CMC Vellore – in the service of our nation for more than a century

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Introduction

The Christian Medical College, Vellore (CMCV) began as one of the several christian mission hospitals scattered all over the country in the beginning of the 20th century, offering primary healthcare. Since then, it has become a beacon of medical education, patient care and research in India. The institutional model merits attention, as it has made a mark in several aspects. The institution affirms a shared commitment to the ‘whole person’ in the spirit of Christ, to the pursuit of professional excellence and the care of those who are disadvantaged, disabled and marginalised.

About the founder

Ida Sophia Scudder (Fig. 1) was born to missionary parents at Ranipet, Tamil Nadu [1]. She did not wish to follow her father’s footsteps as a missionary doctor. When she was doing her schooling in America, she had come to see her parents in Tindivanam, South India, in response to a cable, “Come immediately; your mother is ill and needs you.” However, the events of a single night changed the course of her life forever. Three men came to her father’s bungalow requesting her to help their wives in difficult labour, which

was being attended only by untrained midwives. Though she offered the services of her doctor father, all three refused. Prevailing custom would not allow them to accept a male doctor’s assistance. Tragically all three women died the same night. This incident etched a permanent scar on young Ida’s mind. She resolved to go to America and study

Fig. 1 Dr. Ida Sophia Scudder, Founder of the Christian Medical College, Vellore

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to be a doctor so that she could return to India and help the women of India.

History of the institution

In 1900, the CMCV was started as a one-bed clinic to serve women. Subsequently in 1902 a 40-bed Mary Taber

Schell Memorial Hospital for women and children, named after the donor's wife, was built. The institution has grown steadily since then (Table 1) [2]. At present CMCV (Fig. 2) has 2,409 beds and 121 specialties, functioning from four sites [3].

Vision statement and objective

The CMCV seeks to be a witness to the healing ministry of Christ, through excellence in education, service and research. The objective of CMCV is the establishment, maintenance and development of a Christian Medical College and Hospital in India, where men and women shall receive an education of the highest grade in the art and science of medicine, nursing, or one or other of the related professions, to equip them in the spirit of Christ for service in the relief of suffering and in the promotion of health [4].

Highlights in education

Medical training started even as early as in 1903 [5], when compounders were trained. By 1909 a school of nursing was established. Medical school offering Licentiate Medical Practitioner (LMP) course was started for women in 1918, which was upgraded to a medical college with MBBS course for women in 1942. From 1947, men students were also admitted. From a one-room dispensary, CMCV has grown tremendously to occupy a prominent place among medical institutions in India today. The undergraduate medical course has always been among the top ranked institutions in the country. Sixty students are admitted to the undergraduate medical course each year. At least 25 of these are women, as the founder began the institution primarily to train Indian women. CMCV today trains about twice as many postgraduates as undergraduates, covering almost every speciality and subspeciality. The college of nursing trains 50 graduate nurses and 80 diploma holders, apart from several postgraduate and PhD candidates. In Allied Health

Table 1 A few milestones in CMCV [2]

	Milestones
1900	Single bed dispensary
1948	First reconstructive surgery on leprosy patients in the world First neurological sciences department in South Asia
1961	First successful open heart surgery in India First middle-ear microsurgery for deafness in India
1966	First rehabilitation institute in India
1971	First kidney transplant in India
1977	First external quality assurance programme for 59 Indian laboratories
1990	Infant open heart surgery 1,000th live donor kidney transplantation
1992	10,000th open heart surgery
1996	First carotid bifurcation stenting procedure in India First trans-septal carotid stenting procedure in the world First trans-jugular mitral valvuloplasty procedure in the world
1998	First bone marrow transplant in a 6-month-old baby First whole body irradiation for a bone marrow transplant patient.
1999	First intracytoplasmic sperm injection baby First liver transplantation
2005	First live donor liver transplant First Surgical Ventricular Restoration (SVR)

Fig. 2 Front view of the CMC Hospital campus at Thottapalayam

Sciences, the institution runs 30 diploma programmes, besides various degree courses. Though it is a non-aided private institution, the college fees is one of the lowest ever known for medical education, to ensure that no meritorious student is denied an opportunity to study due to financial reasons. CMCV has been a pioneer in India in the development of many higher specialties in medicine.

Accolades in the recent past

The College of Nursing, which conducts diploma, BSc, MSc and PhD courses, has been awarded the status of 'Institute of Excellence in India' by the Government of India. The World Health Organization (WHO) has designated CMCV College of Nursing as a WHO Collaborating Center for Nursing and Midwifery Development since 2003. CMCV has been given a five star rating by the National Assessment and Accreditation Council, an autonomous institution of the University Grants Commission, for the quality of its education. In honour of its work in the healthcare sector the institution received the National citizen's award. CMCV has been categorized as a superspecialty teaching hospital of the highest quality and assigned the A1 grading by the Investment Information and Credit Rating Agency (ICRA) Ltd. [3].

Highlights in service

Comprehensive rural health and development programmes have replaced Dr. Ida's initial 'roadsides'. The Community Health and Development (CHAD) has been providing primary and secondary healthcare to the Kaniyambadi block for over 50 years. Healthcare to 95 tribal hamlets of the Jawadhi Hills is provided through fortnightly mobile clinics. Apart from these, Rural Unit for Health and Social Affairs (RUHSA), College of Nursing Community Health (CONCH) and the Low Cost Effective Care Unit (LCECU) together serve a population of over 300,000. The National external quality assurance programmes for biochemistry and microbiology are run by the respective departments in Vellore, which also participate in the programmes run by the WHO and the CDC [3].

Research highlights

CMCV believes that research plays an integral role in developing healthcare professionals with a commitment to excellence. It has been a leader in the field of enteric infection research in India since the 1960s, and its faculty continues to have strong independent research programmes in fields related to intestinal infection, inflammation and repair, tropical enteropathy and oral rehydration. Field studies at CMCV focused on leprosy have demonstrated that BCG

vaccination can provide a mechanism of control for leprosy by showing that the shift in the spectrum of leprosy towards the tuberculoid end of the spectrum and its occurrence in younger children are an indication of the increased immune response to mycobacterial infection induced by vaccination. Earlier contributions to leprosy included the development of tendon transfer techniques that enabled patients with leprosy to regain essential hand functions and be able to earn a livelihood. More recently, research in CMCV is highlighted by the development of the Bombay-Vellore artificial hand, a motorized hand costing less than Rs. 20,000 that enables patients with above-elbow amputations to perform simple hand functions at a low cost. Other contributions to scientific research include the description that arylsulphatase A deficiency was responsible for metachromatic leucodystrophy and the description of multiple mutations associated with hereditary haematologic conditions.

The college also has a number of facilities that are unique in India. The Epidemiology Resource Center, Clinical Epidemiology Network and Department of Biostatistics provide excellent support for the performance and analysis of research studies. In the last year, in addition to the 472 research projects funded by CMCV, there are 33 international and 106 national projects including 50 clinical trials. The research productivity of CMCV is documented in its publication record, averaging more than 150 scientific publications in peer-reviewed literature annually [6].

Surgical specialties in CMCV

The department of general surgery came into existence in 1919 [5]. Dr. Ida Scudder was the first faculty in surgery. Numerous surgeons who came as medical missionaries, including Dr. Jessie Findlay, Dr. Norman S Macpherson, Dr. John S Carman and Dr. T Howard Somervell developed the department subsequently. Several renowned surgeons have been responsible for the development of specialties since then. Dr. Paul Brand developed orthopaedics in 1946 and his pioneering work in reconstructive surgery brought great relief to victims of Hansen's disease. Several tendon repairs described by Dr. Paul Brand are in vogue even today. Dr. Reeve H Betts developed the first independent department of cardiothoracic service in 1948. The department of neurosurgery was developed by Dr. Jacob Chandy in 1958 and the department of urology by Dr. John S Carman and Dr. HS Bhat in 1963.

Conclusion

CMCV continues to have a vital role to play in setting standards for frontline research, medical education and service to the downtrodden and marginalized. It has a blend of

dedicated clinicians, researchers and teachers that has enabled this institution to be listed as one of the leading medical colleges of India. CMCV cannot claim to be totally different. But it has shown that it is possible to be outstanding by the unusual standards of medical education and also to take some steps on a “road less travelled”. This history holds the promise, and the responsibility, of new responses to the present and future challenges [7].

Conflict of interest The authors do not have any disclosable interest

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