

CHAPTER IX.

PUBLIC HEALTH.

GENERAL HEALTH — Malaria — Cholera—Small-pox—Plague — Ophthalmia — Guinea-worm. VITAL STATISTICS — Vaccination—Sanitation. MEDICAL INSTITUTIONS — In Bellary town—Elsewhere—Gosha Hospitals.

CHAP. IX.
GENERAL
HEALTH.

LIKE most dry areas, the district is on the whole a healthy one. Though its temperature is high in the three hottest months¹ it enjoys a pleasant cold weather and the climate of the south-western taluks resembles that of the Mysore plateau adjoining them.

Malaria.

Malaria is prevalent in parts of Kúdligi, though less so than formerly, and is endemic in the areas where there is much wet cultivation, such as the land under the big tank at Kanékallu in Rayadrug taluk and that irrigated round about Hospet, Kampli and Siruguppa by the channels from the Tungabhadra. Some of the villages near Hospet have been almost deserted in consequence of its virulence in them.

Cholera.

Cholera is common, though it no longer commits the havoc it did in days gone by. The great temple festivals, such as that at Hampi, which used to form a nucleus for its spread are now much more carefully supervised than formerly. In only five years in the last twenty has it caused more than one hundred deaths in Bellary town and in only four* years in the same period a similar mortality in Ádóni. In the famine of 1876-78 it killed 950 persons in the former place and 1,100 in the latter and in the famine-camps and relief-works its victims numbered thousands. Every now and again, however, it breaks out with almost all its old virulence. For several years the number of deaths due to it will be small and then will follow a period of heavy mortality. Contagious diseases have every opportunity of spreading in the Bellary villages. In the old days they were unsafe unless fortified and the habit of crowding the houses into a small area which this necessity induced persists even now. Contagion spreads rapidly through such closely-packed dwellings.

Small-pox.

Years of continuous vaccination have also reduced the opportunities which small-pox used to enjoy but, like cholera, the disease occasionally breaks out with something of its old severity and makes the most of the advantages placed in its way by the

¹ See Chapter I (p. 12) for particulars.

over-crowding of the villages and the popular superstition that it is a manifestation of the wrath of the goddess Máriamma which it is useless to resist.

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Plague appeared in Alúr in 1898 and in Hospet in 1899. In October 1901 it attacked Bellary town and in the following months visited many villages in Bellary, Hospet and Rayadrug taluks. In both Bellary and Hospet towns it was originally imported from the Bombay Presidency and Mysore. Between October 1901 and May 1902 the deaths in the district due to plague numbered over 5,000, of which 2,200 occurred in Bellary town and cantonment and 830 in Hospet union. Of those who died in Bellary, as many as 1,500 belonged to Bruce-pettah and 750 were Muhammadans. Some two-thirds of the people of the town fled from it to escape infection.

Plague.

In 1902 the disease recurred with even more severity. No taluk escaped and 236 villages were infected. Thanks to timely evacuation, Bellary town suffered less than before, the deaths numbering only 120, but 890 people died in Ádóni town and 6,300 in the district as a whole. The taluks which fared worst were Ádóni (2,300 deaths), Bellary (1,250) and Hospet (1,240) and Hospet town was never entirely free from the disease throughout the whole of 1903.

Ophthalmia is common in the district, owing probably to the glare occasioned by the dryness of the country, its treelessness, and the frequency throughout it of bare rocks and roads metalled with white granite.

Ophthalmia.

Guinea-worm prevails in many places. It is perhaps commonest in the western taluks, but official statistics contain little precise information regarding it as those attacked by it usually treat themselves instead of going to the hospitals and dispensaries.

Guinea-worm.

Statistics of the causes of death in recent years will be found in the separate Appendix to this Gazetteer, but diseases other than the well-known and easily recognised cholera, small-pox and plague are too apt to be lumped together under the conveniently vague headings of "fevers" or "other causes" and the figures cannot claim scientific accuracy.

VITAL
STATISTICS.

The Appendix also contains statistics of the births and deaths in recent years. But the registration of these events is compulsory only in the two municipalities of Bellary and Ádóni and the towns given in the margin and the figures are of insufficient accuracy to be of use except in comparing one year with another.

Alúr.	Kádligi.	
Hadagalli.	Rayadrug.	
Harpanahalli.	Sirugappa.	
Hospet.	Yemmiganúru.	

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Vaccination.

Vaccination is compulsory only in the two municipalities. In these it is organised by the municipal councils and in rural areas by the local boards. The lines of procedure are the same as are usual elsewhere. Statistics will be found in the Appendix.

Sanitation.

Outside the municipalities and the unions sanitary efforts are almost a negative quantity. Within them much money is spent in the usual manner on removing night-soil and other refuse and in providing and protecting sources of water-supply. Some account of the water-supply of Bellary and Ádóni towns will be found in the accounts of those places in Chapter XV.

MEDICAL
INSTITUTIONS.In Bellary
town.

The medical institutions in the district comprise seven hospitals and eleven dispensaries.

In Bellary town there are the Sabhápati Mudaliyár hospital and two branch dispensaries in Bruce-pettah and Cowl bazaar, all of which are maintained by the municipal council. The first of these was opened on 1st May 1842 and was originally supported largely by voluntary subscriptions. In 1871 it was transferred to the care of the council. In 1885 it was moved to its present home, an excellent building presented to the municipality by M.R. Ry. A. Sabhápati Mudaliyár, for many years a prominent citizen of Bellary. It has a small endowment of Rs. 2,500. The Bruce-pettah dispensary is located in a building originally erected by Mr. Peter Bruce when Judge of Bellary. It is known to the natives as Chendamma Mahál, after a Bráhma lady who was well-known in the station in the early years of the last century.

Elsewhere.

In Ádóni there is a municipal hospital founded in 1867, and the local boards keep up hospitals at Alúr (opened in 1876), Harpanahalli (1875), Hospet (1867), Rayadrug (1883) and Yemmi-ganúru (1886) and dispensaries at Hadagalli (1884), Holalagondi (1891), Kampli (1883), Kanékallu (1885), Kosgi (1893), Kúdligi (1882), Kurugódu (1889) and Siruguppa (1884). It will be noticed that a large proportion of these have been founded since the passing of the Local Boards Act of 1884. There is also a dispensary at Sandur, which was opened in 1881 and is maintained from the funds of that State. Statistics of the attendance at, and expenditure on, these institutions will be found in the separate Appendix.

Gosha
Hospitals.

Hospitals for gosha women, erected from public subscriptions from the women of the district towards a Women's Victoria Memorial, will be shortly opened in Bellary, Ádóni and Hospet. They owe their foundation mainly to the energies of Mrs. R. C. C. Carr.