[L. & M. / 9,000-5-3-96.]

Local & Munl. (1895) Department.

MISCELLANEOUS.

G.O., No. 415 Mi

DATED 13th March 1895

[Despatch Abstract.]

Bill.

Recording G.O., Legislative Department, communicating to the Select Committee Proceedings of the Local and Municipal Department suggesting the advisability of providing in the--- to amend Act IV of 1884 for powers to enforce the disinfection of clothing, &c., in cholera epidemics.

BACK PAPERS.

G.O.	No.	Department.	Date.	G.O.	No.	Department.	Date.

FURTHER PAPERS.

G.O.	No.	Department.	Date.	G.O.	No.	Department.	Date.

GOVERNMENT OF MADRAS.

LEGISLATIVE DEPARTMENT.

READ—the following paper:—

G.O., dated 6th February 1895, No. 170 M., Local and Municipal.

Read—again the following papers:—

G.O., dated 12th May 1894, No. 613 M., Local and Municipal.

ABSTRACT.—Passing orders on the Sanitary Commissioner's report on the prevalence of cholera in the Trichinopoly Municipality.

G.O., dated 25th September 1894, Mis. No. 1329 M., Local and Municipal.

Read—the following letter from Surgeon-Lieutenant-Colonel W. G. KING, M.B., C.M., D.P.H., Acting Sanitary Commissioner for Madras, to the Chief Secretary to Government, dated Fort St. George, 4th August 1894, No. 1470-S.:—

With reference to G.O., dated 12th May 1894, No. 613 M., Local and Municipal, I have the honour to submit the following remarks as to probable cost of arranging for cholera preventive measures in a "circle" and in a "division" respectively. So that no doubt may subsequently arise as to ruling rates in various parts of the Presidency, I have in the estimate taken care to quote outside amounts *both for staff and equipment.*

2. In endeavouring to arrive at an opinion as to the practicability of the system, it would be convenient to imagine it applied to a town of, say, 50,000 inhabitants. Under Government orders, it is presumed that the following equipment of a permanent nature, and for which expenditure, so far as apparatus is concerned, would not recur, would be in store ready for use at a moment's notice:—

(1) *Equipment for one Circle* [that is, a section of a town, or a village, not exceeding 1,500 houses, and containing about 7,500 to 10,000 inhabitants].

	Rs.	A.	P.
1 Richardson and Cruddas' mounted conservancy bucket.. ..	45	0	0
4 disinfecting canisters at Rs. 1–8–0	6	0	0
2 air-tight tin boxes for carrying contaminated clothing at Rs. 2–8–0	5	0	0
8 air-tight cholera excreta drums at Rs. 2–8–0	20	0	0
Total ..	76	0	0 *

Disinfectants (to be retained in store).

	Rs.	A.	P.
100 lb. Sulphur at As. 2 per lb.	12	8	0
1½ lb. Hydr: Perchloride (country made) at As. 3 per ounce ..	4	8	0
3 lb. Acid Hydrochloric at As. 2 per ounce	6	0	0
20 lb. Carbolic Acid at As. 4 per lb.	5	0	0
Total ..	28	0	0

Perishable Articles.

	Rs.	A.	P.
400 lb. chunam or saw-dust at 1⅓ pies per lb.	2	12	5
Contingencies	3	0	0

* Expenditure not recurring.

(2) *Equipment for a Division* [that is, the equipment of three "circles" each containing 1,500 houses or an estimated total of 22,500 inhabitants].

	RS.	A.	P.
1 Dindigul single-bullock lorrie	50	0	0
12 portable tin canisters for disinfecting purposes at Rs. 1-8-0..	18	0	0
6 air-tight tin boxes for conveying foul clothing at Rs. 2-8-0..	15	0	0
24 air-tight excreta iron drums at Rs. 2-8-0	60	0	0
Total ..	143	0	0 *

Disinfectants.

	RS.	A.	P.
300 lb. Sulphur at As. 2 per lb.	37	8	0
4½ lb. Hydr: Perchloride at As. 3 per ounce	13	8	0
9 lb. Commercial Hydrochloric Acid at As. 2 per ounce ..	18	0	0
60 lb. Carbolic Acid at As. 4 per lb.	15	0	0
Total ..	84	0	0

Perishable Articles.

	RS.	A.	P.
1,200 lb. chunam or saw-dust at 1⅓ pies per lb.	8	5	4
Contingencies	9	0	0

* As estimated by A. Sankaralingam Achari of Dindigul.

3. Presuming that there was reason to dread invasion by cholera, the municipality would be expected to place at the disposal of the Senior Medical Officer of the station (the *ex-officio* sanitary officer) a "staff of observation," as follows :—

For a single Circle.

	RS.
1 temporary inspector	15
1 peon	8
1 toty	7
Total ..	30

Or for each Division, consisting of three Circles (4,500 houses or 22,500 inhabitants).

	RS.
3 temporary inspectors	45
3 peons	24
3 toties	21
Total ..	90

The importance of the work expected of this staff cannot be overrated and its appointment in my opinion, in the face of reasonable fear of invasion, should never be neglected; indeed, without the aid that may be expected in this direction, the further measures advised may prove futile; as the whole intention is *from beginning to end—a sine quâ non*—to segregate and destroy all cholera-poison-bearing matter. By means of this staff it should be possible, with the additional aid of intelligent ward councillors, police and municipal servants of all ranks, to gain very early intelligence of the first case of cholera, *and to take immediate action.* Their further duty would be to ascertain and report for remedy to the permanent municipal staff sanitary defects, and thus endeavour to secure a good sanitary state before the arrival of the enemy. Presuming such "observation" lasted for one month, the expenditure would be as follows, for a town of 50,000 inhabitants :—

	RS.	A.	P.
Staff of observation, for two divisions during one month ..	180	0	0
1 chief sanitary inspector on Rs. 35 + 15 horse allowance ..	50	0	0
1 mounted orderly on Rs. 8 + Rs. 7-8-0 horse allowance ..	15	8	0
Total ..	245	8	0

4. In the meantime, the municipal council would be expected to have informed the Sanitary Officer that, at his discretion, the following *additional* cholera staff could be employed per circle, should the disease actually appear in the town :—

	RS.
3 peons at Rs. 8	24
3 toties at Rs. 7	21
(2 dhobies) per division (3 circles or less)	20
Total ..	65

Cases of cholera having occurred in one of the areas defined as a circle, the whole authorized staff for this area would at once be placed on duty; but it may be reasonably imagined that up to the end of the first ten days, no extension beyond the limit of the first circle attacked might occur, and, as the Sanitary Officer would add to the observation staff so as to make up the authorized number as he saw necessity from time to time in the various circles, it may be regarded as fairly safe to assume that the total cost of the staff for a division— that is, three circles, or an area embracing 4,500 houses, or one-half of the total town—would not be incurred till the end of one month. Indeed, provided preventive measures were adopted *from the outset*, it is very unlikely that more than one half of the town would be affected; and, consequently, I believe it reasonable to conclude that, at the outside, in a town with a population of 50,000 inhabitants in the cholera season of, say, four months, it would not be necessary to provide for more than an observation staff for the whole city for 4 months, and for the *additional* preventive staff for 2½ months, and that hence the full cost would not amount to more than Rs. 1,081-13-4 as follows :—

For one Division.

	RS.	A.	P.
Observation staff (ultimately merged into cholera staff) for 4 months	491	0	0
9 peons, cholera staff, for 2½ months	180	0	0
9 toties, at Rs. 7 for 2½ months	157	8	0
2 dhobies, at Rs. 10 for 2½ months	50	0	0
1 third-class hospital assistant for 3 months	75	0	0
1 bullock and driver for 3 months	36	0	0
Disinfectants	84	0	0
Perishable articles	8	5	4
Total ..	1,081	13	4

But if the *whole town* were attacked for the complete period of four months, the cost would be as follows :—

	RS.	A.	P.
Observation staff for 4 months	982	0	0
18 peons, cholera staff, for 3 months	432	0	0
18 toties for 3 months	378	0	0
4 dobies for 4 months	160	0	0
2 third-class hospital assistants (one per division) for 3 months	150	0	0
2 bullocks and drivers for 3 months	72	0	0
Disinfectants	168	0	0
Perishable articles	16	10	8
Total ..	2,358	10	8

or for the total population of 50,000 protected for 4 months 9 pies a head, or a contribution of 2¼ pies per month.

5. That it may not be imagined the method I advise has not been put to the test of experience, I may state that since 1884 this system has been adopted both in the town of Kurnool and in the district, and to a limited extent in the cholera epidemic in Madras of 1882, under my own supervision. There are so many factors as to

cholera prevalence to be taken into consideration, that I by no means wish to assert that no other cause was in operation; but I consider it reasonable to conclude that mortality that might have been expected in the Kurnool district and town was mitigated by the special mode employed by myself and other medical officers, especially by my assistant, Mr. Oosman Sahib, who has lately proved the efficacy of the same system at Negapatam.* I always received cordial support from the Revenue officers and from the municipality and, practically, I had full discretion to move the medical staff and make generally such sanitary arrangements as I pleased. Indeed, all village officials concerned were in a fair state of sanitary discipline, and intelligence of attacks was conveyed to me by the quickest possible route, and all precautionary measures were instantly put in force. Since 1890, in the beginning of which year I finally left the district, less disposition has, I think, been exhibited by the local authorities to spend money; but whilst their sanitary efforts have resulted in a saving of money, the saving of life has been less. The accompanying Table A contrasts the result of a period of free expenditure and comparative economy in the Municipality of Kurnool. Table B contrasts the condition of the Kurnool district up to 1890 with those bordering upon it. What has been done in this district could undoubtedly be effected elsewhere, and if, instead of municipalities and district boards hiring hakims and vydians, compounders, vaccinators, and the like, to go about stuffing patients with cholera pills, and ignoring all sanitary dictates, the simple measures advised are enforced, I am certain an enormous saving of life would result. The "health, comfort, and convenience" of the inhabitants being the prime object of the existence of a municipality, it seems illogical, in view of the expenditure incurred yearly in the upkeep of permanent establishments intended for the health and safety of the inhabitants, that in the presence of an epidemic causing a mortality of 50 per cent. of attacks, a municipality should neglect from motives of economy to go to the little extra expenditure that is requisite for a *short period* for the purpose of saving human life and suffering. In the mode I advise, there is no new principle involved; it simply secures in a cheap and, I believe, a fairly satisfactory and simple manner, the adoption of primary principles admitted in all civilized countries, during the last thirty years, to be essential in combating so deadly a disease as cholera.

* *Vide* Sanitary Report for 1893, para. 47.

Order—dated 25th September 1894, Mis. No. 1329 M., Local and Municipal.

Apart from the large expenditure that the adoption of Dr. King's proposals would necessitate, a condition indispensable to their successful working appears to be that the scheme should in each case be organized and controlled with an intelligence and energy that would not always be readily available. In many towns the responsibility of this organization and control would of necessity require to be entrusted to the Medical and Sanitary Officer of the district. The Surgeon-General will accordingly be requested to give his opinion, after consultation with the District Medical and Sanitary Officers in those of the larger municipalities which are most frequently attacked by cholera, upon the practical aspect of the scheme from this point of view.

(True Extract.)

(Signed) J. F. PRICE,
Chief Secretary.

To the Surgeon-General.
„ Sanitary Commissioner.

Read—also the following paper:—

From Surgeon-Major-General C. SIBTHORPE, F.R.C.P.I., Surgeon-General with the Government of Madras, to the Chief Secretary to Government, dated Madras, 13th December 1894, No. 675.

With reference to G.O., Mis. No. 1329 M., dated 25th September 1894, I return herewith the enclosures received with it.

2. I have consulted six District Medical and Sanitary Officers on the subject and attach their answers. Their opinions on the whole are favorable to the scheme.

Surgeon-Major Evans, Bellary.—Considers more detailed rules would be necessary.

Surgeon-Major Dymott, Salem.—Points out the necessity of store-rooms for the permanent equipment, and says that if such a staff as is suggested in the scheme were available, it would be invaluable, but points out some of the difficulties in getting such a staff.

Surgeon-Major Thompson, Tanjore.—Heartily approves of the suggestions and sees no difficulty in carrying them out except the expense. He has made the necessary arrangements with the Chairman to give the scheme a trial.

Surgeon-Lieutenant-Colonel O'Hara, Trichinopoly.—Is most against it, as he considers the scheme would not work and would be too expensive. If it would work he considers it "the best there is under the circumstances," but sees that there would be great difficulties in getting over the ignorance of the masses.

Surgeon-Major Reeves, Madura.—Considers the scheme practical and that it would be very useful. He makes some suggestions regarding details which are worth the consideration of the Sanitary Commissioner.

Surgeon-Major Carruthers.—Considers this scheme worth a trial.

3. I also am of opinion that the scheme is a good one and worthy of more extended trial than it has already had. I feel sure that from it would develope a thorough system of dealing with such epidemics and I am sure that District Medical and Sanitary Officers would welcome any true guide to them and the other authorities concerned laying down the lines on which such epidemics should be dealt with.

4. Regarding the medical treatment of the sick during such epidemics I will address Government separately on the subject.

Order—dated 6th February 1895, No. 170 M., Local and Municipal.

The Surgeon-General in his letter read above apparently anticipates no difficulty in the way of rendering District Medical and Sanitary Officers available for the guidance and control of operations under the Sanitary Commissioner's scheme for the systematic combating of cholera in municipalities, and the Government considers that with their assistance it promises to be of great and general service in reducing the existing mortality from that disease, and in educating the people in the correct methods by which its attacks should be met. It seems probable, moreover, that, without taking into account the value of the lives which should be saved under a proper system of dealing with outbreaks of cholera, the proposals could be carried out without excessive expenditure, for systematic action following upon a state of preparedness is seldom as costly in the long run as unsystematic and hasty action following upon a state of unreadiness such as that which usually exists at present. The scheme is accordingly generally approved.

2. It appears necessary, however, that brief rules such as could be easily comprehended and remembered by the municipal staff should be drawn up, dealing both with the detailed working of the scheme and with the medical treatment of those attacked by the epidemic. To this end it appears desirable that an officer of wide executive experience should be associated with experts in medicine and sanitation to draft such a set of instructions as would treat both the above aspects of the question in a manner compatible with the limited capabilities of the executive of an average municipality.

3. The Hon'ble Mr. C. S. Crole, the Surgeon-General, and the Sanitary Commissioner will accordingly be requested to form themselves into a committee, over which the first named should preside, to frame at an early date a complete set of rules on the lines above indicated. Mr. W. Francis will act as Secretary to the committee. Orders will thereafter issue as to municipalities in which the scheme should be first introduced.

4. A copy of this order and of those read above will be communicated to the Legislative Department, with the request that it will refer to the Select Committee on the amendment of Act IV of 1884 the question of the advisability of providing in the amended Act for powers to enforce the disinfection of clothing, &c., in cholera epidemics.

(True Extract.)

(Signed) E. GIBSON,
Ag. Chief Secretary.

To the Honb'le Mr. C. S. Crole, I.C.S.
" Surgeon-General.
" Sanitary Commissioner.
" Legislative Department.
To W. Francis, Esq., I.C.S.
Editors' Table.

ORDER—dated 2nd March 1895, No. 16, Legislative.

Communicated to the Select Committee.

(True Extract.)

Under Secy. to Govt.

To
The Select Committee on the Bill
to amend Act IV of 1884.
— " — Local Municipal Deptt.

Exd. S. J. Pereira.

5 spare copies

Local & Municipal Dept.
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Govt. of {1895} Madras.

LEGISLATIVE.

Order. 13-3-95 No. 415 Mun.

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G.O., 2nd March 1895, No. 16.

MARCH.

Bill to amend Act IV of 1884 (The Madras District Municipalities Act).

Communicating to the Select Committee Proceedings of the Local and Municipal Department suggesting the advisability of providing in the — for powers to enforce the disinfection of clothing, &c., in cholera epidemics.

(with order)

8/3

READ AGAIN ORDER OF GOVERNMENT, DATED 189 , No. , MISCELLANEOUS.

ENCLOSURES.

CURRENT No.

STATEMENT WITH DITTO.

ORDER OF GOVERNMENT

STATEMENT WITH DITTO.

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Miscellaneous.

LOCAL AND MUNICIPAL DEPT.
G.O., DATED 13-3-95
No. 415 M.

When given for copying.

[Despatch Abstract.]

Bill

Recording Sc. 2D cong.
to the Select Committee, Repo.
of the L & M dept. suggesting
the advisibility of providing
in the — to amend Act IV
of 84 for powers to enforce
the disinfection of clothing
&c in cholera epidemics
&c

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LETTER OF GOVERNMENT.								
STATEMENT WITH DITTO.								
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