CHAPTER - II

EVOLUTION OF HOSPITALS
- AN OVERVIEW
CHAPTER - II

EVOLUTION OF HOSPITALS – AN OVERVIEW

INTRODUCTION

Public health is an organized effort to improve the health of a population, the life span of its individuals and the extent to which people are free from illness. Specifically, it can be seen as a concept concerned with collective efforts by the state and community, aimed at protecting and promoting health of the population. According to Winslow's classic definition 'Public Health is the science and art of preventing diseases and prolonging life and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individuals on the principles of personal hygiene, the organization of the medical and nursing service for the early diagnosis and preventive treatment of the disease, and the development of social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health'¹.

Public health is a broad social enterprise, more akin to a movement that seeks to extend the benefits of current knowledge in ways that will have the maximum impact on the health status of a population. It does so by identifying problems that call for collective action to protect, promote and improve health, primarily through preventive strategies. It
is unique in its interdisciplinary approach and methods and emphasis on preventive strategies and its linkages with government and political decision making. Above all, it is also a collective effort to identify and address the unacceptable realities that result in preventable and avoidable health problems and enhance one’s quality of life, and it is a composite of efforts and activities that are carried out by people committed to these ends. These factors make public health a system in itself.

Modern hospitals form an integral part of public health and are one of the inputs necessary to achieve the goals of public health. Hospitals are important for public health as well as for modern societies because one of the major functions of hospitals is to provide curative care to people. An expert committee of WHO highlights the necessity of hospitals in today’s society as the hospital is an integral part of a social medical organization, the function of which is to provide for the population complete health care, both curative and preventive, and whose out-patient services reach out to the family and its home environment; the hospital is also a centre for the training of health workers and for bio-social research.

Health of the people is not a domain exclusively of technical and biological inventions of medical sciences; rather health is shaped by biological, social, economic and political factors in society. Health and
well-being therefore cannot be a static concept. Health and health systems are a function of the balance between socio-economic, political and technological forces\textsuperscript{4}.

Hospitals represent the organizational form that provides curative, preventive and rehabilitative services to population. Taking care of one’s health is a fundamental need of all individuals and the modern-day hospital assists in the fulfillment of this need, by alleviating suffering and pain. The hospital has become the centre of modern technology, knowledge and therapeutic facilities to treat all kinds of illnesses. It has become capable of catering to almost all health needs from serious to routine health problems of the people. Its goal is to cure the health problems of an individual as well as society at large\textsuperscript{5}.

**EVOLUTION OF HOSPITALS**

The development of hospitals from a place of shelter for the homeless and ill, to the hub of modern medical knowledge, technology, professionals is a recent phenomenon. The transition to this present form took place during the late nineteenth and early twentieth century, when hospitals adopted the biomedical model to cure diseases in the society. The biomedical model of health is a result of conversions of certain ideas regarding living beings, related discoveries and inventions in medical sciences, which are popularly depicted in terms of a series of
spectacular breakthroughs. Here, health is seen from the perspective of medical knowledge. The bio-medical model espouses an understanding of people's health, that is based pre-dominantly on the scientific theory of diseases causation and hence also recommends effective cure exclusively in bio-medical terms. It focuses on three areas—firstly, health is conceptualised merely as absence of biomedical abnormality. Secondly, human body is viewed as a machine, which has to be restored to health, through treatments designed to arrest or reverse the disease process. Thirdly, health of society is seen as largely dependent on the state of medical knowledge and the availability of medical resources. It relies on the hospital as an organization for the delivery of health care to people and society at large; thus, hospitals become the centre of science and technology and for curing disease. Doctors have assumed importance as providers of curative care; besides this, they are also the ones who exert strongest control over medical technology, which is ever improving and becoming more and more accurate.

Certain social conditions are essential for the existence of hospital. One such condition is the requirement of people to get cured, and hence hospitals become imperative in our society. Although in its current form, the hospital is a cure-oriented, complex organization, the notion of treating patients and alleviating their suffering which formed the foundation of the earliest hospitals, still remains the same.
It would be worthwhile to examine some definitions of a hospital, in order to understand it better. A hospital is ‘An image of physical buildings in which services are provided by a skilled staff. Traditionally, hospitals have provided a focus for the delivery of interventions requiring special personnel skills and equipments, monitoring of patients for therapeutic reasons. Most part of health care, however, actually takes place outside the hospitals, in clinics, medical offices, pharmacies, schools and homes. Hospitals, by providing a technical focal point for the referred delivery of skills care, can enhance the effectiveness of non hospital health care’.

The hospital, the major social institution for the delivery of health care in the modern world, offers considerable advantage to both patients and society. From the standpoint of the individuals, the sick or injured person has access to centralized medical knowledge and technology that will render treatment which is thorough and efficient. Although, hospitals are meant to provide care and services, they are largely restricted to curative care. In fact, only serious illnesses are given priority for hospitalization.

According to WHO ‘the hospitals is an integral part of a social and medical organization, the function of which is to provide for the population, complete health care, both curative and preventive, and whose out patient services reach out to the family in its home
environment; the hospital is also a centre for the training of health workers and for bio social research’ and ‘an institution that provides in patient accommodation for medical and nursing care’.

In fact, the hospital is one of the important institutions in maintaining and restoring the public health care systems i.e., the health of the people. It is responsible for correct diagnosis and appropriate treatment. In general the major functions of the hospitals are 1) care of the sick and injured, 2) education of physicians, nurses, paramedical and other personnel, 3) public health – disease prevention and health promotion and 4) research. The primary function of the hospital, the one that has been constant throughout the entire process of its evolution, is care for the sick and injured. While other important functions have developed, they are all subordinate and are recognized as a part or responsibility of a hospital because they contribute indirectly to the care of the sick.

EVOLUTION OF HOSPITALS: A HISTORICAL OVERVIEW

The hospital as a social institution is of recent origin and is rooted in the modern medical model. But the history of medicine and surgery dates back to an earlier age, even when hospital as an institution were the sick can be taken for treatment was absent. The existence of hospitals in today’s times is a cumulative effect of human fear of death
and disease, and humanitarian values, coupled with civic consciousness and religious zeal, which motivates people to establish and run hospitals for the benefits of the population. If society has changed over a period, human qualities such as caring, curing love and compassion have remained much the same even today, for it was these some fundamental reasons and emotions, that led ancient people to build hospitals for the sick and injured people in those societies.

**Early Civilizations**

The two major, ancient civilizations in India and Egypt respectively has proto-types of modern day hospitals. One finds stories available in ancient literature about physicians and their medical practices, which were made available to village people by Buddha and his son Upatiso. It is believed that Upatiso built shelters for pregnant women and diseased people. These examples were quoted very often to inspire the followers of Buddha to furnish such shelter houses in each and every corner. However, records pertaining to health practice are scarce. The historical significance of these institutions is that it reveals the importance attached to the services rendered to people suffering from various diseases. This reminds us of the nature of modern hospital, which also considers these principles as the fundamentals. The hospital would provide eatables and other medicines to the needy. These ethical
and moral practices relating to health care ethical principles of the earlier society.  

It is extremely difficult to know how early humans reacted to diseases and how they were treated. Fossil remains such as teeth and bones extracted from mummies, throw some light on diseases like arthritis, parasitic diseases, tumours etc. Early humans used religious rituals, prayers, magic spells, exorcism, etc., to understand the reasons behind pathological problems.

**Egyptian, Greek, Roman Hospitals**

In early Egyptian, Greek and Roman civilizations the temples of God functioned as hospitals. Egyptian physicians used drugs like peppermint, castor oil, opium etc., to treat patients. Greeks used salt, honey and water from the sacred spring. Some of these civilizations had planned cities with the objective of restricting the spread of contagious diseases like malaria. During the Christian era hospitals of the Christian people replaced the old temples. Church buildings and other building were also used for treatment purpose.

Medical practice in pre-industrial Europe was more of an empirical art aimed at comforting and consoling the ill persons rather than curing them. Early medical practitioners were apothecaries, barbers, surgeons and lay practitioners whose remedies comprised of various flora and
fauna. But the healing was limited to certain known diseases and the rest remained as incurable diseases.

**GROWTH OF TECHNOLOGY AND RISE OF HOSPITALS**

The image that one gets of a twentieth century hospitals is one of a centre of sophisticated medical technology. The first half of the nineteenth century is known mostly for the growing importance of physicians and medical researches based largely on clinical observations. Ackernecht points out that in the middle ages medicines was centred in libraries; in the following three centuries it centred on the sick individual and in the nineteenth century, for the first time it centred on the hospital.

Hospitals had existed for centuries but increased rapidly in number during the 1800s in response to the massive migration into the newly developing cities of the west. Communicable diseases were taking a heavy toll of people's lives; many among the urban migrants contracted typhoid and TB. Admission in the hospital was only resort that was available. These patients provided unprecedented opportunity for clinicians and the researchers to observe the sick and to search for the patterns in their symptomology, disease progression, and response to medication.
In the beginning of the era of various diagnostic and therapeutic aids, a notable development in the hospitals was Winthoven's invention of the electrocardiograph in 1903. This was followed by the first basal metabolism apparatus and then the Wassermann test in 1906, and test for pancreatic function and urinary sugar in 1908. Concurrent with this progress in the field of internal medicine was the introduction of radium for treatment of malignant growth, increasing use of clinical laboratories for microscopic examinations of the pathological tissue and developments in antibiotics. The result of these varied new diagnostic and therapeutic aids was the conquest of diseases formerly regarded as incurable, which in turn resulted in a notable increase in public confidence and in hospital occupancy. A social service department also became part of the hospital as a natural corollary to the outpatient clinic.

Technological advancements such as artificial heart valves and artificial blood vessels, and other innovations have further revolutionized the health profession and the institution of the hospital. Through such evolutionary processes the hospital has now become the central institution that provides medical care. Because of the complex, specialized and expensive technology and equally complex procedures that could be only based in hospitals and the technological orientation of medical educational, both patients and doctors have been pushed even closer to this centre of medical technology and technological methods of
cure. The steady expansion of scientific and technological innovations has not only necessitated specialization among all health professionals (physicians, nurses, and technicians) but has also required the housing of advanced technology within the four walls of the modern hospital. Increasingly, the hospital became a more curative oriented and individual patient-centric institution, where all the medical knowledge and technology are focused on the individual patient for providing better curative treatment. Hospitals and the personnel within these organizations now started, evaluating their work in terms of the quality of service provided to the patient, effective care and patient’s satisfaction.

THE RISK OF HOSPITALS IN INDIA-THE COLONIAL LEGACY

Like western countries India also has a long history of providing health care. The Indus Valley civilization had its own specific health care facilities. Even the pharmacology, which was developed by Ayurvedic medicine, is colossal and is significant for giving directions even to current pharmacological research. Medical details were a part of the Buddhist metaphysical text, the Milindapanha (1st century AD). The famous decree of Emperor Ashoka (274-236 BC) in his 2nd Rock Edict (257-256 BC) praises the organization of social medicine shaped by the Emperor along the lines of Buddhist thought and ethics.
According to Udwadia, in this period most of, 'the ill patients were looked after in their own homes. Those who had no one to look after them were admitted to hospitals. These hospitals were built and financed by the state'. Edict number 11 of King Ashoka (274-236 BC) demonstrates the importance of the hospitals in the kingdom of the King Piyadasi. The hospitals that existed were of two kind; hospitals for people and hospitals for animals. Pataliputra, kingdom of Suddhodhana, father of Gautama the Buddha also has excellent hospitals for poor in those days. A description of charitable dispensaries in Pataliputra has also been given by Fa-hian, a contemporary of Chandragupta Vikremaditya.

The nobles of the country founded hospitals within the city to which the poor, the destitute, the crippled and diseased came for treatment. Here they received every kind of help free. Physicians examined them for the possible cause of the disease and then prescribed an appropriate diet and decoctions, and everything else that would contribute in easing the suffering. When cured they departed at their own convenience. A Chinese traveler Hiuen Tsang (AD 629-645) who visited India during the period of Harsh Vardhana says about the hospitals in India. "In all villages, the highways of the towns, and villages throughout India, the Emperor erected hospices (Punyasalas)
provided with food and drink, and stationed physicians with medicines for the travelers and poor persons to be given without stint”.

During the Pallava period (between 6th and 9th century) in Deccan and the south, health care centres were found near the temple complex. The dispensaries were termed as vaidyasalai-Vaidya means medicine man and salai meaning charitable institution during the period of Chola (AD 900-1200). These were many such dispensaries manned by local physicians, whose post was often of hereditary nature. These physicians were generally paid in kind, but many attended to the physical needs of the patients without any expectations13.

The practice of the medicine in India before the intrusion of western nations into this subcontinent in the sixteenth century was limited to the practice of Ayurveds by the Vaidyas and Yunani medicine by hakeems. There is nothing to suggest that western medicine at this point in history was superior to Ayurvedic medicine established by Charaka and Susruta, which was handed down by the gurus to their pupils and continued for centuries latter. During the subsequent centuries, a series of political, social and economic developments distributed the ecological balance in the society. Much damage was done to the already stagnant indigenous system by the colonial policy, which patronized western medicine.
The imperial power, after gaining entry into India built hospitals in quick succession. It is hard to believe, but it is a fact that almost for more than two centuries after these hospitals were established they catered solely to the Europeans, with no access for the natives. The first European hospital was built by the Portuguese, in 1510 by Albuquerque in Goa, on the western coast of India. In 1591 the administration of the hospital was given over to the Jesuits who make it one of the best managed hospitals of the world. Observations regarding this hospital were made by a Frenchman, Pyrard De Laval. He found this hospital superior to the hospital of the Holy Ghost in Rome and the Infirmary of the knights of Malta, two of the best known hospitals in Europe. He wrote, "viewing it from outside we could hardly believe it was a hospital-it seemed to us a great palace, serving the inscription above the gate 'Hospital die Ray Nortro Seignora'. The beds are beautifully shaped and lacquered with red varnish; the sacking it of cotton; the mattresses and coverlets are of silk or cotton; adorned with different patterns, pillows of white calico. There are physicians, surgeons and apothecaries, barbers and bleeders who do nothing else and are required to visit each of the sick twice a day. The sick are some times numerous, as many as 1500, all of them either Christian races of Europe, of every profession and quality, Indians are not taken in there"14.
The East India Company has instituted the Indian Medical Service (IMS) in 1764 and a medical officer was required to be attached to every company, ship and to the permanent trading outposts (factories) with their small standing garrisons. The army, the main instrument of East India Company's political consolidation, was primarily composed of Indian soldiers, the European component being outnumbered by roughly eight to one (Imperial Gazetteer of India, Vol. IV, 1909, cited to Kakade, 1998). Mortality and sickness in the European army were mainly due to four major diseases; fevers, dysentery, and diarrhea, liver diseases and epidemic cholera, which assumed a virulent form when the troops were on march. And the troops were constantly on the march due to the unsettle condition of the country.

The frequent outbreaks of fevers and cholera in various stations, districts and cantonments affected seriously the British troops. This led Sir James Martin, who was a member in the Council of India to propose a scheme, in which every medical officer was required to send reports on the medical as well as health conditions of the people.

A better understanding of the various regions occupied by the army, their climate and environment and disease pattern, would provide a basis for a more scientific selection of sites for camps and
cantonments, while regular reports on the sanitary condition of barracks, hospitals and transportation would help in the formulation of guidelines for sanitary improvements in the camps and cantonments under Indian conditions.

The events of 1857 highlighted the importance of British soldiers’ health and efficiency. The health of the soldiers, which became the primary concern of colonial health policy, remained an abiding concern with the expansion of the British Empire; the army in India increased in importance as the largest single force in the empire, and as a key instrument in the security of Britain’s Eastern possessions. “The main enemy of the British soldier in India was not the Indian enemy but disease”\textsuperscript{15}.

The mid-19\textsuperscript{th} century marked a watershed in colonial health policy. Most parts of the country were now under direct British administration and a more systematic plan of urbanization and army stationing could take place.

The Royal Commission on Colonisation and Settlement in India, appointed in 1857 to go into the question ‘of the desirableness of applying European capital to India through colonization, as in other countries such as Australia and Canada’. The Commission concluded that the pattern of colonization in India would be different. It would be through the settlement of ‘upper ranks’, namely capitalists, who would
employ Indian labour, rather than through the settlement of labourers from England. Those settlers in the 19th century were mainly (apart from missionaries) merchants working largely in the seaports and indigo trade (and later tea planters), and who were a ‘morally and socially’ inferior group in the eyes of the officials, did not figure directly in the colonial health policy. The application of medical ideas for the control of disease currently prevailing in the metropolis was for a long time directed exclusively to the European civil servants and army establishments in India.

The health service system at the time of independence projected the political economic and social values of the colonial rulers. Medical services were needed to support the British army and the British civilian personnel living in India. Later on, medical services were made available to the native gentry who constituted a tiny fraction of the total population. Among the rest, which was more than 90 percent of the population, only very few could get some form of medical care from the extremely limited number of hospitals and dispensaries run by government agencies, missionaries, philanthropic institutions and private practitioners. Similarly, public health services were provided only when there were massive outbreaks of epidemic diseases such as plague, cholera and small pox. Personnel of the Indian Medical
Science(IMS) and of the British Indian Army played a key role in framing this colonial pattern of health services of India.

The IMS embodied all the shortcomings of the colonial medical services. Firstly, its backbone was the Army Medical Corps which, in any case, did not attract the cream of the profession. The army, being a colonial one, it probably inducted even more mediocre personnel than were recruited for the home army. Secondly, and more important, this set of second rank professionals effectively held complete sway over the Indian medical and health services. Within their ambit of influence were the native professionals too, many of whom they patronized and groomed on their own selves, to carry forward the tradition of the colonial medical services.

Soon after, the East India Company also required hospitals to take care of the white settlers working in trade or living in the settlements around trading ports and factories. The company has set-up hospitals in the three centres of British power, trade and commerce in the seventeenth and the eighteenth centuries Bombay, Madras and Calcutta.

The first British hospitals in Madras Presidency was established at Fort St, George in 1664, which was meant exclusively for the British population. In Madras, the second hospital was constructed with public subscription, at a cost of 838 pagodas(about Rs.3000). The company acquired this hospital and built their hospital in 1690. It was founded at
James Street in the fort with a beautiful building costing about 2500 pagodas in the Tuscan style. A century later in 1772, British constructed another big hospital called Madras General Hospital. The reconstruction of the hospital's entire building was completed in 1859\(^{17}\).

It was for the first time in history that the native Indians could have access to these western hospital services, with the possible efforts of Assistant Surgeon John Underwood. The hospital for the care of the native poor was built at Purasawakkam, a southern suburb of Madras in 1799. The hospital was named as "Native Infirmary" and brought under the authority of the medical board. In the early part of the 20\(^{th}\) century, the government took over the management of the 'native infirmary' hospital. A new hospital with 266 beds and an auditorium was constructed. The native infirmary was later named as Stanley Hospital in 1940. It had a bed strength of 1000 and catered chiefly to the poor population of Madras and its suburbs.

Pondicherry was the headquarters of the French on the eastern coast of India, where the French established a hospital in 1701 for French troops and civilians. The hospital continued serving the people till the twentieth century, when the French left India; the Indian government took over and upgraded this hospital, changing its name into Jawaharlal Nehru Institute of Post Graduate Medical Education and Research (JIPMER).
Meanwhile, the British had consolidated their power strongly during 18th century, especially in the province of Bengal. In 1707-08, the first hospital was started by the British government at Fort William of Calcutta, under the authority of Governor General Robert Clive. A second hospital was started in a temporary building inside the old fort in Calcutta. The old Fort was later converted into a custom-house, making it imperative to construct a new hospital inside. Subsequently a third hospital was built in 1769, known as the Presidency General Hospital. These hospitals primarily served army men and sailors and also admitted Europeans of all class and callings.

It was almost 300 years after the consolidation of their rule that the Britishers built a hospital which was actually meant for the care of the native people. This hospital was established in Calcutta during 1792 and 1793 and was later called as Medical College Hospital. It was inaugurated on 1st April 1838, as a small hospital with thirty beds and an OPD, to provide clinical instruction to students of the new college. By 1853, the hospital has expanded to 500 beds, accommodated within twenty-four wards. The hospital also contained a ward for women and children, an obstetric ward and an ophthalmic ward too. It was the first hospital that admitted both European and native Indian patients.

British control over Calcutta got diverted as Bombay developed on western coast, making it the stronghold of British rule in the late
seventeenth century. In 1676, British constructed the first hospital in Bombay. By 1784 three more large hospitals were erected in Bombay—one for Europeans within the gates of the Fort, another on the Esplanade for sepoys and the third for convalescents on the adjacent island. By mid nineteenth century, the number of hospitals grew in Bombay. The foremost among them was JJ Hospital at Byculla, established with donation form Jamshedjee Jeejeebhoy and East India Company in 1843. The hospital was actually opened in 1845 to the people. To commemorate Sir Robert Grant who concentrated his efforts to uplift the native poor in his Presidency, a foundation stone was laid on 30th March’ 1843. The hospital was completed in October 1845. Just five months after the JJ Hospital opened to the poor patients of Bombay, Grant Medical College was affiliated to it. Thereafter, both Grant Medical College and JJ Hospital functioned as one of the great institutes, combining the pursuit of science with service and care of the sick.

After the foundation of JJ Hospital, numerous other hospitals were established by philanthrophist in consultation with the government in Bombay. The foundation stone of the building of St.George’s Hospital was laid on 22nd February 1889 at Old Fort George and the Bai Motilal Obstetric Hospital was founded on 9th March 1889. Though hospitals services were made available to the native people, monopoly
over dispensing the medical services were made available to the native people, monopoly over dispensing the medical services still lay with the British. They had monopoly over recruitment in the government medical institutions, especially as teaching faculty. The Indian doctors were largely in private practices, as their entry in the government hospital were restricted.

The GS Medical College and KEM hospital come up in defiance against the British-managed Grant Medical College and JJ Hospital. The most important condition for the endowment for KEM was that all members of teaching faculties should be well qualified Indians not in government service. The college opened in June 1925 and was affiliated to Bombay University in 1926 for the MBBS degree. In the beginning of the twentieth century, hospitals were built in large numbers in various places in central India, like Hyderabad, and in north India as in Delhi, Agra and Indore. By 1912 there were as many as 2670 medical institutions in India, which treated about 2,78,89,469 people as OPD patients and about 4,53,900 as indoor patients.

ROLE OF CHRISTIAN MISSIONARIES DURING THE COLONIAL PERIOD

Alongside the British government Christian missionaries also played a crucial role in provisioning of medical relief to Indian civilians, who were denied the medical facilities offered by the British army. The missionaries’ activities of providing medical help were more prevalent
in the areas under the greater influence or concentration of British rule, like Madras Presidency, Bombay Presidency, Calcutta and Orissa. Some of the major groups were the English Baptist Missionary Society, London Missionary Society and Arcot Mission, which founded Christian Medical College Vellore. In mid 1800s these and other missions like the American Presbyterian, United Presbyterian etc. extended their work in the areas like Jaipur and Nainital in UP. During the early twentieth century there were as many as 244 hospitals run by these missionaries, largely concentrated in the regions of Bombay Presidency, Madras Presidency, Bengal and Punjab.

During late the nineteenth century these missionaries established hospitals at various places as part of their missionary work. As studied by Baru, a hospital was established by Clara Swain in 1870 in Bareilley and Dufferin hospital opened in 1889 in Bareilley. In Baheri, Kesar Sugar Mills started a hospital in 1944, while in Binda, a hospital was started by a local private institute during the mid 1800s. In 1853 the Thomson hospital was founded by the British government, which replaced the old Dufferin hospital established in 1855 in Agra. Balrampur hospital was founded in 1869, and was built by a trust set up by the Maharaja of Balrampur; Lady Kinniare Hospital for Women was started in 1891 by Zenana Bible Medical Trust in Lucknow. Harriet Benson Memorial hospital at Lalitpur was established in 1930 by the
American Episcopal Mission for women and children and Dufferin Women’s Hospital was established in 1933 in Jhansi.

Mayawati Charitable hospital was established in 1899 by Advaita Ashram of the Ramakrishna Math in Almore. Creighton Freeman Hospitals, Vrindaban, was established in 1910 in Mathura. Indore Charitable Hospital was established in Indore in 1848 with funds contributed by the ruler Turkoji Rao II; while a leprosy hospital was founded in 1874 with funds donated by the ruler of Dhar, The Canadian mission opened a women’s hospital in 1891 and Prince Yeshwant Rao Ayurvedic Hospital in early 1900s in Indore. In Jabalpur, Elgin Hospital for Women was established in 1873 under the Dufferin fund, while the Victoria Hospital came up in 1876 with donations from Raja Gokuldas. In the 1700s, allopathic dispensaries were established with partial funds from private and state subscription and later Jackman memorial Hospital was founded by United Christians Missionary Society in 1885 in Bilaspur.

Numerous other medical schools attached to hospitals sprung into existence in different parts of India. Christian Medical College Vellor (CMC) is one among them. It is a centre renowned for learning and good patient care. It was founded through the vision and missionary zeal of Ida Scudder, who started with a one bedded clinic at Vellore in 1990. Two Years later, she built a forty-bedded hospital, which grew
over the years to the present 1700 bedded medical centre. In 1909, she started the School of Nursing and in 1918 she opened a medical school for women.

The work of missionaries continued even after India got independence. Today the missionary work is organized under two associations. Viz., Christian Medical Association of India (New Delhi) and Catholic Hospital Association of India (New Delhi). Under Christian Medical Association of India alone in 1996 there are 250 hospitals and dispensaries with total bed strength of 7642. A large number of these hospitals are located in Kerala, Uttar Pradesh, Tamil Nadu, Bihar, Maharashtra and Andhra Pradesh.

During the time of independence some of India’s most eminent medical professionals like Dr.B.C. Roy, Dr. A.R. Ansari, Dr. Khan Saheb, Hakim Ajmal khan, Dr. Jivraj Mehta, Dr. N.M.Jarisoorya, played an important role in shaping the health service system.

On the question of training physicians, the Bhore Committee was of the view that on the whole, having regard to the limited resources available for the training of doctors, it would be to the greatest ultimate benefit of the country if these resources were concentrated on the production of only one, and that the most highly trained type of doctor, which we have termed as a basic doctor’.
The Bhore Committee also recommended the setting up by the Central Government of at least of few high quality, advanced institutions to; (1) bring together all educational facilities of high order for training of the more important type of health personnel. (2) Promote the highest type of research in all branches. (3) Coordinate training and research, (4) Provide advanced post-graduate training in an atmosphere fostering the true scientific outlook and spirit of initiative. (5) Inspire high ideals of the profession, and (6) Promote a community outlook. The setting up of the All India Institute of Medical Sciences was a response to this recommendation.

ROLE OF PROFESSIONALS IN FUNCTIONING OF HOSPITALS

The major function of the hospitals is that of curing, of healing sick people and managing diseases and other disorders of the human body. It also has a variety of other health-related functions like training health practitioners, providing laboratory and other medical facilities, and executing preventive medical programmes to enhance the health of the community. Within the hospital patient related tasks can be divided into two parts (1) treating/managing diseases and illnesses, and (2) administrative or managerial jobs of the hospital. Each of the four major categories of personnel, doctors, nurses, para-professional and social workers play a crucial role in the functioning of the hospital.
Physician

The physician is a key person in the functioning of a hospital whose main responsibility is to cure the patient by diagnosing the illness of the patient. In order to carry this job the physician takes assistance from other professionals in the hospital, by co-ordinating, monitoring and supervising the treatment processes along with the other support staff. The physician also looks into administrative functioning of the hospital, where she/he assists in overall management of the hospital. Physicians also play an important role in formulating policy decisions of the hospital.

Nurses

Next to the doctors, the nurses play a significant role in the hospital. Their job is to implement/execute the course of action prescribed by the doctor, such as dispensing the medicine and monitoring the patient's conditions in the present context they to handle a lot of technologies. Like critical like saving and patient monitoring equipments, in intensive care situations. They also provide bedside care, such as making beds cleaning the sick person, etc. Apart from this, they also supervise the work of their subordinates as well as assist in certain kinds of administrative work. Nurses rank second in the hierarchy of professionals in the hospitals.
Paramedical Staff

They are the medical experts in various fields of medical technology, which are used for effective diagnosis and, at times, therapy and management. Their main job is to assist doctors in accurate diagnosis of disease by conducting various technical tests.

Social Workers

The main responsibility of the social workers in the hospitals is to locate the patient’s disease within the socio-economic and environmental context as against the clinical approach of the hospital. They help the patient to adjust to the socio-psychological conditions of the diseases, and also look into the preventive, promotive and rehabilitative aspects of health care.

Administrators/Management

The administration section forms another important part of a hospital’s function. Other than administrative matters this section looks at, the maintenance of the hospital, provision for the non-medical needs of patient care, management of the financial affairs etc. While the medical staff oversees the therapeutic programmes. The administration defines the medical staff’s official powers, standardizes the hospitals administrative procedure and establishes a level of quality for the hospital’s medical services. They are responsible for the co-ordinating the work of all hospital personnel.
END NOTES:


