

CHAPTER XVI

MEDICAL AND PUBLIC HEALTH SERVICES

THE Ayurvedic system was the system practised all over India from the earliest times. It seems to have become a part of Sanskrit learning and it was generally taught in the Sanskrit schools. The Ayurvedic doctors were noted for their sound knowledge of the medical properties of herbs and plants. A good Ayurvedic practitioner was quite capable of affording quick relief to his patients with the help of ordinary herbs and plants commonly available in the villages without having to depend on costly drugs. Knowledge of Ayurvedic medicines was common and many household remedies were fairly efficacious for common ailments. The Muslims brought their own system of treatment, the Unani, practised by the hakims. They did not generally penetrate to the rural areas, their practice being confined more or less to the urban areas. They enjoyed not only the patronage of the Muslim aristocracy but also that of a considerable section of the Hindus. The vaidyas continued their practice of Ayurveda both in the urban and in the rural areas and the common people had great faith in them. Their medicines were not only cheap but they were also efficacious and easily obtainable everywhere. Even now, we find that a little more than half of our population in the rural as well as urban areas are being serviced by practitioners of indigenous systems of medicine.

Bijapur is famous for its Ayurvedic medicines since an appreciably long time. Once, it appears cholera broke out in a most virulent form and people were dying in large numbers in the city of Bijapur during the time of one of the Adil Shahi kings. At this critical juncture, Rukmangada Pandit, an Ayurvedic vaidya and a saintly person, came to the rescue of the afflicted inhabitants of Bijapur. He rescued them from the jaws of death by administering powerful Ayurvedic drugs. Even today, the Ayurvedic system is widely practised by the vaidyas in Bijapur.

With the progressively greater contact with the East India Company and the British Officers, the western system of medicines came into vogue in India.

In the north and north-east of the district, the extreme heat and dryness during summer causes fever and other ailments. During winter, fever is common in Bijapur and severe in Muddebihal. Of the places south of the Krishna, Bagalkot has the best climate. Besides fever, the prevalent diseases are rheumatism, guineaworm, cholera, small-pox and leprosy. Malaria was once rampant in the regions south of Badami and Hungund. At present, the incidence of malaria has come down to a very large extent due to intensive control measures like D.D.T. spraying.

During the Sultanate

The Adil Shahi Sultans took great care to guard the health of the people by promoting the establishment of both Ayurvedic and Unani dispensaries. Both in the capital town and elsewhere, ample facilities were provided for the populace to get quick treatment. Eminent medical men, well-versed in Ayurveda and Unani received royal patronage and also public encouragement. Their solicitude for the poor in times of raging epidemics was well-known. The age-old system of indigenous medicine afforded the much-needed relief to the afflicted.

In 1689, Bijapur was afflicted by a most malignant plague. It broke out in Aurangzeb's camp and his queen was one of the victims. So sudden and fierce was the attack that seventy men of the Emperor's suite are said to have been struck down by it and to have died on the road as Aurangzeb was being borne from his palace to the Jami Mosque, a distance of about three quarters of a mile. A hundred-thousand people are said to have perished. Plague was the worst killer in those days and the epidemic ravaged both towns and the country-side periodically. In 1818, there was a severe outbreak of cholera in Bijapur. During the worst years of the 1876-77 famine, many people perished due to ill-health, the number of recorded deaths being 69,026.

Due to intensive eradication and control measures, plague is now extinct in the district. The introduction of D.D.T. and the method of cyano-gassing has almost obliterated the epidemic.

Cholera

Cholera is an endemic disease in the district, particularly in villages situated on river banks. Efforts are being made to provide protected water supply to a large body of the people. Pure water supply facilities, immunisation of the people by anti-cholera inoculation and isolation and treatment of cholera cases in mobile hospital units are some of the measures employed to combat the epidemic. Disinfection of vomits, excreta and infected clothes is carried out. The district health staff, in co-operation with the Dispensary Medical Officers, subsidised medical practitioners and the staff of the local bodies carry out the measures. Temporary medical officers and inoculators are appointed to assist the permanent public health staff whenever necessary. The cholera vaccine used in the district is supplied by the Haffkine Institute, Bombay,

and the Public Health Institute, Bangalore. As soon as an outbreak of cholera is reported in a village, the nearest Dispensary Medical Officer and the Senior Health Inspector adopt all preliminary measures including the disinfection of water supplies. The village officers have instructions to disinfect water supplies regularly during actual or threatened outbreaks and demonstration classes are arranged by the public health staff for teaching anti-cholera techniques.

The incidence of cholera during six years from 1959 to 1965 is as follows :—

<i>Year</i>	<i>No. of villages infected</i>	<i>No. of attacks</i>	<i>No. of deaths</i>
1959 ..	3	3	1
1960 ..	The District was free from cholera.		
1961 ..			
1962 ..			
1963 ..	142	742	256
1964 ..	145	549	179
1964 ..	106	647	216
1965 ..	2	7	3
(upto 30-9-65)			

The usually infected villages have been listed and anticipatory anti-cholera inoculations are being done twice a year before the season, for the last two years. A statement of number of villages infected and inoculations done, taluk-wise, during 1963 and 1964 is given below :—

<i>Taluks</i>	<i>No. of usually infected villages</i>	<i>No. of inoculations done</i>	
		1963	1964
1. Badami ..	47	1,57,608	7,46,404
2. Bagalkot ..	21		
3. Bagewadi ..	19		
4. Bijapur ..	41		
5. Bilgi ..	14		
6. Hungund ..	71		
7. Indi ..	28		
8. Jamkhandi ..	28		
9. Mudhol ..	34		
10. Muddebihal ..	24		
11. Sindgi ..	28		

Malaria

Malaria was once rampant in all the taluks of the district. In 1947, the total number of malaria cases reported was 13,102. Due to remedial measures, the number has dropped considerably. The following table indicates the number of cases reported from the year 1957 to 1963.

<i>Year</i>	<i>Number of Cases treated</i>
1957 ..	10,324
1958 ..	11,986
1959 ..	3,221
1960 ..	1,743
1961 ..	2,750
1962 ..	2,029
1963 (up to 31st Aug. 1963).	2,001

From these figures, it is seen that there is considerable improvement in the malaria situation, since control measures were started. Since 1956, the entire district including the areas which were hitherto not sprayed were included in the D.D.T. spraying programme and one round of spraying was given in all the villages. For the treatment of malaria cases, anti-malaria drugs were distributed on a large-scale through Government agencies.

Small-pox

Small-pox which claimed a toll of 117 persons in 1950 had come down to five in 1955. In 1963 and 1964, deaths due to small-pox were 43 and 84, respectively. It will be seen from the mortality figures that the severity of this disease has been reduced. The policy of the Government regarding small-pox is to protect the population by vaccination which is free to the public. Segregation of the patients is attempted only in large towns where hospital facilities are available. Disinfection of infected houses and clothes is also carried out wherever possible. Propaganda is done to educate the people on protective measures against the disease. The vaccination staff in the Local Board areas is appointed by the Board and their pay and allowances are met by the Board in the first instance and Government pays a subsidy whenever an area is selected for vaccination purposes. In the district of Bijapur, there were sixteen local fund vaccinators working in the eleven taluks in 1961-62. Five vaccinators were appointed at Government expense in Mudhol and Jamkhandi taluks. With the introduction of the District Health Organisation scheme, the local fund vaccinators are working under the guidance of the District Health Officer. There were 25 vaccinators in 1961-62. When small-pox threatens to become an epidemic at any place, mass vaccination is put into effect. Since 1954, the authorities have introduced a scheme of intensified vaccination and re-vaccination.

According to this scheme, a vaccinator has to perform primary vaccination work during nine months of the year and re-vaccination work during the remaining three months among one-fifth of the population of his beat. He is required to carry out cent per cent primary and re-vaccinations in the area allotted to him. The successful implementation of the above scheme envisaged a further check on the spread of the disease.

The district was taken up under the pilot project of the National Small-pox Eradication Programme during the year 1960 and 63 per cent of the population was protected.

**Small-pox
Eradication
Programme**

Mass vaccination using freeze dried vaccine has been taken up from 9th November, 1964 and 9,16,161 persons have been protected.

Twenty-seven vaccinators have been sanctioned under National Small-pox Eradication Programme (maintenance phase) for every 20,000 population.

The vaccination staff, taluk-wise, was as follows in October 1965 :—

<i>Name of Taluk</i>	<i>No. of Jr. H. Is.</i>	<i>No. of Vaccinators</i>	<i>Total vaccinating staff</i>
1. Badami ..	2	5	7
2. Bagalkot ..	2	2	4
3. Bagewadi ..	3	5	8
4. Bijapur ..	3	7	10
5. Bilgi ..	2	1	3
6. Hungund ..	3	6	9
7. Indi ..	2	7	9
8. Jamkhandi ..	2	3	5
9. Mudhol ..	1	3	4
10. Muddebihal ..	2	4	6
11. Sindgi ..	2	6	8

The figures of vaccinations done from 1960 to 1965 are furnished below :—

<i>Year</i>		<i>Primary</i>	<i>Re- vaccinations</i>	<i>Total</i>
1960—1961	..	24,861	5,79,052	6,03,913
1961—1962	..	41,322	1,42,565	1,83,887
1962—1963	..	41,901	1,86,106	2,28,007
1963—1964	..	37,108	2,04,538	2,41,646
1964—1965	..	33,583	1,27,587	1,61,170
April 1965 to September 1965	..	13,853	2,01,847	2,15,700

With the increased staff and the use of the freeze dried vaccine and the enforcement of the commitments under the maintenance phase of the National Small-pox Eradication Programme, it is hoped that this disease will be eradicated soon.

Mass vaccination using freeze dried vaccine is in progress in this district, and up to end of September 1965, 9,16,161 people had been protected and the work was still in progress. The percentage achieved was about 60.

General standard of health

The general standard of health of the people in the Bijapur district goes to prove that despite poor sanitation, in towns as well as villages, the people are generally healthy. This is ascribed, to a certain extent, to the dry climate prevalent throughout the year and also to the diet which includes mainly jowar and wheat. Deaths due to cholera, small-pox and plague have come down in recent years. In 1950, there were 610 cholera deaths, but the number came down to 179 in 1963, but there were 216 deaths during the next year. Due to general insanitation and lack of protected water supply in towns and villages, enteric fever is claiming a heavy toll. In 1950, 1,977 people lost their lives due to enteric fever. This figure showed an upward trend till 1956. Since 1956, the deaths due to enteric fever have shown a downward trend. In 1962, there were only seven mortality cases. Measles too took a heavy toll. Diarrhoea was wide spread in all taluks and the number of deaths registered was 438 in 1950, 952 in 1951, 1,076 in 1952, 2,630 in 1953, 1,331 in 1954 and 824 in 1955. This had come down to 17 in 1962. Phthisis also claimed a heavy toll but the incidence is less now. The chief diseases which cause heavy mortality are cholera, small-pox, phthisis and respiratory diseases. A table giving the number of deaths due to various diseases and other causes in the district is appended at the end of this chapter.

In uniformity with the rest of the State, the births and the deaths in rural areas are registered by the village patels and transmitted to the Registrar-General of Births and Deaths through the Tahsildars of taluks. This work, in urban areas, is done by the municipalities and the returns are sent to the Registrar-General of Births and Deaths directly.

**Vital
Statistics**

Prior to 1941-42, there was one Inspector of Sanitation and Vaccination working under the control of the District Local Board. This official was being assisted in his duties by sixteen vaccinators. The year 1942 saw the establishment of the District Public Health Department under a District Health Officer. He was assisted in his work by one Medical Officer (Epidemics), three sanitary inspectors, two sanitary sub-inspectors and eighteen sanitary squads. The shock-squad scheme came into existence later under the control of a Medical Officer, who was assisted in his work by two sanitary inspectors. One mobile hygiene unit consisting of a van, one senior health inspector and two mazdoors were sanctioned during 1948. The next year saw the merger of Mudhol and Jamkhandi taluks with Bijapur district and the number of vaccinators also rose to twenty-three. Two combined Medical and Public Health Centres started functioning at Kaladgi and Huvini-Hippargi in the same year. One malaria control unit also came into existence under the control of the District Health Officer. This unit covered the taluks of Badami, Mudhol and Jamkhandi and certain groups of villages in Bilgi, Bagalkot, Hungund and Muddebihal taluks. To tackle malaria, a unit was sanctioned for the district under the National Malaria Control Scheme in 1955. Also during that year, two Maternity and Child Health Centres started functioning at Badami and Sindgi. A Primary Health Centre was opened at Indi under the old Bombay scheme.

**Public
Health
Organisation**

The Leprosy Subsidiary Centre started functioning at Ilkal in 1958. A Government of India type Health Centre was opened at Bevoor, Bagalkot taluk. The year 1960 saw the introduction of the pilot project under the National Small-pox Eradication Programme in the district. On 1st January 1961, all the medical institutions at the taluk level were transferred to the control of the Public Health Department. The National Malaria Eradication Programme was introduced in the district and one Hypo-endemic Unit and one Endemic Unit started functioning in the district. In 1963, one urban and four rural Family Planning Centres were opened in the district and for treatment of leprosy patients, five centres came into existence. A little later, one senior health inspector was sanctioned for each taluk and under the National Small-pox Eradication Programme, maintenance phase, one vaccinator was provided for every 20,000 people. During 1965, a Family Planning Bureau was started in the district and all the Primary Health Centres became rural Family Planning Centres with increased staff. Sanction was also accorded for starting

school health work at Nalatwad in Muddebihal taluk. The Medical and Public Health Departments were amalgamated under the control of the Director of Health Services in Mysore, with effect from 28th August 1965 and the District Health Officer, Bijapur, became directly responsible to the Director of Health Services in Mysore, Bangalore.

Administrative set-up of District Health Service

The public health of the district is looked after by three agencies, *viz.*, the State Government, taluk boards and panchayats and municipalities. Public vaccination and execution of measures necessary for public health are obligatory duties of the taluk development boards and the municipalities. The village panchayats too have certain sanitary functions such as water supply, sanitation and improvement of public health. The Department of Health Services of the State functions as an advisory body to the local bodies in respect of public health and sanitary problems.

The District Health Officer who has his headquarters at Bijapur is an officer under the administrative control of the Director of Health Services, Bangalore. Among his duties are (1) the organisation and control of the sanitary, anti-epidemic and vaccination work of the area under his charge, (2) advice to the taluk boards, village panchayats and municipalities that have no medical officers of health, on all matters affecting the health of the residents in their area, and (3) the enforcement of orders, regulations and rules relating to public health which may be issued by any competent authority. He has powers to enquire into and report to the proper authorities on the accommodation available in hospitals and dispensaries either maintained or aided by the Taluk Development Board for the isolation of infectious cases occurring in the district and on the need for the provision of further accommodation. He has to direct and supervise the work of his own subordinate health staff and also of vaccinators, medical officers in charge of dispensaries and subsidised medical practitioners.

The following medical institutions *viz.*, the K.E.M. Government Hospital, Mudhol, the Government dispensaries at Mahalingpur, Banahatti and Konnur, the municipal dispensaries at Ilkal, Guledgud and Rabkavi, the allopathic subsidised medical practitioners' centres located at Kanamadi, Ingleshwar, Huvini-Hippargi, Malghan, Sangam, Nilgund, Kaladgi and Sitimani and the Ayurvedic subsidised medical practitioner's centres at Kannur, Bidri, Devar-Hippargi, Marol, Nad and Kardi were under the control of the District Health Officer. The Leprosy Centre at Ilkal also functioned under the control of the District Health Officer.

A combined hospital at Rabkavi-Banahatti has been recently sanctioned by Government and this replaces the Government

dispensary, Banahatti, the municipal dispensary, Rabkavi, and the maternity home, Banahatti.

A Government of India pattern Primary Health Centre has been sanctioned for the II Community Development Block at Bagalkot.

There is a District Leprosarium at Bijapur working as a voluntary organisation with a grant-in-aid from Government. There is also a missionary institution called Kripalaya Dispensary functioning at Guledgud. Ten centres, for purposes of survey and treatment of leprosy, have been sanctioned by Government in the following places : Pattadkal, Bevoor, Nalatwad, Muddebihal, Talikot, Sindgi, Tikota, Bagewadi, Indi and Bilgi. Leprosy control work forms part of the activities of the Primary Health Centres.

Much importance has been attached by Government to the family planning activities all over the State. Under the reorganised family planning programme, twenty-one rural family planning centres have been sanctioned in the Community Development Blocks in place of the six centres located at Kerur, Almel, Kalkeri, Terdal, Lokapur and Bevoor. One more centre has been opened in Bagalkot Block.

The number of vasectomy and tubectomy operations, done during 1963-64 and 1964-65 is given below :—

<i>Year</i>	<i>Vasectomy</i>	<i>Tubectomy</i>
1963-64	235	113
1964-65	445	122

Family planning orientation training camps of three days' duration were held at the following places during 1964-65 : Bevoor, Kolhar, Bableshtar, Tikota, Bilgi, Mudhol, Muddebihal, Badami, Jamkhandi, Indi and Chadchan.

A District Nursing Supervisor is working in the district from 14th August 1962. There was an acute shortage of mid-wives till recently. It was, therefore, found necessary to start an auxiliary nurse and midwife training centre at Bijapur. The training centre was started during 1963 and fifteen candidates in 1963 and seventeen in 1964 were selected for training at the centre.

The Primary Health Centres at Indi and Bevoor are being assisted by the United Nations International Children's Emergency Fund. The assistance is confined to drugs, diet supplements and equipment. The Maternity and Child Health Centres at the following places are also getting assistance from the UNICEF : Savalgi, Kaladgi, Huvin-Hippargi, Sindgi and Badami. The

**Family
Planning**

**Maternity
and Child
Health Service**

Primary Health Centre at Nalatwad has been selected for school health work.

The district health staff, as in October 1965, consisted of one District Health Officer, one District Family Planning Officer, two Medical Officers of Health, National Malaria Eradication Programme, one Lady Assistant Surgeon, one Medical Officer for the Government Hospital, three Medical Officers for Government dispensaries, one Medical Officer, Leprosy Centre, eight Medical Officers for the Taluk Development Board dispensaries, three Medical Officers for the municipal dispensaries, two Assistant Unit Officers, one male District Extension Educator, one lady District Extension Educator, twenty-one Block Extension Educators, eight allopathic subsidised medical practitioners, five Ayurvedic subsidised medical practitioners, one District Nursing Supervisor, twenty-two Health Visitors, two staff nurses, two nurse mid-wives, one hundred and thirty-eight auxiliary nurse mid-wives, one operation theatre nurse, two trained dais, twenty-five compounders, eleven senior health inspectors, twenty-six junior health inspectors, seven senior malaria inspectors, seven junior malaria inspectors, two senior microscopists, six junior microscopists, thirteen medico-social workers, fourteen non-medical assistants, forty malaria surveillance inspectors, one hundred and sixty-seven malaria surveillance workers, one statistical assistant, one projectionist, sixty-seven family planning field workers, three mechanics, thirteen drivers, one attendant for operation theatre, one hundred and thirty-four women attendants, twenty-one computers and certain ministerial staff. There were also one part-time male doctor and a part-time lady doctor working at the urban family planning centres.

Malaria Control Scheme

The Malaria Control Scheme was introduced in the district in 1949. The whole of Badami taluk and selected villages round about were included in the D.D.T. spraying programme. Three rounds of spraying with a dosage of 56 mg/sq. ft. were given annually. The sanctioned staff for the work consisted of one Assistant Medical Officer, two Malaria Inspectors, four Insect Collectors, five Havalendars and twenty sepoys. The District Health Officer was in charge of the scheme. In 1953, the scheme was converted into the National Malaria Control Programme and was extended to Jamkhandi and Mudhol taluks. Two rounds of spraying with a dosage of 112 mg/sq. ft. were given. Since 1956, spraying operations were extended to the whole of Bijapur district with only one round of spraying.

In the year 1958, the programme was switched over to the National Malaria Eradication Programme and the number of malaria control units which were 14 in 1957 were increased to 19 so as to cover the entire State.

There are two National Malaria Eradication Units—one at Bijapur and another at Badami. The National Malaria Eradication Unit, Bijapur, is under consolidation phase. One of the sub-units of the National Malaria Eradication Unit, Badami, has entered maintenance phase from 1st August 1965. The other three sub-units are still in consolidation phase.

The information relating to the number of out-patients treated, number of malaria cases treated and blood smears taken and number of malaria-positive cases detected for the five years from 1960 to 1964 is furnished below :—

<i>Year</i>	<i>No. of out-patients treated</i>	<i>No. of Malaria cases treated</i>	<i>No. of blood smears taken for the cases</i>	<i>No. of positive cases detected</i>
1960	2,83,305	1,145	1,096	10
1961	4,07,133	1,964	3,050	55
1962	4,48,360	2,125	34,708	34
1963	6,16,567	3,616	26,290	4
1964	6,09,411	1,560	39,403	12

During 1966, the National Malaria Eradication Programme is expected to enter the maintenance phase throughout the district when the district health organisation will be expanded with addition of an Assistant District Health Officer and there will be a basic health worker for every 10,000 persons.

Under the B.C.G. immunisation and T.B. control programme, the B.C.G. units have covered all the taluks of Bijapur district. The Bijapur City Municipal Council intends to start a T.B. Sanatorium shortly with 20 beds initially, at an estimated cost of Rs. 1.5 lakhs.

Combined Medical and Public Health Units were functioning in Bijapur district, one each at Huvin-Hippargi and Kaladgi in 1955. With effect from 1st July 1956, these have been converted into primary health units. The staff of each unit consists of a subsidised Medical Practitioner, one Health Visitor, one Midwife, one trained *Dai*, one woman attendant, one Sanitary Sub-Inspector, one Mukadam and three sanitary orderlies. Each unit has seven to ten villages within a radius of three to five miles from the headquarters for carrying out maternity and child welfare work. A two to four-bedded maternity home is provided in each headquarters. The scheme of mobile hygiene units is also in operation in the district for carrying out anti-epidemic measures.

**Government
of India
type health
centres**

In order to popularise modern medical treatment in rural areas, primary health centres of the Government of India type have been opened in 20 places. These are managed by Medical Officers of Health, who are responsible to the District Health Officer. The health centres have both preventive and curative facilities. Beds, both general and maternity, have been provided in these centres. A list of Government of India pattern Primary Health centres is given below :—

- | | |
|----------------|-----------------------------------|
| 1. Bableshtar. | 11. Bevoor. |
| 2. Tikota. | 12. Hungund. |
| 3. Honnutgi. | 13. Sulibhavi. |
| 4. Indi. | 14. Kerur. |
| 5. Chadchan. | 15. Pattadkal. |
| 6. Almel. | 16. Galagali. |
| 7. Kalker. | 17. Nalatwad. |
| 8. Sawalgi. | 18. Konnur (Muddebihal
taluk). |
| 9. Terdal. | 19. Nidgundi. |
| 10. Lokapur. | 20. Managoli. |

**Medical
facilities**

After the formation of Kaladgi (Bijapur) district in 1864, the British rulers gave serious consideration to the provision of increased medical facilities to the people on allopathic lines. Side by side with the development of allopathic dispensaries, they allowed the indigenous system also to continue. The earliest allopathic dispensary to be opened in Bijapur district was at Bagalkot in 1867. The most common diseases then were malarious fevers, ophthalmia, worms, bowel complaints and skin diseases. In 1871, a dispensary was established in Bijapur. The Ilkal dispensary was started in 1873 and the Muddebihal dispensary in 1879. In 1882, a civil hospital was established at Kaladgi.

As the years rolled by, the Government felt the need to increase the number of medical institutions and opened hospitals and dispensaries wherever possible. There is now a net-work of hospitals and dispensaries in the district maintained by Government, the local boards and the municipalities. The dispensaries maintained by the local bodies are generally under Medical Officers lent by Government, the rest of the staff at the dispensaries being in the service of the local bodies concerned. Under the rules regulating the administration of the grant-in-aid dispensaries, the medical institutions, maintained by the local bodies under Government Medical Officers, get the benefit of the services of the officers, free of charge. These dispensaries are under the technical control of the District Health Officer who tours the district and inspects the dispensaries from time to time and makes suitable suggestions for the improvement of the institutions.

The Civil Hospital in Bijapur city provides treatment for medical, surgical, maternity, ophthalmic, infectious and tuberculosis cases. The hospital is equipped with an X-ray apparatus and a pathological laboratory. It has a family planning clinic also. It had in all 135 beds in 1962-63 including 20 maternity, 8 tuberculosis and 20 ophthalmic beds.

There is a Blind Relief Association in Bijapur which was established in 1920 on the initiative of Mr. Henderson, who was then the Collector of the district. An eye institute named after Mr. Henderson was opened as an adjunct to the Bijapur Civil Hospital. This institute provides both in-patient and out-patient treatment to those who are suffering from eye diseases. The Government have lent the services of two doctors for the institute, one of whom is in charge of the institute and the other a touring doctor visiting other areas. Each taluk has got one field worker for the treatment of eye diseases. In all, there are eleven field workers. The touring medical officer conducts eye camps periodically and inspects the work of the field workers.

Blind Relief Association

The Civil Hospital at Bijapur town, maintained and run by the Government, was the only organisation in the old days that gave free medical aid to the general public of Bijapur town. But on account of its situation in the western suburb of Jorapur, beyond the fort wall, far removed from the population residing in the centre of the town, full advantage of medical aid at the civil hospital could not be availed of by a large section of the population. The middle and poorer classes living in the bazaar, Jumma Masjid and the surrounding areas could not conveniently attend the civil hospital for obtaining medical relief. The municipality of Bijapur therefore thought of creating some organisations to meet the medical needs of the people. In 1935, the municipality opened an Ayurvedic dispensary in a private building on the Rama Temple Road. This dispensary served the western half of the town within the fort wall, the Jorapur area being already served by the civil hospital.

The fact that the dispensary has become popular and that the facilities it provides have been taken advantage of by the public shows that it has fulfilled a long-felt want of the public. To provide the public with genuine Ayurvedic medicines and drugs, *kadhes*, *asavas*, *arishtas*, *churnas*, *thailas*, *gutikas*, *hepas* and *lehyas* were prepared in the dispensary according to the standard formulae. The staff of this dispensary at first consisted of a Medical Officer, a compounder and a dresser. Later, one assistant compounder was added.

On the 15th October 1935, an allopathic dispensary was opened to provide free medical aid to the general public living in the eastern half of Bijapur town.

**Cottage
Hospitals**

An allopathic grant-in-aid municipal dispensary was opened at Bagalkot in 1867. All the staff in the dispensary were municipal employees except the Medical Officer in charge who was a Government servant and whose services were lent to the municipality. The construction of the building wherein the present Cottage Hospital is housed was completed in 1962. The hospital started functioning in August 1962. The municipal dispensary was merged in this hospital in 1963.

There were two male doctors, one lady doctor, four nurses and two mid-wives in the hospital in September 1965. There were 70 beds—32 for men, 30 for women and 8 for children in the hospital. There were 66 in-patients in the hospital in September 1965. About 240 to 300 out-patients were treated in the hospital daily. The hospital incurred an expenditure of Rs. 1,06,523 during 1964-65.

There is also an allopathic Cottage Hospital at Jamkhandi. This was formerly called the Prince of Wales Hospital. It had a provision of 50 beds, including 16 maternity beds in 1962-63. The hospital is managed by an Assistant Surgeon, Grade I, assisted by a Lady Medical Officer. The bed strength of the hospital in October 1965 was 60 (30 for men, 24 for women and 6 for children). The hospital incurred an expenditure of Rs. 65,500 during 1964-65.

During 1964, 86 major operations and 369 minor operations were done in the hospital. The number of parturition cases attended to was 635. The daily average of in-patients treated in the hospital was 28.6 and the daily average of out-patients treated was 225.2.

There were five allopathic and seven Ayurvedic private practitioners in Jamkhandi town in October 1965.

There was a private maternity home in Jamkhandi with two doctors, one nurse, one compounder and one ayah, in October 1965.

There are six Ayurvedic dispensaries at Gunadal, Dhanargi, Kanbur, Bantnur, Vajarmatti and Metgud. These dispensaries are managed by qualified vaidyas.

There is also an Ayurvedic dispensary at Honwad under the management of an Upacharak.

**District
Surgeon**

The District Surgeon of Bijapur was in charge of the administration of the Government hospitals at Bijapur, Bagalkot and Jamkhandi, together with six Ayurvedic dispensaries and 16 subsidised medical practitioners' centres, in September 1965, which were located at (1) Sulla (Badami Taluk), (2) Golsangi (3) Kolhar, (4) Yalwar (Bagewadi Taluk), (5) Jainapur, (6) Kumathe (Bijapur Taluk), (7) Kundargi (Bilgi Taluk), (8)

Ganjhal (Hungund Taluk), (9) Nimbal, (10) Tambe (Indi Taluk), (11) Balabatti, (12) Salvadgi (Muddebihal Taluk), (13) Jambagi, (14) Galgali (Mudhol Taluk), (15) Aski and (16) Devangaon (Sindgi Taluk). He is responsible to the Director of Health Services in Mysore, Bangalore, for the proper working of the various medical institutions. The medical officers in charge of the Government hospitals at Bagalkot and Jamkhandi are responsible to the District Surgeon for the proper management of their respective institutions.

There were seven Government doctors, four honorary surgeons, eleven staff nurses, two nursing superintendents, two tutors and one linen-keeper in the Civil Hospital, Bijapur in September 1965. The bed strength of the hospital was 135 (for men-53, for women-66 and for children-16). There were 178 in-patients in the hospital in September 1965. About 600 to 700 out-patients were treated in the hospital daily. The hospital incurred an expenditure of Rs. 3,09,106 in 1964-65.

The following table shows the number of in-patients and out-patients treated in the various departments of the Civil Hospital, Bijapur, during 1964 :

<i>Name of Department in the Hospital</i>	<i>In-patients</i>	<i>Out- patients</i>
Dental Clinic ..	..	1,482
Ear, Nose and Throat Department.	..	1,818
T. B. Clinic ..	221	531
Diabetic Clinic ..	..	19
Ophthalmic Department ..	268	4,137
V. D. Clinic ..	20	327
Anti-rabic Centre ..	5	327
Leprosy Department ..	..	289

At the Ante-Natal and Post-Natal Clinic attached to the hospital, 876 ante-natal and 36 post-natal cases were treated in 1964. During the same year, 179 major and 69 minor operations were conducted in the Civil Hospital.

In the laboratory attached to the Civil Hospital, 8,981 examinations were done during 1964 and in the radiological department of the hospital, there were 3810 screenings and also 406 X-ray cases were attended to.

There is a Family Planning Centre functioning in the Civil Hospital. During 1964, 142 sterilization operations and 17

vasectomy operations were done. In addition, 142 vasectomy operations were done in camps.

A Nurses' Training School is attached to the Civil Hospital. Both men and women nurses are given training in the school. An Auxiliary Nurses' and Mid-wives' Training Centre is also attached to the hospital and thirty candidates are being trained every year in the centre.

**District
Leprosarium,
Bijapur**

To combat leprosy and to render medical and surgical aid to leprosy-patients and to rehabilitate them, a District Anti-leprosy Committee, consisting of twelve members, was formed on the 13th of August 1928 with the then Collector as the *ex-officio* President and the Civil Surgeon as the *ex-officio* Chairman. There is a District Leprosarium, near the Rukmangada Pandit Samadhi, under the management of the above Committee. There are four blocks to accommodate about 100 to 120 in-mates. There is separate accommodation for men and women patients. About 13 acres of land in the Leprosarium have been set apart for agricultural purposes. There is also a well for the use of the in-mates. A primary school for the education of the children of the patients was opened on 16th August 1965. A hostel is attached to the school.

The Bijapur Municipality is maintaining three medical institutions, namely, the Municipal Charitable Hospital, Bijapur, the Municipal Ayurvedic Dispensary, Jinagaragalli, Bijapur, and the Municipal New Ayurvedic Dispensary, Kasgeri, Bijapur. Particulars of these institutions are given below :—

(1) *Municipal Charitable Hospital, Bijapur*—This hospital was started on 1st November 1962. The staff of this hospital consisted of one male doctor, three sisters, two compounders, two ayahs and four dais in September 1965. Monthly about sixty to sixty-five labour cases were attended to in this hospital. There is a medical ward of sixteen beds for purposes of treatment of emergency cases in the institution. There is an X-ray unit in the hospital. The Chief Medical Officer of the Civil Hospital, Bijapur attends this hospital twice a week, and he also devotes his attention to emergent cases that may come to the hospital.

(2) *The Municipal Ayurvedic Dispensary, Jinagaragalli, Bijapur*.—There were one doctor, one compounder, one dresser, one ward boy and one dalayat attached to this institution in September 1965.

(3) *The Municipal New Ayurvedic Dispensary, Kasgeri, Bijapur*.—The staff associated with this dispensary in September 1965 consisted of one doctor, one compounder, one clerk, one ayah

and one dalayat. About 150 to 200 out-patients were treated in this institution daily.

It has been the declared policy of the Government to encourage the Ayurvedic and Unani systems of medicine on progressive and scientific lines. It is the ambition of the Department of Indian Medicine to bring medical relief through the Ayurvedic and Unani systems at a cheap rate so that it may be within the reach of the common man.

As already stated above, Bijapur has been known for a long time for its Ayurvedic practitioners with their efficacious medicines and the useful service they have been rendering to the people.

An Ayurvedic hospital is attached to the Ayurveda Maha Vidyalaya, Bijapur, for giving clinical training to the students studying in the Vidyalaya. This institution was started as a Shuddha Ayurveda Vidyalaya by the Ayurveda Vidyalaya Samithi, Bijapur in 1955. There were forty-five beds (men-20, women-15 and children-10) in October 1965 in this hospital. The staff attached to the institution consisted of seventeen male doctors, three lady doctors, three male nurses, three women nurses and six ayahs. There were twenty-seven in-patients in the hospital in October 1965. About 130 to 140 out-patients were treated in the hospital daily. The hospital has been equipped with an X-ray apparatus. There is also a pathological department in the hospital. The hospital incurred an expenditure of Rs. 52,253 for the year 1964-65.

There were forty-five Ayurvedic practitioners, two Unani hakims and one Homeopathic practitioner practising in Bijapur city in September 1965. There is also an Association of Vaidyas in Bijapur.

This Trust was registered under the Bombay Public Trusts Act, 1950, in 1961, with the object of promoting Ayurvedic system of medicines and establishing medical institutions for the relief of the ailing. The Trust started its activities with an initial trust fund of Rs. 5,000. There were seven founder members on the Trust in September 1965.

**Ayurvedot-
karsha Trust,
Bijapur**

The Trust has undertaken the publication of "Dhanwantari", a Kannada monthly magazine devoted to Ayurveda, from January 1961. The Trust also gives medical aid to poor patients, free of charge.

In September 1965, there was a Government-aided Ayurvedic dispensary at Chadchan and an Ayurvedic dispensary at Tadwalga, both in Indi taluk, under the control of the Taluk Development Board, Indi.

**Nutan
Ayurveda
Karyalaya,
Bijapur**

The Nutan Ayurveda Karyalaya, Bijapur, was established in the year 1943, the following being some of the aims and objects of the institution :

- (1) To manufacture Ayurvedic, Allopathic and other medicines scientifically.
- (2) To establish and maintain botanical gardens, research institutions and conduct educational institutions for the development and spread of the knowledge of Ayurveda and allied subjects.

The institution started manufacturing of Ayurvedic Pharmaceuticals soon after its establishment, on scientific basis.

There were forty-five allopathic doctors practising in Bijapur city in October 1965.

There is a branch of the Indian Medical Association in Bijapur. There were 45 members in the association including the President, the Vice-President, the General Secretary and two Joint Secretaries. The District Surgeon, Bijapur, was the Chairman of the Working Committee of the association. There were six members on the Working Committee.

**Private
Medical
Practitioners**

There are a number of private practitioners in large towns who have their own dispensaries. There are no private nursing homes in the district. The following table indicates the number of medical practitioners in important towns (1962-63).

Bijapur	..	40
Bagalkot	..	31
Jamkhandi	..	18
Badami	..	6
Bagewadi	..	4
Banahatti	..	5
Bilgi	..	1
Guledgud	..	11
Hungund	..	4
Ilkal	..	11
Indi	..	5
Mudhol	..	9
Muddebihal	..	7
Rabkavi	..	9
Sindgi	..	6
Talikot	..	5
Tikota	..	3
Terdal	..	6
Amingad	..	4
Total	..	185

Deaths due to various diseases and other causes in Bijapur district

1956-1964

Name of disease	Number of deaths									
	1956	1957	1958	1959	1960	1961	1962	1963	1964	
Cholera	..	130	294	238	2	..	..	166	179	216
Small-pox	..	25	26	154	73	34	3	30	43	84
Plague
Enteric fever	..	10	5	6	9	8	9	7	5	14
Measles	1	..	..	..	1
Malaria
Other fevers	..	3	1	2	2	2	1	17	2	6
Dysentery	2	..	2	..	3	32	26
Cerebro-spinal fever	1	..	..	..
Diarrhoea	..	2	5	3	5	16	22	17	2	5
Pneumonia	..	3	2	3	..	1	..	..	23	21
Phthisis	..	19	13	18	17	5	15	14	27	35
Influenza
Whooping Cough
Mumps	1	..	..
Other respiratory diseases	..	13	9	11	22	21	20	10	16	26
Diphtheria	7	5	5	7	5	4	7
Chicken pox
Leprosy	2	..
Cancer	1	..	3	..	1	..	..
Deaths from child-birth	10	23	6	3
Injuries	..	2	3	4	11	13	20	19	17	14
Other causes	..	261	197	156	200	192	234	251	238	189