HORROR IN HOSPITAL
A 12-day-old premature infant being nursed in the neonatal intensive care unit of the Government Kasturba Gandhi Maternity Hospital in Chennai died in August 2012. Her father was informed of the death at 5.45 p.m. He saw the body and found it whole, but left it in the hospital while he made arrangements for the funeral. He returned next morning to collect the body. He was shocked to find the face disfigured. His family, and the parents of some other children in the hospital, alleged that the face had been gnawed by rats. The hospital authorities denied this and said the child died of septicaemia, and the skin could have been discoloured post-mortem by bacteria. An autopsy was done, but we heard nothing further of the cause of the changes seen.

The incident was extensively reported in the press, and the publicity forced the government to make a show of force. While the medical report blamed postmortem changes caused by bacteria, it was hard for anyone to deny that it could have been rat bite, since the hospital abounds in rodents of all descriptions, including really menacing bandicoots. Two doctors and five staff nurses were suspended, the doctors being the resident medical officer (RMO) and the paediatrician on duty. Unlike in other parts of the country, in Tamil Nadu the term ‘RMO’ refers to a senior administrator of a hospital, not the houseman. Obviously, the RMO bears some responsibility. However, one cannot but sympathize with the paediatrician, who must have been busy all day and half the night ministering to the hundreds of sick children who throng every government hospital.

Hospitals all over the country have resident dogs, cats and rodents in plenty, and Chennai’s institutions are no exception. They have made their rounds of the hospital ever since I was a medical student. We often saw them moving around. Dogs and cats live in peaceful coexistence with rodents. While we readily blame the authorities for their failure to provide an animal-free environment, we should admit that we the people are largely responsible. Food for the attendant and sometimes an illicit item or two, or more, for the patient, often come from home. We are careless about the disposal of waste, and so dogs, cats and rodents have plenty of food available, and thrive. This is what draws them to the hospital in the first place. That said, it should obviously be possible for the authorities to get rid of dogs and cats easily, and rodents with a bit more effort. We succeed in doing it in our homes most of the time, and especially during and after the monsoon.

One block will be allotted to each of three groups—air-borne diseases, diarrhoeal illnesses and fevers. Meanwhile, the existing facilities are overwhelmed by the flood of patients round the year, and especially during and after the monsoon.

INFECTIONOUS DISEASES HOSPITAL
Like many other cities, Chennai has a hospital for communicable diseases. This has 200 beds distributed in a number of old buildings. In 2009, a new, modern hospital was sanctioned, and work began on the buildings that year, with a deadline for completion by 15 November 2011. The deadline came and went, and a fresh one was declared for 14 March 2012. Six months later, it still remains incomplete. There are to be three buildings, each with 120 beds, but only two have been planned in the first stage. One block will be allotted to each of three groups—air-borne infectious diseases, diarrhoeal illnesses and fevers. Meanwhile, the medical student. We often saw them moving around. Dogs and cats live in peaceful coexistence with rodents. While we readily blame the authorities for their failure to provide an animal-free environment, we should admit that we the people are largely responsible. Food for the attendant and sometimes an illicit item or two, or more, for the patient, often come from home. We are careless about the disposal of waste, and so dogs, cats and rodents have plenty of food available, and thrive. This is what draws them to the hospital in the first place. That said, it should obviously be possible for the authorities to get rid of dogs and cats easily, and rodents with a bit more effort. We succeed in doing it in our homes most of the time, and especially during and after the monsoon.

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UPDATE: COMPREHENSIVE HEALTH INSURANCE SCHEME
On 11 May 2011, the Dean of the Rajiv Gandhi Government General Hospital in Chennai announced that 3541 patients had been registered for treatment at the hospital in the preceding three months, 1600 had been discharged after undergoing some operative procedures, and a total of 2712 had undergone some form of treatment. The hospital would receive a reimbursement of ₹11 crore for these 2712 patients under the insurance scheme, and more when all 3541 had received treatment. The different departments were competing for these funds to improve their equipment. The surgical gastroenterologist said he had removed a cancerous growth from an 83-year-old person, and that this operation would have cost the patient ₹2 lakh at any private hospital. I am happy that some government funds are being spent on government hospitals, but am still unable to understand why the money should get to the hospital by this complicated route. Why not just run the hospital efficiently for the public, provide the best of service free for those below the poverty line, and charge everyone above that level a realistic fee? It should be well below the cost of treatment at private hospitals.

HOPE FOR THE DISABLED
Also in May 2012, the Chief Minister of Tamil Nadu stated in the Legislative Assembly that the government would set up a state resource centre, staffed with doctors, life-skills trainers, speech
therapists and various other expert therapists to provide counselling for parents of the differently-abled, as well as efficient diagnosis and treatment for the subjects themselves. The Centre would also give them the necessary equipment to enable rehabilitation. The budget was ₹41 crore; 15,888 disabled persons had been identified at 601 health camps all over the state; and 4010 special teachers, 17 life-skills trainers and 719 volunteers had been appointed. More power to her.

WHO WILL SWAT THE MOSQUITOES?

As long ago as the 1990s, the Corporation of Chennai had some 25,000 employees. I have been unable to get more up-to-date figures, though I had asked the Public Relations Officer of the Corporation. I hope they are working hard, but I see no evidence of this anywhere. Our streets are dirty. A former IAS officer recently wrote that this is the dirtiest city in India. We have mosquitoes in hordes, and the Corporation’s health department admits that malaria has become endemic, and that other mosquito-transmitted diseases are rampant. The website of the Corporation lists many reasons for the growth of mosquitoes. I thought it was the job of the Corporation to eliminate all those reasons. What else are tens of thousands of staff for?

The newspapers of 21 September 2012 announced that the Corporation has asked private companies ‘with experience in mosquito and rat control’ to contact the Corporation Health Officer, and take over the control of mosquitoes from him. I thought there should be more expertise with the Corporation than with anyone else. Why not privatize everything and abolish the Corporation? I hope they are working hard, but I see no evidence of this anywhere. Our streets are dirty. A former IAS officer recently wrote that this is the dirtiest city in India. We have mosquitoes in hordes, and the Corporation’s health department admits that malaria has become endemic, and that other mosquito-transmitted diseases are rampant. The website of the Corporation lists many reasons for the growth of mosquitoes. I thought it was the job of the Corporation to eliminate all those reasons. What else are tens of thousands of staff for?

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THE PUBLIC SECTOR SCORES

There is one area where the public sector is unrivalled. A cameraman for the film industry was bitten by a poisonous snake a few days ago while he was on location near a suburban railway station in the city. His colleagues rushed him to no fewer than five private hospitals in the locality in succession, but none of them had anti-snake venom serum, and he was passed from one casualty department to another, till at last he was taken to the Government Royapettah Hospital where he was treated, and fortunately recovered. A member of a private hospital said the shelf-life of the serum was short and they had too few patients, and could not afford to stock the serum.

Time was when everyone automatically went to a government hospital for emergency care or serious illnesses. When a close relative of mine had a bad myocardial infarction in 1971, when I was myself in the Madras Medical Service, I took him to the Government Royapettah Hospital without delay, and he received the best treatment available in the city at that time. It is sad that we have allowed these hospitals to decline, and surely, government should strive to restore them to their former position at the helm.

M.K. MANI

Letter from Glasgow

TWO THINGS AND SEVEN HABITS

Public health physicians love numbers. Indeed, numbers are important to health professionals in general, but they are close to the heart of public health professionals because epidemiology, with its variety of numbers, is a tool integral to public health. Numbers are used to describe and analyse health and ill-health and to evaluate public health interventions. Examples of this from Lanarkshire where I work are: there were 5916 deaths in 2010; the three-year average stillbirth rate for 2008–10 was 5.8 per 1000 births; and 98% of children underwent the universal newborn hearing screening test in 2010. At a personal level, I also find numbers useful in helping me to remember things, which brings me to the title of this letter.

I am always amazed at how people make things complicated. I am a simple soul. I can understand (and ‘do’) complexity, but very often complex issues and concepts can be described simply. Therefore, it was interesting to read an article in The Guardian by Oliver Kurkeman where I first came across the concept of the ‘Two things’. An academic economist called Glen Whitman plays a game with people called the ‘Two things’. Whenever he meets someone who works in a different occupation or talks about something with which he is unfamiliar, he asks them what are the two things one needs to know about the occupation/subject. This is done on the basis that everything else is an application of those two things, or it is just not important. Although the website has not been updated for some time, Glen Whitman still receives many suggestions for the list. An example from his website is the suggestion for the ‘Two things about driving’, which I think is succinct, elegant and witty:

1. Don’t hit anything.
2. Don’t let anything hit you.

(Lorelai’s friend’s uncle)

For the medical community there is an entry on the ‘Two things about medicine’, which I particularly like:

1. Do no harm.
2. To do any good, you must risk doing harm.

(Dennis)