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TAMIL NADU ARCHIVES

GOVERNMENT OF TAMIL NADU

Revenue DEPARTMENT

G.O. No.	1261	Press.
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GOVERNMENT OF MADRAS.
PUBLIC DEPARTMENT.

13th February 1877, No. 174.

. Sanitary.

Read the following paper :—

No. 68. *From Surgeon-Major W. R. CORNISH, F.R.C.S., Sanitary Commissioner for Madras, to the Chief Secretary to Government, dated 7th February 1877, No. 105.*

I have the honor to report, for the information of Government, the present state of public health in the Town of Madras.

2. By the mortality returns of the Municipality, I observe that, in the month of January, the total deaths amounted to 3,911, whereas our average mortality for the same period, for the previous ten years, amounted to 1,171.

3. Of course many of these deaths are due to the influx of distressed persons from other districts, but the figures furnished to me do not show the deaths of strangers separately. (From 11th December to 3rd February I see that 699 deaths occurred in the camps of Monegar Choultry, Salt Cotars, and Royapettah.) The number of strangers in the Town during January can only be estimated, but even if we allow that the Municipal population has been increased from nearly 400,000 in 1871, to 450,000 in 1877, this present death-rate is most unusual, being in fact in the ratio of 104·3 per mille per annum. For the few days of February, for which I have returns, our population appears to be dying at the rate of nearly 200 per diem. (The significance of this statement may be more apparent if I remark that mortality in the same ratio would cause the disappearance of the existing population in the space of from six to seven years.) These figures include the deaths in the famine-camps within municipal limits.

4. So far as my observation goes the excessive mortality at the present time is mainly confined to the poorer classes of the population, and especially to the outcaste races of the town and neighbourhood. Some of the poorer Mahomedans also are feeling very severely the present dearth of food, and are suffering from privation and its sad consequences. (The death registers show cholera to be very prevalent in and around Triplicane.)

By the last Census there were more than 50,000 Mahomedans in Madras, while the lower classes of the Hindus, amongst whom distress is most evident, number about one-fourth of the population. There is, in fact, an excessive mortality in progress amongst the poorer classes of the people, who number from one-third to one-half of the entire population.

5. I have visited the relief houses and camps within Madras, and also those outside at Yerkanicherry and Red Hills, and have thus had a fair opportunity of observing the nature of the diseases prevailing, and noting the main causes of mortality.

6. The diseases of an epidemic nature, are—1, CHOLERA; 2, SMALL-POX. Of the former there were reported 1,600 deaths in January, a higher monthly number than has

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ever occurred within my recollection. (The only figure coming at all near it was 1,200

Cholera Deaths.		deaths in July 1860.) The mortality from
November	97	cholera seems to have been increasing
December	376	rapidly since November, as shown in the
January	1,602	margin.

7. Small-pox is very prevalent, and, although the deaths from it are not numerous in our camps and hospitals, the mortality from it in January was 205. The

Small-pox Deaths.		disease increases rapidly during the hot dry
November	10	months, and a greater ratio of mortality
December	72	may be expected. The rapid increase of
January	205	mortality since November from this cause
		is shown in the margin.

8. Besides these two epidemic causes there is shown a considerable mortality

Diarrhoea Deaths.		from "DIARRHOEA." The figures for the last
November	59	three months are given marginally. These
December	312	three diseases account for the deaths of
January	465	2,272 of the people in January, but, after

deducting these specified causes of death from the total of 3,911 deaths reported in the month, there remain 1,653 deaths (a higher mortality than is customary in any average month), the causes of which are not distinctly specified.

9. I may state here as the result of my personal inquiries, that, although cholera in its epidemic form is still prevalent in the town, the mortality shown above under this heading is probably exaggerated.

Famine diarrhoea is liable to be mistaken for epidemic cholera. Mistakes of this kind are not made in hospitals, or relief-camp returns, but they are made by the reporters of municipal registration.

10. While however epidemic cholera may not be so bad as the statistics would indicate, the fact of nearly 4,000 persons dying within our town limits in January would seem to indicate that we have a very terrible state of things to look in the face. If the mortality from epidemic disease has been exaggerated, that resulting from slow starvation has hardly yet been assigned the place its importance demands.

11. I have seen now enough of the relief operations in the immediate neighbourhood to convince me that the people who are being fed at the Government expense are in utter destitution, and but for the timely help thus afforded them would die in much greater numbers than they are now dying. In the plainest terms, I must here record the fact that the *physique* of the people, who come to the relief-camps, indicates simply a prolonged existence on insufficient food, and that, in my opinion, this low state of body, from poor living, is the main factor in our present high mortality. It is amongst these impoverished people that mortality is most prevalent, and a very large number of those applying for relief are so reduced in frame that the expert can at a glance say of but too large a number of the applicants—"These *must* die!"

12. I apprehend that the relief-camps in operation are taking cognizance only of a portion of the people who are suffering from insufficient food. At a private relief-house near the Moniegar Choultry this morning, I saw many children that were emaciated in the last degree, and I see them about in the streets in various parts of the town. There is evidently much misery amongst classes of the population who are not yet resorting to Government relief.

13. The saddest part of this matter is that a large number of the people (especially the old and young children) are virtually lost before they come in for relief. Their powers of assimilating food are gone, and when this result has followed upon slow starvation no amount of subsequent feeding will save life. It is a common belief that good and sufficient food will soon restore the animal functions that have suffered in the process of starvation; but however true this may be of rapid starvation (as in ships' crews wrecked at sea) it does not hold good in that gradual deterioration of health which results from using poor and insufficient nutriment. In these cases the organs which assimilate food may be vitally injured, or rendered powerless to exercise their functions, before the individual is aware that his health has been impaired. I have seen but too many instances within the last few days of men, women, and children (and especially of the latter) who must assuredly die, because of their inability to assimilate nutriment from the food provided for them.

14. I am afraid (from a general perusal of papers connected with famine and relief operations) that there is a want of precise knowledge in some quarters as to the connexion between food and health. Without going into a detailed physiological account of this matter, I may remark, that, if the human body is furnished with a due amount of suitable food, health and strength result; that when the supply of food becomes inadequate to meet the wants of the body, the body itself begins to waste, and be consumed.

The first indication of an inadequate food supply is the gradual disappearance of fat from the body. The skin gets thin and shrivelled, and the muscles become soft and flabby. From this, and even more advanced stages of starvation, the human body can recover by a timely supply of food, but when the body, in lieu of other nutriment, begins to feed on its own muscles, when the coats of the stomach and intestines begin to waste away also, then there is great danger that the essential functions of the alimentary canal to absorb nutriment from food for the nurture of the frame may become hopelessly impaired. It is this latter stage of privation that we have now to encounter in the crowds of weak and helpless flocking into our camps, and in the poorer classes of the population generally. In the camps a large number of the people have "diarrhoea," which simply means that the food given them is passing away without affording nutrition to the body. The same thing is doubtless prevalent amongst the poor in the town.

15. From these considerations it is clear that the past months of scarcity and bad feeding are only now beginning to show the inevitable results, in the lowering of the standard of health, and in an excessive mortality. Practically it does not make much difference how much mortality may be registered. It is, in reality, a period of famine, and of close pinching of the poor. The adult men and women, as the food winners, are probably also the principal food consumers in this period of general scarcity and high prices, for they have as yet suffered less than the old, and the young children. It is amongst the old and worn out, and the children who are unable to work, that the famine promises to be so destructive. It is amongst these classes that the chief mortality occurs in the camps, and it is amongst the same classes of the resident poor that we may look for a rapid increase in the death-rate, unless measures can be organized to ensure a more general distribution of food, and to obtain some control over the pestilences now destroying this impoverished class of the people.

16. From this statement of the condition of the poorer population of the town, it follows that the indications for relief are—

First.—To feed the poor in such a manner as to prevent them from falling into that condition of debility and exhaustion which is so dangerous to life.

Second.—To endeavour to control the progress of epidemic diseases amongst this ill-fed population in a systematic way.

17. With regard to the first of these objects the famine-camps and relief-houses already provided have undoubtedly been the means of saving much life. They have however been principally filled by the people who flocked into Madras from other districts on the first approach of famine, the residents of the town having, for the most part, been given a single meal of cooked food at these relief-depôts to eat in their own homes. The applicants for this out-door relief, especially in Triplicane, Monegar Choultry, and Tondiarpett, are numerous.

18. Some private feeding-places (aided by Government) have recently closed, and, with regard to one I saw near the Monegar Choultry, I think the relief was given in such a form as to do but little good. The quantity of grain appeared to be insufficient, but being made up with butter-milk and a strong sprinkling of hot condiments, the people seemed very eager to share in the distribution. At this place I am told six bags of cooked rice are distributed daily amongst about 1,200 persons. A bag of rice weighs 154 lbs. = $154 \times 6 = 924$, so that if this quantity is actually issued, the average dole per person would be about three-quarters of a pound of dry rice. But the heap of cooked rice awaiting distribution did not contain anything like six bags, according to my judgment, and Dr. Thompson (whose experience in these matters is great) was of opinion that the issue did not average half a pound of raw rice.

19. From the experience of this private relief-house, I should judge that there must be a considerable number of poor in the town requiring help. I saw here many caste-people as well as pariahs. If the time has not already arrived it must be very near when the necessity for increasing the relief-houses for the distribution of cooked food must be urgent. It must be remembered that in the state of weakness induced by low living, the people (especially young children) cannot be taken to any great distance. (There are many children in the camps so enfeebled that a walk of one-quarter or half a mile would be impossible for them.) My suggestion, therefore, with regard to our town poor, is that relief-houses be opened in those parts where they do not now exist; that they be established in localities convenient to the poor of the several districts; and that the relief in them be mainly confined to the resident poor of the locality. I will consult with Colonel Drever as to the special localities to be chosen, and address Government again on this part of the question.

20. In regard to the second object, it is not at all necessary to send out a general to admit of much relief, except on a systematic plan of procedure. There is no reason why private individuals who are disposed to help should not send their rice-bags, &c., to the established depôts, or those to be established, so as to ensure the issue of suitable quantities of food. Probably also Committees of residents may be able to supervise and help in food distribution.

21. In spite of all that may be done in the districts, I think it is quite clear that we shall continue to have a stream of wandering and homeless people flocking into Madras—people who come to get food or work. For these the relief-camps already established will afford accommodation and succour.

22. In regard to the second object—the control of epidemic diseases—a few words are necessary. The public health in Madras throughout 1876 was not good. Cholera (which was almost entirely in abeyance during 1871, 1872, 1873, and 1874) broke out in 1875, and has never since left us. That it is still prevailing, in epidemic form, the crowded wards of our hospitals sufficiently testify, even if we do not accept the municipal returns as absolutely correct. Some portions of our population are happily as yet comparatively unaffected by this epidemic, but no one can tell how long this will continue. A shower or two of rain, at this season, may light up anew the elements of the disease, and cause sudden explosions of cholera amongst our troops, our European population, and other classes of the people who are not at present affected.

The general sanitary condition of the town is worse than I have ever known it (and my acquaintance with Madras dates back from the year 1858). The prolonged drought has kept the Cooum bar closed, so that the sewage flowing into that foul stream has had no outlet.

The old drains of Black Town are becoming more and more rotten and offensive, while the surface conservancy within the town and suburbs strikes me as having deteriorated. The water-supply from the Red Hills is scanty in quantity, and deteriorated in quality, from the prolonged drought, and will probably soon cease altogether, leaving the population to depend mainly on wells and tanks that have fallen into disuse.

23. The Municipal authorities have no doubt had to encounter great and unusual difficulties in providing for the conservancy of the town during the influx of crowds of people of savage and filthy habits. Their finances are crippled to such a degree as to be unequal to the strain now bearing on them, and I look around, in vain, for any evidence of a systematic attempt to cope with the pestilences now raging in our midst.

24. Without further preface, I may state, at once, that, in the present urgent and critical condition of the town population, an *active Health Officer*, aided by an intelligent staff of assistants, is essential to the work in hand. To deal with this epidemic of cholera (as it would be dealt with in any civilized community) we should endeavour to arrange for a regular house-to-house visitation and inspection. We want to disinfect and purify where necessary, to give timely medical aid, to discover the starving poor and feed them, and to arrange so that the whole population shall be under this amount of sanitary supervision.

25. The Municipal authorities, with their restricted means, are not in a position to do what is necessary to be done; even if they had the means they have not the agents to employ on work of this kind.

26. The demands for medical aid are everywhere most urgent, and the Surgeon-General, Indian Medical Department, informs me that he has had to apply to Bengal for additional aid in the present emergency. There is hope in one direction only, and that is in the temporary employment of some of the senior pupils now studying in the Medical College, to work in the town of Madras, under the direction of a special Health Officer (a visiting staff for house visitation was organized in this way some years ago for a Cholera epidemic, and I believe with good results).

27. I need not say that I should be the last person to recommend any interference, on trivial grounds, with the usual course of medical study of our pupils receiving Government pay. But the present is an exceptional state of things.

28. Our Medical staff all over the country is already working beyond its strength, and I keep firmly before me the fact that the people in this large town are perishing daily for want of the timely aid that a good visiting staff could supply.

29. Under these circumstances, I hope we may be permitted to make use of the senior students, as a temporary expedient, and until public health shall be in a better condition. If this suggestion is approved, I think a fair staff of Health Inspectors can be organized so as to afford material aid under the direction of a Health Officer in the disease and distress now so prevalent. Measures have been already sanctioned by Government for the establishment of a Small-pox Hospital, and for the prosecution of vaccination in the crowded camps.

30. If Government should be pleased to approve of these general suggestions, for the extension of food-relieving centres for the town poor, and for the thorough health inspection of the people, the details in regard to these suggestions can be arranged in consultation with the Commissioner of Police and Surgeon-General, Indian Medical Department. I shall be glad to learn the orders of Government on the subject.

No. 69. ORDER THEREON, 13th February 1877, No. 174.

In the letter above recorded, the Sanitary Commissioner has brought to the notice of Government the very high death-rate prevailing in the Town of Madras, caused by the presence of small-pox and cholera in an epidemic form, these diseases being aggravated by the privation under which the poorest class of the population are suffering, owing to the high prices consequent on the disastrous failure of the monsoon.

2. Dr. Cornish also describes the defects of conservancy in the town, which is a co-current cause of the high death-rate.

3. The Sanitary Commissioner recommends as remedial measures—

First.—An increase to the number of relief-houses where cooked food can be given to the resident poor of the town.

Secondly.—A systematic house-to-house visitation of those portions of the town where epidemic disease is most severe, to be conducted under the direction of a special Health Officer with a staff of medical assistants. The objects to be kept in view by the Health Officer will be to follow in the steps of epidemic sickness; to rescue those cases of want which give easy access to disease; to administer medical aid to those already smitten; to remedy immediately the more glaring defects of drainage and conservancy; and to convey to special temporary hospitals for small-pox and cholera the sufferers who require prolonged treatment.

4. It is proposed, pending the arrival of medical aid which has been sought from the Government of India, and which may shortly be expected, to utilize the services of the pupils of the Medical College, whose ready services in times of pressure have in past years been most willingly given, and have proved of the greatest utility.

5. The President of the Municipal Commission has placed at the disposal of Government all the available resources of the Municipality, and the Surgeon-General, Indian Medical Department, and the Commissioner of Police have undertaken to secure the success of the Sanitary Commissioner's proposals by their hearty co-operation.

6. His Grace the Governor in Council cordially approves of Dr. Cornish's suggestions, and resolves to appoint Dr. Stanbrough as the Health Officer to whom will be entrusted the work of directing the house-to-house visitation. Dr. Stanbrough will

temporarily be relieved from his duties as Coroner of Madras, and these duties will be performed by the Deputy Coroner, Mr. T. G. Clarke.

7. Dr. Stanbrough will be furnished with a copy of the annexed instructions as to the manner in which the house-to-house visitation is to be conducted.

8. These instructions have been carefully prepared by the officers marginally noted, and contain all the most essential directions necessary to secure the important objects in view.

9. The Commissioner of Police, Colonel Drever, will, with the least possible delay, take the steps required for opening additional places of relief in those portions of the town where in his opinion these are necessary. No instructions on this matter are required by Colonel Drever, who has already so successfully carried out, in the relief-camps in and near Madras, this form of assistance to the poor. The only distinctive feature of these relief-houses is that they are intended principally for the *resident poor* of the city, the large numbers of wandering poor who come into Madras from the outlying provinces being already sufficiently provided for in the relief-camps. It will therefore only be necessary to provide at these new relief-houses cooked food, and not shelter as in the case of the relief-camps.

10. As soon as the arrangements for the full working of the house-to-house visitation and food distribution are completed, the Government desire to receive a statement showing the monthly cost involved in these arrangements, which will be debited to the Famine Relief Account.

11. The President of the Municipal Commission and the Commissioner of Police will make known, as widely as possible, the intention of the house-to-house visitation, and they will endeavour to secure, in the several wards of the town, the co-operation of all classes of the community in the efforts that are being made by the Government for the protection of the Public Health.

(True Extract.)

E. F. D. R.
Chief Secretary.

To the Sanitary Commissioner.

„ the Surgeon-General, Indian Medical Department.
„ the President of the Municipal Commission, Madras.
„ the Commissioner of Police.
„ H. Stanbrough, Esq.
„ the Accountant-General.

„ the Revenue Department ✓
„ the Public Works Department.

Exd. J. Wright.

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MEMORANDUM.

In accordance with G.O., 13th February, 1877, No. 174, the following outline of a scheme is drawn up by a Committee composed of the Surgeon General, Indian Medical Department, The Commissioner of Police, the President of the Municipal Commission, and Sanitary Commissioner.

Health Officer.—The direction of the work of house inspection will be under the superintendence of H. Stanborough, Esq., now appointed Health Officer by Government.

The Health Officer will immediately proceed to the organization of an establishment for house to house visitation.

The special objects of house inspection will be to detect—

- (1.) Cases of epidemic disease.
- (2.) Cases of privation from want of the necessaries of life.
- (3.) Sanitary defects in houses, and their prompt remedy, as far as these objects can be met, by fumigation, disinfection, and removal of house filth, &c.

He will conduct his duties generally in accordance with the provisions of the Municipal Act, and work in communication with, and aided by, the Sanitary establishment of the Municipality.

The Health Officer will take cognizance of all questions bearing on the health of the people, and bring promptly to the notice of the President, Municipal Commission, all sanitary defects that he cannot remedy with the establishment at his disposal, assisted by the regular Conservancy Force of the Municipality. He will also

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THE SANITARY COMMISSIONER,
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G.O. 13th February 1877, No. 174
FEBRUARY 16 1877
Nos 68 69, 70, 71, 72
Sanitary—Cases of epidemic disease to be detected in connection with the high death-rate existing in the town of Madras, caused by the prevalence of small-pox and cholera.

assist the Municipal President in determining what steps shall be immediately taken to remedy the defects in question. He will submit a weekly report to Government (through the President of the Municipality)—

1. Showing progress in organization.
2. Houses inspected.
3. Houses cleansed or purified.
4. State of public health as indicated by the number of sick detected and relieved.
5. Condition of the poorer classes as to food, and numbers found in famishing condition.
6. Such other points as require notice, and special aid.

Health Inspectors.—To assist the Health Officer in his arduous duties, there being no qualified Medical men available, and considering the urgency of the case, Government has been pleased to approve of the employment of students of the Medical College, and other locally trained Medical students, if available, to be employed in connection with the Sanitary establishment of the Municipality in house to house visitation. The Surgeon General, Indian Medical Department will arrange for the services of not less than 16 students being made available for this special service. They will receive not less than one Rupee per diem while so employed, in addition to their College stipends, and will be allowed a jutka for moving about in their duties.

(It is recommended that employment on this special service shall not prejudice the students in regard to their position in the College, and prospects of passing examinations for qualification hereafter.)

House Inspection.—The house to house visitation will be conducted according to the existing "divisions" and "wards" of the Municipality. There are 20 wards within the town limits. For the present, it is considered advisable to take up the inspection in the more thickly populated parts of the town, and the headquarters of the several inspecting officers are to be as follows:—

TABLE showing the proposed distribution of Health Inspecting Establishments for the Town of Madras.

No.	Head Quarters.	Ward.	Divisions.
1	Vagrants' Home (Government Work House)	East	1st
	Royapooram	Centre	
2	Monegar Choultry Tannah	West	
3	Mint Gate do.	North	2nd
4	Big Parcherry do.	Centre	
5	Trevelyan Water Works, (Municipal Store Depot)	South	
6	General Hospital Gate Tannah	North	3rd
7	Marine Dispensary, Beach	Centre and South	
8	Mafooskhan's Garden Tannah	North	4th
9	None	Centre	5th
10	Vepery Market	South	
11	Rundall's Road Depot, (a place to be secured)	North	6th
12	Harris' Bridge Tannah	Centre	
13	None	South and North	7th
14	Chintadrepettah (Vaccination Depot)	North and South	
15	Triplicane (Vencatasawmi Naick's Market)	South	8th
16	Club Tannah and Royapettah	North and South	
17	Teynampett Tannah (excluding Royapettah) but taking in a part of the 6th Municipal Division	South	8th
18	Mylapore (No. 1 Station Police)		

NOTE.—The map boundaries of the several districts, the number of houses and population in each, will be furnished to the Health Inspectors by the Municipal President.

The method of procedure in house to house visitation will be as follows. The President of the Municipality will give (under Section 139 of the Act) a written authority to each Health Inspector to enter into, and inspect all buildings within his district.

Health Inspector's Staff.—The staff and accessories to be specially employed for this purpose will be—

1. A medical pupil, to be called "Health Inspector" while engaged on this duty.
2. A "Duffadar" of the Sanitary Department of the Municipality.
3. Coolies according to requirements.
4. A Conservancy cart.
5. Disinfectants and dry-earth in a cart.
6. Stretchers for the removal of small-pox or starving people to Hospital or camp.
7. Prepared medicines for immediate use.

8. Medical comforts (Arrack).

9. Jutkas for Health Inspectors and Sanitary officials.

10. Furniture (chairs and tables) for the tannah head-quarters, and arrangements for the accommodation of the Health Inspectors by day and night.

11. Three Police Peons for each ward will be furnished for this special service.

The Health Inspector's establishment will proceed to make a regular inspection of all the inhabited areas within their respective districts.

On coming to a house or collection of huts, they will ascertain—

1. If there is any sickness in the house, noting especially cholera, diarrhoea, or small-pox.

2. If any poor inhabitants are suffering from want of food.

3. If the house is clean and free of nuisances.

In cases of ascertained sickness, the Health Inspector must use such remedies as appear immediately necessary. If the people are suffering from cholera, diarrhoea, or small-pox, he should persuade them to be taken to the nearest hospital, and provide means for their transport.

In cases of marked debility and emaciation from scanty food, he should give a ticket admitting the person to relief at the nearest local distribution of cooked food, and when the patient is unable to walk, have him conveyed thither. Food Tickets will be furnished by the Commissioner of Police.

All insanitary conditions should, as far as possible, be dealt with on the spot by the Conservancy establishment. Special care should be taken to ascertain and report cases of overcrowding in order that the Sanitary Inspector of the Municipality may give the certificate required by Section 140. They should clean, disinfect, and remove accumulations of filth, and by subsequent inspections see that the work has been executed. All cases of unusual doubt or difficulty to be at once referred to the Health Officer for his instructions.

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The inspections are most necessary, in the first instance in crowded pacherries, and hutting grounds, and these should be immediately looked to, but it is to be understood that the house inspection is to be thorough and complete for the inhabited area of all the wards in which the work is taken up. The Health Inspector will keep a diary, or register, showing the daily number of huts and houses visited, the street or locality inspected, with the results, as to—

1. Sickness.

2. Distress.

3. Sanitary defects, and

4. Works carried out by the Conservancy establishment in cleaning and disinfecting.

A summary of the results will be submitted daily to the Health Officer in tabular form.

It is expected that the Health Inspectors, and officers of the Municipality and Police, told off for this duty will all work together cordially, and for the public good.

Vaccination.—Notice of the prevalence of small-pox in any house or locality is at once to be made to the Superintendent of Vaccination, whose department will be temporarily strengthened to meet the demands for vaccination arising out of this inspection. Where necessary, a Vaccinator will be temporarily attached to the Health Inspector in each ward.

The Commissioner of Police will endeavour to assist the working of the health department, by causing immediate reports of deaths from cholera or small-pox in the several wards to be made to the Health Inspectors.

Colonel Drever will undertake to supply each party with stretchers, to be kept at the tannahs or local depôts, for the removal of sick to hospital and of the starving, to relief houses.

Time of House inspection.—The inspection of houses should be mainly pursued in the morning from $\frac{1}{2}$ past 6 to 11 or 12 A. M. The Municipal authorities will furnish maps and boundaries of the Municipal wards.

6
Health Offices or Depots.—The Health Inspectors should take up their residence at the several local depôts, and be prepared to give out medicines for emergent relief at any time of the day.

Each tannah or depôt should have a notice affixed to it in Tamil and English, stating that the establishment is maintained to help the people in suppressing disease, and in cleaning their houses, distributing medicines, &c.

The Health Officer will be expected to use his tact and discretion in organising and working the several parties of subordinates placed under him to carry out the intentions of Government. All heads of departments concerned, the Municipal President, the Surgeon General, the Sanitary Commissioner and Commissioner of Police will promptly help in the arrangements necessary to ensure a thorough health inspection.

Reports.—The forms of reports of daily work of the Health Inspectors should be printed. The diary of each Health Inspector will note the condition of each house inspected; but a summary of the day's work can be put into the daily report to the Health Officer, who, in going his rounds, will call for and inspect the diaries.

General duties of Health Officer.—In addition to the house inspection, the attention of the Health Officer should be directed to the state of the

(1.) Water-supply in various districts.

(2.) The nature and quality of food exposed for sale in bazaars and markets.

(3.) The accumulations of refuse and night-soil in crowded places.

(4.) The condition of burial and burning grounds.

The latter, in the present time of undue mortality in the town, will probably want some special watching, to ascertain the total number of deaths occurring day by day.

The Health Officer will endeavour to begin his work on Monday, the 19th. The organization can be immediately proceeded with, all

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arrangements having been settled and determined upon by the departments concerned.

Signed (on behalf of the Committee),

W. ROB. CORNISH,

Sanitary Commissioner, Madras.

February 15th, 1877.

NOTE.—The Surgeon General, Indian Medical Department, will furnish—

1. Health Inspectors.
2. Prepared Medicines.

The President of the Municipality, Conservancy staff of—

1. Duffladars.
2. Coolies.
3. Carts.
4. Disinfectants.
5. Furniture for tannahs.
6. Maps.

The Commissioner of Police—

1. Peons.
2. Stretchers.
3. Tannahs for accommodating staff.

The Sanitary Commissioner will furnish—

1. Vaccinators as required in addition to present staff.

Miss G. b. Pringley No. 1267
Rev. 7. 52. 1/77