

CHAPTER XVI

MEDICAL AND PUBLIC HEALTH SERVICES

The diseases common in the district are fevers, dysentery and diarrhoea and respiratory diseases. The epidemic diseases like cholera, plague and small-pox were prevalent in the past but with modern and advanced medical and public health services, these epidemics have vanished from the district. The plague first appeared in the district in 1903 and continued to show itself with greater or less severity in subsequent years. In 1904, and 1905, the epidemic was particularly violent and carried off many persons. The epidemic visited the district with great severity in 1910, 1925 and 1926 but was entirely eradicated in 1930. Cholera is imported from outside the district and the earliest available records indicate large number of deaths due to cholera in 1879. The mortality due to cholera was high between 1890-1900 and in 1927, 1938 and 1948. No death has been reported due to cholera after 1950. The small-pox was always present in the district to a greater or less extent. It was severe in 1901, 1908, 1912, 1926, 1929, 1933, 1938 and 1939. After Independence, the mortality due to small-pox was very low, but it continued to lurk in endemic form in various parts of the district breaking out in cyclic epidemic every five-six years. The disease was eradicated from the district as a result of the efforts made under Small-pox Eradication Programme launched in 1962 and no case of small-pox has been reported after 1964.

These epidemics are now things of the past. The fevers which caused 4,508 deaths in the district in 1977-78 included malaria, enteric fever, measles, influenza and other fevers. Mortality due to fevers was severe in 1916, 1920 and 1939 and again in 1942. The mortality due to fevers declined after Independence due to availability of medical facilities and preventive measures taken by the government. Epidemic of malaria erupts during the monsoon. Although due to sandy soils and dry climate, the district is not severely affected by the epidemic but the National Malaria Control Programme controlled the disease to a great extent. The incidence of malaria increased during the last few years and the cases reported during 1975-76, 1976-77 and 1977-78 were 83,599, 68,860 and 82,024 respectively. The respiratory diseases come next to fevers as the cause of mortality in the district and have not shown any marked decline. The table below would indicate the incidence of mortality due to different diseases in the district during 1976-77

to 1977-78.

Mortality

Total Deaths From

Year	Fevers	Dysentery & Diarrhoea	Respiratory Diseases	Other Causes
1976-77	4,385	56	4,084	3,636
1977-78	4,508	71	4,050	3,739

MEDICAL FACILITIES

As in other parts of Northern India, two systems of medicine—Ayurveda and Unani were practiced in the Hisar district. There is nothing on record which could indicate the extent of prevalence of these two systems. The allopathic system of medicine was introduced during the British rule somewhere in the mid of the 19th century. As the allopathic system was based on scientific lines and progressive research in the field of medical science, it became popular with the passage of time. The allopathic dispensaries and hospitals were opened to provide medical facilities on an increasing scale.

The first dispensary in the district was opened around 1860 at Hisar. Later in 1876-77, two other dispensaries were opened one each at Hansi and Fatehabad. The dispensary at Hisar was under the charge of an Assistant Surgeon, whereas the Hospital Assistants looked after the dispensaries of Hansi and Fatehabad. Later, two dispensaries were opened at Barwala and Tohana in 1887 and 1891 respectively. Thus, towards the close of the 19th century, there were 5 dispensaries. The dispensaries in the district were under the general control of the Civil Surgeon.¹

During the beginning of the 20th century, the progress was slow and 3 more dispensaries one at Ratia (1910) and one canal dispensary each at Narnaund and Gorakhpur were opened by 1915. The district board also instituted a travelling dispensary under the charge of a Sub-Assistant Surgeon for providing medical facilities in the interior of the district. The work done in the larger dispensaries was of a high order and these dispensaries were freely resorted to by the poorer classes and to a large extent by the well-to-do middle classes. Operations for stone and cataract were done and the people realised the benefit

1. *Hissar District Gazetteer, 1883-84, p. 62 and Hissar District Gazetteer, 1892, Statistica Tables, Table No. XXXVII.*

of allopathic system for these diseases. Other operations such as removal of tumours, amputations for necrosis, etc. were also performed with good results. The large attendance was itself a guarantee of the good work done. *Vaids* and *Hakims* were still found in most of the towns but they were slowly becoming less popular.¹

During the following period up to Independence, a few more dispensaries were opened but these could hardly provide medical facilities to the people. After Independence, the government felt concerned about extending medical and health services to the people at large. More and more medical institutions on modern lines were opened and provided with necessary equipments and other facilities. Many new programmes to control and eradicate diseases were undertaken.

The medical and health services in the district are under the charge of the Chief Medical Officer. He is assisted by two Deputy Chief Medical Officers, one for medical and the other for health services. In addition, a District Tuberculosis Officer, a District School Medical Officer, a District Malaria Officer and a District Family Welfare Officer work under his control.

The medical service is essentially a hospital organisation for rendering medical relief to the public through allopathic and Ayurvedic institutions. In 1978, the number of allopathic institutions in the district was 54 viz. five civil hospitals, one T. B. hospital, three hospitals run by voluntary organisations, two tuberculosis centres, 18 rural dispensaries, three urban dispensaries, one police dispensary and one Jail dispensary run by the police department. Five canal dispensaries, one railway dispensary, three Employees' State Insurance dispensaries, and 11 primary health centres. Besides, there were 24 Ayurvedic and Unani dispensaries. There were many private clinics and registered medical practitioners which provide medical and health facilities to the people. A list of these institutions is given in Table XII and XIII of Appendix. A brief description of some important institutions is given in the following pages :—

Civil Hospital, Hisar.—Located on the Hisar-Sirsa road, the hospital was established initially as a dispensary around 1860. It has departments of medicine, surgery, ENT, eye, dental, orthopedic, pediatrics, gynecology, X-ray, and Lab services. It provides facilities for diagnostic and therapeutic radiology as well as Laboratory and blood bank. In 1978, it had 200 beds and the staff consisted of 12 doctors and 55 members of auxiliary and para medical staff. The number of indoor and outdoor patients was 7,214 and 74,079 respectively.

1. *Hisar District Gazetteer*, 1915, p. 242.

Civil Hospital, Hansi.—The hospital is located on Delhi-Hisar road and was initially established as dispensary in 1876-77. It has the departments of medicine, surgery, dental and X-ray and gynecology.

It provides facilities for diagnostic and therapeutic radiology as well as laboratory. In 1978, it had 50 beds and the staff consisted of 3 doctors and 15 members of auxiliary and para medical staff. The number of indoor and outdoor patients was 1,064 and 29,134 respectively.

Civil Hospital, Fatehabad.—Initially started as a dispensary in 1876-77, the civil hospital is located on Sirsa road. It has the departments of medicine, surgery, gynecology and dental.

It provides facilities for diagnostic and therapeutic radiology as well as laboratory. In 1978, it had 50 beds and the staff consisted of 3 doctors and 13 members of auxiliary and para medical staff. The number of indoor and outdoor patients was 2,233 and 38,017 respectively.

Civil Hospital, Tohana.—The hospital located at the railway road was initially established as a dispensary in 1891. The new hospital is located on the Hisar road and it has departments of medicine, surgery and gynecology.

It provides facilities for diagnostic and therapeutic radiology as well as laboratory. In 1978, it had 60 beds and the staff consisted of 3 doctors and 15 members of auxiliary and para medical staff. The number of indoor and outdoor patients was 2,281 and 46,025 respectively.

Civil Hospital, Adampur.—The hospital was established in 1971 in a rented building and its own building near the bus stand was under construction in 1978. It has the departments of medicine, surgery and gynecology.

It provides facilities for diagnostic and therapeutic radiology as well as laboratory and blood bank. In 1978, it had 15 beds and the staff consisted of one doctor and 4 members of auxiliary and para medical staff. The number of indoor and outdoor patients was 113 and 15,295 respectively.

Sewak Sabha Charitable Trust Hospital, Hisar.—The hospital located on Sirsa road, was established in 1957. It has the departments of medicine, surgery, and gynecology.

It provides facilities for diagnostic and therapeutic radiology as well as laboratory and blood bank. In 1978, it had 75 beds and the

staff consisted of 8 doctors and 17 members of auxiliary and para medical staff. The number of indoor and outdoor patients was 2,027 and 21,574 respectively.

Chura Mani Vishnu Devi Maternity Hospital, Hisar.—It was founded in 1954 and is located on Hisar-Delhi road. The hospital provides facilities for laboratory and radiology. It has a maternity, general, private and children wards. In 1978, it had 90 beds and the hospital staff consisted of a Medical Superintendent, 2 doctors and 17 members of auxiliary and para medical staff. The number of indoor and outdoor patients was 6,779 and 19,896 respectively.

N.C. Jindal Eye and General Hospital, Hisar.—It was started in 1968. Located in Model Town, the hospital has clinical and operation facilities. In 1977, it had 200 beds and the hospital staff consisted of 3 doctors and 34 members of auxiliary and para medical staff. The number of outdoor patients in 1977 was 73,669.

PUBLIC HEALTH

The modern concept of good health lays greater emphasis on prevention of diseases. The younger generation must be given health education which is the most important activity for effective preventive measures. Likewise, family welfare and maternity welfare require greater attention if the problem of over population has to be solved. It is equally necessary to take suitable measures to prevent adulteration of food, promote the use of nutritive articles of food, supply of safe and clean drinking water and take other such steps as will improve environment hygiene. The primary health centres have been provided in the district for integrated health services in addition to providing medical care. The primary health centres are aided by the UNICEF and provide maternity and child welfare, immunisation, health education and family welfare facilities.

School Health Service.—The first school health clinic was started in the Civil Hospital, Hisar in 1960. In 1973, the school health services were, however, made integrated part of hospitals, primary health centres and rural dispensaries. The District School Medical Officer looks after the school health services in the district and renders advice to heads of the school in health matters and proper sanitation arrangements. The school children studying in the I, VI and IX classes are thoroughly checked and arrangements are made for the treatment of those found ill. During 1977-78, 5,685 children were examined and out of these 3,228 were found ill and treated.

Family Welfare.—The family welfare programme earlier known as family planning programme was launched in the district in 1958 when the District Red Cross Society opened a clinic at Hisar. The family welfare programme in the district is carried out under the guidance of Chief Medical Officer, who is assisted by the District Family Welfare Officer. The family welfare services are provided through family welfare units attached with each of the civil hospitals, dispensaries, primary health centres and sub-centres. A centre is attached to the Civil Hospital, Hisar to provide special facilities for medical termination of pregnancy and sterilisation.

The District Red Cross Society and Family Planning Association of India were also running family welfare centres at Hisar, Fatehabad and Tohana.

The family planning practices cover methods for limitation of families as also for spacing of children. These include sterilization of male or female and the insertion of IUCD (intra uterine contraceptive device, popularly known as the 'loop'), the use of conventional contraceptives like diaphragm, jellies, foam tablets and oral pills. The contraceptives are distributed through contraceptive depots/centres including rural post offices. Besides, free medical and surgical services, transport and diet are arranged for sterilization cases. Cash incentives are also offered. The following data would show the progress of family planning work during 1975-76 to 1977-78 :—

Year	Conventional Contraceptives Distributed	Sterilization Cases	IUCD Cases
1975-76	18,479	7,342	6,331
1976-76	43,354	28,485	13,796
1977-78	25,040	1,431	3,974

Maternity and Child Health.—The maternal and child health care is provided at all the civil hospitals, dispensaries and primary health centres. Free pre-natal and post-natal care and free delivery services are provided at the houses in the rural areas. These services are also provided by the Red Cross Society at the maternity and child health centres at Hisar and Uklana.

Nutrition to infants and mothers is provided through UNICEF aid in the form of milk feeding programmes and provision of vitamins at all the primary health centres and maternity and child health centres.

Sanitation .—The health department is responsible for the maintenance and improvement of sanitation. The Chief Medical Officer has the overall charge of sanitation work in the district. The sanitary inspectors look after the sanitation work within their jurisdiction under the guidance of the Deputy Chief Medical Officer (Health). In urban areas, the local bodies look after the removal and disposal of refuse, night soil and waste and cleanliness of the surroundings of the town.

The underground sewerage was not available in any village but Hisar, Hansi, Fatehabad and Jakhhal Mandi had the facility of underground sewerage in most parts of the town.

Water Supply .—The sources of drinking water in most parts of the district are open percolation wells situated by the side of ponds which are filled with rain water or canal water . The underground water is brackish except the *Nali* belt along the Ghagghar. To ensure clean drinking water a National Water Supply and Sanitation Programme was launched in 1954 and up to the formation of Haryana in 1966, 32 villages were covered under the programme and were served with piped water supply. By 1978, the piped water supply was available in 96 villages.

The water supply in the urban areas is the responsibility of the concerned local body. At the time of formation of Haryana in 1966, only Hisar, Hansi and part of Fatehabad were provided with piped water supply. The supply was not enough and hardly came near the optimum per capita supply recommended for the towns. After the formation of Haryana, the existing water supply schemes were augmented and the towns of Tohana, Jakhhal, Uklana and Barwala were provided with piped water supply.