

Establishment of Medical Institutions in United Provinces (1920-1947)

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INTRODUCTION

In 1679 the Madras General Hospital was the first hospital in India and the Hospital of Calcutta was established in 1796 and in 1800 to 1820 four hospitals were established in Madras to fulfill the needs of medical and the Calcutta medical college was established in 1835. Medical College Hospital, Calcutta was formed in 1852. Lahore Medical School (later named King Edward Medical College) started in Lahore in 1860, Punjab, Afterwards; a network of hospitals was set up throughout India. In 1854, the government of India agreed to supply medicines and medical instruments to the growing network of minor hospitals and dispensaries. Government Store Depots were established in Calcutta, Madras, Bombay, Main Mir, and In 1918 Rangoon. Lady Reading Health School in Delhi was established and the public health department was established in Calcutta in 1939. In 1930, the All-India Institute of Hygiene was established.

The first Rural Health Training Center was established in Singur near Calcutta to provide better doctors. The total number of public hospitals and dispensaries under the control of the colonial India was about 1200 in 1880 and in 1902, the figure raised to approximately 2500. The income of public health facilities was day per day increase 3.6 million rupees in 1880. In 1880 7.4 million patients was increased about 22 million in 1902. India, death rates from smallpox in epidemic years fell from over 2,000 per million Population to less than 500 per million between 1870 and 1930, as more and more Indians were vaccinated by these disease. Over a hundred thousand Indians were reported as having died of the viral diseases in each of eleven years between 1902 and 1945. In 1930, a non-epidemic year for the country as a whole (only 215,260 cases and 48,860 deaths were reported nationwide), all of the major maritime cities of India suffered from epidemic diseases. By the early 19th century, these old establishments had given way to more permanent institutions located in the big towns. The turn of the century also saw the establishment of hospitals for Indians, following the example set by Calcutta in the 1790s. The typical hospital of the early 19th century was an institution for the Indian poor peoples, funded partly by government and partly by private subscriptions as the century progressed, larger hospitals and also smaller hospitals began to develop around the medical colleges established in the presidency and other large towns.

This expansion occurred alongside a rapid growth in the number of hospital and dispensaries providing out-patient care, which generally proved more popular than treatment with in the hospital

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and dispensaries. In 1910, however, the Government of India frankly admitted that most of the Indian population still did not have access to any Western medical institution, especially in rural districts. In that year, the government gave up all pretence of providing comprehensive medical relief, declaring that it would never have the means to provide the necessary medical coverage. Instead, it was decided to rely on training more private practitioners and nurturing the development of what was referred to as the independent? medical profession.

In early 20th century, at least four vaccines (cholera, smallpox, plague, and Typhoid) were available in the country. However, the major challenge was the shift of two dose schedule of smallpox vaccination. This had an important implication in the form of additional vaccine requirement especially in rural areas. Considering this, the Government of India decided to set up some new vaccine institutes. The initial vaccine research unit was Haffkine Institute for plague vaccine and the smallpox vaccine lymph was being produced in Shillong and a few other places since 1890 in the next few years, then Government set up an institute for smallpox vaccine lymph production in each of the then provinces in the India. These institutes emerged as centre for vaccine and serum production and were also involved in quality research. The research conducted in these institutes was focused on improving the good quality of vaccines and also on the preservative to ensure long term stability of the vaccine material.

Emergence of Medical Institutions :

The law in time epidemics diseases and vaccination in the North-Western Provinces and Awadh has been in use during the entire period. Indeed, the most severe epidemic period of the whole series was included in the two years 1883-84, at the end of 13 years? vaccination work for public health. The disease must in fact be dealt with as other Indian epidemics disease must be met, namely, by through sanitary improvement of the localities and dwellings occupied the people.

In 1885 there were registered 14,593 small-pox deaths, or .33 per 1,000 of the population, against a previous five years? average of 1.78 per 1,000, which, however, included a two years? epidemic, that of the preceding year, 1884, having occasioned the Deaths of 202,541 people h who were death by infectious disease. The 49 districts, with a population of 41,338,271, returned 13,735 epidemic deaths in 1885 or 3.3 per 1,000, and the town population of 2,769,598 returned 858 deaths or the same rate as the districts this kind of problem in all district in colonial era. All the districts except Meerut returned deaths, but 49 towns out of 103 escaped the disease. Of the total epidemic disease specially small-pox deaths 3,712 were in children under one year of age, and under 12 the deaths were 6,282. Out of 1,150 circles of registration 431 returned deaths; but as these were scattered over the whole 49 districts, the attacks were local, and this character of the disease is further shown by the fact that all the deaths were yielded by 7,133 village out of a total number of 105,421 people. This was a very different experience from that supplied by the epidemic of 1884, which covered 943 circles of registration, and took its victims from 42,663 villages, while we may safely assume the amount of protection from vaccination to have been the same in both years and the exceptional 119 case of Meerut district, which escaped the disease, is attributed to vaccination. This like all other exceptions it was a great importance of public health, and it may be suggested for consideration whether it would not be advisable to institute a thorough examination into the facts. Just like case of Meerut district, which escaped the disease, is attributed to vaccination. This like all other exceptions in public health questions is of great importance and it be suggested for consideration whether it would not be advisable to institute a thorough examine into the facts.¹

1. Report of Sanitation Department, Northern- Western Provinces and Oudh. Allahabad, 1891

Table 1 : The annual mortality from small-pox in ratios per 1,000 per annum of the Population for the last 16 years

Years	Ratio per 1,000	Years	Ratio per 1,000
1800	0.8	1878	3.9
1871	1.2	1879	1.7
1872	1.1	1880	0.1
1873	2.8	1881	0.3
1874	2.5	1882	0.6
1875	0.7	1883	3.1
1876	0.9	1884	4.5
1877	0.8	1885	0.3

Source: Report of Sanitation Department, Northern- Western Provinces and Oudh Allahabad, 1891.

During the period 1901-10 average numbers of deaths from infectious disease and small-pox was 55, while in the years 1901, 1904, 1905, and 1909 the number of deaths was 2, 4, 8, and 2, respectively. So it was then thought that the disease would soon become a thing of the past, but the following two reported an increasing incidence. The average yearly mortality for the decades 1911-20 and 1921-30 was 188 and 200 respectively achievement and almost the same average obtained in subsequent decades. Infectious diseases and Small-pox has never been absent from the district. From the number of deaths it will be seen that the severity of the disease has not lessened much so far. The last violent outbreaks of the disease occurred in 1945, 1950 and 1955, when 523, 828, and 582 persons died from this disease. During the year ending 31st March, 1957, 57, 178 persons were vaccinated in the municipal area. May and June are the most fertile months for this disease, while November is the least responsive of the diseases.

Hospitals and Dispensaries :

The principal Government hospital in the district is the Balrampur Hospital and this hospital is not a district hospital in the usual sense of the word but it is more or less of State importance as it caters for the treatment of the high personages of Government and officers entitled to hospital treatment everyone from all over the State . This hospital is in the charge of an every Superintendent who is also the Additional Civil Surgeon. On 27th May, 1869 Balrampur hospital was established, it was built on the land of the Residency and where probably the Residency Hospital at the time of the siege of Lucknow in 1857-58 stood. The maharaja Balrampur was created a trust and donates of Rs.2, 47,700 for the maintenance of Balrampur hospital on government paper.² That why the reason called the Balrampur Hospital. It was managed by a Trust of which the Commissioner of Lucknow. The Hospital has both indoor and outdoor patients room and a separate block of rooms was reserved for Europeans and was called the European Ward under the direct control of the Civil Surgeon. Some improvements were made in the Hospital was taken over by the State from the Trust. As against increase of 104 beds for indoor patients in against in 250 beds. The old European Ward consisting of 11 rooms (for Indians) has been converted into private wards available to all on payment of nominal charges .

For Legislature members six new wards have been constructed only in previous year. In the year of 1957 number of out-door patients was 91,539 of the Hospital and the number of indoor patients 6,242 these great figures are mentioned only the idea of medical relief. The other Government hospitals in heart of the city in Hazratganj Civil Dispensary and the King's English Hospital. The Civil hospital is situated in Hazratganj and is primarily intended to be an outdoor dispensary has

been six beds. The civil hospital is in charge of a Medical Officer who works under the general supervision of the Civil Surgeon. In 1887 this hospital started as a dispensary but its management was transferred to the Municipal Board and it became a State Hospital from May, 1949. The King's English Hospital was founded by Muslim king Nasir-ud-din Haidar of Awadh. It has two branches, (1) The Unani Branch and (2) The English Branch' The King had left promissory notes with the East India Company, the proceeds of which were to go for the maintenance of these hospitals. Both these hospital got fund by king but it was taken by state and maintain by Indian Government In the city of Lucknow two hospitals for women one is the Dufferin Hospital and the second one was in the University. The Dufferin Hospital was maintained by the 'Dufferin Fund' supported by the District and Municipal Boards.

In 1876 a Lady Kinnaird women hospital was established Zahur Bakhsh Church near Lal Bagh. But in present the building was shifted in King Georges Medical College in 1891. The Hospital is maintained by the Zenana Bible and Medical Mission and receives grants from the British State. This hospital has 100 beds. State and central government both departments have own hospital and dispensaries for our employ and his family. This department takes normal charges for our employ.

Conclusion :

Thus it is clear from the above study, the British and their management of health and Medical Institutions were thus closely related to each other worldview. Hence, this paper has examined the relation between medical theories, causation, classification, preventive care and the remedies, the role of practitioners and institutions, and the impact of the medicines relationship to the social, cultural, Technological environments in which it is constructed and practices. Perhaps this paper will be the appropriate one of this kind to fill this long felt need.

2. Oudh General Department No. 1986/III – 342 – B – 10, dated June, 1892.