

of every qualified medical practitioner to assist in this good work. He can do so by sending in his name, with full particulars as to qualifications date of obtaining them, residence and any appointments he may hold, either to the Calcutta office of the Inspector-General of Civil Hospitals, or to the Civil Surgeon of the district in which he resides. Moreover, he should communicate annually on the 1st April, intimating any change of address or addition of any new qualifications, because the names of persons of whom nothing has been heard for five years must be struck off the list.

The term "list" is almost too modest for what may be regarded as a Provincial Medical Directory. Its utility and convenience are not merely confined to civil surgeons and Government officials, because it might with advantage be freely used by large mercantile firms and companies who have to appoint medical practitioners to tea gardens, mills and factories. It would help railway companies in the selection of their medical subordinates, and also in sifting the numbers of bogus medical certificates presented by their employes to account for their absence from duty. We know of one railway on which there was a decided lack of originality in the concoction of such certificates, because the absence of a large number of employes used to be attributed at all seasons to a sudden attack of cholera. This continued until the Consulting Medical Officer pointed out the astonishing percentage of rapid recoveries from this deadly disease.

This publication should be of great use to the medical officers of the Government with reference to a great many medical certificates which are presented for countersignature, not a few of which are written by compounders, clerks, kabirajes, *et hoc genus omne*. We recollect getting a medical certificate to countersign, which was written on the gilded and crested paper of a raja, and which purported to be the medical opinion of a person bearing the qualifications of M.D. and LL.D., yet the caligraphy, composition and medical opinion were evidently the handiwork of an illiterate and ignorant individual unacquainted with medicine. Needless to state that inquiry proved the fraud of the *soi-disant* learned man.

The book is of a handy size, and the general arrangement is very convenient. The information supplied about each person is the name, rank,

titles, professional qualifications, authority for granting them and date of grant, place, residence and official appointments. Part I contains the names of practitioners who have qualified in Europe and who reside in Bengal. It is divided into a section for Government medical officers and a section for private practitioners. Part II comprises the names of persons who have qualified in India, and is divided into a section for Military and Civil Assistant-Surgeons, and Civil Hospital Assistants, and a section for private practitioners. Part III gives the names of official and non-official practitioners arranged alphabetically according to their districts. Part IV is an alphabetical index sub-divided into sections for European and for Oriental names.

THE BENGAL BRANCH OF THE COUNTESS OF DUFFERIN'S FUND.

THE Seventeenth Annual Report of the Bengal Branch of the Countess of Dufferin's Fund for the year 1902 does not reveal a satisfactory state of affairs. In the words of the Treasurer, the outlook is most anxious. "We failed to re-invest Rs. 4,200 repaid by the Novada Estate and also exceeded our income, after allowing for realisable assets, to the extent of Rs. 3,388: in all we thus consumed capital to the amount of about Rs. 7,588, of which fully Rs. 5,000 went on current expenses. This is not quite so bad as last year, but the balance sheet is much awry, and the fund is threatened with serious results if the present relation of expenditure to receipts continues."

The remedy suggested by the Treasurer is that the money expended on Dufferin Hospitals should be confined strictly to medical purposes; that the class of patients for whom these hospitals are intended, the genuine *parda-nishin* women, can quite well afford to pay for their food and that they would not object to do so. In other words, well-to-do persons are being pauperised by eleemosynary relief quite unnecessarily.

But the Report clearly shows that a very great deal of the work credited to the Dufferin scheme is amongst women that can in no sense be classed as *parda-nishins*, and that many of the so-called Dufferin Hospitals are simply female wards in the chief general hospital of a town or district, under the charge of the Civil Surgeon, supported by local funds and in no

way indebted for pecuniary support to the Dufferin Fund.

To take a concrete instance, we know of a case in which a District Board secured the services of a lady doctor on their own initiative some twelve to fifteen years ago. They paid her salary, house-rent and carriage allowance. She was given a ward and an out-patients' room in the municipal dispensary. Subsequently a new general hospital was built, the women and children were transferred to the new building and occupied a ward originally constructed for male surgical cases. From first to last all expenditure on the treatment of women and children has been paid out of local funds, and the local bodies who support the hospital have made their own arrangements for a lady doctor or a female hospital assistant.

The table of receipts and expenditure in this Report contains no reference to this hospital, yet for years the returns of women and children treated as in-door and out-door patients, and for operations performed, have been incorporated with those of genuine Dufferin Hospitals, and have gone to swell the sum of the annual work performed under the auspices of this scheme. During these years much good work has been performed on the sick women and children in this hospital by the various Civil Surgeons who have been in medical charge, which work appears as that of the Dufferin Hospitals. Yet, beyond the interest and experience of gynecological and pædiatric cases, and the satisfaction of good work done, the Civil Surgeon's only recompense seems to be that he has to submit two sets of annual reports and returns, one series for the 30th November for the statistics of the Dufferin Fund, and the other series for the 31st December in the ordinary routine to the Inspector-General of Civil Hospitals.

The Lady Superintendent of the Lady Dufferin Victoria Hospital, Calcutta, also complains about the submission of duplicate annual reports. She begs that "this year, if possible, a special effort be made to relieve us of the quite unnecessary waste of time in sending in a double report, to both the Dufferin Association and to Government. You will see that our work is much increasing both in quality and quantity, and it is impossible to keep pace with it unless we are relieved of this office work, due to an obsolete custom of having a meeting in Calcutta in the

cold weather, for which statistics were wanted." Surely this is an instance which might appropriately be dealt with under the policy of His Excellency the Viceroy for reducing the number and extent of the reports and returns annually submitted. It is quite feasible to have only one set of reports and returns for the 31st December, a copy of which might, if necessary, be submitted to the Secretary of the Dufferin Fund.

A glance at the Report under review shows that there are many hospitals for women and children in Lower Bengal, ostensibly under the Dufferin Fund, which appear to be very much in the position of the example we have described, *i. e.*, that the women and children are treated in general hospitals or dispensaries (maintained locally) by the Civil Surgeons assisted by lady doctors, female hospital assistants or dhais. We gather this to be the case at Balasore, Bankipore, Berhampore, Burdwan, Chittagong, Chapra, Cuttack, Mitford Hospital at Dacca, Faridpur, General Hospital at Gaya, Hazaribagh, Hooghly, Krishnagar, Midnapore, Murshidabad, Pabna, Palamau, Puri, Rampur Beaulah and Suri.

Here, then, in a score of instances, and there may be others, the work done in general hospitals in the districts is simply incorporated with that done in special Dufferin Hospitals and classed as the latter. Thus it would seem to appear that in Lower Bengal a large number of the women and children medically treated by Government officials are regarded as relief afforded by the Dufferin Fund.

Calcutta subscriptions, including a refund of municipal taxes, amounted to Rs. 4,375, and the mufassal subscriptions came to Rs. 963, much of which was obtained from the neighbourhood of Calcutta. The capital of the Bengal Fund is to a large extent derived from donors whose estates are not in Calcutta. The expenditure of the Fund is almost wholly confined to Calcutta, because it is considered that more useful and practical work is thus obtained than if the funds were distributed amongst mufassal institutions. The expenditure on the Lady Dufferin Victoria Hospital and Native Christian Annexe, Calcutta, amounted to Rs. 24,081 and Rs. 7,643 respectively. This apportionment of funds appears justified by the results of these institutions, since there was an increase of 1,500 patients.