

GROWTH OF THE HOSPITAL SYSTEM IN HYDERABAD – HISTORICAL AND DEMOGRAPHIC ASPECTS : 1880's-1950's

AIJAZ-UR-REHMAN*

ABSTRACT

Health service institutions of the past and their transformation over the years, serve to explain the state of the present health-care system, particularly when the original institutions survive in some form or other to fulfill the same primary functions. With their persistence, they may affect the 'health-attitudes' of generations and orientations of the population towards a specific system of health care.

This paper provides a descriptive outline of the rise and growth of health services in the capital city of the Nizam's State from the late 19th Century to middle of the 20th Century. The discussion is conducted in terms of institutions (hospitals/dispensaries) existing in each decade, their bed capacity and staff, as well as their utilisation in context of the prevalent demographic situation, health conditions and needs of the population. Conspicuous among the limitations, is the exclusion of political aspects and economic constraints of welfare. Delimitation of the period (1880's-1950's) has been convenient by the availability of demographic data (from the 1881 Census onwards) and coincidental with the period of systematisation of health services in the State. Some problems relating to historiography and variance in reporting of figures from discrete sources are also briefly discussed.

During the Qutb Shahi period in Hyderabad, the Unani and Ayurvedic Medical systems were popular and also promoted by the rulers. About the late 16th Century, the 'Darus-Shifa' (literally 'House of Cures') was built, only the structure of which remains to date. Sherwani (1972),

describes the Darus-Shifa as a "very important building of public utility... unique in the whole range of secular architecture in the Deccan". Its construction is estimated to have started circa 1595. From a chronicle of the reign of Muhammed Qutb Shah, it is known that "nearly 400 patients"

* Department of Sociology, Osmania University, Hyderabad-500007.

could be accommodated for treatment as in-patients. The institution languished and came to be defunct with the fall of Hyderabad-Golconda to the Moghal emperor Aurangzeb in the late 17th Century.

The 19th Century in Hyderabad saw the introduction of the "Western" system of medicine. The contribution of the Nizam along with the professional expertise of British doctors, issued in a system of health-care, the embodiment of which was the hospital. Voluntary and missionary hospitals were also known then, and some institutions like the Dichpally Leprosy Hospital were already functioning towards the end of the 19th Century.

In 1844, the Hyderabad Medical School came to be established to keep up a supply of medical professionals to the state and private service, who otherwise had to be attracted from the schools of England, Madras, Bombay or elsewhere. The course was "approximately" the same as the "Licentiate in Medicine and Surgery" (L. M. & S) of the Madras University. Administration records indicate that examinations were supervised by a Board of (British) Medical Officers from the King Edward Memorial Hospital at Secunderabad and later from the Madras Medical College or the Grant Medical College of Bombay. (Administration Report of the Resident at Hyderabad 1871-72, Sir Charles Saunders).

About 1880, the organisation of the State medical department was entrusted to the 'Residency Surgeon' who was assisted by a staff of surgeons. He was primarily placed incharge of attending to the Resident and his staff through the institution of the 'Residency Hospital' but was additionally made Director of the State's Health and Medical Organisation. (Imperial Gazetteer of India, Provincial Series, Hyderabad State, Mirza Mehdy Khan, Calcutta 1909).

In 1881, the population of Hyderabad (only) was 1,23,675; including the suburbs and Secunderabad cantonment it was 3,67,417 (Census of India, 1891).

During the early 1880's, the medical staff under the Director of the State Medical and Public Health Department consisted of 15 medical surgeons, 7 hospital assistants, 24 compounders and 11 vaccinators. In addition there was an unspecified number of diploma nurses. Between 1881-85, 6 hospitals and dispensaries are reported to have been functioning in the city and suburbs and 48 dispensaries in the districts (Imperial Gazetteer, 1909: 79-80).

Among these 3 were major in-patient hospitals in Hyderabad which were run by the State's medical department apart from those managed by the British Residency (viz. the King Edward Memorial Hospital at Secun-

derabad and the Residency Hospital at Sultan Bazar. The KEM Hospital was originally established for the British contingent stationed at Secunderabad but accepted emergency cases of local civilians and also started a regular ward for them

following representation (Walker, 1907). The Residency Hospital, likewise, was meant for the Resident's office and domestic staff. The British managed hospitals served as models for the state's public hospitals.

TABLE - I

In-patient admissions in three city Hospitals 1894-1898

Sl. No.	Hospital	1894-95	1895-96	1896-97	1897-98
1.	Afzalgunj	1,341	1,450	1,299	1,175
2.	Central Police	231	206	257	177
3.	Chanchalguda Jail	180	229	198	216
4.	Suburbs and Dispensaries	416	290	369	291
	Total	2,168	2,175	2,123	1,859

Source : Annual Administration Reports of the Nizam's State - 1903.
(Courtesy A.P. State Archives).

In 1891, the population of the twin cities and suburbs was 415,039 (Census 1891). In 1901, it rose to 448,466 (Census 1901).

In this decade, the 3 major hospitals run by the state, viz. the Afzalgunj Hospital, the Central Police Hospital and the Chanchalguda Jail Hospital, accounted for over 75% of the in-patient admissions in the city (Administration Report, 1903). Suburban dispensaries with provision for a few beds tended to the remainder cases (Hyderabad and suburbs only). The terms 'hospital' and 'dispensary' are found in nearly all reports of the

period (1880-1950). While 'hospital' connotes a permanent, relatively large unit with in-patient beds, 'dispensaries' were nodal out-patient centres located in suburbs where medical advice and medicines were dispensed. Some of the latter had provision for a small number of in-patient beds on a non-regular basis (as per demand). The size of the Afzalgunj hospital can be approximated to be the largest, treating (over a period of 4 years, 1894-98), 63% of an annual average 2,080 cases.

However, in spite of steady growth of population in the city in this decade,

hospital admission figures for these years suggest an irregular trend in utilisation. While in 1897-98, the total number of in-patient admissions

had dropped to 1,859 from 2,173 in 1895-96, it again soared to 2,589 in 1899-1900. Admn. Reports, 1894-98; 1898-1903, Hyderabad State).

TABLE- II

Year-wise in-patient admissions in Hyderabad City Hospitals

Sl. No.	Years	Total number of in-patients admissions in city hospitals
1.	1894-95	2,168
2.	1895-96	2,173
3.	1896-97	2,123
4.	1897-98	1,859
5.	1898-99	2,058
6.	1899-1900	2,589
7.	1900-01	2,209
8.	1901-02	2,683

Source : Administration Reports. 1894-98 : 1898-1903
(Courtesy A P. State Archives).

The administration report of 1894-98 attempts to explain this irregular trend as the misuse of hospitals. Perhaps the particular social class (religious mendicants and lumpen elements) using the hospitals, discouraged the best efforts of doctors and inhibited the middle and upper class patients who began to regard them as places of 'disrepute'. High hospital mortality rates may have been instrumental in their being viewed as 'houses of despair'. It would also be relevant to note the high incidence of epidemic diseases like plague and cholera prevailing at the time.

It may be reasonable to assume that a number of citizens patronised other institutions like the hospital in Secunderabad and private services offered by physicians, Hakims and Vaidis. As early as 1888, there is recorded evidence to indicate the existence of private hospital services in Hyderabad. The Residency surgeon's report mentions "the opening of a temporary hospital for women and children" at Dr. (Miss) White's own expense, "... pending the carrying out of a proposal for a Jubilee commemoration hospital" ... (Dr. Lawries Report, 1888).

From the first three decades of the 20th century also, there is periodic reference to the existence of "some private hospitals" in Hyderabad.

In fact, some private hospitals had been included in enumeration in the medical department's annual reports during the 1920s (Report of the Medical Department 1922-23). In an earlier administration report for the year 1912-13, (5:58), there is explicit recognition of the existence of "private medical institutions" to which there was a spill-over of patients from the public hospitals. The Statistical Year Book for 1350F (1940-41) of the Hyderabad state enumerates "22 Government and non-government hospitals".

The rise of private and charitable health services in the city proper, may have had the effect of inducing the administration into adopting measures for the provision of adequate hospital facilities to its citizens. However, no major private/charitable

hospitals survived into the latter half of the 20th century. Owing to floods, subsequent draught and exigent medical conditions arising from these calamities, there appears to be a positive relation between feed back obtaining from vital statistics and the growth and inputs to health services since the 2nd decade of the 20th century.

In 1901, the population of Hyderabad and Secunderabad including suburbs was 4,48,465. During the period 1906-10, the total number of city public hospitals and dispensaries had increased to 12 from 6 since the end of the century. With the inception of the Victoria Zenana Hospital in early 1907, there were 13. In a span of four years (1907-10) the latter admitted 1,626 in-patients. ("Report on the Flood" Hyderabad, 1910). While formerly the Afzalgunj hospital maintained a ward for women cases, the Victoria hospital addressed a great need of the female population both in the city and outlying areas.

TABLE- III

Crude Birth and Death rates in Hyderabad city, 1901-1910

Year	C B R	C D R	Difference (CBR - CDR)
1901	15.4	15.6	(- 0.2)
1902	17.0	16.4	(+ 0.4)
1903	16.9	16.7	(+ 0.2)
1904	17.4	16.6	(+ 0.8)
1905	18.3	18.3	(0)
1906	17.0	20.6	(-3.6)
1907	16.8	19.0	(-2.2)
1908	16.1	21.7	(-5.6)
1909	13.8	16.9	(-3.1)
1910	16.7	17.8	(-1.1)

In the first decade of the 20th century, there was a marked rise in the death-rate for Hyderabad, Secunderabad and suburbs which culminated in a high of 21.7 deaths per mille of total population in 1908. During that year, deaths outnumbered births by a factor of - 5.6 (per mille). The census of 1911 explains the sharp rise in the death-rate and the steep fall in birth-rate in 1908, as being the effects of disastrous floods in the River Musi in 1908-1909. "The higher death-rate of the female than of the male population in Hyderabad is what should be expected from the fact that the city populations consist of proportionally larger number of adults than (those of) the state", (Census of India 1911, Hyderabad State, Vol. XIX, Part I, Report by M. A. Majid).

Population variation of the city in (1901-1911) is given by an increase of 33,302. (Hyderabad population 1911 = 5,00,623). In the decade 1911-1920, hospital facilities were felt to be painfully inadequate but they actually registered significant growth only in the next decade. However, the administration appeared to have taken notice of the mounting need for treatment of women and children (Report of the Medical Department, 1913-14).

In 1913, there were 123 beds for males and 155 for females in the city hospitals (total 278). The total went

up by 25 in 1914, and out of a total 303 beds in 15 hospitals and dispensaries, 138 were for men and 165 for women. The total number of in-patients admitted in 1913-14 was 4,780 (as compared to 2,683 in 1901-02). There was a reported increase of 5.4% in-patients over the previous year (1912-13). In 1913-14, the daily out-patient's average was 1,674 of which 838; 426 and 409 were men's, women's and children's cases, respectively. The total number of out-patients (2,45,503) admits of a decrease by 16,720 over the previous year according to the report of 1913-14).

The bed-capacities of the Afzalgunj and Victoria hospitals were now on par: 125 beds (94-males and 31 females) and 119 beds for females only, respectively. Other hospitals and dispensaries reported a total of 59 beds (Report of 1913-14).

The subsequent years of the decade however did not register significant increases in bed capacity. In 1915 the total bed capacities for city hospitals was 308 (142 men/168 women); in 1913-278 beds (123 men/155 women); in 1914-308 beds (141 men/167 women); in 1916-310 beds (142 men/168 women); in 1917-310 beds (142 men/168 women); in 1918-308 bed (177 men/131 women); in 1919-328 beds (226 men/103 women). Thus it may be noticed that beds were for the most

part shuffled and alternately allotted for men and women as demand required. Only towards the end of the decade was a significant increase made.

Viewed in the context of high mortality rates due to rise in epidemics and famine, the decade 1911-20 was disastrous for the state's economy and traumatic for the people. The population of Hyderabad in 1921 actually decreased by a variation of 96,436 and stood at 4,04,187. The city had a population less than that of 30 years ago. Difference between births and deaths reported an excess of 27,850 deaths over births, while in 1901, the number of reported deaths had also out-weighted births by some 6,366. (Expressed as percentage of 1911 population, there were 15.4% births against 21% deaths (Census, 1921). The difference between births and deaths for 1911-21 accounts for nearly 1/3rd of net variation in population. The remaining can be explained by migration. The census report of 1921 acknowledges

the death-rate for the city as being higher than the districts on account of greater density of population, though figures recorded for the decade were unprecedented.

The year 1916-17 reported a severe outbreak of plague and malaria which pushed the death-rates to 35.5 for males and 40.5 for females (per 1,000 population), the highest in the decade. This was lowest in 1911 at 16 and 10 (per mille) for males and females, respectively.

The highest birth-rates for the decade were recorded in 1913-14 of 19.6 and 19.2 (per mille) for males and females respectively. Both male and female birth-rates were lowest in 1919-20 at 10.3 (males) and 10.2 (females) per mille. In view of the severe conditions, medical and public health measures were still inadequate. This had the effect of shocking the administration into expanding health-services in the city as some of the indices for the next decade show.

TABLE- IV

Annual birth and death rates in Hyderabad city by sex 1921-30

Year	Birth rates M/F (per 1000 popn.)	Death rates M/F (per 1000 popn.)
1921	16.0/16.5	31.8/33.7
1922	17.7/16.4	12.6/14.5
1923	20.3/20.3	15.8/15.7
1924	20.8/20.1	23.8/27.1
1925	18.3/17.0	35.2/39.1
1926	19.2/18.2	23.7/24.5
1927	18.8/17.4	21.3/21.3
1928	17.9/17.7	31.6/33.6
1929	20.1/18.6	15.8/17.4
1930	18.4/17.5	24.4/23.6

Source : Census of India 1931, Hyderabad City, Parts I & II.

Taking the figures for the several hospitals and dispensaries separately, the Afzalgunj and Victoria Hospital (for women) accounted for the largest number of in-patients treated in the city, viz., 3,201 and 3,188 (as compared to 2,834 and 2,726 in the previous year i.e. 1921-21) respectively. The total number of in-patients treated in other public health-care institutions was smaller; 255 at the isolation hospital and 212 in other dispensaries in the suburbs. In 1922 the isolation hospital had treated 102 cases, and the dispensaries, a total of 270. The annual report of the medical and sanitation department (1922-23) explains the increase in the number of in-patients at the isolation hospital as being transferred cases of tuberculosis from other hospitals. This hospital, as its name suggests, was meant for the quarantine of patients with malarial and enteric fevers and also plague whenever it was rampant.

The report (1922-23) is also apologetic about the limited bed capacities of the two large hospitals-Afzalgunj and Victoria. While the capacity of the V.Z.H. was 100, we are told that some of the patients had to be accommodated in the Verandah. The Afzalgunj Hospital had a bed-capacity of 140. Work on its new building, to be latter known as the Osmania General Hospital, had already started. The total number of city hospital beds, 338 in 1923, had

increased by 10 since 1919 (328 beds).

Increased utilisation is evident since in 1922-23 alone, city public hospitals (excluding Jail hospitals) were responsible for the treatment of 7,600 in-patients (4,780 in 1913-14) and 2,95,386 out-patients (2,45,503 in 1913-14). The daily average break up of O.P. cases was men 984; women 620, male children 318, female children 219 (Report of the Medical Department, 1922-23).

The 1931 census indicates that the population of Hyderabad had slowly risen to 4,66 894. Birth and Death rates for the 1920's decade had come to stabilize at 15.15 and 8.39 per 1000 population respectively. From 15 in the last decade (1920's) hospitals and dispensaries in the city had grown to 20 by 1931. With the advent of the O.G.H. they provided a maximum bed capacity of 828 beds towards the latter part of 1920's as compared to 328 in the previous decade-an increase of 500 beds. Of these over 50% or 421 beds were meant for women and children and 407 were allotted for men. Daily average number of in-patients treated was 584, including men, women and children. The daily O.P. average was 2,862.9.

During the decade (1921-31), an epidemic of plague continued to harass the population recurring nearly every winter. Infection is said to

have radiated from the congested grain markets to the city outskirts. Cholera, small-pox and malaria were the additional causes of ill-health (Statistical Abstract 1921-1931).

By 1932-33, further expansion in hospital in-take and facilities saw the number of available beds rise to 988 (with 536 for women and 452 for men). Over 50% of this number were housed in the Osmania General Hospital which had about 500 beds (303 for men and 199 for women).

In 1933, the medical department had come to consist of 34 civil surgeons, 74 assistant surgeons, 178 subassistant surgeons and 135 nurses (for the city) for some 18,794 in-patients who were treated by them at city hospitals, representing an increase of 2,589 cases over the previous year (7,600 in 1922-23). Out-patients attendance was also claimed to have increased phenomenally (Report of the Medical Department 1932-33).

TABLE- V

Hyderabad city population variation for five decades 1891-1931

1931	1921	1911	1901	1891
4,66,894	4,04,187	5,01,646	4 63,173	4,28,731
Variation-increase/decrease :				
1921-31	1911-21	1901-11	1891-1901	
+62,707	-97,459	+38,473	+34,442	
Net variation = + 87,251				

Source : Census of India, 1931, Hyderabad city, Parts I & II.

TABLE- VI

Birth and Death rates for Hyderabad city (1930-1938)

Year	Birth rate	Death rate
1340 F (1930-1931)	15.15	28.75
1342 F (1932-1933)	21.15	37.17
1343 F (1933-1934)	16.88	31.74
1344 F (1934-1935)	19.4	19.23
1345 F (1935-1936)	18.9	15.4
1346 F (1936-1937)	15.8	17.3
1347 F (1937-1938)	17.2	18.1

Source : Department of Vital Statistics, M.C.H., cited by Dr. M. Farooq in "Report of the District Health Officer Conference, 1939"

A decade later in 1943, the available medical staff at city hospitals was increased to 44 civil surgeons, 84 assistant surgeons, 229 sub-assistants surgeons (Report of the Medical Department, 1942-43). (In spite of some discrepancy in other official publications for the same year, the figures quoted represent a conservative mean - Report of the Medical Department, 1942-43).

The city's population was 7,39,159 (Census 1941, Part I). Variation since the last decade yielded a difference of 272,265 or 58% increase. More than 2,000 births were registered over the number of deaths. The I.M.R. was given as 133.3/1,000 live births and maternal mortality rate as 17.8.

The Statistical Year Book 1940-41

(1350F) gives the total number of dispensaries and hospitals (government and non-government) as 22. The number of beds available in the institutions enumerated therein was: men 475 and women 518 - a total of 993 beds. Daily average number of in-patients treated was men 571, women 626 and children 90 - a total average of 1,287 per day. Daily O. P. average was given as 7,743 patients/day. The total number of patients treated in that year was 28,011 (18,794 in 1933). Of these, the Osmania Hospital had treated

15,756 patients and the Victoria hospital for women, 7,806. Their respective sizes were 749 and 300 beds. Out-patient figures are reported as 8,36,800 during the year and but do not appear to be very reliable. It was acknowledged that overcrowding at city hospitals was increasingly felt. One bed per 8,000 population was available for general diseases. The largest number of cases treated was under 'diseases of the alimentary system' (Report of the Medical Department 1947-48).

TABLE- VII

Out-patients treated at city hospitals and dispensaries in 1942-1943

Total treated		Average daily attendance*	
Men	3,02,843	2,665-20*	
Women	2,32,080	2,517-55*	1,903
Children (Male)	1,65,055	1,304-95*	
Children (Female)	1,36,822	1,125-39*	
	3,01,877		

* Not verified on computation with total

Source : The Administration Report, Medical and Public Health Department 1352F (1942-43), H.E.H. The Nizam's Government (P) 1945, Government Central Press, Hyderabad Deccan.

TABLE- VIII

In-patients treated at city hospitals and dispensaries 1942-1943

Sl. No.	Hospitals and dispensaries in Hyderabad (1942-43)	Total treated	No. of beds available Male/Female
1.	Osmania General Hospital	15,756	382M/367
2.	Victoria Zenana Hospital	7,806	-/300
3.	City Police Hospital	549	8/4
4.	Civil Hospital, Chaderghat	506	12/12
5.	Sultan Bazar Hospital	982	22/8
6.	District Police Hospital	301	8/-
7.	Isolation Hospital	1,308	40/40
8.	T. B. Hospital (Lingampalli)	549	40/20
9.	Central Jail Hospital, Hyd.	88	20/-
10.	Others (Dispensaries - Suburbs)	166	10/9
Total		28,011	542/760

A discrepancy in the number of hospital beds available in the early 1940's exists in the "Report on the administration" G.A.D., H.E.H. The Nizam's Dominions'-1350F (1940-41). It is reported that 1,147 beds were available for women alone in 1940, and 1,384 beds for women in 1941-42, while the "Administration Report of the Medical and Public Health Department" of the Nizam's Government 1352F (1942-43) (P) 1945, indicates only 760 beds for women in city hospitals and dispensaries. A total number of only 1,302 beds were available according to the latter document including 542 for men. The total number of in-patients

treated during 1942-43 was 28,011. This amounts to a daily average of some 78 in-patients treated in all city hospitals and prior claims of daily averages of other government publications (statistical year book 1942-45 and report on the administration, G.A.D. 1940-41) of 1,287 and 1,397 are anomalous, unless they could be explained as monthly averages.

Likewise, figures for the number of out-patients treated also beg further inquiry.

The Statistical Year Book of 1940-41 (1350F) has recorded a daily out-patient attendance average of 7,743 patients. The compiled "Stati-

stical Year Book' for the period 1941-45, recorded 9,296, while the average daily out-patient attendance computed from total out-patient figures given by the administration report of the Medical and public health department, 1942-43 is 2,324 or 1,903 when derived from the claimed total number of out-patients and the average daily attendance out-patient figures given in preceding page.

Decentralisation :

The state's medical and public health department in its report of 1940-41, had planned to open a number of small primary dispensaries in the city along with a network of medical relief centres to deal with minor ailments. Starting of secondary hospitals in the four corners of the city was being considered, in order to treat cases of a serious nature requiring admission. Further, central hospitals for treating acute cases requiring specialised treatment, a children's and an eye hospital were proposed.

By 1951, the population of the city rose to 10,85,722 (percentage increase of 47%). The beginning of the decade marked a transition from the feudal regime of the Nizam to a new democratic order. It was also an important transition in the history of health care in Hyderabad as it marked a quantum increase in health services. Administratively, the medical and public health departments were

amalgamated under an "Inspector General" and two Deputies, for better coordination (Hyderabad Administration Report, 1950-51).

29 Hospitals (27 in 1950-51) and 177 dispensaries (146 in 1950-51) were functioning in 1951-52 with a total capacity of 4,306 beds (3,900 in 1950-51) (Hyderabad Administration Report 1951-52). Of these 148 beds were available with the Nizamia General Hospital (for Unani and Ayurveda, whose bed capacity has not been included in the earlier reports). The Victoria Hospital had grown to house 400 beds in 1950 (300 in 1942). It is added that the number of patients admitted in that hospital was traditionally greater than its bed capacity (Bhatia, 1968).

In 1952-53, the bed capacity in city government hospitals decreased to 4,022 from 4,036 in the previous year for reasons unexplained. The taking-over of the KEM and Central Military and other hospitals of the Nizam's regime (under British control and supervision), had opened greater facilities for civilians in Hyderabad. The Niloufer Hospital for children and women was started in 1956-57. According to the report, large city hospitals are listed as having a cumulative daily in-patient attendance of 1,800 (Bhatia, 1968).

The western system of medicine with its bureaucratic structure and

institutional organisation (dispensaries and hospitals) had demonstrated its efficacy and capability and gained the confidence of apparently large sections of the city's population. Having grown with the demands of epidemics and other medical exigencies, the medical and public health department established a benign presence and began to play a significant role in the health actions of its citizens. The trend of consulting retaining British professionals from the British and Indian Medical Service was phased out or declined with passing decades of the 20th century as many among the growing batches of locally qualified medical graduates joined the state service, while yet others started private dispensaries. (Other professionals from Bombay, Madras and elsewhere were also periodically inducted into service as well as attracted to set up practice).

The first three decades of the 20th century bore high mortality rates and relatively higher death rates were reported for women at a time when hospital facilities and medical services for them were inadequate. On account of the observance of purdah, women were reluctant to use the existing facilities that were provided in the General Hospital and Dispensaries. Under these circumstances, private hospital services were started for women and children not only by charity but also by the early women doctors with a view to provide

succour to members of their sex. Income or profit was a secondary consideration, but it was there.

Utilisation of health services is predicated on the 'health awareness' of the population. In addition to the role of modern education in creating any degree of health awareness, the experience of illness and encounter with disease helped to give rise to a lay understanding of it and eventually to some kind of civic consciousness among the citizens. This is borne out by the cooperation extended by them to the pest eradication programmes of the plague department. Since the second decade of the century, it is more likely that the problem was one of access rather than of non-subscription to the medical services described, as the constant or periodic load on hospitals for the period indicated. Thus, the medical institution itself served as a modernising agency. Clearly, however, as part of this process, the indigenous systems of medicine were sidelined (Banerjee, D., 1974).

For other cities in India during the same period, the sporadic growth of hospitals/dispensaries (earlier in this century) is expected to be the general norm. However, claims for uniqueness may yet be justified as studies in the demographic history of the colonial period shed more light on patterns and processes of migration, health and fertility behaviour.

REFERENCES

1. General Administration Department, Hyderabad (1894-98), (1898-1903) (1912-13) . . . *Administration Reports of H.E.H. the Nizam's state.*
2. Banerjee (1974) 'Historical and Socio-Cultural Foundations of Health Services Systems' in *E.P.W.*, Spl. No. August 1974.
3. Bhatia (1968) *Expansion of Health Services in Hyderabad State*, A.P. Govt. Sectt. Press, Hyderabad.
4. Census of India (1891) . . . *Vol. XXIII, Pt. III (Hyderabad State)*
 (1911) . . . *Hyderabad State, Vol. XIX, Pt. I*
 (1921) . . . *Hyderabad State, Pt. I*
 (1941) . . . *Hyderabad State, Pt. I*
5. Chandra, Bipan (1971) . . . *Modern India*, NCERT, New Delhi
 (1979) . . . *Nationalism and Colonialism in Modern India*, Orient Longman, New Delhi.
6. Hyderabad Administration Reports (1950-51) (1951-52)
7. Imperial Gazetteer of India (1909) . . . *Provincial Series, Hyderabad State*, Calcutta.
8. Lawrie, Dr. (1888) . . . *Dr. Lawrie's Report...* By order of H.H. the Nizam.
9. Reddy, D. V. S. (1967) . . . 'Darus-Shifa', 'House of cures in *Indian Jl. of the History of Medicine*, Dec. 1967, Hyderabad.
10. Report on the Flood (1910) . . . Hyderabad Govt. Publication (A.P. State Archives).

11. Saunders, Sir Charles (1872) . . . *Report of the Resident at Hyderabad 1871-72, Hyderabad.*
12. Sherwani, H. K. (1972) . . . *History of the Qutub Shahi Dynasty, Hyderabad.*
13. Statistical Abstract (1921-31) . . . Hyderabad State
Hyderabad State
14. Statistical Year Book(1940-41) . . . Hyderabad State
15. Reports of the Medicals Department (1913-14)
(1915-16), (1917-18)
(1918-19), (1919-20)
(1922-23), (1932-33)
(1942-43), (1947-48) . . . *Administration Reports of H.E.H. the Nizam's Medical and Sanitation Department, Hyderabad.*
16. Walker, Norman (1907) . . . *Standing Orders of the K.E.M. Hospital, Hyderabad (1907).*

सारांश

हैदराबाद में चिकित्सालय प्रणाली का विकास—ऐतिहासिक
तथा जनांकिकी दृष्टिकोण : 1880-1950

—एजाजूरमहान

अतीत की स्वास्थ्य सेवी संस्थाओं तथा कालान्तर से उनमें आये परिवर्तनों से वर्तमान की स्वास्थ्य रक्षा प्रणाली की स्थिति की व्याख्या करने में सहायता मिलती है, विशेषतः इस प्राथमिक कार्य की पूर्ति हेतु जब इन मूलभूत संस्थाओं का अस्तित्व किसी न किसी रूप में बना हुआ हो। यह अपनी निरन्तर उपस्थिति से पीढ़ियों की स्वास्थ्य संबंधी चेष्टाओं तथा एक विशिष्ट स्वास्थ्य रक्षा प्रणाली की ओर लोगों के लिये दिशा निदेशनों पर प्रभाव डालती है।

इस निबन्ध में निज़ाम राज्य की राजधानी में 19 वीं शताब्दी के अंत से 20 वीं शताब्दी के मध्य तक स्वास्थ्य सेवाओं के उत्थान एवं विकास की एक वर्णनात्मक रूप रेखा प्रस्तुत की गई है। जिसमें प्रत्येक दशक में विद्यमान संस्थाओं (चिकित्सालयों/औषधालयों) उनमें शय्याओं एवं कर्मचारियों की संख्या के साथ साथ तत्कालीन जनांकिकी स्थिति, स्वास्थ्य दशा एवं लोगों की आवश्यकताओं के संदर्भ में उनकी उपयोगिता पर चर्चा की गई है। राजनीतिक पक्ष तथा कल्याण कार्यों संबंधी आर्थिक दवावों का असमावेश परिसीमनों की दृष्टि से उल्लेखनीय है। जनांकिकी आंकड़ों की मुलभता (1881 जनगणना से अग्रवर्ती) तथा संयोगवशात् राज्य में स्वास्थ्य सेवाओं का व्यवस्थापन भी इसी समय होने से इस कालावधि (1880-1950) का सीमांकन सुविधाजनक पाया गया है। इतिहास लेखन संबंधी कुछ समस्याओं तथा विभिन्न सूत्रों से प्राप्त आंकड़ों के प्रतिपादन में अंतर की भी संक्षेप में चर्चा की गई है।