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GOVERNMENT OF TAMIL NADU

Revenue DEPARTMENT

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GOVERNMENT OF MADRAS.

PUBLIC DEPARTMENT.

28th November 1878, No. 1724.

Administration Report.

Read the following paper :—

No. 91. *From Surgeon-Major W. R. CORNISH, F.R.C.S., Sanitary Commissioner for Madras, to the Acting Chief Secretary to Government, dated Madras, 30th September* 1878, *No.* 1253.

I have the honor to report, for the information of Government, that stitched copies of the Annual Sanitary Report for 1877 have this day been despatched to your address. The figured tables in Appendices relating to the civil population and vaccination have been corrected in proof but are not yet struck off.

2. Government in G.O., No. 514, of 25th March 1878, were pleased to direct that the Sanitary Report should be submitted for review and orders before the distribution of copies. Proof sheets have been sent to the Under Secretary to Government, Public Department, as they issued from the Press and complete copies of the report are now submitted for the orders of Government.

3. I regret that the report is much longer than usual. This is due to the inclusion of much matter relating to the effects of famine on public health—a subject which seemed to me should be dealt with somewhat fully, considering its public importance and the rarity of opportunities for scientific observation, and the need of recording facts for the benefit of future administration in famine times.

4. On the same principle I have added an Appendix to the report dealing especially with the "Medical and Sanitary Aspects of Famine" and embodying the main results of my own observations, and that of the Inspecting Sanitary Staff.

5. To make this part of the report as complete as possible, I have included "Notes on Famine Pathology" by Dr. A. Porter, Surgeon of the 4th District. This gentleman all through the year 1877 availed himself of the opportunities presented at the hospitals under his charge to observe and note the morbid anatomy of the famine-stricken. This work was exceedingly laborious but has been carried out by Dr. Porter with great industry, method and accuracy, and the results is a paper on "Famine Pathology" of the highest value to the Medical profession throughout the world. I venture to commend Dr. Porter's scientific labors to the notice of Government.

No. 92. ORDER THEREON, 28th November 1878, No. 1724.

It has not been the practice of Government hitherto to review the annual record of the health and sanitary progress of the Presidency prepared by the Sanitary Commissioner, and the work of that officer, but the instructions of the Government of India (Resolution No. 364, 26th February 1878) render such review now necessary. On the present occasion however His Grace the Governor in Council would be unwilling under any circumstance to permit the wide, accurate, and judicious observations on the health history of a year, marked by such exceptional conditions, now laid before him by Dr. Cornish, to pass without the notice they intrinsically deserve, and the interests involved demand.

2. The above papers are accompanied by diagrams, illustrating the rainfall of the famine years compared with the average of the preceding five years,—also the price of the staple articles of food, consumed by the population, for the same periods. Appendix No. 1, a special paper by Dr. Cornish on the Sanitary and Medical aspects of the famine—contains moreover a similar diagram exemplifying the effects of the famine on the fecundity of the people. These diagrams are unique, and the Government desire that similar illustrations be prepared each year by the Sanitary Commissioner, and submitted with his annual report.

3. In the first section Dr. Cornish sums up the Meteorological history of the year. The intensity of solar heat and the deficiency of the rainfall, phenomena which appeared concurrently in other large tracts of the globe, are its special characteristics—and it is highly satisfactory in the interests of science that observations thereon should have been recorded by an observer of the exceptional qualifications possessed by Mr. Pogson. The scientific bearings of Mr. Pogson's opinions must be left for solution to the world of science, but the Government cannot omit to note the Astronomer's deliberately recorded opinion that "the recurrence" of the rain deficiency "between 1887 and 1889, may be as certainly anticipated as that of any other natural periodical phenomenon with the laws and working of which we are already much better acquainted."

In view of this forecast, it will be specially necessary to cause all future suggestive phenomena to be carefully noted and published.

4. Dr. Cornish's remarks on the food of the laboring classes of the Peninsula, and on their habits, are deserving of great attention, and especially his opinions as to the disastrous effects, on the health of the distressed populations, of the unavoidable change in the principal article of diet from millet-grains to rice.

5. The causes of certain differences in the tables of statistics relating to the European Army are explained in paragraphs 33 and 34, Section II. The continuance of these different methods of recording deaths seems hardly necessary, and the attention of His Excellency the Commander-in-Chief will be invited to the subject. The health of the European Army must be regarded as very satisfactory considering the great prevalence of the severest forms of epidemic disease, cholera and small-pox, among the native populations of the principal stations in which they were located. The average (58·7) daily sick per mille though nearly 3 per cent. in excess of the proportion of the preceding year was approximately 1 per mille less than the figures of 1872 and 1873; 5 per mille less than those of 1870; and over 10 per mille less than in 1866. The Sanitary Commissioner's remarks regarding the disturbance caused in the health statistics by the tendency of Medical Officers to return as "enteric" or typhoid—fevers which have hitherto been recorded as "continued," seem to demand attention from the Army Medical Authorities.

From cholera there were nineteen deaths among thirty-five cases, occurring in eight of the nineteen stations occupied by British troops. No less than ten of the deaths happened at Thayetmyo, in British Burmah. The precautionary suggestions of the Sanitary Commissioner are deserving of serious attention.

The mortality among children was proportionately greater than among adults, 179 deaths having occurred among a strength of 2,758, or 64·9 per mille—the admissions to hospital being 700·8 per mille. The proportion of deaths has only thrice been exceeded during the last ten years, viz., in 1869, 1870, 1872, when the figures were respectively 74·02, 65·4, and 68·5.

As regards the health of particular stations, the excessive number of venereal cases in Bellary, Madras, St. Thomas' Mount, and Secunderabad is noteworthy; also the prevalence of fevers among H. M's. 89th and 43rd Light Infantry at Cannanore, these troops being fresh arrivals from England, and consequently unacclimatised; and lastly the prevalence of fevers at Wellington. Dr. Cornish remarks in regard to Wellington:—"Experience has always shown that seasons of great dearth and drought in the plains of India are very dangerous to health in the elevated mountain plateau and the experience of the past year has proved the general accuracy of the conclusion." "All the hill stations of the Nilgiris were unhealthy in

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1877, and cholera for the first time in half a century prevailed for several weeks in an epidemic form in Ootacamund and Coonoor, while small-pox and fevers were rife among the native inhabitants, who suffered greatly from drought and scarcity of food."

The sanitary condition of the principal Nilgiri hill stations is receiving the serious consideration of Government.

6. The health of the Native Army was not so satisfactory as usual, but considering the prevalence of disease and famine it is remarkable that the death-rate was not much higher than it actually was. The average daily sick was greater than that of any year since 1870, whilst the deaths in hospital were more numerous than those of any year during the last decade, though the proportion of deaths out of hospital was below that of six years in the ten. Of stations, the Nicobars seem the most unhealthy, every man getting fever, and being repeatedly in hospital. The exceptionally bad health returns of Pallaveram are explained. Intrinsically this station is very healthy.

7. The very large mortality in the Jails of this Presidency is fully explained. His Grace in Council is inclined to concur with the Sanitary Commissioner in his remarks on the prevalence of cholera in the Chittur and Madura Jails. The Inspector-General of Jails will report thereon. His attention will also be drawn to Dr. Cornish's thoughtful remarks in regard to jail diet in p. 311, and he will be requested to state how far this tendency to favor a rice-diet is checked.

8. His Grace in Council fully endorses Dr. Cornish's remarks regarding the utility of registration of births and deaths even as now carried out with all its imperfections and defects. The system of registrations now pursued is no doubt capable of great improvement, especially in rural tracts. In Municipal towns registration of births and deaths is compulsory by law, and consequently the registration statistics of Municipal towns are no doubt much more accurate than those of rural tracts: His Grace in Council is not as yet prepared to legislate for the rural districts, but much can be done by the Revenue officials to improve the state of the registration by scrutinizing the village returns, and punishing departmentally any village officer who is proved to be careless and inaccurate in his returns. The Government are not prepared at present to cast on the District Civil Surgeon the duty of supervising the work of the clerks engaged in the compilation of the returns, but they consider it desirable that the statistical information regarding the births and deaths of his district should be remarked on by him. In future, accordingly, the returns will be forwarded to him for remark by the Collector before transmission to Madras; and on return the Collector will take such action on any suggestions as to him may seem necessary. The Sanitary Commissioner when compiling his monthly statistics will bring any matter of exceptional interest to the notice of Government, as well as any irregularity or other vitiating fault, and all Presidents of Municipalities will follow the same course. The Government trust by these tentative means that the Sanitary Commissioner will be able to exercise a more direct supervision over the registration of the Presidency, and that gradually the District Civil Surgeons will learn to take a wide interest and acquire a varied experience of the health conditions of their districts—a condition which must precede the establishment of a health department which is the desire of Dr. Cornish.

9. In regard to the sanitary condition of Municipal towns, His Grace in Council does not propose to enlarge here, but he is of opinion that the advantage of the Sanitary Commissioner's or Deputy Sanitary Commissioner's inspectional visits would be much greater, if his reports were submitted to Government. In future after inspecting a town in person or by his Deputy, the Commissioner will furnish a copy of his notes to Government, at the same time sending a copy to the President of the Municipality concerned; whose duty it will be after laying the same before the Commissioners to communicate their remarks, with his own views thereon, to Government.

10. His Grace in Council does not propose here to follow Dr. Cornish's interesting remarks on the effects of famine, on the fecundity of the people, on the varying death-rate with the varying ages of the population, and the varying death-rate among the several classes of the community. They will doubtless receive the careful attention of the Famine Commission. It is, however, especially noteworthy that the death-rate

among the Musalman population was considerably below that of the Hindu population. The cause of this probably is that, though in many cases very poor, the Musalman laboring population are not generally dependant on agricultural labor for a subsistence. The townspeople were generally fully engaged in distributing the food of the people, and consequently the working Mahomedans had generally the means of earning a livelihood.

11. In Section VI of the report the Sanitary Commissioner discusses the general history of the chief diseases prevalent in the Presidency, especially with reference to the famine phenomena. As regards cholera, the deaths from which numbered 357,430, he finds that "there was no relation between the intensity of famine and the intensity of cholera," whilst "those who look to the condition of a water-supply as explaining the virulence of cholera epidemics will find ample confirmation of their views in the peculiarities of 1877." Dr. Cornish points out that a great portion of the mortality from this cause in this disastrous year, cannot be directly traceable to famine; but however this may be, the fact cannot be lost sight of that the deaths were mainly among the poor, whose supplies of food were running short. No less than 88,321 persons are returned as having died of the plague of small-pox. In the city of Madras, the population of which is estimated to have been raised by 50 per cent. through the influx of paupers, the deaths from this cause numbered no less than 17·4 per mille of the ordinary town population.

Suicides	.. ..	2,575
Wounding	.. ..	1,372
Accidents	.. ..	10,425
Snake bite	.. ..	2,088
	Total ..	16,460
	1876 ..	11,175

12. The increase in deaths from injuries is marked, but it is noteworthy that though abnormal mortality occurred from want, the number of suicides is not much above the ordinary figures. The suicidal mania seems to demand high nervous agitation, a condition which is wanting in the perishing starveling.

13. Section IX—*General Remarks*—contains many valuable notes on the health organization of the city of Madras during the famine, and other questions connected with the adequacy of wages on famine works, for the support of the workmen in health and other matters of great importance, but His Grace in Council does not propose to enter into these questions here.

14. In Appendix No. 1, Dr. Cornish has gone more fully into the various questions connected with the Sanitary and Medical aspects of the famine, and appends a very valuable paper from a scientific point of view on Famine Pathology by Surgeon Major A. Porter. These papers His Grace the Governor in Council has perused with the greatest interest and Surgeons-Major Cornish and Porter have his cordial recognition of their labors to throw light upon the medical history of a year, which if fully, wisely, and equitably recorded, a task which it is the earnest wish of His Grace in Council to see performed, will be fraught with lasting advantage to a future generation should it be called on to deal with a calamity similar to that which has befallen the people of the Peninsula during the last two years.

(True Extract.)

H. B. Grigg

Acting Under Secy. to Govt.

To the Sanitary Commissioner.
„ the Military Department.
„ the Inspector-General of Jails.
„ the Revenue Department.
„ the Surgeon-General, Indian Medical Department.
„ all Collectors of Districts.
„ the Presidents of all Municipalities.
„ the President of the Municipal Commission, Madras.
„ the Revenue (Famine) Department.

Exd. T. O'Connor.

Rec 1878 Despatch
7 42 10229

Govt. of [1878] Madras

PUBLIC.

THE SANITARY COMMISSIONER

Dated November 1878

Rec'd 5/12

6 December 1878

G.O. No. 830, November 1878, Medical

NOVEMBER.
Nos. 91-92.

3019.

Memorandum Reporting Receipt of the Sanitary Commissioner, Madras, for [illegible]

Rec'd 6 Dec 1878

Letter

12 December