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REPORT

ON THE

DEPOPULATION OF THE VANNI DISTRICT,

NORTHERN PROVINCE.

*from the purchase of Sarangai district*

*CEYLON.  
April 17.0*

BY

JAMES LOOS, Esq., M. D.,

COLONIAL SURGEON.

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Ordered by His Honor the Officer Administering the Government  
to be Printed.

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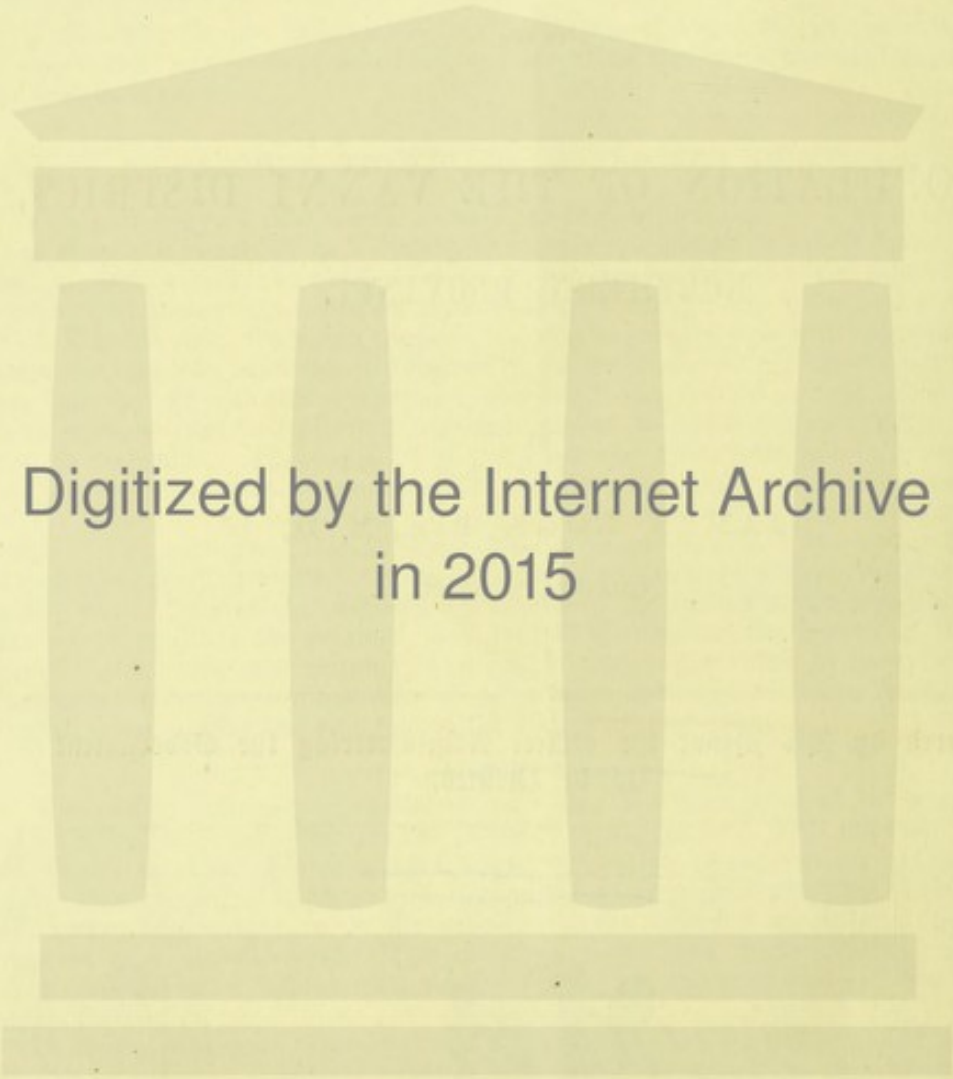
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CEYLON.

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1868.



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# DEPOPULATION OF THE VANNI DISTRICT.

## REPORT.

Jaffna, 26th August, 1868.

DEPOPULATION  
OF THE VANNI  
DISTRICT.

Report.

SIR,—Adverting to your letter of the 19th February last, informing me that His Excellency the Governor had been pleased to appoint me to report on the subject of the Depopulation of the Vanni District, as recommended by the Irrigation Commission, I have the honor to lay before you the following observations, as the result of an inquiry into the subject.

With the view of carrying out the investigation, I left Jaffna for the District of Mullaittivu on the 9th of March last. The route I took, and the places I visited, will be found in the annexed Statement. I returned to Jaffna on the 23rd of the same month. Important duties, and the unfavorableness of the season, prevented my leaving Jaffna again till the 28th of June last, when I proceeded to Anurádhapura by the Central road, and in returning made a tour of the Mannár Vanni, visiting several villages, the names of which also are given in the annexed Statement.

I have received ready co-operation from Mr. Russell, the Government Agent of this Province, who sent orders to the Headmen to wait upon me, and give me all the assistance and information in their power. I have also received kind assistance from Messrs. Curgenvn and Twynam, the Assistant Agents of Mullaittivu and Mannár. During my journey through the Mannár Vanni, I met Mr. Twynam, who was on circuit through his District, and his personal presence and influence in some of the places was signally useful in facilitating the inquiry.

The objects of the inquiry, I gathered from the Report of the Irrigation Committee, as well as from your letter. The Committee report that depopulation has been going on in the District of Mannár, in the Northern Province, which has led to the “disrepair and abandonment of Irrigation works”; that this depopulation is due to frequent outbreaks of Cholera, to Fever, and “to the prevalence amongst the people, for many years past, of a very fatal disease, reported to be of a syphilitic character”; that, “in reference to the loathsome disease alluded to in the Vanni, no man, woman or child is believed to be free from it”; and they recommend that “a professional inquiry should be instituted into the character and progress of this scourge, with a view to its mitigation.”

My attention was therefore directed chiefly to ascertain the nature of the *Parangi disease*, the complaint referred to, and incidentally to the other causes of depopulation.

That a decline in the population of the Vanni has been going on for an indefinite period, but more markedly within the last fifteen or twenty years, very slight inquiry is sufficient to establish. Cholera has several times, within the last ten years, visited the scattered villages and hamlets of the Vanni, sweeping away many of the inhabitants, and causing a sudden and rapid decrease in the population. Several villages have thus been greatly thinned, and some entirely depopulated, the few who survived having fled panic-stricken from the scene of pestilence. Mallávi, which now has a population of only seven persons, is a striking instance; and Iyan Perumál, another village, has been entirely abandoned. Kompuvaitte Kulam had once sixty-two inhabitants, but the number has dwindled to twenty-three. Some other villages may be mentioned in which the population has declined in an equally striking manner. It is certain that immigration from the Coast has had a disastrous influence on the Mannár Vanni; and the introduction of Cholera, on each of the occasions that it prevailed there, can be traced to the arrival of immigrants from India.

Another cause tending to the depopulation of the Vanni, and long in operation, is the endemic Fever which exists in all seasons of the year, but is more especially prevalent during and after the rains of the north-east monsoon. The fever is usually of the intermittent type, tending, from poverty of living and want of proper treatment, to visceral enlargements, and dropsy. Not unfrequently, however, the fever is of a severe form, and more rapid in its course, causing death from affection of the head. I was struck with the number of cases of enlarged spleen I met everywhere, and from which young children were not free. In the villages I visited at a later period of my journey, I remarked a disproportion in the number of children to the adult population. For instance, in Rámian-

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kulam the number of the inhabitants is sixty-two, of whom twenty-four are women and only fifteen children. From this circumstance not having been noticed at an earlier period of the inquiry, I am not able to adduce statistics; but after it attracted my attention, I noted down the number of children, and found a similar disproportion in other villages.

Your letter indicates the *Parangi disease* as the special object of inquiry. I am alive to the difficulty of the investigation, as I am aware that the disease has not been unnoticed by Medical men who have at various times practised in this Island, and that they have been perplexed in forming an opinion with regard to its true nature and origin. I am not willing, therefore, to dogmatize on the subject, although I am stating the results of careful observation.

Native Medical books contain allusions to the *Parangi leda* (Parangi disease). In Marshall's Topography of Ceylon, an account is given of the disease, derived from Native sources. In the chapter headed "Notes regarding the Practice of Medicine among the Kandyans," he observes that it is a complaint mentioned in Kandyan Medical Works, that "*Parangi leda* seems to have been originally intended to denominate a new disease, and from the similarity of the sound and other collateral circumstances, it may perhaps be inferred that the term meant Portuguese disease. There is, however, no tradition among the Kandyans respecting the importation of a disease; and the priests assert that *Parangi disease* is mentioned in the books which were written during the last incarnation of Buddha."

In a copy in my possession of Hoaston's Notes on the Materia Medica, and the Practice of Medicine of the Singhalese, written in 1822, laid (according to Ainslie's "*Materia Indica*") before the Literary Society of Ceylon, but never printed, there is an account of the disease as known to Native Practitioners. Its varieties, symptoms, and treatment, according to the Singhalese, are detailed by both Marshall and Hoaston; but nothing satisfactory is stated with regard to its nature or probable causes. Marshall says,

"The colloquial communications of the Kandyan Vedarâlas are very unsatisfactory, relating to any part of their profession, but to none more than respecting *Parangi leda*. They do not speak of it as a specific disease. It may be communicated, they say, by contact with the affected, particularly by using the same vessels, or walking with the same stick, as those who labour under the disease. This is the way in which they commonly account for the propagation of *Parangi*; although they allow that it arises spontaneously."

This well expresses the sum and substance of the information I have been able to obtain from conversation with Native practitioners, Tamul and Singhalese. Their ideas respecting the origin of the disease are confused. They believe it to be contagious, and that it is frequently acquired by children playing together, by the use of the same domestic utensils, as well as by co-habitation. Another remark made by Dr. Marshall also accords with my experience:

"Vedarâlas of the highest reputation use the term *Parangi* in a very general and undefined sense; except the *hori* (scabies) they seem to call every kind of cuticular eruption, *Parangi*."

I found the same vagueness on the part of those who pointed out to me cases of *Parangi*, or, as it is more commonly called in this Province, *Kiranti*. Affections which would be separately named and classed by European dermatologists are comprehended under the general name of *Kiranti* or *Parangi*. The only other skin affections I heard named were *Sirangu* (itch) and *Karappan*, also an indefinite class of diseases of the skin of a mild form, apparently papular and vesicular eruptions, from teething in children or from disorder of the digestive organs in adults. The severer and more inveterate forms of skin disease are called *Kiranti*. Cases of chronic ulcers in the legs were even pointed out as cases of the disease, and two or three appeared to me marked cases of true leprosy (*Elephantiasis Græcorum*.)

Setting aside the cases which may be easily resolved into well-known forms of skin disease met with everywhere, there is an obscure class of skin diseases, intimately allied, and probably having a common origin, prevalent in the interior of Ceylon generally, and more especially in the Vanni. To this class, I would restrict the term *Parangi*. The disease is met with in the Maritime parts of the Island, but I am satisfied it is then in a mild and modified form, probably from the aggravating causes not being so fully in operation as they are in the interior. It is met with in both sexes and at all ages; the one sex is not more liable to it than the other, and it is equally common at all periods of life. The eruptions are either pustular or tubercular, less frequently scaly. The pustules are small, round and scattered, with an elevated scab, as in *rupia*. The tubercles are at first hard, but afterwards soften and give exit to pus, and the ulcers formed are apt to become sinuous. These frequently run together, and larger ulcers are formed, which are liable to spread. The sores are irregular in shape, in some parts deeper than at other parts, covered more or less with yellowish and dark coloured crusts; the discharge ichorous, but not copious. I found several persons with ulcers of this kind on the hips and thighs; other parts, however, were also the seats of ulceration. Sometimes the ulcers were found healed in the centre, or were healing in one direction while they were spreading in another, so that extensive portions of the surface were found cicatrized, while other portions were ulcerated. In children, ulceration was sometimes observed around the lips,

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no mention made of any fungoid eruptions.  
on the ulcers.

and there were many cases of excoriations at the angles of the mouth, sometimes with white discoloration. In one village (Eraperiacolam) a child had a large ulcer on the right nates, excavated, with yellow sloughs; and another child was in a wretched state of emaciation, with several ulcers on the body and ulceration of the nostrils. The eruptions on the children were pustules or tubercles, the summits of which appeared to have a thin mucous lining from which serum exuded, and some had decidedly mucous tubercles (*condy lomata*) near the anus. In older children and adults, nodes and affections of the bones were common, and obviously connected with the progress of the disease. I met with several young people who had become crippled from this cause, and from contraction of the cicatrices of ulcers about the joints. Many also complained of pains in the joints, and it was stated that such pains are often the precursors of the eruptions.

Pustular eruptions were found in all parts of the body, including the face. The most common seats of ulceration were the hips, knees and elbow joints; but the dorsum of the foot, the back of the wrist and fingers, fore-arms and legs, were also in many cases ulcerated.

Such are the characteristics of the disease in its aggravated form—a form which, unfortunately, is not rare in the places I visited. Milder cases exist, in which there are few scattered eruptions or circumscribed patches of ulceration. The general health is remarkably unaffected, and there are no signs of constitutional disturbance or great suffering, except in very severe cases. The disease is not viewed as fatal in itself, and from what I have observed, it is troublesome and offensive, but does not materially shorten life, except perhaps in the case of very young children.

As many of the already mentioned features of the disease are those of constitutional or tertiary Syphilis, a careful consideration of the whole subject has impressed me with the conviction that the disease itself is of a syphilitic character. The appearance of the pustular eruptions, the affection of the bones (in three cases portions of the palate had been destroyed), the mucous tubercles observed in children, and the syphilitic ulceration, "increasing by one side while the process of healing is slowly taking place on the other," have all served to impress me with this opinion. I have seen several members of the same family affected, and in cases where the parents looked healthy, their past history revealed that they had been formerly affected with the complaint, plainly proving a hereditary tendency. There are so few free from it in the Vanni, that it is extremely probable intermarriage has served, not only to disseminate, but to aggravate the disease. In the Mullaittivu district, the worst villages I visited were inhabited by the lower castes, and the Moors were said to be remarkably exempt from the complaint. In the Mannár Vanni it is said to be most prevalent in the Sinhalese villages bordering on Anurádhapura; but I have seen it equally prevalent, in the Mannár Vanni, in villages inhabited by Moors and Tamuls. The people of one Moorish village (Sálampan) traced the introduction of the disease among them to intermarriage with the inhabitants of another Moorish village, (Súduventapuló.) I have not been able to find the marks of Syphilis in new-born infants; but it is not improbable that the taint is gradually imparted to the system of the child by the milk of the mother, and it is said that the disease often makes its first appearance about the third month of infancy.

Parangi appears to me a variety of *Lepra*. Some of the severe cases of Parangi appeared to me to correspond closely to descriptions of *lepra* (or *psoriasis inveterata*). I am confirmed in this opinion by what one of our most eminent authorities on diseases of the skin, Erasmus Wilson, says with regard to the origin of lepra.

"The cause of lepra," says this writer, "is a special poison. I have stated my belief, and I see no reason to change the opinion, that leprous poison is in its essence and origin *Syphilitic*, that lepra is in fact a manifestation of the syphilitic poison, after transmission through at least one, and probably through several generations."

Another affection of the skin, also said to originate in syphilis and allied to lepra, exists in the interior of Ceylon, Marshall ("Medical Topography of the Interior of Ceylon") says, "I have seen a number of Kandyans suffering under a wide spreading ulceration of the skin. In the Sinhalese language this complaint is *Aramana Wana*. The disease occurs on all parts of the body, except perhaps the hairy scalp. The outer circle of ulcerous surface extends, while not unfrequently the central area is healing. Occasionally while some of the ulcers are healing, other parts of the skin become affected, and eventually 'ulcerate.' And again,—This disease occasionally commits great ravages on the face. The forehead, cheeks and lips are much liable to it. The nose and eyelids, however, suffer more from an extension of the ulceration than perhaps any other parts of the body. Sometimes the ale of the nose become tubercular and ulcerated; more frequently they are destroyed by the progressive ulceration, which extends along the floor of the nostrils and destroys the *velum pendulum palati*."

I have met with cases of this kind, although not many; but an intelligent Headman at Anurádhapura informed me that cases of *aramana wana* are frequently seen in the interior of that district. This disease is certainly *lupus*, which Wilson classes with lepra, remarking:

"Numerous observations led me to the conclusion that lepra originates in the syphilitic poison, the poison being modified by transmission, through one or more generations. Lupus in some instances is clearly referrible to the poison of syphilis; in others it seems to appertain to an affection equally mysterious, namely, scrofula; and scrofula, I believe to derive one of its sources from syphilis."

palate

no syphilitic marks at birth

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But while expressing my conviction that Parangi disease is to some extent a form of constitutional or hereditary syphilis, I believe that other causes have a powerful influence on the development of the symptoms and aggravation of the complaint. It requires little observation to satisfy one that the inhabitants of the Vanni are surrounded by the most unhealthy influences. Long periods of drought lead to the use of water, for drinking and other purposes, which would nauseate ordinary stomachs, and to the absolute neglect of personal cleanliness. The bodies and clothes of the people are filthy in the extreme. The huts in which they live are close and confined, and no doubt favor the spread of the disease. Water is obtained from tanks, the area of which is large, but the depth of water small. These tanks not only supply drinking water, but people bathe in them, and herds of buffaloes lie in them during the heat of the day. The water, consequently, is thick and muddy, full of organic matter, and, if kept for a little time, decomposes and becomes offensive.

Insufficient food or the use of unwholesome food is another source of deprivation of the blood, which probably plays its part in the production of the disease. The people themselves term several articles of diet ordinarily consumed by them, *Kiranti food*. Buffalo-milk and curds, the different kinds of fine grain, some species of vegetables, such as *Kakirikai* (*cucumis muricatus*), *Brinjals* (*solanum melongena*), and other articles, are so designated. *Kurakkan*, which is largely used by the people, is regarded by them as *Kiranti*. Although I am not able to speak from much experience, I believe there is no reason to doubt the nutritive qualities of *Kurakkan*; but I suspect the people are right in thinking that it is heating, and that it lays the foundation of disorders of the digestive organs and of the skin, a result attributed also to the constant use of Oatmeal and other farinaceous food.

In the letter addressed by Mr. Russell, the Government Agent of Jaffna, to Government, and forwarded, with your communication, for my information, it is ingeniously supposed that Parangi disease bears a resemblance to *Pellagra*, a form of affection of the skin which prevails in the south of France, Italy and Spain. It is not to be doubted that there are points of close resemblance between the two complaints, but there are also some of difference. It would appear that in *Pellagra* the eruptions are more scaly than tubercular or pustular. The constitutional disturbance is greater; there is more disorder of the digestive functions, and mental despondency and greater failure of strength. The cachexia is marked, but not syphilitic. It has also been suggested to me that the disease is *Land-scurvy*. There is no doubt that it acknowledges to some extent the causes of scurvy, and is consequently allied to it; but the symptoms of scurvy are wanting. There are no purpuric patches and spots, no tendency to hemorrhage, the gums are not spongy, and do not readily bleed, and there is no great languor and debility. I am myself inclined to think that Parangi answers somewhat to descriptions of *Sibbens* or *Sivvons*, which is said to have been once endemic in the south-west of Scotland, but does not now exist, and to other syphilitic diseases which prevail at the present day in Africa and the West Indies. To these, and other forms of skin affection which prevail in different parts of the world among the peasantry or lower classes, Parangi is probably allied. They all most likely arise from the same exciting causes,—insufficient and unwholesome food, bad water, close and confined dwellings, agricultural occupations, and neglect of personal cleanliness; the manifestation of the depraved condition of the system being varied and modified by climate and soil, the physical and moral character of the people, and other circumstances.

Although I have stated that the disease is not fatal, and its influence on health and longevity not very apparent, it is not to be doubted that to those afflicted with it, it is a source of impaired usefulness, extreme discomfort, and a life of wretchedness. Many of the poor people I saw are burdens on their relatives, and some are already the recipients of bounty from the Government. They are likely to be the ready victims of other diseases; and the great extent to which the disease in question is prevalent is a cause of degeneration and slow depopulation: as such it deserves the earnest attention and consideration of the Government.

In the Mullaitivu District, the severest and most numerous cases were found at Kumulamunai and Putakkudiyiruppu; but no village that I visited was entirely free from the disease. I was informed that some very badly affected villages existed, but they were not lying on my route. In the Mannar Vanni, I was able, with the assistance of Mr. Twynam, to learn in some of the smaller villages the proportion of affected persons to the healthy, by turning out the inhabitants and passing them in review. The following facts were thus ascertained;—

*Sinna Tampanai*.—Population 30. Fifteen were formerly affected; two now affected.

*Peria Olukkulam*.—A Sinhalese village.—Population 35. Seven persons now affected; but several have marks of former affection.

*Siduventapulá*.—A Moorish village. Population 30. Ten now affected, and eight with cicatrices and marks of having been formerly affected.

*Sálamben*.—A Moorish village. Population 30. Six persons now sick, and nine with marks of former affection.

*Nelukkulan*.—Population 35, of whom twenty had suffered from the disease, but only three are at present affected.

*Irampakkulam*.—Population 30. Three now affected; but eighteen had the disease.

*Mandukkumindán.*—Population 100. Thirteen now affected; twenty-three had suffered from it.

*Iratperiyakulam.*—Population 55. Eleven now affected; forty had the disease, some of whom have marks.

*Naddāykanḍal.*—Population 56. Twenty had the disease, and eight are now affected.

The amount of disease in some other places has been similarly noted down, but the above statements are, perhaps, sufficient to convey an idea of the extent to which it exists. A large number of those who are said to be now well, must not be considered to have perfectly recovered, as the sores are liable to break out afresh, especially in the wet weather.

The influence of Mercury over the disease is remarkable. Under its use the eruptions heal, and the marks of the disease disappear; a circumstance which is, perhaps, an additional proof of its syphilitic character. Marshall says,—

“In regard to the treatment of Parangi, the Vederálas are nearly unanimous. They all recommend the use of mercury. They generally, however, give their simple remedies a trial of two or three months, before the administration of mercury is commenced.”

The caution these men exercised is lost sight of by their degenerate successors, for I do not hesitate to say that mercury cannot be more frightfully abused than it is by the uneducated Native Medical Practitioners of the present day. Every person affected with the disease I inquired of, acknowledged to having taken *pat-pam*, which is a compound of Mercury, Turmeric, Camphor, China-root and Shayng Cotta. *Seyang Koddai* is the marking-nut (*semecarpus anacardium*), the acrid juice found between the laminae of the shell of which, according to Ainslie, is considered by the Hindus a valuable remedy in scrofula, venereal and leprosy affections. The *China-root* (*smilax China*) has acquired much reputation for the cure of Parangi, and is known in the Vanni as *Parangi-kilangu* or root. But it is regarded only as an auxiliary remedy, and mercury is principally relied upon. The mode of administering mercury by the Native Practitioners in this disease, appears to me to be most injudicious and hurtful. *Pat-pam* is given twice daily for seven days. When the mouth is becoming affected, the patient is desired to bathe every morning at sun-rise, for seven days, by way of cooling the system, and low diet is enjoined. It appears to me to admit of question whether the nodes, affection of the bones, and rheumatic pains, should not be regarded more as the results of the injudicious administration of mercury than the sequences of the disease itself.

I feel considerable difficulty in proposing adequate measures for the removal or mitigation of what is rightly considered a scourge of the country. The complete eradication of the disease can only, perhaps, be hoped for, from advancement in civilization and the adoption of improved habits of life among the people themselves. Something may be done by Government to mitigate the disorder. The Irrigation Scheme, which is now receiving the attention of Government, is likely not only to advance the material prosperity of the people, but also do much for the removal of the disorder. More abundant supplies of food and pure water cannot but conduce to improvement in health. It is worthy of consideration whether, in the present state of matters, the digging of wells and the use of spring water should not be recommended, and some steps taken to prevent the people procuring supplies from dirty and stagnant pools. I am aware that some prejudices will have to be encountered, as I found that tank-water was preferred even in the driest seasons. It is also worthy of consideration whether a few tanks in the Vanni should not be at once repaired, and the people encouraged to settle around them, instead of being left to disperse themselves in small communities over the face of the country. They would be less helpless, and sanitary regulations could be better enforced.

With greater confidence I would respectfully suggest some means calculated to relieve the sufferers from the disease, the chief of which is the desirableness of placing within the reach of the people more efficient Medical assistance than they have at present. Native Practitioners reside in some of the villages of the Vanni, but the only Medical aid at present obtainable in most places, is during the casual visits to them of itinerant pretenders to medical skill. Two or three Charitable Dispensaries will be the greatest boon that can be conferred upon the people, and will, I am sure, be highly appreciated. A Hospital at Mullaittivu and another at Vavuniyan Vilankulam would be centrally situated. The Planters' Society's Hospital at Pachchilaippalli might, perhaps, with the consent of the Planters, be moved further down the Central road. The Immigrant Hospitals at Anurádhapura and on the Mannár road might also be made more available for the treatment of sick natives of the country.

In connection with the establishment of Hospitals and Dispensaries, I cannot refrain from adding a recommendation, with the advantages of which I have been long and deeply impressed, the adoption of a plan of Medical education in the Island itself, for training an efficient class of Medical Practitioners who will scatter themselves over the country, and displace the present class of ignorant quacks. This good work is, to a certain extent, being carried on among the Tamuls of Jaffna, by Dr. Green of the American Mission; but I think the benefits of improved Medical practice deserve to be extended to other districts of the Island, and other classes of the community, and this, in my opinion, can be best accomplished by the establishment of a Medical School in Colombo.

I have, &c.

JAMES LOOS, M. D.,  
Colonial Surgeon.

W. P. CHARLESLEY, Esq., M. D.,  
Principal Civil Medical Officer,  
and Inspector-General of Hospitals.



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OF THE VANNI  
DISTRICT.

## STATEMENT of stages of the Journey, and places visited in the Vanni.

Report.	Date.	From.	To.	Other places visited on the route.
	1868.			
	Mar. 9	Jaffna	Sávakachchéri	
		Sávakachchéri	Palai	
	" 10	Palai	Elephant Pass	
	" 11	Elephant Pass	Matakachchu	
	" 12	Matakachchu	Ambámam	
		Ambámam	Karuppa-damurippu	
	" 13	Karuppa-damurippu	Ođđusuddán	
	" 14	Ođđusuddán	Tanniúttu	
		Tanniúttu	Mullaittivu	
	" 15	Mullaittivu		
	" 16	do.	A'ndánkulam	Comalawana
	" 17	do.		
	" 18	do.	Mulliyavalai	
		Mulliyavalai	Putakkudiyiruppu	Watupola
	" 19	Putakkudiyiruppu	Máttalan	
	" 20	Máttalan	Sundikkulam	
	" 21	Sundikkulam	Pass Beshuter	
		Pass Beshuter	Palai	
	" 22	Palai		
	" 23	Palai	Sávakachchéri	
		Sávakachchéri	Jaffna	
	June 18	Jaffna	Sávakachchéri	
		Sávakachchéri	Palai	
	" 19	Palai	Elephant Pass	
		Elephant pass	Matakachchu	
	" 20	Matakachchu	Ambámam	
	" 21	Ambámam	Kanakaráyan kulam	
		K. Kulam	Irambaikkulam	
	" 22	Irambaikkulam	Vavuniya Vilánkulam	
		V. Vilánkulam	Púnéwa	
	" 23	Púnéwa	Medawachchiya	
		Medawachchiya	Mihintalé	
	" 24	Mihintalé	Anarádhapura	
	" 25	Anarádhapura		
	" 26	do.	Mihintalé	
	" 27	Mihintalé	Medawachchiya	
	" 28	Medawachchiya	Mánkulam	
		Mánkulam	Vála Settikkulam	
	" 29	Vangala Settikkulam		
	" 30	do.	Mayilmuddaiyiddakulam	Adambankulam, Narikkulam Peria Puliyankulam
	July	do.	Peria Olukkulam	Sinna Tambanai, Tudarikulam,
	" 2	Peria Olukkulam	Púvarasankulam	Sódúventapulo, Sekkáddípulo,
	" 3	Púvarasankulam	Vavuniya Vilánkulam	Sálaban, 2nd Valliyapallai
		Vavuniya Vilánkulam	Mandukkóddai	Sálaban, 2nd Valliyapallai
	" 4	Vavuniya Vilánkulam	do.	Sálaban, 2nd Valliyapallai
	" 5	do.	I'ratperiyakulam	Sálaban, 2nd Valliyapallai
	" 6	do.	Podupkanpuló	Sálaban, 2nd Valliyapallai
	" 7	Podupkanpuló	Iranai Iluppaikkulam	Sálaban, 2nd Valliyapallai
	" 8	Iranai Iluppaikkulam	Pariyári Periyakulam	Sálaban, 2nd Valliyapallai
	" 9	Pariyári Periyakulam	Múntumurippu	Sálaban, 2nd Valliyapallai
	" 10	Múntumurippu	Kidápidittakulam	Sálaban, 2nd Valliyapallai
	" 11	Kidápidittakulam	Rámiankulam	Sálaban, 2nd Valliyapallai
	" 12	do.	Tunukkáy	Sálaban, 2nd Valliyapallai
	" 13	Tunukkáy	A'lankulam	Sálaban, 2nd Valliyapallai
	" 14	do.	Maniyakulam	Sálaban, 2nd Valliyapallai
	" 15	Maniyakulam	Púnakari	Sálaban, 2nd Valliyapallai
		Púnakari	Jaffna	Sálaban, 2nd Valliyapallai