

Public Health in India.*

IT is unfortunate that the Public Health Commissioner's Report for a particular year does not usually appear until about 2 years later. The delay is due to the large mass of material which has to be collected from the provinces and digested in the Central Health Department. Progress in the field of public health in India is not, however, as yet very rapid, and the situation 2 years ago is not likely to be widely different from that existing to day. It may be added that the present Report contains a good deal of information about developments which have occurred in 1936 and 1937.

In the introductory chapter the Public Health Commissioner states guardedly that the year under review was, if anything less unhealthy than usual. There were 41,000 more births than in 1934 and 288,000 fewer deaths. Mortality from cholera and plague decreased while small pox showed some increase. But the number of deaths due to these major epidemic diseases is relatively small in comparison with the number which can be ascribed to other lethal agents. Malaria may cause one and a quarter million deaths—a fact to be viewed in conjunction with the estimate that annual consumption of quinine in India is about one sixth of total requirements. Tuberculosis has particularly rapidly increased during the last three decades, in urban and industrial areas. There are now signs that the disease is spreading in rural areas and the infection of non-immunised village populations may produce catastrophic results. Leprosy is not a major cause of death, but the million or so lepers in India represent a very serious public health problem, probably 350,000 of these are a public danger. About one million and a quarter infants died before they reached the age of one year while approximately 15,000 women died in childbirth or from causes associated with childbirth.

Malaria, tuberculosis, leprosy, infant mortality and maternal mortality—all these are formidable public health problems in India. The Public Health Commissioner goes on to suggest that in all four groups there exists a common predisposing ætiological factor which is of vital importance. This predisposing factor is malnutrition.

No preventive campaign against malaria, against tuberculosis or against leprosy, no maternity relief or child welfare activities are likely to achieve any great success unless those responsible recognise the vital importance of defective nutrition and from the very start give it their most serious attention. Abundant supplies of quinine and the multiplication of tuberculosis hospitals, sanatoria, leprosy colonies and Maternity and Child welfare Centres are no doubt desirable, if not essential but none of these go to the root of the matter. The first essentials for the prevention of disease are a higher standard of health, a better physique and a greater power of resistance to infection. These can only be obtained if the food of the people is such as will give all the physiological and nutritional requirements of the human frame.

The population problem is considered and it is pointed out that in no period in India for

which statistics are available has the natural increase in population been maintained at such a high level as in recent years. The birth rate appears to be almost stationary, while the death rate is unquestionably falling. When the next census is taken in 1941, the population of India will probably be in the neighbourhood of 400 millions. There is obviously a close association between population, food supply and the nutrition and health of the people.

The Report emphasises the defects of existing vital statistics. The following is given as an example. In N.W.F.P. as many as 13,690 births or 18% of the total and 3,620 deaths or 8% of the total were discovered to be unregistered. A death rate of 14 per mille is recorded under the vague heading of 'Fevers' and the uninformative title of 'Other Causes' accounts for a death rate as high as 6 per mille. No precise information exists about the real incidence of such diseases as pulmonary tuberculosis and enteric fever. Morbidity and mortality data in rural areas are particularly defective. In such circumstances preventive medicine is severely handicapped since in any given area it must necessarily be based on the conditions present in that area.

There are many other matters dealt with in the Report which are worthy of study. A few of these may be briefly mentioned.

Medical officers of health must have secured positions if they are to deal effectively with abuses. If there is danger of dismissal as soon as their activities clash with vested interests on Municipal Councils, little can be accomplished. Suitable emoluments are necessary to induce young medical graduates to take up public health work.

The establishment of Health Units in rural areas is a promising departure.

One of the most crying and widespread needs in India is the provision of a safe supply of drinking water.

While some 800 infant welfare centres were in existence in 1935 the development of this branch of public health work is far from satisfactory. A considerable number of the centres are badly organised, their work is uncoordinated, their records are not properly kept, and the information which is collected is not made available for future planning.

Energetic measures have been taken to prevent the entry of yellow fever into India.

The Report deals with Medical Research, Medical Institutions and Voluntary Health Organisations etc. A chapter is devoted to nutrition in which stress is laid on the importance of making the results of research widely available. An interesting account is given of sanitary measures taken after the Quetta earthquake.

In general the Report, like its predecessors, paints a gloomy picture of the state of public health in India and demonstrates the glaring defects and deficiencies of existing public health organisation. In effect, however, it is not altogether pessimistic. Much is being done in various fields and progress is taking place, if slowly. By degrees it may be realised in India that the wide spread existence of preventable disease is a disgrace to the community which tolerates it.

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