SOME NOTES ON THE PEACE TIME ROUTINE IN THE MEDICAL SERVICES IN INDIA.

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To the uninitiated going out to India for the first time, differences in the military system there compared with the home system, due to the introduction of Indians and India into the picture, provide a mass of bewilderment which only long years of service can hope to dissolve. The wise man never attempts to master them completely, but is content with obtaining and fixing in his mind a few of the fundamental facts which it is necessary to acquire for the ordinary daily conduct of affairs, and with dealing with the others only as necessity demands.

And here at the commencement let me say that, though it is possible to get through one's tour of service in India without acquiring a knowledge of more than a few words of the vernacular, yet undoubtedly the possession of a fluency in conversational Urdu is of the utmost importance, if one wishes to be able to solve any of the many problems which daily present themselves. The newcomer, whether he be subaltern or lieutenant-colonel (it has been possible in the past to miss India for twenty years), should get down to it immediately on his arrival in the country and make up his mind that he is not going to give up until he can converse in the vernacular. By the vernacular one ordinarily means Urdu, and this will carry one through for the most part; but unfortunately there are other languages indigenous to their own special part of the country, e.g., Punjabi, Pushtu, Mahratti, Tamil and Nepalese (Gurkha), and those in the Indian Army who have much dealing with troops from these areas find it necessary to acquire a knowledge of their vocabularies.

For medical officers there are certain appointments carrying extra pay, e.g., Cantonment Hospitals and I.H.C. Companies, which can only be held by officers who have a good working knowledge of Urdu, or who have passed the requisite standard examination in the language. One with a good ear for languages will hope to acquire with three months' work a good foundation on which to appear before the examiners for the colloquial examination at any rate, though the average man requires at least six months before he begins to feel certain of his ground and to be capable of expressing himself and understanding an ordinary conversation. Some unfortunate ones amongst us, who have not the ear, and others, who have not got down to it at the beginning, toil throughout our Indian Service with a smattering of the language, which may be enough to express our mere physical needs but is not enough to carry on an understanding conversation; and consequently we go through that service severely handicapped. It is one of our
failings as a nation that we do not trouble ourselves to acquire a knowledge of other languages; and undoubtedly we miss much thereby.

British Service troops on arrival in India become an integral part of the force known as the Army in India. The term Indian Army is applied to that portion of the Army in India which is raised in India and officered for the main part by King's Commissioned Officers, seconded from the British Service and gazetted into the Indian Service. Under the new Indianization Scheme a certain proportion of vacancies are being given to Indians who pass out from Sandhurst. There are also in the departments officers of the Indian Unattached List (I.U.L.) who have obtained commissions from warrant rank. In addition to these officers there are a large number of other officers who are Indians and known as I.O.'s. Ordinarily they are commissioned from the ranks and receive the Viceroy's Commission only; actually they correspond as far as their duties are concerned to Warrant Officers in the British Army. They ascend in the infantry from the Jemadar with one star on his shoulder strap, through the Subedar with two, to the Subedar Major who wears a crown. In the cavalry they pass from the Jemadar through two grades, viz., Risaldar who takes the place of Subedar, and Risaldar-Major who takes that of the Subedar-Major. In the rank and file of the infantry there are sepoys, lance naiks (1 chevron bar on arm), naiks (2 bars) and havildars (3 bars), whilst in the cavalry they rise from sowar (trooper), lance dafadar (2 chevron bars), and dafadar (3 bars).

The units of these two groups, British Service troops and Indian troops, work side by side in formations, which help to build up as a whole the Army in India. This Army is divided according to locality into Commands, viz., Northern, Southern, Eastern and Western, each under a General Officer Commanding-in-Chief, with headquarters at Rawalpindi, Poona, Naini Tal and Quetta respectively, and the whole is controlled by the Commander-in-Chief, whose headquarters are at Delhi in the winter, and at Simla in the hot weather months. The Commands are subdivided into districts and independent brigade areas, and the districts into brigade areas containing normally one British infantry and three Indian infantry units, or corresponding cavalry units. The various units of a brigade in an area are generally, but may not be, scattered amongst different stations, and frequently even companies and squadrons are broken off from units for garrisoning smaller stations. The posting of units to stations is nowadays frequently influenced by the existence of suitable accommodation in certain stations where barracks have been built in times past for strategical considerations which may not always hold good at the present day.

Artillery brigades are similarly broken up and departmental troops are furnished, not generally by units but in numbers to meet the requirements of each particular station.

As regards the Medical Services, the R.A.M.C. officers are the attendants
and advisors in health matters of the British Service troops, whilst the I.M.S. officers act in a similar capacity for Indian troops, generally speaking, though both are interchangeable should necessity demand it; and as will be seen later in some instances the two services combine.

The control of the Medical Services in a district is actually under the District Commander, who has on his staff an A.D.M.S., who may be either R.A.M.C. or I.M.S., a D.A.D.M.S. (mobilization), a D.A.D.H. and a D.A.D.P., to assist him in the work of their particular branches.

At Command headquarters there is a major-general as D.D.M.S., with a D.A.D.M.S. and an A.D.H.P. (or its equivalent) to assist him. These, again, may be of either service, but it is usually arranged that each district or command is allotted definitely to one service for its headship and to the opposite service for its D.A.D.M.S. (Commands).

At Army headquarters there is a Medical Directorate controlled by a D.M.S. with the aid of a D.D.M.S. and Director Hospital Organization, Director Medical Organization for War, Director H. and P., A.D.M.S. (personnel), A.D.P., D.A.D.H., D.A.D.M.S., and a chief principal matron. The D.M.S. is now alternately of either service, and the D.D.M.S. is of the opposite service.

In addition to the above military staff, there is a D.G.I.M.S. and his staff who deal with the Civil side of the I.M.S. and a portion of the military side, in so far as Indian personnel are concerned. I.M.S. officers, assistant surgeons and sub-assistant surgeons, are primarily military, but large numbers are transferred for service under the civil administration, and though all are nominally trained for military service when required, yet only a proportion would in actual practice be so re-transferred.

It will thus be seen that just as in the case of other units in the two services, i.e., the British Army in India and the Indian Army, so in the Medical Service there is only one control for the two services.

The other departments belong to the Indian Army, but minister to both. There are exceptions to this, e.g., mechanical transport units, which are controlled by British Service R.A.S.C. officers and men; but, as in the case of practically all the British units, they have Indian personnel also. The I.A.S.C. are in charge of the ordinary supply and transport arrangements.

The Military Engineering Service is classed amongst the Indian Army units and British Service R.E. officers are seconded for service in it. The actual field units of the Indian Army are the sappers and miners. As at home there are the usual branches for station work, and the garrison engineer has charge of the different departments, such as works, stores, electrical and mechanical, and barrack. It is to be noted that in India the barrack department is an engineering service, whereas in the British Service at home it is a charge chiefly of the R.A.S.C., but also depends in part on the R.E. and in part on the Ordnance.

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1 These now belong to the I.A.S.C.
The Ordnance Corps is officered by B.O. transfers from the R.A. and other arms British and Indian Army, and a few R.A.O.C. officers, but has also a number of departmental officers who have received their commissions in India from warrant rank (Commissary Class).

The Veterinary Service is officered by R.A.V.C. officers and has Indian Veterinary Assistant-Surgeons (I.O.s and W.O.s) and men.

Clerks of headquarter establishments belong to a Corps of Clerks of which there are both British and Indian wings.

The Pay Department, as known to the British Service, does not exist in the Army in India. The Military Accounts Department takes its place, and this practically consists of civilian personnel, officered by Controllers and Deputy-Controllers of Military Accounts, to the former of whom military rank is given, though some are military officers. The rank and file consist of hosts of civilian Indian clerks.

The organization of the departmental units is based on a constitution of a staff of British officers with King’s commissions, and a few Indian officers with Viceroy’s commissions, a proportion of British warrant officers and N.C.O.s belonging to the Indian Service, together with Indian rank and file of the Indian Service. And not only into departmental units does the Indian element enter, but even British units, in adapting themselves for Indian service take on Indian personnel, e.g., a British infantry regiment has an Indian "platoon" of drivers for the machine-gun section, Indian drivers of transport, cooks, bhisties (water carriers), sweepers (conservancy etc.), dhobies (laundry men), syces (grooms) and peons, besides the numerous private servants of the officers. In the Field Artillery some of the drivers are Indian, and in addition there are the various farriers, syces, cooks, bhisties, dhobies, mochis (sadlers), durzis (tailors) and sweepers, etc. A further Indian element is added to each British unit in the shape of its coffee shop contractor who is a local Indian Whiteley, acting in place of the N.A.A.F.I. in supplying groceries and all canteen supplies.

A recent I.A.O. makes the R.A.M.C. officer of a British unit responsible for the medical charge of Indian troops and personnel attached to it—a duty previously carried out by the I.M.S.

A consideration of the foregoing will show that the medical officer, as well as other officers of the British service, has additional problems to consider and factors to cater for over and above those which are contingent to a purely British service. It is hoped therefore that a description of a medical unit in peace will be of assistance to those who are about to undertake service in India.

A junior medical officer on first arrival in the country is usually posted, if a bachelor, to a large hospital where there is a R.A.M.C. mess. The stations in India in which official messes are situated are Peshawar, Rawal Pindi, Lucknow, Quetta and Bangalore. In days gone by when youthful benedicts and senior officers were relatively fewer, unofficial messes were formed in other stations where two or three or more R.A.M.C. bachelor
officers were gathered together. In the mess stations the hospitals are either first or second class, and that brings us to the classification of hospitals.

The classification is not by beds, e.g., a 200, a 100 or a 50-bedded hospital, but is dependent upon the total number of troops in the station and is reviewed yearly. There are five classes, 1st, 2nd, 3rd, 4th, and 5th, the 1st class carrying a charge allowance for the O.C., of Rs. 240 per mensem, whilst the 5th class has no charge allowance. Hospitals for Indian troops are classified on somewhat similar lines, and in addition have a modified charge allowance for the second-in-command. But in the smaller stations recent economic advances have led to the formation of combined hospitals for both British and Indian troops with only one Commanding Officer. These may be either British Military Hospitals with Indian wing, or Indian Military Hospitals with British wing, depending usually on the preponderance and importance of troops British or Indian, in that particular station. In the former case the O.C. is usually a R.A.M.C. officer, and in the latter an I.M.S. officer.

The term "military" has now replaced the word "station" as a prefix to hospital. Thus the British Military Hospital (B.M.H.) has replaced the British Station Hospital (B.S.H.) of a few years ago. Presumably this is in contradistinction to the names given to other hospitals in the same place which are civil, railway, mission hospitals, etc.

As regards the various hospitals in a station, there are: (1) The military, and (2) the civil. The military hospitals are: (a) British; (b) Indian, or a combination of the two; and (c) the Cantonment General Hospital, which is an institution kept up by the Military Cantonment Authorities for providing medical attention for the poorer civil Indian residents in cantonments who are not entitled to treatment in a British or Indian Military Hospital. In actual practice this includes all women and children, servants, labourers, civilian followers and the like. A Military Medical Officer is in charge and a Sub-Assistant Surgeon from the Indian Military Hospital is in sub-charge.

The civil hospitals consist of: (1) The Civil Hospital which is in charge of the Civil Surgeon (an I.M.S. officer in civil employ) and is a Government institution; (2) the Railway Hospital administered for and by the railway; and (3) special civil hospitals and mission hospitals which are all engaged in treating the poorer civil population and are conducted similarly to the voluntary hospitals at home. These are almost entirely for Indians. Some are supported by municipalities and many have Government grants.

An explanation of the word "cantonment" as used in India appears necessary. In each station where troops are permanently stationed, an area of land, military cantonment land, has been detached and handed over to the military authorities for the purpose of containing the military community and its civilian attendants, and on this area have been built the
barracks and other necessary buildings for the troops and their administration, and portions have been allotted for parade grounds, ranges, sports grounds and training grounds as far as the size will allow. Dairy farm and military grass farm lands also form part of the land under military control. In addition, plots and sites have been leased or sold to civilians for construction of buildings required for the housing of civilian Indians who are attendant on or by their calling ancillary to and required for rendering services to the military community. In this way one or more "bazaars," as these congregations of Indian dwellings and shops are called, have sprung up.

The land is divided into various classes under the control of a military estates officer. The disposal of these several classes of lands is bound down by various restrictions. Roughly speaking there are two main classes: (a) Military lands (Class A and B), i.e., those areas required entirely for accommodation of the troops and for their immediate and future necessities; and (b) cantonment lands (Class C), i.e., the remainder. The two are considerably intermixed. The military lands are allotted to the different units, and the O.C. the unit entirely controls his own area, but Class B land is handed to cantonment authorities for hire purposes.

The cantonments, including the bazaars, are administered by a Board of military and civilian residents nominated by the officer commanding the station, together with a certain number of members elected by the voting population of the cantonment. The Officer Commanding the station acts as President of the Board, and on it sits also the Senior Medical Officer of the station, now in the capacity of the Cantonment Health Officer. An Assistant Health Officer, elected by the Board and usually the officer in charge of the Cantonment Hospital, aids the Health Officer in carrying out the executive duties of the M.O.H., but he is not actually a member of the Board.

The officer concerned with seeing that all the orders and recommendations of the Board and the rules of the Cantonment Act, 1924, which govern its action, are carried out is known as the Executive Officer, and he officiates in controlling the cantonment area in a somewhat similar capacity to a commanding officer of a unit. Up to the year 1924, he also acted as a magistrate, for trying all civil offences occurring in cantonments, but now these duties have been transferred to civil legal representatives. The Cantonment Board and its representative therefore act in the cantonment area in the same capacity as do a Municipal Board and a Town Committee in the Civil Government.

The new R.A.M.C. Officer on arrival in the country is posted to a B.M.H. where he will be given a ward or wards in the hospital together with charge of a British unit or units outside. These latter usually have their own medical inspection rooms in their own lines, with a regimental medical orderly in charge and the main outline of the routine differs little from that which takes place at home. Occasionally, especially in the smaller stations, it is more convenient for all concerned for the regimental
medical inspection room to be actually at the Military Hospital, there being then no separate line M. I. room.

Before passing on to hospital administration it is necessary to refer to the personnel which make up the medical services. The medical officers of the two services have been mentioned above. These are posted to their respective hospitals and appointments as at home, and the largest hospitals have the specialists attached to them.

The organization of the nursing services in India has recently undergone considerable changes, whereas formerly there was a separate service for British Hospitals in India and none for Indian Hospitals; the lady nurses of the former all now belong to the home service Q.A.I.M.N.S., with a few exceptions, who are still remnants of the old service Q.A.M.N.S.I., whilst those of the latter belong to the newly constituted Indian Military Nursing Service (I.M.N.S.) which is mostly composed of Anglo-Indian nurses. The Q.A.I.M.N.S. are posted only to 1st, 2nd and 3rd class British hospitals and the I.M.N.S. to the largest Indian hospitals.

It is only during and since the war that the R.A.M.C. rank and file have been sent for service in India and utilized for nursing duties in British hospitals; and even now their numbers are not sufficient to enable these duties to be carried out entirely by them, so that in the medium and smaller hospitals regimental nursing orderlies are still employed, and in the larger ones a mixed service exists. Under the pre-existing and present regulations, each British battalion of infantry must have a certain number of its men trained as regimental nursing orderlies, and for this purpose men are sent to hospitals where classes of instructions are held by M.O.'s. and nursing sisters and the men undergo a six months' course of training in the wards. It is these men who ordinarily provide the male nursing staff of the British hospitals. In the event of mobilization, British nursing orderlies are required to remain behind in the hospitals, and for this reason certain regiments who are detailed for internal security work and are not part of the Expeditionary Force need to have considerably more men trained than others.

The Indian military hospitals do not employ regimental men as nursing orderlies. The nursing duties are carried out by the nursing orderlies of the Indian Hospital Corps (I.H.C.)

We now come to a very important branch of the medical services whose counterpart does not exist in the army at home. This is the service known as the Indian Medical Department (I.M.D.), and it consists of two branches: (1) the Assistant Surgeons' Branch, which is employed in connection with the British Service, and (2) the Sub-Assistant Surgeons' Branch employed in connection with the Indian Service. The former class is recruited from Anglo-Indians, and its military members are classed as British Service soldiers, whilst the latter consists almost entirely of Indians and its military members are soldiers of the Indian Army. These two branches of the I.M.D. consist of men trained as medical students by the State, up to a
certain standard which aims at enabling them to act in the capacity of qualified dispensers, senior dressers, and of house surgeons and physicians working under qualified medical officers. The standard of education and the intensity of the training is higher in the case of assistant surgeons than in the case of sub-assistant surgeons, the former taking out a five years course at certain medical schools before passing out and being posted to British Military Hospitals, whereas the latter complete only a four years course before being attached to Indian Military Hospitals.

These services are primarily recruited for the military service of the State, but large numbers of them after some years' service are allowed to transfer to the civil medical service of the State, of whom a certain proportion can be called upon to return to the military service on mobilization and when necessity demands it. The whole of the I.M.D. play a very important part in the provision of medical services throughout India, and especially is this so in the case of the assistant surgeons' branch, many of whom are able to improve their knowledge and attainments and take up special branches of work such as bacteriology, X-rays, venereal diseases, surgery, midwifery, etc., and obtain a special qualification and employment in a particular subject, whilst some are given leave to proceed to England and the opportunity of obtaining an English medical qualification.

On joining a military hospital, the members of the I.M.D. are all classed as warrant officers. But whereas the sub-assistant surgeons after five years proceed to the Viceroy's commissioned rank of Indian officer, the assistant surgeons' branch go through different classes (4th to 1st) of their rank, and eventually, if selected, obtain a King's commission, after about twenty or more years' service, though there are some serving who obtained it at thirteen years' service, and others who had to wait until twenty-six years' service, different rosters having been kept for the establishments in different medical school supply areas in former times. A certain number of selected S.A.S. Subedar Majors are now promoted to honorary King's commissions as lieutenants and captains, and exceptionally a Jemadar or Subedar may be granted the honorary rank of assistant surgeon. The pay of the A.S. branch is very much higher than that of the S.A.S. branch, the rates of the former being based on British, and that of the latter on Indian troops rates of pay.

The assistant surgeons who take English qualifications are mostly drafted eventually into the civil branch, but they do exist in the military branch and are usually employed in independent charges or in research appointments. The assistant surgeon's duties in hospital will be dealt with later, but they consist, generally speaking, of those of an unqualified house surgeon, and they carry out their tour of orderly duty accordingly, while the senior one employed in a hospital also acts as head clerk, quartermaster, officer-in-charge I.H.C., and adjutant, and, in fact, as the officer commanding's right hand man in matters of administration.

The remaining rank and file of the personnel of the medical services
belong to the Indian Hospital Corps (I.H.C.), with the exception of a few locally-employed civilians of the conservancy establishment, and some few relics of the days before the I.H.C. came into being, who have not transferred and are still allowed to serve on as store-keepers or clerks.

There are two main classes of men in the Army in India, combatants and non-combatants, but the tendency is now to classify more and more of the latter amongst the former, so that they may enjoy their privileges. The non-combatant is deprived of much in the way of clothing, rations, and allowances in kind to which the combatant is entitled. The combatants are classed as I.O.R.'s (Indian Other Ranks), whilst the non-combatant is ordinarily classed as a "follower," but now many who were formerly followers, e.g., drivers of the I.A.S.C., are included amongst the fighting troops, and others, as the ambulance section of the I.H.C., though not fighting troops (but they are armed with a kukhri), are classed as I.O.R.'s. Followers are further subdivided into Class I and Class II.

The I.H.C. is composed of non-combatants, some of whom, viz., the ambulance section, storekeepers, nursing and clerical sections rank as I.O.R.'s for the purpose of pay and allowances both in money and kind, whilst the remainder, consisting of ward servants, bhisties, cooks, dhobies, barbers, and sweepers are classed as followers. The combatant I.O.R. is enrolled and attested, whilst the non-combatant is merely enrolled on entering the Army (the word "enlist" is not used in the Indian Army. In the I.H.C. the clerical, store-keepers, and ambulance sections are both enrolled and attested, whilst the general section is only enrolled. It will therefore be seen that the status of the I.O.R. is considered as a higher one than that of a follower; Class I followers consider themselves superior to Class II followers.

The men usually join up for duty in the particular section to which they belong in civil life, though a man of very low caste is not knowingly permitted to be attested as a I.O.R. as the fighting classes are very proud of their "uzzat" or honour. It is to be remembered that in India trade-unionism is very strongly represented, especially amongst the higher castes. Men of one calling will ordinarily only do the work of that calling, even though they may not lose caste by doing otherwise. The sweeper caste is the lowest, and men of any other caste are not permitted to do sweepers' work, nor can a sweeper ascend to the higher castes; though one may find a cook doing bhisti's work or vice versa.

Further, they join a certain definite company. The I.H.C. is divided up into companies, Nos. 1, 2, 3, etc., each located in a certain district or area. The sizes of the companies vary during peace time, and are dependent on the authorized strengths and the numbers of the hospitals for which they have to provide personnel. The men are clothed and trained at company headquarters as far as the scope of the company training will allow, after which they are drafted to different hospitals to complete the particular categories of the establishment of the hospitals. There they
are regarded as detachments of the parent company which still remains responsible for their clothing and their pay. They remain in one particular hospital for varying periods from months to years, the longer service men being less moved than the shorter service men, especially if they are employed in posts for which they have acquired a special knowledge. Further, the Indian gets settled in a place and makes it his home, and, if moved, he tries to influence all the powers that be both in front and behind the scenes to get back to that station where his family and his wife and their thousand and one relations abide. But, generally speaking, moves are arranged for every two or three years, to prevent stagnation, to relieve men who are not as highly desired as others, and those who ask for a change of station, and to fill up casualties created by discharge, promotion, sickness, etc.

The company headquarters, too, carry out all the discharges, a man returning there from detachment for his final disposal, after being relieved by replacement from the company, or by transfer from another hospital. The minimum period of service is now three years, and the maximum is thirty years, regulated by the man’s fitness to continue serving, after which service he attains a pension.

The authorized establishments of personnel of hospitals of the same class vary considerably in the different stations, depending on the nature of the work there, the facility of working the particular hospital, the amount of sickness, and the existence or otherwise of outlying sections which are subsidiary to the parent hospital. The type of hospital building and its general arrangements vary considerably, some on account of their scattered nature and barn-like construction, requiring nearly double the number of personnel to work them, compared with others which have been built in more modern times, when economy of staff is more important than in former years.

Medical officers, assistant surgeons, and sub-assistant surgeons suffer considerably in this respect, due in part to a shortage of supply, and in part to an economy enforced by the restrictions of the Finance Department. This reduction has to a certain extent been justified by the fewer men to be treated in hospital, but the increased demands for office work, classes of instructions and outside preventive work more than counterbalance the saving in sickness, so that the reduction falls somewhat hardly on the few who have to carry out the duties formerly carried out by greater numbers.

To give an idea of the actual running of a hospital, a brief description of the working methods employed in a third-class British military hospital will be given. The station itself is the headquarters of an Indian infantry brigade, and has for troops a British infantry regiment, a battery of artillery, an arsenal establishment with a large number of married British personnel, in addition to Indian Army Ordnance Corps sepoys, an Indian infantry regiment, a detachment of Indian cavalry, I.A.S.C., with their supply and transport personnel, and Military Engineering Services personnel. An Indian military hospital caters for the needs of Indian personnel,
whilst the medical requirements of all the British troops and their families is dealt with by the staff of the British Military Hospital.

The British hospital itself, though built for greater needs, has now been reduced to 81 beds, of which 69 are for B.O.R.'s, 2 for officers, and 10 for families, including 2 for officers' families. Of the 69 B.O.R.'s beds, 6 are maintained in a detached section in the fort, five miles away, where a company of infantry is stationed to guard the fort and arsenal. This section hospital is only a non-dieted detention hospital in the sub-charge of an assistant surgeon, patients suffering from slight ailments and undergoing barrack treatment only being detained here for not more than forty-eight hours. If requiring admission to hospital they are sent by motor ambulance to the main hospital.

The beds in the hospital are apportioned to different classes of diseases in the usual manner, there being sufficient wards, large and small, to allow for this, as the building was intended to accommodate many more patients than are now provided for. A ward unknown in home hospitals is the heat-stroke ward. One complete ward and its annexes have been allotted for the British nursing orderlies as a barrack room. The family hospital, usually in a separate building, has been provided for at the other end of the same block, and consists of five separate two-bedded wards with theatre annexe and out-patient room.

There are the usual separate isolation ward and disinfecter shed, cook-houses, stores, and quarters for the assistant surgeons and I.H.C. personnel. The nursing sisters are accommodated in an adjacent sisters' mess, and the medical officers live outside in cantonments in bungalows or regimental messes. As regards staff, this consists of the O.C. and 2 medical officers, 5 nursing sisters, 5 assistant surgeons, 1 N.C.O., and 4 trained British nursing orderlies (regimental) with 8 or 10 undergoing training, 41 I.H.C. personnel and 7 civilian personnel.

The duties of the officer commanding are mainly administrative, but as the senior medical officer in the station he has considerable responsibilities and duties in station and cantonment work which will be dealt with later. Of the other two medical officers, one takes medical charge of the two British units together with a ward in the hospital. This duty includes the charge of the regimental medical inspection room, which here is in the hospital, the instruction of the various classes of regimental B.O.R.'s in (a) Sanitary duties; (b) water duties; (c) first aid and stretcher drill, and most important of all in this tropical country the supervision of the regimental sanitation and the general maintenance of health of the soldier. Barracks and lines cover very much larger areas than at home and are much more scattered. Conservancy methods are more primitive, and the gateways for entrance of disease are much more numerous. The importance of the advice and assistance of a good medical officer in preventing sickness in a regiment cannot be over estimated.

The second medical officer has charge of the other wards in hospital,
including the Family Hospital, and carries out the duties of staff surgeon.

The latter includes the medical charge of the staff and departments and their families. These include detached officers, brigade headquarters, I.A.S.C., R.A.O.C., I.A.O.C., M.E.S., R.A.M.C., education staff, chaplains, grass farm, dairy farm, Indian civilian clerks in military employ, drawing a salary of Rs. 250 and upwards, and so on. In fact he has a small general practice, and for the performance of these duties he is awarded the extra emolument of Rs. 75 per mensem, in addition to his consolidated pay. As many of the families live in outlying portions of the cantonment five miles away in two directions, he well earns it. Normally the regimental medical officer has charge of the families of the unit of which he has medical charge, but in this station the work is arranged better by apportioning the care of all families to the staff surgeon. When able to attend they are all expected to do so at the Family Hospital medical inspection room.

The two M.O.’s take orderly duty on alternate days. The duties of O.O. in India are less trying than are those of the O.O. at Home. In India, an assistant surgeon does duty at the hospital as orderly assistant surgeon, and attends to all minor emergency calls at the hospital. For any serious ones and for outside ones the orderly officer is summoned. The latter is allowed to remain at his own house and must not go outside cantonments. He is allowed to go to various places such as the club to take his games, but he naturally keeps the assistant surgeon on duty notified of where he is to be found.

If he can be spared, each officer is entitled to two months’ privilege leave each year, and this is usually arranged for during the hot weather, so that all may get a spell in the hills away from the heat of the plains. This means that for six months each year there are only two medical officers in the station.

(To be continued.)