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A Public Health Mission to India, Ceylon and Egypt

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PRESIDENT JAMES:—Public health is now receiving the attention of governments. Recognition of the importance of this work is demonstrated by the fact that if and when the intra-Provincial Conference of premiers is held public health is on the *agenda*. Public health activities for the Dominion are centered in Toronto, a city with a public health record second to none on the American continent. This is thanks largely to the work first instituted and so ably carried on for many years by the late Dr. Hastings and continued today by civic authorities under the direction of Dr. Jackson. No one will deny that had it not been for the research facilities offered by the City of Toronto for many years and more recently conducted by the Connaught Laboratories and School of Hygiene that these accomplishments could not have been achieved. Our guest today, Dr. J. G. Fitzgerald, Dean of the Faculty of Medicine, Director of the School of Hygiene and Connaught Laboratories, University of Toronto, is one whose activities in public health work have not been confined to Toronto or the Dominion but have been world-wide. A Canadian, he graduated from the University of Toronto in 1903; after spending a year in hospitals in Canada and the U.S. he proceeded to Europe. Then followed several years at the Pasteur institute, Brussels, a brief period in Germany, followed by service in the world-war with the British 5th Army Corps. For the past ten years, however, he has been a member of the International Health Board of the Rockefeller foundation. Today Dr. Fitzgerald holds

a high executive position with the foundation. It was early this year he made his trip to the places indicated in the title of his address, "A Public Health Mission to India, Ceylon and Egypt." Dr. Fitzgerald.

DR. FITZGERALD:—Mr. President, Your Grace, and gentlemen, when the officers of your club were kind enough to extend an invitation to me to address you today I accepted with pleasure and alacrity. I thank you for your kind invitation and for the hospitality you have extended to me on this occasion.

If I may be permitted for a moment to refer to something that has occasioned me no small amount of pleasure I should like to refer very briefly to a little discussion I had with Mr. James in respect of the title of the rambling remarks and observations which I would offer on this occasion. When Mr. Philp asked me what the title of my address was to be I gave him the one which appears on the notice of this meeting. Mr. James was a little in doubt as to the word mission, and with the idea of relieving my own conscience and reassuring him and other members of the Club, I think, I spent some little time exploring dictionaries to ascertain the precise meaning of the word mission. And I find that what I had been engaged in is really covered because in addition to a mission being a body of persons sent to a foreign country to conduct negotiations, or a body of persons sent on religious matters to convert the heathen, (in which category, unfortunately, I cannot include myself), it does also say in the Century Dictionary that a mission is or may be a charge given to go and perform some service; a delegation for a specific duty or purpose. It is my pleasure then, gentlemen, to endeavor to establish the truth of the latter part of this definition, that we were given a definite charge to go and perform some service and that we did have a specific duty and purpose. I think I have established my case thus far that it really was a mission.

As to the personnel—the group asked to make this visit to India, Ceylon and Egypt was made up of the Director of the International Health Board of the Rockefeller Foundation, the Dean of London School of Hygiene

and Tropical Medicine and myself. May I be permitted a word as to the organization which we represented and its relationship to public health work in India, Ceylon and Egypt. It would be impossible even briefly and superficially to cover the scope of work of the Rockefeller Foundation even if I devoted the entire time, which I have at my disposal today to that end, and I must confine myself to remarks on the public health aspects of the work of that great philanthropy. Members of this club who have attended these luncheon meetings for many years will recall, I am sure, the very stirring, the very dramatic and the very thought-provoking speeches of Mr. George E. Vincent, former President of the Rockefeller Foundation, when upon at least two occasions he addressed the members of the Canadian Club and told them something of the world-wide activities of the Foundation. I took occasion within the last few days just to glance through the report of the Director of the Foundation for the calendar year 1933 and I observed that in that year, a little over fourteen million dollars was spent by the Foundation in various countries in all parts of the world in an effort to achieve their purpose, namely the promotion of the welfare of mankind throughout the world, and of that very large sum a little over \$2,400,000 was spent in the general field of public health, that is, spent on purposes of public health, educational, assisting governments, national study, and provincially and locally in the support of field Studies.

In view of the fact that Hinduism accounts for one eighth of the total population of the globe, and that one half of the total inhabitants of the British Empire are in the sub-continent of India, it is not surprising that for many years the Rockefeller Foundation has interested itself with the government of India and with the government of the various provinces in the very grave and serious problems of public health which confront both government and people of this vast territory. Perhaps it may serve a useful purpose if I devote myself for a moment to a consideration of just some general features respecting India, which I am sure at some time have been familiar to you all, but which may serve a useful purpose in being

recalled. As you will remember, India is after all not a country but a sub-continent. It is a very vast territory. To us living in a country which is so vast India to a Canadian does not seem to be so remarkably large. The fact is, it is about one half the size of the Dominion of Canada. The population is a little over thirty-five times that of Canada, or more than three hundred and fifty millions, and of that number probably there are about 85% living in villages. There are said to be half a million villages in British India and the native States. As you know, for political purposes, it is divided into a very large number of jurisdictions—British India accounts for more than 60 per cent. of the population and considerably more than that of the territory. But among the native states, which number more than six hundred, there are, of course, innumerable problems in addition to those of public health, of social, religious and of other characters, which enormously increase the complexity of the public health problem. One of the major difficulties is the number of languages in India. Perhaps a larger number of people in that country understand English than any other language. It will be appreciated just what is involved in making known simple elementary facts on public and personal hygiene, when I tell you there are listed two hundred and twenty-two vernaculars in India. Then, again, the religious beliefs. There are so many religious sects in India that there are great divisions along religious lines. However, the bulk of the population, of course, is classified as either Hindu, Mohammedan, Buddhist, or Parsee, with a very considerable number of Sikhs and Jains, and other less numerous cults.

I should not have dwelt at any length on the area or population or the religious complexities of that enormous population, were it not for the fact that progress in the dissemination of public health information, the organization for the control and prevention of disease, and the diminution of preventable forces of death is, in every country, inhibited by just such considerations. Again, modern public health organization presupposes a literate population. When it is realized that less than 5% of the people of India can read and write English or any other

language, it will be understood how difficult it is to make rapid or striking progress in that field. I think that is sufficient about the country. And what I have said can apply equally well to Ceylon and Egypt which we also visited.

I am going very briefly to run over the ground of the journey, because I think perhaps that would be of most interest. During a period of ninety-three days we covered approximately twenty-four hundred miles and of that time we were travelling over thirty-six days. For that reason it will be obvious to you that none of us can pretend to speak with any authority whatsoever respecting any important problem of India, Ceylon or Egypt and I wish most emphatically and most distinctly to put that officially on the record. However, arrangements had been made for us to see those projects which had been supported and had been aided for many years past by the Rockefeller Foundation and to consider and discuss with the representatives of the government of India and of the various provinces and the great presidency representatives of the Colonial government of Ceylon and with the representatives of the government of Egypt those matters, which these various personages felt the Rockefeller Foundation might give additional aid to. It is always a matter of embarrassment, I think, to be engaged in a mission of giving away money or even advising other gentlemen as to how they should give their money away or to whom they should give it; and it was therefore decided at the outset that our mission should receive as little publicity and advertising as possible. However, that did not entirely protect us and in a few instances we received strange missives and communications which made it perfectly clear that in the minds of some people (and perhaps this is not confined to the Far East), that the Rockefeller Foundation had resources which would enable it to relieve almost all the problems of mankind in all parts of the world. We had to reply we were concerned with a few specific public health problems and because of the fact that perhaps in no part of the world are the problems of malaria, plague, Asiatic cholera, more widespread and prevalent and devastating than in India, we necessarily had to limit our consideration.

It is a very simple and pleasing journey from Toronto to India any time of the year but we had the good fortune to go at a good time. I left on the 14th of December and we arrived at Colombo, 9,000 miles east, on the morning of the 4th of January, and in that time we had opportunity for a day's work in the offices of the Rockefeller Foundation in New York and after crossing the Atlantic, which occupied five days on the "Europa," we had another twelve hours work in the office of the Rockefeller Foundation in Paris and an overnight journey to Marseilles, where we took a Rotterdam ship and we had twenty-four hours in Egypt in and about Cairo, and when we left through the Suez we really didn't know anything about Egypt. Then after a further delightful voyage of eight days we arrived at Colombo on the 4th of January, and there began the more serious part of our work, which engaged our attention from the 4th of January until the 9th of February.

During that time we were especially desirous of seeing how people lived in the rural parts of these countries, both in Ceylon and Egypt, so, instead of spending any considerable amount of the few days we had at our disposal in Colombo during our stay on the delightful island of Ceylon, we visited innumerable villages about that city and we saw something of the life of the people, their problems, condition of living, what their houses are like inside and out, what they think about, eat, and what they do. We were not able to gather all this miscellaneous information naturally by ourselves. Most of it was told us, and I am bound to admit that what I am telling and what at present are my beliefs with respect to these matters are what I have been told. I may be entirely wrong. I do know something about the appearance of things, because these we were able to see.

The condition of village life as far as we had opportunity of observing it is much the same in Ceylon as in India, and after a few days there, and after being immensely impressed with what can be done with the expenditure of a relatively small sum of money in the support of local public health projects in and about Colombo, we

went on to India. The Rockefeller Foundation has been working in Ceylon for about twenty years, chiefly in assisting the people of that island to bring under control hook-worm disease, malaria and bubonic plague, and very remarkable progress has been made. A vast amount of local interest and enthusiasm among the Ceylonese has been stimulated in this way and they are now rapidly taking over for themselves social and public health work and at the present require very little assistance from any outside agency. They have splendidly organized public health laboratories, and public health field services, operated by young men graduates in their own medical college in Colombo and supplementary training in the great centers of Europe, the British Isles and North America. We crossed from Ceylon, from the north part of the island to the tip of the Madras presidency and we then had a period of several days in that great presidency which has a population of, I believe, something like forty to forty-five millions. Its population is largely Hindu. We arrived at the Port of Damasod in the extreme southerly tip of south India on Sunday morning, after an extraordinarily interesting journey, and visited a place called Majara, in the Madras Presidency, where we were taken to see one of the largest temples in India, and also the great Hindu temple Valla. I mention this because fairs and festivals and religious ceremonies occupy so large and important a place in the life of the people of India, particularly the Hindus, that it is a matter of great interest and importance to the public health authorities and those engaged in efforts to prevent and control the spread of epidemic disease. We had our first opportunity of seeing just what these problems are like in Majara. Then that afternoon and night we went to Trivandrum, the capital of Travancore, one of the Indian states which we had the opportunity of visiting, as guests with the Maharajah. We found the natives a very delightful and hospitable and courteous people and some of their customs are altogether charming. We arrived at the station in Trabo, (*sic*), a small city of 50,000 or 60,000. We arrived on one rather cold day for that part of the country

in January, at 5.45 in the morning, and as we descended the steps of our railway carriage several gentlemen stepped forward and, as the first three of our party stepped on to the platform and shook hands with the visitors who had been good enough to come and welcome us at that somewhat trying hour in the morning, we were garlanded. That is a typically Indian custom. A very large and beautiful garland of flowers is placed over the head of the guest or visitor who has arrived. I mention that because this experience of being garlanded we enjoyed on several subsequent occasions.

We spent a few interesting and enjoyable days there and had the opportunity of meeting His Highness the Maharajah and learned from him something of the principal needs of the native state—a delightful young man who spoke English exceedingly well and had been educated in part in a school in England, had travelled widely in Europe, and was thoroughly familiar with what is being done in other parts of the world to grapple with public health and other social problems. We went back into Madras Presidency, where we were for several days doing something of the problem and the difficulties inherent to the control of bubonic plague, which is one of the most serious diseases with which the people of India have to deal. We next visited Mysore, another large native state with a population of something over 6,000,000, and there we had an excellent opportunity of seeing the progress which can be made, if the native ruler is interested and active in the promotion of public health and social welfare generally, which we found to be the case.

We next went to Madras and there I was exceedingly interested to find that the wide-spread activities of the Massey Foundation had reached out to the Madras Presidency, because just outside the City of Madras there is a physical education training college. It is conducted by Mr. and Mrs. Barton who have been there for a number of years and are doing a great deal to train people for the work in the field of education in all parts of India, and there had been built just before we arrived a vast assembly hall called Massey Hall. This is on the outskirts of the

City of Madras and I may say the people with whom we had the privilege of discussing this matter were appreciative indeed of the generosity of the trustees of the Massey Foundation in making this contribution. It, of course, has a very important bearing in the matter of the promotion of public health and we were assured this institution will play an increasingly important part in India, not only British India but the native states.

During our stay of several days in Madras we had the opportunity of seeing something of the public health organization of that great presidency of more than forty millions with seventy-five thousand little dispensaries and hospitals scattered over the vast territory, with very well organized provincial units, but with problems of great magnitude and simply overwhelming to anyone from a western country. It is clear that it will be a very long time indeed before the general level will attain that which exists elsewhere in all western countries. We again spent very considerable time in the villages. It was exceedingly interesting. For example in one part of Madras Presidency not far from the city of Madras, we were taken to a number of villages where bubonic plague has been epidemic for some time. We found people had been taken out of their small mud and bamboo houses, evacuated entirely. The whole village moved to another area at a distance of two or three miles from this collection of mud and bamboo houses, and moved into new bamboo houses. This is one of the present day methods of combatting the spread of bubonic plague. Another is the vaccination of all those exposed to the disease and finally efforts are made to destroy rats which are concerned in the transmission of the disease. Madras itself is one of three cities of any size in India. As you know the second large city in the British Empire is Calcutta, which comes next to London, with a population of 1,300,000. The second largest is Bombay with over a million and the third Madras. It is an old city and very interesting, but of much smaller population, about half a million.

Next we went to Calcutta and there we were able to spend some time in the India School of Hygiene, which

has recently been built and opened with funds provided by the Rockefeller Foundation for the training and preparation of public health workers in India, who graduated at medical colleges in India. They will be trained to take their places in public health in all parts of India.

After a few interesting days we next went to Benares, one of the oldest and most interesting cities in India. From the point of view of the Hindus it is one of the most important cities, because there are Hindu temples there. Many Hindus go there to carry out the various details of their religious festivals on the banks of the Ganges in and about Benares. We were interested to find there is a well organized local public health bureau in Benares to cope with some of the problems that are occasioned by these immense pilgrimages which occur with very considerable frequency and regularity. We saw what seemed to us large numbers of pilgrims bathing in the Ganges and carrying out their religious observances. We were told there were perhaps four or five thousand but it was explained that was a small number and that one of the great Hindu festivals, to take place the following week, would lead to the influx of just under half a million people, to stay in Benares, a city of one hundred thousand, for one week. You can imagine that it is necessary for the public health authorities in India to be prepared to grapple with problems that arise as a result of this enormous migration of pilgrims to these Holy places. It is a source of satisfaction to realize at the present time and for some years no great epidemic of Asiatic cholera, bubonic plague, malaria, or typhoid has followed a pilgrimage of this sort.

We next visited Lucknow which is a great British shrine. It is not perhaps of particular interest to the people of India but certainly it is to Britishers. It is a place everyone going to the country should visit if the opportunity occurred, and we were there for two days, not only seeing things of great historical interest but also learning of the public health problems of the united and central provinces of India. We next went to the wonderful capital of New Delhi and we understood what the word *new* meant. Clemenceau, when he visited New Delhi and saw

the magnificent new buildings, is said to have exclaimed, "What a wonderful ruin it will make in another fifty years!" After several days interesting visits with officials of the medical services, and so on, we went to the most northwesterly point and visited the Holy City of Kasauli where there are important medical institutions and the Pasteur Institute especially, because there are other public health problems than those to which I have referred. Thousands die as a result of snake bites; thousands because they are bitten by dogs and get rabies or hydrophobia, and one of the great medical research institutions here is devoted to the purpose of preparing specific medicine for preventing these diseases and for treatment of snake bites. From there we returned to Delhi and thence to Bombay. My colleagues had planned and carried out an extension of the trip to Assam and Burmah; unfortunately my time did not permit of me seeing those interesting and important parts of India, especially Burmah, which to me indeed has problems peculiar to itself and many features of eastern life which one does not see in other parts of India.

Two or three general observations I would like to make: first, that very substantial and real progress is being made at the present time dealing with medical and public health problems in India. The activities of the Central Government of India and the activities of the Provincial Governments, including those of the two great presidencies of Madras and Bombay, lead one to view with very considerable optimism the future of this field of endeavor in India. As a result of the aid of great philanthropies like the Rockefeller Foundation substantial progress has been made and is being made in the methods of control of some of the pestilences to which I have referred. More progress has been made in the matter of medical education, the methods of medical education; and the product of medical schools and colleges is improving in India, as we had opportunity of seeing. And it was a matter of profound gratification to me when I met the director of the malaria survey of India, Col. Sinton, who spoke to me with an accent which led me to believe he had been there but a

short time out of the north of Ireland. But he told me when we shook hands he was very pleased to meet a fellow Canadian, and I learned he was born in British Columbia, but had not the good fortune to stay there very long. His parents shortly after his birth returned to the north of Ireland and there he received his education and had gone to India as a member of the Indian Medical Services where he had been for many years, except during the great war when he was otherwise engaged.

That brings me to the end of my somewhat rambling and very general account of my visit to India and I thank you very much for the kind patient way that you have listened to me.

PRESIDENT JAMES:—Dr. Fitzgerald, we are extremely grateful indeed to you for your interesting and informative address. May I on behalf of the members ask you to accept our sincere thanks.