CHAPTER TWO
HISTORICAL BACKGROUND OF PUBLIC HEALTH
ADMINISTRATION IN KANYAKUMARI DISTRICT

Public health is a universally recognized concept. Its domain includes all aspects of human life from preconception until death. It takes into account the whole environment in which the human race lives i.e. land, water and air. It needs the cooperation of all disciplines involved in human development and cannot be promoted by the health sector alone. The art and science of maintaining, protecting and improving the health of the people through organized community effort is known as public health\(^1\). But the public health has problems which are a constant concern of the District administration. In order to understand the public health system context pertaining to Kanyakumari District, it is important to analyse the public health system that existed in Kanyakumari District during Travancore administration.

**Vaccination Department**

The development of public health services in Kanyakumari began with the organization of vaccination services in Travancore state. Vaccination was introduced as a state policy in 1813 in Travancore\(^2\). Vaccination was done by a Head Vaccinator and a few Vaccinators till the end of 1864. They functioned under the direct orders of the Durbar physician. In 1865 a separate Vaccination Department was formed in the state. Dr. Pulney Andy, a native of Madras was appointed as Superintendent of

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Vaccination Department, subject to the order of the Durbar Physician\(^3\). He popularized vaccination among the masses and also worked to ward off caste prejudices. The superintendent besides directing vaccinator and inspecting their work had also to inspect the outstation hospitals and suggest measures for improving sanitary condition of the places he might visit. This step marked the first stage in the progress of public health work in the state. A temporary sub-department was also established at Suchindrum in 1895\(^4\).

In the early stages in Travancore, it was easy for higher castes to get vaccinated. The depressed castes were not vaccinated to a considerable extent, probably due to the caste prejudice of the vaccinators, who were usually recruited from the higher castes. In order to overcome this difficulty, two youths belonging to scheduled caste community were chosen and given training at London Medical School in 1869 and 1870 for appointment as vaccinators\(^5\). This was considered not only revolutionary but as a great achievement of that period.

**Sanitation Department**

The Government felt the need for a separate public health agency. Therefore, a Sanitary Department was organized in 1895 with a Sanitary Commissioner as its head\(^6\). For the effective implementation of sanitary schemes, the Trivancore State was divided into four districts as Quilon, Kottayam, Vaikom and Trivandrum (Thovalai, Eraniel, Agastheeswaram, Kalkulam and Vilavancode lying in present Kanyakumari

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\(^3\) Nagam Aiya, V., *op.cit.*, p.524.

\(^4\) Ibid., p.526.


District formed the part of Trivandrum District). An Inspector was appointed for each district whose duty was to check vital statistics throughout the district and to supervise the sanitation work of all parts of the District where the Town Improvement Regulation was not in force. He also supervised the vaccination work and rendered medical aid at the door step of the villagers.

With the formation of the Sanitary Department, the programme of public health work in the state was expanded. The Sanitary Department looks after the collection and compilation of vital statistics, conservancy and sanitation in rural areas, sanitation of fairs and festivals and itinerant medical relief. This remarkable expansion in the sphere of public health work brought forth several far reaching benefits in the State medical science. As a result, relief was made available in rural parts to. The conservancy establishment was improved and enlarged. The number of Conservancy stations strength of their staff which stood at 32 and 235 were increased to 39 and 382 respectively. Regulations and Rules bearing upon public health were passed and put into operation in the state.

New Public Health Scheme

The need for organizing a modern public health department to cope with the various public health problem of Travancore had been engaging the attention of the Government since 1928. In February 1928 the State had made a request to the

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International Health Division of Rockefeller Foundation⁹ in America to depute one of their representatives to the State to take up public health work in Travancore and to give advice to the Government in the matter of organizing public health department in the state¹⁰. The Foundation very generously acceded to the request and appointed Dr. W.P. Jacocks to take up public health work in Travancore¹¹. He arrived at Trivandram on 5 March 1929 and the Travancore Government appointed him as Honorary Adviser of public health¹². He prepared a comprehensive scheme of public health work after an extensive tour for the study of local conditions.

Dr. W. P. Jacocks submitted a general scheme of public health in 1929. The working programme submitted by him were organization of office staff, conduct hookworm survey, malaria survey, entomological work (malaria, filaria and plague), import public health education and propaganda work, extent maternity and child

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⁹ Rockefeller Foundation is a philanthropic organization chartered in 1913 and endowed by Mr. John D. Rockefeller. Its purpose is to promote the well being of mankind throughout the world. In its early years, the Foundation was active chiefly in public health and education. Its agents are working in various parts of the world for the eradication of communicable and preventable disease and for promotion of public health. The work of Rockefeller Foundation in India began in 1920 with a scheme for the control of hookworm disease in the Madras Presidency. Since then the foundation has been associated with several medical public health programmes in India. The establishment of All India Institute of Hygiene and Public Health at Kolkata was in a large measure due to the cooperation of Rockefeller Foundation. At present the Foundation is directing its support to the improvement of agriculture, family planning, rural training centres as well as to medical education.

¹¹ Ibid., pp.190-191.
welfare work and the selection of an area for beginning of health unit work. The scheme was considered and a programme of certain select activities was put into operation in 1930. It consisted of hookworm survey and treatment, public health education, health unit work in Neyyattinkara, epidemiological and vital statistical operations in Vilavancode and Medical entomology work. For carrying out this programme, two medical officers were deputed to America for special training in public health, one on the fellowship of the Foundation and the other at the expense of the Government. On their return they were put in charge of the formation and working of the Neyyattinkara Health Unit and the epidemiological and vital statistical work in Vilavancode.

**Public Health Department**

The Government felt necessary of an efficient Public Health administration and to decide the amalgamation of the existing Sanitary and temporary Public Health Department. So, that all the activities might be co-ordinated on a proper scientific basis under a single directing agency. In September 1933, the Sanitary Department and the temporary Public Health Department were united and a new Public Health Department was given into effect. The Bacteriological Laboratory under the Medical Department was reconstituted as the Public Health Laboratory. The administration of the Public Health Department was vested on the Director of Public Health. In 1937, a further scheme for cholera prevention and for affording intensive public health service

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was introduced in five select taluks, viz., Shenkottai Agasteeswaram, Kalkulam, Vilavancode and Thovalai\textsuperscript{18}, the first three taluks being in charge of sanitary circle officers and the last two taluks under sub-Assistant surgeons attached to the medical department. Taluks were divided into a series of limited Ranges. Each Range being allotted to a Sanitary Inspector or a Vaccinator. Their duties included intensive vaccination, prompt notification and control of communicable diseases, correct registration of vital statistics and rural sanitation.

For the effective supervision of field activities, the erstwhile Travancore state was divided into two Public Health Districts with Kottayam and Neyyatinkara as the respective headquarters\textsuperscript{19}. The control and supervision of each Public Health District was vested on a District Health officer. The principle activities of the Public Health Department till the re-organization of the state in 1956 were the registration of vital statistics, prevention and control of epidemics, attending to the work in connection with medical entomology, maternity and child welfare, rural sanitation, imparting education to the public in public health, school medical inspection and the control of communicable diseases like small pox, cholera, malaria and typhoid fever\textsuperscript{20}.

**Healthcare Services**

In the world, different systems of health care exist in harmony with the traditional and modern services. In India also we have different systems of medicine. The Government of India recognized all these different systems of medicine. Allopathic system of medicine turned out to be the most dominant among various

\textsuperscript{18} Ibid., pp.763-764. \\
\textsuperscript{19} Travancore Administration Report 1946-1947, Trivandrum, 1948, p.140. \\
\textsuperscript{20} Ibid., p.141.
systems of medicine. The Allopathic system of medical treatment was introduced in
the state during the reign of Rani Gauri Lakshmi Bai\textsuperscript{21} (1811-1815). The advantages
of this method of treatment were at first confined to the members of the royal family
and the officers of the Government.

With a view to protect her subjects from the out break of smallpox and other
diseases which was frequent in those days, Her Highness sanctioned the establishment
of a small vaccination section in 1811\textsuperscript{22}. Since then, the allopathy system of medicine
was given importance in the erstwhile Travancore state and hospitals were established
in different parts of the state. The most malaria affected regions in South Travancore
are Arumanai and Kulasekaram Government Medical Institutions were established in
these places during Travancore administration. Subsequently hospitals were
established at Nagercoil, Kuzhithurai and Padmanabhapuram in Kanyakumari
District.

With a view to encourage the practice of inducting medicine by private
agencies, a system of sanctioning regular medical aids to them was started by the
Travancore Government in 1895-1896\textsuperscript{23}. In Kanyakumari, the Church of South India
Hospital, Neyyoor, received Rs.1200 per annum as maintenance grant\textsuperscript{24}.

Government decided to establish a suitable dispensary for the treatment of
tuberculosis. As a result in 1941, the Trivancore Government opened Tuberculosis

\textsuperscript{21} Travancore Administration Report 1929-1930, op.cit, p.172.

\textsuperscript{22} Travancore Administration Report, 1930-1931, op.cit., p.180.

\textsuperscript{23} Nagam Aiya, V., op.cit., p.545.

\textsuperscript{24} Ibid., p.546.
Hospital at Nagercoil\textsuperscript{25}. This hospital was constructed out of the Anti-Tuberculosis Fund\textsuperscript{26}. The hospital was equipped with all the latest equipment and an x-ray unit. It was very popular and so in 1942 the Tuberculosis section of the General Hospital, Trivandrum was discontinued and the patients were removed to the Tuberculosis Hospital, Nagercoil\textsuperscript{27}. The hospital was under the administrative control of erstwhile Travancore state until the merger of the District. Thus the allopathy system of medicine established in Travancore administration became part of Kanyakumari District.

Indian system of medicine has reached a high level of perfection and excellence from early times. It was very popular among rural population. Hence, they consulted hereditary vaidyas, who practiced medicine as a family profession\textsuperscript{28}. The indigenous system of treatment included \textit{siddha} and \textit{ayurveda} which played a significant role in Kanyakumari District and a large number of patients undergo treatment under these systems. Siddha medicine is one of the ancient systems of medicine in the world and from time immemorial, the Siddha system of treatment has been flourishing in the district. Siddha physicians were greatly honoured by the Kings and the public. In the field of Siddha several persons, who had specialized in this system, had rendered best services in Kanyakumari during Travancore administration. The role played by Mydeen Adimai popularly known as Pattanam Vaidyar, Narayanasamy known as Royal Vaidyar and Shanmugha Vaidyar cannot be ignored.

\textsuperscript{25} Travancore Administration Report 1942-1943, Trivandrum, 1944, p.129.
\textsuperscript{26} Travancore Administration Report 1941-1942, Trivandrum, 1943, p.134.
\textsuperscript{27} Travancore Administration Report 1942-1943, op.cit., p.129.
They rendered commendable service to the public in the first half of the 20th century29. The noted ayurvedic physicians were Mahadeva Iyer of Therisanamcope, Neelakanda Vaidyar, Velu Vaidyar and Damadharam Pillai Vaidyar, hailed from the District30. Kattukkadai Asan and Attoor Chellammal were the famous varmanies31. Kattukkadai Asan was very popular in the southern parts of Travancore.

Vattapalli Parameswara Sharma of Suchindram otherwise known as Vaikattu Pachy Moothathu (1813-1882) was a famous ayurvedic physician. He was the first Principal and Director of Ayurvedic School and the nucleus of the present Ayurvedic College, Trivandrum32. Dr. Padmanabha Pillai was a pioneer in Homoeopathy, who lived in Kanyakumari33. In the indigenous system of medicine, treatment were given for diseases like varma, jaundice, rheumatism, arthritis, fracture, loss of hair, eye problems, whooping cough, piles, weeping eczema (vishakkadi) and fungal infection (phuzhukkadi). After independence, Government has also taken keen interest for rendering medical relief to the public under the Indian system of Medicine and Homoeopathy.

30 Personal interview with Dr.S. Devasahayam, Sidda & Ayurvedic Dispansory, Monday market, 20 November 2009.
31 Personal interview with Dr. T. Mohan Rai, Correspondent, ATSVS Siddha Medical College, Munchirai, 10 May 2010.
32 Gopalakrishnan, M. (Ed.), op.cit, p.1090.
33 Personal Interview with Dr. Ranjit singh, Homoeopathy Physician, Kevin Hospital, Nagercoil, 21 May 2010.
Vital statistics before the Formation of the District

One of the important activities of the department of public health was the registration of vital statistics relating to birth and death. Great care is being given for the collection of vital statistics for the socio-economic planning in the country as well as planning and evaluation of all schemes especially in public health and medical fields. For health programmes, statistics on births and deaths was considered most important. Data on births could provide basis for public health programme, for post-natal care of mother and child and for vaccination and immunization programmes. The death records may be used for epidemiological purposes as indicators of the existence of infection and epidemic diseases requiring immediate control measures as well as for the identification of health problems. Data on morbidity and causes of death were considered essential for planning and implementation of control or prevention programmes.

The Registration of vital statistics was a problem which had engaged the attention of the Government for many years in the past. Till 1893-1894, there was no regular agency for the registration of vital statistics in the district. The village officers were expected to keep a register of births and deaths known as Jananamananakkanakku which was neither informative nor exhaustive. In 1893 the

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34 Statistics is the study of methods and procedures for collecting, classifying, summarizing and analyzing and for making scientific inferences from such data. Statistics dealing with vital events like birth death still birth, marriage and divorce is known by the name vital statistics.


36 Ibid., pp.5-6.

37 Velpillai, T.K., op.cit., p.766.
Town Improvement and Conservancy Regulation II was passed by the Travancore Government. By this act, the registration of births and deaths was started in the towns of Trivandrum, Nagercoil, Quilon, Alleppy and Kottayam. It was under the control of Towns Improvement Committee appointed by the Travancore Government in pursuance of the above regulation. In August 1895 a scheme for the registration of births and deaths throughout the erstwhile Travancore State on an uniform basis was also formulated by the Government. But after the organization of Sanitary Department under the control of Sanitary Commissioner, he was in charge of registration of births and deaths.

For the effective implementation of sanitary schemes, Travancore state was divided into four districts namely Trivandrum, Quilon, Kottayam and Vaikkam. An Inspector was appointed in each district to check the vital statistics. In Thovalai and Agastheeswaram the village watchman collected and furnished information of births and deaths. The Vaccinators also periodically checked and verified the entries, made in the registers. In 1933 Public Health Department was established in the Travancore state and it was assigned the important duty to collect vital statistics throughout the state. In 1953 Travancore, Cochin Registration Act was passed by the Travancore Cochin Government and the registration was made compulsory because the births and deaths were not recorded properly. Before the formation of the Kanyakumari District, the birth and death were registered under this act. District Registrar offices, statistical units and local bodies were involved in the matter of registering vital statistics.

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38 Nagam Aiya, V., op.cit., p.499.
Assistants were also appointed as Registers of Birth and Deaths for each village in Kanyakumari\(^4\).

**Services after the Formation**

Registration of births and deaths was introduced in India in 1863. In 1886 the Births, Deaths and Marriages Registration Act provided the registration as optional\(^4\). But the need for the improvement of vital statistics system had been a long felt one. Therefore, number of committees and conferences had gone into this matter and many recommendations have been made through the same. One of the basic recommendations was to enact central act on the registration of births and deaths, so as to have a uniform act throughout India. So in the government of India in 1969 passed the Registration of Births and Deaths Act (ventral Act 18 of 1969)\(^4\), which was enforced in all the States and Union Territories of the country since then. Prior to the introduction of Registration of Births and Deaths Act of 1969, registration, of births and deaths was carried out in Madras under different state legislations in different areas\(^4\). The enactment of Registration of Births and Deaths Act 1969 provided a strong framework for a sound registration system in the country.

In accordance with the provisions of section 30 of the Registration of Births and Deaths Act of 1969, Tamil Nadu Government implemented Tamil Nadu Births

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\(^4\) Ibid., pp.2-3.
\(^4\) Gazette of India, part II, 2 June 1969, p.133.
\(^4\) Compendium of Circulars and Instructions on Birth and Death Registration TamilNadu, 2003, p.1.
and Deaths Registration Rules 1977 with effect from 15 March 1977\textsuperscript{45}. According to this Registration Rules, the registration of birth and deaths was made compulsory and the Director of Public Health and Preventive Medicine became the chief Registrar of births and deaths in the state. Subsequently, as per the civil Registration started in 1978, the following was the number of births and deaths rates for 10 years of Kanyakumari District\textsuperscript{46}.

<table>
<thead>
<tr>
<th>Year</th>
<th>Birth rate</th>
<th>Death rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978</td>
<td>25.43</td>
<td>7</td>
</tr>
<tr>
<td>1979</td>
<td>26.58</td>
<td>7.02</td>
</tr>
<tr>
<td>1980</td>
<td>27.07</td>
<td>6.85</td>
</tr>
<tr>
<td>1981</td>
<td>26.94</td>
<td>7.44</td>
</tr>
<tr>
<td>1982</td>
<td>24.45</td>
<td>6.96</td>
</tr>
<tr>
<td>1983</td>
<td>25.39</td>
<td>6.78</td>
</tr>
<tr>
<td>1984</td>
<td>22.98</td>
<td>6.17</td>
</tr>
<tr>
<td>1985</td>
<td>23.72</td>
<td>6.27</td>
</tr>
<tr>
<td>1986</td>
<td>22.5</td>
<td>6.08</td>
</tr>
<tr>
<td>1987</td>
<td>21.1</td>
<td>5.2</td>
</tr>
</tbody>
</table>

\textsuperscript{45} G.O. Ms. No. 658, Health and Family Welfare Department, TamilNadu, 15 March 1977.

\textsuperscript{46} Report from the Department of Public Health and Preventive Medicine, Madras, 14 December 1987, pp.85-89.
This data’s are explained with the help of a chart.

The Health Assistant of the Medical Department looked after the birth and death registration of the rural areas. Such registration of vital occurrences works was well done than other Districts in TamilNadu. The District has been selected as the best in the state for registration works by the Central Government twice i.e., in 1981 and 1986\textsuperscript{47}. The State of Tamil Nadu implemented the revamped system of Registration of Births and Deaths with effect from 1\textsuperscript{st} January 2000 for attaining cent percent registration. The Registration of Births and Deaths is now carried out throughout the state under the revised “Tamil Nadu Births and Deaths Registration rules 2000”\textsuperscript{48}.

Nowadays number of deliveries at PHCs has been increased by 23\% of State’s total deliveries\textsuperscript{49}. Hence the Government of Tamil Nadu issued an order on 15 July

\begin{itemize}
    \item Gopalakrishnan, M., (Ed.), \textit{op.cit.}, p.1070.
    \item G.O. Ms. No. 528, Health and Family Welfare Department, 29 December 1999.
\end{itemize}
2009 by making all the PHCs in Tamil Nadu as Additional Birth and Death Registration units and appointing the Health Inspectors of PHCS as the Birth and Death Registrars\textsuperscript{50}. The Health Inspectors working in the PHCs have been instructed to act as Birth and Death Registrars. All the Births occurring in the PHCs are registered daily and Birth Certificates, as per section 12 of Registration of Birth and Death Act 1969, is being issued to the delivered Mother before discharge from the PHC from 1\textsuperscript{st} August 2009 onwards\textsuperscript{51}. In Kanyakumari District also births and deaths are registered in the PHCs.

New Public Health programmes are planned only based on vital statistics. So it becomes essential to estimate the accurate vital rates of birth and death every year. Death rates, life expectancy and infant mortality rates are sensitive indicators of the physical well being of population. They also reflect the effectiveness of the social welfare state, the impact of health facilities and a general improvement in the social economic status of a society. Birth rate, death rate and infant mortality rate are found to be higher in rural areas compared to urban areas. An example of vital events in rural areas (Village Panchayats and Special Village Panchayats) registered of Nagercoil Health Unit District from 2006 to 2010 is given below\textsuperscript{52}.

\textsuperscript{52} Report from the Deputy Director of Health Services, Nagercoil, R.No: 22050/SBHI-2/06/53, dt. 06-03-06 of O/o DPH and PM, Chennai-6.
## Details of Vital Events Registered (Village Panchayats and Special Village Panchayats) of Nagercoil Health Unit District from 2006 to 2010.

<table>
<thead>
<tr>
<th>Year</th>
<th>Village Panchayat Events Registered</th>
<th>Town Panchayat Events Registered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of Registration</td>
<td>Maternal Death</td>
<td>Infant Death</td>
</tr>
<tr>
<td>2006</td>
<td>199</td>
<td>199</td>
<td>199</td>
</tr>
<tr>
<td>2008</td>
<td>201</td>
<td>201</td>
<td>201</td>
</tr>
<tr>
<td>2010</td>
<td>203</td>
<td>203</td>
<td>203</td>
</tr>
</tbody>
</table>
From the above table it is informed that the population of the rural areas in the District has been increasing year by year and the death rate is on the decline. For the year 2006 the number of live births registered was 12350 and still born registered as 87. Number of deaths has been registered as 10261 and the infant death toll as 97 and maternal death two. This information is vital and therefore very useful to take remedial measures in rural areas. Infant mortality rate is higher in the rural areas. It means that the lack of health services care during pregnancy and child birth are compounded by neglect of baby girls. So the vital events are very useful to implement health programmes for the development of people of the District. Thus the public health administration in Kanyakumari District is a continuous development performance since the Travancore administration.