

REPORT

ON

VACCINATION IN THE MADRAS
PRESIDENCY

FOR THE TRIENNium ENDING

1925-26

29.8.26

MADRAS

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REPORT ON VACCINATION IN THE MADRAS PRESIDENCY FOR THE TRIENNium ENDING 1925-26.

In the Vaccination Reports for the last three years, reference has been made to the desirability of transferring to District Boards the administration of vaccination in rural areas. In G.O. No. 2304, P.H., Mis., dated 13th November 1925, the Government, however, declined to accept this proposal, and the control of vaccination is still vested in Taluk and Union Boards, except in the Nilgiri district. The existing arrangement has numerous disadvantages. The policy of the individual Taluk Boards of the same district frequently varies to such an extent that the District Health Officer meets with administrative difficulties which would never arise if the control were vested in a single authority. Secondly, the inequalities in the pay and allowances of the vaccinators employed by different Taluk Boards cause difficulties in the transfer of vaccinators from one Taluk Board to another and prevent the exaction of a uniform standard of work. Other defects will be mentioned in later paragraphs of this report, but so much inconvenience has been experienced that almost every District Health Officer has pressed for the transfer of the control of vaccination to the District Board. For this reason, the question deserves reconsideration at the hands of Government.

2. Glycerine lymph, which was introduced as an experimental measure during the triennium ending 1922-23, was found to give such consistently satisfactory results that the manufacture of lanoline lymph was entirely given up from 1923.

3. Revised instructions for the use of vaccine lymph were issued to all officers of the department in the annexure to G.O. No. 241, P.H., dated 4th February 1926.

4. In 1925 and 1926, the vaccine lymph department of the King Institute carried out detailed investigation in connexion with the varying month-war success rates in each district over a series of years. It was found that certain changes in the prescribed off-season were essential if the most satisfactory results were to be obtained. The proposals made in this connexion by this office in consultation with the Director, King Institute, were approved by the Government in G.O. No. 279, P.H., Mis., dated 12th February 1926, and the alterations have now been brought into force.

5. The vaccination off-season, as usual, was utilized for the scrutiny of vital statistics and vaccination records, and the detection of unregistered births and deaths and unprotected children. A great deal of work was done in this direction in 1925-26, e.g., nearly 22,000 unregistered unprotected children were discovered in Coimbatore district and 15,000 in North Arcot. The cases detected in other districts, although not so numerous, amounted in toto to many thousands. Whilst this is creditable to the Public Health staff, it is direct proof of the bad work of registering officers, whether village headmen or presidents of union boards. If these cases had not been detected, it is probable that a large number would have fallen victims to smallpox. It may also be pointed out in this connexion that registration work is often deliberately neglected because the registrars are confident that shortcomings will be made good by the Public Health staff. This pernicious practice should be taken severe notice of by the officers of the Revenue Department.

As regards union boards, many fail to maintain their registers correctly and do not co-operate with the Public Health staff in connexion with the issue of the required notices to parents and guardians and the prosecution of defaulters. In addition, some few disown their responsibility and refuse to recognize the

Date.	Remarks.
1925.	
12th to 31st May ...	Preparation of Annual Sanitary Report for 1924 at Ootacamund under Director of Public Health's instructions and inspection of vaccination in Nilgiri district and Coimbatore Municipality, investigation of a complaint in connexion with vaccination in Tiruppur, routine sanitary inspection of Udumalpet Municipality, and of vaccination and vital statistics in Palni Municipality and investigation of charges against Health Inspectors, Srivilliputtur and Periyakulam Ranges.
4th to 15th June ...	Attended Jubilee celebrations of Vizagapatam Municipality, investigation of malaria in Simhachalam and joint inspection of Anantagiri and surroundings with Superintending Engineer, etc., under the Chief Minister's orders.
21st to 27th June ...	Interview with the Chief Minister and preparation of Annual Vaccination Report for 1924-25 in Ootacamund under Director of Public Health's instructions.

Dr. K. T. Matthew.

5th Sep. ...	Attend Affairs and festivals conference at Tirupati.
17th to 30th Sep. ...	Investigation of small pox in North Arcot district; routine sanitary inspection of Erode and Tiruppur Municipalities, conference with the District Health Officer, Coimbatore, and enquiry into the conduct of Health Inspector, Avanashi Range.
17th to 24th Oct. ...	Inspection of vaccination in Cuddapah Municipality and range, routine sanitary inspection of Karnool Municipality and inspection of vaccination in Nandyal taluk.
30th Oct. to 3rd Nov.	Routine sanitary inspection of Bezwada Municipality, inspection of vaccination in Ongole Municipality and inspection of a burial ground site in Ongole taluk.

Captain N. R. Ubhaya.

25th Nov. to 3rd Dec.	Inspection of vaccination and investigation of smallpox in Guntur and Chirala Municipalities and in Bapatla taluk, and routine sanitary inspection of Nellore Municipality.
16th to 21st Dec. ...	Routine sanitary inspection of Cannanore and Cochin Municipalities and inspection of vaccination in Calicut Municipality.

1926.

1st to 7th Feb. ...	Inspection of arrangements in connexion with National Health and Baby Week in Nellore, Guntur, Bezwada, Ellore, Rajahmundry and Vizagapatam Municipalities.
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8. The following comparative statement contains details of the subordinate vaccination staffs employed in the Presidency during the triennium under report and the previous triennium:—

	Year.	Health Inspectors (Provincial).	Vaccinators.			
			First class.	Second class.	Probationary.	Total.
Triennium ending 1922-23.	1920-21 ...	110	132	292	184	608
	1921-22 ...	110	142	342	174	658
	1922-23 ...	119	165	380	191	736
Triennium ending 1925-26.	1923-24*	229	157	405	170	732
	1924-25†	229	155	423	152	730
	1925-26†	229	202	397	146	746

* Excluding 18 Local Fund Sanitary Inspectors.

† Excluding 12 Local Fund Sanitary Inspectors.

The large increase in the number of Health Inspectors is due to the re-organization of the Department effected in April 1923. The gradual increase in the number of first-class vaccinators is a welcome improvement. In future, only first and second-class vaccinators should be employed, and the probationary group gradually abolished.

9. Proposals for the employment of additional Health Inspectors were not accepted during 1925-26, but the Government has since sanctioned the entertainment of thirty-two additional Inspectors, and this increased staff should go far to remove many of the difficulties experienced in past years.

10. It is to be regretted that, notwithstanding repeated instructions, local bodies, both Municipal and District, persist in retaining unqualified and incompetent men as vaccinators. Many of these have been characterized by Health Officers as not only inefficient and incapable of improvement, but a positive danger to the community. If any untoward incident occurs as a result of their ignorance and carelessness, the local body concerned may be held liable for heavy damages. In the interests of the health and safety of the public, the qualifications laid down in G.O. No. 1167, L. and M., dated 4th April 1925, should be enforced, and local bodies at default should be surcharged. Unless some such drastic step is taken, the chances of improving vaccination staffs are remote.

11. The compartmental system of control of vaccination was in force throughout the Presidency in 1925-26, except in Gunupur Range in Vizagapatam Agency. In the Nilgiri district, it had to be suspended on account of the inadequacy of the vaccination staff, and the frequent and scattered outbreaks of smallpox.

12. Some of the factors retarding progress were discussed in the vaccination report for 1924-25. They continued to operate in 1925-26, and may be again made the subject of brief comment.

(1) In many parts of the Presidency, vaccination is still non-compulsory, and notwithstanding the propaganda work carried out, it is very difficult to secure the vaccination of all unprotected children in those areas. Moreover, where there is no compulsion, the vaccinator has no legal *locus standi* and is not supported by local bodies, if he is molested or if his work is interfered with. Instances of such interference are not uncommon, and on occasion vaccinators have even been assaulted. The urgent necessity for the introduction of compulsory vaccination throughout the Presidency cannot be over-emphasized, and Government is once more requested to address all District Boards in the matter.

(2) Even where vaccination is compulsory, the regulations are seldom enforced. A number of District and Municipal Health Officers have laid special stress on this defect and, finding themselves unable to overcome the indifferent attitude of the local authorities, have pressed for the delegation of plenary powers. These have been granted to the District Health Officer, Ganjam, by the President of Berhampur Taluk Board and have already been of great advantage. There seems to be no reason why similar powers should not be given to other District and Municipal Health Officers, who may be expected to exercise due discretion before launching prosecutions.

(3) It has been repeatedly brought to notice that in the few cases in which sanction for prosecution has been obtained, only very small fines are awarded to delinquents. Punishment of this kind has no deterrent effect and the time and trouble spent on these cases by the Public Health staff are largely wasted. The attention of District Magistrates should be drawn to this question.

(4) The administration of vaccination is intimately associated with correct registration of vital statistics. Extension of Act III of 1899 to all rural areas has been repeatedly urged in the Annual Reports on Vaccination and Sanitation, and it is earnestly hoped that Government will pass favourable orders at an early date.

(5) The imperfect condition of village vaccination registers and the steps necessary to remedy defects in them have been referred to in a previous paragraph.

(6) The anti-vaccination campaign mentioned in the report for 1924-25 was fortunately less active. In the few places where it was carried on, it was successfully counteracted by the Public Health staff.

13. (1) *Vaccination in districts.*—The following statement gives the vaccination figures for 1925-26 as compared with the figures of the two 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.	
Agency districts	66,371	75,849	72,053	+ 3,256
Amravati	40,811	39,755	39,696	- 3,780
Arcot (North)	81,128	84,569	80,806	+ 11,485
Arcot (South)	64,199	72,707	71,706	+ 9,118
Bellary	37,093	37,733	33,536	+ 477
Bijapur	54,198	61,564	58,501	+ 1,379
Chingleput	48,455	52,876	55,525	+ 7,802
Chittoor	90,789	94,179	89,755	+ 660
Coimbatore	41,321	37,352	34,866	+ 1,711
Cuddapah	59,543	78,487	72,639	+ 13,111
Gadag	58,032	75,876	80,887	+ 24,373
Gadag (North)	78,975	102,296	100,704	+ 50,172
Gadag (South)	89,722	92,484	95,546	+ 25,316
Guntur	43,507	43,226	37,968	+ 848
Madura	76,786	82,058	80,381	+ 8,195
Malabar	164,251	138,489	130,037	- 11,753
Mallore	53,183	56,858	57,790	+ 3,760
Nilgiris	6,821	9,706	14,866	+ 3,004
Ramnad	62,194	57,172	74,957	+ 16,507
Salem	72,145	95,050	99,906	+ 38,313
South Kanara	84,516	89,542	86,426	+ 2,329
Tanjore	88,374	88,555	76,985	+ 11,785
Tinnevely	80,065	81,988	79,377	+ 5,411
Trichinopoly	79,740	77,500	69,898	+ 3,340
Vizagapatam	100,525	98,311	98,169	- 2,280
Total	1,693,136	1,773,157	1,762,080	+ 238,745

Compared with 1924-25, the figures for the present year record increases in eight districts and decreases in the others. As regards the former, the most prominent instances are Ramnad (+ 17,785), Salem (+ 14,856), the Nilgiris (+ 6,160), East Godavari (+ 5,019), and Kistna (+ 3,062). In Ramnad, this is ascribed to increase of the monthly minima of vaccinators, and to the fact that first-class vaccinators were not deputed for epidemic duties. In Salem, six additional reserve vaccinators were employed by the District Board in order to clear off the large arrears in several ranges. Similar reasons explain the remarkable increase in the number of operations performed in the Nilgiris.

The districts which returned large decreases were Malabar (- 8,432), Trichinopoly (- 8,066), Tanjore (- 6,648), Kurnool (- 5,243), Bellary (- 4,897), and Coimbatore (- 4,394). Reductions varying between 2,700 and 4,000 were recorded in North Arcot, Agency, Chingleput, South Kanara, Cuddapah and Tinnevely. The District Health Officers have ascribed the following causes for these decreases :—

Malabar, Trichinopoly and North Arcot.	Emigration, reduction in the numbers of unprotected children, and comparative absence of smallpox.
Tanjore	Emigration, reduction in the numbers of unprotected children, and cholera epidemic.
Cuddapah, Kurnool and Bellary.	Stoppage of lymph supply in March, and vacancies in vaccination staff.
Coimbatore	Incompetence of certain vaccinators, and cholera epidemic.
Chingleput	Cholera epidemic.
Tinnevely	Cholera epidemic, and reduction in the number of unprotected children.
South Kanara	Reduction in the number of unprotected children, and comparative absence of smallpox.
Agency	Vacancies in the vaccination staff, and reduction in vaccinators' minima.

In connexion with these explanations, it may be remarked that, when the District Health Scheme was introduced, large numbers of unprotected cases were

to be met with. Probably, these are now more difficult to obtain. As regards the interference of cholera epidemics with vaccination work, it is hoped that with the additional Health Inspectors recently recruited, the necessity for deputing vaccinators for preventive work will not ordinarily arise. The attention of Government is once more drawn to the repeated failure of local bodies to fill up temporary vacancies in the vaccination staff. No difficulty would exist in getting qualified men for either temporary or permanent vacancies, if local bodies offered suitable salaries. A decline in the incidence of smallpox is not an acceptable excuse for reduction in vaccination operations. All Health Officers should constantly remind their subordinate staffs of the importance of a regular re-vaccination campaign.

(2) Excluding the Nilgiris district, where the rate of successful vaccinations per mille of population was 110.5, the rates in other districts varied from 25.2 in South Arcot to 38.2 in Salem and 39.4 in the Agency. Compared with the previous year, only six districts registered an increase, the most important being the Nilgiris (+39.0), Rāmṇād (+7.3) and Salem (+5.1). The largest decrease was recorded in Bellary district (-6.6).

(3) The improvement in infantile vaccinations compared with the previous triennium is also well marked.

		No. of successful infantile vaccinations.	
Triennium ending 1922-23	...	1920-21	894,661
	...	1921-22	888,167
	...	1922-23	878,711
Do. 1925-26	...	1923-24	492,644* *
	...	1924-25	572,201
	...	1925-26	584,187

The percentage of successful infantile vaccinations in 1925-26 to total registered births varied from 28.8 in Nellore to 75.1 in Trichinopoly. These large variations show that there is still great room for improvement. Compared with the previous year, ten districts recorded a decrease and fourteen an increase. The decreases were most marked in Bellary (-15.7), Anantapur and Vizagapatam (-8.6), Chittoor (-6.8) and Malabar (-6.7). The largest increases were registered in Kistna (+39.4), Rāmṇād (+18.3), Trichinopoly (+14.6), and Gōdāvari (+11.4).

Details of infantile vaccination rates for individual districts during the triennium are embodied in Annexure A to this report.

14. (1) *Vaccination in Municipalities.*—The total number of operations performed in the eighty-one municipalities during the triennium under review was 608,593, an increase of 81,510 on the previous three years. Statistics for individual years are given in the following statement:—

Triennium ending 1922-23	...	...	1920-21	153,594	} 527,083.
	...	...	1921-22	170,382	
	...	...	1922-23	203,107	
Do. 1925-26	...	...	1923-24	185,967	} 608,593.
	...	...	1924-25	239,430	
	...	...	1925-26	183,196	

The numerous outbreaks of smallpox during 1922-23 and 1924-25 explain the increases in vaccine operations recorded for these years. A yearly average of 185,000 operations for the municipal population of 8.1 millions may be taken as a reasonable minimum. The more this figure is exceeded, however, the better the protection conferred on the community, and it is not suggested that Health Officers should be satisfied with any minimum. The large decrease of about 56,000 cases in the year under review, as compared with 1924-25, almost entirely explains the decrease in the grand total for the Presidency.

Compared with 1924-25, thirty-three municipalities returned increases in the number of operations performed in 1925-26, whilst forty-eight recorded decreases. The chief instances in the former group are Vizianagram (+1,921), Cannanore (+1,278), Salem (+920), Berhampur (+762), Anakāpalle, Cochin,

Establishment.	Number of successful vaccinations.						Total number of successful vaccinations.		
	1923-24.		1924-25.		1925-26.		1923-24.	1924-25.	1925-26.
	Primary vaccination.	Re-vaccination.	Primary vaccination.	Re-vaccination.	Primary vaccination.	Re-vaccination.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Local Fund vaccinators ...	1,143,187	83,627	1,226,462	112,190	1,167,743	117,912	1,332,814	1,238,642	1,334,690
Government vaccinators ...	16,852	561	19,622	1,645	22,376	1,035	17,413	21,274	22,205
Municipal vaccinators ...	109,621	33,283	115,089	51,780	115,009	31,058	149,908	169,446	148,167
Cantonment vaccinators ...	585	2,811	4,378	1,676	5,320	1,698	8,461	5,951	7,015
Dispensaries ...	143	47	2	28	...	...	190	30	...
Medical subordinates ...	842	7,356	1,267	5,877	413	4,05	3,098	7,074	4,523
Total ...	1,264,492	127,835	1,367,313	178,106	1,310,880	154,898	1,409,879	1,512,419	1,465,693

Establishment.	Ratio per cent of successful cases.						Ratio per cent of total successful cases.		
	1923-24.		1924-25.		1925-26.		1923-24.	1924-25.	1925-26.
	Primary vaccination.	Re-vaccination.	Primary vaccination.	Re-vaccination.	Primary vaccination.	Re-vaccination.			
(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
Local Fund vaccinators ...	89.7	89.7	94.3	40.8	94.3	35.0	82.6	85.0	81.7
Government vaccinators ...	83.7	22.2	91.8	50.3	93.6	40.1	78.8	89.4	86.8
Municipal vaccinators ...	94.4	55.1	97.5	51.9	98.1	68.9	80.9	79.9	88.4
Cantonment vaccinators ...	93.3	29.8	98.5	32.7	99.3	27.0	84.3	63.9	80.8
Dispensaries ...	93.6	96.0	100.0	76.7	...	...	93.4	71.9	...
Medical subordinates ...	73.0	43.3	88.0	58.6	71.2	58.1	49.2	69.9	66.9
Total ...	90.0	42.6	94.6	49.4	94.7	37.9	81.7	83.7	81.9

The success rates for primary vaccinations in 1925-26 are generally higher than the corresponding figures for the previous two years. A general reduction in the percentage of success for re-vaccinations has occurred, but too much importance cannot be attached to this because of the varying degrees of immunity met with in the individuals concerned.

Compared with the previous triennium, the results attained in the period under review are very favourable. The following table gives comparative figures :—

SUCCESS RATES OF PRIMARY VACCINATIONS.

Triennium ending 1922-23.			Triennium ending 1924-25.		
1920-21	1921-22	1922-23	1923-24	1924-25	1925-26.
61.5	78.6	79.2	90.0	94.6	94.7

The higher rates during the present triennium are to be ascribed to the adoption of glycerine lymph, and to increased supervision of the work of the vaccinators.

17. The King Institute, Guindy, continued to supply all the vaccine lymph required for the Presidency, and glycerine lymph only was used throughout the triennium. The percentages of success for the different administrative areas of the Presidency are given in the following table :—

Number of cases excluding unknown.			Agency.	Percentage of success.		
1923-24.	1924-25.	1925-26.		1923-24.	1924-25.	1925-26.
20,128	21,365	23,793	Government vaccinators.	83.7	91.8	93.6
1,281,807	1,300,102	1,237,418	Local Fund do.	80.7	94.3	94.3
116,164	118,591	117,319	Municipal do.	94.4	97.5	98.1

These figures provide gratifying evidence of the high degree of success which has been reached, and it is unlikely that much further improvement in this direction will be obtained.

18. 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.		
	1923-23.	1923-24.	1925-26.	1923-24.	1924-25.	1925-26.
	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.
Government ...	17,206 6 6	15,618 9 8	14,715 10 5	0 15 10	0 11 9	0 10 1
Local Fund ...	6,46,728 7 7	4,58,926 1 1	4,55,423 9 1	0 8 5	0 5 6	0 5 8
Municipal ...	93,456 13 10	70,882 5 9	74,661 1 5	0 10 6	0 6 8	0 8 1
Cantonment ...	6,091 10 4	4,527 4 1	4,898 8 6	0 11 8	0 13 0	0 11 2
Total ...	7,63,093 6 3	5,50,254 5 5	5,49,104 13 5	0 8 9	0 5 9	0 6 0

N.B.—These figures do not include the recoveries made from vaccinators for wastage of lymph.

The comparatively large increase in the cost in municipalities during 1925-26 is due to the great decrease in the outturn of work. In the other cases the differences are small and call for no special remarks.

In seven districts, the average cost of each successful vaccination was under Rs. 0-5-0, the lowest being Rs. 0-4-1 in Salem; it ranged between Rs. 0-5-0 to Rs. 0-6-0 in ten districts, Rs. 0-6-0 to Rs. 0-7-0 in two districts, Rs. 0-7-0 to Rs. 0-8-0 in one district, Rs. 0-8-0 to Rs. 0-9-0 in four districts and was Rs. 0-9-1 in Bellary. These variations arise owing to differences in pay of Health Inspectors and vaccinators, partly to expenditure on travelling allowances for transfers and partly to variations in the outturn of vaccinators.

As regards municipalities, the average cost varied from Rs. 0-2-8 in Calicut to Rs. 1-11-10 in Tadpatri. The same two towns also returned minimum and maximum figures in 1924-25. The rates for Tadpatri, and those other places where the cost exceeds 12 annas per case, require careful investigation.

The Director, King Institute, reports that he issued lymph for 2,076,935 cases to District Boards and Municipalities, against 1,945,276 operations performed in these areas. The difference of 131,659 represents a wastage of about 6.3 per cent, which is slightly above the percentage allowed.

19. (1) Inspection of vaccinated cases by District Health Officers ranged from 837 in Tanjore to 4,718 in Madura. Four District Health Officers inspected less than 1,000 cases, seven less than 2,000 cases, seven less than 3,000 cases,

three less than 4,000 and two less than 5,000. In some cases, the shortage in inspections has been explained by the presence of cholera epidemics. Due notice will be taken of these cases where no satisfactory explanation has been given.

(2) The number of cases inspected by Municipal Health Officers (excluding Madras Corporation) ranged from 461 in Coonoor to 14,269 in Madura. Ten Health Officers verified more than 75 per cent of the cases (the minimum prescribed in the Public Health Code), four inspected between 65 and 75 per cent and nine, between 50 and 65 per cent. Those in the latter two groups will be asked to explain the shortage.

(3) In municipalities not having Health Officers, the percentage of cases inspected varied from 33.3 in Bimlipatam to 100.0 per cent in Kodaikanal. Twenty-eight verified more than 75 per cent of the cases, seven between 65 and 75 per cent, sixteen between 50 and 65 per cent and the rest below 50 per cent. The attention of the Surgeon-General will be drawn to those officers at default.

(4) District Medical Officers and Civil Surgeons inspected 7,571 cases in 1925-26.

(5) One hundred and eighty-six Health Inspectors inspected more than 85 per cent of their cases against 153 in 1924-25. Of the other Health Inspectors, 30 could not reach their minimum on account of epidemic duties. Suitable action will be taken in the remaining cases if no satisfactory explanation is offered.

20. The mortality from smallpox which amounted to 22,626 in the last year of the previous triennium has steadily decreased, the number of deaths during the triennium under report being 22,626 in 1923-24, 20,227 in 1924-25 and 14,489 in 1925-26. The actual decline in mortality is probably much greater than these figures indicate, as formerly many of the cases were concealed and remained unrecorded.

During 1925-26, no district escaped infection. The mortality exceeded a thousand in the districts of Gōdāvari (1,204), South Arcot (1,199), and North Arcot (1,122); it ranged between 500 and 1,000 in ten districts and was lowest in the Nilgiris (27). Of 1,320 deaths registered in municipal towns, Madras City alone returned 411 deaths or 31.1 per cent. Twenty-four towns were absolutely free from the disease.

The figures for the last four years encourage the hope that smallpox is one of the preventable diseases which is gradually being brought under control in this Presidency. At the same time, there is no reason for any relaxation of effort. It should be the aim of every member of the Public Health Department to wipe this disease entirely off his records. Individual effort counts for much, but three other conditions are fundamental. These are—

(1) The extension of compulsory vaccination throughout the Presidency and enforcement of the smallpox rules and regulations,

(2) The maintenance of correct records of births and of unprotected persons, and

(3) The prompt notification of smallpox cases.

The first and second conditions have already been discussed. As regards the third, it is a constant complaint that local authorities either do not notify the disease at all or their reports are belated or incomplete. For example, out of 1,176 smallpox deaths in North Arcot district, only 456 were intimated to the Health Inspectors concerned. In many cases also, outbreaks are allowed to develop until they are discovered by the health staffs themselves. As a result a large number of deaths often occur before preventive measures can be undertaken. The attention of revenue and village officers may be again drawn to the dangers of delay.

21. The unvaccinated or imperfectly protected person is not only a source of danger to himself but also to the community at large. In an analysis of 68 outbreaks of smallpox in Anantapur district in 1925, it was found that, in 54, the first case was an unvaccinated person, whilst in the other 12, the persons attacked first had been vaccinated in infancy but had not been subsequently revaccinated.

These facts clearly establish the protection afforded by vaccination, and this is still further exemplified in the following statements which give mortality rates among groups of vaccinated and unvaccinated persons.

(1) ANANTAPUR DISTRICT.

Under one year.				1-10 years.				10-20 years.				20-40 years.			
Protected.		Unprotected.		Protected.		Unprotected.		Protected.		Unprotected.		Protected.		Unprotected.	
A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
...	...	98	40 (43%)	77	2 (3%)	272	50 (18.4%)	83	1 (1.2%)	113	3 (2.6%)	48	2 (4.2%)	51	12 (23.5%)

Total deaths from smallpox in 1925-26. Proportion of deaths among vaccinated to total deaths. Proportion of deaths among unprotected to total deaths.

(2) (a) South Kanara ...	133	6.8 per cent.	93.2 per cent.
(b) Ganjam ...	420	8.0 "	97.0 "
(c) North Arcot ...	1,176	0.25 "	99.75 "
(d) Bellary ...	87	2.3 "	97.7 "

22. During 1925-26, the Municipal Health Officer of Ootacamund sent in reports of certain cases, admitted into the Infectious Diseases Hospital, which presented diagnostic difficulties, the clinical manifestations being markedly different from those seen in typical smallpox. All these cases occurred among vaccinated persons, the eruptions and other signs and symptoms being very mild in character, whilst none proved fatal. The Director of Public Health, with one of his Assistants and Col. Elwes, examined some of these individuals; and, after consultation with the Director of the King Institute, the diagnosis of "Alastrim" was arrived at. A circular on the subject was prepared by the Director, King Institute, and was communicated to all officers of the Public Health Department for guidance.

In all epidemic diseases, variations in virulence are frequently noted, even during a single outbreak. This rule holds good for smallpox, but the mildest case is as serious a danger to the community as the most severe. In his Annual Report to the Ministry of Health, for the year 1924, Sir George Newman, the Chief Medical Officer, has clearly established the fact that Alastrim, or as it is sometimes called, "pseudo-smallpox" or "para-smallpox," etc., is really a mild form of smallpox, and that preventive measures are just as important as in the ordinary types of the disease. His conclusions regarding the methods of control and eradication of smallpox are entirely applicable to India and they are here reproduced:—

(a) Beyond all question the mortality from smallpox is much less now than in pre-vaccination times;

(b) In countries in which there is adequate vaccination and revaccination relatively to the population, there is little smallpox;

(c) In houses invaded by smallpox in the course of an outbreak, not nearly so many of the vaccinated inmates are attacked as of the unvaccinated in proportion to their numbers;

(d) The fatality-rate among persons attacked by smallpox is much greater, age for age, among the unvaccinated than among the vaccinated;

(e) The degree of protection conferred by vaccination corresponds to the quality of the vaccine and to the thoroughness with which the operation of vaccination has been performed;

(f) The protection afforded by vaccination wanes with lapse of time;

(g) Improved sanitation, however beneficial in itself, cannot account for these facts; and,

(h) Though early diagnosis, prompt isolation of smallpox patients in suitable hospitals, effective disinfection, supervision of "contacts," and other such public health methods are invaluable, they are no substitute for vaccination.

23. In letter No. 1250, Health, dated 4th September 1925, the Government of India required information regarding the number and situation of smallpox hospitals in the Presidency, the number of patients treated therein and their vaccinal condition, etc. Information on these points was called for, and the following figures have been consolidated from district reports. Only seven institutions exist for the isolation and treatment of smallpox patients in this Presidency. 1,292 cases were treated therein in 1925, but an additional 160 patients were accommodated in sheds provided for general infectious diseases. As regards the vaccinal condition of these 1,452 patients, details are available for only 1,411:—

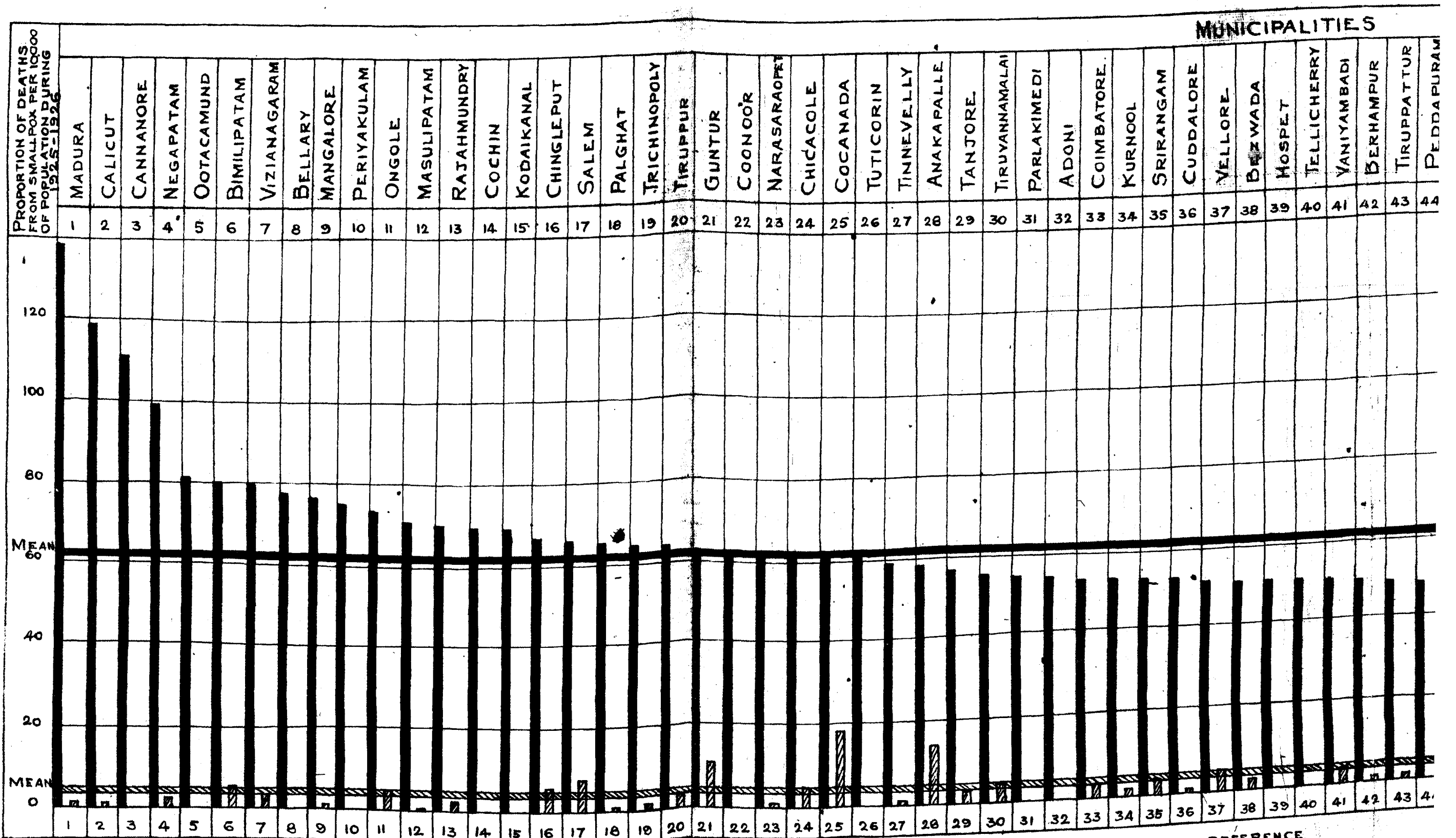
(a) Vaccinated as evidenced by one or more cicatrices	880
(b) Stated to have been successfully vaccinated but no vaccination cicatrices present	834
(c) Stated to be unvaccinated or unsuccessfully vaccinated but no vaccination cicatrices present	153
(d) Previously unvaccinated but vaccinated during the incubation period of smallpox	8
(e) Stated to have been successfully revaccinated	77
	1,411

In view of sentimental and religious objections to hospital treatment, only an infinitesimal proportion of smallpox cases is isolated in these institutions and, if any, are other than adults. As most of the smallpox in this Presidency occurs amongst young children, these statistics, therefore, do not represent the vaccinal state of the population taken as a whole.

24. The salient features in the administration during the triennium under report are (1) the inauguration of a complete District Health Scheme and the appointment of Health Officers in a large number of municipalities, by which facilities have been afforded for epidemiological studies, for improved preventive measures and for increased supervision of subordinate staffs, (2) the substitution of lanoline lymph by glycerine lymph, (3) the increase in the success rate which now stands at the high figure of nearly 95 per cent, (4) the large increase of 1,107,000 in the total number of vaccinations performed as compared with the previous triennium, (5) the progressive increase in the rate of infantile vaccinations, and (6) the steady decline in the incidence of mortality from smallpox. Although these are all matters of gratification to the department and its officers, it must not be forgotten that every year a large number of unprotected individuals is added to the population, and the vaccination campaign must be carried on with ever-increasing vigour if smallpox is to be kept under control and finally eradicated.

OOTACAMUND,
11th June 1926.

A. J. H. RUSSELL, C.B.E., M.A., M.D., D.P.H., Major, I.M.S.,
Director of Public Health, Madras.

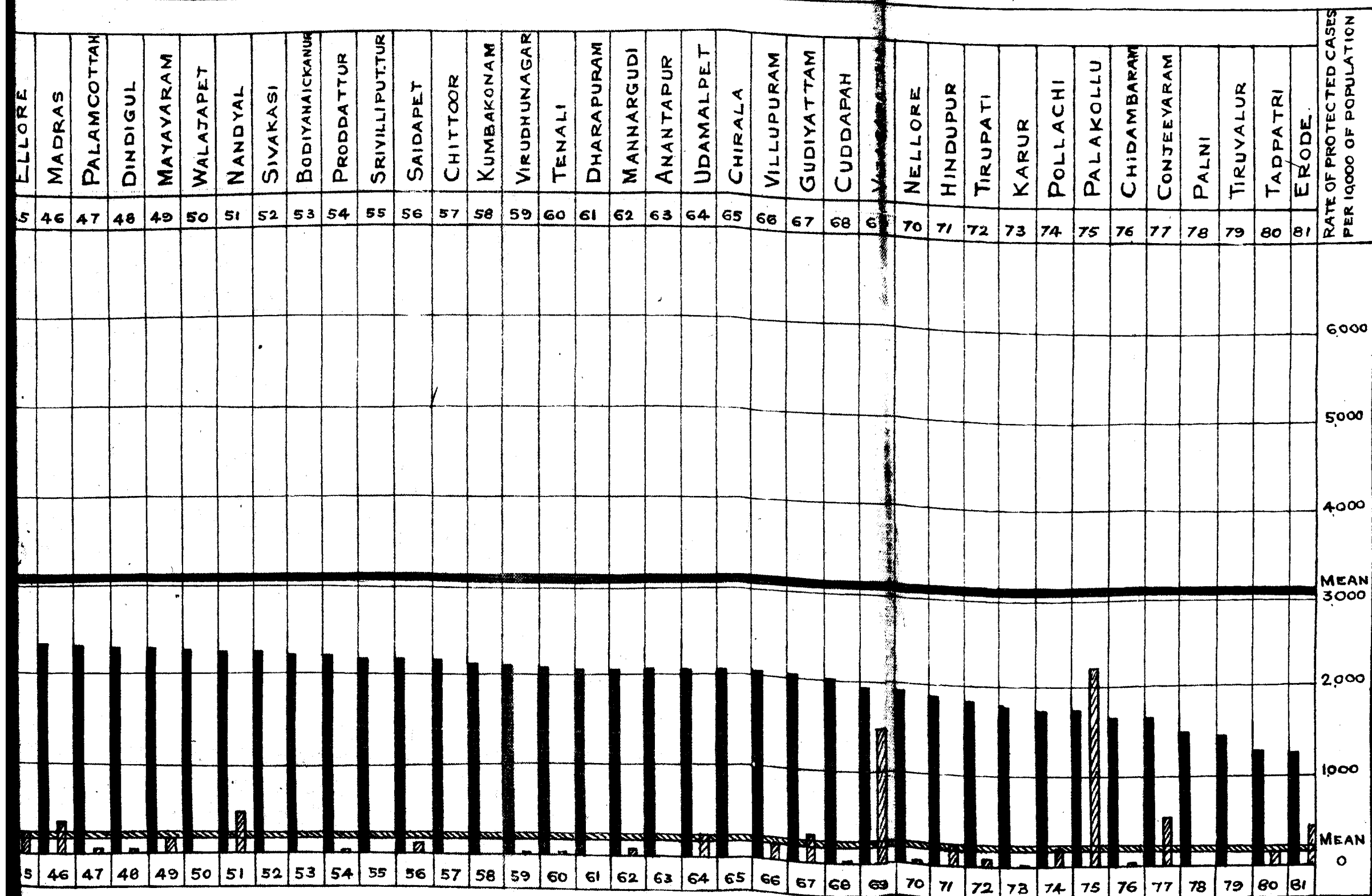


Reg. No. 484

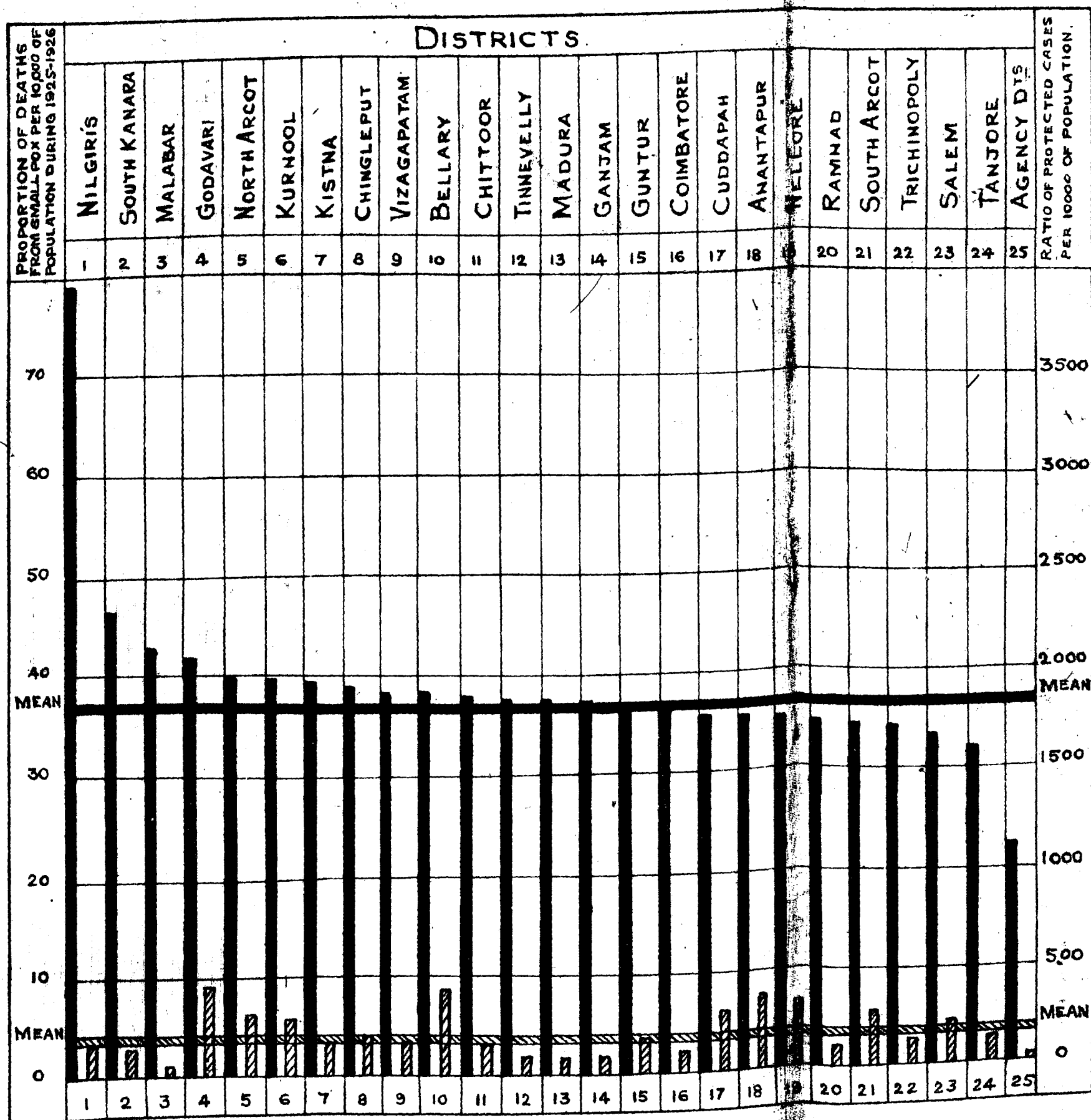
Copies 25 + 650

REFERENCE
DO REPRESENT THE PROPORTION OF POPULATION PER 10
OF DEATHS FROM SMA

NOTE.—Reproduced from the original received
Director of Public Health, Madras.



Vandyke., Survey Office, Madras.
1926.



ANNEXURE A.

Comparative Statement showing infantile vaccination in districts during 1924-25 and 1925-26.

Percentage of infantile vaccination to total births registered.		Increase or decrease.	Districts.	Percentage of infantile vaccination to total births registered.		Increase or decrease.
1924-25	1925-26			1924-25	1925-26	
41.8	32.7	- 8.6	18. Kurnool ...	44.8	36.5	- 8.3
61.7	48.9	- 2.8	14. Madura ...	61.2	68.5	+ 7.3
42.8	41.8	- 1.0	15. Malabar ...	51.3	44.6	- 6.7
54.9	39.2	- 15.7	16. Nellore ...	27.0	28.8	+ 1.8
47.3	48.5	+ 1.2	17. Nilgiris ...	67.6	71.7	+ 4.1
57.4	50.6	- 6.8	18. Ramanathapuram ...	38.2	56.6	+ 18.4
44.6	49.1	+ 4.5	19. Salem ...	36.8	40.4	+ 3.6
35.8	32.6	- 3.2	20. South Kanara ...	49.6	39.5	- 10.1
39.4	40.7	+ 1.3	21. Tanjore ...	37.4	38.4	+ 1.0
31.2	42.6	+ 11.4	22. Tinnevely ...	44.6	43.7	- 0.9
39.8	45.6	+ 5.8	23. Trichinopoly ...	60.5	75.1	+ 14.6
30.2	69.6	+ 39.4	24. Vizagapatam ...	44.4	35.8	- 8.6

ANNEXURE B.

Comparative Statement showing infantile vaccination in municipalities during 1924-25 and 1925-26.

Municipality.	Percentage of infantile vaccination to total births.		Increase or decrease.	Municipality.	Percentage of infantile vaccination to total births.		Increase or decrease.
	1924-25	1925-26			1924-25	1925-26	
1. Adoni ...	100.07	99.20	- 0.87	42. Narasaraopet ...	71.00	74.00	+ 3.00
2. Anakapalle ...	68.00	59.65	- 8.35	43. Negapatnam ...	60.51	74.45	+ 13.94
3. Anantapur ...	93.00	81.00	- 12.00	44. Nellore ...	40.11	38.10	- 2.01
4. Bellary ...	62.70	40.70	- 22.00	45. Ongole ...	80.00	54.00	- 26.00
5. Bellary ...	42.50	67.00	+ 24.50	46. Ootacamund ...	80.20	67.08	- 13.12
6. Bezawada ...	48.38	49.63	+ 1.25	47. Palakole ...	39.70	83.00	+ 43.30
7. Himlipatam ...	68.71	60.38	- 8.33	48. Palamcottah ...	37.43	42.97	+ 5.54
8. Bedinayakanur ...	93.21	96.70	+ 3.49	49. Palghat ...	63.14	61.70	- 1.44
9. Calicut ...	68.70	77.82	+ 9.12	50. Paim ...	69.85	86.57	+ 16.72
10. Cannanore ...	75.71	71.65	- 4.06	51. Parakkimedi ...	76.60	65.50	- 11.10
11. Chikacole ...	59.14	73.26	+ 14.12	52. Piddapuram ...	59.90	67.08	+ 7.18
12. Chidambaram ...	19.98	24.00	+ 4.02	53. Periyakulam ...	71.50	66.87	- 4.63
13. Chingleput ...	47.56	50.15	+ 2.59	54. Pollachi ...	78.98	95.81	+ 16.83
14. Chirala ...	42.40	50.50	+ 8.10	55. Proddatur ...	40.87	55.73	+ 14.86
15. Chittoor ...	50.90	46.75	- 4.15	56. Rajahmundry ...	46.02	51.06	+ 5.04
16. Coimbatore ...	40.00	39.00	- 1.00	57. Saldapet ...	57.30	78.10	+ 20.80
17. Coimbatore ...	56.42	63.74	+ 7.32	58. Salem ...	97.22	98.09	+ 0.87
18. Coimbatore ...	68.82	69.65	+ 0.83	59. Sivakasi ...	77.90	90.17	+ 12.27
19. Coimbatore ...	50.00	38.87	- 11.13	60. Srirangam ...	89.62	86.67	- 2.95
20. Coonoor ...	56.58	41.22	- 15.36	61. Srivilliputtur ...	65.79	66.58	+ 0.79
21. Cuddalore ...	62.09	63.26	+ 1.17	62. Tadpatri ...	53.10	40.65	- 12.45
22. Cuddalore ...	49.40	29.00	- 20.40	63. Tanjore ...	63.40	63.07	- 0.33
23. Dikarapuram ...	41.20	43.10	+ 1.90	64. Tellicherry ...	46.78	63.25	+ 16.47
24. Dindigul ...	63.07	65.06	+ 1.99	65. Tenali ...	49.82	46.50	- 3.32
25. Ellore ...	98.20	97.80	- 0.40	66. Tinnevely ...	95.06	97.80	+ 2.74
26. Erode ...	87.07	79.51	- 7.56	67. Trichinopoly ...	54.00	43.24	- 10.76
27. Gudiyattam ...	54.80	59.60	+ 4.80	68. Tirupati ...	62.64	61.81	- 0.83
28. Gunnur ...	50.71	48.27	- 2.44	69. Tirupattur ...	52.55	52.55	- 0.00
29. Hindupur ...	47.90	75.33	+ 27.43	70. Tiruppur ...	61.30	97.50	+ 36.20
30. Hospet ...	55.74	69.22	+ 13.48	71. Tiruvallur ...	86.22	75.90	- 10.32
31. Karur ...	40.10	30.50	- 9.60	72. Tiruvannamalai ...	51.00	53.00	+ 2.00
32. Kodakanal ...	59.40	71.70	+ 12.30	73. Tuticorin ...	42.00	49.40	+ 7.40
33. Kumbakonam ...	58.17	55.78	- 2.39	74. Udumalpet ...	49.80	64.82	+ 15.02
34. Kurnool ...	29.40	39.82	+ 10.42	75. Vaniamambadi ...	59.82	68.75	+ 8.93
35. Madras ...	62.90	68.80	+ 5.90	76. Vellore ...	78.40	91.40	+ 13.00
36. Madura ...	65.98	68.44	+ 2.46	77. Villupuram ...	78.00	66.00	- 12.00
37. Mangalore ...	81.05	75.70	- 5.35	78. Virudhunagar ...	50.50	50.10	- 0.40
38. Mannargudi ...	48.08	96.49	+ 48.41	79. Visagapatam ...	50.29	50.84	+ 0.55
39. Masulipatam ...	73.00	60.20	- 12.80	80. Vizianagaram ...	47.52	50.29	+ 2.77
40. Mayavaram ...	67.10	55.60	- 11.50	81. Walajapet ...	58.40	62.20	+ 3.80
41. Nandyal ...	67.27	94.77	+ 27.50				

Statement No. I showing the particulars of Vaccination in the

Number.	Districts.	Municipalities.	Population of districts or municipalities according to the census of 1921.	Average population per square mile.	Average number of vaccinators employed throughout the year.	Total number of persons vaccinated.			Average number of persons vaccinated by each vaccinator.
						Males.	Females.	Total.	
1	2	3	4	5	6	7			8
70	Municipalities—cont.	Tiruppur ...	10,861	2,894	1	875	328	908	608
71		Tiruvallur ...	24,194	5,079	1	434	227	661	661
72		Tiruvannamalai ...	21,912	1,992	1	639	370	1,009	1,009
73		Tuticorin ...	44,522	24,734	3	1,198	958	2,154	1,077
74		Udumalpet ...	10,238	5,000	1	362	302	664	664
75		Vaniyambadi ...	20,090	5,740	1	311	308	619	619
76		Vellore ...	50,910	12,553	2	1,465	839	2,304	1,152
77		Villupuram ...	17,433	4,811	1	355	275	630	630
78		Virudhunagar ...	21,821	9,698	1	644	381	1,025	1,025
79		Visagapatam ...	44,711	8,657	3	1,327	1,176	2,503	834
80		Vizianagaram ...	39,399	7,866	2	2,390	1,807	4,197	2,098
81		Walajapet ...	10,018	10,018	1	348	165	513	513
		Total of Municipalities.	3,028,859	...	176	108,004	73,790	179,794	1,022
1	Military Cantonments.	Bangalore ...	118,940	8,792	2	566	207	773	387
2		Secunderabad ...	98,124	5,006	6	4,215	6,595	10,810	1,802
		Total of Cantonments ...	214,064	8,389	8	4,781	6,802	11,583	1,448
		Total of Medical Subordinates ...	...	...	...	7,368	91	7,459	...
		Grand total ...	4,217,018	...	...	1,200,000	800,000	1,800,000	2,482

* Excluding the population of Bangalore and Secunderabad Cantonments.

† In finding out the average number of persons vaccinated, the total work of Medical Subordinates is excluded.

‡ Excluding the Cantonments of Bangalore and Secunderabad.

NOTE.—(1) Difference between number of operations and number of persons vaccinated equals 105,503 which represents secondary operations.

(2) This statement does not include the statistics of dispensary vaccination which are exhibited separately in Statement No. III.

N.B.—In calculating the percentage of success shown in this statement and Statement No. III unknown cases have not been taken into account.

DEPARTMENT—cont.

Madras Presidency for the official year 1925-26—cont.

Vaccination.			Re-vaccination.			Percentage of successful cases in which the results were known.		Persons successfully vaccinated per 1,000 of population.	Percentage of cases unknown to total cases.		Average annual number of persons successfully vaccinated during previous 5 years.		Average number of deaths from smallpox during previous 5 years.	
Successful.			Total number of operations.	Successful.	Unknown.	Primary vaccination.	Re-vaccination.		Primary vaccination.	Re-vaccination.	Number.	Ratio per 1,000.	Number.	Ratio per 1,000.
1 and under 6 years.	Total of all ages.	Unknown.	14	15	16	17	18	19	20	21	22	23	24	25
241	491	13	82	45	8	86.2	64.8	40.7	2.4	9.7	488	44.8	12	1.1
89	523	...	141	132	9	100.0	100.0	37.1	...	6.4	465	19.3	4	0.2
169	779	3	226	103	12	98.0	48.0	39.9	0.38	5.0	844	39.0	6	0.3
365	1,466	10	673	297	176	87.6	59.8	39.6	0.7	26.1	2,048	46.0	21	0.6
104	375	...	219	35	5	97.15	16.35	39.8	...	2.3	290	28.3	16	0.1
88	610	...	3	2	1	99.8	100.0	30.4	...	33.3	718	35.7	9	0.4
385	1,700	...	320	64	536	99.9	78.2	35.1	...	86.4	1,461	37.1	22	0.4
171	545	...	177	44	...	98.5	24.8	33.2	...	...	546	31.3	10	0.6
107	618	18	320	174	27	97.0	59.4	35.3	2.7	8.4	652	29.9	37	1.7
269	1,227	5	1,397	469	32	98.6	44.0	37.9	0.4	2.9	1,688	37.8	21	0.5
518	1,916	25	2,310	1,082	121	98.6	48.5	75.8	1.26	5.23	1,873	47.7	14	0.3
51	359	...	154	29	...	100.0	18.6	38.7	...	...	317	31.7	...	...
31,699	118,099	1,651	64,326	31,058	6,739	98.1	58.9	48.3	1.3	10.5	127,085	45.8	2,445	0.8
78	188	...	580	379	...	97.4	65.3	4.7	...	...	758	6.4	35	0.3
1,370	5,132	12	5,789	1,319	28	99.2	23.1	67.8	0.2	0.5	5,631	59.2	9	0.1
1,448	5,320	12	6,319	1,698	28	99.2	27.0	82.8	0.2	0.4	6,389	29.8	44	0.2
24	423	27	7,483	4,105	372	71.2	58.1	...	4.8	5.0	...	...	...	...
559,768	1,310,860	114,739	465,748	154,838	58,167	94.7	87.9	134.4	7.6	12.5	1,182,374	27.9	119,357	0.4

SUMMARY OF STATEMENT NO. I.

	Total number of persons vaccinated.		Total number of operations performed.		Percentage of successful cases in which the results were known.		Average number of persons vaccinated by each vaccinator.		Number of children successfully vaccinated.		Ratio of successful vaccination per 1,000 of population.	Total cost of department.	Average cost of each successful case.
	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Vaccinators employed.	Persons vaccinated by each vaccinator.	Under one year.	One and under six years.			
By Special staff (statement No. I).	1,394,063	465,391	1,499,278	465,748	94.7	87.9	740	2,492	688,704	559,703	34.4	RS. A. P. 5,39,108 13 5	RS. A. P. 0 8 0
By Dispensary staff (statement No. III).	...	...	...	...	...	...	...	...	...	...	...	...	...
By other agencies, if any	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	1,394,063	465,391	1,499,278	465,748	94.7	87.9	740	2,492	688,704	559,703	34.6	RS. A. P. 5,39,108 13 5	RS. A. P. 0 8 0

* Exclusive of the pay and allowances of the Assistant Directors of Public Health.

DEPARTMENT—cont.

in the Madras Presidency for the official year 1925-26—cont.

Travelling allowance.	Contingencies.	Total cost.	Imperial funds.	Paid from			Total.	Number of all successful primary vaccination and re-vaccination.	Average cost of each successful case.
				Provincial funds.	Local funds.	Municipal funds.			
15	16	17	18	19	20	21	22	23	24
RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.		RS. A. P.
516 15 4	127 0 8	2,364 0 8	...	874 11 10	1,489 4 10	...	2,364 0 8	6,524	0 5 9
727 10 0	97 0 0	2,321 9 0	...	784 9 2	1,598 15 10	...	2,321 9 0	5,630	0 6 5
588 14 0	44 10 0	2,321 11 0	...	835 1 6	1,498 9 6	...	2,321 11 0	6,452	0 5 9
500 9 8	74 13 6	2,107 2 10	...	747 4 8	1,359 14 2	...	2,107 2 10	6,819	0 5 4
557 14 10	114 10 3	2,368 9 5	...	913 1 0	1,415 8 5	...	2,368 9 5	6,310	0 6 10
495 4 0	120 10 1	1,788 11 5	...	695 10 0	1,091 1 5	...	1,788 11 5	6,863	0 4 3
495 10 0	120 15 10	1,867 15 6	...	707 5 11	1,160 9 7	...	1,867 15 6	6,241	0 4 9
2,682 12 10	729 12 4	15,137 11 10	...	5,497 12 1	9,639 15 9	...	15,137 11 10	44,579	0 5 5
291 9 0	66 11 6	1,513 7 10	...	542 0 7	671 7 3	...	1,213 7 10	4,108	0 4 9
815 5 1	72 8 4	2,985 2 6	...	528 14 9	2,466 3 9	...	2,985 2 6	7,316	0 6 7
303 6 0	68 6 3	1,099 9 7	...	502 2 4	597 7 3	...	1,099 9 7	3,528	0 5 0
524 9 0	92 14 0	1,903 13 8	...	452 13 8	1,451 0 0	...	1,903 13 8	4,935	0 6 2
680 8 8	80 8 4	2,194 7 0	...	467 0 4	1,787 6 6	...	2,194 7 0	5,408	0 6 6
471 18 0	80 8 0	1,885 11 8	...	512 7 4	1,372 4 4	...	1,885 11 8	5,081	0 6 0
484 14 0	62 6 6	1,701 5 10	...	467 8 10	1,233 13 0	...	1,701 5 10	4,332	0 6 8
459 9 4	56 6 4	1,574 1 0	...	439 10 0	1,134 7 0	...	1,574 1 0	4,452	0 5 8
4,017 12 1	559 11 8	14,567 11 1	...	3,808 10 0	10,664 1 1	...	14,567 11 1	39,110	0 5 11
515 14 0	78 2 8	1,875 1 0	...	566 15 0	1,308 2 0	...	1,875 1 0	6,144	0 4 10
405 8 8	150 11 2	1,794 14 2	...	581 4 8	1,215 9 6	...	1,794 14 2	6,634	0 4 4
582 4 0	77 10 2	2,322 10 10	...	427 4 4	1,895 6 6	...	2,322 10 10	6,981	0 5 4
468 13 4	61 9 10	1,768 8 2	...	538 3 2	1,230 5 0	...	1,768 8 2	6,413	0 4 5
471 2 0	62 8 4	1,750 5 4	...	609 7 4	1,140 14 0	...	1,750 5 4	5,727	0 4 10
807 2 8	221 15 10	2,786 3 10	...	477 12 0	2,268 7 10	...	2,786 3 10	7,243	0 6 0
849 7 1	178 15 2	2,315 9 3	...	729 8 2	1,586 3 1	...	2,315 9 3	8,031	0 12 3
469 8 0	138 6 0	1,900 12 0	...	613 10 0	1,287 2 0	...	1,900 12 0	5,764	0 5 3
662 1 0	94 1 8	2,281 7 0	...	464 9 0	1,815 14 0	...	2,281 7 0	7,166	0 5 1
686 6 4	134 11 8	2,565 0 8	...	770 5 8	2,194 11 0	...	2,565 0 8	8,748	0 5 5
410 15 8	107 2 8	1,673 1 0	...	442 3 0	1,230 14 0	...	1,673 1 0	4,161	0 6 5
345 9 0	6 6 0	1,344 7 0	...	...	1,344 7 0	...	1,344 7 0	...	...
6,763 11 9	1,312 0 2	24,717 0 3	...	6,221 0 4	18,495 15 11	...	24,717 0 3	68,012	0 5 10
884 4 2	87 10 2	1,885 12 2	...	507 13 10	827 14 0	...	1,885 12 2	3,666	0 7 2
297 3 4	121 1 0	1,188 10 8	...	594 6 9	691 4 0	...	1,188 10 8	2,429	0 7 10
330 9 6	53 9 7	1,233 4 3	...	475 15 3	757 4 4	...	1,233 4 3	2,926	0 6 9
242 2 10	28 2 11	1,021 8 11	...	540 0 10	475 6 1	...	1,021 8 11	2,423	0 8 9
228 14 0	85 1 9	1,064 0 1	...	446 4 1	622 12 0	...	1,064 0 1	2,269	0 7 7
337 9 8	141 4 0	1,283 13 0	...	608 11 10	675 1 2	...	1,283 13 0	2,402	0 8 4
838 15 4	105 8 6	1,286 7 10	...	411 1 7	878 6 3	...	1,286 7 10	3,009	0 6 10
326 6 4	101 14 8	1,371 11 0	...	466 7 9	915 8 3	...	1,371 11 0	2,780	0 7 11
390 8 2	164 9 3	1,897 8 1	...	460 8 10	1,246 15 3	...	1,897 8 1	3,5 1	0 7 7
250 11 7	38 2 0	811 15 5	...	...	811 15 5	...	811 15 5	...	...
3,079 1 1	857 0 7	12,302 9 0	...	4,497 8 9	7,805 2 3	...	12,302 9 0	24,848	0 7 11
584 0 8	116 7 0	2,154 11 5	...	582 14 8	1,591 12 9	...	2,154 11 5	3,889	0 7 10
845 0 10	160 4 1	2,624 15 5	...	831 2 5	1,803 18 9	...	2,624 15 5	3,832	0 10 11
682 13 8	38 2 7	2,007 2 4	...	540 1 5	1,367 0 11	...	2,007 2 4	5,216	0 8 2
812 2 7	51 3 10	2,812 15 8	...	568 9 6	2,244 6 8	...	2,812 15 8	4,062	0 11 1
620 6 8	73 9 4	2,302 3 8	...	477 8 0	1,824 11 8	...	2,302 3 8	4,661	0 7 11
256 3 8	...	802 18 7	...	...	802 18 7	...	802 18 7	2,548	0 5 7
889 1 7	9 0 0	1,130 7 9	...	...	1,130 7 9	...	1,130 7 9	3,004	0 6 0
686 13 0	96 3 8	2,217 11 4	...	716 0 4	1,501 11 6	...	2,217 11 4	3,542	0 11 8
687 12 6	69 8 4	1,827 8 4	...	591 8 4	1,236 0 0	...	1,827 8 4	5,656	0 5 3
554 14 6	85 6 5	2,041 1 2	...	628 13 8	1,414 8 6	...	2,041 1 2	3,826	0 8 6
535 8 5	115 0 0	2,084 10 7	...	515 4 8	1,569 5 11	...	2,084 10 7	4,212	0 7 11
608 15 1	100 0 7	1,775 7 6	...	551 3 3	1,224 3 9	...	1,775 7 6	3,867	0 7 4
694 12 10	113 1 9	2,531 13 11	...	601 10 9	1,920 3 2	...	2,531 13 11	3,722	0 10 10
7,356 7 0	1,088 7 10	26,384 9 11	...	6,572 12 11	19,820 13 0	...	26,384 9 11	51,559	0 8 2

in the Madras Presidency for the official year 1925-26.—cont.

in the Madras Presidency for the official year 1925-26.—cont.

Paid from										Number of all successful primary vaccination and revaccination.	Average cost of each successful case.
Travelling allowance.	Contingen- cies.	Total cost.	Imperial funds.	Provincial funds.	Local funds.	Municipal funds.	Total.				
15	16	17	18	19	20	21	22	23	24		
Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.		
514 3 6	114 5 0	1,582 8 6	...	502 6 0	1,080 2 6	...	1,582 8 6	8,445 0 3	2		
515 0 8	114 14 6	1,741 5 2	...	508 2 2	1,143 8 0	...	1,741 5 2	6,340 0 4	6		
516 0 8	108 11 2	1,413 7 11	...	779 12 11	1,033 11 0	...	1,813 7 11	7,046 0 4	1		
723 0 4	139 12 2	2,077 2 6	...	589 10 6	1,537 9 0	...	2,077 3 6	9,243 0 2	7		
647 1 0	86 10 0	1,876 0 4	...	695 2 4	1,210 12 0	...	1,876 0 4	7,182 0 4	2		
488 6 10	158 2 0	1,621 6 10	...	555 8 10	1,085 14 0	...	1,779 15 0	7,285 0 3	11		
538 10 0	166 10 0	1,779 15 0	...	671 11 0	1,108 4 0	...	1,970 10 0	7,729 0 4	1		
520 12 0	114 2 4	1,970 10 0	...	779 10 0	1,191 0 0	...	1,841 5 4	6,716 0 4	4		
527 7 3	132 3 10	1,841 5 4	...	626 4 6	1,249 6 6	...	1,786 8 0	6,611 0 4	3		
608 0 8	88 0 8	1,786 3 0	...	586 12 6	1,089 9 0	...	1,786 11 8	5,621 0 5	0		
498 7 6	122 10 4	1,786 11 8	...	669 2 8	1,788 7 0	...	2,498 14 0	7,820 0 5	1		
498 11 3	142 4 4	2,498 14 0	...	766 7 0	1,586 12 0	...	2,383 0 4	6,862 0 6	9		
697 1 0	180 15 0	2,383 0 4	...	786 4 4	1,226 0 0	...	1,780 10 0	6,313 0 4	4		
524 1 0	178 2 0	1,750 10 0	...	491 10 0	1,878 0 0	...	2,636 14 4	8,416 0 12	4		
763 1 8	178 2 0	2,836 14 4	...	768 14 4	1,280 3 0	...	1,280 3 0	...	...		
479 7 0	67 12 6	1,280 3 0	...	...	...	...	...	...	...		
4,122 11 12	3,038 7 5	30,388 6 11	...	9,729 7 1	30,668 15 10	...	30,388 6 11	101,923 0 4	9		
298 11 10	96 6 9	1,473 1 5	...	373 10 5	1,099 7 0	...	1,473 1 5	8,274 0 7	2		
245 12 8	28 13 2	851 0 5	...	...	851 0 5	...	851 0 5	2,108 0 6	0		
895 6 8	105 8 10	1,721 11 2	...	563 7 2	1,158 4 0	...	1,721 11 2	3,185 0 8	8		
504 9 4	86 1 1	2,024 12 5	...	475 12 6	1,549 0 0	...	2,024 12 5	5,638 0 5	9		
365 11 4	156 6 4	1,536 7 0	...	450 14 2	1,085 8 10	...	1,536 7 0	4,145 0 5	11		
883 9 8	92 12 6	1,897 7 10	...	891 14 4	1,105 9 6	...	1,897 7 10	3,456 0 9	8		
896 13 8	92 4 2	1,653 2 6	...	537 1 6	1,116 1 0	...	1,653 2 6	4,729 0 5	7		
846 7 6	86 7 4	1,493 13 4	...	595 5 10	988 7 0	...	1,493 13 4	4,579 0 5	3		
855 1 4	40 2 4	983 3 8	...	413 13 8	551 6 0	...	983 3 8	2,181 0 6	2		
98 4 4	18 8 7	1,033 7 7	...	501 2 7	532 5 0	...	1,033 7 7	2,546 0 8	6		
975 6 10	23 6 11	1,627 15 6	...	587 12 3	940 3 3	...	1,627 15 6	2,928 0 8	4		
514 9 7	89 4 8	2,074 19 11	...	544 3 0	1,539 7 11	...	2,074 10 11	3,367 0 6	8		
4,282 6 3	859 14 8	18,355 13 9	...	5,845 1 4	12,610 12 5	...	18,355 13 9	44,029 0 8	8		
708 6 10	424 3 5	3,555 15 11	...	777 16 8	2,778 0 3	...	3,555 15 11	10,485 0 6	5		
703 5 10	424 3 5	3,555 15 11	...	777 15 8	2,778 0 3	...	3,555 15 11	10,485 0 6	5		
360 2 2	123 4 9	2,739 14 8	...	684 10 6	2,106 3 9	...	2,739 14 3	8,722 0 5	6		
468 0 0	189 2 0	2,343 10 0	...	582 0 0	1,781 10 0	...	2,343 10 0	6,269 0 8	0		
538 3 8	105 12 9	2,245 2 9	...	575 6 11	1,669 11 10	...	2,245 2 9	8,328 0 4	3		
553 8 9	76 4 2	2,119 12 6	...	602 7 10	1,557 4 8	...	2,119 12 6	7,630 0 4	5		
625 10 6	107 5 1	2,489 1 11	...	623 11 5	1,866 6 6	...	2,489 1 11	7,086 0 6	8		
378 10 9	163 0 0	1,444 6 2	...	888 7 0	1,060 15 2	...	1,449 6 2	5,856 0 4	1		
484 6 4	71 0 7	1,556 7 0	...	532 1 7	1,407 5 5	...	1,869 7 0	4,522 0 6	10		
202 11 0	243 10 4	8,264 5 0	...	682 1 0	2,676 4 6	...	3,264 5 0	8,108 0 8	9		
4,021 1 2	1,089 7 8	18,610 11 7	...	4,605 14 3	14,004 13 4	...	18,610 11 7	57,376 0 5	2		
460 2 8	96 13 10	1,543 2 2	...	568 2 8	984 15 6	...	1,543 2 2	5,776 0 4	3		
498 12 7	114 5 0	1,872 11 8	...	605 10 0	1,367 4 6	...	1,872 14 6	5,577 0 4	6		
390 9 8	126 4 10	1,497 14 6	...	446 7 8	1,051 6 10	...	1,497 14 6	5,004 0 4	9		
804 11 8	146 7 9	1,908 7 6	...	570 9 5	1,337 14 1	...	1,908 7 6	5,974 0 5	1		
518 9 4	123 13 0	1,671 10 8	...	603 5 0	1,088 5 8	...	1,671 10 8	5,888 0 4	7		
788 11 0	308 3 4	2,268 6 4	...	522 5 8	1,726 0 8	...	2,268 6 4	10,569 0 2	5		
478 0 6	81 12 3	1,667 15 5	...	586 0 5	1,081 15 0	...	1,667 15 5	7,676 0 3	6		
820 2 4	157 5 8	1,978 12 8	...	618 5 0	1,360 7 8	...	1,978 12 8	8,120 0 5	2		
415 5 4	119 4 0	2,194 0 0	...	877 9 0	1,616 7 0	...	2,194 0 0	7,899 0 4	4		
1,051 12 8	120 9 0	3,440 10 6	...	593 6 8	2,847 2 10	...	3,440 10 6	17,880 0 2	1		
5,824 14 4	1,304 14 8	20,033 14 3	...	5,591 12 6	14,442 0 9	...	20,033 14 3	78,882 0 4	1		
402 13 8	83 9 8	1,509 10 4	...	542 8 4	967 2 0	...	1,509 10 4	5,135 0 4	8		
519 1 4	75 15 7	1,606 13 7	...	593 15 7	1,012 14 0	...	1,606 13 7	3,754 0 8	10		
474 0 8	411 10 2	2,212 2 10	...	595 4 6	1,616 14 4	...	2,212 2 10	10,438 0 5	6		
2-9 11 8	71 1 0	1,668 2 8	...	684 9 8	983 10 0	...	1,668 2 8	6,036 0 4	5		

- Local Fund.

A.—VACCINES

Statement No. II showing the Cost of the Department

Number.	Districts.	Municipalities.	Assistant Director of Public Health (Vacation).	Expenditure.								
				Pay.	Health Inspectors.				Vaccinators.			
					First class.		Second class.		Probationers.		Peons, etc.	
					Number.	Pay.	Number.	Pay.	Number.	Pay.	Number.	Pay.
1	2	3	4	5	6	7	8	9	10	11	12	13
				Rs. A. P.		Rs. A. P.				Rs. A. P.		Rs. A. P.
67		Trichinopoly										
68		Tirupati										
69		Tirupattur										
70		Tiruppur										
71		Tiruvālar										
72		Tiruvannāmalai										
73		Tuticorin										
74		Udumalpet										
75		Vāniyambādi										
76		Vellore										
77		Villupuram										
78		Virudhunagar										
79		Visnagapattinam										
80		Visnagapattinam										
81		Walaipattinam										
		Total of Municipalities										
		Bangalore										
		Secunderabad										
		Total of Cantonments										
		Assistant Directors of Public Health.										
		Grand total										

DEPARTMENT—cont.

in the Madras Presidency for the official year 1925-26—cont.

Paid from										Number of all successful primary vaccination and re-vaccination.	Average cost of each successful case.
Travelling allowance.	Contingencies.	Total cost.	Imperial funds.	Provincial funds.	Local funds.	Municipal funds.	Total.				
15	16	17	18	19	20	21	22	23	24		
RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.		
...	61 8 4	2,120 4 5	...	...	...	2,120 4 5	2,120 4 5	5,381	0 6 4		
...	8 1 0	401 1 0	...	...	...	401 1 0	401 1 0	418	1 1 10		
...	19 15 0	379 15 0	...	...	...	379 15 0	379 15 0	662	0 9 2		
2 1 0	154 6 10	677 2 10	...	...	...	677 2 10	677 2 10	539	1 4 1		
60 0 0	8 12 0	378 13 9	...	...	...	378 13 9	378 13 9	655	0 9 3		
...	11 4 0	479 4 0	...	...	...	479 4 0	479 4 0	874	0 8 9		
...	42 5 7	902 0 11	...	...	...	902 0 11	902 0 11	1,763	0 9 0		
...	6 6 0	306 6 0	...	...	...	306 6 0	306 6 0	410	0 11 11		
...	39 15 10	399 15 10	...	...	...	399 15 10	399 15 10	612	0 0 5		
...	50 1 8	650 1 8	...	...	...	650 1 8	650 1 8	1,704	0 5 11		
...	14 8 6	374 8 6	...	...	...	374 8 6	374 8 6	589	0 10 2		
...	32 5 0	492 1 9	...	...	...	492 1 9	492 1 9	792	0 9 11		
...	379 4 2	1,243 7 4	...	...	...	1,243 7 4	1,243 7 4	1,687	0 11 9		
...	872 8 0	1,385 8 0	...	...	...	1,385 8 0	1,385 8 0	2,978	**0 7 2		
...	48 6 10	408 6 10	...	...	...	408 6 10	408 6 10	358	1 0 10		
419 13 6	13,109 8 8	94,618 12 8	...	...	...	94,618 12 8	94,618 12 8	145,960	0 8 1		
...	...	900 0 0	900 0 0	...	...	...	900 0 0	567	1 9 5		
150 0 0	261 12 6	2,998 8 6	...	...	...	2,998 8 6	2,998 8 6	6,461	0 9 11		
420 0 0	261 12 6	4,498 8 6	900 0 0	...	...	3,998 8 6	4,498 8 6	7,018	0 11 2		
2,083 2 0	149 9 9	12,447 4 9	...	12,447 4 9	...	...	12,447 4 9	...	...		
1,23,681 8 11	38,924 8 2	5,82,113 13 2	900 0 0	1,56,978 5 3	3,35,618 8 0	28,617 5 0	5,81,555 2 2	51,460,978	10 6 0		

staff only, viz., Local Fund and Municipal staff (vide G.O. No. 1158 L, dated 4th September 1911).

have been excluded.

B.—DISPENSARY VACCINATION.

Statement No. III showing Dispensary Vaccination in the Madras Presidency for the official year 1935-36.

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	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cuddapah	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ganjām	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Godāvari	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Guntūr	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kistna	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kurnool	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malabar	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nellore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nilgiris, the	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rāmnād	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Salem	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
South Kanara	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tanjore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tinnevely	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Trichinopoly	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Visagapatnam	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

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.															
	1916-1917.	1917-1918.	1918-1919.	1919-1920.	1920-1921.	1921-1922.	1922-1923.	1923-1924.	1924-1925.	1925-1926.	1926-1927.	1927-1928.	1928-1929.	1929-1930.	1930-1931.	1931-1932.
Government vaccinators	17,276	18,500	17,765	17,765	17,765	17,765	17,765	17,765	17,765	17,765	17,765	17,765	17,765	17,765	17,765	17,765
Local Fund	1,275,205	1,000,000	1,194,558	1,194,558	1,194,558	1,194,558	1,194,558	1,194,558	1,194,558	1,194,558	1,194,558	1,194,558	1,194,558	1,194,558	1,194,558	1,194,558
Cantonment	3,218	2,950	3,710	3,710	3,710	3,710	3,710	3,710	3,710	3,710	3,710	3,710	3,710	3,710	3,710	3,710
Municipal	114,172	107,826	121,439	121,439	121,439	121,439	121,439	121,439	121,439	121,439	121,439	121,439	121,439	121,439	121,439	121,439
Dispensaries	148	145	189	189	189	189	189	189	189	189	189	189	189	189	189	189
Medical Subordinates	250	212	187	187	187	187	187	187	187	187	187	187	187	187	187	187
Total	1,410,269	1,214,883	1,337,860	1,337,860	1,337,860	1,337,860	1,337,860	1,337,860	1,337,860	1,337,860	1,337,860	1,337,860	1,337,860	1,337,860	1,337,860	1,337,860

Statement No. V showing particulars of vaccination certified by Inspecting Officers in the Madras Presidency during 1925-26.

Districts.	Total number of cases vaccinated.	Total number inspected.			Percentage of inspection to total number vaccinated.			Percentage of cases found successful to total number inspected.			Percentage of success as reported by vaccinators.
		By Health Inspectors.			By District Medical and Sanitary Officer, District Medical Officers, and Medical Officers including Civil Surgeons, District Health Officers, Municipal Health Officers, etc.			By Health Inspectors.			By Health Inspectors.
		Primary vaccination.	Re-vaccination.	Primary vaccination.	Primary vaccination.	Re-vaccination.	Primary vaccination.	Primary vaccination.	Re-vaccination.	Primary vaccination.	
Agency districts	61,588	10,710	6,404	0.1	5.7	79.2	100.0	21.4	43.2	34.8	51.9
Anantapur	26,241	14,713	15,388	4.9	5.7	87.8	93.8	21.4	43.2	34.8	51.9
Arcon (North)	73,441	19,156	17,776	7.3	3.3	74.8	98.8	24.3	43.2	34.8	51.9
Arcon (South)	62,625	12,774	8,776	5.9	7.7	66.7	98.2	19.2	43.2	34.8	51.9
Bellary	29,547	8,342	6,373	19.1	7.4	71.8	98.8	18.2	43.2	34.8	51.9
Chingleput	51,363	11,881	28,066	6.9	5.7	87.0	98.0	23.6	43.2	34.8	51.9
Chittoor	37,363	19,145	16,900	5.3	5.5	72.5	98.6	23.4	43.2	34.8	51.9
Coimbatore	77,559	20,513	14,912	16.4	9.1	83.9	98.2	24.4	43.2	34.8	51.9
Cuddapah	29,172	9,617	22,624	10.4	7.4	73.4	98.2	21.2	43.2	34.8	51.9
Ganjam	57,206	10,675	13,645	8.5	10.1	73.4	98.2	21.2	43.2	34.8	51.9
Godavari	58,504	32,035	40,771	7.3	8.0	73.4	98.2	21.2	43.2	34.8	51.9
Guntur	66,304	18,949	30,914	6.2	8.2	73.4	98.2	21.2	43.2	34.8	51.9
Kanna	74,265	25,162	17,663	6.2	10.2	88.5	98.2	21.2	43.2	34.8	51.9
Karnool	31,308	8,225	17,701	4.8	10.2	88.5	98.2	21.2	43.2	34.8	51.9
Kudal	19,646	15,943	17,701	11.3	10.2	88.5	98.2	21.2	43.2	34.8	51.9
Madras	78,656	26,439	26,098	8.5	13.5	85.2	98.2	21.2	43.2	34.8	51.9
Malabar	107,728	87,833	44,753	4.8	3.2	91.9	98.2	21.2	43.2	34.8	51.9
Nellore	48,667	10,365	7,112	13.9	11.6	88.5	98.2	21.2	43.2	34.8	51.9
Nilgiris, The	7,033	10,684	11,932	6.7	4.3	88.5	98.2	21.2	43.2	34.8	51.9
Ramanad	67,349	0.13	4,562	8.0	4.3	88.5	98.2	21.2	43.2	34.8	51.9
Salem	87,243	16,608	2,622	10.9	7.6	88.5	98.2	21.2	43.2	34.8	51.9
South Kanara	48,615	12,910	5,244	7.18	7.6	88.5	98.2	21.2	43.2	34.8	51.9
Tanjore	79,216	9,422	52,917	8.6	8.0	88.5	98.2	21.2	43.2	34.8	51.9
Tinnevely	73,364	13,024	10,065	8.6	13.06	88.5	98.2	21.2	43.2	34.8	51.9
Trichinopoly	61,400	17,778	12,269	8.6	13.06	88.5	98.2	21.2	43.2	34.8	51.9
Vizagapatam	73,487	21,658	22,615	7.5	6.6	88.5	98.2	21.2	43.2	34.8	51.9
Total	1,488,901	459,489	324,370	5.6	3.1	88.5	98.2	21.2	43.2	34.8	51.9

Statement No. VI showing the number of vaccinations performed in Municipal Towns on children under one year of age (G.O. No. 1534 L., dated 6th December 1909).

Municipalities.	Number of births available for vaccination during the year 1925-26.	Number of deaths amongst children under one year during the year.	Number of successful vaccinations on children under one year during the year ending March 1926.	Date of extension of compulsory vaccination to municipalities.	Municipalities.	Number of births available for vaccination during the year 1925-26.	Number of deaths amongst children under one year during the year.	Number of successful vaccinations on children under one year during the year ending March 1926.	Date of extension of compulsory vaccination to municipalities.
Adoni	1,043	130	618	1st Dec. 1886.	Nagapattam	1,490	833	1,215	1st July 1886.
Anakapalle	741	164	368	1st Nov. 1891.	Nellore	1,454	214	550	1st Aug. 1886.
Anantapur	403	50	140	1st Jan. 1886.	Ongole	570	91	237	1st Dec. 1886.
Bellary	1,555	292	840	1st Jan. 1891.	Ootacamund	766	131	390	1st July 1887.
Berhampur	1,058	245	545	15th April 1891.	Palacole	375	93	235	1st Sep. 1919.
Beswada	1,758	172	681	1st May 1892.	Palacootah	1,411	468	700	1st May 1886.
Bimlipatam	301	48	188	1st Jan. 1894.	Palghat	1,773	362	1,022	1st Jan. 1883.
Bodanayakanthur	997	212	671	19th Feb. 1916.	Palni	806	139	330	1st Dec. 1881.
Calicut	2,498	149	1,912	1st Oct. 1891.	Parlakimedi	714	139	421	1st Dec. 1890.
Oannanore	1,084	163	780	1st June 1891.	Peddäpar	556	90	384	1st April 1916.
Chinnole	400	60	241	1st Dec. 1890.	Periyakulam	939	210	602	1st Feb. 1891.
Chidambaram	589	80	146	1st July 1887.	Pollachi	498	81	335	23rd Feb. 1891.
Chingleput	660	184	284	1st April 1897.	Proddatūr	506	91	218	1st Sep. 1915.
Chirala	601	144	284	9th May 1920.	Rajahmundry	2,111	519	1,093	1st Jan. 1886.
Chittoor	812	130	346	9th Jan. 1917.	Saidapet	718	118	496	1st April 1921.
Ocoanada	1,827	313	603	1st June 1890.	Salem	2,600	381	1,650	1st May 1891.
Cookin	894	82	410	1st Jan. 1894.	Sivakasi	672	87	379	1st Sep. 1920.
Coimbatore	2,814	624	1,146	1st Jan. 1899.	Srirangam	633	132	314	1st July 1888.
Conjeevaram	2,272	481	840	1st Jan. 1891.	Srivillipattur	1,505	267	916	1st Jan. 1896.
Ooonoor	398	50	179	1st April 1887.	Tadipatri	246	16	100	1st Oct. 1921.
Cuddalore	2,380	435	1,296	1st Aug. 1896.	Tanjore	2,368	460	997	1st July 1893.
Cuddapah	2,380	435	1,296	15th July 1888.	Tellicherry	939	160	580	15th June 1892.
Dharmapuri	618	75	62	1st Feb. 1916.	Tenali	772	131	321	1st April 1910.
Diidigai	1,308	215	903	16th July 1886.	Tinnevely	2,159	634	856	1st July 1896.
Ellore	1,308	331	511	1st June 1888.	Trichinopoly	4,741	1,045	1,967	1st Aug. 1890.
Errode	532	89	238	1st April 1891.	Tirupati	477	86	260	1st Mar. 1890.
Gudiyattam	832	120	446	1st June 1889.	Tirupattur	796	51	324	1st July 1891.
Guntur	2,127	508	725	1st Jan. 1914.	Tiruppur	389	43	131	1st Apr. 1913.
Hindupur	389	64	173	1st May 1920.	Tiruvälur	398	74	209	1st Oct. 1913.
Hospet	647	87	400	1st April 1892.	Tiruvannamalai	1,034	97	554	15th Dec. 1897.
Kartar	514	80	165	1st Sep. 1900.	Tuticorin	1,857	448	796	1st May 1892.
Kodaikānal	237	34	170	1st April 1889.	Udumalpet	398	70	221	1st Apr. 1918.
Kumbakonam	2,139	532	848	1st Aug. 1889.	Vaniyambadi	651	98	392	1st May 1889.
Kurnool	1,696	128	392	1st July 1891.	Vellore	2,038	376	1,055	1st Jan. 1897.
Madras	23,890	4,630	10,509	1st June 1884.	Villupuram	550	94	320	1st Sep. 1919.
Madura	6,065	1,292	4,152	1st Jan. 1890.	Virudnagar	955	144	446	1st Sep. 1915.
Mangalore	1,897	194	1,213	1st Sep. 1891.	Vizagapatam	1,935	376	718	1st Aug. 1890.
Mannargudi	731	101	354	1st Dec. 1890.	Viziansagram	1,157	193	631	1st Jan. 1891.
Masulipatam	1,908	407	829	1st May 1888.	Walaipet	492	83	202	20th May 1892.
Miyavaram	1,071	212	475	1st Oct. 1886.					
Nandyal	315	64	173	1st Jan. 1900.					
Narsaraopet	387	80	152	1st April 1916.					
Total	1,488,901	459,489	324,370		Total	118,016	22,603	58,096	

G.O. No. 1415-P.H., 13th August 1926

Vaccination—Report of the Director of Public Health for the triennium ending 1925-26—Reviewed.

Read—the following paper:—

Letter from Major A. J. H. RUSSELL, M.D., D.P.H., I.M.S., Director of Public Health, Madras, to the Secretary to Government, Local Self-Government (Public Health) Department, dated Ootacamund, the 28th June 1926, No. D. 46.

Order—No. 1415-P.H., dated 13th August 1926.

Recorded.

2. The salient features in the administration of vaccination during the triennium ending 1925-26 are enumerated in paragraph 24 of the Director's report.

3. The Government are glad to note the good work performed by district health staffs, particularly those of Coimbatore and North Arcot districts, in bringing to light cases of unregistered and unprotected children. It is reported that many thousands of such cases were discovered. The Director states that registration work is often deliberately neglected, because the registrars are confident that shortcomings will be made good by the Public Health staff. Before Government take any action on this statement, they desire that the Director of Public Health should bring to their notice through the Collectors concerned specific instances of such deliberate neglect.

The Government observe with regret that in municipal areas insufficient attention was devoted to the work of detecting unrecorded births and unprotected children during the off-season. It is hoped, however, that with the increase in the number of municipal health officers now being employed, there will be gradual improvement in this respect.

4. The following causes which have retarded the progress of vaccination in the past continued to operate during 1925-26:—

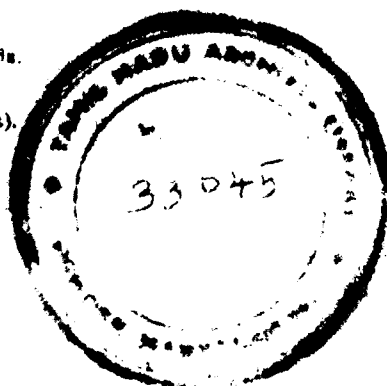
- (a) non-introduction of compulsory vaccination;
- (b) the reluctance of local bodies to enforce the regulations where compulsory vaccination has been introduced;
- (c) the failure of several local bodies to employ an adequate and duly qualified staff of vaccinators and to fill up temporary vacancies;
- (d) the inaccurate manner in which village vaccination registers are maintained;
- (e) the activities of anti-vaccinationists;
- (f) non-receipt by the health staff of prompt intimation of the outbreak of smallpox.

District Boards will be requested to consider carefully whether it is not possible to introduce compulsory vaccination into further areas, with due regard to the provisions of G.O. No. 789-P.H., dated 11th May 1923, and to see that all reasonable and proper steps are taken to make compulsory vaccination effective in areas where it has been introduced.

As regards the deficiencies in the staff employed, the Government have in G.O. No. 931-P.H., dated 2nd June 1926, pointed out to all Municipal Councils that persons who do not possess the requisite qualifications should not be appointed

C. B. COITERELL,
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
.. Collectors and District Magistrates,
.. Presidents of District Boards,
.. Chairmen of Municipal Councils,
.. the Examiner of Local Fund Accounts,
.. the Assistant Quartermaster-General,
.. the Consul-General for Netherlands,
.. do. for Kiam at Calcutta.
Editorial Table.



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