

CHAPTER V.

PUBLIC HEALTH.

THE district has an evil reputation for unhealthiness, due to the CLIMATE. fact that a large part of the country is still uncleared and covered with jungle, while changes of temperature are sudden and strike down the unacclimatized and thinly-clad natives of the plains. High hills thickly wooded running in all directions, extensive marshes growing paddy, deep and dense jungles with a soil charged with decaying vegetable matter, under a cover of luxuriant vegetation almost impenetrable to light, heat and air, and with profuse sub-soil moisture, all combine to produce a most unhealthy climate. The effects on a stranger may be gathered from the following remarks recorded by an Indian medical officer sent there on special duty. "Its evil influences have marked every constitution, and a new-comer must pass through a trying ordeal of repeated attacks of high fever before he can find rest. His constitution by that time is thoroughly broken down; he looks half of his former self and despairs to regain his vigour and spirit as long as confined in this dreadful hole." The Angul subdivision is, however, more open and better watered, especially in the east and north, and has a better climate than the Khondmāls, where hill and jungle reign supreme. The latter tract is so unhealthy that outsiders fear to visit it, and it is reported that the ordinary Oriyā of the plains regards service in it as almost equivalent to a death sentence.

The general level in this part of the district is well within the fever zone, and malaria is prevalent. Fever of this kind is the commonest disease, and claims the largest number of victims, either directly or through the many complications which result from frequent attacks of it. No one, it is said, escapes it, not even the Khonds, and there are very few constitutions that can withstand its attacks. The drainage of the subdivision is excellent, however, all the surplus water being rapidly carried away by the larger streams into the plains of Baud. Some of the hill tops, moreover, are distinctly above the ordinary zone of cloud and mist, and would probably be found to be less unhealthy than the valleys.

The Angul subdivision is regarded as healthier than the Khondmāls, but it would be more correct to describe it as only less unhealthy. Malaria is almost equally prevalent, and skin, ear and eye diseases, rheumatism, dysentery and dyspepsia are common. The disease last named is a very obstinate ailment in these parts, and appears to be a concomitant or consequence of low fever, which is very insidious in its appearance. It never exceeds a degree above normal, and while it renders its victim slack and undermines his health and his digestion, he remains ignorant of the fact that his ailments are due to fever and fever alone. It is only when he takes his temperature several times daily that he discovers he has chronic low fever, and when this fever is eradicated, the so-called chronic dyspepsia also disappears. The headquarters station, however, which is located in fairly open country, is on the whole healthy; and any one staying there, without having to tour about in the district, could keep his health with little difficulty. The climate tells most upon officers during the first two years of their residence in the district, and after that they become fairly well acclimatized.

SANITA-
TION.

The sanitary ideas of the people are very primitive. Their houses are mere huts, built close together and scarcely raised above the ground. They have no windows, and the doors are very low, so that even during the day-time the interior is extremely dark. These huts are not, however, ill-ventilated, as free perfilation of air is secured by a small space left between the thatch and walls. The interior is kept clean and tidy, and the floors and walls are regularly plastered; but the surroundings of the houses are filthy, accumulations of cow-dung and dirt being found close to every house. The village sites are also frequently low-lying, being near a marsh or on the same level with it; during the rains they are flooded, and streams may be seen flowing through the main streets.

WATER-
SUPPLY.

There are three sources from which the people obtain their supply of drinking water, viz., tanks, wells and hill-streams. Most of the tanks dry up in the hot weather or become very shallow; the villagers ease themselves along the banks, and both they and their cattle bathe in them; the consequent pollution is obvious. The water obtained from wells is also frequently impure, as no steps are taken to protect them from surface contamination, and washings from the villagers' homesteads find their way into them. The hill-streams are invariably small, and though they swell in sudden freshets during the rains, they become shallow after a few hours. In the hot months they dry up entirely, and the people obtain their water from small pits

made in their beds. In order to improve the water-supply Government makes a grant of Rs. 2,000 per annum for sinking masonry walls, on condition that the people themselves contribute a portion of the cost.

Vital occurrences are not registered in Angul, and it is therefore impossible to give statistics showing the mortality caused by different diseases or the number of births and deaths occurring each year. VITAL
STATIS-
TICS.

Malarial fever is notoriously prevalent, especially in the Khondmāls, and it is a popular saying among the Oriyas that for fever all Orissa makes its *salāms* to the Khondmāls. It prevails more or less in every year, the largest number of cases occurring in the rainy season and just after its close. The forms most commonly observed are tertian and quartan. Most of the people coming to the dispensaries for medicines complain that they suffer from *ārapāli* (long interval) fever, meaning that the fever recurs at an interval of two days, and *sānapāli* (short interval) fever, i.e., fever every alternate day. Remittent and continued fevers are also frequently seen, but malaria cachexia is almost unknown. The people generally have taken readily to the use of quinine, and during the intervals of fever come long distances to the dispensaries and post offices to obtain it. The headquarters station of Angul is comparatively free from malaria, and also those parts of the district which have been denuded of forests, but it is very prevalent in the tracts still under forest, and it is common for officers and their servants to be attacked while on tour in those tracts or as soon as they return. Though the district bears such an evil reputation for malaria, the number of deaths among the local inhabitants is not believed to be very great, and residents from other districts suffer far more. PRINCI-
PAL
DISEASES.
Fever.

Sporadic cases of cholera occur almost every year, and the disease occasionally breaks out in epidemic form. The people have a horror of this disease and are panic-stricken when an epidemic breaks out. In the famine of 1889, when the first death from cholera occurred at Angul, the town was deserted by all newcomers within a few hours, while the residents shut themselves up in their houses and no one would venture out after dark. When it spread into the interior, almost all communication from village to village was stopped, and the panic continued throughout the whole course of the epidemic. One of the most serious outbreaks in the Khondmāls occurred in 1900, when it made its first appearance for many years. It was introduced by persons fleeing from an epidemic in the adjoining States of the Central Provinces and spread with appalling rapidity, causing great mortality. Cholera.

Dysentery
and
diarrhoea.

Dysentery and diarrhoea are common complaints owing to the impure supply of drinking water and the nature of the food commonly consumed. The food of the people consists very largely of jungle products, such as roots, fruits and fibres, many of which are harmless and form a substantial dietary, as they contain a large quantity of farinaceous substance; but when there is any scarcity, they are taken without any mixture of rice or other food-grains, and being eaten in large quantities, bring on severe bowel complaints.

Syphilis.

A disease known locally by the name *bātpūt* broke out at Balandāparā in the rainy season of 1900. A medical officer was specially deputed to investigate the disease and reported that the outbreak was one of virulent syphilis, spreading rapidly among a tribe among whom it was probably introduced for the first time, and aggravated by the low state of health brought about by famine conditions. One terrible feature of the outbreak was the number of children affected, over half showing marks of having suffered from the hereditary state of the disease, while in nearly every family attacked one or more had succumbed to its ravages in childhood or infancy. In order to bring relief to the people, who had never before received any efficient medical treatment, an out-door dispensary was established at Balandāparā. The disease appears to have been introduced from the Soupur State, and is now extraordinarily prevalent in some villages, almost all the inhabitants suffering from it in some stage or other.

Infirmi-
ties.

Insanity is not a common infirmity, for the census of 1901 showed that only 16 males per 100,000 and 3 females per 100,000 were insane. The statistics for blindness, leprosy and deaf-mutism are not so satisfactory, 96 males and 95 females per 100,000 respectively being returned as blind, and 77 males and 39 females per 100,000 as lepers, while the proportion of deaf-mutes was 66 and 39 respectively.

VACCINA-
TION.

Vaccination is not compulsory, but has made fair progress among the primitive people who inhabit the district. Inoculation was formerly universal, and there was a strong prejudice against vaccination, but this has been gradually overcome, though it occasionally reappears. Arm-to-arm vaccination is not resorted to, and is very unpopular owing to the prevalence of syphilis, while calf vaccination is objected to, and attempts to introduce it have failed. In 1906-07, nearly 9,000 persons were successfully vaccinated, representing 46.30 per mille of the population—a percentage higher than in any district of Bengal except Murshidābād and Darjeeling—and in the preceding 5 years the average annual ratio of successful operations was 36 per mille. 4

noticeable feature in the returns is the large proportion of cases of revaccination, which shows the change that has been effected since 1895-96, when it was reported that "it may be taken for granted that vaccination has been almost entirely confined to the infant population, and that the adults as well as children of five or six years of age and upwards have up to date managed to evade the vaccinators. The elders continue to prefer inoculation, which has been strictly prohibited, but which is probably still resorted to secretly."

There are three charitable dispensaries maintained by Government in the district, situated at Angul, Phuibāni and Balandāparā. The dispensary at Angul has beds for six male and four female patients, and the other two dispensaries afford out-door relief only.

The marginal table sufficiently shows the increasing popularity of the medical treatment given at these institutions. Arrangements have also been made for the sale of quinine by school teachers at selected places in the interior, and three Civil Hospital Assistants have been appointed, one as Inspector and two as Sub-Inspectors of Vaccination, who are intended to help the Deputy Commissioner and Subdivisional Officers in sanitary work as well as to afford out-door medical relief to the villagers.

YEARS.	AVERAGE ANNUAL NUMBER TREATED.	
	In-patients.	Out-patients.
1890-94 ...	32	5,985
1895-99 ...	78	5,957
1900-04 ...	103	17,520
1906 ...	102	16,888

MEDICAL
INSTITU-
TIONS.