CHAPTER IV

ALLOPATHIC MEDICINE AND PUBLIC HEALTH

It is generally believed that, till 17th century, the people of Tamilnadu had no idea of Allopathic Medicines. They mostly believed that all diseases could be cured if they offer flowers, fruits and animal sacrifices to their deities.\(^1\) Besides there were local Vaidyars and asans who practised both Ayurvedic and Siddha systems of treatments. Some of the diseases were cured but mostly the diseases were fatal. Diseases like Cholera, Plague and Jaundice were never treated and were fatal. By the dawn of the 18th century, the protestant missionaries came to the Tamil speaking areas. They could understand the difficulties of the people and advised the people to make use of the Allopathic medicines which were not popular among the people. Moreover, the people did not entertain a European priest because they believed that the visit of a European Priest would drive away their Gods and that would cause more evil than before.\(^2\)

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The missionaries patiently administered western medicines to them. Thus slowly Allopathic medicines became popular among the ignorant people. In the meanwhile, the American Missionaries started an hospital in the temple city of Madurai, Miss. Ida Scudder daughter of a Christian Missionary started the Christian Hospital at Vellore. Following this many hospitals both public and private came to be established. The British administrators contemplated upon opening a Public Health Department to treat various diseases like plague, Cholera and other contagious diseases.  

Public Health Development Programme

Under the principles of the state policy of our constitution the state shall make provision for securing human condition for work and for maternity relief. According to Article 47 of Indian constitution, the state shall regard the raising of the level of nutrition and standard of living of the people and the improvement of public health as among the primary duties and in particular, the state shall endeavour to bring about prohibition of the consumption of alcoholic liquor.

On the principles of our constitution the Govt. of Tamilnadu introduced “Health development programmes in the state during the 19th century. The origin of the health development programme in Tamilnadu can be traced back from 1864 when the sanitary department was established in the Madras State and Sanitary Commission was appointed, to advice and assist the government of Madras in all matters relating to public health in supervising the sanitary improvement in the native towns and in survey the prevalence, causes and means of preventing diseases.4

The registration of birth and death in its modern concept was introduced in Madras, Bombay and Bengal in 1844. It was improved in 1848. In 1865 the preventive aspect of public health in the state was started. The vaccine system originated but it was loosing grounds. An important land mark of the public health department began in 1865 when an attempt was made to register mortality of the presidency for the first time. In 1869 the sanitary commissioner who was till then with the military department was transferred to the Civil Department. In 1870 the registration department was rearranged. In 1878 the Inspector of Vaccination was redesigned as Inspector of Vaccination and Deputy Sanitary Commissioner.5

In 1800, the registration of birth and death came under the control of the central government. It was made compulsory in the city of Madras under the provision of the city Municipal act 1919. The corporation had appointed medical officers to register births and deaths. In the municipal towns also, the registration of birth and death was made compulsory under the “Madras District Municipality” act 1920. In 1920 another important step taken was the amalgamation of the Malaria Board with the Public Health Board under the direct control of the minister in charge of public health.

After 1920, the sanitary department was renamed as Public Health Department. The objective of the health department was directed towards the improvement of sanitary condition and the control and eradication of disease. The health department of the Madras Corporation was administered in a programmed manner by a health officer and the assistant health officers.

The year 1922 proved to be another landmark in the history of Public Health in the presidency. The birth of modern public health department in accordance with the government of India act 1919 transformed the subject of public health to the provincial jurisdiction. The title of sanitary commission was changed as the Director of Public Health.\textsuperscript{12} In 1923 the department of public health was formed in order to improve the general health condition in the state and for the prevention and control of communicable diseases.\textsuperscript{13} In 1924, the government authorized public health code. It was sanctioned and came into being in 1927. This code still remains as the most important document to guide health administration in the state.\textsuperscript{14}

Subsidized Rural Medical Relief Scheme, was introduced in 1924 with the objective of bringing medical relief within the reach of the rural population. But it came to an end with the economic depression after the first World War. In 1929 another Honorary Medical Scheme in short HMS was introduced. Accordingly, private practitioners were

\begin{itemize}
  \item\textsuperscript{12} G.O.No. 367, Directorate of Public Health, dated 2\textsuperscript{nd} March, Madras, 1922.
  \item\textsuperscript{13} Directorate of Public Health, Brochure of Rural Health Service, Madras, 1927.
  \item\textsuperscript{14} Rajkumar,W.S., \textit{op.cit.}, p.112.
\end{itemize}
appointed as unpaid honorary medical officers instead of full time government medical officers.\textsuperscript{15}

The government of India Act 1935 directed the provincial governments in the matter of internal health policy.\textsuperscript{16} The year 1939 was significant due to the passing of the Madras Public Health act. It was first of its kind in the country and became the foundation of subsequent legislation and administration of public health in the state till date.\textsuperscript{17} The Health Survey and development committee otherwise Bhor committee was appointed by the Government of India in 1943. It recommended in its reports in 1946, for the establishment of primary health centers all over the nation for the basic health care.\textsuperscript{18}

When India attained independence in 1947, State and district boundaries were reorganized and development schemes to afford medical and public health were submitted under the five year plan.\textsuperscript{19} Since 1947 the population of India

\begin{thebibliography}{9}
\bibitem{15} Geetha,N., \textit{Health Status in Rural Tamilnadu with Special Reference to House Hold Health Care in Expenditure}, Madras, 1996, pp.102-103.
\bibitem{17} Raj Kumar,W.S., \textit{op.cit.}, p.112.
\bibitem{19} Raj Kumar,W.S., \textit{op.cit.}, p.112.
\end{thebibliography}
has been increasing rapidly with 24% of population living in urban areas and 76% in villages. Although the percentage of investment on health had decreased from 3.30 of the first five year plan 1951-56 \(^{20}\) to 1.86 of the sixth five year plan 1980-1985 India’s achievement in the health front is significant over the year of development effort.\(^{21}\)

After the first general election in 1951, a separate ministry of health was formed in Tamilnadu with a minister of Cabinet rank with an exclusive portfolio for health. The ministry took charge of all matters concerning the policy making, planning and administration in the sphere of public health and medical services.\(^ {22}\) In 1959 a Health Survey and Planning Committee known as Mudaliar committee was appointed by the government of India. This committee was to go in to the recommendation of the Bhor committee and make its own recommendation.\(^ {23}\)

In the year 1960, the state government of Tamilnadu created the State Health Education Beuro.\(^ {24}\) The objectives

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of the Beuoro was to help people to achieve health by their own activities and to assist people to realise their responsibility for the community health and to obtain people’s active participation and support for public health programmers and policies.

The Beuoro also recommended to encourage people to fully utilize the services provided by the government and other agencies to envolve methods and media of health education and to provide the service and preserving training. The other important objectives of the Beuoro were to provide suitable health education materials to development field study and practice area and to work with the collaboration of other inter Health Department Members.

The Medical and Public Health Department functioned as independent department till 1966, when they were integrated and reconstituted to form a separate “Directorate Health Services and Family Planning”. At the same time the control and direction of medical education training, administration of all training institution as well as teaching Hospitals were visited by the Director of medical education.25

During the decades from 1966-1976, medical services and

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public health were separated as independent department. The departments of the public health activeds as the department of public health and preventive medicine.²⁶

Thus in order to achieve the national hood of setting up of welfare state, the state government of Tamilnadu has been under taking various health development programme such as National Malaria Eradication Programme, National Filaria Control Programme, Cholera Control Programme, Yaws eradication programme, Guineawa eradication programmes, Leprosy eradication programme, Tuberculosis Control Programme, Nutrition Programme, Family Welfare and Family Planning Programmes and Noon meal programme.

The programmes were a sequence of activities designed to implement policy and to accomplish its objectives. Since independence several measures have been taken by the government to improve the health of the people. The National Health Programme has been launched by the government for the control and eradication of the diseases, environmental sectors nutrition control of population and rural health.

The health development progress was planned and launched by the central government and implemented by the state government.

In the general education in 1977 in Tamilnadu All India Anna Dravida Munnetta Kazhagam won the majority and M.G.Ramachandran Nair became the sixth Chief Minister of Tamil Nadu. He held the position till he breathed his last on 25\textsuperscript{th} December 1988.\textsuperscript{27} During his period 1977-88 he introduced many health development schemes and programmes in the state. He improved the noon-meal scheme which was introduced by K. Kamarajar.\textsuperscript{28} Some of the notable health programmes that were introduced by M.G.Ramachandran were beneficial to the people. The Health Development programmes implemented by the state Government of Tamilnadu during 1977-1987 was very much helpful to the society.

**National Malaria Eradication Programme (NMEP)**

Malaria Eradication Programme is one among the programmes which was very helpful to arrest the Malaria among the people. Malaria is spread by the Malarial parasites.


It is characterized by intermittent fever with rigors, enlargement of the spleen and secondary anemia. The plasmodium is carried out from the victim of Malaria to a healthy person through the bite of certain species of the female anopheles mosquito. It is estimated that about 75 million people were sufferers from Malaria with about 0.8 million deaths and every year before the commencement of National Malaria control programme in 1953. Hence it caused the state to undertake anti-malaria works.

Malaria control programme was started in 1946. It was developed into national Malaria Control Programme 1953 which implemented National Malaria Eradication Programme in 1958. As a result Malaria was reduced to one lakh in 1965. The objective of the National Malaria eradication programme was to eradicate Malaria parasites through a time bound programme.

In April 1977 National Malaria eradication programme to the complete coverage of the entire population,

through spraying of DDT for specific period, was started. Further the intensive democracy surveillance measures were taken through the administration of Anti-Malaria drugs and the institutions of vigilance measures thereafter.\textsuperscript{34} The state was facing the problems of tackling the resources of Malaria since 1974. The set bale was due to factors like vector resistance to DDT possible extra do missilery transmission, absence of urban surveillance and problems of spray refusal was implemented during these period. Focal spring with DDT and pyrethrum radical treatment of positive cases with drugs were intensified in 1977.\textsuperscript{35} The whole state was divided into five operational Malaria zone viz., Cuddalore, Thanjavur, Coimbatore, Salem and Tirunelveli. A zonal officer was appointed for Malaria operation in each zone which consisted of four districts.\textsuperscript{36} A district of Malaria officer was incharge of each district. In addition, two more towns were included under this scheme viz., Thiruchirapalli and Vellore in 1978.\textsuperscript{37}

\textsuperscript{34} Forth Five Year Plan (Madras State) 1967-69, p.167.
\textsuperscript{35} Tamilnadu State Administration Report, Madras, 1976-77, p.129.
\textsuperscript{37} Health and Family Planning, Fifth Five Year Plan, proposals 1974-75 to 1978-79, Tamilnadu, 1980, p.16.
To give special care to the urban centres special steps were taken to arrest the Malarial problems. The urban areas were taken by the urban Malaria scheme. Under the National Malaria Eradication Programme basic health staff visited every house once in a fortnight for detection of fever causes and collected blood smears for examination to find out causes for Malaria causes. The operations were carried out mainly through intense surveillance of all the intensive cures covered by the units by the basic Health worker. Malaria cases detected in 1977 was more as 79,537 but at the end of November 1987 number of Malaria cases was reduced to 52,033.

**National Filaria Control Programme (NFCP)**:

During the second five year plan (1956-1961) National Filaria Control Programme was launched in the year 1957-58. Control units were established at Chengalput, North Arcot, South Arcot and Tanjore, with the head quarters at Vellore, Chidambaram and Kumbakonam. The aim of the programme was to reduce filariasis.

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It is a disease which is spread from man to man through mosquito. The affected person does not truly suffer from the physical disability but handicapped physiologically due to the social sigma attached to the diseases. Filaria is purely curable and it is a preventable one. The prevention method is the complete removal of pista plants essential for mosquito breeding with one percent DDT.

During 1978-79, 15 Filaria central units, were formed in the state. 13 Filaria clinic and one Filarial Survey Units functioned, covering a population of 56.20 lakhs. During 1980-81, 2,91,770 persons blood smears were examined, out of this 9798 persons showed micro-filaria at the rate of 3.4%. All persons were treated with medical drugs and anti-mosquitos measures by using appropriate larvicidly. In 1980, 1069 persons showed positive for the disease at the rate of 0.4% in the state. The pattern of control assistance of the state government was changed during these periods. The material and equipment cost were to be equally shared by the central and the state government. Therefore, a sum of Rs. 24.79 lakhs on supply of larvicide and equipment was shared by the state and the centre on 50.50 basis.

42. Ibid., 1980-81, p.152.
From 1980 onwards the state government of Tamilnadu was implementing the National Filarial Control Programme in selected urban areas, covered by a population of about 4.60 million through 19 control units and 33 filaria clinics. A survey unit also functioned in Coimbatore district.\textsuperscript{44} Another unit was started in Dharmapuri District in 1983.\textsuperscript{45} Further, in 1985, 21 control units and 42 filaria night clinics functioned in the state at Madurai. Besides, the headquarter unit one filarial survey unit at Tirunelveli was added in the state.\textsuperscript{46} In the year 1986-87, 11,18,411 persons were examined. Out of this 15,074 positive of micro filarial were identified. They were given treatment with anti-mosquito measures, and 3,276 persons were positive for the diseases.\textsuperscript{47}

Cholera Control Programme (CCP) is an another step of the Government to arrest the water born diseases like Cholera. It is a communicable disease. It is caused by Cholera Vibrio. It is characterized by passing colourless stools and also vomiting, pain in legs and back, cramps

\textsuperscript{46} Report of Madras State Administration, Madras, 1985-86, p.138.
\textsuperscript{47} Report of Madras State Administration, Madras, 1986-87, p.175.
suppression of Urine and collapse. Cholera germs are responsible for this disease. Active participation of the state government in the eradication of Cholera and the assistance rendered by the voluntary agencies could arrest this disease. The Cholera Control Programme was started in the state during the year 1970.

The programme was to intensify activities in town by providing protected water supply and drainage facilities in order to bring down the incidence of Cholera and other water born diseases. Since from 1974 onwards cholera combat team were organized in the entire affected district. Trichy, Coimbatore, North Arcot and South Arcot district in Tamilnadu were considered as the endemic areas for Cholera. There were unproceeded flood in Madras city due to heavy mansoon rains along with the cyclone during November 1976. Preventive measures were taken immediately.

The Cholera combat teams carried out the normal function rendering modern treatment to infected persons.

They also took care of preventive and control measures, gave training to medical and Para-medical personal at the Block level in connection with the technique of controlling and treating of the diseases. Four such combat teams were at work in North Arcot, South Arcot, Trichirapalli and Coimbatore. Further 14 such Cholera teams carried out the same work at North arcot, South Arcot, Thanjavur and Coimbatore Districts.\(^5^2\)

During 1979-80 there were 1391 attacks and 37 deaths were reported due to Cholera in the state. Among this, 894 attacks and 15 death were reported from Madras city which accounts for 64\% of the total attacks and 55\% of the total deaths reported in the state. Under this programme a total number of 44 lakhs of Anti-Cholera inoculations were performed during 1979-1980.\(^5^3\)

In the year 1980-81, there were 15,579 attacks and 676 deaths happened due to acute gastro enteritis. Further, 5863 attacks and 120 deaths, due to cholera in Madras city were also reported. This account for 77\% of the total cholera

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52. Report of Madras State Administration, Madras, 1977-78, p.34.
attacks. There were only one death was reported from Chengalput (N) District, 223 attacks and 14 death from North Arcot district and 128 attacks and no death from Salem district. Sporadic cases were reported from other district. The Nilgiri district was completely free from Cholera.⁵⁴

Due to heavy rain fall during December 1983 in Tanjavur district, part of Thiruchirapally, Puthukottai, South Arcot and Ramanathapuram district Anti-epidemic work was started against all possible food and water transmitted diseases. As a preventive measure 25,39,107 water sources have been chlorinated in all the affected areas. There were about 66,12,891 Cholera vaccines given to the people of Tamilnadu during this period.⁵⁵

Under Cholera programme, one mobile unit, with a Health officer, 2 nurses, 3 nursing orderlies and health inspector with ambulance was functioning in Thiruchirapalli. There were 7 mobile epidemic units and 3 epidemic control units in the state. These units rendered services by way of transporting men and materials to the infected areas and

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carried out preventive measures, continent measures were taken by public health staff in the primary health centers and municipal areas. Anti-spread Cholera workers were made available in certain districts. The early management of dehydration through oral hydration therapy helped in the reduction of deaths due to Cholera, hence intensive health education in oral rehydration therapy was popularized through fairs and festivals. Special arrangements were made with respect to general sanitation, prevention of food adulteration and provision of protected water supply. During 1987-1988 acute Gastro Enteritis cases numbering 43,636 of cholera were notified and were given treatment through this programme.56

Yaws Eradication Programme (YEP) was a noteworthy programme organised by the state to eradicate a tropical infectious disease caused by spirochete (Treponema Perteue) and characterized by rasbery like skin eruptions followed some times by destructive lesions of the skin and bones.57 This disease was found to be prevalent widely among the socially and economically backward people. Yaws eradication programme was functioning in this state to eradicate this diseases from 1961 onwards.

During 1956, a survey of the prevalence of yaws among the residents of harijan population in Avanasi Taluk of Coimbatore district was conducted. This resulted in starting of a control programme in 1959 in Avanasi Taluk Yaws Eradication Programme was implemented from 01.06.1961 with 8 units Head Quarters situated at Coimbatore, Peruduai, Pollachi, Udumalaipettai and Dharmapuri districts. Six Yaws units were functioning in the state under Yaws eradication programme. This programme implemented as non-planning scheme from 1st September 1977. One unit was functioning in Salem district.

The main function of the programme was to carry out yaws surveys, detect cases of yaws and their contacts to treat the cases. During 1974-80, 13,768 persons were examined, 47 cases were recorded and treated. During 1980-81, 13,355 persons were examined, out of this 63 were detected and 33 cured. A sum of Rs. 0.31 lakhs was spent under the scheme during the year. Constant treatment was given throughout the year by the Yaws Eradication Programme.

**Guinea worm Eradication Programme (GEP)** was a innovative step of the government, regarding the Guinea worm disease since 1982 and the credit goes to the state Government of Tamilnadu for having implemented the Guinea worm Eradication programme effectively.\textsuperscript{62} Another Leprosy Control Programme (LCP) was effectively implemented in the society. Tamilnadu seems to have been more or less endemic with Leprosy in many of its districts. It was believed that probably the oldest asylum for the Leprosy patient existed in Tondiarpet, Madras, even during the time of East India Company.\textsuperscript{63} This asylum was abolished in 1924 and patients were transferred to the Lady Willingdon Leprosy, Sanitorium, Chengalput district which was then established. In Tamilnadu, National Leprosy Control Programme was launched in 1955.\textsuperscript{64} Leprosy Control Programme in Tamilnadu was functioning in the pattern of (NLCP) on mass Chemotheraphy, supplemented with case detection, case holding and health education.\textsuperscript{65}

\textsuperscript{63} Tamilnadu State Social Welfare Scheme, Feb. 1974, p.106.
\textsuperscript{65} Tamilnadu State Administrative Report, Madras, 1981-82, p.159.
Government Rehabilitation Homes for Leprosy Patients

was an important measurement started with a view to cure the beggars suffering from Leprosy and to rehabilite them. The government established 10 government rehabilitation homes viz., Punalur, Chengalpat District, Ulunderpet South Arcot District, Bargur Dharmapuri District, Pattukottai District, Vinnepalli Periyar District, Manaiyeripettai Tanjavur District, Puthupatti Madurai district, Mallaveedi North Arcot District Sellampatti and Deviyakurchi, Salem District. The introduction of such a programme was of its kind in our country and that was implemented in Tamilnadu. With the impact of Leprosy Control Programme, the prevalence rate was appreciably reduced to 20% per 1000 in 1971 to 143 per 1000 in 1981. During 1984-85, 61,240 cases were detected and 51595 cases were given treatment and 32416 cases were cured upto February 1986.

Tuberculosis control Programme which was implemented in the state, effectively controlled the spread of Tuberculosis in the state. Tuberculosis is a kind of microorganism found in human beings and cows.

Tuberculosis in cows were very serious source of infection, mainly affecting the children. The bacilli were presented in the milk of the affected 69 cows, when such milk is taken without proper boiling and consequent killing of bacilli, the children get affected. Bacillie Calmette-Guerian (BCG) is a strain of tubercle bacillus vaccination which prevents this infectory disease.70 The first survey on the prevalence of Tuberculosis was conducted in the year 1955 by the Indian Council of Medical Research, as a research component of the Directorate of General Health Services. However, it took 4 years to evolve a programme based on the finding of the survey which was completed in 1958.71 National Tuberculosis Control Programme aimed to Control Tuberculosis in India. It was instituted in Tamilnadu diaries in the year 1963. The main objective of the programme was to reduce the morbidity and mortality due to Tuberculosis, to prevent progressive Tuberculosis and to alive self sufficiency in vaccine products.72 Further, the Programme was a fully integrated

programme with the existed health service. The Tuberculosis clinics at Government Headquarters Hospital in Puthukottai was upgraded by the Government of Tamilnadu. Later on fourteen such centers were established in all the 14 Districts of Tamilnadu. The Rajaji TB sanatorium at Thiruchiraplli was taken over by the state government to implement these programmes.\textsuperscript{73} Free Tuberculosis diagnostic and treatment facilities were available in Primary Health Centers, Hospitals and Dispensaries, District TB centers and chest clinics. The Indian Council of Medical Research \textsuperscript{74} approached the State government for the grand of land and building where the TB chemotherapy centre was at present located (at Egmore) \textsuperscript{75} to cure TB diseases, the BCG vaccine laboratory in the world manufactured freeze dried vaccine. BCG vaccine \textsuperscript{76} was introduced in Madras since 1949.\textsuperscript{77} In addition there were also private hospitals in both rural and urban areas exclusively for T.B. treatment in the state.

\textsuperscript{74} Tamilnadu State Administrative Report, Madras, 1976-77, p.133.  
\textsuperscript{75} Tamil Arasu, Monthly Magazine, dated April 1984, p.15.  
\textsuperscript{76} Tamil Arasu, Monthly Magazine, dated April 1975, p.25.  
\textsuperscript{77} Goel, S.G., \textit{op.cit.}, p.622.
During the fifth five year plan in 1974-78, it was proposed to establish eight BCG team and four chest clinics and to construct buildings for the District Tuberculosis Centre which was administered by District officers.\textsuperscript{78} Since 1980, BCG teams were functioning in Tamilnadu.\textsuperscript{79} The BCG vaccine has become an integral component since the year 1981. The presence of immunization was entrusted to the Director of Public Health and Preventive Medicine in the State.\textsuperscript{80} Edward VII memorial Tuberculosis Institute was established in 1979 in the city of Madras.\textsuperscript{81}

**Plague** is another problem which created lot of difficulties to the human beings. Plague germs multiply in the body at a very rapid rate. These germs always get into the body by the bite of a flee that forms a well-known wingless blood sucking insect of great agility, which has come from rats that have died of plague.\textsuperscript{82} Plague is a disease of rat which had its outbreaks in the country in the past. Thirty eight deaths were reported during 1950 from

\textsuperscript{78} G.O.No. 2662, D.P.H., dated 26\textsuperscript{th} July, Madras, 1950.
\textsuperscript{79} Health and Family Planning, *op.cit.*, p.10.
\textsuperscript{80} Tamilnadu State Administrative Report, Madras, 1979-80, p.130.
\textsuperscript{81} Megan,J.W.D., *op.cit.*, p.66.
\textsuperscript{82} G.O.No.383, Health Department, Ordinary Series, dated 15\textsuperscript{th} September, Madras, 1954.
Salem and Nilgiri Districts.  During the year 1954 there were twenty three attacks and twelve deaths from this disease as compared to 139 attack and sixty two deaths in 1951.

In the year 1960 seven villages of Hosur Taluk in Salem District were affected with plague and there were twenty nine attacks and fourteen deaths. The date of the first onset of the infection in two villages of Salem District was 27th February 1960, and was continued in March. The neighbouring villages were immediately treated with DDT and 55,002 anti-plague inoculations were carried out. The anti-plague measures were supervised by officers from head quarters. All the 1,646 villages in Salem, Nilgiris and Coimbatore Districts and the towns of Coimbatore, Coonoor, endemic for plague were treated with DDT regularly.

The programme of “Off Season” antiplague measures was continued by the spraying of DDT in the endemic areas of the state. In 1961 ten villages in Hosur taluk of Salem District reported twenty one attacks and only eight plague deaths. From July to September anti-plague inoculations were conducted in Hosur Taluk and all the houses were treated with DDT.

Effective steps were taken to control the Plague. The epidemiologist units of the Health Department undertook proper preventive and control measures in the plague affected areas. A survey on the occurrence of plague and cleaning the houses of the affected villages with DDT was undertaken by the Health Department. The survey showed that freed all the districts other than Salem were completely freed from the diseases. The state was highly confident about the possibility of controlling the disease in the next few years.

Mental Disease Treatments were initiated in the state. Little information is available regarding the incidence of mental ill-health in the country. However it is clear that mental disorder and mental deficiency prevailed on a wide scale. Each state health administration through its mental organization collected information. The chief causes of mental disorder among the patients were domestic worry, moral stress, bodily illness, business worry, hereditary predisposition and epilepsy.

89. First Five Year Plan Proposals, Madras, 1951-56, p.508.
The state had a mental hospital at Madras. The sanctioned accommodation in the hospital was 890. By the end of March 1957, the Government had to increase the bed strength of the mental hospital Madras from 890 to 1800. Certain conditions and alterations to the buildings of the hospital were undertaken at the expense of Rs. 74,900. In addition to this there was a proposal to open a mental hospital at Madurai and a mental Jail to accommodate criminal mental patients.

The mental hospital treated all the patients with non-controversial methods of treatment such as suggestion, persuasion, occupational therapy, hydro-therapy and also psychotherapy in addition to the regular treatment with drugs. In many cases treatment was confined to histamine therapy, insulin shock therapy and injunctions of certain drugs in special cases.

In the Madras Mental Hospital along with the treatment implied by environmental adjustment, recreation and occupation regular drug treatment and other physical aids

were employed. The treatment with adequate endocrine substitution was also adopted in certain cases with favourable results. Frequently the administration of opposite sex harmones was also found to be effective. And phycho-Analytic methods were employed in Psycho-Neurotic conditions.\textsuperscript{95}

\textit{Enteric Fever} is a kind of disease which paralysed the life of the people. Enteric fever was one of notifiable diseases as per the Madras Public Health Act. There were 1034 deaths from this disease in 1954 in all municipalities including Madras city as against 1,106 deaths in 1953.\textsuperscript{96} The disease consumed lives in all municipal areas. The Madras city recorded 1424 attacks and eighty deaths due to enteric fever in 1956.\textsuperscript{97}

The Health officers carried out necessary preventive measures such as cholorination of water sources, antifly-measures, removal of rubbish heaps and nightsoil and educated the public about the dangers and prevention of the diseasess.\textsuperscript{98} The heads of families and the medical

\textsuperscript{95.} G.O.No., 424, Public Health Department, Ordinary Series, dated 6\textsuperscript{th} February, Madras, 1956.
\textsuperscript{97.} G.O.No. 615, D.P.H., dated 17\textsuperscript{th} August, 1957, p.14.
\textsuperscript{98.} \textit{Ibid.}, p.18.
practitioners were required to report cases of enteric fever to the Health Officers concerned. But none of them was prompt in sending reports to the health officers.  

**Relapsing Fever** is another form of fever which attacked the people many a time with slight break. Its repeated attack very often took the patient from fever to jaundice. Similar to the relapsing fever, dengue fever also broke out in different places of the state with the same symptoms. The government entrusted the task of conducting a survey on the occurrence of these fevers with the Epidemiological unit. Its work continued during the year 1964.

**Influenza** is another kind of fever which prevailed among the people. Though there was no influenza during the year 1959, it had sporadic attack in some parts of the country at some times. In the state certain municipal areas witnessed deaths from influenza, and they were separately registered. The health department had stock of sufficient quantities of sulpha drugs and tablets to meet any such emergency.

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100. The First Laws of Health, op.cit., p.72.
102. Ibid., 1964, p.8.
The government declared “Epidemic influenza” a notable infectious disease under the Madras Public Health Act. The collectors of various Districts took action under the above said act\textsuperscript{103} and conferred the necessary powers upon the health officers to take preventive measures. Isolation and treatment of cases, hospitalization of severe cases, disinfection, closure of schools and restrictions on cinema shows and educative propaganda, were the other measures taken to bring the epidemic under control.

The National Government was also keen on taking measures to treat influenza. The influenza centre at Coonoor has issued a press release regarding the simple methods to be adopted for the treatment of influenza. The centre was engaged in research work on different influenza virus strains and the production of vaccines. The Madras Government addressed the Government of India to give top priority for the production and supply of influenza vaccine to this Government from the Madras strain of Virus.\textsuperscript{104}

\textsuperscript{103} Madras Legislative Assembly Debates, Vol.IV, Madras, 23\textsuperscript{rd} March, 1957, p.16.
\textsuperscript{104} Report of Health Conditions in Madras State, Madras, 1959, p.27.
**Nutrition Programme**

Nutrition in the animal economics, explains the repairing of the continuing loss, which the different parts of the body undergo. The motion of the parts of the body or friction of these parts with each other and especially the action of the air would destroy the body entirely if the loss was not repaired by a proper diet, containing nutritive juices, which being digested in the stomach and afterwards converted in the cycle mix with the blood and are distributed through the whole body.\(^{105}\)

Nutrition is fundamental to life hard work and well being. Inadequate nutrition results in malnutrition, which is responsible for much human misery and economic losses. Malnutrition causes for a substantial number of deaths in childhood. Nutrition and healths for all was the goal of Tamilnadu in the seventh five year plan 1985-1990.\(^{106}\)

A nutrition is a part of health, malnutrition is a part of disease, which is the tragic accomplishment of poverty. Poverty is an all Indian problem. The government took drastic measures to control the evils. Abolition of poverty was

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a major agenda in the programme of many political parties. But it was found that about 50% of population in Tamilnadu as else where in India is now below the poverty line though not a surprise is still agonizing.\textsuperscript{107} One quarter of the total population men, women and babies go to bed hungry every night. This results in insufficient food intake. Due to the effect the government of Tamilnadu found that a large number of poor children either do not join the school at all or on being enrolled become drop-outs with a year or two due to the poor economic condition. To over come such difficulty, suggestions were given to introduce Noon-Meals Scheme in the schools.

The people of the State of Tamilnadu were not new to Mid-day Meal Scheme.\textsuperscript{108} This was already implemented in the 50’\textquotesingle s. Later came the integrated Child Development Programme in the 60’\textquotesingle s which was followed by a measure of rice per rupee. Indians first attempt to supplements the nutrition of children with the supply of free meals service which was introduced in Madras city in the year 1956, when Kamaraj was the Chief Minister. This scheme provided substantial provision for

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\textsuperscript{107} Tamil Arasu, Monthly Magazine, Madras, dated October 1980, p.29. \\
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supplying free meals to all poor children in the primary schools. ¹⁰⁹ The government schools health committee of 1960 recommended a mid-day meal in school with the objective of providing calories and proteins. Accordingly, free mid-day meal programme was initiated in 1962-63 for providing mid-day meal to primary school children under charitable Department of Education.¹¹⁰ Various nutrition programmes were implemented in the state during the period from 1974-1987 under the integrated Child Development Scheme. To Supplement nutrition project, Puratchi Thalaivar MGR Noon Meal Scheme was introduced during this period.

**Integrated Child Development Scheme** was launched in 1976. It offered a package of services consisting of supplementary nutrition, immunization, health check up referred service, nutrition and non-formal education for the pre-school children and nursing mothers.¹¹¹ The objective of the scheme was to improve the nutrition and health status of children in the age group of 0.6 years.¹¹²

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In 1980 another nutrition programme was initiated and implemented by the Tamilnadu Government under the Tamilnadu Integrated Nutrition Project. The project covered 173 Taluks and 10 Districts in Tamilnadu.\textsuperscript{113} The supplement nutrition programme was implemented from Sep. 1982 to 30\textsuperscript{th} June 1984.\textsuperscript{114} To improve more the health condition of the people, the Government sponsored another programme by which free rice to poor widows, handicapped persons and old age pensioners were supplied. This scheme was known in the name of WHOPFAR scheme which means free supplies to Widows Handicapped and Old age Pensioners Free Assistance and Relief Scheme, came in to existence from November 1981.\textsuperscript{115}

Enrolment of children was increased from 46.73 lakhs in 1982-83 to 52.73 lakhs in 1987-88. This increase was only due to the implementation of these schemes in the state.\textsuperscript{116}

The programme was later extended to cover the children in the urban area in the age group of 2 to 9 both on the social

\textsuperscript{113} Subba Lakshmi,S., \textit{op.cit.}, p.212.  
\textsuperscript{114} Tamil Arasu, Monthly Magazine, Madras, dated July 1979, p.43.  
\textsuperscript{116} Report of Tamilnadu State Administration, Madras, 1984, p.119.
Welfare and School Education side with effect from 15.9.1982. It provided nutrition food throughout the year by the department of school education. The cost of the meal was 50 paisa per child and total expenditure by the department was nearly 70 crores per year. The education department and social welfare department implemented nutrition programmes for children and school boys and girls in the age group of 15 years under the integrated child development service and Chief Minister Nutrition Programme respectively.

Mother Teresa visited Madras on a 3 day trip from Calcutta on 1st March 1984. She praised the nutrition meal programme of Tamilnadu government and she said it should be extended throughout the country. Chief Minister nutrition meal programme has 3 main components – Nutrition Pre-School Education and Health Care.

This scheme was targeted by age and by income for the meals children below the poverty line. It was also an income supplement to households. It provides employment for the

poor and the destitues.\footnote{State Planning Commission, Seventh Five Year Plan Proposals (1985-1990), Tamilnadu, p.460.} From 14\textsuperscript{th} November 1982 children in the rural areas were supplied with free tooth powder to teach them the habit of good dental hygiene. From 15\textsuperscript{th} January 1983 this scheme was extended to the old age pensioners. They were allowed to take their meals from the pre-school or school centres of the chief minister nutrition meal proskre.\footnote{Tamil Arasu, Monthly Magazine, March, dated 1984, p.3.}

It was further extended to the school children up to 1 age to 15 from 15.09.1984,\footnote{Social Welfare Policy Note (1998-99) D.P.H., Tamilnadu, 1998, pp.23-24.} about 15.53 lakh children in the age group of 10 to 15 were benefited under the scheme. The cost of this programe was Rs. 29 crores in 1984-85 alone.\footnote{Barbara Harris, Child Nutrition and Poverty in South India, New Delhi, 1991, p.10.}

**Family welfare and family planning programme** was formulated by the government for the improvement of each and every family in the state. Happiness of a home depends on the health and well being of the individual member of the family. The main cultural factors which affected women’s healths were attitude to marriage, age of marriage, fertility rates and the sex of the childs. For the past many years there was great emphasis on family planning which was a key to better health of our women. Thus formed the family welfare
programme which was implemented from 1956 on the lines prescribed by the central government. Many states and central government have appreciated Tamilnadu for the successful implementation of this programme. Of the many challenges which mankind had to face the most significant and the most menacing was the problem of growing population. To reduce the population, family planning programme was implemented in the state. Family planning means having children by choice and it is possible not to have child when the parents do not want it. Thus if the couples desire they can prevent conception by using the family planning methods.

Family Planning Programme was vigorously pursued in the state during Fourth Five Year Plan, 1969-1974. The aim of family planning programme was to reduce the birth rate 25 per 1000. During the period 149 urban family welfare planning centers were run by the government. Grants from state funds were given to municipality, voluntary organization, Madurai Corporation, Madras Corporation and Gandhigram Institute of Rural Health Family Planning. The

126. Ibid.
central government also sanctioned cash compensation to the acceptors at Rs. 70 for each vasectomy and tubectomy operations. As against this, the State government has sanctioned Rs. 75 and Rs. 85 for vasectomy and tubectomy respectively in order to encourage eligible couples to accept family welfare programme in large numbers.\textsuperscript{127} As against the sterilization target of 1,82,000 for the year 1981, the achievement up to the end of January 1981 was 1,01,253 up to the end December 1981. The 83\% of the propitiate target of sterilization fixed for the year 1981-1982 has been achieved. During 1983 government purchased 30 laparoscope at the cost of Rs. 9 lakhs.\textsuperscript{128}

The Tamilnadu Family Welfare Services were extended through a network of 1,222 Primary Health Centres, 8558 sub-centres in the rural areas and 63 family welfare centres in the urban areas. Services were also extended through 118 post centres.\textsuperscript{129} Tamilnadu government has won the national award of Rs. 2.5 crores for the exemplary performance in the field of family planning during 1984-85. Against a target

\textsuperscript{127} Swaminathan,A., \textit{op.cit.}, p.403.
\textsuperscript{128} Tamil Arasu, Monthly Magazine, Madras, dated January 1986, p.20.
of 4,75,000. Sterilization fixed by the government of India, Tamilnadu achieved 5,25,341 sterilization which was 110.6% of the Target.\textsuperscript{130} During 1984-85, 1066 Family Welfare Campus were conducted for women. The year 1985 was observed as the Tamilnadu youth year. The government involved the youth in spreading the message\textsuperscript{131} of a planned family among the rural masses. The Family Welfare programme for 1985-86 was based on a new motivation strategies. This laid emphasis on motivations among the various target groups like women, agricultural government employees and industrial labourers.\textsuperscript{132} The primary objective of the fifth five year plan period 1974-1978 was to provide minimum public health facilities integrated with family planning and nutrition.\textsuperscript{133}

The government of Tamilnadu was always in fore-front in the implementation of the family welfare programmes. During 1985-86 the government of India also awarded the National award for the 2.5 crores to Tamilnadu Government for successful implementation of the scheme in Tamilnadu. The same tempo in the implementation of the programme was

\textsuperscript{130} Report of Tamilnadu State Administration, Madras, 1978-79, p.146.
\textsuperscript{131} Tamil Arasu, Monthly Magazine, Madras, dated June 1986, pp.19-20
\textsuperscript{132} Tamil Arasu, Monthly Magazine, Madras, dated June 1985, p.25.
\textsuperscript{133} Goel, S.G., \textit{Health Care Administration}, New Delhi, 1980, p.57.
kept during 1985-86. The government announced an incentive of Rs. 50 to persons who motivated a case for sterilization. As against a target on 4.75 lakhs sterilization fixed by the government of India for 1985-86, 3,77,681 sterilization have been done up to 31st January 1986. Equal attention was being paid to popularize other methods of family welfare also. In the end of February 1987, 3,29,214 sterilization had been performed.

Thus the government initiated a large number of Health Development Programmes for developing the health status of the people in Tamilnadu. As a result of which various deseases have been eradicated. The people of the state were highly benefited by these programmes. It was the easiest to set up for ensuring the future health of the people.

**Health care to Rural population** was also given more importance during this period. When Allopathic medicines were administered to big cities and towns, the rural population was neglected. Hence, the government planned to extend the service to the rural areas throughout the State.

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Health care services were provided by various agencies viz., public sector, private sector and voluntary organization in the public sector, primary health care centers, government hospitals and other medical and research institutions provided general and scientific health care services. Health education and awareness programmes were controlled in the private sector concerned on super speciality hospital and poly-clinics. Voluntary organizations were involved in the provision of health care services to the people. The central government’s responsibility lies in co-ordinating the health care services in all the states. Tamilnadu was the pioneering state in extending such services.¹³⁶

**Five year plan and health care services** were effectively implemented in the state. During the first and second five year plans, 1951-56 and 1956-61, greater emphasis was laid on the control of communicable disease, improvement of environmental sanitation, rural and urban water supply, training of medical and health personal and establishment of institution facilities for providing health services. During the third five year plan 1961-66 the

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expansion of health services and establishment of primary health centers was given major attachment apart from the important programmes included in the two five year plans. The aim of Fourth Five Year Plan, 1969-74 was to overcome the shortage of qualified personal and improving two existing medical and public health services. The emphasis of the fifth five year plan, 1974-1978 was on removing imbalance in respect of medical facilities and strong their the health infrastructure in rural area.¹³⁷

The sixth five year plan 1980-85 aimed at providing Primary Health Care Services to the rural population. It also aimed at expanding the promotive, preventive, rehabilitative and curative health care services. Health care priority was given to prevention and control of endemic communicable and non-communicable diseases. Attempts were made to upgrade the preventive and promotive accepts of health care in all the medical institutions which were only providing curative care services. Opening of primary health centers, mini-health centers and mobile health units were contemplated to ensure efficient health service in rural areas.

¹³⁷ Report of Ministry of Family Welfare Health in India, New Delhi, 1978, p.3.
Special attention was given to the indigenous system of medicine in the state.\textsuperscript{138}

The health services in the state may be classified into 3 major categories namely medical education, medical service and public health. The functions of these three organizations were executed by five directors viz., Directorate of Medical Education, Directorate of Medical Services, Directorate of Indian Medicine, Directorate of Primary Health Centres and Directorate of Public Health and Preventive Medicine. All the five Directorates functioned under the authority of the Department of Health services and family welfare.\textsuperscript{139}

\textbf{Primary Health Centres}

The Primary Health Centre was the basis, from which all specific health operations commenced and taken to the people for their benefits. It was the nearest economic and ideal set up for ensuring the future health of the people. The primary health centre was a multi-purpose unit establishment of the peripheral level to render preventive and curative

medical services and also to the public for the preventive measure. Rural health care was also carried out through primary health centres. The services which relate from the primary health centres were health services, family planning school health services, control of diseases, environmental sanitation and health education.¹⁴⁰

At the beginning 1977-78, 383 Primary Health Centers, 54 Mini-Health Centers, were run by voluntary organization and 24 mobile health teams functioned in Tamilnadu. Each Primary Health Centres covered over 30,000 population. In 1987, primary centres were increased to 461. Besides this government have ordered for the conversion of 196 government dispensaries into that of primary health centre during 1985-1986.¹⁴¹

The directorate of Primary Health Centre, since its inception from February 1980, functioned as a separate state component of public health centre and mini health centre for Tamilnadu.¹⁴² For the first time the government had

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¹⁴³ Ibid., p.30.
ordered for the upgradation of 15 Primary Health Centres for the year 1981-1982 and 15 Primary Health Centres in 1982-1983. The upgraded Primary Health Centres provided X-ray plant, Bio-clinical and pathological laboratory, Blood bank and operation.\textsuperscript{144}

During 1983-1984 about 424 Primary Health Centres were established. In the year 1984-85, 12 more Primary Health Centres were extended. Thus their existed a total of 436 Primary Health Centres in Tamilnadu during 1984-85. Besides increasing the number of Primary Health Centres in the state the government suggested for upgradation of Primary Health Centres at every block level for a population of 100000. During 1985-86, 260 Mini Health Centres and 274 Mobile Health Teams functioned in the State.\textsuperscript{145} At the end of 1987, 698 Primary Health Centres including community Health Centres, upgraded Primary Health Centres functioned in the State of Tamilnadu.\textsuperscript{146}

Mini Health Centres were organized with the objective of encouraging voluntary agencies to deliver comprehensive

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Health Care Service to the people. In 1977-78, 54 Mini Health Centres and in 1979 – 80, 60 Mini Health Centres were established.\textsuperscript{147} Voluntary organization came forward to deliver comprehensive health care consisting of preventive, curative and Pragmatic Health Services to the Villages and Medical Services to Rural Public on a co-operative basis by involving voluntary organisation with finance assistance from Central Government. The scheme behind this that anybody who wants to look after his health can go to the Mini-Primary Health Centres. There were about 269 Mini Health Centres operated in the state in 1986.\textsuperscript{148} Thus 1987, there were totally 173 Mini Health Centres in Tamilnadu.\textsuperscript{149}

\textbf{Mobile health services} was another innovative programme for the promotion of the general welfare of the people. Mobile Health Service, the first of this kind was introduced in the country during 1977-78 in 24 Primary Health Centres.\textsuperscript{150} Under this scheme a medial officer and a pharmacist were posted. This scheme rendered services to

\textsuperscript{147} Report of Tamilnadu State Administration, Madras, 1985-86, p.149.
\textsuperscript{148} Ibid., pp.150-151.
\textsuperscript{149} Tamil Arasu, Monthly Magazine, Madras, 1987, p.11.
\textsuperscript{150} Perumal Swami, S., \textit{op.cit.}, p.216.
rural population at the door setup of the villages.\textsuperscript{151} In 1983-84, 249 Primary Health Centres were covered under Mobile Health Schemes.\textsuperscript{152} In 1987, there were 274 Mobile Health Teams functioning in the 274 Mobile Health Centres in Tamilnadu.\textsuperscript{153}

**The Hill Area Development Programme** was only meant for the upliftment of the people at Hilly regions. This scheme was introduced by Thiru M.G.Ramachandran, the then Chief Minister of Tamilnadu for the Medical Care under the Integrated Development of Nilgiris District. As additional Health Centres have been envisaged under the programme, Health Centres have been established at Uthakamandalam in 1976, and Nilgiri in 1977.\textsuperscript{154} This was done in other districts like South Arcot and North Arcot also.

**Tribal Development Programme** was implemented in the State to safeguard the Tribal people. The use of Allopathic Medicines for dangerous diseases did not reach the Tribal areas. The mortality rate in the Tribal area was increasing due to non-availability of Allopathic Medicines. Hence a

\textsuperscript{154} Tamil Arasu, Monthly Magazine, Madras, 1977, p.9.
Comprehensive Health Care Strategy had been implemented in Salem, North Arcot, South Arcot Kalrayan hill, Dharmapuri and Trichirapalli District in 1971-78, for detecting venereal diseases and other diseases like Tuberculosis, Malaria and other diseases.\textsuperscript{155}

The government started an ambitious programme and it planned for General Hospital, Medical Colleges and other Training Programmes for the improvement of the general Health and Research Development of the State.

**History of Government General Hospital**

The Britishers established a trading post in Surat in 1600 and the next British settlement was in Machoolipattanam. But it was only with the founding of Madras in 1639 and the development of English Township, Fort St. George by 1640 the thought of building a hospital on land arose. And also Madras got its first Western style hospital in 1664 due to the efforts of Sir Edward Winter, the governor of Fort St. George, the forerunner of the Indian Health System. From the records, it is found that this hospital was founded during 1664 and subsequently turned into Garrison Hospital in 1814.

\textsuperscript{155} Tamil Arasu, Monthly Magazine, Madras, 1977, p.9.
During 1835, the hospital was developed towards the academic line and a Medical School was also started. In 1842, the main building was constructed in the shape of capital letter “H”. Simultaneously the Medical School was upgraded into Madras Medical College and started functioning from 1850. As the number of patients grew the hospital was expanded and modernized to a great extent between 1928 and 1938. Dr. A.L. Mudaliar was appointed as the first Indian Principal of Madras Medical College. The Madras General Hospital now presents an inspiring pile of buildings of which Madras may well be proud of and this delights the eye of every professional visitor to this city. Since 1935 various departments were created and necessary buildings were constructed for accommodating the departments and the maintenance is being taken care of by the Public Works Department.

Modern and scientifically designed lighting is provided for interior and exterior of the building. A 1000 KWA generator with automatic main failure panel has been installed in the building. A modern A.C. plant is installed to provide air conditioning arrangements to the needy parts of

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157. Ibid., pp.8-11.
Tower Block I and II such as operation theatres, ICU’s, IMCU’s, blood bank, special wards. A modern Digital ‘X’ Ray system has been installed with battery power backup.

Accident and Trauma care services were properly conducted by the efficient specialist doctors. The hospital provides round the clock accident and Trauma care services. The ward specially meant for it is provided with trained Medical personnel to the care of the patient management and it is well equipped with critical care equipments to save the life of the patients.

A separate Emergency Trauma Ward for orthopaedic trauma cases is being run by one qualified orthopaedic surgeon, two M.S. Ortho and two Ortho post graduates, round the clock. On an average, there are about 15 admissions per day in this trauma ward alone, not mentioning the numerous Orthopaedic cases seen in the Surgical Trauma ward. All these patients need minor or major emergency surgeries which are done everyday with zero delay, truly establishing the emergency trauma care concept.158

The hospital provides round the clock Casualty services, where Medical Officers are available round the clock to take care of the patients.

**Master Health Checkup** is provided to the people around these regions. Government General Hospital, Chennai was the pioneer in introducing the concept of Master Health Checkup as a screening and primary prevention of preventable and undiagnosed problems in otherwise healthy individual. It provides a comprehensive checkup of health parameters of an individual. Started as early as in 1996 and later on the concept was accepted and spread throughout the State including other Government Medical College Hospitals and other private institutions. An average of 30-40 cases per day is screened in this scheme.\(^{159}\)

Out Patient services for the Asthma and Allergy (Clinic run by Dept. of Medicine), Cardiology, Cardiothoracic Surgery, Dermatology, Diabetology, E.N.T., Endocrine Surgery, General Medicine, General Surgery, Geriatric Medicine, Geriatric Surgery, Haematology, Hepatology, Leprosy, Medical Endocrinology, (Clinic run by Dept. of

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Medicine), Medical Gastroenterology, Nephrology, Neuro Surgery, Neurology, Medical Oncology, Orthopaedics, Plastic Surgery, Psychiatry, Rheumatology, Surgical Gastroenterology, Spine Surgery (Sub-speciality of Ortho), Thoracic Medicine, Urology, Vascular Surgery, Veneorology\textsuperscript{160} are also available in the Web-pages of the Departments.

**Dispensaries**


In order to maintain the health of the people, the role of private hospitals were immenced. Among them, Sree Mookambika Institute of Medical Sciences (SMIMS) is one of the fastest emerging Medical Teaching Institutes in South India. Nestled among the serene hill-scapes of Kanyakumari District, Tamilnadu, SMIMS is the flagship endeavor of the Sree Mookambika Groups of Institutions.

\textsuperscript{160} Report of Medical Services in Tamilnadu, D.P.H., Madras, 1967, p.18.
Admitting 100 students every year from India and abroad for the MBBS course, the Institute is in the 4th year of creating future medical minds in the country. Under the eminent leadership of the saintly surgeon Dr. C.K. Velayudhan Nair, the Institute provides an incomparable environment to aspiring medical students for pursuing Medical Education of the highest quality.

With its world-class infrastructure facilities, presence of the finest medical teachers in the country or the availability of unlimited learning resources, the institute has it all to cater to the need of the 21st Century Medical Student.

The campus of Sree Mookambika Institute of Medical Science and Hospital provides a rare combination of a bustling city life amidst a green natural environment. The campus abounds in greenery with lots of trees grown around providing a scenic backdrop. It is our immense pleasure to welcome you to a tour of our website.¹⁶¹

Sree Mookambika group of institutions are run by Padanilam Welfare Trust, Kulasekharam. The Trust was formed to promote the welfare of the Minority Malayalam speaking

Community and to provide quality Medical Education to rural students. The culmination of the determined efforts of the trust in the field of higher medical education has borne fruit in the form of Sree Mookambika Institute of Medical Science, the result of its sincere desire and determination.

One of the top medical schools in the nation, Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research Centre is dedicated to excellence in education, research and patient care. When throughout all these pursuit is a strong commitment to public service, a collaborative work ethic, and providing care for our diverse communities. Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research Centre is being run from the year 1986. This institution has slowly developed into a primary, secondary and tertiary care provider, as a 700 bedded multispeciality hospital with an average out patient strength of 1200 per day. About 1300 cataract surgeries are being done throughout this year apart from 1150 cataract surgeries done in the mega eye camp. The services of the licensed blood bank, runs round the clock.  

Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research Centre is being run from the year 1986, started as a service provider to the poor, lower socio-economic group of people of surrounding 750 villages, most of whom toil as agricultural labourers. The institution has slowly developed into a primary, secondary and tertiary care provider as a 300 bedded multispeciality hospital with an average out patient strength of 1200 per day. Various departments like casualty, emergency services, General medicine, General surgery, Anaesthesiology, Ortho and General, Paediatrics, Ophthalmology, ENT, Orthopaedics, Radiology, Nephrology, Urology, Neurology, Neurosurgery, TB and Chest. Medicine, Dermatology, Venereoleprology, cardiology, Gastroenterology, Oncology, Plastic surgery, Blood Bank various branches of Dental Surgery and Dental Medicine are providing the up-to-date, ultra modern services to the rural poor people as it is provided in urban multi speciality hospitals. 163

Both the outpatient services and inpatient services are provided free of cost. The health care providers in this

institution are well experienced, and well qualified with post graduation and super speciality degrees. The casualty, ICU, Intensive Neonatal Care are functioning round the clock with all the life saving measures like central oxygen, central suction, multi-parametermonitor, ventilators, defibrillators etc. and being managed by qualified persons.

The department of medicine, surgery and paediatrics provide all the modern services. In the department of medicine apart from the routine treatment, Hypertension and Diabetic operations are conducted with special emphasis. The department of O and G runs antenatal clinic, postnatal clinic, infertility clinic, cancer screening clinic, Family welfare clinic and provides all the medical and surgical services to women. All the operative procedures both vaginal and abdominal, including laparoscopy both diagnostic and operative, hysteroscopy, surgery for all gynaec tumours, colposcopy directed biopsy cervix are done.

All the diagnostic and operative procedures for infertility including Non Surgical and microsurgical recanalisation for infertility are undertaken.\textsuperscript{164}

\textsuperscript{164} Report of Inspection Committee, Madras, 2006, p.17.
The department of ophthalmology is well equipped with qualified persons and infrastructural facilities. It performs all routine and special procedures with latest equipments like phaco emulsifier, Green laser to diabetic retinopathy, Fundus Flurescein angiogram and fundus camera, Automatic perimetry to Diagnose and assess glaucoma. Every year camp for cataract surgery and other ophthalmologic disorders and refraction errors are being undertaken. About 1300 cataract surgeries are being done throughout this year apart from the 1150 cataract surgeries done in the mega eye camp. Steps are being taken for establishment of eye bank.

In urology almost all routine and latest procedures and surgeries are done, including Ureteroscopy, transurethral section of prostate (TURP), all open surgeries including nephrectomy, reconstructive surgeries etc., Extra corporeal shock wave lithotripsy is one to the poor, agricultural patients coming from the surrounding villages, who could not afford. Steps are being taken for renal transplantation, in the immediate future.\textsuperscript{165}

\textsuperscript{165} Report of Inspection Committee, Madras, 2006, p.17.
The services of the department of gastroenterology is a boon to the rural people with upper and lower G.I. endoscopy, Diagnostic and clinical gastroenterology, hepatology services, CT guided procedures including FNAC, etc., In the department of Radiology apart from routine procedures with routine infrastructural facilities, the uses of spiral CT is fully available for rural folk. In addition to ultra sound abdomen, Foetal Doppler, Peripheral vascular Doppler, Echo cardiography services are also made available.  

Anaesthesiology department has four Operation Theater in addition to emergency OT and minor OT. Apart from performing routine anaesthetic procedures, emergency airway management in casualty and Trauma care are done by them. All the latest equipment like Boyles, ETCO$_2$ monitor, multi parameter monitor, Defibrillator, latest version of puritan Bennet Ventilators etc. are available. The pain clinic is also run by the department providing painless post operative care, painless labour, painless palliative care etc.  

All procedures such as Tonsillectomy, mastoidectomy, septoplasty, myringoplasty, stapedectomy, functional
endoscopic sinus surgery (FESS) etc., are performed in the department of ENT. Removal of vocal nodules, foreign body removal through bronchoscopy, micro laryngeal surgeries, Laryngo pharyngectomy, maxillectomy, palato pharyngoplasty are also provided. Headache clinic, vertigo clinic are also conducted. The department of nephrology, runs low cost dialysis centre with latest harmodialysis machine.\textsuperscript{168}

The Laboratory services are available round the clock with almost all modern equipments like cell counter, semi-auto analyzer, fully automated analyzer, Elisa reader, Blood gas analyzer, electrolyte analyzer, flame photometer etc., All haematological investigations, investigations on urine, stool, sputum, aspirates, serological investigations, investigations for HIV, Hapatitis, routine and special culture and sensitivity for micro organisms in various biological materials, all Biochemistry investigations, full pledged histopathological studies on biopsy, etc., are provided as adjuvant to aid in diagnosis and treatment. The services of the licenced Blood Bank, which runs round the clock, is also available.

\textsuperscript{168} Report of Medical Education in Tamilnadu, Madras, 1976, p.12.
This institution is being run with the high ideals of implementing all the national health programmes and national health policies, and is a committed health care provider especially to the rural people.\textsuperscript{169}

On the 25\textsuperscript{th} January 1926, a Trust under the name and style of “P.S. Govindaswamy Naidu and Sons Charities” came into being to cater to the growing needs of education and industry. Coimbatore opened a new chapter in its history. To understand the genesis, growth and objectives of the trust, it is necessary to travel back in time and visualize the social, educational and economic scenario of India in general and city of Coimbatore in particular.\textsuperscript{170}

Illiteracy and poverty afflicted the people, while lack of resources and organized services imposed enormous constraints on the government. The city of Coimbatore, as it exists today with all its industrial and educational houses of excellence, could not even have been dream of the entrepreneurs were yet to arrive while education was meant only for an exclusive few.

\textsuperscript{169} Report of Medical Education in Tamilnadu, Madras, 1957, p.9.
\textsuperscript{170} Report of Medical Education in Tamilnadu, Madras, 1958, p.13.
It needed a benign and active mix of sympathy, daringness, generosity and selflessness to even think of bringing in changes in such a setting. The four sons of Shri P.S. Govindaswamy Naidu whose initials the trust bears, had all this in themselves and through their tireless efforts brought forth the trust. They Shri PSG Venkataswamy Naidu, Shri PSG Rangaswamy Naidu, Shri PSG Ganga Naidu, Shri PSG Narayanaswamy Naidu, the fourth son of Shri PS Govindaswamy Naidu, went about setting up the trust in a unique and inimitable fashion. They adopted Charity as their fifth brother and divided their ancestral wealth into, not 4 equal portion but 5, the fifth one earmarked exclusively for Charity.\textsuperscript{171}

They realized that illiteracy caused stagnation, insulating the people from the progressive changes taking place all around and left them poor and uninformed and hence it was at the root of all the ills of society. Their generous and leadership qualities surged ahead to the fore with this clear sense of understanding of the prevailing malady and its cause. And so, they struck back at illiteracy with a

\footnotesize{\textsuperscript{171} Report of Medical Education in Tamilnadu, Madras, 1957, p.9.}
missionary zeal and made education as their primary thrust area. The zeal of idealism continued and many institutions were born in succession in various disciplines.

ACS Medical College and Hospital rendered remarkable services to the people of Tamilnadu. This helps us as we design new programs, and helps students to focus on the important elements of university study. Campus provides residential accommodation. Expectations about academic performance predominate over all other matters. You recognize that in entering the field of medicine, you join a community, where in the team is as pivotal to success as individual effort. To this end, you must strive for excellence in your pursuit of knowledge, for you can only give your best when you fulfill your potential.172

Sree Balaji Medical College and Hospital approved by Medical Council of India and Ministry of Health and Family Welfare, Government of India, New Delhi is affiliated to Bharathiar University. It is also recognized by WHO. Sree Balaji Medical College and Hospital is a private, non-profit, self-financing Medical Institution, pledged to the service of

the community, catering to the health care needs of the people in general, and especially to the needy, underprivileged, suffering section of humanity, in particular. The college and hospital complex has been raised in an area of 52 acres, ideally located with salubrious surroundings. It is just 2 km from the airport and bus stand. It is provided with state-of-the-art infrastructure in terms of its blocks of buildings, which include cosy, comfortable and well-furnished departments, laboratories, class rooms for students, separate quarters for staff and nurses, besides equipment of latest technological quality.\textsuperscript{173}

**Government Medical Colleges**

KAP Viswanathan Medical College, Trichy, Govt. Mohan Kumaramangalam Medical College, Salem, Thoothukudi Medical College, Thoothukudi, Kanyakumari Government Medical College, Asaripallam, Chengalpattu Medical College, Chengalpattu, Madras Medical College and Research Institute, Chennai, Coimbatore Medical College, Coimbatore, Stanley Medical College, Chennai, Government Vellore Medical College, Vellore and Kilpauk Medical College, Chennai.\textsuperscript{174}

\textsuperscript{173} Report of Medical Services in Tamilnadu, Madras, 1957, p.17.
\textsuperscript{174} List of Medical Colleges, Government of Tamilnadu, Madras, 2009, pp.1-3.
Private Medical Colleges

Meenakshi Medical College, Kanchipuram, Vinayaka Mission’s Kirupananda Variyar Medical College, Salem, Rajah Muthiah Medical College, Annamalainagar, IRT Perundurai Medical College & Research Centre, Erode, Sree Balaji Medical College and Hospital, Chennai, Sri Ramachandra Medical College and Research Institute, Chennai and Christian Medical College, Vellore.¹⁷⁵

In the recent past, greatest advancement was made by new inventions. The introduction of X-rays helped to find out the undetected diseases that affect the human body. The use of ultra-violet rays enable to find out undetected diseases. Ultrasonic rays are also used to find out many diseases. The invention of inflections for painless operation is a boon in human life. Heart Attack was considered as the attack by the devils. But now it is understood that, it is a disease that causes death. Heart attack is now well detected by angiogram.

Thus all over the Allopathic System of Medicine (English Medicine) is generally popularized in the History of Medical Health Services in Tamilnadu.

¹⁷⁵. List of Medical Colleges, Government of Tamilnadu, Madras, 2011, pp.3-5.