

FIVE-YEAR PLAN
OF
POST-WAR RECONSTRUCTION
IN THE
MEDICAL DEPARTMENT, UNITED PROVINCES

*(A first draft prepared by the Inspector General of
Civil Hospitals, U. P.)*



ALLAHABAD:
SUPERINTENDENT, PRINTING AND STATIONERY, UNITED PROVINCES, INDIA

1944

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Post-war reconstruction in the Medical Department

SECTION I—INTRODUCTORY

THE importance of health in the structure of society is too well recognized to need stress. Indeed, it is this realization which is behind the efforts of all modern Governments for the prevention and cure of disease and the maintenance of good health of the people under their charge. Up to the outbreak of the present war, the League of Nations devoted considerable attention to the problems of national health and hygiene, and in 1939 it issued a note entitled "General Survey of Medico-Social Policy in Rural Areas" prepared under the auspices of its Health Committee. The following extracts from the introductory part of that note would be found interesting :

"In the gradual assertion of the ascendancy of life over death, health stands in the forefront ; the oldest civilisations, like the religious movements of all times, show their concern for health. Good health is the pre-requisite of well-being and ability to work, the safeguard of intellectual and moral balance, and the most valuable asset of the individual, the family and the community.

Some countries have made persistent efforts to improve public health, and have been rewarded by a considerable decline in infant mortality and in the death rate from infectious diseases. Nevertheless, morbidity still remains unduly high, and a state of thorough good health is still far from being the general rule ; moreover, the victories won in the struggle against death are due more to improvements in the economic condition of the masses than to the direct influence of health measures, which are seldom planned as part of a rational programme.

In view of the deficiencies still to be found in this field, and the immense advantage to be gained from concerted action in the interests of health, it is of the highest importance that each country should make a general survey of the state of public health and of its health equipment, and that it should, on that basis, construct a coherent plan for a medico-social policy, fixing year by year, the stage to be reached and estimating and securing the financial resources required for the purpose.

Such a task has lately been accomplished, and in a bold spirit of constructive realism, by a Commission appointed by the Federal Government of the United States."

2. A Medical Planning Commission is already at work in the United Kingdom, and the Government of India have also appointed a Health Survey

and Development Committee to draw up a programme of post-war reconstruction relating to the health services of the country. That the subject of public health will find a prominent place in the post-war period of reconstruction is thus fully assured.

3. Before dealing with the schemes for the future development of the medical services in the province it would be useful to give a few comparative figures, and to indicate very briefly the existing medical facilities available to the people of the United Provinces.

4. For a population of 550 lakhs the province has a total number of approximately 11,200 hospital beds. This works out to one bed per 5,000 of the population. The corresponding figure for the United Kingdom is one bed per 200 of the population. In other words, the number of hospital beds in the United Provinces with reference to population is 1/25 of what it is in the United Kingdom.

5. This province spends a much smaller sum on medical relief than most of the other provinces. The following tables compare the position of the several provinces in this respect :

*Proportion of medical expenditure to total revenue expenditure
(1943-44 budget)*

	Per cent.
(1) Madras	5·1
(2) Orissa	4·7
(3) Assam	4·2
(4) Bihar	4·1
(5) North-West Frontier Province	4·1
(6) Bombay	3·8
(7) Punjab	3·0
(8) Central Provinces and Berar	3·7
(9) <i>United Provinces</i>	2·2
(10) Bengal	2·1
(11) Sind	1·8

*Per capita medical expenditure per annum of various provinces
(1943-44 budget)*

	As.	p.
(1) Bombay	5	2
(2) North-West Frontier Province	4	8
(3) Sind	3	9
(4) Madras	3	8
(5) Punjab	3	0
(6) Assam	2	5
(7) Orissa	1	11
(8) Central Provinces and Berar	1	8
(9) <i>United Provinces</i>	1	6
(10) Bengal	1	5
(11) Bihar	1	2

The figures in the latter table will be found particularly significant when we remember that the United Kingdom spend about Rs.40 per head per annum on health services as a whole.

6. Under the scheme of local self-government in this province the subject of medical aid to the people at present comes within the purview of local bodies. With some exceptions, the district hospitals in the United Provinces belong to district boards and are maintained by them subject to the control and supervision of the Civil Surgeons and through them of the Inspector General of Civil Hospitals. In view of the unsatisfactory financial condition of the boards, substantial recurring and non-recurring grants-in-aid are given by the Government towards the maintenance of these hospitals. This system having proved defective in many directions, Government have recently approved a scheme for the provincialization of all district headquarters hospitals belonging to district boards. The scheme is being gradually put into force, and it is hoped that in the course of two or three years all these hospitals will be provincialized.

As regards rural areas, the district boards similarly maintain branch dispensaries at tahsil headquarters, etc. With effect from the current financial year, grants-in-aid towards the maintenance of these dispensaries have begun to be given to the boards. These dispensaries will continue to be maintained by the boards with the aid of Government grants. A scheme for the establishment of subsidized dispensaries and settlement of subsidized private medical practitioners in rural areas is also in operation. This scheme is largely financed by the Government. Many dispensaries in the rural areas have also been established under the Rural Development scheme.

There are also separate women's hospitals at district headquarters and at other important towns and they are maintained in most cases by the Dufferin Fund organization and in some cases by the local boards and Mission authorities. These institutions receive substantial grants from the Government. The women's hospitals at the district headquarters are also now proposed to be provincialized along with male hospitals, the Government having already accepted the principle for the provincialization of these hospitals.

Separate institutions, though inadequate in number, exist for special diseases, e.g., tuberculosis, leprosy, infectious diseases, etc. These are non-State institutions, but most of them receive grants from the Government. Besides, there are three mental hospitals with a total of 1,300 beds maintained by the Government.

7. Medical relief is also provided through the indigenous systems of medicine. Indigenous medical institutions and practitioners have, however, been left out of account in the present plan which confines itself to the allopathic system of medicine. The development of indigenous medical services forms the subject-matter of a separate plan (*see page 31*).

8. Apart from State, State-aided and unaided medical institutions, there are about 3,000 registered private medical practitioners who carry on their profession mostly in the cities and in the larger towns. Besides, the public has the benefit of the paid services of a large number of licensed indigenous practitioners in the urban as well as in the rural areas. Lastly,

the country-side abounds in a band of quacks and unauthorized indigenous medical practitioners who are patronized by the rural masses in the absence of better medical facilities.

9. The present plan has been prepared on the lines indicated in demi-official no. 4/R.C., dated May 13, 1944, from the Secretary, Reconstruction Committee of Council, New Delhi, to the Chief Secretary to the United Provinces Government. In that letter it has been explained that all that is required at the present moment is an outline plan (based on the material already available in the department) which will be treated as the first draft plan. The letter further says that this draft plan might need considerable revision at a later stage when detailed planning becomes possible. Accordingly, the present plan contains for the most part broad indications of the projects which are proposed to be taken up in the five years period immediately following the close of the war. In view of the fact that the schemes herein presented do not represent detailed and properly worked out projects it is not possible to give estimates of their cost with any degree of precision. In the letter to which a reference has already been made it has, however, been desired that an estimate should, as far as possible, be given of the total recurring and capital expenditure for each scheme. Rough estimates of the financial commitments likely to be involved in giving effect to each scheme have therefore been given. These estimates will need considerable revision when the time for the preparation of the final draft of the development plan comes.

10. The "Note on Medical Administration in the United Provinces" written by Colonel T. C. Boyd, I.M.S. (retired), late Inspector General of Civil Hospitals, United Provinces, contains many useful suggestions for the development of medical facilities in the province after the war. Full use has been made of that note in preparing the present plan. It should, however, be added that some of the schemes envisaged in that note have not been included in this plan mainly for the reason that according to present anticipations they are not likely to be taken up in the first stage of post-war reconstruction which will cover a period of five years following the termination of the war. As an example may be mentioned the suggested provision of air ambulances at hospitals.

11. Numerous comparative tables could be given to show that this province is far behind others in the matter of medical facilities, and that as compared with the United Kingdom the efficiency lag in the United Provinces as well as in the other Indian provinces is enormous. As explained in Colonel Boyd's note referred to in the previous paragraph medical relief measures have been undertaken on a large scale for some time past by the Government of His Excellency Sir Maurice Hallett and remarkable progress has been made in bettering the medical facilities available to the people of the province. The progress of the schemes so undertaken and the initiation of numerous other schemes has been adversely affected by the war. As visualised by Colonel Boyd all such schemes and many others have to be taken up on the termination of the war according to a well drawn out and co-ordinated plan of post-war reconstruction. This note attempts at presenting the first draft of such a plan, which for the reasons already stated in paragraph 9 above is but a rough and tentative one.

SECTION II—SCHEMES

12. The various schemes of post-war development may be classified under the following broad categories :

- (1) Reconstruction, extension and improvement of existing hospitals.
- (2) New building projects.
- (3) Establishment of new institutions.
- (4) Expansion of medical education facilities.
- (5) Development of medical facilities in rural areas.
- (6) Special measures for extension of medical relief to women.
- (7) Grants-in-aid.
- (8) Headquarters and supervisory staff.
- (9) Miscellaneous schemes.

13. The individual schemes falling under the above heads are now described in the paragraphs that follow. Three statements are also attached to this note as Annexures A, B and C. Annexure A is an abstract statement of building works included in the present plan, Annexure B show the requirements in respect of equipment, while Annexure C is an abstract statement showing the various schemes included in the present plan together with an estimate of cost, recurring and non-recurring.

(1) Reconstruction, extension and improvement of existing hospitals

14. As already stated in paragraph 4, the number of hospital beds in the United Provinces is grossly inadequate. The first necessity of the province, therefore, is an increase in the number of hospital beds by extending the existing hospitals. Then comes the question of improving existing buildings most of which are in an extremely unsatisfactory condition in the matter of floors and dados, kitchens, sanitary and bathing arrangements, provision of electric lights and fans, etc. Again, several of the hospital buildings belong to a by-gone age and have completely out-lived their utility ; new buildings have, therefore, to be constructed in their place. In the matter of equipment also a good deal remains to be done notwithstanding that a large sum of money has been spent in recent years on providing X-ray units, cold storage plants, shadowless lamps, operation tables, beds, etc. Finally, there is the question of additional staff in hospitals for meeting the existing deficiencies and for coping with the extra work that would be caused by the expansion of hospitals. These questions may now be dealt with under the following heads :

- (A) Reconstruction of new hospital buildings.
- (B) Extension of existing buildings.
- (C) Improvements to existing buildings.
- (D) Equipment.
- (E) Hospital staff.

15. (A) *Reconstruction of new hospital buildings.*—New buildings are required at the following stations :

I—Men's hospitals

		<i>Estimated cost</i>
		Rs.
(1) Allahabad	.. .. .	5,77,000
(2) Etawah ..	.. .. .	1,50,000
(3) Rae Bareli	.. .. .	1,31,000
(4) Banda ..	.. .. .
(5) Bara Banki	.. .. .
(6) Farrukhabad	.. .. .
(7) Mainpuri	.. .. .	at Rs.1,00,000 each
(8) Muzaffarnagar	.. .. .	11,00,000
(9) Unao ..	.. .. .
(10) Almora ..	.. .. .
(11) Khurja	.. .. .
(12) Firozabad	.. .. .
(13) Choharpur	.. .. .
(Dehra Dun)	.. .. .
(14) Ghaziabad	.. .. .
} Outlying hospitals		
Sub-total, I		<u>19,58,000</u>

II—Women's hospitals

(15) Lucknow	.. .. .	5,00,000
(16) Bareilly ..	.. .. .
(17) Aligarh ..	.. .. .	4, at Rs.2,00,000 each
(18) Jhansi ..	.. .. .	8,00,000
(19) Moradabad	.. .. .
(20) Gonda ..	.. .. .
(21) Rae Bareli	.. .. .
(22) Muttra ..	.. .. .
(23) Banda ..	.. .. .
(24) Etawah ..	.. .. .
(25) Fatehpur	.. .. .
(26) Orai ..	.. .. .	(14 in number) at
(27) Mainpuri ..	.. .. .	an) average of
(28) Atrauli	.. .. .	Rs.1,00,000 each.
(29) Dhampur	.. .. .
(30) Firozabad	.. .. .
(31) Khurja ..	.. .. .
(32) Sandila ..	.. .. .
(33) Sahaswan	.. .. .
} Branch dispensaries.		
Sub-total, II		<u>27,00,000</u>
Total I, II		<u>46,58,000</u>

The above estimates, and all other estimates of works in this plan, are based on the assumption that the present price level of commodities would come down to some extent in the immediate post-war period, but that it would be some time after the end of the war that prices would drop down to what they were in the pre-war period. The basis of this assumption is that after the close of the last world war it took considerable time for prices to return to more or less normal level.

16. (B) *Extension of existing hospital buildings.*—It is proposed that arrangements be made for providing on an average 50 additional beds at each divisional headquarters, 20 at each district headquarters and 20 at each of the women's hospitals at district headquarters towns, excluding, in each case, the stations at which new hospitals are to be built—*vide* the preceding paragraph. Arrangements are also necessary for providing beds for T. B. cases at each district and divisional headquarters hospital. For this purpose a separate ward of 20 beds each on an average should be added to each hospital. At a number of women's hospitals certain major additions to buildings are also necessary. Besides, new X-ray rooms, etc. have also to be provided at certain stations. The estimates of cost of these works are as follows :

	<i>Estimated cost</i>
	Rs.
(1) Extension of existing hospitals by 50 beds in the case of divisional hospitals and 20 beds in the case of district hospitals (men's) excluding stations at which new hospitals are to be reconstructed. Average cost Rs.20,000 per ward of 20—25 beds. (Total number of wards 47, made up of 18 at divisional headquarters and 29 at district headquarters) (47 × 20,000)	9,40,000
(2) Extension of existing women's hospitals at district headquarters by a ward of 20 beds on an average, excluding stations at which new hospitals are to be reconstructed. Average cost Rs.15,000 per ward. (Total number of wards 35) (35 × 15,000)	5,25,000
(3) Addition of a ward of 20 beds on an average for T. B. cases at all divisional and district headquarters excluding stations at which new hospitals are to be reconstructed. Total number of wards 38 at an average cost of Rs.20,000 per ward (38 × 20,000)	7,60,000
(4) Major additions (outdoor blocks, maternity wards, labour rooms, etc.) to the existing women's hospitals in the following towns :	
(i) Benares	} At Rs.20,000 each (average) .. 2,80,000
(ii) Partabgarh	
(iii) Saharanpur	
(iv) Shahjahanpur	
(v) Farrukhabad	
(vi) Mirzapur	
(vii) Pilibhit	
(viii) Bulandshahr	
(ix) Dehra Dun	
(x) Hardoi	
(xi) Muzaffarnagar	
(xii) Cawnpore	
(xiii) Nagina (district Bijnor)	
(xiv) Hapur (district Meerut)	
(5) X-ray rooms at some of the hospitals at which suitable rooms do not exist at present or at which X-ray plants are to be provided hereafter (20 such rooms at an average cost of Rs.3,000 each)	60,000
(6) Construction of two special types of rooms for housing two new deep X-ray therapy units to be purchased hereafter. Such plants already exist at Agra and Lucknow. The new plants are tentatively proposed to be installed at Gorakhpur, Meerut (or Benares) at Rs.10,000 each	20,000
Total	25,85,000

17. (C) *Improvement of existing buildings.*—The required items of improvement and the estimated cost of each are as follows :

	<i>Estimated cost</i>
	Rs.
(1) Reconstruction of floors and dados in tarrazzo and other similar improvements in all the hospitals (with the exception of those to be reconstructed) at an average cost of Rs.30,000 per divisional hospital and Rs.20,000 per district hospital (19 × 30,000 plus 29 × 20,000) ..	8,50,000
(2) Improvement of existing kitchens and construction of dining rooms at all divisional and district hospitals (with the exception of those to be reconstructed) at an average cost of Rs.5,000 each. (Approximately 38 hospitals) ..	1,90,000
(3) Sanitary improvements at all hospitals, i.e. provision of flush latrines, bathing cubicles at all hospitals (with the exception of those to be reconstructed), at an average cost of Rs.4,000 each. (Approximately 38 hospitals) ..	1,52,000
(4) Improvement of existing staff quarters for medical officers, compounders, inferior servants, etc. at all hospitals at an average cost of Rs.3,000 each. (48 hospitals) ..	1,44,000
(5) Extension of fan and light points at all hospitals where such extension is needed at an average cost of Rs.5,000 per hospital, (Approximately 20 hospitals) ..	1,00,000
(6) General improvements (floors, kitchens, latrines, bath rooms, extension of electricity, etc.) and staff quarters at women's hospitals at district headquarters (with the exception of those to be reconstructed) at an average of Rs.15,000 per hospital. (Approximately 29 hospitals) ..	4,35,000
(7) Improvement of buildings of existing branch dispensaries. The majority of these buildings are in an unsatisfactory condition, and require considerable improvement. Besides, the addition of a maternity block to all male dispensaries where facilities for female patients do not exist is also a necessary reform. The expenditure on the above items may roughly be put at Rs.5,000 each on an average for 270 male dispensaries and Rs.1,000 each for about 40 female dispensaries ..	14,00,000
Total ..	32,71,000

18. (D) *Equipment.*—As already stated in paragraph 13 above, the requirements in respect of equipment have been tabulated in Annexure B. This Annexure is divided into three parts—

Part I contains existing requirements in respect of large items and/or new types of equipment.

Part II gives a rough estimate of the cost of equipment required as a result of the proposed increase in the number of hospital beds and of renewal, replacement, etc. of equipment of hospitals proposed to be reconstructed.

Part III contains a rough estimate of items of equipment of small type.

Some of the items in Part I that call for specific mention are dealt with below :

(1) *Deep X-ray therapy units (item 2 in Annexure B).*—Two such units already exist in the province, one each at the Medical Colleges at Agra and Lucknow. Two units more should be purchased for two out of the remaining divisional headquarters towns. Tentatively, it is proposed to instal them at Gorakhpur and Meerut (or Benares) so that patients may not have to travel inordinately long distances to

obtain treatment. These plants have to be housed in specially built rooms and a provision of Rs.20,000 has been included in Annexure A for the construction of two such rooms—cf. paragraph 16 (6).

(2) *Electrolyser plants (item 14 in Annexure B).*—These plants are used for manufacturing sodium hypochlorite for sanitary and anti-septic use in hospitals, e.g. sterilizing of infected clothes, flushing drains and latrines, washing floors, passages, etc. It is proposed to instal a plant at each district hospital. The recurring expenditure involved in working the plant will be small and will be more than off-set by savings under disinfectants, etc.

(3) *Air-conditioning units (item 15 in Annexure B).*—These are necessary for the operation theatres of the larger hospitals and for the centres for the treatments of heat stroke cases. They are proposed to be installed in 20 larger hospitals.

(4) *Electric shock therapy and hydro-therapeutic units (item 7 in Annexure B).*—These are special type of new plants used in the treatment of mental patients.

(5) *Radio sets and loud-speakers (items 8 and 9 in Annexure B).*—In the more advanced countries, hospitals are as a rule provided with radio sets and loud-speakers, and in some of the more modern hospitals there are head phones for each bed. A radio set with a loud-speaker is proposed to be installed at each headquarters hospital, and the two mental hospitals where not already installed.

19. (E) *Staff.*—The existing staff at the hospitals is inadequate even for the present needs. Their expansion as envisaged in the foregoing paragraphs will involve much extra work and in the interests of the efficiency of the institutions it is necessary to strengthen the staff. The additional personnel likely to be required is mentioned below :

	<i>Estimate cost</i>
	Rs.
(1) Additional medical officers—	
(a) Provincial service officers at each divisional headquarters—1 each for male and female hospitals. Average cost Rs.350 per month each. (20 × 350 × 12)	84,000
(b) Subordinate service officers at each district headquarters—1 each for male and female hospitals. Average cost Rs.100 per mensem each. (76 × 100 × 2)	91,000
(2) One store-keeper at all divisional and district hospitals, male and female. Average cost Rs.50 per mensem each. (96 × 50 × 12) ..	58,000
(3) One clerk at all divisional and district hospitals, male and female. Average cost Rs.40 per mensem each. (96 × 40 × 12)	46,000
(4) Additional nurses at an average of 5 nurses at each hospital. Average cost Rs.60 per mensem each nurse. (96 × 5 × 60 × 12)	3,46,000
(5) Other staff, including compounders, stewards, nursing orderlies and inferior servants. Rough cost may be put at Rs.200 per mensem at each hospital. (96 × 200 × 12)	2,30,000
Total	8,55,00

(2) New building projects

20. The following new building projects are in contemplation

	<i>Estimated cost</i>
(1) Nurses quarters :	
(i) Lucknow—Combined scheme of training school for nurses at the Balrampur and the Dufferin hospitals and for quarters for matrons, nurses, etc.	Rs. 2,50,000
(ii) Remaining stations including Ursula Horsman Memorial Hospital, Cawnpore—64. Average cost Rs.25,000. (The cost of these quarters is not included in the estimates of cost of constructing new hospitals at certain stations)	16,00,000
(2) New buildings for the Agra Medical College as a result of the conversion of the school into a college. (The construction of these buildings has been held in abeyance for the duration of the war)	4,00,000
(3) Quarters for the house-staff at the King George's Medical College, Lucknow	35,000
(4) Staff quarters at the Ursula Horsman Memorial Hospital, Cawnpore	60,000
(5) Staff quarters at other stations. Details of these are not ready. Roughly the estimated amount for the province as a whole may be taken at	5,00,000
(6) Quarters for clerks, store-keepers, attendants, etc., at the Mental Hospitals, Agra, Bareilly and Benares	2,00,000
(7) Residences for civil surgeons at stations at which such residences do not exist at present—30 at an average cost of Rs.25,000 each	7,50,000
(8) Building for the Blood Bank, Lucknow. The bank is at present temporarily housed in the King George's Medical College. The Blood Bank will continue in the post-war period	50,000
(9) Building for the Indigenous Drugs Factory, Agra. At present the factory is temporarily housed in the Thomason Hospital buildings. A new building for the factory, which will expand after the war, is essential	50,000
(10) New building for the Inspector General of Civil Hospitals' Office. The office is at present accommodated partly in an old building and partly in a hired building which causes much inconvenience and delay in disposal of work	2,00,000
Total	<u>40,95,000</u>

(3) Establishment of new institutions

21. The following new institutions should be established after the war :

(i) Infirmaries	2
(ii) Convalescent homes	2
(iii) Children's hospitals	2
(iv) Additional mental hospital	1
(v) Leper colonies	7
(vi) Tuberculosis institutions—	
(a) Sanatoria	5
(b) Clinics	35
(vii) Radium institute	1
(viii) Clinics—	
(a) Venereal (skin) diseases clinics	48
(b) Dental clinics	48
(c) Eye clinics	48
(ix) Pathological laboratories	40
(x) Provincial Medical Stores Depot	1
(xi) Medical Engineering Department	1

Each of these institutions is briefly dealt with below :

22. (i) *Infirmaries* (2).—These institutions are meant for indigent incurable and/or chronic cases. At present such cases are discharged from the hospitals in order to make room for curable patients. In the more advanced countries medical institutions under the name of infirmaries exist for the benefit of indigent incurable and chronic patients. The need for such institutions in India need no emphasis, and it is proposed to make a beginning with two infirmaries, one at Agra and the other at Lucknow with an accommodation for 100 beds at each. The cost will be as follows :

	Rs.
(a) Non-recurring, buildings and equipment	5,00,000
(b) Recurring, staff, medicines, contingencies, etc. at Rs.50,000 per infirmary. (This estimate is based on the existing expenditure of the Colvin Hospital, Allahabad, which has 72 beds and the annual expenditure on which is Rs.40,000 per annum)	1,00,000 per annum.

23. (ii) *Convalescent homes* (2).—In order to run a teaching hospital economically it should have in its neighbourhood a less expensive hospital to unload its routine type of cases. In other words, there should be a convalescent home to relieve the pressure on teaching hospitals. Such homes exist in the more advanced countries. It is proposed to establish two such homes at Agra and Allahabad with 100 beds each. The rough estimated cost will be as follows :

	Rs.
(a) Non-recurring	5,00,000
(b) Recurring, based on the recurring estimate for infirmaries, vide the preceding paragraph	1,00,000 per annum.

24. (iii) *Children's hospitals* (2).—No such hospitals exist in this province. Two children's hospitals should, therefore, be provided, one at Agra and the other at Lucknow, each in charge of a woman doctor specially qualified in paediatrics. Taking the estimated costs of infirmaries as a guide, the expenditure on these hospitals will be—

	Rs.
(a) Non-recurring	5,00,000
(b) Recurring	1,00,000 per annum.

25. (iv) *Additional mental hospital* (1).—There are at present three mental hospitals in the province, at Agra, Bareilly and Benares with a total of 1,300 beds. The Benares mental hospital is meant exclusively for criminal lunatics (300 beds). There is no institution in the United Provinces for European and high class Indian mental patients. Such patients are at present sent to the European Mental Hospital at Ranchi, and the Provincial Government pays the cost of their maintenance to the hospital authorities in the shape of contribution, the amount of which is estimated at Rs.85,000 in the current financial year. It is very desirable that this province should have an additional mental hospital run on modern lines which may take in the patients who have at present to be sent to Ranchi and other better class mental patients. The cost of establishing and maintaining such an institution with about 100 beds may be roughly estimated as follows :

	Rs.
(a) Non-recurring, building, including staff quarters, and equipment	5,00,000
(b) Recurring (the recurring expenditure at the existing mental hospitals has been kept in view in arriving at this estimate)	70,000

26. (v) *Leper colonies* (7).—The total number of lepers in the United Provinces is very roughly 25,000. There are four big mission leper homes at Fyzabad, Naini (Allahabad), Meerut and Chandog (Almora) and some smaller leper homes at certain other stations. The total number of lepers accommodated in the various leper homes in the province is roughly 1,000. The need for additional homes is thus obvious, and it is proposed to establish seven leper colonies at each of the remaining divisional headquarters, each having accommodation for 150 lepers on an average. Each of these colonies as well as the existing four homes should have attached to it an ambulance unit. The cost of establishing these institutions may roughly be estimated as follows :

(A) (a) Non-recurring, buildings and equipment, including ambulance at Rs.75,000 each	Rs. 5,25,000
(b) Four ambulances at each of the existing homes at Rs.4,000 each	16,000
Total	5,41,000
<hr/>	
(B) Recurring cost of maintenance of 150 lepers at each of the seven new colonies at Rs.15 per leper per month	1,90,000 per annum.

27. (vi) *Tuberculosis institutions*.—At present there are five tuberculosis sanatoria and 13 T. B. clinics in the province. There is also a T. B. Jail at Sultanpur. Besides, a limited number of beds for T. B. patients exist in the general hospitals. The total number of beds in the whole province for T. B. patients is about 680. The number of T. B. patients requiring hospitalization is considerable ; the number of deaths from T. B. reported in 1943 was 333, the number of reported T. B. patients being 43,900. There is thus a pressing need for providing more sanatoria and clinics. It is, accordingly, proposed to establish five more sanatoria on the lines of the Bhowali Sanatorium with 150 beds each and to open T. B. clinics in the remaining 35 districts, in addition to adding a T. B. ward in each district hospital as proposed in paragraph 16. The cost of these is roughly estimated as follows :

Sanatoria—5.

(a) Non-recurring, buildings, equipments, etc. at Rs.5,00,000 each	Rs. 25,00,000
(b) Recurring at Rs.1,00,000 per annum each (based on the annual expenditure of the Bhowali Sanatorium)	5,00,000

Clinics—35.

(a) Non-recurring at Rs.8,000 each	} both based on the figures {	2,80,000
(b) Recurring at Rs.2,500 each		} pertaining to clinics previously established .. .. .	88,000

28. (vii) *Radium institute*.—There are no facilities for radium treatment in this province. It is, accordingly, proposed to attach a radium institute to the Medical College, Agra. Some time back the Government accepted the need for such an institution and granted a sum of Rs.10,000 for the purchase of radium to serve as a nucleus for a radium department at the Agra College. The purchase, however, could not be made, for before the negotiation could be completed the prospective seller flew to America

with the radium. The cost of the institute may roughly be taken as follows :

(a) Non-recurring, construction of buildings, purchase of radium and equipment	Rs.	1,00,000
(b) Recurring	Rs.	15,000

29. (viii) *Clinics*.—It is proposed to establish in each district a venereal clinic, a dental clinic and an eye clinic, i.e., a total of 144 clinics. These clinics will be in charge of honorary medical officers, who will be paid a small monthly allowance. Health visitors will also be attached to them. The clinics at divisional headquarters will also have women doctors attached to them in addition to male doctors. The estimated cost of these clinics will roughly be as follows :

	Rs.	
(a) Non-recurring, buildings, equipment, etc., at Rs.8,000 each ..	11,52,000	
(b) Recurring at an average of Rs.3,000 per annum each ..	4,32,000	

30. (ix) *Pathological laboratories*.—Eight pathological laboratories have recently been established at the larger stations. With the advance of medical science pathological examination of clinical material has become more or less essential. Barring the eight stations referred to, the existing facilities and personnel available at most of the headquarters hospitals are inadequate, and complicated examinations (Widal Kahn and Wasserman tests, cultural work) cannot be undertaken there. Pathological laboratories are thus needed at the remaining 40 headquarters stations. On the basis of the expenditure of the existing laboratories, the cost of the new laboratories, which will be in charge of honorary medical officers with a small allowance as at present may be put as follows :

	Rs.	
(a) Non-recurring, instruments, etc., at Rs.1,000 each ..	40,000	
(b) Recurring at Rs.3,000 each	1,20,000	

31. (x) *Provincial Medical Stores Depot*.—With the expansion of hospital beds, as envisaged in this plan, the question of arrangement for medical supplies to hospitals and dispensaries will assume great importance. To meet the post-war requirements, Colonel Boyd in his note on medical administration in the United Provinces to which a reference has already been made, has advocated the establishment of a provincial medical stores depot, which should be the central agency in the province for the supply of the medical stores at all hospitals and dispensaries. A miniature reserve stores depot already exists at the Medical College, Agra, on a temporary basis. A full-fledged depot is, however, very necessary and should be established as soon after the war as possible. Adequate data is not available for working out the cost of the depot, but very roughly the figures may be taken as follows :

	Rs.	
(a) Non-recurring, buildings furniture, etc.	1,50,000	
(b) Recurring	30,000	

32. (xi) *Medical Engineering Department*.—Designing and construction of hospital buildings is a specialised job for which specially trained engineers are necessary. In view of the magnitude of the building projects

proposed in this plan, it is necessary to create special medical engineering department to supervise the construction of hospital buildings and to help and advise the Inspector General of Civil Hospitals in the preparation of suitable plans and estimates on modern lines. The department should consist of two or three engineers with the necessary complement of overseers, draughtsmen, etc. The recurring cost on pay, travelling allowance, contingencies, etc. may be estimated at roughly Rs.5,000 per month or Rs.60,000 per annum.

(4) Expansion of medical education

33. The following schemes fall under this category :

- (i) Establishment of an additional medical college.
- (ii) Establishment of a college of dentistry.
- (iii) Opening of a central preliminary school for nurses.
- (iv) Facilities for post-graduate study in foreign countries.

The following paragraphs deal with each of these schemes.

34. *Establishment of an additional medical college*—The two Medical Colleges at Agra and Lucknow have a total of 100 seats. Each year a large number of applicants have to be refused admission in these institutions for want of seats as will appear from the following tables :

Year	Number of applicants	Number admitted	Percentage of admission
1941	178	52	29
1942	194	50	26
1943	233	52	22

The total number of doctors in the United Provinces is about 4,000 which gives one doctor per 14,000 of the population. The corresponding figure in the United Kingdom is roughly one doctor per 1,000 of the population. Facilities for medical education have, therefore, to be expanded and for this purpose the establishment of a third medical college is necessary. The new college may be located either at Cawnpore where a new hospital (Hallett Hospital) is nearing completion or preferably at Allahabad where there is a University and where a large hospital will be constructed after the war. The expenditure involved on this college may be roughly taken as follows :

(a) <i>Non-recurring</i> —		
Building of the college, hostels and other subsidiary buildings and equipment	Rs.	10,00,000
(b) <i>Recurring</i> —		
(On the basis of the expenditure of the Agra Medical College which is about 2.64 lakhs per annum)	Rs.	2,60,000

35. *Establishment of a college of dentistry*—The Unemployment Committee appointed by the United Provinces Government in 1934 under the presidentship of Rt. Hon. Sir Tej Bahadur Sapru recommended the opening of dentistry in the United Provinces to enable young men trained in scientific dentistry to displace the quacks dental practitioners. The Committee observed that this scheme would supply dental surgeons for employment in hospitals and for private practice. It also compared the position in the United Provinces with that in the United Kingdom where the practice of dentistry is regulated by law. There is thus a genuine need for the opening of a dental college in this province. The new college may be attached to one of the Medical Colleges at Agra or Lucknow in order to reduce its running cost. The expenditure on the scheme is roughly estimated as follows :

	Rs.
(a) <i>Non-recurring</i> —(Building and equipment)	1,00,000
(b) <i>Recurring</i> —(Estimate based on the annual expenditure of the deMontmorency College of Dentistry, Lahore) ..	25,000
	per annum,

36. *Central preliminary school for nurses*—This scheme is based on the ideas of Miss E. F. Hutchings, Chief Lady Superintendent, Auxiliary Nursing Services, India. In the proposed school, student nurses will receive a three months' elementary training in nursing and social service before being drafted to training institutions for extensive practical training. Some of the advantages of such a training as mentioned by Miss Hutchings are these—

(a) Unsuitable candidates will be weeded out in the very beginning.

(b) With special qualified teaching staff at the school, the students will get better basic education.

The cost of the scheme may be roughly put as below :

	Rs.
<i>Non-recurring</i> —(Buildings for the school, hostels and equipment)	1,50,000
<i>Recurring</i>	15,000
	Per annum

37. *Facilities for post-graduate study in foreign countries*—The benefits of higher study in foreign countries cannot be too highly emphasised. Selected medical officers holding permanent posts under the Government should be deputed every year for study in foreign countries. To begin with two men and one woman doctors should be deputed for study abroad. They should be provided with free passages and should continue to receive their full pay. In addition, they should receive amounts to cover tuition fees and other expenses. Taking the duration of the course as three years, the average annual expenditure on the scheme will be as follows :

	Rs.
(a) Passage (one-third of Rs.2,000)	700
(b) Pay (at Rs.300 per mensem average) (300 × 12) ..	3,600
(c) Fees and other expenses (at Rs.250 at an average) (250 × 12)	3,000
Total ..	7,300
	per candidate or
	22,000
	for three candidates.

(5) Development of medical facilities in rural areas

38. The problem of medical relief in the United Provinces, and indeed in India as a whole, is the problem of medical relief in rural areas. The total number of subsidised local boards, mission and other dispensaries in the rural areas is about 430. These dispensaries are altogether inadequate to provide medical facilities to the rural masses. The following measures for extending and improving medical facilities to rural areas are proposed.

39. (a) *Establishment of new dispensaries at the rate of 100 per year for five years, i.e., 500 during the period covered by this plan*—These new dispensaries will be mainly for out-patients and will have not more than four beds each. A nurse midwife will also be attached to each of these dispensaries for the benefit of female patients. There will also be a nursing orderly at each of these dispensaries. The cost of 500 dispensaries, which will eventually be established, will be as follows :

	Rs.
(i) Non-recurring, buildings and equipment at Rs.50,000 each	2,50,00,000
(ii) Recurring at Rs.4,000 each	20,00,000

40. (b) *Increase in the number of subsidised practitioners*—At present there are only 33 subsidised practitioners in the province. The number of these should be increased at the rate of 100 per year for five years, i.e., an increase of 500. The existing scheme for subsidising medical practitioners in rural areas will have to be greatly liberalised so as to attract the required number of practitioners. The present rate of subsidy is Rs.1,000 per annum per graduate practitioner and Rs.600 per annum per licentiate practitioner, i.e., an average of Rs.800 per practitioner per annum. This average may be raised to Rs.1,000 for purposes of estimating, as better terms will have to be given hereafter to secure the requisite number of doctors. The cost of 500 practitioners would thus be $500 \times 1,000 = 5,00,000$.

41. (c) *Establishment of medical benefit co-operative societies*—In the Punjab, a scheme is under operation by which medical relief to the rural population is afforded through medical relief co-operative societies. The scheme which has been dealt with in a note on Rural Medical Relief by Lieut.-General Sir G. G. Jolly, K.C.I.E., K.H.P., I.M.S., Director General, Indian Medical Service (published in the *Indian Medical Gazette* of March, 1941), is briefly this : wherever there is co-operative society, its members by paying a small extra sum of, say, annas 4 a month, subject to a total minimum collection of Rs.50 per mensem, can obtain free medical attendance from a doctor approved by the society whose remuneration and costs are met partly by the society and partly by a subsidy of Rs.600 per annum from the Government. The doctor settles down at a suitable village and is assured a minimum income of Rs.100 per mensem to cover his living and professional expenses. Sir Gordon Jolly has great admiration for this scheme and is of the opinion that if it succeeds, the problem of medical relief in the rural areas of India would be solved. This useful scheme should be introduced by gradual stages in the United Provinces as well and to make a beginning, it is proposed that 100 medical practitioners should be settled in rural areas under this scheme which would be complementary to the scheme already in force in this province for subsidising medical practitioners in rural areas. The cost will be Rs.60,000 per annum.

42. (d) *Strengthening of staff of existing branch dispensaries*—The staff at branch dispensaries is inadequate at present. It is proposed that each male dispensary should have a nursing orderly, unless other suitable arrangements for the nursing of patients already exist. In addition there should be a nurse midwife at each hospital in the towns where women's dispensaries do not exist. The recurring cost on this account may roughly be put at Rs.50 per mensem for about 300 dispensaries, i.e. Rs.1,80,000 per annum. On the non-recurring side, a sum of Rs.6,00,000 may be taken for the construction of quarters at Rs.2,000 for both midwife and nursing orderly.

(6) **Special measures for extension of medical relief to women**

43. The schemes dealt with in the foregoing paragraphs also include provision for improved medical relief to women. This part of the note is concerned with certain special measures for bettering medical facilities to women.

44. At present there are about 50 branch dispensaries including Mission dispensaries, etc. for women. It is proposed that all municipal towns, notified areas, town areas and towns with a population of 10,000 or over should have a separate women's hospitals. The following 14 towns which fall in the above category, but which have no women's hospital should, therefore, be provided with one :

- (1) Deoband (Saharanpur).
- (2) Kairana (Muzaffarnagar).
- (3) Sikandar Rao (Aligarh).
- (4) Baraut (Meerut).
- (5) Soraon (Etah).
- (6) Jalesar (Etah).
- (7) Bisalpur (Pilibhit).
- (8) Sambhal (Moradabad).
- (9) Kanauj (Farrukhbad).
- (10) Kunch (Jalaun).
- (11) Kalpi (Jalaun).
- (12) Khairabad (Sitapur).
- (13) Shahabad (Hardoi).
- (14) Tanda (Fyzabad).

The rough cost of establishing these dispensaries with 20 beds on an average and staff quarters will be—

	Rs.
(a) Non-recurring, buildings and equipment at Rs.75,000 each (14 × 75,000)	.. .. 10,50,000
(b) Recurring, at Rs.8,000 each (14 × 8,000)	.. .. 1,12,000
	per annum.

45. Nurses should be appointed in the larger branch dispensaries with beds over 6 in number. About 50 nurses will be required for this purpose. The cost will roughly be—

	Rs.
(a) Non-recurring, quarters .. ..	.. 50,000
(b) Recurring, pay and allowances at Rs.60 per mensem each (50 × 60 × 12)	.. .. 36,000

(7) Grants-in-aid

46. The Government at present give recurring grants-in-aid aggregating Rs.6½ lakhs to about 140 medical institutions other than those belonging to local bodies. These grants coupled with the funds provided by the authorities of the hospitals themselves have proved inadequate for the efficient maintenance of the institutions. The resources of the hospitals are limited, and it is, therefore, necessary for the Government to give increased grants-in-aid. Occasionally, the Government make non-recurring grants to some institutions for balancing their budgets. The situation can, however, be improved only by substantially increasing the amounts of recurring grants. Non-recurring grants are also required for improvement of buildings and provision of equipment. It is, accordingly, proposed that in the five-year reconstruction programme the Government should make an increase of Rs.1 lakh per annum in the recurring grants and give a further sum of Rs.5 lakhs, non-recurring, for buildings and equipment. In addition, a grant-in-aid of Rs.40,000 (round) per annum is likely to be paid to the Lucknow University for maintaining 30 beds for orthopaedic cases in the King George's Medical College. Shri Mangla Prasad Sanatorium, Sarnath, Benares, is in need of Rs.20,000 (round), non-recurring, for essential improvements, but due to the war the question of a grant to it has been postponed for the present. To sum up, the following grants will come up for consideration after the war :

	Recurring	Non-recurring
	Rs.	Rs.
Grants to existing aided institutions .. .. .	.. 1,00,000	5,00,000
Grant to Lucknow University for orthopaedic section .. .. .	.. 40,000	..
Grant to Shri Mangla Prasad Sanatorium, Sarnath, Benares, for improvements .. .. .	.. ..	20,000
Total .. .. .	.. 1,40,000	5,20,000

(8) Headquarters and supervisory staff

47. The following items fall to be considered under this head :

- (i) Appointment of permanent Deputy Inspectors General of Civil Hospitals—4.
- (ii) Additional staff for Inspector General of Civil Hospitals' office.
- (iii) Creation of an inspectorate of accounts and stores.

48. (i) *Deputy Inspectors General*—With the enforcement of numerous schemes of development after the war, the work at headquarters will increase immensely. It would be beyond the capacity of a single Inspector General to exercise effective supervision and control over the institutions that will be under his charge in the post-war period and to deal with other new work that would then arise. He should, therefore, have four Deputy Inspectors General—two attached to the headquarters and the other two to be in charge of two ranges, eastern and western, into which the province should be divided for purposes of administration. Of the two headquarters Deputy Inspectors General, one will assist the Inspector General in technical

matters and the other in financial and administrative matters. The range-Deputy Inspectors General will, subject to the general direction of the Inspector General, supervise and control the medical institutions and personnel in their respective ranges.

The following is a rough estimate of the cost that would be involved in this proposal :

	Rs.
(A) Non-recurring: buildings and furniture for offices of two range Deputy Inspectors General	50,000
(B) Recurring, per annum :	
(a) Pay and allowances of four Deputy Inspectors General at Rs.25,000 a year on an average	1,00,000
(b) Office establishment of two range Deputy Inspectors General at Rs.6,000 a year each	12,000
Total	1,12,000

49. (ii) *Additional staff for Inspector General of Civil Hospitals' office*—For the reasons stated in the preceding paragraph, the Inspector-General's office also will require strengthening. It is not possible to foresee at this stage the extra hands that would be needed, but for purposes of a rough estimate it may be assumed that 12 officials at a pay of Rs.100 per mensem on an average would be necessary. The expenditure involved on them would be Rs.15,000 a year.

50. (iii) *Inspectorate of accounts and stores*—At present no proper check is exercised over the accounts and stores of medical institutions, the reason being that most of the hospitals are maintained by local bodies. As already stated in the earlier part of this note, the headquarters' hospitals, men's as well as women's, will be provincialized by gradual stages within two or three years and it will then be necessary to ensure that the accounts and stores of these institutions are properly checked and controlled. For this purpose an inspectorate of accounts and stores comprising six inspectors (with eight districts under each) will be necessary. The cost of each inspector (pay, travelling allowance, orderly peon, etc.) may roughly be put at Rs.3,000 per annum. The six inspectors would thus cost Rs.18,000 annually.

(9) Miscellaneous schemes

51. The following schemes have been dealt with in this part :

- (i) Introduction of full dieting in headquarters' hospitals, men's as well as women's.
- (ii) Extension of eye relief scheme.
- (iii) Provision of ambulance at headquarters' hospitals.
- (iv) Appointment of whole-time superintendents at the Mental Hospitals at Bareilly and Benares.

52. (i) *Introduction of full dieting in hospitals*—Free diet is provided to poor and indigent patients in general wards of headquarters' hospitals, men's as well as women's. About 25 to 30 per cent. of the patients thus receive free diet. The remaining ones have to make their own arrangements for food and are put to considerable inconvenience on that account. The position is unsatisfactory from the viewpoint of medical treatment too for

unless diet is provided by the hospital itself it cannot be properly regulated according to the physician's advice. Introduction of cent. per cent. dieting in the hospitals in question is, therefore, necessary. About 2,500 additional patients will have to be dieted under this scheme. Taking 6 annas a day as the cost of diet of each patient the expenditure involved would be about Rs.3,40,000 per annum. (In an earlier part of this plan provision has already been made for the improvement of kitchens and the construction of dining halls at all the headquarters' hospitals—vide paragraph 17(2). Some additional staff will also be required in this connexion and this also has already been accounted for—vide paragraph 19(5).

53. (ii) *Extension of eye relief scheme*—An eye relief scheme was initiated by the Government in 1939-40 for the treatment of eye patients in rural areas where medical aid, particularly for eye diseases, is deficient. Since then a sum of Rs.18,000 to Rs.20,000 per annum is being spent under this scheme for making grants to district headquarters' hospitals and private eye hospitals where special facilities for treatment of eye diseases exist and to private ophthalmic surgeons for the treatment of eye diseases including the operation of cataract cases. The scheme has proved very popular and useful. The facilities so afforded are, however, still very inadequate and in order to cover a larger area and a greater number of eye patients it is necessary that the grants should be increased by Rs.50,000 in the course of five years at an average of Rs.10,000 per year. It would then be possible to expand and develop the scheme gradually, and the object of affording relief to eye patients in rural areas will be largely achieved.

54. (iii) *Provision of ambulances at headquarters' hospitals*—At present ambulances exist only at 10 of the larger towns. With a view to improving medical facilities for the people of the rural areas two ambulances at each of the divisional headquarters and one ambulance at each of the district headquarters are necessary. These ambulances will be used for collecting serious and difficult cases from outlying dispensaries and rural areas and bringing them to the headquarters' hospitals for treatment. They will also be utilized under the eye relief scheme for collecting eye patients from rural areas and bringing them to treatment centres. In the divisional towns one of the ambulances will be available for the urban population. About 50 ambulances with a driver and an attendant attached to each will be required. Quarters will also have to be provided in the hospital premises for the driver and the attendant together with a garage for the ambulance.

A rough estimate of the expenditure involved is given below :

<i>Non-recurring—</i>		Rs.
(a) Cost of 50 ambulances at Rs.4,000 each	.. ..	2,00,000
(b) Construction of 50 garages at Rs.1,500 each	.. ..	75,000
(c) Construction of quarters for drivers and attendants at a set (50 × 3,000)	Rs.3,000	1,50,000
Total, non-recurring		4,25,000
 <i>Recurring—</i>		
(a) Pay of 50 drivers at Rs.40 each on an average and 50 attendants at Rs.20 each per mensem	.. ..	36,000 per annum.
(b) Contingencies, cost of petrol, repairs, replacement of parts, etc., at Rs.1,000 per annum for each station (50 × 1,000)	.. ..	50,000 " "
Total		86,000 " "

55. (iv) *Appointment of whole-time superintendents at the Mental Hospitals at Bareilly and Benares*—The Mental Hospitals at Bareilly and Benares are in charge of civil surgeons concerned who are part-time superintendents of the hospitals. This arrangement is unsatisfactory as the civil surgeons have not the time to exercise effective control and supervision over these hospitals. Whole-time superintendents at each of these two hospitals are, therefore, necessary. The cost of these posts (pay and allowance including non-practising allowance) will roughly be Rs.15,000 per annum.

Summary of the schemes

56. An abstract statement showing the foregoing schemes together with the estimates of cost, recurring and non-recurring, is attached as Annexure C.

SECTION III—FINANCIAL ASPECTS OF THE PLAN

57. The plan herein formulated envisages financial commitments of the order of Rs.520 lakhs non-recurring and R.66 lakhs recurring. Of the non-recurring expenditure, 105 lakhs is for the extension, improvement and reconstruction of existing buildings, and Rs.17 lakhs for equipment, total Rs.122 lakhs. The balance of the non-recurring amount, i.e., Rs.398 lakhs is mostly for buildings and equipment of new institutions and new dispensaries in rural areas.

58. So far as capital expenditure is concerned the Government have at present a balance of Rs.33 lakhs in the Hospitals Fund and it is to be hoped that before the war finally closes further annual contributions of considerable magnitude shall have been made to that Fund. It should, therefore, be possible to provide out of that Fund a fair part of the capital cost of Rs.122 lakhs on extension, improvement and reconstruction of existing buildings and on their equipment. The balance of cost might come from the Revenue Reserve Fund or from such other sources as might be eventually decided upon.

59. As regards the recurring cost, this will have to be met from revenue. The recurring cost of the development plans of all the departments of the Government taken together would be enormous and the question of financing them would be one of the major questions of the post-war period. Increase in the rates of existing taxes and/or imposition of new levies would appear to be the obvious possibilities. Collection of departmental cesses and fees might be another avenue to be explored. In Colonel Boyd's Note on Medical Administration in the United Provinces the following possible sources of income for financing post-war measures of the Medical Department have been mentioned as examples :

- (a) payment for treatment ;
- (b) public philanthropy ;
- (d) introduction of almoners ;

X (d) opening of turf clubs under Government auspices or otherwise with a view to appropriating income from horse racing for the use of hospitals, cf. the Irish sweep-stakes, and

(e) starting other similar institutions and ventures for raising funds.

60. Nothing further need be said at this stage on the financial aspects of the present plan. The financial administrators will endeavour to find the funds required to the extent possible, and the plan will be adjusted in the light of the available resources.

SECTION IV—CONCLUSION

61. This plan is based on material already readily available and does not lay claim to completeness. The explanations of the schemes might be found sketchy, and it is not unlikely that some possible schemes might have been left out inadvertently. The only justification for these deficiencies is that at present nothing more than broad ideas together with rough estimates of cost have been asked for. It is hoped that the present plan fulfils this central purpose.

62. This note does not deal with the following matters :

(a) Provincialization of district hospitals, male as well as female. The scheme has already been approved by the Government and is to be forthwith brought into operation by gradual stages even during the pendency of the war. It is thus not a post-war measure.

(b) Creation of Government nursing services. This also is an approved scheme and is being put into force now.

(c) Establishment of infectious diseases hospitals and travelling dispensaries. These come within the purview of the Public Health Department.

(d) Development of indigenous system of medicine. (A separate note will be found on page 31.)

(e) Service matters, i.e. improvement of pay, prospects, etc., of the personnel of the Medical Department. These raise questions of a controversial nature and do not appear to be suitable for inclusion in a plan of reconstruction.

(f) Schemes or items of relatively small magnitude which are to be regarded as schemes of more or less normal development, e.g., provision of telephones at the district hospitals which are without them at present, supply of uniforms to those of the inferior servants of hospital who are not provided with them at present.

63. The budget of the Medical Department for 1944-45 amounts to Rs.81.22 lakhs which gives a *per capita* expenditure of 2 annas 4 pies per annum for a population of 550 lakhs. Leaving capital expenditure out of account, the recurring expenditure on the schemes included in the present plan comes to Rs.66.46 lakhs approximately. If all these schemes are introduced in the first five years after the war, the total recurring expenditure on the medical services would amount to Rs.147.68 lakhs per annum, which would give a *per capita* expenditure of 4 annas 3 pies per annum. This would still be far below Rs.40, which the United Kingdom spent per head of population on medical services as a whole in the pre-war period. The

figure for the United Kingdom will be considerably increased in the post-war period as a result of reconstruction measures to be undertaken in that country. Viewed in this light the present plan will not be found to involve financial commitments of an unreasonable magnitude.

64. The opening article in the July, 1944, issue of *Industry* contains the following significant passage :

“ The population of India is growing up at the rate of 50 lakhs per annum, causing thereby an increasing pressure on the existing means of subsistence in the country. This has been explained as the veritable cause of chronic poverty and disease in the country.”

Of the problems to be faced when peace is restored, the problem of medical relief to the masses will be one of the most important and difficult ones. But the fact that the problems of war have been successfully solved is a guarantee that those of peace will be equally successfully solved in a “ bold spirit of constructive realism.”

N. BRIGGS,

COLONEL, I.M.S.,

Inspector General of Civil Hospitals,

United Provinces.

July 21, 1944.

ANNEXURE A

Abstract statement of post-war building works

Serial no.	Description of work	Reference to paragraph of covering note	Estimated cost
1	2	3	4
I—Reconstruction, extension and improvement of existing hospitals			
<i>A—Reconstruction of new hospital buildings</i>			
		Paragraph	Rs.
1	Reconstruction of 14 men's hospitals, 10 at headquarters stations and 4 at outlying towns	15	19,58,000
2	Reconstruction of 19 women's hospitals, 13 at headquarters stations and 6 at outlying towns	15	27,00,000
	Sub-total A ..		46,58,000
<i>B—Extension of existing hospital buildings</i>			
3	Extension of divisional hospitals by 50 beds and district hospitals (men's) by 20 beds	16(1)	9,40,000
4	Extension of women's hospitals at headquarters by 20 beds ..	16(2)	5,25,000
5	Addition of a ward of 20 beds for T. B. cases at headquarters hospitals	16(3)	7,60,000
6	Major additions (out-door blocks, maternity wards, labour rooms, etc.) to the existing women's hospitals at 14 towns ..	16(4)	2,80,000
7	X-ray rooms at certain hospitals (20 in number) ..	16(5)	60,000
8	Construction of 2 special rooms for 2 deep X-ray therapy units ..	16(6)	20,000
	Sub-total B ..		25,85,000
<i>C—Improvement of existing buildings</i>			
9	Reconstruction of floors and dados in tarrazzo and other similar improvements at headquarters' hospitals	17(1)	8,50,000
10	Improvements of kitchens and construction of dining rooms at headquarters' hospitals	17(2)	1,90,000
11	Sanitary improvements at headquarters hospitals ..	17(3)	1,52,000
12	Improvements of staff quarters for medical officers, compounders, inferior servants, etc., at headquarters' hospitals ..	17(4)	1,44,000
13	Extension of fans and light points at certain hospitals ..	17(5)	1,00,000
14	General improvements (floors, kitchens, latrines, bathrooms, extension of electricity, etc.) and staff quarters at women's hospital at district headquarters	17(6)	4,35,000
15	Improvements of the buildings of branch dispensaries (men's as well as women's)	17(7)	14,00,000
	Sub-total C ..		32,71,000

Serial no.	Description of work	Reference to paragraph of covering note	Estimated cost
1	2	3	4
	II—New Building Projects	Paragraph	Rs.
16	Nurses quarters'—		
	(i) at Lucknow	21(1)(i)	2,50,000
	(ii) at remaining stations	20(1)(ii)	16,00,000
17	New buildings for the Agra Medical College	20(2)	4,00,000
18	Quarters for house staff at the King George's Medical College, Lucknow	20(3)	35,000
19	Staff quarters at the U. H. M. Hospital, Cawnpore	20(4)	60,000
20	Staff quarters at other stations	20(5)	5,00,000
21	Quarters for clerks, store-keepers, attendants, etc. at the Mental Hospitals, Agra, Bareilly and Benares	20(6)	2,00,000
22	Residences for civil surgeons at stations where such residences do not exist at present (about 30 in number)	20(7)	7,50,000
23	Building for the Blood Bank, Lucknow	20(8)	50,000
24	Building for the Indigenous Drugs Factory, Agra	20(9)	50,000
25	New building for Inspector General of Civil Hospitals' Office	20(10)	2,00,000
			<u>40,95,000</u>
	Total I and II	..	<u>1,46,09,000</u>

ANNEXURE B

Abstract statement of requirements in respect of equipment

(Paragraphs 13 and 18 of the covering note)

NOTE—Average prices have been adopted in calculating the estimated cost.

Serial no.	Item	Number required	Estimated cost
1	2	3	4
PART I			
<i>Existing requirements in respect of large items</i>			
1	X-ray plants at the remaining district hospitals and certain other hospitals which have no such plants at present and supply of special additional plants (e.g., dental units, mobile units, etc.) at some of the stations already equipped with X-ray apparatus (@ Rs.10,000 each)	20	2,00,000
2	Deep X-ray therapy units @ Rs.25,000 each	2	50,000
3	Electric cardiographs at some of the bigger hospitals (@ Rs.10,000 each)	6	60,000
4	Electric sterilizers (@ Rs.500 each)	30	15,000
5	H. P. sterilizers (@ Rs.400 each)	25	10,000
6	Cold storage plants (@ Rs.1,500 each)	50	75,000
7	Installation of electric-shock-therapy and hydrotherapeutic units at each of the three mental hospitals (3 units @ Rs.15,000 each)	3	45,000
8	Radio sets (@ Rs.500 each)	50	25,000
9	Loudspeakers (@ Rs.300 each)	50	15,000
10	Miniature radiography apparatus (@ Rs.5,000 each)	2	10,000
11	Ultra violet and infra red lamps (@ Rs.1,000 each)	50	50,000
12	Shadowless lamps (@ Rs.800 each)	25	20,000
13	Diathermy apparatus (@ Rs.2,000 each)	25	50,000
14	Electrolyser plants (@ Rs.2,000 each)	50	1,00,000
15	Air conditioning units for larger hospitals (@ Rs.3,000 each)	20	60,000
16	Microscopes (@ Rs.500 each)	20	10,000
17	Operation tables (@ Rs.1,500 each)	35	52,000
18	Invalid chairs (@ Rs.100 each)	100	10,000
19	Fracture beds (@ Rs.300 each)	100	30,000
20	Fowler beds (@ Rs.300 each)	100	30,000
21	Stretcher trolleys (@ Rs.200 each)	50	10,000
PART II			
22	Requirements due to expansion of the existing hospitals by 50 beds each in the case of divisional hospitals, 20 beds each in the case of district hospitals and women's hospitals at district headquarters, and 20 beds at each headquarters' hospital (male) for T. B. cases, excluding hospitals proposed to be reconstructed (50 × 9 + 20 × 29 + 20 × 35 + 38 × 20 = 2,490 beds) (@ Rs.150 per bed) .. .. .	..	3,74,000
23	Renewal, replacement, etc. of equipment of hospitals proposed to be reconstructed (1 + 9 + 13 = 23 hospitals at an average of Rs.5,000 each) .. .. .	..	1,15,000
PART III			
24	Miscellaneous articles of equipment (e.g., iron beds, bedside lockers, instrument almira, baumometers, incubators, etc., etc.) to meet existing demands postponed due to difficulty in obtaining supplies. (District hospitals, male as well as female) .. .. .	..	2,00,000
25	Petty articles of equipment at branch dispensaries (270 male + 40 female = 310) at an average of Rs.400 each .. .. .	..	1,24,000
Total I, II and III .. .. .		..	17,40,000

ANNEXURE C

*Abstract statement of schemes included in the five-year post-war plan,
with estimates of cost*

(Paragraphs 13 and 56 of the covering note)

Serial no.	Items	Reference to para- graph of covering note	Rough estimate of cost	
			Non- recurring	Recurring
1	2	3	4	5
I—RECONSTRUCTION, EXTENSION AND IMPROVEMENT OF EXISTING HOSPITALS			Rs.	Rs.
1	Reconstruction of new hospital buildings	.. Para. 15 and Ann. A.	46,58,000	..
2	Extension of existing buildings	.. Para. 16 and Ann. A.	25,85,000	..
3	Improvements to existing buildings	.. Para. 17 and Ann. A.	32,71,000	..
4	Equipment	.. Para. 18 and Ann. B.	17,40,000	..
5	Hospital staff	.. Para. 19	..	8,55,000
Total I			1,22,54,000	8,55,000
II—NEW BUILDING PROJECTS				
6	Miscellaneous buildings as detailed in paragraph 20 of the covering note	.. Para. 20 and Ann. A.	40,95,000	..
III—ESTABLISHMENT OF NEW INSTITUTIONS				
7	Infirmaries (2)	.. 22	5,00,000	1,00,000
8	Convalescent homes (2)	.. 23	5,00,000	1,00,000
9	Children's hospitals (2)	.. 24	5,00,000	1,00,000
10	Additional mental hospital	.. 25	5,00,000	70,000
11	Leper colonies (7)	.. 26	5,41,000	1,90,000
12	Tuberculosis sanatoria (5)	.. 27	25,00,000	5,00,000
13	T. B. Clinics (35)	.. 27	2,80,000	88,000
14	Radium institute	.. 28	1,00,000	15,000
15	Venereal, dental and eye clinics (144)	.. 29	11,52,000	4,32,000
16	Pathological laboratories (40)	.. 30	40,000	1,20,000
17	Provisional Medical Stores Depot	.. 31	1,50,000	30,000
18	Medical Engineering Department	.. 32	..	60,000
Total III			67,63,000	18,05,000

Serial no.	Items	Reference to para- graph of covering note	Rough estimate of cost	
			Non- recurring	Recurring
1	2	3	4	5
IV—EXPANSION OF MEDICAL EDUCATION FACILITIES			Rs.	Rs.
19	Additional Medical College	34	10,00,000	2,60,000
20	College of dentistry	35	1,00,000	25,000
21	Central preliminary school for nurses	36	1,50,000	15,000
22	Facilities for post-graduate studies in foreign countries.	37	..	22,000
Total IV			<u>12,50,000</u>	<u>3,22,000</u>
V—DEVELOPMENT OF MEDICAL FACILITIES IN RURAL AREAS				
23	Establishment of 500 new dispensaries	39	2,50,00,000	20,00,000
24	Increase in the number of subsidised medical practitioners by 500... .. .	40	..	5,00,000
25	Establishment of medical benefit co-operative societies.	41	..	60,000
26	Strengthening of staff of existing branch dispensaries	42	6,00,000	1,80,000
Total V			<u>2,56,00,000</u>	<u>27,40,000</u>
VI—SPECIAL MEASURES FOR EXTENSION OF MEDICAL RELIEF TO WOMEN				
27	Opening of women hospitals in those municipal towns, notified areas, town areas and towns with a population of 10,000 or over which at present have no women's hospital	44	10,50,000	1,12,000
28	Appointment of nurses in the larger branch dispensaries with beds over six in number.	45	50,000	36,000
Total VI			<u>11,00,000</u>	<u>1,48,000</u>
VII—GRANTS-IN-AID				
29	Increased grants to existing aided institutions	46	5,00,000	1,00,000
30	Grant to Lucknow University for the maintenance of an orthopaedic section	46	..	40,000
31	Grant to Shri Mangla Prasad Sanatorium, Sarnath, Benares, for improvement	46	20,000	..
Total VII			<u>5,20,000</u>	<u>1,40,000</u>

Serial no.	Item	Reference to para- graph of covering note	Rough estimate of cost	
			Non- recurring	Recurring
1	2	3	4	5
VIII—HEADQUARTERS AND SUPERVISORY STAFF			Rs.	Rs.
32	Appointment of four Deputy Inspectors General, two at headquarters and two at ranges ..	48	50,000	1,12,000
33	Additional staff for Inspector General of Civil Hospitals' office	49	..	15,000
34	Creation of an inspectorate of accounts and stores with six inspectors	50	..	18,000
Total VIII ..			<u>50,000</u>	<u>1,45,000</u>
IX—MISCELLANEOUS SCHEMES				
35	Introduction of full dieting in hospitals ..	52	..	3,40,000
36	Extension of eye relief scheme	53	..	50,000
37	Provision of ambulances at headquarters' hospitals	54	4,25,000	85,000
38	Appointment of whole-time superintendents at the Mental Hospitals at Bareilly and Benares ..	55	..	15,000
Total IX ..			<u>4,25,000</u>	<u>4,91,000</u>
GRAND TOTAL ..			<u>5,20,57,000</u>	<u>66,46,000</u>

A Scheme for the expansion of indigenous dispensaries in the United Provinces

THIS scheme relates solely to the rural areas. The number of allopathic dispensaries in urban areas is quite considerable, while for those who desire to obtain the attention of *vaid*s and *hakims* there is quite a good number of such practitioners even in small towns. It does not, therefore, seem necessary to include the urban areas in any scheme for the expansion of indigenous dispensaries.

2. The rural areas in the United Provinces (British territory) with an area of about 100,000 square miles and a population of about 50,000,000 need between 2,500 and 3,000 dispensaries. As against this, there are at present in existence about 460 allopathic dispensaries and subsidised medical practitioners, 200 Rural Development indigenous dispensaries, 58 indigenous subsidised dispensaries and about 30 indigenous subsidised practitioners, giving a total of about 750. In addition there are some indigenous dispensaries maintained by district boards but their number is very small and they can easily be ignored. The Inspector General of Civil Hospitals has proposed the establishment of 500 new rural dispensaries, subsidising 500 new private practitioners to settle down to private practice in rural areas and the establishment of 100 medical benefit co-operative societies, giving a total of 1,100 additional dispensaries. But the 500 subsidised medical practitioners and 100 medical benefit co-operative societies will naturally serve a limited area only, rather smaller than dispensaries. There is, therefore, need of at least 700 new indigenous dispensaries and about 500 new indigenous medical practitioners. The indigenous dispensaries may be established in areas which have no medical facilities available and the indigenous private practitioners may be settled in areas which are rather nearer to the areas having dispensaries or private practitioners.

3. There are at present 201 Rural Development indigenous dispensaries and this number should be raised to 500 on the assumption that the number of Rural Development zones will also considerably increase. The remaining 400 of the dispensaries should be subsidised dispensaries of which Government meet three-fourths cost and the district board or other local authority or private trust meets one-fourth. The subsidised practitioners should all be settled under the new scheme under which Government pay a subsidy of Rs.60 non-recurring for medicines and Rs.20 per mensem towards maintenance of the *vaid* or *hakim*; but these amounts may need enhancement.

4. If the number of indigenous dispensaries is raised as above, then the total number of such dispensaries and private practitioners will rise to about 1,500. These dispensaries are at present under the control of Rural Development Department. But if this increase takes place, then it will become difficult for the Rural Development Officer to control them and all these dispensaries and practitioners may be placed in charge of a Chief Inspector of Indigenous Dispensaries, with a staff of at least six inspectors under him. The Chief Inspector could be placed under the control of the

Inspector General of Civil Hospitals and his office could form part of the Inspector General of Civil Hospitals' office. If this is approved, the Board of Indian Medicines should be divested of all powers except that of registration of, and disciplinary control over, registered *vaid*s and *hakims*. The grants to Ayurvedic and Unani institutions could then be distributed through the Inspector General of Civil Hospitals, but the question of control over examinations would need consideration. Perhaps the examinations could continue to be controlled by the Board of Indian Medicine as at present, but it would be preferable if the Chief Inspector of Indigenous Dispensaries could also be appointed as the Registrar of Examinations in Indigenous Medicine, with power, subject to control of Government, to conduct and supervise all examinations in indigenous systems of medicine. The power to prescribe courses of study and syllabus for examinations should rest with Government, who may, whenever they consider it necessary, consult the Board of Indian Medicine over it. The Board of Indian Medicine should have the power through its members, to inspect the teaching institutions, and, whenever they consider it necessary, to appoint, subject to approval of Government, special inspectors to inspect the teaching carried on at any institution or the examination at any particular centre or centres.

5. The cost of the above proposals will be as follows :

	Rs.
(i) 300 new indigenous Rural Development dispensaries at Rs.1,100 per dispensary	3,30,000 per annum
(ii) 400 new subsidised dispensaries at Rs.470 per annum (share of Government)	1,88,000 ,, ,,
(iii) 500 new indigenous practitioners at Rs.60 per annum non-recurring and Rs.20 per mensem recurring ..	} 30,000 non-recurring. 1,20,000 per annum recurring.
(iv) One Chief Inspector of Indigenous Dispensaries in the—	
(a) Scale of Rs.500—20—700 per mensem ..	7,200 per annum
(b) Travelling allowance for Chief Inspector ..	2,000 ,, ,,
(v) (a) Three additional inspectors in the scale of Rs.100—250 ..	6,500 ,, ,,
(b) Travelling allowance for inspectors	3,000 ,, ,,
(vi) Extra office establishment for Chief Inspector and inspectors, say	5,000 ,, ,,
GRAND TOTAL	{ Non-recurring 30,000 Recurring .. 6,61,700 ,, ,,