Revenue (1897) Department.

MISCELLANEOUS SERIES.

G.O., No. 4847

DATED 15 Sept?

[Despatch Abstract.]

Referring to the Famine Commn

& the Surgeon Genl with for remarks, the memorandum of hints drawn up by the Sanitary Comm of hints for guidance of medical subordinates and Certificated Sanitary Inspectors during examination of persons receiving relief in famine affd Areas and the views of Govt thereon.

BACK PAPERS.

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

FURTHER PAPERS.

G.O.	No.	Department.	Date.	G.O.	No.	Department.	Date.
F.C. 693-2(2)							

Revenue

Local & Mun. (1897) Department.

CURRENT No.

SECY. REV. DEPT. 23 AUG 97

From

The Sanitary Commissioner for Madras

No. 1700/S

For Order.

RS
22-8-97

A & Y Objection made in Revenue Board's

17

Dated 18th August 1897

Received

Registered

Enclosures One.

Spare copies

SUBJECT.

Forwards for information of Government copy of a Memorandum drawn up by him containing certain hints for guidance of Medical subordinates and Asst Sani. Inspectors when examining persons receiving relief in famine affected areas.

BACK PAPERS.

G.O.	No.	Department.	Date.

FURTHER PAPERS.

G.O.	No.	Department.	Date.

MEMORANDUM OF HINTS FOR GUIDANCE OF MEDICAL SUBORDINATES AND CERTIFICATED SANITARY INSPECTORS, WHEN EXAMINING PERSONS RECEIVING RELIEF IN FAMINE AFFECTED AREAS.

I.—Varying Physical Conditions of Population in the present Famine explained.

It must be remembered that in the present famine the conditions of the people in different neighbourhoods will be found to vary within considerable limits. This is due to the fact that such little rain, as was received, fell in very unequal amounts in areas but little separated. As a result, the labouring poor of one area have not had the opportunities of work in the fields possessed by others, and whilst petty ryots have, in some instances, been able to nourish themselves for a prolonged period, in other localities complete failure of crops has brought poverty and starvation. This fact is mentioned, as it is essential that sweeping assertions as to the state of the famine stricken throughout large districts should not be made, and that each locality be regarded as an individual study. Of course, as time has advanced and high prices of grain have continued to prevail, the impress of distress has become more uniformly marked; but, it is necessary to hold this circumstance in mind, when wishing to arrive at a just conclusion as to the bodily state of relief recipients in various parts of the same district.

2. A further caution is necessary. Nothing is more common than to find non-professional persons giving opinions as to the health condition of relief recipients as gathered from what they call their "general impressions founded upon experience." Such persons may pass and repass in the midst of thousands of workers daily, and fail to see that they in any way differ, as they stoutly maintain, from their normal state in times of prosperity. Yet, a careful analysis may show that these rough estimates are not only absolutely wrong but cruelly misleading, when applied as factors in the administration of relief. In short, no person—professional or otherwise—should think of offering an opinion upon the condition of the famine stricken, by merely marching past them arranged in lines for inspection and then forming an estimate. The only way that can at once be just to Government and the relief recipient is to examine each person individually, and to arrive at a conclusion by summing up the total as classified according to a preconceived plan. A very curious modification of this method has been adopted by certain observers, which is mentioned only that it may be condemned, namely, the determination of the average health of a gang not of individuals. Thus, it having been found that such and such percentage of famine relief workers in a gang are in good health, or such and such in indifferent health, the gang is classified accordingly. This process, however, does not afford the description of information that is required in ascertaining the effects of the measures of relief afforded by Government in respect to the health of the people: it simply supplies a criterion of the combined working powers of a gang—information that would be useful solely in determining the tasks of individual gangs. The duty required of both medical officers and their subordinates is to report what is the state of health and strength of those receiving relief, with the object of ascertaining the sufficiency of the wages afforded by Government for procuring food in return for labour, and of the food dole where the exaction of labour is not possible. It must be distinctly remembered in making observations upon health conditions of a population for this purpose that the standard the Government of India has laid down in guiding administration of relief and in fixing labour and diet as obtainable on the wages afforded, is "the maintenance of *health and strength*"—not merely the maintenance of life; that is to say, that the object professedly sought is to buoy

A

the people over a period of food scarcity, so that when normal conditions as to provision of food and of labour shall arrive, they shall be able to resume their avocations, unimpaired in *health and strength*. It must, therefore, be remembered that it is not the duty of the medical officer to form a mental estimate when he examines relief recipients as to the distance of time there may intervene between mere existence and death, but between a falling off from what he estimates to be the normal health and strength of the individual, and from his examination of a multiple of individuals to arrive at a decision as to the state of the population.

II.—The Condition of a Population must be gauged by Examination of its various Classes.

3. As it is necessary to arrive at the state of a gang by carefully ascertaining the health conditions of each individual, so also it is necessary in forming conclusions as to the *state of a population*, not to confine attention solely to those on relief works or in kitchens that are conveniently brought together for observation. It must be remembered that part of a population may be urgently in need of gratuitous relief, as shown by their starved and feeble condition, notwithstanding the fact that relief workers in gangs may not present great deterioration. A very false estimate of the character and extent of the distress prevailing might, therefore, result by confining attention to the latter. This is due to the simple fact that those who resort to works are the representatives of the comparatively hale parts of the community; if, for example, the opening of relief works has been delayed too long by the civil authorities, the members of the population who would have been able to work had their strength been maintained, may have no longer the power to cope with physical labour; or again, gratuitous relief may have been unduly delayed whilst relief works were open, and thus have brought about disproportionate suffering in the weak who cannot resort to works, whilst those resorting to works are in better state. These simple facts should be carefully borne in mind, as it is the duty of medical subordinates and certificated sanitary inspectors who observe this want of balance in conditions to report so at once to the District Sanitary officer, whose duty it is to advise the civil authorities accordingly. It is from failure to recognize the necessity for correct proportionate use of the available measures of relief that sickness and mortality are brought about. It need not be said that, whilst humanity demands the giving of aid to a population reduced to a condition where sickness and mortality following starvation have occurred, there was ample experience in the famine of 1877 to show that money spent at this stage of famine was, so far as beneficial results were concerned, merely wasted. In the case of persons reduced to a certain stage of mal-nutrition by prolonged want of sufficient food, no amount of nursing or dietetic care will save life, as owing to the degeneration of the mucous membrane of the intestinal tract both digestive and absorptive powers are irrevocably lost. It is hence true financial economy to so arrange relief that those who are weakly should obtain food without labour, and those who are fit for work should obtain it *promptly*. Waiting till the people show signs of starvation by thinness and emaciation, before relief is offered, is absolute folly. Whether or not people can get food can be determined without argument by having regard to the price of food grains and the existence of labour in an area; wild estimates founded upon such and such a Tahsildar's 'opinion'—rarely indeed are these opinions founded on actual observation by visiting the houses of low caste sufferers—that the people have stores of grain are inapplicable to classes that first demand relief, namely, persons earning their livelihood by daily labour, the old, sickly and feeble.

4. Moreover, the observer who examines relief works only is liable to fall into a further error. The first to suffer by reason of privation are not only the sickly and feeble of all ages who are deprived of such little luxuries as they may be afforded by their fellow beings in normal times, but the very old and the very young—both of whom cannot resort to works. The 'very young' may be taken as including children from the period of weaning to five years of age, and the 'very old' from 50 upwards. It is these age classes of the population that *first* exhibit the effect of famine. In the great famine of 1877 the men *at the end of the period* were proved to have suffered more than the women; but up to date this is not the case in this famine. The difference lies in the fact that the men have not

been driven hither and thither in quest of labour or been required to go to large works at distances from their villages, *subsequent to the apperance of decrease of strength*. Of women necessarily those who have suckling infants fare the worst, on account of the drain upon their systems for supply of nutriment to their offspring.

5. The above considerations will show that in making examinations, it should be remembered that in accordance with the conditions under which the populations are placed as to failure of labour and food supply, the various modes and time in which it is sought to afford them relief, and the constitution of the population as to age distribution and class distribution, variations as to physical condition must be expected in different neighbourhoods.

6. It is now necessary to consider the effects of the starvation of the individual. The data yielded by the 1877 famine, as observed by various medical and civil officers, were carefully brought together by Surgeon-General Cornish and Surgeon-Colonel Porter. In the following statements, I rely not only upon my own observations during the same period but also on those of these authorities.

III.—Chronic Mal-nutrition is to be expected in Indian Famines.

7. *Acute* starvation is rarely observed. The poor of all countries are very charitable to each other, and to this the natives of this country form no exception; the sharing of food proceeds up to a period when extreme starvation is imminent. Moreover, there are numerous unusual foods that, whilst they are indigestable and in time precipitate bowel complaints, supply a certain amount of nutrition which may prolong life. Hence, what the inspecting officer is called upon to examine is not a mass of people suffering from *acute* starvation, but from that form of slow starvation which exhibits its effects by mal-nutrition. This fact should never be forgotten, as the favourite idea of the laity is that, so long as no deaths are reported from starvation, there exists no famine; yet the diseases which follow mal-nutrition are as truly due to *starvation*, as if the ideal of no food having been taken for days on end were satisfied. In judging of results of mal-nutrition, it must be remembered that changes are usually slow, and that mortality due to this cause may not affect a population appreciably for some months after being subjected to it. The general symptoms found in natives suffering from mal-nutrition due to the use of unwholesome and insufficient food may be summed up as follows:—

8. *Reduction of bulk of the body.*—Diminution of bulk may confine itself to withdrawal of fat, or proceed to actual wasting of the muscles of the body. The combined result is the appearance in marked outline of the ribs, of the clavicles and the acromium processes, the knee and elbow joints, flattening of the buttocks, the sinking of the eyes and prominence of the cheek bones; later on, this condition may change to apparent increase of fat owing to puffiness of the face, œdema of the feet and hands, and dropsy of the abdomen. It is held that a diminution of the original weight of the body to the extent of two-fifths is likely to be followed by death. In women the mammæ shrink till they are on the point of disappearing. In most parts of the country, women wear the 'ravikai' tightly to the skin; the loose hanging of this part of the attire will be found general, where insufficient nutrition exists.

9. *Arrest of development.*—The process of growth is arrested in the young, so that infants of a year old frequently look but two and three months of age, boys and girls alike are found with faces that apparently belong to persons older than would be judged by the state of development of the body. Puberty in girls is effectually checked, as exhibited by the failure to menstruate and the absence of development of the mammæ. In addition to the signs of starvation above stated in children, and at times in adults, an undue prominence of the abdomen occurs—a symptom, the significance of which may be mistaken by the non-professional observer. In advanced conditions this may imply dropsical effusion into the abdomen; but, ordinarily, it results from the wasting of the fatty-covering of the abdomen, and of the muscles supporting the bowels. With the thinning of the walls of the abdomen thus brought about, the bowels press forward and produce the deceptive appearance to the unwary of a well-filled belly. This appearance is enhanced by the thinning of the muscles attached to the ribs, so that flattening of the chest

wall occurs. The protruding belly, the sunken eyes, the spindle shanks and the prominent knee and elbow joints of the children, in short, imply severe forms of mal-nutrition. One of the most horrible sights, however, frequently met with is afforded by so called 'famine infants.' These are the offspring of women who have been insufficiently fed during pregnancy, or who, after their delivery, have not been able to secrete milk. Here the form of the abdomen and the chest is found to be the same as just described, but in addition the peculiarities of the small skeleton of the infant afford additional signs. Thus, the fat over the buttocks being absent they are not only flattened as in the case of the adult, but the skin over them hangs down in bag-like folds; the skin or other parts of the body is thin and stretched over the bones, or is wrinkled like that of a very old person; the head looks unduly large for the body, and the face becomes 'monkey-like.' In these instances, the absence of pigment of the hair of the head is well pronounced, and very often the parts of the body are covered with hair also lacking pigment, so that the child has the appearance of being the offspring of a fair-haired race. Œdema of the feet in these infants is very frequent owing to the slight pressure of the thigh against the hip of the mother when carrying it; in later stages, the hands also become œdematous. In inspecting gangs, great care must be taken to see that these 'famine infants' are not overlooked. They are small and are never comfortable unless huddled up close to the mother and covered with their mother's garments, as they are necessarily extremely sensitive to change of temperature; hence, they must be looked for under the mother's cloths.

10. *The Expression and Attitude.*—The expression and attitude of the famine stricken is characteristic. In standing, the head is usually hung as if it were too much bother to support it; the face is expressive of suffering; the forehead is contracted, the eyes sunk, and the corners of the mouth drawn downwards; the general aspect is not only demonstrative of suffering, but there is produced an expression of immobility to impressions from the outer world; that is to say, nothing seems either to surprise or please—a state at times found in men about to be hung. In the more advanced stage this expression is accompanied by pronounced obstuseness of the nervous system; it takes more than ordinary time requisite with a healthy man for the famine stricken to understand that there is danger of being ridden over, and hence repeated shouts may be necessary to attract attention where the most trivial observation would have sufficed to arouse a person to a sense of danger when in normal health. This condition of apathy due to starvation of the nervous system should always be borne in mind when dealing with so-called 'contumacious' relief workers; neglect of orders may often imply nothing but apathy incident to an ill-nourished brain and nervous system, and consequent incapability of the mind to understand requirements.

(1) *The skin.*—In minor cases, the skin loses its gloss and suppleness; in advanced forms, the skin is dry and scurfy, so that it looks filthy though it need not necessarily be so. This scurfy condition is due to fatty degeneration of the epithelium—(CUNNINGHAM).

The 'famine odour'.—In the advanced stage of famine, there will be found on works, in poor houses, and in hospitals a peculiarly penetrating and sickening odour, having wherever found the same characteristics. Ragged and filthy clothing, and bodies unwashed, owing to the dislike of cold water in persons with feeble circulations, doubtless in part account for its occurrence; it is however usually ascribed to a vitiated condition of the skin secretions as a sequel of its degeneration as just noted. There is no odour of a like description known to undersigned to occur in other than famine times except that found in the last stage of scorbutic dysentery, and it may well be that this ever-prevailing odour where the markedly famine stricken are gathered together, is due to the existence amongst them of that disease.

(2) *The hair.*—The exposed hair of children rapidly loses its pigment, so that it becomes of a straw or reddish colour. This is the case both with the hair of the head and the body.

(3) *The eyes.*—The conjunctiva often becomes chronically suffused. This condition, which Surgeon-General Cornish assigned to the dust and glare incident to road

work in the hot season, must not be confused with conjunctivitis or so-called 'country sore eyes,' which are found on works where medical subordinates neglect segregation of those infected. It is of importance when judging of anæmia. On turning down the lower eyelid, it will often be found of a fiery red, and the erroneous impression of health may consequently be conveyed in spite of the pallid cheek and the obvious anæmia of other parts. The precaution should be taken in such instances of examining the mucous membrane of the mouth. The importance of preventing the spread of 'country sore eyes' by insisting on instant segregation under G.O., No. 429, dated 3rd June 1897 (Revenue), cannot be too strongly impressed upon those in charge of relief works, as the poor state of nutrition of the cornea often leads to ulceration and loss of the eye-sight.

(4) *Circulatory system.*—The heart is extremely irritable, so that the slightest exertion or mental excitement suffices to cause the heart to beat violently. Against thinly-covered ribs, this movement is readily observable.

(5) *Anæmia.*—This is frequently pronounced; but is not so leading a characteristic as might be supposed.

(6) *The gums.*—The examination of the gums is of the utmost importance, having regard to the scorbutic condition which shortly appears amongst the famine stricken. This, it need not be said, is due to want of vegetable food aggravated presumably (arguing from results of experience in treatment) by absence of sufficient proteids in the food. The onset of this condition is of the gravest importance, as it denotes a critical condition of the health of the people under observation, and a state where the constituents of the diet and the nature and amount of labour must be watched with skill—any error in either would thrust the population into a condition of mal-nutrition from which no expenditure of money could rescue it. The tale of the 1 lb. ration controversy in the 1877 famine and its result in precipitating famine mortality in the presidency are well known. It was introduced at a time when Sir Richard Temple acknowledged a 'sort of scurvy' was appearing—just at the critical moment when increased care and nourishment were requisite. The dysentery of the late stage of famine is undoubtedly combined with a scorbutic taint, but above all the effects in producing what are known as famine ulcers are demonstrable. The smallest abrasion in a person suffering from the combined influence of scurvy and ordinary mal-nutrition ends in refusal to heal and subsequently, if improved food cannot be obtained, in sloughing ulcers that may involve the whole of a limb. Undersigned believes that it has not been sufficiently appreciated that long after all official measures of relief had ceased, and the people had returned to their usual avocation after the famine of 1877, very great mortality and suffering continued to occur from these ulcers in the Ceded Districts. When well advanced, no treatment was of avail; the amputation of the limbs was useless, as the sufferers who had failed to supply tissue for repair of an ulcer also failed to supply it for the healing of fresh-cut wounds. The great importance of early endeavouring to place men with even small abrasions on their skins when exhibiting the symptoms of scurvy under suitable dietetic treatment, is therefore self-evident. Equally, is it evident that however toilsome the duty, it is essential that the officer who would ascertain the actual condition of the population entrusted to his charge, should take every possible opportunity by watching the state of the gums of satisfying himself of the absence or approach of scurvy. This matter was fully threshed out by Surgeon-General Cornish and his inspecting officers during the famine of 1877, and undersigned thinks he cannot do better than give the description afforded by that officer in original:—

Deficient supply of fruits and vegetables in famine times.

"It must be understood that in ordinary seasons fresh fruits and vegetables play an important part in the dietary of the people. In many parts of the country the plantain and various species of yams are used just as much as the potato is in Europe, and every month brings a profusion of fruits and vegetables which help materially in eking out the deficiencies of a grain diet. Before a grain famine can affect the people, they must have suffered from a partial or complete deprivation of green vegetable food, for when the natural rains or water-supply fail, all vegetation is, in a great measure, in abeyance. A very significant fact came home to me during the famine

in regard to the deprivation of the people of their accustomed food. Limes are usually to be had in every village bazaar, the juice being used to give a piquancy to the curries. In a journey of about 200 miles I made through the heart of the famine tract of North Arcot and Cuddapah in March 1877, I could not buy a lime in any town or village where I halted. And everywhere the same difficulty occurred in the matter of vegetable food. Throughout the drought period the markets were very indifferently supplied with vegetables."

Land scurvy noticed at Coimbatore in 1857.

"The present year was not my first experience of 'land scurvy.' When Civil Surgeon of Coimbatore twenty years before, I made acquaintance with the disease, as it appeared amongst the poor during a time of drought and scarcity. I found that about 70 per cent. of the newly-admitted prisoners had discolored, spongy or bleeding gums. They came into jail mostly for grain thefts, and were starving. While under good diet with vegetables and lime-juice, most of these cases did well, and soon had a healthy condition of the gums restored, *the mortality from this class of prisoners ran excessively high*. The worst cases continued to lose flesh, became dropsical or got diarrhœa which proved most intractable in treatment, and ultimately died precisely as the people did during the late famine."

Characteristics of land survey.

Blue discoloration of gums.

"The great bulk of the people who suffered from scorbutic symptoms had a deep purplish blue discoloration and thickening of the gums, marked most distinctly in the upper jaw. In a good many cases there was ulceration, bleeding and loosening of the teeth, but the most common cases were a spongy thickening of the gum near the teeth, varying in breadth from one or two to six or eight lines. There was no undue sensibility of the gum where ulceration was absent, but the thickened and discolored portion was sharply defined from the healthy structure adjacent, and followed the festooned outline of the teeth. Some observers have thought that this condition of gum was due to pigmentation in dark races, but that this was not the case is certain, from the fact that in healthy natives the gums are precisely of the colour of those in white races. I have seen the discoloration and thickening in young children; and in passing down rows of men, women, and children, some would be found to have the appearances described distinctly marked, while others would be found with healthy gums. According to my own observation this scorbutic taint was most marked in the districts which were most devoid of water, and where green vegetable food was scarce. After rain had fallen and the poor were able to pick up green succulent food, the scorbutic symptoms began to disappear. The peculiar condition of the gums was sometimes seen in persons who had not perceptibly lost flesh and who appeared to be otherwise in fair health. When the discolored line of the gums was a quarter of an inch or more in breadth, however, there was generally evidence of loss of muscular power and failing strength, and the complication, in reference to the physical condition of the people, was regarded as unfavourable."

Scorbutic symptoms most common in districts where green food was scarce.

Prevalence of the discolored gums regarded as unfavourable.

It seems incorrect to assume, as above held, that the gums of the native have not at times pigment as, indeed, have also their tongues; but this is a very different matter to the condition described by Surgeon-General Cornish. The pigmentary deposit found in scurvy is a distinct bluish black and co-exists with raised and spongy gums. As stated, the upper gum is the best guide, but when in doubt the lower gum should be examined for sponginess and bleeding. When in doubt as to deposit of pigment being the concomitant of scurvy, undersigned considers a close examination of the gum will show in the case of true scurvy that the surface is covered with minute papillæ. These are readily seen by the naked eye, but with a small magnifying glass can be seen with better distinctness. In severe cases the gums assume an unhealthy ulceration. In children sloughing of the cheek is at times seen following ulceration of the mucous membrane.

(7) *The digestive system.*—The tongue is usually covered with a thick white fur; in advanced stages this blackens, dries, cracks and exposes the tongue raw and devoid of epithelium. Cracking of the lips at the side of the mouth is also common.

11. Holding the above facts in mind, it is recommended that the following table be used for noting results. In carrying out the inspection, it should be required that the gang in the first place be classified. The observer should not follow the Famine Code rules as to what constitutes 'a man,' 'woman,' &c., but should class them in the ordinary acceptation of the terms as men, women, nursing mothers and children. The head coolly's book should then be examined, with the object of ascertaining the amount and nature of the task; the extent of fining to which the gang has been subjected; the distance from which the persons have to travel from their villages to the works should be noted. The observer should then pass down the lines of workers having previously arranged columns in his note-book by use of the initial letters of the heading used in the form given below; a mere mark under each head will then suffice, till the whole can be compiled. On first passing down the line, the general physical state of the workers should be ascertained. This having been noted, their condition as to scurvy, anæmia and existence of famine infants should be determined by a second inspection.

Gang No. on the famine relief works at in taluk, district.
Distance from village supplying majority of workers.
Task required on day previous to inspection.
Task fulfilled do. do.
Nature of work on day of inspection and previous month.
Class (for wages).
Name of grain and official price stated for reckoning the 'grain-equivalent'.
Number of days in which fining occurred and the average amount per head during the previous month from date of inspection.

—	Physical state of workers.						Number "of famine infants."	Remarks.
	Total number examined.	Good (percentage of total examined).	Thin (percentage of total examined).	Emaciated (percentage of total examined).	Anæmic (percentage of total examined).	Scorbutic (spongy gums) percentage of total examined.		
Men								
Women								
Children								
Nursing mothers ...								
Total ...								

12. The condition of the works as to their sanitary surroundings, more especially as to the points raised in this office "memorandum on water-supply and conservancy on famine relief works" and "the prevention of cholera on relief works" should be fully entered into. A separate report should be supplied as to the condition of kitchens and their inmates; similarly, all sanitary matters connected with hospitals and poor houses should be reported on. The condition of grain as offered for sale and its price, as well as of all food articles said to be obtainable for the wage according to the Famine Code in the villages from which labourers come to the works, should then be ascertained and be carefully reported—it being particularly enquired into by personal observations and weighing whether the wage allowed by Government will purchase the articles and the amount laid down at the official wage for the day in question.

W. G. KING, M.B., C.M., D.P.H., Surgn.-Lt.-Col.,
Sanitary Commissioner for Madras.

OFFICE OF THE SANY. COMMR. FOR MADRAS,
FORT ST. GEORGE, 2nd *August* 1897.

2,250—1-4-97.

No. 1700/S

OFFICE OF SANITARY COMMISSIONER,

Fort St. George, 18th August 1897.

Dispatched 19

From

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

SANITARY COMMISSIONER FOR MADRAS,

To

THE Secretary to Government,

Revenue Department, Fort Saint George.

Enclosure.

SIR,

I have the honor to forward herewith for the --- information of Government copy of a Memorandum drawn up by me containing certain hints for guidance of Medical Subordinates and Certificated Sanitary Inspectors, when examining persons receiving relief in famine affected areas.

I have the honor to be,

Sir,

Your Most Obedient Servant,

W G King

~~Surgeon~~ Lieut:Col:

Sanitary Commissioner for Madras.

C No 7207 81077

Sir M. Gwyer C.J.
Sir L. K. Shiv K.C.I.E.
Sir S. Whiteley

The memorandum purports to give hints for Medical Subordinates & Certificated Sanitary Inspectors, when examining persons on Relief, and so far as it relates thereto is good (except para 11); but otherwise I do not assent to what is the policy of the Govt. enunciated. It contains some opinions in the matter of the sufficiency of wages, though this has been settled, contrary to the opinion of the King. It tells them that it is their duty to examine the general state of the population outside Relief Works, & report any want in the balance of conditions" to the District Medical & Sanitary Officers, whereas it is not their duty to do so, unless the D.M.O. O. tells them to do so. It says that after receiving these reports, it is the duty of the D.M.O. & S.I. to advise accordingly, whereas the Sanitary Commr has no right to give him any order. It tells the subs. & sanitary inspectors, when they examine gangs, to note marks, fines &c, whereas it is their business to note the condition of the gang only, & leave it to the other officers to determine (if the condition is bad) whether this is due to faulty marking or fining or to the distances of the work from the individuals' lives. The Memorandum must be modified 29/8/97

Flagged A, B, C, D, E, F, &c.

H & M.

With regard to A, I note that it is asserted that the policy of Govt now is to give a bare subsistence wage, not to keep up unimpaired the normal health & strength of every individual

29/8/97

This paper, I submit, is objection-able in several points.

2. The first point is marked A with blue pencil on the first page. The objection to the statement is that the Government of India have never undertaken the duty of "maintaining the people in health and strength", nor have they ever "professedly sought to buoy the people over a period of food scarcity so that when normal conditions as to provision of food and labour shall arrive they shall be able to resume their avocations, unimpaired in health and strength." The Code lays down in para 3 of the introduction that the object of the famine campaign is to save life. It is true that the Government of India have laid down that the wage given on works must not be less than the quantity sufficient to maintain the labourer's health and strength which is however a totally different profession of policy. As such a statement as that objected to may be highly mischievous and misleading, I submit Government should strike it out (See in this connection pp. 6, 9, 27, 29, 44, 65, and 67 of the Resolution of the Government of India).

3. I think also para 3 is objectionable. It is not the duty of "medical subordinates and certificated Sanitary

I agree that in this Memo the Sanitary Comr takes too much upon himself

"Inspectors" to report whether relief is wanting or not, nor are they in any way more capable than ~~any one else~~ this result of forming an opinion on the subject. The Code lays down a different system ~~altogether~~ for ascertaining whether relief is needed and makes the Collector responsible. If he desires the aid of "medical subordinates and Sanitary Inspectors" he can ask for it, but I submit that the interference of irresponsible busy-bodies should not be countenanced by Government.

4. Again para 11 seems to be objectionable. The medical officer should not be allowed to examine the head cooly's ~~book~~ with the object of ascertaining the task or the extent of fining or the distance the people have to travel to the works. The medical officer's inspection is merely to ascertain the condition of the gang. He is not an appellate authority in regard to fining, distance &c. If without knowing these facts he finds the gang in bad condition, his opinion would be valuable on the question whether tasks, fining and distance are excessive; but if he knows of them fore-hand, he has prejudged the cause. I submit therefore that he should not be allowed to see or know any thing on those subjects with which he has really nothing to do.

But I do not follow the objections which are taken by Sir Charles at A, which seem to be in accord with the views of the G. of I. as expressed in para 11 of the Resn of March 17, 1892 (Hy. F.). We have that in that para India was speaking of classes A & B only, but the principle seems the same in the case of all classes, namely, that the food allowance should suffice to maintain all above a relief, not in comfort, but in ~~strength~~ health as they may respectively be posted. Thus, the A & B wages should suffice to maintain in health & strength the members of the A & B classes (labourers, professional and other) who will be required & under a full tale of such work as they can do; the C wage to those maintaining persons who are employed & labour, & the D wage to those maintaining ~~weakly~~ persons, & also intermediate tale of work can be demanded. I do not know whence Sir Ian Colvin got the expression "normal health", nor do I see much virtue in the word "normal." The point seems to be that, if you do not maintain the population in such a state of health & strength as will make it, on rain and prices falling, & means to ordinary exertion & to survive them with the same efficiency as before the famine, [illegible] circumstances will not undertake famine operations at all.

[illegible]
3/9/97

Dr. King's Memo. cannot be accepted in its present form.

I agree with the Hon. Sir H. Fitzherbert that the Govt. of India cannot fairly accurately the policy of Govt. in giving famine relief.

If there are points in the Memo. which seem either to concern the Famine Commn. (and the Surg. Genl. - I think the Memo. should be sent to these two Officers for remarks.

Secretariat 6/H.E. Shepherd
Sanction of orders conveyed
to the P.G. & Famine Commr.
Hon. Sir H. Fitzherbert
2.9.97
Draft to
Madras

C. No. 7207

G. O. mis No 1847 dt 15 Sept 97

Referred to the Famine Commr and Surgn Genl for remarks

The memorandum purports to give hints for ~~Sanitary~~ medical Subordinates and certificated Sanitary Inspectors when examining persons on relief, but it actually goes much further and is objectionable in several respects:—

Para 2 (latter part)

(a) The statement of the policy of Govt in regard to famine relief is out of place in a memorandum of this kind

(b) Para 3. The Govt is of opinion that medical subordinates and Sanitary Inspectors should confine their examination to the people on relief and should make no reports or suggestions ~~in~~ regard to the general population unless specially directed by D. M. and S. G. or other superior authority they are not in any way more capable of forming an opinion on the subject than the Collector and his assistants who alone are

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