

- (1) பக்கங்களின் எண்ணிக்கை 10-20
(2) புதுக்கித் திருப்பிய நாள் _____
(3) ஆதாரக் குறிப்பவர் சுருக்கொப்பம் _____

தமிழ்நாடு ஆவணக் காப்பகம்.

தமிழ்நாடு அரசு

பொது துறை

அரசாணை எண். <u>125</u> மு. கோப்புத் தாள் எண்.	அச்சகம் பலவகை
நாள் : <u>17-12-1990</u>	<u>1990</u>

மடிக்கவோ, கண்டபடி, கையாளவோ கூடாது.

ஆவண. கா. 1-18,006-6-9-90.

28/2

India Office,
London 2nd August 1889.

Statistics and Commerce,
No. 59.

To His Excellency The Most Honourable The Governor
General of India in Council.

MY LORD MARQUIS,

Report on Sanitary Measures in India.

I forward, for the information of your Excellency, a copy of the "Report on Sanitary Measures in India for the year 1887," which has been compiled in this Office. In former years, the Memoranda recorded by the Army Sanitary Commission on the several provincial and other sanitary reports formed appendices to the annual reports issued by the India Office. The provincial reports for the year 1885 were the last that had the advantage of being reviewed by that Commission. During the year 1888 the Secretary of State for War proposed to abolish the Commission, and to retain the services of a professional sanitary expert, who should, whenever necessary, advise upon sanitary measures affecting the health of Her Majesty's troops. When consulted upon the matter, I offered no objection to the proposed arrangement, but I expressed a hope that Indian sanitary reports might in future be referred to the War Office sanitary expert for remarks and suggestions.

2. Before I decided to accept the War Office proposals, and to forego for the present the benefits conferred by the valuable and suggestive Memoranda of the Army Sanitary Commission, I had received and approved* the important sanitary orders contained in the Government of India Resolution dated the 27th July 1888. Those orders provided for the constitution of a Provincial Sanitary Board in every province, which would not only advise the Government and local authorities upon sanitary measures, but would also be the executive agency through which the Government would act in the Sanitary Department. I anticipated that these Provincial Sanitary Boards, if carefully organized and judiciously worked, would exercise a powerful initiative and a valuable control in all departments of sanitary work. Local needs and circumstances would be most fully known to these Boards, which could act and advise

* A copy of the despatch dated 10th January 1889, acknowledging this Resolution and forwarding Colonel Sir Henry Yule's valuable Minute, is annexed to the present Report.

more promptly and effectively than a Sanitary Committee, however able and experienced, sitting in London. It is too soon to form any opinion regarding the work of the Provincial Boards; but I have gathered from the Proceedings of the Local Governments that in one province at any rate the Board have already taken up the work in an effective and useful manner. It should, however, be impressed upon the Local Governments and their Sanitary Boards that, since the formation of the Army Sanitary Commission, the fullest responsibility for advice, initiative, and control in sanitary affairs will, subject to financial and legislative restrictions, rest upon the Sanitary Board of each province. I shall be glad to receive a special report from your Government as soon as you are in a position to say anything regarding the establishment and the working of the new Boards.

3. Having thus noticed the new departure that has been taken in sanitary work, I proceed to draw your Excellency's attention to some of the more important points in the Sanitary Report for the year 1887.

Army.—The death-rate among British troops, which had been rising, has now begun to abate, thus—

	Death-rate per Mille.		Death-rate per Mille.
1883	10.88	1886	15.18
1884	12.56	1887	14.29
1885	14.55		

The rate is still far higher than the minimum obtained in 1883. The ratios of admission to hospital and of daily sick are both lower than in 1886. But the ratio of invaliding is higher; and the deaths from enteric fever, though fewer than in 1886, are still far above the average of former years. Cholera numbered four times as many victims as in the previous year. Though the decrease on the previous year's deaths is cause for satisfaction, yet there is still need for the greatest and most continued care in abating the causes of and preventing disease; and I consider that the sanitary and medical officers of your armies must not be content until they have worked back to the death-rate of the year 1883. The etiology of cholera and enteric fever may be doubtful; but there is no doubt about the direct advantages of pure water, cleanly surroundings, wholesome diet, well kept latrines, and prompt removal of night-soil. It is believed that Europeans in civil life suffer from cholera, and perhaps also, from enteric fever, less severely than the Indians around them; and it is not satisfactory that British troops should suffer nearly twice as much from cholera and nearly 25 times as much from enteric fever as their Indian fellow-soldiers.

The improvement in the death-rate among Native troops from 13.27 per mille in 1886 to 11.68 per mille in the year under report is satisfactory; and so also is the great reduction in the sick-rate

and death-rate at Quetta. During recent years much attention has been paid to improving the clothing of Indian troops employed in cold districts; but the great and continued prevalence of respiratory diseases among Native troops will doubtless cause your officers to give unabated attention to measures for preventing these ailments.

4. *General Population.*—The year 1887 appears to have been unhealthy over a great part of India; the deaths from cholera were more than double the number in the previous year, and there was a serious increase in small-pox deaths. Fevers, as usual, were assigned as the cause of more than two-thirds of the reported deaths. The registration of births and deaths appears to be on a good footing, and is gradually improving in Berar, the Central Provinces, the North-West Provinces, and the Punjab, though in the two last mentioned the birth-rate is probably below the truth; but in other provinces there is much room for improvement.

5. *Jails.*—The year shows a satisfactory reduction in the prison death-rates in Bengal and Assam, where the rates of past years were high. For the rest, most provinces show an increase in death-rate, due to the unhealthiness of the season. The death-rate for all India was 35.48 per mille in 1887, as compared with 33.34 in 1886. The Burma prisons death-rate has abated from the high rate of 1886, although cholera was exceptionally prevalent and fatal in 1887. In the Central Provinces prisons the death-rate has ranged very high for some years; your Government have enjoined very careful inquiry and administration, and there seems no reason why precaution and care, which have proved effectual in Bengal, should not produce similar results in the prisons of the Central Provinces. The four provinces which encircle the Central Provinces, namely, Bengal, the North-West Provinces, Berar, and Bombay, each has a death-rate 50 per cent. below that of the Central Provinces, so it seems difficult to believe that climate and local peculiarities are answerable for the excessive prison mortality there. In three of those provinces, where registration is fairly good, the jail death-rate is far below the mortality among the population, whereas in the Central Provinces the death-rate was double that of the general population.

6. *Vaccination.*—The increase in the number of successful vaccinations in India from 4,950,893 in the year 1886 to 5,202,595 in the year 1887 is satisfactory, and the increase is shared by all provinces. But only two fifths of these operations were performed on children under one year old, and the ratio of children vaccinated to total annual births varies from 76 per cent. in Berar to about 11 per cent. in Bengal; so, though great progress has undoubtedly been made, Indian populations are still far from enjoying complete protection from small-pox. In the year 1887

several provinces suffered from epidemic small-pox; but the sanitary officers are probably justified in their belief that the spread of vaccination has very greatly diminished the severity of the periodical visitations of this disease. The employment of lymph from the cow, instead of vaccine matter procured from Europe, appears to be gradually succeeding in most provinces. It is satisfactory that the average cost of each vaccination continues to decrease, and that more and more municipal towns are voting themselves under the compulsory Vaccination Act.

7. *Hospitals and Medical Schools.*—The number of patients at hospitals and dispensaries continues to increase by about 5 per cent. per annum; and the total number of patients treated at public institutions during the year was 10,870,623 for all India, of whom a quarter of a million were in-patients. The number of students at medical schools and colleges, 2,301 in all, shows progress, though at some schools the numbers fell off. It is remarkable that 166 of these medical students are women, who have to pass the same examinations as men. A few years ago a woman medical student was hardly known in India; and this excellent movement among Indian women is mainly due to the efforts of Lady Dufferin Association for affording medical aid to the women of India.

8. *Sanitation.*—The municipal reports contain many details concerning the sanitary progress made in cities and towns; but concerning the sanitation of rural tracts and villages little information is available beyond occasional inspection notes and general remarks in the Sanitary Commissioner's reports. In the year 1887, out of a total current expenditure of Rx. 3,319,014 by 726 municipal cities and towns, as much as Rx. 1,466,014 was spent on promoting the public health; in 1886, the corresponding total was Rx. 1,216,454.

9. The great sanitary needs of most Indian towns wherein reasonable sanitary regulations have for some time been enforced are,—(1.) the supply of abundant and good drinking water; (2.) arrangements for the disposal of nightsoil; (3.) the reclamation and drainage of water-logged or low-lying sites. The Madras sanitary report gives a clear account of the water supply of all municipal towns; and it would be well if other provincial sanitary reports drew prominent attention to the same subject. So far as information is available, I find that a more or less sufficient supply of pure drinking water has been brought by municipal bodies into the under-mentioned towns, namely—

Calcutta, Dacca, Burdwan, Bhagulpore, Jamal-pore, Darjeeling.
Bombay, Poona, Sholapore, Jalgaon, Bhewndi, Thana, Ahmednagar, Ratnagiri.
Madras, Masulipatam.
Lahore, Rawalpindi, Simla.

Nagpur, Jabalpur, Kamptee, Hinganghat.
Rangoon, Prome.
Gauhati.

The supply at some of these places is being increased. It is remarkable that no water-supply schemes should up to 1887 have been begun for the great cities of Northern India, like

Benares,	Bareilly,
Agra,	Amritsar,
Allahabad,	Delhi,
Lucknow,	Cawnpore,
Patna,	

each of which contains a dense population, ranging from 100,000 to 325,000. The present reports show that schemes are either under consideration or sanctioned for supplying pure water to

Peshawur.	Allahabad.
Delhi.	Ahmedabad.
Kalyan.	Nasik.
Madura.	Dhulia.
Salem.	Negapatam.
Kumbakonam.	Sealkot.
Benares.	Akola.
Sylhet.	Amraoti.

I hope the Calcutta Municipality will extend to the new areas now brought within municipal limits the sanitary advantages hitherto withheld from the suburbs. I observe with satisfaction that the Sanitary Board of the North-Western Provinces, under whose orders the Local Government have placed a competent Engineer, are urging forward the Allahabad and Benares schemes. I trust that within a very few years' time the advantage, almost inestimable in the case of an Indian city, of a good water-supply may have been conferred upon the nine great cities of Northern India that I have named, if not to every town with a population of 30,000 and upwards. I believe that all Indians who sit upon municipal boards and the majority of urban ratepayers in India will cordially agree as to the desirability of a good water-supply, if well considered economical schemes are brought forward. I am glad to see that, where funds do not suffice for regular water-supply schemes, municipal bodies expend money in clearing tanks, deepening wells, and otherwise improving or guarding from defilement the existing sources of water-supply. The filling in of tanks whence tainted water is drawn for human consumption is being rightly prosecuted at Calcutta, and the same process would probably yield good results elsewhere.

10. Calcutta, Bombay, and Madras appear to be the only cities where drains for carrying off sewage are partially attempted. Drainage works on Shone and Ault's pneumatic system are being constructed at Rangoon. The cost per head of the population appears high, but I regard this as a most important experiment. A drainage scheme for Benares is also being discussed with the municipality. But

complete schemes of pipe drainage will often be beyond the means of, or may be unsuitable to, the local circumstances of towns in the interior, where a water-supply does not exist, and an outfall into the sea or a tidal river is impossible. In such cases nightsoil, mixed with dry earth or otherwise, will have to be removed outside the town in whatever may be the cleanest and cheapest way. In the dry parts of India I hope more constant effort will be devoted to experiments for restoring fertilizing material to the land. I gather that only at Cawnpore, Amritsar, and Nagpur have sewage farms yet been made a success; and those farms only partly absorb the nightsoil of their respective cities. On some of those farms very high rents appear to be exacted from the sewage farmers, who are doing such important service to the community. It is hardly desirable that the extension of this excellent system should be checked by the imposition of excessive rents. If sewage farmers were allowed to make better profits, they might be expected to extend their operations on several sides of their cities, and also to take up similar work near other towns.

11. Among the sanitary works described in the present reports none are more important than the scheme for draining the water-logged tracts in the upper Doab of the Ganges and Jumna. I trust that this work will be pushed on, and that the Provincial Boards will keep constantly in view the need for extending works of this kind, and for remedying such evils as the irrigation canals may be found to have caused in some parts of the country. The improvement in village sanitary affairs must be gradual, and no general progress can be expected until the people themselves are educated into appreciating the advantage of obeying simple sanitary rules. The enactment of laws and regulations which clothe local bodies and local officials with sanitary powers, the constitution of local unions and village committees, the frequent visits of inspecting officials, and the injunctions of district officers, will in course of time have effect. Until the chief men among rural communities accept and believe in sanitary precautions, no general improvement in village sanitation can take place. But there is all the more reason for your sanitary and civil officers taking every opportunity, by precept, by encouragement, and by example, to press forward the arrangements and the administrative machinery which are admitted to be efficacious in gradually promoting the general cause of rural sanitary reform.

I have the honour to be,

My Lord Marquis,

Your Lordship's most obedient humble Servant,

(Signed) Cross.

N. 6

Statistics Commerce
22nd August 1889

Three copies of
Letter to the Govt of India
N. 59

Letter No. 125 of 17-2-20

Local & Municipal Dept

CURRENT NO. 4622

No. 365

FROM

C. J. LYALL, Esq., C.I.E.,

Offg. Secretary to the Government of India.

TO

THE CHIEF SECRETARY TO THE GOVERNMENT
OF MADRAS.

Home Department
Sanitary.

UNDER SECRETARY
11 DEC 89
PUBLICITY DEPT.

Calcutta, the 5th December 1889.

SIR,

In continuation of the correspondence ending with Home Department endorsement No. 348, dated the 30th October 1889, on the subject of the measures to be adopted for the promotion of sanitary reform, I am directed to forward, for the information of His Excellency the Governor in Council, copies of a despatch* from Her Majesty's Secretary of State and of the "Report on Sanitary Measures in India for the year 1887" compiled in the India Office.

2. With reference to the concluding portion of paragraph 2 of the despatch, containing His Lordship's request to be supplied with a special report regarding the establishment and working of Sanitary Boards, I am to say that, as some time must elapse before the schemes for sanitary improvement which the Board in Madras will have to consider can begin to be carried into effect, the Governor General in Council will not require a report of its proceedings till the end of the calendar year 1890. A succinct report of its work up to the end of that year should be submitted as an Appendix to the Sanitary Report for 1890, and I am to request that, with the permission of His Excellency the Governor in Council, instructions to this effect and for the regular submission in a similar manner of subsequent annual reports may be issued.

3. I am to call the special attention of His Excellency in Council to the remarks made in paragraph 4 of the despatch regarding the registration of births and deaths, and to observe that a proper system of recording vital statistics affords the only safe test by which sanitary progress can be estimated. Every endeavour should be made to secure greater accuracy in these statistics.

4. In connection with the views expressed by His Lordship in paragraph 9 of the despatch as to the general lines on which action should be taken in promoting sanitary reform, I am to invite a reference to paragraph 6 of Home Department Resolution No. 3—212-225, dated the 27th July 1888, and to say that it will be for the Sanitary Board to show in the Annual Report referred to in paragraph 2 of this letter how far it has succeeded in each year in carrying out improvement in the directions indicated.

5. Finally, in commending the remarks made in paragraph 10 of the despatch to the notice of His Excellency in Council, I am to request that the question of sewage farming may be specially referred to in the Annual Reports

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Edgworth

Offg. Secretary to the Government of India.

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The Govt. of India

Home Department.
Sanitary.

No 365-

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Subject-

Forwarding with remarks

Copy of a despatch from H. H.
Secretary of State & of the report.

on Sanitary measures in China
for 1857.

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Letter from the Govt. of India

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No 3 - 212-225 d/27 July. 88

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GOVERNMENT OF MADRAS.

PUBLIC DEPARTMENT.

READ—the following paper :—

From C. J. LYALL, Esq., C.I.E., Officiating Secretary to the Government of India, Home Department (Sanitary), to the Chief Secretary to the Government of Madras, dated Calcutta, the 5th December 1889, No. 365.

In continuation of the correspondence ending with Home Department endorsement, No. 348, dated the 30th October 1889, on the subject of the measures to be adopted for the promotion of sanitary reform, I am directed to forward, for the information of His Excellency the Governor in Council, copies of a despatch* No. 59 (Statistics and Commerce), dated the 22nd August 1889, from Her Majesty's Secretary of State and of the "Report on Sanitary Measures

in India for the year 1887 " compiled in the India Office.

2. With reference to the concluding portion of paragraph 2 of the despatch, containing His Lordship's request to be supplied with a special report regarding the establishment and working of Sanitary Boards, I am to say that, as some time must elapse before the schemes for sanitary improvement which the Board in Madras will have to consider can begin to be carried into effect, the Governor-General in Council will not require a report of its proceedings till the end of the calendar year 1890. A succinct report of its work up to the end of that year should be submitted as an Appendix to the Sanitary Report for 1890, and I am to request that, with the permission of His Excellency the Governor in Council, instructions to this effect and for the regular submission in a similar manner of subsequent annual reports may be issued.

3. I am to call the special attention of His Excellency in Council to the remarks made in paragraph 4 of the despatch regarding the registration of births and deaths, and to observe that a proper system of recording vital statistics affords the only safe test by which sanitary progress can be estimated. Every endeavour should be made to secure greater accuracy in these statistics.

4. In connection with the views expressed by His Lordship in paragraph 9 of the despatch as to the general lines on which action should be taken in promoting sanitary reform, I am to invite a reference to paragraph 6 of Home Department Resolution, No. 3—212-225, dated the 27th July 1888, and to say that it will be for the Sanitary Board to show in the annual report referred to in paragraph 2 of this letter how far it has succeeded in each year in carrying out improvement in the directions indicated.

5. Finally, in commending the remarks made in paragraph 10 of the despatch to the notice of His Excellency in Council, I am to request that the question of sewage farming may be specially referred to in the annual reports of the Sanitary Commissioner for Madras and the Sanitary Board, who should notice the extent to which it is resorted to in the Madras Presidency, the terms on which land manured in this manner is rented, how far the general adoption of this profitable method of disposing of sewage is hindered in the Presidency by religious scruples or popular prejudice, and what measures for the removal of these obstacles are likely to be successful.

ENCLOSURE.

Despatch from the Right Honorable Lord CROSS, Her Majesty's Secretary of State for India, to His Excellency the Most Honorable the Governor-General of India in Council, dated India Office, London, 22nd August 1889, No. 59 (Statistics and Commerce).

I forward, for the information of your Excellency, a copy of the "Report on Sanitary Measures in India for the year 1887," which has been compiled in this office. In former years, the memoranda recorded by the Army Sanitary Commission on the several provincial and other sanitary reports formed appendices to the annual reports issued by the India Office. The provincial reports for the year 1885 were the last that had the advantage of being reviewed by that Commission. During the year 1888 the Secretary of State for War proposed to abolish the Commission, and to retain the services of a professional sanitary expert, who should, whenever necessary, advise upon sanitary measures affecting the health of Her Majesty's troops. When consulted upon the matter, I offered no objection to the proposed arrangement, but I expressed a hope that Indian Sanitary reports might in future be referred to the War Office sanitary expert for remarks and suggestions.

2. Before I decided to accept the War Office proposals, and to forego for the present the

* A copy of the despatch, dated 10th January 1889, acknowledging this resolution and forwarding Colonel Sir Henry Yule's valuable minute, is annexed to the present report.

benefits conferred by the valuable and suggestive memoranda of the Army Sanitary Commission, I had received and approved* the important sanitary orders contained in the Government of India resolution, dated the 27th July 1888. Those orders provided for the constitution of a Provincial Sanitary Board in every province, which would not only advise the Government and local authorities upon sanitary measures, but would also be the executive agency through which the Government would act in the Sanitary Department. I anticipated that these Provincial Sanitary Boards, if carefully organized and judiciously worked, would exercise a powerful initiative and a valuable control in all departments of sanitary work. Local needs and circumstances would be most fully known to these Boards, which could act and advise more promptly and effectively than a Sanitary Committee, however able and experienced, sitting in London. It is too soon to form any opinion regarding the work of the Provincial Boards; but I have gathered from the Proceedings of the Local Governments that in one province at any rate the Board have already taken up the work in an effective and useful manner. It should, however, be impressed upon the Local Governments and their Sanitary Boards that, since the abolition of the Army Sanitary Commission, the fullest and legislative restrictions, rest upon the Sanitary Board of each province. I shall be glad to receive a special report from your Government as soon as you are in a position to say anything regarding the establishment and the working of the new Boards.

3. Having thus noticed the new departure that has been taken in sanitary work, I proceed to draw your Excellency's attention to some of the more important points in the Sanitary report for the year 1887:—

Army.—The death-rate among British troops, which had been rising, has now begun to abate, thus:—

	Death-rate per mille.		Death-rate per mille.
1883	10.88	1886	15.18
1884	12.56	1887	14.20
1885	14.55		

The rate is still far higher than the minimum attained in 1883. The ratios of admission to hospital and of daily sick are both lower than in 1886. But the ratio of invaliding is higher; and the deaths from enteric fever, though fewer than in 1886, are still far above the average of former years. Cholera numbered four times as many victims as in the previous year. Though the decrease on the previous year's deaths is cause for satisfaction, yet there is still need for the greatest and most continued care in abating the causes of and preventing disease; and I consider that the sanitary and medical officers of your armies must not be content until they have worked back to the death-rate of the year 1883. The etiology of cholera and enteric fever may be doubtful; but there is no doubt about the direct advantages of pure water, cleanly surroundings, wholesome diet, well-kept latrines, and prompt removal of night-soil. It is believed that Europeans in civil life suffer from cholera, and perhaps also from enteric fever, less severely than the Indians around them; and it is not satisfactory that British troops should suffer nearly twice as much from cholera and nearly 25 times as much from enteric fever as their Indian fellow-soldiers.

The improvement in the death-rate among Native troops from 13.27 per mille in 1886 to 11.68 per mille in the year under report is satisfactory; and so also is the great reduction in the

sick-rate and death-rate at Quetta. During recent years, much attention has been paid to improving the clothing of Indian troops employed in cold districts; but the great and continued prevalence of respiratory diseases among Native troops will doubtless cause your officers to give unabated attention to measures for preventing these ailments.

4. *General Population.*—The year 1887 appears to have been unhealthy over a great part of India; the deaths from cholera were more than double the number in the previous year, and there was a serious increase in small-pox deaths. Fevers, as usual, were assigned as the cause of more than two-thirds of the reported deaths. The registration of births and deaths appears to be on a good footing, and is gradually improving in Berar, the Central Provinces, the North-West Provinces, and the Punjab, though in the two last mentioned the birth-rate is probably below the truth; but in other provinces there is much room for improvement.

5. *Jails.*—The year shows a satisfactory reduction in the prison death-rates in Bengal and Assam, where the rates of past years were high. For the rest, most provinces show an increased death-rate, due to the unhealthiness of the season. The death-rate for all India was 35.48 per mille in 1887, as compared with 33.34 in 1886. The Burma prisons death-rate has abated from the high rate of 1886, although cholera was exceptionally prevalent and fatal in 1887. In the Central Provinces prisons, the death-rate has ranged very high for some years; your Government have enjoined very careful inquiry and administration, and there seems no reason why precaution and care, which have proved effectual in Bengal, should not produce similar results in the prisons of the Central Provinces. The four provinces which encircle the Central Provinces, namely, Bengal, the North-West Provinces, Berar, and Bombay, each has a death-rate 50 per cent. below that of the Central Provinces, so it seems difficult to believe that climate and local peculiarities are answerable for the excessive prison mortality there. In three of those provinces, where registration is fairly good, the jail death-rate is far below the mortality among the population, whereas in the Central Provinces the death-rate was double that of the general population.

6. *Vaccination.*—The increase in the number of successful vaccinations in India from 4,950,893 in the year 1886 to 5,202,595 in the year 1887 is satisfactory, and the increase is shared by all provinces. But only two-fifths of these operations were performed on children under one year old, and the ratio of children vaccinated to total annual births varies from 76 per cent. in Berar to about 11 per cent. in Bengal; so, though great progress has undoubtedly been made, Indian populations are still far from enjoying complete protection from small-pox. In the year 1887 several provinces suffered from epidemic small-pox; but the sanitary officers are probably justified in their belief that the spread of vaccination has very greatly diminished the severity of the periodical visitations of this disease. The employment of lymph from the cow, instead of the vaccine matter procured from Europe, appears to be gradually succeeding in most provinces. It is satisfactory that the average cost of each vaccination continues to decrease, and that more and more municipal towns are voting themselves under the compulsory Vaccination Act.

7. *Hospitals and Medical Schools.*—The number of patients at hospitals and dispensaries continues to increase by about 5 per cent. per annum; and the total number of patients treated at public institutions during the year was 10,870,628 for all India, of whom a quarter of a million were in-patients. The number of students at medical schools and colleges, 2,301 in all, shows progress, though at some schools the numbers fell off. It is remarkable that 166 of these medical students are women, who have to pass the same examinations as men. A few years ago a women medical student was hardly known in India; and this excellent movement among Indian women is mainly due to the efforts of Lady Dufferin's Association for affording medical aid to the women of India.

8. *Sanitation.*—The municipal reports contain many details concerning the sanitary progress made in cities and towns; but concerning the sanitation of rural tracts and villages, little information is available beyond occasional inspection notes and general remarks in the Sanitary Commissioner's reports. In the year 1887, out of a total current expenditure of Rs. 3,319,014 by 726 municipal cities and towns, as much as Rs. 1,466,014 was spent on promoting the public health; in 1886, the corresponding total was Rs. 1,216,454.

9. The great sanitary needs of most Indian towns wherein reasonable sanitary regulations have for some time been enforced are—(1) the supply of abundant and good drinking-water; (2) arrangements for the disposal of night-soil; (3) the reclamation and drainage of water-logged or low-lying sites. The Madras sanitary report gives a clear account of the water-supply of all municipal towns; and it would be well if other provincial sanitary reports drew prominent attention to the same subject. So far as information is available, I find that a more or less sufficient supply of pure drinking-water has been brought by municipal bodies into the under-mentioned towns, namely:—

Calcutta, Dacca, Burdwan, Bhagulpore, Jamalpore, Darjeeling.
Bombay, Poona, Sholapore, Jalgaon, Bhowndi, Thana, Ahmednagar, Ratnagiri.
Madras, Masulipatam.

Lahore, Rawalpindi, Simla.
Nagpur, Jabalpur, Kamptee, Hinganghat.
Rangoon, Prome.
Gauhati.

The supply at some of these places is being increased. It is remarkable that no water-supply schemes should up to 1887 have been begun for the great cities of Northern India, like

Benares,	Lucknow,	Amritsar,
Agra,	Patna,	Delhi,
Allahabad,	Bareilly,	Cawnpore,

each of which contains a dense population, ranging from 100,000 to 325,000. The present reports show that schemes are either under consideration or sanctioned for supplying pure water to

Peshawur.	Benares.	Negapatam.
Delhi.	Sylhet.	Sealkot.
Kalyan.	Allahabad.	Akola.
Madura.	Ahmedabad.	Amraoti.
Salem.	Nasik.	
Kumbakonam.	Dhulia.	

I hope the Calcutta Municipality will extend to the new areas now brought within municipal limits the sanitary advantages hitherto withheld from the suburbs. I observe with satisfaction that the Sanitary Board of the North-Western Provinces, under whose orders the Local Government have placed a competent Engineer, are urging forward the Allahabad and Benares schemes. I trust that within a very few years' time the advantage, almost inestimable in the case of an Indian city, of a good water-supply may have been conferred upon the nine great cities of Northern India that I have named, if not to every town with a population of 30,000 and upwards. I believe that all Indians who sit upon municipal boards and the majority of urban ratepayers in India will cordially agree as to the desirability of a good water-supply, if well considered economical schemes are brought forward. I am glad to see that, where funds do not suffice for regular water-supply schemes, municipal bodies expend money in clearing tanks, deepening wells, and otherwise improving or guarding from defilement the existing sources of water-supply. The filling in of tanks whence tainted water is drawn for human consumption is being rightly prosecuted at Calcutta, and the same process would probably yield good results elsewhere.

10. Calcutta, Bombay, and Madras appear to be the only cities where drains for carrying off sewage are partially attempted. Drainage works on Shone and Ault's pneumatic system are being constructed at Rangoon. The cost per head of the population appears high, but I regard this as a most important experiment. A drainage scheme for Benares is also being discussed with the municipality. But complete schemes of pipe drainage will often be beyond the means of, or may be unsuitable to, the local circumstances of towns in the interior, where a water-supply does not exist, and an outfall into the sea or a tidal river is impossible. In such cases nightsoil, mixed with dry earth or otherwise, will have to be removed outside the town in whatever may be the cleanest and cheapest way. In the dry parts of India I hope more constant effort will be devoted to experiments for restoring fertilizing material to the land. I gather that only at Cawnpore, Amritsar, and Nagpur have sewage farms yet been made a success; and those farms only partly absorb the nightsoil of their respective cities. On some of those farms very high rents appear to be exacted from the sewage farmers, who are doing such important service to the community. It is hardly desirable that the extension of this excellent system should be checked by the imposition of excessive rents. If sewage farmers were allowed to make better profits, they might be expected to extend their operations on several sides of their cities, and also to take up similar work near other towns.

11. Among the sanitary works described in the present reports none are more important than the scheme for draining the water-logged tracts in the upper Doab of the Ganges and Jumna. I trust that this work will be pushed on, and that the Provincial Boards will keep constantly in view the need for extending works of this kind, and for remedying such evils as the irrigation canals may be found to have caused in some parts of the country. The improvement in village sanitary affairs must be gradual, and no general progress can be expected until the people themselves are educated into appreciating the advantage of obeying simple sanitary rules. The enactment of laws and regulations which clothe local bodies and local officials with sanitary powers, the constitution of local unions and village committees, the frequent visits of inspecting officials, and the injunctions of district officers, will in course of time have effect. Until the chief men among rural communities accept and believe in sanitary precautions, no general improvement in village sanitation can take place. But there is all the more reason for your sanitary and civil officers taking every opportunity, by precept, by encouragement, and by example, to press forward the arrangements and the administrative machinery which are admitted to be efficacious in gradually promoting the general cause of rural sanitary reform.

ORDER—dated 17th February 1890, No. 125, Public.

Communicated to the departments concerned and to the Sanitary Commissioner, who will comply with the instructions in paragraph 2 of the letter from the Government of India.

2. Paragraphs 4 and 5 of the letter read above will be noted by the Sanitary Commissioner for guidance, and that officer will be furnished with a copy of Home Department Resolution, No. 3—212-225, dated 27th July 1888.

(True Extract.)

Ag. Chief Secretary.

To the Judicial Department.

" Military Department.

" Local and Municipal Department.

" Educational Department.

" Sanitary Commissioner for Madras,

with Government of India Resolution quoted.

Exd. A. Raiff.

Govt. of {1890} Madras.

PUBLIC.

Issued

Recd.

Encl.

G.O., 17th February 1890, No. 125.

FEBRUARY.

Sanitation.

Communicating letter from the Government of India forwarding, with certain remarks, copy of a despatch from the Secretary of State relating to the Sanitary Report for 1887.

ORDINARY, PRINTED.

Public DEPARTMENT.

G.O., DATED 17. 2. 90

No. 125.

I
20/2/97
1-8-90
Pub 125
14-11-1897

First copy sent to Press. 17/2

Returned for signature. 25/2

Despatched in print. 26/2

[Despatch Abstract.]

Sanitation.

Communicating letter from
the Govt of India forwarding
with explanatory remarks
copy of a Despatch from
the Secy of that Govt referring
to the Sanitary Report for 1887

For info of Secy
to Govt of India
15/2