INTRODUCTION
Health is a common theme in most cultures. In fact, all communities have their concepts of health, as part of their culture. Among definitions still used, probably the oldest is that health is the “absence of disease.” In some cultures, health and harmony are considered equivalent, and harmony being defined as “being at peace with the self, the community, god and cosmos.” The ancient Indians and Greeks shared this concept and attributed disease to disturbances in bodily equilibrium of what they called “humours”.

Health continues to be a neglected entity despite lip service. At the individual level, it cannot be said that health occupies an important place; it is usually subjugated to other needs defined as more important, e.g., wealth, power, prestige, knowledge, security. Health is often taken for granted, and its value is not fully understood until it is lost. At the international level, health was “forgotten” when the covenant of the League of Nations was drafted after the First World War. Only at the last moment was world health brought in. Health was again “forgotten” when the charter of the United Nations (U.N.) was drafted at the end of the Second World War. The matter of
Health had to be introduced ad hoc at the United Nations Conference at San Francisco in 1945.¹

However, during the past few decades, there has been a reawakening that health is a fundamental human right and a worldwide social goal; that it is essential to the satisfaction of basic human needs and to an improved quality of life; and, that is to be attained by all people. With the adoption of health as an integral part of socio-economic development by the United Nations in 1979,² health, while being an end in itself, has also become a major instrument of overall socio-economic development and the creation of new social order.

CHANGING CONCEPTS

An understanding of health is the basis of all health care. Health is not perceived the same way by all members of a community including various professional groups. Health has evolved over the centuries as a concept from an individual concern to a world-wise social goal and encompasses the whole quality of life. A brief account of the changing concepts of health is given below:

1. Biomedical Concept

Traditionally, health has been viewed as an “absence of disease”, and if one was free from disease, then the person was considered healthy. This concept, known as the “biomedical concept”
has the basis in the “germ theory of disease” which dominated medical thought at the turn of the 20th century.3

2. Ecological Concept

Deficiencies in the biomedical concept gave rise to other concepts. The ecologists put forward an attractive hypothesis which viewed health as a dynamic equilibrium between man and his environment, and disease a maladjustment of the human organism to environment.4

3. Psychological Concepts

Contemporary developments in social sciences revealed that health is not only a biomedical phenomenon, but one which is influenced by social, psychological, cultural, economic and political factors of the people concerned. These factors must be taken into consideration in defining and measuring health. Thus health is both a biological and social phenomenon.

4. Holistic Concept

The holistic model is a synthesis of all the above concepts. It recognizes the strength of social, economic, political and environmental influences on health.
Definitions of Health

"Health" is one of those terms which most people find it difficult to define although they are confident of its meaning. Therefore, many definitions of health have been offered from time to time, including the following:

a. "the condition of being sound in body, mind or spirit, especially freedom from physical disease or pain" (Webster);

b. "soundness of body or mind; that condition in which its functions are duly and efficiently discharged" (Oxford English Dictionary);

c. "a condition or quality of the human organism expressing the adequate functioning of the organism in given conditions, genetic and environmental"5;

d. "a modus vivendi enabling imperfect men to achieve a rewarding and not too painful existence while they cope with an imperfect world"6;

e. "a state of relative equilibrium of body form and function which results from its successful dynamic adjustment to forces tending to disturb it. It is not passive interplay between body substance and forces impinging upon it but an active response of body forces working toward readjustment" (Perkins).
WHO Definition

The widely accepted definition of health is that given by the World Health Organization (WHO) (1948) in the preamble to its constitution, which is as follows:

“Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity”.

In recent years, this statement has been amplified to include the ability to lead a “socially and economically productive life”.

Operational definition of health

The WHO definition of health is not an “operational” definition. In this connection an “operational definition” has been devised by a WHO study group. In this definition, the concept of health is viewed as being of two orders. In a broad sense, health can be seen as “a condition or quality of the human organism expressing the adequate functioning of the organism in given conditions, genetic or environmental”.

In a narrow sense – one more useful for measuring purposes – health means: (a) there is no obvious evidence of disease, and that a person is functioning normally, and (b) the several organs of the body are functioning adequately in themselves and in relation to one
another, which implies a kind of equilibrium or homeostasis – a condition relatively stable but which may vary as human beings adapt to internal and external stimuli.

**New Philosophy on Health**

In recent years, we have acquired a new philosophy of health, which may be stated as below:

- health is a fundamental human right
- health is the essence of productive life, and not the result of ever increasing expenditure on medical care
- health is inter-sectoral
- health is an integral part of development
- health is central to the concept of quality of life
- health involves individuals, state and international responsibility
- health and its maintenance is a major social investment
- health is world-wide social goal.

**Dimensions of Health**

Health is multidimensional. The WHO definition envisages three specific dimensions – the physical, the mental and the social. As the knowledge base grows, the list may be expanding.
1. Physical Dimension

The physical dimension of health is probably the easiest to understand. The state of physical health implies the notion of “perfect functioning” of the body.

2. Mental Dimension

Mental health is not mere absence of mental illness. Good mental health is the ability to respond to the many varied experiences of life with flexibility and a sense of purpose. More recently, mental health has been defined as “a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a coexistence between the realities of the self and that of other people and that of the environment.”

3. Social Dimension

Social well-being implies harmony and integration within the individual, between each individual and other members of society and between individuals and the world in which they live. It has been defined as the “quantity and quality of an individual’s interpersonal ties and the extent of involvement with the community.” The social dimension of health includes the levels of social skills one possesses, social functioning and the ability to see oneself as a member of a larger society.
4. Spiritual Dimension

Proponents of holistic health believe that the time has come to give serious consideration to the spiritual dimension and to the role this plays in health and disease. Spiritual health in this context, refers to that part of the individual which reaches out and strives for meaning and purpose in life.

5. Emotional Dimension

Historically the mental and emotional dimensions have been seen as one element or as two closely related elements. However, as more research becomes available definite difference is emerging. Mental health can be seen as "knowing" or "cognition" while emotional health relates to "feeling". Experts in psychobiology have been relatively successful in isolating these two separate dimensions. With this new data, the mental and emotional aspects of humanness may have to be viewed as two separate dimensions of human health.

6. Vocational Dimension

The vocational aspect of life is a new dimension. It is part of human existence. When work is fully adapted to human goals, capacities and limitations, work often plays a role in promoting both physical and mental health. Physical work is usually associated with an improvement in physical capacity, while goal achievement and
self-realization in work are a source of satisfaction and enhanced self-esteem.\textsuperscript{11}

The importance of this dimension is exposed when individuals suddenly lose their jobs or faced with mandatory retirement.

7. Other Dimensions

A few other dimensions have also been suggested such as\textsuperscript{12}:

- philosophical dimension
- cultural dimension
- socio-economic dimension
- environmental dimension
- educational dimension
- nutritional dimension
- curative dimension
- preventive dimension.

A glance at the above dimensions shows that there are many “non-medical” dimensions of health, e.g., social, cultural, educational, etc. These symbolize a huge range of factors to which other sectors besides health must contribute if all people are indeed to attain a level of health that will permit them to lead a socially and economically productive life.

Positive Health

Health in the broad sense of the world does not merely mean the absence of disease or provision of diagnostic, curative and
preventive services. It also includes as embodied in the WHO definition, a state of physical, mental and social well-being. The harmonious balance of this state of the human individual integrated into his environment, constitutes health, as defined by WHO.

The state of positive health implies the notion of “perfect functioning” of the body and mind. It conceptualizes health biologically, as a state in which every cell and every organ is functioning at optimum capacity and in perfect harmony with the rest of the body; psychologically, as a state in which the individual feels a sense of perfect well-being and of mastery over his environment, and socially, as a state in which the individual’s capacities for participation in the social system are optimal. These ideas were widely ventilated some years ago but now appear slightly ridiculous.

Dubos said, “The concept of perfect positive health cannot become a reality because man will never be so perfectly adapted to his environment that his life will not involve struggles, failures and sufferings”. Positive health will, therefore, always remain a mirage, because everything in our life is subject to change. Health in this context has been described as a potentiality – the ability of an individual or a social group to modify himself or itself continually in
the face of changing conditions of life. In working for positive health
the doctor and the community health expert are in the same position
as the gardener or farmer faced with insects, moulds and weeds. Their
work is never done.

Recently, a broader concept of health has been emerging – that
of improving the quality of life of which health is an essential
component. This at once brings to focus that positive health depends
not only on medical action, but on all the other economic, cultural and
social factors operating in the community.

Health – a Relative Concept

An alternative approach to positive health conceptualizes
health not as an ideal state, but as a biologically "normal" state, based
on statistical averages. For example, a newborn baby in India weighs
2.8 kgs on an average compared to 3.5 kg in the developed countries,
and yet compares favourably in health. The height and weight
standards vary from country to country, and also between socio­
economic groups. Many normal people show heart murmurs, enlarged
tonsils and X-ray shadows in the chest and yet do not show signs of
ill health. Thus health is a relative concept and health standards vary
among cultures, social classes and age-groups. This implies that
health in any society should be defined in terms of prevailing
ecological conditions. That is, instead of setting universal health standards, each country will decide on its own norms for a given set of prevailing conditions and then look into ways to achieve that level.\textsuperscript{16}

Concept of Well-Being

The WHO definition of health introduces the concept of "well-being". The question then arises: what is meant by wellbeing? In point of fact, there is no satisfactory definition of the term "wellbeing".

Recently, psychologists have pointed out that the "wellbeing" of an individual or group of individuals have objective and subjective components. The objective components relate to such concerns as are generally known by the term "standard of living" or level of living. The subjective component of well-being (as expressed by each individual) is referred to as "quality of life."\textsuperscript{17} Let us consider these concepts separately.

1. Standard of Living

The term "standard of living" refers to the usual scale of our expenditure, the goods we consume and the services we enjoy. It includes the level of education, employment status, food, dress, house, amusements and comforts of modern living.\textsuperscript{18}
2. Level of Living

The parallel term for standard of living used in United Nations documents is “level of living.” It consists of nine components: health, food consumption, education, occupation and working conditions, housing, social security, clothing, recreation and leisure and human rights. These objective characteristics are believed to influence human wellbeing. It is considered that health is the most important component of the level of living because its impairment always means impairment of the level of living.

3. Quality of Life

Much has been said and written on the quality of life in recent years. It is the “subjective” component of wellbeing. “Quality of life” was defined by WHO as: “the condition of life resulting from the combination of the effects of the complete range of factors such as those determining health, happiness (including comfort in the physical environment and a satisfying occupation), education, social and intellectual attainments, freedom of action, justice and freedom of expression”.

Spectrum of Health

Health and disease lie along a continuum, and there is no single cut-off point. The lowest point on the health-disease spectrum is death.
and the highest point corresponds to the WHO definition of positive health. It is seen in the Chart 1.1.

- Positive health
- Better health
- Freedom from sickness
- Unrecognized sickness
- Mild sickness
- Severe sickness
- Death

Chart 1.1: Health Sickness Spectrum

It is thus obvious that health fluctuates within a range of optimum well-being to various levels of dysfunction, including the state of total dysfunction, namely the death. The transition from optimum health to ill health is often gradual, and where one state ends and the other begins is a matter of judgement.

The special concept of health emphasizes that the health of an individual is not static; it is a dynamic phenomenon and a process of continuous change, subject to frequent subtle variations. What is considered maximum health today may be minimum tomorrow. That is, a person may function at maximum levels of health today, and diminished levels of health tomorrow. It implies that health is a state not to be attained once and for all, but ever to be renewed. There are
degrees or "levels of health" as there are degrees or severity of illness. As long as we are alive there is some degree of health in us.

**Determinants of Health**

Health is multifactorial. The factors which influence health lie both within the individual and externally in the society in which he or she lives. It is a truism to say that what man is and to what diseases he may fall victim depends on a combination of two sets of factors – his genetic factors and the environmental factors to which he is exposed. These factors interact and these interactions may be health-promoting or deleterious. Thus, conceptually, the health of individuals and whole communities may be considered to be the result of many interactions. Only a brief indication of the more important determinants or variables are shown in the following Chart 1.2.

1. **Biological Determinants**

The physical and mental traits of every human being are to some extent determined by the nature of his genes at the moment of conception. The genetic make-up is unique in that it cannot be altered after conception. A number of diseases are now known to be of genetic origin, e.g., chromosomal anomalies, errors of metabolism, mental retardation, some types of diabetes, etc.
2. Behavioural and Socio-Cultural Conditions

The term "lifestyle" is rather a diffuse concept often used to denote "the way people live", reflecting a whole range of social values, attitudes and activities. It is composed of cultural and behavioural patterns and lifelong personal habits (e.g., smoking, alcoholism) that have developed through processes of socialization. Lifestyles are learnt through social interaction with parents, peer groups, friends and siblings and through school and mass media.
3. Environment

It was Hippocrates who first related disease to environment, e.g., climate, water, air etc. Centuries later, Pettenkofer in Germany revived the concept of disease-environment association.

Environment is classified as “internal” and “external”. The internal environment of man pertains to “each and every component part, every tissue, organ and organ-system and their harmonious functioning within the system”. Internal environment is the domain of internal medicine. The external or macro-environment consists of those things to which man is exposed after conception. It is defined as “all that which is external to the individual human host.” It can be divided into physical, biological and psychosocial components, any or all of which can affect the health of man and his susceptibility to illness.

4. Socio-economic conditions

Socio-economic conditions have long been known to influence human health. For the majority of the world’s people, health status is determined primarily by their level of socio-economic development, e.g., per capita GNP, education, nutrition, employment, housing, the political system of the country, etc. Those of major importance are: (i) economic status, (ii) education, (iii) occupation, (iv) political system.
5. Health Services

The term health and family welfare services cover a wide spectrum of personal and community services for treatment of disease, prevention of illness and promotion of health. The purpose of health services is to improve the health status of population. Health services can also be seen as essential for social and economic development. It is well to remind ourselves that “health care does not produce good health.”23

6. Aging of the Population

By the year 2020, the world will have more than one billion people aged 60 and over more than two-thirds of them living in developing countries.

7. Gender

The 1990s have witnessed an increased concentration on women’s issues. In 1993, the Global Commission on Women’s Health was established. The commission drew up an agenda for action on women’s health covering nutrition, reproductive health, the health consequences of violence, aging, lifestyle related conditions and the occupational environment.
8. Other Factors

We are witnessing the transition from post industrial age to an information age and experiencing the early days of two interconnected revolutions, in information and in communication. The development of these technologies offers tremendous opportunities in providing an easy and instant access to medical information once difficult to retrieve.

Ecology of Health

Ecology is a key word in present-day health philosophy. It comes from the Greek "Oikos" meaning a house. Ecology is defined as the science of mutual relationship between living organisms and their environments. Human ecology is a subset of more general science of ecology.

A full understanding of health requires that humanity be seen as part of an ecosystem. The human ecosystem includes in addition to the natural environment, all the dimensions of the man-made environment – physical, chemical, biological, psychological: in short, our culture and all its products. Disease is embedded in the ecosystem of man. Health, according to Ecological Concepts (E.C.), is visualized as a state of dynamic equilibrium between man and his environment.
Right to Health

Historically, the right to health was one of the last to be proclaimed in the Constitutions of most countries of the world. At the international level, the Universal Declaration of Human Rights (U.D.H.R) established a breakthrough in 1948, by stating in Article 25: “Everyone has the right to a standard of living adequate for the health and well being of himself and his family…”

The concept of “right to health” has generated so many questions, viz., right to medical care, right to responsibility for health, right to a healthy environment, right to food, right to procreate (artificial insemination included), the right not to procreate (family planning, sterilization, legal abortion), rights of the deceased persons (determination of death, autopsies, organ removal) and the right to die (suicide, hunger strike, discontinuation of life support measures), etc.

Responsibility for Health

Health is on one hand a highly personal responsibility and on the other hand a major public concern. It thus involves the joint efforts of the whole social fabric, viz., the individual, the community and the state to protect and promote health – individual responsibility, community responsibility and state responsibility. Although health is now recognized as a fundamental human right, it is essentially an
individual responsibility. Health can never be adequately protected by health services without the active understanding and involvement of communities whose health is at stake state responsibility is the necessary for the health and welfare of its citizens.

Health Development

Health Development (H.D) is defined as “the process of continuous progressive improvement of the health status of a population.” Its product is rising level of human well-being, marked not only by reduction in the burden of disease, but also by the attainment of positive physical and mental health related to satisfactory economic functioning and social integration.

Indicators of Health

There has been some confusion over terminology: health indicator as compared to health index (plural: indices or indexes). It has been suggested that in relation to health trends, the term indicator is to be preferred to index, whereas health index is generally considered to be an amalgamation of health indicators.

Characteristics of indicators: Indicators have been given scientific respectability; for example ideal indicators.

a. should be valid, i.e., they should actually measure what they are supposed to measure,
b. should be **reliable** and objective, i.e., the answers should be the same if measured by different people in similar circumstances;

c. should be **sensitive**, i.e., they should be sensitive to changes in the situation concerned,

d. should be **specific**, i.e., they should reflect changes only in the situation concerned,

e. should be **feasible**, i.e., they should have the ability to obtain data needed, and;

f. should be **relevant**, i.e., they should contribute to the understanding of the phenomenon of interest.

Developed and Developing Regions

1. **Social and Economic Characteristics**

   Most people in the developing countries live in rural areas and urban slums. There is a rigid hierarchy and class structure moulded by tradition and long-standing customs. The family, often a joint family, is a strong binding force. People depend mainly on agriculture and there is a lack of alternative employment opportunities.

2. **Demographic Characteristics**

   Population growth and changes have always been a central issue in community medicine. These changes have an impact on economic and social conditions and therefore on health and health
care needs. The population of the world passed the 6 billion mark on October 12th 1999. About 75 per cent of the world population lives in developing countries.

3. Contrasts in health (Health Gap)

While accurate statistical data are difficult to obtain, even perfunctory glance at available data are sufficient to illustrate the wide health gap between population in the developed and developing countries.

Health Service Philosophies

Health Care: Health Care (H.C.) is an expression of concern for fellow human beings. It is defined as a "multitude of services rendered to individuals, families or communities by the agents of the health services or professions, for the purpose of promoting, maintaining, monitoring or restoring health". Such services might be staffed, organized, administered and financed in every imaginable way, but they all have one thing in common people are being "served", that is, diagnosed, helped, cured, educated and rehabilitated by health personnel. In many countries, health care is completely or largely a government function.

Health care includes "medical care". Many people mistakenly believe that both are synonymous. Medical care is a subset of a health
The term "medical care (which ranges from domiciliary care to resident hospital care) refers chiefly to those personal services that are provided directly by physicians or rendered as a result of the physician's instructions."

Health care has many characteristics; they include:

i. **appropriateness** (relevance), i.e., whether the service is needed at all in relating to essential human needs, priorities and policies;

ii. **comprehensivenes** i.e., whether there is an optimum mix of preventive, curative and promotional services;

iii. **adequacy**, i.e., if the service is proportionate to requirement;

iv. **availability**, i.e., ratio between the population of an administrative unit and the health facility (e.g., population per centre; doctor-population ratio);

v. **accessibility**, i.e., this may be geographic accessibility, economic accessibility or cultural accessibility;

vi. **affordability**, i.e., the cost of health care should be within the means of the individual and the state; and

vii. **feasibility**, i.e., operational efficiency of certain procedures, logistic support, manpower and material resources.
Health System

The "Health System" (H.S.) is intended to deliver health services; in other words, it constitutes the management sector and involves organizational matters, e.g., planning, determining priorities, mobilizing and allocating resources, translating policies into services, evaluation and health education.\(^{31}\)

The components of the health system include: concepts (e.g., health and disease); ideas (e.g., equity, coverage, effectiveness, efficiency, impact); objects (e.g., hospitals, health centres, health programmes) and persons (e.g., providers and consumers). Together, these form a whole in which all the components interact to support or control one another.\(^{32}\) The aim of a health system is health development – a process of continuous and progressive improvement of the health status of a population. The goal of the health system has been to achieve "Health for All" by the year 2000. India was a party to the Alma Ata Declaration of 1978 which aims at the objective of Health for All by 2000 A.D. The statement of the National Health Policy, 1982, signifies a formal commitment of the Government of India.
The Hospitals

An expert committee of the World Health Organization defined the Hospital as 'an integral part of a social and medical organisation, the function of which is to provide for the population complete health care, both curative and preventive, and whose out-patient services reach out to the family in its home environment; the hospital is also a centre for the training of health workers and for bio-social research.33

Another expert committee found it essential to define the hospital in more practical terms. According to this Committee, 'the hospital is an institution that provides in-patient accommodation for medical and nursing care'. The Committee found this definition amenable for further elaboration to include the additional functions that a hospital assumes such as skilled diagnosis, treatment and rehabilitation of in-patients and out-patients, ambulatory and domiciliary care and personal preventive service to the community, education and training of health personnel, and medical epidemiological, social and organizational research.34

The hospitals in the world today follow three types of medical systems.
1. The large number of hospitals in all parts of the world (except China) follow the Western (Allopathy or modern) system of medicine;

2. the hospitals which exclusively follow indigenous systems of medicine can be found in small numbers in Afro-Asian countries, and

3. the hospitals which follow an integrated system combining Western and indigenous systems of medicine are found in large numbers in China.35

HISTORY OF INDIAN HOSPITALS

Role of Indians: The history of Indian medicine and surgery dates back to the earliest of ages. But hospitals as institutions to which a sick person could be brought for treatment were of a much later origin in other countries. In India, hospitals have existed from ancient time. Even in the 6th century B.C during the time of Buddha, there were a number of hospitals to look after the crippled and the poor. More such hospitals were started by Buddha’s devotees later on in different parts of India as well as outside the country.36

The outstanding hospitals in India at that time were those built by King Ashoka (279-232 BC) Charaka and Sushrutha of ancient India were famous physicians. Medicine based on the Indian system
was taught in the universities of Takshasila and Nalanda, which probably contributed to the advances in Arabic medicine. The Upakalpa niyam Adhyayam of Charaka Suthrasthanam gives specification for hospital buildings, labor rooms and children’s wards. The qualifications for hospital attendants and nurses as well as specifications for hospital equipment, utensils, instruments, and diets have also been given. There is evidence to show that there were many hospitals in South India in the olden days as observed in the Chota and Malakapuram edicts.³⁷

According to historians, the study of the history of the medicine of ancient India was greatly handicapped for want of inscriptions, manuscripts or other records as are available for other ancient systems of medicine. The seals and tablets discovered at Harappa and Mohenjodaro are yet to be deciphered. But we do find from the books written by Arabian and European travelers (about A.D.600) that the study of medicine in India was in its bloom. Every major city had a medical school. The decline of Indian medicine started with the invasions of foreigners in the 10th century A.D., which was a period of unrest. The zeal of the native vaidyas for the investigation of the Indian flora slackened for want of encouragement. The invaders brought with them their own physicians
called hakims. Under imperial patronage, the hakims began to prosper at the expense of the vaidyas. The maintenance of hospitals in India declined during this period.38

**Role of British:** European missionaries on their arrival to South India brought the allopathic system of medicine in the 6th century. It was during the British rule that there was once again progress in the building of hospitals. The first hospital in Madras was opened in 1664, the establishment of a hospital in Bombay was under discussion of 1670 but apparently it was not actually taken up till 1676, the earliest hospital in Calcutta was built in 1707-1708, and in Delhi, in 1874.

**Role of Portuguese:** The Portuguese organized hospitals of the European type at Calicut (Kerala), Goa and Santhoime (Madras) through missionary organizations. They set up treatment centres and trained local men and women as dresses, nurses, etc. In the early Calcutta was converted into a college in 1835, later on when the universities started some of the medical schools were taken over and converted into medical colleges.

**Evolution of Medical Colleges:** The following table 1.1 shows the years of establishment of the medical school / college in various cities during the period 1835 to 1916.
TABLE 1.1

COMMENCEMENT OF MEDICAL COLLEGES

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Place</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Calcutta</td>
<td>1835</td>
</tr>
<tr>
<td>2</td>
<td>Madras</td>
<td>1835</td>
</tr>
<tr>
<td>3</td>
<td>Bombay</td>
<td>1845</td>
</tr>
<tr>
<td>4</td>
<td>Hyderabad</td>
<td>1846</td>
</tr>
<tr>
<td>5</td>
<td>Travancore</td>
<td>1846</td>
</tr>
<tr>
<td>6</td>
<td>Agra</td>
<td>1853</td>
</tr>
<tr>
<td>7</td>
<td>Lahore</td>
<td>1860</td>
</tr>
<tr>
<td>8</td>
<td>Nagpur</td>
<td>1867</td>
</tr>
<tr>
<td>9</td>
<td>Patna</td>
<td>1874</td>
</tr>
<tr>
<td>10</td>
<td>Dacca</td>
<td>1875</td>
</tr>
<tr>
<td>11</td>
<td>Cuttack</td>
<td>1876</td>
</tr>
<tr>
<td>12</td>
<td>Indore</td>
<td>1878</td>
</tr>
<tr>
<td>13</td>
<td>Ludhiana</td>
<td>1895</td>
</tr>
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<td>14</td>
<td>Dibrugarh</td>
<td>1900</td>
</tr>
<tr>
<td>15</td>
<td>Rangoon</td>
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</tr>
<tr>
<td>16</td>
<td>Lucknow</td>
<td>1912</td>
</tr>
<tr>
<td>17</td>
<td>Delhi</td>
<td>1916</td>
</tr>
</tbody>
</table>

Source: Sigerist Henry, 'A History of Medicine'

During this period, the British tightened their political control over the country. Many hospitals and dispensaries, originally started to treat army personnel, were handed over to the civil authorities for treating the civilian population. Local governments were stages, missions were financed by foreign sources but later on when the people realized their value, local support and subsidies were available.

**Evolution of Modern Hospitals**: In the 17th century, the European doctors employed by the East India Company played an important
role in the introduction of modern medicine in India. The East India Company in Madras established its first hospital in 1664 for its soldiers and another in 1688 for the civilization population. Moreover, in the 17th century, Sir Thomas Roe introduced modern medicine in the court of Jahangir, the Moghul emperor when other princely states also evinced interest. European doctors started becoming popular. Many doctors, after discharge from the service of the East India Company, settled down in India as private practitioners. Quite a few also got employment in the courts of princely states. When Europeans doctors felt the need for assistants, they trained some local inhabitants as compounders and dressers. After some training and experience they were termed ‘native doctors.

**Growth of Modern Hospitals:** During the 17th and 18th centuries, there was a slow but steady progress in the growth of the modern system of medical practice in India and the indigenous system was pushed to the background. In the 19th century, modern medicine took firm root. Medical care based on this system spread all over India, mainly through the efforts of the missionaries.

**Training:** Organized medical training was started in the 19th century. The first medical school (*The Native Medical School) was started in Calcutta, followed by one in Madras. In the beginning both the
modern system and the Ayurveda system were taught. The army started a hospital assistants course of two years duration. The medical school in encouraged to start dispensaries at the taluk/Moffusil and district levels and gradually many were taken over by the states or provincial governments and run as taluk and district hospitals. Many of these district hospitals were run by the members of the Indian Medical Service. Some hospitals at the provincial headquarters were converted into teaching hospitals and attached to medical college.

By and large, every medical college will have a general hospital attached to it that will be able to cater to most of the requirements like practical training, education and research. The special hospital, if any attached to, will serve the needs of its specifications. In India, the allopathic hospitals follow this classification.

Most of the hospitals in India follow the Western system of medicine exclusively. Some of the medical professionals of this country are also rated high in the world of Western medicine – with latest technical advancement. The new techniques achieved in the Western medicine also find their reflections the facilities provided in the large hospitals in the country. But the same is not real when it comes to the administration of public hospitals. The public hospitals
in India, today, are run in an administrative framework designated by the Britishers in the nineteenth century.\(^{39}\)

Functionally, the hospitals may be broadly classified as (i) teaching hospitals and (ii) non-teaching hospitals. A teaching hospital which, besides rendering care of the patients, provides education and research opportunities for the training of medical manpower.

The time honoured functions of the teaching hospital are inseparable and inter-dependent in the treatment of patients, teaching and research.\(^{40}\)

The hospitals are, further, divided functionally into (i) general and (ii) specialized hospitals. The general hospitals provide services in general medicine, general surgery and also a number of other specializations. The specialized hospitals are those to serve one or more specific types of patients suffering from special ailments like tuberculosis, cancer, diseases of ear, nose and throat and eye. Similarly, some of the specialized hospitals work in specific fields of medicine and surgery like neurology, orthopaedics, paediatrics, thoracic surgery, etc. There are also some special hospitals based on sex and age for women, men and children.
An Overview

Health is a common theme in the most cultures. In some cultures health and harmony are considered equivalent and harmony is defined as being at a peace with a self, community, God and cosmos. Health confines to be a neglected entity. Health occupies an important place but at individual level this is usually subjugated to other needs like wealth, power, prestige etc. Traditionally health has been viewed as absence of disease. The concept of health has undergone different changes depending upon serious of developments in a socio-economic and cultural aspects of societies.

The World Health Organisation has given the importance to health and the need for health as a state of complete well-being has been incorporated in the preamble of Indian Constitution. Health become Fundamental Human Right and an essential factor productive life. Health is a multi-dimensional concept powering the physical, the mental and social aspects. Health is also a multifactorial. The factors which influence health like both within the individual and external in the society in which one lives. A full understanding of health requires a sport of negotia system. Although health is reorganized as a fundamental human right. It is essentially and individual responsibility.
The state as a custodian of individual welfare as taken up the responsibility of looking after the medical needs of the subjects. Hospitals as institutions of health and medical care have come into being both in private and government sectors. The Government of India is in general and Andhra Pradesh in particular has also realized the constitutional obligations of the provision of health and medical care to the people care as established a government machinery for policy making and policy implementation in the area of medical and health. The Administration structure of the medical and health services in Andhra Pradesh is discussed in the next chapter.
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