

Subject: report of the hospital monitoring committee

Office of the Monitoring committee
For
Medical Rehabilitation of Bhopal gas Victims

Second report of the Monitoring Committee On Medical rehabilitation of
Bhopal gas Victims
(Report sent on 8th
June, 2005)

1. Since February 2005 the committee has held its meeting twice a month regularly. The Gas Victims stand informed through the local Newspapers that they can send their grievances to the Office of the Monitoring Committee as and when they require to do so or present the same to the Committee in person between 3:30pm on 1st and 3rd

Friday of every month at its Office in the Directorate premises of the Medical Education Department. Received complaints and grievances were duly attended to. NGOs looking after the welfare of the Gas Victims were also invited to present and discuss their representations. They present themselves in a meeting held on 4.3.2005. They mostly raised doubts about the integrity and impartiality of the Committee and express their general dissatisfaction regarding its working. The members, keeping their cool, patiently listened to them and, when their submissions were over, objected to their stance which seemed to be infolded and unfortunate and support etc. and assured them that the Committee stands committed to the ideals of impartiality, fair play and public welfare. About this matter, a detailed report was sent to the Hon'ble Supreme Court on 14.3.2005 and some guidance was sought. The Hon'ble Supreme Court is herein requested again to kindly provide the Committee with the necessary guidance. After discussion on various points, the Committee requested the representatives of the NGOs to make available such material on methodology of monitoring as they may have. One of the Organisations has provided the formats of questionnaires to be used during the visits and inspections of hospitals, which are under consideration for adoption after modifications, if any, by the Committee.

2. Since after the last report dated 6th January, surprise inspections of the following hospitals have been done , on dates shown against each of them:-

1. Lal Bahadur Shastri Hospital, Malikheri (21.2.2005)
2. Master Lal Singh Hospital (28.2.2005)
3. Late Shri Rashool Ahmed Siddique Pulmonary Centre, Jehangirabad , Bhopal (16.3.2005)

4. Jawaharlal Nehru Hospital (8.4.2005)
5. Shakir Ali Khan Hospital (31.3.2005), 2nd visit since the Committee started its work.)

3. The observations of the Committee on the working of the hospital visited are given in the subsequent paragraphs:-

4. Lal Bahadur Shastri Hospital, Malikheri:- This Hospital was visited on 21st February, 2005 between 5.00pm to 6.00pm. On the date of the visit the number of indoor

patients was nil even though the hospital is duly equipped to function as a 30 bedded hospital. The operation theatre and labour room were not used since long. The Committee felt that the services of this hospital constructed on a large piece of land measuring 3 acres continue to remain extremely under utilized. The members could not find any justification of construction of this hospital far away from the localities of the gas-affected. Surely, the State Govt. would have planned the hospital with due indulgence but the doctor on duty had no idea of the underlying justifications and objectives of such a hospital far away from habitations of gas affected families. A copy of the visit inspection note was duly sent to the concerned authorities but so far there has been no response. The Committee is not aware of any corrective measures taken by the concerned. In addition to the extreme under utilization of the created facilities, the Committee found deficiencies like short attendance, missing bulb and holders in the operation theatre lights, fungus in the sterilization equipment, lack facility of emergency treatment in the evening, closed X-Ray rooms store rooms and the Lab.(reported due to fact that being in the evenings they are not required) non-availability of proper records of OPD patients (which attend the hospital in reasonable number in the morning). Insufficient arrangements for medicine distribution in the evening, non-availability of ambulance driver after 1.00 pm for any emergency cases if required, use of services of the 'Cleaner' instead of the regular driver, unsatisfactory state of cleanliness of the vacant area outside the hospital building, uncontrolled growth of "Gajar Ghas, lack to shady trees, staff quarters remaining vacant ever since constructed, lack of security arrangements, staff not using uniforms and absence of a lock on the complaint box (for grievances addressed to the Committee).

4(a). Recommendations:

It is unfortunate that gross under utilization of a facility created out of a huge investment of scarce resources, has gone unattended so far. The Gas Relief Department of the State has not even thought of making the equipment and staff adequately utilized in other hospitals where shortage of the same critical

4(b). The Committee recommends that a through exercise be taken up by the State Government to ensure the best possible utilization of the facility and services of the staff in furtherance of medical relief to gas affected patients. The Committee would also like to register its shock and surprise at the unwise, and wasteful planning of this hospital out of scarce public resources. An illustrative case of lack of coordination seems to be the one in which "even though Shakir Ali Khan Hospital was facing the problems due to non-availability of ambulance van while this Hospital had an ambulance van which was rarely used. An ambulance was provided to this Shakir Ali Khan Hospital separately after the Committee had recommended the same in its first report. Had there been the practice of inter- hospital coordination, such an incongruous situation would not have risen. We also recommend a sincere exercise to ensure optimal utilization of equipment and other services amongst such other Gas Relief Hospitals as face this or that shortage.

5. Master Lal Singh Hospital:- Surprise inspection of this hospital was conducted on 28th

February, 2005 from 9.30 am to 12 .00 noon. Attendance of Hospital staff was satisfactory. Patients do not have to wait long at the separate registration counters of old and new patients as confirmed by the patients on enquiry on the spot. The Committee learnt that the Hospital receives a considerable number of patients requiring treatment in

general medicine/pediatrics and ophthalmology who are now and then referred to other Hospitals, if need be. For serious and emergency cases, ambulance is available. The Committee was informed of a general shortage of various specialists in the Hospital where as the number of patients suffering from variety of diseases requiring the services of specialists is considerable. The Committee recommends that the State Govt. should carry out a special survey of the needs of specialists in the Hospital vis-à-vis the number of patients present and take the required steps. The Committee found an empty oxygen cylinder in the female ward. It was obviously kept for use but without proper checking. The nurse on duty could not satisfactory explanation for the empty cylinder. The female ward had 4 empty beds at the time visit.

Two beds out of 10 beds in the ward were found occupied in the male ward. The notice board carried necessary information of treatment for the patients. One of the patients demonstrably suffering from short breath (a pulmonary condition) showed disinclination to go to the referred hospital i.e. late Shri Rasool Ahmed Siddiqui which is a hospital with specialized services for treatment of pulmonary disorders. The dis-inclination was due to the proximity of the instant hospital i.e. Master Lal Singh Hospital despite specialized services being available in the pulmonary hospital a little away. Other deficiencies in this hospital include out of order suction machine in the children's ward due to the tube in the equipment being clogged (The equipment started working as soon as the tube was cleaned), non-availability of child specialist in the hospital management made any attempts to get a doctor posted and took ant action on the above shortcomings. There is a kitchen facility available in the hospital along with gas connection. Obviously, this small room must have been planned for warming milk, etc. for newborn babies, but the Committee found it in-operational. On enquiry, the indoor patients said that milk, etc. is being warmed up either in the nearby hotels or in the homes of such patients who are from the surrounding areas. The Committee advised the hospital in charge to make this utility functional.

6. Late Shri Rasool Ahmed Siddique Pulmonary Centre, Jehangirabad:

Inspection was carried out on 16th

March, 2005, 10 AM onwards. The hospital was established in 1994 as a specialty hospital for pulmonary diseases, though it appeared to the Committee that it was being used more as a general hospital.

a. The Committee found ward boys and others not in uniform. Nurses of course, were in uniforms. Some ward boys were complaining of non-receipt of the uniforms. Name Badges are also not in use. Some rooms are being used for purposes other than displayed at the entrance. The ambulance driver was absent. A Stretcher was not available in the emergency room.

b. Many equipment suffer from lack of proper maintenance. Color Doppler bought in 1996 has been in disuse since November 2004. A person duly trained to handle and use it is not available. The hospital management should make efforts to provide staff and put the Doppler to proper use. Every day 5 to 7 cases are handled in the ultra sonography room. On making enquiries, it was revealed that on many occasions the doctors on emergency duty are not available. The committee noticed absence of oxygen cylinders and emergency tray in the emergency room. The X ray room takes out 15 to 20 X rays per day but the exposed plates are given to the patients the next day. This should be improved upon at least in case of serious emergencies.

c) The ECG chamber has one room for PFT, ECG, and TFT tests. ECG and PFT work is done by technicians while TFT is handled by trained doctors. It is worth giving a thought whether lab technicians should be allowed to operate ECG/PFT machines. Since January, ten cases of PFT have been investigated. At the time of the inspection, one patient Smt. Banu Begam was waiting for the TMT test. Overall, arrangements for the above investigations are reasonable satisfactory.

d) I.T.V. This equipment is related to the examination of lungs ailments but it is not working order since September, 2004. The operation theatre was found closed since last one year though equipped. Blood analyzer is also not working since last year. It is worth noting that the above facilities not remaining in operation since long show a peculiar situation in that while the hospital was started with the objective that it will provide all the necessary facilities for investigation and treatment of pulmonary ailments facilities remain in-operational for such long periods.

e) Biochemistry/Pathology Lab: The Committee found functioning of this lab. reasonably satisfactory under the charge of Dr. Shoaib Khan (Biochemist). The Committee felt that at the entrance door of this lab. information in bold letters in Hindi should be displayed showing which type of investigations can be done in the lab.

f) Record room: A ward boy was found present in the record room, looking after the duties of the record keeper, the latter being on leave. The Committee wonders whether such stopgap arrangements improve the efficiency. If there is shortage of staff, efforts should be made in the proper quarters to obtain additional staff and if however this effort does not meet success, the allocation of duties should be in such a fashion that staff meant for more important duties is left out of such stopgap arrangement for sections of lesser importance priority wise. It is not very clear as to how the ward where originally this ward boy was given duty was functioning in the absence of one ward boy.

g) Pulmonary Physiotherapy Room: Equipped for giving exercises for pulmonary illness, the room has necessary equipments in good and running condition but the same are operated not by a trained doctor but para medical staff. The Committee feels this is a shortcoming and should be removed.

h) Inspection of Wards: The male ward number 1 has 8 beds out of which 6 were occupied. The Committee felt happy that a patient Shri Abdul Majid and one other expressed satisfaction with the treatment and the attention of the hospital staff they received. They confirmed that they get the medicines from the hospital itself and do not have to buy them from the market. Milk and bread is also being supplied. In the male ward number 2 only 2 patients were found admitted. The remaining 6 beds were vacant. In the children's ward 5 female patients were found admitted, 3 beds remaining vacant. The Committee also noted with a slight concern that in spite of good facilities being available in the wards, the occupancy ratio is low. During discussions, the hospital management could not give any satisfactory explanation.

i) The state of sanitation and hygiene was found satisfactory while the drinking water arrangement was not satisfactory at all. All the 3 available aqua guards were found in bad condition. The Committee found to its horror that one cylinder of nitrous oxide was found stored with oxygen cylinders in the Store which was a matter of serious neglect of duty and an error with dangerous consequences. The management was directed to keep the different types of cylinders marked with standard, specified colors segregated.

j) Even though the medicines store has a double lock system it is not followed. Only one lock is being used. However, the condition of the store was neat and clean, the medicine were kept in an orderly fashion and every batch of medicines was found with expiry dates displayed promptly. The Committee wished to know the efforts made for quality control but no satisfactory reply came forth. The Committee has obtained information from the State Government in this behalf. The received information shows that various checks and balances are in use. For example, the agency (Laghu Udyog Nigam, A government undertaking) through which the hospitals have to procure medicines, invites tenders from drug manufacturers along with submission of samples which are sent to various laboratories by the above named centralized purchase agency. The system of checks and balances also lays down that the receiving hospital unit should also request the Drugs Controller to send their Inspectors for drawing random samples. The reports of the Inspectors along with the reports of the labs should be made available to the hospital units within a reasonable time. The Committee, however, could not lay hands on any such exercise having been undertaken by the hospital concerned.

k) An independent room is available for treatment of TB patients. The patients medicine distribution is well planned under the District Tuberculosis Officer.

l) Disposal of grievances: The complaint box separately kept for complaints to the monitoring committee under lock and key, was opened and examined but no complaints were found inside.

m) The Monitoring committee also briefly discussed and examined the record of the hospital with reference to the incident published in the newspaper of 16.1.2005 about the alleged death of a patient in the hospital due to negligence. The committee made enquiries from the medical staff and also one ward boy Amar Beg. The committee had also asked for certain information vide their letter dated 22.3.2005 the reply to which is awaited. The committee feels that the objectives with which his specialized hospital was brought into existence are not being satisfied. In fact the hospital is never being used for fulfilling those objectives.

n) Staff Position: The trained doctors and technicians have never been posted for specialized work in the hospital on account of which the work is somehow carried on with minimally trained hands. On account of this, the available equipment is not fully used. The committee feels that the State Government should have closer look at the various issues raised by the committee as also with the most important one regarding the non-use of this hospital primarily as a pulmonary health facility, an illness which is reported to have widespread occurrence amongst the gas affected. When the MIC gas

that leaked in the disaster, it was reported to have caused damage to eyes and lungs widely and yet the hospital constructed for pulmonary disorders especially is not used for this facility.

7.Jawaharial Nehru Hospital

This hospital was inspected on 8.4.2005. The Committee has to make the following main observations:

- a) The hospital building is well planned and in the foyer itself a reception counter has been constructed but at the time of the Committee's inspection it was found unmanned. In fact, an old woman was waiting for getting some information which she seemed to be not getting.
- b) For emergency services, a doctor's room, and injection room and dressing room has been provided. Stretcher and wheel chair are also available but nobody has paid any attention to the fact that from the emergency entrance a wheel chair cannot be used to go the emergency room as the entrance to the room with emergency facilities is one level below the emergency entrance.
- c) The Committee suggested to shift the main emergency entrance from the present one to the next opening in the building which is just next to the existing one from where a continuous plain level is available for reaching the emergency room. Also at the emergency gate itself some one from the hospital staff should remain present all the times so that emergency patients can be easily taken to the required chamber without loss of time.
- d) In the nearby injection room, in addition to the injection, dressing is also done. A compounder was found working. Closely examining the patients present there, it was found that a small child was advised to be given gentamycine injection which was administered but the compounder was not sure of the dose, he could also not satisfactorily reply as to how much dose should be given to children. The Committee tried to talk to the concerned physician but till the time of its leaving the hospital premises (which was about 1.5 hours later) the physician concerned could not be available. The Committee feels that not mentioning the dose on the prescription can have dangerous consequences and the hospital management should make adequate arrangements ensuring non-occurrence of such lapses. Various registers maintained in emergency room were checked and found to contain some errors which to contain some errors which the Committee asked to be removed on the spot.
- e) The hospital has 2 ambulances. In emergency, the services of one cleaner and two ward boys who know driving are also utilized. At the time of the inspection, the driver was not found near the ambulance van. He appeared a little while later when called for. The hospital management was advised to improve the availability of the emergency duty staff and ambulance drivers on the spot. For the absence of such staff can have serious consequences in case of serious emergencies. Some more practical hints were given as shown in the inspection note.

f) Wards for Indoor Patients:

Female Ward: All the 20 beds in the female ward were occupied. The nurses are posted on duty by rotation. The committee examined the case sheet of one patient.

It did not show any record of chart , pulse and temperature. No satisfactory supply could be given to Mrs. Chako, the Matron. One of the patients Smt. Farida was visibly suffering from some problem in the lungs and was short of breath. She was in the ward since last 17-18 days. The patient expressed satisfaction over the medical attention and administration of medicines. She appreciated the work of doctors and the other medical staff. Another female patient on bed No. 7 had been referred to Bhopal Memorial Hospital. Her feet were swollen and both the hands had rashes. She however, did not reply to the query as to why did she not go to the Bhopal Memorial Hospital. The committee was curious to know what kind of strategy is adopted in case of such patients, who keep on coming to the hospital off and on because the relief is temporary and the ailment occurs again. Enquiries were also made regarding not-referring such patients of lung disorders to the pulmonary hospital.

g) The medical specialist Dr. Agrawal explained that despite the advice, the patients did not go to the other hospital. The entries in the case papers did not confirm this. The case paper should contain a clear mention of the advice given and its results. The committee also impressed upon the hospital management the necessity of holding consultation meetings between various doctors available in various hospitals of the gas relief department as also the medical education department at least once a month regarding serious patients who have to come to the hospital again and again since the illness surfaces again. In the ICU ward, 6 beds were occupied out of 8. Mainly patients suffering from pulmonary ailments were admitted. Necessary equipment i.e. suction machines, oxygen cylinders, Defibrillator and Laryngoscope were found in working order.

The committee feels that all the deficiencies pointed out above, should be looked into and redressed.

8. Shakir Ali Khan Hospital

The committee visited the hospital on 31.3.2005 at 9.05 AM. This was its 2nd visit. It found the following:

(a) OPD: Patients in considerable number were waiting in the OPD. Out of 5 doctors on duty, only one was examining the patients. Remaining 4 doctors were absent even though the reporting time for OPD is 8 AM. The committee remained in the OPDs till 9.30 AM but there was no improvement in the attendance. Both the male and female patients were waiting.

The hospital incharge who joined the team later, explained that one lady doctor was actually to come on duty at 2 PM and in her place he (hospital in charge) was himself to examine the patients but since at that time he was taking the round of the wards, the examination of the outpatients was delayed. The Committee feels that while fixing substitute duties, the arrangement should be such that one doctor is available in any case. This hospital has in all 11 specialists out of which 6 who are posted and 10 Medical Officers available for duties. One of them could be given the OPD as substitute for the lady doctor. Whatever may be the reasons since large number of patients visit this hospital, the arrangement should be such that the OPDs start functioning at the prescribed time without fail. A margin of 10-15 minutes however, should not be questionable.

(b) Registration: Talking to some of the patients, it was found that almost all of them had got fresh registration tickets on the same day even though they are old patients of this very hospital and are in possession of old OPD tickets. It was found that they tend to forget to bring such old tickets. They should be advised to be careful so that unnecessary time is not taken in making fresh OPD tickets. Besides, in the latter practice, the details of previous ailments and the medicines prescribed before are not available while examining patient for which, if available, could be of help to the doctor in writing out new prescription. Certain defects were noticed in the preparation of the OPD tickets e.g. they do not contain all the information. sometimes a complaint or illness orally described is not properly understood perhaps in the haste to finish the work as early as possible whereby patients do not reach the desired OPD room and have to wait in queue again for their turn in another room. The Committee came across a woman who really was suffering from vomiting and diarrhea. Somehow she was referred to a Surgeon. Having told to go to another doctor, she was in the process of doing so when the committee members made enquiries from her. The hospital in charge who was accompanying the member himself wrote the correct prescription on the ticket whereby she was saved from wasting time in another queue.

(c) Ambulance: The Committee has recommended allotment of a new ambulance to the hospital in its first report. The committee members were happy to note that an ambulance had been provided. However, it is still not put to proper use. The problem of the driver persists. This was confirmed when the committee members called for the driver of the ambulance van which was standing near the entrance of the hospital but he could not be traced for 1 ½ hours till the committee completed its visit and was ready to leave. These lapses seem to be minor lapses but can create avoidable problems if a vigilant eye is not kept.

(d) Emergency services: The arrangements for emergency were not adequate. In the emergency room there was one stretcher available but there was no doctor on duty. The committee feels that the emergency room should be fully equipped. It is hoped that these lapses will be taken care of.

9. The Committee have to make the following general observations considering the various shortcomings found during inspection:

1) The shortcomings do not mean that the health facilities are not reasonably functional. Patients are being admitted to in the various hospitals, though some shortcomings remain. The purpose of visits and inspections and the submission of this report is to ensure that areas of deficiencies are identified and corrective measures taken as early as possible. Therefore, the Committee has to make certain general recommendations which broadly bring out the areas where careful follow up action is required.

2) The Committee has prescribed the procedure that soon after the inspections, a note is recorded and sent to the concerned hospitals with copies to CMO, Gas Relief Department with a request to send an action taken report as early as possible. It must be pointed out that not much progress has been witnessed in the matter of receipt of ATRs from the hospitals. The need to adhere to compliance has been stressed in the meetings held twice every month where CMO and the Director,

Kamla Nehru Hospital are requested to be present for a short while where after the Committee holds its deliberations at length. It is recommended that a system of sending ATRs by the hospitals must be incorporated in the relevant Govt. orders or orders of the Office of the CMO.

3) The Committee has developed a questionnaire having questions with regard to all the possible aspects of the working of the hospital. These questionnaires are revised from time to time as required. The NGO Sambhavna Trust has also furnished to the Committee on request, a questionnaire to be used for indoor patients. It is being examined as to with what modifications, if any, the questions should be incorporated in the questionnaire developed by the Committee. The Committee recommends that strict orders should be issued to the hospitals to send filled up questionnaires in advance to the Convenor Member of the Committee so that the Committee is not required to record every static detail and is able to devote more time to the shortcomings, if any, in the procedures and style of functioning of the various units of the hospital.

4) The question of quality control of the medicines remains to be examined still further. On 25.2.2005 Chairman addressed a letter to Principal Secretary, Gas Relief eliciting information on the system of maintaining quality of medicines. A reply was received where upon certain queries were raised on 16.3.2005. Even when we received a reply certain things remained unexplained. A letter again was sent 6.4.2005, the reply to which is expected. The matter is still being fully examined. At this point of time, the Committee do not have any specific recommendations to make on the subject. The recommendations will follow as soon a thorough examination of the matter is complete.

5) During the inspection, the Committee have noted certain things which could have been taken care of very effectively if there was a system of internal monitoring of the hospital management by CMO and the In charge Doctor himself. The Committee is not aware of any such system in vogue. The Committee recommends that the Gas Relief Department should issue necessary orders for introducing a system of internal monitoring by the CMO and other functionaries.

6) Similarly, there are certain deficiencies which could have been removed if there was a system of monthly meetings conducted by the Hospital In charge himself. These are things like uniforms not being used, name badges not displayed, ward boys and another staff not remaining at the post of their allotted duties off and on, the services of workers of busy units being called for attending to duties in some other units in an adhoc manner, non-recording of temperature, pulse rate, etc. in the wards, ambulance drivers not remaining at the vehicle and necessitating their being sent for whenever their need arises emergently, not using double lock in the central medicine store room, bath room, and lavatory fixtures remaining in conditions of disrepair, costly equipment remaining unuseful due to some faults for long periods of time, occupancy rates in the wards remaining generally low etc. Such deficiencies and shortcomings can easily be removed if monthly meetings amongst the medical and the paramedical staff heads of various units are held by the Hospital In charge. The Committee, therefore, recommends introduction of a system of monthly meetings as explained above.

7) The Committee also interviewed certain patients, who have been coming to the

hospital off and on, over a long period of time, as indoor patients. This obviously means that either the ailment is such that frequent hospitalization is unavoidable or these are the cases of patients whose illness has not been able to be properly diagnosed. In the latter case, it should be possible to discuss such cases in a coordination meeting held between experts of various Gas Hospitals including the Trust managed Gas Relief Memorial Hospital (on request) and also with experts of medical colleges and attached hospitals, if need be.

The Committee recommends that a system of a monthly or at least quarterly meeting of Coordination Committee of medical experts be introduced to meet this situation.

8) The Committee noticed that in all the hospitals records of out-patients and indoor patients, medicines purchased and issued, details of some medical equipment and other matters for which records needed are being kept manually, at present. The Committee recommends that all records should be computerized. This is also necessary because there is another high level committee formed by the Hon'ble Supreme Court looking into the long term effects of the MIC Gas. It is felt that such details particularly about the nature and duration, etc. of the ailments which the OPD and Indoor patients of the Gas Hospital suffer from will be useful to the said Committee. The Committee recommends that orders should be issued for introduction of a system of computerization of all the necessary records by the Gas Relief Department.

9) Logistic support: As already reported to the Hon'ble Supreme Court, a meeting room and a chamber for Chairman is earmarked in addition to a room for the Steno and another room for smaller meetings. If the members and others attending a particular meeting is large, the Committee room of the Director (Medical Education) is made available for use.

On the days of the hospital visits and meetings, transport is arranged by the DME to bring the members to the Office of the Committee or for visits to the hospitals. DME has provided a room cooler for the days of the meetings. Considering that the Government have not been able to make arrangements for a computer trained hand and English Stenographer, the Chairman has appointed one English Stenographer on contract basis on a fixed monthly remuneration of Rs 1, 000/-. The arrangement for the computer hand still remains unsolved. The Chairman has also authorized the Steno attached with the Committee to work as an authorized officer for the Committee. This is necessitated due to the fact that in the process of the Committee's work, a number of persons are required to be contacted and reports/information, etc. collected from various agencies. Since the DME has other pressing work almost everyday, this 'authorized officer' will be able to enter into correspondence with and issue letters, reminders, etc. as directed by the Chairman. It is hoped that work required for eliciting replies and routine correspondence will also be handled by designated 'authorized officer.'

The various loose ends have now been partially tied up. It is now hoped that the work of the Committee will speed up. However, it is pointed out that still the Committee's Office does not have a semblance of working as a small independent office for the purpose of the important work of monitoring, which is likely to

**increase further.
The 2nd
report of the Committee is herewith submitted.**