

Revenue (1898) Department.

MISCELLANEOUS SERIES.

G.O., No. 3431

DATED 23rd Aug 98

[Despatch Abstract.]

Recording letter from the Surgeon-General with the Govt of Madras submitting his remarks on the views of Govt passed on the memo of hints drawn up by the Sanitary Commission - or for the guidance of Medical Subordinates and certificated Sanitary Inspectors during examⁿ of persons receiving relief in famine-affected areas.

BACK PAPERS.

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FURTHER PAPERS.

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Through the Honorable the Chief Secretary to Govt., Public

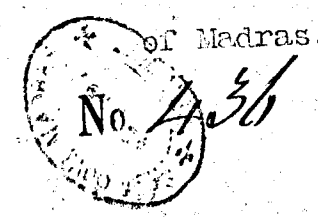
State
Revenue (1897) **Department.**

10360
CURRENT No. *10360*



Ch 4240 + 4604

From
 Surgeon-Major-General C. Sibthorpe,
 C.B., F.R.C.P.I.,
 Surgeon-General with the Government
 of Madras.



91
Order. *Encl. No 262071-12-97*
Transferred to the Revenue
Department.

McConchman.
30/11/97

Dated *the 8th* November 1897.
Received *9*
Registered *10*
Enclosures *1*
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SUBJECT.

Encl. The Encl. 654504 was att. for reference

Submitting his remarks on the view
 of Government passed on the memo
 hints drawn up by the Sanitary Com-
 -missioner for the guidance of Medi-
 -cal subordinates and certificated
 Sanitary Inspectors during examina-
 -tion of persons receiving relief
 in famine affected areas.

BACK PAPERS.

G.O.	No.	Department.	Date.
	435	Pub	17-4-97
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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

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 a 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 the 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 appearance 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 indigestible 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, oedema 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 mammae 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 mammae. 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 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 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 the child has the appearance of being the offspring of a fair-haired race. Edema 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 oedematous. 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 obtuseness 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 diet and the nature and 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:—

"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."

"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 diarrhoea which proved most intractable in treatment, and ultimately died precisely as the people did during the late famine."

"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 cooly'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 ...								

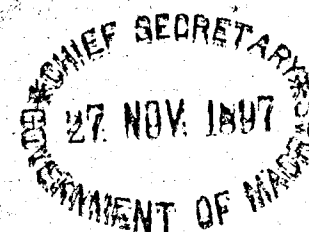
12. The condition of the works as to their sanitary surroundings, more especially as to the points raised in this office "memorandum on water-supply and conservancy on famine relief works" and "the prevention of cholera on relief works" should be fully entered into. A separate report should be supplied 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 SANIT. COMM. FOR MADRAS, }
FORT ST. GEORGE, 2. August 1897. }

Public (1897) Department.

CURRENT No. 4504



Order

From

Surgeon-General
C. Sibthorpe C.B. F.R.C.S.

Surgeon-General
with the Secy. of War

No. 483

Dated 26th November 1897.

Received

Registered

Enclosures

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SUBJECT.

Forwarding copy of G.O. No. 4847 hms., Rev. dated 18th September 1897 called for in Public Deptt. Memorandum No. 2475 of 22-11-97.

1897
Dept.
Encls. No.
To 1036
C. No. 6240

BACK PAPERS.

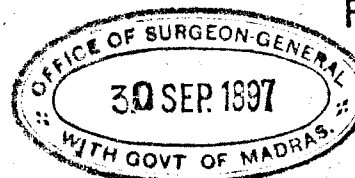
G.O.	No.	Department.	Date.

FURTHER PAPERS.

G.O.	No.	Department.	Date.

Sub. 1123 2/17

F. 2,000-25-5-97.



REVENUE DEPARTMENT.

PROCEEDINGS OF THE MADRAS GOVERNMENT.

Read letter from the Sanitary

Commissioner for Madras, No. 1700/S, dated 18th August 1897, forwarding for information of Government copy of a memorandum drawn up by him containing certain hints for guidance of medical subordinates and certificated Sanitary Inspectors when examining persons receiving relief in famine affected areas.

Copy attached

Order thereon, No. 1017 Dist., d-18th Sept., 1897.

Referred to the Famine Commissioner and Surgeon-General for remarks.

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

Para 2 (latter part)

- (a) Statement of the policy of Government in regard to famine relief is out of place in a memorandum of this kind.
- (b) Para 3. The Government 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 District Medical and Sanitary Officer 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 whose duty it is to see that the relief given is sufficient and who are at liberty to call in the aid of the subordinate medical staff when necessary. The Government is also of opinion that the Sanitary Commissioner does not possess authority to issue orders to the District Medical and Sanitary

Officer and that the passage pointing out the duty of the latter had better be omitted.

(c) Para 11. It appears to Government that it is highly undesirable to authorize the subordinate medical staff to examine the head cooly's looks with the object of ascertaining the suitability of the tasks, the extent of fining, or the distance the people have to travel to the work. The medical officer's inspection is for the purpose of ascertaining the condition of the gang, and it is for others to determine whether the low condition of any particular gang is due to faulty tapping, to excessive fining, or to the distance of the works from the labourers' villages. The medical officer is not an appellate authority on these points and it is most embarrassing to the officers engaged in the administration of relief.

(True Extract)

G. S. S.
AG. SECRETARY TO GOVT.

To the Revenue Commissioner.

Surgeon-General with the Govt. of Madras,
through the Public Department.

[1]

CURRENT No. 483
OFFICE OF SURGEON-GENERAL

WITH THE GOVERNMENT OF MADRAS,
Madras, 26th November 1897.

No. 483

From

SURGEON-MAJOR-GENERAL C. SIBTHORPE, C.B., F.R.C.P.I.,
SURGEON-GENERAL WITH THE
GOVERNMENT OF MADRAS,

To

THE HON'BLE THE CHIEF SECRETARY TO GOVERNMENT,
Public DEPARTMENT.

Sir,

With reference to your Memorandum No. 2475, dated 22nd November 1897, I have the honor to forward herewith the copy of G. O. No. 4847 Mis., Revenue, dated 15th September 1897 received with your endorsement No. 2007, Public, dated 28th September 1897.

I have the honor to be,

Sir,

Your most obedient Servant,

C. Sibthorpe

Surgeon-Major-General

Surgeon-General

with the Govt. of Madras.

189	Dept.
Enclos. No. 2	To 10310
C. No.	

[1]

Through the Honorable the Chief Secretary to Government,
Public Department.

OFFICE OF SURGEON-GENERAL

WITH THE GOVERNMENT OF MADRAS,

No. 436

CURRENT

Madras, 11th November 1897.

No. 4240

From

SURGEON-MAJOR-GENERAL F. SIBTHORPE, F.R.C.P.I.,

SURGEON-GENERAL WITH THE

GOVERNMENT OF MADRAS,

To

THE HON'BLE THE CHIEF SECRETARY TO GOVERNMENT,

Revenue DEPARTMENT.

SIR,

I have the honor to acknowledge the receipt of G.O. No. 4847 Mis., dated 15th September 1897 received with endorsement No. 2007 dated 28th September 1897 of the Public Department, referring for my remarks a copy of a memorandum drawn up by the Sanitary Commissioner for the guidance of Medical subordinates and certificated Sanitary Inspectors, when examining persons receiving relief in famine affected areas.

herewith returned

2. With reference to paragraph 2 of the memorandum and the remarks of Government that a statement of the policy of Government in regard to famine relief is out of place in a memorandum of this kind, I hope Government will reconsider this as it only reiterates what is already in the Provincial Famine Code (chapter X, paragraph 127) that the rations are "sufficient to sustain able bodied labourers in health and strength" and deals with the fact that has been given out over and over again by the Government of India when discussing the question of rations that the standard should keep up the "health and strength" of the people under relief. The whole utility of the memorandum appears to me to turn upon this and it appears to me most essential that both Medical officers and subordinates should have impressed on them the desire of the Government of India by the use of the wages and rations that has been prescribed, otherwise it would be impossible that useful reports

reports could be framed or judgments ~~formed~~^{by} those responsible for Medical and Sanitary advice to Government or its subordinate officials. It is the plain duty of the Sanitary Department to ascertain how far the wishes of Government are being effected. What the intentions of the Government of India are as to the famine stricken, is consequently the central point to which the memorandum refers.

3. In paragraph 2 (b) Government considers 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 District Medical and Sanitary Officer or other superior authority. I think it would be a pity to thus ignore the special knowledge of Medical subordinates who under this paragraph have only to report their observations to their superior Medical officer on whom lies the necessity of verifying the facts and making any suggestion to the Collector he considers desirable. It appears to me that the Medical staff would be simply fulfilling its correct function of ascertaining and supplying information of a character that it is specially adapted by its training to ascertain. There is no question in the memorandum of thrusting aside the opinions of the Revenue officers and there is no reason why those officers should not be content with their own opinions and act upon them, in spite of Medical representations. It appears to me that in a famine campaign ~~the~~ the greatest watchfulness as to the condition of the people should be exercised by all Government servants concerned and it would not be desirable to thus restrict the duties of Medical subordinates who are relatively from their special training in a better position to judge of the physical condition of the people than the subordinates of other departments.

4. Government states that it is of opinion that the Sanitary Commission ^{or} does not possess authority to issue orders to the District Medical and Sanitary Officer and that the passage pointing out the duties of the latter had better be omitted. I hope Government will reconsider this order as there has been nothing irregular in the action of the Sanitary

Commissioner

Commission^{er} who, under G.O. No. 435, Public, dated the 17th April 1897, sent me the memorandum which was issued in the usual way as a Departmental Standing Order for the information and guidance of those concerned.

As regards the position of the Sanitary Commissioner, the opinion of Government is of a far reaching character and it seems desirable that I should recapitulate the orders under which he is acting. The duties of the local Sanitary Commissioners are the same as those which previously devolved on the local Sanitary Commissions, which were framed when the Sanitary Department was created in 1864 (G.O. No. 1347, Military, dated 7th March 1887 paragraph 2 of letter from the Government of India). In laying down the duties of the Sanitary Commission, Government notified (G.O. No. 1469, Military dated 2nd May 1864) that, (paragraph 15) 'all Civil and Military authorities will be requested to give to the Commission every assistance it may require'; (paragraph 18) 'the practical ^{work of the executive Sanitary} administration must, as already stated, be carried out by local civil and military authorities. It will be the ^{careful} duty of the Commission after consideration and communication with those authorities to submit to Government plans for carrying out and supervising the whole Sanitary administration of the Madras Presidency and as far as may be practicable, existing establishments should be made use of so that no needless expenditure be entailed'; (paragraph 12) 'important questions of Sanitary interest will, however, frequently arise in the Civil Department and references will be made, as may be necessary, to and from the several departments of Government'.

The Sanitary Commissioner is the responsible adviser of the local Government in all Sanitary matters (G.O. No. 1347, Military, dated 7th March 1887 - paragraph 3 of letter from the Government of India). He is also the Sanitary adviser of Municipalities under the Resolution of the Government of India embodied in ^{G.O. No.} 799, Public, dated 16th July 1874 ^{and} G.O. No. 402, Public, dated 7th April 1870

and

and also of Local Fund Boards- vide G.O. No. 1492, Financial, dated 5th September 1874. His position is held to be 'distinct from and not subordinate to the Medical Department' (paragraph 6 of notification No. 150 dated 15th March 1880 by the Government of India, embodied in G.O. No. 1672, Public, dated 18th November 1880) This declaration is repeated in paragraph 13 of Government of India notification dated 30th July 1886 No. 361, communicated in G.O. No. 1757, Public, dated 21st August 1886. In paragraph 7 of the ~~former~~ former is laid down distinctly that the Sanitary Commissioner 'will utilize' not only the Deputy Sanitary Commissioner 'but also the whole vaccination staff and Civil Surgeons, as far as possible, in Sanitary work'. This explicit placing at ^{his} disposal for sanitary work of Civil Surgeons (now including all District Medical and Sanitary Officers) is repeated in equally plain terms in paragraph 14 of the latter notification also. In the present instance, the memorandum is distinctly aimed at securing that the Medical subordinates should be able to correctly supply the sanitary information required in paragraph 11, which is introduced with the statement 'holding the above facts in mind, it is recommended that the following table be used for noting results'. As already stated, the Sanitary Commissioner does not issue orders, his position as regards this having been fixed by G.O. No. 435, Public, dated the 17th April 1897, but as already seen he has the power to utilize the services of Medical Officers to gather sanitary information.

5. With reference to paragraph 11 of the memorandum, Government considers it "highly undesirable to authorize the subordinate Medical staff to examine the head cooly's books with the object of ascertaining the suitability of the tasks, the extent of fining or the distance the people have to travel to the work". I think that if Government will consider the following facts, it will see that the Medical Officer (or subordinate) is in no way made an appellate authority on these points and that it is necessary that they should be ^{removed} ignored into by all Medical men concerned in famine administration.

The duties of the Sanitary Commissioner during famine are laid down in section 154 of the Famine Code in the

following

following terms:- "It will be the duty of the Sanitary Commissioner to inspect, under the orders of Government, poor houses and camps on relief works, and to report on their Sanitary arrangements, the physical condition of the inmates, the general management of the health of the affected population, and the size, position, and control of relief works in connection with the public health, and will further take measures for testing the adequacy of the rations prescribed for labourers and for those who receive gratuitous relief". During the famine of 1876-77, Government placed at the disposal of the Sanitary Commissioner special Commissioned Medical Officers, who went where the officer of that period wished, and ascertained such points as he desired. No such arrangements were made during this famine, and the ordinary staffs of districts had therefore to be trusted to supply him with information which, as already stated above, he has a right to call for from them. It was therefore advisable, in view of the small amount of Medical inspection, that District Medical and Sanitary Officers could undertake in addition to their multifarious duties, that the Medical subordinates, serving under them, should be educated as far as possible to take their place. This was the task set out in the memorandum. In short, Medical subordinates ^{were to} serve the purpose of multiplying the eyes and ears of the District Medical and Sanitary Officer. All their reports go to him and it would rest with him, did he think any matter brought to notice by his subordinates to be of importance, to personally investigate the matter before bringing it to the notice of the Revenue authorities or the Sanitary Commissioner. It would therefore not occur in practice that the Revenue authorities would be embarrassed by the multiplication of advisers. This being so, it will be seen that the various directions for acquiring the information quoted in the table in paragraph 11 have a definite object. For example, if the Medical subordinate found that of 15 gangs two are in bad condition and rests content with the bare statement, this will certainly not help the District Medical and Sanitary Officer to a solution

solution of the difficulty. If but two gangs are in evil case, it stands to reason that the conditions which surround them must be exceptional. What the exceptional conditions are may, in the majority of cases, be met by the information quoted. Thus, if it be found that whilst the other gangs have to walk six miles per day, the exceptional gangs had to perform twice that distance, and had been heavily fined for non-fulfilment of tasks, it would rest with him to judge whether the total work demanded accounted for the bad condition of the people. But were this heading omitted, or, in other words, were the Medical subordinate prohibited from asking questions, having direct relation to the sanitary condition of the people, the District Medical and Sanitary Officer would be driven to the false position of saying that such and such a percentage of total workers were in bad condition, in spite of Government's liberality in wages and rations.

I have the honor to be,

Sir,

Your most obedient servant,

C. Pittam

Surgeon-Major-General,

Surgeon-General with the Government
of Madras.

Read again G.O.No.1936 d/23-10-97.
Read also C.No.10330 of 1897.

Note for orders.

Please see G.O.No.4847,

dated 15th September 1897 and the notes thereunder.

2. In August last, the Sanitary Commissioner forwarded for the information of Govt. copy of a memorandum drawn up by him containing hints for the guidance of Medical Subordinates and Certificated Sanitary Inspectors when examining persons receiving relief in famine affected areas. On examining this memorandum the Govt. was of opinion that it went much further than its expressed object and was ~~moreover~~ objectionable in the following respects:-

- (1) Embodying a statement of policy of Govt. in regard to famine relief
- (2) laying down that it is the duty of the Medical Subordinates to examine the health condition of the population not on relief and to report to the District ~~Medical~~ ^{Sanitary} Officer any "want of balance in conditions", and that it is the duty of the District ~~Sanitary~~ ^{Medical} Officer and ~~one~~ Sanitary Officer to advise the Civil Officers on receipt of such reports.
- (3) directing the Subordinate Medical Staff to examine the Head Cooly's books for ascertaining the suitability of the tasks &c.

The memorandum was therefore referred to the Famine Commissioner and the Surgeon-General for remarks: the papers read above embody the replies of these two officers.

3. The Famine Commissioner does not see any

any objection to statement in the memorandum of the policy of Govt. in regard to famine relief; but he concurs in the other remarks of Govt. He is however against the omission of paras 3, 4, & 5 from the memorandum as the instructions contained in them are valuable, and suggests that the fact that the memorandum refers to the examination of actual recipients of relief should be made clearer.

4 The Surgeon-General on the other hand, considers that the ~~memorandum is unobjectionable as it now stands, and as it has issued, that the memorandum was, as that as it was,~~ ^{memorandum is unobjectionable as it now stands, and as it has issued, that the memorandum was, as that as it was,} as required by para 2 of G.O. No. 435, dated 17th April 1897 Public, sent to him by the Sanitary Commissioner and issued by him as a Departmental Order for the information and guidance of those concerned, ~~and that therefore~~ there was nothing irregular in the action of the Sanitary Commissioner. ^{also} The Surgeon-General thinks it essential that the policy of Govt. in regard to famine relief should be set forth in the memorandum, and that it is not desirable that Medical Subordinates who by their special training are in a better position to judge of the physical condition of the people than the subordinates of other departments, should be debarred from reporting on the condition of the general population, which reports it is open to the Revenue authorities to accept or reject. On the question of the examination of the Head Cooly's books by the Medical Subordinates, the Surgeon-General observes that no special officers were appointed to work under the Sanitary Commissioner during the famine that the Sanitary Commissioner had to rely ^{therefore} ~~for information~~ on

*Wrong. This out of place
NA*
*The S.G. is quite mistaken.
NA*

on the District ~~Medical~~ ^{Medical} and Sanitary Officers and their subordinates to enable him to perform the duties imposed upon him by Section 154 of the Famine Code, and that an examination of the Head Cooly's book is necessary if the reports of the Medical Subordinates ^{are} ~~is~~ to be of use in enabling the District Medical Officer in tracing the cause of the weakness of a particular gang.

This circular is very characteristic of Dr. King. The matter itself may be excellent, but it is "matter in the wrong place" discussions of questions of policy are not only out of place but actually harmful in a circular addressed to "medical subordinates & certificated sanitary inspectors". A great deal even of the technical instruction & information conveyed is probably far above the heads of those officials, however, but the polemical references are positively mischievous, the effect being to ~~cause~~ ^{lead} these subordinates to take up a critical position towards their work, while their simple duty is to record & report actual facts relative to the physical

condition of the persons in their
charge, who are on works or relief.
The effect is also to disenable
them, owing to the bias so
given to their ^{mind} observations, from
reporting accurately their ob-
servations. If, for instance,
one of these subordinates ~~is~~
~~to~~ King's teaching has imbibed
prejudices on the subject of taxes
or fining, he will be apt to refer
any observed deterioration to
such cause, while the real
cause may be something quite
different but which this bias
obscures though it may be under-
lain very close.

~~Another~~ The Circular should have
been confined to conveying
in plain language clear & precise
instructions as to the medical
sanitary facts to be noted,
with orders to follow them im-
plicitly.

In a circular which was
issued in a Bombay district, I
found the following paragraph:—
"Some people think that the pre-
vention

"is not sufficient for a child of
six or seven. This is not a
matter for you to consider. --
(going on to give certain precise
instructions ^{as to what is to be done} if a child is found
thin & in bad condition).
That is the tone in which the
Circular should have been
written. S/H

I entirely agree with the
Secy's remarks.

The so-called memorandum
of hints is a rambling
polemical dissertation
altogether unsuited for
the purpose intended.

MA

H.M.

This was one of the
minor of files put up
with the file containing the
discussion of the various
points in W.D. The Govt of India
desired the ~~Famine~~ Code revision
of the Famine Code. He considered.

The question raised
in the corresp^e with Dr.
King is now only of
academic interest: &
perhaps the file may
be recorded. Should we have
another famine on our
hands care should be taken
to issue in the beginning.

Yes
MA.

distinct orders to the Sain-
 Comte requiring him
 to confine his orders
 to his own province, &
 not to lay down in-
 structions as to the
 general policy of govt
 or to introduce criticisms
 of it in orders issued
 by him & his subordinates

S.P.R. 13/8/8

See
~~Memorandum~~

Most certainly and
 if we could only
 check his Kakaothos
scribens we should
 make him a much
 better Sain. Comm!

MT 76.8.98

Rev. Sept

Read again G.O. $\frac{4847}{15-9-97}$
 $\frac{1936}{26-10-97}$

encl. $\frac{2620}{1-12-97}$ C. No. $\frac{10360}{10-3-97}$

G.O. No. 3431 d/23rd Aug 98

Recorded

He
 22/9/98

as
 19-8-98

Sains number

cl
 18/9/98

(From orders)