## Report OF Borsad Plague Relief Inquiry Committee

PUBLISHED BY
THE PLAGUE RELIEF COMMITTEE
BORSAD

# Report OF Borsad Plague Relief Inquiry Committee 1935

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ONE RUPEE

## Madras 18th October 1935

#### DEAR FRIENDS,

I am extremely obliged to you for your report on the reference made to you as per my letter of the 23rd August 1935.

I know what great labour and amount of time the work required in your busy lives. You gave both unstintingly for the sake of justice. My co-workers, including Dr. Bhaskar Patel, will ever remain grateful to you for your labour of love.

I remain,
Ever yours gratefully,
VALLABHBHAI PATEL

## BORSAD PLAGUE RELIEF INQUIRY COMMITTEE

BOMBAY 10th October, 1935

#### DEAR SARDAR VALLABHBHAI,

With reference to your letter dated 23rd August 1935 appointing a Committee to inquire into various charges and counter-charges in connection with the recent outbreak of plague in Borsad, I write this to inform you that the Committee have completed their task. I have much pleasure in forwarding herewith a copy of the Report of the Committee together with a Note by the Medical Members of the Committee. This latter deals with the last point mentioned in your letter, namely, suggestions for the guidance of Congress volunteers who may have to deal with similar epidemics in future.

Yours sincerely, Vaikunth L. Mehta Secretary

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#### Appendix I

Bombay, 23rd August 1935.

Dear Mr. Bahadurji,

With reference to the recent outbreak of plague in Borsad Taluka (Dist. Kaira), the Director of Information has in his communique dated the 15th of June, impugned the statements I have from time to time been obliged to issue in answer to what has appeared to me extravagant claims made on behalf of the Government. In order to clear the position and to protect the honour of Dr. Bhaskar Patel and Congress volunteers who had selflessly shouldered the grave burden of helping the plague-stricken people in the Borsad Taluka, I asked the Government to appoint an impartial committee of enquiry. They have unfortunately turned down my request. But I owe it to the public and my valued co-workers during that critical period to have the position examined by an impartial committee. In this opinion I have Gandhiji's hearty concurrence. At my request you have been good enough to consent to be a member and chairman of such a committee. Drs. Gilder and Bharucha have kindly consented to be members and Sjt. Vaikunth Mehta to be member and secretary. On behalf of my workers and myself I am grateful to you for your consent. I shall now thank you if you will kindly investigate and report your findings as to-

Whether the charges (See Appendix i) made in the communique dated the 15th of June 1935 issued by the Director of Information on the plague epidemic in

<sup>\*</sup> These are reproduced as appendix II (a).

Borsad, against the Congress workers and the various measures adopted by them have any justification; and

Whether the charges (See Appendix ii)\* made by Sardar Vallabhbhai Patel in the appendix attached to his letter to Government of the 3rd July 1935 and in the various communiques issued by him and Darbar Gopaldas can be sustained.

The medical members of the committee will confer a public benefit if they could suggest measures preventive as will as curative for the guidance of volunteers in future.

I shall presently submit to you all the papers I have in my possession for examination by your committee and shall produce such evidence as your committee may require and which it may be in my power to place at your disposal.

Yours sincerely, (Sd.) VALLABHBHAI PATEL

<sup>\*</sup> These are reproduced as appendices II and II (b).

#### Appendix II

## SUMMARY OF CHARGES GOVERNMENT HAVE FAILED TO ANSWER

- (1) That the Government and the local bodies failed to take prompt and proper preventive measures during the years 1932-35 and allowed the disease to grow in intensity and extent; that a Special Medical Officer was without any adequate equipment appointed in 1932 as late as September when there had already been several fatal cases before the end of April of that year, that in 1934 a Special Officer was appointed in March though the epidemic had broken out in December 1933, and that in 1935 the Government waited until the 3rd of April for the appointment of a Special Officer though the outbreak was reported as early as 21st October; that while in 1932 one Special Officer was deemed to be necessary for one village, in 1935 one Special Officer was expected to deal with 27 villages.
- (2) That the work of inoculation was woefully neglected, the ordinary Medical Officer at Virsad being expected to deal with the whole rural area. He performed 3000 inoculations in the six months between October and April. The Special Officer was appointed when the disease was admittedly on the wane. This Officer performed 2000 inoculations within the space of five weeks. The epidemic could have been substantially controlled if this Officer had been appointed immediately after the outbreak. The remark applies with equal force to the case of Borsad town where no Special Medical Officer was appointed and the Medical Officer in charge of the Municipal dispensary had to perform all the inoculations. He could not do more than 5000 in six months.

- (3) That the inoculations done by Dr. Shah, appointed by the Director of Public Health, were so badly done that many people suffered from excruciating after effects and that the doctor had to be removed, after he had performed only 300 inoculations, on grounds of incompetence.
- (4) That though the Government admit that "plague preventive measures are most effective, when they are undertaken systematically in the inter-epidemic periods, i.e. months when no plague cases are occurring," they had taken no such remedial measures in the inter-epidemic periods of 1932, 1933 and 1934.
- (5) That though the belated grant of Rs. 2,000 was made for "the specific purpose of getting the whole town disinfected and fumigated with sulphur before the people returned to their homes," hurried attempts were made to use this grant after the people had returned to their homes.
- (6) That the doctors appointed by the District Local Board or the Public Health Department treated no plague patients.
- (7) That in Vachhial, a village with a population of 550 people, plague broke out in the first week of January, the infection was allowed to spread for a month, and that there were 10 deaths before there was any report. The Medical Officer at Virsad visited the place on the 6th February, disinfected two houses and inoculated 11 persons. Since then no one had been there and there had been 26 fresh deaths.
- (8) That the Mamlatdar of Borsad took no steps to remove or isolate the 27 immigrants from plague-affected Petlad in October, and that it was not until 5th April when there had been already nearly 300 deaths that he

thought fit to call a conference of the Presidents of the Local Boards and of the Municipality and of the Medical Officers at Virsad and Borsad.

- (9) That the Collector and the Assistant Director of Public Health had paid no visit to the area until the 31st of March (five months after the outbreak) when they paid their first flying visit.
- (10) The Government claim that their measures are "scientific and based upon prolonged experience of the best measures, possessed only by the Public Health Department." Here are a few facts:
  - r. The Municipal staff in Borsad, advised by the Public Health Department, prepared the kerosene emulsion so clumsily that a girl of 13 years was almost burnt alive and died soon after in the hospital, a child and one of the two inspectors were badly burnt and the other inspector was so suffocated by hot kerosene fumes that he had to be carried to the hospital in an unconscious condition. As a result the Municipality stopped this work.
  - 2. When the work was restarted under the supervision of the Medical Officer and Sanitary Inspector specially deputed by the Assistant Director of Public Health these officers so mishandled a tin utensil that they narrowly escaped an explosion.
  - 3. Dr. Shah, the Special Officer for inoculations had to be recalled for incompetence.
- (11) That though Dr. Bhaskar Patel requested the Assistant Director of Public Health to visit two plague patients in Pandoli where he happened to be on a visit, he did not do so.

#### Appendix II (a)

#### **GOVERNMENT CHARGES**

"They very much regret to have to place on record their distrust of some of the forms of treatment of plague adopted by the Congress workers especially when they have allowed patients actually suffering from plague to be removed from their villages and carried in motor cars over bad roads to the Congress Hospital. In a serious disease like plague such treatment is bound to have fatal results. They have learned with still greater regret that patients who had been removed to the hospital were allowed to return to their villages while still suffering from the disease, and that in one such case the patient actually died in a motor car on his way home."

"Government regret to observe that their efforts in the direction of co-operation have been met by unwillingness and not infrequently by open discourtesy from the Congress workers."

#### Appendix II (b)

#### CONGRESS CHARGES

"As regards Borsad town, the immigration of 27 Golas from plague-affected Petlad was reported to the Mamlatdar, who is an ex-officio member of the Borsad Municipality, as early as 7th October 1934. No attempt was made to remove them or isolate them, or even to inoculate them, and it is they who started the infection which has ended in 327 deaths."

"There had been cases of plague in Bochasan before the 29th March. Our doctor had attended to two of them and had already drawn the attention of the Patel to the grave situation and initiated preventive measures. Our daily bulletin of the 6th April had already a reference to this. But the Mamlatdar ignored all this and took a statement on the 12th April from the Patel and a few others that there was no plague there and that nothing had to be done in that village, though our workers were busy working there in front of his eyes. When, however, the Medical Officer, on receiving complaints from the people reported to him the next day that there were several plague cases in the village, he was compelled to send a wire to the President, District Local Board."

#### Appendix III (a)

### GOVERMENT'S FIRST COMMUNIQUE ON THE PLAGUE EPIDEMIC IN BORSAD

As an outbreak of plague in Borsad in Kaira District has attracted some attention in the Press and as there appears to be some misunderstanding as to the part taken by Government and the local authorities in dealing with it, Government think it desirable to put certain facts upon record.

Plague has been prevalent in the Borsad Taluka since 1932, the disease apparently having its source in the town of Petlad which is in Baroda territory. In 1932 plague deaths numbered 58 distributed over six months of the year, the other months showing no mortality from plague. In 1933 there were 150 deaths from plague, most of them in the first three months of the year. In 1934 there were 129 deaths in the first four months of the year and one death in December, the other months being free. This year the severity of the visitation of plague in this taluka has been greater than at any other period in its history, the total number of attacks and deaths up to the 12th April being 1,039 and 589 respectively, most of them in the north-west corner of the taluka. Preventive measures have been taken by Government, the District Local Board and the Municipality of Borsad town. As early as September 1934, as plague cases were being reported from Petlad, the Assistant Director of Public Health advised the President of the District Local Board that rat-trapping and inoculation work should be started immediately. The Board appointed a plague duty inspector on the 20th September to do the work of rat-trapping

and ensuring as far as he could the cleanliness of the villages. The Inspector of Sanitation and Vaccination at Broach was instructed to proceed to a village called Israma to take preventive measures there, while instructions were issued by the Public Health Department as to the best methods of disinfection, evacuation, etc. The Board appointed another plague duty inspector on February 5th, while the medical officer in charge of the Virsad dispensary was entrusted with the duties of an inoculator and performed nearly 3,000 inoculations in the taluka, while on the 3rd April another Special Officer for inoculation work was appointed. At the end of March the Board had spent Rs. 2,500 in preventive measures: against plague.

As regards Borsad town; on receipt of a report by the Public Health Department of a plague" case in the town, the President of the Municipality was advised to indent for anti-plague vaccine and to start a campaign to persuade people to get inoculated. Other precautionary and preventive measures advised included disinfection of affected houses, rat destruction and strict supervision of the cleanliness of the town. The Municipality accordingly arranged for inoculation and nearly 5,000 inoculations were performed. People coming from Petlad in were examined and those found uninoculated were inoculated, a Special Medical Officer being appointed the purpose. The Assistant Director of Public Health who had been doing cholera duty in Khandesh came to Borsad at the end of March in order to direct the campaign and, if possible, extend it and intensify the preventive measures already taken by the Municipality. Government have since made a grant of Rs. 2,000 for the specific purpose of getting the whole town disinfected

and fumigated with sulphur before the people, who had sought temporary shelter in the fields or elsewhere, returned to their homes.

The prevention of plague must depend for its effectiveness on the fullest co-operation of the people of the towns and villages affected or likely to be affected by the disease. But, unfortunately, such co-operation is not always readily given, partly because there is a prejudice amongst some communities against the destruction of the animals that convey disease to human beings, while there is also prejudice amongst some villagers against reporting infection amongst members of their family. Efforts of private individuals to stamp out plague are likely to be ineffective, unless the measures taken by them are scientific and based upon the prolonged experience of the best measures, possessed only by the Public Health Department. While Government, therefore, welcome the co-operation of everybody in dealing with so serious and devastating a disease as plague, they would earnestly advise all workers in this field to co-operate with the Public Health authorities in order to ensure that the help thus proferred should be used to the best advantage.

#### Appendix III (b)

#### REPLY TO GOVERNMENT COMMUNIQUE

The Director of Information to the Government of Bombay issued on the 27th April a communique on the outbreak of plague in Borsad Taluka (Kaira District) with a view to clear "some misunderstanding as to the part taken by Government and the local authorities." It does not care to state how the misunderstanding arose, but assumes that it has arisen, and in order to clear it, it claims to state "certain facts," in the course of which, it makes indirect remarks in disparagement of our humble efforts to stamp out the epidemic. We have so far steered clear of any reference to Government's or the local authorities' action or otherwise in the matter, but this public document full of half-truths and innuendoes makes it imperative on our part to state the facts of the situation.

The disease broke out in 1932, and since then, there have been, as the communique says, recurring outbreaks every year, each greater in its severity and extent than the preceding one. But this is the first time during the four years of plague that Government have thought fit to come out with a communique.

The misunderstanding seems to have arisen evidently because we were able this year to undertake this public work of far-reaching importance and have gone about it with the thoroughness that it deserves. As the whole work depending on voluntary agency presupposes public co-operation, we have had to issue leaflets addressed to the public from day to day and to hold meetings everywhere. This has led to an awakening of the sanitary

and hygienic conscience of the people who have come forward to help us wherever we have gone.

#### LABOURED APOLOGIA

This is a thing that Government have obviously found it difficult to appreciate. They are afraid lest they should be accused of remissness in the matter, and have, therefore, come out with a defence which is as forced as it was unnecessary. He who excuses himself accuses himself. In the interest of the public, we are compelled to expose the hollowness of the excuse and to draw the attention of all concerned to the woeful state of affairs. What we state here is based on official documents which go to prove conclusively that Government have all these years tinkered with the grave problem, until they were compelled to bestir themselves somewhat by people having themselves undertaken to do what was the duty of the State.

#### Tell-tale Figures

Look at the tell-tale figures. We wonder if Government realised what an indictment they revealed in their own communique by the figures of the ever-increasing toll that plague has been taking in the Taluka. The number of deaths has mounted up from 58 in 1932 to 589 during the present year. They have not stated the number of villages affected. We will state them for the public. In 1932, there was only one village affected, in 1933 there were 10 villages, in 1934 the number had increased to 14 and during the present year there are as many as 27 villages affected. Would this have happened if preventive measures of a thorough-going character had been taken?

#### TINKERING WITH GRAVE ISSUE

The case of a single village will suffice to show the perfunctory way in which they have gone about the business. The outbreak of plague for the first time in a village called Porda in 1932 was not even noticed, until a month after the news had found its way to the press. The Mamlatdar went to the village and got statements to the effect that there was no plague, but remarked that there were rats and fleas. The Collector was dissatisfied at the evasive reply and pressed for more definite information. The Mamlatdar then wired that an outbreak was likely. In about a month he wired again reporting, "six attacks and one death" whereas the Medical Officer reported that before the Mamlatdar's report there had been 'two' deaths. This was in April. In August the Medical Officer reported the prevalence of plague and cholera and pressed for the appointment of a Special Medical Officer, as he had himself more work on than he could with. The hands cope of Public Health visited Assistant Director village for the first time at the end of August, discovered that there was no cholera, but that all the deaths were from plague and that so far, there had been II deaths. He also remarked that there had been inoculation and no disinfection. A Special Officer was appointed in September, but he could do nothing as his repeated requests for materials for disinfection, rat-trapping and inoculations were never heeded. He reported that he could do practically no disinfection, as he was not supplied with kerosene oil for emulsion; that for days together he had no traps, that when he got the traps, they were not good; that he could do no inoculation as there was no requisite outfit; that the serum supplied to him was too old to be of any use: that when the new serum did arrive, there were not enough syringes and needles, and that he could therefore inoculate only 291 persons out of a population of 1500. This is the burden of this Special Officer's day to day reports which reveal the cause of the ever-increasing extent and ravages of the epidemic.

#### Too LATE

This Special Officer ceased to function after a time, and the ordinary officer on duty at Virsad who had to do all kinds of jobs from the treatment of meningitis to the treatment of the Special Police at Ras, was asked to do plague duty as an additional job. It has never been thought fit to have more than one Special Medical Officer and his appointment is made only at the fag end of the season. Thus in 1934, a Special Officer was appointed on the 7th March, though the epidemic had broken out in December 1933, while in 1935 a Special Officer was appointed on 3rd April, though the outbreak was reported as early as 31st October 1934.

#### Few Inoculations

Preventive measures like the essential ones of thorough house-to-house cleaning and disinfection had never before struck the Government as measures to be seriously taken up, but even inoculation on which they pin their faith has not been done with anything like the thoroughness with which it was done in Baroda territory. The Government claim to have done 30c0 inoculations in the rural and something like 5000 in the urban area. A comparative table of the figures of inoculation in a few

Baroda villages contiguous to British villages is well worth a study:

#### COMPARATIVE INOCULATION FIGURES

|           | British      |              |  |
|-----------|--------------|--------------|--|
|           | Population   | Inoculations |  |
| Borsad    | 13,191       | 4,800        |  |
| Anklav    | 5,000        | 197          |  |
| Vachhial  | . 500        | II           |  |
| Vehra     | 1,362        | 78           |  |
| Rangipura | 69 <b>1</b>  | 124          |  |
|           | BARODA STATE |              |  |
|           | Population   | Inoculations |  |
| Petlad    | 19,236       | 16,026       |  |
| Bhadran   | 5,328        | 2,773        |  |
| Bhadrania | 730          | 506          |  |
| Boria     | 1,425        | 885          |  |
| Vatav     | :87 r        | 500          |  |

Thus the percentage of people inoculated in British territory was in rural area only 4 per cent. and in urban area 25 per cent. whereas in Baroda territory it was over 60 per cent. for both the areas.

#### FEWER PREVENTIVE MEASURES

To come now to other preventive measures taken in 1932. Those taken in 1935 were no improvement on those taken in 1932. They were, if anything, worse. Let it be remembered that whereas in 1932, one Special Officer was appointed for one village soon after the report of an outbreak, during the present year no one was appointed, until after five months of the outbreak, and for an area of 27 villages. The Assistant Director of Public Health has not passed a single night in the affected areas during all these months. The communique says that

"the Inspector of Sanitation and Vaccination at Broach was instructed to proceed to a village called Israma to take preventive measures there, while instructions were issued by the Public Health Department as to the best method of disinfection, evacuation, etc." We may state without any fear of contradiction that this Sanitary Inspector stayed at Israma for a couple of days and did nothing beyond giving his 'expert' advice to the Local Board Plague-duty Inspector (a big enough designation but carrying a salary of Rs. 20 p. m.). This Inspector told us that he had during the vear not killed a single rat and that the figures given in his report about ratdestruction referred only to dead rats found in plagueaffected areas. The Medical Officer at Virsad referred to in the communique as "entrusted with the duties of an inoculator" is the overworked individual we have already described in a previous paragraph, and the instructions issued by the Public Health Department are the stereotyped instructions issued every year, which mean certainly some extra expense on postage, but nothing more.

To take one or two examples of the way in which work has been carried out. In Vachhial which has a small population of about 550 people, plague broke out in the first week of January, the infection was allowed to spread for a month, and there were 10 deaths before there was any report, by which time people had begun to run about to neighbouring villages carrying infection wherever they went. The Medical Officer at Virsad visited the place on 6th February, disinfected two houses and inoculated 11 persons. Since then no one has been there and there have been 26 fresh deaths.

As regards Borsad town, the immigration of 27 Golas from plague-infected Petlad was reported to the Mamlatdar, who is an ex-officio member of the Borsad Municipality, as early as 7th October 1934. No attempt was made to remove them or isolate them, or even to inoculate them, and it is they who started the infection which has ended in 327 deaths.

#### BELATED GOVERNMENT MOVE

The communique says that the Government has made a grant of Rs. 2,000 for the disinfection and fumigation of the whole town before the people returned to their houses. The town has been thoroughly cleaned and disinfected and fumigated by our volunteer band under the directions of Dr. Bhaskar Patel, M. D., and the bulk of the people are already in their houses. Government may now waste the amount if they must do so for the fun of it. Assuming that the bulk of the men who have already gone back will suffer being hustled to and fro again, it is a work which would take the Public Health Department over four months at the rate at which they are going on. The work is being done by hired labour and these have done not more than 500 houses in 15 days.

#### MISLEADING FIGURES

We have analysed before some of the figures in the communique. We shall take up just one more statement to show how figures can be misleading. "At the end of March," says the communique, "the Board had spent Rs. 2,500 in preventive measures against plague." The precise figure is Rs. 2,486. Even that figure represents the expenditure not on the plague affected area in question, but on the whole of the Kaira district, and

includes Rs. 787 expended on cholera relief. The slovenly inaccuracy of the statement is indicative of the general slovenly way in which affairs are conducted.

#### SCIENTIFIC METHODS

The communique lays evident stress on the fact that their method of work is scientific and insinuates that ours is unscientific, and warns us that we should co-operate with the health authorities if our help is to be of any advantage. We shall have to dwell at some length on the co-operation aspect of the matter. About the scientific aspect, let us note one or two facts. In the beginning of the year, the poorly paid municipal staff on whom the task of preparing the disinfection emulsion fell, went so clumsily about their business that a girl of 13 years was almost burnt alive and died soon after in the hospital, a child and one of the two inspectors were badly burnt and the other inspector inhaled hot kerosene fumes to such an extent that he had to be carried to the hospital in an unconscious condition. As a result the municipality stopped this work. It was again started a few days before the issue of the communique under the supervision of the Medical Officer and Sanitary Inspector specially deputed by the Assistant Director of Public Health. These officers in their turn mishandled a tin utensil in the same way and narrowly escaped an explosion.

As regards fumigation, even the Assistant Director of Public Health, who was keen on what he calls his "pot method of fumigation," eventually agreed that it was too expensive for villages, as a sample pot cost as much as Rs. 10 and too cumbrous to be of effective use, and he ultimately advised the adoption of our simple method.

#### Co-operation Rejected

We now come to the warning about co-operation. The whole paragraph comes with ill grace from Government which might have had a word of appreciation for the work done by our volunteers who have risked their lives and gone from village to village and house to house cleaning not only the streets but the darkest nooks and corners of houses and disinfecting and fumigating them. But we did not take up the work for Government appreciation or public applause. It was undertaken out of a keen sense of duty and in the hope that help so humbly offered would be found acceptable. We shall state a few facts and show how co-operation which was offered was rejected at every step.

In the first week of March, when we saw that the epidemic was furiously raging in the taluka we deputed Dr. Bhaskar Patel, M. D., an able and experienced physician, practising in Bombay to investigate personally and report on the conditions in this area. He came to-Borsad on 13th March, visited nearly all the affected villages and found that the people were in a helpless and terror-stricken condition. On receiving his report, wedecided after consultation with our workers to open a Relief-camp to organise and carry on a vigorous campaign against the epidemic and also to open a Plague Hospital in our Chhavani Buildings at Borsad. Dr. Bhaskar visited the Haffkine Institute, consulted Col. Sokhey, I. M. S., discussed with him some of the preventive measures and came and camped at Borsad on the 23rd from which date we commenced operations with about 50 volunteers (young men and women).

#### COLLECTOR'S FLYING VISIT

When we came here we found that no responsible officer had visited this unfortunate area during the present outbreak which commenced on the 21st October 1934. On the 31st March, for the first time, the Collector and the Assistant Director of Public Health paid a flying visit to Borsad and left on the same day without visiting any part of the affected area. The Assistant Director came to Borsad on and April, when it was announced that he would visit Anklav where the epidemic was that time. His programme was intimated to the people of Anklav and we made all preparations to work at Anklav in consultation with him that day. But we were told that he had to drop the programme, as his car was too good to be used on the dusty road to Anklav. He, however, visited that day our Hospital, saw our camp and had a long discussion with us and Dr. Bhaskar Patel as to the manner and method of fighting the epidemic. We explained to him all that we were doing and all that we intended to do and we also assured him of our full co-operation if he started any work. He said that if he had Rs. 4.000 at his disposal, he would stamp out the epidemic without fail and in no time from this taluka.

#### OFFICIAL NON-CO-OPERATION

On the 5th April, a conference for the purpose of discussion and deciding the measures for controlling the plague epidemic was held by the Mamlatdar at his office when the Presidents of the District and Taluka Local Boards, the President and Secretary of the Borsad Municipality and the two Medical Officers of Virsad and Borsad were invited. The Assistant Director of Public

Health was specially invited, at the request of the President, District Local Board, but he did not attend the conference. When the President of the Taluka Board was authorised by the President of the District Local Board to hire a motor car, the Assistant Director availed himself of the car and went for the first time on 10th April to Kantharia and Anklav with the President of the Taluka Local Board and the Mamlatdar. At both these places, our volunteers were carrying on a vigorous campaign of house-cleaning and disinfection under the supervision of Dr. Bhaskar Patel who was also visiting the plague stricken patients in these villages and treating them on that day. To our surprise, we found that inspite of our assurance of full and ungrudging co-operation, the Assistant Director and his party avoided us altogether. When he visited Pandoli on the 12th of April, there were two fresh attacks of plague in the village, and their relatives were anxious that they should be examined and treated. Dr. Bhaskar Patel went out of his way to approach the Assistant Director and invited him to visit the two cases, but the latter did not care to see them,

We cannot but mention here a case of gross negligence and deliberate refusal to attend to facts to which we were trying to invite the attention of the authorities. There had been cases of plague in Bochasan before the 29th March. Our Doctor had attended to two of them, and had already drawn the attention of the Patel to the grave situation and initiated preventive measures. Our daily bulletin of the 6th April had already a reference about this. But the Mamlatdar ignored all this and took a statement on the 12th April from the Patel and a few others that there was no plague there and that nothing

had to be done in that village, though our workers were busy working there in front of his eyes. When, however, the Medical Officer, on receiving complaints from people, reported to him the next day that there were several plague cases in the village, he was compelled to send a wire to the President, District Local Board.

These details are enough to show that there was on the part of Government no desire whatsoever for cooperation. We found at every step that not only were the Public Health authorities not willing to co-operate, but their attitude led even the Municipality to withdraw the co-operation that they had willingly offered heretofore. We could cite a number of instances, but we refrain for want of space.

#### A BELATED SUGGESTION

We have before us a copy of the note prepared by the Assistant Director of Public Health, dated 8th April 1935 giving a history of plague in Borsad Taluka from its beginning up to now with its causes, preventive and precautionary measures taken by the local bodies and the Public Health Department, as also measures recommended for stamping out future plague outbreaks Borsad Taluka. We have examined in some detail the preventive measures claimed to have been taken. But the recommendations by themselves are enough to convict the Public Health Department of gross negligence in such a serious matter affecting the lives of a whole population. He suggests that the services of at least 2 Medical Officers on Malaria duty should be requisitioned from Government for the coming months of August, September and October as he thinks that malaria has increased considerably in this area by the construction of a new Railway line and has the effect of devitalising the people and thus reducing their capacity to resist the plague epidemic. He, therefore, wants the villagers of the north-west part of the Taluka to be thoroughly quininised before next November. He says that in the month of November mass destruction of rats should be undertaken for this purpose. He further states "the following staff and materials are required:

- 1. Three Medical Officers on Plague duty from 1st November to 30th April on Rs. 90 p. m.
- 2. 500 rat-traps of the best pattern made in Jails (cost Rs. 2-4-0 per each).
  - 3. Spray-pumps, one per inspector (cost Rs. 30 each).
- 4. Barium Carbonate 2 lbs. per village—about 200 lbs (cost Rs. 1-4-0 per lb.)
- 5. 4 plague duty Inspectors on Rs. 40 p. m. each to be given not more than 25 villages each.
- 6. Two pots (per Inspector) of Rs. 4 each and sulphur at the rate of 200 lbs. per affected village (cost 3 as. per lb.)
  - 7. Rs, 2,000 for plague-vaccine.

The total cost would roughly come to Rs. 7,000."

He further recommends that an important measure should be adopted, vis., investing the Mamlatdar or some suitable authority with powers for securing compulsory notification of plague attacks and rat mortality and compulsory disinfection of infected houses and securing better sanitation of any village or town threatened with plague and for the disinfection of clothing and grain etc., of persons coming from infected localities. He further suggests that a town like Borsad should have an air-tight corrugated tin shed outside the town which could be used

for disinfection of clothes, grains, etc. by suitable methods.

May we ask why these elaborate methods which are considered necessary by him for preventing outbreaks of plague in this Taluka were not recommended upto now by the expert and experienced officers of the Public Health Department? The District Local Board records show that at the end of every outbreak the Public Health Department had anticipated an epidemic of a severer type in the next season. Why were these measures then taken or even suggested before? If so many medical officers and inspectors specially trained are required to be employed before the 1st November. why did it not occur to the Public Health Department that it was criminal on their part to throw all this responsibility on a single medical officer with no trained staff and burdened with his own normal duties and additional onerous duties in adjacent talukas with no adequate supply of materials?

#### NOT SHY OF CO-OPERATION

We have done. It is no pleasant task for us to issue this statement. We are afraid Government asked for it. They had tinkered at the problem so far, found that the people had anticipated them, and have therefore hastened to issue a communique which condemns them where it is truthful and misleads when it claims to make matters clear.

Our work is still going on and we hope to publish a report of our work before long. We shall not rest content until every house in the affected area has been thoroughly dealt with and every village swept clean of all infection. We may humbly state that one of us was at

the head of the sanitary affairs of the second biggest city in the Presidency for a number of years, and particularly at a time when plague was furiously raging in that city. The other has served as President of the Kaira District Local Board for some years and has just been again elected to that post. We may thus both claim to have some experience of dealing with matters of public health. We had the benefit of the voluntary services of an able and experienced physician of Bombay who was in charge of the Congress Free Hospital for a long time. But even then we were prepared to take the fullest benefit of Government expert help and co-operation. It was never given. Let us hope it will be given on future occasions. The task of stamping out such a terrible epidemic which has now become endemic is no easy one. It is as much. Government's as ours. We do not shy at co-operation. Neither let the Government do so.

(Sd.) VALLABHBHAI PATEL (Sd.) GOPALDAS DESAI

#### Appendix III (c)

## GOVERNMENT'S SECOND COMMUNIQUE ON THE PLAGUE EPIDEMIC IN BORSAD TALUKA DATED 27TH MAY 1935

As has been pointed out already in the Press Communique of 27th April 1935, the history of plague epidemics in Borsad Taluka shows that plague usually dies out with the onset of the hot weather. There were in all 208 attacks and 91 deaths in 11 villages in the month of April 1935. In the month of May, 23 attacks and 13 deaths occurred in six villages. Since the 13th of May no cases of plague have been reported in any of the villages and in Borsad town the last case reported was on the 16th May 1935. It is usual to find in the history of plague epidemics, that the disease shows high case mortality at the beginning of an epidemic and low case mortality towards the end of its course. This has actually been the case in the present epidemic in Borsad.

Preventive Measures in Borsad Taluka: During the month of April and May, three Medical Officers on Plague Duty were engaged in systematic touring of all the affected villages. Mr. Pradhan, Medical Officer, was appointed by the District Local Board from the 3rd of April 1935 and he performed 2005 inoculations in 14 villages. Mr. R. B. Shah was appointed by the Director of Public Health from 20th April 1935 and performed 300 inoculations in four villages. Mr. Kadhe was appointed for treatment of patients suffering from Malaria and other diseases by the Director of Public Health for the Government of Bombay from 27th April 1935 and visited 20

villages and treated 500 patients. It should be noted in appreciating the real value of the number of inoculations performed by these Medical Officers that plague was dying out when these inoculations were done. It is extremely difficult to get people to submit to inoculation at this stage of the course of the epidemic.

In addition to inoculation, a systematic survey of the sanitary conditions of the affected villages was made by the Assistant Director of Public Health in company of Mr. Jhaverbhai Patel, President, Taluka Local Board and the Mamlatdar. In every one of these villages, a cleanliness campaign was organised with the help of the leading villagers by engaging the local sweepers on a contract system. They were paid partly from the funds of the Taluka Local Board and partly from village funds. In this way, all the affected villages were efficiently cleaned. The services of the two Sanitary Inspectors were utilized for disinfecting the affected houses systematically with kerosene oil emulsion used with spray pumps provided by the Taluka Local Board. It is a gratifying fact to note that this work was carried out with the co-operation of persons of all creeds and denominations and the people of the villages served showed their appreciation of the work done on their behalf by coming forward and giving information about rat mortality and human cases which would not otherwise have been possible. The President, Taluka Local Board spared no pains to make the campaign in these villages a success as did the Mamlatdar. Mr. Sayved. The District Local Board sanctioned all expenses to be incurred for suggested preventive measures through their Vice President, Rao Saheb B. G. Desai at a meeting called by the Mamlatdar, at the instance of the Assistant Director of Public Health on 5th April 1935.

#### BORSAD TOWN

The town has suffered badly during the present epidemic of plague which reappeared in the town after the lapse of a good many years. In order to prevent its being revisited annually by plague, as has been the case in some of the towns in Baroda territory, preventive measures in an intensive form have been undertaken in this town since the 23rd of April 1935. It is a well known fact revealed in experiences of plague epidemics in various parts of this country and other countries, e. g., South America, that plague preventive measures are most effective when they are undertaken systematically in the inter-epidemic periods i. e. months when no plague cases are occurring. In Borsad Taluka the history of plague shows, as has been already pointed out, that the period, May to November is usually plague-free. The town has been surveyed and divided into eight well demarcated parts. Each of these parts is systematically treated in the reverse order of their incidence of human and rat plague: i.e. the part last affected is taken first. houses in these parts are classified into three classes: (1) houses where plague cases had occurred, (2) houses where rat-mortality had occurred, and (3) houses whose owners wanted them to be treated. Each of these houses is visited by a special staff trained by the Assistant Director of Public Health under a qualified Sanitary Inspector and all rat-holes are searched out by means of electric torches and filled with pieces of gunny bags dipped in coal tar and finally cemented. The staff engaged is eight coolies and four sweepers. The whole locality is thoroughly cleansed, the immediate surroundings receiving particular attention. The houses naturally receive disinfection by kerosene oil emulsion by means

of spray pumps before the rat holes are treated for the safety of the staff engaged. Poison baits of Barium Carbonate are laid in empty and delapidated houses and other places where signs of rat-harbourage are found. The treatment of rat holes in the above manner tended to kill all infected fleas which lie in the rat-holes and is a most important anti-plague measure. The whole staff is specially selected and is paid from the grant of Rs. 2,000 sanctioned by Government. The Assistant Director of Public Health is personally directing the work in Borsad town and has been camping in Borsad since the 22nd May. The treatment of the eight parts of the town is expected to be finished before the rains break out. During the months of June to November systematic trapping of rats will be undertaken in order to diminish the rat population of the town. For this purpose, 100 rat traps of the best type have been ordered and will be in use during the monsoon months when the rat population is the highest during the year.

The following table gives the details of work so far done by the special staff in Borsad, since the commencement of the operations.

| Month         | houses<br>digin- | rat-holes<br>stuffed with             | Rats | Houses<br>fumigated | Baits of<br>barium<br>carbonate | Baits<br>con-<br>sumed |
|---------------|------------------|---------------------------------------|------|---------------------|---------------------------------|------------------------|
|               | fected           | gunny bag<br>pieces &c.<br>& cemented |      |                     | placed                          |                        |
| <b>A</b> pril | 1935 288         | 869                                   | 9    | 18                  | 700                             | 220                    |
| May           | 1935 700         | 1618                                  | 22   | 261                 | 7045                            | 1060                   |

### Appendix III (d)

# SARDAR VALLABHBHAI PATEL'S REPLY TO GOVERNMENT'S SECOND COMMUNIQUE

The latest communique on the plague epidemic in Borsad Taluka is another futile attempt, on the part of the Government to throw dust into the eyes of the people. It is self-contradictory in parts, and incorrect in its main facts. "Plague", it says, "usually dies out with the onset of the hot weather," but the Government took no steps for inoculating the people until the beginning of April, reserved its remedial measures, and that for the town of Borsad until the onset of the hot weather, and did the bulk of its inoculations when plague was expected to be on the wane. It refers to the "systematic touring by three medical officers on plague-duty." They are described as "Plague-officers" but one of these three, was Mr. Kadhe, who in the words of the communique, in the same paragraph, "was appointed for treatment of patients suffering from malaria, and other diseases." This gentleman is said to have visited 20 villages and treated 500 patients - malaria patients obviously. We do not know if these distinguished doctors treated a single plague-patient. As regards the belated inoculations, it is enough to mention the fact that those done by Mr. R. B. Shah from the 20th April, were so badly done that many people suffered from excruciating aftereffects and the doctor had to be immediatly removed on grounds of incompetence by the telegraphic advice sent by the Taluka Local Board President to the Director of Public Health. As regards "the systematic survey of the

sanitary conditions of the affected villages made by the Assistant Director of Public Health in company with Mr. Jhaverbhai Patel. President of the Taluka Local Board and the Mamlatdar," a diary of the President would be very eloquent on the point. But as I have no access to the diary. I would content myself with quoting the President's own words from a speech read out by him at the meeting in the village Bodal, addressed by Mahatma Gandhi on the 28th May: "The Local Board is a poor and resourceless body. It has no means to cope with a terrible epidemic like that of plague. Plague has been endemic here for four years, and has been increasing in its extent and intensity each year, but we have had no Government help. The District Local Board made repeated requests for grants but without avail. We were thus sitting helpless and in despair cursing our lot when God listened to our complaints and sent the Sardar and the Darbarsaheb and Dr. Bhaskar Patel who opened a plague relief camp, an emergency hospital, and carried on a vast disinfection and cleansing campaign in every affected village" etc. etc. I omit the portions in his speech devoted to excessive praise of me and my volunteers - praise which we do not deserve, as we did no more than our obvious duty. The Government communique bravely mentions figures of houses disinfected, houses fumigated, rats found and baits consumed in the town of Borsad. Why is it then silent about the work Government claim to have done in the rest of the Taluka? The fact is that no work was done in the villages when plague was at its height. For days and months plague had been raging in villages and yet there were no reports of rat mortality or plague cases. It was only after the plague relief organised by us had covered

all the affected villages that the Government were roused from their slumbers and sanctioned Rs 2,000 for the town of Borsad. Much is being made of these belated measures in the town of Borsad. It is curious to observe that though the grant of Rs. 2,000 was made for "the specific purpose of getting the whole town disinfected and fumigated with sulphur before the people who had sought temporary shelter in the fields or elsewhere, returned to their homes."— to use Government's own words in their first communique - hurried attempts are now being made for dividing the town into well-demarcated parts and classifying houses and filling rat holes etc. long after the people have returnd to their homes. Government grandiloquently say that "plague preventive measures are most effective, when they are undertaken systematically in the inter-epidemic periods, i.e., months when no plague cases are occurring." Is it that Government have made this brilliant discovery only in the month of May 1935, or was the discovery before them all these years? If the latter was the case, I should like to know what remedial measures they took in 1932, 1933 and 1934 in the inter-epidemic periods of those years. This I think is enough to expose the hollowness of the claims made in this amazing communique. I only hope and pray that they will at least now try to do something in justification of the claims.

(Sd.) VALLABHBHAI PATEL

## Appendix III (e)

# GOVERNMENT'S THIRD COMMUNIQUE ON THE PLAGUE EPIDEMIC IN BORSAD TALUKA DATED 15TH JUNE 1935

Mr. Vallabhbhai Patel and Mr. Gopaldas Desai have issued a lengthy statement purporting to be a rejoinder to the Government communique of April 27 on the plague situation in Borsad. This rejoinder contains a number of inaccurate statements and allegations against local officials which careful enquiry has shown to be unfounded. Government are satisfied that the statement in the rejoinder to the effect that the officers of the Public Health Department and local Revenue officers refused to cooperate with the Congress workers is entirely incorrect. These officers have made every endeavour both to give and obtain co-operation but Government regret to observe that their efforts in that direction have been met by unwillingness and, not infrequently, by open discourtesy from the Congress workers.

It is not necessary to reply in detail to the many allegations and innuendoes. The following two instances are enough. The signatories to the rejoinder say that the Mamlatdar of Borsad was inert regarding persons arriving in Borsad from the plague-stricken area of Petlad. On the contrary, apprehending an outbreak of plague in Borsad, the Mamlatdar wrote as far back as October 1934 to the President of the Borsad Municipality asking him to take preventive measures. He also instructed the Police Sub-Inspector to prepare a list of arrivals from Petlad. There were 27 such persons and efforts were made to inoculate them. Five were actually inoculated. A further allegation is that though there was plague in Bochasan

village on 29th March last the Mamlatdar reported that there was no plague there. This again is incorrect. The fact that there was plague at Bochasan on 20th March was not borne out by the reports of village officers. Mamlatdar visited the village in the company of the President of the Taluka Local Board on April 12. Both of them found no record to show that there was plague in the village but the village required cleaning. They collected the leading men of the village and advised them to take preventive measures. In the course of enquiry it was discovered that rats were dying in one locality. As it was necessary to incur some expenditure by the Local Board for disinfectants and for cleansing the village by the employment of bhangis the President, Taluka Local Board, thought it advisable to record a statement of the leading men to the effect that rats were dying in one locality. This was done to arm the President with authority for incurring expenditure. It was not done in order to prove the non-existence of plague in the village as is insinuated in the rejoinder. The next day the President, Taluka Local Board, accompanied by the medical officer visited the village again. The doctor detected three cases in the area and on receipt of his report the Mamlatdar wired to the President, District Local Board and the Collector.

In considering the criticisms levelled against Government it must always be remembered that the primary responsibility for plague prevention and other sanitary measures lies with the local authorities and not with Government. The latter through its officers gives advice and assistance whenever needed. It is the task of the local bodies not only to persuade the people to take measures to help themselves, but also to provide the staff

required to check and control an epidemic, although in the case of Borsad town and taluka Government have allotted Rs. 7,000 for special anti-plague measures.

Government are satisfied that their officers, with the co-operation of the local authorities, have done their best to cope with the plague epidemic in Borsad town and the villages affected in the taluka. They much regret to have to place on record their distrust of some of the forms of treatment of plague adopted by the Congress workers especially when they have allowed patients actually suffering from plague to be removed from their villages and carried in motor cars over bad roads to the Congress Hospital. In a serious disease like plague such treatment is bound to have fatal results. They have learned with still greater regret that patients who had been removed to the hospital were allowed to return to their villages while still suffering from the disease, and that in one such case the patient actually died in a motor car on his way home.

Judging from the remarks made in their rejoinder, Government can only come to the conclusion that, probably through lack of that experience and knowledge which have been gained by Government officers in dealing with previous plague epidemics, the Congress workers have failed to realise the difficulties of coping with an epidemic when the conditions under which the people are living are all in favour of its spread. The peculiar characteristics of the present plague epidemic in Borsad taluka have enhanced these difficulties, but Government are satisfied that all reasonable precautions have been taken by the authorities concerned to prevent its spreading further and that adequate measures are also being taken as far as possible to treat those actually suffering from the disease.

### Appendix III (f)

# SARDAR VALLABHBHAI'S LETTER TO THE SECRETARY TO THE GOVERNMENT OF BOMBAY, HOME DEPARTMENT

89 Warden Road, Bombay, 3rd July, 1935

DEAR SIR,

I was sorry to read the communique of the Director of Public Information dated 15th June which seeks to answer some of the statements published over the signatures of Darbar Gopaldas Desai and myself about the plague epidemic in Borsad Taluka.

The communique fails to answer the charges made in our statements, ignores some of the grievous charges made by us and casts serious reflections upon our management. We are advised by lawyers that some of the criticisms made in the communique would amount to a libel, if it was not privileged. Eminent medical men advise me that the measures taken by us to combat the plague were not only well chosen but were the best suited to the dangerous situation and the peculiar circumstances that then existed. For ready reference I enclose herewith a comparative analysis of the statements made by us and the Director's replies thereto, a list of the charges unanswered by the Director and our reply to the charges brought against us.

The communique makes much of the fact that "the primary responsibility for plague prevention and other sanitary measures lies with the local authorities and not with the Government." The two previous communiques,

I am glad to be able to note, did not seek shelter under this technical position. But, in my humble opinion, whilst preventive and sanitary measures would technically lie primarily with local authorities, Government cannot disown responsibility for measures to be taken when dangerous diseases like plague actually break out. I would submit that in such emergencies local authorities would have resources neither in men nor money and can hardly be expected to cope with situations whose effect may easily travel beyond their jurisdiction.

The reflections on the adoption of measures involve a serious charge upon Dr. Bhaskar Patel who placed his services free of charge at our disposal and laboured day and night among the patients.

Unfortunately, outbreaks of infectious diseases are not a rare occurrence in this country. We would gladly seek, as we have done in the past, co-operation from and render it to Government in matters involving danger to public health or visitations of Nature, the more so when the Congress has suspended civil disobedience for an indefinite time.

Viewed as above, the charges made by the authorities against us demand a withdrawal, or a public enquiry by a committee of independent medical men and others capable of weighing evidence. I, therefore, request the institution of such an inquiry in the public interest unless in the light of this submission the Government see their way to withdraw the charges and to correct the obvious errors in the Director's communique.

Yours truly, (Sd.) VALLABHBHAI PATEL

# ANALYSIS OF CHARGES AGAINST GOVERNMENT AND GOVERNMENT REPLY.

#### CONGRESS CHARGES

regards Borsad town, the immigration of 27 Golas from plague-affected Petlad was reported to the Mamlatdar, who is an exofficio member of the Borsad Municipality, as early as 7th October 1934. No attempt was made to remove them or isolate them, or even to inoculate them, and it is they who started the infection which has ended in 327 deaths."

"There had been cases of plague in Bochasan before the 29th March. Our doctor had attended to two of them and had already drawn the attention of the

#### GOVERNMENT REPLY

"The signatories to the rejoinder say that Mamlatdar of Borsad was inert regarding persons arriving in Borsad from the plague-stricken area Petlad. the contrary, On apprehending an outbreak of plague in Borsad, the Mamlatdar wrote as far back as October 1934 to the President of the Borsad Municipality asking him to take preventive measures. He also instructed the Police Sub-Inspector to prepare a list of arrivals from Petlad. There were 27 such persons and efforts were. made to inoculate them. Five were actually inoculated,"

"A further allegation is that though there was plague in Bochasan village on 29th March the Mamlatdar reported that there was no plague there.

Patel to the grave situation and initiated preventive measures. Our daily bulletin of the 6th April had already a reference to this. But the Mamlatdar ignored all this and took a statement on the 12th April from the Patel and a few others that there was no plague there and that nothing had to be done in that village, though workers were busy working there in front of his eyes. When, however, the Medical Officer, on receiving complaints from the people. reported to him the next day that there were several plague cases in the village, he was compelled to send a wire to the President, District Local Board."

This again is incorrect. The fact that there was plague at Bochasan on 20th March was not borne out by the reports of village officers. The Mamlatdar visited the village in the company of the President of the Taluka Local Board on April 12. Both of them found no record to show that there was plague in the village, but the village required cleaning. They collected the leading men of the village and advised them to take preventive measures In the course of enquiry it was discovered that rats were dying in one locality. As it was necessary to incur some expenditure by the Local Board for disinfectants and for cleansing the village employment by the bhangis the President. Taluka Local Board. thought it advisable to record a statement of the leading men to the effect that rats were dving in one locality. This was done to arm the President with authority for

incurring expenditure. Ιt was not done in order to prove the non-existence of plague in the village as is insinuated in the rejoinder. The next day the President, Taluka Local Board, accompanied by the Medical Officer visited the village again. The doctor detected three cases in the area and on receipt of his report the Mamlatdar wired to the President District Local Board, and the Collector."

#### GOVERNMENT CHARGES AND CONGRESS REPLY

#### GOVERNMENT CHARGES

"They much regret to have to place on record their distrust of some of the forms of treatment of plague adopted by the Congress workers especially when they have allowed patients actually suffering from plague to be removed from their villages and carried in motor cars over bad roads to t e Congress Hospital. In a serious disease

#### CONGRESS REPLY

The Medical Officer in charge of our Emergency Hospital was Dr. Bhaskar Patel, an M. D. of Freiburg University. He was House Surgeon in the Tropical Medical Hospital, Hamburg, and he has been in charge of two Emergency Hospitals in India since he returned from Germany and settled down in Bombay as a medical practitioner.

like plague such ment is bound to have fatal results. They have learned with still greater regret that had been patients who removed to the hospital were allowed to return to their villages while still suffering from the disease, and that in one such case the patient actually died in a motor car on his way home."

If Government have in mind our method of disinfection and fumigation when they object to "the forms of treatment of plague" adopted by us, it may be said that a sample of our emulsion, with its formula, was sent to the Director of the Haffkine Institute, who expressed no disapproval of it. As regards fumigation, the Asst. Director of Public Health admitted that his " pot-method" was too pensive and too cumbrous to be of effective use in villages and he ultimately advised abandonment of it. All fumigation done since was according to our simple method.

The objection about bad roads comes with ill grace from Government who provided no hospital facilities for the poor sufferers in the Taluka, who when they knew that they could get no treatment at home naturally repaired to the Emergency Hospital. In no single case were the Con-

gress workers responsible for bringing the patients to the Hospital, and in several cases where the patients seemed to be in a critical condition and where requests for admission to the Hospital came, the relations were advised not to remove the patients.

As for the "patients who were allowed to return to their villages while still suffering from the disease" there were two such cases in which there was no help because the relatives and the patients themselves insisted on removal. Both were, however, in a fit condition to be removed.

The statement that a patient actually died in a motor car on his way home has no foundation in fact. That the results were more than satisfactory will be seen from the fact that whilst out of the 46 cases that Dr. Bhaskar Patel treated in their homes 14 proved fatal, only two died out of

the 17 patients who were treated in the hospital.

'Government regret to observe that their efforts in the direction of co-operation have been met by unwillingness and not infrequently by open discourtesy from the Congress workers." This is a cruel charge. It is possible to prove the contrary.

# SUMMARY OF CHARGES GOVERNMENT HAVE FAILED TO ANSWER

- 1. That the Government and the local bodies failed to take prompt and proper preventive measures during the years 1932-35 and allowed the disease to grow in intensity and extent; that a Special Medical Officer was without any adequate equipment appointed in 1932 as late as September when there had already been several fatal cases before the end of April of that year, that in 1934 a Special Officer was appointed in March though the epidemic had broken out in December 1933, and that in 1935 the Government waited until the 3rd of April for the appointment of a Special Officer though the outbreak was reported as early as 21st October; that while in 1932 one Special Officer was deemed to be necessary for one village, in 1935 one Special Officer was expected to deal with 27 villages.
- 2. That the work of inoculation was woefully neglected, the ordinary Medical Officer at Virsad being expected to deal with the whole rural area. He performed 3000

inoculations in the six months between October and April. The Special Officer was appointed when the disease was admittedly on the wane. This Officer performed 2000 inoculations within the space of five weeks. The epidemic could have been substantially controlled if this Officer had been appointed immediately after the outbreak. The remark applies with equal force to the case of Borsad town where no Special Medical Officer was appointed and the Medical Officer in charge of the Municipal dispensary had to perform all the inoculations. He could not do more than 5000 in six months.

- 3. That the inoculations done by Mr. Shah, appointed by the Director of Public Health, were so badly done that many people suffered from excruciating aftereffects and that the doctor had to be removed, after he had performed only 300 inoculations, on grounds of incompetence.
- 4. That though the Government admit that "plague preventive measures are most effective, when they are undertaken systematically in the inter-epidemic periods, i.e., months when no plague cases are occurring", they had taken no such remedial measures in the inter-epidemic periods of 1932, 1933.
- 5. That though the belated grant of Rs. 2,000 was made for "the specific purpose of getting the whole town disinfected and fumigated with sulphur before the people returned to their homes", hurried attempts were made to use this grant after the people had returned to their homes.
- 6. That the doctors appointed by the District Local Board or the Public Health Department treated no plague patients.

- 7. That in Vachhial, a village with a population of 550 people, plague broke out in the first week of July, the infection was allowed to spread for a month, and that there were 10 deaths before there was any report. The Medical Officer at Virsad visited the place on the 6th February, disinfected two houses and inoculated 11 persons. Since then no one had been there and there had been 26 fresh deaths.
- 8. That the Mamlatdar of Borsad took no steps to remove or isolate the 27 immigrants from plague—affected Petlad in October, and that it was not until 5th April when there had been already nearly 300 deaths that he thought fit to call a conference of the Presidents of the Local Boards and the Municipality and of the Medical Officers at Virsad and Borsad.
- 9. That the Collector and the Assistant Director of Public Health had paid no visit to the area until the 31st of March (five months after the outbreak) when they paid their first flying visit.
- ro. The Government claim that their measures are "scientific and based upon prolonged experience of the best measures, possessed only by the Public Health Department". Here are a few facts:
  - (1) The Municipal staff in Borsad, advised by the Public Health Department, prepared the kerosene emulsion so clumsily that a girl of 13 years was almost burnt alive and died soon after in the hospital, a child and one of the two inspectors were badly burnt and the other inspector was so suffocated by hot kerosene fumes that he had to be carried to the hospital in an unconscious condition. As a result the Municipality stopped this work.

- (2) When the work was restarted under the supervision of the Medical Officer and Sanitary Inspector specially deputed by the Assistant Director of Public Health, these officers so mishandled a tin utensil that they narrowly escaped an explosion.
- (3) Mr. Shah, the Special Officer for inoculations, had to be recalled for incompetence.
- 11. That though Dr. Bhaskar Patel requested the Assistant Director of Public Health to visit two plague patients in Pandoli where he happened to be on a visit he did not do so.

### Appendix IV

No. 138/33/9065-G General Department, Camp Office, Poona, 8th August 1935

FROM

H. K. KIRPALANI Esq. I. C. S.,

Offg. Secretary to the Government of Bombay,

General Department

To

VALLABHBHAI J. PATEL, Esq. Bar-at-law, 89, Warden Road, Bombay

SIR,

With reference to your letter dated the 3rd July 1935 addressed to the Secretary to the Government of Bombay, Home Department, regarding the communique dated the 15th June 1935 issued by the Director of Information on the subject of the plague epidemic in Borsad Taluka, I am directed by the Government of Bombay (Transferred Departments) to say that they do not consider that any useful purpose would be served by further discussion of the question and that accodingly they do not propose to take action on the subject matter of your letter.

I have the honour to be,
Sir,
Your most obedient servant,
(Sd.) H. K. KIRPALANI
Offg. Secretary to the Government of Bombay
General Department

## Appendix V

89, Warden Road, Bombay 12th August 1935

DEAR SIR,

I thank you for your letter of the 8th instant in reply to mine of the 3rd July regarding the communique of the Director of Information and my communications thereon. I regret the decision of the Government. I had asked for an enquiry for the sake of the reputation of Dr. Bhaskar Patel and Congress volunteers who never spared themselves in their self-imposed labours. I am therefore inviting some independent friends to examine the papers already published supplementing it with such oral evidence they may require and pronounce their opinion upon them. I shall esteem it a favour if the Government will be pleased to authorise the departments concerned to assist the proposed committee to elucidate the truth.

l am, Yours faithfully, 'Sd.) VALLABHBHAI PATEL

To,
The Secretary to the Government
of Bombay,
General Department,
Poona