

Tab. DEPARTMENT.
 G.O., DATED 3rd July 1874
 No. 476

INDEXED.

When given for copying. 5/7

[Despatch Abstract.]

Requesting D. W. G. Knif to
 prepare a draft pamphlet
 including his hints on
 the mode of investigating
 outbreaks of cholera
 together with all the
 rules regarding epidemics
 laid down in Govt orders

ORDER.

ENCLOSURES.

CURRENT No.

1734
1896

h g
g A

STATEMENT WITH DITTO.

ORDER OF GOVERNMENT.

A A

LETTER OF GOVERNMENT.

STATEMENT WITH DITTO.

APERS NOT FILED UP, BEING MEANT FOR DESPATCH
IN ORIGINAL (not paged).

N.B.—

A — Copy in full.

B — Not to be copied.

P — Copy abstract only.

Q — Copy heading only.

1st July 1894

The Govt. agrees in the opinion expressed in para: 1 of the Surgeon General's letter:

2. Dr. King will be requested to prepare and submit a draft pamphlet on the lines suggested in para: 2.

3813
28/6.

47

21/5/94

Surgeon General
Sanitary Comm. Conf. by
7 JUL 94
DESPATCHED
M.S.

SURG. MAJOR-GEN. W. F. DUFFADECK, M.D.,

SURGEON-GENERAL WITH THE

GOVERNMENT OF MADRAS,

Madras,

To

CHIEF SECRETARY
27 JUN. 1894
GOVERNMENT OF MADRAS

No. 1000

ENCLOSURES. Pub. C. No. 1734 returned.

Dated 26:

Reed.

} June 1894

No.

Subject.

States that he considers the hints as to mode of investigating outbreaks of cholera submitted by the San'y. Compt. to be very good.

19 S. G. - 200 - 21-2-94.

ORDER

I have the honor to be
Sir.

Your Most Obedt. Servant.

Chichester
Surgeon. Major. General.
Surgeon. General with the Fort. of Madras

My dear Sir
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above mentioned subject. I am sorry to hear that you are not well, and hope that you will soon be able to resume your duties. I am, Sir, very respectfully,
Your Obedt. Servant,
J. M. Smith
Surgeon. Major. General.
Surgeon. General with the Fort. of Madras

RECEIVED
SIXTH ORDER

Encl. 11

From

SURGEON MAJOR-GENERAL W. F. DE FARECK M. D.

SURGEON-GENERAL WITH THE

GOVERNMENT OF MADRAS,

Madras,

To

THE HONORABLE THE CHIEF SECRETARY TO GOVERNMENT,

Local & Municipal DEPARTMENT.
Pottacamund.

SIR,

with returned.

With reference to your endorsement No. 12 dated 14 June 1894 I have read the "Hints as to the mode of investigating outbreaks of cholera for the guidance of non-professional persons only" proposed by the Acting Sanitary Commissioner and consider them very good. If they were recognized and circulated as he suggests it would lead to more accurate investigations than now exist.

2. I also think that it would be very desirable to have all the rules regarding epidemics laid down in G.O. No. 2312 of the 31st January 1891, G.O. No. 757 dated 12 September 1893 or appendix 51 A.R.S. Vol. II Medical (as far as they refer to the Local Government) or any other orders of Government on the subject which I do not recall at present compare with these hints and published in a pamphlet containing information of all concerned.

Local & Municipal DEPARTMENT.

From

R. G. King M. B., C. M.,
SURGEON LIEUT.-COL. J. A. LAING, D.P.H.

Ag. SANITARY COMMISSIONER FOR MADRAS,

To

THE Chief Secretary
to Government
Local & Municipal Dept

No. 1058
S

Dated

Despatched

Received

29

30

May

1894.

ENCLOSURES. 1

Subject.

Forwarding, for approval of Government, a memorandum of Hints as to mode of investigating cholera epidemics and suggesting circulation of it to collectors if approved

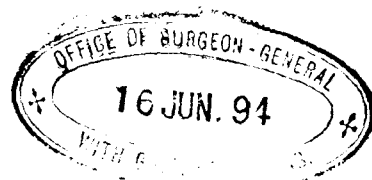
Pub. No. 757 of 12-9-93 orig.

No. 450

Transferred to the Public Department.

Done & No. 66
Ag. Assistant Secy

18/6/94
Fort St. George
8th June 1894



To The Public Department.

Send L 1200.

Referred to the Surgeon General for remarks

Richard White
Chief Secretary.

35/3
12/6
Do Lacameud
14 June 1894

and
I would suggest that, by
circulating it to Collectors, Local
Fund and Municipal authorities,
it would be possible to further the
object of the Government of India
in the G.O. mentioned as to investiga-
tion of cholera epidemics, by in-
stituting more uniformity of method
than at present exists.

I have the honor to be,
Sir,

Your Most Obedt Servant,

H. S. S. S.

Surgeon Lieut Col

Ag. Sanitary Commissioner

From

CURRENT NO 119

SURGEON LIEUT. J. W. G. KING, M.B., C.M., D.P.H.,

Ag. SANITARY COMMISSIONER FOR MADRAS,

To

THE

Chief Secretary to Government
Local and Municipal Dept.

Enclosure 1

SIR,

With reference to G.O. No 757, Public
dated 12th September 1893 (Para 6),
I have the honour to forward herewith
a Memorandum detailing information
required for the investigation of
cholera epidemics. The rules con-
tained in Section C are sufficiently
simple to be understood by non-
professional persons to whom such
investigations are likely to be en-
trusted in the absence of medical
men, namely, Sanitary Inspectors
Revenue Inspectors, Deputy Inspectors
of vaccination and the like. The
rules under Sections A and B ought
to be readily understood by Village
Monegars or Kurnams, if translated
in the vernaculars.

2. If this Memorandum be
approved

eradication and, in endeavouring
to prevent spread, to hold in mind
the same facts, so as to be in a
position absolutely and effectually
to destroy this poison, by the various
methods, ^{namely} applied by sanitarians.

Were correct methods of observation
of the origin of epidemics insisted
upon, and were this followed by
rapid destruction of the choleraic
poison, there cannot be the slightest
doubt that cholera would ^{in time} ~~shortly~~
disappear for ever from this
country.

For Saint George
29th May 1894

W. King

M.B., C.M., D.P.H.
Surgeon Lieut Colonel

Ag. Sanitary Commissioner

4750-194

with excreta voided upon the floor
and that the poison be trans-
mitted in obtaining water from wells and
channels etc. The method of trans-
mitting the poison by washing
infected clothing in water in which
poisonous matter is used for drinking
purposes is of course easy and is
self evident.

*
Water of bathing tanks
is introduced into
the mouth during
the ordinary ab-
lutions made by
natives.

The rule to be followed then is, in
short, to remember that the poison
death which is capable of living and
increasing after being passed with
the vomit and faeces of an affected
person; that by far the most frequent
way of conveyance of the poison
is by medium of water and food,
contaminated by choleraic matter
and, perhaps, in the second place, by
transference of the poison by air cur-
rents from surfaces and soil so
contaminated. The leading principle
required is, therefore, that in all
enquiries as to introduction, the
endeavour should be to ascertain
the point of introduction.

Being then transferred to the public
drains by rainfall and thus into
rivers, channels, tanks etc; or, again,
the vehicle not being disinfected
or cleaned, those persons may
journey in it, and convey the
poison attached to their clothes
or hands, and thus become a dan-
ger to themselves & others. If
the patient is treated in a dwelling,
it is possible that the vomit and
excreta may be passed on the floor
and, thence, be washed into the
public road, and thus along the
drain and into various streets
throughout large areas, & the fluid
excreta may be covered with ashes,
as is occasionally done among poorer
classes, and be thrown on the
ground in front of the house, or
be placed in public dust bins, and
thence in the form of dust be widely
scattered. In getting water for the
household, it is possible that either
attendants of the sick person

...the vessels re-
...at a distance...
NEW ORDER.

and subsequently increased fluid. But forms contain the poison, and, even for a period of ten days after the attack, the fecal matter must be still regarded as dangerous. Especially, care must be taken not to be misled by the statement that there were no "feces" - only water. This fluid stool is, of course, characteristic of cholera, and contains the poison.

Now, if these simple facts be borne in mind, the tracing of the method of spread ought not to present much difficulty. For example, if a patient has had a first stool near an irrigation channel or stream, or a well incorrectly protected, the transfer by the feet of passersby, or by the surface washings on the occurrence of rainfall into the water, is possible. If during careless conveyance of a patient in a vehicle, fluid stools be passed, these may be left on the road, and be subject to being

poison is ~~also~~ a living organism (or formed by the action of a living organism) that is microscopical, that can multiply and increase many hundred times when introduced into water, probably also on cold food preparations, and damp clothing, and, further, that ~~in the absence of~~ flies, dust, it may be conveyed in the air from the surface of the soil, or from beneath the soil, and thus be brought in contact with the nose and mouth of persons, and hence reach the stomach. Flies may settle upon the excreta, and thus convey the poison to food or water; crows, dogs, cats, and cows, fowls &c of filthy habits may also be the media of transfer of the poison by its attachment to the feet or the mouth, and its being transferred thence by next contact, or, disseminated in the form of fine dust, reaching food or water. It must also be remembered that the fecal matter of a person affected with cholera is ~~not~~ and

ORDER.

with the patient at time of attack.

B. Former history of the disease, in the same locality.

(1) State the months, years and, if possible, dates of the commencement of the three cholera epidemics, in the same locality.

(2) How many attacks were there, how many deaths in each of these epidemics?

(3) Give dates of first and of the last case, in each epidemic.

(4) What villages, if any, in the neighborhood were attacked during these epidemics?

(5) Were any of the neighboring villages attacked now, if so, state their names.

C. To obtain the history of spread of the disease.
[To be communicated with foreign rules, where the enquirer has a fair education only].

If the enquirer will remember that in the stools and vomit the poison is contained, it demands little perseverance, as a patient gives information as to the modes of propagation of the disease, after its first introduction has been established.

from what special places.

(6) If the patient had introduced to any attacked locality, state whether he has been in contact with apparently healthy persons recently convalescent from attacks, who have arrived from such places.

(7) Have persons recently convalescent from attacks arrived in the place?

(8) Has the patient had any water from any irrigation channel, or river, brought to the town from affected localities, or has he drunk from such sources where it is known the channel, or river, is liable to be contaminated by passing over such localities?

(9) On what date, and at what time, was the first stool passed, or did the patient vomit?

Enquire, with the greatest care, to where each stool or vomit was voided, and report if any special methods of disposal were adopted, in each case.

What has become of patient?
and of all cases.
ORDER.

Hints as to mode of investigation outbreaks of cholera.

(For guidance of non-professional persons
only.)

A To obtain the history of the first case:

Note the person's name, age, sex, race,
occupation, permanent residence: then
ascertain the history thus:

(1) What has his occupation been of late,
especially that followed during the last
three weeks?

(2) Has he, during the last three weeks,
journeyed to any other locality; if so,
state what?

(3) Were any of the places visited by
him known to be affected with cholera?

(4) If so, give date of visit, and if possible
add any details that can be gained
into the age, sex, and residence of
persons affected.

(5) Did the patient have intercourse
with the persons affected?

(6) Or with persons in attendance
upon them?

(7) Did he eat food or drink water,
milk, toddy, tea or other fluid?

was obtained from the infected person?

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Current No. 1903

Public DEPARTMENT.

From J

Pub go. 1167 7/6-83 Ac
1166 7/14-83 Ac
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508 209-4-81 Ac
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