arrangement of details with the Admiralty) by the announcement made by Lord Reading in February 1926 that the Royal Indian Marine will be reconstructed into a combatant force to be known as the Royal Indian Navy, entitled to fly the White Ensign. Indians are to be eligible for commissioned rank. At present India pays an annual subsidy of £100,000 to the Admiralty. This arrangement marks the settlement of a thirty years' controversy which followed the abolition of the Indian Navy in 1862. It was not questioned that the Government of India must meet the cost of shore and harbour defences, and at one time India maintained a small squadron of turret ships and torpedo boats in Bombay. Nor was it denied that she must bear the charges involved in the policing of her coasts and the suppression of piracy and the local slave trade, for these were Indian purposes. So far as the Royal Navy performed these duties in place of the Royal Indian Marine, the Secretary of State for India was prepared to bear the cost. But about 1890 the Admiralty claimed that "Indian purposes" covered a wider field than the Government of India was prepared to admit. The controversy was finally referred to the arbitration of Lord Rosebery, then Prime Minister. His award was that the expression "Indian purposes" must be held to include some portion, at any rate, of the duties devolving on the Royal Navy for the defence of India and the protection of trade in Indian waters. On the basis of this award the annual subsidy of £100,000 was agreed upon and has been paid by India ever since.

Chapter XII

MEDICAL. [By S. F. Stewart]

The Indian Medical Service

The Indian Medical Service, like the covenanted Civil Service, can trace its origins back to the earliest days of the East India Company. From the beginning Surgeons were appointed to the ships of the fleets that sailed to the East; and as factories were established and the number of the Company's servants in them increased, surgeons from the ships were employed ashore in medical charge of the settlements. But it was not until 1764 that the Company's medical men were organised into a service. In the interval they seem to have been engaged in a somewhat haphazard way; they were of many nationalities and they arrived in the Company's service by strange routes. The records of the Company throw an intermittent but fascinating light on those pioneers of a great service. The facts revealed are not always creditable, but they are nearly always interesting. Like their masters these men were adventurers, sometimes in the less reputable sense of the term, wandering through the East on the strength of that most useful passport—their profession. But it must be remembered that public records everywhere contain an undue proportion of "discipline cases."

The duties of the Company's surgeons for more

than a century from the first charter had been entirely civil, the medical care of the writers and merchants in the factories. But the French wars of the mid-seventeenth century made it necessary to maintain standing military forces, and with them military surgeons. The Government orders of 1764 establishing a regular service therefore created a combined service—military and civil—and regulated the "Establishment . . . appointment and succession" of the surgeons of the Presidency; in other words it dealt with the general "conditions of the service" as these would now be understood; and it covered the whole ground in a space roughly equivalent to a page of this book. It was the first of the many warrants that have regulated the Indian Medical Service; few of its successors have been as terse.

The principle of a combined service was soon questioned. The two branches were in fact separated in 1766; they were reunited in 1773, separated again in 1796 and again united in 1798. Thereafter the principle of a united service was never seriously called in question until 1924. It is interesting to note that among the objections taken to separation at this time was the necessity for maintaining the civil side as an integral part of the service, liable to recall as a reserve for the emergencies of war. The argument is still valid.

It is remarkable that even in 1764 the status of the Company's doctors was no higher than warrant officer. It was not until 1788 that they received commissions.

The history of the service in the next hundred years

followed the same general lines as that of the Company's combatant services. An important change was made in 1853, when it was provided by statute that admission to the service was to be by competitive examination, open to natural born subjects of His Majesty. But the principal landmark in this period is the grant of Queen's Commissions to the Company's medical officers on the transfer of powers to the Crown in 1858. Proposals for their absorption in a medical service of the British Army, a project revived in a somewhat different form in the recommendations of the Lee Commission in 1924, were long discussed and not finally rejected until 1864. It was not until 1896 that the three separate Presidency establishments were amalgamated into a single Indian Medical Service under the Government of India.

The work of the Indian Medical Service officers in the nineteenth century took a very wide range. Their medical work for India and their contributions to tropical medicine are too well known to require comment. It is not so generally realised that to them alone is due the foundation and development of Indian hospitals and Indian medical schools, and of an Indian medical profession looking to the west for its professional principles and practice. Nor were their activities confined to their own profession. Until the nineteenth century was well advanced the medical officers alone shared with the Military Engineers a scientific training, and hence to them many of what are now the scientific services owed their beginnings. Natural science in its early days in India was the domain of the Indian Medical Service.

We find its officers among the first Conservators of Forests and making the earliest contributions to the economic geology of India and to the study of its fauna. Their knowledge of chemistry marked them out for service in the Mints and, what is less easily explained, they became Postmasters-General of provinces. They have usually been placed in charge of jails. But the most striking instances of their versatility are Sir W. B. O'Shaughnessy who, joining the Bengal Medical Service in 1833, conducted the first experiments in telegraphy, became Director-General of Telegraphs and constructed the first telegraph line in India—from Calcutta to Agra—in 1854, and Sir George Robertson, Political Officer in Chitral during its siege.

No material change in the formal structure of the Service has taken place since the amalgamation of 1896. Its general functions can perhaps be best indicated by following the career of a young officer entering it early in the century. Admitted by competitive examination in England, the successful candidate after a short course of training at the Royal Army Medical College went out to India and did duty with an Indian regiment. He might remain in military employ all his career, passing from the medical charge of a regiment* by stages to the administrative medical charge of a military district, and so possibly to the charge of the whole Army medical administration at Headquarters. But the attraction of the service to many

* The regimental medical officer was abolished in 1918 and centralised station hospitals serving larger bodies of troops substituted for it.

of its best recruits was the wide and varied opportunity of medical work offered by the civil branch. After a period of service on the military side it was open to the young Indian Medical Service officer to apply for transfer to "civil," and at one time he could reasonably look forward to transfer after about eight years' military service. Here the standard employment is as surgeon of a civil station. His primary obligation is to afford medical attention to the members of the services and their families. But he is also in medical charge of the headquarters hospital and of the health of the district generally, and subject to the primary call of his official duties, he may engage in private practice. The attraction of this career to men much more interested in the practice of their profession than in administration was, and is, very great.

But a civil surgeoncy was not the only career offered to an officer in civil employ. The professorships in the Medical Colleges were open to those who had specialised in particular branches of their profession. The Political Department of the Government of India employs medical officers at the headquarters of its agencies in Indian states, a career with attractions of its own. Opportunities were provided for research work or for general health administration. In the administrative line the successful man might become Surgeon-General with a provincial government, and eventually Director-General, Indian Medical Service, the principal adviser of Government on civil medical matters. Prospects like these attracted to the Service recruits of a high standard over a long period of years.

Though no change has been made in the formal structure of the service since 1896, a change of control resulted from the Act of 1919. Hitherto direction and control had rested first with the Governor in Council, then with the Government of India, and finally with the Secretary of State in Council. But civil medical administration in the provinces is now a Transferred subject under the Governor acting with Ministers; and the Governor-General and the Secretary of State, by statutory rules under the Act, have in general terms declared their intention of not interfering with the discretion of the local government in this field of administration. It is, however, reserved to the Government of India to determine how many officers of the Indian Medical Service shall be employed in each province and the appointments which they shall hold. Further, the Secretary of State in Council retains control over all matters affecting the emoluments and general service conditions of Indian Medical Service officers.

The future of the Service is at the moment under consideration. The Lee Commission recommended that recruitment for the Indian Medical Service should cease, that the military medical requirements of the Government of India should be met by seconded officers of the Royal Army Medical Corps, and that so many of them as were necessary for the combined purposes of (1) a military reserve and (2) the medical care of the European services and their families should be lent to the civil administration. The remaining civil medical staff of the provinces was to be recruited by the local governments to a purely civil medical service. The final decision on these proposals has not been reached.

The Medical Board of the India Office is attached to the Military Department. It consists of two retired officers of the Indian Medical Service. Their principal duty is the medical examination of candidates for appointment to the Indian services and of officers on sick leave from India.

The President of the Board is also Medical Adviser to the Secretary of State. There is no separate Department of Health in the India Office, but the opinion of the Medical Adviser is taken before any medical question, military or civil, is decided.

The Indian Nursing Service

Up to 1887 the sick in Indian military hospitals were nursed by orderlies detailed from units, but in that year a nursing service of British ladies was instituted, largely through the efforts of Lady Roberts (wife of the Commander-in-Chief in India). After trial at a few military stations the system was extended to the military hospitals in India generally. In 1903 the Indian Nursing Service became Queen Alexandra's Military Nursing Service for India.

The nurses are recruited in this country by the Secretary of State, through a Selection Board of ladies of the British and the Indian Nursing Services. They are required to have high professional qualifications, for they not only nurse British officers and British soldiers but instruct nursing orderlies in their nursing duties and control their work. They also supervise the work of the matrons in charge of

the military family hospitals which are maintained for the care of the wives and children of British officers and soldiers.

The amalgamation of the Indian Nursing Service with the Imperial Service, which at present provides nurses for the British Army outside India, seems certain in the near future.

Chapter XIII

INTERNATIONAL CONFERENCES: EMIGRATION

International Conferences

India is an original member of the League of Nations and has been admitted to the Governing Body of the International Labour Organisation as one of the eight States of chief industrial importance. India has ratified the draft conventions on such varied questions as hours of work, unemployment, night hours for women and young persons, white phosphorus, rights of association for agriculturists, industrial weekly rest, minimum age for stokers, and medical examination of young persons at sea. During the last three years the Indian Legislature has to its credit an improved Factory Act and Mines Act, a Workmen's Compensation Act, and a measure for the protection of girls.

Her representation on these bodies is arranged by the Secretary of State and the Government of India, and has enabled ex-Viceroys, Indian Ruling Princes, high officials of the Indian Government and the India Office, and leading public men in Indian political life, to discuss world affairs with the representatives of the other members of the British Empire and of foreign States.* But long before

* Mr. Srinivasa Sastri was a member of the British delegation at the Washington Conference on Disarmament in 1921.