Gobt. of {1889} Madras.

REVENUE.

No 3211 W. dt 12-11-1889

Communicated to the Suptg. Engineer I Circle for information.

Sd/ W. L. C. B.

7. 11. 89.

Issued

Recd. *Encl.*

G.O., 31st October 1889,
Nos. 888, 888A.

OCTOBER.

Famine, Ganjam.

The final report of the Deputy Sanitary Commissioner on his tour in the famine-stricken parts of Ganjam, recorded with remarks.

Suptg. Engr I circle.

Chief Engr for Irrign.

No. 1419.

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Trichinopoly, 29th September 1889.

(Signed) J. A. LAING, Surg.-Major, Sanitary Commissioner, Madras.

Order—dated 15th October 1889, R. No. 1102, Public.

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(True Extract.)

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" Commissioner of Revenue Settlement, Land Records and Agriculture.
Copy to the Public Works Department.

No. 888-A.

Copy to the Government of India, in continuation of endorsement No. 879A, dated 24th October 1889.

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—	Total.	Good.	Fair.	Indifferent.	Bad.	Very bad.
Men	1,000	200	347	351	98	4
Women	1,000	241	413	259	84	3
Children	1,000	187	288	345	158	22
Total ...	1,000	209	345	316	119	11

7. The *per mille* proportion was as follows :—

	Bad and very bad.	Indifferent.	Good and fair.
Kitchens	128	356	516
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This superior efficiency is attributable to several causes : the supervision is better, the entire amount expended is consumed in the form of wholesome food, the people being unable (as they often do with money and to a less extent with grain) to buy sweetmeats, liquor, tobacco, &c., instead of food. Money and grain doles, besides being difficult to supervise and affording much opportunity for peculation on the part of dishonest officials, are liable to the further abuse of being consumed by the wrong persons, children's shares being sometimes appropriated by their parents, and old peoples' by their childern.

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9. The comparatively small proportion of adults on gratuitous relief compared with works is a gratifying fact.

(i) Their proportion would doubtless be larger if the wages given were a little better. At present it is hardly sufficient to tempt people to work rather than apply for gratuitous relief, and many who are discharged from the latter starve until they are unfit to work.

(ii) The larger Public Works Department works, where good wages are given, but where only first class coolies are employed, can hardly be termed *relief* works, though they may, no doubt, be of great value as *preventive* works.

10. *Diseases.*—The rarity of dropsy in the early stages of famine is as remarkable as its prevalence later on. During His Excellency the Governor's tour in June, it was very rarely to be seen; but now it is common in bad cases.

Anæmia is also prevalent as a result and indication of chronic starvation. Diarrhœa and dysentery exist to a considerable extent, and account for a good many deaths. These are the commonest famine diseases. Ophthalmia, though often seen, is not epidemic, as it was in many of the crowded famine camps of 1877.

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Small-pox is at present extremely prevalent all over the district. The relief kitchens offer a tempting opportunity for vaccinating many children, but Mr. Horsfall agrees with me that it would be better to defer it until the kitchens are being closed, as it might easily create a scare. I have known a stampede from a relief-camp in the famine of 1877 caused by much less reason. The local Deputy Inspectors of Vaccination have been warned to see that the vaccinators are active and well supplied with lymph.

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(i) The registers of eight of the kitchens which I inspected showed 77 deaths and 3,966 total admissions (some of which were re-admissions) during an average time of about $2\frac{1}{2}$ months. This gives a death-rate of more than 91 per 1,000 per annum; but the true rate must have been much higher ; for those who died at their houses have usually not been registered as dead, and there can be no doubt that many struck off as " gone away " have died. Both in kitchens and among the recipients of village-doles there is a large proportion of children of ages at which the normal mortality is low : this fact, as already pointed out, increases the significance of their high death-rate.

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13. I would respectfully suggest, for the consideration of Government, that an estimate of the mortality of persons on gratuitous relief in villages should be obtained by means of a careful scrutiny of the relief registers, and inquiry on the spot as to what became of every person struck off, the scrutiny being confined to a few selected circles. Each divisional officer might be asked to select one circle as a fair sample of his division.

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GOVERNMENT OF MADRAS.

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Read—the following letter from Surgeon-Major C. J. McNALLY, M.D., Acting Deputy Sanitary Commissioner, to the Sanitary Commissioner for Madras (for favor of transmission to Government), dated Madras, 27th September 1889, No. 768.

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2. The statistics collected are here summarised and calculated to a uniform scale.

3. This places them in a much clearer light, and is a necessary arrangement for comparative purposes.

4. The total number of persons tabulated in various inspections was 3,683; the number in kitchens being 2,094, on grain-doles 340, on money-doles 274, and on small relief works 975.

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Total ...	1,000	163	259	365	166	47

Gobt. of {1889} Madras.

REVENUE.

Issued

Recd. *Encl.*

G.O., 31st October 1889, Nos. 888, 888A.

OCTOBER.

Famine, Ganjam.

The final report of the Deputy Sanitary Commissioner on his tour in the famine-stricken parts of Ganjam, recorded with remarks.

No. 1419.

Forwarded to Government.

Trichinopoly, 29th September 1889.

(Signed) J. A. LAING, Surg.-Major, Sanitary Commissioner, Madras.

Order—dated 15th October 1889, R. No. 1102, Public.

Communicated to the Revenue Department in original in continuation of G.O., R. No. 1043, dated 5th October 1889.

(True Extract.)

(Signed) W. S. MEYER, Assistant Secretary.

To the Revenue Department, with current, in original.

Order—dated 31st October 1889, No. 888, Revenue.

Miscellaneous.

Recorded.

2. The Government quite concurs in the conclusion which Dr. McNally has worked out from his vital statistics that the best form of gratuitous relief is the distribution of cooked food. The scrutiny of the relief lists suggested in paragraph 13 of the report with a view to ascertain the rate of mortality among persons in receipt of gratuitous relief in villages commends itself to Government, and the Collector will be called upon to submit a report on the subject after careful local inquiries by divisional officers in the manner suggested by the Deputy Sanitary Commissioner. The consideration of the other points referred to in this report and the two previous ones, notably the insufficiency of famine wages on works and the difficulty of carrying on civil agency works simultaneously with the distribution of money doles, will be postponed for the present.

(True Extract.)

(Signed) J. GROSE, Ag. Secretary to Government.

To the Sanitary Commissioner for Madras.
" Collector of Ganjam.
" Commissioner of Revenue Settlement, Land Records and Agriculture.
Copy to the Public Works Department.

No. 888-A.

Copy to the Government of India, in continuation of endorsement No. 879A, dated 24th October 1889.

(Signed) J. GROSE, Ag. Secretary to Government.

Exd. T. O'Connor.

80 Copies.

Village works.

—	Total.	Good.	Fair.	Indifferent.	Bad.	Very bad.
Men	1,000	200	347	351	98	4
Women	1,000	241	413	259	84	3
Children	1,000	187	288	345	158	22
Total ...	1,000	209	345	316	119	11

7. The *per mille* proportion was as follows :—

	Bad and very bad.	Indifferent.	Good and fair.
Kitchens	128	356	516
Grain-doles	312	367	321
Money-doles	368	430	202
Works	130	316	554

(i) These figures point to the much greater efficiency of gratuitous relief in the form of cooked food than in the form of grain or money.

This superior efficiency is attributable to several causes : the supervision is better, the entire amount expended is consumed in the form of wholesome food, the people being unable (as they often do with money and to a less extent with grain) to buy sweetmeats, liquor, tobacco, &c., instead of food. Money and grain doles, besides being difficult to supervise and affording much opportunity for peculation on the part of dishonest officials, are liable to the further abuse of being consumed by the wrong persons, children's shares being sometimes appropriated by their parents, and old peoples' by their childern.

(ii) The large proportion of " good " and " fair " in kitchens is largely due, no doubt, to the retention of many young childern ; but, with every allowance for this, I think there cannot be any doubt of the superior efficiency of kitchen relief. The mortality in kitchens also appears to be considerably lower than among those on village relief.

(iii) The condition of the people employed on small relief works shows almost the same proportions as that of those fed in kitchens ; but the constitution of the two populations is very different, kitchens having 71·5 per cent. of children, and works only 42.

(iv) It may be observed, however, that the people on works are—as they ought to be—in much better condition than those on gratuitous village relief (grain and money doles).

8. In many cases the work performed is merely nominal, and many of the small works are practically useless ; but it is certainly better for even weakly people to nominally earn their living than to be exposed to the demoralizing effect of gratuitous support.

9. The comparatively small proportion of adults on gratuitous relief compared with works is a gratifying fact.

(i) Their proportion would doubtless be larger if the wages given were a little better. At present it is hardly sufficient to tempt people to work rather than apply for gratuitous relief, and many who are discharged from the latter starve until they are unfit to work.

(ii) The larger Public Works Department works, where good wages are given, but where only first class coolies are employed, can hardly be termed *relief* works, though they may, no doubt, be of great value as *preventive* works.

10. *Diseases.*—The rarity of dropsy in the early stages of famine is as remarkable as its prevalence later on. During His Excellency the Governor's tour in June, it was very rarely to be seen ; but now it is common in bad cases.

Anæmia is also prevalent as a result and indication of chronic starvation. Diarrhœa and dysentery exist to a considerable extent, and account for a good many deaths. These are the commonest famine diseases. Ophthalmia, though often seen, is not epidemic, as it was in many of the crowded famine camps of 1877.

11. I have given a few statistics of sickness in notes on inspections of kitchens, &c., but they are insufficient to tabulate with advantage, and the medical returns from Hospital Assistants employed at kitchens and works will afford better information.

Small-pox is at present extremely prevalent all over the district. The relief kitchens offer a tempting opportunity for vaccinating many children, but Mr. Horsfall agrees with me that it would be better to defer it until the kitchens are being closed, as it might easily create a scare. I have known a stampede from a relief-camp in the famine of 1877 caused by much less reason. The local Deputy Inspectors of Vaccination have been warned to see that the vaccinators are active and well supplied with lymph.

12. *Mortality.*—In the first report of this tour I mentioned some figures (of over 6,000 persons principally collected by Mr. Lever) which I obtained from Mr. Horsfall and which showed the mortality of those on village relief to be about 240 per 1,000 per annum.

(i) The registers of eight of the kitchens which I inspected showed 77 deaths and 3,966 total admissions (some of which were re-admissions) during an average time of about $2\frac{1}{2}$ months. This gives a death-rate of more than 91 per 1,000 per annum; but the true rate must have been much higher ; for those who died at their houses have usually not been registered as dead, and there can be no doubt that many struck off as " gone away " have died. Both in kitchens and among the recipients of village-doles there is a large proportion of children of ages at which the normal mortality is low : this fact, as already pointed out, increases the significance of their high death-rate.

(ii) On the other hand there is no doubt that the mortality of those on the relief list has been swelled to some extent by the inclusion of sick persons.

13. I would respectfully suggest, for the consideration of Government, that an estimate of the mortality of persons on gratuitous relief in villages should be obtained by means of a careful scrutiny of the relief registers, and inquiry on the spot as to what became of every person struck off, the scrutiny being confined to a few selected circles. Each divisional officer might be asked to select one circle as a fair sample of his division.

14. Famine cannot exist without increased mortality, especially among the very young and the very old. Deaths from direct starvation are rarely recorded during famine ; but they are usually attributed to the secondary causes of diarrhœa, dysentery, dropsy, anæmia or debility. No practicable measures of relief can prevent some such mortality—at all events it has not been entirely prevented in any famine of which we have knowledge. Its prevention is especially difficult in a district where the population is very ignorant, and is strongly imbued with caste prejudices, and where subordinate officials are of a very inferior type. There appears to have been great difficulty in getting men at all suitable for the posts of Circle Inspectors ; and there is little control over them, except over such as happen to have permanent Government posts. With a limited staff of superior officers, constantly effective supervision has therefore been impossible, and some abuses have occurred ; but Mr. Horsfall and his district officers have labored hard and with much success to minimise such abuses.

15. Taking a general view of the measures adopted, and considering the local difficulties, it may fairly be concluded that the relief is as efficient as it could be under the circumstances. The good harvest prospects have cheered the people and relief officers during a period of hardship which is now happily drawing to a close.

GOVERNMENT OF MADRAS.

REVENUE DEPARTMENT.

Read—G.O., dated 15th October 1889, R. No. 1102, Public.

Read—the following letter from Surgeon-Major C. J. McNALLY, M.D., Acting Deputy Sanitary Commissioner, to the Sanitary Commissioner for Madras (for favor of transmission to Government), dated Madras, 27th September 1889, No. 768.

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