

CHAPTER XVI

MEDICAL AND PUBLIC HEALTH SERVICES

180. Survey of Public Health and Medical facilities in early times

Ayurvedic and other indigenous system of treatment were being Practised in the district in the past and the ex-rulers of Patna and Sonpur were patronising the Ayurvedic system. The practitioners were called Baidyas or Kavirajas. During the rule of Maharaja Ramchandra Singh Deo and Dalganjan Singh Deo of ex-Patna State (from 1870—1910) here were many well-known Kavirajas notable among whom were Bhandari Behera, Narayan Dash and Dinabandhu Behera. These three were being regarded as Raj-Baidyas or State Kavirajas. Among the recent Kavirajas, mention may be made of Chaturbhuj Rajguru and Kashinath Panigrahi of Sonpur, Shova Meher of Patnagarh and Kruttibas Dash of Balangir. Chaturbhuj Rajguru who died a centenarian in 1959 was the Raj-Baidya of Sonpur for a long period.

Under the patronage of Maharaja Pruthviraj Singh Deo, an ayurvedic dispensary was opened at Balangir in 1919 and was converted to a hospital in 1938. Kaviraj Kalicharan Rajguru managed the institution from 1919 to 1939, when he was succeeded by Kaviraj Narayan Mishra.

Side by side with the Hospital, an Ayurvedic College imparting education up to the degree of Ayurvedacharya was opened in 1941 in the George Sanskrit Tol, Balangir. Ayurvedic pharmacy was introduced from 1945 and a branch Ayurvedic dispensary at Bangomunda was opened in 1946-47. In that year was laid-out an Ayurvedic garden at mount Harisankar with rare medical herbs.

Besides Ayurvedic system of cure, the people were practising magic cure with the help of witch doctor. This practice is rapidly being discontinued due to the impact of modern culture.

The Western system of Allopathic treatment was introduced in the ex-Patna when it was under the administration of Court of Wards (1871—1893). In 1907-08 there was an Allopathic Dispensary at Balangir, a description of which is given by Cobden Ramsay as follows: "There is a fine dispensary at headquarters with excellent accommodation for males and females and a separate Ward for low caste patients. The institution is in charge of an Assistant Surgeon and Civil Hospital Assistant and is well found with surgical instruments and Medicines". The dispensary at Titilagarh was started in 1913 and that of Patnagarh in

1914. In 1921 the dispensary at Tusra started functioning. The Turekella Dispensary which was started in 1925 was transferred to Belpara in 1937. In commemoration of the Silver Jubilee of King George V an X-Ray and Electro-therapy institution was established in September 1937. By that year Balangir town alone had three medical institutions, viz. (a) General Hospital, (b) X-Ray and Electro-therapy, and (c) Maharani Kailashkumari Dei Maternity Ward. There were four other dispensaries in ex-Patna State, at Tusra, Patnagarh, Belpara and Titilagarh. In 1938 two more institutions, Palace dispensary and Leprosy Hospital at Loisinga were started. In addition to these, there were two maternity and child welfare centres at Belpara and Patnagarh and two leprosy clinics at Balangir and Patnagarh. On account of the growing importance of the town of Kantabanji the Durbar established there a new dispensary on 22nd May 1939. That year an Antirabi-Treatment Centre was opened at Tusra and an Itinerant dispensary under a trained compounder at Belpara. In 1940 the Eye Ward and the Venereal Diseases Ward were attached to the General Hospital. Three more Touring Dispensaries also started functioning in 1942. Prior to the integration of the States in 1948, there were 8 Allopathic Hospitals, 6 Allopathic Dispensaries, 1 Ayurvedic Hospital, 4 Ayurvedic Dispensaries and 9 Maternity and Child Welfare Centres in the ex-State of Patna.

As regards medical facilities in the ex-State of Sonepur Mr. Cobden Ramsay writes in 1907 as follows: "There are dispensaries with accommodation for indoor patients both at Sonepur and Binka, the Medical Officer of the State possesses the qualifications of an Assistant Surgeon and there are two Civil Hospital Assistants in direct charge of two dispensaries. The number of outdoor patients treated in 1907-08 was 16,433 and the number of indoor patients treated was 62". During the Durbar regime, there were also allopathic dispensary at Birmaharajpur and Ayurvedic dispensaries at Sonepur and Tarbha.

By 1958, the district had 15 Allopathic Hospitals and Dispensaries, 8 Ayurvedic Hospitals and Dispensaries, 10 Maternity and Child Welfare Centres and two Primary Health Centres.

181. Vital statistics: General Standard of Health as reflected by the statistics. Important causes of Mortality:

Vital statistics were not being regularly collected in the ex-State areas of Balangir and Sonepur which at present constituted the Balangir district, prior to their merger with Orissa State. After their integration, an interim arrangement was made with effect from July 1948 to collect weekly figures of attacks and deaths from Cholera and Small pox in these areas with a view to taking preventive measure against epidemics. A systematic collection of vital occurrences began

ater, with effect from the 1st January 1952. The Bengal Births and Deaths Registration Act (Act IV of 1873) was applied to the district. Under provisions of this Act, the village Choukidars used to collect information about births and deaths and report to the police-stations. The Thana Officers were to send monthly consolidated reports to the District Health Officers. With the abolition of the Choukidari system the practice of recording births and deaths died out.

The alternative arrangements for collection of vital events was made for some time through Grama Panchayats and Panchayat Samitis till the Grama Rakshis were appointed according to Orissa Grama Rakshi Ordinance, 1967. The Grama Rakshis are to collect vital statistics in their respective beats and report the police-station every fortnight.

The vital occurrences in the towns of Balangir, Sonepur, Patnagarh, Titilagarh, Kantabanji are generally collected by the health staff of their respective Municipalities or Notified Area Councils and are sent to the District Health Officer. A monthly report of vital occurrences of the district is compiled by the District Health Officer who forwards the same to the Director of Health Services, Orissa, for compilation of the State figures.

The following statements show birth rate, death and, infant mortality rate of the district for the years noted.

Birth

Year		Average birth per 1,000 population	-----	
			Urban	Rural
1956	..	38.77	22.18	39.16
1957	..	29.29	17.32	29.58
1958	..	30.33	17.04	30.64
1959	..	38.00	25.75	38.61
1960	..	30.08	20.40	30.56

Death

Year		-----	
		Death rate per 1,000 population.	Infant mortality rate per 1,000 live births.
1952	..	29.28	182.69
1953	..	24.91	178.65
1954	..	20.39	166.62
1955	..	23.47	158.82
1956	..	22.42	179.47
1957	..	25.67	220.37
1958	..	23.76	186.24
1959	..	21.58	158.00
1960	..	16.73	161.31

Death by causes

Occurrences of deaths due to various diseases during the years 1957 to 1963

Period	Cholera	Small-pox	Fever	Dysentery and Diarrhoea	Respiratory Diseases	Deaths due to other causes	Death all causes
1	2	3	4	5	6	7	8
1957	69	18	16,713	911	738	..	18,449
1958	582	1,937	12,993	790	687	..	16,986
1959	10	2,173	11,616	516	587	..	14,808
1960	..	307	10,329	305	454	..	14,372
1961	56	34	12,827	514	482	5,967	19,362
1962	..	1	9,199	322	393	3,733	13,996
1963	..	..	8,534	334	312	3,661	12,872
1964	..	.	11,317	648	445	5,332	17,742

182. Causes of Mortality :**Diseases common to the district:**

The following observation of Cobden Ramsay in 1907¹ regarding the general standard in the ex-States of Patna and Sonapur say of some interest.

“The country Patna State in the cultivated area is healthy and the people suffer as a rule from only the ordinary ailments. The forest tracts are feverish and malarial fever is common, the original settlers however are sturdy and robust and fever makes no great in-roads upon them. The old headquarters of the state at Patnagarh are notoriously unhealthy, but this is due to the presence of large number of abandoned tanks, which are stagnant and with no drainage.”

“The climate of Sonapur State is not unhealthy and, as there are no forests malarial fever is not rife; the town and large villages are, however, subject to visitations of cholera and occasionally of smallpox.”

The climate of the district is tropical. It is intensely hot in summer and moderately cold in winter. Except the forest tracts of ex-Patna State the rest of the district enjoys healthy climate. The people of the district are victims of some common disease like malaria, leprosy, cholera, smallpox, T. B., venereal diseases, etc.

Generally malaria, filaria and rheumatic affections are found in Patnagarh, Khaprakhol and Turekella. V. D. is noticed at Birmaharajpur and Sonapur areas. Cases of *yaws* are not uncommon among the hill-tribes of Titilagarh, Khaprakhol and Belpara. Cholera and smallpox occur generally during the summer.

¹ Bengal Gazetteers—Feudatory States of Orissa, p. 283 and p. 320

The following table gives the number of patients suffering from various diseases treated in the medical institutions of the district during the years 1955 to 1965.

Name of disease	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
1	2	3	4	5	6	7	8	9	10	11	12
Malaria	35,153	..	22,811	10,780	16,744	15,219	11,858	7,204	7,499	2,095
T. B.	166	..	226(4)	305(8)	487	36	555	599	11,451	309
Veneral diseases	3,595(2)	..	22,901	3,000	3,635	..	2,050	2,368	9,860	2,175
Leprosy	1,425	..	1,322	708	552	10,390	69	10,812
ntestinal	6,378	3,602
Diarrhoea	8,128(5)	..	7,593	5,998

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T. B.

There is a well-equipped T. B. Clinic with a T. B. ward in the district headquarters hospital in charge of a doctor. The ward has a capacity of six beds where suitable T. B. cases are treated. Domiciliary treatment is also arranged and the Health Visitors undertake visits and tours to detect T. B. cases. Serious cases requiring better treatment are referred to suitable T. B. Hospitals.

Leprosy

There is a sixteen-bedded Leprosy hospital at Loisinga established on the 1st April 1938. Besides indoor treatment, there is a clinic attached to this hospital. Two leprosy clinics have also been established at Patnagarh and Sonapur.

For outdoor treatment, 5 Leprosy Assistants are working in the district under the District Health Officer to treat the leprosy patients by the domiciliary method.

Malaria

An unit of the National Malaria Eradication Programme is functioning in the district since June 1959. Prior to December 1960 the unit headquarters was located at Bhawanipatna of Kalahandi district and was subsequently shifted to Balangir. The spraying operation in the district started in June 1959, the surveillance in the last part of 1960 and domiciliary visits were undertaken in the beginning of 1961. The main purpose of the surveillance is to detect fever cases with collection of blood slides from them by fortnightly visits and treat patients radically if slides are found positive on examination in the unit laboratory located at Balangir.

183. Organisation of the medical department

The Civil Surgeon with headquarters at Balangir has jurisdiction over all the allopathic institutions and the staff. He is also the Superintendent of the Headquarters Hospital, Balangir. The Ayurvedic institutions have been kept under the administrative control of an Inspector of Ayurvedic Medicines, Western Circle, having headquarters at Balangir.

Details about the administrative set-up of these departments have been dealt with in Chapter XIII.

Existing Institutions

Name and location of the Institution	Year of establishments	Number of Doctors	Number of Nurses	Number of beds
1	2	3	4	5
<i>Hospitals—</i>				
(a) Headquarters Hospital, Balangir.	1871	5	9	100
(b) Subdivisional Hospital, Sonepur.	1891	1	3	32
(c) Patnagarh Hospital	1914	1	..	6
(d) Kantabanji Hospital	1939	1	..	18
(e) Titilagarh Hospital	1913	1	1	8
(f) Tusra Hospital	1921	1	..	10
(g) Belpara Hospital	1937	1	..	8
(h) Binka Hospital	1891	1	..	6
<i>Dispensaries—</i>				
(1) Loisinga ..	1938	1	..	..
(2) Tarbha ..	1950	1	..	..
(3) Birmaharajpur	1944	1	..	..
(4) Sindhekela ..	1949	1	..	..
(5) Khaprakhol ..	1952	1	..	..
(6) Tikarapara ..	1952	1	..	..
(7) Charabhata ..	1961	1	..	..
(8) Gudighat ..	1963	..	..	..

184. Ayurvedic Hospitals and Dispensaries

Name and location of Institution	Number of Kavirajas	Number of beds
1. Ayurvedic Hospital, Balangir ..	2	6
2. Ayurvedic Dispensary, Sainatala ..	1	1
3. Bhutiarbhal ..	1	..
4. Gudvella ..	1	..
5. Bangomunda ..	1	..
6. Bhandamunda ..	1	..
7. Nandaupalla ..	1	..
8. Agalpur ..	1	..
9. Lachhipur ..	1	..
10. Rampur ..	1	..
11. Gudihat ..	1	..

(i) Primary Health Centres

There are 7 six-bedded Primary Health Centres in the district at the following places:

Chudapali, Ghasian, Khaprakhol, Sindhkela, Binka, Birmaharajpur, Naikanpali.

The Health personnels of a Primary Health Centre consist of a Medical Officer, a Health Visitor, a Sanitary Inspector, besides other Nursing attendants. Both preventive and curative measures are undertaken by the centres in the areas to which they belong.

(ii) Maternity and Child Welfare Centres

There are 10 Maternity and Child Welfare Centres working in the district at the following places :—

(1) Patnagarh, (2) Sountpur, (3) Mahimunda (4) Deogan, (5) Sainatala, (6) Bangomunda, (7) Sonapur, (8) Agalpur (9) Belpara, (10) Balangir. These centres exclusively take care of the health of mothers, expectant mothers and children.

(iii) Private Hospital and Dispensaries :

There are two dispensaries, managed by the private agencies at Harisankar and Champasar. The dispensary at Harisankar is managed by a Bamboo Procurement Company and the other is managed by the Champasar Mining Authorities.

Medical and Public Health Research Centres and Institutions for disseminating knowledge on Public Health, e. g., Birth Control and Nutrition:

One Auxiliary Nurse-cum-Midwives School was started in the district from 1st June 1959 at the Headquarters Hospital, Balangir. There is provision for giving training in the services of Auxiliary Nurse-cum-Midwives, for 16 candidates every year.

Indigenous Dhai Training Centres have been opened in the Primary Health Centres, at (1) Chudapali, (2) Ghasian, (3) Khaprakhol, (4) Birmaharajpur, (5) Maternity and Child Welfare Centre at Balangir. Under this scheme the women who were practising as Dhais in interior villages are being trained for performing domiciliary maternity services in scientific ways.

(iv) Family Planning Centres :

There are 8 Family Planning Centres in the district located at, Balangir, Titilagarh, Sindhekela, Kantabanji, Ghasian, Chudapali, Khaprakhol and Birmaharajpur. Some of these centres started functioning since March 1958 with a view to propagating knowledge regarding Family Planning among the people. The Health personnel of these centres consist of a Lady Health Visitor and an Ayah. These centres are being supervised by the Lady Assistant Surgeon of the Government Headquarters Hospital and the Assistant Surgeons of other Primary Health Centres. The work done in these centres from 1963 to 1965 is given in Appendix I.

185. Sanitation :

The people live in an insanitary condition almost in every villages. Their poverty and to an extent ignorance is responsible for their unhygienic habits. They live in small huts, having no windows for proper ventilation. Drains, latrines or urinals do not exist in all rural areas. The village folk and even people residing in semi urban areas are not accustomed of using latrines. The fields surrounding the villages which are utilised for the purpose create an unhealthy atmosphere. The villages are accustomed with using polluted water from tanks, rivers and nullahs for drinking purposes, although pucca wells have been constructed in many villages. As a result they suffer from various skin and worm diseases.

The general sanitation in urban and rural areas is supervised by the Public Health Department. Each of the 20 Community Development Blocks has been provided with a Sanitary Inspector. He organises meeting and delivers lectures on different aspects of health and hygiene. The Sanitary Inspector also act as Food Inspector to check the sale of adulterated food-stuff.

There is also a Mobile Field Hygiene Unit to treat common ailments in rural areas and to propagate health measures among the public. A number of Vaccinators have been posted to the Community Development Blocks for conducting vaccination.

186 (a) Vaccination :

Vaccination was introduced in Balangir in the last part of the 19th Century. There is record to show that vaccination was carried out in 1874 in the village Odiyapali in the presence of the Tahsildar and 20 persons were vaccinated. Every year vaccination is being conducted with the help of Vaccinators. In 1916-17, 9,478 primary cases were vaccinated in Balangir and 17,181 persons were revaccinated in the same year. During 1960-61, the Smallpox Pilot Project Scheme was first-operated in the district for eradication of smallpox. It has completed its work in March 1961 with the following achievements:—

Primary cases vaccinated	..	87,646
Revaccination	..	675,890
Percentage of Primary vaccination		93.6
Percentage of success of Revaccination		80.1

(b) Inoculation:

To check spread of cholera, advance inoculations are done every year. Number of persons inoculated during the last 3 years (1961—63) are given below :—

Year		No. of inoculations
1961	..	142,867
1962	..	45,464
1963	..	62,934

APPENDIX I

Name of Family Planning Centre	No. of cases contacted during the year under review				No. of active cases followed advice				No. of sterilisation and vasectomy operations conducted during the year				No. of persons distributed contraceptive during the year	
	1963	1964	1965	1966	1963	1964	1965	1966	1963	1964	1965	1966	1967	1968
1	2	3	4	5	6	7	8	9	10	11	12	13		
1. Titilagarh	..	366	2,962	3,958	30	412	442	2	36	1,136	30	447	433	
2. Biramaharajpur	..	3,260	2,071	1,968	64	95	103	..	..	..	117	72	23	
3. KhapraKhol	..	2,000	3,500	4,250	500	1,210	2,617	..	3	303	307	588	2,001	
4. Chudapalli	..	8,927	1,804	2,990	186	200	785	..	12	33	456	98	100	
5. Ghasian	..	207	409	428	24	78	85	..	..	655	89	105	328	
6. Balangür	..	1,827	2,131	4,830	48	83	93	..	..	..	70	311	427	
7. Sindhekela	105	..	..	..
8. Kantabanji	632	..	..	..
Total	..	16,587	12,877	18,424	852	2,078	4,125	2	51	2,864	1,069	1,621	3,312	