

# **CHAPTER VI**

## **Medical and Public Health Service**

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## CHAPTER VI

### Medical and Public Health Service

#### 6.1 Introduction

Health as defined by the World Health Organization, 'is a state of complete physical, mental and social well-being and not merely the absence of disease.' When one looks back on the forgotten past of Darjeeling one finds that this place was initially started as a sanatorium where ailing soldiers could recuperate. Later it was developed as a hill station (Mashqura and Lepcha, 2004).

#### 6.2 Medical Facilities

##### 6.2.1 In Early Times

Darjeeling with its rich herbal store had an ancient system of indigenous treatment practiced by the medicine men and herbalists of the Lepcha and other communities. It is interesting to note that a large number of local herbs have Lepcha names (Banerji, et. al., 1980).

##### 6.2.2 In the British Period

Regular medical institutions started functioning in the district towards the end of the 19<sup>th</sup> century through the assistance of govt. and of private individuals. In the town of Darjeeling there were three medical institutions – the Eden Sanatorium for Europeans, the Lowis Jubilee Sanatorium for natives and the Victoria Memorial Dispensary for natives and Europeans (Banerji, et. al., 1980).

In the interior of the hill region there were charitable dispensaries at Kurseong, Kalimpong, Pankhabari and at Pedong (Banerji, et. al., 1980).

The medical organization of government was admirably supplemented by the Church of Scotland Mission. At Kalimpong there was a hospital, the Charteris Hospital, aided by the State, but maintained and managed by the Mission, which contained twenty-six beds. The same Mission also maintained a dispensary at Nimbong in the Kalimpong subdivision. There was also a small independent medical mission at Sukhia Pokhri close to the Nepalese border (Banerji, et. al., 1980).

### 6.2.3 During Post-Independent Period

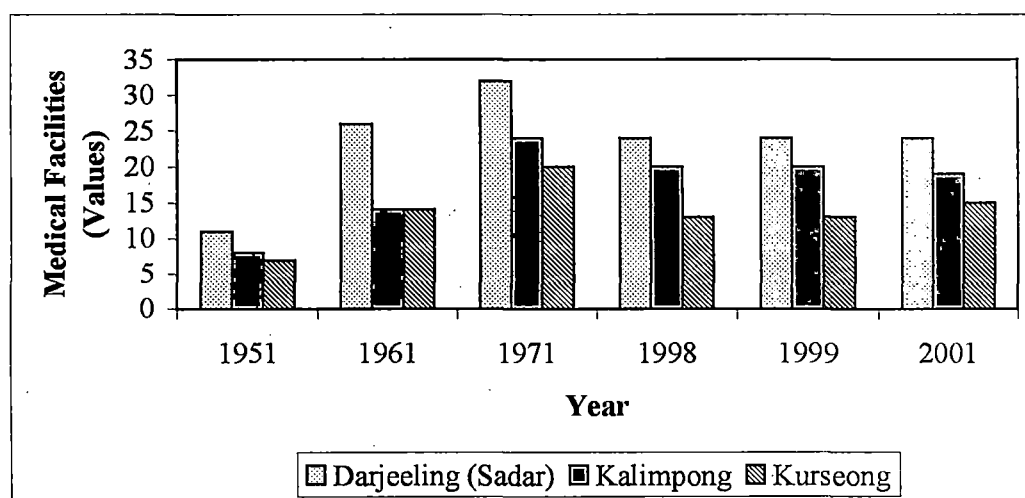
The medical facilities available in three hill subdivisions of Darjeeling district are gradually increasing after the independence. The medical facility available in the hilly district of North Bengal in the post independent period is presented in table – 6.1 and figure – 6.1 and 6.2 below.

**Table – 6.1: Medical Facilities Available in Darjeeling District and Hill Subdivisions**

Year	Darjeeling (District)	Darjeeling (Sadar)	Kalimpong	Kurseong
1951	-	11	8	7
1961	-	26	14	14
1971	-	32	24	20
1974	105	-	-	-
1998	-	24	20	13
1999	-	24	20	13
2001	88	24	19	15
2004	327	-	-	-

Source: Compiled by this scholar from District Census Handbook Darjeeling, 1951 and 1961, District Statistical Handbook, Darjeeling, 1973 and 74 Combined, 2002 and 2005 and Mashqura, Fareedi and Lepcha, Pasang Dorjee: Area and Issue Profile of Darjeeling, Darjeeling Ladenla Road Prema R. C. D. C. Hayden Hall, 2004

**Figure – 6.1: Medical Facilities Available in Three Hill Subdivisions**



**Figure – 6.2: Medical Facilities Available in Darjeeling District**

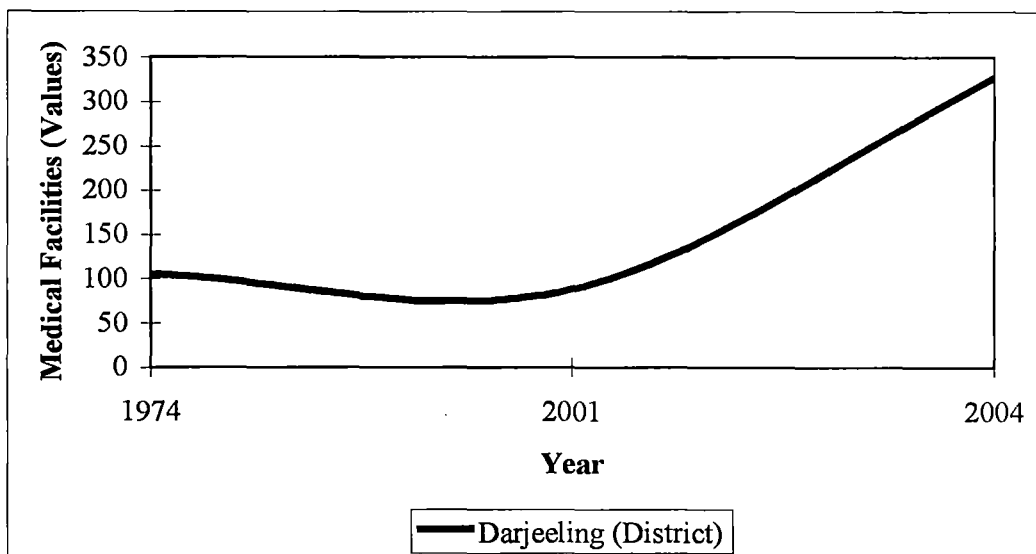


Table – 6.1 shows that between the three hill subdivisions the Sadar subdivision has greater advantages in availability of medical facilities than the two other hill subdivisions. Here medical facilities include number of hospitals, dispensaries, maternity and child welfare centres, clinics and health centres. During the fifty years from 1951 to 2001 there is more than two times increase in the availability of medical facilities in three hill subdivisions. Though during 1951-1971 there was nearly three times increase in the availability of medical facilities. But this number is gradually reduced by 25 percent during the thirty years from 1971 to 2001. Medical facilities available in Darjeeling, Kalimpong and Kurseong subdivisions during 1998-1999 have been shown district is depicted in table – 6.2.

**Table – 6.2: Medical Facilities in Three Hill Subdivisions During 1998-1999**

Subdivisions	Hospitals		Health Centre		Clinics		Dispensaries		Total		Total Beds		Doctors	
	98	99	98	99	98	99	98	99	98	99	98	99	98	99
Darjeeling	3	3	10	10	3	3	8	8	24	24	447	447	50	50
Kalimpong	2	2	9	9	1	1	8	8	20	20	540	540	44	43
Kurseong	3	3	5	5	1	1	4	4	13	13	472	472	37	36

Source: Mashqura, Fareedi and Lepcha, Pasang Dorjee: Area and Issue Profile of Darjeeling, Darjeeling Ladenla Road Prerna R. C. D. C. Hayden Hall, 2004

Table – 6.2 shows that during 1998-1999 there is no such change in the availability of medical facilities in three hill subdivisions. The total number of hospitals, health centres, clinics and dispensaries are greater in number in Sadar subdivision than Kalimpong and Kurseong subdivision. But in total number of beds Kalimpong subdivision is ahead of other hill subdivisions. Again the number of doctors in Darjeeling subdivision is greater in numbers than Kalimpong and Kurseong subdivisions. In Kalimpong and Kurseong subdivision the number of doctors has marginally decreased during 1998-1999. Patients treated in hospitals (both indoor and outdoor) during 1995-1999 in Darjeeling district have been shown in table – 6.3 and figure – 6.3.

**Table – 6.3: Patients Treated in Hospitals and Dispensaries in the District of Darjeeling**

Year	Indoor	Outdoor	Total Number
1995	44933	171021	215954
1996	45423	179118	224541
1997	46104	181804	227908
1998	77295	691950	769245
1999	74351	657842	732193

Source: Mashqura, Fareedi and Lepcha, Pasang Dorjee: Area and Issue Profile of Darjeeling, Darjeeling Ladenla Road Prema R. C. D. C. Hayden Hall, 2004

**Figure – 6.3: Patients Treated in Hospitals and Dispensaries in the District of Darjeeling**

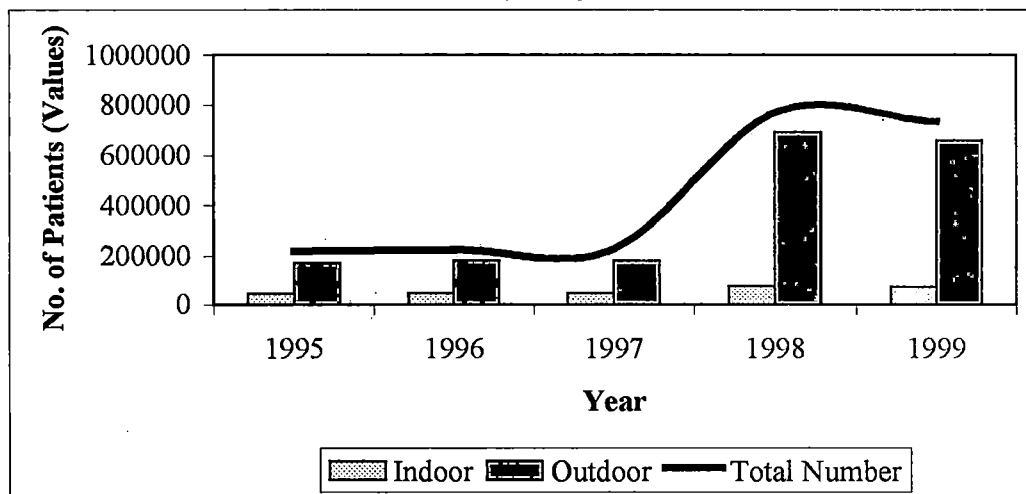


Table – 6.3 shows that during the three years from 1995 to 1997 the total number of patients treated in hospitals and dispensaries in the district of Darjeeling has gradually increased. But this number suddenly increased in 1998 and again it decreased to some extent in 1999. This trend is also observed for the indoor and outdoor patients during 1995-1999.

Darjeeling records the highest number of hospitals-beds per unit of population compared to any other districts in the State of West Bengal (Institute of Applied Manpower Research, 2002).

### **6.3 Diseases Common to the District**

In the early British period various types of fevers, especially in the Terai region, caused the greatest mortality. Regarding diseases common in the hill areas diarrhoea was one of the commonest diseases among the Europeans in the hills, especially among those who have just arrived from the plains (Banerji, et. al., 1980).

Among the hill people intestinal worms, producing symptoms of diarrhoea, were extraordinarily common; in 1905 no less than 3470 such cases were treated at the Darjeeling dispensary. Phthisis was also not uncommon among the natives, owing to their thin clothing, their constant exposure to cold, damp and heat, and to their disregard of elementary hygienic laws. Darjeeling with its cold damp climate bore an unfavourable reputation for the treatment of consumption or pulmonary affections. The frequency of goitre and deaf-mutism and diphtheria and enteric diseases were sporadic at that time while influenza visited the district only occasionally. Rheumatism was common during the rains but plague was very rare (Banerji, et. al., 1980).

Complications of pregnancy and childbirth as also chronic bronchitis, fractures and head injuries are the leading causes of admissions into hospitals, while diseases of the circulatory system and complications of pregnancy and childbirth are the worst killers. Yet maladies like malaria, tuberculosis, dysentery etc. call for special attention because of their past and present history (Banerji, et. al., 1980).

## 6.4 Vital Statistics

### 6.4.1 Birth and Death Rates

In the hills, the damp moist heat of the Terai disappears at the elevation of 2500 feet and above that level the tropical zone of fever is past. In the sub-Himalayan tract reeking moisture and rank vegetation, the average mortality was nearly 60 per thousand in the ten years ending in 1900, while it exceeded 71 per mille in that year. On the other hand, the average birth rate in the same decade was only 19.4 per annum. In 1905, the death rate was 57.70 per thousand and the average over the previous five years was 60 per thousand. Conditions are very different now. The bowel-complaints, the scourge of the hill areas, have been largely checked through modern arrangements for supply of filtered water (Banerji, et. al., 1980).

The birth and death rates as recorded during 1951-1960 has been presented in table – 6.4.

**Table – 6.4: Birth and Death Records – 1951-60**

Births and Deaths		1951-60	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Births	Male	60959	5716	6011	5769	5621	6475	6327	6237	6433	6120	6250
	Female	58133	5521	5852	5309	5402	6101	5792	6036	6233	5757	6130
Birth Rate (a)	Male	13.26	12.44	13.08	12.55	12.23	14.09	13.77	13.57	14.00	13.32	13.60
	Female	12.65	12.01	12.73	11.55	11.75	13.27	12.60	13.13	13.56	12.53	13.34
Birth Rate (b)	Male	11.30	12.29	12.48	11.58	10.92	12.19	11.55	11.06	11.08	10.25	10.19
	Female	10.78	11.87	12.15	10.66	10.50	11.49	10.58	10.70	10.73	9.64	9.99
Female Births	Reported per 1000 Male births	953.64	965.89	973.55	920.26	961.04	942.24	915.44	967.77	968.91	940.69	980.80
Deaths	Male	30778	4207	3620	3488	3381	3030	2658	2608	2777	2413	2596
	Female	28685	4089	3340	3210	3169	2722	2399	2487	2479	2326	2464
Death Rate (c)	Male	12.47	17.15	14.67	14.14	13.70	12.28	10.77	10.57	11.25	9.77	10.52
	Female	13.48	19.21	15.69	15.08	14.89	12.79	11.27	11.68	11.65	10.93	11.57
Death Rate (d)	Male	10.63	16.85	14.00	13.05	12.24	10.63	9.05	8.62	8.92	7.53	7.89
	Female	11.46	18.98	14.97	13.91	13.29	11.06	9.45	9.51	9.21	8.40	8.66
Female Deaths	Reported per 1000 Male Deaths	932.00	971.95	922.65	920.30	937.30	898.35	902.56	953.60	892.69	963.95	949.15

Source: Ray B: Census 1961, West Bengal, District Census Handbook, Darjeeling, Bengal Government Press, 1967

Table – 6.4, (a) denotes the number of births per 1000 of total population calculated on the population at the Census of 1951, (b) denotes the number of births per 1000 of total population calculated on the estimated population on the 30<sup>th</sup> June of each year, (c) denotes the number of deaths per 1000 of the same sex calculated on the population at the Census of 1951 and (d) denotes the number of deaths per 1000 of the same sex calculated on the estimated population on the 30<sup>th</sup> June of each year (Ray, 1967). This table shows that the rate of female births had increased by 27.16 per 1000 male births. This table as well shows that the rate of female deaths had also increased by 17.15 per 1000 male deaths.

While total demographic mobility in a given area is governed both by internal and external factors, birth and death rates can be more precisely attributed to internal factors alone.

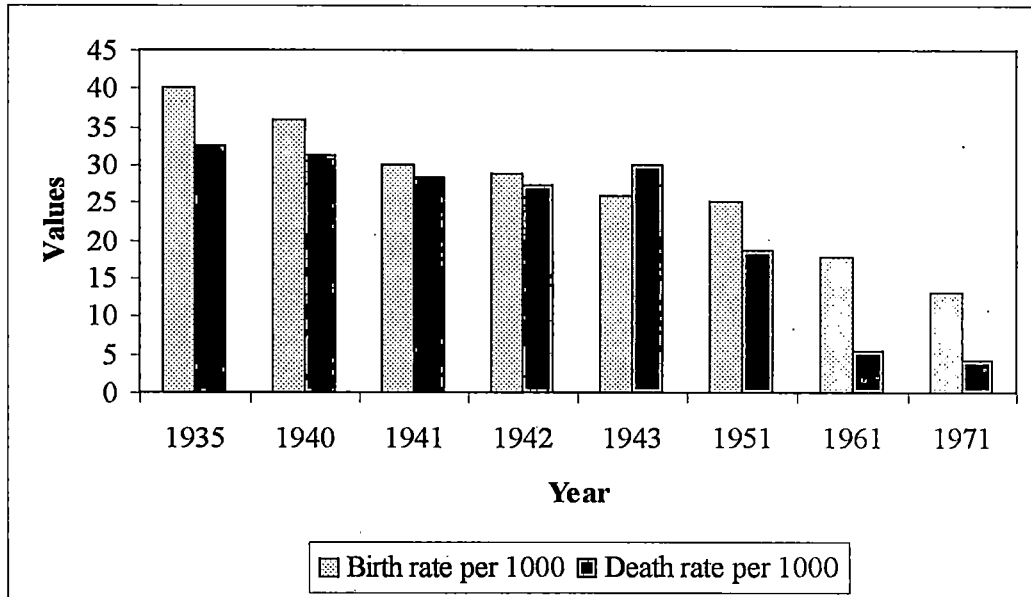
**Table – 6.5: Birth Rate and Death Rate in Darjeeling District: 1941-1971**

Year	Births	Birth rate per 1000	Deaths	Death rate per 1000
1935	12,819	40.15	10399	32.53
1940	11,489	35.94	9995	31.26
1941	11329	30.0	10717	28.4
1942	10,808	28.72	10273	27.28
1943	9,688	25.72	11258	29.89
1951	11237	25.2	8296	18.6
1961	11059	17.6	3427	5.5
1971	-	13.1	-	4.1

Source: Compiled by this scholar from Dash, A J: Bengal District Gazetteers – Darjeeling, Bengal Government Press, 1947, Banerji, Amiya Kumar, et. al.: West Bengal District Gazetteers – Darjeeling, 1980 and District Statistical Handbook, Darjeeling, 1973 and 1974 Combined, Bureau of Applied Economics and Statistics, Government of West Bengal



**Figure – 6.4: Birth Rate and Death Rate in Darjeeling District**



From the table – 6.5 it is seen at once that birth and death rates in 1941 and 1942 moved close together while there was a progressive and very significant gap between them in 1935, 1940, 1951, 1961 and 1971, though in 1943 the death rate rose above the birth rate. During the thirty-six years from 1935 to 1971 the birth rate decreased about 27.05 per 1000. During the seven years from 1935 to 1942 the death rate decreased about 5.25 per 1000. But during 1942-1943 the death rate increased about 2.61 per 1000. Again during the twenty-eight years from 1943 to 1971 the death rate decreased about 25.79 per 1000. It will also be noticed that while the birth rate came down at a slower pace the decrease in the death rate was very pronounced, presumably due to better health and sanitation measure (Banerji, et. al., 1980). The trend in birth rate and death rate in Darjeeling district is depicted in figure – 6.4.

The male life expectancy rate in Darjeeling in 2001 was 67 and the female life expectancy rate in this district in 2001 was 71.

#### **6.4.2 Infant Mortality**

In Darjeeling, as elsewhere, children constitute the largest single component of the total population. Because of their physical immaturity and large numbers, children are more prone to disease and death than those in the higher age group. The following

table brings out the relative proportions between total deaths and infant mortality in the district for the period 1951-60 (Banerji, et. al., 1980).

**Table – 6.6: Infant Mortality in Darjeeling District: 1951-60**

Year	Total Deaths	Infant Deaths	Infant Death Rate Per Thousand
1951	8296	1088	96.82
1952	6960	1114	93.91
1953	6698	1076	97.13
1954	6550	1078	97.80
1955	5752	880	69.97
1956	5057	769	63.45
1957	5095	886	72.19
1958	5256	1010	79.74
1959	4739	729	61.38
1960	5060	785	63.41

Source: Banerji, Amiya Kumar, et. al.: West Bengal District Gazetteers – Darjeeling, 1980

**Figure – 6.5: Infant Mortality in Darjeeling District: 1951-60**

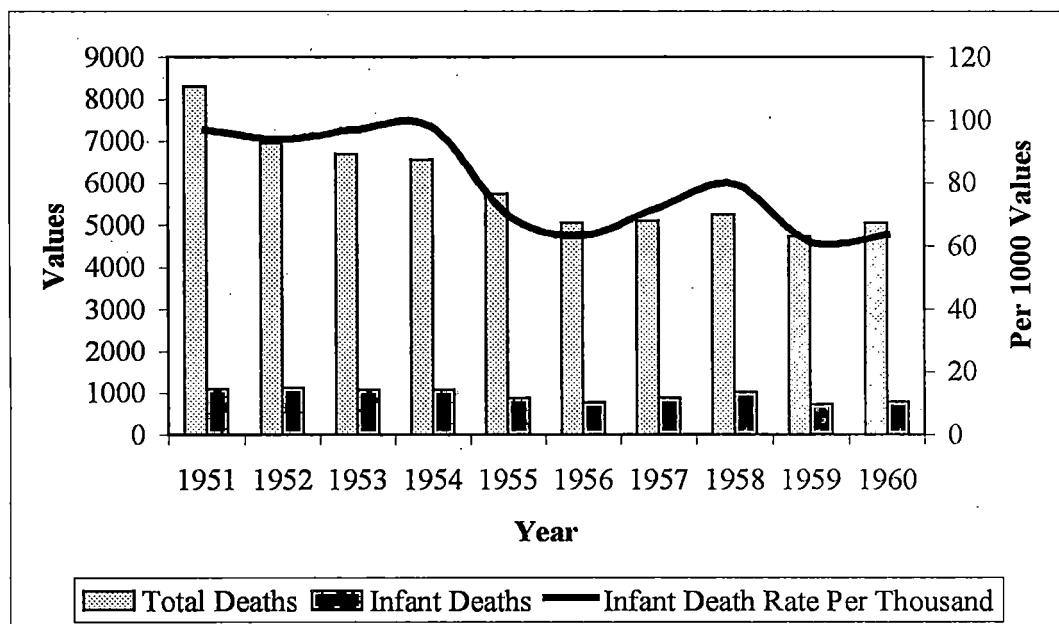


Table – 6.6 shows that during the ten years from 1951 to 1960 the infant mortality rate decreased by 33.41 per thousand. During 1951-1954 the same rate increased by 0.98 per thousand. During 1954-1956 this rate decreased by 34.35 per thousand. During 1956-1958 the infant mortality rate was again increased by 16.29 per thousand. But during 1958-1959 this rate decreased by 18.36 per thousand. And during 1959-1960 the infant mortality rate had increased by 2.03 per thousand. Infant mortality in Darjeeling district from 1950 to 1960 is depicted in figure – 6.5.

In the year 1974 the infant mortality rate per thousand live births was 44.6 (District Statistical Handbook, Darjeeling, 1973 and 1974). It may be noted that relative deprivation in infant survival rate increased in the case of Darjeeling district of North Bengal during 1981-91. In the year 1981 the deprivation index of infant survival for the district of Darjeeling was 0.310 and in the year 1991 the deprivation index of infant survival for the district of Darjeeling was 0.760 (Institute of Applied Manpower Research, 2002). The male infant mortality rate in 2001 was 39 and the female infant mortality rate was 43 in 2001.

## **6.5 Conclusion**

Medical facilities enjoyed by the people of the district have always been relatively greater than those available in other districts of West Bengal (except Calcutta), mainly because a number of hospitals and dispensaries run by different religious missions, municipalities and private organizations have long been functioning here. These are now supplemented by hospitals, dispensaries and clinics set up by the State Government according to the usual pattern obtaining in other districts as also by departmental hospitals attached to railways, jails, police organizations etc (Banerji, et. al., 1980).

According to the West Bengal Human Development Report 2004 the health index of Darjeeling was 0.73 and the human development index was 0.65. The human development index rank of this district was 4. Again the gender development index of the district of Darjeeling was 0.60 and the gender development index rank was 2.

**References:**

Banerji, Amiya Kumar, et. al.: West Bengal District Gazetteers – Darjeeling, 1980, P – 543-546, 548, 552, 555-556

District Statistical Handbook, Darjeeling, 1973 and 1974 Combined, Bureau of Applied Economics and Statistics, Government of West Bengal, P – XII, 48

District Statistical Handbook 2002, Darjeeling, Bureau of Applied Economics and Statistics, Government of West Bengal, P – 38-39

District Statistical Handbook 2005, Darjeeling, Bureau of Applied Economics and Statistics, Government of West Bengal, P – 14

Mashqura, Fareedi and Lepcha, Pasang Dorjee: Area and Issue Profile of Darjeeling, Darjeeling Ladenla Road Prerna R. C. D. C. Hayden Hall, 2004, P – 46

Mitra, A: Census 1951, West Bengal, District Census Handbook, Darjeeling, Bengal Government Press, 1954, P – 145

Ray B: Census 1961, West Bengal, District Census Handbook, Darjeeling, Bengal Government Press, 1967, P – 346

Report on Comparative Backwardness of North Bengal Region: A Study Sponsored by Planning Commission, Government of India, Institute of Applied Manpower Research, New Delhi, 2002, P – 28-30