

Public (1895) Department.

ORDINARY PRINTED.

G.O., No. 1000

DATED 9th Decr. 1895

[Despatch Abstract.]

RE-ORGANIZATION OF THE SANITARY DEPARTMENT.

Communicating to the Surgeon-General and to the Sanitary Commissioner, for report, and to the Local and Municipal Department, for remarks, Resolution of the Government of India relating to the---

BACK PAPERS.

G.O.	No.	Department.	Date.	G.O.	No.	Department.	Iss.

FURTHER PAPERS.

G.O.	No.	Department.	Date.	G.O.	No.	Department.	Date.
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ORDINARY, PRINTED.

Public DEPARTMENT.
G.O., DATED 9-12-95
No. 1000

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7 Copies
[Despatch Abstract.]

Reorganisation of the
Sanitary Department

Communicating to
the Surgeon General
& to the Sanitary Commis-
sioner, for report, & to the
Local and Municipal
Department, for remarks,
a Resolution of the Govt.
of India relating to—

14 Dec 1900
L. D. D. D.

READ AGAIN: ORDER OF GOVERNMENT, DATED
15 No.

FURTHER PAPER, No. 4344 of 1895

1086 of 1896

[3.]
25
300-5-14-95

Public DEPARTMENT.

C. No.

3968.

FOR ORDERS.

This Resolution of the
G. O. I. relating to the Sanitary
Dept is circulated as it is an
important one. It was recd.
in the L. M. dept on the 14th
Nov. & handed over to Public
on the 26th idem; hence delay.

It is proposed to request
the Surgeon General and the
Sanitary Commr. to submit
a joint report on the various
points that require consider-
ation and to ask the L. M.
dept. for its remarks.

It would seem that India
is not prepared to accept the
alternative scheme sketched
in the concluding paragraphs
of letter No. 617 of 24.8.94.

3513
2.12.5.

ORDER No.

3968

STATEMENT WITH DITTO.

ORDER, ETC., OF GOVERNMENT—A.

PAPERS KEPT OUT OF FILE FOR DESPATCH IN ORIGINAL
(not paged).

NUMBER OF COPIES
REQUIRED.

Order complete.
Letter only.
Order complete with Letter.

33- Under the Surgeon General
on 10/10/95 & keep
the type standing.

H.B.—

A = Print in full.
B = Not to be printed.
P = Print abstract only.
Q = Print heading only.
R = Print, but not for monthly volume.

4-12-95
Reorganisation of the
Sanitary Dept.

FOR ORDERS.

H. E. THE GOVERNOR. 3.

THE HON'BLE MR. H. W. BLISS, C.I.E. 1.

THE HON'BLE MR. J. GROSE. 2.

Inc.

Recd with the
Current

I think we should
have done it before
the S.C. committee
S.C. have been there
long. Why trouble with
H.C. with it now? It is
a military department
In fact about it.
18
2/12-

1000 89/12

18
Local & Municipal Dept.

CURRENT No. 3252

11 Sanitary
No. 313-326

Extract from the Proceedings of the Government of India in the Home Department (Sanitary),—under date Simla, the 26th October 1895.

READ—

Resolution recorded in the Home Department, No. $\frac{10}{533-14}$, dated the 29th September 1887.

Resolution recorded in the Home Department, No. $\frac{4}{340-51}$, dated the 7th June 1888.

Resolution recorded in the Home Department, No. $\frac{2 \text{ Sanitary}}{106-117}$, dated the 18th June 1894.

Read also—

Resolution passed in the Public Health Section of the Indian Medical Congress regarding the present organization of the Sanitary Service in India.

RESOLUTION.

3 Nov 1895

AT the Indian Medical Congress held in Calcutta in December 1894, a discussion, which was initiated upon a paper read by Dr. W. J. Simpson, took place upon the need for a Sanitary Service for India. This discussion will be found recorded in the Transactions of the Congress to which the Governor General in Council desires to invite the attention of Local Governments and Administrations.

2. The Governor General in Council has, in connection with this discussion, had under consideration the question of the constitution of, and work performed by the Sanitary Department. In the first place His Excellency in Council would remark that the sanitation of the army and of the military cantonments has already been completely separated from that of the general civil population, as was suggested at the Congress. The Cantonment Committee is the local authority responsible for the sanitation of a cantonment, in accordance with the regulations issued under the Cantonments Act. Neither do the local civil authorities control the administration of sanitary matters within cantonments, nor has the Sanitary Commissioner with the Government of India any executive power of interference in such matters within cantonments. He acts as the adviser of the Government of India on sanitary points connected with the construction of barracks and hospitals for European and Native troops, and on measures for improving the sanitary condition of cantonments and all matters connected with the health of the army in India. He also exercises a general supervision over the compilation of the mortuary and health statistics of the army. Whatever action is taken on his advice is the action of the Government of India and not that of the Sanitary Commissioner. The Governor General in Council sees no reason for reconsidering the existing arrangements in this respect. All that His Excellency in Council would say here in regard to the sanitation of cantonments is that, should the local military authorities at any time seek from Local Governments and Administrations the assistance or advice of the Sanitary Commissioner or the local civil district and medical officers, it should be freely given to them.

3. Turning to the question of the work of the Sanitary Department among the general civil population, it appears to the Governor General in Council to be a defect in the existing organization of the Department that it is too much separated from the Civil Medical Department which is responsible for the distribution of medical relief. The Sanitary and Vaccination Department is engaged on preventive, and the Medical Department on curative measures, but these two Departments, though working with the same aim in view, viz., the improvement of the health and conditions of life of the civil population, have not in the past been associated together in such a manner as most efficiently to further this aim. The Sanitary Department consists in the larger provinces of a Sanitary Commissioner, aided by one or more Deputy Sanitary Commissioners

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who are officers of the Indian Medical Service, with a subordinate staff of inspectors, sub-inspectors and other supervising agents of the registration of vital statistics and vaccination, who have received no special education in sanitary matters. In the smaller provinces the duties of Sanitary Commissioner are combined with those of Inspector-General of Civil Hospitals, and there are no Deputy Sanitary Commissioners. The executive branch of the Department does not furnish the proper machinery for carrying on local sanitary work, and there is not an efficient agency either to advise or impel municipal or local boards in the matter of every-day sanitation as distinguished from larger schemes for the supply of pure water or the improvement of drainage. As a result of these defects in organization the duties of the superior officers of the Sanitary Department have, beyond inspections which lead to the discovery of local sanitary defects but not always, the Government of India fear, to their removal, been mainly limited to the collection of vital statistics and the control of vaccination. The Governor General in Council has much pleasure in acknowledging the good results which have been attained in the encouragement of vaccination, but the improvement secured in the registration of vital statistics (though, as the Government of India stated in the Home Department Resolution No. ^{Sanitary} 106 117, dated 18th June 1894, there was a gradual, but slight improvement in the registration of both births and deaths between the census of 1881 and that of 1891) and in sanitation has not, in the opinion of His Excellency in Council, been hitherto at all commensurate with the expenditure on the Department.

(1) 2-7-94

(2) 4. It appears to the Governor General in Council that, if any tangible improvement is to be effected in sanitary work, particularly in rural areas, the quality of the supervising agency must be improved, and that it is essential, in order to make this agency efficient, to require that it should be specially trained in hygiene, though it will not, in the opinion of His Excellency in Council, be necessary to require that a very high standard of qualification in sanitary knowledge should be attained by the subordinate members of the Department. The Government of India understand that in some provinces at all events an attempt is made to give lectures on the principles of sanitation, but, so far as the information before them goes, it would appear that present arrangements are incomplete and unsatisfactory. The Governor General in Council will be glad to learn from the different Local Governments and Administrations what is the present state of instruction in this subject, and how they would propose to improve and extend it. His Excellency in Council favours the idea of instituting a system of granting special diplomas in public health, and is anxious that Local Governments and Administrations should consider the course of teaching which should be prescribed, and the examinations which should be instituted for superior and inferior qualifications and for the grant of diplomas. The Government of India have at present under consideration the question of establishing an Imperial Laboratory, and if this proposal is carried into effect, it will probably be found possible to arrange for a certain number of the students in hygiene to attend a course of bacteriology at this Laboratory.

5. The Government of India would propose to substitute for the existing inefficient machinery of the Sanitary Department an agency specially trained in the manner indicated above. But the change can only be brought into effect gradually with due regard to financial considerations and to the claims of existing incumbents. Subject to these considerations it appears to the Governor General in Council that the duty of inspecting and checking the work of the vaccinators and of looking after village sanitation should be gradually transferred to men who have gone through a course of hygiene and hold sanitary qualifications. It will have to be considered whether candidates for these appointments should be required to go through a full medical course, or to obtain a medical qualification. Among the advantages to be gained from taking officers for the Sanitary Department from members of the general body of Assistant Surgeons and Hospital Assistants, who have been through a special course of hygiene, would be that the field of selection would be wider and that men with medical qualifications, employed in the Sanitary Department and provided with appropriate medicines and instruments for treating minor ailments, would

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be able not only to afford proper medical relief to many who do not now obtain it, but also by this means to render their advice in sanitary matters more acceptable than it might otherwise be. They would also be extremely useful in outbreaks of epidemic disease. If Assistant Surgeons or Hospital Assistants are appointed, it will be necessary to give them some addition to their grade pay, which might perhaps be fixed at 15 per cent., as otherwise the better qualified men will not desire employment in the Department where they will lose the opportunity of private practice. Local Governments and Administrations are invited to consider what addition to their grade pay would be required.

6. The Government of India are in favour of the suggestion that each municipality or group of municipalities or local bodies should be required after a certain date to appoint a Health Officer to superintend vaccination, sanitation and the collection of vital statistics. The more highly qualified of those who obtain sanitary qualifications would naturally be appointed to such posts, and the Government of India would hope that in the course of next few years a sufficient supply of trained men will become available to justify the local bodies being required to appoint Health Officers before the beginning of the year 1900. Another method in which sanitation in municipalities might be improved would be by requiring that candidates for certain municipal offices should be required to possess the lower qualification in hygiene, and this suggestion is communicated to Local Governments and Administrations for their consideration. In large municipalities in which special Sanitary Committees have not hitherto been appointed for the control of sanitary matters, it is desirable, in the opinion of the Governor General in Council, to arrange for the appointment of such Committees, with a medical man (the Civil Surgeon if possible) as President to supervise the expenditure on sanitation. Under present circumstances though funds are in most cases readily provided by municipal bodies for sanitary work, they are not, the Governor General in Council fears, always expended to the best advantage. When a Health Officer is appointed to a municipality he would work under the control of this Committee.

7. The head of the district organization in vaccination and sanitary as well as in medical matters should, in the opinion of the Government of India, be the Civil Surgeon. The Governor General in Council is aware that in nearly all provinces Civil Surgeons have now been entrusted with the work of supervising vaccination operations. They are also the sanitary officers of their districts, though, the Government of India believe, their duties in regard to rural sanitation have not in all cases been properly defined. In Provinces where this matter has not as yet been clearly provided for, steps should, in the opinion of the Governor General in Council, be at once taken to declare the authority and enforce the responsibility of the Civil Surgeon in such matters. The duties of sanitary officer of a district cannot be efficiently performed unless frequent opportunity is taken of visiting the interior of the district, and at the larger stations where the Civil Surgeon's duties at head-quarters are multifarious, it will be necessary to furnish him with an Assistant Surgeon of superior qualifications as his Personal Assistant either to relieve him from time to time of his head-quarter duties, or to visit the interior on his behalf and under his instructions. Where it is necessary to appoint an Assistant Surgeon for this purpose, he might also be employed as Health Officer of the head-quarters Municipality and, as he will in this position be debarred from private practice, he should receive some addition (say 25 per cent.) to his grade pay.

8. In the Home Department Resolution No. ¹⁰ 333-41, dated 29th September 1887, the Governor General in Council expressed his opinion that the Sanitary Commissioners had not invariably shown themselves as active in the performance of their duties as the Government had a right to expect of them. His Excellency in Council observed that Sanitary Commissioners were in some cases permitted to spend time in the hills which should be employed on inspection duty in the plains, and requested Local Governments and Administrations to impress upon Sanitary Officers the imperative necessity of exercising vigour and activity in the discharge of their functions particularly in the work of inspection. The Governor General in Council left Local Governments to consider whether the

work of Sanitary Commissioners might not be more efficiently discharged if younger officers were selected for the appointments. It appears to His Excellency in Council that Sanitary Commissioners are still kept too much at the head-quarters of the Local Governments, and that they do not spend sufficient time in moving about on tour through their charges. It ought in the opinion of the Government of India to be the rule that the Sanitary Commissioner of a Province should be engaged in moving about within it during the greater part of the year, and, in order to secure that this shall be done, it is desirable that junior officers with special qualifications should in future be posted to these appointments. By the Home Department Resolution No. 4-340-51, dated 7th June 1888, it was decided that the term of the tenure of the office should be fixed at 7 years subject to the condition that an extension not exceeding 3 years might be granted on the recommendation of the Local Government. In view of the appointment of junior officers to the post, it might, it appears to the Government of India, be desirable to reduce the initial pay to Rs. 1,000, and the Governor General in Council would be glad to receive the opinions of Local Governments upon this point as well as on the question whether any alteration is required in the rules laid down in the Resolution of 7th June 1888 as to the tenure of the appointment.

9. In the Resolution of 29th September 1887 referred to above the Governor General in Council decided that it was not possible to amalgamate the offices of Sanitary Commissioner and Principal Civil Medical Officer under the Local Governments as is done in the case of similar appointments under Local Administrations. His Excellency in Council adheres to the decision that the two appointments should not be amalgamated in the larger Provinces where matters connected with town and village sanitation provide full employment for the whole energies of a Sanitary Commissioner, but it appears to him that the dissociation of the Surgeon General in Madras and Bombay and the Inspector General of Civil Hospitals in Bengal, the North-Western Provinces and Oudh, and the Punjab, from any direct authority in sanitary matters has impeded the progress of sanitary reform. It appears to the Government of India that there is reason to apprehend that so long as Civil Surgeons who are in direct subordination to the Chief Civil Medical Officer in a Province are not ultimately responsible to him for the performance of their duties in connection with vaccination and sanitation, those duties may not receive proper attention, especially as many of the Civil Surgeons will be senior in service to the junior officers whom it is proposed to appoint in future to the post of Sanitary Commissioner. The Governor General in Council is therefore of opinion that the provinces in which there is a separate office of Sanitary Commissioner, the Sanitary Commissioner should be subordinated to the Head of the Medical Department. The amalgamation of the office establishments would probably lead to greater efficiency as well as economy, while the work of local inspection might be so distributed between the two superior officers as to bring a larger area annually under inspection.

10. The arrangements for the future administration of the Sanitary Department which approve themselves to the Government of India thus contemplate frequent inspection by Civil Surgeons and the Sanitary Commissioner, and control on the part of the head of the Medical Department. It appears to the Governor General in Council that under these revised arrangements the necessity will no longer exist for retaining Deputy Sanitary Commissioners. They will certainly not be required for the supervision of vaccination operations, but it might possibly be desirable to retain in the larger Provinces one Deputy Sanitary Commissioner whose main function would be to inquire into special outbreaks of disease and their causes, or continued unhealthiness of any particular tract of country. Any saving which could be effected in the cost of Deputy Sanitary Commissioner would be available for the most important point in the reorganization of the Department, viz., the improvement of the District Sanitary Staff, and the duties now made over to Deputy Sanitary Commissioners of securing a proper supply of pure and efficient lymph for vaccination operations can be otherwise provided for. The matter is one which should be carefully considered by Local Governments.

11. The foregoing sketch of the general lines on which the reorganisation of the Sanitary Department might, in the opinion of the Government of India, be effected is placed before Local Governments and Administrations for their consideration, and the Governor General in Council will be glad to receive in due course their opinions in regard to it. As has already been pointed out, the most important feature of the scheme, viz., the substitution of a qualified agency to supervise vaccination and sanitary operations in place of the existing establishment of unqualified inspectors and other supervising agents can only be gradually effected as properly qualified candidates for employment become available, and as vacancies occur to which they can be appointed. The Government of India will be glad if Local Governments and Administrations will now endeavour to formulate proposals for the eventual reorganization of the Sanitary Department as such agency becomes available. So far as the Government of India are able to judge it should be possible to effect the changes required in the organization of the Department without increasing the cost of it, but if this is not possible, the question of how far local funds could be called upon to contribute towards any increase of expenditure involved in reorganizing it, should be carefully considered by Local Governments and Administrations.

ORDER.—Ordered that a copy of this Resolution be forwarded to all Local Governments and Administrations.

Ordered also that a copy be forwarded to the ^{Foreign Department} Surgeon-General with the Government of India for information.

[True extract.]

L. L. Thornton

Deputy Secretary to the Government of India.

To The Govt. of Madras.

CURRENT No. 3768

Public

LOCAL & MUNICIPAL DEPT.
CURRENT No. 3768

From

The Govt of India.

No. 11 Sanitary
313 - 326.

D. 26. 10. 95

Recd. 4. 11. 95

Registered in Public 4 S.C.
26/11/95

Form: Copy of a Resolution of the Govt of India inviting the attention of Local Govts & Administrations to the discussion which took place upon the need for a Sanitary Service for India at the Indian Medical Congress held in Calcutta in Decr 1894.

WITH ORDER

Pub C. No. 3788 of 95 S.C.

G.O. 239 of 2-4-95

103 of 9-2-95

L & M. 856 of 10-11-94

Pub 1464 of 6-8-94

Pub 477 of 23-7-94

Final pr 499-500 of 22-6-88 S.C.

Encl. - 267 of 7-5-88 S.C. abstract

Final pr 83 of 26-1-88

Madras University Calendar for 1894-95

page 112

Order 391 of 22-2-88 S.C.

No. 1000 of 9 Dec 95
G.O.

bound. to the Surgeon General and the Sanitary Commr: for early and full joint report and to the Local & Municipal Dept for favour of remarks.

28B.

2/12/95

5/12/95

Surgeon Genl of
Sanitary Commr
L. & M. Dept
24/12
Desp
12/12

This will have to be printed when replies come in. Letter will be sent to the printer to be printed.

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DATE

CURRENT No.

ENCLOSURE TO C. No.

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LETTER OF GOVERNMENT

STATEMENT WITH DITTO

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