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REPORT

ON THE

STATE OF PUBLIC HEALTH IN BURMA

DURING 1937

VOLUME I (REPORT).

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RESOLUTION

ON THE

Report on the State of Public Health in Burma

For the Year 1937.

Extract from the Proceedings of the Government of Burma, Education Department, Public Health Branch,—No. 260SJ38, dated the 14th October 1938.

READ—

The Report on the State of Public Health in Burma for the year 1937.

RESOLVED THAT—

The Report be published.

By order,

KYAW DIN,

Addl. Secretary to the Government of Burma, Education Department.

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REPORT

ON THE

State of Public Health in Burma

During 1937.

CHAPTER I.

Introduction.

Rainfall.—Economic conditions have a definite effect on the health of the population of any country. In Burma these conditions are largely affected by the monsoon. A short account of the rainfall during the wet period May to October 1937 is furnished below. This report is based on information obtained from the Director, Burma Meteorological Department.

The total rainfall during the month of May was in moderate excess in the Northern Districts, normal in the Shan Plateau, in slight defect in Arakan, Tenasserim, and the Dry Zone and in moderate defect in the Delta. In June it was in moderate excess in the Northern Districts, in slight excess in Tenasserim, Arakan and the Dry Zone and normal in the Delta and the Shan Plateau. In July the rainfall was slightly in excess in the Delta, normal in Tenasserim and Arakan and in slight defect elsewhere in the country. In August it was in moderate excess in the Dry Zone and the Shan Plateau, normal in the Northern Districts, in slight defect in Arakan and Tenasserim and in moderate defect in the Delta. In September the rainfall was in slight excess in the Delta and the Dry Zone, normal in Arakan, the Northern Districts and the Shan Plateau and in slight defect in Tenasserim. In October the rainfall was in large defect in the Northern Districts, in slight defect in the Shan Plateau, in slight excess in the Delta and was normal in Tenasserim, Arakan and the Dry Zone. The month of November was however dry except for a short spell of wet weather during the last two days of the month following the development of unsettled conditions in the Bay of Bengal, while the month of December will long be remembered for the unusual and abnormal wetness of the first and the last weeks and the consequent damage to crops in many parts of the country.

On the whole the rainfall over the country during the monsoon period was within 10 per cent of the normal.

Economic Conditions.—The following account of the economic conditions that prevailed during 1937 is based on the report of the Commissioner of Settlements and Land Records.

Improvement in the price of paddy and many other kinds of agricultural produce continued during the year under report and, as well, there was a slight tendency for land values to rise in many parts of the country. Rents have on the whole remained steady. No great fluctuation in rents is to be expected as long as the great majority of them are paid in kind and no considerable fall in actual rents is likely when the landless class of potential tenants is too large for the land available as occurs in most parts of Lower Burma. During the year there has been no important change in the wages of agricultural labourers or in the labour market. A slight improvement was noted in the general standard of living as a result of the general rise in the price of agricultural produce. In the main rice areas of Lower Burma the percentage of occupied land in the hands of non-agriculturists remained at 51, which is the same as last year.

Relations between landlords and tenants are reported to be satisfactory in most districts though in some cases complaints are still made of rack-renting and default by tenants. In Lower Burma, however, there are still too many landlords who are content to accept the profits of ownership of land without accepting its responsibilities, while on the other hand, the precarious financial position of many migratory tenants makes their tenancy of land undesirable from the point of view of the landlord.

Cost of Rice.—Rice is the staple food of Burma. The average cost of a basket of 9 gallons weighing 75 lbs. was Rs. 2-12-0 which is two annas in excess of the average price prevailing in 1936. The average price stood at Rs. 2-11-0 in January and February and fell by an anna during March and April. The price rose to Rs. 2-11-0 in May, fell by an anna in June and again rose up to Rs. 2-11-0 in July. In August the price stood at Rs. 2-13-0 and then increased progressively by an anna till October in which month was recorded an average price of Rs. 2-15-0. From that month the average price began to fall progressively by an anna and during December the price stood at Rs. 2-13-0. The highest average price, *viz.*, Rs. 3-8-0 was obtained in Prome and the lowest, *viz.*, Rs. 2-2-0 in Meiktila District.

It will be seen that the report that follows differs from those of previous years. All the information that has been made available in previous annual reports of this Department is still available in the office of the Director of Public Health. The report in its new form is designed in the hope that it may create wider general interest in public health activities.

CHAPTER II.

Commentary on Vital Statistics.

Registration of Vital Statistics.—If we are to arrive at accurate conclusions as to the state of public health of any country or community, it is important that the statistical information on which our conclusions are drawn should be as dependable as possible. Public Health statistics may be said to consist of the estimation of a population, the calculation of rates such as the birth rate, death rate and infant mortality rate, etc., and the compilation of tables from which it is possible to arrive at conclusions with regard to such points as occupational mortality and to condense and analyse such data as exist with regard to various diseases.

The estimation of a population can be arrived at by various ways of which those in common use are (1) by taking a census, (2) by considering the total number of births, deaths and the migration figures, and (3) by the inhabited house method. The method of census or enumeration of a population was first adopted in England in 1801 and since then it has been carried out at 10 year intervals. A census was first taken in India in 1881. Now this method of ten yearly enumeration of the population leads to certain difficulties as a true conception of death rates, which are calculated upon an entire population, can, obviously, only be arrived at once in ten years. There are, however, methods for calculating the population in inter-censal years. Obviously, if the system of registration of births and deaths in a country is complete and accurate figures with regard to migration are available, then an accurate conclusion as to the total population of the country can be arrived at. Unfortunately, none of these three factors exist in Burma and we have to rely, therefore, upon methods of calculation that have been devised by statisticians for this purpose.

For the purpose of registration of vital statistics, Burma is divided into two parts, a regular registered area from which complete vital statistics returns are received and the backward tracts area where vital statistics are not recorded as completely as elsewhere. According to the 1931 census, the regular registered area covered 117,402 square miles with a total population of 12,102,290 persons of whom about 10½ million lived in rural areas and 1½ million in urban areas. The backward tracts have an area of 144,345 square miles with a population of approximately 2½ million persons. Means of communication in these backward areas are difficult, the staff which is available for registration purposes is inadequate and statistics in these areas are, therefore, not considered to be sufficiently accurate to be included along with those of the regular registered areas in the statistical report of this Department which is published separately.

In rural areas the maintaining of birth and death registers is the responsibility of village headmen. In towns registrars are appointed under bye-laws of the Burma Municipal Act; they are often the ward headman, the town vaccinator or the public health inspector. It is the duty of members of the Public Health Department to check the various registers that are maintained in this connection by the village headmen and municipal registrars. In rural areas the chain is from village headman to Township Officer and District Health Officer and then to the central office of the Director of Public Health. This method is on the whole organised fairly statisfactory yet there are undoubtedly many flaws. In Pyapôn District some time ago a postal system was introduced whereby the village headmen made their returns to the Township Officer in stamped covers. This system has been on trial for some years and Government is now considering its extension to other areas in which postal facilities are such as to make it feasible.

In towns registrars are supposed to report the births and deaths in their area once a week to the Municipal Health Officer concerned. This information is reported, both weekly and monthly, in consolidated returns to the office of the Director of Public Health. This system is also by no means complete, but it is considered that the urban population is slowly beginning to appreciate the legal and social value of reporting births and deaths.

In the backward tracts the system of registration used is by no means uniform. Registration may be by means of tallies or coloured sticks or notches cut in bamboos. All too often the headman is illiterate so that registers of births and deaths cannot be maintained and the lack of accessibility of these areas makes inspection work very difficult. That in some backward areas registration of births and deaths is still very defective is clear from the low birth and death rates which are recorded. These remarks apply as well this year to areas such as Pyinwa circle of Akyab District, Salween District and the Southern Shan States.

Immigration and Emigration.—An attempt is made to ascertain migration figures by keeping a check on immigration and emigration. Immigration by sea takes place through the ports of Rangoon, Akyab, Moulmein, Kyaukpyu, Bassein, Tavoy and Mergui and, during 1937, numbered 244,643, while emigrants departing from these various ports totalled 232,362. By far the main bulk of this traffic is between India and Burma. It will be seen from the above figures that migration by sea for the year under report accounts for a surplus of 12,281 persons added to the population of Burma. By far the larger portion of this traffic takes place through the port of Rangoon which recorded 219,063 immigrants and 195,146 emigrants. The corresponding figures for Akyab, which is the sea-port next in importance to Rangoon from the point of view of passenger traffic by sea,

are 24,078 and 36,198 respectively. The excess of emigrants in this case does not, however, indicate the true fluctuation in the population of Akyab District, as undoubtedly there is a considerable volume of immigration and emigration traffic of Indian labourers who come into this district by the land route during the harvest season and return to their native country by sea. It is impossible to maintain statistics with regard to migration of persons by land routes into and out of Burma. An attempt, however, is being made to record the number of passengers who land at or depart from Burma by air.

Mid-year Population.—This is estimated as 13,047,934 for the year 1937. This figure is arrived at by taking into account the excess of births over deaths and the balance between immigration and emigration excluding the Arakan figures which, as has already been noted, are not dependable. Calculating on this mid-year population the birth rate of Burma for the year under review is 32·04 and the death rate 22·97. These rates show respectively a decrease of 0·14 and an increase of 2·46 from the rates recorded in the previous year which were also based on the estimated mid-year population for that year.

Verification of Vital Statistics.—As already noted, one of the important duties of the public health staff in the districts is, in the absence of medical registrars, to check the correctness of entries made in the registers by the headmen. Unfortunately, failure on the part of persons responsible for reporting the occurrence of births and deaths and in some cases failure to make the correct entries in the registers concerned are matters of all too frequent occurrence. In towns it is considered that the registration of vital statistics is fairly accurate, but still it should be remembered that in only five towns in the whole of Burma are wholetime medical registrars employed. During the year out of 32,394 registration stations, the public health staff inspected 13,187 and verified 624,941 entries. District officers visited 5,688 villages and verified 137,318 entries. Districts in which the public health staff exercised an efficient check over the registration of vital statistics include the rural areas of Thatôn, Henzada, Pakôkku, Magwe, Tharrawaddy, Shwebo, Myaungmya and Sagaing.

Out of the total of 624,941 entries verified by the public health staff in the districts, 5,013 omissions of births and 586 omissions of deaths were detected, this being respectively 1·31 per cent and 0·24 per cent of the entries verified. It should be noted that the law imposes on parents and guardians a statutory duty in regard to reporting the occurrence of births and deaths. As a result of the above noted inspections, 3,767 prosecutions were instituted resulting in 2,974 cases being awarded fines ranging from two annas to Rs. 20, and 650 persons being warned. Omissions on the part of registering or transmitting agencies were detected in 127 cases and fines, varying from four annas to Rs. 29-8 were inflicted on 48 cases while 75 were

warned. It will be clear that the imposition of too small a fine or merely warning the persons responsible is not likely to have a deterrent effect.

General Birth, Death and Infant Mortality Rates.—We shall now consider the three most important mortality rates. These are the birth rate, the death rate and the infant mortality rate.

The following table shows the rates that prevailed in the Provinces in India during the year 1937 as compared with the rates reported in Burma :—

—	Birth rate.	Death rate.	Infant mortality rate.
Madras	38·72	23 99	169·70
Punjab	46·49	23·71	163 04
Assam	31·31	22·21	160·04
Bengal	34·20	24·70	176·20
United Provinces	35·92	21·38	142·33
North West Frontier Province ...	30·74	21·27	148·61
Central Provinces	40·65	32·63	218·60
Bombay	40·68	27 50	160·74
Sind	19·96	12·09	118·02
Bihar	34·13	22·53	115·22
Orissa	34·75	28·63	214·66
Burma	34 55	24·76	203·04

Birth Rate.—The birth rate of 34·55 now recorded is the highest since the year 1918. It is 0·28 higher than the previous year's rate and 3·53 higher than the five year mean. Males continued to be born in excess of females in the proportion of 104 to 100, and this excess is reported from all districts with the exception of Thayetmyo, Magwe, Pakôkku and Kyauksè. These rates are also available by communities and a birth rate of 35·82 among Buddhists continues to be the highest rate the community recorded, while Mohammedans and Christians maintain their respective positions with rates of 30·85 and 28·42 respectively. The birth rate among Hindus is only 18·59 and continues to be the lowest among the four communities. This is, probably, due to the large preponderance of males among the Hindu population in Burma. It should be appreciated that it is not possible yet with the present methods of recording vital statistics to correct this birth rate in such a way as to give a real idea as to fertility rates in Burma in as much as we have no accurate knowledge of the illegitimate birth rate or the still-birth rate.

Death Rate.—The current year's rate of 24·76 shows an increase of 2·92 compared with the previous year and is 4·98 in excess of the five-year mean. This rise in the death rate may be chiefly ascribed to an increase in deaths under cholera, fevers, dysentery and diarrhœa, and all other causes. As in previous years, the lowest death rate was recorded in the month of May and the highest in December. As is to

be expected the highest death rate was among the Buddhist community which recorded a rate of 24·76, while the lowest, *viz.*, 18·70 was recorded among the Christians. These two communities are respectively the highest and lowest in point of population among the four major communities in Burma. The death rates among Mohammedans and Hindus were 21·75 and 20·32 respectively. In each of these communities, as in previous years, there is an excess of female deaths over male deaths. This is probably due to the fact that the majority of the male members of these communities in Burma fall within the age period of 20—50 during which the death rate rate is low and also, partly, owing to the fact that their religious prejudices tend to produce an indoor insanitary life for their womenfolk.

Infant Mortality Rate.—This is 203·04 for the year under review representing an increase of 7·70 over the previous year's rate and 7·52 over the five-year mean. Infant deaths constituted 28·33 per cent of the total mortality in the country. Of these, 12·73 per cent occurred within one week of birth, 10·48 per cent over one week and not exceeding one month, 58·14 per cent over one month and not exceeding six months and 18·66 per cent over six months and not exceeding one year. The causes underlying this heavy wastage of life will be dealt with in the section of this report that deals with child welfare.

Birth Rate (Rural)—These rates may now be considered as they occur in rural and urban areas respectively. The rural birth rate is 34·61 which is a slight increase over last year's rate of 34·30 and indicates some slight improvement in the registration of births in rural areas. Improvement in this respect has been noticeable for the past few years, but the rate is still lower than that recorded in the Hlegu Rural Health Unit. Rates higher than the general rural rate are recorded in 13 districts out of a total of 30 in which regular registration is in force, while 15 districts showed an improvement over last year's figures. Remarkable improvements in registration are noticed in Tavoy and Thayetmyo Districts, the rate recorded in Tavoy being the highest since 1930. It is curious that there have been large fluctuations in the birth rate of this district during recent years, and this suggests some irregularity in registration or in the compilation of statistics. The improvement during the year under report may, however, be ascribed to more attention being paid to the registration of vital statistics than in previous years. The birth rate recorded in Thayetmyo District is the highest ever recorded there being three times the rate recorded in 1932 (13·31) and nearly double that of the previous year. During the year 1931 the registration of vital statistics in this district suffered as a result of the rebellion, but since 1933 the birth rate here has been progressively rising, and the care and attention paid by registering agencies in the maintenance of their registers and the untiring supervision of these by

the public health staff have resulted in placing Thayetmyo District in the position which it now occupies. The personnel concerned are to be congratulated on their efforts in this connection.

At the other end of the scale, a birth rate of 19·76 in Myingyan is the lowest ever recorded in that district. It represents a decrease of 25 per cent in the number of births as compared with the previous year and there can be little doubt that birth registration in this district during the year under review was inadequate and inaccurate. The public health staff concerned detected 96 omissions of births and 67 of deaths. Sandoway with a rate of 26·63 also records the lowest rate yet reported from that district while a rate of 24·19 in Kyaukpyu is the lowest recorded since 1930. The rate in Mandalay 26·80 though low shows a very slight improvement over the previous year. Obviously birth registration in all these districts is defective and greater effort is needed to improve it. It would appear that the importance of registration is not yet realised by either the villagers or the village authorities concerned.

Birth Rate (Urban).—The rate of 34·03 registered this year equals the record set up last year for urban areas. Out of 75 towns in Burma proper from which records are received, 34 recorded rates higher than the general urban rate while the same number registered rates higher than those of the previous year. Towns recording a very high birth rate include Mawlaik 58·82, Mandalay, 56·70, Lashio 53·26, Taunggyi 50·62 and Pyinmana 49·44. The rates recorded at Mawlaik, Lashio, Taunggyi and Pyinmana are records for these towns and show that there has been a very considerable improvement in registration in this respect. Low rates were reported from Akyab 20·37, Thingangyun 21·04, Zigôn 21·52, Sandoway 22·36 and Chauk 22·92. In Akyab, a low rate is to be expected as the population there includes an excess of males so that a low figure does not indicate that registration is defective or that the fertility rate is low. The birth rates at both Zigôn and Sandoway are lower than the rates recorded in the past 10 years. There has been a steady fall in this rate in both these towns for some years now and it is possible that similar forces are at play as in the case of Akyab. To establish whether this is so or not, a house-to-house inspection would be needed as the ordinary cross check which is normally exercised between the birth register and the vaccination register is not sufficient for this purpose. In Mandalay the birth rate has been remaining more or less stationary for some time, and it is considered that the figures may be taken as being reliable.

Death Rate (Rural).—The rate of 23·63 for the year under report is a rise of 2·97 over the previous year's figure and 5·12 over the five-year mean. Death rates in rural areas are slowly approaching accuracy. The difficulty comes when we attempt to list the various causes of death. The bulk of the increase noted in this year falls under

"fevers," "all other causes" and "cholera" while minor increases are noticed under "dysentery and diarrhœa." The fallacy that is attached to the diagnosis of "fevers" in rural areas is noted elsewhere under the section of this report that deals with malaria. Slight decreases are noticed this year in the number of deaths recorded under smallpox, plague and respiratory diseases. Out of the 30 districts in which regular registration of vital statistics exists, 25 reported higher death rates than for the previous year. Large increases in this rate are noted in the rural areas of Thayetmyo, Tavoy and Magwe. The highest rate reported comes from Thayetmyo District and is 33·48, followed closely by Shwebo and Tavoy with 33·47 and 31·42 respectively. It is interesting to note that more deaths under "fevers" and "all other causes" are recorded in each of these districts while in Magwe an outbreak of cholera accounted for 506 deaths. The large increase noted in Thayetmyo is undoubtedly partly due to more care and attention having been paid to the registration of vital statistics. At the other end of the scale, Myingyan with a death rate of 14·68 is a district where obviously registration of vital statistics is poor. A welcome decrease is noted in the case of Sandoway. It will be recalled that in April 1936 this district suffered as a result of a cyclone and tidal wave which caused a large number of deaths by drowning and illness, and raised the death rate for that year. The district this year has returned to its normal state and actually reports fewer deaths under "fevers," "injuries" and "all other causes." Cholera was widespread in the rural areas of Irrawaddy, Pegu and Magwe Divisions and there was, therefore, an increase in the number of deaths from this disease in the year under report.

Death Rate (Urban).—The current year's rate of 33·34 is a rise of 2·53 over the previous year's rate and 3·92 over the five-year mean. As in rural areas, the major increase is noticed under the headings "fevers" and "all other causes" though an increase of 2,507 deaths from cholera indicates the prevalence of that disease. Most towns now have a qualified medical man to supervise the registration of deaths and information regarding deaths from particular diseases is, therefore, on the whole fairly reliable. Infantile deaths such as premature births, convulsion, malnutrition and debility account for 8,357 deaths. Other contributory causes to a high rate were pneumonia with 4,728 deaths, general debility and anæmia with 3,538, respiratory diseases other than pneumonia, pulmonary tuberculosis and whooping cough, 2,966 deaths, pulmonary tuberculosis 2,893 deaths, and malaria 2,326 deaths. Out of the 75 towns from which reports are regularly received, 57 record higher and 17 lower rates than those reported last year. Forty-two towns reported rates higher than the general urban rate. They include Taungdwingyi, Thayetmyo, Myingyan, Moulmeingyun, Kawkareik, Myinmu, Tavoy, Myitkyina, Thamaing, Myaungmya

and Pyawbwe. Taungdwingyi reported a rate of 53·12. The increase in the death rate of this town is accounted for by more deaths under "respiratory diseases" and "all other causes," but we also note the very high infant mortality rate of 515·22 here. Thayetmyo with a rate of 49·14 continues to be high on the list. The increase in this town for the year under report may be partly attributed to the presence of cholera and to more deaths under fevers and the same remarks apply to Moulmeingyun where a rate of 48·02 was recorded. In Myingyan a rate of 48·51 is partly accounted for by outbreaks of plague and smallpox and in Kawkareik the latter disease explains a rate of 47·91. At Myinmu a rate of 47·52 is the highest ever recorded in this town and is due to the prevalence of plague and a high infant mortality. Thamaing with a rate of 45·35 is noticeable as it also records the highest death rate from pulmonary tuberculosis. This town has been registering high death rates from this disease for the past few years and its high incidence would suggest the necessity for considerable improvement in general sanitary and housing conditions. A rate of 44·96 in Pyawbwe can be accounted for by the epidemic of plague which occurred in this town. Sanitary conditions here have been deplorable for some time and it is hoped that the authorities in Pyawbwe will take active steps to prevent further outbreaks of plague.

CHAPTER III.

Principal Epidemic Diseases.

Major Epidemic Diseases.—The major epidemic diseases in Burma are cholera, plague and smallpox. All the three are preventable. Under the present system responsibility for efficient measures for the suppression of epidemic diseases rests with the local bodies concerned, *i.e.*, Municipalities and District Councils. The occurrence of any of these diseases in epidemic form is a reflection on the local administration concerned. In past years ignorance and apathy on the part of the public have made preventive measures difficult, but signs are not wanting that there is a slow but steady change and that, if those in authority take the lead, public response does follow.

Cholera.—During the year from the whole of Burma there were reported a total of 3,491 deaths from this disease. This gives a provincial death rate of 0·29, which is a rise of 0·21 over the previous year's rate and 0·13 over the five year mean. The three Divisions affected were Irrawaddy, Pegu and Magwe. In the former the disease was prevalent in every district and was in epidemic form from February to June. In the latter it was worst in Magwe District, particularly in the months of June and July. Altogether in Magwe District there were 848 attacks with 506 deaths from this disease. An Assistant Director of Public Health and, later, the Director of Public Health visited Magwe in this connection and five Epidemic Sub-Assistant Surgeons from the

Public Health Department cadre along with an Assistant District Health Officer were posted to the district to cope with the outbreak. The District Council appointed two additional Public Health Inspectors. A total of 95 729 cholera inoculations were performed in the areas affected and the epidemic subsided by the end of August. In the Irrawaddy Division all five districts were implicated. The disease first appeared in Maubin District, quickly spreading thence to Pyapôn, Myaungmya, Henzada and Bassein. In Pyapôn District there was a total of 380 cases with 308 deaths. Bassein with 584 cases and 478 deaths had higher figures than have been reported for the past four years. In this district the epidemic started in a classical manner, there were a few scattered reports of cases of diarrhœa in the month of February and by April the epidemic had reached its climax with a total of 382 deaths in that month. The incidence of attacks and deaths declined thereafter rapidly and by the end of June the disease had almost disappeared. Three Epidemic Sub-Assistant Surgeons were posted to this district during the epidemic in addition to the permanent Assistant District Health Officer. In Maubin district the months of February and March were those with the highest incidence, there being 176 and 97 deaths reported respectively in that period. In all, there were 324 attacks with 305 deaths in the district. In Myaungmya district there were 323 cases with 310 deaths, a total of 175 villages being affected. The disease first appeared in Labutta Township during the first week of February, spreading thence to Moulmeingyun. Now it is said of cholera that it is a disease that is chiefly spread by festivals and funerals, and the truth of this statement is well illustrated from a study of its incidence in Myaungmya District during the year under review. The District Health Officer in his annual report states "Cholera has been endemic in the Delta and outbreaks of varying severity have occurred in Wakèma Town in the past. The outbreak which occurred during the year under review was, however, the worst during the last five years. That the U Shin Gyi *Pwè* helped the epidemic to assume the proportions that it did there can be little doubt." No one conversant with the epidemiology of cholera can take exception to the above remark, the truth of which is apparent when the records are studied, and it is to be hoped that both the authorities concerned and he people themselves will have learned a lesson from this unfortunate occurrence. The public health staff in the district was reinforced and four Epidemic Sub-Assistant Surgeons were detailed for duty during the outbreak. In Henzada District every township was affected with the disease, 91 villages being involved. In all there were 364 attacks with 292 deaths. Thayetmyo District was involved in March and April with 87 cases and 61 deaths.

This lamentable review of preventable waste of life is relieved by one ray of light. It is pleasing to record that there was a record of

207,762 inoculations performed in the districts of Irrawaddy Division. There is no question but that inoculation against cholera, if taken in time, affords a sure and certain safeguard, and the response by the public to the efforts of the public health staff in these districts undoubtedly did much to check the disease and is an indication of the progress which is being made in overcoming prejudice in this respect.

Cholera was reported from 26 of the towns in Burma. The urban rate is 0·48 which is 0·42 higher than the previous year's rate and 0·28 over the five-year mean. This considerable rise is due to infection of towns in the Delta area, high rates having been reported from, among others, Moulmeingyun, Wakèma, Kyonpyaw, Yandoon, Kyaiklat, Bassein and Myaungmya. Thayetmyo and Allanmyo, two towns which lie outside the Irrawaddy Division, were infected by cholera. In Allanmyo the cause of the outbreak was definitely traced to the use of stagnant river water for drinking purposes. A supply of drinking water by a pipe system was provided for coolies imported from the rural areas during the cotton season, but unfortunately, as they did not like the taste of this water, they did not use it and as a result cholera appeared. During the year there were 50 deaths in Thayetmyo and 52 in Allanmyo from this disease.

Plague.—There was a total of 1,526 deaths from this disease during the year.

The provincial rate for the year under review is 0·13 which is 0·06 below the previous year's rate and 0·01 below the five-year mean. Arakan Division was entirely free from this disease as usual, and seven other districts reported no mortality from it during the year. The Rural rate for this disease is 0·07 which is 0·02 less than the previous year's figure but 0·01 above the five-year mean. Districts with high rates during the year are Meiktila, Myingyan, Yamèthin and Sagaing. Meiktila district continued to maintain its unsavoury reputation with regard to plague and reported the highest rate of 0·66, the township most affected being Mahlaing Township in which 178 attacks with 138 deaths occurred. In Myingyan District there were 136 attacks with 115 deaths during the year and in Sagaing District there were 73 attacks with 60 deaths. Yamèthin reported 102 attacks and 77 deaths mostly from Pyawbwe Township. Among other places reporting this disease were Shwebo District, which was infected from Shwebo Town and recorded 109 attacks with 75 deaths and Thatôn District where the outbreak continued from the previous year with a total of 92 attacks with 87 deaths. In this district an unusual feature was a small outbreak—10 cases, all fatal—of pneumonic plague which occurred in Daybarein-Thayettaw Village in the month of June. This outbreak was preceded by an imported case from Thatôn Town.

The Urban rate for plague is 0·55 which is a decrease of 0·37 as compared with last year's rate but is 0·02 over the five-year mean.

The most important town that is affected by this disease is Mandalay in which it has been occurring for many years in bi-annual epidemics. In 1936 there were 624 deaths from this disease and in the year under review 210.

Smallpox.—During the year under review the total number of deaths from this disease was 1,370, of which 138 occurred in children under one year of age and 281 in children over one year and under 10 years of age.

The provincial rate is 0·11 which is the same as last year and is 0·03 below the five-year mean. The disease was most prevalent during the period January to May and gradually declined towards the close of the year. Mortality was reported from every district except Kyaukse and Yamèthin.

In rural areas the rate was 0·08 which is the same as last year and the same as the five-year mean. The districts most affected were Mergui and Akyab. In Mergui the epidemic was a continuation from last year. In Akyab the disease was prevalent throughout the whole year starting, first, in Minbya Township whence it spread to other parts of the district, affecting altogether a total of 141 villages. Myingyan district was more severely affected than last year, there being 135 attacks with 77 deaths. Kyangin Township in Henzada District continues to record high rates from this disease, there were 57 deaths in the year under review and smallpox now appears to be endemic in Henzada District.

In towns the rate is 0·39 which is 0·02 higher than the previous year's rate but is 0·35 lower than the five-year mean. The towns most affected were Minbya, Mergui, Kawkareik, Kyangin, Myingyan and Pyapôn. As already noted, Minbya was the centre of infection for Akyab District. In Mergui the disease continued from the previous year. In Pyapôn smallpox broke out towards the close of 1936 and persisted for a considerable part of the year under review. The situation at one time here was so grave that the town had to be declared infected with small-pox under the Epidemic Diseases Act in order that all necessary preventive measures might be adopted. There is little doubt but that the unsatisfactory state of affairs here was due to inefficient work for some years past by the Vaccinator and Public Health Inspector concerned. The Municipality have taken steps to set matters right and as well new Vaccination and Revaccination Rules will be introdueed.

Measures Directed against Epidemic Diseases.

As already remarked, these diseases are preventable and undoubtedly the first essential in their prevention is education of both the public and their leaders. Education is carried out by means of cinema shows, magic lantern demonstrations, lectures and the distribution of leaflets

which work is undertaken by the Hygiene Publicity Bureau and the district cadre of the Public Health Department. Details of this work are elsewhere in the report.

Cholera.—With regard to cholera, every effort is made to impress on the public the necessity for protecting water supplies, for protecting food, and for undergoing protective inoculation. Improvement of water supplies throughout Burma, a matter of grave urgency, proceeds very slowly on account of the financial problems that it presents. Similarly a great deal remains to be done with regard to the protection of food supplies, there being but few towns in the country with decent markets well administered. Reference has already been made to the dangers which attend the holding of *paes* and festivals in places in which cholera has appeared. The year under report showed a total of 467,679 anti-cholera inoculations of which roughly half were performed in the Irrawaddy Division. Of this total 383,375 inoculations were performed in rural areas and 84,304 in towns. The total is over twice that of the previous year and approximates to the highest yet recorded which was 576,216 in 1935 when the death rate from cholera was the highest that had been reported since 1930. It will be interesting to see if cholera in 1938 is also low as it was in 1936, though, of course, it should be appreciated that protective inoculation of this nature is only one factor in the prevention of this disease.

Plague.—Anti-plague measures may be described under two heads, permanent anti-plague measures and temporary measures adopted in the face of an outbreak. By far the most important permanent anti-plague measures are those which deal with the correct administration of bazaars, the storing of grain in godowns and private houses and the enforcement of building bye-laws. These problems are by no means insurmountable and with the example of what has been achieved in the Netherlands Indies in this connection it is more than time that Local Authorities in Burma awoke to their responsibilities in this connection. There are far too many instances of reports of officers of the Public Health Department in this connection repeating and repeating over periods of years strictures on bazaar administration. The invariable excuse offered by Local Authorities is lack of money with which to remedy a state of affairs which in many instances can only be described as appalling. This excuse is not valid as in many cases all that is needed is the correct enforcement of existing bazaar bye-laws and the consequent prohibition of encroachments, insanitary temporary stalls and the cluttering of permanent stalls with boxes and bags of all descriptions. Where actually reconstruction is necessary, such should be spread out over a period of years, with a definite plan for the bazaar prepared in consultation with the Superintending Engineer, Rangoon Circle, and the Public Health Department. It must be repeated that the continuance of this disease is in many cases the direct result of

neglect of elementary sanitary precautions and the refusal by Municipal and District Authorities to enforce their own sanitary regulations. Much the same applies with regard to the acute question of the storage of grain. Measures to control this are objected to by the socalled intelligentsia on the grounds that they " interfere with the poor people." Interference is surely better than death and it is very rare indeed that the suggested methods of improving grain storage would cause any real hardship. In many Municipalities there exist on paper excellent Building Bye-laws. Unfortunately all too often no attempt is made to enforce them. The result is conditions of overcrowding and lack of fresh air and sunlight that encourage the rise and spread of preventable disease.

Temporary measures include the destruction of rats and anti-plague inoculation. This disease which is essentially a disease of rodents cannot be overcome unless we reduce the rodent population. Measures such as cyanogassing, trapping, etc., can have but a fleeting effect on the rat population where, as a result of insanitary conditions, every condition ideal to the breeding of these vermin is permitted. In cyanogas work Mandalay Town, as is perhaps apposite, continued to lead the way in the country outside of Rangoon. Here the work has been put on a systematic basis and during the year a total of 153,293 homes were visited in which 11,787 rat holes were detected and no fewer than 30,295 were treated with this gas along with 70,778 connecting holes. This represents a very creditable effort.

Anti-plague inoculation is undoubtedly a great safeguard in the presence of this disease. During the year a total of 124,483 plague inoculations were performed of which 51,736 were in towns and 72,747 in rural areas. The total is less than the preceding year (171,041*) but still represents a reasonable response. In connection with anti-plague measures the remarks of the District Health Officer for Meiktila are interesting. In his annual report for the year under review he states " In the poorer and smaller villages, rats live among the *htanbin* leaves which are heaped upon one another without being trimmed to form roofs of the houses and feed on the remnants of food thrown out by the house holders. Thus people of the villages are keeping and breeding their own enemies in their own houses. This fact has been pointed out to the villagers of those villages visited by me without much effect. The competition for plaiting of *htanbin* leaves into a fashion similar to *thetke* roofing initiated at the last agricultural show with the hope to induce villagers to adopt this form of roofing has not much effect as villagers plead poverty and no time to devote to make these new kind of roofs." The problem of devising a suitable roof for village houses has engaged the attention of this Department for some years. Experiments are now being made at the Rural Uplift Centre at Tatkon and elsewhere, they are not yet complete but appear to be encouraging.

* The figure in brackets refers to the previous year.

Smallpox.—Of the three major epidemic diseases there is no question but that the one which is in some ways the most terrible is also the most easily prevented. Vaccination and revaccination afford a protection against smallpox the value of which cannot be too highly stressed. The occurrence of outbreaks such as occurred in Minbya and Pyapôn are no credit to the authorities concerned. In many countries primary vaccination is in itself a sufficient protection against this disease but it is not so here in Burma where smallpox is very virulent and there is no question but that revaccination rules should be adopted and compulsorily enforced in all areas. Model vaccination and revaccination rules have been circulated by Government and those authorities, Municipal and District Council, that do not adopt them are neglecting their responsibilities. A special report showing the state of vaccination in the country is published as Appendix A.

Minor Epidemic Diseases.

These include enteric fever, dysentery and diarrhoea, respiratory diseases, beri-beri and in the year under review cerebrospinal fever.

Enteric Fever.—In many countries the incidence of this disease is taken as the sanitary index by which the efficiency of public health measures in a town can be judged. This is not possible in Burma as we have no true record of its incidence owing to the lack of accurate bacteriological investigation of cases, therefore, there are no accurate statistical data from which to draw conclusions by comparison. A total of 463 deaths gives a rate of 0·33 for the year under review, this is 0·09 in excess of last year's rate and 0·11 in excess of the five-year mean. This disease continues to be fairly prevalent in Mandalay where there were 98 deaths, 10 less than last year. Little can be done until such time as the Municipality are able to finance a proper water supply scheme. Bassein with 24 deaths, Moulmein with 44 deaths and Pyinmana with 14 deaths all show increases as compared with last year. However, as previously remarked, it is not considered possible to draw any final conclusion from the figures for this disease.

Dysentery and Diarrhoea.—The total number of deaths from this disease reported during the year was 6,987. This gives a provincial rate of 0·58 which is higher than last year and 0·13 in excess of the five-year mean. As in previous years the highest number of deaths from this condition was reported in the month of July when 1,137 deaths were recorded. These diseases are most prevalent in the Irrawaddy Division, but as this includes the Delta area with its well known problems of water supply, this is not to be wondered at. Figures for both these conditions are still unreliable and therefore it is not possible to attempt to draw conclusions by comparison. However it can be confidently anticipated that progress with protected water supplies will lead to a reduction in these diseases.

Respiratory Diseases.—A total of 13,907 deaths from respiratory diseases was reported during the year which is a slight increase over last year though the rate, 1·15, remains the same. It is considered that statistics with regard to these conditions are fairly accurate for urban areas but are, inevitably, inaccurate for rural areas. The rate for rural areas is 0·31 which is less than last year and is 0·03 less than the five-year mean. This condition was fairly prevalent in the Lower Chindwin District where a total of 1,333 deaths was recorded. The rate, 3·48, is slightly lower than the previous year but these figures cannot be taken as reliable and all that can be said is that respiratory diseases continue to be very prevalent in this region.

The urban rate is 7·51 which is a slight increase over last year's rate and is 1·21 in excess of the five-year mean. The total number of deaths recorded in towns during the year was 10,606. While the total is probably fairly accurate, the totals for the different heads into which respiratory diseases are sub-divided, *i.e.*, pneumonia, pulmonary tuberculosis, whooping cough and other respiratory conditions, are probably not so accurate. There were 4,728 deaths from pneumonia, 2,893 from pulmonary tuberculosis and 19 from whooping cough. According to these figures deaths both from pneumonia and pulmonary tuberculosis show a definite increase over the previous year. Reference to this is made elsewhere in this report.

Beri-Beri.—The incidence of this disease in districts can only be roughly gauged from the reports of District Health Officers and from requests for assistance to deal with it made on this Department from large employers of labour. Rangoon had 86 deaths during the year under review which is the same as in the previous year though the number of cases 174 is slightly lower than that of 1936. Bassein reported 17 deaths while from towns from the rest of the Irrawaddy Division there were a total of 20 deaths reported. Mergui reported 25 deaths which is a very considerable increase over the previous year's figure of 21. As in previous years this disease continued to appear mostly in members of the Indian community.

Cerebrospinal Fever.—This is the first year in which this disease has been reported in epidemic form in Burma. It appears to have started in a village near Kalemyo in Upper Chindwin District, thence it spread to Haka Subdivision of the Chin Hills District. The District Health Officers and the Civil Sub-Assistant Surgeons concerned made every effort to cope with this problem. It presented great difficulties as the area is very wild and inaccessible and the people are very ignorant and superstitious. Reports of deaths were often received many many days later so that the collection of accurate information as to what really had happened was very difficult. At first this Department inclined to the view that it was influenza coupled with malaria and not cerebrospinal fever. However the care with which the medical

officers concerned recorded observed and hearsay symptoms eventually established the diagnosis beyond doubt. Prophylaxis against this disease, difficult enough amongst educated people, becomes almost impossible when dealing with a primitive people who are wringing their livelihood from the soil by the sweat of their brow. There is unfortunately no prophylactic vaccine available and the usual measures such as avoidance of fatigue, and overcrowding are hard to attain. A total of 168 deaths was recorded.

The District Health Officer, Falam, suggested that this outbreak of epidemic cerebrospinal fever was the result of sporadic cases in previous years, an opinion that is epidemiologically sound. The possibility of its introduction into Burma proper where it has never occurred in epidemic form has to be anticipated. The remoteness of the districts involved is a fortunate factor.

CHAPTER IV.

The Principal Diseases non-Epidemic in Burma.

Malaria.—" Malaria kills more people and does more damage to physical, social and economic welfare in rural portions of Far-Eastern countries (especially in the tropics and sub-tropics) than any other disease. Yet malaria is insidious, and except in epidemic form, it does not manifest itself with dramatic power sufficient to attract attention and funds commensurate with its ability to destroy health and prosperity." The above remark made by the Malaria Committee of the Intergovernmental Conference of Far-Eastern Countries on Rural Hygiene, held in Java in August 1937, is, unfortunately, as true of Burma as of other countries of the East and the Far-East.

Fortunately, this disease has not appeared here in serious epidemic form in recent years, but this does not mean that we should in any way relax such means as are within our power to reduce its toll. Unfortunately, we cannot accurately gauge its incidence in rural areas, as village headmen, who act as death registrars in these areas, are apt to classify deaths as due to fevers. Now in the year under report deaths from fevers form 39·47 per cent of the total reported mortality. In India it is believed that a conservative estimate of the deaths reported as due to fevers would ascribe one-third of them to malaria. It is the opinion of many experienced medical officers in Burma that half the deaths registered as due to fevers are really due to malaria. Whichever view of these estimates is taken, it is clear that we have in this disease the major health problem of the country. But malaria is not only a health problem; deeper and more difficult principles are involved. The Report of the Preparatory Committee to the Intergovernmental Conference mentioned above stated as follows :—

" Unless the economic and cultural level of the rural populations can be raised, there can be no hope of employing curative or preventive

measures with any degree of success. Malaria is a health and social problem ; it must be attacked simultaneously from both these angles." Of the truth of the above statement there can be no doubt. During the year the total number of deaths ascribed to fevers in the districts of Burma was 118,276, which gives a ratio per 1,000 of 9·77 as compared with a five-year mean of 7·42. It is thus probable that approximately 59,000 people died from malaria during the year.

While this disease is prevalent throughout the length and breadth of the land, there appears to be definite evidence that it is worse in certain areas than in others, notably in the foothills of Arakan, Tenasserim, Southern Shan States and the northern border districts where dense growths of jungle, stagnant collections of water and abundant rainfall produce conditions ideal for the breeding of mosquitoes. While the problem is particularly acute in these places, it is only a degree less pressing elsewhere in the country where cultivation of wet crops gives facilities for the breeding of mosquitoes.

Shwebo District.—There was an increase in the number of deaths in the townships of Taze, Ye-U and Kanbalu, and the District Health Officer suggests that these may be due to the hyperendemicity of malaria in these areas.

Minbu District.—Malaria was prevalent in all the townships of this district, during the year 4,230 deaths from fevers were reported, as compared with 4,052 in the previous year. Most of these deaths were probably due to malaria. In this district the townships of Sidoktaya and Ngape which lie in the foothills were the worst affected.

Prome District.—Hospital figures show that malaria was on the increase during the year 1937, more especially in Prome and Padaung Townships.

It should be emphasized that, though the above districts have been chosen for special comment, malaria continued to be very common throughout the whole country.

In the towns of Burma deaths from malaria totalled 2,326, constituting 4·94 per cent of the total mortality in urban areas. The rate 1·65, is a rise of 0·28 over the previous year and 0·44 in excess of the five-year mean. Deaths from malaria registered in the towns of Burma by months are compiled in the Public Health Department, and when we consider this we see that the largest number of deaths occurred in the month of December when 342 were recorded. Statement VI-B (*a*), supplement to Annual Statement VI-B which occurs in the statistical report of this Department, shows that high rates were reported from Lashio, Myitkyina, Tavoy and Bhamo. It will be noted that all these places belong to the wet and hilly parts of the country.

The Control of Malaria.—The paramount importance of attempting to do something to combat this disease has long been recognized by Government. Handicapped as it has been by lack of

funds, every endeavour has been made to utilize such money as was available in the best possible way. At the Harcourt Butler Institute of Public Health a special Malaria Bureau, formed in 1927 has been active in collecting data from all over the country, and it is very pleasing to record that the work of this Bureau was most favourably commented upon by an officer of the Central Malaria Survey of India on his visit to Burma two years ago. The problems of control that this disease presents are so complex that it would be foolish to attempt anti-malaria measures without some properly organized and properly staffed central controlling authority of the nature that the Bureau affords. Details of this work are available in the report on the Harcourt Butler Institute of Public Health, which is a separate publication of Government.

Systematic anti-malaria operations continued to be carried out in Akyab, Kyaukpyu, Lashio and Maymyo, under the direction of the Malariologist. At Akyab the main anti-mosquito measures carried out during the year were reclamation of the Peeleegong brick field and tanks and ditches in Shwebya and Singulan quarters. Important creeks in the town were kept clear of vegetation and low lying places in private compounds were reclaimed with town refuse. Surface drains and other stagnant collections of water were treated with malariol. Unfortunately in Akyab the presence of a large number of tanks, ditches, creeks and open surface drains, all of which afford good breeding places for mosquitoes, render anti-mosquito measures both costly and difficult, and it cannot be expected that a spectacular reduction in mosquitoes with a consequent reduction in malaria can be quickly effected.

In Kyaukpyu the anti-malaria measures, which were instituted in 1929, continued to be effective. They are chiefly measures of a permanent nature such as big scale reclamation of swamps and low-lands and the filling up of tanks, ponds, marshes and depressions. Measures of a temporary nature are also carried out such as oiling, cleaning of scrub jungle and rank vegetation and cleaning and grading of drains. In 1930 the spleen index was 31·25 and in June of this year the rate was 2·54. The results that have been achieved here are immensely satisfactory but it should be clearly understood that Kyaukpyu represents a limited area in as much as the town is situated on an island. The expenditure of similar sums of money and effort elsewhere must not be expected to produce similar striking results.

At Lashio the services of a wholetime Sub-Assistant Surgeon of the Public Health Department continued to be placed at the disposal of the Town Committee for several months in the year in order to supervise the carrying out of anti-malaria measures. In addition the Town Committee employed a permanent gang of one oil sprayer and two larvæ catchers throughout the whole year. The success of the

anti-malaria measures here is seen when we contrast the spleen rate of 30·76 recorded in June this year in the protected area of the town with a ratio of 71·98 recorded in the same month in the unprotected area. Lashio presents some difficult problems for the Malariologist, difficult not because the method of solution is not clearly indicated but because of cost.

In Maymyo one Public Health Inspector and four coolies were employed on anti-malaria measures throughout the year. Borrow-pits, herring bone drains, blind drains, unused wells, buffalo wallows and depressions were reclaimed with earth. The death rate for malaria, 2·23, reported during the year may be considered to be satisfactory.

Malaria Control by Fish.—This method which is part of the scheme undertaken by Government in 1936 for the control of malaria was developed during the year under report. There are definite limits of the value of larvivorous fish as mosquito breeding control agents, but within these limits the method is undoubtedly very valuable, and indeed at times it may be the only practical way available *e.g.*, when dealing with wells and water tanks used for drinking purposes or where a large initial cost for drainage and reclamation schemes cannot be entertained. The fish used are called Gambusia affinis, popularly known as top-minnows. The main hatchery is at the Harcourt Buttler Institute of Public Health where they are bred in very large numbers. Difficulties were originally experienced in transporting fish to their various destinations, but these have now been overcome. This year has seen the inauguration of a scheme to establish subsidiary hatcheries in certain malarious districts and should these sub-hatcheries prove successful they will be gradually extended so as to embrace the whole country. It is considered that the Harcourt Butler Institute will be able to provide an output of about 3,000 fish a month and in the year under report they actually issued 10,463. The Malaria Bureau is conducting a special experiment with these fish in certain villages in Hanthawaddy District, the result of which will be communicated in next year's report.

Distribution of free cinchona febrifuge and quinine tablets.—A free distribution scheme was inaugurated in August 1936 as a result of grants received from the Government of India. The scheme may be said to have been an unqualified success. A total of 10,328,490 tablets were distributed all over Burma during the year. The task of distributing this quantity, which is nearly four times what was distributed during the previous year, has been lightened by the cordial support given to this Department by the personnel of other departments. Without this co-operation the scheme could not have been so successful or so popular. Areas in which specially large distributions were made included Southern Shan States, Hanthawaddy, Amherst, Katha and Northern Shan States. It should be understood

that there also exists machinery for the sale of cinchona tablets through Treasuries, and it is interesting to record that the free distribution of the drug appears to have resulted, as it was hoped it would, in an increased demand, as sales during the year totalled 4,086,720 tablets as compared with 3,554,100 tablets in the previous year. The Southern Shan States showed an increase in sales of 251,820 tablets, while large increase were also recorded at Toungoo, Northern Shan States, Tavoy and Henzada. One odd feature is a decrease in sales in Minbu District. The total of tablets distributed free in 1937 is the same as in 1936 and the fall in sales may possibly be due to the economic distress experienced as a result of the presence of malaria in severer form than usual.

One result of the free distribution on a large scale of this drug has been seen in the fact that there is an increase in the consumption of quinine and cinchona febrifuge per head of population in every district, so that the average consumption for the country rose from 1·79 grains in 1936 to 4·04 this year. The highest consumption rate of 19·50 was recorded in Salween District, while other districts recording high consumption rates were Myitkyina 14·05, Bhamo 12·74, Katha 11·42, Chin Hills 9·22, Upper Chindwin 9·51, Southern Shan States 8·44, and Mergui 8·36. In connection with this scheme it is perhaps advisable to point out that Government did not adopt it with any idea that it would result in the elimination of malaria in any given area or areas. It was adopted with the idea that, if successful, it would assist in alleviating that economic distress the importance of which is pointed out in the opening remarks in this section. The consumption of full treatments of malaria does much to reduce days of sickness and unproductiveness in the population. It was further hoped that this measure would serve to popularise the use of this valuable remedy against malaria, this hope appears to have been justified.

Malaria Survey.—Among other anti-malaria measures that remain to be mentioned is a malaria survey that was carried out in Sandoway Town. Eleven species of anophelines were detected, four of which are reputed carriers of malaria in Burma. An important finding is that one cause of the prevalance of malaria in this town appears to be the close proximity to the town of certain malarious villages. The Malariologist made detailed recommendations for anti-malaria work and it is to be hoped that these will be put into execution.

A survey was also carried out at Wuntho, Katha District. The report states that the locality is hyperendemic and that there is prevalent benign tertian malaria as well as malignant tertian. A minimus was the most prevalent carrier detected and was found breeding mainly in irrigation channels. This latter finding is important. Wet cultivation as practised in Wuntho, is, undoubtedly, the cause of the

presence and continuance of malaria. In his report the Malariologist states that in his opinion in an area of this nature persistence rather than perfection in malaria control is most likely to achieve the end in view. He states that much propaganda work is necessary to educate and arouse the peasants from their apathetic attitude. This latter finding is not a new thing as one of the difficulties in dealing with malaria is the general apathy which persists in its victims.

At the request of the Manager, Burma Estates, Ltd , the Martaban Estates was surveyed by the Malariologist during 14th to 24th May 1937. Investigation revealed that in the Martaban rubber estate and the villages around it the incidence of malaria was low. Malaria is present for two months before and two month after the rains, to a very limited extent. It is kept in a state of low endemicity by one single factor, *i.e.*, the local rainfall.

Venereal Diseases.—The exact extent of this problem is not known, but that it is an important major problem is the opinion of all Civil Surgeons and District Health Officers. Most unfortunately it is not clearly appreciated in this country that the evil effects of these diseases do not terminate with their manifestations in those afflicted but are liable to recur in the generations yet to come. Seventy-three thousand eight hundred and ninety eight persons were treated for veneral diseases during the year under report, of whom 34,381 were suffering from syphilis and 26,628 from gonococcal infection, the remainder having other diseases of venereal origin. The number of deaths that took place in hospitals from syphilis and gonorrhoea are 55 and 9 respectively, but in those towns where deaths from these two conditions are registered, the corresponding figures are 322 and 15. The very grave disparity between these two sets of figures shows clearly that the number of patients treated in hospitals is a small percentage of those actually suffering from these diseases. In Rangoon General Hospital out of 788 post-mortem examinations carried out during the year, signs of syphilis were detected in 123, while venereal infection was traced in 467 cases out of 2,880 admissions into the four Maternity and Infant Welfare Shelters in Rangoon.

There are two great difficulties in dealing with this problem of social diseases. The first is that the sufferers in far too many instances, cease treatment the moment their symptoms disappear. The danger of this is that they have not been rendered non-infective so that it is not only possible for them to infect others but they can pass the disease to their offspring. The second difficulty is the enormous prevalence of treat ment by quacks. It must also be realised that there is very little appreciation of the dangers of gonococcal infection which is regarded in many instances as an almost inevitable result of adolescence. As a result of the visit of a delegation of the British Social Hygiene Council, Government has been giving close attention to this urgent and difficult problem. One of the best preventive measures

that offers itself is treatment directed to making all cases non-infectious but the very considerable expenses that this would entail are, perhaps, not fully realised by the lay public. In Rangoon at the General Hospital and the Ramkrishna Mission Hospital, the latter being aided by Rangoon Corporation, special facilities exist for the treatment of these diseases. The difficulty is that in outstation hospitals the problem of finance precludes an adequate provision in the hospital budget for the expensive drugs without which syphilis in particular cannot be successfully treated.

A certain amount of propaganda work is carried on by this Department with a view to inculcating a spirit of clean living in the youth of the country, but there is little doubt that insufficient stress is laid on this important subject in the health education of the people of this country and a good deal of spade work is necessary in this connection to overcome prejudice in these matters. At the time of writing, Government are once more actively investigating the possibilities of increased preventive work in this connection.

Leprosy.—A reference to Statement VIB (*a*) which is a supplement to Annual Statement No. VIB, published in the Statistical Report of this Department, shows that 357 deaths were reported from this disease during the year under report. There is, however, no doubt but that it is a much more serious problem than would appear from these figures. The fact is that mortality from leprosy is recorded only in towns, and, therefore, we have no real information as to its incidence. The problem is not easy and it is not believed that the extension of compulsory notification would necessarily yield the information desired. Compulsory notification of this disease which at present is only in force in Mônywa and Maymyo might result in even more evasion than exists at present with voluntary measures.

The 357 deaths reported during the year show an increase of 65 deaths over the previous year and give a death rate of of 0·25. But these figures cannot be accepted as reliable as the largest number of deaths were recorded in Rangoon and Mandalay where leper asylums exist and consequently deaths are to be expected and are reported accurately. Such accurate information as does exist with regard to the incidence of leprosy in Burma, has been obtained from surveys that have been carried out in rural areas by the Public Health Department. These surveys show that the last recorded census figure of 11,127 lepers is very wide of the real total. A properly carried out survey revealed in the case of Meiktila District a figure of 16·57 lepers per 1,000 of population. It should be clearly understood that, while it is believed that the total number of persons afflicted with this dreadful disease may come to as many as 200,000, it is not thought

that leprosy is rapidly increasing. It is probable that an increase in our general knowledge regarding this disease and the interest displayed in it during the past few years have revealed a state of affairs prevalent for many years. Anti-leprosy measures are urgently called for to prevent a possible flare up as a result of neglect in the past and to prevent its incursion from the smaller villages and the rural areas in districts in which it is most terribly prevalent into the towns and large villages where it is now comparatively rare. A special Leprosy Officer is entertained on the cadre of the Department and has for the past year or so endeavoured to interest local bodies in the establishment of leper colonies for the voluntary segregation of victims of this disease. It is not believed that it will ever be possible to segregate all infectious cases of leprosy in Burma, it is thought, however, that by this means it will be possible to segregate a sufficient percentage of infective lepers so as to effect a material reduction in the incidence of this disease in the generations yet unborn. Much obscurity still surrounds the epidemiology of leprosy but most authorities now believe that infection is most likely and most dangerous in childhood. Public attention and interest in this disease has recently been aroused by the appeal made by His Excellency the Governor on the occasion of his opening the Rangoon Health Week Exhibition at the end of the year under report. An Association has been formed with the object of attempting to materially reduce the incidence of leprosy. It is to be hoped that this Association will receive that financial support from the public without which little or nothing can be done, and that next year's report may be able to include a description of real progress in anti-leprosy activities in Burma.

With regard to existing activities leper colonies have flourished for some time at Mônywa and Minbu. A Roman Catholic Mission and the American Baptist Shan Mission run successful colonies at Kengtung. During the year new colonies were opened in Meiktila, Salè and Magwe, while at Shwebo, Hlegu, Bhamo and Kyonmange it is anticipated that colonies will shortly be inaugurated. The authorities in Thatôn are also considering the possibility of opening a colony in that district. All these colonies have clinics attached to them in which lepers, both colony inmates and outdoor patients, are treated by specially trained Sub-Assistant Surgeons on specific week days. Both the Mônywa colony with 97 inmates and the Minbu colony with 53 inmates have continued to work satisfactorily throughout the year. The colony run by the American Baptist Shan Mission at Kengtung had 625 inmates while that managed by the Roman Catholic Mission at the same place had 114 old inmates with 55 new admissions during the year. Both these Missions are to be congratulated for their efforts to deal with this problem among the highly infected Shan

villages. In June the colony at Meiktila was opened with 6 highly infectious male lepers and by September this number was increased to 11. It is most pleasing to be able to record here the assistance given to this new colony by local benefactors ; senator U Ba Nyun most generously donated a brick building for use as a clinic and U Than Pe undertook the whole cost of a new cottage which is now under construction on the colony grounds. Both Magwe and Salè Colonies were opened in December with accommodation for 18 and 8 lepers respectively. In actual fact there are 9 lepers at Salè as one lives in a separate cottage built by his relatives. This year also saw the opening of more clinics throughout the country and there are now a total of 23 centres of this nature all over Burma. Attendances at Mônywa, Minbu, Meiktila, Yamèthin and Wakèma are all encouraging while the number of treatments given to lepers at Hlegu, Dabein, Kyonmange, Sagu, Thazi, Mahlaing are all satisfactorily high. The new clinic in Ye-U is reported to be popular. Special mention should be made of the clinic at Shwebo which had an average attendance of 250 lepers which is a record when compared with any other place in Burma.

During the year the Special Leprosy Officer visited, among other places, Insein, Thayetmyo, Thatôn, Shwebo, Bhamo, Pakôkku and Tatkon in order to advise local officials with regard to the establishment of leper colonies and clinics. The remarks of the District Health Officer, Myaungmya, are interesting. He states :—

"It has been noticed on some occasions that patients with unnoticeable lesions leave off attending the clinics simply because they thought they were attracting notice and revealing themselves. Some having early lesion of leprosy prefer to put themselves in the hands of an indigenous *saya* so that his affliction may remain a secret." These remarks indicate that those afflicted with leprosy have not yet fully realised the importance of early treatment and their duty towards uninfected members of their household and the community. Propaganda work to enlighten the public in this respect is being persistently continued by both the Special Leprosy Officer and the Hygiene Publicity Bureau.

Four lepers from Indian ports landed at Rangoon, all of whom were allowed to go to their respective residence.

Eye Diseases—Eye diseases are distressingly common in Burma and during the year under review a total of 191,481 persons were treated in hospitals. The commonest conditions are Trachoma, Iritis, Cataract and Glaucoma. Districts in which eye diseases are reported to be very prevalent include Salween, Mergui, the whole of the Centre Dry Zone and parts of the Hilly Northern Regions, more particularly the

Upper Chindwin. Trachoma which is a disease primarily of the conjunctiva is often neglected and then inevitably results in sequelæ which lead to defective vision. Undoubtedly in the dry zone dust, heat and glare are among the contributory factors leading to diseases of the eye and consequent loss of eyesight. Probably malnutrition plays an important part as a causative agent of eye diseases. One distressing preventable condition which is unfortunately prevalent throughout the whole country is Ophthalmia Neonatorum. This is a venereal infection of the eyes of a newly born child, and unless it is promptly treated at the time of birth it is very liable to lead to permanent blindness. The most important preventive measure here is the provision of trained midwifery attendance as the installation of a few drops of silver nitrate solution immediately after birth can be depended upon to protect against this disease.

There are two blind schools in Burma, one at Rangoon and the other at Moulmein. Though conducted by mission workers, they cater for as many cases of blindness as they are able to admit irrespective of religion or race. Inspired by the example of Bengal, these authorities are considering at the time of writing, ways and means of introducing preventive activities with a view to reducing the incidence of eye diseases and blindness, and it is to be hoped that their efforts will meet with success.

Tuberculosis—It is impossible to state with any accuracy how many die each year in Burma from tuberculosis as the figures as a whole are not sufficiently complete and undoubtedly many deaths from this disease are undiagnosed and unreported. From such figures as are available there is little doubt but that this disease presents a problem of evergrowing importance to the people of Burma. The history of tuberculosis shows that a heavy incidence may be expected where an agricultural population turns towards city and factory life. This factor is not present to any marked degree in Burma so it is reasonable to hope that energetic preventive and curative measures should meet with success in reducing the total morbidity and mortality from this disease. If we could achieve careful isolation and treatment of the individual case coupled with a suitable regime of home life for contacts we should have gone far towards eliminating this complaint. This is axiomatic in any country but there are reasons to suggest that, though difficult or impossible to accomplish elsewhere, it could be managed in Burma.

The public of this country have been invited to co-operate in an all-Burma appeal to provide funds with which to tackle this problem. An Association called the Burma Tuberculosis and Leprosy Relief Association has been formed with His Excellency the Governor of Burma as its President, and the Executive Committee of this Association propose before they expend the funds entrusted to their charge to

make every endeavour to see that the problem is investigated by the most reliable authority obtainable. All authorities nowadays are agreed that among the principal predisposing factors in this condition are dirty insanitary surroundings, lack of fresh air and sunlight, and a low nutrition standard. To improve the last is a problem of economics with which this Department is not directly concerned, but that immense improvements could be made in the first two there can be no doubt. In far too many municipalities in this country there exist building and lodging house byelaws which are only honoured in their breach. The difficulties admittedly are considerable as so often the proper enforcing of building byelaws and byelaws with regard to the control of lodging houses clash with vested interests.

Turning to the more individual aspect of this disease, we find that deaths from tuberculosis are only recorded in towns while in rural areas they are classified under deaths from respiratory diseases. Out of 3,198 deaths recorded in towns, 2,893 were ascribed to pulmonary tuberculosis, 24 to tuberculosis of joints and the rest to other tubercular diseases. This year's death rate of 2·05 for pulmonary tuberculosis shows an increase of 0·10 over the previous year's rate, and it should be noted that increases in the death rate are recorded in Rangoon, Moulmein and Bassein. The tuberculosis dispensary in Rangoon at Judah Ezekiel Street continued to be popular: 3,065 new patients attended the dispensary during the year which had a total attendance of 29,229 old and new patients. Of the new patients 864 were found to be suffering from pulmonary tuberculosis, 41 from other tuberculous diseases and the remainder were from other infection. Of the new patients suffering from pulmonary tuberculosis 12 were in the first stage, 99 in the second stage, 750 in the third stage and 3 in the arrested stage. These figures would indicate that many patients failed to take treatment in the early stage of the disease when the chances of recovery are comparatively good. The Medical Officer and the tuberculosis nurse paid 3,900 home visits during the year.

Yaws.—Many districts are infected, and some of them heavily infected, by this disease. It is most prevalent in Tenasserim Division and the Upper and Lower Chindwin Districts. In Tenasserim Division the places more particularly affected are Bôkpyin Township, Mergui Township and the interior of Tenasserim and Palaw Townships. As in past years a Sub-Assistant Surgeon was deputed for survey and treatment in Mergui District. In Kyauksè the District Council sanctioned a sum of over Rs. 100 for dealing with this condition and about two score of cases in Paleik and Tabetswe Villages have been treated with satisfactory results. In the Upper Chindwin District, out of 361 villages, yaws has been found in 270. An Epidemic Sub-Assistant Surgeon was specially sanctioned by Government to deal with this disease and

during the two months in which he was employed on this work he gave 1,798 primary injections and 155 secondary injections. In spite of its prevalence, yaws cannot be considered to present a serious public health problem as to deal with this disease is entirely a question of finance. One injection is frequently sufficient to produce a final cure and it is rare that more than three injections are needed. Unfortunately the drug used is expensive and it is this and this alone that is responsible for the continued existence of this complaint.

Goitre.—This disease is prevalent in most parts of Burma except the Delta districts. It is quite common in the Chin Hills, both the Northern and Southern Shan States, Upper Chindwin District, Bhamo, Myitkyina, Pakôkku, Minbu and Toungoo. In Kengtung Subdivision, Southern Shan States, it is not usual for sufferers to seek for treatment as the condition causes them little or no inconvenience. In the Northern Shan States the heaviest incidence of this disease is amongst Kachins and Palaungs ; in this area, however, the villagers freely resort to hospitals and dispensaries for treatment—8,170 having been treated during the year in the Northern Shan States. Where it occurs in Toungoo District, it is confined to certain Shan villages in Thandaung Township. In Salin Township, Minbu District, a detailed survey was inaugurated in November 1937 by an Epidemic Sub-Assistant Surgeon of this Department, and Government have now under consideration measures the adoption of which it is thought may bring some alleviation. The accepted theory of the causation of this disease, namely that it is due to deficiency of iodine in food and water, has recently been queried by its original propounder. Lack of accurate knowledge of its causation means that any preventive and curative measures adopted must be regarded as in the nature of an experiment the result of which must be carefully recorded.

CHAPTER V.

Urban and Rural Sanitation.

Urban Sanitation.

General.—In accordance with the terms of the Burma Municipal Act the responsibility for making efficient sanitary arrangements in all towns in Burma rests with the local Municipal Committees. The Act lays a few mandatory responsibilities on these Committees of which perhaps the most important in this connection are those that deal with the erection of buildings and the control of common lodging houses. By far the majority of those duties of a Municipality which deal with the preservation of the health of the community and the prevention of epidemic diseases are not mandatory in the Municipal Act but are left to be

dealt with at the discretion of the Committee. This, of course, in no way relieves the Committee from its responsibilities in regard to these matters.

For their help and guidance, a set of model byelaws has been framed by this Department covering every aspect of public health. These byelaws are so worded that in most cases they can be adopted as they stand, at the most minor alterations are needed to suit local conditions.

Provision is made in the Municipal Act for the appointment of wholetime and part-time Health Officers. Government further help in this connection by permitting the co-option of Civil Surgeons and Medical Officers in charge of local hospitals on the Committees. On co-option, they become *ex-officio* Municipal Health Officers. The duties of a Health Officer and the powers that he should enjoy are laid down in sections of the Act.

This briefly summarises the legal position with regard to health administration in towns. What are the general conditions that prevail? They cannot as yet be considered to be really satisfactory. Some municipalities do make real efforts to discharge in every way their responsibilities with regard to health matters, Akyab and Syriam being outstanding examples to the rest of Burma in this respect. A more usual state of affairs is that a municipality, having formally adopted excellent byelaws on all various health matters, proceeds to ignore them. Many Committees are so jealous of any encroachment, as they see it, on their powers as to refuse to their Health Officer that full authority over the subordinate health staff without which it is idle to expect results. These remarks are not offered in any spirit of idle cavilling. Their truth is beyond question and is borne out in a long series of reports from inspecting officers of the Department. Year after year the same defects in administration, the same neglect of the enforcement of Municipal Byelaws will be brought to the notice of successive Committees with negative results. The time would appear to have come to abandon the present system as a failure and, following the lead of most other countries in the world including, incidentally, certain of the provinces in India, to establish a state Municipal Health Service. That this can be done without undue interference with the powers of the local elected members experience all the world over shows. The following sections will review briefly municipal activities in connection with the major sanitary problems of a town.

Water Supplies.—The provision of an adequate supply of potable water for domestic purposes is recognised as being one of the first duties of a public body. In some areas in Burma this represents a problem of the first magnitude, and, indeed, in the dry zone it is difficult to see if even Government interference would result in a

satisfactory solution of this problem as the engineering difficulties which would have to be faced could only be overcome at great expense. Throughout the country the normal method of providing water is by digging tanks and wells. Tanks in themselves are a suitable and reasonable source of supply provided they are adequately safeguarded, it is in this latter respect that so much yet remains to be done. Properly protected wells and tanks, protected by means of fences and concrete parapets respectively with provision to prevent the use of individual domestic utensils and to prevent indiscriminate fouling of the water at the site, would have a very marked effect on the incidence of intestinal diseases throughout the country. These safeguards are not expensive in themselves and should be much more widely in use than they are at present. It is very gratifying to note that certain of the larger municipalities who are financially able to attend to this important subject have realised their responsibilities in this connection and attempt to provide adequate and safe supplies of water. In this respect the authorities at Akyab, Moulmein and Bassein are particularly to be congratulated. Moulmein during the hot weather of 1937 put into operation a scheme for water supply which has been the subject of comment in previous reports. Experience in Moulmein in which the provision of an increased supply of water led to a large increase in consumption, shows the necessity of continued activity in educating the public in the desirability of saving water. There is little doubt that the people, once they are given the facility of a tap and are able, therefore to avoid the fatigue or expense of carrying water for domestic purposes, lose all sense of proportion in regard to their responsibilities in regulating their consumption. This problem is by no means unique to Burma as it is one which was experienced acutely in America and in all countries in the west during the last war, when efforts were made to induce people to control their consumption. Moulmein water supply has been further safeguarded by the establishment of a chlorination plant which is working perfectly. However, in view of the above remarks, some system of metering would appear to be necessary.

In Bassein a scheme has been evolved by the Committee to supply drinking water by pipes in certain congested areas of the town, and a six-inch diameter tube well has been sunk during the year. The scheme is still awaiting the final administrative approval of Government before being put into operation. Unfortunately it is possible that it will have to be delayed on account of the Municipality's commitments with regard to reconstructing a bazaar destroyed by fire.

Akyab provides a water supply which is led by pipes from an impounded reservoir situated some distance from the town proper. The water is excellent but, unfortunately, is insufficient in quantity which has necessitated restricting the hours of supply. The Municipality have under consideration a scheme for increasing the storage

capacity of the reservoir and when this matures this competent and public spirited authority will have once again demonstrated their realisation of their civic responsibilities.

Mandalay in which there is an acute water problem, has a river intake scheme which has been discussed for years. The financial position of this Municipality is unsatisfactory and the scheme is continually being postponed.

Among other smaller municipalities which endeavour with reasonable success to meet their responsibilities in this connection may be mentioned Myingyan, Thôngwa, Toungoo, Mônywa and Lashio. Yamèthin Town, in the middle of the dry zone, has a most acute problem, the satisfactory solution of which with the Municipality in its present precarious financial position, is unlikely to be seen soon. There was a proposal here to extend a large tank known as Kanthit tank which at present acts as the major source of water supply for the town, but the extension of this tank will not completely solve the problem and, indeed, it is doubtful if here or elsewhere in the dry zone this problem can be solved in any other way than by a national undertaking, the difficulties of which have already been mentioned. Mention should be made of the scheme undertaken by Rangoon Corporation to increase the piped water supply in Rangoon City. This scheme entails bringing water from the Pegu Yomas to Rangoon. Considerable progress has been made and it is anticipated that it will result in a very useful addition to the present supply.

Conservancy.—This expression includes the removal and disposal of night soil and street refuse. Conservancy work in towns is ordinarily carried out either under departmental arrangements or by the contract system, and it can confidently be stated that this latter system wherever it is employed is universally unsatisfactory. Unfortunately the converse does not hold as there is a tendency for municipalities to employ inadequate staffs for this purpose. A difficulty frequently encountered is reluctance on the part of private persons to pay the small tax concerned and avail themselves of the conservancy system. The procedure usually adopted is either a single bucket or a double bucket system with disposal in a trenching ground. The inherent disadvantages of a single bucket system need no comment. Unfortunately it has to be adopted in many places purely on account of financial stringency. In many places where this system is of necessity employed, much more satisfaatory results could be obtained if the authorities concerned would only realise the necessity of there being one person concerned with the final control of the conservancy staff. Obviously this person should be the Health Officer who alone has the adequate technical training to supervise this work. Where, as in most instances, his control exists solely in his being able to issue reprimands, inefficient working is inevitable. The appointment and dismissal of all

subordinate health staff should lie in the hands of the Health Officer. This principle, which is accepted as axiomatic everywhere but in Burma, is really a *sine qua non* of efficient health services. In Prome, the night conservancy work which has so long been carried out departmentally was, against the advice of both the District Health Officer and the Municipal Health Officer, handed over to a contractor. The Health Officer expressed the view that at least forty-five mehters should be employed on this work, but in the terms of the contract the Select Committee which was appointed for this purpose allowed the contractor to carry on the work with only thirty sweepers. It is unlikely that this refusal to accept the advice of technical officers will result in a satisfactory state of affairs. On the other hand, Yamèthin Municipality realising the unsatisfactory conditions which result by entrusting this activity to a contractor, have decided to approve the adoption of a departmental system when the present contract expires in June 1938. In Magwe where nightsoil conservancy is carried out departmentally while day conservancy is let out on contract, the Commissioner of the Division remarks, "the contract system employed for cleaning the town is both expensive and far from satisfactory. It is gratifying to note that the Committee have decided to carry out day and night conservancy system departmentally by motor transport when the present term of contract ceases in August 1938." In Pakôkku the Committee, against the advice of both the District Health Officer and the Health Officer, decided to adopt a contract day conservancy system. They justify this action on the grounds that it will save money. The Health Officer reports that, compared with work previously carried out departmentally, work under the contract system is found to be unsatisfactory. In Taungdwingyi both the day and night conservancy work are given out on contract and the public health staff are unable to exercise any control. That the system is expensive and inefficient has been pointed out by several inspecting officers of this Department, but no action has been taken. In Henzada the Health Officer reports that the condition of latrines, both public and private, is far from satisfactory. Improvement by the introduction of type plans in all the new houses in the crowded area is being enforced. This is a step in the right direction. Municipalities which have taken steps to improve matters in this connection include Shwebo, Tavoy and Pyu while both Toungoo and Thatôn have each purchased a motor truck for removal of night soil. The latter municipality contemplates introducing a double bucket system when the necessary repairs to the road leading to the trenching ground are completed. As already remarked this important activity of conservancy suffers in many places on account of lack of public co-operation, but in most places a very considerable improvement could be effected by a better employment of the existing public health staff.

Markets.—Measures to ensure that business in markets is conducted hygienically may be considered as the third major civic responsibility of Municipal Committees. When the Royal Commission on Labour in India visited Burma in 1930, it commented on the deplorable lack of care over food supplies and sanitary supervision of markets. In 1933 Government issued orders for the inspection of all markets with a view to discovering defects and remedying them as far as funds available for the purpose would admit. It is unfortunate that few Municipal Authorities appear to realise the potential financial value of a well run and properly constructed bazaar. In many cases they have here a certain and reliable source of income, the control of which should be a matter of local pride. Instead, we find that the market is let out to a contractor. Now the contractor has no interest whatsoever other than the collection of as many stall fees as he can. He is quite happy to see the permanent stalls provided by the Municipality empty, provided that he is reaping a satisfactory harvest from temporary stall holders. The result is that it is almost impossible to move about in the streets of the market while many municipal stalls may be vacant. Further, having paid for his contract, the market lessee will provide, in most cases, the sanitary staff which is laid down as necessary in his lease, but how they discharge their duties is of little or no interset to him. A better state of affairs would be that the control of the bazaar should remain entirely in the hands of the Municipal Committee who should insist on all permanent stalls being occupied before any temporary stalls are provided. Simple and inexpensive stands should be provided for the *Byaungya* sellers and the all too common practice of selling fruits and vegetables from the ground should be prohibited. The responsibility for the proper sanitation of the bazaar, sweeping of roads, clearing of drains, etc., should be deputed by the Municipal Committee to their Health Officer who should be provided with a reasonable staff for this purpose. As remarked before, he should have complete control over this staff if efficient results are to be achieved.

By far the commonest malpractice noted in bazaars in Burma is the permission of encroachments. This means that even in bazaars where proper drains exist they cannot be kept clean. These encroachments are almost invariably prohibited by bye-laws and the Committees which permit them are infringing their own rules. In nearly every bazaar rules exist preventing the shop keepers from piling up empty boxes, sacks and other receptacles and in nearly every bazaar these are permitted, and ineffectual or no steps are taken to check this. These may seem to be small points, but when it is realised that the bazaar in Burma acts in most towns as the centre from which epidemic diseases start and spread, it will be appreciated how vitally important it is to the health of the people that they should receive that protection in these respects which they have a right to demand. That a bazaar

should be the home of rats is perhaps almost inevitable, but that the number of these vermin can be kept at a level which will safeguard the population against an outbreak of plague is a fact which has been definitely established in those municipalities where the Committees have taken steps to see that the necessary sanitary regulations in this respect are enforced. The efforts of Syriam Municipality in this respect might well serve as a model to other Municipal Committees throughout Burma.

To the recommendation of the inspecting officers of this Department on the subject of repairing existing markets or rebuilding on existing or new sites, the almost inevitable reply is a plea of lack of funds. On more closely examining the situation, a final justification for this plea is rarely forthcoming. What is wanted in most cases is that the Committee should first adopt an approved plan for the layout of their bazaar and this, once it has been adopted, should be adhered to. It may be put into operation piecemeal over a period of years as the state of their building fund permits. If this policy were adhered to, they could in due course provide properly constructed stalls suitable for the various purposes which are called for in every bazaar.

Progress in improving bazaars in various towns as a result of the inspections carried out since 1933 referred to above, has been the subject of comment in previous reports. Among the places to which, this year, special reference may be made are :—

Bassein.—Here a scheme to construct an uptodate municipal bazaar in place of the one that was destroyed by fire last year is in progress, and it is anticipated that actual building will start during the year 1938. This Municipal Committee have been most unfortunate in having been faced with this call on their purse which, of necessity, is holding up other admirable schemes which they have in view.

In Henzada the Municipal Committee were also faced with re-building stalls destroyed by fire during the year. B block has been completed. The Municipality rebuilt it on the old site and the passage between the rice stalls has again been riddled with rat holes. In this connection the Commissioner, Irrawaddy Division, in reviewing the public health report of the town, remarks " It is unfortunate that the Municipal Committee did not take the opportunity after the bazaar fire to rebuild on a new site. "

In Thatôn progress, though slow, is being made. An old bazaar building was pulled down and a shed for vegetable sellers with raised platform was erected in its place. One building in the bazaar was blown down by a cyclone in July 1937 and a new building in accordance with a model type plan was erected during the year under report. In this bazaar mutton, beef and fish stalls are still left unattended. However, the Committee at the time of writing this report are actively engaged in attending to this matter.

In Toungoo considerable improvements have been carried out in both the fish, meat and *ngapi* bazaar block. In one block of buildings an asbestos ceiling has been provided at a cost of Rs. 13,485 with the idea of reducing the temperature. Foot-paths around many stalls in this bazaar have been tarred and this has considerably improved the sanitary condition of the market.

In Tharrawaddy a new bazaar building has been constructed and steps are now being taken to build the necessary stalls. A new miscellaneous goods bazaar of an improved pattern was taken into use at the start of the year.

In Shwegyin an open market for the sale of vegetables and fruits has been completed.

In Insein the bazaar has been generally improved by the construction of 9 pucca stalls facing the road.

Other places from which improvements in bazaar sanitation are reported include Gyobingauk, Akyab, Lashio and Yamèthin. In Thôngwa some kutcha drains in Konzon bazaar has been made pucca while a public bazaar latrine on a modern type has also been installed. Minor improvements are also reported from Pyawbwe, Ngathainggyaung and Myitkyina, while towns in which major works are now under construction include Mônywa, Tavoy, Mergui and Meiktila.

Health Staff.—During the year eight out of nine municipalities with a population of over 25,000 employed wholetime Health Officers, while 6 towns out of 19 municipalities with a population of between 10,000 and 25,000 had such appointments. Two municipalities with a population below 10,000 employed what are known as Health Officers of the second class. These latter officers are doctors whose special qualifications as Health Officers are derived from having undergone the course of training for the Government Licence in Hygiene which is held from time to time at the Harcourt Butler Institute of Public Health, Rangoon. Government made contributions towards the pay of Health Officers in Pegu, Prome, Henzada, Thayetmyo and Nyaunglebin. Details of the other health staff employed in municipalities such as Public Health Inspectors, Vaccinators, etc., will be found in Statement B at the end of this report.

Rural Sanitation.—There are 28 District Councils in Burma entrusted, under the Rural Self-Government Act of 1921, with local administration and the responsibility for sanitary measures in rural areas, therefore, lies with these elected representative bodies. The majority of them make honestefforts to discharge their public health duties and invest the District Health Officer concerned, in most cases the Civil Surgeon, with the necessary administrative powers. The slow progress of public health administration in the district may be ascribed chiefly to lack of funds and, therefore, lack of personnel. There are only four

Medical Officers with special public health qualifications employed as wholetime District Health Officers in the whole of Burma, and only four wholetime Assistant District Health Officers. The sanctioned cadre for the latter class of officers is five and there are five appointments, but the fifth man has to be employed as a first class Health Officer. The appointment of a wholetime District Health Officer for a fifth district, Hanthawaddy, is under consideration at the moment by Government. For the 35 districts served by this Department there are available only 30 Sub-Assistant Surgeons. It will be appreciated therefore that there is not only no available leave cadre but, as well, considerable difficulties arise in times of epidemic in concentrating the necessary staff in a district or districts. The duties of an Epidemic Sub-Assistant Surgeon are arduous, and he is expected to spend 20 days in every month on tour in his district. It is therefore not to be wondered at that there is difficulty in getting suitable candidates for these posts with their attendant discomforts and long absences from home. Even in the socalled open touring season, travelling in rural areas in Burma is difficult and since the services of one Sub-Assistant Surgeon only are available for a whole district, it is obvious that an area of this size cannot be satisfactorily served by one man. The problem is one of finance and to a certain extent also of demand as it is up to the existing staff to create a demand for assistance in preventive work, this means a change in the point of view of the peasant, a matter which inevitably must take time. The remaining public health staff employed in rural areas consists of 71 Public Health Inspectors, 22 Inspectors of Vaccination and 306 Vaccinators. With regard to Inspectors of Vaccination, it should be understood that this is a post which is slowly disappearing as the duties of Inspectors of Vaccination are being taken over by Public Health Inspectors and, as the members of the present corps disappear, they are not being replaced. With the exception of certain of the more scattered and difficult districts, the cadre of vaccinators for rural work may be considered to be on the whole sufficient. The cadre of Public Health Inspectors is lamentably insufficient. It is the view of this Department that preventive work in Burma should be built up from below. By this is meant that the time is looked forward to when there will be a very large increase in the cadre of Public Health Inspectors and Epidemic Sub-Assistant Surgeons with only that increase in the superior inspecting service sufficient to establish that control and personal touch which is so essential in work of this nature.

Rural authorities are faced by the same major problems of water supply and conservancy as have to be faced in towns. The question of bazaars or markets is however, different in as much as in rural areas the market is usually a five day market. This in itself means that it is, or should be, easier to keep the bazaar in a decent sanitary condition.

Water Supplies.—As in towns the main sources are wells, tanks and rivers. The water problem in some rural areas is acute. In the Delta, for example, there is an abundance of water, but unfortunately most of it is undrinkable. In the dry zone there is every year during the hot weather an acute shortage so much so that in some places people may have to go many miles to obtain their domestic supplies. The domestic disintegration this causes can well be imagined. Districts particularly afflicted in this way are Meiktila, Yamèthin and Pakôkku. In Magwe, except for those villages situated around the Irrawaddy River and its contributory streams, there is invariably a shortage of water. In Myingyan the situation in Kyaukpadaung, the headquarters of the township is typical. This is a growing town with a railway station and easy communications with both Yenangyaung and Nyaung-U. The only source of drinking water is from a tank and this means that in every summer there is an acute scarcity of water which has to be brought from as far as eight miles away. This difficulty of meeting supplies along with the fact that in so many instances the sources are either grossly polluted to start off with, as in the case of a river, or pollution is allowed as in the case of improperly protected tanks and wells, is one of the causes of the rapid spread of water borne epidemic diseases such as cholera. The year under report saw no major development in the improvement of water supplies in rural areas though in a few instances minor improvements were effected, of which we may note the construction of a drinking water tank in Thingangyi Village in Labutta Township and the fencing in of tanks in Kokko, Yindi and Thingangyi Villages in the same township.

Conservancy.—The disposal of nightsoil and street rubbish and refuse in rural areas continues to be highly unsatisfactory. In by far the majority of places, in response to the calls of nature, people have recourse to the neighbouring jungle. This in itself is not insanitary, but the trouble is that too often no attempt is made to cover up the excreta and no attention is paid as to the selection of the village site in regard to drinking water supplies. This means that the spread of diseases such as hookworm is facilitated and in time the contamination of the local water supply is bound to take place. The problem of the disposal of street rubbish and refuse is also difficult. In those villages where the village headman is conscientious and is a man of personality and influence, it is not difficult to persuade the villagers to keep their surroundings clean, but in all too many instances, through sheer ignorance, no attempt is made in this connection. Commenting on this, the District Health Officer, Meiktila, writes, "The system of sanitation in most of the villages still needs much improvement. Only during epidemics do the villagers make an attempt to clean up their villages and this they do as if for the benefit of the public health staff and not for themselves." The District Health Officer, Magwe, reports that there

are no sanitary gangs in villages and the villagers only sweep occasionally when the arrival of officials is anticipated. The District Health Officer, Shwebo, in attempting to deal with an outbreak of plague in a rural area, experienced considerable difficulty in getting assistance from the local inhabitants. Now it should be appreciated that there are two ways of achieving cleanliness in a community, one is by paying for a conservancy staff and the other is by organising voluntary labour. The first is obviously the concern of the District Council and equally obviously, until the finances of the community improve an adequate staff cannot be made available. To encourage the second is the work of the Public Health Department, more especially of the Hygiene Publicity Bureau. In this connection the assistance which has been received in this important matter from voluntary workers is the subject of separate comment. An attempt to solve the problem of the disposal of nightsoil in rural areas has been made by trying to popularise the bored-hole latrine and the growth of response to this measure, though slow, may be considered to be satisfactory. It is perhaps more particularly of use in those areas where latrines are situated on the banks of rivers and streams which form the source of drinking water for villages situated further down.

Rural Health Unit, Hlegu.—The Health Unit at Hlegu, since its inauguration in 1929, has represented one of the most important contributions that the Public Health Department has made towards improving rural sanitation in as much as it serves as a model to demonstrate to the public how far sanitary and health conditions in rural areas in Burma can be improved by employing modern methods of public health.

The activities of the Unit embrace the study of vital satistics, eradication of acute epidemic diseases, health education, maternity and child welfare work, medical examination of school children, treatment of lepers, improvement of food establishment and water supplies, sanitation of the area and laboratory work. As well the Unit acts as a field centre for the practical training of public health personnel.

During the year the birth rate in the area covered by the Unit was 37·22. This is a rise of 2·89 over the previous year's rate and is 2·95 in excess of the five-year mean. It is the highest birth rate yet recorded in the Unit area and shows that the issue of the birth registration certificates referred to in the report of this Department for 1935 is serving a useful purpose. The current year's death rate of 21·54 also shows an increase of 1·35 over that of the last year and is 1·39 in excess of the quinquennial mean. The infant mortality rate of 131·54 shows a welcome drop of 21·12 when compared with that of the previous year and represents a reduction of 19·24 compared with the five-year mean. There were 18 maternal deaths which gives a rate of

7·24 per thousand of registered births. There were 69 still births yielding a rate of 2·77 per hundred live births. The vital index of the township was 172·75.

It is interesting to note that since the Unit was started there has not been a single case of plague in Hlegu Township as compared with four deaths in 1924 and 20 in 1928 just prior to the advent of the Unit. There were, however, two small isolated outbreaks of cholera and smallpox during the year under report. Out of four cases of cholera reported, three were fatal, while all the seven cases of smallpox that occurred recovered. A total of 6,247 primary and revaccinations was performed.

Health education continued to be one of the main activities of the Unit and on 350 occasions during the year lectures, health conferences, lantern talks, cinema shows, etc., were given to audiences totalling 40,650 persons. As well 15,113 pamphlets and 24 posters were distributed.

Infant welfare and ante-natal clinics were held at Hlegu and Dabein. There were 148 of the former and 102 of the latter held during the year with a total attendance of 2,157 children and 393 expectant mothers. The health visitor of the Unit made 2,671 home visits to infants and pre-school children. The Unit issued 105 outfits for the use of poor children during the monsoon and cold weather. The Unit also maintained a loan cupboard for the loan of layettes for use during confinements. These include clothing for the mother and child, the last item being given outright. During the year the scheme of employing midwives on a subsidised basis was continued and four midwives were employed. They conducted 427 confinements and performed 2,084 ante-natal and 1,466 post-natal visits.

An important activity of the Unit is an attempt to supervise conditions in schools and 124 visits to schools with this object were made during the year. Out of 45 defects detected 27 were reported to have been rectified. Medical examination of school children is also carried out and 827 children were examined of whom 642 were noted to have one or more physical defects. Special instruction was given to school children in 56 health lectures while 15 school teachers' conferences were held at which instruction was given as to how to conserve the health of their pupils.

Leper clinics are held twice a week at Hlegu and once a week at Dabein. In all 41 lepers were treated during the year. Visits were paid to 74 lepers in their homes to advise and induce them to attend the clinics regularly. In 444 persons specially examined during the year leprosy was detected in as many as 60. While a complete survey has not yet been carried out, it is believed that there are over 1,000 lepers in Hlegu Township. Plans have already been submitted for the formation of a colony in Insein District near Hlegu. This matter is now being considered by the local authorities concerned.

Routine inspections of wells and tanks were made and out of 764 inspections defects were noted in 201 wells and 139 tanks. As a result, 62 wells and 29 tanks were satisfactorily improved. Six new wells were constructed during the year. Sanitary inspections were also performed in connection with food establishments, cattle sheds and pig styes. Defects were noted on 3,339 occasions out of a total of 4,922, and 362 improvements were carried out.

Disposal of excreta by the installation of bored-hole latrines has grown very popular in this township and, including 151 additional bored-hole latrines constructed during this year, the number of bored-hole latrines installed in the Unit area since its inception is 2,238 in 45 villages. Besides these, 50 bored-hole latrines were constructed for demonstration purposes in the other townships of Insein and 15 in the suburbs of Rangoon.

Laboratory examinations of 192 specimens of urine from expectant mothers, 4 samples of faeces, 53 blood smears for malaria and 12 sputum for tuberculosis were done at the Unit's laboratory.

The Health Unit continued to act as a field training centre for the public health personnel. A course of practical field training was given to twenty-four students of the Public Health Inspectors' Training Class, four newly recruited Sub-Assistant Surgeons and two Assistant District Health Officers.

Twenty students of the Burma Government Medical School and 16 students of the Burma Medical College, Rangoon, visited the Unit. The only visitor from abroad was Miss A. Dick, a social service worker of New York.

Rural Uplift Centre at Tatkon.—It will be remembered that this is a centre which is run by funds which were allotted by the Government of India to Burma for the improvement of rural conditions. While the other departments concerned in this rural uplift work mainly limit their activities to an area five miles around Tatkon, the Public Health Department's activities extend to the whole of Yamèthin Township. It may be confidently asserted that steady progress is being made in overcoming the conservatism of the rural population and such activities as the organisation of village " clean-up " drives, the construction of bored-hole latrines and compost-pits, vaccination campaigns, child welfare clinics, etc., are slowly but steadily gaining in popularity.

In order to encourage birth registration, a birth registration certificate on the lines of that used in the Hlegu Health Unit area was introduced during the year. The birth rate of 39·71, the death rate of 28·68 and the infant mortality rate of 250·63 are all higher than in the past, which is an indication that the registration of vital statistics in this township is steadily improving.

The officer-in-charge of the Centre reports that malaria is very prevalent in the interior villages of the township. A spleen census was taken in 21 villages and the spleen rates vary from 20 to as much as 100 per cent., the larger figures being noted as one moves towards the hilly regions. As an experimental measure 12 cinchona plants have been put down in eight villages to the east of Tatkon. The idea is to grow quinine trees here and there so that, once the trees have become successfully established the villagers can utilise the bark for the treatment of malaria. The experiment is undoubtedly a novel one and present indications are that it may attain some degree of success. It was inaugurated on the advice of Colonel G. G. Jolly, the then Director of Public Health, Burma.

Leprosy is fairly common in this district and 210 lepers have so far been verified and segregated outside their villages. The Special Leprosy Officer visited this township during the year and investigated the possibility of forming a leper colony and opening treatment centres in Yamèthin Township. Steps have been taken to extend the leper segregation camp at Nyaunglun from 5 acres to 10 acres and the opening of a clinic at this camp is under consideration.

The mobile conservancy gang employed by the Centre continued to carry out clean-up drives, in the course of which they installed 35 compost-pits. In all 185 bored hole-latrines were constructed during the year by the Health Centre with the help of the Public Works Department, the total number so far installed in this township since the inception of the Centre at Tatkon being 225.

One hundred and thirty-six child welfare clinics were held at the Centre with a total attendance of 707 children and 136 mothers. The Health Visitor paid 4,583 visits to expectant mothers and children. The Centre midwife attended 54 confinements and paid 230 ante-natal and 603 post-natal visits.

The activities of the Tatkon Centre have suffered from the acute water shortage which is felt more particularly during the hot weather. This matter has been investigated and plans are now under consideration for increasing the available supply.

Propaganda was carried out intensely during the year more especially among school children. The Centre is equipped with a hand generator and a cinema outfit with a few films so as to conduct cinema shows in rural areas.

Reference has been made elsewhere to the value attached to voluntary efforts in rural uplift work. Those engaged in this activity realise the uphill nature of their task and it is idle to expect startling results in a short time. It is therefore gratifying to be able to record that the general trend of preventive activities in this area may be said to be definitely on the up grade since the arrival of the Centre at Tatkon.

CHAPTER VI.

Maternity and Child Welfare.

Maternal Mortality Rate.—The death of a mother within 14 days of delivery should be classified as due to child birth, but it is very doubtful if the registering agencies in this country really appreciate this. Maternal mortality rate is a death rate per 1,000 live-births. This entails an unavoidable fallacy as details are not known with regard to deaths due to abortions or miscarriages. The rate for the whole country in 1937 was 4·98, the rates for the rural and urban areas being 4·15 and 11·36 respectively. The figure for the rural areas is undoubtedly incorrect and need not detain us. The figure for urban areas is approximately correct. It is about three times the figure which prevails in England and Wales and it is interesting to note in this connection that few matters of public health have attracted more attention in Great Britain than this question of maternal mortality. In the report on maternal mortality issued by the Ministry of Health in 1924, it is stated that maternal mortality is relatively excessive in England and Wales. The figure that year was 3·90. If we accept this view, obviously a very great deal of work remains to be done in Burma. The measures that have been suggested in England include an improvement in the professional attendance at the time of confinement, the extension of ante-natal supervision and social and education measures. A further reference to this will be made later.

Still-Birth Rate.—The total number of still-births recorded this year was 4,461 compared with 4,336 in the previous year. Of this total 1,595 occurred in the rural areas and 2,866 in towns. The percentage of still-births to live-births is 1·07 which is 0·02 higher than that of the previous year and probably indicates a slight improvement in registration. There is little doubt, however, that the incidence of still-births is very much greater than the number of cases reported. As is to be expected, the figure reported from rural areas is lower than that from urban areas, but it should be understood that it is so low as to be obviously inaccurate.

Infant Mortality Rate.—As already indicated this is 203·04 for the year under review for the whole country, the rate in rural and urban areas respectively being 195·52 and 260·96. These rates indicate a rise over the previous year's figures of 8·02 in the rural areas and 5·74 in towns. The infant mortality rate is considered to be a useful index as to the sanitary conditions that prevail in a country. It is calculated on the number of deaths under one year of age multiplied by a thousand and divided by the number of registered live births in the year, and, obviously, rates for various years are not comparable unless the birth rate remains more or less constant. The high rates that prevail in Burma

in this respect may be ascribed to ignorance on the part of mothers with regard to ante-natal and post-natal hygiene, the insufficiency of trained assistance at the time of confinement in most areas throughout the country and a lack of knowledge on the part of many mothers as to how children should be looked after during the first year of their life.

Districts recording high infant rates are Shwebo 302·37, Tharrawaddy 256·71, Prome 252·85 and Kyaukse 252·36. It should be noted that the death rate from "Fevers" from all these areas is high this year and it is probable that malaria partly accounts for the high infant mortality rate. It is interesting to note that in the Rural Health Unit, Hlegu, the rate is 131·54 which is 63·98 lower than the rural rate for the country.

High urban mortality rates are recorded from Nyaung-U 536·23 Taungdwingyi 515·22, Myingyan 470·77, Myinmu 409·84, Chauk 380·95, Thayetmyo 379·68 and Pakôkku 360·00. In Nyaung-U the Town Committee employed a midwife and for the year under report she conducted 57 cases of labour out of 207 registered births. It has been reported, however, that it is only educated and enlightened persons who utilize her services. On the whole such assistance as is given is by untrained personnel. There is no child welfare clinic in this town. In Taungdwingyi there is a clinic and there is also available the service of a health visitor. The District Health Officer, Magwe, commenting on the very high infant mortality rate in this town, considers that insanitary conditions and the bad economic condition of the parents are contributory factors. In Myingyan an effort is being made by the local authorities to start an infant welfare society, it having been reported that out of a total of 992 births as many as 784 were attended by untrained midwives. In Chauk the high infant mortality rate has been ascribed to poverty, ignorance and a high incidence of venereal diseases. There is no infant welfare society in this town.

Maternity Work.—It is the responsibility of Municipalities and District Councils and Deputy Commissioner's Local Fund to employ as many trained midwives as their finance may permit. Many meet their requirements in this connection by making contributions towards the voluntary infant welfare societies, and charging them with the responsibility of supervising the work of the midwives. Unfortunately, in many cases the contributions that are made are small and do not even suffice to meet the pay of the midwives. This then becomes a charge on the infant welfare societies with their meagre funds. In this way 210 midwives are employed and they attended 23,805 confinements. As well, during the year, 35 midwives were employed by 12 societies for maternity work and they attended 5,432 confinements. The percentage of births attended by midwives in urban areas is 26·07 while the corresponding figure for rural areas is 3·10. In the 14 towns that

employ wholetime Health Officers, statistics are available as to the extent to which skilled midwifery service was utilized. From these we see that of the total births in these towns 21·04 per cent were attended by municipal midwives and midwives employed by the child welfare societies, 11·28 per cent by private midwives and private medical practitioners, 18·63 per cent in hospitals and 47·44 per cent by untrained midwives. The balance of 1·60 per cent were not attended by any one.

While the provision of trained midwives in towns does not really present much difficulty, there is no doubt that it is a very serious problem as far as rural areas are concerned. Means of communication in rural areas are so difficult that a whole day may be consumed in travelling to a case only a few miles away and there are further difficulties which make travelling by night impossible. When we consider the financial difficulty that is involved in providing a trained midwifery service in the rural areas, the problem is seen to be hard of solution. It is, however, possible that the experiment started in Hlegu Rural Health Unit area some two years ago may afford a solution. This experiment is an attempt to provide trained midwives in a rural area. They are given a small monthly rate of pay and the necessary drugs and instruments are supplied gratis. In return for this they are expected to attend to really poor people for nothing. Others who can afford to pay a fee, no matter how small it may be, are expected to do so and the whole of this fee becomes the property of the midwife. It is not considered that the Hlegu experiment has been conducted for a sufficient length of time to allow a final decision on its success or failure to be made. It is undoubtedly a success in two of the areas in which it is being carried out while in the remaining two it appears to be doubtful if the inhabitants really appreciate the services of a trained midwife, and few offer to pay for this help.

Child Welfare Work.—With the exception of the area under the control of the Rangoon Corporation, the Rural Health Unit, Hlegu and the Rural Uplift Centre, Tatkon, child welfare work in Burma is entirely on a voluntary basis, though it should be noted that Government, realising their responsibilities in this connection, make a contribution towards this work, details of which will be explained below.

The total number of child welfare societies in this country, apart from the three mentioned above, numbered 47 during 1937. Of these 31 societies conducted 35 child welfare centres, 16 of them employing trained health visitors, 11 employing a nurse or midwife who was expected to carry out child welfare work, and the remaining 4 depending entirely upon voluntary workers. During the year under report a new voluntary society was formed at Tharrawaddy.

Health visitors in Burma are trained at the Burma Health School held at the Harcourt Butler Institute of Public Health, Rangoon.

During 1937, 12 health visitors completed the course, 4 of whom were nominees of the Corporation of Rangoon. The Corporation contributed towards the expenses of the School. With the exception of one student who fell ill, all passed successfully and have been employed. New appointments during the year were at the Rural Uplift Centre, Tatkon, the Rai Bahadur R. K. Ghose Child Welfare Centre, Kemmendine and at Child Welfare Societies, centres in Moulmein and Yenangyaung. The Rai Bahadur R. K. Ghose Child Welfare Centre at Kemmendine not only provides accommodation for the child welfare centre which is run in that area, but also acts as a training centre for practical instruction for the students of the Health Visitor Class.

Miss N. K. Ross of the Burma Red Cross Society worked under the direction of the Director of Public Health for the first half of the year in the dual capacity of Advisor on Child Welfare and Superintendent of the Burma Health School. She proceeded on leave in July 1937 and, as the Burma Red Cross Society is not renewing her contract, she will not return to Burma. Prior to the closing of the last session in November, it had been decided not to reopen the school until June so that its session might coincide with the University term.

The Government aid for these societies mentioned above consists in a lump sum grant placed at the disposal of the Director of Public Health for distribution to the various infant welfare societies throughout the country. During the year under report, this grant totalled Rs. 17,600 and as a consequence of this 24 societies benefited by sums ranging from Rs. 100 to Rs. 4,000. The Burma Red Cross Society also makes contributions towards the work of these societies and in the year under report donated Rs. 14,900 to 25 societies.

The very high infant mortality rates noted in the first part of this section indicate how essential it is that there should be no slackening off in our efforts to provide that advice and education to expectant and nursing mothers without which the distressing state of affairs now existing is not likely to be altered.

The following is a brief summary of the activities of the various child welfare societies in Burma that employed health visitors :—

RANGOON.—There are two voluntary child welfare centres in Rangoon, one run by the National Council of Women in Burma at Tamwe and the other the Rai Bahadur R. K. Ghose Child Welfare Centre at Kemmendine. The Maternity and Child Welfare Society in Rangoon reports that there were 5,600 ante-natal cases as compared with 3,101 in the previous year. This society receives a grant from the Corporation of Rangoon and has four maternity shelters at Pazundaung Tamwe, Kemmendine and Ahlone. These shelters continue to play an important part in the health activities of the City.

MANDALAY.—The society now employs a second health visitor and has opened a second centre at a building situated near the corner of 78th street. Under the supervision of the lady Superintendent, the society's eight midwives conducted 1,097 cases. A total of 2,808 visits to the new centre was recorded and the second health visitor paid 4,186 visits to the homes of nursing and expectant mothers. The number of visits at the old centre and those made by the former midwife are respectively 6,644 and 4,023.

MAYMYO.—Here the Society for the Promotion of Public Health entertained a trained health visitor in place of the untrained one with effect from the beginning of 1937. This woman was in charge of both Kelai and Nyandaw centres until the end of January when an untrained health visitor was entertained from the 1st February for the Nyandaw quarter. A total of 2,374 centre attendances was recorded.

BASSEIN.—The Infant Welfare Society here employs a health visitor and four qualified midwives. A total of 673 confinements were conducted by the four midwives and the health visitor paid 4,448 home visits. The centre attendances during the year totalled 4,567.

MÔNYWA.—Centre attendances here fell from 2,889 to 1,961 during the year. The health visitor, however, paid 9,683 home visits.

PROME.—The infant welfare society here opened a new building for its activities during the year under report. The total attendances at the centre was 3,108 and the health visitor paid 5,310 home visits.

TAUNGDWINGYI.—A trained health visitor is employed by the Society and both the centre attendances and home visits increased during the year being 1,453 and 4,012 respectively.

YAMÈTHIN.—The Child Welfare Society here continues to do good work and the centre attendances totalled 2,143 while the health visitor paid 3,948 home visits.

TAUNGGYI.—This Society recorded 1,754 centre attendances and 4,934 home visits.

PYINMANA.—Here the Infant Welfare Centre showed a record attendance of mothers and children there being 3,750 centre attendances while the health visitor paid 5,257 home visits. This Society changed its quarters this year and is now housed in a large and airy semi-pucca-building.

TOUNGOO.—This Society completed its first year of organised work with a trained health visitor. Attendances at the centre were 1,077 while the health visitor paid 3,243 home visits. Here also a new Infant Welfare and Ante-Natal Centre was opened during the year.

THATÔN.—The health visitor paid 2,593 home visits while there was a total of 2,768 visits at the Centre.

HSIPAW.—The year under report marks the second year of successful work carried out by the Maternity Home Society. The health visitor paid 4,869 home visits while an indication of the popularity ot the Centre is seen in the increase from 1,168 visits by mothers and children during 1936 to 1938 in the year under review.

MOULMEIN.—A wholetime qualified health visitor was appointed in May and in all 2,463 visits at the centres at Maunggan and Daingwinkwin and 2,894 home visits were recorded.

YENANGYAUNG.—The Infant Welfare Society which was formed last year now employs a trained health visitor. Her monthly reports show an average monthly attendance at the clinic of 200. Ante-natal cases have been few but are gradually increasing each month.

The work done by the clinics at the Rural Health Unit, Hlegu, and the Rural Uplift Centre, Tatkon, is described elsewhere in the report.

The Infant Welfare Society at Syriam employs a nurse while two nurses are employed at Pakôkku to conduct child welfare centres. At Shwebo a midwife has been appointed for this work. The Societies at Akyab, Pegu, Pyapôn, Thayetmyo, Kyauksè, Meiktila, Mônywa, Bhamo and Sagaing employed nurses or midwives to conduct child welfare centres and to carry out routine home visiting with varying degrees of success. The societies at Sandoway and Kawkareik are reported to be defunct. At Shwebo the Child Welfare Society has been resuscitated and at the close of the year a health visitor was employed by this Society.

Medical Inspection of School Children.—In past years there existed a scheme for school medical inspection, but this was suspended in April 1932 when the Government subsidy given for this purpose was withdrawn. While the scheme was in operation, the number of schools that forwarded reports increased year after year from 39 in 1923 to 176 in 1931. From 1932, however, the number of schools submitting reports progressively decreased and in 1936 only 17 schools submitted reports and at the time of writing only 15 reports have been received, 8 coming from boarding schools and 7 from day schools. Of the 15 reports 3 came from English schools and the remainder from Anglo-Vernacular Schools.

From a total of 4,983 pupils on the rolls of the schools in which examinations took place, 4,606 or 92·43 per cent were examined by the medical officers employed for this purpose. The commonest defect noted are defective teeth 22·84 per cent, enlarged tonsil 14·54 per cent, defective vision 6·84 per cent, skin diseases 6·14 per cent, trachoma 4·36 per cent and anæmia 2·00 per cent. Of the school childrens examined, 39·12 per cent were protected by primary vaccination, 58·97 per cent by revaccination, while 1·50 per cent had had an attack of small-pox. The unprotected were 0·41 per cent.

Except in five of the reports submitted, no comment has been made on the attitude of parents and guardians with respect to their co-operation with the school medical authorities in connection with these examinations. Obviously the examination itself is only of value if some attempt is made on the part of parents to remedy the defects noted. The attitude of parents as reported from two schools in this respect is encouraging. The Medical Officer of the Methodist Burmese Girls' Anglo-Vernacular High School, Rangoon, states that this year has been marked by an improvement in the co-operation of the parents in rectifying their children's defects and in some instances some of them even approached the medical officer for her advice. The medical officer of the Cushing High School, Rangoon, states that all the parents acknowledged receipt of medical reports and in most cases intimated that they had had their children placed under treatment. The report received from the Government High School, Akyab, on the other hand, strikes rather a pessimistic note. The Head Master states that the medical inspection of the school children runs smoothly but much of the effort of the school medical officer is wasted by failure on the part of parents to act on the advice. He adds, "There is lots of diagnosis but in the majority of cases, little action follows unless the doctor can treat them himself in the school." The medical officer of St. Gabriel's S.P.G. High School, Rangoon, writing in a similar strain states that the importance of school medical inspection is not yet grasped by the boys by the parents or by the school staff. The Government Anglo-Vernacular High School, Moulmein, complains of the disinterested attitude of the parents in this respect and states that the students were reluctant to avail themselves of free medical treatment at the General Hospital which is just opposite the school. The Head Master points out that some boys could not even afford to buy spectacles though the school was prepared to bear half the cost out of the school medical fund.

The sanitary condition of those school premises inspected are reported to be satisfactory, and no complaint of overcrowding has been received.

During the month of September 1937 there was an outbreak of mumps among the day scholars in the infant and first standards of the Methodist Burmese Girls' Anglo-Vernacular High School, Rangoon. There were altogether 9 cases, one of which was a boarder and all of them had to be segregated for 21 days. Four cases of mumps were reported from St. Joseph's Convent High School, Toungoo, in addition to two cases of chicken-pox. A case of typhoid fever occurred in St. John's European Middle School, Toungoo, which was segregated and given proper treatment.

Inoculation against plague was given by the medical officers of St. Joseph's Convent High School, Toungoo, and Huldah Mix Girls'

High School of Taunggyi. The latter school reports that during the year a few cases of typhoid occurred in the town and all the girls in the school were protected by inoculation.

District Health Officers, Assistant District Health Officers and Sub-Assistant Surgeons of this Department continued to carry out inspection work of vernacular schools during the course of their tour in rural areas.

A scheme to revive school medical inspection in the first instance in the larger towns outside Rangoon such as Mandalay, Moulmein and Bassein is still under consideration by Government, but close co-operation will be necessary from the Local Bodies concerned if this important activity is to be resuscitated.

CHAPTER VII.

Public Health Propaganda.

Hygiene Publicity.—Progress in hygiene cannot be achieved without education. The importance of maintaining a special staff for this purpose was early recognized by Government, and in 1924 a whole time post of Hygiene Publicity Officer was created for this purpose. The duties of this officer are the preparation of all the necessary materials needed to educate the people to the sanitary idea, that is to say pamphlets, leaflets, lectures, lantern slides, etc., etc. In addition he is supposed to tour throughout the country in an endeavour to reach personally as wide an audience as possible. Unfortunately, owing to financial stringency, this important post has had to be held in abeyance since March 1932 until the present day. This, however, has not meant a cessation of the Department's activities in this important respect. Field work was entrusted first to Sub-Assistant Surgeon U Tha Saing and later to U Thaw Zan, the senior Sub-Assistant Surgeon on the cadre of the Public Health Department. It is gratifying to be able to record that the strenuous efforts made to keep alive this important activity eventually met with great and growing success. During the year under review many demands were received for the services of U Thaw Zan and, unfortunately, in many instances requests for his presence in various places had to be refused owing to his being engaged elsewhere. The work is arduous and difficult, involving as it does troublesome journeys throughout the country and long absences from home. Great credit is due to the two officers mentioned above for the zeal and efficiency that they have shown in popularising this aspect of public health work. No comment on work of this nature would be complete which did not include a reference to the growth of voluntary work in this connection. The year 1937 saw the continuation and the further development of work carried out by members of the Rural Reconstruction League, by the members of the Judson College Rural Uplift Society

and by the various Youths Improvement Leagues that now exist throughout Burma. The importance of these movements cannot be overstressed originating as they do in a sincere desire on the part of their supporters to benefit the lot of their more unfortunate fellow countrymen. All who have interested themselves in work of this nature realise its up hill character and the heavy calls it makes not only on the time but on the purse of its supporters. That there are now to be found so many leaders able, willing and eager to undertake this task is a very hopeful sign for the future health and prosperity of rural Burma.

In rural areas the public health staff gave 257 health talks, 12,806 (10,473) lectures, 303 (386) magic lantern shows and 26 (16) cinema demonstrations to audiences estimated at 761,578 (699,018). They also distributed 252,356 (195,198) copies of health publications on various subjects. The urban health staff gave 856 health talks, 1.172 (1,185) lectures and 199 (212) lantern demonstrations to audiences estimated at 127,321 (115,650). They distributed 180,082 (144,536) health publications. These figures have been included to give some idea of the volume of work of this nature which is carried out. Obviously the mere giving of lectures and distributing pamphlets have no inherent good in themselves ; so it is gratifying to be able to record that the quality of this aspect of health education continues to maintain the high standard reached in previous years. During the year the Hygiene Publicity Officer carried out health propaganda work in 16 (18) towns and 37 (29) villages. The towns included such important centres as Mandalay, Toungoo, Magwe, Maymyo, Thatôn, etc. The villages included Kawhmuchaung, Natsingon and Wanetchaung at the request of Dr. J. R. Andrus of the Judson College ; Paunggyi, Theinzeik, Yemun and Dayebo at the request of Senator U Ba Lwin, K.-I.-H., Chairman, Burma Rural Reconstruction League ; and Subyugon, Wetlu, Pegyet, Ywagyi, Lethit, Nabuaing and Tanaungdaing at the request of U Ba Kin, Organiser, Pegyet Rural Demonstration Centre. U Thaw Zan conducted, with the help of the portable health exhibits loaned by the Burma Red Cross Society, small health exhibitions at 14 towns and villages throughout the country. These shows all proved very successful and very instructive. In all, U Thaw Zan gave 51 (45) lectures, 94 (59) lantern lectures, 96 (86) cinema demonstrations to audiences estimated at 140,089 (86,377) and distributed 52,470 (80,570) copies of health publications. During the year the total number of leaflets, cards, handbills, etc., issued by the Hygiene Publicity Bureau came to 636,370 (441,172). Two new pamphlets, one on simple endemic goitre in Burmese and the other on the infectivity of leprosy in English and Burmese were added to the library of the Bureau. A fresh handbill on bored-hole latrines was also prepared. During the year 11 pamphlets, three cards and two specimen lectures were revised and reprinted, and 35 other publications were reprinted as they were. In addition a

film on plague was produced and added to the library of films of the Bureau. The purchase of a speech amplifier with a gramophone pick-up for the use of the Hygiene Publicity Officer proved a very successful innovation. Already at the time of writing this report, requests have been received and arrangements have had to be made for the services of the Hygiene Publicity Officer for the open season of 1938 and the growth of public interest in this activity is such that Government now have under consideration proposals for increasing the scope of the work of the Bureau by increasing the staff available for this purpose.

Rangoon Health Week.—An important feature of health propaganda work in Burma is the Rangoon Health Week and Exhibition which is held yearly at the Jubilee Hall under the guidance of the Burma Red Cross Society. This year the exhibition was held from the 15th to 21st December. It was opened by His Excellency the Hon'ble Sir Archibald Douglas Cochrane, Governor of Burma. The Hon'ble Lady Cochrane graciously undertook to present prizes to the winners in the School Essay and Poster Competitions which were held in connection with the Health Week. As in previous years every effort was made to keep the exhibition up-to-date and to see that it was interesting as well as instructive. The preparation of the exhibits for the technical stalls and their arrangement continued to be in the charge of the staff of the Harcourt Butler Institute of Public Health. This year special emphasis was laid on nutrition and in this connection the old food stall was entirely revised and renovated. Two major innovations were introduced both of which were a great success. The Exhibition Sub-Committee felt that the work of rural reconstruction was now making itself so strongly felt in Burma that its organisers should be asked to co-operate in the Exhibition. The Rural Reconstruction League and the Judson College Rural Uplift Society were accordingly approached and a large stall was placed at their disposal to enable them to demonstrate the various aspects of their work. In this connection it is very gratifying to note that both the Veterinary and the Agricultural Departments co-operated in making this stall the great success that it was. One particularly interesting feature here was a stall showing an unreconstructed village alongside a reconstructed one as a contrast. These two model villages were placed adjoining one another on large tables and people were invited to compete in a Guessing Competition with a view to pointing out the defects in the unreconstructed village and how these had been remedied in the reconstructed one. Very great interest was exhibited in this novel feature of the exhibition. The other notable innovation was that for the first time the Police Department took part in the exhibition. Their stall which contained propaganda against crime and on "Safety First" principles, was the centre of very considerable interest throughout the whole of the exhibition. In the Women and Children's section the high standard of past

years was maintained. This section is one of the most important in the exhibition, for in Burma the death rate associated with child birth affecting mother and child is persistently and regrettably high. Pregnancy and motherhood are after all natural functions and should not occasion any degree of sickness or mortality if the ordinary laws of health are followed. In this section an interesting innovation was the erection of two typical Burmese houses of the poorer class, one labelled "As it is" and the other "As it ought to be." The former showed the usual type of a hut with insufficient doors and windows, with a dirty *wunswe* in charge of a confinement case, and a charcoal stove well ablaze making the room not only unbearably hot but full of smoke and dirt. The other building marked "As it ought to be" showed how with a few simple improvements, the place could be made habitable and the confinement carried out by a qualified Corporation midwife without any risk to life. The National Council of Women in Burma showed a model of a child welfare centre such as can be found at the Baby Welcome Centre, Kyaukmyaung. This stall was run on the lines of an Infant Welfare Centre and people brought their babies to be weighed and measured and to get advice in connection with feeding and management.

During the time of the Exhibition intensive public health propaganda was carried out in Rangoon by means of lectures, cinema shows and the free distribution of public health pamphlets. Medical practitioners gave such lectures at various public institutions and in this connection the importance of including schools in this activity was not overlooked. It should be noted that the continuance of this successful exhibition is made possible by the generous annual donation made by the Rangoon Corporation.

The Rangoon Health Museum.—The Corporation further showed their interest in health matters by inaugurating during the year a permanent health museum in the first floor of the Scott Market, which was opened by His Excellency the Governor of Burma on the 29th of January. While starting on a modest scale, the Corporation hope to gradually enlarge the scope of this museum and to develop it into an institution worthy of the city. That it meets with an ardent response from the public is obvious when we realise that between March and September 1937, 11,308 persons including 986 school students visited this museum.

CHAPTER VIII.

Personnel employed on Public Health Work in Burma.

(District Staff.)

District Health Officers.—Wholetime District Health Officers continued to be employed at Akyab, Pyapôn, Myaungmya and Insein

Districts. The District Health Officer in charge of Myaungmya District U Maung Gale, B.A., M.B., D.P.H., was sent during the year on deputation to the Nutrition Research Laboratory, Coonoor. In his absence Mr. M. Chit Tway, M.B., B.S., D.P.H., officiated as District Health Officer. Proposals are under consideration by Government to make the post of District Health Officer, Insein, permanent and to create a fifth post in Hanthawaddy District.

Assistant District Health Officers.—The sanctioned cadre is 5, but during the first part of the year only 4 were employed. Throughout the whole year the services of U Lat, M.B., B.S., D.P.H., were lent to the Maymyo Municipality. Mr. Ah Shoung, M.M.F., D.P.H., was employed as Assistant District Health Officer, Bassein up to the end of March when he was put on foreign service to officiate as Health Officer, Mandalay, till the 5th July. Thereafter he was posted to Mandalay District as Assistant District Health Officer. Mr. M. Chit Tway, M.B., B.S., D.P.H., was employed as Assistant District Health Officer in Mandalay District till the 5th of April. He then officiated in Myaungmya in place of U Maung Gale and on return of the latter was posted to Hanthawaddy District on the 5th of August. U Ba Nyun, B.Sc., M.M.F., was Assistant District Health Officer in Pegu District till the 11th October. He was then awarded a Rockefeller Foundation Scholarship to undergo a course of instruction for the Diploma in Public Health at the All-India School of Hygiene and Public Health, Calcutta. In the vacancy thus caused U Than Aung, M.B., B.S., was appointed as officiating Assistant District Health Officer and was under training at Hlegu up to the close of the year. On the 20th January, U Thet Pe, having successfully completed the Diploma in Public Health course at Calcutta, returned to Burma and was posted to Prome District as Assistant District Health Officer. Though his permanent headquarters were Prome, on account of an outbreak of cholera at Magwe District he was temporarily stationed there. Mr. S. Suvi, M.B., Ch.B., D.P.H., was appointed Assistant District Health Officer on the 19th March and having undergone training at the Rural Health Unit, Hlegu, he was later appointed to the Port Health Department to relieve U Maung U, M.B., B.S., D.P.H., who was posted as Assistant District Health Officer, Bassein District.

Sub-Assistant Surgeons.—The sanctioned strength of this cadre is 35. The concentration of these Sub-Assistant Surgeons in any area threatened with an epidemic disease is carried out under orders of the Director of Public Health. In the absence of epidemics they are employed on general sanitary duties and discharge the functions of an inspecting health officer, verifying vital statistics and vaccination work, inspecting vernacular schools, conducting health propaganda work and giving advice on measures for improving health conditions in the areas visited by them. During the year under report these Sub-Assistant

Surgeons performed 231,868 anti-cholera and anti-plague inoculations, checked 129,050 birth and death entries and verified 85,230 vaccinations.

The Department continues to experience considerable difficulty in recruiting men for this post. The work is arduous and entails long absences from home on tour. The general view of the students who pass out of the Medical School appears to be that the emoluments offered do not compensate for the hardships entailed.

Public Health Inspectors.—Seventy one Public Health Inspectors were employed in the rural areas of Burma. The inadequacy of this personnel has already been commented upon in the section dealing with rural sanitation. The Public Health Inspectors' Training Class was opened early in August with 22 candidates on the roll. Four students who failed in the previous examination were allowed to join the class in November. In the examination that was held in April, 22 candidates appeared of whom 19 passed, 2 gaining distinction.

Twenty-two Inspectors of Vaccination and 306 vaccinators were employed in the rural areas.

Urban Staff.

Nine towns employed 15 first class Health Officers and 7 towns employed 7 second class Health Officers. 124 Public Health Inspectors and 95 vaccinators were employed in urban areas.

Expenditure on Public Health Services.

The total amount spent during the year by local authorities on public health services was Rs. 70,78,569 of which Rs. 62,46, 820 were spent in towns and Rs. 8,31,749 in rural areas. The percentage of income expended by all local bodies on these services was 13·02 per cent., the figures for towns being 14·96 per cent and for districts 6·60 per cent. Of the total income from all sources 3·03 per cent was spent on the construction and maintenance of water works, 0·61 per cent on drainage and 5·14 per cent on conservancy. The details of expenditure are given in Statement B annexed to the report.

Headquarters Staff.

The personnel and activities of the Harcourt Butler Institute of Public Health, Rangoon, are the subject of a separate report while the Annual Report of the Port Health Department is published as an appendix to this Report.

On the 18th January Lieut.-Colonel E. Cotter, M.B., B.Ch., D.P.H., I.M.S., who was in charge of the Department was relieved by Major C. A. Bozman, M.B., Ch.B., D.P.H., I.M.S. The latter held charge until relieved on the afternoon of the 6th July by Lieut.-Colonel G. G. Jolly, C.I.E., V.H.S., I.M.S. Lieut.-Colonel Jolly left Burma on the 17th October on short leave prior to assuming charge of the duties of Inspector-General of Civil Hospitals, Punjab, and his place was then taken by Major Bozman.

RANGOON :
6th July 1938.

C. A. BOZMAN, *Major, I.M.S.*,
Director of Public Health, Burma.

APPENDICES.

APPENDIX A.

VACCINATION.

(THIS REPORT REFERS TO THE OFFICIAL YEAR 1937-38.)

(The figures in brackets are the corresponding figures for 1936-37.)

Establishment.—The following table shows the strength of the vaccination staff employed in Burma and the Federated Shan States during the year 1937-38 as compared with that of the two preceding years :—

VACCINATION STAFF.

Year.	Burma or State.	Part-time supervising Officers.		Wholetime Staff.		
		Civil Sub-Assistant Surgeons.	Public Health Inspectors.	Inspectors of Vaccination.	Head Vaccinators.	Vaccinators.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1935-36	Burma	26	86	25	...	350
	Shan States	...	2	...	3	42
1936-37	Burma	25	97	21	...	352
	Shan States	...	2	...	3	42
1937-38	Burma	14	117	19	...	355
	Shan States	...	2	...	3	42

Burma.—During the year 1937-38, 355 (352) vaccinators were employed. Supervision was exercised by 19 (21) inspectors of vaccination, 117 (97) public health inspectors and 14 (25) civil sub-assistant surgeons. In addition, district and municipal superintendents of vaccination, assistant district health officers and sub-assistant surgeons of the Public Health Department also supervised and verified vaccinations.

In order to cope with smallpox epidemics, 17 (17) temporary vaccinators were entertained for various periods—1 each in the towns of Akyab and Myingyan, four in Henzada District, three each in Mergui and Pakôkku Districts, two in Magwe District and one each in the Districts of Pyapôn, Upper Chindwin and Myaungmya.

Federated Shan States.—One emergency vaccinator was employed in the Federated Shan States and one in the Wa States.

VACCINATIONS PERFORMED.

Burma.—A total of 1,626,033 (1,722,887) persons was vaccinated during the year. Of these 1,159,836 (1,209,662) were vaccinated by regular vaccinators in rural areas, 286,052 (301,004) by regular

vaccinators in urban areas, 1,645 (1,829) by military authorities in cantonment areas, 3,018 (1,298) by railway dispensary staff, 2,853 (4,558) by Government dispensary staff, 2,212 (1,921) by private medical practitioners, 37,101 (36,926) in jails and 133,316 (165,689) in ports.

Rural Vaccination.—Of the 1,160,481 (1,211,056) operations performed in rural areas by regular vaccinators, 549,308 (585,419) were primary and 611,173 (625,637) revaccinations.

Of the primary operations 499,004 (538,302) were successful, while the results of 44,809 (40,605) were left unverified. The percentage of success in verified cases was 98·91 (98·80) per cent. From the rural districts of Pyapôn and Bhamo 100 per cent success rates are reported. Success rates over 99 per cent are reported from the rural districts of Tharrawaddy 99·99 per cent, Myaungmya 99·92, Tavoy 99·88, Maubin 99·86, Lower Chindwin 99·85, Kyauksè 99·84, Toungoo 99·82, Pegu 99·79, Magwe 99·73, Henzada 99·71, Katha 99·70, Mergui 99·59, Meiktila 99·51, Insein 99·46, Thatôn 99·46, Akyab 99·42, Prome 99·39, and Pakôkku 99·33. None of the rural districts reported a rate less than 90 per cent. Of the total of 499,004 (538,302) primary successful operations, 151,769 (153,572) were on infants under one year of age, and 270,893 (295,844) on children of one to six years.

Of the 611,173 (625,637) revaccinations, 178,796 (180,454) were successful, while the results of 126,665 (110,799) are reported as "unknown." The percentage of success in known cases was 36·90 (35·05) per cent. This percentage is too high and shows the necessity for more revaccination work.

The number of persons known to be successfully vaccinated and revaccinated per thousand of population in rural areas was 58·07 (61·58). This figure may be considered satisfactory.

Urban Vaccination.—In the urban areas, excluding cantonments. 286,121 (301,090) operations were performed by regular vaccinators. Of these 52,855 (54,716) were primary and 233,266 (246,374) were revaccinations. Of the primary 50,644 (52,281) were successful, while the results of 1,731 (1,633) remained unverified. The success rate in verified cases was therefore 99·06 (98·49) per cent. Forty-five (37) towns reported 100 per cent successes, 28 (34) towns report success between 90 and 100 per cent while 1 (3) town reports a success rate below 90 per cent. Of the 50,644 (52,281) successful vaccinations, 37,869 (36,785) were on infants under one year of age and 10,501 (12,220) on children of one to six years. The number of births recorded in urban areas including cantonments was 49,069 (48,465) and deaths under one year totalled 12,859 (12,376). The number of survivors according to these records was therefore 36,210 (36,089). The 37,869 (37,431) infants under one year successfully vaccinated show an excess of 1,659 (1,342).

Of the 233,266 (246,374) revaccinations, 62,534 (79,849) were successful while the results of 34,308 (29,906) were not inspected. The percentage of success in verified cases was 31·43 (36·89) per cent. High success rates are reported from Maubin, Kawkareik, Salin, Nyaung-U, Shwedaung and Tavoy : rates below 10 per cent from Syriam, Henzada, Danubyu, Chauk, Pakôkku and Myitnge.

The number of persons successfully vaccinated per thousand of population in towns was 80·43 (93·90).

Military Cantonments.—In the four cantonments of Rangoon, Mingaladon, Mandalay and Maymyo, 1,648 (1,829) operations were carried out, *viz.*, 620 (721) primary and 1,028 (1,108) revaccinations. Of the 617 (721) primary verified cases, 608 or 98·54 (97·36) per cent were successful. Of the 964 (1,064) verified vaccinations, 241 (265) or 25·00 (24·91) per cent were successful.

Railway Dispensary Staff.—These performed 3,018 (1,298) operations, of which 714 (346) were primary and 2,304 (952) revaccinations Of the primary, 688 (318) were successful, 15 (13) being unverified. The success rate in verified cases was therefore 98·43 (95·50) per cent. Of the revaccinations, 504 (313) were successful, 129 (112) being unverified. The success rate in verified cases was therefore 23·17 (37·26) per cent.

Government Dispensary Staff.—These performed 2,853 (4,558) operations, of which 1,529 (2,155) were primary and 1,324 (2,403) revaccinations. Of the primary, 226 (332) were successful, 1,302 (1,818) being unverified. The success rate in verified cases was therefore 99·56 (98·52) per cent. Of the revaccinations 323 (963) were successful, 619 (374) being unverified. The success rate in verified cases was 45·82 (47·46) per cent.

Private Medical Practitioners.—They carried out a total of 2,212 (1,921) operations. Of the 250 (180) primary operations, 158 (170) were successful and of the 1,962 (1,741) revaccinations, 180 (161) were successful—the number of unverified cases being 91 (10) in primary and 1,086 (1,104) in revaccinations. The success rate in verified cases was 99·37 (100) per cent in primary and 20·55 (25·27) per cent in revaccinations.

Jails.—Of the 37,101 (36,926) operations performed in the Jails in Burma, 1,813 (2,182) were primary and 35,288 (34,744) revaccinations. Of the primary cases, 82·24 (88·68) per cent were successful and of the revaccinations 44·95 (46·82) per cent were successful. This figure is very high and shows the necessity for pushing revaccination.

Ports.—A total of 133,237 (165,689) operations was performed in the ports of Rangoon and Akyab on immigrants by sea, of which 2,888 (3,506) were primary and 130,349 (162,183) revaccinations. In the port of Bassein 79 emigrants were revaccinated.

Federated Shan States.—A total of 70,198 (59,568) primary operations and 36,091 (26,351) revaccinations was performed by regular vaccinators in the rural areas of the Federated Shan States. Of the verified primary cases 98·76 (98·29) per cent were successful; of the verified revaccinations 42·76 (45·08) per cent were successful.

In the three towns of Lashio, Taunggyi and Kalaw, 683 (667) primary and 434 (1,103) revaccinations were performed. The success rate in primary cases was 100·00 (99·85) per cent and in revaccinations 42·82 (27·32) per cent.

The number of operations performed by other agencies in the rural areas was 1,090 (474) primary and 2,090 (423) revaccinations.

Verification Work of Inspecting Officers.

Burma.—The district and assistant district health officers verified 7·52 (10·96) per cent of the primary vaccinations and 4·83 (5·46) per cent of the revaccinations performed by the regular vaccination staff in the rural areas. These figures are not considered very satisfactory and undoubtedly more inspection should be carried out by the assistant district health officers and the regular vaccination staff. In urban areas, municipal superintendents of vaccination (health officers) verified 24·89 (25·95) per cent of the primary vaccinations and 14·88 (18·18) per cent of the revaccinations performed by the regular vaccination staff.

In rural areas, inspectors of vaccination, public health inspectors and public health sub-assistant surgeons inspected 61·62 (56·89) per cent of the primary vaccinations and 54·18 (45·79) per cent of the revaccinations. In urban areas, the staff of the same status verified 59·67 (64·37) per cent of the primary vaccinations and 56·89 (57·96) per cent of the revaccinations. These figures are not considered satisfactory. It should be possible to approach cent per cent verification in towns.

Federated Shan States.—The two public health inspectors and the three head vaccinators inspected 38·35 (47·48) per cent of the primary vaccinations and 23·89 (36·82) per cent of the revaccinations in the rural areas.

Vaccine Depôt, Meiktila.—The seed lymph used in the manufacture of vaccine lymph was rejuvenated by passing through the modified Nijland cycle. A total of 18,998 (18,435) grammes of lymph, equalling 1,878,973 (1,826,118) doses, was manufactured during the year. A total of 18,980 (19,802) grammes, or 1,887,193 (1,961,529) doses of lymph was issued. Before issue, the lymph was subjected to animal tests for bacterial contamination and to Calmette-Guerin's international potency tests on rabbits. The lymph before issue had to give 100 per cent successes without undue inflammation. The success rate, reported to the Depôt in primary cases, was 99·29 (98·83) per cent and in the revaccination cases was 39·37 (34·73) per cent.

Altogether 12 (26) cow-calves and 39 (36) buffalo-calves were vaccinated. The average yield per cow-calf was 82·50 (76·46) grammes. The average yield per buffalo-calf was 461·79 (456·86) grammes. Two buffalo-calves failed to take, but in spite of this fact the average yield increased in both cases. The Malayan method of animal vaccination was used throughout the year.

The maintenance expenditure of the Depôt was Rs. 35,069-3-11 (Rs. 33,354-8-10) and the total net income was Rs. 64,454-3-0 (Rs. 62,575-3-0) including Rs. 8,034-0-0 balance of the sale proceeds of vaccine lymph outstanding on the 31st March 1937 recovered during the year, but excluding Rs. 7,388-13-0 balance of this year's sale proceeds of vaccine lymph outstanding on the 31st March 1938. The excess of income over expenditure is therefore, after adjustment, Rs. 28,739-12-1. This does not include the value amounting to Rs. 2,235-3-0 of vaccine lymph supplied free to Government institutions

No students were trained during the year.

Cost of the Vaccination Department.

Burma.—The total cost of the department was Rs. 4,57,133-8-4 (Rs. 4,41,727-0-10). The average cost of each successful case was Re. 0-9-3 (Re. 0-8-4). If, however, the sum of Rs. 64,420-11-0, credited to Government on account of the sale of vaccine lymph be deducted from the total expenditure of Rs. 4,57,133-8-4 the net cost of the department will be reduced to Rs. 3,92,712-13-4 (Rs. 3,82,220-12-10). The average cost of each successful case will then be reduced to Re. 0-8-0 (Re. 0-7-2).

High rates of average cost are reported from the following places :—

Districts : Mandalay Rs. 1-4-1, Arakan Hill Tracts Rs. 1-3-11 and Salween Rs. 1-0-10.

Towns : Nattalin Rs. 5-7-10, Minhla Rs. 5-4-4, Kyaukpyu Rs. 3-7-10, Kyauksè Rs. 3-5-7, Myanaung Rs. 3-3-10, Maymyo Rs. 3-3-7, Zigôn Rs. 3-2-8, Nyaung-U Rs. 3-1-2, Danubyu Rs. 2-15-11, Mawlaik Rs. 2-10-1, Moulmeingyun Rs. 2-7-0, Pyapôn, Rs. 2-6-10, Kyônpyaw Rs. 2-6-1, Kyaiklat Rs. 2-5-5, Ye-U Rs. 2-5-5, Syriam Rs. 2-4-10 Wakèma Rs. 2-3-10, Meiktila Rs. 2-2-1, Shwebo Rs. 2-1-3 and Thamaing Rs. 2-1-1.

Federated Shan States.—The total cost of the vaccination department in the Federated Shan States was Rs. 31,881-10-2 (Rs. 33,268-2-3). The average cost of each successful case worked out at Re. 0-7-6 (Re. 0-8-7).

General Remarks.—The number of persons vaccinated and revaccinated during the year shows a slight fall. Prosecutions for failure to submit to vaccination were made in the districts of Henzada, Amherst and Hanthawaddy and in the towns of Myingyan, Thatôn, Pyawbwe, Mergui and Bassein. The practice of illegal smallpox

inoculation was reported from the districts of Pegu, Maubin, Pyapôn, Amherst, Tavoy, Pakôkku and Shwebo. It is regrettable to note that after twenty-nine years' legislation prohibiting smallpox inoculation, the practice is still prevalent. Better vigilance on the part of the staff to detect such cases and a heavier punishment on conviction seem to be called for if this dangerous practice is to be effectively checked.

It is satisfactory to note that 52 (50) headmen were rewarded for assistance rendered to the vaccination department.

The rules for compulsory revaccination were introduced in two more towns thus increasing the number to 52. Twenty-three (21) district councils have now introduced rules for compulsory revaccination. Instructions were issued during the year to local vaccination authorities to carry out revaccination work as a routine measure and to prosecute under the rules if necessary. The revision of the Vaccination Acts has now become necessary and is engaging the attention of Government as is also the question of the advisability of extending these Acts to certain districts where they do not now apply.

APPENDIX B.

PROGRESS REPORT REGARDING SANITARY WORK CARRIED OUT UNDER THE CONTROL OF THE SUPERINTENDING ENGINEER, RANGOON CIRCLE, DURING THE YEAR 1937

I.—Water Supplies.

(a) *Government Buildings.*

The following were the most important works carried out :—

Sinking a new six-inch tube well at the Central Jail, Insein, and extending the distribution mains to the recently erected Jail Press buildings, providing boosting arrangements at the residence of the Hon'ble Chief Justice and at the Operation Theatre of the Rangoon General Hospital, additional storage tanks for Pansodan Police Station and Civil Dispensary, Kemmendine, and execution of complete water supply schemes for the new Police Cottages at Yamèthin and in the Military Police Lines, Thayetmyo.

The following projects were sanctioned by Government :—

Reorganisation of the water supply at the Mental Hospital, Tadagale, Rs. 25,000 and the provision of piped water supply and sanitary installations in the quarters of the Civil Station, Insein, Rs. 27,000.

A project for improving the water supply in Maymyo town and a scheme for water supply to the Rural Uplift Station, Tatkôn, were prepared and await sanction.

(b) *Local Authorities.*

Schemes for the improvement of the water supplies of the towns of Akyab, Thayetmyo, Bassein, Insein, Tharrawaddy and Thônze were examined and reported upon. Advice was also given to the Municipalities of Myingyan, Nyaunglebin, Letpadan and Magwe with regard to the overhaul and general repair of the pumping plant of the town waterworks.

II.—Sanitary Installations.

(a) *Government Buildings.*

The following works commenced during the previous year were completed :—

Reconditioning the sanitary installation in the buildings purchased for the new General Post Office, Rangoon and extending the sanitary equipment of the Government High School now used as offices for the Rangoon Inspectorate of Schools.

The more important new schemes carried out were as follows :—

Sanitary installations in the additional buildings erected in Mingaladon Cantonment, extending the sanitary installation in the old Parcels Office of the General Post Office which now accommodates the office of the Criminal Investigation Department, and various extensions of the sanitary systems in the Secretariat and other offices rendered necessary by the re-arrangement of office accommodation in Rangoon consequent on the Separation of Burma from India.

(b) *Local Authorities.*

An estimate was prepared and sanctioned for the provision of a sanitary and water installation in the hospital buildings about to be erected by the Insein Hospital Committee.

III.—Maintenance of Water and Sanitary Installations in Government Buildings.

A total expenditure of Rs. 52,576 was incurred in maintaining in proper order the water supply and sanitary installations of all Government buildings, Rangoon, Insein, Tadagale, Mingaladon and Hmawbi.

IV.—Bazaars.

Reports were rendered on bazaar schemes submitted by the Municipalities of Tharrawaddy, Shwebo and Myoza.

V.—Drainage and Conservancy.

Detailed projects with complete drawings and estimates were prepared for improving the main outfall drain in Pyinmana Town and for a night soil dump for the Thôngwa Municipality.

Advice was given on drainage schemes prepared by the local authorities in connection with proposals to improve the municipal drains near the Jail at Paungdè and to extend the town drainage scheme of Pegu.

VI.—Administration of the Burma Underground Water Act.

During the year 27 fresh permanent licences were granted and 20 permanent licences withdrawn owing to the abandonment of the tube wells in question. Fifty-two new temporary licences were granted and at the close of the year 18 remained in force as the progress on each well had not advanced sufficiently far to permit of the issue of a permanent licence. At the close of the year the total number of permanent licences on the register relating to wells still in use was 336.

During the year in spite of the inadequate staff at present available an effort was made to endeavour to complete all the registers recording the statistics obtained with regard to tube wells. A new map was prepared and the reduced levels at the bottom of each well tube ascertained and recorded. The strata samples submitted were studied and a report on the existing position was prepared by the Water Officer.

Special attention was given during the year to ascertain the present probable output from the wells now in use in Rangoon. This task was considerably assisted by the ready help accorded by local bodies public institutions and commercial firms using large quantities of water in kindly rendering monthly reports of the quantities of water extracted by them. It was computed that the probable annual extraction from tube wells in Rangoon is of the order of 1,600 million gallons per annum.

VII.—Town Planning.

Two minor schemes in connection with the laying out of undeveloped parts of Insein Town submitted by the Municipality were sanctioned. These schemes were returned with suitable advice. It is noteworthy that no other schemes in this connection have been submitted by local authorities either for advice or for scrutiny. It is desirable that all schemes for the future development of towns in Burma be prepared well in advance and receive the approval of the Public Health Department.

APPENDIX C.

SANITARY CONDITION IN MINES.

A.—Amherst District.

According to the list supplied by the Deputy Commissioner there were eight mines working during the year under report. The District

Health Officer states that no inspection of mines and quarries were made in 1937 as there was no occurrence of any epidemic diseases in the mines and the surrounding villages.

B.—Thaton District.

The following is the report received from the District Health Officer on the sanitary condition of the mines in his district :—

Out of 7 quarries and 3 wolfram mines, only 3 quarries could be visited during the year under report.

Labour and their general health.—Both males and females were employed in the quarries, but the majority were males, and no under-age workers were detected in the quarries inspected. Some are permanent labourers and paid on monthly wages and some are temporary labourers who are paid daily or weekly according to the amount of work done by them. The permanent labourers were usually healthy. The temporary labourers usually left the work when ill.

Housing Condition.—The permanent labourers live in barracks, while temporary workers build their own bamboo huts, near the quarries and some labourers also live in the villages nearby.

Water Supply.—There are sufficient surface wells in all the quarries. Some of them were provided with a parapet and platform and all the wells are periodically chlorinated.

C.—Mergui District.

The District Health Officer inspected the Thabawleik, Ngathai and Htonbuchaung mines during the year under report. In Thabawleik there is a fully qualified doctor managing the hospital and looking after the sanitary condition of the mine. Ngathai mine was closed down during the year as the prospect was much poorer than anticipated. The general health and housing accommodation of labour force and the medical facilities that exist in Htonbuchaung mine were reported to be satisfactory.

D.—Tavoy District.

In connection with the sanitary condition of the mine in this district, the District Health Officer, Tavoy, states as follows in his Annual Public Health Report :—

" (i) *Health Conditions.*—(*a*) The general health of the labourers was good. (*b*) During the rains Malaria was prevalent in most mines. In some of the mines like Kanbouk and Pyingyi the incidence was low, but in some of the others such as Kalonta, Pegaye, Hermingyi, Taung-pila and Yanmazu, the incidence was high. Those mines where the incidence was high are surrounded by a belt of jungle. (*c*) There was no outbreak of any epidemic disease. Most of the mining population are protected against smallpox. With the tribute system, however, and

the high price of tin and wolfram many new small mines have opened with an influx of people from the surrounding districts and also a large number of Indians. The vaccinal condition of these new arrivals is none too good. (*d*) Three mines have small hospitals in charge of Medical Officers of the Sub-Assistant Surgeon Class. Others have dispensaries with compounders in charge and others again only have first aid dressings and simple drugs for minor ailments.

2. *Housing Conditions.*—The housing conditions in most of the mines inspected by me was good, there being ample accommodation, light and ventilation.

3. *Sanitation.*—The general sanitation of all mines is more or less good. Some mines have latrines on the bucket system, the night soil being suitably trenched. Others have latrines on the pit system. All latrines are supplied with lime.

In most of the mines rank vegetation is kept down during the cold and dry weathers. During the rains, however, it is a different story. Vegetation springs up rapidly and is difficult to keep down.

In most of the bigger mines the water supply is a pipe one. Taps are placed at convenient spots. The water coming from reservoirs high up is pure and ample. Other mines have their supply from wells.

The underground workings at Hermingyi and Kalonta have a pure supply of air and plenty of ventilation.

Most of the larger mines employ sweepers who attend to the latrines and the general cleanliness of the camp. These sweepers are controlled by the Medical Staff and where there is no Medical Staff by the Superintendent or some one subordinate to him.

Medical Facilities.—Medicines and dressings are kept ready to render first-aid in cases of injuries in all the quarries inspected.

Epidemic Diseases.—A severe outbreak of pneumonic Plague occurred at the neighbouring villages of the two quarries inspected, but no reports were received about the labourers down with the disease, and no epidemic of any form occurred in the quarries in this district. Malaria is not prevalent in the quarries inspected.

Latrines.—In one of the quarries, latrines with bucket system were provided, but no latrines of any description were found in others. The labourers prefer to utilize the neighbouring bushes for the calls of nature.

E.—Southern Shan States.

The only place where mining operation is carried out in the Karenni Subdivision is at Mawchi. It is reported that the company keeps a good water supply, provides housing accommodation and gives medical relief to the workers and people there. The health of the people there is reported to be generally good.

F.—Burma Corporation Limited, Namtu.

MALARIA.—

Number of cases	...	6,499
Number of deaths	...	91
Case mortality	...	1·4 per hundred.

During January a large number of patients were treated in Namtu Hospital. These infected persons were brought in from Nammi Quarry. These persons were newly arrived coolies who had recently arrived from China and were sent down to work.

Nammi coolie quarters are situated on the banks of the stream and it would be very difficult to control mosquito breeding there.

Blood Examination for Malaria Parasites.

—	*M.T.*	*B.T.*	*Q.P.*	Mixed infection.	Total Malaria.	Non-Malaria.
1937.						
January ...	211	24	...	12	247	310
February ...	88	10	...	1	99	206
March ...	90	7	...	1	98	177
April ...	154	7	1	27	189	174
May ...	138	6	...	22	166	193
June ...	262	16	2	36	316	233
July ...	266	10	...	15	291	331
August ...	217	13	...	8	238	302
September ..	165	7	2	3	177	284
October ...	116	3	1	2	122	277
November ...	96	5	1	1	103	304
December ...	169	5	...	6	180	253
Total ...	1,972	113	7	134	2,226	3,044

MOSQUITOES.—

Comparative prevalence of anopheline species (larvæ).

Species.	Number of larvæ found.	Percentage.	Number of breeding places.	Percentage.
Maculatus	112	54·63	37	45·12
Minimus	29	14·14	12	14·63
Maculipalpis	25	12·19	17	20·73
Culicifacies	16	7·80	6	7·32
Gigas	9	4·40	4	4·88
Fuliginosis	6	2·93	1	1·22
Barbirostris	3	1·46	1	1·22
Sinensis	2	0·98	2	2·44
Aitkeni	2	0·98	1	1·22
Jeyporensis	1	0·49	1	1·22
Total ...	205	100·00	82	100·00

LEAD POISONING.—

The Annual Routine Examination of all employees required by the Namtu Lead Rules is now done during December and January. As a result of this a larger number of employees showing "lead absorption' appears in January. These are old cases and have been reported previously. The employees showed no further signs nor complained of symptoms indicating lead poisoning. They have established a tolerance. The total number of employees examined was 5,246 ; 2·745 per cent of employees showing lead absorption.

Three employees were found to be suffering from lead poisoning. In one case there was marked wrist drop and only a faint blue line was visible on close examination. These three cases are at present under treatment in Namtu Hospital.

Stippling of the Red Blood Cells.

It is now considered that this condition of the blood is a very valuable sign in the early stage of lead poisoning. It is especially of value as a confirmation in employees who complain of severe symptoms and show signs of lead impregnation.

Microscopical Examination of Blood of Employees.

Sections.	Stippling.		Total Number of employees examined.
	Positive.	Negative.	
Blast Furnaces	234	652	886
Sinter Plant	62	419	481
Refinery	45	267	312
Kettle Floor and Silver Room ...	29	146	175
Miscellaneous	34	517	551
Copper Plant	19	330	349
Electric	11	103	114
Watchmen	...	82	82
Dry Crushing Plant	12	76	88
Sampling	16	142	158
Central Time Office	...	20	20
Contractors' Coolies	126	730	856
Contractors' Cash Coolies	68	1,106	1,174
Total ...	656	4,590	5,246

TUBERCULOSIS OF LUNGS.—

Number of cases	...	84
Number of deaths	...	26
Case mortality	...	30·95 per hundred.

This is a public health problem that is difficult to handle as the phthisical patient does not apply for treatment until the disease has advanced to the stage in which debility and wasting are present. Most of these patients are addicted to the use of opium. They are thus a danger to other opium smokers who frequent "the smoking"

house as there is very little care taken in the cleaning of the pipes in which the drug is burned so that a person suffering from "open tuberculosis" may have infected a pipe that another person uses afterwards. The pipes are not sterilized after use.

BLACKWATER FEVER.— Number of cases 2
Number of deaths 1

The patient who died was Chinese. Blackwater fever is very rarely found amongst the Chinese labourers in this district although the majority of patients treated for malaria in the Hospital are Chinamen.

PUERPERAL SEPSIS.— Number of cases 28
Number of deaths .. ... *Nil*

All patients developing a temperature were treated as puerperal fever. A combined treatment with serum and sulphanilamide drugs cleared the disease up in every case.

BERI-BERI.— Number of cases 3
Number of deaths ... ... *Nil*

EPIDEMIC DROPSY.—

No case of epidemic dropsy was seen in the district during the period under review. The patients admitted for beri-beri belonged to the coolie class and were undernourished.

ANKYLOSTOMIASIS.— Number of cases 61
Number of deaths 1

The majority of patients found harbouring hookworm were discovered by routine examination. They were admitted for treatment of other conditions. The patient who died was admitted in a very debilitated condition.

DOG-BITE.—

Number of cases 3

One case was a third degree bite and was sent to Rangoon. The other two patients were "slight" cases and were treated at the Hospital in Namtu. All these are now in good health.

BACILLARY DYSENTERY.— Number of cases 100
Number of death 1

No common source of infection was traced in these cases. The patients came from all parts of the area.

AMOEBIC DYSENTERY.— Number of cases 66
Number of deaths 2

This is the common form of dysentery found in this area. Unfortunately the population seem to believe that "looseness of the bowels" is not very serious and take home remedies until they become serious.

ENTERIC GROUP OF FEVERS.— Number of cases 77
Number of deaths 9

Case mortality ... ... 11·69 per hundred.

The principal infections are Paratyphoid A and B. The tracing of the original source of these is difficult. It is not waterborne.

PNEUMONIA.— Number of cases 122
Number of deaths 28

Case mortality ... ... 22·95 per hundred.

The native patient does not seem to have much resistence against this disease. In the majority of cases the disease becomes generalised and the meninges are involved.

DIPHTHERIA.—

Number of cases	11
Number of deaths	6

Diphtheria is beginning to be recognised earlier than in former years and the population are beginning to understand the danger of "sore throat." Protection is given to contacts by means of prophylactic doses of Anti-Diphtherie serum.

CHOLERA.—

Number of cases	1
Number of deaths	*Nil*

An Indian boy who had returned from leave in his native place was attacked by cholera on his return to this district. He was promptly isolated and all contacts were quarantined and given anti-cholera vaccine. There was no other case.

Cholera inoculation.—The annual routine anti-cholera inoculation of all employees exposed to risk of cholera was performed in April.

MATERNITY AND CHILD WELFARE.—

Number of cases.—

Normal labour	246
Abnormal labour	21
Deaths from abnormal labour	2
Number of women admitted to Hospital for ante-natal treatment.	184
Number of children treated in Hospital. ...	19

It is a pity that more advantage is not taken of this scheme by the women of this district as it would make child birth safer. The old prejudice against going into Hospital is at the bottom of the trouble.

J. HUGHES, *M.B., B.S., D.P.H.*,
Chief Medical Officer.

D.—Port Health Administration.

AKYAB.—The total number of incoming seagoing vessels that called at this port during the year was 154 of which 124 came from Indian Ports and 30 from foreign ports. They carried in all 24,706 passengers and 1,170 members of crew who were all medically inspected. As a result 18,498 passengers and 14 members of crew were vaccinated.

Of the total number of passengers and crew 98 passengers were tested for rise of temperature and other signs of illness and 55 of them were found sick with fever and minor illness, while 2 had chickenpox. Six ordinary deaths were reported.

There were 34 vessels which sailed for ports beyond India. They carried no passengers, and no cases of illness or death were either reported or detected on outgoing seagoing vessels.

KYAUKPYU.—No medical inspection of vessels and passengers were made throughout the year but two patients were sent by the master of

S. S. Jalagopal to the hospital. One was a suspicious case of smallpox and the other was a case of malaria.

BASSEIN.—Vessels coming from Indian and foreign ports numbered 75 and they carried 5,165 members of crew, of which 278 were Europeans and 4,297 were Asiatics. All vessels arriving from India, Akyab, Singapore, Penang, etc., were inspected. Vessels proceeding beyond India numbered 25 and all the effects of 1,373 Asiatic and African members of crew of these vessels were disinfected.

MOULMEIN.—Twenty-three vessels from Indian ports and 23 from foreign ports were inspected and no case of infectious disease was detected in any of the ships. None of them carried passengers. No inspection was done on outgoing vessels.

MERGUI.—Fifty-one incoming vessels and 53 outgoing vessels were inspected. They carried 8,504 passengers and 508 members of crew.

TAVOY.— The British India Steam Navigation Company's steamers, on fortnightly service, plying between Rangoon and Penang, called at Tavoy Port on their homeward journeys 26 times during the year. Four hundred and thirty-two passengers landed from these steamers at Tavoy and all were examined by the Sub-Assistant Surgeon on duty. No case of infectious disease was detected among the passengers who landed at Tavoy.

ANNUAL REPORT OF THE HEALTH OFFICER OF THE PORT OF RANGOON FOR THE YEAR 1937.

Inspection of Incoming Vessels.

1. INCOMING VESSELS INSPECTED.—The total number of vessels inspected in the year was 1,195 or 18 less than in 1936. Of these, 811 were from Indian and 384 from foreign ports. They carried 119,342 crew and 245,713 passengers the figures being higher than that of 1936 by 7,309 and 4,834 respectively. In addition, a number of passengers totalling 6,353 from ports in Burma were examined at Rangoon. These passengers embarked at Akyab, Kyaukpyu and Sandoway on vessels which were on their way to Rangoon from Indian ports.

2. INFECTIOUS DISEASES.—Twenty cases of infectious diseases, that is one less than in 1936 were reported by commanders on 14 vessels, *viz.*, 1 cholera, 10 chickenpox, 7 measles and 2 mumps. All the cases were sent to the Contagious Diseases Hospital, Rangoon, with the exception of 3 cases of chickenpox and 3 cases of measles who were allowed to go to their residences and 2 cases of chickenpox left on board in ships' hospitals.

The following unreported cases of infectious diseases were detected on 31 vessels by the Port Health Staff during the course of Medical Inspection :—

Four cases of smallpox, 18 cases of chickenpox, 6 cases of measles and 4 cases of mumps. They were removed to the Contagious Diseases Hospital.

Eight lepers (including 3 from Burma Ports) were found during the inspection of passengers.

The following cases are reported briefly as they appear to me to be of some interest :—

(a) *Outbreak of Smallpox in Tavoy and Mergui Districts.*—On account of an outbreak of an epidemic of smallpox in Mergui and Tavoy Districts all steamers coming from the Ports of Mergui and Tavoy were inspected on their arrival in Rangoon during the period 16th December 1936 to 21st April 1937. The total number of vessels inspected was 25. They carried 1,791 crew and 5,131 passengers. All the crew and passengers were examined on their arrival in Rangoon. Out of these 2,350 were found unprotected and were re-vaccinated.

(b) *Outbreak of Cholera in Bassein District.*—In accordance with the instructions contained in letter No. 7827/4S-3, dated the 26th April 1937, from the Director of Public Health, Burma, all the launches of Messrs. Irrawaddy Flotilla Company, plying between Rangoon and Bassein District were inspected during the period 28th April 1937 to 31st May 1937. This was on account of an epidemic of Cholera in that district. In all thirty-seven launches and 3 barges were inspected. Eight hundred and seventy-four crew and 4,707 passengers were inspected and found fit, except 4 fever cases, sent to the Municipal Observation Hospital and one allowed to go to his residence. Seven passengers were re-vaccinated and 164 crew were inoculated with anti-cholera vaccine.

(c) *New Vaccination Rule.*—New rules making vaccination compulsory were framed and passed in October 1937. The shipping agents were asked to bring these rules to the notice of all passengers embarking for Burma. The majority of passengers coming to Burma are in possession of certificates of recent vaccination or bear marks of recent vaccination. The few that are found to be unprotected are vaccinated on landing. The twelve-day limit has not been enforced as it was found to be unworkable at present, but, as our requirements become known, there should be no difficulty in enforcing it.

(d) *Death on Sampan No. 4214.*—On the 17th of July intimation was received in this office that a man named Alli Ahmed, Tindal of sampan No. 4214 had died suddenly from vomiting and diarrhœa. The sampan came from Thanatpin to this port loaded with about 200 bags of parboiled rice ; on enquiry the following facts were elicited :—

The sampan left Thanatpin on the 14th of July and the Tindal started vomiting and purging the next day. He died from the disease on the 16th of July and his body was brought to the Port Health Station where on examination it was found to be lying on the rice bags. The bedding and mattresses on which the body was placed were fouled with the man's discharges and were therefore destroyed.

The case appeared to this department to be one of clinical cholera. The body was sent to the mortuary for examination and report. Four other members of the crew were inoculated with anti-cholera vaccine and all other necessary sanitary measures were taken. The bags of rice on which the dead body was found lying were taken to the Port Health Station and were kept in the hot stove for a period of half an hour at a temperature of about 65°F. Samples of rice were taken from these rice bags and were sent to the Harcourt Butler Institute of Public Health, Rangoon, for bacteriological examination, the report being negative. The bags were, therefore, returned to the owners and the sampan was allowed to go. The report of the Police Surgeon who had the contents of the lower bowels examined bacteriologically showed that the case was not one of true cholera.

3. Deaths from Non-Infectious Diseases.—Sixteen such deaths were reported on 16 vessels.

4. Vaccinations Performed.—The number of passengers examined under the Vaccination Act was 245,713. Of these, 116,209 were found protected against smallpox and 129,504 were vaccinated. In addition, 333 vaccinations were performed among the members of the ships' crew. The large number of vaccinations totalling 129,837 is satisfactory and constitutes a very important preventive measure against smallpox not only for Rangoon, but also for the whole country.

5. Disinfection.—Disinfection of the effects of 409 members of the crew of ships and 305 passengers were carried out.

6. Riverine Vessels.—The following deaths and cases were reported on riverine launches and cargo lighters during the year :—

Five deaths from non-infectious diseases, 18 cases of cholera, 5 cases of small-pox, 7 cases of chicken-pox, 1 case of mumps and 4 cases of fever. All precautionary measures were taken by this Department.

Inspection of Outgoing Sea-going Vessels.

7. There were 554 vessels proceeding to ports beyond India or 34 more than in 1937. The effects of all the members of the Asiatic and African crew, 37,398 in number and deck passengers 16,301 in number were disinfected. European crew totalling 10,924 and 4,356 saloon passengers were inspected. Vaccination was done on 369 crew and 1,301 passengers.

Coolies totalling 3,460 were inspected and their body clothes and uniforms were disinfected in steam prior to their handling passengers' luggage.

Temperature was tested on 257 members of crew and passengers. Of these, 226 were allowed to embark on the Commanders' responsibility. Nineteen were sent to hospitals in Rangoon and 12 were allowed to go to their residences.

No case of plague is known to have developed among the crew or passengers of these vessels on their outward voyage.

8. New members of the crew inspected prior to signing on the ships' articles totalled 4,548. Of these 4,461 were passed fit and 87 were rejected. Three thousand five hundred and thirteen members of the crew were re-vaccinated.

9. Vessels in Harbour.—The following cases and deaths were reported on 20 vessels in harbour during the year. Four deaths from non-infectious diseases, 1 from plague (cargo lighter carrying timber), 1 from cholera, 2 from chicken pox, 2 from measles and 1 from cerebro spinal meningitis. All necessary sanitary measures were taken by this department.

10. Inspection of measures to prevent ingress of rats into vessels at wharves was carried out.

Miscellaneous Transactions and Remarks.

11. Port Office Personnel.—Two hundred and ninety-two men were examined out of which 289 were passed fit and 3 rejected. Two hundred and three were re-vaccinated.

12. Fumigation of Vessels.—(*a*) Thirty-eight vessels (including five cargo lighters) were fumigated to comply with the measures in force at their ports of destination. Four hundred and fifty-four rats were destroyed. This figure represents the number of rats which were found in empty vessels only, after fumigation. The number of rats destroyed on loaded vessels could not be ascertained as they left the harbour immediately after fumigation.

No. of vessels.	Loaded.	Empty.	Rats collected.	Rats destroyed.	Rats examined.	Rats found infected with plague.
38	11	27	454	454	195	Nil

(*b*) Deratization exemption certificates were issued to 40 vessels after inspection. One hundred and twenty-four rats were destroyed.

No. of vessels.	No. of Traps.	Rats collected.	Rats destroyed.	Rats examined.	Rats found infected with plague.
40	6,837	124	124	115	Nil

(c) The number of pamphlets on venereal diseases distributed among 120 ships' crew was 1,518 in English and 2,768 in the Chittagonian language during the year.

13. Inoculation against Cholera.—Seven hundred and three anti-cholera inoculations were carried out on passengers and members of crew.

14. Non-infectious cases reported and detected were 1,493.

15. Inspection of Provisions for Lascar Crew.—The provisions for Asiatic crew on 239 ships were examined. Two hundred and ninety-four samples were taken and analysed at the Harcourt Butler Institute of Public Health, Rangoon.

The results were as follows :—

Sample.	*Good.*	*Bad.*
Rice	65	15
Ghee	137	11
Mustard oil	3	...
Flour	3	...
Atta	46	...
Beans	1	...
Peas	4	...
Dhal	6	1
Lime juice	2	...
	267	* 27

Out of 80 samples of rice examined, 14 samples were from the Port Commissioners' Stores Department who supply rations to the crew of their flotilla. Of these, 6 samples were found to be good and 8 bad. Recommendations to that effect were made.

Two thousand two hundred and twenty tins of ghee mostly belonging to Messrs. The British India Steam Navigation Company, Limited, were examined by this department and sealed. Samples taken from these tins were on examination found to be genuine.

16. Inspection of Medicine Chests and Appliances.—During the year medicines and appliances on 22 vessels were inspected and 17 were found to be defective. The agents were written to and the defects were remedied.

Port Commissioners' Area—(a) *Sanitation.*—The sanitation of the Port Commissioners' area which runs on the north side of the river from Neikban to Monkey Point and thence to the Salt Depôt, as well as part of Kanaungto, Dalla, King's Bank, Syriam Signal Station, River

* Replaced by articles of good quality.

lights and Mingaloon Radio Station was under my charge. The 1931 census gives the population of the area as 16,926. The following health staff was employed by the Port Commissioners :—

Sanitary Inspector	1
Assistant Sanitary Inspectors	2
Sanitary Sub-Inspector	1
Sanitary Clerk	1
Sanitary Jemadars	2
Sanitary Maistries	7
Sanitary Permanent Coolies	99
Peon	1
Plumber	1

Sanitation of this area continued to maintain a high standard.

(b) The annual vaccination of all the employees of the Port Commissioners was started on 5th February 1937 and was completed on the 10th March 1937. All the employees were examined and those found unprotected were vaccinated. The total number of vaccinations performed was 2,935.

(c) *Stegomyia Mosquito Control.*—In August 1936 a letter was received from the Government requesting us to take some measures for the control of the breeding of the stegomyia mosquito in the Port of Rangoon on account of the danger of the spread of yellow-fever through India. In September of the same year, a survey of the port area was carried out with the help of the Malariologist of the Harcourt Butler Institute of Public Health and the students of the Sanitary Inspector's class. The survey was confined to the foreshore from Monkey Point to Ywathit Road. It was impossible to take up the work of inspecting all the floating crafts on the river as that would entail a considerable amount of time and expenditure. One morning, however, was spent in inspecting a few cargo boats anchored at Kamakasit. The stegomyia index was found to be as high as 46·4.

One Sanitary Assistant as well as a gang of coolies were trained by me in anti-mosquito work. The whole foreshore area was divided into five blocks and each block was surveyed once a week. The buildings and godowns are numbered. The work starts on a Monday and finishes on a Friday. It is generally done in the mornings for a period of two hours. In the afternoon the larvae are brought to the Office and identified and a record maintained. The Port Sanitary coolies are also trained to look for likely breeding places and to regularly oil those areas in order to destroy any larvae that may be present. The whole foreshore is one mass of corrugated iron sheds and hence few breeding places are found except in the roof gutters in the rainy season. The control of breeding in roof gutters attached to godowns is carried out by placing a small oil ball which is renewed

every month during the rainy season. The following statements were submitted to the Director of Public Health Burma :—

Months.	No. of premises inspected.	No. of breeding places of mosquitoes found.	No. of premises in which Stegomyia were found breeding.	Stegomyia Index.	Remarks.
1937.					
January ...	3,398	78	53	1·55	
February ...	3,120	98	65	1·08	
March ...	3,551	92	49	1·37	
April ...	3,440	71	34	·98	
May ...	3,228	114	70	2·16	
June ...	3,410	444	153	4·48	
July ...	3,475	318	159	4·57	
August ...	3,432	306	130	3·78	
September ...	3,287	269	131	3·98	
October ...	3,377	262	109	3·22	
November ...	3,431	189	75	2·18	
December ...	3,589	195	63	1·75	
Total ...	40,738	2,436	1,091	2·67	

(d) *Ratting and Trapping.*—The total number of rats destroyed during the year by this method was 2,913.

(e) *Cyanogassing of Rat Burrows.*—Besides trapping, cyanogassing of rat burrows in the area was carried out throughout the year. A total of 2,810 burrows were gassed and 5,413 connecting holes were blocked during the year. The total number of rats destroyed during the year by this method was 422.

(f) *Smoking out Rat Burrows.*—A total of 19,386 rat holes were smoked with coal tar fumes. The number of rats destroyed by this method was 1,311.

(g) Four thousand six hundred and forty-six rats were caught and destroyed in the Port Commissioners' area by trapping, smoking and cyanogassing throughout the year. Out of these, 2,446 were sent to the Harcourt Butler Institute of Public Health, Rangoon, for examination. The following statement shows the species of rats examined at the Institute :—

No. of rats.	Species.						Kind of bait.	No. of infected rats.
	N. Beng.	R. Ratt.	M. Com.	R. Nor.	M. Mus.	C. Coer.		
2,446	945	101	743	83	318	256	Bread and ghee.	Nil

(h) *Inspection of Meat and Food.*—Inspection of imported food is done by the Municipal Health Department. In cases where the consignment is not taken delivery of for some time on account of its being unsatisfactory, the Port Health Officer is requested by the Traffic Manager, Port Commissioners, Rangoon, to do the inspection and make recommendations regarding its disposal. Several such inspections were carried out during the year.

Opening of the New Port Health Station.

17. The most outstanding event this year was the opening of the New Port Health Station by His Excellency the Governor on the 3rd February 1937. His Excellency the Governor in the course of his speech said :

> "As for the building itself, no doubt Mr. Strong is right when he says that it is second to none in the East and I feel confident that it will serve the dual purpose of making easier the task of those who have to carry out medical inspection while at the same time increasing the comfort of those who undergo medical inspection."

It redounds to the credit of the Commissioners for the Port to have thought it desirable to have for Burma, in view of her growing importance, a Port Health Station of this type designed to keep the country free from imported diseases. The station is fully equipped and has every facility for the medical inspection of passengers. The new station is commodious and is a very great improvement on the old station at Brooking Street.

18. Port Health Staff.—The staff has worked to my entire satisfaction.

J. A. Anklesaria,
K-I-H., M.B., B.S., D.P.H., D.T.M.,
Port Health Officer, Rangoon.

TABLE NO. I.—*Details of Incoming Seagoing Vessels inspected during the year 1937.*

Month.	From Indian Ports.							From Foreign Ports.							Total.	
	Number of vessels.	Number of crew.	Number of Passengers.					Number of vessels.	Number of crew.	Number of Passengers.					Number of vessels.	Number of crew.
			Males.	Females.	Boys.	Girls.	Total.			Males.	Females.	Boys.	Girls.	Total.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
January	68	6,490	15,313	1,238	751	398	17,700	36	3,532	2,215	361	102	74	2,752	104	10,022
February	66	6,204	15,154	1,458	771	536	17,919	37	3,337	997	257	72	64	1,390	103	9,541
March	80	7,559	18,551	2,059	1,344	773	22,727	39	3,558	2,121	358	166	96	2,741	119	11,117
April	70	6,832	11,903	1,363	680	576	14,522	31	3,045	2,028	358	108	79	2,573	101	9,877
May	68	6,671	12,415	1,714	924	721	15,774	29	2,721	1,402	280	123	79	1,884	97	9,392
June	66	6,350	13,824	1,565	956	563	16,908	35	3,472	1,338	272	101	64	1,775	101	9,822
July	60	5,823	9,915	1,095	626	399	12,035	30	3,301	1,131	277	96	77	1,581	90	9,124
August	69	6,527	11,312	1,193	638	411	13,554	31	3,177	1,092	174	59	52	1,377	100	9,704
September	56	5,507	13,307	1,380	591	482	15,760	30	2,950	1,092	279	116	90	1,577	86	8,457
October	70	9,956	16,925	1,507	789	503	19,724	23	2,549	1,158	469	167	119	1,913	93	12,505
November	68	6,815	25,287	1,718	976	535	28,516	32	3,089	1,208	452	131	106	1,897	100	9,904
December	70	6,601	22,611	2,010	1,161	586	26,374	31	3,276	1,603	648	297	192	2,740	101	9,877
Total ...	811	81,335	186,517	18,306	10,207	6,483	221,513	384	38,007	17,385	4,185	1,538	1,092	24,200	1,195	119,342

TABLE No. I.—*Details of Incoming Seagoing Vessels inspected during the year 1937*—concld.

Month.	Total—*concld.*					Medical Inspection and Observation.										
	Number of passengers.					Total inspected.		For temperature.		For vaccination.				Disinfection.		
										Crew.		Passengers.			Effects of	
	Males.	Females.	Boys.	Girls.	Total.	Crew.	Passengers.	Tested.	Abnormal.	Found protected.	Vaccinated on wharf.	Found protected.	Vaccinated on wharf.	Vessels.	Crew.	Passengers.
(1)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)
January	17,528	1,599	853	472	20,452	10,022	20,452	49	43	10,021	1	7,706	12,746	1	81	...
February	16,151	1,715	843	600	19,309	9,541	19,309	56	51	9,541	...	6,351	12,958	1	84	239
March	20,672	2,417	1,510	869	25,468	11,117	25,468	102	91	11,107	10	12,075	13,393	...	...	...
April	13,931	1,721	788	655	17,095	9,877	17,095	90	78	9,775	102	8,914	8,181	1	100	10
May	13,817	1,994	1,047	800	17,658	9,392	17,658	90	90	9,392	...	8,621	9,037	...	...	...
June	15,162	1,837	1,057	627	18,683	9,822	18,683	130	125	9,799	23	7,366	11,317	1	36	...
July	11,046	1,372	722	476	13,616	9,124	13,616	95	86	9,115	9	8,052	5,564	...	...	...
August	12,404	1,367	697	463	14,931	9,704	14,931	178	163	9,673	31	8,141	6,790	...	...	...
September	14,399	1,659	707	572	17,337	8,457	17,337	160	145	8,457	...	8,596	8,741	1	108	56
October	18,083	1,976	956	622	21,637	12,505	21,637	135	123	12,472	33	10,473	11,164	...	...	...
November	26,495	2,170	1,107	641	30,413	9,904	30,413	178	165	9,895	9	13,145	17,268	...	...	...
December	24,214	2,664	1,458	778	29,114	9,877	29,114	146	134	9,762	115	16,769	12,345	...	...	...
Total ...	203,902	22,491	11,745	7,575	245,713	119,342	245,713	1,409	1,294	119,009	333	116,209	129,504	5	409	305

TABLE NO. II.—*Details of Outgoing Seagoing Vessels bound for Ports beyond India, inspected during the year 1937.*

Month.	Number of vessels.	Shore Inspection.													Results of Inspection.			
		Asiatic crew.	Deck Passengers.					European crew.	Saloon Passengers.					Passes to relatives and friends.	Baggage coolies.	Temperatures.			
			Males.	Females.	Boys.	Girls.	Total.		Males.	Females.	Boys.	Girls.	Total.			Tested.	Normal.	Allowed on medical certificate or at Commanders' request.	Cases detained.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
January ...	44	2,962	763	72	39	23	897	782	147	136	20	14	317	22	259	7	...	6	1
February ...	54	3,420	651	100	32	35	818	941	219	176	31	26	452	43	215	4	...	...	4
March ...	59	3,431	1,065	149	66	55	1,335	1,185	283	254	38	37	612	40	229	9	...	7	2
April ...	60	3,619	1,181	203	132	91	1,607	1,252	358	254	49	46	707	90	413	15	...	14	1
May ...	54	3,600	1,322	233	170	123	1,848	1,059	278	168	30	28	504	72	359	19	...	18	1
June ...	48	2,866	1,285	163	151	85	1,684	1,005	151	92	24	33	300	33	294	46	...	36	10
July ...	38	3,062	1,405	178	104	75	1,762	814	157	68	12	10	247	31	369	33	...	30	3
August ...	45	3,105	1,313	121	48	42	1,524	838	115	66	17	11	209	27	257	40	...	35	5
September ...	36	2,777	1,312	134	52	45	1,543	707	102	67	14	15	198	25	241	30	...	28	2
October ...	34	2,490	884	83	36	25	1,028	656	122	99	18	17	256	15	209	31	...	31	...
November ...	41	3,009	718	92	14	21	845	824	106	102	18	13	239	42	277	10	...	8	2
December ...	41	3,057	1,227	110	42	31	1,410	861	161	127	14	13	315	22	338	13	...	13	...
Total ...	554	37,398	13,126	1,638	886	651	16,301	10,924	2,199	1,609	285	263	4,356	462	3,460	257	...	226	31

TABLE NO. II.—*Details of Outgoing Seagoing Vessels bound for Ports beyond India, inspected during the year 1936* —concld.

Month.	Diseases.				Disposal of Sick.					Disinfection.				Fumigation with Clayton Apparatus at agent's request.				Vaccination.	
	Plague.	Small pox.	Chickenpox.	Fever and other ailments.	Civil General Hospital.	Municipal Observation Hospital.	Contagious Diseases Hospital.	Passengers' residence.	Other Hospitals.	Asiatic crew and deck passengers.	Boots and shoes.	Baggage coolies.	Boxes.	Vessels.	Sulphur consumed.	Time spent.	Amount realized.	Crew.	Passengers.
(1)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)
															lbs.	H. M.	Rs.		
January ...	...	...	1	...	...	...	1	...	...	3,859	...	259	346	1	1,332	7 45	350	66	200
February ...	...	...	1	3	1	1	2	...	...	4,238	...	215	519	2	2,797	20 0	775	36	120
March ...	...	...	...	2	..	...	...	2	...	4,766	...	229	642	3	4,231	31 20	1,150	21	51
April ...	...	...	...	1	...	...	1	...	...	5,226	...	413	395	4	3,961	32 40	1,225	30	67
May ...	...	...	...	1	...	...	...	1	...	5,448	...	359	552	...	...	...	...	13	34
June ...	...	...	...	10	1	4	...	5	...	4,550	35	294	374	2	2,993	20 30	800	23	77
July ...	...	...	...	3	1	1	...	1	...	4,824	...	369	374	...	...	...	...	29	76
August ...	...	...	...	5	1	4	...	...	...	4,629	...	257	487	2	2,326	20 30	700	21	48
September ...	...	...	...	2	...	...	1	1	...	4,320	...	241	368	2	2,897	24 15	800	15	77
October ...	...	...	...	...	...	...	...	...	...	3,518	...	209	369	2	2,711	21 14	725	24	100
November ...	...	...	...	2	...	...	...	2	...	3,854	...	277	354	2	2,566	20 15	725	38	130
December ...	...	...	...	...	...	...	...	...	...	4,467	...	338	373	3	2,708	23 0	950	51	321
Total ...	...	...	2	29	4	10	5	12	...	53,699	35	3,460	5,153	23	28,522	221 29	8,200	367	1,301

TABLE NO. III.—*Statement showing the Infectious and other Diseases reported and detected on Incoming Seagoing and Riverine Vessels during the year 1937.*

Diseases	Seagoing.				Riverine.		In Port.		Disposal of Cases.										Corpses.				Remarks.
		Cases.							Hospitals.														
	Number of vessels.	Total.	Reported.	Detected.	Number of vessels.	Cases.	Number of vessels.	Cases.	Contagious Diseases.	Observation.	Rangoon General Hospital.	Military.	Leper.	Residence.	Left on Board.	Left at other Ports.	Other Hospitals.	Total.	Buried at Sea.	Rangoon Mortuary.	Left at other ports.	Total.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)
Plague ...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...	
Cholera ...	1	1	1	...	18	18	1	1	16	...	...	...	...	...	...	2	...	18	1	1	...	2	
Smallpox ...	4	4	...	4	5	5	..	...	8	...	...	...	...	...	...	1	...	9	...	...	...	...	
Chickenpox ...	24	29	10	19	6	7	2	2	32	...	...	...	...	4	2	...	...	38	...	...	...	...	
Measles ...	10	13	7	6	...	...	2	2	12	...	...	...	...	3	...	...	...	15	...	...	...	...	
Mumps ...	6	6	2	4	1	1	...	...	7	...	...	...	...	...	...	...	...	7	...	...	...	...	
Typhoid ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Cerebrospinal meningitis	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...	
Influenza ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Dengue ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Suspicious illness ...	274	866	25	841	3	4	3	7	...	877	...	...	...	...	...	...	..	877	...	...	...	...	
Ordinary illness ...	280	602	49	553	...	...	6	6	...	...	47	36	...	114	407	...	4	608	...	...	...	...	
Leprosy ...	7	8	1	7	...	...	...	...	...	...	...	...	3	5	...	...	...	8	...	...	...	...	
Enlarged glands ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Deaths (ordinary) ...	16	16	16	...	5	5	4	4	...	...	...	...	...	...	...	...	...	...	13	11	1	25	
Total ...	622	1,545	111	1,434	38	40	20	24	77	877	47	36	3	126	409	3	4	1,582	14	12	1	27	

STATEMENT A.—*Statement showing Total Income from all sources and*

Name of Division.	Total Receipts including opening balance.	Total Expenditure on Public Health purposes.	Amount			
			Water supply.		Drainage.	
			Capital outlay.	Establishment, repairs, etc.	Capital outlay.	Establishment, repairs, etc.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
Towns in—						
Arakan Division ...	5,02,992	1,33,831	59	15,361	...	5,983
Pegu Division ...	3,31,99,875	41,79,125	3,33,989	10,27,851	3,397	2,45,259
Irrawaddy Division ...	17,39,659	4,43,301	...	17,144	...	7,794
Tenasserim Division ...	17,95,883	4,91,221	581	82,211	2,140	10,967
Magwe Division ...	8,62,669	2,06,204	7,474	45,349	...	9,517
Mandalay Division ...	29,44,587	6,44,401	18,810	48,618	...	44,783
Sagaing Division ...	7,16,403	1,48,737	534	10,359	400	2,240
Total ...	4,17,62,068	62,46,820	3,61,447	12,46,893	5,937	3,26,543
Districts in—						
Arakan Division ...	5,83,210	47,280	...	201	...	...
Pegu Division ...	29,94,601	1,93,957	1,230	6,806	...	...
Irrawaddy Division ...	33,94,748	1,77,033	3,962	3,210	...	...
Tenasserim Division ...	15,50,712	86,543	718	228	...	...
Magwe Division ...	11,52,064	1,05,213	2,856	4,070	...	...
Mandalay Division ...	13,25,698	98,862	2,666	3,596	...	...
Sagaing Division ...	16,02,933	1,22,861	4,098	3,035	...	381
Total ...	1,26,03,966	8,31,749	15,530	21,146	...	381
GRAND TOTAL, BURMA ...	5,43,66,034	70,78,569	3,76,977	12,68,039	5,937	3,26,924
Federated Shan States—						
Towns	2,82,652	80,660	1,854	13,151	...	6,426
Rural Areas ...	51,21,320	61,651	...	2,036	2,046	20
Total ...	54,03,972	1,42,311	1,854	15,187	2,046	6,446

Expenditure on Public Health purposes during the financial year 1936-37.

spent on

Conservancy (including road cleaning and watering) and latrines. (8)	Epidemic charges (including plague). (9)	Vaccination. (10)	Registration of births and deaths. (11)	Markets and slaughter-houses. (12)	Charges on account of Health Officers and Public Health Inspectors. (13)	Other sanitary requirements. (14)
Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
77,697	996	3,157	2,498	13,502	12,506	2,072
16,72,033	10,299	57,493	53,349	3,29,913	2,80,283	1,65,259
2,09,868	3,544	9,374	4,037	1,27,918	56,032	7,590
1,87,531	6,045	9,280	7,591	1,39,167	34,342	11,366
83,971	2,727	5,182	1,884	32,203	15,149	2,748
3,13,394	14,978	10,841	8,415	1,08,741	65,693	10,128
76,417	1,716	3,074	1,554	33,711	9,174	9,558
26,20,911	40,305	98,401	79,328	7,85,155	4,73,179	2,08,721
7,355	1,178	19,897	...	10,246	8,104	299
36,959	5,176	49,334	...	65,028	28,875	549
29,813	2,806	59,790	...	50,863	25,894	695
5,724	8,061	52,748	...	6,199	11,907	958
27,485	1,977	33,823	...	16,714	15,430	2,858
28,992	4,997	29,789	...	11,378	15,055	2,389
38,147	5,657	47,383	...	11,421	11,716	1,023
1,74,475	29,852	2,92,764	...	1,71,849	1,16,981	8,771
27,95,386	70,157	3,91,165	79,328	9,57,004	5,90,160	2,17,492
33,063	2,494	639	703	16,972	5,184	174
23,097	485	25,972	...	...	5,253	2,742
56,160	2,979	26,611	703	16,972	10,437	2,916

STATEMENT B.—*Table showing Health Services in Rural and*

District.	Rural Areas.									
	Medical Officers of Health				Public Health Inspectors.	Inspectors of Vaccination.	Vaccinators.		* Epidemic Staff.	School Medical Officers.
	Holding D.P.H.		Licentiates (L.P.H.)							
	Whole time.	Part time.	Whole time.	Part time.			Male.	Female.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Akyab ...	1	...	...	...	2	1	11	...	...	...
Arakan Hill Tracts ...	...	...	...	...	...	...	3	...	...	...
Kyaukpyu ...	...	...	...	...	1	...	6	...	...	...
Sandoway ...	...	...	...	...	1	...	3	...	...	...
Rangoon ...	...	...	...	...	...	...	...	...	...	...
Pegu ...	...	...	...	...	1	2	7	...	...	...
Tharrawaddy ...	...	...	...	...	2	1	10	...	...	...
Hanthawaddy ...	...	...	...	...	2	2	8	...	...	...
Insein ...	1	...	...	...	5	...	5	...	...	...
Prome ...	...	...	...	...	2	...	8	...	...	...
Bassein ...	...	...	...	...	4	1	11	...	...	...
Henzada ...	...	...	...	...	2	1	12	...	...	...
Myaungmya ...	1	...	...	...	3	1	11	...	...	...
Maubin ...	...	...	...	...	3	1	9	...	...	...
Pyapôn ...	1	...	...	...	3	1	8	...	...	...
Salween ...	...	...	...	...	1	...	4	...	...	...
Thatôn ...	...	...	...	...	2	1	12	...	...	...
Amherst ...	...	...	...	...	2	...	8	...	...	...
Tavoy ...	...	...	...	...	1	1	5	...	...	...
Mergui ...	...	...	...	...	2	...	6	...	...	...
Toungoo ...	...	...	...	...	1	1	10	...	...	...
Thayetmyo ...	...	...	...	...	2	...	8	...	...	...
Minbu ...	...	...	...	...	2	...	6	...	...	...
Magwe ...	...	...	...	...	3	...	7	...	...	...
Pakôkku ...	...	...	...	...	1	...	8	...	...	...
Chin Hills District ...	...	...	...	...	...	1	6	...	...	...
Mandalay ...	...	...	...	...	1	1	6	...	...	...
Kyauksè ...	...	...	...	...	1	1	4	...	...	...
Meiktila ...	...	...	...	...	2	...	4	...	...	...
Myingyan ...	...	...	...	...	2	...	10	...	...	...
Yamèthin ...	...	...	1	...	3	...	6	...	...	...
Bhamo ...	...	...	...	...	...	...	4	...	...	...
Myitkyina ...	...	...	...	...	1	...	3	...	...	...
Shwebo ...	...	...	...	...	3	...	10	...	...	...
Sagaing ...	...	...	...	...	2	...	6	...	...	...
Katha ...	...	...	...	...	1	1	6	...	...	...
Upper Chindwin ...	...	...	...	...	1	1	7	...	...	...
Lower Chindwin ...	...	...	...	...	2	...	7	...	...	...
Northern Shan States ...	...	...	...	...	3	...	21	...	...	...
Southern Shan States ...	...	...	...	...	1	3	20	...	...	...
Provincial ...	...	...	...	...	...	...	...	...	(a) 37	...
Total ...	4	...	1	...	71	22	306	...	(a) 37	...

* This column should not include officers already noted in columns 2—5 or 13—16 nor should it include peons, coolies and menials such as sweepers, etc.

† Other health staffs should include food and water analysts, leprosy specialists or similar other important public health appointments but not menials, etc., *e.g.*, sweepers, bhistis, laboratory assistants, etc.

(*a*) 32 Epidemic Sub-assistant Surgeons and 5 Assistant District Health Officers.

(*b*) 1 Special Leprosy Officer and 1 Sub-assistant Surgeon attached to the Special Leprosy Officer.

Urban Areas of Burma during 1937.

Urban Areas.												
† Other Health Staffs.	Medical Officers of Health				Medical Registrars.	Public Health Inspectors.	Inspectors of Vaccination.	Vaccinators.		* Epidemic Staff.	School Medical Officers.	† Other Health Staffs.
	Holding D.P.H.		Licentiates (L.P.H.)					Male.	Female.			
	Whole time.	Part time.	Whole time.	Part time.								
(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)
...	1	...	...	...	1	1	...	3	...	...	...	...
...	...	...	...	...	...	...	...	...	..	...	...	...
...	...	...	...	...	...	1	...	...	...	...	...	...
...	...	...	...	...	...	1	...	1	...	...	...	...
...	7	...	...	...	14	36	...	25	...	...	...	36
...	1	...	1	...	...	2	...	2	...	...	...	...
...	...	...	..	...	...	7	...	6	...	...	...	...
...	...	1	...	...	...	3	...	1	...	...	1	...
...	...	...	1	...	...	3	...	3	...	..	...	...
...	1	...	1	...	...	3	...	3	...	...	...	...
...	1	...	...	...	1	5	...	4	...	...	...	...
...	1	...	...	...	...	3	...	3	...	...	...	...
...	...	...	...	...	...	3	...	3	...	...	...	...
...	...	...	...	...	...	3	...	3	...	...	...	...
...	...	...	...	...	...	2	...	2	..	2	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	1	...	...	2	...	1	...	...	...	...
...	1	...	...	...	1	6	...	3	..	1	...	...
...	...	...	...	...	...	2	...	2	...	...	...	...
...	...	...	...	...	...	1	...	1	...	...	...	...
...	...	...	...	...	...	3	...	2	...	...	...	...
...	...	...	1	...	...	1	...	2	...	...	...	...
...	...	...	...	...	...	2	...	1	...	...	...	...
...	...	...	...	...	...	4	...	4	...	...	...	...
...	...	...	1	...	...	1	...	1	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...
...	2	...	...	...	3	12	...	6	...	2	...	...
...	...	...	...	...	...	1	...	1	...	...	...	...
...	...	...	...	...	...	1	...	1	...	...	...	.
...	...	...	1	...	...	2	...	2	...	...	...	...
...	...	...	...	...	...	3	...	2	...	...	...	...
...	...	...	...	...	...	1	...	1	...	...	...	...
...	...	...	...	...	...	1	...	1	...	...	...	...
...	...	...	...	...	...	2	...	1	...	...	...	...
...	...	...	...	...	...	1	...	2	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	1	...	...	...	...	...	...
...	...	...	...	...	...	1	...	1	...	...	...	...
...	...	...	...	...	...	1	...	...	...	...	...	...
...	...	...	...	...	...	2	...	1	...	...	...	...
(*b*) 2	...	...	...	...	...	...	...	...	...	...	...	...
(*b*) 2	15	1	7	...	20	124	...	95	...	5	1	36

NOTE.—In addition to the above, the following personnel were employed :—3 whole-time Medical Officers of Health holding D.P.H., 7 Public Health Inspectors by the Burma Railways, Rangoon ; 1 whole-time Medical Officer of Health holding D.P.H., 3 Public Health Inspectors and 1 School Medical Officer by the Burma Corporation, Ltd., Namtu ; 1 part-time Medical Officer of Health holding D.P.H. and 1 Public Health Inspector by the Port Commissioners, Rangoon, and 1 whole-time Medical Officer of Health holding D.P.H., 2 whole-time Medical Officers of Health holding L.P.H. and 1 Public Health Inspector by the Burma Oil Company, Ltd., Syriam.

STATEMENT C.—*Table showing Maternity and Child Welfare Centres, Health Visitors and Trained Midwives in Rural and Urban Areas in Burma during 1937.*

Districts.	Maternity and Child Welfare.											
	Centres maintained by						Trained Visitors.		Trained Midwives.		Trained Dais.	
	Government.		Land Municipal Bodies.		Other Agencies.							
	Rural.	Urban.	Rural.	Urban.	Rural.	Urban.	Rural.	Urban.	Rural.	Urban.	Rural.	Urban.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Akyab ...	...	...	...	...	...	1	...	...	1	3	...	...
Arakan Hill Tracts...	...	...	...	...	...	...	...	...	...	...	...	...
Kyaukpyu ...	...	...	...	...	...	...	...	...	1	1	...	.
Sandoway ...	...	...	...	...	...	...	...	...	2	1	...	...
Rangoon ...	...	...	...	4	...	2	...	10	...	23	...	...
Pegu ...	...	...	...	...	...	1	...	...	9	5	...	...
Tharrawaddy ...	...	...	...	...	...	1	...	...	5	8	...	...
Hanthawaddy ...	...	...	...	...	...	2	...	...	5	4	...	...
Insein ...	2	...	...	...	...	...	1	...	9	1	...	...
Prome ...	...	...	...	...	...	1	...	1	3	5	...	...
Bassein ...	...	...	...	...	...	1	...	1	6	6	...	...
Henzada ...	...	...	...	...	...	...	...	...	7	5	...	...
Myaungmya ...	...	...	...	...	...	...	...	...	5	3	...	...
Maubin ...	...	...	...	...	...	...	...	...	5	3	...	...
Pyapôn ...	...	...	...	...	...	2	...	...	2	4	...	...
Salween ...	...	...	...	...	...	...	...	...	...	...	...	...
Thatôn ...	...	...	...	...	...	1	...	1	6	2	...	...
Amherst * ...	...	...	...	...	...	2	...	1	13	5	...	...
Tavoy ...	...	...	...	...	...	...	...	...	2	2	...	...
Mergui ...	...	...	...	...	...	...	...	...	1	3	...	...
Toungoo ...	...	...	...	...	...	1	...	1	1	3	...	...
Thayetmyo ...	...	...	...	...	...	1	...	...	...	3	...	...
Minbu ...	...	...	...	...	...	1	...	...	1	2	...	...
Magwe ...	...	...	...	...	...	3	...	2	3	6	...	...
Pakôkku ...	...	...	...	...	...	2	...	...	2	3	...	...
Chin Hills ...	...	...	...	...	...	...	...	...	...	...	...	...
Mandalay ...	...	...	...	..	...	4	...	3	...	11	...	...
Kyauksè ...	...	...	...	...	...	1	...	...	4	2	...	...
Meiktila ...	...	...	...	...	...	1	...	...	2	2	...	...
Myingyan ...	...	...	..	...	...	...	...	...	1	2	...	...
Yamèthin ...	1	...	...	...	...	2	1	2	3	4	...	...
Bhamo ...	...	...	...	...	...	1	...	...	1	2	...	...
Myitkyina ...	...	...	...	..	...	...	...	...	...	1	...	...
Shwebo ...	...	...	...	...	...	...	...	...	3	3	...	...
Sagaing ...	...	...	..	...	...	1	...	...	10	3	...	...
Katha ...	...	...	...	...	1	...	...	...	2	..	...	...
Upper Chindwin ...	...	...	...	...	...	...	...	...	...	...	...	...
Lower Chindwin ...	...	...	...	...	...	1	...	1	5	2	...	...
Northern Shan States	...	...	...	...	1	...	1	...	11	1	...	...
Southern Shan States	...	...	..	...	...	1	...	1	35	3	...	...
Total ...	3	...	...	4	2	34	3	24	166	137	...	...

* The Society for the Prevention of Infantile Mortality, Moulmein, employs a woman doctor as Supervisor of Clinics and Midwives.

G.B C.P.O.—No. 43, D.P.H., 14-11-38—608—11.

REPORT

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STATISTICS.

ANNUAL STATEMENT No. I.—*Births registered in the*

1	2	3			4		
No.	Divisions and Districts.	Population according to Census of 1931.			Number of births registered.		
		Male.	Female.	Total.	Male.	Female.	Total.
	ARAKAN DIVISION.						
1	Akyab	338,592	296,940	635,532	10,715	9,866	20,581
2	Kyaukpyu	107,729	112,563	220,292	2,761	2,627	5,388
3	Sandoway	64,206	65,039	129,245	1,809	1,615	3,424
	PEGU DIVISION.						
4	Rangoon	271,063	129,352	400,415	5,779	5,488	11,267
5	Pegu	253,960	235,851	489,811	7,858	7,331	15,189
6	Tharrawaddy ...	251,303	254,507	505,810	9,425	8,999	18,424
7	Hanthawaddy ...	218,919	189,912	408,831	7,313	6,931	14,244
8	Insein	175,519	155,933	331,452	5,418	5,272	10,690
9	Prome	203,171	207,480	410,651	6,644	6,198	12,842
	IRRAWADDY DIVISION.						
10	Bassein	292,029	279,014	571,043	10,893	10,612	21,505
11	Henzada	304,995	310,794	615,789	11,666	11,082	22,748
12	Myaungmya ...	235,655	209,129	444,784	7,356	6,843	14,199
13	Maubin	188,770	182,739	371,509	6,915	6,755	13,670
14	Pyapôn	179,554	154,604	334,158	5,360	5,364	10,724
	TENASSERIM DIVISION.						
15	Thatôn	274,942	257,686	532,628	8,227	7,840	16,067
16	Amherst	270,677	245,556	516,233	9,677	9,391	19,068
17	Tavoy	92,637	87,327	179,964	4,099	3,960	8,059
18	Mergui	85,263	76,724	161,987	2,791	2,722	5,513
19	Toungoo	220,010	208,818	428,828	6,553	6,409	12,962
	MAGWE DIVISION.						
20	Thayetmyo ...	135,565	138,612	274,177	5,762	6,051	11,813
21	Minbu	136,662	141,214	277,876	4,522	4,426	8,948
22	Magwe	250,783	248,790	499,573	8,478	8,531	17,009
23	Pakôkku	241,137	258,044	499,181	9,511	9,699	19,210
	MANDALAY DIVISION.						
24	Mandalay	191,741	179,895	371,636	7,588	6,736	14,324
25	Kyauksè	74,880	76,440	151,320	2,432	2,457	4,889
26	Meiktila	147,171	162,828	309,999	4,584	4,530	9,114
27	Myingyan	228,784	243,773	472,557	5,041	4,832	9,873
28	Yamèthin	194,318	196,502	390,820	7,879	7,852	15,731
	SAGAING DIVISION.						
29	Shwebo	214,170	232,620	446,790	10,023	9,706	19,729
30	Sagaing	159,881	176,084	335,965	7,616	7,486	15,102
31	Lower Chindwin ...	178,543	204,891	383,434	8,005	7,774	15,779
	Total ...	6,182,629	5,919,661	12,102,290	212,700	205,385	418,085

Districts of Burma during the year 1937.

5			6	7	8	9			1
Ratio of births per 1,000 of population.			Number of males born to every hundred females.	Excess of births over deaths per 1,000 of population.	Excess of deaths over births per 1,000 of population.	Mean ratio of births per 1,000 during previous five years.			No.
Male.	Female.	Total.				Male.	Female.	Total.	
16·86	15·52	32·38	109	12	...	15·66	14·21	29·87	1
12·53	11·93	24·46	105	8	...	15·19	14·39	29·58	2
14·00	12·50	26·49	112	6	...	16·69	15·80	32·49	3
14·43	13·71	28·14	105	1	...	12·75	11·93	24·68	4
16·04	14·97	31·01	107	9	...	12·64	11·99	24·63	5
18·63	17·79	36·42	105	12	...	16·10	15·24	31·34	6
17·89	16·95	34·84	106	9	...	14·62	13·89	28·51	7
16·35	15·91	32·25	103	10	...	13·45	12·86	26·31	8
16·18	15·09	31·27	107	4	...	17·52	16·51	34·03	9
19·08	18·58	37·66	103	12	...	12·20	11·75	23·96	10
18·94	18·00	36·94	105	12	...	13·63	12·92	26·55	11
16·54	15·38	31·92	107	7	...	16·33	15·50	31·83	12
18·61	18·18	36·80	102	13	...	17·27	16·43	33·70	13
16·04	16·05	32·09	100	5	...	14·96	14·95	29·91	14
15·45	14·72	30·17	105	11	...	11·51	11·12	22·63	15
18·75	18·19	36·94	103	15	...	17·26	16·61	33·87	16
22·78	22·00	44·78	104	11	...	18·63	17·90	36·52	17
17·23	16·80	34·03	103	11	...	16·54	15·81	32·35	18
15·28	14·95	30·23	102	7	...	13·20	12·48	25·68	19
21·02	22·07	43·09	95	9	...	10·04	9·59	19·63	20
16·27	15·93	32·20	102	5	...	17·97	17·18	35·16	21
16·97	17·08	34·05	99	8	...	13·21	12·77	25·99	22
19·05	19·43	38·48	98	14	...	19·49	19·40	38·89	23
20·42	18·13	38·54	113	9	...	20·86	19·14	40·00	24
16·07	16·24	32·31	99	7	...	17·22	17·04	34·26	25
14·79	14·61	29·40	101	8	...	17·55	17·06	34·61	26
10·67	10·23	20·89	104	4	...	12·82	12·87	25·69	27
20·16	20·09	40·25	100	11	...	17·97	17·62	35·59	28
22·43	21·72	44·16	103	11	...	22·16	21·71	43·87	29
22·67	22·28	44·95	102	16	...	21·10	20·83	41·93	30
20·88	20·27	41·15	103	15	...	21·48	21·41	42·89	31
17·58	16·97	34·55	104	10	...	15·82	15·20	31·02	

ANNUAL STATEMENT NO. 1 (*a*).—*Showing the Still-births registered*

No.	Divisions and Districts.	Total number of births registered.	Still-			
			Christians.		Mohamedans.	
			Male.	Female.	Male.	Female.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	ARAKAN DIVISION.					
1	Akyab	20,581	...	...	36	25
2	Kyaukpyu	5,388	...	...	...	...
3	Sandoway	3,424	...	...	...	...
	PEGU DIVISION.					
4	Rangoon	11,267	20	21	49	50
5	Pegu	15,189	1	...	3	4
6	Tharrawaddy	18,424	1	3	6	3
7	Hanthawaddy	14,244	2	1	8	4
8	Insein	10,690	6	8	4	4
9	Prome	12,842	1	...	4	5
	IRRAWADDY DIVISION.					
10	Bassein	21,505	6	2	6	10
11	Henzada	22,748	1	1	5	6
12	Myaungmya	14,199	...	1	1	3
13	Maubin	13,670	...	...	2	...
14	Pyapôn	10,724	19	16	1	2
	TENASSERIM DIVISION.					
15	Thatôn	16,067	...	...	6	2
16	Amherst	19,068	2	2	26	24
17	Tavoy	8,059	...	...	1	4
18	Mergui	5,513	...	...	5	1
19	Toungoo	12,962	7	5	3	...
	MAGWE DIVISION.					
20	Thayetmyo	11,813	2	...	4	2
21	Minbu	8,948	...	...	...	2
22	Magwe	17,009	1	...	4	2
23	Pakôkku	19,210	...	...	...	...
	MANDALAY DIVISION.					
24	Mandalay	14,324	5	7	18	14
25	Kyauksè	4,889	1	...	4	1
26	Meiktila	9,114	...	...	4	1
27	Myingyan	9,873	...	...	1	1
28	Yamèthin	15,731	2	1	4	4
	SAGAING DIVISION.					
29	Shwebo	19,729	...	...	...	1
30	Sagaing	15,102	...	...	4	3
31	Lower Chindwin	15,779	...	...	3	1
	Total ...	418,085	77	68	212	179

according to Classes and Sex in the districts of Burma during the year 1937.

births.										
Hindus.		Burmese or Buddhists.		Other classes.		Total.			Percentage (of still-births) to live births.	No.
Male. (8)	Female. (9)	Male. (10)	Female. (11)	Male. (12)	Female. (13)	Male. (14)	Female. (15)	Total. (16)	(17)	(1)
4	2	37	38	...	2	77	67	144	0 70	1
...	...	13	18	...	...	13	18	31	0·58	2
...	...	5	4	...	...	5	4	9	0·26	3
110	104	136	131	14	15	329	321	650	5·77	4
2	9	23	23	...	...	29	36	65	0·43	5
3	...	62	61	1	1	73	68	141	0·77	6
16	6	29	27	2	2	57	40	97	0·68	7
19	14	51	46	2	2	82	74	156	1·46	8
10	14	42	45	3	2	60	66	126	0·98	9
7	10	179	145	...	...	198	167	365	1·70	10
8	6	145	106	...	1	159	120	279	1·23	11
8	2	36	31	4	5	49	42	91	0·64	12
2	4	30	22	...	1	34	27	61	0·45	13
9	2	70	102	3	9	102	131	233	2·17	14
4	1	26	24	2	...	38	27	65	0·40	15
16	15	109	94	2	1	155	136	291	1·53	16
3	1	20	15	...	...	24	20	44	0 55	17
3	2	27	17	...	...	35	20	55	1·00	18
16	9	31	24	2	1	59	39	98	0·76	19
4	3	63	45	1	...	74	50	124	1·05	20
...	2	24	17	...	1	24	22	46	0·51	21
5	5	68	42	...	...	78	49	127	0·75	22
1	1	67	40	...	...	68	41	109	0·57	23
47	34	196	161	3	1	269	217	486	3·39	24
4	5	40	37	1	1	50	44	94	1·92	25
...	...	16	11	...	...	20	12	32	0·35	26
1	1	43	35	...	...	45	37	82	0·83	27
3	6	77	55	...	...	86	66	152	0 97	28
...	1	36	21	1	1	37	24	61	0·31	29
...	2	39	28	...	...	43	33	76	0·50	30
...	3	33	31	...	...	36	35	71	0·45	31
305	264	1,773	1,496	41	46	2,408	2,053	4,461	1·07	

ANNUAL STATEMENT NO. II.—*Statement of Births and Deaths*

1	2	3	4	5			6		7		
				Population (Census 1931).			Births.		Number of deaths registered.		
No.	Divisions and Districts.	Area in square miles.	Average population per square mile.	Male.	Female.	Total.	Total number.	Birth-rate per 1,000 of population.	Male.	Female.	Total.
	ARAKAN DIVISION.										
1	Akyab ...	4,581	138·73	338,592	296,940	635,532	20,581	32·38	6,760	6,139	12,899
2	Kyaukpyu ...	4,793	45·96	107,729	112,563	220,292	5,388	24·46	1,771	1,789	3,560
3	Sandoway ...	4,149	31·15	64,206	65,039	129,245	3,424	26·49	1,351	1,334	2,685
	PEGU DIVISION.										
4	Rangoon ...	85	4710·76	271,063	129,352	400,415	11,267	28·14	6,488	4,459	10,947
5	Pegu ...	4,114	119·06	253,960	235,851	489,811	15,189	31·01	5,850	4,975	10,825
6	Tharrawaddy ...	2,800	180·65	251,303	254,507	505,810	18,424	36·42	6,485	5,772	12,257
7	Hanthawaddy ...	1,917	213·27	218,919	189,912	408,831	14,244	34·84	5,576	4,862	10,438
8	Insein ...	1,903	174·17	175,519	155,933	331,452	10,690	32·25	3,956	3,276	7,232
9	Prome ...	2,948	139·30	203,171	207,480	410,651	12,842	31·27	5,820	5,345	11,165
	IRRAWADDY DIVISION.										
10	Bassein ...	4,149	137·63	292,029	279,014	571,043	21,505	37·66	7,817	6,867	14,684
11	Henzada ...	2,796	220·24	304,995	310,794	615,789	22,748	36·94	7,885	7,456	15,341
12	Myaungmya ...	2,835	156·89	235,655	209,129	444,784	14,199	31·92	6,120	4,974	11,094
13	Maubin ...	1,642	226·25	188,770	182,739	371,509	13,670	36·80	4,650	4,193	8,843
14	Pyapôn ...	2,145	155·78	179,554	154,604	334,158	10,724	32·09	4,934	4,096	9,030
	TENASSERIM DIVISION.										
15	Thatôn ...	4,872	109·32	274,942	257,686	532,628	16,067	30·17	5,347	4,770	10,117
16	Amherst ...	7,410	69·67	270,677	245,556	516,233	19,068	36·94	6,002	5,315	11,317
17	Tavoy ...	5,404	33·30	92,637	87,327	179,964	8,059	44·78	3,193	2,888	6,081
18	Mergui ...	11,325	14·30	85,263	76,724	161,987	5,513	34·03	1,981	1,745	3,726
19	Toungoo ...	6,457	66·41	220,010	208,818	428,828	12,962	30·23	5,193	4,556	9,749
	MAGWE DIVISION.										
20	Thayetmyo ...	4,626	59·27	135,565	138,612	274,177	11,813	43·09	4,787	4,596	9,383
21	Minbu ...	3,602	77·14	136,662	141,214	277,876	8,948	32·20	3,853	3,732	7,585
22	Magwe ...	3,724	134·15	250,783	248,790	499,573	17,009	34·05	6,684	6,514	13,198
23	Pakôkku ...	5,350	93·30	241,137	258,044	499,181	19,210	38·48	6,097	6,182	12,279
	MANDALAY DIVISION.										
24	Mandalay ...	2,113	175·88	191,741	179,895	371,636	14,324	38·54	5,687	5,183	10,870
25	Kyauksè ...	1,241	121·93	74,880	76,440	151,320	4,889	32·31	1,979	1,916	3,895
26	Meiktila ...	2,232	138·89	147,171	162,828	309,999	9,114	29·40	3,355	3,307	6,662
27	Myingyan ...	2,707	174·57	228,784	243,773	472,557	9,873	20·89	3,950	4,007	7,957
28	Yamèthin ...	4,201	93·03	194,318	196,502	390,820	15,731	40·25	5,738	5,550	11,288
	SAGAING DIVISION.										
29	Shwebo ...	5,735	77·91	214,170	232,620	446,790	19,729	44·16	7,541	7,476	15,017
30	Sagaing ...	1,870	179·66	159,881	176,084	335,965	15,102	44·95	4,865	4,738	9,603
31	Lower Chindwin	3,676	104·31	178,543	204,891	383,434	15,779	41·15	4,954	4,990	9,944
	Total ...	117,402	103·08	6,182,629	5,919,661	12,102,290	418,085	34·55	156,669	143,002	299,671

registered in the Districts of Burma during the year 1937.

8	9											10			1
Number of deaths of males to every hundred deaths of females.	Deaths per 1,000 of population from											Mean ratio of deaths per 1,000 during previous five years.			No.
									All causes.						
	Cholera.	Small-pox.	Plague.	Fevers.	Dysentery and Diarrhœa.	Respiratory diseases.	Injuries.	All other causes.	Male.	Female.	Total.	Male.	Female.	Total.	
110	0·01	0·42	...	13·45	0·73	0·96	0·27	4·45	19·97	20·67	20·30	18·12	18·28	18·19	1
99	0·02	0·15	...	7·67	0·27	0·03	0·15	7·87	16·44	15·89	16·16	16·81	16·24	16·52	2
101	0·02	0·08	...	11·72	0·16	0·22	0·77	7·81	21·04	20·51	20·77	23·13	22·82	22·97	3
146	0·04	0·03	0·04	0·62	1·50	9·22	0·59	15·30	23·94	34·47	27·34	21·62	29·73	24·24	4
118	0·40	0·05	0·05	5·90	0·15	0·43	0·58	14·55	23·04	21·09	22·10	16·78	14·97	15·91	5
112	0·08	0·01	0·08	8·88	0·51	0·68	0·72	13·28	25·81	22·68	24·23	20·49	17·74	19·11	6
115	0·31	0·02	...	6·33	0·32	0·48	0·43	17·63	25·47	25·60	25·53	16·88	16·65	16·77	7
121	0·17	0·02	0·09	6·76	0·43	0·81	0·66	12·88	22·54	21·01	21·82	18·66	17·80	18·26	8
109	0·21	0·03	0·03	12·70	0·55	0·77	0·51	12·38	28·65	25·76	27·19	25·13	22·92	24·01	9
114	1·23	0·01	0·10	8·39	1·02	1·10	0·32	13·53	26·77	24·61	25·71	14·82	13·55	14·20	10
106	0·48	0·24	0·01	9·35	0·99	0·53	0·32	12·99	25·85	23·99	24·91	16·24	15·22	15·73	11
123	0·98	0·02	0.02	6·88	0·51	0·76	0·37	15·41	25·97	23·78	24·94	20·32	19·85	20·10	12
111	1·03	0·02	0·01	12·24	0·28	0·47	0·45	9·32	24·63	22·95	23·80	20·61	19·07	19·85	13
120	1·15	0·20	...	7·23	1·73	0·96	0·73	15·03	27·48	26·49	27·02	23·34	24·14	23·71	14
112	0·02	0·05	0·22	10·32	0·28	0·34	0·27	7·48	19·45	18·51	18·99	14·16	13·45	13·82	15
113	0·00	0·34	...	5·19	0·59	1·37	0·41	14·03	22·17	21·64	21·92	17·41	16·59	17·02	16
111	0·06	0·06	...	20·79	1·69	1·33	0·33	9·52	34·47	33·07	33·79	22·50	21·53	22·03	17
114	...	1·52	...	10·99	1·01	0·59	0·61	8·27	23·23	22·74	23·00	22·01	21·06	21·56	18
114	0·11	0·07	0·09	9·53	0·52	0·48	0·46	11·48	23·60	21·82	22·73	18·46	16·87	17·68	19
104	0·59	0·00	...	17·24	0·57	0·86	0·24	14·71	35·31	33·16	34·22	14·11	13·21	13·65	20
103	...	0·00	...	15·51	0·36	0·56	0·47	10·39	28·19	26·43	27·30	26·94	25·34	26·13	21
103	1·02	0·08	0·10	14·24	0·23	0·67	0·62	9·46	26·65	26·18	26·42	16·59	15·69	16·14	22
99	0·02	0·04	0·05	11·63	0·49	0·64	0·39	11·34	25·28	23·96	24·60	24·99	23·77	24·36	23
110	...	0·01	0·65	7·66	0·99	3·72	0·29	15·93	29·66	28·81	29·25	30·32	28·85	29·61	24
103	...	...	0·27	12·29	0·35	0·36	0·34	12·13	26·43	25·07	25·74	26·57	24·47	25·51	25
101	...	0·09	0·80	6·75	0·30	0·29	0·66	12·63	22·80	20·31	21·49	20·87	18·12	19·43	26
99	...	0·34	0·37	2·66	0·13	0·81	0·40	12·11	17·27	16·44	16·84	15·43	13·96	14·67	27
103	...	...	0·45	12·38	0·31	1·03	0·49	14·22	29·53	28·24	28·88	21·77	19·88	20·82	28
101	...	0·00	0·20	18·98	0·24	0·25	0·61	13·33	35·21	32·14	33·61	30·62	27·09	28·78	29
103	...	0·01	0·36	9·64	0·40	0·65	0·65	16·87	30·43	26·91	28·58	25·61	22·51	23·98	30
99	...	0·01	0·02	10·25	0·52	3·48	0·53	11·12	27·75	24·35	25·93	27·58	24·55	25·96	31
110	0·29	0·11	0·13	9·77	0·58	1·15	0·46	12·27	25·34	24·16	24·76	20·31	19·23	19·78	

SUPPLEMENTARY ANNUAL STATEMENT II (*a*)—PROVINCIAL—*Showing* (*I—XII*) *for the*

1	2	3	4		
Areas.	Area in square miles.	Average population per square mile.	Population according to Census of 1931.		
			Male.	Female.	Total.
Pyinwa Circle of Akyab District	671	3·05	1,051	997	2,048
Arakan Hill Tracts ...	3,228	6·64	11,031	10,387	21,418
* Salween District ...	2,577	20·64	27,990	25,196	53,186
Papun Town ...	...	...	1,236	645	1,881
Chin Hills District ...	10,675	16·04	83,453	87,784	171,237
* Bhamo District ...	4,154	29·18	59,984	61,209	121,193
Bhamo Town	...	...	4,846	3,165	8,011
* Myitkyina District ...	30,882	5·55	90,916	80,608	171,524
Myitkyina Town ...	...	...	4,637	2,691	7,328
* Katha District	7,593	33·47	126,863	127,307	254,170
Katha Town	...	...	2,364	1,869	4,233
* Upper Chindwin District ...	19,001	10·25	99,183	95,659	194,842
Mawlaik Town	...	...	1,370	908	2,278
* Northern Shan States ...	24,650	25·81	331,136	304,971	636,107
Lashio Town	...	...	2,782	1,856	4,638
* Southern Shan States ...	40,914	22·71	471,234	457,757	928,991
Taunggyi Town	...	...	4,671	3,981	8,652
Kalaw Town	...	...	2,025	1,596	3,621
Total ...	144,345	17·70	1,302,841	1,251,875	2,554,716

* Includes

Births and Deaths in Areas not included in the main statements year 1937.

5			6	7			8	
Number of births registered.			Birth-rate per 1,000 of population.	Number of deaths registered.			Death-rate per 1,000 of population.	Remarks.
Male.	Female.	Total.		Male.	Female.	Total.		
8	12	20	9·77	8	3	11	5·37	
253	228	481	22·46	306	233	539	25·17	
410	389	799	15·02	331	268	599	11·26	
22	31	53	28·18	30	22	52	27·64	
3,484	3,241	6,725	39·27	3,010	2,425	5,435	31·74	
1,836	1,766	3,602	29·72	1,618	1,518	3,136	25·88	
124	121	245	30·58	164	96	260	32·46	
2,397	2,193	4,590	26·76	2,232	1,836	4,068	23·72	
148	156	304	41·48	227	108	335	45·72	
4,916	4,481	9,397	36·97	3,289	3,126	6,415	25·24	
78	95	173	40·87	114	90	204	48·19	
4,790	4,874	9,664	49·60	3,896	3,688	7,584	38·92	
69	65	134	58·82	64	36	100	43·90	
7,353	6,280	13,633	21·43	4,976	4,071	9,047	14·22	
124	123	247	53·26	140	60	200	43·12	
4,456	4,352	8,808	9·48	4,495	4,358	8,853	9·53	
214	224	438	50·62	150	102	252	29·13	
69	60	129	35·63	39	32	71	19·61	
29,903	27,816	57,719	22·59	24,161	21,526	45,687	17·88	

Town.

ANNUAL STATEMENT NO. IIIA.—*Deaths registered in the*

1	2					
No.	Divisions and Districts.	January.	February.	March.	April.	May.
	ARAKAN DIVISION.					
1	Akyab	1,262	902	1,070	879	952
2	Kyaukpyu	371	242	209	205	241
3	Sandoway	304	199	190	138	149
	PEGU DIVISION.					
4	Pegu	697	493	694	655	830
5	Tharrawaddy	749	374	531	693	576
6	Hanthawaddy	519	469	697	868	680
7	Insein	372	342	312	452	412
8	Prome	530	380	701	433	366
	IRRAWADDY DIVISION.					
9	Bassein	706	454	760	1,298	1,061
10	Henzada	1,006	711	873	920	834
11	Myaungmya	596	466	624	1,080	672
12	Maubin	557	600	526	663	525
13	Pyapôn	733	665	721	709	643
	TENASSERIM DIVISION.					
14	Thatôn	678	539	506	626	564
15	Amherst	548	460	744	608	599
16	Tavoy	450	207	269	287	176
17	Mergui	356	210	196	343	146
18	Toungoo	621	462	538	604	700
	MAGWE DIVISION.					
19	Thayetmyo	757	765	674	806	765
20	Minbu	870	458	608	509	367
21	Magwe	879	594	679	865	752
22	Pakôkku	920	731	849	995	814
	MANDALAY DIVISION.					
23	Mandalay	394	193	249	281	233
24	Kyauksè	518	304	280	301	220
25	Meiktila	706	325	375	748	393
26	Myingyan	820	538	513	515	672
27	Yamèthin	1,066	769	559	796	641
	SAGAING DIVISION.					
28	Shwebo	1,000	775	1,170	1,094	871
29	Sagaing	781	570	693	718	551
30	Lower Chindwin	789	656	712	745	681
	Total for Rural Districts ...	20,555	14,853	17,522	19,834	17,086
	Ratio of deaths per 1,000 ...	22·64	18·11	19·30	22·57	18·82

Rural Districts of Burma during each month of the year 1937.

3							4	1
June.	July.	August.	September.	October.	November.	December.	Total deaths registered during the year.	No.
871	1,259	1,166	940	922	861	954	12,038	1
223	467	430	298	360	219	234	3,499	2
205	340	253	220	200	156	249	2,603	3
924	926	911	1,168	835	527	989	9,649	4
912	1,462	1,247	1,061	1,134	875	1,204	10,818	5
1,228	829	619	752	999	717	1,414	9,791	6
538	593	483	485	627	423	696	5,735	7
1,050	842	1,079	1,050	766	823	1,373	9,393	8
941	1,602	1,194	1,045	1,435	995	939	12,430	9
1,499	1,724	1,420	1,217	1,214	1,172	1,265	13,855	10
648	845	731	773	1,260	1,171	1,133	9,999	11
527	743	630	689	903	813	784	7,980	12
664	617	639	609	647	656	855	8,158	13
723	1,556	916	715	1,022	684	671	9,200	14
1,016	814	837	1,053	721	630	819	8,849	15
565	441	463	461	280	222	921	4,742	16
170	227	182	201	342	167	328	2,868	17
870	813	947	745	809	691	775	8,575	18
618	795	717	658	684	625	586	8,450	19
535	636	544	586	659	595	845	7,212	20
1,125	1,912	1,116	730	917	932	1,266	11,767	21
869	1,131	1,003	952	1,041	1,069	1,084	11,458	22
204	361	271	471	367	369	879	4,272	23
193	300	223	247	317	343	342	3,588	24
380	763	389	325	831	453	641	6,329	25
394	700	424	365	442	532	530	6,445	26
701	1,110	912	675	931	792	1,043	9,995	27
1,076	1,455	1,206	1,114	1,270	1,478	1,853	14,452	28
677	652	701	760	824	900	1,094	8,921	29
720	861	741	781	957	857	999	9,499	30
21,066	26,776	22,504	21,146	23,716	20,747	26,765	252,570	
23·98	29·49	24·79	24·07	26·12	23·61	29·48	23·63	

ANNUAL STATEMENT No. IIIB.—*Deaths registered in the Towns*

1	2						
No.	Divisions and Towns.	January.	February.	March.	April.	May.
	ARAKAN DIVISION.					
1	Akyab	94	77	55	77	65
2	Minbya	19	33	10	...	2
3	Kyaukpyu	5	9	5	1	6
4	Sandoway	9	6	9	6	3
	PEGU DIVISION.					
5	Rangoon Town	906	811	822	886	808
6	Rangoon Cantonment ...	2	...	...	...	...
7	Pegu	71	63	63	73	71
8	Nyaunglebin	21	28	20	22	15
9	Tharrawaddy	13	8	13	19	18
10	Thônzè	25	32	18	18	15
11	Zigôn	16	19	11	13	14
12	Letpadan	23	18	21	22	16
13	Gyobingauk	32	24	13	15	15
14	Minhla	24	13	8	5	9
15	Nattalin	11	10	6	5	12
16	Syriam	26	15	30	25	29
17	Thôngwa	25	20	16	25	36
18	Insein	52	36	45	34	41
19	Mingaladon Cantonment ...	4	7	3	4	5
20	Thamaing	22	15	13	22	22
21	Kamayut	21	17	22	14	19
22	Thingangyun	18	11	21	9	16
23	Kanbe	17	14	12	7	16
24	Prome	89	104	138	75	85
25	Shwedaung	32	13	18	11	10
26	Paungdè	37	19	23	20	19
	IRRAWADDY DIVISION.					
27	Bassein	131	109	167	225	167
28	Ngathainggyaung	17	12	29	19	14
29	Kyônpyaw	12	12	43	25	13
30	Henzada	77	62	75	68	67
31	Myanaung	19	21	27	19	28
32	Kyangin	44	45	27	29	18
33	Myaungmya	24	21	46	30	42
34	Wakèma	21	48	58	27	19
35	Moulmeingyun	24	24	35	62	33
36	Maubin	29	26	24	22	14
37	Yandoon	24	62	43	22	32
38	Danubyu	17	21	40	17	22
39	Pyapôn	44	41	60	58	36
40	Kyaiklat	38	32	57	35	33
	TENASSERIM DIVISION.					
41	Thatôn	42	44	59	47	76
42	Kyaikto	17	16	16	8	15
43	Moulmein	178	225	189	139	158
44	Kawkareik	17	33	42	43	22
45	Tavoy	92	72	93	85	123

of Burma during each month of the year 1937.

3							4	1
June.	July.	August.	September.	October.	November.	December.	Total deaths registered during the year.	No.
68	62	62	50	49	55	65	779	1
1	3	...	4	5	2	3	82	2
2	8	4	6	7	4	4	61	3
5	5	10	4	9	6	10	82	4
994	1,008	898	905	992	856	1,053	10,939	5
1	...	1	...	2	2	...	8	6
80	80	82	82	80	58	83	886	7
37	22	28	21	24	20	32	290	8
22	10	12	8	11	10	20	164	9
31	30	40	26	20	18	29	302	10
14	20	18	14	14	8	21	182	11
21	27	33	21	29	30	27	288	12
24	27	17	22	24	33	21	267	13
11	8	10	13	11	8	6	126	14
8	12	7	9	6	12	12	110	15
29	29	42	25	30	32	27	339	16
33	14	36	21	32	27	23	308	17
50	60	46	47	45	57	58	571	18
5	5	2	6	6	7	6	60	19
28	20	26	25	25	18	20	256	20
21	19	22	29	23	26	26	259	21
24	15	14	11	15	10	16	180	22
17	18	15	14	15	11	15	171	23
93	90	91	83	96	115	115	1,174	24
17	31	13	17	19	27	35	243	25
30	38	40	32	25	27	45	355	26
139	154	155	152	169	137	160	1,865	27
12	21	13	12	9	11	16	185	28
19	27	16	8	10	10	9	204	29
77	70	73	69	96	86	86	906	30
29	26	23	18	26	25	34	295	31
17	26	14	18	15	17	15	285	32
21	34	28	25	21	34	26	352	33
21	24	31	22	28	35	37	371	34
20	22	31	25	23	43	30	372	35
26	16	22	23	31	28	21	282	36
16	19	24	26	24	26	32	350	37
17	16	14	17	14	14	22	231	38
36	21	25	19	29	34	36	439	39
19	30	26	24	39	42	58	433	40
95	71	61	51	65	52	61	724	41
26	16	17	15	16	16	15	193	42
178	168	185	161	170	184	218	2,153	43
21	21	27	20	22	25	22	315	44
173	127	125	136	90	96	127	1,339	45

ANNUAL STATEMENT No. IIIB.—*Deaths registered in the Towns of*

1	2					
No.	Divisions and Towns.	January.	February.	March.	April.	May.
	TENASSERIM DIVISION—*concld.*					
46	Mergui	152	82	66	42	46
47	Toungoo	57	58	63	51	46
48	Shwegyin	15	16	22	12	13
49	Pyu	27	15	18	21	17
	MAGWE DIVISION.					
50	Thayetmyo	46	33	41	75	23
51	Allanmyo	30	47	63	51	22
52	Minbu	12	15	11	14	6
53	Salin	13	13	26	12	11
54	Magwe	20	19	18	13	22
55	Taungdwingyi	33	28	41	21	39
56	Yenangyaung	51	25	23	36	25
57	Chauk	19	19	20	41	18
58	Pakôkku	74	53	61	62	64
	MANDALAY DIVISION.					
59	Mandalay	502	412	510	490	344
60	Mandalay Cantonment ...	54	23	40	21	19
61	Maymyo	28	42	36	28	38
62	Maymyo Cantonment ...	3	4	5	4	7
63	Myitngè	13	16	8	12	12
64	Kyauksè	39	34	34	29	17
65	Meiktila	47	39	36	21	16
66	Myingyan	125	117	127	178	117
67	Nyaung-u	28	31	19	26	17
68	Yamèthin	51	30	12	24	13
69	Pyinmana	105	82	55	45	54
70	Pyawbwè	45	29	11	19	17
	SAGAING DIVISION.					
71	Shwebo	44	29	55	42	33
72	Ye-u	12	10	9	12	5
73	Sagaing	85	51	38	29	24
74	Myinmu	47	23	29	15	23
75	Mônywa	35	33	30	29	35
	Total for Towns ...	4,293	3,776	4,072	3,863	3,442
	Ratio per mille for Towns ...	35·78	34·85	33·94	33·27	28·69
	Total for Burma ...	24,848	18,629	21,594	23,697	20,528
	Ratio per mille* Burma ...	24·17	20·07	21·01	23·82	19·97
	TOWNS FOR WHICH CORRESPONDING RURAL FIGURES ARE NOT GIVEN IN VIA.					
1	Bhamo	31	14	22	22	21
2	Myitkyina	35	14	23	14	27
3	Mawlaik	7	4	6	13	6
4	Lashio	18	10	16	19	13
5	Taunggyi	22	13	26	12	15
6	Kalaw	3	5	10	3	5

* The ratios should be calculated with

Burma during each month of the year 1937—concld.

3							4	1
June.	July.	August.	September.	October.	November.	December.	Total deaths registered during the year.	No.
62	68	64	89	86	56	45	858	46
68	75	66	54	57	48	56	699	47
12	17	18	16	14	18	31	204	48
24	26	21	21	22	29	30	271	49
31	38	35	36	33	30	35	456	50
26	35	30	40	41	37	55	477	51
16	17	13	12	11	15	17	159	52
14	17	27	20	18	14	29	214	53
19	27	18	16	26	41	50	289	54
48	47	35	37	37	45	32	443	55
24	30	27	40	34	41	34	390	56
35	28	19	30	25	28	27	309	57
65	63	61	78	56	70	114	821	58
374	423	387	430	472	551	643	5,538	59
21	33	29	32	28	38	42	380	60
56	54	46	47	44	38	43	500	61
9	5	4	9	3	3	5	61	62
6	7	3	8	13	9	12	119	63
22	23	15	10	21	22	41	307	64
22	32	24	18	16	37	25	333	65
90	91	59	60	84	84	103	1,235	66
15	22	22	19	19	25	34	277	67
19	17	19	16	24	22	50	297	68
46	60	61	59	46	54	69	736	69
13	26	19	25	15	20	21	260	70
40	30	33	39	23	39	41	448	71
6	7	6	12	12	13	13	117	72
29	29	26	23	33	28	46	441	73
11	16	14	12	19	16	16	241	74
35	50	43	34	35	48	38	445	75
3,886	3,983	3,723	3,678	3,878	3,913	4,594	47,101	
33·47	33·20	31·03	31·68	32·32	33·70	38·29	33·34	
24,952	30,759	26,227	24,824	27,594	24,660	31,359	299,671	
25·08	29·93	25·52	24·96	26·85	24·79	30·51	24·76	
13	31	9	27	23	25	22	260	1
29	42	31	24	35	27	34	335	2
3	11	7	6	14	8	15	100	3
13	14	24	15	24	14	20	200	4
18	22	26	31	24	17	26	252	5
12	5	11	5	7	3	2	71	6

reference to the number of days in each month.

ANNUAL STATEMENT No. IV.—*Deaths registered according to Age*

1	2	3		4		5		6		7	
No.	Divisions and Districts.	Under 1 year.		1 year and under 5.		5 and under 10.		10 and under 15.		15 and under 20.	
		Males.	Females	Males.	Females	Males.	Females	Males.	Females	Males.	Females.
	ARAKAN DIVISION.										
1	Akyab ...	1,502	1,328	1,073	1,106	426	443	224	204	258	292
2	Kyaukpyu ...	525	466	204	195	139	125	40	39	56	53
3	Sandoway ...	371	343	161	161	103	95	41	48	42	56
	PEGU DIVISION.										
4	Rangoon ...	1,552	1,242	545	527	142	144	65	83	147	156
5	Pegu ...	1,843	1,567	593	602	207	202	135	124	227	175
6	Tharrawaddy ...	2,631	2,085	721	861	199	256	169	149	199	152
7	Hanthawaddy ...	1,378	1,090	660	743	259	201	130	114	149	161
8	Insein ...	1,017	873	428	401	167	181	102	80	112	116
9	Prome ...	1,723	1,503	635	619	291	287	198	161	298	229
	IRRAWADDY DIVISION.										
10	Bassein ...	2,128	1,765	953	995	458	417	289	261	358	302
11	Henzada ...	2,332	2,025	1,221	1,129	374	382	224	195	289	264
12	Myaungmya ...	1,768	1,485	644	629	283	251	171	127	232	175
13	Maubin ...	1,647	1,426	562	600	167	152	108	84	132	116
14	Pyapôn ...	1,005	770	424	415	221	197	113	108	144	143
	TENASSERIM DIVISION.										
15	Thatôn ...	1,241	1,061	900	817	223	251	127	111	145	135
16	Amherst ...	1,238	1,070	851	884	349	368	183	145	193	197
17	Tavoy ...	616	520	425	458	225	245	113	108	132	89
18	Mergui ...	384	333	203	233	157	172	117	90	105	95
19	Toungoo ...	1,552	1,402	529	563	195	219	112	128	189	159
	MAGWE DIVISION.										
20	Thayetmyo ...	626	668	389	369	425	394	440	431	486	481
21	Minbu ...	1,143	982	501	456	164	195	81	79	124	119
22	Magwe ...	2,040	1,819	990	1,001	268	273	188	168	207	218
23	Pakôkku ...	1,980	1,718	1,057	1,163	248	300	132	122	164	171
	MANDALAY DIVISION.										
24	Mandalay ...	1,722	1,550	512	561	199	223	140	132	239	176
25	Kyauksè ...	632	631	225	193	93	115	64	59	101	83
26	Meiktila ...	940	785	463	455	127	124	99	96	105	102
27	Myingyan ...	1,090	1,027	618	599	265	283	158	170	153	173
28	Yamèthin ...	1,901	1,778	812	843	326	358	155	165	187	152
	SAGAING DIVISION.										
29	Shwebo ...	3,215	2,765	882	885	244	310	137	156	187	206
30	Sagaing ...	2,030	1,661	513	512	151	145	98	87	151	118
31	Lower Chindwin ...	1,809	1,570	635	643	186	215	126	93	168	180
	Total, Deaths ...	45,581	39,308	19,329	19,618	7,281	7,523	4,479	4,117	5,679	5,244
	Total, Population	156,129	165,140	655,253	680,262	754,499	742,497	705,048	679,505	574,397	593,405
	Total, Ratio per 1,000 living.	291·94	238·03	29·50	28·84	9·65	10·13	6·35	6·06	9·89	8·84

and Sexes in the Districts of Burma during the year 1937.

8		9		10		11		12		13		1
20 and under 30.		30 and under 40.		40 and under 50.		50 and under 60.		60 and upwards.		Total (all ages)		No.
Males	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	
533	677	587	480	599	374	523	372	1,035	863	6,760	6,139	1
67	157	88	102	104	95	124	115	424	442	1,771	1,789	2
70	108	75	101	100	79	120	86	268	257	1,351	1,334	3
724	530	1,009	429	813	348	653	279	838	721	6,488	4,459	4
460	480	550	468	479	337	443	290	913	730	5,850	4,975	5
409	374	507	442	412	327	397	303	841	823	6,485	5,772	6
373	399	460	439	478	360	476	345	1,213	1,010	5,576	4,862	7
306	297	380	331	346	245	340	204	758	548	3,956	3,276	8
469	457	521	441	444	435	455	433	786	780	5,820	5,345	9
623	593	726	639	692	534	564	450	1,026	911	7,817	6,867	10
516	602	618	621	536	539	531	461	1,244	1,238	7,885	7,456	11
583	485	586	478	507	316	464	271	882	757	6,120	4,974	12
306	347	340	346	318	222	267	222	803	678	4,650	4,193	13
399	313	617	542	702	553	655	532	654	523	4,934	4,096	14
354	458	491	488	453	361	386	342	1,027	746	5,347	4,770	15
517	526	557	512	483	356	411	307	1,220	950	6,002	5,315	16
327	312	323	281	294	209	224	193	514	473	3,193	2,888	17
180	207	212	201	203	123	139	104	281	187	1,981	1,745	18
470	473	569	434	472	299	339	274	766	605	5,193	4,556	19
550	526	577	520	472	451	408	345	414	411	4,787	4,596	20
262	331	324	357	314	260	339	315	601	638	3,853	3,732	21
488	557	536	531	423	350	396	312	1,148	1,285	6,684	6,514	22
340	445	379	419	373	343	387	337	1,037	1,164	6,097	6,182	23
498	410	555	452	498	363	480	346	844	970	5,687	5,183	24
116	128	147	148	149	146	155	126	297	287	1,979	1,916	25
278	300	312	307	214	198	156	162	661	778	3,355	3,307	26
245	282	264	268	251	218	261	204	645	783	3,950	4,007	27
381	399	451	421	350	283	308	259	867	892	5,738	5,550	28
421	495	504	477	416	354	368	389	1,167	1,439	7,541	7,476	29
301	349	305	350	268	288	237	249	811	979	4,865	4,738	30
292	321	325	320	292	280	245	261	876	1,107	4,954	4,990	31
11,858	12,338	13,895	12,345	12,455	9,646	11,251	8,888	24,861	23,975	156,669	143,002	
1,138,501	1,089,344	904,240	760,641	593,857	528,782	387,136	372,161	313,569	307,924	6,182,629	5,919,661	
10·42	11·33	15·37	16·23	20·97	18·24	29·06	23·88	79·28	77·86	25·34	24·16	

SUPPLEMENTARY ANNUAL STATEMENT No. IV *giving the details of Deaths by*

No.	Divisions and Districts.	Not exceeding one month.						
		Male.			Female.			Total of columns 5 and 8.
		Under one week.	Over one week.	Total.	Under one week.	Over one week.	Total.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	ARAKAN DIVISION.							
1	Akyab	151	159	310	112	128	240	550
2	Kyaukpyu	41	47	88	47	35	82	170
3	Sandoway	38	16	54	40	20	60	114
	PEGU DIVISION.							
4	Rangoon	373	178	551	274	158	432	983
5	Pegu	195	192	387	129	155	284	671
6	Tharrawaddy ...	218	213	431	159	146	305	736
7	Hanthawaddy ...	195	147	342	111	119	230	572
8	Insein	152	124	276	121	88	209	485
9	Prome	130	145	275	100	151	251	526
	IRRAWADDY DIVISION.							
10	Bassein	274	247	521	210	190	400	921
11	Henzada	314	264	578	261	229	490	1,068
12	Myaungmya	242	171	413	181	122	303	716
13	Maubin	241	158	399	180	134	314	713
14	Pyapôn	146	81	227	86	79	165	392
	TENASSERIM DIVISION.							
15	Thatôn	117	92	209	101	93	194	403
16	Amherst	190	143	333	135	103	238	571
17	Tavoy	75	80	155	50	67	117	272
18	Mergui	53	70	123	46	49	95	218
19	Toungoo	142	145	287	95	122	217	504
	MAGWE DIVISION.							
20	Thayetmyo	91	97	188	85	98	183	371
21	Minbu	116	136	252	106	109	215	467
22	Magwe	370	196	566	262	157	419	985
23	Pakôkku	390	269	659	278	240	518	1,177
	MANDALAY DIVISION.							
24	Mandalay	352	195	547	292	166	458	1,005
25	Kyauksè	111	99	210	117	86	203	413
26	Meiktila	71	45	116	51	51	102	218
27	Myingyan	148	129	277	115	150	265	542
28	Yamèthin	165	178	343	127	143	270	613
	SAGAING DIVISION.							
29	Shwebo	385	379	764	309	297	606	1,370
30	Sagaing	318	260	578	237	210	447	1,025
31	Lower Chindwin ...	338	169	507	245	175	420	927
	Total ...	6,142	4,824	10,966	4,662	4,070	8,732	19,698
	Ratio per mille of births for last 3 columns only.	...	...	...	...	...	...	...

Ages and Sexes under one year in the Districts of Burma during the year 1937.

Over one month and not exceeding six months.			Over six months and not exceeding twelve months.			Total male, columns 5, 10 and 13.	Total female, columns 8, 11 and 14.	Total.	No.
Male.	Female.	Total.	Male.	Female.	Total.				
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(1)
850	747	1,597	342	341	683	1,502	1,328	2,830	1
327	272	599	110	112	222	525	466	991	2
277	240	517	40	43	83	371	343	714	3
719	588	1,307	282	222	504	1,552	1,242	2,794	4
1,197	1,033	2,230	259	250	509	1,843	1,567	3,410	5
1,758	1,390	3,148	442	390	832	2,631	2,085	4,716	6
768	653	1,421	268	207	475	1,378	1,090	2,468	7
586	505	1,091	155	159	314	1,017	873	1,890	8
1,154	939	2,093	294	313	607	1,723	1,503	3,226	9
1,235	989	2,224	372	376	748	2,128	1,765	3,893	10
1,375	1,159	2,534	379	376	755	2,332	2,025	4,357	11
1,123	912	2,035	232	270	502	1,768	1,485	3,253	12
997	887	1,884	251	225	476	1,647	1,426	3,073	13
659	486	1,145	119	119	238	1,005	770	1,775	14
820	677	1,497	212	190	402	1,241	1,061	2,302	15
637	568	1,205	268	264	532	1,238	1,070	2,308	16
363	316	679	98	87	185	616	520	1,136	17
190	166	356	71	72	143	384	333	717	18
1,034	906	1,940	231	279	510	1,552	1,402	2,954	19
220	250	470	218	235	453	626	668	1,294	20
656	526	1,182	235	241	476	1,143	982	2,125	21
1,097	1,005	2,102	377	395	772	2,040	1,819	3,859	22
902	766	1,668	419	434	853	1,980	1,718	3,698	23
908	795	1,703	267	297	564	1,722	1,550	3,272	24
292	303	595	130	125	255	632	631	1,263	25
664	573	1,237	160	110	270	940	785	1,725	26
602	541	1,143	211	221	432	1,090	1,027	2,117	27
1,219	1,206	2,425	339	302	641	1,901	1,778	3,679	28
1,845	1,594	3,439	606	565	1,171	3,215	2,765	5,980	29
1,108	901	2,009	344	313	657	2,030	1,661	3,691	30
999	877	1,876	303	273	576	18,09	1,570	3,379	31
26,581	22,770	49,351	8,034	7,806	15,840	45,581	39,308	84,889	
...	...	...	...	...	...	214·30	191·39	203·04	

ANNUAL STATEMENT No. IV-A.—*Deaths registered according to Ages and Sexes in*

1	2	3		4		5		6		7	
No.	Divisions and Towns.	Under 1 year.		1 year and under 5.		5 and under 10.		10 and under 15.		15 and under 20.	
		Males.	Females	Males.	Females	Males.	Females	Males	Females	Males.	Females
	ARAKAN DIVISION.										
1	Akyab	98	72	22	22	10	7	5	3	15	14
	PEGU DIVISION.										
2	Rangoon ...	1,550	1,239	545	527	142	143	65	83	147	155
3	Rangoon Cantonment	2	3	...	...	...	1	...	...	...	1
4	Pegu	136	87	38	33	14	12	10	7	14	7
5	Letpadan ...	45	39	7	6	4	4	8	1	8	6
6	Syriam ...	48	35	16	10	5	5	4	6	3	2
7	Insein	65	70	35	37	10	7	10	4	9	10
8	Prome ...	170	145	60	58	20	10	19	8	31	33
9	Paungdè ...	27	26	19	18	6	5	5	5	14	5
	IRRAWADDY DIVISION.										
10	Bassein ...	232	181	73	91	39	43	20	11	29	28
11	Henzada ...	138	126	55	56	18	18	9	5	8	5
12	Pyapôn ...	34	35	25	29	11	7	7	3	8	6
13	Kyaiklat ...	60	43	27	23	14	7	2	4	2	4
	TENASSERIM DIVISION.										
14	Thatôn ...	79	63	58	64	14	18	11	7	9	11
15	Moulmein ...	221	192	108	116	27	41	17	11	31	35
16	Tavoy ...	139	139	61	80	27	31	17	13	42	31
17	Mergui ...	107	95	36	45	38	42	49	36	39	40
18	Toungoo ...	55	33	35	42	11	6	3	11	12	11
	MAGWE DIVISION.										
19	Allanmyo ...	64	68	39	40	14	9	1	3	10	8
20	Yenangyaung ...	68	66	21	25	4	4	2	4	5	8
21	Chauk ...	71	41	16	20	10	6	4	1	6	3
22	Pakôkku ...	150	138	43	35	10	18	13	11	12	11
	MANDALAY DIVISION.										
23	Mandalay ...	937	813	231	258	76	101	68	59	117	77
24	Mandalay Cantmt.	61	52	13	9	7	8	7	5	9	8
25	Maymyo ...	73	70	26	35	5	2	5	7	14	11
26	Maymyo Cantmt.	10	8	4	10	2	1	1	...	5	1
27	Myingyan ...	240	227	56	74	31	37	20	16	28	23
28	Pyinmana ...	96	95	40	38	15	23	9	13	10	8
	SAGAING DIVISION.										
29	Shwebo ...	92	75	16	18	7	8	3	8	8	6
30	Sagaing ...	62	84	18	12	5	4	11	14	6	10
31	Mônywa ...	86	66	20	15	3	8	6	7	8	7
	Total of Towns, Burma.	5,216	4,426	1,763	1,846	599	636	411	366	659	585
	Total, Population ...	10,332	10,564	40,261	40,785	51,779	48,179	54,045	46,734	72,223	46,696
	Total, Ratio per 1,000 living.	504·84	418·97	43·79	45·26	11·57	13·20	7·60	7·83	9·12	12·53

the Towns of Burma having a population of 10,000 and above during the year 1937.

8		9		10		11		12		13		1
20 and under 30		30 and under 40		40 and under 50.		50 and under 60		60 and upwards.		Total (all ages).		No.
Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	
87	24	68	30	68	14	67	13	76	64	516	263	1
724	530	1,008	429	813	348	653	279	838	721	6,485	4,454	2
...	...	1	...	...	...	..	...	...	...	3	5	3
43	34	68	45	56	29	73	29	74	77	526	360	4
22	8	19	10	18	13	18	10	21	21	170	118	5
26	10	31	16	18	9	18	6	45	26	214	125	6
39	29	45	22	39	14	19	11	57	39	328	243	7
87	54	87	47	67	36	49	40	86	67	676	498	8
24	10	28	9	20	14	18	6	45	51	206	149	9
167	76	160	84	167	71	114	38	146	95	1,147	718	10
39	32	66	29	46	24	55	17	78	82	512	394	11
44	24	48	19	42	14	18	7	27	31	264	175	12
33	16	30	17	34	11	20	11	47	28	269	164	13
32	40	47	42	39	23	29	17	74	47	392	332	14
132	127	151	94	146	89	135	68	246	166	1,214	939	15
119	51	112	60	98	38	58	37	94	92	767	572	16
41	42	36	44	37	20	29	15	44	23	456	402	17
69	40	70	29	68	18	34	26	75	51	432	267	18
24	14	32	20	14	12	16	12	35	42	249	228	19
18	18	28	18	21	8	20	5	21	26	208	182	20
16	14	26	8	12	10	4	6	21	14	186	123	21
33	29	28	25	23	26	26	25	73	92	411	410	22
255	189	304	234	262	179	240	168	437	533	2,927	2,611	23
19	15	19	17	20	8	15	8	35	45	205	175	24
47	20	40	12	27	11	26	12	36	21	299	201	25
5	3	1	1	4	...	1	...	...	4	33	28	26
51	42	64	49	57	35	32	22	67	64	646	589	27
32	25	59	32	43	27	24	17	75	55	403	333	28
26	15	33	21	22	15	16	6	26	27	249	199	29
27	21	25	14	21	10	15	12	31	39	221	220	30
18	24	39	17	15	14	19	10	35	28	249	196	31
2,299	1,576	2,773	1,494	2,317	1,140	1,861	933	2,965	2,671	20,863	15,673	
179,693	89,590	136,649	63,527	73,440	41,275	34,964	26,482	21,177	21,581	674,563	435,413	
12·79	17·59	20·29	23·52	31·55	27·62	53·23	35·23	140·01	123·77	30·93	36·00	

SUPPLEMENTARY ANNUAL STATEMENT NO. IV-A *giving the Details of* *of 10,000 and above*

No.	Divisions and Towns.	Not exceeding one month.						Total of columns 5 and 8.
		Male.			Female.			
		Under one week.	Over one week.	Total.	Under one week.	Over one week.	Total.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	ARAKAN DIVISION.							
1	Akyab	26	11	37	15	4	19	56
	PEGU DIVISION.							
2	Rangoon	373	178	551	273	158	431	982
3	Rangoon Cantonment	...	...	...	1	...	1	1
4	Pegu	25	11	36	13	4	17	53
5	Letpadan	14	4	18	10	9	19	37
6	Syriam	13	6	19	6	3	9	28
7	Insein	22	8	30	17	5	22	52
8	Prome	42	11	53	18	11	29	82
9	Paungdè	5	4	9	1	1	2	11
	IRRAWADDY DIVISION.							
10	Bassein	47	28	75	31	13	44	119
11	Henzada	27	13	40	18	9	27	67
12	Pyapôn	3	1	4	2	3	5	9
13	Kyaiklat	18	7	25	3	8	11	36
	TENASSERIM DIVISION.							
14	Thatôn	29	9	38	10	10	20	58
15	Moulmein	51	22	73	32	17	49	122
16	Tavoy	12	24	36	9	27	36	72
17	Mergui	23	27	50	18	25	43	93
18	Toungoo	17	5	22	8	2	10	32
	MAGWE DIVISION.							
19	Allanmyo	11	9	20	4	8	12	32
20	Yenangyaung ...	17	7	24	11	6	17	41
21	Chauk	14	...	14	8	3	11	25
22	Pakôkku	19	13	32	19	7	26	58
	MANDALAY DIVISION.							
23	Mandalay	214	91	305	195	69	264	569
24	Mandalay Cantonment ...	23	9	32	13	6	19	51
25	Maymyo	12	7	19	7	7	14	33
26	Maymyo Cantonment ...	2	1	3	1	2	3	6
27	Myingyan	44	15	59	35	16	51	110
28	Pyinmana	21	8	29	12	10	22	51
	SAGAING DIVISION.							
29	Shwebo	18	8	26	20	7	27	53
30	Sagaing	9	5	14	8	2	10	24
31	Mônywa	32	5	37	19	7	26	63
	Total of Towns, Burma ...	1,183	547	1,730	837	459	1,296	3,026
	Ratio per mille of births for last 3 columns only.	...	...	...	...	...	...	...

Deaths by Ages and Sexes under One year in the Towns having a population during the year 1937.

Over one month and not exceeding six months.			Over six months and not exceeding twelve months.			Total Male, columns 5, 10 and 13.	Total Female, columns 8, 11 and 14.	Total.	No.
Male.	Female.	Total.	Male.	Female.	Total.				
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(1)
36	34	70	25	19	44	98	72	170	1
717	586	1,303	282	222	504	1,550	1,239	2,789	2
2	2	4	..	...	...	2	3	5	3
76	52	128	24	18	42	136	87	223	4
22	16	38	5	4	9	45	39	84	5
23	22	45	6	4	10	48	35	83	6
25	34	59	10	14	24	65	70	135	7
83	72	155	34	44	78	170	145	315	8
16	21	37	2	3	5	27	26	53	9
131	111	242	26	26	52	232	181	413	10
77	86	163	21	13	34	138	126	264	11
20	24	44	10	6	16	34	35	69	12
30	22	52	5	10	15	60	43	103	13
24	27	51	17	16	33	79	63	142	14
109	101	210	39	42	81	221	192	413	15
71	79	150	32	24	56	139	139	278	16
30	26	56	27	26	53	107	95	202	17
23	15	38	10	8	18	55	33	88	18
31	39	70	13	17	30	64	68	132	19
28	35	63	16	14	30	68	66	134	20
41	23	64	16	7	23	71	41	112	21
93	79	172	25	33	58	150	138	288	22
489	416	905	143	133	276	937	813	1,750	23
23	27	50	6	6	12	61	52	113	24
43	43	86	11	13	24	73	70	143	25
7	4	11	...	1	1	10	8	18	26
161	161	322	20	15	35	240	227	467	27
57	63	120	10	10	20	96	95	191	28
61	39	100	5	9	14	92	75	167	29
41	67	108	7	7	14	62	84	146	30
39	36	75	10	4	14	86	66	152	31
2,629	2,362	4,991	857	768	1,625	5,216	4,426	9,642	
...	...	...	...	...	...	263·74	243·76	254·18	

ANNUAL STATEMENT No. V.—*Deaths registered according*

1	2	3					
		Population (Census 1931).					
No.	Divisions and Districts.	Christians.	Mahome-dans.	Hindus.	Burmese or Buddhists.	Other classes.	Total.
	ARAKAN DIVISION.						
1	Akyab	398	242,381	16,685	337,661	38,407	635,532
2	Kyaukpyu ...	212	6,694	768	195,152	17,466	220,292
3	Sandoway ...	1,258	6,286	696	118,322	2,683	129,245
	PEGU DIVISION.						
4	Rangoon	30,888	70,791	140,901	135,466	22,369	400,415
5	Pegu	11,387	11,021	41,057	419,365	6,981	489,811
6	Tharrawaddy ...	7,140	5,511	9,068	481,051	3,040	505,810
7	Hanthawaddy ...	6,450	13,535	52,247	331,684	4,915	408,831
8	Insein	20,409	10,249	31,283	262,677	6,834	331,452
9	Prome	1,486	4,958	7,871	389,593	6,743	410,651
	IRRAWADDY DIVISION.						
10	Bassein	39,738	11,393	15,647	499,482	4,783	571,043
11	Henzada	15,525	5,826	7,279	584,495	2,664	615,789
12	Myaungmya ...	24,091	15,150	13,083	386,071	6,389	444,784
13	Maubin	14,252	6,266	8,537	339,971	2,483	371,509
14	Pyapôn	12,085	7,162	22,560	287,659	4,692	334,158
	TENASSERIM DIVISION.						
15	Thatôn	5,663	16,047	22,612	483,981	4,325	532,628
16	Amherst	9,385	31,865	24,645	438,021	12,317	516,233
17	Tavoy	4,487	3,051	3,733	164,579	4,114	179,964
18	Mergui	9,461	14,551	7,700	123,865	6,410	161,987
19	Toungoo	42,294	9,661	23,775	340,955	12,143	428,828
	MAGWE DIVISION.						
20	Thayetmyo ...	511	1,995	2,276	253,442	15,953	274,177
21	Minbu	152	1,446	2,016	269,194	5,068	277,876
22	Magwe	2,388	5,286	10,314	478,521	3,064	499,573
23	Pakôkku	328	1,166	1,358	492,318	4,011	499,181
	MANDALAY DIVISION.						
24	Mandalay ...	9,684	24,456	28,386	304,476	4,634	371,636
25	Kyauksè	628	7,300	1,419	141,513	460	151,320
26	Meiktila	501	4,931	3,381	300,745	441	309,999
27	Myingyan ...	384	1,345	2,284	468,070	474	472,557
28	Yamèthin ...	2,514	15,343	7,323	360,353	5,287	390,820
	SAGAING DIVISION.						
29	Shwebo	2,504	9,112	3,463	430,672	1,039	446,790
30	Sagaing	869	3,044	2,690	329,040	322	335,965
31	Lower Chindwin ...	308	1,156	1,338	380,084	548	383,434
	Total, Burma ...	277,380	568,978	516,395	10,528,478	211,059	12,102,290

to classes in the Districts of Burma during the year 1937.

4						5						
Number of deaths registered.						Ratio of deaths per 1,000 of population.						No.
Christians.	Mahomedans.	Hindus.	Burmese or Buddhists	Other classes.	Total.	Christians.	Mahomedans.	Hindus.	Burmese or Buddhists	Other classes.	Total.	
1	5,130	168	6,952	648	12,899	2·51	21·17	10·07	20·59	16·87	20·30	1
1	140	4	3,277	138	3,560	4·72	20·91	5·21	16·79	7·90	16·16	2
20	85	5	2,519	56	2,685	15·90	13·52	7·18	21·29	20·87	20·77	3
745	1,532	3,520	4,732	418	10,947	24·12	21·64	24·98	34·93	18·69	27·34	4
220	219	623	9,425	338	10,825	19·32	19·87	15·17	22·47	48·42	22·10	5
167	134	166	11,698	92	12,257	23·39	24·32	18·31	24·32	30·26	24·23	6
67	228	642	9,127	374	10,438	10·39	16·85	12·29	27·52	76·09	25·53	7
242	161	575	6,112	142	7,232	11·86	15·71	18·38	23·27	20·78	21·82	8
41	102	206	10,738	78	11,165	27·59	20·57	26·17	27·56	11·57	27·19	9
859	315	502	12,907	101	14,684	21·62	27·65	32·08	25·84	21·12	25·71	10
144	94	152	14,917	34	15,341	9·28	16·13	20·88	25·52	12·76	24·91	11
597	282	365	9,643	207	11,094	24·78	18·61	27·90	24·98	32·40	24·94	12
190	108	139	8,280	126	8,843	13·33	17·24	16·28	24·35	50·75	23·80	13
220	123	336	7,976	375	9,030	18·20	17·17	14·89	27·73	79·92	27·02	14
63	231	224	9,388	211	10,117	11·12	14·40	9·91	19·40	48·79	18·99	15
150	861	633	9,535	138	11,317	15·98	27·02	25·68	21·77	11·20	21·92	16
121	96	194	5,452	218	6,081	26·97	31·47	51·97	33·13	52·99	33·79	17
162	442	144	2,643	335	3,726	17·12	30·38	18·70	21·34	52·26	23·00	18
828	256	417	7,910	338	9,749	19·58	26·50	17·54	23·20	27·83	22·73	19
14	65	111	9,105	88	9,383	27·40	32·58	48·77	35·93	5·52	34·22	20
2	15	24	7,467	77	7,585	13·16	10·37	11·90	27·74	15·19	27·30	21
15	56	94	13,015	18	13,198	6·28	10·59	9·11	27·20	5·87	26·42	22
...	5	8	12,264	2	12,279	...	4·29	5·89	24·91	0·50	24·60	23
171	649	802	9,120	128	10,870	17·66	26·54	28·25	29·95	27·62	29·25	24
3	150	22	3,715	5	3,895	4·78	20·55	15·50	26·25	10·87	25·74	25
5	109	71	6,458	19	6,662	9·98	22·11	21·00	21·47	43·08	21·49	26
14	47	34	7,848	14	7,957	36·46	34·94	14·89	16·77	29·54	16·84	27
65	433	217	10,487	86	11,288	25·86	28·22	29·63	29·10	16·27	28·88	28
57	221	40	14,677	22	15,017	22·76	24·25	11·55	34·08	21·17	33·61	29
2	71	33	9,486	11	9,603	2·30	23·32	12·27	28·83	34·16	28·58	30
2	14	22	9,900	6	9,944	6·49	12·11	16·44	26·05	10·95	25·93	31
5,188	12,374	10,493	266,773	4,843	299,671	18·70	21·75	20·32	25·34	22·95	24·76	

SUPPLEMENTARY ANNUAL STATEMENT No. V-A.—*Deaths registered according to*

1	2	3							
No.	Divisions and Districts.	Population (Census 1931).							
		Christians.		Mahomedans.		Hindus.		Burmese or Buddhists.	
		Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
	ARAKAN DIVISION.								
1	Akyab	255	143	132,976	109,405	15,044	1,641	170,099	167,562
2	Kyaukpyu ...	104	108	3,736	2,958	716	52	94,038	101,114
3	Sandoway ...	664	594	3,476	2,810	606	90	58,022	60,300
	PEGU DIVISION.								
4	Rangoon ...	17,094	13,794	56,147	14,644	112,735	28,166	69,936	65,530
5	Pegu	5,702	5,685	7,912	3,109	27,279	13,778	208,666	210,699
6	Tharrawaddy ...	4,512	2,628	3,897	1,614	6,995	2,073	233,967	247,084
7	Hanthawaddy ...	3,696	2,754	9,570	3,965	35,741	16,506	166,559	165,125
8	Insein	10,559	9,850	6,969	3,280	22,244	9,039	131,650	131,027
9	Prome	832	654	3,345	1,613	5,955	1,916	189,346	200,247
	IRRAWADDY DIVISION.								
10	Bassein ...	19,647	20,091	8,228	3,165	13,366	2,281	247,527	251,955
11	Henzada ...	7,654	7,871	3,764	2,062	5,889	1,390	285,957	298,538
12	Myaungmya ...	12,302	11,789	12,071	3,079	11,534	1,549	195,197	190,874
13	Maubin ...	6,905	7,347	4,683	1,583	7,334	1,203	168,194	171,777
14	Pyapôn ...	6,346	5,739	6,182	980	16,987	5,573	146,589	141,070
	TENASSERIM DIVISION.								
15	Thatôn	2,840	2,823	10,386	5,661	14,853	7,759	244,310	239,671
16	Amherst ...	4,648	4,737	18,912	12,953	17,758	6,887	222,552	215,469
17	Tavoy ...	2,310	2,177	1,934	1,117	3,190	543	82,292	82,287
18	Mergui ...	4,964	4,497	7,849	6,702	5,709	1,991	62,713	61,152
19	Toungoo ...	21,371	20,923	6,473	3,188	15,328	8,447	170,327	170,628
	MAGWE DIVISION.								
20	Thayetmyo ...	287	224	1,256	739	1,727	549	124,297	129,145
21	Minbu ...	85	67	1,021	425	1,707	309	131,149	138,045
22	Magwe ...	1,581	807	4,153	1,133	8,928	1,386	234,162	244,359
23	Pakôkku ...	220	108	900	266	1,161	197	236,756	255,562
	MANDALAY DIVISION.								
24	Mandalay ...	5,508	4,176	14,053	10,403	19,224	9,162	149,491	154,985
25	Kyauksè ...	306	322	3,712	3,588	1,154	265	69,383	72,130
26	Meiktila ...	274	227	2,609	2,322	2,509	872	141,447	159,298
27	Myingyan ...	221	163	914	431	1,778	506	225,525	242,545
28	Yamèthin ...	1,390	1,124	8,126	7,217	5,130	2,193	176,535	183,818
	SAGAING DIVISION.								
29	Shwebo ...	1,339	1,155	4,775	4,337	2,671	792	204,650	226,022
30	Sagaing ...	408	461	1,704	1,340	1,888	802	155,655	173,385
31	Lower Chindwin ...	187	121	833	323	994	344	176,154	203,930
	Total, Burma ...	144,211	133,169	352,566	216,412	388,134	128,261	5,173,145	5,355,333

Sex in the four main classes in the Districts of Burma during the year 1937.

4								5								1
Number of deaths registered.								Ratio of deaths per 1,000 of population.								
Christians.		Mahomedans.		Hindus.		Burmese or Buddhists.		Christians.		Mahomedans.		Hindus.		Burmese or Buddhists.		No
Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	
..	1	2,717	2,413	129	39	3,575	3,377	...	6·99	20·43	22·06	8·57	23·77	21·02	20·15	1
1	...	69	71	3	1	1,630	1,647	9·62	...	18·47	24·00	4·19	19·23	17·33	16·29	2
9	11	37	48	3	2	1,273	1,246	13·55	18·52	10·64	17·08	4·95	22·22	21·94	20·66	3
406	339	1,001	531	2,268	1,252	2,534	2,198	23·75	24·58	17·83	36·26	20·12	44·45	36·23	33·54	4
116	104	152	67	431	192	4,953	4,472	20·34	18·29	19·21	21·55	15·80	13·94	23·74	21·22	5
85	82	89	45	117	49	6,131	5,567	18·84	31·20	22·84	27·88	16·73	23·64	26·20	22·53	6
36	31	146	82	426	216	4,731	4,396	9·74	11·26	15·26	20·68	11·92	13·09	28·40	26·62	7
138	104	87	74	335	240	3,301	2,811	13·07	10·56	12·48	22·56	15·06	26·55	25·07	21·45	8
20	21	55	47	142	64	5,553	5,185	24·04	32·11	16·44	29·14	23·85	33·40	29·33	25·89	9
451	408	212	103	390	112	6,708	6,199	22·96	20·31	25·77	32·54	29·18	49·10	27·10	24·60	10
76	68	49	45	107	45	7,631	7,286	9·93	8·64	13·02	21·82	18·17	32·37	26·69	24·41	11
315	282	203	79	302	63	5,145	4,498	25·61	23·92	16·82	25·66	26·18	40·67	26·36	23·57	12
85	105	62	46	109	30	4,302	3,972	12·31	14·29	13·24	29·06	14·86	24·94	25·58	23·16	13
120	100	94	29	254	82	4,220	3,756	18·91	17·42	15·21	29·59	14·95	14·71	28·79	26·63	14
30	33	141	90	150	74	4,886	4,502	10·56	11·69	13·58	15·90	10·10	9·54	20·00	18·78	15
82	68	473	388	420	213	4,943	4,592	17·64	14·36	25·01	29·95	23·65	30·93	22·21	21·31	16
65	56	62	34	158	36	2,729	2,723	28·14	25·72	32·06	30·44	49·53	66·30	33·16	33·09	17
79	83	216	226	78	66	1,416	1,227	15·91	18·46	27·52	33·72	13·66	33·15	22·58	20·06	18
405	423	156	100	289	128	4,145	3,765	18·95	20·22	24·10	31·37	18·85	15·15	24·34	22·07	19
8	6	36	29	78	33	4,609	4,496	27·87	26·79	28·66	39·24	45·17	60·11	37·08	34·81	20
1	1	9	6	16	8	3,786	3,681	11·76	14·93	8·81	14·12	9·37	25·89	28·87	26·67	21
8	7	38	18	69	25	6,555	6,460	5·06	8·67	9·15	15·89	7·73	18·04	27·99	26·44	22
...	...	4	1	7	1	6,086	6,178	...	...	4·44	3·76	6·03	5·08	25·71	24·17	23
91	80	360	289	488	314	4,655	4,465	16·52	19·16	25·62	27·78	25·38	34·27	31·14	28·81	24
1	2	93	57	17	5	1,864	1,851	3·27	6·21	25·05	15·89	14·73	18·87	26·87	25·66	25
4	1	60	49	44	27	3,232	3,226	14·60	4·41	23·00	21·10	17·54	30·96	22·85	20·25	26
8	6	22	25	20	14	3,890	3,958	36·20	36·81	24·07	58·00	11·25	27·67	17·25	16·32	27
38	27	213	220	133	84	5,296	5,191	27·34	24·02	26·21	30·48	25·93	38·30	30·00	28·24	28
21	36	118	103	24	16	7,362	7,315	15·68	30·90	24·71	23·75	8·99	20·20	35·97	32·36	29
2	...	29	42	29	4	4,799	4,687	4·90	...	17·02	31·34	15·36	4·99	30·83	27·03	30
2	...	9	5	12	10	4,925	4,975	10·70	...	10·80	15·48	12·07	29·07	27·96	24·40	31
2,703	2,485	7,012	5,362	7,048	3,445	136,865	129,908	18·74	18·66	19·89	24·78	18·16	26·86	26·46	24·26	

ANNUAL STATEMENT NO. VI-A.—*Births and Deaths from different causes, registered*

1	2	3	4				5	6	7	8	9	10
			Births.									
No.	Divisions and Districts.	Population (Census 1931).	Male.	Female.	Total.	Birth rate.	Cholera.	Small-pox.	Plague.	Fever.	Dysentery and Diarrhœa.	Respiratory Diseases.
	ARAKAN DIVISION.											
1	Akyab	595,194	10,272	9,463	19,735	33·16	9	196	...	8,479	414	401
2	Kyaukpyu ...	216,060	2,681	2,546	5,227	24·19	5	32	...	1,675	58	3
3	Sandoway ...	125,175	1,762	1,571	3,333	26·63	2	10	...	1,496	20	9
	PEGU DIVISION.											
4	Pegu	460,395	7,281	6,813	14,094	30·61	186	24	23	2,763	20	12
5	Tharrawaddy ...	454,471	8,612	8,286	16,898	37·18	38	4	2	4,287	191	118
6	Hanthawaddy ...	384,785	6,879	6,563	13,442	34·93	128	9	...	2,487	105	45
7	Insein	279,595	4,732	4,630	9,362	33·48	54	5	26	1,953	75	74
8	Prome	360,469	5,719	5,394	11,113	30·83	64	12	...	4,913	145	2
	IRRAWADDY DIVISION.											
9	Bassein ...	514,135	9,941	9,706	19,647	38·21	478	3	8	4,637	424	141
10	Henzada ...	571,395	10,933	10,479	21,412	37·47	292	98	...	5,502	509	115
11	Myaungmya ...	419,905	6,949	6,453	13,402	31·92	310	9	1	2,931	150	139
12	Maubin ...	346,353	6,523	6,351	12,874	37·17	305	3	...	4,437	77	28
13	Pyapôn ...	311,162	5,012	5,058	10,070	32·36	308	26	...	2,263	517	201
	TENASSERIM DIVISION.											
14	Thatôn ...	509,166	7,825	7,418	15,243	29·94	7	26	87	5,388	72	1
15	Amherst ...	444,152	8,578	8,329	16,907	38·07	1	52	...	2,358	124	209
16	Tavoy ...	150,946	3,569	3,451	7,020	46·51	2	9	...	3,253	216	14
17	Mergui ...	141,582	2,468	2,384	4,852	34·27	...	107	...	1,525	156	43
18	Toungoo ...	391,922	5,945	5,788	11,733	29·94	45	28	26	3,872	137	42
	MAGWE DIVISION.											
19	Thayetmyo ...	252,387	5,373	5,657	11,030	43·70	61	1	...	4,462	138	140
20	Minbu ...	265,217	4,278	4,204	8,482	31·98	...	1	...	4,230	86	49
21	Magwe ...	459,097	7,730	7,763	15,493	33·75	506	34	21	6,971	66	22
22	Pakôkku ...	476,066	9,105	9,305	18,410	38·67	11	14	1	5,766	215	26
	MANDALAY DIVISION.											
23	Mandalay ...	196,687	2,642	2,629	5,271	26·80	...	1	20	2,185	20	9
24	Kyauksè ...	143,967	2,257	2,296	4,553	31·63	...	...	8	1,808	46	33
25	Meiktila ...	301,169	4,419	4,375	8,794	29·20	...	27	198	2,065	86	29
26	Myingyan ...	438,982	4,449	4,225	8,674	19·76	...	77	115	1,221	44	41
27	Yamèthin ...	358,090	7,111	7,090	14,201	39·66	...	...	77	4,720	56	90
	SAGAING DIVISION.											
28	Shwebo ...	431,765	9,674	9,405	19,079	44·19	...	2	75	8,394	97	17
29	Sagaing ...	316,766	7,282	7,085	14,367	45·36	..	4	60	3,186	97	18
30	Lower Chindwin ...	372,634	7,739	7,556	15,295	41·05	...	4	4	3,871	195	1,230
	Total, Rural Districts, Burma.	10,689,689	187,740	182,273	370,013	34·61	2,812	818	752	113,098	4,556	3,301

in the Rural Districts of Burma during the year 1937.

11							12	13	14										1
Injuries.									Ratio of Deaths per 1,000 of population.										
Suicide.		Wounding or accident.	Snake-bite.	Killed by wild beasts.	Rabies.	Total.	All other causes.	Total deaths from all causes.	Cholera.	Small-pox.	Plague.	Fever.	Dysentery and Diarrhœa.	Respiratory Diseases.	Injuries.	All other causes.	From all causes.		No.
Male.	Female.																For the year.	Mean of previous five years	
6	4	112	9	2	6	139	2,400	12,038	0·02	0·33	...	14·25	0·70	0·67	0·23	4·03	20·23	18·12	1
2	3	18	4	1	5	33	1,693	3,499	0·02	0·15	...	7·75	0·27	0·01	0·15	7·84	16·19	16·53	2
1	2	88	2	1	...	94	972	2,603	0·02	0·08	...	11·95	0·16	0·07	0·75	7·77	20·79	23·05	3
16	4	84	105	3	4	216	6,405	9,649	0·40	0·05	0·05	6·00	0·04	0·03	0·47	13·91	20·96	14·59	4
11	3	90	159	4	11	278	5,900	10,818	0·08	0·01	0·00	9·43	0·42	0·26	0·61	12·98	23·80	18·37	5
2	1	67	71	...	13	154	6,863	9,791	0·33	0·02	...	6·46	0·27	0·12	0·40	17·84	25·45	16·32	6
3	1	58	75	8	4	149	3,399	5,735	0·19	0·02	0·09	6·99	0·27	0·26	0·53	12·16	20·51	17·12	7
5	4	45	81	...	4	139	4,118	9,393	0·18	0·03	...	13·63	0·40	0·01	0·39	11·42	26·06	22·80	8
8	3	70	44	...	7	132	6,607	12,430	0·93	0·01	0·02	9·02	0·82	0·27	0·26	12·85	24·18	12·42	9
2	1	54	91	10	5	163	7,176	13,855	0·51	0·17	...	9·63	0·89	0·20	0·29	12·56	24·25	14·69	10
4	...	72	49	...	...	125	6,334	9,999	0·74	0 02	0·00	6·98	0·36	0·33	0·30	15·08	23·81	19·30	11
7	6	46	77	1	3	140	2,990	7,980	0·88	0·01	...	12·81	0·22	0·08	0·40	8·63	23·04	19·28	12
1	...	128	80	...	5	214	4,629	8,158	0·99	0·08	...	7·27	1·66	0·65	0·69	14·88	26·22	23·14	13
7	5	66	29	2	4	113	3,506	9,200	0·01	0·05	0·17	10·58	0·14	0·00	0·22	6·89	18·07	12·87	14
7	3	72	34	...	3	119	5,986	8,849	0·00	0·12	...	5·31	0·28	0·47	0·27	13·48	19·92	15·35	15
4	5	24	1	...	...	34	1,214	4,742	0·01	0·06	...	21·55	1·43	0·09	0·23	8·04	31·42	20·04	16
1	...	54	5	...	2	62	975	2,868	...	0·76	...	10·77	1·10	0·30	0·44	6·89	20·26	19·01	17
5	...	56	70	1	7	139	4,286	8,575	0·11	0·07	0·07	9·88	0·35	0·11	0·35	10·94	21·88	16·74	18
...	...	19	19	4	2	44	3,604	8,450	0·24	0·00	...	17·68	0·55	0·55	0·17	14·28	33·48	12·01	19
2	...	30	78	1	4	115	2,731	7,212	...	0·00	...	15·95	0·32	0·18	0·43	10·30	27·19	25·69	20
9	9	38	181	1	15	253	3,894	11,767	1·10	0·07	0·05	15·18	0·14	0·05	0·55	8·48	25·63	14·59	21
3	8	69	78	13	12	183	5,242	11,458	0·02	0·03	0·00	12·11	0·45	0·05	0·38	11·01	24·07	23·60	22
1	...	8	14	...	3	26	2,011	4,272	...	0·01	0·10	11·11	0·10	0·05	0·13	10·22	21·72	22·71	23
...	...	15	18	4	5	42	1,651	3,588	...	...	0·06	12·56	0·32	0·23	0·29	11·47	24·92	25·25	24
3	1	54	98	13	11	180	3,744	6,329	...	0·09	0·66	6·86	0·29	0·10	0·60	12·43	21·01	19·09	25
2	1	38	91	1	3	136	4,811	6,445	...	0·18	0·26	2·78	0·10	0·09	0·31	10·96	14·68	13·14	26
1	1	64	88	...	1	155	4,897	9,995	...	...	0·22	13·18	0·16	0·25	0·43	13·68	27·91	19·81	27
5	3	52	119	45	12	236	5,631	14,452	...	0·00	0·17	19·44	0·22	0·04	0·55	13·04	33·47	28·55	28
3	5	48	124	1	11	192	5,364	8,921	...	0·01	0·19	10·06	0·31	0·06	0·61	16·93	28·16	23·48	29
11	2	45	116	1	12	187	4,008	9,499	...	0·01	0·01	10·39	0·52	3·30	0·50	10·76	25·49	25·71	30
	75	1,684	2,010	117	174	4,192	123,041	252,570	0·26	0·08	0·07	10 58	0·43	0·31	0·39	11·51	23·63	18·51	

ANNUAL STATEMENT NO. VI-B.—*Births and Deaths registered from*

1	2	3	4				5	6	7	8	9	10
			Births.									
No.	Divisions and Towns.	Population (Census 1931).	Male.	Female.	Total.	Birth rate.	Cholera.	Small-pox.	Plague.	Fevers.	Dysentery and Diarrhœa.	Respiratory Diseases.
	ARAKAN DIVISION.											
1	Akyab ...	38,094	400	376	776	20·37	...	23	...	57	48	200
2	Minbya ...	2,244	43	27	70	31·19	...	49	...	14	2	9
3	Kyaukpyu ...	4,232	80	81	161	38·04	...	...	...	14	2	4
4	Sandoway ...	4,070	47	44	91	22·36	...	...	...	19	1	20
	PEGU DIVISION.											
5	Rangoon ...	398,967	5,779	5,480	11,259	28·22	17	13	18	249	600	3,686
6	Rangoon Cantonment	1,448	...	8	8	5·52	...	...	...	...	...	4
7	Pegu ...	21,626	424	404	828	38·29	2	...	...	105	40	135
8	Nyaunglebin ...	7,790	153	114	267	34·27	6	...	2	20	15	63
9	Tharrawaddy ...	7,131	96	94	190	26·64	...	...	2	31	11	21
10	Thônzè ...	7,962	167	146	313	39·31	...	...	...	32	20	52
11	Zigôn ...	6,365	76	61	137	21·52	...	...	2	29	5	44
12	Letpadan ...	12,160	195	169	364	29·93	...	...	6	62	10	45
13	Gyobingauk ...	7,675	139	121	260	33·88	...	...	17	28	15	26
14	Minhla ...	4,413	58	54	112	25·38	...	...	12	18	4	23
15	Nattalin ...	5,633	82	68	150	26·63	...	...	...	6	1	14
16	Syriam ...	15,070	279	226	505	33·51	...	..	...	56	16	68
17	Thôngwa ...	8,976	155	142	297	33·09	...	...	...	46	11	83
18	Insein ...	20,487	283	263	546	26·65	...	...	4	27	36	100
19	Mingaladon Cantmnt.	3,910	48	45	93	23·79	...	...	...	8	10	14
20	Thamaing ...	5,645	85	64	149	26·40	1	...	...	36	7	32
21	Kamayut ...	7,256	99	107	206	28·39	...	1	...	117	9	9
22	Thingangyun ...	7,984	82	86	168	21·04	3	...	...	44	4	19
23	Kanbe ...	6,575	89	77	166	25·25	...	...	...	54	2	21
24	Prome ...	28,295	608	513	1,121	39·62	23	1	2	127	64	186
25	Shwedaung ...	8,408	131	126	257	30·57	1	...	...	96	3	50
26	Paungdè ...	13,479	186	165	351	26·04	...	1	10	79	12	80
	IRRAWADDY DIVISION.											
27	Bassein ...	45,662	752	695	1,447	31·69	188	...	33	109	134	423
28	Ngathainggyaung ...	5,380	91	99	190	35·32	10	3	8	18	9	38
29	Kyônpyaw ...	5,866	109	112	221	37·67	28	...	7	29	17	29
30	Henzada ...	28,542	438	399	837	29·33	3	9	...	117	51	160
31	Myanaung ...	9,072	168	131	299	32·96	...	2	...	88	24	26
32	Kyangin ...	6,780	127	73	200	29·50	2	38	7	52	27	25
33	Myaungmya ...	7,773	117	140	257	33·06	29	...	6	20	7	67
34	Wakèma ...	9,359	143	133	276	29·49	48	...	...	58	37	76
35	Moulmeingyun ...	7,747	147	117	264	34·08	48	...	...	49	35	56
36	Maubin ...	8,897	131	138	269	30·23	8	...	...	32	8	51
37	Yandoon ...	9,925	149	142	291	29·32	46	4	...	29	5	55
38	Danubyu ...	6,334	112	124	236	37·26	22	...	3	48	15	39
39	Pyapôn ...	12,338	161	146	307	24·88	32	40	...	78	35	62
40	Kyaiklat ...	10,658	187	160	347	32·56	44	...	...	74	25	57
	TENASSERIM DIVISION.											
41	Thatôn ...	16,851	320	320	640	37·98	1	2	22	93	65	140
42	Kyaikto ...	6,611	82	102	184	27·83	...	1	8	18	14	41
43	Moulmein ...	65,506	986	912	1,898	28·97	...	78	...	232	164	481
44	Kawkareik ...	6,575	113	150	263	40·00	...	44	...	87	17	15
45	Tavoy ...	29,018	530	509	1,039	35·81	9	1	...	489	89	226

different causes in the Towns of Burma during the year 1937.

11							12	13	14									
Injuries.									Ratio of Deaths per 1,000 of population.									
Suicide.																From all causes.		
Male.	Female.	Wounding or accident.	Snake-bite.	Killed by wild beasts.	Rabies.	Total.	All other causes.	Total deaths from all causes.	Cholera.	Small-pox.	Plague.	Fevers.	Dysentery and Diarrhœa.	Respiratory Diseases.	Injuries.	All other causes.	For the year.	Mean of previous five years.
3	1	26	...	...	1	31	420	779	...	0·60	...	1·50	1·26	5·25	0·81	11·03	20·45	18·92
...	...	1	...	...	...	1	7	82	...	21·84	...	6·24	0·89	4·01	0·45	3·12	36·54	25·22
...	...	...	...	...	1	1	40	61	...	...	...	3·31	0·47	0·95	0·24	9·45	14·41	15·60
...	...	5	...	...	...	5	37	82	...	...	...	4·67	0·25	4·91	1·23	9·09	20·15	20·64
7	1	205	13	...	8	234	6,122	10,939	0·04	0·03	0·05	0·62	1·50	9·24	0·59	15·34	27·42	24·30
...	...	1	...	...	...	1	3	8	...	...	...	...	...	2·70	0·69	2·07	5·52	...
6	2	45	1	...	2	56	548	886	0·09	...	...	4·86	1·85	6·24	2·59	25·34	40·97	36·92
...	...	9	3	...	...	12	172	290	0·77	...	0·26	2·57	1·93	8·09	1·54	22·08	37·23	35·71
...	...	15	...	...	...	15	84	164	...	...	0·28	4·35	1·54	2·94	2·10	11·78	23·00	23·78
...	...	...	2	...	1	3	195	302	...	...	...	4·02	2·51	6·53	0·38	24·49	37·93	27·00
...	...	8	2	1	...	11	91	182	...	...	0·31	4·56	0·79	6·91	1·73	14·30	28·59	30·54
...	...	17	1	...	2	20	145	288	...	...	0·49	5·10	0·82	3·70	1·64	11·92	23·68	20·89
1	...	23	2	...	...	26	155	267	...	...	2·21	3·65	1·95	3·39	3·39	20·20	34·79	36·61
...	...	4	1	...	...	5	64	126	...	..	2·72	4·08	0·91	5·21	1·13	14·50	28·55	18·49
...	...	2	1	...	1	4	85	110	...	...	...	1·07	0·18	2·49	0·71	15·09	19·53	21·62
...	...	10	...	...	1	11	188	339	...	...	...	3·72	1·06	4·51	0·73	12·48	22·50	22·61
...	...	12	...	...	...	12	156	308	...	...	...	5·12	1·22	9·25	1·34	17·38	34·31	26·49
...	...	48	1	...	...	49	355	571	...	...	0·20	1·32	1·76	4·88	2·39	17·33	27·87	23·44
...	...	...	...	...	...	...	28	60	...	...	...	2·05	2·56	3·58	...	7·16	15·35	...
...	...	5	..	...	...	5	175	256	0·18	...	...	6·38	1·24	5·67	0·89	31·00	45·35	37·17
1	2	5	...	...	...	8	115	259	...	0·14	...	16·12	1·24	1·24	1·10	15·85	35·69	28·14
...	...	1	2	...	...	3	167	180	0·38	...	...	5·51	0·50	2·38	0·38	13·40	22·55	21·32
...	...	4	1	...	...	5	89	171	...	...	...	8·21	0·30	3·19	0·76	13·54	26·01	23·48
...	...	45	...	...	3	48	723	1,174	0·81	0·04	0·07	4·49	2·26	6·57	1·70	25·55	41·49	35·29
...	...	...	...	...	3	3	90	243	0·12	...	...	11·42	0·36	5·95	0·36	10·70	28·90	26·31
...	...	20	1	...	...	21	152	355	...	0·07	0·74	5·86	0·89	5·94	1·56	11·28	26·34	31·47
2	2	32	1	...	4	41	937	1,865	4·12	...	0·72	2·39	2·93	9·26	0·90	20·52	40·84	30·99
...	...	5	1	...	...	6	93	185	1·86	0·56	1·49	3·35	1·67	7·06	1·12	17·29	34·39	30·20
1	...	1	1	...	...	3	91	204	4·77	...	1·19	4·94	2·90	4·94	0·51	15·51	34·78	25·06
3	...	18	...	...	6	27	539	906	0·11	0·32	...	4·10	1·79	5·61	0·95	18·88	31·74	27·26
...	...	3	...	...	...	3	152	295	...	0·22	...	9·70	2·65	2·87	0·33	16·75	32·52	33·27
1	...	2	...	..	1	4	130	285	0·29	5·60	1·03	7·67	3·98	3·69	0·59	19·17	42·04	30·50
...	...	6	...	.	1	7	216	352	3·73	...	0·77	2·57	0·90	8·62	0·90	27·79	45·28	34·22
...	...	18	...	...	1	19	133	371	5·13	...	...	6·20	3·95	8·12	2·03	14·21	39·64	28·96
...	...	15	...	...	...	15	169	372	6·20	...	...	6·33	4·52	7·23	1·94	21·81	48·02	38·57
...	...	7	1	...	2	10	173	282	0·90	...	...	3·60	0·90	5·73	1·12	19·44	31·70	26·17
1	...	7	1	...	3	12	199	350	4·63	0·40	...	2·92	0·50	5·54	1·21	20·05	35·26	28·37
...	...	3	...	...	1	4	100	231	3·47	...	0·47	7·58	2·37	6·16	0·63	15·79	36·47	28·95
...	1	18	1	..	2	22	170	439	2·59	3·24	...	6·32	2·84	5·03	1·78	13·78	35·58	27·51
...	...	5	4	...	..	9	224	433	4·13	...	...	6·94	2·35	5·35	0·84	21·02	40·63	35·99
...	1	27	2	...	1	31	370	724	0·06	0·12	1·31	5·52	3·86	8·31	1·84	21·96	42·96	34·61
...	...	2	...	...	...	2	109	193	...	0·15	1·21	2·72	2·12	6·20	0·30	16·49	29·19	33·91
...	...	87	3	...	1	91	1,107	2,153	...	1·19	...	3·54	2·50	7·34	1·39	16·90	32·87	26·51
...	...	3	...	...	...	3	149	315	...	6·69	...	13·23	2·59	2·28	0·46	22·66	47·91	35·04
...	1	24	...	1	...	26	499	1,339	0·31	0·03	...	16·85	3·07	7·79	0·90	17·20	46·14	32·37

ANNUAL STATEMENT NO. VI-B.—*Births and Deaths registered from*

1	2	3	4				5	6	7	8	9	10
			Births.									
No.	Divisions and Towns.	Population (Census 1931).	Male.	Female.	Total.	Birth rate.	Cholera.	Small-pox.	Plague.	Fevers.	Dysentery and Diarrhœa.	Respiratory Diseases.
	TENASSERIM DIVISION —*concld.*											
46	Mergui ...	20,405	323	338	661	32·39	...	139	...	256	8	53
47	Toungoo ...	23,223	362	358	720	31·00	...	...	10	127	57	95
48	Shwegyin ...	5,876	111	105	216	36·76	...	...	2	38	4	35
49	Pyu ...	7,807	135	158	293	37·53	2	1	1	49	25	33
	MAGWE DIVISION.											
50	Thayetmyo ...	9,279	182	192	374	40·31	50	...	...	89	8	33
51	Allanmyo ...	12,511	207	202	409	32·69	52	...	...	176	11	63
52	Minbu ...	6,005	120	109	229	38·13	...	...	...	31	6	40
53	Salin ...	6,654	124	113	237	35·62	...	...	...	49	9	67
54	Magwe ...	8,209	163	146	309	37·64	...	...	24	18	5	63
55	Taungdwingyi ...	8,339	168	259	427	51·21	4	2	...	40	5	146
56	Yenangyaung ...	11,098	245	241	486	43·79	...	4	4	28	27	83
57	Chauk ...	12,830	172	122	294	22·92	...	1	...	57	10	21
58	Pakôkku ...	23,115	406	394	800	34·61	...	5	26	41	28	291
	MANDALAY DIVISION.											
59	Mandalay ...	134,950	4,193	3,458	7,651	56·70	...	3	210	502	290	1,168
60	Mandalay Cantonment	12,982	178	149	327	25·19	...	...	6	78	8	45
61	Maymyo ...	16,586	408	361	769	46·36	...	...	...	71	34	128
62	Maymyo Cantonment	4,749	66	63	129	27·16	...	...	...	4	8	13
63	Myitngè ...	5,682	101	76	177	31·15	...	1	4	7	8	20
64	Kyauksè ...	7,353	175	161	336	45·70	...	...	33	52	7	21
65	Meiktila ...	8,830	165	155	320	36·24	...	...	50	18	6	62
66	Myingyan ...	25,457	491	501	992	38·97	...	85	52	18	16	305
67	Nyaung-u ...	8,118	101	106	207	25·50	...	1	8	16	3	39
68	Yamèthin ...	9,291	209	192	401	43·16	...	...	19	13	6	107
69	Pyinmana ...	17,656	432	441	873	49·44	...	...	39	99	40	173
70	Pyawbwè ...	5,783	127	129	256	44·27	...	...	40	6	21	32
	SAGAING DIVISION.											
71	Shwebo ...	11,286	267	247	514	45·54	...	...	9	39	7	82
72	Ye-u ...	3,739	82	54	136	36·37	...	...	5	48	5	11
73	Sagaing ...	14,127	233	319	552	39·07	...	...	25	31	32	155
74	Myinmu ...	5,072	101	82	183	36·08	...	...	36	22	5	44
75	Mônywa ...	10,800	266	218	484	44·81	...	...	2	61	6	103
	Total of Towns, Burma	1,412,601	24,960	23,112	48,072	34·03	679	552	774	5,178	2,431	10,606
	Total of Rural Districts, Burma.	10,689,689	187,740	182,273	370,013	34·61	2,812	818	752	113,098	4,556	3,301
	GRAND TOTAL, BURMA	12,102,290	212,700	205,385	418,085	34·55	3,491	1,370	1,526	118,276	6,987	13,907
	TOWNS FOR WHICH CORRESPONDING RURAL FIGURES ARE NOT GIVEN IN VI-A.											
1	Bhamo ...	8,011	124	121	245	30·58	...	1	...	89	13	71
2	Myitkyina ...	7,328	148	156	304	41·48	...	...	...	89	50	95
3	Mawlaik ...	2,278	69	65	134	58·82	...	...	9	28	7	18
4	Lashio ...	4,638	124	123	247	53·26	...	...	...	87	5	54
5	Taunggyi ...	8,652	214	224	438	50·62	...	...	1	36	8	78
6	Kalaw ...	3,621	69	60	129	35·63	...	...	1	15	8	10

different causes in the Towns of Burma during the year 1937—concld.

11							12	13	14									
Injuries.									Ratio of Deaths per 1,000 of population.									
Suicide.																From all causes.		
Male.	Female.	Wounding or accident.	Snake-bite.	Killed by wild beasts.	Rabies.	Total.	All other causes.	Total deaths from all causes.	Cholera.	Small-pox.	Plague.	Fevers.	Dysentery and Diarrhœa.	Respiratory Diseases.	Injuries.	All other causes.	For the year.	Mean of previous five years.
3	...	33	...	...	1	37	365	858	...	6·81	...	12·55	0·39	2·60	1·81	17·89	42·05	39·25
...	...	32	1	...	...	33	377	699	...	...	0·43	5·47	2·45	4·09	1·42	16·23	30·10	25·93
...	...	8	...	...	...	8	117	204	...	...	0·34	6·47	0·68	5·96	1·36	19·91	34·72	30·77
2	...	15	1	...	...	18	142	271	0·26	0·13	0·13	6·28	3·20	4·23	2·31	18·19	34·71	30·69
...	...	12	2	...	1	15	261	456	5·39	...	...	9·59	0·86	3·56	1·62	28·13	49·14	38·58
2	...	5	...	...	...	7	168	477	4·16	...	...	14·07	0·88	5·04	0·56	13·43	38·13	28·23
...	...	9	1	...	...	10	72	159	...	...	...	5·16	1·00	6·66	1·67	11·99	26·48	33·84
...	...	4	1	...	1	6	83	214	...	...	...	7·36	1·35	10·07	0·90	12·47	32·16	36·76
...	...	13	...	...	2	15	164	289	...	...	2·92	2·19	0·61	7·67	1·83	19·98	35·21	35·01
...	...	14	2	...	1	17	229	443	0·48	0·24	...	4·80	0·60	17·51	2·04	27·46	53·12	47·08
...	...	15	...	...	1	16	228	390	...	0·36	0·36	2·52	2·43	7·48	1·44	20·54	35·14	40·03
...	...	8	...	...	...	8	212	309	...	0·08	...	4·44	0·78	1·64	0·62	16·52	24·08	19·03
...	...	7	3	...	...	10	420	821	...	0·22	1·12	1·77	1·21	12·59	0·43	18·17	35·52	39·89
3	1	37	4	...	3	48	3,317	5,538	...	0·02	1·56	3·72	2·15	8·66	0·36	24·58	41·04	41·01
...	...	11	1	...	...	12	231	380	...	...	0·46	6·01	0·62	3·47	0·92	17·79	29·27	...
1	...	14	...	...	1	16	251	500	...	...	...	4·28	2·05	7·72	0·96	15·13	30·15	27·30
...	...	4	...	...	...	4	32	61	...	...	...	0·84	1·68	2·74	0·84	6·74	12·84	...
1	...	1	...	...	...	2	77	119	...	0·18	0·70	1·23	1·41	3·52	0·35	13·55	20·94	18·06
1	...	6	1	...	1	9	185	307	...	...	4·49	7·07	0·95	2·86	1·22	25·16	41·75	30·71
2	...	24	...	...	..	26	171	333	...	...	5·66	2·04	0·68	7·02	2·94	19·37	37·71	30·96
...	...	38	4	...	2	44	715	1235	...	3·34	2·04	0·71	0·63	11·98	1·73	28·09	48·51	36·12
...	...	6	4	...	1	11	199	277	...	0·12	0·99	1·97	0·37	4·80	1·36	24·51	34·12	30·28
1	...	12	1	...	...	14	138	297	...	...	2·04	1·40	0·65	11·52	1·51	14·85	31·97	26·07
2	...	16	...	...	...	18	367	736	...	...	2·21	5·61	2·27	9·80	1·02	20·79	41·69	33·31
..	...	3	2	...	...	5	156	260	...	...	6·92	1·04	3·63	5·53	0·86	26·98	44·96	36·84
1	...	26	...	...	...	27	284	448	...	...	0·80	3·46	0·62	7·27	2·39	25·16	39·70	37·60
2	...	6	1	...	...	9	39	117	...	...	1·34	12·84	1·34	2·94	2·41	10·43	31·29	29·10
2	...	21	1	...	1	25	173	441	...	...	1·77	2·19	2·27	10·97	1·77	12·25	31·22	32·63
...	..	3	...	...	...	3	131	241	...	...	7·10	4·34	0·99	8·68	0·59	25·83	47·52	31·47
...	...	16	2	...	...	18	255	445	...	...	0·19	5·65	0·56	9·54	1·67	23·61	41·20	34·67
49	12	1,213	78	2	62	1,416	25,465	47,101	0·48	0·39	0·55	3·67	1·72	7·51	1·00	18·03	33·34	29·42
132	75	1,684	2010	117	174	4,192	123,041	252,570	0·26	0·08	0·07	10·58	0·43	0·31	0·39	11·51	23·63	18·51
181	87	2,897	2088	119	236	5,608	148,506	299,671	0·29	0·11	0·13	9·77	0·58	1·15	0·46	12·27	24·76	19·78
...	...	9	...	...	...	9	77	260	...	0·12	...	11·11	1·62	8·86	1·12	9·61	32·46	30·28
1	...	10	...	1	...	12	89	335	...	...	...	12·15	6·82	12·96	1·64	12·15	45·72	34·91
...	...	1	...	..	.	1	37	100	...	..	3·95	12·29	3·07	7·90	0·44	16·24	43·90	33·54
...	...	5	1	...	...	6	48	200	...	...	...	18·76	1·08	11·64	1·29	10·35	43·12	43·42
...	2	2	...	...	...	4	125	252	...	...	0·12	4·16	0·92	9·02	0·46	14·45	29 13	28·90
...	...	1	...	...	...	1	36	71	...	...	0·28	4·14	2·21	2·76	0·28	9·94	19·61	21·76

STATEMENT VI-B (*a*).—*Supplement*

N	Divisions and Towns.	Population (Census 1931).	Fevers.									
			1		2		3		5		6	
			Malaria.		Enteric Fever.		Measles.		Kala-Azar.		Influenza.	
			Death.	Ratio.	Death.	Ratio.	Dea	Ratio.	Death.	Ratio.	Death.	Ratio.
	ARAKAN DIVISION.											
1	Akyab ...	38,094	49	1·29	4	0·11	3	0·08	...	...	...	...
2	Minbya ...	2,244	14	6·24	...	...	...	...	...	...	...	...
3	Kyaukpyu ...	4,232	5	1·18	1	0·24	...	...	...	...	...	...
4	Sandoway ...	4,070	4	0·98	2	0·49	...	...	...	...	...	...
	PEGU DIVISION.											
5	Rangoon ...	398,967	154	0·39	59	0·15	2	0·01	4	0·01	8	0·02
6	Rangoon Cantonment	1,448	...	...	...	...	...	...	...	...	...	...
7	Pegu ...	21,626	44	2·03	3	0·14	...	...	...	...	...	...
8	Nyaunglebin ...	7,790	16	2·05	...	...	...	...	...	...	...	...
9	Tharrawaddy ...	7,131	2	0·28	...	...	...	...	...	...	...	...
10	Thônzè ...	7,962	31	3·89	1	0·13	...	...	...	...		...
11	Zigôn ...	6,365	23	3·61	...	...	...	...	...	...	...	...
12	Letpadan ...	12,160	36	2·96	1	0·08	...	...	...	...	...	...
13	Gyobingauk ...	7,675	27	3·52	...	...	...	...	...	...	...	...
14	Minhla ...	4,413	14	3·17	1	0·23	...	...	...	...	...	...
15	Nattalin ...	5,633	6	1·07	...	...	...	...	...	...	...	...
16	Syriam ...	15,070	5	0·33	4	0·27	...	...	...	...	...	...
17	Thôngwa ...	8,976	8	0·89	6	0·67	...	...	...	..	...	...
18	Insein ...	20,487	11	0·54	...	...	...	...	...	...		...
19	Mingaladon Cantonment	3,910	...	...	...	...	...	...	...	...	...	...
20	Thamaing ...	5,645	1	0·18	...	...	...	...	...	...	...	...
21	Kamayut ...	7,256	...	..	...	...	...	...	...	...	...	...
22	Thingangyun ...	7,984	...	...	...	...	1	0·13		...	...	...
23	Kanbe ...	6,575	2	0·30	...	...	...		...	...	...	...
24	Prome ...	28,295	34	1·20	7	0·25	10	0·35	...	...	...	...
25	Shwedaung ...	8,408	52	6·18	...	...	1	0·12	...	...	1	0·12
26	Paungdè ...	13,479	28	2·08	7	0·52	...	...	...	...	5	0·37
	IRRAWADDY DIVISION.											
27	Bassein ...	45,662	20	0·44	24	0·53	...	...	...	...	...	...
28	Ngathainggyaung ...	5,380	14	2·60	4	0·74	...	...	...	...	...	...
29	Kyônpyaw ...	5,866	27	4·60	...	...	...	...	...	...	...	...
30	Henzada ...	28,542	13	0·46	6	0·21	8	0·28	...	...	...	...
31	Myanaung ...	9,072	62	6·83	...	...	4	0·44	...	...	...	...
32	Kyangin ...	6,780	36	5·31	...	...	...	...	...	...	...	...
33	Myaungmya ...	7,773	13	1·67	4	0·51	...	...	1	0·13	...	...
34	Wakèma ...	9,359	40	4·27	...	...	...	...	...	...	...	...
35	Moulmeingyun ...	7,747	43	5·55	2	0·26	...	...	...	...	...	...
36	Maubin ...	8,897	1	0·11	1	0·11	...	...	...	...	...	...
37	Yandoon ...	9,925	6	0·60	12	1·21	1	0·10	...	...	2	0·20
38	Danubyu ...	6,334	...	...	1	0·16	...	...	...	...	1	0·16
39	Pyapôn ...	12,338	45	3·65	4	0·32	...	...	...	...	...	...
40	Kyaiklat ...	10,658	43	4·03	5	0·47	...	...	...	...	2	0·19
	TENASSERIM DIVISION.											
41	Thatôn ...	16,851	55	3·26	...	...	1	0·06	...	...	...	...
42	Kyaikto ...	6,611	8	1·21	...	...	1	0·15	...	...	...	...
43	Moulmein ...	65,506	108	1·65	44	0·67	...	...	1	0·02	1	0·02
44	Kawkareik ...	6,575	46	7·00	...	...	...	...	...	...	...	...
45	Tavoy ...	29,018	253	8·72	...	...	...	...	...	...	...	...

NOTE.—Column 4, "Relapsing Fever"

to Annual Statement VI-B, 1937.

												Dysentery and
7		8		9		10		11		12		
Cerebrospinal Fever.		Typhus Fever.		Blackwater Fever.		Other Fevers.		Total Fevers.		Dysentery.		
Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	
...	...	...	...	1	0·03	...	...	57	1·50	32	0·84	
...	...	...	...	...	...	...	...	14	6·24	2	0·89	
...	...	...	...	...	...	8	1·89	14	3·31	...	...	
...	...	...	...	...	...	13	3·19	19	4·67	...	...	
20	0·05	1	0·00	1	0·00	...	...	249	0·62	251	0·63	
..	...	...	...	...	...	...	...	...	...	...	...	
...	...	...	...	1	0·05	57	2·64	105	4·86	23	1·06	
...	...	...	...	...	...	4	0·51	20	2·57	5	0·64	
...	...	...	...	...	...	29	4·07	31	4·35	4	0·56	
...	...	...	...	...	...	...	...	32	4·02	4	0·50	
...	...	...	...	...	...	6	0·94	29	4·56	5	0·79	
...	...	...	...	...	...	25	2·06	62	5·10	7	0·58	
...	...	...	...	...	...	1	0·13	28	3·65	8	1·04	
...	...	...	...	...	...	3	0·68	18	4·08	3	0·68	
...	...	...	...	...	...	...	...	6	1·07	1	0·18	
...	...	...	...	...	...	47	3·12	56	3·72	14	0·93	
...	...	...	...	...	...	32	3·57	46	5·12	7	0·78	
...	...	...	...	...	...	16	0·78	27	1·32	17	0·83	
...	...	...	...	...	...	8	2·05	8	2·05	...	...	
...	...	...	...	...	...	35	6·20	36	6·38	5	0·89	
...	...	...	...	...	...	117	16·12	117	16·12	7	0·96	
...	...	...	...	...	..	43	5·39	44	5·51	...	...	
...	...	...	...	...	...	52	7·91	54	8·21	1	0·15	
...	...	...	...	..	...	76	2·69	127	4·49	27	0·95	
...	...	...	...	...	...	42	5·00	96	11·42	3	0·36	
...	...	...	...	...	...	39	2·89	79	5·86	7	0·52	
...	...	...	...	...	...	65	1·42	109	2·39	69	1·51	
...	...	...	...	...	...	...	...	18	3·35	7	1·30	
...	...	...	...	...	...	2	0·34	29	4·94	17	2·90	
...	...	1	0·04	...	...	89	3·12	117	4·10	25	0·88	
...	...	...	...	...	...	22	2·43	88	9·70	8	0·88	
...	...	...	...	...	...	16	2·36	52	7·67	17	2·51	
...	..	...	...	...	...	2	0·26	20	2·57	2	0·26	
...	...	...	...	...	...	18	1·92	58	6·20	30	3·21	
...	...	...	...	...	...	4	0·52	49	6·33	20	2·58	
...	...	...	...	...	...	30	3·37	32	3·60	4	0·45	
...	...	...	...	...	...	8	0·81	29	2·92	5	0·50	
...	...	...	...	...	...	46	7·26	48	7·58	12	1·89	
...	...	...	...	...	...	29	2·35	78	6·32	22	1·78	
...	...	...	...	...	...	24	2·25	74	6·94	18	1·69	
...	...	...	...	...	...	37	2 20	93	5·52	20	1·19	
...	...	...	...	...	...	9	1·36	18	2·72	10	1·51	
1	0·02	...	...	...	...	77	1·18	232	3·54	73	1·11	
...	...	...	...	...	...	41	6·24	87	13·23	4	0·61	
...	...	...	...	...	...	236	8·13	489	16·85	64	2·21	

(Spiro-chaetal)—no deaths reported.

STATEMENT VI-B (*a*).—*Supplement to*

No.	Divisions and Towns.	Population (Census 1931).	Diarrhœa.		Respiratory Diseases.							
			13		14		15		16		17	
			Diarrhœa.		Pneumonia.		Pulmonary Tuberculosis.		Whooping cough.		Other Respiratory Diseases.	
			Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
	ARAKAN DIVISION.											
1	Akyab ...	38,094	16	0·42	111	2·91	31	0·81	...	...	58	1·52
2	Minbya ...	2,244	...	...	3	1·34	...	...	...	...	6	2·67
3	Kyaukpyu ...	4,232	2	0·47	2	0·47	2	0·47	...	...	...	...
4	Sandoway ...	4,070	1	0·25	7	1·72	5	1·23	...	...	8	1·97
	PEGU DIVISION.											
5	Rangoon ...	398,967	349	0·87	1,712	4·29	1,105	2·77	1	0·00	868	2·18
6	Rangoon Cantonment	1,448	...	..	3	2·07	...	...	...	...	1	0·69
7	Pegu ...	21,626	17	0·79	20	0·92	43	1·99	...	...	72	3·33
8	Nyaunglebin ...	7,790	10	1·28	17	2·18	4	0·51	...	...	42	5·39
9	Tharrawaddy ...	7,131	7	0·98	9	1·26	8	1·12	...	...	4	0·56
10	Thônzè ...	7,962	16	2·01	30	3·77	16	2·01	...	...	6	0·75
11	Zigôn ...	6,365	...	...	28	4·40	15	2·36	...	...	1	0·16
12	Letpadan ...	12,160	3	0·25	19	1·56	25	2·06	...	...	1	0·08
13	Gyobingauk ...	7,675	7	0·91	9	1·17	14	1·82	...	...	3	0·39
14	Minhla ...	4,413	1	0·23	10	2·27	9	2·04	...	...	4	0·91
15	Nattalin ...	5,633	...	...	2	0·36	2	0·36	...	...	10	1·78
16	Syriam ...	15,070	2	0·13	29	1·92	24	1·59	...	...	15	1·00
17	Thôngwa ...	8,976	4	0·45	41	4·57	34	3·79	1	0·11	7	0·78
18	Insein ...	20,487	19	0·93	40	1·95	26	1·27	...	...	34	1·66
19	Mingaladon Cantonment	3,910	10	2·56	...	...	...	...	...	...	14	3·58
20	Thamaing ...	5,645	2	0·35	4	0·71	27	4·78	...	...	1	0·18
21	Kamayut ...	7,256	2	0·28	5	0·69	4	0·55	...	...	...	...
22	Thingangyun ...	7,984	4	0·50	5	0·63	...	...	2	0·25	12	1·50
23	Kanbe ...	6,575	1	0·15	1	0·15	...	...	...	...	20	3·04
24	Prome ...	28,295	37	1·31	53	1·87	36	1·27	...	...	97	3·43
25	Shwedaung ...	8,408	...	...	11	1·31	6	0·71	2	0·24	31	3·69
26	Paungdè ...	13,479	5	0·37	31	2·30	19	1·41	...	...	30	2·23
	IRRAWADDY DIVISION.											
27	Bassein ...	45,662	65	1·42	62	1·36	155	3·39	...	...	206	4·51
28	Ngathainggyaung ...	5,380	2	0·37	27	5·02	9	1·67	...	...	2	0·37
29	Kyônpyaw ...	5,866	...	...	12	2·05	10	1·70	...	...	7	1·19
30	Henzada ...	28,542	26	0·91	70	2·45	26	0·91	...	...	64	2·24
31	Myanaung ...	9,072	16	1·76	4	0·44	14	1·54	...	...	8	0·88
32	Kyangin ...	6,780	10	1·47	18	2·65	4	0·59	...	...	3	0·44
33	Myaungmya ...	7,773	5	0·64	31	3·99	25	3·22	...	...	11	1·42
34	Wakèma ...	9,359	7	0·75	27	2·88	17	1·82	...	...	32	3·42
35	Moulmeingyun ...	7,747	15	1·94	26	3·36	27	3·49	...	...	3	0·39
36	Maubin ...	8,897	4	0·45	14	1·57	21	2·36	...	...	16	1·80
37	Yandoon ...	9,925	...	...	20	2·02	24	2·42	...	...	11	1·11
38	Danubyu ...	6,334	3	0·47	8	1·26	24	3·79	...	...	7	1·11
39	Pyapôn ...	12,338	13	1·05	39	3·16	19	1·54	2	0·16	2	0·16
40	Kyaiklat ...	10,658	7	0·66	30	2·81	17	1·60	...	...	10	0·94
	TENASSERIM DIVISION.											
41	Thatôn ...	16,851	45	2·67	19	1·13	19	1·13	...	...	102	6·05
42	Kyaikto ...	6,611	4	0·61	26	3·93	3	0·45	...	...	12	1·82
43	Moulmein ...	65,506	91	1·39	155	2·37	179	2·73	1	0·02	146	2·23
44	Kawkareik ...	6,575	13	1·98	13	1·98	...	...	...	...	2	0·30
45	Tavoy ...	29,018	25	0·86	110	3·79	116	4·00	...	...	...	...

NOTE.—Column 4, " Relapsing Fever "

Annual Statement VI-B, 1937—contd.

Other Causes.														
18		19		20		21		22		23		24		
Beri-beri including Epidemic Dropsy.		Acute Poliomyelitis.		Diphtheria.		Chicken-pox.		Mumps.		Tuberculosis of Joints.		Other Tuberculous Diseases.		No.
Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	
6	0·16	...	...	...	...	...	...	...	...	...	...	2	0·05	1
1	0·45	...	...	...	...	...	...	...	...	...	...	...	...	2
...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
1	0·25	...	...	...	...	...	...	...	...	...	...	...	...	4
86	0·22	3	0·01	18	0·05	...	...	...	...	8	0·02	82	0·21	5
...	...	...	...	...	...	...	...	...	...	...	...	...	...	6
1	0·05	...	...	...	...	...	...	2	0·09	1	0·05	5	0·23	7
5	0·64	...	...	...	...	...	...	...	...	...	...	3	0·39	8
...	...	...	...	...	...	...	...	...	...	...	...	1	0·14	9
...	...	...	...	...	...	...	...	...	...	1	0·13	...	...	10
...	...	...	...	...	...	...	...	...	...	...	...	...	...	11
1	0·08	...	...	...	...	...	...	...	...	...	...	...	...	12
...	...	...	...	...	...	...	...	...	...	...	...	2	0·26	13
2	0·45	...	...	...	...	...	...	...	...	...	...	2	0·45	14
...	...	...	...	...	...	...	...	...	...	...	...	...	...	15
2	0·13	...	...	...	...	...	...	...	...	...	...	3	0·20	16
...	...	...	...	...	...	...	...	...	...	...	...	...	...	17
...	...	...	...	2	0·10	...	...	...	...	2	0·10	4	0·20	18
...	...	...	...	...	...	...	...	...	...	...	...	...	...	19
3	0·53	...	...	...	...	...	...	...	...	...	...	2	0·35	20
2	0·28	...	...	...	...	...	...	...	...	...	...	...	...	21
...	...	...	...	...	...	...	...	...	...	...	...	...	...	22
...	...	...	...	...	...	...	...	...	...	...	...	...	...	23
...	...	...	...	...	...	...	...	...	...	...	...	1	0·04	24
...	...	...	...	...	...	...	...	...	...	...	...	...	...	25
2	0·15	...	...	...	...	...	...	...	...	...	...	...	...	26
17	0·37	...	...	1	0·02	...	...	...	...	1	0·02	32	0·70	27
1	0·19	...	...	...	...	...	...	...	...	...	...	1	0·19	28
...	...	...	...	...	...	...	...	...	...	...	...	1	0·17	29
...	...	...	...	...	...	...	...	...	...	...	...	3	0·11	30
...	...	...	...	...	...	...	...	...	...	...	...	...	...	31
...	...	...	...	...	...	...	...	...	...	...	...	1	0·15	32
2	0·26	...	...	...	...	...	...	...	...	...	...	1	0·13	33
...	...	...	...	...	...	...	...	...	...	...	..	3	0·32	34
5	0·65	...	...	...	...	...	...	...	...	1	0·13	7	0·90	35
...	...	...	...	...	...	...	...	...	...	...	...	6	0·67	36
2	0·20	...	...	...	...	...	...	...	...	...	...	...	...	37
1	0·16	...	...	...	...	1	0·16	...	...	...	...	...	...	38
4	0·32	...	...	...	...	...	...	...	...	...	...	2	0·16	39
5	0·47	..	...	...	...	...	...	...	...	...	...	2	0·19	40
...	...	...	...	...	...	...	...	...	...	...	...	2	0·12	41
...	...	...	...	...	...	...	...	...	...	...	...	...	...	42
7	0·11	...	...	...	...	...	...	...	...	1	0·02	21	0·32	43
...	...	...	...	...	...	...	...	...	...	...	...	9	1·37	44
...	...	...	...	...	...	...	...	...	...	...	...	...	...	45

(Spiro-chaetal)—no deaths reported.

STATEMENT VI-B (*a*).—*Supplement to*

No.	Divisions and Towns.	Population (Census 1931).	Fevers.									
			1		2		3		5		6	
			Malaria.		Enteric Fever.		Measles.		Kala-Azar.		Influenza.	
			Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
	TENASSERIM DIVISION —*concld.*											
46	Mergui ...	20,405	11	0·54	...	...	...	...	...	...	...	...
47	Toungoo ...	23,223	86	3·70	2	0·09	1	0·04	...	...	1	0·04
48	Shwegyin ...	5,876	15	2·55	...	...	...	...	...	...	...	...
49	Pyu ...	7,807	45	5·76	2	0·26	...	...	...	...	...	...
	MAGWE DIVISION.											
50	Thayetmyo ...	9,279	52	5·60	3	0·32	...	...	...	...	...	...
51	Allanmyo ...	12,511	14	1·12	...	...	...	...	...	...	25	2·00
52	Minbu ...	6,005	18	3·00	1	0·17	...	...	...	...	1	0·17
53	Salin ...	6,654	33	4·96	...	...	...	...	...	...	...	...
54	Magwe ...	8,209	2	0·24	...	...	...	...	...	...	...	...
55	Taungdwingyi ...	8,339	29	3·48	...	...	...	..	...	...	...	...
56	Yenangyaung ...	11,098	17	1·53	...	...	...	...	...	...	...	...
57	Chauk ...	12,830	7	0·55	...	...	...	...	...	...	...	...
58	Pakôkku ...	23,115	19	0·82	...	...	...	...	...	...	2	0·09
	MANDALAY DIVISION.											
59	Mandalay ...	134,950	300	2·22	98	0·73	12	0·09	2	0·01	39	0·29
60	Mandalay Cantonment	12,982	30	2·31	1	0·08	...	...	...	...	1	0·08
61	Maymyo ...	16,586	37	2·23	8	0·48	...	...	...	...	1	0·06
62	Maymyo Cantonment	4,749	4	0·84	...	...	...	...	...	...	...	...
63	Myitngè ...	5,682	3	0·53	...	...	...	...	...	...	...	...
64	Kyauksè ...	7,353	39	5·30	3	0·41	1	0·14	...	...	1	0·14
65	Meiktila ...	8,830	15	1·70	1	0·11	...	...	...	...	...	...
66	Myingyan ...	25,457	17	0·67	1	0·04	...	...	...	...	...	...
67	Nyaung-u ...	8,118	1	0·12	...	...	1	0·12	...	...	...	...
68	Yamèthin ...	9,291	11	1·18	1	0·11	...	...	...	...	1	0·11
69	Pyinmana ...	17,656	45	2·55	14	0·79	...	...	...	...	...	...
70	Pyawbwè ...	5,783	5	0·86	1	0·17	...	...	...	...	...	...
	SAGAING DIVISION.											
71	Shwebo ...	11,286	20	1·77	7	0·62	...	...	...	...	...	...
72	Ye-u ...	3,739	17	4·55	...	...	...	...	...	...	...	...
73	Sagaing ...	14,127	6	0·42	8	0·57	...	...	...	...	1	0·07
74	Myinmu ...	5,072	1	0·20	3	0·59	...	...	...	...	...	...
75	Mônywa ...	10,800	28	2·59	6	0·56	...	...	...	...	...	...
	Total of Towns, Burma	1,412,601	2,326	1·65	463	0·33	47	0·03	8	0·01	93	0·07
	Towns for which corresponding Rural figures are not given in VI-A.											
1	Bhamo ...	8,011	68	8·49	1	0·12	...	...	...	...	...	...
2	Myitkyina ...	7,328	79	10·78	...	...	...	...	...	...	...	...
3	Mawlaik ...	2,278	15	6·58	1	0·44	...	...	...	...	...	...
4	Lashio ...	4,638	72	15·52	2	0·43	...	...	...	...	...	...
5	Taunggyi ...	8,652	31	3·58	4	0·46	...	...	...	...	...	...
6	Kalaw ...	3,621	13	3·59	...	...	...	...	...	...	1	0·28

NOTE.—Column 4, "Relapsing Fever"

Annual Statement VI-B, 1937—contd.

7		8		9		10		11		Dysentery and 12	
Cerebrospinal Fever.		Typhus Fever.		Blackwater Fever.		Other Fevers.		Total Fevers.		Dysentery.	
Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
...	...	...	...	...	...	245	12·01	256	12·55	6	0·29
...	...	...	...	1	0·04	36	1·55	127	5·47	31	1·33
...	...	...	...	...	...	23	3·91	38	6·47	3	0·51
...	...	...	...	...	...	2	0·26	49	6·28	7	0·90
...	...	...	...	...	...	34	3·66	89	9·59	8	0·86
...	...	...	...	...	...	137	10·95	176	14·07	4	0·32
...	...	...	...	...	...	11	1·83	31	5·16	3	0·50
...	...	...	...	...	...	16	2·40	49	7·36	4	0·60
...	...	...	...	...	...	16	1·95	18	2·19	1	0·12
...	...	...	...	...	...	11	1·32	40	4·80	4	0·48
...	...	...	...	...	...	11	0·99	28	2·52	12	1·08
1	0·08	...	...	...	...	49	3·82	57	4·44	6	0·47
...	...	1	0·04	...	...	19	0·82	41	1·77	12	0·52
...	...	...	...	1	0·01	50	0·37	502	3·72	102	0·76
...	...	...	...	...	...	46	3·54	78	6·01	2	0·15
2	0·12	...	...	1	0·06	22	1·33	71	4·28	9	0·54
...	...	...	...	...	...	...	...	4	0·84	2	0·42
...	...	...	...	...	...	4	0·70	7	1·23	5	0·88
...	...	...	...	1	0·14	7	0·95	52	7·07	1	0·14
...	...	...	...	...	...	2	0·23	18	2·04	...	...
...	...	...	...	...	...	...	...	18	0·71	4	0·16
...	...	...	...	...	...	14	1·72	16	1·97	1	0·12
..	...	...	...	...	...	...	...	13	1·40	6	0·65
1	0·06	...	...	...	...	39	2·21	99	5·61	15	0·91
...	...	...	...	...	...	...	...	6	1·04	6	1·04
...	...	...	...	...	...	12	1·06	39	3·46	3	0·27
6	1·60	...	...	...	...	25	6·69	48	12·84	5	1·34
...	...	...	...	...	...	16	1·13	31	2·19	10	0·71
...	...	...	...	...	...	18	3·55	22	4·34	1	0·20
...	...	...	...	...	...	27	2·50	61	5·65	5	0·46
31	0·02	3	0·00	7	0·00	2,200	1·56	5,178	3·67	1,139	0·81
1	0·12	...	...	...	...	19	2·37	89	11·11	9	1·12
3	0·41	...	...	...	...	7	0·96	89	12·15	32	4·37
...	...	...	...	1	0·44	11	4·83	28	12·29	4	1·76
2	0·43	...	...	2	0·43	9	1·94	87	18·76	3	0·65
...	...	...	...	...	...	1	0·12	36	4·16	5	0·58
...	...	...	...	...	...	1	0·28	15	4·14	1	0·28

(Spiro-chaetal)—no deaths reported.

STATEMENT VI-B (*a*).—*Supplement*

No.	Divisions and Towns.	Population (Census 1931).	Diarrhœa. 13 Diarrhœa. Death.	Diarrhœa. 13 Diarrhœa. Ratio.	Respiratory Diseases. 14 Pneumonia. Death.	14 Pneumonia. Ratio.	15 Pulmonary Tuberculosis. Death.	15 Pulmonary Tuberculosis. Ratio.	16 Whooping cough. Death.	16 Whooping cough. Ratio.	17 Other Respiratory Diseases. Death.	17 Other Respiratory Diseases. Ratio
	TENASSERIM DIVISION —*concld.*											
46	Mergui ...	20,405	2	0·10	16	0·78	28	1·37	...	...	9	0·44
47	Toungoo ...	23,223	26	1·12	41	1·77	34	1·46	1	0·04	19	0·82
48	Shwegyin ...	5,876	1	0·17	16	2·72	19	3·23	...	...	...	...
49	Pyu ...	7,807	18	2·31	22	2·82	9	1·15	...	...	2	0·26
	MAGWE DIVISION											
50	Thayetmyo ...	9,279	...	...	8	0·86	9	0·97	...	...	16	1·72
51	Allanmyo ...	12,511	7	0·56	49	3·92	5	0·40	...	...	9	0·72
52	Minbu ...	6,005	3	0·50	11	1·83	9	1·50	...	...	20	3·33
53	Salin ...	6,654	5	0·75	24	3·61	23	3·46	...	...	20	3·01
54	Magwe ...	8,209	4	0·49	29	3·53	6	0·73	...	...	28	3·41
55	Taungdwingyi ...	8,339	1	0·12	102	12 23	18	2·16	...	...	26	3·12
56	Yenangyaung ...	11,098	15	1·35	50	4·51	24	2·16	...	...	9	0·81
57	Chauk ...	12,830	4	0·31	12	0·94	8	0·62	1	0·08	..	...
58	Pakôkku ...	23,115	16	0·69	68	2·94	12	0·52	...	...	211	9·13
	MANDALAY DIVISION.											
59	Mandalay ...	134,950	188	1·39	578	4·28	256	1·90	...	...	334	2·47
60	Mandalay Cantonment	12,982	6	0·46	17	1·31	5	0·39	...	...	23	1·77
61	Maymyo ...	16,586	25	1·51	87	5·25	22	1·33	...	...	19	1·15
62	Maymyo Cantonment	4,749	6	1·26	11	2·32	2	0·42	...	...	...	...
63	Myitngè ...	5,682	3	0·53	15	2·64	3	0·53	...	...	2	0·35
64	Kyauksè ...	7,353	6	0·82	10	1·36	4	0·54	...	...	7	0·95
65	Meiktila ...	8,830	6	0·68	32	3·62	18	2·04	...	...	12	1·36
66	Myingyan ...	25,457	12	0·47	237	9·31	42	1·65	...	...	26	1·02
67	Nyaung-u ...	8,118	2	0·25	17	2·09	6	0·74	5	0·62	11	1·36
68	Yamèthin ...	9,291	...	...	82	8·83	18	1·94	...	...	7	0·75
69	Pyinmana ...	17,656	24	1·36	99	5·61	53	3·00	...	...	21	1·19
70	Pyawbwè ...	5,783	15	2·59	17	2·94	5	0·86	3	0·52	7	1·21
	SAGAING DIVISION.											
71	Shwebo ...	11,286	4	0·35	43	3·81	32	2 84	...	...	7	0·62
72	Ye-u ...	3,739	...	...	4	1·07	1	0·27	...	...	6	1·60
73	Sagaing ...	14,127	22	1·56	38	2·69	28	1·98	...	...	89	6·30
74	Myinmu ...	5,072	4	0·79	26	5·13	13	2·56	...	...	5	0·99
75	Mônywa ...	10,800	1	0·09	54	5·00	17	1·57	...	...	32	2·96
	Total of Towns, Burma	1,412,601	1,292	0·91	4,728	3·35	2,893	2·05	19	0·01	2,966	2·10
	Towns for which corresponding Rural figures are not given in VI-A.											
1	Bhamo ...	8,011	4	0·50	56	6·99	13	1·62	...	...	2	0·25
2	Myitkyina ...	7,328	18	2·46	47	6·41	24	3·28	...	...	24	3·28
3	Mawlaik ...	2,278	3	1·32	9	3·95	4	1·76	1	0·44	4	1·76
4	Lashio ...	4,638	2	0·43	36	7·76	4	0·86	...	...	14	3·02
5	Taunggyi ...	8,652	3	0·35	56	6·47	14	1·62	1	0·12	7	0·81
6	Kalaw ...	3,621	7	1·93	4	1·10	5	1·38	...	...	1	0·28

NOTE.—Column 4, " Relapsing Fever"

to Annual Statement VI-B, 1937—contd.

Other Causes.														
18		19		20		21		22		23		24		
Beri-beri including Epidemic Dropsy.		Acute Poliomyelitis.		Diphtheria.		Chicken-pox.		Mumps.		Tuberculosis of Joints.		Other Tuberculous Diseases.		No.
Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	
25	1·23	...	...	...	...	...	...	...	...	...	...	...	...	46
1	0·04	...	...	...	...	...	...	..	...	...	...	7	0·30	47
...	...	...	...	1	0·17	...	...	...	...	...	...	2	0·34	48
...	...	...	...	...	...	...	...	...	...	1	0·13	1	0·13	49
...	...	...	...	...	...	...	...	...	...	...	...	..	...	50
1	0·08	...	...	...	...	...	...	...	..	...	...	2	0·16	51
...	...	...	...	...	...	...	...	...	...	...	...	2	0·33	52
...	...	...	...	...	...	...	...	...	...	1	0·15	2	0·30	53
...	...	...	...	...	...	...	...	...	...	1	0·12	9	1·10	54
...	...	...	...	...	...	...	...	...	...	...	...	...	...	55
...	...	...	...	...	...	...	...	...	...	...	...	1	0·09	56
2	0·16	...	...	...	...	...	...	...	...	...	...	...	...	57
...	...	...	...	...	...	...	...	...	...	...	...	...	...	58
1	0·01	...	...	7	0·05	2	0·01	..	...	4	0·03	21	0·16	59
...	...	...	...	...	...	1	0·08	...	...	...	...	1	0·08	60
1	0·06	...	...	2	0·12	...	...	...	...	2	0·12	...	...	61
...	...	...	...	...	...	...	...	...	...	...	...	1	0·21	62
...	...	...	...	...	...	..	...	...	...	...	...	...	...	63
4	0·54	...	...	...	..	...	...	...	...	...	...	1	0·14	64
...	...	...	...	1	0·11	...	...	1	0·11	...	...	5	0·57	65
1	0·04	...	...	...	...	...	...	...	...	...	..	4	0·16	66
...	...	...	...	...	...	...	...	...	...	...	...	...	...	67
...	...	...	...	1	0·11	...	...	...	...	...	...	1	0·11	68
...	...	...	...	4	0·23	...	...	...	...	...	...	14	0·79	69
...	...	...	...	...	...	...	...	...	...	...	...	1	0·17	70
...	...	...	...	3	0·27	...	...	...	...	...	...	...	...	71
...	...	...	...	...	...	...	...	...	...	...	...	1	0·27	72
...	...	...	...	...	...	...	...	...	...	...	...	...	...	73
1	0·20	...	...	...	...	...	...	...	...	...	...	...	...	74
...	...	...	...	...	...	...	...	...	...	...	...	7	0·65	75
193	0·14	3	0·00	40	0·03	4	0·00	3	0·00	24	0·02	281	0·20	
...	...	...	...	1	0·12	...	...	...	...	...	...	...	...	1
1	0·14	...	...	...	...	...	...	...	...	...	...	...	...	2
2	0·88	...	...	1	0·44	...	...	...	...	...	...	...	...	3
...	...	...	...	...	...	...	...	...	...	...	...	2	0·43	4
...	...	...	...	3	0·35	...	...	...	...	...	...	1	0·12	5
...	...	1	0·28	...	...	...	...	...	...	...	...	1	0·28	6

(Spiro-chaetal)—no deaths reported.

STATEMENT VI-B (*a*).—*Supplement to Annual Statement VI-B, 1937*—contd.

No.	Divisions and Towns.	Population (Census 1931).	Other Causes.								
			25		26		27	28			29
			Leprosy.		Cancer.		Deaths from Child-birth.	Deaths under one year.			Infantile mortality rate per 1,000 births.
			Death.	Ratio.	Death.	Ratio.		Male.	Female.	Total.	
	ARAKAN DIVISION.										
1	Akyab ...	38,094	...	...	2	0·05	8	98	72	170	219·07
2	Minbya ...	2,244	...	...	...	...	...	8	4	12	171·43
3	Kyaukpyu ...	4,232	...	...	2	0·47	6	8	7	15	92·55
4	Sandoway ...	4,070	...	...	...	...	3	7	8	15	164·84
	PEGU DIVISION.										
5	Rangoon ...	398,967	148	0·37	103	0·26	81	1,550	1,239	2,789	247·71
6	Rangoon Cantonment	1,448	...	...	...	...	...	2	3	5	625·00
7	Pegu ...	21,626	2	0·09	6	0·28	19	136	87	223	269·32
8	Nyaunglebin ...	7,790	3	0·39	3	0·39	7	47	31	78	292·13
9	Tharrawaddy ...	7,131	...	...	1	0·14	6	24	18	42	221·05
10	Thônzè ...	7,962	1	0·13	1	0·13	3	56	35	91	290·73
11	Zigôn ...	6,365	3	0·47	...	...	3	14	11	25	182·48
12	Letpadan ...	12,160	1	0·08	...	...	4	45	39	84	230·77
13	Gyobingauk ...	7,675	...	...	...	...	1	44	30	74	284·62
14	Minhla ...	4,413	2	0·45	1	0·23	...	12	10	22	196·43
15	Nattalin ...	5,633	...	...	...	...	3	29	11	40	266·67
16	Syriam ...	15,070	4	0·27	4	0·27	7	48	35	83	164·36
17	Thôngwa ...	8,976	1	0·11	2	0·22	4	44	20	64	215·49
18	Insein ...	20,487	...	...	3	0·15	6	65	70	135	247·25
19	Mingaladon Cantonment	3,910	...	...	...	...	2	14	10	24	258·06
20	Thamaing ...	5,645	...	...	...	...	...	27	19	46	308·72
21	Kamayut ...	7,256	...	...	...	...	2	29	39	68	330·10
22	Thingangyun ...	7,984	...	...	2	0·25	2	29	19	48	285·71
23	Kanbe ...	6,575	...	...	...	...	1	24	31	55	331·33
24	Prome ...	28,295	6	0·21	2	0·07	17	170	145	315	281·00
25	Shwedaung ...	8,408	...	...	...	...	2	23	25	48	186·77
26	Paungdè ...	13,479	3	0·22	...	...	3	27	26	53	151·00
	IRRAWADDY DIVISION.										
27	Bassein ...	45,662	8	0·18	10	0·22	18	232	181	413	285·42
28	Ngathainggyaung ...	5,380	...	...	...	...	3	25	18	43	226·32
29	Kyônpyaw ...	5,866	2	0·34	2	0·34	2	8	9	17	76·92
30	Henzada ...	28,542	7	0·25	4	0·14	8	138	126	264	315·41
31	Myanaung ...	9,072	2	0·22	2	0·22	1	46	30	76	254·18
32	Kyangin ...	6,780	...	...	...	...	3	29	21	50	250·00
33	Myaungmya ...	7,773	1	0·13	4	0·51	6	50	42	92	357·98
34	Wakèma ...	9,359	1	0·11	1	0·11	7	51	33	84	304·35
35	Moulmeingyun ...	7,747	1	0·13	1	0·13	4	45	31	76	287·88
36	Maubin ...	8,897	...	...	1	0·11	10	50	36	86	319·70
37	Yandoon ...	9,925	2	0·20	...	...	4	57	35	92	316·15
38	Danubyu ...	6,334	...	...	...	...	1	24	27	51	216·10
39	Pyapôn ...	12,338	1	0·08	2	0·16	8	34	35	69	224·76
40	Kyaiklat ...	10,658	...	...	1	0·09	3	60	43	103	296·83
	TENASSERIM DIVISION.										
41	Thatôn ...	16,851	4	0·24	3	0·18	8	79	63	142	221·88
42	Kyaikto ...	6,611	4	0·61	3	0·45	4	22	23	45	244·57
43	Moulmein ...	65,506	21	0·32	13	1·20	31	221	192	413	217·60
44	Kawkareik ...	6,575	1	0·15	...	...	2	43	49	92	349·81
45	Tavoy ...	29,018	2	0·07	1	0·03	21	139	139	278	267·56

STATEMENT VI-B (*a*).—*Supplement to Annual Statement VI-B, 1937*—concld.

No.	Divisions and Towns.	Population (Census 1931).	Other Causes.								
			25		26		27	28			29
			Leprosy.		Cancer.		Deaths from Childbirth.	Deaths under one year.			Infantile mortality rate per 1,000 births.
			Death.	Ratio.	Death.	Ratio.		Male.	Female.	Total.	
	TENASSERIM DIVISION —*concld.*										
46	Mergui ...	20,405	...	...	3	0·15	13	107	95	202	305·60
47	Toungoo ...	23,223	2	0·09	4	0·17	7	55	33	88	122·22
48	Shwegyin ...	5,876	...	...	1	0 17	...	20	21	41	189·81
49	Pyu ...	7,807	1	0·13	...	...	5	42	41	83	283·28
	MAGWE DIVISION.										
50	Thayetmyo ...	9,279	4	0·43	...	...	7	68	74	142	379·68
51	Allanmyo ...	12,511	...	...	...	...	2	64	68	132	322·74
52	Minbu ...	6,005	3	0·50	...	...	...	23	17	40	174·67
53	Salin ...	6,654	3	0·45	1	0·15	4	38	40	78	329·11
54	Magwe ...	8,209	2	0·24	1	0·12	7	43	33	76	245·95
55	Taungdwingyi ...	8,339	2	0·24	1	0·12	2	97	123	220	515·22
56	Yenangyaung ...	11,098	2	0·18	2	0·18	4	68	66	134	275·72
57	Chauk ...	12,830	1	0·08	...	...	1	71	41	112	380·95
58	Pakôkku ...	23,115	12	0·52	1	0·04	10	150	138	288	360·00
	MANDALAY DIVISION.										
59	Mandalay ...	134,950	64	0·47	15	0·11	54	937	813	1,750	228·73
60	Mandalay Cantonment	12,982	1	0·08	...	...	5	61	52	113	345·57
61	Maymyo ...	16,586	...	...	8	0·48	4	73	70	143	185·96
62	Maymyo Cantonment	4,749	...	...	1	0·21	1	10	8	18	139·53
63	Myitngè ...	5,682	1	0·18	...	...	...	31	17	48	271·19
64	Kyaukse ...	7,353	1	0·14	...	...	1	60	54	114	339·29
65	Meiktila ...	8,830	1	0·11	...	...	4	46	40	86	268·75
66	Myingyan ...	25,457	6	0·24	1	0·04	29	240	227	467	470·77
67	Nyaung-u ...	8,118	3	0·37	...	...	6	58	53	111	536·23
68	Yamèthin ...	9,291	5	0·54	2	0·22	10	45	44	89	221·95
69	Pyinmana ...	17,656	2	0·11	3	0·17	4	96	95	191	218·79
70	Pyawbwè ...	5,783	3	0·52	3	0·52	2	39	46	85	332·03
	SAGAING DIVISION.										
71	Shwebo ...	11,286	2	0·18	6	0·53	4	92	75	167	324·90
72	Ye-u ...	3,739	1	0·27	1	0·27	1	28	16	44	323·53
73	Sagaing ...	14,127	2	0·14	...	...	3	62	84	146	264·49
74	Myinmu ...	5,072	1	0·20	...	...	4	46	29	75	409·84
75	Mônywa ...	10,800	1	0·09	1	0·09	18	86	66	152	314·05
	Total of Towns, Burma	1,412,601	357	0·25	235	0·17	346	6,789	5,756	12,545	260·96
	Towns for which corresponding Rural figures are not given in VI-A.										
1	Bhamo ...	8,011	...	...	1	0·12	5	36	26	62	253·06
2	Myitkyina ...	7,328	...	...	1	0·14	1	20	26	46	151·32
3	Mawlaik ...	2,278	...	...	3	1·32	2	18	11	29	216·42
4	Lashio ...	4,638	...	...	...	...	4	25	12	37	149·80
5	Taunggyi ...	8,652	...	...	2	0·23	2	25	23	48	109·59
6	Kalaw ...	3,621	...	...	...	...	2	6	6	12	93·02

ANNUAL STATEMENT NO. VII.—*Deaths registered from Cholera in the Dis*

1	2	3		4							
		Circles of Registration.		Village-tracts.							
No.	Divisions and Districts.	Number in each district.	Number from which deaths from cholera were reported.	Number in each district.	Number from which deaths from cholera were reported.	January.	February.	March.	April.	May.	June.
	ARAKAN DIVISION.										
1	Akyab ...	10	3	671	3	4	...	3	...	2	...
2	Kyaukpyu ...	6	1	265	1	...	...	...	...	5	...
3	Sandoway ...	5	1	151	2	...	...	1	1	...	...
	PEGU DIVISION.										
4	Rangoon ...	2	1	2	1	...	3	1	6	6	...
5	Pegu ...	19	12	410	53	...	...	12	114	43	21
6	Tharrawaddy ...	14	2	468	7	...	...	...	3	6	1
7	Hanthawaddy ...	9	7	459	47	...	8	18	75	16	7
8	Insein ...	10	6	312	20	...	1	3	6	16	23
9	Prome ...	9	5	345	14	...	2	24	33	29	...
	IRRAWADDY DIVISION.										
10	Bassein ...	14	14	571	164	...	12	112	382	177	20
11	Henzada ...	9	8	421	93	1	5	38	49	66	53
12	Myaungmya ...	8	8	517	178	...	22	151	183	78	1
13	Maubin ...	7	7	243	38	3	123	121	70	54	9
14	Pyapôn ...	6	6	316	99	...	27	155	171	30	1
	TENASSERIM DIVISION.										
15	Thatôn ...	8	3	373	5	...	...	1	6	1	...
16	Amherst ...	10	1	334	1	1	...	...	...	...	...
17	Tavoy ...	6	2	170	2	...	...	...	1	1	9
18	Mergui ...	6	...	139	...	...	...	...	...	...	...
19	Toungoo ...	11	2	531	12	...	...	...	15	18	11
	MAGWE DIVISION.										
20	Thayetmyo ...	8	7	501	17	...	19	68	62	13	...
21	Minbu ...	10	...	332	...	...	...	...	...	...	...
22	Magwe ...	10	5	428	198	...	...	4	2	...	118
23	Pakôkku ...	9	2	619	2	...	...	6	5	...	...
	MANDALAY DIVISION.										
24	Mandalay ...	11	...	295	...	...	...	...	...	...	...
25	Kyauksè ...	5	...	249	...	...	...	...	...	...	...
26	Meiktila ...	5	...	297	...	...	...	...	...	...	...
27	Myingyan ...	9	...	450	...	...	...	...	...	...	...
28	Yamèthin ...	12	...	381	...	...	...	...	...	...	...
	SAGAING DIVISION.										
29	Shwebo ...	10	...	549	...	...	...	...	...	...	...
30	Sagaing ...	8	...	287	...	...	...	...	...	...	...
31	Lower Chindwin ...	8	...	330	...	...	...	...	...	...	...
	Total ...	274	103	11,416	957	9	222	718	1,184	561	274

tricts of Burma during each month of the year 1937.

5						6			7			8	1
						Total.			Ratio of deaths per 1,000 of population.				
July.	August.	September.	October.	November.	December.	Males.	Females.	Total.	Males.	Females.	Total.	Mean ratio per 1,000 of previous five years.	No.
...	...	...	..	...	...	3	6	9	0·01	0·02	0·01	0·45	1
...	...	...	...	...	...	3	2	5	0·03	0·02	0·02	0·33	2
...	...	...	...	...	...	2	...	2	0·03	...	0·02	0·02	3
...	...	...	...	1	...	17	...	17	0·06	...	0·04	0·05	4
4	...	...	...	...	...	126	68	194	0·50	0·29	0·40	0·02	5
27	1	...	...	...	...	18	20	38	0·07	0·08	0 08	0·02	6
...	...	...	...	...	4	82	46	128	0·37	0·24	0·31	0·09	7
6	3	...	...	...	...	38	20	58	0·22	0·13	0·17	0·05	8
...	...	...	...	...	..	51	37	88	0·25	0·18	0·21	0·06	9
1	...	...	...	...	...	416	288	704	1·42	1·03	1·23	0·11	10
69	16	...	...	...	...	161	136	297	0·53	0·44	0·48	0·07	11
...	...	...	...	...	...	255	180	435	1·08	0·86	0·98	0·33	12
...	...	...	1	...	...	230	151	381	1·22	0·83	1·03	0·33	13
...	...	...	...	...	...	244	140	384	1·36	0·91	1·15	0·48	14
...	...	...	...	...	...	5	3	8	0·02	0·01	0·02	0·28	15
...	...	...	...	...	...	1	...	1	0·00	...	0·00	0·27	16
...	...	...	...	...	...	6	5	11	0·06	0·06	0·06	0·54	17
...	...	...	...	...	...	...	...	...	...	...	...	1·58	18
2	...	...	1	...	...	29	18	47	0·13	0·09	0·11	0·01	19
...	1	...	...	...	...	97	66	163	0·72	0·48	0 59	0·06	20
...	...	...	...	...	...	...	...	...	...	...	...	0·01	21
327	58	1	...	...	...	277	233	510	1·10	0·94	1·02	0·05	22
...	..	...	...	...	...	11	...	11	0·05	...	0·02	0·41	23
...	...	...	...	...	...	...	...	...	...	...	...	0·02	24
...	...	...	...	...	...	...	...	...	...	...	...	...	25
...	...	...	...	...	...	...	...	...	...	...	...	0·03	26
...	...	...	...	...	...	...	...	...	...	...	...	0·03	27
...	...	...	...	...	...	...	...	...	...	...	...	...	28
...	...	...	...	...	...	...	...	...	...	...	...	0·00	29
...	...	...	...	...	...	...	...	...	...	...	...	0·07	30
...	...	...	...	...	...	...	...	...	...	...	...	0·07	31
436	79	1	2	1	4	2,072	1,419	3 ,491	0·34	0·24	0·29	0·16	

ANNUAL STATEMENT No. VIII.—*Deaths registered from Small-pox in the*

1	2	3		4		5						
		Circles of Registration.		Village-tracts.								
No.	Divisions and Districts.	Number in each district.	Number from which deaths from small-pox were reported.	Number in each district.	Number from which deaths from small-pox were reported.	January.	February.	March.	April.	May.	June.	July.
	ARAKAN DIVISION.											
1	Akyab ...	10	9	671	143	22	58	54	19	41	28	18
2	Kyaukpyu ...	6	3	265	17	...	3	7	3	13	4	1
3	Sandoway ...	5	1	151	4	...	...	6	4	...	...	...
	PEGU DIVISION.											
4	Rangoon ...	2	1	2	1	1	3	1	1	2	...	...
5	Pegu ...	19	9	410	16	1	2	6	3	5	1	...
6	Tharrawaddy ...	14	2	468	4	...	...	1	1	1	...	1
7	Hanthawaddy ...	9	4	459	8	...	...	2	...	...	...	...
8	Insein ...	10	3	312	4	...	4	1	...	...	...	...
9	Prome ...	9	4	345	9	...	2	4	6	2	...	...
	IRRAWADDY DIVISION.											
10	Bassein ...	14	2	571	3	...	...	...	1	...	2	...
11	Henzada ...	9	8	421	66	14	25	33	47	16	5	3
12	Myaungmya ...	8	1	517	5	...	...	...	...	...	...	...
13	Maubin ...	7	3	243	3	...	...	...	1	2	...	1
14	Pyapôn ...	6	5	316	18	7	15	15	4	10	10	1
	TENASSERIM DIVISION.											
15	Thatôn ...	8	7	373	24	6	3	3	11	3	2	...
16	Amherst ...	10	10	334	29	27	51	28	30	15	2	...
17	Tavoy ...	6	3	170	5	...	...	1	...	1	...	1
18	Mergui ...	6	6	139	31	120	63	20	18	14	5	5
19	Toungoo ...	11	4	531	9	5	1	4	8	4	...	2
	MAGWE DIVISION.											
20	Thayetmyo ...	8	1	501	1	...	...	...	...	...	1	...
21	Minbu ...	10	1	332	1	...	...	...	...	1	...	...
22	Magwe ...	10	9	428	37	1	1	2	12	19	6	...
23	Pakôkku ...	9	3	619	10	...	...	1	1	14	...	3
	MANDALAY DIVISION.											
24	Mandalay ...	11	3	295	3	...	...	1	...	3	1	...
25	Kyauksè ...	5	...	249	...	...	...	...	...	...	...	...
26	Meiktila ...	5	4	297	16	...	...	...	10	7	3	4
27	Myingyan ...	9	7	450	30	1	20	60	53	17	5	1
28	Yamèthin ...	12	...	381	...	...	...	...	...	...	...	...
	SAGAING DIVISION.											
29	Shwebo ...	10	2	549	2	...	...	...	1	1	...	...
30	Sagaing ...	8	3	287	4	...	...	...	4	...	...	...
31	Lower Chindwin ...	8	3	330	4	...	...	...	1	1	1	1
	Total ...	274	121	11,416	507	205	251	250	239	192	76	42

Districts of Burma during each month of the year 1937.

August.	September.	October.	November.	December.	6 Total. Males.	Total. Females.	Total. Total.	7 Number of these deaths among children. Under 1 year.	One and under 10 years.	8 Ratio of deaths per 1,000 of population. Males.	Females.	Total.	9 Mean ratio per 1,000 of previous five years.	1 No.
16	7	2	1	2	161	107	268	11	36	0·48	0·36	0·42	0·03	1
...	...	...	...	1	13	19	32	...	...	0·12	0·17	0·15	0·00	2
...	...	...	...	...	4	6	10	...	1	0·06	0·09	0·08	0·09	3
...	...	1	1	3	7	6	13	5	...	0·03	0·05	0·03	0·39	4
2	2	...	2	...	17	7	24	1	2	0·07	0·03	0·05	0·05	5
...	...	...	...	...	3	1	4	...	1	0·01	0·00	0·01	0·10	6
4	...	...	1	2	6	3	9	1	...	0·03	0·02	0·02	0·04	7
...	...	...	1	...	3	3	6	...	...	0·02	0·02	0·02	0·13	8
...	...	...	...	...	10	4	14	...	1	0·05	0·02	0·03	0·06	9
1	2	...	...	...	4	2	6	...	3	0·01	0·01	0·01	0·13	10
1	1	2	...	...	92	55	147	24	35	0·30	0·18	0·24	0·12	11
...	6	2	1	...	4	5	9	...	3	0·02	0·02	0·02	0·09	12
...	...	...	1	2	5	2	7	...	3	0·03	0·01	0·02	0·06	13
2	2	...	...	...	35	31	66	10	20	0·19	0·20	0·20	0·06	14
...	...	1	...	...	17	12	29	2	1	0·06	0·05	0·05	0·15	15
1	7	11	2	...	100	74	174	24	41	0·37	0·30	0·34	0·11	16
3	3	1	...	...	7	3	10	...	...	0·08	0·03	0·06	0·02	17
1	...	...	...	...	128	118	246	44	57	1·50	1·54	1·52	0·24	18
3	2	...	...	...	20	9	29	6	6	0·09	0·04	0·07	0·13	19
...	...	...	...	...	1	...	1	...	...	0·01	..	0·00	0·15	20
...	...	...	...	...	1	..	1	...	1	0·01	...	0·00	0·09	21
...	...	...	...	...	25	16	41	...	2	0·10	0·06	0·08	0·06	22
...	...	...	...	...	12	7	19	...	4	0 05	0·03	0·04	0·13	23
...	...	...	...	...	3	2	5	...	4	0·02	0·01	0·01	0·84	24
...	...	...	...	...	...	...	...	...	...	...	...	...	0·17	25
2	1	...	...	...	17	10	27	1	10	0·12	0·06	0·09	0·07	26
...	1	...	3	2	78	85	163	9	50	0·34	0·35	0·34	0·10	27
...	...	...	...	...	...	...	...	...	...	...	...	...	0·04	28
...	...	...	...	...	1	1	2	...	...	0·00	0·00	0·00	0·21	29
...	...	...	...	...	3	1	4	...	...	0·02	0·01	0·01	0·27	30
...	...	...	...	...	1	3	4	...	...	0·01	0·01	0·01	0·16	31
36	34	20	13	12	778	592	1,370	138	281	0·13	0·10	0·11	0·14	

ANNUAL STATEMENT No. IX.—*Deaths registered from Fevers in the*

1	2	3		4		5					
		Circles of Registration.		Village-tracts.							
No.	Divisions and Districts.	Number in each district.	Number from which deaths from fevers were reported.	Number in each district.	Number from which deaths from fevers were reported.	January.	February.	March.	April.	May.	June.
	ARAKAN DIVISION.										
1	Akyab ...	10	10	671	671	921	628	794	694	687	633
2	Kyaukpyu ...	6	6	265	248	206	142	115	104	112	103
3	Sandoway ...	5	5	151	151	190	134	115	84	93	112
	PEGU DIVISION.										
4	Rangoon ...	2	1	2	1	17	16	21	23	14	21
5	Pegu	19	19	410	393	196	165	218	178	277	350
6	Tharrawaddy ...	14	14	468	468	371	212	257	329	263	384
7	Hanthawaddy ...	9	9	459	459	132	136	162	181	166	358
8	Insein ...	10	10	312	172	149	159	157	183	139	210
9	Prome	9	9	345	345	383	270	471	279	164	561
	IRRAWADDY DIVISION.										
10	Bassein ...	14	14	571	571	281	167	246	549	317	355
11	Henzada ...	9	9	421	413	485	336	339	361	325	578
12	Myaungmya ...	8	8	517	517	216	139	174	241	187	210
13	Maubin ...	7	6	243	198	357	381	263	223	217	249
14	Pyapôn ...	6	6	316	316	199	206	188	191	166	205
	TENASSERIM DIVISION.										
15	Thatôn ...	8	8	373	321	440	310	318	378	345	409
16	Amherst ...	10	10	334	334	201	175	236	190	200	298
17	Tavoy ...	6	6	170	170	301	159	215	227	173	487
18	Mergui ...	6	6	139	129	163	121	128	201	96	116
19	Toungoo ...	11	11	531	531	346	262	323	350	358	466
	MAGWE DIVISION.										
20	Thayetmyo ...	8	8	501	416	507	437	392	468	440	329
21	Minbu ...	10	10	332	332	566	266	389	318	198	330
22	Magwe ...	10	10	428	428	674	392	452	566	423	582
23	Pakôkku ...	9	9	619	616	463	357	442	534	366	421
	MANDALAY DIVISION.										
24	Mandalay ...	11	11	295	284	278	133	171	200	137	149
25	Kyauksè ...	5	5	249	249	240	148	155	140	126	97
26	Meiktila ...	5	5	297	297	322	115	110	311	119	114
27	Myingyan ...	9	9	450	191	169	108	88	71	88	80
28	Yamèthin ...	12	11	381	341	653	446	309	436	318	348
	SAGAING DIVISION.										
29	Shwebo ...	10	10	549	489	637	474	727	727	505	598
30	Sagaing ...	8	8	287	287	265	189	267	259	179	220
31	Lower Chindwin ...	8	8	330	328	375	287	297	335	263	289
	Total ...	274	271	11,416	10,666	10,703	7,470	8,539	9,331	7,461	9,662

Districts of Burma during each month of the year 1937.

July.	August.	September.	October.	November.	December.	6 Total. Males.	6 Total. Females.	6 Total. Total.	7 Ratio of deaths per 1,000 of population. Males.	7 Ratio of deaths per 1,000 of population. Females.	7 Ratio of deaths per 1,000 of population. Total.	8 Mean ratio per 1,000 of previous five years.	9 No.
920	819	641	621	582	610	4,414	4,136	8,550	13·04	13·93	13·45	11·71	1
222	185	121	147	100	132	829	860	1,689	7·70	7·64	7·67	7·12	2
178	129	109	104	103	164	751	764	1,515	11·70	11·75	11·72	11·45	3
34	18	10	24	19	32	194	55	249	0·72	0·43	0·62	0·56	4
315	268	372	190	127	282	1,690	1,198	2,888	6·65	5·08	5·90	4·32	5
582	447	375	383	326	564	2,284	2,209	4,493	9·09	8·68	8·88	7·47	6
284	179	172	258	173	388	1,538	1,051	2,589	7·03	5·53	6·33	4·33	7
222	159	164	200	161	336	1,304	935	2,239	7·43	6·00	6·76	5·63	8
438	417	494	437	463	838	2,692	2,523	5,215	13·25	12·16	12·70	11·05	9
758	484	385	571	342	338	2,578	2,215	4,793	8·83	7·94	8·39	5·31	10
812	495	504	485	427	612	2,932	2,827	5,759	9·61	9·10	9·35	5·77	11
269	199	221	394	372	436	1,778	1,280	3,058	7·54	6·12	6·88	5·22	12
389	346	415	582	566	558	2,354	2,192	4,546	12·47	12·00	12·24	6·43	13
184	191	199	144	219	323	1,340	1,075	2,415	7·46	6·95	7·23	6·35	14
938	496	409	601	428	427	2,972	2,527	5,499	10·81	9·81	10·32	7·38	15
239	255	251	197	189	246	1,462	1,215	2,677	5·40	4·95	5·19	4·01	16
375	387	372	215	174	657	1,986	1,756	3,742	21·44	20·11	20·79	12·91	17
147	123	152	208	110	216	948	833	1,781	11·12	10·86	10·99	10·31	18
381	369	270	282	296	383	2,276	1,810	4,086	10·34	8·67	9·53	7·77	19
376	361	366	382	337	332	2,474	2,253	4,727	18·25	16·25	17·24	6·41	20
355	316	328	368	315	561	2,185	2,125	4,310	15·99	15·05	15·51	13·93	21
943	575	416	584	607	900	3,666	3,448	7,114	14·62	13·86	14·24	7·39	22
602	497	497	541	541	546	2,935	2,872	5,807	12·17	11·13	11·63	10·92	23
214	215	274	254	258	564	1,594	1,253	2,847	8·31	6·97	7·66	7·45	24
127	88	101	164	218	256	966	894	1,860	12·90	11·70	12·29	11·64	25
226	72	73	210	141	270	1,115	968	2,083	7·58	5·94	6·72	5·35	26
141	94	58	99	126	133	650	605	1,255	2·84	2·48	2·66	2·76	27
296	283	214	483	408	644	2,556	2,282	4,838	13·15	11·61	12·38	7·31	28
698	652	584	676	920	1,283	4,188	4,293	8,481	19·55	18·45	18·98	15·54	29
235	233	246	309	366	471	1,704	1,535	3,239	10·66	8·72	9·64	7·27	30
305	275	280	387	365	474	1,990	1,942	3,932	11·15	9·48	10·25	9·95	31
12,205	9,627	9,023	10,500	9,779	13,976	62,345	55,931	118,276	10·08	9·45	9·77	7·42	

ANNUAL STATEMENT NO. X.—*Deaths registered from Dysentery and*

1	2	3		4							
		Circles of Registration.		Village-tracts.							
No.	Divisions and Districts.	Number in each district.	Number from which deaths from dysentery and diarrhœa were reported.	Number in each district.	Number from which deaths from dysentery and diarrhœa were reported.	January.	February.	March.	April.	May.	June.
	ARAKAN DIVISION.										
1	Akyab ...	10	10	671	138	28	33	21	40	51	44
2	Kyaukpyu ...	6	5	265	48	6	3	4	11	5	5
3	Sandoway ...	5	3	151	14	1	...	1	1	2	...
	PEGU DIVISION.										
4	Rangoon ...	2	1	2	1	47	42	29	35	49	85
5	Pegu ...	19	12	410	16	3	5	6	2	4	19
6	Tharrawaddy ...	14	14	468	106	15	5	11	17	13	32
7	Hanthawaddy ...	9	8	459	82	7	3	16	12	16	41
8	Insein ...	10	10	312	41	8	9	11	6	17	18
9	Prome ...	9	9	345	97	10	8	4	8	12	58
	IRRAWADDY DIVISION.										
10	Bassein ...	14	12	571	265	15	17	40	47	122	64
11	Henzada ...	9	9	421	58	16	8	20	17	35	104
12	Myaungmya ...	8	7	517	103	18	18	34	46	18	17
13	Maubin ...	7	6	243	28	9	12	8	12	8	5
14	Pyapôn ...	6	6	316	181	37	65	89	66	117	45
	TENASSERIM DIVISION.										
15	Thatôn ...	8	7	373	46	4	3	6	10	8	20
16	Amherst ...	10	10	334	90	19	22	22	23	21	40
17	Tavoy ...	6	6	170	61	36	14	15	11	11	42
18	Mergui ...	6	6	139	36	16	19	4	41	11	29
19	Toungoo ...	11	11	531	67	19	5	5	12	23	33
	MAGWE DIVISION.										
20	Thayetmyo ...	8	8	501	100	16	12	11	16	14	7
21	Minbu ...	10	10	332	70	5	3	9	1	8	14
22	Magwe ...	10	9	428	44	4	8	13	6	15	22
23	Pakôkku ...	9	9	619	152	6	15	12	17	12	24
	MANDALAY DIVISION.										
24	Mandalay ...	11	10	295	21	16	15	14	21	28	45
25	Kyauksè ...	5	5	249	47	6	4	2	12	9	4
26	Meiktila ...	5	5	297	41	2	3	7	5	5	5
27	Myingyan ...	9	7	450	20	2	6	9	6	9	9
28	Yamèthin ...	12	12	381	47	8	6	4	3	7	18
	SAGAING DIVISION.										
29	Shwebo ...	10	10	549	23	4	1	2	4	4	21
30	Sagaing ...	8	8	287	65	11	5	9	4	5	15
31	Lower Chindwin ...	8	8	330	94	11	11	7	14	21	17
	Total ...	274	253	11,416	2,202	405	380	445	526	680	902

Diarrhœa in the Districts of Burma during each month of the year 1937.

5						6			7			8	9
						Total.			Ratio of deaths per 1,000 of population.				
July.	August.	September.	October.	November.	December.	Males.	Females.	Total.	Males.	Females.	Total.	Mean ratio per 1,000 of previous five years.	No.
61	43	39	42	26	36	256	208	464	0·76	0·70	0·73	0·44	1
13	8	3	..	2	...	39	21	60	0·36	0·19	0·27	0·57	2
6	4	4	2	...	...	13	8	21	0·20	0·12	0·16	0·38	3
76	40	54	54	49	40	344	256	600	1·27	1·98	1·50	1·31	4
9	11	2	6	3	5	40	35	75	0·16	0·15	0·15	0·16	5
55	27	22	22	14	24	137	120	257	0·55	0·47	0·51	0·52	6
12	9	4	4	2	6	76	56	132	0·35	0·29	0·32	0·34	7
26	14	9	10	5	10	77	66	143	0·44	0·42	0·43	0·27	8
40	21	27	13	9	14	125	99	224	0·62	0·48	0·55	0·46	9
102	54	41	30	26	26	321	263	584	1·10	0·94	1·02	0·56	10
188	73	39	41	30	40	322	289	611	1·06	0.93	0·99	0·39	11
29	22	10	4	7	6	142	87	229	0·60	0·42	0·51	0·52	12
23	11	3	8	2	4	64	41	105	0·34	0·22	0·28	0·28	13
31	37	20	25	22	23	327	250	577	1·82	1·62	1·73	0·98	14
41	20	12	13	6	8	88	63	151	0·32	0·24	0·28	0·24	15
32	34	30	19	18	25	174	131	305	0·64	0·53	0·59	0·55	16
35	41	32	25	17	26	191	114	305	2·06	1·31	1·69	0·62	17
9	7	3	10	4	11	108	56	164	1·27	0·73	1·01	1·44	18
32	39	19	17	10	9	120	103	223	0·55	0·49	0·52	0·39	19
12	12	8	10	19	20	89	68	157	0·66	0·49	0·57	0·27	20
13	18	10	9	7	4	62	39	101	0·45	0·28	0·36	0·28	21
18	11	1	3	4	8	63	50	113	0·25	0·20	0·23	0·22	22
49	26	27	18	25	12	125	118	243	0·52	0·46	0·49	0·63	23
58	30	24	28	37	52	191	177	368	1·00	0·98	0·99	0·75	24
2	3	4	2	4	1	27	26	53	0·36	0·34	0·35	0·54	25
40	8	3	11	2	1	52	40	92	0·35	0·25	0·30	0·23	26
3	10	2	2	5	...	34	29	63	0·15	0·12	0·13	0·19	27
32	16	10	4	7	8	59	64	123	0·30	0·33	0·31	0·18	28
36	9	10	14	1	3	68	41	109	0·32	0·18	0·24	0·27	29
21	10	11	9	16	18	64	70	134	0·40	0·40	0·40	0·27	30
33	21	20	16	21	9	113	88	201	0·63	0·43	0·52	0·55	31
1,137	689	503	471	400	449	3,911	3,076	6,987	0·63	0·52	0·58	0·45	

ANNUAL STATEMENT No. XI.—*Deaths registered from Respiratory*

1	2	3		4							
		Circles of Registration.		Village-tracts.							
No.	Divisions and Districts.	Number in each district.	Number from which deaths from respiratory diseases were reported.	Number in each district.	Number from which deaths from respiratory diseases were reported.	January.	February.	March.	April.	May.	June.
	ARAKAN DIVISION.										
1	Akyab	10	10	671	130	92	62	49	42	64	60
2	Kyaukpyu ...	6	2	265	2	...	1	2	...	1	...
3	Sandoway ...	5	2	151	8	3	1	2	1	1	5
	PEGU DIVISION.										
4	Rangoon ...	2	2	2	2	333	290	291	309	274	332
5	Pegu	19	4	410	10	20	21	13	16	11	18
6	Tharrawaddy ...	14	14	468	70	30	18	34	28	19	35
7	Hanthawaddy ...	9	5	459	11	11	10	25	17	16	30
8	Insein	10	10	312	40	24	18	26	22	18	11
9	Prome ...	9	5	345	5	27	13	19	24	26	34
	IRRAWADDY DIVISION.										
10	Bassein ...	14	10	571	96	53	58	69	49	41	40
11	Henzada ...	9	8	421	14	26	19	24	21	17	34
12	Myaungmya ...	8	6	517	88	20	32	35	18	15	12
13	Maubin ...	7	5	243	8	23	10	24	12	4	18
14	Pyapôn ...	6	6	316	103	33	25	23	25	25	36
	TENASSERIM DIVISION.										
15	Thatôn ...	8	3	373	3	13	12	12	14	14	27
16	Amherst ...	10	10	334	143	62	58	53	61	61	64
17	Tavoy ...	6	3	170	6	24	9	20	21	26	23
18	Mergui ...	6	6	139	21	11	11	2	2	3	6
19	Toungoo ...	11	11	531	37	18	16	20	12	14	8
	MAGWE DIVISION.										
20	Thayetmyo ...	8	7	501	76	23	18	11	27	10	15
21	Minbu ...	10	8	332	25	11	16	15	11	6	9
22	Magwe ...	10	6	428	16	43	18	37	30	24	25
23	Pakôkku ...	9	5	619	22	28	19	21	21	25	26
	MANDALAY DIVISION.										
24	Mandalay ...	11	8	295	12	129	118	131	138	73	96
25	Kyauksè ...	5	4	249	34	6	5	6	6	8	2
26	Meiktila ...	5	5	297	17	8	12	7	4	2	6
27	Myingyan ...	9	4	450	19	49	49	38	47	30	19
28	Yamèthin ...	12	9	381	51	52	51	22	26	28	28
	SAGAING DIVISION.										
29	Shwebo ...	10	6	549	6	9	10	14	16	11	6
30	Sagaing ...	8	8	287	15	41	24	18	18	11	10
31	Lower Chindwin ...	8	8	330	247	101	91	115	103	111	136
	Total ...	274	200	11,416	1,337	1,323	1,115	1,178	1,141	989	1,171

Diseases in the Districts of Burma during each month of the year 1937.

5						6			7			8	9
						Total.			Ratio of deaths per 1,000 of population.				
July.	August.	September.	October.	November.	December.	Males.	Females.	Total.	Males.	Females.	Total.	Mean ratio per 1,000 of previous five years.	No.
52	66	56	15	19	33	387	223	610	1·14	0·75	0·96	1·04	1
...	...	1	1	...	1	5	2	7	0·05	0·02	0·03	0·15	2
2	3	2	2	4	3	17	12	29	0·26	0·18	0·22	0·29	3
309	259	318	336	284	355	2,258	1,432	3,690	8·33	11·07	9·22	7·82	4
15	25	18	17	17	19	136	74	210	0·54	0·31	0·43	0·44	5
12	34	24	33	26	50	183	160	343	0·73	0·63	0·68	0·66	6
9	20	10	19	14	15	113	83	196	0·52	0·44	0·48	0·45	7
20	23	24	29	31	23	162	107	269	0·92	0·69	0·81	0·53	8
33	32	21	28	27	34	196	122	318	0·96	0·59	0·77	0·76	9
91	54	56	42	36	42	379	252	631	1·30	0·90	1·10	0·91	10
32	36	28	23	30	36	179	147	326	0·59	0·47	0·53	0·49	11
17	14	13	17	90	55	209	129	338	0·89	0·62	0·76	0·56	12
12	19	15	11	9	16	94	79	173	0·50	0·43	0·47	0·43	13
30	19	25	23	25	31	180	140	320	1·00	0·91	0·96	1·00	14
19	14	8	15	13	21	103	79	182	0·37	0·31	0·34	0·35	15
56	57	58	52	61	62	410	295	705	1·51	1·20	1·37	1·31	16
25	20	13	15	8	36	150	90	240	1·62	1·03	1·33	0·80	17
8	8	14	12	9	10	54	42	96	0·63	0·55	0·59	0·76	18
22	16	15	15	24	25	118	87	205	0·54	0·42	0·48	0·40	19
19	9	13	32	18	41	132	104	236	0·97	0·75	0·86	0·50	20
17	12	15	9	12	23	83	73	156	0·61	0·52	0·56	0·37	21
32	20	19	18	42	27	184	151	335	0·73	0·61	0·67	0·55	22
26	27	26	26	24	48	172	145	317	0·71	0·56	0·64	0·51	23
111	91	112	110	122	152	815	568	1,383	4·25	3·16	3·72	3·41	24
4	3	2	3	6	3	29	25	54	0·39	0·33	0·36	0·65	25
11	8	4	9	9	11	51	40	91	0·35	0·25	0·29	0·23	26
23	24	20	29	29	28	207	178	385	0·90	0·73	0·81	0·75	27
36	44	21	20	28	46	201	201	402	1·03	1·02	1·03	0·71	28
3	7	9	5	11	9	60	50	110	0·28	0·21	0·25	0·18	29
16	10	11	13	21	24	107	110	217	0·67	0·62	0·65	0·49	30
106	88	114	149	124	95	679	654	1,333	3·80	3·19	3·48	3·93	31
1,168	1,062	1,085	1,128	1,173	1,374	8,053	5,854	13,907	1·30	0·99	1·15	1·04	

ANNUAL STATEMENT No. XII.—*Deaths registered from Plague in the*

1	2	3		4							
No.	Divisions and Districts.	Circles of Registration.		Village-tracts.		January.	February.	March.	April.	May.	June.
		Number in each district.	Number from which deaths from plague were reported.	Number in each district.	Number from which deaths from plague were reported.						
	ARAKAN DIVISION.										
1	Akyab ...	10	...	671	...	...	...	...	...	...	...
2	Kyaukpyu ...	6	...	265	...	...	...	...	...	...	...
3	Sandoway ...	5	...	151	...	...	...	...	...	...	...
	PEGU DIVISION.										
4	Rangoon ...	2	1	2	1	5	2	2	3	...	...
5	Pegu ...	19	10	410	11	...	...	1	1	1	10
6	Tharrawaddy ...	14	6	468	7	16	11	2	...	1	...
7	Hanthawaddy ...	9	...	459	...	...	...	...	...	...	...
8	Insein ...	10	2	312	3	5	6	7	5	...	5
9	Prome ...	9	2	345	2	1	1	1	...	...	...
	IRRAWADDY DIVISION.										
10	Bassein ...	14	5	571	7	4	9	15	9	6	3
11	Henzada ...	9	1	421	1	4	3	...	...	...	...
12	Myaungmya ...	8	2	517	2	...	...	1	2	...	...
13	Maubin ...	7	1	243	1	...	...	1	2	...	...
14	Pyapôn ...	6	...	316	...	...	...	...	...	...	...
	TENASSERIM DIVISION.										
15	Thatôn ...	8	6	373	19	20	13	8	4	13	51
16	Amherst ...	10	...	334	...	...	...	...	...	...	...
17	Tavoy ...	6	...	170	...	...	...	...	...	...	...
18	Mergui ...	6	...	139	...	...	...	...	...	...	...
19	Toungoo ...	11	7	531	9	14	14	3	...	...	3
	MAGWE DIVISION.										
20	Thayetmyo ...	8	...	501	...	...	...	...	...	...	...
21	Minbu ...	10	...	332	...	...	...	...	...	...	...
22	Magwe ...	10	5	428	23	7	13	3	...	...	...
23	Pakôkku ...	9	2	619	2	...	...	...	...	...	...
	MANDALAY DIVISION.										
24	Mandalay ...	11	5	295	7	30	43	74	35	2	1
25	Kyauksè ...	5	3	249	9	21	17	3	...	...	...
26	Meiktila ...	5	4	297	40	55	47	19	5	...	1
27	Myingyan ...	9	8	450	13	46	30	3	...	...	...
28	Yamèthin ...	12	9	381	25	90	56	5	...	5	7
	SAGAING DIVISION.										
29	Shwebo ...	10	4	549	26	12	26	7	1	1	2
30	Sagaing ...	8	6	287	20	67	20	17	6	...	...
31	Lower Chindwin ...	8	2	330	2	...	6	...	...	...	...
	Total ...	274	91	11,416	230	397	317	172	73	29	83

Districts of Burma during each month of the year 1937.

5						6			7			8	9
						Total.			Ratio of deaths per 1,000 of population.				
July.	August.	September.	October.	November.	December.	Males.	Females.	Total.	Males.	Females.	Total.	Mean ratio per 1,000 of previous five years.	No.
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	2
...	...	...	...	...	...	...	...	...	...	...	...	...	3
2	4	...	...	...	...	13	8	18	0·05	0·04	0·04	0·05	4
6	4	...	...	...	2	19	6	25	0·07	0·03	0·05	0·08	5
...	...	1	1	2	7	23	18	41	0·09	0·07	0·08	0·23	6
...	...	...	...	...	...	...	...	...	...	...	...	0·02	7
1	1	...	...	...	...	17	13	30	0·10	0·08	0·09	0·02	8
...	...	...	1	1	7	9	3	12	0·04	0·01	0·03	0·11	9
7	2	...	...	...	1	31	25	56	0·11	0·09	0·10	0·12	10
...	...	...	...	...	...	5	2	7	0·02	0·01	0·01	0·09	11
3	...	...	...	1	...	5	2	7	0·02	0·01	0·02	0·03	12
...	...	...	...	...	...	2	1	3	0·01	0·01	0·01	0·04	13
...	...	...	...	...	...	...	...	...	...	...	...	0·00	14
5	1	2	...	...	...	67	50	117	0·24	0·19	0·22	0·21	15
...	...	...	...	...	...	...	...	...	...	...	...	0·01	16
...	...	...	...	...	...	...	...	...	...	...	...	...	17
...	...	...	...	...	...	...	...	...	...	...	...	0·00	18
3	...	...	1	1	...	23	16	39	0·10	0·08	0·09	0·12	19
...	...	...	...	...	...	...	...	...	...	...	...	0·03	20
...	...	...	...	...	...	...	...	...	...	...	...	0·06	21
...	...	2	2	7	15	29	20	49	0·12	0·08	0·10	0·24	22
...	...	...	2	6	19	14	13	27	0·06	0·05	0·05	0·06	23
...	...	...	...	5	50	108	132	240	0·56	0·73	0·65	1·22	24
...	...	...	...	...	...	22	19	41	0·29	0·25	0·27	0·05	25
19	27	...	2	13	60	110	138	248	0·75	0·85	0·80	0·43	26
5	6	7	5	24	49	100	75	175	0·44	0·31	0·37	0·22	27
7	...	...	...	...	5	77	98	175	0·40	0·50	0·45	0·24	28
28	10	2	...	...	...	54	35	89	0·25	0·15	0 20	0·08	29
...	...	...	...	5	6	55	66	121	0·34	0·37	0·36	0·35	30
...	...	...	...	...	...	1	5	6	0·01	0·02	0·02	0·03	31
86	55	14	14	65	221	784	742	1,526	0·13	0·13	0·13	0·14	

STATEMENT No. I (*a*).—*Showing particulars of Rural Vaccina*

No.	Divisions and Districts.	Population of districts according to Census of 1931.	Average number of Vaccinators employed throughout the year.	Total number of persons	
(1)	(2)	(3)	(4)	(5)	(6)
				Male.	Female.
	ARAKAN DIVISION.				
1	Akyab	597,242	11	57,882	55,978
2	Arakan Hill Tracts ...	21,418	3	2,191	1,532
3	Kyaukpyu	216,060	6	15,392	16,001
4	Sandoway	125,175	3	5,617	5,229
	PEGU DIVISION.				
5	Pegu	460,395	7	21,075	23,692
6	Tharrawaddy	454,471	10	17,185	18,332
7	Hanthawaddy	384,785	8	23,234	27,766
8	Insein	279,595	5	10,327	11,734
9	Prome	360,469	8	16,590	17,667
	IRRAWADDY DIVISION.				
10	Bassein	514,135	11	23,773	26,005
11	Henzada	571,395	12	29,827	32,992
12	Myaungmya	419,905	11	21,784	28,345
13	Maubin	346,353	9	19,424	20,787
14	Pyapôn	311,162	8	19,116	20,856
	TENASSERIM DIVISION.				
15	Salween	53,186	4	4,244	2,926
16	Thatôn	509,166	12	27,173	30,400
17	Amherst	444,152	8	19,618	19,563
18	Tavoy	150,946	5	10,195	11,160
19	Mergui	141,582	6	14,795	15,342
20	Toungoo	391,922	10	13,761	14,114

• Secondary operations

tions of Burma during the year 1937-38.

vaccinated.	Average number of persons vaccinated by each Vaccinator.	Primary Vaccination.					
		Total.	Successful			Unknown.	No.
			Under one year.	One and under six years.	Total of all ages.		
(7)	(8)	(9)	(10)	(11)	(12)	(13)	(1)
Total.							
113,860	10,351	28,732	2,318	11,905	19,542	9,076	1
3,723	1,241	1,414	23	740	999	393	2
31,393	5,232	12,678	1,815	6,229	11,300	808	3
10,846	3,615	5,588	793	2,701	5,020	500	4
44,767	6,395	* 18,473	6,347	8,041	17,270	1,167	5
35,517	3,552	19,506	7,543	10,539	18,858	646	6
51,000	6,375	14,490	4,540	7,333	13,631	549	7
22,061	4,412	10,457	3,451	5,112	10,147	255	8
34,257	4,282	21,759	10,677	8,750	21,365	263	9
49,778	4,525	26,814	5,061	13,566	24,552	1,724	10
62,819	5,235	35,552	10,540	20,122	34,855	597	11
50,129	4,557	29,195	4,123	17,296	28,370	802	12
40,211	4,468	19,007	4,862	12,814	18,779	201	13
39,972	4,997	23,964	4,647	16,553	23,959	5	14
7,170	1,793	* 4,545	166	753	3,540	886	15
57,573	4,798	21,786	6,407	9,825	20,217	1,460	16
39,181	4,898	16,260	3,919	5,506	15,106	984	17
21,355	4,271	6,576	4,275	2,284	6,564	4	18
30,137	5,023	8,990	900	4,551	8,941	12	19
27,875	2,788	18,536	2,931	10,319	17,432	1,072	20

included.

STATEMENT No. I (*a*).—*Showing particulars of Rural Vaccina*

No.	Divisions and Districts.	Re-vaccination.			Percentage of which the results
		Total.	Successful.	Unknown.	Primary.
(1)	(2)	(14)	(15)	(16)	(17)
	ARAKAN DIVISION.				
1	Akyab	85,128	9,029	43,229	99·42
2	Arakan Hill Tracts ...	2,309	714	836	97·85
3	Kyaukpyu	18,715	8,796	2,865	95·20
4	Sandoway	5,258	804	1,062	98·66
	PEGU DIVISION.				
5	Pegu	26,330	4,554	7,773	99·79
6	Tharrawaddy	16,011	4,488	3,031	99·99
7	Hanthawaddy	36,510	13,527	2,912	97·78
8	Insein	11,604	3,226	1,135	99·46
9	Prome	12,498	3,244	792	99·39
	IRRAWADDY DIVISION.				
10	Bassein	22,964	6,122	6,402	97·86
11	Henzada	27,267	6,054	3,625	99·71
12	Myaungmya	20,934	5,061	2,852	99·92
13	Maubin	21,204	2,497	1,552	99·86
14	Pyapôn	16,008	4,173	1,215	100·00
	TENASSERIM DIVISION.				
15	Salween	2,639	655	578	96·75
16	Thatôn	35,787	13,244	5,531	99·46
17	Amherst	22,921	3,187	3,539	98·89
18	Tavoy	14,779	13,029	463	99·88
19	Mergui	21,147	16,842	81	99·59
20	Toungoo	9,339	1,017	1,207	99·82

* Secondary operations

† The cost in column 20 includes one-third of the

tions of Burma during the year 1937-38—contd.

successful cases in were known. Re-vaccination. (18)	Persons successfully vaccinated and re-vaccinated per 1,000 of population. (19)	Total cost of Vaccination Department. † (20)			Number of all successful vaccinations and revaccinations performed by the Vaccination staff only. (21)	Average cost of each successful case performed by the Vaccination staff. (22)			No. (1)
		Rs.	A.	P.		Rs.	A.	P.	
21·55	47·84	15,062	14	8	28,571	0	8	5	1
48·47	79·98	2,135	7	0	1,713	1	3	11	2
55·50	93·01	6,400	4	4	20,096	0	5	1	3
19·16	46·53	2,954	11	8	5,824	0	8	1	4
24·54	47·40	14,232	4	0	21,824	0	10	5	5
34·58	51·37	11,158	2	8	23,346	0	7	8	6
40·26	70·58	14,783	8	0	27,158	0	8	9	7
30·81	47·83	8,118	2	8	13,373	0	9	9	8
27·71	68·27	7,574	13	8	24,609	0	4	11	9
36·96	59·66	13,331	10	0	30,674	0	6	11	10
25·61	71·59	15,005	15	2	40,909	0	5	10	11
27·99	79·62	13,529	11	0	33,431	0	6	6	12
12·71	61·43	10,627	13	0	21,276	0	8	0	13
28·21	90·41	10,324	8	4	28,132	0	5	10	14
31·78	78·87	4,421	8	0	4,195	1	0	10	15
43·77	65·72	12,624	12	5	33,461	0	6	0	16
16·44	41·19	10,310	7	0	18,293	0	9	0	17
91·01	129·80	7,824	15	8	19,593	0	6	5	18
79·95	182·11	5,427	15	4	25,783	0	3	4	19
12·51	47·07	10,011	2	8	18,449	0	8	8	20

included.
pay and allowances of Public Health Inspectors who verified vaccinations.

STATEMENT NO. I (*a*).—*Showing particulars of Rural Vaccina*

No.	Divisions and Districts.	Population of districts according to Census of 1931.	Average number of Vaccinators employed throughout the year.	Total number of persons	
(1)	(2)	(3)	(4)	(5)	(6)
				Male.	Female.
	MAGWE DIVISION.				
21	Thayetmyo	252,387	8	8,294	8,978
22	Minbu	265,217	6	6,739	7,677
23	Magwe	459,097	7	20,069	21,937
24	Pakôkku	476,066	8	16,486	17,829
25	Chin Hills	171,237	6	7,124	6,280
	MANDALAY DIVISION.				
26	Mandalay	196,687	6	9,278	10,410
27	Kyauksè	143,967	4	4,585	4,606
28	Meiktila	301,169	4	11,621	12,580
29	Myingyan	438,982	10	24,954	25,920
30	Yamèthin	358,090	6	10,910	12,737
	SAGAING DIVISION.				
31	Bhamo	113,182	4	6,565	6,983
32	Myitkyina	164,196	3	3,263	3,001
33	Shwebo	431,765	10	12,925	15,330
34	Sagaing	316,766	6	10,431	12,193
35	Katha	254,170	6	6,997	7,167
36	Upper Chindwin	202,704	7	9,808	9,600
37	Lower Chindwin	372,634	7	15,193	17,742
	TOTAL OF DISTRICTS ...	11,671,830	265	558,445	601,391

* Secondary operations

NATION

tions of Burma during the year 1937-38—contd.

vaccinated.	Average number of persons vaccinated by each Vaccinator.	Primary Vaccination.					
		Total.	Successful			Unknown.	No.
			Under one year.	One and under six years.	Total of all ages.		
(7)	(8)	(9)	(10)	(11)	(12)	(13)	(1)
Total.							
17,272	2,159	11,551	3,156	6,278	9,434	1,771	21
14,416	2,402	* 9,479	3,107	5,885	9,068	285	22
42,006	6,001	17,855	8,893	8,502	17,395	413	23
34,315	4,289	16,645	5,781	8,099	15,712	827	24
13,404	2,234	* 8,511	1,877	3,850	6,891	1,382	25
19,088	3,281	* 8,403	2,132	2,847	5,323	2,750	26
9,191	2,298	5,067	2,230	2,729	4,990	69	27
24,201	6,050	10,874	3,569	6,153	9,904	921	28
50,874	5,087	* 22,181	7,143	6,582	15,637	6,074	29
23,647	3,941	15,947	4,154	6,960	13,774	1,825	30
13,548	3,387	6,911	1,013	2,817	5,081	1,830	31
6,264	2,088	* 4,169	450	1,803	3,646	352	32
28,255	2,826	17,564	3,908	11,008	15,667	1,572	33
22,624	3,771	12,432	4,601	6,251	11,438	830	34
14,164	2,361	10,190	1,668	6,545	9,673	488	35
19,408	2,773	11,737	3,510	4,066	9,623	1,870	36
32,935	4,705	* 15,470	9,239	5,579	15,301	146	37
11,59,836	4,377	* 549,308	151,769	270,893	499,004	44,809	

included.

STATEMENT No. I (*a*).—*Showing particulars of Rural Vaccina*

No.	Divisions and Districts.	Re-vaccination.			Percentage of which the results
		Total.	Successful.	Unknown.	Primary.
(1)	(2)	(14)	(15)	(16)	(17)
	MAGWE DIVISION.				
21	Thayetmyo	5,721	2,415	1,176	96·46
22	Minbu	4,972	1,504	917	98·63
23	Magwe	24,151	8,021	1,428	99·73
24	Pakôkku	17,670	6,022	1,712	99·33
25	Chin Hills	4,943	2,883	230	96·66
	MANDALAY DIVISION.				
26	Mandalay	11,295	1,845	820	94·16
27	Kyauksè	4,124	1,205	449	99·84
28	Meiktila	13,327	3,171	2,832	99·51
29	Myingyan	29,126	3,824	12,779	97·08
30	Yamèthin	7,700	2,696	2,304	97·54
	SAGAING DIVISION.				
31	Bhamo	* 6,681	2,675	3,962	100·00
32	Myitkyina	2,115	762	261	95·52
33	Shwebo	10,691	3,659	2,186	97·97
34	Sagaing	10,192	3,114	1,228	98·59
35	Katha	3,974	1,116	735	99·70
36	Upper Chindwin	7,671	5,026	593	97·53
37	Lower Chindwin	17,468	8,595	2,373	99·85
	RURAL TOTAL ...	* 611,173	178,796	126,665	98·91

* Secondary operations

† The cost in column 20 includes one-third of the

NATION

tions of Burma during the year 1937-38—concld.

successful cases in were known. Re-vaccination. (18)	Persons successfully vaccinated and re-vaccinated per 1,000 of population. (19)	Total cost of Vaccination Department.† (20)	Number of all successful vaccinations and re-vaccinations performed by the Vaccination staff only. (21)	Average cost of each successful case performed by the Vaccination staff. (22)	No. (1)
		Rs. A. P.		Rs. A. P	
53·14	46·95	5,694 2 8	11,849	0 7 8	21
37·09	39·86	5,598 11 0	10,572	0 8 6	22
35·30	55·36	8,615 12 8	25,416	0 5 5	23
37·74	45·65	10,790 3 6	21,734	0 7 11	24
61·17	57·08	7,360 7 0	9,774	0 12 1	25
17·61	36·44	8,985 12 0	7,168	1 4 1	26
32·79	43·03	5,444 8 4	6,195	0 14 1	27
30·21	43·41	4,557 12 0	13,075	0 5 7	28
23·39	44·33	11,839 14 6	19,461	0 9 9	29
49·96	45·99	6,114 12 0	16,470	0 5 11	30
98·38	68·53	2,789 13 6	7,756	0 5 9	31
41·10	26·85	3,007 4 0	4,408	0 10 11	32
43·02	44·76	9,906 10 8	19,326	0 8 2	33
34·74	45·94	5,379 6 0	14,552	0 5 11	34
34·46	42·45	8,687 3 0	10,789	0 12 11	35
71·01	72·27	11,183 13 0	14,649	0 12 3	36
56·94	64·13	6,706 3 0	23,896	0 4 6	37
36·90	58·07	318,523 0 1	677,800	0 7 6	

Included.
pay and allowances of Public Health Inspectors who verified vaccinations.

STATEMENT No. I (*b*)—*Showing particulars of Urban Vaccinations*

No.	Divisions and Towns.	Population of towns according to Census of 1931.	Average number of vaccinators employed throughout the year.	Total number of persons	
				Male.	Female.
(1)	(2)	(3)	(4)	(5)	(6)
	ARAKAN DIVISION.				
1	Akyab	38,094	2	10,068	1,700
2	Minbya	2,244	1	188	151
3	Kyaukpyu	4,232	...	164	115
4	Sandoway	4,070	1	1,009	837
	PEGU DIVISION.				
5	Rangoon	398,967	21	65,356	24,776
6	Pegu	21,626	1	2,547	1,499
7	Nyaunglebin	7,790	1	952	674
8	Tharrawaddy	7,131	...	481	350
9	Thônze	7,962	1	345	334
10	Zigôn	6,365	1	94	105
11	Letpadan	12,160	1	262	239
12	Gyobingauk	7,675	1	325	190
13	Minhla	4,413	1	69	54
14	Nattalin	5,633	1	185	165
15	Syriam	15,070	...	4,217	1,199
16	Thôngwa	8,976	1	709	600
17	Insein	20,487	1	1,223	1,062
18	Thamaing	5,645	1	184	144
19	Kamayut	7,256		241	182
20	Thingangyun	7,984	1	232	231
21	Kanbe	6,575		265	250
22	Prome	28,295	2	2,589	1,917
23	Shwedaung	8,408	...	781	664
24	Paungdè	13,479	1	443	388
	IRRAWADDY DIVISION.				
25	Bassein	45,662	3	2,335	1,850
26	Ngathainggyaung ...	5,380	...	828	680
27	Kyônpyaw	5,866	1	176	233

* Secondary

NATION

(excluding jails and ports) of Burma during the year 1937-38.

vaccinated.	Average number of persons vaccinated by each vaccinator.	Primary Vaccination.				No.
		Total.	Successful.			
			Under one year.	One and under six years.	Total of all ages.	
(7)	(8)	(9)	(10)	(11)	(12)	(1)
Total						
11,768	5,884	871	541	153	769	1
339	339	9	5	2	9	2
279	...	170	111	44	161	3
1,846	1,846	186	107	48	180	4
90,132	4,292	11,844	8,449	2,035	10,691	5
4,046	4,046	1,205	893	176	1,175	6
1,626	1,626	300	227	50	285	7
831	...	202	126	64	202	8
679	679	429	140	289	429	9
199	199	189	103	76	188	10
501	501	371	254	103	370	11
515	515	226	159	58	217	12
123	123	109	91	18	109	13
350	350	187	122	65	187	14
5,416	...	529	395	132	527	15
1,309	1,309	*346	171	120	325	16
2,285	2,285	964	467	497	964	17
328	751	131	107	21	131	18
423		253	178	65	253	19
463	978	261	160	80	261	20
515		304	188	92	304	21
4,506	2,253	1,229	998	226	1,229	22
1,445	...	241	177	54	237	23
821	821	702	344	321	691	24
4,185	1,395	1,256	1,138	62	1,200	25
1,508	...	413	68	104	400	26
409	409	255	145	108	254	27

operations included.

STATEMENT No. I (*b*)—*Showing particulars of Urban Vaccinations*

No.	Divisions and Towns.	Primary Vaccination.	Re-vaccination.		
		Unknown.	Total.	Successful.	Unknown.
(1)	(2)	(13)	(14)	(15)	(16)
	ARAKAN DIVISION.				
1	Akyab	97	10,897	3,112	3,749
2	Minbya	...	330	113	52
3	Kyaukpyu	3	109	56	25
4	Sandoway	6	1,660	182	52
	PEGU DIVISION.				
5	Rangoon	955	78,288	9,695	19,097
6	Pegu	30	2,841	1,763	296
7	Nyaunglebin	14	1,326	440	62
8	Tharrawaddy	...	629	210	2
9	Thônze	...	250	65	...
10	Zigôn	1	10	4	2
11	Letpadan	1	130	42	3
12	Gyobingauk	9	289	78	28
13	Minhla	...	14	5	2
14	Nattalin	...	163	17	18
15	Syriam	...	4,887	212	221
16	Thôngwa	17	972	341	267
17	Insein	...	1,321	227	212
18	Thamaing	...	197	82	...
19	Kamayut	...	170	67	...
20	Thingangyun	...	202	48	...
21	Kanbe	...	211	52	...
22	Prome	...	3,277	1,594	180
23	Shwedaung	3	1,204	946	11
24	Paungdè	4	119	34	11
	IRRAWADDY DIVISION.				
25	Bassein	56	2,929	892	695
26	Ngathainggyaung ...	7	1,095	280	106
27	Kyônpyaw	1	154	75	28

• Secondary opera

† The cost in column 20 includes one-third of the pay and

NATION

(excluding jails and ports) of Burma during the year 1937-38.

Percentage of successful cases in which the results were known.		Persons successfully vaccinated per 1,000 of population.	Total cost of Vaccination Department. †	Number of all successful vaccinations and re-vaccinations performed by the vaccination staff only.	Average cost of each successful case performed by the vaccination staff.	No.
Primary.	Re-vaccination.					
(17)	(18)	(19)	(20)	(21)	(22)	(1)
			Rs. A. P.		Rs. A. P.	
99·35	43·54	101·88	2,203 8 6	3,881	0 9 1	1
100·00	40·65	54·37	187 0 0	122	1 8 6	2
96·41	66·67	51·28	756 14 0	217	3 7 10	3
100·00	11·32	88·94	430 6 0	362	1 3 0	4
98·18	16·38	51·10	34,211 4 9	20,386	1 10 10	5
100·00	69·27	135·85	1,598 12 0	2,938	0 8 8	6
99·65	34·81	93·07	746 1 6	725	1 0 6	7
100·00	33·49	57·78	317 7 4	412	0 12 4	8
100·00	26·00	62·04	373 15 0	494	0 12 1	9
100·00	50·00	30·16	607 10 0	192	3 2 8	10
100·00	33·07	33·88	798 13 0	412	1 15 0	11
100·00	29·89	38·44	404 4 0	295	1 5 11	12
100·00	41·67	25·83	601 0 0	114	5 4 4	13
100·00	11·72	36·22	1,119 11 0	204	5 7 10	14
99·62	4·54	49·04	1,701 2 0	739	2 4 10	15
98·78	48·37	74·20	297 11 0	666	0 7 2	16
100·00	20·47	58·13	1,693 8 0	1,191	1 6 9	17
100·00	41·62	37·73	440 6 0	213	2 1 1	18
100·00	39·41	44·10	501 13 0	320	1 9 1	19
100·00	23·76	38·70	495 7 0	309	1 9 8	20
100·00	24·64	54·14	495 7 0	356	1 6 3	21
100·00	51·47	99·77	1,796 8 0	2,823	0 10 2	22
99·58	79·30	140·70	375 10 0	1,183	0 5 1	23
99·00	31·4	53·79	992 6 8	725	1 5 11	24
100·00	39·93	45·81	1,713 9 0	2,092	0 13 1	25
98·52	28·31	126·39	283 0 0	680	0 6 8	26
100·00	59·52	56·09	782 15 0	329	2 6 1	27

tions included.
allowances of Public Health Inspectors who verified vaccinations.

STATEMENT No. I (*b*)—*Showing particulars of Urban Vaccinations*

No.	Divisions and Towns.	Population of towns according to Census of 1931.	Average number of vaccinators employed throughout the year.	Total number of persons	
				Male.	Female
(1)	(2)	(3)	(4)	(5)	(6)
	IRRAWADDY DIVISION—*concld.*				
28	Henzada	28,542	1	2,210	1,510
29	Myanaung	9,072	1	507	391
30	Kyangin	6,780	1	746	889
31	Myaungmya	7,773	1	634	549
32	Wakèma	9,359	1	259	287
33	Moulmeingyun	7,747	1	307	288
34	Maubin	8,897	1	1,649	1,279
35	Yandoon	9,925	1	605	462
36	Danubyu	6,334	1	583	673
37	Pyapôn	12,338	1	816	676
38	Kyaiklat	10,658	1	433	398
	TENASSERIM DIVISION.				
39	Thatôn	16,851	1	736	388
40	Kyaikto	6,611	...	734	386
41	Moulmein	65,506	3	10,949	8,453
42	Kawkareik	6,575	...	515	402
43	Tavoy	29,018	2	1,677	2,200
44	Mergui	20,405	1	1,951	1,518
45	Toungoo	23,223	1	645	603
46	Shwegyin	5,876	...	172	130
47	Pyu	7,807	1	259	310
	MAGWE DIVISION.				
48	Thayetmyo	9,279	1	426	312
49	Allanmyo	12,511	1	479	322
50	Minbu	6,005	1	1,215	500
51	Salin	6,654	...	170	175
52	Magwe	8,209	1	555	316

* Secondary

NATION

(excluding jails and ports) of Burma during the year 1937-38.

vaccinated. (7)	Average number of persons vaccinated by each vaccinator. (8)	Primary Vaccination. Total. (9)	Successful. Under one year. (10)	One and under six years. (11)	Total of all ages. (12)	No. (1)
Total.						
3,720	3,720	737	736	...	736	28
898	898	224	168	56	224	29
1,635	1,635	263	182	80	262	30
1,183	1,183	448	152	215	448	31
546	546	316	97	191	315	32
595	595	398	193	148	388	33
2,928	2,928	687	547	134	681	34
1,067	1,067	467	280	144	461	35
1,256	1,256	413	231	165	403	36
1,492	1,492	418	177	239	416	37
831	831	475	234	184	468	38
1,124	1,124	496	394	37	453	39
1,120	...	228	156	55	227	40
19,402	6,467	1,733	1,692	21	1,725	41
917	...	162	148	12	160	42
3,877	1,939	1,024	932	90	1,022	43
3,469	3,469	1,637	609	363	1,607	44
1,248	1,248	775	604	142	774	45
302	...	216	145	20	175	46
569	569	376	170	166	344	47
738	738	421	361	35	415	48
801	801	321	132	170	302	49
1,715	1,715	313	171	99	270	50
345	...	221	159	62	221	51
871	871	344	210	134	344	52

operations included.

STATEMENT No. I (*b*)—*Showing particulars of Urban Vaccinations*

No.	Divisions and Towns.	Primary Vaccination.	Re-vaccination.		
		Unknown.	Total.	Successful.	Unknown.
(1)	(2)	(13)	(14)	(15)	(16)
	IRRAWADDY DIVISION—*concld.*				
28	Henzada	1	2,983	71	151
29	Myanaung	...	674	113	20
30	Kyangin	1	1,372	491	37
31	Myaungmya	...	735	233	17
32	Wakèma	1	230	37	1
33	Moulmeingyun	10	197	79	16
34	Maubin	6	2,241	725	1,516
35	Yandoon	6	600	190	55
36	Danubyu	10	843	69	16
37	Pyapôn	2	1,074	232	178
38	Kyaiklat	7	356	37	30
	TENASSERIM DIVISION.				
39	Thatôn	42	628	215	209
40	Kyaikto	...	892	560	19
41	Moulmein	1	17,669	8,349	2,384
42	Kawkareik	2	755	101	654
43	Tavoy	...	2,853	1,894	126
44	Mergui	16	1,832	1,218	19
45	Toungoo	1	473	75	15
46	Shwegyin	37	86	37	8
47	Pyu	22	193	65	13
	MAGWE DIVISION.				
48	Thayetmyo	3	317	54	27
49	Allanmyo	11	480	82	49
50	Minbu	10	1,402	368	357
51	Salin	...	124	39	85
52	Magwe	...	527	56	99

* Secondary operations

† The cost in column 20 includes one-third of pay and

NATION

(excluding jails and ports) of Burma during the year 1937-38.

Percentage of successful cases in which the results were known.		Persons successfully vaccinated per 1,000 of population.	Total cost of Vaccination Department. †	Number of all successful vaccinations and re-vaccinations performed by the vaccination staff only.	Average cost of each successful case performed by the vaccination staff.	No.
Primary.	Re-vaccination.					
(17)	(18)	(19)	(20)	(21)	(22)	(1)
			Rs. A. P.		Rs. A. P.	
100·00	2·51	28·27	1,341 5 0	807	1 10 7	28
100·00	17·28	37·15	1,090 15 8	337	3 3 10	29
100·00	36·78	111·06	889 6 4	753	1 2 11	30
100·00	32·45	87·61	1,234 13 0	681	1 13 0	31
100·00	16·16	37·61	788 10 0	352	2 3 10	32
100·00	43·65	60·28	1,138 9 0	467	2 7 0	33
100·00	100·00	158·03	904 7 0	1,406	0 10 4	34
100·00	34·86	65·59	740 0 9	651	1 2 2	35
100·00	8·34	74·52	1,414 10 10	472	2 15 11	36
100·00	25·89	52·52	1,573 7 0	648	2 6 10	37
100·00	11·35	47·38	1,180 6 0	505	2 5 5	38
99·78	51·31	39·64	1,234 15 6	668	1 13 7	39
99·56	64·15	119·04	458 0 0	787	0 9 4	40
99·60	54·62	153·79	3,629 10 9	10,074	0 5 9	41
100·00	100·00	39·70	116 2 0	261	0 7 1	42
99·80	69·45	100·49	1,484 10 0	2,916	0 8 2	43
99·14	67·18	138·45	1,654 8 0	2,825	0 9 4	44
100·00	16·38	36·56	782 11 0	849	0 14 9	45
97·77	47·44	36·08	121 0 0	212	0 9 2	46
97·18	36·11	52·39	627 8 0	409	1 8 7	47
99·28	18·62	50·54	455 7 6	469	0 15 6	48
97·42	19·03	30·69	677 6 0	384	1 12 3	49
89·11	35·22	106·24	1,060 1 0	638	1 10 7	50
100·00	100·00	39·07	251 8 0	260	0 15 6	51
100·00	13·08	48·73	569 11 3	400	1 6 9	52

included.

allowances of Public Health Inspectors who verified vaccinations.

STATEMENT NO. I (*b*)—*Showing particulars of Urban Vaccinations*

No.	Divisions and Towns.	Population of towns according to Census of 1931.	Average number of vaccinators employed throughout the year.	Total number of persons	
(1)	(2)	(3)	(4)	(5)	(6)
				Male.	Female.
	MAGWE DIVISION—*concld.*				
53	Taungdwingyi	8,339	1	1,215	522
54	Yenangyaung	11,098	1	476	384
55	Chauk	12,830	1	1,079	1,308
56	Pakôkku	23,115	1	565	387
	MANDALAY DIVISION.				
57	Mandalay	134,950	4	39,758	34,648
58	Maymyo	16,586	1	751	551
59	Myitngè	5,682	...	326	120
60	Kyauksè	7,353	1	294	330
61	Meiktila	8,830	1	444	202
62	Myingyan	25,457	1	1,367	1,099
63	Nyaung-U	8,118	1	186	170
64	Yamèthin	9,291	1	330	266
65	Pyinmana	17,656	1	448	459
66	Pyawbwè	5,783	...	316	281
	SAGAING DIVISION.				
67	Bhamo	8,011	1	1,979	1,098
68	Myitkyina	7,328	1	357	273
69	Shwebo	11,286	1	530	275
70	Ye-U	3,739	...	84	68
71	Sagaing	14,127	1	862	585
72	Myinmu	5,072	1	394	421
73	Mawlaik	2,278	...	351	58
74	Mônywa	10,800	1	587	352
	Total of Towns ...	1,407,129	89	178,189	107,863

* Secondary

NATION

(excluding jails and ports) of Burma during the year 1937-38.

Vaccinated.	Average number of persons vaccinated by each vaccinator.	Primary Vaccination.				No.
		Total.	Successful			
			Under one year.	One and under six years.	Total of all ages.	
(7)	(8)	(9)	(10)	(11)	(12)	(1)
Total.						
1,737	1,737	341	282	35	317	53
860	860	518	391	126	517	54
2,387	2,387	634	284	216	624	55
952	952	546	440	44	517	56
74,406	18,602	* 8,143	7,090	764	8,083	57
1,302	1,302	615	539	38	580	58
446	...	93	93	...	93	59
624	624	272	181	73	263	60
646	646	300	227	72	299	61
2,466	2,466	724	510	77	587	62
356	356	220	187	21	211	63
596	596	413	296	86	387	64
907	907	818	583	182	765	65
597	...	295	153	105	261	66
3,077	3,077	402	158	243	401	67
630	630	395	234	139	395	68
805	805	378	374	...	374	69
152	...	115	90	16	115	70
1,447	1,447	407	308	86	398	71
815	815	355	302	53	355	72
409	...	136	82	17	108	73
939	939	440	321	83	405	74
286,052	3,214	* 52,855	37,869	10,501	50,644	

operations included.

STATEMENT No. I (*b*)—*Showing particulars of Urban Vaccinations*

No.	Divisions and Towns.	Primary Vaccination.	Re-vaccination.		
		Unknown.	Total.	Successful.	Unknown.
(1)	(2)	(13)	(14)	(15)	(16)
	MAGWE DIVISION—*concld.*				
53	Taungdwingyi	24	1,396	392	96
54	Yenangyaung	1	342	63	17
55	Chauk	8	1,753	108	111
56	Pakôkku	4	406	35	42
	MANDALAY DIVISION.				
57	Mandalay	...	66,323	23,546	561
58	Maymyo	35	687	142	220
59	Myitngè	...	353	...	244
60	Kyauksè	2	352	37	23
61	Meiktila	1	346	60	52
62	Myingyan	114	1,742	159	858
63	Nyaung-U	9	136	21	115
64	Yamèthin	20	183	21	79
65	Pyinmana	33	89	31	30
66	Pyawbwe	19	302	86	29
	SAGAING DIVISION.				
67	Bhamo	1	2,675	819	...
68	Myitkyina	...	235	83	8
69	Shwebo	4	427	200	57
70	Ye-U	...	37	17	...
71	Sagaing	1	1,040	287	207
72	Myinmu	...	460	173	89
73	Mawlaik	27	273	45	164
74	Mônywa	35	499	187	86
	Total of Towns ...	1,731	233,266	62,534	34,308

* Secondary

† The cost in column 20 includes one-third of the pay

NATION

(excluding jails and ports) of Burma during the year 1937-38.

Percentage of successful cases in which the results were known.		Persons successfully vaccinated per 1,000 of population.	Total cost of Vaccination Department. †	Number of all successful vaccinations and re-vaccinations performed by the Vaccination staff only	Average cost of each successful case performed by the Vaccination staff.	No.
Primary.	Re-vaccination.					
(17)	(18)	(19)	(20)	(21)	(22)	(1)
			Rs. A. P.		Rs. A. P.	
100·00	30·15	85·02	629 12 0	709	0 14 3	53
100·00	19·38	52·26	751 4 0	580	1 4 9	54
99·68	6·58	57·05	568 9 6	732	0 12 5	55
95·39	9·62	23·88	758 3 0	552	1 6 0	56
99·26	35·80	234·38	6,092 8 10	31,629	0 3 1	57
100·00	30·41	43·53	2,326 10 0	722	3 3 7	58
100·00	...	16·37	134 0 0	93	1 7 1	59
97·41	11·25	40·80	1,005 1 0	300	3 5 7	60
100·00	20·41	40·66	765 10 2	359	2 2 1	61
96·23	17·99	29·30	1,097 3 6	746	1 7 6	62
100·00	100·00	28·58	713 5 4	232	3 1 2	63
98·47	20·19	43·91	546 4 0	408	1 5 5	64
97·45	52·54	45·08	1,046 8 0	796	1 5 0	65
94·57	31·50	60·00	439 8 0	347	1 4 3	66
100·00	30·62	152·29	573 1 0	1,220	0 7 6	67
100·00	36·56	65·23	396 10 6	478	0 13 3	68
100·00	54·05	50·86	1,193 1 8	574	2 1 3	69
100·00	45·95	35·30	308 9 0	132	2 5 5	70
98·03	34·45	48·49	902 6 0	685	1 5 1	71
100·00	46·63	104·10	369 0 0	528	0 11 2	72
99·08	41·28	67·16	402 3 0	153	2 10 1	73
100·00	45·28	54·81	514 14 0	592	0 13 11	74
99·06	31·43	80·43	1,02,880 3 7	113,178	0 14 7	

operations included.
and allowances of Public Health Inspectors who verified vaccinations.

STATEMENT No. I (*c*)—*Showing particulars of Vaccinations in different*

No.	Areas.	Population according to Census of 1931.	Average number of vaccinators employed throughout the year.	Total number of persons	
(1)	(2)	(3)	(4)	(5)	(6)
	MILITARY CANTONMENTS.			Male.	Female.
1	Rangoon	1,448	...	151	45
2	Mingaladon	3,910	...	586	211
3	Mandalay	12,982	1	204	245
4	Maymyo	4,749	...	108	95
	Total of Cantonments ...	23,089	1	1,049	596
	Total of cases vaccinated by Railway Dispensary Staff.	...	...	2,094	924
	Total of cases vaccinated by other Dispensary Staff.	...	...	1,783	1,070
	Total of cases vaccinated by Private Medical Practitioners.	...	...	1,657	555
	Cost of Vaccine Depôt, Meiktila	...	...	...	...
	Cost incurred in the Office of the D.P.H., Burma.	...	...	...	...
	Total of Districts ...	11,671,830	265	558,445	601,391
	Total of Towns ...	1,407,129	89	178,189	107,863
	GRAND TOTAL, BURMA ...	13,102,048	355	743,217	712,399
	FEDERATED SHAN STATES.				
	(a) *Districts excluding Towns.*				
1	Northern Shan States ...	631,469	21	21,537	20,093
2	Southern Shan States ...	916,718	20	33,317	31,342
	Total of Districts ...	1,548,187	41	54,854	51,435
	(b) *Towns.*				
1	Lashio	4,638	...	248	173
2	Taunggyi	8,652	1	338	209
3	Kalaw	3,621	...	73	76
	Total of Towns ...	16,911	1	659	458
	Vaccination by Railway Dispensary Staff.	...	...	4	5
	Vaccination by other Dispensary Staff.	...	...	797	810
	Vaccination by Private Medical Practitioners, Licensed Vaccinators, etc.	...	...	1,106	458
	GRAND TOTAL, SHAN STATES	1,565,098	42	57,420	53,166

* Secondary

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areas of Burma and States during the year 1937-38.

vaccinated.	Average number of persons vaccinated by each vaccinator.	Primary Vaccination.				No.
		Total.	Successful.			
			Under one year.	One and under six years.	Total of all ages.	
(7)	(8)	(9)	(10)	(11)	(12)	(1)
Total.						
196	...	37	17	20	37	1
797	...	112	105	7	112	2
449	449	410	229	174	410	3
203	...	*61	15	28	49	4
1,645	1,645	*620	366	229	608	
3,018	...	714	215	276	688	
2,853	...	1,529	118	99	226	
2,212	...	250	121	36	158	
...	...	...	...	...	...	
...	...	...	...	...	...	
1,159,836	4,377	* 549,308	151,769	270,893	499,004	
286,052	3,214	* 52,855	37,869	10,501	50,644	
1,455,616	4,078	* 605,276	190,458	282,034	551,328	
41,630	1,982	29,832	2,771	12,871	23,477	1
64,659	3,233	40,366	1,154	16,374	29,780	2
106,289	2,592	70,198	3,925	29,245	53,257	
421	...	181	110	58	181	1
547	547	369	180	163	369	2
149	...	133	71	62	133	3
1,117	1,117	683	361	283	683	
9	...	7	3	1	7	
1,607	...	434	75	291	422	
1,564	...	649	103	282	465	
110,586	2,557	71,971	4,467	30,102	54,834	

operations included.

STATEMENT No. I (*c*)—*Showing particulars of Vaccinations in*

No.	Areas.	Primary Vaccination.	Re-vaccination.		
		Unknown.	Total.	Successful.	Unknown.
(1)	(2)	(13)	(14)	(15)	(16)
	MILITARY CANTONMENTS.				
1	Rangoon ...	...	159	90	...
2	Mingaladon ...	...	685	95	16
3	Mandalay ...	...	39	4	10
4	Maymyo ...	3	145	52	38
	Total of Cantonments ...	3	1,028	241	64
	Total of cases vaccinated by Railway Dispensary Staff.	15	2,304	504	129
	Total of cases vaccinated by other Dispensary Staff.	1,302	1,324	323	619
	Total of cases vaccinated by Private Medical Practitioners.	91	1,962	180	1,086
	Cost of Vaccine Depôt, Meiktila	...	...	...	...
	Cost incurred in the Office of the D.P.H., Burma.	...	...	...	...
	Total of Districts ...	44,809	* 611,173	178,796	126,665
	Total of Towns ...	1,731	233,266	62,534	34,308
	GRAND TOTAL, BURMA ...	47,951	* 851,057	242,578	162,871
	FEDERATED SHAN STATES.				
	(a) *Districts excluding Towns.*				
1	Northern Shan States ...	5,914	11,798	6,918	852
2	Southern Shan States ...	10,357	24,293	6,841	3,058
	Total of Districts ...	16,271	36,091	13,759	3,910
	(b) *Towns.*				
1	Lashio	...	240	113	1
2	Taunggyi	...	178	65	1
3	Kalaw	...	16	7	...
	Total of Towns ...	...	434	185	2
	Vaccination by Railway Dispensary Staff.	...	2	1	1
	Vaccination by other Dispensary Staff.	10	1,173	143	988
	Vaccination by Private Medical Practitioners, Licensed Vaccinators, etc.	184	915	76	761
	GRAND TOTAL, SHAN STATES	16,465	38,615	14,164	5,662

* Secondary

† The cost in column 20 includes one-third of the pay and

NATION.

different areas of Burma and States during the year 1937-38.

Percentage of successful cases in which the results were known.		Persons successfully vaccinated and re-vaccinated per 1,000 of population.	Total cost of Vaccination Department. †	Number of all successful vaccinations and revaccinations performed by the Vaccination staff only.	Average cost of each successful case performed by the Vaccination staff.	No.
Primary.	Re-vaccination.					
(17)	(18)	(19)	(20)	(21)	(22)	(1)
			Rs. A. P.		Rs. A. P.	
100·00	56·60	87·71	139 12 0	127	1 1 7	1
100·00	14·20	52·94	...	207	...	2
100·00	13·79	31·89	446 0 0	414	1 1 3	3
84·48	48·60	21·27	...	101	...	4
98·54	25·00	36·77	585 12 0	849	0 11 0	
98·43	23·17	...	...	...	...	
99·56	45·82	...	...	...	...	
99·37	20·55	...	...	...	...	
...	...	...	35,069 3 11	...	...	
...	...	...	75 4 9	...	...	
98·91	36·90	58·07	3,18,523 0 1	677,800	0 7 6	
99·06	31·43	80·43	1,02,880 3 7	113,178	0 14 7	
98·92	35·25	60·59	4,57,133 8 4	791,827	0 9 3	
98·16	63·20	48·13	13,724 12 6	30,395	0 7 3	1
99·24	32·22	39·95	16,805 7 8	36,621	0 7 4	2
98·76	42·76	43·29	30,530 4 2	67,016	0 7 3	
100·00	47·28	63·39	906 9 0	294	3 1 4	1
100·00	36·72	50·16	390 7 0	434	0 14 5	2
100·00	43·75	38·66	54 6 0	140	0 6 3	3
100·00	42·82	51·33	1,351 6 0	868	1 7 9	
100·00	100·00	...	...	...	...	
99·53	77·30	...	...	...	...	
100·00	49·35	...	...	...	...	
98·79	42·98	44·09	31,881 10 2	67,884	0 7 6	

operations included.
allowances of Public Health Inspectors who verified vaccinations.

(1)	Total number of persons vaccinated. Primary. (2)	Re-vaccination. (3)	Total number of operations performed. Primary. (4)	Re-vaccination. (5)	Percentage of successful cases in which results were known. Primary. (6)	Re-vaccination. (7)
Vaccination.						
1. By Special Staff—						
(*a*) Districts (excluding towns)	548,707	611,129	549,308	611,173	98·91	36·90
(*b*) Towns	52,786	233,266	52,855	233,266	99·06	31·43
Total ...	601,493	844,395	602,163	844,439	98·92	35·31
2. By Railway Dispensary Staff	714	2,304	714	2,304	98·43	23·17
3. By other Dispensary Staff ...	1,529	1,324	1,529	1,324	99·56	45·82
4. By Private Medical Practitioners, Licensed Vaccinators, etc.	250	1,962	250	1,962	99·37	20·55
5. By Cantonment Staff ...	617	1,028	620	1,028	98·54	25·00
6. Cost of Vaccine Depôt, Meiktila	...	...	...	...	...	...
7. Cost incurred in the office of Director of Public Health, Burma.	...	...	...	...	...	...
GRAND TOTAL, BURMA ...	604,603	851,013	605,276	851,057	98·92	35·25
Shan States ...	70,881	36,525	70,881	36,525	98·77	42·76
By Railway Dispensary Staff ...	7	2	7	2	100·00	100·00
By other Dispensary Staff ...	434	1,173	434	1,173	99·53	77·30
By Private Medical Practitioners, Licensed Vaccinators, etc.	649	915	649	915	100·00	49·35
Shan States, Total ...	71,971	38,615	71,971	38,615	98·79	42·98

NATION.

MARY.

Average number of persons vaccinated by each vaccinator.		Number of children successfully vaccinated.		Ratio of successful vaccination per 1,000 population.	Total cost of Department.	Number of all successful vaccinations performed.	Average cost of each successful case.
Vaccinators employed. (8)	Persons vaccinated by each vaccinator. (9)	Under one year. (10)	One year and under six years. (11)	(12)	(13)	(14)	(15)
					Rs. A. P.		Rs. A. P.
265	4,377	151,769	270,893	58·07	3,18,523 0 1	677,800	0 7 6
89	3,214	37,869	10,501	80·43	1,02,880 3 7	113,178	0 14 7
354	4,084	198,638	281,394	60·48	4,21,403 3 8	790,978	0 8 6
...	...	215	276	...	...	...	
...	...	118	99	...	...	...	
...	...	121	36	...	...	...	
1	1,645	366	229	36·77	585 12 0	849	0 11 0
...	...	...	...	...	35,069 3 11	...	
...	...	...	...	...	75 4 9	...	
355	4,078	190,458	282,034	60·59	4,57,133 8 4	791,827	0 9 3
42	2,557	4,286	29,528	43·37	31,881 10 2	67,884	0 7 6
...	...	3	1	...	...	...	...
...	...	75	291	...	...	...	...
...	...	103	282	...	...	...	...
42	2,557	4,467	30,102	44·09	31,881 10 2	67,884	0 7 6

COMPARATIVE STATEMENT NO. II—*Showing the number of persons vaccinated in the Province of Burma in*

Establishments.	Persons prima									
	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.
	1928-29.		1929-30.		1930-31.		1931-32.		1932-33.	
(1)	(2)		(3)		(4)		(5)		(6)	
Government.	10,137	8,478	10,972	7,444	9,581	7,766	9,335	7,566	12,707	8,769
Municipal	51,565	47,819	49,272	45,680	48,013	44,130	57,174	52,211	59,848	54,675
Local Funds.	473,466	440,571	504,704	469,318	492,893	458,389	469,598	436,335	557,582	507,654
Dispensary	7,105	2,532	4,863	1,819	3,810	546	2,660	1,200	2,020	420
Other Agencies.	372	356	665	371	220	200	736	711	3,535	1,150
Total ...	542,645	499,756	50,4776	524,632	554,517	511,031	539,503	498,023	635,692	572,668
Federated Shan States.	71,051	57,133	57,508	50,481	59,680	53,997	65,080	58,775	87,668	70,225

NATION.

primarily vaccinated and the number of those persons who were successfully each of the undermentioned official years.

rily Vaccinated.

Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Establishments.
1933-34.		1934-35.		1935-36.		1936-37.		1937-38.		
(7)		(8)		(9)		(10)		(11)		(12)
12,912	9,950	37,308	26,523	22,799	18,439	12,612	10,311	13,739	11,799	Government.
60,027	56,010	55,986	52,335	53,398	48,657	54,630	52,281	52,786	50,644	Municipal.
556,858	499,306	523,635	474,423	520,013	481,150	572,489	528,693	535,585	487,813	Local Funds.
2,838	906	1,477	557	2,064	1,110	2,501	650	2,243	914	Dispensary.
217	181	1,369	1,107	198	184	180	170	250	158	Other Agencies.
632,852	566,353	619,775	554,945	598,472	549,540	642,412	592,105	604,603	551,328	Total.
70,834	60,740	58,025	48,504	56,076	51,848	60,709	51,813	71,971	54,834	Federated Shan States.

STATEMENT NO. III.—*Showing receipts of the Vaccine*

Item No.	Particulars.	April.	May.	June.	July.	August.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.
1	*Sale Proceeds of Vaccine Lymph*—					
	(*a*) Received at other Treasuries	3,818 5 0	4,046 0 0	4,947 9 0	6,495 1 0	6,334 11 0
	(*b*) Credited in cash at Meiktila Treasury by the Vaccine Depôt.	12 5 0	14 1 0	5 5 0	5 5 0	6 5 0
2	*Miscellaneous*—					
	(*a*) Sale of Vaccinated Calves	...	...	...	...	...
	(*b*) Sale of Rabbits ...	...	...	...	...	...
	(*c*) Miscellaneous ...	...	...	...	...	4 0 0
3	Value of Vaccine lymph supplied free to Government Institutions.	187 11 0	240 5 0	178 4 0	174 8 0	232 4 0
	Total ...	4,018 5 0	4,300 6 0	5,131 2 0	6,674 14 0	6,577 4 0

NATION.

Depôt, Meiktila during the year 1937-38.

September. (8)	October. (9)	November. (10)	December. (11)	January. (12)	February. (13)	March. (14)	Total. (15)	Item No. (1)
Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	
5,339 5 0	6,064 2 0	3,943 10 0	5,984 7 0	4,511 6 0	2,022 3 0	10,320 4 0	63,826 15 0	1
50 9 0	40 0 0	102 12 0	20 5 0	201 10 0	61 13 0	73 6 0	593 12 0	
12 0 0	...	12 8 0	...	...	...	...	24 8 0	2
...	...	...	...	...	...	...	...	
...	...	...	...	...	...	5 0 0	9 0 0	
177 7 0	164 10 0	165 14 0	186 6 0	189 3 0	164 11 0	174 0 0	2,235 3 0	3
5,579 5 0	6,268 12 0	4,224 12 0	6,191 2 0	4,902 3 0	2,248 11 0	10,572 10 0	66,689 6 0	

STATEMENT NO. IV.—*Showing expenditure of the Vaccine*

Item No.	Particulars.	April.	May.	June.	July.	August.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.
1	Pay of Officer—Director ...	1,120 0 0	1,120 0 0	1,120 0 0	1,120 0 0	1,120 0 0
2	*Pay of Establishment—*					
	(*a*) Assistant Director ...	195 0 0	195 0 0	195 0 0	167 11 0	104 0 0
	(*b*) Clerks	156 0 0	156 0 0	176 14 0	202 5 0	181 7 0
	(*c*) Head Loader	32 10 0	29 0 0	29 0 0	29 0 0	29 0 0
	(*d*) Laboratory attendant and media maker.	35 0 0	35 0 0	35 0 0	35 0 0	35 0 0
3	Allowances of Director and Assistant Director.	120 0 0	120 0 0	120 0 0	115 13 0	106 0 0
4	*Contingencies—*					
	(*a*) Hire of calves for lymph ...	...	...	135 0 0	57 0 0	107 8 0
	(*b*) Medicines and instruments ...	...	3 8 0	...	0 2 0	1 8 0
	(*c*) Feeding charges ...	5 4 0	40 3 0	51 6 0	60 14 0	71 12 0
	(*d*) Pay of inferior servants ...	230 14 0	265 0 0	247 0 0	132 8 0	247 0 0
	(*e*) Books, maps and publications	...	...	...	...	...
	(*f*) Postage and telegrams ...	125 1 6	100 3 0	85 1 0	90 2 9	100 1 3
	(*g*) Rents, rates and taxes ...	...	...	...	...	226 10 0
	(*h*) Furniture, apparatus and office requisites.	...	47 0 0	...	22 12 0	...
	(*i*) Transport	56 14 3	24 6 0	12 14 0	28 4 0	23 5 0
	(*j*) Unclassified :—					
	(1) Purchase and repair of tools and plant.	41 11 0	67 0 0	32 10 0	53 0 0	17 13 0
	(2) Other office expenses and miscellaneous.	225 10 0	262 2 0	186 3 0	205 15 0	132 8 0
	(*k*) Petty construction and repairs	...	50 0 0	...	196 4 0	4 3 0
	(*l*) Newspapers and periodicals	...	...	14 0 0	...	...
5	Establishment charges payable to other Government Departments, etc.	...	...	...	...	...
	Total ...	2,344 0 9	2,514 6 0	2,440 0 0	2,616 10 4	2,507 11 3

NATION

Depôt, Meiktila during the year 1937-38.

September. (8)	October. (9)	November. (10)	December. (11)	January. (12)	February. (13)	March. (14)	Total. (15)	Item No. (1)
Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	
1,120 0 0	1,120 0 0	1,120 0 0	1,120 0 0	1,120 0 0	1,120 0 0	1,120 0 0	13,440 0 0	1
								2
104 0 0	104 0 0	104 0 0	104 0 0	104 0 0	104 0 0	104 0 0	1,584 11 0	
156 0 0	156 0 0	158 0 0	158 0 0	158 0 0	158 0 0	158 0 0	1,974 10 0	
29 0 0	29 0 0	29 0 0	29 0 0	29 0 0	29 0 0	30 0 0	352 10 0	
35 0 0	35 0 0	35 0 0	35 0 0	35 0 0	35 0 0	35 0 0	420 0 0	
106 0 0	106 0 0	106 0 0	106 0 0	106 0 0	106 0 0	106 0 0	1,323 13 0	3
								4
112 8 0	112 8 0	125 0 0	22 8 0	90 0 0	75 0 0	152 8 0	989 8 0	
2 14 0	0 2 0	5 15 0	75 3 0	...	8 5 0	2,325 6 2	2,422 15 2	
60 9 0	60 15 0	50 3 0	59 11 0	40 0 0	53 2 0	92 3 0	646 2 0	
247 0 0	242 7 0	247 6 3	250 8 0	254 11 0	235 0 0	235 0 0	2,934 6 3	
...	...	...	...	...	...	...	...	
100 2 6	95 3 0	95 1 0	95 1 6	95 1 6	115 2 0	103 0 3	1,199 5 3	
...	...	...	...	...	...	...	226 10 0	
0 8 0	2 14 6	...	2 0 0	3 0 0	...	...	78 2 6	
24 14 0	9 12 0	11 3 0	14 4 0	15 14 0	22 1 0	13 14 0	257 9 3	
33 0 0	...	5 9 0	24 11 0	22 7 0	31 8 0	...	329 5 0	
191 8 3	130 10 6	181 1 9	358 4 3	533 3 0	109 7 0	122 2 9	2,638 11 6	
...	323 0 0	...	...	8 7 0	12 0 0	49 6 0	643 4 0	
...	...	...	...	...	...	...	14 0 0	
...	...	...	...	...	...	3,593 9 0	3,593 9 0	5
2,322 15 9	2,527 8 0	2,273 7 0	2,454 2 9	2,614 11 6	2,213 9 0	8,240 1 2	35,069 3 11	

VACCINATION.

APPENDIX A.—*Statement showing the ratio per 10,000 successfully vaccinated and the mortality from Small-pox by quinquennial periods.*

Official Year. (1)	Ratio per 10,000 successfully vaccinated. (2)	Quinquennial mean. (3)	Calendar Year. (4)	Ratio per 10,000 of mortality from small-pox. (5)	Quinquennial mean. (6)
		BURMA.			
1922-23 ...	455·54		1922 ...	1·34	
1923-24 ...	475·39		1923 ...	2·63	
1924-25 ...	485·25	463·35	1924 ...	2·31	2·40
1925-26 ...	479·86		1925 ...	3·56	
1926-27 ...	420·72		1926 ...	2·16	
1927-28 ...	454·15		1927 ...	1·57	
1928-29 ...	505·39		1928 ...	2·61	
1929-30 ...	520·93	482·60	1929 ...	1·70	1·40
1930-31 ...	495·10		1930 ...	0·85	
1931-32 ...	441·96		1931 ...	0·40	
1932-33 ...	539·16		1932 ...	2·05	
1933-34 ...	542·19		1933 ...	1·24	
1934-35 ...	556·26	574·53	1934 ...	1·32	1·36
1935-36 ...	583·18		1935 ...	1·04	
1936-37 ...	651·89		1936 ...	1·12	
1937-38 ...	605·94	..	1937 ...	1·13	
		FEDERATED SHAN STATES.			
1922-23 ...	244·21				
1923-24 ...	303·97				
1924-25 ...	314·93	323·85			
1925-26 ...	457·27				
1926-27 ...	298·85				
1927-28 ...	387·93				
1928-29 ...	440·45				
1929-30 ...	468·45	428·49			
1930-31 ...	415·41				
1931-32 ...	430·09				
1932-33 ...	532·25				
1933-34 ...	498·82				
1934-35 ...	370·13	441·83			
1935-36 ...	408·34				
1936-37 ...	399·59				
1937-38 ...	440·85				

VACCINATION.

APPENDIX B.—*Statement showing the number of vaccinations performed in Municipal Towns and Notified Areas (to which the Vaccination Act has been extended) on children under one year of age*

Towns	Number of births during the year 1937-38.	Number of deaths among children under one year during the year.	Number of successful operations on children under one year during the year ending 31st March 1938.	Date of extension of Vaccination Act of 1880.	Date of extension of Vaccination Law Amendment Act of 1909.
(1)	(2)	(3)	(4)	(5)	(6)
Akyab ...	781	166	541	August 1883 ...	29th March 1910.
Minbya ...	71	9	32	4th March 1930...	9th Sept. 1931.
Kyaukpyu ...	158	17	111	April 1894 ...	29th March 1910.
Sandoway ...	86	13	107	September 1890	Do.
Rangoon * ...	11,446	2,893	8,582	April 1884 ...	1st May 1909.
Pegu ...	827	236	907	March 1893 ...	29th March 1910.
Nyaunglèbin ...	294	79	227	29th March 1910	Do.
Tharrawaddy ...	203	38	126	October 1897.	23rd July 1929.
Thônzè ...	313	91	140	Do. ...	29th March 1910.
Zigôn ...	135	25	103	11th May 1914 ...	9th Sept. 1915.
Letpadan ...	355	95	255	January 1897 ...	29th March 1910.
Gyobingauk ...	277	81	159	February 1897 ...	Do.
Minhla ...	123	28	91	11th May 1914 ...	9th Sept. 1915.
Nattalin ...	160	36	122	Do. ...	Do.
Syriam ...	519	93	395	29th January 1913	29th January 1913.
Thôngwa ...	297	71	171	3rd March 1914	3rd March 1914.
Insein ...	557	139	494	14th March 1912	14th March 1912.
Thamaing ...	155	53	107	26th May 1926 ...	26th May 1926.
Thingangyun ...	158	47	160	Do. ...	Do.
Kanbè ...	180	56	188	Do. ...	Do.
Kamayut ...	217	68	178	Do. ...	Do.
Prome ...	1,118	306	1,000	June 1890 ...	29th March 1910.
Shwedaung ...	228	51	177	10th Sept. 1917 ...	23rd July 1929.
Paungdè ...	357	54	344	August 1890 ...	29th March 1910
Bassein ...	1,461	318	1,141	September 1888	Do.
Ngathainggyaung ...	193	38	68	February 1890 ...	Do.
Kyônpyaw ...	202	16	145	26th Dec. 1923 ...	23rd July 1929.
Henzada ...	783	249	736	January 1889 ...	29th March 1910.
Myanaung ...	289	80	168	July 1889 ...	Do.
Kyangin ...	210	44	182	August 1894 ...	Do.
Myaungmya ...	273	99	152	June 1894 ...	Do.
Wakèma ...	276	84	97	27th April 1907 ...	Do.
Moulmeingyun ...	290	81	193	20th July 1925 ...	20th July 1925.
Maubin ...	282	95	547	October 1891 ...	29th March 1910.

* Including Cantonment.

VACCINATION.

APPENDIX B.—*Statement showing the number of vaccinations performed in Municipal Towns and Notified Areas (to which the Vaccination Act has been extended) on children under one year of age*—concld.

Towns. (1)	Number of births during the year 1937-38. (2)	Number of deaths among children under one year during the year. (3)	Number of successful operations on children under one year during the year ending 31st March 1938. (4)	Date of extension of Vaccination Act of 1880. (5)	Date of extension of Vaccination Law Amendment Act of 1909. (6)
Yandoon ...	311	94	280	January 1892 ...	29th March 1910.
Danubyu ...	228	51	231	9th July 1909 ...	23rd July 1929.
Pyapôn ...	313	63	177	November 1904	29th March 1910.
Kyaiklat ...	337	109	234	15th Dec. 1904 ...	Do.
Thatôn ...	636	161	394	October 1891 ...	Do.
Kyaikto ...	174	52	156	March 1897 ...	Do.
Moulmein ...	1,929	444	1,692	August 1885 ...	Do.
Kawkareik ...	263	90	148	September 1914	17th Sept. 1914.
Tavoy ...	987	287	932	December 1889	29th March 1910.
Mergu ...	744	178	609	October 1891 ...	Do.
Toungoo ...	714	84	621	May 1889 ...	Do.
Shwegyin ...	204	43	145	January 1890 ...	Do.
Pyu ...	289	91	170	January 1920 ...	17th January 1920.
Thayetmyo ...	425	129	361	May 1889 ...	29th March 1910.
Allanmyo ...	412	125	132	May 1901 ...	Do.
Minbu ...	224	37	171	March 1896 ...	Do.
Salin ...	229	79	159	Do. ...	Do.
Magwe ...	322	85	210	10th March 1913	10th March 1913.
Taungdwingyi ...	426	210	282	February 1893 ...	29th March 1910.
Yenangyaung ...	461	147	391	10th March 1913	10th March 1913.
Chauk ...	293	118	286	20th May 1929 ...	23rd July 1929.
Pakôkku ...	757	299	440	April 1892 ...	29th March 1910.
Mandalay * ...	8,011	1,910	7,329	August 1891 ...	Do.
Maymyo * ...	925	161	566	October 1912 ...	22nd October 1912.
Myitnge ...	173	47	93	4th June 1930 ...	4th June 1930.
Kyauksè ...	333	120	181	May 1894 ...	29th March 1910.
Meiktila ...	316	85	228	June 1906 ...	31st July 1922.
Myingyan ...	1,022	458	510	September 1891	29th March 1910.
Nyaung-u ...	272	99	187	30th August 1921	30th August 1921.
Yamèthin ...	402	94	298	February 1892 ...	29th March 1910.
Pyinmana ...	843	208	592	November 1891 ...	Do.
Pyawbwè ...	232	75	153	May 1912 ...	23rd July 1929.
Bhamo ...	255	63	158	26th October 1894	29th March 1910.
Myitkyina ...	300	52	234	6th May 1929 ...	23rd July 1929.
Shwebo ...	502	156	374	June 1894 ...	29th March 1910.
Ye-u ...	139	48	90	2nd April 1929 ...	23rd July 1929.
Sagaing ...	574	180	308	April 1894 ...	29th March 1910.
Myinmu ...	211	82	302	5th October 1926	5th October 1926.
Mawlaik ...	134	29	82	31st Dec. 1930	31st Dec. 1930.
Mônywa ...	473	167	321	March 1893 ...	29th March 1910.
Total ...	49,069	12,859	38,373 †		
	FEDERATED SHAN STATES.				
Lashio ...	247	38	110	25th July 1927 ...	25th July 1927.
Kalaw ...	434	56	180	Do. ...	Do.
Taunggyi ...	126	14	71	Do. ...	Do.
Total ...	807	108	361		

* Including Cantonment.

† Includes 261 of Cantonments, 91 of Railway Dispensaries, 31 of other Dispensaries and 121 of Private Medical Practitioners in Urban Areas.

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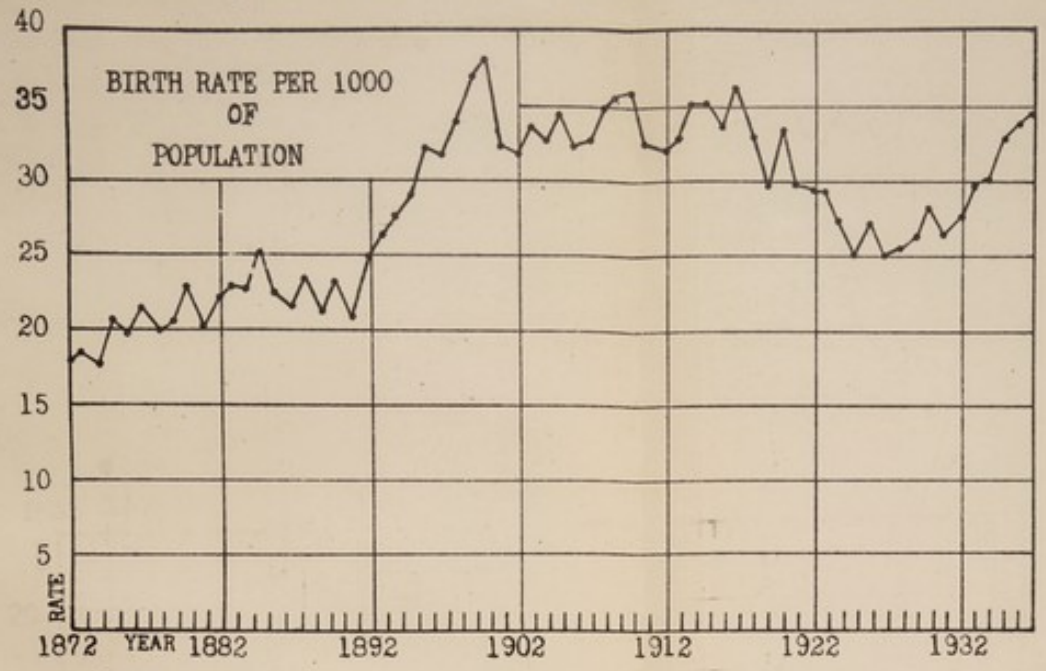
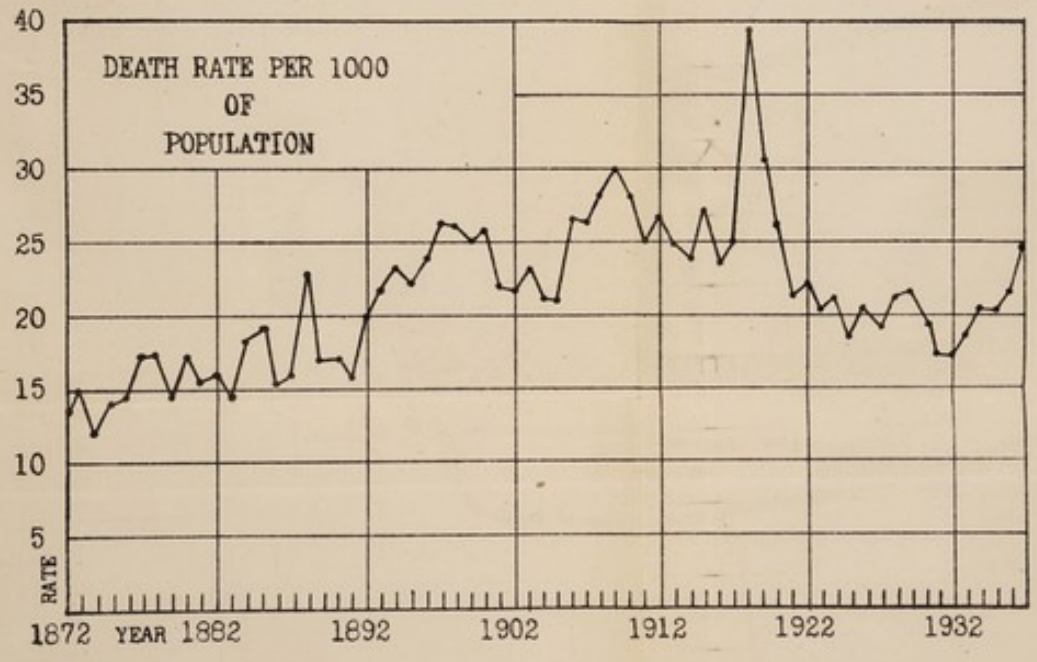
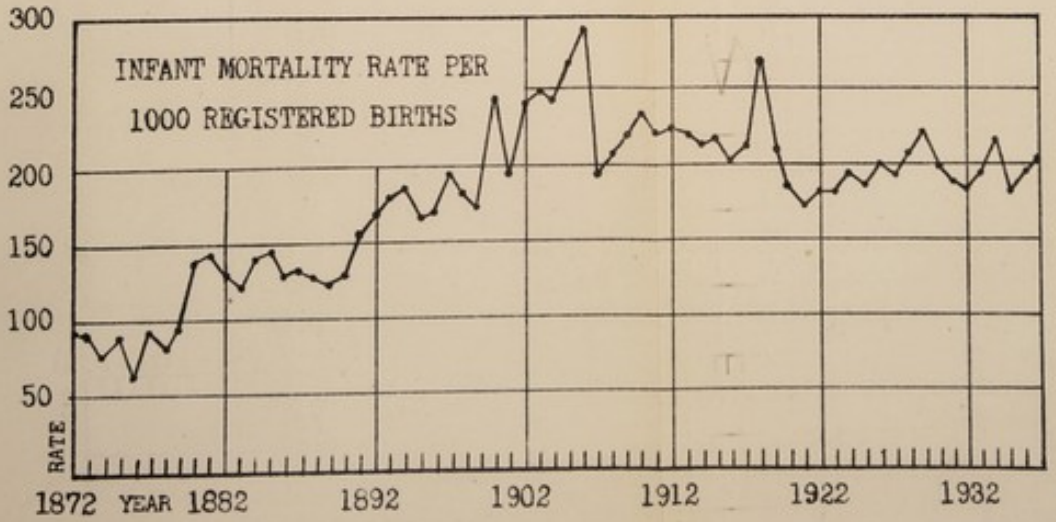
VITAL STATISTICS CHART I

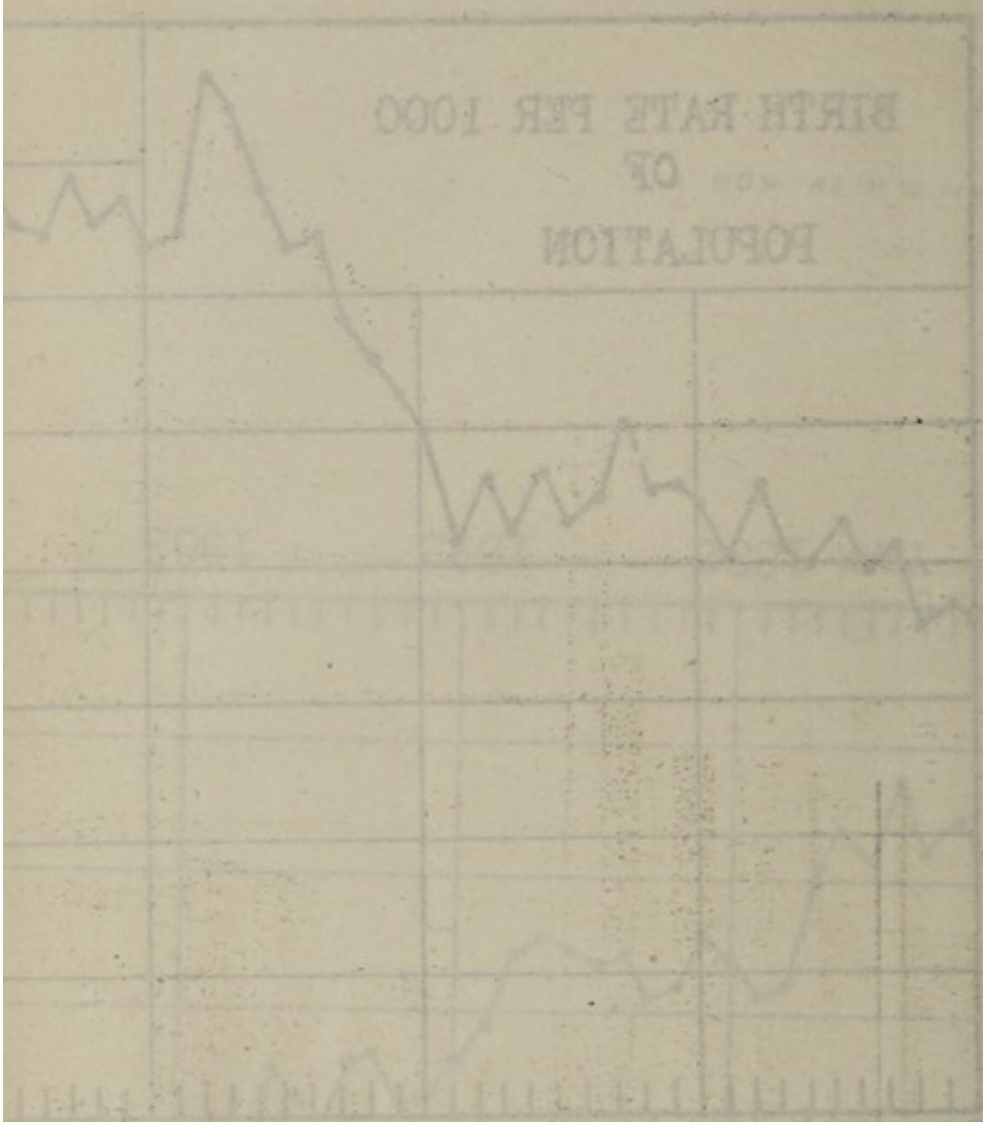
BIRTH, DEATH AND INFANT MORTALITY RATES IN BURMA

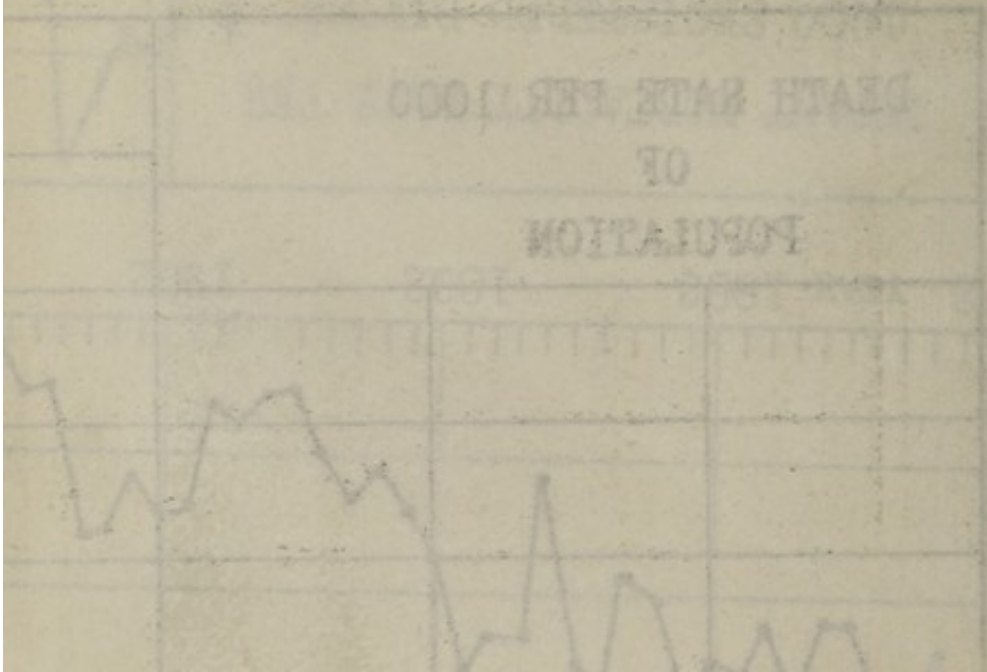






C.P.O.NO.16.D.P.H 3.11.38. 500 V


BIRTH RATE PER 1000
OF
POPULATION

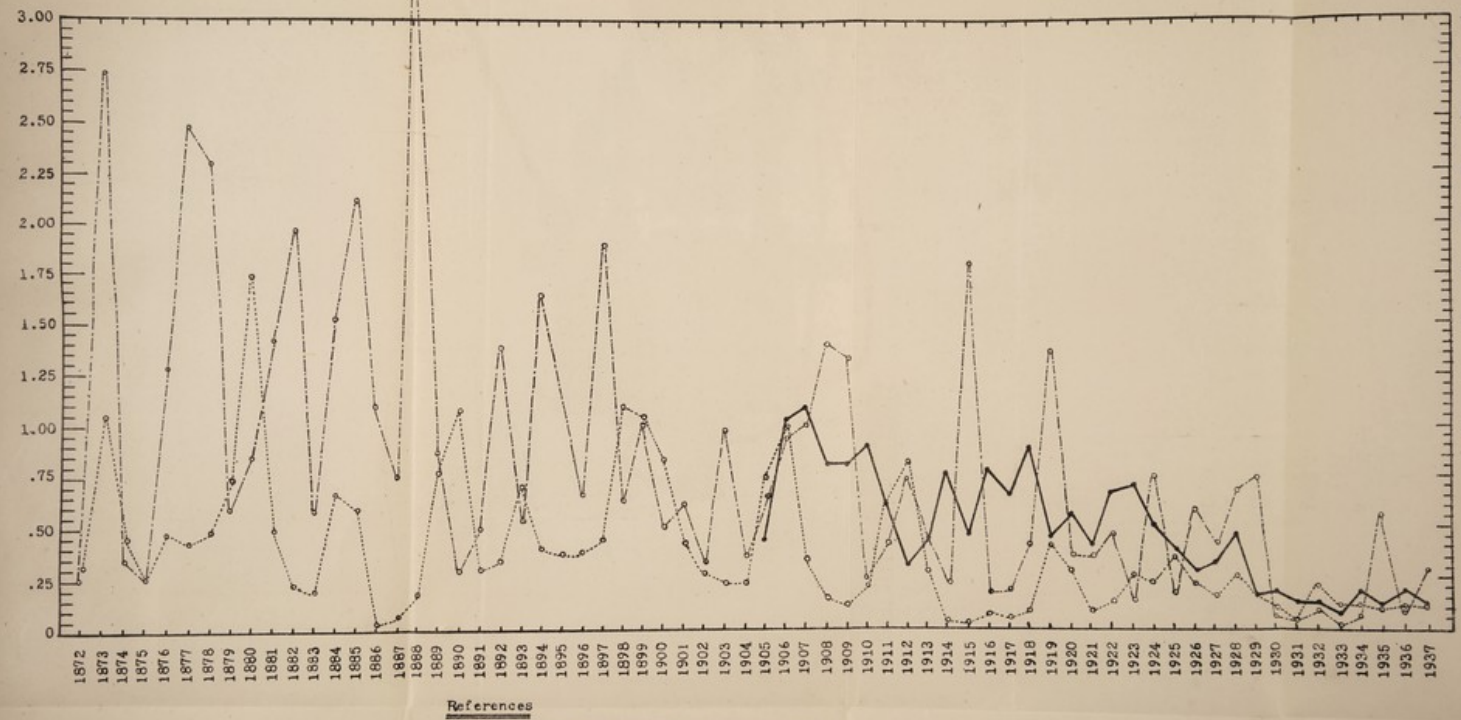

DEATH RATE PER 1000
OF
POPULATION

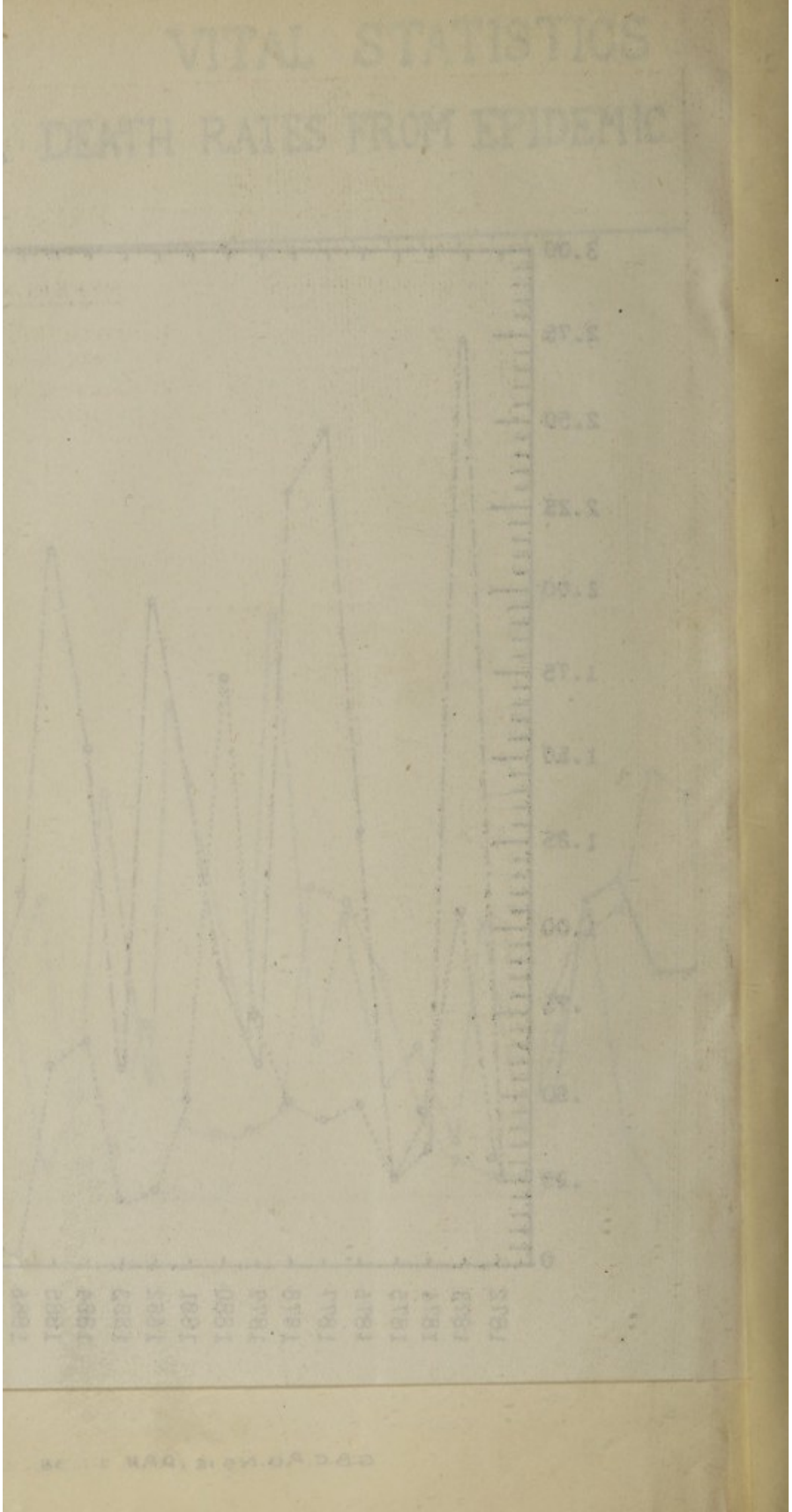
Vital Statistics Chart II

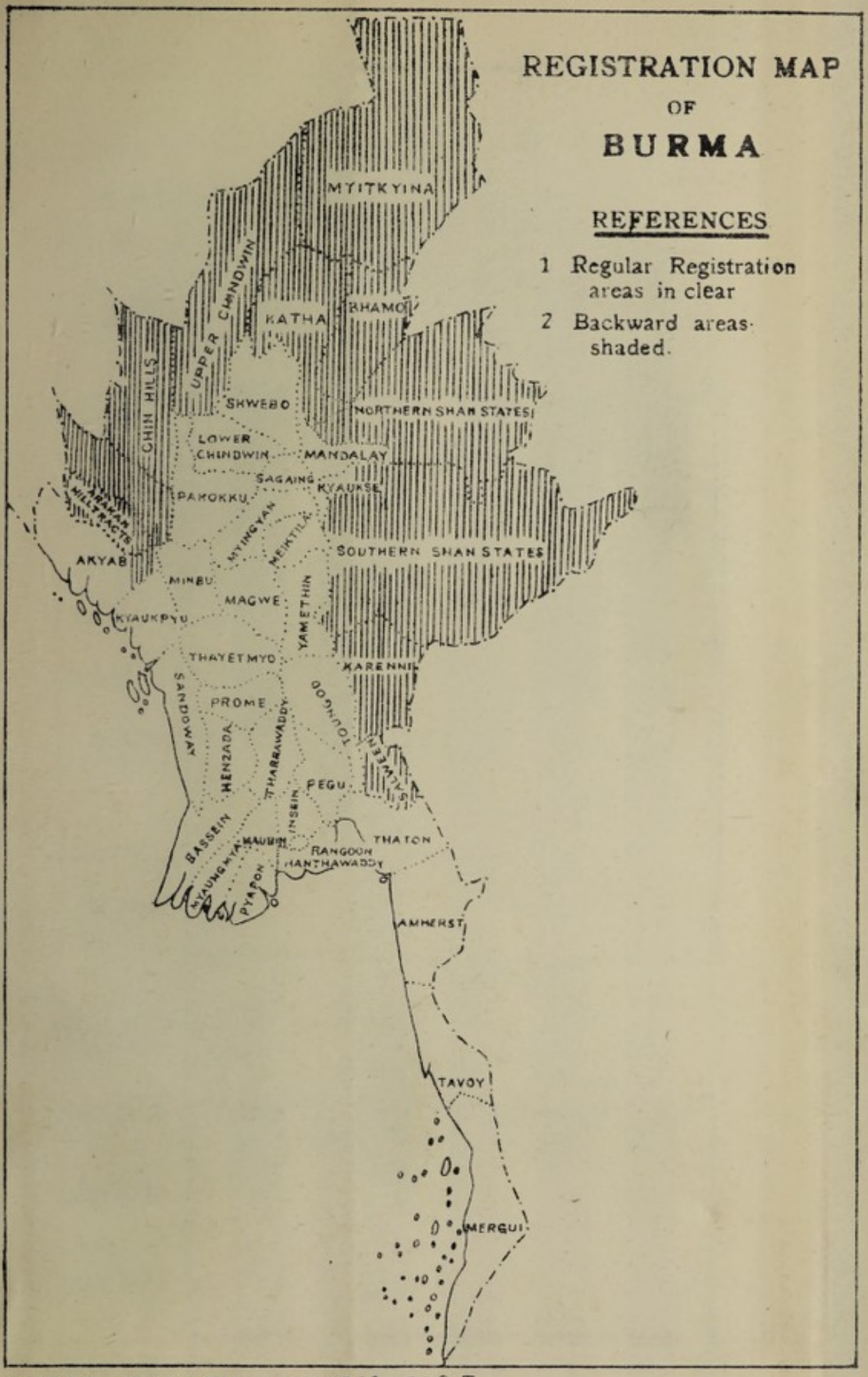
NUMBER OF DEATHS PER 100 BIRTHS IN TOWNS IN 1937.

VITAL STATISTICS CHART III

DEATH RATES FROM EPIDEMIC DISEASES IN BURMA







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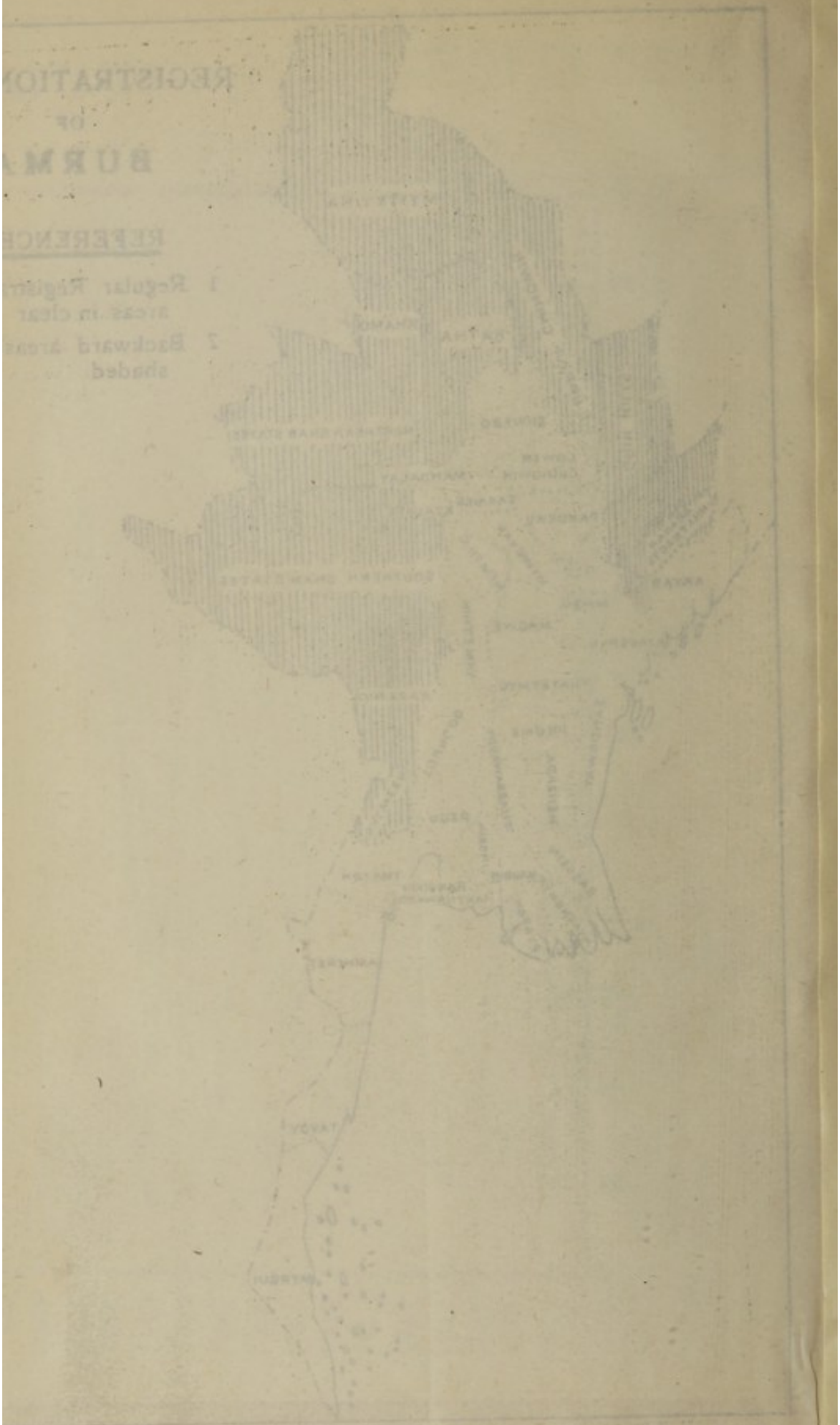
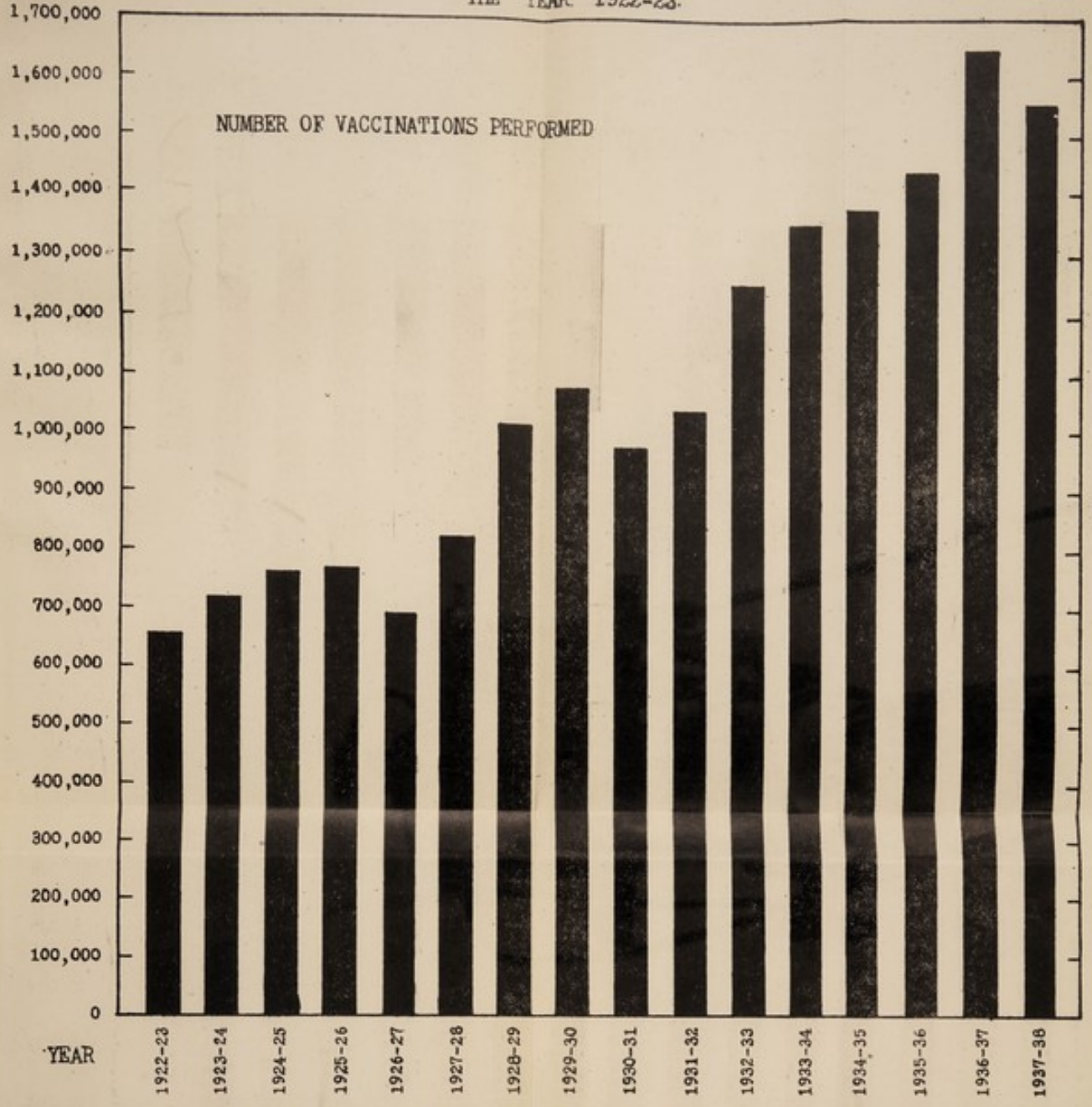
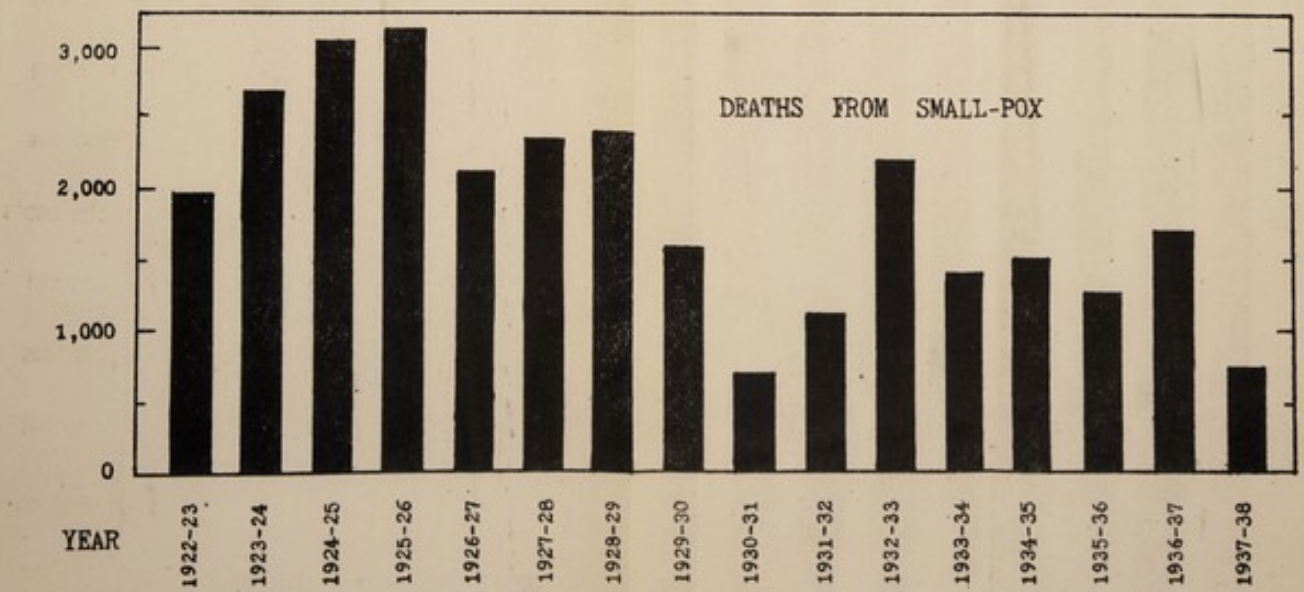


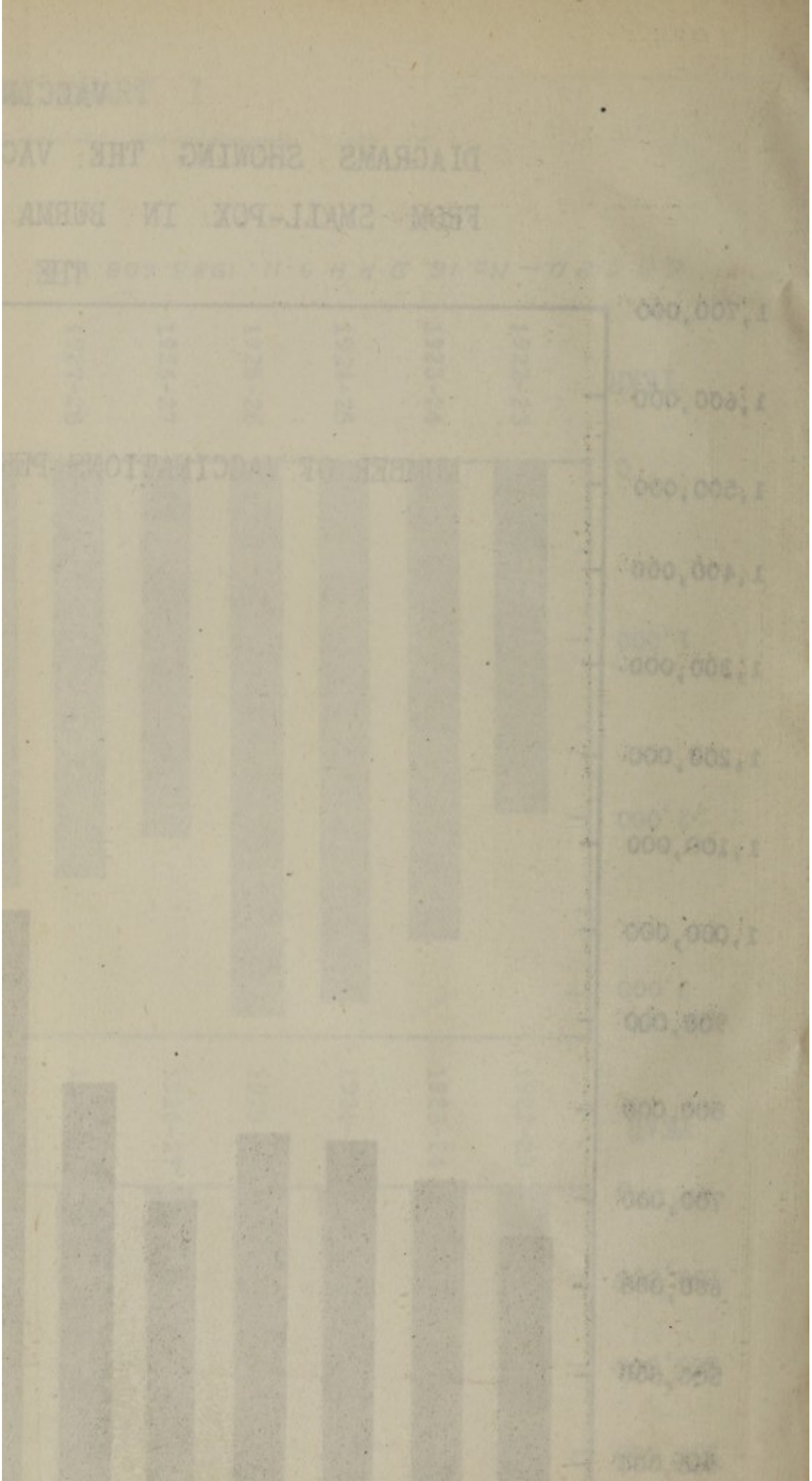
VACCINATION CHART I

DIAGRAMS SHOWING THE VACCINATIONS PERFORMED AND THE DEATHS FROM SMALL-POX IN BURMA (EXCLUDING BACKWARD TRACTS) SINCE THE YEAR 1922-23.





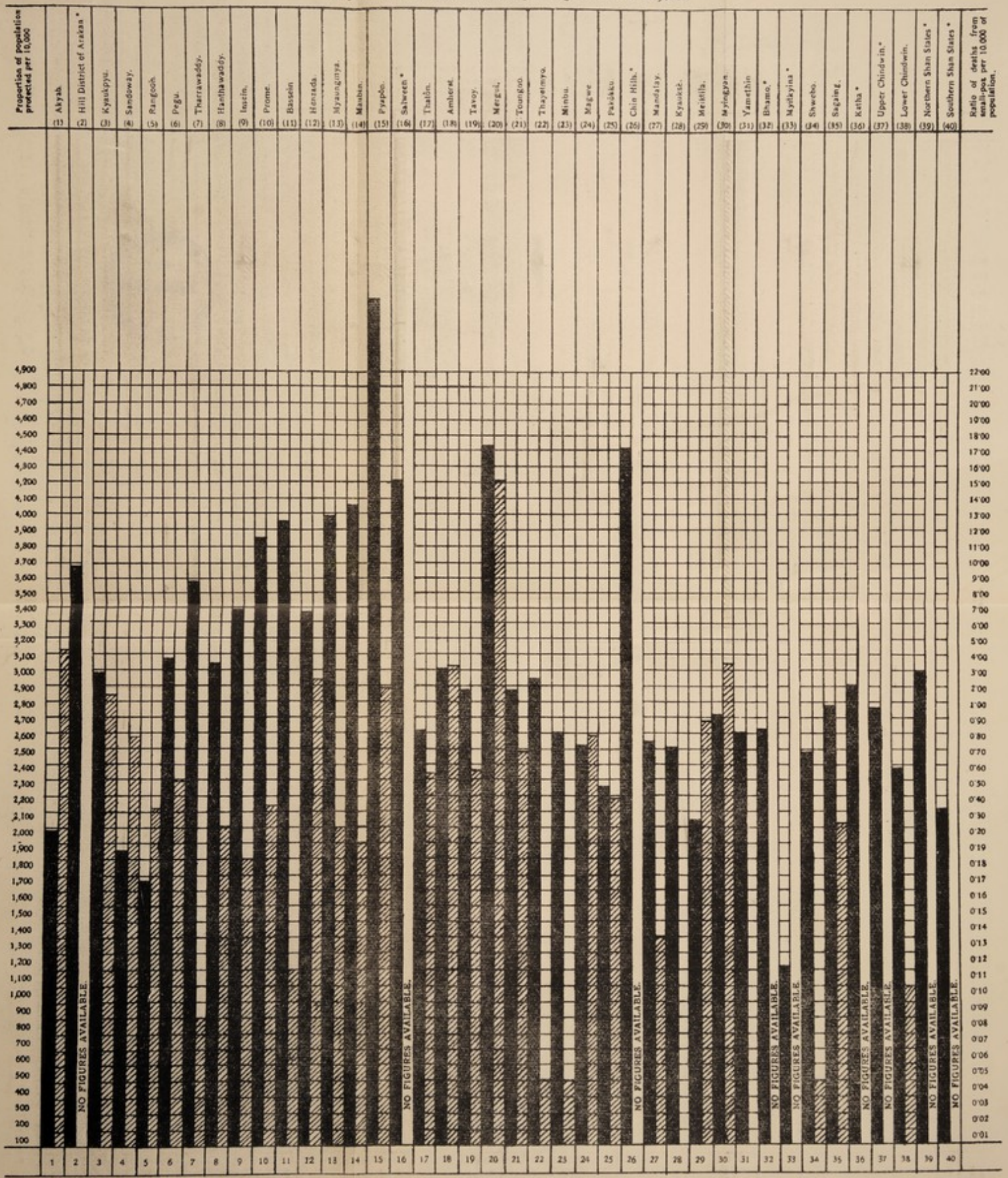
G.B.C.P.O.— No. 16. D.P.H. 9.11.1938.608.V.



D.P.H. Form No. 39

Vaccination Chart II.

Diagram showing the Proportion of Population protected during the seven official years from 1931-32 to 1937-38 and the Death-rate from Small-pox during the year 1937 in districts where full registration is in force.



Indicates proportion of population protected per 10,000.
Indicates ratio of deaths from small-pox per 10,000 of population.
* Full registration of vital statistics is not carried out in these districts.

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