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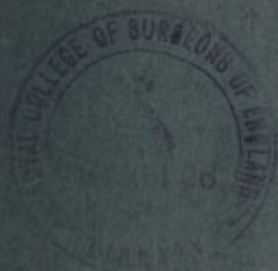
OF THE

SANITARY COMMISSIONER WITH THE GOVERNMENT OF INDIA,

1906,

WITH

APPENDICES AND RETURNS OF SICKNESS AND MORTALITY AMONG
EUROPEAN TROOPS, NATIVE TROOPS, AND PRISONERS,
IN INDIA, FOR THE YEAR.



CALCUTTA
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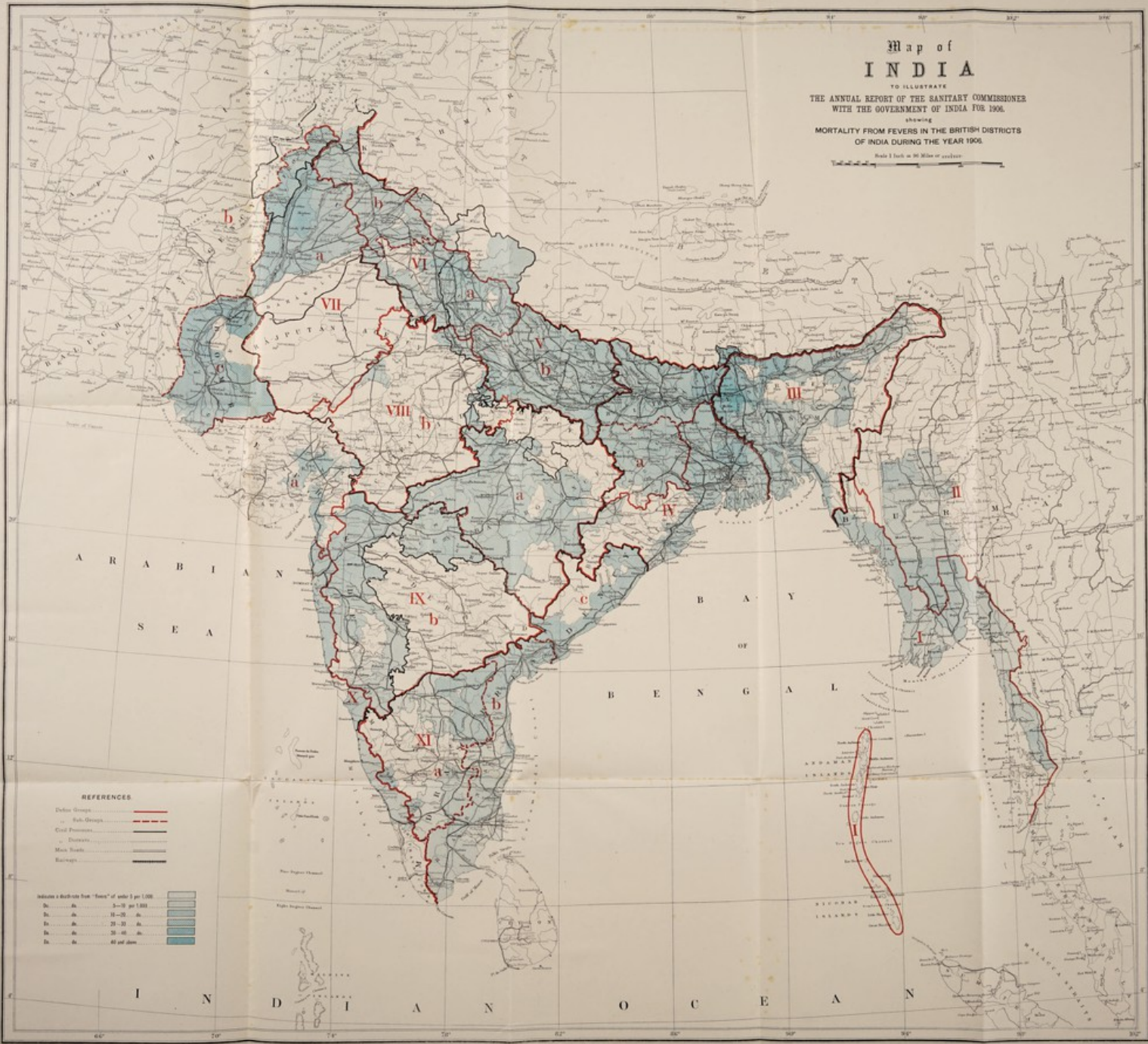


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Map of INDIA

TO ILLUSTRATE
 THE ANNUAL REPORT OF THE SANITARY COMMISSIONER
 WITH THE GOVERNMENT OF INDIA FOR 1906.
 showing
 MORTALITY FROM FEVERS IN THE BRITISH DISTRICTS
 OF INDIA DURING THE YEAR 1906.

Scale 1 Inch = 50 Miles or 80 Kilometres



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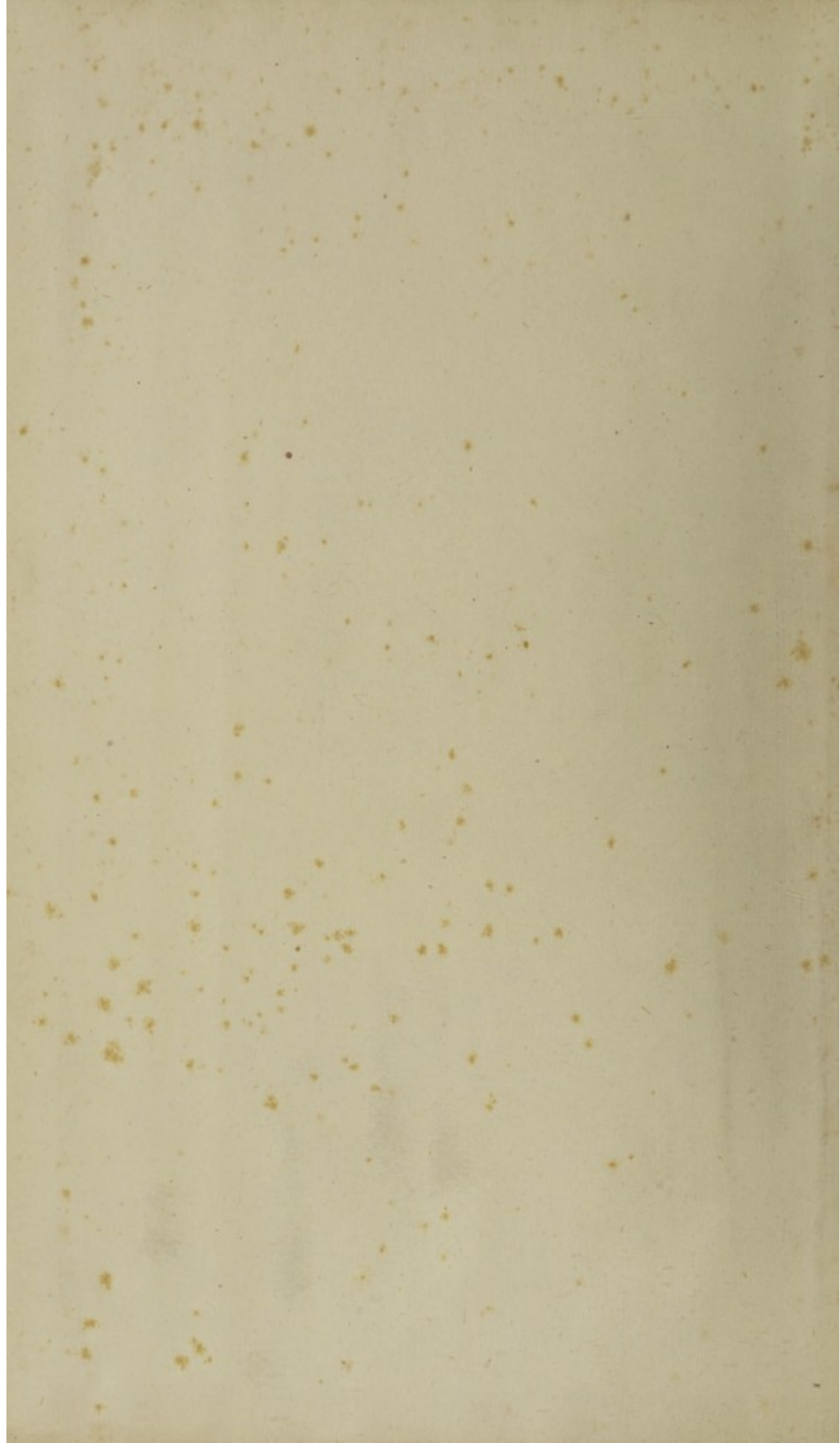
- District Groups ————
- Sub-Groups ————
- Civil Possessions ————
- Distances ————
- Main Roads ————
- Railways ————

Indicates a death-rate from "fevers" of under 2 per 1,000

0-5	5-10	10-20	20-30	30-40	40 and above
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ANNUAL REPORT

OF THE

SANITARY COMMISSIONER WITH THE
GOVERNMENT OF INDIA

FOR

1906.



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APPENDICES AND RETURNS OF SICKNESS AND MORTALITY AMONG
EUROPEAN TROOPS, NATIVE TROOPS, AND PRISONERS
IN INDIA, FOR THE YEAR.



CALCUTTA
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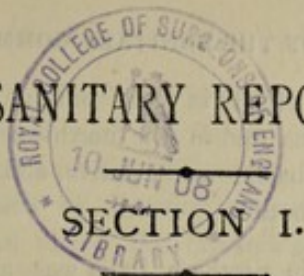
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ANNUAL SANITARY REPORT FOR 1906.



METEOROLOGY OF THE YEAR.

1. The following summary has been abstracted from the Monthly Weather Reviews for the year 1906, published by the Meteorological Department of the Government of India.

Summary of the meteorological phenomena of the year.

Chief features.—The cold weather season lasted longer than usual, and February and March were very wet months in northern India, where the seasonal rainfall was in very large excess.

There was a delay in the setting in of both monsoon currents over by far the greater part of the country, and the rainfall from June to September was in slight defect in the field of the Bay current, but was practically normal in the region usually served by the Arabian Sea current. The provincial departures from the normal were not large except in the case of Mysore (24 per cent. in excess) and Sind (31 per cent. in defect), and the rainfall of the whole country was in defect by 1 per cent.

Weather was drier than usual in October and November, but in December the Punjab and the Peninsula received rainfall in excess of the average, the excess being most marked in the Peninsula.

January.—Weather in Persia and northern India was on the whole slightly more disturbed than is usual in January, but with one exception the depressions travelling from the west, to which such disturbances in the winter months are chiefly due, were weak or met with conditions unsuitable for rainfall. An eastward travelling depression, however, which arose in Central India gave rain in the north-east; and a storm from the Bay, of a character very unusual in January, was the cause of the only wet weather which occurred in the south of the Peninsula. The following statement presents the average conditions that existed during the month:—

- (i) The geographical distribution of pressure deviated only slightly from the normal, with tendencies to low pressure over the Peninsula, and thence northward across the Central Provinces, Chota Nagpur and Bihar up to the Himalayas, and to high pressure in north-west and north-east India. The mean geographical departure from normal for the whole area was $+0.02^{\circ}$.
- (ii) Maximum temperature was low in the areas of high pressure in north-west and north-east India, and high in the areas of low pressure; but the places were few in which the deviations exceeded 3° .
- (iii) Minimum temperature showed the same distribution as maximum temperature, except in the north-east, where, in Bengal, it was practically normal, and in the east of the United Provinces, where it was distinctly in defect.

- (iv) Rainfall occurred chiefly in the Peninsula, Bengal, the east of the Central Provinces and in the north-west submontane districts: humidity, both absolute and relative, and cloud presented similar features of distribution.

February.—The weather in northern India was abnormally cold, wet and cloudy, and a series of depressions of the winter type passed eastward from Baluchistan or the Arabian Sea across Gujarat, Sind or the North-West Frontier Province, accompanied by waves of hot and cold weather. There was also evidence of two other such depressions, with centres passing to the north of Kashmir. Rain or snowfall occurred with each of these, notably with the two last to which was due the larger part of the total rainfall of the month which, as has already been indicated, was very greatly in excess of the normal. Mean temperature was from 2° to 4° low over the whole of northern India, the maximum or day temperatures especially contributing to this result, and conditions of high humidity and excess cloud amount were nearly general.

March.—Weather in northern India presented the same cold, cloudy and damp features which had been prominent in February, and in all parts of the Peninsula also, except the extreme south, mean temperatures well below normal were recorded. Above latitude 22° N. the defects of temperature lay between 2° and 5° , and large tracts in the north-west and from Bengal westwards to the Central Provinces and the east of the United Provinces were uniformly 4° low in mean temperature. The greater part of this result was due to deficiencies of maximum day temperature, which in consequence of cloudy weather ranged up to 8° . Rain continued, as in February, to fall in excess in the north, but in a less marked manner than during that month. In Burma, Assam, and on the west coast only were any deficiencies shewn. In the south rain fell on the Coromandel coast and in south Madras on the 1st, and scattered thunder-showers on the 18th and 19th. Humidity was high generally in the areas of rainfall, and cloud was in excess over the whole Indian area, except in parts of Bombay and Burma.

April.—Weather conditions presented a strong contrast to those of the previous month—the departure of mean pressure from the normal fell from $+0.48^{\circ}$ in March to -0.07° in April; rainfall was practically absent except in Kashmir, Assam and south India; and cloud was in conspicuous defect. Maximum day temperature rose above the normal over the whole of the Peninsula and Bengal, and minimum night temperature showed closely corresponding changes. Two depressions of the cold weather type crossed northern India in the first half of the month and strong evidences appeared of the passage of two others to the north of Kashmir. The rainfall due to them was confined to the extreme north-west corner of India, and to Bengal, Assam and northern Burma, the principal falls in the north-west occurring between the 4th and 9th and the 15th and 17th, and in Assam from the 2nd to the 3rd and from the 5th to the 7th.

A wave of very cold weather was affecting the west at the opening of the month and was felt in a modified degree in the United Provinces and Bengal, but it had given place to a warm wave by the end of the first week. This latter wave of high temperature was due to and preceded the third travelling depression of the month, and was followed by a marked low temperature wave giving total

changes of 16° and 18° in the west between the 7th and 11th and of 6° and 8° between the 12th and 14th in Bengal. During the latter half of the month weather in the north-east was influenced by a trough of low pressure lying near the hills, which by directing the winds from Orissa along a more eastward course than usual raised the temperature in Bengal and maintained it at values from 4° to 10° above normal. Rain fell almost daily in Assam during the second and third weeks, heavy falls occurring on the 18th and 19th during a strong development of the low pressure area at the foot of the hills. In the Peninsula dry weather prevailed except in south India, where thunderstorms gave light scattered showers on many days and more general rain on the 27th, 28th and 30th. Temperature was a few degrees above normal over most of Bombay and Madras.

May.—The weather was warmer than is usual even in May, the warmest month of the year, the averages of both day and night temperatures having been almost generally above normal over India and Burma. In maximum temperature the greater part of the country showed an excess of about 2° , but in Burma, south India and the Central and United Provinces the excess reached 4° . Minimum temperature was above normal almost equally generally, the area of its greatest departure, which reached 6° covering parts of Rajputana and Central India. Cloud was conspicuously less than usual, and its distribution was similar to that of absolute and relative humidity, as measured at the ground level. Rainfall was nearly everywhere below the average, by amounts varying from 10 per cent. in Bengal and Orissa to 89 per cent. in the area comprising east Rajputana, Central India and Gujarat. In distribution it was concentrated, as is usual in May, over the north-eastern parts of India, the Malabar coast, and Burma, and the heavy falls which regularly occur in the extreme south of the Peninsula and on the Tenasserim coast graded off rapidly in a northward direction, in the Peninsula towards the area of dry weather, in north Bombay and in the south of Burma towards the interior.

June.—The chief feature of the weather of the month, the breaking of the monsoon, occurred later than the normal date over the greater part of India, most notably in Malabar, the Central Provinces and the east of the United Provinces. In these areas the delays amounted to 10, 10 and 12 days, respectively. The month's rainfall, due to unsettled conditions prior to the monsoon, and later, to the monsoon current itself, was deficient in Lower Burma, Bengal, Assam, a large part of the Punjab plains, in Rajputana, Central India and on the west coast, and was above normal elsewhere.

Three depressions developed during the month; the only one of importance crossed India, between the 17th and the 23rd, from the east coast to Sind, causing light, moderate and heavy rain along its course. Mean pressure was $0.18''$ in excess over India and Burma, and departures from this average condition were nowhere large. The monthly average of mean temperature was nearly normal, with a slight excess in part of Bengal and a slight defect in Upper Burma. The actual departures from normal, however, which occurred from time to time during the month, were considerable in several parts of India. Humidity conditions were, on the monthly average, approximately normal; they showed, however, an excess in Sind, Cutch and Rajputana, and a defect in the United Provinces and east Punjab.

July.—Weather was on the whole less cloudy than usual, rainfall was below the average, except in the Peninsula, and temperatures were normal over the greater part of the country. In the north-west, however, Sind and the Punjab had clearer skies, higher temperature and very considerably less rain than is usually the case in July. During the month three depressions affected the weather in the periods from the 1st to the 4th, from the 17th to the 24th, and from the 25th to the 29th. The first caused general and heavy rain in north-east India, the United Provinces, Central India and parts of the Central Provinces and Rajputana. The second depression gave an increase of rainfall over the whole of the Peninsula and caused rain over the greater part of northern India between Bihar and Rajputana. The third gave heavy rain from Bengal westwards to the central parts of the country.

August.—Weather was less cloudy than usual over the greater part of India and Burma, although at the ground level humidity was approximately normal. Mean temperature was slightly low along the base of the Himalayas and in the south-east of the Peninsula, owing chiefly to a defect of day temperature, and high in parts of Rajputana and the Punjab, but elsewhere mean monthly conditions were practically normal. Pressure was on the average high by '031" and its departures from normal varied from a small defect in the south to an excess of '080" at the head of the Bay of Bengal. Winds were weak in the Peninsula, but strong in Rajputana, the upper Sub-Himalayas and at the head of the Bay of Bengal. Rainfall was in excess along the base of the Himalayas, at Himalayan hill stations, and in the Peninsula, especially in the south. In the belt of the country between the Sub-Himalayas and the Peninsula rainfall was on the whole deficient. Two depressions occurred during the month, one in Gujarat between the 24th and 29th and the other, almost simultaneously, travelled from the Bay of Bengal across Orissa to Rajputana. In each case some heavy rainfall in the neighbourhood of the depressions was induced by the conditions prevalent at the time.

September.—Weather in the north-west and west-central parts of India was on the average of the month slightly cooler by day and the air damper than is usual in September; cloud was in excess in Rajputana and over a belt of country from Gujarat across the Central Provinces to Burma, and in defect in Bengal. In other parts of India conditions were approximately normal. Mean monthly pressure was low, especially in Bengal. Rainfall was light in Bengal, the Peninsula and Gujarat, but heavy in Burma and the area comprising the Punjab, Sind, Rajputana and Central India.

Five depressions occurred, the first of which was already filling up at the end of August. The second and third appeared between the 4th and the 15th and gave wide-spread rain over nearly the whole of India; the remaining two depressions together caused heavy rainfall between the 25th and the 30th in central and north-east India and in Burma.

October.—Skies were even more free from cloud than usual over a large part of the country, although humidity was above the normal in most places. Rainfall was somewhat irregularly distributed: it was above normal in the interior of Burma, the Assam Hills, the Brahmaputra Valley, Bengal, Chota Nagpur, Mysore and south Madras, and was deficient in the remainder of the country. The defect was greatest in the United Provinces, Berar and the central and western districts of the Central Provinces which received hardly one-tenth of their normal quantity. Nights were warmer than usual in most districts,

particularly in upper India where minimum temperature was from 2° to 6° above the normal ; while days were, if anything, slightly cooler than is normally the case. In the mountain zone, bordering upper India, temperature was high, both by day and night. One storm, of moderate intensity, occurred in the month, developing near the Andaman Islands between the 21st and the 27th. It travelled to the Madras coast at Cocanada, and thence moved slowly along the coast till its disappearance on the 31st and caused rainfall on the Circars coast, in Orissa and north-east India.

November.—On the average of the whole of India weather was drier and warmer and skies were clearer than is usually the case in November, and barometric pressure was in mean geographical excess by $\cdot 027''$. Humidity was high in the north-west, north-east and south India, and low over the central parts of the country. Cloud amount was below normal everywhere except in the south and west of the Peninsula, central Burma and upper Assam. Temperature, both by day and night, was in excess over the greater part of the country, most markedly in north-west India where it ranged up to 6° above normal. The excess of pressure was higher in the hills of northern India than on the plains, so that the vertical pressure gradients were slighter than usual. Winds had a more westerly tendency than usual in northern India, and in the Peninsula shewed a strong north component. Rainfall was below normal except in Burma, Eastern Bengal and Assam and the south of Madras. The largest defect occurred in Mysore where only 25 per cent. of the normal quantity was received. No rain fell over the tract of country which includes the United Provinces, the Punjab, Rajputana, Central India, Sind and Gujarat.

December.—In northern India, with the exception of the Punjab, weather was drier than is usual in this month, but in the Peninsula conditions were disturbed, and the rainfall was in many parts in excess of the normal by between 200 and 900 per cent. Temperature, and especially minimum temperature, was high over the greater part of the country, and humidity was in most places above normal. Skies were much clouded in the area of rainfall in the Peninsula and also in the North-West Frontier Province, parts of north-east India and Burma, but elsewhere cloud proportion was lower than usual. Pressure was low on the average by $\cdot 017''$, the defect being chiefly noticeable in the Peninsula, and vertical gradients of barometric pressure in the northern parts of the country were less marked than usual. There were four periods of disturbed weather in the Peninsula, during which the greater part of the rainfall of the month within that area occurred ; and in the north of India the conditions accompanying the winter type of depression appeared on four occasions, although on only one of these was the resulting precipitation at all abundant.

The Government of India have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the proposed amendments to the Indian Councils Act, 1902, and to inform you that the same have been forwarded to the Secretary of State for India and to the Secretary of State for the Colonies for their consideration.

It is to be noted that the proposed amendments are of a technical nature and do not involve any change in the principle of the Act. The Government of India are of the opinion that the amendments are desirable and will be recommended to the Secretary of State for India and to the Secretary of State for the Colonies for their consideration.

The Government of India have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the proposed amendments to the Indian Councils Act, 1902, and to inform you that the same have been forwarded to the Secretary of State for India and to the Secretary of State for the Colonies for their consideration.

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SECTION II.

EUROPEAN ARMY OF INDIA.

2. The average strength of the European army of India during 1906, excluding officers, was 70,272, and of this strength 51 per cent. were men under 25 years of age and 21 per cent. were men with less than one year's service in India. The year was an unhealthy one for all classes of people in India and from the statement in the margin it will be seen that the rates of admission to hospital, of mortality, and of invaliding, among

India. Appendices A and B to Section II. Tables I, III and LIII.

India.		All causes. Ratios per 1,000.		
		1900-1904.	1905.	1906.
Admissions	...	1046.5	834.3	870.8
Constantly sick	...	64.6	52.3	51.4
Deaths	...	13.03	10.05	10.43
Invalids	...	34.76	21.24	28.36

European troops were all somewhat higher than those of the previous year though they were considerably lower than those of the antecedent quinquennium. Despite an increase in the number of cases of sickness the constantly sick rate fell from 52.3 to 51.4 per 1,000; and, in view of the fact that the rates of admission to hospital and of death during 1905 were the lowest on record, it must be concluded that the health of the British troops in 1906 was very good. The recorded increase in sickness was due chiefly to a rise in the number of admissions on account of ague; this disease, venereal diseases and simple continued fever were the chief causes of sickness during the year. As compared with 1905 there was a rise in the admission rates from ague, remittent fever and simple continued fever, and a fall in those from venereal disease, influenza and enteric fever.

The chief causes of death were, as usual, enteric fever and abscess of the liver, the former accounting for 30.6 per cent., and the latter for 14.6 per cent. of the total number of deaths. The mortality from each of the chief diseases, with the exception of heat-stroke, pneumonia and tubercle of the lungs, was higher than in the previous year.

The chief causes of invaliding were, in order, debility, ague, syphilis, valvular disease of the heart, enteric fever, and disordered action of the heart, these causes together accounting for 847 invalidings (nearly one-half of the total number) as compared with only 574 in 1905. The number of men sent home on account of syphilis rose from 75 in 1905 to 120 in 1906 and on account of enteric fever from 52 to 115, but there was a fall in the number invalided for tubercle of the lungs (from 116 to 92) and only 10 men were invalided for *Bilharzia hæmatobia* as compared with 23 in 1905, 71 in 1904 and 158 in 1903.

If the marginal statements in the first paragraphs of this and the following section be compared it will be seen that the admission rate among European troops during 1906 was nearly one and a quarter times as high as that among Native troops, that the constantly sick rate was more than twice as high and that the invaliding rate was four times as high. The death rates among European and Native troops were, respectively, 10.43 and 6.57 per mille.

The average annual strength of the European troops composing the garrison in the Aden Hinterland during the first three months of 1906 works out to 79, and altogether 57 admissions into hospital and one death were reported. Ague, as usual, was the chief cause of sickness; the death was due to syphilis.

3. Employing the statistical method usually adopted in this report for ascertaining which areas are most and which least favourable to the health of the troops we find that of the three Commands the Western was the most unhealthy during 1906 both for European and for Native troops, and that for European troops the Eastern was more unhealthy than the Northern. The Western Command was the most unhealthy chiefly owing to the death rates on account of enteric fever, abscess of the liver and dysentery being higher than in the other Commands. Enteric fever was least prevalent and caused least mortality in the Northern Command and venereal diseases were also least prevalent in this Command. Tubercle of the lungs was most prevalent in the Western Command, and pneumonia and influenza in the Northern. As regards the Divisions the statistics of the 5th (Mhow) Division were the least favourable during 1906, the rates of admission to hospital, of constantly sick, and of mortality being respectively 1,060, 55 and 16 per mille. The 1st (Peshawar) Division stands next in the list with an admission rate of 1,290, a constantly sick rate of 55 and a death rate of 8 per mille and the 9th (Secunderabad) Division next with rates of 927, 62 and 10 per mille, respectively. As in 1905, the health of the European troops in the 2nd (Rawalpindi) and the 3rd (Lahore) Divisions was better than in the other Divisions during 1906.

Among the larger stations the highest constantly sick rates were recorded at Fort William (88.2), Meerut (71.3), Wellington (69.4) and Rawalpindi (64), and the lowest at Sialkot (36). The incidence of enteric fever was greatest at Mhow, Jhansi and Lucknow, and of hepatic abscess at Sialkot, Mhow and Secunderabad. Fort William (34.45), Colaba (20.60) and Rangoon (18.09) furnished the highest constantly sick rates for venereal diseases and Quetta (4.61) the lowest.

4. The geographical groups which, as judged by the statistics of sickness and mortality in combination, may be regarded as having been most unhealthy for European troops during 1906 were Bengal-Orissa (IV), Central India (VIII), Burma Inland (II), Indus Valley (VII), and Deccan (IX), while at the other end of the scale were the hill stations (XII-a), the Burma Coast (I) and the Western Coast (X). Bengal-Orissa and Central India invariably appear in the list of unhealthy groups, and the hill stations in the list of healthy ones, but the position of the remaining groups as regards their healthiness differs from year to year and is dependent upon other factors than climate; one is the figure representing the average strength, which in some groups is low [*e.g.*, Burma Coast (I), where it was only 1,375 in 1906] and a few deaths yield a high death rate, and in others high [*e.g.*, Upper Sub-Himalaya (VI), where it was 13,989]. The admission and constantly sick rates were lower than in 1905 in all the geographical groups except five, the three groups where the rates recorded during 1906 compare most unfavourably with those of 1905 being Burma Inland (II), Central India (VIII) and Southern India (XI). Ague was most prevalent

among the troops located in the Indus Valley, the Central India and the Bengal-Orissa groups, simple continued fever among those in the Burma Coast group, influenza among those in the Indus Valley group, and enteric fever among those in the Central India group.

5. Influenza caused an admission rate of 11·4 per mille among the European troops during 1906 as compared with 14·2 per mille in 1905 and 4·9 per mille in 1904. The disease was prevalent in all the geographical groups, the incidence being greatest in groups VII (Indus Valley) and VIII (Central India). In the first of these the troops were affected to the extent of 65 per thousand of their strength and in the second to the extent of 23 per thousand. There were altogether 804 admissions to hospital, with no fatality, reported from 41 stations, of which Peshawar (313), Agra (119) and Cawnpore (86) contributed 64 per cent. of the total number of admissions. At Peshawar the epidemic lasted from May until October. The usual symptoms of the disease were present and in all cases the blood was examined microscopically in order to exclude malaria. From the sputum of one patient, in whom the disease was complicated with pneumonia, the influenza bacillus was isolated. At Agra the epidemic occurred during September and October; the medical officer considered that the disease was probably imported from stations in the hills, where it had been prevalent during the summer. At Cawnpore influenza was prevalent during October and November.

6. There was a considerable increase in the prevalence of cholera among European troops during 1906, the number of cases recorded being 72 and the number of deaths 46 as compared with 10 cases and 9 deaths in 1905 and 16 cases and 11 deaths in 1904. Of the 72 cases during the year 21 (including 6 cases of "choleraic diarrhoea") with 9 deaths occurred at Meiktila, 11 with 10 deaths at Secunderabad, 9 with 7 deaths at Benares, 4 with 3 deaths at Dinapore and 11 with 8 deaths among troops on the line of march. The first patients in the outbreak at Meiktila were soldiers who had probably drunk milk or aerated waters in a billiard saloon in a bazaar where cases of cholera had occurred. It was found that the milk supplied to this saloon came from a district where cholera was severely prevalent among the cow-keeping community. The outbreak, which began on the 1st of August, was quickly checked by moving the affected regiment into camp and by the thorough measures of isolation and disinfection immediately undertaken. The outbreak at Secunderabad was confined to patients under treatment in the upper storey of the station hospital and all the cases occurred between the 4th and 16th of August. Eight of the patients were suffering from enteric fever, two from simple continued fever and one from rheumatism. Only three of the patients attacked with cholera lived more than a day after the onset of symptoms. The source of infection in the first case could not be traced with certainty, but it was possible that it was a case of infection by milk, which, it appears, was obtained from native contractors and apparently was not boiled before issue to the patients. The wards of the upper storey were evacuated on the 12th or 13th of August and the last case occurred on the 16th. The outbreak at Benares lasted five days, from the 30th of May until the 4th of June. All the men attacked belonged to the same company

and used the same latrine. It was found that one of the patients had visited a house in the bazaar where there were two cases of cholera and it was probable that he had taken food there. All the cases at Dinapore were among members of the Sergeants' mess and it was thought that infection had been conveyed in uncooked vegetables and fruit brought from a locality where cholera existed.

7. There were in all 87 cases of small-pox with 4 deaths among European troops in 1906 as compared with 99 cases with one death in 1905, and 49 cases with 4 deaths in 1904. An examination of the records for the past ten years shows that there has been a considerable increase in the prevalence of this disease among European troops in India during recent years, for it appears that during the five-year period from 1897 to 1901 only 96 cases of small-pox with 11 deaths occurred among these troops while during the five-year period from 1902 to 1906 no fewer than 326 cases with 21 deaths were recorded. This is the more unfortunate since among the much larger body of Native troops the prevalence of small-pox has not increased. The lack of success in the prevention of this disease among European troops during recent years is further illustrated by the fact that while in each year from 1897 to 1902 small-pox was more prevalent among Native troops than among European troops, in each year from 1903 to 1906 it was more prevalent among European than among Native troops. An interesting table obtained from the office of the Principal Medical Officer in India gives the number of European soldiers who at the yearly examinations are found to have no satisfactory marks or record showing that they have been vaccinated, from which it appears that in 1906 the number was no less than 20,649 as compared with 14,923 in 1905, 6,529 in 1904, 5,987 in 1903 and only 2,463 in 1902. It can scarcely be necessary to search further for an explanation of the cause of the increase of small-pox among European troops in India. During 1906 one or more cases were recorded in 32 stations, the largest numbers occurring in Cawnpore (15), Jhansi (12) and Karachi (8). There was no death among the 15 patients who suffered from the disease in Cawnpore. All the men except one had been re-vaccinated at periods varying from two to eight years before the attack, but in nine only two marks had been made and in the remainder only three. In seven re-vaccination had "failed" and in three the result was recorded as "modified". There was one death among the patients at Jhansi; the man had been successfully re-vaccinated in 1902, three marks having been made. At Karachi also one case was fatal; the patient had been re-vaccinated in 1901 there being one satisfactory mark. Measures have recently been taken to ensure that failures in re-vaccination are not due to loss of potency of the vaccine.

8. Malarial fevers were very prevalent among all classes of people in India during the latter part of 1906 and the number of admissions to hospital on account of intermittent fever among European troops rose from 7,945 (111 per mille) to 12,380 (176 per mille). The number of deaths ascribed to this disease was 16, which is equivalent to a death rate of .23 per mille as compared with .11 per mille in 1905. Native troops and prisoners also suffered more severely than in the previous year. As regards the prevalence of the disease among the European troops of the three Commands it may be noted that in the

Northern Command the admission rate rose from 70 per mille in 1905 to 226 per mille, in the Western from 163 to 250 and in the Eastern from 113 to 132. As regards the ten Divisions the admission rates from malarial fevers (intermittent and remittent) were highest among the troops of the 1st (Peshawar) Division (686 per mille of strength), the 5th (Mhow) Division (349·7 per mille), and the 4th (Quetta) Division (207·1). The rates in these three Divisions during the previous year were 178·9, 184·3 and 123·8 per mille respectively, which shows the great increase in prevalence during the year under review.

As regards the relative prevalence of malarial fevers in the different geographical groups the admission rates among both European and Native troops were highest in the Indus Valley group (VII), the rates in the Central India group (VIII) coming next and those in the Bengal-Orissa group (IV) next. Finally as regards the relative prevalence of these fevers in the different stations it may be noted that excluding the Hill stations (in which, of course, the admissions are almost entirely on account of relapses of infections contracted in the plains) an increased prevalence among European troops as compared with 1905 was recorded in 42 stations and a diminished prevalence in 25; and that, omitting stations with an average strength below 200, the highest rates were recorded among European troops in 1906 at Delhi, Jhansi, Peshawar, Nowshera, Hyderabad (Sind), Nasirabad and Neemuch, the rates in all these stations being above 500 per mille of strength and being considerably higher than those of the previous year.

The number of admissions recorded under the heading remittent fever during 1906 was 240 (3·4 per mille) and the number of deaths five as compared with 161 admissions (2·3 per mille) and one death in 1905. No fewer than 178 of the admissions during 1906 were recorded in Maymyo; the next highest numbers in any station were nine at Neemuch, eight at Port Blair, six at Mhow and four each at Ambala and Saugor. In eight stations only one case occurred, in four two cases and in four three cases. This list includes all the stations in which a case was recorded. All the cases at Maymyo were considered by the medical officer to be malarial fever; they were returned under the heading remittent fever in accordance with the character of the temperature chart. A similar remark applies to the cases at Neemuch, Port Blair, Mhow and Ambala. Except Mhow none of the stations at which cases of remittent fever were recorded come in the list of stations where malarial fever was most prevalent during the year and the inconsistency in the statistics of this disease from year to year shows that the return of cases under this heading depends more upon the idiosyncrasy of the medical officer than upon any other factor. For this reason it is fortunate that the term has been omitted from the new edition of the Nomenclature of Diseases and after 1907 it will not be used in statistical returns.

THE TABLE IN THE MARGIN SHOWS THE EXTENT TO WHICH THE ADMISSIONS RECORDED AS DUE TO SIMPLE CONTINUED FEVER HAVE INCREASED DURING RECENT YEARS, AN INCREASE WHICH IS COINCIDENT WITH A DECREASE IN THE NUMBER OF ADMISSIONS RECORDED AS DUE TO INTERMITTENT AND REMITTENT FEVERS. THERE IS NO DOUBT THAT THE INCREASE IS THE RESULT OF A CHANGE IN DIAGNOSTIC PROCEDURE AND THAT IN FORMER YEARS A GREAT NUMBER OF THE CASES NOW SHOWN UNDER THE HEADING SIMPLE CONTINUED FEVER WOULD HAVE BEEN

SIMPLE CONTINUED FEVER, EUROPEAN TROOPS.		
Years.	Number of admissions.	Admission ratio per mille.
1902	846	14·0
1903	1,300	18·5
1904	1,684	23·7
1905	3,415	47·9
1906	3,917	55·7

as due to simple continued fever have increased during recent years, an increase which is coincident with a decrease in the number of admissions recorded as due to intermittent and remittent fevers. There is no doubt that the increase is the result of a change in diagnostic procedure and that in former years a great number of the cases now shown under the heading simple continued fever would have been

returned under the heading ague. The truth of this will be apparent from a con-

TOTAL ADMISSIONS, EUROPEAN TROOPS.				
Station.	1901 AND 1902.		1905 AND 1906.	
	Malarial fevers.	Simple continued fever.	Malarial fevers.	Simple continued fever.
Rangoon ...	357	23	72	388
Lahore Cantonment ...	1,291	35	210	452
Sialkot ...	419	1	176	222
Jubbulpore ...	392	28	110	279
Secunderabad ...	453	95	202	363
Bangalore ...	298	21	323	163
Quetta ...	647	113	476	777
TOTAL ...	3,857	316	1,569	2,624
<i>Proportion</i> ...	100 :	82	100 :	167.2

consideration of the second marginal table which gives the number of admissions recorded as due to malarial fevers and to simple continued fever in some stations during the years 1901-02 and 1905-06. The years 1903-04 were apparently a "transition period" during which the opinion was gradually gaining ground that a number of cases of "fever" among European troops are not malarial

in origin, and for this reason the statistics of those years are omitted. It will be seen that in these stations the number of admissions recorded as due to malarial fevers during 1905-06 was less by 2,288 than during 1901-02, but that the number recorded as due to simple continued fever was greater by 2,308, so that the total number recorded under both the headings was about the same in the two periods (that is it was 4,173 in 1901-02 and 4,193 in 1905-06). The more frequent use of the microscope in the diagnosis of malarial fevers, and, in places where anti-malarial operations are being carried out, the desire to make the results appear as favourable as possible have led to similar changes in diagnosis in other countries besides India, and such changes have to be taken into account in estimating the significance of a reported reduction in the prevalence of malarial fevers in any place. The great attention now being paid to the correct diagnosis of cases of "fever" is one of the most satisfactory results of the anti-malarial campaigns in force in most tropical countries and is to be encouraged in every way, but it has to be borne in mind that the statistics of the prevalence of malarial fevers in any place in which the newer methods of diagnosis have been instituted are not comparable with those recorded before microscopes were generally used in diagnosis. In favour of the view that the majority of the cases returned as simple continued fever in India are not malaria the statistics of 1906 are so far satisfactory in that the seasonal incidence of simple continued fever does not correspond with that of malarial fever. For India as a whole the months of greatest prevalence of simple continued fever were from May to September with July as the month in which the largest number of admissions were recorded. The stations in which most cases occurred during the year were Quetta (398) in which the month of maximum prevalence was September, that for ague being November, Secunderabad (257), the month being August as compared with December, Rangoon (222), the month being May as compared with July and September, Rawalpindi (220), the month being May as compared with November, Ferozepore (182), the months being July and October respectively, and Lahore Cantonment (179), the months being April and October respectively.

The much more frequent use of the microscope in diagnosis and the changes

Reports by medical officers on simple continued and malarial fevers. which are apparent in the statistics of malarial fevers and of simple continued fever indicate that success is attending the attempt to ascertain the true place which malaria should take as a cause of sickness among European troops. It is realized that a considerable proportion of the sickness formerly ascribed to "ague" is

due to a variety of causes none of which, however, have any connection with malaria. The heading under which these non-malarial cases of sickness are returned most frequently is simple continued fever. For the most part they are cases in which there is fever for two or three days without any other prominent symptom and they are classified by most medical officers according to their cause. Thus the medical officer at Rangoon recognises the four following varieties: (1) cases due to constipation and indigestion; (2) cases occurring in men who are taking a great deal of exercise and living upon a too highly nitrogenous diet; (3) cases due to exposure to the sun but which are not sufficiently severe to be returned under the heading heat-stroke; (4) cases of the bilious type, due to congestion of the liver. In general these are the varieties recognised by most medical officers of experience although some lay most stress upon exposure to the sun as a factor in causation, others upon congestion of the liver and indigestion as a result of errors in food and drink. In some stations, as in Lahore Cantonment, the headings simple continued fever and congestion of the liver are used alternatively for these cases. Most of the admissions occur not during the malarious season but during the hot dry months of the year and doubtless exposure to great heat and errors in diet are both important factors in causation. Soldiers newly arrived in the country and those who are more than usually careless as regards the sun are especially liable to be attacked. The factor of errors in diet is referred to by many medical officers, but the opinions of only a few can be mentioned here. The medical officer at Rawalpindi (where there were 220 cases) says that moderate eaters do not suffer, but only those who have no control over their appetites; he considers that the large amount of nitrogenous food which soldiers consume, often in an unsuitable form, is an important factor in causation. The medical officer at Fort Lahore considers that the prevalence was aggravated to a great extent by over-eating and in some instances by over-drinking, and says that most of the cases occurred among men who frequented the canteen daily. A similar opinion is expressed by the medical officer at Lahore Cantonment (Mian Mir) where 179 cases were recorded. At Secunderabad the great majority of the cases (of which there were 257) were associated with congestion of the liver and were considered to be dependent upon this condition. So far as true malaria is concerned it may be noted that in 3,611 cases during 1906 as compared with 2,797 during the previous year and only 705 during 1904 malarial parasites were found, and the species of parasite determined, by microscopical examination of the blood. The results show that nearly 80 per cent. of the cases during 1906 were infections with the *benign tertian* parasite as compared with 85 per cent. in 1905 and 83 per cent. in 1904, and that about 20 per cent. were infections with the *malignant tertian* parasite as compared with 11 per cent. in 1905, and 16 per cent. in 1904. *Quartan* parasites were found in only about 13 cases during 1906. The practice of returning as malarial fever only those cases in which malaria parasites are found in the blood is now adopted in many stations and doubtless accounts in part for the recorded reduction in malaria. Another factor which has affected the statistics is the system of "treatment in barracks" which was introduced at the end of 1903. During 1906 there were 4,317 cases of ague so treated, and these are not recorded as admissions to hospital; if they were, the admission rate from ague among

European troops in 1906 would have been 237.6 per 1,000 instead of 176 and from simple continued fever it would have been 68.8 instead of 55.8. In these circumstances it must always be difficult to estimate by statistics the effect of the anti-malarial operations which are being carried out. A measure which has doubtless effected a real reduction in the number of admissions to hospital for malaria is the "after-treatment" now given in nearly all stations to patients who have been admitted for this disease. A nominal roll of these patients is kept at the station hospital and they are required to attend twice weekly for from six weeks to two months to receive a dose of quinine. The dose given during 1906 in the great majority of stations was 10 grains, but at Sialkot, Mhow, Kamptee and a few other stations it was 15 grains and at Nowgong 20, and these larger doses are doubtless more effective. Medical officers at stations where this "after-treatment" has been thoroughly carried out invariably report that it has caused a marked decrease in the number of re-admissions for relapses, which, as is well known, are the main cause of the high malaria ratios in certain stations. As regards the prevention of primary attacks there can be no doubt that the efforts put forth during the past year have been more general and more complete than formerly. "Mosquito brigades" were organized in nearly all stations in the plains and carried on a systematic campaign throughout the year. In the larger stations such as Peshawar, Rawalpindi, Lahore Cantonment (Mian Mir), Meerut, Mhow, etc., the cantonment was mapped out into separate areas each under the charge of a medical officer with one or more hospital assistants or trained soldiers and a gang of coolies working under his direction. In this way the whole cantonment could be gone over at least once a week, and all collections of water dealt with. At Mandalay a crude petroleum known as "earth oil" was used as a larvicide instead of kerosine oil; it is cheaper and was found to be quite as effective. At Deolali and Kamptee the petroleum known as "pesterine," which could be obtained at 6 annas a gallon was found to be a very effective larvicide. Anopheles mosquitoes were found in 38 stations in the plains, but the species were identified in only 19. *A. rossi* and *A. culicifacies* were the two species most frequently found. In a few stations the campaign against mosquitoes was reported to have been fairly successful, but in the great majority little or no effect was produced. The rainfall of the year was abnormally heavy and added great difficulties to the work in most stations. The medical officer at Rawalpindi reported that owing to the heavy rainfall the cantonment was covered with long rank vegetation which concealed numerous pools and other breeding places which the four mosquito brigades could not deal with effectually. Anopheles mosquitoes were present in enormous numbers at Peshawar, and although a mosquito brigade was organized in connection with each regiment and the cantonment sub-divided into small areas for the more effective control of all breeding places it was found that, owing to the difficulty of dealing with the numerous canals and ditches, little or no effect on the number of mosquitoes was produced. At Ferozepore the effect of the operations carried on by the mosquito brigades, as judged by the prevalence of malaria in 1906 and 1905, respectively, was recorded as a "total failure". At Roorkee anopheles mosquitoes were very prevalent and rain-formed pools were so numerous that it was impossible to keep them oiled constantly. The Ganges canal was not running for some weeks and mosquitoes bred "in millions" in the pools left in the canal bed. At Barrackpore the campaign had to be stopped during the rains as the numerous

pools could not be dealt with at a reasonable cost. At Mhow and some other stations the proximity of native bazaars rendered the efforts to reduce the number of mosquitoes ineffective. The medical officer at this station and many others considered that quinine prophylaxis is the best system for reducing the amount of malaria among the troops. This measure alone, or with others, was carried out in 42 stations. The dose, the frequency of administration, and the method adopted for ensuring that the men take the prophylactic dose varied considerably in different stations. In about 20 stations 10 grains of quinine were administered on two successive days each week; in Sialkot, Amritsar, Mhow and Belgaum 15 grains were given twice a week, in Kamptee 15 grains once a week and in Meerut (to one regiment) 15 grains three times a week. In Ahmedabad and Rangoon 10 grains were given three times a week, and in Saugor the same dose once a week. In Muttra, Allahabad, Quetta and Jubbulpore the dose was 5 grains given twice a week and in Shahjahanpur the same dose once a week. In Hyderabad the dose was 8 grains once a week, and in Karachi 6 grains. Mention is made that the doses were administered under the supervision of a medical officer or of an assistant surgeon in only about 15 stations and it appears that the measure is still carried out under regimental arrangements in a number of stations. A method of prevention which was adopted in several stations with excellent results and certainly merits further trial in future years was that of removing regiments severely attacked by malaria into camps situated at some distance from their barracks. The measure is practically the same as that known under the term "Segregation of Europeans". It was tried at Rawalpindi, Jhansi, Maymyo and Delhi, in every case with good results. It is well worthy of trial as regards the European troops in Lahore Cantonment (Mian Mir), where malaria is prevalent during only a short period of the year. In this cantonment extensive anti-mosquito operations (which included the stoppage of all irrigation since August 1905 and great improvements in surface drainage) have been carried on for several years. It is too early yet to judge of the effect of these measures.

9. Seven admissions to hospital during 1906 were due to Malta fever as compared with four in 1905, six in 1904 and nine in 1903. The stations at which the cases occurred in 1906 were Wellington, Ambala, Sialkot, Lebong, Lucknow, and Shahjahanpur. The patient at Wellington had been transferred from Bellary. He had not been at Malta or a Mediterranean station for nine years. The clinical symptoms were said to be typical and the blood agglutinated the *Micrococcus melitensis* in a dilution of 1 in 80. The patient at Sialkot apparently contracted the infection in the station. In this case and in the case at Lucknow the diagnosis was confirmed by the isolation of the micrococcus. The patient at Shahjahanpur had arrived from Malta eight months previous to his attack. The diagnosis was doubtful in the case at Lebong, and of the case at Ambala no particulars are given by the medical officer.

10. For many years it has been the custom to give in this place a summary in which is set forth the more recent work upon enteric fever, and those who make a practice of reading this portion of the report will have observed that during the last few years notable advances in our knowledge of important problems connected with the disease have been recorded. These advances resulted in great part from the new impulse which was given to research concerning enteric fever by the work of Koch and his followers and are such as to

justify the conjecture that before very long most of the vexed problems will be satisfactorily solved. To this end the work carried out under the authority of the German Government has largely contributed and by pointing the way in which inquiry is most likely to be attended with profitable results has enabled great advances to be made in the investigation of the problems of enteric fever in other countries. In India, especially, the lead given by the Germans has been enthusiastically followed and the results obtained by the committee of investigation at the Central Research Institute, Kasauli, are of great interest and far-reaching importance. The investigations are still proceeding but an interim report of the work accomplished up to the present time has been written by Captain Greig, I.M.S., who is temporarily in charge of the bacteriological inquiry, and the main results attained may well be included in this summary of the year's work. The complete report will, of course, be published in a separate volume.

Among the problems of the subject none is of more importance than

Paratyphoid Fever.

whether enteric fever is a single pathological condition or a group of closely allied

diseases and as much light has been thrown upon this problem by the discovery of "paratyphoid fever" it will not be out of place to begin with a brief account of this disease. Valuable articles upon the subject have recently been published by Kutscher,¹ Sacquépée and Chevrel,² Lentz,³ and Lorrain Smith⁴ and to these, as well as to the original papers of the authors quoted below, the reader is referred for complete details. The term paratyphoid fever is now generally used to designate an acute infectious disease the clinical course of which is in some cases like that of typhoid fever and in others like that of cholera nostras; and before dealing with the bacteriology of the disease it will be well to enumerate the chief clinical characters of these two types and to state briefly the morbid changes found in fatal cases. It may be said at once that in many instances it is not possible by clinical methods to differentiate cases of paratyphoid fever of the first type from typhoid fever, but in other cases the clinical differences between the two diseases are well marked. The following are some signs of this type of case of paratyphoid fever as given by Kutscher, Lentz and others, which may be of service in diagnosis: the disease often begins with a definite rigor and high rise of temperature; diarrhœa is a frequent symptom at the onset of the disease; in about half the cases herpes labialis appears during the early stage of the disease; the stage of continued fever usually present in cases of typhoid is replaced by a stage, the length of which varies with the severity of the case, characterised by the presence of irregular fever of a remittent or intermittent type; enlargement of the spleen is much less frequent than in typhoid fever; if the spleen is enlarged the increase in size is less than in typhoid fever and the organ feels harder than in that disease. The cases which come in the second class bear no resemblance clinically to typhoid fever and it is because the affections caused by the paratyphoid bacillus may have nothing in common with typhoid fever that the clinical term paratyphoid fever is an unfortunate one (Jürgens⁵). These cases begin with severe gastro-intestinal symptoms, vomiting, diarrhœa, rapid collapse and cramps, and when cholera is prevalent they may be mistaken for that disease. It is possible that some of the cases recorded in India as "diarrhœa" or "ptomaine poisoning" may in reality be cases of this type of paratyphoid fever. As regards the morbid changes produced in the intestine by an infection with paratyphoid

bacilli it may be said that they differ considerably from those found in typhoid infections. Usually, there is a general swelling of the mucous membrane and some inflamed patches with a few hæmorrhages in the neighbourhood of the lymph follicles. Ulceration of Peyer's patches is very rarely if ever found. This is what would be expected from the knowledge that the disease usually runs a much milder course than typhoid fever. In the epidemic of 38 cases at Saarbrücken there was no death⁸. Lentz⁷ from observations on 120 cases found the case mortality to be 3.3 per cent., the case mortality from true typhoid fever during the same period of observation being 9 per cent. Lorrain Smith⁴ says that of 162 cases described six have terminated fatally.

Although the mode of infection and the conditions in which paratyphoid fever occurs are often similar to those met with in typhoid fever, etiologically the diseases are sharply separated and for this reason are to be regarded as quite distinct. The history of the researches which culminated in the differentiation of the paratyphoid bacillus has been summarized in previous issues of this report and here it is necessary to mention only that the bacilli isolated from patients suffering from paratyphoid fever are of two kinds to which the names paratyphoid bacillus type A (Brion and Kayser) and paratyphoid bacillus type B (Schottmüller) have been given⁹. The first of these is the bacillus which was described by Gwyn¹⁰ in 1898, and according to the more recent researches of the German observers it plays only a very subordinate role as a cause of disease in man. Lentz¹¹ says that he has never encountered it and all observers agree that at any rate in Europe it is very rarely met with. From the researches of the committee of investigation in India it would appear that in this country its role is a more important one, for of six cases of paratyphoid fever detailed in Captain Greig's report four were due to this bacillus and only two to the bacillus of type B. In its cultural characters it is more akin to the typhoid bacillus than is the paratyphoid bacillus type B. In Germany the paratyphoid bacillus type B is regarded as of far greater importance and has been found to be the cause of the great majority of cases of disease classified under the heading paratyphoid fever in that country. It differs from the bacilli of type A in its cultural characters upon various media and especially in its biological characters.

A large and increasing number of paratyphoid epidemics have been reported especially in Germany during recent years. Many are analogous to epidemics of typhoid fever and caused in the same way either as the result of contact infection or by the infection of a water or milk supply; others are the result of eating contaminated food and from the epidemiological standpoint the connection between the paratyphoid bacillus and the gastro-intestinal form of meat poisoning is of great interest. The bacteria which have been isolated in different epidemics of meat poisoning agree so closely with one another, culturally and biologically, that for a long time attempts to separate them were not successful and generally all went by the name of *Bacillus enteritidis*. Durham¹² was the first to note that a bacillus isolated by him from a patient suffering from meat poisoning could be differentiated from Gaertner's bacillus by the agglutination test. As a result of similar investigations de Nobele¹³ was able to divide the bacilli of meat poisoning into two groups, the type of one being Gaertner's bacillus and of the other the bacillus discovered by de Nobele at Aertryck. These researches have been confirmed in many investigations of which the more recent are those carried out by Kutacher and Meinicke,¹⁴ Trommsdorf,¹⁵ Bock,¹⁶ and Kutscher¹⁷. The

Aertryck bacillus belongs to the so-called paratyphoid group of meat poisoning bacilli and the view that the members of the paratyphoid group of meat poisoning bacilli are identical with the bacillus which causes paratyphoid fever is now generally accepted. Some of the recent epidemics of food poisoning in which the paratyphoid bacillus type B. was proved to be the causal agent are those reported by B. Fischer,¹⁸ Uhlenhuth,¹⁹ Kutscher,²⁰ Jacobson,²¹ Fromme,²² Netter and Ribadeau-Dumas,²³ and Vagedes²⁴. It is said that according to one estimate fully four-fifths of all meat-poisoning epidemics have been proved to be due to the ingestion of the flesh of animals suffering from bacterial infection²⁵ and there is no doubt that occasionally the paratyphoid bacillus can infect animals. B. Fischer isolated this bacillus from the milk and afterwards from the organs of two cows in an epidemic at Futtercamp, and Kutscher isolated it from two samples of meat which had caused an epidemic in Berlin. This is a matter of great importance not only from the standpoint of epidemiology but especially from that of prophylaxis, pointing as it does to the necessity for adequate examination of animals the milk or flesh of which is to be used for human consumption.

The connection between paratyphoid fever and typhoid fever is important, and upon this subject papers have recently been published by Levy and Gaehtgens,²⁶ Fornet,²⁷ Gaehtgens,²⁸ and others. The two cases reported by Levy and Gaehtgens show clearly that an infection (which may prove fatal) with typhoid bacilli can occur while a patient is going through an attack of paratyphoid fever and that very probably such an infection is favoured by the lowered vitality of the paratyphoid patient. In these instances typhoid bacilli were found in the blood and dejecta of patients who were convalescent after infections with paratyphoid bacilli. In the paper by Gaehtgens on the other hand eight cases are recorded in which paratyphoid bacilli were found in the stools of patients convalescent after typhoid fever. Some of these were shown to be the result of a concurrent mixed infection, but in others it was probable that the infection with paratyphoid bacilli had occurred during the course of the typhoid fever or after its termination. The question whether it is possible for typhoid bacilli to become converted into paratyphoid bacilli also arose, but in an examination of 650 strains of typhoid bacilli and two strains of paratyphoid bacilli Gaehtgens could find no reason in favour of this view. In his report of the investigations in India Captain Greig relates the case of a patient whose blood was first examined on the 20th of July 1907, after he had been in hospital for five days. On this date the blood serum agglutinated the *Bacillus typhosus* in a dilution of 1 in 320, but the *Bacillus paratyphosus*, type A, was isolated from the blood. On the 24th of July the latter bacillus was isolated from the fæces and at intervals this bacillus was found in the fæces until the 20th of August. Further examinations were negative until the 16th of September when not the paratyphoid but the typhoid bacillus was found in the fæces, and a similar result was obtained on the 18th. The whole problem of the connection between paratyphoid and typhoid bacilli and between the diseases caused by them requires further research, but the practical point brought out by the work already done is that since an attack of paratyphoid fever confers no immunity against typhoid fever, patients suffering from these diseases should be treated in different wards and should use nothing in common lest by contact or other means a severe typhoid infection may supervene upon a comparatively mild paratyphoid one.

The discovery of paratyphoid fever as a disease distinct from typhoid fever

Bacteriological methods for the diagnosis of typhoid and paratyphoid fevers.

was due to the use of bacteriological methods in diagnosis and it is by the appli-

cation of such methods that the solution of the problem regarding the unity of enteric fever will be arrived at. For this reason as well as on account of the intrinsic importance of the subject and of the great advances lately made in it we may deal next with the more recent work upon bacteriological methods for the diagnosis of typhoid and paratyphoid fever, namely, the Widal test, the search for the bacillus in the blood and the search for it in the fæces and urine.

In the early days of the use of the Grüber-Widal reaction as a means of diagnosis the test was regarded as being strictly specific and as a sure method of arriving at a correct diagnosis of enteric fever, but later some mistrust of its value arose. This was due firstly to the discovery that the reaction could be obtained in other diseases than enteric fever, especially in diseases of the biliary tract, and secondly to the discovery that sera from some patients suffering from enteric fever agglutinate not only the Eberth-Gaffky bacillus but also a number of other bacilli allied to, but not identical with it, and that conversely sera from some patients infected with these allied bacilli agglutinate not only the infecting bacillus but also the Eberth-Gaffky bacillus. The first problem is dealt with in a recent paper by Gaehtgens¹. Of 842 cases in which an unequivocally positive result for the typhoid bacillus was obtained 829 were afterwards shown to be cases of true typhoid fever, 3 were tuberculosis, 3 jaundice, 2 cholecystitis, 1 disease of the liver, 1 sepsis due to infection with *B. coli* and 3 were ill-defined fever. Thus six of the ten cases in which a definite diagnosis of a disease distinct from typhoid fever was made were cases of disease in connection with the biliary passages and in view of the fact, now well recognised, that after an attack of typhoid fever the bacilli can persist for years in the biliary tract and set up morbid lesions there, it was very probable that these patients had suffered previously from attacks of typhoid fever. Christian² reports a case of the same nature. A patient aged 42 was admitted into hospital with deep jaundice and marked tenderness in the region of the gall-bladder. His blood serum agglutinated the typhoid bacillus in a dilution of 1 in 50 in 20 minutes and it was ascertained that he had suffered from typhoid fever 7 years previously. The patient died and from the fluid in the gall-bladder and from a gallstone the typhoid bacillus was cultivated, but no typhoid lesions were found in the intestine. The positive reactions in the three cases diagnosed as tuberculosis were also considered by Gaehtgens to be due to the patients having previously suffered from typhoid fever, and in this connection it has to be remembered that the Widal reaction has been observed to persist for many years, and that even in the absence of a history of typhoid fever a patient may harbour the bacillus. French and Louisson³ report several cases in which the reaction persisted for eight years, and Gaehtgens observed cases in which it could be obtained ten, thirty, and even 35 years after an attack of typhoid fever. The positive result in the case of infection by the *coli* bacillus is to be explained on the hypothesis that it was a group reaction and it is in the interpretation of such reactions that most difficulty arises in connection with the test. The phenomenon of co-agglutination or group-agglutination, which is defined as the agglutinating action of a serum specific for one bacillus upon a bacillus of another species, became known in the first place chiefly through the work of Grüber and Durham, Gilbert and Fournier and Achard and Bensaude. In clinical work it is important chiefly on account of the confusion which it causes in the diagnosis between typhoid and paratyphoid fever. Widal and Sicard⁴ added to our knowledge considerably when they showed that the serum of a

patient suffering from typhoid fever agglutinated the paratyphoid bacillus only in dilutions much lower than those in which the typhoid bacillus is agglutinated, for it became apparent that it is not so much the actual reaction which is specific as the degree of dilution in which the reaction occurs. Later researches by Sacquépée⁵, Drigalski⁶, Conradi and Jürgens⁷, Schottmüller⁸ and others showed that even this restriction is not in all cases sufficient, for it was proved firstly that in some paratyphoid infections the blood serum agglutinates the typhoid bacillus in dilutions from 1 in 100 to 1 in 500 and even to a degree equal to that in which the infecting bacillus is agglutinated, and secondly that in some typhoid infections the serum agglutinates paratyphoid bacilli in dilutions higher than those in which the typhoid bacillus is agglutinated. The conclusion to which these observations led was that the agglutination test, while it sufficed to separate infections due to the typhoid bacillus from those caused by organisms such as the pneumococcus and the staphylococci, was of value only as a test of infection by one or more bacilli of a group belonging to the same family. Fortunately this inference is not altogether true. Complete discussions on the problem will be found in recent papers by Abrami⁹ and by Sacquépée and Chevrel¹⁰ whose chief conclusions may be briefly summarized here. Abrami found that when the phenomenon of co-agglutination is studied in detail it is apparent that the frequency of its occurrence is very variable and that there are great differences in the degrees of dilution in which the chief and the secondary agglutinations occur as well as in the time of their appearance and above all in their duration of persistence. In his opinion sera with which the phenomenon of co-agglutination can be obtained contain several agglutinins of which one exercises a constant and specific action on the infecting bacillus while the action of the others is irregular, does not follow the same curve as does the specific agglutinin, and is not lasting. Thus, when the test is carried out with proper precautions at frequent intervals and especially if in a doubtful case the curves of the chief and of the secondary agglutination are mapped out for some days, it is always possible to ascertain which bacillus is the infecting one. Sacquépée and Chevrel sum up their conclusions as follows: "When a human serum agglutinates the bacillus of Eberth more markedly than the paratyphoid bacilli the case is not one of paratyphoid fever; and if the diagnosis rests between this disease and typhoid fever the conclusion is in favour of the latter disease." They consider, however, that the converse of this statement does not hold good and state that when a human serum agglutinates a paratyphoid bacillus more markedly than the typhoid bacillus, one cannot conclude that the case is one of paratyphoid infection; the disease may be typhoid fever, paratyphoid fever or meat poisoning.

On the whole we may conclude that, at any rate as regards typhoid fever, a positive result with the Widal test when proper precautions have been taken is of great value. This is apparent also from the frequent and successful use of the test which is made in laboratories. Klinger's report¹¹ of the researches made in the Strasburg bacteriological institute shows that of 605 cases of typhoid fever a positive result by the Widal test was obtained in 494 or 81·7 per cent. The percentage of cases in which the isolation of the bacilli from the blood was successful was 48, from the stools 38 and from the urine 9·9. Plass¹² reports that in the clinical laboratory at Göttingen a positive result at the first examinations of 92 cases was obtained in 67 or 72·8 per cent. Neumann¹³ reports that in the bacteriological institute of the University of Heidelberg, 226 blood specimens for Widal's

reaction were examined during 1906, the percentage of positive results being 34.5 as compared with a percentage of 5.5 of successful results in the search for the typhoid bacillus in the urine and fæces and of 7.8 in the search for this bacillus in the blood. According to Brion and Kayser¹⁴ the test fails during the third week of typhoid fever in only 5 per cent. of cases. A list of articles dealing with the methods of carrying out the test employed by different workers will be found at the end of this section¹⁵, but beyond saying that all who have worked at the subject insist upon the necessity of precautions being taken to avoid errors due to spontaneous agglutination, to agglutination by normal sera, to agglutination by non-specific sera, and to agglutination by sera the agglutinating power of which is very strong, it does not seem necessary to summarize these articles here. The experiments of the committee of investigation in India are of importance in regard to the errors due to agglutination by normal sera. In order to ascertain the limit of dilution above which agglutination of typhoid bacilli is of significance in India they carried out the Widal test with the blood of a large number of healthy European and Native soldiers and with that of a number of healthy native children. The results showed that as regards both Europeans and Natives, a positive reaction in a dilution of 1 in 40 cannot alone be regarded as evidence of an infection with the typhoid bacillus, and that agglutination in a low dilution is of less significance in Natives than in Europeans so that in performing the test with the blood of people of the former class high dilutions must be used.

In view of the difficulties which sometimes arise from the presence of co-agglutinins it might be hoped that the procedure of Castellani (saturation of the agglutinins) would be valuable. Jürgens and Rieux and Sacquépée have shown that in experimental typhoid or paratyphoid sera saturation with the specific bacillus absorbs all the agglutinins, while saturation with the secondary bacillus prevents the phenomenon of co-agglutination while the specific agglutinin remains unchanged. Unfortunately the results are much less certain when human sera are used and the value of the method in clinical work is doubtful (Rieux and Sacquépée)¹⁶.

Among bacteriological methods of diagnosis the one which, on account of its rapidity, its ease of execution and its accuracy at present takes the first place is the search for the bacillus in the blood. For a long time, despite the good results obtained by Castellani, Schottmüller and many others, the difficulty of overcoming the bactericidal action of the blood serum prevented the method being largely used as a diagnostic measure, and it was not until Conradi discovered that bile arrests the bactericidal action and is a good medium for the cultivation of the typhoid and paratyphoid bacilli, that the research became sufficiently simple for general use. Conradi's medium¹⁷ consists of 90 c.c. of ox-bile, 10 grammes of peptone and 10 c. c. of glycerine. This mixture is sterilized and poured into tubes holding from 2 to 3 c.c. The blood is taken from a vein or from the lobe of the ear and immediately transferred to tubes containing the liquid medium, the proportion of blood to liquid being as 1 : 3. After the blood and the medium have been mixed together the tubes are kept in an incubator at 37°C for 16 to 32 hours and the culture is then plated on the Drigalski-Conradi medium. The bacilli are afterwards identified by the usual tests. Since this method has been used the percentage of positive results in the search for the bacillus in the blood has been much larger than before. Coleman¹⁸ reports that of 224 examinations made in the first week of the disease 200 or 89 per cent. were

positive, of 484 examinations in the second week 353 or 73 per cent. were positive, of 268 examinations in the third week 178 or 66 per cent. were positive and of 103 in the fourth week 15 or 26 per cent. were positive. Kayser³, using a modified Conradi method was able to isolate typhoid bacilli from the blood during the first week of the disease in 100 per cent. of cases and during the second week in 58 per cent. In 18.5 per cent. of the cases the bacilli were isolated before a positive result with Widal's test could be obtained. Using a similar method Gildemeister⁴ isolated the bacilli from the blood during the first six days of the disease in 11 out of 16 cases. In 7 of the 11 cases Widal's test gave a negative result. Tzeidler⁵ obtained a positive result in 100 per cent. of his cases during the first week, in 80 per cent. during the second week and in none during later stages. Schtülern⁶ using the Conradi-Kayser method obtained a positive result during the first week of the disease in 95 per cent. of cases, the bacilli being isolated from the blood in 25 per cent. of the cases while the result of the Widal test was still negative. He notes that the frequency of the discovery of the bacillæmia is independent of the severity of the attack. During the second week the bacilli were isolated in 60 per cent. of the cases and he found that after this period the bacilli generally disappeared from the blood except in very grave attacks. Brion and Kayser⁷ in 200 cases isolated the bacilli during the first week in 188 or 94 per cent. The method is being used extensively in the researches of the committee of investigation in India and of 31 cases detailed in Captain Greig's report the typhoid bacillus was isolated from the blood in 28. Twelve cases were examined on the day of admission to hospital or on the following day and in eleven a positive result was obtained. Tubes or bottles containing the proper quantity of sterile Conradi medium can now be obtained from most laboratories; the clinician has only to withdraw about 2 c.c. of blood under aseptic precautions from the patient and transfer it to the tube or bottle which is then returned to the laboratory, a procedure not more difficult than that which is necessary in connection with the Widal test.*

An important discovery relating to the search for the bacillus in the blood was made by Müller and Gräf⁸ who found that when blood taken from a patient is allowed to coagulate the bacilli become entangled in the clot and are not acted upon by the serum. In their first paper, published in 1906, these observers reported that they had been able to cultivate typhoid bacilli from the clots of eight out of 11 specimens of blood sent for the Widal test, and in a more recent paper⁹ giving the results obtained between December 1905 and February 1907, they report the isolation of the bacilli from the clots of 110 specimens out of a total of 360, many of which were from patients in the convalescent stage of the disease and some from healthy bacillus carriers. Kurpjuweit¹⁰ tried this method of diagnosis with 294 specimens of blood sent to the bacteriological laboratory in Saarbrücken and succeeded in isolating typhoid or paratyphoid bacilli from the clots of 12 specimens. Of the remaining 282 specimens 194 were afterwards found to be from patients who were not

* The following are the directions furnished with the bottles of medium sent out from the Central Research Laboratory in India: (1) The front of the bend of the elbow is sterilized with 1 in 20 carbolic lotion which is removed with alcohol and ether; (2) a vein is made prominent by pressure at the bend of the elbow; (3) a syringe is sterilized by boiling and the needle introduced into the vein and about 5 c.c. of blood withdrawn; (4) one-half of the blood is immediately injected into one bottle of the bile medium by passing the needle through the rubber cap, and the remainder is injected into the second bottle of medium. The small hole made by the needle in the rubber cap is sealed by melting the paraffin with a match. The bottle is then shaken; (5) the bottles are labelled and sent to the laboratory.

suffering from typhoid or paratyphoid fever. Fernet¹¹ using a somewhat different technique succeeded in isolating the bacilli from the clots of 14 out of 19 Widal reaction specimens. Conradi¹² has also employed this method and says that a diagnosis can be made when the amount of blood available is as small as $\frac{1}{3}$ c.c. He extracts the thread of coagulum from the capillary tube or capsule with forceps and transfers it to a test-tube containing his ox-bile medium. The tube is then kept at 37° C. for from 12 to 16 hours. It is then well shaken and 0.1 and 1 c.c. of the contents are spread with a glass spatula on dried plates of litmus-milk-sugar-agar. He obtained a positive result with 50 per cent. of the blood specimens which had been taken during the first week of the disease.

As the ox-bile method is the one now used in routine work in nearly all laboratories it is unnecessary to enter into detail regarding other methods with which more or less successful results in the search for the bacillus in the blood have been obtained by different workers. It will suffice to mention that Epstein¹³ using a glucose gelatine medium to 15 c.c. of which from .5 to 2 c.c. of the blood of the patient is added, succeeded in isolating the bacillus in 80 per cent. of his cases.

It will be apparent from the results recorded above that the great advantage of the search for the bacillus in the blood lies in its success during the very early stages of the disease, and it is plain that when this method and the Widal test (which as is well known is chiefly successful during the later stages) are carried out simultaneously, there must remain very few cases in which a definite diagnosis cannot be made. It is of great advantage also that when it is not possible to work with fresh blood both these methods of diagnosis can be carried out with specimens of blood such as are usually sent for examination by the Widal test.

It is well known that despite many recent improvements in methods of research, typhoid and paratyphoid bacilli cannot be isolated from the fæces and urine in a large proportion of cases before the third week of the disease or even later, and for this reason as well as on account of the difficulties attending the research its value as a purely diagnostic measure is not great. The medium of Drigalski and Conradi, that of Lentz and Tietz (malachite-green), and that of Endo (fuchsin), the compositions of which have been given in previous issues of this report, are those which at present are most generally used in laboratories. In the Strasburg bacteriological institute between August 1903 and September 1905, comparative investigations were made with the Drigalski-Conradi and the Endo media and it was found in the examination of 3,214 specimens of fæces plated simultaneously on these two media, that typhoid bacilli could be isolated 267 times from the Drigalski-Conradi plates and 341 times from the Endo plates, the proportion of positive results being as 100:128. As Endo's medium is easier to make and cheaper, the use of the Drigalski-Conradi medium was discontinued at the termination of these experiments and Endo's medium combined with the malachite-green "enrichment" method of Lentz and Tietz alone used. In all 768 tests of fæces and 392 tests of urine from patients suffering from typhoid or paratyphoid fever were made by these methods, a positive result being obtained in the examination of the fæces in 32.8 per cent. of the cases, and in the examination of the urine in 9.9 per cent¹. In the bacteriological institute of Heidelberg during 1906, the three media were usually employed simultaneously; a positive result was obtained in 5.5 per cent. of the cases.¹

Ditthorn³ in his account of the work done at the bacteriological institute of Posen for the year ending March 1906, states that in the examination of fæces and urine the Drigalski medium was employed almost exclusively, as the results obtained in the institute with the media of Endo and of Lentz and Tietz had not been so favourable. On the other hand Klinger, Neumann, Gaetgens, Levy, and others whose experience of the malachite-green medium has been very extensive speak very highly of its value. Klinger⁴ succeeded in isolating typhoid bacilli from the fæces in about 70 per cent. of cases by its use. Neumann⁵ found that with this medium typhoid bacilli could be isolated from a bacterial mixture when the proportion of typhoid bacilli to other bacteria was as 1 : 75,000, a result which could not be attained by any other method which he tried. Gaetgens⁶ says that he is in agreement with Forster and Levy in considering that when used in conjunction with Endo's medium according to the procedure recommended by Klinger it is the best medium at present employed in the search for the bacillus in the fæces. He and Levy⁷ have attempted to overcome some of its disadvantages by substituting bouillon for agar as the basis of the medium, but apparently with little success. It is possible that success or failure with the medium is determined, in part at any rate, by the degree of purity of the malachite green employed. In the Indian researches the Drigalski-Conradi medium has been used throughout. The sample of fæces to be examined is mixed with about 20 times its volume of sterile normal salt solution and put to stand for two or three hours in a conical glass. One or two c. c. of the supernatant fluid is then taken and plated on three large Drigalski-Conradi plates.

It will be seen that the relative value in diagnosis of the bacteriological methods dealt with above cannot be judged from a comparison of the results obtained in a number of cases of typhoid fever taken at random, for each method is of special value during a particular stage of the disease. There can be no doubt that in the important matter of the diagnosis of the disease in its earliest stage no method can compare in value with that of blood culture, but we have seen that as a rule the bacilli disappear from the blood stream about the end of the second week, and it is therefore fortunate that from this time onwards we have valuable methods of diagnosis in the Widal test and in the search for the bacillus in the fæces and urine. It will be apparent also that the bacteriological examination of the fæces and urine is of prime importance as a means of discovering "bacillus carriers" either during convalescence after an attack of typhoid fever or when they are apparently quite healthy.

Turning now to the epidemiology of typhoid fever the important problem of the role of convalescents and so-called "bacillus-carriers" (*Bazillenträger*) as sources of infection first claims attention. The problem has to be considered with reference to three classes of persons, namely, (1) patients convalescent after typhoid fever who may excrete the bacilli in their fæces and urine for several weeks after the cessation of the fever; (2) persons who have quite recovered from an attack of typhoid fever, but who continue to excrete the bacilli 10 weeks or more after the beginning of the attack (the so-called "chronic bacillus-carriers"); and (3) persons in whom the bacillus enters and leaves the intestine without causing any symptoms of illness (hereafter called "temporary bacillus carriers").* It is well known that the excretion of typhoid bacilli

* These bacillus carriers are often called "acute bacillus carriers" but the term seems inappropriate and is misleading. After all it is quite possible that they are in reality chronic carriers without a history of typhoid fever who are excreting the bacilli intermittently.

in the fæces and urine does not in the majority of cases cease with the cessation of the fever but continues (according to Simon and Dennemark¹ in about two-thirds of the cases) during convalescence. Lentz² considers that the duration of this excretion in a normal attack of the disease is about eight weeks after the first day of the illness. Brion and Kayser³ in an examination of 209 cases found that in 93 per cent., of the cases the excretion ceased within two weeks of the beginning of convalescence and Simon and Dennemark report that it ceases as a rule within three weeks. In not a few cases, however, the excretion continues much longer than this. Drigalski⁴ isolated the bacilli from the fæces between the beginning of the fifth week and the tenth week (reckoned from the date on which the first symptoms appeared) in 11 per cent. of his cases and in 4.7 per cent. from the third month and onwards; and Klinger⁵ who reports that in the examination of 604 patients during convalescence, the bacilli were isolated from the fæces in 70 or 11.6 per cent. and from the urine in 11 or 1.7 per cent., found that while it was possible to cure all the cases of bacilluria by the administration of urotropine* the attempt to stop the excretion of the bacilli in the fæces failed. When the excretion continues for more than ten weeks after the beginning of the attack the patients are called chronic bacillus-carriers. An account of this condition and of its danger was given in the last issue of this report so that it is necessary here to mention only the more recent work upon the subject. A great difficulty in connection with the problem arises from the fact that in patients convalescent after typhoid or paratyphoid fever the excretion of the bacilli in the fæces and urine ceases at intervals and recurs again so that one or even two negative examinations of the dejecta do not suffice to decide whether a patient is free from bacilli or not. In the Strasburg institute a patient is declared to be "*basillenfrei*" when the examinations have been negative on three different occasions but Kayser⁶ says that even this number of examinations has not always proved sufficient and he gives a number of examples which show that about 3 per cent. of patients who had been pronounced "bacteriologically recovered" were afterwards found to be bacillus-carriers. Recent researches have shown that, contrary to the opinion which is generally held, this intermittency in the excretion of bacilli in the stools and urine occurs in the case of chronic bacillus carriers as well as in convalescents, and for this reason it is not likely that the control of bacillus carriers can ever be complete. This, however, does not alter the necessity which exists of searching out these carriers and controlling them as far as possible, and Kayser gives the following rules to this end. The stools and urine of patients convalescent after typhoid and paratyphoid fever should be examined a fortnight and again three weeks after the cessation of fever. If a negative result is obtained in both these examinations a third should be made after some months. When a positive result in one of the three researches is obtained, examinations should be made every week until the absence of bacilli has been proved on at least three successive occasions and subsequently two examinations should be made at intervals of two or three months for a year. Finally those who are known to be bacillus carriers should be kept under "bacteriological control" even when for many months no bacilli have been found, since it is known that at any time the bacilli may suddenly appear anew. All the observations mentioned have been found to hold good as regards convalescents and chronic bacillus-carriers in India. Captain Greig reports that of 87 patients examined during convalescence ten

* The results obtained by the committee of investigation in India show that urotropine cannot be depended upon for the permanent cure of bacilluria.

were found to be excreting the bacilli in the urine or fæces longer than six weeks after the cessation of fever and he gives the results of the daily examinations made on 16 patients, from which it appears that some were still at intervals excreting the bacilli in their urine or fæces more than three months after convalescence had begun. The intermittency in the excretion of the bacilli is explained by the fact now well recognised that the resting place of the bacilli is not the intestine but the liver and biliary passages. Recent cases bearing upon this subject have been reported by Etienne and Thiry,⁷ Nieter and Liepmann,⁸ Dehler⁹ and others as well as by the committee of investigation in India. An interesting case related by Levy and Kayser¹⁰ may be mentioned. It was the case of a woman who after suffering from typhoid fever had been a bacillus-carrier for three years. At the end of this period she suddenly became ill with severe symptoms of typhoid fever and died. Typhoid bacilli were cultivated from the blood, the liver, the spleen and the bile, but the most interesting point was that they were cultivated also from the centre of a gallstone found in the gall-bladder. In the opinion of Levy and Kayser the patient died from a severe typhoid fever contracted by autoinfection with bacilli from the gall-bladder. Another case in which typhoid bacilli were cultivated from the centre of a gallstone is reported by Christian.¹¹ The patient had suffered from typhoid fever 7 years previously. The committee of investigation in India obtained samples of bile from 11 fatal cases of enteric fever and found the bacillus in large numbers in the samples from seven. The frequency with which patients suffering from typhoid fever become chronic bacillus-carriers and the length of time the condition lasts are important. Lentz¹² found that about 4 per cent. of patients become carriers and upon the limited number of patients examined by the committee of investigation in India it would appear that in this country about 11 per cent. become carriers; the figure given by Klinger¹³ is lower than this. He reports that during the researches at the Strasburg bacteriological institute from 1903 to 1905, there were examined during convalescence 604 patients, of whom only 6 or 1 per cent. became chronic bacillus-carriers. The examinations in India were made daily so it is probable that the Indian figure is the more nearly correct. In the researches at the Strasburg institute eighteen months was found to be the longest period within which bacilli were still being excreted by a patient. The cases mentioned above show that patients may be bacillus-carriers for much longer periods than this. Fornet¹⁴ indeed relates the case of a woman who had been a bacillus-carrier for 20 years and Lentz says that authentic cases where the duration has been 30 years or more have been recorded.

With reference to the search for carriers among people who apparently have always been in good bodily health (temporary carriers) Klinger¹⁵ reports that among 1,800 such people whose stools and urine were examined at the Strasburg institute 27 or 1.5 per cent. were found to be bacillus-carriers.

It is the opinion of many observers that the bacilli excreted by temporary bacillus carriers in good health are not very virulent and that such bacilli can cause an attack of the disease only when the vitality of the person whom they infect is lowered as a result of an illness or injury or some other cause. A case bearing upon this subject reported by Levy and Wieber¹⁶ was that of a woman who during the time when she was in a weak state of health as a result of a recent confinement was infected with typhoid bacilli (and suffered from a severe attack of typhoid fever) by her mother who had attended her during the confinement and who although in excellent health was found to be

a bacillus-carrier. The mother had come from a village where there had been several cases of typhoid fever; typhoid bacilli were found in her stools and her blood agglutinated a strain of the bacillus in a dilution of 1 in 50.

The part played by convalescents and bacillus-carriers in the spread of typhoid and paratyphoid fevers depends in great measure upon infection by contact, which, since Koch made plain the view that man is the important source of infection in typhoid fever, has come to be regarded as the chief way in which the disease is conveyed. As is well known so-called contact infection may be direct—from the patient to those who come in contact with him, or indirect—from the patient to articles which he touches and thence to persons who come in contact with them. In both these ways the infection is transferred from the patient in his dejecta and it may be said that as a general rule a patient is not so dangerous during the actual attack of typhoid fever as during the convalescent stage and the stage in which he may be termed a bacillus-carrier because during the attack measures to guard against the spread of infection are usually taken. Most dangerous of all are mild ambulatory cases and cases in which for various reasons the disease has remained unrecognised, and in view of the many and varied forms of disease in which typhoid or paratyphoid bacilli have been found it behoves everyone to be on the watch for such cases. For obvious reasons people who are excreting the bacilli in the urine are particularly dangerous. The work of Koch, Baginsky, Velich and others upon forms of disease which were in reality typhoid fever but had not been recognised as such, has been referred to in previous issues of this report and the work of other observers will be found in a recent article by Kutscher'. A few additional examples recorded in the present year may be briefly mentioned. Neumann' gives an account of the illness of an Italian labourer who resided with ten comrades in a common lodging house. Two of these people had been sent to hospital with severe attacks of typhoid fever and a few days after their departure the labourer complained of slight headache and weakness which for three days had made it difficult for him to do his work. His temperature was normal, but as it was thought possible that despite the absence of symptoms of typhoid fever he might have contracted this disease from one of the two previous cases, he was taken into hospital. During his stay there the temperature remained normal or below normal except on two occasions when it rose to 99°F. and 100°F., respectively, but on the eighth day his blood gave a positive reaction with the Widal test and on the eleventh day typhoid bacilli were isolated from his fæces. On the 21st day the urine was found to be turbid and to contain albumen and typhoid bacilli were isolated from it. The bacilli could not be demonstrated in the fæces after the eleventh day but they continued to be present in the urine up to the 48th day. There was no symptom worthy of note throughout this period. The case indicated the great importance of a bacteriological examination in the detection of the cause of apparently trivial illnesses, and the great importance of such an examination in the case of persons who have come into contact with typhoid patients. An epidemic of typhoid fever in which nearly 90 per cent. of the cases were of the ambulatory and abortive types is reported to have occurred early in 1907 in South Wales³. The symptoms usually present were a rise of temperature lasting from 12 to 72 hours, headache, backache, abdominal pain, diarrhoea lasting two or three days, and sometimes vomiting. As a rule the patients were convalescent after two or three days. In a large proportion of cases the temperature was normal or sub-normal throughout the period of treatment. It is especially in connection

with symptoms of abdominal trouble that a suspicion of typhoid fever may arise; the gastro-intestinal form of paratyphoid fever has already been referred to in the paragraph relating to that disease, and in any doubtful case of so-called "gastric fever" the possibility of paratyphoid fever should be considered. Catarrhal jaundice, gallstones, and acute cholecystitis are all diseases which may be due to the typhoid bacillus, and in some cases without other signs of typhoid fever having occurred. Etienne and Thiry⁴ report a case in which two attacks of catarrhal jaundice due to the typhoid bacillus occurred in a patient under treatment in a surgical ward. He had never suffered from typhoid fever, but during the attacks of jaundice his blood agglutinated the typhoid bacillus in a dilution of 1 in 300, and later the typhoid bacillus was isolated from his fæces. The role played by chronic bacillus carriers in causing typhoid fever by direct and indirect contact is a very important one. Lentz⁵ records the following case of infection by direct contact with such a carrier. A woman who had suffered from typhoid fever in September 1905 and had become a chronic bacillus carrier was taken ill in January 1906 with symptoms of cholecystitis. During the first two days of her illness no precautions against the spread of infection were taken and the nurse in charge of the case became infected and afterwards suffered from a severe attack of typhoid fever. Numerous cases of infection by indirect contact from bacillus-carriers are recorded, of which a few of the more recent may be mentioned. Friedel⁶ reports the case of a cook who had suffered from typhoid fever in 1889 but was not discovered to be a bacillus-carrier until 1906. In the meantime he had caused in all at least 24 cases of typhoid fever in the houses where he had been employed. Another case to which reference may be made is recorded by Soper⁷. It relates to a household epidemic of typhoid fever in a town in America. Of eleven persons in the household six developed typhoid fever between August 27th and September 3rd. Careful investigation excluded water, milk, vegetables, fruit and shellfish as possible sources of infection. There was no case in the town immediately preceding or following those studied and none of the patients had been away for several weeks before they fell sick. The house was in a thoroughly sanitary condition. On August 4th a new cook had been engaged and she remained with the family three weeks before and three weeks after the outbreak. An investigation of her past history was made and it was found that although no information could be obtained relating to two of the last five years, 26 cases of typhoid fever with one death had occurred in seven families with whom she had worked during this time. Indirect information indicated that she herself had had a mild attack of typhoid fever. A representation made to the Health Department of New York led to the woman being placed in hospital where her fæces and urine were examined. Although she was in robust health typhoid bacilli were isolated in abundance from her fæces nearly every day for several weeks. They were not found in the urine. Some very interesting examples of a similar nature are detailed by Captain Greig in his report of the work in India. The account of these is too lengthy for adequate summary in this place and it must suffice to mention that in two epidemics (one in the Bedfordshire Regiment at Kasauli, the other in a convent school at Poona) the chronic bacillus-carrier who was directly responsible for the epidemic was a cook who had unknowingly infected the food supply. The details of the way in which infection by direct and indirect contact is brought about were given in this report for 1904 and need not be repeated here. In circumstances

where few or no precautions to guard against this mode of infection are taken the number of cases may become sufficiently large as to constitute an epidemic which, according to Lentz³, may exhibit a typical curve.

The great importance attributed during recent years to contact infection in the spread of typhoid fever has led to more thorough research into the cause of epidemics, with the result that the number attributed to contaminated water-supplies has decreased considerably. The role of drinking water, however, must still be regarded as highly important and the literature of the year contains as usual a number of instances of epidemics which were traced more or less certainly to contamination of a water-supply. The more important are those recorded in Germany by Seige and Gundlach,¹ Matthes and Gundlach,² and Matthes and Neumann,³ and in America by Bowman, Edwards and Wainwright.⁴ A few epidemics presumably due to a contaminated water-supply are also recorded as having occurred in the British Isles, notably in South Wales.⁵ At least in some of these epidemics the evidence which incriminated the water-supply is sufficiently convincing and as it is similar to that which has frequently been detailed in previous issues of this report it need not be repeated here. Owing to the well known difficulty of finding the typhoid bacillus in water the evidence that an epidemic is water-borne is seldom conclusive; it rests in many instances upon epidemiological observations such as, among others, the sudden appearance of a number of cases simultaneously and the observation that all the people attacked have obtained their supply of water from the same source. Lentz instances a case in which an inadequate research on these lines might have wrongly incriminated a water-supply.⁶ He was called upon to investigate the source of origin of two cases of typhoid fever reported in a village and during the investigation found eleven other cases in five houses situated near the village well. It seemed probable that all the cases had arisen from contamination of the well-water and at first this was the view held. It was found, however, that the remaining inhabitants of the village, none of whom had suffered from typhoid fever, obtained their water from the suspected well and that the people who were ill were all related to one another. Further investigation proved that the epidemic was due entirely to contact infection. A water-borne epidemic of paratyphoid fever has been recorded by Kellermann.⁷

Little or no work which advances our knowledge of methods for isolating the typhoid bacillus from water, falls to be recorded this year and in most laboratories the results of this research have been, as usual, invariably negative. A list of papers dealing with various methods employed during the year will be found at the end of this section of the report.⁸

As regards the problem of the longevity of the typhoid bacillus in water, there is no new fact to record. Fraenkel⁹ has criticised the work done by Russell and Fuller, which was summarized in last year's report, on the grounds that the methods of experiment were not such as would give a true notion of the length of life of the bacillus when it enters the water in fæces—in which, of course, it is more or less protected from harmful influences. He considers that in natural circumstances the length of life of the bacillus in water is much longer than the experiments of Russell and Fuller suggest. According to Kutscher it is probable that the paratyphoid bacillus type B, on account of its hardiness, can remain alive in water longer than the typhoid bacillus.

Problems connected with the isolation of *B. coli* from water and the value of its presence as a criterion of specific contamination have been dealt with by Longley, Sawin, Gage, Jackson, Weston and Farbett, and Sellards¹⁰. The papers by these observers are easily accessible and need not be summarized here.

An interesting milk-borne epidemic of 120 cases in which Conradi was able to isolate the typhoid bacillus from a sample of the milk was referred to in last report, and during the current year an epidemic in which the proof was equally complete has been recorded by Shoemaker¹¹. In this epidemic, which occurred in Philadelphia, more than 20 persons living in a large tenement house became ill with typhoid fever within two weeks. It was found that the sanitary condition of the house was excellent and that all drinking water for the use of the occupants was boiled. A sample of the milk supplied to the house was proved to contain typhoid bacilli and on a visit being made to the dairy it was found that the proprietor and one of his servants were suffering from typhoid fever. The son of the proprietor was convalescent after the same disease and was discovered filling the milk bottles from a tank by siphonage, in the act of starting the flow by sucking with his mouth at one end of the tube. A culture made from this end of the tube revealed the presence of typhoid bacilli in abundance. Another milk-borne epidemic of 59 cases with 10 deaths which occurred in a village in Germany is recorded by Brummund¹². In this instance pasteurisation of the milk was supposed to have been carried out at the dairy, but it was found that in order to economize coal this was not being done regularly. The necessity for some form of sterilization, at any rate in English towns, is shown by the results of Hewlett and Barton¹³ who found in a quantity of milk not exceeding one c.c. the *B. coli* in 46 per cent. of samples of milk supplied to London. Interesting discussions upon the significance of streptococci and of leucocytes in milk will be found in recent papers by Harris and by Russell and Hoffmann¹⁴.

It will be seen from a later paragraph containing a summary of the opinions of medical and sanitary officers in India that the view that enteric fever is frequently spread by dust and by flies is still held by many medical men in this country. It is, of course, possible that the opinion may be correct, but it is important to keep clearly in mind the fact and the obvious conclusions which arise from it that the life of the typhoid bacillus outside the human host is very short and that for this reason the persistence of the disease in any locality cannot be explained by an hypothesis which postulates a long viability of the bacillus in the external world. The experiments carried out at the Central Research Institute, Kasauli, in connection with this subject are still in progress but the following are a few of those already made: (1) urine containing about 60 million typhoid bacilli per c.c. was allowed to stand at room temperature (80° F.) and protected from the sun; at the end of 72 hours it was found to be sterile. (2) Five grammes of human fæces were emulsified in normal saline solution with one loopful of an emulsion of the typhoid bacillus and the mixture kept at room temperature and protected from the sun; after five days the typhoid bacillus could be isolated from it but not after ten days or more. (3) A full test tube of the effluent from a septic tank was mixed with one loopful of an emulsion of the typhoid bacillus and kept at room temperature and protected from light; after five days the typhoid bacillus could be isolated from the effluent but not after 17 or more days. (4) A piece of dirty cotton sheeting and a piece of dirty blanket were soaked in the fresh urine of a patient whose urine contained 60 million typhoid bacilli per c. c. The pieces were dried in the

air and each divided into two portions. One portion of each was exposed to the sun, the other was kept in a dark cupboard. The results showed that all the typhoid bacilli in the cotton sheeting were killed by exposure in the sun for two hours and that in the blanket they were all killed by exposure in the sun for six hours; and as regards the bacilli in the pieces of sheeting and blanket kept in the dark cupboard it was found that they could be isolated after six days but that in 17 days all had died.

The measures of prevention indicated by the foregoing considerations are sufficiently obvious, but are difficult to carry out.

Preventive measures. They depend upon a realization of the facts that infection takes place through the mouth, that every case of typhoid fever arises from a previous one, that the typhoid bacillus escapes from human beings in all the excreta but especially in the urine and fæces, and that the saprophytic life of the bacillus outside the human host is very short. Man is the only known host of the bacillus and the point of greatest importance in prophylaxis is the prevention of the spread of the living bacillus by him. If this can be completely effected the further spread of the disease is impossible for any bacilli which have previously escaped will die out within a short period of time. Thus the two conditions to be fulfilled in a successful campaign against typhoid fever are, firstly, to be in a position to discover all cases of the disease easily and at as early a stage as possible and, secondly, to be in a position to destroy the bacillus in these cases. It is in the carrying out of the measures necessary for the fulfilment of these two conditions that the difficulties arise, but that they are less great as regards a body of men, such as the European army in India, under complete military and medical control than as regards the ordinary civil population of any country there can be no doubt, and the success which has attended the measures on these lines for the suppression of typhoid fever in many civil districts in Germany, raises the hope that when they are effectually put into force in the European army in India the prevalence of typhoid fever among this body of men will decrease very considerably. The expense of establishing a large hospital in the hills where convalescents could be kept until they had ceased to excrete the bacilli in their urine and fæces and the expense of the staff of bacteriologists who would have to be constantly employed would necessarily be great, but it would be more than compensated for if the prevalence of a disease which causes so much sickness, mortality, and loss of service, could be materially diminished.

Reports from medical officers. Of the 102 stations occupied by European troops during 1906 there were only 15 in which more than 20 cases of enteric fever occurred and there were 8 in which only 2 cases occurred, 16 in which only one case occurred and 17 in which no case occurred. It is plain, therefore, that in the majority of stations enteric fever does not occur in the form of well marked epidemics and in view of the difficulties which attend the investigation of the origin of sporadic cases occurring at considerable intervals it is not surprising that the medical officers in at least 22 stations during 1906 stated that they had failed to trace the source of origin of attacks, and that a guarded opinion was given by the medical officers in a number of other stations. But although it is not often possible to come to a definite decision as to the origin and mode of spread of enteric fever in Indian cantonments the careful enquiries and investigations which are made in every case reveal many sanitary defects and lead to a clearer view of the relative importance of the different

conditions which influence the prevalence of the disease. One of the most important conclusions to which these enquiries and investigations have led is that water plays only a very minor role in the dissemination of enteric fever among European troops in India. As regards the year 1906 if we except an instance at Saugor where it was thought the patient may have contracted the infection by drinking water from a well in a native city, one at Calcutta where the attack commenced some days after the patient had drunk water in a native house, and a very few isolated cases attributed to drinking water from *nullahs* or village wells while on manoeuvres or on the line of march, in none of which is there any good reason for connecting the attack of enteric fever with the water drunk, we are left with only one outbreak in which there was a suspicion that the disease was water-borne. This outbreak (of 25 cases) occurred in Peshawar between the 23rd of May and the 30th of June, and all the regiments in the garrison were affected. It was found that the filter-bed was not working satisfactorily and that the contractor had obtained sand from a *dhobie's ghât* which was grossly dirty. The epidemic ceased within three weeks of the filter being put out of use. As regards conveyance by milk it may be noted that an outbreak of 14 cases which occurred at Ferozepore between the 21st of April and the 19th of May was considered to have been milk-borne and that a few cases at Rawalpindi, Secunderabad, Sitapur, Agra and Lucknow were also attributed to infected milk, but in all these cases as well as in the outbreak at Peshawar which has just been referred to, the evidence is much wanting in conclusiveness. As has been the case during the last few years the reports of 1906 show that medical officers consider contact infection, direct and indirect, to be the most important mode by which enteric fever is spread in Indian cantonments and although vigorous measures to guard against it are taken it was a potent factor in many stations during the year. A few examples taken from the reports may be mentioned. At Lahore Cantonment, Cherat, Nowgong and several other stations, hospital orderlies who were nursing enteric fever patients were attacked with the disease, the total number of cases among these orderlies amounting to 13. The Sanitary Officer of the Northern Command, Major Scott, R.A.M.C., investigated an outbreak which occurred in Lahore Cantonment during December 1905 and January 1906 and came to the conclusion that excluding the first patients, who, in all probability, had become infected from some source outside the cantonment, water, milk and flies could be excluded as factors in the spread of the disease and that personal contact was the most important means. Two of the patients were on duty as nurses in the enteric fever ward. Major Scott also investigated an outbreak at Dera Ismail Khan, where it seemed probable that infection had been conveyed indirectly by a sweeper who worked in the regimental hospital and in the bungalows occupied by the persons who were attacked. The danger that convalescents may spread the disease by direct and indirect contact is well recognised, and measures to guard against it are taken in all stations. At Rawalpindi such patients were not allowed to enter the barracks at all after their illness but were sent straight from the hospital to a convalescent depot in the hills and the medical officer considered that the absence of the usual autumnal rise in the prevalence of enteric fever was due to this measure. A similar plan was adopted at Belgaum. Patients in an early stage of the disease are more difficult to deal with and there are many instances in the reports which show the difficulty of discovering cases at a sufficiently early stage to prevent them from spreading infection. In Lahore Cantonment the usual daily medical inspection of "contacts" revealed the presence of enteric fever in three men who declared that they were quite well. At Mhow 6 cases were definitely traced to infection from a patient

who began to feel ill on the 9th of February but did not report sick until the 16th; another patient at this station began to feel ill on the 14th January but did not report sick until the 22nd. The reports from Neemuch, Rawalpindi and other stations also contain evidence that men abstain from reporting themselves to be ill as long as possible. Some of the cases at Peshawar were so mild that they would not have been diagnosed as enteric fever if a positive result had not been obtained with the agglutination test. An interesting instance of infection by direct contact with a bacillus carrier is reported from Kasauli where enquiries as to the mode of origin of cases of enteric fever in a child and in a woman led to the examination of the child's mother when it was found that although she felt quite well she was excreting typhoid bacilli in great abundance in her fæces. It appeared that she had come into contact with patients suffering from enteric fever at Agra, but that her infection with typhoid bacilli had caused no symptoms except slight looseness of the bowels which she noticed on arrival at Kasauli. The woman who had been admitted into hospital for enteric fever at Kasauli was a friend of hers and both she and the child had doubtless been infected by direct or indirect contact with her. Other examples of cases contracted by contact are to be found as usual in a number of instances in which infection was thought to have been contracted in latrines and by contaminated cooking utensils and food. The danger of "latrine infection" is said to have been greatly lessened in many stations by the use in the latrine pans of a solution of carbolic acid or perchloride of mercury instead of dry earth, and to this measure also is attributed a great diminution in the number of flies present in the latrines. Flies were regarded as the chief agents by which enteric fever was spread in Barrackpore, Indore, Kamptee, Nasirabad, Jhansi, Poona and a few other stations. Lieutenant-Colonel Meek, R.A.M.C., the Sanitary Officer of the Western Command, investigated the outbreak of enteric fever at Jhansi and found no reason to attribute its origin to infected water or milk, and the outbreak had not the characters of a water-borne epidemic. It cannot be said that his report contains any evidence which can be regarded as conclusive but it seemed to him most probable that flies, which were exceedingly prevalent during July and August, were chiefly responsible for spreading the disease. Both flies and dust were considered to be important factors in the spread of enteric fever at Delhi, Mhow and Jubbulpore; and at Quetta, Muttra and Lucknow infected dust alone was held responsible. Major Morgan, R.A.M.C., the Sanitary Officer of the Eastern Command, investigated the mode of spread of enteric fever at Lucknow. He considered that water, aerated waters, milk, food, personal contact and infected clothing could be excluded, and that infected dust had been the main factor in the spread of the disease. He reported that the soil was dry and sandy, that the floors of many of the latrines and urinals were not paved and were much polluted, and that dust-storms were frequent. At Chaubuttia and Jhansi one or two cases were attributed to eating salad bought from natives and at Khandalla one case was thought to have been contracted in Bombay by eating oysters. Finally there is, as usual, a list of stations in which it was thought that some of the patients had become infected in native bazaars and a longer list of stations where all or nearly all the cases had been contracted on the line of march, or in camp, or on a railway journey, or in a station other than that in which the patients became ill. The fact that 20 of the 28 patients who suffered from enteric fever in stations in the Murree hills were admitted into hospital within 26 days of their arrival illustrates the danger of infection during the annual move by route march from the plains to the hills.

11. The statement in the margin shows at a glance the number of admissions to hospital, the number of deaths and the admission and death rates per 1,000 of average strength recorded from enteric fever among European troops in India during each of the last five years. On the whole the record, especially if it be compared with that of the preceding five years (from 1897 to 1901), is distinctly encouraging and there is reason to believe that the prophylactic measures now in force are meeting with a measure of success. The average duration of a case in 1906 was about 75 days, in 1905 about 70 days, in 1904 about 68 days and in 1903 about 54 days, and this progressive increase in the duration of stay of patients in hospital is doubtless due to a more thorough appreciation of the necessity of keeping convalescents segregated from their comrades in barracks as long as possible. This practice causes, of course, an increase in the constantly sick rate and in the figure showing the total loss of service due to enteric fever [the average number of men constantly sick on account of enteric fever in 1906 was 224·11 and the total loss of service due to the disease was 81,800 days as compared respectively with the figures 220·50 and 80,482 in 1905] but in the end it cannot fail to reduce materially the number of new infections. The case-mortality was slightly higher than in the previous year, namely, 16·7, as compared with 15·5. It is evident from the reports of medical officers that the fatality of the disease would be much lessened if men could be induced to report sick at an earlier stage of the attack, and in this matter as well as in the discovery of mild ambulant cases and of convalescents who are still excreting the bacilli a great deal still remains to be done.

Years.	Admissions.	Deaths.
1902	1,012	260
	16·7	4·89
1903	1,384	295
	19·6	4·79
1904	1,395	267
	19·6	3·76
1905	1,146	213
	16·1	2·99
1906	1,095	224
	15·6	3·19

12. The disease was more prevalent and fatal in the Eastern and Western Commands than in the Northern. As regards Divisions its incidence was greatest among troops in the 5th (Mhow), the 9th (Secunderabad), the 7th (Meerut) and the 8th (Lucknow) Divisions and least among troops in the 10th (Burma) Division. As regards geographical groups the admission rates in the Central India (VIII), Gangetic Plain (V) and Deccan (IX) groups were highest during 1906, the prevalence in the first two of these groups being considerably greater than in the previous year. In the group of Hill Stations (XII-a) the admission rate fell to 7·3 per 1,000 as compared with 10·9 per 1,000 in 1905 and 14·7 in 1904. No case occurred in the Burma Coast group (I) during 1906.

13. Admission rates of over 20 per mille were recorded in 31 stations during 1906 as compared with 25 during 1905. The following is a list of stations at which the highest rates were recorded:—

In group VI.	In group V.	In group VIII.	In group IX.
Amritsar ... 59·7	Sitapur ... 51·7	Deesa ... 62·5	Jubbulpore ... 31·9
Fort Lahore ... 56·1	Lucknow ... 36·0	Mhow ... 42·5	Poona ... 29·2
Ferozepore ... 29·5	Fatehgarh ... 26·0	Nowgong ... 41·4	Secunderabad ... 28·4
Lahore Cantonment 28·0		Jhansi ... 41·2	
Meerut ... 24·5		Agra ... 34·8	
		Neemuch ... 29·4	
		Muttra ... 27·8	

The stations where the largest number of cases occurred were Secunderabad (92), Lucknow (90), Mhow (77), Poona (54), Meerut (50), Bangalore (47), Jhansi (44), Rawalpindi (41), Agra (38) and Peshawar (34). The points of interest in connection with the prevalence of the disease at these and other stations have been dealt with in a previous paragraph, and some details about the more unhealthy stations will be found in Table V. In Appendix D the dates of admission to hospital of patients residing in different barracks and tents at some stations are given.

14. In 1906 the greatest liability to suffer and die from enteric fever fell upon the age period 20-25 and upon the first two years of Indian service. This is indicated in the statistics by the fact that nearly 69 per cent. of the total admissions at all ages were among men up to 25 years of age and that nearly 57 per cent. of the total admissions were among men during their first two years of Indian service. The admission rate among men over 35 years of age was 4.7 per mille as compared with 4.2 in 1905 and 4.0 in 1904; and among men with five years' service and upwards it was 7.0 per mille as compared with 6.9 per mille in 1905.

15. Among European troops in India there were recorded in 1906, 17 cases of plague and two deaths; in 1905, 13 cases and four deaths; and in 1904, two cases and no death. Of the 17 cases seven occurred at Fort William, four at Cawnpore, three at Poona, two at Mhow and one at Bombay. Six of the patients at Fort William had come from Mauritius and had inguinal buboes before their arrival in Calcutta—there was some doubt about the diagnosis and the bacteriological examination and the results of inoculation experiments were negative. At Cawnpore plague was prevalent in the city and cantonment, but the exact source from which the patients became infected was not discovered. The type of the disease was bubonic and the plague bacillus was found in each case. All the patients recovered. The three patients at Poona contracted the disease in the native bazaar, where plague was very prevalent. The bacillus was isolated in each case. In one of the cases at Mhow the type was pneumonic and this patient died. The bacillus was isolated in all cases. The source of infection was not discovered in the case at Bombay and there was some doubt about the diagnosis as the bacillus could not be isolated from the blood stream or from the glands. There were altogether 60 admissions on account of measles, the majority occurring in the Eastern and Western Commands. Erysipelas accounted for 15 cases with no fatality. Of the 50 admissions (with three deaths) on account of beri-beri no fewer than 32 (with two deaths) were recorded at Aden; there were four admissions at Chakrata and three (with one death) at Rangoon. Twenty-six of the cases at Aden occurred in one regiment which had arrived from Burma in December 1905. The patients at Chakrata came from Cawnpore, where a small epidemic had occurred in the previous year. There were 282 cases of dengue with no fatality as compared with 415 cases with one death in 1905 and 439 with one death in 1904. The disease was practically confined to Fort St. George (Madras), where there were 182 cases, Rangoon where there were 63 and Karachi where there were 33. *Bilharzia hæmatobia* accounted for only nine admissions to hospital as compared with 22 in 1905, 63 in 1904 and 318 in 1903; and the number of men invalided for this cause fell from 23 in 1905 to 10 in 1906.

16. The admission rate on account of tubercle of the lungs among European troops fell from 2.1 per mille in 1905 to 1.6 per mille in 1906 and the death rate from .28 to .17. The admission rate in the Western Command (1.9 per mille) fell to about half that of the previous year; the rate in the Northern Command fell from 1.7 to 1.5, and the rate in the Eastern Command remained unchanged. The total number of cases treated for this disease during the year was 138 and the total number of deaths 12, the stations from which the largest number of admissions were reported being Rawalpindi (8), Poona (5) and Lucknow (5). The number of men invalided fell from 116 in 1905 to 92. The death rates from tubercle of the lungs among European troops, Native troops, and native prisoners during the year were in the proportions of 1, 3, and 21 as compared with 1, 2, and 13 in 1905.

Tubercle of the lungs. Appendices A to Section II and E to Section IV. Tables III and IV.

17. In 1906 the admission and death rates from pneumonia were 3.4 and .28 per mille, respectively, as compared with 4.1, and .63 in 1905, the total numbers of admissions and deaths in each year being respectively 241 and 20 in 1906, and 296 and 45 in 1905. The disease was most prevalent during the year among troops in the Northern Command and least so among those in the Western Command and as regards geographical groups it was most prevalent among troops in groups IV (Bengal-Orissa), XII b (Hill Depots), VIII (Central India) and VI (Upper Sub-Himalaya). Compared with the previous year there was an increase in prevalence in five of the geographical groups and a decrease in seven. Excluding stations where the strength was low the highest admission rates for the year were recorded at Campbellpore (27.8 per mille), Agra (10.1), Multan (9.5), Nowshera (7.8), Darjeeling (7.8) and Rawalpindi (7.8). For India as a whole the months of greatest prevalence are, as a general rule, December, January and February, and those of least prevalence June, July, August and September; during the year under report most cases occurred in January and fewest in August.

Pneumonia and other respiratory diseases. Appendices A and B to Section II and H to Section III. Tables XII, III and IV.

There was a decrease in the admission rate on account of "other respiratory diseases," the rate being 20.3 per mille as compared with 23.0, but the death rate was .09 per mille as compared with .06. The admission rate was lower than in 1905 in all three Commands, the greatest decrease being in the Western Command, where the rate fell from 26.4 to 20.6. The highest rate (21.8) was in the Eastern Command. The geographical group in which these diseases were most frequent during the year was XII b (Hill Depots), group VI (Upper Sub-Himalaya) coming next; and the stations (excluding those with an average strength below 150) where admission rates above 40 per mille were recorded were Dum Dum, Wellington, Chakrata, Nowgong and Meerut. Of the six deaths from diseases under this heading one was due to broncho-pneumonia, one to gangrene of lung, and two each to pleurisy and empyema.

18. Among European troops as well as among Native troops dysentery was more prevalent and caused a higher mortality than in 1905. The admission rate among European troops rose from 13.4 per mille in 1905 to 15.2 per mille in 1906 and the death rate from .46 to .53. As in 1905 the disease was most prevalent and fatal during 1906 among troops in the Western Command, and as regards Divisions it was most prevalent among troops in the 9th (Secun-

Dysentery and diarrhoea. Appendices A and B to Section II and E to Section IV. Tables XIII, III and IV.

derabad), the 5th (Mhow) and the 6th (Poona) Divisions. The death rates were highest among troops in the Mhow and Burma Divisions. As regards geographical groups the disease was most prevalent in the Deccan group (IX) and most fatal in the Burma Coast group (I). Excluding stations with a strength below 150 the highest admission rates were recorded at Aden (56·4 per mille), Barrackpore (53·5), Jubbulpore (48·5), Secunderabad (44·2) and Jhansi (42·1). For the European army as a whole the months of greatest prevalence were July, August and September, and those of least prevalence January and February.

Among the whole European army of India there were 960 admissions on account of diarrhœa, with no fatality, as compared with 1,070 admissions and 37 deaths on account of dysentery. The disease, like dysentery, was most prevalent among troops in the Western Command. As regards geographical groups the highest admission rates were recorded in groups XII *a* (Hill Stations) and VIII (Central India). In the first of these are included the two stations with the highest ratios, namely, Ranikhet (58·1 per mille) and Jutogh (39·0).

19. In all 183 admissions to hospital on account of abscess of the liver and 107 deaths were recorded during 1906 as compared with 153 admissions and 84 deaths during the previous year, the admission and death rates per mille being in 1906, 2·6 and 1·52, and in 1905, 2·1 and 1·18. The admission and death rates were highest among troops in the Western Command and as regards Divisions the admission rate was highest among troops in the 5th (Mhow) Division and the death rate among troops in the 6th (Poona) Division. One or more cases occurred in 60 stations and, excluding Calicut where the average strength was low, the highest admission rate was recorded as usual at Barrackpore, where there were five cases with three deaths. At Secunderabad, however, there were 17 cases and eight deaths, at Mhow 10 cases and four deaths, at Poona eight cases and nine deaths and at Sialkot eight cases and four deaths. The majority of the cases at Secunderabad were associated with dysentery, but in one case the disease followed an attack of enteric fever. In one of the fatal cases the abscess had opened into the lung, and in another into the stomach. There was a history of dysentery in four of the cases at Mhow, in eight at Poona and in one at Sialkot, but in the majority of the fatal cases even when no history of dysentery had been obtained chronic ulceration of the large intestine was found after death. Multiple abscesses were found *post-mortem* in nearly all the fatal cases.

20. There were 170 admissions to hospital and six deaths from alcoholism during 1906 as compared with 197 admissions and 11 deaths during the previous year, the corresponding average numbers recorded annually during the decennium ending 1905 being 242 and 8, respectively.

21. The recorded admission rate for all venereal diseases in 1906 was 117·3 per mille of strength, the death rate was ·16 per mille and the constantly sick rate was 12·3 per mille. These figures are represented in actual numbers by 8,242 the total admissions, 11 the total deaths, and 864·79 the total number constantly sick throughout the year. The corresponding figures in 1905 were, as regards rates 153·7 per mille, ·18 per mille and 15·3 per mille and as regards

Hepatic abscess. Appendix A to Section II. Tables III and IV.

Alcoholism. Tables XVI and LIII.

Venereal diseases. Tables III and IV.

actual numbers 10,966 the admissions, 13 the deaths, and 1089·27 the number constantly sick. That the noteworthy reduction in the rates during recent years is due to a real reduction in the amount of venereal disease among European troops there can be little doubt, for in 1906 the procedure with regard to the statistical record of the diseases under this heading was the same as in 1905, and the reduction is evident in the statistics of invaliding and death which are not affected by changes in the method of record. The decrease is doubtless due to a number of causes among which the strenuous efforts put forth of late years by all classes of military and medical officers as well as by cantonment magistrates and by the authorities of the Royal Army Temperance Association to lessen the great annual wastage from this cause are not the least important. Some indication of the good results of these efforts may be obtained from the figures of the "syphilis register" upon which is entered the name of each man who comes under treatment for this disease for the first time. This register was started in 1904 and in that year the names of 2,947 men were entered upon it. In 1905 the names of only 1,470 men had to be entered on it and in 1906 the names of only 936, so that we may assume that the number of men who contract syphilis each year is steadily decreasing. Another potent factor in bringing about a reduction in the amount of venereal disease is the great improvement which has taken place in the methods and duration of treatment. It is well known that the high admission rates from venereal disease in former years were due largely to the great number of readmissions to hospital which occurred on account of relapses. At present every man whose name is on the syphilis register has to attend hospital once a week for observation and treatment during a period of about two years; and this measure must lessen not only the number of relapses but also the chance that a serious complication will ensue, and for this reason must tend to reduce the number of invalidings and deaths. During 1906 only 583 men had to be readmitted to hospital while undergoing observation and treatment as compared with 902 in 1905. There has been a great improvement also in the method of carrying out the treatment of gonorrhœa and to this is probably due in great part the reduction in the admission and invaliding rates from this disease.

The average period of detention in hospital of a patient suffering from any form of venereal disease during 1906 was 38·30 days and the total loss of service involved amounted to 315,648 days, the non-efficiency thus reckoned being about four times as much as that incurred on account of enteric fever.

There were 11 deaths ('16 per mille of strength) attributed to venereal diseases during 1906 as compared with 13 ('18 per mille) in 1905 and 15 ('21 per mille) in 1904; and the number of men invalided for this cause was 131 (1·86 per mille) as compared with 83 (1·16 per mille) in 1905 and 199 (2·80 per mille) in 1904.

There was a decrease in the admission rates from venereal diseases in all three Commands, but in 1906 as in the previous year the rate in the Eastern Command was highest (126·9 per mille) and that in the Western next (120·6), the admission rate in the Northern Command being only 75·7 per mille as compared with a rate of 132·4 per mille among troops outside this Command. Among Native troops also venereal diseases are less prevalent in the Northern Command than elsewhere. As regards Divisions venereal diseases were most prevalent in the 10th (Burma) Division with a rate of 191·1 per mille and the 9th (Secunderabad) with a rate of 153·9 per mille, and least prevalent in the Peshawar Division (64·5 per mille) and the Quetta Division

(75·9). Excluding stations at which the average strength was less than 100 the highest admission rates on account of venereal diseases among European troops in the Northern Command were recorded at Kasauli (148·6 per mille), Attock (146·6) and Lahore Cantonment (137·2); in the Western Command at Deolali (252·7); Saugor (252·5) and Bombay (217·5); in the Eastern Command at Fort William (324·8), Fort Allahabad (228·9), and Barrackpore (214·0); in the Secunderabad Division at Mallapuram (284·6), Madras (235·6) and Bellary (205·9); and in the Burma Division at Rangoon (228·2), Shwebo (222·7) and Maymyo (204·6).

The admission rate on account of gonorrhœa was 61·0 per mille of strength in 1906 and that on account of soft chancre 28·5 per mille as compared with rates of 74·8 and 43·3 per mille respectively in 1905. Eleven men as compared with eight in the previous year were invalided for gonorrhœa during 1906.

22. The total number of deaths recorded as a result of heat-stroke during
Heat-stroke. Appendix A. Tables 1906 was 39 as compared with 55 in 1905 and
XVI and LIII. 35 in 1904. The stations at which the largest numbers of deaths from this cause occurred during 1906 were Nowshera (8), Aden (4), Lahore Cantonment (3) and Multan (3).

23. The average annual number of suicides reported in the decade 1891-
Suicide. Tables XVI and LIII. 1900 was 19 and in 1906 the number was 21, of which six were by gunshot, eight by cut-throat, two by drowning, two by hanging, one by oxalic acid poisoning, one by strychnine poisoning and one by multiple injuries.

24. From the whole European army of India 1,993 men were invalided in
Invaliding. Appendix A. Tables 1906 (28·36 per mille of strength) as compared
XVII and LIII. with 1,508 (21·24 per mille) in the previous year. The rates per mille of strength ranged from 41·99 in the Western Command to 19·47 in the Burma Division. The chief causes of loss by invaliding have been mentioned in paragraph 2 above, and a striking feature of the statistics is the large increase in the number of men invalided for enteric fever and for debility. Of the 115 men (against 52 in 1905) invalided for enteric fever 110 were under 30 years of age and 90 had been less than four years in India, and of the 255 (against 152 in 1905) invalided for debility 178 were under 30 years of age and 116 had been less than four years in India. Of the total number of men invalided from all causes 48 per cent. were under 25 years of age and 83 per cent. under 30 years of age; and as regards length of residence in India 27 per cent. of all invalids had less than two years' service in this country and 66 per cent. less than five years.

25. The average strength of commissioned officers with European troops in
Officers. Appendix E to Section India during 1906 was 2,225 and among these
II. Table XVIII. there were 1,620 cases of sickness, 138 were invalided and 39 died during the year. The admission rate, the constantly sick rate, the invaliding rate and the death rate were each considerably higher than in the previous year, the death rate rising from 9·04 to 17·53 per mille. The admission rates on account of influenza, ague, cholera, small-pox, enteric fever, simple continued fever, and hepatic affections were all higher than in 1905, but those of pneumonia, dysentery, diarrhœa and venereal diseases were lower. There were 14 deaths from enteric fever, the chief cause of mortality, giving a ratio of 6·29 per mille against 2·58 per mille in 1905. There were 39 cases of

dysentery with one death, six cases (all fatal) of cholera, and two cases (both fatal) of hepatic abscess. Two officers suffered from plague but both recovered. As compared with the incidence on troops the following diseases were more prevalent in proportion to strength: influenza, cholera, small-pox, enteric fever, simple continued fever, other respiratory diseases, dysentery, diarrhoea, congestion of the liver, while the officers suffered less than the men from malarial fevers, tubercle of the lungs, pneumonia, hepatic abscess, venereal diseases. Enteric fever, ague, debility, and dysentery were the chief causes of invaliding.

26. The health of the women was not so good during 1906 as during the previous year. The average strength was 3,431, which is an increase of 56 on that of 1905, and there were in all 2,600 admissions to hospital and 42 deaths giving admission and death rates of 757.8 and 12.24 per mille respectively as compared with rates of 646.8 and 10.96 in 1905. The constantly sick rate was 32.9 per mille as compared with 27.9. The chief causes of admission to hospital were, as usual, debility, diseases peculiar to women, and ague, which together accounted for 65.00 per cent. of the total number of admissions from all causes. Of the 42 deaths five were due to enteric fever, five to child-birth and abortion, four to hepatic abscess and three each to small-pox and pneumonia. The highest admission rate was recorded in the Secunderabad Division and the highest death rate in the Eastern Command.

27. There was a higher rate of sickness and a higher mortality among the children during 1906 than in either of the two previous years. The average strength was 5,322, the admission rate 469.0 per mille, the constantly sick rate 18.0 and the death rate 44.72. The chief causes of sickness were ague, diarrhoea, respiratory diseases, measles, and eye diseases which together accounted for 42 per cent. of the total number of admissions from all causes. There was an increase in the prevalence of measles, ague, dysentery, diarrhoea and diseases of the eye as compared with 1905. Out of the total of 238 deaths 42 were attributed to diarrhoea, 34 to debility and immaturity at birth, 20 to convulsions, 17 to teething, 16 to respiratory diseases, and 11 to dysentery. There were 30 admissions to hospital with three deaths from enteric fever and 240 admissions with 42 deaths from diarrhoea. Among the exanthemata to which children are liable there came under treatment during the year 144 cases of measles, 49 cases of chicken-pox, 10 of rubella, 7 of scarlet fever and 5 of small-pox; there were also 22 cases of whooping cough, 19 of mumps, 5 of diphtheria and 4 of dengue. Sickness was greatest among children in the Secunderabad Division and mortality among those in the Western Command.

The strength at different age periods, the death rates per mille and the relative liability to death at each of these periods are shown in Table XXV. Immaturity at birth was the cause of death in 29 per cent. of the total number of deaths among children under six months of age.

PAPERS AND BOOKS REFERRED TO IN SECTION II.

Abbreviations used below.

- A.H.=Archiv für Hygiene.
 A.K.G.A.=Arbeiten aus dem kaiserlichen Gesundheitsamte.
 A.P.=Annales de l'Institut Pasteur.
 B.I.P.=Bulletin de l'Institut Pasteur.
 B.J.H.H.=Bulletin of the Johns Hopkins Hospital.

- B.K.W.=Berliner klinische Wochenschrift.
 B.M.J.=British Medical Journal.
 C.B.=Centralblatt für Bakteriologie.
 D.M.W.=Deutsche medizinische Wochenschrift.
 H.R.=Hygienische Rundschau.
 H.Z.=Hygienisches Zentralblatt.
 I.M.G.=Indian Medical Gazette.
 J.A.M.A.=Journal of the American Medical Association.
 J.H.=Journal of Hygiene.
 J.I.D.=Journal of Infectious Diseases.
 J.H.H.R.=Johns Hopkins Hospital Reports.
 J.P.B.=Journal of Pathology and Bacteriology.
 J.P.P.G.=Journal de Physiologie et de Pathologie Générale.
 J.R.A.M.C.=Journal of the Royal Army Medical Corps.
 J.T.M.=Journal of Tropical Medicine.
 K.W.=Kolle and Wassermann's Handbuch der pathogenen Mikroorganismen.
 L.=Lancet.
 L.G.B.=Report of Medical Officer, Local Government Board.
 M.M.W.=Münchener medizinische Wochenschrift.
 N.=Nature.
 P.J.S.=Philippine Journal of Science.
 S.C.I.=Annual Report of the Sanitary Commissioner with the Government of India.
 Z.H.=Zeitschrift für Hygiene.

Enteric fever.

Paratyphoid fever.—¹ Kutscher in K.W. Supplementary Volume, part 2, page 655; ² Sacquépée and Chevrel in B.I.P., 1907, Vol. V, No. 2, page 49, and No. 3, page 97; ³ Lentz in H.R., 1907, Vol. XVII, No. 6, page 377; ⁴ Lorrain Smith in Allbutt and Rolleston's System of Medicine, 2nd Edition, 1905, Vol. 1, page 1157; ⁵ Jürgens reported in J.A.M.A., Vol. XLVIII, 23rd February 1907, page 741; ⁶ and ⁷ reported by Kutscher as above, page 675; ⁸ Lorrain Smith as above, page 1158; ⁹ see Kayser in M.M.W., 1902, Nos. 40 and 41; ¹⁰ Gwyn in B.J.H.H., 1898; ¹¹ Lentz in H. R., XVII, No. 6, page 377; ¹² Durham in the Journal of Experimental Medicine, 1900, Vol. 5, quoted by Kutscher as above, page 683; ¹³ de Nobele quoted by Van Ermengem in K.W., Vol. 2; ¹⁴ Kutscher and Meinicke in Z.H., 1906, Vol. 52; ¹⁵ Trommsdorf in A. H., 1906, Vol. 55; ¹⁶ Bock in A.K.G.A., 1906, Vol. 24, heft 2; ¹⁷ Kutscher in Z.H., 1906, Vol. 55, page 331; ¹⁸ Fischer in Z.H., Vol. XXXIX; ¹⁹ Uhlenhuth in *Von Leuthold's Gedenkschrift*, reported in B.I.P., Vol. 5, 1907, page 526; ²⁰ Kutscher as above; ²¹ Jacobson in B. K. W., 25th March 1907, reported in B. I. P., 1907, page 526; ²² Fromme in C. B. *Originale*, XLIII, 25th April 1907, page 775; ²³ Netter, and Ribadeau-Dumas in C. R. Soc. Biologie, LXII, 13th April 1907; ²⁴ Vagedes reported in B. I. P. V., 1907, page 528; ²⁵ Battey Shaw in Allbutt and Rolleston's System of Medicine, 2nd Edition, Vol. II, part I, 1906, page 855; ²⁶ Levy and Gaegtens in A. K. G. A., XXV, 1907, page 250; ²⁷ Fornet in A. K. G. A., XXV, 1907, page 247; ²⁸ Gaegtens in A. K. G. A., XXV, 1907, page 203.

The Widal Test.—¹ Gaegtens in A.K.G.A., XXVI, heft 2, page 226; ² Christian reported in L. of June 8th, 1907, page 1586; ³ French and Louisson reported in L. of May 18th, 1907, page 1363; ⁴ Widal and Sicard quoted by Abrami in J. P. P. G., 15th March 1907, page 290; ⁵ Sacquépée in *Thèse de Chevrel*, Paris, 1905; ⁶ Drigalski in Z. H., Vol. XLII; ⁷ see Jürgens in Z. H., XLIII, page 372; ⁸ Schottmüller in Z. H.; ⁹ Abrami in J. P. P. G., Vol. 19, 1907, No. 2, page 290; ¹⁰ Sacquépée and Chevrel in B. I. P., V, 1907, No. 2, page 49, and No. 3, page 97; ¹¹ Klinger in A. K. G. A., XXV, 1907, page 214; ¹² Plass in H. R., XVII, 1907, No. 5, page 283; ¹³ Neumann in H. R., XVII, No. 7, page 391; ¹⁴ Brion and Kayser reported in H. R., XVII, No. 6, page 347; ¹⁵ Bruns and Kayser in Z. H., XLIII, page 401, Abrami in J. P. P. G., Vol. 19, 1907, No. 2,

page 290; Gaechtgens in A. K. G. A., XXV, heft 1, page 218; Klinger in A. K. G. A., XXV, 1907, page 214; Kafka reported in H. R., XVII, No. 2, page 133; ¹²See Sacquépée and Chevrel as above, page 102.

The search for the bacillus in the blood.—¹Conradi in D. M. W. of January 11th, 1906; see also J. A. M. A., Vol. XLVIII, 1907, No. 24, page 2041, and H. R., XVII, 1907, No. 7, page 399; ²Coleman at a meeting of the New York Academy of Medicine held on March 7th, 1907, reported in J. A. M. A., Vol. XLVIII, 1907, No. 14, page 1207; ³Kayser in M. M. W., 1906, Nos. 17 and 40, reported by Gildemeister in H. R., Vol. XVII, No. 7, page 399; ⁴Gildemeister in H. R., Vol. XVII, 1907, No. 7, page 397; ⁵Tzeidler reported in B. I. P., Vol. V, 1907, No. 10, page 432; ⁶Schülern reported in B. I. P., Vol. V, 1907, page 433, and in D. M. W., Vol. 33, 1907, No. 19, page 771; ⁷Brion and Kayser reported in H. R., Vol. XVII, 1907, No. 6, page 347; ⁸Müller and Gräf in M. M. W., 1906, No. 2, reported in L. of May 4th, 1907, page 1241; ⁹Müller and Gräf in C. B. *Originale*, Vol. XLIII, 1907, heft 8, page 856; ¹⁰Kurpjuweit in A. K. G. A., Vol. XXV, 1907, heft 1, page 229; ¹¹Fornet in M. M. W., of 29th May 1906, quoted by Kurpjuweit as above, page 239; ¹²Conradi in M. M. W., Vol. LIII, No. 49, reported in J. A. M. A., Vol. XLVIII, 1907, No. 4, page 375, and by Kurpjuweit as above, page 239; ¹³Epstein in the Proceedings of the New York Path. Soc., reported in B. I. P., Vol. V, 1907, No. 7, page 295.

The research in the faeces and urine.—¹Klinger in A. K. G. A., XXV, 1907, page 214; ²Neumann in H. R., XVII, 1907, No. 7, page 391; ³Ditthorn in H. R., XVII, 1907, No. 6, page 327; ⁴Klinger referred to by Gaechtgens in A. K. G. A., XXV, page 208, and by Levy and Gaechtgens in the same volume, page 240; ⁵Neumann in A. H., Vol. LX, 1907, page 1, reported in B. I. P. Vol. V, 1907, page 211; ⁶Gaechtgens in A. K. G. A., XXV, 1907, page 208; ⁷Levy and Gaechtgens in A. K. G. A., XXV, 1907, page 240.

Convalescents and Bacillus carriers.—¹Simon and Denmark in *Dtsch. militärärztl. Zeitschr.*, 1907, heft 3, reported in H. Z., Vol. II, 1907, page 579; ²Lentz in H. R., XVII, 1907, page 380; ³Brion and Kayser reported in H. R. XVII, 1907, page 348; ⁴Drigalski, reported by Kutscher in K. W. Supplementary volume, heft 2, page 139; ⁵Klinger in A. K. G. A., XXV, 1907, page 214; ⁶Kayser in A. K. G. A., XXV, 1907, heft 1, page 223; ⁷Etienne and Thiry in *Archives Générales de Médecine*, January 1907, reported in L. of 23rd February 1907, page 526; ⁸Nieter and Liepmann reported in H. Z., II, No. 19/20, page 582; ⁹Dehler in M. M. W., April 16th, 1907, reported in J. A. M. A., 1907, No. 19, page 1603; ¹⁰Levy and Kayser in A. K. G. A., XXV, 1907, page 254; ¹¹Christian reported in L. of June 8th, 1907, page 1586; ¹²Lentz in H. R., XVII, 1907, No. 6, page 377; ¹³Klinger in A. K. G. A., XXV, 1907, page 214; ¹⁴Fornet in A. K. G. A., XXV, 1907, page 247; ¹⁵Klinger as above; ¹⁶Levy and Wieber in C. B., *Originale*, XLIII, 1907, page 419.

Infection by contact.—¹Kutscher in K. W. Supplementary volume, 1906, heft 1, page 192; ²Neumann in A. K. G. A., XXV, 1907, heft 1, page 209; ³B. M. J., February 9th, 1907, page 342; ⁴Etienne and Thiry reported in L. of February 23rd, 1907, page 326; ⁵Lentz in H. R., XVII, 1907, No. 6, page 383; ⁶Friedel reported in H. Z., Vol. II, No. 18, page 580; ⁷Soper in J. A. M. A. of June 15th, 1907, page 2019; ⁸Lentz as above, page 383.

Infection by water and by milk.—¹Seige and Gundlach reported in H. R., XVII, No. 2, page 105; ²Matthes and Gundlach reported in H. R., XVII, page 105; ³Matthes and Neumann reported in H. R., XVII, No. 2, page 106; ⁴Bowman, Edwards and Wainwright reported in J. A. M. A., April 6th, 1907, page 1206; ⁵See B. M. J. of March 30th, 1907, page 774; ⁶Lentz in H. R., XVII, 1907, page 383; ⁷Kellermann reported in D. M. W., 1907, No. 17, page 693; ⁸see Venema reported in H. R., XVII, No. 2, page 96, Terburgh reported in H. R., XVII, page 108, Hilgermann reported in D. M. W., 1907, No. 7, page 282, Ditthorn and Gildemeister reported in D. M. W., 1907, No. 11, page 440, Wilson in B. M. J. of May 18th, 1907, page 1176, and articles summarized in

B. I. P. 1907, pages 42, 59, 60 and 61; ⁹Fraenkel in H. R., XVII, No. 8, page 470; ¹⁰Longley in J. I. D., Vol. 4, 1907, No. 3, page 397; Sawin in Supplement No. 3 to J. I. D., May 1907, page 33; Gage in J. I. D. Supplement No. 3, May 1907, page 20; Jackson, Weston and Tarbett, Sellards in J. I. D. Supplement No. 3, May 1907, pages 30, 39 and 41; ¹¹Shoemaker in J. A. M. A., May 25th, 1907, page 1748; ¹²Brummund in Z. H., 1907, page 425; ¹³Hewlett and Barton in J. H., 1907, No. 1, page 22; ¹⁴Harris in J. I. D. Supplement No. 3, May 1907, page 50; Russell and Hoffmann in the same, page 63.

Preventive Measures.—¹See S. C. I. for 1903, 1904 and 1905 and Lentz in H. R., XVII, 1907, page 383.

The Government of India have the honor to acknowledge the receipt of your letter of the 14th inst. in relation to the proposed extension of the term of office of the members of the Council of the Government of India. The Government are pleased to inform you that the Council has been extended for a further period of three years, commencing from the 1st day of January, 1902, and terminating on the 31st day of December, 1904. The members of the Council who are to continue in office for the first year of the extension are Mr. [Name], Mr. [Name], and Mr. [Name]. The members who are to continue in office for the second year are Mr. [Name], Mr. [Name], and Mr. [Name]. The members who are to continue in office for the third year are Mr. [Name], Mr. [Name], and Mr. [Name].

Yours faithfully,
 The Secretary to the Government of India

SECTION III.

NATIVE ARMY OF INDIA.

28. The average strength of the Native troops, including those on duty in India. Appendices A and B to Section III Tables XXVI and LIII. China, was 127,853 as compared with 123,434 in 1905, and their health, as judged by the statistics of sickness and mortality, was good, the constantly sick rate and the death rate being the lowest on record. The statement in the margin enables a comparison to be made at a glance between the rates of sickness, mortality,

Native troops.	All causes, Ratios per mille.		
	1900-04.	1905.	1906.
Admissions ...	719.0	607.1	683.5
Constantly sick ...	27.2	23.2	23.0
Deaths ...	10.57	8.09	6.57
Invalids ...	11.92	9.02	7.05

and invaliding for the year under review, for the previous year and for the quinquennial period from 1900-1904, and it will be seen that a striking feature of the statistics is the reduction in the rates of mortality and invaliding. As compared with 1905 the reduction in mortality and in invaliding is represented in actual numbers by the fact that there were 158 fewer deaths and 211 fewer invalidings during 1906 than during 1905. The increase in the rate of admission to hospital was due almost entirely to the greater prevalence of ague, the admission rate from which was 261.8 per mille as compared with 171.2 per mille in 1905; simple continued fever, dysentery, cholera and scurvy were the only other diseases the admission rates from which were higher than in the previous year. There was a considerable reduction in the mortality from pneumonia and other respiratory diseases and from "remittent fever", but a considerable increase in the mortality from cholera.

The chief causes of sickness during 1906 were intermittent fever, dysentery, simple continued fever, "other respiratory diseases," venereal diseases and anæmia and debility, in order of their relative prevalence, intermittent fever accounting for 38 per cent. and dysentery for nearly five and a half per cent. of the total number of admissions from all causes. In connection with the remarks upon simple continued fever which were made in Section II it is important to note that among Native troops the admission rate from this cause was nearly double that of the previous year and nearly four times as high as in 1904, and this disease now occupies the third place among the chief causes of sickness. The principal causes of death were pneumonia, tubercle of the lungs and cholera, these diseases accounting respectively for 23.7 per cent., 8.0 per cent., and 7.4 per cent., of the total number of deaths from all causes. The number of men invalided for discharge from the service during 1906 was 902 as compared with 1,113 in 1905, the chief causes of this source of loss being tubercle of the lungs, debility, rheumatism, venereal diseases, and intermittent fever.

If Table XXVI be compared with Table I it will be seen that the Native troops suffered less than the European troops from influenza, cholera, small-pox, enteric fever, intermittent fever, simple continued fever, diarrhœa, hepatic affections and venereal diseases, but that they suffered more from each of the other chief causes of sickness and also from scurvy.

29. As regards the relative healthiness of Native troops in the three Commands it may be noted that those located in the Eastern Commands and Divisions. Appendix A to Section III. Table XXVI. Command were the most healthy during 1906. The rate of admission to hospital and the constantly sick rate were highest in the Northern Command, due chiefly to the greater prevalence of malarial fevers; but the death rate was highest in the Western Command, where cholera was prevalent. As regards the ten Divisions the 2nd (Rawal Pindi) Division ranked as the least healthy during the year, the 5th (Mhow) Division coming next in the list and the 6th (Poona) Division third.

30. For the year 1906 groups IV (Bengal-Orissa), X (Western Coast) and VII (North-West Frontier) must be considered to have been most unhealthy for Native troops, and as regards groups IV and VII this is in accordance with general experience. Intermittent fever and influenza were most prevalent in group VII (North-West Frontier), enteric fever in group IX (Deccan), pneumonia in group XII (Hill Stations), dysentery and tubercle of the lungs in group X (Western Coast). The highest death rates were recorded during 1906 in groups X (Western Coast), where the mortality was due chiefly to pneumonia, circulatory diseases and dysentery and IV (Bengal-Orissa), where it was due chiefly to cholera and pneumonia. Geographical groups. Appendices B and C to Section III. Table XXVII.

In Appendix C to this section will be found the statistics for each of the years from 1902 to 1906 of some of the chief diseases among Native troops located (1) in the plains, (2) in hill stations which are between 3,000 and 5,000 feet in height, and (3) in hill stations which are between 5,000 and 8,000 feet in height. The statement shows that in 1906, as in previous years, the hill stations below 5,000 feet in height were least favourable to the health of the troops. The great majority of these stations are situated on the north-western and western frontiers of the Empire.

31. In 1906 there were 40 stations in which the average strength of Native troops was over 1,000, but in only three of these, namely, Dera Ismail Khan, Abbottabad, and Mhow were the admission and death rates very high. In Dera Ismail Khan the admission rate was 1795·4 per mille, and the death rate 5·80 per mille, the chief causes of the large amount of sickness being malaria, dysentery and "other respiratory diseases". In Abbottabad the admission rate was 1,218·7 and the death rate 7·67 per mille, respectively; of the 4,291 admissions to hospital recorded at this station 2,519 were due to intermittent and simple continued fevers and of the 27 deaths 12 were due to tubercle of the lungs and 7 to pneumonia. The admission and death rates at Mhow were 810·2 and 16·67 per mille, respectively, the high death rate being due chiefly to the mortality from plague. Among the regiments with a record of much sickness and mortality during the year were the 6th Jat Light Infantry at Jhansi, the 69th Punjabis at Dera Ismail Khan, the 125th Rifles at Bangalore and the 2-5th Gurkha Rifles at Abbottabad. In all these regiments ague, simple continued fever, and dysentery were the chief causes of sickness. Stations. Tables XXVIII to XXX. Regiments.

32. Influenza was less prevalent during 1906 among Native troops than among European troops or native prisoners, but the rate of admission to hospital rose from 1·5 per mille in 1905 to 5·2 per mille in 1906. The largest numbers of cases recorded among Native troops in the different stations were 134 at Peshawar, 103 at Karachi, 60 at Influenza. Appendices B and G to Section III. Tables XXVI to XXIX and XXXI.

Cawnpore and 49 at Dehra Dun. The disease was most prevalent at Peshawar during June, July and August, at Karachi during November and December, at Cawnpore during August and September, and at Dehra Dun during January, February and March.

33. There was a considerable increase in the prevalence of cholera among Native troops, 94 cases and 62 deaths being reported during 1906 as compared with 11 cases and 7 deaths in 1905 and 27 cases and 22 deaths in 1904. The disease was widely prevalent among the general population of the country and the success which attended the measures to prevent the disease from spreading among the troops is indicated by the fact that although a case or cases occurred in 32 regiments, only one case occurred in 13 regiments, only 2 in six regiments, only 3 in three regiments, and only 4 in five regiments, so that there are left only five regiments in which 5 or more cases occurred. These were the 61st Pioneers at Secunderabad (15 cases), the 122nd Rajputs at Indore (8 cases), the 96th Berar Infantry at Secunderabad (7 cases), the 26th Light Cavalry at Poona (5 cases), and the 78th Rifles at Ahmednagar (5 cases). The outbreak in the 61st Pioneers lasted from the 16th to the 27th of July. The majority of the cases occurred among the married sepoys and 15 women and 14 children were also attacked. It was thought that the outbreak was due to the contamination of one of the wells and it ceased after the closure of this well. The outbreak in the 122nd Infantry at Indore was attributed to the patients having drunk contaminated water on the march from Mhow at a village where several cases of cholera had occurred. The cases in the 78th Moplah Rifles at Ahmednagar were attributed to contaminated milk obtained from a native dairy adjacent to the lines. All the cases in the 26th Cavalry at Poona were imported.

34. There were 79 admissions to hospital and 4 deaths from small-pox during the year as compared with 77 admissions and 1 death in 1905. The rates per mille of strength in 1906 were '6 and '03, respectively, the former being higher, but the latter equal to the corresponding rates for the decennial period 1891-1900. The troops in the Western Command were chiefly affected, 48 of the cases being recorded in this Command. A case or cases occurred in no fewer than 45 regiments, but there was only 1 case in 27 and there were only 2 in nine and only 3 in six, the highest numbers which occurred in any regiment being 7 (in the 87th Punjabis), the next 5 (in the 12th Pioneers), and the next 4 (in the 94th Infantry). Some remarks upon the relative prevalence of the disease among European and Native troops have already been made in Section II.

35. Intermittent fever accounted for over 38 per cent. of the total number of admissions from all causes in 1906 and the admission rate which had been steadily falling since 1902 rose from 171 per mille in 1905 to 262 per mille. The admission rates recorded in all but two of the twelve geographical groups were higher than in 1905, the two exceptions being Burma Coast (I) and Bengal-Orissa (IV); and as regards the Commands the admission rates in all were considerably higher than in the previous year, the increase being greatest in the rate recorded in the Northern Command. The months of greatest prevalence of the disease were, as usual, October and November and fewest admissions were recorded during February and March. Among the stations at which the average strength was over 150 those from which the highest admission rates were returned were Dera Ismail Khan (1,196 per mille), Deesa (918 per

Cholera Appendices A and B. Tables XXVI to XXXIX and XXXII.

Small-pox Appendices A and B. Tables XXVI to XXIX.

Ague, remittent fever simple continued fever. Appendices A, B and C. Tables XXVI to XXIX and XXXIV to XXXVI.

mille), Delhi (830 per mille), Dthala (796 per mille), Jacobabad (753 per mille), Jhansi (711 per mille) and Baroda (638 per mille). In eight other stations the admission rate was over 500 per mille of strength. The admission rate recorded among the Native troops in Mauritius was 715 per mille and among those in Port Blair (Andaman Islands) it was 544 per mille. Dera Ismail Khan was garrisoned during the year by the 29th Mountain Battery, the 16th Cavalry, the 20th Infantry and the 26th and 69th Punjabis, the average annual strength of the Native troops being 2,415. The admission rate among the men of the 29th Mountain Battery was 2,048 per mille, among those of the 16th Cavalry it was 1,606 per mille, among those of the 69th Punjabis it was 1,001 per mille and among those of the 26th Punjabis it was 915 per mille. These very high rates were due in part to the fact that many patients had to be re-admitted to hospital four or five times on account of relapses and from the reports of the medical officers it would seem that the treatment of patients with quinine was not in all cases sufficiently thorough or sufficiently prolonged. Mosquito brigades were organized for each regiment and during the malarial season (which lasted from October to December) the houses occupied by the troops were twice fumigated with sulphur with the object of destroying mosquitoes. Quinine was issued as a prophylactic in all regiments, but the means taken to ensure that the measure was efficiently carried out are not stated in the reports. The 108th Pioneers and a detachment of the 119th Infantry were at Deesa throughout the year, the admission rate from ague in the former regiment being 923 per mille and in the latter 1,020 per mille. The disease was most prevalent during October, November and December. The medical officer of the 108th Pioneers attributed the epidemic to the steady and heavy rainfall of the year and to the fact that the lines are built on the banks of a broad river which overflows leaving many stagnant pools in which mosquitoes breed. Quinine was administered as a prophylactic twice a week during September and three times a week from the beginning of October to the end of the year, but the dose was only 5 grains. The 35th Sikhs and the 18th Lancers were at Delhi during the greater part of the year, the admission rate from ague in the former regiment being 1,174 per mille and in the latter 500 per mille. Quinine was used as a prophylactic (a dose of 10 grains being given twice a week) during August, September and October, and anti-mosquito operations were carried out, but the medical officer of the 35th Sikhs reports that on account of the proximity of the river and the numerous "tanks" and other breeding places in and around the lines such operations would have to be on an immense scale to produce an appreciable effect. Dthala is in the Aden Hinterland and the 81st Pioneers were stationed there throughout the year. The admission rate from ague in this regiment was 1,089 per mille. August, September and October were the malarious months, but there were also a large number of admissions (due to relapses) in November. Anopheles mosquitoes were found in great numbers. The two regiments stationed in Mauritius suffered less from malaria than in 1905, the admission rate from this cause in the 11th Rajputs falling from 2,205 per mille to 742 per mille and in the 75th Carnatic Infantry from 1,113 to 636. All the men were provided with mosquito nets and quinine was issued prophylactically. One sepoy in the 11th Rajputs suffered from blackwater fever. Quartan parasites were found in his blood at the beginning of the attack. At first he was treated with quinine, but as it appeared to be doing harm it was discontinued on the 12th day of the disease. The patient ultimately recovered. For further remarks on malaria in various stations the reader is referred to paragraph 8 of Section II and to the details regarding unhealthy stations given in tables V and XXX.

The number of admissions to hospital recorded as due to remittent fever in 1906 was 633 and the number of deaths was 43, the rates per mille of strength being 5 and '34, respectively, as compared with 8'4 and '56 in 1905. This recorded decrease during a year when malarial fevers were much more prevalent and severe than usual is in accordance with the inconsistency which always characterizes the statistics of remittent fever; it may be due to the fact that many medical officers now return under this heading only those cases in which there is some doubt as to the correct diagnosis. The disease from which one or more patients were suffering was returned as remittent fever in 86 stations during the year, but in 29 of these only 1 case was recorded and in 70 the total number did not exceed 10. The stations at which most cases were recorded were Nowshera (77), Maymyo (45), Kirkee (28) and Jhelum (25), and as in these stations the seasonal incidence agreed with that of intermittent fever it is probable that the medical officers returned as remittent fever all cases of malarial fever in which the temperature chart did not show regular intermissions. This is the reason given by the medical officer of the 45th Sikhs for the large number of cases at Nowshera and the practice is in accordance with the system adopted in the 3rd edition (1896) of the Nomenclature of Diseases. Further remarks upon remittent fever will be found in Sections II and IV.

The statement in the margin shows that among Native as well as among

Years.	Total admissions.	Admission rate per 1,000.
1902	631	5'1
1903	441	3'5
1904	829	6'7
1905	1,768	14'3
1906	3,783	29'6

European troops (see Section II) the number of cases recorded as due to simple continued fever has increased greatly during recent years and it may be assumed that the cause of the increase is similar as regards both classes of soldiers. The matter has been discussed in some detail in Section II and further remarks are unnecessary here, save to say that as the practice of returning as malarial fever only those cases

in which malaria parasites are found by microscopic examination of the blood is not so generally adopted by medical officers of Native as of European troops, the increase in the recorded prevalence of simple continued fever is not so great among the former as among the latter. In 1906 most cases were recorded among Native troops in the month of September and fewest in January and February, and the regiments from which the largest numbers of cases were returned were the 2-6th Gurkha Rifles (400 cases), the 1-6th Gurkha Rifles (261 cases), the 2-5th Gurkha Rifles (274 cases), all at Abbottabad and the 36th Sikhs (214 cases) at Rawalpindi. Thus 1,149 out of the total number of 3,783 admissions were recorded in two stations only and this fact may afford some reason for the conjecture that when more accurate methods for the diagnosis of malarial fevers among natives of India become generally applied it will be found that the number of cases of disease classified as "pyrexia of uncertain origin" will be greatly increased while the number of cases recorded as true malarial fever will diminish proportionately.

36. There were 10 cases diagnosed as kala azar during the year. They occurred in the following regiments and stations: 1 in the

Kala azar. Table LIII.
1-6th Gurkha Rifles at Abbottabad, 3 in the 1-2nd Gurkha Rifles, 3 in the 2-2nd Gurkha Rifles, 2 in the 1-9th Gurkha Rifles, and 1 in the 2-9th Gurkha Rifles, all at Dehra Dun. Six of the patients died.

An examination of the medical case sheets shows that the signs and symptoms were in all instances typical of the disease and in the majority the diagnosis was further confirmed by the discovery of the Leishman-Donovan parasites in the splenic blood. It is remarkable that cases should have been recorded only in these two stations and only in Gurkha sepoy, but it is probable that when medical officers become more familiar with the signs and symptoms of the disease the number of cases recorded among Native troops will increase considerably.

37. Among the whole Native army of India 127 cases of enteric fever with 34 deaths were recorded during 1906 as compared with 130 cases with 35 deaths during 1905, 70 cases with 16 deaths during 1904 and 80 cases with 27 deaths during 1903. The admission rate was 1.0 per mille in 1906 and the death rate .27 per mille as compared with rates of 1.1 per mille and .28 per mille in 1905. Thus the record shows, as usual, how slight is the prevalence of the disease among Native troops and this is apparent also from the facts that cases occurred in no fewer than 69 regiments and 40 stations and that in 41 regiments only 1 case occurred and in 12 only 2. The regiments in which most cases occurred were the 76th Punjabis at Secunderabad (9 cases), the 96th Berar Infantry at Secunderabad (8), the 87th Punjabis at Jhansi (7), and the 2-6th Gurkha Rifles at Abbottabad (7). Of the total number of cases 25 occurred among Gurkhas which gives a ratio of 1.8 per mille as compared with a ratio of .9 per mille for the incidence among sepoy of other classes.

In a number of instances the clinical signs and symptoms were typical of the disease and intestinal hæmorrhage and perforation occurred in several, but in many cases the type was mild and the diagnosis was arrived at only on the results of the agglutination test. This test was performed with the blood of 109 cases, a positive result in a dilution of 1 in 40 or 1 in 80 being obtained in 80 cases, or 73 per cent. The blood of one patient gave a positive re-action with the paratyphoid bacillus, but a negative with the typhoid bacillus; and in one case the typhoid bacillus was isolated from the peripheral blood. A *post-mortem* examination was carried out in one case only, and in this case although the clinical symptoms and signs were typical the agglutination re-action both with the typhoid bacillus and with the strain of the paratyphoid bacillus at the Pasteur Institute, Kasauli, was persistently negative. The lower part of the ileum was found to be intensely congested, but no ulcers corresponding to Peyer's patches were present. The reports of medical officers as well as the statistics bring out the fact that nothing in the nature of an epidemic occurred among Native troops during the year and even in the regiments in which from 6 to 9 cases were recorded the admissions to hospital occurred at wide intervals, as for example, in the 87th Punjabis, in which the admissions were recorded in June, July, November and December, the 2-6th Gurkha Rifles (January, June, July, November, December), the 96th Berar Infantry (August to November), and the 15th Sikhs (April, May, September and October). As in the majority of instances only 1 case occurred in a regiment during the year it is not surprising that the source of infection was not definitely traced in any case. The drinking of unboiled milk obtained in bazaars was mentioned as the most probable cause of infection by the medical officers of several regiments and contaminated canal or well water was suspected in other instances, but beyond these remarks little or no information with regard to etiology is to be obtained from the reports.

Enteric fever. Appendices A, B and D to Section III Tables XXVI to XXIX and XXXIII.

38. A considerable number of admissions to hospital on account of Malta fever were again recorded during 1906, namely, 38 with 1 death. In 1905 the number was 43, in 1904 five, in 1903 eight and in 1902 four. The disease shows no special seasonal incidence and in 1906, February was the only month in which no admission occurred. At Ferozepore there were 22 admissions to hospital, 14 from the 14th Sikhs and 8 from the 15th Sikhs; at Jhansi 4 admissions, all from the 12th Pioneers; at Lahore Cantonment (Mian Mir) 4 admissions, 3 from the 34th Sikhs and 1 from the 38th Dogras; at Jullundur 3 from the 29th Punjabis; at Ambala 1 from the 32nd Sikhs; at Delhi 1 from the 35th Sikhs; at Edwardesabad 1 from the 31st Punjabis; at Meerut 1 from the 31st Lancers; and at Agra 1 from the 17th Infantry. Thus five of the nine stations from which cases were reported are in the Punjab, two are in the United Provinces, one is in Central India and one is on the North-West Frontier, and it is noteworthy also that at least 32 of the patients were Sikhs. A full account of the disease among the men of the 15th Sikhs has been published by Major Wimberley, I.M.S.¹, and the clinical signs and symptoms in a number of the cases in this regiment as well as in the 14th Sikhs were typical; 100 days or more was a common duration of the fever, relapses were frequent, pain and effusion in the joints was present in most cases and the blood agglutinated the *Micrococcus melitensis* in dilutions as high as 1 in 1,280 and in one case as high as 1 in 5,120. No case occurred in the 15th Sikhs after August 1906, and Major Wimberley reports that this may have been due to the fact that all the goats from which milk was obtained were inspected and those which appeared in poor condition got rid of. He was formerly of opinion that the disease is widely prevalent throughout northern India, but he now considers that in any given locality only a few of the goats are infected and if this should prove to be the case it should not be difficult to stamp out the disease. In a number of cases in other regiments the clinical signs of the disease were by no means typical and the diagnosis was arrived at by excluding malarial fever, enteric fever, rheumatic fever and other diseases and especially by the results of the agglutination test. Common diagnoses on first admission to hospital were "ague," "simple continued fever," "remittent fever," "enteric fever" and "rheumatism," and it was only by a process of exclusion and by the results of the agglutination test that a correct diagnosis was at length made. Sciatica and neuralgic pains in the muscles and joints appear to be the symptoms most frequently complained of and in any case of this nature associated with fever the serum test should be carried out. In the great majority of cases of Malta fever the agglutination phenomenon occurs in high dilutions of the serum, so that the diagnosis is not in doubt, but in a few the test may fail. Major Wimberley reports such a case in the 15th Sikhs. The patient was admitted to hospital on the 18th December 1905 and on the 1st of January 1906 his blood serum gave a complete re-action with the *Micrococcus melitensis* in a dilution of 1 in 640. The attack lasted seven weeks and the test was carried out repeatedly until the 2nd of March, but after the 21st of January no re-action even in a dilution of 1 in 10 could be obtained. Bassett-Smith² also reports that in prolonged cases the agglutination re-action may be obtained only in very low dilutions and a fatal case is recorded in which for some months before death 1 in 10 was the highest dilution in which a complete re-action was obtained, although on the day before the patient died the *Micrococcus melitensis* was isolated from the blood³.

39. Despite the continued prevalence of plague among the civil population of India the disease has hitherto been prevented from appearing in epidemic form among the Native troops.

¹ Plague. Cerebro-spinal fever. Table LIII.

In 1906 there were 147 admissions to hospital and 83 deaths from this cause as compared with 79 admissions and 46 deaths in 1905, 187 admissions and 111 deaths in 1904 and 184 admissions and 115 deaths in 1903. Out of the total of 160 stations occupied by Native troops during 1906, about 104 were situated in districts where plague was prevalent among the general population yet in only 27 of these did cases occur among the troops. The largest number of admissions at any station was 30 at Poona, 10 of the cases occurring in the 33rd Light Cavalry, 7 in the 121st Pioneers, 5 in the 94th Infantry, 4 in the 78th Moplah Rifles and 2 each in His Excellency the Governor's Body Guard and the 114th Mahrattas. Other stations where the disease was prevalent among Native troops were Neemuch in which 22 cases occurred in the 3rd Skinner's Horse; Mhow in which 13 cases were distributed among men in the 102nd Grenadiers, 122nd Infantry and 101st Grenadiers; Kirkee in which 13 cases were distributed among men in the 107th Pioneers, the 3rd Sappers and Miners and the 110th Mahratta Light Infantry; and Kamptee where 11 cases occurred in the 80th Carnatic Infantry. In no other stations were more than 7 cases reported and in 10 stations and 14 regiments only 1 case occurred. The measures generally adopted during the year were similar to those described in this report for 1904. During 1906 only 3 cases of cerebro-spinal fever with two deaths were recorded among the Native army of India. All occurred in the 21st Punjabis at Jhelum. The disease was apparently contracted by the three patients at the same time, but the source of infection was not traced.

40. The total number of admissions to hospital on account of scurvy during Scurvy. Tables XXVI to XXIX. 1906 was 307, which gives a ratio of 2.4 per mille as compared with a ratio of 1.7 per mille in 1905. About 50 per cent. of the admissions in 1905 were recorded among troops in the Western Command and about 18 per cent. among troops in the Eastern; and as regards geographical groups over 29 per cent. of the admissions occurred among troops in group XII (Hill Stations), over 12 per cent. among troops in group IX (Deccan) and over 10 per cent. among troops in group VIII (Central India). The largest numbers of cases occurred in the 128th Pioneers (42 admissions to hospital and 1 death), the 106th Pioneers (37 admissions), the 2-10th Gurkha Rifles (13 admissions), the 116th Mahrattas (11 admissions and 1 death) and the 120th Infantry (10 admissions). As regards the disease in the 128th Pioneers most of the cases occurred in the detachment at Robat, where great difficulty is experienced in obtaining fresh vegetables. The 106th Pioneers were at Sibi for the first three months of the year and for the remainder at Quetta. The medical officer states that arrangements have been made for the provision of vegetables in the dietary. Stomatitis was prevalent in the regiment, due partly, in the medical officer's opinion, to the fact that the men were careless about the cleanliness of their teeth. In the 2-10th Gurkha Rifles many men besides those admitted to hospital were found to be suffering from soft ulcerated gums and measures were taken to improve the meat and vegetable dietary with good results. The 116th Mahrattas were stationed in Aden, where scurvy is usually prevalent.

41. Since 1903 there has been a steady fall each year in the admission rate on account of tubercle of the lungs among Native Tubercle of the lungs. Appendices A, C and E. Tables XXVI to XXIX. troops and in 1906 this rate was 2.5 per mille (which is the lowest since 1896) as compared with 3.1 per mille in 1905. Among Gurkhas the admission rate fell from 6.1 per mille in 1905 to 5.2 per

mille in 1906. There was, however, a slight rise in the death rate, from '50 to '52 per mille, and among Gurkhas a considerable rise, from 1'58 to 2'41. The highest admission rate for the year (9'0 per mille) was recorded in the Western Coast group (X), but the average strength in this geographical group is low; the next highest (3'6 per mille) was in the hill stations, group (XII) and the third (3'2) in the Upper Sub-Himalaya group (VI). The position of the second and third of these groups is due to the number of Gurkhas located in them for among regiments of this class the disease was, as usual, much more prevalent than among those of other classes, the admission and death rates for the Native army excluding Gurkhas being 2'3 per mille and '33 per mille, respectively, and for Gurkhas 5'2 per mille and 2'41 per mille. The average strength of Native troops of other classes than Gurkhas located during 1906 in the Gurkha stations was 2,203 and the admission and death rates from tubercle of the lungs among these men were respectively 3'6 and '25 per mille. Although the reason may be hard to find there can be no doubt that some classes of natives in India suffer more from tubercle of the lungs than others and the following table which gives the statistics of admissions to hospital from this disease among different races in the Native army located in India during the quinquennial period 1902 to 1906 is of interest in this connection. It is to be noted, of course, that in such a table it is not possible to take into account the important fact that the troops of the different classes shown in the table are located in different parts of India.

1902-1906.	Gurkhas.	Dogras.	Jats.	Mohamedans (Punjabi, Hindustani and Pathan).	Garhwals.	Sikhs.	Rajputs.	Brahmans.	Madrasis.
Aggregate strength.	63,680	10,301	9,666	20,510	7,544	29,917	25,982	7,524	37,893
Total number of admissions.	818	60	45	79	29	99	62	16	65
Admission rates per 1,000.	12'8	5'8	4'7	3'9	3'8	3'3	2'4	2'1	1'7

The largest number of admissions (18) in any regiment during 1906 occurred in the 41st Dogras who were stationed at Shan Hai Kwan and Tongshan in north China, the prevalence of the disease being attributed by the medical officer to the severity of the winter and to the unsatisfactory housing arrangements for the troops. It appears that the barracks are old Chinese houses or temples, some at least of which are in a bad state of repair, that the lighting and ventilation are not satisfactory and that over-crowding exists to some extent among the sepoy and to a large extent among the followers. The 47th Sikhs were also in north China (at Tientsin), but the barracks there are apparently satisfactory and only seven cases of tubercle occurred during the year. Among regiments located in India the largest numbers of admissions were recorded in the 30th Punjabis at Jhelum (13), and in the 2-5th, 7th and 2-10th Gurkha Rifles at Abbottabad and Lansdowne (8 each). As regards the prevalence of the disease in the 30th Punjabis it is said that nearly all the cases originated in north China, where the regiment was stationed during 1904 and the early part of 1905 and the medical officer considers that the barracks which the men occupied during this tour of duty were previously infected. No remarks worthy of note are made by the medical officers of the different Gurkha regiments in which the disease was prevalent.

There were 2 cases returned as non-tuberculous phthisis during the year as compared with 6 in 1905, 3 in 1904, 6 in 1903, and 23 in 1902.

42. The admission rate on account of pneumonia was 9·0 per mille and the death rate 1·56 per mille as compared with rates of 12·5 and 1·90 per mille, respectively, in 1905. The disease was considerably less prevalent than in the previous year in six of the geographical groups, the decrease being greatest in the North-West Frontier group (VII), where the admission rate fell from 20·5 in 1905 to 10·0 in 1906, in the Western Coast group (X) where it fell from 13·7 to 5·6, in the Bengal-Orissa group (IV) where it fell from 10·9 to 5·5, and in the Upper Sub-Himalaya group (VI), where it fell from 15·4 to 10·3. The months of greatest prevalence were as usual January, February, March, November and December. From Appendix C it will be seen that while pneumonia is always more prevalent and causes more mortality among troops located in the hill stations considered as a whole than among those located in the plains, this is due in chief measure to its prevalence and fatality in the hill stations which are less than 5,000 feet above sea-level. Among stations where the average strength was over 100 the highest admission rates were recorded at Sibi (53·6 per mille) and at Kherwara (40·2 per mille), and as regards regiments the highest rates were recorded in the 106th Pioneers at Quetta, the 1-6th Gurkha Rifles at Abbottabad, the 7th Rajputs at Malakand, the 2-5th Gurkha Rifles at Abbottabad and the 2nd Queen's Own Sappers and Miners at Bangalore.

Other respiratory diseases were most prevalent during the year in the Northern Command and in groups IV (Bengal-Orissa), XII (Hill Stations) and I (Burma Coast). For the whole Native army of India the admission and death rates on account of other respiratory diseases were 22·9 and ·13 per mille, respectively, as compared with 28·5 and ·23 per mille in 1905. Omitting stations where the average strength was less than 100 the highest admission rates were recorded at Ahmedabad (145·1 per mille), Aden (113·6), Abbottabad (85·5), Kohima (82·4), Sibi (76·6) and Thal (72·7). Among regiments the highest numbers of admissions during the year occurred in the 1-6th Gurkhas at Abbottabad, the 109th Infantry at Santa Cruz, the 116th Mahrattas at Aden, the 53rd Sikhs at Peshawar and the 55th Rifles at Nowshera. There were in all 16 deaths ascribed to these diseases, of which 8 were due to bronchitis, 3 to pleurisy, and 1 each to laryngitis, asthma, haemoptysis, broncho-pneumonia and empyema.

43. Dysentery was rather more prevalent and fatal among Native troops during 1906 than during 1905, the rate of admissions to hospital rising from 32·5 per mille to 37·1 per mille and the death rate from ·18 to ·20 per mille. The increase in the admission rate was due to a greater prevalence of the disease in eight of the geographical groups, but especially on account of its prevalence in the Western Coast group (X), where the admission rate was 101·0 per mille as compared with 20·7 per mille in 1905. The stations at which the disease caused the highest admission rates during the year were Bombay, Fort Jamrud and Sibi, and the highest death rates were recorded in Madras, Sibi and Bombay. Among regiments dysentery was most prevalent in the 6th Jat Light Infantry at Jhansi, the 128th Pioneers at Quetta, the 125th Rifles at Bangalore and the 113th Infantry at Bombay. The medical officer of the 6th Jat Infantry considered that the difficulty of obtaining good milk at a reasonable price was an important factor in bringing about the increased prevalence of the disease. The great majority of the cases in the 128th Pioneers

Pneumonia and other respiratory diseases. Appendices A, B, C and H to Section III. Tables XXVI to XXIX and XXXVII.

Dysentery and Diarrhoea. Appendices A, B and C. Tables XXVI to XXIX and XXXVIII.

occurred among men of the detachment at Robat where, it was said, the water is brackish.

There were in all 926 admissions to hospital and 10 deaths from diarrhœa during 1906 as compared with 929 admissions and 7 deaths during 1905. The case-mortality was, as usual, considerably higher than that of dysentery, and it is probable that in some cases the diagnosis is at fault. The regiments in which the largest numbers of cases occurred were the 2nd Rajputs in which there were 80 admissions to hospital recorded under this heading, the 113th Infantry in which there were 56, the 3rd Brahmans in which there were 31 and the 9th Bhopal Infantry in which there were 30. The 2nd Rajputs were stationed at Secunderabad during the year, and diarrhœa was most prevalent during July and August. The medical officer attributes the disease to the bad quality of the milk; he states that the milkmen are extremely dirty and that their cows grazed more often than not over the filth trenches, where the grass grows rankest. As regards the 113th Infantry the majority of cases of dysentery and diarrhœa occurred in the detachments at Santa Cruz, where it was probable the *atta* was not of good quality. Errors in diet and faulty cooking of food are referred to by the medical officers of other regiments as the probable cause of the prevalence of diarrhœa.

44. As judged by the statistics of the year, venereal diseases were over seven times more prevalent among the European troops than among the troops of the Native army, the admission rate per mille of strength being only 16·2 among the latter, as compared with an admission rate of 117·3 among the former. When the total figures are referred to (Tables IV and XXIX), it is seen that while among European troops an annual average strength of 70,272 gave 8,242 admissions from venereal diseases, in the case of Native troops an annual average strength of 127,853 gave only 2,067 admissions. The rates of admission to hospital and of invaliding from these diseases among the Native troops of the whole Indian Command have decreased steadily during recent years though not nearly to the same extent as in the case of the rates among European troops. The number of deaths from this cause among Native troops varies little from year to year; in 1906 there were 8 deaths and 55 invalidings as compared with 7 deaths and 79 invalidings in 1905, 6 deaths and 107 invalidings in 1904 and 9 deaths and 107 invalidings in 1903. The diseases are always less prevalent among both European and Native troops located in the Northern than among those in other Commands, but in 1906 the admission rate among the Native troops in the Northern Command was 7 per mille less than in 1905 and among those in the Western Command it was 1 per mille less while among those in the Eastern Command it was 3 per mille greater than in that year. Gurkhas invariably suffer more than other classes of native troops and during 1906 this liability was evidenced by the fact that the admission rate among Gurkhas was 30·6 per mille while among the remainder of the troops it was 14·5 per mille. Excluding stations at which the average strength was less than 100 the highest admission rates on account of venereal diseases among Native troops in the Northern Command were recorded at Bakloh, Rawalpindi, and Ambala; the highest among troops in the Western Command at Satara, Bhuj, and Ahmednagar; the highest among troops in the Eastern Command at Almora, Kohima, and Shillong; the

highest in the Secunderabad Division at Bellary and Madras ; and the highest in the Burma Division at Maymyo and Fort Dufferin. Seven of these stations appeared in the corresponding list for 1905. Among all the Native troops in India the admission rate for syphilis was 5·3 per mille, for soft chancre it was 4·6 per mille, and for gonorrhœa it was 6·2 per mille as compared, respectively, with the figures 7·7 per mille, 4·6 per mille and 7·4 per mille in 1905.

45. There were in all 41 admissions to hospital and three deaths from beri-beri during 1906, but 38 of the cases occurred in one regiment (the 81st Pioneers) stationed in the

Beri Beri. Table LIII.

Aden Hinterland. Two of the remaining cases occurred in the 99th Deccan Infantry at Bolarum and one in the 63rd Palamcottah Light Infantry at Fort William. The cases which occurred in the Aden Hinterland were said to be of the dry variety, but the report of the medical officer does not contain anything which throws light on the etiology of the disease. The patients were isolated, the site of the camp was changed, and a diet containing a larger amount of proteid was issued to the troops.

46. In 1906 there was again a decrease in the number of patients admitted

Guinea worm. Tables XXIX and LIII.

to hospital for guinea worm, the total being 500 against 609 in 1905 and 730 in 1904. As usual the largest number of cases occurred in group VIII (Central India), groups IX (Deccan) and VII (Indus Valley) coming next in order of prevalence of the disease. As regards stations the largest number of cases were recorded as usual at Kherwara where the Mewar Bhil Corps is stationed, the number of cases in this regiment during the year amounting to 52 or a ratio of 84 per mille of strength. The average length of stay in hospital of patients was 32 days. The medical officer of the regiment states that 43 per cent. of the sepoy recruited in the Kherwara district suffer from guinea worm.

47. During the ten years 1896—1905 there were altogether 146 cases of suicide, an average of nearly 15 per annum. There were

Suicide. Table LIII.

only 7 in 1906, of which three were by drowning, one by gunshot, one by hanging, one by opium poisoning and one by decapitation by a train.

PAPERS AND BOOKS REFERRED TO IN SECTION III.

For explanation of abbreviations see end of Section II.

Malta fever. ¹ Wimberley in I. M. G., April 1907, page 123; ² Bassett-Smith in J. H., Vol. VII, 1907, No. 1, page 115; ³ Malta fever Commission's reports to the Royal Society, part IV, page 104.

SECTION IV.

JAILS OF INDIA.

43. The health of prisoners depends upon the hygienic state of the prisons, *i.e.*, the sites, buildings, water-supplies, etc., the efficiency of the management, and

India.

the quality of the health of newly admitted prisoners. Efficient management can make up for many deficiencies—skill and experience can turn imperfect buildings to the best account, remedy defects in water-supplies, and the like; and attention to suitable precautions will lessen the danger of the introduction of disease from without. The quality of the health of newly admitted prisoners depends ultimately on climatic conditions which must always influence the prison statistics, but the better the hygienic state of the prisons and the more efficient the management the smaller the effect of this influence will be.

The statistics of the years 1904, 1905 and 1906 show how small was the influence of climatic conditions on the health of the prisoners in these years, and furnish materials by which the growing efficiency of jail management in India may be judged. The year 1904 was, excepting for the prevalence of plague which does not affect the prison statistics, generally healthy, and the proportion of prisoners requiring treatment in hospital, the proportion constantly in hospital and the death rate (17·61 per 1,000) were lower than they had ever been. The following year, although marked by a great decline in the prevalence of plague, was not, except in Bombay and the Punjab, a healthy one, but the proportion of prisoners treated in hospital was even lower than in 1904, the proportion constantly sick was the same and the death rate rose by only 1·62 per 1,000. The year 1906 was very unhealthy; in every province except Bengal and Eastern Bengal and Assam the general health was bad, and the death rates, leaving plague out of account, were considerably higher than in 1905. Cholera was severe throughout southern India, and all over northern India the autumn was exceptionally malarious. In spite of these adverse conditions, the health of the prisoners was good, and although there was a considerable increase of sickness the duration of illness was generally short, and the death rate was only 19·27 per 1,000, or 1·66 higher than the lowest rate ever recorded.

The mean daily prison population in 1906 in India, including the Andamans was 110,082, or 3,817 more than in the previous year, every administration except the Central Provinces and the North-West Frontier Province contributing to the increase.

In the Andamans the number of convicts was increased by 340 to 14,688. The statistics relating to these convicts will be considered separately, because the conditions in which they live have little in common with prison life in India; but it is satisfactory to note that, although the rate of admission to hospital and the proportion constantly sick have risen, the death rate has fallen from 38·96 per thousand in 1905, and a mean of 37·38 in the five years ending with 1905, to 27·30, the lowest death rate since 1898.

The average daily number of prisoners of all classes in the jails of India and Burma during the year was 95,394, an increase of 3,477 on the average of 1905, but 85 less than the five years' mean. The rate of admission to hospital was 658 per thousand, compared with 647 in the previous year; in Eastern Bengal and Assam, the Central Provinces, Madras and Burma the admission rates were lower than in 1905, but throughout northern India and in Bombay they rose considerably. The mean constantly sick rate was 27 per thousand compared with 28 in 1905; in the United Provinces and in the Punjab the constantly sick rates were the same in 1906 as in the previous year, and only in Bombay and the North-West Frontier Province were these rates higher in 1906 than in 1905.

The death rates were lower than in 1905 in all provinces except Madras, Bombay and the North-West Frontier Province; unfortunately the rise in these provinces—5·90 per thousand in the case of Madras, 3·24 in Bombay, and 5·59 in the North-West Frontier Province, more than counterbalances the fall in the others, and the mean death rate of 1906 was very slightly higher than the mean of the previous year—19·27 per thousand against 19·23.

The average daily number of convicted prisoners in confinement was 89,521, among whom the mean death rate was 18·95 per thousand against 19·23 in 1905, the rates ranging in the several administrations from 28·37 in Eastern Bengal and Assam to 13·06 in the Central Provinces. In five administrations the rates were under 20 per thousand, and in only one was the rate over 25.

The following statement shows the admission and death rates of convicts in central and district jails in the different provinces in each of the last five years.

Administration.	1902.		1903.		1904.		1905.		1906.						
	Average strength.	RATIO PER 1,000 OF STRENGTH.		Average strength.	RATIO PER 1,000 OF STRENGTH.		Average strength.	RATIO PER 1,000 OF STRENGTH.		Average strength.	RATIO PER 1,000 OF STRENGTH.				
		Ad.	D.		Ad.	D.		Ad.	D.		Ad.	D.	Ad.	D.	
Bengal as a whole															
Bengal excluding in 1905 and 1906 the jails transferred to Eastern Bengal															
Central ...	10,368	1,054·1	22·57	9,316	1,015·8	17·50	9,519	803·7	18·91	7,631	1,041·0	25·55	7,658	1,152·4	23
District ...	9,268	1,084·6	29·56	8,160	1,162·7	30·76	8,483	1,154·1	21·81	5,885	931·5	23·96	6,305	943·5	23
Assam															
Assam including in 1905 and 1906 the jails of the new Province of E. B. & Assam.															
Central ...	...	...	...	...	...	...	...	...	...	1,886	608·2	24·92	1,901	630·2	22
District ...	1,362	890·5	30·10	1,296	809·3	29·32	1,430	650·6	23·68	4,322	1,248·4	35·06	4,832	997·1	30
United Provinces.															
Central ...	11,475	653·5	23·4	9,387	642·8	12·9	9,313	502·7	12·78	6,389	489·8	15·76	9,034	482·4	14
District ...	14,563	793·5	18·40	11,958	947·9	17·39	12,777	687·6	15·34	12,292	620·0	18·22	12,969	679·8	16
Punjab															
Central ...	5,749	124·5	20·44	4,858	85·0	18·94	4,822	915·2	25·09	4,570	714·9	17·94	4,751	625·8	15
District ...	6,179	1,100·3	25·25	6,341	1,036·3	19·71	5,930	961·2	15·85	5,061	740·3	16·10	6,017	868·2	17
North-West Frontier Province.															
Central ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
District ...	893	110·3	28·00	971	121·3	16·48	1,055	118·2	16·11	1,077	1,053·9	21·36	1,091	1,631·5	24
Central Provinces.															
Central ...	3,465	957·3	25·09	2,676	772·1	16·82	2,468	499·9	10·13	2,118	574·0	14·06	2,272	520·2	12
District ...	1,418	926·0	25·39	1,113	1,002·3	22·45	1,035	847·9	18·43	864	862·3	16·20	784	866·1	15
Madras															
Central ...	7,042	469·1	18·32	5,775	447·6	18·35	6,129	439·9	15·01	6,695	506·6	15·98	7,464	462·8	21
District ...	3,660	351·9	17·76	3,124	578·7	20·49	3,143	591·8	18·45	3,435	354·1	16·01	2,940	450·2	19
Bombay															
Central ...	3,846	707·0	31·80	3,026	347·3	19·17	3,039	556·8	17·11	3,092	654·6	12·94	3,146	894·2	12
District ...	6,207	721·4	26·58	4,889	654·8	31·70	4,868	639·1	20·95	4,836	583·3	20·26	4,851	564·0	24
Burma															
Central ...	6,823	510·6	13·34	6,091	460·3	14·05	6,062	381·1	21·69	7,491	278·9	17·62	7,797	246·6	13
District ...	4,253	573·0	18·58	3,081	501·6	22·61	4,151	300·5	14·21	4,460	367·7	17·04	4,809	308·2	14
Total of the above Provinces.															
Central ...	48,768	791·9	22·25	41,729	680·8	16·30	42,252	591·5	17·51	43,172	598·8	18·18	44,923	604·6	17
District ...	47,803	819·3	23·20	41,833	848·1	23·24	42,922	791·3	17·99	43,203	723·2	20·39	44,868	736·3	20

As usual the numbers of convicts in central and district jails throughout India were nearly equal; but the central jail populations were larger than the

district jail populations in Bengal, the Central Provinces, Madras and Burma; and as usual there were more prisoners in the district than in the central jails in Eastern Bengal and Assam, the United Provinces and the Punjab. As is generally the case the mean rate of admission to hospital was lower in central than in district jails, 604.6 against 736.3, but this relation of the death rates is fairly constant only in the United Provinces and Burma. As is always the case the mean death rate in central jails, 17.59, was lower than the mean in district jails, 20.16; but here again the provincial figures show that, although this relation is the common one in the different provinces, it is not invariable.

In 1906 the death rate of convicts in central jails was lower than in any year except in 1903 and 1904, and the death rate among convicts in district jails was lower than in any year except 1904.

49. The following table shows the death rate among convicts in central and district jails according to duration of confinement.

Years.		Not exceeding six months.	Above six months and not exceeding one year.	Above one year and not exceeding two years.	Above two years and not exceeding three years.	Above three years and not exceeding seven years.	Above seven years.	Total.
1902.	Central jails.	Strength ... 12,789	8,961	8,941	6,941	7,332	3,565	48,529
		Deaths ... 280	188	206	122	220	69	1,085
		Ratio per 1,000 of strength. 21.9	21.0	23.0	17.6	30.0	19.4	22.4
1902.	District jails.	Strength ... 25,610	10,697	6,623	2,584	1,883	361	47,758
		Deaths ... 588	278	148	49	38	8	1,109
		Ratio per 1,000 of strength. 23.0	26.0	22.3	19.0	20.2	22.2	23.2
1903.	Central jails.	Strength ... 11,122	7,463	7,970	5,715	6,862	2,486	41,618
		Deaths ... 181	112	137	91	122	37	680
		Ratio per 1,000 of strength. 16.3	15.0	17.2	15.9	17.8	14.9	16.3
1903.	District jails.	Strength ... 23,242	9,612	5,314	2,279	1,650	209	42,306
		Deaths ... 587	205	108	28	37	7	972
		Ratio per 1,000 of strength. 25.3	21.3	20.3	12.3	22.4	33.5	22.9
1904.	Central jails.	Strength ... 11,446	7,605	8,328	5,642	6,749	2,475	42,245
		Deaths ... 196	132	151	70	140	51	740
		Ratio per 1,000 of strength. 17.1	17.4	18.1	12.4	20.7	20.6	17.5
1904.	District jails.	Strength ... 23,849	9,567	5,348	2,192	1,872	213	43,041
		Deaths ... 464	157	90	35	24	2	772
		Ratio per 1,000 of strength. 19.5	16.4	16.8	16.0	12.8	9.4	17.9
1905.	Central jails.	Strength ... 12,322	7,963	8,606	5,733	5,936	2,925	43,483
		Deaths ... 203	143	141	76	174	48	785
		Ratio per 1,000 of strength. 16.47	17.96	16.38	13.26	29.31	16.41	18.05
1905.	District jails.	Strength ... 23,285	9,771	5,741	2,315	2,063	236	43,413
		Deaths ... 477	195	125	29	42	8	876
		Ratio per 1,000 of strength. 20.49	19.96	21.77	12.53	20.36	33.90	20.18
1906.	Central jails.	Strength ... 13,611	8,288	8,297	5,820	5,898	3,107	45,021
		Deaths ... 207	146	141	107	146	43	790
		Ratio per 1,000 of strength. 15.21	17.62	16.99	18.38	24.75	13.84	17.55
1906.	District jails.	Strength ... 23,121	10,459	5,963	2,491	2,012	319	44,365
		Deaths ... 535	195	97	33	35	4	899
		Ratio per 1,000 of strength. 23.14	18.64	16.27	13.25	17.40	12.54	20.26

As in past years the highest mortality in central jails occurred among convicts who have been from 3 to 7 years in confinement, tubercle of the lungs

being especially frequent among them. The highest mortality in district jails generally occurs among the newly admitted prisoners, and in an unhealthy year, such as 1906 was, the death rate among these prisoners is relatively higher than usual.

50. The diseases which caused the highest admission rates were intermittent fever (admission rate 207·2 per thousand),
Causes of sickness and mortality. dysentery (78·9), abscesses, ulcers and boils (68·9), diarrhœa (39·1), respiratory diseases other than pneumonia (25·2); and the most common causes of death were dysentery (death rate 3·25 per thousand), tubercle of the lungs (3·21), pneumonia (2·55) and cholera (1·10).

51. In 1906 the death rates attributed to fever among the general population were higher than in the previous year in
Intermittent fever. every province except Madras, Bengal and Eastern Bengal and Assam, and throughout northern India the autumn months were exceptionally malarious. These circumstances enable us to judge of the value of the anti-malarial measures in force in the jails. The results obtained are at once encouraging and disappointing; encouraging because they show what can be done, disappointing because they show that some jail medical officers either do not believe in the possibility of preventing malarial fever among prisoners or are half-hearted in carrying out the necessary measures.

The number of prisoners admitted to hospital on account of intermittent fever was 19,765, or 3,061 more than in 1905, and the admission rate was 207·2 per thousand, compared with 181·7 in that year. It is important to note that although the admission rate was higher than in the previous year, it was lower than it had ever been previously, and the deaths in 1906 numbered only 72 against 84 in 1905, and the death rate ·75 per thousand was, with the exception of the rate of ·66 in 1904, the lowest on record. Until June intermittent fever was much less prevalent than usual, but the numbers of cases rose rapidly in the third quarter of the year, reached the maximum in October and continued high until the end of the year. By far the highest admission rate was 809·2 per thousand in the North-West Frontier Province, where the prisoners suffered nearly three times as much from this disease as in the Punjab (201·8); in Madras and Burma the admission rates were only 60·2 and 49·7, respectively; elsewhere the rates ranged from 330·7 in Bengal to 139·3 in Bombay. In Eastern Bengal and Assam (death rate 2·77 per thousand), the North-West Frontier Province (1·54), the United Provinces (·88) and Bengal (·81) the death rates are higher than the mean, elsewhere they varied between ·50 in Bombay and ·19 in Madras. In parts of India in which kala azar is prevalent, cases of that disease are not infrequently diagnosed as intermittent fever; and the *post-mortem* records suggest that this mistake was made in 6 of the 25 fatal cases ascribed to intermittent fever during 1906. The necessity for care in diagnosis is obvious, and although the difficulty is often very great, the fact that fatal cases shown by the appearances after death to have been due to tuberculosis, pneumonia, pleurisy, pericarditis, meningitis, dysentery, chronic Bright's disease, cirrhosis of the liver and kala azar, were diagnosed as ague, shows that due care is not always observed.

52. There was a considerable increase in the number of cases of remittent fever admitted into hospital, the total rising from
Remittent fever. 109 in 1905 to 140, and the admission rate from 1·2 per thousand to 1·5. The monthly incidence of remittent fever varies from

year to year and bears little relation to that of intermittent fever. In 1906 the highest admission rates were 2.9 in Bombay, 2.7 in Bengal and in the Central Provinces, 2.5 in Eastern Bengal and Assam, and 2.1 in Madras. In two of these provinces, Madras and Bombay, there is comparatively little intermittent fever, and in the North-West Frontier Province, where intermittent fever was most prevalent there was not a single case of remittent fever. The *post-mortem* records show that besides cases of malarial poisoning, and cases of kala azar, tuberculosis, pneumonia, etc., in which the diagnosis is evidently at fault, there is a residuum of cases which appear to be due to a fever that has not yet been differentiated in India.

Quinine prophylaxis and anti-mosquito measures are in force in every administration, but it is evident that the thoroughness of their application and, consequently, the degree of success attained, varies greatly, not only in the several provinces, but in the different jails in each province.

Inspectors-General give very little information concerning the arrangements in force in their administrations, indeed in only one report is it stated what dose of quinine is given. In the Punjab 15 grains of quinine are given to each prisoner every six days, but the dates between which the issue of quinine is made are not stated; Lt.-Colonel Braide, whose experience has made him an enthusiastic advocate of quinine prophylaxis, ascribes all failure to faulty arrangements.

If the importance of reducing the number of cases of malarial fever in jails and the possibility of effecting this by anti-malarial measures are admitted, it follows that these measures should be adopted in all malarious localities, and it should be recognized that the prophylaxis of malaria is as much a part of efficient jail management as the suitable dieting of the prisoners. It has been shown over and over again that the success of anti-malarial measures, and particularly of prophylaxis by the regular administration of quinine, depends entirely upon attention to detail and the personal supervision by the medical officers under whose immediate orders the measures are carried out, and it seems therefore that it should no longer be left to the discretion of medical officers to determine whether measures are or are not to be adopted in particular jails, but that the Inspector-General should lay down for each jail in his administration exactly what measures are to be carried out, the dates between which these measures are to remain in force and the precautions to be observed to guard against failure. Effective procedures to destroy mosquitoes must vary with the surroundings of the jail; and, as all localities are not equally malarious, the dose of quinine and the intervals of time between doses should be regulated to meet the requirements of each case, the rule being to give the smallest dose of quinine that will be effective, while the importance of reducing the unpleasant effects of quinine by the selection of the most suitable salt and by skilful compounding should not be overlooked. Above all things the procedure of dosing the prisoners should be so carefully detailed and supervised that no prisoner whom it is intended to subject to prophylactic treatment should by any possibility escape taking his dose.

53. There were 7,525 admissions to hospital and 310 deaths ascribed to dysentery during 1906, compared with 7,496 admissions and 277 deaths in the previous year. The jail population of 1906 was, as we have seen, considerably larger than in 1905, and the admission rate fell from 81.6 per thousand to 78.9. There was a notable increase in the frequency of dysentery cases in Madras, Bombay, the Punjab and the North-West Frontier Province, but this was more than balanced by the decline in the numbers of cases in Eastern Bengal and Assam and Burma. The death rate was 3.25, or .24 per thousand higher than in 1905; the rise was common to

all provinces except Burma, where the rate fell from 2·60 to 1·50 per thousand, and Bengal where it fell from 6·56 to 5·72, the most important rise being from the singularly low rate of ·52 recorded in the Punjab in 1905 to an average provincial rate of 2·64 per thousand.

In India generally, as in previous years, the disease was most prevalent in August and least prevalent in February : this is the distribution of the incidence of dysentery in most provinces year after year with the following exceptions, in Bombay the lightest incidence is generally in March ; in Madras in April ; and in the Central Provinces in May ; the heaviest incidence occurs in Burma in July, in Eastern Bengal and Assam in August ; in Bombay in July or August ; in the United Provinces in August or September ; in the Punjab and Madras irregularly, in the former generally, and in the latter always, dysentery cases are most frequent in one of the last four months of the year.

54. The number of cases of diarrhoea admitted to hospital was 3,734, of which
Diarrhoea. 70 terminated fatally, the admission and death rates being, respectively, 39·1 and ·73 per thousand, compared with 39·2 and ·74 in 1905. The highest admission rates were 84·9 in Bengal and 73·5 in Eastern Bengal and Assam, and the lowest 3·3 in Madras ; while the highest death rate was 1·36 per thousand in the Punjab, and the lowest ·10 in Madras. The mean case-mortality in all the jails was 1·9 per cent., but in the different administrations this percentage varied greatly, from 4·5 in Burma and 3·5 in the United Provinces, to ·88 in the Central Provinces and ·79 in Eastern Bengal and Assam.

55. The number of admissions to hospital on account of these diseases fell
Respiratory diseases. from 2,428 in 1905 to 2,400, and the number of deaths from 85 to 68. The admission and death rates fell from 26·4 and ·92 per thousand to 25·2 and ·71, the reduction in the former being mainly due to the great decrease in the frequency of these diseases in the Punjab, and in the latter to the lessened death rate in Bengal, the Punjab and the Central Provinces. In the North-West Frontier Province the admission rate rose from 12·2 per thousand in 1905 to 35·4, and the death rate from ·76 to 1·54. Of the 68 deaths, 25 were due to bronchitis, 11 to gangrene of the lungs, 10 to broncho-pneumonia, 7 to pleurisy, 5 to spasmodic asthma and 3 to empyema.

56. There was a considerable increase in the number of cases of pneumonia, the
Pneumonia. total rising to 963, as compared with 896 in 1905, and 963 in 1904. The admission rate in 1906 was 10·1 per thousand compared with 9·7 in the previous year and the death rate 2·55 compared with 2·28. The frequency and fatality of the disease in the different provinces as usual varied greatly, the highest admission rates being 23·8 per thousand in the North-West Frontier Province and 15·4 per thousand in Bombay, where the Sind jails were responsible for the high rate, and the lowest 7·4 per thousand in Madras and 4·2 in Burma ; while the death rates ranged from 3·85 per thousand in the North-West Frontier Province and 3·66 in Bombay, to 1·63 in Madras and 1·20 in Burma and the Central Provinces. The mean case-mortality was 25·23 per cent., the percentages ranging in the several provinces from 35·48 in Eastern Bengal and Assam to 16·13 in the North-West Frontier Province.

57. There were 844 admissions to hospital and 306 deaths from tubercle of the
Tubercle of the lungs. lungs, compared with 803 admissions and 293 deaths in 1905. The admission rate, which in 1904 had been 8·4 and in 1905, 8·7, per thousand rose to 8·8, and the death rate,

3·21, was fractionally higher than in any of these years. As compared with 1905, the disease was less frequent in the jails of Eastern Bengal and Assam, the Punjab, the Central Provinces, Bombay and Madras, but it was more fatal in Burma, Bengal, the United Provinces and Madras. The highest admission rate was as usual recorded in Bengal, 15·1 per thousand; the next highest being 9·7 in Madras and 9·5 in Eastern Bengal and Assam, and the lowest 3·9 in the Central Provinces. The highest death rates were 4·31 in Bengal and 4·19 in Burma, and the lowest 1·80 in the Central Provinces and ·77 in the North-West Frontier Province.

An examination of the statistics of the last ten years, due allowance being made for changes in nomenclature and modification in practice, shows that while the limits of the fluctuations in the admission and death rates are fairly characteristic in each province, these fluctuations are considerable from year to year, and the rates show no constant tendency to decline. This is disappointing because it might have been expected that the removal of predisposing causes by improved sanitation—free ventilation, better food, more suitable clothing and the reduction in the numbers of malarial attacks—and the preventive measures which have been generally adopted, would have reduced the numbers of cases and the fatality of the disease. On the other hand, there is no sign that tubercle of the lungs is becoming more frequent, and, indeed, there is reason to think that a real reduction in the frequency of the disease is disguised by the results of earlier and more accurate diagnosis. The mean case-mortality has steadily fallen from 43 per cent. in 1900 to 36 per cent. in 1905 and in 1906, and the stay in hospital of fatal cases is becoming longer—although in the different provinces the length of time between the diagnosis of the disease and death varies greatly. It is mainly to the result of early diagnosis that we must look for improvement in the future. It is obvious that the earlier a case is recognized the more hopeful is treatment and the less the danger of infection from it; but the number of instances in which the *post-mortem* records show that the presence of tubercle was not detected until after the death of the sufferer shows that even more care than is at present taken is necessary.

58. The number of cases of anæmia and debility admitted into hospital in 1906 was 1,193 and there were 52 deaths, compared with 1,014 cases and 50 deaths in the previous year. The mean admission rate which in 1905 was 11·0 per thousand, rose in 1906 to 12·5; but in the different provinces the rates varied enormously from 39·3 in Eastern Bengal and Assam and 25·4 in the North-West Frontier Province, to 5·0 in Madras and 2·5 in Burma. The mean death rate rose from ·54 per thousand in 1905 to ·55, the highest and lowest rates being 1·54 and ·07 in the North-West Frontier Province and Burma, respectively; elsewhere they ranged from ·88 in Bombay to ·24 in the United Provinces. Anæmia and debility is, it must be admitted, a convenient heading for medical subordinates, and in provinces where a large proportion of the prisoners are confined in small district jails it is difficult to avoid its use, but resort to it should be discouraged as much as possible, not only because it leads to slovenly practice and ineffectual treatment, but because the use as a definition of a term which describes symptoms common to many diseases must lead to difficulty in the future in ascertaining the effects of hygienic improvement in reducing the prevalence of these diseases. We know, for instance, that the increase in the frequency of tubercle of the lungs in the jail statistics in the years immediately preceding 1900 was largely due to cases of anæmia and debility

being correctly diagnosed as tubercle, but owing to the loose way in which the term "anæmia and debility" had been used to describe other diseases, it was not possible to be sure that there had not been a real increase in the number of cases of tubercle in the prisons. Of the 52 deaths ascribed in 1906 to anæmia and debility, 21 were considered by the medical officers to be due to old age. In 36 cases *post-mortem* examinations were made which show that in 6 instances death was probably due to dysentery, in 3 to tubercle of the lungs, in 2 to disease of the kidneys; in the remaining 25 cases such details of the examination as are given throw little light on the cause of death.

59. There were 82 admissions and 9 deaths from small-pox, against 31 admissions and 4 deaths in 1905. Twenty-six of the cases occurred in the United Provinces, 15 in Bengal, 13 in Madras and 11 in Burma. The mean death rate from small-pox was '09 per thousand.

60. The number of plague cases fell from 66 in 1905 to 19, and the deaths from 46 to 8. Seven cases occurred in three jails in Bengal, 6 cases in three jails in the Punjab, 3 cases in two jails in Bombay, 2 cases in one jail in Burma and 1 case in the United Provinces.

61. There were 12 cases, all fatal, diagnosed as cerebro-spinal fever, an increase of 2 on the total of 1905, but the facts ascertained at the careful *post-mortem* examinations, which were performed in every instance, did not always support the diagnosis, and it is possible that the cause of death in two cases was a tumour pressing on the brain, in two others pyæmia and in one other pneumonia. In two cases the diagnosis was confirmed by bacteriological examination.

62. The number of cases diagnosed as enteric fever is increasing every year. In 1904 there were 55 cases and 14 deaths, in the following year 64 cases and 15 deaths, and in 1906 the number of cases rose to 102 and the number of deaths to 18. In Madras 61 cases and 7 deaths occurred, and in Eastern Bengal and Assam 20 cases and 5 deaths. No information is available regarding the signs and symptoms presented by the cases that recovered, but in the fatal cases these were typical, in 7 of them perforation occurred, and in all of them extensive ulceration of Peyer's patches was found.

63. There were 186 admissions and 105 deaths from cholera, compared with 73 admissions and 40 deaths in 1905. The mean death rate was 1'10 per thousand, and rates in excess of the mean were recorded in Madras (4'32), Bombay (2'27), and Eastern Bengal and Assam (1'89). The only administrations entirely free from cholera were the Punjab and the North-West Frontier Province. The more important outbreaks occurred in the Common Prison, Bombay (36 cases and 15 deaths), in the central jail at Coimbatore (25 cases and 12 deaths). In the district jail at Gauhati there were 7 cases and 6 deaths and in district jails at Azamgarh and Bankura, respectively, 5 cases and 2 deaths.

The following paragraphs contain brief notes of more important matters discussed in the provincial reports by the Inspectors-General and in the sanitary sheets of the various jails.

64. Lack of sufficient accommodation is a serious defect in the majority of jails in this administration, and there was over-crowding during a part or the whole of 1906 in 28 of the 35 jails. Many of the jails are badly situated in the centre of a town or bazaar and "site over-crowding" is a defect commonly reported. There are still some sleeping barracks in which there are four rows of beds and more than one in which there are six rows. The medical officer of the Purneah jail reports that in the wards of this jail nine prisoners sleep between two ventilating openings. Many improvements, however, were effected during the year under review, and many others are in progress. A new Presidency jail for Europeans and Natives is being built at Calcutta; the ventilation of the wards in the Midnapore central jail is being improved at a cost of more than a lakh of rupees; the areas of the jails at Balasore, Bankipore and Arrah have been, or are being, extended; new segregation wards have been added to the jails at Puri and Darjeeling, a new hospital to the Monghyr jail and new wards to the hospital of the Jessore jail; improvements to wards and worksheds are in progress in the Krishnagar jail; and schemes are in hand for more buildings to relieve over-crowding or for additional hospital and other accommodation or for improving the ventilation of barracks in the jails at Alipore, Purneah, Cuttack, Purulia and Ranchi.

The mean daily population of the jails in 1906 was considerably higher than in 1905, but while the rate of admission into hospital rose from 953·5 per 1,000 in 1905 to 1008·8 per 1,000 in 1906, the death rate fell from 24·91 to 23·36 per 1,000. The principal causes of admission into hospital were intermittent fever (30·78 per cent. of all admissions), dysentery (18·59) and diarrhœa (8·41); and the principal causes of death, dysentery (24·5 per cent. of all deaths), tubercle of the lungs (18·4) and pneumonia (12·7). Intermittent fever was responsible for an admission rate of 330·7 per 1,000 as compared with a rate of 290·7 in 1905, but there were only 12 deaths among 4,913 cases (·24 per cent.) as compared with 39 deaths among 4,120 cases (·95 per cent.) in 1905. This reduction in case-mortality may have been due in part, as the Inspector-General thinks, to the use of quinine as a prophylactic, or it may have been due to more careful diagnosis; the latter explanation seems the more probable for there is no indication that the prophylactic administration of quinine was carried out more stringently in 1906 than in the previous year; and an examination of the *post-mortem* records shows that even in the year under review malarial fever was not the cause of death of all patients whose diseases had been returned under this heading; in at least one instance the cause of death was very probably kala azar and in another it was possibly tuberculosis. Quinine was issued as a prophylactic in all jails and the Inspector-General remarks that "a majority of medical officers report favourably on it". Dysentery was responsible for an admission rate of 187·6 per 1,000 and a death rate of 5·72 per 1,000 as compared with rates of 196·4 and 6·56 per 1,000, respectively, in 1905. There was considerable over-crowding during the greater part of the year in some or all of the barracks of the five jails in which the highest admission rates on account of this disease were recorded, and all are more or less defective structurally. Tubercle of the lungs caused 275 admissions into hospital and 64 deaths as compared with 192 admissions and 59 deaths in 1905. The rate of admission into hospital has increased considerably during recent years, and although the death rate remains about the same there has been a steady reduction from year to year in the case-mortality. In all probability this does not mean that the prevalence

of the disease is on the increase among prisoners in the Bengal jails, but that patients suffering from tubercle are discovered and admitted into hospital at an earlier stage than formerly was the case. The Inspector-General hopes to be able to utilize the jail at Berhampore as a special jail for prisoners suffering from this disease.

The death rate in four jails was over 40 per 1,000. The high death rates in the Naya Dumka and Purulia jails were attributed by the medical officers chiefly to over-crowding, and in the Chaibassa jail it was attributed by the Inspector-General to bad management, in that sufficient use was not made of the hospital.

65. The average strength of the prisoners in the jails of Eastern Bengal and Assam rose from 6,401 in 1905 to 6,871 in 1906, and, with the exception of the jails at Tezpur and Sylhet, all were more or less over-crowded during a part or the whole of the year. The admission rate, the constantly sick rate and the death rate, however, were lower than in the previous year, being 912, 43, and 29·69 per 1,000, respectively, as compared with 1,081, 46 and 32·96. The chief causes of admission into hospital were dysentery (26·56 per cent. of all admissions) and intermittent fever (25·75) and the chief causes of death, dysentery, pneumonia and tubercle of the lungs. There were 19 deaths among 1,613 patients admitted for intermittent fever, the case-mortality (1·18 per cent.) being considerably higher than in any other province. The *post-mortem* records suggest that at least five of the deaths were due not to malarial fever but to kala azar, and it is unfortunate that despite the attention which lately has been directed to this disease, especially in Assam, medical subordinates still appear to be ignorant of its symptoms. A patient whose temperature keeps at or above 104° F. for 20 days in spite of his having received 30-40 grains of quinine daily, as happened in one case diagnosed as "ague" at Mangaldai, cannot possibly be suffering from malarial fever. Twenty cases of enteric fever with 5 deaths were recorded during the year and 14 cases of cholera with 13 deaths. Fourteen of the cases of enteric fever occurred at Mymensingh, where a small epidemic had begun in December 1905. The cases of cholera occurred at Gauhati (7), Dacca central jail (5), Tippera (1) and Dinajpur (1). The principal improvements effected in the jails of this administration during the year were the construction of new hospitals at Mymensingh and Malda, new segregation and under-trial wards at Chittagong, and a new civil jail and a new ward for females at Barisal.

66. The health of the general population of the United Provinces was fairly good during the early part of 1906, but during the autumn and winter months malaria was more prevalent than usual. In a few districts famine conditions were present until the onset of the rains. The average strength of the jail population was 24,872 as compared with 23,680 in 1905, and about 20 jails were somewhat over-crowded during part of the year. The sanitary condition of all the jails was reported by the Inspector-General to be good and the medical officers of only a very few jails reported any defects in accommodation, ventilation, or drainage. Only about 16 of the 57 jails in this administration are, however, situated a quarter of a mile or more from inhabited areas, and "site over-crowding" is a defect of some jails. In 1906 the admission rate, constantly sick rate and death rate were 603, 27 and 16·56 per mille, respectively, as compared with 569, 27 and 17·31 per mille in 1905. Intermittent fever, dysentery, and tubercle of the lungs were more prevalent

than in the previous year, but the fatality of dysentery, as judged by the death rate per thousand and by the case-mortality, was less than in any previous year. The rates of sickness and death from tubercle of the lungs in this administration have been remarkably similar for many years, but the Inspector-General is of opinion that the disease is less prevalent in the jails than formerly. Every effort is made to segregate tuberculous patients and there are special wards where the open air treatment can be efficiently carried out in all central jails. Death rates over 30 per 1,000 were recorded in five jails where the average annual strength was over 100, the highest rates among the prisoners in these five jails being 46·24 per mille recorded in the Ghazipur district jail, 36·59 in the Orai district jail, and 35·97 in the Hamirpur district jail. The Inspector-General remarks that there was a large proportion of old men in the Ghazipur jail, and that on account of the high price of grain in the district a large number of weak and aged people sought refuge in the jail to save themselves from starvation. In the Orai district also famine conditions prevailed. The death rate in the Meerut district jail was 33·39 per 1,000, the deaths including five among eight prisoners admitted into hospital for tubercle of the lungs and six among eight admitted for pneumonia. Cholera was epidemic among the general population during the greater part of the year and was introduced into nine jails, but the measures taken effectually prevented an epidemic among the prisoners and only 17 cases with 11 deaths were recorded in all the jails.

67. It appears from the reports of medical officers that there are no serious defects in accommodation or in the ventilation of barracks in the great majority of the jails in the Punjab, and only in the jails at Montgomery, Lahore, Mooltan and Hoshiarpur was there any serious over-crowding during 1906. The average strength of the jail population was 11,744 in 1906 as compared with 11,512 in 1905, and although there was a slight increase in the rate of admission into hospital the death rate fell from 16·33 to 15·75 per thousand, which is the lowest rate recorded since 1896. Intermittent fever was the principal cause of admission into hospital, but there were only 4 deaths among the 3,427 cases classed under this heading, the case-mortality (*12 per cent.) being considerably lower than that in any other administration. Tubercle of the lungs, pneumonia, and dysentery were the principal causes of death, being responsible for 24·3, 16·8 and 16·8 per cent., respectively, of the total number of deaths recorded. Despite the absence of over-crowding and the good arrangements which exist in most of the jails, tubercle of the lungs was as usual considerably more fatal than in the jails of any other administration. In the Lahore central jail, where special arrangements for the treatment of patients suffering from tubercle exist, the case-mortality was as high as 66 per cent. Whether the recorded high proportion of deaths to cases means that tubercle of the lungs is a more fatal disease in the Punjab than in other parts of India, or whether it is due to the non-discovery of cases in an early stage cannot be definitely decided; the latter is a possible explanation which perhaps gains some support from the fact that "anæmia and debility" is not infrequently recorded as the cause of death in the Punjab jails. Dysentery was considerably more prevalent and more fatal than in 1905. The Inspector-General draws attention to the connection between this disease and scurvy and points out that in some jails where dysentery was prevalent a "scorbutic taint" certainly existed. Pneumonia caused 130 admissions into hospital and 31 deaths as compared with 164 admissions and 29 deaths in 1905. No case of

cholera occurred during the year and only six cases of plague (two of which were fatal) and seven of small-pox.

68. In the jails of this administration there is accommodation for 1,515 prisoners of all classes, but although the average strength of the jail population during 1906 was only 1,300 (as compared with 1,314 during 1905) there was over-crowding in the Peshawar jail for 201 days, in the Bannu jail for 191 days, in the Kohat jail for 100 days and in the Abbottabad jail for 94 days. The year was an unhealthy one and the rates of sickness and mortality among the prisoners were considerably higher than they have been for many years. Intermittent fever caused 55·25 per cent. of the total admissions into hospital, the admission rate being higher than in any year since 1897. Quinine was issued as a prophylactic and the fact that it did not appear to have much effect in warding off attacks may have been due, in the Inspector-General's opinion, to its administration not having been begun sufficiently early in the malarial season. Dysentery caused 102 admissions into hospital as compared with 60 in 1905, tubercle of the lungs 10 as compared with five, and pneumonia 31 as compared with 18. Influenza was prevalent in the Peshawar jail and accounted for 38 admissions into hospital and seven deaths.

69. The average strength of the jail population fell from 3,547 in 1905 to 3,329 in 1906, but there was occasional over-crowding mostly in the under-trial wards, in eight jails. The admission, constantly sick, and death rates all fell, the death rate, which was 13·82 per thousand, being lower than that recorded in any other administration during 1906. Intermittent fever, abscesses, dysentery, and diarrhœa were the principal causes of admission into hospital, and dysentery, tubercle of the lungs and pneumonia the principal causes of death. Intermittent fever caused 32·90 per cent. of the total admissions from all causes. The Inspector-General reports that quinine is used as a prophylactic in some jails, but not in others. Dysentery caused 7 deaths, tubercle of the lungs 6 and pneumonia 4. In the Central jail at Jubbulpore there was no admission into hospital for dysentery or for diarrhœa during the year. In all the jails diarrhœa caused 113 admissions into hospital and one death, compared with 128 admissions and one death in 1905.

70. The daily average strength, which was 9,320 in 1904 and 10,147 in 1905, increased in 1906 to 10,428. The admission rate fell from 469 to 417 per mille, and the constantly sick rate from 19 to 18 per mille, but the death rate rose from 15·87 per mille in 1905 to the comparatively high figure of 21·77 per mille in 1906. This was due mainly to the occurrence of cholera, the death rate from which was higher than in any year since 1897. This disease attacked the prisoners in eight jails and caused in all 82 admissions into hospital and 45 deaths. There were 25 cases with 12 deaths at the Coimbatore central jail, 20 cases with 6 deaths at the Madura jail, 13 cases with 11 deaths at the Russelkonda jail and 12 cases with 6 deaths at the Rajahmundry central jail. In at least one instance the disease was introduced into a jail, not by newly admitted prisoners, but by warders or other jail officials who had visited infected areas, and the Inspector-General draws attention to the advisability of limiting the movements of warders during times of epidemic. The water-supply of the Rajahmundry central jail is apparently faulty and the Inspector-General reports that it becomes polluted periodically. Dysentery which caused 18·72 per cent. of the total

admissions into hospital, and intermittent fever which caused 14·46 per cent. were the principal causes of sickness, and cholera (19·8 per cent. of all deaths), dysentery (19·8 per cent.), tubercle of the lungs (11·5) and pneumonia (7·5) the principal causes of death. The death rate from dysentery was higher than in any year since 1898. The Inspector-General remarks that there is reason to believe that in many jails the grain is not always thoroughly freed from gravel before being ground and that the use of soft mill stones must add largely to the amount of grit present in the flour. There was only a very slight increase in the death rate from tubercle of the lungs as compared with the previous year, and as usual the comparatively low fatality of this disease in the Madras jails is a satisfactory feature of the statistics. At Trichinopoly, where there is a special ward for open air treatment, 23 patients suffering from tubercle were admitted, and of these only 4 died during the year; at Bellary also only 4 of the 20 tuberculous patients admitted into hospital died. In this jail a special ward for the treatment of patients in the open air is being constructed.

71. The daily average population of the jails in Bombay increased from 7,851 in 1905 to 7,925 in 1906, and the admission constantly sick and death rates rose from 603 to 689, from 27 to 31 and from 17·45 to 20·69 per thousand, respectively. The principal cause of sickness was ague which accounted for 20·21 per cent. of the total admissions into hospital and the principal causes of death were pneumonia and cholera, the former accounting for 17·7 per cent. of all deaths and the latter for 11·0 per cent. There were in all 45 cases of cholera with 18 deaths, the chief outbreaks occurring in the Bombay Common Prison (36 cases and 15 deaths) and in the Yerrowda central prison (8 cases and 3 deaths). An under-trial prisoner was the first person attacked in the Common Prison and the outbreak was confined to persons living in the barrack of the quarters for under-trial prisoners. There was an interval of five days between the occurrence of the first and second cases and the same interval between the second and third. This case occurred on the 13th of November and between this date and the 18th, 28 prisoners were attacked. The evidence appeared to indicate that the germs of the disease had been introduced in the food of under-trial prisoners. Food brought into the jail from an infected area was also suspected to be the cause of the outbreak in the Yerrowda prison. The diagnosis in three of the cases which occurred in this prison was confirmed by a bacteriological examination made at the Parel laboratory. Pneumonia caused 122 admissions into hospital and 29 deaths and dysentery 434 admissions and 16 deaths, both diseases having considerably higher death rates than in 1905. Pneumonia was, as usual, chiefly prevalent among the convicts of the Sind Gang, who are employed on railway work and are exposed to all weathers. Their barrack accommodation has been increased and more efficient means of ventilation provided; they are not sent out to work until a late hour of the morning and not until they have received some hot food; all their clothing and bedding is numbered; those patients suffering from pneumonia are promptly isolated, and their bedding and clothing burned.

The Shikarpore jail was closed at the end of November 1906, all the prisoners being moved to Sukkur.

72. No defect in accommodation or ventilation was reported during 1906 by the medical officers of 28 of the 32 jails in Burma, but there was more or less over-crowding in 17 jails, and in 20 jails there is no separate hospital accommodation for the isolation of cases of infectious disease. The average strength of the jail population which was 12,639 in 1905 rose to 13,369 in 1906, but the admission, constantly sick and death rates fell from 320, 17 and 17·01 per thousand, respectively, in 1905 to 280, 16 and 14·81 per thousand. The three rates were the lowest on record for Burma. Intermittent fever and abscesses were the chief causes of sickness, and tubercle of the lungs, dysentery and pneumonia the chief causes of death. The admission rate on account of intermittent fever was only 49·7 per mille, which is far lower than that recorded in any other administration. Apparently quinine was used prophylactically in most jails, but the doses given and the plans adopted to secure proper administration are not stated. "Mosquito brigades" were organized in some jails. It is mentioned by the Inspector-General that at Rangoon only those cases are returned as intermittent fever in which malaria parasites are found by microscopic examination of the blood, and this probably accounts for only 18 cases being recorded as having occurred during the year in this jail as compared with 124 cases of simple continued fever. At Insein, which is near Rangoon, this practice is not adopted and here 101 cases of intermittent fever were recorded, and not a single case of simple continued fever. There were 114 cases of tubercle with 56 deaths, the case-mortality for the year being higher than in any other administration except the Punjab. The Inspector-General states that arrangements are made for the segregation of all patients suffering from this disease and that the open air system of treatment is carried out as far as local conditions permit. Apparently all the patients during 1905 were treated in jails where there is ample accommodation for carrying out these measures, but the results were disappointing, and in the Rangoon central jail, where there is a special ward capable of accommodating 34 tuberculous patients, 18 of the 22 patients admitted during the year died. There was a satisfactory decrease in the sickness and mortality from dysentery. The great majority of cases of this disease occurred in the central jails at Thayetmyo and Myingyan and the Inspector-General is of opinion that in the former jail the cause was the impurity of the water-supply, which at present is obtained from the Irrawaddy river. A scheme for the improvement of the present supply and another for providing a supply from a new source are under consideration. Seven cases of cholera (with 3 deaths) and 2 of plague (one fatal) occurred during the year. Only one prisoner suffered from beri-beri which he had contracted before his admission to jail.

The diets issued to prisoners were the same as in the previous year, and the Inspector-General attributes a considerable share in the marked improvement shown in the health of the prisoners during recent years to the great attention which has been paid to the food supply.

73. In the jail at Ajmer there was over-crowding for eleven months of the year. The water-supply from the jail wells was insufficient and had to be supplemented by purchasing water from the municipality. The average annual strength of the jail population was 465, and 192 admissions into hospital and 10 deaths occurred during the

Ajmer, Mercara, Quetta and Secunderabad.

year, giving ratios of 412·9 and 21·51 per thousand, respectively, as compared with 390·8 and 16·99 in 1905. There were 10 cases of guinea worm. In the Mercara jail, where the average annual strength was 95, there were 10 deaths during the year, three being due to pneumonia, three to diarrhoea, and one each to hepatitis, hydatid of the liver, heart disease and old age. At Quetta, where the average annual strength was 58, there was no death, and at Secunderabad (the average annual strength being 81) there were two, of which one was due to acute mania and the other to epilepsy.

74. In 1906 the rainfall recorded at the observing station in the Andaman Islands was 99·23 inches, nearly 2 inches less than in the previous year and 22 inches less than the mean of the previous five years. There was a further increase of the convict population, the average strength being 14,688 or 340 more than in 1905. Accommodation was increased by the erection of 15 temporary barracks, and each convict has now 50 square feet surface area in a large well-ventilated barrack. There was no over-crowding except occasionally in the hospital. The improvement in the food supply to which reference was made in last year's report was maintained; the supply of wheat has been improved, the issue of *urad* dhal has been discontinued, and *mung* dhal is given three times and *urhur* dhal four times a week to all labouring convicts. Water is obtained from tanks, wells and springs and is boiled at all the large stations; condensed water is supplied for drinking purposes to the inmates of the 'female' and cellular jails. The Senior Medical Officer recommends the introduction of filter beds at Hope Town and the fitting of a covering of galvanised iron to all the wells in the Settlement.

The admission rate rose from 1,898 to 2,041 per thousand and the constantly sick rate from 68 to 70, but there was a remarkable fall in the death rate from 38·96 per thousand in 1905 and a quinquennial mean of 37·38, to 27·30, the fall being due almost entirely to the reduction in the number of deaths from dysentery.

The number of admissions to hospital on account of dysentery fell from 2,359 in 1905 to 1,381, and the number of deaths from 187 to 72, the admission and death rates falling, respectively, from 164·4 and 13·03 to 94·0 and 4·90, rates which are comparable with those recorded in Indian prisons. The improvement is ascribed by Major Fearnside to precautions taken to prevent infectious matter getting into water-supplies and to improvement in the quality of the food. The admission rate for tubercle of the lungs fell from 11·4 to 6·9 per thousand, and the death rate from 6·48 to 5·58. The admission rate on account of pneumonia, however, rose from 11·0 to 15·8 per thousand, and the death rate from 4·81 to 5·38; the greater prevalence of this disease being due to an epidemic of influenza. There were 385 cases of influenza admitted to hospital during the year, and fatal pneumonia followed the attack in 47 instances.

Intermittent and remittent fevers were the cause of 21,362 admissions and 51 deaths, the admission rate, 1454·4 per 1,000, and the death rate, 3·47, being both lower than in 1905. Anti-mosquito measures are stated to have freed the Island of Ross from malaria, and are being undertaken elsewhere. The temporary barracks are infested by anopheles mosquitoes, and the Senior Medical Officer would replace these thatched structures by permanent barracks whenever funds

permit. Major Fearnside notes the frequent occurrence of a fever, lasting from three to ten weeks; no malaria parasites are present in the blood, and the disease which is clinically distinct from enteric fever, resembles Malta fever.

75. The maintenance of favourable statistics of the health of the prisoners in spite of the unhealthy character of the year is most satisfactory; it shows that the high

Conclusion.

standard of care and skill reached by the Inspectors-General and the staff of the prisons is not only being maintained but is being raised; and it justifies the hope that in the near future there will be a still further reduction in prison mortality.

SECTION V.

VITAL STATISTICS OF THE GENERAL POPULATION.

76. The populations of the areas in which births were registered in the Indian Empire in 1906 aggregated 223,511,195 according to the census of 1901, and the number of births registered during the year was 8,448,478.

Births in India.

As the date of the census recedes it is evident that the birth and death rates calculated upon the census populations become less accurate; where there has been an increase in the population the calculated rates are too high, but in Indian statistics corrections for this error are difficult to make, because owing to the large fluctuations in the numbers of births and deaths which occur from year to year the changes in the numbers of the different populations are irregular, and because the addition of the increase or subtraction of the decrease deduced from the registration figures would mislead in proportion to the defects in registration. There are defects in the registration nearly everywhere, and in some places the defects are very serious. Improvement in registration is, however, being steadily effected, and in some of the provinces the errors in the numbers of births and deaths registered are comparatively small, although the causes of death are everywhere, except in a few of the greater cities, incorrectly reported.

The calculated birth rate in 1906 was 37·80 per thousand compared with 39·13 in 1905 and 38·41 the average of the five years ending with 1905. The provincial rates ranged from 51·72 per thousand in the Central Provinces and Berar, to 30·9 in Madras and 28·91 and 26·10 in the small provinces of Ajmer-Merwara and Coorg, respectively. In all provinces except Bombay, the North-West Frontier Province and Coorg the birth rates of 1906 were lower than those of the preceding year, but the only variations over 2 per mille were an increase of 3·2 per mille in the North-West Frontier Province, and decreases of 8·41 in Ajmer-Merwara, of 2·30 in the Central Provinces and Berar, of 2·23 in Bengal and of 2·01 in Lower Burma. In all provinces, except three, the birth rates were higher than the death rates, the most considerable excesses being 8·25 per thousand in the Central Provinces and Berar, 6·8 in the Punjab, 5·71 in Eastern Bengal and Assam and 5·18 in Lower Burma. The three provinces in which the birth rates were exceeded by the death rates, were Bombay, Ajmer-Merwara and Coorg. In Bombay the birth rate of 1906, although low, was higher than the mean of recent years, the death rate was high owing to the persistence of plague and the unusual prevalence of cholera, fevers and bowel complaints. In Upper Burma birth registration is confined to a few towns and is exceedingly defective, death registration is general and is less defective. In Ajmer-Merwara, the birth rate was unusually low in 1906, and in Coorg, owing to the deficiency of females in the population, the birth rate is always low. The mean percentage of male to female births was 106·88, the percentages ranging from 118·8 in the North-West Frontier Province to 104·4 in Madras and 97·28 in Coorg.

77. The populations among whom deaths are registered aggregate 226,125,682 according to the census of 1901; the excess over the number among whom births

Deaths in India.

are registered being due to the inclusion of 2,614,487 persons in Upper Burma among whom births are not at present registered. The number of deaths registered during 1906 was 7,852,330 compared with 8,117,771 in 1905, and the death rate fell from 35·96 per thousand in that year to 34·73, the decrease being due to the great decline in the mortality from plague, while the mean for the quinquennium ending 1905, was 32·91. The fall in the general death rate was, however, due to lessened mortality in the more populous provinces of Northern India; in Madras, Bombay, Burma, the Central Provinces and Berar, the North-West Frontier Province and Coorg the death rates of 1906 were higher than those of 1905. The highest death rates were 43·47 per thousand in the Central Provinces and Berar and 39·07 in the United Provinces, and the lowest 27·15 in Lower Burma, 27·4 in Madras, and 26·22 in Upper Burma. In every province except Bengal and Eastern Bengal and Assam, the urban mortality was higher than the rural.

The greatest mortality occurred in October, November and December and the least in February and March. In most provinces the male death rates were higher than the female death rates, but the United Provinces, the Punjab, the North-West Frontier Province, Ajmer-Merwara and Coorg were exceptions to the general rule.

Male infants died at the rate of 228·30 per thousand born and female infants at the rate of 217·52, compared with rates of 231·11 and 217·72 in 1905. In the provinces the highest male infantile mortality was 317·5, per thousand born, in Ajmer-Merwara and 292·16 in the Central Provinces and Berar, and the lowest 205·9 in Eastern Bengal and Assam and 200·0 in Madras. The same positions are taken by these provinces in respect of female infantile mortality, the highest rates were 317·9 and 266·35 per thousand born in Ajmer-Merwara and the Central Provinces and Berar, and the lowest 187·7 in Eastern Bengal and Assam and 182·1 in Madras. In all provinces except Coorg, as we have seen, the birth rates of males were higher than the birth rates of females, but in the United Provinces, the Punjab, the North-West Frontier Province and Ajmer-Merwara, the death rates of female infants were higher than the death rates of male infants.

Cholera was present in every province except the North-West Frontier Province, and was severe in Madras (death rate 3·9), Bengal (3·81), Eastern Bengal and Assam (3·63), the Central Provinces and Berar (3·26), the United Provinces (3·14) and Bombay (2·50). Small-pox was more widespread than in 1905 and the death rates were upwards of ·5 per thousand in seven provinces, the highest being 1·42 in Lower Burma, 1·30 in Coorg, ·83 in the Central Provinces and Berar and ·8 in Madras. Plague was much less prevalent than in 1905, and although no province except Coorg, escaped altogether, the death rates in Eastern Bengal and Assam (·002), Madras (·02), and the North-West Frontier Province (·02) were low, and the rates in the Punjab (4·56), Bombay (2·79), the United Provinces (1·46) and Ajmer-Merwara (·14) were much lower than in 1905. In Upper Burma, however, the plague death rate rose from ·22 to 1·17. The fever death rates were considerably higher than in the previous year in all provinces except Bengal and Eastern Bengal and Assam, and the death rates from dysentery and diarrhoea were nearly everywhere greater. Respiratory diseases continue to be very badly registered and the only rates over 1 per 1,000 were 3·28 in Bombay, 2·48 in the Punjab and 1·40 in the Central Provinces and Berar, in all of which plague was severe.

78. The first three months of the year were unusually wet and cold, the rainfall in February being extraordinarily heavy and continuous. In April and May the rainfall was less than usual. The south-west monsoon was established about the middle of June, but the rainfall was irregularly distributed and except in Bihar was in defect. In consequence of this irregularity, agricultural produce was below normal in most of the districts, and even in districts such as Gaya and Bhagulpur where the harvests were fairly good, the supply of food grains was depleted on account of the demand in Eastern Bengal where there was great scarcity. These conditions following the bad harvests of recent years raised the prices of food, and during the last six months of the year in many places prices were nearly twice as high as usual.

There was a considerable decrease in the number of births recorded as compared with 1905, the total falling from 1,973,301 in that year to 1,885,725, and the birth rate fell from 39.59 per thousand, the mean of the previous five years and 39.55 in 1905 to 37.32 in 1906. The birth rate was over 45 per thousand in five districts, namely, Palamau 55.06, Hazaribagh 48.95, Gaya 47.15, Ranchi 46.27, and Sambalpur 45.05; and it was under 30 per thousand in three, namely, Burdwan 29.61, Hooghly 28.93 and Calcutta 17.79. In four towns, Sahibganj (61.92), Katihar (60.37), Jamalpur (59.34) and Kurseong the birth rates were over 50 per thousand; at the other end of the scale was South Barrackpore with a rate of 4.50. In many of the towns exceptionally low birth rates are due to the small numbers of females among the populations. The mean percentage of male to female births was 105, the percentages in the districts ranging from 111 in Howrah to 100 in Manbhum.

The number of deaths recorded during the year was 1,823,243, or 99,126 fewer than in 1905, and the death rate was 36.08 per thousand compared with 38.53 in 1905 and a mean of 34.15 in the previous five years, the fall in the death rate of 1906 being due to a decline in the mortality from plague and the diseases grouped under the heading "fevers." In the districts, the highest death rates were 47.51 in Patna, where plague (9.15) was severe; 47.48 in Purnea, where the death rates from fever (35.97) and cholera (9.37) were very high, and 43.04 in Bhagalpur where also the mortality from cholera (8.23) and fever (28.92) was excessive. In rural areas the mean death rate was 36.15 compared with 35.03 in the towns in which the rates ranged from 74.13 in Monghyr to 7.97 in Ulubaria.

Among Hindus and Muhammadans the death rates were, respectively, 36.63 and 36.13 per thousand, among Buddhists and "other classes" 32.56 and 30.92, and among Christians 23.38.

Male and female infants died at the rates of 214.1 and 198.1 per thousand born, respectively; and boys and girls over one year and under five years of age died at the rates of 58.12 and 51.25 per thousand of the census population. Although the male and female death rates approached each other closely in the age periods 15-20 and 20-30, the male-rates were the higher in every age period, the general male death rate being 37.91 and the female 34.28.

79. The experiment of employing a professional agency in a selected area to ascertain the actual causes of the deaths registered, referred to on page 97 of this report for 1905, was begun in the Galsi *thana* of the Burdwan District in Bengal

Registration by a professional agency.

The enquiry is being conducted by an Assistant Surgeon assisted by two Hospital Assistants and will be continued for two years. The population of the area according to the results of a census taken at the commencement of the enquiry is 52,948. The enquiry began on the 1st of August 1906 and during the year ending on the 31st of July 1907, the causes of 2,311 deaths were investigated. The following statement shows the results obtained :—

	Cholera.	Small-pox.	Plague.	Fever.	Dysentery and Diarrhoea.	Respiratory Diseases.	Injuries.	All other causes.	Total.
Number of deaths recorded in the <i>thana</i> register.	128	20	...	1,726	88	35	1	313	2,311
Number of deaths according to the results of the investigation.	135	26	...	975	416	488	3	238	2,311
Ratio per thousand according to the returns in the <i>thana</i> register.	2.42	.38	...	32.60	1.66	.66	.02	5.91	43.65
Ratio per thousand according to the results of the investigation.	2.55	.49	...	18.41	8.42	9.22	.06	4.49	43.65

80. The rainfall of 1906 was approximately normal in amount and was fairly evenly distributed ; but the great rivers of Eastern Bengal and Assam. the delta which drain the Himalayas in the north rose to unusual heights and many districts suffered from floods. The high prices of grain ruling in the end of 1905 in certain districts spread throughout the province ; these high prices are ascribed rather to the effect of floods injuring the growing rice crop or delaying the importation of grain and to excessive exports, than to unfavourable meteorological conditions. Relief works were opened and assistance was freely given, while arrangements were made for the speedy reporting of mortuary statistics from the districts most affected so that the occurrence of unusual mortality could be ascertained without delay. It seems that the classes unconnected with agriculture, small traders and people living in towns on small fixed incomes suffered most, and that the effects of scarcity are hardly discernible in the vital statistics of the year except possibly in the lowered birth rates of some districts.

The number of births recorded was 1,114,526, and the birth rate 37.38 per thousand, compared with 39.37 in 1905 and a quinquennial mean of 39.63. The highest district rates were 45.94 in Goalpara, 44.51 in Noakhali and 44.34 in Malda ; the lowest 33.52 in Sibsagar, 33.14 in Lakhimpur and 32.55 in Sylhet. In rural areas the mean birth rate was 37.74 per thousand compared with 20.73 in the towns among which rates varied from 48.90 in Barpeta to .95 in Jhalakati. These two towns, the provincial Sanitary Commissioner remarks may be taken as types of opposite social conditions. Barpeta is a residential town where the female population at child-bearing ages is in slight excess of the male population at corresponding ages ; there is little immigration or emigration and the number of foreigners is small. The birth rate per thousand of married women at child-bearing ages is 307 per thousand. Jhalakati, like most of the riverine towns in Eastern Bengal, is a centre of trade and few of the traders have their wives with them. The proportion of males to females is as ten to one, the birth rate among the married women is 46.11 per thousand, and the birth rate per thousand women at the child-bearing age is only 5.78 per thousand.

The mean percentage of male to female births throughout the province was 107, the extremes in the districts being 120 in Bogra and 102 in Lakhimpur.

The number of deaths registered was 944,335 equal to a death rate of 31·67 per thousand which is 3·39 less than the rate of 1905 and almost exactly the same as the quinquennial mean. The highest district death rates were 48·88 in Goalpara, where 35·80 per thousand deaths were ascribed to fever and 6·45 to cholera, 47·84 in Darrang, where the cholera death rate was 16·76 per thousand, and 44·84 in Dinajpur, where all but 3·62 per thousand of the deaths were recorded under the heading 'fever'. The lowest rates were 25·60, 25·53 and 23·22 registered respectively, in Mymensingh, Pabna and Sylhet. In rural areas the mean death rate was 31·83 compared with 24·15 in the towns, among which the highest rates were 85·79, registered in Mangaldai, a village in which more than half the deaths were due to cholera; 56·21 in Barpeta, where a death rate of 33·09 was due to the occurrence of small-pox among a community that have religious objections to vaccination; and 47·94 in the small town of Jorhat, where besides an exceptionally high death rate under the heading 'all other causes,' cholera and bowel complaints gave rise to death-rates of 5·51 and 5·86 per mille, respectively. The lowest rates were 10·90 in Pabna, 7·39 in Sirajganj and 5·73 in Jhalakati.

The highest death rate was 49·69 among 'other classes.' Hindus came next with 32·36, then Muhammadans 30·65, then Christians 23·91 and lastly Buddhists, 23·12; the vast majority of the Buddhists in the province live in the Chittagong district where the recorded death rate among them was only 1·6.

Male infants died at the rate of 205·9 and female infants at the rate of 187·7 per thousand born, respectively; and boys and girls over one year and under five years of age at the rates of 45·68 and 38·76. At all age periods, except the three between 15 and 40, the male death rates were the higher, the general rates being 32·59 and 30·71 among males and females, respectively.

81. The mean annual strength of the coolies employed on tea gardens in Assam during the twelve months ending the 30th June 1907 was 680,772, showing an increase in the 12 months of 9,809. Of the total labour force 38·75 per cent. was employed in the Surma Valley and 61·25 per cent. in the Assam Valley, the distribution approximating closely to that of the preceding year. The birth rate showed a decrease being 28·3 per thousand of the total population and 91·8 per thousand of the adult female population against 29·2 and 94·7 per thousand, respectively, in 1905-06. These rates compare unfavourably with the corresponding provincial ratios of 37·38 and 122·7.

The registered death-rate was 22·0 per mille compared with 24·0 in the preceding year, the total number of deaths being 15,007. The principal causes of deaths were dysentery (2,769), malarial fever (2,204), diseases of the respiratory organs (1,805), anchylastomiasis (1,668) diarrhœa (1,628), and cholera (1,164).

The death rate among coolies from all recruiting areas except Madras showed a slight decrease. The mortality among coolies from that province increased from 26·64 to 30·88.

The number of unhealthy gardens, *i.e.*, those with a death rate of over 70 per mille, was 8 out of a total of 748, against 10 out of a total of 757 in the previous year.

There were 98 deaths among coolies travelling to the Assam Valley, against 58 in the previous year; 73 of these deaths were due to cholera. No deaths were reported among coolies in transit to the Surma Valley or at the Sylhet depots.

82. The number of births registered was 1,918,425, or 48,584 fewer than in 1905, and the birth rate, which averaged 44·25 per thousand in the previous five years and was 41·24 in 1905, fell to 40·22. Among the district birth rates the highest were 54·42 in Bijnor, 53·62 in Pilibhit and 53·33 in Shahjahanpur; in other five districts, comprising the remaining districts of the Rohilkhand division and Hardoi and Kheri, the rates were over 50 per mille, and in other six they were over 45, while in only two districts, Dehra Dun, 28·13, and Ballia 27·74, were they below 30. In the 89 municipal towns the mean birth rate was 39·30, and in only 31 of them were the birth rates higher than the death rates.

The mean percentage of male to female births was 108·72; in three districts Dehra Dun 124·29, Banda 115·31 and Ballia 113·03, the percentages were exceptionally high, elsewhere they ranged from 112·46 in Muttra to 103·06 in Amora.

The number of deaths recorded fell from 2,098,300 in 1905 to 1,863,336 in 1906, and the death rate from 44·00 per mille to 39·07, compared with the quinquennial mean of 36·36. The decline of 4·93 per thousand in the death rate as compared with 1905 was almost entirely due to the lessened prevalence of plague from which the death rate fell from 8·05 to 1·46; cholera and fevers were much more prevalent than usual.

Among the districts the highest death rates were 80·75 in Jalaun, 73·34 in Jhansi, and 65·21 in Hamirpur, adjoining districts in the south of the province in which cholera and fevers were exceptionally severe. In three districts Partabgarh 29·98, Almora 28·40, and Dehra Dun 26·63, the death rates were under 30 per mille.

In rural areas the mean death rate was 38·31 compared with 49·15 in the towns, in which the rates ranged from 111·95 in Nagina and 88·20 in Najibabad to 24·78 in Sardhana.

Hindus and Muhammadans died at the rates of 39·33 and 38·52 per thousand, respectively, and 'other classes' and Christians at the rates of 13·77 and 11·41.

Male infants died at the rate of 249·7, and female infants at the rate of 252·2 per thousand born, respectively; and boys and girls between one year and five years of age died at the rates of 78·16 and 78·40 per thousand of the census populations at those ages. In the four age periods between 10 and 40 years the female death rates were the higher, in all other age periods the male death rates were the higher, the general rates being 38·72 per thousand among males and 39·44 among females.

83. During the first quarter of the year the temperature was lower than usual, and in February and March the rainfall was exceptionally heavy. April and May were hotter and drier than usual, and in June, although the rainfall in the hills was very abundant,

precipitation on the plains was below normal. The monsoon rains on the plains were scanty in July, which was abnormally hot, but were copious thereafter. The weather of the last three months of the year was dry and warm. The prices of food grains which, on account of the demand from other provinces, were high in the beginning of the year, fell when the prospects of the spring harvest were assured, and reached normal rates towards the end of the year.

The number of births registered in 1906 was 878,006, compared with 893,360 in the previous year, and the birth rate fell from 44·4 per thousand to 43·7 which is, however, 2·1 per thousand higher than the quinquennial mean. The highest district birth rates were 53·7 per mille in Lyallpur—Chenab Colony, 49·8 in Multan and 48·2 in Sialkot, and the lowest 34·7 in Rohtak, where there was scarcity in the end of 1905 and beginning of 1906, 33·9 in Dera Ghazi Khan and 20·0 in Simla. In rural areas the mean birth rate was 43·9 against 40·0 in the towns. The mean percentage of male to female births was 109·7, the percentages, omitting the exceptional percentage of 121·9 in Dera Ghazi Khan, ranging in the districts from 115·7 in Mianwali to 104·3 in Simla.

The recorded deaths numbered 742,906, no less than 213,202 fewer than in the previous year, the reduction in the number being due to the diminished prevalence of plague from which the recorded number of deaths fell from 390,233 in 1905 to 104,863 in 1906. The death rate from all causes was 36·9 per mille, compared with 47·6 in the previous year and 45·2, the mean of the previous five years. Among the districts the death rate varied between 49·7 per thousand in Sialkot and 24·2 in Simla. The mean rural death rate was 36·08, compared with 44·73 in the towns among which rates ranged from 89·23 in Zira, a small plague-stricken town in the Ferozepore district, 81·91 in Bhiwani where the death rate from plague was 36·42, and 79·43 in Sangla, a small town in Gujranwala where plague was present and the death rates recorded under the heading fevers and all other causes were exceptionally high, to 9·6 in Khangah Dogran in Gujranwala.

Hindus and Muhammadans died at the rates of 37·51 and 36·42 per thousand, respectively, and other classes and Christians at the rates of 77·19 and 30·57.

Calculated upon the births registered during the year the death rates of infants were 230·2 and 240·1 per thousand among males and females, respectively. Boys and girls between the ages of one year and five years died at the rates of 70·23 and 76·94, respectively; and at all other age periods the female death rates were the higher—the general death rate among males being 34·7 and among females 39·5.

84. The number of births registered rose from 70,369 in 1905 to 76,834 and the birth rate from a mean of 33·2 per thousand in the five years ending 1905, and 35·4 in that year, to 38·6 which is the highest rate hitherto recorded. Allowance being made for the increase in the population since the date of the census, it appears that the rise in the birth rate is largely due to improved registration. The special measures for the check of registration carried out during the last three years were continued and show that although the proportion of male to female births is very high, it is possibly exaggerated by defective registration. In the districts the birth rates ranged from 46·1 in Kohat to 36·2 in Dera Ismail Khan, and the percentages of male to female births from 129·7 in Peshawar to 108·8 in Hazara, the provincial mean being 118·8.

The deaths registered numbered 67,149 or 13,822 more than in 1905, and the death rate was 33·7 per thousand compared with 26·8 in 1905 and a quinquennial mean of 25·6. The autumn was very unhealthy, the monthly death rates reaching 5·16 and 5·80 per mille in November and December, respectively. In the districts the death rates ranged from 44·2 in Dera Ismail Khan to 31·9 in Peshawar and in Hazara. In rural areas the mean death rate was 33·50, compared with 36·28 in the towns, among which exceptionally high rates were recorded in Buffa, 52·21, of which 36·14 were attributed to fevers, in Haripur, 50·91, of which 9·14 were registered as due to respiratory diseases, and in Lakki, 47·14.

The Muhammadan death rate was 34·35 compared with a rate of 27·84 among the Hindus who number about one-fifteenth of the population.

Male infants died at the rate of 224·5 per thousand born during the year and female infants at the rate of 224·7; and boys and girls between the ages of one year and five years died at the rates of 67·02 and 72·82 per thousand of the census populations at those ages. At all age periods the female death rates were higher than the male death rates, the general rates of the sexes being 31·7 among males and 36·0 among females.

85. The drought in the last quarter of 1905 followed by heavy showers and hail in February caused some damage to the *rabi* crops; but the monsoon broke early in June and the abundant well distributed rainfall ensured a good supply of food grains. The heavy rainfall, however, was followed by an unhealthy autumn, and mortality was high in August, September and October.

Central Provinces and Berar.

The number of births registered was 614,616, and the birth rate was 51·72 per thousand, compared with 54·02 in 1905 and a five years average of 45·83. In three districts the rates were 60 per cent. or over, namely, Betul 62·78, Nimar 60·46 and Chhindwara 60·0, and in only one district, Jubbulpore, 44·91, was the rate below 45. In rural areas the mean birth rate was 52·94 compared with 41·13 in the towns, the rural rate being the higher in every district except Amraoti. The provincial percentage of male to female births was 104·52, the extremes being 109·58 in the Burhanpur and 102·66 in the newly formed district of Drug.

The registered deaths totalled 516,613, and the death rate was 43·47 per thousand compared with 37·21 in the previous year and 31·33 the quinquennial mean. In the districts the death rates ranged from 64·38 in Yeotmal to 30·0 in Raipur, the mean death rate in rural areas being 42·71 compared with 50·01 in the towns. Among the latter the enormous death-rate of 220·59 per thousand was registered in a small town in the Nagpur district called Kalmeshwar, where more than 12 per cent. of the inhabitants died of plague and more than one per cent. from cholera. The two next highest urban death rates were registered in the same district, in Saoner 133·13 and Kamptee 95·55, in both of which plague was very severe.

The death rate of male infants was 292·16 and of female infants 266·35 per thousand born, respectively. The general death-rate among males was 55·58 per thousand compared with 41·41 per thousand among females.

86. The number of births registered was 1,125,978 or 50,278 fewer than in 1905, and the birth rate of 1906 was 30·9 per thousand compared with 32·0 in 1905 and 29·4, the quinquennial mean. Among the districts the rates ranged from 37·6 in South Canara

Madras.

to 20·4 in Nellore ; the rates in 16 of the districts being lower than in the previous year, a result which is ascribed to the continued high price of food grains. In rural areas the mean birth rate was 30·7 or 1·7 per thousand less than the mean of the populations of the towns among which by far the highest birth rate was 61·7 in Vaniyambadi, the rates elsewhere varying between 50·5 in Dindigul and 4·1 in Rajempet.

The percentage of male to female births was 104·4, the percentages in the different districts varying between 106·5 in Ganjam and 101·3 in Kurnool.

The registered deaths numbered 998,391 or 212,268 more than in 1905, and the death rate which averaged 21·5 per mille in the previous five years and was 21·4 in 1905, rose to 27·4. Cholera, small-pox, fevers, dysentery and diarrhoea and respiratory diseases were all more prevalent than usual. Among the district death rates, the highest was 46·9 recorded in Madras, where dysentery and diarrhoea were specially rife and the death rate under the heading 'all other causes' was nearly double the presidential mean; elsewhere the rates ranged from 34·3 in the Nilgiris to 22·0 in Nellore. The mean rural death rate was 26·6 per thousand compared with 33·4 in the towns, among which the highest death rate was 77·5 recorded in Suluru, a town in Vizagapatam in which the death rate from cholera was 50·2 per thousand. The death rates in the other towns ranged from 56·9 in Narasannapeta to 6·1 in Gobichettipalayam.

Among Muhammadans and Hindus the death rates were, respectively, 28·1 and 27·5 per thousand, and among Christians and 'other classes,' 23·6 and 16·2.

Male and female infants died at the rates of 200·0 and 182·1 per thousand born, respectively, and boys and girls between one year of age and five at the rates of 38·8 and 36·7 calculated on the census population. At all age periods except 15-20 and 20-30 the male death rates were the higher, the rates for the sexes being 28·2 among males and 26·5 among females.

87. The number of births registered was 4,713 and the birth rate was 26·10 per thousand compared with 25·31 in 1905 and 23·31, the quinquennial mean. The rates ranged from 39·97 in Padinalknad to 20·37 in Mercara, the percentage of male to female births being 107·47 in Mercara and varying elsewhere between 98·27 in Kiggatnad and 94·24 in Padinalknad.

The registered deaths numbered 5,285 and the death rate which had fallen, from a quinquennial mean of 29·57 per thousand to 26·24 in 1905 rose to 29·26, the district rates ranging from 33·36 in Nanjarajpatna to 23·69 in the Kiggatnad, the mean in rural areas being 28·59 against 36·59 in the towns.

Male and female infants died at the rates of 247·0 and 232·7 per thousand born, respectively. The male were higher than the female death rates in all age periods except 5-10, 15-20, 20-30 and 30-40, the rates of the sexes being 28·68 and 29·99 per thousand among males and females, respectively.

88. The scanty rainfall and the consequent failure of crops resulted in high prices of food grains amounting to scarcity in certain of the Deccan districts, but fortunately the rains of 1906 were abundant and well distributed, so that prices fell although they continued at a higher level than normal until the end of the year.

The number of births registered was 625,486, and the birth rate was 33·84 per thousand, compared with 33·07 in 1905 and a quinquennial mean of 31·75. By far the highest district birth rate was 52·47 per thousand recorded in Khandesh; in the other districts of Bombay proper the rates ranged from 46·72 in Nasik to 30·0 in Ratnagiri. In the urban district of Bombay the birth rate was 26·96, and in the districts of Sind the rates ranged from 24·67 in Sukkur to 16·63 in Hyderabad. The mean percentage of male to female births throughout the presidency was 107·60; but while in the Bombay districts the highest percentage was 112·0 in Kaira and the lowest 101·79 in Kanara, in the Sind districts the lowest percentage was 114·71 in Karachi and the highest 137·45 in Hyderabad.

The recorded deaths numbered 648,019 compared with 588,394, and the death rate was 35·06 per thousand as compared with 31·84 in 1905 and a mean of 38·66 in the five years ending with 1905. There was a further decline of 1·07 per mille in the plague death rate, but cholera, fevers and bowel complaints were more prevalent than usual. Among the districts the highest death rate was 68·98 in Bombay City where plague was again epidemic and caused a death rate of 14·20 per thousand. In the Poona district the death rate was 50·84, including high rates, from plague, cholera and bowel complaints; the next highest rates were 43·04 in Ahmedabad and 40·71 in Nasik, in the former the fever death rate was very high and in the latter the death rates from cholera and from 'all other causes' were exceptionally high. The lowest district death rates were 23·67 in Thar and Parkar, 21·56 in Hyderabad and 21·39 in Ratnagiri. In rural areas the mean mortality was 32·25 compared with a mean of 53·76 in the towns, in which, excluding the exceptional death rate of 103·56 in Poona, where plague caused 7,319 deaths equal to a rate of 60·72 per thousand, the rates ranged from 75·77 in Viramgam to 12·29 in Ahmednagar Cantonment and 8·75 in Ahmedabad Cantonment.

Among the sects Christians had the lowest death rate, 24·96 per thousand, and 'other classes' the highest, 78·51; the other rates being Hindus, 36·64, Muhammadans, 29·26, Parsis, 27·29 and Jains, 26·15.

Male infants died at the rate of 226·0 and female infants at the rate of 214·17 per thousand born, respectively; and boys and girls between the ages of one and five years died at the rates of 63·53 and 62·10, respectively. The male death rates were the higher in all age periods except 5-10, 10-15, 15-20, and 20-30, the general rates being 35·26 among males and 34·85 among females.

89. The prices of food grains were higher than usual, partly on account of damage by rain to the crops after reaping, but
Lower Burma. mainly on account of large exports to India; there is, however, no evidence that the high prices exercised any influence on the vital statistics.

The number of births registered was 180,025 and the birth rate was 32·33 per thousand, considerably lower than the rate registered in the previous year, 34·34, and slightly lower than the quinquennial mean. In only three districts, Mergui, 43·45, Sandoway, 42·67, and Tavoy, 41·91 were the birth rates over 40 per thousand, and in five, Kyaukpyu 29·88, Maubin 28·35, Amherst 28·17,

Akyab 26·46, and Rangoon 17·16 they were below 30. The mean birth rate in rural areas was 33·28, compared with 25·80 in the towns, but the mean urban birth rate is reduced by the very low rates prevailing in Rangoon, Moulmein and Akyab, where there are large floating coolie populations; excluding those towns, the urban birth-rate was 33·52. The percentage of male to female births was 107, the percentage varying greatly in the different districts—in Myaungmya where 8,523 births were registered, it was 120, and in the neighbouring district of Henzada where the births recorded aggregated 16,520, it was 99; in the Arakan districts the percentages were 113 in Sandoway and 111 in Akyab and in Kyaukpyu.

The number of deaths recorded was 151,193 and the death rate was 27·15 compared with 24·93 in 1905 and a quinquennial mean of 22·83, the increase in mortality being shared by all the registered causes of death. The highest death rate was 47·57 in the Rangoon town district, in the other districts the rate ranged from 40·35 in Thayetmyo to 17·43 in Tavoy. In rural areas the mean death rate was 24·89 compared with 42·59 in the towns in which the rates varied between 65·34 in Myanaung which suffered severely from plague and cholera, and 17·22 in Sandoway. The death rate among Hindus was 35·37 per thousand, their high rate being due to exceptional mortality among them in Myaungmya, Rangoon and Prome; among the Burmese the death rate was 26·88, among Muhammadans 25·59, among Christians 19·14 and among 'other classes' 32·64.

Male infants died at the rate of 236·5 and female infants at the rate of 188·7 per thousand born, respectively; and boys and girls between one year and five years of age died at the rates of 34·25 and 30·62 per thousand of the census populations at those ages. In all age periods the recorded male death rates were higher than the female death rates—owing probably to the large number of male coolie immigrants in the population. The mean male death rate was 28·63, the female rate 25·45.

90. The registration of births is still limited to certain towns—thirteen in 1906, in which the birth rates ranged from 39·22 in Upper Burma. in Taungdwingyi to 28·58 in Meiktila, and the percentages of male to female births from 128 in Salin and Yamethin to 88 in Monywa.

Death registration is general, and the number of deaths recorded in 1906 was 76,493, equal to a death rate of 26·22 per thousand compared with 22·46 in 1905, and 19·84 the five years' mean. In the districts the rates varied between 43·59 in Mandalay and 18·35 in Sagaing, the mean in rural areas being 23·41 and in towns 50·42. At all age periods except 20-30 and 30-40, the male death rates were the higher, the mean death rates being 27·68 among males and among females 24·91 per thousand.

91. The registered births numbered 13,789 against 17,802 in 1905, and the mean birth rate which was 30·51 per thousand in Ajmer-Merwara. the five years ending 1905 and was 37·32 in that year, fell to 28·91 in 1906, the rates having been 33·65 in Merwara and 27·50 in Ajmer.

The deaths recorded aggregated 15,367 and the death rate was 32·22 or 2·03 per thousand less than in 1905 and '91 more than the quinquennial mean. The registered death rate in Ajmer was 33·74 and in Merwara 27·11. In rural areas the mean was 27·75 compared with 44·21 in the towns among which the rates ranged from 70·94 per thousand in Ajmer suburb to 31·65 in Nasirabad.

The death-rates among infants were 317·5 and 317·9 per thousand born among males and females, respectively. Boys and girls over one year of age and under five died at the rates of 135·82 and 145·70 per thousand of the census populations at those ages. In the age period 5-10 the male death rate was slightly higher than the female, and in the age periods over 40 the male rates were considerably greater, but at all other age periods females died at a greater rate than males, the general rates among the sexes being 31·38 and 33·16 among males and females, respectively.

SECTION VI.

GENERAL POPULATION.

HISTORY OF THE CHIEF DISEASES.

92. The accompanying table shows at a glance the number of deaths, and the

Years.	Cholera.	Small-pox.	Fever.	Dysentery and Diarrhoea.	Plague.	All causes.
1902 ... {	274,126 '00	115,443 '51	4,270,751 18'95	335,750 1'04	456,075 2'02	7,117,136 31'49
1903 ... {	312,854 1'38	93,693 '41	4,450,217 19'53	273,459 1'21	606,485 3'03	7,531,125 34'7
1904 ... {	192,525 '85	55,232 '24	4,095,081 18'09	240,651 1'00	940,600 4'16	7,435,472 34'56
1905 ... {	441,786 1'95	70,062 '31	4,412,655 19'57	262,124 1'17	940,811 4'17	8,117,771 35'96
1906 ... {	690,519 3'05	100,581 0'48	4,452,742 19'60	228,117 1'02	300,355 1'33	7,831,339 34'73

death rates per 1,000 of population recorded in British territory in India during each of the five years from 1902 to 1906. On comparing the figures for the year under review with those for the previous year it will be seen that in 1906 there was a considerable increase in the number of deaths attributed to cholera, small-

pox, fevers, and dysentery and diarrhoea, but that the number of deaths recorded as due to plague was only about one-third of the number recorded in 1905, and that from all causes taken together there were recorded in British territory 265,441 fewer deaths than in 1905.

93. The number of deaths from cholera recorded in British territory during

Cholera in India in 1906.

Appendix A to Section VI.

1906 was 690,519, equal to a death rate of 3'05 per 1,000 of the total population under registration.

If the deaths recorded in the Native States from which returns were received are added (Statement I), the total amounts to 713,664. In the previous year 441,786 deaths from cholera were recorded in British territory, giving a ratio of 1'96 per 1,000 of population, so that during the year under review cholera was more than one and a half times as prevalent as in the previous year. This increase in mortality during 1906 was shared by all the British provinces except Eastern Bengal and Assam and the North-West Frontier Province. The greatest numbers of deaths from the disease during the year were recorded in Bengal, the United Provinces, the Madras Presidency, and Eastern Bengal and Assam. In Eastern Bengal and Assam 34,034 fewer deaths from this disease were recorded than in 1905, but in the Central Provinces 38,768 deaths were reported as compared with 1,217 in 1905, in Madras 142,811 as compared with 16,888, and in Bombay 46,119 as compared with 5,396. The highest death rates were recorded in Madras, Bengal, Eastern Bengal and Assam, the Central Provinces and Berar and the United Provinces, and in all provinces except the Punjab and Bombay, cholera was prevalent throughout the year. As usual the seasonal prevalence of the disease did not correspond in the different provinces: in Bengal and Bombay the greatest number of deaths occurred in April, in Eastern Bengal and Assam in January, in the United Provinces in May, and in the Punjab, the Central Provinces, Madras and Upper Burma in August; and fewest deaths occurred in February in Bengal, in September in Eastern Bengal and Assam, in January in the United Provinces and the Central Provinces, and in March in Madras.

94. In the issues of this report for 1904 and 1905 brief summaries were given of the important researches carried out in Egypt and elsewhere with reference to certain vibrios isolated from the intestinal contents of pilgrims to Mecca who had died from diseases other than cholera. Investigation and discussion have been concerned chiefly with the problem whether these vibrios—now generally known as the "Tor vibrios"—are or are not true cholera vibrios. Bacteriologists are not in agreement as to the correct answer to this question. It will be remembered that Gotschlich, who was the first to work systematically at the subject came to the conclusion, from a consideration of their morphological, cultural, and biological characters, as well as for epidemiological reasons, that the Tor vibrios are true cholera vibrios; and Kolle and Meinicke as well as Mühlens and von Raven arrived at the same view'. On the other hand Kraus and his co-workers² reported that the Tor vibrios possess certain hæmolytic and toxin-forming properties which, it was said, are not possessed by the true cholera vibrios, and they concluded for this reason that the Tor vibrios must be regarded as distinct from the true cholera vibrio and must be placed in a special group. Gaffky, Pfeiffer, Gotschlich and others did not agree with the view of Kraus³. Subsequently Dr. M. A. Ruffer⁴ in a review of the researches into the bacteriological diagnosis of cholera carried out by medical officers of the sanitary, maritime and quarantine council of Egypt, advocated the correctness of Kraus's conclusions and stated definitely his opinion that the Tor vibrios are not true cholera vibrios. More recently Neufeld and Haendel⁵ have investigated the hæmolytic and toxin-forming properties of the Tor vibrios and of true cholera vibrios and have come to a conclusion entirely different from that of Ruffer; they consider that the Tor vibrios are true cholera vibrios. It is unfortunate that the different workers are not of one opinion about this matter because on the one hand, if the Tor vibrios are not true cholera vibrios it must be concluded that the bacteriological methods hitherto employed for the diagnosis of the cholera vibrio are not adequate for the purpose, and on the other hand, if the Tor vibrios are true cholera vibrios it must be concluded not only that under certain conditions the cause of cholera, like that of typhoid fever, can remain in apparently healthy human beings much longer than has been thought possible hitherto, but that "cholera bacilli carriers" are not necessarily dangerous to the community.

95. In Bengal in 1906 the total number of deaths recorded as due to cholera was 192,596 or 3·81 per mille of the population, as compared with 146,339 or 2·93 per mille in 1905 and 116,490 or 2·33 per mille, the average figures for the five years 1901-05. Excepting the year 1900, the mortality from cholera during 1906 was the highest ever recorded, and no district entirely escaped. The disease assumed an epidemic form in 123 registering circles against 104 in 1905 and caused a death or deaths in 21,365 villages (excluding those in Sambalpur) as compared with 18,652 in that year. The highest mortality was recorded in the district of Purnea where 17,579 of the inhabitants (equal to a ratio of 9·37 per mille of the population) died from this cause; next in order came Bhagalpur with 17,190 deaths (8·23 per mille), Champaran with 12,328 (6·88 per mille), Khulna with 7,867 (6·27 per mille), Balasore with 5,627 (5·25 per mille), Cuttack with 10,789 (5·22 per mille), Gya with 10,069 (4·88 per mille), Midnapore with 13,406 (4·80 per mille), Birbhum with 4,207 (4·66 per mille) and Howrah with 3,959 (4·65 per mille). Ranchi continued to be almost free from the disease and its

comparative immunity is attributed to the population being scattered over a large area and to the good natural drainage existing in most parts of the district; also in the districts of Singhbhum, Palamau, and Darjeeling the mortality from cholera was low.

Disinfection of wells with permanganate of potash was carried out in about 16 districts where cholera prevailed, but in some districts the inhabitants were opposed to the measure and it was carried out with difficulty. It is said also that in Purnea the people refused to drink the water of wells which had been treated, so that in this place disinfection had to be stopped. It appears that some villages where the measure was thoroughly carried out were completely free from cholera, although the disease was prevalent in neighbouring districts.

The highest death rates from cholera recorded in towns were 14.39 per mille in Meherpur in the Nadia district, 14.02 in Sitamarhi in the Muzaffarpur district, 12.65 in Hazaribagh, 12.46 in Baduria, in the 24-Parganas, and 12.40 in Nadia. In rural areas the highest death rate, 37.46 per mille, was recorded in Raniganj.

Among the European seamen of the port of Calcutta there were three deaths from cholera; and there were 48 among the native floating population.

96. The number of deaths attributed to cholera in Eastern Bengal and Assam during 1906 was 108,278, equal to a ratio of 9.63 per thousand of the census population, as compared with 142,312 deaths or a ratio of 4.77 per mille in 1905. January was the month of greatest prevalence, as a result of the continuance of the epidemic of the previous year, and in most districts the prevalence diminished considerably as soon as the rainy season began. The highest death rates were recorded in the Kamrup and Darrang districts, namely, 21.15 and 16.76 per mille of population, respectively. The provincial Sanitary Commissioner reports that there is a great scarcity of drinking water in some parts of the Kamrup district and that in more than 50 villages which the Civil Surgeon visited the immediate cause of the outbreak was found to be the drinking of contaminated water. The Civil Surgeon of this district reports that the people are beginning to realise the necessity of having good water for drinking purposes and that applications for grants-in-aid to improve existing water-supplies and to sink new wells are numerous.

In towns the highest death rates were recorded in Mangaldai (43.60 per mille), Dhubri (19.79 per mille), and Pirojpur (9.91 per mille). A sum of Rs. 300 was allotted by the Sanitary Board to aid in improving the water-supply of Mangaldai and a new well is being constructed there by the Public Works Department. The epidemic in Dhubri was said to be due to the fact that the people who live on the banks of the Brahmaputra river obtain their drinking water from a part of the river where, as it is shut off from the main stream by a sand bank, there is no current; this part of the river is used as a harbour for trading boats and is much contaminated with fæces. The provincial Sanitary Commissioner does not think it desirable to sink wells in this place as the town is threatened with destruction by the river, but recommends that a temporary bridge should be erected across the area of slack water so that water for drinking purposes may be obtained from the main stream.

Permanganate of potash was largely used for the disinfection of water-supplies where cholera prevailed and almost all Civil Surgeons considered the measure to be of great value.

The death rate from cholera among the tea-garden population in the Assam and Surma Valleys was 2'35 per mille as compared with 2'14 per mille in 1905.

97. The total number of deaths from cholera recorded in the United Provinces during 1906 was 149,549, equal to a ratio of 3'14 per 1,000 of population, as compared with a total of 121,790 and a ratio of 2'55 in 1905. The average death rate of the preceding quinquennium was 1'07 per mille. The greatest number of deaths occurred in May and the smallest number in January. All districts suffered more or less, those with the highest death rates being Jhansi (13'70 per mille), Jalaun (11'50), Gonda (10'58), Kheri (10'24) and Hamirpur (10'02).

The highest death rates for this disease recorded in towns were 19'16 per mille at Mahoba (Hamirpur), 17'69 at Mubarakpur (Azamgarh), 17'16 at Rath (Hamirpur), 13'72 at Konch (Jalaun), 13'47 at Sherkote (Bijnor), and 13'23 at Lalitpur (Jhansi). Of the 106 towns with populations of 10,000 or more, no death from cholera was reported in 26, while in 25 of the remainder the number reported did not exceed ten.

The *Kumbh Mugh mela*, which takes place once in 12 years, was held at Allahabad in January and February 1906. Cholera broke out on the 6th January and continued until nearly the end of the *mela*, causing altogether 333 cases with 267 deaths. At the Dikhauti fair at Hurdwar which took place on the 13th of April, seven cases of cholera and four of small-pox, all except one being imported, were reported during the week preceding the principal bathing day; but no secondary cases occurred and there was no epidemic of disease. No case of cholera was reported to have occurred at the Dadri fair at Ballia, or at the Garhmuktesar fair which was held in the Meerut district during November.

98. In the Punjab the total number of deaths recorded as due to cholera was 4,232 (0'21 per 1,000 of the population) against 2,197 (0'11 per 1,000) in the previous year.

Cholera in the Punjab. More than one-third of the total number of deaths reported occurred in the Lahore district and about one-seventh in the Sialkot district. There are altogether 32,834 towns and villages in the province but a death or deaths from cholera were reported to have occurred in only 610, of which 319 are in the districts just mentioned. Rewari (113 deaths) was the only town out of those with a population of 10,000 and upwards in which the disease prevailed in a severe form, and among smaller towns the highest death rates registered were 7'89 and 5'16 per mille in Khem Karan (Lahore district) and Pasrur (Sialkot district), respectively. As usual the province remained practically free from the disease during the first four months of the year, but a rapid increase took place in July and the largest numbers of deaths, 1,537 and 1,225 respectively, were registered in August and September when cholera is generally at its maximum prevalence in the province.

99. In 1906 no case of cholera was reported to have occurred in this province. In the previous year 415 cases and 303 deaths were registered.

Cholera in the North-West Frontier Province.

100. In the Central Provinces and Berar the total number of deaths recorded as due to cholera in 1906 was 38,768, or 3·26 per mille of the population, as compared with a total of 1,217 and a ratio of ·10 per mille in 1905. Of the total number in the year under review, 17,247 (equal to a ratio of 1·89 per mille of the population) were recorded in the Central Provinces and 21,521 (7·81 per mille of the population) in Berar. The probability that an epidemic of cholera would occur was anticipated in view of the occurrence in January of the *Kumbh mela* at Allahabad, and, as far as possible, precautions to guard against it were taken.

The districts in the Central Provinces where the inhabitants suffered most from cholera were Jubbulpore (3,374 deaths), Nagpur (2,964 deaths), Wardha (2,638 deaths), Bhandara (1,277 deaths), Narsinghpur (1,129 deaths), Saugor (1,119 deaths) and Drug (1,051 deaths).

In Berar the death rate from cholera (7·81 per 1,000 of the population) has only three times been exceeded during the last 35 years. There were recorded as due to this disease 7,791 deaths in the Yeotmal district, 5,277 in the Buldana district, 4,974 in the Akola district and 3,479 in the Amraoti district.

In general the origin of outbreaks in the province was attributed to importation of the disease from Allahabad, Puri, Ujjain, Nasik, and Pandarpur, but it is said that in many instances large tracts of country became simultaneously affected without it being possible to trace infection from outside. Among causes which influenced the unusual prevalence are mentioned the drying up of wells and tanks during the second quarter of the year and the consequent necessity of drawing water from polluted streams, the gathering together of large numbers of people in connection with the harvest, and, later in the year, excessive heat during a break in the rains, followed by unusually heavy rainfall. The vaccination staff as well as Assistant Surgeons and Hospital Assistants specially deputed distributed medicine in affected areas and disinfected the sources of water-supply with permanganate of potash.

101. In the Madras Presidency in 1906 there were 142,811 deaths recorded as due to cholera, giving a ratio of 3·9 per mille of population, as compared with a total of 16,888 and a ratio of ·5 per mille in 1905. Deaths from cholera were reported in all the districts of the Presidency but the disease was chiefly prevalent in the Kistna, Godavari, Kurnool, Ganjam and Tinnevely districts, the death rates in them being 8·9, 8·3, 7·6, 6·4, and 6·2 respectively, per mille of population. In the Nilgiri district only 15 deaths were recorded, equal to a death rate of 0·1 per mille. The months of greatest prevalence were August and July, in which no less than 36,496 and 29,968 deaths, respectively, occurred, and the lowest numbers of deaths, 836 and 1,015, were recorded in March and April.

The highest death rates from cholera recorded in towns were 17·5 in Periyakulam, 15·5 in Palni and Nandyal, 12·1 in Ellore, 10·3 in Tinnevely and 10·1 in Palamcottah; while Kodaikanal, Cannanore and Mangalore were free from the disease.

Permanganate of potash was, as usual, largely employed for the purification of polluted sources of water-supply.

102. In the Bombay Presidency there were recorded as due to cholera 46,119 deaths, equal to a ratio of 2.50 per mille of population, as compared with 5,395 deaths or a ratio of .29 per mille in 1905. The mortality in 1906 has been exceeded twice only during the last twenty years, namely, in 1897 and 1900, both of which were years of famine. Of the 25 districts, all except Kaira were more or less affected, the highest death rates from this disease being recorded in Colaba (7.61 per mille of population), Poona (6.54), Nasik (5.34), and Thana (5.25). No death was reported to have occurred during January, and the highest mortality occurred during April and May when there were recorded 11,047 and 10,862 deaths, respectively.

Deaths from cholera were recorded in 42 of the 56 town circles in the Presidency, as compared with 11 in 1905; the highest rates per mille being 16.93 in Nasik, 12.79 in Wai (Satara), 9.45 in Athni (Belgaum), 8.41 in Ahmednagar, 8.37 in Junnar (Poona) and 8.30 in Pandharpur (Sholapur). In the City of Bombay 1,223 deaths were recorded as compared with 25 in the previous year.

The provincial Sanitary Commissioner reports that the outbreak in the western registration district was traced to the use of water from a pool which is the chief source of water-supply for a large number of the high caste inhabitants of Nasik. The water of this pool is also largely used by pilgrims and the place is regarded as sacred. Arrangements were made to have the infected pool emptied and cleaned out, but it is reported that as soon as the work was begun numbers of priests and Brahmins "drove the workmen away and refused to allow any interference with the sacred spot."

103. In Lower Burma during 1906 there were recorded as due to cholera 5,529 deaths, equal to a ratio of .99 per mille of population, as compared with 3,511 deaths or .63 per mille from the same cause in 1905. Deaths from cholera were recorded during each month of the year, but the highest number occurred in July and the lowest number in November. The highest death rates per mille of population recorded in districts were 5.91 (1,417 deaths) in Thayetmyo, 2.36 (668 deaths) in Maubin and 2.27 (1,100 deaths) in Henzada; in towns the highest death rates were 20.48 in Zalun, 8.84 in Yandoon, 8.33 in Toungoo, 7.74 in Lamyethna and 7.17 in Danubyu.

In Upper Burma the total number of deaths recorded as due to cholera during 1906 was 2,343, equal to a ratio of .80 per mille of population, as compared with 1,836 or .63 per mille from the same cause in 1905. The disease prevailed in every district. The highest number of deaths occurred in August and the lowest in February. In districts the highest death rates per mille of population recorded were 1.96 (686 deaths) in Mandalay, 1.45 (363 deaths) in Meiktila, and 1.43 (4,040 deaths) in Sagaing; in towns the highest death rates were 10.17 in Monywa, 6.80 in Meiktila and 6.22 in Sagaing.

104. In Ajmer-Merwara 284 deaths from cholera were recorded during 1906, giving a ratio of .60 per mille of population. During the three preceding years no death from this disease had been recorded.

105. In Coorg ten deaths from cholera—one in October and nine in December—were reported during the year. This small province had been free from the disease during the four preceding years.

Cholera in Coorg.

106. From the marginal statement in the first paragraph of this section it will be seen that in British territory in India the death ratio per 1,000 of population from small-pox rose from '31 in 1905 to '48 in 1906. The mean ratio for the quinquennial period from 1901-05 was '38 per mille. The total number of deaths recorded from this disease during 1906 was 109,583 against 70,962 in 1905 and 55,232 in 1904. The death rates during 1906 were higher than in 1905 in all provinces except the Bombay Presidency and Ajmer-Merwara, the increase being greatest in Bengal, the United Provinces, the Punjab, the North-West Frontier Province, Lower Burma and Coorg. The small-pox mortality recorded in towns was twice as high as that in rural areas; and the deaths of children under ten years of age amounted to 68·39 per cent. of the total number of deaths from this cause.

In Bengal the number of deaths from small-pox rose from 7,213 ('14 per mille) in 1905 to 22,206 ('43 per mille) in 1906; the mean death ratio during the quinquennial period ending 1905 was '49 per mille. With the exception of Champaran, Darbhanga, Muzaffarpur and Singhbhum there was a marked rise during 1906 in the mortality from this cause in every district. Among the districts with the highest mortality, Puri stood first with a death rate of 4·85 per mille of population, followed by Calcutta with 3·42 and Howrah with 1·63 per mille, respectively. A scheme for increasing the number of vaccinators in Puri has received the sanction of the local Government. In towns 4,438 deaths and in rural areas 17,768 deaths from small-pox were registered as compared with only 709 and 6,504, respectively, during the previous year. The Civil Surgeon of Burdwan states that in the rural areas of this district the Muhammadans suffered most, and he attributes this to their religious principles which enjoin them to visit patients of their own class suffering from small-pox and prevent the evacuation of infected houses.

In Eastern Bengal and Assam during 1906, small-pox was responsible for 6,972 deaths, equal to a death rate per mille of '23 against 4,723 deaths and a ratio of '15 per mille in 1905. The highest rates per mille of population in districts were reported from Kamrup (3·08), Darrang (1·30), and Goalpara (1·24). In towns the highest death rate (33·09) was recorded in Barpeta, the head-quarters of the Mahaparushiyas, among whom, it is said, small-pox is always prevalent because, on religious grounds, they object to vaccination.

In the United Provinces 13,202 deaths were attributed to small-pox in 1906 as compared with 3,273 in 1905 and 6,998 in 1904, the corresponding rates being '28, '07 and '15 per mille of population. The average rate for the quinquennial period was '16. Garhwal was the only district which was practically free from this disease during the year, the number of deaths recorded being four. The highest death rate in districts (2·66 per mille) was again recorded in Jhansi, and the next highest in Rai Bareli (2·02) and Jalaun (1·85). No death from small-pox was recorded in 35 of the 106 towns with a population of 10,000 and upwards, while in 50 the number did not exceed ten.

Small-pox. Table I of Appendix B to Section VI.

In the Punjab, 13,239 deaths from small-pox, equal to a ratio of 0·66 per mille of population, were registered during the year, as compared with 4,723 deaths and a ratio of 0·23 in 1905, and 0·48 the mean ratio during the preceding quinquennium. A death or deaths were recorded during 1906 in 4,252 of the 32,834 towns and villages in the province. Vaccination is compulsory in 26 towns and the death rate from small-pox in these was 1·25 per mille; in the towns where vaccination is not compulsory it was 1·58 per mille.

In the North-West Frontier Province the number of deaths recorded as due to small-pox rose from 571 (·29 per mille) in 1905 to 1,127 (·57 per mille) in 1906. Of the deaths recorded in 1906 no fewer than 1,071 were of children under ten years of age. The greatest number of deaths were recorded in December and the fewest in October. In the Peshawar district 969 deaths were recorded, in the Hazara district 71 and in the Kohat and Dera Ismail Khan districts 43 each, while in the Bannu district only one death was recorded. It is noteworthy that in the city of Peshawar—now the only town of any importance in the Province where vaccination is not compulsory—the death rate was 4·06 per mille of population, as compared with 0·07, 0·10, and ·17, in the towns of Dera Ismail Khan, Bannu and Kohat, respectively.

In the Central Provinces and Berar there were 9,889 deaths from small-pox recorded during the year and of these 7,580 were of children under ten years of age. In the previous year 8,364 deaths from small-pox were recorded. In the year under review the disease was, as usual, chiefly prevalent during the hot season. Measles and chicken-pox were also prevalent during the same months and the provincial Sanitary Commissioner states that the reporting agents are apt to confuse the three diseases. The existence of plague is said to have interfered with the work of vaccination during recent years.

In Burma there was an increase in the prevalence of small-pox during the year, the total number of deaths recorded being 8,540 against 6,161 in 1905. Lower Burma was chiefly affected, 7,903 deaths, equal to a death rate of 1·42 per mille of the population, being recorded against 5,623 deaths and a rate of 1·01 in 1905. In Upper Burma the increase was very slight, there having been 637 deaths recorded, equal to a death rate of ·22 per mille of the population, against 538 and a rate of ·18 in 1905. The highest death rates were recorded in the Rangoon, Bassein and Hanthawaddy districts, all in Lower Burma.

In the Madras Presidency the number of deaths recorded as due to small-pox in 1906 was 29,840 (·8 per mille of population) against 18,540 (·5 per mille) in 1905. A death or deaths from the disease were registered in every district and in all except ten of the 61 municipal towns. The death rate in towns was somewhat higher than that in rural areas.

In the Bombay Presidency the number of deaths from small-pox recorded during 1906 was only 4,063 (·22 per mille of population) as compared with 16,985 (·92 per mille) in the previous year. Deaths were reported from 225 of the 287 registration circles in the Presidency, but the disease was especially prevalent only in the southern registration and Karachi districts where 1,395 and 308 deaths respectively were recorded. The months of greatest prevalence were March and April. Of the total number of deaths recorded about 64 per cent. occurred among children under ten years of age.

In Ajmer-Merwara 271 deaths (·57 per mille) from small-pox were recorded during 1906 as compared with 277 (·58 per mille) in 1905. In Coorg the number of deaths reported as due to this disease was 234 against 132 in the previous year.

107. The year 1906 was distinguished by a remarkable decline in the mortality from plague, the number of deaths recorded throughout the country falling from 1,143,933 in 1904 and 1,069,140 in 1905 to 356,721, the smallest total since 1901.

Plague.

In the British provinces in 1904 the number of plague deaths registered was 938,010, and in the following year the number increased slightly to 940,821; in 1906 the total was 300,355, nearly the same as the number of deaths registered under the heading of dysentery and diarrhoea, and much less than half the number of deaths ascribed to cholera in the same areas in the same time. In 1905 the course of the epidemic was peculiar; the mortality during each of the first five months of the year was much greater and the mortality in the last seven months much less than the mortality in the corresponding months of the preceding year. In 1906 these relations were reversed; in the first eight months of the year the numbers of deaths were much lower and in the last four they were much higher than in the corresponding months of 1905. In the Native States the numbers of deaths aggregated 56,365 less than half the mortality recorded in 1905, the monthly totals in 1906 up to May being much lower and from June onwards considerably higher than in the preceding year.

The mean death rate from plague in the British provinces was 1·33 per thousand, compared with 4·17 in 1905; males suffered less than females, the death rates of the sexes being 1·25 and 1·40 per thousand, respectively. The decrease in plague mortality was common to all the greater provinces, but in the United Provinces, the Punjab and Bengal it was specially large. In Burma and the Central Provinces and Berar the mortality increased, and although the figures in Eastern Bengal and Assam and in the North-West Frontier Province remained low, the increase in the latter province from 3 deaths to 41, including 39 indigenous cases, was ominous. The small province of Coorg alone was entirely free from plague. In all the British provinces, except Eastern Bengal and Assam, the North-West Frontier Province, Ajmer-Merwara and Coorg, and in all the larger Native States plague deaths were reported in every month of the year. In Calcutta plague mortality fell from 7,372 deaths in 1905 to 2,606 in 1906, and in Bombay from 14,171 to 10,802, deaths occurring in both cities in every month of the year. In Madras the number of deaths rose from 22 to 56, deaths occurring in January, February, March and September.

108. In these Reports for 1904 and 1905 an account was given of the appointment in London of an Advisory Committee for the investigation of plague, of the appointment of a Commission to work under their direction in India, and of the earlier investigation carried out by the Commission. After continuous work for two years, when most of the problems set before them had been solved, the Commission was temporarily dissolved in May 1907. Reports of the investigations carried out by the Commission are being published by the Advisory Committee in special numbers of the *Journal of Hygiene*. This method of publication, although offering many advantages, presents certain defects. The reports are not published continuously, and they are necessarily couched in technical language, so that however widely they may be distributed it is doubtful if they would be read or understood by a public that it is desirable to reach. In order to redress these defects Major Lamb, the senior member of the Commission, was authorized to prepare a summary of the work done by the Commission in the form of a continuous narrative. This summary has been published and widely circulated; but it is not out of place

The Plague Commission.

here to describe briefly the work done and the conclusions which appear to be permissible, referring readers for details to the original reports in the *Journal of Hygiene* and to Major Lamb's summary—*The Etiology and Epidemiology of Plague*.

109. A reference to the Reports for 1904 and 1905 will give some idea of what was known of the etiology of plague before the Commission began their labours. It was generally recognized that the rat was a most important factor in the spread of bubonic plague, and attention had been attracted by the work done at the Plague Research Laboratory by Colonel Bannerman and Captain Liston. Captain Liston made the discovery that guinea-pigs could be used to trap fleas in plague-infected houses, and that many of the guinea-pigs used for this purpose died of plague; and he found the bacilli of plague apparently multiplying in the stomachs of some of the fleas caught on the guinea-pigs. It had been shown that healthy animals could live along with plague-stricken animals and not contract the disease, and that the life of the bacillus in earth taken from the floors of Bombay houses was comparatively short. Attempts had been made to convey plague from one animal to another by means of fleas, but these attempts failed.

110. The work of the Commission was carried on in Bombay City, in a few villages in its neighbourhood and in two villages in the Punjab, in all of which plague has been either continuously or intermittently prevalent since the beginning of the epidemic. In Bombay most of the houses, although large and high, are lightly built, masonry plinths are rare and most of the roofs are of country tiles. Between the houses are narrow passages in which there is communication with the sewers and storm-water channels. The huts in the villages near Bombay are of flimsy construction with earthen floors and tiled roofs. The houses in the Punjab villages are built of mud or sun-dried bricks, floored with earth and roofed with country tiles or earth. The houses in Bombay and the villages have this in common, they offer every facility for infestation by rats; in Bombay and in Parel village the sewers and storm-water drains afford additional asylums for them. In Bombay City, stables, grain godowns and the like abound, and in the villages the people store their supplies of grain in their houses. In Bombay and the Punjab alike the people are tolerant of rats; and the rats fear man so little that they run about the houses freely even in the day time.

The Commission made arrangements to obtain as many rats as possible alive or dead. Living rats were examined to ascertain the number and kind of flea infesting them, and all rats were examined to ascertain the proportion attacked by plague. A record of particulars regarding all rats obtained was kept. The localities where plague-infected rats were found were noted for the purpose of determining the relationship between the disease in rats and in man.

111. It was found that in Bombay the common rats are *M. decumanus*, the gray rat, and *M. rattus*, the black rat. The former is the more numerous in stables, godowns, storm-water drains and sewers, and in the ground floors of houses; the latter is essentially a house rat; both species meet on the ground floors of houses, but ascending the house black rats become more common and gray rats more rare. No gray rat was found higher than the third storey of a house. In the villages only the black rat is of impor-

tance so far as plague is concerned. It was found that both gray and black rats are infected and that the gray rat, probably on account of its larger size and consequent greater infestation by fleas, is attacked more frequently than the black rat.

112. In Bombay the year may be divided into an epizootic season, from December to May, and a non-epizootic season, from June to November inclusive; but throughout the non-epizootic season there was never a week when less than 20 plague-infected rats were examined at the laboratory. The Commission found that an epizootic among gray rats preceded the epizootic among black rats by about 10 days, and that it was the gray rat that spread the disease throughout the city while the black rat was mainly responsible for its distribution in the houses. In the villages plague among rats did not persist throughout the year and new outbreaks of the disease could be traced to fresh infections. In the two Punjab villages acute infection among rats apparently disappeared, and, although chronic plague was found in a few rats, it seems exceedingly unlikely that this can give rise to acute infection. It does not follow, however, because acute infection disappeared from the villages under the observation of the Commission that it disappears similarly from all villages: deaths from bubonic plague are recorded in nearly every province during the non-epidemic season and, as will be seen, the occurrence of bubonic plague in man is evidence of the presence of acute plague among rats.

113. In Bombay City it was found that just as the epizootic among gray rats preceded the epizootic among black rats by a mean period of about 10 days, so the epizootic among black rats preceded the epidemic by another interval of from 10 to 14 days. The relation of the epizootic to the epidemic in particular places was difficult to establish in Bombay City, but this was established in the Punjab villages; and it was found in Bombay City and in the villages that there was correspondence between the numbers of rats and human beings infected.

It was found that it was rare for more than one person in a house to be attacked, and that when more than one person was attacked, the attacks were as a rule nearly simultaneous.

114. Meanwhile it was shown in the laboratory that plague-infected animals do not infect healthy animals except when fleas are present; that plague can be carried from the sick to the healthy animal by means of fleas; and that the plague bacilli in grossly contaminated floors do not remain infective for more than 24 hours.*

115. It was found possible to infect rats by feeding them upon grossly contaminated material or by causing them to eat the carcasses of rats that had died of plague. When, however, infection was induced in this manner the site of the primary bubo in 72 per cent. of the cases was one of the mesenteric glands, and the neck glands were involved in only 29 per cent. of the cases, while the inguinal and axillary glands were practically never involved. When rats are naturally infected the distribution of bubos is quite different. The primary bubo in natural infection is generally in the neck (74 per cent. of cases), the axillary and inguinal glands are often affected (25 per cent.), and in no single instance among 6,000 naturally

* Annual Report for 1905, pages 119-121.

infected rats examined after death, was the primary bubo found in the mesenteric glands.

116. It was proved that the bacilli of plague multiply in the stomach of the flea; but the proportion of infected fleas varies in different seasons of the year, being six times greater in the epidemic season than in the non-epidemic season. In the epidemic season the proportion of infected fleas was greatest (43 per cent.) during the first four days after removal from the infected rat. After four days the percentage of infected fleas rapidly fell, although 9 per cent. were found to retain bacilli in their stomachs up to the twelfth day.

117. The question how the bacilli are transferred from the stomach of the flea into the blood of an animal was not an easy one to solve. It was found that in the flea the presence of bacilli was limited to the digestive tract. The rectal contents and fæces of infected fleas are loaded with bacilli, and it was possible to infect an animal by means of the fæces through the wound inflicted by the pricker. Although infection by a single flea was possible, it seems that the chance of an animal contracting plague after being bitten by a single flea is remote. Both male and female fleas (*P. cheopis*) convey infection; and infection can be carried by *P. irritans* and *Ceratophyllus fasciatus*, but not apparently by *P. felis*.

118. It was found that rat-fleas would bite man. They bite man most readily when starved from 72 to 96 hours, but unless they were very numerous they would not bite man in the presence of their natural host the rat. It was found that rat-fleas might be attracted by man, jump on to his clothes, but not feed on him at once. The importance of this observation from an etiological point of view is obvious; an infected rat-flea may be carried on a man's clothing from one place to another and, without biting him, leave the man's clothing for a rat when an opportunity offers.

It was ascertained that rat-fleas could be kept alive for from three to four weeks when fed on human blood alone, and that rat-fleas deprived of all food never survive longer than seven days.

119. The most striking fact in the epidemiology of plague is its apparent dependence upon climatic variations; its disappearance when the temperature becomes very high and its re-appearance when the temperature falls. How does the bacillus maintain an existence during the non-epidemic season, and what are the factors which influence the seasonal prevalence of the epidemic? We have seen that the life of the bacillus in the soil is comparatively short, and that plague in man is dependent upon plague in the rat. There is no reason to suppose that man harbours the bacillus after recovery from an attack of plague, and, although chronic plague does occur among rats, the development of acute plague from a chronically infected rat appears to be hardly possible. The only obvious way, then, in which the disease could be maintained during the non-epidemic season is by the occurrence of a chain of cases of acute plague among rats. In the cities of Calcutta and Bombay plague occurs among human beings throughout the year, and from different areas in all the widely-infected provinces deaths from plague are reported in every month of the year. If human cases derive their infection

from rats it follows that acute plague in rats must occur throughout the non-epidemic season, although the cases may not be numerous.

120. Full details regarding the breeding seasons of rats in different parts of

Breeding season of rats.

India are not yet available, but it was ascertained by the Commission that in Bombay and the Punjab, although rats breed throughout the year, they breed most freely in the seasons between epizootics.

121. It was also ascertained that in Bombay and the Punjab there is a

Seasonal prevalence of fleas.

definite seasonal prevalence of fleas, and that the season of their greatest prevalence coincides in point of time with the epidemic of plague. The facts on which the prevalence of fleas depend have not been fully ascertained, but it has been found that a high temperature restricts their breeding, restraining the adult from laying eggs and delaying or preventing the development of eggs into larvæ.

122. A high temperature—85° F., and over, affects the fate of the bacillus of

The effect of a high temperature on the bacillus in the flea.

plague in the stomach of the flea. It is cleared out of the stomach more rapidly than when the temperature is lower, say, 70° F. At the high temperature fewer transmission experiments by means of fleas succeed, and the flea retains the power to infect for a shorter time than at the low temperature.

123. A low temperature—below 50° F., limits the spread of plague, because

The effect of a low temperature on plague.

when the temperature is low infected rats generally die of plague before the bacilli reach the blood, and thus fleas have few opportunities of ingesting bacilli.

124. Few will be found to deny the validity of the proof that plague is carried

Conclusions.

from rat to rat by means of the rat-flea; but it is contended that the evidence that plague is carried from rat to man by means of the flea is inconclusive. The direct proof is certainly wanting; but all susceptible animals on which experiments have been tried can be infected through the rat-flea, and apparently this is the means by which the disease is spread among animals in nature. The rat-flea will bite man under certain conditions, the very limitations of which seem to furnish additional evidence of the correctness of the flea theory in respect of man, because they explain satisfactorily facts of the epidemiology which are otherwise mysterious.

In the present condition of knowledge it must, I think, be accepted that bubonic plague is spread by infected rats, the vehicle of contagion between rat and rat and rat and man being the rat-flea; and that the life of the bacillus outside the bodies of animals and certain insects is of comparatively short duration.

Pneumonic plague is directly infectious from man to man by inhalation, but this form of the disease is rare and plays but a small part in the general spread of the epidemic.

125. The Director of the Bombay Bacteriological Laboratory reports that since January 1897 when the first doses of prophylactic vaccine were issued,

Inoculation.

6,321,578 doses have been despatched from the laboratory and that of these doses

5,754,044 have been issued to medical men in India. The number of doses issued in 1906 was, however, only 176,651 as compared with 315,905 in the previous year. In all probability this decline was due to the greatly diminished prevalence of plague during 1906, for it is well known that the majority of natives are willing to resort to inoculation only when the disease is very severely epidemic among them. The decline has also been attributed to people having temporarily avoided inoculation in the hope that a less disagreeable method of protection from plague might be discovered by the Plague Research Commission, and it is said that now the results of the investigations of the Commission are known there are signs that inoculation will be resorted to more frequently. Further experience of the use of the vaccine by a large number of medical men has served to confirm the opinion as to the great value of the method in reducing the case-incidence and the case-mortality from plague, and during the year under review no untoward result from inoculation was reported.

125. The destruction of rats was carried out during 1906 to a greater or less extent in nearly all provinces where plague prevailed and there is considerable evi-

The destruction of rats.

dence that the measure can be undertaken without exciting the prejudices of any but a small minority of the people. Chiefly on account of the results reported in a campaign against rats carried out at Tokio in Japan attempts have been made to minimize the value of rat destruction as a means of preventing plague, but it is obvious that since bubonic plague is transmitted not from man to man but from rat to man every infected rat destroyed means the removal of a source of infection. There are probably few places where the extirpation of rats can be accomplished solely by official agency, but the efforts now being made are of educative value, and in the present state of our knowledge wherever the measure of rat destruction can be thoroughly carried out it should be adopted. In Bengal rat killing was vigorously carried out during 1906 in the districts of Monghyr and Saran, in the towns of Modhubani and Bhagalpur and in the circles of Monghyr and Jagadispur, 356,662 rats being destroyed in these localities. In five other towns less vigorous measures resulted in the destruction of 26,684 rats during the year. In Calcutta, where a reward of two annas was paid for each live rat obtained, more than 145,000 live and dead rats were collected during the year. A systematic and very energetic campaign extending from April 1905 until March 1907 has been conducted in the Jagadispur municipality and surrounding villages. As far as possible the operations were confined to an area of about 20 square miles, which included the municipality and nine villages, the population in the area being 20,501. The total number of rats killed during the period of the experiment is stated in the report of the officiating magistrate of Jagadispur to have been 1,409,351, of which 459,878 were killed in the municipality of Jagadispur which has a population of 11,451 people. The total cost of the operations (including the rewards paid for rats) is said to have been Rs. 25,154-1-0 or nearly three and a half annas per rat killed. The operations appear to have banished plague from the municipality—there were 60 cases in 1902, 324 cases in 1903, 151 cases in 1904, and 99 cases before the operations commenced in 1905; from June 1905 until April 1907 there was no case. It is not stated in the report whether any approach to extermination of the rats was effected, but from the fact that during March 1907 nearly 50,000 rats were killed in the municipality

ERRATUM.

Annual Report of the Secretary Commission with the Government of 1901
for 1902.

10-3

In para. 125, p. 98, sixth line from the bottom, for the word "annex" read
"piaz."

ERRATUM.

*Annual Report of the Sanitary Commissioner with the Government of India
for 1906.*

In para. 125, page 98, sixth line from the bottom, for the word *annas* read
pies.

and over 97,000 in the other parts of the area it does not appear that such was the case. In the Punjab, systematic operations for the destruction of rats were carried out during the plague season of 1906-07 in 8,650 villages and 70 municipal towns. In villages the use of poisoned baits was the method chiefly relied upon; in towns this method and trapping were employed. No figures showing the number of rats killed are given in the special report on the operations, but in the annual report of the provincial Sanitary Commissioner it is stated that during the operations carried out in the latter half of the season 1905-06 over one and a half million dead rats were found, and that for various reasons this number was considered to be only a small proportion of the actual number killed. It is said that in some places the results were unsuccessful because the inhabitants collected and threw away or buried the baits after they had been laid, but that these difficulties disappear as the staff and the people gain experience and that a second trial of the measure is usually accepted readily. The Inspector-General of Civil Hospitals remarks that "all reports agree that the mass of the people accept rat destruction and in many places even ask for it; in some the people do it themselves." In the Bombay municipality the campaign against rats, which had been begun in July 1905, was vigorously continued, 231,392 rats being collected during 1906 and sent to the Bombay Bacteriological Laboratory for examination. Of the 131,322 rats examined 18,572 or 14.14 per cent. were found to be infected with plague. The first of a series of specially organised campaigns was conducted in Fort North section of "A" ward early in 1907. The area of this section is .21 of a square mile and it was mapped out into divisions, circles, and blocks, each under the charge of one or more supervisors and inspectors. The residents were previously informed of the campaign by the distribution of handbills printed in English, Marathi and Gujrathi. The important feature of the campaign was that a very large number of baits (100,000 or more) were prepared beforehand so that on the evening when the operations were begun baits could be deposited in a very short time in all the gullies, culverts, drains and on the floors of houses throughout the area. On the next and following mornings search for poisoned rats was made. The cost of the experiment (excluding the cost of the poison) was Rs. 375, and 1,362 dead and living rats were collected. Similar campaigns are being carried out in other parts of the city. In Burma 4,366,869 rats were killed during 1906 at a cost of Rs. 253,260 or 11.1 pies per rat. An energetic campaign was conducted in the town and district of Sagaing, the population of the town being 9,643 and of the district 273,015. The provincial Sanitary Commissioner reports that up to the 31st of March 1907, 35,679 rats had been killed in the town and 2,047,612 in the district. In the Central Provinces and in Madras the destruction of rats by poisoning and trapping was largely practised.

127. The number of deaths registered as due to plague in Bengal fell from

126,084 in 1905 to 59,619 in 1906 and the death

Plague in Bengal.

rate fell from 2.52 per thousand to 1.51. Of

the 33 districts only 9 were entirely free from the disease, but in many others the numbers of deaths were comparatively small. Mortality was, as usual, highest in the districts of the Patna division, especially Patna (death rate 9.15 per mille) and Saran (6.44), in the urban district of Calcutta (3.07) and Shahabad (3.01). Except in Calcutta, where the male death rate was considerably the higher, and in districts in which very few deaths were recorded, females suffered

more severely than males, the death rates being 1·03 per mille among males and 1·31 among females. Nearly three-fourths of the municipal towns escaped, but many of those attacked suffered severely, notably Monghyr (death rate 48·94 per mille), Tikari (35·10) and Revelganj (29·49) so that the mean urban mortality from plague (4·94) was more than five times as much as the mean rural mortality (·92). The epidemic followed the usual seasonal distribution in Bengal—the numbers of deaths increasing steadily from January until March, a slight fall in April, followed by great falls in May and June; after the minimum in July a gradual rise until November followed by a considerable rise in December.

128. The immunity from plague enjoyed by this province was maintained, but during the year there were three outbreaks of pneumonic plague resulting in 74 deaths. **Plague in Eastern Bengal and Assam.** The details of the occurrence of plague in a region which has enjoyed immunity from the general epidemic are evidently of special interest. In March 1906, a man, said to have been employed in a jute mill near Calcutta, was travelling with two companions to his home in the Pabna district. On the steamer he died of pneumonic plague. His companions took his corpse on shore and carried it a distance of 5 or 6 miles to his village, where it was buried. Both men were attacked by pneumonic plague and conveyed infection to 27 other persons. Of the 27 cases 24 died. In June there were two outbreaks in the Bajitpur *thana* of the Mymensingh district, both of which were due to importation from Calcutta. In the earlier outbreak there were 5 attacks and 5 deaths; in the later 50 attacks and 45 deaths. All were cases of pneumonic plague.

Since 1898 there have been eight outbreaks of plague in Eastern Bengal and Assam, including the three described and the outbreak in Dibrugarh in 1903. The provincial Sanitary Commissioner notes regarding them that "with the exception of the outbreak in Dibrugarh town, the epidemics all seem to have been of the same nature. They all occurred in typical Bengal villages, in which each homestead consists of a group of three or four huts built round an open square courtyard, surrounded by an ample compound and shut off from the neighbouring *baris* on all sides by a thick jungle of bamboos and palms." In every instance except the Dibrugarh outbreak, the first case came from Calcutta, the epidemics were "almost entirely of a pneumonic character," there was nearly always a history of direct infection from case to case, and whole families living in the same homestead died. At Dibrugarh, where the epidemic resembled those common in Northern India, the disease first appeared among rats, the cases were bubonic, and the number of persons attacked in any household was small. Enquiries regarding the distribution of rats in the Province are being carried out. Lieutenant-Colonel Hare, I.M.S., states that "rats are by no means common in the rural areas of the lower districts. The country is hardly above the flood-level of the tidal rivers and it is difficult for them to find food or migrate from one village to another."

129. The number of plague deaths registered fell from 383,802 in 1905 to 69,660, and the death rate from 8·05 to 1·46. Only three districts—Almora, Jhansi and Hamirpur, **Plague in the United Provinces.** escaped altogether, but in seven other districts the number of deaths recorded was

less than one hundred. Among these were Agra and Muttra. In Agra only three deaths were recorded and in Muttra, where the deaths in 1905 numbered 47,974, there were only 21. The highest district death rates occurred in Ballia, 7·82 per thousand, Bijnor, 5·47, and Muzaffarnagar, 4·17. In rural areas the mean death rate was 1·25, compared with 4·29 in the towns. Of the 106 towns with a population of over 10,000, only 30 escaped, and in five—Chandausi (46·01), Mehndawal (23·76), Mau (23·00), Khairabad (22·80) and Gangoh (21·97) the rates were over 20 per thousand. The mortality rose rapidly from the beginning of the year until March, fell very slightly in April and rapidly in May and June, to a minimum in July, after which it rose gradually until November and very rapidly in December. Females suffered more than males, the death rate among the former being 1·68 per mille compared with 1·25 among the latter.

130. The mortality from plague in the Punjab was much lower than in any year since 1901, the number of deaths recorded being 104,863 compared with 390,233 in 1905 and 402,950 in 1904. Of the total, 92,115 occurred in the British districts and 12,748 in Native States. In the British districts the mean death rate was 4·56 compared with 16·65 in 1905 and a mean of 11·17 in the previous five years. The districts of Simla, Jhang, Multan and Dera Ghazi Khan were free from the disease, and the mortality in Mianwali (7 deaths), Muzaffargarh (34), Attock (59) and Kangra (84) was slight. In rural areas the mean death rate was 4·45 per thousand compared with 5·53 in the towns. Except in Delhi and Gurgaon very few of the towns in infected districts escaped, and in many the mortality was exceedingly high, notably in Dharmkot, (death rate 46·80), Garhdiwala (37·24), Bhiwani (36·42) and Zira (35·49).

Mortality increased rapidly until April, remained stationary at a high figure in May, fell rapidly in June and again in July, reached the minimum in August, after which the numbers of deaths rose rapidly until the end of the year. Females died at the rate of 5·14 per thousand and males at the rate of 4·06.

Regarding the attitude of the people the Inspector-General of Civil Hospitals writes:—"Although generally apathetic, the people are gradually becoming less suspicious of proffered assistance."

131. Hitherto plague in this province has been restricted to imported cases, but in March 1906 there was an outbreak of pneumonic plague in the Hazara district. The disease was imported from Rawalpindi whence a man suffering from plague went to the village of Ghazi, where he died. His relatives, who lived in the same house, contracted the disease which spread to three other villages. The villagers refused to allow preventive measures to be taken, but fled from the village. The inhabitants of the neighbouring villages, however, refused to take them in and they had to live in the open air. The disease soon disappeared, but not before 44 cases had occurred, of which 40 proved fatal. There were other 3 cases in the province—2 in Peshawar city and 1 in Dera Ismail Khan.

132. In 1904 there were 32,820 deaths from plague in these provinces; in the following year the total fell to 5,345, and in 1906 the number again rose to 18,121. Only two districts—

Narsinghpur and Betul, were entirely free from the disease, but its occurrence in the districts of the Vindhyan and Mahanadi divisions was limited to a few cases.

The districts of Nagpur (death rate 15·39 per mille), Buldana (3·53), Akola (3·19) and Nimar (2·45) suffered most severely. The mean mortality in rural areas was ·59 per thousand, but in the towns it was 9·55. In a few of the towns the death rates were enormous; in Kalmeshwar it was 129·78, in Saoner 84·18 and in Kamptee 65·52. In Nagpur the number of deaths recorded was 5,432, equal to a death rate of 42·52 per thousand.

In January the number of recorded deaths was 1,264, in February 3,022 and in March 3,690; in April the number fell to 1,700 and in May to 53. In June only 4 deaths were registered and in July 15; after which the monthly totals rose to 2,620 in October, falling to 1,656 in November and again rising to 1,938 in December. The general death rate was 1·53; males suffered more than females, the death rate of the former being 1·62 per mille and of the latter 1·43.

The attitude of the people has improved greatly; they understand the necessity of excluding from their villages arrivals from infected areas; they are ready to evacuate their villages, and suspicions regarding official action are passing away.

133. The number of deaths fell from 20,125 in 1904 and 5,788 in the following year to 898 in 1906. The district most severely affected was Bellary, where 325 deaths occurred. The general death rate was ·02. As in the Central Provinces and Berar males suffered more than females, the deaths of 464 of the former being reported against 434 of the latter.

134. The number of deaths from plague which had fallen from 223,957 in 1904 to 71,363 in 1905, fell further in 1906 to 51,525, the smallest total since 1900. Only the districts of Thar and Parkar, Larkhana, Sukkur and Upper Sind Frontier escaped entirely, but the mortality in Hyderabad, Bijapur and Kanara was inconsiderable. The urban district of Bombay suffered most severely, but the death rate of 14·20 per mille was much lower than in the previous year, 18·63, and the quinquennial mean, 21·28. In the district of Poona mortality was exceedingly heavy—12·75 per thousand, and the death rates in Kaira, 7·87, Karachi, 5·24, Panch Mahals, 4·80, Satara, 4·75 and Ahmedabad, 3·76, were high. Few of the towns escaped, and the mean death rate among the urban population was 10·88 per thousand compared with 1·57 among the population of rural areas. In Poona city the number of deaths registered was 7,319, equal to the enormous death rate of 60·72 per thousand.

The numbers of deaths rose slowly to 6,108 in April and then fell slowly to a minimum of 612 in July; a sudden rise in August, owing to the outbreak in Poona, was followed by the highest monthly figures in September, 8,435 and October 8,619, after which the totals fell to 5,381 and 4,801 in November and December, respectively. Males suffered more than females, the death rates being 2·93 and 2·63, respectively, but in many districts, notably Sholapur,

Satara, Ratnagiri and most of the districts in Gujarat and in the south of the Presidency, the female death rates were the higher.

135. The total number of recorded plague deaths rose from 3,692 in 1905 to 8,637. Of the total, 5,223 occurred in Lower

Plague in Burma.

Burma, where the plague death rate was '94 compared with 1'17 in Upper Burma. The districts of Akyab, Kyaukpyu, Sandoway, Tavoy, Mergui and Magwe escaped altogether, and in Pegu, Maubin, Pyapon, Thaton, Thayetmyo, Shwebo, Pakôkku and Kyaukse the occurrence of the disease was limited to a few cases. The highest death rates were 11'79 in Rangoon and 6'87 in Mandalay, the only other rates over 1 per mille being 2'40 in Amherst, 2'09 in Meiktila and 1'28 in Prome. In Lower Burma the number of deaths that occurred in rural areas was very small, only six districts being affected and in two of these only single deaths were reported, and the rural death rate was '05 compared with 6'98 in the towns. In Upper Burma the rural death rate was '27 compared with 8'98 in the towns.

In both provinces deaths were recorded in every month in the year; in Lower Burma the heaviest mortality occurred during the rains; in Upper Burma the maximum occurred in March. In both provinces males suffered more than females.

136. The number of deaths from plague in Ajmer-Merwara fell from 2,480 in 1905 to 68, the death rates among males and females, respectively, being '16 and '12 per thousand.

Plague in Ajmer-Merwara.

137. For the second year in succession the small province of Coorg was reported to be free from plague.

Plague in Coorg.

138. The total number of deaths recorded in British territory in India during 1906, under the heading "fevers" was 4,452,842 as compared with 4,417,655 during 1905, the ratios per thousand of the census population being 19'69 in 1906 and 19'57 in 1905. As a rule the number of deaths recorded as due to fever does not vary greatly from year to year, but during the ten years ending with 1906 there were registered in all 43,641,844 deaths under this heading as compared with 40,221,452 during the ten years ending with 1896. In the year under review 56 per cent. of the deaths from all causes were registered under this heading and, as usual, there were many towns and villages especially in Bengal, Eastern Bengal and Assam, and the Punjab, in which over 80 per cent. of all the deaths that occurred were so recorded. The death rate recorded from all other causes than fever was only 15'0 per thousand of the population. When reference is made to fever in India malarial fever is generally understood, but it is obvious from the figures just given that many causes of death and many diseases much more fatal than malarial fever are included under the heading. At present it is not possible to ascertain with any degree of accuracy what proportion of the deaths recorded under "fevers" in India is due to malaria, but from various considerations and from the results of enquiries that have been made it may be said that for India as a whole the proportion is almost certainly not higher than between 20 and 30 per cent.; in all probability it is much lower.

Fevers. Table II of Appendix B to Section VI.

The following are some of the considerations and enquiries upon which this estimate is based. In 1905, excluding Burma and the small provinces of Ajmer-Merwara and Coorg for which no returns are available, the diseases of 141 patients out of every 1,000 who attended for treatment at the dispensaries in India were diagnosed as malarial fever. A considerable number of the patients who attend at dispensaries are suffering from surgical diseases, which causes the figure to be smaller than it would be if all were medical cases, but, on the other hand, it has to be remembered that the diagnosis of malarial fever is made in almost all cases without the help of the microscope and that for this reason a number of diseases other than malaria are doubtless included under the heading. For the purposes of the argument we may also eliminate the possibility that the ratio 141 per 1,000 is too low, by assuming that it represents not the proportion of the total sickness in India which is due to malaria but the proportion of the total mortality which is due to this cause. On this assumption the number of deaths from malarial fever in 1905 would have been about 1,144,605 which is 25.9 per cent. of the mortality recorded under the heading fever during that year. In 1906, excluding two or three provinces for which no returns are available, the dispensary figures show that the diseases of about 148 out of every 1,000 patients were diagnosed as malarial fever, and applying this figure in the same manner as has been done above, the number of deaths from malarial fever in 1906 would have been 1,162,144 which is 26.0 per cent. of the mortality recorded as due to fever during that year. It is, of course, very far from the truth to say that all who suffered from malarial fever during these years died, but for the purposes of the argument it serves to show that the estimate of between 20 and 30 per cent. mentioned above is certainly not too high. An enquiry made by private practitioners in 1894 into the causes of 14,660 deaths in the United Provinces showed that 44 per cent. of the mortality which had been recorded under the heading *fever* was due to this cause, but in this investigation no attempt was made to define the nature of the fever, so it is fair to assume that a much lower percentage was due to malarial fever. In the Dinajpur district in Bengal in 1904 Captain Rogers, I. M. S., sought out the relatives of 1,000 people whose deaths had been recorded under the heading *fever* and enquired from them the symptoms, course and duration of the illness in each case. He concluded that only 31.8 per cent. of these deaths were in reality due to malarial fever. A similar enquiry carried out more recently by Captain Stewart, I. M. S., and Lieutenant Proctor, I. M. S., in three other districts in Bengal resulted in the observation that 36.1 per cent. of the deaths which had been recorded under the heading *fever* were due to malarial fever. An Assistant Surgeon and two Hospital Assistants are at present employed in carrying out a similar enquiry in the Galsi thana of the Burdwan District in Bengal. The enquiry began on the 1st of August 1906 and up to December the 31st the causes of 919 deaths, 752 of which had been recorded in the *thana* register under the heading *fever*, had been investigated. The results showed that of the 752 deaths returned as due to fever only 303 or 40.2 per cent. were in reality due to this cause. The proportion of this percentage which was due to malarial fever was not ascertained.

If we assume that the true mortality from malarial fever in India is 25 per cent. of the mortality recorded under the heading *fever* the number of deaths due to malarial fever among the civil population during 1906 would have been 1,113,210 and the death rate 4.9 per mille of population. Malarial fevers were considerably more prevalent in nearly all the provinces of India during 1906 than during 1905, but the extent of the increased prevalence is not indicated by the

comparatively small rise (namely, 35,187) in the total number of deaths recorded under the heading fever. This is due chiefly to the fact that in Bengal 81,908 fewer deaths were recorded under the heading and in Eastern Bengal and Assam 60,527 fewer deaths; in all other provinces there was a considerable rise in the number of deaths attributed to this cause. The largest number of deaths and the highest death rate from fevers during the year were recorded in the United Provinces, but there is no doubt that this is not the province in India where malarial fevers are most prevalent and severe. For India as a whole November was the month in which most deaths from fever were recorded and February the month in which fewest were recorded.

In Bengal the recorded death rate from fevers during 1906 was 22.41 per mille of population as compared with 24.34 per mille in 1905, the total numbers, in the two years being, respectively, 1,132,579 and 1,214,487. The mortality shown under this heading was greatest in October and November and least in June and February. Anti-malarial operations, which consisted chiefly in filling up hollows and depressions, clearing jungle, and spreading kerosine oil on "tanks" and cesspools, were carried out in four towns at a total cost of Rs. 8,920. During the year a committee was appointed with a view to ascertain how far the prevalence of malarial fever in the province is due to defective drainage and whether a drainage scheme to remedy the evil is practicable.

In Eastern Bengal and Assam 645,733 deaths from fever were recorded (21.65 per mille of population) as compared with 706,260 deaths (23.68 per mille) in 1905. Over 68 per cent. of the total mortality was recorded under this heading. Dinajpur was the district in which the highest death rate from fevers was recorded (namely, 41.18 per mille of population), but in this district over 91 per cent. of all the deaths were recorded as being due to this cause, and the number of deaths registered as due to respiratory diseases was only 21 or 1 per 100,000 of the population. The total number of deaths recorded as due to kala azar in the province was 2,407 as compared with 3,030 in the previous year and 3,748 in 1904. Deaths from kala azar were reported in all districts except Cachar, but there is reason to believe that the disease is gradually disappearing from all parts of the province. During the year a memorial was presented to the local Government by the Duars Planters' Association asking that a special enquiry regarding blackwater and other fevers in the Duars should be made. The Government of India decided that an investigation was necessary and this is now being conducted under the direction of an Advisory Committee consisting of the Sanitary Commissioner with the Government of India, the Director of the Central Research Institute, the Professor of Pathology at the Medical College, Calcutta, Captain S. P. James, I.M.S., and Captain S. R. Christophers, I.M.S.

In the United Provinces 1,317,491 deaths (27.62 per mille of population) were ascribed to fevers during 1906, the number being higher by 33,327 than in the previous year. Malarial fevers were considerably more prevalent than in 1905, the proportion of cases diagnosed under this heading among patients treated at dispensaries rising from 155 per 1,000 of all cases treated in 1905 to 172 per 1,000 in 1906. The recorded mortality from fevers in towns was higher than in rural areas; in one town (Nagina) the death rate recorded under

this heading was 81·31 per 1,000 of the population and in another (Deoband) it was 70·61 per 1,000. In the first of these towns, however, more than 72 per cent. of the total mortality was recorded as due to fever and in the second more than 97 per cent.

In the Punjab during 1906 the total number of deaths recorded as due to fever was 407,878, giving a ratio of 20·28 per mille of population as compared with a total of 370,047 and a ratio of 18·40 per mille in 1905. The mortality recorded under this heading during the first eight months of the year was less by 36,628 than during the same period in 1905, but the mortality recorded during the last four months was greater by 74,529. The proportion of cases diagnosed as malaria in dispensaries rose in 1906 to 170 per 1,000 of the total number of patients treated as compared with 112 per 1,000 in 1905 and there is little doubt that the increased prevalence of malaria—which was due, it is said, to the monsoon rainfall being heavier than usual—was an important factor in causing the increase in the mortality recorded under the heading fever. The districts of Mianwali, Karnal, Dera Ghazi Khan and Muzaffargarh were among those in which the death rates from fever were very high. The provincial Sanitary Commissioner reports that the country was flooded in the Mianwali district by the river Indus and in the Muzaffargarh district by the river Chenab. It is said that in the Karnal district large areas of land were under water for a long period, and that in the Dera Ghazi Khan district the mortality was especially heavy in the Tounsa *tahsil* which lies near the foot of the hills and is liable to inundation.

In the North-West Frontier Province the recorded number of deaths from fever was 52,039 in 1906 as compared with 41,190 in 1905, the ratios per mille of population being 26·14 and 20·69, respectively. Malarial fevers prevailed with unusual severity during the last four months of the year and more than half the total number of deaths recorded under the heading fever occurred during this period. The diseases of about 266 patients out of every 1,000 who attended for treatment at the different dispensaries in the province during the year were diagnosed as malarial fever, and judging from this as well as from the report of the provincial Sanitary Commissioner it is probable that during 1906 the prevalence and severity of malarial fever was greater in this than in any other province.

In the Central Provinces and Berar 225,141 deaths (18·95 per mille of population) were ascribed to fever during 1906 as compared with 207,195 (17·43 per mille) in 1905. The death rates from fevers recorded in all except six of the 24 districts were higher than in the previous year. The provincial Sanitary Commissioner says there is reason to suspect that many deaths from dysentery, diarrhoea, influenza and measles are included in the mortality attributed to fever and the Civil Surgeon of Nimar reports that in some large villages every death is ascribed to this cause. In dispensaries the proportion of cases diagnosed as malarial fever to the total number of patients treated fell slightly as compared with the previous year. Anti-mosquito operations were carried out on a small scale in a few towns, notably in Badnur, Jubbulpore, and Khandwa.

In Lower Burma the recorded death rate from fevers was 9·77 per mille as compared with 8·97 per mille in 1905; and in Upper Burma it was 7·34 as compared with 6·76.

In the Madras Presidency the death rate recorded from fevers in 1906 was, as usual, much lower than in any of the other large provinces. The total number of deaths recorded under this heading was 304,926 (8·4 per mille of population) as compared with 265,044 (7·2 per mille) in 1905. The proportion of deaths recorded under this heading to the total mortality from all causes fell from 33·7 per cent. in 1905 to 30·5 per cent. The highest rates recorded in districts were 21·2 per mille in Vizagapatam, 17·2 per mille in Ganjam and 14·2 per mille in Guntur, and the highest in towns 30·7 per mille, 28·8 per mille and 21·5 per mille. Out of the total of 232 towns in the Presidency, these were the only ones where the death rate recorded from fevers was over 20 per mille. The proportion of cases diagnosed as malarial fever in the dispensaries during 1906 was 71 per 1,000 of the total number treated as compared with 65 per 1,000 in 1905.

In the Bombay Presidency the number of deaths recorded as due to fever was 274,653 (14·86 per mille of population) as compared with 245,373 (13·28 per mille) in 1905. Malarial fevers were much more prevalent than in the previous year, especially in the Sind registration district, in which death rates from fevers of 35·90 per mille, 29·08 per mille and 24·14 per mille were recorded in the Sukkur, Larkhana and Upper Sind Frontier collectorates, respectively.

In Ajmer-Merwara 12,292 deaths were ascribed to fevers in 1906 as compared with 10,336 in 1905; and in Coorg 4,266 as compared with 3,876.

139. In Bengal there was again a reduction in the amount of quinine sold, 32,189 parcels (each containing 102 seven-grain packets) having been disposed of as compared with 35,472 in 1905. The decrease is attributed to the lesser prevalence of malarial fevers. More than half the total number of parcels were sold during the period from August to November. Increased facilities are being afforded for the purchase of the drug at dispensaries and post-offices and from village schoolmasters.

The system of distributing pice packets of quinine from central stations was abolished in the Assam and Surma valley districts of Eastern Bengal and Assam in 1905. Depots under the direction of the Civil Surgeon were opened at each head-quarter station, the price of the drug was reduced, and the number of recognised agents for its sale was increased. The number of packages, each containing 102 seven-grain powders, sold in these districts of the province increased from 1,021 in 1905 to 2,094 in 1906 and in November of the latter year a similar system was brought into force in the Eastern Bengal districts.

In the United Provinces 1,205,181 powders, each costing one pice, were sold during 1906 as compared with 643,668 during 1905. Quinine is sold at post-offices and by vaccinators and schoolmasters; and in certain districts in the Rohilkhand, Allahabad, Lucknow and Fyzabad divisions it is sold by landlords

and their agents. Large quantities of quinine were distributed gratuitously, especially in districts affected by famine.

In the Punjab quinine was, as usual, distributed gratuitously in a number of districts through the agency of vaccinators, *tahsildars* and headmen of villages, but no details regarding the amount sold at post-offices, are contained in the provincial Sanitary Commissioner's report.

In the Central Provinces and Berar 4,362 parcels of quinine, of which 500 contained 102 five-grain powders, and 3,862 contained 102 seven-grain powders, were sold during 1906 as compared with 4,887 parcels in 1905. The drug is sold at post-offices and by stamp vendors, schoolmasters and *patwaris*. The decrease in the amount sold is attributed to villages being vacated on account of plague.

In Burma 9,173 parcels and 63 powders of quinine (that is 733,903 seven-grain packets) were sold at post-offices and by vaccinators and district officials during 1906 as compared with 6,996 parcels and 39 powders in 1905. It is said that the Burmese prefer to take the drug made up in the form of compressed tablets rather than in powder and it has been decided to issue a certain amount of the drug in this form.

Details are wanting regarding the sale of quinine in the North-West Frontier Province, Madras, and Bombay.

140. The number of deaths recorded in British territory in India under the heading dysentery and diarrhoea rose from 264,124 in 1905 to 298,117 in 1906, and the death rate per mille of population from 1·17 to 1·32 which is the highest rate recorded since 1900. It is almost unnecessary to say that the number of deaths and the death rate recorded do not represent, even approximately, the true mortality from these causes. In the Galsi *thana* in Bengal during the year ending July 1907 it was found that 231 deaths which had been recorded under the heading "fever" and 128 deaths which had been recorded under the heading "other causes" were due to dysentery or diarrhoea. A higher mortality than in 1905 was recorded in all provinces except the United Provinces in which, however, the decrease in the number of deaths recorded amounted to only 184. In India as a whole the greatest number of deaths were, as usual, recorded under this heading during August and September and the smallest number during February and March.

In Bengal 48,920 deaths were registered under the heading dysentery and diarrhoea during 1906 as compared with 45,260 during 1905. The highest death rates were recorded in the districts of Howrah (4·09 per mille of population), Cuttack (3·67), Puri (3·61), Darjeeling (3·45), Calcutta (3·22) and Patna (3·14). Death rates over 2 per mille were recorded in only two other districts. There were three towns in which no death from these causes was reported and six towns in which only one was reported. The death rate recorded in towns was more than three times as high as in rural areas. In Eastern Bengal and Assam 26,912 deaths were attributed to dysentery and diarrhoea in 1906, the death rate per mille of population being '90 as compared with '85 in the previous year. The death rates recorded in districts varied between 5·58 per mille in Lakhimpur and '05 per mille in Dinajpur. December was the month in which most deaths

were recorded under this heading and August the month in which fewest were recorded. In the United Provinces the recorded mortality from dysentery and diarrhoea was almost the same as in the previous year; the death rate ('55 per mille) was lower than in any other province except the North-West Frontier Province. The greatest number of deaths were recorded under this heading in May and the smallest number in February. The highest death rates recorded in districts were 9'17 per mille in Garhwal and 4'02 in Almora; and the highest in towns 7'72 per mille in Ballia and 7'05 in Benares. The death rate recorded in towns was five times as high as in rural areas. In the Punjab 17,595 deaths ('87 per mille of population) from dysentery and diarrhoea were recorded during 1906 as compared with 13,762 deaths ('68 per mille) in 1905. Jhelum, Rawalpindi, Ambala and Simla were the districts in which the highest death rates were recorded, the rates in these varying between 2'07 and 1'69 per mille of population. The death rate recorded in towns was 2'28 per mille and in rural areas '72 per mille. In the North-West Frontier Province 571 deaths were attributed to dysentery and diarrhoea as compared with 562 in 1905. In the Central Provinces and Berar the recorded death rate from dysentery and diarrhoea rose from 3'02 per mille in 1905 to 3'58 in 1906. The rate is the highest recorded in any province during the year. The mortality recorded under this heading was higher than in 1905 in all except five of the districts and in all except 39 of the towns. The death rate recorded in Berar was 8'91 per mille and in the Central Provinces it was only 1'98; there are four districts in Berar and the rates recorded in them were 12'45 per mille in Akola, 9'06 per mille in Buldana, 7'12 per mille in Amraoti and 6'31 per mille in Yeotmal. The Civil Surgeon of the Yeotmal district reported that the high death rate was due to a number of deaths from cholera having been returned under the heading dysentery and diarrhoea. In Lower Burma in 1906 the recorded death rate from dysentery and diarrhoea was 1'65 per mille of population as compared with 1'43 in 1905 and in Upper Burma it was '68 as compared with '44. The provincial Sanitary Commissioner considered it possible that the increase may have been due partly to the registration of deaths from cholera under the heading dysentery and diarrhoea. In the Madras Presidency 61,588 deaths from dysentery and diarrhoea were recorded as compared with 51,298 in 1905, the death rate being 1'7 per mille as compared with 1'4. In the opinion of the provincial Sanitary Commissioner many cases of cholera may have been returned under this heading. The death rate recorded in town circles was nearly three times as high as in rural districts and it was higher by '1 than in the previous year. In the Bombay Presidency 61,736 deaths were recorded under the heading dysentery and diarrhoea during 1906, the death rate (3'34 per mille) being higher by '34 than in 1905. The number of deaths was larger than that recorded in any other province during the year and the death rate was higher than in any other province except the Central Provinces and Berar. It is said that the increased prevalence of these diseases as compared with 1905 was largely due to conditions of scarcity and famine. In Ajmer-Merwara 564 deaths were attributed to dysentery and diarrhoea; and in Coorg 141 deaths were recorded under this heading.

BOOKS AND PAPERS REFERRED TO IN SECTION VI.

For explanation of abbreviations see end of Section II.

Cholera. ¹Gotschlich in Z. H. 1906, Vol. 53, page 281; Kolle and Meinicke in *Klin. Jahrbuch* 1905, Vol. 15; Mühlens and v. Raven in Z. H., 1906, Vol. 55; ²Kraus in *Wien Klin. Wochenschr.*, 1903, No. 50 and 1906, No. 22; Kraus and Pribram in the same journal, 1905, No. 39, and in *C. B. Originale*, Vol. 41, 1906, pages 15 and 155; Kraus and Prantschoff in *Wien. Klin. Wochenschr.*, 1906, No. 11 and in *C. B. Originale*, Vol. 41, 1906, pages 377 and 480; ³Gaffky, Pfeiffer, Gotschlich, reported in *C. B. Referate*, 1906, Vol. 38; ⁴Ruffer. Researches on the bacteriological diagnosis of cholera. Alexandria, *Société de publications Egyptiennes*, 1907; ⁵Neufeld and Haendel in *A.K.G.A.*, Vol. 26, heft 3, 1907, page 536.

SECTION VII.

GENERAL HISTORY OF VACCINATION.

141. The total number of operations performed by the Vaccination Department in 1906-07 was 9,080,303. This figure, although **Vaccination in India.** 197,593 less than the total of 1905-06, is considerably higher than the total of any of the preceding three years. The falling off in the number of operations in 1906-07 as compared with 1905-06 was shared by every province, except Madras, where there was an increase of 86,610 operations, and was greatest in Eastern Bengal and Assam, 110,994, and Burma, 59,275. The number of primary operations performed was 8,341,794, or 244,976 fewer than in 1905-06. In Madras alone was the number of these operations higher than in the previous year, and the increase of 80,179 in that province has to be set off against a decrease of 123,509 in Eastern Bengal and Assam, of 56,536 in Burma, of 30,401 in the Punjab, of 29,649 in Bengal, of 28,419 in the United Provinces and smaller numbers elsewhere. The total number of revaccinations was 738,509, or 47,383 more than in the previous year, all provinces except four sharing in the improvement, which was greatest in Bengal, 25,692, the Central Provinces and Berar, 16,406, and Eastern Bengal and Assam, 12,515. The four provinces in which the numbers of revaccinations were fewer than in 1905-06 were the Punjab, 13,119, Bombay, 7,843, Burma, 2,739, and Ajmer-Merwara, 298. The mean percentage of success in primary operations throughout India was 97.21 compared with 97.20 in the previous year, and the variation in the percentages of success in the provinces between 99.34 in the Punjab and 90.64 in Burma was nearly the same as in the previous year. Revaccinations succeeded at the rate of 72.85 per cent. compared with 74.20 in 1905-06, the percentages in the different provinces ranging from 84.43 in the United Provinces to 53.43 in Burma. The mean number of operations performed by each vaccinator was 1.432, or 48 less than in the previous year; and, as usual, there were great differences in the mean outturn per vaccinator in the different provinces, the extremes being 2,923 operations per vaccinator in the North-West Frontier Province and 807 in Ajmer-Merwara.

There was a further increase in the total number of persons vaccinated at dispensaries, the total in 1906-07 being 218,717 against 207,421 in the previous year; but the increase was confined to Bengal, 23,844, and Burma, 1,014; everywhere else there was a falling off. The ratio of successful vaccination per thousand of the census population, which had risen from 34.79 in 1904-05 to 36.39 in 1905-06, fell to 35.41, the ratios ranging from 54.58 in Coorg to 25.36 in Bombay and 24.79 in Ajmer-Merwara.

The proportion of children vaccinated was, of course, also lower than in 1905-06. Taking the census population of 1901, and estimating the number of births during the year at 40 per thousand of that population, the percentage successfully vaccinated was 42.62 of the total against 43.83 in the previous year, and 42.46 in 1904-05. The percentage rate of protection according to this very artificial calculation varied from 73.61 in the Central Provinces and Berar and 60.05 in the Punjab, to 18.58 in Burma and 12.72 in Coorg.

The total cost of the department was Rs. 13,45,072, compared with

Rs. 12,82,636 in 1905-06, and the mean cost of each successful case rose from two annas and five pies in that year to two annas and seven pies. The highest rate was nine annas and six pies in Bombay, and the lowest rates were one anna and six pies in the United Provinces, one anna and five pies in Bengal and one anna and two pies in Eastern Bengal and Assam.

142. In all provinces, except the Central Provinces, the North-West Frontier Province, Ajmer-Merwara and Coorg, there is a
 Vaccine Depots. Central Vaccine Depot, more or less complete, for the manufacture of vaccine, and each of the presidency towns, except Madras, maintains a separate depot for its own requirements.

At Shillong the depot has been improved by extending the site and building a new operating room with marble flooring and walls. It is hoped that in the ensuing season it will be possible to supply the whole province with glycerinated lymph and discontinue arm-to-arm and calf-to-arm vaccination. At Patwa Dangar, in the United Provinces, owing to the increase of work in 1905-06 a considerable augmentation of establishment was sanctioned. A scheme for expanding the vaccine institute at Lahore has been sanctioned and will be carried out as soon as funds can be made available. The chloroformed glycerine lymph manufactured in the Punjab was used with the most satisfactory results in a large number of cases. In 152,080 primary operations the case success was 99·88 per cent. and the insertion success 98·72, and in 24,603 revaccinations the case success was 81·0 per cent. and the insertion success 80·16. The people of the Punjab greatly prefer the use of tubed vaccine to the calf-to-arm process, because the results of the operation are less severe and the sores heal more quickly, and because their calves are no longer required as vaccinifers. The Institute continued to supply the North-West Frontier Province with vaccine. At Amraoti, in Berar, great difficulty was experienced in obtaining a sufficient number of calves, and it is being considered whether it would not be well to close the depot and manufacture lymph at the head-quarters of each district as is done in the Central Provinces. In Bombay good progress was made in the substitution of glycerinated vaccine for calf and human lymph. A laboratory was added to the depot at Belgaum where the purity of each supply of lymph is tested before issue. In Burma on account of the high temperature on the plains, it is proposed to move the depot from Meiktila to Maymyo.

143. Of the total of 2,037,273 vaccination operations performed during the
 Bengal. year, 1,874,976 were primary cases and 162,297 revaccinations. The former show a fall of 29,649 and the latter a rise of 25,692 compared with the figures of the preceding year; the net decrease being 3,957 cases. The reason for the smaller number of primary cases is said to be inability of the poorer classes to pay the prescribed fees owing to high prices of food grains. Of the 34 districts in the province there was an increase in the number of vaccinations in 13 and a decrease in 21. The larger increases occurred in the Tributary States (52,798), Darjeeling (22,846), and Murshidabad (22,716), and the larger decreases in Cuttack (15,451), and Jessore (10,581), while in Nadia, Howrah and Darbhanga the fall in each exceeded seven thousand cases. The reasons for the decreases are peculiar to each district; and in some places a decrease was due to an unhealthy season. No adequate reason is assigned for the remarkable increase in the Tributary States, but a part is due to the inclusion of figures of the Sonpur State

which were not included last year. In Darjeeling an outbreak of small-pox, and in Murshidabad the employment of a larger number of vaccinators and better supervision account for the results. The system of rewards to vaccinators has created a healthy stimulus and competition among the better class of men and is to be continued. The quality of work shows an improvement; in primary cases 99·24 per cent. were successful compared with 99·13 per cent. in 1905-06, and in revaccinations 70·40 per cent. compared with 66·29 per cent. Of the several classes of operators, the licensed men obtained the higher rate of success in primary cases, and paid vaccinators in revaccinations. The work done by vaccinators attached to municipalities, dispensaries, etc., increased from 122,105 to 145,949 cases; the primary cases which numbered 90,873 increased by 253 only but the revaccinations increased by 23,591 to 55,076. The ratio of success was, however, lower, 97·85 against 98·38 per cent. in primary cases, and 56·66 against 65·17 per cent. in revaccinations.

The kinds of lymph used and the extent to which employed with the ratio of success in primary cases were as follows—the figures in brackets are the percentages of success during the preceding year:—Calf lymph 87,803 cases with 99·08 (98·92) per cent. successful, lanoline lymph 696,415 cases with 98·25 (96·57) per cent. successful, and human lymph by the arm-to-arm process 1,090,758 cases with 99·13 (99·21) per cent. successful. In revaccinations the ratio of success by each of the above methods was 66·73, 50·29 and 77·75 per cent., respectively, the corresponding rates in the previous year being 58·81, 53·98 and 78·02 per cent.

On an estimated birth-rate of 40 per thousand of population, 39·46 per cent. of the infants were protected compared with 39·18 per cent. in 1905-06. It is said that although the statistics furnished by illiterate vaccinators are not always reliable it may fairly be assumed that infant vaccination is making progress from year to year. In towns 87·29 per cent. of the number of available infants were successfully vaccinated, against 85·82 per cent. in the previous year.

No account has been given of the working of lymph depots. The depot at Darjeeling supplied the Nepal Darbar and the Sikkim and Bhutan States with 350, 1,381 and 335 grains of lymph, respectively, but the results obtained are not stated.

The cost of the department amounted to Rs. 1,73,229, excluding the figures of the Calcutta municipality and three Feudatory States in the Sambalpur district, the returns for which had not been furnished, or Rs. 15,426 more than in the preceding year: no explanation of the increased expenditure has been furnished. Each successful case cost one anna and five pies against one anna and three pies in 1905-06.

144. The total number of operations which numbered 1,429,026 in 1905-06, fell to 1,318,032 in 1906-07. The net decrease of 110,994 is represented by a decrease of 123,509 primary cases and an increase of 12,515 revaccinations. The smaller outturn of work in 1906-07 is attributed to unusual activity in the department during the preceding year, but the amount of successful work done during 1906-07 shows 3,181 operations less than during the preceding quinquennium. Of the 28 districts 17 show a decrease compared with the work done during 1905-06, of which the largest occurred in Faridpur (30,753 cases) and in Chittagong (25,303),

Eastern Bengal and Assam.

in both these districts, however, the work exceeded the average of the preceding five years. The decrease of 9,435 cases in the Dacca district marks the continuance of the progressive fall since 1904-05 and an enquiry is to be made into the cause. In the Rajshahi, Tipperah and Kamrup districts the work increased to the extent of 3,225, 7,739 and 5,080 operations, respectively. The quality of the work as a whole shows an improvement, the percentage of success in primary cases being 98.55 and in revaccinations 72.11 against rates of 98.28 and 71.71, respectively, in 1905-06. On tea-gardens 15,871 operations were performed, of which all, except 71, were primary cases with 98.28 per cent. successful, compared with 15,143 operations, of which 94 per cent. were successful the year before. Dispensary vaccination fell from a total of 27,735 cases in 1905-06 to 25,602 in 1906-07: the primary cases were fewer and the revaccinations more numerous than in the previous year, while the percentage of success in the former was almost the same, 97.89 and 97.84, in the two years and in the latter 86.08 against 74.64 in the preceding year. The provincial Sanitary Commissioner points out the undesirability of allowing the population of an area round a dispensary to be vaccinated by the Hospital Assistant and his Compounder and proposes placing such areas under the Vaccination Department.

The inspecting agency in Eastern Bengal was combined with that in Assam on the 1st April 1907 and the cadre is to be increased by 10 officers; steps have also been taken to improve the class of men appointed as inspecting officers. Inoculators are still to be found in parts of the province, but the conversion of some of them in the Cachar district into licensed vaccinators, and the extension to all districts of Act IV (B. C.) of 1865, prohibiting inoculation, ought soon to result in the disappearance of this operation.

On an estimated birth-rate of 40 per thousand of the population, 29.30 per cent. of the infant population were protected; and of the number of available children in the towns of the province 68.7 per cent. were successfully vaccinated, the corresponding percentages the previous year were 33.62 and 70.9, respectively.

The expensive and cumbersome vaccination from the calf has been discontinued except in the Dinajpur, Rajshahi and Bogra districts, and the use of humanized lymph, which has already been discontinued in areas where vaccination is compulsory (and is also if possible to be discontinued elsewhere) has been replaced by the introduction of glycerinated lymph from the Shillong depot. This description of lymph is much appreciated and the demand of the year exceeded the estimated consumption. A larger quantity will be prepared to meet all requirements. Lanoline paste was issued to some districts with unsatisfactory results and is not to be used in future. Certain improvements are being carried out at the Shillong depot which is to supply the whole province with vaccine; the quality of the vaccine issued during 1906-07 was uniformly reported to be excellent.

The cost of the department rose to Rs. 90,635 from Rs. 80,103 in 1905-06, and each successful case cost one anna and two pies against eleven pies in each of the two preceding years.

145. The quantity and quality of the work of the Vaccination Department in the United Provinces, except in the United Provinces, number of revaccinations, exhibits a falling off in 1906-07 compared with the preceding year. The total operations

numbered 1,675,060 or 20,356 less than in 1905-06. Primary cases were fewer by 28,419 and revaccinations more numerous by 8,063 than in the preceding year. The percentage of success in primary work was 97.72 and in revaccinations 84.43, against 97.93 and 84.78, respectively, in 1905-06. The falling off occurred in the 1st Circle, there having been an increase in the 2nd Circle as a whole. The decline in the 1st Circle is partly attributed to local causes, but the provincial Sanitary Commissioner considers more supervision necessary which cannot be afforded while the Deputy Sanitary Commissioner of the Circle is also Chief Plague Officer. Arrangements have now been made to relieve the Deputy Sanitary Commissioner of such additional duties in future. There are 49 districts in the province of which 22 show an increase in the number of successful primary operations against 34 in the previous year. The largest increase was of 3,804 operations in Garhwal, and the largest decrease occurred in Jalaun (7,922), followed by Etawah (6,251), Hamirpur (5,997) and Agra (5,643). The causes of the decreases were good work in previous years which reduced the susceptible population, sickness among the people, etc.

On a hypothetical birth-rate of 40 per thousand, 48.49 per cent., against 49.57 per cent. the year before, of the infants available were successfully vaccinated. In municipal towns 93.4 per cent. of the number available were protected.

Lymph depots were maintained at Lucknow and Patwa Dangar (Naini Tal). Pure calf lymph and lanoline lymph were both used, but the vast majority of operations were performed with glycerinated lymph. The working of the Patwa Dangar depot was satisfactory and the amount of work had so increased during the year 1905-06 as to necessitate a considerable increase to the subordinate staff which was sanctioned in October 1906. The cost of the depot was Rs. 5,741, including Rs. 1,160 for stores received from England, and as lymph of the value of about Rs. 3,500 was sold to Native States, municipalities and private individuals, the depot is largely self-supporting. All the material required to start the season's vaccination in every district, except Lucknow, was supplied from the depot. The credit of the successful working of the year is said to be due to the Deputy Sanitary Commissioner of the 2nd Circle.

The cost of the department in the province amounted to Rs. 1,50,971, against Rs. 1,53,241 in the year 1905-06, the decrease being due to the smaller expenditure at the Patwa Dangar depot for which fewer costly articles were imported. The cost of each successful case was one anna and six pies in both years.

146. The total number of vaccination operations during 1906-07 was 705,219, or 43,520 less than the number in the preceding year, when there had been an increase of 28,968 compared with the total of 1904-05. In 20 of the 29 districts there was a decrease in the amount of work done, and but for the notable increase of 22,514 cases in the Kangra district and considerable increases in the Lahore and Amritsar districts, the results would have been far more unsatisfactory. The districts of Multan (15,325), Ferozepur (14,575) and Dera Ghazi Khan (11,271) between them represent a fall of over 41,000 cases. The provincial Sanitary Commissioner attributes the smaller outturn of work to the fact that in the first half of the vaccinating season, October to December, malarial fevers

were very prevalent in many districts, and in the second half, January to March, plague increased to such an extent as to interfere seriously with vaccination work. The Sanitary Commissioner adds that in very few instances were the deficiencies due to neglect on the part of the operating staff. The number of primary operations was 607,909 or 30,401 less than during 1905-06 with a percentage of success of 99·34 against 99·19, and there were 97,310 revaccinations or 13,119 less than during the preceding year, with a percentage of success of 78·12 against 83·38.

On an estimated birth-rate of 40 per thousand, 60·05 per cent. of the infants were protected, compared with rates of 62·54 and 56·25 per cent. in 1905-06 and 1904-05. Of the available children under one year of age, 71·44 per cent. were successfully vaccinated in towns where the Vaccination Act is in force and 68·04 per cent. in towns where it is not in operation. The corresponding rates in 1905-06 were 85 and 66 per cent., respectively.

The results of the use of chloroformed glycerine vaccine continued to be most satisfactory. In 152,080 primary operations the average case success was 99·88 and insertion success 98·72 per cent., while in 24,603 revaccinations the case success was 81·0 and insertion success, 80·16 per cent. The scheme for the expansion of the work of the central vaccine institute, with a view to supply vaccine in tubes to every district, has been sanctioned and is to be carried through as soon as funds can be made available.

The cost of the department was Rs. 99,605 or Rs. 1,903 more than during 1905-06, and each successful case cost two annas and five pies or two pies more than in the preceding year.

Vaccination work in the large Native States, except those of Nabha and Jhind, showed a falling off compared with 1905-06. The following are the results—the figures in brackets are those for the preceding year, Patiala—primary cases 45,174 (54,086), revaccinations 24,832 (31,034) : Bahawalpur—15,277 (18,804) and 46 : Kapurthala—4,303 (5,578) and 97 : Nabha—1,968 (1,074) and 11 : Jhind—7,116 (6,978), (no revaccination) and Faridkote—3,119 (5,185) and 40. The quality of the work in primary cases ranged from a percentage of success of 87·59 in Nabha to 98·99 in Patiala, compared with the range of 89·77 in Nabha and 98·09 in Faridkote in the preceding year. In Patiala revaccinations succeeded at the rate of 77·75 per cent. and in the other States the numbers of revaccinations were insignificant.

147. The total number of vaccination operations during the year 1906-07 was 91,893, or 8,973 less than in the preceding year, when there had been an increase of over 23,000 cases. The number of successful primary cases was 10,234 less and the successful revaccinations 1,424 more than in 1905-06, but the quality of work in the former was better—98·95 per cent. successful against 98·56 per cent., and the quality in the latter not quite so good, 83·67 against 84·45 per cent. In primary work all the districts except Peshawar which shows an increase of 1,084 cases, exhibit a smaller outturn of work, the chief cause being the severe prevalence of fever during the greater part of the vaccinating season, while other causes, differing in character in the several districts, also affected vaccination. The local Administration suggest that a subsidiary cause may have been the absence of small-pox, and it may be noted that in the Peshawar district

where the vaccination work was better than in the previous year, there was a rise in the ratio of deaths due to that disease. The work in the Political Agencies increased by 2,538 cases in all. In the Kurram Valley there was an increase in primary cases, but a fall in revaccinations: in the Tochi Valley there was a slight decline in primary work and in the Shirani country both classes of work showed a decrease, while in the Chitral sub-agency and the Swat Valley no work was done, the reason for which has not been stated. The vaccinations at dispensaries amounted to 1,281 cases or less than half the number of 1905-06, and the quality of the work was poorer:

On an estimated birth-rate of 40 per thousand, 56·13 per cent. of the infants were successfully vaccinated, compared with 58·92 per cent. in 1905-06. In towns 85·9 per cent. of the available children under one year of age were protected against 72·3 per cent. in the preceding year.

Animal lymph was largely used in the settled districts of the province where there are facilities for obtaining buffalo calves. Vaseline lymph was used in less than a fifth of the total cases and human lymph chiefly in the Shirani country, and to a small extent in the Hazara and Bannu districts and the Kurram Valley. The percentage of success with animal lymph was 93·76 in primary cases and 80·99 in revaccinations; with vaseline lymph 92·61 and 65·85 and with human lymph 98·28 and 95·32, respectively.

A notable occurrence was the successful persuasion of three *mullahs* of Hangu to learn vaccination and it is hoped that in time they will give up inoculation.

The cost of the department amounted to Rs. 11,217 compared with Rs. 11,643 in 1905-06, but the cost of each successful case was two annas and two pies, or two pies more than in 1905-06.

148. In consequence of the prevalence of plague the total number of vaccination operations in the province, including dispensary vaccination and the operations in Feudatory States, fell to 617,381, or 8,757 less than in the year 1905-06. The primary operations numbered 525,977, a decrease of 25,163, and revaccinations 91,404, an increase of 16,406. The mean number of operations per vaccinator was 2,058, or 31 less than during the preceding year. The percentage of success was 98·56 in primary cases and 75·38 in revaccinations, compared with 98·59 and 72·30, respectively, in 1905-06. Excluding dispensaries and Feudatory States, there was a decrease of 28,492 primary operations in the districts, the most marked being in Jubbulpore (5,651), Wardha (4,984), Yeotmal (4,191) and six other districts with decreases ranging between 3,000 and 1,000 cases. The great falling off is attributed to, not only plague, but to cholera epidemics and to the withdrawal of vaccinators for duty in connection with these diseases, together with sickness among these men in common with the rest of the population. Still, it is satisfactory to note that six districts showed small increases, the highest being Buldana (1,013 cases). Revaccinations increased by 17,747, the largest rise occurring in Jubbulpore (4,392), while the largest decreases occurred in Saugor (2,865) and Amraoti (2,068). The increased number of revaccinations on the whole is due to special efforts made to revaccinate as many persons as possible owing to the severe outbreak of small-pox during the year. Dispensary work shows 19,162 primary cases against 24,064 in 1905-06 and 4,870 revaccinations against 4,726, but the quality of the work was better

96.96 and 67.19 per cent. successful in primary cases and revaccinations, respectively, compared with 88.55 and 65.95 per cent. in 1905-06. In the Feudatory States primary cases numbered 64,334 against 56,103 in 1905-06, and revaccinations 5,483 against 6,968, with percentages of success of 97.71 and 84.29, respectively, in 1906-07, compared with percentages of 96.84 and 84.26 in 1905-06.

Estimating the birth-rate at 40 per thousand, 73.61 per cent. of the infant population, compared with 76.75 per cent. in the preceding year, were successfully vaccinated, and in municipalities 81.93 per cent. of the available number were protected against 96.93 per cent. in 1905-06.

The vast majority of the vaccination operations were performed with glycerinated lymph, fresh calf lymph being used in 10,246 cases and human lymph in 6,103 cases; with lanolinated lymph only 383 operations were performed. The percentage of success with the different descriptions of lymph have not been stated. The Amraoti depot not being able to meet the full demand for the Berar districts, the Central Provinces system of preparing lymph in each district is likely to be introduced.

The cost of the provincial department was Rs. 59,987 or Rs. 1,631 less than during the preceding year, and the cost of each successful case two annas in both years. In the Feudatory States the cost was Rs. 5,275 or Rs. 525 more than in 1905-06, and the cost of each successful case also the same in both years, *vis.*, one anna and three pies.

149. The decrease of 18,279 vaccination operations which occurred during the year 1905-06 was more than made up during
Madras. 1906-07, when, with an increase of 86,610 cases, the net total for the Presidency amounted to 1,551,600 cases. Primary cases and revaccinations numbered 1,437,924 and 113,676, against 1,357,745 and 107,245, respectively, during the preceding year, and of these the number successful were 1,296,673 primary cases against 1,222,602 in 1905-06 and 72,825 revaccinations against 73,710. The percentage of success in the former rose to 93.4 from 92.9 and in the latter it fell to 74.2 from 76.0. The increased amount of work is attributed to the impetus given by the prevalence of small-pox throughout the Presidency. The largest increases occurred in the North Arcot (20,415 cases) and Godavari (14,198) districts and in nine other districts the increases ranged between five and ten thousand cases. In two districts only, *vis.*, Tanjore and Chingleput, were decreases recorded and these are attributed in the former to the absence of vaccinators without substitutes, and in the latter to the smaller number of unprotected persons, and in both to the short supply of paste. The shortage of the paste supply was due to the failure of the contractor to supply a sufficient number of calves to the King Institute and to an outbreak of disease among those actually supplied, but measures have been taken to guard against a similar misfortune in future. The absence of vaccinators without substitutes will also be avoided by the maintenance of a reserve of operators by district boards. In municipalities 153,269 operations, or 14,312 less than in the preceding year, were performed. In Madras alone there was a fall of 15,744 operations, and in Negapatam and Trichinopoly decreases of over 1,000 cases each occurred, which are said in Madras and Negapatam to have been due to epidemics of small-pox in the preceding year when many people then sought protection in vaccination,

and in Trichinopoly to the failure of the lymph supply and the carelessness of an operator. The total number of operations at dispensaries fell from 2,100 in 1905-06 to 248, and is accounted for by the orders issued in April 1905 by the local Government removing the responsibility of vaccination from medical officers.

On an estimated birth-rate of 40 per thousand, 31·92 per cent. of the infants were successfully vaccinated compared with 30·09 per cent. in 1905-06, and in municipalities 65·7 per cent. compared with 67·9 per cent. in the preceding year.

Lanoline lymph supplied by the King Institute was used in the vast majority of cases with a percentage success of 94·0 in local fund areas and of 95·9 in municipalities, and in the 193 cases performed with the same description of lymph supplied by the Bangalore Institute the percentage of success was 96·9. The glycerine lymph supplied by the King Institute was used in 11,708 cases and was practically a failure, as only 6·3 per cent. proved successful. The Corporation of Madras, with the sanction of the local Government, now uses animal lymph and no longer obtains vaccine paste from the King Institute.

The cost of the department showed a small increase, from Rs. 2,94,419 in 1905-06 to Rs. 2,94,881 in 1906-07, but the cost of each successful case fell to three annas and six pies, or two pies less than last year.

150. Vaccinations numbered 10,884, or 6 more than in 1905-06. Primary vaccinations numbered 9,013 and revaccinations 1,871, the corresponding figures for the previous year being 9,047 and 1,831. The percentage of success in primary cases was 93·22, slightly lower than the year before when the rate was 93·30, and in revaccinations 75·54 compared with 76·11. Dispensary vaccinations fell from 413 to 348, the percentage of success in primary cases falling from 89·71 to 87·85, and in revaccinations from 78·26 to 72·22 in the two years 1905-06 and 1906-07, respectively.

Coorg.

The cost of the department was Rs. 2,752, or Rs. 12 more only than in the preceding year, and each successful case cost four annas and seven pies which is one pie more than in the year before.

151. In 1905-06 the number of operations in Bombay was 12,669 less than in the preceding year, and in 1906-07, the total of 629,184 operations exhibits a further decline of 26,286. In the western registration district there was a decrease in the number of persons primarily vaccinated which is attributed to the interruption of work by the deputation of vaccinators to classes of instruction in the use of preserved lymph; in the presidency circle there was a decrease in both primary cases and revaccinations, said to be due to the supply of lymph being interfered with owing to rinderpest among the calves and also to vaccination being interrupted by the extra work thrown on the staff in the preparation of glycerinated vaccine; in the Gujarat registration district there was a fall in both classes of work, the decrease in primary cases occurring in the Native States only, the reason assigned being the absence of the supervision that exists in British territory. The largest decrease in both primary cases and revaccinations occurred in the Sind registration district, the chief cause being the great prevalence

Bombay.

of malarial fever among all classes. There was also a decrease in the Aden Settlement, the reason for which has not been stated. The total primary operations numbered 593,351 against 610,985, and revaccinations 37,510 against 45,353 during the previous year: the ratio of success was 95·93 per cent. in the former and 71·75 in the latter, compared with 97·56 and 76·13 per cent., respectively, in 1905-06. These figures include dispensary vaccination which numbered 325 primary cases and 1,180 revaccinations against 1,764 and 2,104, the corresponding figures for the preceding year, while the ratios of success were 84·16 and 54·22 per cent. for primary cases and revaccinations, respectively, compared with rates of 97·47 and 60·98 per cent., respectively, in 1905-06.

Estimating the birth-rate at 40 per thousand, 49·71 per cent. of the infant population were successfully vaccinated against 52·32 per cent. in the preceding year. The number of children actually vaccinated in towns exceeded the number calculated to be available which is said to be due to children born outside the towns being vaccinated in them.

Good progress was made in the substitution of glycerinated vaccine for calf and human lymph and by the end of the year the use of preserved lymph had been introduced in all British districts excluding Sind. The depot at Belgaum supplies lymph to most of the vaccinators and that at Bombay to the local municipal establishment. A bacteriological laboratory has been added to the Belgaum depot, and the purity of every supply of vaccine is now tested before issue. In Sind calf lymph is used in Karachi town, and human lymph in all the districts. In the Presidency as a whole, human lymph, calf lymph, glycerinated lymph and lanoline lymph were used. The results with glycerine lymph are not yet as good as those with human and animal lymph, but the provincial Sanitary Commissioner notes that new methods, new material and new instruments require time before the best results can be obtained.

The cost of the department increased from Rs. 3,01,303 in 1905-06 to Rs. 3,26,124 in 1906-07, and in consequence of the larger expenditure and the smaller number of operations the cost of each successful case rose from eight annas and three pies to nine annas and six pies. The large increase under provincial funds is stated to be due to the increased pay of Deputy Sanitary Commissioners.

152. The number of operations performed in Burma in 1906-07 was 411,131, 60,289 fewer than in the preceding year. Primary cases decreased by 57,414 to 359,709, and revaccinations by 2,875 to 51,422. In primary work the ratios of success were practically the same in both years, *vis.*, 90·80 per cent. in 1905-06 and 90·65 in 1906-07, but in revaccinations the ratio fell from 53·25 per cent. to 52·39. The decline in the work of the department is said to be due not to apathy on the part of the officers concerned, but largely to the presence of plague, as there was proof that the people were confusing vaccination with inoculation against plague. In localities not affected by the plague scare there was evidence of increased work. At dispensaries 18,521 operations in all were performed or 1,014 more than in 1905-06. The percentage of success in primary cases fell to 90·12 from 90·44, but in revaccinations it rose to 59·34 from 53·78 in the preceding year.

Estimating the birth-rate at 40 per thousand, 18.58 per cent. of the children were successfully vaccinated compared with 21.27 per cent. the year before. The statistics of the children available in towns and the number vaccinated show that the latter exceeds the former, owing to children being brought into the towns for vaccination.

Vaccine lymph continued to be manufactured at the Meiktila depot for the whole province except Rangoon. In addition to recognized difficulties due to high temperature in certain months, the lanoline supplied to the depot was unsatisfactory and in consequence a large proportion of the issues were of glycerinated lymph. Lanoline is, however, held locally to be the best medium to preserve the vitality of the lymph in tropical conditions, and arrangements have been made to obtain a better quality. Proposals have been made to open a vaccine institute at Maymyo where the disadvantage of a high temperature at certain seasons of the year will be avoided. After a series of experiments at the Meiktila depot Major Entrican decided to discard the use of chloroform in purifying lymph for ordinary purposes. The vaccine depot at Rangoon is reported to be so ill-fitted as to render the successful manufacture of vaccine difficult, but the local municipal authorities are expected soon to realize the necessity for constructing and equipping a suitable depot for the lymph supply of the town.

The cost of the department rose from Rs. 1,14,464 in 1905-06 to Rs. 1,27,528 in 1906-07, and of each successful case from four annas and nine pies to six annas and one pie. The increased expenditure is attributed to the cost of educating native superintendents of vaccination and improving the equipment of the Meiktila vaccine depot, and this with the smaller number of vaccination operations, resulted in the higher cost of each successful case.

153. The total number of operations which had been 14,935 in 1905-06 fell to 12,100 in 1906-07. Of the total the primary cases numbered 11,973 and revaccinations 127, against 14,510 and 425, respectively, in the preceding year. The percentage of success however showed an improvement compared with the preceding year: in primary cases 97.87 per cent. proved successful against 95.50 per cent., and in revaccinations 82.63 per cent. against 81.65 per cent. There was no dispensary vaccination in the province.

The cost of the department was Rs. 2,867 as compared with Rs. 2,849, and the cost of each successful case three annas and ten pies against three annas and one pie in the preceding year.

154. The usual statistics of vaccination operations in the Army will be found in Statement No. III of the appendices to this section.

155. In November 1906 the Government of India considered the question of the position of vaccinators who, although employed by municipalities, local bodies and cantonments,

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were entitled to pensions or gratuities from the general revenues. They decided that vaccinators should be placed on the same footing as other local fund employés, and accordingly directed, in Home Department Resolution No. 190-202 (Municipalities), dated 27th November 1906, that—

- (1) for the future vaccinators shall not be enrolled as servants of Government or employed as a provincial establishment;
- (2) vaccinators employed hereafter by local bodies shall be wholly under their administrative control, and shall be on the same footing as other local employés; and that
- (3) existing incumbents shall retain existing rights to pension from Government.

The effect of these orders cannot of course be gauged at present, but with the beginning of an altered system of recruitment a record of the present position in respect of the recruitment, employment, etc., of vaccinators is of interest. The statement on the following pages shows conveniently the number of vaccinators working in the several provinces, by whom they are employed, how they are supervised, their rates of pay, the area in which they are required to work, and how they are employed in the non-vaccinating season.

Statement showing the conditions of employment of vaccinators in the different provinces of India.

Province.	Employed by	NUMBER.			PAY.			Pensionable or Non-pensionable.	Area within which a vaccinator is required to work.	How employed during the non-vaccination season.	Supervision exercised.
		1st class.	2nd class.	3rd class.	Total.	1st class.	2nd class.					3rd class.	Total.
Bengal	State Local bodies Licensed	..	..	..	Rs. 15	Rs. ..	Rs. ..	Non-pensionable	Square miles. ..	Vaccinators in municipalities are generally restricted for periods ranging from 3 to 6 months. When entertained during the non-vaccination season they are employed in connection with the stamping out of outbreaks of small-pox, and are given an allowance of four annas a day. No regular employment. The proposal to employ Municipal vaccinators in collecting vital statistics in compulsory areas is under consideration.	Supervised by Inspectors of Vaccination, Deputy Sanitary Commissioners and the Civil Surgeon.
		..	..	..	..	..	..	..	75		
			
Eastern Bengal and Assam.	State Local bodies Licensed	..	..	..	31	..	..	Pensionable	..	Each Sub-Inspector is responsible to the Civil Surgeon for the work of the vaccinators within his circle, he has to inspect about 60 to 70 per cent. of the operations performed and submits a monthly report of operations to the Civil Surgeon. The District Inspector help the Civil Surgeon in compiling monthly returns and inspects about 40 per cent. of cases. The Civil Surgeon and Deputy Sanitary Commissioner also inspect the work when on tour. The Province is divided into two Circles, each circle is under the superintendence of a Deputy Sanitary Commissioner and each district is under the direct supervision of the Civil Surgeon assisted by an Assistant Superintendent of Vaccination, except in the case of a few districts where the supervision is exercised by a Senior Assistant Superintendent of Vaccination.	The work of vaccinators is inspected by Superintendents of Vaccination, Divisional Inspectors, Civil Surgeons, and the Deputy Sanitary Commissioner, and the Sanitary Commissioner in the course of his tours also inspects the work.
		..	..	..	239	..	..	Non-pensionable	51		
		..	..	..	971	..	..	..	45		
United Provinces	State Local bodies	..	..	..	924	Rs. 16	Rs. 48	Pensionable	116	On sanitary and registration work, for the distribution of medicines in times of epidemics or of relief in times of scarcity, for checking vital statistics, or assisting in carrying out minor sanitary improvements in villages. When so employed they are given in addition to pay an allowance of Rs. 5 per mensem.	The Province is divided into two Circles, each circle is under the superintendence of a Deputy Sanitary Commissioner and each district is under the direct supervision of the Civil Surgeon assisted by an Assistant Superintendent of Vaccination, except in the case of a few districts where the supervision is exercised by a Senior Assistant Superintendent of Vaccination.
		..	..	..	..	..	..	Non-pensionable	..		
Punjab	District Staff Special Staff Cantonments	..	..	..	Rs. 244	Rs. 15	Rs. 12	Pensionable	398	Vaccinators during the non-vaccination season are employed in checking births and death registers and preparing lists of children for vaccination in the following winter. A certain number are sent to Staff dispensaries to be taught the compounding of medicines and the uses and uses of simple drugs, and also to dress simple wounds and to perform such minor operations as the opening of abscesses. They also distribute quinine in districts where malarial fevers are prevalent. On cholera epidemics they are employed for distributing medicines, etc.	The work of vaccinators is inspected by Superintendents of Vaccination, Divisional Inspectors, Civil Surgeons, and the Deputy Sanitary Commissioner, and the Sanitary Commissioner in the course of his tours also inspects the work.
			
			

* Excluding Calcutta Municipality.
 † Except those in Darjeeling and Sambalpur; future incumbents will be treated as Local Fund employes and will not be entitled to pension.
 ‡ Vaccinators employed in certain municipalities and cantonments are granted by the Local Bodies concerned a small extra local allowance.
 § Including 125 of the 4th grade at Rs. 10 each. The men of the special staff are provincial vaccinators and are paid from the provincial funds; those employed in Cantonments are paid from Cantonment funds. The District Staff vaccinators are employed locally and paid from municipal and district funds, but are enrolled as servants of the State and admitted to the benefits of pension, etc.

Statement showing the conditions of employment of vaccinators in the different provinces of India—Contd.

Province.	Employed by	NUMBER.				Total.	PAY.				Pensionable or Non-pensionable.	Area within which a vaccinator is required to work.	How employed during the non-vaccination season.	Supervision exercised.
		1st class.	2nd class.	3rd class.	Total.		1st class.	2nd class.	3rd class.	Total.				
North-West Province.	State Local bodies	2	6	6	34*	20	15	12	Rs. 12	Rs.	Pensionable	412	In inspecting birth and death registers and in receiving instruction at the Sadir station in the use of a few simple drugs.	The work is under the immediate supervision of native Supervisors and Divisional Inspectors, but a great portion of the work is inspected by Civil Surgeons and occasionally by the Administrative Medical Officer when on tour.
Central Provinces and Berar.	State Local bodies	49	77	96	247†	15	12	10	Rs. 10	Rs.	Pensionable	437	On duties connected with outbreaks of epidemic disease. When not so employed their services are available for medical or sanitary work as the Civil Surgeon may think fit.	The work of the vaccination staff is supervised by native Superintendents of Vaccination and by the Civil Surgeon of the district under the supreme control of the Sanitary Commissioner.
Madras	State Local bodies				850‡	15-20	10-12	5-7	Rs.	Rs.	Non-pensionable	94	No recess period	The work is supervised by Deputy Inspectors of Vaccination who are Government servants appointed and controlled by the Sanitary Commissioner, and are required to verify not less than 50 per cent. of the operations performed.
Coorg	State Local bodies				6				Rs. 15	Rs.	Pensionable	91 to 421	Vaccinators remain at head-quarters and perform what operations they can.	The Civil Surgeon is the Superintendent of Vaccination and verifies cases when on tour. During the touring season the Inspector verifies vaccination work and submits fortnightly returns.
Bombay	State Local bodies				351	24	18	14	Rs. 14	Rs.	Pensionable	322	There is no non-vaccinating season, but the work is less during the monsoon months.	The supervising staff comprises 5 Deputy Sanitary Commissioners, 31 Inspectors who are also advisory Sanitary Inspectors. There is at least one Inspector to each Collectorate and two or more for the larger Collectorates. Each Inspector is able to see some if not all his vaccinators twice a year.
Birma	State Local bodies				Not fixed				Rs. 20-30||	Rs.	Pensionable		No period for cessation of vaccination work; arrangements are being made to cease it for one month during the year, when vaccinators will be deputed to sell quinine, to perform mosquito brigade work, or other duty according to local requirements.	Civil Surgeons are ex-officio Superintendents of Vaccination and are responsible for the management of the staff and control of work in their respective districts. Native Superintendents (23) of Vaccination have been appointed for inspection work.

* Including 20 of the 4th grade at Rs. 10 each.

† Including 25 apprentice vaccinators at Rs. 3 each per mensem.

‡ In addition, 4 vaccinators are employed in Zaminidaries, 6 in Cantonments and 18 in Agency Tracts; the services of men in Agency Tracts and Cantonments are pensionable.

§ As vacancies occur, they will be filled by men employed by the Local Fund Board.

|| Higher rates are given in a few specially unhealthy localities.

SECTION VIII.
SANITARY WORKS.

156. The number of municipalities in Bengal, excluding Calcutta, in 1905-06 was 128, and their income during the year, excluding the opening balance of Rs. 7,58,552, was Rs. 49,67,128, or Rs. 1,39,178 more than in 1904-05. The total sum available was Rs. 57,25,680, and of this 38·63 per cent. was spent on sanitary works, of which 7·42 per cent. was spent on the treatment of the sick, 8·76 per cent. on roads, 5·19 per cent. on public safety and 30·96 per cent. on other requirements. The actual sums spent on sanitary works were as follow—on water supply Rs. 2,48,049, or Rs. 15,200 less than in the previous year; on drainage Rs. 1,60,065, or Rs. 14,066 less than in the previous year, the decrease in both cases being due to smaller capital expenditure; on conservancy Rs. 11,78,994 or Rs. 70,470 more than in 1904-05; while smaller sums were spent on markets and slaughter-houses, vaccination, the disposal of the dead, etc.

The improvement of the conservancy in the towns of Bengal continues to make progress and expenditure under this head rose nearly everywhere. Almost every town has now a properly laid out trenching ground and most of these are regularly cultivated. Rules for the management of the septic tank installations at factories have been published and instructions were issued from the office of the Sanitary Commissioner to all inspecting officers specifying the details of inspection to be made by them of these installations. Several of the District Boards undertook the sanitary improvement of villages, notably in the Patna district, where 181 villages were cleansed on the lines laid down by the Board at a cost of Rs. 2,500.

157. There were four meetings of the Sanitary Board during the year, at which the following were the principal subjects of discussion—

- (1) rules for the preparation of water-supply and drainage projects;
- (2) the employment of a permanent staff of surveyors for the preparation of sanitary schemes;
- (3) the preparation of a drainage scheme for the Berhampore municipality; and
- (4) a proposal to treat the Darjeeling water-supply with ozone.

Preliminary estimates were prepared for the following schemes—

Gaya water-works.—It is proposed to sink wells on the bank of the river Phalgu. The estimate, which amounts to Rs. 6,30,000, is being considered by the local authorities.

Patna drain-flushing scheme.—It is proposed to have a central pumping station at Babuaganj *ghat*; the cost of the scheme is Rs. 1,10,000.

Jessore water-works.—Borings are being made to ascertain whether a sufficient supply of water can be obtained from the bed of the Bhairab.

Detailed estimates were prepared for the following—

The Khulna water-works.—The cost of the scheme was reduced to Rs. 17,841. It provides for a supply of 15,000 gallons of filtered water a day delivered into five existing reservoirs. The water is raised from a reserved tank by means of a pulsometer pump with two sand filters, whence it flows in pipes to the reservoirs from which the people draw off the water. The works were opened in October 1906.

Bhagalpore water-works, remodelling.—The scheme, which will cost about Rs. 1,21,000, comprises a remodelled intake from the Ganges, and an installation of Diesel oil-engines for pumping.

The Darjeeling water-works.—The Pasteur-Chamberland system having proved a failure, it has been resolved to convert the existing settling tanks into sand filters.

Monghyr water-works.—A scheme to obtain water direct from the Ganges at a cost of Rs. 4,69,000 was sanctioned and the work was nearly finished at the end of the year.

The municipalities of Arrah, Bankura, Berhampur, Bettiah, Bhagalpur, Garden Reach, Jessore, Murshidabad, Midnapore, Baruipur and North Barrackpur, each appointed a surveying staff for the preparation of surface drainage schemes. Drainage schemes for Suri, Serampur and part of Hooghly-Chinsura were drawn up, and good progress was made in the towns of Burdwan, Monghyr, Kalna and Katwa. The Hazaribagh municipality entrusted the execution of their drainage scheme to a contractor.

The following schemes among others were considered during the year—The Cossipur-Chitpur unfiltered water-supply; the Serampur filtered water-supply; the extension of filtered water-supply to Tollygunge; the Kurseong water-supply improvement; the Manicktollah water-supply; the Bagjollah drainage scheme; and drainage schemes for Baranagore, Cuttack, Baraset, Uttarpara, Titagarh and Howrah (Block IV).

158. The aggregate income of the 44 municipalities in 1905-06, including opening balances, was Rs. 15,99,511, of which Eastern Bengal and Assam. 42·12 per cent. was spent on sanitary works and sanitation, including treatment of the sick and the construction of roads, the actual sums spent under the principal headings being, Rs. 77,151 on water-supply; Rs. 45,613 on drainage; Rs. 3,63,172 on conservancy; Rs. 23,423 on markets and slaughter-houses; Rs. 1,45,556 on the treatment of the sick; and Rs. 2,14,407 on the construction of roads, the amount under each heading in all cases, except treatment of the sick, being considerably larger than in 1904-05.

The towns of Gauhati, Silchar, Dibrugarh, Faridpur, Mymensingh and Pabna spent the largest proportion of their respective incomes on sanitation, in each case over 50 per cent.; the towns of Sylhet, Noakhali, Comilla, Rangpur and Dacca spent between 40 and 50 per cent., and Chittagong spent 28·13 per cent.

Many of the District and Local Boards are beginning to spend a larger percentage of their income on sanitation, and there is reported to be a growing feeling among them that Sanitary Inspectors should be appointed to bring them

more in touch with the requirements of the districts and to aid in dealing with outbreaks of epidemic disease.

In many of the larger towns of the province schemes for water-supplies and drainage are under consideration, and the improvement of conservancy and the construction or improvement of market buildings are receiving attention.

At Dacca a scheme for improving and extending the existing water-supply is under consideration, and plans and levels have been prepared in connection with a drainage project. A new slaughter-house is in course of construction and proposals have been brought forward for the construction of a municipal market.

At Chittagong two alternative schemes for a water-supply have been brought forward: one scheme provides for the construction of a reservoir by damming a stream among the hills near the town; the other provides for obtaining water from springs near the railway station.

At Narayanganj a project to supply the inhabitants on the western bank of the river Lakhia with water from that river at a cost of Rs. 1,67,000 is being carried out, and a surface drainage scheme to cost Rs. 14,000 is being prepared.

At Barisal a water-supply project to supply water from the river at a cost of Rs. 2,07,000 has been temporarily shelved for want of funds, but it is hoped that it will soon be taken up.

At Dinajpur a drainage scheme has been completed as far as possible at present, and a further scheme to canalise the Ghagra and Kachai rivers where they pass through the town is being considered by the Municipality and District Board.

At Gauhati a new pump has been installed at the water-works; and the building of the new municipal market is well advanced.

Projects for improving the water-supply of Chandpur, Rampur-Boalia, Sibsagar, Silchar and Jorhat are under consideration, and surface drainage schemes for English Bazar, Mymensingh, Comilla, Gauhati and Silchar are in various stages of preparation.

159. Five meetings of the Board were held during the year, at which the following were the principal subjects of discussion—

Sanitary Board.

(i) *The drainage of unhealthy areas.*—Steps were taken to obtain information concerning unhealthy tracts in the Faridpur, Dinajpur, Rangpur and Rajshahi districts with a view to taking special measures for their improvement. A scheme for the improvement of the Nator sub-division of the Rajshahi district is being drawn up by the District Engineer.

(ii) *Improvement of water-supplies in rural areas.*—A sum of Rs. 22,000 was placed at the disposal of the Board by the local Government to be distributed as grants-in-aid to the various District and Local Boards on the conditions that the Local Board and the people of the locality would each contribute a sum equivalent to the grant, and that legal guarantees should be given that the water in the

wells or tanks constructed with the money should be reserved for drinking purposes. In some districts the invitation of the Sanitary Board for applications was eagerly accepted, notably in Kamrup and Dinajpur; from the former district alone applications for more than half the total allotment were made.

- (iii) An enquiry into the condition of the country near Bogra which was said to have become unhealthy through the silting up of the river Karatoya. The re-excavation of the river was found to be impossible; but it seems there is no evidence that the area in question is particularly malarious.
- (iv) The appointment of a Sanitary Engineer for the province. An application for a whole-time Sanitary Engineer was made to the local Government. The creation of the appointment has been approved by the Government of India.

160. The municipal towns in these provinces spent in 1905-06 about 44 per cent. of their total income on conservancy, plague-prevention, water-supply and drainage; the actual expenditure was, on water-supply works Rs. 6,52,270, and on drainage and sewerage Rs. 10,97,209. The rapid progress made in the development of municipal sanitation may be gauged from the fact that the cost of the projects of improvement considered by the Sanitary Board was about 38 per cent. more than in the previous year. The water-supply works at Agra, Allahabad, Benares, Cawnpore, Lucknow and Meerut worked well throughout the year; there was in each instance a considerable increase in the quantity of water supplied, many pipe extensions were made, and the numbers of house connections continue to rise. At Naini Tal the water-works gave satisfaction throughout the year; and at Mussoorie the large hydro-electric scheme for extending the water-works and providing electric light in Mussoorie and Landour made good progress and is expected to be completed by March 1908.

At Agra 15 more lanes were paved and drained and the length of drains flushed has risen to 42½ miles. At Allahabad a large drainage scheme is in preparation, in connection with which an engine and disintegrator were purchased during the year. Many stone-flag drains were laid and 46,000 square feet of city lanes paved. At Benares the sewerage scheme has been completed at a cost of Rs. 13,32,033, and a further scheme estimated to cost Rs. 20,72,953 for the sewerage and surface drainage of the rest of the city has been sanctioned and will be carried out as funds become available. At Cawnpore the sewerage scheme worked satisfactorily, and estimates and plans for the surface drainage and paving of the city were prepared. At Lucknow progress was made with the surface drainage and paving and after some discouraging results, satisfactory results are being obtained with the plant for the biological treatment of sullage which on account of its extreme concentration (446·0 parts of suspended solids per 100,000) presents unusual difficulties.

Drainage works were completed in Dehra Dun, Chandausi, Fategarh and Mirzapur; and were nearing completion in Deoband and Nagina. Projects for the drainage of Hathras, Budaun, Moradabad, Hapur, Saharanpur, Bahraich, Jaunpur, Fyzabad, Ujhaini and Muttra-Brindaban were either completed or nearly completed; and surveys were in progress in Amroha, Etawah, Gorakhpur, Mainpuri and Sambhal.

The appointment of an Assistant Engineer was sanctioned, and Mr. Parker, who was selected, joined his appointment in January 1907.

161. There were four meetings of the Board during the year, at which the members considered, criticized and approved projects estimated to cost Rs. 25,90,925 to most of which reference has already been made. The reports on the working of the Village Sanitation Act in 1904-05 were read, and it was noted with satisfaction that the expenditure on village sanitation which amounted to Rs. 1,03,220 was greater than in any former year.

162. No details regarding municipal funds or of the proportion of income devoted to sanitary works are contained in the provincial report. At Lahore estimates have been made and financial arrangements are being considered for improving the water-supply by the addition of a third engine and another series of wells. The construction of the conservancy tramway line was nearing completion. At Delhi the urgent necessity for an extra engine, pumps, filter beds, and sedimentation tank at a cost of about Rs. 1,93,000 has been brought to the notice of the Municipal Committee. The intramural drainage construction made good progress. At Amritsar estimates for remodelling the street drains in several more of the city wards were prepared; and it was decided to raise the sullage by means of centrifugal pumps from two collecting tanks at the surface on to land. At Ambala grants-in-aid aggregating Rs. 15,000 were sanctioned for the extension of intramural drains. At Rawalpindi the construction of the main intercepting drain and disposal works estimated to cost Rs. 1,38,967 was nearly completed, and the preparation of a project of intramural drainage was taken in hand. At Multan the construction of the main drain and disposal works, to cost Rs. 73,179, was nearly finished. The drainage works at Jagraon and Gujarat were completed. At Ludhiana a detailed estimate amounting to Rs. 4,30,468 for the water-works scheme was sanctioned and work was begun in September. At Sargodha the water-works, estimated to cost Rs. 1,22,266, and the drainage works of the city and civil station, estimated to cost Rs. 91,000, were completed.

The Sanitary Engineer notes that there still remains much to be desired in the working of the sewage farms, but the Sanitary Commissioner draws attention to the increase in the area of land taken up for sullage irrigation in the vicinity of many of the towns and to the increased price being paid for municipal sullage. The amount realized from the sale of manure by the municipal towns was Rs. 1,59,847, compared with Rs. 1,51,879 in 1905.

A few District Boards offered rewards for the best results shown in the sanitary improvement of villages, but as usual they were not bestowed as the interests of village communities in sanitation is not yet awakened.

163. There were five meetings of the Sanitary Board during the year. The Board distributed grants-in-aid aggregating Rs. 30,000, to a large number of the smaller towns for sanitary works; and advised regarding most of the projects mentioned above.

The appointment of provincial Sanitary Engineer was made a permanent one.

164. Progress in sanitation in this province was confined to minor improvements in the water-supplies, drainage and conservancy of the towns, and to the cleaning out of wells in the district. There was a trifling increase in the sum derived from the sale of manure by municipalities, the aggregate receipts rising from Rs. 21,779 in 1905 to Rs. 21,853, and it appears that if more attention was paid to this source of income the sum realized would be considerably increased.

165. The income of the district head-quarters municipalities in 1906, excluding opening balances and special grants, was Rs. 12,97,016, or Rs. 26,532 less than in the previous year. Of the total income 39.49 per cent. (against 34.24 in 1905) was spent on water-supply, drainage, conservancy (21.04 per cent. of total income), markets, slaughter-houses and other sanitary requirements; 4.27 per cent. on medical relief; 1.21 per cent. on plague and 0.17 per cent. on vaccination.

No original work of capital importance was undertaken during the year, but in most of the towns considerable activity was displayed in improving water-supplies, extending and renewing drains, etc.

166. Meetings of the Sanitary Board were held at all district head-quarters, except Akola, Hoshangabad and Nagpur. The work carried on under their direction consisted as usual in the improvement of existing wells, the construction of new wells, the repair of roads and the clearing of village sites.

A letter was sent by the local administration to the Government of India in which the urgent necessity for the appointment of a provincial Sanitary Engineer to carry out schemes of sanitary improvement in the larger towns was represented.

167. No details of municipal income or of the proportion expended on sanitation are furnished in the provincial report, from which, however, it appears that the assignment made for sanitation during 1906 was smaller than in the previous year, but a larger proportion was actually spent, although with the single exception of Bimlipatam, where it was exceeded, in no town was the allotment fully utilized, and in eight towns the expenditure was 50 per cent. below the sanctioned amount.

The extension of the Coonoor water-works, and the erection of a pumping installation at the Arisipalyam tank in Salem were completed under the direction of the Sanitary Engineer. The improvement of the head-works of the Guntur water-supply; the drainage works of Ootacamund, and the head-works of the Saidapet water-supply scheme, which was held in abeyance pending the settlement of a claim made by the authorities of the cantonment of St. Thomas Mount to certain land, were under construction. The Vellore, Gudiyattam and Nellore water-works were being constructed by the Public Works Department. A comprehensive scheme for the drainage of Madura, and plans and estimates for the water-supply of Berhampur, Periyakulam, Tuticorin (filter-beds and pumping plant), and Tanjore extension were prepared by the Sanitary Engineer. A report containing proposals for the improvement of the drainage of the City of Madras was forwarded to Government, the proposals were sanctioned, and the President of the Corporation was requested to have plans and estimates prepared.

168. The Sanitary Board reviewed a large number of schemes the aggregate cost of which was Rs. 60,39,399; of the schemes, 39 costing Rs. 59,64,673 were for Municipalities and 27 costing Rs. 74,726 were for local Fund Boards. The most important of the schemes were, Madras water-supply (improvements), Rs. 22,50,000; Ootacamund drainage, Rs. 3,83,020; Coimbatore water-supply, Rs. 4,50,000; Madras hospitals for infectious diseases, Rs. 1,14,657; Tuticorin water-supply, Rs. 2,89,190; Madras drainage (improvements), Rs. 5,79,380; and Madura drainage, Rs. 13,63,930. Final approval was accorded to the plans and estimates of 31 works costing Rs. 89,631.

169. The income of the 162 municipalities in the districts of Bombay in the year 1905-06 was Rs. 69,98,933, of which Rs. 22,35,473 or 31·94 per cent. was spent upon water-supplies, drainage and conservancy. There were 24 District Local Boards with 210 *Taluka* Local Boards, of which the aggregate income was Rs. 56,85,096, and a sum of Rs. 3,94,875 or 6·95 per cent. of income was expended by them on water-supply and drainage.

Progress in municipal sanitation in the Bombay Presidency has been hampered by the ravages of plague which have embarrassed the financial position of most municipalities to such an extent that many urgent schemes for water-supply and drainage have had to be deferred.

170. The Board met twice during the year, when the following among other matters were considered—

- (1) Surveys for the improvement of the water-supply and drainage of the towns in the neighbourhood of Bombay City.
- (2) The collection of information regarding municipal water-supply and drainage works with a view to obtain a record of such works in the Presidency. The information collected by means of a circular addressed to all municipalities was abstracted by the Sanitary Engineer and forms an admirably concise account of the progress made in municipal sanitation in the Bombay Presidency. It is published in the provincial Sanitary Report for 1906.

Three important works were in progress during the year—

The Ahmedabad drainage and sewerage scheme.—The extension of the scheme undertaken by the municipality in 1903 was completed at a cost of Rs. 14,03,018, for which they have sewered 500 acres of the city populated by about 90,000 persons. The municipality are arranging to extend operations on their sewage farm, and to develop their resources before beginning a further extension of the scheme.

Karachi drainage.—Extensions of the Shone system were in progress and the original scheme cost Rs. 6,00,000 for a population of 30,000. Another Rs. 5,50,000 have been sanctioned to extend the system to a total population of 44,564.

The Jalgaon water-supply.—The water-supply is derived from two tanks situated about 3 miles to the south of the town. The lower tank serves as a pure water reservoir; the upper tank, which was built in 1878 to supplement the supply of the lower, is leaky and frequently runs dry. The improvements include a feeder channel to augment the supply in the upper tank, a balancing tank, a new

13-inch service main to replace the existing 5½-inch main, and improvements in the distribution system; the cost is estimated at Rs. 1,70,897.

The following projects were sanctioned—

Improvements to the Dhulia water-works.—The expenditure of Rs. 38,175 was sanctioned to provide new filter-beds.

Pandharpur drainage.—The project for a complete drainage system, which includes a main collecting sewer to intercept the sewage which has hitherto found its way into the river, in which thousands of pilgrims wash and bathe and from which many of them obtain their drinking water, is estimated to cost Rs. 2,00,659.

Projects were prepared during the year for the Poona and Kirkee water-supply (Rs. 15,84,218) and the drainage of Poona (Rs. 22,35,368). A considerable number of new works and improvements to existing works were considered, including extension and improvement of the Ahmedabad water-supply; improvement of the Surat water-supply; a drainage scheme for Surat; Kurla water-supply; improvement of the Pandharpur water-supply; improvement of the Hyderabad water-supply; improvement of the Sukkur water-supply; improvement of the Ahmednagar water-supply; and the provision of new water-supplies for Nasik, Kapadvanj and Dakor.

171. The total income of the towns in Burma in 1906 was Rs. 79,28,009, of which Rs. 41,16,789 were spent on sanitary works as follows—on water-supply Rs. 12,55,082; on drainage Rs. 8,58,668; on conservancy Rs. 10,46,894; and on other sanitary works Rs. 9,56,145.

Burma.

At Rangoon the Hlawga water-supply scheme, estimated to cost Rs. 46,33,102, was completed and handed over to the municipality on the 1st July. A supplementary estimate of Rs. 1,42,662 was sanctioned for special repairs to the dams and part of this work was finished.

The cantonment water-supply scheme was completed. The reclamation of land continues, but the improved building bye-laws were still under consideration by the Municipal Committee.

At Akyab the water-supply project was in progress and the estimates were slightly amended to admit of certain improvements.

At Insein plans and surveys for a drainage scheme were prepared by the Sanitary Engineer and handed over to the Executive Engineer of the district so that detailed estimates and plans might be prepared for sanction. At Pegu plans and estimates (Rs. 51,308) for a drainage scheme were prepared. At Mandalay water-supply schemes continue to be discussed. In several other towns plans and estimates for water-supply and drainage schemes were prepared.

The income of the District Municipalities in 1906 was Rs. 44,63,775, of which Rs. 3,20,602 were devoted to sanitary works, distributed as follows—on water-supply Rs. 70,042; on drainage Rs. 37,572; on conservancy Rs. 72,097; and on other sanitary works Rs. 1,40,891.

172. The Board met four times during the year—three times in Rangoon and once in Mandalay. At the second meeting the Board approved of the amended rules for the

Sanitary Board.

guidance of the Sanitary Engineer in respect of sanitary works and recommended their adoption. At the third meeting the water-supply of Mandalay was discussed as the accepted scheme for tube wells was not considered in all respects satisfactory. It was resolved that the municipality should be asked to decide what is the largest sum which they can afford to pay for a water-supply, and that for comparison with the present scheme the following sources of supply should be considered and rough estimates framed for the different projects—a reservoir in the hills with a supply by gravitation; deep wells in the north of the town; the river.

173. During the year 1906-07 the expenditure on ordinary military works was Rs. 80,30,768, as compared with Rs. 1,15,78,465 in the previous year. In addition, Rs. 38,35,443 was spent on military works connected with the military reorganization scheme and Rs. 19,38,572 under the head "special demands." Details regarding new works and improvements in some of the more unhealthy cantonments will be found in the statements appended to Tables V and XXX at the end of this volume.

SECTION IX.

GENERAL REMARKS.

174. The pilgrim season of 1905-06 was the last for which the segregation of pilgrims for five days at Bombay, prior to embarkation, was enforced. The conditions on which pilgrimage from India to the Hejaz is now permitted were detailed in paragraph 175 of this report for 1905.

Red Sea Pilgrim Traffic.

According to the report by the Superintendent of the Preventive Service, Bombay, the segregation Camp at Pir Pao was opened on the 7th October 1905, and the first batch of pilgrims sailed from Bombay on the 14th of that month. In all 18,390 pilgrims left Bombay in 23 ships, the last sailing on the 9th of January 1906. The report of the British Vice-Consul at Kamaran records the arrival of 24 ships from Bombay with a total of 18,745 pilgrims of whom 15,203 are described as Indians. The Vice-Consul has included in his return the S. S. "Clan Sinclair" which arrived at Kamaran on the 15th of October 1905 with 257 pilgrims; this ship is not included in the return of the Bombay authorities, presumably because it sailed before the recognised pilgrimage season. According to the Indian reports there was an increase of 6,097 pilgrims during the season 1905-06 as compared with the previous one, but the Kamaran report records an increase of 3,801 only; this difference may be due to the fact that the Kamaran report, and also the Haj report, distinguish between Indians and Afghans, while the Indian report makes no distinction as to nationality.

The sanitary condition and arrangements of the ships are described in the Kamaran report as good, and the health of the pilgrims as satisfactory. On the voyage 30 deaths occurred, and from one ship five persons suffering from small-pox were landed at Aden.

During the period of quarantine at Kamaran 122 pilgrims were admitted to hospital and there were 35 deaths, due chiefly to acute and chronic bronchial and pulmonary affections, gastric and intestinal diseases, and old age and debility. The disinfection at Kamaran was carried out satisfactorily and there was no second disinfection as in previous years. The Haj report states that "the health during the pilgrimage was very satisfactory:" a few cases of small-pox occurred but the disease did not spread in epidemic form. The sanitary condition of Jeddah and Mecca was satisfactory.

The pilgrims, 18,072 in number, returned in 25 vessels between the 2nd of March and the 3rd of July 1906. During the homeward voyage 240 deaths occurred, the chief causes being old age, general debility, dysentery and diarrhoea. On ten ships during the voyage there were 34 cases of small-pox, one of measles and three of chicken-pox. Some of the patients were landed and taken into hospital at Aden and the remainder at Bombay. Of all the pilgrims on ships infected with small-pox, only 103 were vaccinated, the rest refusing to avail themselves of the offer of vaccination free of charge. The personal effects of 6,551 pilgrims among whom small-pox appeared were disinfected, after which the pilgrims were made over to the Protector of Pilgrims for despatch to their homes.

175. At the *Central Research Institute* at Kasauli the preparation of antivenene and curative sera was continued and routine

Laboratories.

bacteriological work in connection with the examination of specimens sent for diagnosis was carried out. In March 1906 the staff of the institute commenced an enquiry in connection with the etiology and mode of spread of enteric fever in India; an interim report of the results obtained up to the present has already been noticed in Section II, and a more complete account is now in course of publication in the *Scientific Memoirs*. In July 1907 the enquiry into the causation, prevention and treatment of dysentery in the prisons and lunatic asylums of India, upon which Captain Forster, I.M.S., had been engaged, was placed under the control of the Director of the Institute. A brief summary of the results obtained in this enquiry will be found in the next paragraph.

The *Bombay Bacteriological Laboratory* at Parel has two sections, the anti-plague vaccine section and the bacteriological section. The work of the first section has already been referred to in Section VI. The room in the bacteriological section fitted up for the accommodation of outside workers, and other rooms in the laboratory, were occupied throughout the year by the Plague Research Commission, so that although several applications from outside workers were received none could be admitted. During the nine months from the 1st of April to the 31st of December 1906 the routine work undertaken in diagnosis and research for medical men in the Bombay Presidency included the examination of 358 samples of blood by the serum test for typhoid fever, paratyphoid fever and Malta fever, 131 films of blood for malaria parasites, spirilla of relapsing fever, plague bacilli, etc., and 32 specimens of sputum for tubercle bacilli, pneumococci, etc. In all 183 animals were received for examination of which 84 were rats sent by private persons to be examined for the diagnosis of plague and 33 were dogs to be examined for the diagnosis of rabies. The research work done by the staff of the laboratory during the year included an investigation by the Director (Lieutenant-Colonel Bannerman, I.M.S.) to ascertain the relative value of the constituents of the anti-plague vaccine; an investigation of the value of Dr. Brazil's curative plague serum; investigations into an outbreak of cholera in the Umakhadi jail; into an epidemic of infantile diarrhoea in the Cama hospital; into the life history and mode of transmission of the spirillum of relapsing fever, etc. The collection of snake venom was continued, 371 snakes being received during the year. The venom, after desiccation, was sent to the Central Research Institute for the preparation of antivenene.

The *King Institute of Preventive Medicine* at Guindy, Madras, also has two sections, the small-pox vaccine section and the bacteriological section. The work of the vaccine section has been mentioned in Section VII. The routine work of the bacteriological section during the year included the examination of 1,083 specimens sent by medical and sanitary authorities. Of these specimens 396 were sent for diagnosis of plague, 217 for malaria, 134 for typhoid and similar fevers, 57 for a tuberculosis, 12 for kala azar and 10 for hydrophobia; and 123 were tumours and 95 were samples of water. The research work carried out by the staff dealt with the bacteriological examination of Indian waters, the efficiency of cyllin as a disinfectant, the extraneous organisms of vaccine, the development of *Piroplasma canis* in the tick, kala azar, mammalian hæmo-

gregarines, and other subjects. A summary of the results obtained in a few of these investigations is given in the next paragraph. The educational work done at the Institute included a course of lectures in minor sanitary engineering, a course of instruction for plague inspectors, and lectures and practical instruction in human and animal vaccination.

At the *Pasteur Institute*, Kasauli, during 1906 the number of persons who presented themselves for anti-rabic treatment was 1,147, of whom 350 were Europeans and 797 were natives. Among the Europeans 181 were soldiers and 169 were civilians, the corresponding numbers among the natives being 52 and 745. Patients came from every province, from the Native States of Rajputana and Kashmir and from Ceylon; ten of the eleven patients from Ceylon were European civilians. During the year the treatment was unsuccessful in only nine cases out of the total number treated. In addition to the anti-rabic inoculations, 282 experiments were conducted with brains sent for the diagnosis of rabies, and 969 specimens sent for diagnostic purposes were examined and reported upon.

The *Pasteur Institute*, Coonoor, was opened for the treatment of patients on the 1st of April 1907 so there is no information concerning its work to be recorded in this issue of the report.

176. In addition to routine work at the bacteriological laboratories, enquiries have been or are being carried out with reference to enteric fever, dysentery, malaria, blackwater fever, kala azar, and other subjects.

Special enquiries.

Enteric fever.—The results obtained up to the present time in this investigation, which was commenced at the Central Research Institute in March 1906, have already been summarized in Section II of this report (pages 16 to 32). The investigation was conducted by the Director of the Central Research Institute [Lieutenant-Colonel Semple, R.A.M.C. (retired)] and Captain E. D. W. Greig, I.M.S.; other officers who assisted in the work were Lieutenant-Colonel Wyville Thomson, I.M.S., Captain D. Harvey, R.A.M.C., Captain F. N. White, I.M.S., Captain E. C. Hodgson, I.M.S., and Assistant Surgeon Paras Ram.

Dysentery.—In July 1906 Captain W. C. H. Forster, I. M. S., was placed on special duty under the Sanitary Commissioner with the Government of India to investigate the causation, prevention, and treatment of dysentery in the prisons and lunatic asylums of India. Until the end of the year Captain Forster worked in the jails of the United Provinces and the Punjab and in the laboratories of the Central Research Institute. In the beginning of 1907 he represented that the problems connected with the subject would be more likely to be solved by continuous work at a jail where dysentery is prevalent than by the work which could be done during short visits to many jails, and the Midnapur jail in Bengal was selected as being suitable. The services of two Assistant Surgeons were placed at his disposal, one to assist in the work at the Midnapur jail, the other in the work at the institute. The investigation in the Midnapur jail was commenced on the 1st of February 1907 and, excepting a short period spent on a visit to the Barisal jail in Eastern Bengal and Assam, where a severe epidemic of dysentery was reported, has been carried on there since that time. In July 1907 the direction and control of the investigation was placed in the hands of the Director of the Central Research Institute.

Captain Forster has furnished three reports of the progress made in the investigation and a brief summary of the results recorded in the most recent of these may be given here with the saving clause that as the problems of the subject are not easy to solve the conclusions arrived at are liable to correction in the light of future work. Under the heading of the causes of acute dysentery Captain Forster states that from the stools of different cases he has been able to isolate the bacillus of Shiga, the bacillus of Flexner, the Y bacillus of Hiss and other varieties of the group, but that from the great majority of cases of bacillary dysentery, the bacilli of Shiga or of Flexner have been isolated. In some cases both these bacilli were present. In the cases of dysentery from which the bacilli can be isolated the stools are characteristic and the bacilli give rise to a definite train of symptoms. The vast majority of cases of acute dysentery are bacillary in origin, and, in first attacks of the disease, bacilli of the dysentery group are nearly always present. Captain Forster reports the finding of two types of amœbæ in the stools of patients suffering from dysentery; one has characters similar to those of the *A. histolytica*, the other to those of the *A. coli*. The first type is the one nearly always found, Amœbæ are often present in cases of chronic dysentery, but seldom in cases of acute dysentery (13 times in 88 cases); flagellates and ciliates are usually, and Shiga's bacillus is sometimes, present when amœbæ can be found. Amœbæ do not appear to be capable of causing a definite group of symptoms and they are not associated with a definite type of stool. Captain Forster considers that in a proportion of cases the presence of amœbæ in the stools is secondary to an infection with Shiga's bacillus and that usually cases of chronic as well as cases of acute dysentery are bacillary in origin. Under the heading of the mode of spread of the disease he states that in the Midnapur jail dysentery is not due to infection of the general food or water-supply or to infection of the soil, but that there is much evidence in favour of the view that the spread of the disease is due to the presence of "bacilli carriers." He has made experiments to ascertain the length of life of the bacilli of Shiga and Flexner outside the human body; in clothing and sheets the bacilli were killed by exposure in the sun for one hour, in blankets by exposure for two hours; and the bacilli could not be recovered from a specimen of mucus which had been placed in a glass tube and kept in a dark cupboard for 24 hours. These observations are in favour of the view that the bacilli cannot live in nature as saprophytes. The problem of the spread of dysentery by "bacilli carriers" is now being investigated bacteriologically on the same lines as has already been done in the case of enteric fever.

Malaria.—The Drainage Committee which, as was stated in this section of the last report, was appointed under the orders of the Government of Bengal to enquire into the conditions of drainage in the Presidency Division of Bengal and their connection with the prevalence of malaria, assembled in November 1906 and continued its enquiries until the 15th of March 1907. To assist the committee with expert knowledge the services of Captain Stewart, I.M.S., and Lieutenant Proctor, I.M.S., were lent temporarily to the local Government. The report of the committee has been considered by the local Government and it is understood that steps to give effect to the various recommendations made are being taken.

Blackwater fever.—In April 1907, as a result of a representation from the Duars Planters' Association, the Government of India in consultation with the

Government of Eastern Bengal and Assam, arranged that an enquiry regarding blackwater and other fevers prevailing in the Duars should be conducted. It was decided that the enquiry should be undertaken by the Central Research Institute assisted by an Advisory Committee consisting of (1) the Sanitary Commissioner with the Government of India, (2) the Director of the Central Research Institute, (3) the Professor of Pathology at the Medical College, Calcutta, (4) Captain S. P. James, I.M.S., (5) Captain S. R. Christophers, I.M.S. The Sanitary Commissioner was given power to add to the number of this Committee and in June Lieutenant-Colonel Hare, Sanitary Commissioner, Eastern Bengal and Assam, was added. It was considered that the first stage of the investigation should be a careful survey of existing conditions in the tea-gardens of the Duars especially with the object of obtaining information with regard to (1) the chief diseases which cause sickness and death among Europeans and Natives in the planting communities, (2) the conditions under which the European and Native members of the planting communities live, and the extent to which these conditions may conduce to the sickness and mortality, (3) the steps which are being taken to prevent disease, (4) the prevalence of blackwater fever among Europeans and Natives and its distribution in the Duars. The services of Dr. C. A. Bentley, medical officer of the Empire of India and Ceylon Tea Company, were engaged for the conduct of this preliminary investigation. Dr. Bentley entered upon his duties early in July 1907 and after short visits to Simla and Kasauli to receive instructions from the Advisory Committee and to obtain the apparatus required, proceeded to Sam Sing in the Duars where he interviewed the Chairman of the Duars Planters' Association and some members of a special Malaria Committee which had been convened there. On the advice of these gentlemen Dr. Bentley decided to commence work in the Dam Dim district. Up to the 3rd of October 1907, in addition to obtaining valuable information regarding the special subjects with which his enquiry was chiefly concerned, Dr. Bentley had been able to make a number of important observations on malaria in different parts of the Duars and he had seen or had received reports of twelve cases of blackwater fever, the majority of which were among natives. In view of these observations it was decided in November that the material available for the study of the etiology of blackwater fever in the Duars was sufficient to render a successful investigation possible, and one of the members of the Advisory Committee, Captain Christophers, I.M.S., whose previous work in connection with the subject is well known, was deputed for this investigation. Captain Christophers handed over his duties as Superintendent of the King Institute at the end of November and proceeded to join Dr. Bentley in the Duars. The results of his work will, it is hoped, add to the existing knowledge of this fatal disease.

Kala azar.—Captain Patton, I.M.S., who was attached to the King Institute at Guindy for the purpose of investigating the extra-corporeal life of the parasite of kala azar has continued his researches with the result that he has found that the parasite may, under certain conditions, undergo development in the body of a species of bed-bug. With the exception of this observation there has been no important contribution to our knowledge of the subject of kala azar during the year, and the correct zoological position of the Leishman-Donovan parasite still remains undecided. Apparently Laveran and some other protozoologists of authority are still of opinion that the parasite is a species of *piroplasma* and it

will not be out of place to enumerate the chief results of work which has been done (mostly by medical officers in India) towards a settlement of the question. (1) It is now known that the Leishman-Donovan parasite does not invade the red blood corpuscles, as some at first supposed, but the endothelial cells and leucocytes; and although the invasion of a different kind of host cell is not in itself sufficient evidence of absence of relationship between organisms, the fact that the Leishman-Donovan parasite is not parasitic in the red blood cells is at least some evidence that it is not one of the *piroplasmata*, all known species of which are parasitic in those cells. (2) The results of recent work upon the morphology of *piroplasma* show that there is little if any affinity between the chromatin masses in this parasite and in the Leishman-Donovan parasite; the minute punctiform mass of chromatin in *piroplasma*, called by Schaudinn and Lühë the blepharoplast, is by no means always present and very probably is not a true blepharoplast. (3) It is known from the work of Rogers and others that the Leishman-Donovan parasite as seen in the human body is a stage in the development of a flagellate organism, but the researches in connection with the development of *piroplasma* in the tick carried out by Koch, Kleine, and especially by Christophers, show that *piroplasma* has no flagellate stage in its life cycle. (4) Considerable doubt has been thrown upon the value of the experiments upon which Schaudinn based his view that a flagellate stage is common to many parasitic protozoa by the discovery that a large percentage of mosquitoes are normally infected with flagellates derived through the larva, as well as by the discovery that in birds latent infection with trypanosomes is very frequent.

So far as the work done up to the present time justifies a conclusion, it may be said that the Leishman-Donovan parasite is most closely related to certain flagellates which are commonly found in the alimentary canal of some arthropods. Several species of these flagellates have been studied by Captain Patton, with a view to throw light upon the life history of the Leishman-Donovan parasite, and he has shown that in many of them there is a stage in which they resemble very closely the Leishman-Donovan parasite as it is seen in the human tissues. The earliest stage of a flagellate parasitic in *C. pipiens* in Madras is described by Captain Patton as being found in the larva, in which it resembles almost exactly the parasite of kala azar; in the nymph many of these forms have developed flagella, whilst in the adult mosquito the characteristic *herpetomonas* forms, described by other observers, are seen. In the alimentary canal of a small homopterous insect (*Peritoppus*) he found in the young nymphs similar round and oval parasites with the arrangement of the chromatin masses characteristic of the Leishman-Donovan parasite, and he has since found other flagellates in which there is a small, round non-flagellate stage.

As regards the discovery that the Leishman-Donovan parasite may undergo development in the body of a species of bed-bug, it was mentioned in the issue of this report for 1905 that Captain Patton had been able to find the parasite in the alimentary canal of bugs fed on patients suffering from kala azar and that in some of the parasites signs of commencing development had been observed. More recently Captain Patton has been able to obtain in a series of bugs fed on a patient in whom there were numerous parasites in the leucocytes of the peripheral blood, specimens showing all the stages of development of the parasite up to fully developed elongated flagellates. The forms found in the alimentary

canal of the bug are in many respects similar to those which can be obtained *in vitro*, but there is a greater tendency to the formation of rosettes. It has been found by several observers that the bed-bug is free from parasitic flagellates and the feeding experiments carried out by Captain Patton point with some degree of certainty to its being the agent which transmits kala azar.

The bug in which development of the parasite has been observed is *Cimex macrocephalus* (Fieb.) a species which until recently was reported to be present in Burma only. It is now known, however, that its distribution in the East is wide, specimens having been sent to Captain Patton from India, Burma, Assam, the Malay States, Aden, Mauritius and Réunion. The bed-bug from Réunion was described by Signoret in 1852 under the name *C. rotundatus*, but the two species *Corotundatus* and *C. macrocephalus* are indistinguishable, and Captain Patton proposes to revert to the name *C. rotundatus* which has the merit not only of priority but of being more appropriate. *C. lectularius*, which is the ordinary bed-bug of Europe and America, also occurs in the East, but in India it does not appear to be so common as *C. rotundatus*.

The life history of Piroplasma.—Among the special enquiries which have been carried out since the last issue of this report none is of greater interest than that undertaken by Captain S. R. Christophers, I.M.S., with the object of adding to our knowledge of the life history of parasites of the genus *Piroplasma*. Even before Major Ross had demonstrated the part played by mosquitoes in the transmission of malaria, Smith and Kilborne had shown that Texas fever in cattle, a disease due to *Piroplasma bigeminum*, is conveyed by the bites of ticks, and it was known also that the transmission is effected not by the bites of ticks which have fed on an infected animal, but by the bites of the progeny of such ticks. Many able observers, however, had failed to discover the processes involved in this complicated method of transmission, and until quite recently, when Koch succeeded in finding in ticks fed on suitable animals what may be regarded as the first stage in the developmental changes undergone by the parasite after ingestion by the tick, nothing beyond what had been discovered by Smith and Kilborne in 1893 was known of the life history of the parasite outside the bodies of infected animals. The difficulties met with in attempting to trace a parasitic protozoon through its intermediary host are very great and those in connection with *piroplasma* are especially so on account of the small size of the parasite and the complex structure of the tick, but Captain Christophers had prepared himself for the task by a prolonged study of the parasite in its animal host and by a thorough investigation of the normal anatomy and histology of ticks. The results of his work on the latter subject were published as No. 23 of the new series of the Scientific Memoirs. For reasons into which it is not necessary to enter here, Captain Christophers chose the species of *piroplasma* met with in the dog (*Piroplasma canis*) as the one the life history of which he would endeavour to work out, and at the outset there arose the difficulty that the only species of tick (*H. leachi*) which up to that time was known to transmit the parasite, does not occur in India. It was necessary therefore to ascertain which of the Indian ticks transmits the disease and this was accomplished by an investigation lasting several months. It was found that in India *Piroplasma canis* is conveyed by the species of tick called *R. sanguineus* and the investigation of the life history of the parasite was therefore commenced by a minute examination of ticks of this

species which had been fed upon infected dogs. After many fruitless examinations had been made, forms of the parasite showing definite signs of development were at length found, and continued effort resulted in the discovery of all the important developmental changes which the parasites undergo during their life in the tick. The following is a very brief summary of these changes. Some of the forms of the parasite in the peripheral blood of the infected animal, after having reached the alimentary canal of the tick, enlarge and become round or oval bodies about four times the size of the original parasite. Each of these bodies then becomes divided into two nearly equal portions, one of which contains the mass of chromatin of the original parasite. The two portions separate except at one point and the portion not containing the chromatin swings round to become the tail end of a club-shaped body, the portion which contains the chromatin becoming the head end. These club-shaped bodies are composed of delicate transparent protoplasm free from granulations and the chromatin mass which they contain resembles that in the form of the parasite seen in the animal host. When fully developed they carry at the thicker extremity a curious disc-like structure bearing short blunt cusps. They are the developmental stage of the parasite which was also discovered by Koch. They are motile, showing in some instances leach-like movements, in others a side to side movement of the thinner end, and when mature they leave the gut of the tick and become lodged near the ovaries and oviducts, finally entering the substance of the ova in which they proceed to develop into what Captain Christophers terms the "zygote." The change from club-shaped body to "zygote" consists mainly in swelling of the middle portion of the parasite, disappearance of the tail end and of the disc and great increase in size; the parasite also has a greater affinity for basic stains. All stages in the further development of the "zygote" have not been completely worked out in the egg and larva, but they have been followed in the tissues of nymphs fed on infected animals. When a nymph is fed on an infected animal the club-shaped bodies develop in its alimentary canal in the same way as in the alimentary canal of an adult tick, but when the club-shaped bodies are mature they become lodged not in the ovary, which is as yet undeveloped, but in certain undifferentiated tissue which at the period of metamorphosis is remodeling the adult tick within the skin of the nymph. In the embryonic cells of this tissue the club-shaped bodies develop into "zygotes" which grow rapidly and become very large bodies with a characteristic appearance. Ultimately the contents of the "zygote" become differentiated into many hundreds of small pear-shaped bodies resembling the forms of the parasite seen in the blood of the animal host. By a process which Captain Christophers has followed out with some exactness, these pear-shaped forms, which, provisionally, he has termed "sporozoits," become lodged in enormous numbers in the salivary glands of the adult tick. The life history of *Piroplasma canis* as described by Captain Christophers is therefore as follows. The parasites in the blood of the animal host are sucked into the alimentary canal of an adult tick (*R. sanguineus*) or of a nymph. In both cases the parasites develop into club-shaped bodies. When the parasites have been ingested by an adult tick the club-shaped bodies penetrate the ova where they develop into "zygotes" which increase in size and undergo developmental changes so that by the time the ovum has become a larva they are in the stage termed "sporoblasts." By the time the larva has become a nymph the "sporoblasts" have become differentiated into immature "sporozoits," and in the adult tick these "sporozoits," now fully mature, are found in enormous numbers in the salivary glands. When the parasites of the animal host have been ingested

by a nymph, similar changes occur. The club-shaped bodies leave the gut and become lodged in the cells of the embryonic tissue where they develop into "zygotes" which break up into "sporoblasts." Owing to the growth of the embryonic tissue the "sporoblasts" become disseminated throughout the cell tissue of the nymph. Many of the cells of this tissue are those which form the salivary glands of the adult tick so that by the time the "sporoblasts" have become differentiated into "sporozoites," the latter are already in the cells of the salivary glands of the adult tick; the "sporozoites" which have become developed in cells of other tissue possibly reach the salivary glands by their own movements.

The developmental changes described by Captain Christophers suggest that the life history of *Piroplasma canis* has many points in common with that of the malaria parasite, and although many details still require to be worked out, there can be no doubt that the problem of discovering the chief events in the life history of parasites of the genus *Piroplasma* has been satisfactorily solved.

The rats of India.—With a view to obtain precise information regarding the distribution, life history, habits, and identification of the rats of India, the collection of material for a comprehensive study of the subject has been begun. It was arranged by the Government of India that the first steps in the matter should be taken by the Natural History Section of the Indian Museum and accordingly Dr. Annandale, the Officiating Superintendent of the museum, caused a pamphlet to be prepared by Dr. W. C. Hossack of the Plague Department, Calcutta, giving details of the methods of identification of the common species, with instructions as to the measurements to be taken, the preparation of skins and skulls, the preservation and labelling of specimens, and the mode of despatch of specimens to the museum. This pamphlet has been widely circulated among officers employed on plague duty and sanitary work in all provinces and instructions have been issued to these officers to aid the Natural History Section of the museum in their enquiry by collecting information and sending specimens. Dr. Hossack, the author of the pamphlet mentioned above, has made a special study of the rats of Calcutta and the results of his work have been published as No. 1 of the first volume of the memoirs of the Indian Museum.

The biting flies of India.—An enquiry into this important subject is being conducted by Mr. Maxwell Lefroy and Mr. Howlett, the Imperial Entomologists in India, and with the object of enlisting the help of medical officers and others in the enquiry a pamphlet on the subject of biting flies has been prepared and will be distributed as widely as possible. In view of the possibility that cases of sleeping sickness may be imported into India from East Africa, it was necessary to ascertain whether the tsetse-fly which carries the disease occurs in India. A search has been made in various parts of the country and especially in Assam by medical officers and by the Imperial Entomologist, but up to the present no evidence of the presence of this fly in India has been obtained. In September 1906, on the recommendation of Lieutenant-Colonel Bannerman, I.M.S., Director of the Bombay Bacteriological Laboratory, the Government of Bombay issued a circular to officers of the Forest and Salt Departments and to all Political Agents in the presidency, asking for the names of those who would be willing to collect biting flies in order that they might be supplied with nets and other necessaries for this purpose. Lieutenant-Colonel Bannerman reports that more than a hundred officers have expressed their willingness to assist.

177. Since the issue of the last report the following memoirs have been published :—No. 27, *Preliminary report on the development of the Leishman-Donovan body in the bed-bug*, by Captain W. S. Patton, I.M.S. ; No. 28, *The Sexual cycle of Leucocytozoon canis in the tick*, by Captain S. R. Christophers, I.M.S. ; No. 29, *Piroplasma canis and its life cycle in the tick*, by Captain S. R. Christophers, I.M.S. ; No. 30, *The theory and practice of anti-rabic immunisation*, by Captains W. F. Harvey and A. McKendrick, I.M.S.

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APPENDICES

TO THE

Annual Report of the Sanitary Commissioner with the
Government of India

FOR

1906.

TABLE I.—Highest, lowest and mean temperature in shade and its departure from the

STATIONS.	JANUARY.				FEBRUARY.				MARCH.				APRIL.				MAY.				JUNE.			
	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.
Calcutta (Allpore)	81°9	46°4	65°7	-0°6	87°4	53°9	70°8	-0°4	93°9	51°9	75°6	-3°8	105°1	71°4	87°3	+1°7	105°6	70°4	88°1	+2°1	103°0	74°9	85°3	+1°3
Narayanganj	82°1	50°3	65°9	-0°7	87°1	54°3	70°5	+0°1	94°6	51°8	75°5	-3°6	98°1	69°3	85°8	+2°0	96°1	69°3	83°6	0	95°6	70°8	84°2	+0°5
Chittagong	83°6	49°1	65°6	-1°3	85°7	50°1	70°6	-0°1	91°3	53°1	75°0	-2°1	99°7	66°1	81°8	+0°5	91°7	66°6	82°1	+0°1	94°2	72°6	81°6	0
Sibear	75°8	43°9	59°8	0	76°3	46°9	62°7	-0°6	83°4	49°9	67°3	-2°3	90°2	59°9	72°2	-2°3	96°2	66°9	78°7	-0°4	95°2	73°9	82°6	-0°3
Silohar	82°9	45°3	64°4	-0°7	83°4	48°5	67°8	-0°4	90°5	49°5	71°3	-2°3	92°5	62°9	78°3	-0°5	94°5	68°2	80°7	+0°1	97°6	71°3	82°9	+0°1
Cuttack	89°4	51°1	72°4	+0°3	94°4	60°1	76°6	-1°8	103°4	58°1	82°2	-2°5	111°0	74°2	91°9	+1°9	113°0	73°2	92°9	+2°0	112°0	73°2	88°7	+0°9
Hansibagh	70°7	41°2	60°6	-1°3	83°7	46°2	63°6	-2°5	90°7	45°2	72°0	-4°2	104°6	63°3	85°8	+0°5	106°6	69°3	90°0	+2°6	106°6	72°2	87°1	+2°9
Patea	78°0	43°8	61°2	-0°4	82°5	46°9	64°6	-1°4	95°0	45°9	72°9	-4°5	107°5	66°8	87°3	+0°3	111°1	70°7	89°3	+0°3	105°5	74°7	89°4	+1°2
Darjeeling	51°2	38°0	39°9	-1°0	53°7	31°5	41°4	-0°4	62°2	32°0	46°9	-2°6	70°2	44°1	57°1	+1°6	74°7	46°6	59°3	+1°2	71°2	51°6	60°9	+0°2
Allahabad	83°6	36°3	60°2	-1°0	88°6	44°3	64°5	-1°6	95°2	44°5	74°9	-2°7	110°1	64°5	87°8	-0°3	115°2	73°5	95°5	+2°2	111°6	71°5	93°5	+1°4
Lucknow	79°7	35°1	57°8	-2°6	83°7	45°2	65°0	-1°9	97°8	44°7	72°8	-3°1	107°8	62°8	80°8	+0°1	112°8	70°3	93°1	+1°7	110°3	73°8	91°7	+0°8
Meerut	79°5	34°1	56°2	-1°4	78°0	41°7	59°2	-2°3	88°0	43°7	67°9	-4°2	103°7	59°3	81°4	-2°0	112°3	67°8	93°3	+3°9	110°8	73°3	90°1	-0°4
Delhi	79°2	35°0	57°2	-2°2	76°7	45°1	58°6	-4°1	87°7	44°6	69°5	-5°3	104°2	59°6	84°7	-2°0	114°2	75°1	90°4	+3°9	111°2	71°6	91°6	-1°7
Agra	81°5	39°9	59°5	-1°6	81°0	45°4	63°0	-2°5	92°0	47°9	72°0	-4°9	104°5	65°4	80°3	-2°0	114°0	75°9	98°0	+3°6	111°0	73°9	92°2	-1°2
Jhansi	85°2	44°2	63°4	-0°4	91°2	51°2	69°8	-1°6	96°7	51°7	77°1	-3°7	108°2	70°1	91°6	+1°2	115°9	82°2	101°8	+5°9	111°8	77°1	94°4	+1°0
Ajmer	81°4	38°9	58°3	-1°5	81°4	43°8	61°2	-2°4	91°9	46°8	73°2	-1°3	103°4	64°2	85°2	-0°2	111°9	78°5	90°3	+4°6	109°9	72°1	91°3	+0°7
Sauger	87°4	41°0	63°1	-1°3	89°4	46°1	66°2	-2°2	94°9	49°6	75°9	-2°5	104°4	66°1	87°5	+0°3	112°5	75°1	95°6	+3°8	108°5	72°6	87°9	+0°2
Jabalpore	89°4	34°8	60°6	-2°3	89°9	43°8	66°6	-0°9	95°5	42°3	74°1	-2°7	105°5	58°8	84°5	-1°9	113°0	71°3	95°0	+2°8	109°0	72°3	89°9	+1°2
Multan	76°3	34°5	55°5	-1°2	76°3	40°0	58°1	-2°6	88°8	42°9	67°9	-4°6	104°4	66°4	81°2	-2°7	117°5	74°0	96°4	+4°3	112°9	75°0	96°9	+1°1
Lahore	74°3	33°1	53°1	-1°8	74°3	40°1	56°8	-1°6	84°4	40°1	64°9	-4°8	99°4	59°1	78°5	-2°8	116°9	68°2	92°9	+3°8	112°9	69°7	93°6	+0°2
Peshawar	71°2	39°9	50°0	-1°5	74°1	33°9	52°0	-2°4	82°1	37°9	61°4	-2°7	96°6	54°0	70°9	-3°0	108°5	60°0	85°6	+1°2	115°0	68°4	91°6	-0°1
Ranikhet	63°7	26°0	44°4	-2°9	64°6	30°0	43°2	-4°9	72°0	34°1	53°4	-3°9	84°0	43°0	66°9	+1°0	90°1	53°0	73°2	+3°8	...	...	...	...
Chakrata	63°3	26°0	41°9	-1°6	64°3	22°0	38°9	-4°8	65°3	27°0	48°8	-4°2	74°8	41°0	61°5	+0°3	83°3	51°0	68°4	+2°9	82°2	54°0	67°2	+0°2
Idere	88°1	38°1	61°9	-2°8	86°6	40°1	65°3	-2°5	97°1	47°1	75°3	-1°2	105°1	59°1	85°1	-0°1	110°6	72°6	91°6	+2°2	108°1	68°1	84°3	-0°6
Deesa	89°3	40°4	63°5	-3°6	88°8	44°4	66°1	-4°7	101°8	46°9	78°0	-2°0	109°3	62°9	86°1	-1°9	117°8	70°9	93°6	+1°5	112°8	74°9	90°7	-0°6
Karachi	82°9	46°2	64°9	-0°9	78°9	49°2	65°5	-3°4	93°4	51°2	74°3	-1°8	103°9	65°7	81°1	-0°8	112°4	76°2	86°8	+1°0	106°9	79°2	88°2	+0°2
Bombay	89°0	60°0	74°2	-1°1	85°0	62°0	73°9	-1°8	91°0	67°5	78°0	-1°6	91°5	72°5	81°7	-1°4	93°0	77°0	86°2	+0°5	93°0	75°0	83°7	+0°1
Belgaum	88°3	50°9	71°1	+0°6	90°8	49°0	71°0	-3°2	99°3	53°9	77°9	-1°2	102°3	65°4	83°3	+1°5	100°3	65°8	81°4	+0°8	92°8	64°8	75°4	+0°9
Nagpur	89°6	43°1	69°2	-0°3	94°1	52°2	74°4	-0°3	102°8	54°2	80°4	-2°7	111°2	69°1	92°4	+1°6	115°7	76°6	97°9	+2°2	108°7	70°6	87°9	-0°6
Bellary	94°0	58°1	78°2	+4°1	100°0	62°2	81°0	+1°2	105°5	63°2	80°0	-0°3	109°5	75°2	93°6	+3°4	109°0	73°2	92°5	+2°5	105°0	69°7	84°8	-0°3
Bangalore	88°8	53°9	72°2	+3°7	92°8	57°4	75°7	+3°0	95°3	57°4	77°3	-0°4	99°2	67°2	84°1	+2°9	98°8	66°8	83°3	+3°1	94°3	64°3	76°6	+0°8
Madras	87°0	65°0	76°8	+0°7	94°5	64°5	80°4	+2°9	92°5	67°5	80°0	-1°2	101°5	72°0	86°5	+1°4	111°5	77°0	91°8	+2°0	107°0	76°0	89°2	-0°4
Rangoon	94°6	62°8	80°5	+3°9	97°1	64°8	80°7	+1°4	102°1	64°3	83°3	-0°6	102°6	72°9	88°0	+0°6	104°1	70°9	87°6	+3°0	90°1	74°4	81°8	+0°4
Akyab	81°9	54°1	69°2	-1°2	87°9	59°1	73°2	+0°1	92°9	56°1	77°0	-2°1	94°9	71°2	84°8	+0°9	97°9	72°1	85°9	+1°5	92°9	74°2	81°8	-0°3

TION I.—METEOROLOGY.

average of each month at thirty-four stations of India during 1906.

STATIONS.	JULY.				AUGUST.				SEPTEMBER.				OCTOBER.				NOVEMBER.				DECEMBER.				
	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	
Calcutta (Alipore).	92°0	74°4	84°6	+1°4	90°0	75°0	83°5	+0°8	92°4	75°4	83°3	+0°5	91°0	67°4	80°8	+0°3	86°4	59°4	74°1	+1°1	83°4	51°0	68°1	+1°0	
Narayanganj.	92°0	71°8	83°0	+1°2	90°0	75°0	82°5	-0°2	92°5	74°8	84°1	+0°4	90°5	70°8	81°7	+0°1	85°5	60°8	75°5	+0°8	83°5	53°8	69°0	+1°4	
Chittagong.	89°1	74°4	81°6	+0°4	89°1	73°0	80°3	-0°4	90°1	73°4	82°0	+0°4	89°1	69°4	80°2	+0°3	87°1	59°4	73°7	-0°7	85°1	54°0	69°8	+1°7	
Sibsagar.	90°6	70°0	83°1	+1°1	92°1	74°3	81°7	-1°8	91°6	74°3	82°7	+0°5	87°1	63°3	76°0	-0°9	82°6	53°3	68°0	0	74°6	43°3	60°8	-0°3	
Silchar.	98°6	76°2	84°3	+0°8	98°5	67°3	81°6	-1°6	99°1	74°3	84°6	+1°5	92°5	66°3	80°3	-0°2	87°5	56°0	74°2	-0°1	83°4	50°4	68°0	+0°6	
Cuttack.	95°4	73°7	83°2	+1°0	94°4	70°2	84°0	+1°2	94°4	77°2	85°0	+0°0	94°0	68°7	82°8	+0°7	90°4	59°1	75°7	+0°2	83°3	56°6	71°4	+1°1	
Hazariabagh.	91°7	72°3	80°0	+1°7	87°7	71°3	78°0	+0°4	88°7	70°3	79°2	+0°7	85°7	60°7	73°3	+0°2	82°7	53°2	65°3	+0°7	77°7	44°2	62°8	+1°4	
Patna.	97°5	77°2	85°5	+0°6	91°5	76°2	83°5	-0°8	94°5	76°2	84°0	+0°4	92°0	67°2	81°7	+1°4	88°5	55°4	73°1	+2°0	79°5	44°4	65°1	+2°1	
Darjeeling.	73°2	50°6	63°5	+1°6	69°2	55°6	61°7	+0°3	73°2	54°1	62°1	+2°3	66°2	43°1	55°0	+0°8	64°7	40°0	50°7	+2°4	62°2	24°5	44°8	+2°2	
Allahabad.	98°1	76°0	83°8	+0°3	95°1	75°0	84°1	-0°2	94°6	71°5	84°1	-0°1	94°1	59°5	80°1	+1°0	91°1	50°5	70°8	+1°7	82°2	39°5	63°3	+1°6	
Lucknow.	95°8	75°3	85°3	-0°5	95°0	75°6	84°0	-0°1	95°0	71°1	84°2	-0°2	94°0	56°1	79°1	+0°7	89°0	48°1	69°3	+1°5	81°0	40°1	62°5	+1°6	
Meerut.	100°2	73°3	87°0	+0°0	95°1	74°8	84°0	-0°6	95°6	67°8	82°0	-1°2	92°6	54°3	76°0	+0°5	88°1	46°8	67°6	+1°7	81°1	38°8	59°0	+1°1	
Delhi.	104°7	73°1	88°4	+1°0	98°7	76°1	86°1	+0°6	98°7	72°1	83°3	-1°6	94°7	60°6	80°0	+0°0	90°7	51°7	71°3	+1°7	82°7	40°7	62°6	+1°3	
Agra.	101°5	74°0	83°2	+1°4	98°0	77°1	85°0	+0°0	95°5	72°0	83°0	-1°1	97°0	62°4	81°0	+1°4	91°0	54°0	72°7	+2°5	82°0	43°4	63°6	+1°2	
Jhansi.	101°3	75°1	85°0	+0°0	97°2	75°6	84°7	+1°7	93°2	72°6	81°7	-2°1	95°2	63°1	81°7	+0°7	93°2	57°2	75°2	+3°3	88°7	45°7	67°0	+2°7	
Ajmer.	97°0	70°6	85°1	+0°8	96°0	76°1	85°3	+2°5	95°0	78°6	82°2	0	98°4	58°7	81°4	+2°8	92°4	53°8	73°1	?	84°4	43°2	64°2	?	
Saugor.	91°0	71°1	79°6	+0°1	91°1	69°5	79°4	+1°5	89°1	68°5	77°0	-2°1	89°6	59°5	76°5	-0°2	88°1	53°5	72°1	+2°5	82°6	47°0	66°2	+2°0	
Jubbulpore.	92°0	72°3	80°5	+0°2	92°0	71°8	81°5	+2°2	89°4	68°3	78°6	-1°5	89°0	53°2	75°6	-0°2	88°0	45°3	68°4	+0°0	84°4	39°2	63°6	+1°2	
Multan.	114°5	81°0	95°1	+1°4	108°4	75°0	92°0	+1°5	105°0	72°0	89°7	+0°8	102°0	58°0	82°0	+3°0	94°3	51°4	72°7	+4°3	83°8	42°0	62°5	+3°4	
Lahore.	121°4	73°2	92°2	+2°2	106°0	75°7	90°0	+2°0	97°0	67°7	83°0	-2°1	97°0	54°1	79°0	+1°0	92°4	46°1	68°5	+3°3	84°4	35°6	59°0	+3°1	
Peshawar.	109°7	71°0	93°5	+1°4	102°2	70°4	88°8	+0°3	100°2	65°4	83°7	+0°7	97°7	52°0	75°2	+2°4	84°2	42°0	61°1	+3°0	77°2	35°0	59°2	+2°0	
Rasikhet.	Data not available			
Chakrata.	72°3	58°0	65°0	-0°1	71°3	57°0	63°6	-0°6	72°3	55°0	63°4	+0°6	69°8	44°0	59°0	+1°2	69°3	41°2	52°4	+2°4	65°3	35°2	48°7	+1°6	
Indore.	88°6	71°1	78°2	-0°4	88°6	69°1	77°4	+0°4	88°1	67°6	76°0	-1°8	90°6	54°1	75°2	-0°6	89°1	49°6	70°0	+2°2	83°1	43°1	65°2	+0°0	
Desa.	103°3	74°4	84°0	+0°2	99°3	73°4	82°0	+0°6	95°8	69°0	82°0	-1°4	103°3	58°0	82°1	+0°2	99°8	52°4	76°4	+1°8	91°3	46°4	69°5	+0°5	
Karachi.	94°0	81°3	87°8	+2°2	94°0	75°2	85°4	+2°0	92°4	77°2	84°6	+1°8	98°4	66°2	82°6	+1°4	95°4	59°2	78°0	+3°4	90°0	50°7	71°1	+3°0	
Bombay.	87°5	75°0	81°1	+0°2	88°0	75°5	81°3	+0°8	87°5	75°5	81°2	+0°7	94°0	72°0	82°7	+0°7	92°0	72°0	82°6	+2°5	91°0	69°5	78°8	+1°7	
Belgaum.	80°2	65°8	71°8	+0°5	84°3	64°8	72°2	+1°0	82°3	62°0	71°5	-0°7	85°3	54°4	74°1	+0°1	85°3	54°0	72°1	+0°5	84°3	51°0	70°0	+1°0	
Nagpur.	92°6	72°6	80°7	-0°8	92°1	68°6	80°7	?	92°1	71°6	80°0	-1°5	92°1	61°1	78°4	-0°0	90°5	51°1	73°0	+0°2	86°6	50°1	69°1	+1°2	
Bellary.	99°0	71°7	83°5	+0°8	99°0	70°7	82°7	+0°5	95°0	67°7	80°0	-0°8	95°5	65°2	81°0	+0°6	94°0	61°1	78°3	+2°1	91°0	57°1	76°0	+2°8	
Bangalore.	87°8	64°2	74°2	+0°4	85°3	62°2	73°5	-0°2	84°8	59°4	72°4	-1°2	85°8	58°4	73°6	+0°2	84°8	58°4	72°1	+1°5	83°3	52°0	69°2	+1°0	
Madras.	102°5	73°0	88°3	+1°2	98°0	73°5	84°4	-1°2	99°5	72°0	85°3	+0°2	94°5	69°0	82°7	+0°6	93°0	68°5	79°2	+0°6	85°0	61°0	76°5	0	
Kangoon.	90°5	74°0	81°7	+1°1	91°6	73°4	81°0	+1°5	89°6	73°0	82°0	+0°2	92°1	73°0	81°8	+0°1	91°1	67°8	80°6	+0°7	82°1	64°2	70°2	+1°0	
Akyab.	88°0	74°7	81°6	+0°5	90°0	74°7	81°6	+0°7	90°0	75°2	81°7	-0°6	90°4	74°2	82°4	+0°2	88°0	65°2	77°2	-1°1	84°0	59°6	73°5	+0°7	

Appendix to Section I.—Meteorology.

II.—Monthly and Annual RAINFALL and its departure from the average at thirty-four stations in India during 1906.

STATIONS.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.		JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.		TOTAL.	
	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.
	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.
Calcutta (Alipore)	1.78	+1.49	7.96	+6.94	2.68	+0.94	0.03	-1.51	3.98	-1.62	6.38	-4.66	12.69	+0.38	8.14	-4.55	8.30	-2.10	5.50	+1.63	0.35	-0.27	Nil.	-0.31	57.19	-3.64
Narayanganj	1.14	+0.76	3.02	+1.74	4.04	+1.71	1.34	-3.42	9.87	+0.12	12.27	-0.49	12.54	-0.71	15.25	+2.75	14.25	+5.16	4.11	+0.66	2.45	+1.18	Nil.	-0.19	80.28	+8.77
Chittagong	Nil.	-0.41	1.15	-0.01	0.37	-1.77	3.18	-1.29	4.68	-5.00	10.79	-12.02	27.86	+4.88	33.93	+13.94	13.93	+0.90	2.88	-3.53	2.66	+1.17	Nil.	-0.58	101.37	-3.72
Sibsagar	1.03	-0.11	2.11	-0.05	0.13	+4.39	25.42	+15.54	12.62	+1.15	22.66	+8.52	11.22	-4.67	25.53	+9.24	5.11	-3.66	2.44	-2.73	0.09	-1.02	0.03	-0.56	120.39	+26.04
Silchar	0.04	-0.60	3.07	+0.75	2.64	-5.29	25.61	+12.05	18.11	+2.39	15.38	-5.01	11.77	-8.21	27.72	+9.03	9.87	-4.08	4.38	-1.32	1.71	+0.40	0.54	-0.54	120.59	-0.93
Cuttack	0.78	+0.45	3.30	+2.81	0.13	+1.18	0.07	-1.31	4.08	+0.54	7.77	-3.14	9.61	-2.45	5.86	-6.62	9.60	-1.48	6.13	+0.40	0.45	-0.91	0.16	-0.18	47.28	-13.07
Hazratnagar	2.13	+1.54	3.75	+2.94	1.18	+0.49	0.07	-0.36	0.59	-1.18	6.77	-2.01	6.99	-3.86	8.46	-5.60	10.39	+2.13	2.74	-0.57	0.13	-0.17	Nil.	-0.21	41.86	+9.63
Patna	0.59	-0.13	2.81	+2.28	0.42	+0.07	Nil.	-0.30	0.98	-0.72	5.46	-2.30	15.21	+3.86	8.46	-2.26	5.20	-2.62	1.79	-1.10	Nil.	-0.20	Nil.	-0.14	40.92	-3.62
Darjeeling	Nil.	-0.76	2.86	+1.72	1.98	-0.03	0.44	-3.64	9.99	+2.16	12.47	-3.79	32.33	+0.59	35.48	+9.50	9.24	-9.10	0.62	-4.73	0.18	-0.06	Nil.	-0.20	113.46	-8.34
Allahabad	0.24	-0.58	0.49	+0.01	0.05	-0.33	Nil.	-0.14	0.45	+0.16	2.45	-2.64	10.06	-2.18	8.59	-2.29	5.44	-0.88	Nil.	-2.49	Nil.	-0.25	Nil.	-0.23	27.77	-11.75
Lucknow	0.02	-0.88	2.94	+2.49	0.18	-0.14	Nil.	-0.34	0.11	+1.47	5.37	+0.63	20.68	+0.29	10.05	-1.27	8.02	+1.41	Nil.	-0.43	Nil.	-0.08	Nil.	-0.44	49.64	+10.44
Merrut	0.13	-0.92	3.74	+2.91	0.81	+0.18	Nil.	-0.34	0.11	-0.59	8.86	+5.26	10.83	+1.46	4.58	-3.66	13.35	+8.80	Nil.	-0.43	Nil.	-0.10	0.48	0.18	24.18	-2.52
Delhi	Nil.	-1.02	1.92	+1.31	0.96	+0.72	Nil.	-0.35	0.06	-0.65	5.89	+2.71	7.18	-1.20	3.39	-3.92	11.48	+7.66	Nil.	-0.39	Nil.	-0.10	0.48	0.18	24.18	-2.52
Agra	0.02	-0.53	1.66	+0.73	0.97	+0.72	Nil.	-0.16	0.04	-0.60	5.74	+2.90	4.55	-5.12	3.86	-3.25	7.76	+3.35	Nil.	-0.39	Nil.	-0.06	0.18	0.11	24.18	-2.52
Jhansi	Nil.	-0.60	0.53	+0.22	0.74	+0.41	Nil.	-0.13	0.18	-0.13	5.75	+0.75	8.35	-4.34	4.72	-6.20	20.07	+14.41	0.01	-0.64	Nil.	-0.20	0.25	40.35	+3.41	
Ajmer	Nil.	-0.31	1.13	+0.85	0.35	+0.04	Nil.	-0.13	Nil.	-0.13	3.68	+1.27	7.45	+0.63	3.35	-4.02	3.11	+0.02	0.02	-0.27	Nil.	-0.20	0.25	40.35	+3.41	
Saugor	Nil.	-0.67	0.56	+0.05	0.17	-0.05	Nil.	-0.22	0.05	-0.42	5.15	-2.25	21.66	+4.05	5.49	-0.98	16.75	+9.02	0.12	-1.05	Nil.	-0.33	Nil.	-0.55	49.40	+1.27
Jubbulpore	1.31	+0.59	1.99	+0.77	1.00	+0.52	Nil.	-0.22	0.05	-0.42	11.08	+2.55	19.19	+0.37	5.91	-0.23	10.56	+2.58	Nil.	-1.55	Nil.	-0.37	Nil.	-0.26	50.79	-4.66
Multan	Nil.	-0.39	1.95	+1.59	0.71	+0.29	0.03	-0.24	Nil.	-0.39	0.63	+0.20	0.02	-2.17	0.67	-0.99	0.27	-0.33	Nil.	-0.07	Nil.	-0.06	0.40	+0.13	68	-2.43
Lahore	0.01	-0.86	2.90	+1.86	1.16	+0.27	0.14	-0.27	0.17	-0.63	0.96	-0.50	2.46	-4.19	3.21	-1.67	8.69	+0.59	Nil.	-0.43	Nil.	-0.11	0.25	20.04	-0.66	
Peshawar	Nil.	-1.54	4.34	+3.03	1.24	-0.64	0.91	-0.86	0.47	-0.20	0.09	-0.18	0.57	-1.10	1.46	-0.71	10.41	+3.68	0.09	-1.18	Nil.	-0.28	0.61	11.56	-1.70	
Ranikhet	1.25	+1.54	5.78	+3.62	0.54	-1.41	0.72	-0.44	0.64	-1.64	19.13	+5.74	10.41	+3.74	10.41	+3.74	10.41	+3.68	0.09	-1.18	Nil.	-0.28	0.61	11.56	-1.70	
Chakrata	2.85	-0.38	10.13	+6.55	4.95	+2.31	0.27	-1.25	1.18	-1.35	11.36	+3.03	16.69	-2.62	30.78	+12.86	14.25	+8.05	1.00	+0.24	Nil.	-0.34	1.15	-0.15	94.67	+26.95
Indore	Nil.	-0.25	0.21	-0.03	Nil.	-0.05	Nil.	-0.17	Nil.	-0.47	9.78	+15.03	15.03	+5.27	11.69	+3.94	10.32	+2.86	0.13	-0.56	Nil.	-0.24	Nil.	-0.18	47.16	+13.17
Dessa	Nil.	-0.14	1.32	+1.18	Nil.	-0.08	Nil.	-0.05	Nil.	-0.19	1.84	-0.44	5.56	-3.76	7.02	-0.75	7.92	+4.38	1.9	-0.39	Nil.	-0.14	0.04	23.89	-0.39	
Karachi	0.11	-0.53	1.95	+1.65	0.15	0	Nil.	-0.13	Nil.	-0.03	1.34	+0.91	Nil.	-3.16	2.63	+0.86	0.29	-0.37	Nil.	-0.04	Nil.	-0.16	0.19	6.47	-1.19	
Bombay	Nil.	-0.12	0.15	+0.13	Nil.	-0.01	Nil.	-0.05	Nil.	-0.55	12.91	-7.65	18.34	-6.22	20.92	+6.04	3.98	-6.95	Nil.	-1.76	Nil.	-0.47	0.05	56.30	-17.69	
Belgaum	2.59	+2.23	Nil.	-0.03	Nil.	-0.40	0.44	-1.61	3.78	+1.05	5.93	-3.39	15.95	+0.58	6.31	-2.84	5.91	-1.86	4.99	-0.10	1.22	-0.11	0.74	+0.50	47.56	-2.35
Nagpur	0.21	+0.37	0.31	-0.11	2.53	+0.46	Nil.	-0.46	1.14	-0.11	5.18	+10.03	14.64	+1.15	22.37	+12.52	3.99	-4.12	0.20	-1.94	Nil.	-0.51	0.50	64.36	+18.74	
Bellary	0.55	+0.45	Nil.	-0.03	Nil.	-0.12	Nil.	-0.83	0.82	-1.11	5.18	+3.34	1.19	-0.22	3.99	+2.81	3.53	-0.39	3.65	-0.29	0.51	-0.69	1.23	+1.03	20.65	+2.35
Bangalore	0.11	+0.05	0.91	+0.71	0.60	-0.12	0.09	-1.10	1.34	-3.19	3.82	+0.69	6.32	+2.19	10.56	+4.56	7.87	+0.76	6.41	-0.33	0.65	-1.96	1.15	+0.76	39.85	+3.02
Madras	4.05	+3.22	0.32	+0.04	0.62	+0.25	Nil.	-0.65	Nil.	-1.96	2.40	+0.34	4.44	+0.64	4.46	-0.20	6.27	+1.43	4.15	-6.78	6.47	-6.83	16.43	+11.18	49.61	+0.68
Rangoon	Nil.	-0.11	Nil.	-0.23	Nil.	-0.16	Nil.	-1.74	15.74	+4.01	11.97	-6.63	15.45	-5.92	10.13	-0.52	19.63	+3.14	12.53	+5.41	1.55	-0.97	Nil.	-0.07	86.10	-12.79
Alyab	0.35	+0.23	0.28	+0.11	Nil.	-0.53	0.29	-1.27	6.23	-6.01	51.55	+2.05	44.08	-7.73	26.99	-12.51	41.01	+17.96	4.97	-6.42	1.05	-2.22	0.05	-0.39	176.85	-16.73

Appendix to Section II.—European Troops.

A.—COMMANDS AND DIVISIONS.	Years.	Average strength.	RATIO PER MILLE OF STRENGTH.											
			Admissions into hospital.	Constantly sick.	Deaths.	Invaliding.	DEATHS FROM							
							Cholera.	Small-pox.	Euteric fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Abscess of the liver.
Northern Command	1905	15,274	801	49	9'05	20	...	...	3'12	1'15	'27	'82	'05	'44
	1906	15,629	848	48	8'45	20	...	...	2'62	'96	'21	'73	'43	'91
Western "	1905	19,527	896	55	11'02	29	'20	'05	3'60	'51	'41	'67	'12	1'64
	1906	18,835	935	51	12'92	42	'37	'11	4'08	'74	'11	'16	'95	2'38
Eastern "	1905	18,983	820	54	10'00	19	'11	...	3'11	1'00	'37	'47	'42	1'49
	1906	18,850	824	54	10'56	25	'64	...	3'71	'27	'21	'46	'27	1'43
1st (Peshawar) Division	1905	2,257	1,031	54	13'37	23	...	...	5'06	2'89	'35	'72	...	'50
	1906	2,221	1,200	55	8'15	17	...	'35	2'48	2'83	...	...	'25	'25
2nd (Rawalpindi) "	1905	6,811	743	47	8'72	15	...	...	3'63	'58	'15	'58	...	'44
	1906	6,855	758	48	7'73	25	...	...	2'04	'29	'44	'58	'73	1'21
3rd (Lahore) "	1905	8,627	773	50	8'00	24	...	...	2'09	1'04	'35	1'04	'12	'45
	1906	9,019	778	46	9'00	18	...	'11	3'10	'89	'11	'22	'22	'78
4th (Quetta) "	1905	4,322	1,024	60	12'05	50	...	'22	4'62	'23	...	1'29	'93	1'10
	1906	4,099	952	47	10'25	35	...	'24	3'05	'49	...	'73	'24	2'44
5th (Mhow) "	1905	7,210	891	51	11'65	19	...	...	4'51	'41	'27	'14	'95	2'05
	1906	7,060	1,000	55	10'01	46	'14	'14	7'08	'92	'28	...	1'84	1'68
6th (Poona) "	1905	6,955	816	51	9'63	21	...	...	2'30	'43	'85	'66	'29	1'29
	1906	6,947	731	46	10'58	24	'00	...	2'86	'15	...	...	'20	2'00
7th (Meerut) "	1905	8,590	777	52	10'21	18	...	...	4'19	'93	'12	'47	'23	'93
	1906	8,033	822	53	9'03	23	'22	...	4'03	'34	'11	'67	'11	'90
8th (Lucknow) "	1905	10,323	856	53	11'45	20	'19	...	2'21	1'06	'53	'48	'58	1'03
	1906	9,919	810	55	11'39	27	1'01	...	3'43	'20	'30	'10	'40	1'92
9th (Secunderabad) "	1905	8,389	813	62	9'62	22	1'57	...	3'17	'12	'12	'12	'23	1'68
	1906	8,520	577	62	9'62	22	1'57	...	3'17	'12	'12	'12	'23	1'68
Barma Division	1905	3,212	971	54	9'71	25	1'31	...	'79	'26	...	1'05	1'21	'25
	1906	3,253	898	53	9'85	19	2'34	...	'26	'26	'26	'26	1'04	'52
Aden Brigade	1905	947	948	65	24'19	63	...	...	3'17	3'17	...	...	1'00	3'17
	1906	1,078	1,794	63	10'70	154	...	...	...	3'71	...	...	1'50	1'89
INDIA	1905	71,343	824	52	10'05	21	'12	'01	2'99	'77	'28	'63	'45	1'15
	1906	70,272	871	51	10'43	28	'65	'05	3'10	'55	'17	'28	'53	1'52

B.—GROUPS.	Years.	Average* strength.	RATIO PER MILLE OF STRENGTH.											
			Admissions.	Constantly sick.	ADMISSIONS FROM									
					Influenza.	Cholera.	Small-pox.	Euteric fever.	Intermittent fever.	Remittent fever.	Simple continued fever.	Pneumonia.	Dysentery.	Vertical deceler.
Group I.—Burma Coast and Bay Islands.	1891-1901	1,143	1,350	00	45'3	1	'2	...	18'9	0'0	46'0	1'5	45'2	507'0
	1905	1,219	1,221	51	19	...	2'4	...	27'9	26'2	135'8	2'4	31'7	235'7
	1906	1,275	856	46	2'2	...	1'5	...	4'2	8'0	169'1	...	12'5	109'5
" II.—Burma Island	1894-1903	2,791	1,411	98	3'4	'3	'2	...	4'0	32'9	21'3	48'7	2'3	25'6
	1905	2,081	893	51	1'9	...	...	...	2'0	115'0	3'4	65'0	3'4	44'2
	1906	1,609	843	59	8'1	13'1	...	...	3'1	97'0	1'2	99'1	1'2	9'9
" IV.—Bengal and Orissa	1894-1903	2,163	1,326	83	7'8	1'0	'2	...	10'6	36'2	24'5	30'7	2'6	68'1
	1905	1,900	1,160	77	6'2	...	...	...	7'3	35'5	4'7	21'3	4'7	21'3
	1906	1,775	1,120	77	6'8	...	...	...	'6	23'9	1'1	87'3	5'1	10'9
" V.—Gangetic Plain and Chatia Nagpor.	1894-1903	6,623	1,251	50	9'5	4'9	1'1	...	26'6	116'9	7'6	47'2	2'3	29'4
	1905	7,315	801	51	1'0	'3	'1	...	17'4	15'4	2'5	104'4	1'6	12'9
	1906	6,821	788	52	17'0	1'9	2'5	...	23'0	107'1	'6	52'7	3'1	14'0
" VI.—Upper Sub-Himalaya	1894-1903	12,890	1,755	84	3'7	'7	'5	...	24'6	305'3	9'6	19'7	6'1	21'9
	1905	12,724	215	53	15'5	'3	'3	...	23'0	74'0	2'2	55'6	5'4	9'0
	1906	12,089	285	53	5'5	'1	'6	...	15'4	200'9	'5	62'2	4'5	7'9
" VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana.	1894-1903	4,791	1,400	79	2'0	'1	'7	...	19'2	52'8	41'1	26'7	6'8	18'0
	1905	5,065	1,092	57	0'7	...	...	...	1'0	10'5	100'8	'2	64'5	7'1
	1906	4,975	1,251	56	64'7	...	...	...	2'4	9'4	51'0	'4	74'0	4'4
" VIII.—South-Eastern Rajputana, Central India, and Gujarat.	1894-1903	5,892	1,555	98	2'7	'1	'8	...	34'6	420'1	10'8	20'4	2'9	23'2
	1905	6,561	220	51	5'0	...	...	...	3'8	161'5	16'4	8'7	4'4	14'5
	1906	6,249	1,017	55	22'0	'3	4'3	...	34'9	309'5	2'5	25'3	4'5	12'8
" IX.—Deccan	1894-1903	9,371	1,257	84	10'2	'8	'6	...	20'8	251'5	7'1	24'7	2'4	26'7
	1905	10,424	807	52	6'1	'2	'6	...	24'1	107'0	'8	41'9	3'5	10'5
	1906	10,188	750	49	2'9	'0	'6	...	21'5	88'2	'6	53'9	2'7	30'0
" X.—Western Coast	1894-1903	1,572	688	60	1'1	'1	'3	...	6'4	121'1	7'8	31'7	2'7	12'9
	1905	1,591	855	58	7'5	...	...	...	5'7	151'1	3'8	1'9	2'1	6'3
	1906	1,444	817	57	'7	...	...	...	2'8	105'6	...	'7	'7	14'8
" XI.—Southern India.	1894-1903	3,920	1,192	75	9'5	'1	'7	...	14'1	152'2	8'2	44'0	2'8	29'4
	1905	3,725	7'15	55	...	'3	'2	...	2'4	127'0	9'1	15'2	'5	10'6
	1906	3,502	1,016	59	3'2	'5	'1	...	1'1	15'8	64'7	...	59'5	'5
" XIIa.—Hill Stations	1894-1903	8,728	1,025	70	6'0	'3	'1	...	29'4	165'7	8'1	14'7	5'2	17'0
	1905	10,508	755	48	5'5	'3	'1	...	10'9	60'0	'3	53'0	5'8	10'0
	1906	11,225	675	41	4'0	'2	'3	...	7'3	65'2	15'9	60'5	2'9	6'0
" XIIb.—Hill Convalescent Depôts, and Sanitaria.	1894-1903	3,075	1,226	74	6'4	'2	'1	...	15'3	281'2	8'2	9'4	4'3	21'1
	1905	3,512	819	60	3'1	...	...	...	9'7	121'0	'9	12'1	'1	13'7
	1906	3,592	807	58	3'1	...	...	...	1'4	120'0	92'3	1'1	24'2	4'7
INDIA	1894-1903	68,681	1,791	80	6'3	'0	'5	...	22'0	311'2	12'5	27'2	4'3	27'2
	1905	71,343	824	52	14'2	'1	'1	...	10'1	111'4	2'2	42'9	4'1	15'2
	1906	70,272	871	51	11'4	'0	'2	...	15'8	120'2	3'4	55'7	3'4	15'2

* The decennial ratios are, of course, worked on the total strength of the ten years period.

Appendix to Section II.—European Troops—contd.

C.—Admission and death rates from Enteric fever in stations of over 1,000 strength.

Stations.	1906.		DECENNIAL, 1894-1903.		Stations.	1906.		DECENNIAL, 1894-1903.	
	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.		Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.
Mhow ...	49'5	9'39	38'7	8'40	Ramkhet ...	14'3	2'68	31'2	4'88
Jhansi ...	41'2	14'98	31'3	9'27	Bareilly ...	7'2	'80	22'8	4'17
Lucknow ...	36'0	6'01	31'9	9'88	Qoritta ...	6'7	1'98	33'8	8'08
Agra ...	34'8	9'15	44'1	11'70	Chakrata ...	5'7	'81	31'3	4'37
Poona ...	26'2	5'95	18'7	5'38	Ambala ...	5'1	'79	27'3	9'50
Secunderabad ...	28'4	4'64	22'1	5'15	Ahmednagar ...	4'8	'96	35'4	7'97
Merrut ...	24'5	4'91	35'3	10'87	Wellington ...	4'7	'...	11'5	2'21
Bangalore ...	20'9	4'90	21'5	4'58	Karachi ...	3'4	1'72	5'3	1'44
Peshawar ...	20'2	2'97	31'9	14'10	Fort William ...	3'4	'...	4'6	1'19
Belgaum ...	17'9	5'38	5'3	1'76	Colaba ...	2'7	'89	3'8	1'93
Cawnpore ...	17'7	5'28	19'6	3'92	Sialkot ...	1'6	'...	15'2	5'06
Rawalpindi ...	15'3	1'24	24'9	5'89					

D.—Enteric fever. Dates of admission into hospital of patients from certain Barracks and Camps.

SECUNDERABAD.		LUCKNOW.		MHOW.		POONA.		MERRUT.		BANGALORE.	
Serial number of the case.	Date of admission into hospital.	Serial number of the case.	Date of admission into hospital.	Serial number of the case.	Date of admission into hospital.	Serial number of the case.	Date of admission into hospital.	Serial number of the case.	Date of admission into hospital.	Serial number of the case.	Date of admission into hospital.
	<i>From Barrack No. 1.</i>		<i>From Barrack No. 1.</i>		<i>From Barrack No. 1.</i>		<i>From Barrack No. 1 Wanowrie.</i>		<i>From Barrack No. 1.</i>		<i>From Barrack No. 2.</i>
16	13th May 1906.	4	15th Jan. 1906.	17	15th March 1906.	10	14th Aug. 1906.	6	1st April 1906.	10	10th April 1906.
17	31st "	8	2nd Feb. 1906.	18	17th "	17	27th "			11	15th "
41	2nd Sep. 1906.	35	8th April 1906.	27	17th "	45	17th Sep. 1906.	15	6th May 1906.		
52	8th "	37	11th "	26	28th "	53	5th Oct. 1906.			28	17th June 1906.
68	26th "	59	16th May 1906.	29	7th April 1906.			17	13th "		
75	7th Oct. 1906.	71	25th Aug. 1906.	45	6th May 1906.			19	15th "	32	16th July 1906.
76	8th "	74	26th "	43	9th "						
76	16th "	75	2nd Sep. 1906.	48	20th June 1906.					36	31st "
77	25th Nov. 1906.	78	8th "	62	4th Aug. 1906.	6	26th July 1906.				
87		79	8th "	65	7th "	7	1st Aug. 1906.		<i>From Barrack No. 3.</i>	37	6th Aug. 1906.
	<i>From Barrack No. 2.</i>	82	16th "	66	8th "	17	21st "			40	26th Sep. 1906.
			<i>From Barrack No. 2.</i>	71	18th Sep. 1906.			9	22nd April 1906.		
26	1st Aug. 1906.			74	4th Oct. 1906.		<i>From Barrack No. 4 Wanowrie.</i>	16	11th May 1906.		<i>From Barrack No. 3.</i>
27	1st "				<i>From Barrack No. 11.</i>	16	20th Aug. 1906.				
34	6th "	10	20th Feb. 1906.			28	27th "	21	24th "		
69	2nd Oct. 1906.	20	13th March 1906.			32	3rd Sep. 1906.	44	27th Oct. 1906.		
73	6th "	20	5th April 1906.	8	10th Feb. 1906.			45	3rd Nov. 1906.	12	6th May 1906.
		41	19th "	9	16th "					15	11th "
	<i>From Barrack No. 3.</i>	52	27th "	15	12th March 1906.		<i>From Barrack No. 4 Ghorpuri.</i>				
		58	11th May 1906.	20	19th "	31	2nd Sep. 1906.		<i>From Barrack No. 8.</i>	14	13th "
22	24th July 1906.	61	21st "	41	3rd May 1906.	33	4th "			22	22nd "
23	1st Aug. 1906.	65	7th June 1906.	45	10th "			22	24th May 1906.	20	4th July 1906.
35	6th "	69	17th July 1906.	61	27th July 1906.		<i>From Barrack No. 6 Wanowrie.</i>				
38	4th "	70	16th "	67	11th Aug. 1906.			26	2nd June 1906.	33	23rd "
40	10th "	81	3rd Aug. 1906.		<i>From Barrack No. 1-L.</i>			30	6th Aug. 1906.		
51	6th Sep. 1906.	83	13th Sep. 1906.			38	7th Sep. 1906.	38	16th Sep. 1906.		<i>From Barrack No. 4.</i>
78	16th Oct. 1906.	85	27th "	11	28th Feb. 1906.	39	8th "				
89	29th Nov. 1906.		<i>From Barrack No. 3.</i>	22	20th March 1906.						
	<i>From Barrack No. 4.</i>			31	13th April 1906.		<i>From Barrack No. 10 Wanowrie.</i>				
		6	14th Jan. 1906.	37	18th "	24	25th Aug. 1906.		<i>From Barrack No. 9.</i>	6	2nd Feb. 1906.
30	3rd Aug. 1906.				<i>From Barrack No. 2-L.</i>	50	22nd Sep. 1906.			7	22nd "
31	3rd "	11	22nd Feb. 1906.					13	7th May 1906.	15	18th May 1906.
43	21st "			7	6th Feb. 1906.		<i>From Barrack No. 13 Wanowrie.</i>	14	9th "	18	20th "
54	12th Sep. 1906.	15	6th March 1906.			8	5th Aug. 1906.		<i>From Barrack No. 10.</i>	27	12th June 1906.
61	17th "	21	13th "	13	10th March 1906.	15	19th "				
62	16th "	23	18th "	32	14th April 1906.						
	<i>From Barrack No. 5.</i>	24	22nd "	38	26th "		<i>From Barrack No. 15 Wanowrie.</i>		<i>From Barrack No. 10.</i>		
					<i>From Barrack No. 3-L.</i>	9	10th Aug. 1906.	12	6th May 1906.		<i>From Barrack No. 5.</i>
33	6th Aug. 1906.	41	16th "	23	20th March 1906.	19	23rd "	25	2nd June 1906.		
42	20th "	48	24th "	25	22nd "		<i>From attached section, Ghorpuri.</i>			34	26th July 1906.
45	23rd "	51	27th "	30	10th April 1906.				<i>From Barrack No. 16.</i>	35	30th "
45	3rd Sep. 1906.	53	27th "	35	15th "	11	16th Aug. 1906.	33	30th Aug. 1907		<i>From Barrack No. 11.</i>
53	9th "		<i>From Barrack No. 4.</i>	44	7th May 1906.	14	18th "	40	21st Sep. 1906.		
70	3rd Oct. 1906.			54	18th July 1906.	18	21st "			44	6th Nov. 1906.
70	22nd "	13	5th March 1906.	60	24th "	21	23rd "		<i>From Tent.</i>	45	6th "
80	22nd "	19	12th "	60	24th "	40	10th Sep. 1906.	47	25th Nov. 1906.		
	<i>From Barrack No. 6.</i>	25	23rd "	59	27th "	51	28th "	48	14th Dec. 1906.		<i>From the Camp.</i>
		39	15th April 1906.	68	11th Aug. 1906.		<i>From the Camp.</i>			3	6th Jan. 1906.
19	11th July 1906.	54	30th "	72	24th Sep. 1906.	12	18th Aug. 1906.	50	25th "	4	29th "
28	2nd Aug. 1906.	72	25th Aug. 1906.	76	17th Oct. 1906.	13	18th "			17	19th May 1906.
55	12th Sep. 1906.	76	2nd Sep. 1906.			20	23rd "			24	29th "
										25	1st June 1906.
										26	10th "

Appendix to Section II.—European Troops—concl'd.

D.—Enteric fever. Dates of admission into hospital of patients from certain Barracks and Camps—concl'd.

SECUNDERABAD.		LUCKNOW.		MHOW.		POONA.		MEERUT.		BANGALORE.	
Serial number of the case.	Date of admission into hospital.	Serial number of the case.	Date of admission into hospital.	Serial number of the case.	Date of admission into hospital.	Serial number of the case.	Date of admission into hospital.	Serial number of the case.	Date of admission into hospital.	Serial number of the case.	Date of admission into hospital.
	<i>From Barrack No. 6—concl'd.</i>		<i>From Barrack No. 5.</i>		<i>From Barrack No. 1-U.</i>		<i>From the Camp—concl'd.</i>				
81	28th Oct. 1906.	28	2nd April 1906.	16	14th March 1906.	22	24th Aug. 1906.				
82	3rd Nov. 1906.	34	8th "	19	17th "	23	24th "				
86	12th "	42	16th "	24	21st "	26	26th "				
88	28th "	49	24th "	33	16th April 1906.	29	28th "				
	<i>From Barrack No. 7.</i>	56	5th May 1906.	34	16th "	30	31st "				
39	14th Aug. 1906.	80	10th Sep. 1906.	42	4th May 1906.	35	4th Sep. 1906.				
53	15th Sep. 1906.	84	24th Oct. 1906.	51	16th July 1906.	37	7th "				
64	20th "			56	20th July 1906.	47	18th "				
	<i>From Barrack No. 9.</i>		<i>From Barrack No. 6.</i>	70	19th Aug. 1906.						
10	18th March 1906.	16	10th March 1906.		<i>From Barrack No. 3-U.</i>						
11	20th "	17	11th "	3	18th Jan. 1906.						
21	22nd July 1906.	18	11th "	4	19th "						
32	6th Aug. 1906.	55	3rd May 1906.	10	16th Feb. 1906.						
67	23rd Sep. 1906.	62	22nd "								
83	5th Nov. 1906.	63	23rd "		<i>From Barrack No. 4-U.</i>						
92	18th Dec. 1906.	66	19th June 1906.	12	10th March 1906.						
	<i>From Barrack No. 10.</i>		<i>From Barrack No. 8.</i>	14	11th "						
37	11th Aug. 1906.	22	14th March 1906.	21	20th "						
41	16th "	32	7th April 1906.	52	10th July 1906.						
	<i>From Barrack No. 13.</i>	40	16th "	58	23rd "						
44	22nd Aug. 1906.	64	23rd May 1906.	57	24th "						
46	1st Sep. 1906.		<i>From Barrack No. 9.</i>	63	5th Aug. 1906.						
	<i>From Barrack No. 16.</i>	38	15th April 1906.	64	5th "						
59	15th Sep. 1906.	45	21st "	69	15th "						
72	5th Oct. 1906.		<i>From Barrack No. 10.</i>								
	<i>From the Camp.</i>	43	8th April 1906.								
2	1st Feb. 1906.	36	10th "								
3	6th "	50	26th "								
8	8th March 1906.	60	16th May 1906.								
24	1st Aug. 1906.										
49	4th Sep. 1906.		<i>From Barrack No. 14.</i>								
84	7th Nov. 1906.	14	6th March 1906.								
85	10th "	25	22nd "								
		27	28th "								

Period.	E.—OFFICERS.				F.—WOMEN.				G.—CHILDREN.			
	†Average annual strength.	Admission-rate per 1,000.	Constantly sick-rate per 1,000.	Death-rate per 1,000.	†Average annual strength.	Admission-rate per 1,000.	Constantly sick-rate per 1,000.	Death-rate per 1,000.	†Average annual strength.	Admission-rate per 1,000.	Constantly sick-rate per 1,000.	Death-rate per 1,000.
1894-1903 ...	2,006	846.3	307.0	15.26	3,010	873.4	36.5	15.68	5,384	587.0	27.0	42.82
1905 ...	2,303	692.2	28.3	9.04	3,375	646.8	27.9	10.96	5,154	405.9	29.3	38.30
1906 ...	2,225	725.1	30.0	17.53	3,431	757.8	32.9	12.24	5,322	469.0	28.6	44.72

* For five years only.

† The decennial ratios are, of course, worked on the total strength of the ten years period.

A.—COMMANDS AND DIVISIONS.	Years.	Average strength.	RATIO PER MILLE OF STRENGTH.											
			Admissions into hospital.	Constantly sick.	DEATHS FROM									Mortality including absent deaths.
					Cholera.	Small-pox.	Enteric fever.	Remittent fever.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Abscess of the liver.	All causes.	
Northern Command ...	1905	36,696	652	26	01	...	27	76	76	332	19	...	1292	1400
	1906	40,535	791	25	07	...	32	37	57	214	10	05	119	686
Western Command ...	1905	35,932	602	23	...	...	21	32	47	174	18	09	666	810
	1906	34,972	743	21	63	09	20	26	23	100	20	09	809	881
Eastern Command ...	1905	21,813	572	23	18	...	61	64	55	133	18	...	642	830
	1906	21,918	647	25	46	05	18	50	91	128	23	05	693	868
1st (Peshawar) Division	1905	9,065	526	20	...	...	22	66	44	287	33	...	717	1092
	1906	9,850	782	23	...	...	10	61	30	243	20	...	808	903
2nd (Rawalpindi) " ...	1905	8,647	785	32	12	...	81	81	127	312	35	...	810	1284
	1906	10,800	790	28	...	...	46	19	139	269	19	09	741	936
3rd (Lahore) " ...	1905	9,157	518	27	...	...	11	93	76	251	11	...	2785	3353
	1906	11,330	466	18	26	...	25	62	53	132	...	05	538	944
4th (Quetta) " ...	1905	7,679	710	26	...	...	13	13	65	208	26	...	573	925
	1906	7,513	791	25	13	13	13	27	13	146	87	13	492	839
5th (Mhow) " ...	1905	15,737	385	22	...	...	25	44	44	184	19	...	674	979
	1906	16,115	778	24	43	06	50	37	25	190	12	...	638	1117
6th (Poona) " ...	1905	9,068	500	20	...	...	21	21	31	124	...	10	600	952
	1906	9,538	575	20	147	10	10	...	157	21	21	...	965	1258
7th (Meerut) " ...	1905	10,212	501	24	...	...	118	98	69	147	20	...	725	920
	1906	11,474	643	27	35	...	09	44	122	122	...	...	630	1020
8th (Lucknow) " ...	1905	11,611	633	22	34	...	09	34	43	121	17	...	568	973
	1906	10,444	651	22	57	10	29	57	57	134	48	10	756	1072
9th (Secunderabad), ...	1905	11,794	466	19	17	08	34	...	08	127	17	...	577	679
	1906	10,603	521	20	26	...	66	28	19	104	19	10	773	729
Burma " ...	1905	4,793	614	26	...	...	...	63	83	63	...	...	647	981
	1906	5,310	644	26	...	...	...	38	19	19	...	19	414	730
Kohat, Derajat and Bannu Brigades	1905	8,693	797	30	...	...	...	69	60	493	...	...	020	380
	1906	8,540	1,231	35	...	...	47	...	35	260	...	...	585	855
Aden Brigade ...	1905	818	1,096	65	...	...	...	118	118	236	118	...	1187	1887
	1906	1,806	1,122	37	...	...	...	...	166	55	55	...	941	997
India ...	1905	123,434	1,07	21	05	01	28	56	50	190	18	01	800	950
	1906	127,813	684	23	48	03	27	34	52	156	20	09	657	858

B.—GROUPS.	Years.	Average strength.	RATIO PER MILLE OF STRENGTH.											
			Admissions.	Constantly sick.	ADMISSIONS FROM									Venereal diseases.
					Influenza.	Cholera.	Small-pox.	Enteric fever.	Intermittent fever.	Remittent fever.	Simple continued fever.	Pneumonia.	Dysentery.	
Group I.—Burma Coast and Bay Islands.	1891-1900	1,891	704	37	27	1	2	...	1952	66	43	50	664	555
	1905	1,195	625	24	42	...	...	...	1682	50	527	25	517	1000
	1906	1,349	485	18	...	...	7	...	1082	7	219	30	52	82
" II.—Burma Inland ...	1891-1900	6,083	1,165	50	29	17	1	1	5766	102	72	47	715	478
	1905	2,916	519	22	...	...	...	...	1595	86	45	17	237	122
	1906	2,830	674	26	...	...	...	4	2225	11	402	21	185	166
" III.—Assam ...	1891-1900	2,093	1,209	51	92	30	4	38	5121	165	60	94	1000	712
	1905	919	751	26	...	...	...	...	2139	21	...	...	400	263
	1906	954	775	25	...	...	...	...	3029	21	84	73	451	325
" IV.—Bengal and Orissa ...	1891-1900	2,935	1,120	44	47	4	3	2	5112	150	67	59	861	356
	1905	2,558	877	27	113	...	...	...	3538	246	211	109	954	195
	1906	1,816	876	33	22	6	6	17	3034	61	204	55	458	308
" V.—Gargetic Plain and Chutia Nagpur.	1891-1900	6,493	668	28	78	16	3	5	2154	125	28	70	423	317
	1905	7,046	506	18	11	6	...	3	1198	92	131	53	351	139
	1906	6,209	564	18	100	5	2	2	1409	34	185	69	333	119
" VI.—Upper Sub-Himalaya	1891-1900	15,166	732	29	29	10	6	2	2808	179	31	150	298	337
	1905	16,649	512	23	26	...	4	29	1114	88	53	154	243	196
	1906	20,742	600	22	33	4	4	13	2777	48	149	103	283	158
" VII.—North-Western Frontier, Indos Valley, and North-Western Rajputana.	1891-1900	15,459	1,102	30	89	23	6	2	5075	222	103	294	565	225
	1905	17,946	694	25	40	...	7	7	1708	99	70	205	395	147
	1906	19,224	938	27	162	2	5	12	4683	73	170	100	492	85
" VIII.—South-Eastern Rajputana, Central India and Gujarat.	1891-1900	12,679	814	27	60	16	7	1	3375	113	123	131	299	415
	1905	13,651	585	21	10	2	14	7	2118	34	68	147	181	180
	1906	13,243	767	23	32	7	18	9	3553	39	134	101	407	146
" IX.—Deccan ...	1891-1900	19,504	736	27	70	19	13	1	2926	112	116	93	313	430
	1905	15,977	445	18	2	...	13	11	732	24	207	66	250	243
	1906	16,191	579	21	37	38	11	20	1100	33	430	80	392	203
" X.—Western Coast	1891-1900	3,055	714	29	22	3	5	4	1590	149	268	67	605	533
	1905	1,978	606	29	...	...	40	5	1926	15	106	137	207	384
	1906	1,783	804	25	...	...	6	...	2608	11	45	50	1010	118
" XI.—Southern India	1891-1900	8,244	565	29	35	23	6	1	1320	36	217	79	201	432
	1905	5,907	552	21	5	5	2	2	1222	8	573	50	199	305
	1906	4,282	605	20	26	7	16	14	1660	16	278	61	427	238
" XII.—Hill Stations	1891-1900	17,027	1,075	40	213	10	3	6	4700	246	84	205	513	496
	1905	20,224	729	31	3	0	3	16	4503	115	234	137	323	243
	1906	22,493	725	28	38	...	2	8	2500	65	662	128	316	202
" INDIA ...	1891-1900	127,666	852	32	81	18	5	3	3488	152	91	144	488	372
	1905	123,434	607	23	15	1	6	11	1712	84	143	125	325	106
	1906	127,853	684	23	52	7	6	10	2618	50	290	90	371	162

* The decennial ratios are, of course, worked on the total strength of the ten years period.

1.—ACTUALS 2.—RATIOS.

C. Plains and Hills.	Average annual strength.	Intermittent Fever.		Remittent Fever.		Tubercle of the lungs.		Pneumonia.		Other respiratory diseases.		Dysentery and Diarrhoea.		Scurvy.		Anæmia and Debility.		All causes.		Average number constantly sick.	
		A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D		
1902.	Plains ...	99,841	26,587	90	1,091	119	333	53	1,456	351	2,401	30	5,150	57	220	2	1,272	14	69,816	1,079	2,523
			266'3	1'90	10'9	1'19	3'3	'53	14'6	3'52	24'0	'30	51'6	'57	2'2	'02	12'7	'14	699'3	10'81	25'3
	Hills ...	20,950	6,887	18	388	23	196	46	429	107	576	12	1,485	12	82	...	461	7	17,218	287	681
			328'7	'86	18'5	1'10	9'4	2'20	20'5	5'11	27'5	'57	70'9	'57	3'9	...	22'0	'33	821'9	13'70	32'5
Hills above 5,000 feet sea-level.	8,553	1,445	7	167	14	50	16	125	18	191	4	430	7	27	...	110	2	5,183	91	240	
		165'4	'82	19'5	1'64	5'8	1'87	14'6	2'10	22'3	'47	50'3	'82	3'2	...	12'9	'23	606'0	10'64	28'1	
Hills below 5,000 feet sea-level.	12,397	5,472	11	221	9	146	30	304	89	385	8	1,055	5	55	...	351	5	12,035	196	441	
		441'4	'89	17'8	'73	11'8	2'42	24'5	7'18	31'1	'65	85'1	'40	4'4	...	28'3	'40	970'8	15'86	35'6	
1903.	Plains ...	100,859	24,204	60	854	94	369	46	1,340	277	2,122	22	4,225	38	179	8	1,424	8	64,660	944	2,349
			240'0	'59	8'5	'93	3'7	'46	13'3	2'75	21'0	'22	41'9	'38	1'8	'08	10'1	'08	641'0	9'35	2'33
	Hills ...	21,676	5,898	16	219	16	350	35	418	202	611	4	1,156	11	120	11	328	5	16,466	238	733
			272'1	'74	10'1	'74	16'1	1'61	20'7	4'71	28'2	'18	53'3	'51	5'5	'51	15'1	'23	759'6	13'06	33'8
Hills above 5,000 feet sea-level.	9,900	1,455	4	105	3	50	18	137	16	213	1	357	4	20	...	99	1	5,673	82	255	
		147'0	'40	10'6	'30	5'1	1'82	13'8	1'62	21'5	'10	36'1	'40	2'0	...	10'0	'10	573'0	8'28	25'8	
Hills below 5,000 feet sea-level.	11,776	4,443	12	114	13	300	17	311	86	398	3	799	7	100	11	229	4	10,793	201	478	
		377'3	1'02	9'7	1'10	25'5	1'44	26'4	7'30	33'8	'25	67'8	'59	8'5	'93	19'4	'34	916'5	17'07	40'6	
1904.	Plains ...	98,289	17,182	32	605	53	340	25	1,048	190	1,924	23	3,476	20	324	1	1,283	12	56,276	602	2,151
			174'8	'33	6'2	'54	3'5	'25	10'7	1'93	19'6	'23	35'4	'20	3'3	'01	13'1	'12	572'6	7'04	21'9
	Hills ...	20,366	4,590	10	226	20	125	30	318	50	426	4	702	8	83	1	252	...	13,377	180	576
			225'4	'49	11'1	'58	6'1	1'47	15'6	2'45	20'9	'20	34'5	'39	4'1	'05	12'4	...	656'8	8'84	28'3
Hills above 5,000 feet sea-level.	8,576	1,438	7	85	7	49	12	103	13	165	3	260	1	35	1	81	...	5,055	72	227	
		157'7	'82	9'9	'82	5'7	1'40	12'0	1'52	19'2	'35	31'4	'12	4'1	'12	9'4	...	585'4	8'40	26'5	
Hills below 5,000 feet sea-level.	11,790	3,152	3	141	13	76	18	215	37	261	1	433	7	48	...	171	...	8,322	108	349	
		267'3	'25	9'7	1'20	6'4	1'53	18'2	3'14	22'1	'08	36'7	'59	4'1	...	14'5	...	705'9	9'16	29'6	
1905.	Plains ...	99,771	14,461	28	669	41	287	33	1,266	185	2,528	23	3,771	18	124	3	1,080	9	55,250	602	2,083
			144'9	'28	6'7	'41	2'9	'33	12'7	1'86	25'3	'21	37'8	'18	1'2	'03	10'8	'09	553'8	6'03	20'9
	Hills ...	20,224	3,444	9	233	17	93	26	277	50	920	5	850	9	84	1	253	...	14,749	365	624
			170'3	'45	11'5	'84	4'6	1'29	13'7	2'37	45'5	'35	42'0	'45	4'2	'05	12'5	...	729'3	18'05	30'9
Hills above 5,000 feet sea-level.	9,583	1,297	4	60	7	46	13	95	20	333	2	341	6	50	1	100	...	5,698	260	260	
		135'3	'42	6'3	'73	4'8	1'36	9'9	2'00	34'7	'21	35'6	'63	5'2	'10	10'4	...	594'6	27'13	27'1	
Hills below 5,000 feet sea-level.	10,641	2,147	5	173	10	47	13	182	30	587	3	509	3	34	...	153	...	9,051	105	364	
		201'8	'47	16'3	'94	4'4	1'22	17'1	2'63	55'2	'47	47'8	'28	3'2	...	14'4	...	850'6	9'87	34'2	
1906.	Plains ...	101,783	26,348	31	485	33	221	32	856	159	2,108	14	4,650	27	214	10	1,349	3	68,275	665	2,201
			258'9	'30	4'8	'32	2'2	'31	8'4	1'56	20'7	'14	45'7	'27	2'1	'10	13'2	'03	670'8	6'53	21'6
	Hills ...	22,469	6,104	6	146	10	79	29	285	39	754	2	926	8	92	...	347	2	17,057	158	646
			271'7	'27	6'5	'44	3'5	1'29	12'7	1'74	33'6	'09	41'2	'36	4'1	...	15'4	'09	759'1	7'03	28'8
Hills above 5,000 feet sea-level.	11,510	2,474	2	72	6	34	9	118	17	289	2	437	7	70	...	163	2	6,023	78	293	
		214'9	'17	6'3	'52	3'0	'78	10'3	1'48	25'1	'17	38'0	'61	6'1	...	14'2	'17	601'5	6'78	25'5	
Hills below 5,000 feet sea-level.	10,959	3,630	4	74	4	45	20	167	22	465	...	489	1	22	...	184	...	10,134	80	353	
		331'2	'36	6'8	'36	4'1	1'82	15'2	2'01	42'4	...	44'6	'09	2'0	...	16'8	...	924'7	7'30	32'2	

D.—ENTERIC FEVER.					1891-1900.		1905.	
					Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.
European troops	...	...	...	...	24·2	6·46	15·6	3·19
† Native troops	...	...	...	...	·3	·09	1·0	·27
Gurkhas only	...	...	...	...	1·4	·38	1·8	·35
Prisoners	...	...	...	...	·3	·12	·9	·16

† Including Gurkhas also.

					E.—TUBERCLE OF THE LUNGS, 1905.		F.—VENEREAL, 1905.
					Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.
Northern and Eastern Commands excluding Gurkhas	...	...	...	...	2·4	·27	11·4
Gurkha Regiments in the Northern and Eastern Commands	...	...	...	...	5·4	2·53	29·3

					G.—INFLUENZA.				H.—PNEUMONIA.			
					1891-1900.		1905.		1891-1900.		1905.	
					Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.
European troops	...	...	6·8	·03	11·4	...	3·8	·60	3·4	·28		
Native troops	...	...	8·1	·12	5·2	...	14·4	3·24	9·0	1·56		
Prisoners	...	...	23·8	·38	8·6	·11	16·2	4·27	10·9	2·93		

A.—Administrations.	Years.	Average strength. ‡	RATIO PER MILLE OF STRENGTH.*											
			Admissions.	Constantly sick.	DEATHS FROM									All causes.
					Cholera.	Small-pox.	Remittent fever.	Tubercle of the lungs.	Pneumonia.	Other respiratory diseases.	Dysentery.	Diarrhoea.	Anemia and debility.	
Burma ...	1901-1905	11,779	452	22	168	102	24	363	132	51	277	82	32	1678
	1905	12,439	320	1	...	108	...	380	103	63	201	91	24	1701
	1906	13,399	250	15	122	115	107	419	130	53	150	45	107	1431
Eastern Bengal and Assam ...	1901-1905	6,285	1,099	45	167	110	54	334	347	105	767	105	146	2877
	1905	6,401	1,081	45	187	...	47	344	330	94	730	78	265	3295
	1906	6,371	912	43	109	...	15	305	320	115	771	58	87	2959
Bengal ...	1901-1905	14,573	909	37	77	104	39	385	348	54	583	139	105	3355
	1905	14,172	934	39	35	...	21	402	312	105	630	105	40	2491
	1906	14,857	1,009	35	101	120	47	431	390	74	572	108	107	3335
United Provinces of Agra and Oudh ...	1901-1905	25,557	699	24	45	104	109	397	354	94	373	105	121	1877
	1905	23,640	569	27	17	104	121	365	300	110	194	104	11	1731
	1906	24,572	603	27	44	112	104	385	277	84	189	75	124	1555
Punjab ...	1901-1905	12,333	909	22	11	110	124	368	274	166	261	125	63	2168
	1905	11,512	708	25	35	109	109	443	353	169	132	117	60	1633
	1906	12,744	737	25	...	...	...	383	264	117	264	135	85	1575
North-West Frontier Province ...	1901-1905	1,287	1,016	12	...	128	115	191	435	47	373	47	31	2035
	1905	1,314	950	24	...	...	...	152	152	70	437	75	...	1970
	1906	1,300	1,465	25	...	...	...	77	385	154	462	77	154	2338
Bombay ...	1901-1905	8,295	680	29	105	116	180	332	655	160	174	161	182	2635
	1905	7,851	683	27	...	113	151	226	305	153	125	115	125	1745
	1906	7,025	682	21	227	...	...	189	365	114	202	115	188	2059
Central Provinces ...	1901-1905	4,429	772	25	109	...	105	253	248	121	351	182	117	2019
	1905	3,547	610	21	128	...	...	197	141	113	141	128	105	1579
	1906	3,129	598	19	...	...	...	180	120	120	210	120	160	1382
Madras ...	1901-1905	6,822	452	21	135	102	114	350	195	133	325	114	127	1874
	1905	10,147	459	19	138	...	...	237	148	139	305	120	120	1587
	1906	10,428	417	15	432	110	110	249	163	158	432	110	158	2177
INDIA†	1901-1905	95,479	759	21	54	105	128	332	307	129	371	104	104	2112
	1905	91,917	647	25	44	104	122	319	225	92	301	74	54	1922
	1906	95,394	658	27	110	109	121	321	255	71	325	73	55	1927
ANDAMANS ...	1901-1905	12,259	1,238	61	...	...	...	210	255	425	128	1084	159	2138
	1905	14,248	1,298	68	...	...	...	285	648	481	191	1202	119	2836
	1906	14,688	2,041	70	...	...	...	252	528	528	123	490	124	2730
INDIA‡	1901-1905	1,08,259	801	25	47	105	125	325	321	185	425	111	49	2311
	1905	1,06,105	816	23	58	104	127	352	252	191	427	71	47	2100
	1906	1,10,082	843	23	95	108	122	352	293	128	347	108	47	2034

* Excluding Subsidiary Jails.

† Including Ajmer, Quetta, Mercara and Secunderabad and excluding Andamans.

‡ Including Andamans.

B.—Groups.	Years.	Average strength. ‡	RATIO PER MILLE OF STRENGTH.*											
			Admissions.	Constantly sick.	ADMISSIONS FROM									Dysentery.
					Influenza.	Cholera.	Small-pox.	Enteric fever.	Intermittent fever.	Remittent fever.	Simple continuous fever.	Pneumonia.		
Group I.—Burma Coast and Bay Islands ...	1901-1905	7,997	442	21	7	12	11	16	974	23	192	38	270	
	1905	8,208	252	14	...	...	...	12	311	18	246	33	163
	1906	9,576	248	15	40	6	10	4	420	16	182	37	107	
" II.—Burma Inland ...	1901-1905	3,812	471	21	42	13	11	6	1077	25	30	80	677	
	1905	3,831	455	22	37	8	...	8	915	18	60	34	559	
	1906	3,793	350	19	...	13	13	13	671	13	61	55	372	
" III.—Assam ...	1901-1905	1,219	820	42	192	15	11	2	2013	45	44	122	222	
	1905	1,191	865	22	36	14	...	...	228	52	58	14	2575
	1906	1,430	737	29	7	49	...	...	2601	70	...	77	1601
" IV.—Bengal and Orissa ...	1901-1905	12,122	1,014	40	212	11	14	5	2703	21	108	103	2559	
	1905	11,901	1,015	42	199	13	11	12	2480	12	27	90	2556	
	1906	12,457	977	44	98	10	16	13	2726	20	10	90	2238	
" V.—Gangetic Plain and Chutia Nagpur ...	1901-1905	21,686	769	22	100	19	14	4	2653	12	45	100	2000	
	1905	21,081	686	20	127	14	2	13	2300	11	80	91	272	
	1906	22,326	680	27	20	11	7	13	2311	14	112	96	2525	
" VI.—Upper Sub-Himalaya ...	1901-1905	12,091	945	22	118	11	12	8	4092	13	20	175	283	
	1905	11,930	659	25	127	12	12	8	2106	14	45	123	338	
	1906	12,351	525	29	135	...	...	10	2599	7	72	124	264
" VII.—North-West Frontier, Indus Valley and North-Western Rajputana ...	1901-1905	8,142	785	29	95	12	17	2	2021	13	11	274	485	
	1905	8,107	651	26	20	14	10	...	2120	12	...	174	284	
	1906	8,447	690	25	50	...	...	8	2270	16	40	181	275
" VIII.—South-Western Rajputana, Central India and Gujarat ...	1901-1905	4,772	754	29	123	15	18	1	2584	16	13	205	395	
	1905	4,346	524	20	...	...	...	19	1604	12	...	223	251
	1906	4,525	614	22	135	...	...	20	1946	12	...	189	237
" IX.—Deccan ...	1901-1905	8,373	812	21	140	11	12	2	2244	12	45	99	202	
	1905	7,017	672	28	40	11	...	...	1530	10	24	61	472
	1906	6,810	780	29	72	15	14	4	1892	18	18	58	599	
" X.—Western Coast ...	1901-1905	2,728	537	22	14	11	10	27	1552	47	83	95	402	
	1905	2,318	522	20	...	...	...	13	1411	13	116	99	412
	1906	2,452	500	22	...	147	...	8	159	1093	27	124	122	289
" XI.—Southern India ...	1901-1905	3,845	407	22	42	10	12	7	1095	12	268	90	251	
	1905	9,240	486	20	16	10	14	23	877	16	244	84	622	
	1906	9,479	419	18	10	73	12	23	576	21	295	74	260	
" XII.—Hills ...	1901-1905	594	822	28	51	12	10	24	2672	17	159	202	295	
	1905	575	875	24	...	...	...	...	2512	15	174	191	200
	1906	572	892	21	...	227	...	...	27	2278	175	122	204
INDIA†	1901-1905	95,479	759	21	127	110	12	6	2519	21	81	122	283	
	1905	91,917	647	22	116	108	12	7	1817	12	97	97	216	
	1906	95,394	658	27	59	20	19	11	2072	15	97	101	209	
ANDAMANS	1901-1905	12,259	1,238	61	70	...	...	...	1112	102	...	116	1509
	1905	14,248	1,298	68	120	...	...	...	1249	61	...	110	1644
	1906	14,688	2,041	70	202	...	...	...	14500	44	54	158	240
INDIA‡	1901-1905	1,08,259	801	25	120	119	12	4	2609	21	71	122	287	
	1905	1,06,105	816	23	117	117	12	6	2255	19	84	99	227	
	1906	1,10,082	843	23	20	117	12	7	2720	19	92	109	209	

* Excluding Subsidiary Jails.

† Including Aden and excluding Andamans.

‡ The quinquennial ratios are, of course, worked on the total strength of the five years.

§ Including Andamans.

C.—Causes of admission.		*Years.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Influenza	1902 1903 1904 1905 1906	1902	58	63	139	113	188	115	30	90	39	25	10	34	886
		1903	70	45	30	261	109	42	15	94	61	55	12	20	834
		1904	14	9	5	32	51	41	38	32	28	47	40	33	379
		1905	77	114	60	223	52	30	48	130	193	59	31	31	1,057
		1906	29	36	25	51	64	56	50	22	56	104	30	10	505
		Total ...	1902-1906	248	268	279	680	464	314	181	365	370	291	133	108	3,712
Cholera	1902 1903 1904 1905 1906	1902	1	...	3	2	1	2	3	3	14	...	6	2	35
		1903	1	...	2	14	10	13	7	35	16	3	2	4	97
		1904	2	3	5	3	7	20	1	...	1	3	...	3	47
		1905	4	...	1	2	3	3	...	2	12	30	5	3	73
		1906	2	3	1	9	3	5	47	37	5	30	47	3	187
		Total ...	1902-1906	10	6	12	30	23	40	54	77	75	40	58	15	440
Enteric Fever	1902 1903 1904 1905 1906	1902	3	1	7	6	4	7	11	10	11	8	...	1	69
		1903	4	1	6	2	3	6	7	4	4	1	2	3	45
		1904	13	3	2	8	5	2	3	5	6	3	5	3	55
		1905	...	...	4	4	6	6	14	11	3	6	3	2	64
		1906	11	1	4	3	5	7	7	14	13	14	4	2	102
		Total ...	1902-1906	31	6	25	31	21	26	49	63	58	31	12	17	335
Intermittent Fever	1902 1903 1904 1905 1906	1902	1,818	1,545	1,506	1,794	1,782	1,631	2,194	3,009	3,437	3,793	3,413	2,375	28,477
		1903	1,720	1,685	1,584	2,124	1,797	1,439	1,550	1,759	2,231	2,412	2,578	1,820	21,615
		1904	1,353	1,079	1,154	1,539	1,393	1,303	1,411	1,699	2,533	2,595	2,025	1,461	19,515
		1905	1,783	974	1,123	1,392	1,358	1,294	1,319	1,551	1,543	1,977	1,722	1,397	16,704
		1906	858	673	900	1,163	1,177	1,237	1,606	1,996	2,502	2,963	2,840	1,917	19,705
		Total ...	1902-1906	6,230	5,368	6,457	7,702	7,495	6,864	8,176	10,224	12,266	14,540	12,587	8,870	107,088
Remittent Fever	1902 1903 1904 1905 1906	1902	15	21	16	16	23	28	25	20	66	23	21	14	346
		1903	15	2	14	12	21	24	15	11	4	12	7	5	143
		1904	4	10	6	13	10	8	14	13	5	10	6	3	109
		1905	4	3	5	10	13	16	8	4	13	10	10	11	109
		1906	9	3	9	6	10	16	10	9	9	22	26	11	140
		Total ...	1902-1906	47	39	50	57	77	90	72	117	90	78	70	44	840
Simple Continued Fever	1902 1903 1904 1905 1906	1902	28	44	30	41	58	34	31	10	31	44	37	24	440
		1903	16	17	21	23	52	29	76	65	22	62	61	41	540
		1904	51	48	32	36	57	66	58	60	99	37	65	53	715
		1905	47	50	55	78	100	60	94	31	94	104	62	57	802
		1906	31	36	71	51	25	99	94	417	123	130	62	40	920
		Total ...	1902-1906	183	188	219	250	352	297	353	335	419	497	292	245	3,537
Pneumonia	1902 1903 1904 1905 1906	1902	205	153	174	87	102	95	67	68	57	74	126	123	1,239
		1903	161	118	130	100	81	74	72	36	60	71	117	166	1,200
		1904	147	121	89	60	65	62	38	62	46	73	28	97	965
		1905	86	121	94	39	65	42	53	35	54	64	72	100	896
		1906	95	88	71	70	85	81	54	48	67	65	101	123	953
		Total ...	1902-1906	695	622	555	408	392	353	324	280	284	350	504	619	5,359
Dysentery	1902 1903 1904 1905 1906	1902	607	473	618	616	557	602	842	1,068	1,066	887	904	682	8,051
		1903	553	362	479	508	493	577	740	943	870	740	709	630	7,492
		1904	508	323	530	571	515	675	868	952	748	706	660	583	7,247
		1905	410	310	377	597	607	591	751	978	940	793	635	562	7,196
		1906	432	336	446	524	572	568	795	1,079	794	756	615	538	7,525
		Total ...	1902-1906	2,510	1,793	2,480	2,809	2,744	3,024	4,056	5,020	4,278	3,861	2,532	3,004	29,011

* Excluding Andamans.

Appendix to Section V.—Vital Statistics.
STATEMENT NO. I.—Birth and Death Statistics.

PROVINCE.	Year.	BIRTHS.			NUMBER OF DEATHS.			RATIO OF DEATHS PER 1,000 OF POPULATION.			HIGHEST DEATH-RATE.		LOWEST DEATH-RATE.		MEAN DEATH-RATE DURING PREVIOUS FIVE YEARS.			Number of deaths of males to every 100 deaths of females.
		Total number.	Ratio per 1,000 of population.	Mean ratio per 1,000 of population during previous five years.	In municipalities and towns.	In districts excluding towns.	Total.	In municipalities and towns.	In districts excluding towns.	Total.	In municipalities and towns.	In districts excluding towns.	In municipalities and towns.	In districts excluding towns.	In municipalities and towns.	In districts excluding towns.	Total.	
Bengal	1905	1,973,201	39'55	38'91	128,413	1,793,957	1,922,399	40'01	38'42	38'53	92'26	59'63	7'41	22'07	38'62	33'06	33'42	105'
	1906	1,883,725	37'32	36'59	112,152	1,710,091	1,823,243	35'03	35'15	35'08	74'13	48'41	7'97	22'59	38'08	31'88	34'15	108'
Eastern Bengal and Assam.	1905	1,173,979	30'37	29'53	16,708	1,028,507	1,045,305	28'43	35'25	35'06	55'21	46'61	4'77	19'90	28'06	31'64	31'52	108'
	1906	1,114,520	27'32	26'63	15,353	928,982	944,335	24'15	31'83	31'67	85'79	49'19	5'73	21'24	25'33	31'50	31'66	110'
United Provinces of Agra and Oudh.	1905	1,067,009	41'24	44'07	180,482	1,017,818	2,098,300	53'64	43'26	44'00	105'71	91'24	23'64	23'38	47'13	32'78	33'80	100'11
	1906	1,018,425	40'22	44'25	165,052	1,098,284	1,895,236	49'13	38'31	39'07	111'95	81'01	24'78	24'25	49'14	35'37	36'36	104'76
Punjab	1905	893,260	44'4	40'5	90,151	856,937	926,108	49'13	47'37	47'55	306'36	80'10	7'10	21'31	47'03	44'58	44'88	99'1
	1906	878,006	42'7	41'6	90,182	652,724	742,906	44'73	46'08	36'94	89'23	49'87	9'16	20'05	46'65	45'01	45'17	101'9
North-West Frontier Province.	1905	70,269	35'4	32'3	5,062	48,268	53,327	30'82	29'43	29'79	44'25	28'12	10'77	23'75	28'01	25'22	25'5	110'1
	1906	76,834	38'6	33'2	6,218	61,031	67,149	35'28	32'50	33'73	52'21	45'77	16'79	31'41	28'63	25'30	25'57	101'6
Central Provinces and Berar.	1905	642,199	54'02	41'78	50,627	391,756	442,383	41'87	36'69	37'21	127'05	52'17	17'07	28'43	47'43	35'52	36'73	109'88
	1906	614,616	51'72	45'83	61,507	435,105	516,613	50'01	42'71	43'47	220'59	65'01	19'04	30'69	41'71	30'08	31'33	107'89
Madras Presidency.	1905	1,126,255	32'0	29'4	125,944	660,129	785,123	29'6	20'3	21'4	92'2	30'6	5'8	15'4	29'8	21'1	21'9	104'2
	1906	1,125,078	30'9	29'4	142,109	855,282	998,391	33'4	26'6	27'4	77'5	33'9	6'1	20'9	29'2	20'6	21'5	103'5
Coorg	1905	4,572	25'31	23'28	490	4,219	4,730	22'12	25'70	26'24	45'99	31'52	15'74	21'70	40'22	29'9	31'30	119'20
	1906	4,713	26'10	23'31	558	4,727	5,285	26'59	26'59	29'26	49'73	34'06	21'20	23'69	41'07	28'42	29'57	119'29
Bombay Presidency.	1905	611,173	33'07	26'51	115,007	472,387	588,394	47'59	29'47	31'82	65'24	40'73	8'58	14'22	67'10	43'26	49'21	108'39
	1906	615,486	32'84	21'75	129,893	515,126	645,019	53'95	31'25	25'06	103'56	42'74	8'25	19'88	50'15	29'03	28'66	107'20
Lower Burma	1905	191,226	34'34	32'46	27,061	111,789	126,800	38'21	33'00	24'92	54'53	27'61	10'52	14'26	30'94	22'08	23'17	119
	1906	180,025	32'23	32'60	20,247	126,946	151,163	42'59	24'89	27'15	68'01	40'76	17'22	15'37	32'14	21'53	22'83	127
Upper Burma	1905	10,351*	34'91*	32'03*	10,842	54,698	65,541	39'36	30'87	22'46	62'85	30'36	24'08	18'41	32'35	17'95	19'63	89
	1906	10,355†	34'17†	35'64†	15,279	61,214	76,193	50'42	23'41	26'22	59'12	35'44	22'25	17'27	34'00	18'20	19'84	100
Ajmer-Merwara.	1905	27,802	27'32	26'38	6,601	9,720	16,322	50'94	38'01	34'25	105'20	41'10	26'40	18'28	61'74	48'02	51'25	107'18
	1906	13,729	28'91	30'51	5,721	9,636	15,367	44'21	27'75	32'22	70'91	45'24	21'66	0'50	41'76	27'41	31'21	105'14

* Statistics for 12 towns.
† Statistics for 13 towns.

STATEMENT NO. II.—Total number of deaths by months.

Province.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	RATIO PER 1,000 OF POPULATION.		
														1906.	1905	
Bengal	167,506	127,983	152,429	172,096	151,196	120,160	138,895	137,708	143,037	175,430	166,190	170,613	1,823,243	36'08	38'53	
Eastern Bengal and Assam.	115,352	71,073	70,820	81,140	77,778	60,309	65,113	50,560	60,195	84,240	90,035	117,720	944,335	31'67	35'06	
U. P. of Agra and Oudh.	131,895	111,559	120,535	148,729	175,852	159,271	115,274	134,525	180,391	207,531	201,365	176,409	1,863,336	39'07	44'00	
Punjab	53,767	41,825	47,693	6,262	87,576	51,094	42,415	43,191	51,502	76,548	93,501	84,527	742,906	36'94	47'53	
N. W. F. Province.	4,992	3,908	4,431	3,756	4,357	4,795	3,941	3,784	5,187	6,181	10,264	11,553	67,149	33'73	26'79	
C. P. and Berar	32,895	33,349	33,035	36,533	44,506	43,522	32,569	61,14	65,724	49,170	44,289	39,877	516,613	43'47	37'21	
Madras Presidency.	68,582	55,762	58,289	6,226	66,261	77,626	107,120	126,348	108,603	95,166	85,169	93,239	998,391	27'4	21'4	
Coorg	448	315	425	491	432	509	607	451	429	411	337	430	5,285	29'26	26'24	
Bombay Presidency.	46,932	42,397	52,614	64,291	61,213	46,097	54,309	56,388	53,518	54,494	58,109	57,457	648,019	35'06	31'84	
Burma.	Lower	11,597	10,406	10,888	11,395	10,846	11,747	16,418	16,564	14,078	12,854	11,790	12,610	151,193	27'15	24'93
	Upper	6,286	5,328	5,966	5,297	4,360	4,647	7,544	8,338	6,532	6,500	7,004	8,691	76,493	26'22	22'46
Ajmer-Merwara.	1,015	939	874	905	1,373	1,065	913	1,605	1,526	1,383	1,827	1,944	15,367	32'22	34'23	
Total	641,267	505,044	558,004	650,121	685,750	580,840	585,118	640,606	690,722	769,908	769,880	775,070	7,852,330	34'73	35'06	

STATEMENT No. III.—Births.

PROVINCES.	Population under registration.	RATIO OF BIRTHS PER 1,000 OF POPULATION.			Number of males born to every 100 females born.	Excess of births over deaths per 1,000 of population.	Excess of deaths over births per 1,000 of population.
		Maximum for any one district.	Minimum for any one district.	Mean for the province.			
Bengal ...	50,528,044	55'06	17'79	37'32	105'	1'24	...
Eastern Bengal and Assam ...	29,812,735	45'94	32'55	37'38	107'	5'71	...
United Provinces of Agra and Oudh ...	47,691,782*	54'42	27'74	40'22	108'72	1'15	...
Punjab ...	20,108,690	67'3	20'0	43'7	109'7	6'8	...
North-West Frontier Province ...	1,990,744	46'1	36'2	38'6	118'8	4'90	...
Central Provinces and Berar ...	11,884,340	62'78	44'91	51'72	104'52	8'25	...
Madras Presidency ...	36,484,486	37'6	20'4	30'9	104'4	3'50	...
Coorg ...	180,607	39'97	20'37	26'10	97'28	...	3'17
Bombay Presidency ...	18,481,362	52'47	16'63	33'84	107'60	...	1'22
Burma ... { Lower ...	5,568,479	43'45	17'16	32'33	107	5'00	...
Burma ... { Upper ...	303,014	39'22	28'58	34'17	108	...	16'
Ajmer-Merwara ...	476,912	33'65	27'50	28'91	113'65	...	3'31

* Includes 16,010 persons enumerated at the Ajodhya Fair.

† Statistics for 13 towns.

STATEMENT No. IV.—Deaths.

PROVINCES.	Population under registration.	Area in square miles.	Average population per square miles.	RATIO OF DEATHS PER 1,000 OF POPULATION.			DEATH RATE BY SEX.	
				Maximum for any one district.	Minimum for any one district.	Mean for the year.	Male.	Female.
Bengal ...	50,528,044	110,442	457	47'51	23'55	36'08	37'91	34'28
Eastern Bengal and Assam ...	29,812,735	71,555	416	48'88	23'22	31'67	32'59	30'71
United Provinces of Agra and Oudh ...	47,691,782*	107,104	445	80'75	26'63	39'07	38'72	39'44
Punjab ...	20,108,690	97,209	207	49'7	24'2	36'9	34'7	39'5
North-West Frontier Province ...	1,990,744	13,688	149	44'2	31'9	33'7	31'7	36'0
Central Provinces and Berar ...	11,884,340	97,841	121	64'38	30'00	43'47	55'58	41'41
Madras Presidency ...	36,484,486	129,241	282	46'9	22'0	27'4	28'2	26'5
Coorg ...	180,607	1,583	114	33'36	23'69	29'26	28'68	29'09
Bombay Presidency ...	18,481,362	122,984	150	68'98	21'39	35'06	35'26	34'85
Burma ... { Lower ...	5,568,479	76,952	72	47'57	17'43	27'15	28'63	25'45
Burma ... { Upper ...	2,917,501	29,411	99	43'59	18'35	26'22	27'68	24'91
Ajmer-Merwara ...	476,912	2,711	176	33'74	27'11	32'22	31'38	33'16

* Includes 16,010 persons enumerated at the Ajodhya Fair.

STATEMENT No. V.—Deaths in Towns and Rural Circles compared.

Province.	NUMBER OF REGISTRATION CIRCLES.			POPULATION.			RATIO OF DEATHS PER 1,000 OF POPULATION.		
	Rural.	Town.	Total.	Rural.	Town.	Total.	Rural.	Town.	Total.
Bengal ...	400	129	529	47,298,478	3,229,566	50,528,044	36'15	35'03	36'08
Eastern Bengal and Assam ...	242	54	296	29,177,017	635,718	29,812,735	31'83	24'15	31'67
United Provinces of Agra and Oudh ...	857	447	1,304	44,333,434	3,358,348	47,691,782*	38'31	49'15	39'07
Punjab ...	405	144	549	18,092,723	2,015,967	20,108,690	36'08	44'73	36'94
North-West Frontier Province ...	64	11	75	1,822,091	168,653	1,990,744	33'50	36'28	33'73
Central Provinces and Berar ...	245	104	349	10,654,609	1,229,731	11,884,340	42'71	50'01	43'47
Madras Presidency ...	185	232	417	32,234,437	4,250,049	36,484,486	26'6	33'4	27'4
Coorg ...	5	5	10	165,358	15,249	180,607	28'59	36'59	29'26
Bombay Presidency ...	224	56	280	16,065,004	2,416,358	18,481,362	32'25	53'76	35'06
Burma ... { Lower ...	252	39	291	4,858,273	710,206	5,568,479	24'89	42'59	27'15
Burma ... { Upper ...	132	13	145	2,614,487	303,014	2,917,501	23'41	50'42	26'22
Ajmer-Merwara ...	17	6	23	347,280	129,632	476,912	27'75	44'21	32'22

* Includes 16,010 persons enumerated at the Ajodhya Fair.

Appendix to Section V.—Vital statistics—concl'd.
STATEMENT NO. VI.—Deaths according to age.

Province.	RATIO PER 1,000 OF POPULATION.																			
	Under one year.		1-5 years.		5-10 years.		10-15 years.		15-20 years.		20-30 years.		30-40 years.		40-50 years.		50-60 years.		60 years and upwards.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Bengal*	298'20	256'77	58'12	51'25	21'62	18'38	15'79	13'86	18'41	17'50	21'77	20'44	25'04	21'78	30'06	24'88	46'45	41'52	70'11	74'89
Eastern Bengal and Assam.	2,6'18	206'85	45'68	38'76	17'16	13'34	12'23	11'40	17'34	21'38	18'69	22'65	21'32	23'12	27'06	24'48	41'03	36'86	77'19	62'59
United Provinces of Agra and Oudh.	333'57	320'45	78'16	78'40	19'51	18'10	12'04	12'47	14'57	18'76	18'13	20'46	20'71	20'91	28'08	25'84	45'38	41'47	83'44	70'98
Punjab	310'30	318'62	70'23	76'94	14'44	17'20	11'72	16'87	13'16	17'38	14'07	18'32	16'26	19'44	22'16	22'83	31'58	32'19	74'89	80'05
North-West Frontier Province.	251'21	216'20	67'02	72'82	15'95	18'54	8'81	12'12	7'38	11'82	9'51	15'29	13'06	19'08	20'21	23'94	33'34	30'08	69'77	75'79
Central Provinces and Berar.	Not available																			
Madras Presidency	211'1	177'1	38'8	36'7	13'0	12'3	9'3	9'0	12'8	16'4	14'5	14'8	15'5	14'1	21'6	17'0	34'4	28'8	82'7	77'6
Coorg	207'82	197'30	46'41	40'70	9'34	10'00	8'67	7'80	11'30	12'40	17'31	22'03	24'32	27'20	39'71	35'88	51'61	43'37	86'53	71'67
Bombay Presidency.	352'91	319'39	63'53	62'10	15'44	15'54	11'95	13'26	17'73	19'97	19'72	21'37	22'54	21'51	29'16	23'14	44'63	39'14	94'50	85'98
Burma { Lower	342'05	247'02	34'25	30'62	16'75	15'06	11'13	10'05	15'37	12'57	16'00	13'83	18'49	17'71	22'32	19'87	28'93	23'98	65'49	65'32
Upper	273'36	192'79	28'84	25'57	12'26	11'48	9'19	8'30	13'18	10'68	13'44	13'52	16'21	16'67	19'84	16'09	29'38	22'08	71'93	66'89
Ajmer-Merwara	713'32	726'50	135'82	145'70	10'13	10'00	5'26	7'20	7'51	12'91	11'01	14'73	14'57	15'39	21'20	16'68	37'56	33'88	80'24	65'90

* Excluding Sambalpur district for which the population figures are not available.

STATEMENT NO. VII.—Deaths according to cause.

Province.	DEATHS PER 1000 OF POPULATION IN 1906.										Ratio of deaths in 1905.	Ratio of deaths in 1904.
	Cholera.	Small-pox.	Plague.	Fevers.	Dysentery and Diarrhoea.	Respiratory diseases.	Injuries.	All other causes.	All causes.			
Bengal	3'81	'43	1'17	22'41	'96	'25	'52	6'48	36'08	38'53	31'95	
Eastern Bengal and Assam	3'63	'23	'002	21'65	'90	'07	'39	4'77	31'67	35'06	25'85*	
United Provinces of Agra and Oudh	3'14	'28	1'46	27'62	'55	'42	'54	5'05	39'07	44'00	34'70	
Punjab	0'21	0'66	4'56	20'28	0'87	2'84	0'33	7'18	36'94	47'55	49'06	
North-West Frontier Province	...	0'57	0'02	26'14	0'29	0'69	0'37	5'65	33'73	26'79	28'56	
Central Provinces and Berar	3'26	'83	1'53	18'95	3'58	1'40	'53	13'39	43'47	37'21	32'06	
Madras Presidency	3'9	0'8	0'02	8'4	1'7	0'7	0'3	11'6	27'4	21'4	22'50	
Coorg	'06	1'30	...	23'62	'78	'24	'13	3'14	29'26	26'24	26'62	
Bombay Presidency	2'50	'22	2'79	14'85	3'34	3'28	'37	7'71	35'06	31'84	41'39	
Burma { Lower	'99	1'42	'94	9'77	1'65	'72	'30	11'36	27'15	24'93	22'36	
Upper	'80	'22	1'17	7'34	'68	'87	'44	14'69	26'22	22'46	18'69	
Ajmer-Merwara	'60	'57	'14	25'77	1'18	'67	'34	2'95	32'22	34'25	27'57	

* Excluding statistics for Eastern Bengal.

STATEMENT NO. VIII.—Ratio of deaths from all causes according to months.

Province.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Bengal	3'31	2'53	3'01	3'40	2'99	2'37	2'74	2'72	2'83	3'47	3'28	3'37	36'08
Eastern Bengal and Assam	3'86	2'38	2'37	2'72	2'60	2'02	2'18	1'69	2'01	2'82	3'02	3'94	31'67
United Provinces of Agra and Oudh	2'76	2'34	2'53	3'12	3'69	3'34	2'42	2'82	3'78	4'35	4'22	3'70	39'07
Punjab	2'67	2'08	2'37	3'44	4'36	2'54	2'11	2'15	2'56	3'81	4'65	4'20	36'94
North-West Frontier Province	2'51	1'96	2'23	1'89	2'19	2'41	1'98	1'90	2'61	3'11	5'16	5'80	33'73
Central Provinces and Berar	2'77	2'81	2'78	3'07	3'74	3'66	2'74	5'14	5'53	4'14	3'73	3'36	43'47
Madras Presidency	1'9	1'5	1'6	1'5	1'8	2'1	2'9	3'5	3'0	2'6	2'4	2'6	27'4
Coorg	2'48	1'74	2'35	2'72	2'39	2'82	3'56	2'50	2'38	2'28	1'87	2'38	29'26
Bombay Presidency	2'54	2'30	2'85	3'48	3'31	2'49	2'94	3'05	2'90	2'95	3'14	3'11	35'06
Burma { Lower	2'08	1'87	1'96	2'05	1'95	2'11	2'95	2'97	2'53	2'31	2'12	2'26	27'15
Upper	2'15	1'83	2'04	1'82	1'49	1'59	2'59	2'86	2'24	2'23	2'40	2'98	26'22
Ajmer-Merwara	2'13	1'97	1'83	1'90	2'88	2'23	1'91	3'37	3'20	2'90	3'83	4'08	32'22

Appendix A to Section VI.—Chief Diseases.

STATEMENT I.—Deaths from CHOLERA in the different provinces in India from 1877 to 1906.

YEAR.	Bengal.*	Assam.	United Provinces of Agra and Oudh.	Punjab.	(a) N.-W. Frontier Province.	Central Provinces	Bihar.	Madras.	Coorg.	Bombay.	Lower Burma.	Upper Burma.†	Ajmer-Merwara.	Rajputana.	Central India.	Hyderabad (Canal and Government stations).	Mysore.
1877	155,305	11,377	31,770	29	...	3,418	842	357,430	‡	57,228	7,216	...	11	60	916	7,414	2,992
1878	95,192	6,732	22,321	215	...	40,855	31,206	47,157	49	46,743	6,759	...	210	2,393	8,047	6,696	773
1879	130,363	17,415	35,802	26,135	...	27,575	223	13,216	...	6,037	1,828	...	120	918	2,734	6	14
1880	39,643	2,083	71,546	274	...	330	1	613	...	684	2,638	...	3	...	299	...	25
1881	79,180	5,010	25,805	5,207	...	9,140	3,101	9,446	3	16,694	5,239	...	16	197	581	1,721	25
1882	181,332	21,055	59,372	39	...	11,932	5,573	23,601	31	7,094	7,177	...	289	1,337	1,562	150	893
1883	69,439	14,903	18,160	150	...	16,235	27,897	36,204	...	37,054	2,185	...	87	797	1,740	1,917	124
1884	134,421	22,276	30,143	614	...	149	87	75,476	...	13,804	5,515	...	217	1,297	1,015	2,479	330
1885	173,767	7,253	63,457	1,036	...	21,868	3,683	58,109	...	37,227	7,685	...	10	1,615	4,624	1,187	2,677
1886	118,368	20,188	34,505	12	...	16,779	976	12,417	...	167	4,027	...	795	173	290	499	10
1887	172,578	7,941	200,628	8,804	...	12,576	14,396	28,359	3	25,711	2,619	...	384	2,612	2,568	2,811	832
1888	111,301	9,693	18,704	14,238	...	911	305	38,677	2	36,500	15,682	...	13	32	191	2,037	1,015
1889	171,103	18,288	48,494	2,838	...	52,588	10,625	76,020	9	32,431	3,240	...	5	6,023	5,314	1,118	1,590
1890	145,835	15,356	80,195	3,401	...	4,797	847	35,288	5	3,259	1,076	...	468	2,746	3,132	...	1,326
1891	229,575	23,882	169,013	10,107	...	21,312	7,938	98,773	7	17,850	2,400	...	532	2,046	13,474	3,102	1,304
1892	259,398	21,552	164,886	75,959	...	39,072	2,030	79,933	58	42,990	6,208	...	2,152	26,700	8,184	53	5,497
1893	126,916	21,849	12,154	659	...	557	1,188	29,409	9	18,853	2,393	...	3	314	127	165	650
1894	256,150	13,497	178,079	113	...	7,043	3,452	41,189	8	33,588	7,428	...	...	2	5,110	1,892	318
1895	177,087	18,262	51,262	519	...	15,506	11,919	21,172	...	8,890	5,150	...	219	1,049	6,043	467	2,334
1896	226,824	17,012	69,147	5,146	...	32,075	12,264	47,847	49	25,004	2,059	...	12	3,717	15,766	525	2,100
1897	196,247	33,240	41,208	622	...	57,131	10,122	143,445	106	57,109	8,535	...	19	1,466	13,202	1,039	4,248
1898	65,080	11,149	2,508	338	...	7	...	65,444	8	4,168	2,972	...	1	6	2	6	1,193
1899	107,678	8,380	8,142	1,816	...	761	541	29,682	...	8,579	4,042	2,030	1	498	...	...	153
1900	345,878	23,761	81,560	28,260	...	63,114	18,375	60,162	41	163,889	3,440	41	4,242	28,719	20,450	3,813	779
1901	110,253	7,468	53,095	180	117	49	17	81,319	38	12,600	3,552	...	50	6	72	1	11,351
1902	159,071	12,658	25,160	371	...	28	16	29,769	...	3,230	1,844	57	32	1,519	12	...	218
1903	203,105	8,360	47,159	14,688	1,354	437	...	27,393	...	1,825	5,246	2,887	...	236	1,110	...	58
1904	137,701	5,518	6,617	76	1	2,067	...	23,109	...	13,156	2,472	508	...	1	150	...	471
1905	146,339	142,312**	121,790	2,197	300	1,217	...	16,888	...	5,376	3,511	1,836	...	3	27	64	616
1906	192,596	108,278	149,549	4,232	...	38,768	...	142,111	10	46,119	5,529	2,243	284	4,274	10,147	1,661	7,223

* Excluding Calcutta from 1877 to 1892.
 † Statistics from 1877 to 1898 not available.
 ‡ Statistics not available.
 § Including 30 deaths in cantonments.
 ¶ Excluding Zamindaris
 ** Including Bihar from 1903.
 †† Eastern Bengal and Assam.
 (a) 1877-1900 included in the Punjab.

Appendix A to Section VI.—Chief Diseases—contd.

STATEMENT II.—Deaths from Cholera in British Provinces, by months, during the year 1906.

Province.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	RATIO PER 1,000 OF POPULATION.	
														1906.	1905.
Bengal	10,263	9,337	13,795	23,886	23,623	17,108	17,288	15,022	13,505	15,994	14,344	15,231	192,596	3'81	2'93
Eastern Bengal and Assam.	19,272	9,038	9,184	14,441	13,489	7,137	4,806	2,528	1,427	2,122	8,047	16,487	108,278	3'63	4'77
United Provinces of Agra and Oudh.	826	2,769	2,019	18,422	21,564	24,065	7,309	9,073	18,493	20,055	10,657	3,397	149,549	3'14	2'55
Punjab	2	...	1	5	35	79	821	1,537	1,225	507	17	3	4,232	0'21	'11
North-West Frontier Province.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	'15
Central Provinces and Berar.	1	325	640	1,876	3,827	4,054	2,082	15,013	7,337	861	49	3	38,768	3'26	'10
Madras Presidency ...	2,774	1,247	836	1,015	3,133	14,531	29,968	36,496	20,477	12,954	8,690	10,690	142,811	3'9	'5
Coorg ... ..	...	...	...	...	...	...	...	...	...	1	...	9	10	'05	...
Bombay Presidency ...	...	131	2,084	11,047	10,862	6,447	8,428	4,393	1,374	596	508	249	46,119	2'50	'29
Burma { Lower ...	220	341	227	508	407	585	1,079	860	465	156	114	527	5,529	'99	'63
Upper ...	84	1	11	11	7	143	574	636	226	246	229	175	2,343	'80	'63
Ajmer-Merwara ...	...	...	...	...	93	129	24	38	...	...	...	...	284	'60	...
Total	33,442	23,389	29,097	1,211	87,040	76,078	73,279	86,496	64,529	56,532	41,655	46,771	690,519	3'05	1'96

STATEMENT III.—Details of the distribution and occurrence of Cholera during the year 1906.

Province.	Mortality in 1906.	Mean mortality of previous 5 years.	Urban mortality.	Rural mortality.	Percentage of villages attacked.	Maximum mortality in any one district excluding towns.	Maximum mortality in any one town.	Month of maximum mortality.
Bengal	3'81	2'33	3'01	3'86	15'69	9'47	14'39	April.
Eastern Bengal and Assam ...	3'63	2'30	2'85	3'64	14'72	21'77	43'60	January.
United Provinces of Agra and Oudh.	3'14	1'07	1'59	3'25	11'27	14'76	19'16	May.
Punjab	0'21	0'18	0'34	0'20	1'86	1'42	7'89	August.
N.-W. Frontier Province	.....	0'18	.....	.....	.....	.....	.....
Central Provinces and Berar ...	3'26	0'08	4'11	3'16	10'64	13'64	38'69	August.
Madras Presidency	3'9	1'0	4'3	3'9	25'98	9'0	50'2	August.
Coorg	'06	'06	.....	'06	0'80	'21	.....	December.
Bombay Presidency	2'50	'40	2'07	2'36	12'16	7'76	16'93	April.
Burma { Lower ...	'99	'61	1'77	'88	4'49	6'56	26'48	July.
Upper ...	'80	'36	2'02	'66	3'76	1'82	10'17	August.
Ajmer-Merwara	'60	'04	'76	'54	2'71	6'15	1'96	June.

Appendix B to Section VI.—Chief Diseases—contd.

TABLE I.—Small-pox mortality.

PROVINCES, DISTRICTS, TOWNS.	Bengal	Eastern Bengal and Assam.	United Provinces.	Punjab.	North-West Frontier Province.	Central Provinces and Bihar.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmere-Merwara.	Coorg.	Registration India.
I.—Mortality by Provinces.—													
—Deaths by months—													
January	1,554	420	774	1,100	100	1,035	581	11	3,187	583	10	18	6,500
February	2,208	618	906	1,124	107	1,314	970	37	3,168	694	19	29	11,134
March	2,565	829	1,358	1,199	113	1,477	1,575	77	3,535	811	41	35	13,946
April	3,572	1,059	1,789	1,180	97	1,574	1,698	120	3,015	706	65	31	14,976
May	3,185	913	2,554	2,015	65	1,495	1,088	109	3,657	377	53	48	14,550
June	2,214	821	2,155	1,840	99	1,228	756	80	2,240	271	33	23	11,870
July	1,915	560	1,470	1,300	101	745	822	73	2,268	171	21	15	9,311
August	919	349	708	757	101	419	265	27	2,109	100	12	9	5,806
September	648	221	378	445	90	206	141	23	1,920	51	5	3	4,897
October	658	217	188	310	33	103	113	19	1,711	57	3	7	3,488
November	818	224	255	624	83	223	105	24	1,705	98	5	...	4,125
December	1,489	521	705	1,050	140	180	75	26	2,039	144	14	6	6,400
Total	31,106	6,072	12,202	12,229	1,127	9,859	7,003	637	29,840	4,063	271	224	109,583
II.—Annual death ratios—													
Ratio per 1,000 of population, 1906.	'43	'82	'28	0'66	0'57	0'83	1'42	'21	0'8	'22	'57	1'20	0'48
Ratio per 1,000 of population, 1905.	'24	'15	'07	0'23	0'29	0'70	1'01	'18	0'5	'91	'58	'73	'38
Difference	+ '19	+ '65	+ '21	+ 0'43	+ 0'28	+ 0'13	+ 0'41	+ '04	+ 0'3	— '70	— '01	+ '47	+ '10
Mean ratio per 1,000 during 1901-1905.	'40	'29	'16	0'48	0'59	0'39	'44	'21	0'5	'24	'17	'73	0'58
Difference	— '05	— '05	+ '12	+ '18	— '12	+ '44	+ '08	— '02	+ '3	— '12	+ '40	+ '57	+ '10
III.—District mortality excluding towns.—													
Number of districts affected	31	22	48	28	4	22	27	11	22	24	15	5	250
Highest district ratio	5'01	2'57	2'85	1'44	0'90	3'79	3'01	'68	2'7	'73	4'25	2'88	5'05
Name of that district	Puri	Kamrup	Jhansi	Lahore	Peshawar	Damoh	Myaungmya.	Pakokku	Bellary	Kanara	Pisangan	Nanjara-jpatna.	Puri.
Lowest district ratio	'003	'005	0'1	0'03	0'12	0'03	'23	'004	0'1	'03	'09	'70	'003
Name of that district	Singhbhum.	Sibsagar	Garhwal	Mianwali	Hazara	Borhanpur.	Tavoy	Sagalay	Vizagapatam.	Ahmednagar.	Mangla-wa.	Padmal-nad.	Singhbhum.
Number of districts without mortality	None	None	None	1	1	2	1	None	None	None	2	None	7
District death-rate per 1,000 of population.	'37	'22	'25	0'57	0'45	0'85	1'23	'22	0'8	'20	'66	1'24	0'45
IV.—Town mortality.—													
Number of towns affected	94	29	71	115	6	68	31	5	138	28	4	5	605
Highest town ratio	3'43	23'09	2'77	13'01	4'06	5'92	18'04	'68	12'7	2'00	5'33	2'25	33'00
Name of that town	Howrah	Barpeta	Konch	Pindi Bhattian.	Peshawar	Kalmeshwar.	Wakema	Myingyan	T. C. Adiram-patnam.	Karachi	Pisangan	Kodlipet	Barpeta.
Lowest town ratio	'01	'04	'02	0'02	0'07	0'02	'09	'04	0'02	'02	'04	'15	'001
Name of that town	Darbhanga.	Narayan-ganj.	Badaun	Delhi	Dera Ismail Khan.	Jubbulpore.	Allanmyo	Mandalay	M. T. C. Vizianagaram	Ahmedabad.	Nasirabad	Mercora	Jubbulpore.
Number of towns without mortality.	35	25	35	29	5	26	7	8	94	25	2	None	301
Town death-rate per 1,000 of population.	1'37	'79	'24	1'42	1'85	0'70	2'68	'69	1'0	'34	'32	'85	0'92
V.—Infantile mortality.—													
Children under 1 year	2,798	805	4,709	3,241	243	4,220	623	25	11,121	1,041	103	...	29,727
Children 1-10 years	3,012	2,381	7,125	7,078	828	2,460	1,510	199	10,824	1,529	245	...	45,104
Percentage of children in total small-pox mortality.	59'83	45'70	59'54	84'44	65'03	76'65	31'04	24'85	73'54	64'07	91'51	...	68'59

Appendix B to Section VI.—Chief Diseases—contd.

TABLE II.—Fever mortality.

PROVINCES, DISTRICTS AND TOWNS.	Bengal.	Eastern Bengal and Assam.	United Provinces.	Punjab.	North-West frontier Province.	Central Provinces and Bihar.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmer-Merwara.	Cong.	Registration India.
I.—Mortality by Provinces:—													
A.—Deaths by months—													
January ...	110,693	73,686	101,001	30,800	3,765	15,006	4,510	1,755	22,121	24,113	707	359	283,521
February ...	75,926	47,001	80,100	22,327	2,320	14,205	3,187	1,407	18,176	20,458	721	250	207,269
March ...	82,550	46,378	80,276	22,314	3,147	12,997	3,530	1,311	19,313	21,754	649	310	204,258
April ...	93,703	52,076	80,064	23,859	2,613	15,300	3,649	1,316	19,163	22,388	661	400	224,227
May ...	91,371	50,010	100,752	24,026	2,684	20,302	2,122	1,122	22,457	21,976	938	323	250,952
June ...	77,876	41,051	104,684	20,020	2,523	20,222	4,062	1,071	21,850	17,026	710	410	216,526
July ...	81,654	47,375	81,287	21,708	2,678	12,227	5,292	1,226	26,047	18,668	692	517	202,162
August ...	85,030	36,750	94,089	23,251	2,611	19,674	5,853	2,001	23,682	20,226	1,244	370	224,287
September ...	91,181	45,725	126,918	22,521	2,672	25,094	4,022	1,660	21,777	19,708	1,255	356	286,207
October ...	115,426	64,102	124,624	50,722	5,026	22,766	4,812	1,929	20,453	23,915	1,170	320	476,224
November ...	114,057	65,009	128,724	64,315	8,020	22,212	4,802	2,222	28,448	22,227	1,020	284	502,040
December ...	112,777	70,240	123,852	52,076	10,042	20,064	5,204	2,300	21,062	22,069	1,221	300	426,222
Total ...	1,122,579	645,721	1,217,491	497,978	52,020	225,141	54,422	21,422	294,026	274,651	22,292	4,101	1,452,222
B.—Annual death ratios—													
Ratio per 1,000 of population, 1906.	22'41	21'65	27'62	20'28	26'14	18'93	9'77	7'24	8'4	12'26	25'77	22'61	19'69
Ratio per 1,000 of population, 1905.	24'24	22'68	26'92	18'40	20'69	17'45	8'97	6'76	7'9	12'28	21'67	21'46	19'57
Difference ...	-1'93	-1'03	+1'70	+1'88	+5'45	+1'52	+1'80	+1'48	+1'2	+1'58	+4'10	+1'15	+0'12
Mean ratio per 1,000 during 1902-1905.	21'78	22'00	25'20	21'27	19'58	15'52	9'30	6'98	7'9	12'28	24'16	24'26	18'28
Difference ...	+0'63	-1'44	+1'52	-1'59	+6'56	+3'42	+2'47	+0'36	+0'5	+1'58	+1'61	-1'74	+0'71
II.—District mortality excluding towns:—													
Number of districts affected ...	32	22	48	20	5	24	18	11	22	24	17	5	227
Highest district ratio ...	26'14	41'33	57'32	20'85	25'14	22'65	18'15	11'90	20'2	26'21	42'49	28'65	57'22
Name of that district ...	Purnea	Dinajpur	Jalaun	Mianwali	Dera Ismail Khan.	Nimar	Prome	Mandalay	Viragapatam.	Hokkur	Goella	Mercara	Jalaun.
Lowest district ratio ...	7'31	8'62	15'45	4'57	22'22	8'21	2'82	2'05	1'1	5'04	15'72	19'25	1'2
Name of that district ...	Parl	Sylhet	Garhwal	Bunla	Hazara	Boldana	Ma-ubin	Meiktila	Anantapur.	Belgaum	Dewar	Yedonal-khad.	Anantapur.
Number of districts without mortality	None	None	None	None	None	None	None	None	None	None	None	None	None.
District death-rate per 1,000 of population.	23'12	21'66	27'51	20'20	26'22	19'62	10'41	7'51	8'7	15'52	25'40	24'26	20'27
III.—Town mortality:—													
Number of towns affected ...	120	54	105	244	21	104	39	12	200	62	6	5	902
Highest town ratio ...	29'82	26'12	81'21	47'22	26'14	42'12	24'64	11'45	20'7	46'74	40'04	26'68	81'21
Name of that town ...	Morshidabad.	Nawabganj.	Nagina.	Makhu	Bufla	Kalmehtar.	Pyapon	Kyaukse	Srangarapur-Kota.	Umarkot	Beawar	Fraserpet	Nagina.
Lowest town ratio ...	1'66	2'24	11'29	1'22	8'41	1'11	1'67	2'65	0'1	1'89	24'27	1'40	0'2
Name of that town ...	Ulubaria	Halkandi.	Mirzapur Bidadchal	Dharmasala.	Took (notified area).	Deulgaon	Intein	Yamethin	Madak-sira.	Atasi	Nasirabad	Virajendrapet.	Madak-sira.
Number of towns without mortality	None	None	None	None	None	None	None	None	2	1	None	None	2
Town death-rate per 1,000 of population.	11'20	12'02	29'18	20'11	19'25	22'00	5'44	5'67	5'9	10'51	26'78	16'66	24'28

Appendix B to Section VI.—Chief Diseases—contd.

TABLE III.—Dysentery and Diarrhoea mortality.

Provinces, Districts and Towns.	Bengal.	Eastern Bengal and Assam.	United Provinces.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmer-Merwara.	Coorg.	Registration India.
I.—Mortality by Provinces—													
A.—Deaths by months—													
January ...	4,526	3,854	3,597	1,001	47	3,107	534	114	3,050	3,319	37	13	20,209
February...	3,830	2,776	2,321	616	31	3,098	481	93	3,385	3,005	30	5	16,729
March ...	4,361	2,716	2,412	781	38	3,120	509	146	3,500	3,359	33	6	18,471
April ...	4,371	2,873	2,648	1,280	39	3,084	556	140	3,190	3,266	32	5	21,284
May ...	3,612	2,322	2,728	2,243	78	3,229	798	100	3,642	3,797	75	4	24,548
June ...	3,047	2,079	2,747	1,383	41	3,391	859	125	4,624	3,007	36	16	22,265
July ...	3,713	2,095	2,465	1,066	28	3,267	1,592	320	6,819	3,557	43	23	28,728
August ...	4,434	2,537	2,727	1,321	21	6,578	1,100	438	3,271	3,032	100	14	35,013
September	4,108	2,894	2,671	1,059	37	2,513	863	181	2,197	6,475	77	14	33,079
October ...	4,095	2,587	2,513	2,258	45	4,777	624	121	3,054	4,011	59	12	27,056
November	4,155	3,043	2,249	2,243	62	3,205	667	76	3,148	3,273	37	12	24,471
December	4,418	3,195	2,040	1,674	84	2,594	497	106	5,608	3,745	35	17	23,554
Total ...	48,920	25,912	25,348	17,595	371	42,583	9,180	1,079	61,538	61,736	564	141	298,117
B.—Annual death ratios—													
Ratio per 1,000 of population, 1906.	'96	'90	'55	0'87	0'29	3'58	1'05	'68	1'7	3'34	1'18	'78	1'32
Ratio per 1,000 of population, 1905.	'90	'85	'56	0'68	0'28	3'02	1'43	'44	1'4	3'00	89	'53	1'17
Difference ...	+ '06	+ '05	- '01	+ 0'19	+ 0'01	+ 0'56	+ 0'32	+ '24	+ '03	+ 0'34	+ '29	+ '25	+ '15
Mean ratio per 1,000 during 1905-1906.	'93	'87	'56	0'77	0'28	3'30	1'41	'56	1'5	3'15	1'00	'72	1'24
Difference ...	+ '01	+ '02	- '01	+ '16	+ '01	+ 1'30	+ 0'24	+ '35	+ '05	+ 0'19	+ 0'18	+ '06	+ 0'20
II.—District mortality excluding towns—													
Number of districts affected...	32	32	48	20	5	24	18	21	22	24	13	5	253
Highest district ratio ...	3'96	5'48	9'17	2'19	0'77	14'00	2'80	'83	7'3	10'80	1'41	'78	14'00
Name of that district ...	Howrah	Lakhimpur.	Garhwal	Simla	Dera Ismail Khan.	Akola	Thayetmyo.	Magwe	Nigiris	Khandesh.	Pobkar	Kiggatead	Akola.
Lowest district ratio ...	'03	'04	'01	0'18	0'04	0'24	'43	'07	0'5	0'05	'06	'29	'01
Name of that district ...	Purnea	Rajshahi	Malspuri	Multan	Peshawar	Bhandara	Saedoway.	Kyaukse	Nellore	Larkhana	Nasirabad	Nanjanspota.	Malspuri.
Number of districts without mortality.	None	None	None	None	None	None	None	None	None	None	4	None	4
District death-rate per 1,000 of population.	'84	'87	'43	0'72	0'20	3'58	1'34	'52	1'4	3'16	0'29	'47	1'15
III.—Town mortality—													
Number of towns affected ...	126	52	96	140	11	104	28	13	212	62	5	3	862
Highest town ratio ...	10'06	11'34	7'72	10'47	4'49	19'72	6'51	2'77	11'5	12'55	9'33	8'87	19'72
Name of that town ...	Kurseong	North Lakhimpur.	Balla	Kalabagh	Kulachi	Shegaon	Pegu	Mandalay	M. T. C. Palamcottah.	Sholapur	Ajmer	Virajendrapet.	Shegaon.
Lowest town ratio ...	'11	'15	'07	'19	0'17	'18	'21	'31	0'1	'24	0'23	'57	'07
Name of that town ...	Baraset	Sudharam	Sherkot	Sobdara	Kohat	Ratanpur.	Pyaupon	Pakokku	T. C. Paramagadi.	Ahmedabad. Cant.	Pisangan	Somwarpet.	Sherkot.
Number of towns without mortality.	3	2	10	4	None	None	1	None	10	1	2	2	44
Town death-rate per 1,000 of population.	8'72	2'38	2'16	2'28	1'25	3'63	2'74	2'07	4'1	4'55	3'56	4'20	3'20

Appendix B to Section VI.—Chief Diseases—contd.

TABLE IV.—Plague mortality.

PROVINCE OR STATE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.														
													1906.	1905.													
British Provinces.—																											
Bengal	5,434	10,345	10,855	16,537	1,761	538	103	431	595	518	965	3,833	59,619	126,084													
Eastern Bengal and Assam	...	...	...	34	...	10	25	35	...	...	...	...	74	6						
United Provinces of Agra and Oudh.	5,531	8,937	15,561	16,309	4,363	205	142	625	263	1,531	3,961	10,316	69,660	353,803													
Punjab	2,093	3,779	9,583	28,165	28,359	3,440	167	83	420	1,671	4,915	9,463	91,713	334,899													
North-West Frontier Province.	...	...	39	1	...	...	...	...	...	...	...	1	43	3				
Central Provinces and Berar	1,264	3,023	3,619	1,700	53	4	15	349	1,284	2,620	1,606	1,938	18,122	12,706													
Burma { Lower	204	264	59	533	461	603	979	658	317	295	158	163	5,223	3,045													
Upper	319	577	1,160	300	30	50	91	59	29	35	95	555	3,474	647													
Madras Presidency	207	113	113	93	22	13	21	36	77	64	45	74	298	5,258													
Bombay	2,205	2,812	5,409	6,108	3,375	709	612	2,869	2,435	8,619	5,331	4,801	51,525	71,393													
Ajmer-Merwara	...	...	35	3	1	...	...	3	18	4	2	1	68	2,680									
Coorg ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ... { 1906	17,417	29,838	56,033	79,258	38,655	4,371	2,154	5,131	12,613	15,319	17,122	30,444	300,355	...													
1905	129,318	128,175	231,037	241,450	110,746	15,702	2,804	6,318	19,661	10,725	9,372	12,253	...	940,821													
Native States, etc.—																											
Punjab Native States	321	395	1,437	2,330	3,296	1,128	231	19	50	415	593	1,511	12,748	54,808													
Jammu and Kashmir States	107	183	481	901	733	99	2	17	20	28	71	86	2,735	2,669													
Native States in Central Provinces.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras Native States	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bombay Presidency Native States.	1,005	1,080	1,975	1,973	1,021	214	201	1,352	2,064	4,147	3,298	2,720	22,401	23,019													
Baluchistan	...	...	...	6	1	...	...	...	...	...	...	...	7	...			
United Provinces (Tehri Garhwal).	...	...	...	...	...	...	...	...	...	...	...	...	...	32
Rajputana	24	45	495	335	35	1	1	1	5	20	9	157	1,132	30,683													
Central India	112	155	499	303	60	2	15	263	3,061	3,022	2,023	1,047	12,955	2,898													
Mysore	243	184	176	35	24	18	99	395	430	618	518	280	2,960	3,959													
Bangalore Civil and Military Station.	195	126	115	48	40	36	49	100	77	110	60	100	1,077	1,854													
Hyderabad State	167	377	296	48	7	...	...	1	...	217	67	56	1,250	9,008											
Total ... { 1906	2,125	2,335	5,478	7,979	5,215	1,498	701	2,758	6,737	8,582	6,979	6,918	36,265	...													
1905	14,665	14,610	24,437	25,474	11,289	1,295	619	2,381	3,447	3,608	3,359	2,661	...	126,219													
GRAND TOTAL { 1906														19,542	31,473	61,511	77,238	43,870	5,869	2,855	7,889	19,350	23,891	23,801	37,362	356,621	...
1905	144,983	142,745	256,474	268,924	121,435	16,997	4,423	8,702	24,108	14,523	12,731	15,034	1,050,740	...													
Calcutta City	118	131	658	971	310	149	47	45	32	41	54	51	2,606	7,372													
Bombay City	244	604	2,327	3,072	2,549	344	148	132	143	129	55	45	10,802	14,171													
Madras City	16	34	5	...	...	...	...	...	1	...	...	...	56	32					

Appendix B to Section VI.—Chief Diseases—concl'd.

TABLE V.—Mortality from Respiratory Diseases.

PROVINCES, DISTRICTS AND TOWNS.	Bengal.	Eastern Bengal and Assam.	United Provinces.	Punjab.	North-West Frontier Province.	Central Provinces and Bihar.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmer-Merwara.	Coorg.	Registration India.
I.—Mortality by provinces :—													
A.—Deaths by months—													
January	1,173	222	1,895	5,655	135	1,421	357	177	1,795	5,275	41	1	18,185
February	1,055	154	1,643	4,218	123	1,301	359	301	1,480	4,835	35	3	15,305
March	1,158	212	1,528	4,192	135	1,338	300	320	1,541	5,013	31	9	15,703
April	1,127	167	1,595	4,073	109	1,313	353	330	1,720	5,410	32	7	16,301
May	881	159	1,315	5,092	127	1,370	318	145	1,855	4,655	37	1	15,275
June	773	189	1,554	3,577	107	1,110	201	167	1,735	4,301	31	1	14,065
July	937	169	1,450	3,503	107	1,006	303	255	2,027	4,881	21	3	14,301
August	1,037	168	1,710	3,820	112	1,414	404	320	2,416	5,150	35	4	15,503
September	918	173	1,604	4,438	104	1,585	371	221	2,403	4,844	18	3	15,813
October	1,089	230	1,705	5,918	97	1,455	300	235	2,150	4,723	18	4	18,034
November	1,225	188	1,683	6,149	101	1,438	359	213	2,052	4,915	25	5	18,428
December	1,373	267	1,752	6,077	135	1,716	394	220	2,153	5,487	14	4	19,493
Total	12,325	2,208	20,139	57,127	1,353	16,609	4,024	3,544	21,375	60,615	322	43	301,307
B.—Annual death ratios :—													
Ratio per 1,000 of population, 1906.	'25	'07	'41	2'84	0'09	1'40	'72	'07	0'7	2'28	'07	'24	0'89
Ratio per 1,000 of population, 1905.	'22	'06	'40	3'05	0'57	1'30	'73	'56	0'5	2'05	1'18	'17	'85
Difference	+ '03	+ '01	— '07	— '21	+ '12	+ 0'10	— '01	+ '31	+ '2	+ 0'23	— '51	+ '07	+ 0'03
Mean ratio per 1,000 during 1901-05	†	†	†	2'78	0'40	†	†	†	0'4	3'15	'19	'07	†
Difference	†	†	†	+ 0'06	+ '20	†	†	†	+ '3	+ 0'13	+ '15	+ '17	†
II.—District mortality excluding towns :—													
Number of districts affected ...	33	22	48	39	5	24	18	11	20	24	8	2	243
Highest district ratio	1'35	'99	6'31	11'47	0'47	4'07	1'12	'79	1'4	9'37	'40	'08	11'47
Name of that district	Puri	Lakhimpur.	Hamirpur	Gurdaspur.	Banna	Betul	Bassala	Lower Chindwin.	Nilgiris	Kaira	Pohkar	Yedevakkond.	Gurdaspur.
Lowest district ratio	'001	'001	'009	0'11	0'05	0'07	'02	'02	0'1	'0'5	'08	'05	'001
Name of that district	Purnea	Tippera	Bara Banki.	Multan	Kohat	Narwalpur.	Sandoway	Kyaukse	Ganjam	Upper Sind Frontier.	Kakri	Namiraj-patra.	Purnea.
Number of districts without mortality.	None	None	None	None	None	None	None	None	2	None	9	3	14
District death-rate per 1,000 of population.	'15	'07	'23	2'53	0'37	1'28	'35	'18	0'5	2'15	'07	'03	0'65
III.—Town mortality :—													
Number of towns affected	82	34	97	144	11	89	25	10	176	59	4	3	744
Highest town ratio	5'17	2'40	18'56	23'53	9'14	9'04	7'77	17'67	11'8	20'02	4'73	8'41	20'02
Name of that town	Calcutta	Dhubri	Rath	Pathankot	Haripur	Deol	Toungoo	Tanagd wingyi.	M. T. C. Coonor.	City of Bombay.	Ajmer suburb.	Virajendrapet.	City of Bombay.
Lowest town ratio	'04	'05	'05	0'37	0'44	0'13	'08	'12	0'1	0'41	'23	'15	'04
Name of that town	Krishnagar.	Chitragong.	Deoband	Khangah Dogras.	Kohat	Raipur	Yandoon	Yamethin	T. C. Bobbili	Larkhana	Pleasgan.	Mercara	Krishnagar.
Number of towns without mortality.	140	20	9	None	None	15	11	3	95	4	2	2	162
Town death-rate per 1,000 of population.	1'75	'19	2'39	5'60	4'10	2'47	3'25	6'82	1'4	10'82	2'28	2'49	3'64

† Not available.

Appendix to Section VII.—Vaccination.

STATEMENT I.—Total Primary and Re-vaccinations, successful cases among the children, cost of the Special Vaccination Department, etc., during the official year 1906-07.

PROVINCE.	NUMBER OF PERSONS VACCINATED BY THE SPECIAL AND DISPENSARY STAFFS COMBINED.		PERCENTAGE OF SUCCESSFUL CASES* TO TOTAL OPERATIONS.		NUMBER OF CHILDREN SUCCESSFULLY VACCINATED BY THE SPECIAL AND DISPENSARY STAFFS COMBINED.		Average number of operations performed by each vaccinator of the Special Staff.	Total cost of the Special Department.	Average cost of each successful case vaccinated by the Special Department.
	Primary.	Re-vaccinations.	Primary.	Re-vaccinations.	Under one year.	1 to 6 years.			
Bengal	1,874,976	162,297	99'24	65'90	814,772	943,050	1,012	1,73,229	0 1 5
Eastern Bengal and Assam	1,262,029	56,003	98'55	72'11	360,810	720,542	1,026	90,635	0 1 2
United Provinces of Agra and Oudh	1,571,486	103,574	97'72	84'43	930,316	517,672	1,824	1,59,971	0 1 6
Punjab	607,909	97,310	99'34	78'12	487,441	90,739	2,648†	99,605	0 2 5
North-West Frontier Province	76,604	15,289	98'95	83'67	47,258	17,481	2,923‡	11,217	0 2 2
Central Provinces and Berar	525,977	91,404	98'56	75'38	401,063	95,056	1,978	65,263	0 1 11
Madras Presidency	1,437,924	113,676	93'41	74'24	490,417	645,032	1,721	2,94,881	0 3 6
Coorg	9,166	2,066	93'13	75'23	919	4,841	1,209	2,752	0 4 7
Bombay Presidency	593,151	37,510	95'93	71'04	410,300	89,192	1,466	3,26,124	0 9 6
Burma	370,399	59,253	90'64	53'43	77,858	175,366	1,685	1,27,528	0 6 1
Ajmer-Merwara	11,973	127	97'87	82'68	9,129	2,444	807	2,867	0 3 10
TOTAL	8,341,794	718,599	97'21	72'85	4,050,283	3,302,345	1,412	1,345,072	0 2 7

* Excluding those the results of which were not known.
 † Including the vaccinations performed in cantonments.
 ‡ Excludes average of work done by each medical subordinate.

STATEMENT II.—Vaccination operations performed by the Special and Dispensary Establishments separately, deaths from small-pox, etc., during the official year 1906-07.

PROVINCE.	Population.	NUMBER OF PERSONS VACCINATED (PRIMARY AND RE-VACCINATIONS COMBINED).			Ratio of successful vaccinations per 1,000 of population.	Percentage of annual estimated births at 40 per 1,000 of population successfully vaccinated.	DEATHS FROM SMALL-POX.*	
		By special department.	By Dispensary staff.	Total.			Number.	Ratio per 1,000 of population.
Bengal	51,625,771	1,891,124	145,949	2,037,273	37'80	39'46	22,206	'43
Eastern Bengal and Assam	30,788,134	1,292,430	25,602	1,318,032	41'33	29'30	6,972	'23
United Provinces of Agra and Oudh	47,060,667†	1,674,799	201‡	1,675,060	35'31	48'49	13,202	'28
Punjab	20,293,834	704,249	970	705,219	32'00	60'05	13,239	'66
North-West Frontier Province	2,104,812	90,612	1,281§	91,893	39'67	56'13	1,127	'57
Central Provinces and Berar	13,621,559	593,349	24,032	617,381	42'06	73'61	9,889	'83
Madras Presidency	38,408,531	1,551,352	248	1,551,600	35'66	31'92	29,840	'8
Coorg	180,607	10,884	348	11,232	54'58	12'72	234	'30
Bombay Presidency	21,640,585	629,356	1,505	630,861	25'36	49'71	4,063	'22
Burma	10,477,508	411,131	18,521	429,652	33'06	18'58	8,540	'01
Ajmer Merwara	476,912	12,100	.....	12,100	24'79	47'86	271	'57
TOTAL	237,578,020	8,861,586	218,717	9,080,303	35'41	42'62	109,583	'48

* For the Calendar year.
 † Includes 16,010 persons enumerated at the Ajudhya Fair.
 ‡ No special vaccinators are attached to dispensaries. Operations performed by medical subordinates.
 § There were no special vaccinators attached to the dispensaries. Operations were performed by Hospital Assistants.

Appendix to Section VII.—Vaccination—concl'd.

STATEMENT No. III.—The number of persons primarily vaccinated and the number of those who were successfully vaccinated in His Majesty's European and Native Army in India during 1906.

Commands and Divisions.	EUROPEAN ARMY.										NATIVE ARMY.																	
	Officers.		Officers' wives.		Officers' children.		Warrant and Non-Commissioned Officers and men.		Women.		Children.		Total.		European Officers.		European Officers' Wives.		European Officers' children.		Native Commissioned, Non-Commissioned Officers and men.		Women.		Children.		Total.	
	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.
Northern Command	4	4	..	..	3	..	304	279	311	283	..	..	1	1	14	14	2,876	2,272	255	238	2,693	2,515	5,839	5,049
Western Command	5	5	..	..	..	..	319	302	324	297	..	..	..	..	14	14	2,878	2,034	165	122	1,062	1,607	5,019	3,174
Eastern Command	6	7	1	1	..	..	305	303	403	310	1	..	..	..	11	10	1,709	1,124	260	211	1,187	962	3,168	2,307
Secunderabad Division	1	1	1	..	120	103	122	104	..	..	1	1	4	4	529	362	2	2	668	575	1,204	944
Burma Division	1	..	..	..	..	91	64	92	64	..	..	..	..	..	..	176	72	..	..	197	178	373	250
India	17	15	2	2	4	..	1,279	951	1,252	963	1	..	2	2	43	39	8,168	5,864	682	573	6,707	5,837	15,603	12,315

G. C. B. P., Simla.—No. 80 B, C.—15-1-08.—700—S, M.

ANNUAL RETURNS

OF THE

EUROPEAN ARMY OF INDIA

OF THE

NATIVE ARMY AND OF THE JAIL
POPULATION

FOR THE YEAR

1906.

COMPILED AND SYSTEMATICALLY ARRANGED FROM THE ORIGINAL DOCUMENTS

BY

S. P. JAMES, M.D., CAPTAIN, I.M.S.,

Statistical Officer to the Government of India in the Sanitary and Medical Departments.

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FOR THE YEAR

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Enteric fever by months, stations, groups, and commands	XXXIII	80—81
Simple continued fever by months, stations, groups, and commands	XXXIV	80—81
Intermittent fever by months, stations, groups, and commands	XXXV	82—85
Remittent fever by months, stations, groups, and commands	XXXVI	82—85
Pneumonia by months, stations, groups, and commands	XXXVII	86—89
Dysentery by months, stations, groups, and commands	XXXVIII	86—89
Statistics of regiments	XXXIX*	...

* Omitted for the present by order of Government.

† There being no cases of cholera the table is blank.

III.—PRISONERS 1906.

(European, Eurasian, native; male, female; adult, juvenile.)

	TABLE.	PAGE.
Jails by administrations	K	92
Ratios of administrations	XL	99
Ratios of geographical groups	XLI	94
Ratios of jails, groups, and administrations	XLII	95—103
Actuals of jails, groups, and administrations	XLIII	104—113
Abstract of the Sanitary Sheets of the most unhealthy jails	XLIV	114—115
Influenza by months, jails, groups, and administrations	XLV	116—117
Cholera by months, jails, groups, and administrations	XLVI	116—117
Enteric fever by months, jails, groups, and administrations	XLVII	118—119
Simple continued fever by months, jails, groups, and administrations	XLVIII	118—119
Intermittent fever by months, jails, groups, and administrations	XLIX	120—123
Remittent fever by months, jails, groups, and administrations	L	120—123
Pneumonia by months, jails, groups, and administrations	LI	124—127
Dysentery by months, jails, groups, and administrations	LII	124—127

IV.—TROOPS AND PRISONERS 1906.

Detail of diseases	LIII	128—147
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NOTE—In the tables for European troops, Native troops, and for prisoners, the months mentioned are calendar months.

TABLE G.

*Grouping of Diseases in the Main Tables for 1906.**

HEAD OF DISEASE.	Includes or includes also
CHOLERA	Choleraic diarrhœa.
HEAT-STROKE	Sunstroke and Heat-Apoplexy.
ALCOHOLISM	Delirium tremens. Alcoholic Poisoning.
TUBERCLE OF THE LUNGS	Tubercular Phthisis, and Hæmoptysis due to tubercle.
OTHER RESPIRATORY DISEASES.	Includes Hæmoptysis and Cirrhosis of the lung not due to tubercle, and excludes Pneumonia and Tubercular Phthisis.
ANÆMIA AND DEBILITY	Old age (Tables for men and women). Immaturity at birth (Tables for children).
DIARRHŒA	Epidemic Diarrhœa.
HEPATIC CONGESTION AND INFLAMMATION.	Congestion of liver, Hepatitis, Perihepatitis; but excludes Cirrhosis of liver.
VENEREAL DISEASES	Syphilis, Gonorrhœa, and Soft Chancre, which include also their sequelæ.
GUINEA-WORM AND OTHER ENTOZOA	} The entozoa numbered from 1 to 56, 67 to 81: also Nos. 105 and 106.
PHAGEDÆNA, SLOUGH, AND GANGRENE.	Nomenclature of 1896, Nos. 25 <i>a</i> and <i>b</i> , 800, and 847.
ABSCESS, ULCER, AND BOIL	Nomenclature of 1896, Nos. 799, 843, and 845. } These two headings appear only in jail tables.
ABORTION AND PUERPERAL AFFECTIONS.	Nomenclature of 1896, Nos. 700 and 706 to 718, and any other diseases stated by medical officers to have been puerperal.
OTHER DISEASES PECULIAR TO WOMEN.	Nomenclature of 1896, No. 426, Vomiting of Pregnancy, Nos. 632 to 699, 701 to 705, and 719 to 730.

* For details of individual diseases, see Table LIII.

THE
 HISTORY OF THE
 UNITED STATES OF AMERICA
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 VOL. I.

The first part of the book is devoted to a general history of the United States from 1763 to 1876. It is divided into three main periods: the first period, from 1763 to 1800, is devoted to the history of the American Revolution and the early years of the Republic; the second period, from 1800 to 1840, is devoted to the history of the expansion of the United States; and the third period, from 1840 to 1876, is devoted to the history of the Civil War and Reconstruction.

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 VOL. II.

**I.—EUROPEAN TROOPS, 1906.
A.—MEN.**

TABLE D.

STATIONS by COMMANDS AND INDEPENDENT DIVISIONS.

STATIONS.	Height above sea level in feet.*	Authority for height. †	STATIONS.	Height above sea level in feet.*	Authority for height. †	STATIONS.	Height above sea level in feet.*	Authority for height. †
NORTHERN COMMAND :—			WESTERN COMMAND :—contd.			EASTERN COMMAND :—contd.		
Peshawar	1,165	S. G.	† Taragarh Sanitarium	2,855	S. G.	Dinapore	171	S. G.
Nowshera	1,100	M. O.	Ahmedabad	170	"	Allahabad	298	"
Rawalpindi	1,707	S. G.	Kamptee	930	"	Fort Allahabad	298	"
Campbellpur	1,200	M. O.	Nasirabad	1,461	"	Benares	256	"
Attock	1,192	S. G.	Neemuch	1,613	"	Cawnpore	417	"
Sialkot	829	"	Deesa	470	"	Fyzabad	336	"
Lahore Cantonment	706	"	Jhansi	860	"	† Leborg	6,000	I. B.
Fort Lahore	706	"	Nowgong	770	I. B.	† Ranikhet	5,983	S. G.
Mooltan	402	"	Jubbulpore	1,306	S. G.	† Chaubuttia	6,942	"
Ferozepore	645	"	Saugor	1,753	"	† Chakrata	6,885	"
Jullundur	900	"	Poona	1,999	"	† Landour Convalescent Depôt	7,362	"
Amritsar	756	"	Kirkee	1,837	"	† Naini Tal	6,400	"
Ambala	902	"	Colaba (Bombay)	20	"	† Darjeeling	7,168	"
‡ Cherat	4,546	"	Deolali Depôt	1,829	"	SECUNDERABAD DIVISION :—		
† Khyragully	7,678	"	† Mount Abu Sanitarium	3,960	"	Secunderabad	1,732	S. G.
† Baragully	7,800	M. O.	† Pachmarhi	3,481	"	Bellary	1,483	"
† Kuldannah	7,049	S. G.	† Purandhur	4,560	"	Bangalore	3,021	"
† Kalabagh	7,936	I. B.	† Khandalla	2,000	M. O.	Madras	15	"
† Gharial	6,811	S. G.	Ahmednagar	2,125	S. G.	St. Thomas' Mount	250	"
† Barian Camp	7,133	I. B.	Belgaum	2,473	"	Cannanore	47	"
† Upper Topa	7,000	M. O.	Aden	26	"	Calicut	27	M. D.
† Lower Topa	7,320	I. B.	Dthalla . . . . .	...	"	Mallapuram	500	M. O.
† Khan Spur	7,500	M. O.	EASTERN COMMAND :—			† Ramandrug	3,150	S. G.
† Dagsbai	5,982	S. G.	Meerut	739	S. G.	† Wellington	6,160	"
† Solon	5,166	"	Delhi	715	"	Poonamallee Depôt	50	M. O.
† Subathu	4,124	"	Muttra	576	"	BURMA DIVISION :—		
† Jutogh	6,371	"	Agra	554	"	Fort Dufferin (Mandalay)	249	S. G.
† Murree Convalescent Depôt	7,250	"	Bareilly	560	"	Shwebo	600	M. O.
† Dalhousie	6,732	"	Shahjahanpur	507	"	Bhamo	351	S. G.
† Kasauli	6,320	"	Roorkee	884	"	Melktila	860	"
WESTERN COMMAND :—			Lucknow	400	"	Thayetmyo	145	"
† Quetta	5,511	S. G.	Sitapur	449	"	Rangoon	14	"
Karachi	28	"	Fatehgarh	444	I. B.	Port Blair	85	"
Hyderabad (Sind)	134	I. B.	Fort William (Calcutta)	17	S. G.	† Maymyo	3,508	"
Mhow	1,993	S. G.	Dum-Dum . . . . .	...	"		
Indore	1,806	"	Barrackpore	24	S. G.			

* These heights are usually those of the survey-marks or of the mercury-surface in barometer-cisterns of meteorological observatories.
† S. G. = Surveyor-General of India; I. B. = Intelligence Branch of the Division of the Chief of the Staff; M. D. = Meteorological Department;
M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.
‡ These are the official "Hill Stations."

TABLE I.

RATIOS OF COMMANDS.

The ratios of admissions and deaths to strength are taken from Table III. The actuals will be found in Table IV.

	RATIOS PER 1,000 OF THE AVERAGE STRENGTH.					
	Northern Command.	Western Command.	Eastern Command.	Secunderabad Division.	Burma Division.	India.*
I.—STRENGTH	18,699	18,885	18,850	8,520	3,853	70,272
II.—† CONSTANTLY-SICK-RATE OF EACH MONTH—						
January	51.4	56.6	50.6	59.0	62.4	53.3
February	43.9	50.0	49.9	58.4	57.3	49.3
March	36.2	44.9	48.5	60.1	59.9	44.9
April	37.5	43.1	46.7	56.5	49.4	44.0
May	41.5	40.2	40.6	54.3	46.3	44.8
June	42.4	40.4	51.0	55.0	49.3	46.0
July	45.9	46.1	55.3	57.4	55.0	50.0
August	41.1	53.3	55.8	61.2	51.1	51.4
September	41.4	59.2	60.6	67.9	55.6	55.2
October	53.9	61.1	61.2	70.1	55.1	57.9
November	78.3	62.5	65.8	70.9	53.0	63.4
December	72.8	56.3	55.7	67.4	53.0	58.0
OF THE YEAR	48.1	51.0	54.0	61.5	52.9	51.4
III.—ADMISSION-RATE OF THE YEAR—						
Influenza	20.3	3.2	17.7	1.9	4.2	11.4
Cholera	...	.5	.9	1.5	5.5	1.0
Small-pox	.6	1.9	1.6	.9	.5	1.2
Enteric Fever	13.0	17.6	18.0	18.5	1.6	15.6
Intermittent Fever	225.7	250.0	132.0	59.4	63.1	176.2
Remittent Fever	.5	1.4	.5	...	49.6	3.4
Simple Continued Fever	73.5	48.7	35.6	53.8	121.7	55.7
Tubercle of the lungs	1.5	1.9	1.8	.8	1.6	1.6
Pneumonia	4.6	3.2	3.3	1.9	1.6	3.4
Other Respiratory Diseases	17.1	20.6	21.8	25.4	16.9	20.3
Dysentery	6.3	19.8	12.4	29.5	14.0	15.2
Diarrhoea	12.4	16.7	15.6	7.3	10.6	13.7
Hepatic Abscess	2.0	3.4	2.4	3.8	1.0	2.6
" Congestion and Inflammation	15.6	11.6	14.9	11.9	14.5	13.7
Veneral Diseases	75.7	120.6	126.9	153.9	191.0	117.3
ALL CAUSES	847.9	926.0	823.7	926.6	898.3	870.8
IV.—DEATH-RATE OF THE YEAR—						
Cholera	...	.37	.64	1.17	2.34	.65
Small-pox	.11	.11	...	...	...	.06
Enteric Fever	2.62	4.08	3.71	3.17	.26	3.19
Intermittent Fever	.21	.37	.21	.12	...	.23
Remittent Fever	...	.16	.05	...	.26	.07
Simple Continued Fever	.05	...	...	...	...	.01
Heat-stroke	.96	.74	.27	.12	.26	.55
Circulatory Diseases	.53	.64	.80	.59	.52	.05
Tubercle of the lungs	.21	.11	.21	.12	.25	.17
Pneumonia	.32	.16	.48	.12	.26	.28
Other Respiratory Diseases	.11	.11	...	.23	...	.09
Dysentery	.43	.95	.27	.23	1.04	.53
Diarrhoea	...	...	...	...	...	...
Hepatic Abscess	.91	2.58	1.43	1.88	.52	1.52
ALL CAUSES	8.45	12.92	10.56	9.62	9.86	10.43
V.—PERCENTAGE IN 100 ADMISSIONS—						
Influenza	2.39	.34	2.14	.20	.46	1.31
Cholera	...	.06	.11	.16	.61	.12
Small-pox	.07	.20	.19	.10	.06	.14
Enteric Fever	1.54	1.88	2.19	2.00	.17	1.79
Intermittent Fever	26.62	26.71	16.03	6.41	7.02	20.23
Remittent Fever	.06	.15	.06	...	5.52	.39
Simple Continued Fever	8.67	5.20	4.32	5.80	13.55	6.40
Tubercle of the lungs	.18	.20	.22	.09	.17	.19
Pneumonia	.54	.34	.40	.20	.17	.39
Other Respiratory Diseases	2.02	2.20	2.05	2.74	1.88	2.33
Dysentery	.74	2.12	1.50	3.18	1.56	1.75
Diarrhoea	1.46	1.78	1.69	.79	1.18	1.57
Hepatic Abscess	.23	.36	.30	.41	.12	.30
" Congestion and Inflammation	1.84	1.24	1.81	1.28	1.62	1.57
Veneral Diseases	8.93	12.88	15.41	16.61	21.27	13.47
VI.—PERCENTAGE IN 100 DEATHS—						
Cholera	...	.29	.60	1.22	2.37	.63
Small-pox	.13	.08	...	...	...	.05
Enteric Fever	31.0	31.6	35.2	32.9	2.6	30.6
Intermittent Fever	2.5	2.9	2.0	1.2	...	2.2
Remittent Fever	...	.12	.5	...	2.6	.7
Simple Continued Fever	.6	...	...	...	...	.1
Heat-stroke	11.4	5.7	2.5	.12	2.6	5.3
Circulatory Diseases	6.3	4.9	7.5	6.1	5.3	6.3
Tubercle of the lungs	2.5	.8	2.0	1.2	2.6	1.6
Pneumonia	3.8	1.2	4.5	1.2	2.6	2.7
Other Respiratory Diseases	.13	.8	...	.24	...	.8
Dysentery	5.1	7.4	2.5	2.4	10.5	5.0
Diarrhoea	...	...	...	...	...	...
Hepatic Abscess	10.8	18.4	13.6	19.5	5.3	14.6

* Including troops on the line of march, and the Field Force. For complete detail of diseases see Table LIII.
† Worked on the aggregates.

TABLE II.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table III. The actuals will be found in Table IV.

RATIOS PER 1,000 OF THE AVERAGE STRENGTH.													
	I	II	IV	V	VI	VII	VIII	IX	X	XI	XIIa	XIIb	India.*
	Burma Coast and Bay Islands.	Burma Inland.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	S.-E. Rajputana, Central India, and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	Hill Convalescent Depôts and Sanitaria.	
I.—STRENGTH	1,375	1,609	1,775	6,871	13,959	4,975	6,249	10,188	1,444	3,802	11,235	3,592	70,272
II.—†CONSTANTLY-SICK-RATE OF EACH MONTH—													
January	71.1	67.1	80.9	43.7	51.8	50.4	56.0	50.7	70.8	57.9	43.8	62.2	53.3
February	75.7	53.0	75.5	44.4	45.6	50.1	47.8	43.4	63.3	61.6	33.3	56.7	49.3
March	50.7	59.0	84.3	43.4	41.9	37.6	46.3	42.5	64.3	62.4	30.4	58.3	44.9
April	35.5	59.5	71.3	49.1	44.9	38.0	45.8	41.8	55.3	58.4	31.8	43.8	44.0
May	40.0	47.5	73.4	50.7	53.8	46.6	44.4	39.7	46.3	59.2	34.0	48.5	44.8
June	44.2	54.9	81.3	49.3	50.8	52.8	40.6	37.1	55.0	57.7	37.1	53.0	46.0
July	45.9	61.0	90.2	57.5	52.2	59.7	42.2	43.4	65.7	56.1	40.4	59.4	50.0
August	36.0	57.6	87.8	53.0	49.9	44.4	52.5	56.1	53.7	51.4	42.5	55.7	51.4
September	44.9	57.4	73.0	57.8	58.0	44.4	71.0	60.9	45.2	60.3	44.2	57.9	55.2
October	44.1	51.0	70.3	60.2	62.5	57.8	82.3	59.1	63.8	66.8	45.4	62.8	57.9
November	31.9	52.7	70.7	64.5	66.1	90.2	70.2	57.6	55.1	58.8	66.6	93.3	63.4
December	28.4	53.2	65.5	48.8	62.1	89.3	60.6	56.3	49.0	58.5	53.4	90.0	58.0
OF THE YEAR	46.0	55.9	77.1	51.6	52.9	56.2	53.3	49.0	57.3	58.8	40.6	57.6	51.4
III.—ADMISSION-RATE OF THE YEAR—													
Influenza	2.2	8.1	6.8	17.6	5.5	64.7	22.6	2.9	7	3.2	4.6	3.1	11.4
Cholera . . . . .	...	13.1	...	1.9	...	...	3	1.9	...	5	...	...	1.0
Small-pox	1.5	...	6	2.5	6	2.4	4.3	...	1.1	3	...	1.4	1.2
Enteric Fever . . . . .	...	3.7	8.3	23.3	15.4	9.4	34.9	21.5	2.8	15.8	7.3	12.0	15.6
Intermittent Fever	42.2	97.0	225.9	107.1	200.9	513.0	369.3	88.2	185.6	64.7	65.2	90.3	176.2
Remittent Fever	8.0	1.2	1.1	6	5	4	2.9	8	...	...	15.9	1.1	3.4
Simple Continued Fever	165.1	90.1	87.3	52.7	64.2	74.6	25.3	53.8	7.6	50.5	60.5	24.2	55.7
Rheumatic Fever . . . . .	...	...	...	3	4	4	3	2	7	...	7	3	3
Tubercle of the lungs	1.5	1.9	2.3	2.3	2.1	8	1.4	1.7	2.8	...	5	1.0	2.2
Pneumonia	7	1.2	5.1	3.1	4.5	4.4	4.5	2.7	7	5	2.9	4.7	3.4
Other Respiratory Diseases	20.4	14.3	22.5	17.0	24.2	17.1	17.0	19.7	20.1	18.7	19.3	28.7	20.3
Dysentery	22.5	9.9	16.9	14.6	7.9	5.6	17.8	30.8	11.8	20.5	6.6	15.9	15.2
Diarrhoea	17.5	8.7	11.3	10.3	13.4	9.8	18.4	10.2	9.7	13.2	20.2	13.1	13.7
Hepatic { Abscess	1.5	6	5.1	2.0	2.4	1.8	3.5	4.1	2.8	2.4	1.7	4.2	2.6
Congestion and Inflammation	3.6	31.7	28.7	17.2	15.7	6.8	10.6	10.3	12.5	12.1	13.2	17.0	13.7
Venereal Diseases	209.5	167.8	262.5	107.3	101.7	86.6	118.7	125.0	217.5	178.9	77.9	104.1	112.3
ALL CAUSES	865.5	943.4	1,120.0	788.4	885.5	1,251.5	1,026.7	735.9	816.5	1,016.3	674.7	807.3	870.8
IV.—DEATH-RATE OF THE YEAR—													
Cholera . . . . .	...	5.99	...	1.46	1.4	...	1.6	1.57	...	...	...	...	6.5
Small-pox . . . . .	...	...	...	...	1.07	...	1.6	...	...	...	...	...	1.6
Enteric Fever . . . . .	...	6.2	5.6	4.66	3.67	1.81	7.84	4.22	6.9	3.16	1.96	3.06	3.19
Intermittent Fever . . . . .	...	...	...	2.9	4.3	2.0	3.2	1.0	...	...	1.09	2.8	2.3
Remittent Fever . . . . .	...	...	...	1.5	...	4.0	...	1.0	...	...	1.09	...	1.07
Simple Continued Fever . . . . .	...	...	...	1.07	...	...	...	...	...	...	...	...	1.01
Heat-stroke . . . . .	...	6.2	5.6	1.5	5.0	2.61	9.6	4.9	6.9	...	...	...	5.5
Circulatory Diseases . . . . .	...	1.24	1.13	7.3	8.6	2.0	6.4	6.9	6.9	5.3	1.8	1.11	6.5
Tubercle of the lungs . . . . .	...	6.2	...	4.4	...	...	...	2.0	...	...	6.9	1.11	1.7
Pneumonia . . . . .	...	...	...	2.9	5.7	...	4.8	...	6.9	...	4.5	2.8	2.8
Other Respiratory Diseases . . . . .	...	...	...	...	1.4	...	1.6	2.0	...	...	...	2.8	1.9
Dysentery	1.45	1.24	...	4.4	4.3	2.0	1.28	5.9	...	2.6	2.7	5.6	5.3
Diarrhoea . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess	7.3	6.2	3.38	1.02	1.14	1.41	1.60	2.94	2.08	1.05	8.0	2.78	1.53
ALL CAUSES	6.55	14.92	9.58	12.08	9.58	10.25	15.68	13.74	6.93	6.34	6.14	10.58	10.43
V.—PERCENTAGE IN 100 ADMISSIONS—													
Influenza	2.5	8.6	6.0	2.23	6.2	5.17	2.20	3.9	0.8	3.1	6.9	3.8	13.1
Cholera . . . . .	...	1.38	...	2.4	0.2	...	0.3	2.5	...	0.5	0.3	...	1.1
Small-pox	1.7	...	0.5	3.1	0.7	1.9	4.2	0.8	...	1.0	0.4	...	1.4
Enteric Fever . . . . .	...	4.0	7.5	2.95	1.74	7.5	3.40	2.84	3.4	1.55	1.08	1.48	1.79
Intermittent Fever	4.87	10.28	20.17	13.54	22.69	40.99	35.99	11.67	22.73	6.37	9.66	11.55	20.23
Remittent Fever	0.2	1.3	1.0	0.7	0.6	0.3	2.8	1.0	...	...	2.36	1.4	3.0
Simple Continued Fever	19.08	9.55	7.30	6.68	7.25	5.06	2.46	7.12	9.3	4.97	8.97	3.00	6.40
Rheumatic Fever . . . . .	...	...	...	0.4	0.4	0.3	0.3	0.3	0.8	...	1.1	0.3	0.4
Tubercle of the lungs	1.7	2.0	2.0	3.0	2.3	0.6	1.4	2.2	3.4	0.5	1.5	2.5	1.9
Pneumonia	0.8	1.3	4.5	3.9	5.1	3.5	4.4	3.5	0.5	0.5	4.2	5.9	3.9
Other Respiratory Diseases	2.35	1.52	2.01	2.16	2.74	1.37	1.71	2.61	2.46	1.84	2.86	3.55	2.33
Dysentery	2.61	1.05	1.51	1.85	8.9	4.5	1.73	4.08	1.44	2.02	9.8	1.62	1.75
Diarrhoea	2.02	6.2	1.01	1.31	1.52	7.9	1.79	1.35	1.19	1.29	2.99	1.92	1.57
Hepatic { Abscess	1.7	0.7	4.5	2.6	2.7	1.4	3.4	5.5	3.4	2.3	2.5	5.4	3.0
Congestion and Inflammation	4.2	3.6	2.57	2.18	1.77	5.5	1.03	1.36	1.53	1.19	1.05	2.10	1.57
Venereal Diseases	24.20	17.79	23.44	13.61	11.49	6.92	11.56	16.54	26.63	17.60	11.54	12.90	13.47
VI.—PERCENTAGE IN 100 DEATHS—													
Cholera . . . . .	...	37.5	...	12.0	1.5	...	1.0	11.4	...	...	...	...	6.3
Small-pox . . . . .	...	...	...	...	7	3.9	1.0	...	...	...	...	...	5
Enteric Fever . . . . .	...	4.2	5.9	38.6	32.1	17.6	50.0	30.7	10.0	46.2	31.9	28.9	30.6
Intermittent Fever . . . . .	...	...	...	2.4	4.5	2.0	2.0	7	...	...	1.4	2.6	2.2
Remittent Fever . . . . .	...	...	...	1.2	...	3.9	...	...	...	...	1.4	...	7
Simple Continued Fever . . . . .	...	...	...	...	7	...	...	...	...	...	...	...	1
Heat-stroke . . . . .	...	4.2	5.9	1.2	5.2	25.5	6.1	3.6	10.0	...	...	...	5.3
Circulatory Diseases . . . . .	...	8.3	11.8	6.0	9.0	2.0	4.1	5.0	10.0	7.7	2.9	10.5	6.3
Tubercle of the lungs . . . . .	...	4.2	...	3.6	...	...	...	1.4	...	...	1.4	10.5	1.6
Pneumonia . . . . .	...	...	...	2.4	6.0	...	3.1	...	10.0	...	7.2	2.6	2.7
Other Respiratory Diseases . . . . .	...	...	...	...	1.5	...	1.0	1.4	...	...	...	2.6	1.8
Dysentery	22.2	8.3	...	3.6	4.5	2.0	8.2	4.3	...	3.8	4.3	5.3	5.0
Diarrhoea . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess	11.1	4.2	35.3	8.4	11.9	13.7	10.2	21.4	30.0	15.4	13.0	26.3	14.6

* For complete detail of diseases, see Table LIII.

† Worked on the aggregates.

TABLE III.

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table IV.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.														2. DEATH-RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancere.	Gonorrhoea.	
Port Blair .	135	22'2	...	...	...	148'1	59'3	37'0	...	...	...	...	7'4	...	...	7'4	...	37'0	614'8	30'6	...	...	37'0	
Rangoon .	1,240	...	...	1'0	...	30'6	2'4	179'0	...	...	11'3	1'6	8	21'8	25'0	19'4	8	4'0	228'2	892'7	47'6	62'1	65'3	100'8
GROUP I.—BURMA COAST AND BAY ISLANDS.	1,375	2'2	...	1'5	...	42'2	8'0	163'1	...	...	10'2	1'5	7	20'4	22'5	17'5	1'5	3'6	209'3	865'5	46'0	36'0	58'9	94'5
Thayetmyo	517	...	...	...	9'7	17'4	3'9	11'6	...	3'9	30'9	...	1'9	11'6	9'7	9'7	1'9	71'6	125'7	657'6	48'2	44'5	17'4	63'8
Meiktila .	176	...	119'3	...	...	68'2	...	62'5	...	...	2'2	...	5'7	21'7	5'7	...	...	17'0	176'1	846'6	68'5	68'2	45'5	62'5
Fort Dufferin	285	...	...	...	7'0	...	69'9	...	...	...	59'4	3'5	...	14'0	10'5	28'0	...	...	146'9	730'8	57'5	24'5	40'0	73'4
Shwebo .	458	28'4	...	...	2'2	34'9	...	45'0	...	...	10'9	4'4	...	10'9	13'3	2'2	...	19'7	222'7	1,008'7	54'2	78'6	65'5	78'6
Bhamo .	170	...	...	...	688'2	...	511'8	...	...	...	5'9	...	...	23'5	...	...	...	11'8	176'5	2,105'9	65'4	47'1	52'9	76'5
GROUP II.—BURMA IN-LAND.	1,609	8'1	13'1	...	3'7	97'0	1'2	90'1	...	1'2	26'7	1'9	1'2	14'3	9'9	8'7	6	31'7	167'8	943'4	55'9	53'4	41'5	70'9	
Fort William	1,170	2'6	...	9	3'4	224'8	...	127'4	...	4'3	24'8	3'4	6'8	11'1	12'0	7'7	2'6	6'8	324'8	1,235'6	85'2	65'0	142'7	117'8	
Dum-Dum .	306	13'1	...	...	3'3	68'6	...	...	...	9'8	3'3	...	3'3	58'8	...	10'6	3'3	32'7	71'9	483'7	36'4	9'8	35'9	26'1
Barrackpore	299	16'7	...	...	33'4	301'3	6'7	20'1	...	...	25'4	...	...	30'1	53'5	16'7	16'7	110'4	214'0	1,357'9	75'3	46'8	93'6	73'6
GROUP IV.—BENGAL AND ORISSA.	1,775	6'8	...	6	8'5	225'9	1'1	87'3	...	4'5	20'8	2'3	5'1	22'5	16'9	11'3	5'1	28'7	262'5	1,120'0	77'1	52'4	116'1	94'1	
B																									
Dinapore .	605	...	6'6	...	6'6	11'6	5'0	16'5	...	16'5	9'9	6'6	...	5'0	11'6	1'7	5'0	57'9	115'7	398'3	25'2	19'8	33'1	62'8	
Benares .	163	6'1	55'2	...	...	110'4	...	...	...	12'3	6'1	...	18'4	12'3	6'1	18'4	...	30'7	92'0	693'3	42'8	12'3	12'3	67'5
Allahabad .	796	...	...	...	3'8	140'7	...	65'6	...	5'0	12'6	...	6'3	24'1	8'8	5'0	1'3	18'8	139'3	757'5	59'7	38'9	41'3	79'9
Fort Alla-habad.	201	...	...	5'0	10'0	308'0	...	74'6	...	10'0	5'0	...	29'9	24'9	5'0	...	10'0	228'9	1,094'5	64'0	54'7	79'6	94'5	
Fyzabad .	914	...	...	...	13'1	76'6	...	172'9	...	1'1	13'1	1'1	...	21'9	12'0	18'6	1'1	12'0	81'0	607'0	47'3	14'2	16'4	50'3
Sitapur .	542	...	...	...	51'7	49'8	...	27'7	...	...	16'6	3'7	3'7	14'8	9'2	12'9	3'7	7'4	60'9	662'4	39'0	11'1	20'3	29'5
Lucknow .	2,497	13'6	...	4	36'0	133'0	...	17'6	4	2'0	8'4	2'0	4'0	13'2	23'6	10'4	2'0	15'6	90'7	840'2	62'5	26'4	16'0	57'3	
Cawnpore .	1,076	79'9	...	13'9	17'7	55'8	9	52'0	9	53'9	11'2	2'8	9	22'3	4'6	10'2	1'9	4'6	107'8	708'3	44'8	23'2	11'2	73'4	
Fatehgarh .	77	...	...	...	26'0	389'6	...	26'0	...	...	26'0	...	...	13'0	...	13'0	...	26'0	90'9	1,233'8	44'5	...	13'0	77'8
GROUP V.—GANGETIC PLAIN AND CHUTIA NAAGPUR.	6,871	17'6	1'9	2'5	23'3	107'1	6	52'7	3	11'6	10'9	2'3	3'1	17'0	14'6	10'3	2'0	17'2	107'3	788'4	51'6	24'2	21'8	61'3	

* Derived from the aggregates.

† Worked on the aggregates.

EUROPEAN TROOPS, 1906.

TABLE III—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table IV.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.										2. DEATH-RATE.																	
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancere.	Gonorrhoea.					
Shahjahanpur.	367	...	...	...	10'1 8'17	30'0	...	21'8	...	13'6	...	...	8'2	16'3	16'3	...	13'6	198'9	590'5 19'07	35'7	27'2	89'9	81'7	
Bareilly.	1,243	...	...	...	7'2 8'0	44'2	...	4'0	...	3'2	8	3'2	29'0	9'7	11'3	...	21'7	111'0	691'9 3'22	47'1	22'5	12'9	75'6			
Roorkee.	392	17'9	5'1	...	20'4 7'63	145'4	2'6	61'2	...	2'6	12'8	2'6	...	12'8	15'3	28'1	...	12'8	96'9	849'5 17'86	46'0	17'9	28'1	51'0					
Meerut.	2,037	12'3	...	...	24'5 4'91	181'1	...	13'7	1'0	6'9	20'6	2'0	2'5	41'2	12'8	19'6	2'9	9'8	156'1	1,054'0 12'76	71'3	57'9	23'6	74'6			
Delhi.	303	13'2	...	...	23'1 6'60	976'9	...	...	...	...	13'2	9'9	...	19'8	3'3	9'9	...	3'3	105'6	1,488'4 16'50	69'5	29'7	36'3	39'6
Ambala.	2,346	14'1	...	1'2	5'1 3'39	113'5	1'6	25'5	...	1'6	11'4	1'6	5'1	16'1	4'7	10'2	2'4	22'4	72'7	722'3 9'03	41'7	12'6	11'0	49'1					
Jullundur.	733	...	...	4'1	6'8 1'36	152'8	...	9'5	1'4	2'7	19'1	1'4	6'8	15'0	6'8	16'4	4'1	9'5	94'1	624'8 2'73	34'4	25'9	5'3	62'8			
Ferozepore.	916	...	...	2'2	29'3 3'28	204'1	...	198'7	...	7'6	7'6	1'1	...	12'0	10'9	15'3	...	4'4	85'2	891'9 9'83	49'4	17'5	10'9	56'8			
Amritsar.	201	...	...	...	59'7 14'93	139'3	...	69'7	...	...	10'0	...	...	10'0	...	14'9	...	5'0	84'6	686'6 14'93	43'7	24'9	14'9	44'8
Lahore Cantt.	751	...	...	1'3	28'0 10'65	235'7	...	238'3	...	53'3	21'3	1'3	4'0	21'6	16'0	17'3	4'0	42'6	137'2	1,239'7 17'31	74'8	13'3	24'0	99'9			
Fort Lahore.	107	...	...	...	56'1	719'6	...	364'5	...	37'4	18'7	...	...	28'0	9'3	...	...	18'7	74'8	1,841'1	43'7	...	18'7	56'1
Sialkot.	1,271	...	...	...	1'6	91'3	...	80'3	...	1'6	10'2	1'6	1'6	25'2	8	14'2	6'3	10'2	54'3	764'0 6'29	35'9	12'6	5'5	36'2		
Rawalpindi.	2,680	1'5	...	...	15'3 2'24	353'0	...	82'1	...	1'5	11'2	3'0	7'8	32'1	5'2	9'0	1'9	12'3	94'0	994'8 7'09	64'0	23'9	17'2	53'0			
Campbellpur.	252	...	...	...	23'8 3'97	43'7	7'9	39'7	...	15'9	7'9	11'9	27'8	7'9	4'0	...	7'9	31'7	59'5	634'9 19'84	41'7	11'5	15'9	31'7		
Attock.	191	...	...	...	5'2	387'4	...	78'5	...	5'2	15'7	...	...	10'5	20'9	5'2	...	20'9	146'6	1,041'9 15'71	52'6	10'5	41'9	94'2
GROUP VI.— UPPER SUB-HIMA- AYA.	13,989	5'3	15'4	200'9	...	64'2	...	4	5'9	12'7	2'1	4'5	24'2	7'9	13'4	2'4	15'7	101'7	885'5 9'58	†	24'2	17'8	59'7				
A Nowshera.	769	1'3	733'4	...	247'1	...	1'3	22'1	2'6	...	7'8	10'4	11'7	5'2	...	2'6	54'6	1,405'7 15'60	44'7	6'5	22'1	26'0				
Peshawar.	1,683	186'0	16 5'9	20'2	787'3	...	12'5	...	4'8	5'9	...	2'4	7'7	2'4	15'4	...	2'4	77'8	1,374'3 4'75	62'2	12'5	28'5	36'8				
Mooltan.	946	3'2	7'4 1'06	137'4	...	167'0	...	10'0	9'5	9'5	16'9	10'6	3'2	3'2	9'5	67'7	995'8 12'68	51'3	11'6	10'6	45'5				
C Hyderabad.	411	7'3 2'43	2'4	661'8	4'9	2'4	...	7'3	2'4	...	2'4	7'3	4'9	14'6	4'9	34'1	143'6	1,338'2 17'03	55'5	12'2	68'1	63'3				
Karachi.	1,166	5'1	6'9 1'86	3'4	223'8	...	9	9	55'7	27'4	2'6	1'7	38'6	2'6	8'6	2'6	4'3	115'8	1,149'2 10'29	59'4	16'3	30'9	68'6				
GROUP VII.— N.-W. FRONTIER, INDUS VAL- LEY, AND N.-W. RAJ- PUTANA.	4,975	64'7	2'4	9'4	513'0	...	4	74'6	4	22'3	10'9	8	4'4	17'1	5'6	9'8	1'8	6'8	86'6	1,251'5 10'25	†	12'3	27'9	46'4
A Deesa.	16	...	...	...	62'5	125'0	...	...	...	...	...	...	...	...	...	...	...	...	125'0	625'0	39'4	62'5	...	62'5
Ahmedabad.	187	...	...	...	21'4 16'04	866'3	5'3	...	...	5'3	21'4	...	...	32'1	5'3	80'2	...	26'7	112'3	1,561'5 26'74	65'0	16'0	37'4	58'8
B Neemuch.	442	...	2'3	2'3	29'4 4'52	500'0	20'4	...	...	2'3	2'3	4'5	...	15'8	15'8	31'7	2'3	20'4	133'5	1,169'7 13'57	59'1	29'4	72'4	31'7			
Nasirabad.	688	1'5	...	...	20'3	585'8	...	...	...	11'6	1'5	2'9	20'3	1'5	21'8	4'4	2'9	143'9	1,312'5 5'81	72'6	43'6	56'7	43'6	
Muttra.	540	7'4	11'1	27'8	253'7	1'9	9'3	1'9	1'9	5'6	...	1'9	11'1	14'8	7'4	...	5'6	116'7	731'5 9'26	36'9	16'7	31'5	68'5				
Agra.	1,093	108'9	...	...	4'6 9'15	34'8	115'3	...	3'7	...	4'6	4'6	9	10'1	7'3	...	...	11'0	118'0	798'7 15'55	59'5	11'9	16'5	89'7	

* Derived from the aggregates.

† Worked on the aggregates.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.														2. DEATH-RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancere.	Gonorrhoea.	
Jhansi	1,068	9	9	11'2	41'2	799'6	...	85'2	...	1'9	14'0	9	5'6	32'8	42'1	26'2	3'7	9'4	179'8	1,616'1	62'0	25'4	37'5	118'9	
Nowgong	266	...	...	...	41'	259'4	3'8	157'9	...	7'5	7'5	11'3	3'8	41'4	15'0	11'3	11'3	18'8	160'2	1,165'4	85'3	97'7	18'8	52'6
Indore	138	7'2	...	...	7'2	36'2	...	21'7	...	...	...	...	...	14'5	7'2	7'2	7'2	7'2	79'7	376'8	22'4	14'5	21'7	43'5
Mhow	1,811	8'3	...	1'7	42'5	182'2	3'3	7'2	...	2'2	8'8	1'7	3'9	11'6	24'3	19'3	5'5	10'5	66'8	758'8	44'1	16'6	23'7	26'5	
GROUP VIII.— SOUTH-EAST RAJ- PUTANA, CENTRAL INDIA AND GUJARAT.	6,249	22'6	3	4'3	34'9	369'5	2'9	25'3	3	2'6	8'8	1'4	4'5	17'6	17'8	18'4	3'3	10'6	118'7	1,026'7	† 55'3	24'3	32'6	61'8	
A		...	1'6	1'6	7'84	3'2	...	...	1'6	9'6	6'4	...	4'8	1'6	1'28	...	1'60	...	...	15'68	...	...	...	...
Saugor	297	...	3'4	...	6'7	400'7	11'5	141'4	...	6'7	3'4	3'4	3'4	13'5	23'6	20'2	6'7	10'1	252'5	1,474'7	77'1	53'9	114'5	84'2	
Jubbulpore	908	...	...	1'1	31'9	47'4	...	147'6	1'1	2'2	5'5	2'2	6'6	17'6	48'5	9'9	2'2	14'3	149'8	871'1	47'4	12'1	39'6	98'0
Kamptee	970	...	...	...	5'2	207'2	...	61'9	...	2'1	9'3	2'1	...	10'3	30'9	21'6	3'1	8'2	116'5	839'2	48'7	29'9	37'1	49'5
B		...	...	...	...	...	...	...	...	2'6	...	1'03	...	2'6	...	...	1'03	...	...	7'22	...	...	...	...
Secunderabad	3,235	1'2	3'4	3	28'4	22'3	...	79'4	...	1'5	5'9	6	2'5	22'9	44'2	3	5'3	6'2	118'7	761'1	58'0	28'4	36'5	53'8	
Belgaum	1,116	5'4	...	9	17'9	63'6	...	4'5	...	4'5	1'8	...	32'3	8'1	20'6	1'8	8'1	134'4	689'1	44'6	23'3	16'1	95'0		
Poona	1,850	3'2	2'2	5	29'2	117'8	...	20'3	5	1'1	6'5	2'7	3'2	8'1	22'2	13'5	4'3	17'8	74'1	633'5	38'5	11'9	20'3	41'6	
Kirkee	765	...	...	1'3	15'7	75'8	1'3	6'5	...	1'3	5'2	1'3	6'5	14'4	28'8	7'8	6'5	10'5	139'9	601'1	38'5	26'1	40'3	73'2
Ahmednagar	1,047	13'4	2'9	1'0	4'8	111'7	2'9	6'7	...	12'4	1'9	1'0	33'4	17'2	12'4	2'9	10'5	164'3	724'0	45'7	23'9	27'7	112'7		
GROUP IX.— DECCAN.	10,188	2'9	1'9	6	21'5	88'2	8	53'8	2	1'4	6'7	1'7	2'7	19'7	30'8	10'2	4'1	10'3	125'0	753'9	† 49'0	23'7	33'4	68'0	
Colaba	1,122	9	...	...	2'7	228'2	...	4'5	9	3'6	6'2	3'6	...	16'0	8'9	10'7	9	10'7	217'5	809'3	61'9	43'7	82'9	90'9
Cannanore	96	...	...	...	...	41'7	...	10'4	...	...	...	...	...	52'1	10'4	...	10'4	10'4	177'1	770'8	44'0	...	83'3	93'8
Calicut	95	...	...	...	...	21'1	...	21'1	...	...	...	...	...	21'1	...	21'1	21'1	42'1	168'4	715'8	51'9	42'1	52'6	73'7
Mallapuram	130	...	...	...	7'7	46'2	...	23'1	...	15'4	7'7	...	7'7	30'8	46'2	...	...	7'7	284'6	922'3	31'5	17'7	53'8	223'1
GROUP X.— WESTERN COAST.	1,444	7	...	...	2'8	185'6	...	7'6	7	4'2	5'5	2'8	7	20'1	11'8	9'7	2'8	12'5	217'5	816'5	† 57'3	37'4	78'3	101'8
A		...	...	...	...	...	...	...	...	6'9	6'9	...	6'9	...	...	...	6'9	...	...	6'93	...	...	...	...
Bellary	544	...	...	...	11'0	167'3	...	31'2	...	1'8	7'4	...	...	5'5	16'5	...	...	14'7	205'9	1,033'1	66'2	54'8	38'0	108'5
Bangalore	2,241	5'3	...	9	20'9	51'7	...	58'4	...	7'6	9	9	17'4	26'7	17'4	2'7	10'2	166'7	979'9	9'80	59'8	46'8	42'3	77'5	
B		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Thomas' Mount.	389	...	...	2'6	7'7	7'7	...	46'2	...	2'6	...	...	33'4	10'3	5'1	5'1	...	120'8	545'0	31'5	15'4	23'1	82'3	
Madras	624	...	3'2	1'6	6'4	57'7	...	41'7	...	3'2	19'2	...	...	25'6	8'0	14'4	1'6	24'0	235'6	1,427'9	60'2	50'9	36'9	137'8
GROUP XI.— SOUTHERN INDIA.	3,802	3'2	5	1'1	15'8	64'7	...	50'5	...	8	8'9	5	5	18'7	20'5	13'2	2'4	12'1	178'9	1,016'5	† 58'8	47'6	38'9	92'3	
		3'16	53	6'81

* Derived from the aggregates.

† Worked on the aggregates.

TABLE III—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table IV.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.													2. DEATH-RATE.										
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK-RATE.	Syphilis.	Soft Chancere.	Gonorrhoea.	
Ranikhet .	1,119	...	...	...	14'3 2'68	55'4	...	18'8	...	9	29'5	...	3'6	12'5	5'4	58'1	3'6 1'89	15'2	67'0	665'8 4'47	41'8	18'8	...	48'3
Chaubottia .	460	2'2	...	...	8'7 4'35	13'0	...	15'2	...	...	21'7 2'3	2'2	3'2	2'2	4'3	...	4'3	26'1	460'9 8'70	26'4	13'0	4'3	8'7	
Chakrata .	1,233	20'3	1'6	...	5'7 8'1	93'3	8	29'2	8	...	24'3	1'6	1'6	48'7	9'7	22'2	3'2 1'62	4'1	124'1	888'9 4'06	55'1	36'5	22'7	64'9	
Lebong .	704	5'7	...	...	...	99'4	...	...	2'8	...	9'9	...	...	32'7	17'0	18'5	1'4 1'42	8'5	123'6	582'4 4'26	43'0	44'0	22'7	56'8
Solon .	301	...	...	...	10'0	13'3	...	49'8	...	...	...	...	...	10'0	19'9	16'6	...	16'6	26'6	498'3 3'32	26'5	...	...	26'6
Dagshai .	662	...	...	...	7'6 3'02	21'1	...	6'0	...	...	6'0	...	1'5	31'7	3'0	21'1	...	22'7	40'8	599'7 6'04	32'7	6'0	3'0	31'7
Subathu .	414	21'7	...	...	2'4	74'9	...	24'2	...	14'5	16'9	2'4	7'2	2'4	...	24'2	2'4 2'42	4'1	77'3	678'7 2'42	44'8	9'7	2'4	65'2
Jutogh .	231	4'3	...	...	4'3	...	...	...	...	...	...	...	...	8'7	...	39'0	...	4'3	69'3	467'5 4'33	31'6	51'9	4'3	13'0
Khyragully .	77	...	...	...	13'0 12'99	...	...	...	...	...	13'0	...	...	...	...	13'0	...	155'8	39'0	610'4 12'99	20'4	...	...	39'0
Baragully .	56	...	...	...	...	...	...	53'6	...	...	17'9	...	...	...	17'9	17'9	...	17'9	35'7	660'7	...	29'3	17'9	17'9
Kuldunnah .	445	...	...	...	...	11'2	...	4'5	...	...	11'2	...	4'5	18'0	2'2	6'7	...	47'2	44'9	364'0 2'25	23'3	6'7	20'2	18'0
Kalabagh .	56	...	...	...	17'9	53'6	...	17'9	...	...	...	...	...	17'9	...	...	...	17'9	89'3	732'1	...	31'6	35'7	53'6
Camp Gharial .	467	15'0	...	...	6'4 2'14	19'3	...	79'2	2'1	...	6'4	6'4	...	12'8	2'1	6'4	...	4'3	94'2	520'3 6'42	27'4	15'0 2'14	27'8	51'4
Camp Barian .	471	...	...	...	10'6 4'25	2'1	...	67'9	...	...	21'2	...	2'1	...	8'3 2'12	14'9	...	4'2	84'9	522'3 10'62	40'0	17'0	14'9	53'1
Camp Upper Topa .	259	...	...	...	23'2	19'3	...	30'9	...	...	19'3	...	3'9	3'9	3'9	...	...	3'9	77'2	339'8	...	31'0	...	65'6
Camp Lower Topa .	45	22'2	...	...	44'4	...	...	...	...	...	44'4	...	...	22'2	22'2	...	...	44'4	88'9	1,088'9	...	76'0	22'2	44'4
Khan Spur .	457	...	...	...	10'9 6'50	37'2	...	17'5	...	...	17'5	...	...	17'5	6'6	17'5	2'2	48'1	30'6	442'0 8'75	30'5	4'4	8'8	17'5
Cherat .	370	10'8	...	...	13'5 5'41	127'0	...	...	...	...	...	...	...	13'5	2'7	29'7	...	10'8	24'3	664'9 8'11	40'8	13'5	2'7	8'1
Quetta .	2,522	...	...	1'2	6'7 1'98	124'5 '40	...	157'8	1'6	'4	6'7 '40	1'2	5'6	19'0	5'9	14'3	2'4	5'2	46'4	813'6 9'12	39'4	9'5	11'1	25'8
Ramandrog .	16	62'5	562'5	937'5	...	71'2	312'5	...	250'0
Maymyo .	870	...	...	...	...	33'3	204'6	111'5	...	...	20'7	1'1	3'4	16'1	8'0	3'4	1'1	...	204'6	865'5 5'75	58'4	81'6 3'45	74'7	48'3
GROUP XII a—HILL STATIONS.	11,235	4'6	'2	'3	7'3 1'96	65'2 '09	15'9 '09	60'5	7	7	14'3 '18	1'0 '09	2'9 '45	19'3	6'6 '27	20'2	1'7 '80	13'2	77'9 '36	674'7 6'14	440'6	22'4 '36	16'2	39'3	
Darjeeling .	383	...	...	...	5'2 2'61	99'2	...	39'2	...	...	10'4 2'61	2'6	7'8 2'61	10'4	28'7 2'61	2'6	15'7 10'44	15'7	99'2	566'6 20'89	42'2	5'4'8	2'6	41'8
Naini Tal .	186	16'1	...	...	10'8	16'1	...	5'4	...	...	10'8	...	...	16'1	10'8	5'4	5'4	5'4	43'0	322'6 10'75	28'6	5'4	10'8	26'9
Landour .	146	54'8	...	6'8	...	47'9	6'8	...	...	...	...	...	6'8	6'8	...	47'9	6'8 6'85	13'7	178'1	705'3 6'85	47'5	75'3	6'8	95'9
Kasauli .	370	...	...	...	10'8 5'41	35'1	8'1	...	...	2'7	18'9	8'1	5'4	27'0	2'7	8'1	5'4	5'4	148'6	880'3 10'81	85'3	43'2	21'6	83'8
Dalhousie .	841	...	...	1'2	25'0 7'14	35'7	...	57'1	1'2	1'2	15'5	...	...	13'1	16'6	9'3	...	10'7	52'3	513'7 10'70	39'9	5'9	7'1	39'2
Murree .	131	...	...	...	38'2	7'6	...	38'2	...	...	15'3	...	22'9	...	...	15'3	7'6 7'63	...	84'0	648'9 30'53	134'1	...	38'2	45'8
Taragarh .	35	28'6	28'6	114'3	28'6	257'1	1,028'6	...	44'6	17'4	28'6	57'1
Mount Abu .	109	...	...	...	9'2 9'17	238'5	...	9'2	...	...	...	9'2	...	27'5	9'2	55'0	9'2	27'5	36'7	844'0 18'35	36'5	36'7	...	...
Pachmarhi .	125	...	...	8'0	8'0 8'00	104'0	...	120'0	...	...	16'0	...	...	56'0	40'0	16'0	...	56'0	88'0	1,288'0 16'00	43'7	24'0	24'0	40'0

* Derived from the aggregates.

† Worked on the aggregates.

STATIONS AND COMMANDS.	Average annual strength.	1. ADMISSION-RATE.										2. DEATH-RATE.						3. CONSTANTLY SICK-RATE.						
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK-RATE.	Syphilis.	Soft Chancere.	Gonorrhoea.
Purandhur .	128	...	...	...	7.8	62.5	...	...	...	15.6	7.8	7.8	7.8	31.2	15.6	...	7.8	187.5	828.1	76.3	125.0	31.2	31.2	
Khandalla .	73	...	...	...	287.7	137.0	...	...	...	68.5	...	13.7	...	27.4	82.2	...	41.1	68.5	1,095.9	45.6	27.4	13.7	27.4	
Wellington	1,066	...	...	1.9	4.7	164.2	...	1.9	...	17.8	1.9	4.7	55.3	15.9	8.4	2.8	24.4	130.4	1,125.7	69.4	46.9	22.5	61.0	
GROUP XIII.— Hill Convalescent Depôts and Sanitaria.	3,592	3.1	...	1.4	12.0	93.3	1.1	24.2	...	15.6	2.2	4.7	28.7	15.9	13.1	4.2	17.0	104.1	807.3	157.6	37.6	15.6	50.9	
Troops marching, India.	1,387	...	7.9	...	10.1	129.8	2.2	17.3	...	3.6	5.8	2.2	7.9	18.0	27.4	11.5	...	6.5	75.7	522.0	3.2	20.2	12.3	43.3
Aden Column Field Force. (Dhalla)	79	...	...	...	240.5	...	...	...	...	25.3	...	...	25.3	25.3	...	...	25.3	63.3	721.5	22.9	38.0	...	25.3	
Deolali Depôt	546	1.8	...	...	18.3	260.1	...	...	...	1.8	12.8	...	3.7	14.7	3.7	12.8	...	7.3	252.7	1,044.0	68.8	82.4	56.8	113.6
Poonamallee Depôt	80	...	...	12.5	...	12.5	...	...	...	12.5	12.5	...	12.5	75.0	...	...	37.5	362.5	1,037.5	303.1	150.0	50.0	162.5	
EXTRA INDIA Aden	886	9.0	...	...	2.3	381.9	...	65.5	...	13.5	60.9	1.1	3.4	30.5	56.4	15.8	3.4	14.7	94.8	1,237.0	65.8	18.1	16.9	59.8
Dhalla (Aden Hinterland)	192	...	...	...	1,015.6	...	5.2	...	...	26.0	...	...	10.4	31.2	...	5.2	41.7	36.5	1,557.3	49.1	36.5	...	...
India	70,272	11.4	1.0	1.2	15.6	176.2	3.4	55.7	...	5.0	12.2	1.6	3.4	20.3	15.2	13.7	2.6	13.7	117.3	870.8	151.4	27.7	28.5	61.0
NORTHERN COMMAND.	18,699	20.3	...	...	13.0	225.7	...	75.5	...	6.4	11.1	1.5	4.6	17.1	6.3	12.4	2.0	15.6	75.7	847.9	448.1	14.7	14.3	46.7
WESTERN COMMAND.	18,885	3.2	...	...	17.6	250.0	1.4	48.7	...	5.6	12.1	1.9	3.2	20.6	19.8	16.7	3.4	11.6	120.6	936.0	151.0	25.2	33.4	62.0
EASTERN COMMAND.	18,850	17.7	...	...	18.0	132.0	...	35.6	...	5.8	14.1	1.8	3.3	21.8	12.4	15.6	2.4	14.9	126.9	823.7	154.0	31.2	29.7	66.0
SECUNDERABAD DIVISION.	8,520	1.9	...	...	18.5	59.4	...	53.8	...	1.2	8.7	...	1.9	25.4	25.5	7.3	3.8	11.9	153.9	920.6	46.5	40.5	36.9	76.5
BERMA DIVISION	5,853	4.2	...	...	1.6	63.1	...	121.7	...	...	19.5	1.6	1.6	16.9	14.0	10.6	1.0	14.5	191.0	898.3	152.9	60.7	36.1	74.2
Lucknow†	2,407	...	...	...	11.2	5.6	...	1.3	...	...	1.4	...	...	...	...	...	...	...	...	62.5	62.5	2.5	2.0	6.5
Meerut†	2,037	...	...	...	8.1	7.6	...	7	...	...	2.6	...	...	...	...	...	...	...	...	71.3	71.3	5.7	1.7	7.5
Ambala†	2,546	...	...	...	1.2	9	...	1.5	...	...	1.9	...	...	...	...	...	...	...	...	41.7	41.7	9	1.6	7.4
Rawalpindi†	2,680	...	...	...	3.3	20.7	...	4.0	...	...	...	...	...	...	...	...	...	...	...	64.0	64.0	2.5	1.8	4.7
Secunderabad†	3,255	...	...	...	5.2	1.9	...	3.3	...	...	...	...	...	...	...	...	...	...	...	55.0	58.0	4.3	4.4	6.0
Bangalore†	2,244	...	...	...	4.5	2.1	...	3.1	...	...	...	...	...	...	...	...	...	...	...	59.8	59.8	4.7	5.0	6.5
Quetta†	2,522	...	...	...	1.4	5.8	...	5.3	...	...	...	...	...	...	...	...	...	...	...	39.4	39.4	1.8	...	2.1

* Derived from the aggregates.

† Worked on the aggregates.

‡ Constantly sick-rate per 1,000 by diseases at the largest stations.

TABLE IV.

ACTUALS of STATIONS, GROUPS, and COMMANDS on which the Ratios in Tables I-III have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.					3. CONSTANTLY SICK.									
		Influenza.	Cholera.	Small-pox.	Eater's Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	Syphilis.	Soft Chancres.	Gonorrhoea.	Tenon.	Other Ectozoa.					
Fort Blair . . .	135	3	...	...	...	30	8	5	...	...	...	...	...	1	...	...	1	...	5	83	...	...	5	...	...			
Rangoon . . .	1,240	...	...	...	...	38	3	222	...	...	14	3	1	27	31	24	1	5	283	1,107	77	81	123	...	...			
GROUP I.—BURMA COAST AND BAY ISLANDS.	1,375*	3	...	...	...	58	11	327	...	...	14	2	1	28	31	24	2	5	218	1,100	77	81	130	...	...			
Thayetmyo . . .	517	...	...	...	5	9	2	6	...	2	10	...	1	0	5	5	1	37	65	340	23	9	33	...	...			
Mektila . . .	176	...	...	...	...	19	...	11	...	4	...	1	4	1	...	...	3	31	149	13	8	11	...	1	
Fort Dufferin . . .	286	...	...	...	...	3	...	20	...	17	1	...	4	3	8	...	...	43	209	7	24	21	...	...				
Shwebo . . .	458	13	...	...	...	16	...	21	...	2	...	3	2	5	7	1	...	9	102	462	38	30	26	...	6		
Bhamo . . .	170	...	...	...	...	117	...	87	...	1	...	...	4	...	...	...	2	30	351	1	9	13	...	...				
GROUP II.—BURMA INLAND.	1,609*	13	21	...	0	151	2	145	...	2	43	3	2	23	16	14	1	31	270	1,518	80	70	114	...	7					
Fort William . . .	1,170	5	...	1	4	263	...	140	...	5	19	4	3	13	14	0	3	8	330	1,454	70	107	137	...	...			
Dum-Dum . . .	360	4	...	...	1	31	...	...	...	3	1	...	1	18	...	6	1	10	32	148	3	11	8	...	...			
Barrackpore . . .	299	5	...	...	10	117	2	6	...	7	...	...	9	16	5	5	33	64	400	14	28	22	...	...				
GROUP IV.—BENGAL AND ORISSA.	1,775*	12	...	1	15	401	2	155	...	8	37	4	9	40	30	30	9	51	466	1,928	90	201	107	...	...			
B																														
Dinapore . . .	605	...	4	...	4	7	3	10	...	10	6	4	...	3	7	1	3	35	70	241	12	20	38	...	...			
Benares . . .	163	1	9	...	...	18	...	9	...	2	1	...	3	3	1	3	...	5	15	113	2	2	11	...	1			
Allahabad . . .	705	...	...	...	3	112	...	53	...	4	10	...	5	20	7	4	1	15	121	603	31	33	63	...	1		
Fort Allahabad . . .	201	...	...	...	1	3	...	15	...	...	...	...	6	5	1	...	2	46	210	11	16	19	...	...				
Fyzabad . . .	914	...	...	...	...	12	70	...	158	...	1	12	1	20	12	17	1	11	74	510	13	15	45	...	1	
Sitapur . . .	542	...	...	...	...	28	27	...	13	...	9	2	2	8	5	7	2	4	33	359	0	11	16	...	1	
Lucknow . . .	2,407	34	...	1	90	321	...	44	1	5	21	5	10	33	50	26	5	30	249	3,098	66	40	143	...	3					
Cawnpore . . .	1,075	85	...	15	19	60	...	1	56	1	58	12	3	1	5	11	2	5	116	859	25	12	70	...	...			
Fatehgarh . . .	77	...	...	...	...	3	...	3	...	...	...	...	1	...	...	...	...	7	65	1	...	6	...	...				
GROUP V.—GANGETIC PLAIN AND CHUTIA NAAGER.	5,871*	123	13	17	160	735	4	352	2	80	75	15	21	117	100	71	14	118	727	5,413	166	150	421	...	8					

* Derived from the aggregates.

EUROPEAN TROOPS, 1906.

TABLE IV—continued.

ACTUALS of STATIONS, GROUPS, and COMMANDS on which the ratios in Tables I—III have been calculated—contd

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.													2. DEATHS.													3. CONSTANTLY SICK.												
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	Syphilis.	Soft Chancere.	Gonorrhoea.	Tenia.	Other Entozoa.															
Deesa A	10	1	2	2	10	...	1	...	1	...															
Ahmedabad	187	...	...	...	4	161	1	...	...	1	4	...	...	6	1	15	...	5	21	202	5	7	11	...									
Neemuch B	447	...	...	1	13	221	9	...	1	1	2	...	...	7	7	14	1	9	59	517	13	32	14	1												
Nasirabad	688	...	...	...	...	403	...	...	...	...	...	...	...	...	...	...	...	...	903	903	30	39	30	1
Muttra	540	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	63	305	9	17	37	3
Agra	1,093	12	120	872	13	18	93	14															
Jhansi	1,068	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	102	1,721	25	40	127	...
Nowgong	266	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	45	310	26	5	14	...
Indore	128	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11	52	3	3	6	1
Mbow	1,211	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	121	2,325	30	43	48	3
GROUP VIII—S.E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	6,269	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	742	6,416	152	204	280	23
Saugor A	207	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	75	428	25	34	25	1
Jubbulpore	908	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	130	791	11	26	89	1
Kamptee	970	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	113	824	29	36	48	...
Secunderabad B	2,225	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	384	2,162	62	118	174	4
Belgaum	1,116	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	150	769	26	28	100	4
Poona	1,350	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	137	1,200	22	28	27	2
Kirkee	765	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	107	660	20	31	58	3
Ahmednagar	1,047	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	172	758	25	29	118	2
GROUP IX.—DECCAN	10,183	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1,274	7,701	241	340	692	26
Colaba	1,122	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	214	907	47	93	202	1
Cannanore	96	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17	74	...	6	6	3
Calicut	95	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16	68	...	4	5	7
Mallapuram	130	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	37	120	1	7	29	1
GROUP X.—WESTERN COAST.	1,441	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	314	1,179	54	112	147	5

*Derived from the aggregates.

EUROPEAN TROOPS, 1906.

TABLE IV—continued.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables I—III have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.													2. DEATHS.					3. CONSTANTLY SICK.					
		Influenza.	Cholera.	Small-pox.	Bacterial Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	Syphilis.	Soft Chancre.	Gonorrhoea.	Teria.	Other Entozoa.
Quetta . . .	2,522	...	...	3	17	374	...	298	4	1	17	3	14	45	15	35	6	13	117	2,052	24	38	65	10	1
Ramandrog . . .	16	...	...	30	341	1471	...	1343	21	01	361	16	105	200	105	05	39	53	1163	9941	447	197	519	17	08
Maymyo . . .	870	...	...	...	20	178	...	97	...	...	18	1	3	24	7	3	1	...	178	753	71	65	43	...	...
GROUP XIII.—HILL STATIONS.	11,252	59	2	1	82	71	179	680	8	8	161	11	31	217	74	227	19	148	875	7,550	252	182	441	42	3
Darjeeling . . .	383	...	...	...	3	38	...	15	...	...	4	1	3	4	11	1	6	6	38	217	21	1	16	1	...
Naini Tal . . .	196	...	...	...	3	...	...	1	...	...	...	...	3	2	1	1	1	1	8	60	1	2	5	1	...
Landour . . .	146	...	...	...	8	...	...	7	1	...	...	...	1	1	...	7	1	2	26	103	11	1	24	1	...
Kasauli . . .	370	...	...	...	...	4	13	3	...	...	1	7	2	2	10	1	3	2	55	348	16	8	31	...	1
Dalhousie . . .	841	...	...	...	...	1	21	20	...	...	1	11	...	11	14	5	...	9	44	431	5	6	33	4	...
Murree . . .	131	...	...	...	...	5	1	...	...	...	...	...	3	...	...	3	1	...	11	85	...	5	6	...	...
Taragarh . . .	35	...	...	...	...	1	...	...	...	...	...	...	1	4	...	...	...	1	9	36	6	1	3	...	...
Mount Abu . . .	109	...	...	...	...	1	...	...	...	...	...	...	1	...	...	1	6	1	4	92	4	...	...	2	...
Fachmarhi . . .	125	...	...	...	...	1	13	...	...	...	...	...	7	5	...	...	...	7	11	161	3	3	5	...	...
Furandhor . . .	128	...	...	...	...	1	8	...	...	...	...	...	1	4	...	...	...	1	24	166	16	4	4	...	...
Khandalla . . .	73	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington . . .	1,060	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XIII.—HILL CONVALESCENT DEPOTS, AND SANDYARIA.	3,552	11	...	5	43	335	4	87	1	2	50	8	17	103	37	47	15	61	374	2,000	135	56	183	16	1
Troops marching, India.	1,337	...	...	...	...	11	...	14	180	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Aden Column Field Force (Dhalla).	79	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Deolali Depot . . .	546	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poornallice Depot . . .	80	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
EXTRA INDIA. Aden . . .	825	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

* Derived from the aggregates.

† Details by diseases are not available.

EUROPEAN TROOPS, 1906.

TABLE IV—concluded.

GROUPS AND COMMANDS.	1. STRENGTH.												TOTAL.
	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	
GROUP X.—WESTERN COAST	1,436	1,617	1,504	1,481	1,505	1,438	1,420	1,436	1,248	1,312	1,261	1,373	17,332
	101'64	102'33	56'70	82'23	69'91	79'07	93'29	77'16	70'03	83'64	69'50	67'32	992'82
" XI.—SOUTHERN INDIA	3,812	3,822	3,904	3,863	3,802	3,755	3,814	3,825	3,854	3,857	4,013	3,301	45,622
	220'75	235'36	243'54	225'45	213'77	216'48	213'90	195'54	232'53	257'64	235'79	193'02	2,684'77
" XIIIa.—HILL STATIONS	3,842	4,086	5,536	11,856	16,969	17,789	18,019	17,984	17,499	12,230	4,942	4,063	134,815
	168'09	156'38	168'47	376'95	577'64	660'06	727'16	764'82	773'02	555'59	329'12	217'06	5,474'37
" XIIIb.—HILL CONVALESCENT DEPÔTS, AND SANI-TARIA.	1,331	1,377	1,792	3,855	5,763	5,837	5,568	5,454	5,273	3,777	1,754	1,324	43,105
	82'83	78'11	104'39	168'96	279'69	309'37	331'00	303'88	305'29	237'14	163'36	119'13	2,483'38
INDIA	70,677	71,177	71,494	71,271	71,335	70,827	70,630	70,524	70,675	68,647	68,481	67,522	841,260
	3,774'05	3,508'21	3,210'27	3,134'56	3,198'32	3,260'78	3,530'95	3,623'72	3,899'21	3,977'29	4,343'07	3,917'05	43,377'48
NORTHERN COMMAND	18,874	19,152	19,163	18,605	19,594	19,900	19,788	19,693	19,536	17,250	16,294	16,517	224,386
	970'06	840'31	694'32	698'34	812'92	843'24	908'13	809'19	808'22	929'76	1,276'55	1,204'08	10,795'12
WESTERN COMMAND	19,054	18,511	19,804	19,436	19,197	19,168	19,029	18,951	19,035	18,224	17,911	18,295	226,615
	1,078'34	926'05	889'43	838'64	771'25	774'94	876'61	1,009'48	1,125'95	1,113'58	1,120'09	1,029'61	11,553'97
EASTERN COMMAND	19,548	20,004	19,046	19,581	19,499	19,225	18,821	19,480	19,347	18,431	16,532	16,686	226,200
	988'33	999'18	924'52	915'30	967'27	980'49	1,040'15	1,087'31	1,171'67	1,127'80	1,087'35	929'07	12,218'44
SECUNDERABAD DIVISION	9,175	9,174	8,492	8,468	8,364	8,307	8,205	8,245	8,295	8,183	8,991	8,245	102,235
	541'68	535'43	510'34	478'31	453'76	456'72	476'29	504'31	563'36	573'52	637'59	555'73	6,287'04
BURMA DIVISION	2,973	3,368	3,569	4,093	4,156	4,164	4,145	4,145	4,132	4,052	3,898	3,546	46,241
	185'52	193'16	181'53	202'17	192'52	205'27	227'97	211'87	229'65	223'27	206'73	17'88	2,447'48

TABLE V.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

(The ratios of sickness and mortality will be found in Table III.)

NORTHERN COMMAND.

LAHORE CANTONMENT (MIAN MIR).—The greater part of the land used for trenching nightsoil is under cultivation but more water required for irrigation. The supply of filtered water is limited and the filtration cannot be relied upon. The only other source of drinking water is from wells, the greater number of which are now more or less protected. There are no *heels* in the Cantonment or the vicinity though a large number of pits still exist in the European and Native Infantry lines, but these are being gradually filled in. The filter-beds at the head works of the Cantonment water supply were improved at an estimated cost of Rs. 2,475 and improvements were made in the drainage at an estimated cost of Rs. 11,626. A Government dairy was established.

The Cantonment Committee made the following suggestions :—

- (1) A pipe water supply of good quality and of universal distribution is urgently required.
- (2) Trees for giving shade are greatly needed in the Royal Artillery lines in the vicinity of the stables.
- (3) Provision for irrigation of the filth trench sites should be made, otherwise the ground cannot be properly cultivated. This awaits the completion of the new Cantonment distributary.
- (4) The extension of brick-fields in the vicinity of Cantonments, is greatly to be deprecated.

The Principal Medical Officer of the Division states that "the most urgent sanitary need is a piped water supply from a pure source—the present source is open to every sort of pollution, and the filter-beds are unreliable."

The Lieutenant-General Commanding the Division states that "so long as the station drinks canal water it is hopeless to try and keep out enteric and cholera. As the Government of India have approved of new water works which will cost two lacs and have been for a long term of years looking for the money, it is to be hoped that the advent of the water works is approaching."

WESTERN COMMAND.

AHMEDABAD.—"The surface and sub-soil drainage is insufficient in the Cantonment generally. The enormous growth of trees in the lines and of trees, shrubs, bushes and cactus hedges in private compounds account for the unhealthiness of the station."

The Cantonment Committee note that "the trees that are not needed for shade will be gradually removed and shrubs and cactus hedges in private compounds thinned and cleaned out. So far as the surface and sub-soil drainage is concerned it is not considered that anything can be done owing to the sandy soil, all rain being rapidly absorbed."

The Principal Medical Officer of the Division agrees with the foregoing remarks and adds that "the trees, hedges, shrubs, etc. might well be thinned out without diminishing the shelter afforded or lessening the beauty of the station."

Apparently no works to improve the sanitary condition of the station were executed during the year.

JHANSI.—The position of the grounds used for trenching have, on account of the increase in the normal garrison, now become unsatisfactory, and steps are being taken to acquire two plots of ground outside but near the Cantonment for the special purpose of trenching. The drainage is not efficient, three *nullahs* running through Cantonments require attention, as water lodges after the rains. There are many pits, *nullahs*, etc. in the Cantonment and vicinity which retain water and are sources of danger.

A new road was constructed at a cost of Rs. 1,053 from Cantonment funds and existing roads were maintained at a cost of Rs. 1,500. The total amount expended on conservancy during the year was Rs. 17,712.

The Cantonment Committee suggest that "the three *nullahs* referred to should, if possible, be put in such a condition that water would not lodge in their courses and form breeding places for mosquitoes. All borrow pits should be filled up and jungle trees cut down. An arrangement should, if possible, be come to with the Civil and Railway authorities as to measures to be taken to perfect surface drainage in the vicinity of the Cantonment and in the areas under their control. If malaria could be stamped out in Jhansi, the saving in health, efficiency and service would be enormous, but this can only be done by the co-operation of all the authorities concerned."

The Principal Medical Officer states that owing to the prevalence of malarial fever the foregoing suggestions should be considered without delay. *Nullahs* should be rendered free from stagnant water and the surface drainage made perfect.

The Officer Commanding the Jhansi Brigade remarks that the *nullahs* south of the new Royal Field Artillery lines are being straightened by the Military Works Services. As regards the main (dhobi) *nullah* running through the centre of Cantonments, a special grant will probably be required, as the expenditure will be heavy. The Civil and Railway authorities will be addressed with a view to taking concerted action in regard to surface drainage. Jungle trees are being gradually removed. The construction of a new Cantonment Hospital will be commenced shortly.

SAUGOR.—There is a swampy stream north of the Cantonment running close to the British Infantry and Royal Artillery lines. The pools that could be drained have been so treated but will fill up next rains. Other pools have been treated with kerosine oil. The married quarters for British troops are bad. Masonry drains were constructed in the Sadar bazaar, Cantonment roads, bridges, drains, wells and latrines were repaired and latrine seats, receptacles, buckets and ablution screens, etc., were purchased. The total amount expended on conservancy during the year was Rs. 10,302.

The Cantonment Committee suggest that better quarters for married families be built and consider that the sum of Rs. 100 allotted for anti-malarial measures is quite inadequate.

TABLE V—*concluded.*

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

EASTERN COMMAND.

BENARES.—The Station Hospital, regimental bakery and soda water manufactory for British Troops are supplied for drinking purposes only with filtered water from the Municipal water works. The method of conveying the water in iron carts from the nearest stand pipe is not good as the water by so much handling is liable to contamination. A village close to the Native Infantry lines is said to be a "standing menace" to the health of the Native troops. Retaining walls and inverts were built and the main station drain improved wire gauze doors, were provided to the male hospital and Officers' ward, Station Hospital; new latrines with roofs were constructed and provided with Delhi Durbar stands, double buckets and dry earth sheds, etc.

The Cantonment Committee suggest that filtered water from the Municipal water works should be piped to the barracks, Station Hospital, and Sudder bazaar, and that an infectious diseases hospital should be constructed, as at present there are no means of carrying out the instructions for the isolation of enteric fever patients and their sick attendants.

The Principal Medical Officer of the 8th (Lucknow) Division notes that water from the Municipal water works should be laid on to the barracks, lines and hospital; and that an isolation block for infectious cases is very much needed. The question of reappropriating the station family hospital as such is under consideration. He considers that the insanitary village referred to above should be included in the Cantonment area and so brought under Cantonment rules.

The Brigadier-General Commanding the Allahabad Brigade remarks that the health of the troops was excellent during the past year except for an outbreak of cholera which he does not think was attributable to the water supply. He adds that an isolation block for infectious cases among British Troops is much wanted.

SECUNDERABAD DIVISION.

CALICUT.—The surface drainage in some parts of the Cantonment is unsatisfactory, but proposals for its improvement by means of earthenware pipes has been held in abeyance owing to the probability of the station being closed at an early date. Meanwhile temporary measures have been adopted whereby these drains are regularly and carefully cleaned. The drain from the coffee shop kitchen requires extension down to the slope of the hill. Minor improvements for the extension of the drains, the removal of silt from one well and the covering in of another and for the reflooring of some of the quarters were effected.

The Cantonment Committee state that there is only one latrine in use for the whole detachment which is very unsatisfactory, and that the construction of a latrine in place of the one closed since February 1903 has not yet been undertaken. The immediate construction of this latrine is very necessary, as otherwise it would be extremely difficult to carry out segregation of parties arriving from infected stations. The one latrine for the married quarters will be found sufficient when the strength of the married establishment is three or four, but when this number is exceeded, as at present, the want of a second latrine is greatly felt. The present latrine has no partitions and though the matter has been brought to notice, no action has been taken.

The Principal Medical Officer of the Bangalore and Southern Brigades considers the measures noted below necessary in order to remedy the existing insanitary conditions.

- (1) The provision of a latrine in place of the one condemned and closed in 1901.
- (2) The erection of another latrine for married quarters
- (3) The extension of the drain from the coffee shop kitchen.

The Officer Commanding the Southern Brigade remarks as follows:—(1) A temporary latrine is being provided. (2) Arrangements will be made for the erection of another latrine for the married quarters; at present no funds are available. (3) The extension of the drain from the coffee shop kitchen has been carried out. (4) Ten partitions in the existing latrine for married quarters have been erected.

POONAMALLEE.—A moat round three sides of the Station Hospital in which water stagnates during the rains has been brought to notice in previous reports. Steps are being taken by the Military Works Services to have the cost of the necessary drainage included in the next budget estimate. The bazaar wells are liable to contamination through the usual native methods of drawing water.

The Principal Medical Officer of the 9th Division, and the Officer Commanding the Madras Brigade have no remarks to offer.

BU MA DIVISION.

MR'S TILA.—No defects reported.

TABLE VI.

INFLUENZA by months, stations, groups, and commands.

TABLE VII.

CHOLERA by months, stations, groups, and commands.

STATIONS* AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.												ADMISSIONS FROM CHOLERA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair . . . . .	...	...	...	...	...	...	...	...	...	...	3	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	...	...	...	...	...	...	...	...	...	...	3	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	21	...	...	...	...	21
Shwebo . . . . .	...	...	1	...	...	...	1	...	2	6	2	1	13	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND . . . . .	...	...	1	...	...	...	1	...	2	6	2	1	13	...	...	...	...	...	...	...	21	...	...	...	...	21
Fort William . . . . .	...	1	1	...	...	...	...	1	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Dum Dum . . . . .	...	...	...	...	...	...	...	...	3	...	1	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore	1	...	...	...	...	...	...	1	3	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA	1	1	1	...	...	...	...	1	1	6	...	1	12	...	...	...	...	...	...	...	...	...	...	...	...	...
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	4
Dinapore . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	2	7	...	...	...	...	...	...	9
Benares . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow	1	...	...	...	...	...	...	...	3	28	2	...	34	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore . . . . .	...	...	5	1	1	...	2	1	42	34	...	...	86	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . . . .	...	1	...	5	2	1	...	2	1	45	62	2	121	...	...	...	...	2	7	...	4	...	...	...	...	13
A	...	...	...	...	...	5	1	...	...	...	1	...	7	...	...	...	...	...	2	...	...	...	...	...	...	2
Roorkee . . . . .	...	2	3	3	5	3	1	1	...	1	6	...	25	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Delhi	4	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Ambala	2	...	2	...	...	2	4	6	10	9	1	...	36	...	...	...	...	...	...	...	...	...	...	...	...	...
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi . . . . .	...	3	1	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA	5	4	6	6	5	8	4	5	6	11	16	1	77	...	...	...	...	2	...	...	...	...	...	...	...	2
A	...	...	...	...	87	68	79	18	24	24	11	2	313	...	...	...	...	...	...	...	...	...	...	...	...	...
Peshawar . . . . .	...	1	...	...	...	2	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Mooltan . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Karachi	1	2	1	...	2	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—NORTH-WEST FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	1	3	1	...	89	70	79	18	24	24	11	2	322	...	...	...	...	...	...	...	...	...	...	...	...	...
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Neemuch	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Muttra . . . . .	...	...	...	...	...	1	3	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra	1	...	...	...	...	1	7	51	48	9	2	...	119	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1
Indore . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow	1	5	3	3	...	...	...	...	...	...	1	...	15	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	3	5	5	4	...	...	2	10	51	49	9	3	141	...	...	...	1	...	...	1	...	...	...	...	...	2
A	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Saugor . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11	...	...	...	...	11
Secunderabad . . . . .	...	...	...	...	...	...	...	...	1	...	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Belgaum . . . . .	...	5	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona	1	1	...	...	...	2	...	...	...	...	2	...	6	...	2	...	...	...	...	...	2	...	...	...	...	...
Ahmednagar . . . . .	...	...	...	...	...	...	...	...	3	11	...	...	14	...	2	2	...	...	...	1	...	...	...	...	...	3
GROUP IX.—DECCAN	1	...	6	...	...	...	2	...	1	3	17	...	30	...	2	2	...	...	...	14	...	...	1	...	...	193

* Stations where neither Influenza nor Cholera occurred are not shown in these tables. For the annual ratios, see Table III.

TABLE VI—concluded.

INFLUENZA by months, stations, groups, and commands.

TABLE VII—concluded.

CHOLERA by months, stations, groups, and commands.

STATIONS* AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.												ADMISSIONS FROM CHOLERA IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
Colaba	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WESTERN COAST	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
A																											
Bangalore	2	6	2	2	...	...	...	...	...	...	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras	1	...	1	...	...	...	...	3	
GROUP XI.—SOUTHERN INDIA	2	6	2	2	...	...	...	...	...	...	12	...	...	...	...	...	...	1	...	1	...	...	...	3	
Chaubattia	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Chakrata	6	6	4	3	1	2	3	...	...	...	25	...	...	...	...	...	2	...	...	...	...	...	...	3	
Lebong	3	...	...	...	...	1	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Subathu	2	6	1	...	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Jutogh	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Gharial	6	1	...	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
" Lower Topa	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Cherat	1	3	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XIII.—HILL STATIONS	9	13	8	10	3	3	6	...	...	...	52	...	...	...	...	...	2	...	...	...	...	...	...	3	
Naini Tal	3	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Landour	1	2	3	...	...	1	1	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XIII.—HILL CONVALESCENT DEPÔTS, AND SANITARIA	1	2	6	...	...	1	1	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Troops, marching, India	4	7	...	...	...	...	...	...	11	
Deolali Depôt	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
EXTRA INDIA.																											
Aden	7	1	8
INDIA	11	21	25	31	113	95	98	39	89	149	106	27	804	...	...	2	2	3	13	10	40	1	...	1	...	79
NORTHERN COMMAND	1	3	3	3	93	74	83	23	31	37	20	3	379	...	...	...	...	...	...	...	...	...	...	...	...	...
WESTERN COMMAND	4	14	15	4	2	...	2	...	2	3	14	...	60	...	...	2	2	1	...	...	4	...	...	1	...	10
EASTERN COMMAND	6	4	4	18	16	19	7	16	56	104	78	5	333	...	...	...	...	2	9	2	4	...	...	...	...	17
SECUNDERABAD DIVISION	2	6	2	2	...	...	...	...	...	...	4	...	...	...	...	...	1	11	1	...	...	...	...	13	
BURMA DIVISION	1	...	...	...	1	...	2	6	5	1	16	...	...	...	...	...	...	21	...	...	...	...	...	31	

TABLE VIII—concluded.

ENTERIC FEVER by months, stations, groups, and commands.

TABLE IX—concluded.

SIMPLE CONTINUED FEVER by months, stations, groups, and commands.

STATIONS AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
B																										
Neemuch	2	1	5	4	1	...	13
Nasirabad	1	...	...	...	1	...	...	8	2	1	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Muttra . . . . .	...	...	...	2	...	...	...	1	...	...	0	15	...	...	2	...	...	1	1	...	...	1	...	...	5
Agra	1	...	1	4	1	...	1	1	20	20	1	38	...	...	1	...	1	...	...	...	...	...	2	...	4
Jhansi	2	...	1	6	1	...	1	16	5	4	3	44	9	6	9	6	13	10	13	12	1	1	1	...	91	
Nowgong	1	...	...	1	1	1	...	4	1	2	...	11	2	1	6	7	6	7	7	...	...	4	1	1	42
Indore . . . . .	...	...	...	...	...	1	...	...	...	...	...	11	...	...	1	1	...	...	...	1	...	...	...	...	3
Mhow	6	5	16	11	8	2	13	9	2	4	...	77	...	2	...	...	2	...	2	...	1	...	...	6	13
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	13	5	20	24	14	3	17	39	36	26	5	16	218	21	9	19	14	22	18	23	13	2	6	4	7	158
A																										
Saugor . . . . .	...	...	1	...	...	...	...	...	...	1	...	2	...	1	1	...	1	5	9	10	15	...	...	...	42
Jubbulpore	1	1	1	9	8	...	1	3	1	...	...	29	3	3	3	14	7	4	11	23	29	28	7	2	134
Kamptee . . . . .	...	...	...	...	...	1	1	3	...	...	...	5	5	1	3	2	7	12	4	8	11	2	3	2	60
B																										
Secunderabad	1	4	7	2	3	1	4	23	25	13	8	3	92	7	15	22	18	26	16	19	43	36	19	24	12	257
Belgaum . . . . .	...	1	...	...	3	2	8	...	2	4	...	20	...	...	1	2	2	...	...	...	...	...	...	...	5
Poona . . . . .	...	2	...	1	...	...	3	24	21	3	...	54	5	...	4	3	3	2	7	9	3	1	...	1	38
Kirkee . . . . .	...	...	...	...	...	...	1	5	3	1	1	12	...	...	...	...	...	...	...	4	1	...	...	...	5
Ahmednagar . . . . .	...	1	1	1	...	...	...	1	1	...	...	5	...	...	1	1	...	...	...	...	...	...	5	...	7
GROUP IX.—DECCAN	2	9	10	13	14	4	18	59	51	22	9	8	210	20	20	35	40	46	39	50	97	95	50	39	17	548
Colaba . . . . .	...	...	...	...	...	...	...	3	...	...	...	3	...	...	...	2	...	2	...	1	...	...	...	...	5
Cannanore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Calicut . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2
Mallapuram . . . . .	...	...	...	...	1	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	1	...	...	3
GROUP X.—WESTERN COAST	...	...	...	...	1	...	...	3	...	...	...	4	...	2	...	2	...	2	...	1	...	2	...	2	11
A																										
Bellary	1	...	...	...	1	...	1	1	2	...	...	6	1	...	...	8	2	3	3	...	...	...	...	...	17
Bangalore	4	3	2	2	13	5	7	1	4	2	2	2	47	7	4	20	17	19	12	8	16	8	7	9	4	131
B																										
St. Thomas' Mount . . . . .	...	...	...	...	...	1	...	...	2	...	...	3	2	4	2	...	4	...	1	...	1	1	3	...	18
Madras . . . . .	...	...	...	...	...	...	...	1	1	2	...	4	...	...	...	...	...	...	1	1	...	14	2	8	26
GROUP XI.—SOUTHERN INDIA	5	3	2	2	14	6	8	2	9	3	4	2	60	10	8	22	25	25	15	13	17	9	22	14	12	192
Ranikhet . . . . .	...	...	...	6	1	3	1	4	1	...	...	16	...	...	...	7	10	3	...	1	...	...	...	...	21
Chaibuttia . . . . .	...	...	...	1	1	2	...	...	...	...	...	4	...	...	...	3	...	3	...	1	...	...	...	...	7
Chakrata . . . . .	...	...	...	4	...	...	...	2	...	...	1	7	...	...	1	6	7	5	9	5	2	1	...	...	36
Solon . . . . .	...	...	...	1	...	1	...	1	...	...	...	3	...	...	...	3	1	3	...	2	5	1	...	...	15
Dagshai . . . . .	...	...	...	...	1	3	1	...	...	...	...	5	...	...	...	...	2	...	1	...	1	...	...	...	4
Subathu . . . . .	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	2	1	...	...	4	3	...	...	10
Jutogh . . . . .	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Khyragully . . . . .	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Baragully . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	3
Kuldannah . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2
Kalabagh . . . . .	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	1
Camp Gharial . . . . .	...	...	...	...	1	...	...	2	...	...	...	3	...	...	...	1	3	10	7	9	7	...	...	...	37
" Barian . . . . .	...	...	...	...	4	1	...	...	...	...	...	5	...	...	...	...	6	5	7	4	4	6	...	...	32
" Upper Topa . . . . .	...	...	...	...	5	1	...	...	...	...	...	6	...	...	...	...	7	1	...	...	...	...	...	...	8
" Lower Topa . . . . .	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Khan Spur . . . . .	...	...	...	...	2	2	...	1	...	...	...	5	...	...	...	...	2	1	1	1	3	...	...	...	8
Cherat . . . . .	...	...	...	...	1	...	1	1	1	1	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta . . . . .	...	1	...	...	...	4	4	1	5	1	1	17	...	...	...	...	8	65	28	62	128	83	10	4	398
Ramandrug . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Maymyo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	6	2	9	18	12	15	14	2	15	97
GROUP XIIa.—HILL STATIONS	...	1	...	11	21	13	11	10	11	2	2	...	82	4	3	8	27	50	104	74	98	170	111	12	19	680
Darjeeling . . . . .	...	...	...	1	...	...	1	...	...	...	...	2	...	...	...	...	...	6	2	3	3	1	...	...	15
Naini Tal . . . . .	...	...	...	2	2	...	...	...	...	...	...	4	...	...	...	...	1	...	...	...	...	...	...	...	1
Kasauli . . . . .	...	...	...	2	2	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Dalhousie . . . . .	...	...	...	3	11	3	1	...	2	1	...	21	...	...	...	4	10	5	4	5	18	1	...	1	48
Murree . . . . .	...	...	...	...	...	2	1	2	...	...	...	5	...	...	...	...	3	2	...	...	...	...	...	...	5
Taragarh . . . . .	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Abu . . . . .	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1
Pachmarhi . . . . .	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1	2	1	2	2	3	2	2	...	15
Purandher . . . . .	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington . . . . .	...	...	...	1	...	3	...	...	...	...	1	5	...	...	1	...	1	...	...	...	...	...	...	...	2
GROUP XIIb.—HILL CONVALESCENT DEPÔTS AND SANITARIA	1	7	15	8	3	3	4	1	1	...	43	1	5	14	9	14	9	25	6	3	1	87

STATIONS AND COMMANDS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
Troops, marching, India	1	...	1	3	...	...	...	...	...	1	4	4	14	...	2	...	1	3	...	...	...	2	6	8	2	24
Deolali Depot	...	2	...	1	...	...	2	2	...	...	1	1	10	...	...	...	...	...	...	...	...	...	...	...	...	...
EXTRA INDIA.																											
Aden	...	...	...	...	1	...	...	...	...	...	...	1	2	3	3	5	2	8	13	3	6	2	1	2	10	58
Dhalla	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
INDIA																											
	72	33	64	124	161	89	84	137	146	76	42	67	1,095	125	77	161	312	455	405	591	503	502	373	202	121	3,017	
NORTHERN COMMAND																											
	21	6	5	20	78	43	16	10	14	12	6	13	244	23	15	29	145	235	229	245	136	151	101	71	15	1,375	
WESTERN																											
	13	13	24	33	25	10	36	78	55	25	6	15	333	40	19	40	42	59	121	86	138	195	122	32	26	920	
EASTERN																											
	31	7	25	63	41	24	17	24	44	22	13	29	340	7	5	33	66	68	55	125	111	88	59	36	18	671	
SECUNDERABAD DIVISION																											
	6	7	9	5	17	11	12	25	32	16	13	5	158	17	25	45	44	52	31	32	60	45	43	38	26	458	
BURMA DIVISION																											
	...	...	...	...	...	1	3	...	1	...	...	1	6	38	11	14	14	38	59	103	58	41	42	17	34	469

TABLE X.

INTERMITTENT FEVER by months, stations, groups, and commands.

TABLE XI.

REMITTENT FEVER by months, stations, groups, and commands.

STATIONS* AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												TOTAL.	ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Port Blair	...	...	...	...	...	3	3	3	...	6	5	3	...	...	...	...	5	...	1	...	...	...	...	1	8
Rangoon	2	1	...	...	...	4	10	6	9	2	4	...	...	...	...	...	...	1	...	1	1	...	...	1	3
GROUP I.—BURMA COAST AND BAY ISLANDS	2	1	...	...	...	6	12	9	9	8	9	3	58	...	1	...	...	5	1	1	1	1	...	1	11
Thayetmyo	2	...	...	...	...	1	2	...	...	...	1	3	9	...	...	...	...	1	...	...	...	1	...	...	2
Meiktila	...	...	...	1	...	5	3	...	...	...	1	3	12	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo	1	...	3	...	3	...	1	...	2	1	3	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhamo	...	...	1	1	7	29	7	2	16	16	20	18	117	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND	4	...	4	2	9	36	13	2	18	17	25	26	156	...	...	...	...	1	...	...	...	1	...	...	2
Fort William	30	11	5	25	18	14	33	28	14	15	33	37	263	...	...	...	...	...	...	...	...	...	...	...	...
Dum-Dum	3	...	...	...	...	...	1	...	1	5	4	7	21	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore	7	2	7	2	...	8	5	12	7	6	34	27	117	...	...	...	2	...	...	...	...	...	...	...	2
GROUP IV.—BENGAL AND ORISSA	40	13	12	27	18	22	35	40	22	26	71	71	401	...	...	...	2	...	...	...	...	...	...	...	2
B																										
Dinapore	4	...	...	...	...	...	...	2	...	...	1	...	7	...	1	...	...	...	1	1	...	...	...	...	3
Benares	...	...	...	1	1	3	5	4	4	...	...	...	18	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad	5	...	2	5	2	9	14	12	18	10	21	5	112	...	...	...	...	...	...	...	...	...	...	...	...
Fort Allahabad	...	1	1	5	2	10	6	7	11	12	14	11	80	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad	1	2	1	5	2	9	25	4	5	3	8	5	70	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur	4	1	...	...	1	...	1	4	6	10	...	...	27	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow	4	...	4	6	20	10	66	29	50	95	25	16	332	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore	5	1	1	2	...	4	2	2	9	8	17	9	60	...	...	...	...	...	...	...	...	...	1	...	1
Fatehgarh	...	...	1	...	...	...	...	...	...	5	21	3	30	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	23	3	10	24	28	43	119	64	109	152	168	42	736	...	1	...	...	...	1	1	...	...	1	...	4
A																										
Shahjahanpur	...	3	2	...	...	...	...	2	2	2	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly	3	6	2	5	...	...	2	3	12	4	14	4	55	...	...	...	...	...	...	...	...	...	...	...	...
Roorkee	2	2	...	2	1	1	...	1	10	23	10	5	57	...	...	...	...	...	...	1	...	...	...	...	1
Meerut	18	14	12	9	8	20	19	28	62	61	64	54	369	...	...	...	...	...	...	...	...	...	...	...	...
Delhi	1	...	3	6	11	8	17	63	79	38	55	15	296	...	...	...	...	...	...	...	...	...	...	...	...
Ambala	2	3	1	3	2	2	3	13	35	84	118	27	294	2	1	1	...	...	...	...	...	...	...	...	4
B																										
Jullundur	4	3	5	4	1	...	16	1	5	32	34	7	112	...	...	...	...	...	...	...	...	...	...	...	...
Ferozepore	...	1	2	2	1	2	2	5	20	62	39	31	187	...	...	...	...	...	...	...	...	...	...	...	...
Amritsar	1	...	...	...	...	...	...	1	3	2	1	20	28	...	...	...	...	...	...	...	...	...	...	...	...
Lahore Cantonment.	3	1	1	4	1	...	...	1	29	54	41	42	177	...	...	...	...	...	...	...	...	...	...	...	...
Fort Lahore	...	...	...	...	...	...	...	...	...	25	34	15	77	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot	1	...	1	1	...	1	2	8	8	18	33	24	116	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi	5	2	6	6	6	4	11	36	77	267	370	150	946	...	...	...	...	...	...	...	...	...	...	...	...
Campbellpur	...	...	...	...	...	...	...	...	...	...	2	9	11	...	1	...	1	...	...	...	...	...	...	...	2
Attock	7	3	5	2	...	...	...	...	...	19	14	24	74	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA	47	38	40	44	31	3 ⁶	72	160	343	694	870	433	2,810	2	2	1	1	...	...	...	1	...	...	...	7
A																										
Noneshera	...	...	...	...	...	...	...	2	11	89	254	178	364	...	...	...	...	...	...	...	...	...	...	...	...
Peshawar	39	4	6	2	...	7	1	11	86	303	530	336	1,325	...	...	...	...	...	...	...	...	...	...	...	...
Mooltan	2	...	1	...	3	5	...	1	7	59	34	18	130	...	...	...	...	...	...	...	...	...	...	...	...
C																										
Hyderabad	7	3	9	3	3	1	6	4	8	26	89	113	272	...	...	...	...	...	...	...	...	1	1	...	2
Karachi	21	16	1	11	7	3	8	4	12	21	44	113	261	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA	69	23	17	16	13	16	15	22	124	498	981	758	2,552	...	...	...	...	...	...	...	...	1	1	...	2

* Stations where neither Intermittent Fever nor Remittent Fever occurred are not shown in these tables. For the annual ratios, see Table III.

STATIONS AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																									
Deesa	2	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmedabad	13	...	9	18	11	17	15	28	12	15	19	5	162	...	...	...	...	...	...	...	1	...	...	...	...
B																									
Neemuch	1	...	...	2	7	...	10	18	45	61	49	28	221	...	...	...	...	...	...	...	3	3	1	2	...
Nasirabad	6	...	5	4	20	4	11	11	91	81	166	65	403	...	...	...	...	...	...	...	...	...	...	...	...
Muttra	1	...	5	3	2	4	1	5	25	35	35	21	137	...	...	...	...	...	...	...	1	...	...	...	...
Agra	3	...	3	2	2	1	4	16	27	24	32	13	126	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi	1	1	3	17	6	5	17	73	114	274	230	113	854	...	...	...	...	...	...	...	...	...	...	...	...
Nowgong	2	...	...	...	2	...	1	11	27	11	5	...	69	...	...	...	...	...	...	...	1	...	...	...	...
Indore	2	...	...	...	...	...	...	...	...	...	...	1	5	...	...	...	...	...	...	...	...	...	...	...	...
Mhow	21	18	30	15	9	12	13	29	65	35	45	38	330	2	1	...	...	...	...	...	1	2	...	...	...
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT	52	19	55	61	50	43	72	203	406	536	521	282	2,300	2	1	...	...	...	...	1	5	6	1	2	...
A																									
Saugor	2	6	5	7	7	1	2	22	30	10	4	23	119	...	...	...	...	...	...	...	1	2	1	...	...
Jubbulpore	4	2	...	...	...	1	2	2	2	5	12	13	43	...	...	...	...	...	...	...	...	...	...	...	...
Kamptee	12	1	1	4	...	14	17	31	43	43	18	17	201	...	...	...	...	...	...	...	...	...	...	...	...
B																									
Secunderabad	3	4	4	...	9	...	3	6	7	1	11	31	72	...	...	...	...	...	...	...	...	...	...	...	...
Belgaum	5	1	6	2	8	4	5	7	7	6	9	11	71	...	...	...	...	...	...	...	...	...	...	...	...
Poona	12	14	13	15	7	2	15	11	34	53	14	28	218	...	...	...	...	...	...	...	...	...	...	...	...
Kirkee . . . . .	...	...	6	4	7	1	7	6	3	5	11	8	58	1	...	...	...	...	...	...	...	...	...	...	...
Ahmednagar	7	8	6	7	10	4	5	7	16	30	12	5	117	...	...	2	1	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN	45	36	41	30	41	27	56	92	142	153	91	136	899	1	...	2	1	...	...	...	1	2	1	...	
Colaba	13	10	17	6	12	18	33	46	29	31	23	9	256	...	...	...	...	...	...	...	...	...	...	...	...
Cannanore . . . . .	...	...	...	1	...	...	...	1	...	...	1	1	4	...	...	...	...	...	...	...	...	...	...	...	...
Calicut . . . . .	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...
Mallapuram . . . . .	...	...	...	1	...	1	...	...	...	...	2	2	6	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WESTERN COAST	13	19	17	8	12	19	33	47	29	31	28	12	268	...	...	...	...	...	...	...	...	...	...	...	...
A																									
Bellary	18	5	11	5	...	1	4	12	13	14	6	2	91	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore	19	20	10	4	2	4	8	5	13	12	14	5	116	...	...	...	...	...	...	...	...	...	...	...	...
B																									
St. Thomas' Mount . . . . .	...	1	...	1	...	...	...	...	...	...	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...
Madras	2	1	3	...	1	1	1	...	1	1	25	...	36	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI.—SOUTHERN INDIA	39	27	24	10	3	6	13	17	27	27	46	7	246	...	...	...	...	...	...	...	...	...	...	...	...
Ranikhet . . . . .	...	...	2	12	9	7	2	1	8	15	2	4	62	...	...	...	...	...	...	...	...	...	...	...	...
Chaubuttia . . . . .	...	...	...	...	3	1	...	1	...	1	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...
Chakrata . . . . .	...	...	1	15	10	13	17	21	22	14	2	...	115	...	...	...	...	...	...	...	1	...	...	...	...
Lebong	30	7	13	...	1	5	1	4	2	7	...	...	70	...	...	...	...	...	...	...	...	...	...	...	...
Solon . . . . .	...	...	...	...	1	1	...	1	...	1	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...
Dagshai . . . . .	...	...	...	...	1	...	...	2	7	4	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...
Subathu . . . . .	...	...	...	...	2	1	...	4	19	4	1	...	31	...	...	...	...	...	...	...	...	...	...	...	...
Kuldunnah . . . . .	...	...	...	1	...	...	1	3	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh . . . . .	...	...	...	...	1	1	1	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...
Camp Gharial . . . . .	...	...	...	...	3	...	3	...	...	3	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...
" Harian . . . . .	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
" Upper Topa . . . . .	...	...	...	...	...	...	3	1	1	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...
Khan Spur . . . . .	...	...	...	...	...	3	5	4	5	...	...	...	17	...	...	...	...	...	...	...	...	...	...	...	...
Cherat . . . . .	...	...	...	...	2	10	12	8	11	4	...	...	47	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	3	...	3	13	13	5	7	23	53	74	87	33	314	...	...	...	...	...	...	...	...	...	...	...	...
Maymyo	4	2	4	...	1	...	2	1	1	2	7	5	29	1	...	...	...	...	...	...	13	22	26	9	61
GROUP XII.—HILL STATIONS	37	9	23	41	47	48	54	74	129	129	99	47	732	1	...	...	...	...	...	1	12	22	26	39	

TABLE X—concluded.

INTERMITTENT FEVER by months, stations, groups, and commands.

TABLE XI—concluded.

REMITTENT FEVER by months, stations, groups, and commands.

STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												TOTAL.	ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Darjeeling	4	2	5	6	6	3	5	5	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	38
Naini Tal . . . . .	...	...	...	...	...	...	1	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Landour . . . . .	...	...	...	...	...	1	1	1	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Kasauli . . . . .	...	...	...	1	...	...	1	1	2	3	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	13
Dalhousie . . . . .	...	...	...	...	1	1	1	4	12	10	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	30
Murree . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Mount Abu . . . . .	...	...	1	...	...	...	...	1	1	7	8	4	...	...	...	...	...	...	...	...	...	...	...	...	...	26
Pachmarhi . . . . .	...	...	...	...	1	4	...	5	2	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	13
Purandhur . . . . .	...	1	...	1	1	2	3	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8
Khandalla	2	1	...	...	...	...	...	...	...	1	6	11	...	...	...	...	...	...	...	...	...	...	...	...	...	21
Wellington	3	2	5	8	7	9	25	18	19	9	55	15	...	...	...	...	...	...	...	...	...	...	...	...	...	175
GROUP XIII.—HILL CONVALESCENT DEPÔTS, AND SANITARIA	9	6	11	16	16	22	40	32	46	36	71	30	335	...	...	...	...	4	...	...	...	...	...	...	...	4
Troops, marching, India	7	1	3	1	...	...	...	1	1	18	85	63	180	...	...	...	...	...	...	...	...	...	...	1	2	3
Aden Column Field Force (Dhalla)	10	3	6	...	...	...	...	...	...	...	...	...	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Deolali Depôt	12	7	5	2	...	1	22	31	6	13	22	21	142	...	...	...	...	...	...	...	...	...	...	...	...	...
Poonamallee Depôt	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
EXTRA INDIA.	6	5	24	38	37	48	11	1	4	36	59	72	341	...	...	...	...	...	...	...	...	...	...	...	...	...
Aden . . . . .	...	...	...	7	10	10	6	8	26	64	61	3	195	...	...	...	...	...	...	...	...	...	...	...	...	...
Dhalla . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA	416	212	292	336	324	387	577	803	1,441	2,438	3,147	2,007	12,380	6	5	3	2	2	11	15	31	35	44	66	20	240
Northern Command	64	17	28	26	25	39	62	107	344	1,047	1,575	887	4,221	2	2	1	1	...	3	...	...	...	...	...	...	9
Western "	154	103	145	176	178	159	219	389	630	903	934	732	4,722	3	1	2	1	...	...	6	8	3	3	...	...	27
Eastern "	125	52	69	111	99	131	228	252	385	406	395	236	2,489	...	1	...	...	2	2	2	2	...	...	1	...	10
Secunderabad Division	46	33	33	20	12	16	41	42	53	37	117	56	506	...	...	...	...	...	...	...	...	...	...	...	...	...
Burma Division	10	3	5	2	10	42	27	12	28	27	41	33	243	1	1	...	...	...	6	13	23	27	41	61	18	191

TABLE XII.

PNEUMONIA by months, stations, groups, and commands.

TABLE XIII.

DYSENTERY by months, stations, groups, and commands.

STATIONS* AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Rangoon . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	3	1	3	2	4	3	11	1	...	3	...	...	31
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	3	1	3	2	4	3	11	1	...	3	...	...	31
Thayetmyo . . . . .	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	3	...	1	1	...	...	5
Meiktila . . . . .	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	1
Fort Dufferin . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	4
Shwebo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1	...	1	2	7
GROUP II.—BURMA INLAND . . . . .	...	2	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	1	8	...	2	1	1	2	16
Fort William . . . . .	...	3	...	1	1	...	...	...	1	1	...	1	8	1	2	...	1	...	...	4	1	1	1	3	14
Dum-Dum . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	2	1	4	...	...	...	16
Barrackpore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	4	2	2	1	4	...	...	...	16
GROUP IV.—BENGAL AND ORISSA	3	...	1	1	2	1	...	1	9	2	2	...	3	4	2	2	5	5	1	1	3	30
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	3	2	...	...	1	7
Dinapore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1
Benares	1	...	...	...	1	1	...	...	...	...	...	3	...	...	...	...	...	...	1	...	...	...	...	...	1
Allahabad	3	1	...	...	...	...	...	...	...	...	1	5	1	...	1	4	...	...	1	...	...	...	...	...	7
Fort Allahabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	1	...	...	...	...	1	5
Fyzabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	3	1	1	1	...	...	1	1	1	1	1	1	11
Sitapur . . . . .	...	1	...	...	1	...	...	...	...	...	...	2	1	1	...	...	1	...	2	...	...	...	...	...	5
Lucknow	3	3	2	...	...	...	...	...	...	...	2	10	6	9	4	7	1	3	5	6	8	6	4	...	59
Cawnpore . . . . .	...	...	...	1	...	...	...	...	...	...	...	1	...	...	1	1	1	...	2	...	...	...	...	...	5
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	7	5	2	...	3	1	...	...	...	...	3	21	5	8	12	14	9	2	8	11	9	9	6	7	100
A	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	1	1	...	1	...	6
Shahjahanpur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	2	...	...	2	3	12
Bareilly . . . . .	...	...	...	...	1	...	...	...	...	...	1	2	4	2	...	...	1	2	...	...	...	...	...	...	6
Roorkee . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	...	...	1	1	1	6
Meerut	1	...	1	...	2	...	1	...	...	...	...	5	4	2	2	2	2	1	3	3	2	2	1	...	26
Delhi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Ambala	5	2	1	...	...	...	...	...	4	1	...	13	1	...	...	1	...	...	1	2	...	2	5	12	
B	...	2	...	1	1	...	...	...	...	...	1	5	...	...	...	1	...	...	...	2	1	1	...	...	5
Jullundur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	1	...	...	1	4	...	...	...	10
Ferozepore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	1	4	1	1	...	1	1	1	...	1	...	12
Lahore Cantonment	1	...	...	...	...	...	...	1	...	1	...	3	1	1	4	1	1	...	...	1	1	1	...	1	12
Fort Lahore	1	1	...	...	...	...	...	...	...	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot . . . . .	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	1	...	1
Rawalpindi	11	4	1	2	...	...	...	1	1	...	1	21	...	...	2	4	2	1	...	...	3	1	1	...	14
Campbellpur . . . . .	...	...	...	1	2	...	...	...	...	...	4	7	...	...	...	...	1	...	...	...	...	...	...	...	1
Attock . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	1	...	4
GROUP VI.—UPPER SUB-HIMALAYA	19	9	4	5	4	...	1	...	2	1	7	11	63	9	4	8	9	13	8	2	9	10	14	11	13	110
A	...	1	...	...	...	...	...	...	1	2	2	6	...	...	...	...	...	...	...	1	4	4	...	...	9
Nowshera . . . . .	...	1	...	...	...	...	...	...	2	1	4	4	...	...	2	...	...	...	...	...	2	...	...	...	4
Peshawar	1	1	3	3	1	...	...	...	...	...	...	9	1	...	1	1	1	2	2	...	1	...	1	...	10
Mooltan . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
C	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	...	2
Hyderabad . . . . .	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	1	3
Karachi . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA	1	5	3	3	1	1	...	1	4	5	22	1	...	3	2	1	4	2	...	3	6	5	1	28
A	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Ahmedabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	1	...	1	1	...	...	...	7
Neemuch . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Nasirabad . . . . .	...	...	...	1	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	1	2	1	1	1	8
Muttra . . . . .	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	...	...	1	...	1	2	1	1	1	...
Agra	1	...	...	...	...	4	...	1	2	1	2	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Ihansi	1	2	1	...	...	...	...	1	...	1	...	6	1	...	2	...	...	...	7	9	5	14	7	...	45
Nowgong . . . . .	...	...	...	1	...	...	...	...	...	...	...	1	...	1	...	1	1	1	...	...	...	...	...	...	4
Indore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Mhow	5	1	1	...	...	...	...	...	...	...	...	7	3	...	3	6	2	1	6	11	1	5	3	3	44
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT	7	3	2	...	2	...	4	1	2	2	2	3	28	4	1	7	10	3	4	8	20	13	11	18	12	111

* Stations where neither Pneumonia nor Dysentery occurred are not shown in these tables. For the annual ratios, see Table III. E

TABLE XII—concluded.

PNEUMONIA by months, stations, groups, and commands.

TABLE XIII—concluded.

DYSENTERY by months, stations, groups, and commands.

STATIONS AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.											ADMISSIONS FROM DYSENTERY IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Sangor	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1	...	...	...	3
Jubbulpore	1	...	...	1	...	...	...	...	...	1	2	1	5	5	4	4	6	1	...	...	1	...	...	4	4
Kamptee . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	3	5	3	...	2	2	8	3	...	2	...	30
B																										
Secunderabad	1	2	1	...	2	...	...	2	...	...	...	8	7	10	6	6	4	8	21	34	11	11	17	8	143
Belgaum . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	2	1	1	...	...	...	...	...	9
Poona	2	1	1	...	...	...	...	...	...	...	...	6	...	5	1	...	5	1	1	13	5	4	...	2	41
Kirkee	2	1	...	...	...	...	1	...	...	...	...	5	...	...	1	...	5	4	4	4	4	4	...	...	21
Ahmednagar	1	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	2	...	5	4	3	3	...	1	18
GROUP IX.—DECCAN	5	4	2	1	2	...	1	2	...	1	1	4	27	10	25	21	14	20	14	39	72	34	24	23	18	314
Colaba . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	1	1	1	2	1	...	1	10
Cannanore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	1	...	1
Mallapuram . . . . .	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	2	...	...	...	...	1	...	...	6
GROUP X.—WESTERN COAST	1	1	...	3	1	3	1	1	2	1	1	4	17
A																										
Bellary . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	6	3	3	1	1	...	1	1	9
Bangalore . . . . .	...	...	...	1	...	...	...	...	...	1	...	2	5	2	2	6	6	3	10	9	6	...	4	7	60
B																										
St. Thomas' Mount . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	1	...	...	4
Madras . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1	...	1	5
GROUP XI.—SOUTHERN INDIA	...	...	...	1	...	...	...	...	...	1	...	2	5	2	4	7	9	3	13	11	8	2	5	9	78
Ranikhet . . . . .	...	...	...	...	...	2	...	1	1	...	...	4	...	...	...	1	2	2	...	...	1	...	...	...	6
Chaubattia . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1
Chakrata . . . . .	...	...	1	1	...	...	...	...	...	...	...	2	...	...	...	1	...	7	4	...	...	...	...	...	12
Lebong . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	4	2	2	1	2	1	...	...	...	...	...	12
Solon . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	2	1	...	...	...	6
Dagshai	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1	...	...	...	2
Subathu . . . . .	...	...	2	...	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Baragully . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Kuldannah . . . . .	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	1
Camp Gharial . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	1
" Barian . . . . .	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	1	...	2	...	1	...	...	...	...	4
" Upper Topa . . . . .	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1
" Lower Topa . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Khanspur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	3
Cherat . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Quetta	6	2	2	...	1	...	...	1	...	...	2	14	...	...	...	...	2	2	2	5	2	1	1	15	
Maymyo . . . . .	...	...	...	1	...	...	...	1	...	1	...	3	...	...	...	2	2	1	1	1	...	...	...	...	7
GROUP XII a.—HILL STATIONS	1	6	3	5	2	3	2	...	5	2	1	2	31	...	4	2	4	9	10	18	11	9	5	1	1	74
Darjeeling	1	1	...	...	1	...	...	...	...	...	...	3	...	...	...	...	2	2	3	2	2	...	...	...	11
Naini Tal . . . . .	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	2
Landour . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kasauli . . . . .	...	...	...	1	1	...	...	...	...	...	...	2	...	...	...	...	...	1	2	1	2	...	...	...	1
Dalhousie . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	4	...	1	2	1	2	...	...	...	14
Murree . . . . .	...	...	...	2	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Taragarh . . . . .	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Abu . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Pachmarhi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	1	...	...	...	...	5
Purandhar . . . . .	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1	1	2	4	5
Khandalla . . . . .	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	1	2	4	5
Wellington	1	...	...	2	...	1	...	...	1	...	...	5	3	...	3	4	3	...	2	1	1	...	...	...	17
GROUP XII b.—HILL CONVALESCENT DEPOTS, AND SANITARIA	2	2	...	5	3	1	...	1	3	...	...	17	3	1	1	7	10	6	4	9	6	7	1	2	57
Troops, Marching, India . . . . .	...	...	...	1	...	...	...	...	2	7	1	11	2	...	...	3	...	...	...	...	1	21	11	...	38
Aden Column Field Force (Dhalla) . . . . .	...	...	...	...	...	...	...	...	1	...	1	2	1	...	2	...	...	...	...	...	...	...	...	...	2
Deolali Depot . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	6
Poonamallee Depot . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
EXTRA INDIA.																										
Aden . . . . .	...	...	...	2	...	1	...	...	...	...	...	3	3	5	6	3	1	5	5	1	8	2	6	3	50
Dhalla . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	3	1	...	6
INDIA	43	39	18	19	20	8	9	4	12	16	23	30	241	48	56	69	78	89	65	132	153	112	91	101	86	1,070
NORTHERN COMMAND	20	12	6	10	6	3	4	3	10	12	86	3	2	8	11	18	7	9	8	12	22	10	8	118
WESTERN COMMAND	13	13	6	5	2	2	1	2	2	3	3	8	60	11	24	29	24	21	19	35	65	52	32	32	29	374
EASTERN COMMAND	9	9	5	2	7	3	7	...	5	5	2	8	62	14	17	17	24	21	17	23	31	22	17	14	16	233
SECUNDERABAD DIVISION	1	3	1	1	4	...	1	2	...	2	...	1	16	15	12	10	16	20	16	34	47	23	45	23	20	251
BURMA DIVISION	...	2	1	1	1	1	...	6	3	1	3	3	6	6	20	20	3	4	1	2	54

TABLE XV.

A.—STRENGTH, ADMISSIONS from ALL CAUSES, ADMISSIONS from ENTERIC FEVER, of the Army of India in 1906, in relation to AGE and LENGTH of RESIDENCE in INDIA.

	BY AGE.						BY LENGTH OF RESIDENCE.						
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 years and upwards.
Strength	7,357	33,189	25,530	7,909	2,107	454	14,682	14,136	11,025	12,062	6,184	7,574	2,983
Per cent. of total	3	48	34	11	3	1	21	20	17	17	9	11	4
1901-1905	3	45	37	11	3	1	19	16	16	13	11	20	5
Admissions from all causes	1,480	33,631	20,250	4,537	985	240	11,756	11,200	9,338	10,390	6,873	9,037	2,529
Admissions from Enteric Fever	25	720	282	46	11	1	342	283	146	176	74	64	19
All causes per 1,000	627.9	1,013.3	860.6	573.7	467.5	528.6	800.7	792.3	783.1	861.4	1,111.4	1,193.2	847.8
Enteric Fever per 1,000	10.6	22.0	12.0	5.8	5.2	2.2	23.3	20.0	12.2	14.6	12.0	8.4	3.4
Liability to Enteric Fever (The previous column expressed in percentages)	18.34	38.06	20.76	10.03	9.00	3.81	24.81	21.36	12.99	15.55	12.78	8.95	3.69
Enteric Fever per cent. of all causes	1.66	2.17	1.40	1.01	1.12	.42	2.91	2.53	1.56	1.69	1.08	.71	.40

B.—CHANGE of PERSONNEL, YOUTHFULNESS, RECENT ARRIVAL, and MARRIAGE, in relation to VENEREAL DISEASE and ENTERIC FEVER.

YEAR.	ARRIVED IN INDIA.*		YEAR.	PER CENT. OF STRENGTH.			STRENGTH.	RATIO PER 1,000.			RATIO PER CENT. OF TOTAL ADMISSION.			
	Men.	Women.		Age.	Length of residence.	Married. †		All causes.	Admissions.		Venereal Diseases.	Enteric Fever.		
									Under 25 years.	Under 5 years.			Venereal Diseases.	Enteric Fever.
1876-77	8,170	591	1876	33	...	10.37	57,858	1,361.5	189.9	4.6	13.95	.34		
1877-78	9,113	482	1877	33	56	9.70	57,260	1,257.3	208.5	4.1	16.59	.32		
1878-79	13,113	575	1878	35	60	7.59	36,475	1,651.3	271.3	8.5	16.43	.51		
1879-80	13,342	612	1879	39	61	6.63	59,082	1,871.2	234.8	8.0	12.55	.43		
1880-81	13,165	664	1880	41	65	6.36	59,717	1,754.2	249.7	7.9	14.23	.45		
1881-82	9,895	349	1881	43	70	5.94	58,728	1,604.6	260.5	5.6	16.23	.35		
1882-83	9,748	325	1882	41	72	5.43	57,269	1,444.9	265.2	6.2	18.35	.43		
1883-84	12,525	433	1883	41	75	5.20	55,525	1,335.7	270.3	7.7	20.23	.58		
1884-85	11,822	393	1884	45	75	5.05	54,996	1,513.4	293.9	11.7	19.42	.77		
1885-86	17,766	508	1885	48	73	4.23	56,967	1,532.7	342.7	11.2	22.36	.73		
1886-87	11,645	372	1886	52	75	3.90	61,015	1,513.9	389.5	18.1	25.73	1.20		
1887-88	11,729	459	1887	52	73	3.84	63,515	1,369.7	361.2	12.7	26.37	.93		
1888-89	12,407	506	1888	50	76	3.65	68,887	1,381.7	370.6	13.6	26.82	.99		
1889-90	12,270	532	1889	49	78	3.60	69,266	1,498.0	481.5	22.9	32.14	1.53		
1890-91	14,046	542	1890	50	80	3.70	67,823	1,520.2	503.5	18.5	33.12	1.22		
1891-92	15,456	529	1891	51	79	3.36	67,030	1,379.1	400.7	20.4	29.06	1.48		
1892-93	15,594	540	1892	51	80	3.29	68,137	1,517.3	419.9	22.1	27.01	1.46		
1893-94	15,090	482	1893	53	79	3.29	70,091	1,414.9	466.0	20.0	32.94	1.41		
1894-95	15,957	517	1894	54	81	...	71,082	1,508.0	511.4	20.9	33.91	1.58		
1895-96	14,346	654	1895	55	83	...	71,031	1,461.8	522.3	26.3	35.73	1.80		
1896-97	14,805	545	1896	56	82	...	70,484	1,386.7	511.6	25.5	36.89	1.81		
1897-98	16,227	543	1897	55	84	...	68,395	1,556.9	485.7	32.4	31.20	2.05		
1898-99	16,911	648	1898	54	81	...	67,741	1,436.9	362.9	36.9	25.26	2.57		
1899-1900	5,369	168	1899	53	78	...	67,697	1,148.7	313.4	20.6	27.28	1.79		
1900-01	5,958	185	1900	45	69	...	60,553	1,143.2	298.1	16.0	26.07	1.40		
1901-02	18,594	438	1901	42	63	...	66,838	1,104.3	276.0	12.8	24.99	1.16		
1902-03	24,840	961	1902	43	68	...	60,540	1,078.4	281.4	16.7	26.09	1.55		
1903-04	15,126	758	1903	51	76	...	70,445	1,033.4	247.0	19.6	23.90	1.90		
1904-05	16,366	820	1904	52	80	...	71,083	900.4	198.5	19.6	22.05	1.18		
1905-06	15,178	804	1905	52	84	...	71,343	834.3	153.7	16.1	18.42	1.03		
1906-07	18,636	912	1906	51	84	...	70,272	870.8	117.3	15.6	13.47	1.79		

*In ordinary years the departures plus the deaths nearly balance the arrivals.

† Return abolished.

‡ On the 1st May of each year.

TABLE XVI.

RELATION of MORTALITY to AGE and LENGTH of RESIDENCE in INDIA.

CAUSES OF DEATH.	A.—AGE.										B.—LENGTH OF RESIDENCE IN INDIA.															
	(a) DIED PER 1,000.					(b) LIABILITY IN PERCENTAGES.					(c) DIED PER 1,000.					(d) LIABILITY IN PERCENTAGES.										
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Enteric Fever . . .	2.12	4.64	2.08	1.64	1.42	...	18	39	17	14	12	...	3.88	4.03	2.77	2.08	2.75	2.77	1.01	1.9	2.0	1.4	1.5	1.4	1.4	...
Cholera . . .	.42	.69	.76	.38	.47	...	15	25	25	14	17	...	.41	.92	.42	.91	.65	.79	.34	9	21	9	21	15	18	...
Dysentery . . .	...	.63	.55	.25	.47	...	...	33	29	13	25	...	.82	.57	.34	.50	.49	.40	.34	24	16	10	14	14	12	...
Intermittent and Remittent Fevers . . .	...	.27	.42	.13	.47	...	...	21	33	10	36	...	.20	.21	.25	...	.65	1.06	...	8	9	11	...	27	45	...
Alcoholism . . .	...	.03	.08	.13	.05	...	...	3	7	11	80	...	...	.14	...	...	.16	.26	.34	...	16	...	...	18	29	...
Tubercle of the lungs . . .	...	.15	.21	.25	...	...	...	25	34	41	...	...	.14	.14	...	.17	.49	.26	.34	9	9	...	11	32	17	22
Nervous Diseases, Circulatory Diseases . . .	.42	.18	.04	.13	...	2.20	14	6	1	4	...	74	.07	.14	.08	.25	...	.40	...	7	15	9	27	...	43	...
Pneumonia . . .	...	.24	.55	1.90	3.80	4.41	...	2	5	17	35	40	.27	.14	.67	.33	.32	2.38	2.68	4	2	10	5	5	35	39
Other Respiratory Diseases . . .	...	.39	.25	.13	...	...	...	5	32	17	...	...	.20	.21	.25	.33	.49	.40	.34	9	9	11	15	22	18	15
Abscess of the liver . . .	.42	.03	.13	...	.47	...	40	3	12	...	45	...	.07	.14	...	...	.16	.13	.34	8	17	...	...	19	15	40
Urinary Diseases . . .	...	.75	2.72	1.04	2.37	...	...	10	36	22	32	...	.75	1.49	1.51	1.58	1.94	2.38	2.68	6	12	12	13	10	19	22
...	...	.12	.13	.25	.47	...	...	12	13	26	48	...	.07	.21	...	.25	.16	.26	...	7	22	...	26	17	27	...
TOTAL . . .	3.39	8.14	7.95	6.83	10.92	6.61	8	19	18	16	25	15	6.88	8.35	6.29	7.30	8.25	11.49	8.38	12	15	11	13	14	20	15
Heat-stroke . . .	...	.21	.68	1.14	.95	11.01	...	2	5	8	7	79	.34	.35	.25	.91	.49	.92	1.68	7	7	5	18	10	19	34
Suicide . . .	...	.21	.30	.63	.95	...	...	10	14	30	45	...	.14	.41	.17	.17	.65	.40	1.67	5	16	6	6	25	15	26
Other injuries . . .	.42	.66	.85	.63	.47	...	14	22	28	21	16	...	.95	.35	.59	.75	.49	1.45	...	21	8	13	16	11	32	...
All Causes . . .	3.82	10.24	10.88	10.75	15.19	22.03	5	14	15	15	21	30	9.13	11.05	8.05	10.69	11.64	15.84	13.07	12	13	10	14	15	20	17
	(c) NUMBER OF DEATHS.					(d) COMPOSITION OF 100 DEATHS AT EACH AGE.					(e) NUMBER OF DEATHS.					(f) COMPOSITION OF 100 DEATHS IN EACH PERIOD OF RESIDENCE.										
Enteric Fever . . .	5	154	49	13	3	...	56	45	19	15	9	...	57	57	33	36	17	21	3	43	40	34	28	24	17	8
Cholera . . .	1	23	18	3	1	...	11	7	7	4	3	...	6	13	5	11	4	6	1	4	9	5	9	6	5	3
Dysentery . . .	...	21	13	2	1	...	...	6	5	2	3	...	12	8	4	6	3	3	1	9	6	4	5	4	2	3
Intermittent and Remittent Fevers . . .	...	9	10	1	1	...	...	3	4	1	3	...	3	3	3	...	4	8	...	2	2	3	...	6	7	...
Alcoholism . . .	...	1	2	1	2	...	...	0	1	1	6	...	...	2	...	...	1	2	1	...	1	...	...	1	2	3
Tubercle of the lungs . . .	...	5	5	2	...	...	...	1	2	2	...	...	2	2	...	2	3	2	1	1	1	...	2	4	2	3
Nervous Diseases, Circulatory Diseases . . .	1	6	1	1	...	1	11	2	0	1	...	10	1	2	1	3	...	3	...	1	1	1	2	...	2	...
Pneumonia . . .	...	8	13	15	8	2	...	2	5	18	25	20	4	2	8	4	2	18	8	3	1	8	3	3	15	21
Other Respiratory Diseases . . .	...	13	6	1	...	...	...	4	2	1	...	...	3	3	3	4	3	3	1	2	2	3	3	4	2	3
Abscess of the liver . . .	1	1	3	...	1	...	11	0	1	...	3	...	1	2	...	...	1	1	1	1	1	...	...	1	1	3
Urinary Diseases . . .	...	25	64	13	5	1	...	7	25	15	16	...	11	21	18	19	12	18	8	8	15	19	15	17	15	21
...	...	4	3	2	1	...	...	1	1	2	3	...	1	3	...	3	1	2	...	1	2	...	2	1	2	...
TOTAL . . .	8	270	187	54	23	3	89	79	73	64	72	30	101	118	75	88	51	87	25	75	83	78	68	71	72	64
Heat-stroke . . .	...	7	16	9	2	5	...	2	7	11	6	50	5	5	3	11	3	7	5	4	4	3	9	4	6	13
Suicide . . .	...	7	7	5	2	...	...	2	3	6	6	...	2	6	2	2	4	3	2	1	4	2	2	6	2	5
Other injuries . . .	1	22	20	5	1	...	11	6	8	6	3	...	14	5	7	9	3	11	...	10	4	7	7	4	9	...
All Causes . . .	9	340	256	85	32	10	100	100	100	100	100	100	134	142	96	129	72	120	39	100	100	100	100	100	100	100
	(g) NUMBER OF DEATHS.					(h) PERCENTAGE AT EACH AGE TO TOTAL NUMBER.					(i) NUMBER OF DEATHS.					(j) PERCENTAGE IN EACH PERIOD OF RESIDENCE TO TOTAL NUMBER.										
Enteric Fever . . .	5	154	49	13	3	...	2	59	22	6	1	...	57	57	33	36	17	21	3	25	25	15	16	8	9	1
Cholera . . .	1	23	18	3	1	...	2	50	39	7	2	...	6	13	5	11	4	6	1	13	28	11	24	9	13	2
Abscess of the liver . . .	...	25	64	13	5	...	...	23	60	12	5	...	11	21	18	19	12	18	8	10	20	17	18	11	17	7
Suicide . . .	...	7	7	5	2	...	...	33	33	24	10	...	2	6	2	2	4	3	2	10	29	10	10	19	14	10
All Causes . . .	9	340	256	85	32	10	1	46	35	12	4	1	134	142	96	129	72	120	39	18	19	13	18	10	16	5

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TABLE XVII.

RELATION of INVALIDING to AGE and LENGTH of RESIDENCE in INDIA.

CAUSES OF INVALIDING.	A.—AGE.											B.—LENGTH OF RESIDENCE IN INDIA.																
	(a) INVALIDED PER 1,000.						(b) LIABILITY IN PERCENTAGES.					(c) INVALIDED PER 1,000.							(d) LIABILITY IN PERCENTAGES.									
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 1.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	Under 1.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.		
Dysentery . . .	'42	'96	'81	'38	1'42	2'20	7	16	13	6	23	36	'54	'50	'75	'91	'51	1'72	2'01	7	7	10	13	11	24	28		
Intermittent and Remittent Fevers	1'27	1'60	2'17	2'66	2'85	4'41	8	11	15	18	16	29	'14	1'27	1'34	1'74	1'78	6'73	5'70	1	7	7	9	10	36	30		
Veneral Diseases	'42	1'66	2'42	1'90	1'42	...	5	21	31	24	18	...	'34	1'34	2'35	2'65	2'26	3'83	1'34	2	9	17	19	16	27	9		
Debility	3'39	2'95	3'06	5'50	12'81	13'22	8	7	7	14	31	32	1'16	1'84	2'94	3'15	4'37	7'13	19'44	3	5	7	8	11	18	49		
Rheumatism	...	'42	'51	'38	1'42	...	...	15	19	14	52	...	'14	'21	'42	'33	'97	1'45	'34	4	5	11	9	25	38	9
Tubercle of the lungs	'42	1'02	1'44	2'53	'95	2'20	5	12	17	30	11	26	1'02	'90	'50	1'24	1'62	3'30	2'35	9	9	5	11	15	30	21		
Mental Diseases	...	1'05	'85	'63	1'90	...	...	24	19	14	43	...	'48	'92	'92	'91	'97	1'72	1'01	7	13	13	13	14	25	15
Epilepsy	...	'60	'68	'51	'95	...	...	22	25	19	35	...	'48	'57	'42	'33	'81	'92	2'01	9	10	8	6	15	17	36
Other Nervous Diseases	'42	'60	1'02	1'14	2'37	...	8	11	18	21	43	...	'41	'64	'50	'58	1'46	1'98	2'35	5	8	6	7	18	25	30		
Eye, ear, and nose Diseases	1'27	2'59	1'87	1'01	'95	2'20	13	26	19	10	10	22	1'84	2'90	1'34	1'58	1'46	3'56	1'68	13	20	9	11	10	25	12		
Palpitation	'85	1'90	1'32	'38	2'37	...	12	28	19	6	35	...	'05	1'56	'75	1'49	1'62	3'43	1'68	8	14	7	13	14	30	15		
Valvular disease of the heart	...	1'60	1'95	2'02	'95	2'20	...	18	22	23	11	25	1'09	'71	'84	1'58	2'10	3'02	4'02	7	5	5	10	14	33	26		
Other Circulatory Diseases	...	'90	'38	'63	'47	...	...	38	16	26	20	...	'34	'85	'67	'33	'81	'79	1'68	6	16	12	6	15	14	31
Respiratory Diseases	...	'57	'64	'38	'95	...	...	22	25	15	37	...	'34	'28	'50	'50	'97	1'19	1'01	7	6	10	10	20	25	21
Congestion, Inflammation and Abscess of the liver	...	'75	2'51	2'66	3'32	6'61	...	5	16	17	21	42	'41	1'27	'67	1'58	2'10	4'49	5'70	3	8	4	10	13	28	35		
Locomotive Diseases	1'70	1'14	'85	'51	'47	...	36	24	18	11	10	...	'48	'90	1'26	'91	'97	1'19	1'68	6	13	17	12	13	16	22		
Injuries	...	1'24	'93	1'14	'95	...	...	29	22	27	22	...	'75	'71	'67	'50	1'78	3'04	1'68	8	8	7	5	19	33	18
All Causes . . .	11'88	27'99	29'49	29'71	41'77	41'85	7	15	16	16	23	23	14'44	22'07	20'83	26'45	33'96	63'37	70'73	6	9	8	11	13	25	28		
	(c) NUMBER INVALIDED.						(d) COMPOSITION OF 100 INVALIDINGS AT EACH AGE.					(e) NUMBER INVALIDED.							(f) COMPOSITION OF 100 INVALIDINGS IN EACH PERIOD OF RESIDENCE.									
Dysentery . . .	1	32	19	3	3	1	4	3	3	1	3	5	8	7	9	11	5	13	6	4	2	4	3	2	3	3		
Intermittent and Remittent Fevers	3	53	51	21	6	2	11	6	7	9	7	11	2	18	16	21	11	51	17	1	6	6	7	5	11	8		
Veneral Diseases	1	55	57	15	3	...	4	6	8	6	3	...	5	19	28	32	14	29	4	2	6	11	10	7	6	2		
Debility	8	98	72	44	27	6	29	11	10	19	31	32	17	26	33	38	27	54	58	8	8	14	12	13	11	27		
Rheumatism	...	14	12	3	...	...	...	2	2	1	3	...	2	3	5	4	6	11	1	1	1	2	1	3	2	0
Tubercle of the lungs	1	34	34	20	2	1	4	4	5	9	2	5	15	14	6	15	10	28	7	7	4	2	5	3	5	3		
Mental Diseases	...	35	20	5	4	...	...	4	3	2	5	...	7	13	11	11	6	13	3	3	4	4	3	3	3	1
Epilepsy	...	20	16	4	2	...	...	2	2	2	2	...	7	8	5	4	5	7	6	3	3	2	1	2	1	3
Other Nervous Diseases	1	26	24	9	5	...	4	2	3	4	6	...	6	9	6	7	9	15	7	3	3	2	2	4	3	3		
Eye, ear, and nose Diseases	3	86	44	8	2	1	11	9	6	3	2	5	27	41	16	19	9	27	5	13	13	6	6	4	6	2		
Palpitation	2	63	31	3	5	...	7	7	4	1	6	...	14	22	9	18	10	26	5	7	7	4	6	5	5	2		
Valvular disease of the heart	...	53	46	16	2	1	...	6	7	7	2	5	16	10	10	19	13	38	12	8	3	4	6	6	8	6		
Other Circulatory Diseases	...	30	9	5	1	...	...	3	1	2	1	...	5	12	8	4	5	6	5	2	4	3	1	2	1	2
Respiratory Diseases	...	19	15	3	2	...	...	2	2	1	2	...	5	4	6	6	6	9	3	2	1	2	2	2	2	1
Congestion, Inflammation and Abscess of the liver	...	25	59	21	7	3	...	3	9	9	8	16	6	18	8	19	13	34	17	3	6	3	6	6	7	8		
Locomotive Diseases	4	38	20	4	1	...	14	4	3	2	1	...	7	14	15	11	6	9	5	3	4	6	3	3	2	2		
Injuries	...	41	22	9	2	...	...	4	3	7	2	...	11	10	8	6	11	23	5	5	3	3	2	5	5	2
All Causes . . .	28	929	694	235	88	19	100	100	100	100	100	100	212	312	249	319	210	480	211	100	100	100	100	100	100	100		
	(e) NUMBER INVALIDED.						(f) PERCENTAGE AT EACH AGE TO TOTAL NUMBER.					(g) NUMBER INVALIDED.							(h) PERCENTAGE IN EACH PERIOD OF RESIDENCE TO TOTAL NUMBER.									
Intermittent and Remittent Fevers	3	53	31	21	6	2	2	39	37	15	4	1	2	18	16	21	11	51	17	1	13	12	15	8	37	18		
Veneral Diseases	1	55	57	15	3	...	...	42	44	11	2	...	5	19	28	32	14	29	4	4	15	21	24	11	22	3
Debility	8	98	72	44	27	6	6	38	28	17	11	2	17	26	35	38	27	54	58	7	10	14	15	11	21	23		
All Causes . . .	28	929	694	235	88	19	1	47	35	12	4	1	212	312	249	319	210	480	211	11	16	12	16	11	24	11		

EUROPEAN TROOPS, 1906.

TABLE XVIII.

STATISTICS OF OFFICERS.

A.—SICKNESS and MORTALITY among OFFICERS of the BRITISH ARMY in 1906. (From the Medical Returns of the Army.)

	Northern Command.		Western Command.		Eastern Command.		Secunderabad Division.		Burma Division.		India.*	
	Strength	Cases remaining from 1905	Strength	Cases remaining from 1905	Strength	Cases remaining from 1905	Strength	Cases remaining from 1905	Strength	Cases remaining from 1905	Strength	Cases remaining from 1905
STRENGTH	562		655		558		276		102		2,225	
CASES REMAINING FROM 1905	29		16		17		7		3		72	
	Ratio.	Actuals.	Ratio.	Actuals.	Ratio.	Actuals.	Ratio.	Actuals.	Ratio.	Actuals.	Ratio.	Actuals.
CONSTANTLY SICK	27.8	15.65	28.8	18.89	35.0	19.54	37.5	10.35	21.5	2.30	30.0	66.82
INVALIDS	62.28	35	73.28	48	48.39	27	94.20	26	196.1	2	62.02	138
ADMISSIONS.												
Influenza	49.8	28	21.4	14	57.3	32	7.2	2	...	...	34.2	76
Cholera	...	...	3.1	2	1.8	1	3.6	1	19.6	2	2.7	6
Small-pox	1.8	1	4.6	3	...	...	...	...	...	...	1.8	4
Enteric Fever	28.5	16	48.9	32	25.1	14	61.6	17	...	...	35.5	79
Intermittent Fever	128.1	72	142.0	93	163.1	91	54.3	15	107.8	11	129.0	287
Remittent Fever	5.3	3	4.6	3	...	...	...	...	9.8	1	5.1	7
Simple Continued Fever	67.4	39	64.1	42	28.7	16	32.6	9	176.5	18	56.2	125
Tubercle of the lungs	1.8	1	...	...	3.6	2	...	...	...	...	1.3	3
Pneumonia	3.6	2	...	...	3.6	2	...	...	...	...	1.8	4
Other Respiratory Diseases	39.2	17	15.3	10	25.1	14	18.1	5	9.8	1	21.1	47
Dysentery	1.8	1	26.0	17	21.5	12	29.0	8	...	...	17.5	39
Diarrhoea	33.8	19	29.0	19	32.3	18	14.5	4	19.6	2	27.9	62
Hepatic Abscess	...	...	3.1	2	...	...	...	...	...	...	.9	2
„ Congestion and Inflammation	31.8	19	19.8	13	32.3	18	21.7	6	19.6	2	26.1	58
Veneral Diseases	1.8	1	1.5	1	1.8	1	3.6	1	...	...	1.8	4
ALL CAUSES	715.3	402	726.7	476	828.7	468	644.9	178	823.5	84	728.1	1,620
DEATHS.												
Cholera	...	...	3.05	2	1.79	1	3.62	1	...	2	2.70	6
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	5.34	3	7.63	5	3.58	2	7.25	2	...	...	6.29	14
Intermittent Fever	...	...	...	...	...	...	...	...	...	...	...	...
Remittent Fever	...	...	...	...	...	...	...	...	...	...	...	...
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke	...	...	...	...	...	...	...	...	...	...	.45	1
Circulatory Diseases	...	...	3.05	2	...	...	...	...	...	...	.90	2
Tubercle of the lungs	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	1.78	1	...	...	...	...	...	...	...	...	.45	1
Other Respiratory Diseases	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	...	1.53	1	...	...	...	...	...	...	.45	1
Diarrhoea	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess	...	...	1.53	1	...	...	...	...	...	...	.50	2
ALL CAUSES	8.90	5	24.43	16	12.54	7	10.87	3	19.61	2	17.53	39
DEATHS OUT OF HOSPITAL	...	...	3.05	2	1.79	1	...	...	...	...	3.15	7

* Including officers on the line of march and with the Field Force. (Vide table E.—Detail of Diseases.)

B.—CAUSES of DEATH among EUROPEAN OFFICERS of the BRITISH and INDIAN ARMIES in 1906. (From non-medical sources.)

ARMIES.	Strength in India, whether on leave or not, on the 1st of July 1906.	Strength in Europe or beyond sea on 1st July 1906, whether on furlough or sick leave.	IN INDIA.													Deaths in England and other countries.	Deaths at sea.	GRAND TOTAL.	Ratio per 1,000.		
			Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.					Hepatic Abscess.	TOTAL.
BRITISH	2,938	627	6	...	14	...	...	...	1	2	...	1	...	1	...	2	39	5	...	44	12.34
INDIAN	3,213	776	1	1	2	...	1	...	1	1	...	...	...	2	...	5	21	7	1	29	7.27

C.—CHOLERA by months, stations, groups, and commands.

STATIONS,* GROUPS, COMMANDS AND DIVISIONS.	Average annual strength.	NUMBER OF ADMISSIONS FROM CHOLERA IN EACH MONTH.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
Fort Dufferin	10	...	...	...	...	...	...	...	2	...	...	...	2	200'0	2	200'00
GROUP II.—BURMA INLAND .	44	...	...	...	...	...	...	...	2	...	...	...	2	45'3	2	45'45
B																	
Cawnpore	26	...	...	...	...	...	1	...	...	...	...	...	1	38'5	1	38'46
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR .	197	...	...	...	...	...	1	...	...	...	...	...	1	5'1	1	5'08
B																	
Neemuch	12	...	...	...	...	...	...	...	1	...	...	...	1	83'3	1	83'33
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	184	...	...	...	...	...	...	...	1	...	...	...	1	5'4	1	5'43
B																	
Secunderabad	97	...	...	...	...	...	...	1	...	...	...	...	1	10'3	1	10'31
GROUP IX.—DECCAN	340	...	...	...	...	...	...	1	...	...	...	...	1	2'9	1	2'94
Colaba	45	...	...	...	...	...	1	...	...	...	...	...	1	22'2	1	22'22
GROUP X.—WESTERN COAST .	54	...	...	...	...	...	1	...	...	...	...	...	1	18'5	1	18'52
INDIA	2,225	...	...	...	...	...	1	1	1	3	...	...	6	2'7	6	2'70
NORTHERN COMMAND	562	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
WESTERN "	655	...	...	...	...	...	1	...	1	...	...	...	2	3'1	2	3'05
EASTERN "	558	...	...	...	...	...	1	...	...	...	...	...	1	1'8	1	1'72
SECUNDERABAD DIVISION	276	...	...	...	...	...	...	1	...	...	...	...	1	3'6	1	3'62
BURMA DIVISION	102	...	...	...	...	...	...	...	2	...	...	...	2	19'6	2	19'61

* Stations where cholera did not occur are not shown in this table.

EUROPEAN TROOPS, 1906.

TABLE XVIII—continued.

STATISTICS OF OFFICERS.

D.—ENTERIC FEVER by months, stations, groups, and commands.

STATIONS* AND GROUPS.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total admissions.	Admission rate per 1,000 of strength.	Total deaths.	Death rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
Fort William	36	...	1	1	...	...	...	...	...	...	...	...	2	55.6	1	27.78
GROUP IV.—BENGAL AND ORISSA	53	...	1	1	...	...	...	...	...	...	...	...	2	37.7	1	18.87
B																	
Allahabad	25	...	...	...	...	...	...	...	1	...	...	...	1	40.0	...	...
Sitapur	19	...	...	1	...	...	...	...	...	...	...	...	1	52.6	...	...
Lucknow	70	...	1	...	...	...	1	...	...	...	...	...	2	28.6	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	197	...	1	1	...	...	1	...	1	...	...	...	4	20.3	...	...
A																	
Shahjahanpur	13	1	...	...	...	...	...	...	...	...	...	...	1	76.9	...	...
Roorkee	17	...	...	1	...	...	...	...	...	...	...	...	1	58.8	...	...
Meerut	70	...	...	3	...	...	...	...	...	...	...	...	3	47.9	1	14.39
B																	
Ferozepore	31	...	...	...	...	...	...	...	...	...	...	2	2	64.5	...	...
Amritsar	5	...	...	...	1	...	...	...	...	...	...	...	1	200.0	...	...
Rawalpindi	80	...	1	...	...	1	...	...	...	...	...	...	2	25.0	...	...
GROUP VI.—UPPER SUB-HIMALAYA	446	1	1	4	...	1	1	...	...	...	...	2	10	22.4	1	2.24
A																	
Mooltan	26	...	...	...	...	...	...	...	...	...	...	2	2	76.9	1	38.46
GROUP VII.—NORTH-WEST FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	136	...	...	...	...	...	...	...	...	...	...	2	2	14.7	1	7.35
B																	
Muttra	17	...	...	...	...	...	...	...	...	1	...	...	1	58.8	...	...
Jhansi	40	...	...	...	...	...	...	...	...	...	1	...	1	25.0	...	...
Indore	2	...	...	...	...	...	...	1	...	...	...	...	1	500.0	...	...
Mhow	54	...	...	1	...	...	...	...	...	...	...	...	1	18.5	...	...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	184	...	...	...	1	...	...	1	...	1	1	...	4	21.7	...	...
A																	
Jubbulpore	33	...	...	...	...	...	...	...	1	4	...	...	5	151.5	1	30.30
Kamptee	23	...	...	2	1	...	...	...	...	...	...	...	3	130.4	1	43.48
B																	
Secunderabad	97	1	...	1	...	...	...	1	...	...	...	2	5	51.5	...	...
Belgaum	29	...	1	...	...	1	...	...	...	...	...	...	2	69.0	...	...
Poona	82	2	...	...	1	...	...	...	3	...	...	1	7	85.4	1	12.20
Ahmednagar	32	1	...	1	...	...	...	...	...	...	...	...	2	62.5	1	31.25
GROUP IX.—DECCAN	340	4	1	4	2	1	...	1	4	4	...	3	24	70.6	4	11.76	
Colaba	45	...	1	...	...	...	...	...	...	...	...	...	1	22.2	...	...
GROUP X.—WESTERN COAST	54	...	1	...	...	...	...	...	...	...	...	...	1	18.5	...	...
A																	
Bangalore	85	...	1	...	1	...	...	2	...	2	...	...	7	82.4	1	11.76
B																	
St. Thomas' Mount	8	...	...	...	...	...	...	1	...	...	...	...	1	125.0	...	...
GROUP XI.—SOUTHERN INDIA	128	...	1	...	1	...	1	...	3	...	2	...	8	62.5	1	7.81	
Ranikhet	30	...	...	...	...	...	...	...	1	...	...	...	1	33.3	...	...
Jutogh	7	...	...	...	...	...	...	1	...	...	...	...	1	142.9	...	...
Khyragully	11	...	...	...	...	1	...	...	...	...	...	...	1	90.9	...	...
Cherat	9	...	...	...	...	1	...	...	...	...	...	...	1	111.1	...	...
Quetta	92	...	...	...	...	...	1	...	2	1	2	...	6	65.2	1	10.87
GROUP XII.—HILL STATIONS	315	...	...	...	...	2	...	2	...	3	1	2	10	31.7	1	3.17
Landour	5	...	...	...	...	...	...	1	...	...	...	...	1	200.0	...	...
Dalhousie	34	...	...	...	...	...	1	3	1	1	...	...	6	176.5	2	58.82
Khandalla	2	...	...	1	...	...	...	...	...	...	...	...	1	500.0	...	...
Wellington	38	...	...	1	...	...	...	...	3	...	...	...	4	105.3	1	26.32
GROUP XIII.—HILL CONVALESCENT DEPÔTS AND SANITARIA	156	...	...	2	...	...	1	4	4	1	...	...	12	76.9	3	19.23
Deolali Depôt	27	1	...	...	...	...	...	...	1	...	...	...	2	74.1	...	...
INDIA																	
	2,225	6	6	12	4	4	7	6	6	10	8	7	3	79	35.5	14	6.29
NORTHERN COMMAND	562	...	1	...	...	3	2	4	1	1	...	4	16	28.5	3	5.34
WESTERN "	655	4	2	4	3	1	...	1	1	7	5	3	1	22	4.9	5	7.63
EASTERN "	558	1	2	6	...	...	1	1	...	2	1	...	14	25.1	2	3.48
SECUNDERABAD DIVISION	276	1	1	2	1	...	4	...	4	...	2	...	17	61.0	2	7.25	
BURMA DIVISION	162

* Stations where Enteric Fever did not occur are not shown in this table.

STATISTICS OF OFFICERS.
E.—DETAIL of DISEASES.

DISEASES.	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.					BRITISH OFFICERS ATTACHED TO NATIVE TROOPS.			DISEASES.	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.					BRITISH OFFICERS ATTACHED TO NATIVE TROOPS.		
	INDIA.*			FIELD SERVICE.		INDIA.				INDIA.*			FIELD SERVICE.		INDIA.		
	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids. †		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids. †
Small-pox	4	...	...	...	...	1	1	...	Tonsillitis	15	...	...	...	...	...	...
Cow-pox	1	...	...	...	...	1	...	...	Follicular	33	...	...	...	...	22	...
Chicken-pox	3	...	...	...	...	...	...	...	Quinsy	2	...	...	...	...	...	...
Measles	5	...	...	...	...	2	...	...	Inflammation of the	...	...	...	...	...	...	...
Rubella	6	...	...	...	...	4	...	...	pharynx	1	...	...	...	...	3	...
Scarlet fever	3	...	...	...	...	...	...	...	Gastritis	23	...	1	...	...	5	...
Plague	3	...	1	...	...	...	...	...	Hæmatemesis	1	...	...	...	...	...	...
Dengue	16	...	...	...	...	...	...	...	Indigestion	19	...	...	...	...	10	...
Influenza	76	...	1	...	...	39	...	...	Gastralgia . . . . .	...	...	...	...	...	1	...
Mumps	2	...	...	...	...	2	...	...	Inflammation of intes-	...	...	...	...	...	...	...
Diphtheria	2	...	...	...	...	1	...	...	tines	4	...	...	...	...	...	...
Simple continued fever	125	...	3	...	...	50	...	...	Enteritis	13	...	1	...	...	7	...
Enteric fever	79	14	38	...	...	30	2	...	Typhlitis	8	...	...	...	...	4	...
Mediterranean fever	1	...	1	...	...	1	...	...	Colitis	8	...	1	...	...	5	...
Cholera	6	6	...	...	...	1	1	...	Ulceration of the intes-	...	...	...	...	...	...	...
Dysentery	39	1	10	...	...	49	2	...	tines	2	...	2	...	...	...	...
Ague	286	...	11	1	...	292	...	...	Sprue	2	...	1	...	...	...	...
Remittent fever	7	...	...	...	...	8	1	...	Hernia . . . . .	...	...	1	...	...	...	...
Erysipelas . . . . .	...	...	...	...	...	1	...	...	Constipation	5	...	1	...	...	...	...
Septicæmia	1	...	...	...	...	1	1	...	Colic	12	...	...	...	...	3	...
Tubercle of lungs	3	...	...	...	...	...	...	...	Diarrhœa	62	...	2	...	...	31	...
Syphilis	3	...	2	...	...	...	...	...	Enteralgia . . . . .	...	...	...	...	...	1	...
Gonorrhœa	1	...	...	...	...	...	...	...	Abscess of the rectum	...	...	...	...	...	1	...
Tænia solium . . . . .	...	...	...	...	...	3	...	...	and anus . . . . .	...	...	...	...	...	...	...
Tænia mediocanellata . . . . .	...	...	...	...	...	1	...	...	Ulceration of the rectum	...	...	...	...	...	...	...
Ringworm . . . . .	...	...	...	...	...	1	...	...	and anus	1	...	1	...	...	...	...
Tapeworm . . . . .	...	...	...	...	...	1	...	...	Fistula in ano . . . . .	...	...	...	...	...	2	...
Alcoholism	1	...	1	...	...	...	...	...	Piles	8	...	...	...	...	5	...
Rheumatic fever	1	...	...	...	...	1	1	...	Hepatitis	13	...	5	...	...	12	...
Rheumatism	9	1	1	...	...	15	...	...	Abscess of the liver	2	2	...	...	...	5	5
Gout	7	...	...	...	...	5	...	...	Congestion of liver	45	...	2	...	...	10	...
Lipoma	1	...	...	...	...	...	...	...	Jaundice	25	...	...	...	...	9	...
Osteoma	1	...	...	...	...	2	...	...	Cholecystitis	3	...	...	...	...	...	...
Carcinoma . . . . .	...	...	...	...	...	1	...	...	Peritonitis	1	1	...	...	...	1	1
Anæmia	1	...	1	...	...	1	...	...	Inflammation of lymph-	...	...	...	...	...	8	...
Debility	27	...	10	...	...	10	...	...	glands	10	...	1	...	...	...	...
Other General Diseases . . . . .	...	...	...	1	...	...	...	...	Inflammation of lymph-	...	...	...	...	...	3	...
Neuritis	4	...	...	...	...	4	...	...	atics	2	...	...	...	...	1	...
Myelitis	1	...	1	...	...	...	...	...	Acute nephritis . . . . .	...	1	...	...	...	...	...
Sanguineous apoplexy	3	1	1	...	...	...	...	...	Granular kidney	3	1	...	...	...	...	...
Vertigo . . . . .	...	...	...	...	...	1	...	...	Pyelitis . . . . .	...	...	1	...	...	...	...
Mégrim . . . . .	...	...	...	...	...	1	...	...	Congestion of kidney	1	...	...	...	...	...	...
Headache	3	...	...	...	...	...	...	...	Nephralgia	1	...	1	...	...	...	...
Neuralgia	10	...	...	...	...	8	...	...	Hæmaturia	1	...	...	...	...	...	...
Nervous weakness	5	...	1	...	...	2	...	...	Albuminuria	1	...	...	...	...	...	...
Mania	1	...	2	...	...	...	...	...	Oxaluria	1	...	...	...	...	...	...
Melancholia . . . . .	...	...	...	...	...	1	...	...	Inflammation of the	...	...	...	...	...	...	...
Conjunctivitis	4	...	...	...	...	2	...	...	bladder	2	...	1	1	...	2	...
Ulcerative keratitis	1	...	...	...	...	...	...	...	Urethritis	1	...	...	...	...	...	...
Iritis	3	...	...	...	...	1	...	...	Stricture of urethra	1	...	...	...	...	...	...
Inflammation of the ex-	...	...	...	...	...	...	...	...	Inflammation of the	...	...	...	...	...	...	...
ternal ear	5	...	...	...	...	3	...	...	prostate	2	...	...	...	...	...	...
Rhinitis . . . . .	...	...	...	...	...	2	...	...	Phimosi . . . . .	...	...	...	...	...	1	...
Coryza . . . . .	...	...	...	...	...	3	...	...	Balanitis	1	...	...	...	...	...	...
Naso-pharyngeal ca-	...	...	...	...	...	1	...	...	Hydrocele of the sper-	...	...	...	...	...	1	...
tarrh . . . . .	...	...	...	...	...	...	...	...	matic cord . . . . .	...	...	...	...	...	...	...
Valvular disease of the	1	1	...	...	...	...	...	...	Varicocele	2	...	...	...	...	1	...
heart . . . . .	...	...	...	...	...	...	...	...	Orchitis	4	...	...	...	...	4	...
Fatty degeneration of	1	1	...	...	...	...	...	...	Epididymitis	1	...	...	...	...	...	...
the heart . . . . .	...	...	...	...	...	...	...	...	Abscess of the testicle . . . . .	...	...	...	...	...	1	...
Dilatation of the heart . . . . .	...	...	...	...	...	2	...	...	Periostitis	6	...	...	...	...	...	...
Syncope . . . . .	...	...	...	...	...	...	1	...	Synovitis	55	...	4	...	...	25	...
Disordered action of	...	...	...	...	...	...	...	...	Myalgia	4	...	...	...	...	2	...
the heart	4	...	1	...	...	4	...	...	Inflammation of bursa	3	...	...	...	...	3	...
Phlebitis	2	...	1	...	...	3	...	...	Bunion	1	...	1	...	...	...	...
Thrombosis	1	...	1	...	...	1	...	...	Inflammation of connec-	...	...	...	...	...	...	...
Varix	2	...	...	...	...	...	...	...	tive tissue	40	1	1	...	...	2	...
Laryngitis	3	...	...	...	...	3	...	...	Abscess of the connec-	...	...	...	...	...	...	...
Bronchitis	32	...	1	...	...	17	...	...	tive tissue	13	...	1	...	...	9	...
Spasmodic asthma	1	...	...	...	...	2	...	...	Erythema . . . . .	...	...	...	...	...	3	...
Pneumonia	4	1	1	...	...	2	...	...	Frickly heat . . . . .	...	...	...	...	...	1	...
Broncho-pneumonia	1	...	...	...	...	...	...	...	Herpes . . . . .	...	...	...	...	...	2	...
Pleurisy	10	...	1	...	...	4	...	...	Urticaria	1	...	...	...	...	...	...
Caries of dentine	1	...	...	...	...	1	...	...	Eczema	7	...	...	...	...	4	...
Inflammation of the	...	...	...	...	...	...	...	...	Impetigo . . . . .	...	...	...	...	...	1	...
dental periosteum	3	...	...	...	...	1	...	...	Herpes	1	...	...	...	...	...	...
Gum-boil	5	...	...	...	...	1	...	...	Pemphigus	1	...	...	...	...	...	...
Suppuration of perio-	...	...	...	...	...	...	...	...	Ulcer	16	...	1	...	...	13	...
steum, gums and	...	...	...	...	...	...	...	...	Boil	32	...	...	...	...	15	...
alveoli . . . . .	...	...	1	...	...	...	...	...	Carbuncle	4	...	...	...	...	1	...
Sore throat	10	...	1	...	...	4	...	...	Whitlow	1	...	...	...	...	1	...
Ulceration of palate and	...	...	...	...	...	...	...	...	Onychia	10	...	...	...	...	1	...
fauces	2	...	...	...	...	...	...	...	Delhi boil . . . . .	...	...	...	...	...	2	...

* Excluding Field Service.

† Information not available.

TABLE XVIII—continued.

E.—DETAIL of DISEASES—concluded.

DISEASES.	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.					BRITISH OFFICERS ATTACHED TO NATIVE TROOPS.			DISEASES.	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.					BRITISH OFFICERS ATTACHED TO NATIVE TROOPS.		
	INDIA.*			FIELD SERVICE.		INDIA.				INDIA.*			FIELD SERVICE.		INDIA.		
	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids. †		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids. †
Burns and Scalds	1	...	...	...	...	1	...	...	Concussion of the brain	14	1	1	...	...	6	...	...
Heat-stroke	4	...	1	...	...	2	...	...	Laceration of the brain				...	...		...	...
Heat apoplexy . . . . .	...	...	...	...	...	...	1	...	without fracture of				...	...		...	...
Sun-stroke	9	1	1	...	...	5	...	...	skull	1	...	1	...	...	1	1	...
Effects of cold . . . . .	...	...	...	...	...	1	...	...	Contusion of eyeball	1	...	1	...	...	...	...	...
Multiple injury	2	1	...	...	...	...	...	...	Poison, ptomaines	1	...	...	...	...	...	...	...
Suffocation from sub-	...	1	...	...	...	...	1	...	Poisoned wound by	...	...	...	...	...	...	...	...
merision . . . . .	...	...	...	...	...	...	...	...	septic matters . . . . .	...	...	...	...	...	1	...	...
Abrasions	14	...	...	...	...	5	...	...	Poisoned wound by	1	...	...	...	...	...	...	...
Contusions	53	...	1	...	...	37	...	...	horse	1	...	...	...	...	...	...	...
Strains and sprains	52	...	1	...	...	32	...	...	Poisoned wound by	...	...	...	...	...	...	...	...
Internal derangement	1	...	...	...	...	1	...	...	dog	1	...	...	...	...	1	...	...
of joint . . . . .	...	...	...	...	...	...	...	...	Poisoned wound by	...	...	...	...	...	...	...	...
Dislocation of other	12	...	1	...	...	8	...	...	stinging insect . . . . .	...	...	...	...	...	1	...	...
bones	2	1	...	...	...	2	1	...	No appreciable disease	1	...	...	...	...	1	...	...
Gunshot wounds . . . . .	...	...	...	...	...	...	...	...	
Wounds	36	...	...	...	...	32	1	...									
Foreign body in tissues	1	...	...	...	...	...	...	...		
and organs . . . . .	...	...	...	...	...	...	...	...	
Fracture of base of	1	2	...	...	...	1	...	...							
skull	29	...	4	...	...	17	...	...							
Fracture of other bones	3	...	2	...	...	5	...	...							
Rupture of muscles	1	...	1	...	...	...	...	...				
Concussion of the	...	...	...	...	...	...	...	...	
spinal cord	1	...	1	...	...	...	...	...				
									TOTAL	1,617	39	138	3	...	1,008	21	...

* Excluding Field Service.

† Information not available.

TABLE XIX

TABLE XIX

State	1900	1910	1920	1930	1940	1950	1960	1970	1980	1990	2000
Alabama											
Alaska											
Arizona											
Arkansas											
California											
Colorado											
Connecticut											
Delaware											
District of Columbia											
Florida											
Georgia											
Hawaii											
Idaho											
Illinois											
Indiana											
Iowa											
Kansas											
Kentucky											
Louisiana											
Maine											
Maryland											
Massachusetts											
Michigan											
Minnesota											
Mississippi											
Missouri											
Montana											
Nebraska											
Nevada											
New Hampshire											
New Jersey											
New Mexico											
New York											
North Carolina											
North Dakota											
Ohio											
Oklahoma											
Oregon											
Pennsylvania											
Rhode Island											
South Carolina											
South Dakota											
Tennessee											
Texas											
Utah											
Vermont											
Virginia											
Washington											
West Virginia											
Wisconsin											
Wyoming											

B.—WOMEN.

State	1900	1910	1920	1930	1940	1950	1960	1970	1980	1990	2000
Alabama											
Alaska											
Arizona											
Arkansas											
California											
Colorado											
Connecticut											
Delaware											
District of Columbia											
Florida											
Georgia											
Hawaii											
Idaho											
Illinois											
Indiana											
Iowa											
Kansas											
Kentucky											
Louisiana											
Maine											
Maryland											
Massachusetts											
Michigan											
Minnesota											
Mississippi											
Missouri											
Montana											
Nebraska											
Nevada											
New Hampshire											
New Jersey											
New Mexico											
New York											
North Carolina											
North Dakota											
Ohio											
Oklahoma											
Oregon											
Pennsylvania											
Rhode Island											
South Carolina											
South Dakota											
Tennessee											
Texas											
Utah											
Vermont											
Virginia											
Washington											
West Virginia											
Wisconsin											
Wyoming											

TABLE XIX.

RATIOS AND ACTUALS OF COMMANDS.

	Northern Command.		Western Command.		Eastern Command.		Secunderabad Division.		Barma Division.		India.*		Remaining from 1905.
	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	
Strength	854		1,016		895		498		168		3,431		
Constantly sick	37.2	31'80	31.9	32'46	28.4	25'46	41.3	20'59	15.7	2'64	32.9	112'95	
ADMISSIONS—													
Influenza	3.5	3	1.0	1	15.6	14	...	...	...	...	5.2	18	...
Cholera . . . . .	...	...	...	...	1.1	1	...	...	...	...	.3	1	...
Small-pox	7.0	6	3.0	3	4.5	4	...	...	...	...	3.8	13	2
Enteric Fever	7.0	6	7.9	8	6.7	6	10.0	5	...	...	7.3	25	5
Intermittent Fever	79.6	68	99.4	101	36.9	33	48.2	24	6.0	1	66.2	227	9
Remittent Fever	1.2	1	3.9	4	1.1	1	...	...	...	...	1.7	6	1
Simple Continued Fever	22.2	19	19.7	20	4.5	4	40.2	20	29.8	5	19.8	68	2
Tubercle of the lungs	4.7	4	2.0	2	2.2	2	4.0	2	...	...	2.9	10	...
Pneumonia	1.2	1	1.0	1	3.4	3	...	...	...	...	1.5	5	...
Other Respiratory Diseases	11.7	10	7.9	8	8.9	8	26.1	13	17.9	3	12.2	42	...
Dysentery	9.4	8	8.9	9	5.6	5	24.1	12	11.9	2	10.5	36	2
Diarrhoea	16.4	14	17.7	18	20.1	18	28.1	14	23.8	4	19.8	68	1
Anæmia and Debility	408.7	349	352.4	358	287.2	257	279.1	139	101.2	17	320.4	1,120	37
Abortion and Puerperal Affections	50.4	43	28.5	29	46.9	42	24.1	12	35.7	6	38.5	32	3
Other Diseases peculiar to women	51.5	44	69.9	71	63.7	57	66.3	33	35.7	6	61.5	211	3
ALL CAUSES	817.3	698	775.6	783	678.2	607	877.5	437	416.7	70	757.8	2,600	81
DEATHS—													
Cholera . . . . .	...	...	...	...	1.12	1	...	...	...	...	.29	1	...
Small-pox	2.34	2	.98	1	...	...	...	...	...	...	.87	3	...
Enteric Fever	1.17	1	...	...	2.23	2	4.02	2	...	...	1.46	5	...
Intermittent Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Remittent Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Simple Continued Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia . . . . .	...	...	...	...	3.35	3	...	...	...	...	.87	3	...
Other Respiratory Diseases	1.17	1	...	...	...	...	...	...	...	...	.29	1	...
Dysentery . . . . .	...	...	...	...	...	...	...	...	5.95	1	.29	1	...
Diarrhoea . . . . .	...	...	.98	1	...	...	...	...	...	...	.29	1	...
Hepatic Abscess	1.17	1	.98	1	2.23	2	...	...	...	...	1.17	4	...
Childbirth and Abortion	1.17	1	.98	1	2.23	2	...	...	...	...	1.46	5	...
ALL CAUSES	14.05	12	8.86	9	14.53	13	12.05	6	11.90	2	12.24	42	2
PERCENTAGE IN 100 ADMISSIONS—													
Influenza . . . . .	.43		.13		2.31		...	...	...	...	.69		
Cholera . . . . .	...		...		.16		...	...	...	...	.04		
Small-pox . . . . .	.86		.38		.66		...	...	...	...	.30		
Enteric Fever . . . . .	.86		1.02		.99		1.14		...	...	.96		
Intermittent Fever	9.74		12.82		5.44		5.49		1.43		8.73		
Remittent Fever . . . . .	.14		.51		.16		...	...	...	...	.23		
Simple Continued Fever	2.72		2.54		.66		4.58		7.14		2.62		
Tubercle of the lungs . . . . .	.57		.25		.33		.46		...	...	.38		
Pneumonia . . . . .	.14		.13		.49		...	...	...	...	.19		
Other Respiratory Diseases	1.43		1.02		1.32		2.97		4.29		1.62		
Dysentery	1.15		1.14		.82		2.75		2.86		1.38		
Diarrhoea	2.01		2.28		2.97		3.20		5.71		2.62		
Anæmia and Debility	50.00		45.43		42.34		31.81		24.29		43.68		
Abortion and Puerperal Affections	6.16		3.68		6.92		2.75		8.57		5.08		
Other Diseases peculiar to women	6.30		9.01		9.39		7.55		8.57		8.12		
PERCENTAGE IN 100 DEATHS—													
Cholera . . . . .	...		...		7.7		...	...	...	...	2.4		
Small-pox	16.7		11.1		...		...	...	...	...	7.1		
Enteric Fever	8.3		...		15.4		33.3		...	...	11.9		
Intermittent Fever . . . . .	...		...		...		...	...	...	...	...
Remittent Fever . . . . .	...		...		...		...	...	...	...	...
Simple Continued Fever . . . . .	...		...		...		...	...	...	...	...
Tubercle of the lungs . . . . .	...		...		...		...	...	...	...	...
Pneumonia . . . . .	...		...		23.1		...	...	...	...	7.1		
Other Respiratory Diseases	8.3		...		...		...	...	...	...	2.4		
Dysentery . . . . .	...		...		...		...	...	50.0		2.4		
Diarrhoea . . . . .	...		11.1		...		...	...	...	...	2.4		
Hepatic Abscess	8.3		11.1		15.4		...	...	...	...	2.4		
Childbirth and Abortion	8.3		11.1		15.4		...	...	50.0		11.9		

*For complete detail of diseases, see Table LIII.

WOMEN, 1906.

TABLE XX.

CHOLERA by months, stations, groups and commands.

STATION,* GROUP, COMMANDS AND DIVISIONS.	Average annual strength.	NUMBER OF ADMISSIONS FROM CHOLERA IN EACH MONTH.												Total Admissions.	Admission rate per 1,000 of strength.	Total deaths.	Death rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
B.																	
Muttra	21	...	...	...	...	...	...	...	1	...	...	...	...	1	47.6	1	47.6
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	253	...	...	...	...	...	...	...	1	...	...	...	...	1	3.9	1	3.9
INDIA	3,431	...	...	...	...	...	...	...	1	...	...	...	...	1	3	1	3.9
NORTHERN COMMAND	854	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
WESTERN "	1,016	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
EASTERN "	895	...	...	...	...	...	...	...	1	...	...	...	...	1	1.1	1	1.1
SECUNDERABAD DIVISION	498	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
BURMA DIVISION	168	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

* Stations where cholera did not occur are not shown in this table.

WOMEN, 1906.

TABLE XXI.

ENTERIC FEVER by months, stations, groups, and commands.

STATIONS* AND GROUPS.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total Admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
Fort William	71	1	...	...	...	...	...	...	...	...	...	...	...	1	14.1	...	...
GROUP IV.—BENGAL AND ORISSA	106	1	...	...	...	...	...	...	...	...	...	...	...	1	9.4	...	...
B																	
Lucknow	105	...	...	...	...	...	...	...	1	...	...	...	...	1	9.5	1	0.32
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	290	...	...	...	...	...	...	...	1	...	...	...	...	1	3.4	1	3.45
A																	
Roorkee	42	...	...	...	1	...	...	...	...	...	...	...	...	1	23.8	...	...
Meerut	117	...	...	...	1	...	...	...	...	1	...	...	...	2	17.1	1	8.35
B																	
Ferozepore	61	...	...	...	1	...	...	...	...	...	...	...	...	1	16.4	1	16.39
Rawalpindi	128	...	1	...	...	...	...	...	...	...	...	...	...	1	7.8	...	...
Attock	10	...	...	...	1	...	...	...	...	...	...	...	...	1	100.0	...	...
GROUP VI.—UPPER SUB-HIMALAYA	624	...	1	...	1	3	...	...	...	1	...	...	...	6	9.6	2	3.21
A																	
Mooltan	40	...	...	...	...	...	...	...	...	...	1	...	...	1	25.0	...	...
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	214	...	...	...	...	...	...	...	...	...	1	...	...	1	4.7	...	...
B																	
Nasirabad	25	...	...	...	1	...	...	...	...	...	...	...	...	1	40.0	...	...
Agra	42	...	...	...	1	...	...	...	...	...	...	...	...	1	23.8	...	...
Mhow	85	...	...	...	1	...	...	...	...	...	...	...	...	1	11.8	...	...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	255	...	...	...	1	2	...	...	...	...	...	...	...	3	11.8	...	...
B																	
Secunderabad	170	...	1	...	1	...	...	...	1	...	...	...	...	3	17.6	1	5.88
Belgaum	43	...	...	...	...	...	...	1	...	1	...	...	...	2	46.5	...	...
Poona	108	...	...	...	...	1	...	1	...	...	...	...	...	2	18.5	...	...
Kirkee	74	...	...	...	...	...	...	1	...	...	...	...	...	1	13.5	...	...
GROUP IX.—DECCAN	556	...	1	...	1	...	1	3	1	1	...	...	...	8	14.4	1	1.80
A																	
Bangalore	128	...	...	...	...	...	...	2	...	...	...	...	...	2	15.6	1	7.81
B																	
GROUP XI.—SOUTHERN INDIA	239	...	...	...	...	...	...	2	...	...	...	...	...	2	8.4	1	4.18
A																	
Kasauli	37	...	...	...	...	...	...	1	...	...	...	...	...	1	27.0	...	...
Murree	50	...	...	...	...	1	...	...	...	...	...	...	...	1	20.0	...	...
Parandher	10	...	...	...	...	...	...	...	1	...	...	...	...	1	100.0	...	...
GROUP XIII.—HILL VALESCENT DEPÔTS AND SANITARIA	290	...	...	...	...	1	1	...	1	...	...	...	...	3	10.3	...	...
INDIA	3,431	1	2	...	3	5	2	1	5	3	2	1	...	25	7.3	5	1.46
NORTHERN COMMAND	854	...	1	...	1	1	1	...	...	...	1	...	...	6	7.0	1	1.17
WESTERN "	1,016	...	...	...	1	1	1	...	3	1	1	...	...	8	7.9	...	...
EASTERN "	805	1	...	...	...	3	...	...	...	1	1	...	...	6	6.7	2	2.23
SECUNDERABAD DIVISION	498	...	1	...	1	...	...	...	2	1	...	...	...	5	10.0	2	4.02
BURMA DIVISION	168	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

* Stations where Enteric Fever did not occur are not shown in this table.

TABLE XXII.

RATIOS AND ACTUALS OF COMMANDS.

	Northern Command.		Western Command.		Eastern Command.		Secunderabad Division.		Burma Division.		India.*		Remaining from 1905.
	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	
Strength	1,345		1,580		1,314		840		243		5,322		
Constantly sick	15'0	20'11	18'8	29'71	15'9	20'93	28'2	23'72	5'6	1'35	18'0	95'82	
ADMISSIONS—													
Influenza	1'5	2	'6	1	9'1	12	1'2	1	...	...	3'0	16	...
Cholera . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox . . . . .	...	...	'6	1	'8	1	3'6	3	...	...	'0	5	2
Measles	19'3	26	23'9	41	22'1	29	57'1	48	...	...	27'1	144	...
Whooping Cough	3'0	4	3'2	5	7'6	10	3'6	3	...	...	4'1	22	1
Enteric Fever	7'4	10	7'0	11	3'0	4	6'0	5	...	...	5'6	30	2
Intermittent Fever	56'3	76	89'9	142	41'1	54	44'0	37	...	...	58'1	309	3
Remittent Fever	7	1	2'5	4	'8	1	2'4	2	4'1	1	1'7	9	...
Simple Continued Fever	14'1	19	17'1	27	11'4	15	26'2	22	32'9	8	17'1	91	...
Tubercular Diseases	7	1	...	...	1'5	2	2'4	2	8'2	2	1'3	7	...
Respiratory Diseases	18'6	25	48'1	76	42'6	56	76'2	64	24'7	6	42'7	227	13
Dysentery	5'9	8	7'6	12	9'9	13	20'2	17	...	...	9'4	50	2
Diarrhœa	40'1	54	45'6	72	42'6	56	63'1	53	20'6	5	45'1	240	1
Eye Diseases	5'9	8	5'1	8	38'1	50	6'5	55	...	...	22'7	121	1
ALL CAUSES	377'0	507	560'6	791	424'7	558	697'6	586	222'2	54	469'0	2,466	46
DEATHS—													
Cholera . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup	1'49	2	...	1	'76	1	...	...	...	...	'56	3	...
Enteric Fever . . . . .	...	...	'63	1	1'52	2	...	...	...	...	'56	3	...
Intermittent Fever . . . . .	...	...	1'90	3	...	...	...	...	...	...	'56	3	...
Remittent Fever . . . . .	...	...	'63	1	...	...	...	...	...	...	'19	1	...
Simple Continued Fever . . . . .	...	...	1'90	3	...	...	...	...	...	...	'55	3	...
Tubercular Diseases	'74	1	...	...	'76	1	2'38	2	4'12	1	'94	5	...
Convulsions	2'97	4	7'59	12	2'28	3	1'19	1	...	...	3'76	20	1
Respiratory Diseases	'74	1	5'70	9	3'81	5	...	...	4'12	1	3'01	16	1
Teething	1'49	2	3'80	6	3'81	5	4'76	4	...	...	3'19	17	2
Dysentery	2'23	3	3'16	5	2'18	3	...	...	...	...	2'07	11	1
Diarrhœa	11'15	15	9'49	15	6'85	9	2'38	2	4'12	1	7'89	42	3
Anæmia, Debility, and Immaturity.	7'43	10	4'43	7	9'89	13	3'57	3	4'12	1	6'39	34	...
ALL CAUSES	42'38	57	51'90	82	45'66	60	36'90	31	32'92	8	44'72	238	17
PERCENTAGE IN 100 ADMISSIONS—													
Influenza	'39		'13		2'15		'17		...		...		'64
Cholera . . . . .	...		'13		'18		'51		...		...		'20
Small-pox . . . . .	...		'18		5'20		8'19		...		...		3'77
Measles	5'13		5'18		1'79		'51		...		...		'88
Whooping Cough	'79		'63		'72		'85		...		...		1'20
Enteric Fever	1'07		1'39		9'68		6'31		...		...		12'38
Intermittent Fever	14'99		17'95		'18		'34		1'85		...		'36
Remittent Fever	'20		'51		2'69		3'75		14'81		...		3'05
Simple Continued Fever	3'75		3'41		'36		'34		3'70		...		'28
Tubercular Diseases	'20		...		10'04		10'92		11'11		...		9'09
Respiratory Diseases	4'93		9'61		2'33		2'90		...		...		2'00
Dysentery	1'58		1'52		10'04		9'04		9'26		...		9'62
Diarrhœa	10'65		9'10		8'96		9'39		...		...		4'85
Eye Diseases	1'58		1'01		...		...		...		...		...
PERCENTAGE IN 100 DEATHS—													
Cholera . . . . .	...		...		...		...		...		...		...
Small-pox . . . . .	...		...		1'7		...		...		...		1'3
Diphtheria and Croup	3'5		...		3'3		...		...		...		1'3
Enteric Fever . . . . .	...		3'7		...		...		...		...		1'3
Intermittent Fever . . . . .	...		1'2		...		...		...		...		'4
Remittent Fever . . . . .	...		3'7		...		...		...		...		1'3
Simple Continued Fever	'18		...		1'7		6'5		12'5		...		2'1
Tubercular Diseases	7'0		14'6		5'0		3'2		...		...		8'4
Convulsions	1'8		11'0		8'3		...		12'5		...		6'7
Respiratory Diseases	3'5		7'3		5'0		12'9		...		...		7'1
Teething	3'3		6'1		5'0		...		...		...		4'6
Dysentery	20'3		18'3		13'0		6'5		12'5		...		17'6
Diarrhœa	17'5		8'5		21'7		91'7		12'5		...		14'3
Anæmia, Debility, and Immaturity.	...		...		...		...		...		...		...

* For complete detail of diseases, see Table LIII

CHILDREN, 1906.

TABLE XXIV.

ENTERIC FEVER by months, stations, groups, and commands.

STATIONS,* AND GROUPS.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total admissions.	Admission rate per 1,000 of strength.	Total deaths.	Death rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
B																	
Jullundur	44	...	...	...	1	...	...	...	...	...	...	...	...	1	22.7	...	...
Lahore Cantonment	38	...	...	...	...	...	...	...	...	...	...	...	1	26.3	...	...	...
Rawalpindi	194	...	1	...	...	...	...	...	...	...	...	...	...	1	5.2	...	...
Attock	21	...	...	...	1	...	...	...	...	...	...	...	...	1	47.6	...	...
GROUP VI.—UPPER SUB-HIMALAYA.	931	...	1	...	2	...	...	...	...	...	...	...	1	4	4.3	...	...
B																	
Nasirabad	27	...	...	...	1	...	...	...	...	...	...	...	...	1	37.0	...	...
Agra	57	...	...	...	...	1	...	...	...	...	...	...	1	2	35.1	1	17.54
Jhansi	67	...	...	...	...	...	...	...	...	...	...	...	1	1	14.9	...	...
Mhow	119	...	1	1	...	...	...	...	...	...	...	...	...	2	16.8	...	...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	355	...	1	1	1	1	...	...	...	...	...	...	2	6	16.9	1	2.82
B																	
Secunderabad	269	...	...	...	...	...	...	...	...	1	...	...	...	1	2	7.4	...
Belgaum	56	...	...	...	...	...	...	...	1	...	...	...	...	1	17.9	...	...
Poona	161	...	...	...	...	...	2	...	1	2	...	...	...	5	31.1	...	...
GROUP IX.—DECCAN	835	...	...	...	...	...	2	...	2	3	...	...	...	1	8	9.6	...
Colaba	214	...	...	...	...	...	...	...	...	...	...	...	1	1	4.7	1	4.67
GROUP X.—WESTERN COAST	241	...	...	...	...	...	...	...	...	...	...	...	1	1	4.1	1	4.15
B																	
St. Thomas' Mount	38	...	...	...	...	...	...	...	...	1	...	...	...	1	26.3	...	...
GROUP XI.—SOUTHERN INDIA	423	...	...	...	...	...	...	...	...	1	...	...	...	1	2.4	...	...
Ranikhet	98	...	...	...	...	1	...	...	...	...	...	...	...	1	10.2	...	...
Chaubattia	32	...	...	...	...	1	...	...	...	...	...	...	...	1	31.2	1	31.25
Kalabagh	3	...	...	...	...	1	...	...	...	...	...	...	...	1	333.3	...	...
GROUP XIII.—HILL STATIONS.	796	...	...	...	...	3	...	...	...	...	...	...	...	3	3.8	1	1.26
Kasauli	79	...	...	...	...	...	...	1	...	...	...	...	...	1	12.7	...	...
Dalhousie	67	...	...	...	...	3	...	...	1	...	...	...	...	4	59.7	...	...
Wellington	105	...	...	...	...	...	...	...	1	...	...	...	...	1	9.5	...	...
GROUP XIII.—HILL CONVALESCENT DEPÔTS AND SANITARIA	487	...	...	...	...	3	...	1	2	...	...	...	...	6	12.3	...	...
Poonamallee Depôt	15	...	...	...	...	...	...	...	...	...	...	...	1	1	66.7	...	...
INDIA	5,322	...	2	1	3	7	2	1	4	4	5	...	1	30	5.6	3	1.56
NORTHERN COMMAND	1,345	...	1	...	2	4	...	1	1	...	1	...	...	10	7.4	...	...
WESTERN	1,580	...	1	1	1	...	2	...	2	2	2	...	...	11	7.0	1	1.63
EASTERN	1,314	...	...	...	...	3	...	...	...	...	1	...	...	4	3.0	2	1.52
SECUNDERABAD DIVISION	840	...	...	...	...	...	...	...	1	2	1	...	1	5	6.0	...	...
BURMA DIVISION	243	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

* Stations where Enteric Fever did not occur are not shown in this table.

TABLE XXV.

DEATHS OF CHILDREN BY AGES AND CAUSES.

AGE AT DEATH.	Cholera.	Small-pox.	Diphtheria and Croup.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercular Diseases.	Convulsions.	Respiratory Diseases.	Teething.	Dysentery.	Diarrhoea.	Anæmia, Debility, and Immaturity at birth.	ALL CAUSES.	Average annual strength.	Death rate per 1,000 of strength.	Liability. (The previous column expressed in percentages.)
Under 6 months	1	2	1	12	4	5	1	16	31*	106	536	190'65	48'11
Between 6 and 12 months	1	...	...	2	2	...	7	3	11	2	50	569	87'87	22'17
.. 12 and 18	1	...	1	1	5	6	5	3	9	...	35	551	63'52	16'03
.. 18 and 24	1	...	...	...	...	...	...	3	...	1	2	...	12	524	22'50	5'78
.. 2 years and 5 years	2	...	1	...	...	...	1	2	...	1	2	...	16	1,211	13'21	3'33
.. 5 .. and 10	2	...	...	...	1	...	1	...	2	...	1	13	1,210	10'74	2'71
.. 10 .. and 15	1	...	...	...	...	...	...	...	...	...	...	4	542	7'38	1'86
.. 15 .. and upwards	121	...	...
TOTAL	3†	2	3	1	3	5	20	16	17	11	40	34*	236‡	5,284‡	44'66	100'00

* 23 Immaturity.

† Diphtheria.

‡ Excluding 2 deaths and 38 average strength of children at Deolali for which details by ages are not available.

REGIMENT	COMPANY	NUMBER OF MEN	ARMED	UNARMED	TOTAL	REMARKS
1st	1st	100	80	20	100	
	2nd	100	80	20	100	
	3rd	100	80	20	100	
	4th	100	80	20	100	
	5th	100	80	20	100	
	6th	100	80	20	100	
	7th	100	80	20	100	
	8th	100	80	20	100	
	9th	100	80	20	100	
	10th	100	80	20	100	
2nd	1st	100	80	20	100	
	2nd	100	80	20	100	
	3rd	100	80	20	100	
	4th	100	80	20	100	
	5th	100	80	20	100	
	6th	100	80	20	100	
	7th	100	80	20	100	
	8th	100	80	20	100	
	9th	100	80	20	100	
	10th	100	80	20	100	

II—NATIVE TROOPS, 1906.

NATIVE TROOPS, 1906.

TABLE XXVI.

RATIOS of COMMANDS.

The ratios of admissions and deaths to strength are taken from Table XXVIII.

The actuals will be found in Table XXIX.

	RATIO PER 1,000 OF THE AVERAGE STRENGTH.					
	Northern Command.	Western Command.	Eastern Command.	Secunderabad Division.	Burma Division.	Army of India.*
—AVERAGE ANNUAL STRENGTH	40,535	34,972	21,918	10,603	5,310	127,853
I.—CONSTANTLY-SICK-RATE OF EACH MONTH—						
January	27'1	23'1	22'0	18'9	24'8	22'6
February	24'0	21'1	21'1	20'2	25'1	21'2
March	18'0	19'1	18'5	17'7	24'0	18'5
April	16'3	18'8	21'5	17'0	21'5	18'4
May	18'6	18'8	22'0	19'1	20'1	18'9
June	19'4	18'4	20'8	21'8	23'1	19'4
July	18'0	20'4	25'3	21'8	27'1	20'4
August	20'4	23'2	24'8	20'2	27'7	21'8
September	24'3	28'4	27'3	19'5	32'0	24'7
October	31'5	29'6	28'3	20'1	28'7	25'9
November	45'9	32'4	30'8	23'5	27'9	31'7
December	40'7	29'8	34'6	18'4	25'9	28'7
OF THE YEAR	25'4	23'8	24'7	19'7	26'0	23'0
III.—ADMISSION-RATE OF THE YEAR—						
Influenza	7'5	4'7	7'5	2'0	...	5'2
Cholera	1'1	1'1	1'4	3'7	...	1'7
Small-pox	1'3	1'4	1'2	1'9	1'2	1'6
Enteric Fever	1'4	1'8	1'7	2'3	1'2	1'0
Intermittent Fever	329'2	300'6	226'7	95'0	168'0	261'8
Remittent Fever	6'0	4'4	3'6	1'6	9'2	5'0
Simple Continued Fever	46'5	18'7	15'8	43'6	41'8	29'6
Tubercle of the lungs	3'3	2'1	2'6	1'4	1'9	2'5
Pneumonia	11'7	9'8	7'9	5'9	2'8	9'0
Other Respiratory Diseases	28'1	24'0	20'3	17'2	26'9	22'9
Dysentery	37'5	4'0	34'1	50'3	23'0	37'1
Diarrhoea	6'1	0'9	8'4	11'6	5'8	7'2
Hepatic { Abscess	1'1	7'2	1'1	1'3	1'4	1'1
{ Congestion and Inflammation	1'3	1'6	1'2	1'6	1'4	1'6
Scurvy	1'8	4'4	2'5	2'1	1'2	2'4
Veneral Diseases	11'1	19'6	22'9	19'1	20'0	16'2
ALL CAUSES	790'5	743'3	647'0	524'4	643'7	683'5
IV.—DEATH-RATE OF THE YEAR—						
Cholera	1'07	1'63	1'46	2'26	...	1'48
Small-pox . . . . .	...	1'09	1'05	...	...	1'03
Enteric Fever	1'32	1'29	1'18	1'66	...	1'27
Intermittent Fever	1'27	1'09	1'49	...	1'38	1'31
Remittent Fever	1'37	1'26	1'50	1'28	1'35	1'34
Simple Continued Fever . . . . .	...	1'03	...	1'28	1'19	1'04
Circulatory Diseases	1'12	1'37	1'32	1'57	...	1'25
Tubercle of the lungs	1'67	1'23	1'91	1'19	1'19	1'52
Pneumonia	2'24	1'69	1'28	1'04	1'19	1'56
Other Respiratory Diseases	1'07	1'09	1'36	1'09	1'19	1'13
Dysentery	1'10	1'20	1'23	1'19	...	1'20
Diarrhoea	1'05	1'06	1'27	...	...	1'08
Hepatic Abscess	1'05	1'09	1'05	1'19	1'19	1'09
Anæmia and Debility . . . . .	...	1'00	1'05	1'09	...	1'04
ALL CAUSES	6'19	8'09	6'93	7'73	4'14	6'57
V.—PERCENTAGE IN 100 ADMISSIONS—						
Influenza	1'95	1'63	1'16	1'38	...	1'77
Cholera	1'01	1'15	1'06	1'70	...	1'11
Small-pox	1'04	1'18	1'04	1'18	1'03	1'09
Enteric Fever	1'17	1'11	1'11	1'43	1'03	1'15
Intermittent Fever	41'65	40'45	35'04	18'11	26'10	38'31
Remittent Fever	1'76	1'60	1'56	1'31	1'43	1'72
Simple Continued Fever	5'28	2'51	2'44	8'31	6'50	4'32
Tubercle of the lungs	1'42	1'28	1'39	1'27	1'29	1'37
Pneumonia	1'49	1'32	1'23	1'13	1'44	1'32
Other Respiratory Diseases	3'55	3'22	3'14	3'27	4'18	3'36
Dysentery	4'74	5'38	5'28	9'59	5'57	5'43
Diarrhoea	1'77	1'66	1'30	2'21	1'91	1'66
Hepatic { Abscess	1'01	1'02	1'02	1'05	1'06	1'02
{ Congestion and Inflammation	1'04	1'08	1'18	1'11	1'06	1'08
Scurvy	1'10	1'59	1'39	1'40	1'03	1'35
Veneral Diseases	1'40	2'64	3'54	3'63	3'10	2'37
VI.—PERCENTAGE IN 100 DEATHS—						
Cholera	1'2	1'8	1'6	2'93	...	1'4
Small-pox . . . . .	...	1'1	1'7	...	...	1'5
Enteric Fever	5'2	3'5	2'6	8'5	...	4'0
Intermittent Fever	4'4	3'5	6'6	1'2	9'1	4'6
Remittent Fever	6'0	3'2	7'2	3'7	9'1	5'1
Simple Continued Fever . . . . .	...	1'4	...	3'7	4'5	1'6
Circulatory Diseases	2'0	4'0	4'6	7'3	...	3'8
Tubercle of the lungs	10'8	2'8	13'2	2'4	4'5	8'0
Pneumonia	36'3	20'8	18'4	13'4	4'5	23'7
Other Respiratory Diseases	1'2	1'1	5'3	1'2	4'5	1'9
Dysentery	1'6	3'5	3'3	2'4	...	3'1
Diarrhoea	1'8	1'7	3'0	...	...	1'2
Hepatic Abscess	1'8	1'1	1'7	2'4	4'5	1'4
Anæmia and Debility . . . . .	...	1'1	1'7	1'2	...	1'6

* For complete detail of diseases see Table LIII.

TABLE XXVII.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XXVIII.

The actuals will be found in Table XXIX.

	RATIO PER 1,000 OF THE AVERAGE STRENGTH.												
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	Army of India,*
	Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	S.-E. Rajputana, Central India, and Gujarat.	Decan.	Western Coast.	Southern India.	Hill Stations.	
I.—AVERAGE ANNUAL STRENGTH	1,349	2,836	954	1,816	6,209	20,842	19,224	13,243	16,591	1,783	4,282	22,403	127,853
II.—CONSTANTLY-SICK-RATE OF EACH MONTH—													
January	10'5	27'5	22'9	33'9	16'5	20'2	33'4	24'6	19'0	21'5	20'0	26'7	22'6
February	11'2	26'8	20'8	31'5	16'2	17'3	29'3	19'3	19'7	22'0	21'1	25'9	21'2
March	12'5	22'4	19'6	23'4	14'8	14'7	19'8	14'8	20'7	20'0	17'1	21'9	18'5
April	14'3	18'2	17'3	27'4	14'8	17'5	14'7	14'4	20'4	18'3	19'6	21'6	18'4
May	9'5	19'3	28'6	23'0	13'7	19'3	15'7	19'5	20'1	20'2	26'2	22'2	18'9
June	22'0	25'0	20'1	21'9	13'7	20'6	18'0	17'5	20'2	25'1	24'9	21'9	19'4
July	29'4	23'4	39'0	25'9	17'0	17'8	19'6	19'4	21'8	21'9	27'0	15'7	20'4
August	25'5	30'2	29'6	35'0	17'8	19'6	21'5	27'5	22'8	21'8	11'7	34'2	21'8
September	25'5	35'3	20'9	30'7	20'4	23'7	21'5	27'5	30'6	24'8	27'9	14'1	24'7
October	18'7	31'2	30'0	36'2	25'9	27'7	30'5	30'6	24'8	27'9	14'1	33'8	26'9
November	17'6	29'7	29'3	48'7	24'3	34'6	48'8	37'2	24'3	35'9	24'9	39'7	31'7
December	16'0	26'5	23'0	50'3	20'1	30'4	45'9	32'4	22'9	46'2	17'5	39'1	28'7
OF THE YEAR	17'8	26'4	25'2	32'5	18'0	22'2	26'9	23'3	21'2	25'2	20'1	27'8	23'0
III.—ADMISSION-RATE OF THE YEAR—													
Influenza . . . . .	...	...	...	2'2	10'0	3'3	16'2	3'2	3'7	...	2'8	3'8	5'2
Cholera . . . . .	...	...	...	6	5	4	2	7	3'8	...	7	...	7
Small-pox	7	...	...	6	2	4	5	1'8	1'1	6	1'6	2	6
Enteric Fever . . . . .	...	4	...	17	2	1'3	1'2	9	2'0	...	1'4	8	1'0
Intermittent Fever	108'2	222'5	302'9	303'4	140'9	227'7	468'3	355'3	110'0	260'8	166'0	230'0	261'8
Remittent Fever	7	1'1	2'1	6'1	3'4	4'8	7'3	3'9	3'3	1'1	1'6	6'5	5'0
Simple Continued Fever	71'9	40'2	8'4	20'4	18'5	14'9	17'0	13'4	43'6	4'5	37'8	66'2	29'6
Tubercle of the lungs	1'5	2'1	...	6	1'6	3'2	2'4	2'3	1'0	9'0	2'1	3'6	2'5
Pneumonia	3'0	2'1	7'3	5'5	6'9	10'3	10'0	10'1	8'0	5'6	6'1	12'8	9'0
Other Respiratory Diseases	31'1	30'0	26'2	41'3	18'2	17'7	25'1	19'8	15'4	20'9	19'4	34'3	22'9
Dysentery	5'2	15'5	45'1	43'5	33'3	28'5	49'2	40'7	39'2	101'0	42'7	33'6	37'1
Diarrhoea	8'2	2'8	26'2	12'1	7'6	4'5	7'4	6'9	10'7	35'9	3'5	7'1	7'2
Hepatic Abscess and Congestion and Inflammation	1'5	...	...	4'4	1'4	6	1	4	1'0	6	5	4	6
Scurvy . . . . .	...	4	...	4'4	2'6	8	1'2	2'3	2'3	8'4	1'2	4'0	2'4
Veneral Diseases	8'2	16'6	32'5	30'8	11'9	15'8	8'5	14'0	26'3	11'8	23'8	20'2	16'2
ALL CAUSES	484'8	674'2	774'6	870'1	504'0	599'5	937'9	707'2	578'9	804'3	605'1	734'5	683'5
IV.—DEATH-RATE OF THE YEAR—													
Cholera . . . . .	...	...	...	1'65	4'8	3'4	6'5	2'3	2'35	...	7'0	...	4'8
Small-pox . . . . .	...	...	...	...	1'6	...	...	...	1'2	...	...	1'04	1'03
Enteric Fever . . . . .	...	...	...	5'5	...	3'4	3'1	5'3	4'8	...	2'3	1'8	2'7
Intermittent Fever	74	35	...	1'10	1'6	3'8	2'1	5'3	1'8	5'6	...	2'7	3'1
Remittent Fever . . . . .	...	...	1'05	5'5	4'8	4'3	3'1	3'0	3'6	...	...	4'5	3'4
Simple Continued Fever	74	...	...	...	...	...	...	...	1'2	5'6	...	1'04	1'04
Circulatory Diseases . . . . .	...	...	...	1'6	1'4	...	...	...	3'0	1'68	9'3	4'0	2'5
Tubercle of the lungs . . . . .	...	3'5	...	5'5	4'8	4'3	3'1	3'0	6'6	...	2'3	1'29	5'2
Pneumonia	74	...	1'05	1'65	1'45	1'87	2'03	2'19	1'33	2'80	4'7	1'74	1'56
Other Respiratory Diseases . . . . .	...	3'5	...	1'10	3'2	1'4	1'0	6'8	6'6	...	...	1'09	1'13
Dysentery . . . . .	...	...	...	8'1	6'5	1'6	1'5	...	1'12	4'7	...	1'22	2'0
Diarrhoea . . . . .	...	...	...	5'5	1'6	1'9	...	...	5'6	...	...	1'13	1'08
Hepatic Abscess . . . . .	...	...	...	1'6	6'5	...	...	...	1'8	...	2'3	1'13	1'09
Anæmia and Debility . . . . .	...	...	...	...	...	...	...	1'5	6'6	...	...	1'04	1'04
ALL CAUSES	4'45	3'53	2'10	9'91	7'25	6'19	5'20	8'08	9'22	12'90	6'31	6'83	6'57
V.—PERCENTAGE IN 100 ADMISSIONS—													
Influenza . . . . .	...	...	...	25	1'77	55	1'73	42	64	...	46	1'52	7'7
Cholera . . . . .	...	...	...	66	69	66	62	69	66	...	12	...	1'1
Small-pox	15	...	...	66	63	67	65	24	20	67	27	63	69
Enteric Fever . . . . .	...	65	...	19	63	22	13	12	35	...	23	10	15
Intermittent Fever	22'32	33'00	39'11	34'03	24'99	37'08	49'93	46'31	19'00	32'43	27'44	34'04	38'31
Remittent Fever	15	16	27	69	60	81	78	51	57	14	27	80	72
Simple Continued Fever	14'83	5'06	1'08	2'33	3'98	2'49	1'81	1'75	7'53	5'6	6'25	9'01	4'32
Tubercle of the lungs	31	31	...	66	29	54	26	30	17	1'12	35	49	37
Pneumonia	01	31	95	63	123	171	166	132	137	70	100	174	132
Other Respiratory Diseases	6'42	4'45	3'38	4'71	3'23	2'95	2'67	2'58	3'18	3'35	3'20	4'67	3'36
Dysentery	1'07	2'30	5'82	4'97	5'01	4'71	5'24	5'31	6'78	12'55	7'06	4'58	5'43
Diarrhoea	1'68	42	3'38	1'38	1'34	75	79	91	1'85	4'46	5'8	9'7	1'05
Hepatic Abscess and Congestion and Inflammation . . . . .	...	05	...	...	03	01	01	02	05	...	04	...	02
Scurvy	31	...	...	50	26	10	01	05	12	07	08	06	08
Veneral Diseases	1'68	2'46	4'19	3'52	2'11	2'63	01	1'91	4'55	1'46	3'94	2'75	2'37
VI.—PERCENTAGE IN 100 DEATHS—													
Cholera . . . . .	...	...	...	16'7	6'7	5'4	1'0	2'8	25'5	...	11'1	...	7'4
Small-pox . . . . .	...	...	...	...	2'2	...	...	...	1'3	...	...	7	5
Enteric Fever . . . . .	...	...	...	5'6	...	5'4	6'0	6'5	5'2	...	3'7	2'6	4'0
Intermittent Fever	16'7	10'0	...	11'1	2'2	6'2	4'0	6'5	2'0	4'3	...	3'9	4'6
Remittent Fever . . . . .	...	...	50'0	5'6	6'7	7'0	6'0	3'7	3'9	...	...	6'5	5'1
Simple Continued Fever	16'7	...	...	...	...	...	...	...	1'3	4'3	...	7	6
Circulatory Diseases . . . . .	...	...	...	...	2'2	2'3	1'0	2'8	3'3	13'0	14'8	5'9	3'8
Tubercle of the lungs . . . . .	...	10'0	...	3'6	6'7	7'0	6'0	3'7	7	...	3'7	19'0	8'0
Pneumonia	16'7	...	50'0	16'7	20'0	30'2	39'0	27'1	14'4	21'7	7'4	25'5	23'7
Other Respiratory Diseases . . . . .	...	10'0	...	11'1	4'4	2'3	3'0	9	7	...	...	1'3	1'9
Dysentery . . . . .	...	...	...	11'1	8	3'0	1'9	...	8'7	7'4	3'3	3'1	3'1
Diarrhoea . . . . .	...	...	...	5'6	2'2	3'1	...	...	4'3	...	2'0	1'2	1'2
Hepatic Abscess . . . . .	...	...	...	...	2'2	8	...	...	2'0	...	3'7	2'0	1'4
Anæmia and Debility . . . . .	...	...	...	...	...	...	...	1'9	7	...	...	7	6

* Including Group Extra India. For complete detail of diseases see Table LIII.

TABLE XXVIII.

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.														2. DEATH-RATE.								
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	
Port Blair . . .	257 {	...	...	...	...	544.7	3.9	7.8	...	3.9	...	38.9	3.9	...	...	...	...	3.9	758.8	27.2	...	...	3.9	
Rangoon . . .	1,092 {	...	...	9	...	5.5	...	87.0	...	9	3.7	29.3	5.5	10.1	...	1.8	...	12.8	9.2	420.3	15.6	1.8	6.4	9
GROUP I.—BURMA COAST AND BAY ISLANDS.	1,349 {	...	...	7	...	108.2	7	71.9	...	1.5	3.0	31.1	5.2	8.2	...	1.5	...	10.4	8.2	484.8	17.8	1.5	5.2	1.5
Meiktila . . .	691 {	...	...	...	1.4	30.4	...	14.5	1.4	...	1.4	11.6	2.9	4.3	...	...	...	14.5	20.3	276.4	13.0	7.2	2.9	10.1
Fort Dufferin . . .	1,329 {	...	...	...	...	132.4	2.3	26.3	2.3	1.5	3.0	38.4	3.8	8	8	...	...	24.1	21.1	628.3	24.1	7.3	6.0	7.5
Bhamo . . .	816 {	...	...	...	...	531.9	...	84.6	1.2	4.9	1.2	31.9	45.3	4.9	...	...	1.2	35.5	6.1	1,085.8	41.7	4.9	1.2	...
GROUP II.—BURMA INLAND	2,836 {	...	...	...	4	222.5	1.1	40.2	1.8	2.1	2.1	30.0	15.5	2.8	4	...	4	25.0	16.6	674.2	26.4	6.7	3.9	6.0
Manipur . . .	579 {	...	...	...	...	386.9	...	...	...	...	10.4	13.0	34.5	34.5	...	...	...	8.6	43.2	896.4	29.4	10.4	12.1	20.7
Sadiya . . .	68 {	...	...	...	...	44.1	...	...	...	...	14.7	14.7	88.2	...	...	...	...	29.4	29.4	323.5	14.7	...	14.7	14.7
Dibrugarh . . .	307 {	...	...	...	...	202.0	6.5	26.1	...	...	...	52.1	55.4	16.3	...	...	...	19.5	13.0	645.0	19.5	3.3	3.3	6.5
GROUP III.—ASSAM . . .	954 {	...	...	...	...	302.9	2.1	8.4	...	...	7.3	26.2	45.1	26.2	...	...	...	13.6	32.5	774.6	25.2	17.3	9.4	15.7
Fort William . . .	640 {	1.6	...	1.6	1.6	1.1	...	35.9	...	...	9.4	39.1	29.7	6.2	...	1.6	...	34.4	51.6	739.1	34.4	6.2	21.9	23.4
Alipore . . .	533 {	...	...	...	...	585.4	11.3	1.9	1.9	...	3.8	35.6	61.9	9.4	...	...	...	13.1	24.4	1,166.9	37.5	1.9	18.8	3.8
Barrackpore . . .	409 {	7.3	2.4	...	4.9	300.7	9.8	19.6	2.4	...	2.4	56.2	66.0	26.9	...	17.1	19.6	7.3	12.2	953.5	29.3	7.3	2.4	2.4
Buxa . . .	234 {	...	...	...	...	119.7	...	21.4	...	4.3	4.3	34.2	...	8.5	...	...	...	17.1	21.4	589.7	21.4	...	17.1	4.3
GROUP IV.—BENGAL AND ORISSA . . .	1,816 {	2.2	6	6	1.7	303.4	6.1	20.4	1.1	6	5.5	41.3	43.3	12.1	...	4.4	4.4	19.8	30.8	876.1	32.5	4.4	16.0	10.5

NATIVE TROOPS, 1906.

TABLE XXVIII—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.											2. DEATH-RATE.												
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilia.	Soft Chancere.	Gonorrhœa.	
B.																									
Dinapore . . .	527	3.8	3.8	...	1.9	104.4	1.9	70.2	7.0	9.5	1.9	15.2	55.0	13.3	...	...	...	11.4	5.7	614.8	19.0	3.8	...	1.9
Benares . . .	615	...	...	...	...	110.6	...	42.3	...	...	1.6	21.1	19.5	...	...	...	11.4	6.5	403.5	13.0	1.6	3.3	1.6	
Allahabad . . .	1,140	...	...	...	243.9	...	6.1	1.8	...	6.1	21.9	41.2	24.6	...	9	4.4	23.7	13.2	796.5	20.2	2.6	1.8	8.8	
Fyzabad . . .	979	...	...	...	69.5	13.3	29.6	1.0	...	4.1	34.7	12.3	6.1	...	1.0	...	3.1	16.3	568.9	19.4	7.2	4.1	5.1	
Lucknow . . .	1,827	...	...	...	100.7	3.3	8.2	...	...	10.9	10.9	30.1	1.1	5	1.6	5	12.6	10.4	390.8	14.8	3.8	2.2	4.4	
Cawnpore . . .	1,045	57.4	1.0	1.0	176.1	...	1.0	1.9	4.8	9.6	11.5	47.8	3.8	...	3.8	2.9	6.7	16.3	659.3	22.0	7.7	1.9	6.7		
Fatehgarh . . .	76	...	...	...	500.0	...	...	...	...	...	13.2	26.3	...	...	...	...	13.2	...	815.8	26.3	...	...	...
GROUP V.—GANGETIC AND CHUTIA NAGPUR.	6,209	10.0	5.48	2.16	2	140.9	3.4	18.5	1.4	1.6	6.9	18.2	33.3	7.6	2	1.4	2.6	11.9	11.9	564.0	18.0	4.5	2.3	45.2	
A.																									
Bareilly . . .	1,202	5	1.7	...	8	95.7	1.7	...	...	2.5	5.0	8.3	20.0	8	...	8	...	14.1	10.8	270.5	11.6	2.5	6.7	1.7
Roorkee . . .	802	...	...	2.5	...	160.8	1.2	...	...	6.2	5.0	18.7	13.7	1.2	...	...	...	18.7	7.5	377.8	12.7	1.2	3.7	2.5
Dehra Dun . . .	2,602	16.9	3	...	1.4	446.2	4.1	36.9	2.1	2.8	4.8	14.8	15.5	8.6	...	1.4	1.4	18.6	31.0	931.8	43.8	12.1	11.0	7.9	
Meerut . . .	1,510	...	7	...	7	114.6	5.3	...	7	1.3	11.1	10.6	29.1	2.0	...	1.3	...	4.0	18.5	445.4	15.2	6.6	7.3	4.6	
Delhi . . .	907	...	1.1	...	...	830.2	...	...	...	1.1	12.1	13.2	76.1	9.9	...	...	1.1	30.9	6.6	1,288.9	28.7	5.5	...	1.1
Ambala . . .	1,347	7	1.5	1.5	7	146.3	1.5	46.0	...	7	6.7	15.6	31.9	10.4	...	7	...	16.3	20.8	477.4	14.1	8.2	3.0	9.7	
B.																									
Jullundur . . .	1,633	...	...	1.2	...	200.2	8.0	6	1.2	3.1	12.2	19.6	35.5	3.1	...	6	6	17.1	5.5	567.1	20.8	3.1	1.2	1.2
Ferozepore . . .	1,642	11.0	6	1.2	5.5	83.4	3.7	10.4	1.2	2.4	7.3	15.8	23.8	1.8	...	6	...	4.3	9.1	431.8	19.5	4.9	1.2	3.0	
Lahore Cantonment	1,764	...	...	6	2.3	134.9	2.3	13.6	...	4.5	14.2	24.4	36.3	1.7	...	6	1.1	5.7	12.5	493.2	15.3	5.1	4.5	2.8
Amritsar . . .	134	...	...	...	59.7	7.5	...	...	...	...	7.5	29.9	44.8	...	...	...	...	7.5	291.0	...	7.5	...	...	7.5
Sialkot . . .	1,714	...	...	1.2	182.6	5.3	...	6	4.1	13.4	28.0	20.4	8.8	6	...	6	22.8	8.2	631.9	19.8	2.9	2.3	2.9	
Jhelum . . .	3,493	...	...	1.0	254.1	8.1	7.4	3	6.5	15.5	15.5	32.3	3.6	...	6	1.6	14.9	14.2	610.4	23.0	4.8	3.2	6.1	
Rawalpindi . . .	2,102	...	...	5	114.7	8.1	30.6	...	1.4	11.4	23.3	22.8	1.9	...	...	1.0	11.9	25.2	511.4	19.5	3.3	9.4	12.4	
Attock . . .	90	...	...	22.2	355.6	11.1	...	...	...	...	22.2	33.3	...	...	...	...	...	11.1	...	844.4	22.2	...	...	...
GROUP VI.—UPPER HIMALAYA.	20,842	3.3	4	4	1.3	227.7	4.8	14.9	6	3.2	10.3	17.7	28.3	4.5	0	6	8	14.3	15.8	599.5	22.2	5.5	5.0	5.3	
A																									
Mardan . . .	1,033	1.9	...	...	...	110.4	1.9	2.9	1.9	1.0	9.7	14.5	11.6	3.9	...	...	...	3.9	10.6	268.2	11.6	2.9	1.9	5.8
Nowshera . . .	3,529	6	3	...	3	352.5	21.5	5.1	6	2.0	7.1	30.3	43.1	2.6	...	...	...	1.1	18.7	756.3	23.0	1.7	9	3.1
Peshawar . . .	2,676	50.1	...	4	1.1	417.8	2.2	73.6	...	5	7.5	31.8	74.4	7.5	...	4	...	29.1	8.2	1024.3	24.3	1.1	3.0	4.1	

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.														2. DEATH-RATE.								
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scarvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.
Fort Jamrud . . .	167 {	305'4	12'0	6'0	35'9	149'7	29'9	24'0	6'0	90'2	18'0	6'0
Kohat . . .	2,822 {	...	...	...	450'4	5'7	...	7'7	14'2	20'2	36'9	2'8	...	...	...	...	22'0	8'2	87'7	29'8	1'4	1'8	5'0
Thal . . .	165 {	...	...	...	12'1	575'8	...	...	...	6'1	72'7	60'6	18'2	...	...	...	34'5	12'1	1,430'3	42'4	...	...	12'1
Edwardesabad . . .	2,115 {	18'9	...	5'5	2'8	59'5	1'4	26'5	1'4	4'3	8'0	19'4	64'8	17'5	5'5	1'9	12'3	6'1	1,479'2	31'2	1'9	9'3	3'3	
Dera Ismail Khan . . .	2,415 {	12'8	...	4'2	2'1	1,196'3	4'1	3'7	...	8'8	10'8	23'6	59'2	16'1	4'...	...	8'...	21'1	6'6	1,795'4	48'9	3'3	...	3'3
Jatta . . .	59 {	...	...	...	...	104'7	...	16'9	...	16'9	16'9	16'9	84'7	...	...	...	...	...	71'9	16'9	...	...	...
Drazand . . .	60 {	...	...	...	...	1,800'0	...	...	...	...	33'3	33'3	183'3	16'7	...	...	...	...	2,400'0	33'3	...	...	...
Fort Zam . . .	58 {	...	...	...	...	465'3	...	17'2	...	34'5	51'7	86'2	...	...	...	...	34'5	...	1,017'2	34'5	...	...	...
Multan . . .	1,902 {	...	...	5'5	81'0	6'3	10'5	1'1	4'7	2'6	15'2	20'0	1'6	...	...	1'1	8'4	4'2	371'7	14'2	1'6	1'1	1'6
Bikaner . . .	30 {	...	...	...	...	...	...	...	...	33'3	...	...	...	...	...	...	...	...	66'7	...	33'3	...	...
B.																								
Jandola . . .	193 {	...	...	...	20'7	279'8	10'4	...	...	10'4	10'4	36'3	5'2	...	...	...	3'2	5'2	551'4	10'4	...	...	5'2
Sibi . . .	261 {	...	...	3'8	...	528'7	11'5	7'7	...	3'8	33'6	76'6	141'8	7'7	...	19'2	80'5	49'8	1,272'0	30'7	3'8	15'3	30'7
C.																								
Jacobabad . . .	304 {	...	...	6'6	...	753'3	3'3	13'2	...	23'0	32'9	65'8	3'3	...	...	...	16'4	32'9	1,338'6	29'6	6'6	3'3	23'0
Hyderabad . . .	577 {	...	3'5	1'7	...	253'0	...	27'7	...	6'9	15'6	25'0	1'7	...	...	...	15'6	15'6	480'1	15'6	5'2	5'2	5'2
Karachi . . .	858 {	120'0	...	...	1'2	128'2	8'2	...	2'3	8'2	16'3	30'3	29'1	9'3	...	...	4'7	7'0	683'0	25'6	5'8	1'2	9'3
GROUP VII.—N. W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA.	19,224 {	16'2	...	5'1	1'2	468'3	7'3	17'0	...	7'2	2'4	10'0	25'1	49'2	7'4	1'1	1'2	18'7	937'9	26'9	2'2	1'6	4'7	

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.														2. DEATH-RATE.											
		Influenza.	Cholera.	Small-pox.	Euteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.			
Gwalior . . .	27	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi . . .	2,449	...	...	5'3	3'7	7'11	3'3	2'4	...	2'0	6'1	12'7	10'8	5'7	...	...	1'2	13'9	19'2	1,206	6'12	27'4	4'1	5'7	9'4
Nowgong . . .	666	...	...	1'5	1'5	102'1	...	21'0	...	4'5	12'0	22'5	49'3	6'0	...	...	...	10'3	13'3	462'5	7'51	22'5	7'5	1'3	4'5
Goona . . .	397	...	...	...	...	110'8	...	...	...	...	2'5	27'7	5'0	...	...	...	2'5	30'2	7'6	332'5	2'52	10'1	5'0	...	2'5
Agar . . .	345	...	...	...	...	127'5	8'7	8'7	...	...	...	5'8	31'9	...	...	...	...	2'9	...	347'8	2'90	14'5	...	...	...
Shore . . .	753	...	...	...	...	240'7	10'6	...	2'7	4'0	6'6	2'7	30'5	5'3	...	...	...	10'6	6'6	706'5	2'66	23'9	1'3	4'0	1'3
Indore . . .	163	...	49'1	...	...	128'9	12'3	6'1	...	...	6'1	12'3	6'1	12'3	...	...	...	12'3	30'7	564'4	18'40	24'5	24'5	...	6'1
Mhow . . .	1,080	1'9	1'9	173'1	...	109'3	...	1'9	6'5	49'4	13'9	9'3	9	9	30'6	10'2	810'2	16'67	22'2	3'7	4'6	1'9
GROUP VIII.— SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	13,243	3'2	7	1'8	9	355'3	3'9	13'4	1'0	2'3	10'1	19'8	40'7	6'9	2	4	2'3	12'8	14'6	767'2	8'08	23'3	6'1	4'0	4'5		
A.																											
Saugor . . .	1,233	4'9	8	449'3	...	15'4	...	8	14'6	26'8	8'9	5'7	3'2	3'2	7'3	15'4	875'9	5'68	22'7	8'1	...	7'3	
Sutna . . .	33	...	...	...	...	303'0	...	...	...	...	...	121'2	30'3	...	...	...	...	30'3	30'3	1,000'0	...	30'3	...	...	30'3
Jubbulpore . . .	1,793	7'8	1'7	1'1	1'1	151'7	5'0	80'9	6	1'1	12'3	11'2	64'1	3'3	6	1'7	13'4	19'0	853'3	5'58	29'0	7'8	3'3	7'8	
Kamptee . . .	527	...	7'6	...	...	110'1	1'9	7'6	3'8	1'9	7'6	15'2	26'6	7'6	...	...	...	9'5	13'3	487'7	26'57	20'9	1'9	3'8	7'6
Sitabaldi . . .	86	23'3	...	...	...	314'0	...	...	...	...	...	11'6	58'1	11'6	...	...	...	11'6	...	581'4	...	11'6	...	...	...
B.																											
Aurangabad . . .	1,712	...	3'5	...	2'3	104'0	1'8	6	1'8	...	9'9	17'3	16'9	2'3	...	...	6	1'2	19'9	390'2	7'01	15'8	4'1	1'8	14'0
Ahmednagar . . .	594	1'7	8'4	53'9	1'7	112'8	1'7	1'7	8'4	35'4	20'2	13'5	1'7	...	8'4	58'9	744'1	10'10	35'4	6'7	18'5	33'7	
Bolarum . . .	1,692	1'8	6	1'2	6	20'1	...	107'6	1'8	...	7'1	16'0	59'7	5'9	2'4	2'4	17'1	16'5	556'7	4'73	26'0	8'9	6	7'1	
Secunderabad . . .	2,043	1'6	11'9	3	5'8	66'9	3'1	34'7	1'7	1'0	4'4	9'9	74'1	33'0	3	...	3'7	6'8	17'0	496'4	14'27	19'7	4'4	4'8	7'8		
Belgaum . . .	1,573	2'5	6	6	3'2	129'7	1'3	40'1	1'3	6	10'8	28'6	31'8	3'8	1'3	2'5	6	5'7	47'7	684'7	2'54	19'7	15'9	19'7	12'1		
Satara . . .	342	...	20	...	...	49'9	...	11'7	...	...	2'9	11'7	8'8	2'9	2'9	...	...	2'9	78'9	374'3	8'77	14'6	32'2	17'5	29'2

NATIVE TROOPS, 1906.

TABLE XXVIII—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.														2. DEATH-RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scoury.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhoea.	
Poona	2,002	...	1'5	3'0	1'0	29'0	5	33'5	5	2'5	7'0	14'5	24'0	4'5	...	1'0	5'0	7'5	36'0	391'6	17'5	14'5	12'5	9'0	
Kirkee	1,547	22'0	...	6	1'3	84'7	18'1	44'6	1'3	1'3	5'2	34'9	10'3	14'9	6	...	6	5'8	26'5	592'1	19'4	12'9	5'8	7'8	
Sirur	514	...	7'8	...	...	108'9	1'9	...	...	...	1'9	...	54'5	3'9	...	...	5'8	3'9	27'2	459'1	13'6	...	1'9	25'3
GROUP IX.— DECCAN.	16,591	3'7	3'8	1'1	2'0	110'0	3'3	43'6	1'2	1'0	8'0	18'4	39'2	10'7	3	1'0	2'3	8'0	26'3	578'9	21'2	9'0	6'6	10'8	
Bombay	554	...	...	1'8	...	471'1	1'8	...	9'0	12'6	0'0	28'9	191'3	99'3	...	...	12'6	39'7	27'1	1,203'5	34'3	10'8	16'2	...
Santa Cruz	700	...	...	...	...	245'7	...	...	10'0	5'7	40'0	8'57	11'4	...	1'4	1'4	10'0	7'1	767'1	25'7	...	4'3	2'9	
Cannanore	472	...	...	...	...	61'4	2'1	17'7	...	4'2	2'1	4'2	27'5	2'1	2'1	...	16'9	2'1	353'8	14'8	2'1	...	...	...
Irivandrum	57	...	...	...	...	52'6	...	35'1	...	...	...	35'1	17'5	...	...	...	...	...	326'3	17'5	...	...	...	...
GROUP X.— WESTERN COAST.	1,783	...	...	6	...	260'8	1'1	4'5	2'8	9'0	5'6	26'9	101'0	35'9	6	6	8'4	20'8	11'8	804'3	25'2	3'9	6'7	1'4
A.																									
Bellary	525	...	3'8	3'8	9'5	135'2	5'7	3'8	3'8	3'8	7'6	21'0	17'1	...	...	...	...	2'0	61'0	541'0	21'0	40'0	3'8	17'1
Bangalore	2,448	4'9	...	1'6	4	260'2	1'2	51'9	3'3	1'2	7'8	22'9	65'4	4'9	4	4	2'0	22'9	18'4	775'3	24'1	8'2	4'9	5'3	
B.																									
Trichinopoly	512	...	2'0	...	...	2'0	...	25'4	...	3'9	...	5'9	7'8	...	...	...	...	9'8	9'8	263'7	7'8	2'0	2'0	5'9
St. Thomas' Mount. }	591	...	...	1'7	...	...	...	25'4	3'4	3'4	3'4	16'9	8'5	3'4	...	1'7	...	8'5	22'0	255'5	11'8	10'2	5'1	6'8
Madras	206	...	...	...	...	4'9	24'3	...	...	4'9	14'6	24'0	4'9	...	...	...	...	14'6	34'0	597'1	24'3	9'7	9'7	14'6
GROUP XI.— SOUTHERN INDIA.	4,282	2'8	7	1'6	1'4	166'0	1'6	37'8	2'8	2'1	6'1	19'4	42'7	3'5	2	5	1'2	16'3	23'8	605'1	20'1	11'7	4'7	7'5	
Maymyo	1,125	...	...	...	102'2	40'0	9'8	...	1'8	4'4	14'2	63'1	10'7	9	...	...	...	34'7	42'7	757'3	34'7	8'9	24'0	9'8
Kohima	182	...	...	...	98'9	...	...	...	...	...	82'4	33'0	22'0	...	...	...	...	38'5	65'9	615'4	33'0	33'0	27'5	5'3
Shillong	735	2'7	...	...	6'8	314'3	2'7	...	1'4	2'7	1'4	20'4	39'3	6'8	...	...	5'4	10'9	57'1	847'6	24'5	15'0	8'2	34'0
Chumbi (including Pharijong) (Tibet). }	250	...	...	...	20'0	4'0	32'0	8'0	...	8'0	36'0	60'0	8'0	...	...	16'0	16'0	28'0	380'0	20'0	16'0	...	...	12'0
Gyantse	75	53'3	...	...	106'7	...	...	...	...	...	40'0	13'3	13'3	...	...	...	...	13'3	26'7	533'3	26'7	13'3	...	13'3
Gustok	94	...	...	...	95'7	127'7	...	...	10'6	31'9	21'3	10'6	...	...	...	...	...	21'3	...	542'6	21'3	...	...	...
Almora	698	...	...	...	67'3	1'4	70'2	...	4'3	18'6	5'7	5'7	5'7	...	...	...	...	5'7	123'2	636'1	38'7	15'8	103'2	4'3

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.													2. DEATH-RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.
Naini Tal	129	...	...	...	7.8 7.75	7.8	7.8	38.8	...	...	15.5	31.0	...	...	...	...	62.0	38.8	372.1 7.75	23.3	23.3	15.5	...
Lansdowne	2,542	4	103.5 79	5.5 39	8	7.5 1.57	7.5 2.75	13.0 1.97	27.1 39	47.2	5.1	8	6.7	21.6	13.0 10.23	455.5 10.23	26.0	5.5 39	3.9	3.5 39
Simla	112	...	...	...	44.6	...	...	...	...	...	8.9	17.9	8.9	...	...	...	26.8	17.9	392.9	8.9	...	8.9	8.9
Jutogh	171	...	...	...	...	...	...	5.8	17.5	17.5	11.7	11.7	...	...	...	...	11.7	11.7	134.5	5.8	5.8	5.8	...
Dharmasala	1,367	...	...	...	111.9 1.46	8.8	1.5	7	3.7	8.8	26.3	13.9	7.3	...	7	...	4.4	9.5	492.3 4.39	24.1	4.4	2.2	2.9
Bakloh	1,264	...	...	8	172.5 79	11.1	...	8	5.5 2.37	2.4 7.9	8.7	10.3	11.1	8	...	8	1.6	37.2	512.7 7.12	24.5	11.9	9.5	15.8
Murree	26	...	...	...	...	...	38.5	...	...	...	...	...	35.5	...	...	...	...	...	76.9	...	...	...	...
Khyragully	114	...	...	...	87.7	...	...	8.8	26.3	25.3	8.8	17.5	...	8.8	...	...	...	...	473.7 17.54	17.5	...	...	...
Baragully	74	...	...	...	40.5	...	...	...	...	...	27.0	40.5	...	...	...	...	13.5	13.5	283.8	13.5	13.5	...	...
Kalabagh	66	...	...	...	242.4	...	...	...	...	...	15.2	...	15.2	...	...	...	30.3	15.2	651.5	30.3	...	...	15.2
Chitral	164	...	...	...	122.0	...	402.4	...	...	18.3	...	24.4	12.2	...	...	...	...	...	859.8	18.3	...	...	...
Killa Drosb	559	59.0	...	...	123.4	...	55.5	1.8	8.9 5.37	16.7	14.3	37.6	10.7	...	3.6	...	14.3	3.6	640.4 16.10	25.0	...	...	3.6
Malakand	804	...	...	...	365.7 1.24	...	48.5	...	...	24.9	44.8	43.5	1.2	...	1.2	...	74.6	1.2	815.9 11.19	24.9	...	...	1.2
Dargai	410	...	2.4	...	397.6 4.88	4.0	4.9	...	2.4	12.2	7.3	31.7	4.9	...	...	2.4	12.2	7.3	717.1 14.63	22.0	4.9	...	2.4
Chakdara	472	...	...	...	442.8	...	14.8	...	...	14.8	27.5	59.3	2.1	...	...	2.1	10.6	2.1	760.6 6.36	14.8	2.1	...	...
Abhottabad	3,521	...	...	2.8	368.9 28	1.4	346.5	3	7.1 3.41	25.8 1.99	85.5	25.8	4.8	...	...	...	4.0	19.9	1,218.7 7.67	42.9	4.0	2.6	13.3
Cherat	45	222.3	...	...	283.9	22.2	44.4	...	...	22.2	88.9	177.8	...	...	...	...	...	...	1,355.6	44.4	...	...	...
Fort Lockhart	530	62.3	...	...	315.1	5.7	11.3	...	3.8	11.3	34.0	56.6	5.7	...	...	1.9	45.3	5.7	996.2 9.42	37.7	1.9	...	3
Hangu	123	...	...	...	374.0	...	...	...	...	16.3	65.1	48.8	...	...	8.1	24.4	40.7	8.1	943.1	24.4	8.1	...	...
Mir Ali Khel	80	...	...	...	1,362.5	...	12.5	...	...	25.0	125.0	125.0	125.0	...	...	12.5	62.5	...	2,250.0	50.0	...	...	...
Fort Sandeman	460	...	...	...	587.0	6.5	2.2	2.2	...	19.6	28.3	47.8	6.5	...	...	4.3	19.6	7	915.2 6.32	28.3	6.5	2.2	...
Killa Saifulla	30	...	...	...	900.0	366.7	...	...	33.3	...	100.0	133.3	...	...	...	...	...	...	1,666.7	33.3	...	...	...
Hindubagh	30	...	...	...	666.7	...	...	...	...	...	33.3	...	...	...	...	...	33.3	...	1,000.0	33.3	...	...	...
Musa Khel	28	...	...	...	1,071.4	...	...	...	...	...	71.4	35.7	...	...	...	...	35.7	...	1,464.3	35.7	...	...	...
Khan Mohamed Kot	2	...	...	...	...	...	...	...	...	...	500.0	500.0	...	...	...	...	...	...	1,500.0	...	...	...	...
Murgha	48	...	...	...	395.8	...	...	...	...	20.8	41.7	20.8	20.8	...	...	...	20.8	20.8	791.7	20.8	...	...	20.8

NATIVE TROOPS, 1906.

TABLE XXVIII—continued.

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.													2. DEATH-RATE.										
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancere.	Gonorrhœa.	
Loralai	878	...	...	...	...	575 ²	2 ³	...	1 ¹	2 ³	11 ⁴	12 ⁵	31 ⁹	15 ⁹	...	...	10 ³	18 ²	11 ⁴	1,056 ⁹	34 ²	57	1 ¹	46
Gumbar	26	...	...	...	...	423 ¹	...	...	...	...	38 ⁵	...	230 ⁸	38 ⁵	...	...	...	...	1,269 ²	38 ⁵	...	...	...	...
Qsetta	3,174	...	...	9	...	358 ²	2 ³	6	9	6	10 ¹	24 ⁹	36 ⁹	4 ⁴	3	6	13 ²	10 ¹	8 ⁵	740 ⁴	24 ⁶	3 ⁵	6	4
Peshin	31	...	...	...	...	...	...	...	...	...	...	...	64 ⁵	...	...	...	...	...	...	129 ⁰	...	...	...	...
Shelabagh	26	...	...	...	...	472 ²	27 ⁸	...	...	...	27 ⁸	138 ⁹	27 ⁸	55 ⁶	...	...	...	...	1,111 ¹	27 ⁸	...	...	...	...
Spinwana	38	...	...	...	...	289 ⁵	...	...	...	...	...	...	...	...	...	...	...	...	26 ³	526 ³	...	26 ³	...	...
Chaman	652	...	...	...	...	307	32 ²	10 ⁷	...	...	3 ¹	36 ⁸	21 ⁵	3 ¹	...	...	1 ⁵	1 ⁵	9 ²	300 ⁵	13 ⁸	6 ¹	3 ¹	...
Mount Abu	81	...	...	...	...	123 ⁵	...	12 ³	...	12 ³	12 ³	12 ³	...	12 ³	...	...	...	...	12 ³	209 ⁹	12 ³	...	12 ³	...
Ootacamund	557	...	...	...	...	10 ⁸	...	14 ⁴	1 ⁸	...	12 ⁶	43 ¹	10 ⁸	...	...	...	3 ⁶	3 ⁶	14 ⁴	283 ⁷	10 ⁸	5 ⁴	1 ⁸	7 ²
Camp Lovedale	431	7 ⁰	...	...	...	4 ⁶	...	...	2 ³	2 ³	7 ⁰	16 ²	11 ⁶	...	...	...	...	2 ³	20 ⁹	232 ⁰	9 ³	7 ⁰	9 ³	4 ⁶
Camp Yellenhalli	169	...	...	...	...	147 ⁹	...	...	17 ⁵	...	5 ⁹	47 ³	35 ⁵	...	...	...	...	...	23 ⁷	656 ⁸	17 ⁸	5 ⁹	...	17 ⁸
GROUP XII.— HILL STA- TIONS.	22,403	3 ⁸	...	2	18	250 ⁰	6 ⁵	66 ²	1 ⁶	3 ⁶	12 ⁸	34 ³	33 ⁶	7 ¹	1	4	4 ⁰	15 ⁰	20 ²	734 ⁵	27 ⁸	5 ⁹	7 ¹	7 ¹	
Marching India	10,914	1	4	2	1	158 ¹	7 ⁸	16 ⁸	1	1 ²	6 ⁴	10 ⁶	31 ⁸	4 ⁷	2	3 ⁸	4 ²	6 ²	379 ¹	8 ⁷	1 ⁶	1 ⁹	2 ⁷
EXTRA INDIA. (a) In the Indian Command:—																									
Chabbar	52	96 ²	...	...	...	865 ⁴	...	...	...	...	...	...	76 ⁹	19 ²	...	19 ²	...	19 ²	...	1,769 ²	38 ⁵	...	...	...
Jask	31	...	...	...	...	235 ³	...	...	19 ⁶	...	...	...	19 ⁶	19 ⁶	...	...	...	58 ⁸	...	509 ⁸	19 ⁶	...	...	...
Muscat	21	...	...	...	...	238 ¹	...	...	...	...	...	...	47 ⁶	...	...	...	...	...	...	381 ⁰	...	...	...	...
Bushire	65	...	...	...	...	...	...	...	15 ⁴	...	15 ⁴	...	...	...	...	...	...	15 ⁴	...	107 ⁷	15 ⁴	...	...	...
Bagdad	37	27 ⁰³
Aden	634	...	...	...	...	459 ⁰	1 ⁶	...	1 ⁶	4 ⁷	7 ⁹	113 ⁶	78 ⁹	4 ⁷	...	...	17 ⁴	30 ⁰	3 ²	1,007 ⁹	35 ³	3 ²	...	...

NATIVE TROOPS, 1906.

TABLE XXIX.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.											2. DEATHS.												
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancere.	Gonorrhoea.	Dracunculæ Medicinæ.	Other Entozoa.
Port Blair	257	...	...	...	140	1	2	...	1	...	10	1	...	...	...	...	...	1	195	7	...	...	1	...	...
Rangoon	1,092	...	1	...	6	...	95	...	1	4	32	6	11	...	2	...	14	10	459	17	2	7	1	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS.	1,349	...	1	...	146	1	97	...	2	4	42	7	11	...	2	...	14	11	654	24	2	7	2	...	...
Meiktila	691	...	...	1	21	...	10	1	...	1	8	2	3	...	...	...	10	14	191	9	5	2	7	...	...
Fort Dufferin	1,329	...	...	...	176	3	35	3	2	4	51	5	1	1	...	...	32	28	835	32	10	8	10	1	3
Bhamo	816	...	...	...	434	...	69	1	4	1	26	37	4	...	...	1	29	5	886	34	4	1	...	...	...
GROUP II.—BURMA INLAND	2,836	...	...	1	631	3	114	5	6	6	85	44	8	1	...	1	71	47	1,912	75	19	11	17	1	3
Manipur	579	...	...	...	224	...	...	...	...	6	8	20	20	...	...	...	5	25	519	17	6	7	12	...	1
Sadiya	68	...	...	...	3	...	...	...	...	1	1	6	...	...	...	...	2	2	22	1	...	1	1	...	...
Dibrugarh	307	...	...	...	62	2	8	...	...	16	17	5	...	...	...	...	6	4	168	6	1	1	2	1	...
GROUP III.—ASSAM	954	...	...	...	289	2	8	...	...	7	25	43	25	...	...	...	13	31	739	24	7	9	15	1	1
Fort William	640	1	1	1	88	1	23	...	...	6	25	19	4	...	1	...	22	33	471	22	4	14	15	...	...
Alipore	533	...	...	...	312	6	1	1	...	2	19	33	5	...	...	...	7	13	500	20	1	10	2	1	9
Barrackpore	409	3	1	2	123	4	8	1	...	1	23	27	11	...	7	8	3	5	390	12	3	1	1	4	3
Buxa	234	...	...	...	28	...	5	...	1	1	8	...	2	...	...	...	4	5	138	5	...	4	1	...	...
GROUP IV.—BENGAL AND ORISSA.	1,816	4	1	3	551	11	37	2	1	10	73	79	22	...	8	8	36	56	1,591	59	8	29	19	5	12

NATIVE TROOPS, 1906.

TABLE XXIX—continued.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.													2. DEATHS.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dranaculus Medicinis.	Other Entozoa.
Peshawar	2,676	134	1	3	1,118	6	197	7	20	85	199	20	1	78	22	2,741	65	3	8	11	5	1				
Fort Jamrud	167				51	2			1	6	25	5		4	1	151	3									
Kohat	2,822	1	1	1,271	16	2	2	40	57	104	8	2	62	23	2,457	84	4	5	14	8	1					
Thal	165	2	1	95				1	12	10	3		9	2	236	7										
Edwardesabad	2,115	40	1	6	1,240	3	56	3	9	17	41	137	37	1	1	4	26	13	2,494	66	4	2	7	4		
Dera Ismail Khan	2,415	31	1	5	2,889	10	9	2	26	57	143	39	1	2	51	16	4,336	118	8		8	8				
Jatta	59			6		1	1	1	1	1	5					42	1									
Drazand	60			108				2	2	11	1					144	2									
Fer Zam	58			27		1		2	3	5				2		59	2									
Multan	1,902	1	1	154	12	20	2	9	5	29	38	3		2	16	8	707	27	3	2	3	3	1			
Dikaner	30							1								2										
B.																										
Jandola	103		4	54	2			2	2	7	1			1	1	107	2									

STATIONS AND GROUPS.	Average actual strength.	1. ADMISSIONS.													2. DEATHS.									
		Influenza.	Cholera. Small-pox. Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lung.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anaemia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhoea.	Dracunculus Medicinis.	Other Entozoa.
Sibi	261	...	1	138	3	2	1	14	20	37	2	...	5	21	13	332	8	1	4	8	...	...	...	...
C																								
Jacobabad	304	...	2	229	1	4	...	7	10	20	1	...	...	5	10	413	9	2	1	7	...	...	...	...
Hyderabad	577	...	1	146	...	16	...	4	9	15	1	...	...	9	9	277	9	3	3	3	2	1	...	...
Karachi	858	103	...	110	7	...	2	7	14	26	25	8	...	4	6	586	22	5	1	8	25	40	...	...
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA.	19,224	312	3	9,23	9,003	141	327	13	46	192	482	945	142	2	23	360	164	18,030	518	43	31	90	71	45
		...	1	6	4	6	...	1	6	39	3	3	...	...	1	...	2	100	...	1	...	1	...	...
A																								
Bhuj	125	...	...	172	1	1	...	2	2	5	2	...	...	1	1	8	234	5	6	...	2	...	...	...
Rajkot	693	...	...	93	...	7	1	1	6	5	19	...	2	8	3	18	271	14	7	8	3	11	1	...
Deesa	729	...	...	669	2	...	2	3	18	30	16	7	...	4	14	7	986	20	2	...	5	11	...	...
Ahmedabad	455	...	...	204	...	...	1	4	66	10	3	...	...	1	2	2	516	15	2	...	2	1	...	...
Baroda	647	...	1	413	16	...	1	5	6	17	9	...	...	10	1	14	624	21	12	2	...	2	3	...
B																								
Alirajpore	36	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	...	...
Sirdarpore	389	...	...	46	1	...	1	3	3	...	2	...	...	...	8	153	6	5	2	1	7	...	...	...
Jhabwa	35	...	...	1	...	...	...	1	...	...	...	...	...	...	...	1	4	...	1	...	...	...	...	...
Kherwara	373	...	...	25	...	1	1	15	6	5	1	...	...	...	5	5	192	10	3	1	1	45	...	...
Kotra	157	...	...	50	1	...	...	1	...	...	...	...	...	...	...	4	94	4	2	...	2	5	...	...
Udaipur	35	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...
Todgarh	32	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...
Erinpura	518	...	...	126	1	4	3	4	6	13	15	2	...	...	1	10	320	11	2	6	2	1	...	...
Neemuch	439	...	3	33	...	...	1	5	10	12	2	...	1	...	10	3	160	7	...	1	2	3	...	...
Deoli	577	...	...	4	1	21	...	3	6	10	...	...	...	2	3	12	266	9	5	3	4	3	...	...
Benwar	46	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...
Nasirabad	655	...	2	200	...	2	...	7	10	20	...	1	...	1	5	6	474	15	1	1	4	6	...	...
Ajmer	453	...	1	115	2	...	1	7	3	5	8	...	...	...	1	4	276	8	2	1	1	...	...	...
Sambhar	13	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...

NATIVE TROOPS, 1906.

TABLE XXIX—continued.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.													2. DEATHS.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhoea.	Dracunculus Medicinalis.	Other Entozoa.
Jaipur	40	...	1	...	9	2	1	2	1	17	1	1
Agra	911	43	...	...	207	3	3	...	2	12	16	45	21	1	...	...	25	11	591	16	4	5	2	...	1
Gwalior	27
Jhansi	2,449	...	13	9	1,743	8	6	...	5	15	31	264	14	...	...	3	34	47	2,055	67	10	14	23	27	1
Nowgong	666	...	1	1	68	...	14	...	3	8	15	33	4	...	...	...	7	9	308	15	5	1	3	4	5
Coona	397	...	...	...	44	...	...	...	...	1	11	2	...	...	1	...	12	3	132	4	2	...	1	...	...
Agar	345	...	...	...	44	3	3	...	...	...	2	11	...	...	...	...	1	...	120	5	...	...	...	2	...
Sebore	753	...	...	...	188	8	...	2	3	5	2	23	4	...	...	...	8	5	532	18	1	3	1	...	...
Indore	163	...	8	...	21	2	1	...	...	1	2	10	2	...	...	...	2	5	92	4	4	...	1	...	...
Mhow	1,080	...	2	2	187	...	118	...	2	7	21	15	10	...	1	1	33	11	875	24	4	5	2	3	...	
GROUP VIII—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	13,243	43	9	24	12	4,706	51	178	13	30	134	262	539	92	2	5	31	169	10,160	309	81	53	60	132	12	
A																										
Saugor	1,233	...	6	1	554	...	19	...	1	18	33	11	7	...	4	4	9	19	1,080	28	10	...	9	7	...	
Sutna	33	...	...	...	10	...	...	...	...	...	4	1	...	...	...	...	1	1	33	1	...	...	1	1	...
Jubbulpore	1,793	14	3	2	2	272	9	145	1	2	22	20	115	6	...	1	3	24	34	1,530	52	14	6	14	4	7
Kamptee	527	...	4	...	58	1	4	2	1	4	8	14	4	...	...	...	5	7	257	11	1	2	4	1	4
Shabaldi	86	2	...	...	27	...	...	...	...	...	1	5	1	...	...	...	1	...	50	1	...	...	...	...	1
B																										
Aurangabad	1,712	...	6	...	4	178	3	1	3	...	17	30	29	4	1	2	34	668	27	7	3	24	12	...
Ahmednagar	504	1	5	...	32	1	67	1	1	5	21	12	8	...	1	...	5	35	442	21	4	11	20	4	...	
Bolarum	1,692	3	1	2	1	34	...	182	3	...	12	27	101	10	...	4	4	29	28	942	44	15	1	12	3	12
Secunderabad	2,943	3	35	1	17	197	9	102	5	3	13	29	218	97	1	...	11	20	1,461	58	13	14	23	6	...	

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.													2. DEATHS.											
		Influenza.	Cholera.	Small-pox.	Euteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess, Hepatic Congestion and Inflammation.	Scurvy.	Anaemia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhoea.	Dracunculus Medicinensis.	Other Entozoa.	
Belgaum	1,573	4	1	1	5	204	2	63	2	1	17	45	50	6	2	4	1	9	75	1,077	31	25	31	19	26	1
Satara	342	...	1	...	...	14	...	4	...	...	1	4	3	1	1	...	1	27	128	5	11	6	10	10	...
Poona	2,002	3	6	2	58	1	67	1	5	14	29	48	9	2	10	15	72	784	35	29	25	18	29	5		
Kirkee	1,547	34	1	2	131	28	69	2	2	8	54	16	23	1	1	9	41	910	30	20	9	12	20	9		
Sirur	514	4	...	...	50	1	...	...	...	1	...	28	2	...	3	2	14	230	7	...	1	13	...	2	
GROUP IX.—DECCAN	16,591	61	65	19	34	1,825	55	723	20	16	132	303	651	178	5	16	38	133	437	9,604	351	149	109	179	123	41
Bombay	554	...	...	1	...	261	1	...	5	7	5	16	106	55	...	7	22	15	700	19	6	9	...	2	5
Santa Cruz	700	...	...	...	...	172	1	...	7	4	28	60	8	...	1	8	7	5	537	18	...	3	2	4	1
Cannanore	472	...	...	...	...	29	1	6	...	2	1	2	13	1	1	...	8	1	167	7	1	...	...	...	...
Trivandrum	57	...	...	...	...	3	...	2	...	...	2	1	...	...	...	...	...	...	30	1	...	...	...	...	...
GROUP X.—WESTERN COAST.	1,783	...	1	...	465	2	8	5	16	10	48	180	64	1	1	15	37	21	1,434	45	7	12	2	6	6	
A																										
Bellary	525	2	2	5	71	3	2	2	2	4	11	9	...	...	...	1	32	284	11	21	2	9	...	...	...
Bangalore	2,448	12	4	1	637	3	127	6	3	19	54	106	12	1	1	5	50	45	1,895	59	20	12	13	22	20	
B																										
Trichinopoly	512	1	...	...	1	...	13	...	2	...	3	4	...	...	...	5	5	135	4	1	1	3	...	...	...
St. Thomas' Mount	591	...	1	...	2	...	15	2	2	2	10	5	2	1	...	5	13	151	7	6	3	4	...	...	5
Madras	206	...	...	...	...	1	5	...	1	...	3	5	1	...	...	3	7	123	5	2	2	3	...	...	...
GROUP XI.—SOUTHERN INDIA.	4,282	12	3	7	6	711	7	162	12	9	26	83	183	15	1	2	5	70	102	2,591	86	50	20	32	22	7
Maymyo	1,125	...	...	...	115	45	11	...	2	5	16	71	12	1	...	39	48	852	3	10	27	11	...	...	...
Kohima	182	...	...	...	18	...	...	...	...	...	15	6	4	...	...	7	12	112	6	6	5	1	...	...	...
Shillong	735	2	...	5	231	2	...	1	2	1	15	29	5	...	4	8	42	623	18	11	6	25	...	...	1
Gantok	94	...	...	...	9	...	12	...	1	...	3	2	1	...	...	2	...	51	2	...	...	...	...	...	...
Chumbi (including Pharijong) (Tibet).	250	5	1	8	2	...	2	9	15	2	...	4	4	7	95	5	4	...	3	
Gyantse	75	4	8	3	1	1	...	1	2	2	40	2	1	...	11	
Almora	698	47	1	49	...	3	13	4	4	4	4	86	444	27	11	72	3	1	

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TABLE XXIX—continued.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.														
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Mediceus.	Other Entozoa.
Naini Tal	129	1	1	1	5	2	4	3	2	4	8	5	48	3	3	2	3	2	3	3	3	3	3	3	3	3
Lansdowne	2,542	1	263	14	2	19	19	33	69	120	13	2	17	55	33	1,158	66	14	10	9	9	9	9	9	9	
Simla	112	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Jutogh	171	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dharmasala	1,367	153	12	2	1	5	12	36	19	10	1	6	13	673	33	6	3	4	6	3	4	6	6	6	6	6
Bakloh	1,264	1	218	14	1	7	3	11	13	14	1	1	2	47	648	31	15	12	20	2	2	2	2	2	2	2
Murree	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Khyragully	114	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Baragully	74	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Kalabagh	66	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Chitral	164	20	66	3	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Killa Drosh	559	33	69	31	5	6	8	21	6	2	8	2	358	14	2	9	2	2	2	2	2	2	2	2	2	2
Malakand	804	294	39	20	36	35	1	1	60	1	636	20	1	6	6	6	6	6	6	6	6	6	6	6	6	6
Dargai	410	1	163	2	2	1	5	3	13	2	1	5	3	294	9	2	1	4	2	2	2	2	2	2	2	2
Chakdara	472	209	7	7	13	28	1	1	5	1	359	7	1	3	7	1	1	1	1	1	1	1	1	1	1	1
Abbottabad	2,521	10	1,299	5	1,220	1	25	91	301	91	17	14	70	4,291	151	14	9	47	3	3	3	3	3	3	3	3
Cnerat	45	10	13	1	2	1	4	8	61	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Fort Lockhart	530	33	167	3	6	2	6	18	30	3	1	24	3	538	20	1	2	5	5	5	5	5	5	5	5	5
Hangu	123	46	2	8	6	1	3	5	116	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

STATIONS AND GROUPS.	Average annual Strength.	1. ADMISSIONS.														2. DEATHS.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculæ Medicinæ.	Other Entozoa.	
Mir Ali Khel . . .	80				109		1			2	10	10	10			1	5		180	4				1	1		
Fort Sandeman . . .	460				270	3	1	1		9	13	22	3			2	9	4	421	13	3	1		7	1		
Hindubagh . . .	30				20							1					1		30	1							
Musa Khel . . .	28				30							2	1				1		41	1							
Khan Mohamed Kot . . .	2											1	1						3								
Killa Saifulla . . .	30				27	11			1			3	4						50	1							
Murgha . . .	48				19					1	2	1	1				1	1	38	1				1	1		
Loralai . . .	878				505	2		1	2	10	11	28	14			9	16	10	928	2	30	5	1	4	1		
Gumbaz . . .	26				11					1		6	1						33	1				1			
Quetta . . .	3,174	3	1		1,137	7	2	3	2	32	79	117	14	1	2	42	32	27	2,350	19	78	11	2	14	15	9	
Peshin . . .	31											2							4						1		
Shelabagh . . .	36				17	1				1	5	1	2						40	1							
Spinwana . . .	38				11													1	20			1					
Chaman . . .	652				20	21	7			2	24	14	2			1	1	6	196	2	9	4	2		5	1	
Mount Abu . . .	81				10		1		1	1	1		1					1	17	1			1				
Ootacamund . . .	557				6		8	1		7	24	6				2	2	8	158	2	6	3	1	4		2	
Camp Lovedale . . .	431	3			2			1	1	3	7	5					1	9	100		4	3	4	2			
Yellenhalli . . .	169				25			3		1	8	6						4	111		3	1		3			
GROUP XII.—HILL STATIONS.	22,403	85	5	17	5,601	146	1,483	36	80	287	768	753	159	3	10	90	335	453	16,435	153	622	133	160	160	55	30	
Marching, India . . .	10,914	1	4	2	1,726	85	183	1	13	70	116	347	51		2	42	46	68	4,138	33	95	18	21	29	4	3	
EXTRA INDIA. (a) In the Indian Command—																											
Chabbar . . .	52	5			45							4	1		1		1		92		2						
Jask . . .	51				12			1				1	1			3			26		1						

NATIVE TROOPS, 1906.

TABLE XXIX—continued.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND COMMANDS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.										
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculæ Medicinis.	Other Entozoa.
Muscat	21	...	...	...	...	5	...	...	...	...	...	...	1	...	...	...	...	...	...	8	...	...	...	...	...	...
Bushire	65	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	1	...	...	7	...	...	...	...	...	...
Bagdad	37	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Aden	634	...	...	...	...	291	1	...	1	3	5	72	50	3	...	11	19	2	639	23	2	...	9	...	...	...
Dhala	666	...	...	...	...	530	...	5	3	...	2	1	25	...	...	2	13	20	813	31	6	...	4	...	...	...
Suleik	89	...	...	...	...	105	...	...	...	...	...	2	4	...	...	3	3	1	151	3	...	...	1	...	...	...
Nobat Dakin	75	...	...	...	...	156	3	...	...	...	...	3	9	...	...	2	1	3	204	3	2	1	...	...	...	...
Khormaksar	65	...	...	...	...	33	...	...	...	...	...	9	1	...	...	...	2	2	67	2	...	1	1	...	...	...
Sheikh Ohman	25	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Perim	26	...	...	...	...	2	...	...	...	...	...	1	7	...	...	...	1	...	20	...	...	...	...	...	...	...
(b) Not in the Indian Command:—																										
Mauritius	1,339	...	...	...	...	957	...	6	...	7	30	42	2	1	1	1	24	29	1,367	46	9	...	20	...	31	...
Colombo	52	...	...	...	...	7	...	...	1	...	...	5	...	...	...	...	...	2	23	1	...	...	2	...	...	...
Singapore	612	...	...	...	...	38	1	31	1	1	16	22	11	1	...	...	99	1	352	21	1	...	1	1	1	1
Tien-tsin	555	...	...	...	...	...	2	...	7	1	...	4	...	...	...	...	2	9	79	5	4	1	4	...	1	...
Lutai	262	...	...	...	...	6	...	...	1	...	3	3	...	...	...	...	2	1	38	3	...	1	...	...	...	...
Shan-hai-Kuan	471	3	...	1	8	...	1	8	3	13	3	...	...	...	...	...	10	7	122	8	1	2	4	...	...	...
Tongshan	310	14	...	...	10	...	1	6	1	10	...	...	...	...	...	...	...	3	77	9	...	...	3	...	...	...
ARMY OF INDIA	127,853	4	...	8	16	422	29	31	12	26	163	131	85	14	3	6	15	75	229	2,549	...	84	67	78	13	10
INDIA	124,252	671	94	79	127	33,478	633	3,783	141	324	1,155	2,034	4,748	926	19	72	397	1,833	2,067	87,390	2,949	684	586	797	500	218
		...	62	4	34	39	43	5	32	67	199	16	26	10	12	1	10	5	8	840	...	6	...	2	...	...
		...	3	...	...	1	...	...	6	...	1	...	...	...	...	...	1	1	...	54	...	...	...	...	...	...
		4	...	8	16	405	29	31	12	25	163	128	80	14	2	6	14	59	224	2,469	...	83	66	75	13	10
		654	94	79	126	32,452	631	3,751	134	300	1,141	2,862	4,669	913	17	71	306	1,696	2,015	85,332	2,847	669	582	764	499	185
		...	62	4	34	37	43	5	30	61	198	16	25	10	9	1	10	5	7	823	...	5	...	2	...	...
		...	3	...	...	1	...	...	6	...	1	...	...	...	...	...	1	1	...	53	...	...	...	...	...	...
NORTHERN COMMAND	40,535	304	4	13	55	13,344	245	1,885	21	133	476	1,158	1,520	248	4	14	32	634	450	32,041	1,031	133	98	219	97	23
WESTERN COMMAND	34,972	163	38	4	29	10,514	155	653	42	71	344	838	1,399	276	6	21	154	404	687	25,995	833	250	172	265	320	99
EASTERN COMMAND	21,918	165	9	5	16	4,969	79	346	40	56	174	445	748	184	2	26	55	356	502	14,182	541	151	206	145	45	34
SECUNDERABAD DIVISION	10,603	21	39	10	24	1,002	17	462	25	15	63	182	533	123	3	6	22	130	202	5,500	209	86	49	76	31	21
BURMA DIVISION	5,310	...	...	1	1	892	49	222	5	10	15	143	122	31	2	1	124	106	3,418	138	31	45	30	1	3	

* Remaining + admitted = total treated. † Excluding troops in Extra India not in the Indian Command. Remaining + admitted + died out of hospital = total cases. ‡ As far as returns have been received.

GROUPS AND COMMANDS.	1. AVERAGE STRENGTH.						2. CONSTANTLY SICK.						TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
I.—BURMA COAST AND BAY ISLANDS.	1,614 17	1,514 17	1,283 16	1,263 18	1,260 12	1,064 24	1,157 34	1,257 32	1,295 33	1,444 27	1,480 26	1,564 25	16,195 281
II.—BURMA INLAND	2,796 77	2,538 68	2,546 57	2,690 49	2,694 52	2,243 56	2,607 61	2,878 87	2,916 103	3,146 98	3,304 98	3,667 97	34,023 903
III.—ASSAM	1,137 26	1,011 21	1,018 20	866 15	838 24	846 17	847 33	811 24	814 17	1,000 30	1,125 33	1,128 26	11,441 286
IV.—BENGAL AND ORISSA	2,003 68	2,031 64	1,926 45	1,641 45	1,785 41	1,779 39	1,812 47	1,684 59	1,585 63	1,685 61	1,910 93	1,948 98	21,789 723
V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	8,163 135	8,101 131	7,072 105	5,612 83	5,623 77	5,676 78	5,758 103	5,741 102	5,534 113	6,460 167	6,102 149	4,670 94	74,512 1,336
VI.—UPPER SUB-HIMALAYA	24,183 489	25,422 439	23,351 344	19,674 344	18,326 353	18,137 373	18,293 377	18,801 369	19,674 467	22,233 615	22,584 781	19,426 590	250,104 5,541
VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA.	22,345 747	21,621 633	20,643 409	17,617 359	17,358 307	17,589 316	17,699 319	18,187 352	18,298 393	18,800 574	20,660 1,009	19,881 912	230,698 6,230
VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	15,776 388	15,242 294	13,746 204	10,991 158	10,962 172	11,359 169	11,735 205	12,198 266	12,326 339	14,569 446	15,529 578	14,481 469	158,914 3,688
IX.—DECCAN	18,155 345	17,996 354	17,166 355	14,962 305	14,703 286	15,024 254	15,575 314	16,061 351	15,504 354	17,697 439	17,809 432	18,445 473	199,097 4,212
X.—WESTERN COAST	2,232 48	2,185 48	1,997 40	1,733 32	1,692 34	1,724 43	1,712 43	1,738 47	1,516 33	1,650 46	1,888 57	1,625 75	21,392 546
XI.—SOUTHERN INDIA	4,711 94	5,073 107	4,199 72	3,769 74	3,782 99	3,991 127	4,179 104	4,075 64	4,186 49	4,466 63	4,531 113	4,410 77	51,372 1,043
XII.—HILL STATIONS	21,571 575	22,868 592	23,668 519	24,778 535	22,960 509	21,398 487	22,013 504	22,641 601	22,692 775	23,654 799	20,934 768	19,649 768	268,826 7,432
ARMY OF INDIA	143,081 3,239	143,431 3,039	131,823 2,435	118,117 2,171	114,635 2,170	113,962 2,208	115,437 2,350	117,282 2,556	119,938 2,057	135,263 3,640	140,467 4,434	140,776 4,046	1,534,212 35,265
INDIA*	139,317 3,136	139,706 2,998	128,086 2,313	114,499 2,024	110,986 2,049	110,342 2,110	111,842 2,263	113,698 2,484	116,461 2,886	131,790 3,599	137,000 4,401	137,272 3,982	1,490,999 34,155
NORTHERN COMMAND	45,079 1,222	45,113 1,082	43,909 789	39,696 649	37,730 701	36,713 713	37,760 678	38,648 788	39,798 966	42,044 1,323	39,259 1,802	40,670 1,655	486,419 12,369
WESTERN COMMAND	40,046 927	39,119 825	36,795 703	31,965 602	31,273 587	31,660 583	31,878 651	33,041 765	32,108 913	36,589 1,084	38,691 1,254	36,480 1,088	419,645 9,982
EASTERN COMMAND	24,057 550	25,485 538	24,005 445	21,098 453	20,340 447	20,336 423	20,791 526	20,926 519	20,720 566	22,952 649	24,546 757	17,760 615	263,016 6,488
SECUNDERABAD DIVISION	11,416 216	11,933 241	10,588 187	9,565 163	9,567 183	9,701 211	10,083 220	10,199 206	10,374 201	11,366 229	11,003 239	11,487 211	127,232 2,527
BURMA DIVISION	5,847 145	5,743 144	5,116 123	5,076 109	4,931 99	4,255 107	4,718 128	5,097 141	5,216 167	5,652 162	5,805 162	6,260 162	63,716 1,649

* Excluding troops in Extra India not in the Indian Command.

TABLE XXX.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

The ratios of sickness and mortality will be found in Table XXVIII.

NORTHERN COMMAND.

KOHAT.—The drainage within Cantonments is generally satisfactory. There are still some drains and water channels which require to be made *pucca* and this will be done as money is available. The highly-irrigated lands, held by zamindars, in and around Cantonments, are very prejudicial to the health of the station and should, if possible, be acquired by Government. The water-supply is good and sufficient generally, but there is sometimes a deficiency in the hot weather. The barrack accommodation for the 22nd Cavalry is sufficient for fighting men only and as syces also occupy the barracks there is some overcrowding. For the 26th Jacob's Mountain Battery the barrack accommodation according to Regulations is insufficient. The *dhobi's ghat* owing to insufficiency of water, which is also sometimes very filthy, is most unsatisfactory and dangerous to health.

The only work executed during the year to improve the sanitary condition of the station was the construction, at an approximate cost of Rs. 300, of a few short lengths of masonry drains.

The Principal Medical Officer of the Brigade is of opinion that the most urgent sanitary requirements of the station are the following :—

- (a) the provision of dry-earth sheds and appliances for working the dry-earth system efficiently ;
- (b) an increased pure water supply, to admit of the construction of a *dhobi ghat* ;
- (c) a new pump for the Fort well ;
- (d) additional water carts ;
- (e) lining several more channels with masonry ;
- (f) acquirement by Government of the plots of Zemindari land scattered through the cantonment ;
- (g) buying by Government of the Chikar Kote village.

He adds that "viewed as a possible future base of field operations, the sanitary condition of Kohat must be considered of great military importance. Many of the above-mentioned necessities are matters of detail ; but as the cantonment income is insufficient to meet them, an initial special sanitary grant, to put them on a sound working footing, is most essential. Viewed as a base of operations, the desirability of the Army Department acquiring increased water rights, in the springs, cannot be too strongly insisted on."

The Major-General Commanding the Brigade remarks :— "I concur in the recommendations of the Principal Medical Officer but as no funds are available they (with the exception of (c) which is a small matter) cannot be carried out."

THAL. JATTA. DRAZAND. FORT ZAM.	}	No sanitary reports.
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KHYRA GALL.—No defects were reported in the latrines or urinaries nor in the conservancy arrangements. Minor improvements, such as alterations to a cook-house, the construction of a latrine and urinal for men, a latrine for women and another for officers, servants and the construction of quarters for military works coolies were effected during the year at an expenditure of Rs. 5,278.

The Principal Medical Officer of the Division remarks that the station is in a good sanitary condition.

DROSH.—The ground between Upper and Lower Drosh is terraced and planted with rice every spring and in the summer it is in a marshy condition. The accommodation for the troops is deficient. Latrines are required in both bazars. No defects exist in roads, compounds, etc., but it would be advisable if the drains outside the Fort could be made *pucca* for several hundred yards from the Fort walls.

The Cantonment Committee state that the marshy condition of the rice-fields had already been brought to the notice of the Assistant Political Agent in the Annual Sanitary Report for 1904, but it was found impracticable to remedy it. In regard to the deficient accommodation the questions of abolishing Lower Drosh and of erecting a building outside the existing Upper Drosh Fort are under consideration, and if the proposals are sanctioned more accommodation will be available. In the hot weather a large portion of the garrison moves into summer camps.

The Principal Medical Officer and the Lieutenant-General Commanding the Division make no remarks.

MALAKAND.—In Peacock's area each house has been treated as a separate building, but the drains have been made *pucca* for a distance of about 10 feet only from the walls ; no attempt has been made to carry all drains outside the wall of the Fort. These defects, which apply equally to the drainage of buildings inside the Fort, have been brought to the notice of the Garrison Engineer. The troops are somewhat overcrowded as provision has been made for only one regiment on field service strength (some 700 odd men) where as about 900 men are present.

No works of improvement would appear to have been carried out during the year and apparently none are under consideration.

The Cantonment Committee suggest that fire-places be provided in the several barracks, guard houses and towers, an estimate for which is being prepared for inclusion in next year's budget ; also that the *pucca* drainage should be continued as far as possible to the outskirts of Peacock's enclosure ; and that a meat ration should be provided by Government once a week in the winter.

The Principal Medical Officer of the Division states that the station is in fair sanitary condition and that he concurs in the Committee's remark as to the necessity of some warming arrangement being made in the barrack rooms and also as to the extra ration, which was authorized until 1905, when it was discontinued, apparently for economic reason.

The Major-General Commanding the Nowshera Brigade considers that fire-places are necessary and notes that in his opinion it is essential that Government should give some assistance in the way of a ration.

DARGAL.—There are several *kutchas* drains in the bazaar in which water lodges continually.

The Cantonment Committee consider it would be a great advantage to have these drains made *pucca*.

The Principal Medical Officer of the Division remarks that the station is in good sanitary condition, except the bazaar, which is merely a collection of temporary "Shantis." He adds that it was a troublesome place to deal with during the epidemic of small-pox and recommends its demolition and the building of another bazaar on a different site.

The Major-General Commanding the Nowshera Brigade states that the bazaar will be improved when the new Levy Post is built.

ABBOTTABAD.—All the *nullahs* running through cantonments require small stone drains laid down along their beds to prevent the formation of stagnant pools. This matter has been strongly represented to the General Officer Commanding 2nd Division and the scheme for this drainage has been promoted from the 38th to the 7th place on the list of urgent works. There are many objectionable streams, *nullahs* and ponds in the vicinity of cantonments and some ponds in cantonments which are being filled up. For many years accommodation has been insufficient in the barracks of the 1-5th, 2-5th and 1-6th Gurkha Rifles. An estimate for bringing their accommodation up to the authorized standard has been prepared by the Military Works Service. The 2-5th Gurkha Rifles suffer most from the deficiency in accommodation and consequently have the largest number of deaths from tubercle of the lungs. Overcrowding in that battalion has had to be prevented by putting men in excess of the authorized numbers under canvas in the middle of winter. The earthen floors of the barracks are insanitary because it is difficult to keep them clean.

A total expenditure of Rs. 55,868 was incurred during the year on the construction of drains, fire-places, and latrines, alterations to the hospital buildings, improvements in the water-supply, etc.

With reference to the suggestions made by the medical officer for remedying the defects noted in the preceding paragraph, the Cantonment Committee consider that the question of deficient accommodation in the 1-5th, 2-5th, and 1-6th Gurkha Rifles barracks should be given the first place, on account of the heavy mortality from tubercle of the lungs. Next in order of urgency are (1) the construction of *pucca* drains in the *nullahs*, as these are the cause of the great prevalence of malaria ; (2) the construction of *pucca* floors in the barrack rooms ; (3) improvements in the drainage and filling up of all ponds in Cantonments ; and (4) improvement of the banks of the *nullahs*.

TABLE XXX—continued.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

The ratios of sickness and mortality will be found in Table XXVIII.

The Principal Medical Officer of the Abbottabad and Sialkot Brigades states that the following sanitary measures are necessary:— (1) the provision of sufficient floor area and cubic air space in barracks for all troops; (2) the proper drainage of the lines and their neighbourhood by means of properly pitched and well built *pucca* drains; (3) the flooring of the barracks with either flags, tiles or cement so as to allow of the floors being washed either with water or with a disinfectant when necessary; (4) the provision of a Cantonment Hospital for the treatment of contagious and infectious diseases amongst civilians.

FORT LOCKHART.—No sanitary report.

WESTERN COMMAND.

SIBI.—No sanitary report.

DEESA.—No sanitary defects.

AHMEDABAD.—The surface and sub-soil drainage is insufficient in the Cantonment generally. The enormous growth of trees in the British and Native lines and of trees, shrubs, bushes and cactus hedges in private compounds together with the insufficient surface and sub-soil drainage is said to account for the unhealthiness of the station.

The Cantonment Committee state that the trees that are not needed for shade will be gradually removed and shrubs and cactus hedges in private compounds thinned and cleaned out. So far as the surface and sub-soil drainage is concerned, they do not consider that anything can be done owing to the sandy soil, all rain being rapidly absorbed.

The Principal Medical Officer of the Division agrees with the remarks of the Committee.

BARODA.—The drainage is fair. A slope runs from north to south in which water lodges only after heavy rain. The regimental water-supply which is derived from wells is scanty in the hot season. The sanitation of the city and several villages which are adjacent to cantonments is primitive. A *dhobies' ghât* is needed. A total expenditure of R977-8-9 was incurred during the year by the Public Works Department on drainage, cleaning wells and encamping grounds, lengthening overflow channels of wells and constructing two new cookhouses in the Native Infantry hospital and R2,028-1-2 was expended on conservancy by the Cantonment Committee.

The Cantonment Committee suggest that the negotiations which are being carried on for the acquirement of additional land for the disposal of sewage be hastened and that a *dhobies' ghât* be constructed. The Principal Medical Officer and the Major-General of the Division concur in the suggestions made by the Committee.

SIRDARPORE.—No sanitary defects.

JHABWA.—No sanitary report.

KHERWARA.—There is inadequate ventilation of houses in the regimental lines and ridge ventilation, it is said, would be a great improvement.

The Principal Medical Officer of the Division considers that ridge ventilation should be provided in the lines.

The Major-General Commanding the Division concurs in the Principal Medical Officer's remarks but adds that the accommodation provided is far superior to what the men have in their homes.

UDAIPUR.—No sanitary report.

NEEMUCH.—The water-supply is deficient during the dry months but is of good quality. The wells in the bazaar are protected from pollution to some extent, but the method of drawing and distributing the water renders it liable to contamination. A sum of R165-9-2 was spent on minor works during the year.

The Cantonment Committee offer no suggestions.

The Principal Medical Officer of the Division is of opinion that the lines of the Native Cavalry have been occupied too long and that the tents are very old and defective in many respects. He adds that new barracks on a new site are needed for the Cavalry.

The Major-General Commanding the Division remarks that "the Cavalry lines are rank bad."

BRAWAR. } No sanitary reports.

JAIPUR. } No sanitary defects.

INDORE.—No sanitary defects.
 MHOW.—The water-supply is of excellent quality but deficient in quantity in the dry weather. The *sadar* bazaar is too congested and except in certain special cases no more building sites are being granted. The demolition of houses and the making of new thoroughfares is being proceeded with. A total expenditure of R15,852-2-7 was incurred during the year on various sanitary improvements and R29,067-10-10 on conservancy.

The Cantonment Committee suggest the demolition of more insanitary houses in crowded localities in the bazaar so as to provide for a free circulation of air; the provision of new drains in the bazaar; the construction of new *pucca* roads in opened out streets and the planting of trees along roadsides.

The Principal Medical Officer of the Division considers the above suggestions are all very urgent requirements.

The Major-General Commanding the Division remarks that the Cavalry lines are practically touching the bazaar and some of the officers' bungalows are in it. He concurs in the Principal Medical Officer's remarks and adds that until effect is given to the first suggestion of the Cantonment Committee (which must take time) he fears no considerable improvement can be looked for.

KAMPTEE.—The station main drain requires thorough repairing. The accommodation is sufficient, but owing to the ruinous condition of very many of the barracks, overcrowding sometimes exists. The Officer Commanding 117th Mahrattas reports that the lines are the worst he ever remembers a native regiment being in and many of the barracks are positively unsafe. The filth receptacles are of an inferior pattern. No defects exist in the bazaars except that many of the private latrines are of an unsatisfactory pattern, a defect, however, which is being gradually remedied. A total expenditure of R12,159 was incurred during the year by the Cantonment Committee on improvements in drainage, anti-malarial measures, purchase of new filth carts and repairs to old ones, increased latrine accommodation, etc. In addition a total amount of R42,566 was expended during the year on conservancy.

The Cantonment Committee remark that the Officer Commanding 117th Mahrattas has had a sum of R600 placed at his disposal for the current year's repairs to the lines and that the amount will be spent in doing all that is possible to prevent the roofs falling in; a roof actually did fall in during November 1906.

The Principal Medical Officer of the Jubbulpore and Jhansi Brigades states that the repairs to the main drain should be carried out; that proper filth carts should be provided; and that the defects in the bazaar latrines should be attended to at once.

The Brigadier-General Commanding the Jubbulpore Brigade concurs in the suggestions of the Principal Medical Officer.

AHMEDNAGAR.—There is a collection of native huts, occupied chiefly by sweepers, between the Military Works Store and the Station Hospital in the centre of the European lines which is a source of danger to the troops. The Cantonment slaughter-house is very bad and requires reconstruction. There is no drainage or water-supply, the floor is of rough stones uncemented and myriads of flies haunt the place.

The Cantonment Committee state that the huts are kept under constant supervision to try and keep them in as sanitary a condition as possible and that sanction for the re-erection of the slaughter-house has been applied for.

The Principal Medical Officer of the 6th (Poona) Division remarks that the most urgent sanitary requirement appears to him to be the provision of a proper slaughter-house, the present one being a disgrace.

The Lieutenant-General Commanding the Division offers no remarks.

POONA.—The Bairoba and Mareoda nullahs pass through the cantonments near barracks and lines. They have frequently been reported as insanitary, the former more especially, owing to irregularities of the bed and banks. The latter is being flagged and when finished will be sanitary. Tanks in Sholapur Road and Staveley Road have been drained and very much improved, but very little water remains in them. A tank at the end of East Street is difficult to drain and is still insanitary. The water-supply is neither deficient nor inferior, but possible sources of contamination are the presence of villages on the catchment area which feeds Lake Fife and the open canal, 11 miles in length, leading from the lake to Poona. There are no sources of contamination in the mode of drawing and distribution. The urinals in the native lines are obsolete and bad. A sum of R1,399 was expended on improving the surface drainage of

TABLE XXX—continued.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

The ratios of sickness and mortality will be found in Table XXVIII.

The Native Cavalry lines at Ghorpurie and R1,754 on the erection of latrines in the Napier and Khan roads and in the Cavalry lines. The Cantonment Committee suggest a water system for removal of night-soil and failing this a better system of removal by carts or trollies and more suitably situated filth pits. New carts which are a great improvement on the old pattern have recently been purchased. The water-supply for cleansing carts at the pits is very deficient. They recommend the cleansing of the catchment area of Lake Fife and a system of pipes for the conveyance of water therefrom: also the provision of an improved pattern of urinal for native troops.

The Principal Medical Officer states that his views are quite in accord with those expressed in the report.

The Lieutenant-General Commanding the Division offers no remarks.

SIRUR.—The absence of urinals in the lines of the Native regiment was the only sanitary defect reported.

BOMBAY (COLABA).—The drainage, apart from that of the latrines in the lines, is by open channels that convey washing, cook-house and rain-water to the main drain; the opening into this is very liable to be choked up. On the north-east a municipal drain, which is very foul, runs through the lines. The lines are shut in on two sides with most insanitary streets—a part of the bazaar, where plague and small-pox flourish.

The Principal Medical Officer of the Bombay Brigade remarks:—"It is evident that Colaba has been neglected in some respects for many years back. Recently there has been considerable activity but much remains to be done." As regards sewage disposal, he notes—"A main sewer passes close to barracks, but the removal system is still used. The present accommodation for followers is as bad and insanitary as it well can be and is a standing menace at all times to the health of the troops. Proper sanitary "chawls" of the same model as those adopted by the city Improvement Trust are a pressing necessity. The barracks in the Marine Lines are quite unfit for occupation and should be condemned forthwith. The materials used in construction—roofing, flooring, etc.—are perfectly adapted for the harbouring of rats and through them for the propagation of plague. There are two drains, only partly under military control, which become horribly foul and are not only a public nuisance but a grave menace. These barracks should be demolished forthwith. With the growth of the town the present site is much too cramped for a battalion and is dangerously near the bazaar." He adds—"the above are the principal sanitary defects—there are others more or less pressing. The question is so wide, however, and so complicated owing to the numerous conflicting interest and the want of definition of authority—Military, Municipal, and City Improvement—that it is quite impossible for military authority alone to deal with it.

The Brigadier-General Commanding the Bombay Brigade states that he concurs generally in the remarks of the Principal Medical Officer regarding Colaba and the Marine lines, and that the only solution of the numerous problems involved is, so far as he can see, that suggested by the Military Lands Committee, whose report is now, he believes, under consideration by the Government of India.

SANTA CRUZ.—The Cantonment is closely surrounded by rice fields and cultivation should be prohibited within half a mile of the Cantonment boundary. The nearness of the adjacent village is undoubtedly a blot on the sanitation of the Cantonment: its wells are too close and those immediately adjacent should be put out of use and treated with kerosine oil. No action is said can be taken locally to remedy these defects. The latrines should be converted into moveable ones. The puddles of water at the outfalls of the various drains are sources of danger and require a good allowance of oil, which has been applied for. There are too many borrow-pits (excavated during construction of barracks); these should be drained as no amount of oil will render them safe. The Officer Commanding the Station states that owing to the fact that this station has not yet been declared a Cantonment under the Act, it has not been possible to deal satisfactorily with the bulk of the sweepers who deserted in October 1906 and that it was very difficult to replace these men.

The Principal Medical Officer of the Bombay Brigade states that the malarious condition is due to (1) the amount of wet "paddy" and other water in the vicinity; and (2) to the narrow limits of the Cantonment boundary and consequent uncontrolled excavation, particularly on the south-east side; but that these defects are beyond military jurisdiction and can only be remedied through the Civil authority. There is a grossly insanitary village outside Cantonments, on the south-east side within a few yards of the Officers' quarters, which is a source of great danger to the troops as it is frequently infected with cholera, plague, etc. The fixed latrines are insanitary and steps are being taken to provide moveable ones. The latrine trenches are too near, but even if they are removed to the extreme limit of the Cantonment on the north side, they will remain so. A scheme for their removal and for the construction of a road was submitted a year ago, but no action has been taken. The insanitary conditions are a direct outcome of the too limited area of the Cantonment and the only remedy is to take in much more ground and bring it under military control. This would be an expensive measure, but until it is done, the Cantonment will certainly continue to be unhealthy. He concludes by saying that as the Marine Lines in Bombay are grossly insanitary, their abolition, conjointly with an enlargement of the Santa Cruz Cantonment and the quartering of both native battalions there, would be a feasible scheme from all points of view—military, sanitary and financial.

The Brigadier-General Commanding the Bombay Brigade agrees with the Principal Medical Officer that the unhealthiness of this Cantonment is due to its restricted area and to the fact that it is a small island in the middle of lands over which the military authorities have no control. The acquisition of land to extend the area of the Cantonment has been under consideration, but the price demanded is so high as to be almost prohibitive. He adds that it would be difficult to put the trenching area further afield as during the monsoon for some months the hills on which the Cantonment is built practically form an island.

ADEN.—There is some overcrowding in the lines of the 116th Mahrattas as regards superficial area, but the cubic space is considerably more than is required by Regulations and the rooms are well ventilated. In the hot weather most of the men sleep in the verandahs and owing to the good ventilation the slight overcrowding in the cold season as regards the superficial area is not of much consequence. The hospital latrine is insanitary and should be replaced by an iron one and the latrine in the Supply and Transport lines badly needs repairs. The Cantonment Committee state that the defects in the latrines of the Native Infantry and Followers' hospitals will be remedied at the commencement of the financial year when funds will be available.

The Major-General Commanding the Brigade remarks that, with the exception of debility due to climatic causes and malaria due to an unhealthy autumn at Dthala, the health of the station has been satisfactory. The sanitation is as good as the present system of removal and burial of excreta permits, but would be improved, he believes, by the introduction of septic tanks which, however, is not possible in the absence of a supply of fresh water. Proposals for a water-supply scheme are being worked out for submission to Government.

DTHALA.—No sanitary report.

EASTERN COMMAND.

FORT WILLIAM (ALIPORE).—There are many "tanks" in the Native Infantry lines. The supply of pipe-water is rather deficient in the lines. The surrounding country is damp and low-lying; a large scheme of drainage is, it is believed, under consideration.

The Senior Medical Officer suggests that *pucca* covered drains, with as much "fall" as possible should replace the *kutchas* drains in the Native Infantry lines. The tanks at Alipore (Native Infantry lines) should be kerosened, and the contracts allowing them to be used for fishing abolished—should this latter be done, they might be drained. The Principal Medical Officer of the Presidency and Assam Brigades remarks that the continuation of *pucca* drains in the Native Infantry lines at Alipore is the most urgent measure proposed.

ALLAHABAD.—In the fort the defect in the drainage system owing to insufficient fall still remains. The cook-houses for the hospital and British Infantry in the fort are situated at too great a distance from the hospital and barrack rooms. The quarters for the men of the Army Hospital Corps and their families are in the immediate vicinity of these cook-houses, not more than 20 feet away. The servants' quarters and cook-houses for the married people of the Ordnance Department are mingled in the various blocks in an undesirable way.

The Principal Medical Officer of the 8th (Lucknow) Division states that the quarters of the Army Hospital Corps in the fort are too near the cook-houses of the British Infantry and that they should be demolished and new ones built on a site some distance away. The servants' quarters and cook-houses of the married families of the Ordnance Department, are also far too close and one or the other should be moved to a new site.

TABLE XXX—continued.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

The ratios of sickness and mortality will be found in Table XXVIII.

The Brigadier-General Commanding the Brigade remarks that the drainage is very defective owing to want of "fall". Sullage water must be removed by carts and this matter is under consideration by the Lieutenant-General Commanding 8th Division. He concludes by saying that the sanitary arrangements made by the civil authorities during the *Magh Mela* in February 1906, were very inadequate.

LUCKNOW.—Several large ponds impossible to drain, and too large to fill up without great expense, exist in Cantonments. A *nullah*, about 180 yards above the water-supply intake in the river is commonly fouled by native excreta. The floor and cubic space are defective in the lines at present occupied by the 8th Rajputs, but the matter is to be brought before the Standing Barrack Committee.

The Cantonment Committee suggest that the local Municipality be approached with a view to extending the intake pipe above the *nullah* or diverting the exit of the latter to a point below the intake. The Senior Medical Officer of the station notes that he visited the pumping station again on 13th July 1907, and found its condition unchanged.

The General Officer Commanding the Division remarks that at his recent inspection of the Cantonment he found steps had been taken to remedy the defects complained of in sanitation; and that the lines of the 8th Rajputs had been re-sited and that the work of reconstruction was about to be begun.

DEHRA DUN.—Rice is largely cultivated in too close proximity to Cantonments. By the acquisition of Garhi village, which is on the road to Birpur, this defect would be mitigated to a great extent. Provision for the purchase of four new filth carts will be made in the Revised Cantonment Budget Estimate for 1906-07. Great difficulty is experienced in carrying out conservancy arrangements in the limited time in which the work can be done. There are eight or nine houses, private property, bordering on Cantonments, which are not under Municipal or Cantonment control, in which no sanitary arrangements have been made but steps have been taken to induce owners to join in the conservancy system obtaining in Cantonments, and the majority of owners have agreed. An expenditure of ₹1,000 was incurred during the year on the provision of urinals for the 2nd and 9th Gurkha Rifles.

The Cantonment Committee are quite in accord with the remarks made above regarding the purchase of Garhi village and the provision of filth carts for each battalion and for the latrines of bungalows bordering on Cantonments.

The Principal Medical Officer and the Officer Commanding the Garhwal Brigade concur in the foregoing remarks and the Officer Commanding the 7th (Meerut) Division states that the question of the inclusion of Garhi village within Cantonment limits is under consideration.

SHILLONG.—Various drains should be made *pucca* when funds are available and three swamps should be drained. The Principal Medical Officer remarks that the rebuilding or reroofing of some of the barracks occupied by the 8th Gurkha Rifles seems to be urgent as the wood-work in several places was rotten and likely to fall down and that one or two drains in the lines of the 8th Gurkha Rifles should be made *pucca*.

The Officer Commanding the Assam Brigade states that the lines are fairly good, but require verandahs on the west side to keep the rain off the main wall and that the married quarters are not good. He adds that much work has been done in this station in organizing a good regimental sanitary system.

GANGTOK.—The water becomes polluted during the rains as it is not filtered. A sum of ₹2,150 was expended during the year on repairs to barracks, improvements in the water-supply and on four new minor works. Arrangements should be made for the filtration of the water, especially during the rains, as bowel complaints are then very prevalent.

LANSDOWNE.—The water-supply after heavy rain gets somewhat contaminated by surface drainage. Overcrowding exists at present in the 1-39th Garhwal Rifles lines and the accommodation is insufficient for 316 men on the present allowance of cubic space, but estimates for providing the required accommodation are now being prepared. The Principal Medical Officer of the Bareilly and Garhwal Brigades recommends the destruction of night-soil in an incinerator as the most suitable form of treating it in a hill station and the Officer Commanding the Garhwal Brigade states that the provision of an incinerator has been under consideration for some time, but was prohibitive owing to the impossibility of transport; he adds that as soon as a new road is open the matter will be reconsidered.

CHUMBI (TIBET).—The accommodation for troops is inadequate, but a requisition for building a suitable barrack room has been sent to the State Engineer, Sikkim, through the Political Officer, Sikkim.

PHARJONG POST (TIBET).—There is some difficulty in obtaining water in the winter owing to the usual supply being frozen. It has then to be brought in *pakkals* on ponies from a distance of about one and-a-half miles.

SECUNDERABAD DIVISION.

SECUNDERABAD.—The drainage of Cantonments is satisfactory; there are in and near Cantonments numerous tanks surrounding which, in most cases, is a considerable amount of marshy ground. The water-supply is of inferior quality and is liable occasionally to be deficient in quantity. The Jiddie Mutla tank from which the main supply of water for the town of Secunderabad is obtained is liable to pollution. Drinking water for troops is obtained from wells. It is boiled before use for British troops. The bazaars and villages are generally speaking very insanitary. Night-soil is removed in Crowley carts and is disposed of by trenching; owing to the difficulty of getting a sufficiency of ground for this purpose, the amount of night-soil put into the trenches is excessive. The disposal of dry rubbish presents great difficulties and it cannot be said that it is always effected in a manner unobjectionable on sanitary grounds. The *dhobie ghats* near the Hussain Saugor tank are grossly insanitary. The Hydergooda trenching ground is too near the segregation camp, entrenchment, station hospital and Officers' quarters, 2nd Royal Fusiliers. Moreover it is very objectionable on sanitary grounds that the filth carts on their way from the lines should pass so close to the hospital, entrenchment and camp as for a considerable part of the year the prevailing wind blows from the trenching ground to the places above-mentioned. A sum of ₹30,610 was expended during the year on additions and alterations to various buildings and improvements to latrines and urinals generally and cook-houses and drainage.

The Principal Medical Officer of the Division remarks that a scheme is under consideration for the supply of water to the troops from the Hussain Saugor tanks; but until it is in complete working order, he considers that the present make-shift system for the supply of water should be considerably improved. He adds that steps are being taken by the local authorities to remedy the defects brought to notice.

The Officer Commanding the Secunderabad Infantry Brigade states that for many years past the insanitary state of the Cantonments and its environs has been brought to notice and that efforts are being made to improve matters, but to effect real improvement much money will have to be spent.

BURMA DIVISION.

Nil.

TABLE XXXI.

INFLUENZA by months, stations, groups, and commands.

TABLE XXXII.

CHOLERA by months, stations, groups, and commands.

STATIONS * AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.											ADMISSIONS FROM CHOLERA IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Fort William . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore . . . . .	...	...	...	...	...	...	...	...	3	...	...	...	3	...	...	...	...	...	1	...	...	...	...	...	...	1
GROUP IV.—BENGAL AND ORISSA. } B	...	...	1	...	...	...	...	...	3	...	...	...	4	...	...	...	...	...	1	...	...	...	...	...	...	1
Dinapore . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	2	...	...	...	...	...	...	2
Cawnpore . . . . .	...	...	...	...	...	...	33	23	3	1	...	60	...	...	...	...	...	...	1	...	...	...	...	...	...	1
GROUP V.—GANGETIC PLAIN AND NAGPUR. } A	...	...	...	...	...	...	33	23	3	1	2	62	...	...	...	...	...	...	3	...	...	...	...	...	...	3
Bareilly . . . . .	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	2
Dehra Dun	20	13	15	1	...	...	...	...	...	...	...	49	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Meerut . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Delhi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Ambala . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	2
Ferozepore	6	2	...	1	...	...	...	...	1	2	3	3	18	...	...	...	...	...	...	1	...	...	...	...	...	1
GROUP VI.—UPPER SUB-HIMALAYA. }	26	16	15	2	...	...	...	1	3	3	3	69	...	...	...	1	...	1	2	...	2	2	...	...	...	8
Mardan	1	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowshera . . . . .	...	...	1	1	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Peshawar . . . . .	...	2	...	...	12	29	46	19	16	...	2	8	134	...	...	...	...	...	...	...	...	...	...	...	...	...
Edwardesabad . . . . .	...	...	...	3	13	13	11	...	...	...	...	40	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dera Ismail Khan . . . . .	...	...	...	...	27	2	2	...	...	...	...	31	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hyderabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2
Karachi	4	7	5	1	2	2	1	3	3	8	32	35	103	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA. }	5	10	6	5	54	46	60	22	19	8	34	43	312	...	1	...	...	...	...	...	...	...	2	...	...	3
Baroda . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Agra . . . . .	...	...	...	...	...	...	...	1	1	21	19	1	43	...	...	...	...	...	...	...	...	...	...	...	...	...
Indore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	...	...	...	...	8
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT. }	...	...	...	...	...	...	...	1	1	21	19	1	43	...	...	...	8	1	...	...	...	...	...	...	...	9
Jubbulpore . . . . .	...	...	...	...	9	5	...	...	...	...	...	...	14	...	...	...	...	3	...	...	...	...	...	...	...	3
Kamptee . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	4
Sitabaldi . . . . .	...	2	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Aurangabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	1	...	...	...	...	...	...	...	6
Ahmednagar . . . . .	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	5	...	...	...	...	...	...	5
Bolarum	1	2	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Secunderabad . . . . .	...	...	...	...	...	1	...	...	...	2	...	3	...	...	...	...	1	20	14	...	...	...	...	...	...	35
Belgaum . . . . .	...	...	...	...	...	...	...	...	...	...	...	4	4	...	...	1	...	...	...	...	...	...	...	...	...	1
Satara . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Poona . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	3
Kir see . . . . .	...	...	...	...	...	...	...	...	...	...	34	34	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Siru . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	4
GROUP IX.—DECCAN	1	4	...	...	9	6	...	...	...	...	2	39	61	...	...	1	6	2	5	30	15	4	...	...	...	63

* Stations where neither Influenza nor Cholera occurred are not shown in these tables. For the annual ratios, see Table XXVIII

STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.												ADMISSIONS FROM CHOLERA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Bellary	2	2
Bangalore . . . . .	...	...	...	...	...	...	...	...	5	7	...	12	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Trichinopoly	1	1
GROUP XI.—SOUTHERN INDIA.	...	...	...	...	...	...	...	...	5	7	...	12	...	...	1	...	...	2	...	...	...	...	...	...	3
Shillong . . . . .	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Gyantse . . . . .	...	...	...	1	...	1	2	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Killa Drosh . . . . .	...	...	...	...	...	...	...	...	20	4	...	23	...	...	...	...	...	...	...	...	...	...	...	...	...
Cherat . . . . .	...	...	...	...	...	...	...	7	3	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Lockhart . . . . .	...	...	...	...	29	4	...	...	...	...	...	33	...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Lovedale . . . . .	...	...	...	...	...	...	...	...	3	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII.—HILL STATIONS.	...	...	...	1	20	5	2	7	35	4	2	85	...	...	...	...	...	...	...	...	...	...	...	...	...
Marching, India . . . . .	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	4	...	4
EXTRA INDIA.																										
(a) In the Indian Command:—																										
Chabbar . . . . .	...	...	...	...	...	...	5	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Not in the Indian Command:—																										
Shan-hai-Kuan, North China	...	...	...	...	...	...	...	...	...	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Tongshan " "	3	1	...	...	...	...	...	...	...	...	10	14	...	...	...	...	...	...	...	...	...	...	...	...	...
ARMY OF INDIA	35	31	22	7	64	81	65	63	52	78	70	103	671	...	1	2	6	11	8	35	17	4	2	8	...	94
NORTHERN COMMAND.	7	5	1	5	52	73	63	19	24	35	9	11	204	1	...	1	...	2	4
WESTERN " "	4	9	5	1	11	7	1	8	3	8	32	74	163	1	6	10	5	5	6	3	...	2	...	35
EASTERN " "	20	14	16	1	1	...	1	36	24	27	20	5	165	1	...	5	1	2	...	9
SECUNDERABAD DIVISION	1	2	...	...	...	1	...	...	...	8	9	...	21	...	...	1	...	...	3	20	14	1	...	...	39
BURMA " "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Saugor	1	...	...	...	...	...	1	4	...	1	1	4	2	...	...	1	2	...	4	19
Jubbulpore	2	...	...	...	...	...	2	2	...	3	2	1	3	2	23	27	34	26	12	145	
Kamptee	1	...	1	2	...	...	...	...	4
B																										
Aurangabad	1	2	...	1	...	4	...	8	8	4	...	1	...	8	...	...	...	...	1	
Ahmednagar	1	...	1	...	7	3	10	9	9	5	9	22	23	30	33	67	
Bolarum	1	1	...	2	5	7	9	25	9	15	4	11	3	7	152	
Secunderabad	1	4	3	9	17	...	4	1	5	6	3	5	5	4	12	9	8	102	
Belgaum	1	...	...	...	...	...	...	1	3	5	...	...	...	...	...	...	...	1	2	...	...	...	63	
Satara	1	...	...	...	...	...	...	...	...	4	
Poona	1	1	...	...	2	...	3	3	14	9	4	3	5	7	2	4	3	67	
Kirkee	1	...	...	...	...	...	1	...	...	...	...	2	3	4	...	...	...	...	7	5	11	13	12	2	69	
GROUP IX.—DECCAN	1	...	1	...	...	2	1	3	7	5	14	34	21	27	45	39	50	34	42	93	91	107	105	69	723	
Cannanore	3	1	2	...	...	...	6	
Trivandrum	1	...	...	...	1	...	...	...	...	...	...	2	
GROUP X.—WESTERN COAST	1	...	...	...	1	...	3	1	2	...	...	...	8
A																										
Bellary	4	1	...	5	...	...	1	1	...	...	...	...	...	...	...	...	2	
Bangalore	1	1	16	10	7	12	47	21	3	1	5	2	...	3	127	
B																										
Trichinopoly	2	1	...	...	...	1	1	1	...	4	3	13	
St. Thomas' Mount	3	2	4	...	...	...	1	1	...	1	3	...	15
Madras	2	...	2	...	1	...	...	...	...	...	...	5
GROUP XI.—SOUTHERN INDIA	4	1	1	6	21	15	12	15	47	23	5	3	3	3	7	6	162	
Maymyo	2	...	...	...	...	1	...	2	1	1	4	11	
Shillong	1	2	1	1	...	...	...	5	...	...	...	1	...	1	3	1	1	1	3	1	13	
Gentok	1	...	1	1	3	...	3	...	8	
Chumbi
Almora	1	...	5	1	5	9	...	10	4	7	1	...	49
Naini Tal	5
Lansdowne	2
Dharmasala	2
Bukloh	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Murree	1
Chitral	1	7	14	18	16	1	4	5	...	66
Killa Dosh	1	3	...	3	1	4	12	1	6	...	31
Malakand	2	...	6	1	...	5	1	6	14	4	...	...	39
Dargai	1	...	...	...	...	...	...	...	...	...	...	...	2
Chakdara	1	1	...	...	...	...	...	...	7
Abbotabad	1	...	...	1	1	1	...	...	1	4	1	10	7	8	5	13	44	34	277	536	123	33	65	1,250		
Cherat	2	...	...	...	...	...	...	...	2
Fort Lockhart	4	...	...	...	2	...	...	...	...	...	6
Mir Ali Khel	1	...	...	...	...	...	1
Fort Sandeman	1	...	...	...	...	...	...	...	...	1
Quetta	2	...	...	...	2
Chaman	1	...	2	3	...	...	...	...	...	7
Mount Abu	1	...	...	...	...	...	...	...	...	...	...	...	1
Ootacamund	1	3	2	1	1	...	...	...	...	...	...	...	8
GROUP XII.—HILL STATIONS	1	...	...	1	2	3	2	1	...	2	4	1	17	8	10	26	16	30	81	115	327	592	152	54	72	1,483
Marching India	1	1	3	5	4	2	5	18	9	12	32	27	59	7	183
EXTRA INDIA. (a) In the Indian Command.
Dhala	3	1	...	...	1	...	...	5
(b) Not in the Indian Command.
Singapore } Shan-hai-Kuan } North China Tongshan }	1	...	...	4	1	...	3	...	5	11	6	31
ARMY OF INDIA	7	3	3	4	9	15	9	6	14	22	24	11	127	87	100	145	134	213	244	259	558	870	463	390	280	3,783
NORTHERN COMMAND	4	3	1	1	6	8	5	...	5	11	6	5	55	11	18	28	26	52	109	167	334	654	218	112	136	1,885
WESTERN	1	...	1	1	1	5	3	3	4	2	6	2	29	15	27	37	35	43	32	45	72	95	99	90	63	653
EASTERN	2	...	1	2	2	2	1	1	1	2	1	1	16	16	15	19	25	17	16	26	79	30	35	59	9	346
SECUNDERABAD DIVISION	1	4	7	11	1	24	32	26	31	34	83	37	22	41	34	44	40	35	462
BURMA	1	...	...	...	...	...	1	10	8	26	12	9	31	30	17	25	14	16	24	222

TABLE XXXV.

INTERMITTENT FEVER by months, stations, groups, and commands.

TABLE XXXVI.

REMITTENT FEVER by months, stations, groups, and commands.

STATIONS* AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												TOTAL.	ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												TOTAL.	
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		
Port Blair	2	2	15	7	2	18	24	34	12	10	9	5	146	...	...	...	...	...	...	...	...	...	...	...	...	1
Rangoon	1	...	...	...	1	...	...	...	...	...	...	4	6	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS.	3	2	15	7	3	18	24	34	12	10	9	9	146	...	...	...	...	...	...	...	...	...	...	...	...	1
Meiktila	1	1	4	3	3	1	7	...	...	...	1	...	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin	12	6	6	4	1	4	15	18	40	30	20	20	176	1	...	...	...	...	...	...	...	...	...	...	1	...
Bhamo . . . . .	...	3	1	3	1	15	37	86	114	83	48	43	434	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND.	13	10	11	10	5	20	59	104	154	113	69	63	631	1	...	...	...	...	...	...	...	...	...	...	1	...
Manipur	10	3	3	2	7	3	37	17	15	62	30	35	224	...	...	...	...	...	...	...	...	...	...	...	...	...
Sadiya . . . . .	...	...	...	...	1	...	1	...	1	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Dibrugarh	1	1	...	1	2	...	4	7	10	17	16	3	62	...	...	1	...	1	...	...	...	...	...	...	...	2
GROUP III.—ASSAM	11	4	3	3	10	3	42	24	26	79	46	38	289	...	...	1	...	1	...	...	...	...	...	...	...	2
Fort William	1	2	5	6	1	...	4	10	17	22	13	7	88	1	...	...	...	...	...	...	...	...	...	...	...	1
Alipore	20	9	6	4	2	7	35	39	50	18	82	40	312	1	...	...	...	...	...	...	...	...	...	...	1	2
Barrackpore	2	3	7	3	3	10	5	8	12	32	25	13	123	...	...	1	...	...	...	...	...	...	...	...	1	2
Buxa	2	...	1	1	7	1	4	1	5	1	2	3	28	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA	25	14	19	14	13	18	48	58	84	73	122	63	551	2	...	...	1	...	...	...	...	...	...	2	4	2
B																											
Dinapore	1	5	5	12	14	9	9	55	1	...	1
Benares	5	1	4	7	10	5	12	12	3	4	1	4	68
Allahabad	14	5	5	7	8	5	8	10	18	96	82	26	278	...	...	...	...	...	...	...	...	...	...	...	1	...
Fyzabad	3	1	1	2	1	4	15	5	7	15	11	3	68	7	1	2	...	1	...	...	...	...	...	1	...	13
Lucknow	30	8	12	17	11	4	9	10	17	45	17	4	184	2	...	...	1	...	...	1	1	1	...	...	...	6
Cawnpore	5	4	4	5	12	10	11	12	34	52	20	15	184	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh . . . . .	...	...	...	...	2	3	6	15	10	2	...	...	38	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	58	19	26	38	44	31	66	69	101	228	140	55	875	9	1	2	...	2	1	...	1	4	1	...	...	21
A																											
Bareilly	1	1	3	4	6	...	3	7	20	31	22	8	115	2	...	2
Roorkee	3	6	6	8	52	32	15	7	129	1	1
Dehra Dun	24	26	20	37	54	134	220	117	211	197	203	52	1,295	1	...	2	...	2	4	2	...	...	...	1	...	12
Meerut	8	10	4	9	12	7	6	8	25	43	25	6	173	1	...	2	...	1	3	...	8
Delhi	5	3	9	11	28	9	30	110	189	184	156	19	753	...	...	...	...	...	...	...	...	...	...	...	...	...
Ambala	4	8	12	78	80	15	197	1	1	...	2
B																											
Jullundur	21	8	8	5	10	8	3	7	26	152	71	8	327	2	1	1	1	4	3	...	1	...	13
Ferozepore	9	5	3	4	1	11	48	42	13	7	137	1	3	2	6
Lahore Cantonment	19	1	...	3	9	1	24	111	58	12	238	1	1	2	...	4
Amritsar	3	1	2	8	1	9
Sialkot	13	4	9	2	12	19	18	15	10	69	90	52	313	1	...	3	1	...	2	...	1	1	1
Jhalum	25	8	16	16	12	21	23	32	97	144	272	130	786	3	1	8	7	3	2	1	25
Rawalpindi	3	2	4	15	4	11	2	4	57	83	56	241	1	2	2	1	1	3	...	3	4	...	17
Attock	1	2	2	1	1	1	...	3	2	2	11	6	32	1	1
GROUP VI.—UPPER SUP-HIMALAYA	130	80	76	96	162	213	321	319	695	1,148	1,128	276	4,744	8	4	8	3	17	16	8	8	9	10	4	6	101	

* Stations where neither Intermittent Fever nor Remittent Fever occurred are not shown in these tables. For the annual ratios, see Table XXVIII.

STATIONS AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Mardan	4	1	3	2	...	3	...	4	4	78	11	4	114	...	...	...	...	...	...	2	...	...	...	...	...	2
Nowshera	24	11	12	14	25	29	20	27	71	256	590	165	1,244	...	...	...	...	...	...	...	...	...	...	...	...	77
Peshawar	14	6	2	11	63	10	6	14	74	289	378	251	1,118	...	...	...	...	...	...	...	...	...	...	...	...	6
Fort Jamrud	1	1	...	3	7	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Kohat	22	16	22	7	14	29	28	44	107	243	466	273	1,271	...	1	...	1	1	...	...	...	...	...	...	...	16
Thal	9	4	4	1	8	5	1	1	5	13	23	21	95	...	...	...	...	...	...	...	...	...	...	...	...	...
Edwardesabad	13	6	1	6	3	4	6	7	27	250	450	476	1,249	1	...	...	...	...	...	...	...	...	...	...	...	3
Dera Ismail Khan	89	32	18	14	66	49	46	40	116	425	1,033	661	2,889	1	1	1	2	...	1	1	...	2	1	...	10	
Jatta	2	...	...	...	...	...	...	...	...	...	...	...	4	6	...	...	...	...	...	...	...	...	...	...	...	...
Drazand	11	1	2	1	4	1	4	2	1	39	26	16	108	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Zam	3	1	1	...	1	4	...	...	8	...	1	5	3	27	...	...	...	...	...	...	...	...	...	...	...	...
Multan	4	8	4	10	23	6	4	8	28	13	35	11	154	1	...	...	...	...	1	2	...	...	5	2	1	12
B																										
Jandola	2	...	...	2	2	...	3	...	9	22	7	7	54	...	...	...	...	...	...	...	...	...	...	...	...	2
Sibi	85	22	14	...	4	1	...	1	1	4	3	3	138	...	...	...	...	...	...	...	...	3	...	...	...	5
C																										
Jacobabad . . . . .	...	...	...	3	1	...	...	...	19	94	53	59	229	...	...	...	...	...	...	...	...	...	...	1	...	1
Hyderabad	2	1	...	3	3	...	1	3	1	5	58	69	146	...	...	...	...	...	...	...	...	...	...	...	...	...
Karachi	4	2	2	2	1	...	...	2	1	30	54	12	110	6	...	...	...	...	...	...	...	...	...	1	...	7
GROUP VII.— NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH- WESTERN RAJPUTANA.	289	112	85	79	225	142	124	164	468	1,769	3,204	2,342	9,093	9	4	1	3	7	7	11	9	11	26	41	12	141
A																										
Bhuj . . . . .	...	1	1	...	2	1	6	6	26	56	43	30	172	...	...	...	...	...	...	...	...	...	...	...	...	1
Rajkot . . . . .	...	2	...	...	5	4	6	9	8	15	14	25	93	...	...	...	...	...	...	...	...	...	...	...	...	...
Deesa	14	17	7	8	7	3	12	29	38	147	261	135	669	...	...	...	...	...	...	...	...	1	1	...	...	2
Ahmedabad	44	17	20	16	26	15	12	11	27	...	7	9	204	...	...	...	...	...	...	...	...	...	...	...	...	...
Baroda	109	28	38	22	12	16	21	16	14	33	55	49	413	1	1	1	2	3	2	1	2	...	3	...	...	16
B																										
Sirdarpore	1	1	...	7	...	...	1	11	7	15	3	...	46	...	1	...	...	...	...	...	...	...	...	...	...	1
Jhabwa . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Kherwara . . . . .	...	2	...	...	1	...	...	1	5	13	3	...	25	...	...	...	...	...	...	...	...	...	...	...	...	1
Kotra	3	...	1	...	1	...	...	...	25	5	11	4	59	...	...	1	...	...	...	...	...	...	...	...	...	1
Todgarh . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1
Eripura	3	...	5	...	4	...	3	9	16	46	25	17	126	...	...	...	...	...	...	...	...	...	...	...	...	1
Neemuch . . . . .	...	...	1	...	1	...	1	1	1	8	11	9	33	...	...	...	...	...	...	...	...	...	...	...	...	1
Deoli	1	1	...	...	...	...	...	1	2	8	16	17	46	...	...	...	...	...	...	...	...	...	1	...	...	1
Beawar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad	7	3	3	2	...	3	1	4	23	60	65	29	200	...	...	...	...	...	...	...	...	...	1	1	...	2
Ajmer . . . . .	...	2	3	...	...	3	1	4	22	44	29	7	115	...	...	...	...	...	...	...	...	...	...	...	...	...
Sambhar . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Jaipur	3	...	1	...	1	...	...	...	1	...	...	3	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra	3	...	...	1	...	...	...	...	3	14	92	94	207	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi	39	20	9	6	12	9	30	46	236	491	622	223	1,741	1	...	1	2	1	...	...	2	...	1	...	...	8
Nowgong	7	4	2	1	3	3	2	10	12	10	8	6	68	...	...	...	...	...	...	...	...	...	...	...	...	...
Goona . . . . .	...	...	...	...	...	...	...	1	3	26	13	1	44	...	...	...	...	...	...	...	...	...	...	...	...	3
Agar	1	...	1	...	1	...	1	1	6	20	9	4	44	...	...	...	...	...	...	...	...	3	...	...	...	6
Shore	6	11	5	12	12	6	14	9	24	32	43	24	188	...	...	...	1	...	...	...	...	3	1	2	1	2
Indore	1	1	1	...	4	...	...	4	5	3	...	2	21	1	...	...	...	...	...	...	...	...	1	...	...	2
Mhow	7	...	13	10	12	11	7	12	7	18	23	67	187	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VIII.— SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	249	104	111	85	104	74	118	186	512	1,054	1,354	735	4,706	3	2	3	5	4	2	1	6	10	7	5	3	51

NATIVE TROOPS, 1906.

TABLE XXXV—continued.

INTERMITTENT FEVER by months, stations, groups, and commands.

TABLE XXXVI—continued.

REMITTENT FEVER by months, stations, groups, and commands.

STATIONS AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Saugor	20	13	7	20	7	5	7	36	180	87	106	66	554	...	...	...	...	...	...	...	...	...	...	...	...	...
Sutao . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore	5	3	4	5	5	5	5	5	18	130	63	31	272	...	...	...	...	...	1	...	...	...	...	...	...	9
Kamptee	5	3	3	5	5	5	5	5	4	8	19	2	58	...	...	...	...	...	...	...	...	...	...	...	...	1
Sitabaldi	3	1	2	1	1	1	1	1	...	4	7	5	27	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Aurangabad	26	18	9	6	9	4	10	14	11	26	24	21	178	...	...	...	...	...	...	...	1	1	1	...	...	3
Ahmednagar	8	...	...	6	5	...	1	5	2	1	4	...	32	1	...	...	...	...	...	...	...	...	...	...	...	1
Bolarum	1	...	...	1	...	...	...	3	2	9	7	11	34	...	...	...	...	...	...	...	...	...	...	...	...	...
Sunderabad	10	14	12	12	8	7	8	9	35	27	15	31	197	...	1	...	...	...	...	...	1	2	3	3	...	9
Belgaum	18	10	16	10	2	3	9	15	5	20	24	72	204	...	...	...	...	...	...	...	...	1	1	...	...	2
Satara . . . . .	...	...	7	3	1	...	...	1	2	...	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...
Poona	9	6	2	2	4	3	9	2	6	9	3	3	58	...	...	...	...	...	...	...	...	...	...	1	...	1
Kirkee	3	10	13	5	9	4	11	6	10	25	19	16	131	2	...	12	3	3	3	...	1	2	2	...	...	28
Sirur	4	1	1	...	1	4	...	5	...	3	17	20	56	...	...	...	...	...	...	...	...	...	...	...	...	1
GROUP IX—DECCAN	119	78	76	73	54	37	60	108	278	353	310	279	1,825	6	1	12	3	3	4	1	6	8	7	3	1	55
Bombay	15	9	14	9	5	11	16	28	21	70	54	15	261	...	...	...	1	...	...	...	...	...	...	...	...	1
Santa Cruz	7	2	6	1	2	3	6	2	1	37	78	27	172	...	...	...	...	...	...	...	...	...	...	...	...	...
Cannanore	2	3	5	6	6	3	3	1	...	...	...	...	29	...	...	...	...	...	...	...	...	...	...	...	1	
Trivandrum . . . . .	...	...	1	...	...	...	...	...	...	1	1	1	3	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WEST-ERN COAST	24	14	26	16	13	17	25	25	22	107	133	43	465	...	...	...	1	...	...	...	...	...	...	...	1	2
A																										
Bellary	4	4	1	1	...	...	4	5	10	14	16	12	71	...	...	...	...	...	...	...	...	...	2	...	...	3
Bangalore	8	5	10	79	180	206	57	21	14	16	21	20	637	...	1	...	...	...	2	...	...	...	...	...	...	3
B																										
Trichinopoly . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Thomas' Mount . . . . .	...	...	...	...	...	...	1	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
GROUP XI.—SOUTHERN INDIA.	12	9	11	80	181	206	62	26	24	30	38	32	711	...	1	1	...	...	2	...	...	2	...	1	...	7
Maymyo	22	7	11	8	3	2	6	1	8	10	18	15	115	1	2	3	1	5	1	...	4	3	15	5	5	45
Kohima	1	2	2	...	1	1	3	2	...	4	2	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Shillong	21	17	14	15	11	14	14	17	20	21	30	37	231	...	...	...	...	...	1	...	...	...	...	1	...	2
Guntok . . . . .	...	...	...	...	3	1	...	...	2	...	...	3	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Chumbi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pharijong . . . . .	...	...	...	...	1	...	...	...	3	...	...	1	5	1	...	...	...	...	...	...	...	...	...	...	...	1
Gyantse	1	...	1	1	1	...	...	1	1	1	1	1	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Almora	3	...	5	...	...	1	31	2	...	...	...	5	47	1	...	...	...	...	...	...	...	...	...	...	...	1
Naini Tal . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1
Lansdowne	10	17	19	9	16	22	13	26	27	17	47	40	263	...	...	...	...	2	4	2	...	2	4	...	...	14
Simla . . . . .	...	...	...	...	...	1	3	...	1	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Dharmasala	9	5	4	9	18	20	11	18	17	22	1	19	153	3	...	...	...	1	3	...	2	1	1	1	...	12
Bakloh	13	8	2	6	9	21	34	19	35	16	13	42	218	1	1	2	1	3	3	2	...	1	...	...	...	14
Khyragully . . . . .	...	...	...	...	3	2	1	...	3	1	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Baragully . . . . .	...	...	...	...	...	...	...	2	...	1	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh . . . . .	...	...	...	...	3	1	1	1	7	3	...	...	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Chitral	2	5	8	...	...	...	...	...	4	...	...	1	20	...	...	...	...	...	...	...	...	...	...	...	...	...
Killa Drosh	2	2	7	8	6	5	...	...	1	18	12	8	69	...	...	...	...	...	...	...	...	...	...	...	...	...
Malakand	5	1	2	...	3	3	5	5	8	8	116	138	291	...	...	...	...	...	...	...	...	...	...	...	...	...
Dargai	3	2	1	...	2	4	4	45	65	24	5	8	163	1	...	...	...	...	...	1	...	...	...	...	...	2
Chakdara	1	...	1	...	4	8	18	37	92	23	20	5	200	...	...	...	...	...	...	...	...	...	...	...	...	...
Abbotabad	20	12	13	2	2	1	6	43	81	429	413	277	1,299	2	2	1	...	...	...	...	...	...	...	...	...	5
Cerat . . . . .	...	...	1	2	...	...	...	...	...	9	1	...	13	...	...	...	1	...	...	...	...	...	...	...	...	1
Fort Lockhart	3	1	3	1	4	1	10	21	28	64	23	8	167	...	...	...	...	...	3	...	...	...	...	...	...	3
Hangu . . . . .	...	1	1	...	...	4	4	4	5	3	19	5	40	...	...	...	...	...	...	...	...	...	...	...	...	...

STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
Mir Ali Khel	1	...	7	...	1	7	17	11	31	15	12	5	109	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Sandeman	7	4	2	8	8	20	9	21	42	72	56	21	270	1	...	1	1	...	...	...	...	...	...	...	...	3
Hindubagh	2	...	...	...	...	...	...	...	3	6	5	2	20	...	...	...	...	...	...	...	...	...	...	...	...	...
Musa Khel . . . . .	...	...	...	...	8	10	6	4	1	1	...	...	30	...	...	...	...	...	...	...	...	...	...	...	...	...
Killa Saifulla . . . . .	...	...	...	...	...	3	...	...	5	16	4	1	27	...	...	...	...	...	...	6	5	...	...	...	...	11
Murgha . . . . .	...	...	...	...	1	...	6	...	8	3	...	...	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Loralai	12	6	5	4	9	25	30	104	217	47	37	9	505	...	...	...	...	...	...	...	...	...	...	...	...	2
Gumbaz . . . . .	...	...	...	...	1	1	...	...	5	2	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	28	9	16	36	50	64	48	162	391	217	66	50	1,137	1	...	1	1	1	1	1	1	2	...	...	...	7
Shelabagh . . . . .	...	...	...	...	2	1	...	...	2	6	1	1	17	...	...	1	...	...	...	...	...	...	...	...	...	1
Spinwara . . . . .	...	...	...	1	...	...	...	...	5	3	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Chaman	2	...	...	...	1	3	...	...	7	1	1	3	20	...	...	...	...	...	2	18	1	...	...	...	...	23
Mount Abu . . . . .	...	...	...	...	...	...	...	...	...	7	2	1	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Ootacamund	1	1	...	...	1	...	1	2	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Lovedale	1	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
„ Yellenhalli	2	3	2	2	1	2	3	3	5	2	...	...	25	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII.—HILL STATIONS	172	104	128	114	173	248	286	587	1,127	1,043	910	700	5,601	12	5	9	5	12	12	17	29	9	18	11	7	146	
Marching, India	75	25	12	14	19	35	52	38	187	444	452	373	1,726	5	2	...	...	...	4	5	7	19	25	12	6	85
EXTRA INDIA. (a) In the Indian Command:—																											
Chabbar	1	1	2	3	2	1	14	...	15	6	45
Jask	2	1	3	...	1	3	...	...	...	2	...	...	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Muscat . . . . .	...	...	...	...	...	...	1	...	1	1	1	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Aden	26	7	16	17	26	26	12	6	4	11	47	93	291	...	...	...	...	...	1	...	...	...	...	...	...	1
Dhala	5	2	5	7	3	7	20	21	54	198	149	59	530	...	...	...	...	...	...	...	...	...	...	...	...	...
Suleik	4	2	3	9	8	5	1	4	13	42	11	3	105	...	...	...	...	...	...	...	...	...	...	...	...	...
Nobat Dakin	24	31	22	19	21	13	1	...	4	11	7	3	156	...	...	...	1	1	...	1	...	...	...	...	...	3
Khormaksar	2	8	5	3	3	2	...	...	1	...	5	4	33	...	...	...	...	...	...	...	...	...	...	...	...	...
Perim	1	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Not in the Indian Command:—																											
Port Louis (Mauritius)	86	110	160	241	165	72	74	24	11	7	7	...	957	...	...	...	...	...	...	...	...	...	...	...	...	...
Colombo (Ceylon) . . . . .	...	...	...	...	...	...	...	...	...	...	...	7	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Singapore	1	1	7	8	2	...	5	3	3	1	5	2	35	...	...	1	...	...	...	...	...	...	...	...	...	1
North China { Tien-tsin . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2
{ Lutai . . . . .	...	1	...	...	4	...	...	...	...	...	...	1	6	...	...	...	...	...	...	...	...	...	...	...	...	...
{ Shan-hai-Kuan . . . . .	...	...	2	...	...	...	...	1	...	4	1	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{ Tongshan . . . . .	...	1	2	2	1	...	...	2	2	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
ARMY OF INDIA	1,331	740	823	938	1,242	1,193	1,404	1,802	3,797	6,726	8,166	5,316	33,478	55	20	37	23	48	50	45	67	72	96	82	38	613	
NORTHERN MAND COM.	348	155	152	134	329	269	276	422	976	2,914	4,374	2,095	13,344	16	11	8	8	24	25	22	19	17	34	43	18	245	
WESTERN MAND COM.	574	275	296	269	311	319	349	680	1,603	2,733	2,266	1,346	10,514	17	2	17	12	9	6	12	35	21	13	6	5	155	
EASTERN MAND COM.	171	122	126	142	203	247	482	448	774	924	901	429	4,069	15	1	8	1	8	11	5	1	8	6	12	3	79	
SECUNDERABAD DIVISION	38	31	31	101	197	218	77	44	66	68	61	75	1,007	...	2	1	...	...	2	...	1	4	3	3	1	17
BURMA DIVISION	38	19	37	25	11	40	89	143	174	133	96	87	892	2	2	3	1	6	2	...	4	3	15	6	5	49	

TABLE XXXVII.

PNEUMONIA by months, stations, groups, and commands.

TABLE XXXVIII.

DYSENTERY by months, stations, groups, and commands.

STATIONS* AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.											ADMISSIONS FROM DYSENTERY IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Rangoon . . . . .	...	...	1	...	...	1	...	...	...	2	...	...	4	...	...	...	...	3	...	1	1	1	...	...	...	6
GROUP I.—BURMA COAST AND BAY ISLANDS	...	...	1	...	...	1	...	...	...	2	...	...	4	...	...	...	...	3	...	1	1	2	...	...	...	7
Meiktila . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	2
Fort Dufferin . . . . .	...	...	...	...	1	...	...	...	...	1	...	2	4	...	1	...	...	3	...	...	...	...	...	1	...	5
Bhamo . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	2	3	...	5	...	9	6	5	1	4	...	37
GROUP II.—BURMA INLAND	...	...	1	...	1	...	...	...	...	2	...	2	6	...	...	3	5	...	1	8	10	6	5	2	4	44
Manipur . . . . .	...	...	...	...	...	...	1	1	1	1	2	6	...	...	...	5	3	1	2	2	2	1	2	4	...	20
Sadiya . . . . .	...	...	...	...	...	...	1	...	...	...	...	1	1	...	...	...	1	2	1	...	2	...	...	...	...	6
Dibrugarh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	12	1	1	...	17
GROUP III.—ASSAM	...	...	...	...	...	...	1	1	1	1	1	2	7	...	...	...	...	5	5	4	4	2	15	3	5	43
Fort William	2	1	1	...	...	...	1	...	...	...	1	6	4	2	...	...	2	1	2	...	3	1	...	4	...	19
Alipore . . . . .	...	...	...	...	...	...	1	...	...	...	1	2	4	...	4	4	1	1	3	2	2	4	6	2	...	33
Barrackpore	1	...	...	...	...	...	...	...	...	...	...	1	3	1	...	2	6	2	3	2	1	4	1	2	...	27
Buxa . . . . .	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA	3	1	1	...	...	...	1	1	...	...	1	2	10	11	3	4	6	9	4	8	4	6	9	7	8	79
B																										
Dinapore	1	...	...	...	...	...	...	...	...	...	...	1	2	1	...	...	...	...	2	18	4	1	...	1	...	20
Benares	1	...	...	...	...	...	...	...	...	...	...	1	2	...	1	...	...	...	...	4	...	3	1	...	...	12
Allahabad	3	...	...	...	...	2	...	1	...	1	...	7	2	...	3	7	1	1	1	7	2	7	10	5	...	47
Fyzabad . . . . .	...	1	...	...	...	1	...	...	...	...	1	4	...	...	1	2	2	...	...	1	3	1	1	1	...	13
Lucknow	5	2	2	...	...	2	1	...	...	4	3	1	20	5	3	4	2	1	1	3	6	8	9	11	2	55
Cawnpore	1	2	3	2	...	...	...	...	...	...	...	2	10	3	1	2	4	3	4	1	2	5	14	7	4	50
Fatehgarh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	2
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	11	5	5	2	...	4	2	...	...	6	3	5	43	14	5	11	15	9	6	7	38	24	35	30	13	207
A																										
Bareilly	2	...	1	1	...	...	...	1	...	...	...	1	6	1	...	...	1	1	...	...	9	6	5	1	...	24
Roorkee	2	1	...	...	...	...	...	1	...	...	...	...	4	...	...	...	1	1	...	...	...	1	3	3	...	11
Dehra Dun	6	4	...	...	...	1	1	...	...	1	...	1	14	2	1	1	11	6	7	1	4	7	1	2	...	45
Meerut	3	8	1	2	...	...	...	...	...	1	1	1	17	1	1	...	...	7	1	1	3	6	13	9	2	44
Delhi . . . . .	...	...	1	1	...	2	...	...	...	...	2	3	2	11	...	...	5	2	2	2	8	18	15	15	2	69
Ambala	3	1	...	...	...	...	...	...	...	...	...	5	9	...	...	2	3	2	2	...	4	10	11	3	...	43
B																										
Jallundur	3	7	3	1	2	2	...	...	...	...	...	2	20	2	2	7	6	8	3	4	2	2	7	9	6	58
Ferozapore	1	4	3	...	...	...	...	...	...	...	...	1	12	2	...	7	4	...	1	...	3	18	7	2	...	39
Lahore Cantonment	7	2	6	2	1	...	...	...	...	...	2	3	25	6	...	2	6	4	8	1	5	5	12	10	5	64
Amritsar . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	6
Sialkot	8	6	2	...	2	...	...	...	...	...	...	1	23	...	...	2	1	2	...	...	1	6	7	10	5	35
Jhelum	5	1	5	11	3	1	1	...	2	2	8	8	48	3	1	...	4	11	11	7	9	7	18	22	100	
Rawalpindi	8	4	1	1	2	1	1	...	...	1	1	4	24	6	...	2	2	1	1	5	3	4	12	12	...	48
Attock . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	1	...	...	...	3
GROUP VI.—UPPER SUB-HIMALAYA	48	38	23	19	10	7	3	3	2	9	20	32	214	24	6	14	40	50	38	20	37	70	108	117	65	539

* Stations where neither Pneumonia nor Dysentery occurred are not shown in these tables. For the annual ratios, see Table XXVIII.

STATIONS AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.											ADMISSIONS FROM DYSENTERY IN EACH MONTH.															
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
A																											
Mardan	2	3	2	1	1	1	...	...	...	2	1	...	10	...	...	1	2	...	...	3	...	...	...	...	...	12
Nowshera	3	3	2	1	1	1	...	...	...	...	...	...	25	5	5	2	14	7	7	14	7	14	28	18	...	152
Peshawar	3	5	5	1	1	1	...	1	...	...	...	...	20	5	4	13	15	14	9	11	12	22	42	27	...	199
Fort Jamrud	25
Kohat	6	4	9	6	1	1	...	...	...	2	3	5	40	5	1	4	6	6	5	5	4	15	10	27	3	104
Thal	10
Edwardesabad	6	2	3	...	1	...	...	...	1	1	2	1	17	2	5	1	1	4	5	4	5	12	8	31	6	137
Dera Ismail Khan	10	6	5	...	...	...	...	...	1	...	...	4	26	10	4	4	2	10	6	5	11	14	13	41	25	143
Jatta . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	5
Draasad . . . . .	...	2	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	1	1	1	2	2	2	2	11
Fort Zam	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	3	...	...	...	...	5
Multan . . . . .	...	2	...	1	...	...	1	...	...	...	...	...	...	1	...	2	2	8	1	1	1	2	8	8	...	38
Bikaner . . . . .	...	...	...	4	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
B																											
Jandola . . . . .	...	...	4	...	...	...	...	...	...	1	1	2	2	...	...	...	...	...	1	...	1	3	...	...	...	7
Sibi	7	2	4	...	1	...	...	...	...	...	...	14	12	7	11	2	...	...	...	...	...	...	1	4	...	37
C																											
Jacobabad	4	1	1	...	...	...	...	...	...	1	...	7	1	...	1	...	...	...	...	2	...	5	5	6	...	20
Hyderabad . . . . .	...	...	...	...	1	...	...	...	1	1	1	4	...	2	...	1	2	...	...	2	2	2	2	2	2	15
Karachi	2	...	...	1	1	...	1	...	1	4	4	14	3	1	...	2	1	...	...	4	4	5	4	1	...	25
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA																											
	43	24	34	9	7	5	...	3	2	7	23	35	192	50	29	25	46	69	38	31	70	74	126	187	200	945	
A																											
Bhuj	2	3	2	1	1	1	1	...	5
Rajkot . . . . .	...	4	1	...	...	...	...	1	...	...	...	6	...	...	1	4	2	5	4	...	...	...	1	2	...	19
Deesa	3	2	3	...	...	...	...	...	...	4	6	18	1	...	1	...	...	...	...	2	2	2	1	7	...	16
Ahmedabad	1	1	1	...	1	...	...	...	...	...	...	4	3	3	1	1	...	...	...	...	2	2	...	...	...	10
Baroda . . . . .	...	...	2	...	...	...	1	...	1	...	1	5	3	...	2	...	...	...	...	9	3	...	...	...	...	17
B																											
Sirdarpore . . . . .	...	...	...	1	...	...	...	...	1	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhabwa . . . . .	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kherwara	2	3	1	...	...	...	...	2	2	...	2	15	...	2	...	...	...	...	...	...	...	...	...	...	...	5
Udaipur . . . . .	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erinpura	2	1	1	...	...	...	...	...	...	...	2	6	4	2	...	2	...	1	2	2	2	...	...	...	...	15
Neemuch	2	2	1	...	...	...	...	...	...	...	2	5	1	3	1	2	1	...	1	...	...	1	2	...	...	12
Deoli	2	...	...	...	...	...	...	...	...	...	...	3	...	1	2	...	...	...	2	2	3	...	...	...	...	10
Nasirabad	1	1	...	...	...	...	...	...	1	2	2	7	1	...	...	...	...	1	5	4	1	3	5	...	...	20
Ajmer	2	...	1	...	1	...	...	...	...	...	3	7	...	1	...	1	...	...	...	...	3	...	...	...	...	5
Jaipur . . . . .	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	2
Agra	1	2	1	...	...	...	...	...	4	4	...	12	3	...	1	...	...	...	...	1	10	16	14	...	...	45
Jhansi	1	5	...	1	1	...	...	...	7	15	...	15	27	15	21	18	13	1	7	44	23	21	43	31	...	264
Nowgong	6	...	...	...	...	...	...	...	1	1	...	8	3	...	2	1	1	2	1	10	5	2	6	...	...	33
Goona . . . . .	...	...	...	...	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	1	...	...	...	2
Agar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	2	...	2	1	3	1	...	11
Sehore	1	...	2	...	1	...	1	...	...	...	...	5	...	2	3	4	1	2	5	3	2	...	...	...	...	23
Indore . . . . .	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	4	...	...	...	3	1	...	10
Mhow . . . . .	...	1	...	2	1	...	...	...	1	...	2	7	1	1	3	...	2	3	1	3	...	...	...	...	...	15
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT																											
	14	26	17	6	5	4	...	2	3	6	13	36	134	48	22	40	29	29	10	24	91	52	47	79	68	539	
A																											
Saugor	2	...	2	7	...	1	1	1	...	2	...	18	1	...	...	1	...	1	2	1	1	1	1	3	...	11
Sutna	1	1
Jubbulpore	7	1	3	...	1	1	1	...	1	5	2	22	2	4	8	18	5	13	8	17	4	7	18	11	...	115	
Kamptee . . . . .	...	...	...	...	...	...	...	...	1	...	2	4	1	...	1	...	...	...	...	6	2	1	2	...	...	14
Sitabaldi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	2	...	...	...	1	...	...	5

NATIVE TROOPS, 1906.

TABLE XXXVII—continued.

PNEUMONIA by months, stations, groups, and commands.

TABLE XXXVIII—continued.

DYSENTERY by months, stations, groups, and commands.

STATIONS AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
B																										
Aurangabad	2	...	1	...	1	...	3	2	1	7	17	1	2	4	1	2	...	8	3	2	1	1	4	29
Ahmednagar . . . . .	...	1	...	1	...	...	...	1	...	1	...	...	5	...	2	2	...	...	1	1	...	1	1	...	12
Bolarum	1	3	1	1	1	1	1	12	8	9	4	...	4	6	27	26	10	5	1	3	101
Secunderabad	3	2	1	1	1	1	...	1	1	1	1	...	17	20	14	9	3	4	7	7	29	50	25	3	4	218
Belgaum	2	2	1	1	...	...	...	...	2	2	...	6	15	2	1	2	4	9	2	11	8	4	5	...	50
Satara . . . . .	...	...	1	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	...	...	...	...	...	3
Poona	1	...	5	1	1	1	3	1	...	1	...	...	14	1	2	1	3	3	2	18	11	3	...	4	48
Kirkee	1	...	2	...	...	...	...	...	3	1	1	...	8	...	...	...	...	...	3	7	1	1	1	3	16
Sirur	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	7	6	4	2	6	28
GROUP IX.—DECCAN	21	7	17	8	11	4	9	8	4	12	12	19	132	37	36	30	29	30	38	142	113	82	45	34	35	651
Bombay	2	2	1	...	5	6	21	9	2	3	5	6	5	4	45	166
Santa Cruz	1	1	1	...	1	4	...	2	...	3	3	7	21	15	...	2	3	4	60
Cannanore	1	1	...	3	...	1	...	1	...	4	1	3	13
Trivandrum	1	1
GROUP X.—WESTERN COAST	...	3	...	1	1	1	...	1	2	1	10	6	26	9	6	7	13	27	24	1	2	7	52	180
A																										
Bellary . . . . .	...	1	1	1	...	...	...	...	...	1	...	...	4	...	3	1	...	...	...	1	1	1	...	2	9
Bangalore	1	2	2	2	...	2	3	2	1	4	19	3	4	2	1	4	24	54	33	16	8	8	3	160
B																										
Trichinopoly . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	2	4
St. Thomas' Mount . . . . .	...	...	...	2	...	...	...	...	...	...	...	...	2	2	1	...	1	...	...	...	...	1	...	...	5
Madras . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	2	...	...	1	...	...	1	...	...	...	1	5
GROUP XI.—SOUTHERN INDIA	1	3	3	5	1	2	3	2	2	4	26	7	8	3	2	5	24	54	36	17	11	8	8	183
Maymyo . . . . .	...	2	1	...	1	...	...	...	...	1	...	...	5	2	5	4	20	10	11	8	3	3	3	2	71
Kohima . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	2	...	...	6
Shillong . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	6	8	7	2	1	1	2	1	20
Guntok . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	...	2
Chumbi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pharijong . . . . .	...	1	...	...	...	1	...	...	...	...	...	...	2	1	1	1	...	3	...	2	3	1	1	2	15
Gyantse . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Almora	3	...	...	1	...	2	2	...	...	3	2	...	13	...	...	...	...	...	...	1	...	...	1	2	4
Naini Tal . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	4
Lansdowne . . . . .	...	...	5	4	5	3	3	1	5	...	5	2	33	8	...	2	...	18	31	8	16	13	7	10	120
Simla . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	2
Jutogh . . . . .	...	...	...	3	...	...	...	...	...	...	...	...	3	...	...	...	1	...	1	...	...	...	...	...	2
Dharmasala	1	...	2	4	...	...	...	...	...	1	4	...	12	4	...	...	4	1	3	2	1	3	...	1	19
Bakloh	1	1	1	...	...	...	...	...	...	...	...	...	3	1	...	1	...	2	2	1	1	1	4	...	13
Khyragully . . . . .	...	...	...	1	1	...	1	...	...	...	...	...	3	...	...	...	...	1	...	...	...	1	1	...	1
Baragully . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	3
Chitral	1	...	...	...	...	...	...	...	1	1	...	...	3	6	7	4	1	...	1	...	1	...	5	1	21
Killa Drosh . . . . .	...	1	1	1	2	...	...	...	1	...	...	...	10	7	1	1	...	2	4	6	1	3	1	11	35
Malakand	2	2	...	1	...	...	...	...	4	10	...	...	20	...	1	1	...	2	4	6	1	3	1	5	13
Dargai	1	...	...	2	...	...	...	1	...	1	...	...	5	...	...	1	...	3	...	3	1	...	...	...	28
Chakdara	1	1	2	2	...	...	...	1	...	...	...	...	7	...	2	...	...	2	3	2	5	4	2	...	28
Abbottabad	8	17	9	4	2	...	4	5	2	5	10	25	91	5	4	2	7	4	9	10	5	21	7	8	91	
Cerat . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	1	1	2	1	1	8
Fort Lockhart	1	2	...	1	...	...	...	...	2	...	...	...	6	1	1	...	2	3	1	2	3	5	7	4	30
Hangu	1	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	2	3	1	6
Mir Ali Khel . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	2	...	1	1	1	1	...	...	1	5	...	...	10
Fort Sandeman	1	4	1	...	...	1	2	...	...	...	...	...	9	...	1	...	...	1	1	...	5	...	3	3	22
Hindubagh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	1
Musa Khel . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	2
Khan Mohamed Kot . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	1
Killa Saifulla . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...	3

STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
	Murgha	1	1	1	1	
Loralai	2	2	...	...	...	...	...	...	...	4	2	10	1	...	...	1	1	...	4	...	6	6	5	1	28
Gumbar . . . . .	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	2	2	2	1	...	...	...	...	1	6
Quetta	1	2	2	6	1	3	...	4	7	3	3	32	2	1	1	3	1	7	14	12	16	46	12	2	117		
Peshin . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	3
Shelabagh	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1
Chaman	1	1	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	1	14
Mount Abu	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	2	1	7	...	1	...	1	14
Ootacamund	2	2	1	1	...	...	...	1	...	...	...	7	1	1	...	3	...	...	...	...	...	...	1	...	6
Camp Lovedale	1	1	1	...	...	...	...	...	...	...	...	3	...	1	1	1	2	...	...	...	...	...	...	...	5
" Yellenhalli . . . . .	...	...	1	...	...	...	...	...	...	...	...	1	...	1	...	1	2	...	...	...	1	1	...	...	6
GROUP XII.—HILL STATIONS	25	41	30	29	16	11	11	7	15	15	36	51	287	36	26	17	42	69	90	72	73	76	134	85	33	753	
Marching, India	12	8	1	4	2	1	1	4	8	20	70	20	9	4	4	15	34	39	21	21	57	67	56	347	
EXTRA INDIA.																											
(a) In the Indian Command:—																											
Chabbar	1	2	...	1	4	
Jask	1	...	1	
Muscat	1	...	1	
Aden	2	...	...	1	1	...	...	1	...	...	...	5	3	5	4	6	2	2	5	2	4	3	10	4	50
Dhala	1	...	...	...	...	...	...	...	1	...	...	2	1	2	3	1	1	2	5	2	1	4	3	...	25
Suleik . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	4
Nobat Dakin . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	3	1	...	2	1	...	9
Khormaksar	1	1	...	1	
Perim	5	1	1	...	7	
(b) Not in the Indian Command:—																											
Port Louis (Mauritius) . . . . .	...	...	...	...	...	...	1	2	4	...	...	7	4	2	3	7	2	6	8	2	5	2	1	...	42
Colombo (Ceylon)	5	...	5	
Singapore . . . . .	...	...	...	...	...	...	...	...	...	1	...	1	2	...	2	...	2	1	...	...	2	6	3	4	22
Tien-tsin . . . . .	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1	1	1	1	...	...	...	...	...	4
Lutai . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	...	...	3
Shan-hai-Kuan } North China	1	2	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	1	1	...	...	...	1	3
Tongshan	1	1	
ARMY OF INDIA	182	158	134	84	54	39	32	23	33	69	123	219	1,155	264	179	177	242	305	317	458	531	447	610	649	566	4,748	
NORTHERN COMMAND	82	70	64	38	23	9	6	9	8	17	52	98	476	72	35	33	75	121	88	72	111	123	230	201	260	1,520	
WESTERN COMMAND	49	47	39	20	18	11	12	10	11	29	36	62	344	85	79	92	80	71	63	147	205	116	142	157	162	1,399	
EASTERN COMMAND	31	20	17	12	5	13	10	5	7	11	21	22	174	43	12	19	39	66	69	41	84	90	116	113	96	748	
SECUNDERABAD DIVISION	7	9	9	10	4	4	3	2	2	4	4	5	63	36	37	17	11	18	38	133	95	79	33	13	18	533	
BURMA DIVISION	...	2	3	...	2	1	4	1	2	15	2	5	7	25	10	15	16	14	10	10	4	4	122	

III—PRISONERS, 1906.

TABLE K.

JAILS by ADMINISTRATIONS.

JAILS.	Height above the sea-level in feet.*	Authority for height.†	JAILS.	Height above the sea-level in feet.*	Authority for height.†	JAILS.	Height above the sea-level in feet.*	Authority for height.†
ANDAMANS :—			BENGAL :—contd.			N.-W. F. PROVINCE :—		
Port Blair Convict Settlement	85	S. G.	Arrah (Shahabad)	191	S. G.	Peshawar	1,165	S. G.
BURMA :—			Chupra (Saran)	181	M. D.	Kohat	1,768	"
Mergui	14	S. G.	Buxar, Central	204	S. G.	Bannu	1,279	"
Tavoy	69	"	Sambalpur	500	"	Dera Ismail Khan	571	"
Moulmein	288	"	Darjeeling	7,168	"	Abbottabad	4,166	"
Shwegyin	128	"						
Toungoo	156	"	UNITED PROVINCES OF AGRA					
Rangoon, Central, Europeans	14	"	AND OUDH(a) :—			BALUCHISTAN :—		
Maubin " Natives	14	"	Koranadiah (Ballia)	227	S. G.	Quetta	5,511	S. G.
Myaungmya	...	"	Azamgarh	256	"			
Bassein, Central	40	S. G.	Kasia	...	"			
Insein	34	"	Gorakhpur	255	S. G.			
Henzada	44	"	Basti	292	"	BOMBAY :—		
Myanaung	74	"	Fyzabad	336	"	Shikarpur (b)	194	S. G.
Sandoway	...	"	Sultanpur	305	I. B.	Sind Gang	...	"
Kyaukpyu	...	"	Rai Bareilly	351	S. G.	Hyderabad, Central	134	I. B.
Akyab	32	S. G.	Partabgarh	317	"	Kurrachee	28	S. G.
Paungde	...	"	Jaunpur	263	"	Rajkot	414	"
Prome	149	S. G.	Benares, Central	256	"	Ahmedabad, Central	170	"
Thayetmyo, Central	145	"	District	283	"	Dhulia	842	"
Taungdwingyi	492	"	Mirzapur	283	"	Yerrowda, Central (Poona)	1,951	I. B.
Magwe	...	"	Allahabad, Central	298	"	Bijapur	1,998	S. G.
Yamethin	653	S. G.	District	298	"	Deccan Gang	...	"
Meiktila	860	"	Karni	...	"	Dharwar	2,385	S. G.
Pagan	...	"	Banda	415	S. G.	Thana	24	"
Myingyan, Central	243	S. G.	Fatehpur	373	"	Bombay, Common	20	"
Mandalay	240	"	Hamirpur	367	"	House of Correction	110	M. D.
Monywa	250	"	Orai (Jalaun)	...	S. G.	Ratnagiri	12	S. G.
Shwebo	600	M. O.	Cawnpore	417	"	Karwar	26	"
Mogok	...	"	Unao	412	"	Aden	...	"
Bhamo	351	S. G.	Lucknow, Central	400	"			
Katha	379	"	District	378	"	RAJPUTANA :—		
Kindat	361	"	Barabanki	...	"	Ajmer	1,627	S. G.
			Gonda	...	"			
EASTERN BENGAL AND ASSAM :—			Bahraich	398	S. G.			
Cachar (Silchar)	104	M. D.	Kheri	471	"	CENTRAL PROVINCES :—		
Sibsagar	318	S. G.	Sitapur	449	"	Damoh	1,236	S. G.
Dibrugarh	342	"	Hardoi	462	"	Saugor	1,753	"
Tezpur	292	"	Etawah	498	"	Jubbulpore, Central	1,306	"
Gauhati	134	I. B.	Mainpuri	511	"	Narsinghpur	1,205	I. B.
Sylhet	257	M. D.	Etah	550	"	Mandla	1,487	S. G.
Mymensingh	59	M. D.	Fatehgarh, Central	444	I. B.	Bilaspur	887	"
Dacca, Central	20	"	District	560	"	Raipur, Central	968	"
Tippera (Comilla)	36	"	Shahjahanpur	597	S. G.	Balaghat (Burha)	...	"
Chittagong	87	"	Pilibhit	614	"	Seoni	2,043	S. G.
Noakhali	43	"	Bareilly, Central	560	"	Chhindwara	2,236	"
Backergunge (Barisal)	13	"	District	544	"	Hoshangabad	1,030	"
Faridpur	22	S. G.	Budaon	610	"	Nimar (Khandwa)	1,042	I. B.
Pubna	...	"	Aligarh	727	"	Betul	2,189	S. G.
Rajshahi, Central (Rampur Boalia)	70	M. D.	Bulandshahr	655	"	Nagpur, Central	1,025	"
Bogra	64	"	Moradabad	772	"	Bhandara	851	"
Malda	72	"	Bijnor	2,229	"	Wardha	935	"
Dinajpur	116	S. G.	Dehra Dun	903	"	Chanda	658	"
Rangpur	108	"	Saharanpur	790	"	Yeotmal	1,476	"
Jalpaiguri	280	"	Muzaffarnagar	900	"	Amraoti, Central	1,194	"
Shillong	4,987	"	Meerut	739	"	Akola, Central	920	"
			Muttra	576	"	Buldana	2,132	M. D.
BENGAL :—			Agra, Central	554	"			
Khulna	...	"	District	860	"	HYDRABAD RESIDENCY JAIL :—		
Jessore	33	M. D.	Jhansi	...	"	Secunderabad	1,732	S. G.
Baraset	17	S. G.	Almora	5,494	S. G.			
Presidency, Central, Europeans	21	I. B.	Pauri	6,400	M. D.			
" Natives	34	S. G.	Naini Tal	...	"			
Alipore	31	"	PUNJAB :—					
Hooghly	24	S. G.	Delhi	715	S. G.			
Burdwan	97	"	Rohtak	712	"			
Krishnagar (Nadia)	32	"	Hissar	689	I. B.			
Murshidabad (Berhampore)	67	M. D.	Karnal	809	S. G.			
Perneah	121	S. G.	Ambala	902	"	MADRAS :—		
Naya Dumka	489	M. D.	Ludhiana	806	"	Mangalore	42	S. G.
Suri (Birbhum)	208	M. D.	Hoshiarpur	1,053	"	Cannanore, Central	47	"
Banskura	149	"	Jullundur	960	"	Bellary	1,483	"
Midnapore, Central	59	S. G.	Ferozepore	645	"	Salem	919	"
Balasore	74	"	Amritsar	756	"	Coimbatore	1,433	"
Cuttack	17	"	Lahore, Central	706	"	Palamcottah	129	"
Puri	...	"	Female	...	"	Madura	438	"
Angul	745	S. G.	Gurdaspur	829	S. G.	Trichinopoly, Central	274	"
Chaibassa (Singbhum)	2,164	S. G.	Gujranwala	...	"	Tanjore	193	"
Purulia (Manbhum)	...	"	Sialkot	...	"	Cuddalore	19	"
Ranchi (Lohardaga)	...	"	Gujrat	...	"	Vellore, Central	698	"
Palamau (Daltongunge)	...	"	Jhelum	827	S. G.	Madras, Civil	15	"
Hazaribagh, Central	1,997	S. G.	Rawalpindi	1,707	"	Penitentiary, Central	57	"
Gaya	375	M. D.	Shahpur	644	"	Nellore	112	M. D.
Bhagalpur, Central	147	S. G.	Mianwali	655	I. B.	Rajhamundry, Central	14	S. G.
Monghyr	148	"	Lyallpur	...	"	Vizagapatam	79	"
Darbhanga	167	"	Jhang	...	"	Berhampur	...	"
Champaran (Motihari)	217	"	Montgomery, Central	600	"	Russellkonda	...	"
Muzaffarpur	179	"	Mooltan, Central	402	S. G.			
Patna (Bankipore)	177	"	District	395	"	COORG :—		
			Dera Ghazi Khan	7,230	"	Mercara	3,803	S. G.
			Simla	...	"			

* These are not the exact heights of the jails themselves above sea-level, but usually those of the survey-marks or of the mercury-surface in barometre cisterns in the stations in which the jails are situated.
† S. G. = Surveyor-General of India; I. B. = Intelligence Branch of the Division of the Chief of the Staff; M. D. = Meteorological Department; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.
(a) Late North-Western Provinces and Oudh. (b) Prisoners transferred to Sukkur on 28th November 1906.

TABLE XL.

RATIOS of ADMINISTRATIONS.

The ratios of admissions and deaths to strength are taken from Table XLII.

The actuals will be found in Table XLIII.

	RATIOS PER 1,000 OF THE AVERAGE STRENGTH.											
	Burma.	Eastern Bengal and Assam.	Bengal.	United Provinces.	Punjab.	N.-W.F. Province.	Bombay.	Central Provinces.	Madras.	India.*	Andamans.	India.†
I.—AVERAGE ANNUAL STRENGTH	13,369	6,871	14,837	24,872	11,744	1,300	7,925	3,329	10,428	95,394	14,688	110,082
II.—CONSTANTLY-SICK-RATE OF EACH MONTH—												
January	14.6	53.5	34.3	24.0	21.5	29.9	24.4	17.1	17.1	25.0	58.8	29.6
February	15.5	43.8	33.8	22.3	19.8	23.9	25.2	15.8	15.8	23.6	62.5	28.9
March	16.6	37.6	35.9	22.7	20.5	19.5	26.3	16.4	14.4	33.8	62.3	29.0
April	14.5	46.3	38.4	24.0	24.1	25.1	27.7	18.3	14.1	25.1	64.3	30.4
May	14.7	36.4	37.6	25.1	25.7	35.0	27.4	15.0	16.5	25.5	66.2	31.0
June	15.8	36.5	34.8	25.1	25.0	42.7	29.3	17.8	16.3	25.5	73.6	31.9
July	18.3	38.6	38.2	26.0	25.2	38.5	31.6	22.0	17.6	27.2	82.2	34.5
August	17.5	40.6	43.5	29.7	25.1	34.6	34.5	27.5	21.4	29.9	85.4	37.2
September	14.6	40.7	42.3	31.8	29.3	30.3	34.4	23.1	28.0	30.7	78.0	36.9
October	15.9	52.9	40.0	30.6	30.8	47.9	33.7	19.5	22.4	30.8	76.5	36.8
November	15.8	49.3	38.9	31.4	32.2	60.5	35.2	17.6	18.2	30.5	67.2	35.4
December	14.6	48.3	38.3	26.9	32.1	39.2	38.8	17.1	18.6	29.0	68.8	34.3
OF THE YEAR	15.7	43.3	38.0	26.6	26.0	35.5	30.7	18.9	18.4	27.2	70.5	33.0
INCLUDING SUBSIDIARY JAILS AND LOCK-UPS	...	40.1	36.4	...	26.1	35.3	28.0	18.4	18.6	26.6	...	37.2
III.—ADMISSION-RATE OF THE YEAR—												
Influenza	3.3	14.4	2.8	11.1	4	29.2	5	14.4	9	5.9	26.2	8.6
Cholera	5	2.0	1.4	7	...	...	5.7	3	7.9	2.0	...	1.7
Small-pox	8	1	1.0	1.0	6	8	6	9	1.2	9	...	7
Enteric Fever	4	2.9	2	3	3	...	3	3	5.8	1.1	...	9
Intermittent Fever	49.7	234.8	330.7	225.0	291.8	809.2	139.3	196.8	60.2	207.2	1,450.0	373.0
Remittent Fever	5	2.5	2.7	7	2	...	2.9	2.7	2.1	1.5	4.4	1.9
Simple Continued Fever	14.7	...	6.8	9.0	3.7	26.2	2.5	2.4	28.9	9.7	5.4	9.2
Tubercle of the lungs	8.5	9.5	15.1	7.6	7.3	7.7	5.0	3.9	9.7	8.8	6.0	8.6
Pneumonia	4.2	9.0	10.0	12.1	11.1	23.8	15.4	6.3	7.4	10.1	15.8	10.9
Other Respiratory Diseases	12.3	39.0	30.3	23.7	27.5	35.4	32.9	13.2	23.8	25.2	53.0	28.9
Dysentery	18.2	242.2	187.6	37.1	33.8	78.5	54.8	42.7	28.0	78.9	94.0	80.9
Diarrhoea	9.9	73.5	84.9	21.5	50.1	51.5	66.2	33.9	3.3	39.1	36.5	38.8
Spleen Diseases	...	...	4	5	2	1.5	2.1	3	...	4	...	4
Scurvy	1	1.0	7	0	3	3.1	3.5	...	4	6	9	7
Anæmia and Debility	2.5	39.3	10.4	10.0	22.1	25.4	11.5	14.1	5.0	12.5	...	10.8
Abscess, Ulcer, and Boil	38.4	41.0	69.1	79.6	108.9	176.9	80.0	70.9	22.8	68.9	98.6	72.8
ALL CAUSES	279.5	911.8	1,008.8	603.0	730.6	1,464.6	689.3	598.1	416.5	658.3	2,040.8	842.7
INCLUDING SUBSIDIARY JAILS AND LOCK-UPS	...	876.2	990.7	...	737.0	1,504.1	672.2	591.6	517.9	665.1	...	839.9
IV.—DEATH-RATE OF THE YEAR—												
Cholera	22	1.89	1.01	44	...	...	2.77	...	4.32	1.10	...	9.5
Small-pox	7.5	...	2.0	1.2	...	...	...	...	1.0	9.9	...	10.8
Enteric Fever	1.5	7.3	1.3	0.4	0.9	...	...	...	6.7	1.9	...	1.6
Intermittent Fever	4.5	2.77	8.1	8.8	3.4	1.54	...	3.0	1.9	7.5	9.5	7.8
Remittent Fever	0.7	1.5	4.7	0.4	...	...	...	1.88	6.0	1.0	2.1	5.2
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs	4.19	3.06	4.31	2.85	3.83	7.7	1.89	1.80	...	2.49	3.21	5.58
Pneumonia	1.20	3.20	2.96	2.77	2.64	3.85	3.66	1.20	1.63	2.55	5.38	2.93
Other Respiratory Diseases	5.2	1.16	7.4	8.4	1.7	1.54	1.14	3.0	5.8	7.1	1.23	7.8
Dysentery	1.50	7.71	5.72	1.89	2.64	4.62	2.02	2.10	4.32	3.25	4.99	3.47
Diarrhoea	4.5	5.8	8.8	7.6	1.36	7.7	7.6	3.0	1.0	7.3	3.4	6.8
Hepatic Abscess	1.5	...	...	...	...	...	...	...	...	...	0.4	0.7
Anæmia and Debility	0.7	8.7	6.7	2.4	8.5	1.54	8.8	6.0	5.8	5.5	...	4.7
Phagedæna, Slough, and Gangrene	...	...	...	0.8	0.9	...	...	...	...	0.3	...	0.3
ALL CAUSES	14.81	29.69	23.36	16.96	15.75	25.38	20.69	13.82	21.77	19.27	27.30	20.34
INCLUDING SUBSIDIARY JAILS AND LOCK-UPS	...	27.95	23.71	...	15.85	24.79	21.80	13.66	20.81	19.37	...	20.37
V.—PERCENTAGE IN 100 ADMISSIONS—												
Influenza	1.18	1.58	2.7	1.83	0.6	2.00	0.7	2.41	2.1	9.0	1.28	1.02
Cholera	1.9	2.2	1.4	1.1	...	...	8.2	0.5	1.89	3.0	...	2.0
Small-pox	2.9	0.2	1.0	1.7	0.8	0.5	0.9	1.5	1.3	...	...	0.9
Enteric Fever	1.3	3.2	0.2	0.5	0.3	...	0.4	0.5	1.46	1.6	...	1.1
Intermittent Fever	17.77	25.75	32.78	37.32	39.61	55.25	10.21	32.90	14.46	31.48	71.05	44.26
Remittent Fever	1.9	2.7	2.7	1.2	0.2	...	4.2	4.5	1.5	2.2	2.2	2.2
Simple Continued Fever	5.27	...	6.7	1.50	5.1	1.79	3.7	4.0	6.93	1.48	2.7	1.99
Tubercle of the lungs	3.05	1.04	1.50	1.25	0.99	5.3	7.3	6.5	2.33	1.34	3.4	1.02
Pneumonia	1.50	0.99	0.99	2.01	1.50	1.63	2.23	1.05	1.77	1.53	7.7	1.29
Other Respiratory Diseases	4.39	4.28	3.00	3.93	3.73	2.42	4.78	2.21	5.71	3.82	2.60	3.43
Dysentery	6.50	26.56	18.59	6.15	4.39	5.36	7.04	7.13	18.72	11.98	4.61	9.60
Diarrhoea	3.56	8.06	8.41	3.57	6.80	3.52	8.73	5.68	7.8	5.95	1.79	4.60
Spleen Diseases	...	...	0.4	0.9	0.2	1.1	3.1	0.5	...	0.7	...	0.4
Scurvy	0.3	1.1	0.7	0.1	0.3	2.1	5.1	...	0.9	0.9	0.4	0.8
Anæmia and Debility	0.91	4.31	1.03	1.63	2.99	1.73	1.67	2.36	1.20	1.90	...	1.29
Abscess, Ulcer, and Boil	13.76	4.50	6.85	13.20	14.78	12.03	12.90	11.85	5.48	10.45	4.83	8.61
VI.—PERCENTAGE IN 100 DEATHS—												
Cholera	1.5	6.4	4.3	2.7	...	...	11.0	...	19.8	5.7	...	4.7
Small-pox	1.0	...	0.9	0.7	...	...	...	...	4	5	...	4
Enteric Fever	1.0	2.5	0.2	0.2	0.5	...	...	...	3.1	1.0	...	0.8
Intermittent Fever	3.0	6.3	3.5	5.3	2.2	6.1	2.4	2.2	9	3.9	3.5	3.8
Remittent Fever	0.5	0.5	2.0	0.2	...	...	4.3	4.3	4	1.1	9.2	2.5
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs	28.3	10.3	18.4	17.2	24.3	3.0	9.1	13.0	11.5	16.7	20.4	17.3
Pneumonia	8.1	10.8	12.7	16.7	16.8	15.2	17.7	8.7	7.5	13.2	19.7	14.4
Other Respiratory Diseases	3.5	3.9	3.2	5.1	1.1	6.1	5.5	2.2	2.6	3.7	4.5	3.8
Dysentery	10.1	26.0	24.5	11.4	16.8	18.2	9.8	15.2	19.8	16.9	18.0	17.1
Diarrhoea	3.0	2.0	3.7	4.6	8.6	3.0	3.7	2.2	4	3.8	1.2	3.3
Hepatic Abscess	1.0	...	...	...	...	...	1.2	...	...	...	...	2
Anæmia and Debility	0.5	2.9	2.9	1.5	5.4	6.1	4.3	4.3	2.6	2.8	...	2.3
Phagedæna, Slough, and Gangrene	...	...	...	0.5	0.5	...	...	...	...	...	...	1

* Including Ajmer, Secunderabad, Quetta, Mercara and excluding Andamans.
 † Including Ajmer, Secunderabad, Quetta, Mercara and Andamans.

For complete detail of diseases, see Table LIII.

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TABLE XLI.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XLII.

The actuals will be found in Table XLIII.

		RATIOS PER 1,000 OF THE AVERAGE STRENGTH.												
		I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
		Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	S.-E. Rajputana, Central India, and Gujarat.	Deccan.	West-ern Coast.	South-ern India.	Hills.	India.*
I.—AVERAGE ANNUAL STRENGTH		9,576	3,793	1,430	12,457	23,376	12,351	8,447	4,595	6,840	2,452	9,429	572	95,394
II.—CONSTANTLY SICK-RATE OF EACH MONTH—														
January		13.6	17.0	45.2	47.4	23.8	23.5	23.5	27.1	23.1	18.8	17.3	24.0	25.0
February		13.6	20.4	40.8	44.3	21.9	20.2	22.0	26.8	23.6	18.5	16.0	24.6	23.6
March		12.4	27.0	40.0	41.2	23.2	21.0	21.7	27.3	25.1	17.1	14.6	28.5	23.8
April		11.7	21.3	37.4	42.3	26.6	24.7	23.9	25.4	27.4	17.7	13.9	20.4	25.1
May		12.1	21.2	37.1	40.9	26.5	25.2	26.4	26.1	26.7	20.2	15.5	35.4	25.8
June		15.2	17.1	39.9	37.7	25.6	24.7	25.8	31.1	29.2	23.3	15.0	37.5	25.5
July		16.9	22.1	43.7	39.8	27.7	24.6	27.4	29.5	32.8	26.0	17.1	38.0	27.2
August		16.6	20.0	42.5	45.3	30.1	28.6	24.2	30.5	37.3	25.9	21.5	39.9	29.9
September		14.7	14.4	39.5	45.6	29.5	37.7	25.5	37.4	33.4	29.0	26.9	28.4	30.7
October		16.3	14.7	44.9	49.4	28.3	38.7	28.8	38.0	30.4	18.9	22.7	31.0	30.8
November		15.7	15.9	34.2	48.4	28.1	41.1	31.5	36.6	29.4	20.3	19.2	29.0	30.5
December		15.2	13.1	27.2	47.1	26.0	36.1	31.7	33.9	31.3	21.3	19.8	27.5	29.0
	OF THE YEAR	14.6	18.6	39.3	44.1	26.5	28.8	26.0	31.6	29.1	21.6	18.4	30.8	27.2
III.—ADMISSION-RATE OF THE YEAR—														
Influenza		4.6	...	7	9.8	3.0	13.5	5.0	13.5	7.2	...	1.0	...	5.9
Cholera		6	3	4.9	1.6	1.1	...	...	...	14.7	7.3	22.7	2.0	...
Small-pox		1.0	3	...	6	7	1.0	8	2.0	4	8	1.3	3.5	9
Enteric Fever		4	3	...	1.3	3	3	1	2	4	15.9	2.3	8.7	1.1
Intermittent Fever		42.0	69.1	260.1	273.6	231.1	358.9	277.0	194.6	189.2	109.3	57.6	237.8	207.2
Remittent Fever		6	3	7.0	3.0	4	7	4.0	2	1.8	7.7	2.1	17.5	1.5
Simple Continued Fever		18.2	6.1	...	1.0	11.2	7.2	4.0	...	1.8	11.4	30.5	12.2	9.7
Tubercle of the lungs		9.2	6.9	4.2	16.0	7.9	10.0	7.6	4.8	3.5	3.3	10.2	5.2	8.8
Pneumonia		3.7	5.5	7.7	9.6	9.6	12.4	18.1	18.9	5.8	12.2	7.4	31.5	10.1
Other Respiratory Diseases		10.2	17.4	22.4	33.0	24.5	30.4	31.8	23.1	19.7	34.3	23.4	33.2	25.2
Dysentery		10.7	37.2	160.1	223.8	85.5	36.4	37.5	23.7	59.9	88.9	76.0	80.4	78.9
Diarrhoea		3.8	25.6	51.7	84.1	38.9	43.6	39.5	21.8	70.2	24.1	2.3	61.2	39.1
Spleen Diseases		...	...	...	3	1	3	2.0	7	...	...	...	...	4
Scurvy		...	3	1.4	6	3	2	3.0	2	1.0	4	4	...	6
Anæmia and Debility		1.5	5.3	30.1	23.4	9.0	20.2	16.3	12.2	13.2	7.3	5.4	15.7	12.5
Abscess, Ulcer, and Boil		33.7	50.4	53.8	54.2	79.1	100.1	88.3	81.2	111.0	23.2	23.4	87.4	68.9
	ALL CAUSES	247.6	359.9	757.3	986.5	680.0	818.2	689.9	613.7	779.7	499.6	418.7	891.6	658.3
IV.—DEATH-RATE OF THE YEAR—														
Cholera		3.1	...	4.90	1.28	1.68	...	...	...	4.4	6.12	3.61	19.23	1.10
Small-pox		2.1	...	...	0.8	1.7	0.8	...	...	...	...	1.1	...	0.9
Enteric Fever		1.0	26	...	3.2	0.4	0.8	...	2.2	...	1.22	4.2	3.50	1.9
Intermittent Fever		1.0	1.32	4.20	1.44	9.8	5.7	3.6	6.5	5.8	8.2	...	...	7.5
Remittent Fever		1.0	...	...	4.0	0.9	0.8	4.7	...	4.4	1.63	...	...	2.1
Simple Continued Fever		...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs		4.59	3.16	1.40	4.90	2.7	3.40	3.43	2.39	1.17	1.63	2.55	3.50	3.21
Pneumonia		1.46	5.3	2.10	3.21	2.05	3.56	4.38	4.35	7.3	3.26	1.48	13.99	2.55
Other Respiratory Diseases		5.2	5.3	7.0	8.8	9.8	3.2	5.9	8.7	5.8	1.63	5.3	...	7.1
Dysentery		7.3	3.43	16.08	5.94	29.9	2.51	2.13	1.52	1.75	4.49	4.14	8.74	3.25
Diarrhoea		3.1	1.05	7.0	7.2	9.0	1.38	4.7	...	7.3	1.22	1.1	5.24	7.3
Hepatic Abscess		...	...	...	...	...	...	...	...	2.9	...	...	...	0.4
Anæmia and Debility		1.0	...	3.50	4.8	4.3	3.2	1.42	2.2	5.8	4.1	6.4	3.50	5.5
Phagedæna, Slough, and Gangrene		...	...	...	...	0.9	...	1.2	...	...	...	...	...	0.3
	ALL CAUSE	13.47	18.19	39.16	26.99	17.71	16.19	20.84	18.50	13.16	25.29	20.68	64.69	19.27
V.—PERCENTAGE IN 100 ADMISSIONS—														
Influenza		1.86	...	1.09	9.9	4.3	1.65	7.2	2.20	9.2	...	2.3	...	9.0
Cholera		2.5	0.7	0.65	1.6	1.6	...	...	...	1.9	2.94	1.75	2.55	3.0
Small-pox		4.2	0.7	...	0.6	1.1	1.2	1.2	3.2	0.6	1.6	3.0	3.9	1.3
Enteric Fever		1.7	0.7	...	1.3	0.4	0.4	0.2	0.4	0.6	3.18	5.6	0.8	1.6
Intermittent Fever		16.95	19.19	34.35	27.73	33.99	43.87	40.15	31.70	24.26	21.88	13.75	26.67	31.48
Remittent Fever		2.5	0.7	9.2	3.0	0.6	0.9	0.9	0.4	2.3	1.5	5.1	1.96	2.2
Simple Continued Fever		7.34	1.68	...	1.1	1.64	0.8	0.8	...	2.3	2.29	7.29	1.37	1.48
Tubercle of the lungs		3.71	1.90	5.5	1.62	1.16	1.23	1.10	7.8	4.5	6.5	2.43	5.9	1.34
Pneumonia		1.48	1.54	1.02	9.8	1.42	1.51	2.63	3.09	7.5	2.45	1.77	3.53	1.53
Other Respiratory Diseases		4.13	4.84	2.95	3.43	3.60	3.72	4.02	3.76	2.53	6.26	5.60	3.73	3.82
Dysentery		4.30	10.33	21.14	22.09	12.57	4.44	5.44	3.87	7.69	17.80	18.16	9.02	11.98
Diarrhoea		1.52	7.11	6.83	8.53	5.73	5.32	5.73	3.55	9.00	4.82	5.6	6.86	5.95
Spleen Diseases		...	...	...	0.3	0.1	0.4	0.29	3.2	0.9	...	...	...	0.7
Scurvy		...	0.7	1.8	0.7	0.5	0.2	4.3	0.4	1.3	0.8	1.0	...	0.9
Anæmia and Debility		5.9	1.47	3.97	2.38	1.33	2.47	2.37	1.99	1.69	1.47	1.29	1.76	1.90
Abscess, Ulcer, and Boil		13.62	13.99	7.11	5.49	11.64	12.23	12.80	13.23	14.23	4.05	5.00	9.80	10.45
VI.—PERCENTAGE IN 100 DEATHS—														
Cholera		2.3	...	12.5	4.9	3.9	...	...	...	3.3	24.2	17.4	29.7	5.7
Small-pox		1.6	...	...	3	1.0	5	...	...	...	...	3	...	5
Enteric Fever		8	1.4	...	1.2	2	5	...	1.2	...	4.8	2.1	5.4	1.0
Intermittent Fever		8	7.2	10.7	5.5	5.6	3.5	1.7	3.5	4.4	3.2	...	...	3.9
Remittent Fever		8	...	...	1.5	5	5	2.3	...	3.3	6.5	...	...	1.1
Simple Continued Fever		...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs		34.1	17.4	3.6	18.8	16.2	21.0	16.5	12.9	8.9	6.5	12.3	5.4	16.7
Pneumonia		10.9	2.9	5.4	12.3	11.6	22.0	21.0	23.5	5.6	12.9	7.2	21.6	13.2
Other Respiratory Diseases		3.9	2.9	1.8	3.4	5.0	2.0	2.8	4.7	4.4	6.5	2.6	...	3.7
Dysentery		5.4	18.8	41.1	22.8	16.9	15.5	10.2	8.2	13.3	17.7	20.0	13.5	10.9
Diarrhoea		1.6	5.8	1.8	2.8	5.1	8.5	2.3	...	5.6	4.8	5	8.1	3.8
Hepatic Abscess		1.6	...	...	...	...	...	...	...	2.2	...	...	...	2
Anæmia and Debility		8	...	8.9	1.8	2.4	2.0	6.8	1.2	4.4	1.6	3.1	5.4	2.8
Phagedæna, Slough, and Gangrene		...	...	...	...	5	...	6	...	...	...	...	...	2

* Including Aden and excluding Andamans. For complete detail of diseases, see Table LIII.

PRISONERS, 1906.

TABLE XLII.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.							2. DEATH-RATE PER 1,000 OF STRENGTH.													Average numbr. constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Stomach, and Gangrene.	ALL CAUSES.		
Mergui	68	...	...	...	...	132.4	...	...	...	14.7	...	29.4	...	...	...	14.7	88.2	...	544.1	29.4
Tavoy	108	...	...	...	...	92.6	37.0	...	...	18.5	...	...	...	...	...	...	18.5	...	213.0	18.5
Moulmein	619	...	3.2	8.1	...	21.0	...	...	21.0	3.2	27.5	19.4	19.4	...	...	...	43.6	...	399.0	29.1
Shwegyin	143	...	...	...	...	83.9	...	...	...	7.0	...	42.0	14.0	...	...	...	62.9	...	406.5	21.6
Toungoo	593	10.1	...	...	3.4	133.2	3.4	...	15.2	8.4	10.1	45.5	20.2	...	...	3.4	52.3	...	563.2	40.5
Rangoon, Central (Europeans).	18	...	...	...	...	...	...	111.1	...	...	...	...	111.1	...	...	...	...	...	533.3	12.5*
Rangoon, Central (Natives).	2,396	...	...	8	...	7.5	...	51.8	9.2	2.5	6.3	10.0	1.3	...	...	4	24.6	...	203.3	10.0
Maubin	365	...	5.5	...	...	19.2	...	...	...	8.2	21.9	...	...	...	...	5.5	5.5	...	120.5	11.0
Myaungmya	704	...	...	...	...	17.0	...	...	8.5	2.8	7.1	4.3	...	...	...	...	19.9	...	137.8	7.1
Bassein, Central	1,034	36.8	...	...	1.0	72.5	...	40.6	17.4	6.8	19.3	6.8	1.0	...	...	...	60.0	...	365.6	25.1
Insein, Central	2,326	...	...	...	...	43.4	...	...	6.9	9	2.6	...	...	...	...	4	28.4	...	126.4	8.2
Henzada	420	...	4.8	...	2.4	35.7	...	...	...	...	2.4	9.5	...	2.4	...	...	23.8	...	259.5	9.5
Myanaung	78	...	...	...	...	...	...	...	...	...	25.6	25.6	...	...	...	...	12.8	12.8	217.9	12.8
Sandoway	86	...	...	23.3	...	34.9	...	58.1	...	...	69.8	23.3	23.3	...	...	46.5	197.7	...	779.1	23.3
Kyaukpyu	151	...	...	11.63	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11.63	6.6
Akyab	467	...	...	2.1	...	94.2	...	...	8.6	21.4	27.8	8.6	2.1	...	...	2.1	27.8	...	314.8	10.7
GROUP I.—BURMA COAST AND BAY ISLANDS	9,576	4.6	6	1.0	4	42.0	6	18.2	9.2	3.7	10.2	10.7	3.8	2	...	1.5	33.7	...	247.6	14.6		
Paungde	188	...	...	...	...	85.1	...	...	5.3	5.3	5.3	47.9	...	...	...	...	...	...	260.6	10.6
Prome	336	...	...	...	...	154.8	...	...	...	...	20.8	38.7	32.7	...	...	...	169.6	...	735.1	35.7
Thayetmyo, Central.	759	...	1.3	1.3	1.3	80.4	...	...	21.1	17.1	47.4	81.7	69.8	...	1.3	...	38.2	...	544.1	34.3
Taungdwiogyi	26	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	192.3	9.0*
Magwe	149	...	...	...	...	...	...	20.4	...	...	20.4	81.6	...	...	...	...	163.3	...	571.4	20.4
Yamethin	96	...	...	...	...	...	...	...	10.4	10.4	...	...	...	...	...	...	31.3	...	197.9	10.4
Meiktila	80	...	...	...	...	75.0	...	...	...	...	...	25.0	12.5	...	...	...	37.5	...	200.0	12.5
Pagan	55	...	...	...	...	...	...	...	18.2	...	36.4	...	...	...	...	...	36.4	...	218.2	36.4
Myingyan, Central.	779	...	...	...	...	27.0	...	...	1.3	3.9	...	3.9	43.6	11.6	...	...	14.1	...	143.1	12.8
Mandalay, Central.	844	...	...	...	...	109.0	1.2	10.7	4.7	5.9	17.8	15.4	17.8	...	...	2.4	81.8	...	432.5	16.6
Monywa	87	...	...	...	...	11.5	...	...	...	...	...	...	...	...	...	...	...	...	80.5	11.5
Sawbo	161	...	...	...	...	43.5	...	...	...	6.2	...	6.2	31.1	...	...	...	12.4	...	149.1	6.2
Mogok	59	...	...	...	...	16.9	...	...	...	...	...	...	...	...	...	...	...	...	16.9	1.2*
Bhamo	67	...	...	...	...	29.9	...	149.3	4.9	...	14.9	29.9	...	...	...	...	14.9	104.5	791.0	29.9
Katha	70	...	...	...	...	42.9	...	...	...	...	...	14.3	42.9	...	...	...	...	...	171.4	5.3*
Kindat	37	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	54.1	3.9*
GROUP II.—BURMA INLANDS	3,793	...	3	3	3	69.1	3	6.1	6.9	5.5	17.4	37.2	25.6	...	3	5.3	20.4	...	359.9	18.6		

*Worked on the aggregates.

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TABLE XLII—continued.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLII

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.											2. DEATH-RATE PER 1,000 OF STRENGTH.											Average number constantly sick per 1,000 strength.
		Influenza.	Cholera.	Small-pox.	Etiotic Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscesses.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.				
Cachar	75	...	...	...	...	26.7	...	...	...	...	13.3	26.7	...	...	...	40.0	26.7	...	226.7	26.7
Sibsagar	68	...	...	...	...	161.8	...	...	14.7	14.7	220.6	58.8	...	...	...	29.4	176.5	...	838.2	29.4
Dibrugarh	110	9.1	...	...	...	281.8	...	...	27.3	90.9	445.5	200.0	...	...	...	100.0	9.1	...	1,445.5	63.6
Tezpur	303	...	...	...	...	188.1	...	...	6.6	16.5	85.8	19.8	...	...	...	36.3	59.4	...	706.3	42.9
Gashati	292	...	24.0	...	...	311.6	...	...	6.8	...	147.3	51.4	...	...	...	6.8	13.7	34.2	705.5	65.1
Sylhet	582	...	...	...	...	309.3	17.2	...	1.7	3.4	163.2	43.0	...	...	...	20.6	58.4	...	738.8	22.3
GROUP III.—ASSAM.	1,430	7	4.9	...	...	260.1	7.0	...	4.2	7.7	160.1	51.7	...	...	1.4	30.1	53.8	...	757.3	39.2
Mymensingh	602	...	...	...	23.3	260.8	...	...	19.9	5.0	363.8	33.2	...	...	...	3.3	26.6	29.9	1,064.8	54.1
Dacca, Central	165	...	4.3	...	...	123.6	...	...	13.7	9	81.5	91.4	...	...	...	116.7	53.2	...	771.7	49.1
Tippera	335	...	3.0	...	...	122.4	...	...	9.0	...	107.5	68.7	...	...	...	3.0	32.8	...	450.7	25.1
Chittagong	206	...	...	...	...	621.4	...	...	4.9	4.9	305.8	72.8	...	...	...	4.9	38.8	...	1,364.1	38.1
Noakhali	152	...	...	...	...	59.2	...	...	6.0	...	572.4	...	...	...	...	6.6	6.6	...	782.9	26.1
Backergunge	623	...	...	1.6	...	200.6	...	...	4.8	24.1	577.8	91.5	...	...	...	1.6	83.5	36.9	1,537.7	57.1
Khulna	46	...	...	...	...	521.6	...	...	21.7	...	369.6	...	...	...	...	...	65.2	...	1,326.1	43.1
Jessore	352	...	...	...	...	267.0	2.8	...	17.0	36.9	750.0	51.1	...	...	...	...	...	...	1,366.5	54.1
Baraset	104	...	...	...	...	663.5	...	...	9.6	19.2	163.5	67.3	...	...	...	...	...	57.7	1,320.9	38.1
Presidency, Central (Europeans)	35	...	...	...	...	114.3	...	...	...	...	57.1	...	...	...	...	...	...	...	542.9	28.1
Presidency, Central (Natives)	1,173	20.5	...	1.7	...	118.5	...	...	12.8	6.8	67.3	41.8	...	...	...	2.6	6.8	34.1	462.1	39.1
Alipore, Central	1,832	...	1.6	...	...	372.6	...	...	32.8	10.6	156.4	79.8	...	...	...	...	...	...	1,028.0	46.1
Hooghly	399	...	...	2.0	...	164.3	...	...	28.1	10.0	120.2	98.2	...	...	...	24.0	66.0	...	845.7	30.1
Burdwan	234	...	...	...	...	820.5	...	...	8.5	4.3	265.0	89.7	...	...	...	8.5	8.5	119.7	1,863.2	81.2
Krishnagar	140	...	...	...	...	264.3	14.3	...	14.3	...	264.3	57.1	...	...	...	...	...	...	1,257.1	50.1
Faridpur	354	276.8	...	...	...	372.9	...	...	28.2	33.9	251.4	259.9	...	...	...	...	...	...	1,649.7	90.1
Pubna	193	...	...	...	...	331.6	...	...	10.4	25.9	139.9	93.3	...	...	...	...	...	...	797.9	25.1
Murshidabad	253	...	4.0	4.0	...	521.7	...	...	11.9	4.0	47.4	63.2	...	...	...	...	...	...	909.1	31.1
Rajshahi, Central	297	...	...	...	...	76.5	2.5	...	7.5	6.3	217.1	10.0	...	...	...	...	...	...	456.7	26.1
Bogra	188	...	...	...	...	143.6	...	...	...	5.3	180.9	16.0	...	...	...	...	...	...	446.8	16.0
Malda	104	...	...	...	...	1,067.3	9.6	...	9.6	...	278.8	230.8	...	...	...	...	...	...	2,038.5	67.3
Dinajpur	272	...	3.7	...	...	338.2	14.7	...	11.0	14.7	250.0	106.6	...	...	...	...	...	...	1,058.8	33.1
Rangpur	269	...	...	...	...	416.4	...	...	22.3	11.2	479.6	37.2	...	...	...	...	...	...	1,182.2	33.1

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.										2. DEATH-RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscesses.	Spleen Diseases.	Scoury.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
Jalpaiguri	124	...	...	...	...	201'6 8'06	...	...	8'1 8'06	...	8'1	112'9 16'13	161'3	...	...	8'1	16'1	...	709'7 40'32	32'3
Purneah	270	...	...	3'7	...	237'0	7'4	...	40'7 3'7	11'1	148'1 7'41	22'2	...	...	37'0	14'8	...	...	881'5 18'52	55'6
Naya Dumka	132	...	...	...	...	371'2	...	...	7'6 7'58	15'2 15'15	53'0	318'2 15'15	60'6	...	...	7'6	68'2	...	1,143'9 45'45	30'3
Suri	235	...	...	...	...	400'0	4'3	8'5	...	8'5	...	85'1	29'8	...	...	4'3	55'3	...	808'3	12'8
Bankura	239	...	20'9 8'37	...	...	154'8	...	4'2	4'2	4'2	33'5	121'3 12'55	46'0 4'18	...	...	8'4	20'9	...	510'5 29'29	16'7
Midnapore, Central.	881	...	4'5 4'34	...	...	355'3 1'14	2'3 2'27	11'4	12'5 5'68	5'7 1'14	31'1 1'14	319'0 26'11	261'4 4'54	...	1'1	9'1 1'14	135'1	...	1,083'3 55'62	74'9
Balasure	151	...	...	...	...	205'3	...	...	33'1 6'62	13'2 6'62	46'4	238'4	112'6	...	...	...	9'3	...	966'9 13'25	33'1
Cuttack	313	...	...	...	...	73'5	70'3	...	9'6 3'19	22'4 6'39	23'6	143'8 9'58	28'8	...	3'2	19'2 3'19	54'3	...	607'0 22'36	25'6
Puri	147	...	...	...	...	476'2	...	...	13'6	...	13'6	122'4	27'2	...	...	27'2	27'2	...	795'9	20'4
Angul	77	...	...	...	...	272'7	...	...	13'0 12'09	...	13'0	101'9 12'99	103'9	...	...	13'0 13'0	103'9	...	702'2 38'06	39'0
GROUP IV.— BENGAL AND ORISSA.	12,457	9'8 7'24	1'6 1'28	'6 '08	1'3 3'2	273'64 1'4	3'0 1'0	10'0 4'99	9'6 3'21	31'9 '88	223'8 5'94	84'1 7'2	...	3	'6	23'4 4'8	54'2	...	986'5 26'09	44'1		
A. Chaibassa	183	...	5'5 5'46	5'5	...	360'7	...	...	10'9 10'93	10'9	54'6	92'9 16'39	245'9	...	...	...	125'7	5'5	1,377'0 38'25	43'7
Purulia	282	...	...	7'1	...	436'2	...	...	39'0 3'55	49'6 28'37	113'5 3'55	166'7 7'09	173'8	...	...	28'4	63'8	...	1,446'8 49'65	56'7
Ranchi	212	...	...	...	...	132'1	...	...	14'2 9'43	...	9'4	221'7 14'15	18'9	...	...	4'7	47'2	...	509'4 23'58	14'2
Palamau	105	...	...	...	...	285'7	...	...	9'5	19'0	9'5	209'5	85'7	...	...	...	142'9	...	1,009'5	28'6
Hazaribagh, Central.	916	...	2'2 2'18	1'1 1'09	...	185'6 1'09	1'1	1'1	3'3 1'09	3'3 2'18	19'7 2'18	196'5 5'46	22'9	...	2'2	2'2	49'1	...	593'9 27'29	31'7		
B. Gaya	515	...	...	1'9	1'9	77'7	1'9	147'6	3'0 1'94	9'7 1'94	31'1 3'88	40'8 1'94	31'1 1'94	...	...	1'9	85'4	...	617'5 15'53	31'1
Bhagalpur, Central	1,818	...	1'7 1'10	...	...	320'7	...	...	11'0 3'39	14'3 2'20	42'4	170'5 3'30	129'3 1'65	...	1'1	9'9 2'20	83'6	...	1,112'2 17'05	19'8
Monghyr	341	...	...	...	...	369'5	...	2'9	5'9 2'03	2'9 2'93	14'7	85'0 2'93	17'6	...	...	2'9	20'5	...	633'4 17'60	17'6
Darbhanga	315	...	...	...	...	88'9	...	...	22'2 3'17	...	50'8	174'6	44'4	...	...	9'5	60'3	...	581'0 3'17	28'6
Champaran	352	...	...	...	...	116'5 2'84	...	...	5'7 2'84	8'5	11'4	115'6	11'4	...	...	...	22'7	...	431'8 11'36	19'9
Muzaffarpur	357	47'6 2'80	...	...	...	112'0 2'80	...	16'8	8'4 2'80	5'6	14'0	159'7 11'20	11'2 2'80	...	...	2'8	70'0	...	694'7 28'01	33'6
Patna	354	...	...	...	...	93'2 2'82	...	...	5'6 ...	5'6	45'2 2'82	127'1 2'82	31'1	...	...	...	73'4	...	595'0 11'30	33'9
Arrah	285	...	...	...	...	207'0	21'1 3'51	...	17'5 7'02	10'5	14'0	266'7 7'02	126'3	...	...	10'5	108'8	...	986'0 31'58	35'1
Chapra	330	...	...	...	...	245'5 3'03	3'0 3'03	...	27'3 3'03	12'1	12'1	321'2 9'09	109'1 3'03	...	...	6'1	21'2	...	878'8 21'21	33'3
Buxar, Central	1,218	...	1'6 '82	1'6 '82	'8 '82	977'8 1'64	...	...	9'0 3'28	9'0 '82	28'7	280'8 4'11	83'7	...	...	4'9	33'7	87'0	1,801'3 18'88	53'4
Korantadih	35	...	...	...	...	400'0 28'57	...	...	...	...	...	114'3	...	...	...	...	...	...	685'7 57'14	13'8*
Ghazipur	346	...	8'7 8'07	...	...	251'4	...	...	...	5'8 5'78	57'8	40'5 2'89	20'2 8'67	...	...	...	118'5	...	592'5 46'24	28'9
Azamgarh	362	...	13'8 5'52	5'5	...	154'7 5'52	...	...	...	8'1	35'9	58'0 2'76	5'5	...	...	...	30'4	...	444'8 13'81	8'3
Kasia	8	...	...	...	...	125'0	...	...	...	...	125'0	125'0	...	...	...	...	...	...	750'0 125'00	20'0*
Gorakhpur	516	...	...	...	...	391'5	...	...	3'9	17'4	25'2	308'1 17'44	60'1	...	...	64'0	85'3	...	1,333'3 29'07	81'4
Basti	290	...	...	...	...	334'5	...	...	...	13'8 10'34	3'4 3'45	75'9 3'45	6'9	...	...	10'3	27'6	...	513'8 24'14	10'5
Fyzabad	450	...	2'2	4'4	...	144'4 2'22	...	...	6'7 2'22	42'2 2'22	2'22	33'3 4'44	13'3	...	...	44'4	66'7	...	582'2 17'78	26'7
Sultanpur	237	...	...	8'4	...	202'5	...	...	25'3	16'9	16'9	16'9	16'9	...	...	21'1	84'4	...	578'1 29'54	25'3
Rai Bareilly	525	...	...	...	...	78'1	...	...	7'6 5'71	5'7 5'71	7'6	24'8 1'90	7'6	...	...	4'22	...	...	381'9 19'05	27'9

* Worked on the aggregates.

TABLE XLII—continued.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH-RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Stomach, and Gangrene.	ALL CAUSES.		
Partabgarh .	192	...	...	...	...	83.3	...	...	20.8	36.5	20.8	...	...	...	...	15.6	41.7	...	307.3	15.62	15.6
Jaunpur .	343	...	...	...	...	70.0	2.9	...	2.9	5.8	29.2	17.3	...	...	...	23.3	46.6	...	247.8	11.66	11.7
Benares, Central. }	1,297	...	...	...	...	202.0	...	...	7.7	3.1	6.2	30.8	17.7	...	...	3.9	99.5	8	515.8	23.90	25.4
Benares, District. }	344	...	...	2.9	...	116.3	...	...	2.9	2.9	17.4	11.6	8.7	...	...	8.7	125.0	...	479.7	20.35	23.3
Mirzapur .	204	...	...	...	...	161.8	...	...	19.6	4.9	4.9	34.3	4.9	...	...	...	29.4	...	294.1	4.90	9.8
Allahabad, Central. }	1,331	...	...	...	...	32.3	120.2	8.3	4.5	47.3	17.3	44.3	...	...	...	...	194.6	...	679.2	9.77	41.3
Allahabad, District. }	537	...	1.9	...	...	57.7	...	1.9	20.5	50.3	37.2	13.0	...	...	...	16.8	113.6	...	564.2	24.21	35.4
Karwi .	33	...	...	...	...	181.8	...	...	60.6	30.3	151.5	60.6	...	...	...	...	...	...	875.8	12.21	30.3
Banda .	190	36.8	15.8	...	...	800.0	...	10.5	31.6	115.8	121.1	142.1	...	...	...	52.6	273.7	...	2,278.9	31.58	57.9
Fatehpur .	321	...	...	...	...	333.3	...	...	6.2	15.6	3.1	31.2	...	...	...	3.1	28.0	...	482.9	15.58	15.6
Hamirpur .	139	...	...	7.2	...	820.1	...	43.2	14.4	7.2	64.7	28.8	...	...	...	7.2	158.3	...	1,417.3	35.97	36.0
Orai .	164	...	6.1	...	...	487.8	...	12.2	6.1	24.4	134.1	18.3	...	...	...	6.1	146.3	...	993.9	30.59	36.0
Cawnpore .	435	...	2.3	2.3	...	264.4	...	...	4.6	18.4	4.6	11.5	...	...	...	9.2	66.7	...	554.0	25.29	25.3
Unao .	308	...	...	...	...	68.2	...	9.7	3.2	...	19.5	22.7	3.2	...	...	...	55.2	...	269.5	6.49	9.7
Lucknow, Central. }	1,532	...	...	...	...	109.0	...	7.2	4.6	2.6	31.3	10.4	...	...	...	...	37.9	...	251.3	9.79	13.1
Lucknow, District. }	499	...	...	...	...	42.1	...	...	8.0	4.0	18.0	24.0	...	...	...	...	70.1	...	320.6	14.03	16.0
Barabanki .	347	144.1	2.9	11.5	5.8	14.4	37.5	2.9	115.3	...	521.6	8.65	20.3
Gonda .	349	48.7	2.9	14.3	8.6	5.7	14.3	8.6	...	237.8	8.60	17.3
Bahraich .	249	...	4.0	112.4	...	32.1	...	8.0	4.0	12.0	16.1	12.0	126.5	...	485.9	4.02	24.1
Kheri .	299	3.3	3.34	220.7	6.7	10.0	43.5	10.0	16.7	3.3	87.0	...	625.4	6.69	20.1
Sitapur .	537	68.9	...	...	...	152.7	...	...	5.6	13.0	29.8	16.8	16.8	...	...	...	55.9	...	491.6	9.31	13.0
Hardoi .	337	216.6	3.0	...	3.0	8.9	11.9	5.9	121.7	...	495.5	11.87	11.9
Etawah .	305	13.1	3.3	3.28	...	311.5	16.4	55.7	19.7	65.6	3.3	19.7	...	629.5	22.95	19.7
Mainpuri .	310	12.9	9.7	590.3	16.1	3.2	35.5	71.0	77.4	3.2	90.3	3.2	1,151.6	3.23	35.5
Etah .	308	240.3	13.0	19.5	16.2	68.2	19.5	35.7	77.9	...	597.4	3.25	26.0
Fatehgarh, Central. }	1,771	...	...	...	6	118.0	...	...	7.9	4.0	6.2	16.9	4.0	...	...	...	52.5	1.1	289.1	14.68	14.7
Fatehgarh, District. }	343	128.3	14.6	35.0	23.3	11.7	26.2	75.8	2.9	553.9	8.75	20.4
GROUP V.— GANGOTRI PLAIN AND CHUTIA NAGPUR.	3,376	3.0	1.1	7	3	231.1	4	11.2	7.9	9.6	24.5	85.3	38.9	...	1	3	9.0	79.1	3	680.0	17.71	26.3
A.																						
Shahjahanpur	335	...	...	...	...	209.0	3.0	131.3	6.0	14.9	14.9	74.6	23.9	...	...	...	101.5	...	722.4	2.9	23.9
Pilibhit .	38	52.6	26.3	...	53.6	...	26.3	52.6	26.3	52.6	...	657.9	26.3	52.6
Bareilly Central. }	1,885	5	367.1	12.2	4.2	20.7	6.4	11.7	...	3	...	11.1	29.2	...	534.7	9.0	26.0

* Worked on the aggregates.

TABLE XIII

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.										2. DEATH-RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough and Gangrene.	ALL CAUSES.		
Bareilly, District.	751	126.5	...	...	...	328.9	1.3	...	30.6	14.6	55.9	28.0	35.3	...	...	1.3	5.3	38.6	...	818.9	25.3
Budaun.	351	...	...	...	...	122.5	...	...	5.7	11.4	7.5	8.5	2.8	...	...	...	...	91.2	...	376.1	17.1
Aligarh.	374	...	...	...	...	173.8	8.0	...	5.3	32.1	32.1	5.3	13.4	...	...	...	5.3	90.9	...	660.4	32.1
Bulandshahr.	231	...	...	...	4.3	147.2	...	...	...	8.7	8.7	60.6	17.3	...	13.0	...	...	56.3	...	467.5	21.6
Moradabad.	378	...	...	...	...	981.5	...	...	13.2	13.2	34.4	53.2	39.7	...	...	...	23.8	156.1	...	1,587.3	32.9
Bijnor.	274	...	...	...	...	135.0	3.6	...	7.3	14.6	36.5	47.4	40.1	...	...	...	14.6	142.3	...	536.5	21.9
Dehra Dun.	95	...	...	42.1	...	189.5	10.5	...	10.5	10.5	21.1	21.1	63.2	...	...	...	...	42.1	...	631.6	31.6
Saharanpur.	336	...	...	6.0	...	586.3	...	...	6.0	29.8	23.8	285.7	80.3	...	...	...	11.9	77.4	...	1,345.2	39.5
Muzaffarnagar.	167	...	...	6.0	...	610.8	...	6.0	12.0	71.9	29.9	41.9	18.0	...	...	...	35.9	35.9	...	1,140.7	41.9
Meerut.	569	117.8	...	...	...	388.4	...	...	14.1	10.5	66.8	12.3	...	...	...	...	43.9	79.1	...	929.7	29.9
Delhi.	475	...	...	...	...	235.8	...	...	14.7	27.4	4.2	61.1	21.1	...	...	...	16.8	46.3	...	498.9	25.3
Rohtak.	117	...	...	...	...	700.9	...	...	...	...	...	34.2	153.8	...	...	...	25.6	17.1	...	1,102.6	17.1
Hissa.	182	...	...	...	...	412.1	...	...	11.0	16.5	33.0	54.9	192.3	...	...	...	38.5	169.2	...	1,285.7	49.5
Karnal.	107	...	...	...	...	794.4	...	...	9.3	9.3	93.5	24.1	46.7	...	...	...	...	65.4	...	1,280.4	28.0
Ambala.	592	...	...	...	...	239.9	...	23.6	6.8	16.9	49.0	69.3	94.6	...	...	...	40.5	121.6	...	837.8	35.5
B																						
Ludhiana.	211	23.7	...	4.7	...	232.2	...	...	9.5	9.5	9.5	23.7	175.4	...	...	...	14.2	151.7	...	810.4	23.7
Hoshiarpur.	54	...	...	18.5	...	481.5	...	...	...	...	18.5	74.1	166.7	...	...	...	18.5	92.6	...	1,277.8	18.5
Jullunder.	221	...	...	...	...	239.8	...	...	4.5	9.0	22.6	54.3	67.9	...	...	...	9.0	176.5	...	705.9	13.6
Ferozepore.	379	...	...	...	...	52.8	...	...	21.2	7.9	18.5	26.4	10.6	...	...	...	26.4	110.8	...	580.5	29.0
Amritsar.	209	...	...	...	...	770.3	...	...	4.8	23.9	47.8	57.4	205.7	...	...	...	28.7	186.6	...	1,746.4	43.1
Lahore, Central.	1,580	...	...	1.3	6	381.0	...	...	7.6	10.8	37.3	19.6	36.7	...	...	6	3.8	198.1	...	943.7	30.4
„ District.	468	...	...	2.0	2.0	263.1	...	...	6.0	2.0	40.2	10.0	74.3	...	...	...	10.0	124.3	...	797.2	18.1
„ Female.	179	...	...	...	...	290.1	...	...	5.6	5.6	22.3	11.2	27.9	...	...	...	44.7	130.7	...	821.2	30.1
Gurdaspur.	199	...	...	...	...	155.8	...	...	5.0	...	...	25.1	15.1	...	...	...	...	70.4	...	361.8	15.1
Gujranwala.	285	...	...	...	...	326.3	3.5	10.5	10.5	...	28.1	35.1	38.6	...	...	...	17.5	94.7	...	775.4	21.1
Sialkot.	270	...	...	...	...	222.2	...	...	3.7	7.4	44.4	18.5	29.6	...	...	...	23.2	70.4	...	539.3	22.2
Gujrat.	79	...	...	...	...	455.7	...	...	...	...	12.7	...	25.3	63.3	...	...	...	164.6	...	1,075.9	25.3
Jhelum.	179	...	...	...	...	217.9	...	...	22.3	11.2	11.2	5.6	16.8	...	...	...	...	39.1	...	469.3	16.8
Rawalpindi.	751	...	...	...	...	644.5	...	...	5.3	8.0	22.6	41.6	46.6	...	...	...	106.5	91.9	...	1,151.1	33.3
GROUP VI.—UPPER HIMALAYA.	12,351	13.5	...	1.0	3.0	358.9	7.0	7.2	10.0	12.4	30.4	36.4	43.6	...	...	...	20.2	100.1	...	318.2	28.8

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.							2. DEATH-RATE PER 1,000 OF STRENGTH.											Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anemia and Debility.	Abscess, Ulcer, and Boil.	Phagedaena, Slough, and Gangrene.		ALL CAUSES.
A																				
Damoh	43	...	...	...	...	627.9	...	...	...	23.3	...	69.8	69.8	...	...	46.5	139.5	...	1,372.1 23.26	46.5
Saugor	88	...	...	...	...	375.0	...	34.1	...	...	22.7	159.1	125.0	...	...	22.7	147.7	...	1,215.9 11.36	34.1
Jubbulpur, Central.	789	21.5	...	...	...	17.7	2.5 1.27	...	2.5	7.6	17.7	...	...	...	...	21.5	53.2	...	243.3 12.67	10.1
Narsinghpur	59	...	...	...	...	33.9	...	...	...	...	...	...	...	...	...	16.9	...	...	152.5	5.7*
Mandla	71	...	...	...	...	98.6	...	...	14.1	...	42.3	56.3	...	...	...	...	183.1	...	535.2	14.1
Bilaspur	109	192.7	...	...	...	220.2	18.3	45.9	...	9.2	...	91.7	55.0	...	...	9.2	18.3	...	807.3 18.35	18.3
Sambalpur	113	...	...	...	...	566.4	8.8 8.85	...	...	44.2	106.2	371.7	8.85	...	...	26.5	106.2	...	1,451.3 26.55	35.4
Raipur, Central.	441	...	...	...	...	151.9	9.1 2.27	...	4.5 4.54	4.5	15.9	40.8	52.9	...	...	11.3	40.8	...	548.8 20.41	18.1
Balaghat	56	...	...	...	...	196.4	...	...	17.9 17.86	17.9	...	17.9	...	...	...	35.7	250.0	...	767.9 17.86	17.9
Seoni	44	...	...	...	22.7	90.9	...	...	...	45.5	...	...	...	...	...	...	45.5	...	613.6 22.73	45.5
Chhindwara	22	...	...	...	...	272.7	...	...	...	45.5	90.9	90.9	...	...	...	45.5	45.5	...	818.2 45.45	45.5
Hoshangabad	71	...	...	...	...	183.1	14.1	...	...	14.1	14.1	225.4	84.5	...	...	...	14.1	...	704.2	28.2
Nimar	74	...	...	...	...	459.5	...	...	...	27.0	13.51	...	175.7	310.8	...	...	27.0	148.	1,770.3 13.51	40.5
Betul	31	...	...	...	...	645.2	...	...	...	...	...	64.5	161.3	...	32.3	64.5	225.8	...	1,580.6 32.26	32.3
Nagpur, Central.	637	11.0	...	3.1	...	456.8	...	...	6.3 1.57	1.6	12.6	25.1	15.7	...	...	9.4	78.5	...	860.3 4.71	18.8
Bhandara	78	...	...	...	...	115.4	...	...	12.8 12.82	25.6	...	12.8	25.6	...	...	...	12.8	...	243.6 12.82	12.8
Wardha	49	...	...	...	...	81.6	...	...	...	20.4	61.2	...	...	...	...	...	102.0	...	387.8	20.4
Chanda	62	...	...	16.1	...	177.4	...	...	...	16.1	16.1	16.1	16.1	...	...	...	80.6	...	482.9 16.13	16.1
B																				
Secunderabad	81	12.3	...	...	...	271.6	...	...	...	12.3	111.1	37.0	...	...	...	...	123.5	...	1,172.8 24.69	24.7
Yeotmal	40	...	...	...	...	425.0	...	...	...	25.0 25.00	25.0	75.0	175.0	...	...	...	175.0	...	1,175.0 25.00	25.0
Amraoti, Central.	224	...	4.5	...	...	102.7	...	...	4.5 4.46	4.5	8.9	89.3	44.6	...	...	13.4	31.3	...	454.3 26.79	13.4
Akola, Central	287	10.5	...	...	...	108.0	...	...	3.5 3.48	3.5	3.5	38.3	10.5	...	...	10.5	83.6	...	491.8 17.42	27.9
Buldana	54	...	...	...	...	129.6	...	...	...	...	74.1	18.5	...	...	...	...	129.6	...	537.0 18.52	18.5
Dhulia	406	...	...	...	...	110.8	2.5	...	4.9 2.46	19.7	32.0	61.6	24.6	2.5 2.46	...	...	4.9	44.3	448.3 19.70	19.7
Yerrowda, Central.	1,533	...	5.2 1.96	...	1.3	231.6	...	...	3.9 1.65	2.0	30.7	80.2	161.8	...	2.6	2.6	20.9	179.4	1,253.1 8.48	61.3
Bijapur	303	...	...	...	...	115.5	3.3	...	3.3	...	19.8	89.1	16.5	...	...	...	9.9	13.2	531.4 19.80	16.5
Deccan Gang	693	...	1.4	...	...	127.0	...	5.8	2.9	11.5	26.0	54.8	63.5	1.4 1.44	...	4.3	2.9	285.7	942.3 14.43	24.5
Dharwar	582	...	...	...	...	78.5	...	...	...	...	2.6	89.0	39.3	...	...	...	2.6	15.7	434.6 5.24	15.7
GROUP IX.— DECCAN.	6,840	7.2	1.5 .4	.4	.4	189.2 .58	1.8 .41	1.8	3.5 1.17	5.8 .73	10.7 .58	59.9 1.75	70.2 .73	3 .29	7	1.0	13.2 .38	111.0	77.97 13.16	29.1

* Worked on the aggregates.

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TABLE XLII—concluded.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH-RATE, PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscesses.	Spleen Diseases.	Sc urvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
Thana	619	...	...	...	...	50.1	...	6.5	...	4.8	22.6	72.5	25.8	...	...	9.7	27.3	...	400.6	21.0
Bombay, Common.	123	...	85.1	2.4	...	267.1	40.2	4.7	7.1	44.9	82.7	94.6	42.6	...	...	16.5	21.3	...	844.0	26.0
Bombay, House of Correction.	218	...	...	...	...	125.4	...	...	...	4.6	18.3	36.7	73.4	...	...	9.2	45.9	...	651.4	32.1
Ratsagiri	134	...	...	...	...	...	...	67.2	...	...	22.4	149.3	14.9	...	...	...	14.9	...	395.3	14.9
Karwar	143	...	...	...	...	76.9	...	...	...	7.0	49.0	...	...	...	7.0	14.0	14.0	...	370.6	21.0
Mangalore	143	...	...	...	...	14.0	...	14.0	...	...	14.0	...	28.0	...	...	...	...	...	97.9	7.0
Cannanore, Central.	772	...	...	1.3	50.5	107.5	2.6	14.2	6.5	6.5	35.0	117.9	9.1	...	...	1.3	22.0	...	463.7	22.0
GROUP X.—WESTERN COAST.	2,452	...	14.7	8	15.9	109.3	7.7	11.4	3.3	12.2	34.3	88.9	24.1	...	...	4	7.3	23.2	469.6	21.6
A																						
Bellary, Central	634	...	7.9	4.7	3.2	211.4	3.2	6.3	31.5	9.5	25.2	102.5	...	...	1.6	3.2	44.2	...	916.4	26.8
Salem, Central	811	...	...	...	1.2	119.6	...	39.5	8.6	9.9	23.4	48.1	...	...	...	...	12.3	...	352.7	11.1
Coimbatore, Central	1,318	...	19.0	...	11.4	14.4	...	88.0	10.6	6.8	11.4	91.0	...	...	...	8	6.1	...	424.9	17.5
B																						
Palamcottah	386	...	2.6	...	5.2	90.7	...	5.2	2.6	...	7.8	103.6	...	...	...	2.6	44.0	...	411.9	20.7
Madura	448	...	44.6	...	2.2	44.6	2.2	...	6.7	...	6.7	67.0	...	...	...	8.9	20.1	...	290.2	15.6
Trichinopoly, Central.	1,059	...	...	...	...	28.3	...	1.9	21.7	2.8	30.2	32.1	...	...	...	9	23.6	...	314.4	17.0
Tanjore	328	...	...	3.0	...	30.5	42.7	30.5	3.0	12.2	15.2	57.9	3.0	...	...	...	27.4	...	426.8	21.3
Cuddalore	347	...	...	...	...	28.8	...	...	5.8	5.8	14.4	20.2	2.9	...	...	2.9	17.3	...	227.7	14.4
Vellore, Central.	1,260	...	...	2.4	...	20.6	...	60.3	1.6	8.7	22.2	19.8	...	...	...	...	50.0	2.4	380.2	18.3
Madras, Civil.	39	...	...	25.6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	25.6	6.8
Madras Penitentiary, Central.	1,010	...	...	3.0	...	25.7	...	1.0	7.9	13.9	47.5	19.8	...	...	...	9.9	9.9	...	254.5	12.9
Nellore	238	...	4.2	...	4.2	29.4	8.4	16.8	...	4.2	21.0	37.8	...	...	4.2	...	4.2	...	201.7	8.4
C																						
Rajahmundry, Central.	976	...	12.3	...	...	80.9	...	41.0	13.3	8.2	28.7	271.5	...	...	2.0	31.8	27.7	...	694.7	31.8
Vizagapatam	4	20.1	11.2	2.2	...	111.9	2.2	2.2	2.2	6.7	26.8	58.2	44.7	...	...	...	13.4	...	416.1	20.1
Berhampur	128	...	...	...	...	...	...	7.8	7.8	15.6	15.6	140.6	...	...	...	...	15.6	...	242.2	15.6
GROUP XI.—SOUTHERN INDIA.	9,429	1.0	7.3	1.3	2.3	57.6	2.1	30.5	10.2	7.4	23.4	76.0	2.3	...	4	5.4	23.4	3	418.7	18.4		

* Worked on the aggregates

TABLE XLIII

JAILS, GROUPS AND ADMINISTRATIONS.	Average annual strength.	1. ADMISSION RATE.							2. DEATH-RATE PER 1,000 OF STRENGTH.													Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lung.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
Shillong	57	...	...	...	877 3509	2281	...	...	...	175	2105 5203	351	...	...	...	...	...	...	7193 8772	351	
Darjeeling	88	...	...	227	...	3409	...	455	227 1136	455 3409	1477	1818 2273	909	...	...	682 1136	909	...	16250 9091	795	
Almora	59	...	...	...	...	1525	...	...	169 1695	...	169	339	508	...	...	...	...	1525	6610 1695	139	
Pauri	14	...	...	...	...	...	6429	1429	...	...	...	...	...	...	...	...	...	...	...	8571	231*
Naini Tal	20	...	...	...	...	2500	...	500	...	500 5000	...	1000	...	...	...	...	...	500	6500 5000	500	
Simla	18	...	...	...	...	1111	...	...	...	1111	...	556	...	...	...	...	...	...	...	2778	53*
Abbottabad	79	...	...	...	...	4177	...	...	...	506 1206	127	759	253	...	...	253	506	...	8228 1206	253	
Quetta	58	...	...	...	...	6724	...	...	...	517	172	862	690	...	...	...	...	4310	22931	345	
Mercara	95	...	...	...	...	526	105	...	...	632 3158	...	211	1053 3158	...	...	105	316	...	3789 10526	105	
Russellkonda	84	...	1548 13095	...	...	...	...	...	...	...	119	593	...	...	...	...	...	...	2738 13095	119	
GROUP XII—HILLS.	572	...	227 1923	35	87 350	2378	175	122	52 350	315 1399	312	804 874	612 524	...	...	157 350	874	...	8916 6469	308	
EXTRA INDIA—Aden	76	...	...	...	...	1316	...	132	...	...	...	132	132	...	...	132	526	...	2895	132	
INDIA (a)	95,394	59 13	20 110	9 0	11 19	2072 75	15 21	97	88 321	101 255	252 71	769 325	391 73	1 04	4 01	6 01	125 51	689 03	1 03	6583 1927	272	
BURMA	13,369	33 ...	5 22	8 15	4 15	407 45	5 07	147	85 419	42 120	123 52	182 150	99 45	1 15	...	1 ...	25 07	384 07	...	2793 1481	157	
EASTERN BENGAL AND ASSAM.	6,871	144 44	20 189	1 ...	29 73	2348 277	25 15	...	95 300	90 320	320 146	2422 771	735 58	...	...	10 ...	393 87	410 ...	...	9118 2969	433
BENGAL.	14,857	28 07	14 101	10 20	2 13	3307 81	27 47	68	151 431	100 296	303 71	1876 572	849 58	...	4 ...	7 ...	104 07	691 ...	1 ...	10058 2336	380	
UNITED PROVINCES.	24,872	111 ...	7 44	10 12	3 04	2250 88	7 04	90	76 285	121 277	237 84	371 189	215 76	...	5 ...	0 ...	100 24	796 04	2 03	6030 1056	266	
PUNJAB	11,744	4 ...	...	6 ...	3 09	2018 34	2 ...	37	73 383	111 264	275 17	338 264	501 136	...	2 ...	3 ...	221 35	1089 09	1 09	7366 1575	260
N.-W. FRONTIER PROVINCE	1,300	202 538	...	8 ...	...	8092 154	...	262	77 77	238 385	354 154	785 402	515 77	...	13 ...	31 ...	254 154	1769 ...	...	14646 2538	355
BOMBAY	7,025	5 ...	57 227	6 ...	3 ...	1393 50	29 88	25	50 189	154 366	229 114	548 202	602 76	4 25	21 ...	35 25	115 88	890 ...	...	6893 2069	307
CENTRAL PROVINCES.	3,329	144 ...	3 ...	9 ...	3 ...	1928 30	27 60	24	39 180	63 120	132 30	427 210	339 30	...	3 ...	...	141 60	709 ...	...	5981 1382	189
MADRAS	10,429	9 ...	79 432	12 10	58 67	602 19	21 10	289	97 249	74 103	258 38	780 432	33 10	...	...	4 ...	50 58	228 ...	...	4165 2177	184
ANDAMANS	14,688	262 ...	...	...	...	14500 95	44 252	54	69 558	138 538	530 123	940 490	365 34	1 07	...	...	...	986 07	...	20408 2730	705
INDIA (b)	110,082	86 11	17 95	7 08	9 16	3730 78	19 52	92	86 352	109 293	289 78	809 347	388 68	1 05	4 01	7 02	108 47	728 04	1 03	8427 2034	330	

*Worked on the aggregates.
(a) Excluding Andamans.
(b) Including Andamans.

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TABLE XLIII.

ACTUALS of FAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.													2. DEATHS.							Average number constantly sick.	
		Influenza.	Cholera. Small-pox. Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever. Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anaemia and Debility.	Abscess, Ulcer, and Boil.	Phagedena, Stough, and Gangrene.	ALL CAUSES.	Typhoid.	Ascariis lumbricoides.	Dracunculus Medicinalis.	Strongylus dio-dentatis.		Other Entozoa.
Mergui . . .	68	...	...	9	...	...	1	...	2	...	...	...	1	6	...	...	37	...	...	...	...	...	2
Tavoy . . .	108	...	...	10	4	...	...	2	...	...	...	...	...	2	...	...	23	...	...	...	...	...	2
Moulmein . .	619	...	2 5	13	...	13	2	17	12	12	...	...	...	27	...	...	247	5	1	...	...	...	18
Shwegyin . .	143	...	...	12	...	1	...	1	6	2	...	...	...	9	...	...	71	...	...	...	...	...	3
Toungoo . . .	593	6	...	2	79	2	...	9	5	6	27	12	...	2	31	...	334	7	...	...	...	...	24
Rangoon, Central (Europeans)	18	...	...	...	...	2	...	1	...	2	...	...	...	...	...	...	6	...	...	...	...	...	...
Rangoon, Central (Natives).	2,396	...	2	...	18	124	22	6	15	24	3	...	...	1	59	...	487	...	...	...	...	...	24
Maubin . . .	365	...	2	...	7	...	...	3	8	...	...	...	...	2	2	...	44	7	...	...	...	...	4
Myaungmya . .	704	...	...	12	...	6	2	5	3	...	...	...	...	14	...	...	97	4	...	...	...	...	5
Bassein, Central	1,034	38	...	1	75	42	18	7	20	7	1	...	...	62	...	...	378	16	2	...	1	...	26
Insein, Central.	2,326	...	...	101	...	16	2	6	...	...	...	...	...	1	66	...	294	20	...	...	...	...	19
Henzada . . .	420	...	2	1	15	...	...	1	4	...	1	...	...	10	...	...	169	3	...	...	...	...	4
Myanaung . .	78	...	...	...	...	...	...	2	2	...	...	...	...	1	1	...	17	1	...	...	...	...	1
Sandoway . .	86	...	2	...	3	5	...	6	2	2	...	...	...	4	17	...	67	1	...	...	...	...	2
Kyaukpyu . .	151	...	...	4	...	...	...	1	1	...	...	...	...	1	4	...	13	4	...	...	...	...	1
Akyab . . .	467	...	1	...	44	...	4	10	13	4	1	...	...	1	13	...	147	13	...	...	...	...	5
GROUP I.—BURMA COAST AND BAY ISLANDS.	9,576	44	6 10 4	402	6	174	88	35	98	102	36	2	...	14	323	...	2,371	5	3	...	1	...	140
Paungde . . .	188	...	...	16	...	1	1	1	9	...	...	...	...	...	...	...	49	5	...	...	...	...	2
Prome . . .	336	...	...	52	...	...	...	7	13	11	...	...	...	57	...	...	247	9	...	...	...	...	12
Thayetmyo, Central.	759	...	1 1 1	61	...	16	13	36	62	53	...	1	7	29	...	...	413	22	...	...	...	...	26
Taungdwingyi	26	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...
Magwe . . .	149	...	...	...	1	...	...	1	4	...	...	...	...	4	8	...	28	...	...	...	...	...	1
Yamethin . .	96	...	...	...	1	1	...	1	...	...	...	...	...	3	...	...	19	2	...	...	...	...	1
Meiktila . . .	80	...	...	6	...	...	...	...	2	1	...	...	...	2	3	...	16	...	...	...	...	...	1
Pagan . . .	55	...	...	...	1	...	...	2	...	...	...	...	...	2	...	...	12	...	...	...	...	...	2
Myingyan, Central.	779	...	...	31	1	3	...	3	34	9	...	...	...	1	11	...	112	10	...	...	...	...	7
Mandalay, Central.	844	...	...	90	1	9	4	5	15	13	15	...	...	2	69	...	365	1	1	...	...	...	14
Monywa . . .	87	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	1
Shwebo . . .	161	...	...	7	...	1	...	1	5	...	...	...	...	2	...	...	24	1	...	...	...	...	1
Mogok . . .	59	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Bhamo . . .	67	...	...	2	10	1	...	1	2	...	...	...	...	1	7	...	53	3	...	...	...	...	2
Katha . . .	70	...	...	3	...	...	...	...	1	3	...	...	...	1	...	...	12	1	...	...	...	...	...
Kindat . . .	37	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...	...	...	...
GROUP II.—BURMA ISLAND	3,793	...	1 1 1	262	1	23	26	21	66	141	97	...	1	20	191	...	1,365	1	1	...	...	...	70

TABLE XLIII—continued.

ACTUALS of FAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.											2. DEATHS.											Average number constantly sick.		
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anaemia and Debility.	Abscess, Ulcer, and Boil.	Phagedaena.	Slough, and Gangrene.	ALL CAUSES.	Tenia.	Ascaris lumbricoides.		Dracunculus Medicinalis.	Strongylus duodenalis.	Other Entozoa.
Rangpur	269	...	...	...	112	...	...	6	3	10	129	10	...	...	5	4	...	...	...	318	...	...	...	...	...	9
Jalpaigori	124	...	...	...	25	...	...	1	...	1	14	20	...	...	1	2	...	...	...	88	...	...	...	...	...	4
Purneah	270	...	...	1	64	...	...	11	1	3	40	6	...	...	10	4	...	...	...	238	...	...	...	...	...	15
Naya Dumka	132	...	...	...	49	...	...	1	2	7	42	8	...	...	1	9	...	...	...	151	...	...	...	...	...	4
Seri	235	...	...	...	94	...	...	2	...	20	7	...	...	...	1	13	...	...	...	190	...	...	...	...	...	3
Bankura	239	...	5	...	37	...	...	1	1	8	29	11	...	...	2	5	...	...	...	122	...	...	...	...	...	4
Midnapore, Central.	281	...	4	...	313	...	2	10	11	5	30	28	230	...	1	8	119	...	...	1,483	...	...	...	...	...	64
Balasore	151	...	...	...	31	...	...	5	2	7	36	17	...	...	...	...	...	...	...	146	...	...	...	...	...	1
Cuttack	313	...	...	...	23	22	...	3	7	8	45	9	...	1	5	17	...	...	...	190	3	...	...	...	...	1
Puri	147	...	...	...	70	...	...	2	...	2	18	4	...	...	...	4	...	...	...	117	...	1	...	...	...	1
Angul	77	...	...	...	21	...	...	1	...	1	8	8	...	...	...	1	8	...	...	61	...	...	...	...	...	1
GROUP IV.—BENGAL AND ORISSA.	12,457	122	30	7	16	3,408	37	13	199	120	422	2,288	1,048	...	4	8	292	675	...	12,289	13	7	2	6	5	54
Chaibassa	183	...	1	...	66	...	...	2	2	10	17	45	...	...	...	...	23	1	...	252	...	...	...	...	...	...
Purulia	282	...	...	2	123	...	...	11	14	32	47	49	...	...	8	18	...	...	...	408	...	...	...	...	...	...
Ranchi	212	...	...	...	28	...	...	3	...	2	47	4	...	...	1	10	...	...	...	108	...	...	...	...	...	...
Falamau	105	...	...	...	30	...	...	1	2	1	22	9	...	...	...	15	...	...	...	106	...	...	...	...	...	...
Hazaribagh, Central.	916	...	2	1	170	1	1	3	3	18	180	21	...	2	2	45	...	...	...	544	...	...	...	...	...	...
Gaya	515	...	...	1	40	1	76	2	5	16	21	16	...	...	1	44	...	...	...	318	...	...	...	...	...	...
Bhagalpur, Central.	1,818	...	3	...	583	...	...	20	26	77	310	235	...	2	18	152	...	...	...	2,022	...	...	...	...	...	...
Monghyr	341	...	...	...	126	...	...	1	2	1	5	29	6	...	1	7	...	...	...	216	1	...	...	...	...	...
Darbhanga	315	...	...	...	28	...	...	7	...	16	55	14	...	...	3	19	...	...	...	183	...	...	...	...	...	...
Champaran	352	...	...	...	41	...	...	2	3	4	40	4	...	...	...	8	...	...	...	152	...	...	...	...	...	...
Muzaffarpur	357	17	...	...	40	...	6	3	2	5	57	4	...	...	1	25	...	...	...	248	...	...	...	...	...	...
Patna	354	...	...	...	33	...	...	2	2	16	45	11	...	...	...	26	...	...	...	211	...	...	...	...	...	...
Arrah	285	...	...	...	59	6	...	5	3	4	76	36	...	...	3	31	...	...	...	281	...	...	...	...	...	...
Chapra	330	...	...	...	81	1	...	9	1	4	106	36	...	...	2	7	...	...	...	290	...	...	1	...	...	...
Boxar, Central.	1,218	...	2	2	1,191	...	...	11	11	35	342	102	...	6	41	106	...	...	...	2,194	...	1	...	...	...	...
Korantadih	35	...	...	...	14	...	...	...	...	...	4	...	...	...	...	...	...	...	...	24	...	...	...	...	...	...
Ghazipur	346	...	3	...	87	...	...	2	20	14	7	...	...	...	...	41	...	...	...	265	...	...	...	...	...	...
Azamgarh	362	...	5	...	56	...	...	3	13	21	2	...	...	...	...	11	...	...	...	161	...	1	...	1	3	...
Kasia	8	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...
Gorakhpur	516	...	...	...	202	...	...	2	9	13	159	31	...	...	33	44	...	...	...	688	...	...	...	...	...	...
Easti	290	...	...	...	97	...	...	...	4	1	22	2	...	...	3	8	...	...	...	149	...	...	...	...	...	...
Wyzabad	450	...	1	2	65	...	...	3	8	19	15	6	...	...	20	30	...	...	...	262	...	...	1	...	...	...
Sultanpur	237	...	...	...	48	...	...	6	4	4	4	4	...	...	5	20	...	...	...	137	...	...	...	...	...	...

JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.													2. DEATHS.										Average number constantly sick.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Stings, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medicinalis.	Strongylus duodenalis.		Other Entozoa.
Rai Bareilly	525	...	...	...	41	...	...	4	3	4	13	4	...	...	...	...	41	...	201	...	...	...	...	...	12
Partabgarh	192	...	...	...	16	...	...	...	4	7	4	...	...	...	3	8	...	59	...	...	...	...	...	...	3
Jaunpur	343	...	...	...	24	1	...	...	1	2	10	6	...	...	8	16	...	85	...	...	...	...	...	...	4
Benares, Central.	1,297	...	...	...	262	...	10	4	8	40	23	...	...	...	5	129	1	669	...	...	...	...	...	...	33
" District	344	...	...	1	40	...	1	1	6	4	3	...	...	...	3	43	...	165	...	...	...	...	...	...	8
Mirzapur	204	...	...	...	33	...	4	1	1	7	1	...	...	...	...	6	...	60	...	...	...	...	...	...	2
Allahabad, Central.	1,331	...	...	...	43	160	11	6	63	23	39	...	...	...	...	259	...	904	...	...	...	...	...	...	55
" District	537	...	1	...	31	...	1	11	27	20	7	...	...	...	9	61	...	203	1	...	...	...	...	...	19
Garwi	33	...	...	...	5	...	...	2	1	5	2	...	...	...	...	...	...	29	...	...	...	...	...	...	1
Banda	190	7	3	...	152	...	2	6	22	23	27	...	...	...	10	52	...	433	...	...	...	...	...	...	11
Fatehpur	321	...	...	...	107	...	...	2	5	1	10	...	...	...	1	9	...	155	3	...	...	...	...	...	5
Hamirpur	139	...	1	...	114	6	2	1	9	4	5	...	...	...	1	22	...	197	...	...	...	...	...	...	5
Draji	164	...	1	...	80	...	2	1	4	22	3	...	...	...	1	24	...	163	...	...	...	...	...	...	6
Lawnpore	435	...	1	1	115	...	...	2	8	2	5	...	...	...	4	29	...	241	...	...	...	...	...	...	11
Unao	308	...	...	...	21	3	1	...	6	7	1	...	...	...	...	17	...	83	...	...	...	...	...	...	3
Lucknow, Central.	1,532	...	...	...	167	...	11	7	4	48	16	...	...	...	...	58	...	385	1	...	...	...	...	...	20
" District	499	...	...	...	21	...	4	2	9	12	...	...	...	...	...	35	...	160	...	...	...	...	...	...	8
Barabanki	347	...	...	...	50	...	1	4	2	5	13	...	...	...	1	40	...	181	...	...	3	...	...	...	7
Gonda	349	...	...	...	17	...	1	5	3	2	...	...	...	...	5	3	...	83	...	...	...	...	...	...	6
Bahraich	249	...	1	...	28	8	...	2	1	3	4	...	...	...	3	34	...	121	...	...	...	...	...	...	6
Kheri	299	...	1	...	66	...	2	3	13	3	5	...	...	...	1	26	...	187	1	1	...	...	...	...	6
Sitapur	537	37	...	...	82	...	3	7	16	9	9	...	...	...	...	30	...	264	...	...	...	...	...	...	7
Hardoi	337	...	...	...	73	...	1	...	1	3	4	...	...	...	2	41	...	167	...	...	...	...	...	...	4
Etawah	305	4	1	...	95	...	5	17	6	20	1	...	...	...	...	6	...	192	...	...	...	...	...	...	6
Mainpuri	310	4	...	3	183	...	5	1	11	22	24	...	...	...	1	28	1	357	...	...	...	...	...	...	11
Etah	308	...	...	...	74	...	4	6	5	21	6	...	...	...	11	24	...	184	...	...	...	...	...	...	8
Fatehgarh, Central.	1,771	...	...	1	209	...	14	7	11	30	7	...	...	...	...	93	2	512	...	...	...	...	...	...	26
" District	343	...	...	...	44	...	5	12	8	4	9	...	...	...	...	26	1	190	...	...	1	...	...	...	7
GROUP V.— GANGETIC PLAIN AND CHITTA NAGPUR.	23,376	69	25	17	6	5,403	10	261	184	225	572	1,998	910	2	8	211	1,850	6	15,805	11	3	2	5	23	619
A		1	15	4	1	23	2	...	67	48	23	70	21	...	10	...	1	2	414	...	...	...	...	...	...
Shahjahanpur	33	...	...	...	70	1	44	2	5	5	25	8	...	...	...	34	...	242	...	...	...	...	...	...	8
Pilibhit	38	...	...	...	2	1	...	2	...	1	2	...	...	...	1	2	...	25	1	...	...	...	...	...	2
Bareilly Central	1,885	...	...	1	692	...	23	8	39	12	...	1	...	...	21	55	...	1,008	...	...	...	...	...	...	49

TABLE XLIII—continued.

ACTUALS of FAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.											2. DEATHS.											Average number constantly sick.			
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tenia.	Ascaris lumbricoides.	Dracunculus Medicinalis.		Strongyloides.	Other Entozoa.	
Bareilly, District	751	95			247	1		23	11	42	21	19			1	4	29		615							19	
Budaun	351			45	1				4	2	3	1					32		132							6	
Aligarh	374			65	3			12	12	2	5				2	34		247		4						12	
Bulandshahr	231			1	34				2	2	14	4		5			13		108							5	
Moradabad	378				371	1		5	5	13	22	15			9	59		600		6						20	
Bijnor	274				37	1		2	4	10	13	11			4	39		147		4						6	
Oehra Dun	95		4	18	1		1	1	2	2	2	6					4		60		1					3	
Saharanpur	336		2	197	1			2	10	8	96	29			4	26		452		10						20	
Muzaffarnagar	167		1	102			1	2	12	5	7	3			6	6		192		2						7	
Meerut	569	67		221				8	6	38	7				25	45		529		19						17	
Delhi	475			112			7	13	2	29	10				8	22		237		12			1			12	
Rohtak	117			82	1						4	18			3	2		129		2						2	
Hissar	182			75			2	3	6	10	35				7	49		234		3			7			9	
Karnal	107			85			1	1	10	9	5					7		137		1			1			3	
Ambala	592			142		14	4	10	29	41	56				24	72		496		25			1			21	
B																											
Ludhiana	211	5	1	49			2	2	2	5	37				3	32		171		1							5
Hoshiarpur	54		1	26						1	4	9			1	5		69		1		1					1
Jullundur	221			55			1	2	5	12	15				2	39		156		1							3
Ferozepore	379			20		27	3	7	10	4	22				10	42		220		5			2				11
Amritsar	209			161			1	5	10	12	43				6	39		365		2							9
Lahore, Central	1,580		2	602			12	17	59	31	58			1	6	313		1,491		22	3		4				48
„ District	498		1	131			3	1	20	5	37				5	62		397		4							9
„ Female	179			53			1	1	4	2	5				8	25		147		3			2				7
Gurdaspur	199			31			1				5	3				14		72		1							3
Gujranwala	285			93	1	3	3		8	10	11				5	27		221		1			1				6
Sialkot	270			60			1	2	17	5	8				6	19		151		5							6
Gujrat	79			36				1		2	5					13		85									2
Jhelum	179			39			4	2	2	1	3					7		84		2			1				3
Rawalpindi	751			484			4	6	17	32	35				80	69		887		22			5				25
GROUP VI.— UPPER SUB- HIMALAYA.	12,351	167	12	4	4,433	9	89	124	153	376	449	533		4	2	250	1,236	10,106		4	1	26					359

JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.											2. DEATHS.											Average number constantly sick.			
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medicinalis.		Strongylus duodenalis.	Other Entozoa.	
Thana	619	...	...	...	31	...	4	...	3	14	48	16	...	...	...	6	17	...	248	...	...	24	...	...	...	13
Bombay, Common. } Bombay House of Correction. }	423 218	...	36 15	...	113	...	17 3	...	2 3	19 3	35 3	40 3	18 2	...	...	7	9	...	357 34	...	...	2	...	...	...	11 7
Ratnagiri	124	...	...	...	28	...	...	...	1	4	8	16	...	...	...	2	10	...	142	...	...	2	...	...	...	2
Karwar	143	...	...	...	11	...	...	...	...	1	7	...	...	...	1	2	2	...	53	...	1	1	...	...	...	3
Mangalore	143	...	...	...	2	...	2	...	2	...	4	...	...	...	...	...	...	...	14	...	1	...	...	...	...	1
Cannanore, Central } GROUP X.—WESTERN COAST. }	772 2,452	...	36 15	39 3	268	...	19 4	28 4	8 8	30 8	84 4	218 11	59 3	...	...	1	18 1	57	...	1,225 62	...	4	29	...	...	17 54
A																											
Bellary Central	634	...	5 4	3 1	134	...	2	4	20 4	6 1	16 ...	65 10	1	2	28	...	581 25	...	2	45	17
Salem, Central	811	...	...	1	57	...	32	7	8 2	19 2	39 ...	39 1	...	...	...	...	10	...	286 8	...	...	16	...	1	...	9
Coimbatore, Central. }	1,318	...	25 12	15 1	19	...	116	14	9 2	15 1	120 6	...	...	...	1	8	...	...	560 31	...	3	51	4	1	...	23
B																											
Palamcottah	386	...	1 1	2	35	...	2	1	...	3	40	...	...	...	1	17	...	...	159 3	...	1	...	...	...	...	8
Madura	448	...	20 6	1 1	20	...	1	3	...	3	30	...	...	...	4	9	...	...	130 12	...	...	2	...	...	...	7
Trichinopoly, Central. }	1,059	...	...	...	30	...	2	23	3 4	32 2	34 1	...	...	...	1	25	...	...	233 21	...	3	29	19	...	...	18
Tanjore	328	...	...	1	10	...	14	10	1	4	5	19	1	...	...	9	...	...	140 6	...	...	3	...	...	...	7
Cuddalore	347	...	...	...	10	...	...	2	2	5	7	1	...	...	1	6	...	...	79 2	...	...	5	...	...	...	5
Vellore, Central	1,260	...	...	3	26	...	76	2	11 2	28	25	...	...	...	...	63	3	...	479 0	...	8	9	...	...	...	23
Madras, Civil	39	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Madras Penitentiary, Central. }	1,010	...	...	3	26	...	1	8 6	14 4	48 1	20 1	...	...	...	10	10	...	...	257 23	...	...	3	1	1	...	13
Nellore	238	...	1 1	1	7	...	2	4	...	1	5	9	...	...	1	...	1	...	48 4	...	...	2	...	...	...	2
C																											
Rajahmundry, Central. }	976	...	12 6	...	79	...	40	13 3	8 3	28 2	265 11	...	...	...	2	31 5	27	...	678 40	...	1	18	...	...	...	31
Vizagapatam	447	...	0 4	5 ...	1 ...	50	...	1 1	1 1	3 1	12 ...	26 1	20 1	...	...	6	...	...	186 11	...	...	...	...	...	...	9
Berhampur	128	...	...	...	...	...	1	1	2	18	...	...	...	...	...	2	...	...	31 3	...	...	...	...	...	...	2
GROUP XI.—SOUTHERN INDIA. }	9,479	9	69 34	12 1	22 4	543	20	288 24	96 14	70 14	221 5	717 39	22 1	...	...	4 6	51	221	3	3,048 195	3	15	183	24 3	3 1	174

TABLE XLIII—concluded.

ACTUALS of FAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS, GROUPS, AND ADMINISTRATIONS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.														Average number constantly sick.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough and Gangrene.	ALL CAUSES.	Trenia.	Ascaris lambricoides.	Dracunculus Medicinosis.	Strongylos duodenalis.	Other Entozoa.					
Shillong	57	...	...	...	13	...	...	...	...	1	12	2	...	...	...	...	...	...	41	...	...	...	...	...	2
Darjeeling	88	...	...	2	30	...	4	2	4	13	16	8	...	...	...	6	8	...	143	4	4	...	...	...	7
Almora	59	...	...	...	9	...	...	1	...	1	2	3	...	...	...	...	9	...	39	1	...	...	...	...	2
Pauri	14	...	...	...	...	9	2	...	...	...	...	...	...	...	...	...	...	...	12	...	...	...	...	...	...
Naini Tal	20	...	...	...	5	...	1	...	1	...	2	...	...	...	...	...	1	...	13	1	...	...	...	...	1
Simla	18	...	...	...	2	...	...	...	...	2	1	...	...	...	...	...	...	...	5	...	...	...	...	...	...
Abbottabad	79	...	...	...	33	...	...	4	1	6	2	...	...	...	2	4	...	65	...	...	...	...	...	...	2
Quetta	58	...	...	...	39	...	...	3	1	5	4	...	...	...	...	25	...	133	...	...	...	...	...	...	2
Mercara	95	...	...	...	5	1	...	6	...	2	10	...	...	...	1	3	...	36	1	...	...	...	...	...	1
Russellkonda	84	...	13	...	...	...	...	3	...	1	5	...	...	...	...	...	...	23	...	...	...	...	...	...	1
GROUP XII.—HILLS	572	...	13	2	5	136	10	7	3	18	19	46	35	...	...	9	50	...	510	6	4	...	...	...	18
EXTRA INDIA—Aden	76	...	...	...	10	...	1	...	...	...	1	1	...	...	...	1	4	...	22	...	...	1	...	...	1
INDIA (a)†	95,394	10	365	187	82	195	255	5	13	180	59	119	259	57	1	2	9	96	219	1	2,073	1	...	7	5	...				
Died out of hospital		12	105	9	18	72	20	...	306	243	68	310	70	4	1	2	52	3	3	1,838	1	4	1	2,601				
BURMA	13,369	44	7	11	5	664	7	197	114	56	164	243	133	2	...	1	34	514	...	3,736	6	4	...	1	...	216				
EASTERN BENGAL AND ASSAM	6,871	99	14	1	20	1,613	17	...	65	62	268	1,654	505	7	270	282	...	6,265	5	6	2	5	1	296				
BENGAL	14,857	41	21	15	3	4,013	40	101	225	148	450	2,787	1,261	...	6	11	135	1,026	1	14,988	15	6	...	2	23	561				
UNITED PROVINCES	24,872	275	17	26	7	5,597	18	225	188	301	590	923	535	...	13	1	245	1,979	5	14,998	15	3	4	4	4	666				
PUNJAB	11,744	5	...	7	3	3,427	2	44	86	130	323	397	588	...	2	5	259	1,279	1	8,651	6	1	49	308				
N.-W.F. PROVINCE	1,300	38	...	1	...	1,052	...	34	10	31	46	102	67	...	2	4	33	230	...	1,904	...	25	45				
BOMBAY	7,925	4	48	5	2	1,104	23	20	40	122	261	434	477	3	17	28	91	705	...	5,463	10	7	180	...	3	24				
CENTRAL PROVINCES	3,329	48	1	3	1	655	9	8	13	21	44	142	113	...	1	...	47	235	...	1,991	1	...	15	...	1	6				
MADRAS	10,428	9	82	13	61	628	22	301	101	77	248	813	34	...	4	52	238	3	4,343	3	18	183	24	3	19					
ANDAMANS	14,688	385	21,297	65	80	101	212	778	1,381	536	1	...	13	...	1,448	1	20,075	5	1	3	1,031				
INDIA (b)†	1,10,082	13	950	187	82	102	497	7	13	319	70	162	346	74	1	2	11	96	272	1	2,916	1	...	7	5	...				
Died out of hospital		12	105	9	18	86	57	...	388	312	86	382	75	5	1	2	52	4	3	2,239	1	4	1	3,638				

* Remaining + admitted = total treated; Remaining + admitted + died out of hospital = total cases.
 † Including Ajmer, Quetta, Secunderabad, and Mercara, and excluding Andamans.
 (a) Including the subsidiary jails, the total figures are:—Average strength 1,00,949. Average constantly sick 2,689. Number of deaths 1,955. Number of admissions 67,145.
 (b) Including the subsidiary jails, the total figures are:—Average strength 1,15,637. Average constantly sick 3,724. Number of deaths 2,356. Number of admissions 97,120.

GEOGRAPHICAL GROUPS.	1. AVERAGE STRENGTH.						2. CONSTANTLY SICK.						Average for the year.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
GROUP I.—BURMA COAST AND BAY ISLANDS.	9,313	9,152	9,098	9,108	9,333	9,592	9,663	9,707	9,817	9,978	9,992	9,985	9,376
	127	121	113	107	113	145	153	162	145	163	157	152	140
GROUP II.—BURMA INLAND.	3,755	3,684	3,701	3,755	3,769	3,791	3,755	3,799	3,822	3,821	3,900	3,963	3,793
	64	75	100	80	82	65	83	76	55	36	62	52	70
GROUP III.—ASSAM.	1,305	1,298	1,309	1,364	1,403	1,423	1,465	1,505	1,493	1,515	1,578	1,506	1,439
	59	53	52	51	52	57	64	64	59	63	54	41	56
GROUP IV.—BENGAL AND ORISSA.	11,609	11,612	11,835	12,100	12,234	12,518	12,675	12,746	12,899	12,774	12,652	12,959	12,457
	554	528	490	512	502	472	504	577	583	631	627	611	547
GROUP V.—GANGESIC PLAIN AND CHUTTA NAOPUR.	22,340	22,573	23,017	23,359	23,329	23,739	23,812	24,005	24,058	23,813	23,175	22,810	23,275
	512	502	535	620	619	607	662	722	702	675	653	593	619
GROUP VI.—UPPER SUB-HIMALAYA.	12,176	12,264	12,343	12,477	12,439	12,479	12,659	12,592	12,539	12,359	12,128	11,874	12,251
	186	215	250	308	313	308	311	357	472	472	492	449	359
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	8,327	8,219	8,336	8,410	8,466	8,562	8,661	8,776	8,631	8,493	8,276	8,102	8,447
	196	183	182	201	224	221	237	212	120	212	251	257	220
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	4,461	4,531	4,538	4,597	4,514	4,604	4,709	4,710	4,734	4,665	4,563	4,515	4,595
	121	124	124	116	118	143	159	186	177	175	167	153	145
GROUP IX.—DECCAN.	6,195	6,318	6,817	6,822	6,712	6,719	6,823	6,860	6,916	6,216	6,325	6,675	6,840
	159	162	172	137	179	198	226	246	231	217	221	209	198
GROUP X.—WESTERN COAST.	2,335	2,381	2,366	2,479	2,511	2,530	2,592	2,514	2,517	2,431	2,358	2,246	2,451
	44	44	41	44	51	59	69	65	73	46	48	50	54
GROUP XI.—SOUTHERN INDIA.	9,609	9,503	9,342	9,262	9,201	9,283	9,357	9,295	9,254	9,544	9,618	9,690	9,429
	167	152	136	139	143	145	160	160	252	217	185	192	171
GROUP XII.—HILLS.	542	529	527	539	565	586	628	612	591	565	552	545	571
	13	13	15	11	20	22	25	26	17	18	16	15	18
INDIA*	92,001	92,493	92,165	94,320	94,630	96,002	97,061	97,324	97,521	96,796	96,909	98,031	95,394
	2,322	2,208	2,220	2,357	2,415	2,444	2,544	2,603	2,698	2,779	2,770	2,753	2,601

ADMINISTRATIONS.	1. AVERAGE STRENGTH.						2. CONSTANTLY SICK.						Average for the year.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
BURMA.	12,065	12,836	12,799	12,863	13,101	13,283	13,416	13,566	13,709	13,799	13,592	13,445	13,269
	191	199	213	187	193	211	246	238	200	219	219	204	210
EASTERN BENGAL AND ASSAM.	6,218	6,397	6,322	6,545	6,658	6,908	7,068	7,161	7,276	7,221	7,418	7,209	6,871
	332	279	237	264	243	252	273	191	296	381	369	351	295
BENGAL.	14,095	14,306	14,500	14,610	14,799	14,992	15,212	15,254	15,257	15,061	15,070	15,108	14,837
	483	487	516	552	556	531	581	664	646	602	596	578	552
UNITED PROVINCES.	24,120	24,755	24,888	25,051	24,899	25,319	25,174	25,227	25,323	25,017	24,428	24,870	24,672
	510	553	565	600	626	635	660	752	806	706	708	641	665
PUNJAB.	11,502	11,517	11,553	11,671	11,747	11,777	11,926	12,005	12,071	11,907	11,783	11,773	11,744
	248	228	227	221	202	205	201	201	351	367	380	363	308
N.-W. P. PROVINCE.	1,228	1,206	1,235	1,252	1,241	1,213	1,224	1,259	1,352	1,295	1,219	1,200	1,200
	37	31	25	34	47	36	51	47	41	62	75	47	45
BOMBAY.	7,907	7,939	7,937	7,940	7,927	7,982	8,100	8,143	8,080	7,924	7,649	7,585	7,225
	193	200	209	220	217	234	258	281	278	267	269	291	244
CENTRAL PROVINCES.	3,327	3,348	3,355	3,395	3,341	3,371	3,358	3,395	3,291	3,284	3,246	3,221	3,239
	58	53	55	62	50	60	74	91	75	64	57	55	62
MADRAS.	10,684	10,447	10,277	10,231	10,110	10,221	10,110	10,257	10,295	10,556	10,617	10,737	10,428
	183	165	145	144	167	167	183	222	201	235	194	200	192
INDIA †	92,001	92,493	92,165	94,320	94,630	96,002	97,061	97,324	97,521	96,796	96,909	98,031	95,394
	2,322	2,208	2,220	2,357	2,415	2,444	2,544	2,603	2,698	2,779	2,770	2,753	2,601
ANDAMANS.	14,027	14,081	14,227	14,202	14,213	14,215	14,229	14,711	14,701	14,793	14,612	14,619	14,628
	860	923	917	915	971	1,002	1,119	1,255	1,147	1,125	905	1,005	1,035
INDIA ‡	107,528	108,179	108,192	109,011	109,302	110,716	111,750	111,935	112,225	111,501	110,712	109,610	110,082
	2,182	2,126	2,127	2,312	2,336	2,327	2,524	2,539	2,445	2,404	2,215	2,301	2,336

* Including Aden and excluding Andamans.

† Including Ameer, Quetta, Secunderabad, and Mercara, and excluding Andamans.

‡ Including Andamans.

PRISONERS, 1906.

TABLE XLIV.

ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

BURMA.

Pagan.—The three prisoners who died, one from ulceration of the stomach and two from leprosy, were suffering from those diseases prior to admission into the jail. The Inspector-General remarks:—"Line plan and plinth area estimate for the leper jail at Myingyan have been submitted to the Chief Engineer, Public Works Department, Burma, for administrative sanction and it will probably be some time before the prisoners from Pagan are transferred to Myingyan.

EASTERN BENGAL AND ASSAM.

Dibrugarh.—The overcrowding which lasted for 262 days during the year was avoided by accommodating the excess number of prisoners in the under-trial wards. The drainage is defective and it would be well to replace the present *kutchas* latrines by iron ones. The sickness and mortality are said to have been due chiefly to dysentery and diarrhoea. No local insanitary condition is assigned to account for the first-named disease which prevailed in an epidemic form in the town and among the military police, whose lines are adjacent to the jail. No fewer than six of the eight men who died were opium eaters.

Gauhati.—The under-trial ward was overcrowded at times. A portion of the oil-mill shed was used, from 1st May to 10th December, as a segregation shed for prisoners under observation and new arrivals from parts of the country affected with epidemic diseases. The whole of the jail site is water-logged during the rains and on one occasion during June after 4 inches of rainfall certain parts of the jail compound were flooded to the depth of 1 to 3 feet. This defect coupled with the imperfect drainage which allows of the passage into the jail of polluted water from the municipal drains and adjacent shallow sheets of water was considered to be the chief cause of the continuance of dysentery and other bowel complaints. The precautionary measures adopted to stamp out dysentery were effective to some extent as there was a considerable decrease in the number of cases admitted into hospital for that complaint compared with the previous year. The Superintendent of the jail considers that the disease is not eradicated and that it will continue to re-appear in a more or less virulent form every year until the defects in the drainage are remedied.

Backergunge.—The cane shop was invariably used as a sleeping barrack and the *denki* shed was similarly utilized for a short time to relieve the overcrowding which existed more or less from February to December. The Superintendent of the jail considers that wooden beds or bamboo platforms might, with advantage, be substituted for the brick beds, in the upper story wards. The jail is surrounded on three sides by a *khal* (artificial canal), which is to all intents and purposes a sewer, the drainage is bad, the site low and the water at high tide flows into the compound through the drains. The health of the prisoners shows no improvement as dysentery, epidemic dropsy and anemia are still rife and their cause has not yet been satisfactorily determined. A new female ward and civil jail were completed during the year and a dysentery camp which provided accommodation for all cases of dysentery and diarrhoea was in use from 9th October.

Shillong.—The overcrowding, which existed more or less from 1st April to 20th September and again from 13th October to the end of the year, was partly relieved by transferring the prisoners to other jails. The mortality was entirely due to enteric fever and dysentery, and these with ague were the cause of all the sickness. The dysentery mortality is attributed partly to the scorbutic taint which co-existed, as vegetables were deficient and of bad quality, the jail garden having been neglected. The two first-named diseases are said to have been probably contracted when the men washed their clothes in the river, a custom since discontinued. The Inspector-General is of opinion that the great mortality was due to the habit of allowing the prisoners to bathe and wash their clothing in an adjacent small stream into which a good deal of sewage flowed, and he states that they doubtless drank the water at such times.

BENGAL.

Krishnagar.—A *kutchas* shed in the compound, with 33 beds, was used to relieve the overcrowding in the under-trial ward which lasted for 33 days in July, August and September. The dormitory accommodation was insufficient and additions and improvements are needed in the workshop. The accommodation provided in the hospital is poor and defective, the ventilation being unsatisfactory, as there are six rows of beds between doors, but this will be remedied when openings have been constructed in the partition walls and "ship funnel ventilators" provided in the roof of each ward, for which the Public Works Department is preparing plans and estimates. The ground is flat and the drainage defective, particularly to the west and south of the jail, causing occasional water-logging in the garden. The sickness was due chiefly to dysentery and malarial fever, and the Superintendent of the jail states that it is difficult to say whether the attacks of fever while in jail were primary or relapses, since a large percentage of the inhabitants of the district suffer from enlarged spleens. Hollows that need to be filled afford lodgment for water during the rains and are breeding places for mosquitoes. The Inspector-General remarks:—"Improvements to wards and workshops are in progress and plans for a new hospital are being prepared."

Midnapore Central.—The juvenile ward was overcrowded during the year and the cane workshop of No. 3 ward was continuously used at night by convict warders and overseers. The ventilation of the wards and workshops is defective but measures are being taken to reconstruct these buildings; the drainage also is very defective, as there is not a single surface drain in the jail compound. The principal causes of sickness were ague and tubercle of the lungs, the latter being attributed to the poor physique of the prisoners who are therefore very susceptible, admissions for the first-named disease are said to be partly attributable to the large number of mosquitoes; the bad health of the prisoner class was conducive to bronchitis and diarrhoea; and dysentery, the Superintendent considers, was undoubtedly imported from outside through newly-convicted and under-trial prisoners. No special causes are assigned for the prevalence of pneumonia. The Inspector-General remarks that this jail, though always unhealthy, has few sanitary defects and that many proposals for its improvement have been made. Improved ventilation of all the wards and workshops is being provided at a cost of over one lakh. He adds that the prisoners suffered considerably from dysentery which was prevalent in the district.

Angul.—Overcrowding which lasted for 67 days was relieved by using the verandah of ward No. 1 at night for a week in August. The accommodation in the under-trial ward is very limited, having a capacity for five under-trials only, while the daily average in the last three years exceeded that number. The rain water round the hospital and cookshed has no easy outlet, the two existing drains being insufficient for the purpose. An ejector is urgently needed as the present system of removing the night-soil through the main gate is objectionable, especially in the rainy season. The sickness and mortality were not due to any particular local conditions.

Chaibassa.—The overcrowding which lasted for 104 days during the year was relieved by accommodating the excess number of prisoners in a *pucca* workshop, used as an oil-mill shed during the day time. The sickness and mortality were due to serious and accidental illness and cannot be attributed to any defects in the jail. The Inspector-General states that this is a fairly good jail and attributes the high death-rate this year to bad management, in that sufficient use was not made of the hospital for men in a weak and sickly condition.

Purulia.—Workshops were utilized as sleeping wards throughout the year and four tents from 31st March to 13th June to relieve the overcrowding. There were 14 deaths during the year, ten of which were from lung diseases, including eight from acute pneumonia, which is attributed to overcrowding and bad ventilation of the sleeping wards. The Inspector-General remarks that this is an old jail in which the main barrack is defective and that a scheme has been submitted to Government for a new barrack and for enlargement of the jail area.

Darjeeling.—The Superintendent considers that two sheds are necessary outside the jail for the accommodation of patients suffering from cholera and other infectious diseases, as at present a temporary shed is erected for small-pox patients. He adds that no special local cause can be assigned to account for the diseases which occurred in the jail and that the high mortality was due to prisoners being received in bad health. The Inspector-General remarks that this is a small jail which, though subject to overcrowding, is usually healthy, the water supply is good and no serious sanitary defect exists. He adds that a new segregation ward is being built and will soon be ready.

TABLE XLIV—*continued.*

ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

UNITED PROVINCES.

Korantadiah.—Overcrowding existed for 96 days during the year. Two deaths occurred among under-trial prisoners but there was no sickness in the jail worthy of notice. The Inspector-General remarks that this is a small lock-up in which the sanitary conditions are good.

Ghazipur.—Ague was prevalent during the year, especially during April, May, October and November; when large numbers of mosquitoes were observed, particularly so in October. Bronchitis occurred in old prisoners who had suffered from it more or less chronically and who were influenced by climatic changes. Dysentery was also rife among the old and infirm, most of whom had contracted it prior to admission into the jail. The contagion, though not traced, is said to have been carried by flies either to the food or water used by the prisoners who contracted the disease. The Inspector-General remarks:—"This is an old jail but its sanitary condition is good. The district was unhealthy during the past two years and the jail usually contains a very large number of aged prisoners."

Kassia.—Overcrowding lasted for 7 days in January. This small lock-up has now been abolished.

Gorakhpur.—Tents were used to relieve the overcrowding which lasted for 36 days during the year. The jail not being large enough to accommodate all the prisoners convicted in this district, frequent transfers had to be made to prevent overcrowding. As prisoners in good health only were thus transferred, the result was that all those in bad and indifferent health remained and gave rise to a higher sick and death-rate than would otherwise have been the case. More than half of the 690 prisoners admitted in good health were transferred. The death-rate was high but it was a sickly year and the 15 deaths—nine of which were due to dysentery—all occurred in the last half of the year. The Superintendent considers that the scarcity which prevailed in parts of the district during the latter half of the year, was doubtless the cause of a number of prisoners being in bad health on admission. The Inspector-General remarks:—"This is a comparatively new jail and is probably one of the best designed and best constructed jails in India. Its sanitary condition is perfect. The district is unhealthy and malarious and the condition of the prisoners on admission to the jail is bad."

Karwi.—There was overcrowding for 26 days during the year. The sickness, excepting malaria, was due to no particular local or other conditions.

Banda.—The jail was overcrowded for 77 days. The greater part of the sickness was due to the characteristics of the district as a whole, as it is very malarious owing to the number of tanks close to every village site and most of the prisoners on admission showed signs of malarial poisoning. The Inspector-General remarks that the sanitary condition of the jail is good except for a defective water-supply. The jail wells, which are being deepened, and those in the city are drying up, but the question of a new water-supply has not yet been solved. All the drinking water is boiled. The district is very malarious and last year scarcity prevailed. The death-rate depends to a great extent, on the condition of the prisoners on admission.

Sahasranpur.—Overcrowding existed for 12 days during the year. There is an objectionable ditch surrounding the jail. The district is notoriously malarious and a large proportion of the prisoners admitted suffered from enlarged spleens and other symptoms of malarial poisoning, probably due, in the opinion of the Superintendent, to the large amount of irrigation in this district. He also attributes the prevalence of malarial fever and dysentery to climatic causes. The Inspector-General remarks that the sanitary condition of this jail, which was originally an old Sikh fort, is very fairly good, though it usually has a high death-rate due to the wretched condition of the prisoners on admission. He adds that a new ward for the treatment of dysentery cases will soon be built and that during the past winter, malaria of a bad type was very prevalent in the city and district.

Naini Tal.—The male ward was overcrowded for two days during the year. The Inspector-General remarks that this is a small lock-up in which the sanitary conditions are good.

BOMBAY.

Sind Gang.—There was no overcrowding as throughout the year a detachment of nearly 194 prisoners was employed on ballast in work on the Hyderabad-Badin Railway. They were accommodated in tents and their camp was gradually shifted from place to place along the railway line as the work progressed. Pneumonia, though kept much under control for the last three years, had not completely disappeared from the gang, although measures were adopted for the prompt isolation of the patients; unlocking of the jail at a late hour in the morning; numbering of prisoners' clothing and bedding and the burning of those articles used by pneumonia patients and administration of hot *conjee* before sending them out to work in the morning, still accounted for 42 admissions, 10 of which proved fatal. The Inspector-General remarks that he is not satisfied with the arrangement under which this gang has been worked with one detachment always absent from the main body and that when the ballast work is finished he intends to keep the whole gang in one camp under the immediate supervision of the Superintendent and Medical Officer. He considers that the gang was fortunate in escaping with so few cases of fever and attributes the good results to the free use of quinine prophylactically.

Karachi.—The prevalence of dysentery, diarrhoea and bronchitis is said to have been partly due to the exposed situation of this jail. In addition fever (much of which was probably influenza) and malaria, which prevailed in Sind during the cold season, were causes of debility in prisoners admitted from the Province and may have predisposed to other diseases. The Inspector-General remarks that though the daily average strength was higher in 1905, there were more admissions into hospital and 10 deaths in 1906—six of which occurred in December—against four in 1905. He considers that this prison should be very healthy as it is well built, is at some distance from all buildings and has a good water-supply and drainage. He intends to supply prisoners with a third blanket as the medical officer considers that it is rather cold during the winter months.

Bombay Common.—The overcrowding which existed throughout the year was relieved by using for barrack accommodation two workshops for the entire period and a third for a part of the year. The ventilation is defective. The Inspector-General remarks that this prison is always overcrowded, though frequent transfers are made; and that it was a disappointing year, as up to the end of October, it appeared as if the mortality for the prison would be low, when the cholera epidemic suddenly occurred. He adds that plans and estimates for a new prison are being prepared and that the Common Prison, which is a source of anxiety to all concerned, will be given up when the building is completed.

CENTRAL PROVINCES.

Chhindwara.—There was no overcrowding throughout the year as the excess number of under-trial prisoners was accommodated in an empty barrack. Lateral ventilation was provided in barrack No. 6 (female) and the well inside the jail was covered over to protect it from debris, etc.

MADRAS.

Russellkonda.—The cause of the unusual high mortality was an outbreak of cholera which was raging in the district and city itself and made its appearance in the jail in the middle of July. The Inspector-General remarks that the sick-rate diminished, but the death-rate increased considerably owing to the cholera outbreak and that as the population is small, the rates are subject to great fluctuations. He adds that some sanitary improvements have been suggested which he hopes will soon be carried out.

COORG.

Mercara.—There was no overcrowding as the extra five male under-trials and civil debtors were accommodated in empty wards. The Chief Commissioner remarks:—"I have to-day inspected the jail. The drainage system, water-supply, ventilation of wards, kitchen, and dry earth latrine are all excellent and I am unable to suggest any sanitary improvements."

TABLE XLV.

INFLUENZA by months, Jails, Groups, and Administrations.

TABLE XLVI.

CHOLERA by months, Jails, Groups, and Administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.												ADMISSIONS FROM CHOLERA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Moulmein	1	...	...	...	...	...	...	...	...	...	...
Toungoo	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Maubin	10	28	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Bassein, Central
Henzada
GROUP I.—BURMA COAST AND BAY ISLANDS	15	28	...	...	1	44	...	...	1	...	1	2	1	...	...	...	...	1	6
Thayetmyo, Central	1	1
GROUP II.—BURMA INLAND	1	1
Dibrugarh	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Gauhati	1	1	...	...	...	4	...	...	3	...	...	...	...	...	7
GROUP III.—ASSAM	1	1	...	...	...	4	...	...	3	...	...	...	...	...	7
Dacca, Central	5	...	5
Tipperra	1	1
Presidency, Central (Natives)	9	15	...	...	...	...	...	...	...	...	...	...	24	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore, Central
Faridpur	74	20	...	4	98	...	...	...	...	...	...	...	...	...	...	...	...	...
Murshidabad
Dinajpur
Bankura
Midnapore, Central	3	1	...	...	...	4
GROUP IV.—BENGAL AND ORISSA	9	15	...	...	...	...	...	...	74	20	...	4	122	2	2	...	...	...	...	...	3	3	...	9	1	20
A	1	...	...	...	...	...	...	...	...	...
Chaubassa
Hazaribagh, Central	1	...	2
B	3	...	...	...	...	...	...	...	...	3
Bhagalpur, Central	17	...	...	...	...	...	...	...	...	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Muzaffarpur
Buxar, Central
Ghazipur
Azamgarh
Fyzabad
Allahabad, District
Banda	2	...	...	...	...	...	2	3	7	...	...	...	...	1	1	1	...	...	...	...	...	...	3
Orai
Cawnpur
Bahraich
Sitapur	1	...	...	...	...	...	30	6	...	...	...	...	37	...	...	...	...	...	...	...	...	...	...	...	...	...
Etawah	4	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Mainpuri	1	...	3	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	1	...	...	21	3	...	33	6	...	...	2	3	69	...	1	...	5	2	1	3	6	...	5	2	...	25
A
Bareilly District	13	12	10	8	1	1	...	15	35	...	...	...	95	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut	7	15	3	6	32	4	...	...	...	...	...	67	...	...	...	...	...	...	...	...	...	...	...	...	...
B
Ludhiana	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA	13	19	25	11	7	33	4	15	35	...	5	...	167	...	...	...	...	...	...	...	...	...	...	...	...	...
A
Peshwar	29	9	...	...	...	...	...	...	38	...	...	...	...	...	...	...	...	...	...	...	...	...
C
† Shikarpur	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Kurrachee	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA	29	9	...	...	...	...	2	2	42	...	...	...	...	...	...	...	...	...	...	...	...	...

* Jails where neither Influenza nor Cholera occurred are not shown in these tables. For annual ratios, see Table XLII.

† The prisoners were transferred to Sukkur on 28th November 1906.

JAILS, GROUPS AND ADMINISTRATIONS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.												ADMISSIONS FROM CHOLERA IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
B																											
Ajmir . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra, Central . . . . .	...	...	...	...	1	46	10	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Do. District . . . . .	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VIII.—SOUTH-EAST RAJPUTANA, CENTRAL INDIA AND GUJARAT . . . . .	...	1	...	...	1	49	10	1	...	...	...	62	...	...	...	...	...	...	...	...	...	...	...	...	...
A																											
Jubbulpore, Central . . . . .	...	...	...	...	17	...	...	...	...	...	...	37	...	...	...	...	...	...	...	...	...	...	...	...	...
Bilaspur . . . . .	...	...	...	19	2	...	...	...	...	...	...	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Nagpur, Central	6	1	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
B																											
Secunderabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Amraoti Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Akola, Central . . . . .	...	...	...	...	...	...	3	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Yerrawda, Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...
Deccan Gang . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
GROUP IX.—DECCAN	6	1	...	19	20	...	3	...	...	...	...	49	...	...	...	...	...	...	...	...	10	...	...	...	10
Bombay, Common . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	36	...	36
GROUP X.—WESTERN COAST	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	36	...	36
A																											
Bellary, Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	1	...	...	5
Coimbatore, Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	25	...	...	25
B																											
Palamcottah . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Madura . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	20	...	...	...	...	20
Nellore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
C																											
Rajahmundry, Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12	...	...	...	12
Vizagapatam . . . . .	...	...	...	...	4	5	...	...	...	...	...	9	...	...	...	...	...	...	...	2	1	2	...	...	5
GROUP—XI.—SOUTHERN INDIA.	4	5	9	2	25	15	2	25	...	69	
Russellkonda	10	3	13	
GROUP XII.—HILLS	10	3	13	
INDIA*	29	36	25	51	64	56	50	22	50	102	30	10	565	2	3	1	9	3	5	42	37	5	30	47	3	187	
BURMA	...	...	...	...	...	...	...	...	15	28	...	1	44	...	...	1	...	1	2	1	...	...	...	2	7
EASTERN BENGAL AND ASSAM	...	...	...	...	...	...	...	...	...	74	21	4	99	...	...	...	4	...	...	3	...	...	6	1	14
BENGAL	9	15	...	17	...	...	...	...	...	...	...	...	41	2	2	...	4	...	...	1	5	3	...	4	21
UNITED PROVINCES	14	19	25	15	11	82	47	22	35	...	2	3	275	...	1	...	1	2	1	2	4	...	5	1	...	17	
PUNJAB	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...
N.-W. FRONTIER PROVINCE	...	...	...	...	29	9	...	...	...	...	...	...	38	...	...	...	...	...	...	...	...	...	...	...	...
BOMBAY	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	36	...	45
CENTRAL PROVINCES	6	1	...	19	19	...	3	...	...	...	...	...	4	...	...	...	...	...	...	...	9	...	...	...	1
MADRAS	4	5	9	2	35	18	2	25	...	82
ANDAMANS	8	...	1	...	...	6	...	37	5	1	317	10	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA †	37	36	26	51	64	102	50	50	55	103	347	20	650	2	3	1	9	3	5	42	37	5	30	47	3	187	

* Excluding Andamans.
† Including Andamans.

TABLE XLVII.

TABLE XLVIII.

ENTERIC FEVER by months, Jails, Groups, and Administrations.

SIMPLE CONTINUED FEVER by months, Jails, Groups, and Administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.											ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Shwegyin	1
Toungoo
Rangoon, Central (Europeans)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(Natives)	
Bassein, Central	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	
Henzada	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	
San doway	
GROUP I.—BURMA COAST AND BAY ISLANDS	3	1	...	...	...	...	4	2	5	7	7	5	25	31	42	6	18	10	16	174	
Thayetmyo, Central	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Magwe	1	...	...	...	1	
Pagan	
Myingyan, Central	
Mandalay, Central	1	...	...	3	4	1	...	...	...	...	...	9	
Monywa	1	...	...	1	
Bhamo	2	1	1	...	3	3	...	...	...	10	
GROUP II.—BURMA INLAND	1	...	...	...	...	...	1	...	1	...	3	4	5	1	3	4	1	...	1	23	
Mymensingh	6	1	3	...	2	...	...	...	...	...	2	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Presidency, Central (Natives)	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinajpur	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Suri	1	1	...	...	...	...	...	...	...	...	...
Bankura	1	...	...	...	...	...	...	...	2	
Midnapore, Central	2	...	2	3	3	...	...	...	10	
GROUP IV.—BENGAL AND ORISSA	6	1	3	...	2	...	1	1	...	...	...	2	16	...	1	2	1	2	3	3	...	...	...	...	13
A	
Hazaribagh, Central	1	...	...	...	...	...	...	...	...	...	...	1	
B	
Gaya	1	...	...	...	...	1	...	1	2	2	2	5	21	16	8	7	10	2	76	
Monghyr	1	...	...	...	...	1	
Muzaffarpur	5	1	6		
Buxar, Central	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad, Central	4	11	21	9	44	29	20	33	6	5	160	
Hamirpur	2	2	2	...	...	...	...	...	6	
Unao	2	1	...	...	...	...	...	...	...	...	3	
Bahraich	2	2	4	...	...	8	
Mainpuri	1	1	1	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh, Central	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	1	...	1	1	2	1	...	...	...	6	...	2	8	14	33	16	37	48	30	49	17	7	261	
A	
Shahjahanpur	12	20	...	2	8	1	1	...	44	
Bareilly, Central	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Bulan-shahr	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Muzaffarnagar	1	...	...	...	...	...	...	...	...	...	1	
Ambala	2	12	...	...	...	...	...	...	...	...	...	...	14	
B	
Ferozepore	3	1	4	3	1	...	...	1	1	6	5	2	27	
Lahore, Central	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Do. District	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Gujranwala	1	...	...	...	...	...	...	3	
GROUP VI.—UPPER SUB-HIMALAYA	1	...	...	1	...	...	1	...	1	...	...	4	3	3	17	3	13	21	...	3	9	7	6	4	89

* Jails where neither Enteric Fever nor Simple Continued Fever occurred are not shown in these tables. For the annual ratios, see Table XLII.

JAILS, GROUPS, AND ADMINISTRATIONS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Peshawar	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Montgomery, Central	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Agra Central	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VIII.—S. E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
A																										
Saugor	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bilaspur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Seoni	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Yerrowda, Central	...	...	...	1	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Deccan Gang	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN	...	...	...	2	...	...	...	1	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Thana	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	4
Bombay Common	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2
Ratnagiri	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	1	1	2	...	...	9
Mangalore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2
Cannalore, Central	...	...	...	...	1	4	5	21	5	2	...	1	39	1	1	1	...	2	...	1	2	1	2	...	...	11
GROUP X.—WESTERN COAST	...	...	...	...	1	4	5	21	5	2	...	1	39	1	1	1	2	3	2	3	3	4	6	...	2	28
A																										
Bellary, Central	...	...	...	...	...	...	...	1	1	...	...	...	2	2	...	...	...	...	...	...	...	...	1	1	4	
Salem, Central	1	...	...	...	...	...	...	...	...	...	...	...	1	5	8	19	...	...	...	...	...	...	...	...	...	32
Coimbatore, Central	1	...	...	...	...	1	...	5	5	1	2	...	15	2	2	9	5	14	19	11	3	30	2	14	5	116
B																										
Palamcottah	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...	...	2
Madura	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Trichinopoly, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2
Tanjore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	3	2	1	2	...	...	...	10
Vellore, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	10	3	2	6	5	3	4	2	5	24	8	4	76
Madras Penitentiary, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Nellore	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	1	...	1	...	1	...	...	...	...	...	4
Rajahmundry, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	3	9	3	3	1	...	7	4	2	...	40
Vizagapatam	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
GROUP XI.—SOUTHERN INDIA	4	...	...	...	...	1	2	5	6	2	2	...	22	25	14	37	21	22	27	17	9	46	32	28	10	288
Shillong	...	...	...	...	1	...	...	3	1	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Darjeeling	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	4
Pauri	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2
Naini Tal	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
GROUP XII.—HILLS	...	...	...	...	1	...	...	3	1	...	...	...	5	...	...	...	...	3	2	2	...	...	...	...	...	7
Extra India—Aden	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
INDIA*	11	1	4	3	5	7	14	33	14	4	2	4	102	31	26	71	52	85	99	94	117	123	130	62	40	920
BURMA	...	...	...	...	...	1	3	1	...	...	...	...	5	2	6	7	10	9	30	32	45	10	19	10	17	197
EASTERN BENGAL AND ASSAM	6	1	3	...	3	...	...	4	1	...	...	2	20	...	...	...	...	...	...	...	...	...	...	...	...	...
BENGAL	...	...	...	...	...	...	...	2	1	...	...	...	3	...	2	3	3	4	8	25	20	11	12	11	2	101
UNITED PROVINCES	1	...	1	...	1	1	2	...	...	...	...	...	7	...	7	12	46	31	16	33	13	38	7	5	225	
PUNJAB	...	...	...	1	...	...	...	...	...	...	...	...	3	3	3	16	3	1	1	...	1	1	6	5	4	44
NORTH-WEST FRONTIER PROVINCE	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	20	14	...	...	34
BOMBAY	...	...	...	1	...	...	...	1	...	...	...	...	2	...	...	...	3	1	1	2	2	3	6	1	1	20
CENTRAL PROVINCES	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	5	1	1	...	...	8
MADRAS	4	...	...	...	1	5	7	26	11	4	2	1	61	26	15	38	21	24	28	18	11	47	34	28	11	301
ANDAMANS	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	25	...	15	17	20	3	...	80
INDIA†	11	1	4	3	5	7	14	33	14	4	2	4	102	31	26	71	52	85	94	94	132	140	150	65	40	1,010

* Excluding Andamans. † Including Andamans.

TABLE XLIX—concluded.

TABLE L—concluded.

INTERMITTENT FEVER by months, Jails, Groups, and Administrations.

REMITTENT FEVER by months, Jails, Groups, and Administrations.

JAILS AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												TOTAL.	ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
A																										
Peshawar	7	2	7	26	15	17	11	14	23	96	148	42	468	...	...	...	...	...	...	...	...	...	...	...	...
Kohat	3	5	3	2	2	8	11	9	8	19	15	12	97	...	...	...	...	...	...	...	...	...	...	...	...
Bannu . . . . .	...	1	2	...	3	3	7	4	2	12	9	5	48	...	...	...	...	...	...	...	...	...	...	...	...
Shahpur	2	3	...	4	...	1	4	8	8	12	4	2	53	...	...	...	...	...	...	...	...	...	...	...	...
Mianwali	3	3	...	6	...	4	4	2	6	12	14	6	71	...	...	...	...	...	...	...	...	...	...	...	...
Lyalpur	5	5	2	4	1	2	2	...	...	1	1	3	28	...	...	...	...	...	...	...	...	...	...	...	...
Jhang	2	2	4	1	8	...	...	...	...	2	6	3	31	...	...	...	...	...	...	...	...	...	...	...	...
Montgomery, Central	29	9	16	10	35	27	36	25	15	31	68	107	468	...	...	...	...	...	...	...	...	...	...	...	...
Mooltan, Central	11	14	14	15	19	7	8	13	14	16	22	14	167	...	...	...	...	...	...	...	...	...	...	...	...
District	4	4	6	6	9	2	2	3	2	...	8	5	49	...	...	...	...	...	...	...	...	...	...	...	...
Dera Ismail Khan	13	7	16	5	21	28	14	16	13	107	157	69	466	...	...	...	...	...	...	...	...	...	...	...	...
Dera Ghazi Khan	16	6	13	19	4	17	25	19	36	55	57	17	284	...	...	...	...	...	...	...	...	...	...	...	...
C																										
Shikarpur* . . . . .	...	...	...	...	3	...	1	2	1	...	1	8	16	...	...	...	...	...	...	...	...	...	...	...	...
Sind Gang	1	...	...	1	1	5	1	5	3	2	9	2	30	...	...	...	...	...	...	...	...	...	...	...	...
Hyderabad, Central	6	13	6	7	8	6	9	5	10	15	29	16	130	...	...	...	...	...	...	...	...	...	...	...	...
Kurrachee	7	2	1	5	6	5	6	4	2	1	8	7	54	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA	109	74	91	111	139	130	141	136	143	381	556	326	2,340	...	...	...	...	...	...	...	...	...	...	...	...
A																										
Rajkot	3	1	1	...	...	1	2	4	3	1	5	6	27	...	...	...	...	...	...	...	...	...	...	...	...
Ahmedabad, Central	8	4	4	2	3	2	1	8	20	12	11	26	101	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Ajmer . . . . .	...	1	3	1	1	...	3	4	6	13	5	9	46	...	...	...	...	...	...	...	...	...	...	...	...
Muttra . . . . .	...	1	2	2	3	6	2	4	11	47	26	6	110	...	...	...	...	...	...	...	...	...	...	...	...
Agra, Central	12	9	20	24	33	35	40	29	52	54	61	21	413	...	...	...	...	...	...	...	...	...	...	...	...
District	13	6	8	6	10	28	4	10	13	13	8	7	126	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi	1	1	1	5	9	1	2	11	7	13	2	...	53	...	...	...	...	...	...	...	...	...	...	...	...
Lalitpur . . . . .	...	...	...	1	...	...	...	...	5	2	8	2	18	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT	37	23	39	41	59	93	54	70	117	155	129	77	894	...	...	...	...	...	...	...	...	...	...	...	...
A																										
Damoh . . . . .	...	...	...	...	...	...	2	1	11	11	...	2	27	...	...	...	...	...	...	...	...	...	...	...	...
Saugor	1	1	...	...	1	1	6	4	5	3	3	8	33	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore, Central	...	...	...	...	1	1	...	2	3	4	3	...	14	...	...	...	...	...	...	...	...	...	...	...	...
Narsinghpur . . . . .	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...
Mandia . . . . .	...	...	4	1	...	...	...	1	...	...	...	1	7	...	...	...	...	...	...	...	...	...	...	...	...
Bilaspur . . . . .	...	2	6	3	...	...	3	5	1	2	...	2	24	...	...	...	...	...	...	...	...	...	...	...	...
Sambalpur . . . . .	...	2	3	4	...	3	11	13	4	13	5	6	64	...	...	...	...	...	...	...	...	...	...	...	...
Raipur, Central	2	1	3	3	1	2	9	8	9	15	11	3	67	...	...	...	...	...	...	...	...	...	...	...	...
Balaghat . . . . .	...	2	...	1	...	1	1	2	2	2	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...
Seoni . . . . .	...	1	...	...	...	...	...	1	1	1	...	1	4	...	...	...	...	...	...	...	...	...	...	...	...
Chhindwara . . . . .	...	...	1	...	...	...	...	2	1	1	...	1	6	...	...	...	...	...	...	...	...	...	...	...	...
Hoshangabad	1	3	...	...	1	...	3	1	...	1	1	2	13	...	...	...	...	...	...	...	...	...	...	...	...
Nimat	5	7	5	1	...	1	3	...	4	3	2	3	34	...	...	...	...	...	...	...	...	...	...	...	...
Betul . . . . .	...	...	1	...	2	1	2	1	2	2	4	5	20	...	...	...	...	...	...	...	...	...	...	...	...
Nagpur, Central	2	8	5	5	8	8	18	62	32	67	45	31	291	...	...	...	...	...	...	...	...	...	...	...	...
Bhandara . . . . .	...	...	...	...	...	...	4	5	...	...	...	9	9	...	...	...	...	...	...	...	...	...	...	...	...
Wardha . . . . .	...	...	...	...	...	...	1	...	...	3	...	4	4	...	...	...	...	...	...	...	...	...	...	...	...
Chanda . . . . .	...	...	2	...	1	...	1	2	1	1	3	...	11	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Secunderabad	4	1	...	1	3	...	3	1	1	5	2	1	22	...	...	...	...	...	...	...	...	...	...	...	...
Yeotmal	1	...	...	1	1	...	2	3	1	3	2	3	17	...	...	...	...	...	...	...	...	...	...	...	...
Amraoti, Central	3	2	...	...	1	...	2	4	7	...	1	3	23	...	...	...	...	...	...	...	...	...	...	...	...
Akola, Central	3	4	3	1	1	...	3	3	2	3	5	3	31	...	...	...	...	...	...	...	...	...	...	...	...
Buldana . . . . .	...	1	...	1	...	...	2	2	...	...	1	7	7	...	...	...	...	...	...	...	...	...	...	...	...
Dhulia . . . . .	...	4	4	4	1	4	5	4	1	4	7	7	45	...	...	...	...	...	...	...	...	...	...	...	...
Yerronda, Central.	6	10	37	9	17	26	40	42	40	35	48	45	355	...	...	...	...	...	...	...	...	...	...	...	...
Bijapur	2	2	3	3	...	3	4	3	...	10	5	...	35	...	...	...	...	...	...	...	...	...	...	...	...
Deccan Gang	1	9	4	10	8	6	8	2	6	12	9	13	88	...	...	...	...	...	...	...	...	...	...	...	...
Dharwar	4	2	1	2	1	1	3	3	2	3	4	4	30	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN	35	62	82	50	48	58	134	176	138	201	165	145	1,294	2	...	...	...	...	...	...	...	...	...	...	...
A																										
Thana . . . . .	...	2	3	1	...	...	...	1	8	7	4	5	31	...	...	...	...	...	...	...	...	...	...	...	...
Bombay, Common	18	7	1	5	2	7	...	2	9	4	15	20	23	...	...	...	...	...	...	...	...	...	...	...	...
House of Correction	5	3	1	4	2	1	5	2	1	4	...	...	28	...	...	...	...	...	...	...	...	...	...	...	...
Karwar . . . . .	...	...	...	...	...	...	4	5	2	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...
Mangalore . . . . .	...	...	1	...	...	...	1	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...
Tannanore, Central	4	2	4	12	10	4	11	17	5	4	5	5	83	1	1	...	...	...	...	...	...	...	...	...	...
GROUP X.—WESTERN COAST	27	14	10	23	14	12	23	31	20	30	29	33	268	1	1	...	...	...	...	...	...	...	...	...	...

* The prisoners were transferred to Sukkar on 28th November 1906.

TABLE II

JAILS, GROUPS AND ADMINISTRATIONS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
A																											
Bellary, Central	20	3	2	1	5	3	7	39	25	12	11	6	134	..	..	..	..	..	..	..	..	..	..	..	..	..
Salem	6	4	4	5	5	9	11	4	9	24	7	97	..	..	..	..	..	..	..	..	..	..	..	..	..
Coimbatore, Central	1	1	2	1	..	3	4	1	..	2	4	19	..	..	..	..	..	..	..	..	..	..	..	..	..
B																											
Palamcottah	2	6	12	5	3	1	..	1	..	3	1	2	35	..	..	..	..	..	..	..	..	..	..	..	..	..
Madura	3	..	1	1	6	1	..	2	5	..	1	..	20	..	..	..	..	..	..	..	..	..	..	..	..	..
Trichinopoly, Central	3	3	1	7	..	..	..	1	..	..	..	..	30	..	..	..	..	..	..	..	..	..	..	..	..	..
Tanjore	1	..	2	2	..	1	1	2	..	1	..	..	10	2	..	1	1	4	1	2	..	2	1	..	..	14
Cuddalore	2	..	..	1	..	..	1	..	..	..	..	..	10	..	..	..	..	..	..	..	..	..	..	..	..	..
Vellore, Central	4	..	1	1	..	..	2	..	7	5	2	4	26	..	..	..	..	..	..	..	..	..	..	..	..	..
Madras Penitentiary, Central	2	4	4	4	3	2	..	1	1	1	2	2	26	..	..	..	..	..	..	..	..	..	..	..	..	..
Nellore	..	3	..	..	..	..	..	1	1	1	1	..	7	1	1	..	..	..	..	..	..	..	..	..	..	2
C																											
Rajahmundry, Central	5	3	7	7	1	2	5	4	6	7	6	26	79	..	..	..	..	..	..	..	..	..	..	..	..	..
Vizagapatam	3	3	1	..	4	3	2	12	13	4	4	1	50	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP XI.—SOUTHERN INDIA	52	30	37	35	26	26	35	71	66	40	62	54	543	3	1	1	1	4	1	3	1	2	3	..	..	20
Shillong	..	..	..	3	1	1	2	3	1	2	..	..	13	..	..	..	..	..	..	..	..	..	..	..	..	..
Darjeeling	..	1	1	2	5	2	1	1	2	7	5	3	30	..	..	..	..	..	..	..	..	..	..	..	..	..
Almora	..	1	..	1	1	..	1	2	1	2	..	..	9	..	..	..	..	..	..	..	..	..	..	..	..	..
Pauri	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	1	..	..	1	..	..	9	
Naini Tal	..	..	..	..	..	..	1	..	2	..	2	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..
Simla	..	..	..	1	1	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Abbottabad	..	..	..	..	..	6	1	10	4	11	1	..	33	..	..	..	..	..	..	..	..	..	..	..	..	..
Quetta	3	1	1	2	4	4	4	3	2	9	4	2	39	..	..	..	..	..	..	..	..	..	..	..	..	..
Mercara	1	..	1	..	1	..	..	..	..	..	1	1	5	..	..	..	..	..	1	..	..	..	..	..	..	1
GROUP XII.—HILLS	4	3	3	9	13	13	10	19	12	31	13	6	136	..	..	..	..	..	7	1	..	..	1	1	..	10
EXTRA INDIA:—ADEN	1	..	1	..	8	..	..	..	..	..	..	..	10	..	..	..	..	..	..	..	..	..	..	..	..	..
INDIA*	865	673	900	1,163	1,177	1,237	1,686	1,906	2,502	2,823	2,846	1,917	19,765	9	3	9	6	10	16	10	9	9	22	26	11	149	
BURMA	40	33	41	37	33	56	63	62	95	66	65	73	664	1	2	..	3	1	7
EASTERN BENGAL AND ASSAM	95	77	76	131	108	110	133	169	145	211	193	165	1,613	..	..	1	1	4	1	1	2	1	3	2	1	17
BENGAL UNITED PROVINCES	168	172	245	380	271	338	558	513	487	563	674	544	4,913	1	1	5	2	1	..	4	..	1	13	9	3	40	
PUNJAB	213	141	224	253	366	378	438	551	1,010	945	744	364	5,597	2	..	..	..	3	8	1	..	2	1	..	1	18
N.-W. F. PROVINCE	182	109	142	208	235	177	242	255	448	573	516	340	3,477	1	1	2
BOMBAY CENTRAL PROVINCES	23	15	28	33	41	62	44	53	59	245	330	128	1,952
MADRAS	62	59	67	53	60	67	91	99	103	121	160	162	1,104	..	..	1	..	1	..	3	2	1	2	9	4	23
ANDAMANS	18	32	30	17	18	15	60	108	84	110	85	69	655	1	..	1	1	..	2	..	2	1	1	..	..	9
INDIA†	1,099	1,176	1,550	1,662	1,591	1,837	2,741	2,778	1,856	1,914	2,009	1,684	21,207	11	6	6	3	5	7	2	6	3	3	..	13	65	
	1,964	1,849	2,459	2,825	2,768	3,074	4,427	4,684	4,358	4,807	4,855	3,001	41,061	20	9	15	9	15	23	12	15	12	25	26	24	205	

* Including Ajmer, Secunderabad, Quetta, and Mercara and excluding Andamans.
 † Including Ajmer, Secunderabad, Quetta, Mercara and Andamans.

TABLE LI.

PNEUMONIA by months, Jails, Groups, and Administrations.

TABLE LII.

DYSENTERY by months, Jails, Groups, and Administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Mergui . . . . .	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	2	
Moulmein . . . . .	...	...	...	...	...	...	...	1	1	...	...	2	...	...	1	2	2	1	1	...	1	...	2	...	12
Shwegyin . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	...	...	...	...	...	...	...	...	6
Toungoo . . . . .	...	...	...	2	...	...	...	...	...	1	2	5	...	...	1	2	...	3	4	1	4	2	3	2	27
Rangoon, Central (Natives) . . . . .	...	...	...	...	3	1	1	...	...	1	...	6	...	...	1	1	1	7	2	2	3	3	2	24	
Maubin . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	1	...	1	3	1	8	
Myaungmya . . . . .	...	...	...	...	...	1	...	1	...	...	...	2	...	...	1	1	...	...	...	...	...	...	1	3	
Bassein, Central	1	...	...	1	...	...	...	1	1	2	1	2	...	...	1	...	...	3	1	...	...	1	1	7	
Insein, Central . . . . .	...	...	1	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...
Henzada . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	...	...	...	...	...
Myanaung . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...
Sandoway . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...
Kyaukpyu . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Akyab	1	...	...	2	3	...	2	...	...	1	1	10	...	...	...	...	...	...	1	...	1	...	1	4	
GROUP I.—BURMA COAST AND BAY ISLANDS	2	...	...	6	6	2	4	2	2	7	4	35	9	2	4	6	5	13	19	8	7	8	14	7	100
Paungde . . . . .	...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	2	...	2	2	...	1	1	...	9	
Prome . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	3	3	...	1	...	1	2	13
Thayetmyo, Central	1	1	4	4	1	...	1	1	...	...	...	13	6	1	7	3	5	14	10	6	3	2	2	3	62
Magwe . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	1	4
Yamethin . . . . .	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	2
Myingyan, Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	1	3	3	1	3	9	3	4	3	3	...	34
Mandalay, Central . . . . .	...	...	...	...	...	...	...	1	2	...	2	5	2	1	...	3	1	...	1	2	1	...	2	...	13
Shwabo . . . . .	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1	...	...	...	...	...	...	...	1
Bhamo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	1
Katha . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	1
GROUP II.—BURMA INLAND	1	1	4	4	1	...	1	1	2	2	2	21	9	4	12	12	10	22	25	12	10	8	9	8	141	
Cachar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1	1
Sibsagar . . . . .	...	...	...	...	...	...	...	1	...	...	...	1	1	1	1	...	5	2	...	2	...	...	2	...	15
Dibrugarh . . . . .	...	...	...	...	...	1	...	1	...	...	...	3	1	1	1	...	6	18	1	1	5	7	6	1	49
Tezpur . . . . .	...	...	...	3	1	...	...	...	...	...	1	5	...	...	1	2	3	5	1	3	1	5	1	4	26
Gauhati . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	3	1	5	2	13	4	5	4	3	...	1	2	43
Sylhet . . . . .	...	...	...	...	...	...	...	...	2	...	...	2	1	1	2	5	18	9	7	5	11	12	15	9	95
GROUP III.—ASSAM	...	...	...	3	2	...	1	2	2	1	...	11	5	3	9	13	35	20	33	15	21	24	25	17	220
Mymensingh	1	...	...	...	...	2	...	...	...	...	...	3	13	7	29	29	15	10	24	29	11	21	22	9	210
Dacca, Central . . . . .	...	...	...	...	...	...	1	...	...	...	...	1	11	5	7	4	9	8	9	6	7	11	8	10	95
Tippera . . . . .	...	...	...	1	...	...	1	...	1	...	...	3	1	1	...	...	5	4	13	3	5	4	...	...	36
Chittagong . . . . .	...	...	...	...	...	...	...	...	...	1	1	1	1	1	1	3	7	1	1	4	4	23	16	2	63
Noakhali	7	...	...	...	...	...	...	1	...	...	...	1	10	3	8	9	9	16	7	5	1	2	8	7	87
Backergang . . . . .	...	1	...	1	...	...	...	4	3	3	3	15	16	21	25	15	27	19	37	45	35	48	42	27	360
Khulna . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	7	...	3	1	1	2	17
Jessore	2	1	...	1	...	2	1	1	...	2	3	13	44	35	28	16	25	10	25	25	25	14	10	7	254	
Baraset . . . . .	...	...	...	...	...	...	...	...	...	1	...	1	1	1	...	1	3	1	3	2	3	...	1	1	17
Presidency, Central, Europeans . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2
Presidency, Central, Natives . . . . .	...	1	1	...	2	...	1	...	1	1	...	8	14	3	5	5	2	1	9	10	5	4	11	10	79
Alipore, Central	2	6	3	3	2	...	...	...	1	...	1	20	37	37	26	13	32	15	37	26	10	10	18	29	296
Hooghly	2	...	...	...	...	...	1	1	1	1	...	5	1	3	2	2	6	4	5	6	10	7	5	9	60
Burdwan . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	2	...	3	1	4	9	10	11	4	5	8	8	62
Krishnagar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	3	1	3	...	1	1	1	1	3	7	6	9	37
Faridpur	1	1	...	...	2	1	...	...	4	3	...	12	1	2	6	12	4	1	8	23	9	10	8	6	89
Pabna . . . . .	...	...	...	...	2	1	...	...	...	...	...	2	8	...	3	3	1	9	1	2	...	...	...	...	27
Murshidabad	1	...	...	...	...	...	...	...	...	...	...	1	1	...	1	2	...	1	1	...	...	...	2	4	12
Rajshahi, Central . . . . .	...	2	...	1	...	...	...	1	...	1	...	5	16	11	11	15	8	12	25	18	17	16	15	9	173
Bogra . . . . .	...	...	...	1	...	...	...	...	...	...	...	1	2	1	2	1	4	1	2	2	2	4	7	6	34
Makda . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	2	4	6	3	1	3	...	6	20
Dinajpur	2	...	...	...	...	1	...	1	...	...	...	4	2	1	3	5	3	7	7	7	9	11	4	9	68
Rangpur	1	...	...	...	...	...	1	1	...	...	...	3	6	9	5	17	20	7	3	9	4	19	19	11	129
Jalpaiguri . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	1	4	5	2	...	...	...	...	1	...	...	14
Purneah . . . . .	...	...	...	...	...	...	1	...	...	...	...	1	1	...	2	4	...	5	10	2	2	2	5	3	40
Naya Dumka . . . . .	...	...	...	1	1	...	...	...	...	...	...	2	2	...	1	2	3	7	4	13	2	4	2	2	42
Suri . . . . .	...	...	...	1	...	...	1	...	...	...	...	2	2	1	...	2	1	6	2	4	2	...	2	2	20
Bankura . . . . .	...	...	...	...	...	...	...	...	...	1	...	1	...	2	3	...	1	5	11	1	3	...	3	...	29
Midnapore, Central	1	1	1	1	...	...	...	...	...	1	...	5	16	13	15	17	18	29	35	61	33	21	11	12	281
Balasore . . . . .	...	...	...	...	...	2	...	...	...	...	...	2	3	4	4	5	2	4	5	2	2	1	2	2	36
Cuttack	1	...	...	...	...	1	1	1	1	2	...	7	...	7	1	2	5	9	4	6	2	6	3	...	45
Puri . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	1	3	3	2	3	1	2	...	...	18
Angul . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	8
GROUP IV.—BENGAL AND ORISSA	12	11	4	9	5	14	8	6	14	9	15	13	120	216	167	207	193	219	199	303	358	221	257	242	206	2,788

* Jails where neither Pneumonia nor Dysentery occurred are not shown in these tables. For the annual ratios see table XLII.

TABLE LI—concluded.

TABLE LII—concluded.

PNEUMONIA by months, Jails, Groups, and Administrations.

DYSENTERY by months, Jails, Groups, and Administrations.

JAILS AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Peshawar	1	2	4	6	1	1	4	3	21	1	5	1	1	1	5	2	5	6	5	14	5	49				
Kohat	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	8				
Bannu	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	8				
Shahpur	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	8				
Mianwali	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	8				
Lyallpur	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	8				
Jhang	2	4	1	1	1	1	1	1	10	2	4	1	1	1	1	1	2	4	1	1	1	1	1	1	10	
Montgomery, Central	2	1	1	1	1	1	1	1	10	2	1	1	1	1	1	1	2	1	1	1	1	1	1	1	10	
Mooltan, Central	2	1	1	1	1	1	1	1	10	2	1	1	1	1	1	1	2	1	1	1	1	1	1	1	10	
" District	2	1	1	1	1	1	1	1	10	2	1	1	1	1	1	1	2	1	1	1	1	1	1	1	10	
Dera Ismail Khan	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8	
Dera Ghazi Khan	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8	
C																										
Shikarpur	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8	
Sind Gang	3	7	2	1	2	1	1	3	23	3	7	2	1	2	1	3	3	7	2	1	2	1	3	3	23	
Hyderabad, Central	1	2	2	1	1	1	1	1	10	1	2	2	1	1	1	1	1	2	2	1	1	1	1	1	10	
Kurrachee	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8	
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA	17	15	10	17	15	4	4	5	7	0	15	15	153	23	18	21	20	26	32	25	16	22	23	36	46	317
A																										
Rajkot	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Ahmedabad, Central	1	2	1	1	3	1	1	1	10	1	2	1	1	3	1	1	1	2	1	1	3	1	1	1	1	10
B																										
Ajmer	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Mottra	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Agra, Central	3	5	6	1	2	11	9	3	60	3	5	6	1	2	11	9	3	6	60							
" District	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8	
Jhansi	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8	
Lalitpur	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8	
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA AND GUJARAT	5	8	11	2	6	12	11	4	6	3	2	17	87	6	3	1	7	7	2	10	25	10	9	8	10	100
A																										
Damoh	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Saugor	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Jubbulpur, Central	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Mandla	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Bilaspur	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Sambalpur	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Raipur, Central	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Balaghat	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Chandwara	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Hoshangabad	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Nimar	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Betul	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Nagpur, Central	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Bhandara	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Wardha	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Chanda	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
B																										
Secunderabad	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Yeotmal	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Amraoti, Central	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Akola, Central	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Buldana	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Dhulia	6	1	1	1	1	1	1	1	13	6	1	1	1	1	1	1	6	1	1	1	1	1	1	1	1	13
Yerrowda, Central	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Bijapur	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Deccan Gang	2	1	1	1	1	1	1	1	10	2	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	10
Dharwar	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
GROUP IX.—DECCAN	6	9	4	4	4	2	1	3	1	3	3	40	19	22	20	16	10	21	35	100	60	23	16	17	410	
A																										
Thana	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Bombay, Common House of Correction	1	2	2	3	2	2	2	2	15	1	2	2	3	2	2	2	1	2	2	3	2	2	2	2	2	15
Ratnagiri	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Karwar	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Mangalore	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Cannanore, Central	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
GROUP X.—WESTERN COAST	2	3	2	3	5	5	3	1	1	2	3	30	11	20	12	17	46	28								

JAILS, GROUPS AND ADMINISTRATIONS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Bellary, Central . . . . .	...	...	...	...	2	...	...	1	1	1	1	...	6	3	8	6	2	...	3	16	9	7	6	2	2	65
Bale, "	1	...	3	2	...	...	...	...	1	...	1	...	8	5	1	...	2	...	3	3	9	4	3	8	4	39
Coimbatore "	2	...	1	2	...	5	1	...	...	...	...	...	9	4	6	3	4	2	3	12	11	16	49	4	6	120
B																										
Palamcottah . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	1	...	...	4	8	7	7	6	2	17	40
Madura . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	2	3	4	...	6	1	...	1	...	2	30
Trichinopoly, Central . . . . .	...	...	...	1	1	...	...	...	...	1	...	3	...	5	6	2	...	2	...	4	3	5	5	...	2	34
Tanjore . . . . .	...	...	...	...	1	...	1	...	...	2	...	4	...	2	...	...	1	2	4	2	4	...	4	...	...	19
Cuddalore . . . . .	...	...	...	...	...	...	...	1	...	1	...	2	...	...	...	...	1	...	...	3	1	...	...	2	...	7
Vellore, Central	1	2	...	...	1	1	1	...	...	4	1	11	...	2	2	...	...	...	1	...	1	1	8	8	2	25
Madras Penitentiary, Central	2	1	2	3	2	...	...	1	1	1	1	14	...	3	1	2	1	3	2	2	4	...	2	...	...	20
Nellore . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...	1	...	3	3	...	1	9
C																										
Rajahmundry, Central . . . . .	...	...	...	...	1	...	1	2	...	1	1	2	8	5	5	5	2	8	13	24	53	87	39	17	16	265
Vizagapatam	1	...	...	1	...	...	1	...	...	...	...	3	...	1	...	1	...	...	3	2	6	5	2	3	3	26
Berhampur . . . . .	...	...	...	...	...	...	1	...	...	...	...	1	...	1	1	1	...	...	...	2	9	2	2	...	...	18
GROUP XI.—SOUTHERN INDIA	7	3	6	9	7	5	4	6	2	6	10	5	70	37	30	21	13	20	31	82	118	142	117	51	55	717
SHILLONG HILLS																										
Shillong . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	2	4	...	1	1	...	...	12
Darjeeling . . . . .	...	...	...	...	...	...	1	...	1	...	...	2	4	...	...	...	...	2	4	...	5	3	1	...	1	16
Almora . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	2
Naini Tal . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Abbottabad	1	1	...	2	...	...	...	...	...	...	...	4	...	...	...	...	...	...	1	...	4	...	...	...	1	6
Quetta . . . . .	...	1	...	...	2	...	...	...	...	...	...	3	...	...	...	...	...	...	...	2	1	...	...	...	2	5
Mercara . . . . .	...	...	1	1	1	3	...	...	...	...	...	6	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Russellkonda . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
GROUP XII.—HILLS	1	2	1	3	4	3	1	...	1	...	...	2	18	1	...	...	2	5	5	11	11	4	2	1	4	46
EXTRA INDIA.—ADEN	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
INDIA*	95	88	71	70	85	83	54	48	67	68	101	133	963	432	336	446	534	572	568	855	1,079	794	756	615	538	7,525
BURMA	1	3	4	4	7	6	3	5	4	4	9	6	56	18	6	16	18	15	35	44	20	17	16	23	15	243
EASTERN BENGAL AND ASSAM	3	3	1	3	...	10	6	3	9	9	9	6	62	95	68	118	132	147	131	171	180	125	109	179	110	1,664
BENGAL UNITED PROVINCES	13	13	6	8	12	16	7	7	23	7	14	22	148	102	135	175	229	136	223	354	436	277	200	150	181	2,787
PUNJAB N.-W. F. PROVINCE	35	30	31	17	23	27	23	13	16	24	30	32	301	36	31	48	64	57	59	61	150	120	120	100	68	923
BOMBAY CENTRAL PROVINCES	16	11	6	10	12	6	3	8	7	7	15	29	130	22	12	27	38	33	26	14	32	36	56	50	51	397
MADRAS	3	2	2	7	6	...	1	...	1	4	5	...	31	5	8	8	6	3	12	5	11	8	8	20	8	102
ANDAMANS	15	10	11	10	8	6	6	3	3	3	9	28	122	29	29	25	20	16	26	84	79	49	27	27	23	434
INDIA	2	2	1	1	4	1	...	3	1	3	...	3	21	4	8	8	6	3	8	26	35	19	11	4	10	142
INDIA	7	3	6	9	10	7	5	6	3	6	10	5	77	40	39	21	21	60	47	90	123	143	118	53	58	813
INDIA	10	7	16	6	7	6	9	36	17	18	82	18	232	126	89	82	85	150	150	161	101	134	116	98	89	1,381
INDIA	105	95	87	76	92	89	63	84	84	96	183	151	1,195	558	425	528	619	722	718	1,016	1,180	928	872	713	627	8,006

* Including Ajmer, Secunderabad, Quetta, and Mercara and excluding Andamans. Including Ajmer, Secu erabad, Quetta, Mercara and Andamans.

TABLE LIII.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN, 70,193				WOMEN, 3,431		CHILDREN, 5,322.		Present 127,853	Enrolled 148,714		110,082	
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
Small-pox	87	9'47	4	...	13	3	5	...	79	4	...	82	9
Cow-pox	15	'36	...	...	...	...	3	...	59	...	...	29	1
Chicken-pox	18	1'06	...	...	1	...	49	...	134	...	...	591	...
Measles	60	3'71	...	...	9	...	144	5	380	1	...	46	...
Rubella	19	1'29	...	...	1	...	10	...	30	...	...	...	...
Scarlet fever	15	1'77	...	...	6	...	7	...	...	...	...	...	...
Typhus fever . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
Plague	17	4'27	2	...	1	1	...	...	147	83	...	1	8
Relapsing fever	1	'03	...	...	...	...	...	...	31	5	...	...	...
Dengue	282	9'88	...	...	8	...	4	...	14	...	...	...	...
Influenza	804	27'80	...	5	18	...	16	...	671	...	...	950	12
Whooping cough . . . . .	...	...	...	...	...	...	22	1	...	...	...	...	...
Mumps	8	'60	...	...	...	...	19	...	566	...	...	735	1
Diphtheria	2	'28	...	...	2	1	5	3	1	1	...	...	...
Cerebrospinal fever . . . . .	...	...	...	...	...	...	...	...	3	2	...	12	12
Simple continued fever	3,917	154'53	1	10	68	...	91	3	3,783	5	1	1,010	...
Enteric fever	1,095	224'11	224	115	25	5	30	3	127	34	...	102	15
Mediterranean fever	7	1'96	...	4	...	...	1	...	38	1	...	3	2
Cholera	64	2'58	46	...	1	1	...	...	94	62	...	186	105
Choleraic diarrhoea	8	'23	...	...	...	...	...	...	5	...	...	1	...
Epidemic diarrhoea . . . . .	...	...	...	...	...	...	...	...	...	...	...	9	...
Dysentery	1,068	79'9	37	59	36	1	50	11	4,748	26	4	8,006	382
Beri-beri	50	8'98	3	60	...	...	...	...	41	3	...	38	6
Intermittent fever	12,361	47'43	16	135	227	...	309	3	33,478	39	47	41,062	86
Remittent fever	240	13'28	5	1	6	...	9	1	633	43	4	205	57
Phagedæna	1	'21	...	...	...	...	...	...	...	...	...	...	...
Sloughing phagedæna	1	'13	...	...	...	...	...	...	3	...	...	...	...
Erysipelas	15	'95	...	...	2	...	1	...	19	2	...	89	12
Pyæmia	4	'27	3	...	...	...	...	...	2	1	...	8	8
" puerperal . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Septicæmia	4	'14	3	...	...	...	...	...	7	5	...	10	10
" puerperal . . . . .	...	...	...	...	5	2	...	...	...	...	...	6	4
Tetanus	5	'03	4	...	...	...	1	...	4	3	...	4	3
Tubercle, not defined . . . . .	...	...	...	...	...	...	...	...	4	...	...	...	...
" general . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	1
" of the meninges . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	2
" of the brain	1	'03	1	...	...	...	...	...	...	...	...	...	...
" of the membranes of brain . . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
" of the brain and its membranes . . . . .	...	...	...	...	...	...	...	...	2	2	...	...	...
" of the larynx . . . . .	...	'02	...	...	...	...	...	...	...	...	...	1	1
" of the lungs	114	19'84	12	92	10	...	4	3	373	67	156	922	368
" of the lungs, and general . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	2
" of the lungs, larynx and intestines . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	1
" of the lungs and liver . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
" of the lungs and intestines . . . . .	...	...	...	...	...	...	...	...	...	...	...	13	13
" of the lungs and pleura . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
" of the lungs and glands . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	1
" of the pleura . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
" of the intestines	1	'01	1	1	...	...	...	...	3	1	2	18	9
" of the bladder . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
" of abdomen . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.					
Tubercle of spinal meninges . . . . .	...	...	...	...	...	...	...	...	...	...	1	1
" of the peritonæum . . . . .	...	...	...	...	...	...	...	3	3	...	5	5
" of lymphatic glands	1	'02	...	1	...	2	1	13	...	1	22	1	
" of mesenteric glands . . . . .	...	...	...	...	...	...	...	...	...	...	5	2
" of the testicles	2	'75	...	2	...	...	...	1	...	...	...	...
" of bones	1	'22	...	3	...	...	...	...	...	...	...	...
" of joints	8	1'22	...	5	...	...	...	3	...	2	3	...
" of the lungs, peritonæum, and abdomen . . . . .	...	...	...	...	...	...	...	...	...	...	1	1
" of pleura and pericardium . . . . .	...	...	...	...	...	...	...	...	...	...	1	...
" of the lungs, intestines and pharynx . . . . .	...	...	...	...	...	...	...	...	...	...	1	1
" of lymph glands and intestines . . . . .	...	...	...	...	...	...	...	...	...	...	1	1
Leprosy . . . . .	...	...	...	...	1	...	...	9	...	7	93	12
Syphilis	1,045	249'27	10	120	2	...	...	684	6	50	1,377	10
" inherited . . . . .	...	...	...	...	...	5	2	1	...	...	...	...
Gonorrhœa	4,287	406'96	...	11	...	1	...	797	2	4	466	...	
Hydrophobia	2	'01	2	...	...	...	1	1	1	...	...	...
Anthrax	1	'02	...	...	...	...	...	1	...	...	13	7
Distomum crassum . . . . .	...	...	...	...	...	...	...	1	...	...	...	...
Actinomycosis	1	'07	1	...	...	...	...	...	...	...	1	...
Kalaazar . . . . .	...	...	...	...	...	...	...	9	3	1	1	1
Bilharzia hæmatobia	9	2'08	...	10	...	...	...	...	...	...	...	...
Bothriocephalus latus	1	'05	...	...	...	...	...	1	...	...	7	...
" liguloide . . . . .	...	...	...	...	...	...	...	...	...	...	3	...
Tænia solium	100	5'06	...	...	4	...	19	24	...	...	60	...
" mediocanellata	8	'19	...	...	...	...	2	5	...	...	6	...
" elliptica . . . . .	...	...	...	...	...	...	...	1	...	...	...	...
Echinococcus hominis . . . . .	...	...	...	...	...	...	...	...	...	...	1	1
Cysticercus tenuicollis	2	'15	...	...	...	...	...	...	...	...	...	...
Ascaris lumbricoïdes	5	'19	...	...	...	...	1	52	...	...	46	...
Trichocephalus dispar . . . . .	...	...	...	...	...	...	...	4	...	...	...	...
Guinea-worm	3	'11	...	...	...	...	...	500	...	4	471	...
Filaria sanguinis hominis . . . . .	...	...	...	...	...	...	...	...	...	...	3	...
Strongylus duodenalis . . . . .	...	...	...	...	...	...	...	1	...	...	36	4
Thread-worm	1	'02	...	...	1	...	5	5	...	...	22	...
Lucilia hominivora	1	'01	...	...	...	...	...	...	...	...	...	...
Pediculus capitis . . . . .	...	...	...	...	...	2	...	1	...	...	...	...
" vestimenti	6	'17	...	...	...	...	...	1	...	...	...	...
Phthirus inguinalis	38	'89	...	...	...	...	...	1	...	...	...	...
Pulex irritans . . . . .	...	...	...	...	...	...	...	...	...	...	1	...
Culex annulatus . . . . .	...	...	...	...	...	...	...	1	...	...	...	...
" anxifer	6	'32	...	...	...	...	...	...	...	...	...	...
Scabies	374	16'77	...	...	2	...	3	1,450	...	...	894	...
Chionyphe vel Streptothrix Carteri	1	'05	...	...	...	...	...	...	...	...	...	...
Mycetoma . . . . .	...	...	...	...	...	...	...	2	...	1	3	1
Tinea favosa . . . . .	...	...	...	...	...	...	...	2	...	...	27	...
Ringworm	377	15'04	...	...	...	...	1	377	...	...	165	...
Tinea versicolor	11	'36	...	...	...	...	...	...	...	...	...	...
Oidium albicans	1	'05	...	...	...	...	1	...	...	...	2	...
Surfeit . . . . .	...	...	...	...	...	...	1	...	...	...	9	...
Scurvy	2	'29	...	...	...	...	...	307	10	9	72	2
Alcoholism	163	7'41	4	3	1	...	...	2	...	...	...	...

TABLE III—continued.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Delirium tremens	7	'59	2	...	...	...	...	1	...	...	...	...	...
Rheumatic fever	23	2'56	1	5	1	...	1	55	1	1	18	1	...
Rheumatism	830	56'90	...	32	16	...	1	1,293	2	73	924	3	...
Gout	8	'41	...	...	...	...	...	3	...	...	3	...	...
Osteoarthritis	4	'77	...	3	...	...	...	8	...	...	...	...	...
Cyst	42	1'95	...	1	1	...	1	51	...	...	18	...	...
„ of kidney . . . . .	...	...	...	...	...	...	...	...	...	...	1	1	...
„ of brain . . . . .	...	...	...	...	...	...	...	...	...	...	2	...	...
Ranula . . . . .	...	...	...	...	...	...	...	...	...	...	3	...	...
New growth, non-malignant, not defined	9	'76	...	...	...	...	...	19	...	1	9	...	...
Pterygium	3	'14	...	...	...	...	...	32	...	...	10	...	...
Lipoma	8	'60	...	1	1	...	...	10	...	...	7	5	...
Fibroma	15	1'13	...	...	...	...	...	13	...	...	6	...	...
Chondroma . . . . .	...	...	...	...	...	...	...	1	...	...	1	...	...
Osteoma	3	'25	...	2	...	...	...	...	...	...	1	...	...
Myxoma	7	'69	...	...	1	...	...	3	...	...	...	...	...
Mucous polypus . . . . .	...	...	...	...	...	...	...	3	...	...	2	...	...
Myoma . . . . .	...	...	...	...	...	...	...	2	...	...	...	...	...
Glioma	1	'71	...	1	...	...	...	...	...	...	...	...	...
Lymphadenoma . . . . .	...	'05	...	7	...	...	...	1	...	1	...	...	...
Angioma	1	'14	...	...	...	...	...	...	...	...	...	...	...
Papilloma	10	'44	...	...	1	...	...	1	...	...	2	...	...
Warts	284	17'77	...	1	1	...	...	6	...	...	1	...	...
Condyloma . . . . .	...	...	...	...	...	...	...	2	...	...	20	...	...
Adenoma	3	'31	...	1	...	...	...	2	...	...	...	...	...
New growth, malignant, not defined . . . . .	...	...	...	...	...	...	2	2	...	...	1	...	...
Sarcoma	1	'26	...	3	...	...	...	5	4	...	6	4	...
Carcinoma	4	'61	4	...	2	...	...	1	1	...	5	5	...
Glandular carcinoma . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Epithelioma . . . . .	...	...	...	...	...	...	...	...	...	...	3	1	...
Rodent ulcer . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Rickets . . . . .	...	...	...	...	...	...	2	...	...	...	...	...	...
Anæmia	97	5'68	...	5	19	...	17	1	484	3	7	588	14
Chlorosis . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Idiopathic anæmia	1	'11	...	1	...	...	2	1	3	1	6	4	...
Purpura	2	'17	...	...	...	...	1	...	3	...	1	7	...
Leucocythæmia	2	'14	...	1	...	...	...	...	4	2	...	...	...
Hodgkin's disease . . . . .	...	...	...	...	...	...	...	...	3	1	1	...	...
Hæmophilia . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Diabetes mellitus . . . . .	...	...	...	...	2	...	...	...	5	1	2	17	3
„ insipidus	4	'30	...	1	...	...	...	...	6	...	2	2	...
Immaturity at birth . . . . .	...	...	...	...	...	...	24	23	...	...	...	4	...
Congenital malformation, not defined	1	'01	...	...	...	...	8	...	...	...	...	...	...
Congenital malformation, deformed ear	2	'10	...	...	...	...	...	...	...	...	...	...	...
Single harelip . . . . .	...	...	...	...	...	...	...	...	...	...	3	...	...
Malformation of digestive system not defined . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	...
Spina bifida . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Congenital phimosis	1	'01	...	...	...	...	...	...	...	...	...	...	...
Congenital malformation of testicle	2	'19	...	...	...	...	...	...	...	...	...	...	...
Debility	2,040	117'68	2	255	1,101	1	331	10	1,349	2	121	537	17
Old age . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.					
Neuritis	27	2'44	...	7	1	...	...	42	...	3	5	...
Multiple neuritis	24	3'38	...	11	...	...	...	8	...	3	3	1
Degeneration of the nerves . . . . .	...	...	...	...	...	...	...	...	...	...	1	...
Meningitis . . . . .	...	...	...	...	...	...	...	1	1	...	...	...
Pachymeningitis (83a) . . . . .	...	'01	...	...	...	...	...	...	...	...	1	...
Myelitis	1	'32	1	2	...	...	...	4	3	1	1	1
Anterior poliomyelitis	1	'06	...	...	...	3	1	1	...	1	...	...
Progressive muscular atrophy	1	'13	...	...	...	...	...	2	...	...	...	...
Primary lateral sclerosis	3	'23	...	1	...	...	...	2	...	...	1	...
Posterior sclerosis	4	1'37	...	2	...	...	...	6	...	1	6	1
Postero lateral sclerosis	1	'23	...	...	...	...	...	1	...	1	...	...
Disseminated "	1	'30	...	...	...	...	...	1	...	1	...	...
Acute ascending paralysis . . . . .	...	...	...	...	...	...	...	1	1	...	...	...
Cerebral meningitis	4	'14	3	...	...	9	8	6	6	...	15	12
Pachymeningitis (89a)	1	'01	1	...	...	...	...	...	...	...	1	...
Leptomeningitis	2	'28	1	1	...	...	...	...	...	...	...	...
Hæmorrhage into the membranes of the brain . . . . .	...	...	...	...	...	...	...	1	2	...	1	2
External hydrocephalus . . . . .	...	...	...	...	...	1	...	...	...	...	...	...
Encephalitis . . . . .	...	...	...	...	...	...	...	...	...	...	3	3
Abscess of the brain	1	'03	2	...	...	...	...	...	...	...	4	4
Sclerosis " " . . . . .	...	'27	...	1	...	...	...	...	...	...	...	...
Internal hydrocephalus . . . . .	...	...	...	...	1	...	...	...	...	...	...	...
Softening of the brain . . . . .	...	...	...	...	...	...	...	2	2	...	1	...
Sanguineous apoplexy	2	'12	1	1	...	...	...	6	3	...	15	10
Hyperæmia of the brain	1	'03	...	...	...	...	...	...	...	...	2	1
Apoplexy . . . . .	...	...	...	...	...	...	...	2	2	...	10	10
Paralysis . . . . .	...	...	...	...	...	...	...	8	...	...	3	1
Paraplegia	5	'44	...	2	2	...	...	5	1	1	27	3
Hemiplegia	7	1'73	1	4	...	...	...	14	...	3	28	5
Monoplegia . . . . .	...	...	...	...	...	...	...	1	...	1	...	...
Local paralysis	11	'83	...	5	...	...	...	37	...	1	10	...
Incomplete paralysis	9	1'61	...	4	...	...	...	4	...	1	2	...
Bed-sore . . . . .	...	...	...	...	...	...	...	1	...	...	...	...
Tremor . . . . .	...	...	...	...	...	...	...	2	...	1	...	...
Paralysis agitans . . . . .	...	'01	...	...	...	...	...	2	...	1	4	...
Chorea	6	'91	...	4	1	...	...	...	...	...	1	...
Cramp . . . . .	...	...	...	...	...	...	...	8	...	...	...	...
Spasm of muscles	1	'25	...	1	...	...	...	...	...	...	...	...
Wry-neck	2	'11	...	...	...	1	...	6	...	...	1	...
Eclampsia	1	'03	...	...	...	9	6	...	...	...	...	...
Infantile convulsions . . . . .	...	...	...	...	...	18	14	...	...	...	1	...
Puerperal " . . . . .	...	...	...	...	...	...	...	...	...	...	2	...
Epilepsy	62	7'27	...	42	4	...	...	34	2	13	123	9
Tetany . . . . .	...	...	...	...	...	...	...	1	...	...	1	...
Laryngismus stridulus . . . . .	...	...	...	...	...	2	1	...	...	...	...	...
Vertigo	32	1'53	...	...	1	...	...	11	...	1	9	...
Headache	93	2'44	...	...	3	...	...	'68	...	...	21	...
Megrim	1	'03	...	...	...	...	...	40	...	...	15	...
Anæsthesia . . . . .	...	...	...	...	...	...	...	2	...	...	2	...
Neuralgia	262	12'87	...	9	13	...	...	362	...	10	120	...
Facial hemiatrophy . . . . .	...	...	...	...	...	...	...	...	...	...	1	...

TABLE LIII—continued.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.					
Hysteria	10	'60	...	...	12	...	...	...	7	...	...	9	...
Catalepsy	2	'04	...	...	...	...	...	...	...	...	...	...	...
Somnambulism	1	'14	...	...	...	...	...	...	...	...	...	...	...
Trance . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Aphasia . . . . .	...	...	...	...	...	...	...	...	2	...	1	...	...
Hiccough . . . . .	...	...	...	...	...	...	...	...	1	...	...	2	...
Nervous weakness	36	2'97	...	4	1	...	...	...	9	...	...	...	1
Idiocy . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	1
Mania	11	1'77	1	8	3	...	...	...	20	...	9	58	4
" puerperal . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Melancholia	42	9'74	...	34	1	...	...	...	8	1	3	8	...
Dementia	7	1'82	...	5	...	...	...	...	3	1	2	13	4
Mental stupor	1	'15	...	1	...	...	...	...	2	...	...	...	...
General paralysis of the insane	1	'24	...	1	...	...	...	...	1	1	...	1	...
Delusional insanity	17	3'89	...	15	...	...	...	...	7	...	7	...	...
Conjunctivitis	313	20'51	...	2	32	...	114	...	2,004	...	5	1,040	...
Granular conjunctivitis . . . . .	...	...	...	...	...	...	...	...	82	...	2	56	...
Echymosis	2	'06	...	...	...	...	...	...	1	...	...	1	...
Œdema of the conjunctiva	1	'03	...	...	...	...	...	...	...	...	...	...	...
Xerophthalmia . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Degeneration of the eye . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Keratitis	9	1'03	...	...	...	...	...	...	49	...	2	37	...
Ulcerative keratitis	52	4'15	...	2	...	...	4	...	201	...	10	273	...
Gangrene . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Opacity of the cornea	4	'40	...	...	...	...	...	...	13	...	4	11	...
Acquired deformities of the cornea . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Staphyloma	1	'04	...	1	...	...	...	...	1	...	...	2	...
Fistula of the cornea . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Scleritis . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Iritis	59	5'89	...	3	1	...	...	...	80	...	3	32	...
Iridoplegia . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Choroiditis	6	'48	...	3	...	...	...	...	2	...	...	...	...
Glaucoma	6	'55	...	2	...	...	...	...	4	...	...	6	...
Hypopyon . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Optic neuritis	4	'76	...	3	...	...	...	...	4	...	1	1	...
Congestion of optic disc . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Atrophy and degeneration of optic nerve	2	'24	...	...	...	...	...	...	1	...	1	...	...
Retinitis	6	'53	...	6	...	...	...	...	4	...	1	...	...
Degeneration and atrophy of retina . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Detachment of retina	2	'16	...	1	...	...	...	...	...	...	...	...	...
Lenticular cataract	2	'18	...	2	...	...	3	...	11	...	4	20	...
Dislocation of lens . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Opacities . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Panophthalmitis . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
Amblyopia and amaurosis	8	'69	...	3	...	...	...	...	12	...	...	3	...
Functional night blindness	3	'38	...	...	...	...	...	...	10	...	4	2	...
Sympathetic irritation	1	'13	...	1	...	...	...	...	...	...	...	...	...
Ametropia	9	'55	...	...	...	...	...	...	...	...	...	...	...
Myopia	22	'89	...	4	...	...	...	...	4	...	...	...	...
Hypermetropia	26	1'35	...	5	...	...	...	...	3	...	5	...	...
Astigmatism	20	1'53	...	11	...	...	...	...	1	...	...	...	...
Presbyopia . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Anisometropia	1	'02	...	...	...	...	...	...	...	...	...	...	...
Asthenopia	1	'03	...	...	...	...	...	...	...	...	...	...	...
Squint	3	'16	...	...	...	...	...	...	...	...	...	...	...
Inflammation of lacrymal gland . . . . .	...	...	...	...	...	...	...	...	2	...	...	1	...
Stricture and obliteration of puncta and canaliculi . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Chronic dacryo-cystitis	3	'93	...	...	...	...	...	...	1	...	...	...	...
Abscess of lacrymal sac	4	'37	...	...	1	...	...	...	3	...	...	8	...
Fistula of lacrymal sac	1	'25	...	...	...	...	...	...	...	...	...	3	...
Obstruction of nasal duct	2	'15	...	...	1	...	...	...	...	...	...	...	...
Epiphora	1	'13	...	1	...	...	...	...	1	...	...	...	...
Dacryo-lithiasis . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Blepharitis marginalis	25	1'69	...	2	...	...	...	...	4	...	...	3	...
Stye	12	24	...	...	...	...	...	...	87	...	...	22	...
Abscess of the eyelids . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Exophthalmos	1	'01	...	...	...	...	...	...	...	...	...	...	...
Trichiasis . . . . .	...	...	...	...	...	...	...	...	4	...	...	8	...
Entropion . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Edema of the eyelids . . . . .	...	...	...	...	...	...	...	...	2	...	...	2	...
Ptosis . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Inflammation of the external meatus	628	23'84	...	6	4	...	8	...	262	...	1	270	...
Abscess " " " "	1	'02	...	...	...	...	...	...	14	...	...	8	...
Hæmatoma of the auricle . . . . .	...	...	...	...	...	...	...	...	3	...	...	...	...
Accumulation in external meatus of wax or epidermis	4	'13	...	...	...	...	...	...	2	...	...	1	...
Inflammation of the middle ear	133	6'88	1	9	2	...	2	...	35	...	2	42	...
" " " " suppurative	36	2'77	1	12	...	...	...	...	53	...	1	32	...
Ulceration of the membrana tympani . . . . .	...	...	...	...	...	...	...	...	3	...	...	3	...
Perforation " " " "	132	9'59	...	51	...	...	...	...	9	...	1	1	...
Ankylosis of ossicles . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Deafness	21	1'09	...	11	...	...	...	...	22	...	9	2	...
Necrosis of internal ear	1	'08	...	...	...	...	...	...	...	...	...	...	...
Tinnitus	1	'09	...	...	...	...	...	...	...	...	...	...	...
Rhinitis	12	1'43	...	2	1	...	1	...	4	...	...	15	...
Coryza	95	2'21	...	...	2	...	11	...	79	...	...	60	...
Ozæna	2	'14	...	...	...	...	1	...	...	...	...	12	...
Abscess of the nose . . . . .	...	...	...	...	...	...	...	...	2	...	...	1	...
Necrosis, and caries of bones of nose	3	'22	...	1	...	...	...	...	3	...	1	...	...
Perforation of the septum	4	'15	...	...	...	...	...	...	...	...	...	...	...
Epistaxis	9	'28	...	...	2	...	...	...	11	...	...	23	...
Inflammation of the accessory sinuses . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Empyema	1	'20	...	...	...	...	...	...	...	...	...	...	...
Inflammation of the naso-pharynx	2	'06	...	...	...	...	...	...	28	...	...	1	...
Pericarditis	5	'60	3	...	...	...	...	...	2	1	...	13	9
Calcification of pericardium . . . . .	...	...	...	...	...	...	...	...	1	1	...	1	1
Endocarditis	4	'40	1	1	...	...	...	...	11	5	1	1	2
Ulcerative Endocarditis . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
Valvular disease of the heart	168	27'92	15	118	11	2	3	2	47	14	14	113	30
Abscess of the muscular substance of the heart . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Fatty degeneration of the muscular substance of the heart	5	'14	7	1	1	1	...	...	3	3	1	18	15
Hypertrophy of the heart	1	...	2	...	...	...	...	...	1	...	...	...	...
Dilatation of the heart	13	1'07	3	2	...	...	...	...	11	...	2	10	10

TABLE LIII—continued.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.									NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.						
Excessive growth of fat on the heart	1	'01	1	...	...	...	...	...	...	...	...	...	...
Aneurysm of the heart	1	'10	...	...	...	...	...	...	...	...	1	1	...
Rupture of the heart . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Embolus . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	...
Angina pectoris	1	'01	1	...	1	...	...	4	1	1	1	1	1
Syncope	6	'10	5	...	...	1	2	5	5	...	3	8	...
Disordered action of the heart	492	43'87	1	104	4	...	1	45	1	3	14	...	...
Endarteritis deformans . . . . .	...	...	...	...	...	...	...	...	...	...	2	1	...
" obliterans . . . . .	...	...	...	...	...	...	...	2	...	...	...	...	...
Degeneration of arteries . . . . .	...	...	...	...	...	...	...	...	...	...	1	1	...
Aneurysm of arteries	7	'29	6	2	1	1	...	3	...	2	6	3	...	
Aneurysm by anastomosis . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Traumatic aneurysm	2	'17	...	1	...	...	...	1	...	...	...	...	...
Rupture of artery	1	'04	2	...	...	...	...	...	...	...	...	...	...
Thrombosis	3	'46	...	2	...	...	...	...	...	...	...	...	...
Embolism . . . . .	...	...	...	...	...	...	...	1	...	...	1	1	...
Raynaud's disease	1	'10	...	...	...	...	...	...	...	...	...	...	...
Phlebitis	27	'79	...	14	4	...	...	13	...	...	10	...	...
Thrombosis of veins	31	2'39	...	9	3	...	...	5	...	...	2	1	...
Phlegmasia dolens	1	'08	...	...	...	...	...	3	...	1	...	...	...
Varix	87	6'19	...	13	9	...	...	13	...	4	2	...	...
Varicose aneurysm, including Aneurysmal varix.	...	...	...	...	...	...	...	1	...	1	...	...	...
Nævus	1	'04	...	...	...	...	...	...	...	...	...	...	...
Laryngitis	43	'81	...	4	...	3	1	127	1	...	22	1	...	
Œdema of glottis . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Tracheitis	1	'02	...	...	...	...	...	5	...	...	...	...	...
Bronchitis	1,152	49'45	...	9	35	186	5	2,360	8	17	2,202	25	...	
Dilatation of bronchi	1	'0	...	...	...	...	...	...	...	...	4	1	...
Spasmodic asthma	35	2'53	...	6	2	...	...	145	1	13	647	8	...
Congestion of the lungs	3	'10	...	...	...	...	...	10	...	...	17	8	...
Hæmoptysis	6	'50	...	...	...	...	...	11	1	...	47	...	...
Pulmonary apoplexy . . . . .	...	...	...	...	...	...	...	1	...	...	1	1	...
Œdema of the lungs . . . . .	...	...	...	...	...	...	...	...	...	...	4	4	...
Pneumonia	241	24'08	20	7	5	3	17	4	1,135	199	4	1,195	322	
Broncho-pneumonia	11	'89	1	1	...	...	19	6	29	1	...	36	10
Abscess of the lungs . . . . .	...	...	...	...	...	...	...	1	...	1	2	2	...
Gangrene of the lungs . . . . .	...	'01	1	...	...	...	...	...	...	...	16	11	...
Cirrhosis of the lungs	2	'30	...	2	...	...	...	...	...	...	2	1	...
Phthisis (non-tubercular)	3	'35	...	2	...	...	...	2	...	1	1	1	...
Emphysema	4	'34	...	1	...	...	...	7	...	1	3	...	...
Collapse . . . . .	...	...	...	...	...	...	...	...	...	...	1	1	...
Asthma not defined . . . . .	...	...	...	...	...	...	...	2	...	...	...	...	...
Pleurisy	162	10'75	2	5	4	...	2	276	3	3	168	8	...	
Empyema	3	'44	2	1	1	1	...	5	1	...	4	4	...	
Hydrothorax . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	...
Adhesions, including thickening and calcification . . . . .	...	'05	...	1	...	...	...	2	...	1	...	...	...
Inflammation of the lips . . . . .	...	...	...	...	...	...	...	3	...	...	...	...	...
Ulceration of the lips . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Fissure of the lips . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Stomatitis	20	'08	...	...	...	...	4	79	...	...	99	...	...
Ulceration of the mouth	2	'05	...	...	1	...	...	21	...	...	7	...	...

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.					
Gangrene of the month . . . . .	...	...	...	...	...	...	2	1	2	2	...	3	1
Disorders of dentition . . . . .	...	...	...	...	...	...	82	14	3	...	...	...	...
" " with convulsions . . . . .	...	...	...	...	...	...	3	2	...	...	...	...	...
" " " diarrhoea . . . . .	...	...	...	...	...	...	3	1	...	...	...	...	...
" " " convulsions and diarrhoea . . . . .	...	...	...	...	...	...	...	...	...	...	...	5	...
Inflammation of the dental pulp	1	'09	...	...	...	...	...	...	2	...	...	...	...
Suppuration of the dental pulp . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Caries of dentine	246	8'41	...	38	9	...	2	...	34	...	...	18	...
Inflammation of the dental periosteum	89	2'73	...	...	1	...	1	...	11	...	...	4	...
Gum-boil	182	5'76	...	...	3	...	4	...	148	...	...	167	...
Inflammation of the gums and periosteum	9	'35	...	...	...	...	...	...	14	...	...	7	...
Suppuration of the periosteum, gums, and alveoli	7	'33	...	2	...	...	...	...	24	...	...	6	...
Ulceration of the gums and periosteum	1	'07	...	...	...	...	...	...	4	...	...	20	...
Caries of alveoli	23	'53	...	...	...	...	...	...	5	...	...	2	...
Necrosis of "	2	'34	...	1	...	...	...	...	3	...	...	...	...
Malposition of teeth . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Impaction of " . . . . .	...	...	...	...	...	...	...	...	3	...	...	...	...
Toothache . . . . .	...	...	...	...	...	...	...	...	4	...	...	...	...
Glossitis	5	'12	...	...	...	...	...	...	8	...	...	2	...
Abscess of the tongue . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
Ulceration of the tongue	1	'14	...	...	...	...	...	...	1	...	...	...	...
Sore throat	563	17'01	...	...	8	...	10	...	149	...	...	50	...
Ulceration of the palate and fauces	10	'46	...	1	...	...	...	...	6	...	...	4	...
Tonsillitis	51	1'30	...	...	11	...	5	...	...	...	...	...	...
Follicular tonsillitis	1,146	41'00	...	...	17	...	38	...	277	...	...	62	...
Quinsy	70	3'42	...	...	3	...	...	...	7	...	...	35	...
Hypertrophy of the tonsils	6	'16	...	...	...	...	2	...	...	...	...	1	...
Elongated uvula . . . . .	...	...	...	...	...	...	...	...	3	...	...	2	...
Inflammation of the salivary glands	3	'13	...	...	1	...	...	...	9	...	...	6	...
Suppuration of salivary glands . . . . .	...	'03	...	...	...	...	...	...	...	...	...	...	...
Salivary fistula . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Salivation . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation of the pharynx . . . . .	...	...	...	...	...	...	...	...	65	...	...	32	...
Inflammation of the pharynx and oesophagus	24	1'02	...	...	2	...	...	...	...	...	...	...	...
Ulceration of the pharynx . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Gastritis	251	9'16	2	2	23	1	15	1	102	3	...	53	1
Ulceration of the stomach	1	'17	...	1	1	...	...	...	2	1	...	7	4
" " " perforating . . . . .	...	...	...	...	1	...	...	...	...	...	...	7	2
Gastric fistula	1	'02	...	...	...	...	...	...	...	...	...	...	...
Hæmatemesis	3	'16	...	...	...	...	...	...	3	...	1	2	1
Dilatation of the stomach	9	1'25	...	2	...	...	...	...	2	...	...	4	...
Stricture of stomach . . . . .	...	'24	...	...	...	...	...	...	...	...	...	...	...
Stricture of pylorus . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	1
Indigestion	883	32'07	...	5	43	...	14	...	260	...	3	730	3
Vomiting . . . . .	...	...	...	...	...	...	...	...	1	...	...	4	...
Gastralgia . . . . .	...	...	...	...	...	...	...	...	6	...	...	3	...
Loss of appetite	1	'01	...	...	...	...	...	...	2	...	...	2	...
Inflammation of the intestines	92	2'94	...	...	5	1	2	...	...	...	...	2	2
Eteritis	73	3'64	2	1	7	...	6	27	52	8	...	46	15
Typhlitis or appendicitis	100	9'34	5	13	3	...	7	4	51	...	1	35	3

TABLE LIII—continued.

DETAIL OF DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.					
Colitis	134	611	2	4	...	...	2	...	52	...	...	21	3
Catarrhal inflammation of the intestines	80	270	...	...	7	...	16	6	5	...	1	385	4
Ulceration of the intestines	4	'24	...	1	...	...	...	...	...	...	...	1	2
" " " perforating	...	...	...	...	...	...	...	...	...	...	...	2	2
" " " tubercular	...	...	...	...	...	...	...	...	...	...	...	1	1
Gangrene of the intestines . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Hæmorrhage from the intestines	1	'07	...	...	...	...	1	1	2	...	...	6	2
Atrophy of the intestines . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Concretions . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Fæcal accumulation in the intestines	9	'31	...	...	1	...	...	...	2	...	...	11	...
Tympanites	5	'53	...	1	...	...	...	...	...	...	...	1	...
Sprue	2	'54	1	1	1	...	1	1	1	3	...	7	1
Hernia	104	815	...	15	2	...	4	...	28	...	11	67	...
Inflammation of hernial sac . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Intussusception	1	'11	...	...	...	...	...	...	1	...	...	5	4
Volvulus . . . . .	...	...	...	...	...	...	...	...	2	...	...	3	3
Internal strangulation of the intestines	3	'03	3	...	...	...	...	...	2	2	...	1	1
Stricture of the intestines	1	'03	...	...	...	...	...	...	...	...	...	1	...
Obstruction "	2	'06	1	...	...	...	1	1	2	2	...	14	7
Compression " . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	1
Perforation " . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	2
Intestinal dyspepsia . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Constipation	217	548	...	...	19	...	9	...	158	...	...	139	...
Paresis . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Colic	372	872	...	...	18	...	4	...	261	...	...	424	1
Diarrhœa	960	3197	...	4	68	1	240	42	926	10	5	4,261	75
Enteralgia . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Proctitis . . . . .	...	...	...	...	...	...	...	...	1	...	...	2	...
Periproctitis	9	'95	...	...	...	...	...	...	4	...	...	...	...
Abscess of the rectum and anus	9	'84	...	...	2	...	...	...	10	...	...	6	...
Ulceration " " "	6	'58	...	...	...	...	...	...	6	...	...	3	...
Fissure of the anus	19	1'63	...	...	...	...	...	...	16	...	...	5	...
Fistula in ano	27	2'50	...	1	...	...	...	...	49	...	...	72	...
Recto-vesical fistula . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Gangrene of the rectum and anus	1	'02	...	...	...	...	...	...	...	...	...	...	...
Hypertrophy of the rectum and anus . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Prolapse of the rectum and anus	2	'16	...	...	...	...	1	...	...	...	...	16	...
Piles	393	1882	...	1	9	...	1	...	179	...	5	455	...
Pruritus ani	1	'04	...	...	...	...	...	...	2	...	...	...	...
Hepatitis	350	2756	3	36	9	...	2	...	37	1	1	40	2
Abscess of the liver	183	2530	107	67	6	4	...	...	19	12	1	6	5
Cirrhosis " "	8	'90	2	1	...	...	1	...	7	2	1	62	46
Perihepatitis	10	'53	...	...	2	...	...	...	5	...	...	1	...
Congestion of the liver	599	2587	...	12	9	...	5	...	35	...	1	55	...
Acute yellow atrophy of the liver	1	'03	1	...	...	...	...	...	1	1	...	3	3
Fatty degeneration of the liver . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Hypertrophy of the liver	1	'09	...	...	...	...	...	...	1	...	...	8	...
Jaundice	293	1467	...	...	3	...	8	2	253	1	...	185	2
Cholecystitis	43	3'39	...	...	...	...	...	...	8	1	...	25	...
Gall stones	1	'06	...	...	1	...	...	...	2	1	...	1	...
Accumulation of bile . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Biliary colic	1	'02	...	...	1	...	...	...	1	...	...	3	...

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.					
Inflammation of the pancreas . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Peritonitis	10	'65	3	1	4	2	2	2	7	4	...	22	20
Ascites . . . . .	...	...	...	...	1	...	...	...	2	...	...	27	5
Adhesions of the peritoneum . . . . .	...	...	...	...	...	...	...	...	3	...	...	...	...
Omental hernia	1	'12	...	1	...	...	...	...	...	...	...	...	...
Splenitis	17	1'10	...	...	...	...	...	...	128	...	3	18	...
Perisplenitis	5	'24	...	...	...	...	...	...	...	...	...	...	...
Abscess of the spleen . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	4
Congestion of the spleen . . . . .	...	...	...	...	...	...	...	...	5	...	...	...	...
Hypertrophy of the spleen . . . . .	...	...	...	...	...	...	...	...	23	...	...	12	...
Inflammation of lymph-glands	902	87'55	...	10	1	...	7	...	302	...	3	194	...
Suppuration of lymph-glands	30	2'97	...	2	...	...	...	...	15	1	...	140	4
Hypertrophy of lymph-glands	1	'09	...	...	...	...	...	...	7	...	...	4	...
Inflammation of lymphatics	22	1'71	...	1	1	...	...	...	16	...	...	13	...
Obstruction of lymphatics	1	'04	...	1	...	...	...	...	...	...	...	...	...
Dilatation of lymphatics . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Elephantiasis (522) . . . . .	...	...	...	...	...	...	...	...	...	...	...	6	...
Inflammation of the thyroid body . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
Goitre	8	'65	...	3	...	...	...	...	22	...	...	1	...
Atrophy of the supra-renal capsules . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
Acute nephritis	25	2'48	4	5	2	...	2	...	16	2	2	23	6
Bright's disease	4	'32	...	2	...	...	...	...	10	...	5	55	6
Chronic nephritis	7	'97	2	4	2	...	...	...	8	2	3	54	11
Granular kidney	6	'54	2	...	...	...	...	...	2	...	...	17	5
Abscess of kidney . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	4
Pyonephrosis	3	'36	1	1	...	...	...	...	...	...	...	...	...
Perinephritic abscess	1	'07	...	...	...	...	...	...	...	...	...	...	...
Pyelitis . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Congestion of kidney	1	'14	...	...	...	...	...	...	...	...	...	...	...
Movable kidney	3	'42	...	1	2	...	...	...	2	...	1	...	...
Calculus in kidney	1	'10	...	...	...	...	...	...	23	...	...	3	2
Cirrhosis of kidney . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Calculus in ureter . . . . .	...	...	...	...	2	...	...	...	8	...	...	...	...
Nephralgia	1	'03	...	...	...	...	...	...	8	...	1	3	...
Glycosuria	1	'13	...	...	...	...	...	...	...	...	...	...	...
Suppression of urine	1	...	1	...	...	...	...	...	...	...	...	1	...
Hæmaturia	21	1'79	...	4	...	...	...	...	6	...	...	12	...
Gangrene of kidney . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Hæmoglobinuria	1	'29	...	...	1	...	...	...	...	...	...	2	1
Albuminuria	1	'03	...	...	...	...	...	...	4	...	...	9	2
Lithuria . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Inflammation of the bladder	34	2'77	...	2	2	...	2	...	5	...	...	18	4
Suppuration " " . . . . .	...	...	...	...	...	...	...	...	3	...	...	...	...
Calculus of the bladder	1	'02	...	...	...	...	...	...	10	...	3	12	...
Irritability of the bladder	1	'04	...	...	...	...	...	...	...	...	...	2	...
Retention of urine	3	'06	...	...	1	...	...	...	3	...	...	6	...
Incontinence of urine	36	1'76	...	2	...	...	4	...	2	...	...	1	...
Urethritis	45	1'78	...	...	...	...	...	...	6	...	...	8	...
Gleet	1	'06	...	...	...	...	...	...	1	...	...	2	...
Abscess of the urethra	1	'18	...	...	...	...	...	...	...	...	...	...	...
Stricture of the urethra	44	2'81	...	3	...	...	...	...	17	...	2	50	...

TABLE LIII—continued.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.					
Urethral fistula	4	'45	...	...	...	...	...	3	...	...	8	...
Recto-urethral fistula . . . . .	...	...	...	...	...	...	...	...	...	...	1	...
Extravasation of urine . . . . .	...	'12	...	1	...	...	...	...	...	...	3	3
Impacted calculus	1	'03	...	...	...	...	...	1	...	...	1	...
Inflammation of the prostate	4	'18	...	...	...	...	...	1	...	...	...	...
Prostatorrhœa	1	'07	...	...	...	...	...	...	...	...	...	...
Abscess of the prostate . . . . .	...	...	...	...	...	...	...	...	...	...	1	...
Hypertrophy of the prostate . . . . .	...	...	...	...	...	...	...	...	...	...	5	...
Œdema of the prepuce	2	'13	...	...	...	...	...	...	...	...	1	...
Phimosis	104	6'55	...	...	...	...	29	19	...	...	67	...
Paraphimosis	22	1'78	...	...	...	...	...	8	...	...	15	...
Balanitis	168	7'02	...	...	...	...	...	13	...	...	10	...
Ulcer of the penis	14	'69	...	...	...	...	...	31	...	1	18	...
Gangrene " " . . . . .	...	...	...	...	...	...	...	...	...	...	1	1
Œdema " " . . . . .	...	...	...	...	...	...	...	2	...	...	1	...
Soft chancre " "	2,003	208'56	...	...	...	...	...	586	...	1	105	...
Inflammation of the scrotum . . . . .	...	...	...	...	...	...	...	...	...	...	7	...
Abscess of the scrotum	3	'37	...	...	...	...	...	1	...	...	7	...
Sloughing " " . . . . .	...	...	...	...	...	...	...	...	...	...	1	...
Soft chancre " " . . . . .	...	...	...	...	...	...	...	...	...	...	13	...
Pruritus . . . . .	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the spermatic cord	4	'15	...	...	...	...	...	2	...	...	...	...
Hydrocele " " "	6	'37	...	1	...	...	...	3	...	...	1	...
Varicocele	67	4'25	...	5	...	...	1	6	...	...	...	...
Inflammation of the tunica vaginalis	1	'03	...	...	...	...	...	...	...	...	...	...
Hæmatocele " " "	3	'21	...	...	...	...	...	3	...	...	...	...
Hydrocele	47	2'44	...	...	...	...	...	42	...	1	95	...
Inflammation of the testicle . . . . .	...	...	...	...	...	...	...	3	...	...	54	...
Orchitis	453	26'56	...	5	...	...	...	216	...	2	70	...
Epididymitis	35	2'05	...	1	...	...	...	33	...	...	9	...
Abscess of the testicle . . . . .	...	...	...	...	...	...	...	...	...	...	1	...
Atrophy " "	2	'09	...	...	...	...	...	...	...	...	...	...
Spermatorrhœa	2	'11	...	1	...	...	...	1	...	...	1	...
Inflammation of the ovary . . . . .	...	...	...	...	9	...	...	...	...	...	...	...
Distension of the Fallopian tube . . . . .	...	...	...	...	1	...	...	...	...	...	...	...
Perimetritis . . . . .	...	...	...	...	6	1	...	...	...	...	...	...
Parametritis . . . . .	...	...	...	...	2	...	...	...	...	...	3	...
Ulcer of the uterus . . . . .	...	...	...	...	1	...	...	...	...	...	...	...
Metritis . . . . .	...	...	...	...	28	...	...	...	...	...	1	...
Endometritis . . . . .	...	...	...	...	13	1	...	...	...	...	...	...
Hæmorrhage from the uterus . . . . .	...	...	...	...	2	1	...	...	...	...	...	...
Hypertrophy of the uterus . . . . .	...	...	...	...	5	...	...	...	...	...	...	...
Abrasion " " . . . . .	...	...	...	...	4	...	...	...	...	...	...	...
Anteversio " " . . . . .	...	...	...	...	3	...	...	...	...	...	...	...
Retroversio " " . . . . .	...	...	...	...	7	...	...	...	...	...	...	...
Retroflexio " " . . . . .	...	...	...	...	1	...	...	...	...	...	...	...
Prolapsus " " . . . . .	...	...	...	...	9	...	...	...	...	...	1	...
Procidencia " " . . . . .	...	...	...	...	1	...	...	...	...	...	...	...
Stricture " " . . . . .	...	...	...	...	2	...	...	...	...	...	...	...
Laceration or rupture of the cervix . . . . .	...	...	...	...	2	...	...	...	...	...	...	...
Inflammation of the vagina . . . . .	...	...	...	...	2	...	3	...	...	...	...	...

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.					
Prolapse of the vagina . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Inflammation of the vulva . . . . .	...	...	...	...	...	...	2	...	...	...	...	...	...
Abscess of the vulva . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Hypertrophy . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Noma . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
Amenorrhœa . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Dysmenorrhœa . . . . .	...	...	...	...	15	...	...	...	...	...	...	...	...
Menorrhagia . . . . .	...	...	...	...	37	...	...	...	...	...	...	3	...
Metrorrhagia . . . . .	...	...	...	...	15	...	...	...	...	...	...	4	...
Leucorrhœa . . . . .	...	...	...	...	3	...	...	...	...	...	...	1	...
Inflammation of the uterus . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Pruritus . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	...
Cramp and spurious labour pains . . . . .	...	...	...	...	12	...	...	...	...	...	...	3	...
Menstruation . . . . .	...	...	...	...	4	...	...	...	...	...	...	...	...
Hæmorrhage from the uterus (699) . . . . .	...	...	...	...	11	...	...	...	...	...	...	...	...
Abortion . . . . .	...	...	...	...	104	...	...	...	...	...	...	16	...
Carneous mole . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Vesicular mole . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Atony of the uterus . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Mechanical obstacle to the expulsion of the fœtus . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
Hæmorrhage, unavoidable, from placenta prævia . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Rupture or laceration of the uterus . . . . .	...	...	...	...	2	2	...	...	...	...	...	...	...
Rupture of perineum . . . . .	...	...	...	...	1	...	...	...	...	...	...	1	...
Retention of the placenta . . . . .	...	...	...	...	2	...	...	...	...	...	...	1	...
Still birth . . . . .	...	...	...	...	5	...	...	...	...	...	...	...	...
Metritis . . . . .	...	...	...	...	1	1	...	...	...	...	...	...	...
Sloughing . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Abscess of the areola . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Mastitis . . . . .	...	...	...	...	7	...	...	...	1	...	...	3	...
Mastitis, puerperal . . . . .	...	...	...	...	4	...	...	...	...	...	...	...	...
Suppuration of mammary gland . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
" " , puerperal . . . . .	...	...	...	...	5	...	...	...	...	...	...	...	...
Hypertrophy of the breast . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the male breast	2	'07	...	...	...	...	...	...	...	...	...	1	...
Ostitis	15	'93	...	2	...	...	...	...	3	...	...	...	...
Septic osteo-myelitis . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Periostitis	70	4'90	...	3	3	...	2	...	54	...	4	23	...
Periostitis, circumscribed . . . . .	...	...	...	...	...	...	...	...	12	...	1	...	...
" diffuse . . . . .	...	...	...	...	...	...	...	...	5	...	1	...	...
Chronic abscess of bones	1	'15	...	1	...	...	...	...	...	...	...	1	...
Caries of bones	5	'72	...	2	...	...	1	...	5	...	...	25	...
Necrosis of bones	18	1'68	...	2	2	...	...	...	14	...	1	50	...
Osteo-malacia . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Atrophy of the bones . . . . .	...	...	...	...	...	...	...	...	1	...	1	...	...
Inflammation of joints, not defined	5	'47	...	...	...	...	...	...	...	...	...	...	...
Synovitis	801	45'30	...	21	3	...	...	...	501	1	11	162	1
Ankylosis	4	'44	...	1	...	...	...	...	11	...	4	1	...
Dislocation of articular cartilage	19	1'64	...	4	...	...	...	...	9	...	...	...	...
Loose body	2	'02	...	1	...	...	...	...	2	...	...	...	...
Inflammation of the spine . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	...
Caries of the spine	1	'12	1	...	...	...	...	...	2	...	...	...	...

TABLE LIII—continued.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalide	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Psoas, lumbar, post-pharyngeal, abscesses	1	'19	...	...	...	...	...	1	...	...	...	...	1
Posterior curvature of the spine	2	'03	...	1	...	...	1	1	...	...	3	...	...
Dislocation of the spine . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	...
Inflammation of muscles	1	'02	...	...	...	...	...	16	...	...	5	...	...
Abscess " "	1	'06	...	...	...	...	...	...	...	...	...	...	...
Suppuration " " . . . . .	...	...	...	...	...	...	...	1	...	1	5	...	1
Atrophy " " . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Pseudo-hypertrophic paralysis . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	...
Contracture of muscles . . . . .	...	...	...	...	...	...	...	1	...	1	...	...	...
Idiopathic muscular atrophy . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Myalgia	187	6'76	...	...	3	...	...	425	...	5	123	...	...
Contracture of fasciæ	1	'13	...	1	...	...	...	1	...	...	1	...	...
Inflammation of tendons . . . . .	...	...	...	...	...	...	...	2	...	...	1	...	...
Adhesions " "	1	'05	...	1	...	...	...	...	...	...	...	...	...
Contraction " "	5	'29	...	1	...	...	...	1	...	...	1	...	...
Tenosynovitis	5	'17	...	...	...	...	...	12	...	...	10	...	...
Thecal abscess . . . . .	...	...	...	...	...	...	...	6	...	...	7	...	...
Ganglion	8	'28	...	...	...	...	...	7	...	...	4	...	...
Inflammation of bursæ	30	1'46	...	...	2	...	...	26	...	1	...	...	...
Abscess " "	2	'19	...	...	...	...	...	2	...	...	2	...	...
Bunion	7	'49	...	1	...	...	...	...	...	...	...	...	...
Bursal cyst	1	'12	...	...	...	...	...	3	...	...	...	...	...
Bursal tumour . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	...
Club-hand . . . . .	...	...	...	...	...	...	...	1	...	1	...	...	...
Club-foot	1	'11	...	2	...	...	1	...	...	...	...	...	...
Flat-foot	24	2'08	...	16	...	...	...	2	...	...	...	...	...
Deformities of the great toe	2	'13	...	1	...	...	...	...	...	...	...	...	...
Hallux valgus	5	'47	...	4	...	...	...	...	...	...	...	...	...
Hammer toe	35	2'58	...	1	...	...	...	1	...	...	...	...	...
Inflammation of the connective tissue	864	37'32	...	2	10	...	9	399	...	3	541	...	11
Abscess " " "	954	48'00	...	10	12	...	10	1,620	...	3	3,492	...	4
Gangrene " " "	2	'09	1	...	...	...	6	1	1	...	10	...	2
Edema " " "	12	'58	...	...	...	...	1	8	...	...	15	...	3
Hæmorrhage " " " . . . . .	...	...	...	...	...	...	...	4	...	...	2	...	...
Elephantiasis (Soni) . . . . .	...	...	...	...	...	...	...	...	...	...	5	...	...
Emphysema	1	'02	...	...	...	...	...	...	...	...	...	...	...
Undue formation of fat	1	'01	...	...	...	...	...	...	...	...	2	...	...
Erythema	19	1'20	...	1	2	...	...	12	...	...	3	...	...
Roseola	5	'15	...	...	...	1	...	1	...	...	1	...	...
Pityriasis rosea	3	'20	...	...	...	...	...	1	...	...	...	...	...
Urticaria	51	1'74	...	...	3	...	2	94	...	...	89	...	...
Prickly heat	54	1'83	...	...	...	...	...	6	...	...	3	...	...
Eczema	441	23'98	...	1	7	...	22	430	...	3	343	...	...
Impetigo	97	4'39	...	...	2	...	14	52	...	...	16	...	...
Pityriasis rubra	3	'09	...	...	...	...	...	6	...	...	1	...	...
Prunigo	1	'02	...	...	...	...	...	4	...	...	3	...	...
Lichen	2	'05	...	...	...	...	...	10	...	...	16	...	...
Psoriasis	59	5'13	...	1	...	...	...	23	...	1	10	...	...
Miliaria	5	'11	...	...	...	...	...	...	...	...	...	...	...
Herpes	37	1'44	...	...	...	...	5	91	...	...	49	...	...
Zona	14	'81	...	...	...	...	...	57	...	...	27	...	...
Pemphigus	125	5'43	...	...	2	...	4	8	...	...	75	...	...

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.					
Dermatitis herpetiformis	5	'43	...	...	...	...	...	17	...	...	3	...
Acne	16	'94	...	...	1	...	1	14	...	...	6	...
Sycosis	32	1'99	...	3	...	...	...	25	...	...	1	...
Seborrhoea	15	'85	...	...	...	...	...	...	...	...	...	...
Leucoderma . . . . .	...	...	...	...	...	...	...	1	...	...	1	...
Chloasma	1	'05	...	...	...	...	...	...	...	...	...	...
Alopecia	6	'31	...	...	...	...	...	...	...	...	...	...
Chilblain . . . . .	...	...	...	...	...	...	...	7	...	...	1	...
Ulcer	541	27'00	...	2	13	...	5	3,185	...	9	3,223	...	
Cicatrices . . . . .	...	...	...	...	...	...	1	1	...	...	1	...
Boil	1,109	42'55	...	...	11	...	28	2,611	...	1	1,295	...
Carbuncle	19	1'18	...	...	...	...	...	38	...	...	176	2
Gangrene . . . . .	...	...	...	...	...	...	...	1	...	1	1	1
Whitlow	148	6'86	...	...	3	...	1	373	...	...	343	...
Onychia	200	11'02	...	...	2	...	2	38	...	...	41	...
Keratosi pilaris	1	'12	...	...	...	...	...	1	...	...	...	...
Tylosis	2	'05	...	...	...	...	...	4	...	...	2	...
Corn	36	1'23	...	...	...	...	...	17	...	...	4	...
Horn	2	'16	...	...	...	...	...	...	...	...	...	...
Cheloid . . . . .	...	...	...	...	...	...	...	6	...	...	24	...
Wen	40	1'34	...	...	...	...	...	2	...	...	...	...
Molluscum contagiosum . . . . .	...	...	...	...	...	...	...	1	...	...	...	...
Hyperidrosis	10	'42	...	...	...	...	...	1	...	...	...	...
Bromidrosis	2	'07	...	...	...	...	...	...	...	...	...	...
Anidrosis . . . . .	...	...	...	...	...	...	...	1	...	...	...	...
Pruritus . . . . .	...	...	...	...	...	...	...	...	...	...	2	...
Lupus	2	'28	...	1	...	...	...	2	...	...	4	...
Delhi boil . . . . .	...	...	...	...	...	...	...	66	...	1	...	...
Xeroderma maligna . . . . .	...	...	...	...	...	...	...	1	...	...	...	...
ACCIDENTAL 1—													
Heat-stroke	186	8'53	32	7	2	3	7	2	9	2	38	8	
Sun-stroke	143	5'32	...	1	1	...	1	1	28	1	35	11	
Heat-apoplexy	22	'72	7	...	1	1	...	...	6	3	43	7
Effects of chemical irritants and corrosives	1	'97	...	...	...	...	...	...	1	...	...	...
Lightning stroke . . . . .	...	...	...	...	...	...	...	...	2	2	...	...
Multiple injury	8	'50	3	...	...	...	...	...	1	1	35	1
Suffocation from submersion . . . . .	...	...	19	...	...	...	...	...	2	9	...	1
" " plugging of air-passages with foreign substances . . . . .	...	...	1	...	...	...	...	1	...	...	...	...
Suffocation from overlaying . . . . .	...	...	1	...	...	...	...	...	...	...	...	...
Starvation . . . . .	...	...	...	...	...	...	...	...	...	...	2	1
Exhaustion	4	'12	1	...	1	...	1	1	...	...	...	...
Shock . . . . .	...	...	1	...	...	...	...	...	...	...	3	2
Burns and scalds (general and local)	84	4'35	...	1	1	...	7	1	290	3	295	2	
Frost-bite . . . . .	...	...	...	...	...	...	...	...	...	1	...	...
Abrasions	659	23'95	...	...	1	...	1	1,999	...	...	109	...
Contusions	1,481	63'90	...	3	6	...	6	2,437	...	5	698	1	
Wounds	1,843	80'62	1	15	5	...	29	3,763	1	12	3,949	9	
" gun-shot	31	3'33	5	3	...	...	...	71	2	8	4	...
Strains or sprains	1,599	59'36	...	3	3	...	1	1,429	...	8	186	...	
Dislocations	113	6'54	1	6	...	...	...	89	...	8	23	...
Rapture of muscles, tendons, and ligaments	9	'74	1	1	...	...	...	4	...	...	...	...

TABLE LIII—continued.

DETAIL OF DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admissions.	Deaths.	Deaths.	Admissions.	Deaths.
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.					
Rupture of membrana tympani . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Fracture of the vault of the skull	1	...	1	...	...	...	...	7	6	1	1	1	1
Rupture of lung . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Fracture of skull . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	3
" of the base of the skull	8	'60	8	2	...	...	2	1	10	7	2	3	3
" of other bones	443	44'23	2	23	5	...	26	...	389	1	38	385	8
Foreign bodies in tissues and organs	4	'21	...	...	...	...	...	14	...	1	17	...	...
Fracture-Dislocation of spinal column . . . . .	...	...	...	...	...	...	...	...	1	...	1	1	1
Rupture of intestines . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Dislocation of spine	2	'27	...	1	...	...	...	...	...	...	...	...	...
Effects of irritants and corrosives . . . . .	...	...	...	...	...	...	...	2	...	2	17	...	...
" mechanical injury . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Compression of nerves	1	'11	...	...	...	...	...	...	...	...	...	...	...
Rupture of nerves	3	'07	...	...	...	...	...	...	...	...	...	...	...
Concussion of the brain	49	3'62	1	3	...	...	2	1	42	1	4	1	...
Contusion of the brain	1	'26	...	1	...	...	...	...	...	...	...	...	...
Laceration of brain without fracture of skull	1	...	1	...	...	...	...	1	...	...	...	...	...
Compression of the brain . . . . .	...	...	...	...	...	...	...	...	...	...	4	4	4
Injury of the teeth . . . . .	...	...	...	...	...	...	...	1	...	...	...	1	...
Sub-conjunctival hæmorrhage . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Rupture of aneurysm of aorta . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1
Contusion of the eyeball	1	'04	...	...	...	...	...	1	...	...	...	...	...
Wound of eyeball (sclerotic) . . . . .	...	'18	...	1	...	...	...	9	...	1	...	...	...
Internal hæmorrhage of liver, spleen and small intestines . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1
Fracture of ribs	3	'13	...	...	...	...	...	...	...	...	1	1	1
Simple fracture of the spine	2	'28	1	1	...	...	...	1	...	...	1	1	1
Concussion of the spinal coc	2	'35	...	...	...	...	...	...	...	...	1	...	...
Compression of the spinal cord . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	...
Rupture of the spleen with contusion of abdominal parietes	1	'01	1	...	...	...	...	...	...	...	...	2	2
Rupture of viscera . . . . .	...	...	...	...	...	...	...	1	...	...	...	1	1
" of spleen . . . . .	...	...	...	...	...	...	...	...	...	...	2	1	1
" of urethra . . . . .	...	...	...	...	...	...	...	1	...	...	2	1	1
Internal derangement of joints	1	'01	...	2	...	...	...	...	...	...	...	...	...
Separation of cartilage from bone	1	'06	...	...	...	...	...	...	...	...	...	...	...
POISONS:—	...	...	...	...	...	...	...	...	...	...	...	...	1
Antimony . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Arsenic . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	...
Copper . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Mercury . . . . .	...	...	...	...	...	...	...	5	1	...	1	...	...
Petroleum . . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
Oxalic acid	1	'07	...	...	...	...	...	...	...	...	...	1	...
Carbolic acid . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Croton oil . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Indian hemp . . . . .	...	...	...	...	...	...	...	1	...	...	1	...	...
Dhatara . . . . .	...	...	...	...	...	...	...	...	...	...	2	...	...
Opium	1	'03	...	...	...	...	...	2	1	...	7	...	...
Poisonous fungi . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	...
Decayed and poisonous food	6	'21	1	...	...	...	...	...	...	...	...	1	1
Ptomaises	21	'64	4	...	...	...	...	4	4	...	...	...	...
Chloroform vapour	1	'07	1	...	...	...	...	...	...	...	...	...	...

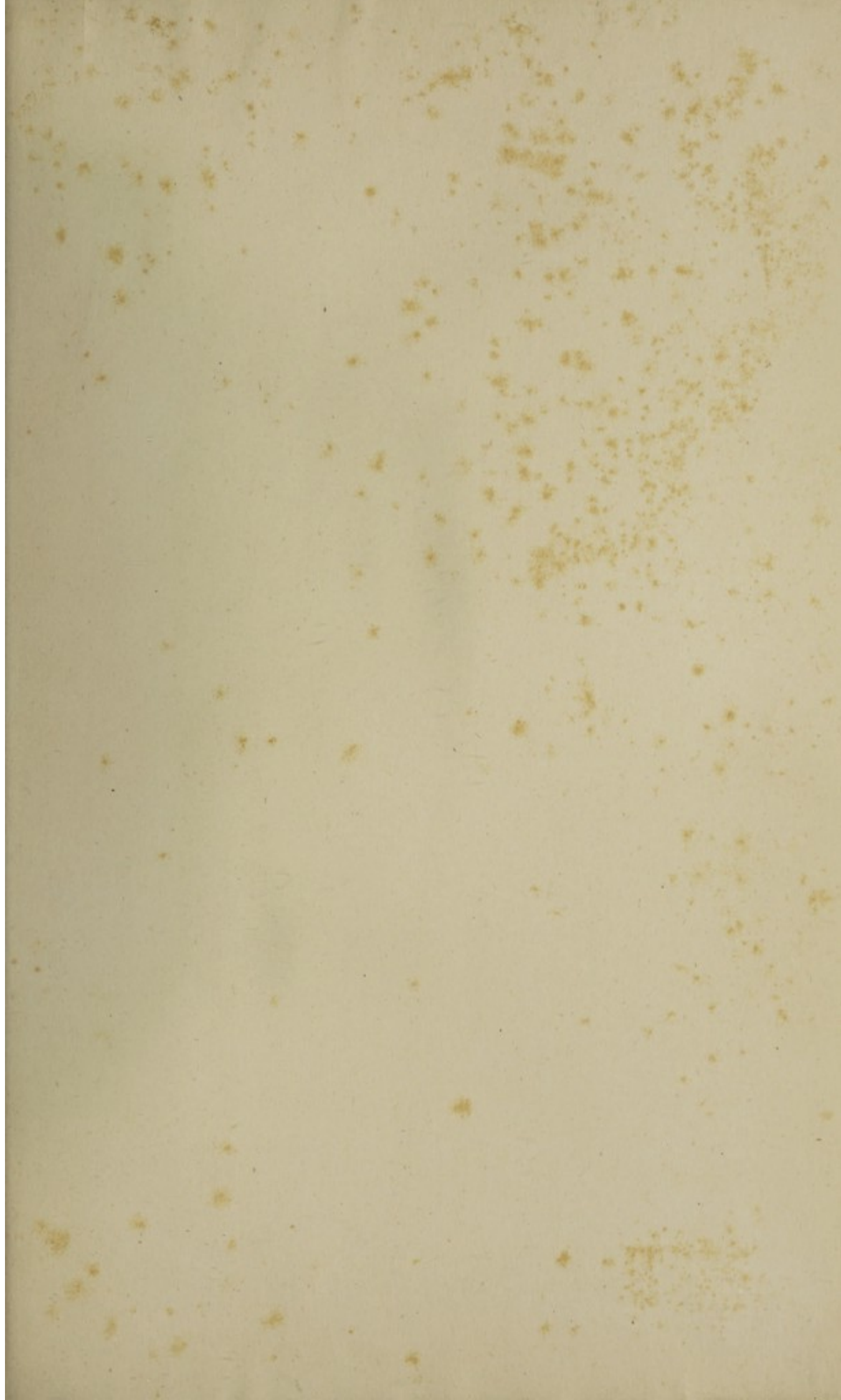
DISEASES.	EUROPEAN ARMY OF INDIA.									NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.			Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.					
Vegetable, not defined . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Irritant drug, not defined . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	2	1
POISONED WOUNDS :—														
Poisoned wound, not defined . . . . .	...	...	...	...	...	...	...	...	11	...	...	...	...	...
" " by snakes . . . . .	...	...	...	...	...	...	...	...	9	3	...	...	17	...
" " by scorpions . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...	...
" " by centipedes	1	'01	...	...	...	...	...	...	1	...	...	...	58	...
" " by tick . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	3	...
" " by leech . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...	...
" " by stinging insects	1	'02	...	...	...	...	...	...	9	...	...	...	3	...
" " by dog	60	17'11	...	...	5	...	10	...	5	...	...	...	6	...
" " by jackal	1	...	...	...	...	...	...	...	...	...	...	...	...	...
" " by horse	3	'09	...	...	...	...	...	...	...	...	...	...	...	...
" " by septic matters	5	'20	...	...	...	...	...	...	...	...	...	...	...	...
" " by tattooing	2	'09	...	...	...	...	...	...	...	...	...	...	...	...
" " by mosquitoes	5	'16	...	...	...	...	...	...	...	...	...	...	...	...
HOMICIDAL :—														
Gun-shot wound . . . . .	...	...	...	...	...	...	...	...	...	2	...	...	...	...
Hanging . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Not defined . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Murdered . . . . .	...	...	...	...	...	...	...	...	...	4	...	...	...	1
SUICIDAL :—														
Multiple injury . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Drowning . . . . .	...	...	2	...	...	...	...	...	...	3	...	...	...	3
Hanging	1	...	2	...	...	...	...	...	...	1	...	...	...	5
Gun-shot wound	2	...	6	...	...	...	...	...	...	1	...	...	...	...
Cut-throat	5	...	8	...	...	...	...	...	...	...	...	1	1	...
Poison, oxalic acid	1	...	1	...	...	...	...	...	...	...	...	...	...	...
" strychnine . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Opium . . . . .	...	...	...	...	...	...	...	...	...	1	...	1	1	...
Not defined . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Decapitation by a railway train . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	...	...
JUDICIAL :—														
Hanging . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	9
Punished . . . . .	...	...	...	...	...	...	...	...	...	...	...	51	...	...
NOT DEFINED :—														
Cut-throat . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	8	2
No appreciable disease	197	10'41	...	...	66	...	43	...	11	...	...	...	23	...
Not yet diagnosed . . . . .	...	...	...	...	...	...	...	...	6	...	...	...	33	...
Cause unknown . . . . .	...	...	...	...	...	...	...	...	...	2	...	...	...	2
Hæmorrhage unknown . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Absent deaths . . . . .	...	...	...	...	...	...	...	...	...	34	...	...	...	...
GRAND TOTAL	61,138	3,612'98	732	1,993	2,600	42	2,456	238	87,390	1,181	902	92,770	2,229	

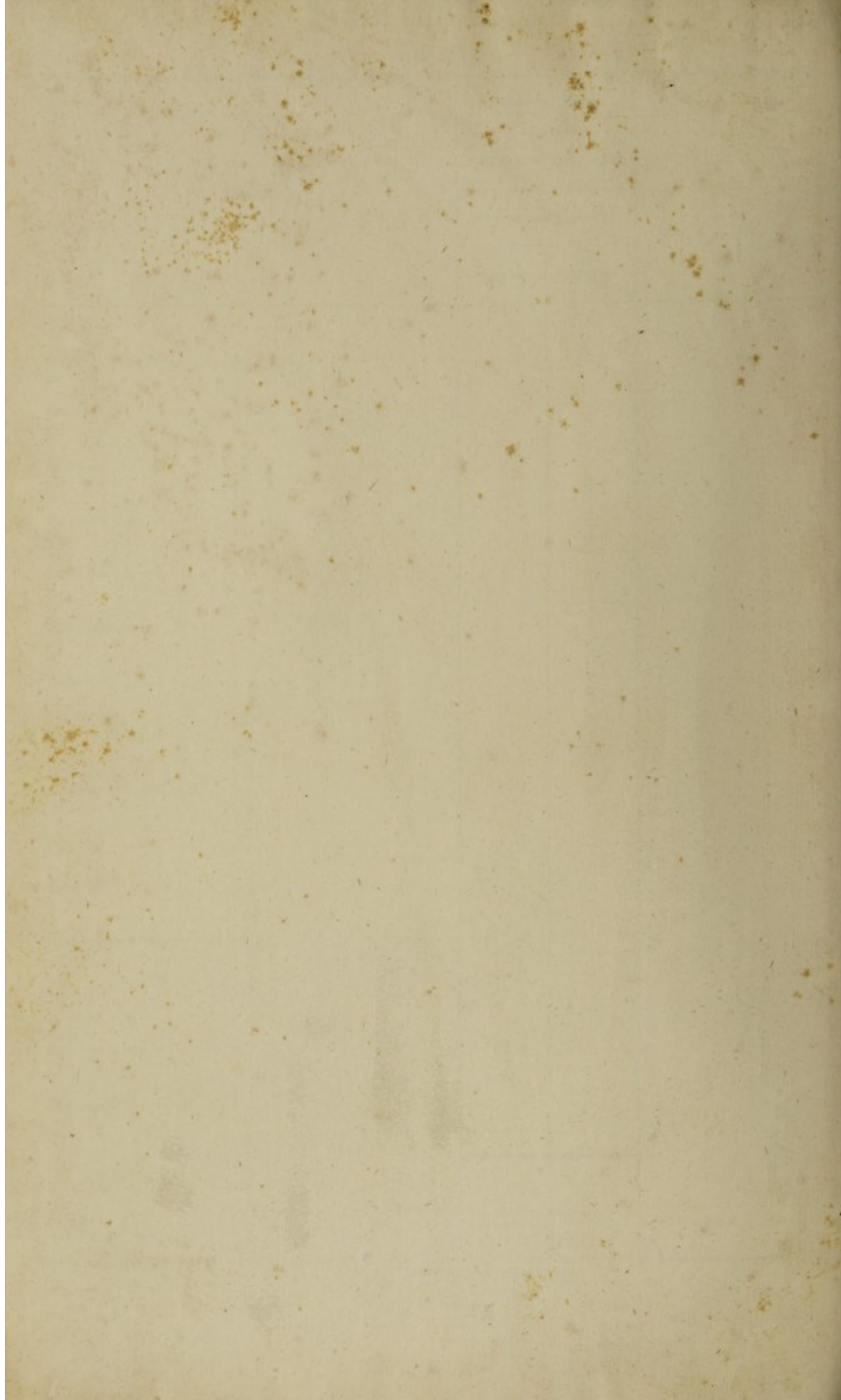
Northern Command 381=20'38 per 1,000 of strength.
 Western " 793=41'99 " " "
 Eastern " 473=25'09 " " "
 Secunderabad Division 271=31'81 " " "
 Burma Division 1 75=19'47 " " "
 India 1,993=28'36 " " "

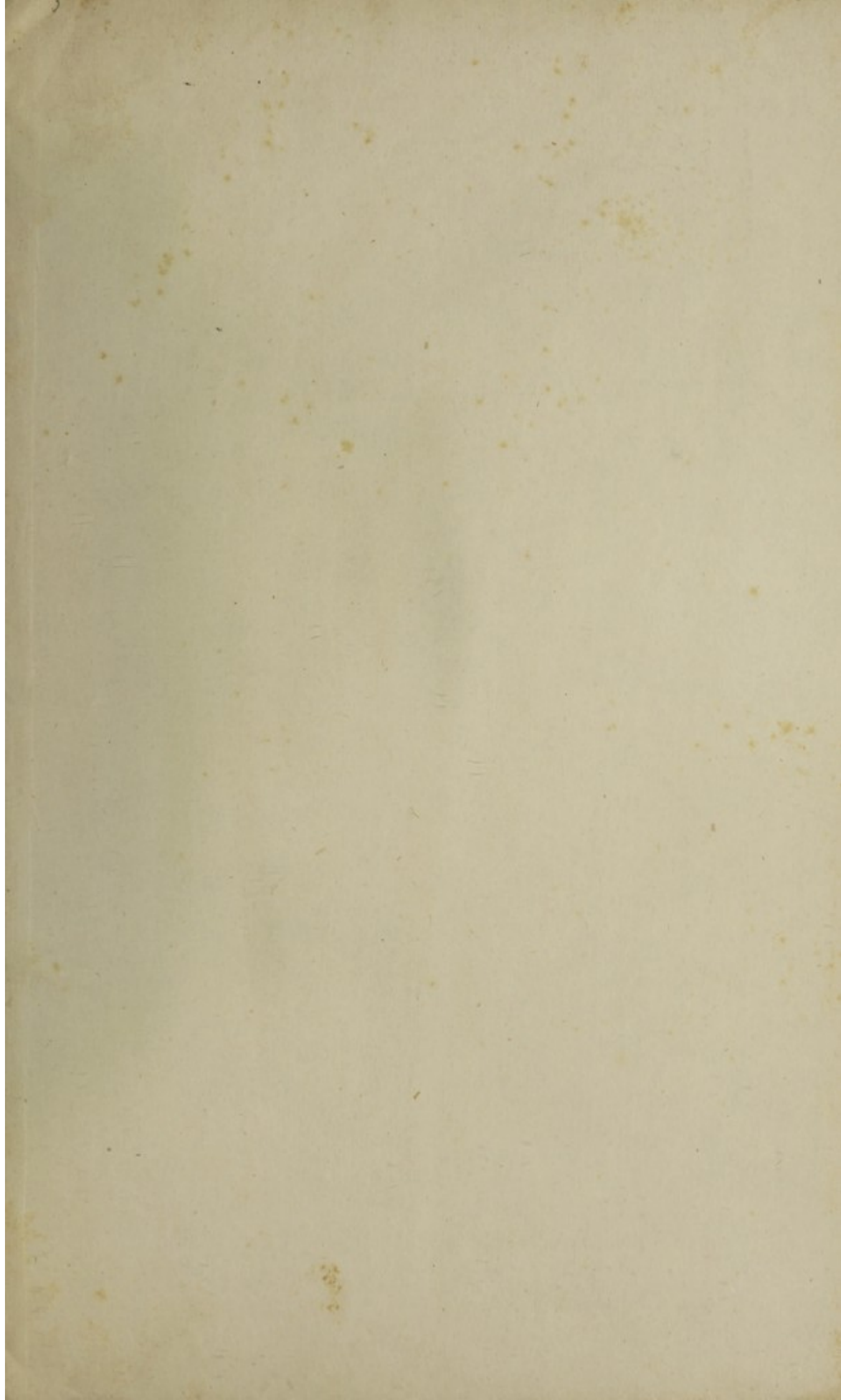
TABLE LIII—concluded.

DETAIL of DISEASES.

DISEASES.	EUROPEAN TROOPS.	
	ADEN COLUMN FIELD FORCE.	
	Average annual strength 79.	
	Admissions.	Deaths.
Dysentery	2	...
Ague	19	...
Syphilis	3	1
Gonorrhœa	2	...
Rheumatism	1	...
Other general diseases	1	...
Conjunctivitis	1	...
Other diseases of the eye	1	...
Disordered action of the heart	2	...
Bronchitis	2	...
Tonsillitis	1	...
Inflammation and congestion of the liver	2	...
Jaundice	1	...
Other local diseases	16	...
Other injuries	3	...
TOTAL	57	1







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WITH

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IN INDIA, FOR THE YEAR.



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