

## Chapter III

### Medical and Health System in the Baroda State: 1850-1947

The Baroda State comprised all the territory of His Highness of the Maharaja Gaikwad in different parts of the provinces of Gujarat and Kathiawad in the Bombay Presidency.<sup>1</sup> These territories lying between 21° -49' North Latitude and between 72°-55' East Longitude. According to the census of 1891, an area of 8,569 sq. miles and the population of 24,15,396 in 281.8 to a square mile and the increase in the previous decennium being 23, 0391<sup>2</sup>. This area is distributed and inter spread with proportion of Gujarat and Kathiawad under the control of British Government or other native states, principally in the Navsari, Baroda and the Amreli Districts. It extended in an interrupted chain from the northern portion of the Thana district to the south to Palanpur, to the North and from the western limits of the Nasik district to the south east, to the north west corner of Kathiawar<sup>3</sup>.

The principal rivers flowing through the territory were Banas, Saraswati, Sabarmati, Mahi, Narmada, Tapti, Purna, Mibndhola, Dhutalward, Ambica, Setrunji, Veshwa, Vaztrak, Setu, and Dhahdhar, while the smaller ones were Rupan, Luna, Jari, Vishwamitri, Surya, Ore, Verna and Debi,<sup>4</sup> Most of these rivers have worn their courses very deep and the character of the country being very flat, did

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<sup>1</sup> H.P.O., Daftar No. 494, F.No.344/87, Letter of CMO to Dewan . 1898

<sup>2</sup> Ibid

<sup>3</sup> Ibid

<sup>4</sup> Ibid

not serve as efficient drainage channel so they were assisted by artificial land and drainages<sup>5</sup>.

In the portion of the Gujarat territory there are no mountains except a small hill Pavagadh to the east of Baroda city and the Rajpipala hills which border the south-eastern limits of the Baroda Prant. Both did not belong to the Gaikwad state. The eastern portion of the Navsari District is undulating and hilly. In the Kathiawad portion the Girnar mountains interpose between the central and the southern portion of the Amreli Division. Comparing with European countries it can be said that Wales approaches these territories in extent and that Greece has more than twice the area of these territories while the population is two thirds of the two principalities put together<sup>6</sup>. As mentioned earlier as well for administration purposes territories are divided into four parts, viz, the Amreli, the Kadi, the Navasari and the Baroda divisions.

### **Geology of the Baroda State**

In the vicinity of the Tapti and Narmada river there was a broad and fertile alluvial plain consisting chiefly of fertile black cotton soil. Commencing to the southward near Daman this plain covers the greater part of the Navasari, Surat, Broach, Baroda, Kaira and Ahmedabad districts and contains as far as the Rann of Kutch where it joins the area of recent deposit cemetery with the Indus Valley. This plain was about 30 miles in the breadth near Navasari and 60 miles near Baroda.<sup>7</sup> The alluvial of the Gujarat portion consists of brown clays with modules of lime resting upon sands and

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<sup>5</sup> H.P.O., D. No. 494, F. No.344/87, CMO to Dewan . 1898

<sup>6</sup> Ibid

<sup>7</sup> Ibid

sandy clay with occasional gravels. The surface is covered with black soil to the southward and is frequently horizontal over large area in the southern and central portion on account of rain action the soil is undulating and cut up into ravines near the large rivers<sup>8</sup>.

The Kathiawad portion of the territory viz Okhamandal in extreme north west of the peninsula and Amreli and Kodinar into the centre and to the south had different formations. There was no alluvial land in Okhamandal but the land being almost surrounded by sea was marine, covered with loose stones. The Amreli Mahal partakes the nature of the rest of the Kathiawad. The country was open, the soil was alluvial in some portion and rocky in the others. In the southwest portion there was very little alluvium but there was calcareous grit with marine cells instead. This part was subject to the full action of currents and therefore there was hardly any accumulation of sediments. The calcareous grit deposits furnish good building stones in the form of miliolite of carter and conglomerate or littoral concrete of Buist<sup>9</sup>.

### **Meteorology<sup>10</sup> of the Baroda State**

The temperature in the territory varies about 46 degree to 110 degree F. The areas most subjects to the greatest variations of temperature were Kadi and Baroda divisions. The months of April and May were and even today also are the hottest part of the year and December, January and February are the coldest<sup>11</sup>.

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<sup>8</sup> H.P.O., D. No. 494, F. No.344/88, CMO to Dewan . 1898

<sup>9</sup> Ibid

<sup>10</sup> It is a scientific study of the Earth's atmosphere, especially its patterns of climate and weather

<sup>11</sup> H.P.O., D. No. 494, F. No.344/87, CMO to Dewan . 1898

In the month of May the north western part of the Kadi division being close to the Rann of Kutch suffers a great deal from hot blast and dust storms which are very tiresome. The rain fall in the territory varies from 15 to 92 inches. It was lowest in Okhamandal in Kathiawad and highest in the Navsari division<sup>12</sup>.

Like today there were three seasons in this part of the country, viz. the hot, from March to middle of June, the rainy from the middle of the June to the middle of October and the cold season from the middle of October to the end of February. The southward monsoon influences greatly the seasons of the year<sup>13</sup>. The humidity varies greatly in the northern and central portion of the state. It has been stated before that the rivers have worn their courses very deep and therefore did not serve to irrigate the land. The people whoever were good agriculturists irrigate their land mostly from wells in the Navsari and Baroda division. Notwithstanding many deep cut rivers the country badly drained for the most part months after cessation of the rain some of the villages remain water logged and swampy all over<sup>14</sup>. The Gaikwad Government had undertaken the construction work in the Kadi division which had the effects afterwards of draining large part of the division. Apart from this artificial irrigation of sterile lands had begun<sup>15</sup>. Records and charts of meteorological observation taken in Baroda during the prevalence of plague in the city which helped the state in taking rescue measures to control the epidemic with proper study of environmental and other influencing factors.

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<sup>12</sup> H.P.O., D. No. 494, F. No.344/87, CMO to Dewan . 1898

<sup>13</sup> Ibid

<sup>14</sup> Ibid

<sup>15</sup> Ibid

## General Health and Climate of the Baroda State

Climate and weather plays a very important part in the wellbeing of the human beings. Climate impact on human health through a number of direct and indirect mechanisms. Direct mechanisms include episodes of heat or cold stress which aggravate existing health conditions such as pulmonary and respiratory disease etc. Indirect mechanisms include the impact of climate anomalies on risk of infectious diseases such as malaria, dengue, meningitis and cholera. Though a relationship between health and climate has long been recognized, it may have been downplayed during the development of modern medicine. In recent years, concern about climate change has rekindled interest in the relationship between health and climate.<sup>16</sup>

Hence instead of moving direct on the health and health system in the Baroda let us have a look at the climate in the State.

Baroda is located at 22.30° N 73.19° E in western India at an elevation of 39 metres (123 feet). It is the 18<sup>th</sup> largest city of India with an area of 148.95 km<sup>2</sup> and a population of 1.6 Millions according to 2001 Census<sup>17</sup>. The climate of the city of Baroda is dry and hot during the hot weather months, from March until the break of the monsoon towards the end of June. The city is on the banks of the River Vishwamitri in central Gujarat. The river often dries up in the summer, leaving only a small stream of water. The city is located between the fertile plateau between Mahi and Narmada river. According to the Bureau of Indian Standards, the city falls under seismic zone-III, in a scale of I to V (in order of increasing proneness to earthquakes.)

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<sup>16</sup> Judy Omumbo, Catherine Green, Joaquim DaSilva, Gilma Mantilla, Charles Delacollette, Simon Hales, David Rogers, Madeleine Thomson, "Health and climate-Need" <http://www.wcc3.org>, , (accessed November 5, 2009, Stephen Connor)

<sup>17</sup> Baroda, <http://Barodacentral.com/content/view/28/> , (accessed August 2009)

As any other part of India, Baroda also had three main seasons: Summer, Monsoon and Winter. The average summer maximum temperature was 36°C (97°F) and the maximum temperature otherwise is 30°C (85°F) the average minimum was 15°C (59°F) and the climate was extremely dry. Due to the cold north side winds were responsible for mild chill in January and south west monsoon brings a humid climate from mid-June to mid-September. The average rainfall was 93cm (36.7 inches), but frequent heavy torrential rains cause the river to flood. The highest temperature recorded was 46°C.

The temperature in the Amreli district was more equable than that of the Gujarat districts and, on the whole, was distinctly cooler. During the hot weather the nights were cool and breezy; and, in the rains, the close stifling atmosphere of Baroda was wanting.

Okhamandal is pleasantly cold during the winter and not unbearably warm during the summer. From March to October north-westerly breezes alternate with westerly and south westerly winds was the rule. The district was noted for its health giving qualities and had it been more accessible, it would have already become a healthy resort.

### **The Medical System in the Baroda State**

"I have dwelt somewhat longer on the subject of the security of life, person, liberty and property, because it is the condition of pre-eminent importance to the well-being of the people being the first object of Good Government. The next important duty of government is to do what may be possible to maintain the people in good health. The

health of each individual in a community depends in a great measure on himself—on his food, clothing, exercise, medical treatment etc. As every one has naturally a very strong desire to enjoy the blessing of health, he may be expected himself to take care of his health. But there are some important matters connected with public health which individuals cannot insure. They are matters which the governments alone can properly arrange. If the government do not take up such matters they will not be attended to at all.”<sup>18</sup>

Disease has been one of humanity's greatest enemies. Since time immemorial, disease has played a role in the history of societies. It has been affected by—economic conditions, wars, and natural disasters. The alternate, to counter the disease lie in better health care of individual as well as of the community<sup>19</sup>. Therefore it is a duty of any state to provide a basic and a better medical and health system to its subject. The medical and health system in the Baroda State in this respect can be divided into two phases. The first part in which the system was traditional in nature and more of *Unani* and *Ayurvedic* system of medicine were in vogue. The second part was begun with establishment of a proper, well organised medical department by Sir T. Madhavrao, Dewan of the Baroda State during the minority period of Sir Sayajirao Gaikwad III in 1876. With this development in administration of the Gaikwad Government, transition took place from tradition to the modern system of medicine in the Baroda State. Hence, as mentioned already for the purpose of study the system of medicine in the Baroda State can be divided under two headings:

1. Medical Organization under the Old Regime (Ancient Regime).

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<sup>18</sup> Minor Hints, fundamental principles in the eye of ruler of Baroda , p., 182, Minor Hints is book compiled by the Southern state of the Gujarat Archives, Vadodara, comprising the collection of the lecture on the duties responsibility of the head of the state towards his subject. The such guidelines were given by the Sir T. Madhavrao to the Sayajirao III before taking the full responsibility to look after the State of Baroda.

<sup>19</sup> Microsoft Encarta 2009., 1993-2008 Microsoft Corporation(Software version).

## 2. Introduction to a New System

### Medical Organization under the Old Regime

In the court of Indian princes, there always existed certain groups of learned persons proficient in different subjects. Among the Maratha States it was the custom to encourage instructions in Indian system of learning, such as the *Vedas*, the *Shastras*, the *Purans*, astrology and medical science.

A stranger visiting the State in search of employment as *Vaid* or *Hakim* was examined by a committee of experts in Indian system of medicine and after satisfying their tests, the experts recommended him either for monetary reward or for employment. If employed he became hereditary servant of the State. Each court had number of such Indian practitioners and the Vadodara State was no exception<sup>20</sup>. In General, in the court of Indian princes, there always existed certain groups of learned persons proficient in different subjects. The people and their Indian rulers implicitly believed in the *Vaid* who studied the *Ayurveda*, the ancient science or practice of medicine. Each court had a number of such practioners i.e. *Vaid* and *Hakims* and the State of Baroda was also following the same precedent .

*Vaids* are those who have studied and practised the Sanskrit system of Medicine and those who have studied and practiced *Unani* or Arabic system of medicine is called *Hakims*. It has been found in the Baroda State that some of the *Vaids* and *Hakims* were really very learned and experienced practitioner but others were merely quacks and knew nothing of the profession<sup>21</sup>. However no records exist of any medical department in the Baroda state prior to the reign of Maharaja Sayajirao II, (1819-

<sup>20</sup> Gazetteer of India, Gujarat State, Vadodara District, 1979, p.723

<sup>21</sup> Bombay Gazetteer, Baroda Section, 1882 p.499.



1847) under whom there existed a committee of *Vaids* and *Hakims* selected and employed in the manner above described.<sup>22</sup> During Sayajirao II's reign they were about fifty in number. They were all in receipt of heredity allowances and their duty was to attend on His Highness, his relatives, friends and followers.

As far as medication is concern, medicines were prescribed in the presence of the patient, and a trust worthy man was then and there despatched to bring it. Through the Silkhana (Medical store) office, the medicines were brought and if not available the man had to purchase the medicine from market, as they could not be procured from the Silkhana or medical store.<sup>23</sup> The mixture was then prepared according to the direction of the *Vaid* in the presence of the patient, and administered to him on the spot<sup>24</sup>. The reason for all these strict precautions is obvious. The *Vaid* wanted to give confidence and trust to the patients.

It is ascertained from old *Vaids* and *Hakims* though not from any record, or none exists, that not a drop or grain of Europeans Medicines was used as for prince himself and his near relatives. Such medicines were almost unknown to them and patients and practitioners hated them. They used native medicine exclusively.<sup>25</sup>

While none of these *Vaids* and *Hakims* were intended for public services, all of them practised privately either for gratis or for a remuneration. Their salaries naturally depend upon the goodwill of the Mahahraja and the degree of confidence he placed in

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<sup>22</sup> Gazetteer of India, Gujarat State, Vadodara District, 1979, p.723

<sup>23</sup> Gazetteer of the Baroda state, 1923 Vol. II p. 360.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid

their skill, but they also occasionally received gifts and *inam*<sup>26</sup> from villages<sup>27</sup>. For instance one *Hakims* in the Maharaja's services in whom he had a great confidence was in receipt of a yearly allowance of Rs. 1,20,000 the largest ever paid in Baroda. The lowest was Rs. 25 per month. The amount of pay and contingencies allowed to these *Vaid* and *Hakims*, when they were dispensed with, in 1876, come to about Rs 22000, exclusive of the annuity of Rs. 1,20,000 just mentioned and the village granted in *inam* in some other cases.

The condition of the *Vaids* and *Hakims* in 1850s and 60s were most flourishing. According to the census of 1872, there were 572 practitioners; *Vaids* or *Hakims*, practising throughout the whole of the Baroda territory; in Baroda city 235, in Baroda district 139, in Kadi 92, in Navsari 83 and in Amreli 23. According to the census of 1881 there were 172 in Baroda city and camps, 163 in the Baroda district, in Kadi 81, in Navsari 84 and in Amreli 23, in all 523. Of these 426 were *Vaid* and 97 *Hakims*. In the census classification of occupation followed since 1891, *Vaid* and *Hakims* were not separately recorded. But there can be no doubt that their number has been considerably reduced from year to year owing to the opening of hospitals and dispensing western medicines.

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<sup>26</sup> Gift or endowment of land

<sup>27</sup> Gazetteer of the Baroda state, 1923 Vol. II p. 360.

Table showing number of indigenous medical practitioners in each district as per Census Reports of 1872 and 1881-

District	Census Report 1872	Census Report 1881
Baroda city	235	172
Baroda district	139	163
Kadi	92	81
Navsari	83	84
Amreli	23	23
Total Number of the practitioners	572	523

### Introduction to a New System

Even before the inauguration of a new department based on western medicine the elements of the western medicine were also present in the State. In July 1855, a hospital was opened in the western corner of the city of the Baroda and placed under the superintendence of the Residency surgeon, Dr. Stratton.<sup>28</sup> Gazetteer of Baroda State 1923 brings very interesting facts about Highness Khanderao Maharaja and system of Medicine. According to the Gazetteer His Highness Khanderao Maharaja loved his army, and his first care was to attach to each of his regiments and troops a *Vaid* or *Hakim* out of those employed by the state. It is also probable from what is said of His Highness by *Vaid* and *Hakim*, he had a certain respect for western science

<sup>28</sup> Gazetteer of the Baroda state, 1923 Vol. II p. 361

and especially surgery.<sup>29</sup> In addition to *Vaid* and *Hakim*, each regiment had a man who knew something of European medicine. Here it seems in 1850s the inclination towards the western system of medicine had begun.

During his reign, two medical institutions one attached to the battalion at Dwarka and Dahri where European medicines were kept. The rudiments of western medical department were brought into existence. The hospitals and dispensaries on modern line were opened but they were not free from the loopholes. Some faults might have been observed in this as in other projects of His Highness. There was no supervision, no carrying out of orders and no stability. Khanderao failed to provide an efficient system but undoubtedly it was he who inaugurated a new beginning to modern medical system in the Baroda State.

It may be added to this able and impetuous Maharaja that he aimed at universal knowledge. And was encouraged to believe that the aim was within his reach, if not actually gained it was said about him that he was a qualified *Vaid* or *Hakim* and also a surgeon and had consequently the right to correct the work of his doctor. He executed his this right and on one occasion at least, he performed a surgical operation. Maharaja Khanderao had done something for military, but nothing for the civil population.<sup>30</sup> His successor opened the Malharrao dispensary at Amreli, in Kathiawad and took a step in this direction.

An appropriate medical department started during Raja Sir T. Madhavrao's administration in 1876, but previous to this in the same year two dispensaries had

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<sup>29</sup> Gazetteer of the Baroda state, 1923 Vol. II p. 361

<sup>30</sup> Ibid

been opened, one in the taluka of Songadh in the Navasari district, the other in the Manekwada<sup>31</sup> on the first of April 1876. Consequently before 1876, in addition to the *Vaids* and *Hakims*, there were in the State these two establishments and the four mentioned above, the state hospital at Baroda, founded by Maharaja Ganpatrao, the hospital and dispensary at Dwarka and Dhari founded by Maharaja Khanderao and the dispensary at Amreli which was opened in 1874.<sup>32</sup> A midwife was also appointed on the 21<sup>st</sup> September 1874 for the city of Baroda.

### Reorganization of the Medical Department

The Medical Department was organised by Raja Sir T. Madhavrao, Dewan of Baroda, (1875-1881) an able administrator who introduced number of reforms in the State. Maharaja Sayajirao III, on assumption of all legal powers in 1881 adopted a liberal policy and a definite programme for providing medical relief to the people of the State. Thus between 1881 and 1919, an extensive programme to provide all district towns with hospitals and all Taluka towns with dispensaries was carried out. The same period saw the establishment of two great hospitals in the city, the Countess of Duffrin Hospital in 1886 and the State Hospital in 1907<sup>33</sup>. In 1919 a programme was adopted for opening dispensaries in rural areas so that medical help would be available within five miles of every village. The programme was completed by 1945.<sup>34</sup> This we will see in detail later.

Major T. Cody who was called to organize a medical department on 20<sup>th</sup> September 1876, as a part of his elementary work pensioned many of the *Vaids* and *Hakims*,

<sup>31</sup> Present day located in the old city area of Baroda

<sup>32</sup> Gazetteer of the Baroda state, 1923 Vol. II p. 361

<sup>33</sup> At present both the Hospitals are the parts of SSG Hospital, Baroda

<sup>34</sup> Gazetteer of India, Gujarat State, Vadodara District, 1979, p.724

their place in each regiment taken by medical graduates with a proper establishment on the 1<sup>st</sup> April 1877.<sup>35</sup>

The foundational proposed plan for the new Medical Department was prepared by the Sir T. Madhavrao and a memo describing the basic structure and requirements of the department sent to Dr. T Cody on 25<sup>th</sup> September 1876. The plan of Sir T. Madhavrao was as follows:

### **Draft Plan of Medical Department**

Keeping the needs and requirement of the State draft plan comprising some ideas for each sphere related to the Gaikwad State and its subjects. In this plan most of the aspects covering the plan had the Medical arrangements for capital city Palace, Jail, Military, Inquest etc.

It was decided that there should be an ordinary medical subordinate attached to the palace. He should have given him a room at the palace where he should carry and regularly attend the patients (Palace residence)<sup>36</sup>.

The duty of the medical subordinate was to look after all the cases at or in connection with the palace and he had to keep a register of cases and such other returns as Dr. Cody deemed necessary<sup>37</sup>. All cases of extraordinary difficulty was to be reported to Dr. Cody so that he may make such arrangements as the circumstances might require.

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<sup>35</sup> Gazetteer of the Baroda state, 1923 Vol. II p. 362., H. P.O., D. No.478, F.No.2, Medical Department, Reorganisation, Letter of Dewan to Mr. T. Cody

<sup>36</sup> H.P.O., D. No. 478, F. No.199/1, Memo issued by Dewan of Gaikwad Government. 25<sup>th</sup> September 1876

<sup>37</sup> Ibid

Apart from this he had to work gradually to improve the sanitary conditions of the palace and its various constructions.

He should have all the supply of medicines and instruments which were required. He shall always keep a supply of cholera Medicines for instant use. He had been responsible under Dr. Cody for the health of the palace.

### **Public Servants**

Alike Palace there was to be an ordinary medical subordinate to attend to the wants of the public servants . He could seek assistance of senior medical officer as Dr. Cody himself desired in some cases and where the higher officers were concerned He was also instructed to keep cholera medicine<sup>38</sup>

### **Jail**

At the time of the organisation of department there was a principal central jail with about five hundred prisoners. There were also other subsidiary jails or prisons in other parts of the realm. Hence medical subordinates with an assistant to attend to the sick in these establishments was also planned to be appointed. If he would find any serious case immediately he was supposed to send it to the State Hospital<sup>39</sup>.

He was to look after the sanitary condition of the jails. Looking into the high death rate in the jails Dr. Cody shown his anxiety that by providing better health and medical system the death rate in these jails could be reduced<sup>40</sup>. So as a part of the

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<sup>38</sup> H.P.O., D. No. 478, F. No. 199/1- Dewan's Memo, 25-09-1876

<sup>39</sup> Ibid

<sup>40</sup> Ibid

plan the Medical subordinate was directed to pay attention on this subject to fill the above mentioned object. Alike palace and facilities for public servants he was also directed to keep Cholera medicines.

### **Military forces**

Prior to the reorganisation of the department there were native *vaid*s attached to the troops<sup>41</sup>. According to a new proposed plan a proper medical subordinate was to be substituted. The plan also suggested for the opening of a Military Hospital.

### **Mid wife**

The practice of midwifery has a long and distinguished history in India. The Baroda state knew its significance. Due to this plan desired to increase the usefulness of Midwife. For this her returns were be looked after. Further it was proposed that some girls also might be trained under her.<sup>42</sup> Their help can be taken in the medical affairs if the case was serious<sup>43</sup>.

### **Inquest**

Arrangements would be moved in a view to inquest in case of sudden or suspicious death and in view to furnish certificate of the cause of the death for the purpose of judicial evidence. Arrangements would also be made for chemical analysis of the contents of stomach in case of suspected poisoning, etc<sup>44</sup>.

### **Vaccination**

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<sup>41</sup> H.P.O.,D. No. 478, F. No. 199/1- Dewan's Memo, 25-09-1876

<sup>42</sup> H.P.O.,D. No. 478, F. No. 199/2- Dewan to T. Cody, 1877

<sup>43</sup> Ibid

<sup>44</sup> Ibid



In the year 1876 the population of the capital of Baroda State was around one lakh and fifty thousand<sup>45</sup>. An adequate establishment of vaccination would be maintained to work steadily and vigorously. The best preferable drug would be constantly supplied. There should be a central department well known to the public where the poor people might go to get vaccinated. Similarly the state troop and palace, the inmates of the jail, the senior servants in various department as far as possible also vaccinated.

### Special Arrangements for Cholera

Cholera is an acute diarrhoeal infection caused by ingestion of the bacterium *Vibrio cholerae*.<sup>46</sup> The disease is characterized in its most severe form by a sudden onset of acute watery diarrhoea that can lead to death by severe dehydration and kidney failure. During the 19th century, cholera spread repeatedly from its original reservoir or source in the Ganges delta in India to the rest of the country and of the world.<sup>47</sup> Cholera is mainly transmitted through contaminated water and food and is closely linked to inadequate environmental management. The absence or shortage of safe water and adequate sanitation along with a generally poor environmental status are the main causes of spread of the disease. It spreads promptly in crowded and unhygienic residences. However, it is important to stress that the belief that cholera epidemics are caused by dead bodies after disasters, whether natural or man-made, is false.<sup>48</sup>

To prevent and control cholera is a collective responsibility of individual, society and State. The city of Baroda was open to periodical inroads of this disease. Hence the

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<sup>45</sup> H.P.O.,D. No. 478, F. No. 199/2- Dewan to T. Cody, 1877

<sup>46</sup> WHO, Program and Project, Medica Centre, Fact Sheet ; Cholera

<sup>47</sup> Ibid

<sup>48</sup> Ibid

preventive measures were desired to be made for any sudden out break. Cholera medicine might be kept ready in stock for distribution when required. When cholera prevails every possible measure was to be used to distribute the necessary medicines. The Police, the municipality may be employed for supplies and distribution<sup>49</sup>. The government had printed and circulated some good circulars and notifications regarding precautions connected with cholera a selection or compilation may be made by Dr. Cody and printed copies in large number in Narrate and gazette which was to be kept in store ready for distribution<sup>50</sup>. In short the medical department was to be prepared to act with the utmost vigour in the event of cholera making its appearance.

Further Sir T Madhavrao instructed the possibility that there may be a separate place outside the city where cholera patients of the poorer classes may be taken and treated.

### **Medical Store**

To make proper arrangements for the medical store, the idea was that all medicines to be purchased from the best and cheapest sources and kept at medical store, where the distribution take place to insure clear and correct accounts and responsibility<sup>51</sup>.

### **Office and Establishment**

As per plan Dr. Cody was to have an office near the Huzur Cutchery<sup>52</sup> if possible. An office establishment had to be constituted beginning with a very moderate seal and

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<sup>49</sup> H.P.O.,D.No. 478,F. No. 199/1- Dewan's Memo, 25-09-1876

<sup>50</sup> Ibid

<sup>51</sup> Ibid

<sup>52</sup> Government office

extending as requirements develop probably. It was proposed that Dr. Atkin who was incharge of Military Hospital would be able to supply some hands from those at present under him. The establishment should begin well with the collection of regular returns from the various subordinates from time to time . The return was to be such as to enable Dr. Cody to see exactly what work cash subordinate is owing and how accounts of expenditure of cash or medicines was scrutinized<sup>53</sup>.

### Native Vaid

Baroda State had number of Native *Vaids and Hakims*. Sir T. Madhavrao did not desire that they should be thrown out. In his opinion they must be kept up and cannot be suddenly turned out and they might be to some extent utilized. A scheme should be prepared in such way where there could be a possibility to absorb them in the new system of medicine<sup>54</sup>.

As a result of the enlightened approach of Sir T. Madhavrao number of hospitals were opened in various parts of the state .On 8<sup>th</sup> August 1877, the Sayajirao Military Hospital was opened on the Varashia parade ground in the Baroda city. A Civil Hospital was opened at Navsari and a qualified man appointed to its charge. The Jamanabai Hospital<sup>55</sup> which still has its significance was opened in the heart of the city in the same year. The capital once provided for, a plan was started to open Civil Hospital at the headquarters of the each of the four districts and the first and second class dispensaries at the taluka headquarters town. The Malharrao charitable dispensary at Amreli was converted into a civil hospital and Mr. Vishram Mavji

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<sup>53</sup> H.P.O.,D.No. 478,F. No. 199/1- Dewan's Memo, 25-09-1876

<sup>54</sup> Ibid

<sup>55</sup> At present located in near Madavi

erected at his own expense, a hospital at Dwarka. A central medical store depot was opened at Baroda and in the same year the appointment was made of a chemical analyser<sup>56</sup>. Thus the new chapter in the history of Baroda was begun, where State took charge of providing medical assistance to its subject. Though the growth was slow but steady and it took inputs with the coming of Maharaja Sayajirao III.

In response to the proposal of Sir T. Madharao, Dr. Cody prepared the draft and without making any alteration it was accepted by the Giakwad Government. He also assured the estimated budget will not exceed to Rs. 1 lakh per annum<sup>57</sup>.

In brief the arrangements were made based on Sir T. Madhavrao's plan. For the Palace a Medical subordinate was attached with full instruction as mentioned in the plan. Arrangement for public servant was made, Medical facilities for central jail of Baroda were provided and proper appointment of midwives in the service of the state Medical department was made. Inquest and Vaccination were developed. Apart from this Dr. Cody wrote a letter to Sir T. Madhavrao stating the important new development<sup>58</sup>:

*"Before considering the requirements of the rural population the medical wants of the city itself must be entered into and details given of the establishment required for its charge as well as that of the official engaged at the seat of administration. The details I confined to the officers and subordinates required to fill up an establishment to whose medical care will be entrusted some 2,500,000 population of whom*

<sup>56</sup> Gazetteer of the Baroda state, 1923 Vol. II p. 362.

<sup>57</sup> H.P.O., D.No. 478, F. No. 199/8- Letter of Dr. Cody to Dewan Gaikwas State, September 1876

<sup>58</sup> Ibid

*1,200,00 or more collected in city alone, while the remains are scattered our disconnected patches of territory, some 6,7 or 8 days journey from capital."*

Major T. Cody

In the very beginning paragraph of the draft he made very clear that the details of the functionary plan of the draft was not to bind any officer or subordinate to the performance of the duties to examine them alone<sup>59</sup>. They were merely given to indicate how the establishment was to be occupied in the ordinary course of things, while the officers and subordinates will hold it appointment subject to the cheerful performance of such duties as the exigencies of the service might from time to time be demanded and ready obedience to any orders they might from time to time be received<sup>60</sup>.

The Chief Medical Officer was to be graduate of the Bombay University and was to exercise for the central division to function as Civil Surgeon that was to say he will hold medical charge of all the civil officers and employees at Head Quarters, the Police, Jail Department. etc. He had to attend to all judicial cases, hold Post Mortem examination and give evidence in medico legal cases when required.<sup>61</sup>

With the passage of time the Medical code was also laid down by the Baroda State where the duties and responsibilities of all the officers, top to bottom in the hierarchy were clearly mentioned.

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<sup>59</sup> H.P.O.,D.No. 478,F. No. 199/8- Letter of Dr. Cody to Dewan Gaikwas State, September 1876

<sup>60</sup> Ibid

<sup>61</sup> Ibid

### **Constitution of the Medical Department**

The Medical department consists of

1. Administrative,
2. Executive,
3. Subordinate staff.

The **administrative staff** consisted of the chief medical and health departments. Chief Medical Officer, Deputy Chief Medical Officer, or any senior medical officer chosen by the Gaikwad Government for this post. The Principal Medical Officer, a post attached to Shri Sayaji General Hospital Baroda and Assistant to the Principal Medical Officer, Shri Sayaji General Hospital were also appointed by the Gaikwad Government. The **executive staff** comprised of medical officer, lady medical officers, the medical store-keeper, the Chemical Analyzer and Sub-Assistant Surgeon holding independent charge of medical institution. The **subordinate staff** consisted of Sub-Assistant surgeons, Lady Sub-Assistant Surgeons, Midwives, Nurses, Compounders, Masseurs, Steward, Clerks, and Menials.

### **Functions of the Medical Department**

1. to provide Medical and Surgical aid to the public;
2. to advise the Government on matters of public health;
3. to popularize the use of Maternity institutions in the State;
4. to train Nurses and Midwives for the State Service;
5. to adopt preventive and curative measures against the prevalence of Epidemics;
6. to undertake Medico-legal work;

7. to undertake Chemical and Bacteriological analysis of water to be supplied to the public;
8. to examine the school-children;
9. to hold classes in Ambulance, Home Hygiene, Nursing etc. and
10. to hold Medical Boards for invalidating Civil and Military servants.

### **The Chief Medical Officer**

The Chief Medical Officer (C.M.O.) was directly subordinate to the Minister and was at the seat of Government. He was the head of the Medical Department and exercised control over all the Hospitals, Dispensaries, Mental Hospital, Leper Asylum and other Medical establishments. He was assisted by Deputy Chief Medical Officer in the performance of his administrative duties. He also exercised general supervision duty over the medical institutions belonging to the military department of the State. He was responsible for due performance of the duties by the administration executive subordinate officials of chief medical department it was also the C.M.O.'s duty to advise government regarding the appointments of medical officers and subordinates carrying monthly emoluments over Rupees fifty per month but the responsibility of such appointment was rest with the Government by whom they were recruited<sup>62</sup>

As per the Medical Code of the Baroda State of 1943 the C.M.O was also head of Sanitary Department and also the president of Baroda Medical Council to advise Government on public health matters and hygiene. He had to supervise over professional and other economic working of medical institution. He also had to prepare and forward to the accountant general annually an estimate of expenditure on

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<sup>62</sup> The Medical Code of the Baroda state, Baroda state press 1930, p.2

accounts of the different medical establishment similar to give full particular regarding expenditure<sup>63</sup> When any sickness of any unusual nature prevails, he may after obtaining sanction from the Government was permitted to employ additional hands as temporary measures<sup>64</sup>. He had to make surprise visits to all hospitals and medicals establishment and inspect Hospitals and Dispensaries etc. in district every year.

At the time of inspection he had to ascertain whether the hospital or dispensaries accommodation is sufficient for the requirements of the station and whether the vicinity of the hospitals and dispensaries and their enclosures were in good condition, whether the buildings and out houses were in good repairs etc.<sup>65</sup> He had to ascertain if there had been any undue prevalence of sickness or mortality among the population and if any epidemic broken out in the place and what measures had been taken for the prevention and mitigation thereof.<sup>66</sup>

When the C.M.O. was absent from head quarters on duty, the routine charge of his office was retained with the Principal Medical Officer; State General Hospital but when the same person had the charge of both the posts, the charge was to be with the Deputy C.M.O.<sup>67</sup>. He had to attend the palace as consultant and treat patients. When he was on tour with His Highness Gaikwad State he had to act as personal physician to his Highness and attend professionally on all the members of his highness's staff.

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<sup>63</sup> Ibid. p.3

<sup>64</sup> Ibid

<sup>65</sup> The Medical Code of the Baroda state, Baroda state press 1930, p.4

<sup>66</sup> Ibid p.6

<sup>67</sup> C.M.O. is for Chief Medical Officer



The C.M.O. had to supervise the work of the Sanitary Department and was to pay visit to the district jail and was specially to look to the health of the prisoners and sanitary arrangements there.<sup>68</sup>

Another important feature of his duty was that it was mandatory for him to tour in district for sixty days in a year.<sup>69</sup>

The salary of C.M.O. was fixed from time to time by a special agreement with the permanent incumbent. The acting or in charge C.M.O. was to get a certain percent on minimum pay of Rs. One thousand / month as acting or charge allowance<sup>70</sup>

#### **Deputy Chief Medical Officer**

The appointment of Deputy Chief Medical Officer was made by selection, only from the first grade of Medical Officer. His main duties were as follows:

He had to assist C.M.O. in the routine duties of his office. He had to sign under the orders of the C.M.O. and on his behalf all bills and correspondence except correspondence with Government and high administrative officers were passed. He had to check and pass all indents for Medical Store and forms received in the C.M.O.'s office. He had to audit all paid travelling allowances and contingent bills received in the C.M.O. office<sup>71</sup>

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<sup>68</sup> The Medical code of the Baroda state, Baroda state press 1930, p.7

<sup>69</sup> H.P.O., No, 480, File no.37, p 32

<sup>70</sup> Huzur Order no. 54/13, Dt. 6/10/1928.

<sup>71</sup> The Medical Code of the Baroda state, Baroda state press 1930, P.8

He had to check the post-mortem notes submitted by the Medical Officers and Sub-Assistant Surgeons and bring to the notice of C.M.O. any irregularity he may notice in that he was also authorised to counter sign.<sup>72</sup>

### **Principal Medical Officer State General Hospital**

The Principal Medical Officer (P.M.O.) was in immediate charge of State General Hospital and exercised complete control and supervision over the administration of all the department of the institution. He had to exercise the power of C.M.O. as far as State General Hospital was concerned. He was assisted in his work by a staff consisting of the House Surgeon, the House Physician, Lady Resident Medical Officer, Bacteriologist, Radiologist Dentist and several other Medical Officers and Sub Assistant Surgeons, European sisters, Anglo-Indian nurses<sup>73</sup> chief dispenser the Stewart and the chemical establishment and the large menials.

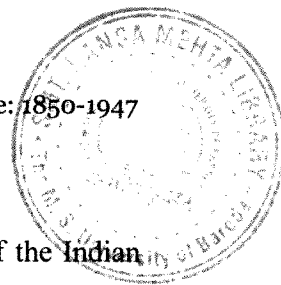
The P.M.O. was expected to tour in the district for at least a month in a year or more provided it did not interfere with his work at hospital. The P.M.O. had to arrange his tour in such a way as to give him an opportunity to visit all the four districts, for the Baroda State, Baroda, Navsari, Amreli and Kadi, in course of four years. He had to visit those places that were not visited by C.M.O. He was to get all the necessary help from the C.M.O.'s office while conducting his tour of inspection in his absence. The routine charge of State general Hospital was to remain with Senior Medical Officer during his absence<sup>74</sup>.

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<sup>72</sup> Huzur Order no. 24/3 Dt. 10 September 1924

<sup>73</sup> Medical code of the Baroda state, Baroda state press 1930, p.9

<sup>74</sup> Ibid, p.2



The Baroda State Medical Service was mainly composed of graduates of the Indian Universities with the exception of a few who held foreign degrees.

For M.B.B.S. 30 years and for Experts No age limit.<sup>75</sup>

There were two grades of Medical Officers each carrying fixed number of posts. Promotion from 2<sup>nd</sup> to the 1<sup>st</sup> grade was by selection only, irrespective of seniority.

A permanent special post of Dental Surgeon was created under H.O. No. 67/6 dated 8-1-1926 with a salary of Rs. 300 per month rising to Rs. 500 per month by a biennial increment of Rs. 25 per month<sup>76</sup>

Civil surgeons were eligible for the medical charge of all hospitals, civil or military, as well as for the post of the Sanitary Commissioner, House surgeon, chemical Analyser, Medical Storekeeper, and also for the office of jail superintendent. Assistant surgeons were eligible for the medical charge of 1<sup>st</sup> class dispensaries, civil and military as well as for the duties connected with Animal Vaccination and the Lunatic Asylum. Medical Pupil had acquired certificates of proficiency for compounding and dispensing medicines<sup>77</sup>. The pay scale of the medical pupils was revised and increased in the year 1906-07 to attract better men for services.

<sup>75</sup> H.O. No. 41/19 dated 26-1-1931

<sup>76</sup> Huzur Order No. 64/6 dated 6-1-1927

<sup>77</sup> B.S.A.R. 1902-1903 p.203

The pay of the Medical Probationers was fixed by the Government according to the exigencies of service and the qualifications of the probationers<sup>78</sup>.

Medical Officers in-charge of Hospitals and Dispensaries were responsible for the proper management, control and sanitary-up-keep of the institutions. They were expected to take an active part in the sanitary administration of the *taluka*<sup>79</sup> or district in which their Head-quarters were situated.

Medical Officers getting an allowance for working as District Jail Superintendents or Medical attendants at Hostels or school boarding etc. had to mark their presence in the attendance registers kept at those institutions whenever they visit them<sup>80</sup>.

They could not, except for urgent reasons, be absent from their Hospitals and Dispensaries during the working hours. They were primary responsible for the articles of dead-stock, instruments, appliances, etc. They were to supervise the stock of medicines, surgical instruments etc. and to see that they were properly taken care of and not misused or wasted.

All Medical Officers were required to pass the examination in the subjects of Hindi and Accounts.

No grade increment could be allowed to them without passing the said examinations as per Section 147 (2) of Government Servants Rules.<sup>81</sup> Medical Officers were

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<sup>78</sup> The Medical Code of the Baroda State, Baroda State Press, 1930 p. 10

<sup>79</sup> Block

<sup>80</sup> Accountant General's Circular No. 5/85 dated 17-8-1928

expected to have some general knowledge of the State Rules and Regulations such as:-

Correspondence Rules;

Record Rules;

Rulers of Baroda; and

The Constitution of the Baroda State<sup>82</sup>

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<sup>81</sup> Medical Circulation No. 24 dated 30-3-1934 and H.O. No. 124 dated 30-6-29 .

<sup>82</sup> H.O. No. 98/9 dated 9-5-1930.

**Civil Medical Officer, Shri Sayaji General Hospital, Baroda**

The post of the Civil Medical Officer, Shri Sayaji General Hospital, Baroda, was to be filled up by a Medical Officer possessing high foreign qualifications as would be considered essential. The Civil Medical Officer ranked next to the Principal Medical Officer, Shri Sayaji General Hospital.<sup>83</sup> He had to work at the Shri Sayaji General Hospital, and was to be incharge of the Wards as would be entrusted to him by the Principal Medical Officer. He was responsible for the hygienic upkeep, both of the patients and the Wards under his charge. He had to see that the Sub-Assistant Surgeons working in his Wards kept proper notes of the cases. He had to train the Sub-Assistant Surgeons working under him with professional knowledge.

He had to attend to the Out-Patients' Department of the Shri Sayaji General Hospital once a week and examined the Out-Patients referred to him. He had to impart necessary Post-Graduate Training to the Medical Officers and Sub-Assistant Surgeons of the Shri Sayaji General Hospital, Baroda.

**Radiologist at the Shri Sayaji General Hospital**

The Radiologist at the Shri Sayaji General Hospital was a full time Medical Officer in charge of the X-Ray Zanders and Radium and the Massage Departments.<sup>84</sup> He was assisted in his duties by a full time sub-charge Sub-Assistant Surgeon and a Swedish Masseur.

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<sup>83</sup> H.O. No. 46/4 dated 12-10-25 and 26-11-25.

<sup>84</sup> C.O. No. 84/42 dated 18-7-1932.

The duties of the Radiologist were as follows:

The Radiologist was responsible for the upkeep and proper order of the various departments under him. He had to give electric treatment as well as Bismuth or Barium meals as directed by the Medical Officers in charge of the Wards of the Shree Sayaji General Hospital. He had to take Skiagrams of Indoor patients free of charge and record his opinions on them. He was in-charge of the Radium and was responsible for its safe custody.

#### **The Sub-charge Sub-Assistant Surgeon**

The Sub-charge Sub-Assistant Surgeon in X-Ray Department was responsible for the proper care and custody of all the appliances and dead-stock articles and other equipments supplied to the X-Ray Department and other departments under the Radiologist. He had to assist the Radiologist in his work and had to undertake all the work done by him in his absence. He was also expected to do the work of the X-Ray Assistant whenever he was absent<sup>85</sup> or was required in emergency.

#### **Duties of the Physician to His Highness the Maharaja**

The Medical Officer in charge of the Palace Dispensary was designated as "The Physician to His Highness the Maharaja Saheb." This post was usually filled according to the pleasure of His Highness the Maharaja Saheb.

The duties and functions of the Physician to His Highness the Maharaja were as under<sup>86</sup>:-

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<sup>85</sup> The Medical Code of the Baroda State, Baroda State Press, 1930, page. no. 29

<sup>86</sup> Ibid

The Physician was expected to attend the Palace Dispensary morning and evening, and at any other time when necessary and treat the members of the Royal Family and officers and servants on duty according to their respective positions within the precincts of the Palace and render medical aid to such individuals as Their Highness may be pleased to direct.

When the Palace servants were not on duty they could go elsewhere for medicines, they were treated free of charge at the Military Dispensary in the Palace Compound. When there is no such institution in the Palace Compound, they were treated at the Shri Sayaji General Hospital. The servants at the Makarpura Palace were treated at the Military Dispensary in the first Cavalry.<sup>87</sup> The Physician was expected to be at his post at the time convenient to their Highness and so his hours of attendance were regulated according to the pleasure and convenience of Their Highness.

The physician paid visits to Their Highness daily and other members of the Royal Family occasionally or whenever required and made a note of his observation regarding their health in the diary book kept there for the purpose.

The Physician paid particular attention to the supply of drinking water for the use of Their Highness and Family and issued instructions to the servants concerned, regarding the method of its purification in general and the care to be taken to guard against possibilities of contamination and saw that they were properly understood and carried out.

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<sup>87</sup> D.O. No. 15/3 dated 29-9-31.



The Physician had to give special instructions to the Kitchen Superintendents regarding the Dietary of Their Highness and Family when they were kept on a restricted diet in case of illness and saw that his instructions were properly understood and carried out in detail.

The Physician had to visit the kitchen, specially, once a week, to satisfy himself that the food stuffs and provisions supplied by the Kitchen contractors were of good quality and they were stored in a clean and hygienic manner.<sup>88</sup> The Physician exercised constant and effective supervision over the Domestic Hygiene of the Palace and its compound and other places, wherever Their Highness may temporarily reside. The sanitary unkeep of the Palace building and the adjoining grounds required his regular inspection at least once a week, and if he noticed any mosquito breeding places and such other defects, he had to put himself in communications with the Malaria Officer, the City Health Officer and the Garden Superintendent and get the defects removed.

The Physician of Palace had to examine all the servants working in the Palace every six months i.e. twice a year, and had to give preventive treatment to any one suffering from contagious disease, and inform Khangī Karbhari about the same.

Officers or Karkhandars concerned saw that the servants such as cook, their assistants, table boys etc. working in the Palace Kitchen were inoculated with T.A.B.

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<sup>88</sup> Khangī Head Office Order No. 4/36-37 dated 30-6-36.

Vaccine by the Palace Physician, every two years. If any other servant working in the Palace desired to be inoculated, he did so.<sup>89</sup>

If a person was to be appointed to the post of the cook, his assistant or a table boy etc. he was sent to the Shri Sayaji General Hospital for Bacteriological Examination, and on examination, if he was found to be suffering from any contagious disease, he were not taken up in the service.

Karkhandars concerned could ask the servants working in the Palace to inform the Palace Physician, if he or any one of his family members was suffering from any contagious disease.

In the event of breaking out of any epidemic in the City or in the immediate neighbourhood of the Palace Compound, he would adopt such measures as would prevent the spread of infection in the Palace.

In case, a servant on duty falls a victim to the infection, the Physician was at once to take such steps as he may deem proper in the interest of the health of the Royal Family, both by way of prophylaxis as well as for its radical extermination.

They had to attend one of the Medical Institutions in the city in the morning hours, with the previous permission of the Head of the Department when Their Highness were out of India and carry on the correspondence and accounts adjustment work

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<sup>89</sup> The Medical Code of the Baroda State, Baroda State Press, 1930, p.30

during the evening hours at the palace. This was to help them retain touch with the professional subjects.

### **Sub- Assistant Surgeons**

Sub- Assistant Surgeons were recruited from duly qualified candidates, holding a Diploma from any one of the recognized Medical Schools in British India. Senior Grade was divided into two classes (A) 1<sup>st</sup> Class, and (B) 2<sup>nd</sup> Class. The Senior (A) Class carried a pay Rs. 1200 per month. The Senior (B) Class got Rs. 110 per month. Promotion from the fourth to the third grade and from the 3<sup>rd</sup> to the 2<sup>nd</sup> grade was to be given after passing the Departmental test examinations. Promotion from the 1<sup>st</sup> to the senior grades was by selection on account of ability and merit only<sup>90</sup>.

The Sub Assistant Surgeons at the Palace got Rs. 30 as allowance per month, for loss of private practice and the responsible nature of dues developing upon them<sup>91</sup>. Assistant surgeon at the Central Jail Hospital got allowance of Rs. 20 per month.<sup>92</sup> He was put in subordinate charge of Hospital, 1<sup>st</sup> class Dispensaries, Mental Hospital, Central Jail and Chemicals Laboratory and in independent charge of such Institutions as 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> class Dispensaries may be specified from time to time. To Hospitals and Dispensaries in charge of Medical Officers, one or more Sub Assistant Surgeon was attached for duty in Sub charge. Such Sub-Assistant Surgeons resided on or near the premises of the institutions so as to be available for duty at all times and could not be absent without leave from the Medical Officer<sup>93</sup>.

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<sup>90</sup> The Medical Code of the Baroda State, the Baroda State Press, 1930, p.55

<sup>91</sup> Council order No. 86/41 dated 8-3-27

<sup>92</sup> Council Order No. A/4 dated 24-10-18, see also, The Medical Code of the Baroda State, the Baroda State Press, 1930, p.57

<sup>93</sup> The Medical Code of the Baroda State, the Baroda State Press, p. 58

In the absence of the Medical Officer, the Sub Assistant Surgeon was responsible for the control and management of the institution generally, and all orders issued by him in connection therewith were strictly carried out by the Juniors on the establishment and by servants. He was responsible for the cleanliness, good order and discipline amongst the subordinate staff and the patients.<sup>94</sup>

He had to inspect the Patients' meals before they were issued and see that they were well cooked and that the patients had no cause to complain. He had to visit the sick, occasionally, in the wards during the day and see that the orders of the Medical Officer are properly carried out. He was responsible for all cases that admitted between the visiting hours of the Medical Officer. In emergency cases he had to send ward at once to the Medical Officer.<sup>95</sup> He had to keep the prescribed records and was responsible for the correctness of the entries therein. He had to help the compounders under him in acquiring a general knowledge of *Materia-Medica*,<sup>96</sup> registers and of preparing returns.<sup>97</sup>

During epidemics, the Medical Department had to immediately provide Sub Assistant Surgeons to work under the Health Officer at the Municipal Epidemic Hospital in Baroda, until other arrangement are made by the Municipality.<sup>98</sup>

### **The Lady Superintendent, State General Hospital**

The post of the Lady Superintendent, State General Hospital carried a stipend of Rs. 300 per month rising to Rs. 375 by annual increments of Rs. 15 per month<sup>99</sup>.

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<sup>94</sup> Ibid p. 59

<sup>95</sup> The Medical Code of the Baroda State, the Baroda State Press, p. 60

<sup>96</sup> It's a modern Latin word meaning "healing material". The Study comprise list of symptoms and corresponding remedies. It is also known as pharmacology and the historical study of drugs in treating disease

<sup>97</sup> The Medical Code of the Baroda State, the Baroda State Press, 1930, p.61

<sup>98</sup> Ibid p. 62

### Nursing Sisters

There were three posts of Nursing Sisters, each carrying a monthly salary of Rs. 160 rising by biennial increments of Rs. 20 to Rs. 200. One of these posts was reserved for the Palace Dispensary while the other two were chargeable to State General Hospital<sup>100</sup>. All the Nurses got a uniform allowance according to the State rules.<sup>101</sup>

The entire control over the Nursing and the menial staff belonged to the Hospital the Operating Theatres and also over the Hospital Tailors and *Dhobees*<sup>102</sup> who had vested in the Lady Superintendent, subject to the orders of the Principal Medical Officer, to whom the former was to be responsible for the proper maintenance of cleanliness and general discipline in the Hospital wards and Theatres, as well as for the proper nursing of the patients in the Hospital.

The Lady Superintendent had to submit yearly to the House Surgeon an approximate estimate of all her requirements in connection with the Hospital for the ensuing year, at a convenient time, for the preparation of the Annual Hospital Budget.<sup>103</sup> The Lady Superintendent would go round the Wards daily with a view to satisfy herself of their proper internal arrangements of their sanitation and of the comforts of patients in general<sup>104</sup>.

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<sup>99</sup> Huzur Order No. 19 dated 26-6-18.

<sup>100</sup> Council Order No. 31/14 dated 17-10-21.

<sup>101</sup> The Medical Code of the Baroda State, the Baroda State Press, 1930, p.75

<sup>102</sup> Laundry man

<sup>103</sup> The Medical Code of the Baroda State, the Baroda State Press, 1930, p.77

<sup>104</sup> Ibid

The Lady Superintendent was responsible for the house – keeping of the Sisters' and the Anglo-Indian Nurses' quarters and kept accounts of all expenditure falling within the allotted messing grants, for submission to the Principal Medical Officer, when required.<sup>105</sup>

#### **Duties of Nursing Sisters.**

A Nursing Sister was usually placed in charge of a ward or of an Operating Theatre, and was held responsible for the proper management of either the ward or the Theatre. She was responsible and answerable to the Lady Superintendent for all the stock of materials placed in her charge, and for the observance of proper economy in the use of the dressings and other materials in her possessions. She had to submit indents duly made up on the prescribed forms for such articles as may be required for use either in the ward or at the theatre in her charge or where she may be working.<sup>106</sup>

She made it a point to satisfy herself that every patient received her personal care and attention almost every day, especially in regard to his washing, cleaning, clothing, bedding, dressings, etc, which by far were her chief concern.

She was to inquire immediately into any complaint brought by any patient against any Nurse or menial regarding lack of attention, bullying, extortion of money and such other things and report it to the Lady Superintendent with a view to its final disposal.

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<sup>105</sup> Ibid p. 78

<sup>106</sup> The Medical Code of the Baroda State, the Baroda state Press, 1930, p. 79

She was to provide every possible assistance to the Sub Assistant Surgeon attached to her ward, in the discharge of his or her duties<sup>107</sup>.

In any case of grave Medical or Surgical emergency, she was to at once communicate with the House Surgeon on duty.<sup>108</sup> Subject to alteration by the Lady Superintendent in consultation with the Principal Medical Officer, the ordinary duty hours for Sisters were fixed at 8 a.m. to 12 noon, then in rotation, afternoon or evening duty, half day off on Sundays either from 2 p.m. or till 2 p.m.<sup>109</sup> There were three charge Nurses, each getting Rs. 100 per month. Free furnished quarters were provided for all of them.<sup>110</sup> She was that the Nurses keep to and go off their duty at proper time during hours of work, that they waste no time in idle loitering about the corridors, that they did not trespass on the Wards not under their charge without her permission, that they did not fall asleep while on duty, that they did not allow patients to get out of their beds and that they did not show carelessness, lack of attention in their behaviour towards the patients, the Sister of the ward was take notice of any such neglect of duty on her part and will report the same to the Lady Superintendent<sup>111</sup>.

During the absence of the Charge Nurses, the Senior, Nurse on duty, was responsible for the work and the condition of the ward, The Charge Nurse and the Senior Nurse on duty were enjoined against being simultaneously absent from their ward at one and the same time. The Charge Nurse and the other nurses on duty in the ward received new patients on their arrival in their ward in a kind and pleasant way so as to assure

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<sup>107</sup> Ibid 80

<sup>108</sup> Ibid

<sup>101</sup> The Medical Code of the Baroda State, the Baroda state Press, 1930, p.81

<sup>110</sup> Ibid, p. 82, see also Council Order No. A51 dated 7-5-18 No. B. : Out of the 4 posts 1 is abolished C.O.No. 13/4 dated 31-8-1882.

<sup>111</sup> The Medical Code of the Baroda State, the Baroda state Press, 1930, p. 83

them and their friends of a sympathetic treatment from the very outset. All the members of the nursing staff were expected to show every mark of politeness and courtesy to strangers visiting the Hospital.<sup>112</sup>

### **Appointment of European Nurses and Matron in the Medical services**

Time to time the European Nurses and Matron were appointed in medical services of the Baroda State. In the first half of the twentieth century appointment of such females became more rampant, though in nineteenth century they were hardly appointed in the State medical services. Huzur Political Records pertaining to the appointment of the European Nurses and Matrons suggest that around 20 European ladies were employed in between 1910-1929 comprising one Lady Doctor, two Lady Superintendent and rest were Nurse and Matrons.

It was Mrs Esdon who is likely to be the first lady European doctor to join the Baroda State Medical Services. She was appointed at the State General Hospital on the 15<sup>th</sup> November 1919.<sup>113</sup>

As a general practice, the recommendation for the appointment of European female medical staff was sent by the CMO to the Dewan Cutchery<sup>114</sup>. The Cutchery also reserved the rights of sanctioning the appointment after the selection of European lady staff. The details of the employee were sent in specific and systematic orders to the Cutchery and the brief details of these European female employees. Such detail comprised the information like their name, nationality, nature of the proposed

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<sup>112</sup>Ibid, p. 83

<sup>113</sup>, HPO, D.NO 483 file no 199/81, memo no 68/b CMO Baroda state

<sup>114</sup> Meaning office



employment, qualification, proposed salary yearly, information regarding their previous employment and salary, pension if any received from the British Government, reference if any, remarks etc<sup>115</sup>

The general observation suggests that qualification obtained by these female employees were Medical and Surgical Nursing Diploma and three years of nursing training in St. George Hospital, Bombay.

### **Medical Officers and their contribution**

According to the Baroda Administration Report 1903-1904, Dr. Shamssudin Sulemani was the Chief Medical Officer. He was the head of the Medical and Vaccination Department. He joined the services of the State in 1876, and had the entire superintendence and control of all Medical institutions<sup>116</sup>. He also supervised the work of vaccination as well as of sanitary department. According to the report of medical analyser, Dr. Sorabji F Gazdar was the medical storekeeper. As chemical analyser he had to examine substance in case of suspected poisoning. As medical storekeeper he had to supply the various medical institution with the medicines and instruments during the year 1906 -07. Dr. Shamssudin Sulemani continued to hold the post of the C. M. O. and performed his duties satisfactorily. He retired from his services on 30 November 1908. He worked for 31 years for the Baroda medical institution. During the whole period of his tenure he rendered good services and

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<sup>115</sup> HPO, D.NO 483 file no 199/81, memo no 68/b CMO Baroda state

<sup>116</sup> B.S.A.R. 1902-1903 p.203

proved himself a careful and zealous officer, and during the last 23 years he filled the high post of Chief Medical Officer<sup>117</sup>.

### **Chemical laboratories and medical stores**

The cases of human poisoning, cattle poisoning and blood stain etc were referred to the State chemical laboratories. Under the Chemical analyser, investigation and examination of medical legal cases involving separate analysis of articles including samples of water was done. Small fees were charged for examining the articles.<sup>118</sup>

Medical store keeper supplied drugs and chemicals to all Medical Institutions in the State<sup>119</sup>. Every year Medical Storekeeper invited tender for medicines and chemical from different firms in Bombay and England, and preference was generally given to the firm whose quotations were the lowest. A committee of three medical officer was appointed to examine the stock and when any article did not prove to be of the required quality, it was rejected and one of better quality bought at the suppliers' cost.<sup>120</sup>

Several medicines such as tincture, liniments plasters and chemicals were prepared at the stores and there by much saving was effected, amounting on an average to about Rs.8000 a year.<sup>121</sup>

A few native drugs were also prepared at the store for use at Hospitals and Dispensaries. The most important of them were cholera pills, which were sold at

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<sup>117</sup> B.S.A.R. 1908-1909 p. 179

<sup>118</sup> B.S.A.R. 1906-07, p. 191

<sup>119</sup> B.S.A.R. 1902-1903 p.209

<sup>120</sup> B.S.A.R. 1902-1903 p.209

<sup>121</sup> Ibid

about 12 *annas*<sup>122</sup> for a thousand.<sup>123</sup> Apart from this the local native persons also supplied local medicine for several disease even including medicine for snake poisoning. Mr. Babashasti Natekkar's antidote for snake poisoning was one of these kinds. He was paid at the rate of Rs. 20 per month for nine months during 1879, and since then he had been in receipt of rupees 25 every month for supplying root that was supposed to be antidote for snake poison, to this department<sup>124</sup>. He continued to provide this remedy of snake bite for almost six years to the Medical Department of the Baroda State. The following is a tabular statement showing the number of cases of snake poisoning treated during six years with the said root and the result of the treatment.<sup>125</sup>

Varieties of Snake	No. of cases reported	No. of cures	No of deaths	Percentage of cure to the total treated
Variety not known	123	99	24	80.4
Not specified	80	69	11	86.2
Kadia or kodialla	25	25	0	100
Chital	8	7	1	87.5
Nag (cobra dicapells )	32	13	19	40.6
Total	268	213	55	79.5

From this tabular statement it appears that there were 8 cases of Chittal<sup>126</sup> and 32 of cobra poisoning and the percentage of cure in the former was 87.5 and in the latter 40.6. The percentage of cure in other cases than those cases of Chittal and Cobra ,

<sup>122</sup> 12 annas are equal to 1 Rupee

<sup>123</sup> B.S.A.R.1902-03,p. 209-10

<sup>124</sup> Babashasti Natekkar's root as an antidote against snake bite, D.No.478, F.No.199/24, CMO Baroda to Dewan Baroda State, 5-12-1885.

<sup>125</sup> Babashasti Natekkar's root as an antidote against snake bite, D.No.478, F.No.199/24, CMO Baroda to Dewan Baroda State, 5-12-1885.

<sup>126</sup> which is same as Daboca : a type of snake

ranged from 80.4 to 100 % which was very high. Looking into the deadly nature of the poison of the above two kinds of snakes and also to the percentage of cure, the efficacy of the root in question appears to be established. In 1885, Dr. Shamssudin Sulemani was the Acting Chief Medical Officer and he wrote a letter to the Dewan of the Baroda State to sanction Mr. Natekkar his rewards for his service. However no exact records are available about whether the sanction of this grant was made or not but correspondence letter from Acting CMO side suggests that for almost above a year no response was given by the His Highness Government<sup>127</sup>

The value of the stock medicine, and chemicals in balance at medical store depot was Rs. 50,874 at the beginning of 1902-03 and Rs. 53, 450 at the beginning of 1903-04. As per Baroda Administration report of 1912-13 and 1913-14 the value of the stock medicine in balance at medical store depot was Rs.63,899 and Rs. 61, 996 respectively. After a decade in 1923-24 and 1922-23 the value of stock medicine was increased to Rs. 1,90,231.<sup>128</sup>

The Chemical Analyser also worked as a Medical Storekeeper, for instance Dr. Sorabji F. Gazdar was Chemical Analyser as well as Medical Storekeeper. As a Chemical Analyser he had to examine the substances in case of suspected poisoning.<sup>129</sup> As Medical Storekeeper he had to supply the various medical institutions with medicines and instruments<sup>130</sup>. One or more hospital assistants were

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<sup>127</sup> H.P.O, D.No.478, F.No.199/24, CMO's Office to Dewan Cutchery, Baroda 27-12-1886,

<sup>128</sup> The Baroda administration reports does not provide further details regarding the same after this decade.

<sup>129</sup> H.P.O.,D. No. 478, F. No. 199/17, Analysis in connection with poisoning cases , 1876, p.10

<sup>130</sup> B.S.A.R. 1908-1909 p179

attached to every hospital and in some cases they were given independent charge of small dispensaries<sup>131</sup>.

### **Pension, Gratuities to *Vaids* and *Hakims*.**

One of the major changes which was introduced by the inauguration of new medical system was it side lined the Native system of medicine. Number of *Vaids* and *Hakims* were retired from their services to the State from 1875-1877 after the establishment of the reorganised department. Several native practitioners who were affected by this change claimed for the gratuity and the pension. The cases which were comprising the generation of the services as *Vaids* and had claimed big amount were undertaken through the inquiry committee to look into their claims. After getting the report of the committee the State treasury with the Dewan order delivered the due claimed. For this purpose Survey Settlement Committee was appointed to look into the matter of Pension and Gratitude.

Such matter was found in the case of Dr. Auderjee Jamsetjee who filed a petition in 1877 to Her Highness Maharani Jamunabai Saheb. In petition he stated about his father who was also working as Doctor or Physician to the Royal Family from the time of Sayajirao II of Rs 175 per month. Looking into the efficiency his father's salary was increased during the time of Khanderao Maharaja and other endowments were also given to this family due to their medical services<sup>132</sup>

Thus the petitioner enjoyed in all a total *nemnook* or allowance of Rs 4770 in addition to Rs. 2000 to the income of village a year beside medical charges which were paid

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<sup>131</sup> Ibid

<sup>132</sup> H.P.O., D.No.478 F.No.199/12 Petition of Adurjee Jamsetjee to Her Highness 13-03-1877

separately by the Government. The family served for almost 53 years faithfully and was going to be pensioned. The Dewan recommended the pension of the above mentioned 125 Rs Per Mesum. However the same was the case of Bakulbhai Laksmiram Vaid. First his Father then he served in the services of the Doctor Physician to the State.

The pension which was paid to the *Vaids* was not adequate as apart from their regular pay they received earlier, during their tenure they also earned a number of allowances and *bakshises* for their services but theses were not added when they were removed looking into their salary they were pensioned . Due to this they found very difficult to maintain themselves and their family comfortably and to keep up their status in the society as they enjoyed during their services <sup>133</sup>

There were also cases where some people themselves never performed any medical services for the State but claimed consideration on accounts of the services of their father. The cases of Mitibai<sup>134</sup> was of this kind. She was the daughter of a late *vaid* namely Jamsetjee Rustamjee, who was in the services of the State at 10 Rs. per measum. As after the death of her father she was living with her father's sister's husband but as it was found the marriages in the Parsi family took place at a very early age the girl joins her husband after attaining the age of fourteen or fifteen so the Dewan recommended that Mitibai should get the payment up to the age of 14.years only.

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<sup>133</sup> H.P.O. D.No.478 F.No.199/12 Petition of Bapubhai Laxmiram vaid to Her Highness 18<sup>th</sup> march 1877

<sup>134</sup> H.P.O., D.No.478 F.No.199/12, Pension to Mitibai, Memo no,114, 1876

There were also cases where they remained in service just for few years and due to some reason or other, the other man came in the suite of the Her Highness the Maharani and had been attached to place something over a few years. He was formally a servant at the Mamekwara dispensary but was dismissed for what reason difficult to state by the then CMO himself<sup>135</sup>

The Dewan Office made the investigation in the above mentioned case and found that it was true that Balkrisna Ramchandra served for six years so he paid the gratuity of Rs 150.

Another letter of CMO to the Dewan was sent where he requested to the Dewan to provide the extra allowance per month to the *Bal Vaid*<sup>136</sup> namely Bahirao Nimbaji Chakankar-. As even after his retirement he proved himself to be useful for the medical treatment of Sir SyajiraoIII during his minority, and clearly mentioned that he has been very useful in rendering<sup>137</sup> advice further in other cases as well. The same was sanctioned by Dewan.<sup>138</sup>

In 1877 April a list was prepared by the CMO of the *Vaids* and *hakims* in the services of the State. Showing the pension agreed upon them, the pension rates were all to be commenced from the first April.<sup>139</sup>

List of the *Vaids* and *Hakim* who were pensioned

Name	Age	Length of services	Gross Emolument	Pension in Rs	Where to be paid	From what date
Bapoobhai Laxmiram	50	27	50	30	Baroda	1 <sup>st</sup> April 1877

<sup>135</sup> HPO, D.No.478, 199/12 Letter No.444 of 1876-77, CMO to Dewan, 29<sup>th</sup> March, 1877

<sup>136</sup> Paediatrician

<sup>137</sup> HPO, D.No.478, 199/12 F.No.199/12, Letter No.888 of 1884, CMO to Dewan, 10-10-1877

<sup>138</sup> HPO, D.No.478, 199/12, Letter No.1353, Dewan to CMO, 15-10-1884

<sup>139</sup> HPO, D.No.478 F.No.199/12 Letter No.21 of 1877, 5-04-1877. CMO to Dewan

Ghansham Hari Krishna	10	27	50	10	Baroda	1 <sup>st</sup> April 1877
Noormia	60	45	40	25	Baroda	1 <sup>st</sup> April 1877
Bahirao Abajee	45	25	25	10	Baroda	1 <sup>st</sup> April 1877
Sadashiv Pandoorang	60	20	50	15	Baroda	1 <sup>st</sup> April 1877
Rahim Mulla	40	15	25	10	Baroda	1 <sup>st</sup> April 1877
Heerabhai Dalput	43	17	50	15	Baroda	1 <sup>st</sup> April 1877
Keshavram Vaneeram	60	32	90	25	Baroda	1 <sup>st</sup> April 1877
Nusyrwanjee Bucha	75	27	25	25	Baroda	1 <sup>st</sup> April 1877



Name	Age	Length of services	Gross Emolument	Pension in Rs	Where to be paid	From what date
Narayanrao Vinayakrao	67	22	125	50	Baroda	1 <sup>st</sup> April 1877
Madhavrao Vaniram	56	40	90	30	Baroda	1 <sup>st</sup> April 1877
Fardoonji Moolajee	43	21	73	25	Baroda	1 <sup>st</sup> April 1877
Dalpatram Damodar	50	16	89	15	Baroda	1 <sup>st</sup> April 1877
Ganpatram Damodar	40	17	65	15	Baroda	1 <sup>st</sup> April 1877
Adhurjee Jamsetjee	55	30	250	125	Baroda	1 <sup>st</sup> April 1877
Jamsetjee Soraljee	38	15	46	15	Baroda	1 <sup>st</sup> April 1877
Jamajee Nowrojee	35	13	46	15	Baroda	1 <sup>st</sup> April 1877
L.F. Extros	12	13	73	20	Baroda	1 <sup>st</sup> April 1877
Taliya Shastree	46	24	45	20	Baroda	1 <sup>st</sup> April 1877
Total	1307 and 495					
Deducted pension	495					
Subsequently monthly and yearly saving	812 x12 =9144 by T. Cody					

At the beginning of the new system of the medicine the old *Hakims and Vaid*s were pensioned and later after a few years, the State again tried to bring them into the system. Apart from this while Modern system of Medicines was functioning, the native antidotes prepared by the indigenous people for several diseases tested by the State and after getting the satisfactory reports, demands were laid for them as well. It was also found that a native *Vaid*s was also attached to the Sri Sayaji Hospital. Thus the native system of medicine did not die but was subsidised by the Government. Alike the other part of India in Baroda as well Indigenous system of medicine was not respected and trusted much and instead of that they thought to save the money by

pensioning the indigenous practitioners. Instead of all this they could set an example to the world by providing equal footing to the indigenous system of medicine together with allopathy. Not only the Britishers who led to the decline of the practice of native medicine in India but the Indian princes including Gaikwads also to some extent equally responsible for the decline of indigenous medical system in India and specially in Baroda State. If they had given the equal status to the native medical system the picture of today could have been different altogether. The State should see all the system of medicine with equal eye and should let the Patient decide by which medical system he or she wanted to be treated. Though in 1920s the revival of indigenous medicine took place in Baroda and Ayurvedic Dispensaries were opened in various parts of the Gaikwad territory<sup>140</sup> it was too late to put both systems of medicine on equal footing and indigenous system of medicine sidelined by the modern system of medicine.

### **How the System Worked**

Providing the medical facility to the subjects was the one and major aspect of the medical department. The second most important activity conducted on regular basis by this department was the conducting regular inspection throughout the territory where the dispensaries were established. The Chief Medical Officer usually visited the various dispensaries classified as first class, second class and third class etc. after the completion of the inspection report was prepared and sent to the Dewan Cutchery (ministerial office of the Baroda )

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<sup>140</sup> B.S.A.R.s from 1924-1948

From the Huzur Political Records it seems that since 1877 the inspection was conducted and the practice continued up to the amalgamation of the State into free India. In the beginning the inspection was conducted from the C. M.O. office and most of the time he himself did it. Later after the establishment of the separate department of Sanitation the inspection and surveys were particularly in the matters of hygiene were done by the Sanitary Commissioner and his office.

### Public Response to the New Medical System

At the beginning of the system people did not appear to appreciate the new arrangements which was made by the ministry solely for their benefit.<sup>141</sup> They despised the European medicine which they stigmatised as “*sahib Logos Dawa*”<sup>142</sup>, and when cholera was prevalent almost all the patients declined the Civil Surgeons’ cholera mixture, because to them it would pollute them and if they succumbed to effects of the disease they would not be admitted to *swarga*<sup>143</sup> This notion was assiduously spread over the town by the Brahmins, who seemed to be certain of the fact that their own *Shastras* and *Manu* inculcate the use of any kind of medicine in order to save life.<sup>144</sup> But there were highly intelligent and educated men notably the Wahiwatdar<sup>145</sup> of Kathiawad, the munsif<sup>146</sup> etc who ought to evince their gratitude for the education they had received in the British School.<sup>147</sup>

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<sup>141</sup> B.S.A.R.s, 1877-78, p.83

<sup>142</sup> Meaning officer’s medicines

<sup>143</sup> Meaning Haven

<sup>144</sup> B.S.A.R.s, 1877-78, p.83, The Administrative report further states in the criticism to the Brahmins that “it may be really are ignorant of their own *shastras*”

<sup>145</sup> Meaning administrator

<sup>146</sup> Civil judge

<sup>147</sup> B.S.A.R.s, 1877-78, p.83,

### Rural Medical Relief

The two fold program of the Gaikwad Government to provide medical institutional facility to the urban and rural areas of the territory was going on and they had already established hospitals in all the four division centres by the end of the first decade of the 20<sup>th</sup> century.<sup>148</sup> And up to third decade of the 20<sup>th</sup> century almost at every block there was either hospital or first class dispensary. For the rural public rural medical relief work was piously taken care of. In 1932 the extension of the medical relief provided already in the rural area of the State, and was felt necessary and hence attempts were made by the department to select suitable village in each district with the consultation of *subas* of the respective district. The village where donations were available was given preference.<sup>149</sup>

In the year 1933 only twenty new village dispensaries were opened in several *talukas* of the Government.<sup>150</sup> The success of the building up of rural health and providing them with infrastructure facility could not be full filled without the support of donors. In most of the villages the building accommodation fund was either partially or fully donated by the big land lords or the businessmen. For instance, in the Baroda district, a donation of Rs. 10, 000 from Mr. Purshottam Tulshibhai of the village of Nar was forthcoming at that time. In the Mehsana District a donation of Rs. 16,000 from the sheth Chinilal Nyalchand of the village Pilawi (Vijapur Taluka) was forthcoming. Government had passed orders<sup>151</sup> to accept the donation of Rs. 36,450 in cash and Rs. 1.20, 400 in Government Promisary note of 3 ½ % from the trustees of the late

<sup>148</sup> H.P.O.,D. No. 479, F. No. 199/27- Government sanctions for the establishment of Dispensaries in various talukas, 1877-1881

<sup>149</sup> Ibid

<sup>150</sup> Baroda Blue Book 1933 p.76

<sup>151</sup> C.O. No 6/6 dated 20-07-1937

Sheth Babu Panalal Punemchand of Patan towards the maintenance of the following institutions to provide medical relief in the Mehsana District.<sup>152</sup> Similarly, a fourth class dispensary at Ranoli<sup>153</sup> was to be opened in the building accommodation donated by Laloobhai Nathabhai Patel.

Thus a programme adopted in 1919 for opening dispensaries in rural areas to provide medical help within five miles of every village was completed by 1945.<sup>154</sup>

### Lunatic Asylum

Lunatic asylum or generally known as home or hospital for the reception and treatment of insane person of all denominations was opened in Baroda on the 28<sup>th</sup> June 1898. Before the establishment of the Asylum, dangerous lunatics were confined and treated in the Central Jail, on Magistrate's order.<sup>155</sup> Under the provision of the Lunatic Asylum Act, *Unnatashraya Nibandh*, of Samwat 1955, an Asylum was opened at Baroda, where a building specially constructed for the purpose near Karelibag.<sup>156</sup> It was originally planned for 28 patients, but as greater need arose the accommodation was subsequently enlarged. All criminal lunatics and lunatics under observation were kept in the custody in the mental hospital so that an expert in such cases may be in charge of them.<sup>157</sup>

The asylum was in the charge of a superintendent and was visited every month by a committee of official visitors, consisting of district judge as President, and the Civil

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<sup>152</sup> Baroda Blue Book 1937-2 p 86

<sup>153</sup> It comes under the vicinity of Baroda district.

<sup>154</sup> Gazetteer of India, Gujarat State, Vadodara District, 1979, p.724

<sup>155</sup> The Gazetteer of the Baroda state, vol. II, 1923, p. 368

<sup>156</sup> Ibid, Even today also the hospital is at the same place and functioning properly.

<sup>157</sup> Medical Code of the Baroda State, Baroda State Press, 1930, p. 170-178,

Medical Officer, the Assistant Accountant General and the City Executive Engineer as members.<sup>158</sup> The duties of the official visitors were to see that due care and attention in every respect were bestowed upon the inmates of the asylum and that nothing was wanted which might conduce to their welfare and recovery. At the monthly inspection of the official visitor, the superintendent reported to them the general status of the institution, and directed their attention to any change calculated to be beneficial to inmates. He also submitted to them the general state of institution, directing their attention to any change calculated to be beneficial to the inmates. He also submitted to them the names of any individuals he may propose to discharge and gave in writing his reasons.<sup>159</sup>

The following table shows the total number of lunatics treated and the expenditure at the asylum during the 1904-1905 to 1947-1948 time period .

Year	Total number of the patients treated	Died	Discharged and cured	Remained under treatment	Expenditure
1904-05	27	DNA <sup>160</sup>	DNA	DNA	DNA
1905-06	24	2	9	13	Rs. 3,499
1906-07	28	0	7	21	Rs.3,627
1907-08 <sup>161</sup>	32	1	4	24	Rs. 5,252
1908-09	42	DNA	DNA	DNA	DNA
1909-10	48	DNA	DNA	DNA	4,951
1910-11 <sup>162</sup>	49	6	13	25	4,841

<sup>158</sup> The Gazetteer of the Baroda state, vol. II, 1923, p. 368

<sup>159</sup> Ibid

<sup>160</sup> DNA for data not available

<sup>161</sup> Out of total 32 patients one was escaped and two were transferred to the Central Jail for want of accommodation. One died out of four were discharged and cured

<sup>162</sup> In this year five males escaped from the hospital.

1911-12 <sup>163</sup>	46	2	12	31	5,148
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<sup>163</sup> In this year also one lunatic patient escaped

Year	Total number of the patients treated	Died	Discharged and cured	Remained under treatment	Expenditure
1912-13 <sup>164</sup>	49	0	16	32	Rs. 4,560
1913-14	55	8	19	28	Rs. 5,339
1914-15	53	5	25	23	Rs. 5,219
1915-16	47	4	17	26	Rs. 5,219
1916-17	89	2	39	48	Rs. 5,702
1917-18	84	7	28	49	Rs. 7,237
1918-19	97	18	36	43	Rs. 7,581
1919-20	95	9	38	48	Rs. 10,326
1920-21	115	4	51	60	Rs.10,223
1921-22	130	12	49	69	Rs.11,281
1922-23	144	9	74	61	Rs.12,691
1923-24 <sup>165</sup>	120	9	39	62	Rs.11,153
1924-25 <sup>166</sup>	105	10	33	52	Rs.12,549
1925-26	119	12	49	58	Rs.13,261
1926-27	106	8	43	55	Rs.14,024
1927-28	87	9	22	56	Rs.13,024
1928-29	94	5	32	57	Rs.14,330
1929-30	95	8	35	54	Rs.14,963
1930-31	82	3	26	53	Rs.14,912
1931-32	79	3	20	56	DNA <sup>167</sup>
1932-33	86	2	20	60	DNA

<sup>164</sup> In this year also one lunatic patient escaped

<sup>165</sup> In this year 10 absconded

<sup>166</sup> In this year 7 absent

<sup>167</sup> DNA for Data Not Available



Year	Total number of the patients treated	Died	Discharged and cured	Remained under treatment	Expenditure
1933-34	88	5	19	60	DNA
1934-35	90	7	22	61	DNA
1935-36	75	3	12	60	DNA
1936-37	84	9	16	60	DNA
1937-38	81	3	15	61	DNA
1938-39	74	3	19	60	DNA
1939-40	69	DNA	DNA	DNA	DNA
1940-41	100	DNA	DNA	DNA	DNA
1941-42	103	DNA	DNA	DNA	DNA
1942-43	101	DNA	DNA	DNA	DNA
1943-44	110	DNA	DNA	DNA	DNA
1944-45	111	DNA	DNA	DNA	DNA
1945-46	108	3	29	76	DNA
1946-47	123	6	43	76	DNA
1947-48	102	6	20	76	DNA

The Baroda State had very clear and obdurate policy in respect to admission and treatment of the lunatic of foreign countries,<sup>168</sup> and treatment of the insane of their State in the other areas. The mental hospital at Baroda was exclusively for the Baroda State subjects and no foreign subjects were allowed except in case of emergency, but still the expenditure was borne by that State from which the inmates came. In similar way any insane belonging to Baroda State was to be treated by the Baroda State only except if the concerned insane was transferred there or sent for the

<sup>168</sup> Here the foreign countries means other princely States and British Provinces

special treatment outside. The matter of insane Mr. Jivan Nagar of Bilimora's recovery of maintenance charges issue, throws light on the policy of the State in above mentioned matter.

The insane patient Jiwan Nagar was admitted to the Central Mental Hospital Yearvada, Poona on 14<sup>th</sup> October 1938 on the reception orders issued by the Commissioner of Police Bombay, under section 14 of the Indian Lunacy Act 1912.<sup>169</sup> He was subsequently declared as recovered on 17 December 1938. His maintenance charge while in this hospital for the period from 14 October 1938 to 16 December 1938 at the rate of Rs. 1-2—0 per day was collectively come to Rs. 72-0-0. The amount of bill was to be recovered from the relatives of the Lunatics and forwarded to the residency for remittance to the government. However it was found that Jiwan Nagar of Bilimora was out of employment and his father Nagar Bhikha was hardly maintaining his family. Further he had no relative at Bilimora and he had no property there. Under the circumstances it was not possible for the Baroda State to recover the amount from the party concerned.<sup>170</sup> In this condition additionally the resident wrote a letter to the Government of Baroda stating that whether in such circumstances the Baroda Government was prepared to pay the charges which the Government of Bombay had incurred in respect of the subject of the Baroda State.<sup>171</sup> To prevent such request being made in future, the Baroda Government had authorized the resident to inform the Bombay Government that lunatics who were Baroda subjects may be sent to Baroda for maintenance.<sup>172</sup> The Chief Medical Officer replied

<sup>169</sup> H.P.O., D. No. 482, F.No.64, letter to the Minister Baroda State by Secretary to the Resident at Baroda, 6-7-1939

<sup>170</sup> Sursubah office replied to the H.P.O. dated 5-05-1939

<sup>171</sup> H.P.O., D. No. 482, F.No.64, letter to the Minister Baroda State by Secretary to the Resident at Baroda, 6-7-1939

<sup>172</sup> H.P.O., D. No. 482, F.No.64,

to this, that the Government of Baroda cannot bear the charges as of maintenance as the patient was neither sent by the Baroda Government nor Baroda Government was consulted for his admission in the hospital.<sup>173</sup> Same way the lunatics from the other territories were also not permitted to be admitted in the State mental hospitals. The Medical Code of the Baroda State of 1930 Chapter VIII clearly furnish the rules regarding this as “281”.

*(a) No foreign patient should be admitted into this Mental Hospital*

*(b) Lunatic from British India Mental Hospital asked the guardians to pay the charges of their maintenance.*<sup>174</sup>

Thus it was found that if the patient of Baroda subjects were treated in the other States the expenses of the concern patient were not bared by the Baroda State. In the case above mentioned it seems that as the Baroda government refused to pay for the treatment it was bared by the Bombay Government<sup>175</sup>.

### **Leprosy and Leper Asylum**

Traditionally, India holds the unenviable position as the origin of leprosy. The disease is thought to have then spread, via trade and war, to China, Egypt, and the Middle East, and later to Europe and America. From antiquity to modernity, Indian society treated leprosy singularly with respect to custom and law, a response shaped by both scientific knowledge and cultural attitudes.<sup>176</sup>

<sup>173</sup> H.P.O., D. No. 482, F.No.64, CMO to the Manager H.P.O. , 19<sup>th</sup> July 1939

<sup>174</sup> Medical Code, Baroda State 1930, Chapter VIII.

<sup>175</sup> No further correspondence is found in this regards in the primary sources.

<sup>176</sup> Jesse T. Jacob and Carlos Franco-Paredes “The Stigmatization of Leprosy in India and Its Impact on Future Approaches to Elimination and Control”, Articles from Plos Neglected Tropical Diseases are provided here courtesy of Public Library of Science

Early texts, including the *Atharava Veda* (circa 2000 BC) and the *Laws of Manu* (1500 BC), mention various skin diseases translated as leprosy. The Laws prohibited contact with those affected by leprosy and punished those who married into their families, effectively ostracizing those with the disease for their past sins.<sup>177</sup> The *Sushruta Samhita* (600 BC) recommended treating leprosy—or *kushtha*, meaning “eating away” in Sanskrit—with oil derived from the chaulmoogra tree; this remained a mainstay of treatment until the introduction of sulfones.<sup>178</sup> Ancient Indian society marginalized those with leprosy because of several factors: its chronic, potentially disfiguring nature; inconsistently effective therapy; association with sin; and the fear of contagion. This combination endowed leprosy with a unique stigma that persists today and resulted in its treatment with both seclusion and medical therapy.<sup>179</sup>

Soon after arrival of the Europeans in India, they described the uncommon practice of ritual suicide by those affected by leprosy, who were often assisted by their families. Though Hinduism generally considers suicide a sin, for leprosy it was not<sup>180</sup>. Christians too associated leprosy with sin. Struck by the scale of this Biblical disease, Europeans, especially missionaries, singled it out from a numerous of tropical infections. They often described the most dramatic forms of disfiguring leprosy, evoking fear of an “imperial danger”: leprosy reaching the British isle. The public pressured the colonial government for the segregation of people with leprosy.

<sup>177</sup> Buhler, G (trans). *The Sacred Books of the East*, vol. 25. Oxford: Clarendon Press; 1886. *The Laws of Manu*.

<sup>178</sup> Bhishagratna, KK (trans). *The Sushruta Samhita*. Varanasi: Chowkhamba Sanskrit Series Office; 1963. pp. 36–40. Volume II.

<sup>179</sup> Jesse T. Jacob and Carlos Franco-Paredes “The Stigmatization of Leprosy in India and Its Impact on Future Approaches to Elimination and Control”, *Articles from PLoS Neglected Tropical Diseases* are provided here courtesy of Public Library of Science

<sup>180</sup> National Leprosy Fund. *Leprosy in India: report of the Leprosy Commission in India, 1890–91*. London: William Clowes and Sons, Ltd.; 1892. p. 289.

Three events over a 30-year period strengthened the argument for confinement. First, the first leprosy census in 1872 quantified the problem: over 108,000 cases, for a prevalence of 54 cases/10,000 population. Approximately 1% received organizational support, renewing the cries for segregation to facilitate delivery of care <sup>181</sup>. Next, Hansen identified *Mycobacterium leprae* in 1873 and postulated it as the etiologic, transmissible agent of leprosy. Third, Father Damien, the Belgian missionary priest in Hawaii, contracted leprosy and died in 1889, proving its contagiousness. These events led to the popular consideration of leprosy as a widespread contagious disease requiring containment.

In response, the British Government sent its Leprosy Commission (comprising both physicians and administrators) to India to investigate. The commission's report in 1891 concluded that "the amount of contagion which exists is so small that it may be disregarded"<sup>182</sup>. Initially, the colonial government accepted these findings but, under increasing popular pressure from England and within India, enacted the Leprosy Act of 1898. This law institutionalized people with leprosy, using segregation by gender to prevent reproduction. For the self-sufficient individual with leprosy, segregation and medical treatment were voluntary, but vagrants and fugitives from government-designated leprosaria were subject to punitive action. Charities and local governments in British India constructed many new institutions for people with leprosy, providing combined social, religious, and medical services. However, as predicted by the Leprosy Commission, the lack of infrastructure prevented the Leprosy Act from being

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<sup>181</sup> Pandya S. Nineteenth Century Indian leper censuses and the doctors. *Int J Leprosy*. 2004; p.306-317.

<sup>182</sup> National Leprosy Fund. *Leprosy in India: report of the Leprosy Commission in India, 1890-91*. London: William Clowes and Sons, Ltd.; 1892. p. 289.

strictly enforced. It was repealed in 1983 after the advent of effective multi-drug therapy.

The Government of Baroda was aware about the health and social constraints related to this disease. Hence it paid proper attention to the same. A leper Asylum was established at Anusuya, a village of the Sinor taluka, Baroda district, situated on the bank of river Narmada.<sup>183</sup> Here is the temple of a goddess called Anusuya Mata and the locality still has the reputation of curing the lepers by the rubbing of a little of its earth on the affected parts. During the Gaikwad rule a large number of lepers from all parts of the State, as also from the neighbouring foreign territory congregate there. A leper Asylum was opened on the spot on the first August 1890 with accommodation for about 100 lepers, under the care of a Sub- Assistant Surgeon.<sup>184</sup> Like Lunatic Asylum here also was a Visiting Committee consisting of the local Vahivatdar, Munsiff, Civil Medical Officer, Dabhoi and one or two private gentlemen.<sup>185</sup> The Committee was concerned with the management of the institution, as regards food, clothing cleanliness and treatment, and had to report any defects to the Chief Medical Officer for information.<sup>186</sup>

The inmates in the asylum received food, clothing and medical relief free of charge. The following table shows number of lepers treated during the 1905-1906 to 1947-1948.

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<sup>183</sup> H.P.O., D.No. 480, File No.40-A, Letter of CMO to Dewan

<sup>184</sup> The Gazetteer of the Baroda state, vol. II, 1923, p. 367

<sup>185</sup> Ibid

<sup>186</sup> H.P.O., D.No. 480, File No.40-B, Letter of CMO to Dewan

Year	Total number of inmates	Died	Discharged and cured	Remained under treatment	Absconded	Suffered from Anesthesia	Suffered from tubercular	Suffered from other/mixed forms
1905-06 <sup>187</sup>	168	DNA	DNA	DNA	DNA	DNA	DNA	DNA
1906-07 <sup>188</sup>	176	DNA	DNA	DNA	DNA	DNA	DNA	DNA
1907-08 <sup>189</sup>	198	DNA	DNA	DNA	DNA	DNA	DNA	DNA
1908-09	185	DNA	DNA	DNA	DNA	DNA	46	139
1909-10	172	DNA	DNA	DNA	DNA	DNA	DNA	DNA
1910-11	157	7	0	72	78	DNA	33	124
1911-12 <sup>190</sup>	171	14	0	85	72	43	-	32
1912-13 <sup>191</sup>	196	10	0	83	103	41	-	30
1913-14	155	9	0	54	92	29	0	21
1914-15 <sup>192</sup>	178	6	0	91	81	48	-	37
1915-16 <sup>193</sup>	183	12	0	86	85	34	-	45
1916-17	169	5	0	82	82	28	-	49
1917-18 <sup>194</sup>	160	17	0	72	71	10	-	8
1918-19	155		0	-	-	-	-	-
1919-20	153		0	-	-	-	-	-
1920-21	150	10	0	74	66	63	1	8

<sup>187</sup> Though the exact data not found but as per the Baroda administrative Reports most of the patients suffered from the tubercular leprosy and the rest suffered from the variety of disease.

<sup>188</sup> Ibid

<sup>189</sup> Ibid, the cost of the institution during the year the total expenditure was Rs. 9,081(B.S.A.R. 1907-08,p 199)

<sup>190</sup> 10 children were under observation and the total expenditure was Rs. 9222 against Rs.9376 of last year (B.S.A.R. 1911-12,p 190)

<sup>191</sup> This year 12 children were under observation, this year the total expenditure was Rs. 91,98

<sup>192</sup> This year 6 children were under observation, this year the total expenditure was Rs. 9,791 against Rs. 10,371 during the last year.

<sup>193</sup> This year 7 children were observed to have this problem

<sup>194</sup> One children remained under observation

1921-22 <sup>195</sup>	133	13	-	73	47	63	-	8
1922-23 <sup>196</sup>	128	7	0	71	50	58	0	11
1923-24 <sup>197</sup>	131	10	0	72	49	44	0	9
Year	Total number of inmates	Died	Discharged and cured	Remained under treatment	Absconded	Suffered from Anesthesia	Suffered from tubercular	Suffered from other/mixed forms
1924-25	114	15	2	64	33	51	-	13
1925-26	107	11	0	59	34	44	2	13
1926-27	86	8	0	54	24	46	2	6
1927-28	95	12	0	52	31	DNA	DNA	DNA
1928-29	107	11	0	55	40	DNA	DNA	DNA
1929-30	177	11	0	55	44	DNA	DNA	DNA
1930-31	122	12	0	60	50	DNA	DNA	DNA
1931-32	134	8	0	54	72	DNA	DNA	DNA
1932-33	139	6	0	73	60	DNA	DNA	DNA
1933-34	134	11	0	69	54	DNA	DNA	DNA
1934-35	137	18	1	52	66	DNA	DNA	DNA
1935-36	127	8		62	57	DNA	DNA	DNA
1936-37	154	13	2	63	76	DNA	DNA	DNA
1937-38	136	13	0	67	56	DNA	DNA	DNA
1938-39	123	16	0	66	41	DNA	DNA	DNA
1939-40	167	DNA	DNA	DNA	DNA	DNA	DNA	DNA
1940-41	144	DNA	DNA	DNA	DNA	DNA	DNA	DNA
19442	131	DNA	DNA	DNA	DNA	DNA	DNA	DNA
1942-43	126	DNA	DNA	DNA	DNA	DNA	DNA	DNA
1943-44	188	DNA	DNA	DNA	DNA	DNA	DNA	DNA
1944-45	148	DNA	DNA	DNA	DNA	DNA	DNA	DNA

<sup>195</sup> This year two children were under observation.

<sup>196</sup> This year two children were under observation.

<sup>197</sup> This year two children were under observation.



1945-46	145	12	0	68	65	DNA	DNA	DNA
1946-47	163	20	0	68	75	DNA	DNA	DNA
1947-48	170	15	0	71	84	DNA	DNA	DNA

### **The Lepers' Act**

Prior to 1901, it was not unusual to find lepers preparing for sale or selling articles of food, drink or clothing; they bathed in, washed clothes in, or took water, from public wells or tanks; they drove or rode in public conveyances plying for hire; and they followed such trades and callings as that of a potter, domestic servant, water carrier, washer-man, hotel-keeper, tailor, draper or shoe-maker. To prevent the danger, to the public laxity in the working of the Leper Act is found. The leper Act was not strictly enforced<sup>198</sup>. Patients frequently ran away from the Asylum. In the year 1913-14 this problem was seriously considered by walling in the Asylum. However up to 1920 nothing was done and the problem remained intact. The question of walling in the Asylum all round to give privacy and to prevent the inmates from strolling about at their free will and thus mixing with the infecting other people remained unanswered.<sup>199</sup>

### **“Baby Week” Celebration in Baroda**

The Resident had communicated to Gaikwad Government the desire of Her Excellency Countess of Reading to help on the child welfare movement in India and to hold a “Baby Week” throughout the country in the 3<sup>rd</sup> week of January 1924. Such Baby Weeks had been held in European countries and resulted in a great increase not only of interest but of knowledge of child welfare, and led to an organization of

<sup>198</sup> B.S.A.R. 1913-1914, P.204

<sup>199</sup> B.S.A.R. 1920-21, P. 319

many more practical schemes.<sup>200</sup> In order to inaugurate such system in India the message of the Empress was as follows:

#### **Message from Her Majesty the Queen Empress**

*"I am happy to send another message as the object is very near to my heart. My last message was to the women of India; today I send a word of encouragement to the workers in this great and crying cause, on which the future of India depends not only for its vitality and welfare but also the place which its people will hold in the esteem of the world. It may be encouraged your fellow workers to remember what has been done in England within the short space of 25 years and to remember that India has its special advantages in the way of sunshine, simple food and simple life. All that is wanted is enthusiasm in spreading knowledge. Kindness and love of children are innate in Indians, but they do not yet realize the condition which are essential to the life and health of their baby folk, and above all let your fellow workers think of the happiness which will be their if they will help to save but one poor baby from needless death or from a life of unhappy suffering – Marry R.I."*<sup>201</sup>

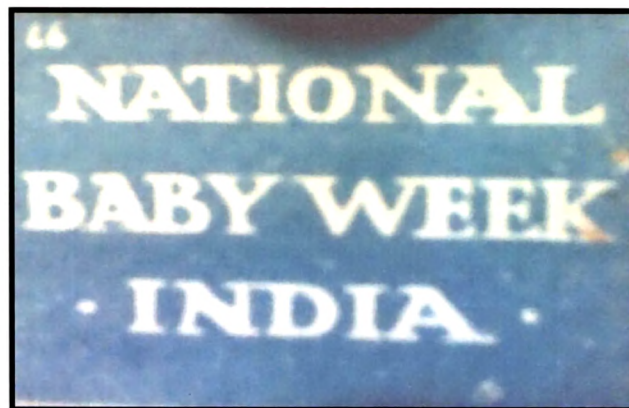
In addition to this another message was forwarded by the Resident at Baroda to the Gaikwad Cutchery of Her Highness Countess of Reading, which reads as follow:

#### **Message from Her Excellency the Countess of Reading**

<sup>200</sup> Baby Week in Baroda F.No.199/95 H.P.O., D.No 485, F.No.199/95 By Mr. Kealy, Baroda Residency to the Minister of Baroda State dated 3-10-1923

<sup>201</sup> H.P.O. D.No. 485, F.No.199/95, letter Forwarded by Captain Farb. Assistant to the Resident of the Baroda state to the Minister of the Baroda state

*I feel that there is little to add to the message so graciously sent by Her Imperial Majesty the Queen Empress to the workers in the causes of maternity and infant welfare in this country. The field of your endeavour is vast, difficulties many, the conditions often discouraging, but I have seen the spirit that animates you, and in all confidence I call you once more to extend, to enlarge, to strengthen the great foundation of your work. Where India's need is so urgent we must not be fund lacking.”*<sup>202</sup>



203



**Both the sides of flag distributed throughout India to advertise and encourage Baby Week Celebration**

The proposal was that during the week named, Infant Welfare Exhibition, lectures, baby shows and other activities which would tend to promote the cause, should be

<sup>202</sup> H.P.O. D.No. 485, F.No.199/95

<sup>203</sup> A side of flag used during the Baby Week celebration. Distributed by the Government of British India as a part of its awareness advertisement programme.

organized not only in large but in small towns and even where possible, in villages<sup>204</sup>. Her Excellency planned to form a committee in Simla for the propose of carrying out this proposal and she hopes very earnestly that His Highness Maharaja was to do the same in Baroda, and to take part in this movement, which it was believed, will lead to a great increase in the health, strength and prosperity of the people of India<sup>205</sup>. Her Excellency had also expressed the hope that His Highness Sayajirao Gaikwad may provide his consent to become a Vice-President of the Baby Week. In December after returning from his foreign trip His Highness Maharaja *sahib* accepted a Vice-Presidentship with great pleasure<sup>206</sup>

For the purpose Gaikwad's Government decided to celebrate the "Week" in Baroda and appointed a committee to draw up a programme of the function and to work out the same. Subsequently the advance of Rs. 1,000/- was sanctioned in order to enable the committee to take the requisite preliminary measures<sup>207</sup>.

To discuss the matter thoroughly and draw up a rough programme for workers a meeting was held on 30-12-1923 at Dr. Jivraj's Banglow where Dr. Jivraj Mehta, Mrs. Sumant Mehta, Dr. Dhanjibhai and Dr. Talati were present. Subsequently another meeting was held at the Residency on 7-1-1924 where the Resident, Mrs Kealy, Dr. (Mrs) Halfman Capt. Khandwalaa Capt. Vence, Dr. Jivaraj Mehta and Dr. Talati were present. After discussing the programme it was decided that there should be a joint celebration of the Baby Week, in the camp and city areas, the Public Park

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<sup>204</sup> H.P.O. D.No. 485, F.No.199/95

<sup>205</sup> H.P.O. D.No.485, F.No.199/95, Report of Baby Week Celebration in the Baroda State submitted to the Resident Baroda by Minister

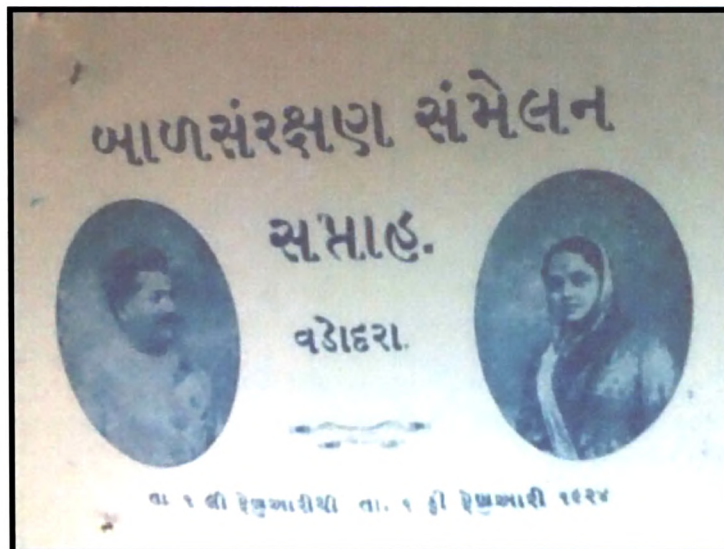
<sup>206</sup> H.P.O. D.No. 485, F.No.199/95, to E.H. Kealy from Resident Baroda December 1923

<sup>207</sup> H.P.O. D.No. 485, F.No.199/95, Report of Baby Week Celebration in the Baroda State submitted to the Resident Baroda by Minister

being fixed as the camp centre<sup>208</sup>. It was also settled that the baby week should be held from 20<sup>th</sup> January 1924 to 25<sup>th</sup> January 1924. Accordingly advertisements were given in the local newspapers and 5,000/ *Jaherats*<sup>209</sup> were printed and distributed in the city and camp.



**Jaherat/ Leaflet distributed throughout the territories of the Baroda State.**



**Jaherat/ Leaflet in Gujarati distributed throughout the territories of the Baroda State.**

Literature on the subject of maternity and child welfare in the form of illustrated leaflets of 24 kinds was prepared and printed. But mean while due to ill health of the SayajiRao III after returning from his tour of Banaras and Delhi it was decided in

<sup>208</sup> Ibid

<sup>209</sup> Leaflets

another meeting to be postponed the and the Baby Week be held from 1<sup>st</sup> February to 6<sup>th</sup> February 1924. Hence the fresh advertisements given and final detailed programmes were drawn up and sent to the Dewan of the State<sup>210</sup>.

Various committees such as General Committee, Local Managing Committee and Judging Committee etc. were also formed and their nature of work defined. In order to make the greatest number of people take benefit of the Baby Week, the city was divided into five parts and in each part a suitable place was selected for the Baby Week centre.

- Centre no. I:-1<sup>st</sup> February 1924 Friday in the Female Training College near Sursagar
- Centre no. II:- 2<sup>nd</sup> February 1924 Saturday Delhi pavilion in the Public Park
- Centre no.III:- 3rd February 1924 Sunday Sayaji High School in Ghadiyali Pole
- Centre no IV :- 4<sup>th</sup> February 1924 Monday Boys School No 3 in Wadi
- Centre no V:- 5<sup>th</sup> February 1924, Tuesday, Pavilion in Jubilee Bagh

The programme of the Baby Week was held in Baroda City and the Camp from 1<sup>st</sup> to 5<sup>th</sup> February 1924 and the babies under two years of age were examined. The time of examination was from 3 p.m. to 6 p.m. The babies were examined at above mentioned centres.

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<sup>210</sup> H.P.O. D.No. 485, F.No.199/96, Report of Baby Week Celebration in the Baroda State submitted to the Resident Baroda by Minister of the Baroda state, 1924

Out of all the babies examined 10 best babies were selected from each centre for prize competition. On 6<sup>th</sup> Februarys Wednesday – in Female Training College the selected babies were judged with a view to award prizes<sup>211</sup>

In each centre the following arrangements were made

1. Medical examination of baby
2. Distribution of Toys to Baby
3. Distribution of Literature to the Mothers
4. Explanation of Charts and Model in the Museum
5. Demonstration how to bathe a baby
6. How to feed a baby
7. How to clothe a baby

Lectures with the magic lantern in two centres and without it in the remaining three centres were delivered, on the subjects of maternity and child welfare<sup>212</sup>. Dr. Balabhai and Dr. (Mrs ) Mayadas and Dr. Manarawalli looked to the examination of the babies of the cities and Capt. Vence and Dr. Miss Haffman to that of the babies of the camp areas<sup>213</sup>.

Each baby coming up to the standard weight fixed before hand on printed form was given a ticket, after the doctor had noted down the weight and the general development on the pieces of paper given to the mother by the registrars. The papers thus completed were kept in a box for further reference<sup>214</sup>.

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<sup>211</sup> H.P.O. D.No. 485, F.No.199/95, Report of Baby Week Celebration in the Baroda State submitted to the Resident Baroda by Minister of the Baroda state, 1924

<sup>212</sup> Ibid

<sup>213</sup> Ibid

<sup>214</sup> Ibid



Those babies not meeting the standards were given a blue pass. The mothers of the babies having red passes were instructed to return to the *Shamiyana* or the Hall at 5 p.m.<sup>215</sup>

At each centre at 5 p.m., those with the red cards gathered in *Shamyana* or the Hall and the three Doctors assisted by the General Secretary. Dr. Talati selected the best 10 babies for the prize competition. These were given yellow pass on which the name, address etc. were written and mothers were instructed to come to the Female Training College on the 6<sup>th</sup> February at 3.p.m for final competition.<sup>216</sup>

Majority of the babies examined were found below the standard modified to suit India from the England standard, although a few were equal to or even above the standard fixed<sup>217</sup>. From the passes collected it was found that only 20 % of the babies examined were equal to or the above standard weight and 80% below the standard weight<sup>218</sup>.



**Photograph of two years old baby participated in the Baby week celebration.**

<sup>215</sup> Ibid

<sup>216</sup> H.P.O. D.No. 485, F.No.199/95, Report of Baby Week Celebration in the Baroda State submitted to the Resident Baroda by Minister of the Baroda state, 1924

<sup>217</sup> Ibid

<sup>218</sup> Ibid



### **Other Activities organised during the Baby Week**

#### **Essay Competition**

In order to educate the ladies and make them take interest in the subject of maternity and child welfare it was decided to invite essay competition on the following subjects.

The participation was allowed for the ladies only.

Two Subjects selected for the writing competition i.e.

1 Rearing of Infant

2 Causes of Infant Mortality in India and how to reduce it<sup>219</sup>

The allotted Prize money for the same was Rs. 25 for 1<sup>st</sup> Prize and Rs. 10 as 2<sup>nd</sup> prize for both subject competitor winners.

#### **Poster Competition**

In order to develop imagination on this subject it was also decided to have a poster competition opened to men and women. Sixteen posters were received and a committee examined these posters and awarded the prizes. The theme for the poster was Maternity and Child welfare.<sup>220</sup> The allotted Prize money for the same was Rs. 25 for 1<sup>st</sup> Prize and Rs. 10 as 2.<sup>nd</sup>

Literature<sup>221</sup> on 24 subjects was prepared in Gujarati and was distributed and demonstrated like:

1. Preparation for baby delivery

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<sup>219</sup> H.P.O. D.No. 485, F.No.199/95, Report of Baby Week Celebration in the Baroda State submitted to the Resident Baroda by Minister of the Baroda state, 1924.

<sup>220</sup> Ibid

<sup>221</sup> Ibid

2. Save your infant
3. Homely remedies for infant
4. Health of infant within a one year
5. Infant food
6. Standards for healthy baby
7. Advice to pregnant women
8. Infant marriages and their effects on infant mortality
9. Ill- treatment to the fair-sex
10. Malaria (question and answers in the form of stories)
11. Female education
12. Rules of health
13. Rapid Births
14. Expenses after Death
15. Health of students
16. Refuse and Salvage water
17. Unequal Marriages
18. Woes of widows
19. Crying and Wailing on Public Road
20. Flies
21. Phthisis
22. Prostitutes
23. Expenses on marriage ceremonies
24. Duties of citizens

Museum<sup>222</sup> of Charts , Posters etc. was put up at each Centre

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<sup>222</sup> H.P.O. D.No. 485, F.No.199/95, Report of Baby Week Celebration in the Baroda State submitted to the Resident Baroda by Minister of the Baroda state, 1924.

Demonstration<sup>223</sup> on various subjects like

- Cleanliness
- How to bathe a baby
- Infant clothes
- Bedding of an infant
- Sterilizing Milk
- Feeding Bottles etc.
- Village home confinement with a staff Nurse , were also conducted.

### **Presents**

A toy was given to each children at the time of examination and again on the last day toys were given to those children who were selected for competition of prizes but were not successful.

### **Amount promised for prizes**

Collective efforts of the Ruler and the organisers of the Baby Week were seen where most of them contributed some amount to collect the prize money. The list of contributors of prize money was as follow

1. H. H. the Maharaja Saheb	Rs. 200
2. Mr. Kealy the Resident	Rs . 25
3. Lady Manubai	Rs . 25
4. Mrs Seddon	Rs . 25
5. Shriman Sampat Rao Gaekwad	Rs . 25
6. Sheth Zaver Laxmichandwala	Rs . 25
7. Col. Jardine	Rs . 10
8. Dr. Jeevraj Mehta	Rs . 10

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<sup>223</sup> Ibid

9. Capt Khandawala	Rs. 10
10. Mr. Mthubhai Kanthawala	Rs. 10
11. Mr. Randal	Rs . 25
12. Capt Vance	Rs . 25

Contrary to the expectation of the organizer, people rich and poor, young and old and of all communities took full advantage of the exhibition, demonstrations, lectures and other shows, it was also noted that there was no distinction of castes and creeds. The Antyaj<sup>224</sup> population mixed freely with other communities and no body took objection at all. This in itself is the factor helpful to social reforms.

On the rough estimate it may be said that about 12000-15000 persons visited the various shows and carried away at least some useful knowledge and instructions<sup>225</sup>.

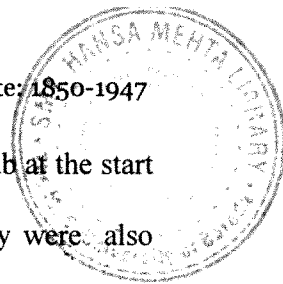
### **Matters pertaining to the Women Welfare in the Baroda State**

Since 1876 onwards the Government of Baroda putting its effort in improving the health and sanitary condition of its people along with the sincere efforts to improve the health condition of the women and children. With the coming of the new system of medicine, Government showed its thoughtfulness towards the maternity matters by incorporating Midwifery Department system and later by introducing the Dais Act. Not only the Government but also the ladies of Baroda had taken active part in the social welfare work since 1899<sup>226</sup>. It was His Highness the Maharaja and the Maharani of Baroda who, in the above mentioned year, made the beginning in this work by establishing what has been known as “ Shri Chimanabai Vihar Club”. Ladies

<sup>224</sup> Backward class

<sup>225</sup> H.P.O., D. No. 482, F.No.64, Report of Baby Week Celebration in the Baroda State submitted to the Resident Baroda by Minister of the Baroda state, 1924

<sup>226</sup> H.P.O., D. No. 485, F. No.199/100 . Matters pertaining to women welfare in Baroda



of the Sardar families and the royal family became the member of the club at the start but later on wives of the State officer and respectable gentry of the city were also allowed to become members<sup>227</sup>. This change had produced its desired effects by which the ladies of all communities meet twice a week for recreation and exercise in the pavilion of the Public Park and freely participate in the out-door games of Tennis and Badminton etc. Such awareness was a desired result to maintain better health.

Since 1908 there was the Chimanabai Maternity Relief Committee which endeavoured to dole out benevolent grants and secured comforts and protective clothing, both for the mothers and their babies during confinement<sup>228</sup>.

The Sanitary Association which had been in existence since 1911 in the City employed a Matron and Health Visitor and through her worked to awaken the sanitary conscience of the public<sup>229</sup>. They used to visit people's houses, talk to mothers and other women, give public lectures and endeavoured to awaken the women folk to the need of Sanitation.

In the year 1918 when the great influenza epidemic broke out, a special epidemic fund was started for giving relief in the form of medicines, milk and other necessary to the needy subjects and the ladies took a prominent part in collecting and distributing the relief<sup>230</sup>.

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<sup>227</sup> Ibid

<sup>228</sup> H.P.O., D. No. 485, F. No.199/100 . Matters pertaining to women welfare in Baroda

<sup>229</sup> Ibid

<sup>230</sup> Ibid

A social fund was also collected in which ladies took a prominent part for the provision of Nurse- Midwives to the District Hospitals and Dispensaries in the Baroda Prant<sup>231</sup>.

All these beneficial activities with the object of advancing the interest of Sanitation, Maternity Relief etc. were coordinated in the year 1921 and a Central " Shri Maharani Chimanabai Maternity League was started . The Baroda State had at the same time donated Rs. 50000/- to the lady Chelmsford League of Delhi. This League had permanent Fund of more than one Lac and twenty thousand rupees and with the interest on this and the donation from the Baroda Government it is able to spend nearly thirteen thousand rupees yearly for the above mentioned activities<sup>232</sup>.

The League had more lady members on its roll than male members and at least five ladies were working on its Managing Committee<sup>233</sup>. One Lady Doctor and Four Ladies Health Visitors were regularly doing the welfare work through four infant Welfare Centers and home visiting programs<sup>234</sup>.

Special Sub -Assistant Surgeons were employed by the League to examine all the Children in the school every year and the State dentist examined the teeth of as many children as he could manage. There was a special " Follow-up" Committee appointed on which two Lady members served<sup>235</sup>.

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<sup>231</sup> Ibid

<sup>232</sup> H.P.O., D. No. 485, F. No.199/101. Matters pertaining to women welfare in Baroda

<sup>233</sup> Ibid

<sup>234</sup> Ibid

<sup>235</sup> Ibid

The “Dai Act”<sup>236</sup> was in force from the 1928 in the Baroda City and every Dai was expected to get her instruments examined and the League paid them some remuneration for the trouble they took for the last eight years<sup>237</sup>. Under the provision of this Act women desirous to follow the occupation of a *dai* could register their names, or could pass, *parvana*, certifying them qualified.<sup>238</sup> They also could receive some practical training at some maternity hospital, and could be duly certified by the Medical Officer of that hospital. Defaulters under the Act were liable to a fine of Rupees 100.<sup>239</sup> This Act was a new and original piece of legislation in India, but its provisions were not so stringent as those of the midwives Act in England.

Several articles were published in the local news papers and pamphlets were distributed in the city on the subjects of maternity and Child welfare and Sanitations<sup>240</sup>. In order to reduce child mortality and spread wide knowledge of healthy rearing of children a “Baby Show” was held every year in the Baroda City and eight shows in all were held in all the districts of the State.

Thousands of mothers presented their babies for examination and visited the Health Exhibitions yearly which had begun with the Baby Week Celebration.<sup>241</sup>

<sup>236</sup> With a view directly to strike at the route of the evil of ignorance and negligence of *dais*, and indirectly to awaken the public conscience to the importance of proper attendance at child birth, the *dais* act was passed in to law with the consent of the Legislative Council of the state on the 16<sup>th</sup> October 1919. The Act is a permissive one, and applied by notification to any part of the State with the sanction of the ruler on recommendation to the C.M.O.

<sup>237</sup> H.P.O., D.No.485, F. No.199/101. Matters pertaining to women welfare in Baroda

<sup>238</sup> Desai's gazetteer 1923

<sup>239</sup> Ibid

<sup>240</sup> H.P.O., D. No. 485, F. No.199/100 . Matters pertaining to women welfare in Baroda

<sup>241</sup> For details of the Baby Week Celebration, see 'Chapter III p. 58-68,

A special demonstration train also ran yearly carrying charts on Village Sanitation and uplift and other Nation –building activities. Thousands of villagers attended the demonstrations. In all these activities ladies also had taken active part.

There were several other institutions, some entirely managed by the ladies, showing excellent work for the welfare of the mothers<sup>242</sup>.

Mention must first be made of the Bhagini Samaj which had the following objectives<sup>243</sup>:

1. To increase social intercourse amongst the ladies of various communities.
2. To help the distressed sisters.
3. To study the social customs of all the nations of the world and adopt them if suitable.
4. To study the methods of the ladies of all the progressive nations that have been used for improving the women and to try to introduce them in India.
5. To try to improve the physical and moral well being etc. of the coming generation.
6. To try to spread education in women.
7. To arrange for instructive lectures cinema –shows and exhibition of local arts and crafts.

This Samaj was entirely managed by ladies and had nearly eighty members in its list<sup>244</sup>.

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<sup>242</sup> Huzur Political Records, Daftar no. 485, F. No.199/100 . Matters pertaining to women welfare in Baroda

<sup>243</sup> Ibid

<sup>244</sup> Ibid



Shri Chimanabai Stri Samaj was another institution run by ladies themselves with the same objective.

Kanya Vyaym Shala was another wonderful institution which gave training in the physical exercise and was solely organized by women<sup>245</sup>.

A branch of All –India Women’s Conference was opened here only last year and several sub committees had been formed to visit the jails , Asylums , Hospitals, Schools and infirmaries.

They also did the propaganda work to stop child marriage , raise the age of consent and did several other activities. In order to improve lot of poor women by training them in several crafts and thus make them self supporting, the Chimanabai Udhyogalaya (Industrial Home ) had been started.

Several poor ladies learnt sewing, embroidery and other useful craft in this institution. Similar institutions were started in other parts of the State also, viz. at Patan and at Navsari , known as Vanita Vishram.

In short, there had been great awakening in the ladies towards social welfare work during the last thirty years and now that once a beginning was made on good foundation, it was expected that that whole movement would rapidly spread throughout the length and breadth of the State , within a short space of time.

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<sup>245</sup> Ibid

**A brief note on social welfare work carried out by Ladies in Baroda State**

There were about 13 ladies institutions doing social welfare work in the Baroda State, namely<sup>246</sup>:-

**Institutions in Baroda:-**

1. The Maharani Ladies Club
2. Shree Chimanabai Stree Samaj
3. The Maharani Vihar Club
4. Shree Bhagini Samaj
5. Shree Chimanabai Stree Udhogalaya
6. The Maternity League
7. Kanya Vyayam Mandir
8. The Baroda Women's Conference Association
9. Baby Week Gathering

**Institutions in Navsari**

1. The Mahila Samaj
2. Industrial Home

**Institutions in Amreli**

1. Women's Co-operative Society

**Institutions in Patan**

1. Industrial Home

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<sup>246</sup> Ibid

### The Maternity League

The Maternity League was started about 1899 it was doing excellent work in Baroda. Have aroused great deal of interest in Baroda city as well as in several parts of Baroda State.<sup>247</sup>

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### The Baroda Medical Act

Certain By-laws for the conduct of Baroda Medical Council had been framed in the year 1933. Those were submitted to the Legal Remembrancer of the State for approval. A tippan was then to be submitted to His Highness's Government to get them sanctioned.<sup>248</sup> In the very same year the Act was finally approved and sanctioned by the Maharaja and the same was published in the *Adnysa Patrika* dated 12 -10 -33. This was to be applicable in the city of Baroda only.<sup>249</sup> As a result of the passing of this Act formation of Medical Council for three years from 1<sup>st</sup> August 1935 had been sanctioned under D.O. No. 2/2 dated 7<sup>th</sup> August 1935.<sup>250</sup>

Arrangements were made to submit, draft rules and regulations for the conduct of the Baroda Medical Council, to Gaikwad Government for approval through the Legal remembrance. The registration fee had been fixed at Rs. 10 as per D.O. No. 18/3 dated 24 -10-1934 and the forms for registration had been prepared and submitted to Government for approval.<sup>251</sup> By this, 71 Doctors, 81 *Vaids*, 20 *Hakims* and 27 other

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<sup>247</sup> HPR. D.No.485, F.No.199/95 Memo issued by the Commissioner of education to the H.P.O. Baroda 8<sup>th</sup> July 1929

<sup>248</sup> Baroda Blue Book 1934, January p 65

<sup>249</sup> Baroda Blue Book 1934, July, p 73

<sup>250</sup> Baroda Blue Book 1935, July, p 78

<sup>251</sup> Ibid p.34

practitioners from the city of Baroda and 59 doctors, 5 *Vaids* and 5 others from the district, i.e. 268 practitioners in all are registered.

**Annual expenditure (disbursement) on Medical Department**

Year	Amount	Increase (↑)Or Decrease (↓)
1881-82 <sup>252</sup>	1,42,678	DNA
1882-83	144,,787	2109 (↑)
1883-84	DNA	DNA

<sup>252</sup> H.P.O.,D. No. 478, F. No. 199/20- Budget , 1884-1885

Year	Amount	Increase (↑)Or Decrease (↓)
1884-85 <sup>253</sup>	1,52,263	DNA
1885-86 <sup>254</sup>	1,62,135	972 (↑)
1886-87	DNA	DNA
1887-88	DNA	DNA
1888-89	DNA	DNA
1889-90	DNA	DNA
1890-91	DNA	DNA
1891-92	DNA	DNA
1892-93	DNA	DNA
1893-94	DNA	DNA
1894-95	DNA	DNA
1895-96	DNA	DNA
1896-97	DNA	DNA
1897-98	DNA	DNA
1898-99	DNA	DNA
1899-00	DNA	DNA
1900-01	DNA	DNA
1901-02	DNA	DNA
1902-03	1,64,395	DNA
1903-04	1,69,817	5422(↑)
1904-05	1,63,874	5943 (↓)
1905-06	1,68,099	4225 (↑)

<sup>253</sup> H.P.O.,D. No. 478, F. No. 199/13- Budget , 1884-1885

<sup>254</sup> H.P.O.,D. No. 478, F. No. 199/14- Budget , 1885-1886

Year	Amount	Increase (↑)Or Decrease (↓)
1906-07	1,81,349	13250(↑)
1907-08	1,86,121,	4863 (↑)
1908-09	1,99,044	12,832 (↑)
1909-10	1,91,899	7145(↓)
1910-11	2,18,396	26497(↑)
1911-12	2,47,984	29588 (↑)
1912-13	256289	8305(↑)
1913-14	276848	20559(↑)
1914-15	292718	15870(↑)
1915-16	293193	475 (↑)
1916-17	309359	16116(↑)
1917-18	358987	49628(↑)
1918-19	452038	93051(↑)
1919-20	462695	10657(↑)
1920-21	560022	97327(↑)
1921-22	609222	49200(↑)
1922-23	706765	97543(↑)
1923-24	575736	131029(↓)
1924-25	641196	65460(↑)
1925-26	686730	45534(↑)
1926-27	738022	51292(↑)
1927-28	7.19	.19(↓) in lakh
1928-29	6.59	.60(↓) ,,
1929-30	6.75	.16(↑)

Year	Amount	Increase (↑)Or Decrease (↓)
1930-31	6.82	0.7(↑)
1931-32	6.70	.12(↓)
1932-33	6.93	.23(↑)
1933-34	6.70	.23(↓)
1934-35	6.96	.26(↑)
1935-36	7.08	12 (↑)
1936-37	7.54	.46(↑)
1937-38	7.40	0.14(↑)
1938-39	7.81	0.41(↑)
1939-40	7.73	0.08(↓)
1940-41	7.98	.25(↑)
1941-42	8.67	0.69(↑)
1942-43	9.42	0.75(↑)
1943-44	11.05	1.63(↑)
1944-45	12.16	1.11(↑)
1945-46	13.92	1.76(↑)
1946-47	12.86	1.06(↓)
1947-48	16.28	3.37(↑)

From 1880 to 1915 expenditure varied from Rs.. 4,000 to Rs.15000. From 1916 to 1930 around Rs.50000 was increased. From 1931 to 1941 it was comparatively less than the previous fifteen years. The approximate annual increase was around Rs. 25000 In some years a decrease was also seen while in some years the expenditure increased heavily than the normal increase. The report on the increase more then the usual concerned period is as follows:

In the year 1910-11 the increase in expenditure was 26,497, on account of the purchase of better equipment of Dufferin Hospital and appointment of European matron and nurse were the chief cause that led to this increase.<sup>255</sup> The very next year, 1911-12 again there was increase of Rs 29, 588. It was due to the increase of the salary of the Chief Medical Officer and the same reason mentioned above. In the year 1913-14, Rs 20,559 increased, due to the purchase of better equipment for the Dufferin Hospital and for other cause.<sup>256</sup> In the year 1917-18, Rs. 49,628 increased, due to enhanced cost of medicine and surgical instruments.<sup>257</sup> In 1918-19, Rs. 93,051 increased, due to purchase of medicine and surgical instruments well as increase of expenditure for more and Dispensaries. In 1920-21, there was a huge increase of Rs. 97,327 it was due to the revision of new grades of Civil and Sub- Assistant Surgeon, and to the purchase of medicine and medical instruments<sup>258</sup>.

In 1922-23, Rs. 97,543 increased, partly due to the opening of new Dispensaries and due to the increase on the expenditure on the store.<sup>259</sup> However in very next year, i.e. 1923-24, Rs 1,31,029 decreased due to less expenditure on salaries and contingencies of Chief Medical Officer's office, Hospitals and Dispensaries and the charges of Vaccination Department transferred to Sanitary Department<sup>260</sup>.

Usually the increase in the expenditure in the department was yearly. In most of the year, the increase was due to the opening of new permanent or temporary dispensaries and purchase of medical instrument and dead stock.

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<sup>255</sup> B.S.A.R., 1910-11 p. 132-133

<sup>256</sup> B.S.A.R., 1913-14 p.74

<sup>257</sup> B.S.A.R., 1917-18, p79

<sup>258</sup> B.S.A.R., 1920-21, p.91

<sup>259</sup> B.S.A.R., 1922-23, p 109

<sup>260</sup> B.S.A.R., 1923-24, p 118



From 1942 to 1945 a constant increase in expenditure nearly or more than lakhs of rupees on the medical department was seen. This was all due to more expenditure on the purchase of medical instruments, high price of medicine and instruments, for the opening of new medical college.<sup>261</sup>

The year 1947-48 crossed all the limits on the expenditure on the department. In this year Rs. 3.37 lakhs increased, due to more expenditure on temporary establishments.

### **Sir Sayajirao General Hospital (SSGH)**

The History of Medical System in Baroda State will remain incomplete if Sir Sayaji General Hospital is not discussed. Its establishment and progress itself tells the story of the development of medical system in Baroda State. The Sayajirao General Hospital (SSGH) Baroda was first started in 1886 as the 56 bed Countess of Dufferin Hospital<sup>262</sup>. The Countess of Dufferin Hospital was opened to commemorate the visit of the Viceroy, the Earl of Dufferin to Baroda, and to perpetuate the name of his Consort, whose exertions in the cause of the suffering womanhood of India will never be forgotten<sup>263</sup>. The Countess of Dufferin Hospital was designed in the Indo-Saracenic style by the late Major Mant, and constructed at a cost of Rs. 3,50,000.<sup>264</sup> It provided accommodation for 56 beds for indoor patients, and had been gradually extending its usefulness in a variety of ways.<sup>265</sup>

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<sup>261</sup> B.S.A.R., 1942-43 to 1945-46

<sup>262</sup> SSGH, History, <http://mcb.in/about/ssghist1.htm>, (Accessed December, 16, 2009)

<sup>263</sup> Gazetteer of the Baroda state, 1923 Vol. II p. 363

<sup>264</sup> Ibid

<sup>265</sup> Ibid p. 364

**Sayajirao Military Hospital.**<sup>266</sup>

Another hospital called the Sayajirao Military Ward, costing Rs. 88,000, was also added in the same year, for the use of the patients from the local Military forces. The old Military Hospital built in 1876-77 on the open ground to the north-east of the city on the Varashia parade ground was condemned, owing to its unsanitary surroundings, and the new institution was placed in charge of the House Surgeon who was then added to the cadre of the Medical staff of the Hospital.



**Sayaji Military Hospital (Paediatric ward now) of 1887 -New renovated look**

**Victoria Jubilee Ward**<sup>267</sup>.

In the year 1898-99, the Victoria Jubilee Ward was added to the Hospital, providing accommodation for 24 beds for the treatment of female patients.

The Lady Doctor who was in charge of this ward also, attended at the Jamnabai Hospital in the town, for the treatment of women.

**X-Ray Installation**<sup>268</sup>.

An X-Ray Installation was made, and Radiographic work along with the electric treatment was started in the year 1908-09.

<sup>266</sup> Gazetteer of the Baroda state, 1923 Vol. II p. 363

<sup>267</sup> Ibid

<sup>268</sup> Ibid p. 364

**Maternity Ward<sup>269</sup>.**

A Maternity Ward of 12 beds, the handsome gift from Sheth Himatlal Shivlal, was added to the Hospital, and opened by His Highness the Maharaja in 1914.



**Maternity Wards**

**Infectious Diseases Ward<sup>270</sup>**

An Isolation Ward of 12 beds and an Infectious Diseases Ward of 8 beds have been recently added to the existing group of Hospital Buildings, which have now entirely taken up a large space at the entrance of the town.

**Nurses and Midwives<sup>271</sup>.**

With the development of Hospital work a European Lady Superintendent, with two Nursing Sisters and a large staff of Indian Nurses were now available to tend the sick and minister their needs.

**The New State General Hospital.**

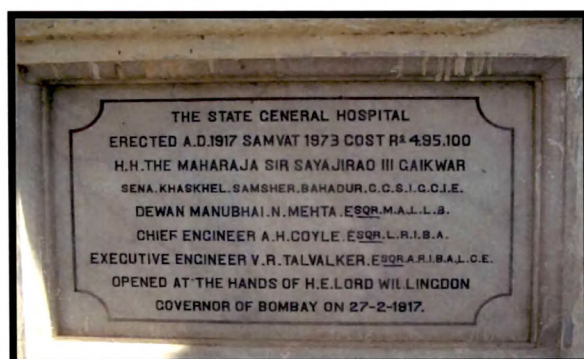
On the occasion of His Highness the Maharaja's Silver Jubilee in 1907, the Maharaja was graciously pleased to give an Obstetric Ward to the City at an estimated cost of

<sup>269</sup> Gazetteer of the Baroda state, 1923 Vol. II p. 364

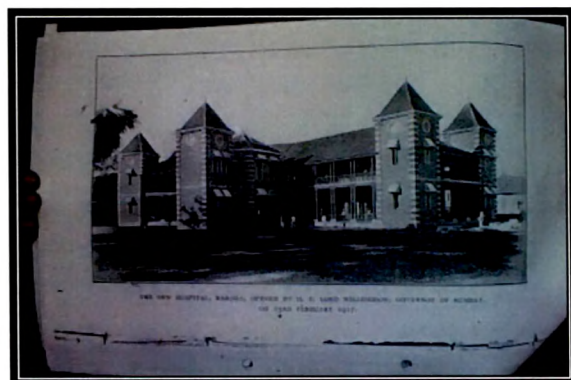
<sup>270</sup> Ibid

<sup>271</sup> Ibid

Rs. 75,000, It was originally intended<sup>272</sup> to erect it in the compound of the Dufferin Hospital, an idea which had to be abandoned owing to lack of space. In the mean time the need for a new Hospital had forced itself on the attention of His Highness's Government. The Countess of Dufferin Hospital had been built two decades back, and the necessities of the people had outgrown the accommodation it could provide. Its construction, moreover, was defective in several ways; and its equipment did not answer the insistent calls of modern progressive science<sup>273</sup>. It was decided to overhaul the whole building and the Bombay Government was requested to lend the services of their Sanitary Engineer for the purpose of suggesting improvements. Proposals were submitted for additions and alterations to the existing structure calculated to cost Rs. 2,70,000.<sup>274</sup>



Photograph of foundational stone, the State General Hospital



<sup>272</sup> Gazetteer of the Baroda state, 1923 Vol. II p. 364

<sup>273</sup> HPO, D. No.480, File, No.39

<sup>274</sup> Ibid 365

**The New State General Hospital, 1917**

After further reflection the Chief Medical Officer advised that, even after so heavy an outlay, the old building so renovated would not meet the needs of a model hospital. The wards were narrow, and the amount of floor space allotted to each bed was far below the necessary standard. It was not possible to improve upon the existing structure, without practically wholesale reconstruction of the entire building. The Chief Medical Officer, the Chief Architect, and the Principal Medical Officers of the service, all concurred in advising the construction of an altogether new building on improved lines. This advice was accepted, and sanction was accorded to the construction of the new Hospital, which, under the name of "The Baroda General Hospital", has been built on the open plot of ground to the south-west of the Sayajirao Military Hospital adjoining the Countess of Dufferin Hospital.<sup>275</sup> The State General Hospital building was designed by Mr. Coyle. It was commenced in 1914 and completed in 1917 at a cost of Rs. 5, 03, 538. It was opened at the Hands of H. E. Lord Willingdon Governor of Bombay on 27-2-1917<sup>276</sup>. It provided the following accommodation<sup>277</sup>:

(1) Two main wards with double storeys, each providing accommodation for 52 beds; in all there was provision for 104 patients. One block was reserved for medical, and the other for surgical cases. There was one room for nurses on duty between two wards in each block, and also a side room large enough for emergency cases requiring temporary isolation.

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<sup>275</sup> Gazetteer of the Baroda state, 1923 Vol. II p. 364

<sup>276</sup> Information gathered through the marble plate engraved in the hospital site itself.

<sup>277</sup> Gazetteer of the Baroda state, 1923 Vol. II p. 365



(2) Two operation theatres, one strictly for septic cases, and the other for ordinary septic ones, with side rooms attached for anesthesia, sterilization and other preparation.

(3) One out-patient block, with suitable rooms for dispensing, consulting and examining and rooms for hospital stores<sup>278</sup>.

(4) An X-Ray room in a separate block in which a new dark room for examination of eye, ear, throat and nose cases had been constructed<sup>279</sup>.

(5) One kitchen block, with two kitchens for vegetarian and non-vegetarian diet, bath-rooms and other accessories, with up-to-date sanitary fittings<sup>280</sup>.

(6) Between the two wings, there was the Administration Block in the centre, which was used by the Administrative Officers of the Department of the Hospital and by the House Surgeon, and four committee rooms for Medical Boards, Lectures and Examinations<sup>281</sup>.



**Administrative Block Since 1914**



**Medical Ward 1-2 (1912),  
Medical Ward 5-8 (1914-1916)**

<sup>278</sup> Gazetteer of the Baroda state, 1923 Vol. II p. 366

<sup>279</sup> Ibid

<sup>280</sup> Ibid

<sup>281</sup> Ibid

The Hospital was provided with an arrangement for copious water supply and an efficient drainage system with sanitary flushing equipments.<sup>282</sup>

The cubic area allotted to each bed was 2,250 C. ft. as against 1,476 C. ft. per bed allotted in the Dufferin Hospital. The new building had been designed with every possible regard for the comforts and conveniences of the patients<sup>283</sup>.

The cost of the new Hospital was about 5 lakhs. It was designed by the State Architect Mr. Coyle and was opened by the Governor of Bombay, H. E. Lord Willingdon, on 23<sup>rd</sup> February 1917.<sup>284</sup>

The new Hospital was entirely a hospital for men; the Countess of Dufferin Hospital, as its very honoured name implies, after suitable and necessary modifications was again set apart for the treatment of diseases of women and children. The Hospital for Women had its medical and surgical side, with suitable rooms fitted for obstetric purposes.<sup>285</sup>

A school for the training of nurses, both male and female, had been opened at the Hospital, and also a class for the training of midwives. The Hospital now supplied properly qualified midwives to the hospitals and dispensaries in the districts. Lectures were given throughout the State on home-hygiene, first-aid and nursing<sup>286</sup>.

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<sup>282</sup> Gazetteer of the Baroda state, 1923 Vol. II p. 366

<sup>283</sup> Ibid

<sup>284</sup> Ibid

<sup>285</sup> Ibid

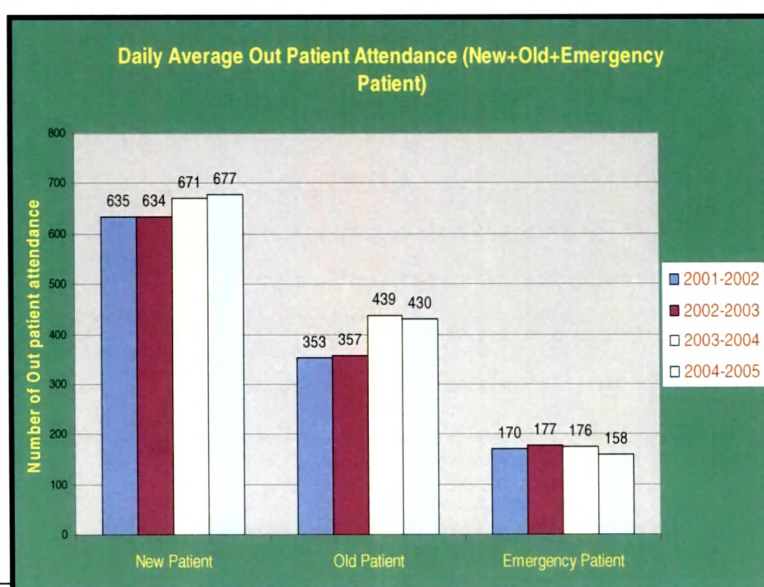
<sup>286</sup> Ibid

### Present Status of SSGH

Today it is the largest referral hospital in central Gujarat<sup>287</sup>. It is attached to the Medical College Baroda and the M.S. University of Baroda and it also houses the Schools of Physiotherapy and Nursing Studies. It caters to the primary, secondary health care needs of the people of central Gujarat and adjoining States of Madhya Pradesh and Rajasthan. It participates in various community outreach and national health programs. It has 1,118 beds across several clinical specialties and subspecialties. The hospital has an annual outdoor attendance of 5 lac patients and indoor admission of 49,000 patients and a bed occupancy rate of 90% approximately.



**Out Patient Department**



<sup>287</sup> SSGH, <http://mcb.in/about/ssghist1.htm>, dated December, 16, 2009



The above chart showing the daily average out patient attendance from 2001 to 2005, with its classification in form of New Patients, Old Patients and Emergency Patients. The new OPD Building was begun in 1961 and completed in the year 1964. The Outdoor patient department ran in two sessions morning and evening since March 15 1999<sup>288</sup>.

It also offered select high-end surgeries such as endo-urollogic surgeries, laproscopic surgery and plastic surgery. SSG Hospital offered a 24-hour type-II emergency service and receives around 150 to 200 emergencies each day<sup>289</sup>. The Trauma Centre strategically located triade area within the hospital campus that caters to emergencies. Its various laboratories ran approximately 5,00,500 tests annually and the department of Radio diagnosis has a daily load of 500 radiological tests per day. The Medical Nursing Home on the campus was a 20 bed facility for patients requesting private rooms.



The present lay out of the Hospital is as above

<sup>288</sup> Information and photographs provided by Dr.(Prof) Rajiv N. Daveswar, Additional Medical Superintendent, Head Department Of Orthopaedics, Medical College And SSG Hospital, Baroda during his interview with the researcher on June 12 2008

<sup>289</sup> Ibid

As far as offering the other specialised services are concerned SSG Hospital proffered its facility like Laboratory Medicine comprising Biochemistry, Haematology<sup>290</sup>, Pathology, Cytopathology<sup>291</sup> Histopathology<sup>292</sup>, and Microbiology. In the field of Medicine it proffers Pulmonary Medicine, Nephrology and Infectious Diseases. In Oncology<sup>293</sup> it facilitates Radiotherapy<sup>294</sup> and Chemotherapy<sup>295</sup>. An advanced facility is provided in Obstetrics and Gynecology and Ophthalmology<sup>296</sup> in the pitch of Orthopedics facility of Physiotherapy, Prosthetics<sup>297</sup> and Orthotics and artificial limbs are given.

In the field of Surgery Plastic Surgery, Thoracic and Vascular Surgery, Burns Unit, Urology and Neurosurgery are conducted.

<sup>290</sup> The branch of medicine that deals with diseases of the blood and blood-forming organs

<sup>291</sup> Cytopathology (from Greek κύτος, kytos, "a hollow" ; πάθος, pathos, "fate, harm"; and -λογία, -logia) is a branch of pathology that studies and diagnoses diseases on the cellular level. The discipline was founded by Rudolf Virchow in 1858.

<sup>292</sup> Histopathology (compound of three Greek words: "histos "tissue", pathos "diseases-suffering", and -logia) refers to the microscopic examination of tissue in order to study the manifestations of disease

<sup>293</sup> The word derived from the Ancient Greek word *onkos* (ὄγκος), meaning bulk, mass, or tumor, and the suffix *-logy* (-λογία), meaning "study of") is a branch of medicine that deals with tumors (cancer).

<sup>294</sup> Also known as Radiation therapy . In radiotherapy, high-energy rays are often used to damage cancer cells and stop them from growing and dividing. A specialist in the radiation treatment of cancer is called a radiation oncologist.

<sup>295</sup> It is a treatment of Cancer with anticancer drugs.

<sup>296</sup> It is a branch of medicine which deals with the diseases and surgery of the visual pathways, including the eye, hairs, and areas surrounding the eye, such as the lacrimal system and eyelids.

<sup>297</sup> The art and science of developing artificial replacements for body parts. Depending on the type of prosthesis, prosthetics may be built and fitted/implanted in a hospital (as in the case of an artificial knee joint), or by an outside specialist. Post- mastectomy prosthetics, for example, may be purchased and fitted by specialized lingerie shops.

More services on Pediatrics and Neonatology, Psychiatry and Drug deaddiction, Dermatology, Oto-rhino-laryngology (ENT), Anesthesia, Radiology, Dentistry and Community Medicine<sup>298</sup> are also offered.

The special clinical Cells available in the SSG hospital campus are eleven in number, namely Well baby clinic, Post partum clinic, Respiratory Medicine, Leprosy, Neurology, Radiotherapy, Cardiology, Immunization for vaccine preventable diseases, Cancer detection clinics, Clinic of Diabetes and Nephrology.

From the above mentioned fact and findings we can say that the Baroda State took great interest in matter pertaining medical and medical systems. Perhaps this is the first State taking great care of its subjects in the area of hygiene and sanitation. With this I can say that Sayajirao III had a great vision to look after the personal care of the people. Therefore he had been considered a remarkable ruler in the History of Baroda State in particular and India in general.

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<sup>298</sup> A branch of medicine concerned with the total health of the individual within the home environment and in the community, and with the application of comprehensive care to the prevention and treatment of illness in the entire community.