

# Evolution of Public Health Initiatives in the Madras Presidency: A Historical Analysis of Municipal Governance in West Godavari district with special reference to Ellore town (1786-1965)

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**ABSTRACT:** This paper provides a historical overview of medical and public health development in the West Godavari district, Madras Presidency, with a focus on Eluru town. It outlines the establishment of medical institutions and the role of municipal governments, tracing the evolution of healthcare policies from the 18th to the early 20th century. The narrative addresses challenges during periods like economic depression and World War II, leading to adaptations in healthcare services. Emphasis is placed on vital statistics collection, underlining the importance of registering births and deaths. The synopsis offers insights into the prevalence and management of diseases such as cholera, smallpox, influenza, malaria, and leprosy in the West Godavari district.

**KEY WORDS:** West Godavari, Municipality, Public health

**SCOPE OF THE STUDY:** This study focuses on the nexus between municipal governance and public health in West Godavari District. It assesses the efficiency of local administrative structures, policies, and implementation strategies in addressing public health issues.

**LIMITATION OF THE STUDY:** Only the Municipalities formed between 1866 to 1965 were studied.

## INTRODUCTION

This research paper delves into the historical evolution of healthcare in West Godavari district within the context of the Madras Presidency. Focusing on Eluru town, the narrative spans from the 18th to the early 20th century, exploring the impact of prevalent diseases, municipal responses, and the

transformation of healthcare infrastructure. From the intermittent threats of cholera and smallpox to the challenges posed by plague, influenza, malaria, and leprosy, the paper navigates through key milestones.

## PUBLIC HEALTH AND MEDICAL AID:

Municipal government influences the health of urban populations by providing services, regulating activities that affect health, and setting the parameters for urban development. While the municipal services are strongly influenced by state and federal government policies, implementation often rests at the local level.<sup>1</sup>

An organised system of medical and public health began in the Madras Presidency with the establishment of the Indian Medical Department in AD 1786. The Medical department was administered by a Board consisting of a Physician-General, a Surgeon General and an Inspector of Hospitals with a Secretary attached. The local representative of the department was the Zilla or Civil Surgeon who became in AD 1883, the District Medical and Sanitary Officer. In the early stages, he was primarily concerned with the provision of medical relief to the European officials at the headquarters and was also entrusted with the responsibility of rendering medical assistance to the prisoners in jails. In those days, vaccination was the only form of medical aid provided by the Government. 10 annas was the average cost of vaccination per head in Eluru by 1884.<sup>2</sup> Whenever any epidemic broke out in a virulent form, medical relief was made available through the agency of the practitioners of Indian

medicine. The first allopathic institution to be opened in the district was the dispensary at Eluru (Ellore) which was functioning even as early as AD 1858.<sup>3</sup> With the sanction of a grant from Madras government of Rs.8,465 a dispensary was constructed in the municipal town by 1879-80 with an expenditure of Rs.8,465.<sup>4</sup>

The India Act XXVI of 1850 and the Madras Towns Improvement Act X of 1865 did not provide for medical service in towns.<sup>5</sup> It was actually the Madras towns Improvement Act of 1871<sup>6</sup> which more definitely placed the responsibility of medical relief in towns on municipalities. Similar provision was also made in the Madras Local Funds Act of 1871<sup>7</sup> the Local Boards responsible for opening medical institutions in non-municipal areas. This act, followed by the enactments of 1884 and 1920, brought about some perceptible changes in the nature and extent of medical facilities in the district. A dispensary at Ellore got completed at a cost of 8, 465. By 1885, it was raised to 24 beds and worked under the municipality of Ellore, each twelve for male and female. The government paid 10.48% of the total cost.<sup>8</sup> The last three decades of the 19th century AD, witnessed a remarkable rise in the number of medical institutions in the district consequent to the opening of six dispensaries in the district. These dispensaries were started at 1. Narsapur in AD 1878, 2. Kovvur and Chintalapudi in AD 1879, 3. Tanuku in AD 1883, 4. Bheemavaram in AD 1885 and 5. Pentapadu in AD 1895.

Annual reports related to sanitary conditions and medical issues were submitted by the municipality to the government. Here is a sample of the annual medical report of Ellore town in 1878.

**Water supply:** From tanks receiving the supply from the Godavari and Krishna canal, from Public and private Wells. Water-supply is good and sufficient in quantity.

**Drainage:** There are masonry drains in the main streets leading to the Kolar Lake, and some into the irrigation channels. No house has drainage, and the backyards of houses are mostly filthy and much used by cattle.

**Sanitary conditions:** the town is kept clean by an adequate establishment of conservancy servants. The sweepings and rubbish were removed daily, the deposited outside the town, and sold as manure once a year. There are 125 test wins placed in different parts of the town. Of latrines there are at present only 15, of which 5 are temporary. Regarding general health, famine stragglers still wander about the town in large numbers, and as a consequence, Cholera and smallpox prevailed somewhat extensively, causing 171 and 130 deaths respectively. In all 1075 deaths and 712 births were registered. Fevers were the cause of 70 deaths and bowel-complaints of 113. 867 persons were vaccinated, against 795 in 1877.<sup>9</sup> Table showing Vaccination and average births occurred during 1901, 1902, 1903.<sup>10</sup>

Town	1901 Vaccination	1902 Vaccination	1903 Vaccination	1901 Births/1000	1902 Births/1000	1903 Births/1000	Successful Cases
Ellore	2,889	3,018	3,540	38	41	40	1,368

Till 1915, grants on a very meagre scale were given to the local bodies i.e., municipalities for the maintenance of medical institutions. With their liberalisation in 1915 and with the initiation of the policy in 1917 that the Government should take over the management of the hospitals located at the district and taluk headquarters, with a view to making them model institutions, there was a marked improvement in the extent of medical assistance.<sup>11</sup> With the creation of the posts of the District Health Officers in 1923, the District Medical and Sanitary Officers were divested of their public health work. The government

also undertook in 1923 to pay the salaries of all Medical Officers at taluk headquarters and decided to take over the management of a large number of local funds and Municipal institutions situated mostly at the headquarters of the taluks. This measure was envisaged to relieve the Local Bodies of their financial liability and enable them to release additional resources for providing medical relief in the rural areas in the case of Local Bodies of their financial liability and enable them to release additional resources for providing medical relief in the rural areas in the case of Local Boards and for

diverting the savings in regard to Municipalities towards safe drinking water-supply for the safety from waterborne diseases in drainage schemes. The first set of institutions accordingly provincialised in 1928 were those of Bheemavaram, Narsapura and Palacole. The outbreak of the Second World War led to the paucity of qualified doctors, as most of them volunteered for military service and the closure of the medical schools during that period reduced the flow in the number of licentiates. Consequently, the allopathic rural dispensaries had either to be closed or gradually converted into institutions of Indian medicine. The Health Survey and dEvelopment Committee of 1945, known as the Bhore Committee recommended among others, the establishment of

primary health centres on an experimental measure to initiate activities relating to environmental hygiene and sanitation and also to provide hospital and domiciliary services for a population unit of 40,000 each. This experiment was envisaged under the National Post-War Reconstruction Programme and also under the State Rural Reconstruction Programme.

**Vital Statistics:** The collection of vital statistics dated back to the second half of the nineteenth century AD, when, for the first time, the Revenue Department was entrusted with the registration of deaths and births in AD 1865 and 1869 respectively in the entire region of Madras Presidency excluding Madras city.

Deaths per 1000 in 1870

Town	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Total
Ellore				0.05	3.2	1.5	2.2	2.3	0.1	0.2	—	—	9.6
Narsapur				0.01	0.4	1.3	5.09	1.7	0.2	0.07	—	—	9.01

By observing the above table, one can infer the months of high death rate.

With the passing of the Madras Towns Improvement Act III of 1871, registration of births and deaths was made obligatory in those towns in which it was introduced. Consequently special Registrars were appointed to attend to the work of collection and registration. In the rural areas, the system of voluntary registration was carried on through the Karanams, who in turn obtained the information from the village dhobis (washermen). This system was, however, found to be imperfect and unsystematic. Consequently, the Madras registration of Births and Deaths Act was passed in 1899 making registration compulsory.<sup>12</sup>

#### Common diseases:

Statistics of mortality under various diseases are not available for the period before 1925, as previously the district was a part of Godavari and Krishna districts. Old records testify to the fact that this district suffered intermittently from cholera and smallpox. Fevers in general and malaria in particular used to claim a heavy mortality every year in the past in Polavaram and Chintalapudi.

#### Cholera:

It is not possible to give the exact extent of damage done to human life by cholera for the period prior to 1925, as previously mentioned, the present West Godavari district then formed part of Godavari (till 1904) and Krishna (till 1925) districts. But at times it used to threaten people. Especially in the seasons of pilgrimages, the infections spread rapidly. In the Cholera in South India, Dr.Cornish describes, “they returned to their homes on the 24th March 1870. They must have been exposed to choleraic influences both at the pilgrim’s shrine and on the route home, a long journey, via Nellore and Ellore. They passed through the town of Nellore on the 9th March at a time when cholera was rife in the town. On arrival at Ellore on 20th March two children were seized with cholera”.<sup>14</sup>

From the Municipal Sheet of Ellore, Saturday, August 5th 1882, a letter was read in the council of Eluru requesting to take charge of the 3 sheds which were created in Madepelly road for Cholera patinets. From the above reference we may understand that Cholera patients were provided with a shelter by the Municipality to go through quarantine.<sup>15</sup>

However, the district faced severe attacks of the disease which caused heavy mortality particularly in 1927, 1928, 1933, 1935, 1938, 1940, 1941, 1945, 1949, 1962 and so on. The mortality rate has

however been on the decline from 1965. The municipality uses Chlorination of water and other techniques to reduce the threat.

#### Smallpox:

Smallpox was one of the three major epidemic diseases in India. Cholera and plague were the two other major diseases. At present the disease is totally eradicated but during the 19th and 20th centuries, frequent eruptions of disease occurred in different parts of the country. Most of the victims who survived used to get blindness and disfiguration.

Vaccination was announced in Eluru municipal area in 1880. <sup>16</sup> But it was only in the early 1930's, compulsory vaccination was enforced in the entire district.

The information obtained for 1878 from Municipal towns is quite instructive in regard to the way in which small-pox expands its force on the younger members of a community. If the figures given for the towns may be taken as an index of the mortality in the whole population, then it may safely be said that more than two-third of the small-pox mortality of the country occurs in children under twelve years of age.

Death by small-pox in the year 1878.

Municipal Town	Population	Under 1 year	Under 12 Years	Above 12 years	Total
Ellore	25,487	29	59	42	130

According to the above statistics, the number of deaths under twelve years are 88 out of 130. The percentage of deaths due to small-pox below the 12 years age group was 68% which was an alarming

numerical. <sup>17</sup> By examining a case, the statistical data of AD 1888, number and cost of vaccine operations and the number of births and deaths registered were as follows.

Years	Number of Vaccinations	Cost of each case	Births	Rate per mille	Deaths	Rate per mille
1885-87	447	6rs-11p	679	27.1	668	26.6
1887-88	885	5rs-10p	697	27.8	492	19.6

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The increase in the number of vaccines was due to the employment for seven months in the year of an additional second-class vaccinator. People were not willing to take vaccination and the job of the vaccinator was to convince them and as he failed in the target, one vaccinator who worked in 1885 to 1887 was suspended from the service. Though the number is incomparable with modern times, it was a great initiation. It was resolved by the municipal Council that the duty of supervision should be delegated to the local medical officer. Though the public health is stated to have been on the whole good, cholera prevailed between January and March of 1888 AD and took 33 lives. <sup>19</sup>

The disease caused considerable damage to human life almost every year in the current century and its effects were disastrous especially in 1925, 1934, 1945, 1946, 1951 and 1958. To root out this disease, the National Smallpox Eradication Programme was introduced in the district in 1965 and a Unit Officer was appointed with his headquarters at Eluru. By the

end of 1968, the unit conducted 1,49,884 primary vaccinations and 12,50,867 revaccinations.

#### Influenza:

A common viral infection that can be deadly, especially in high-risk groups. The flu attacks the lungs, nose and throat. Young children, older adults, pregnant women and people with chronic disease or weak immune systems are at high risk. Symptoms include fever, chills, muscle aches, cough, congestion, runny nose, headaches and fatigue. Flu is primarily treated with rest and fluid intake to allow the body to fight the infection on its own. An annual vaccine can help prevent the flu and limit its complications.

India faced the outbreak of an unusually deadly influenza pandemic in British India between 1918 and 1920 as a part of the worldwide Spanish flu pandemic.

The most devastating attack of the influenza epidemic occurred in July 1918 in West Godavari. It became virulent by November and subsided only in February 1919.

#### Malaria:

In the past, the hilly tracts of Polavaram and Chintalapudi taluks were endemic to malaria. Although mortality under malaria was not shown separately in the records till 1950, the reports reveal that the major cause of deaths was Malaria. Nothing substantial was done to root out the disease except treating the patients suffering from Malaria. Temporary measures such as adult spray-killing with pyrethrum were undertaken by the Municipal authorities. The National Malaria Control Programme was launched in 1957. Spraying DDT and other antimalarial measures were vigorously undertaken from then onwards.

#### Leprosy:

Leprosy is endemic in the district in the taluks of Tanuku and Narsapur. The census of 1951 reveals that the district accounted for 1,606 leprosy cases, of which 395 were from Tanuku, 265 from Narsapur and the rest from the remaining taluks. As early as 1923, the Bethesda Leprosy Hospital was started at Narsapur for the benefit of leprosy patients. The District Board of West Godavari also took effective steps to tackle this problem by opening leprosy clinic at Penugonda in 1930 and appointed a District Leprosy Officer to look after the Leprosy Control Programme.

### CONCLUSION

This historical exploration delves into the evolution of healthcare in West Godavari District, focusing particularly on Ellore Town from 1786 to 1965. Tracing the establishment of medical services during the Madras Presidency, the paper highlights the pivotal role played by municipal governance in shaping public health policies. Legislative changes, disease challenges, and the establishment of control programs are discussed, providing a comprehensive overview of the district's healthcare journey. The study sheds light on the historical context, challenges faced, and significant milestones achieved in safeguarding the health of urban populations in West Godavari, with Ellore Town at its center.

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