

THE



Bombay Government Gazette.

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PART V.

PROCEEDINGS OF THE LEGISLATIVE DEPARTMENT, BOMBAY.

The following Extract from the Proceedings of the Governor of Bombay in the Legislative Department is published for general information :—

Abstract of the Proceedings of the Council of the Governor of Bombay, assembled for the purpose of making Laws and Regulations, under the provisions of "THE INDIAN COUNCILS ACT, 1861."

The Council met at Bombay on Friday the 22nd January 1892, at 3-30 P.M.

PRESENT:

His Excellency the Right Honourable Lord HARRIS, G.C.I.E., Governor of Bombay,
Presiding.
The Honourable Sir R. WEST, K.C.I.E.
The Honourable Sir CHARLES PRITCHARD, K.C.I.E., C.S.I.
The Honourable the ADVOCATE GENERAL.
The Honourable Ráo Bahádúr MAHADEO GOVIND RANADE, M.A., LL.B., C.I.E.
The Honourable Mr. JAVERILAL UMIASHANKAR YAJNIK.
The Honourable Mr. L. R. W. FORREST.
The Honourable Mr. FAZULBHOY VISRAM.
The Honourable Mr. J. R. NAYLOR, C.S.I.

I.—Papers to be presented to the Council :—

- (1) Letter from the Government of India, Legislative Department, No. 1689, dated the 13th October 1891, returning, with the assent of His Excellency the Viceroy and Governor-General signified thereon, the authentic copy of the Bill to amend the Bombay General Clauses Act, 1886.
Papers presented to the Council.
- (2) Letter from the Government of India, Legislative Department, No. 3, dated the 4th January 1892, returning, with the assent of His Excellency the Viceroy and Governor-General signified thereon, the authentic copy of the Bill to amend

the Law for the periodical inspection and the management by competent Engineers of Boilers and Prime Movers in the Presidency of Bombay.

- (3) Letter from the Secretary, Indian Progress Society, Bombay, dated the 18th January 1892, submitting observations on the Vaccination Bill (No. 3 of 1891).

THE BOMBAY DISTRICT VACCINATION BILL.

The Honourable Sir CHARLES PRITCHARD said :—I do not think it necessary to occupy

The Honourable Sir Charles Pritchard moves the first reading of the Bombay District Vaccination Bill.

the time of the Council with any detailed explanation in introducing this Bill to prohibit the practice of inoculation and to make the vaccination of children in certain portions of the Bombay Presidency compulsory. The Acts which render compulsory vaccination in the City of Bombay and the town of Karáchi have worked well and ten years' experience is in their favor. They have therefore been closely followed in the present Bill. The only difference between this Bill and the former Acts, is with regard to section 33, in which it is proposed to remove all doubt as to the legality of compulsory vaccination in the case of convicts and persons detained for long periods in gaols, reformatories and lunatic asylums.

The Honourable Mr. YAJNIK said :—Your Excellency,—I wish to offer a few general remarks at this stage of the Bill. I see that this Bill has for its object the extension to any area in this Presidency of the compulsory system of vaccination which is at present limited to Bombay and Karáchi by the Acts of 1877 and 1879. That these Acts have worked fairly well admits of little doubt. And in considering this project of extension, it seems to me that we shall best consult the interests of the people of this Presidency if we are guided by the light of past experience gained in the administration of the compulsory system during the last 13 to 15 years. Speaking chiefly with reference to Bombay, I may say that in appealing to past experience, three points naturally suggest themselves for enquiry, namely,—(1) in what respects has the compulsory system succeeded in Bombay? (2) to what circumstance or circumstances is the measure of success so far attained due? and (3) how far is it possible to make compulsory vaccination acceptable to the people in the interior of this Presidency in their present circumstances and with their present prejudices and beliefs? With regard to the first point, it may be said that if it be a success to work a compulsory system of vaccination in Bombay, with none of the coercive processes sanctioned by the law having had to be resorted to, to any appreciable extent, then that success has certainly been achieved. An increasing number of people have voluntarily brought their children to the vaccine depôts, conscious of the advantages of vaccination, and they have been protected. There have been no prosecutions worth noticing. Another noticeable fact is that whereas before the passing of the Act of 1877, every second or third year witnessed an outbreak of epidemic small-pox; since its introduction there has been only one year of epidemic small-pox in Bombay—the year 1883—in the course of the last fifteen years. Singularly enough, however, that year coincided with the outbreak which was general over the whole of India. A third point in favour of the Act is the decrease of mortality from small-pox. I find that in 1878, the first year of the Act, deaths from small-pox numbered 357. Last year, that is in 1891, they were about 102. In the epidemic year, however, the deaths came to 1,461. Coming now to the causes which have made the smooth working of the Act possible in Bombay, I may mention, as the first cause, the manipulative skill with which vaccine operations have been carried on in our City. Vaccination in Bombay may be said to date from the year 1858 with the appointment of Dr. Anantá Chandrobá as Superintendent of Vaccination. For full 26 years till his death in 1884, Dr. Anantá worked with the greatest zeal and success as an expert in vaccination. I am paying him no higher compliment than what is justly due to him when I say that it is to his good sense, tact and judgment and to the conciliatory spirit in which he worked that we owe the smooth working of the compulsory Act in Bombay. His successors in the office, down to the present incumbent,—Dr. Shantaram Venayek Kantak,—have followed his cautious proceedings in a praiseworthy manner and continued to deserve the confidence of the Government and the public. But apart from the skill and good sense of these gentlemen, it appears to me that the circumstance which has contributed most materially to whatever success that compulsory vaccination has attained in Bombay is the *exclusive* use of animal lymph for purposes of vaccination. Act I of 1877 was in fact framed upon that basis. When the Bill, which subsequently became the Act of 1877, was referred to the Select Committee, that Committee had the advantage of the opinions of

the most eminent medical men of the day—gentlemen who had made vaccination their special study, and it was from the opinions of the experts thus consulted that the Committee was enabled to make the suggestion that the Bill for making vaccination compulsory in the City of Bombay should only, as a rule, require such compulsory vaccination when the vaccine matter is taken from the animal. The late Honourable Mr. Gibbs, then in charge of the Bill, in presenting the report of the Select Committee, observed that “the prejudices of the people which the Select Committee have noticed in their report he found on enquiry to be deep-seated, and we came to the conclusion,—a conclusion to which we were brought mainly by the arguments of the native members of the Select Committee,—that it would be far preferable, if possible, to make the Bill render vaccination compulsory only when the vaccine lymph is taken from the calf.” And it is noticeable that in the City of Bombay animal lymph alone has been used, and that not once in the course of the last fifteen years has there been found a single occasion for the use of human lymph, or a single case in which arm-to-arm vaccination has been resorted to. The supply of animal lymph has never failed. At the present day as many as 700 calves are yearly inoculated for purposes of lymph. The supply has been so abundant that it is found possible to send lymph to places beyond Bombay.

I now come to the third point of enquiry with which I started, namely, how far is it possible to make compulsory vaccination acceptable to the people of any district in this Presidency with due respect to their prejudices? To be able to arrive at a tolerably correct decision on this point, let us see how matters stand with regard to vaccination in the rest of the Presidency, where vaccination is at present voluntary. And the first and most prominent fact to be noticed in this connection is that the bulk of the population,—rural and urban,—show a marked preference for animal vaccination. The cow is revered by the Hindus as a sacred animal, and the products of the cow have in their eyes something of a sacred character in them. The vaccine lymph taken from a cow or calf has nothing objectionable in it in their opinion. But apart from this the calf-lymph has this advantage that it dispenses with the necessity of giving lymph from one child to another for purposes of vaccination. In his last Sanitary Report (for 1890-91) Dr. MacRury, the Sanitary Commissioner, says:—“The people generally appreciate animal vaccination, as it does away with the necessity of their having to allow lymph to be taken from their children to which they always object.” But animal lymph is costly. It is therefore only in three or four places out of the numerous cities, towns and villages in the Presidency that animal lymph is in use. In every other place in the Presidency the system carried on is that of arm-to-arm vaccination and with human lymph. This is found cheaper. But this system is felt by the people to be most obnoxious. It is feared that the inoculation of human lymph from one child into another will, if the operation is performed carelessly, impart such blood diseases as syphilis and phthisis. Then, there is the annoyance and harassment caused to mothers of inoculated children in being required to move from one place to another and from one village to another for vaccinating other children. This is what Dr. MacRury says in his report for 1888:—“Considerable difficulty is experienced in keeping up arm-to-arm vaccination on account of the refusal of parents to allow vaccinators to take lymph from their children; and as animal vaccination entails expenditure beyond the means of most Municipalities, it would be advisable to make it obligatory to give lymph when required. This would be preparatory to making vaccination compulsory which can only be a matter of time.” As an illustration of the annoyance caused to poor mothers of inoculated children by this arm-to-arm system, I may point to a case which recently came up before the local High Court from the district of Bijápur. It also shows how even under a system of voluntary vaccination the wishes of the father of the child are often disregarded. It was the case of a poor woman, by name Satawa. She was tried, sentenced and fined Rs. 15. The charge against her was of having embezzled two annas paid to her by the vaccinator on promise to go to a neighbouring village where a child had to be vaccinated from lymph to be taken out of her baby. When the woman came home she was sharply rebuked by her husband, and when the vaccination peon called for the baby, he refused to let it go. The District Magistrate, in forwarding the proceedings of the first Magistrate before whom the case was tried, said that no offence was committed. The High Court quashed the conviction and sentence, His Lordship the Honourable Mr. Justice Jardine remarking that “it is obvious that those (vaccination) operations will become unpopular if paternal rights are thus disregarded.” I have often heard that in the mofussil well-to-do mothers of inoculated children escape from being required to

move from place to place and village to village while the poorer classes suffer. Thus arm-to-arm vaccination throws great temptations in the way of low-paid kárkúns and peons. All this, however, is avoided by animal vaccination. But costly as animal vaccination is, Government have, it seems to me, shown great foresight, while administering the Act in Bombay, in preferring that system to making compulsory vaccination unpopular through arm-to-arm vaccination. This Bill, which reproduces the provisions of the Bombay Act, provides that ordinarily all vaccination operations must be carried on with animal lymph. Now, in this connection the important point to determine is, how far is it possible to carry out animal vaccination in a given area to which compulsory vaccination is extended? It is feared that the requisite stock of animal lymph may not be procurable in a vaccination area. For myself I do not share these apprehensions. It may be got from a neighbouring district or sent for from Bombay. I find that during the last fifteen years Bombay has received a regular supply of English lymph every year in the shape of tubes. Then, again, in the City of Bombay itself something like 700 calves are inoculated every year for the purpose of maintaining a requisite supply of lymph not only for the use of the City, but for stations in this Presidency and beyond it and even outside India. Bombay lymph is, moreover, noted for its purity. It is sent to Afghánistán, Aden, Burma, Assam, Quetta, Kandahar, and even Bagdád, Zanzibár and to so distant a country as Australia. In these days of rapid communication, therefore, I have no fear of animal lymph failing. But if any such difficulty is found to arise, surely it cannot be difficult for Government to form centres in Gujarát, Káthiáwád, the Deccan, Konkan, and Southern Marátha Country for the purpose of procuring lymph. It is said that with lymph obtained from one calf a skilled vaccinator can vaccinate as many as 300 to 500 children. Again, my friend, Dr. Shantaram Venayek Kantak, has been training up since the last two years a class of vaccinators in a practical course of vaccination with animal and human lymph. He has already turned out about 75 students who are subordinates in the Sanitary Department. So, I repeat, I have no fear about animal lymph failing for want of skilled vaccinators to take out such lymph from calves in a remote vaccination area. My chief difficulty as regards the extension of compulsory vaccination is in respect of the cost of animal lymph. It seems to me that the whole question of this extension of the compulsory system resolves itself into a question of cost. I find that at present the average cost of each successful case throughout this Presidency is 5 annas and 6 pies. In Bombay the average cost of each successful operation is a rupee and ten pies. But, as Dr. MacRury says, in his last report for 1890-91, "if animal vaccination be carried out in the districts with a widely dispersed population often of difficult access owing to creeks, hills and rivers, the cost per case would be even greater than in the City of Bombay where the population is concentrated. Taking the cost in Bombay as applicable to the Presidency and Sind, the annual expenditure consequent on the adoption of this system would at least amount to three times the present cost." I find that last year (1890-91) the total cost of the Vaccination Department was put down at Rs. 2,95,179, while the number of all successful vaccinations and re-vaccinations was 8,61,053. The sources from which the income of the Department was derived are as under:—From Provincial Funds, Rs. 1,07,757; from Municipal Funds, Rs. 30,918; from Cantonment funds, Rs. 976; from Local Funds Rs. 91,815, and from Native States Rs. 63,713; total, Rs. 2,95,179. Taking the average cost of a successful case to be five annas and six pies, I find that the Provincial Funds contribute one anna and two pies, whereas the local, municipal and cantonment Funds and Native States contribute among them the remaining four annas and three pies. The smallest contribution is that from the Municipalities. The burden which the Provincial funds have to bear is at present but a comparatively small one. Now, Your Excellency, the introduction of a compulsory vaccination system in any district of this Presidency means the introduction of a system of animal vaccination, and that means a provision for the cost of animal lymph equal to three times the present cost of each successful case in the Presidency. And since this expenditure appears on the statement of the Sanitary Commissioner to be beyond the means of most Municipalities, it is a question for Government to consider whether under the circumstances the wisest course would not obviously be to extend the compulsory system to only such of the large cities and towns in the Presidency of which the Municipalities and Local Boards come forward and are prepared to pay a portion of the increased cost, the rest of the portion being supplemented by a liberal grant from the Provincial Revenue, which, as things stand at present, pay but an inadequately small contribution to the general cost of the Vaccination Department. It will be for the Select Committee to see how far this may be provided for in the Bill.

The Honourable Mr. RANADE said:—After what my friend the Honourable Mr. Javerilal has spoken in detail I do not consider it necessary to go over the same ground again. I will only observe in this place that the question of compulsion now under consideration has a three-fold aspect. There is, first, the compulsion about vaccinating children. On this point I think the experience of all European countries, and of the towns in India where compulsory vaccination has been in force, warrants the Government in undertaking the responsibility of making vaccination general whenever in special areas a case is made out for such compulsion. Even without a compulsory law, parents in our rural and urban areas are vaccinating their children freely and without objection, and the proportion of vaccinated children already comes up to 75 per cent. The remaining 25 per cent. remain unvaccinated, not so much because of their parents' refusal, but because the agency available is not able to reach all in one time. The outbreak of natural small-pox being epidemic and infectious in its character, it cannot be maintained that the refusal of the parent is a self-regarding act in which the general public are not concerned. The protection given by vaccination chiefly consists in depriving the disease of its epidemic and infectious character, and this protection must in the general interests be enforced even if the minority, a diminishing minority, dissents. When the compulsion relates to an act which affects the public interests and the protection is definite and adequate, and involves no greater risks, then the duty of the Legislature is clear and definite. The present Bill, however, involves two other compulsions which must be taken only into account. The Bill involves a financial compulsion upon Local and Municipal Boards to find out additional resources. It is estimated that the present expenditure will have to be trebled at the least if the agency is to be raised to a standard of efficiency to make compulsion a practical survey. The Bill gives discretion to the executive Government, but it leaves no place for the independent action of the Local and Municipal Boards. In the case of the previous Acts for the time and place of Bombay, as also for the City of Karáchi, the Municipalities of these places were consulted beforehand, and their assent secured before Government took action in the matter. No such provision occurs in the present Bill, and it deserves the consideration of the Council how far Government action should not be made to depend upon the initiative of the Municipal and Local Boards, or of their subsequent definite assent. The third compulsion to which the Bill gives a qualified sanction relates to the enforcement of arm-to-arm vaccination in special cases, where there might be the risk of unreasonable delay in the matter of procuring animal lymph. There is no such exception in the previous Acts applicable to Karáchi and Bombay. The reasons which justified the giving of choice to parents to insist on the general use of animal lymph in the Bombay and Karáchi Acts ought to prevail also in the consideration of the present measure. In these two connections the present Bill is not framed on the same lines as those of the previous Acts. The Select Committee will no doubt consider these points at more length. They do not affect the principle of the Bill, and I therefore feel no hesitation in supporting the first reading of the Bill, subject to the further consideration that it no doubt will receive at the hands of the Select Committee.

The Honourable Mr. FAZULBHOY VISRAM said:—As far as I can judge, my Lord, the Bill is sure to prove to be a beneficent measure. The existing Act, I believe, has worked very satisfactorily and produced excellent results all over Bombay and Karáchi, and there is no reason why it should not be extended to the districts. On the contrary, I think it is highly desirable that it *should* be so extended as it must prove to be a boon for which the public cannot but be grateful to Government. So far as I am concerned, there may be one single amendment, which I shall bring forward at the proper time. Meanwhile, the Bill has my hearty support in its first reading.

His Excellency the PRESIDENT said:—I am glad to find that there is such a practical unanimity of opinion, that Government is justified in introducing a Bill of this character, although it is clear that in one or two parts of it it may be found desirable to make some slight amendments. Still it is quite clear that public opinion in the Bombay Presidency has so far advanced in respect of sanitation, that it regards it to be the duty of Government to protect to its utmost ability the health and lives of those over whom it is placed, and it is only in points of detail that any objection is raised. As a matter of fact this Government have long recognised the necessity of a Bill of this kind. The delay in introducing it has been caused owing to the necessity of references to the Government of India. There is a letter now before us from the Secretary of the Indian Progress Society. I do

not recognise the Society by name, but it seems to recognise the principle and the necessity of this Bill, and no doubt the opinions expressed in the letter will be duly considered by the Select Committee. This letter expresses approval of compulsory vaccination so long as it is confined to animal lymph. Now as regards the question of animal as opposed to human vaccine, I think some consideration should be given to the feelings of the people, provided the safety and protection of the greater number could also, at the same time, be secured. That question also will come up for discussion in a Select Committee, for whose consideration it will be whether the safety of the greater number is to be ignored on the ground that instances have been adduced where it has been surmised that diseases had been transmitted by vaccination. But I must remind you that in England where vaccination is compulsory, much opposition has been experienced, on the grounds that it might introduce disease into the body; and although alleged instances of this have been adduced, yet Parliament has remained distinctly in favour of compulsory vaccination, ignoring the preference of the few to the safety of the greater number; and carried on to the extent vaccination is in England, it is scarcely possible to operate exclusively with animal lymph. What is necessary is that the closest attention should be paid not only to the health of the child from which the lymph is taken but also to the health of its parents. The tendency of other European countries, which have hitherto been backward in this matter, has impressed upon Government during the last few years the necessity of introducing compulsory vaccination. The financial consideration involved is more an executive matter, but it will no doubt not be lost sight of by the Select Committee, and the Select Committee will, I daresay, consider Dr. MacRury's opinion regarding the arrangements which could be made for the supply of animal lymph in the larger municipal areas. I gather from Mr. Ranade's speech that he wishes that local bodies and Municipalities should, if they prefer animal vaccine to human vaccine, be made to pay for it, that is, pay for their preference. I daresay this will also be a point for consideration by the Select Committee. Now with regard to one of the paragraphs in the letter of the Indian Progress Society, which suggests that one of the clauses of the Bill leaves a loop-hole for the convenience of rich and well-to-do persons, we repudiate the suggestion that Government in drafting the Bill had considered the convenience of that class as against the convenience of its poorer neighbours. The object of Government has been to deal fairly with every class of the community. Regarding the higher cost of vaccination in Bombay as compared with the mofussil, I think, although I am not sure, that the additional cost is to some extent due to the vaccination stations in Bombay being of the character of training schools. By this I mean that the cost of vaccination in Bombay includes the training of young men sent out as vaccinators, and this, if it is so, undoubtedly would partly account for the extra cost of vaccination in Bombay.

The Bill was then read for the first time and referred to a Select Committee consisting of the Honourable Sir R. West, the Honourable Sir Charles Pritchard, the Honourable the Advocate General, and the Honourable Messrs. Javerilal Yajnik and Fazulbhoj Visram, with instructions to submit the report by the 10th February 1892, and to have the report translated into the vernaculars.

His Excellency the PRESIDENT then adjourned the Council *sine die*.

By order of His Excellency the Right Honourable the Governor in Council,

C. H. A. HILL,

Secretary to the Council of the Governor of Bombay
for making Laws and Regulations only.

22nd January 1892.