

MEDICAL SERVICES OF CATHARINE BOOTH HOSPITAL

From 1990 till Date

Lieutenant Colonel P. Selvaraj was the first Tamil Salvation Army Officer to become the administrator of Catherine Booth Hospital. He is noted for his kindness and for his sympathetic approach to the problems of the poor patients, hospital workers and other staff. Immediately after assuming charge as administrator he began to examine the demands connected with hospital workers and staff and took sincere efforts to settle their demands. He found solutions for some of their problems and brought about amicable settlement.

Dr. Ian D. Campbell, Medical Advisor from International Headquarters paid a visit to the Catherine Booth Hospital in November 1990. The Medical Record Technology Course was started by the medical record department in 1990 and later it was discontinued as it was not successful. Due to the initiative taken by the administrators many new buildings were constructed, the Psychiatric and isolation wards were opened in 1991.

1991 to still administrators

Now under his efficient administration and guidance, the hospital shows greater improvement in all aspects.

⁴⁶ **Ibid.**, p.5.

Administration

Of all the hospitals in Kanyakumari District, Catherine Booth Hospital is known for its efficient administration and also for its efficacious treatment. The responsibility for providing better management and services lies not only with the Territorial Commander but also with the Management Board.

This chapter is divided into two parts. The first part deals with the structure and working of the hospital and the second part deals with the administrative aspects.

Medical and Paramedical Departments

In the early days of the medical mission, the missionary doctors attended all types of cases. They strained every nerve to keep up the standard of medical care and they proved beyond a shadow of doubt that they were excellent in service to the Indian patients. However with the passage of time and advancement of the medical science, many private and government hospitals sprang up in this district.

As a result, a great need was felt for the introduction of specialities to revive the activities of this once celebrated hospital. Accordingly, in paediatrics, Radiology and Pathology were introduced. This has proved to be an important milestone in the growth of the medical mission.

Department of Physiotherapy

The department of Physiotherapy was started in the year 1961. Physiotherapy or treatment by Physical means plays a dominant role in the treatment of paralytic disease

and the problems involving muscles and joints. This therapy requires patience and sympathy on the part of the therapist.

In the Catherine Booth Hospital, Physiotherapy unit is housed in the orthopedic unit with two trained physiotherapists devices like short wave Diathermy, Indectothermy, Electric transaction, ultrasonic massage, Electro stimulator Transcutaneous, Electrical Neuro Stimulator, Infra red lamp, Radiant heat etc., are available to make the treatment more effective. This equipments were donated by C.O.R.S.O. (New Zealand).¹

School of Physiotherapy

The School of Physiotherapy was started in 1964 with a batch of four students. This is a two year diploma course which is affiliated to the Christian Medical Association of India (CMAI). Rose Mary T. Collins was the first Tutor. The number of students increased from four to six in 1967. The School of Physiotherapy was wound up in 1970. However, the Department of Physiotherapy functions and presently P. Dharmaraj is the Head of the Department of Physiotherapy.²

Diet Department

The Diet Department was started in the year 1936. From January to September 1954, a total of 39915 patients have been served free meals. In addition, 119,745 'extra' drinks have been given.

¹ Annual Report of the Medical Mission for the year 1964, p.5.

Interview with P. Dharmaraj, Physiotherapist on 17.04.2010.

An average of 208 children have been receiving their glass of milk daily twice using on an average 145 lbs. of milk powder each week. This milk powder comes at gift from CARE (USA) and the Indian Red Cross.

Towards the end of December 1954, 4500 lbs of rice were released for daily 'free' distribution amongst the needy and under-nourished children, and this, too is eagerly looked forward to, the youngsters relishing the steaming hot bowls of rice and curries.³

Many friends, both overseas and inland, also send gifts like children's clothing, used linen of bandages, foodstuffs, sundry medical supplies and equipment money. These gifts have been of untold value and the money thereby saved has been made available for other needs. In 1955 rice meals were also given as and when supplies permitted.⁴

Department of Psychiatry

Many people who suffer from mental illness are cared for and treated in the department. The Department of Psychiatry in Catherine Booth Hospital was started with Dr. Kamarajah as a part time Psychiatrist in 1889.⁵

The out-patient hours are restricted to 9.00 a.m. to 1.00 p.m. on Monday to Saturday. The response to the department has been average and the number of out-patients checked or treated per week ranges between 30 and 40. The in-patient's attendance is from 4 to 5 per week.

Annual Report of the Medical Mission for the year 1954, p.3.

⁴ Ibid., p.4.

⁵ Ibid., 1990, p.30.

Besides, the department is responsible for delivering lectures to the nurses in Psychiatry. At present a ward is being developed for the in-patient care of Psychiatric patients.⁶

Ophthalmology Department

The Ophthalmology Department was started in the year 1921. The Department of Ophthalmology is one of the well-equipped departments of this hospital, functioning efficiently to serve the visually handicapped people, inspite of the tough competition from other institutions.⁷

The first qualified doctor to arrive at Catherine Booth Hospital in 1900 was an eye specialist. The Original Eye Block was known as Bramwell Booth Eye Block, opened in 1966 by the Canadian Deputy High Commissioner.

The new building is completely self-contained with consulting examination and treatment rooms, operating theatre and wards. The equipment is excellent. The whole department like its predecessor is a memorial to the Salvation Army's second General, Bramwell Booth and is a gift from the Salvation Army in USA and Canada.⁸

The types of operations cover a wide range and nearly 50 different kinds of procedures were followed. These included filtering operations for Glaucoma, dacrocystorhinostomy, operations for peterygim, operations upon the netraocular muscles, corneal transplant and many others. There are numerous people who would

⁶ Ibid., p.10.

⁷ Ibid., 1990, p.1.

⁸ Ibid., 1966, p.1.

greatly benefit from carneal transplant but because of the difficulty in obtaining donar carneas operation cannot be performed often.

Catherine Booth Hospital is the first eye hospital in Kanyakumari District serving especially the poor in the great cause of prevention of blindness. Its aim is to provide 'Eye Care for All' in this district by the rural eye health programme to prevent especially mild blindness and to educate the rural folks in the prevention of blindness. Medical and surgical treatment is offered irrespective of one's ability to pay, in collaboration with the Christoffel Blinden Mission, West Germany.⁹

During the year 1967, a total of 534 operations were done upon the eye or its adenexa. In Catherine Booth Hospital, as in most other clinics of the world, cataract operations constitute the largest percentage. There were 363 of these. Most of the operations were of the intercapsular type. A small peripheral iridectomy was done in the majority of cases.

Village Free Eye Camps

Regular eye camps are conducted in remote places in collaboration with Christian Blinden Mission, Germany. Screening of school children for refractive errors, malnutrition and vitamin deficiency and other ocular diseases form part of the mobile eye services.

Emphasis is laid more on reaching the people living in places without adequate eye cases, by conducting more number of city camps.

⁹ Ibid., 1968, p.21.

Free Eye Check-up Clinic was organised at Donovur Hospital in 1989. Dr. Benjamine Vijayakumar and his party conducted this free eye camp. In 1990, a free eye camp was organized at Vellamadam.¹⁰

¹⁰ Ibid., 1990, p.2.

Now free eye clinics are being conducted on Monday and Friday afternoon to help the poor people and trying to get intra ocular lenses as gift from donors abroad so as to enable the poor people also to get the benefit of IOL after cataract survey.

A few eye check-up camps were organized at Kalakadu in 1991 and at Kalanthapanai in 1992. Patients are given suitable education more on preventive ophthalmology to protect their eye sight from simple trauma malnutrition treatment for ocular diseases, etc., Now Dr. C. Xavier Jeyasekaran, M.S., D.C., is the Ophthalmic Surgeon in Catherine Booth Hospital. The Catherine Booth Hospital Eye Department still maintains its identity, attracting people from other districts of Tamil Nadu.⁶²

Rehabilitation Department

The Rehabilitation Department was started in the year 1961 by Dr. Harry Williams. The need to alleviate the sufferings of the physically handicapped and rehabilitate them to a useful life has been the desire of many social workers. The pioneers in this field were the early Christian Missionaries and Christian social workers.

In 1961, Dr. Harry Williams, a well-known plastic surgeon came to the Catherine Booth Hospital, Nagercoil as its Chief Medical Officer. He combined the skill of a plastic and orthopaedic Surgeon into a broader discipline of Reconstructive Surgery. Many of his patients were suffering from the ravages of leprosy and many others were deformed and crippled from poliomyelitis.

Surgery could do much for these unfortunate people but in many cases additional help was needed to rehabilitate those started on the way by surgery. Some

⁶² Ibid., 1991, p.12.

needed special foot-wear to prevent the development of ulcers, others needed specially designed shoes and braces. For still others it was crutches or specially designed and fitted back support.⁶³

Leprosy Rehabilitation

There is a social stigma attached to leprosy. The patients suffering from this disease often find themselves not accepted in society. They find it difficult to obtain employment and most of them have to depend on others for their keep. The Rehabilitation Programme for the leprosy patients are trying to

1. Eliminate the visible signs of the disease
2. Help them to use their hands and feet again and
3. Encourage the patients to find suitable jobs and in some cases to teach them a new trade.

⁶² Ibid., 1991, p.12.

During 1966, 150 patients were admitted in the leprosy ward with an average stay of 2 months. The treatment of ulcerated feet is a very important part of the leprosy work.

Artificial Limb Centre

With financial support from England, USA and other European countries, the Rehabilitation and Artificial Limb Centre has been developed to provide prosthetic appliances to the poor needy. Initially cast out artificial limbs are received from abroad as gifts. These were adopted and modified to fix the unfortunate physically handicapped. These helped out initially, but they were often too large or too heavy for the patients.

In 1971 the hospital secured the services of a well-trained prosthetic technician. Mr. Hameed had been trained at the C.M.S. Hospital, Vellore and had received a Diploma from the Institute of Leather Technology, Guindy, Madras. He brought to the Rehabilitation and Artificial Limb Centre a wide knowledge and experience in the designing and manufacturing braces, shoes, crutches, etc. More important, perhaps, is the fact that he is skilled in the manufacture of artificial limbs from materials available in India. These limbs have the advantages of custom fitting and being light weight.

The Rehabilitation and Artificial Limb Centre at the Catherine Booth Hospital is one of the few of its kind in this area. A number of patients who are physically handicapped are referred to this Centre for fitting of limbs and braces, from various places in South India. Even orders from distant Nagaland have been received.⁶⁴

Vocational Training Centre for the Physically Handicapped

The Rehabilitation Department was started in a very small way, and to rehabilitate them a Vocational Training Centre was set up in Aramboly, nine miles away from Nagercoil. This is part of the Catherine Booth Hospital. It was opened by General Coults, Catherine Booth Hospital, international leader of Salvation Army. The Centre was started by Commissioner Harry Williams.

There were several objectives spelled out as to how to reach the ultimate goals while offering such courses of training which would enable men to find jobs rather than go along traditional patterns, to find jobs for the trainees subsequent to training, to cover the recurring costs of training by earned income, to promote co-operation among exleprosy and orthopaedically handicapped trainees, paving the way for fuller social integration.

All the objectives have been achieved and continue to be achieved, and the Centre has justified its creation and existence by the services it has rendered not only to the handicapped but also to the community at large through the handicapped. The work has expanded according to the needs and arrears of skills have been developed according to demands. Over one hundred and fifty boys have been led to a life of economic independence, a life of fuller realization, greater meaning and total rehabilitation.

⁶² Ibid., 1991, p.12.

Rather than be dependent on their families, they raised and supported their own families, rather than be a burden to the tax-payer, they are paying taxes, rather than be looked down on by the community, they have became its accepted respectable members.¹¹

The Centre now caters for fifty trainees, who come from varied backgrounds like languages, religions, educational levels and cultural standards.

The training, food and accommodation are provided entirely free of cost. In addition to the small amount, the trainees receive as pocket money for personal expenses. They stay two to three years and develop knowledge and skill according to their ability.

The training is in light engineering skills, fitting, turning, drilling, milling, shaping, electric and gas welding, sheet metal work and spray painting. Poultry rearing is also done in a small way.

The training is on the job in the workshops, complemented by educational and vocational classes in the evenings. The programme is residential and this makes it possible to impart more than mere work. Skills to develop routines, to inculcate habits, to train for a way of life to face the world and future. The programme is not a protected or protective one, any protection given is gradually removed so that the trainee has to stand on his own legs.

All instructors and workers in the Centre are ex-leprosy or physically handicapped people. There are three executives and twenty two employees.

The trainees get encouragement and satisfaction in creating something useful and saleable, and they can earn some money by their work and skill. This part of the work may broadly be divided into three categories viz.,

Repair work for local agriculturists and cottage and small industry, scarcely a day passes without having to weld broken hoes and bicycles; thread pines, repair pump sets and sprayer's,

Production of hospital, office and domestic steel furniture. Hospital furniture is supplied to hospitals in South India, though orders do come in from other parts as well. In 1971, hospital beds were exported to Bahrain. Office furniture Is purchased by banks, government departments and corporations. Domestic furniture, mainly steel cupboards, are in great demand from individuals in the southern districts.

In 1981, one hundred wheel chairs were made and sent to Ghana for the use of the disabled in that country and 3. Production of original and spare parts for larger industrial development, spare parts for textile mills in the southern districts has had far-reaching effects. This provides the bulk of the work involving various and different degrees of stalls which contribute to the training process.

The coats group of mills and co-operative spinning mills are the largest customers. Parts are also made for some electric and electronic industries.¹²

The Centre is never short of work and is able to meet all its recurring expenses from the earned income should speak for itself for the skills that have been developed, the quality that has been attained, the integrity that has been maintained.

¹² Ibid., p.33.

A revolving fund has been established from which enterprising trainees are given loans to set up their work-shops in their own villages. On the social front the Centre was responsible for the Government issuing orders that wheel chairs be carried in buses free of charge, for the government orders that all voluntary institutions for the handicapped be placed in the priority list for purchase by the departments and corporations; for the High Court circulating instructions that there was no rule or law to bar leprosy patients from hereditary evidence in courts of law. Help has come to the Centre in its task from individuals and organisations in the west.¹³

E.N.T. Department

The E.N.T. Department dealing with E.N.T. (Olo- Rhino-Laryngology) has been commenced from September 1980. Several out-patients and in-patients are benefitted both surgically and medically. Now it is functioning very efficiently. Statistics shows that from September 1990 onwards 2872 out-patients have attended this department and fifty have surgically benefitted during the last year. Dr. P. Kumar Raja Sekar is the E.N.T. specialist in the Catherine Booth Hospital.¹⁴

Dental Department

The dental department was started in 1939 with the donation of dental equipment; by the Catherine Booth Hospital. Dr. Kennedy from USA was the first dental surgeon in the Catherine Booth Hospital.

¹³ Ibid., p.34.

¹⁴ Interview with Dr. P. Kumar Raja Sekar, E.N.T. Specialist on 15.4.2010.

Now Dr. S.K. Pillai is managing this department along with one assistant nurse and one technician. This clinic is at work on all days except Sundays. Here, extractions, fillings, root canal treatment, partial and complete dentures, dental wiring, orthodontic appliances, sealing etc. are done.

Free treatment is also given to the poor people. Dental care is a feature of the daily out-patient service. A full range of work is carried out in the dental surgery. At any time during the working day the staff will be busy either with actual patients or working on dentures and other appliances.¹⁵

Department of Anesthesia

There was no proper anesthesia in the early days. Trained nurses only give general anesthesia. Most of surgeries and operations were performed under local anesthesia.

The Department of Anesthesia was organised in 1991. There are three types of Anesthesia. The common types of anesthesia used are spinal anesthesia, open drop ether, general anesthesia and endotracheal anesthesia using Boyces machine.

Now the department has started using muscle relaxed with controlled ventilation in the closed circuit gas system thereby economising on gas and oxygen but facilitating better exposure due to complete skeleton muscle relaxation. Dr. Rajasing and Dr. Perunlal are the specialists in anesthesia.¹⁶

¹⁵ Interview with Dr.S.K.Pillai, Dentiston 14.4.2010.

Interview with Dr. Rajasingh, Anesthesist on 14.4.2011.

Department of Orthopaedics

Orthopaedics as a separate speciality was started in the hospital in 1961 with the appointment of Dr. Harry Williams, F.R.C.S. as Chief Medical Officer.¹⁷

A new paediatric block was constructed in 1967. A full-time orthopaedic surgeon was appointed in November 1990 after a lapse of 3 years. New equipment needed for latest techniques of internal fixation of bones was bought.

Instrumentation to perform hip orthorplasty was also secured in 1990. The highlights of the department was the Orthopaedic and Polio Camp held on 15th to 17th March 1991. Dr. G.D. Sundarraj, Professor of Orthopaedics, C.M.C. Hospital, Vellore and his team supported by the Orthopaedic Surgeon conducted the camp. 344 patients were seen as out-patients and 30 surgical operations were carried out during these three days.

The expenses were extensively subsidized to enable poor patients to make use of the facility. Moreover, 70 patients were identified as those needing surgery and these are coming in steadily for corrective surgery.

Between June 1990 and June 1991, 368 surgeries were performed of which 150 were major cases and 218 minor.¹⁸ Now Dr. Mannam Ebenesar, M.S. (Ortho) is the Orthopaedic consultant and he has been rendering very valuable services.

¹⁸ Annual Report of the Medical Mission for the year 1967, p.2.
Ibid., 1991, p.9.

Department of Paediatrics

The Department of Paediatrics has been functioning very well with well-qualified and experienced doctors. The out-patients in this department outnumber those in other departments. Dr. Gnanamony and Dr. Murugan have been working in the paediatric department for the past six years. Records show that they have treated 26,059 out-patients and 1953 in-patients from January 1985 to December 1985.

In 1986 January to December, 23,343 cases were as out patients and 1,842 cases as in-patients in this department. Out of the 23,343 out-patients, 3,529 cases were new patients.¹⁹

The baby clinic which has been functioning effectively give immunization to all children below the age of six years. Immunization is given to the children on all working days between 8.30 a.m. to 1.00 p.m.

Treatment is given to all kinds of cases. Most of the cases are either referred to Catherine Booth Hospital or sent here by other hospitals. The treatments frequently are gastroenteritis with severe dehydration, bronchopneumonio, septicaemia, malnutrition in the form of marasmus and kwashiorkor, viral hepatitis, measles, encephalities and meningitis. Acture Glomerculo-Nephritis, Rheumatio fever with Artyritis, Acute Anterior poliomyelities, enteric fever and rare cases like congenital syphilis, nephritic syndrome, tuberculosis meningitis are treated.²⁰

¹⁹ Ibid., 1990, p.9.

²⁰ Ibid., 1984, p.2.

Majority of the cases referred to are admitted in a moribund condition, some cases are partially treated ones and have a special care unit for remature and neo-natal babies and an intensive care unit for the treatment of very sick children.²¹

There were two paediatric centres but at present they have been reorganised into one unit and into one ward. This is a precedent for the present day consolidation that is needed to 200 beds instead of the theoretical 300 that exist at present.²² Now Dr.sivarajan is in-charge of the paediatric surgery department. 164 paediatric surgical operations cases were conducted during the year 1990. Dr. Murtigan and Dr. (Mrs.) Lavanya Ebenezer are the paediatricians in this hospital.²³

Department of Psychiatry

The Department of Psychiatry in Catherine Booth Hospital was started with Dr. Kamarajan as a part-time Psychiatrist last year. Many people who suffer from mental illness are cared for and treated in the department. The outpatient hours are restricted to 9.00 a.m. to 1.00 p.m. and the department works from Monday to Saturday.

The response to the department has been average and the number of outpatients treated per week ranges between 30 and 40. The in-patients attendance is between 4 to 5 per week. Besides, the department is responsible for delivering lectures to the nurses in

²¹ Ibid., p.3.

²² Ibid., 1985, p.3.

²³ Interview with Dr. Sivarajan, Paediatrician on 17.04.2010.

phychiatry.²⁴ Currently a ward is being developed for the in-patient care of phychiatric patients.

Department of Obstetrics and Gynaecology

Child birth is still associated with a high degree of abnormalities in most tropical countries. Though during the last ten years a number of factors have brought about significant changes in their general attitude, towards ignorance, superstition, traditions. Due to transport problems and a shortage of trained personnel in the village areas modern maternity care, baby care and family planning are not available. Under the guidance of experienced

Gynaecologists, surgeons and qualified nurses, a well-established Gynaecology and Obstetric Department is being maintained.²⁵

A special feature of this department is the special care unit for infants under specially trained nursing staff. The new system of rooming-in of the normal new born babies with their mothers in KOB (General Obstetric) wards, and the reorganisation of the nursery into a special care unit for babies at night "premature babies and sick babies upto three months of age, is the expression of the sincere wish for better post-natal care.

Trained and midwives in Catherine Booth Hospital also give ante-natal care and conduct deliveries. A seven month mid-wifery training course following the three years of nursing training here is being conducted. Lectures regarding health, hygiene and family planning are given\to the patients in the wards.

²⁴ Annual Report of the Medical Mission for the year 1990, p.10.

²⁵ **Ibid.**, 1971, p.18.

The Family Planning Programme continues satisfactorily and so does the anti-natal clinic where the continuing problems of anaemia, worm-infestation, maternal malnutrition and vitamin deficiency to be dealt.²⁶

²⁶ **Op.cit.**, p.19.

In 1991, Dr. Meenambika, Dr. Ruby Samuel, Dr. Sam Sahaya Dhas visited Chemparuthivilai and Perunchani. A fibro optic laparoscope will be very useful for diagnostic laparascopics and tubectomies. A portable linear ultra sound scanner also will be very useful in the management of Obstetrics and Gynaecology.

At present six new private rooms for the Obstetrics / Gynecology block has been built. A room in KOB upstairs was converted into a six bedded extension, hall so that altogether twelve more beds are available for Gynecology - patients now. Thus the Obstetrics / Gynecology beds increased to 52. In the Obstetrics / Gynecology wards 35 plastic mattress cover for the post-natal section and the labour beds as well as linen for the babycots and the labour beds were given. This is another step nearer to better patient care.⁸¹ Dr. Ruby Samuel, Dr. Meenambika, Dr. Sam Satya Dhas and Dr. Punitha are rendering an excellent service in this field.

Medical Department

The department of medicine consists of Intensive Care Unit with a Coronary Care Cabin, General Medical Wards, Private rooms and out-patient section. Many patients are admitted to hospital following a visit to the but patient department, but emergency cases come straight to the Intensive" Care. Unit, usually by ambulance. Ambulance can be had by contacting hospital administration. The Intensive care Unit provides special nursing care for the seriously ill-patient and for patients in the first stage of recovery from operation.

The intensive Medical Care Unit caters to the needs of more than 1500 patients and this was made possible by the opening up of two new wards; one for
⁸¹Ibid., 1991, p.12.

the female patients and another one for intensive care to infectious disease patients.⁸²

The Coronary care unit is the latest addition to special care facilities at Catherine Booth Hospital. It is air-conditioned for maximum patient comfort, and housed in the intensive Care building to ensure the highest concentration of nursing and medical care.

At present the Coronary Care Unit has been expanded to a four bed unit and a new portable cardiac monitor defibrillator installed. This enables to serve better and more than 1000 patients were treated with a good percentage of recovery.⁰³

A significant number of moribund cases of phyofenic, meningitis, septicacnia and myocardial infection etc. which were handled outside were admitted in Catherine Booth-Hospital with critical vital signs made dramatic recovery.

Certain cases of cardia and neurologic disease were referred to the cardiovascular and neurology centres at Trivandrum and Vellore for heart and brain surgery.²⁷

For the benefit of patients with COPD nebulisers were installed in the IMCU. Several patients with acute renal failure underwent peritoneal dialysis. Hemo dialysis unit and 2D-ECHO are likely to be installed in the coming year. A new portable E.C.G. machine too has been installed to meet the increasing work load.

²⁷ **Op.cit.**, 1983, p.2.

The department of internal medicine has improved a lot and has been doing useful service under the guidance of Dr. T.S. Loganathan, M.D., who joined Catherine Booth Hospital after nine years gap. While Dr. V. Vincent, M.R.C.P., left, Dr.P.N. Rajendran and Dr.V.M. Sathiah Kumar continued their services. Dr. T.S. Loganathan, M.B.B.S., M.D., F.C.C.P., F.S.A.S.M.S., is the consulting physician in the Catherine Booth Hospital.²⁸

Department of Medical Records

The Medical Records Department was started in 1961. The Department of Medical Records is the store house for all the records and it serves as a link between the patient and the doctor. Medical record is a documentary evidence of the course of patient's illness and treatment provided.

Maintenance of health record is a vital one for the proper care of patient, clinical research and follow up treatment, because "patients forget, but records remember" the diagnosis and treatment provided. Analysis of hospital statistics, assisting medical staff in research work, develop indices, analysing and technically evaluating medical records are the works carried out.²⁹

This department is faced with space problem. Since keeping of the records for a long period is necessary in the interest of the institution and for the fulfillment of its purpose, it could be better if the department is provided either with a computer or with facilities of micro filming.³⁰ At present there are 4 staff in this department. P. Jeyaraj as

²⁸ *Ibid.*, 1991, p.13.

²⁹ *Ibid.*, 1985, p.4.

³⁰ *Ibid.*, 1991, p.8.

the Medical Record Officer, 2 casual workers and one technician are also in the medical department.

School of Medical Record Technology

Medical Record Technology Course (M.R.T.) was started by this department in the year 1990, recognised by Christian Medical Association of India with a capacity of four students. This year the number of students increased from four to six. This course is a one-year Diploma course with the minimum qualification of +2.³¹

Pharmacy

Pharmacy service was started in the year 1971. Activities associated with the purchase, compounding and dispensing of all drugs and pharmaceutical preparations needed for in-patient medication and out-patient prescriptions have been centralized into one department, the pharmacy department. A separate night dispensary housed in the casualty department functions between 7.00 p.m. and 8.00 p.m. enabling the patients to enjoy the service even at night.³²

An average of 200 patients visit the department every day. Medicines and other pharmaceutical products are supplied to the patients through one dispensing counter and another one is the pricing counter. Orders for the medicines are placed twice a week and available medicines are obtained from the main store of the hospital.

³¹ Interview with P. Jeyaraj, Medical Records Officer on 19.04.2011.

³² Annual Report of the Medical Mission for the year 1985, p.3.

Serums and vaccines are kept in the refrigerator for the urgent use of inpatients and out-patients. At present, this department is functioning with five regular pharmacists namely Mrs. Lakshmi, Mrs. Selvakumari, Miss. Esther Jamina Rani, Miss. Stella and Mr. Asprin Muthuraj. Mr. Sam Theodore and Mr. Stanling Babu³³ were appointed as honorary pharmacists.

The drug committee meets every three, months of the pharmacist, the hospital administrator, the nursing superintendent and two doctors. The pharmacy stocks over 1000 items - it was agreed this was too many and makes accounting very difficult.

A new method of inventory control is being introduced from this year. Therapeutic and Pharmacy Committees are functioning with the guidance of Cap Manr, Administrator of Evangeline Booth Hospital, Ahamednagar.³⁴

Stores

This section should clearly record the issuing and receiving of stocks in a proper way. In the hospital, there are several sections and divisions. In these sections, if they need a stock first they should buy one requisition form. In this form they should write required stocks, quantity, and then this form is sent to the stock room, purchasing stores and the stores section will give them the required stock.³⁵

The working of the store is divided into two sections viz., medical store and general store. Products from reputed firms are obtained and arranged properly so as to

³³ Interview with Mrs. Lakshmi Ayyappan, Chief Pharmacist on 19.04.2011.

³⁴ Annual Report of the Medical Mission for the year 1991, p.21.

³⁵ *Ibid.*, 1985, p.5.

enable immediate supply whenever required. Controlled items like spirit, kerosene etc., diesal and petrol for the ambulance and the generator are being stored here. Mixtures, ointments and other similar products are also prepared by them. A variety of- drugs were donated by the USA Medical Team- and were taken into ledger and supplied according to the donors' instructions. Materials supplied by CASA are distributed free. Central Sterilizing Room which supplies sterilized guze, cotton, syringes, needles and dressing packs to the wards, to out-patient departments to maintain the quality of health care.

Chaplaincy Department

The prayer house in the Catherine Booth Hospital was erected in 1926. It was constructed on the selfless sacrifices offered by the great missionaries as well as the enthusiastic chaplains in the Hospital.³⁶

Prayers are conducted daily for the benefit of the patients, their relatives and the staff. Morning devotional services are being conducted daily from 8.00 a.m. to 8.15 a.m. and all the hospital staff are expected to attend the prayer before commencing their duties.

The Chaplains conduct open air prayer meeting at 10.00 a.m. every day in the out-patient department and also visit the patients in the wards and pray for their recovery.³⁷ During Christmas season special services are being conducted and the prisoners in the jail are also met thereby spreading the gospel among the sick and poor, among the disabled and the ailing society for their spiritual satisfaction.

³⁶ Op.cit., 1990, p.14.
³⁷ Ibid., 1991, p.22.

The Sunday School is conducted both in English and Tamil. Forty two choruses are taught. Youth and children take part with enthusiasm.³⁸ Revival meetings are organised at the hospital between 5th and 7th April 1991. The Salvation Army Catherine Booth Hospital is one of the outstanding Christian Hospitals in South India having a historical reputation.

Department of Surgery

This is a new department and an appetite has to be created. All types of work have been encountered, as the appended table will show, but conditions of particular geographic interest have been, filarial lymphoedema, carcinomata of cheek jaw and leprosy deformities.

³⁸ **Op.cit.**, 1983, p. 4.

In most of the filarial cases there is no active infestation when treatment is sought but medical treatment has no permanent effect. Treatment by weekly injections of fluorocide accompanied by elastic bandaging has proved beneficial where the skin itself is normal, but the condition relapses without bandaging. The surgical team consists of Dr. Sivarajan, Dr. Simla, Dr. Selwyn Sampath and Fr. Shanthi Mahila. At present, the general survey department started functioning as two separate units for better management of patients. Dr. Sam Sahayadhas, M.S., and Dr. Kumar, M.B.B.S., D.L.O. are in-charge of Unit I care and Dr. C. Hubert, M.B. M.S., and Dr. Sheela, M.B.B.S. are in-charge of the II care.⁹⁶

X - Ray Department

The X-ray department was started in the year 1961 and it was remodeled with a patient's waiting hall and two diagnostic rooms with dressing cubicles attached. A well-equipped modern dark room and a room each for drying films and film preparation and for photographic stare and filing was provided. In 1980, a Siemens 160 MA. X-ray machine 'Multiscope' with many modern devices to conduct investigation in a modern way, without any risk, was installed. Further, printing type of identifications in the films and proper filling of radiographs were also introduced.

This department with Mr. Vergin Kumar as in-charge renders twenty - four hour service in a commendable way. Contact with the department begins with the clinical procedures of reception, documentation and the retrieval of previous X-ray films and reports.

²⁸Ibid., 1991, p.12.

The radiographer is responsible for the calculations, the exposures, positioning the patients and the processing of the films, X-ray films and reports of the Radiologist are available often on the same day that the X-ray is taken and always within 48 hours. Copies of the report are preserved both in the department and the patient's medical chart. The X-ray films are preserved separately as a department record.⁹⁷

School of Radio - Diagnostic Technology

A School of Radio-Diagnostic Technology was started in 1980 with a batch of four students. This a two-year Diploma courses which is affiliated to the Christian Medical Association of India (C.M.A.I.). Later in 1985 the number of students increased from four to six.

Clinical Laboratory and Bio-Chemistry

The clinical laboratory was established in 1961 by Dr. Harry Williams. Mrs. Vimila Williams was the first qualified lab. technician, after a successful completion of a training in clinical laboratory. A new building was constructed in 1977 and the laboratory was shifted to the newly erected block.

Experiments conducted were urine test, blood count, malaria etc. The laboratory work further developed especially in bio-chemistry. In 1976, Department of Bio-Chemistry was upgraded and a separate micro-biology department was started in 1977. The Department of Bio-Chemistry has been modernized with the installation of calorimeter and also a flame photometer. They are now able to do almost all the

⁹⁷Ibid., 1991, p.12.

bio-chemical tests which help in the diagnosis and treatment of disease of heart, liver, kidneys and metabolism.

Twenty four-hour service is maintained for procedures in hematology, serology, bio-chemistry and microbiology. The lab is enrolled in the Quality Control Programme of Vellore Christian Medical College Hospital. In 1982, the format Lab Director Jean Claude Tschantz has provided culture media and micropipettes from Switzerland.³⁹

At present seven technicians are working in the laboratory. All the technicians extend their co-operation in maintaining the quality and standard of work promptly.

School of Laboratory Technology

The Christian Medical Association of India gave recognition to start the Laboratory Training Course in 1983. The course is intended to give training in clinical laboratory procedures. This includes lectures and practical training both in a class room situation and in the hospital clinical laboratory in Hematology, blood banking, urinalysis, bio-chemistry, microbiology etc., A batch of four students is recruited every year for this course. The duration of the course is 12 months with 6 months internship.⁴⁰

Blood Bank

In Catherine Booth Hospital, a Blood Bank was started in the year 1970. This Blood Bank is managed by a technician who has undergone advanced training in Bio-Chemistry. There are two categories of donors-paid and voluntary. Till recently, it depended mainly on paid donors from outside but a healthy trend is noticeable as almost

³⁹ **Ibid.**, 1982, p.6.

⁴⁰ Interview with Mrs. Vimala Thomas on 20.04.2011.

all the healthy members of the hospital staff have got themselves enrolled as voluntary donors.⁴¹

To meet the increasing needs, the hospital has made appeals to the heads of the educational institutions to encourage the healthy students to donate blood. The increasing awareness of the public is felt with an increase in the number of voluntary donors. Convenient arrangements are made to test the group blood of the volunteers, and the donors are not put to any personal expenditure when called upon to donate blood. The busy blood bank provides carefully watched blood for hospital use and increasing outside request.⁴²

Library

The long felt need for organising a library was fulfilled only in 1965. Large number of books were donated by the British Council and American Information Service. Leading Newspapers and periodicals offer complimentary

Philanthropists like Dr. Herbert C. Rader, Dr. William Noble, Captain James D. Hood were kind enough to donate a variety of books. Though not very big, it accommodated valuable books in the medical field. A full time Librarian with one assistant is in-charge of the library.

Thus the Catherine Booth Hospital is well-equipped in every respect. This is one of the reasons why not only people of Kanyakumari District but also from other districts visit this hospital for treatment.

⁴¹ Annual Report of the Medical Mission for the year 1974, p.4.

⁴² **Ibid.**, 1990, p.5.

Community Health Programmes

The Community Health Department of Catherine Booth Hospital was started in 1983, during James D. Hood. The Community Based Primary Health Care Project (CBPHC) functions with an intention to enable people to help themselves so that they can meaningfully contribute to their own health and development.⁴³ The aim of the Programme is to provide preventive, curative, promotive and rehabilitative services to the people in the project areas.⁴⁴

The Community Based Primary Health Care Project is sponsored by Christian Medical Association of India (CMAI) and it is administered by the Salvation Army Catherine Booth Hospital. Along with the other developed medical and surgical departments, it also has an established Community Health Department, which extends its activities in urban, rural and tribal areas.⁴⁵

General Objectives of Community Health Care

The following are the main objectives of the Community Health Care Programme viz.,

F - Family Welfare which includes Ante-natal, Inter- natal, post-natal

and child health;

I - Immunization to the mother child;

O - Oral Dehydration - Therapy for prevention of Diarrhoea;

⁴³ Annual Report of the Medical Mission for the year 1954, p.7.

⁴⁴ **Ibid.**, 1955, p.2.

⁴⁵ Annual Report on Primary Health Care in Community Health, 1990, p.1.

N - Nutritional education and

A - Vitamin A — Prophylaxis

Hospital got the approval from the District Health Office to start a community based health care programme at Osaravilai, Josephpuram and Sahayapuram.⁴⁶

The Osaravilai Centre which consists of 16 villages is 15 Km. away from the base hospital. 75% of the population belongs to the landless labouring class. Their main occupation is agriculture and palmyrah climbing. The Primary Health Centre at Agastheeswaram which is 10 km away from the community centre looks after the medical facilities.⁴⁷

In 1955, Adjutant Sara engaged in Public Health work visiting the homes of the people, seeking to comfort and bless, tending the sick ones and where necessary accompanying them to hospital, getting medicines from the outpatients department. She still visits approximately 95 patients per month. 25% of these are Salvationists and the remainder comprised needy people of all castes and creeds.⁴⁸

In 1960, Public Health Unit was opened at Kattakada, a place located near Nagercoil. This is in the heart of a fertile land of hill and coconuts, rice and jack fruit. Captain Annapackiam is in-charge of this area.⁴⁹

⁴⁶ Information given by Mr. S. Samraj, Project Manager, Community Health, Catherine Booth Hospital on 21.04.2011.

⁴⁷ Annual Report of the Medical Mission for the year 1964, p.6.

⁴⁸ **Ibid.**, 1955, p.3.

⁴⁹ **Ibid.**, 1964, p.7.

In 1989, a medical unit called 'SMART' (Salvation Army Medical and Rehabilitation Team) was established to include all the present community health activities, extension works of the eye blocks, medical camps, out-reaches of the hospital and other community development (socio-economic) activities.⁵⁰ In 1990 a van was purchased for SMART. It is utilised for the transport of personnel, patients and materials for sub-centres and medical camps, project visits etc.⁵¹

A bi-monthly called Smart Highlights which presents the project and hospital information, health articles and other departmental news is published. Through this the hospital community relationship will definitely improve. It is published in both English and Tamil.⁵²

Ante-Natal Services

Ante-natal services are the important services given by the health team. It includes identifying the Ante-natal cases, registration for care, supply of iron folic acid, and minimum of three Ante-natal visits. High risk cases are identified in time to avoid complications both to mother and child at the time of birth.⁵³

⁵⁰ Ibid., 1990, p.38.

⁵¹ Informations given by Mr. S. Samarj, Manager, Community Health, Catherine Booth Hospital on 21.04.2011.

⁵² Annual Report of the Medical Mission for the year 1990, p.39.

⁵³ Ibid., 1984, p.2.

The Ante-natal clinic is conducted every Monday, Thursday and Saturday. Ante-natal mothers from different places in and around Nagercoil are benefited by this clinic. All the mothers are examined by the doctors and given

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necessary treatment. **Post-Natal Services**

The post-natal clinic is conducted every Wednesday. Mothers who delivered in Catherine Booth Hospital are asked to come for post-natal check-up and many mothers are coming for this check-up. During this check-up their general health is assessed by the doctors. They are also advised to follow family planning methods.⁵⁴

Intra-Natal Care and Home Deliveries

Intra-Natal Care and Home deliveries are conducted by the field supervisors. Proper care and protection is given to mother and the new born child. The intra-natal care is given by the trained nurses and the risky cases are referred to the hospitals.⁵⁵

Immunization Programmes

Immunization like DPT, OPV and Typhoid vaccines are given to children.

Vitamin A - Supplement and Growth Monitoring

Supplementary nutrition like Vitamin A, Iron and folic acid are given to the children. Babies' weights are checked every month. Health instructions are given to the mothers as a group and to individuals depending upon the needs.

⁵⁴ Ibid., 1984, p.3.

⁵⁵ Annual Report on Primary Health Care in Community Health, 1991, p.5.

Out-Patient Services

The medical officer from the Catherine Booth Hospital used to visit the health centre once in a week. Every Friday is the clinic day for Josephpuram and Osaravilai Centres. Thursday is the clinic day for Sahayapuram sub-centre which was started on 11 April 1991 to cater to the health need's of the surrounding areas.⁵⁶ Besides the medical teams visit the field supervisors used to give treatment to the patients with minor ailment both at the centre and at home.

Family Planning Services

Family Planning work is conducted and there is no separate day for this work. Mothers are mainly advised for the services in ante-natal, post-natal and 'Well Baby Clinic' and the services like issuing oral pills, application of Copper T and admitting cases for tubectomy and vasectomy in the Catherine Booth Hospital, are being done whenever there is need. Male members are also encouraged for condoms and vasectomy operations.⁵⁷

Health Education and Film Shows

Education provides information and the result is change in behaviour. Through various health education methods they try to create a healthy environment in the villages. Health education includes individual counseling, group teaching and mass education and using flash cards, posters, booklets, dramas, role plays, villuppattu and

⁵⁶ Annual Report of the Medical Mission for the Year 1991, p.6.

⁵⁷ Information given by S. Samraj, Project Manager, Community Health, Catherine Booth Hospital on 21.04.2011.

film-show programmes on the teaching methods. Discussions and brain storming sessions are encouraged.⁵⁸

Home Visits

A comprehensive public health programme has been planned for the community. Each family on the target villages is met by the project team for one or other reasons. The home visits are made by the field supervisor, the Project Manager and also by the Co-ordinator. During Home visits the general condition of the family members, economic status and the living conditions are observed.

The main visits are made by the community health visitors and field supervisors for Ante-natal, family planning, and others with special diseases. Qualified midwives do home deliveries on call. All cases accepted for home delivery must receive ante-natal care by the hospital. All home deliveries will receive ten days postnatal care by the nurses. The infant will be given complete immunization and are also given nursing care like checking temperature, cold sponge, dressings, giving injections and to treat minor ailments like headache, fever, etc.⁵⁹

Awareness Meetings

Mass education programmes are carried out in the community village health committees, youth clubs and Mahila Mandals.⁶⁰

⁵⁸ Annual Report on Primary Health Care in Community Health, 1991, p.7.

⁵⁹ Annual Report on Primary Health Care in Community Health, 1991, p.10.

School Health Programme

The school programme conducted at Kulasekarapuram Government High school in Osaravilai have been adopted for implementing this programme. Physical examination was conducted for 500 school children from 1st to 10th standard by a medical team of 3 medical officers, 2 nurses, 5 nursing students.

The project staff organised this camp and health education for the school children also took place. The camps were conducted on 18th and 22nd January 1991

Free Eye Camps

Free Eye Camps were conducted in the project areas with the help of Catherine Booth Hospital's Ophthalmology Department.⁶¹ The hospital has a well-equipped eye department, with modern ophthalmic instrument. A free eye clinic is run, on Mondays and Fridays between 2.30 p.m. and 5.30 p.m.

The Clinic has out-patient consultation, and provides free treatment to poor patients. Free treatment includes operations, hospitalisation, medicines and food. Free eye camp was conducted on 25.1.1991 at Osaravilai and on 12.8.1990 at Myladi (Josephpurara area).⁶²

⁶⁰ Information given by Mr. S. Samraj, the project Manager, Community Health, Catherine Booth Hospital on 21.04.2011.

⁶¹ Annual Report on Primary Health Care in Community Health, 1991, Catherine Booth Hospital, p.13.

⁶² Ibid., p.14.

Special medical camps were arranged by the projects. General medical camps were conducted in different places like Ratinapuram, Pampankulam and Radhapuram. Sick people were examined and treatment is given free of cost. The poor are benefited much from this programme.⁶³

Rural Health Care

The Hospital assists in Rural Health Care Programmes, in association with voluntary organisations. The Hospital Public Health Team conducts Health Camps in rural areas.

Mini Health Centre

Health services are extended to the tribal villages in Perunchani hills which is 45 km away from the hospital. The health centre serves the local tribal community called 'Kanees'. Health volunteers are selected from those areas and training has been given to them to work it or their own people. Daily visit by trained nurses and weekly visit by doctors are the usual course of health delivery system in these centres. Home visits and community involvements in health services are also encouraged.⁶⁴

Community Health Training for Nursing Students

Community Health Training was given to the nursing students. The theoretical study of community health has been given in the class room in the community health

⁶³ Interview with Mrs. MangalaJothi, Field Supervisor on 22.04.2011.

⁶⁴ Annual Report on Primary Health Care in Community Health, Catherine Booth Hospital, 1991, p.8.

department and they are placed in the project for field experiences in rotation. Students and community gain mutual benefits through this system.⁶⁵

Training Programme

The CHV's mela was organised by CMAI between 14th and 16th May, 1990. The field supervisors and twelve members participated in the programme held at International Tourist House, Kodaikanal.

Regional Seminar on Family Planning

A regional seminar on Family Planning was held at Coimbatore on 3rd and 4th August, 1990. Mrs. Indira Stevenson, the previous community health tutor participated in this seminar.⁶⁶

Staff Orientation Programme

The Orientation Training Programme was held at Indian Social Institute, Bangalore between 12th and 16th November, 1990. Mr. S. Samraj, the Project Manager and Miss. Margret, the Field Supervisor participated in the Orientation Training Programme.

AIDS Conference

The AIDS Conference; was organised by Tamilnadu Voluntary Health Association (TNVHA) at Madras from 27th to 28th December, 1990. Mr. Samraj, the Project Manager and Dr. Hubert participated in this conference.

⁶⁵ Annual Report of the Medical Mission for the year 1990, p. 19.

⁶⁶ Annual Report on Primary Health Care Community Health, 1991, P.8.

Mahila Mandal Camp

Mahila Mandal Camp was organised by Family Planning Association of India at Kulase Karapuram on 28th November, 1990. The CHV's and Field Supervisors participated in this camp.

First Aid Training Programme

The Community Health Department programme on First Aid from 15th to 16th April participated in this programme. Organised two-day training , 1991. Twenty five rural women

CHVS' Mela at Muttam

The Community Health Department organised a three-day conference for CHV's from 5 mission hospitals. This programme was sponsored by CMAI between 14th to 16th May, 1991.⁶⁷

Village Health Advisory Meeting

Village Health Advisory Meeting was conducted every month on Ist and IIth Monday in Osaravilai and Josephpuram. Interaction with the village representatives and community leaders to bring better community participation and effective implementation of the programme.

⁶⁷ Annual Report on Primary Health Care in Community Health, 1991, p.10.

Field Staff Meeting

The Field Staff Meetings are held on 27th of every month in the Health Centres besides the weekly review meetings in order to facilitate and promote the project work.

Community Health Department Staff Meeting

Community Health Department Staff Meetings are conducted every month on 29th which includes Field Supervisors. Sharing evaluation, collection of reports, review of project work and planning are main agenda for this meeting.

Other agencies who are contributing to the services are as follows:

1. Christian Medical Association of India
2. Canadian International Development Agency
3. The Salvation Army VTC for physically handicapped, Aramboly
4. Family Planning Association
5. Tamilnad Voluntary Health Association
6. Family and Child Welfare Department
7. Government and Salvation Army Schools
8. Mahila Mandals, Panchayat and other co-operation
9. Catholic Social Service

Centre and

10. District Leprosy Control Unit.

The response of the public to these health programmes are highly encouraging.

This in turn encourages the hospitals to chalk out a wide variety of programmes for the benefit of the public.

Nursing Department

Nursing is the most important aspect in medical cure. The Christian Missionaries who started hospitals in India realized the importance and necessity of nursing and therefore they gave much importance to nursing. When they came to India, they gave importance to nursing. When they came to India they were shocked to see quacks and apothecaries giving rough treatment to those who were sick and injured. They adopted primitive methods in cleaning and dressing their wounds. They committed many blunders and lack of proper nursing of the patient led to complications and in many cases it proved fatal. After the treatment quacks known as Vaithyans asked the relatives of the patients to do the nursing. The relatives were either illiterate or ignorant and as a result they aggravated the disease. In and around Travancore State nursing was very poor.

The European Missionary doctors realized the need for proper training to be given to a set of nurses so that they would be able to help the doctors who were overburdened with their work. Nursing started more or less as a substitute for the doctors. The nurses were given suitable training not only in the dressing of the wounds but also in the administration of medicine to the patients.

In those days it was very difficult to get suitable person to take up nursing as it was looked down upon as a profession and only the low caste women were associated

with it. In Kanyakumari district they were called as Maruthuvachies. These Maruthuvachies were of immense help during child birth and they were good mid-wives. The missionary doctors knowing the contempt for this profession among the Indians were at first reluctant to impart training to many. They preferred unmarried young girls to married women or widows. Thus the progress of nursing was very slow in India in the beginning as it was hindered by many factors like caste system, illiteracy, poverty and superstition.

From its inception, the Catherine Booth Hospital had a unique reputation for good nursing. At first many of the nurses had only practical training, plus such lectures and instruction in the wards and operating rooms as an over worked staff of doctors could provide from time to time. Nonetheless, both Indian and European patients knew that when they arrived at the Catherine Booth Hospital they would get proper medical and surgical attention, plus excellent and attentive ¹²⁹ nursing care.

Major Lord was the first Nursing Superintendent in the Catherine Booth Hospital. He served as Nursing Superintendent for twenty four years.⁶⁸

Major Lord was succeeded by Mrs. Colonel Percy Turner who served the hospital as Nursing Superintendent upto 1920.⁶⁹ She was trained at Maidstone, England where she had been a nursing sister, and had proved her capacity at Salvation Army Women's Social Services, at the Nest, a children's home in London and at IVY House.

⁶⁸ Information given by Commissioner V. Sugantham, Catherine Booth Hospital on 06.05.2011.

⁶⁹ Annual Report of the Medical Mission for the year 1992, p.7.

The first Salvation Army Hospital, opened in Hackney for maternity work, and training of mid-wives, and the precursor of the Salvation Army Mothers' Hospital at Clapton.⁷⁰

There were eight trained nurses on the staff, three of them Indian. Captain Maber Poole, one of the trained nurses, had studied tropical medicine in England. She came to Nagercoil in 1919. She was the Pharmacist at the hospital, and when necessary served as mid-wife.⁷¹

Mrs. Col. Percy Turner was succeeded by Mrs. Noble, who served the hospital as Nursing Superintendent upto 1944. Then the number of the Indian nurses was twenty.¹³⁴

In 1945, Captain Veera Williamson took charge as Nursing Superintendent. During the period of Captain Veera Williamson the nursing graduation ceremony took place on 14th August 1964. Brigadier Lestre Hendry, Chief Secretary of the South India Territory presided and the graduation address was given by Sri. V.K.C. Natarajan, I.A.S., the then Collector of Kanyakumari District.⁷²

The post of Assistant Nursing Superintendent (A.N.S.) was created in 1945 to assist the Nursing Superintendent so that there can be effective supervision of the menial servants and also for the maintenance of general cleanliness in the hospital. Captain V.

⁷⁰ Miriam M. Richards, op.cit., p.87.

⁷¹ Ibid., p.88.

⁷² Annual Report of the Medical Mission for the year 1964, p.15.

Suganantham was appointed as the first Assistant Nursing Superintendent who had his training at CMC, Vellore.⁷³

In August 1964, during Major Veera Williamson's furlough the School and the Nursing Department were managed by Captain V. Suganantham.⁷⁴ Major Veera Williamson returned in 1966.

In 1970 Major Veera Williamson was transferred to the Vocational Training Centre. Nagercoil, Captain V. Suganantham succeeded her as the Nursing Superintendent. Till his transfer in 1973 to the Training College, Major Brown, an American nurse acted as the Superintendent of Nurses.⁷⁵

On the resignation of Major Brown in 1981, Major Annapackiam took charge as Nursing Superintendent. The number of nursing staff has increased by fifteen percent during 1982.⁷⁶ In December 1982, Major Annapackiam went to Newyork for the long needed treatment and surgery for a long-standing facial infection. Major Finkbiner was acting Superintendent in her absence.⁷⁷

Major Annapackiam returned in November 1984 and she was assisted by Captain Joyce Sawdon (A.N.S.).⁷⁸ On the resignation of Major Annapackiam in 1986, Captain Cooper took charge as Nursing Superintendent.⁷⁹

⁷³ Ibid., 1966, p.6.

⁷⁴ Op.cit., 1964, p.15.

⁷⁵ Ibid., 1981, p.3.

⁷⁶ Op.cit., 1982, p.7.

⁷⁷ Ibid., 1983, p.1.

⁷⁸ Op.cit., 1984, p.2.

At present Captain Cooper holds the position as Nursing Superintendent. Now the nursing service of the hospital as a separate department constitutes one of the major activities of the hospital. The importance of this department in terms of public relations and the hospital's image cannot be overlooked. Employees of this department are more closely related to the patients and have more contact with them than the employees of any other department.

The nurses in charge of the patients are responsible for providing tender loving care, cleaning the bed, assisting visitors or relatives to get authorized information about the patient's condition, being available to the patient at call, keeping an eye on the patient so as to inform the attending doctor of unusual symptoms, establishing cordial relations with the patients to repose their trust and confidence in the nurse, doctor, technicians and the hospital, fostering faith, hope and belief in the patients' own in built capacity for overcoming pain and disease etc.,

With regard to the seriously ill and physically disabled patients, the nursing department is organized in such a way that each patient area and each special unit is under the supervision of a Head Nurse. Each head nurse is in turn responsible to the Nurse Supervisor of the clinical division. There is an Assistant Nursing by Captain V. Sugunanathan.⁸⁰ Major Veera Williamson returned in 1960.

Practical nurses are licensed to practise and the other auxiliary personnel the midwives and aids available to provide care that does not require the skill and knowledge of a graduate nurse. Staff nurses are accommodated in a hostel with all

⁷⁹ Ibid., 1991, p.16.

⁸⁰ Op.cit., 1964, p.15.

facilities. Since the Indian Nursing Council emphasizes that the registered nurses in active practice must be kept informed of the latest developments, continuing education programmes are conducted every month to update their knowledge so as to render proper nursing care to the patients as well as to the community to achieve health for all by 2000

A.D.