

Local & Manl. (1896) Department.

MISCELLANEOUS.

G.O., No. 2378 *L*

DATED 16-12-96

INDEXED.

[Despatch Abstract.]

Vital Statistics

Requesting the Sanitary Commr.
to state whether he can undertake the
analysis of the returns of — referred to in
para 3 of the Re-uc. Bd's Progs. No. 3441 of 12th
Novr. 1896

BACK PAPERS.

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

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Local & Munl. (1896) Department.

CURRENT No. 3295 L

From The Revenue Department

Order No 2378 hum 16-12-96

The Sanitary Commissioner
will be requested to state whether
he can undertake the analysis of
the returns of vital statistics
referred to in para. 3 of the Board's
Proceedings No. 341 dated 12 November
1896.

1/2
14/12/96

[Signature]

No. 4861 This

Dated 30 Nov. 1896.

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SUBJECT.

Recording with remark Board's
proceedings requesting the Sanitary
Commissioner to furnish the Board
with vital statistics for the affected
districts &c.

To

The Sanitary Commissioner
in Revenue Department.

18/12/96

[Signature]

BACK PAPERS.

G.O.	No.	Department.	Date.

FURTHER PAPERS.

G.O.	No.	Department.	Date.

BOARD OF REVENUE (REV. SETT., L. RDS. AND AGRI.), 12TH NOV. 1896, No. 341.

PROCEEDINGS OF THE BOARD OF REVENUE (REVENUE SETTLEMENT, LAND RECORDS AND AGRICULTURE).

READ—again the following paper :—

MEMORANDUM—No. 5300, Mis. dated 28th October 1896.

With reference to section 47 of the Famine Code (of which an advance copy is enclosed) demanding (clause 9) from Collectors comparative statements of mortality monthly, the Board requests the Sanitary Commissioner to be so good as to inform it how he considers the normal figures for the districts noted on the margin should be worked out. The figures, he will observe, are required talukwar, and the Sanitary Commissioner will be requested to state whether he can furnish those required.

2. So far as the Deccan Districts are concerned, it would, the Board considers, be objectionable to include the data for 1891 and 1892 in framing a normal standard and the question remains whether those for 1893, 1894 and 1895 will suffice for the purpose.

(Signed) R. V. SRINIVASAR,
Secretary.

To the Sanitary Commissioner, with copy of Famine Code.
Copy to the Collectors of the affected districts.

READ—also the following letter from Surgeon-Lieutenant-Colonel W. G. KING, M.B., C.M., D.P.H., Sanitary Commissioner for Madras, to the Secretary to the Commissioner of Board of Revenue (Revenue Settlement, Land Records and Agriculture), dated Tirupattur, 8th November 1896, No. 2072-S. :—

With reference to the Board's memorandum as per margin, I have the honour to state that, in view of the very inaccurate statistics that must be dealt with, it would be desirable that too much reliance be not placed on one factor disclosed by the Form M.—the total death rate—in judging of the influence of famine. Thus, in the case of Ganjam, there can be no doubt that the death-rate hitherto obtained, namely, about 17.6 is absurd. Consequently, the extent of fluctuations between normal times and that of famine must be the only information obtainable; that is to say that the normal death-rate means in this case merely the normal statement of error. It is held, and doubtless with good reason, that, on the commencement of a famine, the increased contact of officers with village life and the constant calling for registers of mortality have the effect of producing activity in registration without necessarily any increase of actual mortality occurring. For example, I have myself lately issued a circular asking the Collectors of districts to do their best to stimulate the zeal of their subordinates in the matter of registration, and, closely following upon this, the Revenue Board has also called attention to the same requirement. Hence, a rise in total deaths may be looked for. This may, however, be corrected to some extent by regarding the number

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of births, which if also in excess of the corresponding period would aid in forming the conclusion that greater activity in registration had much to do with results. Granting then that an inefficient agency is dealt with, and that totals are liable to fluctuate from other influences than the actual state of affairs, there remains another method by which an appreciation of their true value may be made. It may be safely assumed that, in the midst of increased activity, attention would not be particularly directed towards registering the death-rate of a special class or special form of disease, although it is conceivable that this *might* be brought about by so directing the attention of registering agents.

But if this be not done, any such activity is likely to be impartial; so that deaths at certain ages will not undergo a greater *proportionate* increase than another, or one disease than another. Hence, any method that would enable the Board to rapidly make an approximate appreciation of the quality as well as the quantity of the death-rate would, I think, be of value.

2. In respect to quality, it is an acknowledged fact that the first evil influence of scarcity falls upon the very young and the aged. In both cases, certain articles of diet that to the young and vigorous are mere luxuries are to these necessities. Not only have expensive articles of diet to be stopped, but food of the coarsest description has to be fallen back upon. In such times, what otherwise would be small sicknesses become serious matters, in that suitable nourishment is not afforded. Under such circumstances, shortly after a permanent rise of prices, an increase of the death-rate in these two classes must be expected. It must not be thought that the expression "very young" is intended to cover infantile mortality; on the opposite, I would include in this only children from one year to five years of age. That the first pinch of famine would affect the mortality of suckling infants there can be no doubt, but this is not likely to be so immediate as at the ages mentioned. Infants are but indirectly affected; so long as the mother is vigorous, she may well be in a position to give her child nourishment from coarser food than she has hitherto been accustomed to. Later on, as the mothers become weakened, infantile mortality must rise, and in a still later stage of the famine will show a decrease below normal, on account of decline in marriages and, consequently, of sterility due to prudence. Decline of the birth-rate from *true* sterility, however, is not likely to occur otherwise than in really aggravated forms of famine; until a stage is arrived at when nature may be said to find herself with sufficient difficulty on hand to secure bare nourishment for the tissues of the body, without expending energy on the continuance of the species.

3. The very earliest signs that scarcity of food is affecting a population may, I think, therefore, be regarded as three-fold, a rise in the mortality of the very young (from one to five years of age) and of the aged (50 upwards) and a decline in the number of marriages. A heavy rise of prices will ensure at once an increase of the total death-rate; simply because the classes defined above are affected, and this may be followed in the succeeding year by a decrease of total mortality due only to the fact that there are less infants to die owing to decline of marriages.

4. But, if the prices become so acute as to imply not only a decrease of luxuries and the substitution of coarser diet than the population has been accustomed to but existence on insufficient nourishment, it rarely occurs in this country that conditions become so rapidly aggravated as to produce cases of death from acute "starvation." The sources whence food can be obtained, even in the case of the poorest, fail but slowly, and consequently with, perhaps, intervals of no food at all, come full meals of fairly suitable diet and, as scarcity deepens, of unsuitable articles. Hence, the so-called "apathy" of the starving native, which so often arrests attention, is due to the fact that he does not possess nerve centres, muscles and digestive organs that but a few days back had their full supply of nourishment and but require the stimulation of correctly-formed blood constituents to start work but little the worse for their adverse experience, but nerve centres, muscles and digestive organs that are incapable of responding to the stimulation, on account of inherent changes, the result of prolonged failure to replace waste. The one case may be likened to the steam-engine that has but a few days back in good repair stopped work, by reason of not being supplied with fuel, and the other where the owner had failed day by day to

repair flaws in the mechanism, till the whole engine became incapable of work, even if, in a fit of generosity in the end, he attempted to oil the parts and stuff it with fuel! I could well imagine an Indian population passing through a most serious famine and such a thing as a death by starvation being hardly known, even if (as they do not) village registration forms encouraged such returns by a direct heading "starvation." The famine-struck may be apathetic and thereby make the most of the little available nutrition for keeping the soul within the body; but there is one part of the mechanism that cannot be spared, namely, the digestive organs. Their state of nutrition no more warrants them being put to work than the rest of the body; yet, they must be prepared, notwithstanding their weakened condition, to do infinitely harder work than usual. The owner demands that they shall find for him nourishment by laboriously dealing with indigestible matter—varying from leaves or cactus roots to ground date seeds. It must, therefore, be expected that bowel complaints returned as diarrhoea and dysentery—the latter being largely only due to catarrhal conditions—must be the most obvious causes of death in a population suffering from privation—not mere acute starvation. Hence, it is of the greatest importance that this test of the quality of the total death-rate should be before the Board, and that even in the midst of fluctuations due to greater energy in registration, it should be ascertained whether the proportion to the total death-rate is unusual.

5. A further effect of scarcity is what has been described as "aimless wandering." This tendency to wander *plus* reduction of sources of water-supply, and their consequent greater chances of contamination, has much influence on the death-rate from cholera. Consequently, the total death-rate might rise rapidly in a district where want had not reached much beyond the stage referred to in paragraph 3, owing to deaths from cholera. A statement on this head would therefore be also necessary. Similarly, although this Presidency is much better guarded against this contingency than formerly, "wandering" would accentuate the progress of small-pox. Some explanation on this head should therefore be added.

6. It might well be said that if I suggest so many items under which information is desired, I might well require the few remaining headings of registration should be added—notably fever. The last famine, however, showed that no special fever—such as relapsing or famine fever—existed whilst, although the condition of poor nourishment undoubtedly opens the system more freely to attack by fever, the meteorological conditions were unfavourable to an increase—the absence of moisture in the malarious soil being unfavourable; so that, except as being of importance in swelling the total death-rate and in this manner showing the influence of want, I do not think any absence of completeness of power to judge of the value of statistics would result, by sparing the compiler the making of this calculation under another special column.

7. But, to arrive at some conclusion from an inspection of the various items thus brought together, in view of the unreliable character of the registration agency, it is necessary to have at hand data that will enable comparison to be made between current results and rates ascertained in ordinary times. Hence, it is necessary for each district that a list of normal data should be at hand. Instead of each Collector working these out for himself I suggest that, on giving notice to Collectors under section 47, Famine Code, the Board should intimate to this office for what districts data are required; when they would be furnished in the accompanying form. Thereafter, each Collector could supply the only varying items, namely, those referring to the death and birth rate per corresponding month.

8. In regard to paragraph 2 of the Board's memorandum, I consider that the average rate obtainable for 1894-95 is sufficiently accurate for the purpose in the case of all districts—if the factors referred to in paragraph 1 be conceded.

9. In connection with the map required under section 47 (1) of the Famine Code, I would take this opportunity of suggesting to the Board that if it abandoned the use of the blue colour for shading, and employed black hatching for districts to exhibit grades of severity, by use of colours it would be easy to show on the same map the position of relief works and their class, camps, kitchens, numbers on each, &c. With a map so prepared, and with the aid of statistics above suggested in hand, a full grasp of the situation in each district could be obtained very easily.

10. I would also suggest that as small-pox is a serious epidemic disease that may be expected during famine, form D (1) should be modified so as not only to show cholera but this disease also.

RESOLUTION—dated 12th November 1896, No. 341.

The Sanitary Commissioner will be requested to furnish the Board with statements showing the average total number of deaths reported from each of the taluks in the marginally-noted districts, during 1894 and 1895, as proposed in paragraph 8 of his letter. This will suffice for the preparation of the reports prescribed in section 48, VIII, of the Famine Code to meet the requirements of the Government of India.

2. The Sanitary Commissioner will be requested to furnish data for the months of October, November and December as soon as possible, and in stating the figures to be so good as to arrange the taluks in the order followed in the Statistical Atlas, noting the names of any municipal towns for which data are given immediately below the taluks in which they are situated.

3. Regarding Dr. King's further suggestions, his letter will be submitted to Government for orders, whether the Sanitary Commissioner should not be requested in times of scarcity to submit the monthly returns of vital statistics that he receives to the detailed analysis which he suggests.

(True Copies and Extract.)

(Signed) R. V. SRINIVASIAH,
Secretary.

To the Sanitary Commissioner.

„ Secretary to Government, Revenue Department, with
enclosures to Sanitary Commissioner's letter.

To all Collectors.

REVENUE DEPARTMENT.

1896.

Board of Revenue

(Revenue Settlement, Land Records
and Agriculture),

MADRAS.

Printed November th.

Proceedings, 12th Nov. 1896, No. 341.

Vital Statistics.—Requesting the Sanitary Commissioner to furnish the Board with — for affected districts; and submitting for the orders of Government a suggestion that the returns should be submitted to a detailed analysis by the Sanitary Commissioner.

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Local C. Municipal
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REVENUE DEPARTMENT.

PROCEEDINGS OF THE MADRAS GOVERNMENT.

Read

* copy attached.

READ Proceedings of the Board of Revenue, Rev.
12
Settlement, No. 341 dated 30th November 1896.

ORDER thereon, No. 4861 Mis., d/ 30th November 1896.

Recorded.

12. Para 3 of the Board's Proceedings will be dealt with
in the Local and Municipal Department.

(True Extract)

Under Secretary to Govt.

To the Board of Revenue, Revenue Settlement.

Local and Municipal Department. ✓