

CHAPTER XVI

MEDICAL AND PUBLIC HEALTH

223. Introduction

The climate of the district is of the tropical type, it being very hot in summer and cool in winter. It is on the whole healthy in the plains and malarial in the hills. The rainfall is fairly uniform throughout the district. The majority of the population are Adibasis, who possess good physique. 12 out of 17 centenarians in 1931 were Adibasis and the Census of the same year recorded within the age-group of 90—100 years, 393 Adibasi people out of the total number of 519. In 1961 Census 238 centenarians were recorded among the total population of 1,204,043 in the district.

224. Survey of Public Health and Medical Facilities in the past

The system of indigenous practice of cure was prevalent here in the past. Even at present the Adibasi population considerably rely on the indigenous system of treatment. The practice prevalent among the Santals of the district is discussed below.

In addition to incantation and medicines, Santal diviners make use of different kinds of charms, amulets and other superstitious devices to counteract the evil influences of human and supernatural agencies. When epidemics break out amongst the Santals the village deities like Grampat, Bisano, Thakurani (Hindu goddess, Kali) together with all the gods of the holy grove are invoked by the priest as the head of the tribe. When any member of a Santal household falls ill, the head of the house arranges for an invocation to the Orau Bonga (household deity). The Santals like many other tribes, believe in women possessing a malevolent eye that can bring ruin on people by their baneful influence. The cult of the witch doctor (Ojha Guru) is very much prevalent among the Santals. People go to Jan-Ojhas, if there is any disease in the family. The Ojha-Guru when called upon to treat a case of illness, may give medicine as well as recite incantations and perform sacrifices. These medicines are prepared from plants, herbs and roots. Bodding¹ has provided a list of 305 Santal prescriptions for various human diseases and 15 veterinary medicines. The human diseases for which prescriptions have been collected include fevers, low vitality, madness, smallpox,

1. Bodding—*Studies in the Santal medicine and connected Folklore* II

cholera and leprosy. There are also a few persons called 'Rarani' who have a good knowledge of herbs and roots, and administer medicine if called upon to do so. They however, do not know anything about incantations and sacrifices which are the monopoly of the specialists Jan-Guru and Ojha-Guru who are employed by individual Santals to protect them against the evil influence of *bongas* and witches.

In tracing the days of worst epidemics in the district mention may be made of the virulent form of cholera in the months of April and May, 1905 when 77 persons succumbed in Baripada and 204 deaths were reported from the interior of Baripada subdivision. Olmara reported 41 and Baisinga 181. Most of the cases appeared to have originated from pilgrims returned from Puri. Active preventive measures were taken.

The worst calamity in living memory was the rapid spread of influenza in 1918. The infection started in the later part of September and lasted up to the middle of January, 1919. Scarcely a village in all the four subdivisions escaped infection. In the most severely affected areas whole families were down with the disease, there being no one to nurse the sick. The number of attacks was difficult to estimate, probably 75 per cent of the population suffered from the disease. The total death roll on this count came to 16,803. The infection lingered in various forms next year in unhealthy areas. A Relief Committee was formed to help the sufferers. 198 deaths were reported from influenza in the subsequent year. The year also saw the death of 638 cases from cholera. 1,303 pupils in different schools suffered from influenza and 99 succumbed to it.

In 1882 there was only one dispensary at Baripada and by 1892 the number increased to three. A separate out-door department of the Baripada Dispensary was opened on the 14th May 1906. Then the number of dispensaries was six and another was added in 1910-11. In 1913-14 a separate female ward with 18 beds was opened and 18 more were added to the male ward of the Baripada Hospital. The number of dispensaries continued to be 7 in the year 1915-16. The new building for King Edward Dispensary at Baripada was occupied on the 3rd June 1915 and the old dispensary building was remodelled and converted into a Surgical ward with a well equipped operation theatre. The new out-door dispensary at Udala with wards for 12 male and 12 female patients, was completed during the year. The dispensary at Muruda and Kuamara were completed and occupied during the year 1916-17. Two new dispensaries were opened in 1920, one at Jashipur and the other at Baripada in the Police Reserve Compound with indoor accommodation for 4 patients. In 1921-22 there were 10 dispensaries. Two more dispensaries at Gorumahisani and Badampahar were opened by the Tata Iron

and Steel Company. One aseptic instrument cabinet was supplied to the Raibangpur Dispensary. In 1927-28 there were altogether eleven dispensaries. The Leper Asylum at Baripada was supplied with necessary medicines, dressing and surgical instruments in 1928-29. The number of dispensaries had increased to 15 by 1934-35 and in 1936-37 there were 18 of them including four itinerant ones, one in each subdivision. During that year one temporary dispensary was opened at Olmara, a highly malarial area. A new dispensary started at Amarda on the 28th August 1938. The number of medical institutions was 21 in 1944-45 including 4 peripetatic ones. The number of non-aided dispensaries was 4, three of which were maintained by the Tata Iron and Steel Company, Ltd. in their mining areas at Sulaipat, Badampahar and Goremansani. The fourth non-aided dispensary was maintained by the Sarbarakar of Kaptipada. By 1951-52 there were 10 hospitals 6 dispensaries, one Ayurvedic dispensary and one Police hospital in this district in addition to 3 private institutions aided by the Tatas and one Government-aided Leper Asylum. The numbers of private and public hospitals in the district rose to 26 in 1960-61.

225. Vital Statistics

GENERAL STANDARD OF HEALTH AS REFLECTED BY THE STATISTICS, IMPORTANT CAUSES OF MORTALITY

Village Chowkidars reported births and deaths from various causes to the Thana officers who registered the occurrences and submitted a monthly return to the District Health Officer. The District Health Officer submitted a monthly consolidated return to the Health Directorate for inclusion in the State Monthly and Annual Vital Statistics Report.

Since August 1963 the Chowkidari system has been abolished in the district. The work of collecting vital statistics has, at present, been entrusted to the Grama Panchayats.

The following tables show the birth rate, death rate and Infant mortality rate of the district from 1952 to 1964.

STATEMENT I
Birth rate (Per 1,000 population)

Year	Birth rate	Year	Birth rate	Year	Birth rate
1952	24.50	1957	23.79	1962	29.51
1953	24.20	1958	22.36	1963	24.50
1954	22.51	1959	29.42	1964	27.43
1955	22.80	1960	28.34		
1956	23.43	1961	26.68		

[78 B. of R.—55]

STATEMENT II

Death rate from different diseases (Per 1,000 population)

Year	Cholera	Small-pox	Fevers	Dysentery and Diarrhoea	Respiratory disease	Injury	Other causes	Total	
1952	..	0.02	0.19	12.29	0.45	0.17	0.25	1.46	14.83
1953	..	0.02	0.02	12.19	0.37	0.34	0.22	1.24	14.40
1954	..	0.01	0.01	11.01	0.40	0.29	0.16	1.47	13.35
1955	..	0.02	0.02	9.13	0.34	0.28	0.16	1.03	10.98
1956	..	0.02	0.01	10.04	0.40	0.38	0.30	1.56	12.73
1957	..	0.06	0.17	14.20	0.59	0.37	0.34	2.01	17.74
1958	..	0.09	0.55	13.75	0.41	0.36	0.25	0.83	17.24
1959	..	0.02	0.23	10.99	0.31	0.35	0.24	0.52	12.66
1960	..	0.01	0.02	9.05	0.12	0.11	0.21	0.37	9.89
1961	..	0.02	0.19	8.33	0.19	0.21	0.24	0.59	9.67
1962	..	0.06	0.09	6.54	0.13	0.19	0.74	0.87	8.62
1963	..	0.01	0.06	10.44	0.09	0.12	0.53	0.56	11.82
1964	..	0.02	0.09	7.58	0.11	0.24	0.13	0.43	8.70

Though no definite reasons can be ascribed to the slight fluctuations in the annual birth rate, it is evident from Statement II that fevers are responsible for the heavy death roll.

Infant Mortality Rate (Per 1,000 live births)

Year	Mortality rate
1952	.. 87.24
1953	.. 70.42
1954	.. 80.35
1955	.. 60.73
1956	.. 68.02
1957	.. 82.18

Year	Mortality rate
1958	72.21
1959	56.46
1960	28.34
1961	61.48
1962	53.55
1963	48.68
1964	47.54

The reasons for incidence of such high rates of infant mortality are unhygienic habits and ignorance of post-natal care among Adibasis who constitute the majority of the population.

226. Diseases common to the district

Diseases common to the district are malnutrition, malaria, typhoid, smallpox, respiratory diseases and leprosy. A few Yaws cases are also found among the Adibasi and Harijan people.

(i) Malaria

Malaria is the most prevalent disease in the district, specially in its jungle and hill tracts, and it causes the largest number of deaths.

Before 1958, there was no arrangement for taking anti-malaria measures except treatment of such cases in hospitals and dispensaries.

During the Second Plan period, 1956-57 to 1960-61, the district was included under the National Malaria Eradication Programme and anti-malarial operation started from 1958. Several rounds of D. D. T. spray were conducted and anti-malarial drugs distributed as a curative measure. After the completion of D. D. T. spray, surveillance operation was taken up from November 1960. According to this programme house to house visit was made for treatment of malaria cases.

As a result of anti-malarial operation, incidence of the disease has been considerably reduced.

(ii) Leprosy

Prior to merger there was a Leprosy colony at Baripada with 106 beds managed by a Christian Mission. There were also a Medical Officer and a Compounder for anti-Leprosy drive in the ex-State. After merger, the Leprosy colony at Baripada continued to function with

financial assistance from the Government of Orissa. The expenses on account of diet are, however, met by Mission authorities.

The Government of Orissa has opened Leprosy centres at Deuli-Khunta, Raghunathpur and Bheden. 366 Leprosy patients were receiving treatment in these clinics during 1960.

Leprosy Pilot Project has been established with its headquarters at Betnoti. A Medical Officer, 6 Leprosy Assistants and clerical staff are working in the Project.

In 1964, 6,973 persons were examined and 1,025 cases treated under the Project.

(iii) *Filaria*

There is no specific arrangement for prevention of *Filaria* in the district except treatment of cases in the hospitals and dispensaries.

(iv) *Dysentery and Diarrhoea*

Deaths from dysentery and diarrhoea are large during the month of February and March. Generally speaking the causes of these diseases are due to unprotected water-supply and general ignorance of the people. In 1964, 2,029 cases of diarrhoea and 3,233 cases of dysentery were treated.

(v) *Cholera and Smallpox*

Deaths from these two diseases are less than in many other districts of Orissa. The deaths from Cholera and Smallpox from 1955 to 1960 are given below:

CHOLERA			SMALLPOX		
Year	Attack	Death	Year	Attack	Death
1955	6	2	1955	37	6
1956	20	10	1956	51	9
1957	68	23	1957	374	117
1958	208	89	1958	292	32
1959	48	16	1959	314	48
1960	Nil	Nil	1960	39	Nil

In 1964 there was no Cholera epidemic in the district, but there was outbreak of smallpox by which 32 villages were affected with 146 attacks and 38 deaths.

(vi) *Skin disease*

The disease is specially found during winter among some classes of people. Its occurrence is due to lack of knowledge of personal hygiene and untidy manner of living. To this is added the scarcity of water both for washing and drinking purposes which is felt in many places in the interior.

227. Public Hospitals and Dispensaries

At present there are 13 Hospitals, 15 Primary Health Centres and 9 Dispensaries (7 Allopathic and 2 Ayurvedic) as shown below. Besides, there is a Mobile Health Unit stationed at Chitraposi.

(i) Hospitals

There are hospitals at Baripada (Headquarters hospital and Police hospital), Rairangpur, Karanja, Udala, Bahalda, Jashipur, Thakurmunda, Kuamara, Muruda, Baisinga, Bisai and at Bangiriposi.

(ii) Primary Health Centres

They are at Betnoti, Bangiriposi, Jharadihi, Khunta, Kaptipada, Raruan, Sirsa, Dukura, Manda, Tato, Sukruli, Kostha, Badasahi, Bijatala and at Jamukeswar.

(iii) Dispensaries

They are at Amarda, Suliapada, Gagarbeda, Jamda, Chandua, Balidihia and Batpalsa. There are Ayurvedic dispensaries at Baripada and at Nuagaon.

The following are the staff in the district:—

Hospitals			Dispensaries		
Doctors	..	34	Doctors	..	4
Staff Nurses	..	21	Kavirajas	..	6
Pharmacists	..	40	Pharmacists	..	7
Technicians	..	3	Others	..	20
Midwives & Dais	..	52			
Others	..	172			

There is provision of X-Ray in the District Headquarters Hospital at Baripada. It is also provided with a full-fledged Clinical Laboratory and one Regional Laboratory.

(iv) Primary Health Centres

As shown above, there are 15 Primary Health Centres looking after both curative and preventive measures in their respective areas. Each centre has a medical officer, a health visitor, a Sanitary inspector, besides other nursing attendants.

There are three Maternity and Child Welfare Centres located at Baripada, Badasahi and Rairangpur. The centre at Rairangpur is maintained by the Orissa Red Cross Society. Besides, there are 15 Maternity centres located in rural areas which are managed by the Health Department.

228. Family Planning

There is a District Family Planning Bureau at Baripada under the management of a Family Planning Medical Officer. Two types of Family Planning units, viz., Sterilization unit and I. U. C. D. (loop) unit are functioning. Other common methods of birth control are also being followed.

Sterilization units have been attached to the District Headquarters Hospital and also to other hospitals located at Rairangpur, Karanjia Udala, Sarat, Baisinga, Bahalda and Khamar. The Primary Health Centres at Bangriposi, Sirsa, Manda, Tato, Kostha and Badasahi have a sterilization unit each. The Bureau has been provided with a mobile sterilization unit. Besides I. U. C. D. (loop) units have been opened recently in Headquarters Hospital at Baripada and in the Subdivisional Hospitals at Rairangpur and Karanjia.

229. Private Hospitals

There are three private hospitals at Badampahar, Gorumahisani and Sulaipat, maintained by the Tata Iron & Steel Company for the employees working in the mines. These institutions do not receive any aid from Government. Besides the above, there are a few medical practitioners having private practice at Baripada and Bahalda.

230. Sanitation

(i) Administrative set up for the maintenance of Public Health and Sanitation

The District Health Officer is the administrative head of the public health staff in the district. There are Health Inspectors, Office Assistants and menials working under him.

The district is divided into 12 Health Ranges each having a Health Inspector and a Sanitary Inspector. There is a special Sanitary Inspector to assist the District Health Officer. The Public Health Staff attached to Baripada Municipality consists of an Assistant Health Officer, a Health Inspector, a Vaccinator and two Disinfectors. Their emoluments are borne by the State Government.

(ii) Activities of Health and Sanitary Organisations

The people of the district are lacking in proper sanitary habits. Both towns and villages present insanitary conditions, particularly in rainy season when the living condition deteriorates due to muddy lanes and stagnant water. An old proverb in the district states "*Bohu Bilei machhi—tiniku na bachhi*", which means that it is not possible to avoid taking the food touched by the daughter-in-law who has to cook the food, the cat who is searching out food wherever hidden and the fly who is persistent.

The Public Health staff undertake protective measures for epidemic diseases like smallpox and cholera. Vaccination against smallpox is carried out throughout the year except in May and June. Anti-cholera inoculations are also given to check the outbreak. Besides, water sources are regularly disinfected.

During the Second Five-Year Plan, 1956-57 to 1960-61, a Leprosy Pilot Scheme was started. Its activities have already been noted.

The Health staff generally engage their attention towards maintenance of good sanitary conditions. Samples of food-stuff are occasionally taken for examination by the Government Public Analyst. The urban areas of the district have open drains which are regularly being cleaned by the conservancy staff. Protected water-supply exists only in Baripada town. The Public Health (Engineering) Department looks after the water-supply scheme.