Public Health and (iv) Superintendent, Central Jails (2)-5

NOTE 1: The posts mentioned against (c) above are meant for Indian Officers and can be set off against Indian Officers occupying posts mentioned against (d) and (e) above.

NOTE 2: Officers belonging to (b) and (c) will be employed in appointments commensurate with their qualifications and ability such as public health appointments, superintendencies of jails, civil surgeoncies and administrative appointments.

{G.of 1. Deptt. of Edn., Health and Lands, No.7 6-39-11, dated the 12th May, 1939, read with Appendix II to the Defence Deptt. Resolution No.205 of the 25th March, 1937]

22. Orders on the following subjects relating to the general conditions of service of the officers of the Indian Medical Service in civil employment will be found in the paragraphs of Chapter XII of the Manual of Pay and Allowances of Gazetted Officers noted against each:-

- (1) Pay of Lieutenant-Colonel in civil employment attached to the office of a Principal Medical Officer-Chapter XII, paragraph 7
- (2) Rates of leave salary – Chapter XII, paragraphs 8, 9 and 10.
- (3) Rates of pay of Indian Medical Service Officers in civil employment – Chapter XII, paragraph II.
- (4) Remuneration to medical officers for medical examination of candidates newly appointed in India to posts in the All-India services and technical posts –Chapter XII, paragraph 14.
- (5) Acceptance by medical officers in civil employment of fees for serving as examiners in medical subjects – Chapter XII, paragraph 15.

- (6) Special pay to Civil Surgeons for charge of railway employees – Chapter XII, paragraph 16
 - (7) Ineligibility of India members of the Indian Medical Service to subscribe to the general provident fund – Chapter XII, paragraph 17.
 - (8) training in medico-legal serological work – Chapter XII, paragraph 18.
23. Military commissioned officers, when subject to civil leave rules. See Fundamental Rule 61.
 24. Seniority of officers of the Indian Medical Service in civil employment transferred from one province to another. The seniority of Indian Medical Service officers in civil employ transferred from one province to another should be that, where the transfer is made for reasons of public interest, the officer concerned should carry his seniority in civil employ with him; but, where the transfer is made for an officer's convenience, he should lose his seniority in the province from which he was transferred and start in the new province at the bottom.
[G. of I., Deptt. of edn., Health and Lands endt. No.F 12-18-35-H, d. 5-1-37, copy recd., under the C.P Apptts. Dept. endt. No. 248-117-111, d. 15-1-37, diled in case G.A-II-28-9 of 1932-37]
 25. Indian Military widows' and orphans' fund. The claims to pension of widow's and families of officers are treated under the provision of such Royal Warrant regulating the grant of pensions to the widows and families of British Officers as may be in force at the time.

The widows and families of European officers are also entitled to pensions under the regulations of the Indian military widows' and orphans' fund. Subscription under those regulations is a condition of appointment.

[Memorandum regarding appointment to and conditions of service in His Majesty's Indian Medical Service]

26. Defence services officers' provident fund-Subscriptions by Indian Officers commissioned on or after the 1st April, 1931 are compulsory and for the others optional, but once they elect to subscribe they are to do so for the rest of their service.
27. (I) Liability for military duties as an extra charge. Medical officers in military and civil employment may be assigned temporary civil and military duties, respectively, as an extra charge, with the concurrence of the Provincial Government and the Divisional Commander.
[A.R.I., Volume VI, paragraph 45]
- (2) Performance of duties in the civil department by military medical officers and vice versa and extra remuneration for the same. All medical officers, assistant surgeons and assistant medical officers in military employ shall, when called upon to do so, render their services to civil departments gratuitously and similarly, all such servants of Government in civil employ, including purely civil assistant surgeons and assistant medical officers, shall perform, without payment, duties required of them on the military side in cases of necessity; cases in which such officers, assistant surgeons and assistant medical officers are called on to perform any specially arduous duty outside their own immediate work will be dealt with under the provisions of Finance Department resolution No. 361-E-A, dated the 24th July, 1916.

[Chapter XII, paragraph 19 of the Manual of pay and Allowances of Gazetted Officers, C.P Sectt., Medl. deptt. No. 528-A-VI-14-40, dated the 21st May 1914]

When vaccines or other special medical supplies are required by a civil officer, there is no objectives to their being supplied free by a military medical officer, if the case is one of urgency, and the vaccines, or other preparations, cannot conveniently be supplied by the medical authorities. Similar requisitions received on behalf of a military officer should be similarly met by the civil medical authorities. Except in very emergent cases, medical officers should, as far as possible, when treating entitled military patients, at any station in this province, send in their prescriptions for such medicines, drugs, vaccines and sera and other articles of medical comforts as are not available in a local civil hospital or dispensary, to be dispensed at the nearest British or Indian Military hospital, or the military family hospital. The stock of medicines, etc., held on public charge in a Military or Government civil hospital or in a State-aided dispensary should ordinarily meet requisitions of authorised military medical attendants or of those required to attend entitled military patients, etc., and cases in which this is not practicable, and medicines have consequently to be purchased locally for the treatment of entitled military patients, the bills of medicines so purchased supported by a statement giving adequate reasons for the expenditure incurred should be sent to the nearest Assistant Director of Medical Services of the District or Independent Brigade Area concerned for his decision. Anything disallowed by the Assistant Director of Medical Services must be paid for by the patient without further question. If the Controllers of Military Accounts disagree with Assistant Director of Medical Services or Deputy Director of Medical Services the matter should be submitted to the Army Headquarters.

[G.I., A.D. No. 25397-2 (D.M.S.) d. 19th December 1922, Sectt., Medl. and P.H. Admn. Deptt., endt. No.87-12-IX; d.11-1-23]

[Deputy Director-General's memo No. 787-2070-83-A d. 9-6-30]

28. Accelerated promotion. Promotion to Lieutenant-Colonel may be accelerated by not more than six months in the case of officers who produce satisfactory evidence of progress in any branch of knowledge which is likely to increase their efficiency. A Captain prevented by exigencies of the service from obtaining an opportunity to qualify for such accelerated promotion will have concession open to him till the completion of 16 year's service. This rule applies to all officers who were in service on 1st April, 1937.
29. Approved study in India. In order to be eligible for accelerated promotion an officer should have studied, after entering into service, in Europe, America or Inida, an approved subject for a period of six months and attained a degree or diploma, or for nine months without obtaining degree or diploma. The following courses of study in India are regarded as approved study for purposes of accelerated promotion:-
 - (i) D.P.H. courses at the All-India Institute of Hygiene and Public Health.
 - (ii) D.T.M courses at the Calcutta School of Tropical Medicines.
 - (iii) The Malarial course at the Ross Field Experimental Station of Malaria, Karnal.

- (iv) Other courses in India which may from time to time be approved by the Director – General, Indian Medical Service.
30. Promotion to administrative grade may not be declared – Lt. colonels of the Indian Medical Services selected for promotion to administrative rank have no right to decline their promotion or to bring forward any circumstances with a view to inducing Government to reconsider its decision. This rule, however, does not apply in cases of temporary vacancies, and the selection of a medical officers to fill a temporary appointment which has been declined by an officer senior to him does not necessarily mean the super session of the latter for want of ability and merit. A Lieutenant-Colonel of the Indian Medical Service, who has been passed over with his own consent, will have no claim to promotion at any subsequent time.

[G.I.N.D. Mo. 1382 A, d.30-5-92]

31. Officers granted extension over 55 to be retained in Civil employment. Lieutenant-Colonels of the Indian Medical Services in civil employment who are granted an extension of service beyond the age of 55, will ordinarily be employed in civil department.

[G.I.H.D. No. 696, d, 16-7-07]

32. Applications for leave. Applications from Civil Surgeons, who are also in administrative charge of jails, for leave other than casual leave, should be submitted in the first instance to the Deputy Commissioner for transmission through the Inspector-General of Prisons to the Director of Health Services, Madhya Pradesh, medical Section who will, after consulting the Inspector-General of Prisons in regard to the arrangements for carrying on the Jain work and subject to the procedure prescribed in Supplementary Rule 4 under Fundamental rule 74 (a), submit the applications to the Accountant – General, Madhya Pradesh first for his report, about admissibility of the leave and then on receipt of his report to the State Government with any proposals he may have to make for carrying on the applicant's work. In the case of those civil surgeons, who are not in administrative charge of jails, and in the case of Superintendent, Mental Hospital, Nagpur, applications for leave other than casual leave should be submitted through the Deputy Commissioner to the Director of Health Services,, Madhya Pradesh, Medical Section.

[Sectt. letter No. 1545-15-22, d.27-7-08]

33. Applications for casual leave. Inspector General of Civil Hospitals is the authority to a grant casual leave. Applications stating the number of days already enjoyed during the current year should be sent to the Inspector – General of Civil Hospitals. Civil Surgeons who are also superintendent of the district of subsidiary jails will forward their request to casual leave through the Deputy Commissioner, who, if he agrees to the grant of casual leave, will be responsible for arranging for the charge of the jail during the absence of the superintendent. before a Civil Surgeon avails the period of such leave and the date of his departure. he should also report the date of his return to duty.

[General Book Circular, Part II, No.6]

34. A provincial Government cannot grant furlough or leave under the military leave rules to a military officer, who has no substantive appointment in the civil department but is holding only a temporary or officiating appointment in that

department, unless it is prepared to re-employ him immediately on the expiry of his furlough or leave.

[Fundamental Rule 100-II]

35. Regulations regarding the grant of study leave to officers of the Indian Medical Service. See Fundamental Rules, Appendix XXI, Part B, Volume II (Study Leave Rules for Indian Medical Service Officers.)

36. Employment while on leave – Orders regarding the taking up of employment while on leave are contained in General Book Circular No. 1-12. these orders, while they apply to medical officers, refer only to employment; and as the relations of patient to doctor are not those of employer, there is nothing to prevent a medical officer on leave from engaging in private practice, though the rules would forbid him from entering the employment of any institution.

[G.I.H.D. No. 306, d. 22-4-12, and D.G., I.M.S., No. I-C, d. 5-6-12]

37. Conveyance allowance to civil surgeons at Nagpur and Jabalpur. The civil surgeons at Nagpur and Jabalpur are entitled to a fixed conveyance allowance of Rs.25 per month on the condition that they maintain a motor car.

[Manual of Pay and Allowances of Gazetted Officers, Chapter XII, paragraph 13]

38. Acceptance of fees by Indian Medical Service Officers in civil employment for services other than professional attendance. Rules relating to and schedule of such fees are given in Appendix XII.

39. Private practice. Officers of the Indian Medical Service employed as Civil Surgeons are not debarred from engaging in private practice.

40. Conduct of Government Servants. Rules applicable to members of the services under the control of the Secretary of State for India in Council are contained in part I, No.9 and Appendix A of General Book Circular.

41. Uniform of honorary surgeons to His Excellency the Viceroy. Honorary surgeons to His Excellency the Viceroy are permitted to wear in uniform (full dress) on State occasions an aiguillette on the right shoulder instead of a gold sash.

[Letter No. 818-M, d. 20-3-07, from Military Secretary to H.E. the Viceroy to the D.G., I.M.S]

42. Annual Confidential reports. See Paragraph 4 of General Book Circular No. 1-7.

43. All adverse reports to be communicated to the officer concerned. Any adverse remarks concerning an officer of the Indian Medical Service in civil employment likely to prejudice his prospects of promotions or advancement made in reports other than annual confidential reports must be communicated to the officer concerned.

[G.I., H.D.No. 209, d. 26-2-09]

44. Scale of pensions of officers of the Indian Medical Service. The ordinary retiring pensions of officers of the Indian Medical Service are as follows:-

		Per		Year	
		£	s.	d.	
After 17 years' service	--	372	0	0	
After 18 years' service	--	399	18	0	
After 19 years' service	--	427	16	0	
After 20 years' service	--	465	0	0	
After 21 years' service	--	502	4	0	
After 22 years' service	--	539	8	0	

After 23 years' service	--	576	12	0
After 24 years' service	--	613	16	0
After 25 years' service	--	651	0	0
After 26 years' service	--	697	10	0
After 27 years' service	--	744	0	0

[Memorandum regarding appointment to and conditions of service in His Majesty's Indian Medical Service, 1935]

45. With a view to maintaining the efficiency of the service, officers of the Indian Medical Service will be placed on the retired list when they attain the following ages:-

General Officers – 60

Colonels and Brevets – Colonels – 57

Other officers – 55

[Royal Warrant, Article 3, d. 12-4-37]

46. A Lieutenant-Colonel who entered the Indian medical Service before the 1st May 1911 and who has been specially selected for increased pay may, if he attains the age of 55 years before he completes 27 years' service for pension, be retained until completion of such services.

{Royal Warrant, Article 3, d. 12-4-37]

47. Casualty reports of Indian Medical Service Officers. The death of an Indian Medical Service officer in civil employ is notified to the Office commanding the nearest military station, by the civil authorities concerned. \On receipt of such a report the Station Commander will at once arrange for the assembly of a committee of adjustment on the estate of the deceased officer, in accordance with section 1 of the Regimental Debts Act, 1893, and regulations there under to the same manner as for an officer who dies while in military employ.

[Indian Army Order No. 807, d. 16-11-27-estates]

48. The members of this service belong to a new service organised on a provincial basis called the Central Provinces and Berar Medical Service, Class I. (The existing Central Provinces and Berar Medical Service will be known in future as the Central Provinces and Berar Medical Service, Class II)

[Govt. of India, Dept., of Edn. Health & Lands, Press Communique, d.10-5-28, and Notfn. No.9-3-6-32, d. 12.10.32]

49. Strength of the staff. The appointments included in this service are nine posts of Civil Surgeons. Of these posts, four will be filled by the direct recruitment of medical men and five by the promotion of Assistant Surgeons serving in class II of the service.

NOTE: No separate leave reserve exists for these posts but the six posts of Assistant Surgeons in class II (Men's Branch) referred to in paragraph 77 include a deputation reserve of Assistant Surgeons officiating as Civil Surgeons in leave vacancies.

50. Direct Appointment of candidates subject to requirements. The direct appointment of candidates to the Central provinces Board of Medical Service is subject to the following requirements.
- Age-Candidates should ordinarily have attained the age of 30 and not exceeded 35.
- Qualifications. A candidate must hold a higher surgical or medical degree than the minimum prescribed for registration in India or Great Britain. The certificates or degrees of institutions in India and Great Britain accepted by the Provincial Government for this purpose are stated in the note below. candidates from other recognised universities and institutions abroad must possess equivalent qualifications or distinctions. Importance will be attached to experience of medical conditions outside India.
- NOTE: medical diplomas and degrees accepted by the Provincial Government as qualifying for admission to the Central Provinces and Berar Medical Service.
- Class I-
- (i) The M.D., M.S., M.Ch. (or Ch.M) of any University and M.Ch Orth of Liverpool.
 - (ii) The Fellowship of the Colleges of Surgeons of England, Edinburgh or Ireland. The Membership of the Colleges of Physicians of London, Edinburgh or Ireland.
 - (iii) The Doctorate in Sanitary Science or D.P.II of any University in India, Great Britain or Ireland and the D.P.H of the English or Scottish Conjoint Boards or of the Irish Colleges.
51. Selection. Selection of candidates for direct appointment to the Central Provinces and Berar Medical Services, Class I, shall ordinarily be made by the Provincial Government in consultation with the Joint Public Service Commission.
52. Direct recruitment. Applications. The Joint Public Service Commission will call for applications for vacant posts by means of notice published in the Central provinces and Berar Gazette and by advertisements in the newspaper press.
53. Officers of class II eligible to apply. Officers already serving in class II of the Central Provinces and Berar Medical Service, who possess the qualifications specified in note to paragraph 50 will be eligible to submit applications in accordance with this rule.
54. Application fee. Candidates must pay a fee of rs.10 a treasury receipt for which must be sent with the application form. Applications unaccompanied by a treasury receipt will be ignored.
55. Agreement bond to serve for a period of five years. A directly recruited candidate (other than an officer already serving in class II) of the service will be required to enter into an agreement. He will be engaged for a period of five years in the first instance and at the end of that period he will either be permitted to join the service permanently or his appointment will be terminated. Such officer may at any time within five years of his first engagement resign his appointment by giving six months' notice in writing. In case of failure, the officer will be liable to pay a penalty of Rs.1000/- (One thousand) prescribed in the agreement bond. vide Appendix X.
56. Termination of appointment. The appointment of an officer appointed under this rule is liable to be terminated by the Provincial Government.
- (i) at any time within five years of his first appointment by six months' notice given in writing;

- (ii) by dismissal at any time without previous notice for insubordination, breach of duty or other misconduct, subject to the ordinary rules for the punishment of Government servants, in consultation with the Public Service Commission.

57. Pay and Advance increments. The pay of officers of the Central provinces and Berar Medical Service, Class I, will be according to the scale given in paragraph 62, provided that it will be open to the Provincial Government to grant on first appointment to the service, advance increments according to age and qualification to a directly recruited candidate who is above the age of 30 years and is exceptionally qualified in respect of professional experience or attainments.
58. Efficiency bar. An efficiency bar will be applied at the Rs.500 stage of the scale. No officer will be allowed to draw more than rs. 500 unless he is declared to be fit in respect of efficiency and approved service for promotion to the higher stage.
59. Indirect appointment by promotion from the Central province and Berar Medical Service, class II (five posts reserved). Five posts of Civil Surgeons will be filled by officers promoted from class II of the Central Province and Berar medical Service.
60. Selection. The selection of officers for such promotion will be made purely on the grounds of efficiency and fitness by the provincial Government in consultation with the Public Service Commission.
61. Pay of promoted officers. The officers promoted from class II of the service will draw pay according to the scale given in paragraph 62 or 63.
62. Scale of monthly rates of pay for officers of Central provinces and Berar Medical Services, Class I. The following is the scale of pay.

Year of Service		Pay Rs.
1 st year	:	300
2 nd year	:	300
3 rd year	:	325
4 th year	:	350
5 th year	:	375
6 th year	:	400
7 th year	:	425
8 th year	:	450
9 th year	:	475
10 th year	:	500
Efficiency Bar		
11 th year	:	525
12 th year	:	550
13 th year	:	575
14 th year	:	600
15 th year	:	625
16 th year	:	650
17 th year	:	675
18 th year	:	700
19 th year	:	725
20 th year	:	750
21 st year	:	775
22 nd year	:	800

[Apptts. Deptt. Notfn. No. 4205-2223-III, d. 12-12-31 copy received under Apptts. Deptt. Endt. No. 27-2223-III, d, 5-1-32]

NOTE: An officer of the Provincial Medical Service appointed to officiate as Civil Surgeon in an Indian Medical Service post will draw pay at the rate which would be admissible to him if he were appointed to officiate in a post in the central Provinces and Berar Medical Service, Class I. (Medl. Deptt. memo No. 3254-559-XIV, d,24-5-37]

63. Monthly rates of pay of Assistant Surgeon promoted to Civil Surgeoncies prior to the 10th December, 1931, the following is the scale of pay:-

Year of Service		Pay Rs.
1 st year	:	500
2 nd year	:	525
3 rd year	:	550
4 th year	:	575
5 th year	:	600
6 th year	:	625
7 th year	:	650
8 th year	:	675
9 th year	:	700
10 th year	:	725
11 th year	:	750
12 th year	:	775
13 th year	:	800

Selection grade – Rs. 800-50-1000

64. Promotion to selection grade. Promotion of officers of class I to the selection grade will be made on grounds of seniority, efficiency and fitness, by the Provincial Government on the recommendations of the Inspector-general of Civil Hospitals.
65. Seniority. The seniority of officers in class I will be reckoned from the date of their appointment or promotion to that class, provided however, that persons selected at the same time will be given seniority in accordance with the order of merit in which they are placed at the time of selection. [No.32, dated the 23rd October, 1944]
66. Discipline. the authority of the Provincial Government over and the right of appeal of officers of the Central provinces and Berar Medical Service, Class I, is regulated by the Civil Service (Classification, Control and Appeal) Rules, so far as they relate to provincial service, and by the Devolution Rules framed under sections 45-A and 129-A of the Government of India Act. Subject to the exceptions mentioned in regulation 8 of the Central Provinces and Berar Public Service Commission (Limitations of Functions) Regulations, 1937, the Public Service Commission shall be consulted on disciplinary matters including memorials and petitions relating to such matters.
67. General conditions of service, pay, allowances and leave. Conditions of service, pay, allowances and leave will be regulated by the Fundamental Rules and the Supplementary Rules thereunder as may be made by the Provincial Government under the Civil Services (classification, Control and Appeal) Rules.

68. Conduct. In their public and private capacity, officers are bound by the Government Servant's Conduct Rules (Provincial and Subordinate Services), 1937, and by the standing orders issued from time to time by the Provincial Government, the most important of which are contained in the compilation of Book Circulars of the Government of the Central provinces and Berar (Part I, No.9 Appendix B)
69. Pensions. Pensions will be regulated by the Civil Service regulation and the Central Provinces Supplement to these regulations as may be modified from time to time or by such rules as may be made by the provincial Government under the Civil Services (Classification, Control and Appeals) Rules.
70. Application for leave other than casual leave. See paragraph 32.
71. Application for casual leave – See paragraph 33
72. Employment on leave – See paragraph 36
73. Performance of duties in the Military Department by Civil Medical Officers and vice versa and extra remuneration for the same – see paragraph 27.
74. Acceptance of fees for services other than professional attendance – Schedule of such fees is given in Appendix XII.
Honorarium to gazetted Medical Officers appointed certifying surgeons under the Indian Factories Act, XII of 1911 – See paragraph 5 of Chapter XX of the Manual of Pay and Allowances of Gazetted Officers (Seventh Edition, 1941)
Chapter V – Central Provinces and Berar Medical Services, Class II (Men's Branch)
75. Origin of grade of Assistant Surgeons. The grade of Assistant Surgeons was established in 1847, when Government authorised the formation of a superior grade of Indian Practitioners. Assistant Surgeons now constitute the Central provinces and Berar medical Service, Class II.
[G.G.O No.72, d, 28-4-1847]
76. Cadre. The cadre of the central Provinces and Berar Medical Service, Class II, contains 52 posts, the distribution of which is detailed below:
Assistant to Civil Surgeons, Nagpur, Jabalpur, Akola, Amraoti and Raipur-5
Medical school – 8
Main hospitals and dispensaries one for each – Akola, Basim, Amraoti, Ellichpur, Balaghat, Betul, Bhandara, Gondia, Damoh, Drug, Hoshangabad, Harda, Jubbulpore, Murwara, Mandia, Saugor, Nasinghpur, Nimar (Khandwa), Burhanpur, Raipur, Nagpur (Mayo Hospital) Sconi, Wardha, Hinganghat and Yeotmal-30.
- Extra at Victoria Hospital, Jubbulpore, Irwin Hospital Amraoti and silver Jubilee Hospital, Raipur-3
Registrar, Mayo Hospital, Nagpur-1
Tuberculosis Clinics (Nagpur, Jubbulpore, Amraoti and Raipur)
[No.C-67-IV, d,18-6-37]-4
Deputy Superintendent, mental Hospital, Nagpur-1
[C.P. Medl. Adm. and Public Health Deptt. memo No. 3117-39-IX, d-14-6-33, in reply to memo no.G.A.II 29-2-290, d. 22-4-33, File F.A.II 29-2 of 1930-33 and No.2634-1559-XIV of 38, d.26-4-39.

77. Leave reserve. In addition to the above, six posts are sanctioned as leave reserve on temporary basis.

These leave reserve posts include a deputation reserve of Assistant Surgeons officiating as Civil Surgeon in leave vacancies.

78. Recruitment. Appointments are made by the Provincial Government in consultation with the Joint Public Service Commission. Three posts in the cadre of assistant surgeons are to be filled in by promotion of suitable assistant medical officers on the conditions set forth in paragraph 115 of Chapter VII.

79. Requirement. Appointment by direct recruitment is subject to the following requirements:-

- (i) The applicant should not ordinarily be above 25 years, but persons above that age who are exceptionally well qualified may apply. In the case of Harijan candidates and candidates belonging to backward tribes the age limit is up to 30 years.
- (ii) The applicant must hold at least an M.B.B.S degree of a recognised University.
- (iii) An applicant who is a permanent resident of the Central provinces and Berar will be given preference.

Explanation – A candidate shall be deemed to be a permanent resident of the province if-

(a) his father, or if the father is not alive his mother, has resided in the province for not less than twelve years immediately preceding the time of making an application for appointment; or

(b) his father is on deputation for service out of the province or has gone out of the province on business during the aforesaid period but has adopted the province as his permanent home; or

(c) his father or mother had, if both are dead, adopted the province as his or her permanent home and but for death would have been in residence in the province for not less than twelve years immediately preceding the time of making the application for appointment; or

(d) his father and mother are dead and he has adopted the province as his permanent home and has resided in the province for not less than twelve years immediately preceding the time of making the application for appointment.

80. Applications will be invited by the Joint Public Service Commission by means of notice published in the Central Province and Berar Gazette.

81. Pay. Pay will be according to the scales set forth below:-

OLD SCALE OF PAY		
Year of Service		Pay Rs.
1 st year	:	200
2 nd year	:	210
3 rd year	:	220
4 th year	:	230
5 th year	:	240
6 th year	:	250
Efficiency Bar		
7 th year	:	260

8 th year	:	270
9 th year	:	280
10 th year	:	290
11 th year	:	300
12 th year	:	315
Efficiency Bar		
13 th year	:	330
14 th year		345
15 th year		360
16 th year		375
17 th year		390
18 th year		405
19 th year		420
20 th year		435
21 st year		450

[C.P. Sectt., Med. Deptt., No.397-D-IX, d.27-10-20 recd. with F.D.No.397-E-IX-X, d.2-11-20, Dy.1-2678]

REVISED SCALE OF PAY

The following revised scale of pay for Assistant Surgeons appointed on or after the 10th December, 1931 to the Central Provinces and Berar Medical Service, Class II, is sanctioned:-

Year of Service		Pay Rs.
1 st and 2 nd years	:	150
3 rd year	:	160
4 th year	:	170
5 th year	:	180
6 th year	:	190
7 th year	:	200
8 th year	:	215
9 th year	:	230
10 th year	:	245
11 th year	:	260
12 th year	:	275
13 th year	:	290
14 th year		305
15 th year		320
16 th year		335
17 th year		350
18 th year		365
19 th year		380
20 th year		395
21 st year		410
22 nd year		425
23 rd year		440
24 th year		450

[M.A. and P.H.D. Notfn. No. 5832-1246-IX, d.18-10-32]

82. Probationary period. Ordinarily all direct appointments will be made on probation. Probationers will be confirmed after two years of service subject to their proving their fitness for confirmation. A probationer shall not draw any increment till he is confirmed. A probationer must be either confirmed or removed at the end of the prescribed period of probation, but under exceptional circumstances the period of probation may be extended on orders of Government, being obtained in each case.

83. Fixation of pay after Confirmation. Normally after Confirmation pay will be fixed with reference to the length of total service.

84. Arrears of increment. if the probationary period of two years is extended, the appointing authority will decide at the time of confirmation whether the arrears of increments not drawn owing to the delay in confirmation should be paid or not. Such arrears will ordinarily be paid where the extension of the probationary period is due to no fault of the probationers. Officers recruited from the subordinate service will also be on probation for two years. Their pay on appointment will be regulated by Fundamental Rule 22 and increments by Fundamental Rule 26.

[C.P.Medl. Admn, and P.H.D. Notfn. No. 3197-390-IX, d. 9-7-34]

85. Post-graduate courses. There will be post-graduate courses in the sixth and twelfth years, the progress being tested at the end of each course by an examination. promotion beyond Rs.250 (Rs.190 in the revised scale) and Rs.315 (Rs.275 in the revised scale) stages, respectively, will be conditional on success in these examinations.

86. Rules for post-graduate examinations. Rules for the post-graduate examinations of Assistant Surgeons are given in Appendix V.

87. Exemption from passing post-graduate examinations. The power of granting exemptions to Assistant Surgeons from passing post-graduate examinations rests with the Provincial Government. Exemptions are granted in special cases at the discretion of the Provincial Government. Exemption can be granted as a rule in the case of teachers in medical schools and officers who possess either the higher degree of a recognised Indian University (M.D., M.S. and M.O) or any of the higher English qualifications such as Fellowship of the Royal Colleges of Physicians and Surgeons of England, Scotland and Ireland.

[G.I.H.D. No.333, d.313-10, Sectt., Medl. Admn. and P.H.D. letter No.867-598-IX, d.11-3-26]

88. Bond to be executed by Assistant Surgeons. Assistant Surgeons are required to execute a bond, the form of which is given in Appendix X, before they are deputed at Government expense to any course of training.

89. Employment of reserve. The reserve of Assistant Surgeons who are not posted to any charge, may be distributed among and attached to civil hospitals and dispensaries of different districts.

90. Eligibility to apply for posts in service, class I See paragraph 52.

91. Promotion to service, class I See paragraphs 59 and 60.

92. Applications for leave other than casual leave. Applications for leave other than casual leave from Assistant Surgeons should be submitted by the Civil Surgeon direct to the Inspector-General of Civil Hospitals. Leave applications from Assistant Surgeons posted at Seoni, Balaghat, Mandla and Narsinghpur should, however, be submitted through the Deputy Commissioner and the Inspector-General of Prisons.

93. Casual leave. Causal leave may be granted to Assistant Surgeons by the Civil Surgeon without reference to the Inspector-General of Civil Hospitals, provided that suitable local arrangements can be made for temporarily carrying out their duties. A register of casual leave granted should be maintained. With a view to exercise of check on the frequency of applications, the applicant should, in every case, state what period of casual leave has been already enjoyed during the current year and this should be verified before sanction is accorded to further leave.

Assistant Surgeons who are also superintendents of subsidiary jails will forward their request for casual leave through the Deputy Commissioner who, if he agrees to the grant of the leave, will be responsible for arranging for the charge of the jail during the absence of the superintendent.

[Book circular, part II, No.6, Clause 8]

94. Confidential reports. Confidential reports on Assistant Surgeons on the form prescribed in General Book Circular, Part I, S.No. 7, should be submitted annually, through the Deputy Commissioner to the Inspector-General of Civil Hospitals by the 15th of February in each year, or when a transfer takes place from one district to another during the course of the year within a week thereof.

[General Book circular, Part I, S.No.7]

95. Free quarters or house rent in lien thereof-The Provincial Government has decided that under Fundamental Rule 44 where a medical officer is required to live in a hospital or dispensary or near it in order to ensure the proper performance of his duties, he may be granted rent-free accommodation if he occupies a Government building, and the same principle should be followed in applying for sanction for house rent allowance, which is only an alternative to free quarters. Where a medical officer is not required to live near his dispensary or hospital no allowance is permissible. A list of officers enjoying this concession is given in appendix XI.

[Sectt. Medl. Admn. and P.H.D. No.2668-665-IX.d.27-11-22, and No. 4466-599 – IX, d. 13-11-25]

96. **Honoraria and allowances – The honoraria, allowances and special pays given to Assistant Surgeons for performing different duties are contained in the respective paragraphs in Chapter XX of the Manual of Pay and Allowance of Gazetted Officers.**

- (i) Compensatory allowance for being debarred from private practice – Rs.50/-
- (ii) For monthly inspection of boarders and hostels and medical attendance on boarders –

SCALE

For 15 boarders or less – Rs.5

Over 15 boarders and less than 25 boarders – Rs.8

For 25 boarders – Rs.10.

For every 5 or less boarders beyond 25-an additional Rs.1

(iii) For the annual medical examination of pupils-As 4 per pupil.

(iv) Monthly inspection of schools-rs.1 per mensem.

(v) As certifying surgeons –As 4 per certificate

(vi) When in executive charge of jail – Rs. 20

(vii) When in charge of a lock –up Rs.10

(viii) Medical charge of Borstal institution-Rs.50

97. Travelling and daily allowance – See Fundamental Rules Volume II, Appendix V.
98. Employment under local bodies – The provisions of paragraph 130 apply also to Assistant Surgeons employed under local bodies.
99. Rules on the following subjects, referred to in paragraphs noted against each of them, apply to the officers of the Provincial Medical Service, Class II, also:-
- (i) Seniority – Paragraph No.65
 - (ii) Discipline-Paragraph No.66
 - (iii) General conditions of service, pay, allowances and leave – Paragraph No.67
 - (iv) Conduct –Paragraph No.68
 - (v) Pensions –Paragraph No.69
 - (vi) Employment while on leave – Paragraph No.37
 - (vii) Liability for military duty-Paragraph No.27
 - (viii) Acceptance of fees for services other than professional attendance- Schedule of fees is given in Appendix XIII.
100. Military Assistant Surgeons-Only one member of this service is employed in the province as a Civil Surgeon. The conditions of his service are regulated by various Indian Army circulars and he remains liable to recall at any time for military duty.
- This Military Assistant Surgeons cadre will cease to exist for this province on the retirement of the officer serving in this province.

CHAPTER VI – CENTRAL PROVINCES AND BERAR MEDICAL SERVICE, CLASS II (WOMEN’S BRANCH)

101. Women Assistant Surgeons – Members of this service are designated as Women Assistant Surgeons.
102. cadre-There are 13 permanent posts and in addition one post is sanctioned as leave reserve on temporary basis.
[Sectt. Medl. Deptt. No.1616-534-XIV, d. 12-3-42]
103. Distribution of Staff – Women Assistant Surgeons are employed in districts where there are no special women’s hospitals.
104. rules relating to recruitment, pay, promotion, leave, etc.-Women Assistant Surgeons will in all respects be governed by the rules applicable to the Central Provinces and Berar Medical Service, Class II.
105. Certificate of physical fitness required before joining first appointment. Women Assistant Surgeons must produce a medical certificate of fitness for admission to Government service as required by fundamental Rule 10. They will not be allowed to take over charge of their duties unless and until they produce the prescribed certificate.

CHAPTER VII – CENTRAL PROVINCE AND BERAR SUBORDINATE MEDICAL SERVICE – ASSISTANT MEDICAL OFFICERS (MEN’S BRANCH)

106. Origin of grade of Assistant Medical Officers. In the year 1878, the service of Assistant Medical Officers was definitely divided into a military and civil branch. There are at present no military Assistant Medical Officers in this province. Assistant Medical Officers no constitute the Central Provinces and Berar Subordinate Medical Service

106.A. Cadre. The cadre of Assistant Medical Officers includes leave reserve and hence no officiating appointments are permissible against leave vacancies. Its strength on 1st January, 1944 was as under:-

(i) Hospitals and Dispensaries	245
(ii) Pure Jain Hospitals	8
(iii) Pure Police Hospitals	2
(iv) His Excellency's Camp Dispensary	1
(v) Arts College Hospitals at Amraoti and Jabulpur	2
(vi) Forest School Hospital, Balaghat	1
(vii) Jail and Police Hospital (Combined)	15
(viii) Robertson Medical School (Demonstrators)	6
(ix) Mental Hospital, Nagpur	2
(x) Leave reserve	48

Total	330

107. Recruitment. Assistant Medical Officers are recruited by the Inspector-General of Civil Hospitals.

108. Requirements. In the appointment in this service preference will be given to permanent residents of the Central province and Berar (the term "permanent resident" is explained in paragraph 79(3) of Chapter V). vacancies in the cadre of Assistant Medical Officers will be advertised and applications invited from those who have passed the final examinations of Central Provinces Medical Examination Board from the Robertson Medical School, Nagpur. Out of the applicants those who, in view of the proficiency shown in their examination are considered most suitable will be appointed. In exceptional cases deserving candidates who are permanent residents of the province but have obtained medical qualifications from institutions other than Robertson Medical School, Nagpur, will also be eligible for the appointment.

109. List of Assistant Medical Officers. the list of Assistant Medical Officers will be kept by the Inspector-General of Civil Hospitals.

110. Deleted

111. Deleted

112. Bond for refresher course. Assistant Medical Officers are also required to execute a bond in the form prescribed in Appendix X, before they are deputed, at Government expense, to any courses of training.

113. Pay. Assistant Medical Officers are given the following rates of pay:

NOTES: (1) Ordinarily all direct appointments will be made on probation. Probations will be confirmed after two years of service subject to their proving their fitness for confirmation. A probationer will draw an increment if it accrues during the normal period of probation but no subsequent increment will be drawn until confirmation and its payment will be regulated by note (3) below. A probationer must be either confirmed or removed at the end of the prescribed period of probation, but under exceptional circumstances the period of probation may be extended on orders of Government, being obtained in each case.

(2) Normally, after confirmation, pay will be fixed with reference to the length of total service.

(3) if the probationary period of two years is extended the appointing authority will decide at the time of confirmation whether the arrears of increment not drawn owing to the delay in confirmation should be paid or not. Such arrears will ordinarily be paid where the extension of the probationary period is not due to any fault of the probationer.

OLD SCLAE

Rs. 60-5/2-75-5/2-90-10/2-120 with two selection grades viz., 10 per cent of the cadre on Rs. 150 (efficiency bars at Rs.75 and Rs.90)

NEW SCALE

The following scale of pay has been sanctioned by the Provincial Government for Assistant Medical Officers with effect from the 10th December, 1931:-

Year of Service		Pay Rs.
1 st year	:	60
2 nd year	:	60
3 rd year	:	65
4 th year	:	65
5 th year	:	70
6 th year	:	70
7 th year	:	75
8 th year	:	75
Efficiency Bar		
9 th year	:	80
10 th year	:	80
11 th year	:	80
12 th year	:	85
13 th year	:	90
14 th year		90
Efficiency Bar		
15 th year		95
16 th year		95
17 th year		100
18 th year		100
19 th year		110
20 th year		110
21 st year		120
22 nd year		120

With a first grade, viz. 10 per cent of the cadre on Rs. 125-5-140

114. Refresher course examinations. All Assistant Medical Officers will be required to undergo refresher courses of study and examinations in their 8th and 14th years of service. For rules for refresher courses, see Appendix VI.
115. The possession of the membership of the College of Physicians and Surgeons of Bombay and of the State Medical Faculty of Bengal will be regarded as constituting a very special reason for exempting Assistant Medical Officers from passing the prescribed examinations.
116. promotion of Assistant Medical Officers to the rank of Assistant Surgeons- Assistant Medical Officers can be promoted to the rank of Assistant Surgeon with the pay and privilege attaching thereto on the condition that the concession of admission is jealously, guarded and strictly confined to a few men with not less than 15 years service, who in the exercise of their profession, have shown themselves

To be possessed of very exceptional attainments and provided the cadre of Assistant Surgeons is not exceeded. At present, three posts in the cadre of Assistant Surgeons are reserved for such promotion. An Assistant Medical Officer on taking the MBBS degree or on acquiring higher medical qualification may be considered eligible for Assistant Surgeon's post, provided there is a vacancy in the Assistant Surgeons' cadre and he is considered fit by the Public Service Commission. When there is no vacancy he may be considered to have undergone the post graduate courses which an Assistant Medical officer is required to undergo to cross the two efficiency bars in the scale of pay applicable to him and started at Rs.100 per mensem in the old scale or Rs.95 per mensem in the new scale or Rs.155 in the revised scale of pay, viz. 100-200 after efficiency bar.

Assistant Medical Officers who acquire all or any of the following additional qualifications are entitled to two advance increments with effect from the date of announcement of the result:

1. T.D.D.
2. L.O.
3. LTM
4. DTM
5. Training in Malaria
6. Training in Nutrition
7. DMR
8. DGO
9. LGO
10. Training in TB at Delhi or Pendra Road

Note: In the case of Assistant Medical Officers of 20 years' service or more, the reporting officers should, in the confidential reports, give their opinion whether the Assistant medical Officer is fit for promotion to the rank of Assistant Surgeon in consideration of his ability and merit.

[G.I. H.D., (Medl.) letter No. 1049, d.23-10-14, copy received under Sectt. Medl. Deptt. Endorsement No. 1228-VI-14-25, d. 11-11-14]

117. **Examination Passed while on military duty** – any examination passed by an Assistant Medical Officer while performing military duty for promotion will not, as a rule, absolve him from passing the examinations laid down for those in civil employment. The only exception to this rule is in cases where it is certified that the examination passed by an Assistant Medical Officer, while on military duty, was equivalent to that which he would have undergone in civil employment. In such cases the assistant Medical Officer will be held to have satisfied the requirements of the civil department.

[G.I, H.D. No. 393, d 21-7-1887, and Sectt., Medl. Admn. And P.H.D., No. 4465-595-IX, d. 13-11-25]

118. **Special allowances** – In addition to the scale of pay detailed in paragraph 113 special allowances may be granted to Assistant Medical Officers when local circumstances, such as reputed unhealthiness or dearness of provisions, give just grounds for increasing the emoluments of a particular charge. The provincial Government will decide to what charges and appointments such special allowances shall be attached and the amount in each case. Special personal allowances may also be granted on the recommendation of the Inspector-General of Civil Hospitals, for exceptional good service. For details of the various special allowances sanctioned, see Appendix XIV.

[G.I, H.D., No. 16, d. 9-1-78]

119. **Special pay** – An Assistant Medical Officer placed in charge of a hospital tenable by an Assistant surgeon or appointed to hold the post of an Assistant to Civil Surgeon will get a special pay of Rs.20 per mensem, provided that the arrangement is made otherwise than in a leave vacancy.

[Medl. Deptt. Memo. No. 5863-1216-XIV, d. 9-8-41]

120. **Assistant Medical Officers detached for military service** – Assistant Medical Officers taken for temporary military service should receive the military instead of the civil rate of pay, i.e., they should get temporary rank and pay for the time they are serving in the military line according to their length of service as if they had been in that line during the whole of their service, but the rates of pay will in no case be less than their civil pay. While drawing rates of pay not in excess of those admissible to military Assistant Medical Officers of the same grade, they should also be granted both compensation for dearness of food and clothing allowance under the rules applicable to the latter. Such Assistant Medical Officers on returning to civil duties will revert to the precise footing in the civil department as regards pay and position which they would hold if they had not been transferred to temporary duty in the military department.

[G.I., H.D., No. 393, d. 21-7-87, and No.16, paragraph 5, d. 9-1-78, and paragraph 16, A.R.I., Vol. VI, Sectt., Medl. Admn. And P.H. D., No. 4466-599-IX, d. 13-11-25]

- 121 **Travelling expenses for attending courts of law** - See Supplementary Rule 112 under Fundamental Rule 44.

122 Free quarters or house rent - See paragraph 95

123 Municipal taxes on quarters - All municipal taxes on quarters occupied free of rent by Assistant medical Officers and hospital servants in receipt of actual pay not exceeding Rs.42 per mensem at hospitals and dispensaries not managed by local bodies will be paid by government. When the actual pay of such officials exceeds Rs.42 per mensem, municipal taxes for services rendered, e.g., conservancy and water rates, are recoverable from them even where such taxes are under local rule or custom leviable on the owner. Taxes levied on quarters occupied by Government medical subordinates attached to dispensaries taken over by local bodies will be paid as under-

Medical officers lent by Government who occupy quarters supplied free of rent by the local bodies and who are in receipt of actual pay not exceeding Rs.42 per mensem shall be exempted from payment of all local taxes whether such taxes are under local rule or custom leviable on the owner or on the occupier, the taxes being paid by the local bodies concerned. When the actual pay exceeds Rs.42 per mensem, local taxes for services rendered, e.g., conservancy and water taxes, shall be recovered from them even where such taxes are under local rule or custom leviable on the owner.

[Finance Deptt. Letter No. 2698-R-X, d. 8-9-31, and Local Self Govt. Deptt. Notfn. No. 285-288-96-D-VIII, d. 17-1-33]

124 Quarters while on military duty - Hutting money is not admissible to Assistant medical officers temporarily employed on military duty. They should be provided with free quarters, either public or hired.

[G.I.M.D., No. 2816-C, d. 19-10-87]

125 Punishment and procedure in cases of misconduct - See General Book Circular VI-2

126 Secretaryship of municipal committee, etc. – Assistant Medical Officers are prohibited from accepting the posts of honorary secretary of a municipal committee without the previous sanction of the Inspector-General of Civil Hospitals. They may not also accept employment as agent or secretary of an insurance company or in any similar capacity.

[General Book Circular 1-9]

127 Casual leave – Paragraph 93, without the caluse thereunder, applies to Assistant medical Officers also.

128 Attendance at X-ray Classes - All reasonable facilities will be afforded to Assistant medical Officers desirous of acquiring a practical knowledge of radiography and X-rays.

[G.I., H.D., No. 109-228, d. 9-3-06]

129. **Medical inspection of schools** - (i) All schools situated in towns where there are dispensaries shall be inspected once a month by Assistant Medical Officers with the object of examining the health of the pupils and recommending simple medicines for such common ailments as ophthalmia, itch, enlarged spleen and the like.

[Sectt. No. 1809-VI-28-10, d. 18-10-11]

- (ii) In the case of government High and Anglo-Vernacular Middle schools one medical inspection of each pupil shall be made each year. This annual inspection may be spread over the whole year at the convenience of the medical officer. The report of the medical office should be entered on the pupils health card. He should also submit an annual report in Form .. (available in the Education Department) of the medical inspections of each school to the district Inspector of Schools through the Civil Surgeon. The medical officer should enter in form A (available in the Education Department) his opinion in regard to the health of each pupil and the action recommended in each case. The head master is required to record the weight of each pupil and the condition of his sight once in every quarter of the year and the medical officer should note his opinion and the action recommended. The head master should note below, the action taken on the medical officer's recommendation. Remuneration at the rate of four annas for each pupil thus medically inspected will be paid to the medical officer.

[Dir. Of Pub. In's. letter No. 384, d. 21-1-24, and Sectt., Edn. Deptt., letter No. 309, d. 28-4-24.]

- (iii) Medical officers are also authorized to make monthly inspections during the school session of all Government schools and for each inspection so made the medical officer is entitled to special pay at the rate of Rs.1.

[Sectt., Medl., Admn. and P.H. Deptt., letter No. C-1-24-657-IX of 1924, d. 22-6-25. Sectt., Edn. Deptt., letter No. 878, d. 3-4-28]

- (iv) Special pay at the rate of Rs.1 per school per mensem is payable by municipal committees or notified area committees to medical officers visiting municipal or notified area schools for the medical inspection of pupils. The medical officers making the inspections will send their bills monthly through the Civil Surgeon to the municipal committee or the notified area committee for payment

(Sectt., Medl. Admn. And P.H. Deptt. Letters No. 37-522-IX, d. 5-1-24, and No. 4125-660-IX, d.20-11-26]

- (v) In the case of district council schools in towns where there are dispensaries, no conveyance allowance to medical officers is necessary as the towns in the interior, where dispensaries are situated, are very small. As regards inspection of district council schools within easy reach of dispensaries the services of the medical officer in charge of the dispensary will be at the

disposal of the district council for the medical inspection of pupils studying in the district council schools, provided they bear the actual conveyance charges of the medical officer and provided that such inspection does not interfere with his duties as medical officer in charge of the dispensary.

(Sectt., Medl. Admn. And P.H. Deptt. Letter No. 3341-557-IX, d. 2-12-24, and No. 4125-660-IX, d.20-11-24]

130 Medical Officers in charge of dispensaries under the control of local bodies are treated as additions to the regular cadre of their service under fundamental rule 127 and are paid direct from Provincial Revenues. The recovery of the gross sanctioned cost on their account and the leave and pension contributions on their behalf has been remitted by Government under Fundamental Rule 127 (C) . The authority competent to sanction increments on the time-scale of such officers is the Civil Surgeon. Their confidential reports will go through the president of the local body concerned, but they will be under the disciplinary control of the Inspector General of civil Hospitals and may be transferred or removed by him. They may also be transferred by the local body concerned within its jurisdiction in the public interest, with the concurrence of the Civil Surgeon, but the local body should report forthwith all such transfers to the Inspector-General of Civil Hospitals.

NOTE: as an exception to the above arrangement the pay and traveling allowance of the Medical Officer in charge of the Hinganghat Dispensary are paid by the Municipal Committee, Hinganghat, and government makes a grant to the Municipal Committee towards the pay of the Medical Officer to the extent of the salary of the senior grade I class Assistant Medical Officer as well as towards his traveling allowance.

(Sectt. Letter No. C-315-VIII, d. 8-5-23, Medl. Admn. And Public Health Dept. letter No. 621-691-IX, d. 20-2-26, and Medl. Admn. And Public Health Dept. memo No. 1705-483-IX, d. 233-2-35, No. 4292-551-IX, d. 25-6-35, and No. 4507-615-IX, d. 9-7-37]

131 Power of granting leave to Assistant Medical Officers on foreign service under local bodies – The Inspector-General of Civil Hospitals alone has the power under fundamental Rule 66 to grant leave to Assistant Medical Officers on foreign service under local bodies.

(Sectt. Medl. Admn. And P.H. Deptt. Letter No. 4213-500-IX, d. 29-10-25]

132 Service book of Assistant Medical Officers on foreign service to be maintained by Civil surgeon - (1) Civil Surgeons are empowered to make and attest all entries in the service books of Assistant Medical Officers transferred to foreign service under local bodies in regard to their transfer, reversion and grant of leave.

(2) In order, however, that there may be no difficult in verifying their services for pension, the names of such Assistant Medical Officers should be shown in the annual establishment returns sent to the office of the Inspector-General of Civil Hospitals, with a note against their names to the following effect:

“On foreign service from and exempted from payment of contribution for leave and pension.”

[I.G.C.H. letter No. 2575, d. 20-4-26]

133 To undergo periodical training at district headquarters – Assistant Medical Officers will be summoned in rotation to head quarters of districts or to any other headquarters hospital in the province which the Inspector General of Civil Hospitals may consider suitable to undergo a two months' course of clinical instruction at the main hospital, so as to enable them to acquaint themselves with modern methods and the general routine of a large hospital.

(Sectt., Medl. Deptt., No. 317-VI-36-36, d. 20-2-13, and letter No. 104-A-IX, d. 17-5-19]

134 Pay whilst so engaged – They will draw in addition to their substantive pay, a halting allowance up to a maximum of Rs.10 per mensem, provided the Civil Surgeon reports that they have pursued their studies deligently. The time thus spent will count as service qualifying for leave and it will not be regarded as an interruption entailing forfeiture of leave already earned by them.

(Sectt., Medl. Deptt., No. 317-VI-36-36. d. 20-2-13]

135 Arrangements for relief – So far as may be possible, arrangements will be made by the Inspector-General of civil Hospitals to keep one or two Assistant Medical Officers on general duty at headquarters, whose services will be available to relieve those called in for training.

(Sectt., Medl. Deptt., No. 317-VI-36-36. d. 20-2-13]

136 Joining time – Assistant Medical Officers summoned to headquarters for clinical training are not permitted to avail themselves of more joining time than is actually necessary for the journey both coming and returning.

(Sectt., Medl. Deptt., No. 317-VI-36-36. d. 20-2-13]

137 Progress Report – On completion of the period of training, the Civil Surgeon will furnish the Inspector-General of Civil Hospitals with a report as to the intelligence and industry displayed by the Assistant Medical Officer and the extent to which he has benefited by the opportunities afforded him.

(Sectt., Medl. Deptt., No. 317-VI-36-36. d. 20-2-13]

138 Annual confidential reports - See General Book Circular No. 1-7. The reports shall be submitted to the Inspector-General of Civil Hospitals through the Deputy commissioner in the month of January in each year. Unfavourable remarks shall always be communicated to the officers concerned.

139 Transfer confidential reports - When an Assistant Medical Officer is transferred from one district to another during the course of the calendar year, a confidential report must be submitted to the Inspector-General through the Deputy Commissioner within a week of his making over charge of his post.

140 Application for promotion – Applications, for promotion by Assistant Medical Officers should, as a general rule, not be forwarded unless it appears that the application

discloses some real grievance which ought to be brought to the notice of the Inspector-General of Civil Hospitals.

(I.G., C.H's No. 3185, d. 15-7-11)

141 Miscellaneous - The rules on the following subjects which are contained in chapter III of this Manual in the paragraph noted against each apply to Assistant Medical Officer -

			Paragraph
1)	Employment while on leave	.....	36
2)	General conduct	.....	68
3)	Liability for military service	.....	27

142 Jail employment - The selection of Assistant Medical Officers for jail work will be made by the Inspector General of Civil Hospital. As a rule, no Assistant Medical Officer should be posted to jail employ till he has completed at least two years' service.

(Sectt. Letter No. C-1157, d. 7-5-21 (Jail Department))

143 Employment on Epidemic duty - Assistant Medical Officers in charge of all outlying dispensaries in the Central Provinces and Berar shall, in addition to their own duties, deal, under instructions from the Civil Surgeon, with epidemic diseases occurring within an area of about five miles surrounding their dispensaries.

[Memo. No. 6561-1588-XIV, d. 7-10-39, from the Secy., P.H.D., to D.R.H.]

CHAPTER VIII – CENTRAL PROVINCES AND BERAR SUBORDINATE

MEDICAL SERVICE – ASSISTANT MEDICAL OFFICERS (WOMEN'S BRANCH)

144 Women Assistant Medical Officers – Members of this service are designated as “Women Assistant Medical Officers”.

145 Recruitment – Women Assistant Medical officers are recruited by the Inspector-General of Civil Hospitals.

146 Requirements – In the appointment in this service preference will be given to permanent residents of the Central Provinces and Berar [the term “permanent resident” is explained in paragraph 79 (3) of Chapter V]. Vacancies in the cadre of Women Assistant Medical officers will be advertised and applications invited from those who have passed the final examination of the Central Provinces Medical Examination Board from the Robertson Medical School, Nagpur. Out of the applicants those who, in view of the proficiency shown in their examination, are considered most suitable will be appointed. In exceptional cases deserving candidates who are permanent residents of the province but have obtained medical qualifications from institutions other than Robertson Medical School, Nagpur, will also be eligible for the appointment. No candidate will be appointed unless she has also undergone at least three months' training in gynaecology at a regular women's hospital after passing out from the Robertson Medical School, Nagpur. The cost of such training will be borne by the Government.

147 Certificate of health – women Assistant medical officers must produce a medical certificate of fitness for admission to Government service as required by fundamental rule 10. They will not be allowed to take over charge of their duties unless and until they produce the prescribed certificate.

148 Rules relating to pay, promotion, leave, etc. – Women Assistant Medical officers will be governed by the rules applicable to the Central Provinces and Berar Subordinate Medical Service.

149 Strength - There are at present 21 Women Assistant Medical officers including two leave reserve and they are posted to hospitals and dispensaries as the exigencies of the service require.

CHAPTER IX – SUPERINTENDENT, MENTAL HOSPITAL, NAGPUR

150 Pay - The pay of the post of the Superintendent, Mental Hospital, Nagpur, which is an isolated post, is Rs.500-50-1,000 a month with free quarters as the Superintendent is required to live in the hospital or near it for the efficient performance of his duties.

[C.P.M.A. and P.H. Deptt. Letter No. 3845-553-IX, d. 9-8-28]

151 Revised scale of pay - The following is the scale of pay sanctioned for the Superintendent, Mental Hospital, Nagpur, appointed on or after the 29 October 1934:

Rs. 300-300-25-500-Bar-525-25-800

[C.P.M.A. & P.H. Deptt. Memo No. 7417-565-IX, d. 29-10-34]

152 Conditions of service – Rules applicable to officers of the Central Provinces and Berar Medical Service, Class I, will apply to this officer also.

153 deputy Superintendent, Mental Hospital, Nagpur, Pay – The post is of the rank of Assistant surgeon on a scale of pay Rs. 150-150-10-190- Bar-200-15-275-Bar-290-15-440-10-450 per mensem.

[C.P. & Berar Medl. Deptt. Memo. No. 11305-1028-XIV, d. 2-11-37]

CHAPTER X – RULES REGULATING THE CONDITIONS OF APPOINTMENT OF HONORARY MEDICAL OFFICERS IN GOVERNMENT OR PRIVATE AIDED MEDICAL INSTITUTIONS IN THE CENTRAL PROVINCES AND BERAR

154 The following are the conditions:

1. *Short title:-* (i) These rules may be called the Central Provinces and Berar Honorary Medical Officers Appointment Rules

(ii) These rules shall apply to all government and private aided hospitals and dispensaries in the province and to the Robertson Medical School, Nagpur.

2. *Definition:-* In these rules unless, there is anything repugnant in the subject or context, “Honorary Medical Officer” means a medical practitioner appointed in a honorary capacity either as -

- (i) a surgeon or physician, or
- (ii) an assistant surgeon or an assistant physician, or
- (iii) a house surgeon or house physician, or
- (iv) a specialist in any one of the following branches:
 - a. dentistry
 - b. eye, ear, nose and throat diseases
 - c. tuberculosis
 - d. radiology,
 - e. any other department or post which the appointing authority may deem fit, or
- (v) a Lecturer in the Robertson Medical School, Nagpur, who is appointed either exclusively as such or in addition to other honorary work.

3. *Method of appointment (1)* Whenever an appointment of an honorary medical officer is to be made in any hospital or dispensary to which these rules apply, the Civil Surgeon of the district or in the case of the Robertson Medical School, Nagpur, the Superintendent shall, by advertisement, published in the *Central Provinces and Berar, Gazette* and one or two leading local newspapers, invite applications. Such application shall be in Form A appended to these rules.

(2) On receipt of applications the Civil Surgeon or the Superintendent, as the case may be, shall forward them to the Inspector General of Civil Hospitals, Central Provinces and Berar (hereinafter referred to as the Inspector-General), who shall examine the applications and interview such candidates as he considers suitable for appointment. He shall then submit the applications to the Provincial Government together with his recommendation in respect of each applicant. The Provincial government shall select any person whom it considers most suitable for appointment.

4. *Qualifications* – No application for appointment as I honorary medical officer shall be considered unless the applicant is –

- (i) A British subject
- (ii) A medical practitioner registered or deemed to be registered under the Central Provinces and Berar Medical Registration Act, 1916 (1 of 1916), and possesses the qualifications specified below:
 - a. For appointment as a honorary surgeon, physician or a specialist – One of the following academic qualifications recognized by the Medical Council of India (M.D., M.S., M.R.C.P., F.R.C.S., F.R.C.O.G. or any other similar qualification signifying skill in the special post to which appointment is to be made).
 - b. For appointment as a honorary assistant surgeon or assistant physician – A medical degree recognized by the Medical Council of India with high academic qualifications

- c. For appointment as an honorary house surgeon or house physician – L.M.P. diploma or its equivalent qualifications
 - d. For appointment as honorary surgeons, physicians, assistant surgeons or assistant physicians, specialists and lecturers who are appointed for teaching work in addition to their honorary duties or exclusively for teaching work – In addition to their respective qualification, teaching experience of at least five years.
- 5 Preference will be given to candidates who are permanent residents of the Central Provinces and Berar.

A candidate shall be deemed to be a permanent resident of the province if he fulfils any of the conditions given in the explanation below rule 2 of the General Book Circular 1-1-B

- 6 Exemption from the qualifications prescribed in rule 4 – The Provincial government may in any particular case dispense with the qualifications mentioned in rule 4 of the applicant possesses extra-ordinary merit and satisfies one or more of the following conditions:
- (a) That he has a hospital or other appointment affording special opportunities for acquiring special skill and experience of the kind required for the performance of the duties to be assigned and has had actual recent experience of not less than five years in performing such duty or duties of a similar character
 - (b) That he has had special academic or post-graduate study and has had actual recent experience of not less than five years as aforesaid, or
 - (c) That he is an officer of the Provincial Medical Service, Class I or II, and has retired after 25 years' qualifying service.

7 Appointment of honorary medical officers to posts in medical institutions – A person selected under sub-rule (2) of rule 3 shall ordinarily be appointed to the grade of honorary house surgeon or physician or honorary assistant surgeon or physicians, but the Provincial Government may, in a special case, appoint such person as an honorary surgeon or physician or a specialist.

8 A person appointed to be an honorary house surgeon or physician or an honorary assistant surgeon or physician may be promoted to higher ranks

9 Training – Notwithstanding anything contained in these rules medical practitioners desirous of honorary appointments in special subjects but who have not had the special training necessary to give them proficiency in that subject may be permitted to undergo training, without payment of fees, at the Mayo Hospital, Nagpur, for the period considered necessary by the Inspector-General in each case, provided they execute a bond in form B appended to these rules to serve the Provincial government as honorary medical officers in that capacity for a minimum period of two years, if so required, on completion of training at a place to be agreed to beforehand by the applicant and the Inspector-General. Medical practitioners shall not be entitled to any traveling allowance for journeys which they may undertake in this connection.

10 Honorarium – (1) An honorary medical officer appointed for teaching work, in addition to his honorary duties or exclusively for teaching work, shall, subject

to such conditions as the Provincial Government may prescribe from time to time, be entitled to honoraria at the following rates during the tenure of his appointment:

1. Honorary surgeons, physicians and specialists who work in the medical institutions and also do teaching work and honorary lecturers who do teaching work exclusively – Rs.50 per mensem.
2. Honorary assistant surgeons or assistant physicians who work in medical institutions and do teaching work and honorary assistant surgeons or assistant physicians who do teaching work exclusively – Rs.25 per mensem.
- (2) The honoraria shall be paid from contingencies and classed as fees.
- (3) An honorary medical officer shall not be entitled to an honorarium for the period he is on leave except on casual leave. He shall not be entitled to pension or provident fund privileges.
11. Acceptance of fees from patients – An honorary medical officer shall, in regard to acceptance of fees from patients, abide by the rules for the time being in force for the staff of the medical institution in which such honorary medical officer is working.
12. Duties – (i) An honorary medical officer shall abide by the rules for the time being in force in the medical institution in which he is working, relating to the admission, care, discharge of patients, and the use of Government materials.

(ii) An honorary medical officer shall perform such duties as may be assigned to him by the authority in charge of the medical institution in which he is working.
3. An honorary medical officer shall be required to attend the medical institution at such hours of the day not exceeding three hours as the authority in charge of the medical institution may direct.
4. An honorary medical officer with qualifications in special subjects shall, as far as possible, be placed in independent charge of special department, e.g., (1) eye diseases, (2) ear, nose and throat diseases, (3) radiology, (4) venereal disease. The primary duty of such officer shall be to attend to the work in the special department in his charge: but he may, with the previous approval of the Civil surgeon or the Superintendent of the Robertson Medical School as the case may be, undertake general work in the medical institution to which he is attached.
5. An honorary surgeon and physician shall be placed in charge of a specified number of beds of surgical and medical cases respectively, and he shall be entirely responsible for the treatment and care of the patients in his charge. He shall visit the patients in his charge daily or should that be necessary more than once daily, except on Sunday, and answer all emergent calls relating to these patients on

Sundays too. In the case of the Mayo Hospital, Nagpur, an honorary medical officer shall be responsible for imparting clinical instructions to the students in connection with the beds in his charge in accordance with such plans as may be prepared by the Superintendent of the Robertson Medical School.

6. An honorary medical officer who is in sole charge of a medical institution shall co-operate with the public health staff in epidemic work in the locality in the event of an outbreak of and epidemic.
7. Except at the special request of the authority in charge of the medical institutions or, in his absence, of the senior medical officer-in-charge, an honorary medical officer shall not deal with any cases in the in-door patient or out-door patient department, other than those assigned to him or with other miscellaneous work of the medical institution.
- 13 Management and control – The entire management and control of the medical institutions and the discipline of the staff are vested in the Civil surgeon or superintendent of the Robertson Medical School, as the case may be. An honorary medical officer shall report all instances of neglect or inattention or other breaches of discipline relating to his ward to the authority in charge of the medical institution who shall deal with them. He may freely consult the authority in charge on any point that may arise in connection with the treatment of patients.
- 14 Grant of certificates – An honorary medical officer shall not be competent to grant a medical certificate to any patient other than one under his treatment
- 15 Private practice – An honorary medical officer shall be free to undertake private practice during hours other than those prescribed under sub-rule (iii) of rule 12. He shall not –
 - a. Receive any fees from patients seeking admission or admitted into the medical institution, which he is working,
 - b. Either directly or indirectly admit or seek to admit to such medical institution patients from whom he has received fees, or
 - c. Discharge any patient from such 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 such medical institution in accordance with the rules governing the discharge of patients from such medical institution. If he takes such patient under his care he shall give written intimation to the authority in charge of the medical institution.
- 16 Temporary absence from duty – If for any reason an honorary medical officer is unable to attend the medical institution in which he is working during the prescribed hours, he shall inform the authority in charge of the medical institution in time to enable such authority to arrange for carrying on his work.
- 17 Leave – An honorary medical officer may be granted casual leave up to ten days in a year by the Civil Surgeon or superintendent, Robertson Medical School, as the case may be. He may be granted leave of absence other than casual leave by the

Inspector General, if he is satisfied that arrangements can be made for carrying on his duties without extra expenditure. In such a case the honorary medical officer shall be considered to have a lien on his appointment during the period of leave and he shall be allowed to rejoin his appointment on the expiry of the leave. If no such arrangement can be made, the honorary medical officer shall be instructed to resign the appointment and fresh appointment shall then be made in his place.

- 18 Age-limit – No honorary medical officer who has attained the age of 55 years shall be allowed to continue in his appointment unless he is physically fit to perform his duty and submits a certificate to that effect to the Inspector-General through the civil Surgeon.
- 19 Use of libraries – An honorary medical officer shall be allowed the use of the libraries in the medical institution in which he is appointed
- 20 Responsibility in case of loss of or damage to Government property – Every honorary medical officer shall be held personally responsible for any loss sustained by Government or the medical institution in which he is working through fraud or negligence on his part and shall be liable to make good the value of property or equipment lost, damaged or destroyed by his fault or carelessness.
- 21 Confidential reports – (1) On the 15th January every year, the Civil Surgeon or the Superintendent, Robertson Medical School, Nagpur, as the case may be, shall submit to the Inspector-General in the form prescribed by him. Confidential reports on all honorary medical officers working under him. In the case of honorary medical officers on probation instead of annual reports half-yearly confidential reports shall be submitted to the Inspector-General on the 15th January and 15th July each year.

(2) In the event of unfavourable remarks in the confidential report, the Inspector-General may call for an explanation from the honorary medical officer concerned which shall be submitted through the Civil Surgeon or the Superintendent, Robertson Medical School, Nagpur, as the case may be.
- 22 Tenure of appointment – The tenure of appointment of an honorary medical officer shall in the first instance be for one year on probation and on the termination of that period for a further period of three years. The term may be extended in deserving cases at the discretion of the Provincial government.
- 23 (1) Notwithstanding anything contained in rule 22, the Provincial government may at any time terminate the services of honorary medical officer.

(2) Before the appointment of an honorary medical officer is terminated under sub-rule (1), the Provincial Government shall give to such officer an opportunity to show cause why his appointment should not be terminated.
- 24 General – Honorary medical officers shall not be treated as Government servants.

FORM A

Form of Application
[See rule 3]

To

The Civil Surgeon

District/ The Superintendent
Robertson Medical School, Nagpur

Application offor appointment asat Dispensary or/ and
Hospital/ Robertson Medical School, Nagpur

1. Full name of the applicant and address:
2. Date and place of birth (district, state or country)
3. Religion, race and community or caste
4. Nationality at birth (British subject or subject of Indian State etc.)
5. Qualifications (general education and medical institutions where the applicant was educated)
6. (a) Special training received, if any
(b) Place and year where and when qualifications obtained
7. Post-graduate courses undertaken, if any
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. Period spent on private practice, and place of private practice
11. General remarks
12. Signature of applicant

Date:

Station:

FORM B
Bond
[See Rule 9]

An agreement made this Day of 19... between the Governor of the Central Provinces and Berar as represented by the Inspector-General of Civil Hospitals, Central Provinces and Berar, of the one part, and, son of resident of (hereinafter called the candidate) of the other part

WHEREAS the candidate has offered to receive training at the Mayo Hospital, Nagpur, with a view to equip himself for appointment as an honorary medical officer inDispensary/Hospital, subject to the conditions herein provided;

AND WHEREAS the governor has agreed to give the said training: NOW, THEREFORE, this agreement witnesses as follows:

1. It is agreed that the candidate shall not pay any fees for the said training
2. The candidate shall complete the prescribed course of training and abide by any rules, for the time being in force, regulating the conduct of candidates under training
3. In the event of his services being requisitioned by the Inspector-General of Civil Hospitals for appointment as an honorary medical officer in the said Dispensary/Hospital, at any time within one year of completion of the training, the candidate agrees that he will report himself to the Inspector-General or the officer appointed by him in this behalf within ten days of the receipt of the requisition
4. The grant of honorarium and other conditions of service shall be regulated in accordance with the rules for the time being in force
5. No traveling allowance will be payable for journeys performed by him from his place of residence to Nagpur and back or otherwise
6. The candidate agrees that in the event of his failing to fulfill any of the above conditions without reasonable excuse he shall pay to the governor a sum of Rs.200 by way of penalty
7. It is also agreed that any money falling due under this agreement will be recoverable in the same manner as an arrear of land revenue.
8. In the event of any dispute arising under this agreement the matter shall be referred to the Provincial Government whose decision thereon shall be final and binding on the parties hereto.
9. In this agreement the expression "Governor" shall, where the context so admits, be deemed to include his successors in office and assigns and the expression "Candidate" shall, where the context so admits, be deemed to include his heirs, executors, administrators, representatives and assigns.

Witness

1

2

Candidate

Date

Inspector General of Civil Hospitals
Central Provinces and Berar

Date

[Vide Notification No.. 55-2768-XIV, d. 5-143]

CHAPTER XI - COMPOUNDERS

155 Compounders in Government or dispensary fund hospitals or dispensaries will be appointed and dismissed by Civil Surgeon. No compounder can be dismissed without a departmental enquiry held in accordance with the procedure laid down in General Book circular 1-13. An appeal against an order of punishment must be submitted in writing to the Inspector-General of Civil Hospitals through the Civil Surgeon.

156 Recruitment – Applications for the posts of compounders will be invited by the Civil Surgeon in whose district vacancy occurs in the manner which he thinks fit.

157 Requirements – The candidate shall be -

- (i) A bonafide resident of the Central Provinces and Berar.
- (ii) Between 18 and 25 years of age, unless he is a Harijan or belongs to backward tribes in which case the age limit is up to 30 years
- (iii) A holder of certificate in the form "A" given in rules for the training of compounders at the Robertson Medical School, Nagpur. (Vide Appendix II)

158 Selection – Selection among the candidates will be made by the Civil Surgeon. In selecting candidates preference will be given to those who are permanent residents of the Central Provinces and Berar. For explanation of the term "permanent resident" see paragraph 79 (3) of Chapter V

159 Probationary Period – The appointment will be made on probation for a period of one year after which he will be confirmed in the post if found suitable.

160 Pay – The following are the grades and rates of pay sanctioned for compounders:

IV grade	(1 to 5 years' service)	- Rs.20
III grade	(6 to 10 years' service)	- Rs.30
II grade	(11 to 15 years' service)	- Rs.35
I grade	(over 15 years' service)	- Rs.40
Senior grade	– By selection after 5 years' service in the I grade Rs.45	

161 Promotion to higher grade of pay – All promotions to higher rates of pay will be conditional on the passing of the prescribed examination and subject to the sanction of the Civil Surgeon.

162 Penalty for failing in the examination - Any compounder failing to pass the prescribed examination within one year of the date on which he became entitled to it will be considered unfit for further promotion and his services may be dispensed with.

163 Civil Surgeon to hold examinations – The examinations of compounders will ordinarily be conducted by Civil Surgeons at the time of their inspections of dispensaries. Should the necessity arise for a compounder to travel to headquarters to undergo an examination, he will be permitted to draw traveling allowance under Supplementary Rule 92 under fundamental rule 44 from the same source as that from which his pay is met.

The examination of compounders at the Mental Hospital, Nagpur will, however, be conducted by the Superintendent of that Hospital

(A) For promotion after five years' service a candidate must show -

1. that he has maintained his knowledge which he acquired during the course of study in the compounders' class
2. a knowledge of the names and uses of all common surgical instruments and hospital necessities usually supplied to a main hospital and how to sterilize and store them, and
3. that he has full knowledge of the doses and actions of all poisonous drugs and rules relating to them as laid down in the Medical Manual.

(B) For promotion after 10 years' service a candidate must show –

- 1 that he has maintained his previous knowledge
- 2 a knowledge of the symptoms and treatment of ordinary diseases such as uncomplicated forms of intermittent fever, diarrhea, dysentery, conjunctivitis, abscesses, itch, etc. and
- 3 a knowledge of the management of an operation theatre

(C) For promotion after 15 years' service a candidate will be required to show that he has maintained his previous knowledge and has diligently prosecuted his medical studies.

(C) Promotion to Senior grade – Promotion to senior grade will be by selection by the Inspector-General of Civil Hospitals on the recommendation of the Civil Surgeon or other head of the office

164 Civil Surgeons are enjoined to make it obligatory on Assistant Surgeons and Assistant Medical Officers to take pains in teaching compounders their duties. Civil Surgeons themselves should occasionally test the progress the compounders are making.

165 A compounder is liable to serve in any part of the district to which he is attached but in another district only with his consent. Compounders may be transferred from one district to another by exchange. This may be effected by mutual agreement between Civil Surgeons.

[sect. Medl. Deptt. No. 319-VI-36-36, d. 20-2-13]

166 Free quarters or rent – Compounders are entitled to free quarters but at places where such quarters are not available, house rent in lieu thereof will be given, subject to a maximum of Rs.3 per mensem, which can be sanctioned by the Inspector General of Civil Hospitals.

[Sectt. Medl. Deptt. No. 308-VI-36-36, d. 20-2-13]

167 Periodical training of passed compounders at the Robertson Medical School, Nagpur – (i) Compounders attached to the dispensaries will be sent in rotation to the Robertson Medical School, Nagpur, as they can be spared by Civil Surgeons to undergo two months' training at the compounders' class as to enable them to acquaint themselves with modern methods and general routine of a large hospitals.

[Sectt. Medl. Deptt. Letter No. 286-A-IX, d. 1-5-19]

(ii) Whilst so engaged they will draw from the funds of the respective dispensaries to which they are attached (1) substantive pay, (2) house-rent allowance at Rs.5 per mensem, (3) daily allowance at the rates admissible to their grades. Their actual traveling expenses for their journeys to and from Nagpur will also be defrayed by the respective dispensary funds. All these payments are subject to a report from the Superintendent, Medical School, to the effect that they have pursued their studies diligently.

(iii) As far as possible, arrangements should be made by Civil Surgeons to keep a relieving compounder at headquarters whose Services will be available to relieve those called for training

- (iv) Compounders summoned to the compounders' class at the Robertson Medical School, Nagpur, for training are not permitted to avail themselves of more joining time than is actually necessary for journey, both coming and returning.
- (v) On completion of the period of training, the superintendent, Medical School, will furnish the respective Civil Surgeon with a report as to the intelligence and industry displayed by the compounders and the extent to which they have been benefited by the opportunities afforded to them.
- (vi) Annual reports on the conduct and working of the compounders will be submitted to the Civil surgeon of the district by the Assistant Surgeon or the Assistant Medical Officers under whom they are working. The form prescribed for Assistant medical officers may be used with necessary modifications

168 Pensions – (i) Compounders attached to the provincial institutions like jail and police hospitals, Mental Hospital, the Mayo Hospital, Nagpur, the Victoria Hospital, Jabalpur, the Irwin Hospital, Amraoti, the Silver Jubilee Hospital, Raipur and the dispensaries at Dharni and Chikalda in the Amraoti district are eligible for pension. Compounders attached to institutions which are taken over by Government are also eligible for pension with effect from the date on which they are taken over. Compounders who on the date of taking over were eligible for pension from provincial revenues from an earlier date will retain their right from that date. Compounders with English qualifications serving in institutions financed from dispensary funds are eligible for pensions from provincial revenues with effect from the 1st March, 1915 as pension contribution was paid for their posts from that date. Compounders without English qualifications serving in institutions financed from dispensary funds are not eligible for pension.

(ii) Provident fund scheme – With effect from the 1st April 1925 a provident fund scheme has been substituted for the pension scheme for the compounders attached to institutions financed from dispensary funds except those which have been allowed by the Provincial Government to continue paying pension contributions for their compounders with English qualifications (including new entrants) under Article 802, Civil Service Regulations, Compounders in service on that date who desire to remain under the pension scheme will be entitled to pension under the existing pension scheme but since the whole arrangement of paying contribution under Article 802, Civil Service Regulations has ceased from the 1st April 1925, dispensary committees will be liable for such pensions from that date.

When such men retire, the portion of pensions payable by Government on account of pensionary contribution received up to 31st March, 1925 will be the amount the men would have been entitled to had they been invalided on the 1st April 1925. The balance will be payable by dispensary committees. Compounders, in service on 1st April 1925 who desire to join the provident fund scheme in place of the pension fund scheme, are at liberty to do so provided that before 1st March 1925 they sign a declaration to this effect (a copy of which must be retained by dispensary funds); the following conditions will apply to such compounders:

- (a) They will be entitled to such pension or gratuity on retirement as they would have been entitled in the event of being invalided on the 1st April, 1925.

(b) On retirement they shall be entitled to such further sum as may stand to their credit in their provident fund, subject as may stand to their credit in their provident fund, subject to the conditions laid down in the byelaws of the dispensary fund concerned regarding the provident fund of its servants.

(iii) In no case any claim to pension in respect of present compounders against Government or dispensary funds will be admitted unless the usual conditions applying to retirement from Government service are fulfilled, viz., 30 years' qualifying service for retiring pension, a proper medical certificate for invalid pension, abolition of an appointment and consequent saving of pay of the appointment for compensation pension and attaining a specified age for superannuation pension. In each case the payment of pension will require the sanction of Government.

169 Transfers between compounders of Government institutions and those attached to dispensary fund institutions which continue to pay pension contribution for their compounders are allowed.

[Sectt. Medl. Admn. P.H. Deptt. Letter No. 2040-394. IX, d. 1-6-27]

170 Scale of pension contribution – In view of the further revision of the scale of pay of compounders with retrospective effect from the 1st April 1947 the following scale of pensionary contribution to be made by local bodies employing compounders with English qualification shall be made applicable for the period from the 1st April 1947 to 29th February 1952.

1 Scale Rs. 40-2-60-Bar-2-70-2/1-2-75 (Non-Matric)

Compounders	Rate of Contribution		
On Rs.40	5	8	0
On Rs.42 to 44	6	0	0
On Rs.46 to 48	6	8	0
On Rs.50	7	0	0
On Rs.52 to 54	7	8	0
On Rs.56 to 58	8	0	0
On Rs.60 to 62	8	8	0
On Rs.64	9	0	0
On Rs.66 to 68	9	8	0
On Rs.70 to 72/1-2	10	0	0
On Rs.75	10	8	0

2 Scale – Rs. 45-2 ½-50-2-60-Bar-2-80 (Matrics)

Compounders	Rate of Contribution		
On Rs.45 to 47-8-0	6	8	0
On Rs.50	7	0	0
On Rs.52 to 54	7	8	0
On Rs.56 to 58	8	0	0

On Rs.60 to 62	8	8	0
On Rs.64	9	0	0
On Rs.66 to 68	9	8	0
On Rs.70 to 72	10	0	0
On Rs.74 to 76	10	8	0
On Rs.78	11	0	0
On Rs.80	11	8	0

From the 1st April 1952 (pay for March 1952 paid in April 1952) the rates of pension contributions to be made by local bodies employing matric and non-matric compounders shall be governed by the orders contained in the Local Self-Government (Municipal) Department's Memorandum No. 5175-1717-M-XIII, dated the 3rd December 1951.

171 Compounders may only be placed in charge of dispensaries when the Assistant Medical Officer is absent for very short periods owing for example to his attendance at a court of law to give evidence, or at a departmental examination, or his temporary illness, or to casual leave.

On such occasions a compounder may be permitted to render first aid for the immediate relief of a patient or to dispense stock remedies or to repeat medicines previously prescribed by the Assistant Medical Officer, but he should on no account prescribe for patients on his own responsibility. If the absence of the Assistant Medical Officer is for a lengthened period, the dispensary should be temporarily closed unless another Assistant Medical Officer can be sent in his place or a qualified private practitioner can be temporarily appointed; or unless the charge can in the meantime be held jointly with that of another dispensary.

172 Custody of keys of almirahs containing drugs – See rules regarding custody and dispensing of drugs (Chapter XXX, paragraph 440)

173 Compounders in Jail Department – Compounders in Jail Department for purposes of appointment, promotion, punishment, appeals, etc. will be under the authority of the Jail Department.

174 Compounders in district council and municipal (including notified area committee) hospitals and dispensaries – Compounders in district council and municipal (including notified area committee) hospitals and dispensaries will be appointed by the local bodies concerned subject to the approval of the Civil Surgeon. They will be in all other respects under the control of the local bodies

175 Rules for the training of compounders at the Robertson Medical School, Nagpur – See Appendix II

CHAPTER XII – MIDWIVES

176 Midwives may be employed in hospitals and dispensaries other than Mayo Hospital, Nagpur, Victoria Hospital, Jabalpur Irwin Hospital, Amraoti and Silver Jubilee Hospital, Raipur.

177 Appointments – appointments will be made by dispensary fund committees or local bodies concerned, subject to the approval of Civil Surgeon.

178 Requirements – Candidates must possess a certificate of having passed an examination in senior midwifery and elementary nursing, held by the Central Provinces and Berar Medical Examination Board.

179 Conditions of service – Conditions of service of midwives will be fixed by dispensary fund committees or local bodies under whom they are employed

CHAPTER XIII – DRESSERS AND MENIAL ESTABLISHMENT

180 DRESSERS - Dressers may be employed in hospitals and dispensaries, other than Mayo Hospital, Nagpur, Victoria Hospital Jabalpur, Irwin Hospital, Amraoti, and Silver Jubilee Hospital, Raipur.

181 Appointments Appointments will be made by dispensary fund committees or local bodies concerned, subject to the approval of Civil Surgeon.

182 Conditions of Service – Conditions of service of dressers will be fixed by dispensary fund committees or local bodies concerned under whom they are employed.

183 Menial Establishment - The number of menials employed in Government hospitals and dispensaries and their rates of pay are as sanctioned by the Government from time to time. Their pay will be paid from contingency and is fixed annually according to the prevailing rates announced by Deputy Commissioner. In the case of other hospitals and dispensaries the number and pay will be as sanctioned by the dispensary fund committees or local bodies concerned.

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CHAPTER XIV – NURSING ESTABLISHMENT

184 The following table shows the nursing establishment in the various hospitals of Central Provinces and Berar:

Hospitals	Nursing Superintendents	Nursing Sisters	Staff Nurses	Nurses	Probationers
Mayo Hospital, Nagpur (222)	1	3	5	4	27
Victoria Hospital, Jabalpur (180)	1	1	6	..	9
Silver Jubilee Hospital, Raipur (89)	1	1	6	..	4
Irwin Hospital, Amraoti (100)	1	1	2	..	6

*Bhandara (30)	..	..	1	..	..
Yeotmal (27)	..	..	1	..	..
Hoshangabad (27)	..	..	1	..	..
Khandwa (44)	..	..	1	..	..
Wardha (46)	..	..	2	..	..
Akola (77)	..	..	2	..	..
Bilaspur (62)	..	..	1	..	..

NOTE: Figures in brackets show the number of beds the hospital.

185 Pay – Nursing Superintendents – Rs. 245 -8-285

Nursing sisters – Rs.175-8-215

Staff Nurses (Government Hospitals) – Rs.105-5-155

Staff nurses (dispensary fund hospitals) – Rs.50-5/2-80

Nurses-Rs.75 per mensem

Probationers (stipends Rs.30-2-1/2-35-40)

NOTE: Nursing superintendent of the Mayo Hospital, Nagpur receives a charge allowance of Rs.30 which counts as special pay.

186 Appointment of Nursing Superintendents – The appointment of a Nursing Superintendent will be made by the Inspector General of Civil Hospitals, either by promotion of a nursing sister employed in a Government hospital in Central Provinces and Berar, or by direct recruitment when a nursing sister, competent enough to hold the post of a Nursing superintendent is not available.

[Sectt. Medl. P.H. Deptt. No. 5891-568 IX. D. 11-8-30]

187 Requirements for direct appointment – (a) Qualifications - Candidates must possess certificate of having passed the examination in medical and surgical nursing and midwifery, recognized by the Central Provinces and Berar Medical Examination Board.

(b) Experience - Candidates must have 15 years' experience of nursing, including five to eight years' experience of a nursing sister.

(c) Residence – Preference will be given to permanent residents of the Central Provinces and Berar. For explanation of the term “permanent resident” see paragraph 79 (3) of Chapter V.

188 Applications – Applications will be called by the Inspector General of Civil Hospitals by means of a notification published in the Central Provinces and Berar Gazette and newspaper press.

189 Appointment of nursing sisters – The appointment of a nursing sister will be made by the Inspector General of Civil Hospitals either by promotion of a staff nurse employed in a Government or dispensary fund hospitals in Central Provinces and Berar or by direct recruitment when a staff nurse, competent enough to hold the post of a nursing sister, is not available.

190 Requirements for direct appointment of candidates – (a) Qualifications – Candidates must possess a certificate of having passed the examination in medical and surgical nursing and midwifery, recognized by the Central Provinces and Berar Medical Examination Board

(b) Experience – Candidates must have five to eight years' experience of a staff nurse

(c) Residence – Preference will be given to permanent residents of Central Provinces and Berar. For explanation of the term “permanent resident” see paragraph 79 (3) of Chapter V.

191 Applications – Applications will be called by the Inspector General of Civil Hospitals by means of a notification published in the Central Provinces and Berar Gazette and newspaper press.

192 Appointment of staff nurses – Staff nurses are appointed by Civil surgeons

193 Requirements – Candidates must possess certificates of having passed the examinations in medical and surgical nursing and midwifery of the Central Provinces and Berar Medical Examination Board or certificates recognized by the Board. In selecting candidates for appointment preference will be given to permanent residents of the Central Provinces and Berar. For the explanation of the term “permanent residents” see paragraph 79 (3) of Chapter V

194 Probationary nurses – Rules regarding the training of probationary nurses are given in Appendix I

195 General rules – (i) All members of the nursing staff are entitled to rent-free furnished quarters and free lighting

(ii) Posts are on permanent basis but non-pensionable establishment

(iii) General rules regarding leave, traveling allowance, etc. applicable to government servants, will apply to the nursing staff also.

(iv) The Civil Surgeons at the four Provincialised Hospitals at Nagpur, Jabalpur, Raipur and Amraoti are authorized to appoint two Medical Officers from among the Assistant Surgeons or Assistant Medical Officers, attached to the hospital to deliver lectures to the nurses under training in that hospital, in addition to their own duties. The lecturers so selected will be granted a remuneration (Honorarium) of Rs.240 (Rupees two hundred and forty) only per annum each for this work.

CHAPTER XV – LABORATORY ASSISTANT

196 Recruitment – Vacancies in the cadre of laboratory assistants will be advertised and applications invited by the Inspector General of Civil Hospitals in the manner which he thinks fit.

197 Requirements – The candidate must-

(1) be not more than 25 years of age, unless he is a Harijan or belongs to backward tribes in which case the age limit is up to 30 years; and

(2) have passes, at least the matriculation examination of the Central Provinces and Berar High School Education Board or its equivalent with science as one of the subjects

198 Selection – Selection of the candidates for appointment will be made by the Inspector-General of Civil Hospitals. In selecting candidates preference will be given to those who are permanent residents of the Central Provinces and Berar. For explanation of the term “permanent resident” see paragraph 79 (3) of Chapter V.

199 Probationary period – The appointment will be made on probation for a period of one year after which the incumbent will be confirmed in the post if found suitable

200 Pay - The following is the scale of pay:
Old scale – Rs.30-2-40-2 ½-65-3-80
Revised scale – Rs.30-2-40-2 ½ -65
(Applicable to those who are recruited on or after 1st April 1939)

[Medical Deptt. Memo. No. 2652-18\918-XIV of 1938 d. 27-4-39]

201 Conditions of Service - Rules applicable to ministerial service will apply to laboratory assistants also. The laboratory assistant will be under the orders of the medical officer in charge of the laboratory.

202 Cadre - The laboratory assistants are at present employed at -

Robertson Medical School, Nagpur	-	4	
Victoria Hospital, Jabalpur	-		1

PART II - DUTIES OF STAFF CHAPTER XVI – DUTIES OF CIVIL SURGEONS

203 Duties - The Civil Surgeon shall be responsible for the proper management of all the medical institutions, other than private institutions and for the efficiency, discipline and the proper performance of the duties of the medical and other staff under him in his charge.

204 When in station he shall visit the headquarter hospital at least once a day

205 Patients desirous of consulting the Civil Surgeon in the hospital shall ordinarily approach him through the medical subordinate on duty and a notice to this effect shall be exhibited at a prominent place.

206 He shall maintain an order book in which all important instructions or orders issued by him shall be entered for information of all concerned.

207 He shall sign all bed head tickets of patients who die in or are discharged from the headquarter hospital before they are filed.

- 208 He shall attend to any emergency call from his medical staff at any hour without delay
- 209 He shall assist medical subordinates in charge with his advice in the treatment of patients and train his assistants in practical subjects like surgery
- 210 He shall keep a constant check on the stores and equipment of every hospital and dispensary in the district
- 211 He shall scrutinize the expenditure and accounts of every hospital and dispensary under him and shall call the attention of the dispensary fund committee or local bodies to any irregularities or other circumstances which in his opinion deserve notice
- 211 He shall from time to time submit to the dispensary committees such suggestions and proposals as he may consider necessary
- 212 Civil Surgeons to urge local bodies to make adequate provision for their hospitals - Civil Surgeons, acting under the general superintendence of the Inspector-General of Civil Hospitals, should urge on local bodies their duties in the matter of providing good and sufficient accommodation for patients, proper equipment and sufficient stock of medicines for dispensaries and they should use their influence to secure compliance with their requirements. He shall bring to the notice of the Inspector-General of Civil Hospitals cases in which his advice is persistently ignored.
- 213 Tour of Civil Surgeons - Civil surgeons should not ordinarily be absent on tour from headquarters for more than 10 days continuously and they must not again absent themselves within 10 days of their return to headquarters.

In case of emergency, the Deputy commissioner, may relax the above rule temporarily. Copies of orders making temporary relaxations should be forwarded with Civil Surgeons' traveling allowance bills for information of the Inspector-General of Civil Hospitals.

- 214 Inspection of dispensaries and reports – The Civil Surgeon shall inspect every hospital or dispensary in his district and vaccination work on his route at least once during the financial year. He shall give previous notice of his inspection to the public or the place through the medical officer in charge of the hospital or dispensary and examine and treat all the sick persons who may come to him for consultation and treatment in the course of his visit to the hospital or dispensary. Reports of these inspections must be promptly prepared and submitted to the Inspector-General of Civil Hospitals through the Deputy Commissioner. A copy of the reports relating to local hospitals and dispensaries must be promptly forwarded to the Committee concerned.
- 215 Power of deputing inspections of dispensaries to Assistant Surgeons – If from any cause a Civil Surgeon is unable to inspect branch dispensaries regularly, he may, with the previous permission of the Inspector General of civil Hospitals, depute an Assistant Surgeon on this duty provided that the Assistant Surgeon is competent to conduct inspections and that suitable arrangements are made for the performance of his duties during his absence.

- 216 The non-inspection of dispensaries to be reported - Should a Civil Surgeon find that he has been unable to visit his outlying dispensaries regularly he will report the reasons to the Inspector General of Civil Hospitals at the close of the year. A copy of any remarks other than mere forwarding endorsements made by the divisional and district officers on the inspection report of the Civil Surgeon should be furnished to that officer by them.
- 217 Jail allowance when on tour – Civil Surgeons while on tour are not required to forfeit their jail allowance.
- 218 Ex-officio Medical officer of Health - The Civil Surgeon is ex-officio Medical Officer of Health of the district except in cases where a special medical officer is appointed for sanitary work. His duties in that department are detailed in section VI, Chapter I, of the Central Provinces Public Health Manual.
- 219 Executive or medical charge of a jail -- The Civil Surgeon when appointed officer in executive or medical charge of a jail shall perform the duties required of him by the rules laid down in the Jail Manual.
- 220 Visit to police hospital and civil dispensary -- The Civil Surgeon shall visit the headquarter police hospital and civil dispensaries twice a week at least
- 221 The Civil Surgeon shall examine recruits for the Army, Police and State employment generally on a requisition from a proper authority
- 222 The Civil Surgeon shall issue health certificates to all Government servants
- 223 The Civil Surgeon shall act as a Certifying Surgeon when so appointed under the Factories Act, 1934.
- 224 The Civil Surgeon shall be the authority to grant casual leave to Assistant Surgeons and Assistant Medical officers and other employees under him provided that suitable local arrangement can be made for temporarily carrying out their duties.
- 225 Attendance on government servants - The Civil Surgeon shall attend on all government servants entitled to his free medical attendance. He shall also attend such officials as are not entitled to his gratuitous attendance when called in emergency, or for consultation by one of his assistants.
- 226 Charge of medico-legal work – The Civil Surgeon shall be in charge of the medico-legal work in his district. He shall ordinarily himself perform at the headquarters all the post-mortem examinations on human bodies.
- 227 Private practice -- The Civil Surgeon is allowed to engage in private practice provided it does not interfere with his legitimate duties. He should leave word at his residence or hospital as to his whereabouts so that he could be found if any urgent case demands his presence

228 Annual reports and other reports and returns -- The Civil Surgeon must submit annually, through the Deputy Commissioner and by such date as the Inspector-General of Civil Hospitals may prescribe a report of the administration of the provincial and local hospitals and dispensaries in his district for the calendar year. The Civil Surgeon shall also from time to time submit, either direct or through the Deputy Commissioner, as may be required, such other reports, returns and information as the Inspector General of Civil Hospitals may call for by general or special order.

Municipal committees and district councils shall make such arrangements as shall enable the Civil Surgeon to obtain all information necessary for the above purpose.

229 The Civil Surgeon shall submit to the Inspector General of Civil Hospitals a special report whenever any unusual prevalence of disease threatens or exists.

230 Relation with the Deputy Commissioner -- The Deputy Commissioner is in the Medical Department as in all others, the administrative head of the district, he will, however, never issue orders direct to medical subordinates except in cases of extreme urgency, when there is not time to refer to the Civil surgeon.

231 Channel of communication with higher authority - Except in cases of purely medical matters all official correspondence between the Civil Surgeons and the higher authorities should be forwarded through the Deputy Commissioner of the district

232 Charge of jail during the absence of Civil Surgeon on tour - Deputy Commissioners are responsible that thoroughly satisfactory arrangements are made for the medical and administrative superintendence of jails during the absence of Civil Surgeons.

233 Call for consultation in an adjacent district -- If a Civil Surgeon is called into an adjacent district in consultation and the case is so urgent that even telegraphic permission cannot be awarded, he may proceed before making reference to the Inspector General of Civil Hospitals after having satisfied the Deputy Commissioner as to the arrangements for his duties during his absence; but the fact must be reported to the Inspector-General of Civil Hospitals with the least possible delay.

CHAPTER XVII - DUTIES OF MEDICAL OFFICERS IN CHARGE OF HOSPITALS AND DISPENSARIES

234 The Assistant Surgeon or Assistant Medical Officer in charge of a hospital or dispensary is directly responsible that the sick are properly treated and cared for in every way.

- 235 Hours of attendance - He must be present at the dispensary during the prescribed hours of attendance (see paragraph 412 chapter XXIX). Urgent cases must, however, be attended at other, hours when necessary.
- 236 In-patients – He must visit all sick in hospital at least twice daily
- 237 Bed-head tickets -- He is responsible that each indoor patient is provided with a bed-head tickets, on which shall be written clearly all orders respecting diet and treatment, and the patient’s medical history.
- 238 Diet -- He is responsible for the diet of patients and must see that it is of good quality and properly cooked.
- 239 Relationship to Civil Surgeon – He must obey the orders of the Civil Surgeon in all matters connected with the sick and the management of the hospital
- 240 Channel for orders - He will be responsible for the proper performance of duties by his subordinate staff. He should bring to the notice of the Civil Surgeon any neglect on their part. He is the usual channel for orders from the Civil Surgeon to his subordinate staff.
- 241 Dispensary not to be left - He is responsible that one of his subordinates is in attendance at the dispensary during the time he is off duty.
- 242 Outbreak of epidemic disease to be reported – He must at once report to the Civil Surgeon any outbreak of epidemic disease which may occur within the dispensary building itself, or in the town in which the dispensary is situated or its neighbourhood. Police officers in charge of police stations will report such outbreaks within their respective charges to the medical officer of the nearest dispensary also.
- 243 Disposal of dead bodies -- He is responsible that dead bodies are removed to the mortuary without delay and that they are decently disposed of.
- 244 Residence - He must reside in or near the dispensary and may not absent himself for more than a few hours without leave. Free quarters will be provided for him in the dispensary, and if no quarters are available house rent will be given on the conditions laid down in paragraph 95, Chapter VI.
- 245 Custody of poisons - See rules regarding custody and dispensing of poisonous drugs, paragraph 440, Chapter XXX
- 246 Responsibility for medicines and prescriptions – He is responsible for all medicines and prescriptions made up in the dispensary
- 247 Stock register - He shall keep a register of medicines, instruments and appliances, and shall enter, without delay, the names of any which may be damaged, destroyed, lost or issued from stock, and of any new ones which may be received from time to time

248 He is responsible that all medicines and instruments are carefully kept and guarded against deterioration from whatever cause

NOTE: The full value of silver articles and of such surgical instruments and medical stores or intrinsic value as may have been damaged or lost through carelessness will be made good by the medical officer responsible for their safe custody, together with 17 percent to cover general charges.

249 Cleanliness of the hospital – He is responsible for the cleanliness of the dispensary, its out-houses, and compound and for the proper care and safe custody of all articles belonging thereto.

250 Circulars and notices – He is responsible that all circulars and notices ordered to be hung up on the dispensary walls are clean, legible and in a conspicuous place

251 Records, account books, etc. -- He is responsible that all books, records and accounts prescribed by the rules are kept in the proper manner and up to date.

252 Registers to be kept by the medical officer -- He shall himself keep register of indoor patients treated and register of selected operations and be responsible that all other documents, books and registers, directly connected with the sick, are properly kept.

253 Submission of indents and reports – He shall submit all indents and reports to the Civil Surgeon, not later than the dates fixed.

254 Copies of inspection notes and remarks -- He shall furnish copies of all inspection notes and remarks in the visitors' book to the Civil Surgeon on the day of the entry.

255 Attendance on Government servants – He shall attend on all Government officials entitled to his gratuitous medical attendance and on payment on their families. This rule does not relieve a medical office of the duty of attending an urgent call from a Government servant of any grade.

Assistant Surgeons should attend on Government servants who are entitled to medical attendance by the Civil Surgeon in the absence of the latter on tour.

256 Report in cases of assault by British soldiers – In cases of alleged assault by British soldiers on Indians resulting in serious injury he shall at once report to the Civil Surgeon for communication to the military authorities concerned the nature and the extent of the injuries sustained and the probable ultimate result thereof.

257 Private practice – He is allowed to engage in private practice provided it does not interfere with his legitimate duties. He should leave a word at his residence or hospital as to his whereabouts so that he could be found in case any urgent case demands his attention.

258A The private practice of the Assistant Surgeons attached to the Tuberculosis clinics is restricted to consulting practice in their own speciality and a compensatory allowance of Rs.25 per mensem is paid to them for the restriction on their general private practice.

258 Grant of unofficial Certificates - See Chapter XXXVIII, paragraph 605.

259 Post-mortem examinations – Medical officers are required to perform post mortem examination on human bodies as part of their regular duties when asked to do so by the district magistrate or the police. For conducting such examinations in other cases he will be allowed to claim the prescribed fees (vide Schedule of fees, Appendix XII)

260 Prevention of fires – He is responsible that the regulations for the prevention of fires are at all times observed

261 Dying declaration – He shall report to the nearest police station house officer any case where it is considered that a dying declaration should be recorded.

CHAPTER XVIII

DUTIES OF ASSISTANT SURGEONS IN CHARGE OF HOSPITALS AT MANDLA DAMOH, NARSINGHPUR, BALAGHAT SEONI DRUG, KHAMGAON, BASIM AND ELLICHPUR, AND OF ASSISTANTS TO CIVIL SURGEONS

262 Duties of Assistant Surgeons in charge of hospitals at Mandla, Damoh, Narsinghpur, Balaghat, Seoni, Drug, Khamgaon, Basim and Ellichpur – Besides the duties of a medical officer in charge of a hospital in the performance of which he will be assisted by the Assistant Medical Officer in sub-charge he will perform the following duties:

(i) He will attend on all government servants in his district or sub-division drawing a salary of Rs.50 and upwards

(ii) During epidemics he shall be ex-officio medical officer of health of the sub-division or the district under the general supervision of the Civil Surgeon whom he will keep regularly informed of the progress of the epidemic and measures adopted.

(iii) He will examine candidates for employment as police constables and forest guards and grant certificates of physical fitness, (Supplementary Rule II, Explanation 3, under fundamental rule 10)

(iv) He shall inspect dispensaries in his district or sub-division once in a financial year and also supervise vaccination work and submit necessary reports to the civil surgeon.

(v) He shall ordinarily himself perform post mortem examination on human bodies

- (vi) He shall scrutinize the diaries of sub-assistant health officers in his sub-division or district and forward them to Civil Surgeons
- (vii) When appointed superintendent or medical officer of a jail, he shall perform the duties of the office as laid down in the Jail manual.
- (viii) He shall perform such duties of the Civil Surgeon towards the sick and exercise such of the Civil surgeon's powers in regard to the management of the station hospital as may be delegated to him by the Civil Surgeon concerned.
- (ix) He shall visit the police hospital at least twice a week and exercise the powers of Civil Surgeon, in its management subject to the orders of the Civil Surgeon.

263 Duties of Assistants to Civil Surgeons – Assistant Surgeons are appointed as Assistants to Civil Surgeons in the districts of Nagpur, Jabalpur, Raipur, Amraoti and Akola, with a view to help the Civil Surgeons in the performance of their duties and as such they are ordinarily required to –

- (i) do the medico-legal work except in Nagpur where postmortem examinations are done by the lecturer in medical jurisprudence;
- (ii) visit the civil dispensary and police hospital
- (iii) attend on government servants
- (iv) prepare cases for Medical Boards
- (v) scrutinize the diaries, and check the equipment, etc. of sub-assistant health officers
- (vi) inspect outlying dispensaries and vaccination work when called upon to do so by the Civil Surgeon
- (vii) do the Civil Surgeon's routine office work; and
- (viii) do any other work allotted to them by the Civil Surgeons such as monthly inspection of schools, attendance on students living in hostels, anti-rabic treatment, etc.

CHAPTER XIX

DUTIES OF WOMEN MEDICAL OFFICERS

264 Duties in out-patient Department - Women Assistant Surgeons and Women Assistant Medical officers will be in charge of the women's section of the out-patient department

- 265 Charge of women in patients -- They will be in charge of the women's wards in hospital and also of female cases admitted in other wards by them or entrusted to them by Civil Surgeon or medical officer in charge of the hospital.
- 266 Charge of gynaecological and obstetrical cases – They will generally be in charge of all the gynaecological and obstetrical cases in the hospital and will be responsible for their proper care and treatment.
- 267 Medico-legal work – It will be their duty to do medico-legal work in accordance with the instructions contained in paragraph 260, Chapter XVII.
- 268 Attendance on female convicts - In cases of serious illness of female prisoners from diseases peculiar to women the services of women Medical Officer may be requisitioned through the Civil Surgeon or in his absence the medical officer in charge of the hospital by a medical officer of a jail. Women medical officers will not be entitled to charge fees for attending on such cases
- 269 Other duties - They may be assigned other duties such as charges of hospital clothing and linen store room if required
- 270 Discipline -- Women medical officers will be under the orders of the Civil Surgeon or in his absence the medical officer in charge of the hospital whose orders in matters connected with the management of the hospital and the sick, they must carry out.

CHAPTER XX

DUTIES OF ASSISTANT MEDICAL OFFICERS

NOT IN CHARGE OF A HOSPITAL OR DISPENSARY

- 271 Duties when in sub-charge -- The Assistant Medical Officer in sub-charge of a hospital will be in the same position as a House Surgeon of a hospital. He will be subordinate to the Assistant Surgeon in charge of the hospital whose orders in matters connected with the management of the hospital and the sick he must carry out.
- 272 Assistant medical officers not in charge or sub-charge -- (i) An Assistant Medical officer not in charge or sub-charge of a hospital will be subordinate to the medical officer in charge of the hospital whose orders in matters connected with the management of the hospital and the sick he must carry out.
- (ii) He must be present during working hours and at any other time when ordered by the medical officer in charge
- (iii) During the hours when the hospital is closed and he is on duty he shall report any occurrence to the medical officer in charge
- (iv) He shall be responsible for the cleanliness of the section entrusted to him and for the staff given over to him and will bring to the notice of

the medical officer in charge any negligence of hospital servants in the performance of their duties.

- (v) He shall help in preparation of returns in maintaining the registers
 - (vi) He shall also perform such other duties as are entrusted to him
- 273 Discipline - A compounder is under the orders of the medical officers in charge and sub-charge and must obey them in all matters connected with the management of the hospital and the sick.
- 274 Duties -- He must be present during the working hours, and at any other time when ordered by the medical office in charge or sub charge
- 275 During the hours when the hospital is closed and he is on duty he shall report any unusual occurrence to the medical officer in charge
- 276 He shall be responsible for the cleanliness of the dispensary, operation theater, wards, etc, and shall report to the medical officer in charge any negligence on the part of the hospital servants in the performance of their duties.
- 277 He shall help the medical officer in charge in compilation of returns and in maintaining registers, books etc.
- 278 He shall be responsible that stock mixtures are carefully prepared and other recipes and prescriptions including prescriptions which contain poisonous drugs are correctly dispensed. In cases of doubt as to the correct doses or incompatibility in the prescriptions he shall refer to the medical officer in charge for instructions
- 279 He shall not issue any drug or article for use outside the hospital unless ordered by a medical officer
- 280 He shall not dispense any prescriptions other than those prescribed and signed by a medical officer in Government service. Nor shall he prescribe any treatment or medicine
- 281 Deleted
- 282 He is forbidden to engage in private practice or to accept any gratuity for rendering service to patients

CHAPTER XXII

DUTIES OF MIDWIVES

- 283 Discipline – The midwife will be under the orders of the woman medical officer if there is one or of the medical office in charge or sub-charge and shall

obey her or him in all matters connected with the management of the hospital and the sick

- 284 Duties - She will usually work in the women's side of the outdoor department and in female wards. She may be required to attend labour cases in their houses in the town if so ordered by the medical officer in charge
- 285 A notice should be issued in the town and put up at the hospital or dispensary that the services of the midwife are available at the institution at all times

CHAPTER XXIII

DUTIES OF DRESSERS AND OTHER HOSPITAL SERVANTS

- 286 The duties of dressers and other hospital servants will be fixed by the medical officer in charge or sub-charge of the hospital or dispensary
- 287 No hospital servant shall be employed in the private service of a medical officer

CHAPTER XXIV

DUTIES OF NURSING STAFF

- 288 Duties of nursing Superintendent - The nursing superintendent shall be in sole charge of the nurses quarters subject to the supervision of the Civil Surgeon and shall be responsible for its discipline and internal economy
- 289 She shall see that the rules of the nurses' quarters are strictly observed. The well-being of the nursing staff shall be under her care. She may put the nurses' kitchen under the charge of the senior nurse, but shall continue to exercise general supervision over the messing arrangements
- 290 She shall, subject to the approval of the Civil Surgeon, arrange the distribution of the nursing staff and their hours of duty.
- 291 She shall report any instance of misconduct or neglect of duty on the part of the nursing staff to the Civil Surgeon through the House Surgeon
- 292 The hospital clothing and linen store-room shall be under her charge. She shall be responsible that stores are kept clean and that all the clothing and equipment are properly arranged and kept in good repair.

- 293 She shall keep the stock ledger in her own handwriting correctly and up-to-date, and during the first week of each quarter shall check stock of everything under her charge in use in hospital or stored in the godown.
- 294 She shall check all the registers maintained by the nurses in charge of wards and see that they are neatly and correctly kept.
- 295 She shall be responsible for the proper training of probationer nurses
- 296 She shall be responsible for the internal economy of the wards
- 297 She shall prepare a consolidated indent for diet of the patients for each day and submit it to the House Surgeon the previous evening. This work shall be done by the Tutor Sister at the Mayo Hospital, Nagpur
- 298 She shall notify the number of vacant beds in the hospital by 8 am every day
- 299 She shall see that the nurses are familiar with the rules relating to the custody and dispensing of poisonous drugs
- 300 For purposes of discipline she shall be under the orders of the Civil Surgeon
- 301 Duties of sisters and staff nurses in charge of wards - Sisters and staff nurses shall be subordinate to the nursing Superintendent
- 302 They are responsible for the management and discipline of the wards in their charge. In the matter of treatment, the instructions of the medical officers as written on the bed-head tickets are to be carried out. Questions of discipline should in the first place be referred to the house Surgeon where patients and menial staff are concerned, and in the case of probationers to the nursing Superintendent. The nursing Superintendent should be informed of all cases when such reference is necessary.
- 303 Sisters should accompany the Civil Surgeon, the medical officer in charge of the case and the Nursing Superintendent on their rounds.
- 304 Sisters shall see that all newly admitted patients are properly bathed and cleansed and that they are provided with clean hospital clothing and bedding and that their temperatures are taken. They shall also see that all private clothing is collected, labeled and dispatched to the steward daily.
- 305 They shall summon the medical officer on duty in all cases of emergency and are forbidden to administer to patients medicines or stimulant on their own responsibility with the exception of authorized stock mixtures.
- 306 They shall see that all dying patients are screened off, and shall immediately inform the medical officer on duty of the death of any patients. When the latter has authorized the removal of the body they shall fix a label for the purposes of identification and have the body removed to the mortuary within a minimum of two hours

- 307 They shall be punctual in their attendance and always wear uniform on duty. Jewellery must not be worn on duty.
- 308 They shall be responsible for the cleanliness of the wards and their surroundings and shall see that the menial staff carry out all the orders for the conduct of the wards and the care of the patients.
- 309 They are forbidden to strike, abuse or otherwise maltreat the menial servants. Serious notice shall be taken of any infringement of this rule
- 310 They shall be responsible to the Nursing Superintendent for the care of clothing and other ward equipment and for the up-keep of the ward stock books.
- 311 They are forbidden to leave their wards when on duty on any pretext whatsoever until relieved. In the event of indisposition they shall inform the Nursing Superintendent in writing and await the arrival of the relieving nurse before leaving the ward.
- 312 They will be responsible for the practical training of probationers working under them
- 313 They shall send requisitions for medical, surgical and steward's stores punctually and on proper forms. Requisitions for diet of patients should be sent to the Nursing Superintendent from day to day.
- 314 They shall maintain registers and books as prescribed by the Nursing superintendent with the approval of the Civil Surgeon.
- 315 The duties of the nurses in a hospital where there is no Nursing Superintendent will be arranged by the Civil Surgeon. They will, like the other hospital staff be under the orders of the medical officer in charge.

PART III

MEDICAL ATTENDANCE, FEES, BOARDS AND CERTIFICATES

CHAPTER XXV

MEDICAL ATTENDANCE AND FEES

- 316 Definition - The term medical attendance means the professional advise and care during illness rendered by a medical officer; it includes supply of the authorized medicines and appliances prescribed by the officer, in so far as available from the hospital stores.

NOTE: The term medical attendance also includes –

- (a) Medical attendance at the entitled Government servant's residence or at the consulting rooms of the authorized medical attendant including such surgical treatment as can suitably be given at the Government servant's residence or at the consulting rooms of the authorized medical attendant.
- (b) When the authorized medical attendant considers it desirable in the interests of the patient that he should be sent to a Government hospital to which he is entitled to be admitted, the Government servant will receive such treatment (ordinary and special) as is normally provided by the hospital with its own staff, equipment and apparatus. Treatment with such drugs, sera, vaccines, etc, as are ordinarily available in the hospital for the use of patients will be given by the hospital free of charge

[G.I.E. D., letter No. f-16-10-32-H, d.7-10-32]

317A (1) All Government servants, under the administrative control of the Provincial government in disturbed areas shall be considered as being continuously on duty and any injury received as a result of civil disturbances shall be held to have been received in the course of such duty unless the facts of the case give a clear indication to the contrary.

(2) All superior Government servants who receive injuries while on duty in connection with civil disturbances shall in addition to the medical facilities otherwise afforded to them be entitled also to the following supplies and services as part of the treatment to which they are entitled free of charge –

- (a) The supply of such medicines, vaccines, sera or other therapeutic substances not ordinarily available in the hospital in which the Government servant is treated as the authorized medical attendant may certify in writing to be essential for the recovery, or for the prevention of serious deterioration in the condition of the government servant
- (b) Such special nursing as the authorized medical attendant may certify in writing to be essential for the recovery or for the prevention of serious deterioration in the condition of the government servant.

(3) Inferior Government servants receiving injuries in civil disturbances will receive free medical treatment in general wards of hospital. While being so treated in the event of their having to incur additional expense for the purchase of medicines, vaccines, sera or other therapeutic substances prescribed by the hospital authorities and which are not supplied free by the hospital, they will be allowed refund of the cost of such items.

(4) The above concessions are also applicable to government servants who are on leave. As in such cases it may, in actual practice be difficult for a Government servant to prove that he was attacked and injured on account of his being a government servant, it should be assumed, unless the facts of a case give a clear indication to the contrary, that the government servant on leave was attacked and injured on account of his being a government servant.

317 Gratuitous attendance and medicines – Orders on the subject of gratuitous medical attendance and supply of medicines will be found in General Book Circular 1-16 and in paragraph 67, Army Regulations India, volume VI.

318 Persons entitled to gratuitous medical attendance – Persons entitled to gratuitous medical attendance shall be attended by medical officers as laid down below:

By Civil Surgeon

All government officials drawing pay of Rs.250 per mensem and upwards on pre-1931 and post-1931 scales of pay; or Rs.225 per mensem and upwards on the revised scale pay

By Assistant Surgeon

(a) Government officials entitled to gratuitous medical attendance by a Civil Surgeon in the absence of this officer

(b) Government officials drawing pay between Rs.50 to Rs.250 per mensem on pre-1931 and past 1931 scales; or between Rs.50 to Rs.225 per mensem on the revised scale

(c) Government officials entitled to gratuitous medical attendance by Assistant Medical Officer in the absence of this officer

By Assistant medical officer

(a) Government officials entitled to gratuitous medical attendance by Civil Surgeon or Assistant Surgeon in the absence of these officers

(b) Government officials drawing pay between Rs.15 per mensem and Rs.50 per mensem

(c) Menials and other servants of Government, if too ill to apply for aid at a dispensary at the required hour of attendance.

319-A All Hon'ble Ministers, Deputy Ministers, Parliamentary Secretaries to the Hon'ble Ministers and the Hon'ble the Speaker and the Deputy Speaker of the Madhya Pradesh legislative Assembly and their families shall be entitled to gratuitous medical attendance at their residence by the Civil Surgeons where there is one or otherwise by any other senior Government medical Officer in charge of the Main Dispensary. The cost of the medicines and the treatment prescribed will be paid for by them.

320 Paid employees of local bodies entitled to gratuitous medical attendance -- Paid employees of local bodies which contribute towards the support of dispensaries are entitled to gratuitous medical attendance for themselves at their own houses by the Assistant Surgeon (where there is one) if their salary exceeds Rs.50 a month and in other cases by the Assistant Medical officer in charge.

NOTE: No definite minimum grant which will entitle a local body to the concession can be prescribed. What has to be considered is whether the grant is adequate in relation to the number of employees that may claim the concession which is liable to be withdrawn where the grant made appears to the Provincial Government to be inadequate.

- 321 Donors, Zamindars and wards entitled to gratuitous medical attendance -- donors, zamindars and wards who not only endow dispensaries but also maintain them at their own cost and their families are entitled to gratuitous medical attendance at their own houses by the Assistant surgeon (where there is one) or otherwise by the Assistant Medical officer in charge of the dispensary. Their paid employees are also entitled to gratuitous medical attendance for themselves at their own houses by the Assistant Surgeon (where there is one) if their salary exceeds Rs.50 a month and in other cases by the Assistant Medical Officer in charge of the dispensary

[Memo. No. 6106-1634-IX, d. 19-9-39]

- 322 Consultation in cases of serious illness -- In the case of a Government servant entitled to free medical relief, who is seriously ill, when the local medical officer in attendance is of opinion that a consultation is necessary, it is open to him to move the Inspector General of Civil Hospitals to depute another medical officer for the purpose of consultation, and if an officer is so deputed, Government will bear his traveling expenses. But in selecting an officer the Inspector-General of Civil Hospitals will pay due regard alike to considerations of propinquity and to the interests of the patient.

[G.I.H. D., No. 626, d. 1-8-13]

- 323 Five mile limit -- The attendance of a medical officer at a distance of more than five miles is not to be required except in extraordinary circumstances. Any one may send for a Civil Surgeon to attend a person drawing Rs.250 (Rs.150 in the revised scale) a month and upwards whether in or out of the station, provided that he takes the risk of being called to account if the circumstances do not justify his action. When a medical officer is at hand, and does not regard the case as serious, or when the patient can be removed to the civil station, no one could be held to be justified in sending for the Civil Surgeon from a station more than five miles off.

- 324 Persons ordinarily to be visited at their houses when necessary - Subject to the limits as to residence sanctioned in the preceding paragraph, all persons entitled to gratuitous medical attendance may claim to be visited by the appointed medical officer at their places or residence if the nature of the case or other circumstances require it. It is however left to the good taste and good feeling, which should exist between patient and doctor to regulate the procedure in individual cases. While on the one hand, persons should refrain from insisting unnecessarily on the attendance at their houses by the medical officer, it is incumbent on the latter to comply with all reasonable requests of this nature. In cases of doubt the medical officer is the best judge as to whether the case is sufficiently serious to demand his repeated attendance and on him must rest full responsibility for his decision.

When a difference of opinion exists, which is incapable of settlement by mutual agreement the circumstances should be reported to the Inspector-general of Civil Hospitals for orders

- 325 Civil Surgeons should attend all cases of emergency or of great danger or difficulty when medical officers subordinate to them apply for help.

[Book Circular Part I, No. 16, Paragraph 7]

- 326 The amount of remuneration for attendance on the families of public servants is left to private adjustment. It has however been ruled by government that a clear understanding should be arrived at when the medical officer is first called in, and, in the absence of a special agreement on the basis of yearly payment, it would be fair to assume that such an officer's professional services are to be paid for by the number of visits. The provincial government, however, has full powers to pass such orders as may be necessary for settlement of fees in any cases brought to its notice.

[G.I.H.D., No.551, d. 26-10-1886 and G.I.H.D., No. 143, d. 9-2-1904]

- 327 Fees to Civil Surgeons and other medical officers for attending on the staff of railways – With a view to reducing the number of references to the Government of India in regard to proposals for the grant of fees to Civil Surgeons and other medical officers who are not in receipt of monthly allowances for professional services rendered to the staff of Companies' lines, the government of India have delegated to the Consulting Engineer for Railways, Calcutta, the powers to sanction fees in cases in which the amount claimed is considered reasonable up to a limit of Rs.150 in each case, subject to the proviso that the previous concurrence of the Inspector-General of Civil Hospitals is obtained, and subject to record in the minute of official meetings with reasons, why outside medical aid as necessary.
- 328 General orders regarding fees - The fees which can be accepted from private persons generally are left entirely to agreement. For medical facilities to the Rules of Merged States, see appendix XV.

[Notification No. 7720-CR-167-XIV dated the 28th December, 1951]

- 329 Fees for the examination for insurance with post office -- Civil Surgeons are entitled to a fixed fee of Rs.4 for the medical examination of Government servants desirous of effecting life insurance with the post office provided that the medical examination, which is prescribed for every postal employee who effects an insurance is to be held by the Civil surgeon without any fee.

[G.I.H.D., resol. No. 107-130, d. 4-2-1898, G.I.H.D., resol. No.4-5164, d. 24-1-1884]

330 Fees for grant of medical certificates under the Workmen's compensation Act to Insurance companies – All persons holding qualifications registerable by the Central Provinces Medical Registration Act, 1916, are qualified medical practitioners under section 11 of the workmen's Compensation Act, 1923. The following scale of fees is fixed for medical certificates issued regarding injuries to workmen taken to Government hospital for treatment –

1. For furnishing copy of medical case -- Rs.2
2. For a certificate granted by a Civil Surgeon – Rs.16
3. For a certificate granted by an Assistant Surgeon – Rs.5
4. For a certificate granted by an Assistant Medical Officer – Rs.3

One rupee out of each charge should be credited to the hospital funds by way of registration of the transaction.

The above fees are only for granting the certificates and when the medical officer is required to give evidence in a court a separate fee for his attendance will have to be paid by the company (see Appendix XII)

[Sectt. Medl. Admn. And P.H. Deptt. Nos. C-1245 and 1246-IX, d. 24-6-26 and No. 2858-440-IX, d. 6-8-26]

Government medical Officers may issue medical certificates for insurance purposes in respect of patients dying in hospitals to the party concerned on payment of a fee of Rs.10 for each such certificate issued.

One rupee out of each charge should be credited to the hospital funds and the balance should be retained by the Medical Officer concerned.

331 Acceptance of fees by medical officers for expert evidence in a Court of Law -- The following directions regulate the acceptance of fees by Indian Medical Service Officers in civil employ and officers of Provincial and subordinate services for giving evidence in a Court of Law:

- (a) If such an officer is summoned by the Court at the instance of the Crown, he should be treated as on duty and his traveling allowance should be regulated under Supplementary Rule 112 below fundamental Rule 44, and
- (b) If such an officer is summoned by the Court at the instance of a private person or party, such attendance at court should be regarded as private practice of the nature of expert evidence and should be regulated as follows:
 - (1) The officer may accept such fee as Government may permit him to accept having regard to his eminence in the medical profession, the importance of the case and the distance of the court from his headquarters.

The fees received in each case by medical officers should be shared between Government and officers in the proportion of 50:50. The Medical officer concerned should take casual leave, if he has to go out of station.

- (2) In each such case the officer should apply to Government for sanction in the same way as, for example, an officer obtaining permission of Government for accepting fee.
- (3) The officer's traveling and subsistence allowances would be paid by the private person or party at whose instance he may be summoned.

[memo No. 4919-2543-XIV, dated the 11 October, 1949]

- 332 Instructions for the guidance of medical officers when called upon to give expert professional opinion by a private party in a Court of Law -- See Chapter XXXVIII, paragraph 604.
- 333 No fees for voluntary attendance on non-entitled persons - Civil Surgeons are not entitled to fees when called in consultation in the cases of officials who are entitled only to the services of Assistant Surgeons or Assistant Medical Officers.

[G.I.H.D., No.238, d. 11-6-1891]

- 334 Civil Surgeons to examine candidates for public service without fee -- Civil Surgeons are not entitled to any fee for the medical examination under Fundamental Rule 10 of candidates for public service or those to be trained as teachers in normal schools and for service under the local bodies or for the grant of a certificate, provided the requisition is made by the head of the office or department in which the applicant is proposed to be employed.

[F.R. 11]

- 335 Gifts, gratuities, and rewards -- Rule 3 of the Government Servant's Conduct Rules permits medical officers to receive gifts, gratuities or rewards offered in good faith by any person or body of persons in recognition of their professional services, but such services must have been rendered outside their hospital and dispensaries. In the case of Assistant Medical officers, the previous sanction of the Inspector-General of Civil Hospitals and in the case of Civil Surgeons and Assistant Surgeons that of the Provincial Government must be obtained. The permission granted under rule 3 should be read as referring only to specific instances and not to a medical officer's general work in any given locality.
- 336 Attendance on Government pensioners - Government pensioners are not entitled to gratuitous medical attendance but European military pensioners who have been pensioned directly from military service and who reside outside cantonment, should be considered entitled to gratuitous medical attendance, both for themselves and for their families, from the Civil Surgeons of their respective stations, the privilege not being applicable to any persons drawing civil pension or any persons who have received a gratuity for service in the civil department or to pensioned commissioned officers.

- 337 Rules for the acceptance of fees by Indian Medical Service officers in civil employ and Provincial and Subordinate Medical Service officers for services other than professional attendance – See Appendix XII.
- 338 The Secretary of State’s Services (Medical Attendance) Rules, 1938 -- See Appendix XIII.

CHAPTER XXVI

MEDICAL BOARDS AND CERTIFICATES

- 339 Medical certificates of gazetted and non-gazetted officers -- Before a gazetted Government servant or a non-gazetted Government servant in superior service can be granted leave or an extension of leave on medical certificate, he must obtain a certificate in the following form:

Medical certificate for Gazetted/ Non-gazetted officers

Statement of the case of

Name (to be filled by the applicant in the presence of the Civil Surgeon/ or official/ recognized medical attendant)

Appointment

Age

Total Service

Service in India

Previous period of leave of absence on medical certificate

Habits

Disease

I, Surgeon of/ Medical Officer at/ Recognized private practitioner after careful personal examination of the case hereby certify that is in a bad state of health, and I solemnly and sincerely declare that according to the best of my judgment a period of absence from duty is essentially necessary for the recovery of his health and recommend that he may be granted Months’ leave, with effect from

Civil surgeon/ or Official/ Recognized Medical Attendant

Dated the19.....

Medical History

[The nature of present illness, its symptoms, causes and duration, etc., should be stated here]

.....

Civil Surgeon/ or Official/ Recognized Medical Attendant

NOTES: (i) This form should be adhered to as closely as possible (and should be filled in after the signature of the applicant has been taken). The Certifying Officer is not at liberty to certify that the applicant requires a change from or to a particular locality or that he is not fit to proceed to a particular locality. Such certificates should only be given at the explicit desire of the administrative authority concerned, to whom it is open to decide, when an application on such grounds has been made to him, whether the applicant should go before a medical board to decide the question of his fitness for service.

(ii) The certificate may be granted by any medical practitioner registered under the Central Provinces and Berar Medical Act of 1916.

(iii) A registered medical practitioner found guilty of abusing the privilege of granting medical certificates mentioned in note (ii) above shall be debarred by the Inspector-General of Civil Hospitals from granting such certificates without the counter-signature of the chief medical officer of the district.

In all cases in which the privilege has been withdrawn, the fact shall at once be communicated to the person concerned by the Inspector-General of Civil Hospital and a copy of orders passed by him shall be forwarded to the Registrar of the Medical Council for any action the Council may deem fit to take.

Except in the cases provided for in paragraph 343 below, applicants must present themselves with one copy of the statement of their case in the case of non-gazetted officers, and two copies in the case of gazetted officers, at the stations appointed where a Board of Medical officers is assembled. From this Board the officer should obtain a certificate as follows:

“We do hereby certify that, according to the best of our professional judgment, after careful personal examination of the case, we consider the health of to be such as to render leave of absence for a period of With effect from absolutely necessary for his recovery.

Station

Dated the19.....

President/ Member/ Member Medical Committee

The certificate obtained should then be submitted to the head of his office, or if he is himself the head of his office, to the head of his department for orders or for transmission to the Provincial Government for orders, as the case may be.

NOTE: Government servants under treatment at the following Tuberculosis Sanatoria and the T.B. Wards as indoor patients in the State are exempted from the operation of the above rule. In their case, a certificate from the Medical Officer in charge of the Sanatoria or T.B. Wards will be accepted. In the case of Medical Officers-in-Charge of the wards, these certificates will have to be countersigned by the Civil Surgeon or Assistant Surgeon in Charge of the wards at the head quarters:

- 1 T.B. Sanatorium, Chhindwara
 - 2 T.B. Sanatorium, Buldana
 - 3 T.B. Wards at the Medical College, Nagpur
 - 4 T.B. Wards at the Mayo Hospital, Nagpur
 - 5 T.B. Wards at the Main Hospital, Wardha
 - 6 T.B. Wards at the Main Hospital, Akola
 - 7 T.B. Wards at the Main Hospital, Rajnandgaon
 - 8 T.B. Wards at the Main Hospital, RAshpurnagar
 - 9 T.B. Clinic cum Wards at Amravati
 - 10 T.B. Clinic cum Wards at Chanda
- [S.R. 8 under F.R. 74 (a)]

- 340 All certificates of Medical Boards or medical officers, recommending the grant of leave to a Government servant are subject to the proviso that no recommendation in them shall be evidence of a claim to any leave which may not be admissible to an officer under the terms of his contract or the rules to which he is subject.

[S.R. 7 under F.R. 74 (a)]

- 341 Medical officers must not recommend the grant of leave in any case in which there appears to be no reasonable prospect that the Government servant concerned will ever be fit to resume his duties. In such cases, the opinion that the Government servant is permanently unfit for Government service should be recorded in the medical certificate.

[S.R. 6 under F.R. 74 (a)]

- 342 Detention of applicants under professional observation - Before deciding whether to grant or to refuse the certificate the Medical Board may, in a doubtful case, detain the applicant under professional observation for a period not exceeding 14 days. In that case it should grant to him a certificate to the following effect:

“C.D. having applied to us for medical certificate recommending the grant to him of leave, we consider it expedient before granting or refusing such a certificate to detain C.D. under professional observation for days.”

[S.R. 12 under F.R. 74 (a)]

343 Certificates to applicants unable to present themselves before the Medical Board -- If the state of the applicant's health is certified by a Commissioned Medical Officer of Government or by a medical officer in charge of a civil station to be such as to make it inconvenient for him to present himself at any place in which the Medical Board can be assembled or to necessitate the grant of leave before a board can be assembled or in the case of a non-gazetted officer in superior service, if no Medical Board has been constituted for the district within which the applicant has been stationed, the authority competent to grant the leave may accept, in lieu of the certificate prescribed in paragraph 339 above either:

- (a) a certificate signed by any two medical officers being Commissioned Medical Officers or medical officers in charge of civil stations in whatever province they may be serving; or
- (b) if the authority considers it unnecessary to require the production of two medical opinions, a certificate signed by an officer in medical charge of a civil station.

NOTE: In outlying tahsils when an Assistant Medical Officer certifies that a non-gazetted officer cannot on account of ill health proceed to headquarters to appear before the Medical Board or where such journey to headquarters will involve administrative inconvenience, the head of the office may accept the certificate of the Assistant Medical Officer provided it is supported by the counter-signature of the Tahsildar.

[S.R. 11 under F.R. 74 (a)]

344 Certificates to non-gazetted female Government servants - Paragraphs 339, 342 and 343 do not apply to non-gazetted female government servants in whose case a competent authority may accept a certificate from any lady with recognized medical qualifications.

[S.R. 13 under F.R. 74 (a)]

345 Places at which officers should attend -- The stations at which applicants in superior service (gazetted or non-gazetted) should appear before Invaliding or Medical Boards are indicated below:

District in which applicant is serving and place to which he should be directed to proceed.

Nagpur, Wardha, Chanda, Chhindwara and Betul – Nagpur, Jabalpur, Mandla, Saugor, Hoshangabad and Khandwa – Jubulpore.

Raipur, Bastar, Durg, Balaghat and Bhandara, Raipur, Bilaspur, Raigarh and Surguja – Bilaspur.

Amraoti, Akola, Buldana and Yeotmal – Amraoti

[Medical Department Memorandum No. 6025-5238-XIV, dated the 7th December, 1948]

346 The Invaliding and Medical Boards shall be composed of the following officers :

At Nagpur

1. Civil surgeon, Nagpur
2. Civil Surgeon, Bhandara
3. A private Medical practitioner

At Jabalpur

1. Civil Surgeon, Jabalpur
2. Superintendent, Central Jail, Jabalpur, or Commissioned Medical Officer, Jabalpur
3. A private medical practitioner

At Raipur

- 1 Civil Surgeon, Raipur
- 2 Civil Surgeon, Durg
- 3 A Private Medical Practitioner

At Bilaspur

- 1 Civil Surgeon, Bilaspur
- 2 Civil Surgeon, Raigarh
- 3 A Private Medical Practitioner

[Medical Department Memorandum No.6025-5238-XIV, dated the 7th December, 1948]

At Amraoti

1. Civil Surgeon, Amraoti
2. Civil surgeon, Akola
3. A private medical practitioner

347. Relative seniority of members belonging to different services. – The relative seniority of members belonging to the different service, viz., the Indian Medical Service and the Central Provinces Medical Service constituting the several medical boards is regulated as stated below: -

The seniority among the Indian Medical Service Officers should be according to the officer's position in the service, i.e., in the Army List; the Indian Medical Service and Central Provinces and Berar Medical Service Class I officers on Medical Boards should take their seniority from the dates of their appointment in the service, i.e., Indian Medical Service Officers from the date of their commission as Lieutenant and Central Provinces and Berar Medical Service Class I officers and Berar Medical Service Class I appointment.

348. In addition to the Medical Boards mentioned in paragraph 345 there shall be a Central invaliding and Medical Board at Nagpur for giving a second opinion in cases in which Government considers it necessary or in which officers appeal against the certificates issue by Divisional Medical Boards (vide rule in paragraph 353). The Board shall be composed of the following officers and shall meet once a month at the office of the Inspector – General of Civil Hospitals, Central Provinces and Berar, Nagpur:-

President.
Inspector-General of Civil Hospitals.
Members.

Civil Surgeon, Nagpur, except when the Board gives a second opinion on or hears appeal against a decision of the Medical Board at Nagpur. In such cases the Inspector-General of Civil Hospitals should select another Civil Surgeon in place of the Civil Surgeon in place of the Civil Surgeon, Nagpur.

A member of the teaching staff of the Medical College, Nagpur.
A private medical practitioner.
A specialist when required.

349. The invaliding and the Medical Boards will be held on second Tuesday of each month. If a gazetted holiday falls on that day these boards will be held on the next working day. Heads of offices should in each case give the Civil Surgeon of the place at which the Board is held not less than 10 days clear notice of their intention to send applicants before that Board. Heads of office should observe this rule strictly and should not ask for special Medical Boards except in exceptional circumstances. Special Medical Boards cause great inconvenience to medical officers and are intended only for emergencies and exceptional cases.

[Sectt. Medl. Admn. P.H. D. No. 1376-312-IX, d. 9-6.25.]

350. Applicants applying for invalid pension shall be granted certificates of incapacity for service by a Medical Board. The Civil Surgeons, after examining the applicant and satisfying himself as to the incapacity for further service, shall draw up a succinct statement of the medical case, whether the applicant had been under his treatment or not, and provide the required certificate, transmitting the paper to the President of the Medical Board concerned, 10 days prior to the date of its assembly.

351. The following are the forms mentioned in paragraph 350, viz., statement of case for Invaliding Board and certificate of permanent incapacity for further service as required by Civil Service Regulations 447 (a) (Proceedings of Medical Board):-

(a) Statement of case for Invaliding Board.

- a. Rank and Name
- b. Age according to his own statement
- c. Age according to his own statement
- d. Age according to his appearance
- e. Pay
- f. Duration of Service
- g. Leave throughout service
- h. Hospital leave or sick leave (with dates)
- i. Date of return from last sick leave
- j. Disease or reasons for invaliding
- k. Habits
- l. Previous illness and periods of being in hospital in the preceding three years.
- m. Result of medical treatment, if any

Medical History

History of the case and present condition

Opinion of Civil Surgeon,

Date

Signature

182 Proceedings of Medical Board.

Certified that we have carefully examined.....

Son of a Years. We consider to be completely and permanently incapacitated for further service of any kind/in the department to which he belongs in consequence of

His incapacity does not appear to us to have been caused by irregular or intemperate habits.

President

Members

Dated the19.....

Note: - If the incapacity is obviously the result of intemperance substitute for the words in italics "in our opinion his incapacity is the result of irregular or intemperate habits".

352. An applicant for an invalid pension in superior service, who is not serving in the Nagpur, Jabalpur, Raipur and Amraoti districts, and who can conveniently appear before the Medical Board at any of those places, shall, after obtaining a certificate from the Civil Surgeon of the nearest district in which he is serving, be directed by the head of his office to proceed to one the above mentioned stations with a view to examination by the Medical (invaliding) Board. Civil Surgeons should furnish such applicants with brief statements of their cases, whether the applicants had been under their treatment or not, for presentation to the Board. If however the nature of the applicant's illness or any other cause prevents him from proceeding to any of the above mentioned stations, the Civil Surgeon of the district in which he is serving shall grant him the necessary certificate, mentioning therein why he could not appear before the Board.

Note:- The Assistant Surgeons in charge of the main hospitals, Narsinghpur, Damoh, Seoni , Mannla, Balaghat, and Drug are empowered to prepare the statements of the medical case and to provide the required certificates mentioned in paragraphs 350 and 352 above.

352. Full details of the nature of the malady which led to the invalidation of a person from Government service should be given in the certificates furnished by the invaliding Board

or the Article 442 (b) to (d), Civil Service Regulations, has also been relaxed so as to allow the individual Government servant concerned a right to appeal through the Head of the Department and President of the Divisional Medical Board to the Central Medical Board at Nagpur against the certificate granted by the Divisional Medical Board or a medical officer, as the case may be. The President of the Divisional Medical Board while forwarding the appeal to the Central Medical Board will give in detail the conclusions arrived at in the case by the Divisional Medical Board. Heads of Departments may similarly obtain a second opinion from the Central Medical Board in all cases in which the opinion of a Divisional Medical Board or a Medical officer is considered doubtful. The appeal should in either case be preferred within one month from the date of invalidation.

354. Civil Surgeons will be supplied with the necessary forms, of certificate. In addition, the Civil Surgeons of Nagpur, Jabalpur, and Amraoti will be supplied with the form of certificate to be granted by the Invaliding Board. The forms are those prescribed in paragraphs 339, 342 and 351 above. Personal marks of identification should invariably be noted in the certificates by Civil Surgeon.

355. Rules regarding the granting of certificates of incapacity and for leave on medical certificates. – No certificate for incapacity be granted by medical officers and no certificate for leave on medical certificate should be granted by a Medical Board unless the officer (gazetted or non-gazetted) has obtained permission from the head of his office, or, if he himself is the head of an office, from the head of his department to appear before the said Board (Supplementary Rule 9 under Fundamental Rule 74 (a).

356. Rules regarding transfer on the ground of ill health. – Medical officers may not recommend the transfer of public servants of any description from one station to another on the ground of ill health or unsuitability of climate.

357. If a public servant be ill, he must be reported sick. If it be considered that the station in which he is serving is inimical to his constitution and that he is likely to have better health elsewhere he must be recommended for sick leave.

358. Medical certificates not to be given to military officers by medical officers in civil employ. – Medical officers should not give medical certificates to military officers who may consult them or go to them for treatment. All communications regarding their cases should be made confidentially direct to the medical officers in charge of the regiments to which the officers belong, or to the senior medical officers of their stations.

Note. – (1) The senior officer present at the Medical Board will be the president of the Board.

(2) An appointment of a substitute member on a Divisional Medical Board in case of Civil Hospital, Civil Hospitals, Central Provinces and Berar, in order to make full complement where it is considered desirable by him or he may give permission to the presiding officer to hold the Board without replacing the absentee member.

The Director of Health Services, Madhya Pradesh, is empowered to appoint a specialist as member on the Divisional Medical Board, if any when required.

Berar Provincial and Subordinate Services and will be given by the medical authorities mentioned therein. In the case of female Government servants returning from leave on medical certificate, a competent authority may, however, in its discretion, accept a certificate of fitness in the prescribed form from any medical practitioner with the recognized medical qualifications mentioned in Supplementary Rule 8 below Fundamental Rule 74 (a).

[L.G.O. I. below Fundamental Rule 71.]

363. Thumb and finger impressions. – When any non-gazetted Government servant other than a woman a literate person who can sign his name in English or a person suffering from leprosy, applying for leave or pension or a candidate for employment in non-gazetted service is sent for medical examination, the thumb and finger impression of such servant or candidate should be taken by the examining medical officer or Board on the medical certificate.

[S.R. 12 (B) under F. R. 74 and Sectt. Medl. Admn. and P.H. Deptt. Letter No. 1810-375-IX, d. 19-7-24.]

364. Medical examination of candidates applying for commutation of pension. – See Financial Rule, Volume 1, Rule 784.

PART IV – HOSPITALS AND DISPENSARIES
CHAPTER XXVII – CLASSIFICATION OF HOSPITALS AND DISPENSARIES

365. Varieties of hospitals. – Hospitals and dispensaries are divided into the following categories: -

1. Government
2. Municipal (including notified area committee).
3. District council
4. Dispensary fund.
5. Private
6. Missionary

366. Government hospitals. – Government hospitals are of two kinds, viz., Government special hospitals and Government public hospitals.

367. Government special hospitals. These institutions supply the medical needs of persons serving in or under the control of the following departments:-

1. Police
2. Jail
3. Forest and Survey
4. Canal
5. Others

368. Government public hospitals and dispensaries. – These institutions supply free of charge the medical needs of the poorer classes of the public. The Mayo Hospital, Nagpur, Victoria Hospital, Jabalpur, Silver Jubilee Hospital, Raipur, and the Irwin Hospital, Amraoti, which are termed “Provincial Hospitals” and dispensaries at Dharni and Chikalada in the Amraoti district are the only institutions of this kind.

All Government hospitals are maintained by provincial funds and are under Government management.

The fact that an institution possesses endowment or receives contributions from local bodies or private subscriptions should not be regarded as a reason for not classing it as Government so long as provincial funds are ultimately responsible for all the charges connected with it.

369. Municipal (including notified area committee) and district council hospitals and dispensaries. – These institutions are managed by local bodies. The fact that such an institution is aided by private subscriptions or receives assistance from government in the shape of part of the salary of the medical officer, should not be regarded as a reason for not classing it as a municipal or district council hospital so long as its existence is ultimately dependent upon funds of local bodies.

370. **Dispensary fund hospitals and dispensaries-** The financial control of these hospitals and dispensaries is vested in dispensary fund committees and their management in the civil surgeon. The fact that such an institution is aided by private subscription, grants from local bodies and assistance from Government in the shape of salary of medical

officer, grants for medicines, etc., should not be regarded as a reason for not classing it as a dispensary fund hospital or dispensary so long as its existence is ultimately dependent upon the dispensary fund.

371. Private hospitals and dispensaries- These institutions may be aided, i.e., receiving aid from Government of local bodies or may be non-aided. They are managed either by private individuals or associations.

372. Mission hospitals and dispensaries. – These institutions may be aided, i.e., receiving aid from Government or local bodies or may be non-aided. They are managed either by pri-Christian missions.

CHAPTER XXVIII – MANAGEMENT AND CONTROL OF HOSPITALS AND DISPENSARIES

373. Official visitors of hospitals and dispensaries. – The following are ex-officio visitors of hospitals and dispensaries:-

(i) For the province -

The Governor.

The Minister in charge.

(ii) For the district -

The Deputy Commissioner and Magistrate not below the rank of a Tahsildar and any person appointed by the Deputy Commissioner except at the headquarters where the Deputy Commissioner or in his absence the Headquarter Magistrate will be the only ex-officio visitors.

(iii) For Government hospitals -

The members of the hospital board of management.

(iv) For municipal hospitals (including notified area committee)-

The members of the municipal committee or notified area committee as the case may be who are nominated by the local bodies concerned as visitors.

The members of the dispensary committee.

(v) for district council hospitals -

The chairman and vice-chairman of the district council.

The office-bearers of the local boards.

The local board member of the circle in which the dispensary is situated and any district council member residing in the taluq in which the dispensary is situated who may be nominated by the district council. The members of the dispensary committee.

(vi) For dispensary fund hospitals -

Members of the dispensary fund committee.

374. Functions of the visitors – Divisional, district and official visitors generally should take an interest in dispensaries and avail themselves of every opportunity for visiting them. It is not expected that non-professional visitors should criticize or supervise the technical portions of the duties of the dispensary staff, but they can render real service to these institutions by seeing that the buildings are kept in proper order, that the books and registers are punctually and punctually and correctly kept up, that the subscription list is properly maintained and that the medical officers in charge take due interest in their duties and treat patients in a kindly and attentive manner.

375. Visitors should record the results of their visits in the visitors' book, a copy of their remarks being sent by the medical officer in charge to the Civil Surgeon through the president or chairman of the local body concerned in the case of dispensaries under the management of local bodies for submission, when necessary, to the Inspector-General of Civil Hospitals, through the Deputy Commissioner who may at his discretion forward it through the Commissioner, when it contains special remarks which, in his opinion, should be seen by the Commissioner. Copies of inspection notes recorded by His Excellency the Governor and the Hon'ble the Minister in the visitors' book should be forwarded through the proper channel to the Inspector-General of Civil Hospitals who will forward it to the Provincial Government, a duplicate copy should be forwarded to the Inspector-General of Civil Hospitals direct.

Sectt. Letter No. 1421-VI-1413, d. 5-8-1908.]

376. If a Divisional or District Officer and the Civil Surgeon disagree on any point regarding the working of a dispensary, the matter should be referred through the Commissioner, to the Inspector-General of Civil Hospitals for decision.

377. Management of Government (special) hospitals and dispensaries. – The management of Government (special) hospitals and dispensaries is vested in the Civil Surgeon of the district in which they are situated except in the case of jail hospitals to which a separate medical officer has been appointed.

378. Special rules relating to these institutions are to be found in the regulations of the departments to which they belong. The rules concerning jail hospital may be found in the Jail Manual, police hospitals in the Police Manual and Public Works Department and canal hospitals in the Departmental Rules of those departments.

379. Control of Public Works Department and canal dispensaries – Civil Surgeons exercise the same authority over Public Works Department and canal dispensaries as they do over the branch dispensaries in their district.

380. Touring of Assistant Medical Officers in charge of Public Works Department and canal dispensaries. – Medical officers in charge of Public Works Department or canal dispensaries are expected to tour within the area of their charges under the general orders of the officers in charge of the sub-division within which the dispensary is placed on an average of 15 days in the month.

381. Control of Police Hospitals. – Police hospitals and the establishment thereto attached are under the general control and superintendence of the Civil Surgeon who should visit

these hospitals twice a week. Inspector-General of Civil Hospitals may in special cases authorize the Civil Surgeon to delegate the duty of visiting these hospitals to an Assistant Surgeon.

382. Dieting in police hospital. – Dieting in police hospitals should be carried out in the same manner as in other hospitals and dispensaries. The medical officer in charge should see that bed-head tickets are filled up in this respect and that the prescribed diet only is partaken of.

383. Management of provincial hospitals. – (i) The Civil Surgeon will be solely responsible for the working and general management of the provincial hospital in his district. He will be assisted by a board of management.

(a) Board of management of Mayo Hospital, Nagpur. – The board of management of the Mayo Hospital, Nagpur, will consist of fifteen members of whom two, viz., the Deputy Commissioner Nagpur and the Superintendent of the Robertson Medical School will be ex-officio members. The remainder will be nominated from time to time by the Provincial Government.

(b) Boards of management of Irwin Hospital, Amraoti, and Silver Jubilee Hospital, Raipur. – The boards of management of the Irwin Hospital, Amraoti, and the Silver Jubilee Hospital, Raipur, will consist of eight members each of whom two, viz., the Executive Engineer and the Civil Surgeon will be the ex-officio members. The remainder will be nominated from time to time by the Director, Health Services, M.P.

(c) Board of management of Victoria Hospital, Jabalpur. – The Board of management of the Victoria Hospital, Jabalpur, will consist of eight members of whom four, viz., Executive Engineer, Civil Surgeon and a representative each to be elected by the municipal committee and the district council from amongst their members will be members. The remainder will be nominated from time to time by the Director, Health Services, M.P.

(ii) In the Case of the Mayo Hospital, Nagpur, the Deputy Commissioner Nagpur will be the chairman at all meetings and in his absence the meeting will elect one of the members to be chairman. In the case of the Victoria Hospital, Jabalpur, Irwin Hospital, Amraoti, and the Silver Jubilee Hospital, Raipur, the meeting will elect one of the members present to be the chairman.

(iii) The Civil Surgeon shall be secretary of the board.

(iv) Six members in the case of the Mayo Hospital, Nagpur, and four in the case of the Victoria Hospital, Irwin Hospital, Amraoti, and the Silver Jubilee Hospital, Raipur, will form the quorum of the board.

(v) The nominated members shall hold office for a period of three years and shall be eligible for re-nomination on the expiry of each term of office. Any member wishing to resign his office before the expiry of his term shall forward a written letter of resignation to the secretary who will forward it with recommendation for the acceptance of resignation and for filling up the vacancy to the Deputy Commissioner.

(vi) The board, for reasons to be recorded in writing, and after taking an explanation as it may deem necessary may recommend to the Deputy Commissioner, the removal of any member who refuses to act or who has absented himself without sufficient cause from the meeting of the board for more than six consecutive months. A non-official member who has absented himself for a period of six months or more, from the station, shall report the circumstances to the secretary and in the event of his failure so to report, he shall be regarded as having vacated his office on the expiry of three months from the date of the departure.

(vii) The board shall meet once a month for the transaction of business.

(viii) All correspondence shall be conducted and minutes of the proceedings of the board at each meeting recorded by the secretary in the book kept for the purpose. A copy of the proceedings of each meeting shall be forwarded by him to the Inspector-General of Civil Hospitals.

(ix) The secretary may, whenever necessary, summon a special meeting of the board stating the business to be brought before such special meeting. He shall on a requisition made in writing by not less than four members, also convene a special meeting mentioning in the notice the object of the requisition.

(x) Seven days' notice should ordinarily be given in the case of ordinary meetings and the three days in the case of special meetings. The accidental failure of a notice to reach any member within the prescribed period shall not, however, invalidate the proceedings of a meeting.

(xi) The secretary shall circulate not less than three days before each ordinary meeting to every member of the board a list of business to be transacted at such meeting.

(xii) If at any meeting a quorum is not present, the meeting shall stand adjourned to another – date to be fixed by the Chairman. On such date the members present shall transact business irrespective of the quorum.

(xiii) Business shall be transacted at the meetings in the following order:-

(a) The minutes of the last ordinary meeting or any special meeting held since, shall be read and if approved as correctly entered, shall be signed by the chairman of such meeting.

(b) Business postponed from the last ordinary meeting shall be considered.

(c) Business of which due notice has been given shall be considered.

(xiv) All questions which come before a meeting shall be decided by a majority of votes of the members present and voting. In the event of an equality of votes the chairman of the meeting shall have a second of casting vote.

(xv) The functions of the board shall be to advise whether on a reference being addressed to it or on its own initiative with regard to all matters connected with the welfare of the hospital and comfort of the patients. All questions regarding the treatment given to patients will be entirely outside the scope of the board's enquiry.

(xvi) It shall be open to any member of the board to bring before it any matter affecting the hospital or the comfort and welfare of the patients and such matter shall be discussed and any decision arrived at with regard to it. Will be acted upon by the Civil Surgeon, except in case where the decision of the board is in conflict with his won personal opinion, when such decision shall be communicated to the Inspector-General of Civil Hospitals for is orders.

(xvii) When the Civil Surgeon has not the power to give effect to the decision of the board and agrees with it, the decision shall be communicated to the Inspector-General of Civil Hospitals.

(xviii) Members of the board will be ex officio visitors of the hospitals. They should take a personal interest in the work of the work of the institution and visit it at intervals.

(xix) The members will record the results of their visits in the visitors book and a copy of their remarks shall be sent by the secretary when necessary to the Inspector-General of Civil Hospitals. The secretary will invariably put these remarks before the next meeting of the board for information and any action necessary.

(xx) The accounts of the hospital and books and registers pertaining o them will be maintained by the secretary in accordance with the rules laid down in Chapter XXXVII.

(xxi) The House Surgeon or the Surgical Registrar may be empowered to hold the permanent advance and to keep the prescribed record of transactions in connection

therewith to maintain the cash book and the cash extract registers and sign challans and payment vouchers.

(xxii) The money receipts in acknowledgement of room rent, fan charges and diet charges should be signed by the House Surgeon or the Surgical Registrar. The receipts for operation fees, X-ray and pathological fees should be signed by the medical officer in charge of the respective departments and the amounts of their collections sent to the House Surgeon or the Surgical Registrar every day and the latter should acknowledge the receipt of the money by an endorsement on the back of the last counterfoil of the receipt. The details in the various receipt books should be entered in the House Surgeon's or the Surgical Registrar's cash book before these books are returned to the respective officers.

(xxiii) Under rule 599a0 of the Financial Rules, Volume 1, cash security of the value noted against each should be taken from the following officials who are entrusted with the charge of money:-

1. Lecturer in Surgery at the Robertson Medical School, Nagpur – Rs. 100.
2. Surgical Registrar, Mayo Hospital, Nagpur – Rs. 100.
3. Lecturer in Midwifery and Gynecology in the Robertson Medical School, Nagpur – Rs. 100.
4. Medical Officer in charge of the X-ray department of the Mayo Hospital, Nagpur, and his assistant – Rs. 50 and Rs. 20, respectively.
5. Pathologist, Mayo Hospital, Nagpur – Rs. 20.

6. Woman Assistant Medical Officer on general duty at the Mayo Hospital, Nagpur – Rs. 30.
7. Lecturer in Anatomy, Robertson Medical School, Nagpur – Rs. 50.
8. Lecturer in Medicine, Robertson Medical School, Nagpur – rs. 100.
9. House Surgeon, Irwin Hospital, Amraoti – Rs. 300.
10. Assistant Medical Officer in charge of X-ray and Pathology, Irwin Hospital, Amraoti – Rs. 200.
11. House Surgeon, Silver Jubilee Hospital, Raipur – Rs. 50.
12. Woman Assistant Surgeon, Silver Jubilee Hospital, Raipur – Rs. 50.
13. Assistant Medical Officer in charge of out-patients, Silver Jubilee Hospital, Raipur-Rs. 25.
14. Pathologist, Silver Jubilee Hospital, Raipur – Raipur – 25.
15. House Surgeon, Victoria Hospital, Jabalpur – Rs. 500.
16. Pathologist, Victoria Hospital, Jabalpur – Rs. 100.
17. Radiologist, Victoria Hospital, Jabalpur – Rs. 100
18. Assistant Surgeons in charge of Tuberculosis Clinics at Nagpur, Jabalpur, Raipur and Amraoti – Each Rs. 50.

[Medical Deptt. NO. 7595-2428-XIV, d. 3-11-39.]

(xxiv) The Civil Surgeon will take necessary steps to verify the solvency of personal sureties on the 1st of September of each year. In the case of new sureties whose solvency has been ascertained since the 1st of the preceding June, the second verification may be deferred till the following September.

(xxv) The secretary shall have power subject to the control of the board, to appoint, punish and grant leave to the staff of the hospital below the rank of Assistant Medical Officers. The previous sanction of the Provincial government must, however, be obtained to any revision of the establishment. The board can, however, recommend such revision.

(xxvi) The secretary shall satisfy himself that all articles supplied for use in the hospital are of the quality contracted for.

(xxvii) The secretary shall satisfy himself that all articles the 30th September and 31st March.

(xxviii) Balances of stores must not be held in excess of the requirements of the reasonable period. In order to ensure the observance of these rules a periodical inspection must be made by a responsible officer deputed by the Civil Surgeon who must submit a report of surplus and obsolete stores to the Civil Surgeon for their disposal. The inspection must be made six monthly in the case of perishable stores and once a year in the case of other stores unless there be good reasons to the contrary. Stores remaining in stock for over a year should be considered surplus unless there be any good reason to treat them otherwise. The previous sanction of the competent authority should be obtained to the sale of stores regarded as surplus or obsolete and to the write off of the value of the stores.

384. Management of dispensary fund hospitals and dispensaries. – The financial control of these institutions is vested in the dispensary fund committee and their management in the Civil Surgeon.

385. The committee of management of dispensaries under the management of dispensary fund committees:- The committee of management of a dispensary fund hospital or dispensary will be composed of representatives of the following classes:-

- (a) The Civil Surgeon, ex officio, or in his absence the medical officer in charge.
- (b) Government officials.
- (c) Representatives of the local bodies which contribute towards the funds.
- (d) Representatives of the subscribers
- (e) Nominated non-officials.

The number of the representatives of classes (b), (c) and (d) should be roughly in proportion to the share of the expenses borne by Government, the local body or bodies and private funds.

[Sectt. (Medical Deptt) No. 310-VI-36-36, d. 20.2.13.]

The precise constitution of the committee will be laid down by the Deputy Commissioner of the district in accordance with this principle. The Deputy Commissioner will nominate those of class (b) and (e); the local body or bodies those of class (c); and those class (d) will be elected in the manner prescribed by the Deputy Commissioner. The presence of not less than one-third of the total number of members of the committee shall be necessary to form a quorum for the transaction of business at dispensary meetings, provided that, if at any ordinary or special meeting of the committee a quorum is not present, the chairman shall adjourn the meeting to such other day as he thinks fit, and the business which would have been brought before the original meeting, if there had been a quorum present, shall be brought before, and transacted at, the adjourned meeting whether there is a quorum present thereat or not.

[Sectt. Letter No. 839-VI.-14-44, d. 10-8-14)

386. The committee shall hold office for a period of not more than three years after the expiry of which it shall be reconstituted.

387. The committee shall elect its own chairman.

388. The Civil Surgeon and in his absence the medical officer in charge of the hospital shall be the secretary of the committee.

389. The committee shall meet once a month to receive, and if approved, pass the bills presented by the Civil Surgeon or the medical officer in charge, to examine the accounts and to transact business that may be brought before it.

390. It shall be part of the duty of the secretary of the committee to see that the subscriptions are not allowed to fall into arrears.

391. The secretary shall have the following powers subject to the approval of the committee:-

1. To appoint dressers and midwives which will be subject to the approval of the Civil Surgeon also, in case he himself is not the secretary.
2. To punish and grant leave to the above.
3. To appoint, punish and grant leave to other menial establishment.
4. To punish compounder in any other way than by dismissal, reduction of pay or stoppage of promotion, which can only be ordered by the appointing authority. If the secretary is not the appointing authority and if the latter secretary is not the appointing authority and if the latter punishments are considered by him necessary, he should send a recommendation to that effect to the appointing authority, viz., the Civil Surgeon.

392. The grant of any kind of leave or leave allowance whether to superior or inferior servants employed under dispensary fund committees, shall be made in conformity with the Fundamental Rules.

393. Grades of hospitals. – Hospitals may be graded as follows:-

1. Those having less than 75 but not less than 50 beds.
2. Those having less than 50 but not less than 25 beds.
3. Those having less than 25 but not less than 10 beds.

394. Establishment. – The following scales of hospital and dispensary establishment are prescribed but they are only to be taken as a guide in indicating the strength of establishment which is believed to be ordinarily sufficient:-

Hospitals of the 1st grade-

Staff	Hospitals of the 1 st grade	Hospitals of the 2 nd grade	Hospitals of the 3 rd grade	Hospitals of the 4 th grade
1	2	3	4	5
Assistant Surgeon	In charge	In charge	In charge	..
Assistant Medical Officers	2	1	1	In charge
Compounders	5	3	2	1
Dressers	2	2	1	1
Nurses	5	3	..	..
Ward-boys	5	3	1	..
Ayahs	2	1	1	..
Cooks	2	1	1	..
Dhobis	2	1	1	1
Sweepers (men)	5	2	2	1
Sweepers (women)	2	1	..	..
Steward	1	..	..	..
Peon	1	..	..	..
Mali	1	1	..	..
Midwife	..	..	1	..
Waterman	..	..	..	1

Women Medical Officers may be employed wherever they are needed.

395. Pay of menials in dispensary fund hospitals and dispensaries. – It will be left to dispensary committees subject to the approval of the Civil Surgeon, to pay the hospital menials at the rates prevailing in the locality in which they are employed.

396. Midwives, dressers, ward-boys and other menial establishment employed by Government or by dispensary committees in hospitals and dispensaries should ordinarily be persons employed temporarily on monthly wages and subject to the provisions of clause (b) of Article 352 of the Civil Service Regulations. Applications for pension or gratuities on their behalf will not be entertained.

397. Leave to compounders and nurses will be granted by the Civil Surgeon, Casual leave may, however, be granted to compounders by the medical officer in charge of the hospital in an emergency in anticipation of the sanction of the Civil Surgeon of his duties.

398. Management of hospitals and dispensaries under the control of local bodies- Local bodies have full control over all financial and administrative matters concerning the dispensary, but the supervision and control of professional or technical work will vest in the Civil Surgeon, except in the case of a dispensary handed over to a private practitioner under paragraph 407 below.

[Govt. Notfns. Nos. 513 to 518-43 VIII' d. 17-2-25.]

399. Local bodies may constitute and appoint sub-committees for the management of hospitals and dispensaries under their control.

[Sectt., Medl. Admn. And P.H. Deptt. Letter No. C-315-VIII, d. 8-5-23. Sectt., Medl. Admn, and P.H. Deptt., letter No. 4319-567-IX, d. 4-11-25.]

400. The Civil Surgeon will inspect the dispensary and the medical officer in charge will be bound to carry out his instructions in any professional or technical matters. The Civil Surgeon will also scrutinize the expenditure and accounts of the dispensary and call the attention of the local body concerned to any irregularity of other circumstance deserving notice. He will forward a report of his inspection to the Inspector- General of Civil Hospitals through the local body concerned and the Deputy Commissioner.

401. Local bodies will be bound to consider any communication from the Civil Surgeon and to afford him full information as to the conduct of the medical officer in charge of the dispensary and all other matters affecting the welfare of the sick and the management of the institution.

402. In all professional matters the decision of the Civil Surgeon will be final subject to the control of the Inspector-General of Civil Hospitals and the Provincial government.

403. Local bodies may open a new dispensary, but may not close any dispensary save with the sanction of the Provincial Government.

404. Local bodies may appoint the staff of the dispensary, provided that it possesses such qualifications as may be approved by the Provincial Government. If any Government medical officer is appointed by it, he will be treated as on foreign service under the Fundamental Rules and will continue to enjoy the same privilege as regards his remuneration, leave, pension, etc., which he is entitled to in Government service. In the case of Assistant Medical Officers, the authority competent to sanction the increments on the time-scale of such officers is the Civil Surgeon. His confidential reports will be initiated by the President of the Local Body concerned and transmitted by him to the Civil Surgeon for further action but he will be under the disciplinary control of the

Inspector-General of Civil Hospitals and may be transferred or removed by him. He may also be transferred by the local body concerned within its jurisdiction in public interest with the concurrence of the Civil Surgeon, but the local body shall report forthwith all such transfers to the Inspector-General of Civil Hospitals.

[Sectt., Medl. Admn. And P.H. Deptt. Letter No. 621-691-IX, d. 20-2-26.]

405. If the dispensary derives its support partly from contributions or donations made on special conditions or earmarked for special purposes, the local body will be bound to give due consideration to those conditions or purposes.
406. Local bodies will be responsible that the dispensary buildings are kept in a reasonable state of repairs.
407. Local bodies may associate private practitioners with the dispensary on conditions to be approved by the provincial Government and also hand it over to such practitioners on terms to be settled in each case by the Provincial Government provided that they possess suitable qualifications in Western medicine and are capable of dealing with medico-legal and post mortem work. These terms will ordinarily be as follows:-
- (a) The transference will be in the first instance for a period not exceeding five years which, however, may be terminated at any time by six months notice being given by either party.
 - (b) The practitioner will be allowed the use of the building, furniture and medicines in stock and will be liable for their up-keep, including all ordinary repairs to the buildings. He will be charged such rent as may be settled by the Provincial Government.
 - (c) He will be required to maintain at his own cost such staff as may be necessary for working the dispensary, e.g., compounders, watermen, cooks, etc.
 - (d) He will be entitled to charge such fees as he thinks fit to all persons who receive treatment except absolute paupers. The names of persons entitled to free treatment will be communicated to him by the local body concerned or by private gentlemen appointed by the local body and for doing this work. He will receive an allowance from the local body.
 - (e) He will be liable, if so required, to treat servants of Government and local bodies free of charge and to carry out medico-legal and post-mortem work, and for these duties, if performed to the satisfaction of the district authorities, he will be given an allowance by Government.
 - (f) He will be required to maintain and keep up to date the registers of stock, equipment and patients prescribed by byelaws under section 80, sub-section (2), clause (c), of the Local Self-Government Act, 1920 (C.P. Act IV of 1920), and under section 25 sub-section (i) of the Municipalities Act, 1922 (C.P. Act II of 1922), and to submit such reports and returns as may be prescribed by the Inspector-General of Civil Hospitals.
 - (g) He will be required to execute an agreement, a model form of which is given in Appendix X.
408. Medical officers in charge of dispensaries under the management of local bodies shall be guided in technical and professional matters by rules prescribed by the Inspector-General of Civil Hospitals in this behalf.

409. Local bodies will submit to the Civil Surgeon annually and by such date as the Inspector-General of Civil Hospitals may prescribe, a report on the administration of the dispensaries taken over by them for the calendar year and the Civil Surgeon, will incorporate such reports in the report to be submitted by him to the Inspector-General in respect of all the provincial and local fund hospitals and dispensaries in his district.
410. Local bodies will submit to the Civil Surgeon of their district the following reports and returns on the dates mentioned against each:-
- | Reports and returns | Date on which to be submitted |
|---|--|
| Monthly. | |
| Epidemic reports-plague, cholera
Smallpox, influenza, etc. | 2 nd of the following month. |
| School Inspection reports | 10 th of the following month. |
| Half Yearly. | |
| Dispensary inspection Notes | Immediately after inspection. |
| Inspection of sanitation | Do. |
| Yearly. | |
| Statement of Bengal-Nagpur Railway
Patients treated | 1 st January. |
| Inspection report on poison shops | 15 th January. |
| Consumption of opium and morphine | 5 th January. |
| List of medical practitioners who are
willing to serve in famine camps | 5 th March. |
| School inspection reports | 5 th March. |
| Fore cast of quinine | 1 st August. |
| Statement showing Great Indian Peninsula
Railway patients treated during the
Year ending 30 th September | 1 st October. |

411. Local bodies will also from time to time submit such other reports returns and information as the Inspector-General may prescribe by general or special order.

CHAPTER XXIX- RULES APPLICABLE TO ALL HOSPITALS AND DISPENSARIES

412. **Times of attendance**-The officer in charge of a hospital or dispensary must be present at the institution during the hours prescribed for attendance of ordinary out-patients. It shall be open for ordinary out-patients on Sundays for three hours in the morning only and on week-days for five hours daily, except on market days, when the dispensaries must remain open an hour before the market opens, and for an hour after it closes at each town or village. The hours of opening and closing should be fixed to suit the season of the year and local requirements. Urgent outdoor cases shall be attended to at any hour on any day. The most convenient hours for attendance of outdoor patients in plains are as follows:-

From April to October 6 a.m. to 10 a.m. and 5 p.m. to 6 p.m.

From November to March 7.30 a.m. to 10.30 a.m. and 4 p.m. to 5 p.m.;

but Civil Surgeons are empowered to alter these hours to suit local requirements, provided the total number of hours during which the institution is open to out-patients is not reduced.

The hours for attendance of outdoor patients shall be fixed by an order over the signature of the Civil Surgeon and shall be attached to a board to be hung up in the out patient room of each institution.

[Sectt. Leter No. 378-VI-14-23, d. 2-4-14 and No. 2174-597-IX, d. 22-9-22.]

Nothing in these rules absolves the medical officer in charge of a hospital or dispensary of the responsibility of being present at any hour of the day or night when his services are required for the proper care and treatment of indoor patients.

413. **Operations of patients under the influence of and anaesthetic-** All medical officers are authorized to keep out non-professional spectators from their operating rooms and only admit such of the patient's near relatives and friends as are considered absolutely necessary to give assurance to the patient.
[I.G.C.H.'s Cir NO. 3419, d. 31-7-11.]
414. **Medical Officers prohibited from having any interest in private hospitals or dispensaries or druggist's shops-** No medical officer or subordinates in charge of or attached to a hospital or dispensary shall have any interest in a private hospital or dispensary or druggist's shop.
415. **Opening and closing of dispensaries-** No new Government hospital or dispensary may be opened or closed without the previous sanction of the Provincial Government. Local bodies are entitled to pen any new dispensaries they may wish to but the closing of a dispensary requires the Provincial Government's sanction. Applications for sanction to close or remove a dispensary should be submitted by the dispensary committee or the local body concerned through the Civil Surgeon and Deputy Commissioner to the Inspector-General of Civil Hospitals.
[Sectt. Medl. Admn. And P.H. deptt. Letter No. C-315-VIII, d. 8-5-23.]
416. **All plans to be approved by Inspector-General of Civil Hospitals-** No hospital or dispensary may be constructed until the plans have been approved and countersigned by the Inspector-General of Civil Hospitals and no alteration and addition to existing buildings may be made without his sanction. This rule is not applicable to dispensaries under the management of local bodies as these are governed by their own rules.
417. The Deputy Commissioner of the District will exercise a general control over dispensary affairs in his District.
418. **Fire rules for hospitals and dispensaries-** The following rules are laid down for protection from fires:-
- (1) No fires, except in constructed fireplaces, are to be allowed in any hospital or dispensary building or quarter during the day or night.
 - (2) Neither fire nor lights must be carried about unguarded in any part of hospital or dispensary building.
 - (3) No stacks or collections of grass, straw, or other in-flammable material are to be allowed to accumulate near any building connected with a hospital or dispensary.
 - (4) All appliances provided for use in case of fire must be kept at all times in serviceable condition and available for immediate use.
 - (5) Arrangements should be made for the following:-
 - (a) A signal to notify the out break of fire.
 - (b) A sufficiency of water to be constantly kept in convenient places in vessels provided for the purpose, such water to be changed frequently.
 - (c) A supply of dry earth in each ward, dispensary and quarter, with which to extinguish any lamp that may burst or become a source of danger.

- (6) In all hospitals and dispensaries rules for the prevention of fires, printed in English and in Vernacular should be posted up in conspicuous places and the Civil Surgeon should also draw up for each institution under his control the procedure to be adopted in case of fire occurring in or near the precincts of the hospital or dispensary, apportioning the duties of each member of the staff in such a contingency.
- (7) All persons connected with hospitals or dispensaries should be instructed as to what they should do in case of fire, regarding the removal of patients, etc.
- (8) At the time Surgeon should see that the above rules are observed and that the staff are cognizant of their duties.

419. **Rules regarding protection against fire for Government buildings**-Rules regarding precautions to be taken against fire in Government buildings (other than residences), apply to Government hospitals and dispensaries.

These rules are as given below:-

(1) The head of and office should satisfy himself-

- (i) that the lighting arrangements and any electric installation in his office are satisfactory from the point of view of safety.

NOTE- If the building is provided with electric supply, the head of the office should obtain a report from the Public Works Department periodically.

- (ii) that proper store rooms are safe from all possible causes of fire,
- (iii) that oily and greasy rags, waste paper, etc., which are liable to spontaneous combustion are not be allowed to accumulate on the premises,
- (iv) that smoking and the use of naked lights in store rooms and record rooms is strictly prohibited. Chowkidars should have orders to see that no smouldering cigar or cigarette ends are left lying about when they are closing the building, and
- (v) that night watchmen are employed in buildings which warrant their employment.

(2) All buildings the value of which is more than one lakh and any buildings of less value which are considered to require special protection should be provided with appliances for dealing with and outbreak of fire.

(3) These appliances, as enumerated below, are intended for dealing with an outbreak of fire in its initial stages and their effectiveness will depend on the promptness with which they are employed. The appliances should therefore be kept at depots in suitable parts of the buildings, such as passages and verandahs and not inside locked rooms. Particular attention should be paid to record rooms.

(4) Each depot should consist of 4 buckets containing water, 4 buckets or kerosene oil tins of sand, one hatchet and a chemical fire extinguisher with one spare refill. Numbers may be varied to suit particular buildings. As a rule one bucket per room should suffice for the whole building. In addition to the above-mentioned appliances, each office should possess a light iron ladder about 8 feet long.

The buckets should have round bottoms, be painted red, be marked "FIRE" in black letters and be placed on suitable brackets or low stands. The

hatchets should be in glass-fronted cases, so that they can only be removed by breaking the glass.

The chowkidar of each building should be properly trained in the use of chemical fire extinguishers.

- (5) All water buckets should be emptied and refilled once a week and must not be used for any other purpose than fire. The head of the office will be held responsible that this rule is observed.
- (6) In large and important buildings where there is a piped water supply, hydrants and hoses should be provided.

In buildings where there are roof tanks, the head of the office should see that they are kept filled and that all connections are in order. The hoses properly rolled will be kept locked in a glass-fronted case near the main entrance of the building.

Patent fire extinguishers should be examined once a month and the refills renewed once in every 12 months, even if they have not been used, the opportunity being taken to give a demonstration of the use of extinguishers.

- (7) Canvas hose is of a perishable nature. It should therefore be examined and tested under pressure once every three months by the Sub-Divisional Officer, Public Works department, in charge of the building, and a report sent to the Superintending Engineer.

The hydrants, couplings, nozzles, tank connections, etc., should be examined at the same time, each one being turned on to see that nothing is wrong.

- (8) An Outbreak of fire should be reported at once, by telephone, if available to the nearest fire station or police post and to the authorities in charge of the water works. Meanwhile, efforts should be made to extinguish the fire by means of the appliances at hand.

N.B.- Should kerosene oil or petrol catch fire, water should not be poured on the flame, but stand only should be used.

Where there is a water-supply and connections, the hoses should be coupled up and the hydrants opened at once, and with the object of increasing the pressure, service mains to neighbouring buildings should be closed as far as possible.

- (9) All doors and windows not to be used as entrances or exit should, as far as possible, be kept closed to prevent draughts of air from fanning the flames.
- (10) The Commissioner of the division in consultation with the Superintending Engineer should decide for which buildings and to what extent fire extinguishing appliances should be provided.

The public Works Department will supply buckets and other appliances as may be necessary to all such buildings in their charge. All renewals and repairs will be attended to, and the cost borne by the department occupying the buildings, as also the cost of provision and maintenance of chemical extinguishers.

- (11) In buildings where there are electrical installations there should be one or more main switches easily accessible which should be turned off immediately a fire breaks out. They must also be turned off at night and at other times when the building is likely to be unoccupied. The Public Works Department is responsible for the periodical testing and maintenance of electrical installations and special rules have been issued in that regard.

- (12) Special rules have been framed for application to buildings (such as laboratories) in which inflammable materials are stored or used.

CHAPTER XXX- MEDICAL STORES AND INDENTS

420. **Supply to Government hospitals and dispensaries by Medical Store Depots, Bombay and Calcutta**-Medical stores required by Government hospitals and dispensaries are supplied by the Medical store depots, Bombay and Calcutta. Indents must be prepared in the prescribed form and in quadruplicate and must be checked and countersigned by the Civil Surgeon under whose general control the institution is. All such indents, except those for the Jail Department, are countersigned by the Inspector-General of Civil Hospitals before transmission to the store depots. Indents for the Jail Department should be submitted separately to the Inspector- General of Prisons, for countersignature before transmission to the store depots.

421. Medical stores required by mission hospitals will also be supplied by the Government Medical store depots. Indents must be prepared in the prescribed form in quadruplicate and must be submitted by the Civil Surgeon in whose district the institution lies. All such indents are countersigned by the Inspector-General of Civil Hospitals before transmission to the store depots.

[Govt. of India, Army Deptt. Letter No. 17172-1 (A.D.), d. 22-12-19.]

422. Drugs and other medical stores required for the treatment of venereal diseases will be supplied by the Government Medical store depots to all duty qualified lady doctors who have attended a post-graduate course of instruction in the treatment of venereal diseases, held by the countess of Dufferin's Fund and hold medical qualifications registrable in Great Britain and America, irrespective of whether they are members of the National Association or not, at rates prescribed for military institutions. Indents for these articles must be prepared separately from those of other articles in the prescribed form, in quadruplicate, and endorsed that they are required for the treatment of venereal diseases, in order to ensure that military rates are charged. All such indents should be scrutinized and countersigned by the Honorary Secretary, countess of Dufferin's Fund, and the Inspector-General of civil hospitals before transmission of indents should also be observed by medical women of the women's medical service in India.

[Govt. of India, Army Deptt. Letter No. 13541-1 (D.M.S.), d. 12-6-26 to the D.G., I.M.S.]22-12-19.]

423. Date of submission of indents-The dates on which these indents are due to reach the depots are given in the following list:-

Name of district are	Date on which indents are due to reach the Inspector General of Civil Hospitals.	Date on which indents due to reach the depot.
For the Bombay Medical Store Depot.		
Nagpur ..	1 st March	1 st April
Wardha ..	Do.	Do.
Chhindwara ..	Do.	Do.
Betul ..	Do.	Do.
Chanda ..	Do.	Do.
Jabalpur ..	Do.	Do.
Saugor ..	Do.	Do.
Mandla ..	Do.	Do.
Hoshangabad ..	Do.	Do.

Nimar	..	Do.	Do.
Balaghat	..	Do.	Do.
Bhandara	..	Do.	Do.
Amraoti	..	Do.	Do.
Akola	..	Do.	Do.
Buldana	..	Do.	Do.
Yeotmal	..	Do.	Do.

Forest and Public Works

Department- All Forest
Divisions in Berar and
Public Works Department
Dispensaries in Central
Provinces and Berar.

For the Calcutta Medical Store Depot

Raipur	..	1 st September	1 st October
Bilaspur	..	Do.	Do.
Drug	..	Do.	Do.

Forest- All Forest .. Do.
dispensaries in Central Provinces.

424. Instructions for the preparations of annual indents for medicines, etc., required for the use of Government hospitals and dispensaries-

- (1) The space allotted at the head of the indent form for the exhibition or the daily average sick should be filled in.
- (2) The quantity of any article asked for, plus the quantity remaining in store, should not, as a rule, exceed the expenditure of the past year.
- (3) Medical officers must estimate their probable requirements with care, in order to obviate the necessity for the submission of emergent indents which should only be done in very exceptional circumstances.
- (4) No medicine or hospital necessary not included in the authorized equipment list of the medical store depot, in force for the time being, may be included in indents, and no alterations therefore should be made in the printed entries.
- (5) Indents which are not submitted punctually to the officer-in-charge, medical store depot, lie over until the depot can attend to them and the responsibility for any inconvenience thus resulting will lie with the indenting officer.

425. Supplementary and emergent indents- Supplementary or emergent indents, which may be submitted at any time, must be prepared in the proper form and sent in quadruplicate. These forms are obtainable on indent on the medical store depots, Bombay and Calcutta.

426. Rules regarding the submission of emergent indents- Emergent indents, however, should be restricted to cases of unavoidable necessity. The Inspector-General of civil hospital will before passing the indent, in every instance, insist on an explanation of the circumstances which render the requisition necessary.

The quantity of drugs indented for should be strictly restricted to probable requirements for the period intervening between the dates of submission of the emergent indent and of the next annual supply. By indenting for excessive quantities the stock the depot is depleted and the supplies to other medical officers have to be curtailed.

The period intended to be covered by the requisition should be stated at the head of the indent, and the balance in hand of the last supply should be shown in column 3 thereof.

[S.G.G.I. No. 10-C., d. 13-2-90.]

427. **Local purchases of drugs**-No instruments, medicines, etc., may be purchased locally without the Inspector-General's sanction. In cases of exceptional illness and in order to meet extraordinary demands, medicines may, however, be purchased locally by the Civil Surgeon in anticipation of sanction up to a limit of Rs.100 in each case, provided that the officer making the purchase has budget provision to cover the cost, etc., and in the case of institutions paid from provincial revenues, that such medicines are not usually supplied by the medical store depot.

[G.I.H.D.No. 10014-10039-85, d. 31-10-08.]

428. The officers in charge of medical store depots at Bombay and Calcutta have repeatedly brought to notice the delay in regard to the return of receipt vouchers direct to the officers in charge of medical store depots as soon as supplies have been received. Forest and Settlement officers and medical subordinates in charge of all hospitals and dispensaries including the jail hospitals should themselves sign the vouchers as soon as the stores have been received and return them direct to the officers in charge of medical store depots. In case of police hospitals the vouchers should be sent through the District Superintendent of Police. The prompt return of vouchers is most necessary for the closing of the medical store accounts. The list of packing articles attached to the receipt vouchers should also be returned.

[I.G.'s cir. No. 3127, d. 12-7-11. Controller of Military Accounts Medical Section, Calcutta, letter No. M.C. 54801, dt. 15-9-15.]

Medical officers in charge of hospitals and dispensaries are warned that negligence on their part in this connection makes them liable to punishment.

429. **Repairs of instruments**- Surgical instruments and appliances belonging to Government hospitals, dispensaries and post-mortem centres, which require repairs should be sent to the medical store depots from where they were obtained.

430. Rules for the assessment of the cost of repairs to surgical instruments executed in, or arranged for by, medical store depots.

[G.I. (A.D.), letter 33100/I (A.D.), d. 10-4-28.]

A- For repairs executed in depots.

I- For Government institutions and mission hospitals-

(1) Cost of material at priced vocabulary rates.

Plus (2) Cost of direct labour.

Plus (3) 100 percent of (2) for general and overhead expenses.

Plus (4) Actual cost of packing and transit.

II- For non-government institutions-

(1) Cost of material

Plus (2) Cost of direct labour.

Plus (3) 140 percent of (2) for general and overhead expenses.

Plus (4) Actual cost of packing and transit.

B- For repairs executed by contractors.

I- For Government institutions and mission hospitals-

Cost of repairs as per contractor's bill.

Plus 20 percent.

Plus actual cost of packing and transit.

- II- For non-Government institutions-
 - Cost of repairs as per contractor's bill.
 - Plus 20 percent.
 - Plus actual cost of packing and transit.
 - C- For repairs done through the India Office.
- I- For Government institutions and mission hospitals-
 - (1) Packing and freight charges to England (actual).
 - Plus (2) invoiced cost of repairs,
 - Plus (3) packing and freight charges to India at 12 ½ percent of (2) or actual, if known
 - Plus (4) customs duty at 15 percent on (2) and (3)
 - Plus (5) 30 percent on (2) and (4)
 - Plus (6) actual cost of packing and transit to the institutions concerned.

- II- For non-Government institutions-
 - (1) Packing and freight charges to England (actual).
 - Plus (2) invoiced cost of repairs,
 - Plus (3) packing and freight charges to India at 12 ½ percent of (2) or actual, if known
 - Plus (4) customs duty at 15 percent on (2) and (3)
 - Plus (5) 30 percent on (2) and (4)
 - Plus (6) actual cost of packing and transit to the institutions concerned.

- 431. **Disposal of unserviceable articles and useless medical supplies-** Unserviceable articles or medical supplies of perfectly useless nature should not be returned to the medical store depot but should be disposed of locally.
- 432. **Indents for quinine and cinchona preparations-** See paragraph 436 of this chapter.
- 433. **Supply of medicines at institutions other than Government hospitals and dispensaries-** European medicines, instruments and hospital necessaries must be obtained in accordance with such instructions as may be issued in this behalf by the Inspector- General under the orders of Government.
- 434. **Arrangements for supply of medicines-** Government medical store depots have been relieved of the duty of complying with indents of hospitals and dispensaries which are not purely and entirely Government institutions. Local bodies which have control over hospitals and dispensaries (whether aided or not) not included in this category make their own arrangements for obtaining all medical stores and instruments for such institutions. These institutions are however allowed, if they so desire, to indent on the medical store department for medical supplies. It is to be understood that if and when it is found that this concession has imposed upon medical store depots as much work as they can conveniently dispose of, its further extension will be stopped at that point. [G.I. Deptt. Of Edn., Health and Lands No. 1296-Health, d. 24-9-26, Sectt. Medl. Admn. And P.H.D. No. 3459-631-IX, d. 4-10-26.]
- 435. **Indents to be countersigned-**All indents for European stores, surgical instruments, patent medicines, and other medicines dot falling under the category of bazar medicines required for dispensary fund hospitals and dispensaries shall be submitted to the Inspector- General of civil surgeon chooses. All orders for European medicines, instruments, etc., required for use at hospitals and dispensaries managed by local bodies shall be placed with

firms approved by the Inspector- General of civil hospitals. Indents for such supplies shall be submitted to the civil surgeon for check and countersignature. Before countersigning an indent the civil surgeon shall satisfy himself that the local bodies will purchase the drugs and other requisites only from the approved firms, the list of which is as below:-

- (1) Messrs. Smith Stanistreet & Co. Calcutta.
- (2) Messrs. B.K. Paul & Co., Calcutta.
- (3) Bengal Chemical & Pharmaceutical Works, Calcutta.
- (4) Alembic Chemical Works Co., Baroda.
- (5) Messrs. Young Friends & Co., Managing Agents of the Modern Chemical Works, Delhi.
- (6) Melgham Brother, Bombay.
- (7) Bengal Immunity & Co., Calcutta.
- (8) Havero Trading & Co., Bombay.
- (9) J.F. Madam & Co., Bombay.
- (10) Surgical Manufacturing Co., Bombay.
- (11) Down Brothers, Calcutta.
- (12) Allen Hansburys, Calcutta.
- (13) Schering Kalpbomn, Calcutta.
- (14) N. Powell & Co., Bombay.
- (15) Allibhoy Valliji & Sons, Multan.
- (16) Surgical Dressings Manufacturing Co., Ltd., Amritsar.
- (17) Bombay Surgical Co., New charni road, Bombay.
- (18) Irvo Laboratories and Amrit Pharmacy, Nagpur.
- (19) General Trade Agency, Delhi.
- (20) Messrs. Moona Lall & Sons, Proprietors, Cox Distillery, Nowgong, Bundelkhand, C.I.
- (21) Messrs. I.G. Gajjar & Co. Manufacturing Chemist & Wholesale Druggists, Princes Street, Bombay.
- (22) Hospital Appliances Manufacturing Co., 79-26-B, Lower Circular Road, Calcutta.
- (23) The Lister Antiseptics and Dressings C. (1928), Ltd., Calcutta.
- (24) Messrs. Bole Brothers, Princess Street, Bombay No.2.
- (25) Midland Laboratories, Nagpur.
- (26) Saini and Company, Jammu Tawi (Kasmir).
- (27) Hind Chemicals Limited, Kanpur.
- (28) Messrs. B.N. Baijal, Opticians, Nagpur.
- (29) Messrs. The Central Medical Stores, Nagpur.
- (30) Messrs. Modern Drug Agency, Nagpur.
- (31) Messrs. National Medical Stores, Nagpur.
- (32) Messrs. Shyam Medical Hall, Jabalpur.
- (33) Messrs. Prakash and Company, Jabalpur.
- (34) Messrs. New Medical stores, Raipur
- (35) Messrs. C.P. Medical Stores, Raipur.
- (36) Messrs. Capital Medical Stores, Amravati.
- (37) Messrs. Varma Popular Pharmacy, Chhindwara.
- (38) Messrs. National Stores Khamgaon, Buldana.
- (39) Messrs. The Imperial Surgical Company, Bombay.
- (40) Messrs. The Ruiya Chemical Industries, Bombay.
- (41) Messrs. Mansukhlal Tribhuwandas, & Co., Bombay.

- (42) Messrs. Senitex Chemical Industries Ltd., Baroda.
- (43) Messrs. Philips Electrical Co. (India) Ltd., Calcutta.
- (44) Messrs. Dragon Chemical Works (Research) Ltd., Calcutta.
- (45) Messrs. Fourbhai, Delhi.
- (46) Messrs. Surgical Manufacturing Co., Delhi.
- (47) Messrs. Parakh Medical Stores, Rajnandgaon.
- (48) Messrs. Janki Pharmacy, Nagpur.
- (49) Messrs. The National India Rubber Works, Ltd. Katni.
- (50) Messrs. J.T. Jagtiani, Factory and Manufacturers' Repre

1. **Paragraph 435-** Delete the item no. 25 and renumber the existing item from "26 to 50" as 25 to 49".
2. See the slip no. 105 for item nos. 50-98.

- 99. M/S Virumal & Sons, Netaji Road, Andha rdev, Jabalpur.
- 100. ,, Bhaway Rajavali & Co. Ssadar Bazar, Bilaspur.
- 101. ,, The Medical Stores, Narsinghpur, Madhya Pradesh.
- 102. ,, Amarnath & co. (Naresh Medical Hall) Netaji Subhash Road, Jabalpur.
- 103. ,, Birdichand Mahabir Prasad, Post office Nala, Bilaspur, M.P.
- 104. ,, Fermadik Co-operation, Post Box no. 362, Nagpur-2.
- 105. ,, Vasudev Agency, Vani, District Yeotmal.
- 106. ,, General Surgical Co. Lajpatrai Market, Chandni Chowk, Delhi-6.

Paragraph- 435 slip no. 105 dated 17.5.1954 insert the following in the list of approved firms given under paragraph 435:-

- (50) The Janata Pharmacy, Nagpur.
- (51) The Suganchand medical stores, netaji market, Nagpur.
- (52) The Universal Pharmacy, Itwari, Nagpur.
- (53) Asha Medical stores, umrer, district Nagpur.
- (54) The Rajkumar Agencies, Residency Road, Nagpur.
- (55) Vijay Medical and General Stores, Nagpur.
- (56) Imperial Pharmacy, Sadar Bazar, Jabalpur.
- (57) Lala Medical Hall Andherdev, Jabalpur.
- (58) Abdulla Bhai & Sons, chemists shop, andherdev, Jabalpur.
- (59) Vijaya Medical Hall, Andherdev, Jabalpur.
- (60) Lachake Medical Stores, Yeotmal.
- (61) Borikar and company, Yeotmal.
- (62) Akbarali, son of Alimohamad, Yeotmal.
- (63) C.P. medical store, Akola.
- (64) Bombay medical store, Akola.
- (65) Navabharat medical store, Akola.
- (66) Ashoka medical store, Akola.
- (67) M.M. Patel & co., Akola.
- (68) Star medical store, Akola.
- (69) Alembic Distributors limited, Tapadia nagar, , Akola.
- (70) Dhage central pharmacy, Chhindwara.
- (71) Shrimam pharmacy, Jawahar road, Amravati.
- (72) The Nimar stores ltd. Khandwa.
- (73) Samarth pharmacy, Chanda.
- (74) Rajmal puglia & sons, Chanda.

- (75) Burma medical hall, Raipur.
- (76) Wilkies medical stores, Gujrati bazar, Sagar.
- (77) Dipchand & sons, katra sagar.
- (78) Shah wallabhdas panachand, Wardha.
- (79) K.B. Lal & Brothers, Ambikapur (Surguja).
- (80) Messers. Agrawal & Co. subhash chowk, Raigarh.
- (81) Albert David ltd. Calcutta 13, Branch office, Nagpur.
- (82) Frank ross & co. ltd., 35 ripon street, Calcutta.
- (83) Standard pharmaceutical works ltd., Calcutta 14.
- (84) Ranbaxy & co. ltd., connaught circus, Delhi-1.
- (85) The Brahmiachari Research Institute, 82/3, Cornwallis street, Calcutta.
- (86) Escorts (Agents) Ltd., connaught circus, pratap building, New Delhi.
- (87) Fedco ltd., Bombay 1.
- (88) Sarabhai Chemicals, wadi wadi, Baroda. (Calcutta-16)
- (89) Dey's medical stores ltd., 6-2B, :omdsau street/
- (90) Gilanders Arbuthonot & Co., Ltd., Bombay-1
- (91) Oriental surgical works, chandni chowk, Delhi.
- (92) S. Mathuradas & co. princess street, Bombay-2.
- (93) Jayer & co. netaji subhash road, Calcutta-1.
- (94) The Chemical industrial and pharmaceutical laboratories ltd., Bombay-8.
- (95) Allied photographics ltd., Bombay-1.
- (96) Kenkre Brothers, Girgaon, Bombay-4.
- (97) Gluconate ltd., 115, Princep Street, Calcutta-13.
- (98) Indian Health Institute & Laboratory Ltd., Garanda Road, Dum Dum Cantonment. Calcutta-28.
107. M/S New pharma ltd., Kasturi building, Jamshdji Tata Road, Bombay-1.
108. ,, Capco ltd., Malhar house 15, Kawasji patel street, Bombay-1.
109. ,, Calcutta Chemical Co. 35 Penditia Road, Calcutta-29.
110. ,, East India Pharmaceutical Works Ltd., Rusha Road, Calcutta.
111. ,, The Indian Pharmaceutical Combine Association, Byculla, Bombay.
112. ,, Khyali Ram pharmacy, Indore.
113. ,, N.C. Kashiv & Co. Nagpur.
114. M/S Pearl Surgical Works, New Delhi.

436. **Indents for the supply of quinine and cinchona preparations on the central Jail, Nagpur**-These indents should be submitted in duplicate in form XIV-133-Medl. Eng. By the indenting officer through the proper channel to the superintendent, central jail, Nagpur.

The following instructions shall be complied with:-

- (1) When the drugs are required for the use of a hospital or dispensary the medical officer should furnish of the indent the following information:-
- (a) Number of malaria cases treated during the previous year.
 - (b) The quantity of each drug consumed during the previous year.

- (2) The police, public works, agriculture and forest departments and the provincial traveling dispensaries will also indent the direct on the central jail, but the transaction will be adjusted interdepartmentally.
- (3) The local fund dispensaries will credit the value of drugs required in to the treasury and send the duplicate copy of the treasury challan with the indent to the superintendent, central jail, who will issue the required drugs to the money specified in the challan.
- (4) Parcels dispatched by post will be sent by V.P. charging amount of postage only.

437. **Indents for the purchase of rectified spirit-** Hospitals and dispensaries under the management of local bodies and dispensary fund committees are permitted to purchase free of duty, rectified spirit of wine from any distillery. Indents for rectified spirits for hospitals and dispensaries working under Government supervision and subsidized dispensaries should be submitted in duplicate and shall be countersigned by the Inspector-General of civil hospitals. This indent will be regarded as a permit. Indents for hospitals and dispensaries under the administrative control and management of local bodies and such other private aided and non-aided hospitals and dispensaries as are recommended by the civil surgeon of the district for the purpose and furnish a guarantee that they provide the European medicines free to the poor, shall be countersigned by the civil surgeon of the district, and permits shall be granted by the Deputy Commissioner. The quantities required should always be specified in gallons of half gallons and not in pounds, and the words “ please send the spirits free of duty” should invariably be written in red ink on the top of the indents. Civil surgeons should not include in their “duty free” indents any spirits other than rectified spirits of wine.

438. Bazar medicines should be purchased locally. The purchase of such medicines does not require any countersignature. The following is the list of bazar medicines:-

Aconite Radix	..	Dikamali Gum
Ajwan	..	Ferri Sulph
Almond (bitter)	..	Figs
Aloes	..	Galls
Alum	..	Ganda Bacoza
Ammonia Chloride	..	Ginger
Anisi Fructus	..	Gum
Assafoetida	..	Hemidesmus Indica
Atis	..	(Indian Sarsaparilla)
Azadirachata Cortex	..	Isafghol
Bael fruit	..	Kaiphall
Behidana	..	Kaladana
Black papper	..	Katkaranja
Black salt	..	Khorassani Omum
Borax	..	Lemon Juice
Calotropis Cortex	..	Linseed
Camphor	..	Lequorice rot
Capsicum	..	Madar Indica
Cardamom	..	Mustard
Carui Fructus	..	Mustard (oil)

Caryophyllum	..	Potassi Nitras
Catechu	..	Rhubarb
Chalk	..	Sajimatti
Chiretta	..	Seminum Buteas
Cinnamon	..	Senna
Cubeb	..	Sulphur
Cupri Sulph	..	Turpentine (oil)

439. **Care of instruments and medicines-** Instruments, drugs and medical supplies must be kept under lock and key. They should be carefully kept and guarded against deterioration from whatever cause.
440. **Rules regarding the custody and dispensing of poisonous drugs-** The medical officer in charge of the dispensary shall have a copy of the following rules exhibited in every apartment where medicines are dispensed. Copies of these rules will be supplied to him by the Inspector-General of civil hospitals:-
- (1) No drugs which have been known to cause death or to give rise to accidents in dispensing shall be issued without the word “poison” in large printed characters being applied to the bottle vessel or box containing the drug. The word “poison” should invariably be in larger characters than the name of the medicines.
 - (2) In all hospitals and dispensaries a stock of labels, printed on red paper with the word “poison” in large English characters, and in Nagri, Urdu and Bengali, shall be kept to affix to all bottles, etc., containing poisonous drugs in stock or which are issued; and the labels shall be of convenient sizes to suit smaller bottles and vessels.
 - (3) In case of poisonous drugs used internally if the dose is not printed on the “poison” label a separate label should be affixed showing the dose written in red ink.
 - (4) In hospitals and dispensaries, poisonous medicines shall be kept separate from all others in an almirah, box or drawer under which shall have the word “poison” affixed and no other drugs shall be kept therein. When medicines are in large quantity, it may be convenient to use a smaller phial containing the medicine which is being used for prescription; but the large bottle containing the bulk of the medicine duly labeled, should also be carefully stored in the separate compartment. Poisonous drugs in stock, and expensive supplies of poison solutions and mixtures shall be kept in special poison bottles of approved pattern. The patterns at present approved are those supplied by Messrs. Kilner Brothers of London.
 - (5) Medical officers, will in their annual reports on their charges, certify in a foot-note to the following effect:-
“I certify that the orders respecting the custody and dispensing of poisonous drugs are fully carried out.”
 - (6) All prescribing medical officers will invariably inscribe in English upon their prescription, the doses and times that the medicines are to be administered; and no prescription will be dispensed unless containing clear and explicit directions in this respect. Whenever any prescription appears to contain any large or unusual dose of a drug of an active or poisonous nature, the compounder shall, in the absence of special instructions on the prescription, return it, to the prescribing officer for further instructions before dispensing it.
 - (7) Prescriptions containing poisonous drugs shall be dispensed only by registered practitioners or qualified compounders.

NOTE- A qualified compounder means one who holds a certificate in Form A of Appendix II to the Central Provinces and Berar Medical Manual.

- (8) The keys of the stock almirahs containing drugs poisonous or non-poisonous shall be kept by the medical officer in charge of the stores in his own custody. Such keys shall under no circumstances be entrusted to a compounder.
- (9) The keys of the daily use almirahs containing non-poisonous drugs may be entrusted to the compounder.
- (10) Drugs in the daily use almirahs will be replenished once a week or as necessity arises. Drugs from the stock almirahs will be taken out in the presence of the medical officer in charge of the stores who shall see that the drugs especially the poisons are not taken out in excessive quantities, i.e., more than what is required for a week's consumption.
- (11) When the medical officer is for a short period absent from the hospital due to his being out of the station or sickness, the keys of the stock almirahs containing drugs and of the daily use almirahs containing poisonous drugs shall remain in the custody of the medical officer and not be entrusted to a compounder.
- (12) A compounder shall have access to the use of drugs which are contained in an emergency box irrespective of the medical officer's presence in or absence from his station.

441. The list of medicines which should be regarded as poisons is given below. One copy of this list should be supplied to each hospital and dispensary. The list cannot be looked on as complete or final as new drugs are constantly coming into use. Necessary additions may be made as occasion may require. Medical officers in charge of hospitals or dispensaries or medical stores should therefore exercise discretion in the matter; but they are held responsible that all drugs of a dangerous character are classed as poisons and safeguarded accordingly. When inspecting dispensaries, civil surgeons should see that the list is complete and up to date and that poisonous drugs are kept according to the standing rules:-

The following is the list of poisons:-

Acetonum	Aconiti radix
Acetum Cantheridini	Aconitina
Acidum Aceticum glaciale	Ether purus
Acidum Arsenjosum	Alcohol absolutum
Acidum carbolicum	Aloin
Acidum carbolicum liquifactem	Amyl nitrix
Acidum chrysophanicum	Antimonii oxidum
Acidum hydrochloricum	Antimonium sulphuratum
Acidum hydrochloricum dilutum	Antimonium tartaratum
Acidum nitricum	Apomorphinae
hydrochloridum	
Acidum picricum	Argenti nitras
Acidum phosphoricum concentratum	Areseni iodium
Acidum sulphuricum	Atropina sulphas
B	
Barbitonum (veronal)	Belladonne radix
Butyl-chloral Hydras	
C	

Camphorodyne	Chrysrobinum
Cantharidin	Cocainae hydrochloridum
Chloral hydras	Codeina
Chloroformum	Creasotum
Curpi sulphas	
D	
Dimorphine(hydrochlordum Herlon hydrochlor)	Digitalis folla
E	
Elaterinum	Extractum belladonne siccum
Elaterium	Extractum cannabis indice
Emplastrum belladonne	Extractum cochiei
Emplastrum cantharidini	Extractum ergotae liquidum
Ergota	Extractum enonymi
Ergotini hypodermica	
Ergotinum	Extractum nucis vomicae
liquidum	
Ethyl chloride	Extractum nucis vomicae
siccum	
Eucaine	Extractum strophanthi
Extractum belladonnae liquidum	
G	
Glycerinum acidi caibolici	Gualacol
H	
Homatropinae hydrobromidum	Hydrargyri perchloridum
Hydrargyri iodidum rubrum	Hydrargyri subchloridum
Hydrargyri iodidum viride	Hydrargyri ammoniatum
Hydrargyri oxidum flavum	Hyoscinae hydrobromidum
Hydrargyri oxidum rubrum	(scopolamine)
I	
Injectio apomorphinae hypodermica	Idoformum
Injectio cocaine	Iodum
Injectio morphine hypodermica	Injectio strychnie
hypodermica	
L	
Lamellae atropine	Liquor arsenii et hydrargyri
iodidi	
Lamellae cocainoe	Liquor atropinae sulphatis
Lamellae homtropinac	Liquor epispasticus
Lamellae physostigminae	Liquor hydrargvri nitratis
acidus	
Linimentum aconiti	Liquor hydrargvri perchloridi
Linimentum belladonnae	Liquor morphinae acetatis
Linimentum chloroformi	Liquor morphine hydrochloridi
Linimentumcrotonis	Liquor morphinae tartratis
Liquor	Liquor plumbi subacetatis
Liquor adrenalini hydrochloricus	Liquor sodiarseniatis
Liquor amnoiae fortior	Liquor strychnine
hydrochloridi	
Liquor arsenicalis	Liquor trinitrini
Liquor arsenici hydrochloricus	Liquor zinci chloridi

M	Lotio hydrargyri flava
Morphinae acetas	Morphinae tartaras
Morphinae hydrochloridum	
N	
Nux vomica	
O	
Oleum erotonis	Opium and all its
preparatiuus	
Oleum phosphoratum	
P	
Physostigminae sulphas (eserine sulphate)	Podohylli reslna
Plocarpinae nitras	Potassa caustica
Pilu a phosph	Pulvis Ipecaeuanae co.
Plumbi acetas	Pulvis kino co.
S	
Santoninum	Strychninae hydrochloridum
Sodii arsenias anhydrosus	Suppositoria morphinae
Sodii nitris	Suppositoria Plumbi co.
Strychnina	
T	
Tabellae trinitrini	Tinctura gelsemii
Tinctura aconiti	Tinctura lodi
Tinctura belladonae	Tinctura lobelae aetherea
Tinctura camphorae co.	Tinctura nucis vomicae
Tinctura cannabis indicae	Tinctura podophylli
Tinctura cantharidini	Tinctura stramonii
Tinctura chloroformi-et-morphinae	Tinctura strophanthi
Tinctura digitalis	Trochiscus morphinae
Tinctura ergotae ammoniata	Trochiscus morphinae
	Etipecacuanhae

U

Unguentum aconitinae

V

Vinum antimoniale

Z

Zinci chloridum

CHAPTER XXXI. – ADMISSION OF IN-PATIENTS IN HOSPITALS AND DISPENSARIES

442. The following classes of persons may be received as in patients:-

(a) Subjects of surgical operations, persons severely injured and persons suffering from grievous sick-ness, who would be unable to attend as outpatients or who require more unremitting medical attendance than they could receive as out-patients or in their own houses.

Sick paupers whose admission the hospital or dispensary committee may direct, provided that -

(i) Sick paupers whose admission the hospital or dispensary committee may direct, provided that -

(i) when accommodation is limited, preference shall always be given to class (a)

(ii) the medical officer in charge shall report to the Civil Surgeon the case of any person of class (b) who may remain in the dispensary for more than 15 days.

443. There are two classes of wards in which persons can be admitted as indoor patients, viz., -

1. General or free wards.
2. Private and family or paying wards.

Private wards are intended for patients paying for separate accommodation, the rates of which are as laid down in paragraph 457 of Chapter XXXIII. General or free wards are intended for other patients.

444. (1) In-patients in free wards at hospitals or dispensaries other the Provincial Hospitals who cannot, in the opinion of the Medical Officer admitting the patients, support themselves or the supported by their family and / or friends shall be dieted at the expense of funds at the disposal of the hospital or dispensary for this purpose and these funds may be supplemented by charity where possible.

(2) In the Provincial Hospitals arrangements are made to provide for the free dieting of in-patients in free wards who cannot, in the opinion of the Medical Officer admitting the patients, support themselves or be supported by their family and / or friends or from funds raised for this purpose. Great care shall however be taken that this privilege is not abused and the Medical officers shall keep a strict watch over the expenditure on this account.

445. Relatives or friends of in-patients brought from a distance, whose services it is necessary to retain as sick attendants, but who are unable to support themselves, may be dieted at the expense of charity. Great care must, however, be taken that this privilege is not abused, and that the number of persons, in each case, to whom it is extended is not more than is absolutely necessary.

446. When sick paupers who are unable to walk are sent to the headquarters of a district by the Civil Surgeon for surgical operation or other special treatment, their conveyance charges (i.e., railway fare, cart hire, etc.) may at the discretion of the Civil Surgeon, be paid from the dispensary fund, if he is satisfied that the patients themselves cannot afford to bear the charges. Care must be taken that this privilege is strictly confined to paupers and that it is not abused.

Note. – Burial charges of paupers dying in dispensaries should ordinarily be borne by the dispensary fund. If these charges are heavy at any dispensary, this should be considered in fixing the municipal and district fund contribution.

447. When pauper patients who die in hospitals, leave behind them any property laid down in judicial commissioner's Criminal Circular 1 – 48 and out of the sale proceeds of such property, the expenses incurring from the dispensary fund on account of diet, burial, etc., of such patients should be recovered by preferring the claim to the District Judge.

448. With regard to pauper travelers, pilgrims and other strangers, who may be sent by the police to charitable dispensaries in an exhausted or helpless condition, it is to be understood that the dispensary funds are not to be called upon to meet such extra demands.

449. Such persons will be placed in the travellers' refuge or poor-house ward, which should be maintained for the purpose in connection with each dispensary: and the cost of their diet and treatment will be debited to the allotment which will be made by the hospital or dispensary committee for poor-house expenditure from the grants given by the municipal and district bodies.

450. In default of private aid the necessary refuge should be constructed from local funds. The hospital accommodation of dispensaries shall as a rule, be reserved for surgical cases and for the treatment of sick persons who have homes in the district but can be better attended to in hospital. Homeless persons and travellers of whom nothing is known should, if in need of medical aid, be housed in the refuge, or be treated as out-door patients.

451. Under the orders of the Government of India, contained in Home Department letter No. 2739, dated the 6th June 1871, all destitute sick Europeans, unconnected with the army and having no friends at hand to take charge of them should be temporarily provided for, and the charge invariably borne by the Civil Department (C. C's Circular No. 42 of 1871).

452. It not infrequently happens that sick policemen and sick prisoners have to be admitted into a charitable dispensary in the interior of a district. In the case of policemen, those suffering from slight ailments and who are not placed on special diets should be required to supply their own food in the usual manner, but men who are seriously ill and for whom special diet and extras are considered necessary by the medical officer in charge of the dispensary must be supplied with them and the cost thereof recovered from police (hospital) contingencies. When medical comforts and extras are issued to sick constables as above, the quantities should be carefully recorded on the bed-head ticket, and a bill sent to the District Superintendent of Police, through the Civil Surgeon, with a view to the recoupment of the charge incurred, the bill being countersigned by the Civil Surgeon before it is forwarded to the District Superintendent of Police. With regard to sick prisoners, the medical officer should ask the police officer in charge of the prisoner by the rules published at page 289 of the Police Manual, and the former shall then be responsible for dieting such prisoners so long as they are in the dispensary. In the case of serious illness of a prisoner, the Deputy Commissioner is authorized to allow reasonable charges for extra diet to be paid, and these should be recovered from that officer, through the Civil Surgeon, and credited to the dispensary fund.

453. A bed-head ticket shall be suspended over the head of each bed in a tin holder. After the discharge of the patient the ticket should be filed.

454. As Civil hospitals and dispensaries are not furnished with accommodation suitable for the reception of lunatics, persons bringing or proposing to bring such lunatics to a dispensary should be offered to the police, who under section 13 of the Ennacy Act, IV of 1912, have jurisdiction.

454-A. Patients with leprosy should be admitted to ordinary hospitals and dispensaries if they have acute conditions needing immediate medical or surgical relief, whether such relief is required immediate medical or surgical relief, whether such relief is required for independent concurrent diseases or for acute complications of leprosy. Such cases may be admitted to the ordinary wards if considered definitely non-infectivity from a leprosy clinic authority. Should there be any doubt as to non-infectivity patients with acute complications in leprosy should be admitted to the isolation or septic wards until such non-infectivity is definitely ascertained.

Separate leprosy clinics in this province are primarily for the treatment of leprosy in its infectious stages.

CHAPTER XXXII. – INSTRUCTIONS FOR THE GUIDANCE OF IN-PATIENTS

455. The following instructions are laid down for the guidance in-patients:-

- (1) Patients in hospital should strictly observe the hospital instructions.
- (2) They should report any grievances to the medical officers in charge or in their absence to the house Surgeon, Assistant Surgeon, Assistant Medical or nurse in charge.
- (3) Patients must on no account give money by way of reward or presents to the hospital servants, medical staff or nurses.
- (4) Patients are advised to hand over all their private property to and take a receipt from the Assistant Surgeon, Assistant Medical Officer or Sister in charge immediately after their admission.
- (5) Patients are responsible for all hospital clothing, bedding, furniture, etc., given to them. They will have to make good any breakage, damage or loss of articles caused by them.
- (6) All patients should be on or beside their beds during the Medical Officer's visit.
- (7) No patient should leave the hospital premises, without the advice of the House Surgeon or the Assistant Surgeon or the Assistant Medical Officer in charge.
- (8) Patients should be in bed by 9-30 p.m. They are not allowed to sit or sleep in the verandahs after that hour, except in summer on the advice of the Medical Officer or House Surgeon or Assistant Medical Officer, or sister in charge.
- (9) No smoking is allowed in the wards except by special permission of the Medical Officer in charge.
- (10) Visitors to patients may visit only at the appointed hours (between 4 and 6 p.m. or at any other time fixed by the Medical Officer in charge), and must not sit on patients' beds.
- (11) Spitting anywhere in the wards is strictly prohibited.

- (12) Electric fans where provided will only be used when authorized by the Medical Officer in charge. All lights in the wards, except one, will be extinguished at 10 p.m.
- (13) Ordinarily not more than two relatives will be allowed as attendants in a family ward but in special circumstances an exception to this rule may be made with the special permission of the Medical Officer or House Surgeon, Assistant Surgeon or Assistant Medical Officer in charge.
- (14) Patients, their relative, or visitors, should not handle any hospital record.
- (15) Disregard of these instructions renders a patient liable to be discharged from the hospital.

CHAPTER XXXIII. – RULES REGARDING OCCUPATION OF PRIVATE WARDS AND PAYMENT OR VARIOUS FEES

456. Rules for guidance of patients seeking admission to the paying wards. – (i) A waiting list of patients seeking admission to the paying wards of a hospital shall be maintained in the out-patient department of the hospital. Patients residing in the hospital town will have to renew their claims from day to day and rooms as they fall vacant will be allotted to them by the medical officer in charge of the out-patient department or in his absence by the House Surgeon according to the priority of their claims and the nature and urgency of their illness.
- (ii) The medical officer-in-charge of the out-patient department will ordinarily register the claims for the paying wards in the special register maintained for the purpose in the form given below. In his absence the resident medical officer or the compounder on duty will do this work.
- (iii) Patients will be admitted under the surgeon or physician of the hospital they wish to be treated by. When no such wish is expressed, they will be admitted under the medical officer-in-charge on the day.

Form of register for patients seeking admission into the paying wards of a hospital.

Date.	No.	Name.	Address.	Disease.	Remarks	Initials of medical officers of compounder

457. Fees for occupation of private wards. – Dispensary committee may, if they think fit, charge fees for the occupation of private wards. The charge where levied, should be a fixed rate per day. Half charges shall be received from Government servants or the servants of local bodies which contribute towards the support of the dispensary.

458. Scale of fees for the occupation of private wards in provincial hospitals. – The following is the scale of fees chargeable for the occupation of private wards attached to provincial hospitals:-

(A) The Mayo Hospital Nagpur

- (a) 1st class paying ward – Rs. 4-8-0 per day.
- (b) Maternity cases – According to circumstances
- (c) Family wards, Block “A – Rs. 4-8-0 per day.
- (d) One room is specially reserved for sick students of the Robertson Medical School, Nagpur, for free treatment. One more room is reserved for the sick students of the Medical College, Nagpur, for free treatment for a period of next five years or till the opening of the College Hospital whichever is earlier)

Block “B” – Rs. 1-8-0 per day.

[Except for the rooms reserved for –

- 1. the free accommodation of the House Surgeons on duty;
- 2. the free accommodation of Medical students on duty.]
- d. Purdah wards – Rs. 3 per day.
- e. Cottage wards – Annas eight per day per bed.
- f. Female paying wrds – Rs. 1 per daily.
- g. Seth Gopikisan Agarwal ward – Rs. 4 per day per bed.
- h. Sir Sorabji Benzoni Mehta memorial ward – Rs. 4 per day.

(B) The Victoria Hospital, Jabalpur.

New Block –

- a. Private ward – Rs. 6 per day.
- b. General ward – Rs. 3 per day.

Note:- These fees are inclusive of the charges for the use of electric fans under paragraph 459 of the Medical Manual.

Old Block –

- a. Private ward – Rs. 2 per day.
- b. General ward – free.
- c. Family ward – (i) Rs. 2 per day. (ii) Re. 1 per day.

(C) The Irwin Hospital, Amraoti.

- a. New family ward – Rs. 2 per day
- b. Cottage ward (double rooms) – Rs. 4 per day.
- c. Cottage ward (single room) – Rs. 4 per day

(D) The Silver Jubilee Hospital, Raipur.

- a. Officers' ward - Rs. 3 per day.
 - b. Lady Gowan wards – Re. 1 each per day.
 - c. Silver Jubilee Fund ward – Re. 1 each per day.
- [Regr. No. 1973-XIV]

Note:- Nursing staff working in the provincial hospitals and in other hospitals where they have been provided with free quarters, etc., and the hospital committees concerned agree to grant the concession are allowed to occupy, when sick, paying wards free of rent with free fans and lights: provided that no reservation is made, and a nurse is allowed to occupy a bed in a paying ward if one is vacant. If all rooms of the paying ward are occupied some other suitable arrangement shall be made without disturbing the paying patients.

459. Rules regarding payment and refund of ward rent, etc. -

- (i) The days of admission and discharge will be charged for.
- (ii) Ward rent is payable strictly in advance for one week. Any infringement of this rule renders the occupier liable to be removed to the general wards.
- (iii) Patients wishing to leave the hospital should inform the House Surgeon, the Assistant Surgeon or Assistant Medical Officer in charge, in writing 24 hours before departure to enable him to adjust the accounts and refund any balance which may remain owing to the patient. A form of "Intimation of leaving hospital" should be supplied to the patients at the time of admission. Until such application has been received no refund can be made.
- (iv) Reservation of extra beds. – Except in the family wards no reservation of extra bed space in a ward for the family of a patient is allowed.
- (v) Power of House Surgeon or Medical Officer in charge to allot wards to patients. – The House Surgeon or the Assistant Surgeon or the Assistant Medical Officer in charge is empowered to place patients in any ward he considers desirable.
- (vi) Electric lights. – Lights must be put out at 10 p.m. Patients should make their own arrangements for lights after that hour, and also when electric current fails. No separate charge for electric lights is made.
- (vii) Electric fans.- Electric fans are charged extra at the rates fixed by the hospital committee concerned.

460. Fees other than ward rent charged to patients at provincial hospitals and other hospitals provided the hospital committees concerned have decided to adopt them. – Patients sent by and examined at the instance of private medical practitioners and well-to-do patients i.e., persons or members of their family dependent on them, having an income above Rs. 1,500 per annum, occupying a paying or general ward or treated as out-patients will unless they are entitled to free treatment under the rules, be liable to pay fees for -

- (i) Operations;
- (ii) Confinement;
- (iii) Pathological and bacteriological work;
- (iv) Radiological
- (v) Advice or treatment in such medical cases as pneumonia, typhoid and other diseases which require as much attention as surgical cases through they do not require actual surgical interference;
- (vi) Dental work.

Note – When patient occupying paying and general wards pay the prescribed fees laid down in paragraph 462 and 464 for medical and surgical treatment, respectively, this treatment includes all X-ray and pathological work and no extra charge should be made for it, provided the same is available at the hospital.

461. The medical officer should collect the prescribed fees in these cases before undertaking the operation or treatment or should procure at the time of admission a signed undertaking to pay the fees from the patient or an authorized guardian or friend of patient. In the event of refusal the medical treatment should be refused.

462. Scale of fees for operation and confinements mentioned in paragraph 460 (i) and (ii). – The following is the scale of fees for operations and confinement. -

Maximum fees.

Operation on brain – Rs. 200.

Abdominal sections – hernia, appendicectomy, cancer of bowel, stone in the kidney, excision of the kidney and excision of upper jaw – Rs. 200.

Amputations at or excisions of the shoulder or hip joints, Removal of breast and axillary glands, etc., for cancer. Trephining mastoid antrum, radical mastoid operations and operations of equal gravity – Rs. 200.

Cataract, amputations of arms and forearms or leg, thigh, radical cure of hydrocele, operations for hemorrhoids and such other operations. Enucleation of tonsils. – Rs. 100.

Other simple operations requiring an anesthetic – Rs. 25.

Confinement – Rs. 100

(a) The charges are inclusive of all subsequent attendance while the patient remains in hospital.

(b) Fifty per cent of the charges realized from the patients occupying paying or general wards shall be credited to the hospital and the rest to the operator for himself and his assistant.

(c) The medical officer shall have full discretion to reduce the charges in particular cases according to the means of the patient and the nature of the operations.

463. Scale of fees for pathological, bacteriological and radiological work mentioned in paragraph 460 (iii) and (iv). – The following is the scale of fees for pathological, bacteriological and radiological work:-

1. Microscopical examination of smears of blood, pus, sputum, throat swabs, urine deposits, etc. – Rs. 2.
2. Blood counts, red white or differential – Rs. 5.
3. Estimation of hemoglobin – Rs. 2.
4. Widal's test – Rs. 5
5. Wasserman test or Kahn – Rs. 10.
6. Culture of organisms and report – Rs.10
7. Animal inoculation and report – Rs.20
8. Ordinary examination of urine - Rs.2
9. Quantitative and microscopic examination of urine for bacteria – Rs.3
10. Culturing urine – Rs.10

11. (a) Estimation of amount of sugar in urine – Rs.2
(b) Estimation of blood sugar – Rs.5

12. Quantitative examination of test meals – Rs.10
13. (a) Faces: microscopical examination of Rs. 2
(b) Faces: cultivation and planting – Rs.10

14. Preparation of autogenous vaccines with report and 12 capsules – Rs.16

15. Microscopical examination of sections – Rs.10
16. Blood sedimentation Test – Rs.2
17. X-ray Skiagraphy for head, chest, abdomen and hip joints – Rs.15
18. X-ray skiagraphy for limbs, neck and shoulder Rs.10
19. Electrical treatment (ultraviolet, massage and ionization) Diathermy – Rs.10 for a course of six applications or Rs.2 per sitting if the course is not completed
20. X-ray screen examination and X-ray therapy – Rs.3
21. X-ray examination of teeth – Rs.2-8-0 flat rate all round per film
22. Tuberculin skin test – Rs.5
23. Artificial Pneumothorax Initial – Rs.10
24. Artificial Pneumothorax Refill – Rs.10
25. Phrenic Nerve Operation – Rs.50
26. Thoracoscopy and Cauterization of adhesions – Rs.100
27. Examination and filling in of admission forms of other sanatoria – Rs.5
28. Pneumo-peritoneum fills each – Rs.10
29. Thoracoplasty each stage – Rs.100
30. Blood transfusion – Rs.25 for each donation of blood or if blood stocked at the hospital is used.

NOTE:Fees realized by radiologists and pathologists at the provincial hospitals from patients for pathological and X-ray work at the instance of private hospitals or private practitioners shall be subject to distribution in the proportion of 66 2/3: 33 1/3 between the hospitals and the Medical Officers concerned. From the share of the Medical Officers, 5

per cent shall be paid to the assistants technicians, if they are trained for the work and 2 per cent if they are not so trained. Any patient sent by a Government Medical Officer in the course of his private practice to a radiologist or pathologist will be considered as a patient sent by a private practitioner. Fees realized from others shall be credited to Government in toto.

464 Scale of fees for medical cases mentioned in paragraph 460 (V) - The following are the fees for those medical cases which require as much attention as surgical cases though they do not require actual surgical interference:

- a. Venereal – Maximum fee Rs.200
- b. Pneumonia, typhoid and other diseases of similar type – Minimum fee Rs.25, and maximum fee Rs.200
- (e) The charges are inclusive of all subsequent attendance while the patient remains in hospital
- (f) The civil Surgeon may at his discretion reduce the charges in particular cases according to the means of the patients and the nature of the disease
- (g) The charges realized shall be credited to government in toto

465 Scale of fees for dental work mentioned in paragraph 460 (vi) The following are the maximum fees for dental work:

Maximum fees

1. Extraction by novocation – Rs.2 per tooth
2. Extraction under nitrous oxide gas or chloroform – Rs.6 per tooth
3. Amalgam or porcelain fillings – Rs.5 per tooth
4. Gold fillings – Rs.15 per tooth
5. Sealing and cleaning teeth – Rs. 3 per set
6. Treating nerve and filling – Rs.8 per tooth

- (a) The charges are inclusive of all subsequent attendance. Government servants and their families are not charged for any dental work where the materials utilized have been supplied at Government expense
- (b) Fifty per cent of the charges shall be credited to the hospital and the rest to the dentist himself and the anaesthetist where one is employed
- (c) The dentist shall have full discretion to reduce the charges in particular cases according to the means of the patient and the nature of the work
- (d) The dentist should collect the prescribed fees before undertaking the work or procure a signed undertaking from the patient or an authorized guardian to pay the fee

466 Loan of oxygen cylinders - Consistent with the requirements of the hospital, cylinders of oxygen gas can be supplied on loan to qualified medical practitioners

at the rate of Rs.15 per cylinder paid in advance. The cylinder can be retained for a maximum period of five days. A fee of Rs.1 per cylinder per day will be charged for retention of the cylinder over five days and will also be payable in advance.

467 The following tests can be carried out in the Pathological Laboratory of the Robertson Medical School, Nagpur. The charges are noted against each item:

I Microscopic

- 1 Supra-vital staining and Reticulocytes count – Rs.5
- 2 Dark ground illumination – Rs.8
- 3 Examination for Treponema Pallidum (ordinary) – Rs.5

II Other

- 1 Coagulation and bleeding time – Rs.5
- 2 Fragility of R.B.C. – Rs.8

III Immunological

- 1 Widal against –
 - a. Dysentery – Rs.10
 - b. Veil-felix - Rs.10
 - c. Malta-fever – Rs.10
- 2 Blood grouping – Rs.10

IV Biochemical and Chemical

- 1 Blood sugar –
 - a. Glucose tolerance test – Rs.25
 - b. Laevulose tolerance test – Rs.16
- 2 Blood urea – Rs.16
- 3 Blood cholesterol – Rs.16
- 4 Blood calcium – Rs.16
- 5 Van den Bergh – Rs.10
- 6 Ieteric index – Rs.16
- 7 Alkali reserve – Rs.16
- 8 Aldehyde test – Rs.5
- 9 Urine – Physical and chemical examination – Rs.2
- 10 Urea concentration test – Rs.5
- 11 Quantitative for sugar, albumin, etc – Rs.5
- 12 Stool – Occult blood – Rs.2
- 13 Estimation of fat and fatty acids – Rs.25
- 14 Stomach – Fractional test meal – Rs.25
- 15 C.S. fluid – Chemical examination (quantitative and qualitative) – Rs.10
- 16 Lange's colloidal gold test – Rs.16
- 17 Non-protein nitrogen test – Rs.16

V. Animal experiments

Friendaman's test for pregnancy – Rs.20

[Sectt. Medl. Deptt. Memo. No. 3243-745-XIV, d. 6-5-40]

CHAPTER XXXIV

DIUSPENSING AND DIETING

468 Rules for the supply of medicines at hospitals and dispensaries not managed by local bodies except those for which special rules have been sanctioned – (1) The free issue of medicines at dispensaries is intended for the poor

- (2) All Government servants and their families are entitled to medicines without charge on the prescription of government medical officers, as Government contributes towards the support of the dispensaries; but at places where there are good druggists' shops and where the charges are reasonable, patients who are able to pay should be encouraged to resort to those shops.

[Book Circular Part I, No. 16, paragraph 2]

The same concession is allowed to the servants of municipal committees, district councils and local boards, provided that these bodies contribute towards the support of the dispensary.

Prisoners in jail when removed to hospitals will be given from medical treatment of every kind.

- (3) person attending at the dispensary is entitled to receive advice and medicines, which will be given free or on payment in accordance with the following rules.
- (4) The dispensary committee will prepare a list of persons whose annual income is estimated by the committee to be above Rs.1,500. A copy of this list will be given to the medical officer in charge to be hung up in the consulting room, and it will be his duty to demand payment for medicines from every applicant whose name is on the list, unless the person has compounded under rule 6.
- (5) A person must, if able, or unless he has compounded under rule 6, pay for any medicines supplied to him. A uniform charge of 1 anna per patient per diem is to be made.
- (6) Any person whether on the income list or not may compound with the dispensary committee for the free issue of medicines to himself and the members of his household, including servants, for the sum of Rs.6 per

annum. This sum must be paid in advance, but may, if desired, be paid in quarterly instalments. The secretary of the dispensary committee will inform the medical officer of all such compositions.

- (7) The dispensary committee will issue to the medical officer books of receipts in counterfoil, each receipt representing one anna or multiples thereof. A receipt will be given to the patient, and on the receipt and counterfoil the medical officer will enter the yearly number of the patient as shown in the register of patients. The medical officer must pay into the dispensary fund the face value of each book of receipts, less 20 per cent, which he is permitted to retain as commission.
- (8) Nothing in these rules shall be taken to prevent the prompt grant of medicines or treatment to emergent cases without payment, or to the poor, i.e., those unable to afford one anna a day for the cure of their ailments, in the opinion of the medical officer in charge of the hospital.
- (9) Three lists should be prepared and hung up in the dispensary:
 - a. The income list referred to above
 - b. A list of subscribers of Rs.6 per annum or over to the dispensary
 - c. A list of persons who have taken out a Rs.6 annual ticket for medicines

NOTE:(a) The names of all persons on the income list (a) who have taken out an annual ticket for medicines, should be ruled out in red ink from this list. The names of those who subscribe Rs.6 or more to the dispensary fund should be under lined in red ink.

- (b) Nothing in these rules need interfere with well-to-do patients giving donations or thanks offerings to the dispensary funds. The giving of such donations should be encouraged by the medical officer concerned.
- (c) The term “Family” used in rule above (2) means a Government servant’s wife, legitimate children (including adopted children), step-children, parents, sisters and minor brothers, residing with and

Wholly dependent upon him. In the case of a female Government servant the term “Family” Includes her husband if the latter is wholly dependent on her.

[Medl. Admn. And P.H. Deptt. Memo. No. 2561-416-IX, d. 20-5-33.]

469. **Scale of quantities of medicines which may be issued-** In order to avoid as much as possible a waste of time to patients and dispensary staff arising from a daily visit to the dispensary of cases of a chronic nature, when non-poisonous drugs are prescribed, medicines may be issued according to the following scale:-

- (1) To patients residing in the same town or village as the dispensary or in the immediate neighbourhood- two days’ supply.
- (2) To patients residing at a distance of two miles – three days’ supply
- (3) To patients residing more than two but less than four miles distance- four days’ supply.

(4) To patients whose homes are more than four miles distance- six days' supply.

The above scale is to be taken merely as a guide and medical officers are expected to exercise intelligence and discretion in deciding the quantities that should be prescribed at a time.

470. In all dispensing and stock rooms, medicines shall be divided in to solids and fluids and arranged alphabetically.
471. A stock of prepared medicines, according to the Pharmacopoeia shall be kept ready for distribution, and be preserved in stoppered bottles, jars or tins, and distributed in clean wrappers, all paper used for such purposes being non-used unprinted and perfectly clean.
472. **Emergency box-** In every dispensary an emergency box should be available, which in the absence of the medical officer, could be brought into use by the compounder. Its contents would be as detailed by the civil surgeon of the district.
473. All prescriptions dispensed must, unless they appear in the provincial pharmacopoeia, be copied in to a prescription book kept for the purpose and given a serial number and date, which serial number and date must be entered on the label, or the original prescription filed on a wire.
474. **Prescription-** The compounder of a prescription will first carefully read it through, checking the doses. He should make a tick against each as he does this. If any are in excess of the maximum pharmacopecal dose he should refer the matter for orders. Having done this he should initial the prescription. He should then make it up and label it. Lastly he should compare the label with the signature and initial the label.
475. **Medicines to be obtained locally-** Contingencies, including bazar medicines, dieting and miscellaneous supplies may be obtained locally by the medical officer in charge of hospitals and dispensaries subject to the approval of the civil surgeon.
476. **Scale of diet-** The scale of diet authorized for hospital and dispensaries is detailed below:-
- (A) For patients used to Indian diet:-

		Diet				
		Full	Meat	Half.	Spoon	Milk
		Chs.	Chs.	Chs.	Chs.	Chs.
Atta or rice	..	10	8	6	..	..
Meat	..	..	..	..	..	..
Sago	..	..	..	..	2	..
Suji {						
Arrowroot	..	..	..	..	1	..
Dal	..	2	..	1	..	..
*Vegetables	..	2	2	2	..	..
+Ghee	..	½	½	¼	..	..
Salt	..	¼	¼	¼	..	..
Condiments	..	¼	¼	¼	..	..
Firewood	..	(a)	(a)	12	12	12
Sugar	..	..	..	..	1	2
++Milk	..	..	..	..	12	16

- * Free from roots and indigestible matters.
- + Oil may be substituted for ghee when necessary.
- ++ All milk should be procured fresh, but may be boiled before use.

(B)	For patients used to European diet:-			
	Full diet	Half diet	Milk diet	
Bread	1 lb.	Bread	1 lb.	Milk 3 lbs.
*Butter	2 Ounces	Butter	1 Ounce	Bread 12 Ounces or
Tea	1/3 oz.	Tea	1/3 oz.	Rice 4 Ounces
Sugar	1 1/3 oz.	Sugar	1 1/2 oz	Arrowroot Or sago
Milk	6 Ounces	Milk	6 Ounces	Sugar 1 Ounce
Beef or		Beef or		Firewood 3 lbs.
Mutton	12 Ounces	mutton	8 Ounces	
		or		
Potatoes	1/2 lb.	Chicken	10 Ounces	Charcoal 2 lbs.
Rice	4 Ounces	Potatoes	4 Ounces	
Vegetables	4 Ounces	Rice	4 Ounces	
Salt	6d drs.	Vegetables	4 Ounces	
Pepper	1/2 dr.	Salt	6 drs.	
Firewood	4 lbs.	Pepper	1/2 dr.	
Charcoal	3 lbs.	Firewood	4 lbs.	
		Charcoal	3 lbs.	

Extras including stimulants, may be ordered at the discretion of the civil surgeon. Ordinarily three meals, viz., breakfast, dinner and supper should be given daily.

For 1 to 3 diets- 2 seers per diet.

Beyond 6 diets and up to 11 diets- 1/2 seer for each additional diet.

Beyond 3 diets and up to 6 diets- 1 ser for each additional diet.

Beyond 11 diets- 1 seer for each diet.

NOTE- (i) An addition to all diets of a morning meal may be allowed:-

Suji or sago- 1 Chittak

Milk- 2 Chittaks

Sugar – 1/2 Chittak

Firewood- 1 Chittak

(ii) Extras, such as milk, sugar, meat, etc., may be given at the discretion of the medical officer.

* 1 oz. For roasting meat.

PART V – FINANCE

CHAPTER XXXV – GRANTS-IN-AID

477. **Grants in aid from municipal and provincial funds**-With a view to stimulating local efforts in providing medical relief, grants in aid may be given to private charitable hospitals and dispensaries, and hospitals and dispensaries of charitable and religious societies-

- (1) From municipal and district funds.
- (2) From provincial funds subject to budget provision.

No aid may be given from provincial or local funds to any private dispensary without the previous sanction of the Provincial Government.

Grants-in-aid will neither be given nor withheld on the ground of religious teaching being combined with medical relief.

478. **Condition governing grants-in-aid**—The conditions on which grants in aid will be governed are-

- (1) That the hospital or dispensary is under competent management and administration and that the medical treatment given is efficient.
- (2) That the institution is stable in character.
- (3) That it supplies a distinct want which cannot be sufficiently met by existing hospitals and dispensaries.
- (4) That the hospital or dispensary building is suitable for the purpose.
- (5) That the hospital or dispensary and its records are open at all reasonable times to the inspection of the civil surgeon, the Inspector-General and all visitors of Government hospitals and dispensaries.
- (6) That such information and returns are submitted as the Inspector-General may, from time to time, prescribe or the civil surgeon may require for the purpose of his annual report.

The Inspector-General will, when necessary, be the final judge whether these conditions are fulfilled.

479. **Extent of grants-in-aid**—The amount of grant will be determined in each case with reference to the efficiency of the hospital or dispensary of which, when necessary, the Inspector-General shall be the final judge.

480. **Forms of grants-in-aid**—Grants in aid may be given in various forms- in money, free accommodation in buildings, free supply of medicines, free services of the whole part o the establishment and the like.

481. **Canceling or reduction of grants-in-aid**—The provincial government may by a special order reduce or cancel a grant whenever it considers it necessary to do so. Grants in aid may also be reduced or canceled by the provincial Government if the conditions on which they were originally granted are not fulfilled. The opinion of the Inspector-General of civil hospitals in this respect shall be final.

482. **Enquiry before grants-in-aid are canceled or reduced-** Before a grant is reduced for violation of conditions or breach of rules, and enquiry, at which th managers of the dispensary shall be allowed full opportunity of explanation, will be made by the civil surgeon, the result of which will be communicated to the managers. If the defects are capable of immediate or early removal, the managers will, on the first occasion of default, be allowed a reasonable time to be fixed by the civil surgeon to remedy them; and if they are remedied the grant will not be reduced or cancelled.

483. **Annual contributions for dispensary fund hospitals and dispensaries-** In the case of these institutions the annual contribution for the support of the hospital or dispensary is fixed by the Government and is paid over in a lamp sum. The charges on account of the medical staff attached to such hospitals or dispensaries (Assistant surgeons and assistant medical officers) are contributed by Government. All charges connected with such hospitals or dispensaries are debited to the dispensary fund.

484. **Readjustment of grants paid to hospitals or dispensaries transferred and non-transferred-** The Inspector-General of civil hospitals, central provinces and berar, is authorised to readjust the grants-in-aid payable to hospitals or dispensaries transferred and non-transferred, provided the total grant for the province is not exceeded.
485. **Rules for the control of Government grants-in-aid from provincial funds-**
- (i) Grants in aid to local bodies may be either for general purposes, or for specific objects. The former are an addition to the resources of the local body, and no action is necessary to discover whether they are expended on the object for which they are intended. The object of these instructions is to ensure that grants for special purposes are expended within a reasonable time on the object for which they were given.
[Sectt. Fin. Deptt. Letter no. 3307-B-X, d. 25-10-29.]
- (ii) **Form of sanction-** The order sanctioning a grant should state clearly the object for which it is given and the period within which it is to be expended. Only so much of the grant should be paid during any financial year as is expected to be expended during that year, or where the grant is dependent on similar expenditure by a local body, only so much of the grant should be given which bears the same proportion to the total grant as the expenditure expected to be incurred
- (iii) **Time of payment of grants –** Grants for specific works such as building should be paid as soon as the local body or the agency entrusted with the execution of the work is ready to start operations. It is not necessary, however, particularly in cases where the project is large one that the whole grant should be paid at the start. The Inspector-General of civil hospitals should use his discretion in regulating payments according to the needs of the work. He should review all grants which have not been expended by the end of August and if there is reason to believe that the full grant cannot be utilised by the end of the financial year, the grant should be reduced accordingly and budget provision for the balance in the budget of the following year. There should be no occasion for a rush of payments of these grants in the month of March.
- (iv) **Procedure for watching expenditure of grants-** The responsibility for seeing that grants are expended on objects for which they are given devolves upon the Inspector-General of civil hospitals. Ledger accounts should be maintained by the Inspector-General of civil hospitals for works entrusted to local bodies to whom Government grants are given. As soon as a work is completed, or at any other time during the progress of the work if, as a result of the scrutiny of the ledger accounts or for any other reason the Inspector-General of civil hospitals thinks at, he shall ask the deputy commissioner to inspect the accounts appertaining to the work. The deputy commissioner, who may for this purpose apply to the Accountant-General for assistance from a member of the local audit staff, or to the executive engineer for technical advice, shall report the total of the expenditure actually debited to the work in the accounts of the local body, and shall bring to the notice of the Inspector-General of civil hospitals any items which appear to be wrongly debited to the work, and any other matters that he may think fit. If the work has been completed, any balance of the grant

remaining over should be refunded to Government. Ordinarily it is not expected that the Deputy Commissioner will enter in to a detailed scrutiny of the accounts such as occurs at audit, but he will satisfy himself that sums debited to the work have prima facie been correctly debited. The necessity of asking for assistance from a member of the local audit staff will therefore be the exception rather than the rule. Grants are sometimes given for recurring expenditure, i.e., on salaries. The civil surgeon should submit to the Inspector-General of civil hospitals, for submission to the provincial Government, a certificate, on the 1st April that the staff maintained is not less than that on which the grant has been calculated.

- (v) Failure to spend grants and diversion to other purposes- Grants that have not been spent or savings accruing from grants should be refunded to Government. When a Government grant has been diverted to a purpose other than that for which it is given, a report should be made to Government by the Inspector-General of civil hospitals as soon as the diversion is discovered. The sum diverted will be recovered by refund or by reduction of future grants; and in cases which appear to call for special action future grants may be reduced to a greater extent than the amount of grant so diverted. In the case of recurring grants action should be taken to adjust the unexpected amount.

485-A- Conditions governing capitation grants to Leper Asylums- The conditions on which capitation grants to Leper homes and hospitals in the province will be governed are-

- (1) That the financial position of the institution should be such that a Government grant is absolutely necessary for its efficient working. [Sectt. Medl. Deptt. Memo. No. 2037-2855-XIV-42,d. 6-5-43.]
- (2) That the institution should supply a genuine want in the locality, where it is situated.
- (3) That the institution should be subject to professional inspection by Government officers of the Medical or the public health department.
- (4) That the institution should submit duly audited statements or its annual account to Government.

NOTE-1- The accounts of grants-in-aid should be certified as correct by a registered accountant or other recognised body of auditors.

NOTE-2- The Leper home at sunpuri in Mandla district has been exempted, as a special case, from the audit of the accounts and the authority concerned should furnish a certificate every year that the grants received from Government were fully utilised for the purpose for which they were made. [Sectt. Medl. Deptt. Memo. No. 3276-1087-XIV, d. 15-7-44.]

- (5) That the grants will be subject to reduction or discontinuance at the discretion of the Provincial Government.

CHAPTER XXXVI- BUILDINGS

A- BUILDINGS IN CONNECTION WITH HOSPITALS AND DISPENSARIES NOT UNDER THE MANAGEMENT OF LOCAL BODIES

486. The civil surgeon is the adviser of the deputy commissioner and dispensary fund committees in technical matters connected with the projects for hospitals and dispensaries. All plans of new buildings or alterations in, or additions to existing buildings, whereby the original plan will be altered, shall be submitted to the Inspector-General of civil hospitals for his sanction before the work is commenced.
487. **Construction and repairs of dispensary buildings-** Before any work or repair is undertaken, a properly detailed estimate shall be prepared by an officer of the public works department of the local body or Government if the latter is in charge of the buildings, which should be sanctioned by the dispensary committee if the estimated cost does not exceed Rs. 1,000 and if it is provided for in the budget. The sanction of the Inspector-General of civil hospitals shall be obtained if the cost exceeds Rs.1,000 and that of provincial government if it exceeds Rs. 1,000. If professional opinion upon any work is necessary before an estimate is sanctioned it may works or repairs estimated to cost Rs.10,000 or over is proposed to be incurred in whole or in part out of the contributions received from Government, the plans and estimates will be subject to the previous scrutiny by the public works department.
[Sectt. Medl. Deptt. No. 1360-VI-15-16, d. 1-7-12.]
488. The Inspector-General of civil hospitals has, however, no power to sanction government grants in aid of local bodies, and in sanctioning the estimates of local fund works he should be careful not to commit Government to the giving of a grant-in-aid of works of which it may possibly not approve. Sanction for such works should be applied for in the ordinary course, and no work should be undertaken by local bodies under his administrative sanction until he has also obtained sanction to any grant which may be required.
[Medl. Deptt. Letter No. 374-A-IX, d. 8-11-20.]
489. For every work given on contract, an agreement on stamped paper shall be taken. But when the cost of the work does not exceed RS.50 this agreement may be dispensed with at the discretion of the hospital or dispensary committee.
490. When a work given on contract is completed the measurement of the work and completion certificate, as recorded by or under the orders of the executive engineer or engineer of the local body and countersigned by the president or secretary or a member, should be attached to the final bill. When any work is done by daily labour through departmental agency, a muster roll should be maintained.

NOTE- Members of the dispensary committee are not allowed to have any interest in the contracts made with the committee either directly or indirectly without the sanction of the commissioner of the division.

B- BUILDINGS IN CONNECTION WITH DISPENSARIES MANAGED BY LOCAL BODIES

491. (a) The Civil surgeon is also the adviser of the local bodies in technical matters connected with the projects for hospitals and dispensaries.
(b) To these buildings the account rules under the head "Public Works" of the local bodies concerned will apply, with the proviso that all alterations and additions to existing buildings, whereby the original plan will be altered, must be approved by the civil surgeon before the work is commenced, wherever the estimated cost exceeds Rs.500 also by the civil surgeon. When the cost of any works or repairs estimated to cost RS.10,000 or over is proposed to be incurred

in whole or in part out of the contributions received from Government. The plans and estimates will be subject to the previous scrutiny by the Public Works Department.

CHAPTER XXXVII- ACCOUNTS

A- THE DISPENSARY FUND AND ACCOUNT RULES FOR HOSPITALS AND DISPENSARIES NOT MANAGED BY LOCAL BODIES

492. **The dispensary funds-** A separate dispensary fund will be maintained for each dispensary, made up of-
- (1) The fixed annual contribution received from the local body (municipality or district council) by which the dispensary is maintained.
 - (2) Grants in aid from Government or from other sources.
 - (3) Private subscriptions or donations including those for special objects.
 - (4) Income from sale of medicines or of tickets or medicine.
 - (5) Interest on investments and savings bank deposits or from endowment funds.
 - (6) Miscellaneous receipts.
- The items of expenditure to be defrayed from dispensary funds are-
- (i) Pay of establishment;
 - (ii) European medicines;
 - (iii) Country medicines;
 - (iv) Diet of patients;
 - (v) Contingencies, including clothing and bedding;
 - (vi) Petty construction and repairs.
- [C.C.'s Book Circulars Nos. Li, d. 16-12-1893, and II d. 7-1-1896.]
493. **Account rules-**The following rules should be carefully observed:-
The registers and books connected with dispensary accounts shall be kept in English. All corrections shall be neatly made in red ink and attested by the secretary. Similarly all vouchers shall be attested by the payees. Erasures should on no account be permitted on registers, statements, vouchers or accounts of any description.
[Sectt. Circular letter no. 3697, d. 14-5-1895.]
494. **Subscription books-** Each hospital or dispensary will maintain a subscription book, in which will be entered every subscription or promise of a subscription made to the hospital or dispensary the purpose for which it is given and the name of the donor.
The book will be circulated to subscribers for the collection of the money, at which time each subscriber will enter in the book his name date and amount of the subscription and his signature. The subscription book will be closed once a month, totalled and signed by the medical officer in charge of the hospital or dispensary who will credit the money in the treasury to the account of the dispensary concerned.
495. **Subscription ledgers-** Medical officers in charge of hospitals or dispensaries will maintain a subscription ledger which will be balanced monthly, the sum at credit at the end of the month being carried forward as an opening balance to the following month's account. The total receipts and expenditure and the balance will be reported monthly to the dispensary committee concerned and to the civil surgeon. When it is desired to utilize the subscription the civil surgeon will forward a demand statement to the dispensary committee and if the

amount of the proposed expenditure does not exceed the amount at credit the money will be remitted to him.

496. **Dispensary funds-** All sums received on account of the dispensary fund shall be immediately credited in the cash book on the receipt side and paid intact into a district or sub-treasury or into a branch of the Imperial Bank of India which is used as a Government treasury. In places where there is no such Government treasury, the dispensary fund may be deposited in the savings bank or with any banker under the sanction of the Commissioner. This will be done by opening a public account in the names of two persons one of whom will be the secretary and the other will be a member of the dispensary committee. The secretary will exercise constant scrutiny over the revenues of the fund and will be specially careful in seeing that all monies realized are credited at once in the cash book, whether the realizations are remitted to the bank or not. A responsible official should daily check the credits in the revenue register with the cash book. A separate pass book should be kept for each dispensary, in which the receipts and payments are to be entered under the initials of the treasury officer or sub-treasury officer, as the case may be, the receipts, charges and balance of each dispensary should be shown separately in the treasury plus and minus memorandum of local funds.

NOTE- (1) The compounder shall furnish adequate security in case he is allowed to handle or retain cash.

(2) A whole-time Accountant should be appointed in dispensaries with income exceeding Rs.10,000 per year. A security of Rs.300 should be obtained from the Accountant.

(3) The Treasury bank pass book shall be examined and compared with the cash book by the secretary, Dispensary Fund Committee, every day, if possible, but not less than once a week and also at the end of each month and any discrepancy noticed between the pass book and the cash book of the dispensary shall be immediately investigated and reconciled in consultation with the Treasury/ Bank officer.

(4) The original receipt should be signed by the responsible official/ officer. The necessary entries should then be made in the cash book from the carbon copy of the receipt on the same day. The officer should initial the entries in the cash book and also attest the carbon copy in token of this check having been exercised by him. The initials should also be dated by him.

497. All receipts should be at once paid in for credit to the account of the fund, and should not be utilized for meeting current expenditure.
498. All remittance to the treasury of the dispensary fund shall be made by means of chalans in duplicate, one copy of which should be returned completed by the treasury. For facility of reference all these chalans should be filed in a guard file.

NOTE- In the case of payments into the Treasury the disbursing officer should compare the Treasury Officer's receipt on the chalan with the entry in the cash book before attesting it.

499. An estimate of the probable receipts and expenditure of the dispensary fund during the ensuing year shall be prepared by the committee in the prescribed budget form and submitted to the Deputy Commissioner, on or before the 1st November. The Deputy Commissioner after reviewing the budgets shall forward them on or before the 1st December to the Inspector-General of civil hospitals, who will pass them and prepare a consolidated budget for the

province, and supply printed copies to the officers concerned. In preparing the estimates, the dispensary fund committee should see that the estimated closing balance is not less than half the year's average expenditure. If the expenditure under any head exceeds the budget estimate, the excess amount should be reappropriated under the sanction of the Inspector-General of civil hospitals before the close of the year.

[I.G.C.H.'S Circular letter no. 1081, d. 21-1-07.]

500. Vouchers must be forthcoming in support of every entry on the payment side of the cash book. An order for payment shall be endorsed upon every bill which shall run thus: Pay Rs. Only (Rs.) (the amount being written in words as well as in figures) and signed by the secretary or such other person as the Provincial Government may direct. The vouchers shall be filed in a guard book and numbered consecutively for the year in order of payment.
501. The cash book shall be kept in the accompanying form. It shall be a substantially bound volume, containing a sufficient number of pages to show at least one year's transactions. It shall be carefully paged before being brought in to use.

Dr						Cr							
Date of receipt	No. of challan	Particulars of receipt	Amount of each item	Amount of each challan	Head of account in cash abstract register	Date of payment	Particulars of payment	Particulars of payment	No. of voucher	Amount of each voucher	No. of Cheque	Amount of Cheque	Head of account in cash abstract register
			Rs.N.P	Rs.N.P						Rs.N.P		Rs.N.P	

The cash book shall be closed monthly and in the case of dispensary fund hospitals or dispensaries the balance agreed with the pass book in the following manner:-

	Rs. N.P.
Balance as per cash book	..
Add cheques outstanding-	
No. , dated	..
No. , dated	..
Balance as per pass book	..

502. For facility in the preparation of the periodical returns, the maintenance of cash abstract registers- one for receipts and the other for expenditure – is necessary. The accompanying form will be found convenient:-

Cash abstract register (Receipts)

Heads of receipts as per budget

--	--	--	--	--	--

	Rs.	N.P.	Rs.	N.P.	Rs.	N.P.	Rs.	N.P.	Rs.	N.P.
Total of the month										
Progressive total from 1 st April										
Total up to the end of this month										

503. The same form will also be used for expenditure. All the entries on the receipt side of the cash book shall be posted, one by one, direct from the cash book into the cash abstract register of receipts, and all the entries on the payment side of the cash book shall, in the same manner, be posted, one by one, into the cash abstract register of expenditure must necessarily be equal to and shall be compared by the secretary with, the totals of receipts and payments in the cash book.
504. Bills indisputably payable should never be left unpaid and money paid should under no circumstances be kept out of the accounts a day longer than is absolutely necessary. Diet bills should always be paid in the month succeeding that in which the expenditure was incurred. It is an object of very great importance to ascertain, liquidate and record the payment of all actual obligations at the earliest possible date.
505. If more than one page of the cash abstract register is used for the transactions of the month, the grand totals shall be carried over to the next page.
506. (a) A dispensary fund committee may, with the previous sanction of the Provincial Government or other securities, or make a fixed deposit in any bank and may, with the previous sanction of the same authority dispose of the securities by sale or otherwise, or withdraw the deposit, provided that the proposal to expend the invested capital is based on a resolution of the dispensary committee supported by the Deputy Commissioner and the Commissioner.

(b) All investments shall stand in the name of the president of the committee and the Civil Surgeon of the districts. All Government securities which are, or shall become by purchase or otherwise, the sole property of the dispensary fund shall be accounted for in the subjoined form. These securities shall not be written off this form unless disposed of absolutely by sale or otherwise, e.g., Government securities merely made over to the Accountant-General central Provinces and Berar, for safe custody with the Auditor-General, under rules contained in Chapter XI, 'Deposits' of the Central Provinces Financial Rules, Volume I, shall not be written off this account:-

Receipts				Issues						
Details of Notes				Details of Notes						

1	Date
2	Number
3	What year's loan
4	Rate of interest
5	Nominal value
6	Initials of Secretary
7	Remarks
8	Date
9	Number
10	What year's loan
11	Rate of interest
12	Nominal value
13	Initials of Secretary
14	Remarks

507. In the column for remarks on the receipts side may be noted the amount of interest, when drawn, and when paid into the treasury.

508. The register for the record of donations and subscriptions shall be kept in the following form. The column "Date of remittance to treasury" shall be filled in by the officer who makes the remittance: -

1	Name of donor or subscriber	Outstanding			5	Total	6	Amount paid	7	Date and initials of donor or subscriber	Details of Notes			11	Remarks
		2	3	4							8	9	10		
		Amount promised	Arrears	Current							Date of remittance to treasury	Balance outstanding	Initials of secretary		

509. The writing off of all irrecoverable items of subscriptions and donations requires the sanction of the dispensary or hospital committee.

510. Separate receipts need not be given for these subscriptions and donations, unless specially applied for by the donors or subscribers; in which case the following form may be used:-

Dispensary committee –

No dated

Received from

The sum of Rs.

(in words)

on account of

Secretary.....

511. This form should be numbered consecutively before brought into use. It would be well to have the numbers printed. Instead of the counterfoils of receipts being maintained in ink, the receipt books with the receipt forms bound in duplicate should be maintained and the receipts written by the carbon process.

512. Contributions or subscriptions received from private persons for special objects shall be credited under a separate head “Contributions or subscriptions received from private persons for special objects”, and spent direct by the Civil Surgeon according to the wishes of the donors or subscribers, without reference to any controlling authority. The expenditure incurred from such receipts shall be shown under a separate head “Charges paid out of contributions received for special objects”. The accounts appertaining to these heads shall be open to examination by the Local Audit Department.

513. All receipts and disbursements for purposes not directly connected with hospital or dispensary funds proper shall be shown in the cash abstract register, and for this purpose necessary sub-heads should be made in that register. It should be seen that the expenditure under these sub-heads does not exceed the receipts and that any balances remaining unspent at the end of the year are carried forward to the cash abstract register of receipts of the following year.

514. Claims against the hospital or Dispensary Fund Committee shall ordinarily be discharged by cheques drawn in the name of the payee up on the treasury in the case of local payments and by Government drafts in case of outstation payments obtained from the treasury by drawing a cheque in favour of the Treasury Officer. In case of petty payments there shall be a permanent advance, which should be recouped as often as may be desired. If the bill is to be paid out of the permanent advance the secretary shall, before signing the payment order, see the bill stamped with the words “paid in case” in conspicuous type. If a bill is to be paid by cheque, it should similarly be stamped “Paid by cheque No..... in the latter case the amount shall be entered in the cash book as soon as the cheque is signed and not when it is paid.

515. Every payment made, either in cash or by cheque shall be covered by a receipt, stamped, if necessary, and signed by the person to whom the money is due and to whom it has actually been paid. If the payee can neither read nor write, his thumb-mark or seal should be attested by two competent persons in whose presence payment was made. A receipt signed by another person or by any employee of the committee is invalid.

Receipts or sub-vouchers should be endorsed “Pay” by the disbursing officer and cancelled after payment.

516. Cheque books containing 50 cheques each will be obtained on payment from the Controller of Printing, Stationery and Stamps. Each book bears a number which is repeated upon each cheque contained in it, and the drawing officer, viz., the secretary, shall notify to the treasury upon which he draws the number of the cheque book which he, from time to time; brings into use. On receipt of the cheque book, the secretary shall count the cheques and shall record on the back of the cheque book that “This cheque book contains, forms”.

[Sectt. Com. And Indus. Dept. letter No. 2447 – 1091-XIII d. 5-8-26.].

517. The cheque book should be kept under lock and key in the personal custody of the secretary, who, when relieved, should take a receipt for the correct number of cheques made over to the relieving officer, a specimen of whose signature should be forwarded to the treasury. The value of every cheque drawn shall be written in words as well as in figures, both of the cheque itself and on the counter-foil; this latter shall also be initiated by the person signing the cheque on each cheque, an amount, a rupee in excess of that for which it is drawn, shall be entered in words across it at right angles to the type”.

518. All cheques should be written by the Secretary Cheques for sums below Rs. 200 drawn on behalf of the committee should be signed by the Secretary and those for Rs. 200 and above by the secretary and the chairman.

519. Permanent advances – For payment of petty charges, the president or the secretary may with the sanction of the committee, draw, once for all, a sum not exceeding Rs. 50 and hold it as a permanent advance.

Note – The Inspector-General of Civil Hospitals may, in exceptional cases, raise the advance to Rs. 100 and empower a medical officer in charge of a dispensary to hold the amount at as a permanent advance.

520. When a permanent advance is first receive by the president or the secretary, he shall sign and fill an acknowledgement in these terms: -

‘I acknowledge having received a permanent advance of Rs., which sum is due from me to the dispensary committee, and I am personally accountable for the amount.’

A similar acknowledgement shall also be given on the first working day of each year.

521. The under noted forms (A) and (B) are recommended for the record of transactions in connection with permanent advances:-

(A) Permanent Advance Account

Expenditure										
Sub-Voucher	Classification of each sub-voucher showing the head or heads to be debited and amounts							Recoupment of manent advance		
1 Date	2 Serial No.	3 Amount	4 Particulars	5	6	7	8	9	10 Amount	11 Initials of advance holder <small>(i.e. secretary)</small>

(B) Voucher of Recoupment Secretary’s Permanent Advances.

Number of voucher Date of voucher..... Number of the sub-voucher covered by the recoupment Being expenditure incurred from to amount of this recoupment voucher Rs.

Received contents, and certified that I have compared the entries in the permanent advance account with the sub-vouchers, and have cancelled the latter, so that they cannot be used again.

Secretary

Classification of the charges covered by the voucher.

Head of account	Amount		
	Rs.	a.	p.

522. Form (A) should be posted daily as soon as expenditure is incurred. The several blank columns under the head of "Classification" should simply show the head of account to which each charge should be debited. The permanent advance may be recouped whenever necessary, and it must always be recouped on the last working day of the year.

523. The procedure of recoupment is as follows:-

The secretary shall compare the sub-vouchers with the entries in the register in Form (A); he shall deface them, by stamping them "Cancelled", so that they cannot be used again. He shall total (only when recoupment becomes necessary) and initial the column "Amount of sub-voucher" and also the amounts in the "Classification" columns, the across total of which should agree with the total of the column, the cross total of which should agree with the total of the column "Amount of sub-voucher" and shall rule a red ink line across the page.

Recoupment voucher in Form (B) shall then be drawn out, the amounts and heads in the classification columns of Form (A) being only entered (B) shall be endorsed with the usual payment order, vide paragraph 500 of this Chapter.

The secretary shall then draw out a cheque in favour of the advance holder for the amount and it is then and then only that the columns shown below of Form (A) shall be filled up and initialed by the advance holder :-

Recoupment of the permanent advance

Voucher No.	Amount		
	Rs.	a.	p.

524. The recoupment shall always be in full of expenditure from the last recoupment to date, so that the balance in hand after recoupment will always be the full amount of the advance. The serial number of the sub-vouchers shall always be the full amount of the advance. The serial number of the sub-voucher shall always commence with No. 1 after cash recoupment. Money when first drawn out as a permanent advance should be charged to "Advances" but its recoupment should be debited to the heads of service concerned.

525. No advance, other than a permanent advance shall be kept outstanding longer than six months without the special sanction of the Commissioner of the division, and no new advance shall be drawn with a view to repay an advance already outstanding.

526. The accounts of the dispensary committee shall be audited locally by the local audit establishment of the Accountant-General, Central Provinces and Berar. At the time of audit, the chairman or secretary shall cause to be produced all accounts, registers and subsidiary papers, which may be called for by the audit officer for purposes of audit. Any explanation called for by that officer for the settlement of any discrepancy shall also be immediately furnished to him.

527. The objection raised at the time of audit will be recorded in an objection book. The secretary will place the book before the committee and take steps to have all the objections disposed of. The book should be sent through the Civil Surgeon and the Inspector-General of Civil Hospitals to the Examiner of Local Funds Accounts, Central Provinces and Berar, within four months with the replies noted, therein and with a certificate as to the bills outstanding for payment at the time of audit.

528. Every case of embezzlement or misappropriation of dispensary money, etc., shall as soon as it is discovered, be reported by the chairman to the Deputy Commissioner, to the Accountant-General and to the Inspector-General of Civil Hospitals. The chairman shall also, after the matter has been fully enquired into, submit to the Deputy Commissioner, Accountant-General and Inspector-General of Civil Hospitals a final report giving full details as to the total sum of money or value of things misappropriated, the method in which the misappropriation was effected, the steps taken to recover the money and to punish the offender, and the precaution to be observed to prevent the repetition of the offense. Serious defalcations or misappropriation should be reported through the Commissioner of the division and Accountant General to the Government, but petty defalcations or misappropriations, i.e., those in which the amount involved does not exceed Rs. 100, need not be reported by the Deputy Commissioner unless he thinks of the Accountant General points out that the defalcation was due to some defect in the rules. In any case of defalcation or misappropriation, however, petty, in which the Deputy Commissioner thinks that for some special reasons the matter should be brought to the notice of the Provincial Government, it will be open to him to report it.

529. Incidence of traveling allowance – The establishment and contingent bills of hospitals and dispensaries are signed by the officer in charge and presented for payment after counter-signature, in the case of contingent bills, by the Civil Surgeon to the dispensary committee who will issue cheques for the expenditure, which will be adjusted in the same way as other expenditure, from district or municipal funds. All traveling allowance medical establishment, whether payable from dispensary funds or provincial revenues will be countersigned by the Civil Surgeon.

Note: - The traveling allowance of a person paid from a local fund may, when traveling in execution of Government duty, be paid and charged to "Provincial Revenues". Similarly the traveling allowance of a Government servant paid from Provincial Revenues, when traveling on duty connected with a local fund, may be charged to the local fund.

530. The chairman or secretary is personally responsible that all amounts drawn on salary or traveling allowance bills are paid to the persons entitled to receive them and that

receipts have been obtained, duly stamped, when necessary. If the payee does not present himself before the end of the month, the amount drawn must be refunded by short drawal in the next bill or by cash payments into the treasury. The chairman or secretary is also responsible that all amounts remitted to him for disbursement by other officers are paid without delay and that receipts are obtained and sent to the officer concerned, within reasonable time. If for any reason any amount, so remitted cannot be disbursed, it should be returned to the officer concerned. In regard to contingent and public works charges, the same vigilance is expected as an officer would exercise when spending his own money.

531. All changes in dispensary establishments and all proposition statements for revision of such establishments, shall be submitted to the Inspector-General of Civil Hospitals for sanction.

532. Subject to general budget provision and general control of the Commissioner of the division, who is empowered to call for details when he has reason to suspect extravagance, dispensary committees may incur contingent chargers incidental to, and necessary for, the carrying on of the business of the dispensary fund. They are empowered to sanction petty purchases of articles of furniture not costing more than Rs. 25 or each article.

On the case of unusual charge, not provided or in these rules, the sanction of the Inspector-General of Civil Hospitals shall be obtained up to a limit of Rs. 500. If the cost exceeds this sum the sanction of the provincial government shall be obtained.

Note- (i) Payment of house rent to Assistant Surgeons and Assistant Medical Officers and purchase of medical books requires the previous sanction of the Provincial Government and the Inspector-General of Civil Hospitals, respectively.

(ii) Charges for the purchase of blankets, brass vessels and sheets may be regarded as usual charges for a dispensary falling within the sanctioning powers of the dispensary committee. A table cloth, being an article of furniture may be purchased under the sanction of the dispensary committee if the cost does not exceed Rs. 25.

533. Articles required for the diet of patients may be obtained on credit. When it is decided to adopt this method, tenders shall official year, for all articles required for the use of the dispensary according to samples furnished by the committee, and all such articles shall be obtained from the person whose tender has been accepted by the committee. The articles required should be obtained on daily indents in counterfoil which should be checked with the contractor's bills before the payment is made.

534. The dispensary fund is a private concern and as such all correspondence issuing from an Assistant Medical Officer in charge of a dispensary, as secretary of the committee, should bear ordinary postage stamps. Rule 78 (41), Chapter 6, of the Treasury Manual, refers to correspondence issuing from Assistant Medical officer in connection with the executive duties of the dispensary as officers subordinate to the Civil Surgeon and not to correspondence issuing in connection with the executive duties of the dispensary as officers subordinate to the Civil Surgeon and not to correspondence issuing in connection with the administration of the dispensary fund. The above should be read with rule 715 of the Central Provinces Financial Rules, Volume I. Accordingly, when an Assistant Medical Department, which he must submit as Assistant Medical Officer whether he is or is not the secretary or a member of the local dispensary fund committee, the cover should bear

service postage stamps. This fund committee, the cover should bear service postage stamps. These will be supplied by Civil Surgeons, and Assistant Medical Officers incharge of dispensaries should keep an account of the stamps supplied and expended. Civil Surgeons should scrutinize the service stamp accounts of the Assistant Medical Officers whenever they replenish the Assistant Medical Officer's supply of stamps in order to satisfy themselves that the service stamps have not been improperly used. All correspondence from the dispensary fund committee sent under the signature of the secretary to the committee, whether the secretary is an Assistant Medical Officer or a private banker or merchant, etc., of the place, should be treated as purely local fund correspondence and stamped with ordinary postage stamps. Some examples of the two kinds of correspondence sent to Government officials referred to above are given below: -

(1) On his Majesty's Service -

- a. Report of a post-mortem examination by an Assistant Medical Officer sent to the Civil Surgeon.
- b. Periodical return showing the number of patients treated at a dispensary, required for incorporation in the Medical Administration Annual Report for the province.
- c. Charge reports of Assistant Medical Officers.
- d. Private (or local fund) service –
- e. Indents for medicines, etc.
- f. Applications for the construction and repairs of dispensary buildings.
- g. Submission of dispensary fund budget, contingent bills, etc.

535. All irrecoverable sums pertaining to dispensary funds on account of pay, leave traveling allowance and contingent charges paid in excess and all irrecoverable amounts embezzled shall be written off the accounts under the authority of the dispensary fund committee.

536. Charges on account of repairs to surgical instruments and hospital necessaries may be incurred under the sanction of the dispensary committee.

537. A stock register shall be maintained. The stock should be verified by the Civil Surgeon once a year and he should record a certificate to that effect in the stock register. The sanction of the dispensary committee should be obtained whenever any article is written off the register as sold, as unserviceable or otherwise disposed of.

538. Service paid from dispensary fund does not qualify for pension.

539. Subscribers' names to be pasted up in hospitals – Rules regarding the recognition of donations to dispensaries are contained in General Book Circular II-10. The names of all persons who subscribe not less than Rs. 10 per annum to a hospital or dispensary shall be recorded in English and vernacular, and a list of them placed in conspicuous position in the building. The list should renewed each year, only the names of those old subscribers who continue their subscriptions being brought forward.

540. Subscribers of Rs. 50 to be mentioned in annual report – Special mention shall be made in the annual report, for the information of the Provincial Government, of those persons who have contributed towards the hospital or dispensary in money, buildings, appliances medicines or otherwise to the value of Rs. 50 or upwards during the year of report.

541. Certificates for liberal donors. – Certificates, signed by Civil Surgeons and Deputy Commissioners, may be given to persons who contribute liberally to hospitals and dispensaries, and instances of very special liberality may be separately reported to the Inspector-General and if he thinks fit, to the Provincial Government.

542. The Commissioner, the controlling authority for local fund expenditure. The Commissioner is the controlling authority for local fund expenditure and he will decide whether sufficient provision has been made for medical requirements. The Inspector-General of Civil Hospitals, should, therefore, address the Commissioner in the event of his finding it necessary to protest against the amount provided in local fund budgets for medical requirements, and as the departmental adviser to Government he is empowered to represent to Government those cases in which he considers the Commissioner's decision on such matters to be wrong.

543. Medical library – Each hospital or dispensary should purchase annually at least one medical book of reference for the use of the medical staff attached to it. In this way an ample library would be collected at every hospital or dispensary.

Note – Out of the 3 above rules those mentioned in paragraphs 496, 499, 506, 507, 518, 534, 537, 538 and 542 are not applicable to provincial hospitals.

[Sectt. No. 73-VI-36-5, d. 25-1-10.]

B-Account Rules for Dispensaries Managed By Local Bodies

544. Each dispensary shall maintain a subscription and donation book in which will be entered every subscription made to the dispensary, the purpose for which it is given and the name of the subscriber or donor. The book will be circulated to subscribers and donors for the collection of the money at which time each subscriber or donor will enter in the book his name, date and amount of donation book will be closed once a month, or a year in the case of yearly subscriptions for which separate accounts are kept, totaled and signed by the medical officer in charge of the dispensary.

[C.P. Govt. Notfns. Nos. 4039-4042-1024-IX d. 14-10-24]

545. At the end of each month or year, as the case may be, the amounts (whether paid up or not) shown in the subscription and donation book shall be totaled and the total posted into an abstract. The abstract shall be checked and signed by the secretary, dispensary committee, who shall at the same time satisfy himself that steps are being taken to realize the promised subscriptions and donations. In the case of district council dispensaries the abstract shall be sent once every half year to the district council dispensaries the abstract shall be sent once every half year to the district council for scrutiny.

546. Separate receipts need not be given for subscriptions, or donations unless specially asked for by the subscribers or donors in which case they may be given.

547. All receipts on account of subscriptions, donations, sale-proceeds of medicines or of tickets for medicines, etc., shall be accounted for in the cash book and remitted to the office of the local body concerned in the manner prescribed in the case of pound collections for district councils and in rule 13 of the Municipal Account Rules. A responsible official should daily check the credits in the revenue register with the cashbook.

548. Subject to budget provision and the general control of the local body, the dispensary committee may sanction petty purchases of articles of furniture not costing more than Rs. 25 for each article.

549. Articles required for the diet of patients may be obtained on credit when it is decided to adopt this method, tenders shall be invited by the local body at the commencement of each financial year for all articles required for the use of the dispensary according to samples furnished by the local body and all such articles shall be obtained from the person whose tender has been accepted by the local body. The articles required shall be obtained on daily indents in counterfoils which should be checked with the contractor's bills before the payment is made. A diet register shall also be maintained.

550. Charges on account of repairs to surgical instruments and hospital necessities may be incurred under the sanction of the dispensary committee.

551. A stock register of surgical instruments and hospital necessities shall be maintained. The stock shall be verified by the Civil Surgeon once a year and he shall record a certificate to that effect in the stock register. The sanction of the committee shall be obtained whenever any article is written off the register as sold, as unserviceable or otherwise disposed of.

552. In case where a local body has within its jurisdiction more than one dispensary, a ledger, showing the amounts of special donations received and expended in each dispensary, shall be maintained in order to watch that the expenditure does not exceed the receipts for that dispensary.

553. Each dispensary shall maintain an indoor patient's register.

PART VI – MISCELLANEOUS

CHAPTER XXXVIII – MEDICO-LEGAL AND POST-MORTEM EXAMINATIONS

554. Class of officers to conduct medico-legal and post-mortem examinations. – Any Government medical officer may be entrusted with the work of medico-legal and post-mortem examinations.

555. Cases of injuries and accidents to be reported to police – The following classes of cases treated at a hospital or dispensary shall be reported to the police by the medical officers who treat them through the medical officer in charge of the institution: -

- a. Cases of accident likely to result in the patient's death.
- b. Cases injuries the circumstances of which make it probable that some one has committed an offence. This includes .

556. Immediate report of serious cases of injuries in which there is reason to believe or suspect that an offence has been committed should be reported at once to the police so that steps may be taken for recording the dying declaration.

557. Report in cases of rape. – Whenever rape or attempted rape cases are admitted for treatment without the knowledge of the police, the parents or relatives of the patients should be advised to report the matter to the police.

558. Report of Death to the police in cases of suicide, accident, etc. When a death occurs in a hospital from suicide or accident or under circumstances giving rise to reasonable suspicion that some other person has committed an offence, the medical officer concerned shall report immediately to the officer in charge of the nearest police station and ask for instructions regarding the holding of a post mortem examination. A medical officer shall not hand over the body to the deceased’s relatives or friends without the permission of the police officer.

Medico-Legal Examination other than Post Mortem

559. Injury Case. Medical officers are required to make full notes of examination of wounded persons.

560. Particulars to specify in the injury report – Detailed particulars regarding nature, size and gravity of injuries and opinion regarding their causation to the police on the following forms –

Nature of injury i.e., whether a cut a bruise or a burn, etc.	Size of each injuring inches, i.e., lengths and breadth and depth.	On what part of the body inflicted.	By what kind of weapon inflicted.	Any remarks considered necessary to assist the police to decide whether the injury is of sufficient importance to justify their taking cognizance of offence.

Hospital
Signature of
Date _____ month _____ The Medical
Officer.

561. Register of duplicate copies of injury reports – A register of duplicate copies of such reports shall be maintained by the medical officer.

562. In cases where a definite opinion as to the seriousness of the case cannot immediately be given, the medical officer may reserve his opinion till he has had time to observe the progress of the case.

563. Cases of poisoning - In poisoning cases the medical officer will carefully keep notes about the history, signs and symptoms observed by him and treatment given. All vomited matter washings of the stomach or any substance alleged to have caused the symptoms shall be sealed and carefully preserved under lock and key, as any of them may be required to be sent to the Chemical Analyzer for analysis. In such cases the relevant history, symptoms and for analysis. In such case the relevant history, symptoms and treatment are of an enormous value to the analyst and should be supplied to him. When the stomach is washed with potassium permanganate solution, the distinctive test for opium is destroyed, negative reports are therefore likely even in a well defined case of opium poisoning. Vomits are more valuable for analysis than washings of stomach. Preservation of urine is sometimes important as many alkaloids are recoverable from urine and much of this before death.

564. Cases of abortion or miscarriage – No woman should be internally examined after childbirth until 10 days have expired from the date of the birth.

565. When medico-legal cases are sent for examination by the police the medical officer should note on the report the name of the person to be examined and the name and rank and number of the police official who brought the requisition and also the date and time of examination.

566. Examination to women medical officers . It should be noted that the person, male or female who is a party to a criminal case may be subjected to a medical examination without his or her consent. In all cases where a woman declines to be examined by any but a woman medical officer she should be examined by such a medical officer if one is available at the station. All women medical officers who are government servants are bound under paragraph 557 above to conduct medico-legal examinations and grant certificates when required by the police, military, the district magistrate or other Government officials acting in their official capacity. The rule is equally applicable to medical officers and subordinates in the employment of local bodies.

567. When any articles are sent by the police for medico-legal examination, receipt for such articles shall be granted. The receipt shall contain a list of articles or substances received by the medical officer and the name and designation of the official from whom they are received and to whom the receipt is given.

568. Post-mortem examination – Post mortem examinations at district headquarters shall generally be performed by the Civil Surgeon or by the Assistant to the Civil Surgeon wherever such an officer exists, and by the Tutor in forensic Medicine or other Medical Officer deputed for the purpose by the Dean, in respect of post-mortems done at the Medical College, Nagpur.

In case of doubt, the Police may require a Civil Surgeon to undertake the post mortem examination himself even if an Assistant to Civil Surgeon exists. The Assistant to Civil Surgeon shall obtain the advice of the Civil Surgeon during the post-mortem examination, if he is in doubt. At other station (where there is a post-mortem center) the post-mortem

examination will be conducted by the Assistant Surgeon or the Assistant Medical Officer in charge of the Hospital or dispensary.

559. Requisition for post-mortem examination by the police is made on a printed form which gives the headings on which the report is in the ordinary course based (see paragraph 577, page 136). The report given by the police in the requisition form should be carefully studied.

570. Every dead body sent in for examination shall be accompanied by a police constable.

571. Bodies for post-mortem examination shall be guarded by the police till the arrival of the medical officer.

572. Before commencing the examination the medical officer shall ask the police constable whether the body to be examined is the body which he accompanied from the police station and his reply shall form part of the medical officer's declaration.

573. Post-mortem examinations shall be carried out with the least possible delay compatible with careful examination after the arrival of the body at the mortuary.

Note – Medico-legal post-mortem examination should be conducted ordinarily in the natural light. Post-mortem examination will be done in artificial light such as electricity and petromax lamps only when the dead bodies are likely to reach the stage of decomposition and any further delay in carrying out the examination may obscure the findings due to decomposition.

574. In all cases in which there is any reason to suspect that an Indian has met his death at the hands of a British soldier, the post-mortem examination shall be conducted by the Civil Surgeon himself in order to avoid any misapprehension. The police shall give to the Civil Surgeon satisfactory information that the case is one in which his personal conduct of the post-mortem examination is required. If unavoidable delay must occur in securing the attendance of a Civil Surgeon and it appears that such delay is likely to impair seriously the value of the results which might be arrived at by a post-mortem examination, the examination shall be conducted by a medical officer whose services are available, but in all such cases the report of the medical officer should be carefully scrutinized by the Civil Surgeon on the earliest possible occasion and any remarks he may have made should be appended to the report.

575. The attention of medical officers is invited to the extreme importance attaching to post-mortem and other medico-legal examinations and to the necessity of their being as thorough, searching and complete as possible, and to the desirability of a speedy return being made to all requisitions for examination.

576. Instructions for the guidance of officers conducting medico-legal examinations. The following are the instructions for the guidance of officers conducting medico-legal examinations:-

(1) Commencing at the skull and terminating at the feet he should make an outward examination of the vertebral column and the ribs to determine whether any fractures or dislocations exist. He should also examine the hair, teeth, orifices of the body and general

surface, also note the state of pupils, whether contracted or otherwise and whether any substances are grasped in the hand. In all cases where fracture of the skull is detected he should note whether the bone injured was of normal or abnormal thickness and the extent of any abnormality found, as a man with an unusually thick skull might die of a blow which would not seriously harm a person without this peculiarity.

(2) If there be any wound or confusion on the body, he should describe its position, length and breadth. He should note the depth and direction of all wounds, whether there are any cuts on the clothes corresponding to them, and examine the wounds carefully for the presence of foreign bodies, preserving such as are found. He should also state whether, in his opinion, the wound was mortal, giving his reasons for such opinion, and he should be specially careful to examine the neck for marks of compression.

(3) He should state his opinion as to whether the wounds, if any, could have been self-inflicted or whether they might have been the result of accident, giving reasons for his opinion.

(4) He should carefully examine any gun, sword, blood stained instrument, stick or stone, by which the wounds may have been inflicted and mark such instrument so as to be able to recognize it if asked to do so. He should also compare the weapon with the wound alleged to have been caused by it and state whether, in his opinion, it was possible for the wound to have been produced by it.

*(5) He should commence his dissection of the body by revolving the top of the skull in the usual way with a saw and note anything that may appear unusual.

(6) He should then make an incision from the chin down to the pubes, so as to be able to examine the windpipe, heart, lungs, liver, stomach, spleen, kidneys and intestines, also the urinary bladder, and note whether any of those organs appear diseased and whether any wound on the outside of the body communicates with the contents of the chest or abdomen. He should note the condition of any food found in the stomach (digested or undigested). This information may serve to indicate the time of the death.

(7) In making his examination he should disturb as little as possible any organ which may communicate with the external wound if he has reason to think that the body may be re-examined by another medical man.

(8) In the case of females he shall examine the ovaries, uterus and vagina, bearing in mind that abortion is sometimes caused by the introduction into the uterus of pointed instruments which may cause death. He shall note the presence or absence of pregnancy and the probable period to which pregnancy had advanced. He shall examine the external generative organs for marks of violence such marks being sometimes valuable indications of the assault.

(9) In the case of infants, he shall note the condition of the umbilicus and cord, if any of the latter remain. He shall also remove the lungs and do the hydrostatic test and note the result in the report.

(10) In case of suspected poisoning he shall examine every organ of the body.

*It is not imperative that the procedure laid down in these rules should be adopted in every case. Such dissection might entail needless mutilation of the body and annoyance to the relatives of the deceased person. But medical officers who have to perform post-mortem examinations are held responsible that no facts are overlooked at such examinations which might be of use to the police in the investigation of the case or at the trial of the accused person. The examination should be as complete as is necessary in the circumstances of the case. In making such examinations medical officers are expected to use their discretion and will naturally be guided largely by the information supplied to them by the police or by the relatives of the deceased person. It is not sufficient for medical officers are expected to use their discretion and will naturally be guided largely by the information supplied to them by the police or by the relatives of the deceased person. It is not sufficient for a medical officer merely to satisfy himself as to the cause of death, and he should be careful to describe in detail any other injuries, which though trifling in themselves might be of much value to the police in ascertaining the nature of the assault and the means by which the injuries came about. It is always advisable to reflect the scalp from the skull, even when the report supplied by the police furnishes no reason for believing that the head has been injured, because extensive injuries to the bones of the skull have been known to occur with scarcely any external marks on the scalp to indicate the same.

(11) He should bear in mind that death may possibly have been the result of starvation, exposure to cold on heat, smothering, drowning, lightning strangulation, poisoning or disease and state whether death was due to any of these causes giving his reasons.

(12) A medical officer should preserve his original notes which he has made while pertaining a post-mortem examination or examining a medico-legal case, even though he may make a fair copy of them afterwards, as they may be required to be produced before the court at the time of giving evidence.

577. Except in special cases mentioned in next paragraph the report of post-mortem examination will be based on points mentioned in the police requisition form which is as below:-

CENTRAL PROVINCES POLICE

Post-mortem Report

on

Body of		son of / wife of
Caste		village S.H.
Brought by		identified by

I. – External Appearances

[Note – Observe the state of all the organs and when no disease or injury is found write “healthy”]

1. Condition of subject –stout, emaciated, decomposed, etc.

2. Wounds – position, size, character
3. Bruises – Position, size, nature
4. Marks of ligature on neck dissections, etc.

II – Cranium and spinal canal

1. Scalp, skull and vertebrae.
2. Membranes.
3. Brain and spinal cord.

[Note – The spinal canal need not necessarily be examined unless any indicating of disease or injury exist.]

III – Thorax

1. Walls, ribs and cartilages.
2. Pleura.
3. Larynx and trachea.
4. Right lung.
5. Left lung.
6. Pericardium.
7. Heart.
8. Large vessels

IV – Abdomen

1. Walls.
2. Peritoneum.
3. Injuries – how produced
4. Stomach and its contents.
5. Small intestine and its contents.
6. Large intestine and its contents.
7. Liver.
8. Spleen
9. Kidneys.
10. Bladder.
11. Organs of generation external and internal.

V – Muscles and Bones

1. Injury.
 2. Disease or deformity
 3. Fracture.
 4. Dislocation.
- More detailed description of injury or disease.
Remarks regarding articles sent for examination.

Opinion of Assistant Medical Officer/Assistant Surgeon as to cause of death.

Date (Signed)
Assistant Surgeon
Assistant Medical Officer

Remarks by Civil Surgeon
Date (Signed)

Note – The time of arrival of the corpse at the mortuary and the time of post-mortem examination by the medical officer have always to be noted.

578. Points to be noted in making reports on special medico-legal cases. The following are the special cases in which reports on points mentioned under them should be made:-

I – Poisoning

1. Morbid appearance which indicated poisoning.
2. Class and nature of poison indicated
3. Post-mortem appearances observed which are not common in poisoning.
4. List of substances recommended for analysis by the Chemical Examiner.

II – Wounds or injuries

1. Nature of injuries – description.
2. Inflicted before or after death.
3. Injuries – how produced
4. Foreign matter in wound.
5. Any disease present.
6. Cause of death.

III – Strangulation

1. External marks of violence.
2. Rope or articles round the neck.
3. Marks on the neck.
4. Marks before or after death.
5. Marks produced by what article. Could be rope have supported the body.
6. Could the strangulation have been self inflicted?

IV - Drowning

1. External marks of violence.
2. Foreign bodies in the hands.
3. Foreign bodies in the mouth or air passages.
4. Water in the stomach.

V – Rape, etc.

1. Number of days after alleged offence.
2. Age of the prosecutrix.
3. Past puberty or not.
4. Injuries inflicted –
 - a. On the genital organs.
 - b. On the body
5. Hymen ruptured or not.
6. Apparent strength of prosecutrix.
7. Evidence of any venereal disease –
 - a. on the woman.
 - b. On the man
8. Stained articles of clothing of prosecutrix and accused – Examination – macroscopic and otherwise.

VI – Abortion

1. Marks of external violence.
2. Injuries –
 - a. To vagina
 - b. To uterus
3. Evidence of noxious drugs –
 - a. In sexual organs.
 - b. In stomach.
4. State of uterus
5. Size and uterine age of foetus

VII – Infanticide

1. Describe external appearance condition as regards putrefaction, spots ecchymosed or injuries, etc.
2. Size including length of body, and dimensions of head thorax
3. Weight
4. Condition of navel and umbilical cord
5. Age –
 - a. Extra-uterine
 - b. Intra-uterine

(Internal examination)

I – Respiratory Organs

1. Dimensions and shape of thorax
2. Situation of diaphragm.
3. Colour, volume, shape, situation, consistency, density and absolute weight of inngs – Hydrostatic test.

II – Organs of circulation

1. Condition of the heart and its cavities – To be first noted before removal of lungs.
2. Foreman ovale.
3. Ductus arteriosus, its shape and dimensions.
4. Ductus venosus.
5. State of umbilical vessels.

III – Respiratory Organs

1. Liver size and weight.
2. Stomach and intestines. The presence or absence of food, air, meconium, medicines, etc.
3. Bladder and kidneys.

IV – Brain and Spinal cord

The cranium should be examined for fractures and punctures

V – Evidence of alleged mother having been recently delivered.

VI – Approximate date of delivery

579. Points to be noted in the case of death from rupture of the spleen. – (1) Rupture of the spleen usually occurs from violence affecting the spleen when it is already diseased, but it may occur when the structure is quite healthy but the violence is very great, or it can happen without violence if the spleen is in a very diseased state. Rupture has been known to occur either from muscular efforts or straining, coughing or vomiting or even it is stated, spontaneously in intermittent fever, but these cases are very rare. It is therefore of great importance to determine what was the condition of the spleen in all cases in which death has been caused by rupture of this structure.

(2) When the spleen is ruptured by violence the marks of that violence can sometimes be seen on the body, but not in all cases, since rupture of the spleen often produces death so rapidly that no effusion of blood can occur and also sometimes the violence appears only to affect the spleen, and not to injure other parts.

(3) It is therefore quite possible that the spleen should be ruptured by violence and yet no evidence and yet no evidence of the injury be seen on the skin or other parts of the body.

(4) The condition of the spleen, previous to rupture, can generally be determined by its size and consistency after death. A healthy spleen measures about 5 to 5.5 inches long, 3 or 4 wide and 1 or 1.5 thick, and it weighs about 6 ounces varying from 4 to 8. When the spleen is so diseased as to render a rupture from slight violence probable, it will often weigh from 10 to 30, ounces and measure from 7 to 12 inches in length; the healthy spleen does not project beyond the rib, but the diseased spleen does so, often to a considerable distance.

(5) The consistency of the spleen when health is moderately firm, so that it may be cut with ease, leaving a sharp edge and smooth surface when divided, but in disease the diseased spleen may become quite soft and pulpy or even diffluent, so as to fall away like a thick liquid when the capsule is divided. This condition, however, may also occur from putrefaction of the body if kept along after death or if the weather is very warm; and therefore these circumstances should be ascertained.

(6) The enlargement and softening of the spleen from disease is usually a result of previous attacks of intermittent fever or ague; it may also occur in other diseases, especially typhoid fever, scurvy and purpura.

(7) The part of the spleen, which is usually ruptured, is the concave or inner surface, and the extent of the rupture varies greatly; but death usually occurs more rapidly in proportion as the rupture is large and deep. When the rupture is small, the patient may live several days, or may even recover entirely.

(8) If the rupture is extensive, the person is usually incapable of moving from the place where the rupture occurred.

(9) Lastly, in some instances, the spleen is covered with a layer membrane caused by previous attacks of inflammation; this may delay or even prevent death by limiting the rupture or prevent excessive bleeding.

The points, therefore, which it is necessary to note in cases of death from rupture of the spleen are : -

- 1st – What appearances of external violence were perceptible on the body?
- 2nd – What was the size and weight of the spleen after death?
- 3rd – How far did it project beyond the ribs?
- 4th – What was the consistency of the spleen? Hard, firm soft, pulpy or diffluent?
- 5th – How long after death was the body examined and what was the temperature of the air?
- 6th – Was the body much putrefied?
- 7th – What was the position of the rupture?
- 8th – What was the length and depth of the rupture?
- 9th – Is it your opinion that the rupture was caused by external violence or not? State your reasons for your opinion.

10th – Were there any adhesions about the spleen ? If so, were they older than the rupture or not?

580 – *deleted*

581. The post-mortem report shall be handed over to the Police Constable who brought the body immediately the post-mortem is completed. A duplicate copy of the report shall be sent the same day to the Civil Surgeon. Triplicate copy will be retained in the bound and numbered register of post-mortem forms. The Civil Surgeon may if necessary ask for further information from the Assistant Surgeon or Assistant Medical Officer before making his remarks. Copy of such remarks in each case shall be communicated to the Medical Officer who performs the post-mortem examination.

582. Register of post-mortem reports. – Duplicate copies of the above reports duly signed shall be maintained in the form of register.

583. Decomposition no excuse for perfunctory examination. – In cases of exhumed bodies or bodies in a state of decomposition, as complete an examination as the circumstances of the case demand must be made. The distastefulness of the task should not be an excuse for the perfunctory discharge of an important duty.

584. Many causes of death discoverable in spite of decomposition. – The questions to be determined by a post-mortem examination vary in different cases, and the possibility of determining them effectively is not in every case equally dependent on the stage which the process of putrefaction has reached. Thus, any death from drowning, strangulation and various diseases, questions respecting the appearance of flesh tissues and the amount of blood in parts require to be considered and these can only be determined soon after death, and before putrefaction has made much progress. It would however be quite possible to determine the existence or absence of a wound on severe bruises of soft part even if decomposition were fairly advanced. Fractures of bones, pregnancy, presence of foreign bodies, metallic poisoning for some profound organic disease are ascertainable long after death.

585. When post-mortem examinations are obligatory. – In each case the circumstances, so far as they are known, respecting the death and the discovery of the body which are communicated by the police will enable the medical officers to form an opinion as to whether, it would be possible by post-mortem examination to throw any light on the cause of death, and whoever such possibility exists, or whenever nothing is known, it is his duty to make as full an examination as possible.

586. Exhumation of bodies. – Similar considerations should guide a magistrate in determining the propriety or otherwise of exerting the power given him by law of ordering the exhumation of a body. In cases of doubt, the magistrate should, if possible, consult a medical officer before passing such an order.

587. Report after medico-legal examination. – The medical officer having completed his examination of the person, body or article sent, shall record in full the result arrived at, and in case of a post-mortem examination his opinion as to the cause of death. He shall further state whether he recommends anything to be sent to the Chemical Examiner and, if so, what. The report shall be either written on the back of, or attached to, the police letter

forwarding the person or body or examination and shall contain such reference to it as to leave no room for question as to the case to which the remarks apply. The report will be placed with the police file of the case, and may be used by the medical officer to refresh his memory at the time of his giving evidence. In cases in which the medical officer sends anything to the chemical examiner, a copy of his statement or post-mortem report shall be sent with his report to the police.

588. Instructions to be attended to by the medical officer while conducting post-mortem examination at a place where the body lies. – In cases where the medical officer is taken to the place where the body lies he is required to note the following: -

- (1) Place and nature of the soil (if out in the open country) where he found the body, also its position and the state of the clothes, if any presence and stage of rigor mortis or putrefaction.
- (2) In cases of death from violence the position of the body, in reference to surrounding objects such as sharp stones and the like, contact with which, it may be alleged, has produced the injury, also whether any blood stains are visible on such objects or anywhere near the corpse or whether any weapons are lying near it.
- (3) In cases of suspected death from poisoning, whether any appearance as of vomited matters, etc., is present in the neighborhood of the body.
- (4) He will bring to the notice of the police official or magistrate by whom he is taken to the spot any suspected material. It will not be necessary for him to collect material. It will not be necessary for him to collect material to produce, it as an evidence for prosecution.

589. Preservation of Viscera. – In cases or doubt and when a medical officer performing the post-mortem examination cannot come to a definite conclusion as to cause of death the viscera should be preserved.

590. Register of articles or viscera – preserved. A register showing the viscera or other articles preserved, should always be maintained.

591. Transmission of viscera or articles to Chemical Examiner rests ordinarily with the medical officer. The question as to whether any viscera, article, or substance should be sent for chemical analysis and the transmission of the same to the Chemical Examiner will rest ordinarily with the medical officer (usually the Civil Surgeon) who should, however, attend to any requisition made by the magistrate or the police in the matter.

592. Un-identified bodies. – In cases where the identity of a corpse is not immediately and satisfactorily established the medical officer performing the post-mortem examination maybe required by the police to preserve the skin from phalanges. The medical officer when so required shall dissect the skin from the distal phalange of each finger and preserve each separately in a bottle containing spirit and duly in boiled and hand them over to the police on demand.

593. Examination of remains of a body – In cases in which the remains discovered consist mainly of bones, or are so scanty as to require a highly skilled opinion to decide as to the cause of death, the identity of the remains and other similar matters, they should always be sent to the Civil Surgeon for examination.

594. Disposal of bodies after the post-mortem examination – The medical officer after performing the post-mortem examination shall hand over the body for disposal to the police official who brought the corpse.

595. Police to bear charges for disposal of unclaimed bodies brought in for post-mortem examination. – Corpses for post-mortem examination are conveyed to the mortuary under police supervision and the charges for their disposal are paid by the police and recouped on bills from judicial contingencies through the Deputy Commissioner concerned.

[Medl. Admn. P.H. Deptt. Letter No. C-918 – 304 IX d. 7.6.24]

596. Preservation of post-mortem and medico-legal reports. – post-mortem and medico-legal reports shall be preserved for a period of 12 years.

597. Annual returns of post-mortem examinations. – A detailed report showing the places and number of post-mortem examinations performed by the Civil Surgeon and his subordinates shall be submitted by the former along with other annual returns.

598. Post mortem rubber gloves. – A suitable number of Post-mortem rubber gloves should be provided at all hospitals and dispensaries where post-mortem examinations are done.

599. Scale up of viscera boxes and bottles at Post mortem centers. – Each headquarters hospitals should supply with one double box, two single boxes and one dozen bottles in card board cases. At branch dispensaries where post-mortem examinations are conducted, one double box and six viscera bottles should be supplied. One seal is supplied at every post mortem center.

600. Repairs to and indent for instruments. – Indents for new instruments for post-mortem purposes should be placed on Government medical stores where repairs to these instruments is also done.

601. Medico-legal and post-mortem examination reports are confidential documents. – All medico-legal and post-mortem reports shall be treated as confidential documents.

602. Provision of a separate almirah and the custody of its key. – All post mortem centers shall be provided with a separate almirah with a lock and key in which preserved viscera, articles used in connection with medico-legal and post-mortem examinations shall be stored. The key of the almirah shall be kept in the personal custody of an authorized medical officer.

603.The chart issued by the United Provinces Government containing instructions regarding transmission of substances, material to be sent, et, a copy of which is supplied to all post mortem centers should be hang up in mortuaries or other convenient place The instruction contained in the chart should be strictly observed.

604. Instructions for the guidance of medical officers when called upon to give an expert professional opinion by a private party in a Court of Law-(1) If a medical officer in Government employ is approached by a private party with a view to giving expert

evidence in a case in which he has not been professionally engaged, he shall, if it be a matter that is, or is likely to be, an issue in criminal proceedings or if it be a civil suit to which government is a party, refuse to give any opinion and shall confine himself to informing the private party that he will be prepared to give evidence, provided that a summon is sent to him from the court concerned.

[G. I., H. D. No. 182, d.27-5-18.]

(2) If in the circumstances contemplated by sub-paragraph

(1) he receives a summon to attend a court, he shall without delay, intimate the fact to the Inspector-General of Civil Hospitals and at the same time, give a similar intimation to the District Magistrate of the district in which the court is situated.

[G. I., H. D, D. O. No, 70, d. 21-1-21.]

(3) If he gives expert evidence in any criminal case or in any civil suit in which Government is interested and in which he has not been summoned at the instance of the Crown, he shall report the fact to the officer mentioned in clause (2) above and furnish him with a statement of all fees and expenses and all other remuneration which he has received in respect of the matter, including therein all fees paid for a preliminary opinion.

605. Unofficial certificates in medico-legal cases.- All medical officers should, as far as possible, refrain from granting unofficial certificates on or without payment to persons applying for them in civil cases or in assault or other cases that are likely to become the subject of criminal proceedings. In cases where certificates are granted and fees charged, the fee in each case shall not exceed two days' pay without allowances of the medical officer and a copy of the certificate with the fee marked on it shall be sent to Inspector General of Civil Hospitals through proper channel for his information.

606. Summoning of medical officers for evidence in Courts of Low.- When medical officers are about to leave the district either on transfer or on leave, Civil Surgeons should report the fact to the Deputy Commissioner and the latter officer should be requested to have instructions issued that the evidence of any such officer which may be required in pending cases should as far as possible be taken before the officer leaves the district. If the medical officer has already been transferred the magistrate should consider whether the evidence of such officer could be taken on commission. If the magistrate considers it necessary to summon the medical officer, he should himself write on the summons an endorsement that he has decided that personal attendance of the medical officer is desirable, and that a commission should not issue. If the officer to be summoned is a Civil Surgeon, the magistrate should satisfy the District Magistrate. In cases likely to go to the Court of Sessions the issue of a commission by the magistrate is usually undesirable by reason of the provisions of section 507 (2) Code of Criminal Procedure, and section 33, Indian Evidence Act.

[I.G.C.H.'s No.605,d. 1-2-05,para.10 of judl. Commr.'s Criminal Circular No. 1-12 and letter No. 5504-2-4-11-23, d. 1-8-23, from the Registrar, judl. Commr.'s Court Sectt. Mewl. Admn. and public Health Dept. No. 719-692-IX, d. 1-2-36.]

607. Transmission of substances to the Chemical Examiner,-The following rules regarding the transmission of substances to the Chemical Examiner and Government Analyst, United Provinces and Central Provinces, should be carefully observed by all District Magistrates, Civil Surgeons and District Superintendents of Police:-

(1) Magistrates, of District Superintendents of Police, for warding articles are responsible for giving the Chemical Examiner all information bearing on the case, while medical officers will be held responsible that the proper materials are sent and that they

are properly packed and dispatched. The Chemical Examiner has been instructed in cases of human poisoning to retain the viscera in order to provide for a quantitative analysis, should one be required. District Magistrates should inform him, as soon as possible, in any instance in which it is found that such a quantitative analysis is necessary.

(2) Deputy Commissioners, District Superintendents of Police, and Civil Surgeons should indent on the Superintendent, Central Jail, Nagpur, for copies of the forms required for use by them.

(3) The Imperial Serologist, Calcutta has also been appointed Chemical Examiner to the Central Provinces Government. All blood stain cases requiring a reference to the Chemical Examiner should be sent to the Imperial Serologist, through the Chemical Examiner, United Provinces, who should be instructed to send to the Imperial Serologist without testing, any articles on which the stains are so exceptionally small that they would be likely to be used up completely by his spectroscopic tests. No. articles other than those suspected to be stained with blood should be sent to him for examination. The instructions laid down in this chapter for transmission of substances to the Chemical Examiner, Agra; will apply mutates mutandis to articles to be sent to the Imperial Serologist, Calcutta The instructions contained in paragraph 610 of this chapter for the packing and dispatch of articles sent for examination to the Imperial Serologist, Calcutta, should be very carefully observed.

North- As the Imperial Serologist has his hands full, it should always be borne in mind that only cases in which his opinion really material and an opinion cannot be otherwise had, should be sent to him.

[Book Cir. Of the-Govt

. of C. p & Berar, part v, Seri No. 3, page 339, Cir. Letter No. 14055, d, 24 No. 966-VI-19-2,d. 19-7-10]

RULES FOR TRANSMISSION OF SUBSTANCES FOR ANALYSIS TO THE CHEMICAL EXAMINER AND GOVERNMENT ANALYST, UNITED PROVINCES

608. Rules for Magistrates and District Superintendents Police.-

- (1) Substances ought not to be sent to the Chemical Examiner for analysis when there is neither a reasonable suspicion that poison has been used nor anything the post-mortem examination of the bodies leading to such a supposition. References to the officer should be limited to cases of necessity and cases in which the local medical officer cannot afford the information required.
- (2) The responsibility for making a reference to the Chemical Examiner and of requiring that officer to make a report which shall be admissible under section 510 of the Criminal Procedure Code I one which lies within the province of the magistrate or police office conducting the enquiry or investigation for the purposes of which information on the character of the suspected substance is required In the case of police officers the reference should be made with the express orders in writing of the District Superintendent of police In view of the possibility of some poisons evaporating or becoming incapable of detection owing to decomposition, the reference should be made if one is necessary, to the Chemical Examiner as quickly as possible Such references should not be made under any circumstances by Civil Surgeons.
- (3) When in the course of any proceeding under the Criminal Procedure Code a reference to the Chemical Examiner appears to be necessary, the magistrate or the District Superintendent or police as the case may be, shall call upon that officer, at

once for a report in Form No. 1, and shall request the Civil Surgeon or officer in civil medical charge by on Form No. 1 to forward to the Chemical Examiner the substances of which analysis is required. The Chemical Examiner will forward his report to the magistrate or the District Superintendent of police in Form No. 5. He will also forward a duplicate of the report to the Civil Surgeon or officer in medical charge. In every case full details shall the reference is made, so that no question as to the identity of the article can be raised. If the Civil Surgeon can give a decided opinion regarding stained supposed to be those of blood, it is ordinarily unnecessary to refer to the Chemical Examiner, but the magistrate or the District Superintendent of police may do so if he considers this course advisable. All poisons used as exhibits, when no longer required, should be returned through the Civil Surgeon to the Chemical Examiner for disposal.

- (4) The Chemical Examiner should be permission, for his Information and guidance, with every detail obstacle from both the medical officer and from deponents which will throw light can the case or afford him a blue. This information should be given in the annexure to Form No. 1 If a medical officer has seen the case, he should add any information he can give at the foot of this report. If further information is received in time to be useful, a supplementary report should be forwarded. It is analyzed with as little delay as possible. When a reasonable suspicion exists that poison has been used in the commission of an offence, the substance supposed to contain the poison should be at once sent to the Chemical Examiner, even though the person who committed the offence may not have been arrested at the time.
- (5) In cases of analysis of portions of a dead body, besides a copy of the post-mortem report in the handwriting of a medical officer or medically trained subordinate, the Chemical Examiner should be furnished with replies to the queries printed on the annexure to Form No. 1.
- (6) Cases have occurred in which the usefulness of the analysis made by the Chemical Examiner has been impaired by omission to furnish him with sufficient details as to the facts of the cases. Magistrates should not, therefore, be content to send a mere précis of the facts as disclosed by the police investigation or by the medical examination, but should satisfy themselves that all ascertained facts which may be useful to the Chemical Examiner are embodied in the report. If additional facts are discovered in time to be useful a supplementary report should be forwarded. Magistrates should invariably consult the Civil Surgeon, even if the latter has not himself seen the case, as to the symptoms and other pathological facts which it is necessary to embody in the report, and whether it is necessary to ask the Chemical Examiner for a quantitative analysis. If the case has been seen by a medical officer, the latter should add a report, stating his opinion as to what poison has been used.
- (7) Magistrates should not address to the Chemical Examiner question of a medico legal nature. The Chemical Examiner's duty is only to ascertain and report facts, and not to draw inferences. If a magistrate wishes for expert assistance in the interpretation of the facts reported by the Chemical Examiner he should call the Civil Surgeon as a witness.

[Book Cir. Of the Govt. of C. P. & Berar, Part V, Serial No. 3, page 340.]

RULES FOR CIVIL SURGEONS

A—General

- (1) Articles sent for examination should be sent by registered post as a rule, if under 10 seers in weight, and if above this weight, they should be sent by rail (passenger train freight prepaid). In the latter case the railway receipt should be enclosed in the letter advising the dispatch of the parcels.
- (2) In all cases a letter advising the dispatch of I must be sent to the Chemical Examiner Chemical Form No. 2 should be used for the letter and it should be sent by post and not enclosed in the parcel. The number and this forwarding letter must always be written on the outside parcel, preferably on the label.
- (3) Great care should be used in packing substance the Chemical Examiner to avoid any risk of the parcel an accident would render the sender liable to prosecution section 61 of the Post Office Act, 1898 (VI of 1898). The Chemical Examiner is directed to report the name of any office fails to comply with these instructions.
- (4) The duty of preparing and dispatching the all be sent for analysis devolves on the Civil Surgeon of civil medical charge. In all cases the parcel should be packed and sealed in the presence of the Civil Surgeon or some responsible medical officer. The cost of preparation, post postage or railway freight should be charged to the Civil contingent bill. Dispatching officers will be held responsible that the subjoined instructions are carefully followed.
- (5) If, in the opinion of the Civil Surgeon, the rest post-mortem examination are such as to give reasonable grounds for suspecting poison to have been used, he should communicate with the District Magistrate or the District Superintendent of Police, with a view to obtain authorization to portions of the viscera to the Chemical Examiner. He should similarly take the District Magistrate's or the District Superintendent's even if it is not supported by the results of the post examination. Such portions of the viscera should be immediately taken if his authorization has been obtained.
- (6) A declaration of the nature of the contents of to the post office or railway authorities is unnecessary not to be made.
- (7) Remains of viscera sent for examination are to be retained by the Chemical Examiner for a period of six months after
- (8) Articles belonging to separate cases must not be packed in the same box or parcel.
- (9) These rules apply equally whether the articles be sent by post or by rail.
- (10) Special bottles for holding viscera, and boxes for these bottles, are supplied by the Chemical Examiner. Numbers are etched into the glass both of the bottle and stopper. The boxes are also marked with serial numbers.
- (11) On receipt by the Chemical Examiner of a box from the Civil Surgeon the viscera bottle or bottles will be at once taken out and replaced by an empty bottle or bottles. The box will then be returned to the Civil Surgeon by passenger train.
- (12) All bottles will be issued from the chemical Examiner's office. They should be cleaned, without spirit. Motor grease will be placed on the stoppers to prevent their sticking. In case the bottles are used and cleaned in the Civil Surgeon office, care should be taken to treat the stoppers similarly with Vaseline or any other suitable grease.
- (13) The top of the box, which has a pent-roof shape, is not meant to be opened. The box is furnished with a door at the side, through which the bottle or bottles can be taken out and replaced. The box is lined with cushions which press against the bottle firmly on all sides, so that no further packing material is necessary.
- (14) The door of the box has a lock the key of which will remain permanently in the possession of the Civil Surgeon. A duplicate key is kept in the Chemical Examiner's office. The key should therefore not be sent with the letter advising the dispatch of the parcel.

(15) A serial number is marked on each box and also on its key. This number should be quoted in the letter advising the dispatch of the parcel.

NOTE-As additional precautions against tampering with viscera boxes the following instructions should be observed:-

- i) In the event of the key of a viscera box being stolen or lost, the box should not be brought into use until its lock and number have been changed. For this purpose it should be returned, cloth covered and sealed, to the Chemical Examiner.
- ii) The printed form of address label should always be used in sending viscera boxes to the Chemical Examiner.
- iii) After the label has been stuck on to the door of the box a line should be drawn in red ink by hand round the label about half an inch from its edge. Should any one attempt to remove the label by wetting it, the ink of this line will run, thus providing an additional security at all events in dry weather.

(16) After locking the door of the box a piece of tape is to be passed across the keyhole and sealed in position. Depressions in the wood near the keyhole are provided for the seal impressions. The special medico-legal seal should be used. As this seal is of a large size it is apt to stick to the wax. To avoid this, and to ensure a clear impression being obtained the seal before use should be dusted over with powdered French chalk (salem kharia).

(17) The address included medical Examiner Form No. 7 should be pasted (not gammoned) to the door of the box in such a position as to cover the On this label the number and date of the letter advising dispatch should always be inserted to prevent mistakes in identify.

(18) A label (Chemical Examiner form No. 6) will be pasted on to each bottle before issue from the Chemical Examiners office. When the bottle is brought into use this label must be filled up (giving especially the name of the deceased, etc.) by the Civil Surgeon or other responsible medical officer. The number that is etched into the glass of the bottle should be copied on to the label

(19) The stopper should be securely tied in position by tape or string, or a piece of leather or bladder should be stretched over it and tied securely in position.

(20) Chemical Examiner Form No. 6 is a label that is intended to be attached to each bottle or other article sent to the Chemical Examiner. It should not be attached to the outside of any box or parcel neither should it be sent in an envelope.

(21) If orders are received by the Civil Surgeon to destroy viscera that have been placed in a bottle, a further supply of spirit must be obtained locally when the bottle again comes into use. The cost of this spirit will be met from the Civil Surgeon contingent bill. In such cases a sample of the spirit used must be sent to the Chemical Examiner in a small bottle properly sealed and labeled. Should the spirit contain any sediment care should be taken that some of this is sent in the sample bottle of spirit.

(22) The quantity of the spirit used should be equal to the of the viscera in bulk. The viscera and spirit together should not fill the bottle, but only reach to two-thirds of its height, in order to diminish the risk of the bottle bursting in case any gas is given off.

(23) Spirit that has been denaturalized by the addition of caoutchoucine should not be used for preserving viscera..

(24) The pieces of viscera sent should be slashed or cut into small pieces to ensure penetration of the spirit. The stomach should be cut open with a similar object.

(25) In cases of suspected alcohol or phosphorus poisoning spirit must not be used as a preservative. The salt should be dissolved in water preferably with the aid of the hand. A note to the effect that salt solution has been employed should be made in the letter to the Chemical Examiner advising dispatch of the parcel. In such cases great care must be taken that the bottle employed does not contain any trace of spirit. It should be washed by repeatedly filling with water and emptying.

(26) Before dispatch each bottle is to be put into the cardboard case in which it was received from the Chemical Examiner. It should be noted that the number stenciled on the card-board case is the same as that of the bottle.

(27) The piece of tape attached to the sides of the cardboard case should be brought together on the top of the cover of the card-board case and sealed in position using the special medico-legal seal. No knot should be made in the tape.

(28) A piece of wide newar tape is attached by one end to the inside of the box near the hinge of the door. When putting the card-board case into box care should be taken that the free end of the newar tape encircles the case. By pulling the extremity of this tape the card-board case can easily be taken out of the box.

(29) The serial numbers of the viscera bottle used (which are etched into the glass of the bottle and the stopper) should always be quoted in the letter advising the dispatch of the parcel.

(30) The special medico-legal seal that is issued to each Civil Surgeon and the keys of the boxes should be kept in a locked cupboard in the post-mortem room, and should never be allowed to come into the hands of unauthorized persons.

C-Material to be sent

(31) In human poisoning cases two bottles will be used, except in case of infants, when one bottle will be sufficient. In the former alternative the stomach and contents are to be placed in one bottle. The other bottle will contain pieces of the liver, spleen, kidney and of the upper part of the small intestine. The quantity of viscera sent should be sufficient, when an equal amount of spirit has been added, to fill the bottle up to two-thirds of its height.

Note-Any suspicious substances found in the stomach should be sent in a separate phial.

(32) Faecal matter should not, as a rule, be sent for examination, unless poisoning by arsenic be suspected.

(33) In cases of suspected hydrocyanic acid or carbon monoxide poisoning, blood and lungs tissues (without preservative) should also be sent for examination as soon as possible in standard pattern bottles.

(34) Urine, both ante and post-mortem should be preserved and sent for analysis wherever possible. Valuable clues (e.g., in the case of barbiturates) may sometimes be obtained as to the nature of poison by the examination of urine.

(35) Vomit, if received in a moist condition, may be diluted with spirit and sent in a viscera bottle. If received in a dry state, it may be sent in the original package, after labeling, sealing and enclosing in a suitable box.

Note-Attention is drawn to the fact that permanganate of potash or Condy's fluid are unsuitable for preservation of viscera or vomit or other substances sent to the chemical Examiner owing to their power of destroying organic poisons. Vomit received mixed with earth and in a dry condition may be forwarded without addition of a preservative. Vomit received in a moist condition be mixed with three times its volume of rectified spirit or with half its volume of common salt before dispatch. Vomit received mixed with ashes should be wetted with a mixture of rectified spirit and acid one part to the fact that present in the ashes tends to destroy any that may be present.

(36) Stomach washes.-In all cases where potassium permanganate treatment is considered necessary, the stomach should be washed out first with plain water and these washings kept for chemical analysis. The permanganate treatment should then be immediately carried out. Stomach tubes in hospitals are carefully washed with water before use. Traes of mercury found along with another poison in stomach contents might produce such complications. as would handicap the successful prosecution of a case.

(37) In abortion cases besides the specimens of viscera ordinarily sent, uterus with its appendage and upper part of vagina should always be sent along with any foreign bodies found in the genital tract in a separate bottle.

(38) In ordinary cases of cattle poisoning one viscera bottle is sufficient. This should contain pieces of the stomach, liver, spleen, and intestine. In cases of suspected "sui" poisoning, or in cases in which death is supposed to have been caused by introduction of foreign bodies into the rectum, the injured parts only need be sent, together with any foreign bodies found. Such foreign bodies should be dried when practicable and sent without any preservative, as the poisons used in these cases are likely to be harmed by the action of alcohol.

D-Blood and seminal stains.

(39) Articles of clothing, etc., having suspected blood or seminal stains should be thoroughly dried before being sent to the Civil Surgeon for transmission to the Chemical Examiner. Exposure to the open air for a couple of hours will be sufficient in dry weather. Drying before a fire may be necessary in the rains, but, when so doing great care should be taken that the articles of clothing are not scorched. Unless the clothing is thoroughly dried, putrefaction is likely to set in and render recognition of the source of the stains either difficult or impossible. Civil Surgeons should open all parcels of clothing's before dispatch to see whether the above precaution has been taken. further drying may then be carried out, if necessary, but it must be borne in mind that this precaution is useful before rather than after putrefaction has occurred.

(40) In the case of rape or unnatural offences, swabs are more reliable exhibits to send than slides. If examination for gonococci be also required, two films on slides (prepared from the materials for examination) for testing for gonococci only should also be sent. The films should be forwarded unstained.

(41) Nail clippings are poor exhibits to send for detection of blood in murder cases. No. court of law could be expected to attach much weight to the finding of human blood on the nails of the accused.

(42) Articles of clothing, etc., having suspected blood or seminal stains should be sent in one installment and under one covering letter. This will reduce the cost of examination.

(43) In both blood and seminal stain cases Chemical Examiner's from No. 6 should be used as a label and attached to each article sent. In both classes of stains the whole of each garment, not cutout pieces, should be dispatched. In the case of blood stains on mud

floors, earth, etc., the piece containing the suspected stain should be cut out and wrapped in cotton wool, before packing in a box for transmission to the Chemical Examiner. (Special attention should be paid to this point, as a small bloodstain, which of itself may be quite easy to recognize, is no longer recognizable if shaken up with a quantity of loose earth.)

(44) Clothing and other articles having suspected stains may either be packed in a box with suitable packing material, or they may be sewn up in a cloth parcel. In either case the package must be sealed with the medico-legal seal.

(45) Clothes and other articles sent in bloodstain cases are to be returned to the District Magistrate or the District Superintendent of police after examination by the Chemical Examiner. Each article of clothing before return is to be marked by the Chemical Examiner with a special stamp showing the date of examination.

NOTE-The Van Deen test should not be applied to suspected blood stains which it is intended to submit to the Imperial Serologist. Many stains besides those of blood give the "positive" reaction when treated with guaiacum and turpentine and, apart from its uselessness, this test renders it more difficult for the Imperial Serologist to determine the origin of and blood stains that may be present.

E- Miscellaneous.

(46) Weapons, food and other miscellaneous objects should be packed in boxes, over which a covering of gara cloth is to be sewn. Yellow wax cloth is liable to contain traces of arsenic, and therefore should not be used in packing substances sent in poisoning cases. Seal impressions are to be made along the seams of the cloth covering at distances not exceeding three inches. In cases in which any other than the prescribed medico-legal seal is used a pattern of the impression of the seal should be sent to the Chemical Examiner. This pattern impression should be made in ink rather than in wax. The device on the seal must in no case be that of the current coin, or merely a series of straight, curved or crossed lines.

Food material in poison cases if moist or liable to decomposition, should be sent preserved in alcohol.

(47) For packing glass bottles the best material is thin wood shavings, known commercially as "Wood Wool". Dry grass or straw may also be used. Cotton wool, though suitable for light article, is quite unsuitable for packing heavy fragile bottles, etc. The packing material should be tightly pressed in, especially at the sides, so that there is no chance of the bottle coming in contact with any part of the inside of the box.

(48) All officers requiring substances to be analyzed, in which the quantities of constituents have to be determined, such as potable time, and therefore no needless analysis should be demanded. In such cases a certificate should be obtained from the Magistrate of the district that the analysis is absolutely necessary. Without the certificate the Government Analysis is empowered to decline undertaking quantitative analysis.

(49) The cost for the examination of specimens in criminal cases conducted by the Chemical Examiner. United Provinces, Agra, will be in proportion to the work done by him for this province every year without fixing any rates or amounts. This cost will be realized by the United Provinces Government by means of debits raised by the Accountant-General annually.

- (50) Analysis desired by the military will be performed under sanction of the Principal Medical officer of his Majesty's Force in India. In urgent cases the analysis should be carried out forthwith and sanction obtained later.
- (51) In the event of a viscera bottle being cracked or broken, it should be completely destroyed in the presence of the Civil Surgeon. A Certificate that this has been done should be sent to the Chemical Examiner, who thereupon will issue another bottle in replacement.
- (52) Post-mortem report and history of symptoms in poison cases and complete medico-legal history and injury reports in stain cases should invariably be sent to the Chemical Examiner if possible along with the requisition for chemical examination.

RULES FOR DESPATCH OF ARTICLES TO THE IMPERIAL SEROLOGIST, CALCUTTA

610. (1) The letter of advice should be sent by post-registered and should invariably convey information on the following points:-

- (a) Complete list of articles in English.
 - (b) Whether any of these is suspected to be stained with semen.
 - (c) Whether any of these is suspected to be stained with blood other than human and, if so, what animal is suspected to be involved.
 - (d) Full description, or facsimile of the seal impressions affixed to the parcel in which the articles have been sent. This seal impression must on no account be one of a coin, small weight, wafer or spatula, etc.
 - (e) Complete translation of the Police report, if it be in the vernacular.
 - (f) Section of the Indian Penal Code under which the case has been registered.
 - (g) Full account of the medico-legal aspects of the case.
- (2) Articles sent for examination should be treated thus:-
- (i) Large and heavy articles such as doors, cart-yokes, etc., should so far as possible have only their stained portions cut out and sent.
 - (ii) Articles of wearing apparel should be sent entire. In no case should any such article be used as cover for the parcel. All stains on apparel should be covered with paper, which should be stitched (not pinned) to the fabric. Care must be taken that the stitching of the covers of a parcel containing articles of wearing apparel does not penetrate these articles.
 - (iii) Stains on a hard surface, such as the blade of a knife, a sheet of tin, a piece of wood should be covered with a pledget of cotton wool, which in its turn should be covered with paper whose margin should be pasted on to the article well clear of the cotton wool.
 - (iv) When flesh or skin is sent for examination it must not be sent in alcohol, but should be sent in a fairly strong solution of common salt.
 - (v) Earth or plaster should be dispatched carefully packed in cotton wool in a wooden or tin receptacle. If possible, the earth or plaster should be sent in one piece.
 - (vi) Cutting weapons should have their edges well covered with hemp or jute packing. Any article that is damp at the time of dispatch should be carefully covered with wax-cloth and sent separately.
 - (vii) The parcel containing the articles, and the railway receipt therefore, must be sent by post registered. The postage charges or railway freight for each parcel must be paid by the dispatching officer. On the parcel must be noted the number and date of its letter of advice.

611. Forms Nos. 2,6 and 7 with annexures which are required by Civil Surgeons in transmitting viscera or other articles to the Chemical Examiner, Agra, are given below:-

FORM NO.2

FROM

The Civil Surgeon of

To

The Chemical Examiner,
United Provinces, Agra.

Dated

*Details of case under investigation.

Case No.

King Experor Versus

Caste , son of , of

Mauza , police station ,

Charged under section , Indian Penal Code.

SIR,

At the request of Magistrate of this district/ district Superintendent of Police, I have the honour to forward to you by the following articles:-

(1) Portions of viscera of , caste ,
son of , of mauza .

(2) Portions of viscera of , belonging to ,
of mauza .

The bottles containing the above are numbered and the above bottles are enclosed in standard pattern boxes numbered.

(3) Articles other than viscera as detailed in table. A on reverse, packed in a cloth covered sealed box.

The above articles were packed and sealed in my presence, the prescribed medico-legal seal being used.

The railway receipt is herewith enclosed. It is suspected that

I have, etc.,
Civil Surgeon.

NOTE- Paragraph (1) should be used for human viscera: and paragraph (2) for animal viscera. The name of the owner of the danimal and the name of the village where he resides should be entered in paragraph (3).

*The portion should be filled in where no case has been brought before a Magistrate.

Annexure A (to Form No. 2)

List of articles other than viscera referred to in No. (3).

- (1) Police station
- (2) Thana crime No.
- (3) Name of owner, or of the person from whose possession they were taken, or place where they were found
- (4) Name of constable by whose hand articles were sent to the Civil Surgeon
- (5) Mode of preservation (whether preserved in spirit or salt solution).

Serial No. of articles.

Description of articles.

Remarks.

[Book Cir. Of the Govt. of C.P. and Berar, part V, Serial No. 3, page 351.]

FORM NO.6

Article for analysis.

* Details of case under investigation.

Case No.

King Emperor versus

Caste , son of , of
Mauza , police station ,
Charged under section , Indian Penal Code.

Number and date of letter advising dispatch to Chemical Examiner.

(Serial No. of bottle to which this label is attached).

(Contents in full detail, with name of deceased or name of owner or possessor of the article, in roman characters)

Date of Packing

Civil Surgeon of

[Book Cir. Of the Govt. of C.P. and Berar, part V, Serial No. 3, page 353.]

* This portion should be filled in where no case has been brought before a magistrate.

FORM NO.7

(Lable)

Letter No. , dated the
Box No. Per passenger train, freight prepaid.

Glass with care

FROM

The Civil Surgeon of

To

The Chemical Examiner,
United Provinces, Agra.

[Book Cir. Of the Govt. of C.P. and Berar, part V, Serial No. 3, page 357.]

612. The following is the memorandum of symptoms produced by the more common poisons:-

Poisons	Indian Name	Usual Symptoms
Arsenic	Sammulfar Sunkhia Hartal and Mansil	Vomiting; burning pain in the stomach; great thirst; sometimes cold skin; cramps in the limbs and sleepiness.
Opium	Aflun and afim	Sleepiness; pupils small; complete insensibility; skin sweating; vomiting; seldom occurs.
Aconite	Bish	Numbness and tingling in the mouth and throat, afterwards in the limbs; frothing at the mouth; sloopiness; occasionally convulsions or delirium or paralysis.
Dhatura	Dhatura	Sleepiness; pupils enlarged; delirium; insensibility;

Nux Vomica	Kuchila	vomiting rare. Twitching in the limbs followed by violent spasms and often lockjaw. The spasm ceases for a time and then again returns, often without evident causes; it usually affects the whole body. Shortest time before symptoms, 15 minutes. Shortest time before death, one hour.
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NOTE- Any one of the above symptoms may be absent through, the poison by which they are caused has been administered.

Effects of common poisons

Poison	Ordinary interval between taking the poison and the appearance of symptom	Ordinary time before death
Arsenic	Half to one hour	6 to 12 hours.
Opium	Half to one hour	6 to 12 hours.
Aconite	Fifteen minutes	1 to 8 hours.
Dhatura	Five to ten minutes	6 to 12 hours.
Nux Vomica	Fifteen minutes to one hour	6 to 12 hours.

CHAPTER XXXIX – MEMORANDUM FOR THE GUIDANCE OF PERONS REQUIRING ANTI-RABIC TREATMENT

613. Anti-rabic treatment is available at the Mayo Hospital Nagpur, the Victoria Hospital, Jabalpur, the Silver Jubilee Hospital, Raipur, the Irwin Hospital, Amraoti, and the Main Hospital at Akola, Saugor, Hoshangabad, Chanda, Wardha, Chhindwara Khandwa and Bilaspur and the Christian Mission Hospital, Mungeli and Main Hospital Harda. The treatment provided is similar to that given at the Pasteur Institutes at Kasauli, Coonoor, Shillong and Bombay.

614. Patients when bitten by any animal unless it has disappeared or been killed (in which case, if rabies be suspected, they should proceed to the nearest center for treatment immediately) are advised to consider the following points before deciding to undergo a course of anti-rabic treatment:-

- (i) a rabid animal may be furious or it may be paralysed;
- (ii) an animal may be rabid without being afraid of water;
- (iii) an animal is never infective more than ten days before it becomes rabid;
- (iv) treatment is only necessary in the case of bites which have broken the skin, or when the saliva has come in contact with a fresh abrasion;
- (v) the risk of infection becomes very small two months after the person has been bitten;
- (vi) never kill the animal until certain that it is rabid, but see that it is impossible for it to bite anyone else, if it lives for ten days after biting any one, treatment is not necessary;
- (vii) if the animal is suspected to be rabid, do not wait until the brain has been examined, as a negative result of the examination is inconclusive;
- (viii) if after reading the above, there is still doubt, a long telegram to the Mayo Hospital, Nagpur, or the Victoria Hospital, Jubulpore, the Silver Jubilee Hospital, Raipur, or the Irwin Hospital at Amraoti, or to the Main Hospitals at Chanda, Wardha, Chhindwara, Khandwa, Akola, Hoshangabad, Saugor. Bilaspur or the Christian Mission Hospital, Mungeli will not cause much delay and may save much expense.

615. In the case of Indian patients an accompanying letter, should always be sent by the dispatching officer, if any, containing the following information (in addition to that referred to in rule in paragraph 636): -

- (a) All details regarding the manner in which they were bitten.
- (b) The fare of the attacking animal.
- (c) The total number of persons or animals bitten by same animal.

616. The course of treatment ordinarily lasts 14 days. Patients are not laid up, but can go about as usual having regard to rules of life recommended, provided the condition of the wounds inflicted by the rabid animal permits.

617. No patients are housed at these hospitals unless, in the opinion of the medical officer in charge, they are in such a state of health on account of wounds or other causes as to

need treatment in hospital. Every endeavour will be made to direct patients to suitable hostel, boarding houses or dharamshalas.

618. Persons with an income below 400 and in respect of Aborigines, with an income below Rs. 800 per annum will be considered as indigent persons and will receive free treatment. Local bodies of the area concerned will pay Rs. 10 to Government for each such patient treated at the provincialized hospital or to the hospital fund concerned in other cases. All local bodies which pay this fee will be entitled to free treatment for their servants and their servants' families. The Bastar, Kanker, Surguja, Udaipur, Jashpur, Raigarh, Sarangarh, Makrai, Sakti, Kawardha, Khairagarh, Korea, Nandgaon, Chhuikhandan, Changbhakar, Rewa, Bhopal, Dewas, S.B., Rajgarh, Khilehipur, Pathari, Kurwai, Mohammagarh, Bijawar, Kothi, Baraundha and Maihar states will pay the full cost of the treatment which is subject to variation but is at present Rs. 25 for anti-rabic treatment of their subjects irrespective of the annual income of the patients leaving it to the states to make recoveries from the state patients such fees as they consider fit. Other persons, excluding Government servants and dispensary fund servant and their families, with an annual income of Rs. 400 but not more than Rs. 1,000 will pay fee of Rs. 10 plus ordinary hospital rates, i.e., one anna per day and those with an annual income of Rs. 1,000 or over will pay a fee of Rs. 25 each, which includes the cost of the vaccine and of a part of the time of the staff. These fees and other charges such as railway fare, dieting expenses on journey, etc., advanced by government will be credited to Government. Local bodies must credit into the treasury the amounts of bills in connection with the treatment of anti-rabic patients within one month from the date of receipt of the bill and forward the duplicate chalan to the Civil Surgeon of the treatment center, who on receipt of the same will issue a formal receipt to the local body. The latter will produce the receipt before the auditor in token of payment of money into the treasury and the former will produce the duplicate chalan in support of the credit. This procedure should be adopted in the case of provincialized hospitals. In regard to the other institutions the fee for anti-rabic treatment and dieting and other charges if any incurred at the hospital, should be remitted by money order direct to the Civil Surgeons concerned. Government servants and dispensary fund servants and their families recorded kotwars of the Central Provinces and village mahars and jagliars of Berar and prisoners in jail will receive free treatment. Students of the Robertson Medical School, Nagpur and the Medical College Nagpur, will get free anti-rabic treatment at the Mayo Hospital, Nagpur. A Government servant on foreign service or on service under a local body is a Government servant for the purpose of this paragraph.

The employees of the Bengal-Nagpur Railway will get free anti-rabic treatment at the Mayo Hospital, Nagpur, in view of the special annual contribution of Rs. 500 made by the railway to the hospital.

Recorded kotwars, in the Central Provinces and working village mahars and jagliars in Berar shall be deemed to be inferior Government servants drawing pay not exceeding Rs. 25 per mensem for the purpose of the grant of traveling expenses and maintenance allowance which will be borne by Government while undergoing anti-rabic treatment.

Note. – (1) family means a Government servant's wife, legitimate children (including adopted children), step-children parents, sisters and minor brothers residing with and wholly dependent upon him. In the case of a female Government servant the term "family" includes her husband if the latter is wholly dependent on her.

[Medl. Admn. And Public Health Dept. memo. No. 2561-461-33, d. 20-5-35]

Note.- (2) No charge up to four injections of anti-rabic treatment shall be made. Full charge shall be recovered from patients receiving more than four injections.

[Medl. Dept. endst. No. 8855-2511-XIV, d. 20-12-39.]

618-A. In order to avoid unnecessary trouble over the recovery of diet charges, Civil Surgeons are delegated with the power to write off, in suitable cases, such, as when the whereabouts of the party are not known, amounts up to a limit of Rs. 5 in each case. The Civil Surgeon after writing off the amount should intimate to the Accountant-General, Central Provinces and Berar, the amounts so written off so that necessary adjustment may be effected in his office by credit to the head "Objection Book Advances" and debit to "57 – Miscellaneous".

In cases of undue delay on the part of the local bodies in crediting sums due from them on this account, the Accountant-General, Central Provinces and Berar, is empowered to deduct the sums due from the balance at their credit in the treasuries.

619. Recovery of fees. – Deputy Commissioners have discretion either to recover the debt like any other debt, i.e. by civil suit if necessary, or to ask that it be written off with the sanction of the Director of Health Services if the circumstances of the case are such that the debtor cannot be expected to pay.

[Medl. Admn. And Public Health Dept. letter No. 1089-108-IX, d. 1-3-28.]

620. Patients who are sent by or at the expense of private employers, friends or other private persons or other associations should be supplied by them with the cost of their return journey and also with sufficient money to pay for their food during the course of treatment.

621. The total cost (including railway fare) of sending indigent persons to a treatment center is recognized as a proper charge on municipal and district council respectively, according as such persons are bitten within municipal or district council limits. This however, is a matter for subsequent consideration, and arrangements must be made to see that no question of money is allowed to delay the prompt dispatch to the treatment center of persons bitten. If necessary, the money required can be advanced from the treasury and subsequently recovered from the source to which the expenditure is finally decided to be debitable.

622. After the dispatch of the person bitten subsequent enquiry will enable the Deputy Commissioner to decide whether the charge on account of the journey and maintenance at the place of treatment center should be borne by the person concerned or by his relatives or whether it should be raised by subscription or debited to municipal or district council funds.

All charges in connection with the anti-rabic treatment of forest villagers will be borne by the Forest Department.

[Forest Dept. Memo. No. 453-392-XV, d. 1-8-3.]

Note.- When patients come for anti-rabic treatment without any intimation form, the following agreement should be obtained from them or guardians of the patients or friends of the patients by the medical officer who gives the treatment on the form given below:-

FORM OF AGREEMENT

This Agreement is made this..... day of195 between son of resident of tahsil.....district(hereinafter called the "patient" / "Guardian of patient" (Named below) / Friend of patient" (named below) which expression shall, unless inconsistent with the context include his heirs, excutors, administrators, representatives and assigns) of the one part and the Governor of Madhya Pradesh acting through the(hereinafter called the "Governor" which expression shall, unless inconsistent with the context, include his successors in Office) of the other part: _

(Name of patient)..... son of the
Age casteof the
Station house tahsil..... district..... in an in-patient;

WHEREAS upon the request of the patient/guardian of patient / friend of patient the of has agreed to give necessary treatment to the patient at the hereinafter referred to as the said Hospital/Dispensary for..... on the terms and conditions hereinafter appearing;

NOW, THEREFORE, this agreement witnesses and it is hereby agreed as follows:-

(1) The patient/guardian of patient / friend of patient hereby agrees to pay on demand the charges of his treatment in the said Hospital / Dispensary in accordance with the rules and regulations of the

(2) In the event of the patient/guardian of patient/fried of patient, failing to pay the charges of the patient's treatment within..... days of the demand made in pursuance of clause 1, the same may be recdovered from him as an arrear of land revenue;

IN WITNESS WHEREOF the parties hereto have signed hereunto the date and year in each case mentioned.

.....
on behalf of the Governor

Witnesses –

- 1.....
- 2.....

.....
Patient/Guardian of patient/
friend of patient

CONCESSIONS TO GOVERNMENT SERVANTS UNDERGOING TREATMENT

623. The term Government servant does not include a Government servant on foreign service or in municipal or local fund service.

624. Any Government servant who has been bitten by a rabid animal and is too poor to proceed to the treatment center for treatment at his own expense may, provided that he is drawing not more than Rs. 75 a month, be granted -

(i) his actual traveling expenses to the nearest center for treatment and back, 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. Expenses for the return journey should be paid to the patient of the treatment centre after treatment is finished by the medical officer in charge of the centre, who should draw the amount from the treasury:

(ii) an advance of one month's pay;

(iii) in the case of menials, and inferior permanent and temporary piece-workers in the Government Press three weeks' causal leave, or when the appointment of a substitute is found necessary three weeks' leave on average pay, which will not be debited to the-leave account; any leave required in excess being treated as leave on average pay or half average pay as the case may be. In the case of other Government servants, and superior permanent and temporary piece-workers in the Government Press they should be granted such leave as is required in their case on average or on half average pay as they may be entitled to under the rules on production of the necessary medical certificate.

Note:- (1) The words "not more than Rs. 75 a month" according to this rule and the word "pay" according t this and subsequent rules should be interpreted as referring to monthly pay as defined in Fundamental Rule 9 (21).

(2) The period of extra leave on average pay granted to mental under the orders contained in sub-paragraph (iii) shall be treated as duty. (These orders shall take effect from the 8th September 1936. Government of the Central Provinces General Administration Department Order No. 156-C. R. – 179-IV, dated the 20th January 1937).

625. Government servant drawing not more than Rs. 25 per mensem are entitled to maintenance allowance during treatment at the rate of daily allowance admissible to officers of the third or fourth grades, as the case may be, under Supplementary Rule 32, Volume II, Appendix V of the Central Provinces Fundamental Rules Compilation.

626. A Government servant who has difficulty in finding at once the means to enable him to proceed to a centre for treatment and whose pay exceeds Rs. 75 but does not exceed Rs. 500 a month may be granted an advance not exceeding the amount admissible under rule in paragraph 624 (i), and may also be granted an advance of one month's pay. Such leave

on average or half average pay as they may be entitled to under the rules on production of the necessary medical certificate may also be granted. These thus advanced will be recovered in not less than three but not more than twelve monthly installments.

627. Any Government servant drawing not more than Rs. 500 a month may, if a member of his family is bitten by a rabid animal and he has difficulty in finding at once the means of sending him or her to a centre for treatment, be granted an advance not exceeding the actual travelling expenses admissible under rule in paragraph 24 (1) of the person bitten to the centre of treatment and back plus one month's pay. If he does not draw more than Rs. 75 a month an advance of the traveling expenses of an attendant, if necessary, may also be given at the rate sanctioned to the patient. The advances will be recoverable in the same manner as those referred to in rule in paragraph 626 above. In the case of Government servants whose pay does not exceed Rs. 50 (or in the case of those drawing over Rs. 50 but not over Rs. 75 where in the opinion of the Commissioner of the division or the head of the department special circumstances exist which warrant the grant of an extended concession) the recovery of the amount advanced as travelling expenses may be waived altogether or in part. The Commissioner of the division or the head of the department may also in special cases waive the recovery of the amounts advanced for travelling expenses to the members of families of Government servants whose pay does not exceed Rs. 50 a month.

The above concessions are also applicable to all Governments without a lien on a permanent post while officiating in a permanent or temporary post.

The condition of extra cost is Supplementary Rule 1 below fundamental Rule 103 is waived in their case.

[Medl. Admn. And Public Health Dept. No. 7910-579-IX, d. 4-9-29.]

CONCESSIONS TO INDIGENT PERSONS NOT EMPLOYED IN THE PUBLIC SERVICES.

628. Any indigent person who has been bitten by a rabid animal, and is, in the opinion of any officer authorized to grant the concession, unable to proceed to a centre for treatment at his own expense, may be granted his actual traveling expenses to the centre, viz., (a) single third class fare each way by railway if not in receipt of a railway concession, (b) maintenance allowance at the following rates: -

Europeans and Anglo-Indians-One rupee during the journey and Rs. 2-8—0 during treatment; Indians – four annas a day during the journey as well as during treatment.

These concessions, except at the discretion of the medical officer in charge of the centre for treatment; are not admissible to patients living within one hour's journey by passenger train or 10 miles by road from the centre for treatment, and they will not be payable when the patient is accommodated and fed free of charge in a Government hospital.

629. No person shall be classed as indigent who is found by enquiries made subsequent to his despatch, to be possessed of sufficient means to pay or to have relatives from whom he can obtain the means of paying his expenses and, in the case of those persons referred to in rule in paragraph 630, the expenses of his attendant also. The fact that he is not possessed

of such means shall be determined by the Deputy Commissioner of the district in each case and certified by him to the local body concerned.

630. Indigent persons including women, children under 16 years of age, and men who are, by reason of age or other sufficient cause, incapable of traveling alone, may be allowed one attendant to accompany them to the treatment center, except in the special cases referred to in the note below, when more than one attendant may be allowed, the cost being borne by the fund to which the charges on account of the patient are debited. Such attendant or attendants may be granted traveling expenses and maintenance allowance at the rate sanctioned for patients and also wages, not exceeding four annas a day, in cases where the dispatching 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. 75 a month).

Note: - More than one attendant may be allowed on the authority of one of the authorities mentioned in rule 119 below, in special cases, as e.g., when the patient is a child unable to travel without 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.

631. All officers of the Civil Veterinary Department of whatever class are to be treated as on duty for the purposes of pay, traveling allowance, leave and pension for the periods covered by their journeys to and from a center and their residence there for treatment, subject to the proviso that this concession is admissible only to an officer who comes into contact with a rabid or suspected animal while actually discharging his official duty.

632. The officers named below are empowered to grant the above-mentioned concessions, except the maintenance allowance and return journey charges of indigent patients, which will be paid by the medical officer in charge of the center, who will draw the amount from the treasury. Such Government officers can authorize the immediate departure to a center for treatment of any persons of the classes specified, whether Government servants or indigent persons unconnected with Government service: -

- a. All Revenue and Executive officers not below the rank of Tahsildar,.
- b. All officers of the Judicial Department not below the rank of Sub-Judge, 2nd grade.
- c. All Police officers not below the rank of Deputy Superintendent
- d. All forest officer not below the rank of Extra Assistant Conservator.
- e. All officers of the Jail Department not below the rank of Superintendent of Jail.
- f. All officers of the Settlement Department not below the rank of Assistant Settlement Officer.
- g. All officers of the Medical and Public Health Departments not below the rank of Assistant Medical Officer.
- h. All officers of the Education Department not below the rank of Inspector of Schools.

- i. All officers of the Excise Department below the rank of District Excise Officer.
- j. All officers of the Public Works Department not below the rank of Assistant Engineer.
- k. The President, Vice-President, Secretary, Health Officer and Chief Executive Officer of local bodies (municipalities, district councils and local boards.) .

633. These officers should report their action for information to Commissioners and heads of departments when the concessionaire is a Government servant and to the chairman of the local body when the concessionaire is other than a Government servant. The production of a medical certificate is not essential to the grant of the concession.

634. In the case of Government servants it is not intended that the concession must necessarily be granted by an officer of the department to which the person needing relief belongs. It can be granted by the nearest officer empowered to grant it.

635. These officers are also authorized to sign the requisitions for railway tickets for indigent persons proceeding to, or returning from a treatment center referred to in paragraph 637 (d) below. The form of the requisition is printed as paragraph 638.

636. An intimation in the form given in paragraph 640 is to be sent by the dispatching officer either with the patient or with as little delay as possible after the dispatch of the patient to the medical officer in charge of the center for anti-rabic treatment.

637. Under the conditions noted below Government has :

1. Bombay, Baroda agreed to accept debit from the rail-Central India Railway way companies, noted in the margin for Company. The actual cost of third class railway.
2. Bengal-Nagpur Railway tickets issued by them to indigent persons traveling for anti-rabic treatment.
3. Great Indian Peninsula from stations situated within the limits of jurisdiction of this Government to the nearest center at which anti-rabic treatment is available. The Accountant General, Central Provinces and Berar, will accept the debit as it is passed on by the Railway Accounts Officers concerned in their exchange accounts and ask the Deputy Commissioner of the district from which the patient travels to recover the cost from the local body concerned: -
 - a. An indigent person not in the public service (together with one attendant when such indigent person is a woman, a child under sixteen years of age or a man, who by reason of age or other sufficient cause, is incapable of traveling alone) will be granted third class tickets free of charge.
 - b. tickets for the return journey will be issued on production of a certificate signed by the authorities of the treatment center;
 - c. only one attendant as stated in paragraph (a) will ordinarily be allowed with each patient or each party of patients of the same family; and

d. the requisition for tickets must have the impression of the official seal of the office of issue, and must be signed by one of the authorities mentioned in rule in paragraph 632 erasures and alternations in a requisition must be initialed by the issuing officer.

The civil Surgeon in charge of anti-rabic treatment centers should obtain information in the manner indicated below regarding the condition of the discharged anti-rabic patients after six months from the date of discharge: -

a. Through secretary of the municipal committee concerned regarding patients residing in municipal or notified area committee areas.

In such cases the Secretary shall obtain the necessary information through sanitary inspectors or other employees (of the municipal committee or notified area committee as the case may be) who shall personally visit the house of the patient for this purpose.

b. Through Revenue officers regarding patients residing outside municipal or notified area committee areas.

In such cases Revenue officers shall as far as possible obtain the necessary information through patwaries in a village who will submit a written report to the officers concerned.

638. The following is the form for requisition for tickets for indigent persons proceeding to, or returning from, an anti-rabic treatment center: -

No.
Station

Stamp of office of issue.

19

Dated

To

The Station Master
Railway,

(Station).

Please issue to _____ (name of the patient),
Aged _____ and his / her attendant _____ (name)
third class single journey ticket(s) free of charge from Nagpur / Jabalpur / Raipur / Akola / Hoshangabad / Saugor / Chanda / Wardha / Chhindwara / Khandwa / Amraoti / Bilaspur to Nagpur / Balabpur / Raipur / Akola / Hoshangabad / Saugor / Chanda / Wardha / Chhindwara / Khandwa / Amraoti / Bilaspur whiter he / she is proceeding for /after anti-rabic treatment. The cost of the railway tickets issued on the authority of this requisition should be debited to the Government of the Central Provinces and Berar, through the Accountant-General, Central Provinces and Berar.

(Signature)

(Designation in full)

Note: - (1) If the patient is capable of traveling alone and no attendant is required, the portion referring to the attendant should be scored out and initialed by the issuing officer.

(2) Issuing officers should enter their designation in full to facilitate reference. For other conditions see paragraph 639.

(3) This requisition should be prepared in duplicate, the duplicate copy being retained for record by the issuing office.

To filled in by the Station Staff

Find this ticket (s) No. (s) has/have been issued in connection with this requisition, the cost of which is Rs. _____ Station _____, dated _____ 19 _____

Booking Clerk.

639. The following are the conditions for the guidance of officers authorized under rule in paragraph 635 to sign the requisition for railway tickets for indigent persons proceeding to, or returning from, an anti-rabic treatment center.

(1) Indigent persons not in the public service (together with one attendant when such indigent person is a woman, a child under 16 years of age or a person who, by reason of his age or other sufficient cause, is incapable of traveling alone) will be granted third class tickets free of charge.

(2) Tickets for the return journey will be issued on production of a certificate signed by the authorities of the treatment centre.

(3) Only one attendant, as stated in paragraph (1), will be allowed with each patient or each party of patients of the same family.

(4) (a) The requisition for tickets must bear the impression of the official seal of the office of issue and must be signed by one of the authorities named in paragraph (5) below.

- (a) All Revenue and Executive officers not below the rank of Tahsildar and Naib-Tahsildars in independent charge.
- (b) All Officers of the Judicial Department not below the rank of Sub-Judge, 2nd grade.
- (c) All Police officers not below the rank of Deputy Superintendent.
- (d) All Forest officers not below the rank of Extra-Assistant Conservator.
- (e) All officers of the Jail Department not below the rank of Superintendent of Jail.
- (f) All officers of the Settlement Department not below the rank of Assistant Settlement Officer.
- (g) All officers of the Medical and Public Health Departments not below the rank of Assistant Medical Officer.
- (h) All officers of the Education Department not below the rank of Inspector of School.
- (i) All officers of the Excise Department not below the rank of District Excise Officer.

- (j) All officers of the Public Works Department not below the rank of Assistant Engineer.
- (k) The President, Vice-President, Secretary, Health Officer and Chief Executive Officer of local bodies (municipalities, notified areas, district councils and local boards).
- (l) Sub-Registrars and Su-Assistants of Surveys.

640. The following is the form of intimation mentioned in paragraph 636:-

(a) is hereby directed to proceed for anti-rabic treatment to Nagpur / Jabalpur / Raipur / Akola / Hoshangabad / Saugor / Chhindwara / Khandwa / Amroaoti / Bilaspur and is allowed to take (b) as his attendant. He is a (c) sent at the expenses of (d) who will bear all further charges in connection with his treatment.

He has been granted the connection noted below.

Noting for maintenance at Nagpur / Jabalpur / Raipur / Akola / Hoshangabad / Saugor / Chhindwara / Khandwa / Amroaoti / Bilaspur and return journey expenses have been advanced to him.

Station

Signature
(Despatching Officer),
Designation

Dated the 19

N.B. – If in any case maintenance allowance for period of stay at Nagpur / Jabalpur / Raipur / Akola / Hoshangabad / Saugor / Chhindwara / Khandwa / Amroaoti / Bilaspur and return journey expenses have been advanced by mistake, full details of such advance should be furnished.

- (a) Name of patient.
- (b) Name of the attendant (if any sent).
- (c) (a) Government servant, (2) local fund servant, (3) municipal servant, (4) member of the family of No. 1,2 or 3, (5) Indigent person.
- (d) (1) Government, if so also state, Provincial or Imperial Revenues, (2) municipal fund, (3) local fund.

N.B. Nothing to be stated against (d) if the patient is a Government servant.

List of concessions granted to sent for anti-rabic treatment.

Advance of one month's pay.

Road journey allowance to the entraining railway station –

Class railway Fare (tickets) to

Diet en route days atper day

Road journey allowance from Nagpur / Jabalpur / Raipur / Amraoti / Bilaspur / Akola / Saugor / Hoshangabad / Chanda / Wardha / Chhindawara / Khandwa railway station and Mayo / Victoria / Silver Jubilee / Irwin / Main Hospital.

Tonga charges

Notes. – (1) Copies of this form may be obtained gratis on application at the nearest dispensary or police station.

(2) Rates of conveyance plying between –
Nagpur railway station to Mayo Hospital.

Tonga charge per seat – 0-1-6

Charges for whole tonga – Re. 0-4-6.

Tiwari railway station to Mayo Hospital

Tonga charges per seat – Re. 0-3-0.

Charges for whole lorry – Re. 0-9-0.

(3) Rates of conveyance plying between –

Jabalpur railway station to Victoria Hospital.

Tonga charges per seat – Re. 0-2-3.

Charges for whole tonga – Re. 0-6-9.

Howbagh railway station to Victoria Hospital

Tonga charges per seat Rs. 0-2-9.

Charges for whole tonga – Re. 0-8-3.

(4) Rates of conveyance plying between Raipur station to Silver Jubilee Hospital –

Tonga charges per seat – Rs. 0-2-0.

Charges for whole tonga – Re. 0-6-0.

(5) Rates of conveyance plying between Akola railway station to Main Hospital –

Tonga charges per seat – Rs. 0-2-0.

Charges for whole tonga – Re. 0-6-0.

(6) Rates of conveyance plying between Hoshangabad railway station to Main Hospital–

Tonga charges per seat – Rs. 0-1-6.

Charges for whole tonga – Re. 0-4-6

(7) Rates of conveyance plying between the railway station and the main Hospital at Saugor –

Tonga charges per seat – Rs. 0-1-6.

Charges for whole tonga – Re. 0-3-3

(8) Rates for conveyance plying between the railway station and the Main Hospital at Chanda -

Tonga charges per seat
From Great Indian Penin -
Sula railway station – Re. 0-2-0.
Charges for whole tonga – Re. 0-6-0.
Tonga charges per seat
(From Chanda Fort,
Bengal- Nagpur Railway) – Re. 0-3-0.
Charges for whole tonga – Re. 0-8-0.

(9) Rates for conveyance plying between the railway station and the Main Hospital at Chhindwara -

Tonga charges per seat – 0-1-6.
Charges for whole tonga – Re. 0-4-6.

(10) Rates for conveyance plying between the railway station and the Main Hospital at Chhindwara -

Tonga charges per seat – 0-3-0.
Charges for whole tonga – Re. 0-6-0.

(11) Rates for conveyance plying between the railway station and the Main Hospital at Khandwa -

Tonga charges per seat – 0-3-0.
Charges for whole tonga – Re. 0-3-0.

(12) Rates for conveyance plying between the railway station and the Irwin Hospital Amraoti -

Tonga charges for one or two seats – 0-2-0.
Charges for whole tonga – Re. 0-3-0.

(13) Rates for conveyance plying between the railway station and the Panchmrahi Civil Hospital -

Motor charges for a cross seat - 0-12-0.
Motor charges for a third class rear compartment seat – Re. 0-8-0.

(14) Rates for conveyance plying from the Bilaspur railway station to the Main Hospital, Bilaspur, or to Mungeli and the Christian Mission Hospital, Mungeli-

Tonga charges.
From the station to the Main Hospital – Re. 0-12-0.
From the station to the bus stand for Mungeli – Re. 1-4-0.
Motor charges from Bilaspur to Mungeli – Re. 0-14-0.
Choolie charges from the bus stand to the Mission –
Hospital – Re. 0-4-0.

CHAPTER XL. – REGISTERS, REPORTS AND RETURNS

641. Printed forms required for the use of hospitals and dispensaries not managed by local bodies should be obtained in indent on the director of Health Services. The dispensary fund account forms detailed in chapter XXXVII of this Manual should be printed and obtained from private presses.

642. The indents for forms should be submitted to the officer of the Inspector-General of Civil Hospitals on the dates prescribed for each schedule of forms as given below: -

S. No.	Name of return or reports	Date on which due to Inspector General's Office	Date on which due from Inspector General's Office	Office to which due
23	Annual Indent for Medical Forms in English (Schedule No. XIV)	5 th June	5 th July	Consolidated and submitted to Central Jail Press
37	Annual Indent for correspondence Forms (Schedule No. IV).	14 th Oct.	15 th Nov.	Consolidated and submitted to superintendent Central Jail Press.
38	Annual Indent for Office routine Forms (Schedule No. XV.)	Do.	Do.	Do.
41	Annual Indent for Treasury Forms (Schedule No. XXII.)		1 st Dec.	Accountant General, Central Provinces and Berar.
42	Annual Indent for Account Forms (Schedule No. 1)		25 th Jan.	Do.

643. The following reports and returns are required to be submitted by Civil Surgeon to the Director of Health Services. They should be submitted on the prescribed forms on which will be found full instructions, which must be carefully compiled.

No. and Name of reports or return	Date on which due
Monthly	
1. Return of medical receipts 2. Absentee statement of clerks	1 st of the month 5 th of the following month.
Half-Yearly	
3. Dispensary inspection notes	Immediately after inspection, through Deputy Commissioner and Commissioner
Yearly	
4. Annual additions to record of service of officers of the Indian Medical Service 5. Confidential reports on warrant officers (military assistant surgeons) and their annual records of services. 6. Statement showing the number of Bengal-Nagpur Railway patients treated.	1 st January
7. Confidential reports on assistant medical officers.	10 th January
8. Confidential reports on - (a) Civil surgeons and Superintendent of Central Jail, who are officers of the Indian Medical Service prepared by the Deputy Commissioner and submitted by the 15 th April through the Commissioner who should submit them to the Director of Health Services through Inspector-General of Prisons (except in the case of Civil Surgeons who are not in charge of Jail) on 1 st May	1 st May
(b) Civil Surgeons and Superintendent of Central Jail (other than Indian Medical Service Officers) prepared by Civil Surgeons or Superintendents of Central Jails, as the case may be, and submitted on 5 th January through the Deputy Commissioner, the Commissioner and the Inspector-General of Prisons.	15 th February
(c) Assistant Surgeons prepared by Civil Surgeons and submitted through the Deputy Commissioner and Commissioner and in the case of Assistant Surgeons who are Superintendents of Sub-jails through the Inspector-General of Prisons to the Director of Health Services on 15 th February and in the case of Assistant Surgeons not confirmed on 15 th February and 15 th August.	15 th February
9. Consumption of opium and morphine,	15 th January
10. Office copy of annual dispensary report and statements.	15 th February
11. Intimation of medical officers intending to take	1 st February

- leave during the year.
12. Fair copy of annual dispensary report and statements. 15th February by Civil Surgeon to Deputy Commissioner, 25th February by Deputy Commissioner to Commissioner and 7th March by Commissioner to the Director of Health Services.
 13. Annual notes and statements on the working of the Mental Hospital, Nagpur 20th January by Superintendent, Mental Hospital, Nagpur
 14. Annual indent for general forms in vernacular (Schedule X-a). 28th February
 15. Annual indent for European medicines for provincial dispensaries (except Raipur, Bilaspur and Drug) Mental Hospital, Nagpur and Forest Officers in Berar. 1st March
 16. Annual indent for general forms in English (Schedule X). 9th March
 17. List of medical practitioners who are willing to serve in famine camps. 15th March
 18. Indent for European medicines, etc., required for dispensaries other than Government dispensaries. 1st April
 19. Annual establishment returns. 15th April
 20. Annual indent for medical forms in English (Schedule XIV). 5th June
 21. List of warrant medical officers and their families requiring free passage to England. ←
 22. Annual return of expenditure on stores purchased in India. 1st June
 23. Statement showing the annual expenditure on the purchase and carriage of country stationary and conveyance of forms during the last completed financial year. ←
 24. List of building requirements (Provincial) Major and Minor Works. 15th June
 25. List of improvement to hospitals and dispensaries and for quarters for medical sub-ordinates. 30th June
 26. Estimates of stationery requirements. 1st August
 27. Provincial budget estimates 10th August
 28. Annual indent for European medicines, etc., required for the use of Provincial Dispensaries, Police Hospitals in the districts of Raipur and Bilaspur and Forest Officers in Central Provinces. 1st September
 29. Forest of quinine requirements of Local Fund Dispensaries and Police Hospitals and Police Force separately. 1st August
 30. Annual indent for stationery. 1st October.
 31. Statement showing the number of Great Indian Peninsula Railway patients treated during the year 10th October

- ending 30th September.
- | | | |
|---|---|--------------------------|
| 32. Annual indent for correspondence forms (Schedule IV). | ← | 14 th October |
| | ← | |
| 33. Annual indent for office routine forms (Schedule XV). | ← | |
| 34. Dispensary fund budget estimates through deputy Commissioner. | | 1 st November |
| 35. List showing the names and addresses of the next-of-kin of Indian Medical Service officers. | | 1 st December |

644. Forms required for dispensaries managed by local bodies.- In the case of dispensaries managed by local bodies, forms in connection with Government work, such as post-mortem and medico-legal work and treatment of Government servants and reports and returns required by Government from such dispensaries may be supplied free of charge. They are: -

1. Annual dispensary statements.
2. Leave statement of Assistant Medical Officers.
3. Certificate to Government servants.
4. reports on Assistant Medical Officers.
5. of reporting cases of
6. Statement of cases bitten by rabid animals sent to a dispensaries.
7. Requisition for tickets for indigent persons preceding to, or returning from a treatment centre.
8. Copy of a report of *post-mortem* examination.
9. Label to be attached to jar or bottle containing substance sent to Chemical Examiner.
10. Chemical Examiner's Form No.7
11. Indent form for books to be indented from the Provincial Medical Library.
12. Form of intimation of patient sent to a treatment centre.

These forms should be indented for by Civil Surgeons and supplied to the local bodies concerned or to the private practitioners on charge of transferred dispensaries. For the rest of the forms local bodies or private practitioners in charge of transferred dispensaries should make their own arrangements. There is, however, no objection to the forms being obtained on payment from the Central Jail Press, Nagpur, if it can be arranged for by the local bodies or private practitioners.

(I.G.C. His litter No. 13466, d. 10-12-23 and Sectt. Medl. Admn. And P.H. Deptt. Letter No. 390-81-IX, d. 11-2-24 and letter No. 4105-491-IX, d 20-10-25, No. 4792-615-IX, d. 10-12-25)

645. Annual reports and other reports and returns. See Chapter XVI, paragraph 229
646. The following register, forms and returns, etc. should be kept up by medical officers in charge of hospitals and dispensaries.

(1) **Out-door**

- (i) Out-door register.

- (ii) Tickets for out-door patients
- (iii) Abstract of daily register of out patients

(2) In-door

- (i) Register of in-door patients treated.
- (ii) Abstract of daily register of in-door patients.
- (iii) Daily register of dieting house patients.
- (iv) Abstract diet roll
- (v) Indent for articles of diet (XIV-97)
- (vi) Bed-head tickets.
- (vii) Temperature charts

(3) Referring to both in-door and out-door

- (i) Register of selected operations.
- (ii) Register of non-selected operations.

(4) Stock registers

- (i) Register of receipt and issue of medicines.
- (ii) Stock book of hospital furniture
- (iii) Stock book of hospital clothing.
- (iv) Stock book of hospital surgical instruments and hospital necessities.

(5) Medical Certificate

- (i) Certificate of ill-health, Form A.
- (ii) Sick certificate to Government servants, Form B,
- (iii) Discharge certificate to Government servants, Form C.
- (iv) Medical certificate of fitness to return to duty on expire of leave.
- (v) Medical certificate for admission into Government service.
- (vi) Medical certificate of incapacity for further service.
- (vii) Form of statement of case to be used by Medical Boards for gazetted officers.
- (viii) Statement of cases for invaliding boards.

(6) Financial

- (i) Salary bill forms.
- (ii) Cash book.
- (iii) Cash abstract register of receipts.
- (iv) Permanent advance register.
- (v) Cheque book.
- (vi) Money receipts.
- (vii) Money chalan book.
- (viii) Treasury pass book.
- (ix) Subscription register.
- (x) Register of subscription for special objects.

- (xi) Recumbent of permanent advance form.
- (xii) Contingent bill forms.
- (xiii) Proposition statement.
- (xiv) Reappropriation statement.
- (xv) Auditor's objection book.
- (xvi) Register of investment
- (xvii) Monthly accounts

- (A) Abstract of receipts and expenditure under principal heads
- (B) Bill for diet
- (C) Bill for bazaar medicines
- (D) Statement showing budget allotment, expenditure and balance under each ub-head.

(7) Reports and returns

- (E) Annual dispensary returns (A to H and supplementary statement).
- (F) Budget statements.
- (G) Inspection report on dispensaries by civil Surgeons.
- (H) Inspection report on dispensaries by other officers.

(8) Special reports on disease

- (I) Rabid animals.
- (J) Snake-bite.
- (K) Tubercle of lung.
- (L) Dysentery, Cholera, etc.
- (M) Lathyrism.

(9) Chemical Examiner's forms.

No. 2 – Forwarding viscose. Annexure to no. 2 post-mortem report.
 No.6 - Inside table for bottles or packages.
 No. 7- Outside label, Civil Surgeon to Chemical examiner.

- (10) Proceeding of Dispensary Committee Book.
- (11) Daily dispatch book.
- (12) Register of letters received.
- (13) Service books of staff.
- (14) Sanctioned printed budget.
- (15) Visitor's minute book.
- (16) Files.
 - i. Sanctioned indent for European medicines.
 - ii. Proposition statements.
 - iii. Reappropriation statements.
 - iv. Voucher files.

- v. Sub-voucher files.
- vi. Files of receipts.
- vii. Salary bills.
- viii. Auction papers.
- ix. List of articles condemned.
- x. Other files according to circumstances.

Chapter XLI- RULES FOR THE GUIDANCE OF MEDICAL OFFICERS IN THE PREPARATION OF RETURNS OF SURGICAL OPERATIONS.

647. (i) In the annual returns all surgical operations will be shown on form, Statement E-XIV-10-Medical.

- (2) A separate return showing the selected operations with the names of the operators shall also be submitted. This, form will be prepared in accordance with the list of selected and non-selected operations which is supplied to each hospital by the Director of Health Service.
- (3) In preparing the above return the following considerations should be kept in mind:-
 - (a) One operation generally represents one patient. When a patient is operated for a second time in connection with the same disease or the previous operation, the first operation should be returned as principal and the next as secondary.
 - (b) When, however, the surgeon considers it to be in the interests of the patient that two operations each in them and the same time they may be returned as principal operations, e.g., in a case where two amputations are performed at the same time, it shall be considered that two principal operations have been performed.
- (4) In multiple operations of necessity, such as those in accidents, etc., the main operations should be returned as principal and the rest such as multiple amputations, reducing dislocations and there of like importance, may be returned as secondary operations.
- (5) A second operation performance on a patient when the first is surgically cured should be returned as a separate one;
- (6) All operations tending to the are of relief of one and the same conditions performance on the score of any subsequent days should be returned as one operation.
- (7) Rules 4,5 and 6 are variously interpreted by medical officers. For example an operation for curetting the uterus is shown by some officers as a single operation and by others as four separate ones, e.g. douching vagina, dilating cervix, curetting uterus, plugging operations were shown, viz., plugging vagina, dilation of cervix, puncture of membranes, version, podalic extraction, separation of pf several boils, or the extraction of several teeth from one individual are sometimes shown as separate operations in the case of each incision or extraction. Such cases evidently transgress the spirit of rule (6)

above quoted, and render the operation returns of the officer concerned of no value, whatever as an index of the amount of work performed by him.

(D.G.I.M.S. Circular No. 8-C, d, 30-7-11)

- (8) It is not possible to draw up hard and fast rules to govern all cases; it may occur that, in the course of an abdominal operation on the ovaries, there is found to be also disease of the appendix, in such a case an appendicectomy performed at the time might fairly be regarded as an operation apart from the primary ovariectomy if however, the removal of a healthy appendix was necessitated in the course of the general operation, as for adhesions, it would not be proper to return this as an operation for appendicectomy, and more than ligature for arrest of hemorrhage or repair of wound.
- (9) Eye operations, again, are frequently, returned, in a manner which reflects little credit on the officer concerned. For example a case of extraction of the lens, was shown as three operations. Vizal hand, the removal of a cataract, or of pterygium, from both eyes should be regarded as two principal operations.
- (10) It must be understood that the steps of any operation are not themselves to be shown as separate operations, and that the spirit of rule (6), which is perfectly clear, is to be observed.

(CHAPTER XIII.- RULES FOR THE DESTRUCTION OF RECORDS
 DISPENSARIES

648. With a view to prevent the unnecessary accumulation of old records, a list is subjoined; showing the periods up to which the various registers should be preserved.

	Records	Period for which to be preserved
1.	Daily register of out-patients.	
2.	Diary of ----- patients treated in the dispensary.	
3.	Cooperative daily statement of work done in a dispensary.	For Current and two previous years.
4.	Abstract of daily register of out-patients.	
5.	Abstract of daily register of in-patients	
6.	Bed-heads tickets.	Should only be filed in important cases, the rest being destroyed at the close of the year.
7.	Temperature chart.	
8.	Daily register of dieting in-patients	For current year only.
9.	Abstract diet roll	
10.	Register of operations	
11.	Stock book of hospital furniture and clothing.	
12.	Stock book of surgical in-strumpets and hospital necessaries.	
13.	Register of receipt and issue of medicines.	For five years.
14.	Sick certificate to Government servants.	
15.	Discharge certificate of Government servants.	For current and previous year only.
16.	Visitors' book	From commencement.
17.	Subscription register in which donations are also entered.	Current and two previous years.
18.	Daily attendance book.	Current year only.
19.	Circular book and standing orders.	From commencement.
20.	Correspondence registers	Current and two previous years.
21.	Cash Book.	Twenty-five years.
22.	Salary bills	
23.	Detailed statement of permanent establishment	Thirty-five years.
24.	Cash obstruct registers of receipts and expenditures.	Twenty-five years.
25.	Permanent advance account.	Six years.
26.	Investment register.	According to discretion.
27.	Office copies of certificates on Form No. 12 in police cases,	For four years

28	Office copies of annual returns of Dispensary Statements "A to H" and Supplementary Statement.	
29	Post-mortem and medicalogical reports and correspondence in connection with them.	For- twelve years.
30	Dispensary Committee Proceedings.	From commencement.
31	Indent for forms	For two years
32	Indent for Europe Medicines and Instruments.	For four years.
33	Annual dispensary printed reports.	For three years.
34	Private and Government cash books.	For twenty-five years.
35	Monthly statement of accounts	
36	Registers of names of persons inoculated	
37	Inoculation certificate books	For two years.
38	Contingent bills	
39	Chemical Analyzer's correspondence	For four years.
40	Station dak book	For one year
41	Post dak book	For one year.
42	Register of suspicious articles sent for examination by police	For two years
43	Government and private stamp account.	For five years
44	Receipt books for sale of Rs. 6, Rs. 3 and Rs. 1-8-0 and one anna ticket book.	for six years
45	Counterfoils of chalans	For four years
46	Office copies of monthly statements of compounder's pension contribution	For three years.
47	Budget estimates	
48	Proposition statement	For three years
49	Reappropriation statements	For four years
50	Counterfoils of cheques	
51	Receipt books miscellaneous	For six years
52	Measurement books	
53	Audit books	
54	Treasury Pass Books	For four years

CHAPTER XLIII – REVERSION MEDICAL SCHOOL

649. Object – The school trains candidates for the sub-ordinate medical services.
650. Control and Management- The control and management of the school are vested in the Superintendent, assessed by a School Committee under the general supervisors of the Director of Health services.
651. Staff- The staff of the hospital consists of the following:-

Superintendent- The Civil Surgeon, Nagpur, is ex—officio Superintendent of the school and receives Rs. 150 as special pay.

Lectures- There are often lectures who are included in the cadre of the provincial Medical Service Class II, and two part-time lectures.

There are also two tutors and seven demonstrators who are included in the cadre of Assistant Medical Officers.

652. Pay and posts of whole-time and part-time lectures- See paragraph 18 of Chapter XX of the Manual of pay and Allowances of Gazetted Officers.
653. Conditions of service- Whole-time lectures, demonstrators and tutors are governed by the conditions of vacation departments. (see F.R. 82)
654. Leave during vacation- Whole-time lectures and demonstrators are treated for purpose of leave of officers of vacation departments. (see F.R. 82).
655. Prospectus of the Roberton Medical School – The details regarding admission of students, study, etc. are given in the prospectus of the school which is published separately.

CHAPTER XLIV – CHEAP PLAN DISPENSARIES

656. Financing of cheap plan dispensaries- The principles on which these dispensaries are financed are as following:
- (i) Government contributes half the cost of the dispensary building and the assistant medical officer's quarters provided that the other shall is met by the district council and local people.
 - (ii) The cost of equipment (which is estimated at Rs. 1000) is to be provided by the local people.
 - (iii) As regards recurring expenditure half of it as by the local people and the other half is provided by Government and the district council in equal proportion Recurring expenditure is estimated at Rs. 700.
 - (iv) The local people have to raise an endowment fund of Rs. 5,000 with a view to ensure and in comelitsufficient to meet falf the recurring expenditure.
 - (v) The services of an assistant medical officer will be provided by Government.
657. management of Plan dispensaries. – Cheap plan dispensaraies are under the management of local bodies.

[Medl. Deptt. Letter no. 482-IX, dated 20-11-20, read with that Deptt.
Letter No. 2693-313-IX, dated 5-8-26]

CHAPTER XLV. – UNANI AND AYURVEDIC DISPENSARIES

658. Government has decided to aid the establishment of ayurvedic or unani dispensaries to the total of 83 in the rural area on the scale of one in each tahsil. Government provides the services of a vaid or hakim at the rate of Rs. 40 per menses and an annual contribution exceeding Rs. 160, equivalent to one-fourth of the maintenance cost. All other expenditure on equipment, initial preparation, quarters, three-fourths of the recurring cost estimated at Rs. 640 per annum and dispensary building is to be met by the district council concerned.
659. The places where such dispensaries are to be established should be selected by the district council, and the sanction of Government is to be obtained for their establishment. If qualified vaidyas and hakims are available, they may be selected by the district council and formal approval obtained from the selection committee appointed for the purpose. If not, the district council may select vaidyas and hakims from the panel which is prepared by the selection committee.
660. Unani and ayurvedic dispensaries will be under the management of the district council.

CHAPTER XLVI- SCHEME FOR SUBSIDING VAIDS AND HAKIMS TO SETTLE IN RURAL AREAS.

661. With the object of bringing medical relief within easy reach of the rural population. Government has decided to introduce a scheme for subsidising vaidas and hakims to settle in rural areas and accordingly pleased to make the following rules for the purpose.
- (1) In these rules “subsidised vaid or hakims means vaid or hakims who is appointed and paid subsidy under these rules.
 - (2) the selection of vaidas or hakims for appointment as subsidised vaidas or hakims shall be made by a Selection Committee to be appointed by Government. The appointment and posting of subsidised vaid or hakims shall be made by the Director of Health Services.
 - (3) A candidate for appointment as a subsidised vaid or hakims must be *bona fide* resident of the Central Provinces and Berar and must have passed the final examination of a recognised ayurvedic or unani college.
 - (4) A subsidised vaid select a place for his practice subject. approval of the Civil Surgeon and the final sanction of the Director of Health Services. The selected place should not ordinarily be within a radius of ten miles from a dispensary or a subsidised medical practitioner, or vaid or hakim
 - (5) The Provincial Government will pay to the vaid or hakim appointed under rule 2, a subsidy of Rs. 25 per mensem.
 - (6) The subsidised vaid or hakim will also be given an advance of such amount as he may require up to a maximum Rs. 240 free of interest, for his initial expenses for instruments and equipment. The amount thus advanced will be repayable in 36 monthly installments, viz., first thirty installments of Rs. 7

per mensem and the remaining six of Rs. 5 per mensem will be covered by a bond and security for the total amount.

- (7) The subsidised vaid or hakim will be required to treat free indigent patients (persons or members of their families whose monthly income does not exceed Rs. 30) and all government and district council servants and members of their families residing in the village or halting at the village while on tour.
- (8) The subsidised vaid or hakim will be required to perform epidemic duty without any additional charge within a radius of five miles from his place if called upon by the Civil Surgeon to do so. For this work the vaid or hakim will be given such additional medicines and appliances as may be considered necessary by the Civil Surgeon.
- (9) The subsidised vaid or hakim will be required to maintain such books and registers and furnish such periodical reports and returns as may be required by the Civil Surgeon from time to time.
- (10) The subsidised vaid or hakim will be at liberty to charge fees for treatment of persons other than indigent persons.
- (11) The subsidised vaid or hakim may remain absent from his practice with the permission of the Civil Surgeon for a period not exceeding ten days at any one time and not exceeding fifteen days in the aggregate during the course of a calendar year.
- (12) The Director of Health Service will be empowered, with the previous approval of the Provincial Government to give three months' notice of termination of the service to any subsidised vaid or hakim, should it be considered desirable.
- (13) The number of subsidised vaid or hakim will be limited to 83 (one in each tahsil).
- (14) The subsidised vaid or hakim shall execute a security bond in the form appended. (Appendix X-G)
- (15) In case of any doubt regarding the interpretation of these rules the matter will be referred to the Director of Health Services whose decision shall be final and binding on the subsidised vaid or hakim.

CHAPTER XLVII- SCHEME FOR SUBSIDIZING MEDICAL PRACTITIONERS TO SETTLE IN RURAL AREAS.

662. With the object of bringing medical relief within easy reach of the rural population. The provincial Government has decided to introduce a scheme for subsidising Medical Practitioners to settle in rural areas and is accordingly pleased to make the following rules for the purpose.

CHAPTER – XLVII. – SCHEME FOR SUBSIDISING MEDICAL PRACTITIONERS TO SETTLE IN RURAL AREAS.

662. With the object of bringing medical relief within easy reach of the rural population, the Provincial Government has decided to introduce a scheme for subsidizing Medical Practitioners to settle in rural areas and is accordingly pleased to make the following rules for the purpose.

RULES

- (1) In these rules, “subsidised medical practitioner” means a medical practitioner who is appointed and paid a subsidy under these rules.
- (2) The appointment and posting of medical practitioner as subsidised medical practitioner shall be made by the Director of Health services, Madhya Pradesh.
- (3) A candidate for appointment as a subsidised medical practitioner must be a *bona fide* resident of the Central Provinces and Berar and must have passed the final examination of any recognised medical school or be a graduate in medicine of a recognized university.
- (4) A subsidised medical practitioner will be at liberty to select a place for his practice subject to the approval of the Civil Surgeon and the district council and the final sanction of the Director of Health services, Madhya Pradesh. The selected place should not be within a radius of ten miles from a place having a dispensary or a subsidised medical practitioner.
- (5) The Provincial Government, will pay to a medical practitioner appointed under rule 2, a subsidy of Rs. 50 per mensem each, if he is a graduate and of Rs. 40 per mensem if he is a licentiate of the Robertson Medical school, Nagpur.
- (6) The subsidised medical practitioner will be given an advance of such amount as he may require up to a maximum of Rs. 300 free of interest for his initial expansion in buying instruments and equipments. The amount thus advanced will be repayable in monthly installments of Rs. 10 each in the second year and of Rs. 15 each in the third year and will be covered by a bond and security for the total amount.
- (7) The district council shall, in addition to the subsidy paid under rule 5, pay to the same medical practitioner a subsidy of Rs. 300 per annum for the purchase of medicine and instruments.
- (8) If the district council requires the subsidized medical practitioner to tour within a radius of five miles from his place, it shall make suitable arrangements for his travelling expenses.
- (9) If the subsidised medical practitioner settles down at a place with a population of 4,000 or more he shall be given by the district council a grant-in-aid of Rs. 10 per mensem towards the maintenance of a nurse (dai).
- (10) The subsidized medical practitioner will be required to treat free indigent patients (persons or members of their families whose monthly income does not exceed Rs.30) and all Government servants and servants of the district council and members of their families residing in the village or halting at the village while on tour, and also person under custody if called upon to do so by the Police.

(11) The subsidized medical practitioner will be allowed a supply of quinine and cinchona preparation up to a limit of 2 lbs. a year at cost price from the Central Jail, Nagpur on an indent to be countersigned by the Director of Health Services, Madhya Pradesh.

(12) The subsidized medical practitioner will be required to perform epidemic duty without any additional charge within a radius of five miles from his place if called upon by the Civil Surgeon to do so. For this work the medical practitioner will be given such additional medicines and appliances as may be considered necessary by the Civil surgeon.

(13) The subsidized medical practitioner will be required to maintain such books and registers and furnish such periodical reports and returns as may be required by the Civil Surgeon from time to time. The books and registers shall be open to inspection by the Civil Surgeon.

(14) The Civil Surgeon will inspect the practice of the subsidized medical practitioner, twice a year and submit a copy of his inspection report to the Director of Health Service, Madhya Pradesh, through the district council and the Deputy Commissioner. A copy of the inspection report will also be furnished to the subsidized medical practitioner.

(15) The subsidized medical practitioner will be at liberty to charge fee for treatment of personal other than indigent persons.

(16) The subsidized medical practitioner may remain absent from this practice with the permission of the Civil Surgeon for a period not exceeding 10 days at any one time and not exceeding 15 days in the aggregate during the course of calendar year.

(17) The Civil Surgeon will be empowered with the previous approval of the Director of Health Services, Madhya Pradesh, to give 3 months notice of termination of appointment to any subsidized medical practitioner, should it be considered desirable.

(18) The number of subsidized medical practitioners will be limited to 22 in the first instance (one in each district council).

(19) Superintendent Government servant will not be eligible for appointment as a subsidized medical practitioner.

(20) The subsidized medical practitioner shall execute a security bond in the form appended.

(21) In case of any doubt regarding interpretation of these rules the matter will be referred to the Director of Health Services whose decision shall be final and binding on the subsidized medical practitioner.