

ANNUAL REPORT

254

ON

VACCINATION IN THE MADRAS PRESIDENCY

FOR THE YEAR

1926-27

MADRAS

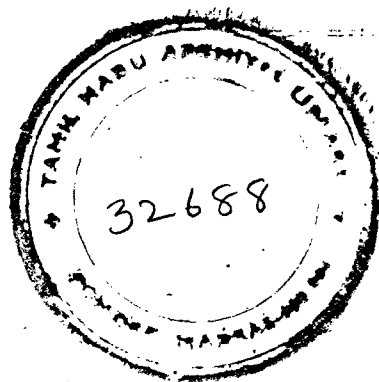
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1927

ANNUAL REPORT ON VACCINATION IN THE MADRAS PRESIDENCY FOR THE YEAR 1926-27.

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The administration of vaccination in rural areas still remains vested in taluk and union boards, and another year's experience has only emphasized the desirability, expressed in the last four vaccination reports, of transferring this public health function to district boards. In G.O. No. 1415-P.H., dated 13th August 1926, the Government suggested that this proposal should find a place in the draft Public Health Act which was then under contemplation. In a subsequent order, however (G.O. Mis. No. 509-P.H., dated 23rd March 1927) the question of a Public Health Act was rejected in favour of amendment of the existing Local Self-Government Acts, and it is sincerely to be hoped that the draft amendments will include one dealing with the administration of vaccination.

2. Glycerine lymph was used throughout the Presidency during the year under report, and the results obtained have been uniformly satisfactory.

3. In accordance with a promise made by Government in the Legislative Council, revised instructions in the use of vaccine lymph were issued in G.O. No. 241-P.H., dated 4th February 1926, and no pains have been spared to ensure that vaccinators adhere strictly to these rules.

4. Routine vaccination work was as usual suspended during the four hottest months of the year. During this off-season, the vaccinators are expected to check vital statistics and vaccination records and to enrol all unregistered births and unprotected children in the respective registers. The detection work done by the Health Staff continues to give surprising results in every district and reveals the same old defects in the work of village headmen and Presidents of Union Boards, on whom devolves the maintenance of the vaccination and vital statistics records. In North Arcot and Coimbatore, as many as 15,000 unregistered and unprotected children were detected during the last off-season; in South Arcot and Malabar the numbers totalled nearly 12,000, and, in Nellore, 11,000. Further comment as to the hazards run by the child populations of these districts seems superfluous, although it must be added that the increasing interest taken by Collectors and Revenue Officers in the registration of vital statistics has given promise of improvement in the future.

5. In spite of the remarks made by Government in their review of last year's report, many union boards still fail to maintain proper vaccination registers, still refrain from rendering the necessary assistance to the vaccination staffs and still fight shy of sanctioning the prosecution of defaulters. A few specific instances will indicate the difficulties met with. Out of 31 union boards in Tinnevely District, no less than 22 are reported to have maintained their unprotected registers in a most unsatisfactory and perfunctory manner, whilst the union boards of Kulasēkarapatnam and Udangudi have no registers at all. As regards Puliangudi, an important union in Sankaranāyinārkōyil Taluk with a population of 18,437, the Health Inspector has reported that the unprotected register was not maintained either by the village munsif or by the union board president. When the union refused to take over the register, the village munsif asked the President, District Board, to forward it to the union board, but he also was given a flat refusal. Similarly, in Tanjore District, the union boards of Tranquebar and Shiyāli definitely expressed their unwillingness to accept any responsibility for vaccination, and the Unions of Tirutturaippūndi, Muttupet and Vēdāranniyam in the same district gave so little help to the vaccinators during their visits that large quantities of lymph were wasted. The state of vaccination in such areas is in consequence deplorably bad, and unless the presidents of the boards are made to realize the obligations imposed on them by statute, severe smallpox epidemics are inevitable.

6. In municipalities, the off-season work of vaccinators has, generally speaking, been more effectively supervised. During the year, three additional municipal Health Officers were entertained, and District Health Officers were, in G.O. No. 1393-P.H., dated 11th August 1926, made responsible for the supervision of vaccination and registration of vital statistics in municipalities having no Health Officers. The best results will, however, be impossible of attainment until every municipality has its own Health Officer. Under present circumstances, the off-season work is very frequently neglected, and the vaccinators are employed on other duties. It is reported, for instance, that in one municipality the vaccinator was employed during the off-season in the preparation of electoral rolls. However important these may be to would-be municipal councillors, it is more important that the child population should be effectively protected, and the time spent by the vaccinator in tabulating voters would have been not only more usefully, but more legitimately, expended in preparing his unprotected registers.

7. Mention was made in last year's report of the lack of co-operation between the Presidents of Local Boards and District Health Officers in the matter of vaccination, and the Government in their review advised Presidents of Local Boards to give every consideration to the recommendations of these officers in this connexion.

Local boards have, unfortunately, made little effort to follow that advice, and, as a rule, the recommendations made by Health Officers have been ignored. In a number of cases, the question has now become acute, and calls for the immediate delegation of powers of control to Health Officers both in the interest of discipline and of efficient work. For instance, the President of Hospet Taluk Board gave a vaccinator his full travelling allowance after the District Health Officer had recommended reduction because of waste of four successive supplies of lymph. In East Gōdāvari, periods of casual and privilege leave were granted to vaccinators by Taluk Board Presidents, without even consulting the District Health Officer, and regardless of the urgency of the work. More than once, intimation of the grant of leave was sent to the District Health Officer only after the leave had expired, and little thought was given to the appointment of substitutes. In Tanjore District, an unqualified man was rightly replaced by a qualified vaccinator, but the Taluk Board President concerned subsequently thought fit to reappoint the same unqualified individual. Instances of this kind could be multiplied, but these will probably suffice to prove that the administration of vaccination is not nearly as efficient as it might be. Presidents of Local Boards are generally very reluctant to delegate powers in matters regarding leave, transfers, appointments, and punishments of vaccinators to their District Health Officers, but until they do so, the administration will be defective.

8. The office of the Assistant Director of Public Health (Vaccination) was held by Captain N. R. Ubhaya throughout the year, except from 16th May to 15th June when he was on leave, Dr. A. Thirumalayya acting during this period.

The subjoined statement shows the inspections carried out by these officers:—

Date.		Remarks.
1926.		
9th to 19th April	...	Routine sanitary inspection of Māyavaram Municipality, inspection of Vaccinator's work in Kumbakōnam, Tanjore and Mannārgudi Municipalities and inspection of smallpox measures in Negapatam and Nannilam Taluks.
8th and 9th May	...	Enquiry into the conduct of Rāmnād District Health Officer's office Head Clerk and inspection of the office of the District Health Officer, Rāmnād.
26th to 28th June	...	Inspection of cholera measures in Negapatam Taluk.
14th to 29th July	...	Inspection of vaccination in Ganjām District and in the municipalities of Berhampur, Chicacole and of vital statistics in Chatrapur Union.
1st to 18th September.		Attended Fairs and Festivals Conference in Tirupati, inspected vaccination in parts of Guntūr District, examined cholera measures in Guntūr Town and Vinukonda Taluk, and made a routine sanitary inspection of Guntūr Municipality.

Captain N. R. Ubhaya, D.P.H.—cont.

Date.	Remarks.
1926.	
25th September	... Inspection of a slaughter-house in Tirukkalikundram, Chingleput District.
26th Oct. to 1st Nov.	Inspection of vaccination and vital statistics in Chingleput town and taluk and routine sanitary inspection of Conjeeveram Municipality.
3rd to 9th Dec.	... Examination of unqualified vaccinators in Chittoor town, inspection of vaccination in Chittoor and Palmaner taluks, routine sanitary inspection of Anantapur Municipality and examination of an unqualified Sanitary Inspector in Tadpatri Municipality.
1927.	
4th to 9th Feb.	... Attended maternity and child-welfare conference in Delhi as per G.O. Mis. No. 1446-P.H., dated 17th August 1926.
9th and 10th Mar.	... Inspection of Health Week arrangements in Nellore.

9. Details of the subordinate vaccination staffs employed in the Presidency during the year under report and the previous year are given in the following table:—

Year.	Health Inspectors (Provincial).	Vaccinators.			
		First class.	Second class.	Probationary.	Total.
1925-26	229	202	397	146	745
1926-27	261	195	432	128	755

The increase in the number of Health Inspectors is due to the entertainment of four additional men in the Agency Tracts and 28 in the other districts in the Presidency, sanctioned in G.Os. Nos. 758-P.H., Mis., dated 1st May 1926, and 624-P.H., dated 10th April 1926, respectively. While the number of second-class vaccinators has increased, a slight reduction in the total of first-class vaccinators falls to be recorded. The number of probationary vaccinators has continued to decrease, and it is to be hoped that this will continue until this class is wholly replaced by properly qualified men.

10. Although many of the difficulties met with in past years have been considerably lessened with the appointment of these additional Health Inspectors, in certain districts a further increase of staff is still necessary, partly on account of the large number of festivals, and partly because of the unwieldy size of the present ranges, and the persistence of epidemic disease. Proposals for an increased number of Health Inspectors have been received from several District Health Officers and if, after examination, these are considered to be reasonable, a separate communication on the subject will be submitted to Government.

11. In some districts the need for additional vaccinators has been urgently felt. Whilst the proposals made by District Health Officers in this connexion have in most cases been rejected by the Presidents of the Local Boards concerned, in Salem District, six additional temporary reserve vaccinators were appointed by the District Board in 1925-26, after the District Health Officer had shown the necessity for additional staff. These extra vaccinators have continued to work during the year under report and have been able to clear off most of the arrears.

In Guntūr District, which has suffered very badly from smallpox during the last two years, the District Health Officer has repeatedly asked for additional vaccinators, so that he might carry out an intensive vaccination campaign, and eradicate the epidemic conditions now existing in his district. The taluk boards have, however, failed to respond to his requests, and their indifference to the health of the people is a further indication of the necessity for centralizing the control of vaccination in district boards.

Although trained men are now easily obtainable, in few districts is the full complement of vaccinators maintained. Especially is this the case as regards the proportion of first-class vaccinators. Every year 50 to 60 men undergo the

training course required for this qualification, so that if reasonably attractive scales of pay were offered, there would be no lack of suitable applicants. Unfortunately many local boards decline to offer suitable salaries, and, as a result, they only obtain men who are otherwise unable to earn a living.

12. The Public Health Department has made every effort during the past three or four years to improve the district and municipal vaccination staffs, and in accordance with G.Os. No. 931-P.H., dated 2nd June 1926, and No. 569, L. & M., dated 1st March 1924, steps have been taken to inspect the work of all unqualified and undesirable vaccinators, so that a final recommendation might be made as to their retention or dismissal by the local boards concerned. Where exemption by the Director of Public Health is finally refused, payment of the salary has been declared illegal and surchargeable, and, in certain cases, it has been necessary to make use of this argument, before undesirables have been finally got rid of.

13. Despite the orders of Government in G.O. No. 1415-P.H., dated 13th August 1926, only one or two District Boards have agreed to make vaccination compulsory. In view of the fact that in some districts smallpox still continues to break out in virulent form, it is to be hoped that the District Boards concerned will shortly see their way to adopt the repeated recommendations of the Public Health Department made in this connexion.

In those areas where vaccination is compulsory, the regulations, of course, must be enforced, or progress will be slow. In Pattukkottai Taluk, for instance, of the 67 defaulters recommended for prosecution by the District Health Officer, Tanjore, not one was sanctioned by the Taluk Board President. Difficulties such as these would disappear if Presidents of Local Boards would delegate the power of sanctioning prosecutions to their District Health Officers. Delegation of powers in this connexion has been granted to the District Health Officers concerned by the President, Taluk Board, Uppinangadi, and the President, Taluk Board, Berhampur, and has been used successfully by these officers. It would be to the benefit of all concerned were the Presidents of other Local Boards to follow these examples.

14. In contrast with the complaints made in previous reports, it is pleasing to be able to state that in certain districts the punishments awarded by the magistrates in respect of vaccination offences were so exemplary that a distinct improvement was secured in those areas. It is to be hoped that this change of attitude will spread rapidly over the whole magistracy in the Province.

15. Extension of Act III of 1899 throughout the Presidency has been constantly urged in previous reports, and the fact that very large numbers of unrecorded births and deaths are detected by the health staffs year after year emphasizes the need for the early introduction of this measure. In their review of last year's Vaccination Report, Government remarked that this subject was separately under consideration. It is requested that early orders on the subject may be issued.

16. The maintenance of village vaccination registers is still unsatisfactory in many instances, but health staffs have made constant efforts to rectify defects by making house-to-house enquiries in the villages they visit.

17. The anti-vaccination campaign in Tanjore District, which was alluded to in last year's report, has developed in intensity, and was one of the main causes for the decreased numbers vaccinated in that district and for the wastage of large quantities of lymph.

18. With regard to the supply of equipment to vaccinators by Taluk Boards, it is to be regretted that in a number of instances the necessary purchases were inordinately delayed. The District Health Officer, Vizagapatam, reports that his indent for the supply of equipment has not yet been sanctioned by the Vizianagaram Taluk Board although the last supply was made as far back as 1924, and similar delays have occurred in other districts.

These difficulties would never arise if supplies were made in the first instance by the district boards and necessary adjustments made later between them and the taluk boards.

In this connexion, it may be noted that, in Ganjām District, two Taluk boards have accepted the proposal to provide a reserve set of vaccinators' equipment for use in case of emergency, this being kept in charge of the District Health Officer. This arrangement is undoubtedly sound and is commended for adoption by other Taluk-Boards in the Presidency.

19. *Vaccination in districts.*—(1) The following statement gives the vaccination figures for 1926-27 as compared with the figures of the three previous years:—

Districts.	Total number of operations performed during the year.				Increase or decrease as compared with 1922-23.
	1923-24.	1924-25.	1925-26.	1926-27.	
Agency districts	68,271	75,689	72,053	82,660	+ 7,349
Anantapur	40,811	39,755	39,695	37,525	+ 1,560
Arcot (North)	81,123	84,569	80,805	76,999	+ 7,682
Arcot (South)	64,199	72,707	71,705	83,244	+ 20,657
Bellary	37,693	37,733	32,836	37,366	+ 5,007
Chingleput	54,198	61,564	58,301	59,546	+ 2,624
Chittoor	48,455	52,876	55,535	43,329	- 4,897
Coimbatore	90,789	91,179	89,785	93,020	+ 3,895
Cuddapah	41,321	37,352	34,366	32,103	+ 2,448
Ganjām	59,543	73,467	72,639	77,739	+ 18,241
Godāvāri, East	58,032	75,668	80,687	64,043	+ 7,729
Guntūr	78,975	102,296	100,704	92,260	+ 41,728
Kistna	89,722	92,484	95,546	87,397	+ 17,697
Kurnool	43,507	43,226	37,983	41,841	+ 4,706
Madura	76,786	82,056	80,381	81,388	+ 9,432
Malabar	164,251	138,469	130,037	129,287	- 12,503
Nellore	53,188	56,838	57,790	60,202	+ 11,172
Nilgiris	6,821	8,706	14,866	14,091	+ 7,229
Rāmnaḍ	62,194	57,172	74,957	75,808	+ 17,358
Sālem	72,146	85,050	99,906	84,805	+ 23,212
South Kanara	54,516	59,547	56,426	59,273	+ 5,073
Tanjore	88,274	83,583	76,935	72,757	+ 7,617
Tinnevely	80,055	81,933	79,277	72,454	- 1,412
Trichinopoly	79,740	77,962	69,896	65,158	- 1,368
Vizagapatam	100,525	98,211	98,969	94,312	- 6,937
Total ...	1,693,135	1,773,157	1,762,080	1,718,604	+ 195,289

As compared with 1925-26, the figures for the present year record increases in eleven districts and decreases in the others. Marked increases are reported from South Arcot (+11,539), Agency districts (+10,607), Ganjām (+5,100), Bellary (+4,530), Kurnool (+3,858) and Coimbatore (+3,235). The increase in South Arcot District is ascribed to the better registration of births, the detection of a large number of unregistered unprotected children and the appointment of additional temporary vaccinators. In the Agency Districts, the large increase is due to the appointment of eight additional vaccinators consequent on the formation of four new ranges. In Ganjām, the introduction of compulsory vaccination throughout the district, the increased minima demanded of the vaccinators and the large

number of revaccinations all go to explain the rise in numbers. In Bellary and Kurnool, a change was made in the off-season months, and the vaccinators worked eight months as compared with seven months in the previous year. Moreover, vaccination was made compulsory in three taluks of Kurnool District. In Coimbatore District, one additional vaccinator was employed during the year under review.

(2) The districts which recorded large decreases included Gōdāvari (-16,644), Salem (-15,101), Chittoor (-12,206), Guntūr (-8,444) Kistna and West Gōdāvari (-8,149), Tinnevely (-6,823), Trichinopoly (-4,738), Vizagapatam (-4,657) and Tanjore (-4,178). Decreases varying between 750 and 3,800 were reported from Anantapur, North Arcot, Cuddapah, Malabar and The Nilgiris. The following reasons have been given in explanation of these decreases:—

(a) *Gōdāvari*.—Lack of supervision of the out-door work of vaccinators for nearly two months owing to the absence of the District Health Officer, no vaccination during the off-season, and failure to appoint substitutes in leave vacancies.

(b) *Salem, Anantapur, Tinnevely, Cuddapah, Malabar, The Nilgiris, Kistna and West Gōdāvari*.—Reduction in incidence of small-pox, difficulty in finding unprotected cases consequent on the systematic work done by vaccinators in previous years, and failure to appoint substitutes in certain leave vacancies.

(c) *Chittoor*.—Reduction in the incidence of small-pox, and absence of temporary vaccinators.

(d) *Guntūr*.—Decrease in the number of vaccinators, and emigration of the labouring classes owing to economic stress.

(e) *Trichinopoly*.—Defective registration of births, emigration to Ceylon necessitated by economic conditions and reduction of the minima of vaccinators.

(f) *Vizagapatam*.—Reduction in the incidence of small-pox and of the minima of vaccinators, difficulty in finding unprotected cases for vaccination, and failure to fill vacancies in the staff of vaccinators.

(g) *Tanjore*.—Prevalence of cholera throughout the year, lack of co-operation from the village headmen and presidents of union boards, reduction in the incidence of small-pox and a more vigorous anti-vaccination campaign.

(h) *North Arcot*.—Improper maintenance of vital statistics registers, failure to appoint substitutes for two vaccinators granted leave, non-supply of vaccination equipment to vaccinators and lack of co-operation from the Pernambut Union Board.

(3) The ratio of successful vaccinations per mille of population varied from 27.4 in Tanjore District to 90.1 in The Nilgiris District. Compared with the previous year, increases were recorded in nine districts and decreases in the others. The largest increase (+6.8) was returned by Bellary and the largest decrease (-20.4) by The Nilgiris District.

(4) The number of children under one year of age successfully vaccinated totalled 639,827 as compared with 584,137 in the previous year. The percentage of successful infantile vaccinations to total births varied from 34.1 in Nellore District to 67.6 in The Nilgiris District. Compared with the previous year, 14 districts recorded increases, the largest improvements being recorded in Bellary (+11.7), Anantapur (+9.8), Kurnool (+9.5), Rāmnād (+8.6), Cuddapah (+7.7), Vizagapatam (+6.9), South Kanara (+6.7), Tanjore (+5.8), Malabar (+5.7), and Nellore (+5.3).

The marked decreases which occurred in Kistna (-30.6) and Trichinopoly (-26.1) are attributed to a decreased incidence of small-pox, defective registration of births and reduction in the minima of vaccinators. Details of infantile vaccination rates for individual districts are furnished in Annexure A.

20. *Vaccination in municipalities*.—(1) The total number of vaccination operations performed in the 81 municipalities of the Presidency rose from 183,196 in 1925-26 to 202,607 in the year under report, an increase of 19,411. In 53 municipalities increases were recorded, the most marked being in Madura (+18,590), Trichinopoly (+2,439), Coimbatore (+1,425), Guntūr (+1,344), Chingleput (+626), Kurnool (+590), Ootacamund (+577) and Hindupur (+518).

Twenty-eight municipalities returned decreased figures, the most outstanding being Madras (-3,656), Rajahmundry (-1,939), Vizianagram (-1,854), Palacole (-667), Cannanore (-633), Cochin (-622), Anakāpalle (-560), Conjeeveram (-439), Ellore (-426), Virudhunagar (-354), Cuddapah (-308), Vizagapatam (-260), Chirala (-258) and Berhampur (-211). With the exceptions of Madras, Rajahmundry, Cochin, Vizagapatam, Berhampur and Pollāchi, every town employing a health officer showed improved figures for total vaccination operations when compared with the previous year. This is only as it should be, and should serve as a demonstration of improved administration to those towns which still decline to employ health officers.

In a large number of cases it has been reported that the decreased numbers of vaccination operations are due to a fall in the incidence of small-pox and to increased difficulty in finding unprotected cases consequent on the clearing off of accumulated arrears in previous years. The first reason may be accepted, but it is doubtful if the second is correct. Such excuses for the falling off in vaccination figures as "absence of the vaccinator for two months without a substitute" are entirely unacceptable, and, moreover, give a clear indication of indifferent administration.

(2) The maximum and minimum success rates per mille of population were 192.4 in Madura and 13.3 in Tadpatri. The high figure recorded in Madura is due to the large numbers of vaccinations performed during the severe epidemic of small-pox which raged there for over three months. Rates below 35 per mille, which are clear evidence of poor work, were recorded in the following towns:—

Villupuram (34.8), Chirala (33.8), Conjeeveram (33.4), Rajahmundry (33.2), Palni (33.1), Walajapet (32.7), Gudiyāttam (32.0), Chittoor (31.7), Tellicherry (31.6), Māyavaram (31.2), Tenali (30.7), Karur (30.5), Proddatūr (30.1), Vizagapatam (29.5), Nellore (28.2), Virudhunagar (27.1), Erode (26.7), Mannārgudi (25.0), Tiruvālūr (23.9), Cuddapah (20.2), Palacole (18.9), Chidambaram (16.2).

With the exception of Rajahmundry and Vizagapatam, none of the towns in this list have Health Officers, and, as a result, no effective supervision of vaccinators' work can be made. The Municipal Councils concerned should take the lesson to heart.

(3) The recorded percentage of successful infantile vaccinations to total births ranged from 17.4 in Chidambaram to 100.0 in Tirupati. The latter figure is obviously impossible, and the returns submitted must have been wrongly prepared.

The infantile vaccination rates submitted by the municipalities of Chidambaram (17.4), Guntūr (25.6), Cuddapah (27.5), Nellore (33.01) and Karūr (37.1) are very unsatisfactory. The Health Officer of Guntūr states that the low figure is partly due to the high infantile death rate; but, in the other towns, imperfect registration of births and lack of supervision of the work of the vaccinators are responsible. The Municipal Councils concerned should take the necessary steps in the near future to rectify these defects if they wish to avoid small-pox epidemics. The Medical Officers in charge should also be instructed to give more time to this part of their duties.

The rates for individual towns, compared with those of the previous year, are given in Annexure B.

21. The following table gives the total number of vaccination operations performed by all agencies during the year compared with the corresponding figures for 1925-26:—

	1925-26.	1926-27.
Primary and secondary vaccination ...	1,499,278	1,493,021
Re-vaccination	465,748	455,041
Total ...	1,965,026	1,948,062

The small decrease of 16,964 is almost equally divided between the two classes of operations.

22. The results of primary and secondary vaccinations and re-vaccinations performed by the different agencies during 1925-26 and 1926-27 are compared in the subjoined statement :—

Establishment.	Number of successful vaccinations.				Total number of successful vaccinations.	
	1925-26.		1926-27.			
	Primary vaccination.	Re-vaccination.	Primary vaccination.	Re-vaccination.	1925-26.	1926-27.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Local Fund vaccinators ...	1,167,748	116,942	1,156,949	91,466	1,284,690	1,248,415
Government vaccinators ...	22,270	1,035	26,610	1,992	23,305	28,602
Municipal vaccinators ...	115,099	31,058	122,008	34,518	146,157	156,556
Cantonment vaccinators ...	5,320	1,698	6,230	1,323	7,018	7,553
Dispensaries	...	...	711	133	.	844
Medical subordinates	423	4,105	2,239	4,637	4,528	6,876
Total ...	1,310,860	154,838	1,314,747	134,099	1,465,638	1,448,846

Establishment.	Ratio per cent of successful cases.				Ratio per cent of total successful cases.	
	1925-26.		1926-27.			
	Primary vaccination.	Re-vaccination.	Primary vaccination.	Re-vaccination.	1925-26.	1926-27.
	(8)	(9)	(10)	(11)	(12)	(13)
Local Fund vaccinators ...	94.3	35.0	94.7	29.4	81.7	81.5
Government vaccinators ...	93.6	40.1	90.9	35.5	83.3	81.9
Municipal vaccinators ...	98.1	53.9	98.1	49.5	83.5	80.6
Cantonment vaccinators ...	99.2	27.0	98.2	22.4	60.2	61.7
Dispensaries	...	...	94.9	59.6	...	86.8
Medical subordinates	71.2	58.1	84.5	52.4	58.8	59.8
Total ...	94.7	37.9	94.9	33.4	81.8	81.1

The slight increase in the already high percentage of success for primary and secondary vaccinations is pleasing evidence of the continued potency of the glycerine lymph issued by the King Institute, and of the high standard of work done by the vaccination staffs throughout the Presidency. The small decrease in the success rate for revaccinations calls for no remark.

23. The percentages of success for the different administrative areas in the Presidency are given in the following table :—

Number of cases excluding unknown.		Agency.	Percentage of success.	
1925-26.	1926-27.		1925-26.	1926-27.
23,793	29,279	Government vaccinators ...	93.6	90.9
1,237,418	1,221,055	Local Fund do. ...	94.3	94.7
117,319	124,341	Municipal do. ...	98.1	98.1

The rates for the Agency Tracts are always slightly lower than those for other parts of the Presidency. This must be expected, but a figure of over 90 per cent requires no excuses.

24. The expenditure incurred on the vaccination establishments employed by the different agencies and the average cost of successful operations are given in the following statement :—

Establishment.	Total expenditure.		Average cost of each successful case.	
	1925-26.		1926-27.	
	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.
Government ...	14,715 10 5	18,415 13 11	0 10 1	0 10 4
Local Fund ...	4,55,433 9 1	4,58,780 13 5	0 5 8	0 5 11
Municipal ...	74,061 1 5	74,331 15 9	0 8 1	0 7 7
Cantonment ...	4,898 8 6	4,895 0 0	0 11 2	0 10 4
Total ...	5,49,108 13 5	5,56,423 11 1	0 6 0	0 6 2

The slight increase in the cost per case is due to the additional staff of Health Inspectors and vaccinators entertained, and to the decreased number of successful vaccinations done in some districts.

The average cost per successful case varied from Re. 0-4-6 in Tinnevely District to Re. 0-8-7 in the Nilgiris District.

In municipal areas, the average cost ranged from a minimum of Re. 0-2-3 in Calicut to a maximum of Re. 1-6-11 in Walajapet. This high figure is explained by the fact that the vaccinator was granted leave for three months and no substitute was appointed, so that no vaccinations were done for nearly half of the working year.

The Director, King Institute, reports that he issued lymph for 2,036,865 cases to district boards and municipalities against 1,922,201 operations performed in these areas. The difference of 114,664 represents a wastage of 5.6 per cent, which is only slightly above the percentage allowed, and compares favourably with the corresponding figures for previous years.

25. (a) The number of vaccinated cases inspected by District Health Officers ranged from 998 in Trichinopoly to 5,570 in Coimbatore. Two District Health Officers inspected less than 1,000 cases, 5 less than 2,000 cases, 5 less than 3,000 cases, 7 less than 4,000, 2 less than 5,000 and 2 less than 6,000. The shortage in the districts of Trichinopoly and Tanjore was due to the prevalence of cholera throughout the year.

(b) The inspection of vaccinated cases by Municipal Health Officers (excluding Madras) ranged from 805 in Coonoor to 30,621 in Madura. The work of six Health Officers fell short of the prescribed minimum of 75 per cent and their explanations are being called for.

(c) In municipalities where no Health Officers are employed the percentage of cases inspected by the medical officers in charge of vaccination varied from 59.1 in Gudiyattam to 100.0 in Kodaikanal. Forty-three inspected more than 75 per cent of the cases, 6 between 65 and 75 per cent and 3 between 50 and 65 per cent. These figures are a great improvement over those of last year, and are probably the direct result of a circular issued by the Surgeon-General drawing attention to the necessity for better supervision. The attention of the Surgeon-General will be invited to the nine officers who are still at default.

(d) District Medical Officers and Civil Surgeons inspected 10,802 cases as compared with 7,571 in 1925-26.

(e) Two hundred and twenty-five Health Inspectors inspected more than 85 per cent of the cases and 37 failed to reach this prescribed minimum. Suitable notice will be taken of those whose explanations are considered to be unsatisfactory.

26. The total deaths from small-pox during the last five years are as follows:—

1922-23	...	...	...	...	...	26,526
1923-24	...	...	...	...	...	22,626
1924-25	...	...	...	...	...	20,227
1925-26	...	...	...	...	...	14,498
1926-27	...	...	...	...	...	9,816

The progressive decline in the mortality from this loathsome disease since the introduction of the District Health Service should serve to convince the most sceptical of the value of that organization. In every infected area, prompt action is taken to arrest the spread of infection, not only by means of a vigorous vaccination and re-vaccination campaign, but by systematic propaganda. Enquiries instituted in infected areas go to prove that the majority of cases occur either among unvaccinated persons or among those who have not been re-vaccinated since infancy. The need for further intensive work is thus made plain and the time has not yet come when the vaccination staff can relax their efforts.

Although no district escaped infection during the year under report, in five only did the mortality exceed 500, South Arcot registering the maximum of 936 deaths. Of 1,119 deaths registered in municipalities, no less than 616 occurred in Madura. Trichinopoly recorded 96 deaths and Coimbatore 61, but in no other town did the number exceed 40. Thirty-four municipalities remained free from small-pox throughout the year.

In Ganjām, Madura and Tanjore districts, outbreaks of small-pox went unreported, and were allowed to develop, until they were discovered by the health staffs. Inordinate delays in reporting outbreaks, such as occurred in Anantapur District, are almost as serious, and it is mainly because of these derelictions of duty that constant vigilance is still necessary.

In G.O. No. 1415-P.H., dated 13th August 1926, Government requested all Collectors to issue instructions to their subordinates regarding the importance of prompt intimation of small-pox outbreaks, and the instances quoted above seem to indicate the desirability of issuing a further reminder on the subject.

27. Information regarding the number of patients treated in small-pox hospitals and their vaccinal condition, etc., asked for by the Government of India in their letter No. 1250, Health, dated 4th September 1925, has been consolidated from district reports. The number of institutions exclusively reserved for the reception and treatment of small-pox patients has increased by five during the year under report. Sixteen cases were reported to have been treated therein, and 752 additional cases in sheds provided for general infectious diseases. Of the 768 patients, details regarding the vaccinal condition of only 749 cases are available:—

(a) Vaccinated as evidenced by one or more cicatrices	...	...	496
(b) Stated to have been successfully vaccinated but no vaccination cicatrices present	...	...	21
(c) Stated to be unvaccinated or unsuccessfully vaccinated but no vaccination cicatrices present	...	...	162
(d) Previously unvaccinated but vaccinated during the incubation of small-pox	...	...	54
(e) Stated to have been successfully re-vaccinated	...	...	16
			749

It should be noted that these statistics do not represent the true vaccinal condition of the population as a whole.

OOTACAMUND, A. J. H. RUSSELL, C.B.E., M.A., M.D., D.P.H., LIEUT.-COL., I.M.S.,
20th June 1927. *Director of Public Health, Madras.*

ANNEXURE A.

Comparative Statement showing infantile vaccination in districts
for 1925-26 and 1926-27.

Districts.	Percentage of infantile vaccination to total births registered.		Increase or decrease.	Districts.	Percentage of infantile vaccination to total births registered.		Increase or decrease.
	1925-26.	1926-27.			1925-26.	1926-27.	
1. Anantapur ...	32.7	42.5	+ 9.8	13. Kurnool ...	38.5	46.0	+ 7.5
2. Arcot (North) ...	48.9	48.3	- 0.6	14. Madura ...	68.5	68.7	+ 0.2
3. Arcot (South) ...	41.8	45.6	+ 3.8	15. Malabar ...	44.6	50.3	+ 5.7
4. Bellary ...	39.2	50.9	+ 11.7	16. Nellore ...	28.8	34.1	+ 5.3
5. Chingleput ...	48.5	44.6	- 3.9	17. Nilgiris ...	71.7	67.6	- 4.1
6. Chittoor ...	50.6	45.6	- 5.0	18. Rāmṇād ...	56.6	65.2	+ 8.6
7. Coimbatore ...	49.1	42.7	- 6.4	19. Salem ...	40.4	38.0	- 2.4
8. Cuddapah ...	32.5	40.2	+ 7.7	20. South Kanara ...	39.5	46.2	+ 6.7
9. Ganjām ...	40.7	42.2	+ 1.5	21. Tanjore ...	38.4	44.2	+ 5.8
10. Godāvari ...	42.6	40.9	- 1.7	22. Tinnevely ...	48.7	51.2	+ 2.5
11. Guntūr ...	45.6	41.6	- 4.0	23. Trichinopoly ...	75.1	49.0	- 26.1
12. Kistna ...	69.6	39.0	- 30.6	24. Vizagapatam ...	35.8	42.7	+ 6.9

ANNEXURE B.

Comparative Statement showing infantile vaccination in municipalities
for 1925-26 and 1926-27.

Municipality.	Percentage of infantile vaccination to total births.		Increase or decrease.	Municipality.	Percentage of infantile vaccination to total births.		Increase or decrease.
	1925-26.	1926-27.			1925-26.	1926-27.	
1. Adōni ...	97.16	99.99	+ 2.83	42. Narasaraopet ...	74.00	58.0	- 16.0
2. Anakāpalle ...	59.65	53.34	- 6.31	43. Negapatam ...	74.45	77.18	+ 2.73
3. Anantapur ...	81.00	86.5	+ 5.5	44. Nellore ...	38.10	33.01	- 5.09
4. Bellary ...	52.3	65.5	+ 13.2	45. Ongole ...	54.00	56.0	+ 2.0
5. Berhampur ...	67.60	66.8	- 0.8	46. Ootacamund ...	67.08	59.2	- 7.88
6. Bezvada ...	49.53	48.11	- 1.42	47. Palakole ...	83.60	52.0	- 31.0
7. Bimlipatam ...	60.38	66.4	+ 6.02	48. Palamcottah ...	42.97	62.38	+ 19.41
8. Bōdināyakkannūr ...	96.70	98.0	+ 1.3	49. Palghat ...	61.70	58.1	- 3.6
9. Calicut ...	77.82	62.67	- 15.15	50. Palni ...	86.57	88.81	+ 2.24
10. Cannanore ...	71.95	69.33	- 2.62	51. Parlākimedi... ..	65.50	63.2	- 2.3
11. Chicacole ...	73.26	69.96	- 3.30	52. Peddāpuram ...	67.08	51.08	- 16.02
12. Chidambaram ...	24.79	17.26	- 7.43	53. Periyakulam ...	66.37	75.72	+ 9.35
13. Chingleput ...	50.15	57.33	+ 7.18	54. Pollāchi ...	95.61	94.13	- 1.48
14. Chirala ...	50.50	51.1	+ 0.6	55. Proddatūr ...	55.73	52.01	- 3.72
15. Chittoor ...	46.75	44.63	- 2.12	56. Rajahmundry ...	51.05	47.11	- 3.94
16. Cocanada ...	39.00	57.0	+ 18.0	57. Saidapet ...	78.10	77.0	- 1.1
17. Cochin ...	63.74	76.43	+ 12.69	58. Salem ...	62.03	62.9	+ 0.87
18. Coimbatore ...	69.05	58.25	- 10.80	59. Sivakāsi ...	72.7	73.74	+ 1.04
19. Conjeeveram ...	36.97	42.8	+ 5.83	60. Srirangam ...	86.67	88.18	+ 1.51
20. Coonoor ...	41.92	56.58	+ 14.66	61. Srivilliputtūr ...	66.58	68.0	+ 1.44
21. Cuddalore ...	63.94	62.51	- 1.43	62. Tadpatri ...	40.65	58.0	+ 17.35
22. Cuddapah ...	29.00	27.53	- 1.47	63. Tanjore ...	50.8	49.0	- 1.8
23. Dhārāpuram ...	43.10	65.52	+ 22.42	64. Tellicherry ...	63.25	62.4	- 0.85
24. Dindigul ...	65.06	69.68	+ 4.62	65. Tenali ...	46.50	57.1	+ 10.6
25. Ellore ...	97.80	97.3	- 0.5	66. Tinnevely ...	48.47	50.31	+ 1.84
26. Erode ...	79.51	81.73	+ 2.22	67. Trichinopoly ...	43.24	51.8	+ 8.56
27. Gudiyattam ...	53.60	71.7	+ 18.1	68. Tirupati ...	61.61	100.00	+ 38.39
28. Guntūr ...	48.27	25.6	- 22.67	69. Tirupattūr ...	52.55	48.44	- 4.11
29. Hindupur ...	75.33	85.11	+ 9.78	70. Tiruppur ...	55.8	49.1	- 6.7
30. Hospet ...	69.22	66.39	- 2.83	71. Tiruvālūr ...	96.6	99.48	+ 2.88
31. Karūr ...	30.50	37.1	+ 6.6	72. Tiruvannāmalai ...	50.7	54.6	+ 3.9
32. Kodaikānal ...	71.70	73.9	+ 2.2	73. Tuticorin ...	49.40	59.5	+ 10.1
33. Kumbakōnam ...	55.76	56.4	+ 0.64	74. Udamalpet ...	64.32	59.86	- 4.46
34. Kurnool ...	29.82	84.65	+ 54.83	75. Vāniyambādi ...	66.75	66.86	- 0.09
35. Madras ...	86.80	67.9	+ 1.1	76. Vellore ...	91.40	94.3	+ 2.9
36. Madura ...	85.9	85.3	- 0.6	77. Villupuram ...	66.00	96.0	+ 0.30
37. Mangalore ...	75.70	80.20	+ 4.5	78. Virudhunagar ...	50.10	63.0	+ 12.9
38. Mannārgudi ...	96.49	52.90	- 43.59	79. Vizagapatam ...	50.84	41.16	- 9.68
39. Masulipatam ...	60.20	61.8	+ 1.6	80. Vizianagram ...	50.29	61.26	+ 10.97
40. Mayavaram ...	55.60	54.4	- 1.2	81. Walajapet ...	62.20	49.1	- 13.10
41. Nandyāl ...	94.77	96.0	+ 1.23				

B.—DISPENSARY VACCINATION.

Statement No. III showing Dispensary Vaccination in the Madras Presidency
for the official year 1926-27.

Districts.	Number of dispensaries in each district to which a vaccinator is attached.	Average number of vaccinators attached to dispensaries during the year.	Total number of persons vaccinated.	Average number of persons vaccinated by each vaccinator.	Total number of operations.	Primary vaccination.				Re-vaccination.			Percentage of successful cases in which the results were known.		Percentage of unknown cases to total operations.		
						Under one year.	Over one and under six years.	Total of all ages.	Unknown.	Total number of operations.	Successful.	Unknown.	Primary vaccination.	Re-vaccination.	Primary vaccination.	Re-vaccination.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Agency districts ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anantapur ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Arcoot, North ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Arcoot, South ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bellary ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chingleput ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chittoor ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coimbatore (The Anamalais Medical Association) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cuddapah ...	...	...	...	974	*974	749	30	373	711	...	225	133	2	94.9	59.6	...	0.9
Ganjām ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Goāvari ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Guntūr ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kistna ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kurnool ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Madura ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malabar ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nellore ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nilgiris, the ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rāmnād ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Salem ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
South Kanara ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tanjore ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tinnevely ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Trichinopoly ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Vizagapatam ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...	...	...	974	974	749	30	373	711	...	225	133	2	94.9	59.6	...	0.9	

* Vaccinations performed by the Medical Officer himself.

Statement No. IV showing the number of persons primarily vaccinated and the number of those persons who were successfully vaccinated in the Madras Presidency in each of the undermentioned years.

	Persons primarily vaccinated in the Madras Presidency.															
	1917-1918.	1918-1919.	1919-1920.	1920-1921.	1921-1922.	1922-1923.	1923-1924.	1924-1925.	1925-1926.	1926-1927.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.
Government vaccinators	17,765	15,057	14,158	14,625	15,749	11,907	14,981	20,959	16,852	21,275	19,629	24,254	22,270	30,055	26,610	1,156,949
Local Fund	1,194,558	989,157	1,161,772	1,107,117	1,057,517	1,149,068	8,964,474	1,270,698	1,149,187	1,238,061	1,226,452	1,248,463	1,167,748	1,240,315	1,156,949	1,156,949
Cantonment	3,710	3,497	4,757	4,105	5,218	5,439	5,245	5,859	5,850	4,204	4,275	5,264	5,320	6,282	6,230	6,230
Municipal	121,439	113,652	116,193	105,504	99,480	105,203	96,848	113,237	109,620	116,000	115,688	115,456	115,099	122,535	122,008	122,008
Dispensaries	191	189	155	115	124	152	140	148	143	2	2	...	...	749	711	711
Medical Subordinates	197	103	610	680	1,764	1,769	1,232	1,188	842	1,342	1,267	576	423	2,658	2,239	2,239
Total	1,337,860	1,121,653	1,283,036	1,232,146	1,179,852	1,273,628	1,015,020	1,412,020	1,282,494	1,440,887	1,367,313	1,394,063	1,310,860	1,438,194	1,314,747	1,314,747

Statement No. VII showing inspection work done by the Health Inspectors during the year 1926-27—cont.

Districts.	Ranges.	Number of Health Inspectors.	Number of villages inspected by Health Inspectors.	Total number of cases vaccinated.	Number of days spent on inspection duty.	Number of cases verified by Health Inspectors.	Total number of successful cases as reported by Health Inspectors.	Percentage of successful cases to the total number inspected as reported by Health Inspectors.	Proportion per cent of inspection by Health Inspectors to total number vaccinated.
1	2	3	4	5	6	7	8	9	10
Vizagapatam.	Anakapalle ...	1	137	6,630	656	6,225	5,135	66.4	98.9
	Bimalipatam ...	1	116	6,790	235	6,311	4,056	64.3	92.9
	Bobbili ...	1	133	4,841	242	4,511	3,833	85.0	93.2
	Chipurupalli ...	1	262	8,407	249	7,850	5,522	70.3	93.4
	Chodavaram ...	1	232	10,341	256	9,413	6,572	69.8	91.0
	Gajapatinagaram ...	1	178	7,451	277	6,747	4,745	70.3	90.6
	Narasapatam ...	1	140	7,435	234	6,377	4,767	74.8	85.8
	Palakonda ...	1	278	6,538	217	5,949	4,224	71.0	91.0
	Paravatipuram ...	1	200	6,138	220	5,402	4,493	83.2	88.0
	Salur ...	1	121	3,751	230	3,505	3,035	86.6	93.4
	Srungavarapukota ...	1	127	6,045	259	5,542	3,411	61.5	91.7
	Vizagapatam ...	1	272	4,546	247	4,104	3,335	81.3	90.3
	Vizianagram ...	1	186	8,402	252	7,257	5,062	69.8	86.4
	Yellamanchilli ...	1	311	6,997	225	6,539	5,310	81.2	93.5
Grand total ...		232	42,837	1,718,604	63,401	1,518,600	1,231,666	81.1	88.4

Government of Madras

LOCAL SELF-GOVERNMENT (PUBLIC HEALTH) DEPARTMENT

G.O. No. 1432, P.H., 25th July 1927Vaccination—Annual Report of the Director of Public Health for the year 1926-27—
Reviewed.**Order—No. 1432, P.H., dated 25th July 1927.**

Recorded.

2. The Government are glad to note that since the introduction of the District Health Scheme there has been a progressive decline in the mortality from smallpox. This amply demonstrates the value of vaccination and of the work performed by the District Health organization. In 1922-23 the total number of deaths from smallpox was 26,526, while in 1926-27 it was only 9,816. The mortality during the year 1926-27 would have been less still, if the health staffs in the districts of Ganjam, Madura, Tanjore and Anantapur had received prompter intimation of outbreaks which occurred in parts of these districts. The attention of the Collectors of the districts concerned is invited to the remarks of the Director of Public Health in this connexion and the Government trust that every effort will be made to impress upon their subordinates the importance of reporting at once the earliest cases of smallpox.

In view of the fact that the majority of deaths from this disease occur among unvaccinated persons or among those who have not been revaccinated since infancy, the Government desire to impress upon all local bodies the importance of carrying on a vigorous and intensive vaccination campaign.

3. The total number of operations performed by all agencies during the year under review was 1,948,062 compared with 1,965,026 during the previous year. In municipalities an increase of 19,411 was recorded in the operations performed. The Government note with satisfaction that the figures representing the total number of vaccination operations performed showed an improvement over those of the previous year in practically every town in which a health officer was employed. The attention of all municipal councils, which have not yet sanctioned the employment of a health officer, is drawn to this fact and to the desirability of employing one as early as possible. The percentage (94.9) of success in primary and secondary vaccinations continued to be high and demonstrates clearly the continued efficacy of the glycerine lymph issued by the King Institute.

4. The number of children successfully vaccinated in districts rose from 584,137 to 639,827. The infantile vaccination rates reported from the municipalities of Chidambaram, Guntur, Cuddapah, Nellore and Karur were however far from satisfactory. This is attributed in the case of Guntur to the high infantile death-rate, and in others to the imperfect registration of births and the

lack of adequate supervision over the work of the vaccination staff. The municipal councils concerned are requested to take early steps to rectify these defects.

5. In G.O. No. 1393, P.H., dated 11th August 1926, the District Health Officers were made responsible for the supervision of vaccination and the registration of vital statistics in municipalities in which there are no health officers. The strength of the inspection staff was also increased during the year under review by the employment of 32 additional health inspectors. The Director of Public Health reports that a further increase in the strength of the Health Inspectors' staff is necessary. As regards vaccinators the number of first-class men employed by local bodies fell from 202 to 195. The number of second-class vaccinators increased from 397 to 432, while that of probationary vaccinators continued to decrease. The Director of Public Health reports that although trained men are now available, the full complement of vaccinators is maintained only in very few districts and that one of the reasons for this is the failure on the part of local boards to offer scales of pay sufficiently attractive to induce suitable applicants to accept Local Fund employment. The Government have recommended suitable scales of pay for adoption by local bodies and as the payment of salary to unqualified men who have not been exempted by the Director of Public Health or whose employment has not been sanctioned by the Government has been declared to be illegal and surchargeable, it is hoped that qualified men will be employed by local bodies in increased numbers on suitable rates of pay.

6. The Government are pleased to learn that the health staffs continued to do good work in detecting cases of unprotected and unregistered children. As many as 15,000 cases of unprotected children were detected in the North Arcot and Coimbatore districts, 12,000 cases in South Arcot and Malabar and 11,000 in Nellore. The maintenance of vaccination registers continued to be unsatisfactory in many unions. The Government note with regret the instances mentioned by the Director of Public Health in paragraph 5 of his report and they trust that presidents of the boards concerned will realize the obligation imposed upon them by the statute and take effective steps for the improvement of vaccination in the areas under their control.

7. In G.O. No. 1415, P.H., dated 13th August 1926, the Government emphasized the need for closer co-operation between Presidents of Local Boards and District Health Officers in the administration of vaccination and disciplinary control over vaccinators. The Director of Public Health points out that local boards have made little or no effort to follow this advice and that on the other hand the recommendations made by the Health Officers have often been ignored. The attention of the local boards concerned is invited to the instances quoted by the Director of Public Health in paragraph 7 of his report and the Government trust that they will in future work in closer touch with the Health Department and will give every consideration to the recommendations made by the District Health Officers in all matters relating to vaccination as directed in G.O. No. 389, P.H., dated 4th March 1926. In the interests of discipline and efficient work Presidents of Local Boards are also requested to consult the District Health Officer in all matters regarding the leave, transfers, appointment and punishment of vaccinators. The example of the Presidents of the Taluk Boards of Puttur and Berhampur in having delegated to their District Health Officers their power to sanction the prosecution of defaulters is commended to the Presidents of all Local Boards for adoption.

8. The Director of Public Health has again emphasized in his present report the desirability of transferring the administration of vaccination in rural areas from the taluk boards to the district boards. This suggestion will be considered when the amendment of the Local Boards Act is undertaken. In regard to the proposal that the Registration of Births and Deaths Act III of 1899 should be extended throughout the Presidency all Collectors have been requested in G.O. No. 2022, P.H., dated 11th November 1926, to submit proposals for the extension of the

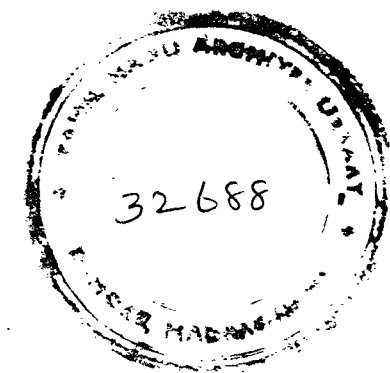
Act to such portions of their districts as they consider desirable and orders have been issued on the proposals so far received.

9. The Director of Public Health points out that only one or two district boards have agreed to make vaccination compulsory within their areas. The Government trust that all other district boards will further consider the question of adopting this course.

(By order of the Government, Ministry of Local Self-Government)

C. B. COTTERELL,
Secretary to Government.

To the Director of Public Health.
 „ the Surgeon-General.
 „ the Inspector of Municipal Councils and Local Boards.
 „ the Law (General) Department.
 „ the Revenue Department.
 „ the Board of Revenue (Land Revenue and Settlement).
 „ the Director of Public Instruction.
 „ the Accountant General.
 „ the President, Corporation of Madras.
 „ all Collectors and District Magistrates.
 „ all Presidents of District Boards.
 „ all Chairmen of Municipal Councils.
 „ the Examiner of Local Fund Accounts.
 „ the Assistant Quartermaster-General.
 „ the Consul-General for Netherlands.
 „ the Consul-General for Siam at Calcutta.
 „ the Librarian, Legislative Council Library.
 „ the Chief Editor, "Health and Welfare," Lucknow.
 „ the Honorary Secretary, L.S.G. Institute, Poona.
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