

CHAPTER XVI

MEDICAL AND PUBLIC HEALTH SERVICES

A well-regulated practice of giving prompt attention to the sick **Early History** seems to have characterised the Ayurveda system even from very early times. But, unfortunately, no records are available throwing light on this indigenous system as practised in the district in ancient times. Some old manuscripts preserved in the Chitradurga museum show that the Paleyagars had personal physicians of renown to attend on them. The services of these physicians were requisitioned not only in the palace precincts but also in the country side. These indigenous *vaidyas* seem to have used the herbs and plants available in the Jogimaradi range of hills. Several well-known pandits enjoyed royal patronage and also moved freely in the villages tending the sick. There does not seem to be much doubt that both the indigenous systems of medicine, Ayurveda and Unani, were extensively practised during the centuries that preceded the introduction of the allopathic system.

It was after the fourth Mysore War in 1799, when the Britishers established themselves, that the allopathic or western system was ushered in. After the assumption of the Government of the State by the British in 1831, the Surgeon to the Mysore Commission was in general control of vaccination. Later, with the establishment of district hospitals in the several divisions, a Civil Surgeon was appointed in the headquarters of each of the divisions and this officer was also the Superintendent of local jails and Inspector of all medical institutions within the limits of the division. The medical institutions in the Chitradurga district were also being inspected by the Deputy Surgeon-General of the Indian Medical Department for Mysore and the Ceded Districts. In addition to this inspection work, he also performed the duties of the Sanitary Commissioner and Registrar of Vital Statistics. In 1880, the Deputy Surgeon-General was withdrawn and his duties, so far as Mysore was concerned, were transferred to the Surgeon to the Mysore Commission.

The post-rendition period saw a complete reorganisation of the medical set-up. In May 1884, a new scheme for the establishment of a local medical service composed of duly qualified doctors

was introduced. The head of the Medical Department, being the seniormost of the covenanted Medical Officers, was called the Senior Surgeon. The local Medical Officers were classified as Surgeons, Assistant Surgeons and Hospital Assistants. In 1888, a new cadre of Sub-Assistant Surgeons was created.

Side by side, the public health administration of the district was also reorganised so as to make it more useful and efficient. The Senior Surgeon to the Government was made the *ex-officio* Sanitary Commissioner in 1887. The functions of the Sanitary Commissioner were scrutiny and compilation of birth and death returns, supervision of vaccination and control of epidemics such as plague, cholera and small-pox. From 1898 to 1902, a Special Plague Commissioner was appointed to check the spread of the deadly disease. The organization of the Sanitary Department underwent a change in 1907 when a separate sanitary service was introduced. The Chitradurga district was brought under the Western Division for purposes of public health with a Divisional Sanitary Officer. Between 1909 and 1910, the posts of Divisional Sanitary Officers were abolished and a new cadre of District Sanitary Officers was created. These District Sanitary Officers were placed under the Deputy Commissioner of the district. In 1917, a full-time Sanitary Commissioner was appointed as the head of the Department. The District Medical Officer in Chitradurga became *ex-officio* District Sanitary Officer also. Later on, the set-up underwent rapid changes, each district being placed under a separate District Health Officer getting guidance from a Central Sanitary Board, consisting of officials and non-officials. This in short is a brief review of the medical and public health organisation in the early days.

Vital Statistics

Vital statistics are intimately connected with the variation in population and the birth and death rates. Rise or fall in population is attributed to the condition of health of the people of a particular area and the reasons for increase or decrease are analysed on the basis of migration of persons, epidemics, famine, distress and other natural causes. In the early days, there was no special agency for registration of births and deaths other than the village patels. These village servants were required to send monthly returns to the Taluk Office from where the lists were transmitted to the District Office to be later forwarded to the Sanitary Commissioner's Office. In order to secure better registration of vital occurrences, rules were revised in 1915-16 according to which Inspecting Officers scrutinised entries in the actual registers. In 1918, a new regulation was introduced to improve the system of collection, compilation and publication of vital statistics. It was based on the Madras Law of 1899. Under the revised regulation, the entries in regard to births and deaths had to be certified by a technical officer after a sample check-up in the area concerned.

This method was helpful in removing irregular and exaggerated entries.

The following table gives the variations in the total population of the district for the first six decades of the century.

<i>Census year</i>	<i>Total Population</i>	<i>Increase or Decrease</i>	<i>Net variation</i>
1901	.. 510,625	..	..
1911	.. 563,874	+ 53,249	..
1921	.. 574,952	+ 11,078	..
1931	.. 657,452	+ 82,500	..
1941	.. 726,281	+ 68,829	..
1951	.. 868,370	+142,089	..
1961	.. 1,094,284	+225,914	+583,659

From the above figures, it is seen that the population of the district has more than doubled during the period. In the decade 1951-1961, the net increase was 225,914, the highest during the preceding decades, attributable to a falling death rate and a higher birth rate. The perceptible decline in the death rate is due to the improvements in medical attention and the efficacy of modern drugs.

The birth and death rates for the year 1921 were 17.83 and 11.86, respectively and in 1931 the rates were 23.96 and 15.82, respectively. In 1941, the figures were 21.3 and 16.1 respectively, while in 1951, the figures were 22.2 and 8.0. In recent years, *i.e.*, in 1958 and 1964, the rates were 15.6 and 6.2, 12.9 and 4.1, respectively.

Infant mortality was at its highest in 1930, being 101.1 per mille. But in 1958, it was 41.1 and in 1959, 45.5 per mille. With the progressive implementation of maternity and child welfare schemes and the introduction of modern midwifery, infant mortality is being greatly reduced. During 1963-64, it had decreased to 36.4. Constant attention is now being paid to see that all indigenous *dais* are properly trained. The establishment of health units in rural areas with properly trained health visitors has helped in educating the population in scientific methods of maternity and child welfare.

The total mortality from various causes in the district during 1963-64 was as follows:—

<i>Cause</i>			<i>Number of deaths</i>
Malaria	..	..	Nil
Other fevers	..	..	900
Dysentery and Diarrhoea	..	..	290
Tuberculosis	..	..	216
Typhoid	..	..	140
Small Pox	..	..	116
Snake bites	..	..	5
All other causes	..	..	2,325

From the table given below, it is apparent that respiratory diseases, ulcers, digestive disorders, diarrhoea and skin diseases have the highest incidence. The total number of cases treated in the various medical institutions in the district in 1963-64 is given below:

<i>Disease</i>			<i>Number treated</i>
Respiratory diseases	..	..	47,663
Ulcers	..	..	35,294
'Other' fevers	..	..	17,228
Digestive diseases	..	..	23,960
Diarrhoea	..	..	19,459
Malaria	..	..	42
Dysentery	..	..	11,526
Anaemia	..	..	5,994
Skin diseases	..	..	10,755
Pneumonia	..	..	1,934
Worms	..	..	3,415
All other diseases	..	..	1,03,115

Epidemics

As in other districts, cholera, small-pox and plague were the main periodical infections which at times assumed epidemic proportions. Since 1952, the district has been more or less free from plague. In 1959-60, ratfalls were noticed in the villages of Thalaghatta and Thalikatte, but no attacks were reported. The Public Health authorities took prompt steps to prevent ratfalls by spraying Hexidol.

Plague

Plague first broke out in Bangalore on the 12th August 1898 and spread with increasing virulence in every direction of the old Mysore State. The outbreak of this epidemic defied all human efforts made for its suppression. The fell disease which engulfed the whole of Chitradurga took a heavy toll. Precise figures of mortality are not available in respect of the district for the first year of the epidemic, but it can be surmised that out of a total

mortality figure of 12,000 for the State, nearly a thousand people perished in this district. The Epidemic Diseases Regulation of 1897 was put into operation for meeting the emergency. Accommodation was provided in camps outside villages and towns. Infected houses were subjected to systematic disinfection.

During the period 1935-1951, there was no year which was free from plague. The district passed through a severe epidemic in 1941 and 1942. Again in 1949, 40 villages in the district were affected with a mortality of 349. Sustained control measures have resulted in the incidence being reduced since 1952. Since the year 1960, no plague cases have been reported from any place in the district. Hexidol spraying has been done in the rural areas with the result that the bacillus has been exterminated altogether.

Cholera has never been totally absent from the district. It **Cholera** has become endemic in all taluks though occasionally it assumes a virulent form. The germs causing this disease multiply by the million. Whenever an outbreak of cholera is reported, all contaminated water sources are blocked for public use and people are advised not to use canal water or water from ponds and wells. All water sources are treated with chemicals to destroy germs. Mass inoculations against cholera are then conducted throughout the area, using approved serum. The Mysore Serum Institute, Bangalore, manufactures this serum. The public health authorities, through the Bureau of Health Education, issue pamphlets in the local language advising people how to guard against the epidemic. When an area is declared as cholera-infected under the Mysore Public Health Act, all *jatras* and gatherings are prohibited for a specified period. In particular localities, eating houses also are closed as a precautionary measure.

In Chitradurga district, cholera was particularly virulent in 1935, 1937, 1942, 1943, 1951 and 1954. In 1951, cholera spread to 81 villages taking a toll of 425 lives, and reappeared in 1954 affecting 90 villages and taking 345 lives.

According to statistics furnished by the Bureau of Epidemiology, cholera ravaged the district again in 1958 when 5 towns and 106 villages were affected, causing a death roll of 290. In that year, 1,68,332 people were inoculated. The district was, however, free from cholera from 1959 to 1961. It appeared again in 1962, and in 1964 it took a virulent form causing death of 292 persons.

The following table indicates the incidence of cholera in the district from 1962 to 1965 :—

<i>Year</i>	<i>Attacks</i>	<i>Deaths</i>	<i>Inoculations</i>
1962 ..	40	16	13,384
1963 ..	44	5	5,365
1964 ..	824	292	2,29,578
1965 ..	114	38	1,56,914

Small-pox

Small-pox has not been eliminated in spite of intensive preventive measures. Mass vaccination programmes in all taluks are undertaken in order to stamp out the disease. In spite of the best efforts of the public health staff, the disease occurs now and then, affecting a number of places in the district. In combating the infection, systematic efforts have been made in the district even from the pre-rendition days. In the middle of the preceding century, the work of vaccination was done by private vaccinators. But in 1855, these private vaccinators were replaced by Government vaccinators. Trained vaccinators were transferred from one taluk to another. Each vaccinator was expected to vaccinate 10 persons for every rupee of his salary. The most active and diligent vaccinators were rewarded with cash benefits. To prevent fictitious returns, a system of inspection by the apothecaries was introduced in 1872. These apothecaries worked under the direct orders of the Deputy Commissioner. In 1907, when the new health scheme was introduced, the Deputy Inspectors of Vaccination and vaccinators were put under the District Medical and Sanitary Officers. In places where a Medical Officer or his subordinate was stationed, the vaccination work in the area was entrusted to that officer. He had to maintain a vaccination register showing the number of unprotected children on the basis of the births in the area. Compulsory vaccination was introduced on 16th March 1906 under Regulation No. 1 of 1906.

At present, the District Health and Family Planning Officer, the taluk boards and the various municipalities carry on the work of vaccination with the help of vaccinators and health inspectors. When the District Board was in existence, it had its own health staff. For purposes of public health activities, Chitradurga district was divided into four ranges each under a Senior Health Inspector to whom vaccinators and Junior Health Inspectors were attached. The Senior and Junior Inspectors of the District Board were departmental officials deputed to the Board.

The following table indicates the number of villages affected and mortality figures from 1935 to 1954.

<i>Year</i>			<i>Number of villages affected.</i>	<i>Deaths</i>
1935	..	..	85	290
1936	..	..	153	508
1937	..	..	65	161
1938	..	..	53	108
1939	..	..	43	81
1940	..	..	52	145
1941	..	..	44	103
1942	..	..	120	323
1943	..	..	160	573
1944	..	..	80	197
1945	..	..	33	67
1946	..	..	65	128
1947	..	..	118	240
1948	..	..	4	16
1949	..	..	11	33
1950	..	..	12	38
1951	..	..	23	58
1952	..	..	8	59
1953	..	..	12	7
1954	..	..	10	51

It is seen from the above table that the years 1936 and 1943 registered the largest number of deaths, while, in 1953, deaths due to small-pox were only seven.

In 1959, 115 attacks and 18 deaths were reported due to small-pox.

The following table indicates the incidence of small-pox in the district from 1960 to 1965 :—

<i>Year</i>		<i>Attacks</i>	<i>Deaths</i>	<i>Vaccinations</i>
1960	..	210	31	23,310
1961	..	218	41	31,402
1962	..	181	35	19,280
1963	..	..	..	..
1964	..	..	..	..
1965	..	100	14	33,340

Guinea worm infection assumed serious proportions in the district in 1928 when 323 villages were affected. As a result of continuous efforts, the disease has been practically brought under control. At present, there is no incidence of this disease in the district. **Guinea worm**

**Public Health
Organisation**

The district health scheme was first started in 1945 with a whole-time District Health Officer. Prior to the introduction of the new scheme, the District Medical Officer was also looking after the activities of the public health wing. The main functions of the department, apart from vaccination work, commenced in the district as far back as 1928. In that year, a campaign against guinea-worm was started. With the construction of the Vanivilas Sagar Reservoir in Hiriyur taluk in 1906, malaria assumed serious proportions and became endemic in that area and villages began to be depopulated. In 1929, a malaria study station was started in Hiriyur to study the epidemiology and control measures.

Except for major hospitals located in cities and towns, the work connected with the preventive as well as curative aspects of the people's health is looked after by the District Health and Family Planning Officer who is directly responsible to the Director of Health Services. This officer is both a technical and an administrative officer and deals with problems of health, control of epidemics, malaria eradication, maternity and child welfare, vital statistics, sanitation in jattras, environmental hygiene, health education, small-pox eradication and control of curative institutions like the primary health centres, local fund dispensaries and reduced-scale local fund dispensaries. Since 1st June 1960, the District Health Officer is in over-all charge of all the medical institutions in the district at the taluk level. Since 1964, both the health and medical services are under one Director, who is called the Director of Health Services in Mysore. Under a Government Order, both the departments were amalgamated in order to have an effective control on both preventive and curative sides. The Director of Health Services is assisted by a few Joint Directors and Deputy Directors and a number of Assistant Directors.

Health Units

In the district, there are 13 primary health centres of the Government of India type in the following places looking after public health activities in a composite way : Jagalur, Molakalmuru, Parasurampura, Holalkere, Harihar, Mallappanahalli, Kodaganur, Sirigers, Thalāk, Yeravalli, Anaji, Pandarahalli and Hosadurga.

Each health unit has a dispensary at the unit headquarters and is under the charge of a Medical Officer of Health. The staff consists of a compounder, one or two junior health inspectors and two or three midwives. Each unit has a service jurisdiction extending to a population of 15 to 20 thousand. Sub-centres are located in selected villages and are manned by junior health inspectors and qualified midwives. The Medical Officer of Health in charge of the primary unit regularly visits these sub-centres for holding clinics and to supervise the health work done by the sub-centre staff. The chief activities of these health units consist in

the main of curative services including clinical work in the sub-centres, prevention and control of communicable diseases, improvement of environmental sanitation, collection of vital statistics, maternity and child health work, school health work, health education and surveys, sanitation of fairs and festivals and supply of drugs and diet supplements to the viable groups of the rural population.

In addition to the 13 health units of the Government of India pattern, nine more primary health units of the Mysore pattern have been started at Maradihalli, Hiriya, Vanivilaspura, Ranganathapura, Dharmapura, Neralgi, Hadadi, Belladi and Malebennur. The existing Local Fund Dispensaries at these places have been upgraded into Primary Health Units and the staff consists of one Medical Officer of Health, one Health Visitor, four midwives, one Junior Health Inspector, one compounder and menial staff. Each of these primary health units has to serve the whole of the Community Development Block, which has three sub-centres for midwives located at selected villages in the Block area. The functions of these health units are much the same as those of the old Mysore-type rural dispensaries. In addition to the health units, there are two Local Fund Dispensaries at Honnur and Kandagal in Davangere taluk which are placed under the administrative control of the District Health and Family Planning Officer. Each of these dispensaries is manned by an Assistant Medical Officer of Health, midwives and compounders.

Malaria control by indoor residual spraying with D.D.T. was first launched in the district, according to the National Malaria Control Programme in 1953, and it was switched over to the eradication phase in 1958. There are three sub-units in the district with headquarters at Chitradurga, Davangere and Hiriya. The sub-units at Chitradurga and Davangere are under the control of the National Malaria Control Unit of Bellary and that of Hiriya under the control of the Tumkur Unit. The Chitradurga Sub-Unit has jurisdiction over Chitradurga, Challakere and Molakalmuru taluks and the Davangere Unit looks after Davangere, Jagalur, Harihar and Holalkere taluks. The Hiriya Sub-Unit has jurisdiction over Hiriya and Hosadurga taluks and Sira taluk of Tumkur district. Each sub-unit is provided with a truck and the Malaria Inspector has to organise residual D.D.T. spraying of all dwelling houses in the villages during the malaria transmission season. Malaria has ceased to be a problem after the introduction of this eradication scheme. The rural population are aware of the beneficial effects of this control programme and are fully co-operating with the eradication staff.

**Malaria
Control**

The family planning programme was started in Mysore State in 1957 and further reorganised in 1963, so as to embrace all the districts. During 1965-66, there were 13 rural and 2 urban family

**Family
Planning**

planning centres in Chitradurga district. A rural family planning centre is attached to each of the primary health centres of the Government of India type. The following table indicates the progress achieved under different methods from 1960 to 1965 in the district :—

<i>Year</i>	<i>Vasectomy operations done.</i>	<i>Tubectomy operations done.</i>	<i>Intra-uterine contraceptive device insertions</i>
1960	..	54	..
1961	161	130	..
1962	11	78	..
1963	496	114	..
1964	561	140	..
1965	246	518	5,463

Besides these operations and insertions of loops, a large number of contraceptives were also distributed. There is also a Medical Officer of Health (Family Planning) with necessary medical equipment and personnel to carry on the programme.

Under the rural development programme, efforts to provide drinking water wells in all villages are being pursued with vigour. Under the rural water supply scheme, new works to supply water to Bommanahalli, Bhimasamudra, Belaghatta, Haikal, Doddasiddavanahalli, Hirehalli, Bedareddihalli, Rampura, Kondlahalli, Metikurke, Harthikote, Adivala, Pallaghatta, Janakal, Malladihalli, Srirampura, Belagur, Chikkajajur, Bilichodu, Sokke, Gunderi and Kondajji were completed in 1964. Most of the villages in the district have now a drinking water well.

Drainage and Sanitation

Efforts are being made to bring as many towns as possible under the underground drainage system. Schemes have been under way in the City Municipality of Davangere and other Town Municipalities for a comprehensive drainage work. Sustained and persistent propaganda is being done to educate the population on environmental hygiene. Lantern lectures are being conducted during fairs and festivals to instil in the minds of the population the need to observe proper health standards. The Bureau of Health Education attached to the Directorate of Health Services in Mysore is doing sustained propaganda to guard against epidemics

and communicable diseases. The health units have a special responsibility to keep a close watch over insanitary tracts and slums and against contamination of water and food stuffs.

The provisions of the Central Food Adulteration Prevention Act have been brought into force in the municipal areas of Davangere, Chitradurga, Challakere, Harihar, Hiriya, Jagalur, Holalkere, Hosadurga and Molakalmuru. The municipal analysts in these areas have to test samples and determine the extent of adulteration.

Each major hospital is headed by a superior medical officer of the Surgeon's grade (Class I). The District Hospital, Chitradurga, and the Chigateri General Hospital at Davangere are looked after by Surgeons. **Medical Organisation**

The oldest hospital in the district is the District Hospital for men and women located at the district headquarters town at Chitradurga. This is situated on the Chitradurga-Bangalore Road and consists of different wings including a tuberculosis clinic and a maternity section. Improvements to the hospital have been made from time to time so as to make it a well-equipped institution. The hospital has been provided with X-ray facilities, a mobile dispensary, an ambulance van and an operation theatre. The District Hospital has provision for 120 beds including general, maternity and tuberculosis sections. The Surgeon in charge of the Hospital is assisted by two Grade I Assistant Surgeons, four Grade II Assistant Surgeons, six nurses, two compounders and two midwives.

The following details indicate the day-to-day administration of the hospital on the curative side :

The total number of persons treated as in-patients in 1964 was 1,121 while the total number of out-patients treated came to 15,175.

The total number of cases handled in respect of deliveries, complications in pregnancy, child and puerperal diseases in the maternity hospital attached to the district hospital in 1964 was 525. In the dental wing attached to the hospital, 881 cases were treated. During 1964-65, a total of 82 cases came in for ophthalmic attention. In 1964, 131 cases received medical attention in the ear, nose and throat section; 92 persons received treatment for venereal diseases. During the same year, 242 major operations and 1,724 minor operations were performed. In the laboratory attached to the hospital, a total number of 14,752 tests were conducted relating to urology, blood counts, sputum examination and stools in 1964. The total number of radiograms done in the X-ray unit attached to the district hospital was 700 in 1964. In the same year, 3,147 screenings were also done.

Nurses' Training

A training centre for nurses was started in 1962, for 20 stipendiary and 5 non-stipendiary students. The candidates are given training for 18 months and after passing Part I examination, they are deputed to the Victoria Hospital, Bangalore, for further training. The students are accommodated in a hostel. A van has been provided for field work. The training centre is housed in the District Hospital, Chitradurga.

Tuberculosis Centre

The tuberculosis centre attached to the Chitradurga district hospital is manned by an Assistant Surgeon who is assisted by a nurse, a compounder and three health visitors. In 1964, 8,234 out-patients received attention.

Chigateri General Hospital

Davangere had only a local fund hospital, a maternity hospital and a tuberculosis hospital prior to 1961. With the rapid development of the city, it was felt that a major hospital should be provided for this industrial area. A general hospital, providing curative facilities for all kinds of ailments was donated by Shri Chigateri Murigappa, a noted industrialist of the city. With his generous help, a beautiful edifice was constructed in the western extension of Davangere and the new hospital which was opened in 1961 was called the Chigateri General Hospital. The old hospital buildings were given away to the Education Department.

The total bed strength of the Chigateri General Hospital in 1964 was 85, including the maternity section. The daily average in-patient strength came to about 120. The out-patient attendance per day was about 500. The General Hospital has a laboratory and an X-ray unit. Eye and ear, nose and throat experts from the Karnatak Medical College Hospital at Hubli visit Davangere once a month and conduct examinations.

The hospital is headed by a Surgeon who is assisted by six Grade I Assistant Surgeons, two Grade II Assistant Surgeons, four Grade III Assistant Surgeons, one lady Assistant Surgeon, 15 nurses, and three compounders.

Murigappaiya Tuberculosis Hospital

The Tuberculosis Hospital at Davangere was donated by Shri H. M. Murigappaiya, a businessman of the city in 1939. The hospital had a bed strength of 32 and on an average 50 persons were treated as out-patients every day. The hospital is managed by an Assistant Surgeon and three nurses.

Municipal Maternity Hospital, Davangere

The Maternity Hospital, run by the Davangere City Municipality, was started on the 20th September 1963, in the old Government hospital building in the heart of the old town. Ever since it was started, a total number of 27,214 out-door and 6,200 in-door patients had received treatment up to 1965. During 1964-65 a sum of Rs. 17,493 was spent towards medicines, contingency and establishment.

The Matru Raksha Mandir, Jannayakanahalli in Hiriyur taluk, is run under the auspices of the Kasturba Gandhi National Memorial Trust. This women's hospital was opened on 17th May 1948 in a private building given free of rent by Srimathi Gangamma Timmappa. On 9th August 1951, His Highness Sri Jayachamaraja Wadiyar laid the foundation stone for a new building for this hospital. The building was completed in 1954. The hospital had a bed strength of 8, with an out-patient section, a labour ward and a general ward. More than thirty surrounding villages are being served by this hospital. Till 1965, the hospital had conducted 2,200 maternity cases. The expenditure on this hospital is met by special grants from the Kasturba Fund and by public donations given in kind by villagers.

**Matru Raksha
Mandir,
Jannayakanahalli**

In addition to the 22 primary health centres of the Central and Mysore type, which are located at all taluk headquarters and important rural centres, the Directorate of Health Services is maintaining 37 local fund dispensaries in selected villages. The average bed strength in each of these dispensaries is four. No diet is being provided in these dispensaries. These medical institutions are managed by Assistant Medical Officers of Health assisted by compounders and midwives. They work directly under the District Health Officer. A list of these dispensaries is attached at the end of the chapter.

**Local Fund
Dispensaries**

There were, in 1965, 21 Ayurvedic dispensaries located in various taluks of the district, managed by qualified pandits and subsidised by Taluk Development Boards. These dispensaries also cater for medical needs of a considerable number of people.

**Ayurvedic
Dispensaries**

The number of registered private medical practitioners in Chitradurga district in the year 1965 was 51.

The total number of doctors in all categories of hospitals in 1965 was 65, who were assisted by 149 nurses and midwives.

There are a few private nursing homes in Chitradurga and Davangere equipped with X-ray units, laboratories and operation theatres doing useful work in alleviating the sufferings of the people.

List of Local Fund Dispensaries functioning in Chitradurga district
in 1965 :—

	<i>Place</i>	<i>Taluk</i>
1.	Bharamasagara	Chitradurga
2.	Hireguntanur	do
3.	Chikkagondanahalli	do
4.	Belaghatta	do
5.	Turuvanur	do
6.	Doddasiddavanahalli	do
7.	Nayakanahatti	Challakere
8.	Challakere	do
9.	Sanikere	do
10.	Mirsabihalli	do
11.	Jajur	do
12.	Kondlahalli	Molakalmuru
13.	Rampura	do
14.	Siddapura	do
15.	Kondajji	Harihar
16.	Mallanaikanahalli	do
17.	Mallappanahalli	Hosadurga
18.	Janakal	do
19.	Mathodu	do
20.	Sriramapura	do
21.	Belagur	do
22.	Thalya	Holalkere
23.	Horakeredeverapura	do
24.	Gunderi	do
25.	Narayanagondanahalli	do
26.	Ramagiri	do
27.	Malladihalli	do
28.	Chikkajajur	do
29.	Bharamanayakanadurga	do
30.	Mayakonda	Davangere
31.	Honnur	do
32.	Kondagal	do
33.	Sokke	Jagalur
34.	Asagodu	do
35.	Basavankote	do
36.	Bilichodu	do
37.	Bidarekere	do