CHAPTER 2

Public Health and Health Care in a newly Independent Metropolis: Kolkata.

CHAPTER ABSTRACT

Chapter 2 describes the conditions of public health and health care in a newly Independent Indian metropolis with special emphasis on the question of demography. It describes how the contemporaneous sources are completely silent about the public health and health care issues of post Independence Kolkata. This chapter provides the backdrop for situating the private health care sector of Kolkata. It speaks on the lacuna of the colonial health and health care conditions of Kolkata. The population pressure, especially the migration problem posed a threat to the civic amenities of the city. The rapid increase of population and the subsequent low pace of growth in the number of public hospitals and hospital beds, threatened the health care services. This chapter also deals with the miserable conditions of the public hospitals and public health in Kolktata in the era following Independence.

Introduction.

Health status is integrally related with the socio-economic factors of a certain geographical space. It is needless to mention that the health care delivery services are also largely shaped by the socio-economic aspects. This has been aptly echoed by Rama V Baru[1] who has pointed out in pertinent that health care services are not mere technical interventions, which exist in a vacuum but are influenced by socio economic issues. She further argued that these issues played an important role in influencing decisions regarding the policy formulations, amount of resources allocated, choice of technology, work force development; education and priorities in research, which in turn devise the health care services of a given region.

[1] See Baru,R.V. *Factors Influencing Variations in Health Services*: *A Study of Selected Districts in Andhra Pradesh.*Unpublished M.Phil Dissertation. Jawaharlal Nehru University, 1987.

From this perspective, the aim of this chapter is to focus on the situations of a newly independent city –Kolkata, with special emphasis on its public health and health care conditions in the era following Independence. Mention should also be made that as the present work intends to delineate the changing pattern of private health care services in Kolkata, therefore it is customary to explain the process of transformation, which the city had experienced in almost all facets from the time of its Independence. Since the demographic shift is inextricably linked with the health care services, hence the pattern of population changes, especially the migration issue that Kolkata had experienced, posed a direct threat upon the health care delivery systems. Along with this, the economic profile of the city should be taken into account, as the employment status and purchasing power of the society are closely associated with the utilization pattern of the health care services. Hence, the nature of health care whether it is public or private should be studied by taking into consideration all the adjoining factors, which in a way will also throw some light on the existing health care culture of Kolkata.

Narrating the conditions of Kolkata. (Pre Liberalisation era)

N.S. Deodhar and P.K. Mutatkar [2] have correctly pointed out that the urban medical care in developing countries is a complex institute arising out of interaction between time honored cultural values, socio-economic situation and aftermath of significant spell of colonial rule. Nevertheless according to them, the health care (whether public or private) of any urban culture is shaped by certain factors like population dynamics, epidemiological considerations, urban migration and ghetto formation and interestingly all these aspects are present in some way or the other in the city of Kolkata.

The portrayal and interpretation of Kolkata from various perspectives, after Independence are marvelously depicted in the book titled *Calcutta: The Living City* volume 2 *The Present and Future*.[3] This comprehensive manual has covered the

[2] Deodhar, N.S and Mutatkar, P.K. 'Urban Health Care in India'. In *Urban Health System*. Ed by Umashankar, P.K and Misra, Girish, K. New Delhi: Reliance Publishing House and The Indian Institute of Public Administration, 1993. P 29.

[3] Chaudhuri, Sukanta. Ed *Calcutta The Living City. The Present and Future*. Vol II. Calcutta: Oxford University Press, 1990. (Hereafter cited as Chaudhuri: *The Living City*)

whole spectrum of Kolkata's history, society, its civic development, economy and varied cultural life in detail. Kolkata has been described as the 'primate city', the magnet for survival seekers from one of the poorest and most populous segments of the subcontinents.[4]

Historically, Kolkata, a colonial metropolis, had been an impoverishing city rather than an enriching one. The role of Kolkata, as was true of all the colonial cities had been the role of impoverishing the countryside and of fattening itself at the latter's expense.[5] Ashoke Mitra argues two outstanding factors that have contributed to the uniqueness of the city. Firstly up to 1940, that was the beginning of the Second World War, Kolkata was perhaps one of the most satisfying cities in the East. The reason for this was the fact that Kolkata's industrial growth and diversification, were keeping pace with its population growth and the level of unemployment up to 1940 was low. Kolkata's efficient port and transport facilities matched the city's industrial activity, which in turn was well sustained by its abundance of industrial water and power. The city's stock of skilled human resources and entrepreneurship were richest not only of all cities in India but almost the entire East.[6]

The Second World War converted Kolkata into a major forward base and quickened its industrial enterprise attracting an unprecedented large volume of unskilled and semi skilled labour to operate feverish and industrial enterprise addressed to war supplies. Housing, water supply, sanitation sewerage and general municipal infra structure including metropolitan transportation and communication services, were strained beyond limits and very palpably failed to keep up with the rate of population growth.[7]

The Population.

Since the population explosion is one of the major areas in the process of urbanization of Kolkata therefore the adjoining issues like the migration problem, economic setting along with the employment scenario need mentioning. To trace back the history of

4 Introduction, Chaudhuri: *The Living City.*
5 Ibid
6 Mitra, Ashoke. *Calcutta on the Eve of her Tercentin*ary. Calcutta: Abhinav Publication,1990. P 58 (Hereafter cited as Mitra : *Calcutta on the Eve of her tercentenary)*
7 Ibid P 58

population growth in Kolkata, it has been observed that the population of Kolkata proper (Municipal area) which contained the old town as its nucleus grew from. 1 to1.4 lakhs in one hundred years.

Table 2.1: Population Estimates and Enumeration.[8]

Year	Population in Lakh		Density (in thousand per sq. mile)	
	Calcutta City	Calcutta Proper	Calcutta City	Calcutta Proper
1701	------	0.1	------	3.4
1801	------	1.4	------	4.3
1837	------	2.2	------	N.A.
1850	------	4.1	------	N.A.

Enumerated Population.

Year	Population in Lakh		Density (in thousand per sq. mile)	
1901	8.4	8.0	40.3	46.7
1911	8.9	8.6	42.6	46.0
1921	9.0	8.8	43.6	47.3
1931	11.9	11.5	36.2	37.1
1941	21.0	20.7	60.0	72.9
1951	25.4	25.2	76.9	80.9
1961	29.2	29.1	73.6	78.7
1971	31.4	N.A.	78.9	N.A.

Between 1801 to 1837, it increased further but less than double, where as in 50 years the population was 4 times more than that in 1801.At the turn of the century (1901) the census figure was 8 lakh. It is there fore, double the population than what is in 1850; and eighty times over the population in 1701.[9]

The decade variation of population growth of Kolkata (70.51%) city presented a number of worth noting features. In 1911 Kolkata city recorded a growth rate of 8.8% over 1901.During the same period unadjusted population of Kolkata proper registered similar growth though slightly lower than the over all city's growth. The 1911 -1921 growth rates for Kolkata proper recorded a decline. In the next decade, 1931-41

[8] Ghosh, Murari. *Calcutta A Study in Urban Growth Dynamics*. Calcutta: Firma KLM Pvt Ltd. 1981P 100.(Hereafter cited as Ghosh : *Calcutta A Study in Urban Growth Dynamics)* Also see Munshi K Sunil. *Calcutta Metropolitan Explosion: Its Nature and Roots*. New Delhi: People's Publishing House, 1975.

[9] Ghosh: *Calcutta A Study in Urban Growth Dynamics*. P 100

growth rates were the highest. It is 86% for the city as a whole and 80% for the unadjusted Kolkata proper. Here after the decades 1941-51, 1951-61, 1961-71 registered gradual decline for both city and Kolkata proper. The population of Kolkata developed between 1921-1951 at a compound rate of 3.18% per annum. Between 1951-61and 1961-1971 the population of Kolkata grew annually by. 8% and. 7% respectively. These are certainly very low rates. Various factors might be responsible for these low growths:

- That the city was gradually nearing saturation point and is therefore unable to absorb population as before
- That during this period Kolkata experienced factors deterrent to growth such as industrial unrest, economic difficulties, shortage of raw materials
- That the urban services and facilities (e.g. sanitation and transportation) were not adequate to bear the strain of higher growth.[10]

However among the above mentioned points, the last factor bears significance with our purpose of study. It is important to mention that the decline in demography in these decades has also been recorded by Mitra. But he argues that ever since 1950 industrial growth in Kolkata metropolitan region had failed to keep up with its population growth. In fact except for a short spell in 1961-66, the gap between population growth and industrial expansion had steadily and rapidly declined.[11]Actually owing to the lack of a desirable rate of industrial growth and the languishing of the port of Kolkata, the city's infrastructure, too, had grievously and continuously suffered for lack of sustenance. The problem of Kolkata was essentially the problem of population growth and industrial growth having parted their ways suddenly and sharply in all too brief a space of time and gone their different courses ever since, in almost inverse relationship to each other.[12]

Though Ghosh and Mitra had recorded a fall in the demographic rise in these decades, but this marginal decline did not mark any significant impact neither on health nor on

[10] Ibid P 101.
[11] Mitra: *Calcutta on the Eve of her Tercentenary* P 59.
[12] Ibid P 59.

the health care infra structure as a whole. Nonetheless the fact that sanitation and transportation were not sufficient to bear the burden of population rise, so the population growth marked a decline (as put forward by Ghosh) is not acceptable. Actually the urban facilities were not sufficient enough to meet the need of population rise. As far as the health care scenario was concerned, there was however a growth in the public health care services. But this growth was highly insufficient compared to the population increase and more significantly the official documents of the health department registered a sharp rise in the population of Kolkata in those decades. Nevertheless it is also essential to argue that during these periods there had been an expansion in the health care services which is true for India as a whole.[13]

Since this chapter aims to delineate the health care problems and its relation with the socio-economic changes of Kolkata, therefore it is of utmost importance to take into account the information provided by the official documents of the health department.

According to *Health on the March*[14](the official document of the Health Department, Government of West Bengal) Kolkata had an area of 104 square kilometers in the year 1970 (based on the variation of 1961 and 1971 census) with an urban population of 3141180. For the first ten years after Independence, (1948-1959) *Health on the March* published the data that only catered to the information on the state of West Bengal as a whole. District –wise data was provided from 1960. From 60's onwards, the annual issues of the *Health on the March* registered the growth of population by calculating the mid year population on a yearly basis.

The social forces, which contributed towards the growth Kolkata and its immediate neighborhood, were in fact urbanizing a much larger territory. This process pre dated

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[13] In reality health services development in India can broadly be divided into three phases. The first phase of development was the post Independence period that up to the 1970's was the period of growth. This phase was followed by the period from the late 1970's to the late 1980's when there were cutbacks on public spending and concessions were given to the private sector. During the third phase India applied for loans from the IMF and World Bank. (Baru Rama. Health –Sector Reform: The Indian Experience. In Twaddle, Andrew,C Ed Health Care Reform Around the World.Auburn House: Westport, Connecticut. 2002. P 270). For this chapter we need to concentrate on the first phase only. In case of Calcutta it is highly evident that the expansion of the health services was never in tune with the population rise. Hence the urban facilities were not a threat towards population growth, rather the population growth pressurized the urban infrastructure.

[14] *Health on the March.* State Bureau of Health Intelligence.Directorate of Health Service. Government of West Bengal.(Various Years)

the formation of Kolkata itself. A number of townships based on trades and industries had been developing since 16th century along both the banks of river Hoogly that acted as a corridor of transport. Moreover, the railway tracks followed the two banks of the river with terminals at Sealdah and Howrah accentuated the process of unification. Nevertheless Kolkata not only drew people from rural areas to provide a better quality of life. The advantage that the cities offered instead was a relatively quick opportunity of new income through placement in urban economy. Along with this Calcuta had also experienced phenomenal arrivals of immigrants, induced by periodic upset in rural economy. To the afflicted people the larger cities, especially the capital cities like Kolkata had appeared as better places for shelter as the state supported relief operations tend to be organized earlier and better in the capital cities.[15]

Table 2.2: Relative Placement of Tracts in the Growth of Population in the Calcutta Urban Agglomeration, 1980-81.[16]

Tracts		1901	1911	1921	1931	1941	1951	1961	1971	1981
Calcutta City	(a)	934	1016	1053	1165	2167	2698	2927	3149	3305
	(b)	100	109	113	125	232	289	313	337	354
	(c)	61.9	58.2	55.9	54.5	59.8	57.8	48.9	42.4	35.9
Surrounding Municipal Towns	(a)	276	326	352	410	664	860	1208	1541	1809
	(b)	100	118	128	149	241	312	438	558	655
	(c)	18.3	18.7	18.7	19.2	18.3	18.4	20.2	20.8	19.7
Rest of the CUA	(a)	300	403	480	564	790	1112	1849	2730	4080
	(b)	100	134	160	188	263	371	616	910	1360
	(c)	19.9	23.1	25.5	26.4	21.8	23.8	30.9	36.8	44.4
CUA as a whole	(a)	1510	1745	1885	2139	3621	4670	5984	7420	9194
	(b)	100	116	125	142	243	309	396	491	609
	(c)	100	100	100	100	100	100	100	100	100

Notes: (a) Absolute population in thousands adjusted for boundaries
(b) Index Number of (a) with 1901 as base of 100
(c) Share of the tract in the population of the CUA in ratio percentum

[15] Chakrabrty, Satyesh C. 'The Growth of Calcutta in the Twentieth Century'. In Chaudhuri: *The Living City* P 4

[16] Ibid P4

The population growth accelerated with the influx of refugees from East Pakistan, after the Partition in August 1947. By 1951, when the census was taken, about 1.5 million refugees from East Pakistan had settled in the Kolkata industrial region (roughly 150 square miles) Kolkata and Howrah cities alone accounted for over 900,000 of them. The new population influx which continued in the decades of the sixties and seventies, culminated in the Bangladesh avalanche of 1971. It caught Kolkata's industrial pace totally unawares and widened the gap between metropolis's population growth and industrial growth, consolidating a new type of the urban poor- a bodily transfer of vast masses of the rural poor to the heart of the metropolis.[17] The unusual spurt in the numbers of immigrants since 1951 was caused mainly by mass migrations from Pakistan. These persons being designated, as 'Displaced Persons' constituted between 17 to 18 % of Kolkata's total population in 1951 and 1961.[18]

Mention should also be made that Kolkata entered to the category of metropolitan city way back in 1921. The following tables will give the population figures for Kolkata Municipal Corporation area (CMC),the Calcutta Urban Agglomeration (CUA), the collection of towns centered upon Kolkata along both banks of river Hugly, and the Kolkata Metropolitan District (CMD), or the entire region – with a rural as well as urban component –constituting the 'Standard urban area' of Kolkata. Over the last six decades, the population of CUA had increased nearly five times, and that of CMD four and a half times. The population of the city proper or CMC area had increased more slowly, especially since 1951.[19]

Table 2.3: Population of CMC Area, CUA and CMD from 1911 to 1981, Adjusted for Boundaries. (in millions)[20]

Year	CMC	CUA	CMD
1911	1.02	1.75	?
1921	1.05	1.89	2.25
1931	1.17	2.14	2.54
1941	2.17	3.62	4.31
1951	2.70	4.67	5.08
1961	2.93	5.98	6.62
1971	3.15	7.42	8.30
1981	3.30	9.19	10.11

17 Mitra: *Calcutta on the Eve of herTercentenary*. P 59
18 Ghosh:, *Calcutta A Study in Urban Growth Dynamics*. P 103
19 Ghosh, Ambika Prasad: 'The Demography of Calcutta'. In Chaudhuri: *The Living City*.P 50.
20 Ibid P 50.

Table 2.4: Population Growth Rate in CMC Area, CUA and CMD by Percentage.

Decade	CMC	CUA	CMD
1911-1920	3.63	7.99	?
1921-1930	10.63	13.48	12.89
1931-1940	86.00	69.34	69.69
1941-1950	24.50	28.94	17.63
1951-1960	8.48	28.14	30.57
1961-1970	7.57	24.01	25.38
1971-1980	4.96	23.90	21.81

The CMC area –'inner' or 'proper' Kolkata –was thus increasingly becoming only centre of a much larger circle extending over much of the districts of Howrah, Hugly, North and South 24 Parganas as well as parts of Nadia. This whole area depended on the city for its economic life. The economic life of the CMC area was inseparable from that of the CUA and CMD. There was large inflow of population, in and out, between the centre of the circle and the periphery.[21] However the growth rate of the population has never been uniform. The period 1931-50 saw the largest decadal growth in population, induced by war, Partition and post- Independence expansion. Since then the population growth has slowed down. Overall this was not a sign of decay, but of a new, more balanced role in future economic development. This is indicated by the fact that the percentage of. migrants from outside the CUA in the city's total population has been steadily declining since 1950's.[22]

Table 2.5: Migrant Flow in the CUA by Volume and as Percentage of Total Population.[23]

Year	Migrant Flow (in lakhs)	Percentage of migrants in total population
1921	8.85	45.9
1931	8.97	40.8
1941	14.07	42.3
1951	27.48	56.2
1961	34.39	52.9
1971	35.89	45.1
1981	30.04	31.3

[21] Ibid P51.
[22] Ibid P 51
[23] Ibid P 51

The figures reinforce the conclusion that the explosive expansion of Kolkata has for the time being, slowed down, though a third of the population still consists of fresh migrants. This trend is to be considered a sign of maturity rather than decay, as no urban agglomeration can have a continuously high rate of growth. This slowing down is due to state of saturation: the economic advantages of life in the agglomeration are gradually eroded, and the advantages of scale outweighed by the growing diseconomies of overcrowding.[24]

Even so, the natural growth rate of the CUA was still quite considerable. Even if the flow of migrants does not increase, the natural growth rate will keep the population growing steadily. More and more since 1961, the population of the CUA is increasing by its own momentum.[25]

Kolkata's contribution towards urban population of West Bengal was enormous. The urban population of West Bengal had increased throughout the period of the existence of the province (i.e., 1947 to the present). But Kolkata's population growth presents an interesting trend. It rose gradually from 1901 and reached the apex in 1951 and then started falling.While the urban population of West Bengal to total population of the state increased in every seventy years more than 100%, during the same period (1901-1971) population of Kolkata which was all urban grew 48% only.[26]

The Economic Profile of the City.

A very brief economic activities of the city needs mentioning. As far as the employment scenario of Kolkata is concerned, the city had exhibited a complex picture. Assuming Kolkata's share of West Bengal's urban working population to be the same as its share of West Bengal's total urban population, it may be estimated that in 1969 about 2.1 million of West Bengal's urban working population were in the Kolkata Metropolitan District.[27]

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24 Ibid P 51
25 Ibid P 51
26 Ghosh : *Calcutta A Study in Urban Growth Dynamics* P 102.
27 Census of India, 1971, Series 1 : India, Paper 1 of 1971 : Provisional Population Totals. P 49-50. In Lubell, Harold. *Calcutta and its Urban Development and Employment Prospect*:.Geneva:

The Indian Statistical Institute carried out the first of these surveys in 1953. This survey of employment in Kolkata presented a detailed breakdown of the gainfully employed by economic sector and by occupation. The breakdown by sector showed 25% in distribution and finance, 26% in manufacturing, 30 % in services and the rest in construction, public utilities and other activities. The breakdown by occupation showed 38% in white-collar jobs (administrative and executive, ministerial and superior technical occupation), 15% in trade and financial occupations, 29% in skilled manual occupations and 18% in unskilled occupations.[28]

Ever since planning began in India private investment had not preceded but followed. Private investment had followed the cycles of public investment even territorially. Private industrial investments in industrial regions responded to state investments. Private sector had also found a new way of responding to public investment in Kolkata.[29]

The most pertinent question here is –why the sequence of economic scenario of Kolkata has been addressed ? The reasons are that, the framework of economic conditions and the employment status will throw some light on the income profile of the population. Secondly the presence of private sector in other domain apart from health care in the era following Independence will help to understand its character and nature in other occupational fields.

Situating Public Health and Healthcare services in Kolkata- A General Outline.

It is crucial to discuss the public health and health care sector in Kolkata before narrating the specificities of private health care services in detail. From the previous section, an idea is gathered about urban Kolkata's population dynamics, migration problem, social change and economic development. This backdrop of urbanity is important to understand not only the health problems of the city but also essential to locate the health care service sector of Kolkata in the decades of late 50's 60's and

International Labour Office,1974.P 46.(Hereafter cited as Lubell: *Calcutta and its Urban Development*)

[28] National Sample Survey, No 17. *Report on sample survey of Employment in Ca*lcutta, 1953. (Delhi : Cabinate Secretariate, 1959). In Lubell*: Calcutta and its Urban Development*. P 46-47.

[29] Mitra : *Calcutta on the Eve of her tercentenary*.P 62. Also see Goswami, Omkar. 'Calcutta's Economy 1918-1970: The Fall from Grace.' and Datta, Bhabatosh. 'The Economy of Calcutta: Today and Tomorrow.' In Chaudhuri: *The Living City*.P 50.

70's.It should be admitted that though this study aims to discuss about the private health care services of post 1947 Kolkata, but few words should be devoted on the public health condition of the city in a nutshell.

In trying to understand the public health and health care situations of Kolkata, an attempt should be made to look into the public health scenario in the colonial period in brief.

Public Health in Colonial Period.

The British colonialists seldom noted the ecological disturbances due to expansion of communication through roads and railways, and at the same time neglected waterways such as canals and rivers, which for centuries, had served the need of transportation. While engineering works increased the facilities for travel, in many cases they were responsible for the great increase in the prevalence of malaria by creating conditions of mosquito breeding. Engineers and contractors, in course of construction of roads, railways, irrigation projects or in the lay out of new townships, created burrow pits, quarry pits and badly designed culverts. They often paid no heed to, or did not realize the disastrous consequences to the health of the people. By their careless operations, they created conditions for the progress of diseases and displacement. Communication networks also spread diseases; malaria is aptly called a disease of development.[30]Moreover, the building of railways started in the middle of the 19thcentury. In fact, the first opening of Kolkata to Ranaghat via railway was started in 1862, and by 1872 there were no less than 900 miles of railway.[31] It is an interesting co-incidence that in the every year the railways were built there were reports of fever epidemics in Burdwan. It was rightly said by K.C. Ghosh that the railways are a most prolific source of Anopheline breeding places and malaria of virulent type.[32]

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30 Kazi,Ihtesham. Environmental Factors: Contributing to Malaria in Colonial Bengal. In, *Medicine in India: A Historical Overview*.Ed by Kumar,Deepak. New Delhi: Tulika Books, 2001. P 124. (Hereafter cited as Kumar, D: *Medicine in India: A Historical Overview*)

31 Peterson J.C. Bengal District Gazetteers. Burdwan Calcutta 1910 P 78.In Kumar, D: *Medicine in India A Historical Overview*. P 129.

32 K.C. Ghosh. Railway and Malaria LX11 March 1928 P 169. In Kumar, D: *Medicine in India: A Historical Overview*. P 129.

In a more recent study by Arabinda Samanta,[33] the deplorable conditions of public health and sanitation in colonial Bengal have been depicted. Closely connected with the phenomena of deteriorating environment was the apathetic state of health and hygiene among the rural people of Bengal. This again in fact stemmed from a continued poverty and starvation over time. Increasing number of embankments and railways reduced the chances of flood and inundation. This in turn meant progressive loss of fertility of the soil. Loss of fertility of the soil due to cessation of inundation had diminished the quantum of winter harvest, which meant starvation of the rural masses.[34]

Poor sanitation around the plantation areas created micro-environment favorable for mosquito breeding and spreading malaria among the inhabitants. Thus, the expansion of irrigation canals, the construction of railroads and embankments created congenial habitat for malaria carrying mosquito.[35]

Small pox, known as Basanta Rog was one of the major epidemic diseases in Bengal like most other infectious diseases small pox exhibited a seasonal incidence occurring mainly during the first half of the year. Kolkata seemed to serve as an important disseminating focus of small pox infection where epidemic of a serious nature once broke out in 1838 and again in 1848 – 50 and 1856 – 58. The disease acquired a deadly association with famine and prevailed in a severe epidemic form during 1943 – 1945.[36]

Actually, the outbreak of these diseases (malaria, cholera, small pox, kala-azar, tuberculosis, leprosy) and infections were mainly the results of malnutrition and under nutrition of the entire populace. Along with this, poor standards of nutrition, bad housing conditions, adulteration of foodstuffs worsened the public health situation of urban Kolkata and contributed immensely to the ill health of the people. Mention should be made that the urban areas of Kolkata were also deprived from the provision

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33 Samanta, Arabinda. *Malarial Fever in Colonial Bengal.1820-1939. Social History of An Epidemic*. Kolkata: FIRMA KLM, 2002. P 201.

34 Ibid P 201

35 Ibid P 201

36 Samachar Darpan 27 April, 1839,S.W.Goode, Municipal Calcutta, its institution in their origin and growth p 232, Statistics compiled from Bengal Provincial Health Report 1919- 1947. In Ray, Kabita. *History of Public Health :Colonial Bengal 1921-1947*. Calcutta: K.P.Bagchi and Sons, 1998.P 58-59.

of safe drinking water. Kabita Roy has recorded that the infant and maternal mortality was staggering.[37]

The real problem was however the apathy shown by the bureaucracy towards the problems of public health which were no doubt formidable, but not insoluble.[38] "The imperial government did not, of course, place sanitary reforms or medical services high on its list of priorities," admitted Roger Jeffrey.[39] The first essential was the formation of a dynamic outlook in regard to public health, the evils of which called for more thorough going and various efforts for their eradiation. But the public health policy of the government was characterized by vacillation.[40]Actually, over the years there has been a general tendency of neglect by the rulers of the country on the health and health care scenario of the country. Both the colonial state, and later the welfarist state had identified this sector as always being inadequate with the need of the country, which was already densely populated, and poverty-stricken.

Public Health and Health Care after Independence.

Independence of India however did not bring about any encouraging scenario in the sphere of public health and the situation further worsened with the lack of improvement of the poor hygiene and sanitary conditions. Public Health, Amartya Sen and Jean Dreze argue, has been, "One of the most neglected aspects of development in India."[41] The poor pattern of investment on public health has resulted in a deplorable condition of the entire health and health care infrastructure.

After 1947, it has been observed that except some progress in First Five Year Plan in controlling malaria and also in improving the health services to some extent. and in some provinces, the public health conditions in India were none too encouraging. Though certain discrepancies make an objective reading difficult, figures noted below prove that no satisfactory headway could be made during First Five Year Plan period especially on the preventive side and also on measures to achieve positive health.

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37 Ibid P 345
38 Ibid P 345
39 Ibid P 347
40 Ibid P 345
41 Drez, Jean and Sen, Amartya. *India Development and Participation.* New Delhi: Oxford University Press,2002. P. 200-02

Neither the target figures nor personnel involved even in the First Five Year Plan period of Bhore Committee's recommendation could be arrived at.[42]

In the XIII Bengal Provincial Medical Conference held in Midnapore,Dr. A.K.Bose as the president of the conference referred the present health situation of India.

'But the position to day is far from satisfactory and the result is that in India every year about 10 lakhs of people die of malaria, 5 lakhs of tuberculosis, 2 lakhs of dysentery,1 lakh of cholera, 1 lakh of small pox and many lakhs of other diseases directly or indirectly related to malnutrition. Infant mortality is colossal; almost 50% of average mortality amongst children below the age of ten. A large percentage of those that somehow grow up become a source of economic drainage to the nation due to perpetual ill health.'[43]

The diseases, which were predominant in these decades, had their origin in the British period. Since the conditions of hygiene and sanitation was far from important, the water borne and communicable diseases like malaria, filariasis, cholera, diarrhoeal diseases, leprosy, tuberculosis etc. spread like epidemic.

The First World War, the Bengal Famine and the Second World War disrupted the stability of the metropolis whose civic facilities were taxed beyond endurance.[44] All uncommitted vacant land in and around the city became the encampments of millions of homeless men and women. Thus hundreds of 'refugee colonies' sprang up almost overnight, all around the city and occupied all the vacant land in the fringe area. Here the refugees built up their own type of settlement, bearing some reflection of the village set-up of their lost home. Thus, before C.I.T. (Kolkata Improvement Trust) could cross its own administrative hurdle – confinement to the municipal limits of the city – the refugees had taken command of the adjoining areas and transformed them

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42 Indian Medical Association. Health Scheme under the Second Five Year Plan. Part 1. *Journal of Indian Medical Association*. JIMA. (SUPPLEMENT) 1955, Vol 25, No 10 P 421.

43 Presidential Address by Dr A.K. Bose in the 13th Bengal Provincial Medical Conference held in Midnapore.on 7th and 8th November 1953.Published in *Journal of Indian Medical Association.* JIMA Vol xxiii, No 5, February 1954. P 224.

44 Chatterjee, Monidip. 'Tour Planning in Calcutta, Past, Present and Future.' In Chaudhuri :*The Living City*. P.142

into a very different environment. These settlements posed a massive challenge to the planning and development of the city in the following decades.[45]

By the 1950's, Kolkata's civic facilities were under severe strain and grossly inadequate at any case. At the same time, Kolkata was beset by cholera epidemics, which drew the attention of the World Health Organization. In 1959, the WHO deputed a consultant team led by or Abel Wolman to examine the water supply and environmental sanitation of Kolkata. The team highlighted the urgent need for rehabilitation and improvement of the water supply and environmental sanitation system. As the team also pointed out, the region of endemic cholera in India fell mainly within the state of West Bengal, with its nucleus in Greater Kolkata, and the cholera situation there had great significant not only for India, but for the world at large.[46]

Along with this, mention should be made about the health status of the 'inheritors of slum and pavement life in Kolkata'.[47] This one third of cities population had multiplied more abundantly than they die. They worked for the benefit of the upper classes of Kolkata, undertake the most imperative, faking yet lovely occupations. They were sickly, malnourished and sometimes utterly destitute. Most of them had adopted half-urban lifestyle illustrating a special history and a social mobility.[48]

Unfortunately these 24 Lakh slum dwellers of Kolkata were nominally benefited from the efforts of CMDA (Kolkata Metropolitan Development Authority). They still line out their monsoons among lanes knee-deep in mud, thick with garbage, chemicals and gobbets of flesh and hide. Inevitably each monsoon, the area became a seedbed for enteric fever and malaria and some sporadic cases of malaria.[49]

In a generalized way it has been argued that in all India level, although urbanization is one of the indicators of development, very fast growth of urbanization in developing countries has created problems of proliferation of slums. The rate of urban growth cannot match housing, educational and health service facilities including drinking

45 Ibid P 142
46 Ibid P 143
47 Bandopadhyay, Raghab. 'The Inheritors, Slum and Pavement life in Calcutta.' In Chaudhuri : *The Living City*.P 78
48 Ibid P79
49 Ibid P 82

water and sanitation.[50] Slums vary greatly from each other. But the universal characteristics refer to overcrowding and congestion, extremely poor sanitation, lack of civic amenities and deviant behaviour. It is reported that in Delhi slums, 400,000 people live on one square mile. In Bombay, it is common for 10 persons to live in a room ten by fifteen feet. However, slum cannot be defined only by housing. In India, temporary structures raised with the use of material such as rags, plastic pieces, rusted pieces of iron, pieces of canvas cloth, and places where there is almost total absence of tap water, latrines and roads are identified as slums. Slums culture in particular is marked by apathy, insecurity, social isolation and disease.[51]

A typical Indian slum is characterized by absence of drainage and fouling of open spaces, passages and streets by refuse, garbage and human excreta. Flies are enough in numbers to cover all food and make it invisible.[52]

Like Bombay, Delhi and Madras, where the number of slum dwellers were 12,50,000, 7,00,000, 9,00,000 respectively, in Kolkata the number was nearly 11,00,000 in the decades of 1960's. It is no wonder that slum dwellers should be the victims of our borne and water borne infections, and should suffer from nutritional deficiencies as also from undiagnosed mental illness.[53]

As a newly independent metropolis, Kolkata had witnessed the rapid changes in the demographic pattern. The C.M.D.A estimates that by the year 2011, when the population of the C.M.D.A. will reach 18 million, its open space will be reduced from the present 690 Sq.km. to around 300 Sq.km. implying a loss of around 400 Sq.km. of not only green space but fertile agricultural land.[54]

Moreover, the greater part of the migrants were poor and resource less people who gathered in slums and shanty town and even on roads and open spaces, creating new vicious environmental cycles of which they themselves were the chief victims. Acute urban poverty in reflected in the Physical Quality of Life Index (PQLI), which thus

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50 Deodhar, N.S and Mutatkar, P.K. '*Urban Health Care in India'*. In Urban Health System. Ed by Umashankar, and Misra, Girish K. New Delhi: Reliance Publishing House and The Indian Institute of Public Administration, 1993.P 36

51 Ibid P 36

52 Ibid P 40

53 Ibid P 36

54 Chakraborty, Dipankar. 'Calcutta's Environment.'In Chaudhuri: The *Living City*. P 182.

took note of longevity, child mortality, shelter, availability of water, sanitation, educational facilities, power supply and health.[55]

Health hazards have affected the well being of not only the slum dwellers but also the affluent section of the society in a different manner. Over the years, the pre-dominance of the life-style diseases or the non-communicable diseases threatened the life of people living in upper strata of the economic level.

Trees and open spaces maintain the oxygen balance in urban areas. Ideally there should be 100 trees per kilometer. Kolkata had only 21, according to a tree census conducted by the Institute of Ecological Exploration in Kolkata in 1984. Since then, the number may have increased marginally in inner Kolkata owing to many tree planting programme; but building and development on the outskirts has undoubtedly lowered the number there.[56]

Again, on the other hand, the effects of an unfavorable terrain and intense congestion had been exacerbated by the man-made situations. Kolkata's garbage was taken to some 600 collecting points, and removed these to the dumping grounds east of the city. But collection does not match accumulation. There is usually a backlog of 10 to 20%, creating a health hazard in the city's humid tropical condition.[57]

Such shortcomings create what we may call an urban psychological pollution, a fatigue and depression in the citizens. Moreover Kolkata's transport is a major source of pollution.[58]

Mention should also be made that, the presence of industries even within the inner city limits is another grave source of pollution. The C.M.C. area has 11,516 large and small industrial units. Many of these factories produced highly toxic chemicals, for instance, the 2,150 units producing acids, chemicals, paint and varnish, many of whose emissions are suspected of causing cancer.[59]

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55 Ibid P 182
56 Ibid p 183
57 Ibid P 184.
58 Ibid P 184.
59 Ibid P 184.

Anandabazar Patrika, dated 30th October 1967,[60] reported that, there had been rapid spread of malaria in the adjoining areas of Kolkata. Blood tests, in almost 70% cases, revealed the presence of malaria virus. What is important for our study is that this particular news report also recorded, that people residing in these areas had never experienced the outbreak of malaria at least ten years back. The degeneration of the entire hygiene and sanitary condition undoubtedly resulted in outbreak of this communicable disease.

Another interesting report published in *Anandabazar Patrika* on 12th November 1967,[61] stated that 'Malaria has emerged once again from the oblivion.' Measures were undertaken on behalf of the Health Department, Government of West Bengal to fight against the rapid spread of the disease.

A very short report published in Anandabazar on 3rd May 1967[62] stated that there had been rapid spread of cholera in the city. Hospitals all over the metropolis started admitting patients affected by cholera. More than 39 patients, so long been diagnosed with cholera had been admitted in different city hospitals.

Nevertheless, various issues of the *Health on the March*[63] published in these decades had registered the death mostly from the diseases like cholera, small pox, malaria, pulmonary tuberculosis, dysentery. However in the 1971 issue of the *Health on*

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60 *Blood Test e Malaria Virus Paowa Gechhe*. (Malaria Virus has been detected in the Blood Test) *Anandabazaar Patrika*. October 30th 1967.

61 *Malaria: Prasthan o Prabesh* (Malaria: Entry and Exit)*Anadabazaar Patrika* dated November 12th 1967. This report further illustrates that long 67 years back, in 1900, preventive measures were first undertaken to control the outbreak. Moreover in 1900, Malaria Commission of Royal Society of England came to India to understand the situation of malaria epidemic. This commission for the first time stated that malaria is a National Problem of India. Another survey revealed that in 1935 more than 10 Crores of peopled affected by malaria, out of which 10 Lakhs people died on an average. However in 1964 Health Survey and Development Committee formulated a Health Action Plan to combat the disease. In 1946-47, Delhi, Bombay, Mysore, Uttar Pradesh also undertook the task to formulate the Pilot Action Plan. Surprisingly, though there were enormous, apprehension regarding the success of these attempts, but by 1952 it has been observed that more than 3 Crores of people responded in the preventive measures undertaken by the state initiatives.

62 *Choleray 39 jon aakranto*. (39 people *are infected by cholera*) *Anandabazaar Patrika*. May 3rd 1967.

63 *Health on the March* (various years.)

March,[64] report came of a new disease – diphtheria – that had broken out in the city. Nevertheless maternal death and infant mortality were also predominant.[65]

Surprisingly, the book 'Calcutta-The *Living City*'- (published in the year 1990), has not devoted a single chapter either on public health or on the private healthcare sector. Due to the scarcity of proper sources, it is indeed a difficult proposition to document the healthcare scenario of Kolkata. Along with the government, documents and some stray references, a complex and heterogeneous condition of healthcare sector is revealed in the metropolis of Kolkata.

The first issue of *Health on the March* [66] provided the data on the state of West Bengal as a whole. According to this, there were three categories of hospitals in urban areas.

a) State
b) State-aided
c) State special.

Table 2.6: Distribution of Medical Institutions and Beds.

Years	State		State-Aided		State Special	
	Number	Beds	Number	Beds	Number	Beds
1948	219	10837	22	2635	52	2279
1949	232	11533	22	2856	50	2233
1950	274	10997	22	3099	52	2241
1951	288	10057	22	3099	52	2247
1952	310	10268	25	3929	53	2411
1953	335	10975	27	3879	59	2411
1954	344	12022	28	3998	59	2409
1955	380	12991	33	4779	60	2409
1956	419	13848	32	4802	60	2409
1957	446	14170	31	5212	59	2407

Source: *Health on the March* (1948-1957) West Bengal (corrected up to 31st December, 1957). Progress of Medical Institutions (hospitals only).

64 Ibid
65 Ibid
66 Ibid

However in the year 1957, *Health on the March* recorded that West Bengal had a population of 28,488,196 with an area of 34, 205 sq. miles. Apart from the hospitals which are listed above, there were also health centres, dispensaries and clinics in the rural belt of the various districts of West Bengal.

The 1962 issue of the *Health on the March* provided for the first time the district wise data of Medical Institutions. According to this data a detailed picture of number and categories of hospitals and hospital beds are obtained.

Total number of Hospitals, dispensaries and clinics and Beds by districts in West Bengal as on 31st December, 1962 are as follows:[67]

Table 2.7: Total Number of Hospitals and Beds in Kolkata as on 31st December 1962.

State		A.G & F.R.E.*		Local Fund		Private Aided		Private Non-Aided		Railway		State Special		Total	
Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds
11	5045	1	200	7	308	23	3146	6	290	3	180	5	556	57	9745

*Auxilliary Government and Famine Relief Emergency Hospitals

Though, there are certain ambiguities in this classification (due to the confusion of the Health Department regarding this classification and subsequent clarification of each categories), but this catagorization continued with some alterations for the following period. In 1963, however, the classification showed that the category of private aided had been replaced by state state-aided and there had been a reduction only in the total number of hospital beds. However, till the year 1972,[68] the similar classification continued with subsequent increase in the number of hospitals and hospital beds.

[67] *Health on the March* 1962.
[68] *Health on the March* 1972.

Table 2.8: Public Health Care Establishments in Kolkata.

State		A.G & F.R.E.*		Local Fund		State Aided		Private Non-Aided		State Special		Railways		Total	
Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds
17	7355	1	100	8	391	17	2586	10	476	5	638	2	335	60	11901

Twenty Five years after Independence, the question of population increase and the expansion of healthcare infrastructure did exhibit an encouraging scenario in the context of Kolkata Metropolitan Corporation only.

Table 2.9: Estimated Mid Year Population by districts. (Kolkata)

Year	Population
1960	2944583
1961	2906342
1962	2927371
1963	2980125
1964	3003556
1965	3026436
1966	3049316
1967	3072196
1968	3095076
1969	3117956
1970	3141180

Source: *Health on the March*. (Various years)

Table 2.10: Year wise increase in the hospitals and hospital beds in Kolkata.

Year	Increase In The Total No. of Hospitals	Increase In The Total No. of Hospital Beds
1962	57	9745
1963	55	9758
1964	54	10467
1965	56	10546
1966	58	10938

Year	Increase In The Total No. of Hospitals	Increase In The Total No. of Hospital Beds
1967	62	12023
1968	62	12002
1969	62	12002
1970	62	12182
1971	61	11716
1972	60	11901

The above table explains that from 1962 to 1972, there had been marginal increase in the number of hospitals which was only 5.26%. The hospitals beds on the other hand had registered a growth of 22.12% from 1962-1972. The Estimated Mid Year Population of Kolkata (Table 2.8) from 1960- 1970 expanded upto 7%. On this basis, the population served per bed in the CMC area was 258:1. This ratio was not much depressing as far as the infrastructure of public health care is concerned. in the decades of 60's and 70's.

But C.M.C. area was closely surrounded by Calcutta Urban Agglomeration (C.U.A.) and Kolkata Metropolitan District (C.M.D.).[69] The population (in million) of these two areas were 9.2 and 10.1 respectively and the economic activity of these two regions were inseparable from the C.M.C. area. Keeping this in mind, it has been observed that the healthcare sector of C.M.C. area was also responsible for providing service to the population of these two regions. The huge dependence upon the healthcare sector of Kolkata had threatened not only the healthcare services but also proved the inadequacies of the infrastructure. Actually, the infrastructure was not adequate enough to meet the pressure of the huge population residing in the adjoining areas. Interestingly, most of the patients in the public hospitals had a rural or semi-urban background. In this period, the percentage of patients residing in Kolkata might have been a little higher or equal to those having rural linkages. Since public hospitals were the only resort to critical cases, therefore even the affluent section of the society utilized the services of government hospitals. Nevertheless, the faith upon the services

[69] See chapters. 'The demography of Calcutta' and 'Calcutta's Environment'. In Chaudhuri:*The Living City*.

of government hospitals and the doctors working there was still deep rooted in human psyche. The doctor-patient relationship was not influenced by any kind of commercial transaction.

Journal of Indian Medical Association (J.I.M.A.) in one of its supplements published in the year 1948[70], provided a short narrative of the hospitals in Kolkata just after Independence. The account describes the situation in the following manner.

The Committee appointed by Lord William Bentinck on October 1833, recommended theestablishment of the Calcutta Medical College on 1st February 1835 with the object of 'supplying medical relief' to the general population and in particular to meet the demands of the various station hospitals. The Calcutta Medical College was supported by Ezra Hospital, the Prince of Wales Hospital, the Eden Hospital, the Eye Hospital, Sir J. Anderson Casualty Block, Chunilal Seal's Dispensary and Sisir Nibas.In addition there were special departments for Skin, TuberculosiS, Ear, Nose, Throat, Dental, Veneral Diseases, Diseases of the chest, X-ray and radium. The total number of beds in the hospital was 809.[71]

In 1852, vernacular classes were introduced in the Medical College, which attracted a considerable number of students. In 1873, the vernacular class was transferred from Medical College to Sealdah which became the Campbell Medical School named after the then Lieutenant-Governor Sir George Campbell. So the school was the direct successor of the vernacular doctor class from the Medical College.[72]

Justices of the Peace for the town of Kolkata, the predecessors of the present Municipal Corporation opened the Campbell Hospital, Sealdah,, on 1st July, 1867, as a popular hospital. On 1st December, 1873, it was attached to the Campbell Medical School. This hospital was almost entirely rebuilt in 1908-10. The hospital had 712 beds and providesd a wealth of clinical material for teaching purposes. [73]

The R.G. Kar Medical College, known as Carmichael Medical College until recently, was the first non-official recognized Medical College in India. It came into existence

[70] *Journal of Indian Medical Association.* JIMA (Supplement) Vol XV111, No 2 1948, Calcutta. P XV11.
[71] Ibid
[72] Ibid
[73] Ibid

in 1916. The institution that developed into this college was at the time of affiliation known as the Calcutta Medical School and College of Physicians and Surgeons of Bengal. The college was named as Lord Carmichael on April, 1919 and renamed R.G. Kar Medical College in 1947. Associated Hospitals of R.G.Kar Medical College were Albert Victor Hospital, Surgical Hospital,B.C. Dey Infectious Hospital, Nirmalendu Tuberculosis Hospital, Nalini Gupta Radium Annexe, Raj Debendra Nath Mullick Outdoor Dispensary. In addition, there were special departments for Skin, Tuberculosis, Ear, Nose and Throat, Dental, Veneral Diseases, Mental Diseases, Cardiology, X-Ray and Radium. The total number of beds in hospital was 448.[74]

As the city of Kolkata had no infectious diseases hospital, there were wards in the Campbell Hospital for the treatment of Small Pox, Cholera and Plague cases. Whenever an epidemic of these infectious diseases broke out in Kolkata, the Campbell Hospital wass at the service of its citizens and admitted hundreds of patients for necessary treatment. The Campbell Medical School and Hospital had the honour of being served by illustrious men like Sir U.N. Brahmachari, Sir Nilratan Sarkar, Sir Kedar Nath Dsa, Dr.B.C. Roy and many others.[75]

Lake Medical College with an attached 1000 bed Hospital in the Lake Area, Kolkata had been established with effect from 01.04.47 on temporary basis by the Government of India and was being managed by the West Bengal Government as the Central Government's agent for the training of ex-army medical licentiates who were undergoing condensed M.B. Course. [76]

Necessary arrangements for teaching Anatomy, Physiology and Pharmacology have been made in the Kolkata Medical College and R.G. Medical College and arrangements for teaching clinical subjects and Pathology have been made in the 'Lake Medical College'.[77]

A fully equipped U.S. Army Hospital situated in the Lake Area in Kolkata has been taken over for the purpose. The College and Hospital were accommodated in the temporary buildings housing pucca floors, single brick walls and tiled roofs and wards

74 Ibid
75 Ibid
76 Ibid
77 Ibid

holding 30 beds. There was gas and electric connections for good kitchen, air-conditioned operation theatres and two air-conditioned wards. Sufficient equipments left by the Americans had been taken over for running the Hospital.[78]

Arrangements were being made for the opening of self-contained Anatomy, physiology and Pharmacology Departments within the Lake Medical College, Kolkata. In the period of a little over one year, the hospital has become very popular, but unfortunately it could not be extended due to shortage of nursing staff.[79]

Jatiya Ayurbijnan Parishad (National Medical Council) was founded in Kolkata in the year 1920 as a part of the great movement for education on national lines. It started a teaching institution by the name of National Medical Institute forst on Wellington Street and later shifyted to Maniktala Main Road where a large area of about 15 bighas of land was obtained from Late Maharaja Manindra Chandra Nandy of Cossimbazaar. A hospital was also established in the premises here and came to be known as the National Infirmary- a hospital for the poor and the destitute.[80]

Later the organizers succeeded in obtaining a large area at its present site on Gora Chand Road near Park Circus from the Kolkata Corporation on a nominal rent. A hospital with a three-storied building was built and it was named as Chittaranjan Hospital. The National Infirmary was also maintained as a free hospital but the teaching section was transferred to Gora Chand Road. Public support was not lacking at the time and very soon the association secured further area and built the present spacious two-storied building for the institute. A large Dissection Hall along with necessary auxiliary accommodation were also built. The buildings were constructed with a view to cater to the requirements of a Medical College. No aid from the Government at the time was available either for the School or for the Hospital and the teachers, physicians, and the surgeons gave voluntary service.[81]

The Calcutta Medical Institute was established in 1922. Dr. S.K. Mallik and his associates started a medical institution called National Medical College of India with a Hospital then called King's Hospital at its present site on Upper Circular Road. The

78 Ibid
79 Ibid
80 Ibid
81 Ibid

association of Calcutta Medical Institute with Jatiya Ayurbijnan Parishad actually had the objective of establishing another Medical College which would commence its journey from 1948." [82]

Anandabazar Patrika[83] reported that the Government was taking initiatives to nationalize Calcutta National Medical College and Chittaranjan Hospital. The then Health Minister Nani Bhattacharya had expressed his willingness in the cabinet and the decision would be soon accepted by the government. In the inauguration ceremony of Baranagar Hospital, Mr. Bhattacharya had declared that the government for its efficient functioning would undertake the health centres that developed under the private initiatives. Initially the Government had decided to undertake National Medical College and Chittaranjan Seba Sadan for ten years. It has been estimated that the State Government had to invest 50 Lakhs rupees more in a year for nationalizing these two hospitals.

In June 1967, State Government had finally issued the ordinance for nationalizing National Medical College and Chittaranjan Hospital.[84] According to this ordinance, National Medical College and Chittaranjan Hospital located at 32, Gorachand Road had been fully undertaken by the Department of Health, Government of West Bengal for the next 10 years. Dr. N.K. Biswas was made the administrator of both the college and hospital.[85]

Among other, state hospitals, special mention may be made of Beliaghata Infections Diseases Hospital which was started during the First Five Year Plan and was completed during the Second Plan at a total cost of Rs.65.42 Lakh. This may be claimed to be one of the most up-to-date hospitals for the treatment of infections cases

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82 Ibid

83 *National Medicalke sarkari niyantrane anar prastab*. (A proposal to bring National Medical under the Government's Control) *Anandabazaar Patrika* 3rd May 1967, *National Medical College E gherao abyahato* (Gherao is continuing in National Medical College) *Anandabazaar Patrika* 14th May 1967, *National Medical College E gherao abyahato* (Gherao is continuing in National Medical College) *Anandabazaar Patrika* 14th May 1967, *Chittaranjan Seba Sadan o Jatiyakaran* (Nationalisation of Chittaranjan Seva Sadan) *Anandabazaar Patrika* 22nd May 1967, *Sarkari Parichalonay National Medical o Chittaranja Hospital*(National Medical and Chittaranjan Sevasadan under Government Control) *Anandabazaar Patrika* 23rd May 1967.

84 *National Medical College: Katripaksher Baktabya* (National Medical College: Opinion of the Authorities) *Anandabazaar Patrika* 7th June 1967

85 *National Medical e Ordinanace Bolobat* (Ordinancedhas been enforced in National Medical) *Anandabazaar Patrika* d 10th June 1967

in India. The hospital ran 280 permanent beds and there was provision for accommodation of 540 seasonal beds during the epidemic season. Within the same premises, a general hospital had also been started with 320 beds.[86]

In addition to the expansion of the existing State Hospitals and the construction of new hospitals, government also took over many important hospitals formerly managed by private organisations for running them entirely at government cost.

The important among this category were –

a) The Lady Dufferin Victoria Hospital.
b) The R.G. Kar Medical College and Hospital.
c) The Sagar Dutta Hospital, Kamarhati.
d) The B.C. Roy Polio Clinic and Hospital for crippled children, Beliaghata.[87]

Government and non-government hospitals which were present at this time in Kolkata were –[88]

1. Medical College Hospital.
2. N.R.S. Medical College Hospital.
3. S.S.K.M. Hospital.
4. S.N. Pandit Hospital.
5. Lady Dufferin Victoria Hospital.
6. R.G. Kar Hospital.
7. M.R. Bangur

Non-government organisations were –

1. Ramakrishna Mission Seva Pratisthan
2. Islamia Hospital
3. Chittaranjan Hospital
4. Balananda Brahmachari (Behala).
5. K.S. Roy T.B. Hospital (Jadavpur).
6. Four Calcutta Corporation Chest Clinic.
7. Niramoy (Bhowanipore).

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86 *Towards Better Health in West Bengal* (Progress since 1947).1962.Published by the Department of Health, Government of West Bengal.
87 Ibid
88 Ibid

8. Niramoy (Ganesh Chandra Avenue).
9. T.B. Relief Association (Dharmatolla Street).
10. Servants Humanity Society (Upper Chitpur Road).
11. Social Welfare Organisation.
12. Marwari Relief Society.
13. Garden Reach Chest Clinic.
14. Mayor Chest Clinic.
15. Students Health Home.
16. Paschim Banga Samaj Seba Samity.

Swasthya Dwipika[89] - a Bengali journal on health and medical care, in one of its article named *'Sahar Kolkatar Kotha'* – (Story of the city of Kolkata) illustrated the health care conditions of the metropolis. This particular article provided the names of some other government and private hospitals and mentioned that Kolkata had 15 hospitals with 500 indoor beds. We come across the name of two private organizations – Institute of Child Health at Dilkhusha Street and Lohia Matri Sadan. There were other hospitals like B.R. Singh Railway Hospital, Sealdah Port Commissioner Hospital and Lumbini Park Mental Hospital which was the only private hospital treating mentally retarted patients in Calcutta. Chittaranjan Cancer Hospital was established during this period. Interestingly cardiac disease and cancer had been identified as the two most cardinal non-communicable diseases of the present decade. Afternoon Pay Clinic was inaugurated in three of the governmental hospitals in Kolkata. One diagnostic clinic and Polyclinics were opened up at the residence of Dr. Bidhan Chandra Ray. Another Polyclinic affiliated to Presidency General Hospital was inaugurated in Bhowanipore. Nevertheless there were also numerous small, infamous clinics scattered in all the corners of the city. Mention should be made that another hospital was established in Narkeldanga in memory of Dr. Bidhan Chandra Ray.[90]

A short narrative of the health care infrastructure in Independence Kolkata has been depicted from various patchy and scarce references. But given this condition, it is also

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89 Prof. Sen, Gaur. MBBS.DPH. 'Sahar Kolkatar Kotha' *Swasthya Dwipika*. Dwadash Sankhya. Editorial Aghrayan –Paush 1374.December 1967. P 783-785.(Hereafter cited as Sen: *Sahar Kolkatar Kotha*)

90 Ibid

essential to say a few words about conditions the health care scenario (the qualitative aspect of this service) of the city briefly. Strikingly whatever document ever since have been examined for evaluating the health care conditions of Kolkata or West Bengal or even India at large, inevitably represented a picture of failure and steep decline in health services, culminating in the present state of its serious sickness.

Looking into the conditions hospitals in Kolkata, it has been observed that the state of the hospitals was a matter of shame to any civilized community, not to speak of a welfare state. The condition was just the third class passenger traffic of the old days. The whole existing set-up was absolutely out of date for the present needs.[91]

Dr. B.P. Trivedi[92] in the presidential address (of the XVII Bengal Provincial Medical Conference at Bishnupur in 1958) spoke that now owing to various factors, socio-economic and more hospital consciousness, people simply flock to the hospitals. Naturally the load was tremendous and the entire machinery had gone to pieces. The enquiry was no more for any bed but for a space. The sick and the suffering people are simply crowded together in beds on the floor space making it impossible even for the doctors, nurses and others to move in the wards. Such a state of affairs had brought in another complication, namely defective teaching. Intimately connected with the over crowding of the city hospitals, the condition of the district, sub-divisional and thana hospitals were linked. For some years past, the Health Department of the West Bengal Government had been contemplating to upgrade the district and other hospitals with various specialties, but it was strange that the people's government had taken about 10 years to decide whether such a scheme should be put into effect.[93]

Some administrators and planners had declared from time to time that they do not have the adequate number of doctors to man the hospitals, clinics and health centres and that therefore, the state must re-introduce a lower cadre of medical training, which the whole medical profession in India unanimously opposed. This should be

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91 Presidential Address by Dr B.P. Trivedi in the XV11, Bengal Provincial Medical Conference, Bishuipur, 1958,Published in *Journal of Indian Medical Association.* JIMA (SUPPLEMENT) Vol 3, No 7th. October 1958.P 302.

92 Ibid P 302

93 Ibid p 302.

examined in the context of West Bengal which possessed the largest number of health centres.[94]

Whatever steps have been taken, either in towns or in the rural areas are not only grossly insufficient but equally unsatisfactory. The population of West Bengal was 24,810,308 according to 1951 census. Number of hospital beds is about 18,000. Mathematically, it roughly worked out to 7 beds per 1,000 of the population, as compared to 11 and 8 beds respectively in U.S.A. and England. That is the position regarding hospital beds in our country while the sickness incidence is definitely much higher than those of the other countries mentioned.[95]

Dr. A.K. Bose in the presidential address of the 13th Bengal Provincial Medical Conference held at Midnapore on 7th and 8th November 1953 pointed out that West Bengal had about 16,000 qualified men. Of course 7000 are in rural areas and about 9000 were in urban areas. In the rural areas and widely dispersed population the ratio came roughly to about one doctor to 2,800 people, a figure insufficient for rendering efficient medical relief even if proper institution facilities were made available. Though in the urban areas the proportion was satisfactory the doctors are being forced to leave not only the state but even the Union to get a job to attempt to make their two ends meet. Even highly qualified specialists are also doing the same. In one hand there were short of doctors and on the other they were being obliged to leave the state due to sheer economic pressure as there were no suitable places to employ them.[96]

Keeping aside these general loopholes of the health care infrastructure in the decades following Independence, the services provided by the government hospitals were miserable. The degeneration of public health care will be discussed in detail in a individual section of Chapter 4. But an extract from the report published in *The Nation* needs mentioning.

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94 Presidential Address by Dr A.C. Ukil, Published in *Journal of Indian Medical Association* JIMA Vol 26, No 5 March 1956,P 174.

95 Ibid P 175

96 Presidential Address by Dr A.K.Basu in the 13th Bengal Provincial Medical Conference at Midnapore, held in 7th and 8th November 1953.Published in *Journal of Indian Medical Association.* JIMA, Vol XX111, No 5. February 1954 P 224.

A probe into Calcutta Hospitals.[97]

"Some two decades ago, there were people who considered going to hospital as going away for good. Meanwhile, the number of hospitals has increased; there are more doctors, nurse-sisters, scientific equipments and medicine producing companies in the country and Calcutta. Still, the human factor in this unique institution of organized charity has little changed. Even today sisters are less sisterly healers are more like dealers and patients more impatient.

A recent probe into some of the Principal Calcutta hospitals reveal the terrific amount of over crowding and the consequent strain that are eating into the very basis that sustains a hospital spirit – the spiritual factor of human element. Equipments and accommodation remaining nearly constant, hospitals are today as much over crowded as are tramcars and dwelling houses in their own spheres."

This report was published just a year after the Independence of India. The state of health care was in an extreme sorry state of affairs from the time of its inception. It was inadequate, ill equipped and inefficient in both colonial and post Independence time. An overview of the system however reveals that despite its professed commitment to serve all – especially the poor – it is riddled with unevenness and inequalities.[98] In spite of the quantitative growth of the health care infrastructure, the medical services were made available in a very tiny selected segment of the urban population. Qualitatively and quantitatively, the public health care was poor and inadequate compared to the demand of Kolkata.

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97 Bera, Anjan. Edited and Compiled.The Nation. 8th November 1948.Published in '*Interpreting A Nation.* Selections from Sarat Chandra Bose's The Nation'. Kolkata: Published by Netaji Institute for Asian Studies, 2001. P 67

98 Quadeer, Imrana. 'Health Services System in India: An Expression of Socio –Economic Inequalities'. In *Social Action*, Vol 35. July, September, 1985. P 204.