L. & M.
2,000—12-2-98.

Local & Munl. (1899) Department.

MISCELLANEOUS.

G.O., No. 136 P Mub

DATED 26-1-99

[Despatch Abstract.]

Central Provinces plague regulations.

Recording letter from the Government of Central Provinces forwarding copy of a notification framing additional rules in regard to the removal of grain from evacuated houses.

BACK PAPERS.

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

FURTHER PAPERS.

G.O.	No.	Department.	Date.	G.O.	No.	Department.	Date.
Cur	456	Plague	3/3/99				
C-	79	P 700					

Local & Munl. (1899) Department.

CURRENT No. 1447

From The Asst Secretary to the Chief Commissioner, Central Provinces.

Order No 186 P dated 26.1.99

Recorded

V.R. 25/1/99

W 1 26/1/99

No. 304

Dated 16. } Jany 99
Received 20. }
Registered 21. }

Enclosures 1

Spare copies. 14 & encl.

Copy.

The Plague Commissioner ✓
" Sanitary Commissioner ✓
" Surgeon-General ✓
" President, M. C., Madras ✓ with a copy also of notifn: No 8229 dated 21-11-98
" P. W. Dept. (Railway Branch)

Dept. W. 30.1.99

SUBJECT.

Forwarding copy of notification of the Central Provinces Administration issued by that Administration under the Epidemic Diseases Act 1897, framing rules with regard to the removal of grain from houses evacuated.

BACK PAPERS.

G.O.	No.	Department.	Date.
	112	P	20.1.99
	1566	P	10.12.98

FURTHER PAPERS.

G.O.	No.	Department.	Date.

15.C and S.P.C
21/1/99

ERRATUM.

☞ In Rule 140 *for the words* "detained for observation" *substitute the words* "kept under observation."

NOTIFICATION.

Nagpur, the 21st November 1898.

No. 8229.—In exercise of the power conferred on the Chief Commissioner by Notification No. 302, dated the 4th February 1897, of the Governor-General in Council, the Chief Commissioner is pleased to make the following regulations under Section 2 of the Epidemic Diseases Act, 1897, in supersession of those contained in the following *Central Provinces Gazette* Notifications:—

No. 1065, dated the 11th February 1897.
" 1517, dated the 23rd February 1897.
" 2255, dated the 22nd March 1897.
" 3639, dated the 13th April 1897.
" 3924, dated the 27th April 1897.
" 4719, dated the 27th May 1897.
" 9024, dated the 23rd November 1897.
" 789, dated the 2nd February 1898.
" 7418, dated the 22nd October 1898.
" 8040, dated the 16th November 1898.

Part I.

GENERAL ORGANIZATION.

1. The general supervision of the arrangements for dealing with plague in the Central Provinces is in the hands of the Administrative Medical Officer, under the control of and subject to report to the Chief Commissioner.

2. The general supervision of the police arrangements and those connected with the observation and examination of travellers by railway is in the hands of the Inspector-General of Police, subject to the control of the Chief Commissioner.

3. Deputy Commissioners are generally responsible, under the direction of Commissioners, for the plague arrangements of their respective districts. A Deputy Commissioner or Commissioner may within the limits of his jurisdiction, in cases of emergency, issue such orders as may appear necessary, provided that they do not conflict with the general principles of these rules, and that an immediate report is made to the head of the department concerned, if such order affects any officer not immediately subordinate to him.

4. Subject to the general control of Deputy Commissioners, Civil Surgeons as Chief Health Officers of districts are directly responsible for the conduct of plague arrangements. They are also Inspecting Medical Officers in respect of the arrangements relating to travellers by railway.

5. Plague Executive Officers are appointed (*a*) for the supervision of railway arrangements, and (*b*) for the charge of observation and segregation camps. As regards the former they are for the present directly under the orders of the Inspector-General of Police, and as regards the latter under those of the Administrative Medical Officer, but they will also work in co-operation with and general subordination to the officers named in Rules 1—4. Should a local outbreak of plague occur, they will be put in immediate charge of the operations for stamping it out.

6. The term "Medical Officer" in these rules means and includes:—

(*a*) A Civil Surgeon or Civil Medical Officer of a District.

(*b*) A Plague Inspecting Medical Officer at a major Railway Inspecting Station.

(*c*) Any other person appointed by the Chief Commissioner to be a Medical Officer for the purposes of these rules.

The term "Medical Assistant" includes all other Medical practitioners in Government employ.

7. Plague Inspecting Officers are Medical Officers appointed for the examination of railway passengers and connected precautions against the importation of plague.

8. All the above officers are invested with powers to enforce the rules made by the Government of India and the Chief Commissioner under the Epidemic Diseases Act, and to issue such orders in any particular case as may be necessary for the carrying out of those rules.

9. Plague Committees are constituted under the orders of the Chief Commissioner at all district head-quarters and certain other important towns (*e. g.*, Kamptee, Umaria, Warora, Burhanpur, Harda, Pachmarhi, Katni, Jharsogra). Their objects are unity of action and co-operation on the part of different authorities, with due representation of the interests and feelings of all classes of the community. At district head-quarters they include the Deputy Commissioner, the District Superintendent of Police, the Civil Surgeon, and the President of the Municipal Committee, and where there are Cantonments, the Officer Commanding, Principal Medical Officer and Cantonment Magistrate, and also, wherever possible, the Commissioner, Plague Inspecting Officers and Plague Executive Officers. The principal Railway Officers, where there are any locally stationed, should be associated, as also one or more representative men of intelligence and influence from each important section of the native community.

10. Plague Committees are consultative only, any action required being taken only through their official members. These officers are not empowered to act otherwise than as permitted or enjoined by the rules issued by the Chief Commissioner, and the object of the Committees' deliberations should be to give effect to those rules in the most convenient manner and with the least possible friction. The officer of highest rank (at Civil Stations the Deputy Commissioner unless the Commissioner is present) will preside at the meetings. The Civil Surgeon will ordinarily act as Secretary. Copies of the proceedings of all Committees will be forwarded to the Administrative Medical Officer and submitted by him to the Chief Commissioner.

11. Any orders issued or action taken of special importance or general application by any person exercising authority under these rules shall be immediately reported to the Administrative Medical Officer and the Chief Commissioner.

12. Any General orders issued by the Administrative Medical Officer to Civil Surgeons in connection with plague operations shall be forwarded through the Deputy Commissioner, and a copy shall at the same time be sent to the Commissioner of the Division and to the Chief Commissioner.

PART II.

PRECAUTIONS AGAINST IMPORTATION OF PLAGUE.

A.—Importation by Railway.

(1)—*General Rules.*

13. Travellers by rail alighting at Railway stations in the Central Provinces from stations within areas which there is reason to consider infected by the plague shall, unless provided with a proper pass from a plague authority under Rule 140 or a certificate less than six months old of inoculation after the Haffkine method, be kept under observation until the period of incubation (10 days) has elapsed. The areas to be considered infected will be declared from time to time by notification in the *Central Provinces Gazette*.

Note.—"Observation" in this Part does not necessarily imply detention; its meaning is explained in the following rules.

14. The Railway Police at all Railway stations shall take down the names and addresses of passengers alighting from stations in the infected areas as indicated by punch-marked tickets, with particulars of the places whither they are bound and the length of time they mean to stay there.

15. To enable the above particulars to be taken down, a Railway Police Officer shall, at places

where individual medical inspection is made (at present Burhanpur, Itarsi and Nagpur), accompany the inspecting Officer and obtain this information under his orders. At other stations where there is a Railway Police Officer, the Railway staff will assist him to take down the particulars, either in the course of collection of tickets, by checking the exit of passengers, or otherwise as may be found most convenient. Similar arrangements have been made for the lengths of line of the East Indian Railway, Indian Midland Railway and Rajputana-Malwa Railway within the Central Provinces, by the Local Governments exercising jurisdiction over the Railway Police on these lengths.

16. The Railway Police Officer shall forthwith communicate the particulars so obtained to the Civil Surgeon of the District and the District Superintendent of Police and will inform the Officer in charge of the Police Station within whose jurisdiction the destination of the traveller may be situated.

17. The Officer in charge of the Police Station shall enter the name and address of each such traveller in the list B prescribed by Rule 105 and shall act as prescribed by that rule and the rules which follow it in respect of such entries.

18. He shall also for the space of ten days next following after the traveller has arrived within his jurisdiction, satisfy himself by enquiry as to the state of health of such traveller, and in case of the illness of any such traveller, shall act as directed in the rules last quoted.

19. In the event of a traveller from an infected area alighting at an intermediate station with the object of obtaining a fresh ticket, so as to conceal the fact that he is a traveller from an infected area, the Railway Police shall take down his name and the number of the fresh ticket issued, and shall telegraph information to the nearest inspection station forward and to his station of destination, so that he may on alighting be brought under observation.

20. It is imperative that Railway vehicles in which suspected or declared cases of plague have occurred should be stopped at and not allowed to run further than either the station at which such cases are removed from the carriage or the nearest medical inspection station; and that such vehicles shall be disinfected in accordance with the Government of India, Public Works Department, Circular No. 349-R. T., dated the 21st April 1897 (Annexure VI).

(2)—*Procedure at Major Railway Inspecting Stations, which are at present Itarsi, Nagpur and Burhanpur.*

21. Every train coming from the direction of Bombay or such other infected areas as may be notified from time to time for the purpose of this

rule, shall be detained at the above-named stations so long as may be necessary for the medical examination of the passengers. The railway authorities shall detain the train so long as the Medical Officer may consider necessary for the purpose.

22. On the arrival of the train at these stations, no passengers shall alight from the train without the permission of a railway, police, or medical official.

23. Every passenger shall, on being requested to do so by any railway, police or medical official, alight from the train, and proceed for the purpose of medical inspection to any spot that may be indicated by such official.

24. A passenger shall not depart from the spot so indicated without the permission of the Medical Officer.

25. The examination of females shall be effected under the orders of the Medical Officer by a female medical practitioner or female medical subordinate.

26. Subject to any instructions issued by the Chief Commissioner, the Medical Officer has authority to detain any passengers coming from an infected area whom he regards as suspicious by reason of their appearance, symptoms or the dirty condition of their clothes and effects, or who belong to classes who cannot readily be traced, or relied on to give information of the occurrence of plague among them, or who travel in bodies. He shall remove any person so detained to the observation shed erected in the vicinity of the railway station, and shall arrange for the detention, dieting and medical treatment of such person in the observation shed for so long as he (the Medical Officer) may consider necessary.

27. If on inspection and after due observation the Medical Officer is satisfied that a passenger is suffering from bubonic plague, the Medical Officer shall immediately remove such person to a temporary hospital established for the purpose, and shall arrange for the detention, dieting and medical treatment of such person therein for so long as he (the Medical Officer) may consider necessary, provided that no person shall be detained under this rule for more than ten days.

28. If in any case a person removed to a temporary hospital is accompanied by a companion or attendant, the Medical Officer shall require such companion or attendant to live in the immediate neighbourhood of the temporary hospital in a segregation hut or tent provided for the purpose, and to remain in such place until he receives permission from the Medical Officer to depart.

29. If a person is attacked with bubonic plague while so segregated, the Medical Officer shall remove such person to the temporary hospital and shall keep under observation in a segregation hut, tent, or other suitable structure, for a period of

ten days from the date of such removal, any companion or attendant who has been with such person.

30. Upon the death of the sick person, the Medical Officer shall for ten days detain under observation all persons who have been in attendance on him, in segregation huts, tents, or other suitable structures established for the purpose in the neighbourhood.

31. A person dealt with under the foregoing rules shall comply with any directions that may be given to him by the Medical Officer with regard to his removal to, and his detention and treatment in, an observation shed, temporary hospital, or place of segregation, and with respect to the disinfecting or burning of his personal effects, or with respect to the disposal of any corpse, or any other similar matter: he shall not depart from any such place of detention without the permission of the Medical Officer.

32. The luggage and clothing of passengers detained as suspicious, travelling from areas in which the plague prevails, shall be disinfected in accordance with the Government of India, Home Department, Circular No. 1370, dated the 27th April 1897 (Annexure V), or instead of articles being boiled they may be steeped in a solution of perchloride of mercury and sun-dried.

33. Medical Officers shall exercise the widest discretion as to the destruction or disinfection of personal effects and luggage of passengers coming from infected areas, so as to render it next to impossible that contaminated articles should be passed without being destroyed or thoroughly disinfected, which procedure of disinfection shall, when necessary, involve the detention of the passengers to whom the effects belong.

34. In cases where it is considered necessary that the clothes or bedding, &c., of a traveller should be burnt, the Medical Officer may, if the person is poor or for other sufficient reason, arrange for providing other articles in their place at the expense of Government or for payment of compensation.

35. The Medical Officer shall immediately report to the Civil Surgeon and the Deputy Commissioner the case of any person removed under his order to an observation shed, temporary hospital or place of segregation, and the occurrence of any death, or the discovery of a dead body in a train or on railway premises.

36. In the event of a death occurring in a case where the existence of bubonic plague was known or suspected, or of a corpse being found in a train, the Medical Officer shall arrange for the disposal of the body. In the case of a European or Muhammadan, the body shall be buried at least six feet deep; the place of burial, if not an authorized cemetery, should be well away from habitations and sources of

water-supply. In the case of a Hindu, the body shall be completely and thoroughly burnt in an isolated locality, in the presence of a responsible official.

37. The duties assigned to the Medical Officer under the above rules shall for the present be discharged at Burhanpur by the Plague Executive Officer.

(3)—*Procedure at Minor Railway Inspecting Stations, which at present are Jubbulpore, Khandwa, Bilaspur, Wardha and Saugor.*

38. An Assistant Surgeon or Hospital Assistant has been placed at the railway stations noted on the margin, whose sole duty is to watch the trains coming from the direction of places infected with bubonic plague and to observe the passengers who alight or change trains at the stations.

Jubbulpore.
Khandwa.
Bilaspur.
Wardha.
Saugor.

39. The railway authorities shall allow sufficient time for the observation (*a*) of passengers who alight, and (*b*) of passengers who change carriages for the purpose of proceeding by other trains, and shall make such arrangements as may be necessary for the purpose.

40. Subject to any orders issued by the Chief Commissioner, the Medical Assistant has authority to detain any passengers alighting or changing trains, provided that they come from an infected area and are suspicious by reason of their appearance, symptoms or the dirty appearance of their clothes and effects, or who belong to classes who cannot readily be traced or relied on to give information of the occurrence of plague among them, or who travel in bodies. He shall immediately arrange for the removal of any person so detained to the observation shed in the vicinity of the railway station, and for his detention and treatment therein (subject to the provisions of Rule 42) pending the arrival of the Civil Surgeon. The Assistant Surgeon or Hospital Assistant shall report his action forthwith to the Civil Surgeon and the Deputy Commissioner.

41. On receiving a report under the preceding rule, the Civil Surgeon (or the Officer in charge of his duties) shall at once proceed to the observation shed, and shall arrange, if in his opinion the circumstances of the case require it, and subject to the provisions of Rule 42, for the detention, dieting, and medical treatment of the person infected or suspected of being infected with bubonic plague, and for the removal, if necessary, of such person from the observation shed to the temporary hospital for detention and medical treatment therein.

42. No person who has not actually developed plague shall be detained under observation for a longer period than ten days.

43. If in any case a person removed to a temporary hospital is accompanied by a companion or attendant, the Civil Surgeon shall require the companion or attendant to live in the immediate neighbourhood of the temporary hospital in a segregation hut or tent provided for the purpose, and to remain in such place until he receives permission from the Civil Surgeon to depart.

44. If a person is attacked with bubonic plague while so segregated, the Civil Surgeon shall remove such person to the temporary hospital, and shall keep under observation for a period of ten days from the date of such removal, in a segregation hut, tent, or other suitable structure, any companion or attendant who has been with him.

45. Upon the death of the sick person, the Civil Surgeon shall for ten days detain under observation all persons who have been in attendance on him in segregation huts, tents, or other suitable structures established for the purpose in the neighbourhood.

46. A person dealt with under the foregoing rules shall comply with any direction that may be given to him by any officer empowered under these rules with regard to his removal to, and his detention and treatment in, an observation shed, temporary hospital, or place of segregation, and with respect to the disinfection or burning of his clothes and personal effects, or with respect to the disposal of any corpse or any other similar matter: he shall not depart from any such place of detention without the permission of the Civil Surgeon.

47. The luggage and clothing of passengers detained as suspicious, travelling from areas in which the plague prevails, shall be disinfected in accordance with the Government of India, Home Department, Circular No. 1370, dated the 27th April 1897 (Annexure V), or instead of articles being boiled they may be steeped in a solution of perchloride of mercury and sun-dried.

48. The Civil Surgeon shall exercise the widest discretion as to the destruction or disinfection of personal effects and luggage of passengers coming from infected areas, so as to render it next to impossible that contaminated articles should be passed without being destroyed or thoroughly disinfected, which procedure of disinfection shall, when necessary, involve the detention of the passengers to whom the effects belong.

49. If necessary, the Civil Surgeon shall himself arrange for the disinfection or destruction of clothes, &c. In cases where it is considered necessary that the clothes or bedding, &c., of a traveller should be burnt, the Civil Surgeon may, if the person is poor or for other sufficient reason, arrange for providing other articles in their place at the expense of Government or for payment of compensation.

50. The Civil Surgeon shall immediately report to the Deputy Commissioner the case of any person removed under his order to a temporary hospital or place of segregation and the occurrence of any death in the case of a person believed to be infected with bubonic plague.

51. In the event of a death, the body shall be disposed of as in Rule 36 above.

(4)—*General Procedure.*

52. At all stations, the Station Master and other railway officials shall watch persons who alight from the trains, more especially those who have travelled from the direction of Bombay, or other places where plague is prevalent, with the view of detecting cases of bubonic plague.

53. If at any station a person travelling from the direction of Bombay or other infected place is undoubtedly suffering from bubonic plague, the Station Master, with the assistance, if necessary, of the police, shall arrange for his removal from the train or railway premises to the observation shed, and for his temporary detention therein until he can be inspected by a Medical Officer. Any person desiring to accompany the sufferer shall be permitted to do so. The Station Master shall immediately report the matter by telegraph to the Civil Surgeon, the Deputy Commissioner and the Administrative Medical Officer.

54. At way-side stations, such persons, if booked through, may be permitted to proceed to the nearest station at which a temporary hospital has been provided, the Station Master telegraphing to such station the details of the case, the name of the sick person and the number of the carriage. If such persons alight at the way-side station, they should be removed by the railway or police officials to some isolated place, and the fact should be reported forthwith by the Station Master to the (Officer in charge of the nearest police station) as well as to the authorities mentioned in the preceding rule.

55. The Civil Surgeon on receiving a report under Rule 53 or 54 will proceed to the spot (or depute a competent subordinate) to take action, so far as may be necessary or possible, in accordance with the provisions of Rules 41 to 50; the railway police and railway authorities shall give him all assistance required.

56. The railway police shall arrange for the immediate removal on a *charpai* of any dead body found at, or in the vicinity of, a railway station and for its detention, together with that of the persons accompanying it, in an isolated place until it has been inspected by a Medical Officer or Medical Assistant.

57. At stations where a temporary hospital has been erected, the body shall be taken to the hospital; at other places, it shall be placed in an isolated place

at a suitable distance from the station. The matter shall be immediately reported by telegraph by the railway police to the Deputy Commissioner and Civil Surgeon for orders.

58. On receipt of information, the Civil Surgeon (or Officer in charge of his duties) shall (unless the case occurs at a place where a special Medical Officer is posted) at once proceed to the spot, the Deputy Commissioner deputing a responsible official to accompany him and to carry out his directions.

59. In cases where death from plague is indicated, the Civil Surgeon will arrange for the immediate cremation or burial of the corpse in the manner prescribed in Rule 36 and for the isolation, if necessary, of those accompanying it, as provided in Rule 30, together with such other measures as may be considered necessary.

60. The railway authorities shall telegraph intelligence of the occurrence of every case of plague or suspected plague to the Administrative Medical Officer, Nagpur.

B.—IMPORTATION BY ROAD.

61. Persons travelling from an infected area along roads notified by the Chief Commissioner for the purpose of this rule, shall be liable to inspection by Medical Assistants stationed at such places as the Chief Commissioner may appoint for this purpose, and travellers by minor roads will be required by *Kotwars* and patrols to proceed to such places for the purpose of examination. If any travellers appear to the Medical Assistant to be suspicious by reason of their appearance, symptoms, or the dirty condition of their clothes and effects, or to belong to classes who cannot be readily traced or relied on to give information of the occurrence of plague among them, or who travel in bodies, such travellers shall be required to proceed without delay to such place of observation as may be appointed for this purpose, a report of the facts being addressed to the Officer in charge of the camp, and sent by the hand of the constable or peon under whose escort the travellers proceed.

62. The Hospital Assistant is on no account to insist on the inspection of females who are travelling under *pardah*; but if he has reason to suspect that a person who may be carrying plague infection is travelling under *pardah* with a view to avoid inspection he may require all the travellers of the party to proceed under escort to such place of observation as in the preceding rule.

63. Ordinarily no travellers shall be detained for inspection for a longer period than half an hour.

64. Any traveller who prefers to be examined at the place of observation may be escorted thither as in Rule 61.

65. Persons sent to the place of observation under the preceding rules shall be dealt with by the Officer in charge as if they were passengers arriving by train at a major Inspecting Station.

Part III.

RULES RELATING TO MUNICIPAL TOWNS AND CANTONMENTS.

(1) PREVENTIVE ACTION.

66. If in any house a person becomes ill, or dies, of a disease which is known, or suspected to be, bubonic plague, the owner of such house, or if the owner be non-resident, the occupier, and every head of a family resident therein, shall forthwith report the occurrence of such illness or death at the nearest police station.

67. If there is, or has been, resident in any house a person who has come from an infected area, * the owner of such house or, if the owner be non-resident, the occupier and every head of a family resident therein, shall report at the nearest police station—(1) the arrival of such person, (2) the illness of any person in such house, and (3) the death of any person in such house, immediately such illness is apparent or death occurs.

* *Vide* Rule 13.

68. Every occupier of a factory shall, on employing in his factory any person who has come from the Bombay Presidency or other infected area, immediately give notice in writing of the fact of such employment to the nearest Police Station and shall report to the Officer in charge the name and address of the person employed.

The word factory used in this rule means any premises wherein is carried on any process for, or incidental to, making, altering, repairing, ornamenting, finishing or otherwise adapting for use or sale any article or part of an article; and wherein steam, water or other mechanical power is used in aid of any such process.

69. Any medical practitioner who (1) attends a case of illness in a house in which there is present a person who has come from a place where plague is prevalent, or who (2) attends in any house a case in which he has reason to believe the sick person to be infected with bubonic plague, shall forthwith report such illness to the nearest police station.

70. On receiving a report under Rules 66, 67, 68 or 69, the officer in charge of the police station shall immediately report the matter to the District Superintendent of Police, the Deputy Commissioner (or Cantonment Magistrate in the case of a Cantonment) and the Civil Surgeon or the nearest Medical Officer,

and shall enter the name and address of all persons arriving from infected districts in a register to be maintained for the purpose.

71. For the purpose of checking the occurrence of deaths the Deputy Commissioner or Cantonment Magistrate may post police officers or other officials at burial and burning grounds. Such officials may enquire of the mourners the place and cause of death, but shall not delay or interfere with the cremation or burial in any way. No corpse shall be uncovered or examined at or on its way to a burning or burial ground.

72. The owner and occupier of a house, and the head of any family resident therein, shall comply with any direction that may be issued by the Civil Surgeon or Medical Officer with regard to the disinfection and cleaning of his house, the disinfection or destruction of clothing and personal effects, the disposal of any corpse, the improvement of the sanitary condition of the premises, and with regard to other similar matters.

73. The Medical Officer shall, if he considers it necessary, himself take measures for the disinfection of a house and for the other matters referred to in the preceding rule.

74. The owner and occupier of any house shall permit the Medical Officer to enter his premises and examine any person whom the Medical Officer has reason to believe to be infected with bubonic plague. If the person be a female, the examination shall, if possible, be made through a female doctor, female Hospital Assistant or other female agency.

75. If on examination of any person, the Medical Officer suspects that such person is suffering from or infected with plague, he may cause such person to be removed to a hospital, and may arrange for his detention, dieting and medical treatment therein. He may also cause the other occupants of the house in which such person resides to be removed to a segregation camp and to be detained under observation for ten days : Provided that any member of the family of the person so removed who wishes to accompany him to the hospital shall be allowed to do so.

(2) ACTION TO BE TAKEN WHEN AN OUTBREAK OF PLAGUE HAS OCCURRED OR IS LIKELY TO OCCUR.

76. When there is reason to believe that cases of plague are occurring in a town, or are likely to occur owing to its proximity to an infected area, the town should be divided into quarters or circles of a size convenient for effective supervision, and each quarter should be placed, as far as possible, under the charge of an European official, to be called the Superintendent, who may be a civil officer taken from any department, a military or a medical officer, according to circumstances.

77. The quarter under each officer should be sub-divided into defined areas, which may consist of a street, a portion of a street, or a group of houses, and each of these sub-divisions should be placed under the charge of a district or local subordinate, who will be called a supervisor. With each supervisor will be associated one or more residents of the sub-division, who will assist the supervisor in obtaining information regarding sickness and mortality in the areas respectively allotted to him. Under each supervisor will be a gang of coolies, varying in numbers to suit the requirements of each locality. The gangs working in the more populous towns should be divided into three sections, each with defined duties as follows :—

(*a*) for the detection of cases and their removal to hospital ;

(*b*) for the evacuation of houses and for the removal of the inmates to camp ; and

(*c*) for the disinfection of houses.

78. As soon as Superintendents have been appointed in a town, the reports prescribed by rules 66 to 69 should be made to them and not to the Police, and this change should be publicly notified. It is believed that under such a scheme information regarding all cases of sickness will be easily and readily obtained, but should the people be unwilling to assist the authorities, or withhold the necessary information, then it will be advisable to organize search parties under the charge of the Superintendent. Each search party should be accompanied by a Medical Officer or subordinate, and by a female, either European or Native.

It is absolutely essential to success that all the measures mentioned above for the suppression of the disease should be carried out promptly and effectively. To ensure this being done all the members of the staff engaged in the work should be frequently and clearly instructed and practised in their duties: the operations will then be conducted in a methodical and systematic manner.

79. The Superintendent should be provided with a suitable office in his own Circle, where he should remain the whole day, except at intervals for meals. The office will be his head-quarters, to which all communications should be sent, and at which the supervisors will make their daily reports. He will exercise a general supervision over all the operations and will issue orders for the necessary action to be taken by each section of the gang of coolies.

80. No house vacated on account of plague may be reoccupied without his sanction, and he may cause a notice to that effect to be affixed to each vacated house. He should place a seal on boxes containing valuable property left in houses which have been evacuated on account of plague. Such property may be removed by the owner, but if he declines to remove it, it will remain at his risk.

81. Property of any value belonging to the poorer classes which it may be considered necessary

or advisable to destroy as being infected should be appraised by two or more respectable natives and the value paid to the owner by the Superintendent of the Circle. Compensation should also be given without delay to the very poor for the destruction of clothes, &c., which although they may be of no market value yet serve a useful purpose to the owners.

82. The stock of disinfectants, padlocks and all surplus appliances for divisional use will be kept in or near the office.

83. Each Supervisor will keep a list of all residents in each house in his sub-division. He will inspect all new arrivals, and will obtain information from them as to their previous place of residence. He will, in company with the local resident appointed to assist him, visit all the houses in his sub-division and obtain information regarding the health of the different inmates, and will, on the conclusion of his rounds, report verbally to his Superintendent the occurrence of all cases of sickness and death and any information regarding arrivals from infected localities. Any case of plague, and all doubtful ones of sickness should be at once reported to the Superintendent at his office by day, and at his house by night.

84. The supervisor will be provided with a sufficient supply of disinfectants ready for use, with tubs, buckets, watering pots, one or two hand-pumps, either jet or spray, and implements required for unroofing houses and making holes in the walls. There should also be a dooly, *charpai* or bamboo frame for the removal of the sick. It should be thoroughly washed or sprayed with perchloride of mercury solution,* either at the hospital or subdivisional depôt, after use. This is necessary, as the same dooly may be used for carrying suspected cases to the observation ward. All the above articles should be kept in a room or yard near the centre of his sub-division or at the Superintendent's office.

Vide Annexure III.

85. On a report being received by a Superintendent of the occurrence of a case of plague, he shall at once proceed to the house. If the case appears an undoubted case of plague he may order the immediate removal of the patient to the Plague Hospital. If he considers the case to be of a suspicious nature, he shall at once send for a Medical Officer or Assistant, and may then order the removal of the patient either to a Plague Hospital or Plague observation ward, according to the opinion formed of the case. The other inmates of the house, with their moveable property, may be taken to the segregation camp, in charge of one or more policemen or other responsible persons: Provided that any member of the family who wishes shall be permitted to accompany the patient to the Plague Hospital or observation camp.

86. They will be supplied with passes by the Superintendent admitting them into hospital and camp. These passes after countersignature by the Medical Officer or the officer at the camp will be returned through the policemen to the Superintendent.

87. After evacuation of the house, the walls and floors of all rooms with their contents except articles of food which it is not intended to destroy, and of all enclosures, should be disinfected in the manner indicated in Annexure I. All rags and refuse found in the house or enclosure should be burned in the presence of the supervisor.

88. After a house has been disinfected, the door will be secured by a padlock, of which the Superintendent will retain the key, or entrance may be barred by any other effectual method.

89. The roof, if not a *pucka* one, should be removed, and holes should be made in the walls to admit freely air and light to the smaller rooms and enclosures. On the completion of these operations, the door should be secured with a padlock.

90. The coolies engaged in the work of disinfection, &c., should be provided with boots or shoes, to protect their feet from the danger of infection through abraded surfaces.

91. Experience has abundantly proved that the evacuation of an infected house or houses is seldom in itself sufficient to stamp out the disease. When plague manifests itself in one house in an indigenous form, those in the neighbourhood have, as a rule, already become infected, and it usually follows that cases subsequently appear in them. It is therefore always a wise and prudent course on the occurrence of an indigenous case, not only to evacuate the one house, but also all those in the immediate neighbourhood.

92. It may be necessary, owing to the occurrence of several cases in one area, to vacate a group of houses or a whole sub-division and to segregate the inhabitants, and if necessary, a cordon of Police or troops may be employed for the purpose. The whole or any portion of the population vacating may be removed to the segregation camp, but ordinarily inhabitants of non-infected houses should be allowed the option of going where they please. Disinfection and unroofing of the houses should then be carried out in due course.

93. On the evacuation of the houses in the infected area, all the inhabitants of the non-infected portion of the town should be encouraged to leave the town, and any obstacles which may tend to delay their departure should if possible be removed.

94. In a large town where the disease has become of general prevalence, every quarter being affected, and the arrangements for dealing with the epidemic are incomplete and defective, measures must be taken to regulate the departure of the population and prevent them carrying infection to healthy areas. Every effort should in the meantime be made to provide sufficient accommodation in huts for a large proportion of the population.

95. A person dealt with under the foregoing rules shall comply with any directions that may be given to him by the Medical Officer with regard to his removal to, and his detention and treatment in, an observation shed, temporary hospital or place of segregation, and with respect to the disinfecting or burning of his clothing and personal effects, the disposal of any corpse, or with respect to any other similar matter: he shall not depart from any such place of detention without the permission of the Medical Officer.

96. In the event of a death occurring from bubonic plague, the Medical Officer shall arrange for the disposal of the body in accordance with the religious practices of the deceased and the instructions in Annexure I. In the case of a European or Muhammadan, the body shall be buried at least six feet deep; the place of burial, if not an authorised cemetery, should be well away from habitations and sources of water-supply. In the case of a Hindu, the body shall be completely and thoroughly burned in an isolated locality in the presence of a responsible official.

97. The Deputy Commissioner of the District, or the Cantonment Magistrate, in the case of a Cantonment, shall provide suitable conveyances for the free carriage of persons suffering, or suspected to be suffering, from the plague, and it shall be lawful to drive or carry such conveyances through any public or private thoroughfare.

98. Any conveyance, public or private, used for the carriage of a person infected with plague, or suspected of being infected, shall be thoroughly disinfected and exposed to air and sunlight for seven days previous to being again brought into general use.

3. General Sanitary Precautions.

99. In any Municipality or Cantonment the Deputy Commissioner or any Magistrate authorized by him in this behalf, or the Cantonment Magistrate, may issue general orders that by a certain specified date certain sanitary precautions of a simple nature, such as the free ventilation and lime-washing of houses, the cleaning of latrines, the removal of filth and rubbish and of partitions which obstruct light and ventilation, shall be carried out within any specified area, and all persons residing within such area shall be bound to give effect to these orders.

If within such time such persons fail to carry out the operations specified in the notice, the Medical Officer may, with the sanction of the Deputy Commissioner or of the Cantonment Magistrate, enter upon the premises at any time between sunrise and sunset, after giving such notice of his intention as shall under the circumstances appear to him to be reasonable, and carry out the measures specified above: provided that when an apartment is occupied by a female who, according to the custom of the country, does not appear in public, the Medical Officer shall give at least one hour's notice of his intention to enter such apartment, and shall afford her every reasonable facility for withdrawing from such portion of the apartment as he may desire to enter. The expenses incurred may be recovered from the persons who in the opinion of the District Magistrate may fairly be held responsible.

100. When any premises or any block of huts are in such an insanitary state as, in the opinion of the Medical Officer, to make the inmates thereof especially liable to an attack of the bubonic plague, he may require the owner by notice to have the whole or any portion of such premises cleansed within a specified time in such manner as may appear to him necessary, and may in consultation, if necessary, with a competent Engineer direct the owner to remove all structures, partitions, erections or portions of house-walls which obstruct light and ventilation. If within such time the owner fails to carry out the operations specified in the notice, the Medical Officer may, with the sanction in writing of the Deputy Commissioner or of the Cantonment Magistrate, enter upon the premises at any time between sunrise and sunset, after giving such notice of his intention as shall, under the circumstances, appear to him to be reasonable, and carry out the measures specified above: provided that when an apartment is occupied by a female who, according to the custom of the country, does not appear in public, the Medical Officer shall give at least one hour's notice of his intention to enter such apartment, and shall afford her every reasonable facility for withdrawing from such portion of the apartment as he may desire to enter. The expenses incurred may be recovered in the manner provided in Rule 99 above.

101. In a town or place where cases of plague have occurred, all grain godowns or places where grain is stored or sold for consumption shall be open at all times for inspection by the Medical Officer or officer deputed by him.

When a grain godown is found improperly ventilated or in such an insanitary condition from damp or otherwise as to be unwholesome for storage of grain, the proprietor shall be required to remove the grain to a properly constructed godown.

All grain godowns in which dead rats have been found shall be declared unwholesome and unfit for use until thoroughly disinfected. The grain found in such godowns may be turned over and properly aired, or destroyed as unfit for food, and any bags in which infected grain is found stored shall also be destroyed.

102. No person, except Municipal or Cantonment servants, shall pick up rags or other refuse in the streets or elsewhere. The Deputy Commissioner or Cantonment Magistrate may disinfect or, at his discretion, destroy any collection of rags in rag-pickers' houses or rag-stores.

103. All expenses incurred in carrying out the rules contained in this Part shall be debitable to the Municipal or Cantonment Funds.

Part IV.

RULES RELATING TO NON-MUNICIPAL TOWNS AND VILLAGES.

104. The rules in Part III shall *mutatis mutandis* apply so far as may be to non-municipal towns also.

105. The Officer in charge of every police-station shall forthwith bring upon a list (A) the names of all villages in his circle the inhabitants, or any portion of the inhabitants of which are ascertained to have trade relations or other connection with the Bombay Presidency, the Nizam's Dominions, Rajputana, or any other area declared infected with plague.

106. Every kotwar shall inquire and report without delay to his police-station the name of every person in his village who has arrived from the Bombay Presidency, the Nizam's Dominions, or any such other area as aforesaid since the 1st March 1898: he will also report all fresh arrivals as they occur. The names so reported will be entered on a list (B) which will be maintained at the police-station.

107. In the case of every village entered in list A, reports of all deaths shall be made daily, as in the case of cholera epidemics; and the Officer in charge of the police-station, on receiving report of a death, shall carefully inquire whether the deceased person had symptoms of bubonic plague as described in Annexure I.

108. Similar inquiry shall be made in the event of a report being received of the illness or death of any person whose name is entered in list B or of any person in that household.

109. Every kotwar shall report any excessive mortality among rats, monkeys or other animals that may occur.

110. Whenever the deaths reported from any village (whether on list A or B or not) are more frequent than usual, and especially sudden deaths attributed to fever, the Officer in charge of the police-station shall make inquiries from the kotwar with a view to ascertaining whether the symptoms of bubonic plague existed.

111. On ascertaining from a kotwar or other source of information that a death in a village was preceded by symptoms such as those described in

Annexure I, the Officer in charge of the police-station will either go himself or depute a competent subordinate to make an inquiry, any action taken being recorded in the station diary.

112. The Officer in charge of the police-station shall report immediately to the Tahsildar, the District Superintendent of Police, the Deputy Commissioner, the nearest Medical subordinate and the Civil Surgeon, any case of bubonic plague, actual or suspected, brought to his notice. The Civil Surgeon will inform the Administrative Medical Officer and the Secretary to the Chief Commissioner by telegram.

113. Every patwari shall report to the Revenue Inspector and the Tahsildar the death of any person in his circle in cases where symptoms of bubonic plague, as described in Annexure I, were present.

114. On receipt of a report of a case of bubonic plague from the Police or patwari under the two preceding rules, the Tahsildar, or, in his absence, the Naib-Tahsildar, shall at once proceed to the spot, and if he finds that the death was due to bubonic plague and that no other persons in the house in which the death occurred are ill, he shall proceed to dispose of the body (if not already disposed of) and to disinfect the house, clothes, and bedding of the deceased, as directed in Annexure I, at the same time reporting the result of his enquiry to the Deputy Commissioner.

115. If he finds that any person in the house is ill with fever, he shall, with the assistance of the mukaddam of the village, in anticipation of orders from the Civil Surgeon or Deputy Commissioner, see that all the precautions specified in Annexure I are rigorously observed. He will take similar action on learning of the occurrence of a case of bubonic plague at any way-side railway station in his Tahsil.

116. Officers of other Departments when on tour shall, if they have reason to think that any case of plague has occurred, at once inform the Tahsildar and send a copy of their report to the Deputy Commissioner.

117. The nearest Medical Subordinate to receive information of cases of bubonic plague from the Officer in charge of a police station will ordinarily be the Hospital Assistant of a Branch Dispensary. The Hospital Assistant on receiving a report of a case shall (if possible) at once visit the spot in co-operation with the Tahsildar and see that the necessary sanitary measures are taken. He shall communicate the result forthwith to the Civil Surgeon.

118. In places in which a Branch Dispensary is situated, Hospital Assistants shall themselves watch all arrivals and report sickness, with a description of the symptoms, to the Civil Surgeon of the district.

119. The Civil Surgeon will arrange to proceed, as soon as possible, to places from which cases are reported. On arrival, the Civil Surgeon shall be guided in his action by the instructions in Part III and Part V so far as they are applicable to the circumstances of the case.

120. Should the Civil Surgeon consider it necessary that the inhabitants of a village in which bubonic plague has broken out should temporarily camp out in the open or under trees at a distance from the village he shall make a report to that effect to the Deputy Commissioner, and the latter may direct the inhabitants to vacate their houses accordingly. The houses shall in this case be not again occupied till they are thoroughly ventilated and disinfected.

121. For the purpose of segregation, the Deputy Commissioner or officer specially authorized by him in this behalf may take possession of and occupy any vacant ground or building, such compensation being afterwards made to the owner or occupier thereof as may be fixed under Rule 141.

122. The Civil Surgeon may require any building to be vacated on suspicion of its being infected by plague, or on the ground of its being in a dangerously insanitary condition, and such building shall not be re-occupied without his permission.

123. In the case of villages badly infected the whole of the inhabitants should be turned out. Villagers are accustomed to erecting shelters for themselves, but, if necessary, materials for hutting should be supplied. The sick and suspected villagers should be carefully separated from the healthy, so far as is possible without breaking up families, and an officer should be appointed to examine the daily health of the population and prevent migration to other villages.

124. In Annexure II are given rules to be used only in circumstances of grave emergency. They are not to be acted upon without the special orders of the Chief Commissioner.

Part V.

RULES RELATING TO PLAGUE HOSPITALS AND CAMPS.

125. A site for the hospital should be selected as near as possible to the infected population, but a permanent building, suitable in all respect for a hospital, may sometimes be obtained either inside or on the outskirts of the town. It can be easily disinfected when it is no longer required for an hospital, and such a building would be more popular and convenient than huts erected at a distance from the town.

126. If a suitable building is not available, it will be necessary to erect huts for plague patients, for convalescents, and for the observation of doubtful cases, on the nearest site. The hospital huts intended for females should be some distance apart from those intended for males. Moveable mat screens should be provided between the beds to secure as much privacy as is possible to each patient. Every patient should be supplied with a cheap substitute for a spittoon, and both it and the vessels used as bed pans, should contain a sufficient quantity of an effective disinfecting solution. The floor of the hospital huts should be freely watered daily with the perchloride of mercury solution, and vessels containing the same solution should always be available for the disinfection of the hands and feet of the native attendants.

The disinfecting solution is described in Annexure III.

127. Relations and friends of patients are to be permitted to attend upon them, so far as is consistent with the maintenance of discipline and order, and a stated time should be set apart for the visits of all other relatives and friends of the patients.

128. On the arrival of the patient at the hospital, all his clothing should be removed and burnt in the presence of the medical subordinate. Hospital clothing should then be supplied. On recovery the patient may be transferred to the convalescent ward or discharged. In either case he should be given a warm bath and supplied with new clothes.

129. Huts for the segregation of individuals removed from infected houses, and of all suspected persons, should, if possible, be erected at a convenient distance from the hospital compound, and should be surrounded by a bamboo or other fence. Individuals brought for admission into this camp may, if necessary for purposes of cleanliness, be bathed in a solution of carbolic acid, one to a hundred parts of water, and their clothing disinfected.

130. All the inmates should be inspected daily either by the Medical Officer or a medical subordinate, and any case of plague detected should be removed at once to hospital, and doubtful cases of fever to the observation ward. If no case occurs amongst them after an interval of 15 to 30 days, they may be allowed to return to their houses, if such houses have been cleaned and disinfected and if the local authority considers that they are fit for re-occupation, or be admitted into the camp for healthy individuals, after a second disinfection of their clothing.

131. Both the hospital compound and the segregation camp should be guarded by police or troops, to prevent the egress of inmates.

132. The establishment of separate hospitals and segregation camps for the reception of private families or for members of special castes and

religions should be encouraged, and every assistance should be given by the local authority for their erection and supervision. The treatment of the patients admitted into these hospitals may, if desired, be placed in the hands of *vaids* and *hakims*, and the internal management of both hospitals and camps may be conducted by members of the caste or religion concerned, subject however to the general supervision of a European doctor in sanitary matters, where possible, and control of the local authorities, and to the usual arrangements as regards guards.

No segregation of the sick, except in the general hospital or in the separate hospitals referred to in this rule, can be permitted, except under the special orders of the Deputy Commissioner in each case.

133. A camp for the healthy, *i. e.*, for people removed from houses not infected, should also be arranged for. The inmates should be allowed to pursue their daily employments, on condition that they sleep in camp. The huts should be numbered, inmates registered, and a daily inspection made of all the residents. If no case of plague has occurred in a hut for 15 to 30 days, the inmates may be allowed to return to their houses if such houses have been ventilated, cleaned, and disinfected, and if the local authority considers that they are fit for re-occupation.

134. Should a case of plague occur in a hut, the patient should be removed to hospital, and the other inmates to the segregation camp. The hut should be at once burned and the site disinfected with the perchloride of mercury solution.

135. The method of arranging a plague camp is given in Annexure IV to these rules.

136. The Deputy Commissioner may close a private hospital if it appears to him that the management of such hospital is not satisfactory.

PART VI.

MISCELLANEOUS.

INOCULATION.

137. On an outbreak of plague occurring, the Civil Surgeon of the district affected should at once place himself in communication with M. Haffkine in Bombay with a view of obtaining a supply of lymph and syringes for inoculation and instructions for their use. Inoculation should then be started under the Civil Surgeon's personal supervision, and inoculation certificates granted free of charge to all who voluntarily undergo the process.

138. No person shall be inoculated without his own express consent.

139. Persons who have undergone inoculation after the Haffkine method and possess an inoculation certificate less than 6 months old, will not be liable to detention when travelling, except for such period as may be necessary to disinfect their clothes and baggage, if this is considered necessary, nor will they be liable to segregation, unless actually attacked by plague, or to removal from their houses, except by the special order of the Deputy Commissioner.

PASSES.

140. Persons travelling from an infected area who hold a certificate signed by a Medical Officer or Plague Executive Officer of having undergone detention in an observation camp for the prescribed period need not be again ~~detained for~~ observation, unless it appears that, since they were discharged from the observation camp, they have halted at some place *en route* where they may have contracted infection.

141. Persons who have been detained in a camp or otherwise under observation in the Central Provinces shall on departure be furnished with a certificate giving name, caste, age, occupation, address, destination, time of detention, and date of departure, and signed by the observing officer.

COMPENSATION.

142. The Deputy Commissioner may, in his discretion, pay compensation to any person who has sustained substantial loss or damage by reason of anything done under the powers conferred by these regulations: Provided, however, that no person shall be entitled as of right to claim any compensation whatsoever.

GENERAL.

143. Every person to whom an order is given by any officer empowered to act under the preceding rules, in furtherance of the object of the rules, shall duly obey that order.

144. The Medical Officer shall immediately report by telegram to the Administrative Medical Officer, the Commissioner and the Chief Secretary, every case of plague occurring in a place in which plague is not established.

M. W. FOX-STRANGWAYS,
Chief Secretary to the Chief Commissioner,
Central Provinces.

LIST OF ANNEXURES.

I.—Memorandum for the use of officials.

II.—Instructions for the Detection and Prevention of plague in villages suspected of infection.

III.—Instructions for preparing Disinfectants.

IV.—Instructions for establishing Plague camps.

V.—Instructions for the Disinfection of the Luggage of passengers travelling by Railway from areas in which the plague prevails.

VI.—Instructions for Disinfection of Railway carriages.

ANNEXURE I.

Memorandum for the use of Officials.

1. *Symptoms of plague.*—The symptoms of plague are high fever of sudden onset, violent headache, severe pain in the back and limbs, and delirium. The glands in the groin, or in the armpit or neck, are generally swollen and tender, but this is not invariably the case. Cough and pain in the lungs are frequently observed. Death often occurs in two or three days.

2. *Method of segregation of a person suffering from the above symptoms, and of his attendants.*—A patient should be removed at once to a small "*chappar*" hut, to be constructed of grass screens and erected well away from habitations. The site should, if possible, be open and exposed and near a well: this well should not be used by other people, if there be more than one well in the village. The police officer should tell off one of the sick person's relatives to stay with him, and should see that arrangements are made for the supply of food, fuel, &c.

3. *Method of segregation of the relatives and friends of such person.*—The other people living in the house or hut in which the sick person was attacked, or was living, should also be kept separate in another place, in "*chappar*" huts to be erected well away from habitations: and similar arrangements should be made for their food, water-supply, &c. Separate huts should be provided for males and females, but any member of the family or friends of the patient who so desires shall be permitted to accompany the patient.

4. In all cases, the mukaddam and kotwar should take steps to see that these orders are carried out and the people kept separate, and an immediate report made of any further suspicious illness or death. People in the adjoining huts should be kept under observation for 10 days, and if the case has been an indigenous one the houses in the neighbourhood should be evacuated, the villagers making the necessary arrangements to hut themselves beyond the infected village.

5. A "*chappar*" hut, after occupation by a person suffering from plague, should be burnt, and this should also be done to the *charpoy* upon which the person is carried to the hut. The well should be completely cleaned out and disinfected.

6. *Method of disinfection of infected houses.*—If the house be a small hut, and this can be done safely, it is best to burn the hut. But in the case of better houses, the following measures should be adopted:—

(*a*) The house and all it contains, except food-stuffs, should be sprayed to saturation with a solution of perchloride of mercury, and such floors as are of mud should be dug up to a depth of three inches and the earth burnt (if possible) or buried at a distance from the house and from all sources of water-supply In the course of two or three days the walls and floors should be coated with freshly prepared lime wash.

(*b*) The roof should be removed to admit air and sunlight, or if of solid masonry be thoroughly ventilated, clerestory or eave ventilators being supplied and sprayed on the inside with perchloride disinfectant.

(*c*) All the drains should be washed down with quicklime, chloride of lime or a strong solution of carbolic acid.

(*d*) All doors and windows should be then thrown open, and the house kept vacant for one month, and the whole house, woodwork and all articles of furniture thoroughly disinfected prior to re-occupation.

If trained subordinates are available and the work can be properly supervised, but not otherwise.—the following system may be adopted:—

(1) In the case of corrugated iron latrines, isolated *pucca* buildings, and other *pucca* buildings in which the work can be done with safety under intelligent supervision, a layer of dry grass or other inflammable material, at least two inches thick, should be laid over the whole of the floor and burnt. Afterwards the whole of the interior of the building should be washed out with a solution containing one part of corrosive sublimate and 10 of salt to 1,000 of water.

(2) In the case of dwelling rooms in which there are definite grounds for believing infection to be present, the whole of the interior should be first washed with the above-mentioned solution of corrosive sublimate, and the floors, if of mud, and the walls treated as directed in paragraph 6 (*a*).

(3) In the case of dwelling rooms in which there is no actual evidence of infection, but which are being merely cleaned out as a precautionary measure, a more dilute solution (one part of corrosive sublimate to 2,000 of water) may be used. The inhabitants should be advised not to *lip* the floors after this has been done, with the unfortunately necessary exception of the part of the floor near the cooking place.

(4) The dilute solution should be used in large quantities for washing out passages, court-yards and surface drains.

7. *Method of disinfection of clothes and bedding.*—The clothes and bedding of all segregated people, other than the sick person and his attendants, should be soaked in solution of perchloride of mercury, and then spread out in the sun and wind to dry. This should be done under supervision at the "*chappar*" huts, immediately upon their arrival there. Large wooden tubs should be provided for the purpose. Clothing and bedding of small value should be burnt.

Upon the recovery, or the death, of a person suffering from plague, similar steps should be taken to burn the clothes, &c., of such person, and to burn or thoroughly disinfect those of attendants.

8. *Disposal of bodies.*—When a person is found dead, or dies, and is believed to have been suffering from plague, the following measures should be taken :—

If a Hindu, the body, with cerecloth previously soaked in or sprayed with solution of perchloride of mercury, should be completely cremated in an isolated place under supervision.

If a Muhammadan, the body with its covering previously saturated with solution of perchloride of mercury is to be buried at least 6 feet deep. The place of burial should be well away from habitations and sources of water-supply.

If a Parsi, the body may be removed to a tower of silence in such a manner that disinfection shall be as complete as in the case of persons belonging to other sections of the native community.

ANNEXURE II.

Instructions for the Detection and Prevention of Plague in Villages suspected of Infection.

1. When it is suspected that plague is prevalent in any rural area and is not being reported, the Deputy Commissioner will proceed under the orders of the Commissioner to at once determine the area of country to which suspicion of infection attaches. The determination of the area should be so wide as to exclude the possibility that any infected village will escape. The delimitation should include not only villages in the district, but also those in the adjacent districts of the Division, which may appear to be within the zone of infection.

2. Having determined the area to be dealt with this must be divided into plague sub-divisions of a size suitable for the charge of a single officer. European officers will be deputed for employment as Officers-in-charge of plague sub-divisions. Each Sub-Divisional Officer should have attached to him—

(1) an Assistant of the stamp of Tahsildar or selected Naib-Tahsildar;
(2) a selected Sub-Inspector of Police; and
(3) an Assistant Surgeon or a selected Hospital Assistant.

Some clerical establishment and orderlies will also be required. Each Sub-Divisional Officer will be allowed a permanent advance of Rs. 500, out of which he will keep his circle and sub-circle officers in funds, submitting detailed bills when recouping his permanent advance. It may be noted that the cost of constructing segregation huts, cleaning up, &c., should be borne by the malguzars and villagers themselves so far as it may be possible to effect this.

3. Each plague sub-division must be sub-divided into circles, and these again into sub-circles if necessary. Over each circle an officer of the standing of Naib-Tahsildar on a pay of Rs. 50 per mensem, with a chaprasi on Rs. 5 per mensem, must be appointed, to be employed on plague work only. He may, if desired, be a selected Revenue Inspector, but in that case he must be relieved of all other work, a substitute being appointed. The size of each circle should not be greater than will admit of each village being visited at farthest once in three days by the circle officer. If the disease spreads, each circle may be divided into sub-circles in the charge of a selected Patwari on Rs. 10—15 per mensem.

4. The organization above described having been effected, the officers will set to work to examine every house and every inmate of every house in every village and hamlet in the circle, care being taken that native customs are respected and that no woman who observes *pardah* is inspected by a man. The examination having once been made and the Sub-Divisional Officer being satisfied that plague does not exist in the village, effective arrangements must be made for obtaining immediate information of cases of illness and of deaths. It would be unnecessary to repeat the examination unless a village was subsequently believed to be infected. The services of mukaddams and patwaris will be utilized as they were in the organization of village gratuitous relief. If the village inspection brings to light any suspicious cases, the procedure for dealing with them is laid down in Parts III and IV of the rules issued under the Epidemic Diseases Act and in Annexure I to these rules. Copies of the rules as amended up to date will be supplied for use of the officials. It may be considered certain that no one afflicted with plague in an ordinary village house can be properly segregated in that house and that imminent danger to all in the house and to the neighbours exists if the sick man is not at once removed to a suitable hut outside the village. Therefore suitable huts for the sick and for their attendants and friends should be constructed on a suitable shady site removed from the village immediately on the occurrence of the first suspicious case.

5. It would, of course, be best to have the whole village in which a case of plague occurs evacuated in all cases until disinfected; but this may not be always possible, and the sub-divisional and circle officers must do the best they can, beginning with the evacuation of the house, widening the circle to the block and, if necessary, to the whole village.

6. In a village in which plague has not merely appeared, but established itself, or in which isolated cases have remained undetected for some little time, so that the spread of infection is probable, evacuation under Rule 122 should be resorted to without hesitation.

7. In a large village three camps should be formed—

(*a*) the hospital camp, for the plague-stricken and their attendants;

(*b*) the observation camp for the other inhabitants of the infected house and those in its immediate neighbourhood;

(*c*) the healthy camp, for the remainder of the village.

In a smaller one, (*b*) would probably be merged in (*c*). Individuals will be transferred from (*c*) to (*b*) or from (*b*) and (*c*) to (*a*) as necessity arises.

8. The people of camps (*b*) and (*c*) should be allowed to follow their daily avocations in the fields or elsewhere, but should not be allowed access to the infected village, round which a police cordon should be drawn in the day time.

9. At night they should be confined to their respective camps, the police cordon being shifted for the purpose.

10. The houses in the infected area should first be opened out as directed in Rule 88. They should be left exposed to light and air for 10 days, or so, and then thoroughly disinfected. By this time the period of observation will have expired, and the healthy inhabitants may be allowed to return, with the previous approval of the Civil Surgeon.

11. Special police arrangements should be made for the safety of valuable property left in the village, the temporary huts in which the people live being unsafe for the purpose.

12. Neighbouring villages should be encouraged to enforce strict quarantine against people coming from infected villages. But the movements of the people from village to village should not otherwise be interfered with except under Rule 60 after the Notification therein prescribed.

13. The circle officer (or sub-circle officer) will send every evening to the Sub-Divisional Officer a statement showing—

(1) The number of villages or hamlets visited by him during the day
(2) The number of houses examined
(3) The number of persons found with suspicious symptoms
(4) Number of persons ill with plague
(5) Number of persons (other than those shown in columns 3 and 4) segregated
(6) Number of deaths during the day

} in each village or hamlet visited.

The Sub-Divisional Officer will transmit a daily abstract of these reports for his sub-division to the Deputy Commissioner and to the chief local Medical Officer having medical charge of the plague operations. The kotwar of each village should be required to report every death or case of serious illness in his village to the sub-divisional or circle officer, as well as to the Officer-in-charge of the Police station.

ANNEXURE III.

The solution of perchloride of mercury should be of the strength 1 in 1,000 with either 10 parts to 1,000 of common salt or 5 to 1,000 of hydrochloric acid added. It should be coloured blue with aniline or indigo to prevent accidents and should not be exposed to contact with metals.

It is desirable to make the solution frequently in comparatively small quantities at a time and with as pure water as possible.

A good solution recommended by the English Local Government Board can be made as follows :—

Half an ounce of corrosive sublimate, one fluid ounce of hydrochloric acid and 5 grains of commercial aniline blue, in three gallons of water (strength, 1 of mercuric chloride in 960).

ANNEXURE IV.

Instructions for Establishing Plague Camps.

[*Vide* Circular letter of the Administrative Medical Officer, Central Provinces, No. 8713-825, dated the 6th December 1897.]

The following are the standard plans of a plague hospital of 25 and 50 beds, respectively.

1. The lineal dimensions of the isolation hut should be adhered to whatever the shape, elevation and nature of the structure may be.

2. A regularly constructed hut is recommended with the roof well raised on the side supports which should be 5 to 6 feet in height, allowing 1½ feet open space between the side mat walls for ventilating purposes.

3. The floor should be raised and formed of rammed earth at least 1 foot in depth to permit of its being readily scraped, disinfected with quicklime, relaid or completely removed.

4. The huts admit of a front and rear screen wall being affixed, so that each hut may be adapted for cottage or zenana purposes.

5. The arrangement of the huts can be varied according to site available, in echelon, in single, double, or treble lines if necessary; but when more than a single line is required it is advisable to adopt the echelon arrangement.

6. The central street should not be less then 60 feet in width, the distance between lines not less than 40 feet and from hut to hut not less than 8 feet.

7. The arrangement and dimensions of the huts render them easily adaptable for suspect, segregation and zenana purposes, as zenana screen mats can be readily put up, 10 lineal feet being reserved in front and rear respectively for the purpose, and one or several or many huts may be screened off as required.

8. Each hut is intended for one plague patient, but under pressure could accommodate two plague patients. The necessity for isolating each plague patient is abundantly evident, and the crowding of cases tends to accentuate conditions facilitating the spread of the infection and involves danger to attendants.

9. If the huts are intended for "suspects," two "suspects" could be safely accommodated in each hut and, if intended for simple segregation purposes, there is sufficient accommodation for four persons. Each hut may as stated be formed into a zenana.

10. In a general segregation camp, the huts may be of cheap construction, and a lean-to structure may suffice; but the arrangement of the huts should as far as practicable be as directed in regular line, in parallelogram or echelon, with not less than the minimum distances between the lines and huts.

11. All huts should have mat screen walls which can be readily washed with quicklime, while the floors are being disinfected or relaid with the same material.

12. It may not be necessary to establish or equip a plague hospital except on the smallest scale of two or three beds, but Plague Committees and Civil Surgeons should select eligible sites and be prepared at a moment's notice to form segregation camps and establish or extend a plague hospital so that the huts already, or about to be, erected may fit in with the proposed scale and plans.

13. The hospital and observation wards should be surrounded with a fence.

14. Care should be taken to ensure a good and plentiful supply of water to different camps. If the water-supply to the town is conveyed through pipes, connections should, if practicable, be carried into the camps. Bathing platforms at some distance apart for the two sexes should be constructed and provided with surface drains for the removal of surplus water.

15. Separate latrines for the sexes should be erected in connection with the two camps and hospital, and they should be well lighted with ordinary post lamps.

16. Bunniahs' shops with all supplies should be provided for each of the camps.

ANNEXURE V.

Instructions for the Disinfection of the Luggage of Passengers travelling by Railway from Areas in which the Plague prevails.

[*Vide* Circular letter of the Government of India in the Home Department, No. 1370, dated the 27th April 1897.]

In the letter of the Government of India in the Home Department, No. 970, dated the 16th March 1897, to the address of the Government of Bombay, a copy of which was forwarded to you with this Department endorsement No. 974, dated the 16th March 1897, on the subject of the disinfection of the luggage of passengers travelling by railway from areas in which the plague prevails, it was stated that the most effectual method of disinfection is to boil the articles to be disinfected in water or to subject them to the action of steam. I am now to state for your information the following particulars with regard to the boiling process, which, if carried out thoroughly, will, the Government of India are advised, afford practical security :—

(1) All articles which the Medical Officers consider to be infected or suspicious, subject to the exceptions noted in clauses (2), (3) and (4), should be boiled for ten minutes in a solution of carbolic acid (1—40).* The temperature of the solution will of course be temporarily lowered by each article that is plunged into it, so that precaution is necessary, not only to see that each article is so unfolded as to be exposed in every part, but that every part is subjected to the boiling temperature for the full ten minutes. On removal from the boiler, articles should be dried in the sun for at least an hour.

(2) Articles made of leather, of wood and glue, &c., which would be injured by boiling, should be soaked in, or thoroughly mopped with, a solution of perchloride of mercury and dried in the sun. When it is considered necessary, such articles may, in addition, be washed with a warm 5 per cent. solution of carbolic acid and soft soap.

(3) Metallic articles, which may be unsuited to treatment by boiling, should be washed and scrubbed with a warm 5 per cent. solution of carbolic acid and soft soap and dried in the sun.

(4) Articles capable of conveying infection, which cannot be treated in any of these ways, should be burnt.

3. The question of the size and cost of boilers has been considered in connection with the supply of boilers for disinfecting the kit of European soldiers. It has been found that a boiler of 15 cubic feet contents is sufficient for the disinfection of the kit of a single soldier and that a 15 cubic feet boiler could be constructed for Rs. 120, a 27 cubic feet boiler for Rs. 170, and a 40 cubic feet boiler for Rs. 280. The effects of a native railway passenger will on an average be much less than the kit of a European soldier, and the Government of India have no doubt that you will not find it difficult to determine the size and number of the boilers to be provided at the places where disinfection takes place.

4. In the rainy season the boiling process may, owing to the difficulty of drying the clothes, be less easy to carry out. It may then be necessary to construct an apparatus for artificially drying the clothes.

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* Carbolic acid solution for boiling should be of the strength of 2½ per cent., and that for washing 5 per cent. The carbolic acid should be of good commercial quality and free from admixture with tar oils.

ANNEXURE VI.

Instructions for the Disinfection of Railway Carriages.

[*Vide* Circular letter of the Government of India in the Public Works Department, No. 349-R. T., dated the 21st April 1897.]

The Government of India have had under consideration the advisability of cleansing all vehicles conveying passengers and their luggage from districts affected with the bubonic plague to other parts of India, and are of opinion that the disinfection of all such vehicles is absolutely necessary as a precautionary measure against the spread of infection.

2. For this purpose it is considered imperative that vehicles in which suspected or declared cases of plague have occurred should be stopped at, and not allowed to run further than, either the station at which such cases are removed from the carriage or the nearest medical inspection station—preferably the former if the process of disinfection can be promptly and satisfactorily carried out there—while non-suspect vehicles should be disinfected at the medical inspection station nearest to the boundary of infected areas. This need involve no detention to the latter beyond that necessary for their actual disinfection, the inspection of the occupants and the disinfection of their baggage.

3. The Government of India accordingly desire that, subject to the foregoing remarks, the administrations of the railways under your control be requested to disinfect all vehicles conveying passengers and their baggage from areas infected with the bubonic plague in the following manner :—

(*a*) Vehicles in which cases of plague have *not* been detected—

Third and intermediate class carriages, goods vehicles carrying passengers and luggage vans.—The interior wood-work, especially the floors and seats, to be thoroughly washed with a solution of perchloride of mercury (1 in 1,000), or with a carbolic acid solution (a wine-glass full to a gallon) applied with a mop; the doors and windows to be opened and the vehicles exposed to the air.

First and second class carriages.—The floors and wood-work to be treated as above, the cushions being also brushed and thoroughly cleaned.

(*b*) Carriages in which cases of plague *have been* detected—

(*i*) These, after being detached from the train, should be thoroughly washed with soft soap and lime-water. After an interval of two to three hours this should be washed off with plain water, and then the following disinfecting solution should be thoroughly sprayed all over the interior as well as the exterior of the carriages by means of a syringe :—

Corrosive sublimate	...	...	½ oz.
Hydrochloric acid	...	...	1 ,,
Water	..	...	3 gallons.

This solution should be allowed to dry on the carriages. Special care must be taken to direct the solution into all the cracks and crevices and jilmills.

(*ii*) After disinfection, the carriages should be kept out in the open for 48 hours. They can then be brought into use again.

(*iii*) In the case of first and second class carriages, which afford greater facilities than third class compartments for the harbouring of plague germs, it will be necessary, if the carriages are contaminated, to burn the cushions and to disinfect the wood-work in the manner indicated above, and repaint the interior.

(*iv*) Any compartment in which a suspicious case has travelled should be sprayed with the above disinfecting solution before being allowed to proceed.

Secretariat Press, Nagpur :—R. D., 22-11-98—2,000.

NOTIFICATION.

Nagpur, the 9th January 1899.

No. 156.—*Addendum.*—In exercise of the power conferred on the Chief Commissioner by Notification No. 302, dated the 4th February 1897, of the Governor-General in Council, the Chief Commissioner is pleased to add the following rules to the rules contained in Notification No. 8229, dated the 21st November last, publishing regulations under Section 2 of the Epidemic Diseases Act, 1897 :—

"86-A. The inhabitants of an evacuated house should be allowed to remove sufficient grain for their personal consumption after it has been exposed to the sunlight so as to remove all danger of infection. If in any case it is desired to remove grain for sale from an infected area, it must first be spread out, under the direction of the Superintendent, and exposed to air and sunlight for 48 hours. In neither case must bags or sacks be removed until they have been boiled or disinfected and sun-dried.

"6-A. (Annexure II) Grain in evacuated areas should be dealt with as directed in Rule 86-A."

M. W. FOX-STRANGWAYS,
Chief Secretary to the Chief Commissioner,
Central Provinces.

Secretariat Press, Nagpur :—R. D., 10-1-99—500.

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CHIEF SECRETARY'S* GOVERNMENT OF MADRAS*
20 JAN 1899

No. 364

CENTRAL PROVINCES SECRETARIAT.

General Department.

FROM

G. SHERLOCK-HUBBARD, Esq.,

ASSISTANT SECRETARY TO THE
CHIEF COMMISSIONER,
Central Provinces,

TO

The Chief Secretary to the
Government of Madras.

Nagpur, the 16th January 1899.

SIR,

In continuation of this Administration's letter No. 226, dated the 11th instant, I am directed to forward herewith, for information of the Governor in Council 15 copies of the marginally noted Notification issued by this Administration under Section 2 of the Epidemic Diseases Act, 1897.

* Notification No. 156 dated the 9th January 1899.

I have the honour to be,

Sir,

Your most obedient Servant,

G Sherlock Hubbard

Assistant Secretary.

Secretariat Press, Nagpur:—A. H. R., 12-1-99—300.

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