

CHAPTER IV

PRISON HOSPITAL*SECTION I : STATUTORY RULES*

[Government Notification, Home Department No. RJM-1058-(XXIII-XXIV)-IV, dated 4th June 1970.]

In exercise of the powers conferred by clauses (10), (27) and (28), of section 59 of the Prisons Act, 1894 (IX of 1894), in its application to the State of Maharashtra, and of all other powers enabling it in that behalf and in supersession of the rules relating to Jail Hospital in force in any part of the State, the Government of Maharashtra hereby makes the following rules, namely :—

Short title and commencement

1. (i) These rules may be called 'the Maharashtra Prisons (Prison Hospital) Rules, 1970'.

(ii) They shall come into force on the first day of July 1970.

Prison hospital to have a Medical Officer

2. (i) Every hospital in a prison or other place for the reception of sick prisoners shall be in charge of a Medical Officer who shall be—

(1) The Resident Medical Officer from Maharashtra Medical Service, Class II, where such posts are sanctioned by Government, or

(2) The Civil Surgeon of the district in the cases not covered by clause (1); provided that the prison is located in the same place as the headquarters of the Civil Surgeon,

(3) The Maharashtra Medical Service Officer-in-charge of the local dispensary, if any, in the cases not covered by clauses (1) and (2), and

(4) In any other case, the Medical Officer-in-charge of the dispensary maintained by the local authority, or, where there is no such dispensary, such other person as the State Government may appoint.

(ii) Every Medical Officer other than the Resident Medical Officer shall visit the prison regularly at least twice a week at fixed hours and also whenever required by the prison authorities.

Duties of Medical Officer

3. A Medical Officer shall,—

(1) See that proper expenditure is incurred on medicines and other medical stores.

(2) from time to time examine all the medicines kept in the store in order to assure himself of their purity,

(3) regularly check the accounts of medicines purchased from the market,

(4) himself check the stock of drugs and instruments every six months and submit a certificate to that effect along with the certificate of the Superintendent to the Inspector General in respect of central prisons and to the Regional Deputy Inspector General in respect of other prisons,

(5) pay special attention to the quality and quantity of the water supply of the prison. If contamination is suspected, he shall send samples to the Officer-in-charge, Laboratory, Poona, and report the result of analysis to the Inspector General,

(6) inspect at least once a month the sources, surroundings and distribution of water supply. When there is a reason to suspect that pollution or contamination is likely to occur, he shall take suitable steps to ensure the purity of water by chlorination or otherwise,

(7) arrange for the proper distribution of work among the staff working under him,

(8) occasionally visit the prison cemetery and see that it is maintained in proper condition. He shall also keep in view sites in the neighbourhood which may be suitably utilized as camping grounds in case of an outbreak of any epidemic disease like cholera,

(9) inspect all new cells, wards and other places of detention and shall certify whether they are, in all respects, fit for occupation by prisoners,

(10) if he is the Resident Medical Officer, visit the hospital daily before 10 a. m. and shall go round the wards and see all admitted and detained cases,

(11) personally examine and pass orders regarding the treatment of all prisoners who have come or been sent to hospital since the previous morning,

(12) examine all prisoners for diseases like V. D., provided that women prisoners shall be examined by lady doctors only,

(13) as far as may be practicable, personally treat the sick prisoners instead of delegating this duty to a Junior Medical Officer,

(14) visit the prison as many times daily as may be necessary for the efficient discharge of his duties or, if he is unable to do so on any day, he shall issue suitable instructions to his Junior Medical Officer in respect of cases requiring attention,

(15) acquaint the Superintendent of his absence and the arrangements done by him for his duties and shall on his rejoining, record the cause and duration of his absence in form I,

(16) inspect every part of the prison regularly and frequently for the purpose of ascertaining that nothing likely to be injurious to the health of the prisoners exist therein and ascertain that ventilation and cleanliness of the barracks, yards, latrines, and other parts of the prison are properly attended to according to the rules laid down for conservancy and that cleanliness of the persons and clothing of prisoners is observed.

(17) be present at the time of weekly inspection of prison by the Superintendent, attend to the medical requirements of prisoners and shall record his observations in form I with instructions, if any,

(18) occasionally visit the sleeping wards some hours after the inmates have been locked up in order to inspect the ventilation arrangements and particularly to see whether the air inside is foul and temperature unduly high,

(19) visit once daily, and oftener if necessary, all prisoners in cells and shall report at once in writing to the Superintendent the necessity for the removal of any prisoner therefrom on account of bodily or mental infirmity,

(20) see that the hospital books, registers and returns are properly maintained and are initialled daily where necessary,

(21) Pay special attention to the following registers and books, namely:—

- (1) Medical Officers' Journal, in form I,
- (2) Health Register, in form II,
- (3) Register of Sick Prisoners, in form III,
- (4) Register of Convalescent Prisoners (with index), in form IV,
- (5) Register of extra diet given to prisoners, in form V,
- (6) Requisition Book, in form VI,

- (7) Register of Surgical Instruments and Medical Books, in form VII,
- (8) Register of Hospital Clothing, in form VIII, and
- (9) Expense book of drugs, in form IX,

(22) keep a record in form X (Form C. M. 3) of all cases admitted to hospital, of the number of prisoners treated as outpatients for minor ailments and of the members of the staff and their families in the form prescribed by the Inspector General,

(23) scrutinise the entries made by the Junior Medical Officer, in Health Register, in form II about the state of health of prisoners, and decide class of labour (hard, or other than hard) for which the prisoner is physically fit; and shall record the reason for classifying a prisoner as fit for labour other than hard on his history ticket as well as in form II and where a prisoner appears sick shall direct his removal to the prison hospital or into quarantine and shall note in the remark column of the said register anything abnormal in the prisoner's condition,

(24) sign orders for extra diet and other articles required for sick prisoners whether in or out of the hospital and shall make a report thereof every month to the Inspector General in respect of central prisons and to the Regional Deputy Inspector General in respect of other prisons through the Superintendent including variations made in the ordinary diet of prisoners on medical grounds, as also during any epidemic or other emergency,

(25) recommend to the Superintendent for change of diet of entire prison during the prevalence of epidemic disease or in case of emergency,

(26) while forming an opinion about the physical fitness for labour of a convicted criminal prisoner take into account the prisoner's occupation, his mode of life, health, locality in which he has resided, abundance or scarcity of food in the district to which the prisoner belongs, the state of his muscles and limbs and' signs, if any, of constitutional or mental weakness,

(27) cause to be prepared and brought to the notice of the Superintendent, an abstract of statement showing the total number of prisoners employed on labour who have gained weight, the number of kilograms gained, the total number of prisoners who have lost weight, the number of kilograms lost and the number of prisoners whose weight has remained the same,

(28) prepare nominal rolls (in Form Jail 36-A) each month and attach to the detailed contingent bill. Such rolls shall show (a) the total number of prisoners to whom a particular extra diet is given, (b) the medical grounds on which extra diet is given, (c) the total number of prisoners in or out of the hospital to whom extras or food other than that supplied to ordinary prisoners was issued during the month, and (d) the reasons for giving the extras or special diet in each case,

(29) report in form I about the health of a prisoner or the prisoners generally, the result of his weekly and other inspections and any practice, acts or omissions which he may consider to be objectionable on sanitary grounds,

(30) report to the Superintendent for communication to the Inspector General matters connected with the sanitary conditions of the prison or the treatment of the prisoners which shall at any time appear to him to require his consideration. He shall make a special report through the Superintendent to the Inspector General of any unusual or excessive sickness or mortality in the prison,

(31) report to the Superintendent in writing the appearance of any epidemic or contagious disease likely to assume an epidemic form, and any irregularities in the hospital or any other part of the prison which may come to his knowledge in connection with his medical duties or the sanitary arrangements in force, making at the same time necessary suggestions and shall also report to the Surgeon General, the Director of Public Health and the Director, Bombay Bacteriological Laboratory, Parel, the appearance of epidemic disease of a contagious nature,

(32) give directions in writing for immediately separating from the other prisoners any prisoner having, or suspected of having, infectious, contagious, or mental disease, and for cleansing, disinfecting, or destroying any infected places, bedding or clothing,

(33) hold postmortem examination in all fatal cases if possible, and note the result with a brief account of the general health of the prisoner at the time of his admission into prison, the nature of his illness and work on which he was employed, the nature of punishments imposed on him during the whole period of his imprisonment, and any remarks he may think necessary to offer on the nature and cause of the disease and on the general clinical features of the case with any account of the appearances after death. Provided that no postmortem examination shall

be made in cases in which the Medical Officer certifies with absolute certainty the cause of death of prisoners. The concurrence of the Superintendent shall be obtained in cases in which postmortem examination is not held.

(34) examine judiciously all cases which are recommended for release on medical grounds by the Medical Officer Class III, satisfy himself that the prisoner is really in such a state as to justify his immediate release from jail on medical grounds, and issue the certificate over his signature for being sent to Government with the report, and

(35) examine all prisoners awarded corporal punishment before it is executed and also attend all executions of prisoners.

4. The walls of the hospital shall be scrapped and white washed every six months or oftener, if necessary. Lunatic sick prisoners shall be kept in separate cells.

5. In each hospital cots may be provided to sick prisoners together with mattress, pillow, pillow case, bed sheets and such blankets as may be necessary. Mosquito curtains may also be provided in malarious locality. In all cases a record Form C. M. 3 (Form X) shall be kept. In fever cases a temperature chart shall also be kept.

6. Prisoner complaining of illness shall be brought before the Medical Officer who, after examination, shall determine whether he should be kept under treatment as an outpatient, placed on the gang of convalescent prisoners or admitted in hospital. Where the Medical Officer is of the opinion that none of these courses is necessary, he shall make necessary remarks about the labour or diet in form I which shall be placed before the Superintendent for orders.

7. The Medical Officer may permit any prisoner to purchase from his private cash, any items of food, patent medicines, or articles of clothing, if he considers that these are essential for the maintenance of the health of the prisoner. All such orders shall be entered in form I.

8. A prisoner may be detained for 24 hours but not longer in hospital under observation, without his name being entered in form II. If the Medical Officer finds a prisoner to be malingering, he shall at once report the fact to the Superintendent *for necessary action*.

Gang of infirm
prisoners

9. (i) In every prison there shall be a gang of infirm prisoners in which the following class of prisoners shall be placed for special treatment:—

(1) permanently infirm prisoners, that is to say, such prisoners as are permanently infirmed due to age or bodily infirmity and thus physically incapacitated from doing any labour,

(2) convalescent prisoners discharged from hospital from convalescence and who are temporarily unfit for labour,

(3) prisoners who are generally out of health and suffering from some organic disease but who can do some work. Such prisoners shall be given work on the recommendation of the Medical Officer,

(4) prisoners who are losing weight without any apparent cause in spite of all precautions taken for their recovery.

(ii) The prisoners referred to in sub-rule (1) shall be examined daily by the Junior Medical Officer, if any, in charge of the prison, and at least once a week by the Medical Officer, and shall as far as possible be kept together and their names shall be entered in form IV.

Segregation of
convalescing
prisoners

10. (i) Prisoners convalescing from attack of dysentery, cerebro-spinal meningitis or pneumonia shall be segregated for at least a month after their discharge from hospital,

(ii) Prisoners suffering from skin or other contagious disease shall be kept in hospitals *properly segregated*.

Transfer of
prisoners in
urgent cases

11. Urgent cases requiring immediate surgical or other treatment which cannot be given in the prison hospital shall be transferred at once to the local Civil Hospital and report made to the Regional Deputy Inspector General.

Prisoners
suffering from
leprosy

12. A prisoner suffering from leprosy shall, on the recommendation of the Medical Officer, be segregated from other prisoner and a cell, a ward or a temporary shed shall be set apart for the purpose. Where a prisoner sentenced to rigorous imprisonment is found to be suffering from leprosy, he shall not be put to such work as is likely to be handled by others.

FORM I

[See rules 3 (15), 3 (17), 3 (29), 6 and 7]

MEDICAL OFFICER'S JOURNAL

Date	Suggestion and observations of the Medical Officer	Orders issued by the Superintendent of the prison and action taken by the Jailor	No. and date under which extract submitted to I. G.	Number of visits paid during the month and class of M. M. S. Officer
1	2	3	4	5

FORM

[See rules

Register of Prisoners showing particulars of Health on their admission

Serial No. as per Register No. 3	Prisoner's Name	Age	Date of Admission	State of Health on admission	(Class of Labour H. Hard M. Medium L. Light)
1	2	3	4	5	6

FORM III

[See rule 3 (21)]

**Register of the Sick in the Prison Hospital
for the Month of 200 .**

Serial No.	Register No.	Name with father's or husband's name	Age on admission	Employment in prison
1	2	3	4	5

Barrack in which prisoner has been sleeping	Diseases	Date of admission into Hospital	Date of discharge or death	Remarks
6	7	8	9	10

FORM IV

[See rules 3 (21), 9 (2)]

Convalescent **Register of the** **Prison** **for the Year 19**
Old and Infirm **Jail**

Serial No.	Register No.	Name of convict	Medical reason for Classification	Date on which brought on this Register	Date on which dischared from this Register	Initials of Medical Officer on discharge of Convict from this Register	Re-marks
1	2	3	4	5	6	7	8

FORM V

[See rule 3 (21)]

**Register of Extra Diet or any other article allowed to
Prisoners in and out of Hospital in excess of the respective
Hospital
or Prison Dietary of the Prison during the**

No.	Name	Month of Medical grounds	Whether in or out of Hospital	Articles allowed	Quantity	Date on which commenced	Period for which sanctioned
1	2	3	4	5	6	7	8

Initials of Medical Officer	Date on which last issued	Initials of Medical Officer	Total quantity issued during the Month					
			Mutton	Milk	Sugar			
9	10	11						

Kg. G. Kg. G. Kg. G. Kg. G. Kg. G. Kg. G.

Brought forward ...

Carried over ...

FORM VI

[See rule 3 (21)]

Hospital Requisition on the Prison Authority

Date	Name of Artical	Number of quantity required	Remarks

FORM VII

C. M. 125 e.

[See rule 3 (21)]

Register of Dead Stock Article or Instruments and Appliances or Books of the Veternity Civil Hospital for the 19 .

Serial No.	Description of articles	Opening Balance on 1-4-20		Purchased during the year		
		No.	Value	Vr. No.	No.	Value
1	2	3	4	5	6	7

FORM VII-contd.

No.	Disposed of or written off				Balance in stock 31-1-20		Initials of the Veterinary Assistant Surgeon or of the Medical Officer	Remarks
	Value	Orders autho- rising the disposal	Date of credit in the cash book	No.	Value			
8	9	10	11	12	13	14	15	

CLOTHING REGISTER OF THE

PRISON FOR THE
SUB-JAIL

	Strength at close of month		Males and Females							Males				
	M	F	Bedding					Blankets		Jackets			Socks	
			Matresses	Mats, coir	Mats, moonja	Pillows	Sheets	Cotton-woollen	Woollen	Caps, cotton	Cotton	Cotton-woollen	Gunny	Woollen
Under trial ...														
Convicts ...														
Total ...														
Balance on last day of previous month ...														
<i>Received—</i>														
From Factory on—														
By transfer (not to be Returned) ...														
from														
Total ...														
<i>Deduct—</i>														
Used in mending and repairing on— ...														
Used in making pads etc., on— ...														
Transferred (not to be returned to) ...														
Sold by auction ...														
Total ..														
Balance at end of month ...														
Details of Balance—														
<i>On Prisoner's body—</i>														
1. Issued new during past months ...														
2. In good condition ...														
3. Ragged to be condemned next month ...														
Total ...														
<i>In Store—</i>														
1, New, never issued ...														
2. Part-worn, in good condition, fit for immediate issue.														
3. Repairable ...														
Total ...														
Dated														

VIII

3 (21)]

MONTH OF 19 ..

						Females			Convict Officers						Miscellaneous		
Pants						Clothing Females			Coats								
Cotton		Lungoties or cloth overcoats		Towels		Cloth Lengths or Saries	Bodies or Cholies	Trousers	Cotton	Cotton-woollen	Sandals or shoes	Socks	Pants, Cotton	Turbans		Gaiters, leather	Thongs, leather

FORM X

[See rule 3 (22) and 5]

MEDICAL CASE RECORD

रुज्ज पत्रिजा

HOSPITAL रुज्जालय		Regd. No. -गोंदजी ञ्र मांज				
Ward रुज्जालय	Admission दाजल जे ल्याचा	Date दि-गंज	Hour वेळ			
Bed. No. जाट ञ्र मांज						
Under Care of विभाज प्रमुज	Discharge of Death रुज्जालयातू-ग सोडल्याचा जिं वा मृत्यूचा	Date दि-गंज	Hour वेळ			
M. O. वैद्यजीय अधिजारी Student विद्यार्थी						
Name संपूर्ज -गाव	Caste जात					
Age Sex वय पुरुष/स्त्री	Income उत्पन्न					
Address पत्ता	Income उत्पन्न	(1) Cured (१) संपूर्ज बरा झाला	(2) Relieved (२) सुधारजा झाली			
Occupation व्यवसाय				(3) Unrelieved (३) मुळीच सुधारजा झाली -गही	(4) Absconded (४) पळाला	
Next of Kin जवळच्या -गातेवाईजचे -गाव						(5) Died (५) मृत्यू पावला
Address पत्ता						
Referred by जोजी पाठविले						
PROVISIONAL DIAGNOSIS तात्पुरते रोजगिदा-ग						
FINAL DIAGNOSIS गिशचित रोजगिदा-ग						

(Case continued)

Name

संपूर्ज -गाव

Date दि-मांज	Clinical Notes व्याधि-विवरज	Treatment and Diet उपचार व आहार

SECTION II : NON-STATUTORY RULES

1. For all administrative purposes, the Medical Officer is subordinate to the Superintendent of the prison except as regards the medical treatment of the sick. He shall have a free hand in the medical treatment of the inmates of the Hospital whether sick or convalescent or under observation, subject to Jail discipline. He is under the general control of the I. G. of prisons.

2. All Medical Officers and Medical staff solely employed in the Jail Department are debarred from private practice. (*Vide* G. R., H. D., No. 8944, dated the 30th January, 1926).

3. The Medical Officers shall advise the Superintendent as to the means to be taken for the protection of prisoners from cold, wet or sun.

4. Whenever the mortality of the prison during a month exceeds one per cent per annum, the Medical Officer shall record in the monthly sick return an explanation of the cause of such excess of mortality. In cases of unusual mortality he shall make a special report on the subject for transmission to the Government, through the Regional Deputy Inspector General and the Inspector General of Prisons.

5. In treating weak, convalescent and old prisoners, the following points shall be noted:—

(a) They should form a separate class apart from the other prisoners.

(b) They should be allowed extra clothing and bedding, if considered necessary.

(c) Extra and/or varied diet may be prescribed for them, if considered necessary.

(d) Suitable arrangements should be made to ensure that the old prisoners particularly have easy access to urinals during the night.

6. Every prisoner shall be weighed regularly every alternate Sunday, in the presence of the Medical Officer or the M. M. S. Officer who shall personally record the weights in a Register specially kept by him for the purpose. The weighment should take place before the morning meal and the prisoner should wear trousers only. Deductions should be made on account of fetters at the rate of 2.260 Kgs. and 1.360 Kgs. for bar and chain fetters respectively. The Medical Officer shall prescribe such treatment to prisoners as he considers necessary on account of undue loss of weight.

7. The Medical Officers shall from time to time examine the prisoners while at work and issue such instructions as he may think necessary regarding the change of labour of prisoners. Prisoners whose labour has been so changed shall not be shifted back until the receipt of further instructions from the Medical Officer regarding his fitness.

8. Opium is not to be given to a prisoner except on the written orders of the Medical Officer.

9. The Medical Officer shall apply to the Superintendent for Convict hospital attendants whenever he requires them. In the event of a prisoner who is seriously ill in prison, having a relative also in prison, the latter may be allowed, at the discretion of the Superintendent to attend on the patient.

10. When necessary the Medical Officer may call in a lady doctor in Government service to attend female prisoners:—

(a) Such lady doctors are not entitled to fees but they should be given conveyance charges to the extent necessary. Where lady doctor in Government service are not available the lady doctors employed in the Dufferin Fund and other Municipal and Local Board Institutions should be called in and paid fees in accordance with the following scale:—

(1) *By Day.*

Medical Officers of the Women's service and Medical Women with English Qualifications—Rs. 16 plus conveyance charges.

Lady doctors holding the degree of M. B. B. S.—Rs. 8 plus conveyance charges.

Lady doctors holding diploma of L. C. P. S.—Rs. 4 plus conveyance charges.

(2) *By night.*

Double the above rates.

(b) Where no such lady doctors as mentioned in paragraph (a) above are available other lady medical practitioners should be called in when necessary and should be allowed such fees as the Superintendent of Jail considers reasonable.

(c) The cost on account of such fees and conveyance charges is debitable to "Medical and Hospital equipment" and "Current Office expenses" respectively.

Note :—The rule is not applicable to women prisoners in Yeravda Women's Prison. (*Vide* G. L., H. D. No. 9685/2-III, dated 24th October 1934).

11. The Medical Officer shall be responsible that every prisoner, transferred or removed for any purpose, is in a fit state to undertake the journey required of him, and shall certify at the foot of the nominal roll that the prisoners are fit for transfer. He shall see that sick prisoners are provided with proper diet for the journey.

12. All prisoners complaining of illness shall be brought before the Medical Officer and shall be examined by him, and he shall determine whether they shall be detained under observation, treated outside the hospital, placed on the convalescent gang, or admitted into hospital. If he thinks none of these courses is necessary, he may make any recommendations in writing as to the prisoner's labour or diet in Register No. 32, which shall be laid before the Superintendent for information and orders. (Government letter, Judicial Department, No. 4798, dated the 30th August 1892).

13. In the absence of the Medical Officer, the Maharashtra Medical Service Officer may admit prisoners into hospital bringing them before the Medical Officer on his next visit. Any order passed By the M. O. as to a prisoner's labour or diet shall be entered in the latter's history ticket.

14. All border line cases (*i. e.* cases which are not fit to be sent to the Mental Hospital but which show signs of mental disorder) of prisoners suffering from mental disorders shall be concentrated in the Yeravda Central Prison and Nagpur Central Prison. (Government Letter, Judicial Department No. 4798, dated the 30th August 1892).

15. The Superintendent shall in consultation with the Medical Officer, detail a sufficient number of well behaved prisoners to perform the mental duties of the hospital. Prisoners so detailed shall be under the immediate orders of the Medical Officer, and shall perform such duties as he may require of them.

16. In each Jail specially selected intelligent prisoners shall be trained in nursing by the Medical staff and shall not be transferred from the hospital to other work except on account of misconduct and with the concurrence of the Medical Officer.

17. When a prisoner is admitted to the Jail Hospital and placed under the treatment of the Medical Officer, all medicines including patent medicines, extra or special diet and clothing should be supplied to him at Government expense to ensure his speedy recovery. It is not however, necessary to give special medical treatment to the patient prisoners with costly special drugs like streptomycine, chloromycine, etc. when they can be cured with ordinary medicines even though the period in which they will be cured will be slight longer. If a patient prisoner is desirous of having treatment with special and costly drugs at his own cost he should be given every facility to purchase them, provided the Medical Officer consider it necessary in the interest of the health of the prisoner. In exceptional cases however of the Medical Officer considers that but for the treatment with special drugs the disease from which a particular prisoner is suffering is likely to prove fatal, the Medical Officer may supply special drugs to the prisoner in the prison Hospital. The same rule should also apply when the patient prisoner is transferred to the local Civil Hospital for treatment. In any particular case, however, if the Civil Surgeon considers that treatment, with drugs is indispensable, the patient prisoner may be so treated and the expenditure on the treatment met from the regular grants at the disposal of the Civil Hospital or the Poor Fund or the Hospital Maintenance Fund.

In the case of prisoners, who are accustomed to a particular type of food or patent medicines, etc. but who are not admitted to the Hospital and placed under treatment, the Medical Officer, may if he considers that particular type of food or medicine is essential for the normal maintenance of health of such prisoners, allow them to be supplied at the prisoner's own cost. (Government letter, Home Department, No. 5399/5-C, dated 27th November 1948 and 2209/7-C, dated the 19th June 1953.)

18. If a case in Jail hospital does not respond to treatment within a reasonable time or when the Medical Officer is not certain about the diagnosis he should consult Civil Surgeon of the District. (Inspector General's Circular No. 180, dated the 29th July 1938).

19. (1) In cases where the Medical Officer considers x-ray or any other examination for diagnosis is necessary which is not available in the local civil or other Government aided hospital, a report in the matter should be made to the Regional Deputy Inspector General of Prisons by the Superintendents of District Prison and to I. G. by the Superintendents of Central Prisons.

(2) Prisoners should be removed to the Hospital Prison, Bombay after obtaining orders of the I. G. In emergent cases, however, the Superintendent may on his own accord remove a prisoner to the Hospital Prison, Bombay and approach the I. G. for approving his action. (Inspector General's Circular No. 180, dated the 29th July, 1938).

20. Prisoners, who are desirous of having extra medical facilities in respect of diet or clothing in addition to those provided for in the Jail Hospitals, may be allowed to supplement them at their own cost, provided the Medical Officer considers it necessary in the interest of the health of the prisoner. (Government letter, Home Department No. 5410/5-C, dated the 5th September 1949).

21. Prisoners who want dental treatment over and above what is available in the adjacent Civil Hospitals, may be allowed to have it at their own cost. (Government letter, H. D. No. 5410/5-C, dated the 5th September 1949).

22. When the Medical Officer is of opinion that the removal of a sick prisoner to another prison is absolutely necessary to save his life and is likely to lead to his recovery, he shall submit a brief statement of the case to the Superintendent, and point out the prison to which he considers a transfer desirable. The Superintendent shall submit the recommendation for orders to the Regional Deputy Inspector General of Prisons in respect of District Prisons and to the I. G. of Prisons in respect of Central Prisons.

Note.—If any prisoner transferred for the benefit of his health dies, within three months after his arrival, of the disease on account of which he was transferred, his death shall be borne on the returns of the transferring prison, but if during such 3 months he dies of a different disease or dies subsequent to such 3 months of the disease on account of which he was transferred, his death shall be included in the returns of the prison wherein he dies. In the former case, his admission shall not be included in the statistics of the receiving prison nor his transfer in the statistics of the despatching prison.

23. The Chief epidemic diseases which are likely to occur in Prisons are :—

Cholera, Diarrhoea, Small-pox, Cerebrospinal meningitis, influenza, relapsing fever, dysentery, pneumonia, Plague, beri-beri, mumps, measles and scurvy. The Superintendent shall enforce all preventive measures in consultation with the Medical Officer.

24. If within a week after the first case of Cholera, cerebrospinal, meningitis or plague has shown itself in a prison, two or more cases occur, it shall be considered that the disease has assumed an epidemic form and information shall at once be sent to the Inspector General, the Regional Dy. I. G. of Prisons and the neighbouring Prisons, if necessary.

25. In the event of epidemic disease being present in the vicinity of a prison, care shall be taken, as far as possible, to prevent any communication taking place between the inmates of the prison and the infected locality.

26. More than the ordinary attention shall be paid to all the usual conservancy arrangements of the Prison, and the Medical Officer shall recommend such alterations in the prison diet as may be calculated to guard prisoners from liability to the attacks of epidemic diseases. As few sick as possible ought to be collected in the Jail hospital, all trifling ailments being treated in barracks.

27. If any epidemic disease is present in the district, care shall be taken that all prisoners received from such districts are carefully examined and made to wash themselves and their clothing thoroughly, disinfected on admission into prison. They shall then be rigorously segregated for a period of not less than ten days in such manner as the Medical Officer may deem proper. The assistance of the district authorities should be asked with a view to all prisoners being admitted sufficiently early in the day to allow washing and disinfection on the same day.

28. For every prison, one or more camping grounds, sufficient to accommodate the usual total population with guards, shall be selected. The selection shall not be left till an epidemic actually occurs. The Superintendent shall select these camping grounds in communication with the District Magistrate and the Medical Officer.

29. Every camping ground shall be selected so as to comply, as far as possible with the following conditions; its exact accommodation shall be ascertained by measurement, and in making the selections special attention shall be paid to its state during the rains:—

(a) It shall be easy to access and not nearer than two miles to any military cantonment or than one mile to any Civil station or town.

- (b) It shall not be on any great lines of communication.
- (c) The ground shall be high and well drained.
- (d) There shall be a good supply of drinking water.
- (e) There shall be no rank vegetation, and thick tops of trees must be avoided.
- (f) The distance of the camping ground from the prison shall not ordinarily exceed five miles without Inspector General's permission.

30. When a removal into camp becomes probable the Superintendent and Medical Officer shall inspect the ground afresh and satisfy themselves that it is really available and in order.

31. It is desirable that every prison, where a site is available shall be provided with two permanent isolation sheds built outside the prison walls. On the first occurrence of a case of cholera, plague, cerebro-spinal meningitis or suspicious diarrhoea, the patient shall not be taken to hospital but shall be immediately removed out of the prison at one of these sheds while in the other shed all attendants sweepers etc. looking after the case shall be strictly isolated and shall on no pretext, be allowed to enter the prison or communicate with other prisoners until all risk of infections is over.

32. The utmost care must be taken that all prisoners employed in cleaning a ward in which a case of epidemic diarrhoea, cholera, or plague has occurred or who have been in contact with the patient after the first symptoms have appeared, are retained under medical observations in a separate building, where available, in a manner that shall effectually prevent their mingling, on any pretext with other prisoners who have not been so employed, special care being taken that they are bathed and fed apart, and their excreta are separately collected and are disinfected before removal, and that their clothing are thoroughly disinfected before they are again allowed to mix with other prisoners.

33. These disinfecting parties shall, as far as possible be selected from among those prisoners who have been confined in the same ward or barracks as that in which the case of epidemic disease has appeared.

34. If an epidemic of any of the diseases named in rule 23 especially cholera, becomes severe, all or a part only of the prisoners may be moved from the prison either to any place on the prison premises or to the prison

camping ground. The Medical Officer shall decide, after consulting the Superintendent, when it is necessary to move the prisoners from the prison, provided that if the Superintendent does not agree with Medical Officer's decision he shall before acting on it, refer the question for the orders of the Inspector General by telegram. Similarly, if the Superintendent and Medical Officer disagree as to whether they shall to move to the prison camping ground or to any place on prison premises, the question of issue shall be referred to the Inspector General by telegram. In any case in which any removal of prisoners is determined, the fact shall be at once reported to the Inspector General by telegram. When the prisoners are being moved out of the prison, the District Magistrate and Police authorities should be communicated with, so that any extra guard of Police, if required for the camp, may be in readiness.

35. The evacuation of a whole prison involves large expenditure and disturbance of discipline and labour. It should not therefore be resorted to except with Inspector General's sanction. If the monsoon is in progress, prompt reduction of the Jail population by removal of a portion of the prisoners into camp may be attempted as it allows the infected wards to be vacated and cleansed.

36. When the tents provided at the prison are insufficient for the accommodation of the prisoners, application shall be made by telegram to the Inspector General, and if more tents are not procurable, huts shall be put up for the shelter of the prisoners. The tents, after the camp is closed, shall be allowed to stand for few days, during which they shall be thoroughly disinfected.

37. Where prisoners are moved into camp dry straw may be provided for them to sleep on and cots for the sick.

38. In camp there shall be two detached hospitals one after the treatment of miscellaneous cases, and the other for the treatment of epidemic cases. These shall be to the leeward of, and some distance from the camp.

39. Careful attention shall be paid to the conservancy of the camp and the trenches shall be dug every day to the leeward of the position. The prisoners and all others connected with the camp shall be made to resort to these trenches for the purposes of nature. These trenches shall be covered over with earth every evening.

40. No one but prison officials, of those having the Superintendent's pass, shall be allowed to enter a camp. The boundary of a camp can be effectively marked by a ditch 15 cms. deep and 46 cms. wide; the earth from this being all heaped up outside. By these means a sharp, well defined shadow is thrown which at night assists the sentry in detecting any one crossing the boundary. In place of the trench a fence of thorny bushes, if available may be constructed.

41. If the disease continues unabated in frequency and virulence after the removal of the prisoners, it will be advisable to shift the camping ground.

42. Where epidemic disease has broken out in a prison and it may not be considered desirable to remove the prisoners into camp, the following precautions shall be observed in the prison during the prevalence of the disease:—

(a) The barrack in which a case occurs shall be immediately vacated, other accommodation being found for the inmates, who shall be kept together, and on no account be distributed amongst the other prisoners. The vacated barrack shall be thoroughly and carefully disinfected, the disinfection being carried out if possible by the prisoners who occupied the barrack.

(b) The condition of every prisoner shall be carefully watched, as the earlier a patient is treated the greater is the chance of his or her recovery. During the night enquiries as to the health of the inmates of each barrack shall be made by the sentries every hour, and any persons attacked by premonitory symptoms shall be immediately removed for treatment. Convict Officers shall be required to report at once any sign of sickness, and a prisoner visiting the latrine oftener than usual shall be placed under observation.

(c) The most scrupulous attention shall be paid to the latrines and every detail connected with "dry earth conservancy" shall be most carefully and continuously enforced. Should any latrine have been used by a prisoner suffering from cholera or epidemic dysentery or diarrhoea the latrine shall be closed and disinfected; all pans if of earth, broken and buried or burnt, if of iron disinfected with fire or strong disinfectant solution, exposed to the sun, and tarred.

(d) A wood fire shall be burned in each ward or cell, the doors and windows being closed for a short period.

(c) All overcrowding shall be far as possible be strictly avoided both in the hospital barracks and cells. If the epidemic be severe it may be desirable to give up the hospital to epidemic cases, removing all other cases to any temporary hospital that can be improvised in a ward or workshed, should there be no better place available. Slight cases of colic or ordinary diarrhoea should also be treated separately and not admitted to hospital until the characteristic symptoms of cholera have appeared.

(f) Those parts of the hospital floors which are liable to be soiled may be sprinkled with ashes, saw-dust or fine sand. All discharges shall immediately be carried away, and any portion of the floor which is soiled shall be at once cleaned and thoroughly wetted with strong solution of carbolic acid, or per-chloride or mercury.

(g) During epidemic disease if the water supply is not absolutely free from suspicion, special attention shall be paid to the chlorination of all drinking water.

(h) If necessary the number of sweepers shall be increased, and, if there are not sufficient prisoners available for conservancy duty, the extra number required shall be engaged from outside. The convict sweepers and attendants on patients may be encouraged in their work by a small daily allowance of tobacco or some inexpensive change of diet or increase in the rates of wages. All reasonable charges which it may appear necessary to incur in carrying out these rules, will be passed by the Inspector General.

(i) Work in the factory shall be relaxed, but not discontinued entirely. The prisoners, if in camp, shall be employed in cleaning and levelling the ground and other easy labour. A midday rest for more than the prescribed hours shall be allowed, if considered essential by the Medical Officer.

(j) If for ten clear days no fresh case has occurred either in camp or in the prison, and the prescribed purification of the latter has been completed, the prisoners may return to it.

(k) Before the prisoners return, the whole of the clothing and bedding shall be boiled for 10 minutes or disinfected by steam if a disinfectant is available.

(l) The dejecta of a patient suffering from Cholera shall be received in a vessel containing some disinfectant and be immediately buried or burnt.

(m) On the recovery or death of a patient suffering from a dangerous infectious disease, the clothing and bedding shall be immediately burnt.

(n) The prison officials and their quarters shall be attended to in every respect according to the rules laid down for the protection of prisoners.

(o) Cases occurring amongst the women prisoners are to form no exception to these rules.

(p) The body of a prisoner who has died of a highly infectious disease shall be entirely wrapped in a sheet saturated with a strong disinfectant e. g. one part perchloride of mercury in 500 parts of water and buried or burnt with the least possible delay.

(q) Whenever epidemic sickness prevails in a prison a return in Jail Form No. 93 shall be submitted daily to the Inspector General. On this return the Medical Officer shall briefly note the measures he is taking to arrest the epidemic, and any information -he may consider of importance. The return shall be discontinued when the attacks have ceased. The outbreak shall also be reported to the Chief Sanitary Officer of the district.

(r) An outbreak of epidemic disease shall be reported immediately to the Director of Public Health by the Medical Officer through the Superintendent.

43. When it is clearly apparent that plague or cholera is established in an epidemic form in a Jail or in the surrounding districts inoculation (on Professor Hafkin's system) shall be resorted to without' delay in consultation with the Director of Public Health or his local representative.

44. If there is any reason to think that the clothing of any Jail guard or prison official is likely to have been polluted by any cholera discharge it shall at once be withdrawn from use and disinfected.

45. In each Central, Special and District Prison there shall always be a squad of 5 to 10 prisoners and Convict Officers specially trained by the Medical Officer to take preventive measures against the spread of epidemics. The squad should be used for taking the preventive measures as soon as there is a reasonable apprehension of an epidemic spreading in the Jail.

46. All Jail employees and their families residing in prison quarters must be vaccinated.

47. Any undertrial prisoner or a convict suffering from leprosy, whose segregation the Medical Officer recommends, shall be segregated from all other prisoners, a cell, ward or temporary shed being set apart for the purpose, care shall be taken that such confinement is not solitary. The prisoner shall see and may converse with other prisoners and, if he is a convict sentenced to rigorous imprisonment, he shall not be given any work which is likely to be handled by others.

48. Prisoners suffering from leprosy shall as far as possible be housed in the prisons classified for confinement of leper prisoners. When a convict suffering from leprosy is admitted in any prison other than that which is classified for confinement of leper prisoners, his Nominal Roll shall be submitted to the I. G. together with a request mentioning in brief the medical case, the type and stage of the disease and the opinion of the M. O. regarding the desirability of removing him to a leper ward.

49. Cells or wards which have been occupied by lepers shall be limewashed and thoroughly cleansed before any other prisoner is confined in them. The prison clothing used by a released leper shall either be disinfected or destroyed, as may be recommended by the Medical Officer.

50. When a prisoner suffering from leprosy is travelling by rail, due notice of the fact shall be given to the Railway authorities.

*51. Duties of Junior Medical Officer :—

I. It shall be the duty of the Junior Medical Officer,

(a) to attend daily the sick in the hospital and outdoor patients and supervise the preparation and issue of medicines to the sick prisoners;

(b) to supervise the issue of food and extra diet to the sick and to those in the infirm and convalescent gags ;

(c) to maintain order and discipline in the Jail Hospital and to ensure safe custody of prisoners in the hospital subject to any other arrangement made by the Superintendent from unlocking to lock up ;

(d) to see that the yards and buildings of the hospital are always kept locked and properly secured;

(e) to ensure the safe custody of medicines, instruments, appliances, equipment, hospital and prisoners' clothing and to see that all medicines are properly arranged and labelled and that proper care of the instruments, appliances, and other equipment in his charge is taken by the party handling it ;

(f) to maintain all registers up-to-date and prepare or cause to be prepared and despatch all indents and returns on prescribed dates;

(g) to make a daily round of the prison ;

(h) to inspect water supply, drains, trenching ground etc. and report to the authority concerned any defects noticed by him during his inspection rounds;

(i) to inspect the prisoners in cells daily ;

(j) to examine all newly admitted prisoners;

(k) to visit staff quarters twice a month to ensure that the sanitary conditions are quite satisfactory ;

(l) to accompany to the R. M. O. and/or Sr. M. O. on his visit to prison and take note of all orders given by him;

(m) to superintend the fortnightly weighment of prisoners which shall be recorded on their History tickets and other relevant register and to put up before the R. M. O. or Sr. M. O. cases of prisoners who are persistently losing weight.

II. He shall at least once a week inspect every part of the prison and its precincts and shall satisfy himself that nothing exists therein which is likely to be injurious to the health of the prisoners, that the drainage is satisfactory and the water supply is pure and not liable to pollution and that due precautions against overcrowding are taken and that the ventilation and cleanliness of the barracks, workshops, cells, wards etc., are provided for and properly attended to;

III. He shall inspect the kitchen daily and feeding parades frequently and shall test the weight and quality of the rations before and after cooking;

IV. He shall also examine prisoners complaining of illness and admit them if necessary to hospital. He shall promptly report the cases of malingerers to the R. M. O. or Sr. M. O. who in turn report such cases to the Superintendent for punishment.

V. He shall inspect all the prisoners once a week at a general parade and shall from time to time examine the labouring prisoners, while they are employed. He shall at least once a fortnight cause to be recorded upon the History sheets of each prisoner employed on labour, the weight of such prisoner at the time and shall cause the prisoners losing weight to

be paraded apart for the special attention both of himself and of the R. M. O. or Sr. M. O. When he is of opinion that the health of any prisoner suffers from employment of any kind or class of labour, he shall record such opinion in the prisoner's history sheet which should be immediately placed before the R. M. O. or Sr. M. O., who should ensure that such prisoner is not employed on that labour but is placed on some other suitable kind or class of labour.

VI. He shall attend all members of the prison staff and their families, who reside in the prison premises and require medical help. Medicines required for the treatment of the members of the prison staff and their families shall be supplied from the prison store. He shall bring to the notice of the Superintendent any facts respecting the cases of illness that may be of importance in enabling him to determine as to the fitness or otherwise of Jail subordinate for continued employment in the prison service.

52. Duties of the Compounder :—

(i) He shall be responsible for the safe custody of medicines and equipment, bedding and clothings of the hospital and for the proper supply of these articles to the patients in hospital, according to the instructions of the medical officer.

(ii) He shall be responsible for the correct and proper dispensing of medicines and shall see that the almirahs are securely locked and poisons kept separate.

(iii) He shall keep the dispensary always clean and tidy.

(iv) He shall help the Medical Officer in maintaining the records on medical matters. He will help the Medical Officer in taking and recording the weight of prisoners.

(v) He shall maintain the temperature charts of prisoners admitted to the Hospital in the absence of nursing orderlies.

(vi) He shall comply with all orders and directions of the R. M. O. and the Medical Officers relating to medical matters.

53. Duties of Nursing Orderlies :—The duties of Nursing Orderlies shall be prescribed by the Junior Medical Officer, which will be recorded to writing and shall be approved by the R. M. O. or Sr. M. O. Any change of their duty made by the Junior Medical Officer should be immediately brought to the notice of the R. M. O. or Sr. M. O.

- Added by Government, Home Department, Resolution No. RJM-1058-(XX)-XVI, dated 31st August 1970.