

CHAPTER XVI

MEDICAL AND PUBLIC HEALTH SERVICES

MEDICAL FACILITIES IN EARLY TIMES

Ayurveda was the system of medicine practiced in the area now covered by the district of Pithoragarh; tahsils Munsyari and Dharchula were rich in medicinal herbs which the *vaid*s (physicians) collected from contractors moving from place to place with their chests and treating patients. They received a share in the crop at the time of harvest and also accepted gifts from rich people. The surgery of ancient Indian doctors appears to have been bold and skilful. They performed amputations and a number of difficult operations and were expert in midwifery. Few people took to this profession in the mediaeval period, their place being taken by village doctors who were not so adept. Sulphur was recommended as a panacea for all ills. It was locally available as an impure sulphate of alumina. These pseudo-doctors took advantage of the prejudices of the people who believed that evil spirits and demoniacal forces were responsible for bringing about the state of sickness by contaminating the air or food. Such a physician was supposed to be endowed with a supernatural gift of healing by the chanting of verses, indulging in sacrificial rites or advocating the wearing of amulets or charms. Some of these practices are still in vogue in the district.

The Unani system of medicine did not spread in this region and Ayurvedic remedies continued to be used to cure illness. The springs at Kalapani are said to possess healing properties and persons suffering from skin diseases flocked to them. In the second half of the nineteenth century, notable steps to provide medical facilities to the residents of the area were taken by religious missions from abroad. The American Methodist Episcopalian Mission established Dispensaries under qualified medical missionaries. The Mission to Lepers, London (now called the Leprosy Mission), established a home and hospital for lepers at Chandag in 1886. Arrangements were also made in Chaudans, Dharchula and other places to treat lepers, and a clinic was established at Jhulaghat in 1953. About the beginning of the twentieth century the Almora district board took keen interest in this regard and hospitals and dispensaries were opened and given grants to meet their expenses, which they supplemented by aid from the *sadabart* fund. Medicines were dispensed free and a limited number of patients were also provided free board and lodging. There has been a notable increase in the medical and health facilities in the district since 1960. There are four hospitals, 14 allopathic dispensaries (State) and 11 private allopathic dispensaries, in the district. In addition to these, there are four primary health centres, 16 State Ayurvedic dispensaries, 33 private Ayurvedic dispensaries and four private homoeopathic dispensaries.

Comment: It was an assignment of land revenue for charitable purposes

Ayurveda, which was greatly developed in ancient times, has been revived again. The people of the district are being trained in the techniques of collecting, drying, grading, storing and marketing of herbs. The herbs are analysed and their medicinal contents ascertained, for which intensive work is being carried out in an area of 3.23 hectares at Sirkha farm (Dharchula block) and at Balanti and Quanti (Munsyari block).

VITAL STATISTICS

Since the district came into existence in 1960, vital statistics for the period preceding 1960 are not available. It is therefore too early to indicate any trend in the statistics. However the following facts are clear. The death-rate is usually lower than the birth-rate. Calculated per thousand of the population the birth and death-rates were highest during the years 1965 and 1961, being 22.80 and 9.45, respectively. The birth-rate has tended to increase while the death rate

has decreased, and infant mortality has shown a marked decline in 1965 as compared to 1960. The following statement gives the birth, death and infant mortality rates from 1961 to 1965:

Year	Rate per thousand of population		Rate per thousand of births
	Births	Deaths	Infant mortality
1961	19.66	9.45	71.10
1962	20.38	8.30	70.20
1963	20.33	9.10	54.10
1964	21.49	8.63	73.50
1965	22.80	8.70	34.92

DISEASES

Common Diseases

The common diseases which cause death in the district are fever, respiratory diseases, dysentery and diarrhea, smallpox, leprosy and venereal diseases. Fever claimed to largest number of lives, followed by respiratory diseases, dysentery and diarrhea. Death due to other diseases was almost negligible being less than one person per thousand.

Fever—The term 'fever' has wide connotations and not only includes such diseases as malaria and typhoid, but covers a number of diseases in which fever is a symptom rather than a cause. As many as 1,385 persons died of fever in 1962, with a rate of 5.20 per thousand. The following statement gives the number of deaths and the rate per thousand in the district from 1961 to 1965:

Year	No. of deaths	Rate per thousand
1961	1,259	4.77
1962	1,385	5.20
1963	1,171	4.35
1964	1,055	3.90
1965	1,107	4.00

Respiratory Diseases—Such diseases do not cause immediate death but they lead to temporary or permanent infirmities and in some cases also cause early death. The worst affected year was 1965, when 520 persons died of respiratory diseases. The following statement gives the number of deaths and the rate per thousand in the district caused by respiratory diseases:

Year	No. of deaths	Rate per thousand
1961	469	1.70
1962	239	0.99
1963	475	1.76
1964	409	1.41
1965	520	1.83

Dysentery and Diarrhea—These diseases occur in the form of bowel complaints and generally no serious note is taken of them. In 1964, as many as 506 persons died due to dysentery and diarrhea. Much of the incidence may be attributed to in sanitary conditions. With an improvement in environmental conditions and the enforcement of sanitary measures, the incidence of these diseases is likely to be reduced. The following statement gives the number of deaths and the rate per thousand due to these diseases in the district:

Year	Number of deaths	Rate per thousand
1961	324	1.20
1962	480	1.71
1963	476	1.77
1964	506	1.85
1965	375	1.35

Other Diseases—Leprosy, goiter and venereal diseases are among the other diseases which claim lives in the district. As many as 233 persons suffered from goiter and 220 from leprosy in 1966. Various preventive and curative measures are being taken to prevent and eradicate these diseases. Leprosy is common in parts of the district adjoining Nepal and many lepers come to this region from Doti in west Nepal.

Lepers are treated at the Chandag Leprosy Home and Hospital, Pithoragarh, the clinic at Jhulaghat and the leprosy unit, Dharchula. The Patients are given preliminary treatment and advanced cases are sent to the Almora Hospital and the Home for reconstructive surgery. The number of lepers (outdoor and indoor patients) treated in the district in 1965 is given below:

Institutions	Indoor	Outdoor
Chandag Leprosy Home and Hospital, Pithoragarh	120	308
Jhulaghat clinic	----	67
Leprosy unit, Dharchula	----	386

Epidemics

The district is comparatively free from epidemics. Since its creation in 1960, there has been no death from plague and only one person died of cholera in 1961. Cholera used to spread like wild fire and many deaths were caused in 1893, 1903, 1907 and 1908 in these parts. The infection was imported from the plains. Corpses were left to decay near the streams which carried the infection to the villages in the lower regions. *Mahamari* or hill plague took an epidemic form several times before 1876, although isolated outbreaks were reported in the first quarter of this century as well.

Smallpox—This region had been free from smallpox in the past but the disease took an epidemic form in 1907 and again in 1908. Vaccination was introduced as an intensive measure and became popular. This naturally limited the spreading of the infection. The following statement gives the number of deaths and the rate per thousand since 1961:

Year	No. of deaths	Rate (of deaths) per thousand
1961	14	0.06
1962	--	--
1963	3	0.02
1964	--	--
1965	3	0.01

Effective curative and preventive measures such as the implementation of vaccination and inoculation schemes, improvement of environmental sanitation and provision of better medical facilities in the urban and rural areas have been adopted and the district has remained free from epidemics since its formation.

MEDICAL ORGANIZATION

The medical and public health departments in the State were amalgamated in 1948 and a directorate of medical and health services was created which controlled the allopathic, the Ayurvedic and Unani systems of medicine. In July, 1961, a separate directorate was established at Lucknow for the effective supervision of the Ayurvedic and Unani systems. The State Ayurvedic dispensaries in the district are controlled and their expenditure borne by this directorate but the local administrative control is in the hands of the district medical officer of health.

The civil surgeon is the head of the medical organization in the district and is in over-all charge of the State hospitals and allopathic dispensaries, except those converted into primary health centres. The primary health and the maternity centres are under the charge of the district medical officer of health.

The planning department also undertakes public health improvement in the district through various activities. The sanitary inspectors look after the environmental sanitation work in each development block, supervise the work of epidemic control and impart health education to the villager. The following statement gives particulars of public health activities in the Third Five-year Plan period:

No. of washing and bathing platforms constructed	958
No. of old and unsanitary wells improved	754
No. of new wells constructed	204
No. of sanitary latrines constructed	244
No. of smokeless ovens constructed	22

Hospitals

There are 3 State hospitals situated at Pithoragarh. The State dispensary was converted into the Badri Dutt Pande Hospital, Pithoragarh, in 1960.

The Har Gobind Pant Mahila Chikitsalaya, Pithoragarh, was established in 1960.

The T. B. Hospital, Pithoragarh, was established in 1960.

The Leprosy Mission, London (formerly known as the Mission to Lepers), established the Chanag Leprosy Home and Hospital, Pithoragarh, in 1886. It has grown into a big institution gradually. Some of the surgical cases are referred to the Almora Leprosy Home and Hospital for reconstructive surgery of the limbs.

Dispensaries

Allopathic—There are 14 allopathic dispensaries in the district, all of which are run by the State Government, and are under the charge of the civil surgeon, Pithoragarh.

In addition, there are several dispensaries, manned and owned by private citizens, some being located in tahsil Pithoragarh, three in tahsil Didihat and one in tahsil Dharchula. The leprosy Mission, London, established a clinic for leprosy patients at Jhulaghat in 1953. The clinic treated 63 males and 4 females in 1966.

Ayurvedic—The State Government has opened 16 State Ayurvedic dispensaries in the district.

There are 33 private Ayurvedic dispensaries in the district.

Maternity and Child Welfare

The maternity and child welfare centres were established in 1958 to reduce the high rate of mortality of women and children during the ante-natal, natal and post-natal periods. These centers are usually staffed by a midwife, a *dai* and a health visitor. The trained staff of these centers renders aid and advice to the people at their residences. The following statement gives the location of the maternity and child health centers in the district:

Maternity and child health centers					Year of opening
Dharchula	..	..	..	..	1958-59
Sosa	..	..	..	..	1958-59
Balwakot	..	..	..	..	1962-63
Khela	..	..	..	..	1962-63
Dar	..	..	..	..	1963-64
Simkhola	..	..	..	..	1963-64
Munsyari	..	..	..	..	1962-63
Bansagar	..	..	..	..	1962-63
Tej	..	..	..	..	1962-63
Madkote	..	..	..	..	1962-63
Qiti	..	..	..	..	1963-64
Digtarh	..	..	..	..	1958-59
Bhatar	..	..	..	..	1958-59
Chaubati	..	..	..	..	1958-59
Dunakot	..	..	..	..	1963-64
Baraloo	..	..	..	..	1960-61
Munakot	..	..	..	..	1963-64
Barabe	..	..	..	..	1963-64
Sakun	..	..	..	..	1963-64
Lakun	..	..	..	..	1963-64
Lamakhet	..	..	..	..	1963-64
Sethigaon	..	..	..	..	1963-64
Pithoragarh	..	..	..	..	1958-59
Gurna	..	..	..	..	1962-63
Jakh (Baste)	..	..	..	..	1962-63
Nakot	..	..	..	..	1962-63
Wadda	..	..	..	..	1963-64
Askot	..	..	..	..	1960-61
Kanalichinna	..	..	..	..	1963-64
Pipli	..	..	..	..	1963-64
Algarh	..	..	..	..	1963-64
Dewal Thal	..	..	..	..	1963-64
Gengolihat	..	..	..	..	1962-63
Khirmanda	..	..	..	..	1963-64
Bankot	..	..	..	..	1963-64
Ganaigangoli	..	..	..	..	1963-64
Boyal	..	..	..	..	1963-64
Thal	..	..	..	..	1960-61
Berinag	..	..	..	..	1962-63
Aurthal	..	..	..	..	1962-63
Bhubaneshwar	..	..	..	..	1963-64
Gartir	..	..	..	..	1963-64

These maternity and child health centers conducted 1,923, 1,683 and 1,724 cases successfully in 1963, 1954 and 1965 respectively.

A scheme to train dais at the maternity and child health centers was launched in 1958. Training is imparted at Dharchula, Gangolihat, Pithoragarh, Didihat, Thal, Askot and Munsyari for a period of 6 months and each trainee receives a stipend of Rs 35 per month. Each centre is equipped to train two to four trainees and no specific qualifications have been laid down to for entrants. In the three years ending 1965, as many as 55 *dais* completed their training successfully.

Prevention of Food Adulteration

The district medical officer of health is the licensing authority for food establishments in the district. The following statement gives relevant details about the various measures taken by his staff to prevent food adulteration:

Year	No. of samples collected	No. of cases in which prosecution launched	No. of cases in which conviction obtained
1963	140	60	55
1964	105	36	24
1965	197	29	13

Vaccination

The district medical officer of health is in charge of vaccination work in the district and is assisted by vaccination and sanitary inspectors, epidemic assistants, nursing assistants and health visitors join the campaign during epidemics. The national smallpox eradication programme was launched in the district in July 1963 and since then compulsory vaccination has been introduced in the rural areas. The following statement gives some of the facts:

Year	No. of primary vaccinations		No. of revaccinations		Total no. of persons vaccinated
	Successful	Unsuccessful	Successful	Unsuccessful	
1961	3,339	44	12,072	5,659	21,114
1962	7,953	235	11,001	6,337	25,526
1963	50,146	221	1,12,145	315	1,62,827
1964	4,757	938	54,169	39,043	98,907
1965	5,340	289	3,348	1,559	10,536

Malaria Control Programme

The National Malaria Control Programme was started in 1961-62 in the district. D. D. T. was sprayed twice a year (May to July 15; and July 16 to September 30), with a dosage of 100 mg. per 0.092 sq. metres per round. The following statement gives the various measures under the programme:

Year	No. of villages sprayed	No. of houses sprayed	Population protected
1965	875	20,122	98,012
1966	740	20,216	88,660

Family Planning

There are eight family planning centers in the district, each being manned by a social

worker and other staff. Vasectomy operations are carried out at the State hospitals and primary health centers. These centers publicize family planning and provide technical knowledge and contraceptives.

Eye Relief Camps

The Sitapur Eye Hospital established a branch at Pithoragarh on May 1, 1963. According to a survey of the eye diseases prevailing in the district, the incidence of conjunctivitis, trachoma and xerophthalmia is rated as very high. Treatment was provided to 5,387 outdoor and 266 indoor patients, and 252 patients were operated on in 1966. The hospital is manned by two medical officers, one compounder and six others.

The hospital organises camps in different development blocks of the district. In these camps 4,346 outdoor and 284 indoor patients were treated, and 357 eye operations were performed in 1966.

District Branch of Indian Red Cross Society

This was established at Pithoragarh in 1962 and is affiliated to the U. P. State Branch of the Indian Red Cross Society, Lucknow. The deputy commissioner, Pithoragarh, is its president and the district medical officer of health is its honorary secretary. The society provides relief to the people in times of natural calamities.

Nutrition

The people of the district are generally vegetarian. They consume wheat, rice, *mandua*, Jowar, *koni* and *madira*. Total cereal consumption is 786 g. per capita as against 400 g. normally required. Hard work and cold climate necessitate greater consumption of cereals. Pulses consumed are soyabean, black gram and lentil, the per capita consumption being 50 g. only. The consumption of green vegetables is only 39 g. per capita as against the normal requirement of 114 g. About 10 g. per capita is the consumption of other vegetables, the normally required quantity being 85 g. per capita. Potato, radish and onion are consumed in comparatively larger quantities of about 56 g. per capita. Fruits (mangoes, plums and bananas) are consumed 23 g. per capita against the required normal quantity of 85 g. Ghee and oil is consumed in meager quantities (15 g. per capita). The consumption of sugar and jaggery is 38 g. per capita as against 57 g. normally required. Honey is also used by a few. Milk and curd are consumed in every family, their consumption being 139 g. per capita. The consumption level of those who consume meat, fish and eggs is also far short of the normal quantities required. Diets are usually inadequate in animal protein, fat, vitamins and iron.