(1) பக்கங்களின் எண்ணிக்கை 41—80

(2) புதுக்கித் திருப்பிய நாள்

(3) ஆதாரங் குறிப்பவர் சுருக்கொப்பம்

தமிழ்நாடு ஆவணக் காப்பகம்.

தமிழ்நாடு அரசு

(1)

மொழி துறை

அரசாணை எண். 923	அச்சகம்
மு. கோப்புத் தாள் எண். 923	பல்வகை
நாள் : 14-11-1889	1989.

14-11-1889

கவோ கண்டபடி கையாளவோ கூடாது.

. கா. 1—18,006—6-9-90.

பரத்தரப்பு பிரிவு - 1

செப்பனிடுபவர் பெயர்

செப்பனிடுவதற்காக எடுத்துக் கொள்ளப்பட்ட நாள்

செப்பனிட்டு முடித்த நாள்

சரிபார்க்கும் முதல் அ. தி. பா. எ. கையொப்பம்

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உதவியாளர் கையொப்பம்

GOVERNMENT OF MADRAS.

PUBLIC DEPARTMENT.

READ—the following papers:—

Circular issued by the Surgeon-General with the Government of Madras.

Presidency Hospitals.

A patient who had been residing for 15 days in the Women and Children's hospital was lately seized with malignant cholera and died in a few hours. It was shown on inquiry that this patient had shortly before the attack eaten freely of food supplied by her friends from outside.

2. The Surgeon-General has the honor to call the attention of Medical officers in charge of Presidency hospitals to the fact that the various diets in use in Civil hospitals are sufficient for the requirements of the sick, and that Medical officers have ample discretion in the ordering of extras. Some care, moreover, is exercised to see that the articles of hospital supply are good and wholesome of their kind. It is therefore most objectionable in every way that surreptitious supplies of food or drink should be allowed to be brought in from outside for patients' use.

3. The Surgeon-General will thank Medical officers to have notices put up in every ward of their respective hospitals calling attention to the fact that no food or drink of any kind is to be brought into hospital by the friends or servants of patients who may have access to them. Any patient violating hospital rules in this respect should be summarily discharged, and any friends or servants detected in these practices should be removed from the hospital and not allowed to enter the premises again.

4. Medical officers will impress on their subordinates, matrons, nurses, &c., the importance of strict discipline in regard to such matters. It is difficult to see how the very serious breach of hospital rules involved in bringing in the articles of food for private consumption can occur without the cognizance of one or more persons whose duty it is to report such irregularities.

(By order.)

FORT ST. GEORGE,
10*th February* 1882.

(Signed) A. J. STURMER, Surgeon,
Secy. to Surgeon-General with Govt. of Madras.

Reference dated May 1889.

The Surgeon-General is requested to ... how far the policy indicated in G.Os., No. 1780, dated 30th November 1871, ... 136, dated 8th October 1872, is at present observed in the various hospitals ... ispensaries at the Presidency and in the Mofussil. The principle that caste ... *i.e.*, the better classes of natives, shall be allowed to diet and clothe themselves ... ital is recognized in rule 5, paragraph 4 of G.O., dated 5th October 1874, No. ... nd Section III, paragraph 34 of the Medical Code.

2. The Government is under the ... n that in up-country hospitals caste patients are, as a rule, allowed to diet th... , subject of course to the control of the Medical officer. The Surgeon-Gener... d submit a full report showing what provision is or can be made in all the Pre... hospitals for respecting and conforming to the caste feelings of patients in ... to cooking, attendance and separate accommodation. The orders issued in 18... which copy is now submitted, ignore altogether the orders above quoted.

3. The Government is of opinion that in all hospitals there should be a due proportion of caste attendants who should be detailed for duty with caste patients even for such petty services as the making up of beds, the handling of their clothes, &c., and that caste patients should, whenever possible, be allowed the option of having the diet prescribed for them prepared by their own servants or friends.

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

From G. BIDIE, Esq., M.B., C.I.E., Surgeon-General with the Government of Madras, to the Chief Secretary to Government, dated Fort St. George, 8th October 1889, No. 252.

I have the honor to acknowledge the receipt of Public Department memorandum No. ——, dated 13th May 1889, calling on me to report how far the policy indicated in the orders of Government noted in the margin is at present observed in the various hospitals and dispensaries at the Presidency and in the Mofussil, and what provision is or can be made in all the Presidency hospitals for respecting and conforming to the caste feelings of patients in regard to cooking, attendance and separate accommodation.

G.O., No. 1780, dated 30th November 1871.
„ „ 1136, „ 8th October 1872.

2. On receipt of the above memorandum, a circular was issued by this office to Medical officers in charge of Presidency hospitals and to all District Surgeons, asking them to state what arrangements at present exist in their respective hospitals and dispensaries for the reception and treatment of caste patients. A résumé of the reports received from these officers is subjoined for the information of Government.

I.—PRESIDENCY HOSPITALS.

(*a*) *General Hospital.*—No special accommodation for high-caste patients—no cook-house set apart for them and no Brahmin cooks employed. When Brahmins and other high-caste patients are admitted, they are accommodated in the Native general wards and permitted to go outside for their food or to get it through friends. Poor high-caste patients receive rations uncooked and are allowed to have them cooked outside. Of the 21 ward attendants solely for native patients, 16 are Sudras and 5 Pariahs.

The Senior Medical officer recommends that there should be special accommodation for high-caste natives either in the form of a general ward or 12 small single wards, with a cook-house, two Brahmin attendants, one Brahmin cook and a latrine attached.

(*b*) *Women and Children's Hospital.*—Caste patients separated as much as possible from other native patients. Food is cooked by a caste female servant and those who object, receive raw materials to be cooked by themselves or their friends. Brahmin patients get the value of their diet to their friends to get food for them. Two caste ayahs employed to serve food be tending to their respective wards.

(*c*) *Lying-in Hospital.*—An entire is set apart for caste patients. Native attendants are all caste women. A cook and water-woman employed. Brahmins are allowed to get food from their ho o other patients occasionally when they specially ask for it.

No separate ward for Brahmins hey are put into the nurses' rooms; a few small wards for them may be built. ery care is taken to respect caste prejudices.

(*d*) *Ophthalmic Hospital.*—Caste is employed. High-caste men who object to have their food cooked by him, get materials to be cooked by friends at the hospital. Dr. Drake-Brockman consi t if friends are permitted to bring food from home, no supervision can be exe to prevent introduction of food unsuitable for the sick or of forbidden articles to nts not strictly caste men. Moreover, this is not generally necessary, as the maj of caste patients are content with the milk diet. The appointment of a Brahmin c not necessary, as it will involve the erection

of a separate cook-house. With the exceptio tive female ward nurse, there are no caste attendants. An addition to the ent of four caste attendants is considered highly desirable.

There is no separate accommodation fo patients nor is any asked for by patients on the score of "caste," except by Bra ns in superior circumstances who, strictly speaking, should not seek assistance is objets of charity. There can be no doubt that the usefulness of the hospital to the native Hindu community would be greatly enhanced by the erection of a separate case ward sufficient to accommodate six or eight patients.

(*e*) *Leper Hospital.*—Of the six wards for native males, two are set apart for caste patients, one for Muhammadans and three for Native Christians, &c. There is only one large native female ward, a portion of which wi be partitioned off for caste women.

There are no ward coolies for these ward The patients themselves look after their bedding and clothing.

There are two caste cooks for natives and wo separate kitchens.

(*f*) *Lunatic Asylum.*—Two cooks are empyed for caste patients.

At present there is only one caste inmate who has a separate room, receives his own rations and prepares them himself.

Sepoys receive their food in separate vessels

Caste inmates are always allowed the optic of having their own diet prepared for them by servants or friends. Most caste lunties sent to the asylum are private cases for whom separate accommodation, specia servants and diet are provided on payment by their friends.

(*g*) *Lock Hospital.*—Question is not applicable to this institution, as natives lose caste by carrying on prostitution. There are, however, some caste servants and as much isolation as possible is given when a wish expressed for it.

(*h*) *Native Infirmary and Black Town Dispensary.*—All servants, excepting toties, are caste men. There are no separate wards fo caste patients, but any respectable man coming into hospital is given a separate roo Hospital diets are cooked in the Monegar Choultry kitchen which is provided wit caste men only.

The erection of separate caste wards for both sexes is very desirable, but choultry funds do not permit of any such arrangement.

(*i*) *Triplicane Hospital.*—There are no speci arrangements for caste patients.

There is one caste cook and those who objec to eat food prepared by him are put upon milk diet.

II.—MOFUSSIL DISPENSARIES.

(1) *Anantapur.*—If a patient has friends in he town he gets food from them or is attended to by a companion. Poor patients ar given money to purchase food from a caste man.

Caste ward coolies are always detailed for attendance.

(2) *Arcot, North.*—In this district there ive dispensaries having in-patient accommodation. Four have separate accom n for high-caste patients. In the main dispensary at Vellore a separate ward lly set apart for them and a caste cook provided.

The attendants for these wards are cast

(3) *Arcot, South.*—No special accomm s offered for the reception of high-caste patients in any of the hospitals in the d t. When high-caste patients are admitted, they are generally placed in a separat m or in an isolated portion of the hospital. They are allowed rations which they cooked by their friends.

The cooks attached to the several hospital caste men. There is, however, no special staff for attending on high-caste patien

(4) *Bellary.*—No separate accommodatio xists for caste patients. When, however, a caste patient is admitted into a hos he is, if possible, given a separate ward or portion of a ward; his diet is regulat the requirements of his case and caste rules, and when attendants are necessary of his caste are appointed whenever procurable.

(5) *Canara, South.*—No [illegible]nodation. In very rare cases when a caste patient is obliged to remain in [illegible]s allowed a separate room and his relatives provide him with food.

(6) *Chingleput.*—There are [illegible]ospitals which provide accommodation for in-patients, viz., Chingleput and Conjeeveram. In Chingleput there is no special accommodation for high-caste patients. When, however, patients of this class are admitted, they are isolated as much as possible from low-caste people and in some special cases a separate room is placed at their disposal. Hospital servants are all caste men, excepting the toties, [illegible]nder and nurse. In Conjeeveram there is special accommodation for high-caste patients. There are no separate cook-houses and the patients are provided with the rations which they or their relatives cook outside the hospital.

(7) *Coimbatore.*—No special accommodation for caste patients. They are, however, given a separate room wherever possible. Caste patients are as a rule self-dieting. Poor caste patients are afforded the services of a caste attendant. All hospitals have caste cooks and all castes, except Brahmins and Sivas, partake of food cooked by them.

(8) *Cuddapah.*—Only two hospits admit in-patients, Cuddapah and Madanapalle. In both hospitals caste patients are accommodated in separate thatched sheds. Caste men are employed as cook, wardooly, &c.

(9) *Ganjam.*—No separate accommodation for caste patients. The cooking is done by caste men.

(10) *Godávari.*—No special accommodation for caste patients, but whenever possible an empty store-room or shed is allotted to a caste patient. A new hospital is to be erected at Rajahmundry and suggestions have been made to build five or six cottages for this class of patients.

(11) *Kistna.*—Special accommodation for high-caste patients only exists in Masulipatam and Guntúr hospitals, but no special provision for cooking or attendance. They are, however, permitted to get food prepared in the houses, or in case of pauper patients, they are supplied with ration to be cooked by their relatives.

(12) *Kurnool.*—No special caste wards exist, but arrangements are made to meet caste difficulties. All cooks and watermen are caste Hindus. Those who object to eat hospital food are given rations, provided the food is cooked by their friends within the compound of the hospital. A special Brahmin cook is engaged temporarily when a Brahmin patient is found to have no friends.

In the Municipal hospital, Kurnool, side rooms are placed at disposal of high-caste patients when necessary. There is no separate caste kitchen. Only in Nandyál a separate small ward exists for caste patients. The whole hospital in Nandyál is built of temporary material, and a plan [illegible]w pucca hospital is at present being prepared in which an estimate for four caste [illegible]has been advised by the District Surgeon.

(13) *Madura.*—Of the 11 in-[illegible]ospitals in this district, four have accommodation for caste patients. Service[illegible]e men are secured in all hospitals whenever necessary. In Madura hospital [illegible]is the ordinary cook a caste man, but a separate establishment exists in [illegible]on with the caste ward which includes a Brahmin cook. There is a special [illegible]an ward and a caste ward.

(14) *Malabar.*—Only in Pálg[illegible]arate accommodation exists for four Brahmin patients, but they have to make th[illegible] arrangements for cooking their diet. In all other hospitals high caste Sudra c[illegible] employed.

(15) *Nellore.*—In the Nello[illegible]ital there are four sets of room for caste patients. The hospital cook is [illegible]nan, but Brahmins, &c., make their own arrangements for cooking their foo[illegible] the compound of the lying-in hospital there is a small building containing thre[illegible], one for Brahmins, one for caste patients and another used for operations. [illegible]is no cook attached to the lying-in hospital. Batta is given to patients and the[illegible]nds provide food.

Ongole Municipal hospital has no s[illegible]dation, but it is believed caste wards are to be provided when a new h[illegible] All Local Fund dispensaries are for the treatment of out-patients only[illegible]

(16) *Nílgiris—Ootacamund.*—No sp[illegible]ation exists for caste patients. In Ootacamund a ward designated the [illegible]ward" is sometimes used for accommodating respectable Hindu male[illegible]Hindus do not object to being accommodated in the general wards, but [illegible]e do not remain as in-patients except in cases of grave illness. In C[illegible]aste cook and waterman are provided. There are no Hindu ward atte[illegible]

Coonoor.—There are two detached war[illegible]h-caste patients. There is a high-caste cook.

(17) *Salem.*—No special accommodation e[illegible]n any of the hospitals in the district, nevertheless some of the hospitals are so arran[illegible]hat separate rooms can be given to caste patients when necessary. At Salem ther[illegible]three small verandah rooms which are sometimes used for this purpose, and w[illegible]nds are available, it is intended to build two separate wards.

As a rule caste patients prefer maki[illegible]ir own arrangements for food. At Yercaud the cook and attendants are low-c[illegible]ople, as caste men cannot be procured on the hills.

(18) *Tanjore.*—Only two hospitals [illegible]ct have accommodation for high-caste patients, viz., the Rajahmirasida[illegible] Tanjore, and the Kumbakónam Municipal hospital. The patients recei[illegible]atta to procure their diet for want of a Brahmin cook. At other hospitals [illegible]ements can be made for accommodating high-caste patients.

(19) *Tinnevelly.*—Only three hospit[illegible]ommodation for caste patients, viz., Palamcottah, Idaiyangudi and Náugur[illegible]ls. At Palamcottah there is a Brahmin cook.

(20) *Trichinopoly.*—In the Trichin[illegible]nsary arrangements are made to keep caste men separate from low-caste [illegible]There are nine single rooms which are used by Brahmin patients. They m[illegible]wn arrangements for meals. The cooks, waterman and attendants attache[illegible]dispensary are all caste men. In Srírangam the operation room is used [illegible]in patients, when available. All hospital servants are caste men. Brahm[illegible] daily batta to procure their own meals.

(21) *Vizagapatam.*—No arrangement[illegible]ort exist in any of the hospitals in this district for respecting the caste feelin[illegible]s. A good example will be set to the Local Boards if Government can p[illegible] wards and kitchens, &c., for caste patients for the Government hospita[illegible]pened at Ráyagada and Bissemkatak.

3. Government will observe from the[illegible]g reports that no special accommodation exists in any of the Presidency hos[illegible] Brahmin and other caste patients, and when persons of this class are admitt[illegible]ospital, the best possible arrangements are made to keep them apart from [illegible]on-caste patients. I am, however, sorry to say that in the General hospital, w[illegible]e largest and most important centre of relief in the Presidency, such arrangeme[illegible]ot considered practicable. Government is aware that I have in my letter No.[illegible], of 22nd October 1888, submitted a proposal for the construction of a shed at [illegible]eral hospital for the accommodation of native gentlemen of position in life, and[illegible] strongly support the recommendations of the Senior Medical officer that twel[illegible] single wards with a cook-house be erected, in which both paying and non-pay[illegible]te patients could be accommodated. This necessary addition to the General [illegible]buildings will greatly enhance the utility of the institution, as Brahmins and [illegible]gh-caste patients could then avail themselves of the opportunity of benefiting [illegible]professional skill available in the hospital without prejudice to caste requir[illegible] These additional wards might be constructed on the same principle as the she[illegible] in use. I am also of opinion that

a small general ward sufficient odate six caste patients would be highly appreciated at the Women and ospital. It seems undesirable, however, to add to this hospital till it is deci or not the military portion of the General hospital can be given up to the d children. In the case of the lying-in hospital further special accommod aste patients will in due course become necessary. A ward might be bu Ophthalmic hospital for pauper Brahmin patients, &c.

The arrangements at present the Leper hospital appear to be satisfactory, and those at the Lunatic Asy at could be desired.

The Black Town and the Trip dispensaries both require special accommodation for caste natives, as from the fa their being situated in populous localities they are much resorted to by people of t ss. Both of these institutions belong to the Madras Municipality, and any imp nts required, should be undertaken by that body. I think a small general wa contain about six patients would be a useful addition to each of these hospitals, e site of the Triplicane hospital is so limited that I doubt if there is space for an tion to the buildings.

4. Owing to the duties required hospital attendant, the services of good caste men cannot be readily procured. ale of pay at present in force is not large enough to attract them. Most of the dants now employed are either non-castes or Sudras, the lowest caste amongst us. It will, in my opinion, be difficult to secure the services of good caste a ts without increasing the pay they are to receive.

5. To obviate the difficulties c d with the dieting of caste patients, I am strongly of opinion that a Brahm should be permanently attached to each Presidency hospital. The food pr by him will be acceptable to natives of all castes and creeds, and the present u practice of permitting patients to make their own arrangements for meals will no be necessary.

6. With regard to Mofussil dis ries, I am of opinion that special accommodation for caste patients should, as practicable, be provided in the Municipal hospitals at district head-quarters in the smaller hospitals throughout the districts where in-patients are admit s the management of these institutions lies in the hands of Local Boards and M lities which are mostly composed of caste natives, there should, I think, be no y in getting these bodies to interest themselves in providing suitable arrange r the accommodation, treatment and dieting of their own people.

ORDER—dated 14th November 18 923, Public.

The foregoing report shows s far as existing means admit, endeavours are generally made to respect caste in public hospitals and dispensaries. The arrangements in force at Trichinop em to be the most advanced and are noted with approval.

2. His Excellency the Govern Council, however, considers that more might be done, without undue expenditur the provision of caste cooks and attendants, a measure which would facilitate reso ospitals by high-caste patients. The will accordingly be communicated to ocal Boards and District Municipalities, with an expression of the desire of Gover that separate accommodation should, where possible, be provided for this class o ents, that caste cooks and attendants should be appointed, and that when this c be fully done, all reasonable concessions to caste scruples should be made in reg allowing patients to cook their own diets or get their food prepared for them.

3. The Surgeon-General will these principles on medical officers, and if the native members of Local Board Municipalities will give their attention to the matter, much may doubtless be done crease the usefulness of medical relief to the caste population.

4. The Surgeon-General will, with r the above remarks, submit formal proposals for doing what is needed i dency hospitals under Government management, and the papers will a municated to the Municipal Commissioners of Madras for information and

(True Ex

Chief Secretary.

To the Local and Municipal Department.
„ Surgeon-General with the Government of Ma
„ Sanitary Commissioner for Madras.

Exd. W H. French.

(6)

Gobt. of {1889} Madras.

PUBLIC.

Issued

Recd. Encl.

G.O., 14th November 1889, No. 923.

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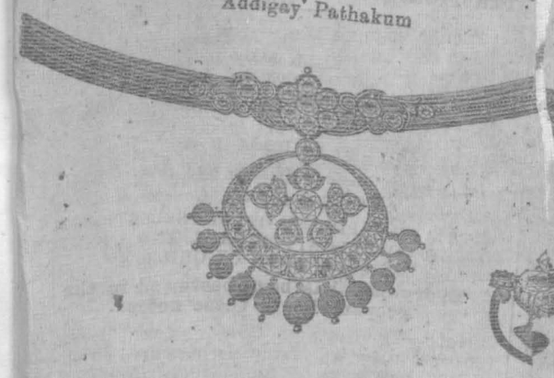
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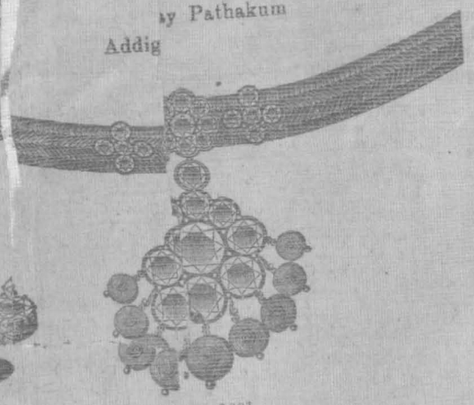
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Note.—Copies can be had of *all* Booksellers in the Presidency.

THE REVEREND W. H. BLAKE, B.A.

SIR,—I regret to announce that the Reverend, W. H. Blake, Principal of the St. Peter's College, Tanjore, has been obliged to go to England on leave, on account of ill-health. Since last November, he has been suffering from pain in the chest, caused no doubt, by hard teaching-work. He went to Madras and placed himself under the treatment of Dr. Brockman. For some time he felt better, and thought that he could resume work after the Christmas vacation. He was advised to spend a few weeks at one of the sea coast towns. Accordingly he came down to Tranquebar, and before a week had passed, the old symptoms re-appeared. Mr. Blake hastened back to Madras where the Doctors advised him to take a short trip to England. His compulsory absence for a year or two has been a sad news to the College teachers and students. I am told that the Reverend Gnanapragasam Pillai, B.A., now in charge of the Mission, and Mr. Isaac Daniel Pillai, B.A., now in charge of the College, went to Madras to bid him farewell and to receive instructions as to how they should manage the work during his temporary absence. It is also said that they presented some souvenirs in behalf of the College Teachers and Mission Agents. Mr. Blake leaves Madras tomorrow.

Mr. Blake came out to India in 1875; consequently his stay in this country has been for over fourteen years. In 1878, he took charge of the college, and the work could not have been entrusted to a better hand. As an educationist, he takes rank with such men as Messrs. Porter, Marsh, and Miller. Mr. Blake is a bachelor, and in a certain sense, the College was wife, mistress, and mother to him. It is needless to say that the history of the College has been one of steady progress. Every year, the results in the University Examinations were good, and it must be recorded to his credit that he received no pay for his work in the College. On the other hand, he has spent the whole of his money in feeding poor Christians, in paying poor Brahmins, and in establishing girl's schools all over the town. His relations with the congregation, with the boys, and with the teachers were most cordial.

Among institutions which may be called his own, may be mentioned the College Library, the College Reading Room, the College Play Ground, and the College Gymnasium. In the Mission Department, the [illegible]s' Boarding School, the Girls' Boarding School, and the Greek classes were founded by him. The students of the Greek classes have always distinguished themselves in the Peter Cater Examinations by carrying off the highest prizes, and doubtless the Bishop of Madras will testify to his earnest zeal in the spread of Christian knowledge. Taken all in all, it will be difficult to see his like again. I wish the Reverend gentleman godspeed and fervently pray for his return in good health in a short time.

MARCANDAN.

Extraordinary Case.—A woman, suffering from Cancer and incapable of swallowing any food, has been sustained for the past year by absorbing, Chapoteaut's Peptone or "digested food" which is rapidly assimilated with the blood without any digestive effort. Chapoteaut's Peptone Wine sustains the forces, forms blood, repairs wasted tissue and combats Dysentry, Diabetes, Fevers; and is useful whenever an extra amount of nourishment is required to pull the patient through.

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March 1889, and who offers himself for re-election II. The Syndicate have to report that His Highness the Maharaja of Travancore has offered a gold medal, of the value of Rs 200, to be presented, at the ensuing convocation for conferring degrees, to the candidate who, at the recent B.A., degree examination, obtained the largest number of marks in Branch I. The Syndicate recommend that the offer of His Highness be accepted.

—o—

THE YOUNG RAJAH OF PUDUKOTTA.—We learn from the administration report of the Dewan-Regent that the Rajah studies English, Geography, General and Physical, Mathematics; riding, driving, tennis and carpentry afford recreation to the Rajah. In Sanskrit His Highness has finished 3 Sargas in Raghuvamsa and learned about 250 slokas in Hithopadesa. He is now able to converse pretty well in Sanskrit, and understands easy sentences and stories. The Sanskrit Pandit thinks that if he continues his studies with the same vigor, he will be "no mean scholar in Logic, Rhetoric and other branches of Sanskrit literature." His Highness also receives instructions in drawing, in which he is making good progress. He also attends regularly the photographic studio and has learnt to photograph himself.

—o—

RAILWAY EXTENSION.—On the 21st instant the Northern section of the extension of the Mysore State Railway was opened from Haribar to Beerurn. Harihar is an ancient town, on the right bank of the Tungabhadra, on the Mysore and Dharwar frontier. In 1868 the splendid bridge over the river was completed, over which runs the trunk road from Bangalore to Dharwar. It is of stone and brick, built in 14 elliptical arches, of 60 feet span each, and cost nearly 3½ lakhs of rupees. Beerurn or Birur is an important trading town. The merchants there receive arecanut from the Malnad districts in the west and export it to Bellary and Dharwar. A very large traffic is carried on in cocoanut, grain and other produce of the surrounding country. The annual value of the transactions Mr. L. Rice has estimated at 50 lakhs of rupees, when the "Gazetteer" was compiled. It must be considerably more now. When through communication between Bangalore and Dharwar will have been accomplished the trade will have further development.—*Bangalore Spectator.*

—o—

PENSIONABLE APPOINTMENTS.—Economy in expenditure by the abolition of pensionable appointments is becoming a feature in the administration of Government. Some years ago the Supreme Government ruled, that all *employés* entering the service of State Railways after September 1881, would not be entitled to any pension or gratuity on retirement. But this did not affect other departments of the State, where the work carried on was purely railway. Now, however, the Government of India, considering this an anomaly, has ruled, that all obtaining employment in the following offices on and after 31st January 1889, will also be similarly treated: the offices of the various Consulting Engineers for Railway in India, the P. W. Secretariats (Railway Branch) and the office of Port Store-keeper. This will not, however, affect the present incumbents or those holding already pensionable posts transferred to duty in any of the above offices, while in regard to future incumbents they will be eligible under the specified condition, to the advantages of the State Railway Provident Funds.

—o—

THE MAHABARATTA IN KANARESE.—Messrs. Rudrappa and Son, the well known firm of Seedsmen and Florists, of Lal Bagh road, are now reprinting, by command of H. H. the Maharajah of Mysore, a Kanarese translation of a rare edition of the *Mahavaratta*, the original of which is a valuable Sanscrit copy that has been preserved for more than half a century in the Royal Palace, and is regarded by H.H. as a much prized heirloom, it having been specialy transcribed and translated into Kanarese years ago, during the life time of the late Maha-

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Contain in each 4 grains of pure Sheep Pepsine 8 times stronger than other pepsines and capable of digesting 4000 times its weight of meat or other food.
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have received a few high appointments in the public service. But progress in this respect has been extremely slow; in fact, we doubt if any progress has been made at all beyond a few judicial appointments conferred on the Natives. Even in the Judicial Department the appointments held by Natives are a mere fraction of those held by Europeans, although it is a fact admitted on all hands that the Natives turn out better judicial officers than most Europeans. Among the other numerous departments there are no Natives occupying places corresponding to High Court Judgships in the judicial line. Sir John Gorst therefore was hardly justified in claiming credit for an increasing share in the administration of the country being conferred on Natives. As for the management of their own affairs, the Natives have not yet received any privilege beyond the extremely restricted one of local self-government. Nearly twenty years have elapsed since Natives were first permitted to exercise some control over the management of their local and Municipal affairs. They have stood the test most admirably, and the British Government have repeatedly admitted it. They now want a farther step to be taken and some more responsible privileges conferred upon them. They have carefully considered what they require in this respect and put forward extremely modest and reasonable demands. But hitherto neither the Government nor their officers have shown any signs of sympathy; on the other hand the attempt has been branded as revolutionary and seditious. Lord Salisbury deprecated the attempt of Mr. Dadabai Naoroji to obtain a seat in the House of Commons and most of the leading Tory organs have denounced our aspirations in terms unworthy of them. Yet we are glad to believe that all this unfavourable attitude is the result of a temporary irritation due to party feeling, and that when English statesmen come to examine our demands calmly and with care, as persons responsible for the contentment and progress of the people, they will rise above all petty jealousy and prejudices and bring to the solution of the question the attributes of sober and far-seeing statesmanship. We hope that Sir John Gorst's assurance is an indication of this change and of the question of Indian political reform being approached in this spirit.

We hope that no efforts will be spared to make the next Conference of the Mahajana Sabha a thorough success. It is nearly two years since the last Conference was convened, and during this period, the Presidency of Madras has made commendable progress in organisation and in the diffusion of political knowledge among the masses. There is no dearth of interesting and important subjects which might engage the attention of the delegates that are expected to assemble at Madras at the end of April next. Foremost among these are the details propounded by the local Agricultural Committee. This is a good opportunity to press on the consideration of Government, the views of the people as to how an Agricultural bureau can make itself useful to the ryot population. A great deal however depends on the help that the Sabha is able to get from the Mofussil Associations. It is their duty to favor the Conference with their suggestions relating to the queries of the Committee. The questions of the committee have been translated and sent to select *bona fide* ryots for opinion, by the Sabha. And an expression of their views, as men having a direct experience of Agriculture, will be valuable. The

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C.V.

PUNING.

VOL. XII. NO 24.

WANTED a Science graduate o... and an F.A. on Rs. 30 for ... gherry Rajah's High School, ... appointment is for one year, but w... become permanent. Trained n... knowledge of Telugu, preferred. ... Testimonials to the undersigned.

T. V. VENKATARAMA...

NELLORE,
25th January, 1889.

Madras Municipali...

SEALED Tenders for the supply of ... and Hospital Necessaries for the ... Black Town and Triplicane Dispen... received by the President, at this office, on Monday, the 11th March, 1889.

For particulars see *Fort Saint ...* Supplement of 19th February, 1889.

G. M. J. MOORE, I...
President, Municip...

MADRAS, *20th February*, 1889.

Madras Municipali...

SEALED Tenders for the supply of—

1 Paper,
2 Sundry Articles,
3 Printing and Binding will be rec... President, at this office, up to noon, on ... 11th March, 1889.

For particulars, see *Madras Times*, *Madras Mail*, *Madras Standard*, of 20th February, 1889.

G. M. J. MOORE, Li...
President, Municipal...

MADRAS, *20th February*, 1889.

NOTICE is hereby given that, ... Aden Bulls belonging to the ... Farm, Madura, will be sold by Public ... Monday, the 25th March, 1889, by th... Deputy Collector in the Huzur Cutch...

2. The sale will commence at 12 ... bidder will be required to deposit ... 10 before bidding. The Bulls will ... after another to the highest bidder.

3 The highest bidder must pa... purchase money as soon as the result ... of each Bull is declared. In default, ... originally made ...

Notice.

...rary vacancies in the Revenue ... for which applications were ...ave been filled up.

H. A. STUART,
Under Secretary.

...y, 1889.

...reby given that, an application ...de to Her Majesty's High Court ... Madras, for a Grant of Letters ... to the Estate and Effects of ...roya Moodelliar, deceased, late ...nt of Madras, who died on or ... of December, 1888, in Ramnad-...ra District, in the Presidency of ... to Vellivadu Neelah Ammall, ...gal and personal representative ...sed.

...th day of February, 1889.

P. ANUNDA CHARLU,
P. R. GOPALA CHARLU,
Petitioner's Vakils.

...ப்ப தென்னவெண்ணல், முனுலே ...த்தில் ஹிந்து குடித்தனக்காரரா ...ருந்து, இறந்துபோன அதாவது ...னியில் மதுரை டிவிசிக்கு இராம ...ல் செய்யாமல் 1888-ம் வருஷம் ...தேதியிலிறந்துபோன வெள்ளை ...முதலியாரிட ஸ்திதிகளுக்கு லெட் ...மினிஸ்டிரேஷன் எனும் அதிகார ...படி இறந்துபோனவரிட பாரியா ...த்தியஸ்தருமான வெள்ளைவேடி ...கு கொடுப்பதற்காக சென்னப்பட் ...ணி அவர்களிட மனுகோர்ட்டு மூ ...விண்ணப்பஞ் செய்யப்பட்டிருக் ...

...ரும் பிப்ரவரி-ன 15-ட
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பி. ஆர். கோபாலாசார்லு,
விண்ணப்பதாரிட வக்கீல்கள்.

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VRITTEN.

n chronic rheumatic affect
10th February 1887.

. P. S. Edin., Surg., Afr
Guards.

Hyderabad, 10th June 18
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nd ordinary Rheumatic Pains, and I
by medical men in the treatment
n exceedingly well devised, agreeable,
saving a good deal of useless inward

. R. S. P. and S., Edin.,
on, Civil Medical Dept., Madras.

MANUAL FOR

FOOD IN

DY. SURGN.-GENL.
ACTING SANITARY

PRINTE

A

MANUAL FOR THE GUIDANCE

OF

FOOD INSPECTORS.

BY

DY. SURGN.-GENL. W. FARQUHAR, M.D.,
ACTING SANITARY COMMISSIONER FOR MADRAS.

1886.

MADRAS:
PRINTED BY R. HILL, AT THE GOVT. PRESS.
1886.

INTRODUCTION.

The quality of the various kinds of food supplied to a people having an intimate bearing on health and there being very little or no skilled supervision of such supplies, the consideration of Government on this important subject was solicited (in a letter in June last), and sanction was given to the publication of this manual for the guidance of Food Inspectors.

In the British Isles, this matter affords employment to a whole army of sanitary agents, there being skilled and separate inspectors for adulteration of food, slaughter-houses, markets, cow-houses and dairies.

In London itself, under numerous and watchful eyes, about one hundred tons of meat alone are condemned annually and an equal quantity is supposed to escape detection.

In this country it is beyond doubt that large quantities of unwholesome, diseased, or tainted meat or fish, &c., are sold—especially to the poor—which are only fit for burning. A native butcher sometimes readily admits that the meat he is selling is not fit for food except for "the very poor." By him, even plague-poisoned flesh is regarded as an article of only inferior quality and value.

The Madras District Municipalities Act (IV of 1884), section 204, gives ample authority for seizure and destruction of "articles unfit for human food or drink," but there is no guarantee that the persons entrusted with such powers are competent for the duties assigned to them. The task in those places, where any attention is paid to the subject, is usually allotted to a Sanitary Inspector without any special teaching and without any sources of knowledge to draw upon, or any standard for reference.

The serious duty of inspecting animals for disease before being slaughtered is difficult even for an expert, and it is not easy to see how it can be done, with any kind of efficiency, by those not possessed of the rudiments of such learning.

In India not only are safe-guards needed against the sale of unsound food, but against its manner of exposure, which in many cases is not only objectionable but revolting. Except where meat is exposed in a proper market, a common thing (I write only of what I have seen) is to see it in a tumble-down, dirty shed, badly protected from the sun, swarming with flies, and lying on dirty boards—that are never washed—close to the ground, if not to a gutter. The said boards too are favourite resting places for adults and children dirtily clad, and mangy dogs may be seen prowling about, or curled up in close proximity. Sellers of sweetmeats too, often show an equal want of care and cleanliness.

As regards the supply of milk there is vast room for improvement. In its production, storage (when butter is to be made) and exposure, every sanitary law is almost everywhere set at naught. Animals, sick or well (where they do not sleep under the same roof as their owners), are huddled closely together into sheds with only standing room, and with little or no ventilation, and knee-deep with mire. Filthy, and it may be diseased, hands, milk unwashed and diseased teats, and this product, the great food of children and invalids, and the most easily contaminated of liquids, is stored, when this is necessary, in any corner of a house that reeks with organic pollution. But as if this were not enough, the process of dilution has to be gone through with whatever water is at hand, and for this diluent the proper name in many cases would be—liquid filth. Any one, with experience of medical practice in India, can vouch for milkmen being often purveyors of disease as well as of milk; and severe bowel-complaints among children especially are but too common results of a belief in the innocency of the liquid aliment provided by these dealers. Even in England, many wide-spread outbreaks of measles,

13

typhoid and scarlet fevers have been traced directly to the milkman's dairy.

In the supply of bread a very bad state of things may be found in many places. Bakeries are often the darkest and dirtiest places conceivable, and set in the most insanitary surroundings.

In 1883, I took occasion to write to the President of the Ootacamund Municipality some letters on this very matter of food supplies; and this subject is now urged in a more general way, there being in all, but a very few places, great need for a more systematic, if not more stringent, treatment of this question.

The means necessary for improvement lie in the establishment, wherever possible, of well-constructed slaughter-houses, and of markets with stalls so arranged as to obviate objectionable modes of exposure of food. The erection of model cow-houses would be among objects to be aimed at. In the larger towns it would be well to have a responsible officer specially selected for inspection of food supplies and their places of production or exposure.

For the instruction and guidance of inspectors, and also for the information of the people who would gradually learn to distinguish between sound and unsound food, a set of directions in simple language is here given. They would no doubt find a use too in the bazaars of sepoys' lines and in the slaughter-houses of the commissariat; and also be a guide to those entrusted with the sanitation of fairs and festivals.

For the above purposes, I cannot do better than utilize an admirable paper recently written specially for the sanitary record by Mr. Francis Vacher, the accomplished Medical Officer of Health for Birkenhead, and an acknowledged authority on the subject of food. The chief changes from the original are in some additions and omission of matters not applicable to, and tests for adulterations not practised in, this country. The language has also been made simple enough to be understood by any native with a fair knowledge of English.

Inspectors of slaughter-houses and markets should also

have some knowledge of the leading symptoms of the chief diseases that cause the appearances after death that are shortly to be described. These symptoms are already briefly and well given (and are therefore left out of this sketch) by Dr. King in his valuable "Madras Manual of Hygiene" and by Veterinary Surgeon James Mills, Inspector of Cattle Diseases, in his useful handbook "Plain Hints on Diseases of Cattle in India," and it would be well if the latter at least were in the hands of every such inspector.

In the descriptions of diseased carcases or flesh, selections have been made for those diseases that figure prominently in the statistics of the last-named officer. In the latest returns furnished by him for 1886, the abstract of contagious diseases alone is as follows :—

Months.	Number of districts affected.	Attacked.	Died.
1886.			
January	16	4,441	3,300
February	15	37,01	2,870
March	15	2,866	1,506

Considering how many must have escaped registration, this is a formidable array, suggestive of unpleasant possibilities.

It has long been noted, in cases where men and cattle are housed together, that when the animals were dying of some form of plague, the human inmates were dying from a like disease.

As regards the cereals of India much need not be said. Natives can hardly avoid acquiring a knowledge of sound and unsound or damaged grain. For the rice-eating Hindu there is no kind of teaching so useful and necessary as that which would lead him to add to his dietary a larger quantity of the dry grains or other foods that make more for flesh and strength. And those of the better classes, who are

escaping from the trammels of habit and custom and who are in quest of physical as well as mental improvement, would do well to adopt the teachings on the subject ably set forth by Dr. Dhanakoti Raju in his excellent little book "The Elements of Hygiene."

W. FARQUHAR, M.D.

A

MANUAL FOR THE GUIDANCE

OF

FOOD INSPECTORS.

APPEARANCES OF SOUND AND UNSOUND FOOD.

In describing how unwholesome food may be detected by sight, it will be convenient to consider the articles to be examined under five headings—

1. Animals, carcases, and butcher's meat.
2. Poultry, game, and fish.
3. Fruit and vegetables.
4. Corn, bread, and flour.
5. Milk.

Sound and wholesome food will be first described, and then its appearance when diseased or decomposed.

I.—Animals, Carcases and Butcher's Meat.

Good meat is firm and elastic to the touch, moist but not wet, and, except in the case of pork, veal and lamb, bright red in colour. It has also, if well-fed, a somewhat marbled (streaked) appearance from small layers of fat in the red flesh. It has a fresh, not disagreeable smell. (To test this, a piece of pointed iron or wood should be thrust into the centre and rapidly withdrawn and smelt). The fat should contain no watery juice or jelly, and should be free from blood stains; the suet fat should be hard and white. In salt meat, the brine (salt water) should not be sour.

Carcases.

A sound, healthy carcase should be well-set (stiff) as soon as it is thoroughly cool; it should also be well-bled, no part of it being purple, brown or speckled. One side or quarter

should not be darker than the rest. It should not be bruised, nor stained yellow with bile. The red flesh on being pressed with the fingers should not "pit" (leave a hole), as this would indicate the presence of water, and should not "crackle," as this would mean that air is in it.

In places where carcases are inspected, the offal also (that is, the head, feet, hide, and all the internal parts except the kidneys,*) should be examined. The mouth and tongue should be free from blisters and dark spots, the hoofs should be firmly attached to the feet, the skin should be free from sores and pimples. The lungs should be of a bright pink colour and spongy, free from cavities, pus (matter), or worms A portion cut off should float in water. The heart should not be yellow with bile or have dark spots. The liver should be of a rich brown colour, should not break down easily under pressure, should be free from abscesses (collections of matter) and from flukes. The spleen should be of a dark colour inside, grey on the outside, thin and long, and sharp at the edges. The stomach should not be red, the lining should not readily come off and should not smell of drugs. The bowels should have a smooth, whitish lining, and should be free from dark or purple spots or ulcers (surface sores).

* The head, feet and skin of a pig form part of the carcase: the offal being only the internal parts less the kidneys.

Live Animals—General Description.

The animal should not be very thin, should be able to rise without difficulty, and to walk without lameness. Its coat should be in good condition, its skin elastic and without sores, scabs, or boils. Its eyes should be bright, its mouth and nostrils moist, but free from discharge. It should breathe easily, almost without noise, and its breath should be without odour. It should not shiver, nor appear to be in any pain.

Meat unfit for Food.

In examining meat, there are three conditions owing to which it may be unfit for food, viz. :—

(1) It may be partially decomposed through having been kept too long.

(2) It may be got from an animal which has died a natural death, or been only slaughtered when in a dying state, or killed by lightning.

(3) It may come from an animal affected with a disease, either communicable or in some other way injurious to man, or from a poisoned animal.

(1) *Partial decomposition* is shown mainly by a bad smell. The meat, too, loses its elasticity, is soft, and tears readily. On cutting, the resistance offered to the knife varies, some parts being softer than others. The cut surface often swells from a kind of fermentation or "heating." The outside is pale and bluish,—at a later stage greenish.

(2) *Meat from animals, which have not been killed or only killed when dying of disease*, is dark in colour, often purple. The meat sets (stiffens) badly, is full of blood, neutral or alkaline, and readily decomposes. The skinning and dressing of such animals is usually done under unfavorable circumstances and often by no expert hands, so that the carcase looks hacked (badly cut) and blood-stained.

(3) *Meat from animals affected with disease and thus injurious to man*.—The detection and seizing of such meat is one of the most trying duties of sanitary officers. To know whether meat is sound or decomposing, or whether it is well-bled or has the blood in it, are comparatively simple matters; but judging whether meat is from a diseased animal, the nature of the disease, and whether the meat should be seized, is not an easy matter. There are three things he should do to prepare himself for this work—first, he must acquire the necessary knowledge; next, he must train himself to observe closely; and, thirdly, he must learn to judge properly, so as to be able to know rightly what he sees.

A rough test of *diseased meat* is that it *has a disagreeable odour; sometimes a smell of physic when the meat is chopped up and has warm water poured over it.* When there is any doubt, a medical officer should be consulted.

Diseases of Animals which render Meat unfit for Human Food.

What then are the diseases ordinarily met with, or likely to occur, in animals in India which should be regarded as rendering the meat unfit for the food of man?

Cattle-plague or Rinder-pest.

The flesh is not changed in appearance except in an advanced stage of the disease, when the meat is dark and has a disagreeable smell, and sometimes crackles on pressure,

owing to the presence of air. Quite early in the disease, the lining of the bowels and air-tubes is reddened. The inside of the bowels is covered with a blood-coloured fluid, like the white of egg. Later, there is a yellow, cheesy deposit in the throat and nostrils, and dark-coloured blood-patches on the bowels and heart. There is commonly an eruption on the back, loins and inside the thighs, which may be seen if the skin is prodticed. In the cow, the eruption may appear on the udder.

Epizootic Pleuro-pneumonia or Lung-plague.

The only thing noticeable about the meat is that it nsually looks dark and ill-bled. The lining of the chest will probably be thickened and roughened, and also the thin covering of the lungs. The principal changes are in the lungs themselves. Early in the disease the colour of the lungs is in great part grey, with red or purple patches or spots, and the lungs are less spongy. Later, the lungs are darker in colour, and growing solid, like liver. At this stage the lungs will sink in water, and the weight is much increased from 7 or 8 lb. to 30 lb. in an ox.

Anthrax.

There are three forms of anthrax and anthrax-like diseases. In one—probably the least common—large boils are the most obvious symptom, and will be recognised without difficulty. In another form of the disease, called black quarter or black leg, one of the fore-quarters or hind-quarters is dark in colour and more or less swelled. This, also, is easily recognised. Although the disease appears to be in only one quarter, the whole carcase should be seized. A third form of the disease is *splenic fever*. The meat is darker than it should be, and the whole carcase is stained yellow with bile. The liver is nearly always enlarged and somewhat softened, and the lungs are generally inflamed. But the chief symptom is the largeness of the spleen—the increase in an ox being from about 3 lb. to 7 lb. or 10 lb. Note also the rounded edges of a spleen thus affected. The meat is often dropsical (filled with water), and water is frequently poured out between the lobes (lumps) of fat in which the kidneys lie. *Braxy* in sheep means that the spleen is too full of blood. The meat is remarkably dark and sometimes watery, and the spleen is increased in weight from 2 or 3 oz. to 5 or 6 oz. or more.

The carcase of a pig affect
bluish or red over much of the sued with anthracic disease is
and darker in colour. There nrface, and the meat is sodden
spots on the bowels or heart. hay be dark or blood-colored
the case of the ox and sheep. he spleen is enlarged, as in
pig as apoplexy (brain filled wi The disease may affect the
th blood).

Sheep-p
ox.

Sheep-pox is a disease oft
for inspection. The eruption n seen in animals submitted
resembles flea-bites. These bec, when first it comes out,
a clear fluid soon forms, and th or solid pimples, in which
(matter). The mattery pimples n the fluid changes into pus
disease, and they sometimes r are larger than in the human
may appear in the mouth. In un together. The eruptions
collections of matter. The wo he lungs may be found little
early stage the disease might l comes off readily. In the
being the only obvious sympto not be recognised, flea-bites
soft, pale and dropsical (wat m. Later, the flesh becomes
formed, there can be no mista ery). After pus has been
the early stage of sheep-pox, king the disease. Except in
odour. the meat has a disagreeable

Typhoid Fev
r of Swine.

Typhoid fever of swine,
does not necessarily produce a otherwise called hog-cholera,
The skin, however, nearly alway great change in the meat.
There is general redness over ys shows some sign of disease.
or there are large bluish sp all the carcase or parts of it,
resembling small-pox, pus (mots, or there is an eruption
crusts forming as in human sm tter) being thrown out and
is redness of the skin, the red ll-pox. In cases where there
the fat beneath is reddened r ness is not limited to it, but
intestines (bowels) are often r ght down to the flesh. The
and spots appear in the large g d, or marked with red spots,
gut. These vary in size from ut, and sometimes in the small
of an inch across. In the mere points to three-quarters
form and in time fall off. Th lcers, yellow-coloured crusts
blood, and may be in part sol lungs are commonly full of
chief symptoms, but there may d like liver. These are the
lung disease, and with little be ulcers of the bowels without
skin; and, on the other hand, change in the colour of the
there may be a very distinct

any traces of the disease else-
skin eruption, and scarcely a skin eruption is so marked as
where. Of course, when the is not likely that the carcase
to look like bad small-pox, i arket.
would be brought into the m

se or Epizootic Aphtha.

Foot-and-mouth Disc

l-mouth disease appears on the
The eruption of foot-an sometimes extending into the
tongue and in the mouth, nd the foot just above the hoof
throat and nostrils, and roun sheep and sows, it commonly
and in the cleft. In cows a nd them. The eruption consists
appears on the teats and arou by scalding water, usually very
of blisters, like those caused g to the size of half an egg.
small at first, but increasin er. Blisters inside the mouth,
Often the blisters run toget the tongue, leaving bare, red
as a rule, are soon burst by e sore like small ulcers. After
spots, which sometimes becon crusts form. Round the feet
the external blisters dry up arrow between the soft parts and
the contents of the blisters b osened or shed Occasionally
hoof. The hoof may be l ar blisters occur on the feet, but
(especially in sheep) no regu wollen, and pours out a thick,
the skin becomes red and may be badly affected and little
gummy fluid. The mouth n *vice versâ*. The flesh, even if
or no disease in the feet, and be distinguished from the flesh
minutely examined, cannot Ordinarily, there is no objec-
of perfectly healthy animals. but the head, feet and udder
tion to passing it as good ne eruption has extended into
should be seized. When t cal symptoms are so severe as
the bowels, or where the l of the surrounding parts and
to produce much reddening r), the carcase should, of course,
abscesses (collections of matt
be condemned.

" Rot " in Sheep.

The most widespread of sheep diseases due to parasites
(small animals) is that popul arly known as " the rot." The
cause of the disease is the p esence in the bile-ducts (tubes)
of the liver of flukes—little animals in shape like a sole fish.
Though flukes are often fou nd in oxen, they do not occur
ordinarily in such numbers as to produce serious disease.
The fluke is furnished with a sucker by which it fixes itself.
When once seen, it will alw ays be recognized. It usually
measures from an inch to a inch and a half in length, and

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is about three-eighths of an inch broad. Flukes are often so closely packed in the bile-ducts (tubes) as to block them up, and the pressure of them causes the ducts to stretch or burst, portions of the liver being broken down or destroyed. The symptoms of the disease presented by the carcase are jaundice (bile-staining), dropsy and wasting. The three proofs that the carcase is really " rotted " undoubtedly warrants its seizure as unsound; but the presence of a few flukes in the liver does not of itself spoil the carcase, and affords no sufficient reason for seizing it. Even in cases where there is some jaundice and falling off in condition, the carcase may pass.

Carcases of Animals with young.

Carcases of animals which have been slaughtered immediately before, during, or after calving or lambing, are often submitted for inspection. There is certainly no reason for pronouncing all these as unfit for food. If there are signs of apoplexy (blood on the brain) or milk fever—*i.e.*, the carcase ill-set (not stiffened), meat pale or bluish and wet to the touch, &c.,—it is safe to make the seizure. When, however, the slaughtering is due to some accident during calving or lambing, the case is different. There has been very great bleeding, the calf bed has come down and cannot be retained in position, or the calf has become jammed and cannot be taken away, &c.; in such casualties, there is nothing to spoil the meat, and if the animal has been properly killed and bled, it may be passed. The same rule holds good with reference to other accidents—a blow or a fall, choking, the first stomach being packed, &c.

Carcases of poisoned Animals.

Flesh manifesting no signs of disease may be unwholesome owing to the animal from which it is derived having been poisoned. In such a case, the bowels (guts) will very likely be inflamed throughout (of a bright red colour and with red spots). The stomach—especially the first stomach—should be examined for signs of inflammation, and carefully searched for traces of vegetable irritant poisons. Carcases of animals maliciously poisoned may also be brought to the meat market. Here the poisoning would probably be of a mineral irritant, producing more marked inflammation of the stomach and bowels (guts).

II.—Poultry, Game, and Fish.

Poultry.

Good poultry should be firm to the touch, pink or yellowish in color, should be fairly plump, and have a strong skin. It has a fresh not disagreeable smell. Stale poultry loses its firmness, becomes bluish in colour, green over the first stomach and belly, the skin readily breaks, and the bird has a disagreeable odour.

Poultry suffer much from an offensive discharge from the nostrils and eyes, from worms in the wind-pipe, from worms in the bowels (guts), from so-called diphtheria (membrane in wind-pipe), and many other diseases; but if the bird has been properly killed, it may be passed. The only serious disease of poultry there is reason to believe may spoil the flesh, so as to make it unfit for food of man, is *fowl-cholera*. However, there is little evidence of the disease on birds carefully prepared for the market. The flesh is somewhat redder than naturally, the liver probably softer, and the heart speckled with red or dark spots often inside and out. If the bowels (guts) can be seen, they will be inflamed, with red spots or bluish patches. Domestic fowls, ducks, turkeys, geese and pigeons are all subject to the disease. Poultry affected with this malady, unless in cases when it proves very rapidly fatal, exhibit signs of suffering. Their feathers are bristling, their wings droop, they sway from side to side, drag their legs, eat nothing and drink much. The comb is flaccid and blue. There is diarrhœa, at first glairy, then frothy, and towards the end streaked with blood.

Game.

Game is rarely sold in a fresh condition. It is the fashion to bring it to market so "high" that it is really in a state of active decomposition, and so it could not be seized unless it were found unmistakeably putrid. The only point about game is that it is liable to a disease like *fowl-cholera*. It would be difficult for any one but a medical officer to declare game unfit.

Fish.

The freshness of fish is known by its being firm and stiff. In really first-rate condition, if held out straight by the hand,

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it will remain stiff. Any drooping of the tail shows that it is not quite fresh, and, indeed, the extent of this drooping may not unfairly be taken as a measure of want of freshness in the fish. If the fish, besides being limp, is actually softened in parts, and if it has a distinctly disagreeable smell, there is sufficient evidence of commencing decomposition to warrant seizure. Healthy sardines, cod-fish and many other fishes and oysters, even when in season, may occasionally, on being eaten, produce symptoms of poisoning. Attempts to separate the poison in such cases have failed, and it is thought the fish themselves have been feeding on unwholesome food. There is certainly nothing to distinguish such fish from others. The disease, when occurring in the salmon, is due to a parasite, the visible signs of it being a fungus (mushroom-like) growth, especially about the head, which, so to speak, eats its way into the sound flesh. A sanitary officer would be warranted in seizing a fish thus affected. The parasites or worms sometimes seen in fish need cause no alarm, as thorough cooking (which all fish should have) destroys them and renders them harmless.

III.—Fruit and Vegetables.

Fruit.

Fruit may be the subject of disease, or in a state of decay, or it may be so unripe (especially in the case of early windfall apples) as to justify seizure. Diseased or decayed fruit is known by softening, change of colour, and external mould (green coating). Fruit may be bird-bitten or insect-bitten and none the worse, except that its appearance is spoilt.

Poor people in India are by no means careful enough as to the quality of the fruit they eat. It is not rare to see exposed for sale fruits, such as mangoes, plantains, &c., in a highly decomposed state, and therefore very dangerous to health, especially in times of epidemics.

Vegetables.

Potatoes and all fresh vegetables may also be the subject of disease or decay; and either softening or change of colour, or both, will mark the parts affected. Good potatoes are firm, the colour is pale and all alike, and the juice is acid. Inferior potatoes are best known by their great lightness.

Dry peas on keeping become pale, shrivelled and hard; but they keep better thus than in powder, which is very liable to become mouldy. Whole or in powder, peas are liable to the attacks of insects. The *acarus*, a sort of itch insect, may be well defined with a magnifying glass.

IV.—Corn, Bread, and Flour.

Corn.

Corn is generally understood to include wheat, barley and oats. Indian corn and rice also come under the term corn. The most common diseases of corn in this country are bunt and smut. *Bunt*, frequently affecting wheat, grows within its seed, producing a fine powder. This powder rubbed between the fingers feels greasy and gives an unpleasant smell. *Smut*, most frequently affecting barley and oats, developes a fine powder like bunt, but it is finer, and has no smell. These diseases are due to a low form of plant growing in the grain, and if the powder produced be examined under a strong magnifying glass, they may be distinguished with certainty. Corn is also attacked by the weevil (an insect nearly as big as a grain) and by an *acarus* (too small to be seen by the naked eye). *Rice.*—The grain should be of proper size and free from spots or insect holes, and should not break readily under pressure. Raw or table rice, which is that generally used by Europeans, is more liable to damage by water and weevils than rice which has been par-boiled and sun-dried, which is the kind mostly used by natives. Raw rice when damaged by water has a white glossy appearance (especially so when the damage is by sea-water), a bitter taste and sour smell, and, when used as food, causes indigestion. Ordinary or boiled rice when damaged has a mildewed (mouldy) look, and has a sour smell and a worse effect when eaten than the former. Rice should be kept at least six months before being used, or otherwise it does not boil well, and causes diarrhœa and indigestion. In the opinion of some, the obscure disease of beri-beri comes from the presence of minute fungi (mushroom growths). Rice is often adulterated with inferior rice, sand and paddy. *Ragi* seldom gets damaged by rain, but becomes mouldy when too long buried—the practice in ragi districts. Buried or store ragi has a dark brown appearance, and is more nutritious than

new ragi. In public institutions like jails, ragi ought to undergo a process of washing besides the ordinary cleaning. Unscrupulous dealers mix it with sand and moisten it to increase its bulk, and to the flour they add ashes. *Cumboo* is not stored like ragi, and, if kept more than a year, becomes palpably sour to the smell and taste. *Cholum*, when damaged, becomes very light, and, if kept for any length of time, has a sour smell and is more dangerous than any other damaged grain.

Flour.

Good flour should be of a faint yellow colour, should be smooth to the touch, not gritty (sandy) or lumpy. If a handful be squeezed, it should adhere, taking the form given it. It should not taste acid. When made into dough with water, it should stick together well, drawing out easily into strings.

Flour may be made of diseased corn: it may also be mouldy—a condition which is at once known by the peculiar smell. It may be exposed to damp, to make it weigh heavier, when it is more liable to mould. It may have undergone a kind of acid fermentation (internal change). This gives it a peculiar smell, an acid taste, and makes it somewhat sandy to the touch. Flour may be in a state of actual decomposition (decay), when it will be moist, discoloured, and of an offensive smell. Flour is also subject to adulteration, that is, it may be mixed with a cheaper flour, as rice flour, or alum to give it a lighter colour. The colour and taste of the flour may be altered, and thus afford sufficient indication to one who is not skilled.

Bread.

Bread is the flour or meal of any corn mixed with water and dried or baked. The flour or meal may be freed from the husk, or may contain part or the whole of it. In this country bread is made light and spongy by being mixed up with date or cocoanut toddy. In places where there is no toddy, sour dough is used for this purpose, and sometimes baking powder, or yeast from a brewery.

Good bread should be well baked (not burnt), light and spongy, the inside being well permeated with little cavities. It should be of well-mixed dough, of good colour (white or

brown), not acid to the taste, not bitter, not too moist. When set aside, the lower part should not become sodden. A 4 lb. loaf loses about 1¼ oz. in 24 hours, about 5 oz. in 48 hours, and about 7 oz. in 60 hours. The loss will vary with the heat of the weather, draughts of air, &c.

Bread may have many defects. It may be sodden and heavy, owing to bad flour, toddy or yeast, the sponge never having risen properly, or owing to imperfect baking. It may be sour, owing to bad flour or to the dough having been kept too long after toddy has been added. A slight degree of sourness is not objected to. Finally, it may be mouldy, which is due to the bread having been too moist originally, having been kept in a damp place, or kept too long, and to bad flour having been used.

Wheaten bread may be adulterated with Indian corn or with boiled rice.

V.—Milk.

Milk, though an animal food, occupies a position between this and vegetable food, and has to some extent the nourishing properties of both. As it is largely used in a raw state, it is important it should not be infected with disease, and as it often forms the sole food of young children, it should be delivered without any thing being added to it or taken from it. The milk ordinarily exposed for sale in this country is obtained from cows and buffaloes. There is also some sale for goat's milk. The same elements are present in all, the proportions, however, differing.

Good milk is a yellowish-white liquid, with fresh smell and a bland, sweet taste. After the milk is allowed to stand from four to eight hours the cream rises, and the remainder of the milk looks more watery and clearer and nearly or quite white. The amount of milk a cow gives varies much. About five quarts is the average daily yield; just after calving, it may be double this. Milk varies in quantity and composition with the breed and age of the cow, her health, the food given her, with the number of calves she has had, with the time since calving, and with the season of the year. The first milk obtained after calving differs greatly from ordinary milk. It is a rich yellowish colour, clots more readily, and tastes like beaten eggs. Goat's milk is, as a rule, rather richer than cow's milk. The peculiar smell of goat's milk always makes it known.

Causes of unwholesome Milk.

Milk may be bad for various reasons, viz.—

(1) From having been obtained from a diseased animal.
(2) From having become tainted with the seeds of animal disease.
(3) From having become tainted with the seeds of human disease.
(4) From decomposition.
(5) From injurious substances added.

(1) *Disease in the cow* often stops the supply of milk, and in the disease specially liable to be injurious to man (anthrax), if there is any yielded, it is thick and of bad colour, probably containing traces of blood, and readily decomposes (turns bad). Milk obtained from cows having foot-and-mouth disease is unwholesome, and should be seized when recognized. The total yield is lessened. It is richer in butter, and has a tendency to get stringy. It may contain traces of blood or pus (matter), or small portions of sore-crusts. It soon sours, and sometimes has a faint cheesy smell. Milk from cows suffering from inflammation of the udder is unwholesome, and generally easily recognised. It is ropy, quite curdled, slightly changed in smell and sometimes contains blood and matter. Mixed with a large quantity of good milk, it may escape detection.

(2) Milk may become infected with the seeds of *animal disease* in many ways, *e.g.*, from the discharge from the nostrils of a glandered horse put up in the same outhouse, or from the mouth discharge of a neighbouring cow affected with foot-and-mouth disease. Anything slimy or stringy in milk suggests it being unwholesome.

(3) Milk may become infected with the seeds of *human disease*, as typhoid fever, through the dairyman or members of his family; through a delivery can not being thoroughly washed after coming from an affected house.

(4) Milk on keeping soon changes and becomes turbid and clotted. These changes will be at once seen by the Inspector, and justify the seizure of milk. Milk in this state is apt to contain many low forms of animal life, and is for other reasons unwholesome.

(5) Of the many *adulterants* added to milk, water is the most common, and this water may be dirty, or (as already

stated) infected with the seeds of disease. The water of a white writing stone "*balapam*" is also often added. The amount of cream varies so much that the Inspector will not be able to declare that any has been taken away.

Milk readily becomes tainted by hurtful vapours and things, as kerosene oil, urine, and the exhalations of a manure heap or midden; in which case it has the smell of these things, and is certainly unfit for human food. It is alleged that milk may be rendered unwholesome when the cows giving it feed from poisonous herbs or drink from polluted ponds. Though it is not unlikely, there is no reliable evidence in support of the theory.

Butter.

Butter need only be mentioned from the risk there is of its being made from tainted milk, or from its often being adulterated with rice-flour, plantains and fats.

Ghee.

Ghee which is simply boiled butter (of milk from the cow, buffalo, sheep and goat) too often undergoes adulteration by gingelly oil, castor oil, plantains and fats.

22

Public Department.

C 186

From Jhe with fort.

Dated 188 .

OR ORDERS.

C 3188 is submitted for
orders. Please see letter of
which the Ref: of 13 May '87, to
ich it is a reply, was issued
with this proposals in regard to
the Residency ~~hospitals~~
hospitals will apparently not
be much expense. This
ctors is agreed to the
tals under the management
Medical Comm.rs, upon
inciples, should Boards con
mm.rs & those bodies for
nsideration & report

Lans
26/10

The reports show that as far as Principal means admit endeavours generally appear to reflect credit on the Hospitals but more might be done and is necessary for the provision of Cubic Space & attendance, which would make room for hospital cases, & help of high caste. Which there is urgent need for in the Hospitals it will be left to Government to be provided by Local Boards & municipalities & to be provided for out patients, that caste cooks and attendants should be provided, and when this cannot be done, parents or guardians should be made responsible for patients & not allowed to accompany them.

I should like to see more than one medical officer visit each of the Hospitals and give attention to the matter as good sanitation depends to a great extent on the efficiency of medical officers & their assistants. The duty of the medical officers should be carefully defined & they should be required to keep a register of visits & to report to the Government any neglect of duty on the part of the Hospital Assistants.

I agree in the views expressed in the passage of the Hon: Mr Stokes' note marked by me - except that I think the word "all reasonable" is preferable to "every possible" ~~the~~ concession - I think that the arrangements for the last Technically seem to be the most practicable & this might be acted with approval

1/10/89

Public

FOR ORDERS.

Provision for the wants & destitute persons in Govt. Local Asylums & Hospitals

C-28/10
R-4/11

G.O. 923
14.11.89

(23)

~~CURRENT~~ D.O. No. 162

[9]

Public DEPARTMENT.

From

The Surgeon Genl.

No. 105

Dated 19 } March 1889.
Received 19 }
Enclosures Three

SUBJECT.

Article in Hindu 23

Eye Infirmary

Hre.

For orders

3/4.

Public (1889) DEPARTMENT.

C.A. 260

From

THE PRIVATE SECRETARY
TO THE RIGHT HON. THE GOVERNOR,

To

THE CHIEF SECRETARY TO GOVERNMENT,
DEPARTMENT.

Dated 21st } January 1889.
Recd. 22 }

CHIEF SECRETARY 22 JAN 89 GOVERNMENT OF MADRAS

ENCLOSURE.

Subject.

Transfers a petition from K. Siva Sankaram Pillai, praying for an appointment in Government Service.

C/ copy to V.O. 31-1-89: No. 160.

~~to petitioner~~

...hospitals for respecting and minis... ...ing to the caste feelings of patients ...regard to ~~diet~~ cooking, attendance, and separate accommodation; and that in all hospitals there should be a due proportion of caste attendants who should be detailed for duty with caste patients. Also it should be ascertained whether any & what orders of Govt. on these points have at any time been issued.

The papers should be circulated.

H.C.S.

...generally with ... ...the paper ... ...worked up & circulated ... ...rule is passed that in all Hospls. caste patients may have the diet prescribed for them prepared by their own servants or friends it will I think generally suffice for the present Hospls. & Dispensaries. In Madras caste attendants might be provided.

H.C.S.
9/4/89

(24) 3 P

...patients ~~may have the diet~~ should always be allowed the ~~option~~ whenever possible ...option of having the diet prescribed for them prepared by their own servants or friends.

(Draw orders)

2/5

Arrangement for caste patients in Hospitals & dispensaries.

25

Circ.

Dr. Drake Brockman ... with reference to existing orders ... the means at his disposal ... think the matter requires ... elucidation.

I am under the impression that ... all up country hospitals caste ... an allowance to diet themselves, ... course to the contrary ... Officer and I think that this ... is in accordance with the ... orders at present with the Bombay Govt: I cannot see that with ... need ... and it ... with such an ... cooked caste people ... from having recourse ... If some of them do ... rules described it must ... their cases desperate. It ... join the circular by the Surgeon ... sent up that prior to it some ... tients were allowed to dict ... and then are probably orders ... Govt to this effect. If not, ... to be, in my opinion. To force a ... man to have his bed made ... his clothes handed to him by a ... is practically to deny him ad... to the hospitals, and this ... is of course true of other ... castes.

I think that we should get ... clear report what provisions ... or can be ... are made in all the Presid...

in the case of the better classes of natives.

Caste patient, i.e. the better classes of natives should be allowed to dict themselves in hospital is recognised in Bom Act 4 of 1874 sec 68 & Mad Act 24 of 1867 sec 3

14/5/89

NES

Bmay

(26)

1882, of which why is now submitted
~~[illegible]~~ is sent altogether the
other above quoted.

Fort Saint George.
3d. March 1889

My dear Bidie,

I am directed to request your remarks on the article at page 4 of the "Hindu" of the 27th ultimo regarding the treatment of patients at the Eye Infirmary.

Yours Sincerely
(Sign'd) J. J. Price

and guidance.

(From orders)
Lam
8/11

#F 13 Public.

Read Refce 8/13 May 1889, with the
(27) closure, viz. Circular of 10th Feby 1882.

arbso ct 3188.

der- 14-11-89, N= 923.

The foregoing report shows that,

as far as Existing means admit, endeavo
are generally made to respect caste feeling
public hospitals and dispensaries.

The arrangements in force at Trichinopoly
seem to be the most advanced and are
to with approval.

H. H. E. the C in C however considers
that more might be done, without undue
expenditure, for the provision of caste
cooks and attendants, which would
facilitate resort to hospitals by high

To
The Ltn Govt
" Surgn Genl
" Sanitary Comr

dcap's
20/11/89.

caste patients. The papers will

accordingly be communicated to Lo

Boards and Municipalities with a

Expression of the desire of Govt that

Separate accommodation should

where possible, be provided for this cla

of patients; that caste cooks and

attendants should be appointed; and

that when this cannot be fully done

all reasonable concessions be made

Sweepers should be made in regard

to allowing patients to cook or get

Cooked their own diets or get their

food prepared for them

3. The Surgn Genl will impress

these principles on medical offic

if the native members of Loca

Boards and municipalities will p

ein attention to the matter, appr

such

beal may doubtless be done to inc

the usefulness of medical relief t

caste population

4. The Surgn Genl will, in due time

the documents, submit prop

proposals for carrying out what

needed in the Presidency hospita

under foot management with

reference to the above remarks

5. The papers will also be

communicated to the President Mad

Commissioner of Madras for informat

Back Paper, No. of 188 .

Further Paper, No. of 188 .

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DEMI-OFFICIAL.

DEMI-OFFICIAL DATED 8/3/89

No. 66.

When given for copying

[*Despatch Abstract.*]

D.O. to Dr Birdie.

Re ~~the treatment of~~ patients ~~at the~~ Dye Infirmary.

ORDINARY, PRINTED.

Public Department.
G.O., dated 14. 11. 89.
No. 923.

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Returned for signature. 25/11

Despatched to print. 26/11/89.

Hospitals and Dispensaries.

Passing orders in pressing upon those concerned the necessity of making adequate provision for the wants of caste patients in Government and local and Municipal

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