

6.19.7 Persons with known bad record should be disallowed to meet undertrial and convicted prisoners.

6.19.8 Entries regarding grant or refusal of interview should be made in the history ticket of the prisoner.

6.19.9 A senior officer in charge of interviews should be responsible for grant of interviews as per rules.

## CANTEENS

6.20 Canteens have been organised in some prisons with the object of making available such small amenities and food articles to prisoners as are not given to them at Government cost and are at the same time not prohibited by law. They play an important role in breaking the monotony of prison life. Our recommendations in this regard are as follows:

6.20.1 Canteens should be organised in all the central and district prisons. A variety of articles including eatables as approved by the Inspector General of Prisons should be kept there for sale.

6.20.2 Canteen facilities should be extended to all prisoners.

6.20.3 In large prisons, canteen facilities should be decentralised.

6.20.4 Canteens should be run on the basis of marginal profit not exceeding 6%. Profits accruing from canteens should be credited to Prisoners' Welfare Fund.

6.20.5 Each prisoner should have a canteen card in which the canteen credits and debits should be recorded.

6.20.6 Prisoners should be allowed to spend not more than half of the wages earned in prisons on purchases from canteens. In addition, prisoners should be allowed to spend up to Rs. 30 per month from their private cash for purchasing articles from the canteen.

6.20.7 Canteen accounts should be got audited every month.

6.20.8 Prisoners' Panchayats should be associated with the management of canteens.

## OTHER FACILITIES

6.21 Prisoners should be provided the following facilities, in addition to those suggested above:

(i) Soap for bathing and washing, tooth powder, oil for hair and barbering facilities at Government cost.

(ii) Purchase of tooth-brush, tooth paste, cigarettes, bidis, writing material such as paper, exercise books, ball pens, pencils, etc. from prison canteen.

(iii) Keeping post card size photographs of family members, religious books, religious pictures, other books on subjects in which the prisoner is interested, newspapers and periodicals, subject to rules.

(iv) Observance of religious practices at individual level subject to rules.

## PRISON VISITORS

6.22 The institution of prison visitors was created to provide for an independent agency to ensure care and welfare of inmates in prisons which otherwise are closed institutions. The system has, however, not functioned satisfactorily. If the prison visitors had performed their functions effectively, living conditions in prisons would not have degenerated. We are of the view that the entire system of prison visitors needs to be revitalised. Our recommendations in this regard are as follows:

6.22.1 In each State/Union Territory a Board of Visitors for the whole State/Union Territory should be set up. In some State, State Advisory Boards for Correctional Administration have been set up and they are functioning effectively. Some such Boards hold their meetings at different places in the State and also visit local prisons. We, however, feel that it may not be possible for all the State Advisory Boards to hold their meetings outside the State capital. Moreover, all the members of the State Advisory Boards may not be in a position to spare time for visiting prisons. We, therefore, recommend that where the system of State Advisory Board, is functioning well, a small sub-committee of the Board, in place of the proposed Board of Visitors, should be set up for the purpose of visiting prisons in the State. The sub-committee should submit reports on its visits to the Chairman of the State Advisory Board and to the Inspector General of Prisons.

6.22.2 Correspondents of prisons should also be appointed in each State/Union Territory from amongst the members of the Bar, social scientists accredited press correspondents, etc., with the authority to visit prisons in the State/Union Territory. These correspondents should submit their reports to the Inspector General of Prisons and the State Government/Union Territory Administration in respect of Prisons. The Inspector General of Prisons should hold an annual conference of these correspondents to discuss various problems of prison management.

6.22.3 A Board of Visitors should be constituted for each central and district prison consisting of the following:

- |                                                                                                                                         |          |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------|
| (i) The District & Sessions Judge                                                                                                       | Chairman |
| (ii) Two Members of the State Legislature/Parliament                                                                                    | Member   |
| (iii) The District Magistrate                                                                                                           | Member   |
| (iv) The District Superintendent of Police                                                                                              | Member   |
| (v) The Civil Surgeon/Superintendent Government General Hospital/District Medical Officer (who is not a medical officer of the Prison). | Member   |
| (vi) The Executive Engineer, Public Works Department                                                                                    | Member   |
| (vii) The District Education Officer                                                                                                    | Member   |
| (viii) The District Public Health Officer                                                                                               | Member   |
| (ix) The District Agriculture Officer                                                                                                   | Member   |
| (x) Two lady social workers who are genuinely interested in the welfare of prisoners                                                    | Member   |

The Superintendent of the concerned prison function as the Secretary of the Board.

6.22.4 A Board of Visitors should be appointed for each sub-jail.

6.22.5 The functions of the Board of Visitors should be:

- (i) to visit the prison/sub-jail and ensure that care and welfare of the inmates are properly attended to;
- (ii) to attend to requests of inmates;
- (iii) to make recommendations about the redressal of grievances and complaints of prisoners and also about living conditions in prisons; and
- (iv) to help prison administration in the development of correctional programmes.

6.22.6 The Board of Visitors for central and district prisons and sub-jails should visit the concerned institution at least once in a month. A member of the Board may visit the institution individually also, on any day.

6.22.7 A copy of the remarks entered in the Visitors' Book by the Chairman or by any member of the Board should be forwarded by the Superintendent to the Inspector General of Prisons along with his comments for necessary action.

6.22.8 It should be the duty of the Deputy Inspector General of Prisons and the Inspector General of Prisons to meet the Board of Visitors whenever they visit the prison.

6.22.9 It should be obligatory on the official visitors to pay visits to prisons as per the schedule fixed by the Chairman of the Board. In case, any official visitor is not paying regular visits to prisons, this fact should be brought to the notice of Government for necessary action. If any non-official visitor does not pay regular visits to prisons the Chairman should move the Government to replace such non-official visitor.

6.23 At present prisoners are classified into A, B, C or I, II, III classes on the basis of their social, economic, and educational backgrounds. We are of the view that such classification of prisoners is not proper. We, however, recognise that prisoners having a different social or educational background may have to be given certain facilities like accommodation in a cell or dormitory, books, facilities for continuation of education, amenities for writing and pursuing intellectual activities, etc.

6.24 We generally agree with the provisions of the Model Prison Manual in regard to living conditions in prisons. These provisions so far as they are not inconsistent with our recommendations should be given effect to.

#### References

1. Report of the Seventh Finance Commission, 1978; page 78.
2. Ibid, page 78.
3. Ibid, page 78.

## CHAPTER VII

### MEDICAL AND PSYCHIATRIC SERVICES

7.1 India, with a population of 68 crores in 1981, has a doctor person ratio of 1:3600. All the hospitals and out-patient services in the country are over-crowded, and it is becoming increasingly difficult to secure adequate medical attention for the general public. Considering this sad state of affairs prevailing in the society in general, it is little relief to realize that with the availability of at least a part-time medical officer in each prison the ratio works out to 1 doctor for 500 persons. However, prisoners live under very difficult conditions—physically crowded and uncomfortable, mentally isolated and frustrated. They are, therefore, more prone to suffer from physical and mental ill-health. Besides, the prisoners are in the custody of the State and have to be properly attended since any negligence on the part of the staff, however unavoidable, would lead to public criticism.

7.2 The state of medical service in Indian prisons has been found to be generally satisfactory by various Committees in the colonial stage of our national life. For instance, in the report of the Prison Discipline Committee (1836-1838) it has been stated that in the essentials of cleanliness, and attention to the sick, the state of Indian prisons compared favourably with those of Europe. In 1864, the British Government of India, taking a serious view of the continued high death rate in Indian prisons, and other allied conditions, appointed a second committee to go into the problems of jail management. Alluding to conditions prevailing at the time of the constitution of that Committee (1864) and the improvement made thereafter the report of the Indian Jails Committee (1919-20) recorded their appreciation as follows :

“In the ten years ending 1864 the average death rate in all the main provinces of India was 78.5 per mile while in Bengal it had been as high as 100.5 per mile. During the four years ending 1917 the average death rate in all the jails of British India was 18.55 and in West Bengal 20.10 per mile. These are the results of the work of a long series of devoted and capable officers both medical and non-medical during the past three quarters of a century”.

7.3 Dr. W. C. Reckless also commented on the medical aspects of jail administration favourably. “The health and sanitation in the larger jails in India,” he wrote, “appears to be very good. This is due to the fact that the medical side has been stressed most for the last 30 years in jail administration”. One of the reasons why health and sanitary conditions in Indian prisons continued to maintain a certain standard during the colonial period was that prison administration had, for a long time, been the responsibility of medical officers—officers of the Indian Medical Service—who, with their discipline and thoroughness gave maximum attention to health care.

7.4 But the statements made and the satisfaction expressed by the Committee referred to above would not hold good now, as medical and health care in prisons has considerably deteriorated. Indeed, it is inadequate, far from comprehensive, and in some places absent. The general practice at present is that Medical Officers posted in prisons are drawn from the Medical Department on deputation. They do not have a sense of

belonging to the prison department. This generates in them an indifferent attitude, a feeling that the posting to the jail is a kind of punishment, a relegation to a place where there is lack of professional challenge in the work involved. This generally results in a very casual approach to the whole problem of preventive and curative medical services in jails.

7.5 The Committee made it a point to see the hospital section of every prison it visited in various States and Union Territories. It was a sad revelation to us that in some of the prisons there was no hospital section at all. Sick prisoners were being treated in common barracks, and it was reported that seriously ill inmates were transferred to the nearest government hospitals. Prisoners with infectious diseases, when detected, were sent to the nearest hospital catering to such type of illness. In prisons which had separate hospital sections, the conditions were shabby, and bed-linen and clothing were generally found to be dirty. Some prisons had a hospital section for male patients only; sick female prisoners had to be sent to general hospitals outside. Some prisons did not have adequate furniture in their hospital sections and patients had to be put on the floor on blankets or mats. At some of the jails there was no full-time medical officer, and the part-time ones were too busy to find time to regularly attend to prison medical work. In most places there were no nurses and a compounder or a pharmacist managed the nursing work. Proper diagnostic facilities were not available in any prison; some prisons had only a rudimentary set of instruments. The medical officers were not interested in doing any kind of laboratory work; most of the doctors whom the Committee met, felt that this was not a part of their duty and that it could be done in the general hospitals. Specialist services were also not available in most of the prisons: serious cases and patients requiring specialist consultation and laboratory investigations had to be taken to the nearest hospital. No ambulance facilities were available at any prison. Almost all the medical officers complained that quite often the condition of sick inmates deteriorated considerably before they could secure the services of a specialist.

7.6 In almost every prison we visited, the medical officer was concerned merely with the curative aspect of medical care and was unconcerned with the preventive aspects. Although all the jail manuals detail the duties of the medical officer which include regular rounds of the jail premises with the Superintendent, and inspection of living barracks, kitchen, water facilities, etc., hardly any medical officer attends to this now. Most of the medical officers confine themselves only to the hospital section of the prison and are almost ignorant of what happens elsewhere. It was, however, refreshing in this context to talk to medical officers of two institutions who seemed well aware of their duties and were also actively participating in social and cultural programmes being organised for the inmates.

7.7 There was no lady medical officer in most of the jails and examination of women prisoners was generally assigned to part-time women medical officers, who often were not available.

7.8 Some medical officers complained that work was too heavy for them as it amounted to 72 hours a week, and that vacancies of medical officers were not filled up for long periods. As pointed out earlier Medical Officers in prisons are usually deputed from the State Medical Service but a posting in jail hospital is very unpopular with medical service personnel because of the restrictions on private practice, lack of suitable incentives, routine nature of work, morbid atmosphere of prisons, lack of suitable housing facilities, etc.

7.9 A suggestion was made to the Committee during discussions with government officials and also through opinionnaire that there should be a separate Prison Medical Service comprising medical personnel selected by prison department with the assistance of the Chief of State Medical Service. They could be given some basic training in prison

administration before being posted to prisons and would function entirely under the control of the Inspector General of Prisons. Such medical personnel, it was suggested, would be liable to be transferred within the prison department and would function as employees of this department for the duration of their service. We have examined this suggestion and have come to the conclusion that such a service would be most unattractive to medical personnel. Medical Officers constituting such service would lag behind in their knowledge and application of the latest advances in medical technology and know-how, resulting in the delivery of inadequate and outmoded medical services in jails.

7.10 Sections 13 (1) (2), 14 and 15 of the Indian Lunacy Act 1912 cover the procedures to be followed in the case of wandering and dangerous lunatics. Section 16 empowers the Magistrate to detain such wandering and dangerous lunatics in safe custody for a period not exceeding ten days during which the Medical Officer is to determine whether the person suffers from unsoundness of mind or not. It is stipulated that the total period of such detention cannot exceed thirty days. Section 23 authorises the Magistrate to detain a lunatic in safe custody pending his removal to an asylum. The Committee during its visits to various jails in the country found that such mentally-ill persons as had not committed any crime had been confined in prisons for years together. In one prison there were as many as 600 and odd non-criminal lunatics consisting of 1/3 of the population of that prison on the day of our visit. Statistics show that in one State out of a prison population of 10,618 there were as many as 1,301 non-criminal lunatics and yet in another State there were 404 non-criminal lunatics out of a prison population of 4,874. It is sad that prisons are being used as alternatives to lunatic asylums.

7.11 We also noticed that at some places psychiatrists were not available for the treatment of mentally sick inmates, whether criminal or non-criminal, and only the Medical officer of the prison was looking after them. At some other places though a psychiatrist visited the jail once or twice a week nursing facilities were not adequate and drugs were being administered by convict warders. At one place we were informed that mental patients were given tranquillizers and all forms of drug treatment but that Electro-Convulsive Therapy was not being administered as it was prohibited in prisons.

7.12 It is extremely unfortunate that lunatics lodged in jails are not only not given proper care and treatment but are forced to live in inhuman conditions. They are huddled up in small barracks or in cells under unhygienic conditions and without proper care.

7.13 In the context of our discussions on this problem our recommendations with regard to medical and psychiatric services in prisons are as follows :

7.13.1 Medical Officers should be deputed from the State Medical Service to prisons. Only such medical officers as have at least 5 years experience in the clinical field after graduation should be posted to prisons.

7.13.2 The term of deputation of medical officers should be for a period of 3 to 5 years.

7.13.3 Immediately before or soon after joining at the prison, the medical officer should be required to undergo a short-term (15-30 days) orientation course organized at the state level by the Inspector General of Prisons in collaboration with the Director of Medical Services.

7.13.4 Every central and district prison should have 2 or more medical officers. A central prison with an inmate population of more than one thousand should have three medical officers. These officers will work full-time in the prison and reside in quarters provided for them within the premises. The senior most of these officers will organise the work, and arrange duties including call duty at night for the other doctor/doctors and the para-medical staff.

7.13.5 At every prison where there is a sufficiently large number of women prisoners (say 25 or above), a wholetime lady medical officer should be deputed. This lady medical officer should attend to the medical needs of women prisoners and also to those of family members of the staff. At other prisons arrangements should be made for part-time lady medical officers. If the number of women prisoners is too small to justify appointment of even a part-time lady medical officer, women medical officer from the nearest hospital may be deputed to visit the jail once a week and as often as necessary when there are seriously ill patients.

7.13.6 Every central and district prison should have the services of a qualified psychiatrist who should be assisted by a psychologist and a psychiatric social worker.

7.13.7 Staff requirements for a prison hospital are given at Annexure 'A' appended to this Chapter.

7.13.8 A senior officer of the rank of Joint/Deputy Director in the Medical Department should be deputed at the headquarters of the Department of Prisons and Correctional Services.

He will be in overall charge of all the Prison hospitals of the State and the medical and para-medical personnel posted there.

7.13.9 Medical officers posted at a prison will function under the control of the Inspector General of Prisons and immediately under the superintendent of the prison from whom they will take instructions. With reference to professional work, he will consult the District Medical Officer in the District and/or the Joint/Deputy Director Medical and Psychiatric Services at the headquarters of the Department of Prisons and Correctional Services.

7.13.10 The Inspector General of Prisons, and superintendents of prisons should make the work of medical officers stimulating by encouraging and involving them in research in collaboration with the medical and public health departments.

7.13.11 The following incentives should be provided to medical officers and psychiatrists deputed to prisons.:

- (i) Posting at a prison may be used as one of the incentives for entitlement to posting at an urban hospital or a post graduate centre, other incentives used by some States being posting to a Primary Health Centre or an ESI Dispensary.
- (ii) Priority in selection for postgraduate medical course as in Tamil Nadu.
- (iii) Rent free suitable residential accommodation within the prison premises.
- (iv) Non-practising allowance.

7.13.12 Para-medical personnel on deputation should be provided following facilities:-

- (i) 10% of the pay as special pay.
- (ii) Rent free residential accommodation.

7.13.13 The District Medical Officer or the Senior Civil Surgeon in every district should be the 'visiting consultant' for prisons. He should be paid an honorarium of Rs. 300/- per month.

7.13.14 Other part time medical officers should be paid an honorarium of Rs. 200/- per month. Visiting specialists should be paid suitable visiting fee not less than Rs. 50/- per visit.

7.13.15 The duties of medical officers connected with prison hospitals are given at Annexure 'B' appended to this Chapter.

7.13.16 All Central and District prisons should provide hospital accommodation for 5% of the daily average inmate population.

7.13.17 The prison hospital should be situated near the gate of the prison, and at ground level. The minimum floor area of the prison hospital should be 70 sq. ft. per patient. The accommodation provided should include:

- (i) Ward for patients;
- (ii) Toilet and bathing facilities at the rate of 1 for every 5 patients;
- (iii) Store room for hospital furniture and equipment;
- (iv) Dressing room-cum-injection room;
- (v) Room for minor surgery;
- (vi) Room for laboratory;
- (vii) Room for medical officer;
- (viii) Isolation rooms for accommodating patients with infectious and contagious diseases (such as T. B., Leprosy); and
- (ix) Separate ward for psychiatric cases.

7.13.18 Each prison should have a mobile out-patient service in each ward with a pharmacist carrying necessary medicines on trolley for distribution to patients suffering from minor ailments. This will reduce the movement of prisoners from their wards to the prison hospital.

7.13.19 The prison medical officer, apart from his office attached to the hospital section, must also have a separate office in a convenient place in the prison where he could examine the out-patients; review cases, discuss with other staff members and outside agencies matters relating to sanitation, water supply, food, fitness of prisoners for travel, work allotment, etc., and also maintain records.

7.13.20 There should be a separate out-patient section of the prison hospital outside the main prison building for the members of staff and their families. The Prison Medical Officer should run an out-Patient service during fixed hours. A six bedded hospital for emergency cases should be attached to this out-patient service.

7.13.21 Each prison hospital should have sufficient furniture articles, linen and equipment as given in Annexures C, D and E respectively appended to this Chapter.

7.13.22 Equipment and chemicals for a proper diagnostic laboratory must be available in every prison hospital. It will save considerable expenditure and administrative difficulty involved in transport of prisoners under security to general hospitals for simple investigations like Blood count and Blood Sugar Test. The requirements for a simple diagnostic laboratory are given in Annexure F appended to this Chapter.

7.13.23 It is absolutely essential that every jail hospital should be provided with an ambulance. This vehicle should be used only for medical purposes.



7.13.24 For all ailments where specialist's services are required (such as Tuberculosis, Sexually Transmitted Diseases, Leprosy, Dental care, etc.) visiting specialists from local hospitals must be appointed. For major surgical procedures and investigations the prisoner must be sent to the local hospital. However, such action should be taken only when all possibilities of a prisoner's treatment either with the existing medical facilities in the prison or by calling a specialist are ruled out.

7.13.25 Each State should have a fully equipped prison hospital manned by specialists for the treatment of prisoners requiring specialised treatment from all over the State.

7.13.26 Non-criminal lunatics should not be kept in or sent to prisons as also recommended in Chapter IV on 'Legislation'. A non-criminal lunatic should be taken for observation to the nearest psychiatric centre or, if that is not available, to a medical centre even if it be only a Primary Health Centre.

7.13.27 Criminal lunatics should be sent to the nearest prison having the services of a psychiatrist. Each criminal lunatic should be attended to by the psychiatrist who will send a periodic report to the Judge/Magistrate through the Superintendent of the prison regarding the condition of the individual and his fitness to stand trial. When a criminal lunatic recovers, he shall be certified by the psychiatrist as 'fit to stand trial'.

7.13.28 All criminal lunatics under observation of a psychiatrist should be kept in one barrack.

7.13.29 If a criminal lunatic undergoes trial and is declared "guilty but insane" he should be sent to the nearest mental hospital for further management.

7.13.30 If a criminal lunatic, after standing trial following recovery from his mental illness is declared guilty of the crime, he should undergo his term in the prison but should be under the care and treatment of the psychiatrist. Such prisoners, after recovery should not be kept in the prison hospital but should remain in association barracks with other normal inmates.

7.13.31 If an undertrial criminal lunatic fails to recover from his mental illness even after he has completed half of the maximum term awardable on conviction, his case should be submitted to the State Government for considering the withdrawal of the criminal case against him, unless released in accordance with our recommendation at para 4.34.19 of Chapter IV on 'Legislation'.

7.13.32 If a convict while undergoing his term of imprisonment becomes mentally ill, he should be shifted to the psychiatric wing of the prison hospital and placed under the observation of the prison psychiatrist who will diagnose, treat, and manage the person, and after his recovery send him back to his dormitory/ward. The prison psychiatrist will, however continue to periodically examine him for reviewing his treatment and suggesting for him other activities.

7.13.33 In addition to regular psychiatric wings of prison hospitals there should be in each big State at least one separate prison hospital with a capacity for 100 inmates fully equipped for the care and confinement of criminal lunatics. A psychiatrist should be incharge of such an institution. It should be staffed with medical, psychiatric and para-medical personnel with assistance for security from prison security personnels. Admission into this institution should be on reference by the psychiatrists attached to Central and District prisons. Criminal lunatics who do not respond to routine methods of management and treatment, and who have psychopathic tendencies will also be admitted and managed in this institution until finally released by the Government after consideration of their cases by the Review Board.

7.13.34 Sick women prisoners should be treated in a separate enclosure either attached to the hospital section, or to women section of the prison.

7.13.35 Our recommendations with regard to medical services in sub-jails are contained in Chapter XVIII on 'sub-jails'.

7.13.36 Old, infirm and debilitated prisoners should be accommodated in a separate ward. All possible help for their ambulation, sensory deficits and ensuing isolation, should be included in care and treatment rendered to them. The medical officer, psychiatrist, psychologist and the superintendent of the prison should plan proper work for these aged and infirm inmates. Prison personnel should keep liaison with social security institutions, both government and voluntary, for rendering help to them. In case of unrecoverable debility, a case for premature release of convicts and withdrawal of cases against undertrial prisoners should be moved to the government, under regulations for the time being in force.

7.13.37 Requirement of drugs for 3 months should be stocked in the prison hospital. The medical officer should review the stock of drugs once a month and take precautions that time-expiry drugs are sent to other hospitals before the date of expiry if not needed in his prison hospital. Drugs may be obtained from the medical store depots by annual indent, and in case of emergency by local purchase. An amount of Rs. 250/- may be allotted as permanent advance to the medical officer for such purchase.

7.13.38 The medical officer incharge of prison hospital, should, in accordance with prison rules, and in consultation with the superintendent, work out criteria for the prescription of special medical diet to prisoners, and these criteria and the special medical diets prescribed under the m should be reviewed from time to time. The District Medical Officer while visiting the prison should specially look into this aspect of management of prison hospital and ensure that the prescription of medical diet to prisoners is neither undue nor arbitrary.

7.13.39 The medical officer will assist the Superintendent in the following situations :

- (i) Sudden influx of prisoners during riots, strikes, agitations ;
- (ii) Epidemic of infectious diseases in the prison ;
- (iii) Agitations in the prison itself.

Reference :

1. Health Statistics of India, 1981.
2. Report of the Indian Jails Committee 1919-20, page 31.
3. Jail Administration in India—Report by Dr. W.C. Reckless, UN Expert, 1951-52.

STAFF REQUIREMENTS FOR A 25 BEDDED PRISON HOSPITAL

1. Medical Officers	}	As per recommendations made at paras 7.13.4, 7.13.5 and 7.13.6.
2. Psychiatrist		
3. Psychologist . . . . .		1
4. Psychiatric Social Worker . . . . .		1
5. Staff Nurses . . . . .		6
6. Pharmacist . . . . .		1
7. Multipurpose Workers . . . . .		2
8. Laboratory Technician . . . . .		1
9. Clerk-cum-Typist . . . . .		1

D. PSYCHOLOGIST :

1. The psychologist shall be a person who has completed his postgraduate studies in psychology from a recognized university and has been awarded a degree in psychology.

2. He shall have at least five years' experience in the field of clinical psychology in a hospital or in a prison.

3. He shall be conversant with the Indian Psychology Act, 1947.

4. He shall be conversant with the medical and surgical aspects of psychiatry.

5. He shall be conversant with the medical and surgical aspects of forensic psychiatry.

6. He shall be conversant with the medical and surgical aspects of child psychiatry.

7. He shall be conversant with the medical and surgical aspects of geriatric psychiatry.

8. He shall be conversant with the medical and surgical aspects of alcoholism and drug addiction.

9. He shall be conversant with the medical and surgical aspects of epilepsy and mental subnormality.

10. He shall be conversant with the medical and surgical aspects of schizophrenia and manic-depressive psychosis.

11. He shall be conversant with the medical and surgical aspects of hysteria and conversion disorder.

12. He shall be conversant with the medical and surgical aspects of anxiety neurosis and phobic neurosis.

13. He shall be conversant with the medical and surgical aspects of obsessive-compulsive disorder and somatoform disorder.

14. He shall be conversant with the medical and surgical aspects of personality disorder and conduct disorder.

15. He shall be conversant with the medical and surgical aspects of mental retardation and mental subnormality.

16. He shall be conversant with the medical and surgical aspects of dementia praecox and senile dementia.

17. He shall be conversant with the medical and surgical aspects of delirium and coma.

18. He shall be conversant with the medical and surgical aspects of epilepsy and convulsions.

19. He shall be conversant with the medical and surgical aspects of cerebral tumours and vascular disease of the brain.

20. He shall be conversant with the medical and surgical aspects of multiple sclerosis and other degenerative diseases of the central nervous system.

21. He shall be conversant with the medical and surgical aspects of Parkinson's disease and chorea.

22. He shall be conversant with the medical and surgical aspects of Huntington's chorea and Sydenham's chorea.

23. He shall be conversant with the medical and surgical aspects of cerebral palsy and spina bifida.

24. He shall be conversant with the medical and surgical aspects of poliomyelitis and other viral diseases of the central nervous system.

25. He shall be conversant with the medical and surgical aspects of bacterial meningitis and other bacterial diseases of the central nervous system.

26. He shall be conversant with the medical and surgical aspects of fungal meningitis and other fungal diseases of the central nervous system.

27. He shall be conversant with the medical and surgical aspects of parasitic diseases of the central nervous system.

28. He shall be conversant with the medical and surgical aspects of traumatic brain injury and spinal cord injury.

29. He shall be conversant with the medical and surgical aspects of stroke and other cerebrovascular diseases.

30. He shall be conversant with the medical and surgical aspects of multiple sclerosis and other demyelinating diseases.

31. He shall be conversant with the medical and surgical aspects of Alzheimer's disease and other dementias.

32. He shall be conversant with the medical and surgical aspects of Parkinson's disease and other movement disorders.

33. He shall be conversant with the medical and surgical aspects of epilepsy and other seizure disorders.

34. He shall be conversant with the medical and surgical aspects of cerebral tumours and other intracranial masses.

35. He shall be conversant with the medical and surgical aspects of vascular disease of the brain and spinal cord.

36. He shall be conversant with the medical and surgical aspects of multiple sclerosis and other demyelinating diseases.

37. He shall be conversant with the medical and surgical aspects of Alzheimer's disease and other dementias.

38. He shall be conversant with the medical and surgical aspects of Parkinson's disease and other movement disorders.

39. He shall be conversant with the medical and surgical aspects of epilepsy and other seizure disorders.

40. He shall be conversant with the medical and surgical aspects of cerebral tumours and other intracranial masses.

41. He shall be conversant with the medical and surgical aspects of vascular disease of the brain and spinal cord.

42. He shall be conversant with the medical and surgical aspects of multiple sclerosis and other demyelinating diseases.

43. He shall be conversant with the medical and surgical aspects of Alzheimer's disease and other dementias.

44. He shall be conversant with the medical and surgical aspects of Parkinson's disease and other movement disorders.

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47. He shall be conversant with the medical and surgical aspects of vascular disease of the brain and spinal cord.

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57. He shall be conversant with the medical and surgical aspects of epilepsy and other seizure disorders.

58. He shall be conversant with the medical and surgical aspects of cerebral tumours and other intracranial masses.

59. He shall be conversant with the medical and surgical aspects of vascular disease of the brain and spinal cord.

60. He shall be conversant with the medical and surgical aspects of multiple sclerosis and other demyelinating diseases.

61. He shall be conversant with the medical and surgical aspects of Alzheimer's disease and other dementias.

62. He shall be conversant with the medical and surgical aspects of Parkinson's disease and other movement disorders.

63. He shall be conversant with the medical and surgical aspects of epilepsy and other seizure disorders.

64. He shall be conversant with the medical and surgical aspects of cerebral tumours and other intracranial masses.

65. He shall be conversant with the medical and surgical aspects of vascular disease of the brain and spinal cord.

66. He shall be conversant with the medical and surgical aspects of multiple sclerosis and other demyelinating diseases.

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99. He shall be conversant with the medical and surgical aspects of epilepsy and other seizure disorders.

100. He shall be conversant with the medical and surgical aspects of cerebral tumours and other intracranial masses.

## DUTIES OF MEDICAL OFFICERS CONNECTED WITH PRISON HOSPITALS

## A. PRISON MEDICAL OFFICER :

1. He will be responsible for the medical care and treatment of all inmates of the Prison;
2. He will attend to the medical care and treatment of the prison staff and the members of their families;
3. He will take rounds of the prison premises with the Superintendent once a week;
4. He will take note of any obvious evidence of sickness in any prisoner, and will make a detailed examination of the individual and organise treatment as necessary;
5. He will maintain a health card for every prisoner. (This card will contain notes on the condition of the prisoner on admission, fortnightly weight, blood counts once in 6 months, details of immunisation and of sickness);
6. He will take note of the sanitary conditions of the barracks, clothing and bedding of the prisoners and shall advise the Superintendent on any improvement that may be necessary;
7. He will inspect the kitchen and environs and advise on improvement as necessary;
8. He will arrange for periodical examination and analysis of the water supplied for drinking and cleaning purposes, and for disinfection and purification of the water as necessary;
9. He will inspect the work centres and advise the Superintendent on the suitability of work allotted to the prisoners with reference to their physical and mental health;
10. He will issue certificates in the following matters:
  - (a) fitness of a prisoner to travel when transferred to hospitals or other prisons;
  - (b) fitness of a prisoner for the work allotted to him;
  - (c) purchase of special drugs or tonics for the prisoners;
  - (d) special diet for prisoners based on their health condition;
11. In case of death of an inmate in the prison, he will take such action as prescribed in the Prisons Act/ rules.

## 1. DISTRICT MEDICAL OFFICER :

1. He will inspect every prison hospital (including medical arrangements at sub-jails) in his jurisdiction once a year and submit his report to the Director, Medical Services with a copy to the Inspector General of Prisons;
2. He will visit the prisons at the district headquarters at least once a week and the sub-jails as often as possible and will attend all meetings connected with health and sanitation in prisons;
3. He will take surprise rounds of the prison hospital and check the treatment planned and executed by the prison medical officer;
4. He will inspect the medical stores in prison hospitals once a month;
5. He will advise prison administration/Prison Medical Officer with regard to cooking and distribution of food in the prison;
6. He will advise the Prison Medical Officers on all aspects of professional work;

7. He will issue medical certificates relating to pre-mature release of convicted prisoners on medical grounds; and

8. He will scrutinise and forward all indents for medical stores of the Prison hospitals.

#### C. PSYCHIATRIST :

1. He will examine all new admissions and screen them for evidence of mental disorder and give necessary treatment to those who need it

2. He will maintain a separate case record for every case examined;

3. He will assist the classification committee in its work;

4. He will visit prison premises with the Superintendent once a week and take cognizance of any report regarding abnormal behaviour of a prisoner. He will make a detailed examination of the individual and report the same to the Superintendent, and will organise treatment if necessary;

5. He will be responsible for the care and treatment of all prisoners of unsound mind and those who have psychiatric problems. Such prisoners will be admitted into the psychiatric wing of the prison hospital, care being taken to ensure that psychotics and non-psychotics are accommodated separately;

6. He will run a daily out-patient clinic; and

7. He will advise the Superintendent on matters relating to:

(a) problems in the barracks or workshops relating to adjustment between staff and prisoners, work supervisors and prisoners;

(b) suitability of prisoners for the work allotted

(c) improving the overall quality of service rendered to the inmates in the context of the current philosophy of correctional administration.

(d) transfer of mentally ill prisoners who have not recovered within three months after starting treatment to the special prison hospital for criminal lunatics.

#### D. PSYCHOLOGIST :

1. He will administer psychological tests to prisoners as and when necessary and help the psychiatrist in diagnosis;

2. He will assist the psychiatrist in planning treatment programmes;

3. He will conduct group and individual Psychotherapy under the guidance of the Psychiatrist;

4. He will organise treatment and work programmes; and

5. He shall assist the Classification Committee.

#### E. PSYCHIATRIC SOCIAL WORKER :

1. He will study all cases referred to him by the Psychiatrist and record their case histories;

2. He will secure information relating to psycho-social aspects of such referred cases; and

3. He will plan and organise rehabilitation of prisoners referred by the psychiatrist. He will serve as a link between the prisoner and the community.

## REQUIREMENTS OF FURNITURE ARTICLES FOR A 25 BEDDED PRISON HOSPITAL

	No.
1. Adults' cot with sheet mattress . . . . .	25
2. Steel bed-side locker . . . . .	25
3. Steel major almirah (plain) . . . . .	5
4. Twelve lockers steel cupboard with individual lock and key . . . . .	2
5. Back rest (Draw) . . . . .	5
6. Case sheet board . . . . .	25
7. Cot lifters . . . . .	5 pairs
8. Dressing Trolley with S.S. trays . . . . .	3
9. Revolving stool with S.S. top . . . . .	5
10. Saline stand . . . . .	5
11. Double Basin stand . . . . .	5
12. Steel Instruments Glass-cabinet with double door . . . . .	2
13. Examination couch with T.W. top . . . . .	2
14. T.W. Table with drawer (Senior) . . . . .	5
15. T.W. Table with drawer (Junior) . . . . .	2
16. T.W. Chair with arm . . . . .	6
17. T.W. Stool . . . . .	25
18. T.W. Bench with back . . . . .	2
19. Soil Linen Box . . . . .	3

LINEN ARTICLES REQUIRED FOR A 25 BEDDED PRISON HOSPITAL

	No.
Sheet . . . . .	200
Rub coir mattress . . . . .	30
Pillow cover . . . . .	250
Pillow . . . . .	30
Drawsheet . . . . .	125
Towel . . . . .	50

## EQUIPMENT FOR A 25 BEDDED PRISON HOSPITAL

	No.
1. Thermometer	6
2. Stethoscope	2
3. B.P. apparatus	2
4. Syringe 20 cc	24
5. Syringe 10 cc	24
6. Syringe 5 cc	24
7. Syringe 2 cc	48
8. Hypodermic needle	1
9. Sterilizer	1
10. Autoclave	2
11. Bin	2
12. Enamel Tray	6
13. Bed Pan	2
14. Rubbr Catheter	6
15. Kidney Tray	6
16. Urinal Pan	12 pairs
17. Glove	3
18. Weighing machine	3
19. Tape measure	1
20. Suction apparatus	2
21. Oxygen cylinder	6
22. Artery forceps	6
23. Needle holder	24
24. Syringe needle	4
25. Tongue depressor	4
26. Straight scissors	4
27. Curved scissors	4
28. Scalpel	4



	No.
29. Blade . . . . .	12
30. Instrument tray . . . . .	2
31. Emergency lamp . . . . .	6
32. Dissecting forceps . . . . .	2
33. Tissues forceps . . . . .	2
34. Sinus forceps . . . . .	2
35. Refrigerator . . . . .	1
36. Ophthalmoscope . . . . .	1
37. I.V. Disposal . . . . .	6
38. Saline stand . . . . .	2
39. ECT machine . . . . .	1

## EQUIPMENT FOR A LABORATORY IN THE PRISON HOSPITAL

	No.
1. Photo Electric Calorimeter . . . . .	1
2. Centrifuge . . . . .	1
3. Hot air oven . . . . .	1
4. Binocular microscope . . . . .	1
5. Counting chamber (new bear) . . . . .	2
6. Counting chamber (Fack Rosenthal) . . . . .	2
7. Hemoglobinometer . . . . .	2
8. W B C Pipette . . . . .	2
9. R B C Pipette . . . . .	2
10. H.B. Tubes . . . . .	2
11. Microscope slide . . . . .	100
12. Cover slip . . . . .	100
13. ESR Pipette . . . . .	2
14. Pipette 10 cc . . . . .	6
15. Pipette 5 cc . . . . .	6
16. Pipette 2 cc . . . . .	6
17. Pipette 1 cc . . . . .	6
18. Pipette 5 a . . . . .	6
19. Pipette 1 a . . . . .	6
20. Test tube $6 \times 3/4$ . . . . .	12
21. Test tube $4 \times 1/2$ . . . . .	12
22. Filter paper . . . . .	12
23. Reagent bottle . . . . .	12
24. Spirit lamp . . . . .	12

## CHAPTER VIII

### SECURITY AND DISCIPLINE

8.1 Security and discipline are closely related aspects of prison administration. Whenever news about escape or disturbance appears in the press, the public reacts unfavourably and its attention is focussed on the failure of the prison administration. Security and discipline in a prison, therefore, assume special importance and have always been given priority in the management of prisons. The number of escapes from prisons in India have not been very high, but the escape of dangerous and desperate prisoners, now and then, is certainly a matter of great concern to the law enforcement agencies and the public.

8.2 The state of discipline largely determines the efficiency of security in jails. In the past, reliance was placed on prison punishments, and repressive measures were, therefore, adopted for the maintenance of discipline. Flogging, cross-bar fetters, standing handcuffs were some of the barbarous prison punishments which were resorted to. The attitude was mainly negative. Most of the forms of punishments still persist in the prison rules of some States.

8.3 During our visits to prisons in different parts of the country, we noticed that the administration was now generally weak and adopted the line of least resistance, quite often leaning on appeasing the inmates. Such a situation leads to indisciplinary conditions. Another important factor contributing to indisciplinary conditions is the periodic or chronic overcrowding in some prisons which generally results in lowering even the existing sub-standard level of physical conditions in prisons causing all round frustration and dissatisfaction. Indiscipline and dissatisfaction among prisoners has in recent years often led to violent agitations, disturbances, assaults, work strikes, hunger strikes, etc. We are of the strong view that through constant vigilance and alertness, areas of discontent among prisoners should be located and quick action taken to remove such discontent. On the other and, here should be no laxity in the maintenance of discipline in prisons.

8.4 Prison discipline has to be positive and constructive but firm. This is possible only when every prisoner gets reasonable physical care as is guaranteed under the rules and regulations. Implementation of our recommendations regarding de-congestion of prisons and improvement of living conditions as given in this and report would go a long way in improving discipline in prisons.

8.5 Scientific classification of prisoners is an essential concomitant of modern prison system. Attempts have been made in some States to classify convicts but they are still at rudimentary stage. Proper classification of prisoners not only improves the morale of staff and prisoners, but also has a direct bearing on the tone of discipline and security in prisons. All the prisoners do not require the same degree of security. Classification of prisoners will enable detection of desperate and dangerous characters, confirmed habituals, violent or unreliable prisoners. In some States the custody and control of spies, infiltrators, smugglers, black-marketeers, etc., who are both affluent and influential, call for special treatment and handling. At present, such prisoners are scattered in the jails all over the State and they are a constant source of trouble, causing serious disciplinary and security problems. Obviously, such prisoners need to be separated from others at the earliest and concentrated in one or more jails with proper secu-

riety and with a different type of disciplinary regime. If such prisoners are separated the remaining jails will be free from trouble and will be able to give proper attention to the reformation and rehabilitation of other prisoners according to their individual needs and requirements.

8.6 The security staff at the jails has to work for long hours, sometimes 12 to 14 hours a day. This adversely affects security in jails. For effective and efficient watch and ward no member of the custodial staff should be required to work for more than 8 hours a day, and should get a day's rest every week.

8.7 Although the number of escapes from prisons is not very large, yet in view of the rising tide of crime and the type of sophisticated, influential and professional criminals who come to prisons, it is necessary to strengthen security to meet the challenge posed by such criminals to security arrangements. Most of the prison buildings constructed more than 100 years ago have out-lived their utility and are hardly suitable to meet this challenge. A time bound plan for the replacement and improvement of old jail buildings with a view to ensuring proper security, should be worked out and implemented in a phased manner. Our recommendations in this regard are contained in Chapter V on 'Prison Buildings'.

8.8 Most of the prisons suffer from inadequacy of basic requirements of security. They still rely on lighting by kerosene oil lamps with the result that they are in perpetual darkness at night. The above system is outdated. Internal communication system linking one part of the prison to another is non-existent. Many prisons lack telephone facilities. Even important prisons do not have arrangements for communication through wireless with district authorities in case of any emergency.

8.9 At present, the Deputy Superintendent at the Central Prison and the Jail Assistant Superintendent at other jails is the chief security officer, but he is far too busy with other important administrative work such as control of offices, factories, gardens buildings, admission and release of prisoners. etc. He is thus unable to give the required attention to the security aspect of the prison. We are, therefore, of the view that at each special security and maximum security prison a whole-time officer in the rank of deputy superintendent should be appointed to look after security arrangements. Every day he will hold thorough examination and searches of prisoners, premises and equipment selected at random. The routine searches, as at present, hardly serve any purpose.

8.10 The staff available at the prison gates to receive and search prisoners and others is wholly inadequate in most of the prisons. This results in smuggling of contraband articles inside the prisons. The arrangements in this regard need to be strengthened.

8.11 Prisons have at present no means of knowing the antecedents of newly admitted prisoners. It should, therefore, be made a statutory duty of the police to inform the superintendent of the prison at the earliest possible opportunity the antecedents of a dangerous convict or undertrial admitted to the prison so that proper precautions for his safe custody may be taken.

8.12 We noticed that the prison staff is not suitably trained to meet riotous situations. Prison staff should be given proper training in the use of riot control devices so that it may meet such situation with minimum use of force.

8.13 Members of the security and administrative staff at prisons are generally not conversant with the rules and practices regarding proper security. Their knowledge needs to be updated in this regard from time to time.

8.14 Inspection of prisons at odd hours and by surprise is very necessary to ensure enforcement of rules of security. Inspection machinery needs to be strengthened for

this purpose. One of the effective ways in which this can be done is to create posts of range Deputy Inspectors General of Prisons who should be provided motor vehicles for quick transport.

8.15 The Indian Jails Committee 1919-20 and other committees/commissions set up by the Central Government and the State Governments have been strongly recommending the abolition of the system of convict officers, as this system has a very corrupting influence on the prison administration. Nothing has, however, so far been done to implement this recommendation even partially. Most of the Inspectors General of Prisons have expressed the view to the Committee that this system should be abolished. We are strongly of the opinion that no prisoner should be employed in any institution in any administrative capacity. While we appreciate that it may not be possible to abolish the system all at once due to financial constraints, we feel that it should be replaced in a phased manner by paid staff over a period of 5 years. In the meantime, to avoid favouritism in the appointment of convict officers, it should be ensured through a proper procedure that prisoners are appointed as convict officers strictly according to rules and that an eligible prisoner is passed over only for reasons to be recorded in writing. Besides, prisoners selected for appointment as convict officers should be given appropriate training about their role in administration.

8.16 Even when the system of convict officers is abolished, it would be necessary to utilise the services of some prisoners for counting inmates in barracks at night. Proper procedure for selection of such prisoners should be laid down.

8.17 Under sections 28 and 56 of the Prisons Act, 1894 a refractory, violent or escape-prone prisoner can be placed in a cell or in fetters. Usually other methods such as placing such prisoners under supervision of trust-worthy warders, confining them in more secure buildings and putting them to regular and effective searches should ordinarily be adequate to meet security requirements. But in actual practice, superintendents frequently use powers of segregating or fettering prisoners under the aforementioned sections in a summary and mechanical manner forgetting that such preventive measures are violative of human rights and human dignity. From the information gathered from various States and Union territories, we find that during 1980, 6140 prisoners were kept in fetters, 24 in handcuffs, 3691 in ankle rings and 3279 in cells on grounds of security, etc. The Supreme Court has ruled that preventive measures adopted in prisons were now open to examination by courts and the prison authorities could not plead immunity from such interference on grounds of maintenance of security and discipline. The courts in such matters can evoke their writ jurisdiction and contempt power. It has, therefore, become necessary that discretion in the use of powers referred to above is exercised only after serious consideration based on an objective assessment of the character, propensities and antecedents of each individual prisoner together with the facts and circumstances of his case having bearing on safe custody, good order and discipline in the prison. Mere violent or bad behaviour, or mis-conduct which has no relevance to safe custody should not, by itself, be construed as justification enough for exercise of these powers. Where, in exceptional cases, exercise of such power becomes inevitable, reasons for the same, in the language understood by the prisoner, should be recorded in his history ticket. In such circumstances the prisoner should have the right to appeal to the Inspector General of Prisons against the restrictions imposed on him. We firmly believe that in the context of the modern objectives of imprisonment, administrative fairness in such matters is far more productive of order and discipline than the alternative of requiring every security suspect wear irons or be put in a cell.

8.18 The powers of the superintendent of a prison regarding use of preventive measures for reasons of safe custody and security should be clearly laid down. In case such preventive measures are necessary beyond the powers vested in the superintendent, he should seek prior approval of the District Judge or the Chief Judicial Magistrate having visitorial powers.

8.19 Undertrial prisoners are in judicial custody which is not punitive; they are, therefore, entitled to more relaxed conditions than convicts. Fetters and handcuffs should not be imposed on them except when they have a credible tendency to violence or escape.

8.20 At many places, we were told that prison administration faced problems in transferring prisoners to outside hospitals for specialised treatment as police guard was not easily available for watch and ward in the hospitals. Even when prisoners were admitted to hospitals, they were kept in general wards. This made the task of guards of ensuring safe custody of such prisoners difficult. Arrangements in this regard need to be improved.

8.21 We generally agree with the measures of security and custody enumerated in Chapter XVI and those dealing with emergencies in Chapter LIII of the Model Prison Manual.

8.22 Maintenance of discipline in prisons is of paramount importance, as without discipline it would not be possible to organise any worth-while programme of treatment, reformation and rehabilitation of prisoners which are the objectives of the prisons. However, indiscriminate resort to infliction of punishments to deal with disciplinary problems would be counterproductive. Such problems should be dealt with, with fairness, politeness and firmness. Proper discipline should be enforced through human understanding and positive and constructive approach based on rewards rather than on punishments. For this purpose, suitable progressive stage system should be developed in different institutions so that those who show improvement in their work and conduct, and a sense of social responsibility, are allowed to enjoy increasing freedom and privileges. At present privileges such as remission, leave, premature release, etc., are awarded to prisoners in a mechanical manner. Devices should, in our opinion, be developed to measure the progress of individual prisoner objectively. This will require recording of case history of each prisoner and the progress made by him as recommended in Chapter IX on 'System of Classification' of this Report.

8.23 For a progressive stage system, it will be necessary to develop a system of appropriate rewards, recognition and appreciation in deserving cases. The privileges and facilities, as suggested below, should, in our opinion, be suitably grouped for each stage in the same or different institutions according to their graded security :

- (i) Conditions of security (including time of lock up and extent of freedom).
- (ii) (a) Frequency of visits from friends and relatives.
- (b) Duration of interview.
- (c) Nature of supervision over interviews.
- (iii) (a) Frequency of letters sent or received.
- (b) Exemption from censorship of letters.
- (iv) Canteen facilities in accordance with the items one could purchase and the monetary limits up to which one could avail himself of this facility in a month out of one's own earnings.
- (v) Number of books one could borrow from the jail library at a time.
- (vi) Number of personal books and periodicals one could retain at a time.
- (vii) Writing material.
- (viii) Watching television, film shows, dramatic performances, listening to radio.
- (ix) Frequency of taking part in games, sports and indoor games.
- (x) Quantum of remission for work and conduct.

- (xi) Frequency and period of leave.
- (xii) Short leave or licence to go out for excursion or to see a movie.
- (xiii) Employment under 'work release programmes'.
- (xiv) Pursuit of hobbies and other leisure time activities.
- (xv) Permission to a prisoner to work on his own outside working hours and earn wages.
- (xvi) Use of private clothes.
- (xvii) Privilege of living alone in a room or a cell if one does not like company or wants to pursue higher studies.
- (xviii) Permission to keep a small one-band transistor set or musical instrument to be played softly at specified times and places.
- (xix) Permission to keep personal property, for example, inexpensive watches.
- (xx) Acquiring articles for ornamental or utilitarian purposes.
- (xxi) Keeping harmless pets (excluding dogs and similar other dangerous animals).

Note 1: The above is only an illustrative list of the privileges and facilities which can be enlarged with a view to developing a sense of responsibility and trust in inmates.

Note 2: Scales or norms for various privileges and facilities have been suggested at relevant places in our Report. They may be re-fixed for each stage of the progressive stage system when this system is introduced.

8.24 If prisoners get human treatment and their due under rules and are further provided with incentives for showing good conduct and performance, there will be very few cases requiring enforcement of discipline through prison punishments. Honest and efficient administration, humanely and effectively enforced, is what is necessary to produce a high standard of discipline. Prison personnel should seek to influence prisoners by their own example and leadership. This will foster prisoners' willing cooperation in the observance of rules. The question of punishment will arise only when such methods fail.

8.25 With a view to facilitating maintenance of proper order and discipline in prisons, prison offences should be clearly defined as recommended in Chapter IV on 'Legislation' of this Report; these offences should be codified in the prison statute. In this connection we generally agree with the acts and omission identified as prison offences in Chapter XXXI on 'Discipline' of the Model prison Manual.

8.26 Some of the punishments prescribed in section 46 of the Prisons Act, 1894 as enumerated below, are not in conformity with the modern concept of humanitarian treatment of offenders and should, therefore, be abolished:

- (i) Change of labour to some more irksome or severe form.
- (ii) Hard labour for a period not exceeding 7 days in the case of convicted criminal prisoners not sentenced to rigorous imprisonment. (This follows from our recommendation in Chapter IV on 'Legislation' that the distinction between simple imprisonment and rigorous imprisonment should be abolished).
- (iii) Substitution of gunny or other coarse fabric or clothing of other material not being woollen.
- (iv) Imposition of fetters and handcuffs.

- (v) Cellular confinement.
- (vi) Separate confinement for period beyond 30 days.
- (vii) Penal diet.
- (viii) Whipping.

8.27 We feel that there is a need for introducing some new forms of punishment in view of the changed conditions. It is also necessary to categorise punishment into minor and major punishment depending on the gravity of the prison offences. We accordingly propose that the following minor and major punishments may be prescribed:

#### MINOR PUNISHMENTS

- (i) Formal warning.
- (ii) Loss of privileges mentioned in para 8.23 above for a period not exceeding one month.
- (iii) Forfeiture of wages upto earnings of 3 days once in a month.
- (iv) Forfeiture of earned remission upto 10 days.
- (v) Fatigue drill/work for a period not exceeding 1 hour a day upto 7 days subject to physical fitness certified by medical officer.

#### MAJOR PUNISHMENTS

- (i) Loss of privileges mentioned in para 8.23 above for a period exceeding one month but not exceeding three months.
- (ii) Forfeiture of wages upto earnings of 4 to 7 days once in a month.
- (iii) Transfer to greater security prison and consequent loss of privileges.
- (iv) Not counting period of leave towards sentence in case of breach of conditions of leave.
- (v) Forfeiture of earned remission beyond 10 days. (Any punishment of forfeiture of remission beyond 30 days will be subject to the approval of the Inspector General of Prisons).
- (vi) Postponement of privileges of leave for a period not exceeding one year starting from the date of inmate's next eligibility for release on leave. This punishment shall be awarded with the prior approval of the Inspector General of Prisons.
- (vii) Separate confinement upto 30 days.

8.28 At present complaints against prisoners are heard by the superintendents in a summary manner which does not inspire confidence in the prisoners that justice will be done to them. The whole procedure of dealing with such complaints needs to be rationalised keeping in view the need to give the prisoner proper opportunity of defending himself. In case he is awarded a punishment he should have the right to appeal to the Inspector General of Prisons. Such a procedure will enhance rather than impair the utility of disciplinary process as a rehabilitative tool.

8.29 For maintaining good discipline every prisoner at the time of his admission to jail should be apprised of his duties, obligations, rights and privileges as laid down in the Prisons Act and rules made thereunder. A small booklet in local language containing information



regarding regulations governing treatment of prisoners, disciplinary requirements, authorised methods of receiving information, making complaints and all such other matters as are necessary to enable a prisoner to understand both his rights and obligations should be prepared by each State/Union Territory and given to each prisoner within 24 hours of his admission to prison. In case of illiterate prisoners, the required information should be conveyed to them orally.

8.30 Facilities available to prisoners to file appeals or make applications, etc., are not satisfactory in most prisons and this causes dissatisfaction among them leading to indisciplinary conditions. The existing facilities in this regard need to be improved.

8.31 During our visits to various prisons, we came to know that where complaints and grievances of prisoners were not heard or looked into for long, the accumulated frustration and dissatisfaction had led to sudden out-burst of violence and indisciplinary conditions. Prisons are closed institutions which have the inherent defect of encouraging authoritarianism in the administration which ignores and fails to appreciate even genuine complaints of prisoners. If such complaints are looked into promptly, staff-prisoner relationship will improve. There is, thus, an urgent need for evolving effective procedures for receiving and enquiring promptly into complaints of prisoners.

8.32 In some States, Prisoner's Panchayats were set up to help the administration in proper checking and distribution of food, maintenance of proper sanitation, arranging recreational activities and looking into minor disciplinary problems. The system was not an unqualified success and generally the so called 'dadas' got elected as panchas and provided a breeding ground for corruption and malpractices. We, therefore, feel that although in the medium and minimum security prisons, system of elected panchayats may be continued or introduced, franchise and conditions of eligibility for seeking elections may be restricted. These panchayats should be involved only in matters pertaining to self-management and self-improvement of inmates in day to day life.

8.33 Smuggling of drugs, opium, liquor, arms and other contraband articles into jails is another serious problem affecting prison discipline. Such smuggling generally takes place with the knowledge and connivance of custodial staff. It needs to be effectively checked.

8.34 Security and discipline as we have discussed above are the two basic pre-requisites for the effective and efficient working of prisons. They are necessary for generating an atmosphere conducive to the correction and reformation of offenders. In this context our recommendations are as follows :

8.34.1 Security and discipline, the twine closely related aspects of prison administration, should be based on scientific classification of prisoners and their segregation in diversified institutions. Diversification of prisons should be done keeping in view the requirements of gradation in custody which will depend on housing, place of work, area of movement and activity, degree of supervision and type of restriction required, etc. For such an approach prisons should be classified in the following manner:

(i) Special Security Prisons

This category of institutions will consist of the traditionally high walled prisons with watch towers, secure cells, armed guards, close-circuit television and electronic devices to keep security staff alert at all times. In such institutions, difficult disciplines cases such as ascape risks, violent and dangerous prisoners will be kept.

## (ii) Maximum Security Prisons

Under this category also will fall the traditional prisons with high walls, watch towers, cells and barracks, with adequate guarding staff, but without any special security arrangements as suggested for the first category of prisons. In these institutions habitual, careerist, professional, organised and sophisticated criminals will be lodged.

## (iii) Medium Security Prisons

Institutions under this category will have perimeter walls but the watch over prisoners would be generally relaxed as compared with that in maximum security prisons. These institutions will house those inmates who show positive response to reformatory measures.

## (iv) Minimum Security Prisons

This category of prisons will be characterised by freedom from physical restraints escape against. The Committee recommends that there should be the following three types of arrangements in this category of prisons:

## (a) Semi-open Prisons

This facility will be available at maximum and medium security institutions. A certain category of prisoners would be free to go out of the perimeter walls of these prisons with or without watch, for various work programmes during the day. Such prisoners would return to the prisons in the evening to stay there for the night. It will be a kind of day release for them. Prisoners working on small farms, public undertakings, self-employment schemes, etc., or attending schools would be kept under this category. Housing facilities for such prisoners would normally be provided outside the main wall of the prisons, but, in case they are kept inside the prison they will be effectively segregated from the rest of the inmates and the security arrangements for them would be minimum.

## (b) Open Prisons

This category of prisons will have no walls or fencing or locks or any other physical precaution against escape. Such prisons will be characterised by an approach which will aim at building self-discipline and a sense of social responsibility in the inmates.

## (c) Open Camps (Sanganer Type)

This concept has been discussed in detail in Chapter XIX on 'Open Institutions' of this report.

8.34.2 Every prison should be provided with adequate custodial staff to ensure that no one is required to work for more than 8 hours a day, besides a day's rest every week.

8.34.3 A time-bound plan for the improvement of old prisons buildings with a view to ensuring proper security should be drawn and implemented. Our recommendations in this regard are contained in Chapter V on 'Prison Buildings' of this Report.

8.34.4 Each jail should be provided with basic requirements of security such as sufficient electric lighting, alternate arrangements of kerosene lanterns or gas-lanterns, automatic alarm system, telephone, facilities of intercom and close-circuit television (where necessary), and a public address system. All special security and maximum security prisons should have

the facility of communication through wireless with district authorities in case of any emergency.

8.34.5 An officer of the rank of deputy superintendent should be appointed at each special security and maximum security prison for discharging the duties of a whole time security officer.

8.34.6 Adequate staff should be posted at jail gates for conducting search of in-coming and out-going prisoners and other persons. A senior officer should be incharge of such operations at big jails.

8.34.7 A statutory provision should be made to make it obligatory on the part of police to inform the superintendent of the prison about the antecedents of every dangerous convict or undertrial admitted to the prison.

8.34.8 Prison staff should be trained in the use of tear gas, rubber-bullets, water-hoses and other devices used for dispersing mobs in order to minimise use of lathis and fire-arms to quell disturbances in prisons. Courses should be organised from time to time to refresh the security and administrative staff about the rules and practices regarding proper security at jails.

8.34.9 Jails should be inspected at odd hours by range Deputy Inspectors General of Prisons to ensure proper observance of security measures.

8.34.10 The institution of convict officers, discharging supervisory and disciplinary duties at present, should be abolished in a phased manner and replaced by paid staff over period of five years. During the intervening period convict officers should be selected strictly according to rules and given appropriate training about their role in administration.

8.34.11 All well-behaved convicted prisoners in good health who have completed one month's confinement and who know counting should by rotation, be employed in two-hour shifts for counting of prisoners inside barracks at night.

8.34.12 Preventive measures of ensuring security through segregation and imposition of fetters should be very discreetly used. Such measures should be adopted only after an objective assessment of the situation. Reasons leading to the use of preventive measures should be recorded in the history ticket of the affected inmate and brought to his knowledge. He should also have the right to appeal to the Inspector General of Prisons against the restrictions imposed on him.

8.34.13 The superintendent should have the power to use preventive measures for ensuring security and control to the following extent:

- (i) Handcuffing upto 12 hours at a time;
- (ii) Fetters upto 15 days;
- (iii) Separation in a cell upto 15 days at a time; and
- (iv) Canvas belts for controlling violent prisoners as per medical advice.

8.34.14 Any use of preventive measures beyond the limits as suggested in the above recommendation should be subject to approval of the District Judge or the Chief Judicial Magistrate having visitorial powers over the prison.

8.34.15 Fetters and handcuffs should not be imposed on undertrial prisoners except when they have a credible tendency to violence or escape.

8.34.16 Sections 28 and 56 and other related provisions of the Prisons Act, 1894 should be revised by a fresh legislation in the light of our recommendations in this Chapter as also those made in Chapter IV on 'Legislation' of this Report.

8.34.17 Contingents of special security guards should be posted at each jail for carrying prisoners to and from hospitals for specialized treatment.

8.34.18 Each district hospital should have a separate prisoners' ward with a room for the guards so that sick prisoners are not made to stay with other patients in the general ward.

8.34.19 We generally agree with the recommendations made with regard to security and custody of prisoner in Chapter XVI of the Model Prison Manual. We also endorse the measures suggested in Chapter LIII of that Manual for meeting emergent situations in prisons. These recommendations should be implemented.

8.34.20 Disciplinary problems in prisons should be tackled with fairness, politeness and firmness. Prison discipline should be based on rewards and positive incentives rather than on the fear of punishment.

8.34.21 In order to match freedom and facilities with improvement in the conduct exhibited by inmates, a progressive stage system should be introduced in the jails. In recognition of the improvement shown by a prisoner he should be graded higher in the progressive stage system in which each higher grade shall entitle him to better facilities and greater freedom. Details of this system are given in para 8.23 of this chapter.

8.34.22 With regard to prison offences we generally agree with acts and omission identified as such and enumerated in Chapter XXXI on 'Discipline' of the Model Prison Manual.

8.34.23 In order to bring about uniformity in matters of prison punishment and to make them commensurate with human dignity, some of the existing prison punishments should be abolished and some new ones should be introduced as suggested by us in paras 8.26 and 8.27 of this chapter.

8.34.24 The existing practice of dealing with complaints against prisoners in a summary manner by the superintendent should be stopped forthwith. The inmate should be given a written statement of allegations against him. He should be given an opportunity to put up his defence in person or in writing. The order inflicting punishment should contain reasons therefor and a copy of the same should be given to the inmate under proper receipt. The inmate should be allowed the right to prefer an appeal to the Inspector General of Prisons against major punishments. The appeal should be submitted within three days of the date of order to the superintendent who should immediately forward it to the Inspector General of Prisons for decision. The Inspector General of Prisons should decide the appeal within 15 days of its filing. In case an appeal is filed within the stipulated period the punishment awarded should remain suspended till the disposal of the appeal.

8.34.25 Within 24 hours of his admission to a prison, each prisoner should be given a booklet printed in local language containing information regarding regulations governing treatment, disciplinary requirements, authorized methods of receiving information, making complaints and all such other matters as are necessary to enable a prisoners to understand both his rights and obligations. The information contained in the