CHAPTER—XVI

MEDICAL AND PUBLIC HEALTH SERVICES

I. Survey of public health and medical facilities

Before merger :

An eleventh century inscription in the Chandramouliswara temple at Thiruppalapandal in South Arcot District and a twelfth century inscription found on two stone slabs in the Pondicherry Cathedral refer to Thiruvagasthiswara-mudayadevar or Thiruvagasthiswarar of Ozhukarai.[1] Evidently the place must have been known as Agastiswaram after Saint Agastya, one of the propounders of the Siddha system of medicine. One may safely presume that the people who had built a temple in honour of this sage, must have also known the Siddha system of medicine and practised it. Without more evidence one cannot speculate further on the traditional system of medicine that must have been in vogue in these parts in the olden days. However it can be asserted that in the days of Anandarangapillai, alongside certain practices introduced by the Europeans, the traditional Siddha system of medicine was very much in vogue. When the chronicler himself was on his death-bed, he was offered *karukku*—an extract of strained liquor prepared by boiling some medicinal herbs in water. When coldness set in he was advised to take *bhupathi* or *chintamani*. These are medicines familiar to the Tamil School of Medicine. Bhupathi for instance is said to be a compound of gold, zinc, pearl, diamond, coral, topaz, emerald, sulphur, mercury and several other ingredients.[2] The Siddha system of medicine is closely connected to astrology (*panchanga sothidam*), alchemy, philosophy (*siddhantam*), magic and yoga. The Siddhantam is shown as the scientific proof of their proficiency in astronomical knowledge. Texts of the Siddhantam were collected by the Europeans from several places in South India. Le Gentil, the French astronomer who visited Pondicherry in 1769, is reported to have secured one of these tables from a Brahmin in Thanjavur District. In those days the affairs of state were strictly carried on in accordance with the rules laid down in astrology. The practice was so widespread that even many Europeans consulted astrologers. It is interesting to note that Dupleix often consulted Anandarangapillai on the astral prospects of his war with the English. The prevalence even today of such terms as *graha thosham*

(planetary evil effects), *graha seshtai* (mischief of the planets) and *kharma vyadhi* (diseases consequent on the sins of the previous birth) seems to suggest that this system must have been in vogue in Pondicherry at least since the days of Anandarangapillai.

The study of the pulse based on the principle of *muppini* is peculiar to the Siddha system of medicine. The three kinds of *doshas* (humours) are ascertained from the three kinds of movements of the pulse—swift, middle and slow—felt by the pressure of the touch of the three fingers on the radial artery. Examination of the pulse furnishes the best criterion of the phenomenon and progress of a disease. That there were several people in Pondicherry who could read the pulse as a method of diagnosis is confirmed by the Diary. We hear of one Seshala Chetti, another Mutta Pillai and a Saravana Mudali who were accredited with the knowledge of reading the pulse of patients. On the strength of these evidences one may draw the conclusion that the Siddha system of medicine must have been popular in the eighteenth century.

The earliest French surgeons who came to Pondicherry were travelling surgeons from commercial enterprises. Later on, surgeons attached to the navy came to take care of the wounded soldiers of the French Company when the French had to wage wars in India. The first surgeon mentioned in despatches was Petit Bois.[3] The services of these foreign doctors were often sought for by the rich and the royal courts. In fact, François Martin sent Petit Bois, Surgeon of the Loge, to treat the Governor of Gingee for an ear-ache.[4]

The first hospital was constructed near the sea-shore by François Martin between May 1701 and August 1704 (probably at the cutting of rue Lal Bahadur Shastri and rue Dumas). Petit Bois must have probably been the medical officer attached to this hospital. The next to be in-charge of the hospital was probably Pierre Lavergne in 1693, i.e. only two months before the loge fell into the hands of the Dutch. The chief of the hospital in 1719 was Jacques Théodore Albert assisted by Surgeon Valentine Bertherau.

Another hospital was constructed in a garden owned by the Company on the southern fringe of Pondicherry. Started in the year 1734, the construction work was completed in 1738. The need for the construction of this hospital was felt because there were always about 30 to 40 inmates, apart from 60 very old persons. This hospital also served as an asylum for the European orphans who had to be fed, sheltered, clothed and educated until

they could earn their livelihood. The medicines for the hospital were obtained from France. The management of the hospital was entrusted to a priest called Father Louis. [5]

The problem of public health received the attention of Governor Lenoir who called for a sound organisation of the medical services and wanted the specialists to study the diseases of the country.[6] He also wanted the hospital to be well maintained and provided with sufficient means to afford protection to invalids, soldiers and mariners. In Mahe, one Lambert is known to have constructed a hospital in 1731 at a cost of 180 pagodas.[7]

Governor Dumas wanted to construct a home for the convalescents **(maison de convalescence)** at Ozhukarai. The matter was under prolonged correspondence between the company and the authorities in France. However the Convalescent Home was completed in 1744 during the governorship of Dupleix who carried out some of the projects initiated by his predecessor Dumas. This **maison** was meant also for the sick.[8]

Although there were European doctors to take care of French soldiers, some of them preferred to be treated by native physicians in their huts.[9] The reason for the popularity of native physicians is not known. Apart from those surgeons of the navy and native physicians, the missionaries too practised medicine. Father Choisel who served the company since 1737 was well-known both for his skill and spirit of self-sacrifice. The missionaries had a remedy for snake bite, the formula for which they had reportedly learnt from a Jesuit priest of the old Carnatic Mission.[10]

According to M.V. Labernadie, surgeons in the eighteenth century were not always very proficient in their job.[11] Moreover their number in Pondicherry was not always found adequate. Hence some of the natives were trained as compounders and later as doctors. The most distinguished among the Indians was Ambou who took part in various combats and rose to the rank of Surgeon Major (also called Malabar Surgeon Major). He was awarded a Certificate of Merit for services rendered to soldiers wounded during the siege of Pondicherry in 1778. He was paid 1500 pounds while in service and was granted a life pension of 300 pounds to be paid out of Municipal revenues. He had two sons who also became military doctors. He died on 24 August 1798.[12] The other famous Indian physician was Veerassamy who rose to the rank of Lt. Colonel and served in various French islands.[13]

In 1816, three medical officers viz. François Gravier, Pierre Tassy and Jean Baptiste Dubois and the pharmacist Bernard Plagne arrived in Pondicherry to form the nucleus of the health services. On 8 July 1832 a hospital (**maison de santé**) was opened at the initiative of Governor de Melay to render free medical service to the people. This hospital was located in a private house somewhere in the northern sector of the town.

In 1841 the former Governor Desbassyns de Richemont had endowed a sum of 15,386 francs in favour of the **Comité de Bienfaisance** for the construction of a Leprosarium in Pondicherry.[14] In 1847, the administration donated to the **Comité de Bienfaisance** a site measuring 82.46 sq. metres in Olandai village for the construction of the lepers' asylum.

In 1853, a military hospital with 40 beds was constructed in Pondicherry for the treatment of officers, sailors, private persons, etc. The present General Hospital then known as '**Hôpital Colonial**' was also established the same year with a capacity of 100 beds. This was built on a site which belonged to the **Comité de Bienfaisance**. It consisted of a maternity ward, a ward each for orphans, convicts and mental patients.[15] The sisters of the Congregation of St. Joseph de Cluny helped to run the hospital.

Conseil de Santé : On 1 July 1863 the administration constituted the **Conseil de Santé** (Health Council) in Pondicherry on the pattern of similar bodies in France and other colonies in order to streamline the working of hospitals and to deal with all matters connected with public health. This Council which was required to meet every Thursday maintained a watch over the various medical institutions in the town and its employees. The deliberations of the Council were to be communicated to the **Ordonnateur** who was required either to issue instructions as a follow-up or refer them to the Governor for orders. The **officiers de santé** stationed in the outling settlements were required to be in touch with the Council and carry out its instructions.[16]

Commission Sanitaire : The constant threat of epidemics made it imperative to take some effective measures to improve the hygienic conditions of the establishments and to give a durable shape to measures designed to fight epidemics. Hence, in order to deal with all matters falling within the purview of '**police sanitaire**', but not within that of **Conseil de Santé**, a '**Commission Sanitaire**' was constituted by the **arrêté** of 9 January 1867. This Commission

had to take measures to prevent the spread of contagious diseases, especially on account of traffic through the port. In the outlying establishments, sanitary measures were undertaken by the '**Chef du Service**' in consultation with the **médecin de la marine.**[17]

A few years later the administration felt that it would be more feasible to entrust all matters relating to public health hitherto attended to by the **Conseil de Santé** to this Commission. Accordingly by the **arrêté** of 28 December 1868, the Commission was called upon to look after all matters relating to health under the authority of the **Ordonnateur**. Moreover the **Commission Sanitaire** was required to offer its advice on all matters connected with public health and hygiene. Since then, the **Conseil de Santé** had to play only a restricted role like the Councils in other colonies.[18]

Conseil d'hygiene et de Salubrité Publique, Pondichéry:

The duties of the **Commission Sanitaire** came to be restricted by the **arrêté** of 4 May 1872 to those defined in the **arrêté** of 9 January 1867 i.e. to prevent the outbreak of epidemics. The **Commission Sanitaire** was redesignated as **Conseil d'hygiene et de Salubrité Publique**. This Council which played an important role in maintaining public health was required to meet at least once a quarter and tender advice on all matters relating to public health. It was especially consulted on the following matters:—

1. Improvement of sanitary conditions around localities and dwelling units;
2. Prevention and control of endemic, epidemic and communicable diseases;
3. Epizootic and animal diseases;
4. Improvement of sanitary conditions of agricultural and industrial population;
5. Cleanliness of workshops, schools, prisons, bazaars, etc.

The Council had also to tender advice on matters relating to the popularisation of vaccine, organisation of health-care, etc. From time to time, the government in consultation with the Council issued orders for the protection of public health by enforcing preventive measures. The Mayors were responsible for the execution of these orders. In times of emergency affecting public health, the Governor was empowered to order immediate execution of his orders,

which had to be carried out within twenty-four hours of their notification. Similarly construction of new buildings and alterations to old buildings could be carried out only after obtaining the permission of the Mayors of the respective communes. However, the Mayors could issue such permission only in consultation with the Council, after ascertaining that the standards prescribed by the government were being adhered to.[19] No major development or change took place in the system of public health administration except that a **Corps de médecine (Sages-Femmes)** was organised in 1912.

The year 1925 was a landmark in that several laws were passed in order to organise a sanitary service to inspect all educational institutions in the territory to determine the status of midwives and sanitarians in the hospital, to organise a Corps of Assistant Vaccinators, a Corps of technicians and medical assistants to serve in the hospitals and pharmacies, to streamline the working of hospital services, public health and hygiene in the colony. The **arrêté** of 8 January 1926 provided for the inspection of schools and colleges. This inspection was carried out on the orders of the **Chef du Bureau d'Hygiene** Health records of the students were maintained in the same way as it was done in France.

Not much improvement seems to have been carried out in the General Hospital till about 1926 when, under a plan drawn up by Dr. J.De Geyon, an operation theatre, a Bacteriological Laboratory, a Maternity Pay Ward and two suites for officers were newly opened. The Microbiology Laboratory Service was started again in 1930.* Two wards for children were opened in 1932. In 1935, Lt. Col. Gaffiéro reorganised the General Hospital. He was also responsible for setting up a separate maternity hospital in 1937 as facilities in the General Hospital were found inadequate to meet the growing number of confinements. On completion of the work, the maternity wing was shifted to its new building on 14 April 1939.[20] Gaffiéro's other services in the field of preventive medicine and prophylactics are also noteworthy. He crusaded against smallpox and cholera and established for the first time an isolation ward known as **Lazaret** for the treatment of patients suffering from contagious diseases. In 1948 a leprosy clinic **(Service de Lepre)** was opened in the General Hospital.

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* A microbiology service is understood to have been started even earlier and closed down.

Government Pharmacy : The Government Pharmacy in Pondicherry is a very old institution. It began its operation on 20 June 1829.[21] One or two private pharmacies were already in operation since 1825. The two private pharmacies which were not very successful were merged with the Government Pharmacy in 1829. In 1843 the pharmacy was reorganised and placed under a **'pharmacien en chef'**. Following the recommendations of a four-member Commission, the pharmacy was again reorganised in 1849. The pharmacy was authorised to issue medicines only to hospitals and other institutions as determined by the administration. Low paid government servants and pensioners were issued medicines free of cost. The same order classified medicines into three categories viz. those issued without a doctor's prescription, those issued on a doctor's prescription and poisonous drugs. The pharmacy also maintained a list of doctors who were eligible to prescribe medicines.[22] In an attempt to consolidate all the different rules and orders touching on the subject of pharmacy, a new **arrêté** was issued on 13 September 1866.

The earliest legislation to control pharmacies and the sale of drugs goes back to 1823. In 1850 an order was issued stipulating certain qualifications and conditions for running pharmacies and drug stores in the establishments. These drug stores were to be inspected four times a year by a Committee nominated for the purpose.[23] Following the International Conference held at Brussels (1902) which dealt with the question of the preparation and composition of medicines, a new law on the manufacture and sale of drugs was passed in France in 1908. This measure was extended to the colonies by the **arrêté** of 8 December 1910.[24] The **décret** of 30 April 1911 prescribing more stringent qualifications for pharmacists, and touching upon the sale of poisonous drugs and inspection of pharmacies and providing for punishment for the sale of spurious drugs, etc. was extended to the French establishments by the **arrêté** of 22 June 1911.[25]

The pharmacy underwent further changes in 1924 and 1934. The **arrêté** of 1934 created three units in the pharmacy viz. a Central Store, a Retail Store and a Manufacturing Unit, each functioning independently. The Central Store purchased and stocked all the medicines required for distribution to all medical institutions and the retail store. The Retail Store assured supply of medicines to the general public. It was kept open round the clock although a surcharge was levied on medicines sold between 20 hours and 08 hours. In

the outlying establishments of Karaikal and Mahe, a pharmacy each was attached to the hospital.[26] Better amenities were provided in the pharmacy building in 1935 with separate facilities for all the three units. This was more or less the position even at the time of merger.

Altogether at the time of merger, curative health services were fairly adequate and preventive care not so adequate. There was one doctor for a population of 5,500, one nurse for 7,800 and one midwife for 4,300 population. Rural areas were not adequately covered by sanitary inspectors, health visitors, vaccinators, etc. Almost all doctors were in government service. There were in all six hospitals and 32 dispensaries with a total of 886 beds in the Territory, working out to a ratio of three beds per 1,000 population. Municipal health administration was poor due to lack of finance and trained personnel. The system of school health inspection was not followed up. The few textile units in the town had their own system of medical coverage. Although the system of regulation of vital statistics had many good points, yet it was defective in the sense that the data were incomplete.

On a marble plaque in the hall of the erstwhile School of Medicine, Pondicherry (now the Office of the Medical Superintendent, General Hospital) are inscribed the names of 35 doctors who headed the Health Services in the course of 138 years (1816–1954) of French occupation. The last French Chief of Health Services, Dr. Belzeav handed over charge to the first Indian Chief of Health Services, Dr. P. Soucoumarin on 1 November 1954.[27]

After merger :

Soon after merger '**Service de Santé** ' was placed under the control of the newly formed **Secrétariat des Affaires Politiques, Législation et Santé** On the executive side, the Medical Superintendent who was the medical officer in charge of the General Hospital, Pondicherry, was also the Director of Public Health. His dual role ended with the bifurcation of powers between the Director of Health Services and the Superintendent, the former exercising control over medical institutions in the Territory and the latter confining his attention to the General Hospital, Pondicherry and the Maternity Hospital attached to it.

On the recommendation of the Seminar of State Health Secretaries and State Family Planning Officers, the Directorate of Medical Services came to be redesignated as Directorate of Health and Family Planning Services in 1966 in recognition of the importance of family planning. This was followed by

the creation of the State Family Planning Office. Simultaneously the Directorate of Health and Family Planning was reorganised into two distinct wings, the E.S.I. Wing placed under a Deputy Director of Medical Services (E.S.I.) and a Health and Family Planning Wing placed under a Deputy Director of Medical Services (Planning) with effect from 1 October 1966. The State T.B. Control Programme was launched on 11 February 1959. The State Leprosy Control Programme was launched in 1962. The State Filaria Control Officer was placed in charge of the Filaria Control Programme with effect from 1961.

In the new set-up, the Directorate came to consist of three wings. viz., one wing under a Deputy Director in-charge of Planning, another wing under a Deputy Director in-charge of Family Planning, Maternity and Child Health and the third in-charge of Employees' State Insurance.

In 1969 the Director of Health and Family Planning was declared as ex-officio Deputy Secretary to Government in an attempt to facilitate speedy implementation of plan schemes. A public health laboratory was attached to the General Hospital in 1969 to carry out the analysis of suspected cases of adulteration.

In November 1972 the Directorate was again reorganised following the formation of a Food and Drugs Control Unit under an Assistant Drugs Controller to have effective control over the sale and manufacture of drugs and food. This unit was also made responsible for the implementation of various Central and State Acts.

The Director of Health and Family Planning Services also exercised control over the Chief Medical Officers posted in the three outlying regional headquarters, viz. Karaikal, Mahe and Yanam besides the Medical Officers in charge of the various Dispensaries and Primary Health Centres. The C.M.O's are assisted by Junior Specialists/Assistant Surgeons.

Family Planning Bureau : Although the scheme was sanctioned as early as in 1956, the Family Planning Centre started functioning only from February 1958 in Pondicherry with one medical officer and a health visitor.[28] Propagation of Family Planning measures began only in 1961. However not much headway could be made in the initial stages.[29] The extension approach was not tried until 1966, when the reorganised pattern came into force. Under the reorganised pattern the extension approach was given prominence replacing the old clinical approach. The scheme gathered momentum only thereafter. At the territorial

level the State Family Planning Bureau functioned under the Deputy Director, Family Planning and Maternity and Child Health Services. The Urban Family Welfare Planning Centre at General Hospital, Pondicherry and the three Rural Family Welfare Planning Centres at Villiyanur and Bahur in Pondicherry region and at Karaikal in Karaikal region went into operation between 1966 and 1968 (All the four Family Welfare Planning Centres were in operation even before 31 March 1968).

Oral Contraceptive Pilot Projects were introduced in the Maternity Hospital, Pondicherry, the Primary Health Centre, Mettuppalaiyam and the Dispensaries at Muttiyalupettai and Villiyanur. Service facilities for IUCD and conventional contraceptives were made available in all the Primary Health Centres and dispensaries in the Territory, although facilities for carrying out vasectomy operations were not available in all those establishments. Shortly after, service facilities for tubectomy were made available in the Maternity Hospital, Pondicherry, General Hospital, Karaikal and Jipmer Hospital.[30] The Territory was chosen for the introduction of the post-partum scheme in 1970 and a 16-bed sterilisation ward was newly attached to the Maternity Hospital, Pondicherry.

Food and Drugs Administration: The Food and Drugs Administration is but an offshoot of the Government pharmacy which performed similar functions under the French laws. The genesis of this new agency in the Territory is signalled by the appointment of a Drugs Inspector in the Directorate of Health and Family Planning on 3 December 1969 to recommend the issue of licences to drug manufacturers and dealers and to carry out periodic inspections of all premises where the manufacture and sale of drugs were carried on in the Territory. Carrying out inspections of medical institutions in the Territory and keeping a watch over the distribution and sale of narcotics within the Territory was also the responsibility of the Drugs Control Administration. In November 1972 the Drugs Control Administration came to be known as Food and Drugs Administration and placed under the direct control of an Assistant Drugs Controller. The Director of Health and Family Planning Services was declared as Food and Drugs Commissioner with overall responsibility for the enforcement of all relevant enactments in the Territory.

The following Central Acts having a bearing on public health were extended to the Union Territory with effect from 1 October 1963 :

1. The Lepers Act, 1898.
2. The Indian Lunacy Act, 1912.
3. The Indian Medical Degrees Act, 1916.
4. The Dangerous Drugs Act, 1930.
5. The Drugs Act, 1940.
6. The Indian Nursing Council Act, 1947.
7. The Pharmacy Act, 1948.
8. The Dentists Act, 1948.
9. The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954.
10. The Prevention of Food Adulteration Act, 1954.
11. The Indian Medical Council Act, 1956.
12. The Opium Act, 1878.
13. The Medicinal and Toilet Preparations (Excise Duties) Act, 1955.

Again on 24 May 1968, the following laws having a bearing on public health were extended to this Territory :

1. The Vaccination Act, 1880.
2. The Epidemic Diseases Act, 1897.
3. The Poisons Act, 1919.
4. The Indian Red Cross Society Act, 1920.

While the proper enforcement of these enactments in the Territory is the executive responsibility of the Directorate of Health and Family Planning, the consequential functions are performed through the agency of the Food and Drugs Administration. The Dangerous Drugs Act, 1930 was extended to this Territory with effect from 1 October 1963. But the provisions of this Act were not enforced here. However as an interim measure, the use of

psychotropic drugs in the medical institutions was regulated through the introduction of specific registers wherein details of indents and use of such drugs were to be entered. The samples of drugs drawn in the Territory were sent to the King's Institute, Madras for analysis.

As required under the Poisons Act, 1919, the Poison Rules were published in the Gazette in August 1971 and the Drugs Controller was declared as the Licensing Authority for the first time with jurisdiction over the entire Territory. The enforcement of Acts relating to medical and allied professions such as the Pharmacy Act, 1948, the Dentists Act, 1948 was also the responsibility of the Food and Drugs Administration. The provisions of these enactments came to be effectively enforced only after 1968. As required by the Pharmacy Act, 1948 the Pharmacy Council Rules which provided for the constitution of a Pharmacy Council in the Territory were notified as early as on 13 July 1972. Under the Act as many as 1,017 candidates were got registered as qualified pharmacists during 1969. Under the Dentists Act, 1948, registration of candidates was in progress.

The Pondicherry Prevention of Food Adulteration Rules framed as required under the Central enactment were published on 5 May 1971 and the Director of Health and Family Planning Services was declared as the Food Health) Authority under the provisions of the rules with powers to control and supervise the enforcement of the Act in the Territory. Medical officers were appointed to officiate as Food Inspectors as an interim measure. In 1972 efforts were made for the strict enforcement of the Act in the Territory. All the catering establishments in Pondicherry were surveyed and all defaulting institutions directed to obtain licences. About 800 catering establishments and foodstuff dealers were recommended for the issue of licence in 1972. The Food and Drugs Administration also arranged for free medical check-up of all hotel employees and this service was regulated through a Special Free Medical Treatment Card.

Mention may also be made of the Pondicherry Homeopathy Practitioners Act, 1965 (Act No. 5 of 1965). This Act was passed on 3 March 1965 and assented to by the President on 11 April 1965. As this Act was found defective and inadequate a fresh bill was framed and submitted to the Legislative Assembly in 1972.

Public Health Laboratory, Dhanwantarinagar : It was mentioned earlier that in 1969 a Public Health Laboratory was set up in the General Hospital, Pondicherry. This laboratory carried out periodic analysis of items of food, drugs and drinking water under the provisions of the various laws, besides extending facilities for bacteriological and biochemical tests for the Primary Health Centres in the Territory. The laboratory also undertook all types of miscellaneous analyses of industrial and finished products brought by private parties, industrialists and Government Departments on payment of stipulated analytical charges to ensure their conformity to standards and specifications. The chemical examination of toxic viscera and stomach washes involved in medico-legal cases and samples of drinking water was also part of its responsibility. As its functions steadily increased it was decided to have an independent Public Health Laboratory. The new laboratory building at Gorimedu (Dhanwantarinagar) which became operational on 15 October 1971 was formally declared open on 17 August 1972. The building complex consists of the Food Laboratory, Drugs Laboratory, Water Analysis Laboratory, Biochemistry Laboratory, Bacteriology Laboratory, Chemical Examiners Laboratory, besides a Lecture Hall-*cum*-Library, a media room and an animal room. The laboratory complex is well equipped with almost every type of equipment required for the analysis of water, food and drugs.

Central Purchase Cell : This Cell is an outgrowth of the erstwhile **Pharmacie** which was responsible not only for drug administration but also for the purchase and distribution of medicines to hospitals in the establishments. The Central Purchase Cell was actually set up in July 1972. Prior to the formation of this Cell, drugs required for hospitals and other medical institutions under the control of the Directorate of Health and Family Planning were purchased either from the Depot of the Madras Medical Stores or from the D.G.S. &D., New Delhi. Medicines not available with the above agencies were purchased in the open market, after calling for quotations. The Cell also arranges for the purchase of medicines which are not available with the above said agencies from the open market without calling for quotations each time but from a list of firms drawn up after calling for open tenders. The Cell then enters into an agreement with successful firms for the supply of drugs for a period of one year. These tenders are scrutinised by a Purchase Committee headed by the Director of Health and Family Planning. While drugs required for hospitals are purchased directly by the institutions concerned as per the above procedure, medicines required for the Primary Health Centres and the Dispensaries are to be indented from the Government Pharmacy. 31

The Sales Unit attached to the Government Pharmacy continued to function even after merger. However, it was closed down on 7 March 1969 as it was found running at a loss. It was reopened in July 1969 with better stock of medicines as a measure of public utility. It is kept open round the clock. A Unit was started in 1972 as an adjunct to the General Hospital for the manufacture of sterile fluids required for medical institutions. (This Unit is expected to move out to the Industrial Estate shortly.) Since 1973, certain ointments, liniments, solutions, mixtures, syrups and tinctures are manufactured by the Unit for use in government hospitals and for sale to the public at cheaper rates.

Health Education Bureau : The Health Education Bureau was set up in 1970 to form part of the Directorate of Health and Family Planning on the recommendation of the Working Group on Health. The Bureau's activities include holding of exhibitions, camps, special campaigns, intensive drives, film shows, cultural programmes, etc. The Bureau gives a hand in the preparation of posters, banners, hand-outs, leaflets, brochures, etc. all of which form part of the field publicity activities of the Directorate of Health and Family Planning.

Students Health Scheme : This scheme was introduced in this Territory in the year 1962 with a view to providing better health facilities for school-going children. The children of balwadies in and around Pondicherry and the five Special Nutrition Programme Centres are also covered by the scheme.[32] In 1968 a separate Student Health Unit with a full-time medical officer, otherwise called the Student Health Officer, and a Lady Medical Officer was set up in the Directorate for implementing the scheme more effectively. On an average, about 75,000 students are being examined every year by government doctors who are paid a special honorarium of 50 paise per student. During the year 1972, 62,370 students were examined of whom 41,841 students were found to carry some or other defect due to various diseases. Almost 57 per cent. of the students were found affected by deficiency diseases particularly avitaminosis, caries of teeth and worm infestations. [33]

Special care was taken to treat students affected by serious diseases like Filariasis, Hansen, T.B. etc. Apart from carrying out clinical examinations of the students, follow-up treatment was also provided and medicines supplied free of cost through the head of the institution concerned. In 1971 about 25,000 pre-school health cards were supplied among the Dispensaries and Primary

Health Centres. The same year a mass miniature radiography of teachers and students was carried out in the Chest Clinic under the scheme. A dental health check-up of school children in the town area was started in 1973. This programme is to be intensified with the formation of a Mobile Dental Unit. Since 1972 an Afternoon Clinic for students is run in the General Hospital every Monday and Thursday. Since 2 August 1971 a Student Health Dispensary functions at Laspettai within the Tagore Arts College campus. Mass immunization with double and triple antigen, vaccination and revaccination, innoculation, first-aid training for N.C.C. students, school health training to student nurses, etc. are among the other activities carried out under the scheme. Physical Education Teachers were also trained on the maintenance of Student Health Cards.

Employees' State Insurance Scheme :* There are six E.S.I. Dispensaries in the Territory, five in Pondicherry (Pondicherry town, Mudaliyarpettai, Reddiyarpalaiyam, Ariyankuppam and Gandhinagar) and one in Mahe which are manned, among others, by 11 Insurance Medical Officers, Staff Nurses, Midwives, Pharmacists, Laboratory Technicians and Male and Female Orderlies. The fully equipped dispensaries provide out-patient and in-patient treatment to the insured workers, besides attending to pathological and laboratory examinations, specialist services, post-natal and ante-natal treatment. While conveyance facilities are extended to insured workers in case of emergencies, in non-emergency cases conveyance charges are reimbursed. Insured women workers and their family members derive the benefit of confinement charges. As on 31 March 1974, as many as 13,250 workers and their families were benefited by this scheme in the Territory.

Expenditure incurred for providing the above medical facilities is shared between the Corporation and the Administration in the ratio of 7:1. As stipulated under the Act, the E.S.I. Corporation provides for sickness benefit, temporary disablement benefit, permanent disablement benefit, extended sickness benefit, maternity benefit and funeral benefit out of its funds In-patient treatment was not available for family members of insured workers. Treatment in the specialities of general medicine, surgery, midwifery, gyneacology, tuberculosis and paediatrics are provided to patients. A scheme for the provision of qualitative treatment to insured workers by Junior Specialists on a part-time basis was under contemplation. Attention is also paid to Family Planning in the E.S.I. Dispensaries. The E.S.I. Dispensary at Pondicherry

*(See also Chapter XVII)

provides family planning services. Cases noted by other E.S.I. Dispensaries are referred otherwise to the nearest hospitals. Domicilary service was introduced with effect from February 1968. The Insurance Medical Officers are allowed to treat emergency and other deserving cases at their houses, for which they are eligible for extra allowance.

In order to provide in-patient treatment, beds are reserved in the Pondicherry General Hospital (13), Pondicherry Maternity Hospital (4), Pondicherry T. B. Sanatorium (9) and in the Mahe General Hospital (2). The proposed 50-bed E.S.I. Wing in the General Hospital will be another landmark in the progressive implementation of the E.S.I. Scheme in the Territory. Construction of permanent buildings for the E.S.I. Dispensaries was also envisaged.

The implementation of this scheme is the responsibility of the E.S.I. Wing of the Department of Health and Family Planning. The E.S.I. Unit is under the administrative control of a Deputy Director of Health and Family Planning functioning at the Directorate. A three-member Medical Board (E.S.I.) consisting of the Director of Health and Family Planning Services (Chairman) and Deputy Director of Health and Family Planning Services (E.S.I.) and the Medical Superintendent, General Hospital (members) was constituted on 18 October 1966. Its function is to decide the quantum of compensation to be paid by the Corporation to workers for injuries sustained and occupational diseases contacted in the course of their employment.

A Medical Referee was appointed by the E.S.I. Corporation on 8 January 1968 to safeguard its interests against misuse of leave certificates, claims for permanent and temporary disablement and also to settle differences of opinion if any that may arise between the Insurance Medical Officers and the insured persons. The Medical Appellate Tribunal is the appellate authority to decide all matters referred by the Medical Board. This Tribunal was constituted on 18 October 1966 with the District Magistrate as the President of the Tribunal.* He is empowered to co-opt medical experts and officials as its members. Appeals against the verdicts of the Medical Board are entertained by the Medical Appellate Tribunal.

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* The Medical Appellate Tribunal is now headed by the Presiding Officer of the Labour Court.

A Regional Board was first constituted on 15 June 1968 with representatives of the administration, managements and employees. This was reconstituted on 23 July 1971. The Board which meets from time to time, not only advises the corporation, but also recommends changes in the administrative and executive functions. The Board may also refer complaints to the Director General with its own recommendations.

Given below is a statement showing the maternity benefit paid to women workers under the provisions of the Act :

Sl. No.	Particulars	1967	1970	1973
1.	Total number of female workers employed in factories submitting returns ..	1,807	1,531	1,200
2.	Total number of female workers excluding children covered under the Act	1,807	1,531	1,200
3.	No. of claims accepted	50	58	56
4.	No. of miscarriages	—	—	2
5.	Amount paid by way of maternity benefit (in rupees) ..	13,757.76	36,452.10	2,698.00

II. Vital statistics

Pondicherry had a well established system of registering vital statistics, although registration was not always perfect. The Census Superintendent (1961) attests that registration of female births was not done properly before 1964 as women did not enjoy voting right here.

Birth-rate : The Department of Preventive and Social Medicine (JIPMER) which carried out in the year 1967 a general house to house health survey in Pondicherry region fixed the birth-rate in the urban and rural areas at 33.8 and 42.9 per 1,000 population respectively. The births further showed a seasonal variation and a five year analysis showed that on the average, the maximum number of births took place from July to September.[34]