

1. Number of pages. / 24
2. Date of receipt. /
3. Initials of the reporter. /

M.R.O. 1-82,400-28-11-80.

MADRAS RECORD OFFICE.

Government of Madras.

Public **DEPARTMENT.**

G.O. No.	727	Press Mis.
Dated	18. 7.	18 66

Not to be folded or roughly handled

Proceedings of the Madras Government, Public Department,
18th July 1866.

Read the following papers :—

No. 105. From the Protector of Emigrants, to the Acting Chief Secretary to Government, Fort Saint George; dated Madras, 21st June 1866, No. $\frac{M}{97}$.

I have the honor to submit, for the consideration and orders of Government, the accompanying two letters which have been addressed to me by the Emigration Agent for the Mauritius, and the Government Medical Inspector of Emigrants, on the subject of hospital accommodation in the Depot.

2. The question is whether it would be more advisable to treat severe cases, particularly those of an epidemic character, in the Depot Hospitals, or to send them to the Monegar Choultry, the Agent paying all attendant expenses.

3. Dr. vanSomeren, whose opinion is given, more as the Surgeon of the 1st District, than as Medical Examiner of Emigrants, strongly objects to their being sent to the Monegar Choultry, and considers that the desire now to do so arises from his suggestions for certain improvements to the Depot Hospitals. This, however, is not the case, for the question is one of long standing; and viewing it as Protector I cannot concur with him in his opinion. Formerly all severe cases were received into the Choultry, and it was only in 1863 that objections began to be raised.

4. The strong points in Mr. Burton's communication are —

1st.—That in a Depot Hospital sufficient restraint cannot be exercised so as to isolate epidemic cases, and that the disease is consequently more likely to spread.

2nd.—That in a Depot Hospital the patients are not likely to be so well attended to professionally as in the Choultry.

3rd.—That the retention of cases of this description in a Depot lays an embargo on all the others, whereby many hundreds may be congregated, awaiting the disappearance of the disease, which there is much risk of being communicated to themselves from their proximity to those actually suffering from it.

5. These are doubtless strong points in favor of prompt removal of the epidemic cases from the Depot, and more particularly the last. It is usual to allow eight days to elapse after a case of cholera, before the party in which it broke out is allowed to embark. If, therefore, as I believe, the retention of patients suffering from this disease in the Depot will render the others more liable to attack, embarkation may be indefinitely postponed and lives sacrificed.

6. Some of Dr. vanSomeren's arguments are no doubt sound; but they are, as I said before, the views of the Surgeon of the 1st District, naturally desirous of keeping his hospital as free from sickness as possible. He observes that Act XIII of 1864, Section 63, provides for the medical care of Emigrants while at the Depot. Some arrangements are consequently made for this purpose. Moreover, when Dr. vanSomeren suggested certain improvements to the Hospitals, they were at once ordered to be carried out. But I do not read the Act as requiring sick patients, dangerous to the whole body of Emigrants, to be kept in a Depot if they can be disposed of satisfactorily elsewhere.

7. In paragraph 5, Dr. vanSomeren deems it unreasonable that the Colonies for which Emigrants are collected should not provide for their sick; but, in reality,

they are prepared to do so by offering to pay all expenses incurred. There is no shrinking from this responsibility, which is acknowledged. The question is, whether it would not be better for the Emigrants themselves that they should be sent to the Monegar Choultry, when suffering from severe sickness.

8. But the strongest ground taken by Dr. vanSomeren is in the last part of his 10th paragraph, wherein he states that there is but one ward in the Monegar Choultry for epidemic diseases, in which non-epidemic cases have sometimes to be placed, and that there is no such ward for women.

9. With these observations, I leave the question to Government, fully convinced that the Emigrants, as a body, will be benefited by the immediate removal of an epidemic case from a Depot, and that, if the state of the Monegar Choultry will allow of it, patients so suffering could be better treated there than elsewhere.

From H. BURTON, Esq., Mauritius Emigration Agent, to the Protector of Emigrants, Madras ; dated Madras, 17th May 1866.

I have to acknowledge receipt of your letter of the 8th instant, No. 6, and from it I infer Dr. vanSomeren desires to have a perfect Hospital in each Depot; indeed, I am aware it has been his idea there should be one for some time. I, however, beg to submit such a proceeding is, to say the least, a mistake. I submit an Emigration Depot should, for the benefit of all parties, be kept entirely free from sickness, and that, immediately an inmate is a subject for Hospital treatment, he or she is no longer a fit subject for an Emigration Depot, by this I do not mean every trivial case should be sent out, but simply persons that require in-door Hospital treatment. To explain myself more fully, I beg to offer the following reasons for my urging such step:—1st, the Invalids themselves.—In an Emigration Depot, no restraint can be, or should be, placed on the inmates whether sick or well, and it must be admitted they cannot possibly receive that attention that would be given in a regular Hospital, nor can there be that restraint placed on them which is positively necessary if the disease is of a dangerous character. With regard to the healthy Emigrants, every death, especially those from epidemic disease in a Depot, tends to unsettle their minds, frightening the healthiest of them, and thus giving them a predisposition to sickness. Then again, with reference to the inhabitants of the Presidency, it cannot, I think, but be conceded that keeping 8 or 10 sick persons in a Depot necessarily tends to increase the liability of sickness in it, and, as a matter of course, renders the necessity of deferring the embarkation of healthy emigrants for a longer period and more frequent, so much so that at certain seasons, when frequently a large number of emigrants arrive in Madras, the egress may be entirely stopped, thus, in fact, accumulating a number of houseless poor, to infest and clog the already over-crowded districts. It must be remembered that now I am not simply speaking of emigrants passed in the interior, but, also, of the nuri- bers that come of their own accord to be passed here, or in the adjoining Districts; indeed, I conceive, every means should be used, and assistance given, to obtain the speedy embarkation of all emigrants who present themselves. To obtain this, I would beg to suggest, in the event of an emigrant being submitted for medical inspection, if the Medical Officer of the Depot should consider him or her a subject unfit to be discharged, and necessarily requiring to go to a Hospital, that he should at once submit the case for confirmation of the Medical Inspector of Emigrants, with a view to their immediate admission to one of the Local Hospitals, all expenses on such sub- jects being charged to the Agency monthly—at least, I would particularly urge such a course for the Mauritius Depot. I would also further add that it appears to me highly injudicious to have the Surgeon of the Depot and the Apothecary to attend especially to patients suffering from Cholera, Small-pox, and other infectious diseases, for, although the patients themselves are re- moved to other premises to prevent contagion, the Surgeon and Apothecary, being still in attend- ance upon such patients, may necessarily be the means of conveying the contagion to the healthy emigrants. I submit that the Government Pauper Hospitals cannot have the same objection, for should any indigent person afflicted with any of the same diseases, and picked up in the streets

by a Police peon, be brought to any of them, the patient so suffering must by all means be admitted. I have consulted with Dr. Conran on this matter, and he fully concurs in the view I take on the subject.

2. In conclusion, I have now a case in point; there is a young girl, a Native of Ganjam, who is rejected for being afflicted with consumption. To send her back in her present state would, it appears to me, be simply cruel; but, at the same time, I am equally of opinion she should not remain where she is. I would solicit instructions as to what should be done with her.

From Surgeon Major W. J. VANSOMEREN, M. D., Medical Inspector of Emigrants, to the Pro- tector of Emigrants, Madras; dated Madras, 28th May 1866, No. 72.

I have the honor to reply to your letter, No. $\frac{M}{70}$, dated 25th May 1866, and its accompani- ment to your address from the Mauritius Emigration Agent.

2. The question involved in these communications was first opened by myself, more than three years ago, in a letter to the Deputy Inspector General of Hospitals, of which a copy (marked A) is forwarded herewith. Principal Inspector General Cole then wrote to you a letter, No. 672, dated 19th March 1863, of which the accompanying (marked B) is a transcript, and from that time it has been a rule that all sick Emigrants should be treated in their respective Depots.

3. On the 1st July 1864, Act No. XIII of that year came into operation, and I beg to point to Clause 63 of that enactment, which provides, *inter alia*, "for the medical care of Emigrants during their residence at the Depots." In accordance with that clause, highly qualified medical men have been appointed to the charge of the Depots, besides resident medical subordinates, and hos- pital accommodation has also been provided; but now, when better hospital arrangements are re- commended, occasion is taken, not only to set aside the recommendation, but also to suggest return to a procedure condemned by the Principal Inspector General three years ago, and not in accord with either the spirit or the letter of the Legislative Act which came into force about two years since.

4. In my subsequent observations on Mr. Burton's letter, I shall, for the sake of convenience, enter marginally, in red ink, the successive extracts, which call for particular remark.

5. I regret I cannot take this view of the matter. Are men and women, brought from various parts of the country, as well as the Presidency town, to an Emigration Depot, for the benefit of one or other of the Colonies, to be kept and cared for there so long only as they are not

seriously ill? And when any of them are seized with epidemic disease—disease encouraged, if not engendered, either by their exposure to the fatigues of a journey, or by their subsequently being more or less crowded together in an Emigration Depot—are these sick not to be attended and nursed by the officers and servants of the Colonial Governments, whose Depots they occupy, but to be sent to one or other of the Presidency Hospitals, thus transferring the risk of contagion from the Depot, where it originated, to another, and probably untainted, locality? And when that locality is the Monegar Choultry—an Institution filled with the aged, the decrepit, the feeble, and the poverty-stricken, among whom diarrhoea is already a very frequent and fatal disease, very liable to lapse into Cholera—the proposition appears one, which, I would fain hope, will not meet with the sanction of Government.

6. I am not prepared to admit this. Why should there not be as much attention in one Hospital as another, in a Depot, as in a "regular Hospital?" Both have Medical Officers and Medical Subordinates of equal qualifications, and both should have establishments, medicines, appliances, and arrangements to render them equally efficient. And I fear that my effort to raise the former nearer to the level of the latter has suggested a proposal which appears to me retrogressive in its character.

"Immediately an inmate is a subject for hospital treat- ment, he or she is no longer a fit subject for an Emigra- tion Depot."

"It must be admitted they (the sick) cannot possibly receive that attention that would be given in a regular hospital, nor can there be that restraint placed on them which is positively necessary if the disease is of a dangerous character."

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7. If I rightly understand these sentences, the Mauritius Emigration Agent urges that the

"Then again, with reference to the inhabitants of the Presidency, it cannot, I think, but be conceded that keeping 8 or 10 sick persons in a Depot necessarily tends to increase the liability of sickness in it, and as a matter of course renders the necessity of deferring the embarkation of healthy Emigrants for a longer period and more frequent, so much so that at certain seasons, when frequently a large number of Emigrants arrive in Madras, the egress may be entirely stopped, thus in fact accumulating a number of houseless poor to infest and clog the already overcrowded Districts. It must be remembered that now I am not simply speaking of Emigrants passed in the interior, but also of the numbers that come of their own accord to be passed here or in the adjoining Districts; indeed, I conceive, every means should be used, and assistance given, to obtain the speedy embarkation of all Emigrants who present themselves."

emigrants from the interior and from the town, until those already in the Depots have been shipped? And, further, should not the Depots be sufficiently numerous and sufficiently large to accommodate all Emigrants, without compelling any of them to live in the densely-populated Districts of this city? Over-crowding may thus be obviated, without incurring the risk of conveying infection from a tainted Depot to an untainted Hospital, and it appears to me a much more legitimate means than that proposed for arresting the spread of epidemic disease both in the Depots and out of them.

8. If the Depot Surgeon and Apothecary may thus convey disease from the sick to the healthy, so also are the Surgeon and Apothecary of the "regular Hospital," to which the sick are removed from the Depot, likely to convey contagious disease from those invalids to others who are not affected with it. And the Medical Inspector of Emigrants may thus transmit Cholera or Small-pox from the sick to the healthy coolies in the Depots, which he is obliged to inspect periodically. This argument, if valid against the attendance by the Depot Surgeons and Apothecaries on their own sick, is valid also against the attendance by the Depot Inspector of Emigrants on sick coolies sent to his Hospital.

9. But Mr. Burton forgets that the Hospitals, to which he here refers, are for the indigent poor of the town, who have no other Infirmaries to resort to, and not for sick emigrants, who have Hospitals for their own benefit, and should be treated, therefore, in those Hospitals. Besides, it is very hard on paupers, who may not have any contagious disease among them at the time, to introduce such disease from an Emigration Depot into Hospitals for their benefit.

Permit me here to mention that though there is a ward in the Monegar Choultry where epidemic diseases are treated, there is but one, and even that one, as at present, is sometimes occupied by patients with non-epidemic diseases. I have no special epidemic ward for females, who, therefore, if afflicted with Cholera or Small-pox, must be treated in the same apartment with other sick.

10. In the last paragraph of his letter, the Agent alludes to a case which he seems to think should be sent to one of the Presidency Hospitals, whereas Clauses 39 and 40 of Act XIII of 1864 provide for the disposal of just such cases in a very different way. And I would solicit your attention to the wording of the last sentence in Clause 40, where it is "provided that any emigrant who, from his state of health, is, in the opinion of the Medical Inspector, unfit to undertake the journey back to the place where he was registered, shall, in addition to his being conveyed back at the expense of the Emigration Agent, be entitled to continue in the Depot, and to be fed, clothed,

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lodged, and attended to there, by and at the expense of the Emigration Agent, until such time as the Protector shall otherwise order." This language is conclusive that it was the intention of the Legislature that emigrants seriously ill should be treated in Depot Hospitals.

A.

From Surgeon W. J. VANSOMEREN, M.D., Surgeon 1st District, to the Deputy Inspector General of Hospitals, Presidency Division; dated Madras, 16th March 1863, No. 24.

I have recently had two cases of Cholera sent to the Native Infirmary from the French Emigration Depot, and this at a time when we had not any case of the disease in the Hospital. Similarly, it has been usually the practice to transfer those sick with epidemic disease from the Mauritius Emigration Depot to the Native Infirmary. And I have now the honor to suggest, for your consideration and that of the Principal Inspector General, that, in future, such cases should be treated in the Depots, where Hospitals and Apothecaries are provided for the care and treatment of the sick, instead of being removed hither, to the danger of the patients in the Infirmary. Among masses of men there is a liability to the invasion of epidemic disease, and it appears to me that the practice of sending those ailing with such maladies from the Depots to a Hospital like this, defeats the very object of placing these Depots in the situations they now occupy, more or less remote from the densely populated parts of my District.

B.

From the Principal Inspector General, Medical Department, Fort Saint George, to the Protector of Emigrants, Madras; dated Fort Saint George, 19th March 1863, No. 672.

The Surgeon of the 1st District having represented that coolies laboring under Cholera have been sent from the Mauritius and the French Emigration Depots for treatment to the Native Infirmary, I have the honor to represent to you that this practice is very undesirable for the patients themselves, who should be treated on the spot promptly, and not subjected to the fatigue and delayed attendance which conveyance to a distance would involve. Besides, as there is a Resident Apothecary and a Hospital, with establishment, medicines, and all necessary appliances, it seems but reasonable that all diseases should be treated there. I understand, of course, that the objection to retaining patients within the Depot enclosure who are suffering from epidemic disease is the effect it would probably have in preventing the embarkation of coolies at certain times; but it is evident that, if a predisposition to disease exists in a body of people, it is not removed by sending the cases which actually break out elsewhere for treatment, and I do not think that such an expedient would justify the Medical Officer in declaring such body of people free from epidemic disease. Moreover, if it is dangerous to the inmates of the Depots to retain such cases within their enclosures, it is equally dangerous, and very unfair besides, to the patients in the Native Infirmary to favor the dissemination of the complaint among them, diseased and feeble, and numerous and often crowded as they are in that Institution.

2. In conclusion, I consider that at each Depot there should be the means of entirely isolating cases of epidemic disease, and that all patients should be retained and treated there.

Referred to the Sanitary Commissioner and to the Principal Inspector General, Medical Department, for their remarks.

FORT SAINT GEORGE,
29th June 1866.

(Signed) J. D. SIM,
Acting Chief Secretary.

No. 106. From the Sanitary Commissioner, Madras, to the Chief Secretary to Government, Fort Saint George; dated Madras, 30th June 1866, No. 108.

I have the honor to acknowledge your docket, referring for my remarks the correspondence that has taken place on the subject of the proper place of treatment of patients from the Emigration Depots suffering from epidemic disease.

The Protector of Emigrants advocates the treatment of such cases in the Monegar Choultry or other Hospitals of the town.

*Treat such of them
like as men are men.*

2. I am entirely opposed to this proposal, and concur in the remarks made by Dr. Cole, the late Principal Inspector General, Medical Department, and Dr. vanSomeren, the Medical Inspector of Emigrants, who is also in charge of the Monegar Choultry.
3. It seems to me unreasonable to crowd Hospitals and Dispensaries intended to meet the ordinary requirements of the Presidency town with the sick, especially those suffering from epidemic disease, of large numbers of men and women collected from the interior to supply the demand for labor in British Colonies or Foreign Settlements.
4. Those interested in the speculation of supplying this labor are required by Law, Act XIII, 1864, to provide for the medical treatment of intending emigrants while at the Emigration Depots. Nor is there any difficulty in treating ordinary cases of disease at the Depots.
5. It should not be permitted that patients suffering from epidemic disease should be placed in a building close to the sheds occupied by a large number of healthy emigrants. But the proper course to be adopted is to provide, at a safe distance from the Depot, a small Hospital for the treatment of such cases. This was pointed out by Dr. Cole in his letter to the Protector of Emigrants, dated 19th March 1863, No. 672.
6. The Infirmary of the Monegar Choultry cannot afford hospital accommodation for the sick belonging to the Emigration Depots, but even if it possessed the means, I should deprecate their admission, because I believe the proper principle to be that the Emigration Agents should provide all the hospital accommodation, both for ordinary and epidemic disease, that is required for their respective Depots.
7. I have not noticed in detail the arguments advanced by the Protector of Emigrants, because I think that they have been conclusively answered by Dr. vanSomeren, in his letter dated the 16th March 1863, No. 24.

No. 107. From the Officiating Principal Inspector General, Medical Department, to the Chief Secretary to Government, Fort Saint George; dated Fort Saint George, 4th July 1866, No. 241.

Referring to letter, as per margin, I have the honor to state that I do not approve of the removal of emigrants suffering from contagious diseases from the Depots to the wards of the Monegar Choultry.

Dated 29th June 1866.

2. It appears to me to be the duty of the Emigration Officers to make proper provision for the medical treatment of the sick; and to meet the difficulty complained of by Mr. Franklin, each Depot should have an isolated shed, or building, suitable for the segregation of patients suffering from Cholera or Small-pox. The several Governments employ and pay Medical attendants to look after the health of emigrants.

3. To bring Cholera cases into the Monegar Choultry, and to expose a number of infirm persons unnecessarily to the danger of contagion, would, I conceive, be an injudicious step.

4. The rule regarding the shipping of coolies, when Cholera has prevailed in the Depots, is not at all too strict. The period of incubation of this disease is not definitely known, though there is reason to suppose that it may sometimes break out after so long an interval as fifteen days from the time of exposure to infection. Under such circumstances, it is obvious that there should be no hurry in the embarkation of coolies from a Depot in which Cholera has prevailed.

No. 108. ORDER THEREON, 18th July 1866, No. 727.

The question submitted for the decision of Government in the foregoing papers, is whether intending Emigrants, when suffering from epidemic or contagious diseases, should be transferred for treatment to some of the Government Hospitals, or be treated at the Emigration Depots.

2. The Emigration Agency, it is observed, admit their responsibilities in such cases, and are willing to pay the expense of treating such of their sick as may be transferred to the Government Hospitals. The decision of the question, therefore, rests on general sanitary considerations.

3. The Officiating Principal Inspector General, Medical Department, and the President of the Sanitary Commission strongly deprecate the proposed arrangement of transferring patients suffering from Cholera, Small-pox, &c., to the public hospitals; and the Government concur with these Officers. The Emigration Agencies already provide proper medical aid at their Depots, and if the sick are there treated in suitable buildings, they will receive the treatment they require more promptly, and will escape the risk of conveyance to distant hospitals, while, so far as the general public is concerned, there will be less hazard of infectious diseases being disseminated through the town.

4. The Protector of Emigrants will accordingly arrange, without delay, for suitable and sufficiently isolated buildings being provided at the Emigration Depots, for the treatment of infectious and contagious diseases among intending emigrants. He will report, for the information of Government, what are the arrangements at present to meet such exigencies.

5. In respect to the patient mentioned by Mr. Burton, as suffering from consumption, the Government consider that a case of this nature should be admitted into one of the Government Hospitals at the expense of the Agency. Dr. Shaw will arrange, accordingly, in this and similar cases, where he is satisfied that the patient can be better treated in a Hospital than at the Depots. The present order refers only to cases of infectious or contagious diseases, such as Cholera, Small-pox, &c.

(True Extract).

Acting Chief Secretary.

To the Protector of Emigrants.

„ Mauritius Emigration Agent.

„ Sanitary Commissioner.

„ Principal Inspector General, Medical Department.

Ed. J. H. Burns.

*treating such of them
sick as may be transferred.*

Order

Read letter from the Sec of Emigrants - 20 June 1866
" - Sanitary Commission - 20 do
" - P. S. Genl. Medical Dep - 4 July.

Order thereon 18 July 1866 No. 727.

The question submitted for the decision of Genl. in the foregoing papers is whether in tendering Emigrants when suffering from epidemic or contagious diseases should be transferred for treatment to some of the Genl. Hospitals or be treated at the Emigration Depots.

The Emigration Agency it is observed admit their responsibility in such cases & are willing to pay the expenses of treating each of them sick as far as it can be done.

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