Chapter V

PUBLIC HEALTH
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Despite remarkable improvements in human development the fundamental and the basic necessity of millions of men, women and children lie in the need to improve health and education. So integration and security are not met if the Public Health is not maintained. Strategies for preventing disease and policies for providing affordable and effective social programmes are still urgently needed1.

It was a well known fact that the life span was going down due to infectious diseases that raged in villages and towns during the beginning of the twentieth century. Medical help was inadequate. The infant mortality rate was very high in India. Drinking habit was increasing deteriorating the health condition. Pure drinking water was not available in numberless villages. Venereal diseases were assuming a monstrous form. It was perhaps in consideration of all these that Her Excellency Lady Chelmsford had been encouraging the establishment of societies for promoting health and wellbeing of the Public2.


2 "Kleinapatrika", NNR, Masulipatam, 28 February 1920, P.316.
Health is wealth - both are intrinsically interrelated and integral part of the development.³

The government was not active in the matter of internal health policy and administration. Health administration in the presidency was very poor because of lack of finance and personnels and the insufficient powers vested in Medical officers. Moreover in those time there was insufficient health education. The spread of infectious disease like tuberculosis was due to the migration of people from rural areas to towns.⁴ Overcrowding and inadequate housing among industrial workers was also one of the causes of the insanitary condition.⁵ Lack of dispensaries and facilities for health work led to the increased death mortality. Tuberculosis and malaria ranked high as a public health problem. In those days the collection and disposal of excreta was not properly done. The unsatisfactory disposal of waste and the pollution of rivers by such wastes had affected the public health.⁶ Sewage on the edge of houses emitting bad smell invited mosquitoes that contributed to the spread of malaria and other fevers.⁷

There was scanty attention towards medical relief, preventive health, health consciousness, health education and physical education.⁸ The local government began to realise that the high mortality and morbidity was preventive and they thought that the improvement of environmental hygiene,


Ibid., P.18.

"Desabhtan", NNR., Madras 2 June 1920 P.670.

"Swadeshamitran", NNR., Madras 5 June 1920 P.670.

adequate nutrition, adequate preventive and curative health services and intelligent co-operation of the people would develop public health. Moreover the new ministry tried to abolish illiteracy, unemployment, poverty, purdah system and early marriages which added to the cause of the low state of public health.

The curative and preventive health services were totally inadequate. There were one doctor for 6,300 people, one nurse for 43,000, one health visitor for 4,00,000 and one midwife for 60,000 and one hospital for 55,000 person. The meager attention to Public health necessitated the dawn of welfare schemes.

DEVELOPMENT OF PUBLIC HEALTH

An essential step was initiated to bring suitable scheme for the development of public health. In the nineteenth century chronic or epidemic malarial fever had become a major cause of death in several parts of the country. The health problem of every district was left to the supervision of the district medical officers who were known as the district medical and sanitary officers. They were interested only in giving advice on sanitary matters to the local bodies and did very little to the public health. In few districts only assistant


Ibid.,


surgeons were employed at the cost of local funds. The public health work was mostly concerned with vaccination. A sanitary commission was department in charge to supervise and guide the public health activities of the whole province.\textsuperscript{13}

The District Health Scheme was introduced in 1922-23.\textsuperscript{14} The previous system of public health administration was not up to the satisfaction. It was very difficult to secure proper control over the vaccinators who were regarded as the sole in charge of the health administration. When there was no epidemic disease like cholera, it was not possible to maintain their work. There was also no co-ordination of work of the various sanitary staffs, when there was no one to co-ordinate their work.\textsuperscript{15} There was no centralised form of control. Plague staff were controlled by collector, the cholera staff under sanitary commissioner and the vaccination staff under the local bodies. Therefore there was no co-ordination of work to maintain the public health.\textsuperscript{16} The district medical officer who was overburdened with work could not do any effective work on the health problems.

\textsuperscript{13} Public Health Code\textsuperscript{\textsuperscript{\textregistered}} Part I, Madras, 1928, PP.9-11


\textsuperscript{Ibid.\textsuperscript{\textsuperscript{\textregistered}}}
But in 1912 the government took measures for the expansion of public health by employing health officers in each provinces in their municipalities and districts. These officers looked into the public work by carrying health propaganda work and by improving water supply and drainage system to prevent epidemic diseases like malaria, plague, cholera and tuberculosis.

As the year passes by the progress in health services also increased. In order to prevent infertile mortality and death due to epidermic diseases and to eradicate virus diseases vital statistics and sanitary surveys were undertaken because cholera and plague appeared to have depredated life to a very great extent. It was a virulent and widespread disease. The government came forward to introduce effective steps for providing proper water-supply, drainage, housing condition, proper control of pilgrim centres and for preventing adulteration of food, milk and drugs by appointing district health officers.

But the emergence of first world war made a hindrance to the development of health programme. Anyhow it reaped its fruit after 1918. In 1918 the conference of the sanitary officers were held in Delhi and it necessitated the importance of health work and its immediate organisation in the rural areas. It considered that for every million inhabitants there should be a District Health

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17 **Law, (Local)**, G.O.No.457, 14 March 1913. P.18.
18 **Ibid.,** PP.9-10.
21 **Law (Local) G.O.No.1364, 3 August 1914, P.1-16.**
Officer, two Deputy Health Officers, four Sub Deputy Health Officers and fifty Health Inspectors and indicated in some detail the work that should be assigned to the health staff.\textsuperscript{22}

The recommendation of the Delhi Conference had its effect and Government of India extended its help for initiating public health administration in provinces.\textsuperscript{23}

It was at this time reform movements were announced by the Montage Chelmsford Reform Act of 1919. As a result sanitation and Public Health became a transferred subject under the local self government. So the new government in no time started implementing a lot of health schemes to benefit public and they started introducing a number of measures to improve the health officers appointed as per the District Municipalities bill of the Public Health Department. It is not surprising to state that the Madras Legislature council had the honour of being the first to instate the reformed council in India from 1920 onwards. It witnessed the ushering in of the new enlarged schemes not only in the public health but also in the other activities.\textsuperscript{24}

\textsuperscript{22} Law (Local), G.O.No.954, 22 July 1918, P.3-4

\textsuperscript{23} Ibid., P.12.

\textsuperscript{24} Law (Public), G.O.No.7022, 8 December 1921, P.65
The genesis of the public health administration was laid after the Delhi conference. The Sanitary Commissioner was appointed as the Director of Public Health. Now the Public Health Department was kept under the control of government through the minister in charge of Public Health. It was constituted partly of Indian Medical Officers and partly of Provincial officers.

The Director of Public Health became the head assisted by three Assistant Director of Public Health. One was in charge of vital statistics and propaganda, another in charge of vaccination and small-pox and the third in charge of fairs and festivals. The fullest form of this Health Department was organised in 1923 with its headquarters at Madras.

The chief item of work were:

1. Control of epidemics
2. Vaccination
3. Registration of vital statistics
4. Control of factories and industries
5. Control of burial grounds, slaughter house and markets
6. Conservancy

Public Health, G.O.No.367, 8 March 1922.


Health officers were constituted into a regular work provincially and individual officers were put in charge of local bodies. In order to initiate and induce enthusiastic work, the qualification, pay and allowances of the first and second class health officers were fixed. A District Health Committee was also constituted. For a municipality having a population of 50,000 and more first grade health officers was appointed under district board to look after the impatient sanitary condition. Others came under the category of second class health officers who looked after fairly large municipalities.

A special Malaria officer had been appointed for every district to investigate the condition of Malaria in selected areas and to advise the government and local bodies to implement the measures to be taken to eradicate the disease from the areas investigated.

So the outstanding feature of the year 1922-23 was the complete reorganisation of the Health Department including the formation of a separate health staff for each district. A separate cadre for health officer was created and their pay revived. At the end of the year 1921 the government laid down a policy that medical officers should travel outlying stations in regular relation on specific days to check the condition of health and hygiene in rural areas.


"Public Health", G.O.No.533, 18 May 1921.

"Public Health", G.O.No.1354-A 19 October 1921.

areas. Nursing services were reorganised. The outstanding feature of the year in regard to medical education was the opening of a medical college at Vizagapatnam and a medical school for women at Madras.

In 1923 a District Health Officer had been appointed for every district in this Presidency. He was the executive head of the Health staff employed in each district. The Deputy Inspector of vaccination and Sanitary Inspector of cholera parties were merged and designated as Sanitary Inspectors.

The Health Officer had to carry out the following function:

1. To inspect all unions and villages not less than once in each year.
2. To examine and verify village vital statistics.
3. To attempt important fairs and festivals outside municipal town and to supervise the conduct of sanitary arrangements in such places.
4. To visit localities in which epidemics occur and supervise the arrangements made for their control.
5. To inspect the work of district health inspectors, vaccinations etc.,
6. To perform other duties as the Director of Public Health or the President, District Board might call on to perform.

Ibid.,
Ibid.,
Law (Legislature), G.O.No.1096, 21 June 1922.
"Public Health", G.O No.817, 10 June 1922.
Thus the District Health Scheme was introduced and made essential to work in Madras presidency. The aims of the District Health Scheme were clearly reflected in the duties allotted for the district and Municipal health staff. The District Health Officer after touring for 60 days in each quarter had to submit his report to the President District Board, the Director of Public Health and the Assistant Directors of Public Health. There were Health officers with similar duties of District Health Officer. The government was glad to note that since the introduction of the District Health Scheme there had been a progressive decline in the mortality from small pox. In 1922-23 the total number of death from small pox was 26,562 while in 1926-27, it was 9816. The infantile vaccination reports received from Chidambaram, Guntur, Cuddapah, Nellore and Narsar were far from satisfactory. In order to abolish insanitary condition and to eradicate epidemic diseases the presidency government employed a total number of 287 Health Inspectors to assist the District Health Officer. Health officers appointed by the Government as per the District Municipalities act. A special bureau for publicity had been opened in the officer of Director of

"Public Health", G.O.No.631, 5 May 1922.


Ibid.,

"Godavari patrika", NNR., Rajamundry, 2 March 1920, P.407.

"Annual report on the administration of the Madras presidency" Madras, P.XIV.
Public Health and it had been working successfully since April 1927. A special bureau of Malarialog had been opened since the middle of the year 1927 and a malarialogist and an assistant had been appointed to investigate the conditions of malaria in selected areas. A good deal of investigation was done.

Most of the time and energies of the District Health service had been devoted to the control of epidemics like Cholera, plague, small pox and relapsing fever. During epidemic wave of 1918 over 120,000 persons perished from cholera. The number of deaths from cholera in 1926 was 24,407 small pox claimed 58,752 victims in 1918 and 16,957 deaths in 1926. Mortality from plague was 2,143 in 1926 against 12,859 in 1918. During the year 1922 and 1923 an epidemic of relapsing fever broke out in the Presidency which threatened to decimate the village population of several districts. The preventive campaign was successfully carried on. It was an unforgettable truth that by the end of 1923 due to effective preventive campaign the infection was reported to have entirely disappeared and the few minor outbreaks which had since occurred were reported to have been speedily stamped out. It had been proposed to build 300 new dispensaries in the rural areas of this Presidency. The government


Ibid.,


Ibid.,

"Andhra Patrika", NNR., Madras 10 July 1924. P.945.
sanctioned loans for building hospitals because it was a fact that medical aid was not adequately obtained in villages and many were dying for want of medical aid. One dispensary was maintained for every hundred villages. Hospitals were well maintained. Even if the people were not suffering from any disease just because to enjoy the comforts of eating people got themselves admitted showed the perfect and efficient administration of the hospital.

The progress of vaccination had been marked owing to the better system of supervisory control and the great improvement effected by the king institute in the manufacture of vaccine lymph. Steps were taken to cease the danger of people about the smallpox epidemics. First class vaccinators class was held fortnightly in February 1927 and was attended by 64 students. Owing to the prevalence of cholera, Madras Government had issued orders permitting the supply of cholera vaccine free to all Local bodies from the King institute.

It was an universal fact that the activities of Public Health were based on accurate registration of vital statistics. The registration of births and deaths

"Public Health", G.O.No.1850 (Mis.), 23 September 1927.

"Deenabandhu", NNR., Masulipatam, 16 July 1924, P.975.

Ibid.,


"Public Health", G.O.No.716. (Mis.), 8 May 1924.

"Public Health", G.O.No.1539. (Mis.), 16 August 1927.

"Public Health", G.O.No.1915. (Mis.), 19 December 1924.
were done constantly with effective manner. The average birth rate had increased and the vital statistics of this province was now relied by people.\textsuperscript{58}

The statistic of Birth and Death is given below in the Table No.7

\begin{tabular}{|c|c|c|c|c|c|c|c|}
\hline
\textbf{YEAR} & \textbf{BIRTH} & & & \textbf{DEATH} & & & \\
\hline
 & Population & Male & Female & Population & Male & Female \\
\hline
1920 & 1,137,238 & 582,963 & 554,275 & 873,981 & 441,714 & 432,267 \\
1921 & 1,108,474 & 566,982 & 541,492 & 826,897 & 418,696 & 408,201 \\
1922 & 1,237,222 & 629,246 & 602,476 & 859,236 & 436,743 & 422,493 \\
1923 & 1,358,748 & 693,043 & 665,705 & 908,625 & 458,746 & 450,087 \\
1924 & 1,430,858 & 730,223 & 700,635 & 1,006,043 & 510,956 & 495,087 \\
1925 & 1,382,477 & 705,309 & 677,168 & 1,000,558 & 508,005 & 492,553 \\
1926 & 1,480,293 & 753,383 & 726,910 & 1,048,529 & 530,173 & 518,356 \\
1927 & 1,495,747 & 763,404 & 782,343 & 997,742 & 506,110 & 491,632 \\
1928 & 1,534,445 & 783,928 & 750,517 & 1,080,744 & 549,565 & 531,179 \\
1929 & 1,555,661 & 794,303 & 761,358 & 1,037,452 & 527,107 & 510,345 \\
1930 & 1,632,475 & 835,782 & 796,693 & 1,045,972 & 528,100 & 517,872 \\
\hline
\end{tabular}

The rate of infant mortality was high before 1920. In 1927 it was reduced to 175.4/mile. from 230.2/mile. From the inception of the District Health scheme in 1923, the education of the public in health matters had received increased attention. The staff had regularly done the health propaganda work as a routine work\textsuperscript{59}. The annual reports of Health Officers and the Health and Baby Week Celebration revealed that health propaganda measures were vigorously carried

\textsuperscript{‘Public Health’, G.O No.420. 16 March 1926.}

\textit{Ibid.}
GRAPH SHOWING THE STATISTICS OF BIRTH RATE FROM 1920 TO 1930 A.D.

GRAPH SHOWING THE STATISTICS OF DEATH RATE FROM 1920–1930 A.D.
out all over the Presidency. During 1924, 33,846 lectures were delivered in 27,346 centres to audience numbering 1,354,000 approximately. In 1925 it was increased as 52,100 lectures in 36,800 centres for 2,900,000 audience. In 1926 there was a further increase of 76,300 lectures in 44,260 centres for 3,800,000 population. The steady increase in the attendance showed that the lectures were gaining in popularity. The cinema was used to a greater extent to educate the masses in health problem. There were 293 cinema shows on subjects relating public health in 1928. The Health Week was celebrated with great enthusiasm throughout the presidency. The Irwin cup for the best health week in India was awarded to Renukonda Union. The union occupied the second place in the competition for the Health Week Celebration in the whole of the British empire. The Chingleput was among the seven places commended, had a great appreciation. The intensive propaganda campaign got extensive support from the public from year to year.

Simultaneously the government took proper measures for water supply and drainage. The new ministry sanctioned a restricted scheme of drainage for the town. Proper care was also taken to avoid overcrowding which was responsible for pollution by introducing drastic schemes of housing and town

Ibid.,


Ibid., P.176.

planning. The only remedy for removing congestion in the city was to erect a sufficient number of dwelling houses. Government purchased vacant site and sold to poor to build house by sanctioning loans from Societies. Lord Willington took great pain to reduce the hardship caused by insufficient house accommodation. There were 27 municipalities with protected water supply in 1918 but it had been increased to 30 in 1927 and 13 scheme were under execution.

The proper administration of Public Health started only after the introduction of the Reform Scheme of 1919. The support of the public in public health work had been mainly sought for in health propaganda work. Considerable interest had been shown by the people in such activities. During the year 1926 over a lakh of rupee was collected by voluntary subscription in connection with the Health and Baby week celebrations. Associations had been established to promote health propaganda work.

An ordinary committee for public health administration was established with Hon'ble Diwan Bahadur R.N.Arogayaswami Mudaliar, Minister of Excise and Public Health as President and the following members of the Legislative Council as members.

"Public Health", G.O No. 2127, 27 October 1927.
"Swadeshamitrán", NNR., Madras, 14, December 1920 P.149.
Ibid., P.523.
Ibid.,
1. Dr. Muthulakshmi Ammal


3. Diwan Bahadur S. Kumaraswami Reddiyar M.L.C.

4. Muppil Nayar of Karalappara alias Kumaran Raman M.L.C.


6. Dr. K. Sitaratna Reddi Garu, M.L.C.

7. Dr. S. Arpu daswami Udayar M.L.C.

8. Dr. Swami Sahajanandam M.L.C.


A review of Public Health Scheme showed improvement in the standards of health and comfort in the Presidency. There was a frequent inspections to check the work of the health staff to prevent the accumulation of rubbish and filth in Private premises. Vaccinators were checked surprisingly to ensure the accurate registration of births and deaths.  

It was clear from the above that the main object of the District Health Scheme was:

1. to secure expansion and co-ordination of public health activities in the districts


Baliga, B.S. op.cit., P. 213.
2. to improve rural as well as urban sanitation by controlling epidemics and diseases, by regulating fairs and festivals by providing for proper conservancy, drinking water supply, maternity and child welfare centres etc.

It was surprising to note that voluminous steps were undertaken to secure the objects of the scheme. A school for the training of health visitors in Madras was brought into existence in 1929, The Madras government budgeted Rs.14,000 against the grant of the school, since most of the institution in the city functioned more as dispensaries and poor feeding places rather than as schools for mothers. Maternity and child welfare centres were started to educate the mothers on mother craft and child craft. They were attracted to the centres to learn sewing needle work and other allied activities connected to the maternity and child care. A resolution was passed by the Corporation of Madras extending the present child welfare scheme to three additional centres in the city. During the Baby week prizes were awarded to healthy children. The local "clais" were trained in the modern aseptic system of midwifery. At the child welfare conference conducted at Delhi, Madras zone had given its representation.

7 "Public Health", G.O.No 2528. (Mis.), 19 June 1926.
8 "Shri Dharma", 1932, P.176.
9 Ibid.
11 "Public Health", G.O.No.1446. (Mis.), 17 August 1926.
In the interest of the inhabitants of the town the new ministry paid attention to the provision of burial and burning grounds. As it was highly desirable to avoid the dangers attendant on burning and burying of corpses in the bed or bank as done at Amaravathi which constituted the main source of drinking water for town. This was taken to the notice of the government and considerable and favourable action was taken to allot ground, some distance far away from the residential place to avoid air pollution that was detrimental to health.\(^\text{77}\)

The ministry also took interest in sending people abroad to enrich their knowledge of medical education. For example Miss. T. Parukutty Ammal was given scholarship for higher medical studies in England in the Tropical school of medicine. She was in Lady Willington Medical School, Egmore and went to England to study there for a period of five years. After the course she had to work in the government of Madras to serve the government.\(^\text{78}\)

In order to secure whether the supply of food in the hospital was in good quality and quantity foodstuffs of Hospital supplies were examined by King Institute, Guindy.\(^\text{79}\) The new ministry did not hesitate to punish persons if they sold adulterated food or drinks.\(^\text{80}\). An imitation tea was found by the virulent

\(^{\text{77}}\) Madras Legislative council, G.O.No 2704, 26 June 1926

\(^{\text{78}}\) L.S.G. Public Health, G.O.No 1244 (Misc), 25 June 1927

\(^{\text{79}}\) List of the King Institute of Preventive Medicine, Guindy, for the year 1928, Madras, 1928, p.11.

\(^{\text{80}}\) Ibid.,
action of the government. Preparation of tea which was said to find extensive sale in the presidency was analysed at the request of Director of Public Health, Madras and was found to contain no tea leaf at all. It appeared to be only black gram husk. This kind of sale of Tea which would affect the health of Public was detected and punished.81

LEPROSY

One important service done by the Public Health department was its memorable work done for the benefit and welfare of lepers. The British Empire Leprosy Relief association allotted Rs.4700/- for anti leprosy work in the Presidency during the year 1927.82 Dr.A.H.Driver proposed to translate the literature written in foreign language about leprosy into the vernacular.83 A general policy was adopted against the Leper settlement at Tirumani that a treatment centre for early cases should be established and dermatological clinics at Medical colleges and schools for treatment of patients and training of students and practitioners in diagnosis and treatment.84

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81 "Public Health", G.O. No. 1916, 18 September 1928
83 Ibid.,
84 "Proceedings of the meeting of the Modern Provincial committee for leprosy relief" held at 4 p.m. 7 April 1922.
STEPS TAKEN

The beggar problem committee appointed by the corporation of Madras in January 1924 found that there were 409 lepers out of a total number of 2807 beggars in the city of whom life were within beggars. An asylum was built at Chingleput and lepers were segregated and sent to this asylum where intensive medical aid was given.

Under Leprosy control scheme, treatment and study centres were established. The schemes provided the facilities for advanced case, after care and rehabilitation training of leper workers. A central leprosy teaching and residential institute was established at Tirumani by way of Legislative measures in August 1927. The corporation resolved to construct an asylum outside the city limits for the housing and maintenance of vagrant lepers and beggars and requested the government to make a grant of 1 lakh and to enact suitable and effective legislation to segregate compulsorily vagrant lepers in the city in the asylum to provide for their treatment. It was how a separate Asylum at Tirumani was established for the incurable cases of leprosy.

Ibid.,

'Daily Express', NNR, Madras, 8. May 1928, P.3

Ibid.,

'Madras Legislative Council', Public Health, G.O. No. 3903, 8 September 1926

L.S.G. 'Public Health', G.O. No.2045 (Mis.), 1 October 1928
The government agreed with the Local Self Government that the expenditure involved in sending patients from government medical institutions outside the headquarters to the district headquarters hospitals for special treatment should be treated as a contingent charge of the institution from which the patient was sent and debited to provident fund.  

In the year 1932 there was a large fall in the deaths due to Cholera, Dysentery, diarrhoea, small pox, plague, fever, respiratory disease, child birth and other cases. Measures for improved public health largely depended on accurate records. Since the reorganisation of the Public Health Department, vital statistics in the Madras Presidency was considered as the best improvement. Another step forward was taken in the year 1932 by centralising the work in this office. The attainment of accuracy in registration was a slow process and achieved perfection with improved education of the masses.

Careful statistical forecasts for cholera were prepared and the findings were corroborated by subsequent events.

PUBLIC HEALTH, G.O. No. 1764, 28 August 1928

LAW (MEDICAL), G.N. No. 220, 18 May 1918.

ANNUAL REPORT ON THE DIRECTOR OF PUBLIC HEALTH, Madras, 1932, p.10-1

ANNUAL REPORT ON THE ADMINISTRATION OF THE MADRAS PRESIDENCY, Madras, 1932, P.10

PUBLIC HEALTH, R.No. 882-1, 10 April 1933.
Selected Health Inspectors were given training in anti-cholera inoculation by their Health Officers. They were also trained in the use of culture media, a sufficient supply of the media being kept in the offices of all District Health Officers and of some Municipal Health officers. To ensure the prompt adoption of preventive measure by those concerned, rules for combating cholera in rural areas were drawn up and submitted to government. The following table shows the fall in the death due to cholera.

Table 8

Table showing the complete statistic of death due to cholera

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1923</td>
<td>- 5169</td>
</tr>
<tr>
<td>1924</td>
<td>- 51971</td>
</tr>
<tr>
<td>1925</td>
<td>- 44815</td>
</tr>
<tr>
<td>1926</td>
<td>- 24407</td>
</tr>
<tr>
<td>1927</td>
<td>- 35334</td>
</tr>
<tr>
<td>1928</td>
<td>- 57677</td>
</tr>
<tr>
<td>1929</td>
<td>- 25677</td>
</tr>
<tr>
<td>1930</td>
<td>- 19746</td>
</tr>
<tr>
<td>1931</td>
<td>- 30232</td>
</tr>
<tr>
<td>1932</td>
<td>- 5278</td>
</tr>
</tbody>
</table>


A highest mortality was registered in 1923 due to plague and it gradually declined during 1932. The following statement shows the mortality from plague for the past ten years.

Table 9

Table showing the statistic of death due to plague

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths from Plague</th>
</tr>
</thead>
<tbody>
<tr>
<td>1923</td>
<td>- 12110</td>
</tr>
<tr>
<td>1924</td>
<td>- 3922</td>
</tr>
<tr>
<td>1925</td>
<td>- 2014</td>
</tr>
<tr>
<td>1926</td>
<td>- 2143</td>
</tr>
<tr>
<td>1927</td>
<td>- 21758</td>
</tr>
<tr>
<td>1928</td>
<td>- 2106</td>
</tr>
<tr>
<td>1929</td>
<td>- 1801</td>
</tr>
<tr>
<td>1930</td>
<td>- 1459</td>
</tr>
<tr>
<td>1931</td>
<td>- 1073</td>
</tr>
<tr>
<td>1932</td>
<td>- 1561</td>
</tr>
</tbody>
</table>

The slight increase of mortality from 1931 to 1932 was due to a sharp epidemic. To combat this disease a co-ordinated effort among all the provinces was taken into account. A conference was held by the Directors of Public Health...


Ibid., P. 13
of Bombay, Mysore, Madras to achieve this end. The Chief preventive measure
adopted were anti-plague inoculation and evacuation. Sanitary Inspectors on
plague duty were given the necessary practical and theoretical training and were
employed on inoculation.

In the same way the deaths due to Respiratory disease were also
registered and as per the records sanitary improvements at perennial pilgrim
centres were made. Large sum of money had been spent for the propaganda
work like cinema shows and lantern lectures.

Antimalarial scheme was working successfully to reduce the mortality of
Malaria. The revived scheme was started only with effect from May 1932 which
recorded a marvellous decline in deaths from Malaria.

Deaths due to smallpox was also reduced by compulsory revaccination to
completely stamp out this virulent epidemic. The following table shows the
mortality from smallpox.

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94 Ibid., P.15
98 Public Health, G.O. No. 312, 9 February 1928
107 Ibid., P.22
109 "Public Health", G.O.No. 1250, 4 September 1925
Table 10

Table showing the statistics of death due to smallpox

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths from smallpox</th>
</tr>
</thead>
<tbody>
<tr>
<td>1923</td>
<td>- 24434</td>
</tr>
<tr>
<td>1924</td>
<td>- 18810</td>
</tr>
<tr>
<td>1925</td>
<td>- 20478</td>
</tr>
<tr>
<td>1926</td>
<td>- 10957</td>
</tr>
<tr>
<td>1927</td>
<td>- 7781</td>
</tr>
<tr>
<td>1928</td>
<td>- 7618</td>
</tr>
<tr>
<td>1929</td>
<td>- 9708</td>
</tr>
<tr>
<td>1930</td>
<td>- 8025</td>
</tr>
<tr>
<td>1931</td>
<td>- 4660</td>
</tr>
<tr>
<td>1932</td>
<td>- 5363</td>
</tr>
</tbody>
</table>

There was a severe epidemic of smallpox in almost every part of India, yet the Madras Presidency had not suffered to any great extent\(^{104}\) because of various preventive measures taken by the Public Health Department.

The Madras Presidency showed much interest in Maternity and child welfare. The government requested the local bodies to pay more attention to the activities of child welfare since the child welfare work was still in its infancy.\(^{105}\) The government sanctioned a recurring grant of Rs.6000 to the provincial branch of the Indian Red cross society in Madras for a school to train health visitors\(^{106}\) to pay attention to the child's welfare.

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\(^{104}\) *Annual Report on Public Health*, Madras, 1932, P.14

\(^{105}\) *Public Health*, G.O. No. 1760, (Misz.), August 1932.

A child welfare centre at Ooty was started by Lady Wellington to teach the laws of hygiene and infant welfare and requested the government to extend its support. She proposed a suitable building in the central locality be placed at the disposal of the workers so that mothers could bring their infants to be tended, supplied with warm clothing, good milk etc. which latter on developed into "Creches". Contribution of rupees 50 per month from municipal funds to help to defray the charges incurred. The Lady Chelmsford All Indian League had been specially started for dealing with problems connected with maternity and child welfare and the League was publishing a quarterly journal on the subject.

A hospital for children was constructed in commemoration for the visit of His Royal Highness, the Prince of Wales in the Madras Presidency. Rao Bahodur Dr.C.B.Rama Rao passed a resolution on 6th September 1921 to send one lady and one gentleman medical graduate to study the child welfare and the working of the children's hospital by granting suitable scholarships to England.

Inadequate supply of milk was found one of the causes for increased mortality among infants in Madras. In order to improve the child care the ministry of Madras presidency adopted proper arrangements to improve the

187 "Public Health", G.O.No.10 653

188 "Public Health", G.O. No. 1738 (Misc.), 19 December 1921

Ibid.,
Prince of Wales's visit to the Madras Presidency
supply of milk not only to the hospitals but also to the Public.\textsuperscript{110} Vigilant attention was given to see whether the supply of coffee and tea in hotels were in good quality and quantity and not detrimental and prejudicial to the health of the mothers who feed milk to the child and as well as to the Public Health.\textsuperscript{111}

Ayurvedic and Unani medicine were also encouraged. Ayurvedic college was also started\textsuperscript{112}. During the first world war most of the surgeons were engaged in war. So the medical aid was not at all enough to meet the needs of the people where influenza was rampant in Madras Presidency. It was at this time an appeal for Ayurvedic physician's services was to be utilised as it would conduce to economy as well as efficiency\textsuperscript{113} was made in the Presidency which consequently developed not only Ayurvedic Medicines but also Unani and Siddha Medicines.

VENEREAL DISEASE

An outstanding step taken by the Madras Government was in the reduction of venereal diseases because the prevalence of venereal disease was very high at Madras. Voluminous measures were taken to make the illiterates

\textquotedblleft Desabhandan\textquotedblright, NNR. Madras, 8 April 1920, p. 444

\textquotedblleft Monorama\textquotedblright, NNR. Calicut, 6 April 1920, p. 444

Public Health, G.O. No. 1330 (Misc.), 14 October 1921

\textquotedblleft Andhrapatrika\textquotedblright, NNR. Madras, 6 January 1920, p. 81
to realise the dangerous consequences of this disease. One among them was the film media. In 1924 through films the department of Health gave information about the control of venereal disease. During 1926 the members of the council of British Social Hygiene visited India. It brought a radical change in the thrust to control venereal disease in the presidency. The Madras Branch of the social hygiene council was born in 1927 in order to root out the venereal diseases by establishing clinics as a teaching institution.

In response to the recommendation of the delegation from the British Social Hygiene Council, the Madras government had decided to appoint a specialist in venereal disease from England. Edinburgh came in 1928 and joined the Madras Medical College as lecturer. Alongside a venereal clinic was also established at the General Hospital Madras.

To meet the growing needs, the Madras corporation established a venereal clinics at Strahans Road, Otteri in the year 1924 with a male doctor for men and a lady doctor for women. A voluminous work was carried on by the members of British Council when they visited India. They surveyed Royapuram, Carnatic Mill, Opthalimic Hospital, Dispensaries run by Buckingham and Carnatic Mills, child welfare centres, King Institute at Guindy. Many conferences were

Dr. Sundaramraj, Op. cit., PP. 142-158

Ibid., P. 159

L.S.G. Public Health, G.O. No. 1223 23 June 1927

L.S.G., Public Health, G.O. No. 2735 21 December 1926

conducted to discuss and to pass resolutions to abolish this contagious disease. They met the people in Madras and explained to them the causes and the consequences of the venous disease by convening a meeting at the Hindu School at Triplicane.\textsuperscript{119}

The Madras Government also took much interest in extending facilities for treating venereal disease from the city to the district Head quarters hospitals by providing financial allotments to buy medicines and equipments. In 1928-29 Rs. 28,776 and non-recurring expenditure of Rs. 15,300 was allotted.\textsuperscript{120}

In 1930 the government passed orders that all hospitals should be equipped with drugs and instruction for curing the venereal disease. The government sanctioned additional funds for this purpose.\textsuperscript{121} Lady doctors were given special training for four months to be in charge of the female wards in Government Hospitals in the city of Madras. Accordingly four Lady doctors were deputed for training under Dr. Hopper, a specialist in venereal disease.\textsuperscript{122} In places where the special trainees were inadequate, the Madras government realised the necessity of deputing many more civil assistant surgeons during 1930-31.\textsuperscript{123} These drastic efforts and steps followed by the Madras government automatically caused a decline in the incidence of the venereal disease.\textsuperscript{124}

\begin{itemize}
\item \textit{L.S.G., Public Health, G.O. No. 489, 3 March 1928}
\item \textit{L.S.G., Public Health, G.O. No. 688, 27 March 1928}
\item \textit{L.S.G. Public Health, G.O. No. 1015, 26 April 1930}
\item \textit{L.S.G. Public Health, G.O. No. 550, 25 March 1930}
\item \textit{L.S.G. Public Health, G.O. No. 2623, 22 October 1930}
\item \textit{L.S.G., Public Health, G.O. No. 1597, 26 June October 1929}
\end{itemize}
DRUGS AND ITS SUPPLY

Representations were made for the standardisation of the preparation and sale of drugs. Based on this on 9th March 1927 Honourable Sir Haroon Jabber moved a resolution in the council of state recommending to the governor general in council to take immediate measures to control the grans for medicinal drugs by legislation to standardise the supply of drugs125 J.Gidney demanded for the control of adulterated drugs. He exposed the fact that India was the dumping ground for every variety of quack medicines and adulterated drugs manufactured in all parts of the world. The Indian markets were glittered with useless and deleterious drugs sold by unqualified chemists, who were themselves a public danger.126 They pleaded strongly for the immediate introduction of "Food and Drugs" Act and a "Pharmacy and Poisons" Act to eradicate the existing evils. Accordingly a committee was formed in 1930.127 Representation to the committee was made by Ms.Lucknour Lahere, Col. Bomb, Ms.Rosahib Dr U.Rama Rao, a medical practitioner and by A.Seivanayagam, Esq. M.P.S (Ind) elected by pharmaceutical society of India (Madras). The committee after visiting important centres of the city like the king Institute got a varied and voluminous evidence both orally and in written about the quality of drugs. It gave suggestions for the prevention of adulteration of drugs128.

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125 (Edn.), Public Health, G.O No. 2800, 29 October 1945.
126 "Reports on the Drugs Enquiry Committee", Madras, 1936, P.14
127 Ibid.
128 Ibid.
Though there was no direct enactment of the Indian legislation the sale of drug which was not of nature, quality or substance demanded were found fraud were punished under section 415 of Indian penal code in Madras. The sale of or the manufacture of articles of food or drugs different in quality from that demanded by the purchasers or found adulterated were prohibited. The Madras prevention of Adulteration Act of 1918 was concerned wholly with foods. The Madras city Municipality Act of 1919 and the Madras District Municipalities Act of 1920 made provisions for inspection and seizure etc, in relation to foods. The mixture of any noxious drugs or foreign ingredient with any intoxicating drug were punished under the Madras Abkari Act of 1886.

**IMPROVEMENT IN THE SUPPLY OF DRUGS**

There was a complaint throughout all the presidencies of India that drugs supplied were improper both in quality and quality. There was a general opinion that drugs were mixed only on guess work without taking the trouble of weighing. In order to get definite and uniform standard of drug, training for compounding, dispensing, and selling of drugs were stressed. Rules had been framed by the Local government for the systematic training of the compounders in Medical schools or colleges or in hospitals. Madras was the only province where pharmaceutical education had been accorded some measure of

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130 Ibid.
131 Ibid.
132 Ibid., P.17