

CHAPTER XVI

MEDICAL AND PUBLIC HEALTH SERVICES

Prior to the introduction of the Allopathic system of medicine in the district, Ayurveda was very popular as the herbs were abound in this forest district. Many *pandits* of Ayurveda had flourished in the past. *Agraharas* like Haigunda, Banavasi, Gokarn, Karki and Haliyal must have had a good number of Ayurvedic scholars and *pandits*. A record of the Kadambas speaks of one Neelakantha Deshamatya, described as the favourite *vaidya* of Ravi Varman. At the court of the Gersoppa ruler lived poet Salva, who among his other writings, also wrote a book on Ayurveda in Kannada called *Vaidya Sangatya* during the 15th century. The Sonda Rajas had patronised many Ayurvedic *pandits* who were called the Rajavaidyas, the descendants of whom are found even today practising the age old family occupation. Eranna, a famous *pandit* of Yan who lived in about 1785 A D went and settled in Bilgi at the request by the king of Bilgi to cure a peculiar type of disease which was fatal to many in the area. Eranna by his efforts formulated a pill, which was used as medicine for many diseases by administering it in different doses, which later came to be known as the 'Bilgi pill' or Suvarna Bhoopathi Matre. Later, Shivappa Hegde of Hoovinamane showed much interest in the preparation of these pills. Neelakantarao Patvardhan (1879-1958), a renowned Ayurvedic *pandit* of the country was born in a family of *pandits* in Sirsi. His father Raghavendrarao Patvardhan was a famous Ayurvedic *pandit* of the locality. Neelakantharao raised a herbarium behind his house over an area of about two hectares of land by collecting thousands of rare specimen from the forest and arranged herbs' exhibitions at Ayurvedic medical conferences. His exhibition was appreciated at the All-India Ayurvedic Medical Conference held at Pune in 1915. He hosted the All Karnataka Ayurvedic Conference

at Sirsi in 1939. He has also written books on Ayurveda. He and his son Ganapatirao Patvardhan have prepared a directory of herbs with illustrations to identify them.

Vinayakarao Bapat of this district is known for his scientific research in Ayurveda. Born in a family of Ayurvedic *pandits* in 1914, Bapat learnt Ayurveda from his maternal uncle Pandit Gundu Dixit Phadke, joined Ayurvedic college at Mysore in 1931 and was a student of the famous Pandit Acharya Yadavji of Bombay. He has written books on Ayurveda and has specialised in neurological diseases. A number of Ayurvedic *pandits* of fame have flourished in the district both in the past and at present. Sitharam Vigneswara Bhatta Bhaddi (1893), Gayithri Shambhu Bhatta (1899) both from Gokarn were notable Ayurvedic *pandits*. Hari Rajavaidya (Madgaonkar) of Bilgi was also a renowned physician. D P Pandit of Bargi in Kumta taluk was a famous *pandit* of Ayurveda as well as a poet. Maharshi Daivaratji also knew Ayurveda. Valgalli Venkatarama Bhat, a contemporary of Neelakantharao Patvardhan was an Ayurvedic *pandit* of repute. Krishna Subraya Bhatta of Sirsi, who studied under Pandit Taranath, was a managing director of Taranath Rasoushadhi Works (P), Ltd, Chikmagalur. Abrimane Ganapati Ramakrishna Hegde, Manjunatha Hegde of Makkalataimane, Sode Ganapati Shastri, G S Hegde Lingadkone of Sirsi, V G Hegde of Kalkai, B Haridas of Ankola, Mohammed Hassan Hakeem, T A H Asadi of Sirsi, etc., are some of the Ayurvedic *pandits* of fame in the district. Abrimane Ganapati Ramakrishna Hegde of Mundgesar practised Jaina system of medicine. Yogiraj Umeshchandra Madhav Joshi of Karwar had keen interest in the study of Yoga in his early ages and he established Sri Ramateertha Yogashram in Bombay in 1933 where Ramateertha Brahmi Oil is manufactured and treatment is given for many diseases by Yogic methods. Masti Naik Govindji of Shirali is famous for the treatment of sterility among women by the herbal medicines. Shivu Bommu Gowda of Belambar in Ankola taluk was famous for the treatment of paralysis. It is said that Shivu Bommu Gowda had treated Mahatma Gandhi at Nippani in 1927. After his death, his son Bommu Shivu Gowda is continuing the profession. Beera Banta Gowda of Todur in Karwar taluk is famous for bone-setting, using herbal medicines. He comes from a family of traditional bone-setters. Byra Hanumantha Gowda of Kallthoda near Hegde in Kumta taluk is famous for bone-setting of animals, the traditional family occupation which he is practising for nearly forty years.

Mahadeva Naik of Yedalli near Sirsi was famous in treating the diseases of cattle.

The Allopathic System of Medicine seems to have made its entry into the district when Fryer, the English traveller and physician had visited the district in 1660s. The British Government founded a dispensary at Honavar even earlier to 1862, followed by dispensaries at Sirsi in 1862, at Yellapur, Haliyal and Supa in 1863 and at Mundgod in 1864. The Civil Hospital at Karwar was started in 1865. During 1893, there were nine dispensaries in the district including the Civil Hospital at Karwar, where 42,241 out-door patients and 895 in-door patients were treated in all. The number of dispensaries increased to 12 in 1904 including the Railway Dispensary at Castlerock and the Civil Hospital at Karwar with 25 beds, treating on the whole 49,751 out-door patients, 749 in-door patients, performing 941 operations. The Travelling Dispensaries at Supa and Yellapur started in 1904, were discontinued as Travelling Dispensaries in 1908 and were named as the Kumbarwada Dispensary and the Manchikeri Dispensary respectively. During 1949, there were five hospitals and dispensaries run by the government and 12 local board and municipal fund dispensaries in the district with a total of 124 beds. During that year, 1,15,945 out-door patients and 2,691 in-door patients were treated. By the end of the year 1957, the number of medical institutions had increased to 26 of which, four were hospitals and 22 dispensaries. On an average, each institution provided medical facilities to a population of 19,914.6. The bed strength had increased to 187 (97 for men and 90 for women). There were 32 doctors including one lady medical officer. As on 1-4-1983, there were six General Hospitals, one District Hospital at Karwar, 11 Primary Health Centres, 46 Primary Health Units, eight Government Ayurvedic Dispensaries, 27 Subsidised medical practioners' centres, one STD clinic, one District T B Centre and one Health Laboratory in the district besides a number of private nursing homes, hospitals and clinics. The total number of beds available in government hospitals, health centres and units in the district was 379.

Vital Statistics

Prior to the Reorganisation of the State, the former Bombay Province was divided into three registration districts for public health administration and Uttara Kannada was included under the Southern Registration District. The Police Patils were registering births and deaths in rural areas and the concerned municipalities in municipal

areas. Under the provisions of the Registration of Births and Deaths Act of 1970 and the Rules of 1970 the Director, the Directorate of Economics and Statistics is the Chief Registrar of Births and Deaths, the Deputy Commissioner of the District is the District Registrar of Births and Deaths for the district and the District Statistical Officer is the Additional District Registrar.

Sample Registration System: The Sample Registration System (SRS) provides reliable estimates of annual birth and death rates separately for rural and urban areas. In Karnataka the SRS began functioning with effect from June, 1966 in rural areas and from July, 1968 in urban areas. The registration of births and deaths is done by part-time enumerators. The data yielded by the SRS, range from crude birth and death rates to more refined measures of fertility and mortality. There are seven rural and two urban units in the district, the rural units being at Mavalli, Kasarkod, Kallalli, Heepnalli and Kanagod in Sirsi taluk, Shirwad and Arga in Karwar taluk. The urban units are in Kumta and Haliyal.

Births and Deaths

Though the figures are of doubtful accuracy, there was an yearly average birth of 11,220 during the decade 1871 to 1880, the highest number of births being 12,873 in 1880 and the lowest being 8,057 in 1878. The deaths were on an average 8,467 per year during the period from 1866 to 1870 and 13,006 from 1871 to 1880, with the highest number of deaths being 21,561 in 1877 and the lowest being 10,068 in 1873. The Crude Birth Rate is defined as the number of live births per thousand mid-year population in any given area. The Crude Death Rate is defined as the number of deaths in a specified year per thousand mid-year population in any given area, with the advancement of health and medical services, the Crude Death Rate has however been reduced year after year. The Crude Death Rate was on an average of 29.45 in the 1890s, and increased to an average of 31.59 in the first decade of the present century, in the district which was probably due to the rampage of epidemics. In 1954, there was a total death of 6,850 persons with a Death Rate of 16.8 and the mean Death Rate for the previous five years was 16.8. The Birth Rate which was around 30 in the 1890's had almost remained the same with a little fluctuation in the first decade of this century and afterwards. During the year 1954, the Birth Rate was 33.4 and the average Birth Rate during the previous five years was 37.2. Only in recent years, it is

being brought down by the adoption of various methods of family planning.

Infant and maternal deaths: Infant deaths are measured by the Infant Mortality Rate, which is the number of infant deaths registered in a calender year per thousand lives births registered in the same year. Still Birth means foetal death, where, a product of conception has attained at least 28 weeks of gestation. The Infant Mortality Rate which was very high in the district is gradually decreasing which may be due to improved medical and health facilities. The maternal deaths in the earlier days was very high due to the lack of medical and surgical facilities in the rural parts of the district. The Infant Mortality rate in 1953 was 99.99. The table below gives the Vital Statistics for the years from 1971 to 1980, in the district, Under Civil Registration System.

Year	Births	Birth Rate	Death	Death Rate	Infant deaths	Infant		
						Death Rate	Still births	Maternal deaths
1971	19,024	—	6,141	—	880	—	332	23
1972	18,099	26.5	5,691	8.4	783	43	345	21
1973	17,829	25.4	6,179	8.8	664	37	167	21
1974	15,998	21.7	5,628	7.6	562	35	199	22
1975	16,694	20.9	5,901	7.4	566	34	249	11
1976	17,941	22.6	5,603	7.1	463	26	259	6
1977	16,312	21.2	5,141	6.7	477	29	234	12
1978	17,149	22.8	5,179	6.9	393	23	297	8
1979	15,031	19.6	4,446	5.8	299	20	193	8
1980	15,690	18.4	1,918	2.4	199	12	195	19

Source : Registrar General, India.

Figures not to be used for Research and Technical purposes.

There are various causes of death such as epidemic diseases, suicides, accidents, bites by snakes, killing by wild animals, etc. In the following table deaths due to different causes are given for the years from 1971 to 1980.

Disease	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980
Plague	—	1	—	—	—	—	—	—	—	—
Small Pox	29	10	17	14	—	—	—	—	—	—
Cholera	15	17	31	24	17	12	—	—	—	—
Malaria	177	104	70	65	49	55	68	39	11	79
Typhoid	87	68	111	48	60	31	29	17	11	24
Other fevers	1,105	1,119	1,130	860	865	220	50	26	65	409
Dysentery & Diarrhoea	119	202	248	152	183	155	155	125	81	95
Respiratory diseases	706	714	783	677	907	836	816	735	631	301
Tuberculosis	180	169	171	177	194	190	175	190	115	104
Leprosy	20	10	5	6	12	2	9	3	8	3
Maternal deaths	23	21	21	22	11	6	12	8	8	19
Suicide	8	19	13	10	13	18	15	18	17	17
Drowning	32	24	33	39	42	26	34	21	13	18
Wounds & accidents	19	15	19	22	29	42	42	34	44	81
Killed by wild beasts	2	—	4	6	3	—	—	1	—	2
Snake bite	8	5	17	15	12	18	16	15	15	27
Diphtheria	2	2	—	—	4	2	1	2	2	27
Tetanus	15	5	4	11	27	21	15	19	22	68
Rabies	2	6	7	6	6	3	1	3	5	12
Whooping cough	1	6	9	40	2	—	2	—	1	3
Polio	—	5	—	—	2	—	—	1	—	11
Pulmonary	—	2	—	6	—	—	1	2	5	—
Other causes	3,570	3,120	3,486	3,261	3,358	3,835	3,467	3,749	3,209	516
Causes not stated	21	47	—	167	105	131	233	171	183	102
Total	6,141	5,691	6,179	5,628	5,901	5,603	5,141	5,179	4,446	1,918

Sanitation

The municipalities and the District Local Board in the district had taken health and sanitary measures to prevent epidemics. The

Karwar municipality had opened a charitable dispensary earlier to 1865, appointed the Chinese convicts as scavengers to keep the town clean; had brought some scavengers from Cannanore in 1870; levied Bhangy Cess in 1883; and constructed public latrines and dug drinking water wells in 1867. Vaccination against small-pox was one of the earliest preventive measures taken up by the Government in the district.

In 1946, there were eight Sanitary and Health Inspectors and 17 male Vaccinators in rural areas and two Health Inspectors and one Vaccinator in urban areas of the district. By 1954, Karwar, Kumta, Honavar, Bhatkal, Sirsi, Haliyal and Mundgod municipalities had one Sanitary Inspector each. The Public Health Department had four Sanitary and Malaria Inspectors, seven Sanitary Sub-Inspectors and 17 Male Vaccinators in rural parts of the district. The administration and management of public health services in the district had been divided into two divisions, the western division with headquarters at Karwar and the eastern division with Sirsi as headquarters. Each division was headed by a medical officer of health whose duty was to supervise and carry out all sanitary and anti-epidemic works in addition to malaria control measures. With the establishment of primary health centres many of the activities of the Department have been entrusted to the health centres and Health Inspectors attached to these centres.

Epidemics and Communicable Diseases

Malaria: Malaria is essentially and predominantly a rural disease. Malarious type of fever was prevalent in the district in 1750 and 1800 for which many people were victims. In about 1830, fever prevailed to some extent in the uplands. Between 1860 and 1867, Karwar suffered severely from an attack of fever which was sometimes remittent but mostly intermittent of the usual daily, third day and fourth day types characterised by the swelling or enlargement of spleen. The out-break began in 1860, abated in 1861, but in 1862, again increased in severity and spread over the whole district except the places of Tadri, Kumta, Honavar and Bhatkal where the people were little affected or free from the disease. In 1864, the outbreak of the fever was very severe that many villages in the upland became desolate. At Sirsi, several merchants, who lived there for years left the place to escape from the disease and the business transactions came to a stand still. The fever was so violent at Haliyal that the town was almost deserted. The outbreak lasted for eight years,

the fever relaxing only during the hot months. Again in 1878, cholera gave place to violent fevers which continued for years deserting many villages in the district and many families were wiped out on account of this disease. In the 1930's, travelling anti-malarial doctors had been posted with special provision for the distribution of quinine tablets. There were four medical officers working in the most malarious tracts in the district. The town municipal council of Sirsi was distributing quinine to the students freely once a week. The D D T spraying was started in 1946. Ganesh Ramaiah Hegde of Kilar had concluded by a survey that young widows were on the increase due to untimely deaths of youths by malaria and at one time, there were 700 such widows in the small Siddapur taluk alone.

The comprehensive scheme of malaria control in Uttara Kannada and Dharwad districts was formally inaugurated in 1946 and the earliest to be undertaken in the erstwhile Bombay Province and had been in continuous operation since 1946. Some of the salient features of the schemes were inclusion of the whole of Kanara district in one comprehensive scheme, selection of all malarious villages with a population of more than a hundred and residual spraying of a five per cent emulsion of D D T at intervals. The total population covered and the number of villages actually sprayed from July to November were 65,118 and 144, while those from December to June were 2,15,346 and 343 respectively in the district. By 1954, 1,156 villages of the district had been included under malaria control measures and spraying was carried out at different times of the year. The cumulative spleen rate at the close of each season from 1946 to 1954 were 72.2, 14.4, 11.6, 7.1, 3.7, 0.9, 0.3, 0.2 and zero respectively. The malaria work was integrated with public health work in the district.

The National Malaria Eradication Programme was initiated in the State during 1958. The Sirsi, Siddapur and Mundgod taluks came under the maintenance phase from 1st of August, 1965 and the remaining taluks from 1st of October 1966. This district was free from malaria during the maintenance phase in 1970. The disease reappeared in the district when the Hydro-electric Projects were started. The reappearance was first found in the Kali Project area during the year 1970 and was prominent there. The year-wise incidence of malaria in the district was 1970-10, 1971-59, 1972-1,172, 1973-1,674, 1974-1,479, 1975-2,916, 1976-4,125, 1977-4,617, 1978-2,339, 1979-2,000, 1980-1,336, 1981-737, 1982-205 and 1983-87.

Two rounds of D D T spraying in a year, first round during March/April and second round during September are being undertaken in the areas covered under eight primary health centres, where sections are having API 2 and above since 1976, in the areas other than the project. Focal D D T spraying is being undertaken wherever M P P cases were reported in sections having API 2 and below. Monthly BHC and DDT spraying is being attended in the Kali Hydro Electric Projects areas.

During 1983, there were 179 National Malaria Eradication Programme Sections in the district. Fortnightly Active Malaria Surveillance work was being attended by all the sections and weekly Surveillance was being carried out in 16 sections of the project area. Since 1981, the District Malaria Office is functioning at Karwar headed by the District Malaria Officer, who is assisted in his office by one superintendent, and other field staff. The District Malaria Officer is in charge of the whole programme, who works under the District Health and Family Welfare Officer, Karwar.

Filaria : Filaria, a communicable disease is caused by the presence of nematode worms. The disease is found in Bhatkal and Gokarn towns of the district. The Filaria Control Units at Bhatkal and Gokarn were sanctioned under Plan Scheme to control filariasis during the years 1981 and 1982 respectively. The Filaria Unit of the Bhatkal town is attached to the General Hospital, Bhatkal and that at Gokarn to the Primary Health Unit, Gokarn. A survey of disease was conducted at Gokarn in 1968, which had revealed the existence of the disease in a cognisable magnitude. (A private survey has revealed the incidence of hydrocele cases too together with filaria at Gokarn). Another Filaria Survey was carried out in Gokarn town on 8th, 9th and 10th December, 1981. Blood smears were collected in the town by random sampling between 10 p m and 2 a m. During the survey, 1,261 persons of both the sexes of all ages were examined ; of whom, 54 males and 33 females showed disease manifestation. The youngest age and sex group positive for microfilaria were eight years and female. In Bhatkal town, a total of 6,741 persons were surveyed ; of whom, 217 were found to be suffering from filaria. By the end of the year 1983, a total of 7,940 persons were examined in the district ; of whom, 309 had been found single positive for microfilaria and 114 were found to be double positive and a total of 243 advanced cases were under treatment. Mosquito breeding control measures have been taken up.

Small Pox: Uttara Kannada district suffered much from the ravages of small pox and malaria in the 19th and early parts of the 20th century. Earlier to 1860, small pox raged furiously in many parts of the district, after the worst type of fever and cholera. The death reports from the district indicate that 126 persons died of small pox in 1866. The epidemic was severe again in 1872-1874 in the district and continued with lesser severity for another two years. During 1872, the death toll from the disease was 1,170. Reference to the out-break of this disease in Karwar is found in January 1873, when the municipality sanctioned Rs 200 for erecting isolation pendal at Baithkol and for relief measures to the patients. In 1884, the epidemic appears to have visited Kumta and Sadashivgad. During 1885, there was recurrence of small pox and cholera in Karwar. Small pox appeared again in 1890, and in 1901 when the reported death toll was 1,108. The district suffered severely from this disease in 1905 and help was sought from the District Local Board and the Government. The disease took a heavy toll in Sirsi during 1907. During the period from 1914 to 1916 and 1919 to 1921, the district was severely affected by this disease. The disease had continued to cause damage to the life of the people even in the 1930's. In 1936-37, the heaviest attack was in Karwar taluk with 285 attacks and 41 deaths. Whenever there were out-breaks of small pox in the district, extra vaccinators were appointed at places of greater affectation of the disease in the district.

The National Small Pox Eradication Programme was launched in the country by the Government of India in 1961. Under this scheme, the work was carried out by the Primary Health Centres in the district. The last case of small pox occurred in the district during February, 1974, in Mundgod Tibetan Resettlement, Tattihalli village. They were two attacks with one death on 6-3-1974 at KMC Hospital, Hubli, the source of infection being from Buddhagaya of Bihar State. Since then, this disease has been eradicated from this district. The first urban small pox search was started on 14-10-1974. There were no small pox cases during the Active Small Pox Searches in the district. Uttara Kannada district was awarded the merit certificate by the World Health Organisation for the good work turned out during the searches.

Vaccination against Small Pox is one of the earliest preventive measures taken up by the Government in the district. In the year 1869-79, 6,579 persons were vaccinated and this programme was

continued every year. In 1946, there were 17 male vaccinators in Karwar municipality. The primary vaccinations and revaccinations (given in brackets) done in the district from 1974 onwards were 1974 41,109 (1,94,405), 1975 37,271 (1,29,824), 1976 36,792 (1,05,287), 1977 44,054 (1,17,327) and 1978 35,166 (53,897) respectively.

Plague: Plague, a dreadful epidemic, threatened the civic life of Karwar for the first time in 1896 and Haliyal in 1898. As a preventive measure, the Karwar Municipality erected segregation camps and killing of rats was taken up in right earnest. One anna (6 paise) was offered for a dozen rats killed. The total mortality from this epidemic from 1896-97 to 1910-11 in the district was 3,357 or 0.8 per cent of the total population of the district, the heaviest number of attacks being during 1902-03 with 840 deaths. Till 1903-04, most of the plague cases had occurred in Haliyal only. The district was affected by plague in 1916-17 and 1919-20. Again in 1926, plague menace was started in Karwar, when special measures like appointment of doctors on special duties, house visits, disinfecting the town, provision of medical and sanitary help were taken up to control the disease. A quarter anna for every rat killed was paid. Mass inoculation was undertaken. In 1934, there was a severe outbreak of plague in Kumta town, when the whole town was deserted. During the same year, plague broke out in Ankola, Sirsi, Yellapur, Kumta and Karwar taluks, when a number of persons fell a prey to the disease. In 1935-36, there were 12 attacks and eight deaths by plague in Sirsi. After long and continued efforts for years, the menace was rooted out in Karwar by 1941. In recent years, the disease has been brought under control.

Cholera: The dreadful epidemic, cholera had raged furiously in many parts of the district earlier to 1860, which was later followed by small pox. This epidemic seems to have been severe in the district during the years 1866, 1869, 1876 and 1877 as there were 859, 531, 929 and 2,804 deaths respectively from this disease. The recorded outbreak of cholera in Karwar goes back to 1884 when an order was passed to register all cases of cholera and small pox. In 1885, a fine was imposed on householders for failing to report the cases. During 1893-94, three villages in the district were affected by cholera with 11 attacks and five deaths. In 1895-96, there were 59 deaths from cholera. During 1912-13, there were fresh outbreaks of cholera. The disease spread in an epidemic form in 1917 in Karwar and lingered on for about six months and after that Karwar has not witnessed

cholera in an epidemic form. During 1936-37, when there was an outbreak of cholera in Sirsi town there were 40 attacks and 11 deaths. During 1979, one village in the district was affected by the epidemic with one attack and no death. Now, the district is almost free from the epidemic.

Tuberculosis: Tuberculosis is one of the major health problems of the district. Prior to 1976, the B C G Team attached to the T B Centre, Karwar was conducting house to house survey of persons in the age group of 0-19 years. In 1976, the work was entrusted to the Primary Health Centres and by introducing the multi-purpose workers scheme, all the field workers of the Primary Health Centres were involved in the Scheme. During 1981 and 1982, survey of mass sputum detection and B C G vaccination camps were held at Ankola and the Tibetan colony, Mundgod where 44 and 351 samples of sputum were examined detecting two and 12 positive cases of tuberculosis respectively. The anti-tuberculosis drugs are supplied by the Directorate General of Health Services, New Delhi free of cost which will be distributed to the patients through Primary Health Centres and Primary Health Units. The B C G vaccination has been made compulsory for the children of age group 0-4 years. As many as 46 centres were involved in the National Tuberculosis Control Programme in the district during 1983 apart from those of private clinics and nursing homes. There were 26 referring centres, 17 microscopic and five X-ray centres (all government) in the district where tuberculosis could be detected for treatment. A private source spoke of considerable incidence of the disease in Bhatkal town. The table on p. 800 shows the number of X-ray and sputum examinations conducted, new T B cases detected and treatment given for the years from 1975 to 1983 in the district.

Influenza: Influenza, which hit the whole of India after the close of the World War I in 1918 did not leave Uttara Kannada district untouched. During 1918-19, the coastline suffered less in comparison with the other parts of the district. With some lesser intensity, it was present in the district even during 1920-21. The municipalities adopted various measures to prevent the spread of the disease. After taking a heavy toll, the epidemic subsided in the district.

Leprosy: The National Leprosy Programme was initiated in the country during the year 1954 and implemented in Uttara Kannada district since 1974. The district is recognised as a low endemic

<i>Year</i>	<i>Number of X-ray Examinations</i>	<i>Number of sputum Examinations</i>	<i>Number of new T B cases detected</i>	<i>Number of T B cases treated</i>	<i>Number of BCG vaccinations</i>
1975	1,698	1,519	551	4,950	65,764
1976	2,054	3,339	883	5,228	57,635
1977	1,938	2,819	715	5,943	55,346
1978	1,773	1,589	750	9,021	64,968
1979	1,617	1,203	589	8,093	65,851
1980	3,504	5,897	739	8,680	21,359
1981	3,510	7,452	798	9,900	20,578
1982	3,246	5,777	772	10,210	19,841
1983	4,733	2,361	736	9,848	23,909

district with an over-all prevalence rate of 0.58 per thousand population. The work of the National Leprosy Control Programme in the district is by way of starting survey, education and treatment centres. During 1982-83, there were 14 Survey, Education and Training Centres in the district and one urban Leprosy Centre in Dandeli started during 1977-78. By the end of March, 1983, Survey had been completed in 1,134 villages and out of 8,78,963 persons enumerated, 6,24,022 persons were actually examined, finding only 362 persons suffering from leprosy. Resurveys were also conducted in the district and only 92 new cases of leprosy were detected. The patients are under treatment by supplying D D S tablets. One post of para-medical worker was created in 1974 and later in 1975, three posts of para-medical workers and one junior non-medical supervisor were sanctioned. Again in 1978, four posts of para-medical workers, one junior non-medical supervisor and one senior non-medical supervisor were sanctioned for the district. After the implementation of multi-purpose workers scheme in the Primary Health Centres, all the health workers are involved in Leprosy work. The table on page 801 shows the progress under National Leprosy Control Programme in the District from 1977 to 1984.

The Guinea Worm Disease: The Guinea worm (*naru hunnu*) disease, a water borne ailment is causing concern among the people

Year	Population surveyed	Population examined	New cases detected	Deaths or migration	Number of cases treated
1977	10,315	8,530	33	—	33
1978	20,224	17,508	140	1	172
1979	64,545	58,406	50	9	189
1980	60,839	54,148	48	3	254
1981	97,872	83,521	50	8	285
				migrated	
1982-83	7,51,726	7,51,726	231	92	439
1983-84	2,58,642	2,58,642	163	28	574

of some villages in the taluks of Mundgod and Haliyal. The source is the water of the villages stepped wells or ponds into which the inhabitants dip their limbs. The disease affects the legs and arms and may spread to the other parts of the human body. The affected portion swells with puss formation and gives pain. When the swelling bursts thread like worms, six to seven inches long at times crawl out from the wound. The total extraction of the worms provides the cure for the disease. There were 14 villages in Mundgod taluk and 11 villages in Haliyal taluk which were considered as problem villages where the disease was prevalent as revealed by the searches conducted during 1981, 1982 and 1983. During the years 1977 to 1979, 43 cases were detected. In the searches conducted in 1980, 1981 and 1982, three, 23 and five cases were found respectively. Public Health Engineering Section has taken up the Project of providing safe drinking water in these problem villages.

Bacillary Dysentery: Bacillary Dysentery appeared in the district during the years 1981 and 1982, which could not be controlled by the ordinary courses of treatment. The investigation team from the Karnatak Medical College, Hubli, undertook a detailed investigation in Ankola taluk. During the year 1981, there were 5,862 attacks and 122 deaths in the district. Preventive measures were also taken. Inoculations were done to 5,873 persons, 13,466 drinking water wells were chlorinated and 422 houses were disinfected. During 1983-84, there were 18 attacks and one death of Gastro-enteritis and 115 attacks

and four deaths due to Bacillary Dysentery. Inoculations were done to 11,014 persons and 645 drinking water wells were chlorinated.

Kyasanur Forest Disease: The Kyasanur Forest Disease (*mangana kayile*) which seems to have spread from Shimoga district to Uttara Kannada district during the year 1956, appeared in 1973, continued to prevail during 1974, 1975, 1976 and again appeared in 1980 affecting the human population in 36 villages of Honavar taluk and two villages of Sirsi taluk. In 1976, a field station was opened in Honavar under the direct control of the Deputy Director, Virus Diagnostic Laboratory, Shimoga. One mobile team with an ambulance to shift the emergency cases is stationed at Honavar attached to the primary Health Unit, Honavar to give door to door services in affected villages. The disease appears only during summer after the close of rainy season and before the commencement of monsoons. During 1973 there were 304 human and 153 monkey attacks in the district with no deaths and in 1974, there were 624 human attacks with 19 deaths and 180 monkey attacks with two deaths. In 1975, the human attacks and deaths were 609 and 15 while those of monkeys were 226 and four respectively, which rose to 982 human attacks with 36 deaths and 373 monkey attack with eight deaths in 1976. The table below shows the incidence of the disease in the district

Year	Taluk	No. of villages affected	Human		Human positives
			Attacks	Deaths	
1980	Honavar	36	107	6	37
	Sirsi	2	5	—	—
1981	Honavar	33	114	8	36
	Bhatkal	3	4	—	1
1982	Honavar	36	301	18	95
	Bhatkal	4	29	2	6
1983	Honavar	37	594	22	48
	Bhatkal	4	23	1	
	Yellapur	3	9	—	
1984 upto 29-4-1984	—	27	381	31	NA

There were 91 monkey deaths during 1984 upto 29-4-84.

General Hospitals

There are six General Hospitals and one District Hospital in Uttara Kannada district. They are the Pandit General Hospital, Sirsi, the General Hospital, Bhatkal and the General Hospital, Dandeli and the other three general Hospital (Municipal) are at Kumta, Honavar and Haliyal.

District Hospital Karwar : The Civil Hospital Karwar was opened during the year 1865, by the erstwhile Government of Bombay, when the Charitable Dispensary started earlier by the Karwar Municipality was also handed over to it. The old building of the hospital was completed during the year 1874-75 at a cost of Rs 38,759. The T.B Ward of the Hospital in the old building premises was constructed during the year 1958. The Civil Hospital was shifted to its present new building in 1979.

During the year 1882, 375 in-door patients, and 5,583 out-door patients were treated, 11 major operations were conducted and the expenditure was Rs 8,625. In 1911, the expenditure on the hospital was Rs 10,642 and the patients attending the hospital were 330 in-door and 9,231 out-door. In 1953, the bed strength was 44, and 11,509 in-door and 20,837 out-door patients attended the hospital. During 1982-83, the number of beds in the hospital was 120 and during that year, 5,478 in-door and 99,659 out-door patients attended the hospital; 753 major and 451 minor operations were performed and 1,022 maternity cases were attended. Under Family Welfare Services, seven vasectomy and 245 tubectomy operations were conducted and 96 Intra-Urinary Deficiency (IUD) placements were attended. The income and the expenditure of the hospital during 1982-83 were the Rs 31,265 and Rs 22,48,380 respectively. The Hospital has specialised services in general medicine, general surgery, paediatrics, ophthalmology, ENT, dentistry, skin and sexually transmitted diseases (STD). An ANM training school and Post Partum Centre are also attached to the hospital. The hospital is equipped with an X-ray unit, a blood bank and a laboratory. The paediatric unit of the District Hospital was opened during August 1980 with a children's ward of 20 beds. The ANM training school attached to the hospital was started during the year 1966 to train the Auxiliary Nurse Midwives. There were eight members on the teaching staff during 1983-84 and a total of 335 persons had been trained by the end of March, 1983.

The District Laboratory, Karwar under the administrative control of the District Health and Family Welfare Officer, Karwar is functioning since 1973. During 1982, 24,260 specimens were examined in the laboratory.

Pandit General Hospital, Sirsi: The Pandit General Hospital, Sirsi was started in the year 1872 as a dispensary maintained by Local Funds. In 1951, the municipality took the management of the hospital and was converted into a cottage hospital. It was equipped with a X-ray unit, a physiotherapy laboratory, maternity unit and an operation theatre. Rao Bahadur Pundlik Narayan Pandit (1854-1935) spent a major part of his earnings on this hospital as donation. The bed strength was 17 in 1953 which was raised to 50 in 1971. It was handed over to the government in 1965. The Pandit Cottage Hospital was renamed as Pandit General Hospital in September, 1978. A blood bank and an Urban Family Welfare Centre are now attached to the hospital. During the year 1882, 79 in-door patients and 6,523 out-door patients attended the hospital. In 1911, the hospital treated 108 in-door patients and 8,503 out-door patients. During 1953, the in-door and out-door patients were 818 and 16,038 respectively. In 1983, 15,820 in-door patients and 1,60,166 out-door patients attended the hospital 333 major operations and 161 minor operations were conducted, 689 maternity cases were attended, 426 X-rays and 589 screenings were made. Under Family Welfare Programme, seven vasectomy and 303 tubectomy operations were performed and 220 IUD placements were made. The expenditure of this hospital during 1982-83 was Rs 5,38,304 as against Rs 4,87,881 during 1981-82.

General Hospital, Bhatkal: The General Hospital, Bhatkal was started in 1895 as a Municipal Fund Dispensary. In the beginning, the bed strength was only five. It was converted into a cottage hospital with 25 beds in 1957 and in 1976, the number of beds was increased to 40. The hospital building was completed in 1957. From September, 1978, it was renamed as the General Hospital Bhatkal. A Filaria Control Unit and an Urban Family Welfare Centre were attached in 1981. The hospital is also equipped with a X-ray unit and a laboratory. During 1895, the hospital treated 18 in-door patients and 2,445 out-door patients. During the year 1953, the hospital was attended by 27 in-door and 13,440 out-door patients. In 1982-83, 1,627 in-door patients and 42,496 out-door patients were treated, 268 major operations and 337 minor operations were performed and 286 maternity cases were attended. Under Family Welfare Programme,

one vasectomy, 106 tubectomy cases were operated and 43 IUD placements were made. The expenditure on the hospital was Rs 3,46,885 in 1982-83.

General Hospital, Dandeli: The General Hospital, Dandeli was established in 1962 with 40 beds. The hospital is equipped with a laboratory and an X-ray unit. The bed strength in 1983 was 40. During 1982-83, 1,487 in-door and 50,837 out-door patients treated, 440 major and minor operations performed and 294 maternity cases attended. Under Family Welfare programme, two vasectomy and 338 tubectomy operations were performed and 91 IUD placements were made. The expenditure on the hospital during 1982-83 was Rs 4, 91,863.

General Hospital, Honavar: The Honavar General Hospital seems to be the earliest dispensary in the district having been in existence in 1860. It looks the building of the old jail in Honavar was used for the dispensary. In 1880, it was housed in old Sub-Judge's Court building and maintained by the municipality. In 1978, an operation theatre was constructed with full equipment and in 1981, a maternity extension ward was constructed with two special rooms, an emergency room and a refrigeration room by raising donations from the public. With the spread of the Kyasanur Forest Disease in the villages of the district, particularly in Honavar taluk, additional staff is being deputed to the dispensary with a mobile van to shift the cases during the season when the disease appears. The dispensary was handed over to the Government in 1981 and became a General Hospital. During 1882, the dispensary treated 44 in-door and 3,489 out-door patients. In 1911, the in-door and out-door patients treated were 42 and 7,976 respectively. During 1953, 147 in-door and 12,618 out-door patients were treated and the total number of beds available was 10. In 1982-83, the hospitals was attached with an Urban Family Welfare Centre and the number of beds was 50. During that year, 1,905 in-door and 72,037 out-door patients were treated, 94 maternity cases attended, 327 major and minor operations were performed. Under family welfare programme, 283 sterilizations and 178 IUD placements were made. The expenditure was Rs 1,64.743.

General Hospital, Kumta: The General Hospital, Kumta was started during 1869 as municipal dispensary and was converted into Primary Health Unit and handed over to Government in 1981. Later, it became a General Hospital. An Urban Family Welfare Centre is

attached to the hospital. During 1882, 136 in-door and 6,010 out-door patients were treated and 38 major operations were conducted. In 1911, 77 in-door and 8,037 out-door patients were treated. During 1953, 310 in-door and 10,837 out-door patients were treated and the number of beds available was 20. During 1982-83, the bed strength was 31 and in that year, 238 in-door and 50,419 out-door patients were treated, 87 maternity cases attended, 260 major and minor operations were performed. The expenditure during that year was Rs 1,39,539.

General Hospital, Haliyal: The General Hospital, Haliyal was started in the year 1863 as a dispensary supported by the Municipality. It was converted into Primary Health Unit and handed over to Government in 1981 and was later converted into General Hospital. During 1882, 21 in-door and 3,374 out-door patients were treated. In 1911, the in-door and out-door patients treated were 68 and 4,758 respectively. During 1953, the dispensary treated 42 in-door and 9,860 out-door patients and the number of beds available was 6. In 1982-83, the bed-strength was 12 and during that year 289 in-door and 7,246 out-door patients were treated, 52 maternity cases attended, 632 major and minor operations were performed. Under family welfare programme, 220 sterilisation were conducted and 60 IUD placements made. The expenditure during that year was Rs 1,15,296.

District T B Centre: The District T B Centre, Karwar, was started in 1968 and is managed by a medical officer of health assisted by two T B health visitors, B C G team leader and one X-ray Technician. The BCG team consisting of six BCG Technicians with a vehicle was attached to the Centre from 1970. In 1976, this team was abolished and the technicians were shifted to the Primary Health Centres who have now become multi-purpose workers. The B C G team leader attached to the T B Centre supervises the work of these multi-purpose workers and looks after the supply of drugs and medicines. The T B Centre, is equipped with an X-ray plant. The table in p 807 shows the number of X-rays taken, sputum examined, new cases detected, the number of patients treated and the BCG vaccinations done during the years from 1979 to 1982.

E S I Hospital, Dandeli: The E S I Hospital, Dandeli was started during 1969 to provide medical relief to the workers coming under the Employees State Insurance Scheme. There is also a laboratory attached to the hospital. There are 25 beds for the in-door patients including one for the Family Welfare. During the year 1982-83, 1,460 in-patients

Year	X-rays examined	Sputum examined	New Cases	Cases treated	BCG Vaccinations done
1979	951	1,430	221	926	208
1980	1,587	1,557	282	1,405	220
1981	2,510	2,268	344	2,572	213
1982	2,324	1,771	287	1,868	489

and 3,51,092 out-door cases were treated, 48 minor operations performed, 141 maternity cases attended. Under Family Welfare Programme, 35 tubectomy operations and nine I U D placements were made during 1982-83. An E S I Dispensary is working, attached to the hospital in the same premises. The expenditure of the hospital during 1982-83 was Rs 6,39,573. The number of insured persons who got the benefit during 1983-84 was 8,665 as against 10,177 during 1982-83.

Tibetan Colony Hospital, Mundgod: The Doeguling Tibetan Re-settlement Hospital, Tibetan Colony, Mundgod was started in the year 1969 for the Tibetan population resettled in Mundgod taluk as a private hospital. During the year 1982, 788 in-door patients, 34,104 out-door patients were treated, 59 minor operations were performed and 22 maternity cases were attended as against 843 in-door patients, 29,761 out-door patients, 63 minor operations and 23 maternity cases during 1981.

K P C Hospitals: The Karnataka Power Corporation has opened hospitals and dispensaries at Ambikanagar, Ganeshgudi, Magod, Dandeli, Ramnagar, Tattihalli, Kadra and Kodsalli in Uttara Kannada district to provide medical facility to its employees working in the Kali and Gangavali Hydro-Electric Projects. The hospitals at Ambikanagar and Ganeshgudi are equipped with laboratory, X-ray and other equipments and are provided with facilities for in-door patients also. The senior medical officers of these hospitals visit Tattihalli and Ramnagar twice a week. These hospitals cover most of the programmes of the Department of Health and Family Welfare Services. During 1982-83, the budget provision for the hospitals at Ambikanagar and Ganeshgudi was Rs 3.30 lakhs each. The K H E P Hospital, Ambikanagar was started during 1973 with medical and health units. During the year 1982, 756 in-door patients, 65,518

out-door patients attended the hospital, 281 minor and 27 major operations performed, 186 maternity cases were attended. The Ganga-vali Hydro-Electric Project Hospital, Magod was started as a clinic in 1978 with visiting doctors. A medical officer was posted in 1979 and a lady medical officer in 1982. During 1982-83, 27 in-door patients and 15,369 out-door patients were treated, 10 minor operations were conducted and 17 maternity cases were attended. Under Family Welfare Programme, 12 tubectomy operations were performed and I U D cases were attended. The Karnataka Power Corporation has opened a hospital at Kadra during 1984.

Christa Mitra Ashram Hospital, Ankola: The Christa Mitra Ashram Hospital, Ankola was started during the year 1948 by the Missionaries who came from Kerala. Now, it has 50 beds with X-ray unit, clinical laboratory, E C G unit and an operation theatre. The hospital has specialised services in paediatrics and ophthalmology. During the year 1982-83, the hospital treated 2,964 in-door patients, 20,211 out-door patients, conducted 491 major and 136 minor operations, and attended 398 maternity cases. Under Family Welfare Programme, 272 tubectomy operations were performed during 1982-83. The Christa Mitra Ashram is also running a destitute home and two creches.

West Coast Paper Mills Hospital: The West Coast Paper Mills, Dandeli is maintaining a full fledged hospital with 30 beds in its township. The hospital is equipped with an operation theatre and a laboratory. All types of major operations are performed free of charge with free medicines and diet. The Company has also established Rural Health Centre in the township. The health centre is looked after by well qualified medical officers and nursing staff. Persons affected with T B which has an incidence of 5% in the area are given special attention and treatment.

St. Ignatius Hospital, Honavar: St. Ignatius Hospital, Honavar was started in the year 1978 by Dharma Jyothi Society. It is housed in its own building constructed in 1978 as a gift from Austria. The hospital is equipped with X-ray unit, a blood bank and a laboratory. There are separate wards for T B in-patients and an isolation ward for the treatment of epidemic diseases. From January 1983, Rural Out-Reach Programme has been started with a mobile clinic. In 1983, it was a 50-bedded hospital. A cardiologist and a surgeon visit the hospital once a month. During the year 1982, 1,100 in-door

patients and 46,640 out-door patients were treated, 156 maternity cases were attended, 25 major and 147 minor operations were conducted.

Kamal Medical Centre, Ankola: The Dr. Kamal Medical Centre, Ankola was started in the year 1979 by Dr Vinayaka Ganesh Shetty of the Nutan Shikshana Sabha Trust, Ankola, to provide medical facilities and relief to the people of Aboriginal Tribes and Backward Classes. The centre has taken up the construction of the hospital building. The Centre has Gynaecological and Maternal and Child Health Services. During the year 1982-83, the Centre has treated 460 in-door patients, 10,293 out-door patients, attended 429 maternity cases as against 359, 5,062 and 339 respectively during 1981-82. The hospital has 22 beds.

Vivekananda Arogyadhama, Kasarkod: The Snehakunja, a Trust was registered in 1976 to organise medical aid of every kind to the poor and needy people in the most backward and neglected regions. The Trust selected Kasarkod near Honavar as the Centre of its activities and Vivekananda Arogyadhama the main centre and the headquarters of the trust was inaugurated in 1977. To start with, the Arogyadhama adopted allopathic line of treatment and later Yoga therapy, Ayurveda and Naturopathy have also been introduced. Herbal medicinal research is one of the important activities of this Arogyadhama. Chronic cases like arthritis, asthma, backaches, spondylosis, headache, sinusitis rhinitis, and peptic ulcer have shown response. Investigation of local herbs and medicinal plants has been taken up and the medicine men who live in jungles and have cured chronic diseases are persuaded to share their knowledge of the herbal medicines. A board of experts on Vanaushadhi Sasya Yojana has been constituted. An operation theatre was attached to the Arogyadhama in 1979 and later an X-ray unit. A fibre glass boat with an out-board motor was donated by the OXFAM, Bangalore and a well wisher of the Trust has presented a jeep. The institution claims to have discovered the root-cause of the Tropical Eosinophilia, a disease prevalent on a large scale in the region among children and has developed a method of treating disease. During 1982, as many as 5,006 out-door patients and 197 in-door patients were treated as against 3,782 out-door and 147 in-door patients in 1981. Now, the Arogyadhama is well-equipped with 25 bedded hospital. The Arogyadhama has sub-centres at Idgunji and Kervalli started in 1979 and at Kavalgeri. The Idgunji sub-centre has a maternity ward and an

emergency ward with five beds. The Arogyadhama Trust also organises health check up camps for school children, arranges public lectures on health, sanitation, nutrition, etc. It has taken up joint health projects with international organisations like Inter Church Co-ordination Organisation, Netherlands, Sponsored India Project, U S A, etc,

Pandit Hospital, Kumta: The Achut Pandit Hospital, Kumta was started by Vaidya P Achut Pandit in 1928 named as Arya Dhanvantary Aushadhalaya where Malabar Ayurvedic treatments like Dhara, Basti, Prichal and Navarakizi were undertaken. The institution is managed by his eldest son Dr Ramadas Pandit after the death of Vaidya P Achut Pandit in 1952. After 1957, several sister clinics were started by the sons of the late Vaidya Achut Pandit and sons of his brother late Vaidya Anant Pandit. There are Achut Pandit Memorial Clinics, at Honavar, Yellapur, Kasarkod, Ankola, Siddapur and Shiroor in Dakshina Kannada. All these clinics are independent of each other. In 1979, the Aushadhalaya was renamed as Achut Pandit Hospital in a new building and provided with Maternity wing in 1974 with 25 beds. The hospital has 18 beds. It has become a pharmaceutical concern manufacturing genuine Ayurvedic medicines which are supplied to Achut Pandit Hospital. During 1982-83, 382 in-patients and 69,600 out-patients were treated in the hospital. During 1982-83, 704 deliveries were conducted in the maternity section.

Primary Health Centres

There were 11 primary health centres in the district, one in each taluk, located at Angadi, Hattikeri, Hegdekatta, Hiregutti, Joida, Kyadgi, Manki, Manchikeri, Mundgod, Murkwad and Shirali as on 31-3-1982 and in 1983, one PHC was started at Malgi, and PHUs at Sambrani, Murdeshwar, Banavasi and Gokarn were upgraded as PHCs. Of these, the Centres at Mundgod and Supa are older. The primary health centre, Mundgod was started in 1864 as a Government dispensary and the Joida PHC was started as a Local Fund Dispensary at Supa in 1863. In 1882, 98 in-door (Mundgod 62, Supa 36) and 4,049 out-door (Mundgod 2,190 and Supa 1,859) patients were treated in these two dispensaries. In the year 1911, in these two dispensaries 74 in-door patients (Mundgod 42 and Supa 32) and 4,038 out-door (Mundgod 2,793 and Supa 1,245) patients were treated. In 1953, 85 in-door (Mundgod 55 and Supa 30) and 7,423 out-door (Mundgod 3,747 and Supa 3,676) patients were treated. The number of beds was 9 (Mundgod 6 and Supa 3) during that year. The Mundgod

dispensary was converted into a Primary Health Centre in 1971. With the abolition of the District Local Board, the Supa dispensary was handed over to the Supa Taluk Development Board. It was converted into a Primary Health Centre in 1961, which was shifted to Joida in 1981. Now, the PHC is provided with 30 beds, and is housed in a new building. The Primary Health Centre, Angadi was started during 1957 and prior to 1957 it was a Primary Health Unit. The Primary Health Centre, Hegdekatta was first started as a Primary Health Unit on Government of India pattern in 1964 and was converted into PHC in 1965. During 1976, the Scheme of multi-purpose workers was introduced in all the PHCs converting the Family Planning Health Assistants, Vaccinators, Basic Health Workers and other staff into multi-purpose workers, male or female.

The table given in p. 812 provides some details of performance during the year 1982-83 of the Primary Health Centres in the district.

Primary Health Units

Prior to 1978, there were 27 types of medical and health institutions in the State, the nomenclature of which was rationalised by the State Government with effect from 1st September, 1978. As per this change, all the Municipal, Local Fund Dispensaries, Combined Dispensaries, Government Dispensaries, Health Unit Type Dispensaries, Reduced Scale Local Fund Dispensaries, Forest Dispensaries, Medical Sub-Centres and others in the district have been redesignated as Primary Health Units. As on the first day of April, 1983, there were in all 46 Primary Health Units in the district. The taluk-wise break-up was as follows Ankola 2, Bhatkal 3, Haliyal 2, Honavar 6, Karwar 7, Kumta 4, Mundgod 2, Siddapur 5, Sirsi 3, Supa 4 and Yellapur 8.

The Forest Dispensaries were started in the early part of the present century in the district and some were located in the interior forest areas like Dandeli, Bilgi, Kumbarwada, Kadra, Ramanguli, Gersoppa, Dehalli, Castlerock, Koralkai, Katgal, Kirwatti and other places. Some of these dispensaries in the villages were managed by Class IV servants and were inspected by the District Surgeon, Karwar once in a month. During the year 1953, in all these forest dispensaries, 36 in-door patients (all in Dandeli Dispensary) and 10,070 out-door patients (Dandeli 6,046, Kumbarwada 1,780, Kadra 926 and Kirwatti 1,323) have been treated.

Primary Health Centre	Population served as per 1981 Census	No. of Beds available	Patients treated during 1982-83					Family Welfare Programme			Expenditure during 1982-83 in rupees
			In-patients	Out-patients	Major operations	Minor operations	Maternity cases attended	Tubectomy	Vasectomy	I.U.D.	
Angadi (1957)	78,308	6	65	5,786	Nil	Nil	35	371	3	80	5,57,242
Hattikeri (1960)	81,011	6	16	2,644	—	—	487	454	2	113	7,13,442
Hegdekatta (1965)	96,153	6	40	11,741	589	50	864	587	3	328	8,24,708
Hiregutti (1962)	93,855	6	11	2,719	Nil	Nil	11	363	1	155	1,18,175
Joida (1961)	52,052	30	10	1,295	Nil	57	12	87	3	53	2,90,660
Kyadgi (1958)	84,500	6	47	4,053	Nil	Nil	349	495	9	129	4,30,348
Manchikeri (1966)	59,062	6	106	5,536	—	35	52	594	11	133	14,42,787
Manki (1964)	1,12,805	6	865	17,032	455	142	217	455	1	250	6,75,386
Mundgod (1971)	58,714	6	342	13,672	370	120	82	367	3	87	4,63,294
Murukwad (1967)	1,32,504	6	115	6,130	750	7	23	750	7	297	5,38,584
Shirali (1962)	71,111	6	449	13,046	1	128	295	316	—	137	5,20,212

The table below indicates the in-door and out-door patients treated, maternity cases attended, major and minor operations performed, achievements of Family Welfare Programme and the expenditure during 1982-83 at the PHUs.

<i>Primary Health Unit</i>	<i>Patients treated</i>	<i>Maternity cases attended</i>	<i>Operations</i>	<i>Sterilisation</i>	<i>IUD</i>	<i>Expenditure</i>
Dandeli (1924)	8,333	53	120	35	6	42,220
Katgal (NA)	6,338	18	Nil	9	15	42,441
Kumbarwada (1904)	13,754	127	98	78	17	37,997
Kadra (1948)	2,925	Nil	Nil	16	6	4,500
Gersoppa (1939)	5,929	Nil	Nil	64	14	80,806
Castlerock (1965)	7,293	Nil	35	Nil	Nil	42,445
Ramanguli (1943)	3,126	21	22	7	1	8,000
Kirwatti (NA)	7,446	Nil	Nil	103	7	47,093
Dehalli (NA)	1,497	Nil	Nil	Nil	2	45,576
Bilgi (NA)	NA	NA	NA	NA	NA	NA

NA=Not available

The dispensaries run by the Taluk Development Boards in the district were located at Yellapur, Siddapur, Gokarn, Ankola, Pala, Banavasi, Chavathi and at other places. Of these Taluk Development Board Dispensaries, the Yellapur and the Siddapur dispensaries are very old, being started in the years 1863 and 1873 respectively.

During the year 1882 in the two dispensaries at Yellapur and Siddapur, 136 in-door (Yellapur 92 and Siddapur 44) and 4,777 out-door patients (Yellapur 2,441 and Siddapur 2,336) were treated. Later, the Local District Board started dispensaries at Ankola in 1922-23 and at Gokarn in 1924. During 1953, in these four dispensaries, there were in all 23 beds, where 88 in-door patients and 32,308 out-door patients had been treated. The Banavasi dispensary was opened in 1956 and the Manchikeri dispensary which was under the management of District Local Board was transferred to Chavathi in 1967. The Taluk Development Boards also started Health Unit type dispensaries in rural parts at Murdeswar, Kharwa, Salkod, Kundargi, Vajralli, Sambrani, Devalmakki, etc. The Murdeswar dispensary started by the Taluk Development Board, Bhatkal utilising the funds donated by the Shama Rao Vithal Kaikini Trust of Bombay, was

handed over to Government in April, 1979. The table on p. 815-16 gives some information during 1982-83, about Taluk Board Dispensaries and some other dispensaries which have now been converted into PHUs.

The Reduced Scale Local Fund Dispensaries (R S F L D) were functioning at Kadtoke, Amdalli and Hulekal. The Amdalli dispensary which was initially a subsidised medical practitioner's centre was converted into RSLFD in 1965 and the dispensaries at Kadtoke and Hulekal were started in 1960 and 1964 respectively. During 1982-83, in these dispensaries 11,278 out-door patients (Amdalli-2,809; Kadtoke-2,468; Hulekal-6,001) were treated: 60 maternity cases (Amdalli-30, Kadtoke-30) were attended; 183 minor operations (all in Hulekal) performed; 133 sterilizations (Amdalli-27, Kadtoke-14, Hulekal-75) & 72 IUD placements (Amdalli-2, Kadtoke-14, Hulekal-56) were made. The total expenditure was Rs 1,19,610 (Amdalli-Rs 41,848, Kadtoke-Rs 57,273, Hulekal-Rs 21,489).

The Primary Health Unit, Hankon was started in 1974. The Primary Health Unit, Bankikodla was run by a private management before it was handed over to the government. The medical sub-centres at Haldipur, Santheguli, Korlakai and Herur were renamed as Primary Health Units.

A 20-bedded hospital at Ramnagar, Supa taluk, started in May 1982 came under the control of the District Health and Family Welfare Officer, Karwar during March 1984. During 1982-83, 621 out-door patients attended the hospital and the expenditure was Rs 17,143.

S T D Clinic, Ankola: The Sexually Transmitted Diseases Clinic, Ankola was started in 1958 under the Second Five Year Plan with the objectives of providing medical facilities to the persons suffering from sexually transmitted diseases. The survey conducted about STD had revealed that the persons suffering from STD were more in that region. The common STD found in the area are syphilis, gonorrhoea, chaneroid, scabies, trichomoniasis, etc. The diseases are mostly found among the economically weaker sections of the society. A mobile unit attached to the clinic visits different places of the district to conduct survey and blood examination. The patients are given treatment on the spot, if found suffering from STD. Lectures and speeches are also arranged to educate the people about the disease. The clinic has taken both preventive and prognastic steps to arrest the spread of the disease. During the year 1982, 5,710 persons were

Primary Health Unit	Year of starting	No. of beds	Patients treated		Maternity cases attended	Operations	Family Welfare Programme			Expenditure
			In-patients	Out-patients		Minor	Sterilisations	I.U.D.		
1	2	3	4	5	6	7	8	9	10	
Yellapur	1863	12	NA	2,457	71	—	—	—	32,520	
Siddapur	1873	—	253	11,887	123	332	46	6	1,01,812	
Ankola	1922	22	250	19,606	224	414	127	45	1,34,198	
Gokarn	1924	16	2,568	34,563	434	266	56	29	1,01,171	
Banavasi	1956	8	331	40,252	77	191	160	—	77,020	
Murdeswar	1963	14	449	4,969	265	—	91	16	72,857	
Salkod	1964	—	—	7,552	—	—	47	27	61,866	
Kundargi	1970	—	—	4,744	86	4	68	10	45,140	
Kharwa	1963	—	—	19,968	—	—	—	214	73,378	
Devalmakki	1976	—	—	1,716	—	—	22	24	68,200	
Vajralli	1936	—	—	3,049	31	—	40	16	50,000	
Hankon	1979	2	—	4,135	9	—	26	8	4,209	
Sambrani	1979	—	—	3,802	—	—	27	9	71,432	
Chavathi	NA	—	—	1,707	15	3	20	11	40,807	
Bankikodla	1976	2	2	5,433	292	—	60	8	57,942	
Koralkai	1974	—	—	2,431	—	142	82	8	51,710	

1	2	3	4	5	6	7	8	9	10
Haldipur	1975	—	—	4,686	16	35	78	65	78,184
Bailur	1983	—	—	1,071	—	—	24	—	21,134
Konar	1982	—	—	1,360	—	—	—	—	NA
M Malavalli	1981	—	—	842	—	—	38	—	50,000
Kalche	1982	—	—	3,120	—	—	—	—	50,000
Chendiye	1982	2	20	3,466	—	—	26	16	15,278
Chitakul	1981	—	—	10,800	—	—	3	—	52,034
Menshi	1981	—	—	7,500	—	50	26	49	39,250
Samshi	1982	—	—	2,104	—	3	—	—	52,838
Herur	1974	—	—	1,011	150	36	24	20	82,619
Ulvi	1982	—	—	85	—	—	—	—	NA
Gund	NA	—	—	1,148	—	—	—	—	34,565
Pala	1968	—	—	7,998	—	—	23	4	49,632
Santheguli	1975	—	—	2,952	110	—	72	17	75,553
Hungund	1976	—	—	3,262	290	2	90	19	71,155
Kansur	1981	—	—	4,032	128	28	—	—	50,219
Halga	1980	2	23	2,822	65	39	23	4	66,992

examined and medically treated as against 4,679 in 1981 and 4,768 in 1980 at the clinic.

Government Ayurvedic Dispensaries: Ayurveda, the Indian System of Medicine is even today very popular in the district. During 1983, there were eight Government Ayurvedic dispensaries in district besides many private Ayurvedic practitioners and dispensaries. These Government dispensaries were located at Sirsi, Mattigatta and Bhairumbe in Sirsi taluk, Umachagi in Mundgod taluk, Anmod and Jagalbet in Supa taluk, B Kenchanahalli in Haliyal taluk and Heggare in Siddapur taluk. Each of these dispensaries is managed by an Ayurvedic physician assisted by a nurse, a pharmacist and a peon. These dispensaries are under the administrative control of the District Health and Family Welfare Officer. The dispensaries are supplied with medicines worth Rs 4,500 a year from the Government Central Pharmacy, Bangalore and the District Health and Family Welfare Officer is empowered to purchase medicines worth Rs 1,500 a year to each of the dispensaries from approved firms on rate contract. There are no Government Unani and Homoeopathic dispensaries in the district. As on 31st March, 1983, there were 191 registered Ayurvedic, four Unani and 26 Homoeopathic Practitioners in the district. The following table shows some details of the Government Ayurvedic Dispensaries in the district during 1982-83.

(Amount in Rs)

<i>Location</i>	<i>Year of starting</i>	<i>Out-patients treated in 1982-83</i>	<i>Family Welfare cases attended</i>	<i>Expenditure during 1982-83</i>
Anmod	1976-77	1,060	10	26,727
B Kenchanahalli	1972	6,760	51	36,000
Bhairumbe	1964	4,445	28	23,675
Heggare	1966	3,294	—	37,886
Jagalbet	1966	3,767	31	50,066
Mattigatta	1979	1,465	—	18,159
Sirsi	1975	5,122	30	53,428
Umachagi	1978	6,000	5	31,097

The Indian Plywood Manufacturing Co., Ltd., Dandeli maintains a dispensary started in 1960, where 50,010 out-patients were treated, 17 minor operations were performed, one maternity case attended,

14 sterilizations were made during 1982-83. In the dispensary maintained by the Dandeli Ferro Alloys Private Ltd., Dandeli, which was started in 1960, on an average 50 to 100 patients were treated daily and provision of five beds has been made for the in-door patients.

A Railway hospital is maintained by the Indian Railways at Castelrock. The Ballarpur Industries, Binaga has provided a First-Aid Centre with a qualified doctor in the factory premises.

S M P Centres : The Scheme of Subsidised Medical Practitioner Centre was introduced in the old Bombay Province in 1936 to encourage qualified medical practitioners to settle in rural areas. In 1949, there were 32 subsidised medical practitioner centres in the district (eight Allopathic and 24 Ayurvedic) which rose to 34 in 1953 (26 Ayurvedic and eight Allopathic). During 1983-84, an Allopathic practitioner got Rs 200, Ayurvedic qualified *pandit* Rs 120 and non-qualified *pandit* Rs 80 per month besides fixed travelling allowance and fixed contingency, etc. They were also given a grant of Rs 300 annually for medicines and instruments. During 1983-84, there were subsidised medical practitioners' centres at the following places, all of which were Ayurvedic: Kinner, Kerwadi, Halga and Chitakul in Karwar taluk; Agsur, Sirur and Gundbala in Ankola taluk; Kalabe, Santgal and Kagal in Kumta taluk; Beranki, Hadinbal, Balkur and Nilkod in Honavar taluk; Sugavi, Dasankop, Manjuguni, Janmane and Vanalli in Sirsi taluk; Herur and Tyagii in Siddapur taluk; Hungund and Pala in Mundgod taluk, Sambrani and Madnalli in Haliyal taluk and Joida and Ansi in Supa taluk.

Village Aid Scheme : There are was also another Scheme known as "Village Aid Scheme", under which the erstwhile Bombay Government gave an honorarium of Rs 10 per month besides Rs 100 a year for purchase of medicines to a Primary School Teacher who was trained in First Aid. The School Teachers were given three months training at approved Civil Hospital in First Aid, particular attention being paid to the simple dressing of wounds and the treatment of conjunctivitis. The "Village Aid Post" was then established in the schools where the school masters put into practice what they had learnt. Now, the scheme has been discontinued.

Clinical Research Unit (T) for Homoeopathy, Dandeli : The Clinical Research Unit (T) for Homoeopathy, a Unit of the Central Council for Research in Homoeopathy, New Delhi is working in Dandeli from

1984. These Units are located generally in the tribal pockets and undertake the study of clinical problems relating to diseases which are prominent among the tribal people. The unit has undertaken a survey relating to prevalence of diseases, treatment given in different seasons, response to the treatment given, social habits, customs, beliefs, etc. The Research Officers and Assistant Research Officers will tour the villages for a door to door survey and provide incidental medical service also. The unit at Dandeli consists of one Research Officer, one Research Assistant, a laboratory technician, a general duty assistant and a messenger. The expenditure for the unit during 1983-84 was about Rs 1.5 lakhs.

Private Nursing Homes and Medical Practitioners: There are a number of nursing homes and medical practitioners in the district. During 1983-84, there were four nursing homes and 14 private medical practitioners in Karwar town, 8 nursing homes and 26 practitioners in Kumta, 16 practitioners in Ankola, 18 practitioners and a few nursing homes in Honavar, two nursing homes and 20 practitioners in Bhatkal, eight nursing homes and more than 30 practitioners in Sirsi, three nursing homes and 16 practitioners in Dandeli, two nursing homes and 11 practitioners in Mundgod, six practitioners in Yellapur and seven in Haliyal. There are also private practitioners in the municipal limits of Siddapur and Gokarn and in the semi-urban areas like Shirali, Murdeswar, etc.

Social Welfare Centre: The Social Welfare Centre, Karwar was instituted under the Catholic Relief Services Programme sponsored by the American Catholic Church for the Overseas Relief and Development to provide assistance in times of distress and emergencies. This centre was started in 1978 under the Karwar Diocesan Development Council. The centre undertakes programmes like the maternal and child health, school feeding for day scholars, children feeding, economic and community development, etc., in Karwar, Haliyal, Yellapur and Mundgod taluks. There are some health clinics in the district maintained by the Missionaries. They are St. Antony's Dispensary, Ternamakki, Bhatkal taluk; Jeevajyothi Clinic, Karwar, Karunalaya Clinic, Gokarn; Divya Jyothi Community Health Centre, Mundgod; Daya Nilaya Arogya Kendra, Mirjan and Krupa Seva Mandir, Hadinbal. The Divya Jyothi Health Centre, Mundgod has facilities for in-door patients also. It has a fully equipped maternity section and a mobile unit to serve the people of the neighbouring villages.

Medical camps: Of the medical camps conducted in the district mention may be made of Dr N M Prabhu of Hubli, who with the help of other surgeons and organisations like the Lions Club, the Rotary Club, Rukmini Mukunda Prabhu Charities, Kanara Charitable Society, etc., has conducted 40 camps by September, 1985. In the camps conducted at Gokarn, he has operated 30 hydrocele cases, has seen 50 such cases and opines that there may be three to four times more number of cases in the town.

Family Welfare

The nation-wide Family Planning Programme was implemented in the State from August 1957. The approach in the beginning was clinical. This clinical approach was changed to 'extension' approach in 1964. In the year 1966, the programme became "target oriented" and from the beginning of the Fourth Five Year Plan, the programme became "target oriented and time-bound". The following medical institutions in the district have been authorised to conduct medical termination of pregnancies: Primary Health Centres at Angadi, Manchikeri, Mundgod, Shirali, Hegdekatta, Hattikeri, Kyadgi, Murkwad; Primary Health Units at Kumta, Honavar, Haliyal, Yellapur, Siddapur and Gokarn; General Hospitals at Bhatkal, Sirsi and Dandeli; District Hospital, Karwar, New Nursing Home, Karwar; Family Planning Association of India, U K Branch, at Kumta. The table on p. 821 shows the targets, achievements etc., in the district from the year 1973-74 to 1984-85.

Health Extension Services

The Health Education activities form one of the important aspect of family welfare programmes in the district which educate the masses and impress about the importance and the need to accept small family norms. Voluntary organisations like the Lions Club, the Rotary Club and the Indian Medical Association are also made to involve in the programme. During the year 1984-85 as many as 275 film shows, 91 folk media programme (ballads, Gigi song recitations, Harikathas), 213 exhibitions, 65 family welfare leaders' camps, four press advertisements 3,512 group meetings, 10 population conferences, etc. were arranged by the Department of Health and Family Welfare Services in the district. Individual contact is also made by the field staff.

District Family Planning Bureau: The Family Welfare Bureau attached to the office of the District Health and Family Welfare

Year	Sterlisations			Intra-Uterine Devices (I.U.D.)			Contraceptive users		
	Target	Achievement	Percentage	Target	Achievement	Percentage	Target	Achievement	Percentage
1973-74	4,620	1,993	43.1	890	401	45.0	2,000	1,825	91.3
1974-75	4,450	1,721	38.6	870	466	53.6	3,820	1,926	50.4
1975-76	5,200	2,558	49.2	1,110	652	58.7	4,680	2,137	45.6
1976-77	17,390	6,087	35.0	5,220	532	10.2	8,695	2,182	25.1
1977-78	8,690	2,579	29.7	1,660	620	37.3	5,194	2,393	46.1
1978-79	6,700	2,647	39.5	1,000	863	86.3	3,400	2,313	68.0
1979-80	4,815	3,846	79.9	1,950	1,558	79.9	2,390	3,177	132.9
1980-81	5,520	4,526	82.0	1,590	1,668	104.9	3,580	3,550	99.2
1981-82	5,510	4,015	72.9	1,590	1,676	105.4	3,580	2,873	80.3
1982-83	8,820	6,349	72.0	2,950	2,393	81.1	3,930	3,176	80.8
1983-84	12,050	6,311	52.4	5,000	3,086	61.7	4,900	4,180	85.3
1984-85	13,260	6,152	46.4	8,710	3,436	39.4	5,400	4,320	80.0

Officer, Karwar, consists of both medical and para-medical staff with an equipped operation theatre unit (O.T. Unit). The O.T. Unit assists the surgeons in the Family Welfare camps conducted in the district. The Bureau also comprises of staff for mass education media activities. The staff concerned with the mass education activities will tour the district and guide the peripheral staff and village folk leaders in carrying the message of Family Welfare Programme.

Family Welfare Action Committees: There is the District Action Committee of Family Welfare for which the Deputy Commissioner of the district is the Chairman and the District Health and Family Welfare Officer is the Secretary. The Committee meets once in the first week of every month and sends a report about the family welfare activities of the district to the Director of Health and Family Welfare Services. The District Health and Family Welfare Officer is also a member of the Divisional Action Committee of the Belgaum Division. There are Taluk Action Committees in each of the taluks in the district. The Assistant Commissioner of the concerned sub-division in which the taluk is located is the Chairman and the Medical Officer of Health of the concerned Primary Health Centre is its Secretary.

From July 1973, the Committee for Financial Assistance to Acceptors of Family Welfare Programme has been constituted, which considers the applications for legal aids in cases of fatality occurring due to Family Welfare operations. The committee decides the *ex-gratia* payment for fatality cases upto a maximum of Rs 5,000 per case. The Deputy Commissioner is the Chairman, the District Health and Family Welfare Officer, Karwar is the Vice-Chairman, the Gazetted Assistant to the District Health and Family Welfare Officer, Karwar, its Secretary.

Family Planning Association: The Uttara Kannada branch of the Family Planning Association of India was started during 1973 at Kumta. The Kumta branch of the Association has six units through which it carries out its activities. They are population education, mobile education and service unit, comprehensive model family planning centre, maternal and child health centre (MCH) and administration. During the year 1982, 671 students at primary level, 1,700 at middle-school level, about 1,200 at high school level, 1,800 college students, 555 teachers and more than 1,000 in-training institutions participated in the welfare activities organised by the Association. Group discussions, lectures, film-shows and other activities were conducted both in rural and urban areas. The mobile unit with

the help of its staff nurse and auxiliary nurse midwives of the MCH Centre to educate the eligible couples regarding the Family Welfare and to accept either temporary or permanent methods of Family Welfare. During the year 1982, 439 cases were motivated for permanent methods and 399 cases for temporary methods of family welfare. The Association branch at Kumta maintains an Urban Family Welfare Centre where systematic follow up is provided for pre-natal and operated post-natal cases. During 1982, the Centre motivated 63 cases for permanent methods and six cases for temporary methods. The comprehensive model family planning centre of the association which came into existence during 1976 has conducted 501 tubectomy operations, one vasectomy operation and 150 IUD placements during the year 1982. The centre is also providing Menstrual Regulation Service (MR) and Medical Termination of Pregnancy (MTP) Services. During the year 1982, 12 MR and 133 MTP cases were conducted in the centre and out of these, 30 women were tubectomised. The Maternal and Child Health (MCH) Centre of the Association was started in May 1977 to render medical service to the mothers and children. It maintains an out-patient clinic to provide regular medical check up to the children and anti-natal and post-natal cases. During the year 1982, 1,352 anti-natal check ups and 1,089 post-natal check ups were conducted. Under Child Health Programme, the centre provides immunisation service also. During the year 1982, Tetanus Toxoid was administered to 992 persons. Children were administered polio drops (494), DPT (297) and BCG (804) (figures given in brackets being the actual numbers) and 6,224 women had the benefit of medical check up. The Association has started community based contraceptive distribution centres at Kumta, Harneer, Dharewar, Mirjan, Kodkani and Baad.

Maternal and Child Health Programme: The Maternal and Child Health Programme (MCH) is one of the earlier schemes taken up by the erstwhile Bombay Government. The programme includes various aspects like nutrition services to the pregnant mothers and the infants, immunisation against various diseases like small pox, tuberculosis, diphtheria, pertusis, tetanus, etc., and training of midwives. The family welfare programme lays great emphasis on improving the health of mothers and children since it is of vital importance to the acceptance of family limitation. Under National Programme of Prevention of Blindness, Vitamin 'A' concentrate is also being distributed to the children of 1-5 years of age at an interval of six months.

The targets and achievements made during 1984-85 under Maternal and Child Health programme were as follows. The figures in bracket indicate the targets and achievements respectively for the year 1983-84. DPT 26,000 and 29,004 (26,000 and 26,311), DT 18,800 and 23,740 (23,100 and 21,938), TT (for Mothers) 20,680 and 17,900 (18,800 and 12,626), PANA (Mothers) 28,600 and 27,241 (26,000 and 27,642) and PANA (Children) 28,600 and 25,022 (26,000 and 21,957). (DPT means Diphtheria, Pertussis and Tetanus Vaccine for pre-school children. DT means Diphtheria and Tetanus Toxoid for school children. TT means Tetanus Toxoid for mothers and PANA means Prophylatic Against Nutritional Anaemia in mothers and children).

I C D S and I F W S: The Integrated Child Development Services (ICDS) and the Integrated Family Welfare Service (IFWS) programmes are in operation in the taluks of Ankola, Kumta, Supa and Yellapur. The staff pattern consists of a medical officer of health, two lady health visitors, eight auxiliary nurse midwives for each block. The medical officer of health examines the children and mothers, fills up the child card kept in the Anganawadi, treats minor ailments on the spot and issues drugs to the Anganawadi workers. For major ailments, he refers the cases to the Primary Health Centres or major hospitals. He also advises the supplementary diet to the under-nourished or mal-nourished and mothers. (See also Chapter XVII).

School Health Services: The Scheme of School Health Services is being implemented in the taluks covered by the Primary Health Centres at Hegdekatta, Joida, Manchikeri and Shirali. Under this programme, students of the lower and higher primary schools undergo medical check up and treatment by the medical officers of the primary health centres or units periodically for which one day in a week is notified. At his convenience the medical officer visits the schools at least once in a year. In the beginning, each primary health centre was provided with one school health assistant and the post was abolished with the introduction of multi-purpose scheme. There is one dental team attached to the Joint Director of Health and Family Welfare Services, Belgaum which tours the Uttara Kannada district also to conduct dental check up in the schools.

The scheme of school health services was introduced in the primary health centre, Shirali in 1967-68. The Bhatkal taluk is divided into four zones, the Bhatkal, Shirali, Murdeswar and Konur

zones. During the year 1983-84, the Bhatkal zone covered 42 schools, the Shirali zone 26, the Murdeshwar 28 and the Konur 12 with the students strength of 8,021, 3,389, 3,479 and 811 respectively. Under this scheme, the area coming under the primary health centre, Joida has been divided into the Joida zone covering 2,100 students, the Kubarwada zone with 1,200, the Ulvi zone with 829, the Castlerock zone with 1,696 and the Gund zone with 879 during 1983-84. During that year, only 297 children of five schools had been examined. The programme of School Health Services was introduced in the P H C, Hegdekatta in 1976 with 203 schools covering 17,865 students of whom only 12 children had been examined during 1983-84. In the Manchikeri Primary Health Centre, this programme was launched in 1973-74 and in 1982-83, only 26 schools were covered, examining only 555 students.

Prevention of Food Adulteration Act: The Prevention of Food Adulteration Act is in force in the district and during 1983, 152 samples were taken for analysis of which, 129 samples were analysed which revealed adulteration in 38 samples. During that year, 19 prosecutions were launched and a total of 81 cases were pending in the court at the end of that year.

Departmental Organisation

Prior to independence, medical services was a transferred subject in the Bombay Province with a Surgeon General, an Officer of the Indian Medical Service, with the rank of a Major General as the head of the Department. At the time of Reorganisation of the States in 1956, there were two Divisions of the Public Health Department in the district, the Western Division below the Ghats with headquarters at Karwar and the Eastern above the Ghats with headquarters at Sirsi, each administered and managed by a medical officer of health. In 1965, the Department of Public Health and the Medical Department were amalgamated with the formation of the Department of Health Services headed by the Director of Health Services at the apex. At the district level, there are two officers, the District Surgeon, District Hospital, Karwar, who supervises and manages the District Hospital, and the District Health Officer, Karwar, who administers and supervises the hospitals other than the District Hospital, Karwar and the dispensaries run by the Government, Local Boards and Municipalities in addition to the other health activities in the district. These two officers are subordinate to the Joint Director of Health and Family Welfare Services, Belgaum Division, Belgaum. From the year

1966, the District Health Officer was designated as the District Health and Family Planning Officer. The phrase "Family Planning" was replaced by "Family Welfare" from the year 1977, and the post of the District Health Officer was redesignated as the District Health and Family Welfare Officer. The District Health and Family Welfare Officer, Karwar is both a technical and administrative head in the district. As the district head of the Department, he is responsible to such matters as the control of epidemics, maternity and child welfare, vital statistics, sanitation, health education and other activities associated with public health and also provides technical guidance to the local bodies on matters pertaining to public health.

There are three Assistant District Health and Family Welfare Officers one for each of the revenue sub-divisions (Kumta, Karwar and Sirsi) to assist the District Health and Family Welfare Officers.

Drugs Control

The Drugs Control Department with its headquarters at Bangalore enforces the following Acts and Rules in this district. The Drugs and Cosmetics Act, 1940 and Rules thereunder ; the Drugs (Prices Control) Order 1979 ; the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 and Rules thereunder ; the Pharmacy Act, 1948 and Education Regulations thereunder ; Import Trade Regulation for the Grant of the Pharmaceutical Industries ; the Dangerous Drugs Act, 1930 for Manufacture, Distribution and Sale of Narcotics and Drugs ; the Poisons Act, 1919 and the Karnataka Poisons Rules, 1966 and the Medical Plant Toilet Preparations Act, 1955.

Uttara Kannada district comes under the charge of the Drugs Inspector with headquarter at Karwar, who works under the administrative control of the Assistant Drugs Controller, Belgaum Division, Belgaum. The Drugs Inspector has powers to inspect all the manufacturing and sales premises of drugs and cosmetics and can prosecute any offender under the Drugs and Cosmetics Act, 1940 and Rules thereunder.

There were 58 Chemists and Druggists in the district during September, 1983. The taluk-wise distribution was as follows : Ankola 3, Bhatkal 11, Haliyal 4, Honavar 4, Karwar 6, Kumta 9, Mundgod 2, Siddapur 4, Sirsi 9, Supa 4 and Yellapur 3. There were 93 qualified Pharmacists and 67 Registered Licensed establishments in the district as on the last day of March, 1983.

Indian Medical Association: The branches of the Indian Medical Association are functioning at Ankola, Bhatkal, Dandeli, Haliyal, Honavar, Karwar, Kumta, Mundgod and Sirsi. The Sirsi branch of the Indian Medical Association (IMA) started during 1954, had 24 members during 1983-84. The general activities of these branches included programmes like immunisation, family welfare, health check up and treatment camps, health survey and health education. The Dandeli branch of the IMA started functioning from 1964 and had 20 members in 1984. The Haliyal branch which was started in 1978 had 14 members during 1982-83. It runs a free out-patient clinic at Ulvi during the car festival every year. The branch has a drug bank where drugs received as gifts are stored and distributed to the poor free of cost. It maintains a medical library also. The women's wing of the branch takes up social service activities. It sponsored the IMA branches at Chikkodi in 1981-82 and at Bhatkal in 1982-83. The Haliyal branch has received State awards during 1980-81, 1981-82 and 1982-83 as "Best Small Branch" and "Best Branch in Socio-Medical Activities amongst all Branches". The Mundgod branch started in 1983 had 14 members during that year. During the year 1983, the Association had examined 230 Junior College students and 16,500 primary school students. The Karwar branch which was revived in 1983 had 25 members during 1983-84. The Bhatkal branch came into existence in 1982-83. The Honavar, Kumta and Ankola branches of the IMA started in 1984, had 9, 14 and 15 members respectively.

A branch of the Government Nurses Association is functioning in the District Hospital, Karwar, started in 1961, with the objectives of safeguarding the interests of the nurses and to co-operate with the department in the departmental activities. The branch had 25 members during 1983-84.