

Annual report of the Sanitary Commissioner with the Government of India.

Contributors

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MAP OF INDIA

TO ILLUSTRATE THE ANNUAL REPORT OF THE SANITARY COMMISSIONER WITH THE GOVERNMENT OF INDIA

SHOWING THE DENSITY OF POPULATION IN EACH DISTRICT AND STATE. ACCORDING TO THE CENSUS OF 1911.

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- PROVINCES**
- 1. ASSAM
 - 2. BENGAL
 - 3. BOMBAY
 - 4. GUJARAT
 - 5. HYDERABAD
 - 6. MADRAS
 - 7. MIZORAM
 - 8. NAGALAND
 - 9. NORTH BENGAL
 - 10. PUNJAB
 - 11. RAJASTHAN
 - 12. SIKHIM
 - 13. TRIPURA
 - 14. UNITED PROVINCES
 - 15. WEST BENGAL
 - 16. YAMANA
- CENTRAL PROVINCES AND DEKANS**
- 1. BHOJPUR
 - 2. BILASPUR
 - 3. CHHATTISGARH
 - 4. COORG
 - 5. DISTRICT
 - 6. HYDERABAD
 - 7. KARNATAKA
 - 8. KERALA
 - 9. MADRAS
 - 10. MIZORAM
 - 11. NAGALAND
 - 12. NORTH BENGAL
 - 13. PUNJAB
 - 14. RAJASTHAN
 - 15. SIKHIM
 - 16. TRIPURA
 - 17. UNITED PROVINCES
 - 18. WEST BENGAL
 - 19. YAMANA
- CENTRAL INDIA**
- 1. BHOJPUR
 - 2. BILASPUR
 - 3. CHHATTISGARH
 - 4. COORG
 - 5. DISTRICT
 - 6. HYDERABAD
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 - 14. RAJASTHAN
 - 15. SIKHIM
 - 16. TRIPURA
 - 17. UNITED PROVINCES
 - 18. WEST BENGAL
 - 19. YAMANA

REFERENCES TO COLOURS

Below the Average

- 1 Under 25 persons per square mile
- 2 25-75
- 3 75-125
- 4 125-175

Above the Average

- 5 175-250 persons per square mile
- 6 250-400
- 7 400-600
- 8 600 and over

Scale 1 Inch = 160 Miles.

Miles 160 120 80 40 0 160 320 480 Miles

ANNUAL REPORT
OF THE
SANITARY COMMISSIONER WITH THE
GOVERNMENT OF INDIA

FOR
1915

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



CALCUTTA
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1917.

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ANNUAL REPORT

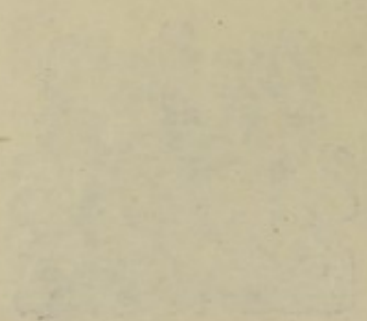
OF THE

SANITARY COMMISSIONER
GOVERNMENT OF INDIA

1905

1905

THE SANITARY COMMISSIONER OF INDIA
EDUCATIONAL DEPARTMENT
IN INDIA



CALCUTTA

GOVERNMENT OF INDIA

1905

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ANNUAL SANITARY REPORT FOR 1915.

SECTION I.

EUROPEAN ARMY OF INDIA.

(From the Director, Medical Services in India.)

1. The average strength of European troops during 1915 was 44,891 (15,999 Regulars *plus* 28,892 Territorials), warrant officers, non-commissioned officers and men as against 60,581 in 1914. As regards the health of the European troops it will be seen from the statement in the margin that the rates of admissions,

	1910-14.	1914.	1915.
Admissions	567'2	614'1	823'1
Constantly sick	30'13	31'75	39'08
Deaths	4'51	4'32	5'95
Invalids	7'03	6'01	19'80
Average period of illness of each soldier, calculated on average strength.	10'00	11'59	14'26
Average duration of each case of sickness.	19'39	18'87	17'33

constantly sick, deaths, and invaliding, were all higher than those of the previous year. Increased rates were reported only from the Northern Army and were chiefly due to the greater prevalence of influenza, enteric fever, sandfly fever, respiratory diseases, and diarrhoea. Malaria, pyrexia of un-

certain origin, and dysentery were less prevalent than in 1914.

There were 36,952 (11,207 Regulars *plus* 25,745 Territorials) admissions from all causes during the year, as compared with 37,205 in 1914, a decrease of 253.

The following table gives the incidence of sickness among the European troops (Regulars and Territorials) in the principal stations in India during 1915 :—

Stations having an average strength of over 1,000.

Stations.	Average strength.	Admissions.	Deaths.	Invalids sent home.	Average constantly sick.	RATIO PER 1,000 OF STRENGTH.			
						Admissions.	Deaths.	Invalids sent home.	Average constantly sick.
Lucknow	1,320	851	11	36	44'28	644'7	8'33	27'27	33'54
Meerut... ..	1,190	978	9	12	50'27	821'8	7'56	10'08	42'24
Rawalpindi	2,271	1,584	11	19	90'62	697'5	4'84	8'37	39'90
Nowshera	1,145	1,203	6	15	50'36	1,050'7	5'24	13'10	43'98
Peshawar	1,803	2,106	26	18	91'26	1,168'1	14'42	9'98	50'62
Mhow	1,328	982	8	24	51'95	739'5	6'02	18'07	139'12
Jubbulpore	1,056	1,229	5	96	47'93	1,163'8	4'73	90'91	45'29
Secunderabad	2,132	1,757	9	87	75'80	824'1	4'22	40'81	35'51
Poona	1,299	1,089	5	18	63'23	838'3	3'85	13'86	48'68
Quetta	2,868	2,790	8	30	120'79	972'8	2'79	10'46	42'12
Jhansi	1,088	718	16	20	43'24	659'9	14'71	18'38	39'74

DEATHS FROM ALL CAUSES IN INDIA.

2. There were 267 deaths, as compared with 262 during the previous year, giving a ratio of mortality of 5·95 per 1,000 of strength against 4·32 in 1914.

The chief causes of deaths were:—pneumonia 17, enteric fever 16, local injuries 28, heat-stroke 33, malaria 16, appendicitis 14, dysentery 13, abscess of the liver 9, suffocation from submersion, cholera, and valvular disease of heart, 8 each, tubercle of lungs, gastritis, and syncope 5 each, inflammation of brain 4, rheumatic fever 3. There were three fatal cases of 'poisoning'.

NORTHERN AND SOUTHERN ARMIES.

3. The relative health of the troops of the Northern and Southern Armies is shown in Table I. The rates of sickness and deaths were higher in the Northern Army than in the Southern; this was due to the greater prevalence of all the principal diseases, except influenza, small-pox, tubercle of the lungs, dysentery and venereal diseases which were more prevalent in the Southern Army.

DISEASES.

4. There were increased admission rates in all the Divisions during 1915.

The following table compares the admission and death rates in Divisions during 1915 and 1914, respectively:—

Divisions.	1915.		1914.	
	Admission rate.	Death rate.	Admission rate.	Death rate.
1st Division	1,016·3	9·74	1,040·2	5·58
2nd Division	725·8	3·88	712·5	3·31
3rd Division	848·4	5·86	699·6	4·89
4th Division	799·1	4·19	641·8	5·10
5th Division	797·9	8·83	557·2	2·85
6th Division	805·1	3·42	513·1	4·49
7th Division	783·2	4·75	556·6	4·22
8th Division	840·4	8·69	636·3	5·63
9th Division	902·1	5·58	439·4	3·44
Burma Division	882·3	3·35	582·3	4·92
Aden Brigade	838·2	8·52	668·2	3·61
Marching	282·2	4·32	358·6	3·57
Average throughout India	823·1	5·95	614·1	4·32

CHOLERA.

5. Cholera caused 16 admissions and 8 deaths as compared with 23 admissions and 11 deaths in 1914. The stations at which the cases occurred were:—Nowshera (7 admissions, 3 deaths), Chakrata (6 admissions, 3 deaths), Peshawar (2 admissions, 1 death) and Lahore (1 admission, 1 death). The Officer Commanding, Station Hospital, Nowshera, states that the source of this disease was probably

a chaprassi employed in the 1st Durham Light Infantry, Khartoum Barracks, who contracted cholera on the 27th of April 1915 and died the following day. He used to get his drinking water from the well used by the troops in the barracks. The Durham Light Infantry were consequently moved into central barracks. As soon as the first case occurred in the Durham Light Infantry lines, every precaution was taken.

The Medical Officer, Station Hospital, Chakrata, states that the six cases occurring there appear to have contracted the infection from an unauthorised camp follower. The outbreak was confined to one company of 1-7th Hants Regiment occupying two barrack rooms.

SMALL-POX.

6. Only 5 cases of small-pox occurred during the year as compared with 12 in 1914. The stations from which cases were reported were Kirkee 2, Nowshera 1, Madras 1, and Deolali 1.

The following table shows the small-pox incidence for the last five years :—

Years.				Admissions.	Deaths.	No. of primary and secondary vaccinations performed.
1911	...	...	...	1	...	6,726
1912	...	...	...	17	3	8,524
1913	...	...	...	14	1	8,981
1914	...	...	...	12	...	8,107
1915	...	...	...	5	...	11,464

MEASLES.

7. Measles was responsible for 16 admissions with no death as compared with 23 admissions with 1 death during 1914.

MALARIA.

8. Malaria, though exhibiting a decreased prevalence, continues to be the predominating cause of inefficiency among European troops in India. It accounted for 6,934 admissions with 16 deaths in 1915 as compared with 9,862 with 10 deaths in 1914. The ratio of admissions per 1,000 of strength was 154.5 in 1915 and 162.8 in 1914.

The following table gives the admission and death rates for malaria by Divisions for the two years :—

Divisions.	RATIO PER 1,000 OF STRENGTH.			
	1915.*		1914.†	
	Admissions.	Deaths.	Admissions.	Deaths.
1st Division	309·2	·53	416·0	1·47
2nd Division	276·8	...	272·9	...
3rd Divisional Area	122·3	...	239·7	·14
4th Division	263·3	...	241·8	·21
5th Division	68·2	·22	150·6	...
6th Divisional Area	202·0	·91	134·4	...
7th Divisional Area	114·1	·65	99·9	·28
8th Division	53·9	·59	75·5	...
9th Division	37·4	...	56·7	·15
Burma Division	196·1	·56	67·9	...
Aden Brigade	54·5	3·41	201·1	...

*Includes figures for Territorials.

†Excludes figures for Territorials.

Among stations with a record of high malaria rates during the year were Sabathu, Port Blair, Sialkot, Khan Spur and Ghoradhaka, Kalabagh and Baragali, Cherat, Kasauli, Dum Dum, Peshawar, and Quetta.

Sabathu.—There were 156 admissions with no death at Sabathu; 57 cases were of malignant tertian and 99 of benign tertian. All were contracted in Mesopotamia and were diagnosed by microscopic examination. Of the total admissions 26 were relapses, 6 of which were malignant tertian and 20 benign tertian.

Port Blair.—There were 303 admissions with one death. A detachment of 2·4th Somerset Light Infantry arrived here on April 2, 1915 and was quartered at the barracks on Ross Island which is considered free from anopheles. The first case occurred on May 15, 1915. On August 29 the remainder of the 2·4th Somerset Light Infantry arrived. They were quartered at Aberdeen for ten days and then divided up between Ross and Aberdeen. Accommodation was provided in barracks vacated for them by convicts. The malarial incidence rose from 2·97 in August to 35·26 per mille in December.

Malaria is prevalent in the Settlement throughout the year and particularly at Aberdeen where there are several salt-water swamps, breeding places for malaria-carrying mosquitos. Blood examinations were commenced on the 8th of August as a routine measure in every case, resulting in the discovery of—

Benign tertian parasites in	... 134 cases
Malignant tertian parasites in	... 105 cases
Quartan tertian parasites in	... 13 cases
Benign tertian and quartan mixed	... 1 case
Malignant tertian and quartan „	... 1 case
Benign tertian and malignant „ tertian	... 11 cases

There have been 47 relapses or re-infections up to date, 17 amongst benign tertian cases, 26 amongst malignant cases, 4 amongst mixed benign tertian and malignant tertian cases.

Sialkot.—Of the 565 cases of malaria 559 were of benign tertian and 6 of malignant tertian type. A very large majority were re-admissions. The diagnosis was confirmed in every case by microscopic examination of the blood. *Anopheles* mosquitos were found in the station from May to the end of October.

The troops paraded at the Station Hospital by companies three times a week for a prophylactic issue of quinine from July 1 to October 31. Destruction of mosquito larvæ was also carried out under the supervision of a medical officer.

Only about a fourth of the men used mosquito nets as each man purchases his own. The free issue of mosquito nets which has now been sanctioned should reduce the incidence of these fevers.

Khan Spur and Ghoradhaka.—There were 79 admissions for malaria, most of which were of the benign tertian type. Almost all these cases were relapses of cases sent up from the plains.

Kalabagh and Baragali.—The detachment of the Duke of Wellington's Infantry was largely composed of malaria cases (58) sent to the hills to recuperate.

Cherat.—There were 113 admissions (including one sick transfer from Peshawar). The diagnosis in nearly every case was confirmed by microscopical examination and infected cases were admitted to hospital. No fresh infection was contracted at Cherat.

Kasauli.—There were 122 admissions under the heading of malaria during 1915. Diagnosis was confirmed by microscopic examination of the blood in the majority of the cases. All cases were probably infected in the plains. Prophylactic measures were unnecessary as there is little, if any, indigenous malaria in Kasauli.

Dum Dum.—There were 86 admissions for malaria during the year. The majority of these cases were diagnosed clinically, as, although in every case blood smears were taken for microscopical examination, parasites were seldom discovered due most probably to the regular issue of prophylactic quinine to the troops. A fair percentage of cases were contracted by men on guard at Cossipore. All patients admitted into hospital suffering from malaria were segregated.

Peshawar.—Malaria was responsible for 667 admissions with one death during 1915. This disease continues to be the main cause of inefficiency amongst British troops in the station, but it will be noted that there is a very considerable decrease in the number of cases. The prophylactic issue of quinine and the formation of an anti-malarial brigade were the chief measures adopted. Systematic examination of the blood in all cases has been carried out. Although preventive measures have doubtless helped to reduce the incidence, yet the main cause of the decreased prevalence is to be found in the abnormally hot and dry weather experienced during the latter part of the year under report. This has prevented the formation of pools of water and lessened the amount of irrigation. The ground has remained dry and hard and unfavourable for the breeding of mosquitos.

Quetta.—There were 1,011 admissions for malaria during 1915. The diagnosis was confirmed by microscopical examination. *Anophelines* are found in Quetta

from the beginning of May until the end of November. Quinine was administered prophylactically in doses of 10 grains on two consecutive days in each week in the presence of a medical officer. The results of this measure were distinctly disappointing.

ENTERIC FEVER.

9. There were 83 admissions with 16 deaths during 1915 against 97 admissions and 10 deaths in 1914. This gives an admission and death rate of 1·8 and ·36, respectively, as contrasted with 1·6 and ·17 in 1914.

The following table shows the distribution of enteric fever, paratyphoid fever "A" and paratyphoid fever "B," in the various Divisions, amongst Regulars and Territorials :—

Divisions.	ENTERIC FEVER.		PARATYPHOID "A."		PARATYPHOID "B."	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
1st Division ...	4	2	2	...	...	...
2nd " ...	10	1	7	...	...	...
3rd Divisional Area...	12	...	9	...	4	...
4th Division ...	2	...	5	...	1	...
5th " ...	22	10	15	...	1	...
6th Divisional Area...	9	1	3	...	...	...
7th " " ...	...	...	5	...	...	...
8th Division ...	17	2	27	...	...	...
9th " ...	5	...	5	...	...	...
Burma " ...	2	...	...	...	...	...
Aden Brigade ...	...	...	...	...	...	...
Marching ...	...	...	...	...	...	...
Total ...	83	16	78	...	6	...

It will be seen that the Divisions which had the largest number of cases of enteric fever reported also most cases of paratyphoid "A." The 3rd (Lahore) Divisional Area reported 4 admissions for paratyphoid "B."

The undermentioned table gives the stations which had the highest number of admissions for enteric fever (including paratyphoid fevers "A" and "B") during 1915:—

Stations.					Strength.	Admissions including Paratyphoid "A" and "B."
Lucknow	...	...	...	...	1,320	21
Jhansi	...	...	...	...	1,088	20
Mhow	...	...	...	...	1,328	12
Dinapore	...	...	...	...	458	10
Lahore	...	...	...	...	985	9
Quetta	...	...	...	...	2,868	8
Rawalpindi	...	...	...	...	2,351	6

Lucknow.—There were 21 admissions with one death from the enteric group of fevers during 1915 (enteric, 8 admissions and one death and 13 admissions for paratyphoid "A"). The specific bacillus was isolated from all cases and the bacteriological diagnosis was confirmed by the Naini Tal Convalescent Depot. In no case could the source of infection be traced to water, milk or any special article of food.

Jhansi.—There were 20 admissions for the enteric group of fevers, *viz.*, enteric 12 with 5 deaths, paratyphoid "A" 8 with no death. All of these except 2 cases were inoculated. In no case could the source of infection be traced.

Mhow.—There were 12 admissions for the enteric group of fevers, *viz.*, 7 paratyphoid "A" and 1 paratyphoid "B" with no death. Of the paratyphoid "A" cases the first was admitted in June; infection was probably contracted in Agra or Delhi, where he had recently been on leave, or on the railway journey. His case was peculiar as it was clinically typical of mild dengue but the organism of paratyphoid "A" was recovered from the blood taken on the fifth day of pyrexia.

One case of paratyphoid "B" was admitted to hospital on the 19th of January having arrived with his unit from England on the 4th of December 1914. In the Divisional Laboratory an organism was isolated from his blood which gave cultural reactions characteristic of *B. paratyphosus A*, but failed to agglutinate. A sub-culture was sent to Wellington, and a report received from there stated that the case was one of paratyphoid B.

No further case of this disease occurred in the battalion and investigation failed to reveal the existence of a carrier.

Dinapore.—There were 10 admissions and no death from diseases of the enteric group in 1915 as compared with 1 admission and 1 death in 1914. All these cases occurred amongst the 1-9th Battalion, Middlesex Regiment. All the cases had previously been inoculated against enteric fever, just before arriving in India, either at home or on board ship coming out. The source of infection was not traced. The cases occurred scattered throughout companies and barracks. All troops in the station were inoculated with anti-typhoid vaccine, without exception, and towards the end of the year (November and December) 280 men were voluntarily inoculated with paratyphoid "A" vaccine.

The last case of paratyphoid "A" fever must have acquired the infection in Dum Dum as he arrived in Dinapore on December 24, was detained in hospital on the 25th and admitted on the 26th of December 1915. Blood cultural examination of a specimen of his blood taken on December 30th revealed the presence of *B. paratyphosus A*.

Lahore.—There were 9 admissions from the enteric group of fevers with no death (3 enteric fever, 4 paratyphoid "A," 2 paratyphoid fever "B") during 1915. All of them had been inoculated and the cause of infection was not traceable.

Quetta.—There were 8 admissions from the enteric group of fevers. Two of them were uninoculated. There is nothing calling for special remark.

Rawalpindi.—There were 6 admissions from the enteric group of fevers, *i.e.*, 3 cases of enteric fever and 3 of paratyphoid "A." Of the 3 cases of enteric fever one was contracted in Calcutta and one at Dera Ismail Khan. The other case of enteric and one of the paratyphoid cases were contracted in the station, but the source of infection could not be traced. The other two cases of paratyphoid "A" occurred in the 1-6th East Surrey Regiment very shortly after their arrival at the station from Fyzabad. There had been no paratyphoid in Rawalpindi previous to their arrival but there had been a number of cases at Fyzabad before they left that station, so that they are believed to have contracted their infection before arrival. One case had been inoculated against enteric in October 1914 and the other in 1899.

From almost every station where enteric fever occurred the Medical Officers report that the source of origin could not be definitely traced and almost all the men affected had previously been inoculated.

Anti-Enteric Inoculation.—Anti-enteric inoculation continues to make satisfactory progress. Over 93 per cent of all European troops in India have been inoculated.

The following table shows the state of inoculation from 1st January to 30th June and from 1st July to 31st December 1915, separately:—

Arms of Service.	PERIOD ENDING 30TH JUNE 1915.								PERIOD ENDING 31ST DECEMBER 1915.							
	Number of inoculated men.	Number of uninoculated men.	ENTERIC FEVER.				Number of inoculated men.	Number of uninoculated men.	ENTERIC FEVER.							
			Inoculated men.		Uninoculated men.				Inoculated men.		Uninoculated men.					
			Cases.	Deaths.	Cases.	Deaths.			Cases.	Deaths.	Cases.	Deaths.				
Cavalry	1,407	165	...	...	...	...	545	53	...	1	...	...		
Royal Horse Artillery	277	39	...	...	...	...	141	13	...	...	...	...
Royal Field Artillery	5,085	385	11	1	6	...	3,403	150	13	...	1	...				
Royal Garrison Artillery	2,182	218	2	...	2	...	2,030	258	5	...	...	...	
Ammunition Column	176	9	...	...	...	...	134	4	...	...	...	...
Engineers	30	45	...	...	...	...	30	27	...	...	...	...
Infantry	30,366	1,382	45	6	7	3	27,489	1,043	62	2	6	1				
Garrison and Staff	1,298	680	...	...	...	...	1,167	455	4	...	2	1
Attached or unclassified troops	331	78	...	...	...	...	274	100	...	...	1	...
Totals	41,179	3,040	58	7	15	3	35,223	2,111	84	3	10	2				
Ratios per 1,000 of strength	...	...	1'4	'27	4'9	'99	...	...	2'4	'09	4'7	'25

Of the 73 and 94 cases of enteric fever 58 and 84 cases occurred among those who were protected by inoculation and the remaining 15 and 10 were among uninoculated men during the periods ending 30th June and 31st December, respectively.

The ratios of admissions per 1,000 of inoculated and uninoculated strength during the period ending 30th June work out to 1'4 and 4'9 against 2'4 and 4'7 for the period ending 31st December 1915. The value of inoculation is clearly indicated. In the first half of the year, the 'enterica' incidence was three and a half times higher among the uninoculated men than among the inoculated and in the second period it was double that of the inoculated.

Reinoculation is urged after two years, as it is certain that the protective efficacy of inoculation is lessened after that period, and this measure is now progressing steadily.

ENTERIC CONVALESCENT DEPÔTS

The Naini Tal and Wellington enteric convalescent Depôts perform valuable work and provide the chief line of defence against carriers.

NAINI TAL ENTERIC FEVER CONVALESCENT DEPÔT.

One hundred and eighty-five convalescents arrived at the Depôt during the year. The final diagnosis of these is shown in Table I, and the figures for 1910 to 1914 are shown for comparison.

TABLE No. I.

Years.			CONVALESCENTS IN THE DEPÔT.					
			Enteric fever.	Para-typhoid fever "A."	Para-typhoid fever "B."	Pyrexia of uncertain origin.	Mediterranean fever.	Other diseases.
1915	...	...	45	60	5	74	...	1
1914	...	...	49	60	6	78	...	2
1913	...	...	41	55	...	103	2	...
1912	...	...	89	63	4	83	...	...
1911	...	...	95	90	...	138	...	...
1910	...	...	143	27	...	...	...	...

These figures represent the final diagnosis of the cases and include thirteen alterations in diagnosis.

Cases of enteric fever (45).—Altogether forty-seven cases were diagnosed enteric fever on arrival at the Depôt. Two of these were found to be excreting paratyphoid "A" and "B" bacilli, respectively, and the diagnosis were altered accordingly (*vide* "Carriers"—Watson and Jemmett). Twenty-two were diagnosed on the isolation of the specific organism, from the blood in eighteen, the urine in one, the fæces in two, and rose spots in one case. The remainder (23) had been diagnosed on clinical grounds only. Only one of these cases could be diagnosed with any certainty, the case of a man who had never been inoculated but who gave a marked agglutination reaction to *B. typhosus*. Two cases were almost certainly paratyphoid "A" fever and three showed no evidence of having suffered from enteric fever. Of the remaining seventeen it seems probable that seven were cases of enteric fever. These forty-five cases can be tabulated as follows :—

Proved Enteric.	Probable Enteric.	Probable Paratyphoid "A."	Doubtful Enteric.
23	7	2	13

Cases of paratyphoid "A" fever (60).—Sixty-seven cases arrived at the Depôt diagnosed paratyphoid "A." Eight of these were changed to pyrexia of uncertain origin in default of bacteriological confirmation and one to malaria, leaving fifty-eight. To these were added two others discovered in the Depôt originally diagnosed enteric fever and pyrexia of uncertain origin, respectively (Carriers, Watson and Jolly). All these sixty cases were confirmed by the culture of the organism, from the blood in fifty-two, the urine in four and the fæces in four cases.

Cases of paratyphoid "B" fever (5).—Five cases were received diagnosed paratyphoid "B." One of these, however, was not confirmed by isolation of the germ and was changed to pyrexia of uncertain origin but another case was found amongst the cases of enteric fever diagnosed clinically, so that the original number—five—remains the same.

Cases of pyrexia of uncertain origin (74).—Sixty-six cases were received as pyrexia of uncertain origin. One proved to be paratyphoid "A" fever ('Carrier' Jolly). As is mentioned above eight cases of paratyphoid "A" and one of paratyphoid "B" fever had to be changed to pyrexia of uncertain origin.

A careful study of serum reactions of these patients gave the following results :—

Probably Enteric.	Probably Paratyphoid "A."	Probably Paratyphoid "B."	Indeterminate.	Unclassified.
4	28	4	34	4

Other diseases (1).—One case originally received as a paratyphoid "A" diagnosed in error was changed to malaria.

Summary of all the cases.—The following figures indicate the nearest approach to correct diagnosis of these 185 cases as it was possible to make.

Enteric fever.	Paratyphoid fever "A."	Paratyphoid fever "B."	Belonging to Typho-Paratyphoid Group.	Unclassified.
34	89	10	47	4

TABLE No. 2.

"CARRIERS."

Serial No.	Rank and Name.	Unit.	Place and date of illness.	Diagnosed as
1	Pte. Walker, W.	1-4th Wilts	Delhi, 21st February 1915.	Paratyphoid "A."
2	Sergt. Jolly, H. E.	4th Queens	Lucknow, 25th February 1915.	Pyrexia of uncertain origin.
3	Gr. Jemmett, M.	3rd Hants, R.F.A.	Lahore Cantonment, 9th April 1915.	Enteric.
4	Pte. Bradley, P.	9th Middlesex	Dum Dum, 17th June 1915.	Paratyphoid "A."
5	Pte. Watson, W.	1st West Riding	Sialkot, 23rd May 1915.	Enteric.

Serial No.	Type of Carrier and Organism.	Arrived at Depôt.	How disposed of and date.
1	Fæcal B. Paratyphosus "A"	10th May 1915	Returned to duty, 10th November 1915.
2	Ditto "A"	4th June 1915	Returned to duty, 1st November 1915.
3	Ditto "B"	11th July 1915	Still under observation.
4	Ditto "A"	17th June 1915	Returned to duty, 30th November 1915.
5	Ditto "A"	30th September 1915	Still under observation.

Carriers—(vide Table 2). At the end of 1914 there remained one carrier in the Depot, Private Searle, Welsh Regiment. He was discharged to duty on the 31st August 1915, having been free from specific germs in his excreta since the 11th December 1914.

Five carriers were discovered during the year under review.

Private Walker arrived at the Depot on the 10th May from Meerut. His fever ran a mild typical course of sixteen days, no special symptoms were noted. A culture of the organism obtained by blood culture was received in this laboratory for confirmation as *Bacillus typhosus*. The results of the tests were somewhat atypical but on further examination the organism proved to be *B. typhosus* as the following absorption tests prove :—

- (a) High titre typhoid serum was absorbed with Walker's strain and all the agglutinins for stock *B. typhosus* were removed.
- (b) Walker's serum agglutinated both his own strain and stock *B. typhosus* in 1/100 dilutions.
- (c) Walker's serum was absorbed with stock *B. typhosus* and all the agglutinins for Walker's strain were removed. On the 19th of May an organism in considerable numbers was found in his fæces and proved to be paratyphoid "A."

The agglutination tests were as follows :—

- (a) Walker's serum reacted with stock paratyphoid "A" up to 1/50 but not in 1/100 dilutions, and to his own fæcal strain up to, but not over 1/100.
- (b) High titre paratyphoid "A" serum was absorbed with the fæcal strain and all the agglutinins for stock paratyphoid "A" were removed. This case is, therefore, one of double infection.

Paratyphoid "A" bacilli were isolated from the fæces on the one occasion only and he was returned to duty on the 10th of November.

Sergeant Jolly arrived at the Depot on the 4th of June from Lucknow diagnosed pyrexia of uncertain origin. His fever was of a mild remittent type lasting twenty-six days. On the 8th, 9th and 10th of June *B. paratyphosus A* was isolated from his fæces in considerable numbers. His agglutination reaction to stock paratyphoid "A" was barely complete in 1/50 but to his own strain was complete in 1/100 and partial in 1/250 dilution.

No further recovery of the bacillus was made from his fæces and he was allowed to return to duty on the 1st of November.

Grenadier Gemmett arrived at the Depot on the 11th of July from Lahore diagnosed enteric fever on clinical grounds and on the report of the agglutination reaction. On the 10th day of disease reaction to *B. typhosus* was complete in 1/100 dilution, on the 27th in 1/250, and on the 36th in 1/500 dilutions. On the strength of this increasing reaction the diagnosis had been made.

On his arrival at the Depot his agglutination reaction was as follows :—

Dilution	10	20	50	100	250	500	1000
Typhoid	+	+	+	+	±	—	—
Paratyphoid "A"	—	—	—
Paratyphoid "B"	+	+	+	+

He had been inoculated against typhoid just six months before. On July 16 paratyphoid "B" bacilli were isolated from his stools in large numbers and again on the 22nd and 23rd of July when his first test ended. The organism was again recovered on the 30th of August, 1st and 9th of September.

During the second test (30th of August to 3rd of September) large numbers of curious gelatinous looking colonies were noticed on the plates made from his fæces, one of which was put through the tests and gave, very unexpectedly, the typical reactions of paratyphoid "B" including agglutination and absorption. This organism when first isolated gave a profuse gelatinous growth, refused to emulsify satisfactorily in normal salt on account of its sticky consistency and would not agglutinate with paratyphoid "B" serum. After keeping some days and subculturing, it lost its gelatinous appearance and agglutinated at once with paratyphoid "B" serum. In order that there should be no mistake the tests were repeated with colonies recovered on three different days.

These gelatinous colonies were recovered every day up to the 7th of October (typical paratyphoid "B" were not found after the 9th of September). This man is still under observation.

Private Bradley arrived from Dum Dum on the 28th of July diagnosed paratyphoid "A" fever as the organism had been isolated from the blood. On the 9th of August paratyphoid "A" was isolated from his fæces but this was the only occasion and he was returned to duty on the 30th of November.

Private Watson arrived from Sialkot on the 30th of September diagnosed enteric fever on clinical grounds and on agglutination reactions. Blood culture and several examinations of the urine and fæces had proved negative. On the 4th and 5th of October paratyphoid "A" bacilli were isolated from the fæces but not subsequently. He is still under observation.

Cultures for identification (141). One hundred and forty-one cultures were received for identification or confirmation. Tables 3 and 4 show the Divisions whence these came, the opinion expressed by the sender and the opinion formed at the Dépôt.

The following organisms either did not belong to the typho-paratyphoid group, or require special mention:—

Resembling B. typhosus.

No. 776 was obtained from the urine and gave all the reactions of *B. typhosus*, but it turned milk alkaline, produced a yellow colour on agar and only partially absorbed agglutinins for *B. typhosus*.

Resembling B. paratyphosus "A."

No. 887 was recovered from the blood, was slow and atypical in growth, and did not absorb the agglutinins for either paratyphoid "A" or "B." It was agglutinated by the patient's own serum up to but not over 1/20 dilution.

No. 892 was isolated from the fæces, and except that it produced an excessive amount of acid in milk gave the reactions of paratyphoid "A." The agglutination reactions were negative.

B. paratyphosus "B" group.

No. 884 was isolated from the blood of a man in the 2-6th Gurkhas and gave all the sugar reactions of paratyphoid "B." The agglutination reactions for paratyphoid "B" and Gaertner's bacillus were negative.

No. 759 (*Foulds*) corresponded to paratyphoid "B" in the sugar tests but neither agglutinated with nor absorbed the agglutinins from either paratyphoid "A" or paratyphoid "B" serum. Further tests proved that it was not Gaertner's bacillus. The patient's serum gave the following reactions :—

		Dilutions.						
		10	20	50	100	250	500	1,000
Typhoid	...	+	+	trace	—	...	...	...
Paratyphoid "A"	...	—	—	...	...	...	...	...
Paratyphoid "B"	...	—	—	—	—	...	...	...
Own strain	...	+	+	+	+	+	—	—
Gaertner	...	trace	—	—	—			

His illness was typical of the typhoid group, the fever lasted for eleven days and was moderately severe and accompanied by some diarrhoea but no other symptoms. There is no doubt that this unnamed organism was the infecting one in this man's case.

B. fæcalis alkaligenes :—

No. 783 was sent as paratyphoid "A" isolated from the blood, but there was no doubt of its being *fæcalis alkaligenes*. It gave no reaction with the patient's own serum whereas paratyphoid "A" was agglutinated up to 1/50 dilution.

No. 818 came from the Deputy Assistant Director, Medical Services (Sanitary), Lucknow, identified as *B. fæcalis alkaligenes* and was confirmed as such. It was isolated from the blood in pure culture and was agglutinated by the patient's serum as follows :—

		Dilutions.			
		10	20	50	100
12th May	+	—	...
16th May	+	trace	...
1st June	+	+	+
24th September	—	—	—

The case was probably one of paratyphoid "A" fever.

No. 908 was received from the same laboratory as the previous one and proved to have been correctly identified as *B. fæcalis alkaligenes*. It was also isolated from the blood but further particulars are not yet to hand.

No. 790 was isolated from the stools and had been wrongly identified as *B. typhosus*.

Coliform organisms :

One had been isolated from the blood and was probably a contamination and eight had been recovered from the fæces.

Strains from Indians (22).—Twenty-one organisms were isolated from the blood and one from the fæces of Indians. These worked out as follows:—

Sender's opinion.	Number.	Confirmed as Typhoid.	Para-typhoid "A."	Fæcalis alkaligenes.	Others.	Total.
Typhoid ...	17	17	...	...	...	...
Paratyphoid "A"	4	...	3	...	1	...
Fæcalis alkaligenes	1	...	...	1	...	22

TABLE NO. 3.
ANALYSIS OF CULTURES RECEIVED DURING 1915, BY DIVISIONS.

Source of culture.	OPINION EXPRESSED BY SENDER.				Typhoid.	OUR OPINION.		Others.	—
	Typhoid.	Paratyphoid.		No opinion.		Paratyphoid.			
		"A."	"B."			"A."	"B."		
1ST (PESHAWAR) DIVISION.									
Blood	3	2	3	...	3	4	...	1	—9
Fæces	1	...	...	...	1	...	...	...
2ND (RAWALPINDI) DIVISION.									
Blood	3	...	...	2	2	2	...	1	—5
3RD (LAHORE) DIVISIONAL AREA.									
Blood	6	2	2	...	3	5	2	...	—14
Fæces	2	...	...	1	...	...	1	2	
Urine ... ..	...	1	...	...	...	1	...	...
4TH (QUETTA) DIVISION.									
Blood	9	9	...	...	9	8	1	...	—24
Fæces	3	...	...	3	1	...	...	5	
5TH (MIRWAH) DIVISION.									
Blood	19	14	...	...	19	13	...	1	—36
Fæces ... ..	...	1	...	...	...	...	...	1	
Urine ... ..	...	1	...	1	...	...	...	...
6TH (POONA) DIVISIONAL AREA.									
Blood ... ..	...	1	...	...	...	1	...	...	—2
Fæces ... ..	...	...	...	1	...	...	...	1	
7TH (MEERUT) DIVISIONAL AREA.									
Blood	2	5	1	...	2	4	...	2	—11
Fæces ... ..	...	1	...	...	...	1	...	...
Urine	1	1	...	...	...	1	...	1	
8TH (LUCKNOW) DIVISION.									
Blood	12	25	...	3*	12	26	...	2	—40
Total									
141									

*Two diagnosed as *fæcalis alkaligenes* were confirmed as such.

TABLE No. 4.

SUMMARY OF TABLE III SHOWING CHANGE IN DIAGNOSIS.

Organisms received as				Proved in our hands to be—				
				Typhoid.	Paratyphoid " A. "	Paratyphoid " B. "	Others.	Fæcalis alkaligenes.
B. Typhosus	...	...	61	50	5	...	5	1
Paratyphoid " A "	...	...	63	1	56	2	3	1
Paratyphoid " B "	...	...	6	...	5	1	...	...
No opinion	...	...	9	...	3	1	5	...
Fæcalis alkaligenes	...	...	2	...	...	...	...	2
Total	...	...	141	51	69	4	13	4

Examination of the fæces and the urine.—As has been the custom, each convalescent as soon as he arrives at the Dépôt is put on the " First test " which consists of ten days' consecutive examination of both the fæces and the urine. The second and third tests are carried out as soon as possible and each lasts for five consecutive days. Latterly owing to the large number of plates and the quantity of culture medium required the urine examination has been omitted from the second and third tests unless the first has proved positive. It is extremely unlikely that a " carrier " would be missed by this procedure. During the year the Endo medium has been used in preference to either Conradi-Drigalski or McConkey. A series of tests proved that the growth of the typhoid group was more rapid, more abundant and not so steadily overgrown by *coli* on the Endo, and confirmed the recent work of other observers.

The number of specimens examined was 6,254 (fæces 3,198, urine 3,056).

Agglutination reaction.—During the year 214 sera were tested against *B. typhosus*, *B. paratyphosus A* and *B. M. melitensis* and others.

With the advent of general prophylactic inoculation against enteric fever the agglutination reaction, as a test for typhoid infection, has lost a very great deal of its value. It is stated, however, that the difficulty may be overcome by estimating the end-point of agglutination on several different occasions during the course of illness. If the end-point becomes higher a specific infection of *B. typhosus* is indicated. There is a fallacy, however, in coming to such a conclusion too hastily. If the infection be due to either *B. paratyphosus* " A " or " B " the end-point for *B. typhosus* may be increased (*vide* " Carrier " Jemmett). It is not an uncommon thing for a diagnosis of enteric to be made on the alteration of the end-point alone without a control for the paratyphoids. The reaction for the paratyphoids does not yet suffer from the complication introduced by prophylactic inoculation, and as regards paratyphoid " A " fever there can be no doubt that a positive reaction to its specific organism is of the utmost diagnostic significance.

The agglutinins in this fever are apt to be transient, to appear late and disappear early. For instance, in fifty-nine cases proved by culture to be infected by *B. paratyphosus* "A", the following reactions were obtained on their arrival at the Dépôt.

No reaction	...	...	in $\frac{1}{10}$ dilutions	...	...	in 15
Trace	...	...	$\frac{1}{10}$	...	...	1
Complete	...	...	$\frac{1}{10}$	...	...	7
Complete	...	...	$\frac{1}{20}$	...	...	10
Complete	...	...	$\frac{1}{30}$	...	...	9
Barely complete	...	...	$\frac{1}{100}$	...	...	5
Complete	...	...	$\frac{1}{100}$ (and over)	...	...	12
						<hr/>
Total						59
						<hr/>

It seems certain that the great bulk of the fever obtaining amongst the British troops in India at present is paratyphoid "A" and it is possible that, were the agglutination test carried out more systematically throughout the course of the disease, much of the uncertainty regarding the diagnosis of the pyrexias of uncertain origin would be removed.

Blood Culture.—There is no doubt that blood culture is the simplest and most reliable method of diagnosis and it is noticed with regret that in many cases blood culture has not been attempted and in others has been delayed till too late.

Preventive Inoculation.—It is of interest to note the inoculation particulars of those cases conclusively proved to be enteric fever.

Not previously inoculated (one states that he had enteric 12 years before).	...	...	...	7
Inoculated two doses, within 6 months	...	...	...	8
" " " " 12 "	...	...	...	3
" " " " 18 "	...	...	...	1
" " " " 4 years	...	...	...	2
" " " " 5 "	...	...	...	1
No record	...	...	...	1
				<hr/>
Total				23
				<hr/>

Cases according to stations.—The following table shows the stations in which the proved cases of fever were contracted.

TABLE No. 5.

Divisions.	Station.	Enteric fever.	Paratyphoid fever "A."	Paratyphoid fever "B."
1st	Peshawar ...	2	...	...
	Nowshera ...	1	...	...
2nd	Rawalpindi ...	1	1	...
	Sialkot ...	...	1	...
3rd	Lahore ...	...	1	2
	Amritsar ...	...	1	...
	Ambala ...	...	2	1
	Kasauli ...	...	...	1
4th	Quetta ...	3	5	1
5th	Mhow ...	3	6*	...
	Jhansi ...	6	10	...
	Nasirabad ...	1	...	...
7th	Delhi ...	...	3	...
	Agra ...	...	2†	...
	Bareilly ...	...	2	...
	Lucknow ...	1‡	11	...
8th	Fyzabad ...	...	3	...
	Allahabad ...	...	2	...
	Dum Dum ...	...	3	...
	Barrackpore ...	...	2	...
Burma	Dinapore ...	4	4	...
	...	1	...	...
Total		23	59	5

* Three cases from overseas, uncertain where contracted.

† One case probably from Jhansi.

‡ From Persian Gulf.

It would appear from this table that the distribution of enteric and paratyphoid "B" fevers, particularly the latter, is limited, while paratyphoid "A" has a much wider distribution.

Cases by units.—Sixteen regular units and thirty Territorial were represented, and there was also one Calcutta Volunteer from the East Coast of Africa. The largest number from any one regiment was 22 from the 9th Middlesex, the 14th Dorsets came next with 16. The following is the proportion of Regulars and Territorials:—

				CASES PROVED TO BE			Total number in the Depôt.
				Enteric.	Paratyphoid fever "A."	Paratyphoid fever "B."	
Regulars	...	...	...	8	11	...	37
Territorials	...	...	...	15	48	5	148
Total				23	59	5	185

Other examinations carried out in the laboratory during the year numbered 503. They included the following:—

Blood films and cultures	...	...	...	...	228
Throat Swabs	...	...	...	...	13
Water examinations	...	...	...	...	10
Various pathological specimens	...	...	...	...	60

The spirochæta of relapsing fever was found in the blood of seven Indians.

Twenty-seven vaccines were prepared from various pathological specimens.

Total number of specimens examined during the year was 7,112.

ENTERIC CONVALESCENT DEPÔT, WELLINGTON.

Twenty-three convalescents remained over from last year.

In all 124 convalescents were admitted during the year:—

Officers	...	...	...	...	9
Warrant Officers, Indian Subordinate Medical Department	...				1
Warrant Officers and Staff Sergeants, Indian Miscellaneous List	...				3
Staff Sergeants, Indian Ordnance Department	...				1
Petty Officers and men, Royal Navy	...	...	...	...	6
Supply and Transport Corps	...	...	...	...	1
Indian Postal Department	...	...	...	...	1
Non-commissioned officers and men of the Regular Army	...				57
Non-commissioned officers and men, Territorial Units	...	...	...	...	45

Of this total ninety convalescents were from forces overseas, and the remaining thirty-four cases were from various stations in India.

The figures for the last three years are shown for comparison:—

Year.	Pyrexia of uncertain origin.	Paratyphoid fever "A".	Paratyphoid fever "B".	Enteric fever.	Total.
1913	32	15	...	36	83
1914	23	14	2	53	92
1915	13	33	1	77	124

The seemingly large increase in the enterica group as compared with that of previous years, is due to the cases from overseas, which form the majority of the admissions this year, being diagnosed on clinical grounds and on Widal reactions, and none being sent as pyrexia of uncertain origin.

Overseas.—Of the ninety cases from overseas, five were from East Africa and eighty-five from Mesopotamia.

East Africa.—Of these, two were petty officers of the Royal Navy, and three non-commissioned officers and men of the Regular Army. All these cases arrived diagnosed enteric fever, on clinical grounds. In the case of No. 3,928

Sergeant Jones, 2nd Loyal North Lancashire Regiment, who arrived in the Depot on the 26th April 1915, eggs of *Ankylostomum Duodenale* were observed in his faeces on the 31st July 1915, and he was sent to the Station Hospital, Wellington, for treatment.

Mesopotamia.—The total from Mesopotamia was made up as follows :—

Officers	...	...	...	...	...	8
Warrant Officers, Indian Subordinate Medical Department					...	1
Warrant Officers and Staff Sergeants, Indian Miscellaneous List					...	3
Indian Postal Department	...	...	...	...	...	1
Petty officers and men, Royal Navy			...	...	...	4
Supply and Transport Corps	...	...	...	...	...	1
Non-commissioned officers and men, Regular Army				...	...	48
Non-commissioned officers and men, Territorial Units				...	...	19
					—	
				Total	...	85
					—	

Of this number sixty-one convalescents arrived diagnosed enteric fever, all on clinical grounds and positive Widal reactions. The remaining twenty-four cases arrived as paratyphoid fever "A". In one case the organism was recovered from the blood, the remaining twenty-three cases were diagnosed on positive Widal reactions. In very few instances were any documents such as case sheets, temperature charts or medical history sheets available.

Only two carriers were detected in this number and will be referred to under the head of carriers.

Of the thirty-four cases contracted in India, eighteen came from the 9th (Secunderabad) Division, fourteen cases from the 6th (Poona) Divisional Area, one case from the 5th (Mhow) Division and one case from the Burma Division.

9th (Secunderabad) Division.—Of the eighteen cases from this Division, three were cases of enteric fever, the organism being recovered from the faeces in all three cases. Five were cases of paratyphoid "A," the organism being recovered from blood culture in three cases and from the faeces in two. The remaining two cases were sent as pyrexia of uncertain origin.

Bangalore furnished five cases of pyrexia of uncertain origin and two cases of enteric fever. Madras sent five cases of pyrexia of uncertain origin, one case of enteric fever and one case of paratyphoid fever "A," and Wellington furnished four cases of paratyphoid fever "A." In all the ten cases of pyrexia of uncertain origin sent from this Division, a blood culture was taken and early examinations of faeces and urine were carried out with a view to isolating the causal organism, but with negative results.

6th (Poona) Divisional Area.—Of the fourteen cases from this Division, eight were sent as cases of enteric fever, all being diagnosed on clinical grounds and on Widal reactions. Three arrived as cases of paratyphoid fever "A" diagnosed on the organism being recovered from blood culture, and three were sent as cases of pyrexia of uncertain origin.

Deolali sent two cases of paratyphoid fever "A" diagnosed on the organism being recovered by blood culture, and three cases of pyrexia of uncertain origin.

In these latter cases, a blood culture was taken and the fæces and urine were examined, but with negative results. Of the two cases of paratyphoid fever "A," the organism recovered from the blood gave all the reactions of *Bacillus paratyphosus* "A", and when absorbed with the high titre serum, it removed the agglutinins for itself and for *Bacillus paratyphosus* "A", thus placing beyond doubt the identity of the organism.

Of the five cases that arrived in the Dépôt from Kirkee, all were diagnosed enteric fever on clinical grounds and on rising Widal reactions. In three of the cases a blood culture was taken, and the fæces and urine were examined during the course of the disease, but with negative results. In two of the cases which were treated at the Station Hospital, Poona, and were sent to Kirkee prior to their being transferred to the Enteric Convalescent Dépôt, no blood culture was made but the fæces and urine were examined with negative results.

Poona furnished two cases of enteric fever which were diagnosed on clinical grounds, and one case of paratyphoid fever "A" which was diagnosed by the recovery of the organism from the blood.

Colaba furnished one case of enteric fever, which was diagnosed clinically. This case contracted the illness while on boardship, between Bombay and Burma, and there were no means of applying laboratory tests in the investigation of his case.

5th (Mhow) Division.—One case of paratyphoid fever "B", diagnosed by the recovery of the organism from the blood, arrived in the Dépôt from this Division.

Burma Division.—One case of enteric fever, an Officer of the Burma Police, arrived from Rangoon. He was treated in one of the Civil Hospitals there, and no documents concerning this case have been received up to date.

Carriers.—A list of these is attached. Two remained over from last year but have now both been discharged from the Enteric Dépôt. Four carriers were detected during the year. One has been returned to duty and three remain in the Dépôt.

The first carrier detected was Gunner Halyburton, 14th Battery, Royal Field Artillery. This case is of considerable interest in that it is one of the cases in which abscess of the liver has been caused by and directly traced to enteric fever. I therefore propose to give the history of this case in some detail.

The patient was inoculated against enteric fever in December 1913. On the 6th of August 1914, he was admitted to the Station Hospital, Secunderabad, giving a history of being ill for about one week. A blood culture was taken on the following day and *Bacillus typhosus* was isolated. On the 22nd of the same month he complained of pain over the gall bladder; it was tender on pressure and felt to be enlarged. This condition passed away in four or five days and the patient's temperature fell to normal, on the 19th of September. He was transferred to the Enteric Convalescent Dépôt on the 3rd of December 1914, arriving here on the 5th of the month.

On the 29th of December 1914, he complained of pain over a small area of the liver, in the region of the gall bladder. As this condition did not improve under treatment he was admitted to the Station Hospital, Wellington, on the 31st. His temperature on the evening of his admission was 102.4 F.; differential leucocyte count showed polymorphonuclears 72 per cent., large mononuclears 9.6 per cent., small mononuclears 15.6 per cent., eosinophiles 6 per cent., and transitionals 2 per cent. On the 4th of January his urine contained neither albumen nor sugar. A blood culture taken on the same day proved sterile. On the 6th, 7th and 8th of January *Bacillus typhosus* was recovered from his faeces. On the 11th of January his temperature came down to normal morning and evening, and he was discharged to the Enteric Convalescent Dépôt on the 24th of the month.

On the 31st of January he complained of pain in the right shoulder; his temperature was normal morning and evening. The next day he complained that the pain was very much aggravated at night. The liver was slightly enlarged upwards in the mid-axillary line with some bulging. His evening temperature was 99.6 F. and his blood was free from malarial parasites. He was again admitted to the Station Hospital, Wellington, on the 2nd of February 1915.

His total leucocyte count taken on the 3rd February was 10,800, and his differential leucocyte count on the same day read as follows:—Polymorphonuclears 78 per cent., large mononuclears 7 per cent., small mononuclears 11.6 per cent., eosinophiles 4 per cent., and transitionals 1.8 per cent. There was a gradual increase in the total leucocytic count, which was taken daily, between this and the 9th of February, when it reached 27,301. The differential count which was made on the 8th instant remained much about the same. During the early morning of the 10th of February the patient expectorated what appeared to be the contents of a liver abscess. The sputum was of a brownish tinge, and on microscopical examination was found to contain numerous pus cells, diplococci, liver cells and some motile bacilli. The sputum was plated on Conradi on the morning of the 10th and on the 12th after 48 hours' incubation an almost pure culture of *B. typhosus* was obtained. On the same morning the patient was explored under chloroform, but no abscess was found. The daily amount of expectoration for the next few days averaged about six ounces. This was examined daily but with negative results. It then gradually decreased and finally ceased on the 21st of February. The patient was discharged from hospital on the 9th of March 1915.

The points of interest in this case are:—

- (1) Recrudescence of cholecystitis after so long a period with normal temperature.
- (2) The isolation of *Bacillus typhosus* from his faeces six months after it was isolated by blood culture.
- (3) The finding of *Bacillus typhosus* and liver cells in the sputum, indicating an abscess in the liver tissue itself, a rare condition following enteric fever.

He was discharged from the Enteric Dépôt on the 15th of June 1915, after 123 negative examinations of his faeces and urine.

The second carrier detected was Private Walters, 2-5th Hants Regiment, who arrived in the Dépôt on the 30th July 1915, from the Station Hospital, Wellington. He was diagnosed paratyphoid fever "A" by the recovery of that organism from his fæces during the course of his illness. This organism was again recovered from his fæces while in the Dépôt on the 3rd and 13th of August, since when he has not again excreted the bacillus. He still remains in the Dépôt.

The third case detected was that of Private Gaskin, 2nd Norfolk Regiment, who arrived in the Dépôt on the 3rd of August from Colaba. He contracted the disease while on active service in Mesopotamia and was diagnosed clinically as enteric fever. *Bacillus paratyphosus* "A" was recovered from his fæces on the 9th, 10th and 11th August, six days after his arrival in the Dépôt. He still remains in the Dépôt.

The last carrier detected this year was Driver Hookham, 76th Battery, Royal Field Artillery. He arrived in the Dépôt on the 9th of September from Colaba, having contracted the disease while on active service in Mesopotamia. *Bacillus paratyphosus* "A" was isolated from his urine on the 23rd, 25th, 29th and 30th of October. This case is of interest in that, though the colonies on the Conradi plates presented the typical appearance of the typhoid group, and gave the sugar reactions of *Bacillus paratyphosus* "A", it did not on any occasion agglutinate immediately with the high titre serum of any of the typhoid organisms, but did so readily with the high titre serum of *Bacillus paratyphosus* "A", after being subcultured in sodium taurocholate or nutrient broth and then replated on a Conradi plate.

There was one case of paratyphoid fever "A" in the Dépôt during the year, No. 2478 Private Faulkner, S.-1-4th Buffs, who arrived in the Dépôt on the 20th of April, from Mhow, as a convalescent case of paratyphoid fever "B." He was inoculated against enteric fever in November 1914, and contracted paratyphoid fever "B" in January 1915, that organism being recovered from his blood and confirmed in this laboratory. On the 26th of June, two months after his arrival in the Dépôt, he was admitted to the Station Hospital, Wellington, and found to be suffering with paratyphoid fever "A," which organism was recovered from blood culture. His admission into hospital, coincided with that of three other men of the garrison, who were suffering from the same disease. In the case of these three men, the source of infection was traced, by the Deputy Assistant Director of Medical Services, (Sanitary), 9th Division, to a butler, employed in the Soldiers' Home, who was a paratyphoid fever "A" carrier. Private Faulkner, however, states that he has never been to the institute in question, all institutes outside the Enteric Dépôt being out of bounds to the enteric convalescents. The only carriers in the Dépôt at the time of Private Faulkner's stay, prior to his contracting the disease, were two enteric fever carriers. All carriers are isolated, having their meals apart and separate latrine accommodation.

One other case that of Recruit Dass, 73rd Carnatic Infantry, stationed at Trichinopoly is worth mention. No blood culture was taken, and his Widal reactions were as follows :—

Ninth day of disease, negative to enteric group in all dilutions.

Twenty-third day of disease, positive in a 1 in 40 dilution, and incomplete in a 1 in 100 dilution to *Bacillus Paratyphosus* "A", and positive in a 1 in 40 dilution to *Bacillus typhosus*.

Fifty-fourth day of disease, positive in a 1 in 200 dilution with *Bacillus typhosus*, and positive in a 1 in 100 dilution with *Bacillus paratyphosus* "A".

On the 16th and 32nd days of disease, *Bacillus paratyphosus* "A". was recovered from his fæces, and on the 33rd and 34th days of disease *Bacillus typhosus* was recovered from his urine.

This case is of interest illustrating as it does a double infection with organisms of the enteric group.

There was a great influx of patients from July to October from the Persian Gulf, and in order that these convalescents might have the requisite number of examinations very large batches had to be examined at a time. In the course of investigating carriers this year, the method of incubating fæces and urine for twenty-four hours in peptone water with varying dilutions of brilliant green, and then plating on to Conradi, Endo's and ordinary agar plates was given an extensive trial. In this laboratory it was found that no better results are obtained in so far as the enteric group is concerned than when the routine method, *i.e.*, of incubating for half an hour before plating on to Conradi media, is employed. On the contrary the brilliant green method appears to favour the growth of *Bacillus pyocyaneus*.

In all a total of 13,852 plates were examined this year. A comparative statement of the work done during each of the last three years is appended.

Year.	Arrivals.	Widal reactions.	Plates examined.	Carriers detected.
1913	83	192	6,195	8
1914	92	186	11,398	6
1915	124	195	13,352	4

It is very satisfactory to note that in the majority of cases sent to the Depot this year from the various stations in the Southern Army, a blood culture had been made and that the fæces and urine of patients suspected of enterica, were examined with a view to isolating the causal organism.

Table showing transfers to the Depot by stations in Divisions, including admissions from Overseas.

Divisions.	Station.	Pyrexia of uncertain origin.	PARATYPHOID FEVER.		Enteric.	Total.
			"A."	"B."		
5th (Mhow)	Mhow	...	...	1	...	1
	Poona	...	6	...	11	17
	Colaba	...	18	...	54	72
6th (Poona)	Kirkee	...	2	...	5	7
	Deolali	...	2	...	1	6
	Bangalore	...	5	...	4	9
9th (Secunderabad)	Wellington	...	4	...	...	4
	Madras	...	5	1	...	1
Burma	Rangoon	...	...	...	1	...
	Total	13	33	1	77	124

Table showing Bacteriological Examinations for the year 1915.

Month.				Urine.	Fæcæ.	Widals.	ORGANISMS WORKED OUT IN DEPÔT.		
							Enteric.	Not enteric.	Total.
January	...	...	...	527	527	13	3	...	3
February	...	...	...	407	407	5	6	...	6
March	...	...	...	425	425	15	5	...	5
April	...	...	...	351	351	12	3	1	4
May	...	...	...	488	488	3	...	...	...
June	...	...	...	488	488	3	1	1	2
July	...	...	...	588	588	18	3	2	5
August	...	...	...	601	601	20	6	1	7
September	...	...	...	736	736	26	...	...	...
October	...	...	...	812	812	21	2	...	2
November	...	...	...	801	801	28	...	...	...
December	...	...	...	517	517	22	...	...	...
Total				6,676	6,676	195	29	5	34

Total plates ... 13,352.

Carriers in Depôt on January 1st, 1915.

Name.	Unit.	Place and date of origin.	Period under observation.	Type of carrier.	How finally disposed of.	Division.	Disease.
Pte. Taylor	... 1-Loyal North Lancashire.	Bangalore, 29th May 1914.	10th July 1914 to 6th April 1915.	Urine B. T. A. Fæces Para. "A."	Returned to duty.	Ninth	Para. "A."
Pte. Ellis	... 7-Hussars	Bangalore, July 1914.	10th September 1914 to 11th May 1915.	Urine B. T. A.	Returned to duty.	Ninth	Pyrexia of uncertain origin.

Carriers detected in 1915.

Gr. Halyburton	... 14-Royal Field Artillery.	Secunderabad, 31st July 1914.	5th December 1914 to 3th June 1915.	Fæces sB. T. A.	Returned to duty.	Ninth	Enteric.
Pte. Walters	... 1-5th Hants	Wellington, June 1915.	30th July 1915 to date.	Fæces Para. "A."	Still in Depôt.	Ninth	Para. "A."
Pte. Gaskin	... 1-Norfolks	Mesopotamia	3rd March 1915 to date.	Fæces Para. "A."	Still in Depôt.	Sixth	Enteric.
Dr. Hookham	... 7th Battery, Royal Field Artillery.	Ditto	9th September 1915 to date.	Urine Para. "A."	Still in Depôt.	Do.	Enteric.

The table below gives the annual admission rate per 1,000 of strength for "enterica" during each of the last 5 years in all Indian stations having an average annual strength of over 500 :—

Stations.			1911.	1912.	1913.	1914.	1915.*
Peshawar	...	...	3·0	·6	·6	3·6	2·8
Nowshera	...	...	6·4	1·9	...	1·9	1·0
Rawalpindi	...	...	·7	2·7	4·6	5·6	2·6
Ghariai	...	...	...	...	1·4	...	...
Barian Camp	...	...	8·2	1·3	3·4	...	...
Sialkot	...	...	·8	1·9	7·9	1·8	5·7
Lahore Cantonment	...	...	4·5	3·8	1·7	3·2	9·
Dalhousie	...	...	...	6·3	1·5	...	...
Multan	...	...	4·4	2·2	12	1·4	5·3
Ferozepore	...	...	1·0	...	...	...	3·6
Jullundur	...	...	...	...	...	...	...
Ambala	...	...	...	4·8	...	1·7	1·1
Dagshai	...	...	9·9	1·3	...	...	...
Meerut	...	...	1·8	3·2	1·7	7·5	...
Delhi	...	...	...	...	...	1·7	1·2
Agra	...	...	...	...	1·1	4·9	2·6
Bareilly	...	...	16·8	1·5	1·4	1·2	1·4
Ranikhet	...	...	·5	1·2	2·4	4·2	...
Chakrata	...	...	1·6	·9	1·7	...	...
Lucknow	...	...	15·4	5·5	9·3	4·4	15·9
Fort William	...	...	·8	4·8	·8	...	...
Dinapore	...	...	...	...	...	...	...
Lebong	...	...	1·6	1·6	...	...	...
Allahabad	...	...	4·2	...	...	...	2·9
Cawnpore	...	...	...	1·	1·1	1·2	...
Fyzabad	...	...	11·6	30·6	13·3	17·4	...
Quetta	...	...	3·5	·3	1·4	2·0	2·8
Karachi	...	...	4·4	...	·8	...	...

* Includes figures for Territorials.

Stations,				1911.	1912.	1913.	1914.	1915.*
Hyderabad	...	...	...	1'8	...	...	...	...
Mhow	...	...	...	2'7	1'1	2'2	4'6	9'0
Kamptee	...	...	...	3'4	1'0	4'2	6'4	...
Nasirabad	...	...	...	6'0	4'5	2'5	...	...
Jhansi	...	...	...	3'2	1'0	2'8	2'0	18'4
Jubbulpore	...	...	...	4'8	2'7	...	...	2'8
Poona	...	...	...	3'0	5'3	9'2	12'1	2'3
Kirkee	...	...	...	5'4	'9	2'6	3'4	3'6
Bombay	...	...	...	3'9	1'7	2'7	4'8	2'0
Deolali	...	...	...	...	...	...	...	...
Ahmednagar	...	...	...	2'9	1'0	1'8	2'4	...
Belgaum	...	...	...	14'0	3'7	5'6	5'3	...
Secunderabad	...	...	...	4'5	5'0	1'6	3'1	'5
Bangalore	...	...	...	4'9	4'6	4'6	4'0	3'6
Madras	...	...	...	3'0	...	1'3	2'6	...
Wellington	...	...	...	4'3	3'4	1'0	...	5'6
Maymyo	...	...	...	...	...	...	...	3'9
Shwebo	...	...	...	...	...	...	...	...
Rangoon	...	...	...	'9	...	...	...	...
Aden	...	...	...	...	3'3	'9	'9	...

*Includes figures for Territorials.

PYREXIA OF UNCERTAIN ORIGIN.

10. There were 438 admissions, with no death, returned under this head, as contrasted with 650 admissions and 3 deaths in 1914. One of the most satisfactory features of the statistics for 1915 is that the number of these cases has fallen so considerably, indicating as it probably does, a greater discrimination and care in diagnosis.

The largest number of admissions for pyrexia of uncertain origin occurred in Multan 108, Port Blair 58, Lahore 24, Rawalpindi 20, Quetta 20, Mhow 18, Chakrata 16, Barrackpore 12, Ambala 11 and Jhansi 11.

The following table shows the admission rates for pyrexia of uncertain origin and malaria in the several Divisions during the years 1914 and 1915:—

Divisions and Divisional Areas.	ADMISSIONS PER 1,000 OF STRENGTH			
	PYREXIA OF UNCERTAIN ORIGIN.		MALARIA.	
	1914.	1915.	1914.	1915.
1st (Peshawar)	12.3	3.2	416.0	309.2
2nd (Rawalpindi)	11.8	6.5	272.9	276.8
3rd (Lahore) Divisional Area	16.1	28.4	239.7	122.3
4th (Quetta)	11.9	5.8	241.8	263.3
5th (Mhow)	4.8	7.9	150.6	68.2
6th (Poona) Divisional Area	5	4.3	134.4	202.0
7th (Meerut) Divisional Area	2.8	6.9	99.9	114.1
8th (Lucknow)	35.0	8.5	75.5	53.9
9th (Secunderabad)	2.8	2.1	56.7	37.4
Burma	8.1	30.1	67.9	196.1
Aden Brigade	9	...	201.1	54.5

The Multan report says that pyrexia of uncertain origin occurred chiefly during the months June, July, August, September and October. As the last hot weather was a particularly severe one in this station, and as the troops (Territorials) were new to the country it is probable that many of these were cases of sun-fever.

The prevailing character of these cases was fever with headache the duration of which was 4 or 5 days.

SCARLET FEVER.

11. There were 160 cases of scarlet fever during 1915 with 2 deaths, as contrasted with only 8 cases with no death in the previous year. The disease occurred in Ambala 47 cases, Mhow 33, Bangalore 18, Quetta 14, and Multan 10. The Ambala report says that all patients had recently arrived from England. The Mhow report explains, that this disease introduced by Territorial units in the previous year, persisted through January, after which it was got under control and finally stamped out by the end of April. One case admitted on 5th May, was infected by direct contact. Many of the cases were of a very mild type with faint fugitive rashes and slight throat symptoms, which rendered recognition difficult, and hampered the efforts to control the disease. One case of a severe toxic type proved fatal. Complications were few and call for no special mention.

SANDFLY FEVER.

12. The number of admissions for sandfly fever was 1,844 as contrasted with 1,493 in the previous year, an increase of 351.

The greater number of cases were returned from the undermentioned stations:—

Stations.			Average annual strength.	Admissions.	Ratio of admission per 1,000	Months of maximum incidence.
Peshawar	...	...	1,803	592	328.3	May and September.
Nowshera	...	...	1,145	328	286.5	September and October.
Rawalpindi	...	...	2,271	214	94.2	May, August, September and October.
Lahore	...	...	985	94	95.4	April, May and July.
Ferozepore	...	...	832	149	179.1	May, July, August and September.
Dinapore	..	...	458	66	144.1	August and September.
Mhow	...	...	1,328	41	30.9	January, February and March.
Aden	...	...	587	60	102.2	May and June.

This disease generally is most prevalent during the hottest months of the year and occurred practically all over the country.

PLAGUE.

13. There was one admission and one death during the year as against 3 admissions and one death in the previous year. The diagnosis was confirmed by bacteriological examination. The case was of bubonic type. The disease was contracted in the bazar.

DIPHTHERIA.

14. There were 67 admissions for diphtheria in 1915 with 2 deaths as against 20 in the previous year. The greatest number of admissions occurred at Quetta 24 with (2 deaths), Dalhousie 15, and Wellington 8 admissions.

DENGUE.

15. This disease was responsible for 696 admissions as against 645 in 1914, giving ratios of 15.5 and 10.7 per 1,000 of strength.

The stations giving the highest number of admissions were Dinapore and Mandalay 134 each, Calcutta 131, Rangoon 76 and Mhow 67.

RABIES.

16. This disease as in the previous year accounted for only one admission and one death. The man was bitten by a cat and was sent to Kasauli for anti-rabic treatment.

BERI-BERI.

17. There were 21 admissions with no death for this disease as against 47 cases and 4 deaths in 1914. The ratios of strength being 47 and 78, respectively. These admissions occurred at Bangalore 7, Calcutta 6, Quetta 3, Bombay and Sabathu 2 each and Poona 1. There is nothing special to remark.

DYSENTERY.

18. The admission and death rates from dysentery were 5·6 and '29 per 1,000 of strength in 1915 against 6·2 and '17 in 1914. The death rate was higher in the Southern Army. The disease was most prevalent amongst troops in the Secunderabad and Lahore Divisions where the admission rates were 20·2 and 7·1, respectively. For the European Army as a whole, the months of greatest prevalence were April, July, August and September and those of least prevalence were January, March and May. There were, in all, 253 cases of dysentery with 15 deaths.

ABSCESS OF LIVER.

19. Liver abscess caused 23 admissions with 9 deaths against 29 admissions and 9 deaths in 1914. These cases occurred in the following stations:—Cherat and Meerut 3 each, Quetta and Lucknow 2 each and one case occurred in each of 12 other stations and one on the line of march.

PNEUMONIA.

20. The admission and death rates from pneumonia during 1915 were 2·7 and '38 per 1,000 of strength, respectively, as compared with 2·8 and '28 in 1914. The total number of admissions and deaths was 119 and 17 in 1915 and 171 and 17 in 1914. The admission rate was higher in the Southern than in the Northern Army but the death rate in the Northern was double that of the Southern Army. The following stations yielded the largest number of cases:—Quetta 14, Peshawar 13, Secunderabad 8 and Rawalpindi 7.

TUBERCLE OF LUNGS.

21. Fifty-one admissions and 5 deaths were recorded under this head as compared with 52 admissions and 10 deaths in 1914. The ratios of admissions and deaths per 1,000 of strength were 1·1 and '11 in 1915 and '9 and '17 in 1914. These fifty-one cases occurred in 28 stations of which 6 were at Nasirabad and 3 each at Lucknow, Quetta, Karachi, Bombay and Madras. Two cases occurred in each of 6 stations and 16 stations reported single cases.

HEAT-STROKE AND SUN-STROKE.

22. There were 172 cases of heat-stroke with 33 deaths and 35 cases of sun-stroke with no death in the period under report, as contrasted with 58 admissions and 16 deaths for heat-stroke and 23 admissions and 6 deaths for sun-stroke in 1914. The following stations returned the highest number of cases of heat-stroke:—Jubbulpore 25 with 2 deaths, Lahore 20 with 3 deaths, Ferozepore 11 with no death.

POISONS.

23. There were 27 cases of poisoning three of which were fatal. Twenty-six were admitted to hospital with 2 deaths. The third death occurred outside hospital (carbon monoxide) and was accidental. In 1914 there were 77 cases and 6 deaths. The admissions were due to the following causes:—Ptomaine poisoning 21, chemical poisoning 2, venom of stinging insects 3.

Of the fatal cases one was due to chloroform poisoning, one to carbon monoxide and one to poisonous food (meat).

VENEREAL DISEASES.

24. The incidence of venereal diseases in the various Divisions and Aden Brigade for the past 5 years is given in the following two tables:—

ALL VENEREAL DISEASES.

Ratios per 1,000 of strength.

Divisions.	1914.		1915.	
	Admissions.	Ratio.	Admissions.	Ratio.
1st (Peshawar)	73	21'4	117	30'8
2nd (Rawalpindi)	229	37'9	150	32'3
3rd (Lahore) Divisional Area	310	43'3	57	10'1
4th (Quetta)	203	43'1	142	33'0
5th (Mhow)	390	58'6	150	33'1
6th (Poona) Divisional Area	449	74'7	144	32'9
7th (Meerut) Divisional Area	365	51'3	170	36'7
8th (Lucknow)	490	65'7	113	22'3
9th (Secunderabad)	395	59'1	150	34'9
Burma	295	103'7	93	44'5
Aden Brigade	74	66'7	10	17'0
Troops marching	72	51'4	9	9'7

ALL VENEREAL DISEASES.

Ratios per 1,000 of strength.

Divisions.	1911	1912	1913	1914	1915
1st (Peshawar)	36'0	51'6	30'1	21'4	30'8
2nd (Rawalpindi)	33'9	34'2	30'4	37'9	32'3
3rd (Lahore) Divisional Area	44'0	53'0	47'7	43'3	10'1
4th (Quetta)	50'0	39'1	37'2	43'1	33'0
5th (Mhow)	45'2	48'5	48'7	58'6	33'1
6th (Poona) Divisional Area	72'4	64'1	65'6	74'7	32'9
7th (Meerut) Divisional Area	49'2	48'1	43'4	51'3	36'7
8th (Lucknow)	63'7	72'7	73'5	65'7	22'3
9th (Secunderabad)	70'9	74'7	62'7	59'1	34'9
Burma	82'9	84'0	105'1	103'7	44'5
Aden Brigade	44'6	49'8	38'7	66'7	17'0
For whole of British troops	53'1	55'5	52'5	55'2	29'1

There were 1,305 admissions from all forms of venereal disease as compared with 3,345 in 1914, a remarkable and satisfactory decrease.

The admissions for each form of venereal disease per 1,000 of strength during each of the past two years are tabulated below :—

Year.					Syphilis.	Gonorrhœa.	Soft chancre.	All forms of venereal disease.
1914	...	...	...	...	10·4	34·6	10·2	55·2
1915	...	...	...	...		19·9	5·2	29·1

The following 15 garrisons with a strength of not less than 200 men furnished the highest number of admissions for all forms of venereal disease during the year :—

Stations.					Average strength.	Admitted.	Ratios per 1,000 of strength.
Peshawar	...	...	...	...	1,803	56	31·1
Nowshera	...	...	...	...	1,145	52	45·4
Rawalpindi	...	...	...	...	2,351	76	32·3
Sialkot	...	...	...	...	702	32	45·6
Meerut	...	...	...	...	1,190	54	45·4
Agra	...	...	...	...	757	36	47·6
Calcutta	...	...	...	...	722	36	49·9
Quetta	...	...	...	...	2,868	69	24·1
Karachi	...	...	...	...	967	50	51·7
Mhow	...	...	...	...	1,328	31	23·3
Jhansi	...	...	...	...	1,088	44	40·4
Bombay	...	...	...	...	977	55	56·3
Secunderabad	...	...	...	...	2,132	65	30·5
Bangalore	...	...	...	...	842	40	47·5
Rangoon	...	...	...	...	660	42	63·6

The incidence of venereal diseases during the last 5 years according to the arms of the service is shown in the following table :—

Years.					VENEREAL DISEASES :		ADMISSION RATIO PER 1,000.
					Cavalry.	Artillery.	Infantry.
1911	...	...	...	...	48·9	53·8	57·3
1912	...	...	...	...	56·1	52·4	60·7
1913	...	...	...	...	38·1	46·2	59·1
1914	...	...	...	...	45·8	48·8	61·6
1915	...	...	...	...	45·4	42·5	25·3

SYPHILIS.

There was one death from syphilis returned during the year as against 4 in 1914 equivalent to death ratios per 1,000 of '02 and '07, respectively.

INVALIDING.

25. The total number of men invalided during the year was 889 as against 364 in 1914, giving ratios of 19'8 and 6'0 per 1,000 of strength, respectively.

Table showing the number of cases invalided to England for the more important diseases during the years 1906-15.

	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.
Syphilis	120	76	59	26	18	10	9	13	7	6
Malaria	136	274	62	76	5	7	3	5	5	9
Valvular disease of heart and disordered action of heart ...	222	177	96	71	90	57	61	54	55	181
Debility	255	177	70	20	14	5	13	9	9	39
Tubercle of lung	91	106	72	65	71	55	47	49	27	43
Dysentery	59	49	31	16	9	9	9	7	3	3
Insanity	64	69	51	50	37	40	28	44	34	4
Local injuries	66	62	80	35	35	39	42	35	25	36
Rheumatic fever including gout, osteo-arthritis ...	40	30	27	7	4	12	14	17	5	39
Enteric fever	115	85	21	9	4	3	6*	12	...	...
Diseases of nervous system other than epilepsy and mental...	59	57	44	25	29	23	36	37	14	52
Perforation of membrana tympani	51	51	24	23	11	12	15	25	10	17
Diseases of the respiratory system	39	50	30	12	16	13	9	9	4	12
Epilepsy	42	33	36	27	25	30	24	26	20	31
Abscess of liver... ..	67	39	31	17	14	2	5	5	7	2
Hepatitis including cirrhosis	36	21	23	4	9	4	5	5	6	6
Diseases of the eye other than amblyopia and errors of refraction.	29	29	20	16	14	12	16	20	5	32
Diseases of digestive system other than hepatitis, abscess of liver, hernia and caries of teeth.	56	41	24	11	11	14	9	11	7	40
Bilharzia hæmatobia	10	4	2	3	1	1	1	...	...	...
Diseases of the ear other than perforation of membrana tympani.	38	54	44	26	36	50	29	49	50	63
Diseases of the circulatory system other than valvular disease of heart and disordered action of heart and varix.	32	20	18	2	25	10	4	6	9	11
Hernia	15	9	10	3	2	3	1	3	1	30
Myopia, ametropia, hypermetropia, astigmatism, amblyopia and amaurosis.	23	41	20	10	19	13	6	15	5	55
Gonorrhœa	11	21	15	8	7	4	2	9	12	3
Varix	13	9	6	2	1	5	...	...	...	21
Caries of teeth	28	31	9	3	3	6	...	1	1	17
Beri-beri	60	5	5	3	2	1	...	...	...	3
Anæmia	5	7	5	1	...	1	1	1	1	...
All causes	1,091	1,286	1,074	648	562	512	474	530	364	889

* Includes 5 form paratyphoid "A."

† Both cases are of paratyphoid "A."

The following table shows the number invalided for syphilis and gonorrhœa during the last 10 years :—

Years.					INVALIDS SENT HOME.			
					SYPHILIS.		GONORRHOEA.	
					Actuals.	Ratio per 1,000.	Actuals.	Ratio per 1,000.
1906	...	...	...	...	120	1'71	11	1'16
1907	...	...	...	...	76	1'10	21	1'30
1908	...	...	...	...	59	'86	15	1'22
1909	...	...	...	...	26	'36	8	1'11
1910	...	...	...	...	18	'25	7	1'10
1911	...	...	...	...	10	'14	4	1'06
1912	...	...	...	...	9	'13	2	1'03
1913	...	...	...	...	13	'18	9	1'13
1914	...	...	...	...	7	'12	12	1'20
1915	...	...	...	...	6	'13	3	1'07

The table below contrasts the health of officers with that of non-commissioned officers and men for the last 5 years :—

Years.					RATIO PER 1,000 OF STRENGTH.					
					ADMISSIONS.		INVALIDS SENT HOME.		DEATHS IN THE COMMAND.	
					Officers.	Non-commissioned officers and men.	Officers.	Non-commissioned officers and men.	Officers.	Non-commissioned officers and men.
1911	...	...	...	...	582'1	524'7	15'78	7'07	8'10	4'89
1912	...	...	...	...	597'9	547'9	16'24	6'68	4'39	4'62
1913	...	...	...	...	545'3	580'5	14'18	7'49	2'09	3'25
1914	...	...	...	...	536'7	614'1	16'77	6'01	3'83	4'32
1915	...	...	...	...	694'2	823'1	20'19	19'80	7'31	5'95

The following table gives the incidence of " enterica " among the four groups of officers, non-commissioned officers and men, women, and children, and shows the ratio per 1,000 of strength of admissions and deaths from enteric fever, including paratyphoid fevers " A " and " B " :—

OFFICERS.		NON-COMMISSIONED OFFICERS AND MEN.		WOMEN.		CHILDREN.	
Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
3'8	4'8	3'7	'36	1'3	'64	3'4	'34

OFFICERS.

26. Forty-two officers were invalided in the period under report, as compared with 35 in 1914. The causes of invaliding were:—Neurasthenia 6; debility 4; pyrexia of uncertain origin, rheumatic fever, tubercle of lungs, gunshot wound 2 each; enteric fever, malaria, inflammation of lymphatic glands, tubercle of bladder, multiple neuritis, choroiditis, lenticular cataract, synchysis, blinding from intense light, arterial sclerosis, valvular disease of heart, disordered action of heart, Raynaud's disease, sprue, bronchitis, emphysema, duodenal ulcer, diarrhœa, calculus in kidney, inflammation of the prostate, synovitis, separation of epiphysis, concussion of brain, one each.

The average strength of commissioned officers with European troops in India during 1915 was 2,080, and among them there were 1,444 admissions with 15 deaths to hospital, as against 1,120 and 8 deaths in 1914, giving admission rates of 694.2 and 536.7 and death rates of 7.21 and 3.83, respectively. The diseases which caused most admissions to hospitals were:—diarrhœa 92, inflammation of connective tissue 75, tonsillitis 62, abrasions or contusions 61, bronchitis 59, malaria 58, sandfly fever 52, sprains and strains 51, jaundice 42, boil 37, myalgia 35, dengue 34, gastritis 33, influenza 29, otitis 28. There were 6 cases of enteric fever and 2 of paratyphoid "A," 3 of pneumonia and 3 of tubercle of lungs. The causes of deaths were fractures 3, heat-stroke 2, enteric, dysentery, apoplexy, cholecystitis, acute nephritis, chronic nephritis, contusion of abdomen with rupture of viscera, dilatation of heart, inflammation of pancreas and gunshot wound, one each.

WOMEN.

27. The average strength of women during 1915 was 1,570 as against 3,772 in the previous year. Their health was satisfactory. There were 733 admissions as contrasted with 1,819 in 1914 or a decrease of 1,086. The ratio of admissions per 1,000 of strength in 1915 was 466.9, while that of 1914 was 482.2. The diseases which caused the highest number of admissions were:—debility 206, malaria 56, bronchitis 21, tonsillitis 17, gastritis 11, inflammation connective tissue 10.

The following table gives the admission and death rates for the last 5 years:—

Year.	RATIO PER 1,000 OF STRENGTH.	
	Admissions.	Deaths.
1911	495.8	7.39
1912	510.5	9.16
1913	526.8	6.31
1914	482.2	6.36
1915	466.9	6.37

There were 10 deaths as compared with 24 in the previous year. The deaths were due to the following causes:—

Tubercle of the lungs 3, enteric, septicæmia, purpural fever, carcinoma, valvular disease of heart, dilatation of heart, acute nephritis, and perimetritis, one each. The following table shows the comparative incidence among women and men in respect of the four chief groups of diseases:—

Year.	ADMISSION RATE PER 1,000 OF STRENGTH.							
	Enteric fever including paratyphoid.		Dysentery.		Malaria.		Pyrexia of uncertain origin.	
	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.
1911	3.8	6.4	7.7	7.1	90.2	26.1	26.4	8.0
1912	2.6	7.0	5.2	5.8	82.4	22.4	21.2	10.4
1913	2.3	3.9	5.4	3.2	125.5	36.1	15.6	6.1
1914	2.9	4.0	6.2	5.3	162.8	33.1	10.7	2.4
1915	3.7	1.3	5.6	1.3	154.5	35.7	9.8	1.9

CHILDREN.

28. The average strength of European soldiers' children during 1915 was 2,925 as compared with 6,465 in the previous year. There were 998 admissions compared with 2,474 in 1914. The admission rates per 1,000 of strength were 341.2 and 382.7, respectively. The diseases which were responsible for the greatest number of admissions were measles 36, bronchitis 117, diarrhoea 80, malaria 100, debility 83, enteritis 39, tonsillitis 44 and chicken-pox 30.

The chief features in connection with the diseases are indicated in the following table:—

Yea.	ADMISSION RATES PER 1,000 OF STRENGTH.				
	Small-pox.	Measles.	Enteric fever.	Dysentery.	Respiratory diseases.
1911 ... ..	.6	66.6	4.3	5.7	31.9
1912	2.1	19.2	2.0	3.1	49.5
1913 ... ..	.6	27.7	3.7	2.3	52.7
1914 ... ..	.6	39.6	2.3	4.6	48.6
1915 ... ..	...	12.3	3.4	4.1	46.2

There were 58 deaths as against 150 in 1914, representing mortality ratios of 19.83 and 23.20. The causes of deaths were enteritis 12, infantile convulsions 9, diarrhoea 6, premature birth 5, broncho-pneumonia 4, spinal meningitis 3.

diphtheria, colitis, and disorders of dentition 2 each and one each from 13 other different diseases.

The following table shows the mortality ratios per 1,000 among children from 1867 to 1915 at different age periods :—

Year.				Under 6 months.	Between 6 and 12 months.	From 1 to 5 years.
1867	...	...	...	349·8	235·3	114·9
1870	...	...	...	303·1	222·2	109·7
1873	...	...	...	330·7	298·6	104·8
1880	...	...	...	290·8	210·3	75·2
1885	...	...	...	237·1	175·2	34·1
1890	...	...	...	236·7	156·8	35·5
1894	...	...	...	250·6	142·6	31·4
1900	...	...	...	213·7	115·6	34·8
1906	...	...	...	190·6	87·9	27·5
1910	...	...	...	135·7	63·9	11·7
1912	...	...	...	142·4	72·8	20·4
1913	...	...	...	96·7	39·5	11·1
1914	...	...	...	121·4	42·8	12·6
1915	...	...	...	98·8	52·1	25·2

SECTION II.

INDIAN ARMY.

(From the Director, Medical Services in India.)

29. The average strength of the Indian troops including those on duty in China and other stations outside India was 119,985 as compared with 125,074 in the previous year. The annexed statement will show at a glance the general position as regards the sickness and mortality in 1915. Each rate was higher than the corresponding rate for 1914 and for the previous quinquennial period.

The following table gives a comparison between the ratios of sickness, mortality and invaliding for the quinquennial period and for the years 1915 and 1914.

Indian Troops.					ALL CAUSES, RATIO PER MILLE.		
					1909-1913.	1914.	1915.
Admissions	...	...	...	...	550·4	566·5	744·4
Constantly sick	...	...	...	...	20·5	20·9	33·9
Deaths	...	...	...	...	4·69	4·17	8·55
Invalids	...	...	...	...	5·06	7·36	36·53

ADMISSIONS.

30. There were 89,315 admissions from all causes as compared with 70,858 in 1914, giving ratios of 744·4 and 566·5 per 1,000 of strength, respectively.

DEATHS.

31. There were 1,026 deaths, as against 521 last year, representing death rates of 8·55 and 4·17 per 1,000 of strength, respectively.

The table below shows the death rates per 1,000 among Indian troops since 1880 compared with those of British troops in India during the same period :—

Year.				INDIAN TROOPS.		BRITISH TROOPS.
				Mortality excluding absent deaths based on strength present.	Mortality including absent deaths based on enrolled strength	Death rate per 1,000.
1880	...	...	...	39·22	41·12	24·85
1881	...	...	...	19·24	22·62	16·86
1882	...	...	...	12·24	14·76	12·07
1883	...	...	...	11·76	14·31	10·88
1884	...	...	...	10·50	12·22	12·56
1885	...	...	...	13·67	16·09	14·55
1886	...	...	...	13·27	19·46	15·18
1887	...	...	...	11·68	18·17	14·20

Year.				INDIAN TROOPS.		BRITISH TROOPS.
				Mortality excluding absent deaths based on strength present.	Mortality including absent deaths based on enrolled strength.	Death rate per 1,000.
1888	...	...	...	12·84	16·14	14·84
1889	...	...	...	12·94	16·19	16·60
1890	...	...	...	15·91	18·64	13·84
1891	...	...	...	15·44	19·34	15·89
1892	...	...	...	14·97	18·67	17·07
1893	...	...	...	10·29	12·81	12·61
1894	...	...	...	10·76	13·59	16·07
1895	...	...	...	11·60	15·71	15·26
1896	...	...	...	10·20	12·57	14·84
1897	...	...	...	13·12	14·90	22·93
1898	...	...	...	11·07	13·33	20·05
1899	...	...	...	10·70	14·50	12·75
1900	...	...	...	14·04	18·57	14·62
1901	...	...	...	10·68	13·89	12·38
1902	...	...	...	11·16	15·01	14·68
1903	...	...	...	10·04	16·62	13·05
1904	...	...	...	8·46	12·08	10·83
1905	...	...	...	8·09	9·50	10·05
1906	...	...	...	6·57	8·58	10·43
1907	...	...	...	6·27	8·51	8·18
1908	...	...	...	7·41	8·49	9·73
1909	...	...	...	5·62	6·42	6·25
1910	...	...	...	4·89	7·12	4·66
1911	...	...	...	4·48	6·78	4·89
1912	...	...	...	4·42	5·66	4·62
1913	...	...	...	4·01	4·55	3·26
1914	...	...	...	4·17	3·73	4·32
1915	...	...	...	8·55	6·62	5·95

The chief causes of sickness in 1915 were malaria, 17,813 admissions; pyrexia of uncertain origin, 2,675; diseases of the respiratory system, 5,069; diarrhœa, 2,187; venereal diseases, 3,756; dysentery, 2,712; sandfly fever, 1,671; and anæmia and debility, 2,498. The main causes of deaths were:—pneumonia, 314; malaria, 129; enteric fever, 61; cholera, 46; respiratory diseases, 40; and tubercle of the lungs, 38. Pneumonia, which is invariably the chief cause of mortality accounted for nearly one-third of the total

deaths, while malaria came second. Hepatic affections, sandfly fever and influenza were less prevalent amongst Indian than amongst European troops; on the other hand, the former showed much greater proneness to pneumonia, dysentery, tubercle of lungs, pyrexia of uncertain origin and respiratory diseases.

The statistics of Indian troops located in stations outside India are given in Table XVI. The average strength of troops serving in China was 2,141, their admission rate was 488.6 and the death rate 5.60 per 1,000 of strength. It will thus be seen that on the whole there was less sickness in the China station (Hong Kong) than in India generally. Malaria, respiratory diseases, pyrexia of uncertain origin, anæmia and debility were the chief causes of sickness. There were 1,046 admissions with 12 deaths comprising five from pneumonia, two from anæmia and debility, one from enteric fever and four from other causes.

In the stations of the Aden Brigade (Aden and Khormaksar) the average strength was 587 and the admission and death rates were 1,212.9 and *nil*, respectively. The chief causes of sickness were sandfly fever and malaria.

The average strength of the stations on the Persian Gulf was 1,342 and the admission and death rates were, respectively, 1,229.2 and 14.90. The prevailing diseases were malaria, diarrhœa, dysentery, anæmia and debility. There were 20 deaths including one each from enteric fever, malaria, pyrexia of uncertain origin, pneumonia, diarrhœa, and anæmia and debility and 14 from all other causes.

The following table supplements the information given in Table XVI.

—			Average strength.	Admission rate.	Death rate.
Aden Brigade	...	...	587	1,212.9	<i>Nil</i> .
Persian Gulf	...	...	1,342	1,229.2	14.90
Colombo, Diyatalawa and Singapore	...	...	847	674.1	1.18
Hong Kong	...	...	2,141	488.6	5.60

NORTHERN AND SOUTHERN ARMIES, GROUPS.

32. There was more sickness in the Southern than in the Northern Army, the admission rate of the former being 771.9 as compared with 740.4 in the latter. The death rate of the Southern Army was 6.52 and of the Northern Army 10.08 per 1,000 of strength. The highest admission rates were in Burma Inland, Bengal and Orissa, and Burma Coast and Bay Islands geographical groups.

STATIONS, REGIMENTS.

33. There were 43 stations in India with an average strength of over 1,000, and among these the admission rates per 1,000 of strength were very high in Miranshah, Tank, Poona, Mardan, Jhelum, Loralai, Kirkee and Abbottabad and the death rates were high in Abbottabad, Miranshah, Dera Ismail Khan, Tank, Bannu, Lucknow, Delhi, Lahore Cantonment and Lansdowne. The main causes of the high admission rates were malaria, pyrexia of uncertain origin, sandfly fever and dysentery. The chief cause of the high death rate in all the stations mentioned above

was pneumonia. The following regiments showed the greatest prevalence of disease during the year; the admission and death rates are noted against each in the table given below :—

Un't.			Station.	Admission rate.	Death rate.
1-6th Gurkhas	...	...	Abbottabad	1,451.7	70.05
2-5th Gurkhas	...	...	Abbottabad	814.9	52.48
1-5th Gurkhas	...	...	Campbellpore and Abbottabad.	758.7	32.72
2-6th Gurkhas	...	...	Abbottabad	687.1	29.54
81st Pioneers	...	...	Mardan and Nowshera.	512.6	26.29
64th Pioneers	...	...	Myitkyina and Mandalay.	1,177.1	24.31
52nd Sikhs	...	...	Bannu and Miransbah.	1,107.6	24.12

During the year 4,383 men were invalided from the service as compared with 920 in 1914. The principal causes of invaliding were anæmia and debility, venereal diseases, rheumatic fever, tubercle of the lungs and malaria.

CHOLERA.

34. There were 82 admissions with 46 deaths as against 71 and 33, respectively, in 1914. There were 80 cases in the Northern and 2 cases in the Southern Army. The most considerable outbreak occurred at Nowshera where 29 cases with 8 deaths were reported from two regiments. The disease broke out in May and September in the 81st Pioneers and the 46th Punjabis. All precautionary measures were taken and the disease was promptly brought under control.

The cause of the outbreak could not be definitely traced.

SMALL-POX.

35. The number of admissions for small-pox was 31 with no death as compared with 32 with one death in the previous year. In no regiment did the disease appear in epidemic form, the largest number in any one station being 3. The 31 cases were spread over 19 stations.

ENTERIC FEVER.

36. There was an increased prevalence of enteric fever among Indian troops as compared with 1914. Admissions numbered 258 as compared with 202; and the number of deaths was 61 as compared with 41. The cases were scattered over 58

stations. Those stations which suffered most severely were:—Bannu—49 admissions and 10 deaths; Miranshab—41 admissions and 10 deaths; Kohat—18 admissions and 2 deaths; Sialkot and Muscat with 11 cases and 1 death each. The following units suffered most severely: 30 cases with 6 deaths in the 52nd Sikhs, 20 cases with 8 deaths in the 10th Jats, 18 cases with 2 deaths in the 26th Punjabis, 15 cases with 3 deaths in the 2-4th Gurkha Rifles, and 14 cases with 1 death in the 116th Mahrattas. The source of infection, as is usual amongst Indian troops, could not be definitely traced, but appears to have been attributable to the easy access to foul water. The disease was most prevalent in the summer months of the year when flies and dust may have been partly responsible for its spread.

The diagnosis of most of the cases of enteric fever was confirmed by blood culture or Widal's test, and urine and fæces were also examined when necessary.

It will be seen from the accompanying table that Gurkhas usually show a greater predisposition to this disease than other Indian and British troops.

Years.		ENTERIC FEVER. RATIO PER 1,000.					
		BRITISH TROOPS.		INDIAN TROOPS.		GURKHAS.	
		Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
1909	...	8.9	1.58	2.2	.43	5.1	.95
1910	...	4.6	.63	2.5	.44	6.1	1.07
1911	...	3.8	.33	2.3	.42	5.2	1.22
1912	...	2.6	.39	1.8	.47	3.3	.84
1913	...	2.3	.25	1.6	.23	2.9	.50
1914	...	2.9	.21	1.6	.33	4.0	.82
1915	...	3.7	.36	2.2	.51	2.4	.65

The Senior Medical Officer, Kohat, states that in March a Dogra sepoy admitted in the hospital was found to be suffering from enteric fever. The Gurkhas occupied the Chamberlain Lines. In April two more cases occurred in the same lines—one Dogra and one Gurkha, who had recently come to the station. In all 6 cases of typhoid and 12 cases of paratyphoid were admitted during the year under report. The disease was confined to the sepoys living in the Chamberlain Lines. Much time was spent in investigating the origin of the disease. The water from the stream and bathing tank, the milk, meat and fish, from the lines to which the disease was confined, were examined without result. The cooks, bunniahs, sweepers and others were brought to hospital, and their stools were examined and cultured in the usual way. After many days' hard work two typhoid carriers were found in the lines, one a sweet-seller and the other a butcher. These men were isolated, and all other possible precautions were taken to prevent the spread of the disease.

Anti-enteric inoculation.—This preventive measure continues to make fair progress among Indian troops. In some regiments practically all the men of the battalion were inoculated. The exact figures as to the number of men inoculated against enteric fever during the year are not available, owing to withdrawal of regiments for field service and their repeated movements from one station to another.

MALARIA.

37. There were 17,813 admissions and 129 deaths as compared with 14,114 cases and 29 deaths in 1914. This represents an admission rate of 148·5 per 1,000 of strength and a death rate of 1·08 as compared with 112·8 and ·23 in 1914. The increase was due to the increased prevalence of the disease in the Northern Army.

The highest admission rates (in stations where the average strength was over 200) were reported from Muscat (1,654·2), Hangu (630·6), Shillong (618·3), Myitkyina (508·6), Miranshah (474·4), Abbottabad (436·2), Tank (434·3) and Thayetmyo (432·6).

Muscat.—There were 1,459 admissions with one death as against 501 and no death in 1914. A scrutiny of the meteorological records seems to show that although Muscat is situated in the sub-tropical zone, its temperature conditions are those associated with a tropical climate. Active breeding by anophelines has been proved to take place practically throughout the year and since the atmospheric temperature rarely falls below 60° F., it may be assumed that, so far as temperature conditions are concerned, infection and reinfection may be acquired at all seasons of the year.

Hangu.—There were 321 admissions from malaria in the year under report. The land in the neighbourhood of the Hangu Camp is heavily irrigated, which affords many suitable breeding grounds for mosquitos. Quinine was issued as a prophylactic, in doses of ten grains of the sulphate in solution, from May to November 1915.

Shillong.—Admissions 452 (Gurkhas 70 and 123rd Rifles 382) against 351 last year (Gurkha Rifles 165 and 123rd Rifles 196). The disease was confined to men returning from recruiting duties and recruits coming from the depôt of the 123rd Rifles at Mhow. Almost all cases were of the benign tertian variety.

Myitkyina.—Admissions 177 with 6 deaths as against 350 with 3 deaths during 1914. Owing to non-receipt of 'medical transactions' from Myitkyina there is nothing special to remark.

Miranshah.—Cases 611, deaths 8. The units that suffered most were :—

10th Jats, 200 cases, 4 deaths; 52nd Sikhs, 146 cases, 2 deaths; 116th Mahrattas, 134 cases and no death; 25th Cavalry, 44 cases, 1 death; 29th Mountain Battery, 41 cases, 1 death; 26th Punjabis, 41 cases, no death; Frontier Garrison Artillery, 5 cases, no death. The Jats and the 52nd Sikhs suffered much in previous years from malaria, the former in Hyderabad and Jhansi, and the latter in the Bannu Brigade; but the 116th had practically no malaria the year before, and comparatively little in 1913, both years in Jhansi. All the three corps most affected had occupied camps or outposts in the Tochi

Valley and elsewhere, which are notoriously malarious, but Miranshab appears to have been the worst station. Most cases were mild, but severe and persistent cases, with temperatures running up to 105° , accompanied by delirium and with subsequent debility, were frequent. Practically all cases of pyrexia had their blood microscopically examined one or more times. Benign tertian parasites were most frequent but malignant tertian were also found. There was at least one quartan case, in the 116th Mahrattas.

Abbottabad.—Malaria was very prevalent throughout the autumn. The number of admissions during the year was 1,416. The figure though large does not give a true estimate of the extent of the disease, and the degree to which it permeated all ranks. As many cases could not be admitted to the overcrowded hospital, they had to be treated in special segregation camps. The Gurkha battalions in particular suffered severely from this disease. In all severe cases, blood smears were examined microscopically but parasites were not found in as large a proportion of cases as might be expected.

Malaria accounted for 60 deaths. Invalid and segregation camps were established to endeavour to prevent the spread of the epidemic and to hasten the recovery of those affected. Quinine was given intramuscularly and intravenously but with doubtful benefit. Sulphate of quinine was administered as a prophylactic in 10 grain doses on two consecutive days each week and afterwards, during September and October, it was administered in 5 grain doses daily. At first all cases of malaria were treated in a special ward under mosquito curtains, but as the epidemic assumed larger proportions the malaria cases overflowed into every ward and filled each tent.

Tank.—There were 720 admissions from malaria as compared with 282 in 1914. Prophylactic issue of quinine was adopted during the hot weather.

Thayetmyo—Malaria was the most prevalent disease among the sepoys, especially among the Pioneers. There were 152 cases and 2 deaths among the 64th Pioneers and 29 cases among the 91st Punjabis. This high figure is due to the Pioneers having been in a malarious area before they arrived in Thayetmyo. They were on road construction duty in the jungle in Myitkyina and were more or less saturated with malaria before their arrival.

Malignant tertian and benign tertian parasites were found in a fair number of cases. They had been getting quinine and so it was difficult to find parasites in all the cases. Most cases yielded to quinine, but some were rather obstinate in their course. These yielded to arsenic and quinine internally with hypodermic injections of quinine. The Pioneers were put on prophylactic quinine in ten grain doses four times a week. The Punjabis and Carnatics were on quinine on two consecutive days in the week for part of the year. This prophylactic quinine had a decided effect in checking the disease.

PYREXIA OF UNCERTAIN ORIGIN.

38. There were 2,675 admissions for pyrexia of uncertain origin with 26 deaths as against 4,436 and 15, respectively, in 1914. The highest number of admissions occurred in the following stations:—Jhelum (353), Tank (320), Rawalpindi (277), Fort William (173), Peshawar (150), and Lahore Cantonment (133).

The units with the largest number of admissions were :—The 16th Rajputs, consisting of a large percentage of recruits and reservists, had 183 admissions and were stationed at Fort William throughout the year. The disease known in Calcutta as "3 days' fever" was the cause of the large number of admissions under this heading. As it is not recognised in the official nomenclature the cases of fever of 3 days' and 5 days' duration, were all designated pyrexia of uncertain origin. The signs and symptoms of these cases showed a great resemblance to a mild form of influenza. The occurrence of this fever in the months of July, August, September and October exhibits a seasonal prevalence in Calcutta similar to that of dengue.

The 97th Infantry at Tank and Dera Ismail Khan had 155 admissions with one death. The 87th Punjabis at Tank and Zam and the 84th Punjabis at Rawalpindi had 141 and 131 admissions, respectively.

SANDBLY FEVER.

39. There were 1,671 cases of sandfly fever as against 1,483 in 1914. The disease was reported from 33 stations and the largest number of admissions occurred in :—Miranshah 323, Bannu 258, Peshawar 237, Aden 179, Kohat 125, Mardan 113, Kila Drosh 104. The disease is in itself not of great importance but it lowers the resisting power and vitality of the sufferers and thus complicates any concomitant disease.

The units which suffered most were :—The 116th Mahrattas at Bannu and Miranshah who admitted 361 cases in all. They did not appear to suffer notably in Bannu, but got sharp attacks on arrival in Miranshah. Previous attacks conferred no immunity ; on the contrary they seemed to render certain individuals more liable to subsequent attacks.

Although no fatality resulted from sandfly fever, some cases, especially in the autumn, gave cause for anxiety—high temperatures, diarrhoea, epistaxis, prostration and collapse having to be carefully combated. Most cases were of the three day type but some with more prolonged temperature (4 to 7 days) were observed.

The 109th Infantry at Aden admitted 161 cases. As the result of an extraordinary amount of rain in the winter, a succulent green plant covered what are usually the very barren hills of Aden. Coincidentally with this the place became infested with the sandfly to an extent unknown in previous years. This resulted in a large outbreak of three days' sandfly fever with typical symptoms of frontal headache, pain and injection of eyes, and body pains. There was no rash discoverable on the bodies of Indians. This fever occurred chiefly in the early months January, February and March. The plague of sandflies became so severe at one time that sleep at night became nearly impossible.

The 21st Punjabis at Peshawar had 135 admissions. All the cases occurred during the hot months. The disease was most prevalent during May and June and disappeared in the cold weather.

The Queen Victoria's Own Corps of Guides at Mardan accounted for 113 admissions from sandfly fever against one in 1914.

The 2-1st Gurkhas at Drosh and Chitral admitted 115 cases during 1915.

DENGUE.

40. There were 181 cases attributed to dengue as against 544 last year. Only 16 cases occurred in the Northern Army; the rest of the cases were recorded in the Southern Army. The disease was reported from 14 stations, the largest number of admissions occurring in the following stations:—Thayetmyo 89, Trichinopoly 39, Rangoon 12, Mandalay 9. The Medical Officer, Thayetmyo, states that no parasites were found in the blood. The cases ran a temperature from 3 to 7 days, with pain in the joints and frontal headache. Most of the cases had a slow pulse in proportion to the temperature. A few had a rash on the chest: quinine had no effect on the disease.

MALTA FEVER.

41. There were only 32 admissions of Malta fever with one death as compared with 32 cases and no death during the previous year. The unit which had the largest number of admissions was the 45th Sikhs at Dera Ismail Khan who reported 23 cases. About a third of this number were admitted in January. The type of the disease was severe. Most of the patients were ineffective throughout the year. Relapses were common. There was one death, and two men were invalided. The medical officer attributes the outbreak to the ease with which goats' milk was obtainable and the preference of the men for drinking it unboiled. Every effort was made in the regiment to cut off the supply of unboiled goats' milk.

KALA-AZAR.

42. There were 8 cases of this disease with 4 deaths as in the previous year. The disease was reported from the following 6 stations:—Abbottabad and Dehra Dun 2 each, Ambala, Dinapore, Quetta and Deoli one each.

RELAPSING FEVER.

43. There was a marked decrease in the incidence of relapsing fever. The total number of admissions during the year was only 3 with 2 deaths as compared with 41 admissions and one death last year.

BERI BERI.

44. Admissions for beri-beri rose from 7 in 1914 to 59 in the year under report; 26 of the cases occurred at Trichinopoly, 13 at Baroda, 8 at Bangalore, 5 at Thayetmyo, 3 at Mandalay, and 2 cases each at Secunderabad and Bannu.

PLAGUE.

45. There were 24 admissions on account of plague with 8 deaths as against 13 admissions and 7 deaths in 1914. In only one unit, the 5th Cavalry at Rawalpindi, did the disease threaten to become epidemic, 10 cases with one death having occurred in that regiment. The disease was reported from 13 stations.

SCURVY.

46. This disease accounted for 238 admissions and 5 deaths as compared with 81 admissions and 2 deaths in 1914. The largest number of admissions were reported from Jandola 83, Karachi 30, Chaman 17, Ahmednagar 16 and Tank 15.

The 83 cases that occurred in Jandola were admitted into hospital during the last two weeks of the year. The occurrence of such a large number of cases in an outpost with a strength of 138 men and within a very short period of two weeks, must not be taken to mean that scurvy broke out suddenly here. The first weekly inspection was held and 34 men were noticed as suffering from scurvy 12 of whom said they contracted the disease at Jandola. During the next weekly inspection 49 more cases were recognized of which there were only 5 whose disease originated at Jandola. The remaining cases, 66 in all, were among men who had been transferred here from other outposts. The rations of the sepoys were defective though in other respects they live under very good hygienic conditions, having enough exercise and fresh air, and with nothing to depress their vitality. To make good the defect in the rations one ounce lime juice is issued thrice a week.

TUBERCLE OF THE LUNGS.

47. There were 332 admissions with 38 deaths attributed to tubercle of the lungs as compared with 270 and 29 in 1914. This disease continues to be one of the prominent causes of mortality and invaliding in the Indian Army. The stations which suffered most were :—Dehra Dun, 23 admissions with 7 deaths; Peshawar, 23 admissions with 2 deaths; Jhelum, 23 admissions with no death; Abbottabad, 21 admissions with one death; Bareilly, 17 admissions, Mardan, 14 admissions; and Bannu, 13 admissions.

The largest number of admissions to hospital in any regiment during the year was 12 in the 1-2nd Gurkhas at Dehra Dun. The next largest numbers in individual regiments were 9 in the 2-5th Gurkhas at Abbottabad and 7 in 1-6th Gurkhas at Abbottabad and Campbellpore.

It will be seen from the table given below that the Gurkha shows a much greater predisposition to this disease than other Indian troops. The admissions and deaths amongst Gurkhas numbered 61 and 21, respectively, during the year under report.

TUBERCLE OF THE LUNGS. RATIO PER 1,000.

Year.	ARMY OF INDIA.		GURKHAS.		EXCLUDING GURKHAS.	
	Admis- sions.	Deaths.	Admissions.	Deaths.	Admis- sions	Deaths.
1906	2'5	'52	5'2	2'41	2	'29
1907	2'5	'33	4'8	1'03	2'3	'24
1908	3'0	'42	5'0	1'43	2'7	'28
1909	2'3	'39	4'0	1'34	2'1	'26
1910	2'4	'19	3'6	'50	2'3	'15
1911	2'1	'21	3'6	'70	1'9	'14
1912	2'0	'24	4'1	'84	1'7	'16
1913	1'8	'24	2'7	'94	1'6	'15
1914	2'2	'23	4'5	1'02	1'8	'13
1915	2'8	'32	4'4	1'51	2'6	'16

PNEUMONIA.

48. This disease accounted for 1,547 admissions and 314 deaths as against 910 admissions and 136 deaths in 1914. For many years this disease has been the chief cause of mortality amongst Indian troops. The stations principally affected were Bannu (112 cases and 23 deaths), Peshawar (89 cases and 16 deaths), Quetta (68 cases and 21 deaths), Kohat (58 cases and 7 deaths), Rawalpindi (53 cases and 12 deaths), Dehra Dun (49 cases and 3 deaths), Dera Ismail Khan (47 cases and 19 deaths), Jullundur (46 cases and 4 deaths) and Tank (44 cases and 10 deaths). The units which suffered most were the 10th Jats and the 52nd Sikhs (both at Bannu and Miranshah) 55 and 41 cases, respectively; the Queen Victoria's Own Corps of Guides at Mardan 39 cases; the 30th Punjabis at Delhi and Tank (31); the 2-9th Gurkha Rifles at Dehra Dun and Delhi (28); and the 97th Infantry at Dera Ismail Khan and Khajuri Kutch (25).

The disease was less prevalent than in the previous year in only two of the geographical groups, and the highest admission rates for the year were recorded in the North-Western Rajputana group (18.7 per 1,000) and the Upper Sub-Himalayas (16.0 per 1,000).

The pneumonia admission and death rates of the Northern Army were nearly double those of the Southern Army.

DYSENTERY.

49. There were 2,712 admissions with 24 deaths from dysentery as contrasted with 1,781 admissions and 10 deaths in 1914. The highest admission rates were reported from Miranshah, Tank, Shillong, Alipore, Thayetmyo, Bannu and Santa Cruz, the admission rates in these stations varying between 250.8 and 52.1 per 1,000. As regards the prevalence of the disease in regiments, 174 and 114 cases occurred in the 10th Jats and the 52nd Sikhs, respectively, (both stationed at Miranshah and Bannu) and 110 cases in the 87th Punjabis at Tank and Zam.

Dysentery prevailed most extensively in Miranshah (323 cases). The form of the disease appears to have been mostly bacillary, some medical officers believing that only about 4 per cent. were amœbic, but heavy work prevented systematic microscopic examination of cases.

COLITIS.

50. There has been an increase of 382 cases and one death in the figures for colitis during the year under review, the number of admissions being 1,213 with 3 deaths as against 831 with 2 deaths in 1914.

The stations showing the greatest number of admissions were Peshawar 130, Nowshera 99, Mhow 88, and Kirkee 80.

VENEREAL DISEASES.

51. During 1915 there were 3,756 admissions and 4 deaths amongst Indian troops as compared with 1,945 admissions and 4 deaths in the previous year. The ratios per 1,000 of strength were 31.3 for admissions and .03 for deaths as against 15.6 and .03 for 1914. As has been noted the Southern Army suffers more from such

diseases than does the Northern Army. The highest number of cases were reported from:—Jhelum 167 admissions, Peshawar 150, Poona 141, Secunderabad 139, Ambala 136, Dehra Dun and Karachi 121 each, Bangalore 113, Quetta 112 and Rawalpindi 107.

The statement below contrasts the admission rates from venereal diseases among Indian and European troops.

Year.						VENEREAL DISEASES ADMISSION RATE PER 1,000.	
						Indian Troops.	European Troops.
1906	...	...	...	...	...	16.2	117.3
1907	...	...	...	...	...	14.7	89.9
1908	...	...	...	...	...	15.2	69.6
1909	...	...	...	...	...	16.4	67.8
1910	...	...	...	...	...	16.9	58.9
1911	...	...	...	...	...	14.9	53.1
1912	...	...	...	...	...	14.4	55.5
1913	...	...	...	...	...	12.6	52.5
1914	...	...	...	...	...	15.6	55.2
1915	...	...	...	...	...	31.3	29.1

SUICIDE.

52. The total number of suicides during 1915 was 15 as compared with 10 in 1914. Of these 6 were by gunshot, four by hanging, two by opium poisoning, one by drowning, one by jumping out of a railway carriage and one probably suicidal (exact cause unknown).

GUINEA-WORM DISEASE.

53. Guinea-worm was responsible for 643 admissions as compared with 256 in 1914. The following stations returned the highest number of admissions:—Ferozepore 63 admissions, Bannu 59, Dacca 58, Jhelum and Poona 42 each, Lahore Cantonment and Belgaum 27 each, and Kirkee 20. The Medical Officer, Bannu, states that most of the cases occurred in the 116th Mahrattas. The infection must have been contracted at their homes in the Deccan where the disease is common and where dirty water from pools and tanks is used indiscriminately for drinking purposes.

ANKYLOSTOMIASIS.

54. There were 41 admissions with one death ascribed to ankylostomiasis. The highest number of cases occurred in the Malakand and Fort Lockhart stations (10 cases each).

COMMISSIONED BRITISH OFFICERS.

55. The average annual strength of British commissioned officers with Indian troops during 1915 was 1,349. The total admissions from all causes among them were 809 with 13 deaths as compared with 631 and 10 deaths in 1914.

The principal causes of admissions were :—malaria 132, sandfly fever 53, pyrexia of uncertain origin 37, diarrhoea 29, and dysentery 20. There were 12 admissions with 5 deaths from enteric fever among British officers attached to Indian troops. The admission and death rates from enteric fever as compared with officers with British troops were in the year under report :—British officers attached to Indian troops admission rate 8·9, death rate 3·71 per mille ; British officers with British troops, admission rate 3·8, death rate 0·48.

SECTION III.

GENERAL POPULATION

AGRICULTURAL CONDITIONS.

56. The year 1915 opened with an absence of famine conditions. The cold weather rains were plentiful in January and February over the greater part of the country. The hot weather rains in March—May were also in excess. The monsoon current, on which so much depends, was late in becoming established; north-west India had but little rain till the end of August when matters improved and much needed rain fell in September and the first half of October. The total rainfall of the period June—September was in defect over most of northern India but above normal in the Peninsula. A small area in Bengal and Bihar and Orissa was visited by drought. The rainfall from October to December was either normal, or in excess of normal, in most parts of the country. The total rainfall of the year was two per cent in excess of normal on the plains of India.

The total outturn of wheat was 6·7 per cent in excess of the quinquennial average and was a record one. The seasonal conditions were everywhere favourable for this crop except in Bengal and Bihar and Orissa where, however, the wheat crop is not of much importance. Conditions were not so favourable to the rice crop which fell short of the previous year's outturn by 2·9 per cent. Sugarcane had a decreased acreage but in spite of this the yield was higher than in the previous year and in excess of the quinquennial average. The oilseed crops did fairly well.

BIRTHS AND DEATHS.

57. Below is given in tabular form the total number of births and deaths registered in each administration in India in the year under report:—

Province.	BIRTHS.			TOTAL DEATHS.			RATIO OF DEATHS PER 1,000 OF POPULATION.			MEAN DEATH RATE DURING PREVIOUS FIVE YEARS.		
	Total number.	Ratio per 1,000 of population.	Mean ratio 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.	Total.
Delhi	19,069	47·91	...	7,703	4,368	12,071	34·16	22·85	28·97	...	...	...
Bengal	1,441,628	31·80	34·53	71,836	1,415,731	1,488,567	24·70	33·39	31·83	24·06	29·69	29·33
Bihar and Orissa	1,396,805	40·4	41·9	26,074	1,075,851	1,111,925	30·9	32·2	31·2	30·2	31·6	31·5
Assam	203,326	33·60	32·39	3,556	183,192	186,778	30·02	30·88	30·36	21·46	25·28	26·18
United Provinces of Agra and Oudh.	1,036,121	43·48	44·36	127,535	1,279,268	1,406,743	41·24	29·12	30·04	42·19	25·93	36·37
Punjab	843,423	43·6	44·9	63,174	639,376	702,550	36·17	30·35	30·33	34·97	30·88	31·15
North-West Frontier Province...	64,764	31·7	35·3	5,395	42,799	48,194	28·21	23·14	23·61	25·15	21·37	24·44
Central Provinces and Berar ...	667,340	47·95	50·75	56,603	441,079	499,682	44·29	35·06	35·91	41·25	37·46	37·77
Madras Presidency	1,249,434	31·2	32·1	126,859	753,681	879,950	26·2	21·4	22·0	28·5	22·1	23·7
Coorg	4,433	25·33	26·44	445	4,093	5,438	44·58	30·26	31·06	54·22	34·35	35·41
Bombay Presidency...	726,780	37·10	36·14	96,261	415,352	511,613	30·28	25·31	26·12	27·78	28·07	29·93
Burma { Lower	204,822	33·39	32·69	25,392	128,695	154,087	32·62	24·03	25·12	35·05	22·79	24·42
{ Upper	141,428	38·01	35·36	16,092	105,670	121,762	50·23	31·07	31·72	41·84	26·74	28·12
Ajmer-Merwara	21,053	43·78	44·61	Not available	...	13,052	Not available	...	26·03	Not available	...	26·86
British India	9,021,825	37·82	39·20	636,065	6,492,395	7,127,418	32·15	29·75	29·94	33·43	30·45	30·79

The birth rate for British India as a whole was 37·82 per mille which is 1·8 less than in 1914 and 1·4 lower than the quinquennial mean. The Central Provinces returned the highest rate 47·95 per mille, closely followed by Delhi, 47·91. Among the major provinces the birth rate was lowest in Madras 31·2, the North-West Frontier Province 31·7 and Bengal 31·8. With the exception of Assam and Upper Burma, all administrations reported lower birth rates in 1915 than in the preceding year. The death rate exceeded the birth rate in Bengal and, as usual, in the small province of Coorg. Everywhere else the natural increase of population was considerable, greatest in Delhi, Ajmer-Merwara, the United Provinces, the Central Provinces and Bombay where the excess of births over deaths amounted to 18·95, 17·7, 13·4, 12 and 11·0 per mille, respectively. In Assam the births exceeded the deaths by only 2·8 per mille.

The death rate for British India as a whole amounted to 29·94 per mille which is ·06 lower than in the previous year and 0·76 lower than the quinquennial mean. The lowest death rate, 22 per mille, was, as usual, recorded in Madras. The North-West Frontier Province takes second place with 25·61. The Punjab returned the highest death rate, 36·33 per mille closely followed by the Central Provinces with 35·91. The Punjab, Bengal, Burma, Bihar and Orissa, and Assam all had increased death rates as compared with the previous year: the remaining seven administrations returned lower rates. Most noteworthy is the fall in the death rate of Delhi Province from 37·98 in 1914 to 28·97 per mille in the year under report. The Assam death rate was 6·2 per mille in excess of that of 1914.

The urban death rate for India as a whole was 32·15 per mille as compared with 29·75 the rural rate. Both rates are lower than the quinquennial means.

CHIEF DISEASES.

58. Below are tabulated the number of deaths ascribed to each of six important causes of mortality :—

Province.	CHOLERA.		SMALL-POX.		PLAGUE.		FEVERS.		DYSENTERY AND DIARRHŒA.		RESPIRATORY DISEASES.		ALL OTHER CAUSES.	
	Total deaths.	Ratio per 1,000	Total deaths.	Ratio per 1,000	Total deaths.	Ratio per 1,000	Total deaths.	Ratio per 1,000	Total deaths.	Ratio per 1,000	Total deaths.	Ratio per 1,000	Total deaths.	Ratio per 1,000.
Delhi ...	92	·22	14	·03	8	·01	6,716	16·11	266	·63	3,544	8·74	1,331	3·18
Bengal ...	130,679	2·88	22,785	·72	199	·004	1,084,159	23·47	28,919	·63	11,733	0·25	220,693	4·86
Bihar and Orissa ...	88,340	2·5	15,526	·4	27,241	·7	696,829	20·2	32,940	·9	6,975	·2	244,655	7·1
Assam ...	26,979	4·46	4,076	·67	...	...	91,739	15·16	16,122	2·66	4,732	·78	43,120	7·13
United Provinces of Agra and Oudh.	90,508	1·93	2,204	·05	58,128	1·24	937,399	20·44	19,477	·41	24,126	·52	254,791	5·44
Punjab ...	12,195	·68	1,694	·09	221,066	11·48	284,784	14·73	12,538	·65	47,193	2·44	121,159	6·22
North-West Frontier Province.	931	·45	26	·01	340	·17	26,518	17·82	483	·24	1,601	·08	8,295	4·06
Central Provinces and Berar.	5,662	·41	1,151	·08	20,264	1·46	237,834	17·09	46,122	3·31	44,155	3·17	144,494	10·28
Madras Presidency ...	30,098	·8	24,038	·6	3,899	·1	290,228	7·3	61,057	1·5	41,113	1·0	429,587	10·7
Coorg ...	...	...	23	·23	2	·01	4,549	26·00	105	·60	44	·25	715	4·09
Bombay Presidency ...	377	·62	1,425	·07	43,824	2·24	224,797	11·48	31,707	1·62	62,354	3·23	146,119	7·46
Burma { Lower	8,209	1·34	202	·03	2,891	·47	50,554	8·24	8,159	1·33	5,495	·88	78,667	12·82
Upper	6,288	2·52	15	·00	1,749	·47	32,686	9·05	3,427	·92	3,124	·84	70,373	18·91
Ajmer-Merwara ...	3	·01	3	·01	...	...	10,585	21·11	459	·92	408	·20	1,600	3·19
British India { 1915 ...	404,472	1·70	82,282	·35	380,501	1·60	3,090,287	16·73	261,800	1·10	257,721	1·08	1,764,349	7·40
1914 ...	280,730	1·18	76,590	·32	266,588	1·12	4,091,345	17·16	278,225	1·17	261,149	1·09	1,000,144	7·97

Cholera.—Cholera was more prevalent than in any year since 1912. The increase chiefly affected Bengal, Bihar and Orissa, Assam, the United Provinces, and Burma. Madras, Bombay, and the Central Provinces had a markedly decreased incidence as compared with the previous year. Assam was the chief sufferer: here cholera was responsible for a death rate of 4.46 per mille. This is a higher cholera death rate than has been reported by any administration for very many years and is more than three times the death rate from cholera returned by British India as a whole. Bengal 2.88, Upper Burma 2.52, Bihar and Orissa 2.5, and the United Provinces 1.93 come next. With the exception of Lower Burma, 1.34, all the other administrations returned cholera death rates below one per mille. Coorg had no cholera at all and Bombay's mortality from cholera amounted to .02 per mille, a remarkably low figure representing as it does only 377 deaths throughout the year.

Small-pox.—Small-pox was responsible for 83,282 deaths which represents a rate of 0.35 per mille. This figure closely approximates the normal: the mean small-pox death rate for the previous quinquennium was 0.32. Bengal and Bihar and Orissa were responsible for more than half the small-pox of India. Bengal was the chief sufferer and had a death rate of 0.72 per mille. The North-West Frontier Province returned only 26 deaths and Upper Burma, with 15 deaths, was likewise almost free from this disease. Vaccination in India is considered in Section V of this report.

Plague.—Plague had an increased mortality as compared with the previous year being responsible for a death rate of 1.6 per mille as compared with 1.12 in 1914, 0.83 in 1913, 1.10 in 1912, and 3.07 in 1911. The Punjab was by far the worst infected province, in fact 58 per cent of the total plague deaths of British India were reported from the Punjab. The Punjab plague deaths amounted to 11.5 per mille. Bombay came second with 2.24. The Central Provinces and the United Provinces returned plague mortality rates of 1.5 and 1.2, respectively. In no other province did the rate approach unity. Assam and Ajmer-Merwara were quite free from the disease. In Bengal, Delhi, Coorg and the North-West Frontier Province plague was almost a negligible factor in the vital statistics in the year under report. The outstanding features of the epidemics will be considered in more detail when the various provinces are receiving separate consideration. The Punjab, United Provinces and Bombay excepted, India suffered but little from the ravages of plague in 1915. In British India taken as a whole plague was a less important cause of mortality than was cholera.

Fevers.—Once more, more than half the total deaths in India were ascribed to "fevers," a comprehensive term that includes a multitude of diverse complaints. The "fever" death rate in British India amounted to 16.73 per mille as compared with 17.16 in 1914. This figure remains about the same year after year: during the last five years the lowest rate reported is 16.5 and the highest 17.5. In the year under report the larger administrations returned fever death rates ranging from 7.3 per mille in Madras to 23.47 in Bengal. That is to say, 71 per cent of the total deaths of Bengal were ascribed to "fever" whereas only 33 per cent were so ascribed in Madras. Year after year in this report emphasis has been laid on the fact that it is quite impossible in the present state of our knowledge to hazard even an intelligent guess as to the proportion of fever deaths that are rightly attributable, either directly or indirectly, to malaria, in the various administrations of India. We will revert to this topic again later on. The Government of India are very fully

alive to the urgent need for improvement in the methods of registration of vital statistics now in vogue. The matter would ere this have received a good deal of the attention that it deserves had it not been for the disorganization that has inevitably resulted from the war.

Dysentery and diarrhoea.—Dysentery and diarrhoea were responsible for a death rate of 1·1 per mille, an almost exactly similar figure to that returned for the previous year. The mortality rate attributed to these conditions is also remarkably constant year after year. The highest rate returned in 1915 was 3·3 per mille in the Central Provinces and the lowest 0·24 in the North-West Frontier Province. Nine of the fourteen provinces returned a rate below one per mille.

Respiratory diseases.—Respiratory disease is another heterogeneous assortment of pathological conditions about which it is not possible to make any dogmatic assertions. As a cause of mortality it generally approximates in importance the group “dysentery and diarrhoea” that we have just discussed. In Bengal and Bihar and Orissa, and generally in the United Provinces, “respiratory disease” is a very unimportant item in the vital statistics. In the Central Provinces, Bombay and the Punjab, on the other hand, it is by no means a negligible factor. In the year under report it was the cause of a death rate of 8·7 in Delhi Province, of 3·2 in Bombay and the Central Provinces, of 2·4 in the Punjab, and one per mille in Madras. All the other administrations returned rates of less than unity. One cannot escape the conviction that the apparent geographical distribution of the pathological conditions, that should be included under this head, are in large part due to the varying methods of registration of vital statistics that are in force in the different provinces.

DELHI.

59. The province of Delhi has a population of 416,656 of which only 191,185 dwell in rural areas. The vital statistics of this province can therefore hardly be compared with those of other Indian provinces in which so relatively small a proportion live in towns. The health of the province was good. The birth rate was 47·9 per mille and the death rate 29 to which it fell from 38 in 1914, a most remarkable decrease. There were 105 male births recorded for every hundred female.

December was the month of maximum mortality, when the deaths reported were more than twice as numerous as in February, the healthiest month. No infectious disease gave rise to anxiety; there being only 92 deaths from cholera, 14 from small-pox and 8 from plague.

In Delhi City the infantile mortality rate showed a remarkable decrease. The infantile death rates for the past three years are:—1913, 346; 1914, 313; 1915, 249 per thousand births. The attention that has been paid to the sanitation of Delhi City during the last few years has already resulted in a most notable improvement in health conditions.

BENGAL.

60. The rainfall in the year under report was above normal in twenty of the twenty-seven districts; it was irregularly distributed however, and the agricultural outturn was below normal in the majority of the districts.

The provincial birth rate declined from 33·8 in 1914 to 31·8, a figure which is nearly 3 per mille below the mean of the previous quinquennium. The birth rate varied in districts between 18·5 in Calcutta and 43 in Noakhali. The rural birth

rate was as usual much in excess of the urban rate. There were 107 male births for every hundred female.

A still further rise in the death rate from 31·57 to 32·83 per mille, which is 3·5 above the quinquennial mean, was recorded in 1915. Thus the recorded death rate exceeded the birth rate by one per mille. The district death rate was lowest in Tippera, 22·77, and highest in Murshidabad, 45·21. The urban death rate was 24·7 per mille, an exactly similar figure to that for 1914: the rural rate was 33·4 against 32 in the previous year. While the urban rate varies but little year after year, the rural rate in 1915 was 3·7 higher than the mean of the previous five years. The male death rate was one per mille in excess of the female rate.

Once again, November and December were the months of greatest mortality. In each of these months more than twice as many deaths were reported as in July, the month when fewest deaths occurred. The onset of the cold weather in Bengal is generally accompanied by an increased mortality.

The infantile mortality for the province amounted to 219 per thousand births against 221 in the previous year. The rates for the two sexes were, 224 for male infants, 213 for female.

Cholera.—Cholera was more than usually prevalent and was responsible for a death rate of 2·88 per mille, the highest rate recorded during the last five years. No district was free from this disease; the district cholera death rates varied between 0·8 in Darjeeling and 5·9 in Mymensingh. The latter district was responsible for 26,662 deaths of the total 130,679. As long as the majority of the water supplies are unprotected, as they are at present, severe outbreaks of this disease must be expected. The throwing of bodies of patients, dead of cholera, into rivers that are the sources of supply of drinking water, is a practice that was reported from the two worst infected districts and must have been attended with most disastrous results. The disease was most prevalent in the months of April, November and December. The distribution of the disease illustrates the importance of a pure water supply as a preventive of this disease.

Small-pox.—Small-pox was likewise very much more prevalent than in the previous year; it caused a death rate of 0·7 per mille against 0·2 in 1914. This rate is the highest recorded since 1909. Calcutta was severely stricken and acted as a distributing centre of infection to surrounding districts. Vaccination is still unsatisfactory in Eastern Bengal; this matter is now receiving some of the attention it deserves. March to May was the season of maximum small-pox incidence. Certain districts escaped lightly; Jalpaiguri came off best with a death rate of ·01 per mille; 24-Parganas suffered most and returned a small-pox mortality rate of 2·9. Of the total deaths from this disease 14 per cent occurred among children under ten years of age. This is a smaller percentage than usual and is of good omen.

Plague.—Plague caused only 199 deaths, all but eight of which were reported from Calcutta. In Calcutta itself 1915 was the mildest plague year since this disease gained a foothold.

Fever.—"Fever" accounted for 71 per cent of the total recorded deaths in Bengal in 1915; to it was ascribed a death rate of 23·5 per mille against 23·4 in 1914 and 21·1 the mean rate of the preceding quinquennium. The district of Birbhum recorded a 'fever' mortality rate of 39·7 per mille; its death rate from all causes was but 44·5. The urban "fever" death rate was 7·9 and the rural rate was 24·5.

Quinine was distributed gratuitously in the worst malaria infected districts during the fever season. The question of the prevalence of malaria in Bengal has of late attracted a very large amount of attention. The problems connected with the prevention of malaria in Bengal are attended with very special difficulties and more research work is urgently required.

Dysentery and diarrhoea.—Dysentery and diarrhoea caused a death rate of 0·63 per mille: the urban rate, 2·68, was in excess of the rural rate 0·5. Fewer deaths were ascribed to these diseases than in the two previous years but the death rate is somewhat higher than the previous quinquennial mean.

CITY OF CALCUTTA.

61. The weather conditions in 1915 deviated but little from the normal. Somewhat higher temperatures were recorded and the rainfall in March was excessive.

It is unsatisfactory to note that the birth-rate in the City of Calcutta has been declining for the past five years and the rate recorded in the year under report, 18·5 per mille, is the lowest for the past 10 years. The death rate 28·5 per mille approximates that for 1914, 28·3 per mille: it is slightly lower than the quinquennial average, 28·6 per mille.

The City of Calcutta was singularly free from plague during the year, there being only 191 deaths recorded. A severe epidemic of small-pox was responsible for 2,560 deaths. The outbreak of cholera which caused 1,612 deaths was the mildest recorded for many years. Malaria accounted for 1,258 deaths, approximating the average for the past five years. It is satisfactory to note that there was a marked diminution in the mortality from respiratory diseases, tubercle, dysentery and diarrhoea, and enteric fever.

PORT OF CALCUTTA.

62. During the year 1,125 vessels with 97,691 crew and passengers were examined. In addition 10,881 cargo boats were inspected. There were 15 cases of small-pox and 7 of chicken-pox on out-going vessels: 3,651 persons were vaccinated. Four ships had beri-beri cases on board. There were no cases of sleeping sickness or jigger and only one case of cholera.

ASSAM.

63. The year 1915 was an unhealthy one. Very heavy and extensive floods occurred in the month of July in Sylhet and Cachar, which resulted in scarcity and the consumption of unusual diet: this, at a time when climatic conditions were very unfavourable, was largely responsible for increased sickness and mortality rates.

The provincial birth rate rose from 32·9 in 1914 to 33·6, which is 1·2 per mille over the mean rate for the previous five years. The rate varied in districts between 30·2 in Lakhimpur and 39·7 in Goalpara. The urban rate was 29·8 while the rural rate was 33·7. There were 106 male births reported for every hundred female.

The death rate rose from 24·66 in 1914 to 30·86 in the year under report: the mean rate of the previous five years is 26·18. Among districts Kamrup reported the lowest rate, 25·4, and Goalpara the highest, 40·9. The urban and rural death rates were approximately equal. November was the most unhealthy month when the death rate was more than double that of March, the month in which fewest deaths occurred. The birth rate exceeded the death rate by 2·7 per mille.

Verification of vital statistics by the vaccination staff resulted in a detection of omissions to report births and deaths amounting to 12·8% and 8·9 per cent of the respective totals.

The infantile mortality rate amounted to 202 per thousand births.

All the chief causes of mortality were responsible for higher death rates than normal.

Cholera.—The death rate from cholera rose from 1·5 in 1914 to 4·5 per mille. The mean rate for the previous decade was 2·7. The floods that occurred in July, to which reference has been made, followed by high temperatures and absence of rain in October and December, produced very favourable conditions for the spread of this disease. When the habits of the people and the unprotected nature of the majority of the water supplies are taken into consideration, little more is required to explain the spread of communicable diseases of this nature.

Fevers.—To “fevers” was attributed a death rate of 15·2 per mille, that is to say rather fewer than half the total deaths reported from all causes. It is not possible to frame an approximation as to what percentage of these “fever” deaths are rightly attributable to malaria. An increased number of quinine “treatments” were sold during the year.

Kala-azar.—Kala-azar caused 1,233 deaths, 65 fewer than in the previous year. Only in the Nowgong and Kamrup districts were more deaths reported than in 1914. The disease appears to be stationary in most of the endemic centres.

During the year sanction was accorded to the creation of a separate post of Sanitary Commissioner for Assam : previously the duties of that post had devolved upon the Inspector-General of Civil Hospitals.

BIHAR AND ORISSA.

64. Climatic conditions in this province were not favourable in the year under report. The rainfall was in defect, and, moreover, was badly distributed, resulting in damage to crops both by drought and flood. These facts probably in part explain the fact that the vital statistics for the year reveal a somewhat less satisfactory state of health conditions than those prevailing in 1914.

The birth rate fell from 42·3 in 1914 to 40·4 per mille. The mean rate for the previous five years is 41·9. There was considerable variation in the district rates ; the highest, 48·1, was recorded in Palamau, and the lowest, 31·7, in Singhbhum. The urban birth rate was nearly 9 per mille below the provincial rate. One hundred and five male births were recorded for every hundred female. The birth rate exceeded the death rate by 8·2 per mille.

The death rate which had fallen to 23·3 in 1914 rose to 32·2 per mille which is 0·7 per mille higher than the previous quinquennial mean. The district rate was highest in Balasore, 44·2, and lowest in Singhbhum, 21. The infantile mortality rate was 185·9 per thousand births. Only Bombay and the North-West Frontier Province returned a lower infantile death rate than this in the year under report. More deaths were reported in November than in any other month ; November's deaths were 80 per cent in excess of those reported in either January or February, the two healthiest months. Certain improvements have been effected in the registration of vital statistics during the year ; it is too early yet to report on the results achieved.

Cholera.—Cholera was much more prevalent than in the previous year and was responsible for a death rate of 2.5 as compared with 0.9. The former figure closely approximates the mean cholera death rate for the previous ten years. No district was completely free from the disease; the Shahabad district suffered most, returning a cholera death rate of 5.4 per mille. The disease was most prevalent in the months of November, October and August. Floods appeared to have played a part of importance in the causation of outbreaks.

Small-pox.—Small-pox exacted a toll of 0.4 per mille of the population which is double the rate for the preceding year. No district was free: Balasore had the highest rate, 1.2. Four-fifths of the deaths occurred in the first half of the year.

Fevers.—To "fevers" were attributed 63 per cent of the total mortality of the province. It can be safely assumed that malaria was responsible for but a relatively small proportion of these 'fever' deaths: badly malaria stricken localities are not numerous in this province. What the chief pathological conditions are that account for the balance of the fever mortality, it is not possible to surmise. In Puri the fever mortality was only 7.2. In the other districts rates varying between 12 and 28 were recorded. The delivery of popular lectures on malaria, the distribution of quinine, and the employment of travelling dispensaries were the chief of the means adopted in the campaign against malaria.

Plague.—Plague was responsible for 27,241 deaths, 0.7 per mille. This is considerably less than half the plague mortality recorded in 1914. Excluding 1908 and 1909 the plague epidemic in the year under report was the mildest experienced during the last decade. As usual the outbreak reached its height in the month of March. Once again the districts of Patna, Saran, Shahabad and Gaya, districts which abut on the United Provinces district of Ballia, were responsible for the majority of deaths. The Orissa and the Chota Nagpur Divisions were again practically free from the disease and the Bhagalpur Division suffered but slightly. The geographical distribution and the seasonal prevalence of plague in this Province remain remarkably constant year after year. In the Patna and the Tirhut Divisions, which are the only two that suffer appreciably from plague, the disease is characterized more by the comparative ease with which infection manages to survive the adverse conditions of the hot weather than by the severity of individual outbreaks: these have never been of similar severity to the severe epidemics that have afflicted the Punjab and the western districts of the United Provinces from time to time.

No other disease calls for special comment.

UNITED PROVINCES OF AGRA AND OUDH.

65. The birth rate declined from 44.9 per mille in 1914 to 43.5 in the year under report which is one per mille below the mean of the previous five years. In districts the birth rates varied between 25.4 in Dehra Dun and 49.2 in Bijnor. Though the provincial birth rate has been falling during the last three years, the birth rate in municipalities has been steadily rising; in 1915 the urban birth rate was 44.8 per mille, the highest ever recorded. In 1915 the urban birth rate in the United Provinces was in excess of the rural rate, an unusual state of affairs in India. The excess of births over deaths amounted to 13.4 per mille which is a greater natural increase of population than was recorded in any other of the major

provinces of India in the year under review. There were 108·7 male births recorded for every hundred female : this proportion remains fairly constant in these provinces.

The provincial death rate fell from 33·46 in 1914 to 30 per mille, which is 6·3 below the mean of the previous quinquennium. Only four of the major provinces had lower death rates than this. The district rates varied between 19 per mille in Banda and 52·97 in Pilibhit. The urban death rate was 41·24 which is twelve per mille in excess of the rural rate. The infantile mortality rate works out at 205 per thousand births as compared with 233·5 in 1914. This reduced rate is a gratifying feature of the vital statistics for 1915 : only once has a lower rate been recorded in these provinces and that was as long ago as 1893. It would appear that the increased attention that has been paid during recent years to this important matter is bearing fruit. The training of *dhais*, the activities of travelling dispensaries, attention to the milk supplies of towns, anti-malaria measures and propaganda, can with justice claim some part in the attainment of this reduced infant mortality rate. A study of the district and municipal figures suggest that malaria and deficient attention to conservancy are potent causes of high infant death rates.

Cholera.—Cholera was responsible for 90,508 deaths (1·9 per mille) which is nearly three times the mortality that was attributed to this disease in the previous year. The pilgrims returning from the Kumbh fair at Hardwar were important agents in the spread of infection. More than half the total deaths occurred in October and November ; in the former month the deaths totalled 26,615. January and February were almost free from the disease. Hamirpur and Banda were the only two districts that were completely free ; Meerut and Jhansi were very lightly affected. The two severest outbreaks were experienced in the districts of Garhwal and Pilibhit where the cholera death rates for the year were 11·5 and 11·2 per mille, respectively. The former occurred in the hot weather, the latter in the autumn. Almora had a death rate of 9·7 ; in no other district did the mortality rate attain 6 per mille.

Small-pox.—There was a very marked decrease in the incidence of small-pox ; only 2,304 deaths were attributed to this cause as against 17,954 in 1914. Only two of the major provinces had a lower small-pox mortality than this. In only three towns in the province did the number of small-pox deaths exceed ten.

Plague.—Plague was not severe ; a death rate of 1·2 per mille was attributed to it which is one per mille less than in the previous year. As usual the months of March and April witnessed by far the greatest number of plague deaths : in these two months alone approximately sixty per cent of the year's mortality occurred. Once again the districts in the east of the province bore the brunt of the disease ; this is always the case in years of moderate plague severity for reasons that were discussed in last year's report. In the year under report the Benares and Gorakhpur Divisions contributed considerably more than half of the total plague mortality of the province. Once again the Jhansi and Kumaun Divisions were free from the disease. The west of the province came off comparatively lightly and at the end of the year was all but plague free. Plague in the eastern districts was once more characterized by the persistence with which infection survived the adverse conditions of the non-epidemic season.

Fevers.—To 'fever' was ascribed a death rate of 20·4 per mille which is 2 per mille lower than the rate for the preceding year and the lowest recorded since 1893. Monthly variations in the numbers of fever deaths reported was not as marked as one would premise, were the majority of fever deaths directly caused by malaria; the fact that December was the month of maximum mortality, however, is perhaps explicable on a malaria hypothesis. Anti-malaria measures attracted a considerable amount of attention; amongst them school quinization was perhaps productive of most good.

No other disease calls for special comment.

PUNJAB.

66. On the whole the year was a healthy one. Abnormally heavy rain fell in March which is the month in which plague epidemics in this part of India are approaching their height, and this heavy rain may have played some part in determining the severe nature of the outbreak in the year under report. The monsoon rainfall, on the other hand, was in marked defect with the result that malaria was less in evidence than in an average year. The price of food grains was high throughout the year.

The birth rate fell from 46·3 in 1914 to 43·6 per mille (mean of the previous five years, 44·9). The district rates were lowest in Simla, 21·3, and Dera Ghazi Khan, 31·1, and highest in Rohtak, 51·3. The urban rate was 43·4 which closely approximates the provincial average. There were 109·7 male births reported for every hundred female.

The death rate rose from 32 to 36·3 per mille (mean of the previous five years, 31·3). This increased mortality rate was entirely accounted for by the severity of the plague epidemic without which 1915 would have been an extremely healthy year. Rawalpindi returned the highest district rate, 57·4, and Dera Ghazi Khan the lowest 19 per mille. The urban mortality rate, 36, closely approximated the rural rate and the provincial average. April, May and March were by far the most unhealthy months. Deaths in these three months, which were chiefly due to plague, amounted to 42 per cent of the total mortality for the year. September was the month with fewest deaths; it had a mortality rate less than a third of that of April. The infant mortality rate showed a welcome decrease; it amounted to 188 per thousand births for males and 189 for females, as compared with 209 and 211, respectively, in 1914. The birth rate exceeded the death rate by 7·3 per mille—a low figure for this province.

Cholera.—Cholera was more prevalent than in any year since 1903: it caused 13,196 deaths (0·68 per mille). The part played by the Kumbh fair at Hardwar in the dissemination of cholera infection in the United Provinces has already been referred to; in the Punjab this fair seems to have played an even more definite part in the spread of this disease. It is very significant that the year 1903 was the date of the previous Kumbh fair. Cholera was practically absent from the Punjab during the first three months of the year but in April pilgrims returning from Hardwar spread the infection far and wide and during the next six months most districts suffered more or less severely. The disease was most virulent in the Ferozepore and the Lahore districts which reported mortality rates of 3·1 and 2·6 per mille, respectively. In only three other districts did the rate exceed unity. No death from cholera was reported in December from any

district. More than half the total deaths occurred in the months of May and June. The history of the outbreak demonstrates very clearly the importance of large fairs in the matter of spread of cholera and such like communicable disease.

Small-pox.—A still further decrease in the prevalence of small-pox was recorded in 1915; the very low mortality rate of '09 per mille was attributed to it. This is a tribute to the satisfactory state of vaccination in the province.

Plague.—The year under report witnessed the most severe outbreak of plague since the terrible epidemic of 1907. To it were ascribed 231,966 deaths, 11'48 per mille: a figure approximately double the combined plague mortality of the three previous years. Only three epidemics in the Punjab have been more severe than this. Early and heavy winter rains towards the close of 1914 combined with widespread infection combined to make conditions very favourable for plague. Further heavy rains in March and the beginning of April, with the consequent retarding of the hot weather, made a severe outbreak almost inevitable. Of the twenty-eight districts three enjoyed their usual immunity from the disease, *viz.*, Simla, Dera Ghazi Khan and Mianwali. Three other districts, Kangra, Muzaffargarh and Multan suffered but very slightly. The remaining 22 districts had epidemics of varying degrees of severity. The brunt of the disease fell on the Rawalpindi Division; the Lahore Division, which usually suffers most, came second. Gujrat district had a plague mortality rate of 36 per mille, Rawalpindi 28'6, and Jhelum 27'4. Four other districts had plague death rates over twenty, and five between ten and twenty, per thousand. Once again the epidemic reached its height in the month of April; the seasonal prevalence of the disease in the Punjab is remarkably constant. By the end of the year the disease had almost disappeared from the province which fact accompanied by the comparative failure of the early winter rains made the prospects for a very mild epidemic in 1916 very bright.

Malaria.—Malaria was but little in evidence. Deaths, ascribed to 'fever' amounted to 14'7 per mille compared with 17'9 in 1914. 'Fever' deaths were most numerous in the two coldest months of the year.

Had it not been for the severity of plague, 1915 would have been an abnormally healthy year in the Punjab.

NORTH-WEST FRONTIER PROVINCE.

67. The birth rate fell from 32'7 in 1914 to 31'7 per mille in the year under report which is 3'6 below the mean rate of the previous five years. This is the lowest provincial birth rate reported in India in the year under report. The district rate varied between 26'6 in Peshawar and 38'3 in Dera Ismail Khan. There were 125'5 male births reported for every hundred female, an even higher proportion than in 1914. It is almost impossible to accept these figures as representative of fact: such an extreme variation in the sex ratio is never witnessed in other provinces of India. The deduction that is forced on one is that the registration of vital statistics is in a more backward condition in this province than in any other part of India.

The reported death rate amounted to 23'6 per mille which is 2'2 below the figure for 1914 and 0'8 below the quinquennial mean. With the single exception of Madras this is the lowest death rate reported from any province in 1915. The district rate was highest, 29'8, in Hazara and lowest, 19'2, in Peshawar. The urban rate 28'2 was five per mille in excess of the rural rate. The number of deaths

reported in December, the month of maximum mortality, was more than double the number reported in April the month of fewest deaths. The birth rate exceeded the death rate by eight per mille. The reported infantile death rate was 166 per thousand births, a low rate for India and probably much lower than it would be were vital occurrences more accurately reported.

Cholera was but little prevalent : 932 deaths were ascribed to this cause. Only 26 deaths were attributed to *small-pox* ; all but two of these occurred in the Peshawar district. *Plague* caused 340 deaths.

Fevers.—' Fevers ' caused a death rate of 17·9 per mille ; when the total death rate, 23·6 per mille, is recalled, the hopelessness of any attempt at drawing deductions from such figures, becomes apparent. The year under report was not distinguished by severity of malaria.

CENTRAL PROVINCES AND BERAR.

68. On the whole, meteorological conditions were favourable in the Central Provinces during 1915. Though the monsoon began late and the rain it yielded was somewhat in defect, plentiful rain in September and October was most beneficial to crops. The rice outturn was 17 per cent in excess of normal and wheat and jowar did well. In spite of such favourable conditions the year was not a healthy one.

The provincial birth rate fell from 51·37 to 47·95 per mille, a figure 2·8 below the mean of the previous five years. The district rates varied between 43 and 53 per mille. All the districts save two reported lower rates than in the previous year. In spite of this decrease the birth rate was higher than that recorded by any other province in India. There were 104·6 male births recorded for every hundred female.

The death rate amounted to 35·9 per mille which is ·78 lower than the 1914 rate and 1·86 below the quinquennial mean. Only one other province, the Punjab, returned a higher rate than this in the year under report. There was very considerable variation between the rates recorded in districts ; the district rate was lowest, 26, in Mandla, and highest, 44·5, in Nagpur. The urban death rate was 44·3 per mille which is ·9·2 higher than the rural rate. October was the month of greatest mortality when the number of deaths was almost double the number recorded in July, the healthiest month. The infant mortality rate was 259·7 per thousand births which is lower by four per mille than the 1914 rate. More than half of the total deaths of the province occurred among children under five years of age. This reveals a most serious state of affairs. The importance of the matter is fully realized by the local authorities who are giving the matter earnest attention. The constant seasonal prevalence that the curve illustrating infantile mortality in the Central Provinces exhibits, is of considerable interest : most infant deaths occur in the hot months of May and June, and fewest in the first three months of the year.

Cholera.—The cholera death rate fell from 1·46 per mille in 1914 to 0·41 ; this rate is well below the mean of the previous five years. Nine of the twenty-two districts were practically free from the disease. Bilaspur, Drug and Jubbulpore were the three worst infected districts ; in them the cholera mortality amounted to 1·44, 1·39, and 1·27 per mille, respectively. In no other district did the rate approach unity. The monsoon months July to October witnessed most deaths. Yet once more pilgrims returning from pilgrimages played an important part in the spread of

Small-pox.—Small-pox was very little in evidence: only 1,151 deaths were ascribed to it (·08 per mille). The increased attention paid to vaccination that has been evidenced in recent years is bearing fruit.

Fevers.—To 'fevers' was ascribed a death rate of 17 per mille. Though this figure conveys but little, in the present state of our knowledge, it is a fact that malaria was unduly prevalent in the year under report. Quinine vendors reported greatly increased sales. No extensive anti-malaria measures were undertaken during the year.

Plague.—Plague was relatively severe and was responsible for a death rate of 1·46 per mille. More deaths occurred in February than in any other month, a somewhat unusual circumstance. The urban plague mortality rate amounted to 10·16 per mille as opposed to 0·58 the rural rate. Nagpur was far and away the worst affected district returning a plague death rate of 10·68 per mille. Seoni came next with 4·3. Six other districts had death rates above one per mille. The seasonal prevalence of plague in the Central Provinces presents some points of interest. In the southern Deccan, and in the south of India generally, the monsoon type of epidemic most commonly occurs, that is to say the outbreak starts with the advent of the monsoon and reaches its height in the month of October. In the north of India the cold weather type prevails, the height of the outbreaks occurring in March or April. Epidemics in the Central Provinces may adhere to either of these two types; sometimes they are intermediate between the two.

MADRAS.

69. Favourable climatic conditions in Madras in 1915 resulted in slightly lower prices for all the staple food-grains than those prevailing in the previous year: the prices were, however, still above the average.

The birth rate was 31·2 per mille, 2·3 below the rate for 1914 and one per mille lower than the mean of the previous five years. No other of the major provinces reported so low a birth rate as this in the year under report. District variations were considerable; the rate was lowest in Ramnad, 21·9, and highest in Guntur, 37·6. The urban rate was 30·5 per mille which approximates the provincial rate. There were 104·5 male births reported for every hundred female.

The provincial death rate, 22 per mille, is very appreciably lower than the rate reported from any other administration. It is 3 per mille lower than the 1914 rate and 1·7 lower than the quinquennial mean. Twenty-three of the 25 districts returned lower rates than in the preceding year. District death rates varied between 15·5 in Ramnad and 36·4 in Madras. The urban death rate was 26·2 which is nearly five per mille in excess of the rural rate. January was the month of maximum mortality while June reported fewest deaths, but the monthly variations in the death rate were much less marked than in the majority of Indian provinces, a fact which indicates the absence of any severe epidemics. The infantile death rate was 186·6 per thousand births which is nearly ten per mille below the rate reported in 1914. Forty per cent of the total deaths occurred among children under five years of age.

Cholera.—Cholera was responsible for 30,098 deaths which is less than half the number recorded in the previous year. Nowhere was the outbreak very severe; among districts Tanjore suffered most returning a cholera mortality rate of 2 per

mille. No district was completely free from the disease, which was most prevalent during the first two months of the year. Statistics once more show the comparative freedom from this disease that towns with a piped water supply enjoy.

Small-pox.—Small-pox caused a death rate of 0·6 per mille—a rate that was exceeded in only two provinces in India. In no district was the disease very severe but no district entirely escaped.

Plague.—To plague were attributed 3,889 deaths. Of this number the districts of Bellary and Salem were responsible for 70 per cent, recording plague death rates of 1·3 and 0·8 per mille, respectively. In only five other districts did the number of plague deaths run into three figures. Bellary is the only district in Madras in which plague has been a factor of much importance in the vital statistics. December was the month of maximum plague mortality.

Fevers.—To 'fevers' was ascribed a death rate of 7·3 per mille, a figure very closely approximating the rate for the previous year and the mean of the previous quinquennium. Fever deaths were more numerous in December than in any other month but the figures indicate no very marked seasonal prevalence. Anti-malaria measures in Madras City are making progress.

CITY OF MADRAS.

70. The number of births registered was 18,331, or 90 more than in the previous year. The ratio was 35·3 against 35·2 in 1914 and 37·4 the mean of the past five years. The highest number was recorded in September and the lowest in February.

The death rate which was the lowest since 1897, was 36·00 as compared with 46·6 in the year preceding and 41·3 the quinquennial mean. The low mortality during 1915 was due chiefly to the absence of any epidemic disease and may be attributed to the improved water supply, the inauguration of anti-malaria operations and general improvement in conservancy arrangements. Small-pox, measles, cholera, enteric and malaria were more or less present throughout the year, but none assumed an epidemic form. No case of plague occurred. The two heads "dysentery and diarrhoea," and "respiratory diseases" were responsible for 4,208 and 2,303 deaths, respectively, equivalent to 8·1 and 4·4 per mille of the population. Infantile mortality was 286·1 per 1,000 births against 308·9 in 1914. The high death rate among infants is ascribed to (1) early marriage, (2) necessity for mothers to work and earn a livelihood before and soon after labour, (3) the general neglect, under feeding, bad feeding and under clothing of infants, (4) insanitary surroundings, (5) poverty and (6) want of proper medical aid.

PORT OF MADRAS.

71. During the year, 239 incoming vessels were inspected against 304 in 1914. The number of outgoing vessels granted bills of health was 170 as compared with 188 in the previous year. The decrease in the number of vessels inspected was partly due to the withdrawal of plague restrictions against the port of Calcutta during the last quarter of the year. A total number of 49,387 passengers landed at the port against 43,056 in 1914. As usual the saloon passengers were given notification papers and the deck passengers had their clothing disinfected before they were allowed ashore. Five cases of small-pox and two of chicken-pox were detected among the passengers landed and were sent to the Isolation Hospital at Kistnampet. Three cases of chicken-pox

and two contacts from among returned emigrants were sent to the Fiji Emigration Depôt.

COORG.

72. Coorg returned a birth rate of 25·3 per mille nearly one per mille less than the rate for 1914 which closely approximated the quinquennial mean. The death rate as usual exceeded the birth rate, by 5·7 in the year under report. This is explicable in part by the fact that immigrant coolies form an appreciable proportion of the population. Five per cent of the total deaths occurred among persons not permanently resident in the province. The middle four months of the year were the most unhealthy. Of the total 5,438 deaths, 4,549 were ascribed to 'fever'. There was no case of cholera and only 23 deaths were caused by small-pox. There were two deaths from plague. On the whole 1915 was a comparatively healthy year, fewer deaths having been recorded than in any one of the past five years.

BOMBAY.

73. Vital statistics indicate that 1915 was a comparatively healthy year in the Bombay Presidency. The birth rate was 37·1 per mille which is 0·3 lower than the previous year's rate but one per mille higher than the quinquennial mean. The district birth rate was highest in West Khandesh, 50·78, and lowest in Hyderabad, 17·54. The rural rate, 42·67, was nearly 11 per mille higher than the urban rate. For every hundred female births 107·7 male births were recorded. Only four of the major provinces reported a higher birth rate than did Bombay in the year under report.

The death rate fell from 29·49 in 1914 to 26·12 which is 3·8 below the mean of the previous five years. District rates varied considerably being as low as 13·7 in Upper Sind Frontier and as high as 39·2 in Sholapur. The urban death rate, 30·28, was five per mille in excess of the rural rate. More deaths occurred in December than in any other month; December deaths were 79 per cent more numerous than in June the healthiest month. Madras and the North-West Frontier Province alone among the major administrations reported a lower death rate than did Bombay. The infant mortality rate was 172 per thousand births against 193·8 in the previous year, a very satisfactory decrease.

Cholera.—The most noteworthy feature of the vital statistics for the year is the fact that cholera was responsible for but 377 deaths, as compared with 17,779 in 1914. Only once in the last fifty years has cholera been so little prevalent in this Presidency. No such immunity was observed in any other of the major administrations in 1915. Eight districts of the 27 were completely free from the disease.

Dysentery and diarrhœa.—Dysentery and diarrhœa were less prevalent than in the three previous years causing a death rate of 1·6 per mille. These diseases were most rife in the monsoon months and as pointed out by the provincial Sanitary Commissioner, can with justice be attributed to the washing of surface impurities into the water supplies.

Fevers.—A death rate of 11·48 is ascribed to 'fevers', that is to say 44 per cent of the mortality from all causes. As everywhere else in India it is not possible to define accurately the proportion of such deaths that can be ascribed directly or indirectly to malaria. The provincial Sanitary Commissioner, however, makes some very suggestive remarks about this matter. He has submitted the figures of the

southern and central registration districts to careful analysis in both of which the high incidence of fatal fevers during the first five years of life is the most significant fact that emerges. From this and certain observed facts the deduction is drawn that intestinal disorders are responsible for a very appreciable proportion of these 'fever' deaths. A careful analysis of fever deaths according to age periods and seasons might well be undertaken in other provinces; such an investigation is an essential preliminary to a fuller understanding of this most important subject.

Plague.—Plague was responsible for a more severe epidemic than any that has been experienced since 1911; to it were attributed 43,824 deaths, 2·24 per mille. Though this was in no way comparable in severity to the Punjab outbreak that has been referred to above, no other administration in India suffered as much from plague in the year under report as did Bombay. No district was completely free from the disease. Solapur, Belgaum, Nasik and Dharwar suffered the most; in these districts the plague mortality amounted to 10·12, 10·11, 7·9 and 5·8 per mille, respectively. Six other districts reported rates above one per mille. No month was plague-free but the disease was much more prevalent during the last four months of the year than at any other time. A study of the epidemic emphasizes the danger of villages infected late in the preceding epidemic as foci for the spread of infection and the rapid dissemination of infection that takes place from large towns that are labour or trade centres. Experience in Satara town indicates that continuous rat-trapping carried out intelligently and with enthusiasm is sufficient to keep a town free from plague. The method is not a cheap one; the cost in Satara amounted to one rupee per house per annum, but after all this is not a big price to pay for freedom from plague, and the experience of Satara is well worth the consideration of plague stricken municipalities.

Small-pox.—Small-pox was the cause of 1,425 deaths—a smaller number than in any year during the last decade; the history of the few outbreaks that did occur offer striking proof of the immunity afforded by vaccination.

CITY OF BOMBAY.

74. Climatic conditions were favourable in the City of Bombay which enjoyed exceptional health in 1915. The birth rate recorded was 20·47 per mille which closely approximates the previous quinquennial mean. The death rate fell from 32·5 in 1914 to 24·2 per mille the lowest rate ever recorded. When this rate is compared with the mean rate of the decade 1905—1914, 40·2, an idea is obtained of the marked improvement in health condition that was evidenced in the year under report.

Plague was responsible for but 598 deaths; in no year during the present century has so mild an outbreak been experienced. The 1912 epidemic which hitherto held the record caused a mortality of 1,717. Only sixteen deaths from cholera were reported; the mean annual mortality from this disease during the last decade is 489. Malaria caused 208 deaths which is a lower number than in any year since 1907. The steady decline in the mortality attributed to tuberculosis continues; in 1915 the tuberculosis death rate was only 1·7 per mille compared with a decennial mean of 3. Very satisfactory too is the marked decline in the infant mortality rate. It fell to 235·4 per thousand births from 268·7 in 1913 and 277 in 1914 (corrected figures).

PORT OF BOMBAY.

85. During the year 950 vessels with 203,880 crew and passengers were examined. The personal effects of 61,420 persons were disinfected. There were 36 vessels on which cases of infectious disease had occurred; these were all disinfected as well as four vessels that carried pilgrims to Jeddah. Nine other incoming vessels were fumigated. One thousand six hundred and twenty-one persons were vaccinated in addition to 2,303 outgoing pilgrims. Of the 83 cases of infectious disease that occurred on incoming vessels, 3 were of small-pox, 52 of measles, 7 of chicken-pox and 21 were cases of jigger. One case of plague, 12 of cholera, 13 of small-pox and 8 cases of chicken-pox occurred on vessels lying in the harbour and docks.

BURMA.

76. The year 1915 was not a healthy one in Burma; a serious outbreak of cholera was chiefly responsible for this, but to most causes of death was attributed a higher mortality than was evidenced in the previous year.

The birth rate in Lower Burma fell from 34·7 to 33·4 per mille which is still higher, by 0·7, than the mean of the previous five years. In Upper Burma the rate was 38 per mille which is 1·3 in excess of the 1914 figure and 2·7 above the quinquennial mean. The urban birth rate was in Lower Burma 23·3 and in Upper Burma 33·5; the corresponding rural rates were 34·8 and 38·4, respectively. The district rates were lowest in Rangoon, 19·7, Bassein, 23, and Pyapon 28·3. The highest rates were recorded in Tavoy 44·7, and Pakoku 43·9. There were 107 male births recorded for every hundred female in Lower Burma; in Upper Burma the sexes were equally balanced.

In Lower Burma the death rate advanced from 23 to 25·1 per mille (quinquennial average 24·4). In Upper Burma the rate was 32·7 to which it rose from 26·2 in 1914, the mean of the previous five years being 28·1. District rates were highest in Mandalay, 51·4, Kyaukse 49·3 and Shwebo 34·3. Amherst and Pyapon recorded the lowest rates, 18·3 and 18·9, respectively. The urban rates were 32·6 and 50·2 as opposed to rural rates of 24 and 31 in Lower and Upper Burma, respectively. The infantile mortality rate was 219·3 per thousand births, a slightly higher figure than that of the previous year.

Cholera.—Cholera was responsible for 17,597 deaths, of which 9,388 were reported from Upper Burma. The disease prevailed throughout the year but was not severe except in the months August to December which witnessed 82 per cent of the total mortality. No district was free from cholera though eleven districts of the 31 had mortality rates of less than unity. Mergui and Mandalay suffered most; they returned cholera death rates of 4·9 and 4·7 per mille, respectively. Five other districts had a mortality rate exceeding three, and five between two and three per mille.

Small-pox.—Only 217 deaths were ascribed to small-pox.

Plague.—There were 4,640 plague deaths reported in the year under review, of which 2,891 occurred in Lower Burma. This amounts to a death rate of 0·47 per mille which is 0·13 lower than the quinquennial average. Mandalay with a death rate of 2 per mille suffered most followed by Rangoon with 1·9. Only three other districts, all in Lower Burma, had death rates exceeding one per mille. Anti-plague

inoculation appears to meet with less opposition in Burma than in most parts of India.

Fevers.—To "fevers" was attributed a death rate of 8·5 per mille, a lower rate than that recorded by any other administration, Madras alone excepted. The district rates varied between 1·8 in Rangoon and 14·3 in Tavoy.

Beri-beri.—Beri-beri caused 90 deaths in Rangoon; this disease seems to have been more than usually prevalent. No other disease calls for special comment.

CITY OF RANGOON.

77. The birth rate was 19·74 against 19·41 in 1914. The death rate fell from 33·31 in 1914 to 29·03 in the year under review: the quinquennial mean was 34·81. The reduced rate of mortality is accounted for by the lower prevalence of infectious diseases. Of the total number of 8,515 deaths, 897 were ascribed to dysentery and diarrhœa, 1,759 to respiratory diseases and 571 to plague, equivalent to 3·06, 4·52 and 1·95, respectively, per mille of population. Infantile mortality dropped from 294·22 in 1914 to 275·77 in 1915. The Society for the Prevention of Infantile Mortality continued to do good work. Four nurse midwives were engaged.

PORT OF RANGOON.

78. The number of incoming vessels (1,013) was less than that of the previous year by 55, but the number of passengers increased by 75,127. The Port Health Staff inspected 59 vessels as compared with 42 during 1914, and detected 49 cases of infectious diseases other than plague. Thirty-seven deaths including 16 from cholera occurred at sea. The number of outgoing vessels inspected was 285 against 350 in 1914: 112 persons were detained. Ten river steamers, three of which had plague, five cholera and one typhoid fever cases, were disinfected at Rangoon. One had a death from a non-contagious disease.

AJMER-MERWARA.

79. The number of births registered during the year was 21,953 as compared with 23,515 in 1914. The decrease was reported to be due to the emigration of a large proportion of the inhabitants with their flocks and herds on account of the scarcity of fodder.

The deaths numbered 13,052 equivalent to a ratio of 26·03 per mille of population against 30·33 in the preceding year. The decrease is attributable to the absence of plague and malaria. Only three deaths each were recorded under cholera and small-pox. The deaths from fevers numbered 2,141 less than in 1914. Dysentery and diarrhœa and respiratory diseases were responsible for 459 and 402 deaths, respectively.

DEATHS OF EUROPEAN CIVIL OFFICERS AND PENSIONERS.

80. During 1915 reports of the deaths of 96 European officers in Civil employ and pensioners were reported. The statement below gives the cause of death, and

ages at death, arranged according to six age groups :—

Deaths from	Number of deaths.	AGE AT DEATH.				
		20-30 years.	30-40 years.	40-50 years.	50-60 years.	60 years and over.
Malaria	6	2	1	3	...	...
Cholera	2	...	1	1	...	...
Enteric fever	3	1	1	..	1	...
Dysentery	1	...	1	...	...	...
Liver abscess	2	1	1	...	...	...
Small-pox	2	...	...	...	...	...
Pneumonia	5	1	...	3	1	...
Tuberculosis	3	...	1	1	1	...
Anæmia	1	...	...	1	...	...
Appendicitis	1	1	...	...	...	...
Gastro-intestinal affections	4	...	2	...	...	2
Other respiratory diseases	5	...	1	2	2	...
Diarrhœa	1	...	1	...	...	...
Other digestive diseases	4	...	1	1	...	2
Heart disease or heart failure	19	...	1	6	4	8
Other circulatory diseases	8	...	1	3	2	2
Carcinoma	3	...	...	1	1	1
Suicide	1	1	...	...	...	...
Death by misadventure	2	1	...	1	...	...
All other causes	23	...	6	7	5	4
Total	96*	8	19	30	17	19

* Including 3 deaths for which age period not known.

SECTION IV.

JAILS OF INDIA.

PRISON POPULATION IN 1915 (EXCLUDING ANDAMANS).

81. The prison population of the Indian jails averaged 110,930 in 1915. This is a higher figure than any previously recorded being 8·6 per cent. higher than the corresponding figure for 1914 and 14·6 per cent. above the previous decennial average. Every administration had larger jail populations in 1915 than in the preceding year and in each case, excepting only Madras and Bihar and Orissa, was that population greater than the average of the preceding decade. The increase was more marked in the North-West Frontier Province and the Punjab than elsewhere.

SICKNESS AND MORTALITY RATES (EXCLUDING ANDAMANS).

82. Coincident with the increase in population there was a slight increase in the sickness and mortality rates but not nearly to the same extent. The constantly sick rate rose from 26 to 28 per mille as compared with 27 the decennial average; the admission rate, for all diseases, was 586 per mille against 548 in 1914 and 590 the decennial average; and the death rate increased from 17·98 to 18·74 per mille (decennial average 19·16).

Assam, Bengal, Punjab, Bombay and Madras returned lower jail death rates than in 1914; there was an increased mortality rate in each of the other administrations.

Madras returned the lowest death rate, 11·82 per mille, followed by Bombay 13·80, the United Provinces 14·58, the Central Provinces 18·98, and the North-West Frontier Province 19·09. The other five administrations returned death rates of over 20 per mille. The Punjab jails had the highest mortality rate 25·79 per mille, closely followed by Bihar and Orissa, 25·75.

It is pleasing to note that Assam, whose jails have for years past had higher death rates than those of any other province, no longer holds that unenviable position. The fall in the Assam jail death rate from 43·45 to 21·57 per mille (decennial average 39·84) is most noteworthy. The Bombay jail death rate 13·80, as compared with 17·02 in 1914 and a decennial average 17·73, also calls for comment. These figures will be considered in greater detail later.

The chief causes of sickness were :—

			<i>Admission rates per mille.</i>	
			1915.	1914.
Malaria	...	...	132·1	117·3
Dysentery	...	...	61·3	60·1
Abscess, ulcer and boil	...	...	58·2	61·7
Diarrhoea	...	...	40·7	37·5
Respiratory diseases	...	...	30·2	25·7
Pyrexia of uncertain origin	...	...	16·2	18·6
Anæmia and debility	...	...	14·0	11·8
Pneumonia	...	...	12·9	10·8
Tubercle of the lungs	...	...	8·5	9·8

Tubercle of the lungs, pyrexia of uncertain origin, and local inflammatory conditions alone amongst these chief causes of sickness had a diminished prevalence as compared with the previous year.

The most important causes of mortality were as usual :—

			<i>Mortality rate per mille.</i>	
			1915.	1914.
			—	—
Pneumonia	...	...	3·08	2·45
Tubercle of the lungs	...	...	3·02	3·50
Dysentery	...	...	2·72	2·62

No other disease was responsible for a death rate higher than 0·8 per mille. The decrease in the pthisis death rate is satisfactory.

MALARIA.

83. Malaria was more prevalent than in 1914 being responsible for an admission rate of 132·1 and a death rate of 0·80 per mille, compared with 117·3 and ·73. Both figures were, however, lower than the decennial average, though higher than in any of the preceding four years. Judging from the hospital admission rates the jails of the North-West Frontier Province (340·7) suffered more severely from malaria than any other province; Bengal comes second with 332. Four administrations report a decreased malaria incidence, and six report an increased prevalence. Madras again has the lowest malaria admission rate, 17·9 per mille to which it dropped from 28·6 in 1914 and 64·1 the average for the decade. Never before has so low a figure been reported for the jails of any Indian province. Burma comes next with 30·7 and the Central Provinces third with 47·5. Most noteworthy too has been the decreased incidence of malaria in Assam. Here the admission rate in 1915 was only 69·4 per mille. In no previous year has a lower rate than 150 been reported in Assam; in 1914 the rate was 200·9, while as recently as 1909 a rate of 573·9 was returned.

DYSENTERY.

84. Dysentery was also slightly more prevalent and caused a slightly higher mortality than in 1914; the rates per mille were :—

			1915.	1914.	1905-1914.
			—	—	—
Death rate	...	...	2·72	2·62	3·16
Admission rate	...	...	61·3	60·1	66·0

Bengal with an admission rate of 215·5 per mille heads the list as regards prevalence of this complaint. Assam 137·8 and Bihar and Orissa 123·8, come next. The admission rates for dysentery in all other administrations were below 50. The fall in the Assam rate from 333 to 137·8 is remarkable.

The dysentery death rate was highest in Bihar and Orissa 7 per mille, more than double the rate for 1914, and lowest in Madras, ·51, to which it fell from ·99. The decline in the Assam death rate from 16·93 in 1914 to 4·73 is most satisfactory.

TUBERCLE OF THE LUNGS.

85. Pthisis was responsible for a somewhat lower admission rate, 8·5, and a lower death rate, 3·02, than in 1914, when the figures were 9·8 and 3·50, respectively (decennial average 9·2 and 3·34 per mille). In the year under report it was second only to pneumonia as a cause of mortality. The disease appears to have been most prevalent in the Punjab, where the admission rate was 17·8 per mille, but the incidence there was appreciatively less than in 1914 when the rate was 23·9. The Punjab pthisis death rate also fell from 7·30 to 4·28 per mille, a figure below the average for the decade, (5·77). Burma returned the highest death rate from this disease 4·86. The lowest rates were reported from Bombay where pulmonary tuberculosis was responsible for admission and death rates of 3·3 and 0·78, respectively. Burma, Bihar and Orissa, the United Provinces and the Central Provinces had higher tubercle death rates than in 1914.

PNEUMONIA.

86. Pneumonia was more prevalent and caused more deaths than in 1914. It was the chief cause of mortality in the year under report having exacted a toll of 3·08 per mille. The jails of the Punjab, the North-West Frontier Province and Bombay suffered most, recording pneumonia death rates of 7·55, 6·24 and 4·90 per mille, respectively. In the two former administrations the disease had approximately doubled the normal prevalence. Pneumonia caused fewest deaths in Madras. The case mortality rate was 24 per cent.

CHOLERA.

87. Cholera was little prevalent and had an admission rate of but ·4 per mille as compared with ·7 in 1914 and 1·3 the average for the previous decade. Approximately half the attacks proved fatal. Bihar and Orissa jails were the worst affected; even here, however, the cholera death rate was only ·84 per mille. The Punjab and the North-West Frontier Province were free from the disease and no death was reported from Assam.

TYPHOID FEVER.

88. Enteric fever was little in evidence; the admission rate was 1·1 per mille and the death rate ·17 to which it fell from ·29 in 1914.

BENGAL.

89. There was serious overcrowding in nearly all the Bengal jails in 1914. The average prison population was 13,435 as compared with 11,705 in 1914 and a decennial average of 11,600. There was a constantly sick rate of 56 per mille and the very high admission rate of 1,249, against 49 and 1,061, respectively, in the previous year. In spite of these facts the death rate per mille fell from 22·55 to 21·21, decennial average 23·90.

There were but four cases of cholera, one in each of four jails; one proved fatal.

Dysentery was more prevalent than in the previous year and more fatal. The increased prevalence was common to most jails and is ascribed to overcrowding. The dysentery death rate was 6·10 per mille against 4·53 in 1914.

and 5·36, the average for the previous decade. It was far and away the most important cause of mortality and next to malaria the chief cause of sickness.

Malaria was more prevalent than in 1914; it was responsible for an admission rate of 332·0 per mille and a death rate of 1·71. This latter figure approximates the average malaria mortality of the previous ten years.

Pulmonary tuberculosis was less prevalent and caused fewer deaths than in 1914; it was responsible for a mortality rate of 2·83 per mille against 4·36 in 1914 and 4·22 the average of the previous decade. The Inspector-General once more calls attention to the need of a separate tuberculosis jail for the Presidency.

In spite of overcrowding it is satisfactory to note that pneumonia was somewhat less in evidence than in the previous year.

The only really unhealthy jail in the Presidency was Dinajpur. The average population of this jail was 315; the deaths numbered 34, *i.e.*, 107·94 per mille. The jail draws its population from very unhealthy tracts; eleven of the 34 prisoners who died were admitted direct to hospital on conviction. A new hospital is urgently needed in this jail.

Of the convicts discharged during the year under report 53·92 per cent. gained weight while 22·40 per cent. lost weight.

The mortality rate was greater amongst prisoners who had spent six months or less in jail than amongst those who had been confined for longer periods.

Taking all the circumstances into consideration the health conditions of the Bengal jails were satisfactory.

ASSAM.

90. The marked improvement in the health conditions of the jails in Assam that was evidenced in 1915 is perhaps the most note-worthy and satisfactory feature in the vital statistics of Indian jails for that year. In spite of an average population (1,901) in excess of that of 1914 (1,772) the admission rate fell from 1,183 per mille to 965. Still more remarkable is the fall in the death rate from 43·45 to 21·57 per mille, the lowest death rate ever recorded in the jails of this province. No longer do the Assam jails enjoy the unenviable notoriety of being far and away the most unhealthy in India. This improvement in the health conditions in a year in which the death rate amongst the free civil population was 6·20 per mille in excess of that of 1914, must be attributed to sanitary improvements and measures designed to improve the health conditions of the prisoners and reflects the greatest credit on all concerned. The difficulties to contend with, have been and are considerable. Only 52 per cent. of the prisoners were admitted in good health. Ankylostome infection is widespread; 24·25 per cent. were found infected on admission. Drug habits are common; 13·3 per cent. of prisoners admitted were so addicted.

There was only one case of cholera reported, which recovered.

Dysentery was responsible for most of the sickness as usual, but the admission and death rates due to this disease 137·8 and 4·73 per mille, compare most favourably with those for 1914, when they were 333·0 and 16·93, respectively. The decreased incidence of dysentery is ascribed in large part to the systematic treatment of all prisoners found infected with hook-worm.

Malaria was not very prevalent; the admission rate 69·4 per mille is much lower than in the previous year and is less than a quarter of the average malaria admission rate. Three deaths were ascribed to malarial fevers. Quinine as a prophylactic was issued in all jails from May to October. In most jails the drug was given in fifteen grain doses on two successive days in each week. In one instance five grains were given daily, with still better results.

There were seven admissions and four deaths caused by pulmonary tuberculosis. Three of these deaths occurred in Sylhet. Only one case of enteric fever was reported. Ankylostomiasis occasioned 52 admissions and 5 deaths.

Of the prisoners discharged 61·71 per cent. gained in weight and 20·51 lost weight during their imprisonment.

BIHAR AND ORISSA.

91. The jails of this province, as in all other administrations, had an increased population in the year under report. The average strength was 7,146 compared with 6,525 in 1914. The increase in crime chiefly concerned crimes against property and offences of bad livelihood, probably connected with scarcity in certain districts; crimes of a more serious nature were less prevalent than in 1914. Coincident with the increase in population there was an increase in the sickness and mortality rates; the admission rate rose from 734 to 742 per mille and the death rate from 17·62 to 25·75.

The death rate 25·75 per mille was the highest recorded for these jails during the last four years and was higher than that of any other administration in the year under report except the Punjab. There was an increased mortality in every jail in the province with the exception of five district jails.

Cholera caused sixteen admissions and six deaths, a higher degree of prevalence than recorded by any other administration in 1915. All the cases were sporadic.

Dysentery was responsible for more sickness and deaths than any other disease. The admission and death rates were 123·8 and 7 per mille against 81·1 and 3·07 in the previous year. More than a quarter of the total cases occurred in Bhagalpur Central Jail. Here there were 228 admissions and 11 deaths occasioned by this disease. Many prisoners were admitted to Bhagalpur in bad or indifferent health attributable to scarcity in that district; this fact may explain in part the increased dysentery prevalence.

Malaria was somewhat less prevalent but was responsible for six deaths as compared with four in 1914. Quinine was issued as a prophylactic with, it is thought, beneficial results.

The incidence of pulmonary tuberculosis decreased from 11·5 to 9·0 per mille, but the mortality rate rose from 3·68 to 3·78. Fourteen cases with eight deaths (out of the total 64 cases and 27 deaths) occurred in Balasore jail and nine cases with six deaths in Bhagalpur. Only seven jails of the twenty-two were free from the disease.

Pneumonia was responsible for 46 admissions (6·4 per mille) and 25 deaths (3·50 per mille). The case mortality was thus abnormally high. Sixteen cases and twelve deaths occurred in Bhagalpur.

Of the prisoners discharged 54 per cent. gained weight while 18 per cent. lost weight during their confinement.

UNITED PROVINCES OF AGRA AND OUDH.

92. A population larger than in any previous year, and sickness and mortality rates larger than those of the previous year but less than the average of the preceding decade, characterized the jail vital statistics of the United Provinces in 1915. The increased population is attributed in large measure to hard times and distress and not to an increase in criminal tendencies. The continuance of the high prices prevailing in 1914 also resulted in a lower standard of health among those admitted to jail. As a consequence the admission to hospital rate rose from 397 in 1914 to 433 per mille (decennial average 520) and the death rate from 11.96 to 14.58 (decennial average 16.37). The death rate is lower than that reported by any other administration, Bombay and Madras excepted.

Only four sporadic cases of cholera with two deaths were reported.

Dysentery which for some years past has played a smaller and smaller part in the sickness and death returns of the jails in these provinces, was more prevalent than in 1914. The admission and death rates 28.6 and 2.15 per mille were both higher than in the previous year, 26.7 and 1.24. The figures are still, however, below the decennial averages. The case mortality rate 7.7 per cent. was high, indicating a severe type of the disease or lower powers of resistance than usual. Next to pulmonary tuberculosis dysentery was the chief cause of mortality.

Malaria was more prevalent than in any year since 1910 and caused a mortality greater than that of the preceding year or the decennial average. Deaths ascribed to malaria were twenty-eight in number; the Inspector-General considers it likely that some of these deaths were in reality due to relapsing fever but does not state the grounds for this opinion. Seven of the twenty-eight deaths occurred in Gorakhpur; these seven prisoners were admitted into jail in bad or indifferent health. Quinine was issued as a prophylactic from August to November.

Pulmonary tuberculosis was rather less prevalent but more fatal than in the previous year; the admission and death rates were 6.8 and 2.44 per mille against 7.1 and 1.93 in 1914. It was the chief cause of mortality in the jails of this province. The Inspector-General is of opinion that the prevalence of the disease is not increasing in his jails.

Pneumonia was more prevalent than in 1914 and with a mortality rate of 2.07 per mille comes third on the list of the chief causes of death.

PUNJAB.

93. The Punjab participated in the increase of the jail population that was evidenced in every administration of India in 1915. The average strength 15,899 was 10 per cent. in excess of that of 1914 and 42 per cent. in excess of the average of the preceding decade. This increase in population of jails in which the accommodation was insufficient in 1914 has added greatly to the difficulties of efficient administration. In these circumstances it is satisfactory to note that though the amount of sickness as exemplified by the admission rate rose from 618 to 756 per mille and the constantly sick rate from 34 to 41, the death rate fell

from 25.95 to 25.79. This rate is, however, higher than that returned from any other administration and more than double the Madras jail mortality rate. More jail accommodation is very urgently required in the Punjab.

Cholera was conspicuous by its absence.

Pneumonia was unduly prevalent in most jails as also, it is stated, among the civil population. It was the chief cause of mortality in the year under report being responsible for a death rate of 7.55 per mille, more than double the rate for the preceding year which closely approximated the average decennial rate. The case mortality rate was slightly higher than usual.

Pulmonary tuberculosis was the next most important cause of mortality and was responsible for admission and death rates of 17.8 and 4.28 per mille, respectively. These figures show a distinct improvement on the very high rates of 23.9 and 7.30 returned in 1914 but they are still excessive and indicate that the disease is much more prevalent in Punjab jails than in jails of any other province. The recent opening of the Shahpur jail for the segregation and special treatment of tuberculous prisoners should be productive of a still further decrease in the incidence of this disease, which still remains the most disquieting feature in the vital statistics of the jails of the province.

Malaria was more prevalent than in any year since 1908, an intensely malarious year when the admission rate was 16.4 per mille, an exactly similar rate to that of the year under report. This is a considerably higher malaria prevalence than in the previous year, 98.9 per mille. The reasons underlying the increased incidence of the disease are not stated. Montgomery Central Jail was responsible for 893 admissions, nearly a third of the total admissions for the province.

Dysentery did not play so large a part in the morbidity returns as in the previous year; the admission rate fell from 63.3 to 46.7 and the death rate from 4.59 to 2.52 per mille. In a year in which overcrowding was almost universal this is satisfactory. The admission and death rates are, however, still above the decennial averages.

Several cases of cerebro-spinal meningitis causing eleven deaths occurred in the Multan Central Jail and there were two fatal cases of plague in Shahpur jail.

Heat-stroke accounted for twenty deaths.

NORTH-WEST FRONTIER PROVINCE.

94. The average prison population 2,724 was 17 per cent. in excess of that of 1914. The increase was to a certain extent compensated for by an increase in the jail accommodation of 227. Overcrowding was persistent in most jails. As the Inspector-General points out this does not mean that the barracks are overcrowded; the surplus population finds accommodation in tents or factory sheds; but it does add considerably to the difficulties of dealing with infectious disease should such occur and might render segregation difficult if not impossible. In the year under report the necessity for providing accommodation for political prisoners was the cause of the overcrowding that ensued.

Towards the close of the year under report typhus fever was introduced into the overcrowded Peshawar jail and caused serious mortality in the early months of 1916.

In spite of adverse conditions the constantly sick rate remained 23 per mille as in 1914; the admission rate fell from 756 to 675 per mille; but the death rate rose from 17·66 in 1914 to 19·09 per mille which is 1·52 in excess of the decennial average.

Malaria was the chief cause of sickness; though less prevalent than in the previous year the admission rate attributed to it, 340·7 per mille, is more than double that returned for any other province. Malaria was in fact responsible for more than half the total sickness. Taking this into consideration the death rate it caused, 1·10 per mille, must be considered low. Quinine was issued as a prophylactic in all jails from July to November.

Pneumonia was very prevalent and was far and away the most important cause of death. It was responsible for admission and death rates of 28·6 and 6·24 per mille against 13·4 and 4·74 in 1914, and 18·3 and 3·55, the decennial averages.

Next to pneumonia, dysentery (2·57), respiratory diseases (1·84), and pulmonary tuberculosis (1·10), were the chief causes of mortality. Dysentery was less prevalent than in 1914: on the other hand the admission rate for pulmonary tuberculosis rose from 3·9 to 7 per mille in the year under report.

The jails were quite free from cholera and enteric fever.

CENTRAL PROVINCES.

95. The average strength of the jails in the Central Provinces was 4,004 which is 278 in excess of the 1914 figure and 360 above the decennial average.

The constantly sick rate remained at the remarkably low figure of 11 per mille, the lowest rate in India; the admission rate rose from 277·5 in 1914 to 300·4 per mille and the death rate from 12·61 to 18·98. The latter figure is still 1·25 below the average for the previous decade.

There were four sporadic cases of cholera two of which terminated fatally.

Dysentery was the chief cause of mortality and was responsible for admission and death rates of 34·7 and 2·25 per mille. The latter figure is slightly in excess of that for 1914 but when the figures are compared with the decennial averages, 5·18 and 5·38, they must be considered as most satisfactory.

Malaria was more prevalent than in 1914, but even so the admission rate, 47·5 per mille, is extremely low, little more than one-third of the average for the decade: Madras and Burma alone record a lower degree of malaria prevalence. Once more no death was ascribed to malaria: in this respect the Central Provinces jails were unique among the Indian jails. Quinine is issued as a prophylactic.

There were six deaths occasioned by pneumonia and eight by pulmonary tuberculosis. The latter disease was less prevalent than in the preceding year.

One case of plague and two cases of enteric fever were reported. One of the latter is interesting; it was the case of a prisoner who was caught "eating flies to make himself ill."

Of the 76 prisoners who died 22 had been in prison less than six months.

Among the prisoners discharged 65 per cent. had gained and 13 per cent. had lost weight during their imprisonment.

BOMBAY.

96. In spite of an average prison population (10,214) 3·4 per cent. in excess of that of the previous year, the constantly sick rate fell from 26 to 19 per mille, the admission rate from 652 to 521 and the death rate from 17·02 to 13·80 per mille. Madras alone reported a lower death rate than this in the year under report. The mortality rate is the lowest ever recorded in the Bombay jails and is evidence of a healthy year.

Of the 141 prisoners who died 43 were admitted to prison in bad health, 30 of them suffering from the disease to which they succumbed. Only 71 of them were described on admission as being in good health.

Plague infection occurred in two jails: anti-plague inoculation was practised with most satisfactory results: no death occurred.

There was one case and one death from cholera.

Pneumonia was much the most important cause of death: it was responsible for admission and death rates of 16·2 and 4·90 against 17·3 and 5·06 per mille in 1914. No other disease occasioned a death rate of as much as one per mille.

Malaria was responsible for an admission rate of 161·8 which represents 31 per cent. of the admissions for all causes. It was the only disease that was more prevalent than in the preceding year. Quinine was issued as a prophylactic in twelve jails, with good results.

Of prisoners discharged 54 per cent. had gained weight and 23 per cent. lost weight during confinement.

The health conditions of Bombay prisoners appear to be most satisfactory.

MADRAS.

97. The average strength of the Madras jails was 9,810 against 9,081 in 1914 and 10,012 the average of the previous decennium. In spite of the increase of population, the sickness and mortality rates were all extremely low. The constantly sick rate fell from 16 to 13 per mille, a lower rate than that of any other administration, the Central Provinces alone excepted; the admission rate fell from 304 to 248 per mille, the lowest rate on record; and the death rate was 11·82 against 12·44 in 1914 and a decennial mean of 17·54. These admission and death rates are considerably lower than those of any other province.

Malaria was responsible for an admission rate of but 17·9 per mille against 28·6 in 1914 and an average rate of 64·1. This is much the lowest admission rate ever recorded in the jails of any administration. Two deaths were ascribed to malaria, both in Bellary. This is the only province in India in which malaria is not the chief factor in the sick returns.

Dysentery was responsible for more admissions to hospital than any other disease; even so the admission rate amounted to only 21 per mille and the death rate to 0·51.

Pulmonary tuberculosis was responsible for more deaths than any other single disease and caused admission and death rates of 6.5 and 2.55 per mille, respectively, against 7.3 and 2.97 in the previous year.

There was a decreased prevalence of every disease as compared with 1914 with the single exception of pneumonia and the increase under this head was insignificant.

Of the prisoners discharged 69 per cent. gained weight and 14 per cent. lost weight during their imprisonment.

BURMA.

98. With the highest average jail population on record (17,474), 5 per cent. in excess of that of 1914 and 18 per cent. in excess of the average of the previous decade, the sickness and mortality rates of the Burma jails showed a corresponding increase over those of the previous year. The constantly sick rate rose from 15 to 16 per mille, still a remarkably low figure; the admission rate was 291.3 against 269.9 in 1914; and the death rate increased from 17.66 to 20.09 per mille. The admission rate though higher than the decennial average is still much lower than that of any other administration, Madras alone excepted.

There were thirteen fatal cases of cholera reported from six different jails.

Dysentery was more prevalent than in 1914 and was responsible for admission and death rates of 24.3 and 1.66 per mille against 16.0 and 1.38. In Rangoon many of the cases were associated with the drug habit (opium and morphine).

Malaria was responsible for more admissions than any other single cause but even so the admission rate attributed to this disease was only 30.7. When it is recalled that the malaria admission rate for the jails of India amounted to 132 per mille, the relative freedom from malaria of the jails of Burma is appreciated.

Pulmonary tuberculosis was as usual the chief cause of mortality. Though its prevalence in the year under report closely approximated that of the preceding year and the decennial average, the death rate amounted to 4.86 per mille against 4.20 in 1914 and 3.80 the average for the previous decade. This jail tubercle death rate is higher than that returned by any other administration in 1915. Thirty-six of the 85 deaths occurred in Insein: this is accounted for by the transference to this jail of weakly prisoners.

Forty-seven admissions and 10 deaths were occasioned by typhoid fever. There were two fatal cases of plague. Beri-beri caused twenty-one admissions.

Morphinism was once more an important factor in the vital statistics of the Rangoon jail where it caused thirteen deaths. 41.8 per cent. of the deaths in this jail were directly or indirectly attributable to a drug habit. Of the total number of convicts admitted to the Burma jails, 11.3 per cent. admitted that they were opium consumers.

Of convicts released 55.5 per cent. had gained weight during confinement, while 19 per cent. lost weight.

THE ANDAMANS.

99. The average strength of the convict population was 12,239 to which it rose from 11,996 in 1914: the average population for the preceding decade was 12,978.

The year was an unhealthy one. The constantly sick rate rose from 46 to 58 per mille (decennial average 72). The admission and death rates 1,876 and 45.02 per mille were considerably higher than in 1914, 1,364 and 25.18 and the averages for the preceding decade 1,652 and 30.49. The death rate is the highest recorded since 1899.

The chief factor in the production of these unhealthy conditions was the prevalence of a malignant type of malaria which was directly responsible for a death rate of 3.27 per mille and indirectly for the debility that made the sufferers vulnerable to the ravages of other more fatal diseases notably pneumonia. The malaria admission rate 1,343.1 was 60 per cent. in excess of that for the preceding year. The immediate causes underlying the increased malaria incidence are by no means clear. Anopheline mosquitos did not appear to be unduly prevalent. The vital statistics for 1915 emphasize the urgent necessity of energetic action in the matter of swamp reclamation. There were four cases of blackwater fever, one of which proved fatal.

Pneumonia was by far the chief direct cause of mortality and was responsible for a death rate of 10.62 per mille, *i.e.*, nearly a quarter of the total deaths. It was of a very severe type, the case mortality being 43 per cent—a very high figure for this disease. Malaria seems to be a most important factor in the etiology of pneumonia in the Andamans.

Pulmonary tuberculosis caused a death rate of 4.00 per mille as against 2.58 in 1914 and 5.70 the average for the decade. Dysentery was less prevalent than in 1914 but it caused a death rate of 3.84 against 3.25. Scurvy was responsible for 243 admissions and seven deaths.

1935. The average rate of the combined population was 12.25 in 1935, the average population for the preceding decade was 12.00.

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The chief factor in the production of these unfavorable conditions was the prevalence of a malignant type of malaria which was directly responsible for a death rate of 3 per cent. The death rate was directly responsible for a death rate of 3 per cent. The death rate was directly responsible for a death rate of 3 per cent.

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SECTION V.

VACCINATION.

VACCINATION IN INDIA.

100. There were 9,572,083 vaccination operations performed in British India during 1915-16, an increase of 109,182 compared with 1914-15; primary cases numbered 8,275,693 and revaccinations 1,296,390, against 8,212,851 and 1,250,030, respectively, in the previous year. There was a decline in the work of the Vaccination Department in some of the provinces, notably the United Provinces, Bihar and Orissa and the Central Provinces and Berar. The total cost of the Department increased from Rs. 17,40,226 in 1914-15 to Rs. 17,89,621 in 1915-16.

The comparative statement below shows the total number of operations performed, the percentage of successful cases to total operations, the average cost of each successful case and the number of deaths from small-pox in the several provinces as compared with 1914-15. The statements in the Appendix to this Section give full particulars as to the vaccination operations carried out in the various provinces during the year.

Province.	TOTAL NUMBER OF VACCINATIONS PERFORMED.		PERCENTAGE OF SUCCESSFUL CASES TO TOTAL VACCINATIONS		Average cost of each successful case.		Number of deaths from small-pox.
	Primary.	Revaccinations.	Primary.	Revaccinations.	Rs.	A. P.	
Delhi ...	1914	12,220	3,359	98.91	72.13	0 4 3	43
	1915	12,968	2,776	99.11	70.61	0 3 11	14
Bengal ...	1914	1,137,879	460,749	97.66	64.01	0 2 3	9,935
	1915	1,261,021	369,697	98.09	67.16	0 2 1	32,785
Bihar and Orissa ...	1914	1,245,824	68,218	99.68	72.63	0 1 2	5,778
	1915	1,217,591	70,828	99.46	64.81	0 1 5	15,526
Assam ...	1914	280,292	39,724	96.22	68.69	0 3 7	2,575
	1915	273,573	38,825	96.63	62.29	0 3 1	4,076
United Provinces of Agra and Oudh.	1914	1,543,567	110,817	97.35	71.76	0 1 11	17,954
	1915	1,523,656	104,711	97.34	74.46	0 2 0	2,304
Punjab ...	1914	671,261	165,378	97.13	70.69	0 3 3	2,900
	1915	669,236	185,812	96.51	73.22	0 3 1	1,694
North-West Frontier Province.	1914	141,546	12,633	98.66	88.39	0 1 8	331
	1915	125,177	18,527	98.62	91.31	0 1 10	26
Central Provinces and Berar	1914	526,214	76,429	97.21	63.27	0 2 6	4,581
	1915	518,088	81,871	97.57	63.71	0 3 3	1,151
Madras ...	1914	1,512,515	176,407	90.8	79.1	0 3 10	27,889
	1915	1,532,185	268,985	87.7	75.7	0 3 9	24,038
Coorg ...	1914	8,825	5,796	96.71	85.33	0 3 10	114
	1915	8,348	4,669	96.54	89.20	0 4 5	23
Bombay ...	1914	711,179	63,596	99.10	57.03	0 8 5	4,209
	1915	719,960	70,965	98.91	55.83	0 8 8	1,425
Burma ...	1914	405,724	66,843	94.92	60.54	0 8 5	256
	1915	395,597	78,462	97.14	57.65	0 9 1	217
Ajmer-Merwara ...	1914	15,805	101	97.23	85.00	0 3 8	23
	1915	17,393	262	97.65	92.75	0 3 2	3
Total	1914	8,212,851	1,250,030	95.56	68.38	0 3 4	76,590
	1915	8,275,693	1,296,390	95.33	66.80	0 3 5	83,212

VACCINE LYMPH.

101. Glycerinated vaccine lymph was used in all provinces, supplied in most instances by their respective vaccine depôts. The North-West Frontier Province and Delhi were, as usual, supplied with lymph from the Punjab vaccine depôt. The Punjab depôt also supplied lymph to the Native States in the Punjab and the Jammu and Kashmir States: large quantities were also supplied to the military authorities for use out of India with the Indian Expeditionary Forces. In the United Provinces glycerinated paste was made use of to a small extent: the outturn of the United Provinces depôt was greatly reduced in 1915 owing to the establishment of a provincial depôt by the Bihar and Orissa Government. Lanoline paste was largely used in Madras, glycerinated vaccine lymph being supplied only to Madras City and Colombo. The success rate in the Madras Presidency for the year was the lowest recorded since 1904-05. This is attributed to the new method introduced of storing vaccine pulp in the raw condition and grinding and mixing it with lanoline as required for issue. The method has proved a failure and has been abandoned. In the Bombay Presidency glycerinated animal and human lymphs were used: the former was used throughout the districts and gave satisfactory results; human lymph was used only in some of the Native States.

GENERAL REMARKS.

102. In the Bengal Presidency free vaccination was introduced in certain districts, a measure which did something towards removing existing objections to vaccination and led to an increase in the number of operations performed. In municipalities there was a decrease in vaccination operations as compared with the previous year, due, it is reported, to the lessened prevalence of small-pox. More than twice as many vaccinations were performed in factories and on tea-gardens as in the previous year.

The decrease in vaccination work in Bihar and Orissa is attributed to a deterioration in discipline and energy of the Inspecting Staff. Necessary action in this respect is being taken.

The slight decrease in Assam is attributed to greater strictness and better supervision leading to more accurate returns being obtained from one or two large districts, in which it appears falsification of returns had in the past been considerable.

Local unrest and threatened troubles on the frontier led to a decrease in vaccination work in the North-West Frontier Province. Satisfactory progress was, however, made in the Agencies of Kurram and Tochi, the Chitral Sub-Agency and in the Swat Valley and Shirani country. The attitude of the people on the whole to vaccination has been more favourable, but, as elsewhere in India, the inhabitants cannot be brought to understand the need for revaccination.

In the Madras Presidency the number of vaccination operations performed exceeded that for the previous year though, as already stated, the success rate was the lowest recorded since 1904-05. In municipalities vaccination work was on the whole successful.

Though the total number of operations performed in the Bombay Presidency exceeded that in 1914-15, there was a decrease in the number of primary operations: this is attributed to the increased incidence of plague in certain districts leading to the evacuation of villages. A special vaccination campaign among school children was conducted in certain districts with great success.

In Burma there was a decrease in the number of primary operations performed as compared with the previous year. The decrease is attributed to the large deficit in the number reported from the Southern Shan States due to the cessation of the vaccination campaign that was carried out in 1914-15.

VACCINATION AMONGST TROOPS.

103. Particulars of vaccination in the Army will be found in Statement III of the Appendix to this Section.

SECTION VI.

MEDICAL INSTITUTIONS.

(CONTRIBUTED BY THE DIRECTOR-GENERAL, INDIAN MEDICAL SERVICE.)

1.—State-Public, Local Fund and Private-aided Civil Hospitals and Dispensaries.

104. These institutions, at the end of 1915 numbered 2,980 an increase of 139 on the totals for 1914, and the demand for the opening of more is felt in nearly every part of India.

The number of in-patients and out-patients has greatly increased and the total increase of both classes is 1,647,409.

The number of operations has increased by 64,261 over the total for 1914.

The following tabular statement compares the figures of 1914 with 1915 :—

Province.		Number of Institutions.	Number of In-patients.	Number of Out-patients.	Total number of Patients.	Number of Operations.
Delhi	{ 1914	14	4,964	287,074	292,038	11,118
	{ 1915	14	5,765	279,847	285,612	14,391
Bengal (excluding Calcutta) ...	{ 1914	414	38,056	4,020,643	4,058,699	116,304
	{ 1915	439	40,343	4,481,606	4,521,949	120,013
Calcutta	{ 1914	15	29,683	319,062	348,145	36,449
	{ 1915	15	27,696	327,978	355,674	35,725
Assam	{ 1914	155	11,457	1,606,259	1,617,716	26,516
	{ 1915	151	9,621	1,510,363	1,519,984	22,747
Bihar and Orissa	{ 1914	209	31,593	2,230,361	2,261,954	110,562
	{ 1915	226	34,912	2,438,768	2,473,680	115,629
Central Provinces	{ 1914	179	15,418	1,731,006	1,746,424	49,029
	{ 1915	185	15,282	1,787,496	1,802,778	49,978
United Provinces	{ 1914	398	75,426	4,432,919	4,508,345	217,014
	{ 1915	461	77,277	4,979,254	5,056,531	235,822
Punjab	{ 1914	297	88,774	4,778,611	4,867,385	260,775
	{ 1915	304	89,910	4,685,910	4,775,820	275,506
Burma	{ 1914	200	63,920	1,602,282	1,666,202	51,491
	{ 1915	206	66,057	1,725,733	1,791,790	50,114
Bombay	{ 1914	353	61,786	2,423,987	2,485,773	101,467
	{ 1915	359	61,390	2,491,077	2,552,467	101,822
Madras	{ 1914	530	91,565	6,652,153	6,743,718	259,566
	{ 1915	541	90,867	7,039,435	7,130,302	282,167
North-West Frontier Province ...	{ 1914	53	14,084	879,421	893,505	39,053
	{ 1915	53	13,211	880,043	893,254	39,267
Baluchistan	{ 1914	24	5,597	249,711	255,308	5,411
	{ 1915	26	5,043	227,737	232,780	5,905
Total	{ 1914	2,841	531,723	31,213,489	31,745,212	1,284,825
	{ 1915	2,980	537,374	32,855,247	33,392,621	1,349,086

DELHI.

105. There were 21 hospitals and dispensaries open at the end of 1915 as compared with 22 in 1914. The number is made up of 7 State-special dispensaries, 12 Local Fund dispensaries and 2 private-aided dispensaries.

There has been a large increase in the surgical work of the Dufferin Hospital and a separate eye department has been established. A total of 2,106 selected eye operations were performed as compared with 153 in the previous year.

The total expenditure was £8,281 of which Indians contributed £173.

BENGAL (EXCLUDING CALCUTTA).

106. There was an increase of 25 institutions during the year, and the totals of treated patients increased by 463,250.

A floating dispensary was opened for 3 months in the Khari river, and a travelling dispensary in the district of Murshidabad. These dispensaries are not successful owing to the difficulty in providing satisfactory Sub-Assistant Surgeons for medical charge.

In common with all other provinces Bengal has had to work very short-handed owing to the depletion of the medical cadre to meet the requirements of the military situation.

Total expenditure was £86,214 of which £18,254 was subscribed by Indians.

CALCUTTA.

107. The Carmichael Nurses Home was opened in connection with the Howrah General Hospital.

Land has been acquired for the urgently required new eye hospital and the building project sanctioned. Work has not yet been begun owing to the impossibility to spare the money.

The buildings of the new School of Tropical Medicine have been completed. It has not however been found possible to open the school owing to the shortage of officers on account of the war.

The maintenance charges were £10,821 of which Indian contributions covered £2,662.

ASSAM.

108. Four travelling dispensaries that were opened in 1914 had to be closed owing to want of facilities of communication in low-lying localities on account of floods.

There is still a difficulty in supplying Sub-Assistant Surgeons and the scarcity of this class has been much exaggerated owing to the withdrawal of men for military duty.

The total expenditure was £27,588 of which £466 was contributed by Europeans and £1,690 by Indians.

BIHAR AND ORISSA.

109. The year began with 209 institutions and ended with 226, a net increase of 17. The King Edward VII Memorial Hospital at Bettiah, and a small hospital

for Europeans (4 beds) at Ranchi, were opened during the year. Electric lights and fans were installed in the Cuttack General Hospital, and an X-ray apparatus in the Ranchi Sadar Hospital. Seven travelling dispensaries worked under the Sanitary Commissioner during the year and treated 36,016 patients.

The demand for more dispensaries is felt, and schemes for a considerable addition to the total number have matured, and in several places work on the necessary buildings has already commenced.

Medical officers specially deputed to visit fairs and markets treated 80,088 patients.

The total expenditure incurred for the upkeep of the hospitals and dispensaries amounted to £69,176 of which £7,996 was contributed by Indians.

Owing to the war there was a further depletion in the cadre of Indian Medical Service officers, their places being generally filled by the more Senior Civil Assistant Surgeons who have carried on the work satisfactorily.

CENTRAL PROVINCES.

110. The number of institutions on the list increased by six ; and there was an increase of over 56,000 in the total number of patients treated. The three peripatetic dispensaries maintained as an experimental measure during 1915 are reported on as doing most useful work and they are now being taken on the strength of the permanent establishment as from January 1st, 1916.

The total expenditure amounted to £60,962 against £60,679 in 1914.

The pay of Sub-Assistant Surgeons was raised substantially from August 1st, 1915, with the result that all vacancies have now been filled.

UNITED PROVINCES.

111. The large increase in the number of institutions is due to the inclusion of the 47 travelling dispensaries for the first time in the list. These dispensaries are Government institutions towards the maintenance of which District Boards contribute a fixed yearly amount. Their up-keep is permanent and each dispensary is practically permanently attached to the district which contributes to its support.

The number of patients attending has increased to a remarkable extent—though the figures are swelled by the inclusion of the 340,093 patients treated in the 47 travelling dispensaries.

The system of charging fees from well-to-do patients has continued and has generally worked satisfactorily.

The total expenditure was £109,892 as against £101,645 in 1914. Europeans subscribed £1,403 and Indians £8,938.

PUNJAB.

112 The number of institutions was 304 as compared with 297 in 1914. There was a small increase in the number of in-patients, but the number of out-patients fell by 92,701. The decrease was shared by every district. In some of the districts the growing demands for organised medical relief cannot be met by the number of dispensaries, and proposals are to be put forward to secure adequate relief.

The new buildings for the Mayo Hospital and Medical College were declared open in December 1915.

The dearth of workers is still a serious obstacle to the spread of female medical aid. Facilities for education is now provided by the Punjab Medical School for women at Ludhiana.

The medical cadre has been depleted by the reversion of Medical Officers and Assistant and Sub-Assistant Surgeons to military duty.

The total expenditure was £93,343 out of which Europeans contributed £3,156 and Indians £2,367.

NORTH-WEST FRONTIER PROVINCE.

113. There has been no change in the number of institutions and the figures for patients treated show little variation.

The Municipal Hospital, Abbottabad, was completed during 1915 and one additional travelling dispensary has been sanctioned.

The total expenditure was £14,196 for the year.

BALUCHISTAN.

114. There were 26 institutions open during the year against 24 the year before, which treated 232,780 patients: of these 5,043 were in-patients and 227,737 out-patients. A total of 5,905 operations were performed. Despite difficulties connected with Medical personnel, there was a decrease of only 7·14 per cent in the total number treated.

The expenditure amounted to £6,060 compared with £6,006 in 1914.

BURMA.

115. The number of institutions increased by 54, and there was a marked increase in the number of patients treated—the most numerous being among the Burmese themselves.

The three years' course in training nurses at the General Hospital, Rangoon, has worked satisfactorily. There are numerous applications for admissions from all parts of India and Burma. A scheme has been put into operation as from July 1st, 1915, for training for a period of 2 years of 5 Burmese and Karen women annually.

The outlay on Hospitals and Dispensaries was £138,257. At Sagu, Minbu district, a dispensary was constructed at a cost of Rs. 37,774 raised by private subscriptions.

BOMBAY.

116. There was an addition of six institutions during the year. As compared with 1914 the total number of patients treated showed an increase of 2·7 per cent, the increase being entirely due to the larger number of out-patients. Notwithstanding the changes in personnel caused by the reversion of Medical Officers to the military department on account of the war a high standard of surgical work was maintained throughout. The total expenditure amounted to £170,369.

MADRAS.

117. The number of institutions rose from 530 to 541 including the itinerating dispensaries, and total number of patients treated increased from 6,743,718 to 7,130,302. The increase in the number of operations is marked in the less serious daily occurring operations.

Large number of patients come to the Madras hospitals from *mufassal* districts, and there was a heavy strain on the nursing staff which sooner or later must be strengthened. The institution of an efficient nursing service in the *mufassal* is receiving attention.

The system of appointing young medical graduates as house surgeons and physicians to the principal hospitals in Madras was continued in 1915, and the reports on those employed, have been satisfactory.

The total expenditure was £63,443 in the City of Madras and £148,573 in the *mufassal*.

II.—*State-Special, Railway and Private non-aided Civil Hospitals and Dispensaries.*

118. The two following tables show the number of institutions open and give details of the work done by them in each province :—

State-Special and Railway Hospitals.

Province.		Number of Institutions.	In-patients.	Out-patients.	Total.	Operations.
Delhi ...	{ 1914 1915	8 7	1,497 1,253	26,926 32,820	28,423 34,078	754 924
Bengal (excluding Calcutta) ...	{ 1914 1915	96 93	16,516 16,203	334,271 330,212	350,787 346,415	7,681 7,099
Calcutta ...	{ 1914 1915	2 2	3,334 2,297	6,191 5,998	9,525 8,895	238 351
Assam ...	{ 1914 1915	43 49	3,277 3,695	64,744 70,832	68,021 74,527	921 766
Bihar and Orissa ...	{ 1914 1915	75 76	6,402 6,950	194,009 209,829	201,311 216,779	5,804 6,563
Central Provinces ...	{ 1914 1915	56 57	3,896 5,734	161,234 169,511	165,130 175,245	2,652 2,617
United Provinces ...	{ 1914 1915	129 121	18,848 17,207	310,993 321,869	329,751 339,076	76,476 7,183
Punjab ...	{ 1914 1915	157 157	7,088 6,626	553,399 580,624	561,387 587,250	18,820 17,115
North-West Frontier Province ...	{ 1914 1915	27 27	9,549 8,916	120,005 113,457	129,654 122,373	3,315 3,191
Baluchistan ...	{ 1914 1915	5 8	1,084 2,250	44,822 47,986	46,836 50,236	953 1,140
Burma ...	{ 1914 1915	72 72	17,157 18,443	233,600 221,600	250,847 240,043	2,606 3,255
Bombay ...	{ 1914 1915	74 74	5,170 6,347	244,806 260,465	250,066 266,812	6,436 7,014
Madras ...	{ 1914 1915	103 103	11,552 11,295	269,143 259,597	280,695 270,892	5,970 7,512
Total	{ 1914 1915	847 846	107,270 107,821	2,565,163 2,624,800	2,672,433 2,732,621	63,626 64,730

Private, non-aided Institutions.

Province.		Number of Institutions.	In-patients.	Out-patients.	Total.	Operations.
Bengal (excluding Calcutta)	1914	139	6,033	1,155,805	1,161,838	24,973
	1915	142	6,251	1,169,023	1,175,274	24,374
Calcutta	1914	3	583	30,414	30,997	2,238
	1915	2	630	28,420	29,050	2,020
Assam	1914	6	75	24,224	24,299	381
	1915	6	73	24,710	24,783	371
Bihar and Orissa	1914	65	8,426	687,955	696,381	22,954
	1915	64	8,757	692,927	701,684	21,508
Central Provinces	1914	38	1,679	145,563	147,242	2,560
	1915	39	2,075	165,002	167,077	2,657
United Provinces	1914	49	7,386	387,435	394,821	9,937
	1915	47	6,533	398,542	405,075	10,323
Punjab	1914	13	4,781	84,577	89,358	3,550
	1915	12	4,795	73,260	78,055	3,230
North-West Frontier Province	1914	7	2,715	159,324	162,039	9,822
	1915	7	2,392	116,357	118,749	10,098
Baluchistan	1914	2	79	22,571	22,650	277
	1915	2	102	18,503	18,605	252
Bombay	1914	333	29,430	2,016,768	2,046,198	62,781
	1915	337	25,591	1,984,804	2,010,395	67,074
Madras	1914	55	12,272	321,179	333,451	14,261
	1915	53	11,900	335,200	347,100	16,225
Total	1914	710	73,459	5,035,815	5,109,274	153,734
	1915	711	69,099	5,006,748	5,075,847	158,132

III.—Lunatic Asylums.

119. The table attached gives the number of lunatic asylums in each province during 1915, the total population of such institutions in each province and the numbers discharged cured, and that died. The totals for all India are given for 1914 and 1915.

There was no change in the number of asylums during the year; the total asylum population increased from 8,452 to 8,978 and the total discharged as cured rose from 832 to 861. The increase in total number of admissions is spread over each province.

Province.	Number of Asylums.	Admitted and re-admitted during year.	TOTAL ASYLUM POPULATION.			Discharged cured.	Lied.	Daily average strength.	Daily average sick.	Criminal lunatics.
			Males.	Females.	Total.					
Bengal	3	214	1,072	214	1,286	79	85	1,088'11	84'38	602
Assam	1	129	340	80	420	32	29	324'91	60'46	123
Bihar and Orissa	1	99	351	50	401	37	41	315'18	22'61	123
United Provinces	3	431	1,393	364	1,757	144	140	1,369'37	199'59	351
Punjab	1	311	818	235	1,053	116	73	763'50	68'49	180
Central Provinces	1	137	416	95	511	56	46	373'97	15'33	107
Bombay	6	499	1,325	327	1,652	231	85	1,194'0	39'5	224
Madras	3	268	802	258	1,060	94	83	799'47	103'15	218
Burma	2	251	680	158	838	72	53	625'18	184'17	357
Total	1915	21	2,332	7,197	1,784	8,978	861	6,851'72	778'28	2,345
	1914	21	2,083	6,717	1,735	8,452	832	6,528'21	658'27	2,243

In Bengal the ever growing asylum population is a serious tax on the capacity of the lunatic asylums. An extension of accommodation was provided at Berhampore to tide over the interval till the new central asylum at Ranchi is opened.

The health of all the inmates was satisfactory and there were no outbreaks of epidemic disease.

The figures for Assam call for no special remarks.

In Bihar and Orissa the insufficiency of accommodation was met by the construction of new wards. Still further extensions are under consideration.

In the United Provinces the admissions rose from 396 to 431, the highest recorded for the last five years. There was no overcrowding.

The Punjab asylums showed 311 admissions, an increase of 47 on the previous year. There were no epidemics and both the death rate and daily average sick rate were

lower than in any year since 1910. During the year cubicular accommodation to the number of 90 was added by the conversion of some of the sleeping barracks. With the increasing number of inmates extra accommodation will be a matter of urgency in the near future.

The admissions in the Central Provinces were 137 against 120 in 1914, and of this number 126 were males and 11 females. There was overcrowding on the male side. Administrative sanction for new buildings in the asylum has been received.

In Bombay structural improvements at the asylums at Dharwar, Ahmedabad and Hyderabad were carried out. At the Central Asylum, Yeravada, the provision of padded rooms, central bath and improvements to the hospital are required. The necessary plans and estimates are being prepared.

No epidemics occurred in any of the asylums.

In Madras there was a slight decrease in admissions from 270 to 268. At Calicut a block of four cells for males under observation was completed. There was no epidemic and no overcrowding.

No change has been made in the total accommodation for Burma, but as the asylum population continues to show a steady increase the prospects of overcrowding have become very real, and plans for new lunatic asylum buildings have been discussed and adopted.

IV.—Medical Colleges.

BOMBAY.

120. *Grant Medical College.*—There were 631 students of which there were 41 female students. The following statement shows the number of candidates that presented themselves for the various examinations and the number who passed :—

Examination.	Number of candidates.	PASSED.	
		Males.	Females.
L. M. & S.			
Part I	48	21	3
Part II	47	24	3
M. B., B. S.			
Preliminary	203	126	13
Intermediate	235	105	5
Final { Part I	77	43	1
{ Part II	100	45	2
M. D.			
Branch I, Medicine	1	...	...
Branch II, Midwifery ... ..	...	...	...
M. S.			
BACHELOR OF HYGIENE.	1	1	...
Part I	10	4	...
Part II	7	5	...
Doctor of Hygiene	1	...	...

There were 27 Military Medical pupils under training as Military Assistant Surgeons, of whom 3 were removed and 3 passed out from the College during the year.

MADRAS.

121. *Madras Medical College*.—There were four hundred and twenty-five students on the rolls of the College distributed as follows :—

Class.	Male.	Females.	Total.
M. B. & B. S.	168	14	182
L. M. & S.	100	1	101
B. Sc.	2	...	2
Apothecary ... ..	...	21	21
Military Pupils... ..	27	...	27
Chemists & Druggists	11	...	11
Sanitary Inspectors including 2nd Class Medical Officers of Health.	81	...	81
Total	389	36	425

The following table details the number of students who sat for the University examinations and the number that passed :—

Examination.	Number of candidates.	Passed.
L. M. S. (<i>new</i>)—		
1st Examination	1	...
„ Examination (<i>old</i>) ... ..	...	...
2nd Examination	20	13
„ Examination (<i>old</i>) ... ..	...	...
3rd Examination (<i>new</i>)	29	20
Final Examination (<i>old</i>)	7	5
„ Examination (<i>new</i>)	38	20
M. B. & C. M.—		
1st Examination (<i>old</i>)... ..	...	...
2nd Examination (<i>old</i>) ... ..	...	...
3rd Examination (<i>old</i>) ... ..	...	...
M. B. & B. S. (<i>old</i>)—		
1st Examination (<i>new</i>)	81	50
2nd Examination (<i>new</i>)	33	22
3rd Examination (<i>new</i>)	34	24
Final Examination (<i>new</i>)	31	12
Total	274	166

Seven female students appeared for the 1st M. B. examination of whom 4 passed and one was found qualified for the L. M. & S. One appeared for the L. M. & S. and failed. Of the two who appeared for the 2nd M. B., one passed. Two appeared for the Final M. B. & B. S. and both passed. Six students in the Final year class of the Apothecary Department passed. Of the 27 Military Pupils, 3 passed out of the College and were appointed Military Assistant Surgeons.

PUNJAB.

122. *Lahore Medical College.*—The total number of students on the rolls of the College was 176 as follows:—

Government Scholarship holders:—

Punjab	...	...	...	...	24
North-West Frontier Province	...	...	...	...	1
Non-Government Scholarships	...	...	...	...	10
Other students	...	...	...	...	141
					<hr/> 176 <hr/>

The following statement gives the number of students that appeared for the University examinations and the number that passed:—

Examination.				Candidates.	Passed.
Final L. M. S. (<i>old</i>)	...	...	...	1	...
Final M.B., B.S.	...	...	...	47	38
2nd " "	...	...	...	22	20
2nd L. M. S. (<i>old</i>)	...	...	...	1	1
1st M. B., B. S.	...	...	...	46	33
Total				<hr/> 117 <hr/>	<hr/> 92 <hr/>

Two female students appeared for the final examination for the College L. P. M. S. certificate and both failed. Five female students appeared for the 1st examination for the College L. P. M. S. certificate and one passed.

The extensions under the King Edward memorial scheme are now well forward. The new main College block was personally opened by His Excellency the Viceroy on the 10th November 1915 and is almost ready for occupation. Extensions to the Anatomical Department have been partially completed and the new Anatomical Theatre and Tutorial Rooms have been in use since the new year. The Research Block which is practically completed still requires much to be done in the way of fitting and the cold storage Block including the *Post mortem* rooms is approaching completion.

BENGAL.

123. *The Calcutta Medical College.*—During the year there were 916 male, 21 female and 77 military students on the rolls of the College or a total of 1,014 students. Applications for admission numbered 720 against 702 in the previous years : 162 of the former were admitted.

The following statement shews the number of students who appeared for the University examination and the number that passed :—

Examination.	Number of candidates.		Passed.	
	Males.	Females.	Males.	Females.
Preliminary Scientific M. B. ...	190	5	151	5
1st M. B. Examination ...	296	6	130	4
2nd M. B. Examination ...	173	3	97	2
Doctor in Medicine ...	2	...	2	...
Preliminary number State Medical Faculty	5	...	2	...
Intermediate ...	14	...	8	...
Total ...	680	14	390	11

Two students in the female certificate class passed the final Diploma examination and left the College, thus closing the female certificate class of this college for ever.

Eight Military pupils passed the final examination and left the college on being appointed as Military Assistant Surgeons.

UNITED PROVINCES.

124. *King George's Medical College, Lucknow.*—There were 136 students on the rolls of the College, 131 males and 5 females.

The following statement shows the number of students who appeared for the different examinations and the number that passed :—

Examination.	Number of candidates.		Passed.	
	Males.	Females.	Males.	Females.
1st M. B., B. S. ...	29	...	16	...
Final M. B., B. S., Group "A" ...	22	2	16	2
Final M. B. B. S., Group "B" ...	19	...	13	...
Female certificate class examination, 3rd final examination.	...	1	...	...
Total ...	70	3	45	2

Owing to the financial stringency caused by the war it was not practicable to carry out many of the estimates which have been administratively sanctioned for improvements and additions to the buildings of the College.

V.—Medical Schools..

There are 15 Medical Schools distributed as follows:—Bengal 2, Madras 3, Bombay 3, United Provinces 1, Punjab 2, Burma 1, Bihar and Orissa 2, and Assam 1.

BNEGAL.

125. *The Campbell Medical School, Calcutta.*—During the year there was a total of 381 students on the school rolls, 360 of whom were males and 21 females.

The following table gives the number of students who appeared for examination:—

Examination.	Students.		Passed.	
	Males.	Females.	Males.	Females.
Licensed Medical Practitioners Diploma—				
Final Examination	95	6	55	1
Junior Examination	19	1	14	1
Compoundership	133	...	116	...

The establishment and equipment of a Chemical and Physics laboratory for 1st year students is considered necessary as well the appointment of whole-time Demonstrator in Physiology, as the students have to attend the Medical College, Calcutta, for a course in Chemistry and Physics and there is only one Demonstrator for practical classes in Physiology and Pathology.

The Dacca Medical School.—There were 251 male and 3 female students on the rolls of the school, making a total of 254. The following statement details the result of the school examination:—

Examination.	Candidates.		Passed.	
	Males.	Females.	Males.	Females.
Licensed Medical Practitioners Diploma—				
Final Examination	49	1	37	1
Junior Examination	14	...	14	...
Compoundership	127	...	120	...

Thirteen passed students were recruited into the service of Government.

MADRAS.

126. Medical School, Royapuram.—At the beginning of the year there were 225 pupils (209 male and 16 female) including 41 in the Indian Military Pupil Class. 56 students appeared for the 1st year Examination and 41 passed; 54 students appeared for the 2nd year examination and 52 passed. Of 47 who appeared for the 3rd year examination all passed, and out of 59 final year students 50 were successful.

Plans for the accommodation of 210 students, in addition to the 50 rooms in the old hostel, have been submitted to Government and commencement of work on them is awaited.

Prince of Wales' Medical School, Tanjore.—There were 123 pupils on the rolls. Out of 26 pupils who went up for the final examination 24 passed. 29 and 23 pupils, respectively, passed the third and second year examination and 29 out of 34 first year pupils were successful at the first year examination.

Plans and estimates were prepared for construction of a new Medical School and Hostel but they have had to lie over owing to the present financial crisis.

Medical School, Visagapatam.—There were 96 pupils on the rolls. Of 21 final year, 18 third year, 17 second year and 27 first year pupils, 17 of each respective class passed the final examination. Owing to the rebuilding of the Civil Hospital, the Medical School was converted for use as a Hospital and alterations made to render it suitable for the purpose.

BOMBAY.

127. Medical School, Hyderabad (Sind).—There were 142 pupils on the school's rolls, which number was comprised of 132 Hindus and Brahmans, 8 Muhammadans, 1 Christian and 1 Parsi.

17 students appeared for the final examination of whom 14 passed. 8 of the successful students were admitted into the department as Sub-Assistant Surgeons.

The proposal to appoint a whole time teacher for Anatomy and Physiology, though administratively approved, were postponed on account of the present financial situation.

The Byramjee Jeejeebhoy Medical School, Poona.—The school year opened with 145 students on the rolls and closed with 159. During the year, 21 students passed out from the school as Sub-Assistant Surgeons, 4 of whom were admitted into the Military and 11 into the Civil branch of the service. 3 were dismissed, 2 resigned and one was allowed to proceed to Alexandria with the staff of the Bombay Presidency War Hospital.

The Byramjee Jeejeebhoy Medical School, Ahmedabad.—Including 2 female pupils, there were 204 students on the rolls. Of this number, 6 were Indian Christians, 16 Jains, 83 Brahmans, 76 other Hindus, 8 Muhammadans and 10 Parsis. One Military and 2 Civil pupils were dismissed for absence without leave. 80 pupils resided in the school hostel.

UNITED PROVINCES.

128. Medical School, Agra.—The number of new admissions during the year, *vis.*, 422, including 15 female students, was the highest on the record since the school

was opened in 1854, the increase being due to 330 pupils being admitted into the military pupil class. There were 113 pupils in the Civil class, 9 in the Rajputana and 20 in the private class and 8 qualifying for compounderships. Including 7 military pupils 24 out of 29 male and 6 out of 6 female students passed the final examination. 44 male and 20 female students appeared for the 3rd year examination and all passed. Two out of 38 male students passed the junior qualifying examination and out of 10 female students all passed the same examination.

The hostel accommodation proved insufficient to house the unprecedentedly large number of admissions and therefore 11 houses had to be hired in the city for the purpose.

PUNJAB.

129. *Medical School, Lahore.*—The number of students on the rolls was 255, of these 60 belonged to the Military Pupil, 15 to the Civil, 15 to the Burma, 2 to the North-West Frontier Province and 13 to the local classes. 95 students appeared for the final examination for the M. P. L. diploma and 87 passed. 37 out of 54 students passed the junior qualifying examination.

Ludhiana Medical School.—5 female students appeared and passed the final examination. All 6 female students who appeared for the junior qualifying examination failed to pass. This institution is now the provincial school for training women for the Sub-Assistant Surgeon class.

BURMA.

130. There were 75 pupils on the rolls which number includes 7 females. There were 39 male and 3 female Burman students.

8 male and 2 female students appeared for the final examination and with the exception of 1 female student, all passed. 5 out of 7 male students passed the junior examination.

BIHAR AND ORISSA.

131. *Temple Medical School, Patna.*—There were 97 male and 1 female students on the rolls during the year. The following is the result of the examinations:—

				Appeared.	Passed.
Final year	...	...	...	15	11
Junior class	...	...	...	13	12

There were no female candidates for any of these examinations. There were 74 students in the Compounder class. Of 38 male students who appeared for the compoundership examination 25 passed and 4 out of 13 outside candidates passed the compounders examination. There were no female students in the Compounders' class.

Only 3 passed students were recruited into Government service in view of better terms offered by railways and other sources of employment.

Orissa Medical School, Cuttack.—There were 159 male and 6 female students on the rolls during the year:—this number includes 80 in the Compounder class. 32

male pupils appeared for the final examination and 17 passed. 33 male and 4 female pupils appeared for the junior examination of whom 23 and 2, respectively, passed. Out of 47 male students who appeared for the Compoundership examination 37 (including 2 outsiders) passed.

ASSAM.

132. *Berry-White Medical School, Dibrugarh.*—There were 142 students on the rolls during the year. 14 out of 20 students passed the final and 32 out of 44 the junior qualifying examination. Out of 23 regular and 30 outside candidates 20 and 11, respectively, passed the Compounders' examination.

VI.—The X-Ray Institute of India, Dehra Dun.

132-A.—No ordinary classes of instruction were held during the year on account of the war. A modified course lasting one month was however held during February-March, the students attending being Civil Assistant and Sub-Assistant Surgeons and one private student. The total number attending was 10, of whom eight passed, two obtaining special proficiency certificates.

The number of radiographic examinations made was 1,242. 215 cases of disease were under treatment during the year.

Since the end of January the Institute has been undertaking the X-Ray examination and electrical treatment of all cases of wounded men from overseas belonging to the Indian Troops War Hospital, Dehra Dun. Further in September the services of the Institute were offered to the Military Department in connexion with a special St. John Ambulance War Hospital to be opened in Dehra Dun. The offer was gratefully accepted. Localization of severe bullet and shell injuries and the treatment of paralysis and paresis, stiff joints, trench foot and other allied conditions arising from the war are receiving appropriate treatment.

The Branch Installations at Delhi and Simla are both working satisfactorily and are obtaining a large number of patients.

Demands for renewals and replacements received from X-Ray Divisions in the field have been on an unprecedented scale, but so far the Institute has been able in all cases to comply with the requisitions received.

No case of X-Ray traumatism has occurred to any of the staff, students or patients of the Institute.

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SECTION VII.

SANITARY WORKS.

INDIA.

133. From the sanitary reserve a sum of Rs. 7·80 lakhs was allotted during 1914-15 on account of Imperial grants for sanitation. From this sum a non-recurring grant of Rs. 3·30 lakhs was made towards the improvement and extension of the sewage system in Simla; one lakh was allotted to the United Provinces for the sanitary improvement of the pilgrim route to Badrinath and Kedarnath, and a similar amount towards the establishment of an experimental sullage farm at Lucknow; two lakhs were allotted for anti-malarial and other sanitary measures in Delhi and a grant of Rs. 20,000 was made to the Bombay Sanitary Association. A recurring grant of Rs. 10,000 a year was made to Hyderabad as a contribution towards sanitary and general improvements of the Residency bazaars.

The following paragraphs contain information regarding sanitary works carried out or in progress in the several provinces.

DELHI.

134. The income of the Delhi Municipality for the year amounted to Rs. 13,37,322. Exclusive of Government grants the actual net income was Rs. 11,40,497 as compared with Rs. 11,10,354 in the previous year. A sum of Rs. 8,04,367 was expended on public health and convenience against Rs. 7,36,889 in 1914-15.

The sanitation of Delhi City shows remarkable improvement. The staff of the Sanitary Department remained the same as in 1914, except that the services of one Circle Inspector were dispensed with and a qualified Sanitary Inspector appointed in his stead. No new large drainage works were undertaken. Steady progress with the erection of water flush latrines continues as sites become available. The work of constructing incinerators and bathing places was continued. Among the important sanitary works undertaken during the year was the removal of *robās*. It may be explained that a *roba* is a masonry shaft, 10 to 20 feet long, through which night-soil passes from the roof of a house to a receptacle placed at the lower end, obviously a most insanitary contrivance and a fruitful breeding place for flies. During the year 250 *robās* were closed and sanitary latrines erected in their stead.

In the Notified Area improvements in drainage were carried out; low ground was filled in; *pucca* drains were made and part of the canal cut was lined. Sanitary defects still abound but are being steadily removed.

BENGAL.

135. The number of municipalities in Bengal as in the previous year was 111. Their total income from all sources, including the opening balance of Rs. 19,05,846 and 'extraordinary and debts' of Rs. 18,31,165, amounted to Rs. 93,64,841 against Rs. 88,64,602 in the previous year. Of this 37·18 per cent was spent on sanitary works against 40·15 per cent in 1914. The decrease is mainly on account of water

supplies due to the fact that abnormally large sums had been spent in this connexion in the previous year.

Of the reserve sanitary grant of 3 lakhs for 1915-16, Rs. 2,99,568 was allotted.

The total expenditure on sanitary works incurred by municipalities, district boards, Government and private individuals amounted to Rs. 22,92,429 against Rs. 17,28,946 in the preceding year. The most important work undertaken was the excavation of a canal at a cost of Rs. 6,47,432 to carry the drainage of the central part of Howrah town. Several new septic tank installations were erected and six were under construction at the close of the year.

Measures for the improvement of village sanitation such as cleaning out filthy tanks, filling of ditches, cleaning of drains, removing refuse and jungle, received considerable attention during the year.

136. *Sanitary Board.*—There was no change in the constitution of the Board. Nine meetings were held during the year. Five sketch projects at an estimated cost of Rs. 7,10,592 were recommended to Government of which four were approved: six detailed schemes were also recommended for final sanction.

Amongst other questions the Board addressed Government on the proposal of the Sanitary Engineer to depute subordinates to England for training in sanitary engineering.

Various sanitary schemes under consideration or in the course of preparation had to be postponed until the end of the war on account of lack of funds.

ASSAM.

137. There were in Assam in 1915, 14 municipalities, 6 unions and one station, an increase of two unions as compared with 1914. Their total income amounted to Rs. 9,74,820 against Rs. 8,56,613 in the previous year: the increase is mainly due to Government grants-in-aid for large improvement schemes. The aggregate expenditure on sanitation during the year was Rs. 2,69,071 or 27.60 per cent of the total income as compared with Rs. 2,29,238 or 28.58 per cent in 1914. Under the orders of the local Government the expenditure on account of 'treatment of the sick' has not, as hitherto, been shown as expenditure on sanitation.

Improvements were effected in urban sanitation in the matter of water-supplies and better supervision of municipal sanitary activity by the appointment of sanitary inspectors in larger towns: this work would have been carried on still further but for financial limitations occasioned by the war.

The balance of the Imperial sanitary grants, recurring and non-recurring, amounted to Rs. 68,000, out of which Rs. 14,357 were allotted for various sanitary improvements. Numerous schemes for piped water-supplies, drainage and town planning were under construction or consideration during the year.

Programmes drawn up by Local Boards for the improvement of water-supplies, to be spread over a period of five years, were approved. Funds amounting to Rs. 1,40,113 were placed at the disposal of the boards for financing the first year's programme. Two-thirds of this sum was contributed by Government, the remainder being found from local funds. The expenditure of Local Boards on rural water-supplies and other minor schemes of village sanitation was much below the amount so spent in 1914, *viz.*, Rs. 1,13,037 against Rs. 2,24,388.

138. *Sanitary Board.*—The Sanitary Board was reconstituted during the year and now consists of the Inspector General of Civil Hospitals as president, the Chief Engineer and the Commissioners of Divisions concerned as members and the Sanitary Commissioner as secretary and member. No formal meeting of the Board was held, all business being transacted by correspondence.

BIHAR AND ORISSA.

139. An expenditure of Rs. 14,77,004 was incurred in municipal towns on sanitary works during the year as compared with Rs. 14,48,054 in 1914. The increase was mainly on account of conservancy, drainage and markets and fairs.

Of the Imperial grant of Rs. 2,89,000 on account of sanitation, Rs. 1,56,063 was distributed during 1915-16. Rs. 15,000 was allotted to the Sanitary Board for the provision of a temporary staff for the preparation of drainage and water-supply projects of municipalities, and Rs. 16,980 on account of temporary establishment required for plague preventive measures. Grants were also made in aid of a scheme for improving methods of registration of vital statistics; water-supplies in the new capital (Bankipore) and in the Patna and Monghyr municipalities; and the new vaccine depot.

District Boards expended a sum of Rs. 3,71,868 as compared with Rs. 2,45,803 in the previous year. The main heads under which there was increased expenditure were conservancy, drainage, and water-supply: under the latter head there was an increase of nearly one lakh of rupees.

Two additional Health Officers were appointed during the year. There were altogether nine second class Health Officers, six of whom were appointed during the year after a course of training at Madras. Model rules and standard forms for the guidance and use of Sanitary Inspectors in municipalities were drafted and submitted to Government.

A scheme was drawn up for carrying out a complete sanitary survey of the province, but the work could not be commenced on any large scale owing to the lack of funds and necessary trained staff.

Two Assistant Engineers were appointed during the year and the subordinate engineering staff was reorganized, resulting in increased efficiency of the department. Numerous sanitary improvement schemes were commenced during the year, the most important being water-supply and sewerage schemes for the new capital.

UNITED PROVINCES.

140. The total municipal income of the year amounted to Rs. 88,71,233 against Rs. 99,98,464 in the preceding year. Of this 44 per cent was spent on water-supply, drainage and conservancy. A grant of Rs. 50,000 was as usual made for the improvement of village sanitation in rural tracts.

Out of the grant sanctioned by the Government of India for urban sanitation five and a half lakhs were allotted for sanitary schemes. Of this Rs. 1,20,000 were for the Agra water works and 1,95,000 for the Lucknow Town Planning Emergency Schemes. A further grant of Rs. 80,000 was also made towards the improvement of the water-supply plant at Agra.

141. *Sanitary Board.*—The Sanitary Board held ten meetings during the year. Sanitary schemes of an aggregate cost of Rs. 7,05,410 received the administrative sanction of the Sanitary Board. Many large projects were hampered or held in abeyance for want of adequate funds. The total amount at the disposal of the Board for expenditure on sanitary works aggregated Rs. 6,50,866 of which Rs. 5,89,312 were allotted.

PUNJAB.

142. The system of rewards on account of sanitary improvement does not appear to appeal to the people concerned; at any rate no effort is made to obtain them. An income of Rs. 1,28,286 was derived from the sale of street sweepings and Rs. 34,333 was realized from sewage irrigation. Few attempts were made to improve village sanitation as it is extremely difficult to get the villagers to change their customs or habits. Endeavours are being made to remove existing prejudices against sanitary reforms.

143. *Sanitary Board.*—The Board, whose constitution remained the same as in 1914, met three times during the year. The annual grant was enhanced from seven and a half lakhs to eight lakhs and the Sanitary Board would have been able to dispose of the entire grant but for circumstances which resulted in a reduction in the amount and the subsequent withdrawal by Government of Rs. 4,26,564. Of the urban grant of five lakhs allotments to the amount of Rs. 3,56,537 were made during the year, the balance being withdrawn by Government. The most important urban sanitary works undertaken were the Sialkot water-supply scheme and the Dera Ghazi Khan water-supply extension scheme. In accordance with the powers delegated to the Sanitary Board to accord administrative sanction to sanitary schemes the cost of which does not exceed one lakh, the Board approved of 8 drainage schemes and one water-supply scheme during the year. Government accorded technical sanction to five drainage schemes.

NORTH-WEST FRONTIER PROVINCE.

144. During the year little progress was possible in the province with regard to sanitary schemes as the officers of the Public Works Department were 50 per cent under strength on account of the war.

From the balance of the yearly recurring grants of one lakh, Rs. 1,31,000 were allotted to Peshawar City for the provision of improved water-supply and drainage. Towards this the Government of India have sanctioned a grant-in-aid of 5 lakhs of which two lakhs have been allotted. Of the recurring grant of one lakh for 1915, Rs. 60,000 were surrendered, the balance being allotted to the Dera Ismail Khan municipality for paving and draining, and for the construction of infectious diseases camps in the vicinity of all municipal towns.

In all a sum of Rs. 1,66,308 was expended by municipalities and district boards on sanitary works during the year.

CENTRAL PROVINCES AND BERAR.

145. The total income of municipalities for 1914-15 excluding loans and balances was Rs. 33,09,175 against Rs. 31,62,928 in 1913-14. Of this Rs. 17,77,358 or 46 per cent was spent on sanitation.

Municipalities continued to display reasonable activity in the sanitation of towns. A provincial grant of Rs. 4,12,648 was made them during the year for sanitary improvements.

A special grant of Rs. 55,000 was made for improvements to water-supplies in rural areas. Schemes for the provision of good water-supplies at all places where fairs are held and along the routes leading thereto were under consideration.

146. *Sanitary Board.*—The Sanitary Board held four meetings during the year and considered numerous schemes in connexion with water-supply, drainage, &c.

MADRAS.

147. In 1915 the number of municipal towns increased from 64 to 68. The expenditure on the improvement of water-supplies amounted to Rs. 3,14,851 and that on conservancy to Rs. 8,83,857 or 92·8 and 70·6 per cent, respectively, of the allotments under these heads.

There was no change in the number of district boards. Beyond petty improvements to water-supplies, latrines, drains, &c., no sanitary works of any magnitude were undertaken during the year. The allotment for sanitary purposes amounted to Rs. 14,46,771 and the expenditure during the nine months for which figures are available, to Rs. 7,02,072 or 48·5 per cent against 40·8 per cent in 1914: more than 50 per cent of the allotment thus lapsed to Government. The conditions as to water-supply and drainage in rural areas as a whole were more or less the same as in previous years. Two water-supply schemes were in progress and 14 under investigation.

148. *Sanitary Board.*—There was no change in the constitution and functions of the Board. Thirty-two sanitary schemes at an estimated cost of Rs. 12,13,172 were approved during the year. Standard designs were issued for sewage purification arrangements, contagious diseases wards, &c.

COORG.

149. A sum of Rs. 6,156 was expended during the year on certain works connected with the drainage and water-supply of Mercara. Wells were sunk in two *pettas* and repairs were carried out to several wells and tanks in the province.

BOMBAY.

150. There were 157 municipalities in the Bombay Presidency in 1915. The combined municipal income amounted to Rs. 1,24,87,579 of which Rs. 60,67,924 or 48·5 per cent was expended on public health requirements, an increase of Rs. 4,06,204 over the corresponding expenditure of the previous year.

Under the scheme for the appointment of Health Officers and Sanitary Inspectors, three first class and two second class Health Officers and 32 Sanitary Inspectors were appointed.

There were 26 District Local Boards and 216 Taluka Local Boards, the same number as in 1914. Their income amounted to Rs. 84,74,757 and expenditure to Rs. 84,42,463. On water-supplies, drainage and other public health works, Rs. 3,86,398 or less than 5 per cent of the income was spent.

A grant of Rs. 62,000 was made for the improvement of village water-supplies. The allotments were expended in making new tanks and deepening existing ones, in constructing new wells, repairing old ones, &c.

The Imperial grant of Rs. 7 lakhs was distributed among the District Local Boards of the Presidency and Sind and was mainly devoted to the improvement of water supplies, maintenance of medical and veterinary dispensaries and the provision of *dharmshalas*. Allotments were also made by the local Government in connexion with various sanitary works.

151. *Sanitary Board*.—Three meetings of the Board were held during the year to consider water-supply and drainage schemes. The Board sanctioned the preparation of four new projects, mainly in connexion with water-supply: twenty water-supply and drainage schemes were either completed or made progress during the year and 56 others were under investigation.

BURMA.

152. The total income of municipalities and local bodies during 1914-15 was Rs. 1,96,05,306 of which Rs. 57,51,320 was expended on civil sanitary works as compared with Rs. 1,91,25,924 and Rs. 56,52,187, respectively, in 1913-14. The amount spent on water-supply was about Rs. 20 lakhs, on drainage 7 lakhs, conservancy 17 lakhs and on other sanitary works about 13 lakhs.

The whole of the recurring grant of six lakhs for the improvement of urban sanitation together with a balance of Rs. 72,453 from the previous year, was distributed.

153. *Sanitary Board*.—Three meetings of the Board were held at which various sanitary schemes were considered.

MILITARY WORKS.

154. During 1915-16 the expenditure on ordinary original military works, *viz.*, drainage, conservancy, water-supply, hospitals, &c., was Rs. 2,28,562 and on repairs Rs. 5,96,280 against Rs. 2,35,575 and Rs. 6,21,690, respectively, in 1914-15. The expenditure on special military works under the same heads amounted to Rs. 2,05,224 against Rs. 3,98,459.

SECTION VIII.

GENERAL REMARKS.

LABORATORIES.

155. *The Central Research Institute.*—The greater part of the energies of the Institute were, in 1915, devoted to the manufacture and issue of sera and vaccines for which the demands made by the Indian expeditionary forces were very considerable. All demands were satisfactorily complied with, a fact that reflects great credit on the Serum and Vaccine Therapy Section, which for a great part of the year were working under great pressure, with a staff reduced on account of the war. Much greater demands have been dealt with in 1916, but even in 1915 the output was enormously in excess of anything that had till then been accomplished by the Institute.

The greatest demand was for typhoid vaccine the output of which approximated 150,000 c.c. as compared with 55,000 c.c. in the previous year. Cholera vaccine was manufactured and issued in large quantities for the first time; 51,500 c.c. were sent out. This vaccine was prepared from fresh cultures obtained in Calcutta. In the manufacture of these and other vaccines that may be employed for the inoculation of Indian troops, every precaution is taken to ensure that nothing detrimental to caste prejudice is employed in the process; for example beef is never employed in the manufacture of the culture media on which the vaccines are grown. In addition approximately 3,000 c.c. of other stock vaccines were issued and ninety autogenous vaccines were prepared. Fifty thousand c.c. of antivenene and one thousand doses of anti-diphtheritic serum were prepared and issued as well as seven hundred c.c. of other sera.

In addition to the above a large amount of sera imported from England was distributed.

Seven hundred and nine specimens of pathological material, &c., were examined and reported on, including 151 Widal tests, 143 Wassermann tests, 243 blood examinations and 45 tumours.

In spite of this large amount of routine work, a fair amount of research work was done as is evidenced by the fact that sixteen papers were contributed to the *Indian Journal of Medical Research* by workers in the Institute. The equipment of several bacteriological laboratories for service in Mesopotamia has been undertaken by the Institute, which laboratories, we believe, have been of very great value and assistance.

The classes of training in bacteriological technique and malaria investigation, that form an important part of the functions of the Institute in peace time, have been in abeyance on account of the war.

The King Institute of Preventive Medicine, Madras.—Once again a large part of the energies of the staff of this Institute were devoted to the examination of water supplies. One thousand six hundred samples were submitted to either chemical or bacteriological examination. Pathological specimens sent for examination numbered 4,382, which is considerably less than in the previous year. Seven thousand doses of vaccines were manufactured and issued of which 773 were doses of autogenous vaccine (129 such vaccines were made).

The Bombay Bacteriological Laboratory.—This institute still continues to function as a Plague Laboratory for India as well as the Bombay Provincial Laboratory.

The output of anti-plague vaccine was larger in 1915 than in any previous year with the single exception of 1911. Altogether 827,407 doses were despatched. Since the Laboratory was opened in 1896, thirteen million and seventy thousand doses have been supplied. Statistics contained in the Laboratory report demonstrate the efficacy of inoculation as a means for combating a plague epidemic.

Further experiments with hydrocyanic acid gas as a means for destroying vermin (rat-fleas, bugs, etc.) were carried out. A number of different types of machine for generating and distributing the gas were designed and constructed. These machines were tested on a practical scale in houses in Poona City and on bug infested railway carriages. The experiments showed that with suitable precautions, the gas could be used with safety and success. Some of the experiments proved that although a number of rats were killed in the houses by the gas, some which found shelter in deep boxes and barrels survived because the gas did not diffuse into such situations in sufficient concentration during the period the house remained closed. This result is explicable by the fact that the gas is slightly lighter than air. Again rats placed in cages near the roof of some of the houses which were treated with the gas were not killed; here apparently fresh air blown into the room through the comparatively open country tiles sufficed to dilute the gas so that it was no longer harmful to the rats. The action of the gas on insects was more marked than on mammals. Bugs, fleas, cockroaches and mosquitos were readily killed but certain grain weevils were found to be more resistant.

Guinea-worm disease continued to engage the attention of the staff of the Laboratory. Two villages in which the disease has prevailed for many years have been chosen for further experiment and observation. It is proposed to improve the water supply in use in these villages in such a way as to eradicate the disease therein. A new species of guinea-worm was found in the Cobra.

Further investigations have been made in regard to the prevalence of bovine tuberculosis in Bombay. An epidemic of this disease was studied among deer and antelopes confined in the Zoological Gardens in Bombay City.

Although cultures of tubercle bacilli from more than sixty cases of glandular tuberculosis in patients operated upon in the hospitals in Bombay have been obtained and studied, no single strain among these has conformed to the bovine type; all strains were of the human type.

In addition to the manufacture of the plague prophylactic, the laboratory staff were engaged in the examination of pathological material derived from the hospitals throughout the Presidency.

A department has been started for the examination of samples of water used by the municipalities, jails and other public and private institutions in the Presidency.

The laboratory has rendered considerable service during the year to the Military Authorities in the supply of vaccines, disinfectants and apparatus for bacteriological and chemical examinations; as well as assisting with the pathological examination of material derived from the War Hospitals in Bombay.

The Pasteur Institute of India, Kasauli.—A still further increase in the number of patients presenting themselves for treatment at this institute was recorded in 1915. The steady increase in attendance year after year in spite of the multiplication of anti-rabic institutes in India, is evidence of increasing dissemination of knowledge regarding the efficacy of Pasteurian treatment. In the year under report 5,046 patients were treated and an additional 441 persons who presented themselves were advised that treatment was unnecessary in their cases. Of the total treated only 322 were Europeans a lesser number than in the three preceding years. The failure rate was 0·7 per cent. Altogether since the Institute started working in 1900, 30,735 persons have been treated. Several additions and improvements in the Institute buildings, notably a special rabies hospital, an increase in the accommodation for poor patients and the installation of a cold storage plant, have been effected with advantage to both the staff and the patients.

The Pasteur Institute of Southern India, Coonoor.—In 1915-16, 1,490 persons underwent the course of treatment in addition to which 142 persons were advised that treatment was unnecessary. This is a larger number than have been treated in any previous year at this Institute. Since the foundation of the Institute in 1907, 8,180 persons have been treated. Of the total treated in the year under report 111 were either Europeans or Anglo-Indians. The failure rate amounted to 0·47 per cent.

The Pasteur Institute of Burma, Rangoon.—The institute was inaugurated on August 13th, 1915. The first case for treatment, however, arrived a month earlier, i.e., on the 6th July.

During the year ending 31st July 1916, 451 persons sought advice. Of these 110 were dismissed, as no treatment was deemed necessary in their cases, while 30 did not complete the full course of treatment.

Of the 311 patients subjected to treatment, 199 had been bitten by animals proved to have been rabid: in 112 the risk of infection was more doubtful.

The cases were drawn from the different communities as follows:—European and Anglo-Indian 35, Hindu 135, Mahomedan 60, Burman 90, other classes 21.

The new Government laboratories were amalgamated with the Pasteur Institute and the bacteriological and pathological work hitherto done in them was carried out in that institute. The total number of examinations made in these laboratories during the twelve months ending 3rd of May 1916 amounted to 1,354. In addition 88 examinations of brain for Negri bodies and 2 inoculation tests for rabies were made.

THE INDIAN RESEARCH FUND ASSOCIATION.

156. Research work in India has naturally suffered as a result of the continuance of the war. Most of our research workers are employed on military duties, and even those that are left in civil employ are devoting most of their energies to meeting war demands for vaccines or sera or, with greatly reduced staffs, are coping with the essential routine work of the Institutes.

Throughout 1915 Major Greig, I.M.S., continued his important investigations on the subject of cholera. His reports have been published in the *Indian Journal of Medical Research*. The inquiry has now been closed and Major Greig has reverted to military employ.

Further work was also done by Captain Morison I.M.S., in Poona in connexion with the bacteriological examination of water supplies ; this inquiry has been completed. The results achieved are important : among other things Captain Morison has demonstrated that the intestinal complaints for which Poona has long had a most unenviable reputation are entirely dependent upon contamination of the water supply that follows rainfall in the catchment area of Lake Fife. Sterilization of the water has already had most beneficial results ; as a direct consequence the infant mortality rate of Poona City has fallen in a striking manner. Several reports relating to this inquiry have been published in the Journal.

Dr. A. Lankester has completed the preliminary part of his inquiry into the relative prevalence of tuberculosis in the different parts of India ; he has submitted a report which has been circulated to all provincial Governments for criticism of the methods proposed for dealing with the situation. These criticisms are now being considered. On the whole there is little evidence to show that the prevalence of this disease is increasing in India considered as a whole though it is undoubtedly very wide spread.

The inquiry that was started in Poona by Major Kunhardt, I.M.S., dealing with certain aspects of the etiology and prevention of plague epidemics is being continued by Dr. Chitre. Some interesting work has been done in connexion with rat poisons. At present it appears that barium carbonate is the most generally efficient rat poison that has yet been employed.

Major McCay, I.M.S., Professor of Physiology in the Calcutta Medical College, is prosecuting an inquiry on behalf of the Association into the etiology of diabetes in Calcutta ; this work is being carried out in addition to his own duties.

Ankylostomiasis or hook-worm disease has been attracting considerable attention. This work has been undertaken partly in response to representations made by the Rockefeller Institute whose activities in connexion with hook-worm disease in all corners of the globe are well known. Inquiries are being prosecuted in the Darjeeling district by Major Clayton Lane, I.M.S., who is working chiefly among the tea garden coolies, and by Dr. Mhasker in Negapatam, Madras, who is devoting most of his attention to the coolies that pass through the emigration depôt there. Both inquiries have already demonstrated how very widespread hook-worm infection is in India ; from 60 to 98 per cent of the populations concerned have been found to harbour the parasite.

A chemical investigation of chaulmoogra oil under the supervision of Lieutenant-Colonel Sir Leonard Rogers, I. M. S.; an investigation of the genus *Musca* by Mr. Awati ; an inquiry into osteomalacia by Dr. Scott and certain protozoological investigations complete the list of all the purely research activities of the Association that have been possible in the present straitened circumstances regarding personnel.

In spite of the war the official organ of the Association, *The Indian Journal of Medical Research*, has managed to issue a number each quarter. Fourteen numbers have now appeared and from the support that has been accorded to it, it may be assumed that it fulfils a useful purpose. It is a striking record of the interest that is being taken in medical research in India at the present time and of the benefit that medical research is conferring on the people of India.

PILGRIM COMMITTEE.

157. Reference was made in last year's report to the work of the Pilgrim Committees in various Provinces. The reports in Bihar and Orissa, the United Provinces, Madras and Bombay have been completed and submitted to local Governments. They have also been forwarded to the Government of India with a note dealing with the various subjects from the point of view of India as a whole. Action is being taken on these various recommendations in consultation with the bodies concerned.

W. W. CLEMESHA, M.D., D.P.H., *Lieut.-Col., I.M.S.,*

Sanitary Commissioner with the Government of India.

APPENDICES

Report of the Sanitary Commissioner with the Government of India.

APPENDICES

TO THE

Annual Report of the Sanitary Commissioner with the
Government of India

FOR

1915.

A. Groups.	Years.	Average strength.	Constantly sick.	Invaliding.	RATIO PER					
					A.—ADMISSIONS					
					D.—Deaths					
					Influenza.		Cholera.		Small-pox.	
					A.	D.	A.	D.	A.	D.
Group I.—Burma Coast and Bay Islands.	1905—1914	1,255	41	19.4	3.7	...	...	...	.5	...
	1914	1,160	35	12.1	...	...	...	...	...	...
	1915	998	37	11.0	...	...	...	...	...	...
" II.—Burma Inland	1905—1914	1,561	42	12.1	1.5	...	1.6	1.22	...	...
	1914	1,031	41	...	...	...	...	...	...	...
	1915	579	45	5.2	...	...	...	...	...	...
" IV.—Bengal and Orissa...	1905—1914	1,862	46	18.0	6.8	...	.3	...	.5	...
	1914	1,704	47	8.8	...	...	2.9	...	...	...
	1915	1,220	50	34.4	5.7	...	...	...	...	...
" V.—Gangetic Plain and Chutia Nagpur.	1905—1914	6,262	38	19.4	5.7	...	1.1	.62	.9	...
	1914	4,919	26	10.1	6.9	...	.4	...	1.4	...
	1915	3,374	34	19.9	11.6	...	...	...	...	...
" VI.—Upper Sub-Himalaya	1905—1914	13,400	41	18.0	7.1	...	.3	.18	.4	...
	1914	11,141	34	7.0	3.5	...	.4	.36	.2	...
	1915	9,410	38	14.2	8.5	...	.1	.11	...	...
" VII.—North-West Frontier, Indus Valley and North-Western Rajputana.	1905—1914	5,156	43	18.7	36.8	.02	.2	.19	.5	...
	1914	5,101	38	9.4	.2	...	...	...	...	...
	1915	5,752	39	14.4	2.8	...	1.6	.70	.2	...
" VIII.—South-Eastern Rajputana, Central India and Gujarat.	1905—1914	5,914	41	18.9	6.3	...	.1	.08	1.1	...
	1914	6,404	27	5.2	5.3	...	...	...	...	...
	1915	3,500	39	16.9	4.3	...	...	...	...	...
" IX.—Deccan ...	1905—1914	10,534	36	16.4	2.1	...	.5	.35	.6	...
	1914	9,267	29	6.3	.8	...	1.0	.54	...	...
	1915	6,798	39	39.9	17.9	...	...	...	.3	...
" X.—Western Coast	1905—1914	1,480	45	18.9	2.4	...	.1	...	.6	...
	1914	1,519	34	3.3	3.3	...	...	...	...	...
	1915	1,170	46	49.6	10.3	...	...	...	...	...
" XI.—Southern India	1905—1914	3,441	42	17.6	3.3	...	.2	.06	.7	...
	1914	2,869	18	8.8	.3	...	.7	.35	.7	...
	1915	1,254	40	30.3	7.2	...	...	...	.8	...
" XII (a).—Hill Stations	1905—1914	11,660	31	15.4	5.5	...	.1	...	.1	...
	1914	10,039	28	2.8	4.6	...	...	...	...	...
	1915	6,593	38	10.3	4.5	...	.9	.45	...	...
" XII (b).—Hill Convalescent Depôts and Sanatoria.	1905—1914	3,648	52	19.3	1.7	...	.1	.08	.2	...
	1914	3,225	40	3.7	1.5	...	...	.31	.3	...
	1915	2,427	53	16.9	1.6	...	...	...	...	...
India	1905—1914	69,846	29	17.4	7.1	.00	.3	.27	.5	...
	1914	60,581	32	6.0	2.9	...	.4	.18	.2	...
	1915	44,891	39	19.8	7.4	...	.4	.18	.1	...

* The decennial ratios are worked on the total strength of the ten-year period.
† From 1909 to 1914.

E OF STRENGTH.

Interic fever.		Malaria.		Pyrexia of uncertain origin.		Pneumonia.		Dysentery.		Venereal diseases.		All causes.	
	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
6	16	61.1	48	128.7	08	1.3	16	13.5	80	128.3	82	706.0	7.57
	...	29.3	...	3.4	...	1.7	...	...	...	107.8	86	499.1	6.90
	...	332.7	1.00	60.1	...	1.0	...	...	...	55.1	...	250.9	2.00
3.0	70	91.8	19	76.6	...	1.5	38	7.4	26	124.1	13	737.8	5.83
	...	63.0	...	18.1	...	1.9	...	5.8	...	117.4	...	637.7	1.94
	...	48.6	...	5.2	...	1.7	...	3.2	...	34.5	...	1,024.2	1.73
4.0	59	125.1	16	69.2	...	3.1	81	11.5	32	140.2	11	729.6	9.24
6	...	190.7	...	21.1	...	6	...	3.5	...	112.7	...	900.8	8.22
2.5	...	159.8	1.64	13.1	...	8.1	...	8.2	82	42.6	...	1,150.6	9.01
12.3	2.01	80.7	14	75.0	03	3.7	43	11.1	42	83.5	02	657.4	8.24
5.1	41	36.2	...	45.7	20	7.5	1.22	9.1	...	51.0	...	575.7	5.08
11.0	59	16.9	30	6.2	...	1.8	39	5.0	89	16.0	...	756.7	8.89
10.1	1.88	209.1	31	43.6	01	3.8	39	6.9	25	66.8	04	782.9	7.16
3.8	45	247.4	27	8.8	...	3.9	08	6.0	...	48.6	...	746.9	4.85
3.0	11	172.5	21	7.6	...	1.9	32	3.7	21	28.1	11	824.0	4.78
7.7	1.63	312.3	45	61.0	06	4.4	37	4.8	06	61.0	06	985.6	7.33
1.6	59	398.4	1.18	23.3	39	2.7	59	1.6	...	37.4	39	931.0	6.27
1.7	35	224.9	35	21.7	...	4.7	1.22	2.1	...	33.0	...	890.9	8.70
10.7	2.79	233.4	27	19.7	...	2.8	25	10.0	32	81.2	05	778.9	7.78
2.3	47	84.6	...	4.5	...	1.4	16	4.1	...	16.4	...	481.6	3.12
10.0	1.71	84.6	29	10.0	...	2.9	57	5.1	...	44.3	...	713.7	8.57
11.6	1.92	97.4	10	25.3	...	2.2	22	15.9	33	81.6	05	572.2	6.37
4.4	...	112.3	11	9	...	1.5	22	10.2	11	59.7	...	467.5	3.34
1.6	44	117.7	59	2.4	...	2.4	...	10.6	29	25.7	...	852.3	4.41
2.3	61	152.0	27	9.6	...	2.1	54	11.4	20	139.5	14	642.0	6.49
3.9	...	128.4	...	7	...	2.6	1.97	13.8	1.32	117.2	...	610.3	6.58
1.7	...	117.9	...	3.4	...	6	...	11.1	...	73.5	...	833.3	4.27
9.4	1.22	66.0	09	24.1	...	2.0	29	16.0	15	118.5	06	702.0	5.41
3.1	...	73.5	...	4.9	...	3.5	...	8.0	...	63.4	...	475.1	3.14
4.0	...	32.7	...	7.2	...	2.4	...	8.0	80	36.7	...	901.9	8.77
5.8	95	88.9	13	24.7	...	2.4	33	5.5	26	53.6	12	531.6	4.49
1.9	...	135.9	...	6.6	...	1.7	10	3.5	20	33.6	10	500.0	2.59
3.0	...	247.5	15	8.0	...	2.7	15	1.2	15	22.9	...	796.3	3.79
7.0	1.10	142.0	19	17.2	...	2.5	25	9.7	44	69.9	16	686.3	7.54
2	...	194.1	...	5.0	...	2.8	...	5.6	1.24	41.9	...	804.6	6.20
4.9	41	145.4	...	4.5	...	3.7	82	17.3	82	11.1	...	750.7	6.59
8.5	1.52	148.1	21	39.0	01	3.0	33	9.8	19	77.6	07	686.2	6.66
2.9	21	162.8	16	10.7	05	2.8	28	6.2	16	55.2	07	614.5	4.22
3.7	36	154.5	36	9.8	...	2.7	38	5.6	29	29.1	02	823.1	5.95

ARMIES AND DIVISIONS.	Years.	Average strength	RATIO PER MILLE OF STRENGTH.											
			Admissions into hospital.	Constantly sick.	DEATHS FROM									
					Cholera.	Small-pox.	Enteric fever.	Malaria.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Abscess of the liver.	All causes.	Mortality including absent deaths.*
Northern Army ...	1914	60,614	641	23	'31	'02	'31	'30	'33	1'29	'10	'05	4'59	...
	1915	71,842	740	34	'64	...	'74	1'38	'40	3'26	'24	'07	10'08	...
Northern Army ...	1914	45,710	568	22	...	...	'44	'22	'15	1'12	'07	...	4'57	...
	1915	42,631	772	35	...	...	'14	'66	'21	1'71	'16	...	6'52	...
(Peshawar) Division ...	1914	10,326	743	23	'29	...	'07	'39	'29	'97	'10	'10	5'23	...
	1915	13,438	725	30	'97	...	'15	'30	'23	3'42	'07	...	7'81	...
(Rawalpindi) Division ...	1914	10,729	598	24	'09	...	'37	'19	'37	1'12	'09	...	4'29	...
	1915	11,405	825	40	1'23	...	'35	5'61	'09	3'42	'61	...	15'78	...
(Lahore) Division ...	1914	9,007	509	19	'44	...	'11	'44	'22	1'22	...	'11	4'11	...
	1915	11,584	683	33	'60	...	'69	'26	'35	2'42	'09	...	7'51	...
(Quetta) Division ...	1914	9,539	636	24	...	...	'10	...	'21	2'10	...	...	4'61	...
	1915	13,778	576	26	...	...	'15	'80	'22	2'83	'29	...	7'55	...
(Mhow) Division ...	1914	12,140	465	18	'41	...	'41	'33	'08	1'07	'08	...	4'53	...
	1915	10,549	725	35	...	...	'19	'19	'19	1'33	'19	...	4'74	...
(Poona) Division ...	1914	9,740	578	23	'21	...	'31	'21	'10	'92	'21	...	4'31	...
	1915	6,174	1,001	51	...	...	...	'32	'16	1'62	'16	...	5'18	...
(Meerut) Division ...	1914	11,233	475	22	...	...	'09	'36	'80	1'00	'09	...	5'07	...
	1915	12,633	553	32	'47	...	'47	'47	1'98	1'58	'08	'08	8'23	...
(Lucknow) Division ...	1914	10,791	655	24	'09	'09	'19	'19	'19	'65	'09	...	2'69	...
	1915	8,757	643	34	'46	...	'57	1'03	'57	1'60	'34	'23	9'02	...
(Secunderabad) Division ...	1914	8,172	457	20	'61	...	'36	...	'36	1'10	...	...	4'52	...
	1915	5,526	652	32	...	...	'18	...	'18	'54	...	...	5'07	...
Arma Division ...	1914	4,435	726	27	...	...	1'80	0	...	...	...	...	5'63	...
	1915	4,798	895	39	...	...	...	2'29	'42	'83	...	...	8'75	...
Jat, Derajat and Bannu Brigades ...	1914	8,528	914	27	1'17	...	'11	'23	...	2'34	'23	...	5'74	...
	1915	14,025	959	38	'14	...	2'00	1'21	'07	5'42	'43	'14	12'91	...
des Brigade ...	1914	981	764	24	...	...	...	...	...	...	...	...	2'04	...
	1915	587	1,213	36	...	...	...	...	...	...	...	...	...	...
ARMY OF INDIA ...	1914	125,074	567	21	'26	'01	'33	'23	'23	1'09	'08	'02	4'17	3'73
	1915	119,985	744	34	'38	...	'31	1'08	'32	2'62	'20	'04	8'55	6'62

* Worked on the average annual strength of the troops present with and absent from their Regiments during the year.

RATIO										
A.—ADMISSION										
D.—DEATH										
B.—GROUPS.										
	Years.	Average strength.	Constantly sick.	Invaliding.	Influenza.		Cholera.		Small-pox.	
					A.	D.	A.	D.	A.	D.
Group I.—Burma Coast and Bay Island.	1905-1914	1,366	21'9	...	'8	...	...	...	'1	...
	1914	1,345	21'6	...	...	...	...	...	...	...
	1915	742	25'0	...	...	...	...	...	...	...
" II.—Burma Inland	1905-1914	2,672	23'6	...	2'6	...	...	...	'2	...
	1914	2,239	29'9	...	...	...	...	...	...	...
	1915	2,721	43'0	...	...	...	'4	...	...	...
" III.—Assam	1905-1914	1,038	25'4	...	2'0	...	'2	'19	'2	...
	1914	1,015	24'5	...	6'8	...	...	...	'5	...
	1915	706	32'6	...	4'2	...	...	...	...	...
" IV.—Bengal and Orissa	1905-1914	2,161	26'5	...	1'9	...	'2	'23	'1	...
	1914	2,009	27'9	...	...	...	'5	...	5	...
	1915	1,207	61'0	...	4'1	...	...	...	...	...
" V.—Gangetic Plain and Chutia Nagpur.	1905-1914	6,220	18'7	...	2'5	...	'9	'43	'5	...
	1914	5,491	22'1	...	3'6	...	1'1	'18	1'8	...
	1915	6,753	24'7	...	'3	...	'6	'44	'3	...
" VI.—Upper Sub-Himalaya.	1905-1914	20,038	22'2	...	3'1	...	'3	'18	'5	...
	1914	20,603	21'9	...	'6	...	'4	'19	'3	...
	1915	24,661	34'2	...	'2	...	'3	'12	'2	...
" VII.—North-West Frontier, Indus Valley and North-Western Rajputana.	1905-1914	18,467	26'5	...	5'2	...	'4	'26	'5	...
	1914	18,791	24'6	...	'1	...	1'6	'64	'1	...
	1915	28,791	35'0	...	'2	...	1'2	'49	'2	...
" VIII.—South-Eastern Rajputana, Central India and Gujarat.	1905-1914	11,940	19'9	...	1'9	...	'3	'15	'8	...
	1914	9,763	19'1	...	3'4	...	'4	'41	'2	...
	1915	7,570	33'3	...	1'2	...	'1	'13	...	...
" IX.—Deccan	1905-1914	17,064	19'0	...	3'4	'01	1'1	'62	'9	...
	1914	14,931	20'5	...	2'4	...	'9	'33	'3	...
	1915	11,009	43'5	...	2'4	...	...	...	'7	...
" X.—Western Coast	1905-1914	1,806	46'9	...	1'8	...	'2	'17	'8	...
	1914	1,951	26'1	...	1'0	...	'5	'51	1'0	...
	1915	1,192	40'3	...	...	...	...	...	2'5	...
" XI.—Southern India	1905-1914	4,756	19'7	...	1'7	...	'8	'55	'5	...
	1914	3,922	21'2	...	1'5	...	'5	'51	...	...
	1915	2,866	33'1	...	...	...	'3	...	1'0	...
" XII.—Hill Stations	1905-1914	22,490	23'8	...	4'0	'01	'3	'19	'2	...
	1914	21,683	23'3	...	1'1	...	'1	'09	'1	...
	1915	24,896	30'3	...	4'5	...	1'3	1'00	'2	...
ARMY OF INDIA	1905-1914	128,759	21'5	6'08	3'2	'00	'4	'27	'4	...
	1914	125,074	20'9	7'36	1'3	...	'6	'26	'3	...
	1915	119,985	33'9	...	2'2	'01	'7	'38	'5	...

TABLE OF STRENGTH.

ON

Enteric fever.		Malaria.		Pyrexia of uncertain origin.		Pneumonia.		Dysentery.		Venereal diseases.		All causes.	
A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
...	...	120'5	'51	103'1	'15	3'7	'59	31'6	'07	19'2	...	661'8	3'81
...	...	61'7	...	236'4	...	5'2	...	12'6	...	27'5	...	745'7	1'49
...	...	296'5	2'70	102'2	...	2'7	...	8'1	...	71'4	...	913'7	6'74
'9	'34	189'5	'79	51'1	'15	2'8	'67	15'4	'07	13'8	...	617'0	4'23
4'0	3'57	300'1	1'34	64'8	...	4'0	...	4'9	...	21'9	...	778'0	8'93
...	...	342'9	3'31	4'0	'37	7'0	1'84	10'3	...	49'6	...	994'5	12'50
'4	'19	211'3	'58	28'0	...	8'4	'67	33'8	'19	23'2	...	772'7	3'47
'5	'52	112'1	'52	62'7	...	7'3	'52	51'7	...	12'0	...	611'3	2'09
4'2	...	68'0	...	85'0	...	2'8	...	22'7	...	29'7	...	660'1	1'42
'8	'23	208'3	'56	62'5	'19	7'5	1'02	48'2	'32	21'8	'05	718'7	4'81
1'5	...	69'1	...	43'8	...	5'0	'50	33'3	...	26'9	...	908'4	1'00
...	...	67'9	'83	159'1	...	6'6	'83	55'5	...	61'3	...	988'4	3'31
'8	'23	103'9	'43	29'2	'11	7'9	1'32	28'3	'23	14'8	'05	515'9	5'10
'2	...	22'0	1'18	61'6	...	6'6	1'09	9'8	...	16'9	...	503'4	3'46
1'5	'30	21'0	'41	10'7	...	6'7	1'78	9'9	'15	25'0	...	463'3	8'00
2'4	'53	158'7	'44	30'3	'11	11'0	1'83	22'2	'10	16'1	'01	582'9	5'98
2'9	'29	89'1	'29	35'1	'10	10'0	1'50	11'5	'05	14'9	'05	517'6	4'42
2'1	'62	102'7	'37	36'5	'37	16'0	2'78	20'4	'18	35'9	...	685'0	7'11
2'3	'42	312'9	'46	22'7	'12	15'1	2'56	31'9	'13	9'6	'03	857'2	6'27
1'5	'16	208'0	'32	50'2	'27	10'2	1'92	16'8	'16	12'1	...	781'6	5'75
4'4	1'01	144'1	'90	30'6	'35	18'7	4'11	37'2	'24	23'8	'03	811'5	10'11
2'0	'45	185'3	'39	13'4	'07	9'8	1'42	21'4	'08	14'3	'03	572'2	4'99
1'6	'51	74'3	'41	29'7	'20	6'8	1'13	13'5	...	12'4	...	483'4	4'81
1'1	'13	65'5	'16	5'9	...	10'8	1'32	14'3	...	29'2	...	712'3	4'36
2'0	'39	74'1	'24	29'4	'08	6'9	'94	24'7	'10	23'2	'01	473'9	4'84
1'3	'32	53'3	'07	7'6	...	5'8	'94	15'7	'20	28'0	...	498'1	4'29
1'0	'13	104'7	'27	4'2	'18	6'5	1'18	21'6	'18	55'0	'18	804'4	5'81
1'5	'66	220'5	'89	21'5	'17	8'7	2'27	63'1	'55	30'3	'06	778'5	6'63
2'6	'51	183'0	'51	14'9	...	8'2	...	43'1	...	30'8	...	697'1	4'10
1'7	...	199'7	...	1'7	...	12'6	2'52	45'3	'84	82'2	...	820'5	3'36
'7	'06	126'7	'21	23'4	'06	6'3	'82	21'0	'23	24'6	'06	506'7	5'19
1'5	...	48'4	...	1'5	...	5'6	1'53	5'1	...	28'0	'25	573'0	4'59
2'1	...	69'1	...	'7	...	9'3	'35	3'5	...	62'5	...	613'3	4'14
2'5	'56	16'0	'64	32'3	'10	11'3	1'78	21'3	'16	15'0	'03	599'3	7'47
2'0	'46	125'8	'23	42'9	'14	8'2	1'06	6'5	'09	12'3	'09	623'5	4'29
1'1	'32	201'3	2'85	8'1	'12	12'8	5'05	15'6	'44	18'6	'04	688'2	12'48
1'8	'38	167'7	'45	27'5	'09	9'7	1'47	26'5	'14	15'6	'03	520'6	5'57
1'6	'33	112'8	'23	25'5	'12	7'3	1'09	14'2	'08	15'0	'01	566'5	4'17
2'2	'51	148'5	1'08	22'3	'22	12'9	2'62	22'6	'20	31'3	'03	744'1	8'55

1—ACTUALS. 2—RATIOS.

C.—PLAINS AND HILLS.	Average annual strength.	Malaria.		Tubercle of the lungs.		Pneumonia.		Respiratory diseases.		Dysentery and Diarrhoea.		Scurvy.		Anæmia and Debility.		All causes.		
		A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D	
1911.	Plains ...	103,785	10,481	35	208	16	745	107	2,751	27	2,992	13	84	1	1,063	8	52,483	453
			101.0	.34	2.0	.15	7.2	1.03	26.5	.26	28.8	.13	.8	.01	10.2	.08	505.7	4.36
	Hills ...	22,477	2,472	15	56	9	191	16	719	12	610	4	9	...	229	...	11,702	110
			110.0	.67	2.5	.40	8.5	.71	32.0	.53	27.1	.18	.4	...	10.2	...	520.6	4.89
	Hills above 5,000 feet sea-level.	11,741	941	6	27	3	104	9	358	3	277	2	4	...	122	...	4,998	56
Hills below 5,000 feet sea-level.	10,736	80.4	.51	2.3	.26	8.9	.77	30.5	.25	3.6	.17	.3	...	10.4	...	425.7	4.77	
1912.	Plains ...	103,834	9,134	19	187	17	672	73	2,306	11	3,254	12	128	1	1,136	8	57,252	421
			88.0	.18	1.8	.16	6.5	.70	22.2	.11	31.3	.12	11	.01	10.9	.08	551.4	4.05
	Hills ...	22,019	1,971	10	60	12	187	34	687	8	506	2	21	...	322	...	12,074	124
			9.5	.45	2.7	.54	8.5	1.54	31.2	.36	23.0	.09	1.0	...	14.6	...	548.3	5.63
	Hills above 5,000 feet sea-level.	11,625	606	2	25	7	90	13	409	4	279	1	10	...	145	...	5,052	54
Hills below 5,000 feet sea-level.	10,394	52.1	.17	2.2	.60	7.7	1.12	35.2	.34	19.7	.09	.9	...	12.5	...	438.0	4.65	
1913.	Plains ...	103,786	10,358	19	174	18	819	112	2,431	14	2,713	10	43	2	1,072	4	55,412	405
			99.8	.18	1.7	.17	7.9	1.08	23.4	.13	26.1	.10	.4	.02	10.3	.04	533.9	3.90
	Hills ...	21,535	2,411	8	36	13	151	19	510	8	509	1	11	1	301	...	12,478	100
			112.0	.37	1.7	.60	7.0	.88	23.7	.37	23.6	.05	.5	.03	14.0	...	579.4	4.64
	Hills above 5,000 feet sea-level.	11,748	573	...	19	5	81	7	327	2	228	...	1	1	146	...	5,434	40
Hills below 5,000 feet sea-level.	9,787	48.8	...	1.6	.43	6.9	.60	27.8	.17	19.4	...	.1	.09	12.4	...	462	3.40	
1914.	Plains ...	97,245	10,479	24	191	17	709	110	2,782	13	3,058	13	69	1	1,039	4	54,407	410
			107.8	.25	2.0	.17	7.3	1.13	28.6	.13	31.4	.13	.7	.01	10.9	.04	559.5	4.22
	Hills ...	21,680	2,944	5	61	10	178	23	532	4	567	4	10	1	253	1	13,517	93
			135.8	.23	2.8	.46	8.2	1.06	24.5	.18	26.2	.18	.5	.05	11.7	.05	623.5	4.29
	Hills above 5,000 feet sea-level.	11,048	1,455	...	36	5	114	18	290	4	329	2	7	1	121	1	5,987	48
Hills below 5,000 feet sea-level.	10,632	131.7	...	3.3	.45	10.3	3.63	26.2	.36	29.8	.18	6	.09	11.0	.09	541.9	4.34	
1915.	Plains ...	90,816	12,115	58	267	19	1,207	232	3,899	29	3,901	4	216	2	2,091	9	69,534	702
			133.4	.64	2.9	.21	13.3	2.55	42.9	.32	43.0	.26	.4	.02	23.0	1	765.7	7.73
	Hills ...	25,019	5,036	71	59	19	320	76	973	11	874	28	22	3	303	2	17,176	308
			201.3	.284	2.4	.76	12.8	3.04	38.9	.44	34.9	1.12	.9	.12	12.1	.08	686.5	12.31
	Hills above 5,000 feet sea-level.	13,094	1,482	7	26	13	180	42	551	6	348	4	18	3	154	1	7,036	129
Hills below 5,000 feet sea-level.	11,925	113.2	.53	2.0	.99	13.7	3.21	42.1	.46	26.6	.31	1.4	.23	11.8	.08	537.3	9.85	

D.—Enteric Fever.						1905-1914.		1915.	
						Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.
European troops	...	...	...	...	...	8.5	1.52	3.7	.36
Indian troops*	...	...	...	...	...	1.8	.38	2.2	.51
Gurkhas only	...	...	...	...	...	4.2	.86	2.4	.65
Prisoners	...	...	...	...	...	.8	.10	1.1	.22

* Including Gurkhas also.

						E.—TUBERCLE OF THE LUNGS, 1915.		F.—VENEREAL DISEASES, 1915.
						Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.
Army of India excluding Gurkhas	...	...	...	...	...	2.6	.16	31.5
Gurkhas only	...	...	...	...	...	4.4	1.51	30.0

						G.—INFLUENZA.		H.—PNEUMONIA.	
						1905-1914.		1915.	
						Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.
European troops	...	...	...	...	...	7.1	.00	7.4	.30
Indian troops...	...	...	...	...	...	3.2	.00	2.2	.01
Prisoners	...	...	...	...	...	3.6	.04	4.2	.01

APPENDIX TO SECTION III.—GENERAL

A.—Maximum, Minimum and mean temperature in shade and its departure from the average

Stations.	JANUARY.				FEBRUARY.				MARCH.				APRIL.				MAY.			
	Maximum.	Minimum.	Mean temperature.	Departure.	Maximum.	Minimum.	Mean temperature.	Departure.	Maximum.	Minimum.	Mean temperature.	Departure.	Maximum.	Minimum.	Mean temperature.	Departure.	Maximum.	Minimum.	Mean temperature.	Departure.
Calcutta ...	78.4	57.1	62.7	+1.3	83.0	60.7	71.3	+1.3	89.3	68.9	79.1	+1.1	96.7	70.6	80.7	+1.0	94.4	79.4	86.9	+0.7
Naryanganj ...	77.7	56.6	67.1	+0.7	81.6	58.6	70.1	+0.1	87.2	66.3	76.8	+2.1	91.4	74.0	83.2	+0.3	90.3	76.6	83.5	...
Chittagong ...	78.0	57.2	67.6	+0.8	83.0	57.6	70.3	+0.1	97.3	65.7	76.6	+0.5	99.2	73.3	81.3	+0.1	87.0	75.1	81.3	+0.5
Sibsagar ...	71.9	51.0	61.4	+1.6	73.9	55.9	64.9	+1.9	79.3	61.3	70.3	+1.1	81.7	67.5	74.6	+0.7	83.1	71.9	77.5	+1.0
Silchar ...	78.7	53.3	67.0	+1.9	81.4	56.7	69.1	+1.1	85.8	62.2	74.0	+0.9	88.3	69.7	79.0	+0.3	86.1	73.2	79.7	+1.1
Cuttack ...	80.1	59.9	70.0	+2.0	86.6	64.8	75.7	+1.7	93.7	71.8	82.7	+1.9	100.9	77.6	89.2	+0.3	100.3	80.8	90.5	+0.3
Patna ...	73.7	53.1	63.4	+1.7	74.8	56.0	65.4	+0.3	85.3	64.3	75.0	+2.1	96.3	73.8	85.0	+1.5	99.3	79.4	89.3	+0.4
Darjeeling ...	51.7	38.6	45.1	+4.5	50.3	37.8	44.0	+2.1	58.1	43.1	50.6	+1.4	65.6	50.0	57.8	+2.3	67.8	54.8	61.3	+2.3
Allahabad ...	75.1	48.9	62.0	+0.9	75.1	53.3	64.2	+1.4	86.6	62.3	74.6	+2.5	99.8	71.9	86.4	+1.3	108.8	84.3	96.6	+3.3
Lucknow ...	74.9	50.2	62.7	+2.5	74.4	51.2	63.3	+1.3	87.4	61.6	74.5	+1.1	99.7	73.0	86.3	+0.1	106.8	82.7	94.7	+2.4
Delhi ...	68.0	47.7	57.8	+1.0	67.4	49.0	58.2	+2.4	83.4	61.2	72.8	+1.9	93.4	72.4	83.9	+1.9	107.3	83.7	95.6	+3.1
Agra ...	70.9	47.1	60.0	+0.7	73.4	51.5	62.4	+2.5	86.9	62.0	74.7	+1.6	98.0	73.3	85.6	+1.7	109.7	85.9	97.8	+3.7
Jhansi ...	75.9	47.3	61.6	+2.1	76.6	51.5	64.6	+3.6	89.8	63.6	76.7	+2.9	101.2	74.5	87.9	+2.3	110.9	86.9	98.8	+2.3
Ajmer ...	70.6	45.2	57.9	+1.6	71.9	49.3	60.7	+2.7	87.0	62.1	74.6	+0.3	96.5	74.1	85.3	+0.3	106.0	83.6	94.8	+2.9
Saugor ...	77.7	53.0	65.6	+1.2	77.4	54.1	65.7	+2.1	87.7	64.6	76.2	+1.9	97.8	73.1	85.5	+1.3	106.1	81.4	93.8	+1.7
Jubbulpore ...	76.6	51.1	63.8	+2.1	79.3	51.3	65.7	+0.1	88.1	62.7	75.4	+1.1	98.9	70.6	84.7	+1.0	107.1	81.7	94.4	+2.2
Mulana ...	73.5	45.9	59.7	+3.2	74.8	47.7	61.3	+0.8	88.1	62.3	75.3	+3.1	97.6	70.9	84.3	+1.1	112.9	84.6	98.6	+6.3
Lahore ...	69.4	41.6	55.5	+0.7	69.5	45.7	57.6	+0.7	83.9	67.0	75.5	+1.5	95.6	67.3	81.5	+0.9	111.3	80.7	96.1	+5.7
Peshawar ...	68.3	35.3	50.3	+1.1	63.3	41.3	52.3	+1.3	77.6	33.5	65.6	+2.2	83.9	60.6	72.0	+0.9	108.3	74.1	91.2	+7.1
Chakrata ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Indore ...	80.7	51.3	65.1	+1.6	81.8	51.8	66.8	+0.3	90.9	62.8	76.9	+0.5	98.4	70.3	84.3	+0.3	105.2	77.8	91.5	+1.9
Deesa ...	82.3	49.3	65.7	+1.3	84.4	51.6	68.5	+1.9	95.8	63.8	79.8	+0.1	102.0	71.0	86.5	+1.2	107.3	78.0	92.6	+0.4
Karachi ...	76.8	57.4	67.1	...	77.7	58.7	68.2	+1.7	81.7	60.1	75.4	+1.3	84.5	72.9	78.7	+0.9	88.4	80.3	84.3	+0.3
Bombay ...	83.6	68.3	75.9	+0.7	82.2	68.2	75.2	+0.4	87.1	73.9	80.6	+0.3	90.0	78.3	84.3	+1.2	91.0	82.4	87.2	+1.3
Belgaum ...	81.3	59.7	71.0	+0.5	87.1	58.6	72.9	+1.0	90.9	61.8	76.9	+1.9	95.5	67.7	81.6	+0.1	91.8	69.3	80.5	+0.1
Nagpur ...	81.4	56.0	68.7	+1.0	87.1	58.6	72.9	+1.3	91.4	66.3	79.3	+3.3	102.1	75.3	88.6	+1.9	109.3	84.4	96.8	+1.3
Bellary ...	83.8	64.4	76.6	+1.7	94.6	67.8	81.1	+1.1	91.0	72.3	85.1	+4.3	103.4	77.7	90.6	+0.3	102.3	77.7	90.0	+0.1
Bangalore ...	82.4	60.0	71.2	+2.4	88.3	61.1	75.2	+2.3	89.9	66.7	78.3	+0.5	94.0	69.7	81.8	+0.3	93.0	69.0	81.3	+0.9
Madras ...	84.1	69.9	77.0	+0.9	86.6	71.1	78.8	+1.2	90.1	74.3	82.2	+1.1	93.5	77.6	85.5	+0.3	101.4	82.9	92.1	+2.3
Rangoon ...	87.4	67.3	77.4	+6.0	93.0	68.4	80.7	+1.3	95.3	71.6	83.5	+0.2	96.3	75.6	85.9	+1.3	89.8	77.4	83.5	+1.0
Akyab ...	80.3	61.3	70.8	+0.5	84.5	61.0	72.7	+0.2	90.1	67.7	78.9	+0.3	91.0	74.6	82.8	+0.9	88.3	76.9	82.7	+1.7

POPULATION.

each month at thirty-one stations in India during 1915.

JUNE.				JULY.				AUGUST.				SEPTEMBER.				OCTOBER.				NOVEMBER.				DECEMBER.			
Minimum.	Mean temperature.	Departure.		Maximum.	Minimum.	Mean temperature.	Departure.	Maximum.	Minimum.	Mean temperature.	Departure.	Maximum.	Minimum.	Mean temperature.	Departure.	Maximum.	Minimum.	Mean temperature.	Departure.	Maximum.	Minimum.	Mean temperature.	Departure.	Maximum.	Minimum.	Mean temperature.	Departure.
79.2	85.2	+0.3		90.5	70.7	85.1	+1.0	89.9	80.0	84.9	+1.9	88.7	78.0	83.3	+0.3	89.6	77.6	83.6	+2.9	84.9	70.3	77.6	+4.5	77.8	56.5	67.1	+0.7
76.6	82.1	-1.6		83.8	79.3	84.0	+0.3	89.0	79.3	84.3	+0.9	89.1	78.6	83.4	-0.3	89.5	77.7	83.6	+2.0	86.3	69.9	78.1	+3.5	78.7	58.0	68.4	-0.7
77.9	81.4	-0.4		86.3	77.0	81.6	+0.5	87.2	77.2	82.2	+1.3	86.7	76.4	81.6	0	83.7	75.7	82.2	+2.3	84.0	68.8	76.7	+2.5	78.6	56.8	67.7	-0.3
75.4	80.7	-1.9		86.8	77.5	82.3	-1.5	87.2	78.1	82.7	-0.6	86.8	76.3	81.6	-0.5	87.5	76.1	81.7	+2.9	...	(a) 58.0	...	...	72.9	51.7	62.3	+1.4
76.1	82.0	-0.6		86.6	77.5	83.0	-0.6	90.1	77.9	84.0	+0.9	89.9	75.7	82.8	-0.3	91.1	75.0	83.1	+2.5	86.5	67.4	77.0	+2.7	80.4	55.4	67.9	+0.7
80.5	88.7	+0.8		91.6	79.1	85.4	+1.1	91.5	79.9	85.5	+1.7	89.2	78.1	83.7	-0.5	89.3	77.1	83.1	+0.8	84.1	71.4	77.7	+2.3	78.6	57.7	68.2	-2.17
79.3	87.4	-0.6		90.3	79.9	85.1	-0.1	89.1	79.9	84.5	+0.1	88.6	79.3	84.1	-0.1	89.0	76.8	83.9	+2.4	81.6	65.4	73.5	+2.2	72.9	53.3	63.1	+0.1
56.7	61.2	+1.9		69.2	59.2	64.2	+2.2	70.0	58.7	64.4	+2.7	68.7	56.8	64.7	+2.5	...	55.0	...	...	(b) 59.4	(b) 46.1	53.4	+3.9	51.7	37.9	44.8	+1.9
82.9	93.4	+0.7		93.4	79.8	86.6	+0.5	89.5	78.4	84.0	-0.3	89.4	77.0	83.2	-1.4	91.0	71.0	81.0	+1.9	83.8	57.4	70.6	+1.3	75.3	47.7	62.0	+0.2
82.2	92.0	+1.1		95.0	80.3	87.7	+1.6	90.1	79.0	84.6	+0.1	88.9	77.4	83.2	-1.0	92.6	71.7	82.1	+3.7	85.5	57.0	71.3	+2.8	76.5	49.0	63.8	+1.71
83.0	93.8	+0.1		99.0	82.5	90.8	+3.1	97.6	81.9	89.8	+4.1	95.6	78.2	86.6	+1.7	94.4	72.3	83.4	+3.3	83.9	56.8	70.3	+0.5	74.6	49.7	62.3	+1.1
84.6	95.4	+0.7		99.6	84.0	91.9	+4.4	94.9	80.5	87.7	+2.4	97.4	77.6	88.5	+3.4	97.0	73.0	85.0	+4.3	83.7	59.6	71.2	+0.5	76.9	49.9	63.4	+1.1
85.6	96.4	+2.1		97.0	81.3	89.5	+3.9	89.0	77.2	83.6	+0.3	93.2	76.5	85.1	+1.3	94.5	72.1	83.3	+1.9	86.9	55.5	71.0	-1.43	79.6	49.2	64.4	-0.92
83.0	94.6	+3.3		98.5	80.5	89.5	+4.6	93.5	79.0	86.2	+4.2	97.9	79.8	88.8	+6.6	92.0	71.8	81.9	+3.9	84.8	53.6	69.2	+0.8	77.1	48.0	62.6	+1.2
81.5	92.5	+3.9		96.2	75.5	84.4	+2.3	83.5	72.8	78.1	-0.1	88.6	72.3	80.6	+1.7	88.7	67.5	79.1	+2.1	84.1	59.3	71.7	+1.7	78.8	53.4	66.1	+1.5
83.6	93.5	+5.0		97.9	76.7	82.3	+1.7	83.0	74.9	79.4	+0.1	77.0	74.3	81.1	+1.2	87.6	70.5	79.1	+3.5	82.3	58.5	70.3	+3.1	77.3	47.9	62.7	+0.9
87.1	98.7	+2.5		108.6	87.0	97.8	+3.5	104.1	84.3	94.2	+2.3	104.4	81.0	92.7	+3.7	99.2	68.1	83.6	+3.1	87.0	54.5	70.8	+1.6	74.3	44.6	59.4	+0.1
81.8	95.0	+1.2		107.2	85.1	96.1	+5.7	103.2	83.9	93.5	+5.2	98.0	78.4	88.2	+1.3	93.8	62.5	78.2	+0.3	83.9	48.5	66.2	+0.1	71.3	40.5	55.9	-0.9
76.7	92.9	+1.3		110.8	81.2	90.6	+5.1	106.4	81.3	93.8	+5.3	100.0	74.5	87.3	+4.2	92.4	57.9	75.1	+2.1	79.9	43.7	61.8	+0.1	67.8	34.3	51.3	-1.9
59.1	66.8	-0.5		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
78.3	90.8	+5.3		90.3	74.9	82.6	+3.7	83.3	72.4	77.8	+0.9	89.1	71.6	80.3	+2.2	88.4	68.6	78.5	+2.6	86.3	57.4	71.8	+2.9	80.6	51.2	65.9	+1.3
81.0	93.9	+2.5		99.0	80.3	89.7	+4.3	95.5	77.9	86.7	+4.3	101.1	78.4	89.8	+6.1	96.4	72.6	84.5	+2.3	93.4	60.5	78.0	+1.9	87.6	55.0	71.4	+3.2
82.7	95.9	+0.2		89.7	82.1	85.9	+1.6	85.0	79.1	82.5	+0.9	85.8	77.0	81.4	+0.7	90.9	76.1	83.5	+3.7	85.2	66.2	79.0	+0.5	79.3	60.5	70.0	+1.1
81.1	85.5	+1.6		86.4	79.0	81.7	+1.3	85.0	78.2	81.6	+0.9	85.6	77.2	81.4	+0.7	85.7	77.7	82.2	-0.1	88.1	75.9	82.0	+1.7	81.4	70.5	77.2	-0.2
69.5	78.1	+3.5		78.2	67.3	71.8	+1.4	77.2	66.3	71.7	+0.5	80.0	66.4	73.2	+1.1	81.2	64.5	73.0	-1.1	82.1	60.1	72.6	+0.9	79.7	56.0	67.9	-2.1
83.1	94.4	+5.3		99.3	76.3	85.3	+1.7	86.2	74.9	80.5	-0.2	89.3	74.3	81.8	+0.4	89.8	72.2	81.0	+1.7	86.6	65.0	76.0	+3.5	81.3	52.7	67.0	-1.0
76.7	86.9	+1.6		91.7	74.8	83.3	+0.3	91.5	74.3	82.9	+0.0	91.5	73.1	82.5	+0.5	91.6	71.3	81.4	+0.7	86.4	60.4	77.9	+1.5	83.5	60.1	71.5	-1.8
68.1	77.1	+1.2		83.1	67.6	75.3	+1.3	84.5	68.9	75.7	+1.9	83.6	65.7	75.2	+1.6	84.4	65.0	75.1	+1.7	80.1	64.4	72.2	+1.5	78.5	57.6	68.1	-0.5
82.6	90.6	+0.7		91.3	78.6	86.4	-0.9	95.7	79.1	87.4	+1.9	92.6	77.7	85.3	+0.3	91.8	76.8	84.5	+2.1	86.2	74.0	80.1	+1.4	81.4	59.0	77.2	+0.7
76.4	82.1	+0.7		87.1	76.3	81.7	+1.1	86.6	77.0	81.8	+1.3	87.1	76.4	81.7	+0.9	87.7	76.3	82.0	+0.3	88.4	73.5	81.0	+0.9	82.7	65.4	74.1	-3.1
77.0	81.4	+0.5		85.4	76.4	80.9	0	86.0	77.0	81.5	+0.2	87.2	77.0	82.1	0	87.8	76.8	82.3	+0.3	86.0	72.4	79.2	+1.3	80.1	63.2	71.7	-0.7

(a) - mean of 7 days.
(b) " " of 10 "

B.—Monthly and annual rainfall and its departure from the average at thirty-three stations in India during 115.

Stations.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.		JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.		ANNUAL.		
	Rain- fall.	De- part- ure.	Rain- fall.	De- part- ure.	Rain- fall.	De- part- ure.	Rain- fall.	De- part- ure.	Rain- fall.	De- part- ure.	Rain- fall.	De- part- ure.	Rain- fall.	De- part- ure.	Rain- fall.	De- part- ure.	Rain- fall.	De- part- ure.	Rain- fall.	De- part- ure.	Rain- fall.	De- part- ure.	Rain- fall.	De- part- ure.			
Calcutta ...	0'41	...	0'39	-0'76	4'09	+2'84	1'57	-0'18	5'65	-0'09	10'53	-2'37	15'91	+3'75	10'45	+0'10	3'90	-0'04	3'33	+1'77	...	...	...	...	65'86	+4'08
Narasayagan ...	0'41	+ '07	1'81	+0'49	3'35	+0'78	0'84	+1'89	13'14	+1'30	21'93	-0'18	15'04	+2'87	9'69	+0'31	7'61	+3'03	0'37	-0'59	...	...	...	...	95'47	+25'02
Chittagong ...	...	-0'34	0'19	-0'79	1'27	-1'41	0'31	+1'55	17'98	+2'07	25'02	+4'03	20'10	+17'76	24'64	+6'67	7'41	-4'32	15'78	+9'54	1'12	-0'70	...	...	138'86	+40'77
Silbazar ...	0'17	-1'16	2'53	+0'67	2'34	-2'57	7'70	+1'53	23'38	+11'61	11'64	-2'95	23'25	+6'61	14'54	-2'41	15'33	+1'37	3'16	+1'81	1'36	+0'19	0'23	-0'26	103'33	+27'46	
Silchar ...	0'65	-0'18	1'90	-0'14	2'06	-5'78	21'25	+6'93	23'76	+17'54	28'58	+6'31	44'66	+24'94	19'35	-1'02	13'09	-0'84	5'30	-1'19	0'80	-0'60	...	...	170'10	+45'54
Cuttack ...	0'17	-0'08	1'00	+0'40	1'95	+0'62	1'32	+0'14	7'26	+3'27	8'24	-1'00	6'99	-4'85	14'85	+0'77	9'91	-0'18	8'60	+3'61	9'84	+8'56	...	...	70'21	+10'91
Hazratnagar ...	0'37	-0'40	4'30	+2'33	1'02	+0'01	0'24	-0'30	1'48	-0'71	5'63	-3'	6'72	-0'58	8'03	-4'71	8'79	-0'35	2'16	-0'07	1'25	+1'00	...	...	40'58	-11'67
Fatna ...	0'39	-0'32	1'88	+1'17	0'28	-0'44	0'66	-0'26	0'39	-1'27	5'38	-2'39	21'17	+8'96	13'94	+0'66	14'71	+7'42	1'93	-0'83	2'58	+2'58	...	...	61'72	+14'69
Darjeeling ...	0'01	-0'03	3'26	+2'27	1'93	+0'15	2'53	-1'13	9'68	+0'94	19'18	-3'49	26'90	-5'47	30'83	+3'23	11'37	-7'09	0'98	-3'51	1'33	+1'04	...	...	107'14	+13'86
Allahabad ...	0'78	-0'04	2'15	+1'05	1'59	+1'47	0'44	+0'38	...	-0'26	3'48	-3'44	13'74	+1'98	11'83	-0'20	11'33	+5'94	4'62	+2'10	...	...	...	...	40'20	+10'04
Lucknow ...	0'88	-0'16	2'81	+1'53	0'98	+0'69	0'17	-0'42	1'25	+0'27	1'20	-3'45	11'88	+0'03	21'15	+0'81	31'68	+15'92	1'89	-0'69	...	...	...	...	75'49	+35'44
Meerut ...	2'81	+1'04	2'46	+1'53	1'66	+1'69	0'21	+0'04	0'09	-0'26	1'47	-1'77	9'14	-0'15	3'42	-5'87	6'61	+0'88	...	-0'56	...	...	...	...	28'33	-3'94
Delhi ...	1'29	+0'22	6'04	+5'38	3'08	+2'61	1'36	+0'98	0'82	-0'69	1'33	-1'77	3'77	-2'39	3'35	-2'53	5'70	+1'29	3'38	+0'35	...	...	...	...	24'40	-2'92
Agra ...	0'51	-0'03	3'78	+3'41	3'74	+3'58	0'04	-0'21	0'15	-0'33	1'72	-0'79	5'55	-1'02	6'21	-2'95	1'22	-3'03	2'35	+1'03	...	...	...	...	34'90	-2'92
Jhansi ...	0'69	-0'59	1'58	+1'53	1'36	+1'69	0'21	+0'04	0'09	-0'26	1'47	-1'77	3'77	-2'39	3'35	-2'53	5'70	+1'29	3'38	+0'35	...	...	...	...	24'40	-2'92
Ajmer ...	0'16	-0'32	3'24	+0'94	1'23	+1'05	...	-0'20	...	-0'20	1'47	-1'77	3'77	-2'39	3'35	-2'53	5'70	+1'29	3'38	+0'35	...	...	...	...	24'40	-2'92
Saugor ...	0'17	-0'43	1'23	+0'82	2'04	+1'72	0'26	-0'11	0'40	-0'06	3'36	-1'03	5'55	-1'02	6'21	-2'95	1'22	-3'03	2'35	+1'03	...	...	...	...	34'90	-2'92
Jubbulpore ...	0'21	-0'24	1'02	+0'31	2'01	+1'60	0'29	+0'12	0'31	-0'48	9'35	+1'55	33'13	+14'09	19'08	+5'14	4'14	-3'72	4'58	+2'95	0'69	-0'31	...	...	40'53	+0'28
Multan ...	...	-0'39	0'02	-0'38	0'61	+0'25	0'32	-0'18	...	-0'29	0'53	-0'06	0'84	-1'05	0'55	-4'75	2'72	+0'26	1'20	+1'14	...	...	...	...	1'38	-5'35
Lahore ...	0'28	-0'78	2'26	+1'27	1'33	+0'57	0'32	-0'18	...	-0'29	0'54	+0'22	0'32	-1'10	...	-1'02	...	...	...	...	...	...	...	...	10'91	-5'78
Peshawar ...	...	-1'04	4'18	+2'87	2'56	+0'43	4'94	+3'16	0'34	-0'39	0'54	+0'22	0'32	-1'10	...	-1'02	...	...	...	...	...	...	...	...	13'98	+0'60
Chakrala
Indore ...	0'20	+0'06	0'46	-0'20	0'67	+0'63	0'71	+0'57	0'01	-0'46	3'19	-3'45	7'48	-2'26	7'48	-0'19	6'08	-0'97	2'96	+1'18	0'11	-0'19	0'55	+0'30	29'90	-2'89	
Dera ...	0'30	+0'17	0'22	+0'06	0'59	+0'28	...	-0'03	...	-0'19	1'14	-0'78	3'07	-0'34	0'99	-7'91	0'64	-2'98	2'02	+1'81	...	...	...	...	7'87	-10'33
Karachi ...	...	-0'62	0'11	-0'30	0'43	+0'21	1'24	+1'16	...	-0'56	0'63	-0'95	0'70	-3'02	0'12	-1'47	...	-0'44	0'13	+0'13	...	...	...	...	3'26	-5'32
Bombay ...	...	-0'09	0'30	+0'27	0'69	+0'67	0'66	...	0'36	-0'35	39'78	+21'20	14'85	-10'25	8'45	-5'71	10'78	-0'06	3'55	+0'71	0'02	-0'26	...	...	77'61	+2'73
Belgaum ...	1'07	+0'07	...	...	0'09	-0'25	0'44	-1'30	1'69	-0'76	9'37	+1'19	19'30	-0'47	7'28	-1'58	11'94	+0'45	8'80	-2'23	0'94	-0'53	0'76	+0'42	31'25	+1'58
Nagpur ...	1'01	+0'67	0'25	-0'08	1'77	+1'27	0'48	-0'68	0'28	-0'47	8'10	-0'61	15'80	+1'42	8'00	-3'76	9'96	+1'59	4'64	+2'72	...	...	...	...	30'53	+1'59
Bellary ...	0'24	+0'13	0'10	+0'01	1'98	+1'79	0'94	+0'09	1'04	-0'40	5'16	+3'18	5'85	+4'14	0'46	-1'90	10'02	+5'48	1'68	-2'20	7'27	+5'21	0'01	-0'11	35'35	+15'37	
Bangalore ...	0'56	+0'29	0'02	-0'16	1'02	+1'47	1'61	+0'24	4'64	+0'30	0'61	+2'74	3'99	-0'58	2'28	-3'21	9'58	+2'82	3'22	-3'06	3'21	+0'48	0'29	-0'20	37'64	+2'13	
Madras ...	0'61	+8'70	0'30	-0'03	0'24	+0'66	0'52	-0'09	0'36	-0'72	1'24	-0'66	8'87	+4'78	1'20	-3'74	9'26	+4'22	3'71	-7'56	30'77	+7'99	0'43	-5'81	56'61	+7'14	
Rangoon ...	0'20	+0'11	...	-0'28	0'40	+0'03	2'75	+1'17	13'52	+0'29	31'41	+2'84	21'15	+0'22	18'36	-1'31	10'91	-4'72	11'09	+4'34	0'41	-1'97	4'51	+4'28	109'72	+11'10	
Akyab ...	...	-0'07	0'01	-0'11	0'04	-0'34	1'97	+0'27	24'23	+22'71	51'25	48'29	72'95	+20'18	30'16	+6'95	14'85	-0'86	10'00	+6'11	4'82	+0'84	0'02	-0'71	24'90	+27'05

C.—Births.

Province.	Population under registration.	RATIO OF BIRTHS PER 1,000 OF POPULATION.			Number of males born to every 100 females.	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.			
Delhi...	416,656	...	...	47'91	105	18'95	...
Bengal...	45,329,247	43'06	18'50	31'80	107	...	1'03
Bihar and Orissa...	34,490,038	48'1	31'7	40'4	105	8'2	...
Assam...	6,051,507	39'71	30'17	33'60	106	2'74	...
United Provinces of Agra and Oudh...	46,80,556	49'25	25'44	43'48	108'76	13'44	...
Punjab...	19,337,146	51'3	21'3	43'6	109'7	7'3	...
North-West Frontier Province...	2,041,077	38'3	26'6	31'7	125'5	8'1	...
Central Provinces and Berar...	13,916,108	53'19	42'97	47'95	104'59	12'04	...
Madras Presidency...	40,005,735	37'6	21'9	31'2	104'5	9'2	...
Coorg...	174,976	36'74	18'07	25'33	101'59	...	5'74
Bombay Presidency...	19,587,383	50'78	17'54	37'10	107'74	10'98	...
Burma { Lower ...	6,134,572	44'70	19'74	33'39	107	8	...
{ Upper ...	3,721,281	43'95	32'73	38'01	100	5	...
Ajmer-Merwara...	501,395	48'80	42'19	43'78	113'53	17'75	...

D.—Deaths.

Province.	Population under registration	Area in square miles.	Average population per square mile.	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 province.	Male.	Female.
Delhi...	416,656	6'82*	33*	...	...	28'97	26'86	31'62
Bengal...	45,329,247	70,873	639	45'21	22'77	32'83	33'34	32'30
Bihar and Orissa...	34,490,038	83,181	414	44'2	21'0	32'2	34'0	30'5
Assam...	6,051,507	31,845	190	40'91	25'41	30'86	31'26	30'44
United Provinces of Agra and Oudh...	46,820,556	106,357	440	52'97	19'05	30'04	29'95	30'15
Punjab...	19,337,146	96,654	200	57'4	19'0	36'3	33'9	39'3
North-West Frontier Province...	2,041,077	13,399	152	29'8	19'2	23'6	23'8	23'4
Central Provinces and Berar...	13,916,308	99,823	139	44'51	25'97	35'91	37'40	34'43
Madras Presidency...	40,005,735	126,585	316	36'4	15'5	22'0	22'6	21'4
Coorg...	174,976	1,582	111	38'51	4'84	31'08	30'09	32'32
Bombay Presidency...	19,587,383	1,978	159	39'16	13'66	26'12	25'88	26'38
Burma { Lower ...	6,134,572	71,116	86	33'54	18'27	25'12	25'77	24'39
{ Upper ...	3,721,281	40,542	92	51'41	26'18	32'72	34'00	31'53
Ajmer-Merwara...	501,395	2,711	185	26'66	25'83	26'03	25'73	26'37

E.—Total number of deaths by months.

Province.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	Ratio 1,000 POPULATION	
														915	19
Delhi ...	854	599	783	993	1,336	1,032	871	1,011	826	1,022	1,344	1,400	12,071	28.97	31
Bengal ...	138,689	113,908	146,143	124,670	106,717	92,452	83,036	98,376	102,121	116,297	179,542	186,589	1,488,567	32.83	31
Bihar & Orissa	71,364	68,177	93,119	87,584	84,330	78,161	77,540	105,753	101,091	107,760	124,826	111,920	1,111,925	32.2	31
Assam ...	12,788	10,207	10,735	11,519	12,762	14,318	14,077	15,357	17,834	21,474	24,453	21,251	186,778	30.86	31
United Provinces of Agra and Oudh.	98,833	85,547	103,453	116,435	116,778	107,837	92,193	106,994	120,28	153,471	151,413	153,505	1,406,743	30.04	31
Punjab ...	57,644	61,798	87,656	116,728	93,067	46,971	39,852	36,152	33,739	35,652	41,009	52,362	702,550	36.33	31
North-West Frontier Province.	4,441	3,230	3,160	2,734	4,278	3,769	3,296	3,462	4,239	4,679	4,908	5,898	48,194	23.61	31
Central Provinces and Berar.	33,403	31,324	31,873	30,649	35,083	39,118	29,943	43,244	53,210	59,493	55,978	56,364	499,682	35.91	31
Madras Presidency.	92,235	72,966	70,043	64,394	63,999	62,273	71,763	77,230	73,756	68,945	71,399	90,947	879,950	22.0	31
Coorg ...	430	312	389	420	513	569	604	512	440	421	371	457	5,438	31.8	31
Bombay Presidency.	43,743	38,218	43,424	38,723	35,382	32,409	34,068	42,635	45,504	48,722	50,626	53,099	511,613	26.12	31
Burma { Lower	11,827	10,737	9,482	9,607	9,903	13,017	16,374	15,951	15,162	14,122	13,743	14,072	151,087	25.12	31
Upper	8,397	7,149	7,375	6,716	6,210	8,285	10,988	12,367	14,048	12,950	12,860	14,107	121,762	32.72	31
Ajmer-Merwara.	1,155	942	1,061	1,233	1,137	866	842	921	1,050	918	1,236	1,611	13,052	26.3	31
TOTAL ...	575,803	505,414	608,796	612,505	571,495	501,037	475,467	559,965	583,331	615,926	733,708	768,065	7,142,412	29.04	31

F.—Ratio of deaths from all causes according to months.

Province.				ANNUAL* DEATH RATE PER MILE FOR THE MONTH OF													
				January.	February.	March.	April.	May.	June.	July.	August.	Sept. ber.	October.	November.	December.	Ratio the 1	
Delhi	24.13	18.74	22.13	29.00	37.75	30.14	24.61	28.57	24.12	28.8	39.25	39.56	28
Bengal	36.02	32.76	37.56	33.46	27.72	24.81	21.57	25.55	27.41	30.21	48.19	48.47	32
Bihar and Orissa	24.36	25.88	31.79	30.90	28.79	27.57	26.47	36.10	35.65	36.79	44.03	38.21	32
Assam	24.88	21.99	20.89	23.16	24.83	21.79	27.39	29.88	35.86	41.78	49.16	41.35	36
United Provinces of Agra and Oudh	24.85	23.82	26.02	30.26	29.37	28.02	23.18	26.91	31.26	38.59	39.35	38.60	30
Punjab	35.10	41.66	53.37	73.44	56.67	29.49	24.27	22.01	21.24	21.71	25.80	31.58	36
North-West Frontier Province	25.62	20.63	18.81	16.30	24.68	22.47	19.01	19.97	25.27	26.99	29.26	34.02	23
Central Provinces and Berar	28.25	29.34	26.97	26.80	29.68	34.20	25.33	36.59	16.52	50.34	48.54	47.69	35
Madras Presidency	27.15	23.78	20.61	19.58	18.84	18.94	21.12	22.73	22.43	20.29	21.71	26.77	22
Coorg	28.93	23.24	26.18	29.20	34.52	39.16	40.61	34.45	30.59	28.31	25.80	30.75	31
Bombay Presidency	26.29	25.43	26.10	24.05	21.27	20.17	20.48	25.63	28.26	29.29	31.45	14.92	26
Burma	{	Lower	...	...	22.70	22.82	18.70	19.23	19.01	25.82	31.43	30.62	30.07	27.10	27.26	27.01	25
Upper		...	...	26.57	25.04	23.33	21.99	19.65	27.09	24.77	39.13	45.93	40.97	42.05	45.58	32	
Ajmer-Merwara	27.12	24.49	21.92	19.92	26.70	21.01	19.77	21.63	5.48	21.56	29.99	39.71	26
India	28.42	27.62	30.05	31.24	28.21	25.56	23.47	27.64	29.75	31.88	37.42	37.96	29

* The ratios in the statement have been calculated with reference to the number of days in each month.

G.—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.							
Bihar ...	228.99	212.36							Information not available.																		
Bengal ...	214.43	213.13	45.18	40.35	18.66	15.33	12.72	11.01	17.25	19.85	18.81	22.03	23.06	24.49	30.04	28.02	46.77	43.18	86.26	73.68							
Bihar and Orissa.	190.76	180.86	56.8	52.0	16.0	13.6	12.7	11.3	14.3	13.0	17.4	14.9	20.6	17.6	27.3	20.6	43.0	37.1	9.1	73.9							
Bihar ...	210.78	192.41	37.40	31.92	16.17	13.50	13.18	11.34	15.15	19.84	17.94	24.00	22.07	25.05	29.32	27.03	44.86	38.64	81.78	64.53							
United Provinces of Agra and Oudh.	209.85	200.03	60.19	58.72	10.57	10.28	8.14	9.23	9.06	12.39	12.54	14.59	15.08	15.17	21.61	19.11	36.43	32.27	73.11	63.45							
Punjab ...	188.02	189.17	48.48	50.79	16.28	21.06	16.16	25.31	17.6	23.69	16.06	19.49	20.41	24.98	26.44	28.98	6.43	40.84	78.03	84.47							
North-West Frontier Province.	169.21	162.54	37.3	32.2	9.4	9.8	8.6	11.9	12.3	14.4	10.8	11.3	13.6	14.5	20.1	20.0	37.0	30.2	60.3	65.10							
Central Provinces and Berar.	274.28	244.49	67.39	9.88	13.55	12.58	8.71	9.0	10.41	12.06	11.42	12.41	13.08	13.58	20.69	16.04	46.50	39.85	87.87	76.18							
Madras Presidency.	194.40	178.40	29.4	23.3	8.2	7.9	5.7	5.8	8.1	10.8	9.4	10.5	11.8	10.9	16.1	12.8	26.6	22.2	70.0	67.8							
Bombay ...	294.01	284.22	39.22	32.51	11.36	8.9	9.09	8.7	12.84	13.22	16.08	25.06	25.77	29.40	35.37	30.92	47.23	44.33	82.20	76.14							
Bombay Presidency.	178.92	164.55	42.00	40.44	10.11	11.34	7.52	9.96	9.60	12.93	11.24	13.66	14.14	14.78	20.64	16.42	35.03	29.07	83.01	74.97							
Central Provinces and Berar.	Lower	222.77	255.43	...	65.63	11.07	10.41	8.43	7.69	12.31	11.46	14.76	16.05	26.16	22.93	66.52	68.05						
	Upper	186.78	225.71	...	91.64	15.68	14.83	9.42	9.14	13.42	12.45	16.65	17.53	27.47	22.31	82.87	76.91						
Bombay-Merwara.	Information not available.																										
Total ...	208.06	195.29	49.14	44.02	13.62	12.71	10.13	10.77	12.45	14.97	13.72	16.41	18.20	16.58	22.94	21.03	38.47	31.10	79.2	71.88							

* Calculated on the number of births during 1915.

H. 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.
Bhi	11	1	12	191,185	225,471	416,656	22.85	34.16	28.97
Bengal	375	112	487	42,421,996	2,907,251	45,329,247	33.39	24.70	32.83
Bihar and Orissa ...	230	55	285	33,322,784	1,167,254	34,490,038	32.2	30.9	32.2
Bihar	79	20	99	5,932,662	119,445	6,052,107	30.88	30.02	30.86
United Provinces of Agra and Oudh.	1,066	93	1,159	43,770,699	3,049,857	46,820,556	29.22	41.24	30.04
Punjab	413	139	552	17,510,302	1,746,754	19,257,056	36.35	36.17	36.33
North-West Frontier Province.	66	13	79	1,849,832	191,245	2,041,077	23.14	26.21	23.61
Central Provinces and Berar.	397	110	507	12,638,587	1,277,721	13,916,308	35.06	44.29	35.91
Madras Presidency ...	231	269	500	35,166,665	4,839,070	40,005,735	21.4	26.2	22.6
Bombay	8	2	10	16,199,5	9,981	17,197,6	36.26	44.58	31.08
Bombay Presidency ...	249	112	361	16,497,762	3,179,641	19,677,403	25.31	30.28	26.13
Central Provinces and Berar.	Lower ...	39	256	5,356,176	77,396	6,131,572	24.03	32.62	25.12
	Upper ...	20	158	3,400,963	320,318	3,721,281	31.07	50.23	32.72
Bombay-Merwara ...	Not available.		23	Not available.		501,395	Not available.		

I.—Deaths from cholera in the different provinces in India from 1884 to 1915.

Year.	Delhi.	Bengal.	Bihar and Orissa.	Assam.	United Provinces of Agra and Oudh.	Punjab.	(a) N.W. Frontier Province.	Central Provinces.	Benar.	Madras.	Coorg.	Bombay.	Lower Burma.	Upper Burma.	Ajmer-Merwara.	Rajputana.	Central India.	Hyderabad (canttment stations).	Mysore.
1884	...	13,421	...	22,276	39,143	644	...	149	87	75,376	...	13,804	5,515	...	227	1,207	1,018	2,479	330
1885	...	173,757	...	7,753	63,457	1,996	...	21,818	3,683	58,109	...	37,287	7,685	...	100	1,615	4,634	1,387	2,677
1886	...	118,368	...	20,183	34,565	12	...	16,679	976	12,417	...	167	4,027	...	765	173	290	409	10
1887	...	172,178	...	7,041	200,638	8,804	...	12,376	24,395	28,259	3	25,711	2,619	...	384	2,612	8,868	2,831	832
1888	...	111,371	...	9,693	18,704	14,928	...	921	305	58,677	2	36,000	13,682	...	13	32	191	2,057	1,015
1889	...	171,103	...	18,188	48,494	2,838	...	52,388	10,925	76,020	9	32,431	3,240	...	55	6,923	3,344	1,128	1,590
1890	...	145,885	...	15,396	80,395	3,401	...	4,187	847	35,288	5	3,259	1,076	...	408	2,746	3,112	...	1,226
1891	...	223,575	...	23,832	169,013	10,107	...	21,312	7,958	68,773	7	17,850	2,400	...	532	2,946	11,474	3,102	1,204
1892	...	259,398	...	21,552	194,886	75,959	...	39,972	2,030	79,013	58	42,900	6,208	...	2,352	26,760	8,384	53	5,497
1893	...	126,976	...	21,849	12,154	639	...	557	1,188	35,209	9	18,853	2,393	...	3	314	127	165	680
1894	...	236,150	...	13,497	178,979	113	...	7,043	3,452	24,282	3	33,538	7,428	...	...	2	5,210	1,862	328
1895	...	177,077	...	18,662	51,663	549	...	15,596	11,919	21,172	...	8,890	5,150	...	289	1,049	6,041	467	2,334
1896	...	226,824	...	17,012	69,147	5,146	...	52,085	12,264	47,847	49	35,404	2,959	...	12	3,707	15,766	525	2,100
1897	...	196,247	...	33,440	44,208	622	...	57,131	10,122	145,445	106	57,109	8,558	...	19	1,496	13,202	1,089	4,248
1898	...	65,020	...	11,149	2,968	388	...	7	...	65,444	8	4,368	2,072	...	1	6	2	6	1,193
1899	...	107,678	...	8,180	8,142	1,816	...	761	341	29,082	...	8,579	4,942	2,050	1	498	...	...	123
1900	...	345,878	...	23,761	81,660	28,260	...	63,114	18,375	60,662	...	163,889	3,440	41	4,842	28,719	20,450	3,813	779
1901	...	110,753	...	7,168	53,795	186	117	49	17	81,370	58	13,600	3,552	1	50	6	72	1	11,351
1902	...	150,071	...	12,658	25,160	371	...	28	16	59,769	...	3,230	1,844	57	32	1,516	12	...	218
1903	...	253,405	...	8,160	47,159	14,688	1,354	437	...	27,393	...	1,825	5,346	2,887	...	235	1,310	...	98
1904	...	137,201	...	5,188	6,617	716	1	2,977	...	21,109	...	13,156	2,472	508	...	1	159	...	471
1905	...	146,339	...	142,312**	121,790	2,197	300	1,217	...	16,888	...	5,396	3,511	1,896	...	3	27	64	626
1906	...	192,596	...	108,278	140,549	4,232	...	3,768	...	142,811	10	46,119	5,529	2,313	284	4,714	10,147	1,061	7,223
1907	...	205,702	...	77,181	22,438	437	266	4,291	...	81,565	177	7,656	7,064	414	1	64	41	1	4,072
1908	...	258,998	...	59,329	83,544	12,297	2,845	9,048	...	141,970	114	1,759	16,336	2,875	...	737	1,730	937	2,149
1909	...	56,711	...	71,737	21,813	1,513	134	7,687	...	39,424	99	28,714	4,041	7,318	...	403	1,421	164	1,629
1910	...	162,611	...	117,669	102,402	2,131	1,605	5,316	...	32,594	59	3,094	1,834	177	2	8	2,864	2	1,812
1911	...	124,560	...	39,248	117,689	1,269	12	2,998	...	38,174	6	5,817	2,595	1,696	50	85	1,054	803	210
1912	406	95,477	...	(b) 14,303	18,894	1,833	1,329	34,313	...	92,497	...	64,595	6,013	1,173	13	414	9,086	1,190	6,748
1913	37	78,898	77,023	16,497	60,427	5,811	175	15,285	...	37,750	192	5,134	3,794	635	...	4,085	2,823	1,322 (c)	8,062
1914	12	89,224	32,115	9,270	32,498	6,696	2,300	20,345	...	68,449	...	17,779	2,012	31	9	1,627	10,075	5,503 (c)	849
1915	92	13,679	88,340	26,070	60,008	11,166	623	5,662	...	30,098	...	377	8,209	0,388	3	1,981	795	2,072 (c)	178

J.—Deaths from Cholera in British Provinces, by months, during the year 1915.

Province.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	RATIO PER 1,000 OF POPULATION.	
														1915.	1914.
Bhi ...	...	...	3	50	11	7	7	9	5	...	...	...	92	22	03
Bagal ...	7,496	5,447	16,110	19,833	8,903	4,840	4,786	5,108	6,645	12,823	19,681	18,927	130,679	288	196
Bihar and Orissa ...	1,450	1,542	2,649	3,853	4,521	5,024	7,287	12,239	9,765	15,205	17,615	7,199	88,249	25	9
Bombay ...	837	46	870	1,324	1,180	697	715	1,037	2,630	5,158	7,300	4,715	26,979	446	153
United Provinces of Agra and Oudh ...	41	47	427	1,901	5,053	8,916	4,003	6,101	7,583	26,615	19,821	10,000	90,508	193	69
Punjab ...	3	...	10	877	4,390	3,607	2,145	1,796	331	29	8	...	13,196	68	34
North-West Frontier Province ...	...	...	...	28	325	154	24	91	148	100	61	1	932	45	113
Central Provinces and Berar ...	9	...	2	9	40	373	796	2,294	937	790	362	50	5,662	41	146
Madras Presidency ...	8,600	4,840	2,743	2,511	1,494	1,288	1,882	1,698	1,068	727	821	2,426	30,038	8	17
Bengal ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bombay Presidency ...	10	18	16	25	42	19	31	79	73	17	1	46	377	02	91
Burma { Lower ...	125	280	248	497	505	631	771	815	1,396	942	1,138	841	8,209	134	32
{ Upper ...	1	...	4	4	1	2	151	1,153	2,804	2,509	2,009	600	9,388	252	01
Coastal Merwara ...	...	...	...	1	...	2	...	...	...	...	...	...	3	01	02
Total ...	18,572	12,660	23,082	30,913	26,545	25,560	22,598	32,440	33,385	65,005	68,817	44,895	404,472	170	118

K.—Details of the distribution and occurrence of Cholera during the year 1915.

Province.	Mortality in 1915.	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.
Bhi ...	22	25	36	05	31	...	...	April.
Bagal ...	288	108	235	291	1480	594	1467	April.
Bihar and Orissa ...	25	22	41	25	1226	53	258	November.
Bombay ...	446	270	315	448	190	1086	1274	November.
United Provinces of Agra and Oudh ...	193	141	138	197	629	1168	1543	October.
Punjab ...	68	18	55	70	507	313	2041	May.
North-West Frontier Province ...	45	54	76	42	364	104	1585	May.
Central Provinces and Berar ...	41	114	44	40	267	140	867	August.
Madras Presidency ...	8	14	8	7	972	21	116	January.
Bengal ...	...	29	...	...	...	...	...	...
Bombay Presidency ...	02	99	05	01	23	14	483	August.
Burma { Lower ...	134	53	178	127	702	436	2118	September.
{ Upper ...	252	21	568	223	1107	433	1240	September.
Coastal Merwara ...	01	03	...	...	27	...	...	June.

L.—Small-pox mortality—1915.

Provinces, Districts, Towns.	Delhi.	Bengal.	Bihar and Orissa.	Assam.	United Provinces of Agra and Oudh.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Madras Presidency.	Coorg.	Bombay Presidency.	Lower Burma.	Upper Burma.	Ajmer-Merwara.
I.—Mortality by Provinces:—														
A.—Deaths by months:—														
January ...	3	3,740	832	250	186	64	...	150	2,678	3	129	9	...	...
February ...	1	4,355	1,436	263	246	50	4	124	2,712	3	111	14	...	...
March ...	1	7,080	2,311	435	354	101	1	111	3,195	3	213	21	2	...
April ...	...	6,236	2,890	514	404	131	...	127	2,419	7	203	33	5	3
May ...	3	5,248	3,204	815	454	306	2	120	2,579	5	206	21	1	...
June ...	3	3,013	1,542	610	281	282	7	167	1,921	...	113	32	5	...
July ...	1	1,492	982	427	149	244	3	86	1,783	...	81	23	1	...
August ...	...	1,042	731	214	83	144	2	90	1,473	...	58	15	...	...
September ...	...	476	407	173	55	105	4	56	1,247	1	53	12	1	...
October ...	1	357	229	116	40	96	3	29	1,084	1	30	6	...	...
November ...	2	316	245	94	15	77	...	34	1,019	1	27	3	...	...
December ...	1	580	507	126	37	85	...	47	1,215	1	173	13	...	...
Total ...	24	32,785	15,526	4,976	2,304	1,624	26	1,151	24,038	23	1,425	202	15	3
B.—Annual death ratios:—														
Ratio per 1,000 of population, 1915.	'03	'72	'4	'67	'05	'09	'01	'08	'6	'12	'07	'03	'00	'01
Ratio per 1,000 of population, 1914.	'10	'21	'2	'42	'38	'15	'16	'31	'7	'65	'21	'04	'00	'05
Difference ...	—'07	+ '51	+ '2	+ '25	—'33	—'06	—'15	—'23	—'1	—'52	—'14	—'01	...	—'04
Mean ratio per 1,000 during 1910-14.	'39	'23	'1	'45	'13	'82	'54	'29	'5	'63	'30	'51	'20	1'83
Difference ...	—'36	+ '32	+ '3	+ '22	—'08	—'73	—'53	—'21	+ '1	—'50	—'23	—'48	—'20	—'1'82
II.—District mortality excluding towns:—														
Number of districts affected.	...	26	21	8	38	27	2	19	24	4	18	9	3	...
Highest district ratio ...	...	5'26	1'2	2'62	'72	'45	'03	'58	2'5	'35	'69	'10	'01	...
Name of that district ...	Not available.	24 Pargana.	Balgaore.	Kamrup.	Mirzapur.	Peren-pore.	Peshawar.	Drug.	Godavari.	Kingatnad Taluk.	Kanara.	Akyab.	Mandalay.	...
Lowest district ratio ...	...	'01	'01	'008	'01	'001	'01	'002	'1	'03	'00	'00	1'00	...
Name of that district ...	Not available.	Jalpalgar.	Amul.	Cachar.	Budaun.	Gujran-wala.	Hazara.	Saugor.	Nilgiris.	Yedekal-kud Taluk.	Kaira.	Amherst.	Yamethin.	Not available.
Number of districts without mortality.	...	...	...	...	10	1	3	3	...	1	8	9	9	...
District death rate per 1,000 of population.	...	'64	'4	'61	'05	'08	'01	'09	'6	'12	'05	'01	'00	...
III.—Town mortality:—														
Number of towns affected	...	100	45	11	41	42	1	21	122	2	21	11	5	...
Highest town ratio ...	...	8'64	3'2	35'38	'96	1'73	'05	1'53	8'1	'54	6'81	'74	'37	...
Name of that town ...	...	Vishnu-pur.	Colgong.	Barpeta.	Bridabhar.	Balhab-garh.	Peshawar.	Nephtigal.	Palakollu.	Virajendrapet.	Malegaon.	Kyong-pyaw.	Yamethin.	...
Lowest town ratio ...	...	'04	'03	'16	'01	'03	...	'01	'03	'16	'01	'03	'01	...
Name of that town ...	...	Rampur Balia.	Ranchi.	Gauhati.	Bareilly.	Lahore.	...	Jubbulpore.	Cannanore.	Mercara.	Hyderabad.	Moulmein.	Mandalay.	Not available.
Number of towns without mortality.	...	12	20	9	53	97	12	89	127	...	91	28	15	...
Town death rate per 1,000 of population.	...	1'83	'5	3'49	'05	'12	'02	'08	'6	'30	'19	'16	'02	...
IV.—Infantile mortality:—														
Children under one year...	Not available.	1,560	3,135	1,001	201	379	7	435	2,799	...	353	7	1	...
Children 1-10 years ...	...	2,041	4,575	1,412	1,034	911	18	401	8,242	...	547	19	2	...
Percentage of children in total small-pox mortality.	...	14'05	49'66	59'35	29'64	25'15	95'15	71'63	71'31	...	63'16	12'87	20'00	66'07

* Excluding Delhi and Ajmer-Merwara.

M.—Fever mortality—1915.

Provinces, Districts, Towns.	Delhi.	Bengal.	Bihar and Orissa.	Assam.	United Provinces of Agra and Oudh.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Madras Presidency.	Coorg.	Bombay Presidency.	Lower Burma.	Upper Burma.	Ajmer-Merwara.	Registration India.
Mortality by Provinces:—															
Deaths by months:—															
January	466	102,388	45,453	6,365	73,607	25,043	3,514	14,982	27,858	356	22,212	3,881	2,647	984	332,775
February	347	82,547	41,631	5,313	58,162	21,435	9,576	12,504	22,710	211	18,626	3,395	1,673	797	272,669
March	445	98,566	52,847	5,553	65,865	21,877	2,510	23,548	22,525	321	20,577	3,180	2,166	870	312,136
April	547	78,775	53,127	5,911	75,500	19,701	1,918	14,824	21,123	340	17,646	3,316	2,159	1,015	295,933
May	726	74,117	54,252	7,127	85,126	27,613	2,746	18,152	21,468	427	15,770	2,644	1,731	906	312,625
June	578	67,804	50,654	8,018	77,562	24,885	2,680	20,757	20,458	491	14,115	4,222	2,324	674	296,142
July	459	61,209	46,820	8,613	61,498	23,106	2,456	13,942	22,117	520	13,556	5,409	3,141	666	266,522
August	556	72,674	62,539	8,670	68,717	20,055	2,437	18,665	25,997	414	16,314	5,309	3,053	729	307,329
September	410	75,861	64,115	8,673	78,571	19,181	3,191	23,092	21,811	361	17,881	4,247	2,874	853	325,054
October	546	82,192	67,449	8,667	94,180	20,639	3,440	28,759	23,161	348	19,496	4,456	2,848	740	357,430
November	750	126,273	80,099	8,933	103,640	25,017	3,922	28,222	24,520	310	22,140	4,511	3,575	976	427,294
December	820	126,453	75,943	8,976	112,121	3,201	4,888	28,657	32,220	291	26,434	5,173	5,045	1,256	473,378
Total	6,716	1,064,159	696,839	91,730	957,299	284,784	26,518	237,834	290,322	4,549	224,797	50,554	32,685	10,585	1,090,187
Annual death ratios:—															
Ratio per 1,000 of population, 1915.	16'11	22'47	20'2	15'16	20'44	14'73	17'89	17'19	7'3	26'00	11'48	8'24	9'05	21'11	16'73
Ratio per 1,000 of population, 1914.	21'33	22'40	17'7	15'75	22'43	17'87	18'99	16'86	7'7	27'41	12'22	7'62	7'91	25'38	17'16
Difference	-5'22	+1'07	+2'5	+1'41	-1'99	-3'14	-1'10	+1'33	-1'4	-1'41	-1'75	+1'62	+1'14	-4'27	-1'43
Ratio per 1,000 during 1914.	24'38	21'13	19'4	15'78	24'40	16'31	17'87	17'72	7'6	28'98	12'21	8'03	8'90	27'68	17'41
Difference	-8'27	+1'34	+1'8	-1'35	-3'96	-1'58	+1'02	-1'63	-1'3	-1'98	-1'73	+1'21	+1'15	-6'57	-1'08
District mortality excluding towns:—															
Number of districts affected.		25	21	8	48	28	5	22	24	5	26	18	22		245
Highest district ratio ...	Not available.	40'03	27'9	30'30	45'10	20'25	21'14	27'18	21'9	34'11	18'19	14'68	17'48		45'20
Name of that district ...		Birbhum.	Parana	Goalpara.	Bareilly	Moradgarh.	Kohat	Damoh.	Vizagapatam.	Nanjana-Patna Taluk.	Ahmedabad.	Tarapur.	Mandlay		Bareilly
Lowest district ratio ...	Not available.	10'52	7'1	11'70	12'47	7'55	15'78	6'61	1'9	10'38	6'41	2'63	4'23		1'9
Name of that district ...		Howrah	Porir	Sibsagar.	Banda	Simla.	Peshawar	Boldana.	Anantapur.	Vedana-Kend Taluk.	Be'gaum	Maunabo.	Myingyan		Arantapur
Number of districts without mortality.		...	...	...	...	...	...	...	...	...	...	...	...		...
District death rate per 1,000 of population.		24'54	20'4	15'29	20'55	14'87	18'33	17'70	7'6	26'23	12'20	8'87	9'47		17'26*
Town mortality:—															
Number of towns affected		112	55	20	93	120	13	110	262	2	112	29	20		977
Highest town ratio ...		20'33	20'4	39'75	52'12	36'12	40'76	24'73	16'2	19'13	43'25	15'83	6'98		2'12
Name of that town ...		Kotchandpur.	Dumka	Mangal-dai.	Shikot	Murree.	Nawa-shahr (Notified area).	Patnapur.	Mudugala.	Virajendra.	Mirpurkhas.	Tarapur.	Allanmyo.		Shikot
Lowest town ratio ...		2'51	5'5	2'41	2'72	1'40	6'08	1'79	1'1	8'74	1'20	1'41	1'79		1'1
Name of that town ...		Mymensingh.	Madhubani.	Dhubri.	Lapur.	Rewari.	Kulachi.	Nawargah.	Kollegal	Mercaar	Ahmed-Nagar (Notified area).	Maunabo.	Myingyan		Kollegal
Number of towns without mortality.		...	...	...	...	...	...	...	7	...	...	...	...		2
Town death rate per 1,000 of population.		7'94	12'8	8'46	18'64	15'32	13'61	11'00	4'5	12'22	7'75	3'88	4'60		6'19

* Excluding Delhi and Ajmer-Merwara.

N.—Dysentery and Diarrhœa mortality—1915.

Provinces, Districts, Towns.	Delhi.	Bengal.	Bihar and Orissa.	Assam.	United Provinces of Agra and Oudh.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Madras Presidency.	Coorg.	Bombay Presidency.	Lower Burma.	Upper Burma.	Ajmer-Merwara.
I.—Mortality by Provinces:—														
A.—Deaths by months:—														
January ...	18	2,843	2,187	1,014	940	780	32	2,412	6,620	15	2,140	415	116	15
February ...	12	2,214	1,048	681	702	566	74	1,882	5,023	8	1,795	398	74	12
March ...	16	2,502	2,771	731	985	668	11	2,058	4,787	8	1,926	453	111	32
April ...	27	2,311	2,807	749	1,531	893	18	2,123	4,072	7	2,029	487	118	51
May ...	27	2,177	2,419	933	1,080	1,722	82	2,490	4,337	8	2,095	575	103	56
June ...	16	1,723	2,153	1,094	1,773	1,310	48	2,702	4,195	15	2,282	955	250	43
July ...	22	1,722	2,018	1,154	1,807	1,000	43	2,742	5,187	6	2,475	1,152	543	22
August ...	25	1,077	2,515	1,491	2,354	976	41	5,340	6,621	16	4,229	1,073	611	44
September ...	32	2,026	3,124	1,732	2,093	951	42	7,756	5,718	12	4,188	776	535	59
October ...	25	2,420	2,021	2,208	1,795	1,060	74	7,150	4,605	8	3,325	512	402	36
November ...	15	2,325	2,027	2,206	1,779	1,305	40	5,162	4,263	1	2,629	683	311	39
December ...	23	2,607	3,124	2,058	1,728	1,099	31	3,074	5,278	6	2,582	650	241	45
Total ...	255	28,919	31,940	16,122	19,477	12,558	482	46,122	61,057	105	31,707	8,159	3,427	459
B.—Annual death ratios:—														
Ratio per 1,000 of population, 1915.	'63	'63	'79	'55	'41	'55	'24	'32	'15	'60	'62	'33	'93	'92
Ratio per 1,000 of population, 1914.	'80	'65	'7	'23	'30	'69	'22	'45	'19	'01	'19	'93	'63	'86
Difference ...	—'17	—'03	+ '72	+ '43	+ '12	—'14	+ '02	—'14	—'4	—'41	—'57	+ '40	+ '30	+ '06
Mean ratio per 1,000 during 1910-14.	'65	'52	'8	'37	'39	'52	'17	'35	'17	'14	'19	'23	'64	'04
Difference ...	—'03	+ '11	+ '71	+ '29	+ '02	+ '03	+ '07	—'24	—'2	—'54	—'57	+ '10	+ '29	—'12
II.—District mortality excluding towns:—														
Number of districts affected.	Not available.	26	21	8	48	25	5	22	24	5	26	18	12	Not available.
Highest district ratio ...	Not available.	4'62	5'4	'60	7'82	4'04	'44	8'63	5'8	'45	3'66	2'65	1'24	Not available.
Name of that district ...	Not available.	Howrah.	Cuttack.	Lakhimpur.	Garhwal.	Rawalpindi.	Deer Ismail Khan.	Akola.	Nigirra.	Padmal-kund Taluk.	Shetapur.	Tarey.	Pekokko.	Not available.
Lowest district ratio ...	Not available.	'01	'1	'40	'01	'02	'01	'68	'2	'16	'06	'63	'44	Not available.
Name of that district ...	Not available.	Dinajpur.	Purnea.	Jalpara.	Kheri.	Hoshlar-pur.	Kohat.	Balaghat.	Vizagapatam.	Yedmal-kund Taluk.	Larkhana.	Toungoo.	Kymokee.	Not available.
Number of districts without mortality.	Not available.	...	...	...	...	...	...	...	...	...	...	...	...	...
District death rate per 1,000 of population.	Not available.	'49	'9	2'63	'21	'53	'18	3'28	'13	'29	1'52	1'11	'77	...
III.—Town mortality:—														
Number of towns affected	Not available.	112	53	20	88	128	11	108	255	2	108	27	20	Not available.
Highest town ratio ...	Not available.	7'10	10'7	21'40	8'05	17'63	1'62	15'50	9'3	8'62	14'06	5'17	4'42	Not available.
Name of that town ...	Not available.	Baranag.	Sambal-pur.	Mangal-cin.	Mau.	Murree.	Banoo.	Wering-lal.	Colamba-tur.	Virajend-rapur.	Sholapur.	Zigoo.	Alammyo.	Not available.
Lowest town ratio ...	Not available.	'09	'09	'18	'09	'21	'18	'15	'1	3'09	'06	'44	'25	Not available.
Name of that town ...	Not available.	Satkhira.	Gird h.	Gachati.	Gangoh.	Sobara.	Koh t.	Saonr.	Proddatur.	Mercara.	Larkhana.	Shwe-daung.	Pakokkn.	Not available.
Number of towns without mortality.	Not available.	...	2	...	5	11	2	2	13	...	4	2	...	Not available.
Town death rate per 1,000 of population.	Not available.	2'68	2'1	4'07	3'24	1'91	'78	3'70	3'4	5'71	2'23	2'86	2'55	Not available.

*Excluding Delhi and Ajmer-Merwara.

O.—Plague mortality—1915.

Province or State.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	
													1915.	1914.
BRITISH PROVINCES.														
Bihar ...	1	...	3	4	1	...	...	...	...	...	...	...	8	13
Bengal ...	3	3	23	111	43	7	4	...	...	...	1	4	199	534
Bombay and Orissa...	3,195	4,803	9,018	6,639	1,398	99	15	50	135	105	416	1,406	27,241	64,334
Burmah ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
United Provinces of Agra and Oudh ...	4,389	9,548	17,797	15,607	3,749	124	50	65	191	340	1,110	3,662	58,128	103,954
Punjab...	13,890	27,057	51,678	82,351	43,176	3,276	235	20	7	44	162	170	211,066	64,010
North-West Frontier Province ...	...	...	8	90	198	43	1	...	...	...	...	...	340	166
Central Provinces and Berar ...	1,951	4,538	3,808	1,079	165	7	10	120	1,325	2,563	2,032	2,355	20,264	895
Madras Presidency ...	395	584	262	43	18	5	18	182	343	504	572	1,152	3,829	5,102
Mysore ...	...	...	...	...	...	...	...	...	...	...	1	1	2	10
Gujarat Presidency ...	2,005	2,213	3,705	2,521	1,233	810	1,758	3,993	4,026	6,058	6,748	6,764	43,824	20,080
Coorg { Lower ...	719	674	377	195	192	175	197	132	65	37	42	88	2,891	5,172
Coorg { Upper ...	237	407	210	84	4	5	24	31	74	32	156	545	1,740	2,316
Nor-Metwara ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL { 1915 ... 26,187 40,716 81,798 109,615 50,208 4,551 2,302 4,602 7,008 10,584 11,546 16,204 380,501 ...														
{ 1914 ... 33,569 42,214 72,241 53,878 26,659 5,232 1,328 1,776 2,560 2,920 6,009 16,253 ... 265,228														
NATIVE STATES, ETC.														
Bengal Native States ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bihar and Orissa Native States ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Burmah Native States ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
United Provinces of Agra and Oudh Native States.	25	101	163	495	245	20	4	...	...	...	...	6	1,170	825
Punjab Native States ...	1,413	2,580	3,811	6,151	7,218	705	99	8	9	...	3	47	23,034	9,527
Sikkim and Kashmir States ...	73	183	383	525	1,016	269	...	...	...	...	42	68	2,519*	276*
Sindh ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tibet ...	1	3	21	79	74	13	...	...	...	...	1	1	134	1,159
Central India ...	135	736	317	144	22	...	...	52	121	498	575	541	2,651	2,285
Native States in Central Provinces ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gujarat Presidency Native States ...	541	793	1,003	604	126	72	158	602	1,354	2,598	1,931	1,175	12,266	7,995
Coorg Native States ...	...	6	6	4	4	9	21	16	8	12	7	...	93	8
Madras State ...	134	387	259	313	55	8	...	471	679	1,137	1,753	4,075	9,223	2,771
Mysore...	462	526	326	125	43	91	70	194	286	393	458	575	3,547	4,613
Bombay, Civil and Military Station...	77	97	83	51	13	9	40	69	55	69	69	65	695	735
Madras Native States ...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
TOTAL { 1915 ... 2,862 4,781 6,482 8,473 8,748 1,205 292 1,412 2,513 4,707 4,826 6,254 53,268 ...														
{ 1914 ... 2,153 2,159 3,314 4,090 3,518 1,089 252 1,184 3,126 3,351 2,116 2,001 ... 30,035														
GRAND TOTAL { 1915 ... 29,149 54,597 94,280 118,088 59,016 5,756 2,594 6,014 9,521 15,291 16,372 22,158 433,866 ...														
{ 1914 ... 35,722 44,373 75,555 57,968 30,157 6,321 1,730 3,260 5,608 7,299 9,395 19,154 ... 196,623														
Calcutta City ...	3	3	23	110	42	6	4	...	...	...	1	...	191	441
Bombay City ...	7	17	77	199	121	33	40	21	28	23	24	30	698	2,925
Madras City ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

* Jammu Province only.

P.—Mortality from Respiratory Diseases—1915.

Provinces, Districts, Towns.	Delhi.	Bengal.	Bihar and Orissa.	Assam.	United Provinces of Agra and Oudh.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Madras Presidency.	Coorg.	Bombay Presidency.	Lower Burma.	Upper Burma.	Ajmer-Merwara.
I.—Mortality by Provinces :—														
A.—Deaths by months—														
January ...	295	1,160	619	497	1,865	4,532	112	3,555	4,051	2	5,724	445	219	53
February ...	174	1,098	537	399	1,637	4,101	123	3,340	3,777	...	5,313	377	216	33
March ...	329	1,207	738	424	1,828	4,346	105	3,450	3,302	4	5,665	376	224	34
April ...	378	1,019	581	376	1,906	3,821	116	3,261	3,916	2	5,197	370	185	44
May ...	388	949	501	315	1,841	4,791	131	3,249	2,812	4	4,483	399	224	29
June ...	487	760	430	301	1,515	3,759	160	3,021	2,948	1	4,194	428	269	11
July ...	203	752	448	330	1,519	3,330	110	3,502	12,259	7	4,280	371	314	18
August ...	294	802	634	395	2,059	3,043	144	3,329	3,497	3	4,895	513	319	25
September ...	256	731	540	437	2,356	3,084	138	3,902	3,591	7	5,005	538	303	22
October ...	323	855	519	380	2,245	3,108	114	4,116	3,443	5	5,264	474	261	24
November ...	414	1,019	662	427	2,545	3,741	129	4,886	3,616	4	6,088	437	284	45
December ...	437	1,251	757	480	2,637	5,505	156	5,444	4,244	5	7,275	474	266	64
Total ...	3,544	11,733	6,075	4,732	24,226	47,193	1,601	44,155	41,113	44	63,364	5,405	3,124	402
B.—Annual death ratios—														
Ratio per 1,000 of population, 1915.	8.74	2.35	2	7.8	5.3	2.44	7.8	3.17	1.0	2.5	3.23	8.8	8.4	8.0
Ratio per 1,000 of population, 1914.	10.75	2.27	1	6.6	5.0	2.42	7.8	3.20	1.1	3.1	3.37	8.4	7.5	6.5
Difference ...	-2.01	-.02	+1	+1.2	+0.3	+0.02	...	-.03	-.1	-.05	-.14	+0.4	+0.9	+1.4
Mean ratio per 1,000 during 1910-1914.	9.21	2.24	1	6.1	4.7	2.26	7.6	3.04	1.0	2.8	3.18	8.5	6.6	6.5
Difference ...	-.47	+0.1	+1	+1.7	+0.6	+1.8	+0.2	+1.3	...	-.13	+0.5	+0.3	+1.8	+1.5
II.—District mortality excluding towns :—														
Number of districts affected	25	21	8	48	37	5	20	24	1	26	13	12	...	...
Highest district ratio ...	77	1.6	2.10	8.18	10.22	8.8	9.95	2.6	1.07	6.87	1.03	1.13	...	...
Name of that district ...	Howrah	Puri	Lakhimpur.	Hami- pur.	Gordas- pur.	Hazara	Jabbul- pore.	Nigir.	Padmal- kand Taluk.	Kaira	Akyab	Shwabo	...	...
Lowest district ratio ...	0.03	0.04	0.7	0.1	1.6	0.7	1.3	1	...	0.8	0.2	0.6	...	...
Name of that district ...	Noakhali	Purnea	Goalpara	Basti	Muzaffar- garh.	Kohat	Balaghat	Ganjam	...	Larkhana	Toongoo	Myin- gyan	...	...
Number of districts with- out mortality.	...	...	...	...	1	...	...	...	4	...	...	...	...	...
District death rate per 1,000 of population.	0.8	1	7.6	2.1	2.15	4.6	2.92	9	0.1	2.58	4.0	2.5	...	...
III.—Town mortality :—														
Number of towns affected	110	45	17	86	139	13	108	221	1	108	35	20	...	...
Highest town ratio ...	6.67	3.0	6.11	12.78	19.19	7.13	12.02	8.0	6.70	14.12	11.24	10.09	...	...
Name of that town ...	Manik- tal.	Sambal- pur.	Mangaldai	Koneh	Dalhousie	Peshawar	Jabbul- pore.	Cochin	Mercara.	Kaira	Kyon- pyaw.	Pyawbwe	...	...
Lowest town ratio ...	0.9	0.8	4.2	0.5	0.1	0.65	1.8	0.3	...	1.1	1.6	1.7	...	...
Name of that town ...	Asansol	Deoghar	Moulvi Bazar.	Bahraich	Multan	Becket- gang, Khawaja- ganj (Notified Area.)	Mohpa	Tanjore	...	Dohad	Danubyu	Maymyo	...	...
Number of towns without mortality.	2	10	3	7	...	...	2	45	1	4	4	...	...	...
Town death rate per 1,000 of population.	2.80	7	1.79	4.86	5.39	3.95	5.66	1.8	4.21	6.51	4.20	6.78	...	...

* Excluding Delhi and Ajmer-Merwara.

A.—Administrations.	Years.	Average Strength.	Constantly sick.	Cholera.		Small-pox.		Malaria.		Tubercle of the lungs.		Pneumonia.		Respiratory diseases.		Dysentery.		Diarrhoea.		Anæmia and Debility.		All causes.			
				A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
Burma ...	{ 1905-14 1014 1915	{ 14,868 16,652 17,474	{ 15 15 16	{ 9 1 7	{ 59 80 ...	{ 3 1 ...	{ 05	{ 369 230 307	{ 26 30 ...	{ 72 79 78	{ 356 450 486	{ 34 51 30	{ 191 108 120	{ 113 110 114	{ 56 60 87	{ 194 160 243	{ 157 138 166	{ 100 73 73	{ 28 66 11	{ 33 33 50	{ 17 11 11	{ 282 269 291	{ 1528 1766 2009		
Assam ...	{ 1905-14 1014 1915	{ 1,617 1,772 1,901	{ 38 45 52	{ 29 34 5	{ 136 13 ...	{ 2 6 ...	{ 06	{ 269 260 69	{ 359 319 158	{ 62 81 37	{ 278 282 210	{ 114 451 79	{ 384 378 156	{ 252 378 295	{ 130 169 53	{ 210 333 137	{ 125 163 473	{ 937 1330 1320	{ 118 192 53	{ 192 192 68	{ 247 56 ...	{ 979 1182 868	{ 3084 4345 2157		
Bengal ...	{ 1905-14 1014 1915	{ 11,600 11,795 13,436	{ 44 46 56	{ 9 4 3	{ 62 26 07	{ 3 1 5	{ 07 ... 15	{ 269 317 332	{ 173 137 171	{ 132 104 100	{ 422 436 283	{ 104 07 96	{ 284 214 202	{ 364 395 361	{ 113 107 97	{ 187 167 215	{ 536 453 610	{ 987 117 136	{ 79 68 171	{ 180 204 230	{ 73 77 87	{ 978 1668 12489	{ 3109 2255 2121		
Bihar and Orissa ...	{ 1905-14 1014 1915	{ 7,799 6,525 7,146	{ 32 30 32	{ 22 3 2	{ 117 31 84	{ 9 3 1	{ 15	{ 241 187 123	{ 118 161 84	{ 100 115 90	{ 354 368 378	{ 69 41 64	{ 191 153 350	{ 291 276 284	{ 56 70 84	{ 137 169 123	{ 533 307 700	{ 873 760 824	{ 105 104 168	{ 135 104 267	{ 71 31 88	{ 830 734 742	{ 2295 1762 2575		
United Provinces of Agra and Oudh.	{ 1905-14 1014 1915	{ 24,512 26,012 27,020	{ 26 21 21	{ 6 14 1	{ 34 86 07	{ 8 2 ...	{ 06	{ 158 223 83	{ 89 64 104	{ 71 68 68	{ 242 193 244	{ 138 111 113	{ 306 181 207	{ 312 214 232	{ 88 66 41	{ 333 167 280	{ 229 124 215	{ 204 178 170	{ 101 56 98	{ 82 75 19	{ 22 36 36	{ 590 366 438	{ 1617 1106 1458		
Punjab ...	{ 1905-14 1014 1915	{ 11,297 14,375 15,896	{ 29 34 41	{ 2 3 ...	{ 11 14 ...	{ 6 3 ...	{ 01	{ 141 89 164	{ 75 21 38	{ 156 239 176	{ 577 730 428	{ 107 212 343	{ 333 376 755	{ 410 387 709	{ 76 70 126	{ 394 459 467	{ 244 479 252	{ 332 216 433	{ 123 132 44	{ 193 211 385	{ 32 48 31	{ 622 618 755	{ 2160 2595 2579		
North-West Frontier Province ...	{ 1905-14 1014 1915	{ 1,548 2,321 2,724	{ 27 23 23	{ 1 4 ...	{ 06 43 ...	{ 3	{ 06	{ 44 20 34	{ 97 215 110	{ 61 50 70	{ 174 259 110	{ 183 134 286	{ 353 474 624	{ 351 164 275	{ 116 86 184	{ 229 651 466	{ 229 215 257	{ 340 302 220	{ 116 108 73	{ 39 36 92	{ 39 36 37	{ 665 661 675	{ 1757 1766 1909		
Central Provinces ...	{ 1905-14 1014 1915	{ 3,644 3,726 4,004	{ 18 11 11	{ 3 8 1	{ 11 54 50	{ 6 3 ...	{ 08	{ 123 203 47	{ 66 77 ...	{ 72 51 47	{ 313 488 200	{ 63 70 85	{ 145 134 150	{ 144 115 137	{ 115 54 126	{ 518 421 347	{ 538 215 225	{ 280 110 182	{ 38 81 175	{ 96 27 45	{ 38 27 75	{ 491 277 300	{ 2023 1261 1898		
Bombay ...	{ 1905-14 1014 1915	{ 8,416 9,873 10,214	{ 26 26 19	{ 11 1 1	{ 44 10 ...	{ 8 1 ...	{ 01	{ 166 153 161	{ 88 88 ...	{ 47 38 33	{ 78 78 78	{ 134 121 182	{ 355 306 490	{ 339 303 342	{ 112 142 89	{ 426 443 305	{ 153 172 98	{ 469 101 270	{ 118 81 69	{ 105 78 37	{ 62 34 20	{ 575 632 521	{ 1772 1762 1380		
Madras ...	{ 1905-14 1014 1915	{ 10,012 9,081 9,610	{ 20 16 13	{ 51 10 3	{ 26 11 31	{ 3 1 ...	{ 03	{ 64 28 17	{ 77 88 20	{ 90 73 65	{ 275 307 255	{ 57 31 42	{ 127 156 102	{ 324 156 150	{ 49 121 71	{ 532 406 210	{ 326 300 51	{ 83 42 59	{ 75 62 10	{ 93 62 49	{ 41 22 81	{ 417 304 248	{ 1734 1244 1182		
India† ...	{ 1905-14 1014 1915	{ 96,775 102,117 110,630	{ 27 26 28	{ 13 4 4	{ 66 33 28	{ 6 4 2	{ 06 ... 02	{ 153 117 132	{ 90 71 50	{ 92 68 85	{ 334 330 302	{ 107 108 129	{ 256 245 308	{ 255 257 302	{ 82 83 82	{ 660 601 613	{ 316 375 272	{ 381 375 407	{ 80 76 79	{ 113 118 140	{ 46 56 31	{ 590 548 586	{ 1916 1708 1874		
Andamans...	{ 1905-14 1014 1915	{ 12,078 11,095 12,236	{ 72 46 58	{ 6	{ 01	{	{	{ 108 86 134	{ 297 175 827	{ 84 48 65	{ 570 258 400	{ 146 133 233	{ 531 542 1062	{ 579 532 624	{ 109 158 376	{ 169 850 502	{ 591 325 384	{ 356 107 438	{ 51 33 114	{ 71 31 4	{ 161 160 167	{ 15116 15017 18763	{ 3049 2518 4502		
India‡ ...	{ 1905-14 1014 1915	{ 109,753 114,113 123,169	{ 32 28 31	{ 11 6 4	{ 58 30 24	{ 5 3 2	{ 05 ... 02	{ 260 103 252	{ 114 84 105	{ 91 03 82	{ 362 362 312	{ 112 111 139	{ 288 276 363	{ 293 286 324	{ 85 91 111	{ 712 628 602	{ 348 269 283	{ 378 356 410	{ 77 106 127	{ 41 25 28	{ 715 640 714	{ 2050 1874 2136			

*Excluding subsidiary jails.

†The decennial ratios are worked on the total strength of the ten year period.

‡Including Delhi, Sibi, Quetta, Ajmer, Secunderabad, Mercara and excluding Andamans.

RATIO PER MILLE OF STRENGTH.*

$$\frac{\Delta - \text{Admissions}}{D - \text{Deaths}} \left\{ \begin{array}{l} \text{FROM} \\ \text{DISEASES} \end{array} \right.$$

B.—Groups.	Years.	Average Strength.	Constantly sick.	Industrious.		Cholera.		Small-pox.		Enteric fever.		Malaria.		Presents of uncertain origin.		Pneumonia.		Dysentery.		Diarrhea.		All causes.	
				A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
Group I.—Birma Coast and Bay Islands.	1905-14 1914 1915	16,302 11,408 12,124	15 15 17	18 31 31	10 16 16	4 2 2	1 1 1	3 1 1	6 1 1	13 29 29	30 41 66	37 37 27	15 17 17	26 37 37	10 10 10	28 22 22	54 66 66	138 240 240	144 100 100	188 96 96	16 16 16	304 286 286	1485 2013 2013
" II.—Birma Island ...	1905-14 1914 1915	4,469 5,360 5,360	15 15 13	7 10 10	20 24 24	2 2 2	1 1 1	2 2 2	4 4 4	11 11 11	24 37 37	25 30 30	10 10 10	12 12 12	10 10 10	39 47 47	144 243 243	205 249 249	136 113 113	121 80 80	16 16 16	374 302 302	1055 1000 1000
" III.—Assam ...	1905-14 1914 1915	1,529 1,825 1,808	35 47 53	10 14 14	14 14 14	6 6 6	1 1 1	3 3 3	6 6 6	8 8 8	16 16 16	23 23 23	11 11 11	35 35 35	10 10 10	11 8 8	370 166 166	369 338 338	119 498 498	121 121 121	161 161 161	371 371 371	371 371 371
" IV.—Punjab and Orissa ...	1905-14 1914 1915	12,216 12,535 14,112	43 48 54	63 21 21	10 14 14	15 6 6	1 1 1	3 3 3	6 6 6	13 13 13	34 14 14	25 31 31	10 10 10	46 35 35	10 10 10	10 9 9	372 208 208	185 202 202	533 686 686	180 180 180	180 180 180	1,008 1,223 1,223	2408 2241 2241
" V.—Gargetic Plain and Chella Nagpur.	1905-14 1914 1915	21,286 21,514 23,347	27 25 26	24 55 55	23 21 21	9 5 5	1 1 1	8 3 3	9 9 9	15 15 15	24 19 19	16 16 16	10 10 10	17 17 17	10 10 10	7 7 7	313 313 313	619 538 538	329 326 326	105 105 105	105 105 105	1,007 1,007 1,007	1807 1705 1705
" VI.—Upper Sub-Himalaya ...	1905-14 1914 1915	12,897 15,132 16,357	32 32 32	62 57 57	10 10 10	16 16 16	1 1 1	3 3 3	6 6 6	15 15 15	34 34 34	20 20 20	10 10 10	17 17 17	10 10 10	7 7 7	313 313 313	619 538 538	329 326 326	105 105 105	105 105 105	1,007 1,007 1,007	1807 1705 1705
" VII.—North-West Frontier, Indus Valley and North-Western Rajputana.	1905-14 1914 1915	8,647 11,002 12,198	27 32 32	47 43 43	10 10 10	16 16 16	1 1 1	3 3 3	6 6 6	15 15 15	34 34 34	20 20 20	10 10 10	17 17 17	10 10 10	7 7 7	313 313 313	619 538 538	329 326 326	105 105 105	105 105 105	1,007 1,007 1,007	1807 1705 1705
" VIII.—South Western Rajputana, Central India and Gujarat.	1905-14 1914 1915	4,478 4,705 4,705	28 25 25	19 11 11	25 21 21	3 2 2	1 1 1	3 3 3	6 6 6	15 15 15	34 34 34	20 20 20	10 10 10	17 17 17	10 10 10	7 7 7	313 313 313	619 538 538	329 326 326	105 105 105	105 105 105	1,007 1,007 1,007	1807 1705 1705
" IX.—Deccan ...	1905-14 1914 1915	3,371 5,303 8,910	35 19 14	37 17 17	21 21 21	7 5 5	1 1 1	3 3 3	6 6 6	15 15 15	34 34 34	20 20 20	10 10 10	17 17 17	10 10 10	7 7 7	313 313 313	619 538 538	329 326 326	105 105 105	105 105 105	1,007 1,007 1,007	1807 1705 1705
" X.—Western Coast ...	1905-14 1914 1915	2,458 1,650 1,650	23 16 16	10 9 9	17 17 17	5 5 5	1 1 1	3 3 3	6 6 6	15 15 15	34 34 34	20 20 20	10 10 10	17 17 17	10 10 10	7 7 7	313 313 313	619 538 538	329 326 326	105 105 105	105 105 105	1,007 1,007 1,007	1807 1705 1705
" XI.—Southern India ...	1905-14 1914 1915	9,122 8,415 9,071	20 6 13	5 3 3	215 112 112	51 3 3	1 1 1	3 3 3	6 6 6	15 15 15	34 34 34	20 20 20	10 10 10	17 17 17	10 10 10	7 7 7	313 313 313	619 538 538	329 326 326	105 105 105	105 105 105	1,007 1,007 1,007	1807 1705 1705
" XII.—Hills ...	1905-14 1914 1915	54 665 665	27 30 30	14 13 13	62 51 51	6 6 6	1 1 1	3 3 3	6 6 6	15 15 15	34 34 34	20 20 20	10 10 10	17 17 17	10 10 10	7 7 7	313 313 313	619 538 538	329 326 326	105 105 105	105 105 105	1,007 1,007 1,007	1807 1705 1705
India	1905-14 1914 1915	95,275 102,117 110,930	27 26 28	25 26 26	173 123 123	13 13 13	1 1 1	3 3 3	6 6 6	15 15 15	34 34 34	20 20 20	10 10 10	17 17 17	10 10 10	7 7 7	313 313 313	619 538 538	329 326 326	105 105 105	105 105 105	1,007 1,007 1,007	1807 1705 1705
Andamans	1905-14 1914 1915	12,078 11,026 12,239	72 46 58	46 46 46	101 101 101	6 6 6	1 1 1	3 3 3	6 6 6	15 15 15	34 34 34	20 20 20	10 10 10	17 17 17	10 10 10	7 7 7	313 313 313	619 538 538	329 326 326	105 105 105	105 105 105	1,007 1,007 1,007	1807 1705 1705
India	1905-14 1914 1915	109,253 114,113 123,169	32 31 31	36 42 42	101 101 101	6 6 6	1 1 1	3 3 3	6 6 6	15 15 15	34 34 34	20 20 20	10 10 10	17 17 17	10 10 10	7 7 7	313 313 313	619 538 538	329 326 326	105 105 105	105 105 105	1,007 1,007 1,007	1807 1705 1705

C.—Causes of admission.	Years.*	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Malaria	1911	...	...	2	3	3	...	1	1	...	2	3	4	19
	1912	...	...	1	3	7	23	22	40	...	19	24	2	139
	1913	2	2	7	6	3	2	2	7	2	1	1	...	34
	1914	1	1	2	1	4	2	2	6	12	7	28	1	67
	1915	...	2	7	1	3	...	5	12	8	2	6	1	48
Total ...	1911-15	3	4	19	14	20	17	31	66	22	31	61	7	295
Malaria Fever	1911	2	6	8	6	3	12	12	5	8	8	10	6	86
	1912	6	3	4	7	11	3	8	11	12	3	8	5	81
	1913	3	4	1	9	5	10	14	15	10	11	10	12	103
	1914	4	4	13	7	11	10	7	18	22	4	4	7	111
	1915	5	4	9	18	10	12	20	9	9	7	8	6	117
Total ...	1911-15	19	21	35	47	40	47	61	58	61	33	40	36	498
Malaria of uncertain origin	1911	797	716	700	777	795	815	1,023	1,051	1,056	1,211	1,240	840	11,060
	1912	589	557	591	616	649	595	927	1,052	1,098	1,240	1,051	767	9,743
	1913	612	452	515	668	786	717	984	1,172	1,199	1,311	1,188	854	10,470
	1914	682	552	674	755	870	851	898	1,152	1,416	1,098	1,217	1,054	11,080
	1915	883	677	850	972	1,083	941	1,203	1,506	1,801	1,557	1,851	1,627	14,051
Total ...	1911-15	3,564	2,985	3,329	3,768	4,183	3,970	5,035	5,244	6,400	6,097	6,677	5,062	57,904
Malaria of uncertain origin	1911	60	74	71	48	66	102	115	141	94	127	87	54	1,040
	1912	54	64	82	60	119	148	150	152	158	243	227	180	1,715
	1913	115	97	124	145	162	232	256	288	259	352	166	177	2,375
	1914	157	154	91	132	152	209	219	188	161	127	109	120	1,901
	1915	80	71	84	119	149	183	232	212	162	178	172	158	1,795
Total ...	1911-15	466	460	450	505	649	876	1,012	991	914	1,023	791	689	8,835
Malaria of uncertain origin	1911	305	280	455	387	411	266	591	672	556	525	517	407	5,303
	1912	316	287	397	284	452	269	477	722	551	454	449	312	5,132
	1913	241	218	320	269	341	462	657	675	571	521	524	456	5,375
	1914	275	317	410	262	378	445	577	682	614	655	652	712	6,129
	1915	451	315	400	430	473	549	719	989	642	611	660	603	6,804
Total ...	1911-15	1,693	1,497	1,962	1,698	2,055	2,192	2,981	3,680	3,044	2,806	2,752	2,491	28,557
Malaria of uncertain origin	1911	222	195	253	255	271	215	428	434	357	262	221	165	3,257
	1912	159	195	288	284	309	292	427	596	381	321	292	269	3,814
	1913	187	196	342	320	322	379	377	399	302	267	248	254	3,674
	1914	202	278	300	212	315	282	422	452	322	326	282	310	3,721
	1915	227	213	247	408	379	410	467	500	486	308	382	358	4,519
Total ...	1911-15	1,003	979	1,536	1,698	1,669	1,778	2,184	2,181	1,809	1,624	1,527	1,391	19,598

* Excluding Andamans.

[illegible][illegible]

Statistics of convicts only. —Admission rates —Death rates.		1911.			1912.			1913.			1914.			1915.		
		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.		Average strength.	RATIO PER 1,000 OF STRENGTH.	
			Ad.	D.		Ad.	D.		Ad.	D.		Ad.	D.		Ad.	D.
Central...	10,868	305'4	12'42	10,637	277'9	22'28	11,005	271'5	17'20	10,833	275'4	19'48	11,097	313'7	19'02	
	District...	4,471	281'6	11'41	4,653	285'4	17'84	4,756	235'7	14'72	4,876	231'5	13'54	5,153	212'1	13'02
m includ- Eastern ngal up to 11.	Central...	2,045	609'3	20'54	...	...	...	...	...	...	...	...	...	...	...	...
	District ..	5,056	1,060'7	39'95	1,625	604'0	36'92	1,698	992'3	41'22	1,797	1,178'6	44'52	1,917	984'9	21'39
al exclud- Eastern ngal up to 11.	Cent al...	7,237	851'2	19'62	5,416	926'0	16'62	5,826	997'8	18'88	5,890	919'7	24'79	6,419	1,186'2	17'60
	District ..	5,208	880'2	17'28	4,675	1,083'4	29'30	4,786	1,212'7	23'61	5,144	1,260'7	19'83	5,845	1,350'0	25'83
r & Orissa	Central...	...	...	...	2,740	700'3	19'64	2,958	579'8	17'92	2,844	599'9	14'77	2,958	643'0	22'09
	District...	...	...	...	3,178	853'7	16'99	3,374	834'6	21'93	3,344	834'3	19'14	3,716	829'1	20'87
ed Provin- s.	Central...	9,952	348'9	12'96	9,133	364'1	8'98	8,835	360'2	11'32	9,757	371'9	11'99	10,855	466'2	15'48
	District...	11,910	458'4	15'45	11,217	463'1	11'50	10,955	426'5	11'23	12,552	404'6	10'68	13,455	405'6	13'23
ab ...	Central...	4,872	710'4	35'71	5,898	638'0	23'23	6,634	712'2	20'80	7,329	747'9	35'75	7,691	1,047'3	20'01
	District...	6,120	611'6	23'69	5,201	626'0	15'96	5,396	569'7	14'08	6,149	522'5	16'91	6,985	552'2	23'59
th-West ontier Pro- nce.	Central...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	District...	1,076	784'4	12'08	1,090	985'3	10'09	1,426	1,093'3	16'13	2,092	714'1	15'10	1,981	764'6	16'63
tral Provin- s.	Central...	2,204	534'0	36'30	1,932	274'3	13'46	2,185	163'8	9'15	2,439	205'9	8'20	2,595	277'5	20'81
	District...	1,074	518'6	25'14	884	645'9	31'67	1,005	524'4	19'90	996	505'0	21'08	1,079	428'3	15'78
shay ...	Central...	3,360	402'7	15'48	3,659	507'1	16'99	3,877	478'2	9'54	4,116	730'8	14'33	3,991	601'9	14'03
	District...	5,083	464'9	20'66	4,790	389'1	19'61	5,657	514'2	19'09	5,615	500'0	22'26	5,888	480'5	13'42
dras ...	Central...	7,938	407'4	12'60	7,045	430'8	10'64	7,276	363'4	7'97	7,169	304'9	12'97	7,810	231'5	11'52
	District...	1,960	610'7	18'33	1,521	662'3	16'97	1,770	555'9	10'17	1,781	554'7	12'35	1,865	583'4	10'19
tal of the bove nces.	Central...	48,478	483'2	17'62	46,46	482'0	16'42	48,595	479'0	14'53	50,377	494'7	18'86	53,416	581'2	18'72
	District...	41,958	616'0	20'35	39,14	606'6	18'14	40,823	616'1	17'02	44,346	612'6	16'91	47,897	604'6	18'62

G. — Statistics of convicts only.
Arranged according to duration of confinement.

G. - Statistics of convicts only. Arranged according to duration of confinement.				Net 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.
1911.	District Jails ...	Strength ...	...	14,807	9,408	8,688	5,810	7,191	2,450	48,374
		Deaths ...	...	174	146	160	107	202	65	854
		Ratio per 1,000 of strength ...	...	11'75	15'52	18'42	18'35	28'09	26'53	17'65
1912.	Central Jails ...	Strength ...	...	20,444	10,423	5,735	2,742	2,252	492	42,088
		Deaths ...	...	457	192	118	39	41	7	854
		Ratio per 1,000 of strength ...	...	22'35	18'42	20'58	14'22	18'21	14'23	20'29
1913.	District Jails ...	Strength ...	...	20,402	9,384	5,791	2,651	1,846	422	40,496
		Deaths ...	...	420	141	90	23	25	2	710
		Ratio per 1,000 of strength ...	...	20'59	15'03	17'10	8'63	13'54	4'74	17'53
1914.	Central Jails ...	Strength ...	...	14,830	8,781	8,612	5,561	6,683	2,143	46,610
		Deaths ...	...	233	132	146	86	127	39	763
		Ratio per 1,000 of strength ...	...	15'71	15'03	16'95	15'46	19'00	18'20	16'37
1915.	District Jails ...	Strength ...	...	21,120	8,494	5,706	2,573	1,855	374	40,212
		Deaths ...	...	418	143	83	26	25	...	695
		Ratio per 1,000 of strength ...	...	19'79	16'84	14'32	10'10	13'48	...	17'28
1916.	Central Jails ...	Strength ...	...	16,075	9,009	8,585	6,430	6,635	1,956	47,699
		Deaths ...	...	186	116	151	76	135	42	706
		Ratio per 1,000 of strength ...	...	11'57	12'88	17'59	11'80	20'35	21'47	14'50
1917.	District Jails ...	Strength ...	...	22,918	10,202	6,685	2,717	1,811	451	44,804
		Deaths ...	...	444	172	92	18	18	6	750
		Ratio per 1,000 of strength ...	...	19'36	16'86	13'76	6'62	9'94	13'30	16'74
1918.	Central Jails ...	Strength ...	...	16,325	9,348	8,238	6,227	6,879	3,000	50,007
		Deaths ...	...	259	174	186	105	175	51	950
		Ratio per 1,000 of strength ...	...	15'87	18'61	22'53	16'86	25'43	17'00	19'00
1919.	District Jails ...	Strength ...	...	25,252	10,870	6,528	3,188	1,995	458	48,291
		Deaths ...	...	515	210	104	33	26	4	892
		Ratio per 1,000 of strength ...	...	20'39	19'32	15'93	10'36	13'03	8'73	18'47
1920.	Central Jails ...	Strength ...	...	17,200	10,201	9,024	6,737	7,374	3,026	53,562
		Deaths ...	...	283	158	187	126	192	44	1,000
		Ratio per 1,000 of strength ...	...	71'03	15'49	20'72	18'70	28'04	14'54	18'67

Statement No. I.—Total Primary Vaccinations and Re-vaccinations, successful cases among children, cost of the Special Vaccination Department, etc., during the official year 1915, 1916.

Province.	Number of operations performed 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 persons vaccinated 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-vaccination.	Primary.	Re-vaccination.	Under one year.	1 to 6 years.			
Delhi	12,968	2,776	99.11	70.61	9,395	1,013	1,968	Rs. 2,991	Rs. 0 2
Bengal	1,261,921	369,697	98.09	67.16	375,948	703,111	1,078	195,942	0 2
Bihar and Orissa	1,217,591	70,828	99.46	64.81	626,323	545,807	1,097	112,336	0 1
Assam	273,573	38,825	96.63	62.29	60,147	165,877	961	51,442	0 3
United Provinces of Agra and Oudh	1,523,656	104,711	97.34	74.46	1,018,254	406,673	1,829	214,659	0 2
Punjab	669,236	185,812	96.51	73.22	512,098	96,062	3,093†	140,964	0 3
North-West Frontier Province	125,177	18,527	98.62	91.31	73,456	36,410	3,714§	15,352	0 1
Central Provinces and Berar	518,088	81,871	97.57	63.71	402,140	84,150	2,049	121,858	0 3
Madras	1,532,185	268,985	87.7	75.7	608,401	589,298	2,083||	344,407**	0 3
Coorg	8,348	4,669	96.54	89.20	707	3,922	1,388	3,143	0 4
Bombay	719,960	70,965	98.91	55.83	530,771	116,296	1,701	362,735	0 8
Burma	395,597	78,462	97.14	57.65	118,028	188,256	1,546¶	220,475	0 9
Ajmere Merwara	17,393	262	97.65	92.75	12,782	3,475	1,177	3,317	0 3
Total	8,275,693	1,296,390	95.33	66.80	4,348,450	2,940,350	1,554	1,789,621	0 3

* Excluding those the results of which were not known.

† Excluding Dispensaries.

‡ Including vaccinations performed in Cantonments.

§ Including vaccinations performed in Cantonments and Political Agencies.

|| Excludes average of work done by each medical subordinate.

¶ Excluding the work done by private medical practitioners.

** Excluding Madras Presidency Circle.

Statement No. II.—Vaccination operations performed by the Special and Dispensary Establishments separately, deaths from small-pox, etc., during the official year 1915-16.

Province.	Population.	NUMBER OF OPERATIONS (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.
Delhi	416,656	15,744	...	15,744	28.83	56.37	14	0
Bengal	43,471,942†	1,517,551	114,067	1,631,618	32.00	21.62	32,785	7
Bihar and Orissa	34,638,684	1,287,958	461	1,288,419	35.67	45.20	15,526	1
Assam	7,059,857	310,715	1,683	312,398	41.51	21.30	4,076	6
United Provinces of Agra and Oudh	46,820,556	1,628,183	184	1,628,367	32.81	54.37	2,304	0
Punjab	19,566,432	852,477	2,571	855,048	37.16	65.43	1,694	0
North-West Frontier Province	2,910,899	143,704	...	143,704	46.70	63.09	26	0
Central Provinces and Berar	13,916,308	599,959	...	599,959	38.71	72.24	1,151	0
Madras	41,473,139‡	1,801,029	141	1,801,170	35.4	36.67	24,038	1
Coorg	174,976	12,707	310	13,017	67.45	10.10	23	1
Bombay	22,643,744	782,837	8,088	790,925	29.78	58.60	1,425	0
Burma	12,115,217	469,574	4,485	474,059	33.07	24.36	217	0
Ajmer-Merwara	501,395	17,655	Not available.	17,655	33.44	63.73	3	0
Total	245,709,805	9,440,093	131,090	9,572,083	34.21	44.24	83,282	3

* For the Calendar year.

† Excludes 2,011,184 the population of other municipalities except Calcutta.

‡ Excludes the population of the cantonments of Bangalore and Secunderabad.

STATEMENT NO. III—*Vaccination in the European and Indian Armies during 1915.*
Effective Strength.

Armies.	EUROPEAN TROOPS.								INDIAN TROOPS.							
	OFFICERS.				WARRANT AND NON-COMMISSIONED OFFICERS AND MEN.				EUROPEAN OFFICERS.				INDIAN COMMISSIONED, NON-COMMISSIONED OFFICERS AND MEN.			
	Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.	
	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.
Others	...	67	...	66	75	3,624	93	77	...	...	...	...	8,713	35,548	83	61
Others	...	134	100	59	325	7,342	93	84	...	4	...	25	7,636	39,493	74	60
India, not in the Indian Command	6	...	...	35	1,515	73	63
Total	...	201	100	61	401	10,966	94	81	...	10	...	10	16,384	75,455	79	61

Non-Effective Strength—Families.
A.—European Troops.

Armies.	OFFICERS' WIVES.				OFFICERS' CHILDREN.				SOLDIERS' WIVES.				SOLDIERS' CHILDREN.			
	Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.	
	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.
	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.
Others	...	6	...	100	5	1	100	100	...	51	...	63	163	182	93	63
Others	...	6	...	33	1	...	100	...	2	66	100	50	105	100	79	69
Total	...	12	...	67	6	1	100	100	3	117	100	55	268	282	85	65

B.—Indian Troops.

Armies.	EUROPEAN OFFICERS' WIVES.				EUROPEAN OFFICERS' CHILDREN.				INDIAN SOLDIERS' WIVES.				INDIAN SOLDIERS' CHILDREN.			
	Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.		Number.		Percentages of successful cases to total operations.	
	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.
	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.
Others	5	...	100	...	327	513	78	67	1,360	172	88	37
Others	...	1	...	100	1	...	...	...	3	288	...	45	1,415	204	88	41
India, not in the Indian Command	...	3	...	...	3	...	100	...	...	...	...	...	...	...	...	...
Total	...	4	...	25	9	...	89	...	332	800	77	59	2,675	376	88	63

ANNUAL RETURNS

OF THE

EUROPEAN ARMY OF INDIA,

OF THE

INDIAN ARMY AND OF THE JAIL
POPULATION

FOR THE YEAR

1915

Returns relating to the European and Indian Armies compiled in the Office of the Director, Medical Services in India, and those relating to Prisoners in the Office of the Sanitary Commissioner with the Government of India.

ANNUAL RETURNS

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EUROPEAN ARMY OF INDIA

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FOR THE YEAR

1815

Printed by J. G. & J. H. B. at the Office of the Surveyor-General, in the City of Calcutta.

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Cholera by months, jails, groups, and administrations	XXXII	
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NOTE.—In the tables for European troops, Indian troops, and for prisoners, the months mentioned are calendar months.

TABLE A.

Grouping of Diseases in the Main Tables for 1915.

HEAD OF DISEASE.	* Includes or includes also
CHOLERA	
HEAT-STROKE	Sunstroke.
ALCOHOLISM	Delirium tremens. Alcoholic Poisoning.
TUBERCLE OF THE LUNGS	Tubercular Phthisis, and Hæmoptysis due to tubercle.
RESPIRATORY DISEASES	Includes Hæmoptysis and Cirrhosis of the lung not due to tubercle.
ANÆMIA AND DEBILITY	Old age (Tables for men and women). Premature birth (Tables for children).
DIARRHŒA	
HEPATIC CONGESTION AND INFLAMMATION.	Congestion of liver, Hepatitis, Perihepatitis ; but excludes Cirrhosis of liver.
VENEREAL DISEASES	Syphilis, Gonorrhœa, and Soft Chancre.
PHAGEDÆNA, SLOUGH, AND GANGRENE.	Nomenclature of 1906, Nos. 17, 954 and 967.
ABSCCESS, ULCER, AND BOIL	Nomenclature of 1906, Nos. 953 and 965.
ABORTION AND AFFECTIONS CONNECTED WITH PREGNANCY	Nos. 506 and 827 to 838.
AFFECTIONS CONNECTED WITH AND CONSEQUENT ON PARTURITION.	Nos. 839 to 870 and all other diseases stated as puerperal by medical officers.
ALL OTHER DISEASES PECULIAR TO WOMEN.	Nos. 765 to 826 and 871 to 882.

} These two headings appear only in jail tables.

TABLE 1

Geological Survey of the State of New York

Name of Locality	Description
CHOLETA	
HART-STEIN	
ALCO-STEIN	
TOWNSHIP OF THE STATE	
HART-STEIN	
ALCO-STEIN	
HART-STEIN	
ALCO-STEIN	
HART-STEIN	
ALCO-STEIN	
HART-STEIN	
ALCO-STEIN	
HART-STEIN	
ALCO-STEIN	
HART-STEIN	
ALCO-STEIN	
HART-STEIN	
ALCO-STEIN	

I.— EUROPEAN TROOPS, 1915.

TABLE B.
STATIONS by ARMIES.

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 ARMY—			NORTHERN ARMY—contd.			SOUTHERN ARMY—contd.		
Ambala	902	S. G.	†Khan Spur and Ghora Dhaka	7,500	M. O.	Colaba (Bombay)	20	S. G.
Agra	554	"	†Kuldana	7,049	S. G.	Deolali Depôt	1,829	"
Allahabad and Fort	298	"	Lahore Cantonment and Fort.	705	"	Fort Dufferin (Mandalay)	249	"
Amritsar	756	"	†Landour Convalescent Depôt.	7,362	S. G.	Hyderabad (Sind)	134	I. B.
Attock	1,192	"	†Lebong	6,000	I. B.	Jhansi	860	"
Bareilly	560	"	Lucknow and Military Prison	400	S. G.	Jubbulpore	1,306	"
†Barian Camp and Khairagali	{ 7,133 7,678	I. B. S. G.	Meerut	739	"	Kamptee and Sitabaldi	930	"
Barrackpore	24	"	Multan	402	"	Karachi	28	"
Benares	256	"	†Murree Convalescent Depôt and Upper and Lower Topas.	{ 7,250 7,000 7,320	M. O. I. B.	Kirkee	1,837	"
Campbellpore	1,200	M. O.	†Naini Tal Convalescent Depôt.	6,400	S. G.	Madras and St. Thomas' Mount.	{ 15 250	"
Cawnpore	417	S. G.	Nowshera	1,100	M. O.	Malapuram	500	M. O.
†Chakrata	6,885	"	Peshawar	1,165	S. G.	†Maymyo	3,508	I. B.
†Cherat	4,546	"	†Ranikhet and Chaubuttia	{ 5,983 6,942	"	Meiktila	860	"
†Dagshai	5,982	"	Rawalpindi	1,707	"	Mhow and Indore	{ 1,903 1,806	"
†Dalhousie Convalescent Depôt.	6,732	"	Risalpur	1,000	M. D.	Mount Abu Sanatorium	3,960	"
†Darjeeling ditto	7,168	"	Rurki	834	S. G.	Nasirabad	1,461	"
Delhi	715	"	Sialkot	829	"	Neemuch	1,613	"
Dinapore	171	"	†Subathu	4,124	"	Pachmarhi Sanatorium	3,481	"
Dum-Dum . . . . .	...	...				Poona	1,909	"
Ferozepore	645	S. G.				Poonamallee Depôt	50	M. O.
Forts William, Fulta and Chingrikhal.	17	"				Port Blair	85	I. B.
Fyzabad	336	"				†Quetta	5,511	S. G.
†Gharial	6,811	"	SOUTHERN ARMY—			Rangoon	14	"
Jullundur	900	"	Aden	26	S. G.	Satara	2,183	"
†Jutogh	6,371	"	Ahmednagar	2,125	"	Secunderabad	1,732	"
†Kalabagh and Baragali	{ 7,936 7,800	I. B. M. O.	Bangalore	3,021	"	Shwebo	600	M. O.
†Kasauli Convalescent Depôt	6,320	S. G.	Belgaum	2,473	"	Thayetmyo	145	"
			Calicut	27	M. D.	†Wellington Convalescent Depôt.	6,160	"

* These heights are usually those of the survey-marks or of the mercury-surface in barometer-cisterns of meteorological observatories.
† Official Hill Stations and Hill Sanatoria and Convalescent Depôts.
†† 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.

TABLE I.

RATIOS OF ARMIES.

The ratios of admissions and deaths to strength are taken from Table III.

	RATIOS PER 1,000 OF THE AVERAGE STRENGTH.		
	Northern Army.	Southern Army.	India.
I.—STRENGTH	23,774	20,192	44,891
I.—CONSTANTLY SICK PER 1,000 OF THE AVERAGE STRENGTH	39'6	40'2	39'1
II.—ADMISSION RATE OF THE YEAR—			
Influenza	6'1	9'3	7'4
Cholera	'7	...	'4
Small-pox	'0	'2	'1
Enteric Fever	4'1	3'5	3'7
Malaria	166'2	145'1	154'5
Sandfly Fever	69'7	9'0	41'1
Pyrexia of uncertain origin	11'7	7'5	9'8
Tubercle of the Lungs	'6	1'7	1'1
Pneumonia	2'4	2'9	2'7
Respiratory Diseases	23'3	19'7	21'5
Dysentery	4'4	7'1	5'6
Diarrhoea	28'8	24'4	26'5
Hepatic Abscess	'6	'4	'5
Congestion and Inflammation	13'5	3'0	8'5
Veneral Diseases	25'5	34'1	29'1
ALL CAUSES	921'0	831'8	823'1
III.—DEATH RATE OF THE YEAR—			
Cholera	'24	...	'18
Small-pox . . . . .	...	...	...
Enteric Fever	'21	...	'36
Malaria	'34	'40	'36
Pyrexia of uncertain origin . . . . .	...	...	...
Heat-stroke	'97	'50	'74
Circulatory Diseases	'42	'48	'42
Tubercle of the Lungs	'68	'15	'11
Pneumonia	'50	'25	'38
Respiratory Diseases	'04	'10	'07
Dysentery	'34	'25	'29
Diarrhoea . . . . .	...	...	...
Hepatic Abscess	'21	'20	'20
ALL CAUSES	6'48	5'49	5'95

* Worked on the aggregates.

TABLE II.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table III.

RATIOS PER 1,000 OF THE AVERAGE STRENGTH.													
	I Burma Coast and Bay Islands.	II Burma Inland.	IV Bengal and Orissa.	V Gange- tic Plain and Chutia Nagpur.	VI Upper Sub- Hima- laya.	VII N.W.- Frontier, Indus Valley, and N.W. Rajpu- tana.	VIII S.-E. Rajpu- tana, Central India and Gujarat.	IX Deccan.	X Western Coast.	XI South- ern India.	XIIa Hill Stations.	XIIb Hill Conva- lescent Depôts and Sanato- ria.	India
I.—STRENGTH	998	579	1,220	3,374	9,410	5,752	3,500	6,798	1,170	1,254	6,593	2,427	44,8
II.—†CONSTANTLY SICK PER 1,000 OF THE AVERAGE STRENGTH . . .	36.7	45.1	49.7	34.0	38.4	39.2	39.5	39.4	45.6	39.9	27.9	52.8	35
III.—ADMISSION RATE OF THE YEAR—													
Influenza . . . . .	...	...	5.7	11.6	8.5	2.8	4.3	17.9	10.3	7.2	4.5	1.6	...
Cholera . . . . .	...	...	...	...	1	1.6	...	...	...	...	9	...	...
Small-pox . . . . .	...	...	...	...	...	2	...	1.3	...	8	...	...	...
Enteric Fever . . . . .	...	...	2.5	11.0	3.0	1.7	10.0	1.6	1.7	4.0	3.0	4.9	...
Malaria	33.7	46.6	159.8	16.9	172.5	224.9	84.6	117.7	117.9	32.7	247.5	145.4	15
Sandfly Fever . . . . .	...	...	...	33.2	59.3	163.0	26.9	7.2	...	...	3.8	8	40
Pyrexia of uncertain origin . .	60.1	5.2	13.1	6.2	7.6	21.7	10.0	2.4	3.4	7.2	8.0	4.5	...
Rheumatic Fever	8.0	13.8	8.2	7.7	8.0	4.3	11.1	12.9	21.4	38.3	17.3	16.9	11
Tubercle of the Lungs	1.0	...	8	1.2	5	5	2.6	1.0	3.4	3.2	8	2.1	...
Pneumonia	1.0	1.7	8	1.8	1.9	4.7	2.9	2.4	8	2.4	2.7	3.7	...
Respiratory Diseases	20.0	17.3	50.8	18.4	27.1	22.6	18.6	17.1	32.5	30.3	14.7	18.5	21
Dysentery . . . . .	...	5.2	8.2	5.0	3.7	2.1	5.1	10.6	11.1	8.0	1.2	17.3	...
Diarrhoea	21.0	24.2	46.7	41.2	25.0	23.8	26.9	29.7	13.7	27.9	21.7	16.1	21
Hepatic { Abscess . . . . .	...	...	...	9	6	2	6	1	...	1.6	8	8	...
{ Congestion and Inflammation . .	2.0	12.1	18.9	38.5	7.0	9.2	7.7	3.1	3.4	4.0	4.5	3.7	...
Venereal Diseases	55.1	34.5	42.6	16.0	28.1	33.0	44.3	25.7	73.5	36.7	22.9	11.1	21
ALL CAUSES	950.9	1,024.2	1,156.6	756.7	824.0	890.0	713.7	852.3	833.3	901.9	798.3	750.7	82
IV.—DEATH RATE OF THE YEAR—													
Cholera . . . . .	...	...	...	...	11	70	...	...	...	...	45	...	...
Small-pox . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever . . . . .	...	...	...	59	11	35	17.1	44	...	...	...	41	...
Malaria	1.00	...	1.64	30	21	35	20	59	...	...	15	...	...
Pyrexia of uncertain origin . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke . . . . .	...	...	82	1.79	74	1.74	86	44	85	80	...	...	...
Circulatory Diseases . . . . .	...	1.73	82	...	32	87	29	29	1.71	...	45	...	...
Tubercle of the Lungs . . . . .	...	...	...	...	...	...	29	15	85	...	15	41	...
Pneumonia . . . . .	...	...	...	59	32	1.22	57	...	...	...	15	82	...
Respiratory Diseases . . . . .	...	...	...	...	11	...	...	...	80	15	...	...	...
Dysentery . . . . .	...	...	82	89	21	...	...	29	...	80	15	82	...
Diarrhoea . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess . . . . .	...	...	...	59	21	...	29	15	...	159	...	...	...
ALL CAUSES	2.00	1.73	2.01	8.89	4.78	8.70	8.57	4.41	4.27	8.77	3.79	6.59	5

† Worked on the aggregates.

TABLE III.

RATIOS of STATIONS, GROUPS, and ARMIES.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.													2. DEATH RATE.										
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhoea.	
rt Blair .	338 {	...	...	...	...	89'4	...	171'6	8'8	5'9	38'5	3'0	3'0	11'8	...	5'9	...	...	38'5	1,538'5	51'24	8'8	11'8	17'8
		...	...	...	...	5'92	...	...	...	...	...	...	...	...	...	...	...	...	...	5'92		...	...	...
agoon .	660 {	...	...	...	...	43'9	...	3'0	7'6	...	21'2	...	...	24'2	...	28'8	...	3'0	63'6	650'0	29'29	19'7	18'2	25'8
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1'52		...	...	...
GROUP I.— BURMA COAST AND BAY ISLANDS.	998 {	...	...	...	...	33'7	...	60'1	8'0	2'0	27'1	1'0	1'0	20'0	...	21'0	...	2'0	55'1	950'9	36'72†	16'0	16'0	23'0
		...	...	...	...	1'00	...	...	...	...	...	...	...	...	...	...	...	...	...	2'00		...	...	...
ayemyo .	14 {	...	...	...	...	142'9	...	...	...	...	...	...	...	142'9	71'4	...	...	...	142'9	1,857'7	21'29	...	...	142'9
		
iktila .	201 {	...	...	...	...	...	...	10'0	5'0	...	...	...	...	24'9	5'0	39'8	...	5'0	29'9	630'9	34'17	5'0	10'0	14'9
		...	...	...	...	...	...	...	...	...	5'10	...	...	...	...	...	...	...	...	5'10		...	...	...
rt Dufferin	196 {	...	...	...	...	61'2	...	...	25'5	...	10'2	...	5'1	20'2	...	15'3	...	30'6	10'2	1,487'8	50'97	10'2	...	...
		
rebo .	163 {	...	...	...	...	77'4	...	6'0	11'9	...	17'9	...	...	17'9	...	11'9	...	...	59'5	1,111'9	52'98	11'9	...	47'6
		
GROUP II.— BURMA INLAND.	579 {	...	...	...	...	46'6	...	5'2	13'8	...	8'6	...	1'7	17'3	5'2	24'2	...	12'1	34'5	1,024'2	45'08†	8'6	3'4	22'4
		...	...	...	...	...	...	...	...	...	1'73	...	...	...	...	...	...	...	...	1'73		...	...	...
ets William, Falta and Chingrikhal.	722 {	6'9	...	...	...	121'9	...	...	10'0	2'7	18'0	1'4	1'4	48'5	4'2	19'4	...	6'9	49'9	1,024'5	48'20	5'3	16'6	27'7
		...	...	...	...	...	...	...	...	1'38	...	...	...	...	...	...	...	...	...	8'31		...	...	...
m-Dum .	201 {	4'9	...	...	9'9	427'8	...	19'9	9'9	...	49'7	...	...	119'4	9'9	69'7	...	69'7	14'9	1,060'7	68'81	...	...	14'9
		...	...	...	...	4'98	...	...	...	...	4'98	...	...	...	...	...	...	...	...	4'92		...	...	...
rackpore .	297 {	3'4	...	...	3'4	70'7	...	40'4	3'4	...	10'1	...	...	10'1	16'8	97'6	...	16'8	43'8	855'2	40'40	10'1	3'4	30'3
		...	...	...	...	3'97	...	...	...	...	...	...	...	...	3'97	...	...	...	...	6'73		...	...	...
GROUP IV.— BENGAL AND ORISSA.	1,226 {	5'7	...	...	2'5	159'8	...	12'1	8'2	1'6	21'3	'8	'8	30'8	8'2	46'7	...	18'9	42'6	1,156'6	49'70†	5'7	10'7	27'2
		...	...	...	...	1'64	...	...	...	'82	'82	...	...	...	'82	...	...	...	...	9'01		...	...	...
B																									
napore .	458 {	6'5	...	...	21'8	28'4	144'1	19'6	15'3	8'7	17'5	...	2'2	17'5	2'2	43'7	...	56'8	30'6	1,316'6	50'46	...	15'3	15'3
		...	...	...	...	...	...	...	...	4'37	...	...	2'18	...	...	...	...	...	...	10'92		...	...	...
nares .	144 {	...	...	...	...	34'7	...	...	...	...	13'9	...	...	20'8	34'7	20'8	...	104'2	13'9	750'9	23'40	...	6'9	6'9
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6'94		...	...	...
lahabad and Fort.	699 {	37'5	...	...	2'9	23'0	1'4	2'9	4'3	2'9	33'1	1'4	1'4	34'6	7'2	23'0	...	11'5	18'7	684'4	33'66	1'4	1'4	15'8
		...	...	...	...	1'44	...	...	...	...	...	...	...	...	2'88	...	...	...	...	7'20		...	...	...
rezabad .	219 {	...	...	...	18'3	...	...	9'1	4'6	...	9'1	...	4'6	22'8	...	95'9	4'6	...	13'7	1,027'4	45'30	...	...	13'7
		...	...	...	...	...	...	...	...	...	...	...	4'57	...	...	4'57	...	...	...	9'13		...	...	...
icknow .	1,370 {	7'6	...	...	15'9	9'1	3'0	4'5	11'4	18'2	10'6	2'3	2'3	12'1	3'0	48'5	1'5	59'8	11'4	644'7	33'54	...	1'5	9'8
		...	...	...	...	7'6	...	...	...	2'27	...	...	...	...	...	7'6	...	...	...	8'33		...	...	...
ownpore .	537 {	...	...	...	...	20'5	76'3	3'7	...	3'7	9'3	...	...	11'2	3'7	27'9	...	3'7	13'0	549'0	19'28	1'9	...	11'2
		...	...	...	...	1'86	...	...	...	1'86	...	...	...	...	1'86	...	...	...	...	11'17		...	...	...
GROUP V.— GANGETIC PLAIN AND CHUTIA NAGPUR.	3,374 {	11'6	11'0	16'9	33'2	6'2	7'7	9'5	16'0	1'2	1'8	18'4	5'0	41'2	...	9	38'5	16'0	756'7	34'02†	'6	3'3	12'1
		...	...	...	...	'59	'30	...	...	1'79	...	...	'59	...	'89	...	'59	...	...	8'89	...		...	...

* Derived from the aggregates.

† Worked on the aggregates.

TABLE III—continued.

RATIOS of STATIONS, GROUPS, and ARMIES.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.
A																							
Bareilly . . .	706	29'7	...	...	1'4	14'2	...	1'4	25'9	...	12'7	...	...	29'7	1'4	60'9	...	2'8	41'1	1,039'5	39'55	4'2	9'9
Rurki . . .	98	...	...	...	...	193'9	...	...	...	10'2	...	...	...	40'8	...	...	...	10'2	20'4	500'0	24'18	...	...
Meerut . . .	1,190	32'8	...	...	...	100'0	...	3'4	4'2	8	5'9	8	...	8'4	2'5	50'4	2'5	8	45'4	821'8	43'24	4'2	1'7
Delhi . . .	829	...	...	...	1'2	319'7	9'7	2'4	6'0	...	2'4	2'4	4'8	16'9	...	14'5	...	6'0	25'3	692'4	21'89	4'8	6'0
Anbala . . .	938	...	...	...	1'1	45'8	57'6	11'7	11'7	3'2	8'5	...	2'1	50'1	3'2	25'5	1'1	8'2	6'4	643'9	34'19	1'1	2'1
B																							
Jullunder . . .	446	...	...	...	...	17'9	2'2	6'7	11'2	6'7	9'0	...	...	22'4	...	67'3	...	2'8	9'9	948'4	39'00	...	3'2
Ferozepore . . .	832	...	...	...	3'6	73'3	70'1	5'6	9'6	13'2	19'2	2'4	2'4	14'4	7'2	4'8	1'2	5'6	6'0	790'3	30'11	...	...
Anantnag . . .	227	...	...	...	4'4	312'8	...	...	13'2	4'4	8'8	...	4'4	30'8	...	30'8	...	30'8	8'8	1,006'4	41'25	...	...
Lahore Cantonment and Fort.	985	4'1	1'0	...	9'9	53'8	95'4	24'4	9'1	20'3	18'3	...	1'0	39'9	16'2	34'5	...	6'1	28'4	941'1	46'07	...	18'5
Sialkot . . .	702	...	...	...	5'	804'8	35'6	2'8	...	4'3	2'8	...	1'4	12'8	2'8	8'5	...	19'9	45'6	1,237'9	48'48	5'7	12'8
Nawalpindi . . .	2,351	6'4	...	...	2'5	165'3	91'0	8'5	4'2	1'7	3'0	...	3'0	25'9	1'7	5'5	4	7'2	32'3	673'8	38'54	4'7	3'0
Campbellpore . . .	24	41'7	...	...	...	166'7	...	...	...	...	...	...	...	...	...	...	...	41'7	...	500'0	14'58	...	...
Attock . . .	82	...	...	...	24'4	195'1	198'5	24'4	...	36'6	...	...	...	12'2	...	48'8	...	...	61'0	1,073'2	24'63	...	61
GROUP VI.—UPPER SUB-HIMALAYA.																							
	9,410*	8'5	1	...	3'0	172'5	59'3	7'6	8'0	5'3	8'0	5	1'9	27'1	3'7	25'0	6	7'0	28'1	824'0	38'41	3'0	5'4
	
A																							
Nowshera . . .	1,145	...	6'1	9	9	252'4	286'5	4'4	4'4	5'2	9'6	...	...	38'4	6'1	21'8	...	7'9	45'4	1,036'0	43'58	4'4	3'5
Risalpur . . .	621	...	2'62	...	...	170'7	12'9	...	1'6	8'1	6'4	...	4'8	14'5	...	12'9	...	22'5	11'3	591'6	23'80	3'2	...
Peshawar . . .	1,803	...	...	...	...	1'61	...	...	6'44	...	...	...	...	...	...	...	...	...	...	8'0	...	...	...
Multan . . .	751	...	1'1	...	2'8	369'9	328'3	3'9	2'2	5'0	4'4	...	7'2	24'4	1'1	29'9	5	15'0	31'1	1,168'0	50'63	3'9	4'4
C																							
Hyderabad . . .	463	32'3	...	...	...	73'1	2'1	2'1	4'3	2'1	4'1	...	8'6	19'4	...	4'3	...	2'1	49'5	324'7	20'49	4'3	10'7
Karachi . . .	967	1'0	...	...	...	90'0	...	4'1	11'4	1'0	5'2	3'1	5'2	14'5	1'0	7'2	...	3'1	51'7	511'5	24'93	7'2	3'1
GROUP VII.—N.W. FRONTIER, INDUS VALLEY, AND N.W. RAJ-PUTANA.																							
	5,752*	2'8	1'6	2	1'7	224'9	163'0	21'7	4'3	5'2	8'5	5	4'7	22'6	2'1	23'8	2	9'2	33'0	890'0	39'17	4'0	3'6
	

* 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.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhoea.	
D	195	20.5	...	...	...	104.9	15.4	5.1	5.1	...	...	...	...	15.4	...	5.1	...	...	143.6	815.4	35.74	...	...	143.6
		...	...	...	...	5.13	...	...	...	...	...	...	...	...	...	...	...	...	...	5.13		...	...	...
	132	...	...	...	7.6	212.3	...	...	...	...	45.4	45.4	...	7.6	...	15.2	7.6	7.6	121.2	848.5	50.83	...	15.2	106.1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7.58	...	...	7.58		...	...	...
757	14.5	...	...	...	2.6	91.1	41.0	6.6	22.4	7.9	10.6	1.3	6.6	22.4	...	7.9	...	22.4	47.3	696.2	37.19	5.3	10.6	31.7
	...	...	...	...	...	...	...	1.32	...	...	1.32	...	...	...	...	...	...	...	...	5.28		...	...	...
1,083	...	...	...	...	18.4	8.3	17.5	10.8	3.7	10.1	10.1	1.8	1.8	14.7	9	35.8	9	4.6	40.4	659.9	39.74	1.8	4.6	34.0
	...	...	...	...	4.60	...	...	...	...	2.75	9.1	...	...	...	...	...	...	...	...	14.70		...	...	...
1,325	...	...	...	...	9.0	114.5	30.9	13.5	12.8	7	20.3	...	2.3	21.1	12.8	34.6	...	2.3	23.3	739.5	30.51	3.0	9.0	11.3
	...	...	...	...	7.5	...	...	...	...	...	...	1.51	...	...	...	...	...	7.5	...	6.02		...	...	...
GROUP VIII.— SOUTH-EAST AJPUTANA, CENTRAL INDIA AND GUJARAT.	3,500*	4.3	...	...	10.0	84.6	26.9	10.0	11.1	5.1	14.9	2.6	2.9	18.6	5.1	26.9	6	7.7	41.3	713.7	7.39	2.9	7.7	33.7
...	...	...	...	...	1.71	29	...	...	29	26	29	29	57	...	...	...	29	29	...	8.57		...	...	...
A	1,056	104.2	...	...	2.8	51.1	16.1	1.9	14.2	23.7	33.1	9	...	7.6	1.9	46.4	...	...	22.7	1,163.8	45.39	...	9	21.8
		...	...	...	1.89	...	...	...	...	1.89	...	...	...	...	...	...	...	...	...	4.73		...	...	...
	498	...	...	...	2.0	2.0	60.2	4.0	14.1	6.0	6.0	2.0	...	10.0	2.0	...	...	6.0	14.1	441.8	20.53	2.0	...	12.0
		...	...	...	2.01	...	...	...	...	2.01	...	...	...	...	...	...	...	...	...	4.00		...	...	...
2,132	...	...	...	...	5	27.7	...	...	7.0	4.2	8.4	9	3.7	24.9	27.2	36.6	...	4.2	30.5	824.1	35.51	10.3	2.3	17.8
	...	...	...	...	...	...	...	...	4.7	...	4.7	4.7	...	...	9.4	...	...	...	...	4.22		...	...	...
141	...	...	...	...	28.4	...	...	...	...	7.1	...	...	7.1	...	...	...	...	7.1	28.4	226.9	15.60	...	...	28.4
	
30	...	...	...	...	100.0	...	...	...	...	66.7	...	...	...	...	133.3	...	66.7	...	566.7	10.07	...	...	...
	
1,799	9.2	...	...	...	2.3	269.4	...	6.9	18.3	1.5	12.3	1.5	3.8	17.7	6.9	43.9	8	2.3	22.3	838.3	48.08	3.1	5.4	13.9
	...	...	...	...	1.54	...	...	...	...	...	...	...	...	...	...	7.7	...	...	3.85	...		...	...
830	2.4	3.6	194.0	2.4	3.6	14.5	...	34.9	1.2	3.6	13.2	1.2	4.8	...	1.2	26.5	1,025.3	11.76	2.4	10.8	13.2
	...	...	...	...	2.41	...	...	...	...	1.20	...	...	...	...	...	...	...	...	4.82	...	...		...
812	...	...	...	...	206.9	...	...	...	18.5	...	39.4	...	...	18.5	1.2	12.3	...	2.5	29.6	737.7	31.27	1.2	9.8	18.5
	
GROUP IX.— DECCAN.	6,728*	17.9	...	3	1.6	117.7	7.2	2.4	1.9	5.6	20.0	1.0	3.4	17.1	10.6	29.7	1	3.1	25.7	852.3	7.43	4.4	4.4	16.9	
...	...	...	...	...	44	59	...	...	15	44	29	15	...	...	39	...	15	...	...	4.41		...	...	...

* Derived from the aggregates.

† Worked on the aggregates.

TABLE III—continued.

RATIOS of STATIONS, GROUPS, and ARMIES.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.													2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Etiotic Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancere.	
Colaba . . .	977 {	4'1	...	...	2'0	141'2	...	4'1	14'3	...	19'4	3'1	1'0	19'4	9'2	8'2	...	3'1	56'3	624'4	46'53	12'3	12'3
Calicut . . .	50 {	80'0	40'0	20'0	100'0	4'0	1,000'0		28'40
Mallapuram . . .	143 {	55'9	...	...	...	...	...	...	49'0	42'0	28'0	7'0	...	132'9	21'0	21'0	...	7'0	202'8	2,202'8	45'31	...	47'0
GROUP WESTERN COAST. X.—	1,170* {	10'3	1'7	117'9	...	3'4	21'4	6'8	19'7	3'4	8	32'5	11'1	13'7	...	3'4	73'5	833'3		45'61	10'3	15'4
A																								
Bangalore . . .	842 {	10'7	...	...	3'6	40'4	...	5'9	49'9	...	24'9	1'2	2'4	28'5	9'5	33'2	1'2	4'7	47'5	826'6	41'13	7'1	7'1
B																								
Madras and St. Thomas' Mount.	412 {	...	...	2'4	4'8	17'0	...	9'7	14'6	2'4	19'4	7'3	2'4	34'0	4'8	17'0	2'4	2'4	14'6	1,055'8	37'11	...	...
GROUP SOUTHERN INDIA. XI.—	1,254* {	7'2	...	8	4'0	32'7	...	7'2	38'3	8	23'1	3'2	2'4	30'3	8'0	27'9	1'6	4'0	36'7	901'9		39'89	4'8	4'8
Ranikhet and Chabuttia.	321 {	...	...	...	...	15'6	3'1	6'2	28'0	...	3'1	...	...	3'1	...	80'9	...	...	31'1	900'3	44'36	3'1	...
Chakrata . . .	591 {	...	10'1	52'4	...	27'1	13'5	...	18'6	1'7	...	3'4	...	49'1	...	5'1	22'0	624'4		35'36	6'8	3'4
Lebong . . .	312 {	...	5'08	...	...	1'69	...	...	...	...	...	...	...	...	...	...	...	...	...	8'46	...	...	...
Dagshai . . .	371 {	...	...	...	6'4	32'0	...	9'6	...	...	22'4	3'2	...	12'8	6'4	35'3	...	38'5	6'4	548'1	28'53	...	...
Subathu . . .	104 {
Jutogh . . .	279 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kalahagh and Baragali.	104 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kuldana . . .	318 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Ghazial.	282 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Marian and Khairagali.	174 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Khan Spur and Ghorahaka.	124 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

* 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.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhoea.	
at . . .	231 {	...	...	...	...	48'2	26'0	...	4'3	...	...	...	...	...	30'3	13'0	4'3	8'6	800'9	16'10	4'3	...	4'3	
... . .	2,868 {	7'7	...	...	2'8	352'5	2'4	6'6	20'3	...	12'2	1'0	4'9	18'8	'3	13'6	'7	1'0	24'1	972'8	42'12	3'8	6'3	13'9
myo . . .	514 {	...	...	...	3'9	99'2	...	...	15'6	...	52'5	...	1'9	19'4	1'9	25'3	...	...	35'0	587'5	43'07	2'8	3'9	23'3
UP HILL STATIONS.	6,593* {	4'5	'9	...	3'0	217'5	3'8	8'0	17'3	'3	18'2	'8	2'7	14'7	1'2	21'7	'8	4'5	22'9	798'3	37'88†	4'5	4'1	14'5	
		...	'45	...	'15	...	...	...	...	...	'45	'15	'15	'15	'15	...	...	...	...	3'79	...	...	...
reeling . . .	158 {	...	...	...	12'7	69'6	...	19'0	25'...	...	57'0	6'3	6'3	44'3	38'0	28'...	6'3	12'7	31'0	762'8	0'06	6'2	6'3	19'0
al Tal . . .	81 {	12'3	...	...	12'3	24'7	...	12'3	...	...	24'7	...	12'3	...	12'3	37'0	...	...	12'3	642'0	70'74	...	...	12'3
door . . .	63 {	...	...	...	...	142'9	...	15'9	...	...	15'9	...	...	15'9	...	47'6	...	15'9	63'5	714'3	41'27	...	...	63'5
auli . . .	272 {	...	...	...	3'7	448'5	...	3'7	11'0	...	22'1	3'7	3'7	...	33'1	33'1	...	7'3	22'1	886'0	88'01	14'7	...	7'3
housie . . .	427 {	...	...	...	4'7	117'1	2'3	7'0	7'0	...	23'4	...	4'7	21'1	9'4	16'4	...	2'3	2'3	969'5	58'66	...	...	2'3
ree and Lower and Upper Oppas.	481 {	...	...	...	2'1	147'6	...	...	2'1	...	2'1	...	4'2	4'2	14'6	...	...	4'2	6'2	270'3	37'23	...	...	6'2
unt Abu . . .	92 {	...	...	...	...	54'3	...	21'7	21'7	...	21'7	...	...	21'7	...	21'7	...	10'9	...	1,119'6	34'67	...	...	...
thmarhi . . .	143 {	7'0	...	...	7'0	153'8	7'0	...	...	7'0	28'0	14'0	...	28'0	...	28'0	...	...	...	650'3	27'69	...	...	...
ellington . . .	710 {	2'8	...	...	5'6	85'9	...	...	39'4	...	28'2	1'4	2'8	28'2	21'1	7'0	1'4	...	9'9	877'5	55'58	2'8	1'4	5'6
GROUP XIII.—Hill Convalescent Depôts, and Sanatoria.	7,427* {	1'6	...	...	4'9	145'4	'8	4'5	16'9	'4	22'7	2'1	3'7	18'5	17'3	16'1	'8	3'7	11'1	750'7	32'81†	2'9	'8	7'4
		...	...	11	...	...	...	...	'41	...	...	'41	'82	...	'82	...	'41	...	...	6'59	...	...	...

* Derived from the aggregates.

† Worked on the aggregates.

EUROPEAN TROOPS, 1915.

TABLE III—concluded.

RATIOS of STATIONS, GROUPS, and ARMIES.

STATIONS, GROUPS AND ARMIES.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancere.
Troops marching	925	...	...	...	...	58'4	7'6	10'3	1'1	20'5	4'3	2'2	3'2	4'3	4'3	11'9	...	1'1	9'7	282'2	1'20	...	3'2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	432	...	...	...
N. W. F. Operations.	1,143	...	...	...	9	42'9	80'5	...	1'7	12'2	7'0	...	...	11'4	18'4	10'5	9	...	11'4	398'1	10'11	5'2	9
	
Deolali Depôt	293	...	...	3'4	13'6	208'2	...	10'2	23'9	...	6'8	3'4	17'1	27'3	17'1	44'4	...	3'4	34'1	1,126'3	59'18	6'8	6'8
		...	...	...	3'41	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6'83	...	...	...
Poonamallee Depôt	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	90'9	272'7	529'09	90'9	...
	
EXTRA INDIA. Aden	587	...	...	...	...	54'5	102'2	...	...	5'1	5'1	...	...	11'9	6'8	54'5	...	5'1	17'0	838'2	29'80	...	5'1
		...	...	...	...	3'41	...	...	...	1'70	1'70	...	...	...	1'70	...	...	...	...	8'52	...	...	...
INDIA	44,891*	7'4	4	1	3'7	154'5	41'1	9'8	11'5	4'6	14'7	1'1	2'7	21'5	5'6	26'5	5	8'5	29'1	823'1	39'08†	4'0	5'2
		...	18	...	3'6	3'6	...	...	0'7	7'4	4'2	1'1	3'8	0'7	2'9	...	2'0	0'3	0'02	5'95	...	0'2	...
NORTHERN ARMY	23,774*	6'1	7	0	4'1	166'2	69'7	11'7	7'3	5'0	12'3	0'6	2'4	23'3	4'4	28'8	0'6	13'5	25'5	921'0	39'63	3'2	4'4
		...	24	...	21	3'4	...	...	0'1	0'7	4'2	0'8	5'0	0'4	3'4	...	2'1	...	0'4	6'48	...	0'4	...
SOUTHERN ARMY	20,119*	9'3	...	2	3'5	145'1	9'0	7'5	16'9	3'4	18'0	1'7	2'9	19'7	7'1	24'4	4	3'0	34'1	831'8	40'16	5'2	6'2
		...	...	...	5'4	4'0	...	...	1'0	5'0	4'5	1'5	2'5	1'0	2'5	...	2'0	0'5	...	5'40	...	...	...
Constantly sick for India.	44,891	3'5	0'2	0'1	0'6	5'61	1'01	8'0	1'12	2'8	1'03	3'4	2'4	7'9	3'0	8'3	0'5	3'8	4'29	39'08	39'06	4'4	6'2
Peshawar†	1,803	...	0'7	...	4'0	13'05	6'31	5'2	2'3	2'4	2'8	...	5'1	0'4	2'2	0'7	0'9	0'3	3'75	50'62	50'62	2'1	3'0
Rawalpindi†	2,354	1'8	...	...	8'6	6'60	2'94	1'20	7'6	0'4	2'5	0'6	1'6	0'1	2'2	2'8	0'4	4'2	6'61	38'55	38'55	8'1	2'2
Quetta†	2,808	2'6	...	...	5'0	8'55	0'6	8'9	3'89	...	1'01	2'0	5'6	8'3	0'6	3'8	1'0	0'9	2'80	42'12	42'12	3'3	3'6
Secunderabad†	2,132	...	...	0'8	0'4	1'30	...	...	8'3	1'0	7'0	2'5	2'5	8'7	1'90	6'9	...	1'4	4'20	35'51	35'51	0'5	5'4

* Derived from the aggregates.

† Worked on the aggregates.

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

EUROPEAN TROOPS, 1915.

TABLE IV.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS AND SANITARY DEFECTS.

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

NORTHERN ARMY.

Peshawar.—Malaria and sandfly fever were the prevalent diseases from April to October and September to November, respectively.

The drainage in some cases is defective owing to *kutchas* drains being used instead of *pucca* ones.

The regimental bazaars are overcrowded. Efforts are being made to remedy this as funds and opportunities allow.

The sewage system is partly removal and partly incineration. Nightsoil is trenched when it can not be disposed of by incineration. The Assistant Director, Medical Services, of the Division suggests that, in order to remedy the insanitary condition of the cantonment, the following measures should be adopted:—

(i) In order to suppress the respiratory diseases which are due to dust, a more thorough and up-to-date system of watering cantonment roads is required. The present system, that of water carts drawn by bullocks or by hand, is inefficient.

(ii) Incineration should be adopted throughout the cantonment.

(iii) *Kutchas* drains should be made *pucca*.

(iv) Regimental bazaars should be abolished at once. They are a grave source of danger to the health of the troops.

Nowshera.—A proper drinking water supply by pipes is an urgent need throughout the cantonment. The present site of the 1st Corps lines is a bad one from the sanitary point of view.

The sullage water from the suddar bazaar continues to be trenched with the approval of the Sanitary Officer. A drain down the *Allah* to the river would be washed away during floods.

A pipe water supply should be introduced.

Sialkot.—Malaria was prevalent amongst British troops from April to November, which is undoubtedly due to the large number of mosquitos breeding in open wells when not in daily use. The Officer Commanding suggests that landlords be compelled to provide covers for wells in compounds when bungalows are unoccupied. This would necessitate the temporary removal of the Persian wheel. The catch pits for watering gardens are also fertile sources of mosquito breeding. These should also be emptied and covered in when bungalows are unoccupied or abolished entirely. The collection of water in pools during the rains is another source of mosquitos, but these are treated with kerosine oil by the mosquito brigade. No excavation of any kind should be allowed in cantonment without the sanction of the cantonment authority.

The water supply which is entirely from wells is not satisfactory in quality and sometime deficient in quantity. As long as the supply from wells, contamination is bound to occur.

The General Officer Commanding of the Brigade remarks that the requirements of the Sialkot Cantonment are:—

(i) A pipe water supply.

(ii) Filling up of tanks.

(iii) Covering of wells in order to prevent mosquito breeding.

Lahore.—Sandfly fever was prevalent between April and July, causing 94 admissions, but no deaths.

One case of cholera (fatal) occurred of which the source of infection could not be ascertained.

The *pucca* drains in the British Infantry and Royal Artillery lines are satisfactory. The drainage in the suddar bazaar is not satisfactory. There are no *jheels* or marshes except during the heaviest rains, when owing to the impermeable nature of the soil, a large part of the cantonment is under water. There are numerous brick fields and other excavations in the vicinity of cantonment, which assume the character of *jheels* and marshes during the rainy season.

The blocks at the taps on which the *bhisties* place their *mussacks* should be made *pucca*. At present where there are blocks made of bricks, these are separated from each other so that water can accumulate and mosquitos breed. There might be better arrangements for filling the water carts at the wells.

The General Officer Commanding the Division remarks "that a scheme for the supply of electricity to the hospitals and hot weather barracks is being carried out. It is a pity that the electrification of the whole cantonment cannot be considered as the remunerative measures of street, and bungalow lighting would decrease cost. With the introduction of electricity the question of water supply must be considered. The present piped water supply is from wells on the grass farm to the east of cantonments. The pumping plant about a mile from the nearest barracks and the supply to cantonment could always be cut. In addition to this, the water is most satisfactory. It contains a large quantity of saltpetre and is bad for cooking. Good tea and coffee are impossible. A few tube wells worked by electricity would give a cheaper and better supply of water.

The Commissioner of Lahore is being addressed regarding the brick field nuisance.

With an improved income from the irrigation scheme in process of construction, the drainage generally must be taken up and improved annually on a pre-arranged system.

Multan.—The prevailing diseases were, malaria, tonsillitis and pyrexia of uncertain origin. Practically all malaria cases were fresh infections contracted in the station and the majority were men of the 1-5 Devonshire Regiment and 77th Battery, Royal Garrison Artillery. The prevalence of the disease was, however, less than in the previous year. Strict anti-malarial measures in addition to an abnormally low rain fall were responsible for the mildness of the epidemic.

Tonsillitis is attributable to the great variation that exist between the day and night temperature in the early months of the year. Probably the dust of the station is an exciting cause.

85 of the 107 cases of pyrexia of uncertain origin occurred during the period from June to October. This coincides with the period of prevalence of malaria. The cases chiefly occurred amongst Territorials.

The drainage system in the suddar bazaar is not satisfactory, and an improved drainage scheme is under consideration. The cantonment committee reports that the renewal of carts has been carried out during this year. Want of drainage is still the chief difficulty. A proper drainage scheme would cost Rs. 90,000, and under present circumstances cannot be thought of. The gradual improvement of the present drainage system in the suddar bazaar is, however, to be taken up and it is hoped that considerable amelioration may thus be effected.

The need of a Government dairy has been represented repeatedly during the last 3 years.

Incineration difficulties are being inquired into.

Meerut.—The drainage is not satisfactory owing to the flat nature of the land. The diggies are satisfactory, mosquito larva do not breed in them.

TABLE IV.—*continued.*

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS AND SANITARY DEFEC

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

NORTHERN ARMY—*contd.*

The Cantonment Committee suggests that the following improvements should be made in order to improve the sanitary condition of the cantonment.—

- (i) The surface of the maidan to the north of the British Infantry lines and to the south of the Ammunition Column lines requires improved drainage. New diggie tanks are suggested one in each of these areas.
- (ii) Modern kitchen ranges and modern accommodation for hot baths in the cold weather for British troops are needed.

The provision of a central military dairy for the whole cantonment in place of the present regimental dairies is an urgent necessity. These dairies constitute a grave nuisance in the lines with their attendant evils:—quantities of animal excreta and the consequent breeding of flies.

Provision of a steam disinfecter for the British Hospital is required.

The extension of the incineration system for excreta to the British Infantry and Royal Artillery lines is recommended to ensure uniform system for the station; it would also effect an economy.

Proper washing up facilities for dinner utensils are needed for British troops.

Calcutta.—Dengue and malaria were the most prevalent diseases amongst British troops. Dengue from June to October epidemic form, malaria throughout the year with an increase in the number of admissions in March and November. Many cases of dengue occurred in the Infantry Battalion.

The existing drainage system is satisfactory.

The mode of disposal of the sewage is by carts to the municipal depot, except in the case of two large native latrines in Fort Will which are dealt with by a septic tank which is satisfactory.

The Assistant Director, Medical Services, of the Division remarks:—

The ventilation in the casement barrack is poor and could be much improved by the installation of exhaust fans.

The provision of a water sewage system would be a great improvement in the sanitation of the Fort.

The silted up portion of the moat should be dealt with. Some scheme to prevent this constant silting up seems desirable; the expense of continually taking away the silt is very considerable and sufficient money is never available for this purpose.

Thinning of the trees near the Infantry Barracks is desirable.

The drainage of the Ballyganj lines is very poor.

SOUTHERN ARMY.

Jubbulpore.—Influenza, sore-throat, tonsillitis and heat-stroke were the prevalent diseases in Jubbulpore. The cause of the prevalence was undoubtedly due to the arrival of fresh troops from home. The casual organisms of these diseases are present in the naso-pharynx and throat and the incidence of the diseases usually depends on exciting causes such as a sudden fall of temperature, fatigue, etc. The causes of the unusual prevalence of heat-stroke were the exceptionally high atmospheric temperature and inexperience of fresh troops.

In spite of the heavy rainfall during the year only 54 cases of malaria were admitted to hospital amongst British troops and disease cannot be said to have been prevalent. It is, however, mentioned here as malaria is usually the most prevalent disease in the station. The highly satisfactory reduction in the incidence of malaria was chiefly due to the use of mosquito nets by all British troops in the garrison. Some credit must also be given to anti-malarial measures which were vigorously carried out, so long as the money lasted, and also to the prophylactic issue of quinine.

The drainage of the suddar bazaar is not satisfactory, but the matter is under consideration. A large amount of money allotted for this purpose has been expended. The septic tank which deals with the suddar bazaar sewage has lately been cleared out and improvements are in hand. During the rains there are innumerable small *ghools*, and much marshy land throughout the cantonment.

The Assistant Director, Medical Services, recommends that there should be universal incineration throughout the cantonment. More surface drains are required. The drainage as it at present exists is not at all good, specially as regards large *nullahs*. The grass fields and dairy farm lands have really no drainage at all. In the rains these places are full of pools of stagnant water in which mosquitoes breed.

The present sites of the meat, fish and vegetable markets in the suddar bazaar are not satisfactory, and are not suitable.

The General Officer Commanding the Division agrees with the suggestions made by the Assistant Director, Medical Services, and is of opinion that anti-malaria measures are urgently required. The introduction of incineration for the whole station seems desirable.

Poona.—Malaria was chiefly prevalent amongst men of the British troops. The 2nd Dorset Regiment from Mesopotamia was badly infected with this disease.

There is no trenching system in vogue in the cantonment.

The Assistant Director, Medical Services, of the 6th Poona Divisional Area is of opinion that the general sanitary condition of the cantonment is satisfactory.

Kirkee.—Malaria was less prevalent than last year, the highest number of admissions were recorded in the month of July.

Mosquito breeding was marked during the rainy season and some special measures were taken to check the prevalence of malaria. A malarial gang of four British soldiers and 20 coolies were employed from 14th July to 31st October with satisfactory results. The cases occurred mostly in the guard room whilst the men were on guard duty at the arsenal and factory barracks. Mosquito nets were employed but it is exceedingly difficult to make the men (Territorials) realize the importance of them.

Owing to the nature of the country it is impossible to cultivate the whole trenching ground. A large portion, however, was put under crop and proved successful. The deep trenching system is in vogue for the majority of the area.

A drainage system is essential and a scheme for the same has been submitted for sanction. *Pucca* drains are required in the Regimental lines and Bazaar in East Kirkee.

The vicinity near Harris Bridge is in an insanitary condition and steps have been taken to remedy it.

The Officer Commanding Station Hospital states that a marked improvement in the sanitation of the bazaar and cantonment generally has taken place during the year. There is a scheme for the reconstruction of the drainage for the bazaar, which has been submitted for sanction to the higher authorities. A vegetable and fruit market for the bazaar is desirable.

A system of *pucca* surface drainage round the arsenal and factory barracks is required.

The Assistant Director, Medical Services, of the Division remarks that the incidence of malaria is heavy in Kirkee; this is due to the general configuration of the ground, which it is practically impossible to improve at any reasonable cost.

Bombay.—Malaria has been prevalent amongst men of the British troops. Anti-mosquito measures were vigorously prosecuted.

The drainage for sullage water is inadequate.

TABLE IV—*concluded.*

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS AND SANITARY DEFECTS.

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

SOUTHERN ARMY—*concl'd.*

The building used as a regimental bakery is very defective, especially the condition of the floor which requires immediate repairs. It is situated too near some native latrines. Improvements have been carried out, but it is far from being a suitable building for a bakery.

The Cantonment Committee suggests as follows:—

- (i) That the use of mosquito nets be enforced amongst troops at the Arsenal forming the guard there.
- (ii) That the Secretary of the Colaba Board of Health and his staff give their particular attention to keeping existing drainage clear.
- (iii) That the sewage ventilation be moved away as far as possible from any dwelling house.
- (iv) That if practicable the Indian latrines be removed elsewhere.

The Assistant Director, Medical Services, states that water carriage system of drainage should be extended to the whole of the Government buildings in Colaba and that the pail system be abolished.

There is not sufficient head of water at present to fill the tanks at the top of high buildings at all times.

The General Officer Commanding the Division concurs in the remarks of the Assistant Director, Medical Services, and adds that an improved head of water has been provided since the commencement of 1916. A new chawl which is approaching completion will allow small quarters for menials to be abolished before the rains begin.

TABLE V.

ENTERIC FEVER by months,
stations, groups, and armies.

TABLE VI.

MALARIA by months, stations,
groups, and armies.

TABLE VII.

PYREXIA OF UNCERTAIN ORIGIN by
months, stations, groups, and armies.

STATIONS * AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM MALARIA IN EACH MONTH.												ADMISSIONS FROM PYREXIA OF UNCERTAIN ORIGIN 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.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		
Port Blair	1	1	2	...	2	5	11	9	67	74	74	57	393	...	1	1	9	36	10	1	...	...	...	...	...	...	...
Rangoon	2	2	...	...	2	7	6	1	2	1	5	1	29	...	...	...	1	...	1	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS	3	3	2	...	4	12	17	10	69	75	79	58	332	...	1	1	10	36	11	1	...	...	...	...	...	...	...
Thayetmyo	1	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila	
Fort Dufferin (Mandalay)	2	...	1	...	...	...	...	...	1	...	...	7	1	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo	2	5	...	1	1	4	13	...	1	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND	2	...	1	...	...	...	2	6	1	1	1	8	5	27	...	1	2	...	...	...	...	...	...	...	...	...
Fort William, Fulta and Chingrikhal	4	2	19	9	12	5	8	3	1	5	14	6	88
Dum-Dum	6	...	2	6	7	3	12	7	4	11	15	13	86	...	...	...	...	...	2	1	...	1	...	...	...	...	...
Barrackpore	1	1	...	...	...	...	1	4	4	...	2	6	21	...	2	2	3	...	5	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA	11	3	21	15	19	9	24	14	5	18	35	21	195	...	2	2	3	...	7	1	...	1	...	...	...	...	...
B	
Dinapore	1	...	1	3	...	1	...	1	...	2	...	1	10	...	...	...	...	...	...	1	1	2	1	...	8	13	3	...	...	1	2	...	1	1	1	...	...	...
Benares	3	2	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad and Fort	2	...	2	1	...	...	...	1	1	2	6	2	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad	2	...	2	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow	1	5	3	3	1	...	3	3	...	1	1	21	...	...	...	...	...	...	...	1	2	3	1	...	12	...	1	...	4	...	...	...	...	...	...	...	...	...
Cawnpore	1	3	2	...	1	...	11	...	...	1	...	1	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	4	5	6	7	2	1	3	4	...	2	1	2	37	...	3	1	...	1	4	9	7	7	4	10	11	57	...	4	1	3	4	2	2	...	2	1	1	...	...
A	
Bareilly	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	5	2	2	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rurki		
Meerut	9	3	4	4	3	5	3	15	21	34	16	2	119	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Delhi	1	...	...	...	...	...	...	...	...	...	...	...	10	4	1	28	47	34	23	28	16	16	38	20	265	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ambala	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	3	3	...	1	2	10	16	2	5	43	...	...	1	1	...	2	...	...	7	...	...	...	...
B	
Jullunder	2	1	1	1	...	...	...	3	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ferozapore	1	1	8	4	1	7	3	3	3	9	17	4	61	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Amritsar	2	6	7	6	16	8	7	...	2	8	4	5	71	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lahore Cantonment and Fort	5	...	...	1	7	2	5	1	...	15	13	4	53	...	9	3	1	1	3	2	3	2	...	...	...	...
Sialkot	31	21	26	45	63	43	40	50	60	63	83	34	565	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi	6	35	12	26	23	33	20	28	39	40	47	53	33	389	...	2	1	2	6	...	3	4	...	1	...	...	...
Campbellpore	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Attock	2	5	...	6	...	1	16	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA	1	1	2	5	2	2	1	1	2	2	3	6	28	98	50	71	116	176	120	121	147	157	221	236	110	1,623	12	6	4	9	6	8	9	4	11	1	2	...	...
A	
Nowshera	1	16	3	11	10	26	30	20	37	4	13	88	31	289
Risalpore	3	...	...	1	9	6	13	15	16	5	9	21	6	106	...	...	...	...	...	...	...	...	...	...	...	...	...
Peshawar	5	23	23	15	20	57	60	65	47	29	109	163	56	667
Multan	10	4	...	3	6	3	4	2	25	33	14	6	110	...	3	...	6	9	1	13	23	13	10	24	5	1	...	
C	
Hyderabad	13	6	2	6	1	1	...	...	1	2	1	1	34	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Karachi	15	2	1	...	3	15	7	6	5	8	13	12	87	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—NORTH-WEST FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	
	80	38	30	48	99	122	111	108	69	174	302	112	1,293	4	...	12	11	3	14	24	15	10	24	6	2	...	...

* Stations where neither Enteric Fever nor Malaria nor Pyrexia of uncertain origin occurred are not shown in these tables. For the annual ratios see Table I

TABLE V—concluded. TABLE VI—concluded. TABLE VII—concluded.

ENTERIC FEVER by months, stations,
groups, and armies.MALARIA by months, stations,
groups, and armies.PYREXIA OF UNCERTAIN ORIG
by months, stations, groups, and armies

STATIONS, GROUPS AND ARMIES.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.													ADMISSIONS FROM MALARIA IN EACH MONTH.													ADMISSIONS FROM PYREXIA OF UNCER ORIGIN 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.	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.	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.	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.	January. February. March. April. May. June. July. August. September. October. November. December. Total.	January. February. March. April. May. June. July. 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EUROPEAN TROOPS, 1915.

TABLE VIII.

TABLE IX.

TABLE X.

*CHOLERA by months, stations, groups,
and armies.*

*DYSENTERY by months, stations, groups,
and armies.*

DIARRHŒA by months, stations, groups
and armies.

[illegible]

* Stations where neither Cholera nor Dysentery nor Diarrhoea occurred are not shown in these tables. For the Annual ratios, see Table III.

EUROPEAN TROOPS, 1915.

TABLE VIII—concluded. TABLE IX—concluded. TABLE X—concluded.

*CHOLERA by months, stations,
groups and armies.*

*DYSENTERY by months, stations,
groups and armies.*

DIARRHŒA by months, stations,
groups and armies.

[illegible]

TABLE XI.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

ORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandy Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1915.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.	
REGULAR INFANTRY.		Admitted Died Invalided	...	...	...	1	10	...	...	1	...	1	...	1	6	3	9	...	2	39	260	1	15'26	...	Secunderabad, 1st January to 10th December. Meerut, 11th December to 31st December.	4 2 0
"	469	Admitted Died Invalided	13	...	...	...	50	...	...	...	2	1	...	...	2	1	16	1	...	24	396	2	15'42	...	Meerut, 1st January to 5th November. (Left for Active Service on 5th November.)	9 2 5
Lancers	531	Admitted Died Invalided	...	...	...	1	89	10	...	1	24	2	...	...	7	...	8	...	4	6	317	6	18'49	...	Risalpur, 1st January to 31st December. Detachment at Murree from 9th May to 6th November.	3 3 0
REGULAR CAVALRY	1,521	Admitted Died Invalided	13	...	...	2	149	10	...	2	24	5	1	1	15	4	33	1	6	69	873	9	49'17	...		
REGULAR ARTILLERY.		Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Battery, Royal Horse Artillery.	136	Admitted Died Invalided	...	...	...	...	26	3	...	...	2	...	...	...	3	3	...	1	...	10	99	1	4'62	...	Risalpur, 1st January to 31st December.	9 6 0
"	16	Admitted Died Invalided	...	...	...	...	3	...	...	...	...	...	...	...	1	...	...	...	...	2	10	...	'63	...	Secunderabad, 1st January to 31st January. (Left for Field Service on 31st January.)	8 11 0
"	152	Admitted Died Invalided	2	...	...	...	18	...	...	...	1	...	...	...	1	...	1	...	1	9	107	2	5'04	...	Meerut, 1st January to 27th October; Delhi, 28th October to 31st December.	8 1 0
Ammunition Column, Royal Horse Artillery.	13	Admitted Died Invalided	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	'10	...	Campbellpore, 1st January to 30th April. Risalpur, 1st May to 31st December.	6 9 0
"	15	Admitted Died Invalided	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	1	...	3	...	'43	...	Meerut, 1st January to 31st December.	7 0 0
Battery, Royal Field Artillery	135	Admitted Died Invalided	...	...	...	1	14	9	1	...	1	1	...	...	1	1	...	1	1	6	73	1	3'57	...	Rawalpindi, 1st January to 31st December.	11 11 0
"	144	Admitted. Died Invalided.	...	...	...	...	21	6	1	...	1	...	...	...	2	...	1	...	1	7	89	2	3'81	...	Rawalpindi, 1st January to 31st December. Detachment at Khan Spur, 21st April to 14th October.	11 11 0

EUROPEAN TROOPS, 1915.

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

CORPS.		Average annual strength.	Classification.	Actuals.																	Average number constantly sick.	Arrivals in India in 1915.	Stations occupied during the year with dates of occupation. Last move.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
				Influenza.	Cholera.	So all-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of un certain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.				Veneral Diseases.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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Regt.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1915.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
1. ULAR LLERY ontd. D. Royal son Artill-	85	Admitted Died Invalided	...	...	...	...	7	2	...	...	...	1	...	...	...	1	2	...	4	...	36	1'61	...	Rawalpindi, 1st January to 7th May, marching 8th May to 11th May. Barian, 12th May to 27th October, Rawalpindi, 28th October to 31st December.	30 2 0
" "	115	Admitted Died Invalided	...	...	3	...	47	34	2	1	3	...	...	...	...	...	5	...	1	2	132 5	7'06	...	Peshawar, months.	12 28 2 0
" "	130	Admitted Died Invalided	...	...	...	...	2	1	1	...	...	...	...	...	...	1	1	...	3	4	40	2'52	...	Rawalpindi, 61 months; Barian, 5 months; marching, 4 months.	31 0 0
Company, al Garrison lery.	99	Admitted Died Invalided	2	...	...	...	5	...	2	...	2	...	...	...	...	...	...	...	...	...	37	1'72	...	Allahabad, months.	12 16 11 0
" "	110	Admitted Died Invalided	...	...	...	...	2	...	...	...	...	...	...	...	...	1	...	...	...	4	24	1'40	...	Colaba, months.	12 13 11 0
" "	96	Admitted Died Invalided	...	...	...	1	22	1	1	...	1	...	...	...	...	4	...	3	1	2	63	3'44	...	Jhansi, 1st January to 22nd March; Rurki, 23rd March to 31st December.	13 9 0
" "	52	Admitted Died Invalided	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	21	'61	...	Aden, 1st January to 30th July (from Field Return is in force).	16 9 0
" "	58	Admitted Died Invalided	...	...	...	...	54	...	...	...	1	2	...	...	...	5	...	1	...	2	128	6'40	...	Calcutta, months.	12 11 0 0
" "	82	Admitted Died Invalided	...	...	...	...	14	...	...	...	...	2	...	...	...	...	...	...	...	2	36	1'47	...	Rangoon, months.	12 11 9 0
" "	92	Admitted Died Invalided	...	...	...	1	5	5	2	1	2	...	...	...	...	...	1	3	...	3	59	5'14	...	Jhansi, 1st January to 26th March; Cawnpore, 27th March to 10th November. Marching 1 month.	11 11 2
" "	108	Admitted Died Invalided	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	1	3	25	1'43	...	Karachi, months.	12 21 3 0
" "	54	Admitted Died Invalided	...	...	...	...	5	2	...	...	...	...	...	...	...	...	...	2	...	2	25	1'52	...	Aden, 1st January to 30th June (from Field Service Return in force).	20 8 0
" "	83	Admitted Died Invalided	...	...	...	...	42	...	...	...	...	4	...	...	...	...	...	...	...	2	72	3'32	...	Quetta, 1st January to 18th December. Left for Field Service on 18th December.	21 1 18

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1915.	Stations occupied during the year with dates of occupation. Last move.
REGULAR ARTILLERY— <i>conold.</i>																								
73rd Company, Royal Garrison Artillery.	127	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	47 ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	1	4 ... ...	... ... ...	1	3	12	106	5'57	...	Lahore, 12 months. Detachment at Amritsar, 1st January to 31st December.	
74th " "	111	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	... ... ...	20	1 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	4	7	64	3'05	...	Agra, 12 months. Detachment at Delhi, 1st January to 31st December.	
75th " "	89	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	4 ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	14	42	2'42	...	Rangoon, 12 months.	
76th " "	49	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	7	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3	33	1'06	...	Aden, 1st January to 30th June. (From July Field Service Return in force.)	
77th " "	77	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	35	3	13 ... ...	... ... ...	1	3 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	90	4'41	...	Rurki, 1st January to 4th March, Multan, 5th March to 18th December. (Left for Active Service on 18th December.)	
79th " "	112	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	12 ... ...	... ... ...	... ... ...	... ... ...	2	2	1 ... ...	... ... ...	1	1 ... ...	... ... ...	... ... ...	... ... ...	5	43	2'10	...	Colaba, 12 months.
82nd " "	103	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	19	2 ... ...	... ... ...	1	2	1 ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	1	1	2	3	61	2'53	...	Ferozepore, 12 months.
85th " "	104	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	21 ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	1	3	2 ... ...	... ... ...	... ... ...	4	57	2'65	...	Colaba, 5th October to 31st December. (Last Station Aden.)
86th " "	14	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	14 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	16	'60	...	Multan, 1st January to 26th February. (Left for Active Service on 26th February.)
94th " "	94	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	34	12	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	77	3'54	...	Rawalpindi, 12 months.
101st " "	77	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5	'84	...	Karachi, 12 months.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1915.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.	
EDITORIAL MILLERY.																									V. M. D.	
Hampshire Battery, Royal Field Artillery.	150	Admitted. 13 Died 41 Invalided 5	...	...	...	...	...	...	...	...	...	...	...	...	7	2	11	...	...	5	176	692	1	Lahore Cantonment, 1st January to 31st December 1915.	1 1 17	
" "	142	Admitted. 2 Died 33 Invalided 10	...	...	...	...	...	...	...	...	...	...	...	...	6	1	4	...	16	...	161	677	...	...	Nowshera, 19th January to 24th April. Sialkot, 25th April to 31st December. Detachment at Peshawar, 25th September to 15th October.	0 11 13
" "	194	Admitted. 2 Died 11 Invalided 2	...	...	...	...	...	...	...	...	...	...	...	...	5	1	3	...	1	...	116	586	...	...	Lahore Cantonment, 1st January to 31st December 1915.	1 0 0
" "	107	Admitted. 1 Died 6 Invalided 1	...	...	...	...	...	...	...	...	...	...	...	...	2	1	6	...	10	...	85	404	...	...	Lucknow, 19th January to 30th August 1915. (Left for Field Service on 30th August 1915.)	0 9 13
" "	38	Admitted. 1 Died 1 Invalided 1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	16	198	...	...	Lucknow, 1st January to 14th March 1915. (Left for Field Service on 14th March.)	0 4 2
" "	124	Admitted. 2 Died 7 Invalided 1	...	...	...	...	...	...	...	...	...	...	...	...	2	3	2	...	1	2	83	375	...	...	Delhi, 1st January to 19th February; marching, 20th February to 15th March; Ambala, 16th March to 30th November 1915. (Left for Field Service on 30th November.)	1 0 17
Dorsetshire Battery, Royal Field Artillery.	122	Admitted. 7 Died 3 Invalided 1	...	...	...	...	...	...	...	...	...	...	...	...	3	...	8	...	1	...	117	501	...	...	Bareilly, 1st January to 31st December 1915. Detachment at Ranikhet, 16th April to 24th October.	1 1 18
Wiltshire Battery, Royal Field Artillery.	140	Admitted. 13 Died 22 Invalided 1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	26	1	2	9	199	871	...	...	Delhi, 1st January to 26th March; marching, 27th March to 29th March; Meerut, 30th March to 31st December 1915. Detachment at Chakrata, 16th April to 29th October.	1 1 18
Hampshire Battery, Royal Field Artillery.	135	Admitted. 9 Died 1 Invalided 1	...	...	...	...	...	...	...	...	...	...	...	...	14	...	1	2	1	...	139	536	140	...	Kirkee, 7th January to 31st December 1915. (Arrived from England, 7th January 1915.)	0 11 25

EUROPEAN TROOPS, 1915.

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-Pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1915.	Stations occupied during the year with dates of occupation. Last move.	Y.
TERRITORIAL ARTILLERY—contd.																									
2-2nd Hampshire Battery, Royal Field Artillery.	136	Admitted Died Invalided	... ... ...	... ... ...	1 ... ...	... ... ...	8	1	1 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	4 ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	7	118 1 4	4'56	140	Kirkee, 7th January to 31st December 1915. Arrived from England on 7th January 1915.	0
2-3rd " "	134	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	10 1 ...	... ... ...	... ... ...	2 ... ...	... ... ...	8 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	3	138 1 7	6'05	140	Kirkee, 7th January to 31st December 1915. (Arrived from England on 7th January 1915.)	0
2-6th " "	133	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	5 ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	1 ... ...	... ... ...	1	4	3	7 ... ...	... ... ...	1	3	114 ... 1	4'19	140	Secunderab d, 9th January to 31st December 1915. (Arrived from England on 9th January.)	0
2-1st Dorsetshire Battery, Royal Field Artillery.	137	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	1	5	5	8 ... ...	... ... ...	1	3	120 ... 3	4'36	140	Secunderab d, 11th January to 31st December 1915. (Arrived from England on 11th January.)	0
2-1st Wiltshire Battery, Royal Field Artillery.	134	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	3	1	8 ... ...	... ... ...	... ... ...	3	116 ... 2	4'98	143	Secunderab d, 10th January to 31st December 1915. (Arrived from England on 10th January 1915.)	0
1-1st Devonshire Battery, Royal Field Artillery.	276	Admitted Died Invalided	5 ... ...	... ... ...	... ... ...	1	4 ... ...	... ... ...	1	7 ... ...	... ... ...	14 ... ...	... ... ...	... ... ...	12	1	11 ... ...	... ... ...	7	14	262 3 8	11'63	168	Allahabad, 1st January to 31st December 1915. Detachment at Bangalore, 12th January 1915 to 2nd December.	1
1-2nd " "	264	Admitted Died Invalided	3 ... ...	... ... ...	... ... ...	3	2	25	1	3	2 ... ...	... ... ...	... ... ...	3	9 ... ...	... ... ...	12 ... ...	... ... ...	13	12	283 5 1	10'82	140	Dinapore, 1st January to 31st December 1915. Detachment at Bangalore, 11th January to 3rd December 1915.	1
1-3rd " "	243	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	1	8 ... ...	... ... ...	5	2 ... ...	... ... ...	1	1 ... ...	... ... ...	5	4	13 ... ...	... ... ...	... ... ...	19	196 2 4	9'28	135	Bangalore, 12th January to 31st December. Detachment at Barrackpore, 14th November to 31st December. (Arrived from England on 12th January.)	0
1-1st Sussex Battery, Royal Field Artillery.	117	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	18	2	2 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	1	4	1 ... ...	... ... ...	1	3	77 1 2	3'40	...	Kamptee, 1st January to 22nd February. Mhow, 23rd February to 26th November 1915. (Left for Active Service on 26th November.)	0

REGTS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandy Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1915.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India
ARTILLERY—																									Y. M. D.
Sussex ry, Royal Artillery.	147	Admitted Died Invalided	...	...	...	4	32	5	4	3	...	2	...	...	5	...	5	...	...	1	116	5'11	...	Mhow, 1st January to 28th November 1915. (Left for Active Service on 28th November.)	0 11 25
" "	123	Admitted Died Invalided	...	...	...	...	8	4	1	1	...	...	...	...	2	...	3	...	1	3	77	4'94	...	Mhow, 1st Janu- ary to 4th December 1915. (Left for Active Service on 4th Decem- ber 1915.)	1 0 2
" "	153	Admitted Died Invalided	1	...	...	...	10	12	...	...	...	2	...	...	3	3	12	...	...	...	125	6'35	...	Ambala, 1st January to 16th March, Jullundur, 17th March to 20th August; Rawalpindi, 21st August to 31st Decem- ber.	1 0 22
" "	123	Admitted Died Invalided	...	...	...	...	12	3	12	...	1	4	...	...	2	...	6	...	1	124	5'06	...	Multan, 1st January to 31st Decem- ber 1915.	1 0 25	
" "	122	Admitted Died Invalided	...	...	...	...	11	43	1	...	5	...	...	...	1	1	2	1	1	162	6'62	...	Ferozepore, 1st January to 31st Decem- ber.	1 0 26	
Kent ry, Royal Artillery.	137	Admitted Died Invalided	15	...	...	...	8	3	...	4	4	6	...	...	...	...	4	...	8	200	8'99	...	Jubbulpore, 1st January to 31st Decem- ber 1915.	1 1 17	
" "	121	Admitted Died Invalided	1	...	...	1	4	1	...	2	2	3	1	...	1	1	1	...	1	100	4'64	...	Jubbulpore, 1st January to 1st September; Lucknow, 2nd September to 31st Decem- ber 1915.	1 1 16	
" "	153	Admitted Died Invalided	13	...	...	...	6	3	1	5	6	3	...	...	...	...	9	...	3	193	7'38	...	Jubbulpore, 1st January to 31st Decem- ber 1915 Detachment at Ranikhet, 29th April to 5th September 1915.	1 1 17	
Artillery	8302	Admitted Died Invalided	85	2	1	33	1,089	419	76	52	52	114	3	24	156	43	210	3	104	350	6,518	307'21	1337		
GULAR.																									
Company, yal Engi- ers.	77	Admitted Died Invalided	...	...	...	...	4	...	...	1	...	1	...	...	...	...	...	1	...	17	1'65	...	Rurki, Cal- cutta, Karachi, Kirkee, Colaba, Secun- derabad, Bangalore, Wellington, Mandalay, Meiktila, Rangoon, and Aien.	48 0 0	

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1915.	Stations occupied during the year with dates of occupation. Last move.	
TERRITORIAL.																									
H. Company, Royal Engineers.	18	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	1	11 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	20	54	4	Nowshera.	V.
Total Royal Engineers.	95	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	5	11 ... ...	... ... ...	... ... ...	1	1	1 ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	37 ... 1	219	4		
(REGULAR- INFANTRY.																									
1st Durham Light Infantry.	535	Admitted Died Invalided	... ... ...	6	1 ... ...	... ... ...	147	75	4 ... ...	... ... ...	... ... ...	6 ... ...	... ... ...	2	31	3	7	2	4	32	507 3 12	3070	-	Nowshera, 12 months. Detachment at Peshawar and Cherat.	13
2nd R. W. Kent Regiment.	160	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	35 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	6	6	1	1 ... ...	... ... ...	2	1	1	20	132 3 11	1209	...	Nasirabad, 12 months. Head-Quarters of the Battalion left for Field Service on 28th January.	7
2nd Loyal North Lancashire Regiment.	106	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	13 ... 1	... ... ...	... ... ...	2 ... 1	... ... ...	8 ... 2	... ... ...	... ... ...	3	1 ... ...	... ... ...	... ... ...	2	11	103 ... 8	589	...	Bangalore, 1st January to 31st December.	6
2nd Liverpool Regiment.	686	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	281	147	1	1	3	1 ... ...	... ... ...	... ... ...	10	1	16	1	8	30	723 5 10	3446	...	Peshawar, 12 months. Detachments at Cherat and Nowshera.	6
2nd Dorsetshire Regiment.	210	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	215 ... ...	... ... ...	1	1	1	5 ... 2	... ... ...	... ... ...	6	3	5 ... ...	... ... ...	3 ... 1	15	352 1 9	2240	...	Poona Depot 12 months (Head-quarters left for Field Service.)	9
1st Oxford and Bucks Light Infantry.	109	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	54 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5 ... ...	... ... ...	1 ... ...	... ... ...	1	14	98 ... 5	547	...	Amednagar, 12 months.	12
1st South Lancashire Regiment.	853	Admitted Died Invalided	1 ... ...	... ... ...	1 ... ...	... ... ...	221 ... ...	... ... ...	2	1	1	4	1	6	14 ... 1	1	6	1	4	64	547 3 5	2748	...	Quetta, 12 months Wing at Karachi, 1st January to 18th October.	12 11
2nd Norfolk Regiment.	134	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	1	6	28 ... 4	217	...	Belgaum, 12 months.	4

REGTS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1915.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
REGIMENTAL																									
Yorkshire Regiment.	927	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	3	259	138	11	2	3	2	2	1	26	2	7 ... ...	... ... ...	13	33	777 4 2	35'59	...	Rawalpindi, 12 months. Detachment at Attock, 1st May to 31st December.	3 11 0
East Sussex Regiment.	719	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	311	126	1	1	2	1 ... ...	... ... ...	4	17	1	16	1	3	15	655 3 3	23'98	...	Peshawar, 12 months. Detachment at Cherat 7th May to 29th August.	13 0 0
Devonshire Infantry.	848	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	1	356	2	1	5 ... ...	... ... ...	9	1	2	9 ... ...	... ... ...	6	1	1	35	637 2 8	26'11	...	Quetta, 12 months. Detachment at Hyderabad, 26th January to 19th October.	2 1 8
North Staffordshire Regiment.	833	Admitted Died Invalided	3	2 ... ...	... ... ...	2	175	21	3	3 ... ...	... ... ...	5 ... ...	... ... ...	4	24	1	6 ... ...	... ... ...	3	38	523 2 6	29'30	...	Rawalpindi, 5 months, Ghazal, 4 months, Nowshera, 1 month, marching 2 months.	12 2 0
West Riding Regiment.	866	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	1	710	19	3	1	2	1 ... ...	... ... ...	... ... ...	10	6	6	6	6	54	1,048 5 11	44'87	...	Sialkot, 12 months. Detachment at Peshawar and Kalabagh.	9 2 0
REGIMENTAL																									
Regimental Garrison Battalion, Lincoln Regiment.	17	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	1	6	'06	...	Calcutta, 25th December to 31st December. Arrived from England on 25th December.	0 0 7
Regimental Garrison Battalion, Norfolk Regiment.	23	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	2	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	14	'31	...	Karachi, 23rd December to 31st December. Arrived from England on 23rd December.	0 0 9
Border Regiment.	743	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	2	57 ... ...	... ... ...	... ... ...	... ... ...	12	27	2 ... ...	... ... ...	2	9 ... ...	... ... ...	15	6	21	364 4 6	26'03	...	Maymyo, 1st January to 31st December 1915. Detachment at Mandalay, 1st January to 31st December.	1 1 20

EUROPEAN TROOPS, 1915.

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1915.	Stations occupied during the year with dates of occupation. Last move.	
TERRITORIAL INFANTRY.— <i>contd.</i>																									
2-1st Border Regiment.	541	Admitted Died Invalided	3 ... ...	...	...	4	112 1 ...	1	3	5	1	3 ... ...	...	1	5	2	24 ... ...	...	1	2	325 2 2	17'19	1,113	Poonah, 1st April to 30th November; Kamptee, 1st December to 31st December 1915. Detachments at Kirkee and Allahabad (arrived on 1st April 1915).	Y.
1-4th Duke of Cornwall's Light Infantry.	749	Admitted Died Invalided	14 ... ...	...	...	1	9 ... ...	...	1	19	1	8 ... ...	...	...	20	1	44 ... ...	...	1	33	787 2 6	31'15	...	Bareilly, 1st January to 31st December 1915. Detachment at Ranikhet, 16th April to 24th October 1915.	
2-4th " "	749	Admitted Died Invalided	4 ... ...	...	...	2	133	4	8	43 ... ...	...	8	1	6	18	1	23 ... ...	...	...	6	906 4 15	38'79	233	Karachi, 9th January to 25th March; Quetta, 26th March to 15th October; Karachi, 16th October to 22nd December 1915; Multan, 23rd December to 31st December 1915. Detachment at Hyderabad (arrived from England on 9th January).	
1-4th Devonshire Regiment.	735	Admitted Died Invalided	...	...	...	4	44	103	2	9	3	22	2	1	13	4	5 ... ...	...	...	3	559 2 11	23'08	...	Ferozepore, 1st January to 31st December. Detachment at Dalhousie and Amritsar.	
2-4th " "	726	Admitted Died Invalided	8 ... ...	...	...	1	13 ... ...	...	4	22	1	16	2	2	26	10	10	1	1	22	768 4 10	29'18	785	Wellington, 1st January to 31st December 1915. Detachments at Madras, Calicut and Malapuram (arrived from United Kingdom on 11th January 1915).	
1-5th " "	722	Admitted Died Invalided	...	...	...	4	59	3	86	3	6	12 ... ...	...	2	16	3	35 ... ...	...	...	1	673 3 16	28'49	...	Multan, 1st January to 24th December; Leborg, 25th December to 31st December 1915. Detachment at Dalhousie, 10th April to 31st December.	

TABLE XI—Continued.
STATISTICS OF REGIMENTS
During the year 1915.

REGTS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1915.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
REGIMENTAL ANTRY contd.																									Y. M. D.
Devonshire Regiment.	753	Admitted Died Invalided	4 ... ...	...	...	8	41	27	17	9	16	19	2	45	11	22 ... ...	...	3	12	735 5 12	38'58	...	Lebong, 1st January to 31st December 1915. Detachments at Dalhousie and Amritsar.	1 1 17
" "	722	Admitted Died Invalided	3	1	4	118 ... ...	...	7	16	15	3	6	20	7	18	2	40	651 2 37	35'58	807	Bombay, 6th Jan. to 31st Dec. 1915. Detachment at Deolali, 8th January to 31st December (arrived from England on 6th January).	0 11 26		
Dorsetshire Regiment.	744	Admitted Died Invalided	4 ... ...	...	...	6	33	36	11	12	1	18	3	16	2	12 ... ...	...	5	9	414 2 11	25'05	...	Mhow, 1st January to 22nd February; Ambala, 23rd February to 6th April; Marching, 7th April to 9th April; Dagshai, 10th April to 17th July. Ambala, 18th July to 31st December. Detachments at Jutogh, Ahmednagar and Kasauli.	1 1 19
" "	649	Admitted Died Invalided	1 ... ...	...	...	118 ... ...	...	...	...	20	31	16	3	10	1	8 ... ...	...	1	5	551 ... 20	23'33	678	Poona, 9th January to 15th February; Ahmednagar 16th February to 31st December (arrived from England on 9th January 1915).	0 11 22
Hampshire Regiment.	282	Admitted Died Invalided	...	...	...	228	1	4	6	8	1	5 ... ...	...	...	...	7 ... ...	...	...	...	442 ... 20	18'54	...	Rawalpindi, 2 months; Quetta, 2 months; Suabathu, 3 months; Chakrata, 3 months (left for Field Service in November 1915).	1 0 20
" "	714	Admitted Died Invalided	15 ... ...	...	2	146	2	9	46	12	1	2	18 ... ...	...	10 ... ...	...	...	...	...	740 3 11	34'32	131	Quetta, 11th January to 31st December 1915. (Arrived from England, 11th January. A detachment of 100 men left for force "D" on 14th October 1915).	0 11 21
" "	714	Admitted Died Invalided	18 ... ...	...	2	12	3	2	3	18	1 ... ...	...	...	26	9	22	21	9	513 6 19	21'54	4	Allahabad, 1st January to 3rd December; Lucknow, 4th December to 31st December detachments at Benares, Cawnpore, Ranikhet and Labong.	1 1 18	

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1915.	Stations occupied during the year with dates of occupation. Last move.
TERRITORIAL INFANTRY—<i>contd.</i>																								
2- <i>nd</i> Hampshire Regiment.	692	Admitted Died Invalided	1	2	36	9	14	1	5	14	24	26	3	7	719 1 36	27'89	738	Secunderabad, 9th January to 31st December 1915. (Arrived from England 9th January.) Detachments at Wellington and Madras.
1-6th " "	710	Admitted Died Invalided	7 ... ...	...	...	1	44	15	7	17	4	13	2	4	13 ... ...	...	20	12	18	499 3 9	26'65	50	Agra, 1st January to 31st December 1915. Detachments at Chakrata, 12th April to 26th October.
1-7th " "	772	Admitted Died Invalided	11	6 ... ...	...	...	97	2	14	6	1	4 ... ...	...	...	10	2	33 ... ...	...	21	615 5 1	28'33	...	Meerut, 13th January to 31st December 1915. Arrived from England, 13th January. Detachments at Delhi and Chakrata.
2-7th " "	737	Admitted Died Invalided	1 ... ...	...	...	1	14 ... ...	...	...	11	9	4	1	23	25	22	2	10 ... ...	...	650 6 43	30'19	850	Secunderabad, 9th January to 31st December. (Arrived from England, 9th January.) Detachment at Wellington, 1st January to 31st December.
1- <i>st</i> East Kent Regiment.	459	Admitted Died Invalided	... ... ...	...	...	5	4	24	4	11 ... ...	...	11 ... ...	...	1	7	2	19 ... ...	...	4	257 2 10	16'45	...	Mhow, 1st January to 24th July, (left for Active Service on 24th July).
1-5th " "	626	Admitted Died Invalided	1 ... ...	...	...	1	21	29	3	8	5	8	3	10	1	6	2	8 ... ...	...	378 7 17	16'08	...	Kamptee, 1st January to 27th November (left for Field Service, 27th November 1915). Detachments at Mount Abu and Pachmarhi.
1- <i>st</i> Royal West Kent Regiment.	754	Admitted Died Invalided	80 ... ...	...	...	1	38	11	2	10	12	22 ... ...	...	...	8	1	44 ... ...	...	15	836 4 61	30'20	...	Jubbulpore, 1st January to 31st December 1915. Detachment at Ranikhet, 29th April to 1st October 1915.
1- <i>st</i> Royal West Kent Regiment.	753	Admitted Died Invalided	... ... ...	...	...	16	1	16	6	5	8	16	1 ... ...	...	9 ... ...	...	28	1	9	510 12 11	23'17	...	Jhansi, 1st January to 31st December 1915. Detachment at Ranikhet, 20th May to 23rd October 1915.

STATISTICS OF REGIMENTS

REGTS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heart-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1915.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.	
REGIMENTAL COMPANY— Middlesex Regiment.	723	Admitted Died Invalided	3 ... ...	... ... ...	... ... ...	15	107	41	20	12	2	26 ... ...	... ... ...	... ... ...	31	10	45	1	29	13	953 4 10	38'63	...	Dinapore, 1st January to 31st December 1915. Detachments at Dum Dum and Barrackpore.	Y. M. D. 1 0 26
" " "	583	Admitted Died Invalided	4 ... ...	... ... ...	... ... ...	... ... ...	43 ... ...	... ... ...	2	5 ... ...	... ... ...	13 ... ...	... ... ...	... ... ...	1	28	2	20 ... ...	... ... ...	11	651 4 16	25'45	...	Calcutta, 1st January to 31st December 1915. Detachment at Darjeeling, 15th April to 30th October 1915.	1 0 27
Somerset Infantry.	707	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	1	163	125	3	11	3	9 ... ...	... ... ...	... ... ...	4	16 ... ...	... ... ...	45	14	8	959 4 9	35'28	...	Calcutta, 1st January to 18th January; Jullundur, 19th January to 21st August; Peshawar, 22nd August to 31st December 1915. Detachment at Amritsar, 25th February to 6th November.	1 1 19
" " "	753	Admitted Died Invalided	3	1	338	60	44	10	29	1	1	26	9	24	1	2	36	1,063 3 28	42'98	800	Pangalore, 11th January to 23rd August; Port Blair, 24th August to 31st December. Detachment at Malapuram, 19th January to 19th August. Arrived from England on 11th January.	0 11 21
" " "	731	Admitted Died Invalided	20	19	10	6	3	8	2	42	3	17	1	4	2	391 8 14	18'38	...	Ambala, 1st January to 11th July; Dagshai, 12th July to 2nd November; marching, 3rd November to 3rd December, Ambala, 4th December to 31st December.	1 1 19
" " "	674	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	18 ... ...	... ... ...	6	7 ... ...	... ... ...	11 ... ...	... ... ...	... ... ...	16	1	25 ... ...	... ... ...	1	32	547 3 7	24'82	415	Meiktila, 1st February to 31st December. Detachment at Shwebo, 3rd February to 31st December. (Arrived from England, 1st February.)	0 11 0
Shropshire Infantry.	128	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	5 ... ...	... ... ...	2	1 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	7 ... ...	... ... ...	7 ... ...	... ... ...	... ... ...	8	117 1 2	4'89	...	Rangoon, 1st January to 17th February. (Left for Singapore on 18th February.)	0 2 7
East Surrey Regiment.	742	Admitted Died Invalided	2 ... ...	... ... ...	... ... ...	1	6	303 ... ...	... ... ...	2	4	3 ... ...	... ... ...	... ... ...	2	4	31 ... ...	... ... ...	8	10	745 3 2	25'87	...	Cawnpore, 1st January to 23rd August, Nowshera, 24th August to 31st December. Detachments at Lebong and Peshawar.	1 0 28

EUROPEAN TROOPS, 1915.

TABLE XI—concluded.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1915.	Stations occupied during the year with dates of occupation. Last move.
TERRITORIAL INFANTRY— <i>concl.</i> 1-6th East Surrey Regiment.	1,049	Admitted Died Invalided	8 ... ...	...	...	6	9	11	7	1 ... ...	...	17 ... ...	...	4	12 ... ...	...	9	1	9	383 2 5	19'36	...	Ferozepore, 1st January to 14th March; Rawalpindi, 15th March to 2nd May; Kuldana, 3rd May to 24th October; Rawalpindi, 25th October to 31st December.	
1-4th Royal West Surrey Regiment.	724	Admitted Died Invalided	3 ... ...	...	...	6	5	2	3	6	12	9	2	4	7	2	39	1	4	9	445 6 13	22'59	...	Lucknow, 1st January to 31st December 1915. Detachment at Lebong.
1-5th " "	649	Admitted Died Invalided	6 ... ...	...	...	3	2	2	3	7	8	4	3 ... ...	...	11	5	43	1	28	7	517 4 13	20'92	...	Lucknow, 1st January to 29th November (left for Active Service on 29th November).
1-4th Wiltshire Regiment.	727	Admitted Died Invalided	...	...	...	2	188	6	4	6 ... ...	...	5	2	2	10 ... ...	...	5 ... ...	...	4	8	412 3 4	16'76	...	Delhi, 1st January to 31st December 1915. Detachment at Chikrata, 10th April to 29th October.
2-4th " "	708	Admitted Died Invalided	9	1 ... ...	...	10 ... ...	...	6	17 ... ...	...	10	2 ... ...	...	...	10	1	28 ... ...	...	7	632 2 11	28'61	1,188	...	Poona, 8th January to 31st December. Detachment at Kirkee. (Arrived from England on 8th January.)
1st Brecknockshire Battalion.	706	Admitted Died Invalided	...	...	...	3	80	59	6	1	4	10 ... ...	...	1	19	13	44	4	17	7'5 3 14	25'68	...	...	Aden, 1st January to 30th June (after 30th June Field Force return was in force).
TOTAL INFANTRY	31,726	Admitted Died Invalided	222	1	4	117	5,306	1,373	351	446	23	507	41	83	736	17	915	13	251	8	27,874 162 626	1241'91	1,789	...
REGULAR. Men of the small Detachments.	22	Admitted Died Invalided	...	...	...	...	4 ... ...	...	...	...	...	...	...	...	...	...	1 ... ...	...	...	...	8	'03	...	...
TERRITORIAL— Men of the small Detachments.	31	Admitted Died Invalided	...	...	...	...	...	3 ... ...	...	...	...	...	...	...	...	...	...	...	...	...	6	'01	...	...
Total	54	Admitted Died Invalided	...	...	...	...	4	3 ... ...	...	...	...	...	...	...	...	...	1 ... ...	...	...	...	14	'04	...	...

TABLE XI

STATISTICS OF FEVER, WOUNDS AND OTHER DISEASES

IN THE REGIMENTAL HOSPITALS OF THE EUROPEAN TROOPS IN INDIA, 1915

RS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Etiotic Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1915.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
AR— staff and inments.	9,723	Admitted Died Invalided	11 ... ...	... ... ...	... ... ...	8	330 4 3	27	5	9	2	21 5 10	6 1 12	9 1 1	42 1 2	33 3 2	18	4 1 ...	15 1 1	78 ... 5	1,254 29 78	93'84	...	...	Y. M. D. ...
ORIAL— staff and inments.	470	Admitted Died Invalided	3 ... ...	... ... ...	... ... ...	7	51	4	3	4	1	12 ... 2	... ... ...	2	6 ... 1	7	11	1 1 ...	4	6 ... 1	382 4 20	59'83	...	...	...
Total	3,193	Admitted Died Invalided	14 ... ...	... ... ...	... ... ...	15	381 4 3	31	8	13	3 ... 1	33 5 12	6 1 12	11 1 1	48 1 3	30 3 2	29	5 2 ...	19 1 1	84 ... 6	1,636 33 98	153'67	...	...	...
Total	44,891	Admitted Died Invalided	334	16	5	167	6,954 16 9	1844	438	515 3 3	207 33 7	660 19 213	51 5 43	119 17 4	957 3 12	253 13 3	1,188 ... 1	22 9 2	381 1 5	1,305 1 9	36,05 267 889	1,754'19	...	...	...

EUROPEAN TROOPS, 1915.

TABLE XII.

STATISTICS OF OFFICERS, WOMEN AND CHILDREN.

SICKNESS and MORTALITY among OFFICERS, WOMEN and CHILDREN of the BRITISH ARMY in 1915.

	OFFICERS.			WOMEN.			CHILDREN.		
	Northern Army.	Southern Army.	India.	Northern Army.	Southern Army.	India.	Northern Army.	Southern Army.	India.
STRENGTH	1,028	963	2,080	823	750	1,570	1,453	1,472	29
CASES REMAINING FROM 1914	21'4	17'6	18'7	7'3	16'0	11'5	4'1	14'9	9
CONSTANTLY SICK	25'75	25'77	24'67	18'72	19'81	19'24	8'64	19'42	14
INVALIDING	11'67	31'15	20'19	2'44	14'67	8'28	...	2'72	17
ADMISSIONS.									
Influenza	10'7	18'7	13'9	...	...	...	...	4'1	2
Measles . . . . .	...	1'0	'5	...	4'0	1'9	5'5	19'0	12
Whooping cough . . . . .	...	...	...	...	...	...	2'7	4'1	3
Enteric Fever	5'8	2'1	3'8	1'2	1'3	1'3	2'1	4'8	3
Malaria	58'4	46'7	51'0	34'1	37'3	35'7	24'8	44'8	34
Sandfly Fever	82'7	24'9	52'4	4'9	1'3	3'2	1'4	...	...
Pyrexia of uncertain origin	9'7	8'3	10'6	1'2	2'7	1'9	4'1	...	2
Tubercle of the lungs	1'0	2'1	1'4	4'9	2'7	3'8	...	...	...
Tuberculosis Diseases	1'0	...	'5	2'4	...	1'3	...	'7	...
Pneumonia	2'9	...	1'4	1'2	2'7	1'9	...	1'4	...
Respiratory Diseases	41'8	26'0	32'7	7'3	28'0	17'2	3'3	61'8	46
Dysentery	7'8	14'5	10'6	...	2'7	1'3	4'1	4'1	4
Diarrhoea	46'7	45'7	44'2	9'8	10'7	10'2	25'5	29'2	27
Hepatic Abscess	1'0	...	'5	...	...	...	...	...	...
„ Congestion	4'9	4'2	4'3	1'2	4'0	2'5	...	...	...
Eye Diseases	3'9	10'4	6'7	1'2	6'7	3'8	2'1	7'5	4
Anæmia and Debility	8'8	12'5	10'1	158'5	116'0	144'6	35'1	31'9	33
Abortion and other affections . . . . .	...	...	...	23'2	21'3	22'3	...	...	...
Affections connected with and consequent on parturition . . . . .	...	...	...	3'7	2'7	3'2	...	...	...
All other diseases peculiar to women . . . . .	...	...	...	23'2	30'7	26'8	...	...	...
Veneral Diseases	3'9	4'2	3'8	...	...	...	'7	...	...
ALL CAUSES	726'6	721'7	694'2	402'4	537'3	459'9	259'5	421'9	341
DEATHS.									
Diphtheria . . . . .	...	...	...	...	...	...	...	1'36	...
Enteric Fever	'97	...	'48	1'22	...	'64	'69	...	...
Heat-stroke	1'95	...	'96	...	...	...	...	...	...
Circulatory Diseases . . . . .	...	...	...	2'44	...	1'27	'69	...	...
Tubercle of the Lungs . . . . .	...	...	...	3'65	...	1'91	...	...	...
Convulsions . . . . .	...	...	...	...	...	...	1'38	4'76	3
Respiratory Diseases . . . . .	...	...	...	...	...	...	4'13	...	...
Dysentery . . . . .	...	1'04	'48	...	...	...	...	'68	...
Diarrhoea . . . . .	...	...	...	...	...	...	1'38	2'72	2
Hepatic Abscess . . . . .	...	...	...	...	...	...	...	...	...
Anæmia, Debility and Premature birth . . . . .	...	...	...	...	...	...	1'38	2'72	2
Abortion and affections connected with and consequent on parturition . . . . .	...	...	...	1'22	...	'64	...	...	...
ALL CAUSES	7'78	7'27	7'21	9'76	2'67	6'37	22'71	15'98	19
TOTAL INCLUDING DEATHS IN ENGLAND AND OTHER COUNTRIES.	...	...	7'69	...	...	...	...	...	...

TABLE XIII.

DEATHS OF CHILDREN BY AGES AND CAUSES.

AGE AT DEATH.	Cholera.	Small-pox.	Diphtheria.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	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 columns expressed in percentages.)
6 months	5	2	...	...	3	6*	24	243	98'77	42'81
6 and 12 months	1	...	...	...	...	2	3	2	...	2	...	17	326	32'13	22'60
12 and 18 "	2	...	...	1	...	...	5	310	16'13	6'99
18 and 24 "	1	...	2	341	5'87	2'34
2 years and 5 years	684	...	...
5 " and 10 "	1	...	...	...	...	...	1	...	...	...	...	6	653	9'19	3'98
10 " and 15 "	2	275	7'27	3'15
15 " and upwards	1	...	...	...	...	...	...	...	...	...	2	93	21'51	9'32
TOTAL	2	1	...	...	...	9	6	2	1	6	6	58	2,935†	19'83	8'59

* Premature birth.

† Includes none, not classed on the line of march.

TABLE C.

STATIONS by ARMIES.

STATIONS.	Height above the sea-level in feet.*	Authority for height.†	STATIONS.	Height above the sea-level in feet.*	Authority for height.†	STATIONS.	Height above the sea-level in feet.*
NORTHERN ARMY:—			SOUTHERN ARMY:—			EXTRA INDIA NOT IN THE INDIAN COMMAND.	
Abbottabad	4,166	I. B.	Aden	26	S. G.	Colombo	
Agra	554	S. G.	Agar	1,671	"	Diyatalawa	
Allahabad	298	"	Ahmedabad	170	"	Hoeng-Koog—(China).	
Alipore	21	I. B.	Ahmednagar	2,125	"	Singapore	
Almora	5,494	S. G.	Ajmer	1,627	"		
Ambala	902	"	Aurangabad	1,865	M. D.		
Amrook	1,192	"	Bangalore	3,021	S. G.		
Bakloh	4,585	"	Baroda	115	"		
Baksa Duar	2,457	"	Bolgaum	2,473	"		
Bannu	1,270	I. B.	Bellary	1,483	"		
Baragali	7,800	M. O.	Bhamo	351	S. G.		
Barilly	563	S. G.	Bolarum	1,890	I. B.		
Barian . . . . .	...	"	Bombay and Deolali	20	S. G.		
Barrackpore	24	S. G.	Bushire	40	I. B.		
Benares	256	"	Chaman	5,483	S. G.		
Campbellpore	1,200	M. O.	Charbat . . . . .	...	"	
Cawnpore	417	S. G.	Deesa	470	"		
Chakdara	2,500	I. B.	Deoli	1,122	"		
Changla Gulli . . . . .	...	"	Erinpura	876	"		
Cherat	4,546	S. G.	Fort Sandeman	4,522	I. B.		
Chitral	4,980	"	Goona	1,617	S. G.		
Dacca	20	M. D.	Gumbaz	3,050	I. B.		
Dargai . . . . .	...	"	Hindu Bagh	5,675	S. G.		
Dehra Dun	2,229	S. G.	Hyderabad	134	I. B.		
Delhi	715	"	Jaipur	1,582	S. G.		
Dera Ismail Khan	571	"	Jask . . . . .	...	"	
Dharmasala	6,111	"	Juani	860	S. G.		
Dibrugarh	342	"	Jubbulpore	1,305	"		
Dinapore	171	S. G.	Kamptee	930	"		
Drazinda	1,600	I. B.	Karachi	28	"		
Fatehgarh	444	"	Khormaksar	50	I. B.		
Ferozepore	645	S. G.	Kila Saifulla	5,090	"		
Fort Abazai . . . . .	...	"	Khrkee	1,837	S. G.		
Fort Cavagnary . . . . .	...	"	Kotah . . . . .	...	"	
Fort Jamrud	1,610	I. B.	Loralai	4,450	S. G.		
Fort Lockhart	6,473	"	Madras	15	"		
Fort Shabkadar . . . . .	...	"	Mandalay (Fort Dufferin)	249	"		
Fort William	17	S. G.	Maymyo	3,508	"		
Fort Zam	1,350	I. B.	Mhow	1,993	"		
Fyzabad	336	S. G.	Murgha	5,038	I. B.		
Gantok	5,000	I. B.	Musa Khal	4,600	"		
Gyantse	12,900	"	Muscat . . . . .	...	"	
Hangu	3,050	"	Myikkyina . . . . .	...	"	
Jandola	2,430	"	Nasirabad	1,461	S. G.		
Jatta	1,000	"	Neemuch	1,613	"		
Jhelum	827	S. G.	Nowgong	770	I. B.		
Jullundar	900	"	Ootacamund	7,216	S. G.		
Khairagali	7,078	"	Pishin	5,157	"		
Khajuri Katch . . . . .	...	"	Poona	1,909	"		
Kila Doshi	4,250	I. B.	Port Blair	85	"		
Kohat	1,708	"	Quetta	5,511	"		
Kohima	4,590	"	Rangoon	14	"		
Lahore Cantonment	706	S. G.	Robat . . . . .	...	"	
Lansdowne	6,360	"	Santa Cruz . . . . .	...	"	
Lucknow	400	"	Satara	2,183	S. G.		
Malakand Fort	3,889	"	Saugor	1,753	"		
Manipur	2,619	"	Secunderabad	1,732	"		
Mardan . . . . .	...	"	Shelabagh	6,330	I. B.		
Meerut	739	S. G.	Sibi	489	S. G.		
Miran Shah . . . . .	...	"	St. Thomas' Mount	250	"		
Multan	408	S. G.	Sumerpore . . . . .	...	"	
Nowshera	1,100	M. O.	Thayetmyo . . . . .	...	"	
Peshawar	1,170	I. B.	Trichinopoly	274	S. G.		
Rawalpindi	1,807	S. G.	Trivandrum	198	M. D.		
Risalpore . . . . .	...	"				
Rerki	884	S. G.					
Shillong	4,987	"					
Sialkot	829	"					
Simla	7,230	"					
Soton . . . . .	...	"				
Takdah	5,303	S. G.					
Tank	826	"					
Thal	2,820	I. B.					

* These are usually the heights above sea-level of the survey-marks or of the mercury-surface in barometer-cisterns in the stations.

† S. G. = Surveyor-General of India; M. D. = Meteorological Department; I. B. = Intelligence Branch of the Division of the Chief of the Staff; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.

TABLE XIV.

RATIOS of ARMIES.

The ratios of admissions and deaths to strength are taken from Table XVI.

	RATIO PER 1,000 OF THE AVERAGE STRENGTH.		
	Northern Army.	Southern Army.	Army of India.*
AVERAGE ANNUAL STRENGTH	71,842	42,631	119,985
CONSTANTLY SICK PER 1,000 OF THE AVERAGE STRENGTH	34'4	34'9	33'9
—ADMISSION RATE OF THE YEAR—			
Influenza	1'9	'8	2'2
Cholera	1'1	'0	'7
Small-pox	'2	'3	'3
Enteric Fever	2'9	1'1	2'2
Malaria	137'3	166'9	148'5
Sandfly Fever	18'3	7'6	13'9
Pyrexia of uncertain origin	30'3	7'5	22'3
Plague	'2	'2	'2
Tubercle of the Lungs	3'2	2'2	2'8
Pneumonia	16'0	8'7	12'9
Respiratory Diseases	40'4	45'6	42'2
Dysentery	27'5	15'1	22'6
Diarrhoea	15'9	22'9	18'2
Hepatic { Abscess	'1	'0	'1
{ Congestion and Inflammation	'9	1'7	1'2
Scurvy	1'8	2'5	2'0
Veneral Diseases	27'5	38'7	31'3
ALL CAUSES	740'4	771'9	741'4
—DEATH RATE OF THE YEAR—			
Cholera	'64	...	'38
Small-pox . . . . .	...	...	...
Enteric Fever	'74	'14	'51
Malaria	1'38	'66	1'08
Sandfly Fever . . . . .	...	...	...
Pyrexia of uncertain origin	'29	'12	'22
Plague	'03	'14	'07
Circulatory Diseases	'22	'40	'28
Tubercle of the Lungs	'40	'21	'32
Pneumonia	3'26	1'71	2'62
Respiratory Diseases	'33	'38	'33
Dysentery	'24	'16	'20
Diarrhoea	'35	'05	'23
Hepatic Abscess	'07	...	'04
Anæmia and Debility	'10	'09	'11
ALL CAUSES	10'08	6'52	8'55

* Including garrison India, Field Forces and troops on the line of march.

TABLE XV.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XVI.

RATIO PER 1,000 OF THE AVERAGE STRENGTH.													
	I Burma Coast and Bay Islands.	II Burma Inland.	III Assam.	IV Bengal and Orissa.	V Gange- tic Plain and Chutia Nagpur.	VI Upper Sub- Hima- laya.	VII N.-W. Frontier, Indus Valley, and N.-W. Raj- putana.	VIII S.-E. Rajpu- tana, Central India, and Gujarat.	IX Decan.	X West- ern Coast.	XI South- ern India.	XII Hill Stations.	An nd
I.—AVERAGE ANNUAL STRENGTH .	742	2,721	706	1,207	6,753	24,061	28,791	7,570	11,009	1,192	2,896	24,896	119
II.—CONSTANTLY SICK PER 1,000 OF THE AVERAGE STRENGTH .	35'0	43'0	32'6	63'0	24'7	34'2	35'0	33'3	43'5	40'3	33'1	30'3	3
III.—ADMISSION RATE OF THE YEAR—													
Influenza . . . . .	...	...	4'2	4'1	'3	'2	'2	1'2	2'4	...	...	4'5	
Cholera . . . . .	...	'4	...	...	'6	'3	1'2	'1	...	...	'3	1'3	
Small-pox . . . . .	...	...	...	...	'3	'2	'2	...	'7	2'5	1'0	'2	
Enteric Fever . . . . .	...	...	4'2	...	1'5	2'1	4'4	1'1	1'0	1'7	2'1	1'1	
Malaria	296'5	342'9	68'0	67'9	24'0	102'7	144'1	65'5	104'7	199'7	69'1	201'3	1
Sandfly Fever . . . . .	...	...	...	...	'4	'2	38'8	15'1	1'5	...	...	8'6	
Pyrexia of uncertain origin .	109'2	4'0	85'0	159'1	110'7	36'5	30'6	5'9	4'2	1'7	'7	8'1	
Plague . . . . .	...	'7	...	...	...	'5	'0	'1	'4	...	'7	'0	
Tubercle of the Lungs . . .	1'3	2'6	2'8	...	3'4	3'9	2'4	2'9	2'6	5'0	2'8	2'4	
Pneumonia	2'7	7'0	2'8	6'6	6'7	16'0	18'7	10'8	6'5	12'6	9'3	12'8	1
Respiratory Diseases . . .	10'8	45'2	32'6	90'3	33'8	34'9	47'4	55'2	53'2	46'1	25'6	38'8	4
Dysentery	8'1	10'3	22'7	55'5	9'9	20'4	37'2	14'3	21'6	45'3	3'5	15'6	2
Diarrhoea	1'3	25'7	38'2	8'3	11'1	13'9	17'2	12'0	19'5	23'5	11'7	19'5	1
Hepatic { Abscess Congestion Inflammation	1'3	...	1'4	...	...	...	'1	...	...	...	...	'2	
Scurvy . . . . .	...	...	...	1'7	'1	'2	5'2	'8	2'7	1'7	...	'9	
Venereal Diseases	71'4	49'6	29'7	61'3	25'0	36'9	23'8	29'2	55'0	82'2	62'5	18'6	3
ALL CAUSES	913'7	994'3	660'1	988'4	463'3	685'6	811'3	772'3	804'4	820'3	673'3	688'2	74
IV.—DEATH RATE OF THE YEAR—													
Cholera . . . . .	...	...	...	...	'44	.12	'49	'13	...	...	...	1'00	
Small-pox . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever . . . . .	...	...	...	...	'30	'62	1'04	'13	'18	...	...	'32	
Malaria	2'70	3'31	...	'83	'44	'37	'90	'26	'27	...	...	2'85	1
Sandfly Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Pyrexia of uncertain origin .	...	'37	...	...	...	'37	'35	...	'18	...	...	'12	
Plague . . . . .	...	'37	...	...	...	'08	...	...	'27	...	'69	...	
Circulatory Diseases . . .	...	1'10	...	...	'59	'08	'17	'40	'55	...	'35	'36	
Tubercle of the Lungs . . .	...	'37	...	...	'44	'33	'10	'13	'27	...	...	'26	
Pneumonia . . . . .	...	1'84	...	'83	1'78	2'78	4'10	1'32	1.18	2'52	'35	3'05	2
Respiratory Diseases . . .	...	'37	...	'83	'30	'29	'42	'40	'27	...	...	'44	
Dysentery . . . . .	...	...	...	...	'15	'08	'24	...	'18	'84	...	'44	
Diarrhoea . . . . .	...	...	...	...	'15	'12	'14	...	'09	...	...	'68	
Hepatic Abscess . . . . .	...	...	1'42	...	...	...	'07	...	...	...	...	'08	
Anaemia and Debility . . .	...	...	...	...	'59	...	'10	...	'09	...	...	'08	
ALL CAUSES	6'74	12'50	1'42	3'31	8'00	7'11	10'11	4'36	5'81	3'36	4'14	12'41	8'

*Including Group Extra India, Field Forces and troops on the line of march.

TABLE XVI.

RATIOS of STATIONS, GROUPS, and ARMIES.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhoea.
Blair . . .	199 {	...	...	...	...	1,110'5 5'26	...	...	...	26'3	...	5'3	21'1	...	...	5'3	...	...	...	31'6	1,489'3 5'26	57'9	...	5'3	26'3
Boon . . .	552 {	...	...	...	...	16'3 1'81	...	146'7	...	1'8	1'8	1'8	7'2	10'9	1'8	...	1'8	...	36'2	85'1	715'6 7'25	27'2	19'9	39'9	25'4
GROUP I.—BURMA COAST AND ISLANDS.	742 {	...	...	...	...	296'5 2'70	...	109'2	...	8'1	1'3	2'7	10'8	8'1	1'3	1'3	1'3	...	27'0	71'4	913'7 6'74	35'0	14'8	31'0	25'6
Pyetmyo . . .	423 {	...	...	...	...	432'6 4'73	...	...	...	11'8	2'4	...	23'6	56'7	63'8	...	4'7	...	4'7	66'2	1,189'1 11'82	42'6	23'6	11'8	30'7
Dufferin (Man- lay) . . .	1,268 {	...	8	...	...	281'5 7'9	...	8	...	8	3'9	3'2	42'6	...	20'5	...	...	...	11'8	23'7	821'0 9'46	41'8	6'3	11'0	6'3
Bo . . .	682 {	...	...	...	...	316'7	...	14'7	2'0	2'0	1'5	7'3	63'0	5'9	24'9	...	4'4	...	17'6	110'0	1,193'5 7'33	49'9	10'3	33'7	66'0
Pyetmyo . . .	343 {	...	...	...	...	508'6 17'24	...	...	...	2'9	...	28'7	46'0	...	...	...	...	...	...	5'8	1,000'0 34'48	34'5	...	5'8	...
GROUP II.—ARMA INLAND	2,721 {	...	4	...	...	342'9 3'31	...	4'0	7	3'3	2'6	7'0	45'2	10'3	25'7	...	1'8	...	10'7	49'6	994'5 12'50	43'0	9'2	16'2	24'3
Pyetmyo . . .	65 {	46'2	...	...	...	384'6	...	16'9	...	...	...	...	107'7	...	15'4	...	...	...	...	...	907'7	61'5	...	...	...
Bo . . .	559 {	...	...	...	5'4	37'6	...	96'6	...	10'7	3'6	1'8	21'5	28'6	46'5	1'8	...	...	5'4	35'8	645'8 1'79	30'4	16'1	1'8	17'9
Pyetmyo . . .	82 {	...	...	...	...	24'4	...	12'2	...	...	...	12'2	45'8	...	...	...	...	...	...	12'2	561'0	24'4	...	...	12'2
GROUP III.—ARMA INLAND	706 {	4'2	...	...	4'2	68'0	...	85'0	...	8'5	2'8	2'8	32'6	22'7	38'2	1'4	...	...	4'2	29'7	660'1 1'42	32'6	12'7	1'4	15'6
William . . .	879 {	4'6	...	...	...	62'6 1'14	...	196'8	...	1'1	...	5'7	87'6 1'14	48'9	10'2	...	3'4	2'3	36'9	64'8	1,051'2 3'41	69'4	12'5	18'2	34'1
Bo . . .	312 {	3'2	...	...	...	73'7	...	57'7	...	3'2	...	9'6	99'4	70'5	...	...	...	...	16'0	54'5	810'9 3'21	41'7	19'2	16'0	19'2
Pyetmyo . . .	8 {	...	...	...	...	500'0	...	125'0	...	...	...	...	125'0	150'0	125'0	...	...	...	...	...	1,500'0	125'0	...	...	...
Pyetmyo . . .	8 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	500'0	125'0	...	...	...
GROUP IV.—ARMA INLAND	1,207 {	4'1	...	...	...	67'9	...	159'1	...	1'7	...	6'6	90'3	55'5	8'3	...	2'5	1'7	45'6	61'3	988'4 3'31	63'0	14'1	17'4	29'8

TABLE XVI—continued.

RATIOS of STATIONS, GROUPS, and ARMIES.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.												
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancres.
B																								
Dinapore . . .	413 {	...	...	2.4	2.4	29.1	2.4	2.4	...	7.3	2.4	2.4	65.4	4.8	...	...	...	...	41.2	41.2	556.9	31.5	...	19
Benares . . .	902 {	...	1.1	1.1	1.1	61.0	...	1.1	...	1.1	2.2	6.7	22.2	45.5	16.6	...	...	...	48.8	23.3	603.1	36.6	5.5	13
Allahabad . . .	1,150 {	1.7	...	...	1.7	31.3	...	22.6	...	5.2	4.7	12.2	41.7	9.6	2.6	...	3.5	...	19.1	34.8	544.3	22.6	5.2	14
Fyzabad . . .	736 {	...	...	...	6.3	14.9	...	23.1	...	2.7	8.2	8.2	40.8	8.2	6.8	...	6.8	...	49.0	31.6	408.6	24.5	8.2	12
Lucknow . . .	1,598 {	...	...	...	...	3.1	...	10.0	...	3.8	1.9	6.9	30.7	5.1	18.1	...	6	20.0	21.9	405.5	19.4	6	8	
Cawnpore . . .	929 {	...	3.2	...	1.1	38.8	2.2	11.8	...	...	2.2	3.2	24.8	1.1	18.9	...	2.2	...	12.9	16.1	359.5	19.4	2.2	2
Fatehgarh . . .	1,025 {	...	...	...	...	6.8	...	...	...	5.9	3.9	3.9	30.2	1.0	16.7	...	...	...	19.5	16.6	370.7	27.3	1.9	5
GROUP V.—GANGETIC PLAIN AND NAGPUR.	6,753 {	3	6	3	1.5	24.0	4	10.7	...	3.6	3.4	6.7	33.8	9.9	11.1	...	1.6	1	21.2	25.0	463.3	24.7	3.3	10
A																								
Bareilly . . .	1,240 {	...	...	...	...	30.6	8	8	...	4.0	13.7	7.3	66.1	16.9	34.3	...	1.6	...	15.1	53.2	534.7	45.2	7.3	24
Rerki . . .	1,051 {	...	...	1.0	...	1.0	3.8	1.0	...	1.0	1.0	10.5	13.3	...	11.4	...	2.9	...	7.1	10.5	244.5	13.3	2.9	4
Dehra Dun . . .	2,894 {	...	7	...	1.7	133.7	...	...	...	4.1	7.9	16.9	37.7	14.5	17.6	...	7	...	20.0	41.8	639.3	38.4	11.4	20
Meerut . . .	1,276 {	1.1	1.1	...	6	49.0	...	10.1	...	1.1	2.8	7.3	21.4	8.4	3.9	...	6	...	8.4	33.2	528.2	26.5	8.4	11
Delhi . . .	1,651 {	...	1.2	...	3.6	222.9	...	6	...	1.2	26.0	46.0	9.7	32.1	...	6	...	51.5	26.6	771.7	30.3	12.1	2	
Ambala . . .	2,107 {	...	...	...	1.4	123.9	...	10.9	5	9	1.9	18.0	29.9	21.8	5.2	...	5	1.4	11.9	64.5	731.8	35.6	7.6	33
Jullundur . . .	2,158 {	...	...	...	3.1	123.7	...	5	5	17.8	1.8	21.0	33.8	8.2	9.6	...	2.7	...	68.1	21.5	723.0	32.4	4.1	4
Ferozepore . . .	1,046 {	1.0	...	...	3.8	78.4	...	35.4	...	4.9	1.9	15.3	14.3	30.6	7.6	...	...	...	18.2	25.8	557.4	21.0	6.7	1
Lahore Cantonment	2,254 {	...	...	4	1.3	53.4	...	58.7	...	2.2	15.5	51.2	6.6	13.3	...	9	...	19.4	30.9	628.3	29.6	10.6	21	
Sialkot . . .	1,923 {	...	...	...	5.7	102.4	...	8.3	5	5.2	2.6	10.4	24.4	16.0	3.6	...	...	...	11.4	16.1	532.0	21.8	5	4
Jhelum . . .	3,125 {	1.0	3	6	2.9	169.6	...	113.0	...	10.6	7.4	17.0	43.2	43.8	26.9	...	6	18.6	53.4	972.5	47.7	14.1	16	
Rawalpindi . . .	2,519 {	...	...	4	8	31.3	...	120.0	4.0	10.3	1.9	21.0	24.2	42.9	14.3	...	1.6	4	22.2	42.5	853.8	40.1	6.0	13
Attock . . .	153 {	...	...	...	...	...	...	117.6	...	...	...	...	45.8	19.6	...	...	...	...	...	6.5	444.4	13.1	...	...
Campbellpore . . .	124 {	...	...	...	...	33.6	...	...	...	8.1	...	...	16.1	40.3	...	...	...	...	...	8.1	629.0	16.1	...	8
GROUP VI.—UPPER SUB-HIMALAYA.	24,061 {	2	3	2	2.1	102.7	2	36.5	5	5.5	3.9	16.0	34.9	20.4	13.9	...	9	2	23.2	36.9	685.6	34.2	8.1	12
A																								
Mardan . . .	1,326 {	...	...	...	2.3	73.9	8.2	8	...	1.5	10.6	29.4	129.7	...	4.5	...	8	...	40.7	15.8	973.6	3.2	3.0	2
Nowshera . . .	3,382 {	1.8	8.6	...	1.3	29.9	7.7	23.1	...	9	1.2	11.8	24.5	5.6	5.3	...	6	...	13.6	18.6	499.0	3	4.4	8
Risalpuri . . .	1,134 {	...	2.37	...	...	1.48	...	3.0	...	...	2.37	3.0	3.0	...	...	...	...	...	47.6	8.8	851.0	35.3	2.6	2
Peshawar . . .	4,416 {	2	2	...	2	60.8	53.7	34.0	...	5.2	5.2	29.2	44.4	6.6	10.9	...	1.1	...	22.9	34.0	825.6	36.0	2.6	13

TABLE XVI—
MORTALITY DURING 1913
IN THE NORTH-WESTERN PROVINCES

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancres.	Gonorrhoea.		
Amrotd	1,08 {	...	...	...	...	120'4	27'8	55'6	...	...	...	18'5	37'0	...	55'6	...	...	...	...	18'5	1,138'9	27'8	9'3	9'3	...
		...	...	...	...	...	...	...	...	...	...	9'26	...	...	...	...	...	...	...	...	9'26	...	...	...	...
	3,510 {	...	...	3	5'1	151'6	35'6	6'8	...	2'8	1'1	16'5	35'6	11'4	23'9	6	...	...	10'5	13'7	636'8	16'5	4'3	1'7	7'7
		...	...	...	57	57	...	57	...	28	...	1'99	1'14	57	...	28	...	...	...	...	7'69	...	...	...	...
	99 {	...	...	...	...	111'1	...	...	...	...	...	...	70'7	101'0	10'1	...	...	...	30'3	20'2	596'0	30'3	...	...	20'2
		...	...	...	...	...	...	...	...	...	...	...	10'10	10'10	10'10	...	...	...	...	...	20'20	...	...	...	...
	3,577 {	...	6	6	13'7	226'4	72'1	10'9	...	1'7	3'6	31'3	28'2	53'4	12'9	...	6	1'1	21'8	26'0	859'7	37'5	5'9	7'0	13'1		
		...	36	280	...	...	...	...	...	...	...	6'43	28	28	...	...	28	...	28	...	11'74	...	...	...	...
Small Khan	2,392 {	...	...	4	2'2	159'7	9	34'0	...	8'3	2'6	20'5	33'2	38'8	6'1	4	9	3'1	14'8	35'3	778'4	54'1	13'1	6'1	16'1
		...	...	...	1'31	1'31	...	44	...	...	44	8'29	...	...	44	...	...	...	...	...	15'71	...	...	...	...
	1,658 {	...	...	...	1'9	434'3	...	193'0	...	2'4	...	26'5	29'6	164'1	41'6	...	6	9'0	44'0	7'2	1,416'2	47'0	1'8	6	4'8
		...	...	...	60	1'81	...	...	...	60	...	6'03	...	1'21	...	...	...	...	...	...	13'27	...	...	...	...
	59 {	...	...	...	33'9	830'5	...	33'9	...	...	...	...	16'9	271'2	...	...	...	...	67'8	...	1,661'0	16'9	...	...	...
		...	...	...	16'95	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16'95	...	...	...	...
oda	57 {	...	...	...	...	35'1	...	210'5	...	...	...	...	...	105'3	...	...	17'5	...	...	...	789'5	35'1	...	...	...
			
Lam	112 {	...	...	...	...	151'8	...	80'4	...	...	...	44'6	17'9	44'6	17'9	...	...	...	...	...	660'7	8'9	...	...	...
		...	...	...	...	...	...	...	...	...	...	26'79	...	...	...	...	...	...	...	...	26'79	...	...	...	...
	1,756 {	...	...	...	6	49'0	...	18'2	...	...	...	10'8	37'0	9'1	24'5	...	1'7	1'1	27'3	21'6	551'3	33'6	3'4	9'7	8'5
		...	...	...	...	...	...	1'14	...	...	...	1'71	...	...	57	...	...	...	57	...	5'69	...	...	...	...
abarai	139 {	...	...	...	...	244'6	...	14'4	...	...	...	...	6'47	...	6'47	...	...	...	14'4	...	1,043'2	21'6	...	...	...
			
habkadar	142 {	...	21'1	...	...	309'9	126'8	70'4	...	...	...	...	91'5	35'2	7'0	...	...	...	7'0	...	1,154'9	21'1	...	...	...
		...	21'13	...	...	...	...	7'04	...	...	...	...	...	...	...	...	...	...	...	...	28'17	...	...	...	...
shah	1,288 {	...	...	8	31'8	474'4	250'8	18'6	...	8	8	30'3	21'7	250'8	43'5	8	...	8	34'2	5'4	1,543'5	39'6	8	...	4'7
		...	...	...	7'76	6'21	...	...	...	...	...	8'54	...	...	...	78	...	...	...	...	24'84	...	...	...	...
B.		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
ola	138 {	...	...	...	...	217'4	...	...	...	...	...	23'0	79'7	29'0	87'0	...	...	601'4	...	...	1,491'8	29'0	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	7'25	...	...	...	...	...	...	...	7'25	...	...	...	...
ari Kach	164 {	...	...	...	6'1	347'6	...	103'7	...	...	...	42'7	12'2	176'8	24'4	...	...	42'7	24'4	18'3	1,176'8	36'6	18'3	...	...
		...	...	...	6'10	...	...	...	...	...	...	18'29	6'10	...	...	...	...	...	...	...	67'97	...	...	...	...
	64 {	...	...	...	...	453'1	...	...	...	15'6	...	31'3	265'6	...	46'9	...	...	...	31'3	15'6	1,203'1	15'6	...	15'6	...
		...	...	...	...	15'63	...	...	...	...	...	...	...	...	...	...	...	...	...	...	31'25	...	...	...	...
C.		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
abad (Sind)	1,039 {	...	...	...	1'6	44'3	...	4'8	1'0	6'7	...	1'9	5'8	1'9	4'8	...	...	...	10'6	30'8	349'4	23'1	1'0	11'5	18'3
		...	...	...	...	2'89	...	...	...	...	...	96	...	...	...	...	...	...	...	...	4'81	...	...	...	...
chi	2,331 {	...	...	...	...	55'8	...	12'0	...	2'1	1'7	9'4	139'9	6'9	19'3	...	1'7	12'9	38'6	51'9	828'8	39'5	10'3	18'0	23'6
		...	...	...	...	86	...	...	...	43	...	2'57	1'29	...	...	...	43	...	...	...	6'01	...	...	...	...
UP VII.—N. FRONTIER, DUS VALLEY, ID NORTH-WESTERN RAJ- STANA.	28,791 {	2	1'3	2	4'4	144'1	38'8	30'6	1'0	2'9	2'4	18'7	47'4	37'2	17'2	1	7	5'2	23'8	23'8	811'5	35'0	5'3	7'3	11'0		
		...	49	...	1'04	90	...	35	...	17	10	4'10	42	24	14	07	03	03	10	03	10'11	...	...	...	...

TABLE XVI—*continued.*

RATIOS of STATIONS, GROUPS and ARMIES.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.													2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.
A																								
Deesa . . .	35 {	...	...	...	...	...	57'1	...	...	...	...	114'3	28'6	...	...	...	...	...	...	...	600'0	28'6	...	...
Ahmedabad . .	15 {	...	...	...	...	2,133'3	...	200'0	...	...	...	66'7	...	...	...	...	...	...	...	...	3,333'3	66'7	...	...
Baroda . . .	623 {	...	...	...	1'6	190'4	...	...	...	3'2	1'6	6'4	70'4	51'2	17'6	...	...	...	28'8	88'0	1,232'0	43'2	4'8	11'2
B																								
Eriapura . . .	236 {	...	...	...	...	8'5	...	...	...	4'2	4'2	21'2	237'3	25'4	25'4	...	...	4'2	42'4	25'4	644'1	21'2	...	...
Neemuch . . .	291 {	3'4	...	...	...	85'9	96'2	...	...	6'9	...	13'7	31'5	3'4	17'2	...	...	...	3'4	41'2	773'2	27'5	13'7	...
Deoli . . .	44 {	...	...	...	...	...	...	...	...	...	...	68'2	...	22'7	...	...	...	...	...	...	204'5	22'7	...	...
Nasirabad . .	448 {	...	...	...	...	24'6	...	...	2'2	31'3	11'2	2'2	29'0	...	13'4	...	2'2	...	40'2	31'3	544'6	29'0	6'7	4'5
Ajmer . . .	418 {	18'7	...	...	...	7'0	...	2'3	...	4'7	16'4	18'7	4'7	11'7	...	...	11'7	...	23'4	397'2	18'7	18'7	...	
Jaipur . . .	29 {	...	...	...	...	69'0	...	...	...	...	...	...	...	...	...	...	...	...	...	34'5	172'4	34'5	...	...
Agra . . .	438 {	...	2'0	...	2'0	47'1	...	12'3	...	10'2	...	10'2	38'9	4'1	12'3	...	2'0	...	18'4	34'8	516'4	28'7	6'1	20'5

TABLE XVI

ANNUAL AVERAGE RATES OF MORTALITY

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.										
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhoea.	
ai . . .	2,573 {	...	...	...	1'6 39	16'7 78	31'5	8'6	...	3'1 78	1'9	4'7 78	39'3 78	18'3	7'4	...	4	...	32'6	28'8	825'5 5'83	41'6	3'5	9'7	15'5
ong . . .	87 {	...	...	...	...	57'5	...	...	...	...	...	11'5	46'0	...	23'0	...	...	...	23'0	23'0	724'1	34'5	...	...	23'6
ia . . .	326 {	...	...	...	3'1	79'8	...	3'1	...	6'1	6'1	6'1 3'07	36'8	9'2	...	...	3'1	...	3'1	27'6	705'5 3'07	30'7	6'1	9'2	12'3
. . .	220 {	...	...	...	...	140'9	...	...	...	4'5	4'5 4'55	4'55	36'4	4'5	18'2	...	4'5	...	27'3	22'7	831'8 9'09	40'9	9'1	4'5	9'1
erpur . . .	93 {	...	...	...	...	494'6	...	21'5	...	...	...	21'5	43'0	86'0	129'0	...	...	...	...	21'5	967'7	10'8	...	21'5	...
th . . .	14 {	...	...	...	...	71'4	...	...	...	...	...	...	71'4	...	...	...	...	...	...	...	214'3	71'4	...	...	...
ow . . .	1,618 {	...	...	...	6	78'5	1'9	6'2	...	11'7	3'1	22'2 2'47	79'1 62	2'5	9'3	...	1'9	...	40'8	8'7	775'6 3'71	26'0	...	3'7	4'9
UP VIII.— TH-EASTERN PUTANA, TRAL INDIA, GUJARAT	7,570 {	1'2	1'13	...	1'1 13	65'5 26	15'1	5'9	...	7'1 40	2'9 13	10'8 1'32	55'2 40	14'3	12'0	...	1'1	8	28'4	29'2	772'3 4'36	33'3	4'5	7'4	17'3	
A																										
gor . . .	1,541 {	...	...	1'3	6	38'9	6	6	6	...	6	9'1 1'30	13'6	29'9 1'30	7'8	...	1'3	...	28'6	20'1 65	371'8 5'19	21'4	5'8 65	10'4	3'9
ulpore . . .	1,771 {	1'1	...	6	1'1 56	37'8	2'3	10'2	...	2'3	4'5	7'9 1'13	47'4 56	13'6	5'6	...	6	1'7	31'1	41'2	773'0 5'65	52'5	10'7	13'6	16'9	
mptee . . .	155 {	...	...	...	6'5	...	6'5	116'1	...	6'5	6'5	...	45'2	6'5	6'5	...	...	...	58'1 6'45	12'9	722'6 12'90	32'3	...	...	12'9
B																										
rangabad . . .	115 {	...	...	...	...	200'0	...	...	...	...	...	8'7	43'5	8'7	8'7	...	...	8'7	8'7	60'9	1,130'1	34'8	8'7	26'1	26'1
mednagar . . .	1,018 {	2'0	...	...	...	99'2 98	...	2'9	...	7'9	3'9	12'8 2'05	102'2 98	44'2	26'5 98	...	3'9	15'7	15'7	54'0	825'1 7'86	42'2	24'6	5'9	23'6
larum . . .	627 {	...	...	...	...	108'5	...	1'6 1'59	...	6'4	1'6	...	44'7	...	20'7	...	...	...	15'9	3'2	623'6 6'38	25'5	...	...	3'2
cunderabad . . .	1,874 {	11'2	...	1'6	1'1 53	19'2 53	...	5 53	...	12'3 2'13	2'1 53	3'7 1'07	52'8	5	28'8	...	1'6	...	12'3	74'2 53	636'1 6'40	34'7	14'4 53	26'7	33'1	
elgaum . . .	668 {	...	...	3'0	...	101'8 1'50	...	3'0	1'5 1'50	19'5 1'50	6'0	10'5 2'99	107'8	13'5	22'5	...	7'5	...	3'0	146'7 7'49	1,245'5	79'3	22'5	61'4	62'9
atara . . .	131 {	7'6	...	...	...	335'9	76'3	7'6	...	7'6	7'5	...	91'6	7'6	22'9	...	...	...	...	45'8	1,274'8 7'63	38'2	7'6	...	28'2

TABLE XVI—continued.

RATIOS of STATIONS, GROUPS and ARMIES.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.												2. DEATH RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancres.	
Poona . . .	1,886 {	...	...	...	...	289'0	...	'5	'5	6'4	1'6	5'3	56'7	45'1	38'2	...	'5	1'6	13'8	74'8	1,120'9	50'4	23'	15'
Kirkee . . .	1,223 {	...	...	...	4'1	115'3	...	...	'8	'8	1'6	4'9	38'4	20'4	5'7	...	'8	5'7	18'0	42'5	928'0	54'8	10'6	15'
		...	...	...	...	...	...	...	'82	'82	'82	...	'82	...	...	...	...	...	...	...	7'36	...	...	...
GROUP IX.— DECCAN.	11,009 {	2'4	...	7	1'0	104'7	1'5	4'2	'4	6'1	2'6	6'5	53'2	21'6	19'5	...	1'5	2'7	19'7	55'0	804'4	43'5	14'1	17'1	
		...	...	...	'18	'27	...	'18	'27	'55	'27	1'18	'27	'18	'09	...	...	'09	'09	'18	5'81	...	'18	...
Bombay & Deolali	807 {	...	...	3'7	1'2	275'1	...	2'3	...	6'2	3'7	12'4	50'8	45'8	32'2	...	2'5	2'5	27'3	89'2	1,002'5	47'1	24'8	24'8
		...	...	...	...	...	...	...	...	...	...	3'72	...	1'24	...	...	...	...	...	...	4'96	...	...	...
Santa Cruz . .	326 {	...	...	...	...	42'9	...	...	...	...	9'2	15'3	30'7	52'1	3'1	...	3'1	...	9'2	79'8	460'1	27'6	12'3	49'1
		
Trivandrum . .	59 {	...	...	...	16'9	33'9	...	...	...	...	...	...	67'8	...	16'9	...	...	...	...	...	322'0	16'9	...	...
		
GROUP X.— WESTERN COAST.	1,192 {	...	...	2'5	1'7	199'7	...	1'7	...	4'2	5'0	12'6	46'1	45'3	23'5	...	2'5	1'7	21'0	82'2	820'5	40'3	30'1	30'1
		...	...	...	...	...	...	...	...	...	...	2'52	...	'84	...	...	...	...	...	...	3'36	...	...	...
A																									
Bellary . . .	26 {	...	...	...	...	...	...	...	...	...	...	...	38'5	...	...	...	...	...	...	...	230'8	38'5	...	...
		
Bangalore . .	1,704 {	...	...	1'8	'6	91'0	...	1'2	1'2	12'3	2'3	11'7	22'3	1'2	15'3	...	2'3	...	27'0	66'3	667'3	29'0	11'7	26'4
		...	...	...	...	...	...	1'17	...	...	...	'59	...	...	...	...	...	...	...	...	4'69	...	...	...
B																									
Trichinopoly .	389 {	...	2'6	...	5'1	46'3	...	...	...	12'9	...	...	28'3	7'7	2'6	...	2'6	...	25'7	92'5	1,235'9	50'1	20'6	54'0
		...	...	...	...	...	...	...	...	2'57	...	...	...	...	...	...	...	...	...	...	5'14	...	...	...
St. Thomas' } Mount.	700 {	...	...	...	...	28'6	...	...	...	7'1	5'7	10'0	31'4	7'1	7'1	...	1'4	...	5'7	42'9	374'3	22'9	5'7	7'1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2'80	...	...	...
Madras . . .	77 {	...	...	...	39'0	90'9	...	...	...	...	...	...	26'0	...	26'0	...	13'0	...	39'0	26'0	844'2	64'9	...	...
		
GROUP XI.— SOUTHERN INDIA.	2,896 {	...	'3	1'0	2'1	69'1	...	7	'7	10'7	2'8	9'3	25'6	3'5	11'7	...	2'4	...	21'8	62'5	673'3	33'1	11'0	24'5	
		...	...	...	...	...	...	'69	'35	'35	...	'35	...	...	...	...	...	...	...	...	4'14	...	...	...
Maymyo . . .	1,335 {	...	...	...	...	225'5	...	1'5	...	7'5	...	3'7	33'7	4'5	7'5	...	2'2	...	15'7	26'4	681'6	32'2	8'2	11'2
		...	...	...	...	...	...	...	...	'75	...	...	'75	...	...	...	...	...	...	...	2'25	...	...	...
Kohima . . .	3 {	...	...	...	...	...	...	...	...	...	...	...	333'3	...	...	...	...	...	...	...	666'7	333'3	...	...
		
Shillong . . .	731 {	58'8	14	...	6'8	618'3	...	9'6	...	2'7	1'4	13'7	43'8	94'4	34'2	1'4	...	...	6'8	32'8	1,396'7	60'2	12'3	10'9
		1'37	...	4'10	...	...	...	...	...	...	...	1'38	...	...	...	1'37	...	...	...	...	10'94	...	...	...
Gantok . . .	30 {	166'7	66'7	333'3	33'3
		
Gyaatse . . .	146 {	20'5	...	...	...	...	27'4	...	...	...	20'1	13'7	6'8	6'8	...	...	...	...	...	13'7	260'3	20'6	...	...
		...	...	...	...	...	...	...	...	...	...	13'8	...	...	...	...	...	...	...	...	...	...	...	...
Almora . . .	848 {	...	2'4	...	1'2	146'2	...	...	1'2	4'7	14'2	77'8	14'2	17'7	1'2	...	...	2'4	63'7	889'2	49'5	4'7	27'1	
		...	2'36	...	1'18	...	...	...	1'18	2'36	3'54	1'18	...	...	1'18	...	...	...	...	...	17'69	...	...	...

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.												2. DEATH RATE.												
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandy Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK-RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.	
Adowne . . .	1,060 {	...	6	1'2	6	16'9	...	6	...	6	4'3	14'5	34'9	4'2	6'0	6	1'2	...	3'6	12'0	371'1	22'9	6	4'8	6'6	
		...	...	...	...	1'20	...	...	...	60	3'01	3'01	...	...	...	...	...	...	...	...	10'24	...	...	...	...
Dah . . .	206 {	...	...	...	...	58'3	...	34'0	...	...	9'7	14'6	14'6	4'9	9'7	...	...	...	14'6	4'9	737'9	34'0	4'9	...	...
		...	...	...	...	...	...	...	...	...	9'71	14'56	...	...	...	...	...	...	...	...	24'27	...	...	...	...
B . . .	389 {	...	5'1	...	15'4	110'5	...	56'6	...	...	...	10'3	5'1	15'4	28'3	...	...	...	20'6	38'6	1,028'3	59'1	1'6	18'0	18'0
		...	5'14	...	...	2'57	...	...	...	...	...	2'57	...	2'57	...	...	...	...	...	...	12'85	...	...	...	...
A . . .	140 {	...	...	...	...	150'0	...	7'1	...	...	...	7'1	28'6	57'1	...	...	...	...	...	100'0	707'1	21'4	7'1	35'7	57'1
		...	...	...	...	...	...	...	...	...	...	7'14	...	...	...	...	...	...	...	...	7'14	...	...	...	...
Armsala . . .	827 {	13'3	12'1	...	...	119'7	...	10'9	...	4'8	2'4	26'6	174'1	3'6	15'7	...	1'2	...	8'3	32'6	736'4	35'1	10'9	4'8	16'9
		...	6'05	...	...	...	...	...	...	...	1'21	1'21	...	...	...	...	...	...	...	...	12'09	...	...	...	...
Job . . .	867 {	61'1	...	1'2	2'3	291'8	...	12'7	...	2'3	6'9	25'4	16'1	21'9	13'8	...	...	...	4'6	12'7	820'1	42'7	5'8	2'3	4'6
		...	...	...	1'15	1'15	...	1'15	...	...	3'46	2'31	1'15	...	...	...	...	...	...	...	11'53	...	...	...	...
Irakali . . .	89 {	11'2	22'3	...	11'2	33'7	...	...	...	11'2	...	22'5	33'7	22'5	...	...	...	...	...	...	359'6	22'5	...	...	...
		...	11'24	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11'24	...	...	...	...
Agali . . .	98 {	...	...	...	...	40'8	...	...	...	...	...	...	...	...	...	...	...	...	40'8	10'2	387'8	20'4	...	...	16'2
		
Anglagali . . .	40 {	...	...	...	...	...	...	25'0	...	...	...	...	25'0	...	25'0	...	...	...	...	...	125'0	25'0	...	...	...
		
Ian . . .	88 {	...	...	...	...	56'8	11'4	...	...	11'4	...	...	34'1	11'4	11'4	...	...	...	...	...	318'2	22'7	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11'36	...	...	...	...
Iral . . .	153 {	...	...	...	...	13'1	294'1	26'1	...	...	...	13'1	6'5	...	13'1	...	...	...	19'6	6'5	810'5	19'6	...	6'5	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6'54	...	...	...	...
A Drosh . . .	740 {	...	...	...	...	10'8	140'5	16'2	...	...	1'4	12'2	60'8	...	36'5	...	2'7	...	10'8	4'1	708'1	21'6	...	1'4	2'7
		...	...	...	...	...	...	...	...	...	1'35	2'70	...	...	...	...	...	...	...	...	8'11	...	...	...	...
Lakand . . .	931 {	...	...	...	...	132'1	54'8	5'4	...	2'1	...	10'3	24'7	...	19'3	...	...	...	17'2	11'8	762'6	25'8	2'1	4'3	5'4
		...	...	...	...	1'07	1'07	1'07	...	...	...	12'89	...	...	...	...	...	...	...	...	15'04	...	...	...	...
Argai . . .	484 {	...	2'1	...	...	53'7	2'1	2'1	...	2'1	...	12'4	99'2	...	4'1	...	12'4	...	6'2	4'1	634'3	20'7	...	2'1	2'1
		...	2'07	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2'07	...	...	...	...
Akdara . . .	405 {	2'5	...	...	...	61'7	4'9	7'4	...	...	...	7'4	71'6	...	2'5	...	...	...	...	...	533'3	22'2	...	...	...
		
Bottabad . . .	3,246 {	...	4'3	...	...	436'2	...	6'2	...	1'8	6'5	12'6	23'7	30'8	16'6	...	...	...	5'9	25'3	901'9	41'3	2'2	10'8	12'3
		...	4'00	...	...	18'48	...	...	...	...	...	...	...	...	...	...	...	...	...	...	37'58	...	...	...	...
erat . . .	78 {	...	...	...	...	51'3	...	25'6	...	...	...	...	12'8	...	12'8	...	...	...	...	25'6	12'8	564'1	12'8	12'8	...
		
Port Lockhart . . .	500 {	...	...	...	...	366'0	...	4'0	...	2'0	...	2'0	54'0	48'0	44'0	...	...	...	16'0	4'0	972'0	32'0	...	...	4'0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2'00	...	...	...	...
Angu . . .	509 {	...	...	3'9	3'9	630'6	2'0	2'0	2'0	9'8	2'0	13'8	135'6	45'2	49'1	...	2'0	...	13'8	9'8	1,457'8	49'1	2'0	...	7'9
		...	...	...	...	1'06	...	...	...	...	...	...	1'06	...	...	...	...	...	...	...	5'89	...	...	...	...
Port Cavagnary . . .	62 {	...	...	...	...	177'4	...	...	...	...	...	...	209'7	48'4	16'1	...	...	...	...	16'1	967'7	16'1	...	16'1	...
		
Port Sandeman . . .	906 {	1'1	...	...	2'2	142'4	...	16'6	...	13'2	1'1	12'1	14'3	7'7	86'1	...	...	...	17'7	9'9	506'0	22'1	3'3	...	6'6
		...	...	...	...	...	...	...	...	...	...	4'42	...	...	...	...	...	...	...	...	5'52	...	...	...	...
Indubagh . . .	31 {	...	...	...	...	225'8	...	32'3	...	...	32'3	...	...	...	...	...	...	...	...	...	322'6	32'3	...	...	...
		
Lusa Khel . . .	90 {	...	...	...	...	388'9	...	11'1	...	...	...	...	22'2	88'9	55'6	...	...	...	22'2	...	755'6	22'2	...	...	...
		
Ala Saifulla . . .	31 {	96'8	...	129'0	32'3	354'8	32'3
		
Lurgha . . .	133 {	...	...	...	...	210'5	...	15'0	...	...	...	...	22'6	30'1	30'1	...	...	...	7'5	15'0	531'8	15'0	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	7'52	...	...	...	...	...	...	...	7'52	...	...	...	...

TABLE XVI—concluded.

RATIOS of STATIONS, GROUPS, and ARMIES.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancere.	
Loralai . . .	1,121 {	...	...	...	1'8	345'2	...	19'6	...	1'8	9'89	4'5	12'5	3'6	12'5	...	4'5	9'89	35'7	7'1	939'3	35'7	1'8	9
Gumbaz . . .	20 {	...	...	...	...	100'0	...	...	...	...	...	...	...	...	...	...	...	...	50'0	...	250'0	50'0	...	...
Quetta . . .	6,232 {	...	...	...	6'32	132'1	...	5'1	...	7'1	1'4	10'9	26'8	8'7	16'0	...	5	...	16'0	18'0	437'7	24'2	2'6	5'8
Robat . . .	306 {	...	...	...	...	228'8	...	...	...	13'1	3'3	3'3	26'1	35'9	16'3	...	3'3	...	6'5	22'9	784'3	35'9	6'5	...
Pishin . . .	452 {	...	...	...	...	88'5	17'7	2'2	...	2'2	...	50'9	59'7	...	17'7	...	11'1	...	24'3	24'3	615'0	15'3	...	177
Shelabagh . . .	77 {	...	...	...	...	155'8	...	...	...	...	...	...	13'0	...	51'9	...	...	...	64'9	...	389'6	13'0	...	...
Chaman . . .	822 {	...	...	...	...	20'7	...	3'6	...	1'2	15'8	20'7	14'6	15'8	...	...	...	20'7	4'9	3'6	203'2	12'2	1'2	...
Ootacamund . . .	70 {	...	...	...	...	312'9	...	...	...	...	...	42'9	42'9	42'9	...	...	...	...	14'3	...	700'0	14'3	...	...
GROUP XII.— HILL STA- TIONS.	24,896 {	4'5	1'3	2	1'1	201'3	8'6	8'1	0	4'5	2'4	12'8	38'8	15'6	10'5	2	1'1	9	12'5	18'6	688'2	30'3	3'1	6'4	
Marching in India	1,362 {	...	...	...	7	124'8	2'9	14'7	...	6'6	...	4'4	22'0	18'4	13'2	...	1'5	1'5	8'1	19'8	450'1	6'6	2'2	7'1
Thal Operations .	1,152 {	33'6	...	...	9	448'4	8'6	2'6	...	3'4	...	3'4	20'7	31'0	31'8	...	...	...	6'0	9'5	850'3	15'5	9	...
EXTRA INDIA. (a) In the Indian Command .																									
Charlar . . .	90 {	...	...	...	...	811'1	...	...	...	...	...	...	100'0	...	...	...	...	...	33'3	...	1,177'8	33'3	...	...
Jask . . .	165 {	...	...	...	...	739'4	...	...	...	18'2	...	6'1	6'1	109'1	12'1	...	...	...	54'5	12'1	1,333'3	30'3	...	...
Muscat . . .	882 {	...	...	...	12'5	1,654'2	...	23'8	...	2'3	3'4	5'7	19'3	40'8	254'0	...	14'7	...	35'6	12'5	1,480'7	49'9	1'1	2'3
Bushire . . .	205 {	...	...	...	...	58'5	14'6	...	...	9'8	...	...	9'8	...	4'9	...	...	...	4'9	9'8	365'9	19'5	19'5	9'8
Aden . . .	541 {	...	...	...	...	273'6	310'9	...	...	1'8	...	...	46'2	20'3	38'8	...	...	...	14'8	3'7	1,266'2	35'1	7'4	7'4

STATIONS, AND GROUPS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.													
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.				
Makassar . . .	46 {	...	...	...	...	43'5	130'4	21'7	...	...	21'7	...	87'0	...	...	...	...	...	...	21'7	587'0	43'5	21'7	...	...		
Port in the Indian Com- mand— Makassar . . .	430 {	...	...	...	...	16'3	...	125'6	...	...	...	...	72'1	9'3	4'7	...	...	...	16'3	67'4	846'5	30'2	7'0	30'2	30'2
Malawa (ylon) . . .	312 {	...	...	...	...	3'2	...	83'3	...	...	12'8	9'6	38'5	12'8	25'6	...	...	...	16'0	25'6	541'7	22'4	9'6	...	16'0
Apore . . .	105 {	...	...	...	...	9'5	...	...	...	...	...	...	56'7	...	19'0	...	...	...	85'7	28'6	361'9	28'6	9'5	9'5	9'5
Hong-Kong, (South China) . . .	2,141 {	22'4	...	...	5	61'7	...	36'9	...	4'2	9	6'1	57'4	11'7	2'8	...	5	...	35'5	22'9	488'6	26'6	9	6'5	15'4		
MY INDIA.	119,985 {	2'2	7	3	2'2	148'5	13'9	22'3	2	4'6	2'8	12'9	42'2	22'6	18'2	1	1'2	2'0	20'8	31'3	744'4	33'9	6'5	10'2	14'6				
INDIA.	115,835 {	1'5	7	3	2'2	148'1	14'3	21'7	2	4'6	2'8	13'2	42'1	22'8	18'4	1	1'2	2'1	20'7	31'6	745'6	34'3	6'7	10'3	14'5				
NORTHERN ARMY	71,842 {	1'9	1'1	2	2'9	137'3	18'5	30'3	2	3'7	3'2	16'0	40'4	27'5	15'9	1	9	1'8	20'3	27'5	740'4	34'4	5'9	9'1	12'5				
SOUTHERN "	42,631 {	8	0	3	1'1	166'9	7'6	7'5	2	6'1	2'2	8'7	45'6	15'1	22'9	0	1'7	2'5	21'7	33'7	771'9	34'9	8'2	12'5	18'1				

INDIAN TROOPS, 1915.

TABLE XVII.

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 XVI.)

NORTHERN ARMY.

Fort William and Alipore.—The diseases which have been most prevalent were :—

- (1) Pyrexia of the nature of '3 days' fever' occurred in the months of June, July, August and September.
- (2) Malaria—in January, February, and March; and again in October and November.

The health of the 16th Rajputs, stationed in Fort William, was bad for the first nine months in the year; fair in October and in November and December. The bad state of health may be attributed to climatic rather than to any special insanitary conditions.

The cavalry lines in Alipore (Ballygunge) have drains which are for the most part *kutchas*. Where there are brick drains require repairs, and where there are *kutchas* drains they should be made *pucca*. The matter has been represented to Officer Commanding Royal Engineer.

The drainage of the Indian troops hospital at Alipore is unsatisfactory. The ground around the building and within the hospital compound is generally a swamp in the rains. Nothing has been so far done to remedy this defect. Jheels and tanks are abundant, and cavalry lines are breeding places for mosquitos.

Shillong.—Malaria was most prevalent during July, August, and September, and was due to the men having to march a great way up and down the Gauhati road at night.

Dejecta is partly incinerated and partly trenched. Urine is trenched. The Senior Medical Officer remarks :—"The lines have been periodically condemned by every inspecting officer. They have been declared unsafe for human habitation. They are damp and difficult to disinfect. The suggestion for remedying this state of affairs is reconstruction throughout, any other means are mere palliative."

The Assistant Director, Medical Services, remarks as follows :—

"The barracks are so dilapidated that I consider it advisable on medical grounds to give them up altogether and only occupy Happy Valley camp which is most satisfactory in every way except in its water supply. This should be piped from the Shillong water works. The site of the present barracks has become so surrounded with native "*bustees*" that infectious disease easily finds its way into barracks."

Dera Ismail Khan.—(1) Pneumonia is the most prevalent disease amongst the troops. The marked deficiency in the rainfall and consequent increase in dust has been suggested as the cause of prevalence.

- (2) The water supply is sufficient but contains a large quantity of salts, and is derived entirely from shallow wells.

Some of the defects pointed out by the Assistant Director, Medical Services, in his last year's reports have been removed, but want funds made other improvements impracticable. Latrines have been kept in good repair. The new cattle shed was completed during the year under report. It is supervised by the cantonment staff and inspected periodically by a Medical Officer. A *kutchas* floor has been made for the present but a *pucca* floor will be provided later if funds permit. Owing to the increased garrison, temporary latrines have had to be constructed, no funds being available to provide iron latrines of ordinary type.

The Assistant Director, Medical Services, of the Brigade, states :—

- (1) "The provision of the increased latrine accommodation in place of the temporary latrines is essential to meet the increased strength."
- (2) "There is room for improvement in carrying out the detailed work in the dairy."
- (3) "Trenching of urine requires closer supervision."
- (4) "A destructor for sweepings and garbage is needed."

Jhelum.—Malaria, venereal and dysentery have been the most prevalent diseases during the year.

Incineration is carried out as far as the limited supply of litter permits.

There has been very little trouble with drainage this year owing to the small rainfall.

The cavalry lines are the worst, being very old. The Hydraspes lines are also in bad condition and require rebuilding as soon as more barracks become available.

SOUTHERN ARMY.

Belgaum.—Night-soil is destroyed by incineration at latrines sites. No land within cantonment limits is manured with sewage. There are several large burrow pits in cantonment, which are gradually being filled in. There is always stagnant water in the Fort m in which mosquitos breed. This is difficult to deal with owing to its extent. Water supply is entirely from wells. There is a large number of wells in the bazaar and all are liable to pollution. Drawing and distribution is by hand. The cantonment boundary is near the various barracks, and rice cultivation is carried on immediately outside the boundary near the Indian Infantry lines. It is suggested that the general question of the drainage of cantonments be held in abeyance till the water supply scheme is completed.

Trichinopoly.—Scabies and dengue fever to a certain extent are prevalent among the Indian troops.

The drainage carries the surface sullage to a septic tank. This septic tank as such is useless and a misnomer. This was pointed out to the Deputy Assistant Director, Medical Services (Sanitary), during his recent inspection. The septic tank has now been closed and the surface sullage is being utilized for the purpose of cultivation.

The Senior Medical Officer remarks :—

"The new barracks badly require stone flooring. The school building requires reroofing with tiles. The present drains require improvement and proper repairs. A new main drain must be constructed to carry the surface and sullage water to the proposed area of cultivation, as the septic tank has been ordered to be closed."

Kirkee.—Malaria is the prevailing disease in the station and is largely due to imported cases amongst recruits.

Owing to the nature of the ground it is impossible to cultivate the whole trenching ground. A large portion was, however, put under crop and proved successful. The deep trenching system is in vogue for the majority of the area.

Incineration is carried out throughout the cantonment except for servants' latrines in officer's compounds, the contents of which are removed by carts.

TABLE XVII—concluded.

EXTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, ETC.

The Officer Commanding the Station Hospital remarks :—" A marked improvement in the sanitation of the bazaar and cantonment generally has taken place during the year. There is a scheme for the reconstruction of drainage for the bazaar which has been submitted for sanction to the higher authorities. A vegetable market for the Bazaar is desirable. A system of pucca surface drainage and the arsenal and factory barracks is needed."

The Assistant Director, Medical Services of the division is of opinion :—" That the incidence of malaria is heavy in Kirkee, but this is due to the general configuration of the ground which it is practically impossible to improve at any cost.

Port Blair.—Malaria in the station was worse than usual during the year. The mainland, where two companies have been quartered close to the sea but lies between two salt water swamps. The Indian troops are quartered in three barracks formerly occupied by the Military Police. These lines also lie close to one of these swamps. Besides this the Police occupy lines close to them and they themselves suffer badly from malaria. One swamp is being slowly reclaimed but it will be a long time before the work is completed.

Poona.—Malaria was chiefly prevalent amongst men of the 102nd Grenadiers who had returned from Muscat and the Persian Gulf. The drainage of the lines of the 7th Maratha Lancers is bad. The drains are old, indifferently constructed and broken in places.

The lines of the 7th Maratha Lancers are bad. The huts are old, and dilapidated. Walls of *kutch* bricks are crumbling away at the corners. Floors are of mud. The lines are said to be infested with fleas. The followers' lines of the corps are even worse. They can only be described as deplorable.

Latrines and urinals are good. The removal system is adopted and disposed of outside cantonment limits.

Jubbulpore.—Malaria was one of the most prevalent diseases in the station. Mosquito nets are not used by the Indian troops.

Incineration is carried out at the latrines. From some of the smaller latrines and from private latrines the night-soil is removed to the nearest incinerator. There are no trench latrines.

The bazaar markets are not satisfactory; surface drainage also is unsatisfactory. These and many other minor defects have been discussed by the Cantonment Committee, but no money is available for new work.

Incinerators and soak pits are in use. The former are fairly satisfactory except for the smoke and smell. The soak pits were not satisfactory, but most of them now have been filled in with stones and are satisfactory where the soil is suitable.

The Assistant Director, Medical Services, of the Brigade recommends as follows :—

1. That there should be universal incineration of night-soil throughout the cantonment and no trenching.
2. Many surface drains are required, the drainage as it at present exists is not at all good, specially as regards three large *nullahs*. The Grass farm and Dairy farm lands have really no drainage at all, in the rains these places are flooded with stagnant water in which mosquitos breed.
3. A cantonment bakery is very urgently required.
4. The meat, fish and vegetable markets are not satisfactory, their present sites in the suddar bazaar are not suitable.

Bhamo.—Malaria was most prevalent during the months from June to October, owing to the presence of infected cases and infected mosquitos.

Removal system and incinerators are in use. Urine is collected and carted to soakage pits.

The presence of jheels and marshes in the cantonment and its vicinity affords innumerable breeding grounds for mosquitos, which is injudicial to the health of the troops in the fort.

Excreta is burnt in incinerators, urine is deposited in soakage pits which are far removed from dwelling places. Both incinerators and soakage pits are working well.

Unoccupied compounds and open spaces require periodical clearing of jungles. There are no *pucca* drains leading from the Indian Officers' quarters to the main drain. This leads to fouling of the surrounding ground and therefore the construction of *pucca* drains at an early date is essential.

The Cantonment Committee considers that the following measures should be carried out as early as possible :—

1. Extension of the *pucca* drain behind the Commanding Officers' quarters.
2. Extension of drains behind the Indian Officers' quarters, to meet the main drain.
3. Drainage of the *nullah* south-east of the married quarters.
4. The substitution of a brick culvert for the corrugated iron culvert east of Barrack No. 1 and another north of the Fort in the lines.
5. Adequate means of disinfecting clothing.
6. A drain from the bakery to the Kubba main drain west of the Fort.

TABLE XVIII.

ENTERIC FEVER by months,
stations, groups, and armies.

TABLE XIX.

MALARIA by months,
stations, groups, and armies.

TABLE XX.

PYREXIA OF UNCERTAIN ORIGIN
months, stations, groups, and armies.

STATIONS* AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.													ADMISSIONS FROM MALARIA IN EACH MONTH.													ADMISSIONS FROM PYREXIA OF UNCERTA ORIGIN 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.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
Port Blair	14	11	11	21	4	3	7	11	25	37	32	35	211
Rangoon	2	1	1	2	3	...	24	14	10	23	7	2	1		
GROUP I.—BURMA COAST AND BAY ISLANDS	14	11	11	21	4	5	8	12	27	37	32	35	220	24	14	10	23	7	2
Thayetmyo	1	1	1	11	26	37	13	8	7	4	4	183	
Fort Dufferin	9	6	6	1	8	112	78	54	27	15	15	26	357	...	1	
Bhamo	7	3	5	2	3	110	48	8	9	12	5	4	216	2	1	1	2	1	2	1	...		
Myitkyina	42	39	31	27	35	177	
GROUP II.—BURMA ISLAND	58	49	44	31	59	298	183	75	44	34	24	34	933	...	1	1	1	2	1	2	1	...		
Manipur	8	14	3	25	5		
Dacca	2	1	3	2	7	3	6	3	21	12	7	21	8	1	...	5		
Dibrugarh	1	1	2	1		
GROUP III.—ASSAM	2	1	3	48	18	7	21	8	1	...	5		
Fort William	10	2	5	7	2	1	4	3	...	10	11	...	55	...	...	...	...	5	34	49	49	27	8	1	...	...	...
Alipore	4	2	9	...	...	...	...	...	...	2	5	1	23	4	...	...	...	...	5	...	2	5	2	...	...	...	...
Barrackpore	1	1	2	4	...	...	...	...	...	...	...	...	...	...	...	...	1	...			
GROUP IV.—BENGAL AND ORISSA	14	4	14	7	2	1	4	3	1	13	18	1	82	4	...	...	...	5	39	4	51	32	10	2	...	...	...
B			
Dinapore	1	1	3	1	3	4	12		
Benares	1	1	1	2	3	4	3	25	2	11	1	1	55	1		
Allahabad	2	1	3	6	7	6	8	2	36	2	3	8	10	3		
Fyzabad	1	2	1	5	2	1	4	...	2	2	11	7	5	4	1		
Lucknow	1	1	3	5	2	3	3	3	5		
Cawnpore		
Fatehgarh		
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	1	2	1	...	1	1	2	...	1	1	10	5	5	3	5	11	9	40	20	25	15	14	9	162	13	11	17	20	10	1		
A		
Bareilly	1	1	2	3	1	2	6	4	2	8	1	7	38	1	
Rurki		
Dehra Dun	1	3	1	5	18	7	5	26	34	28	88	53	47	35	16	30	387	
Meerut	1	3	3	4	6	1	6	6	11	5	18	12	87	8	6	2	...	2		
Delhi	23	11	7	11	21	11	15	16	28	88	78	59	368	
Ambala	3	12	18	17	23	21	15	8	9	27	37	39	261	...	1	4	6	1	8	
B		
Jullundur	1	1	1	...	2	7	8	6	74	19	17	11	7	10	24	43	53	275	
Ferozepore	4	11	1	8	15	6	17	5	5	3	2	6	82	1	
Lahore Cantonment	1	3	3	4	9	23	5	8	7	7	16	19	121	12	16	15	17	14	23	12	5	9	7	3		
Sialkot	1	5	...	2	1	11	1	1	5	3	22	13	18	14	14	24	46	197	
Jhelum	1	1	...	...	2	...	1	...	...	...	...	9	70	55	14	29	48	47	43	54	20	25	120	530	21	24	9	16	37	16	27	34	41	37	59	31	...	...	
Rawalpindi	2	6	1	3	3	3	2	3	3	9	23	17	11	84	12	5	19	14	29	27	34	32	41	44	11	9		
Campbellpore		
Attock		
GROUP VI.—UPPER SUB-HIMALAYA . . .	3	4	5	4	2	7	3	9	2	2	6	4	31	156	107	143	143	197	157	206	186	187	319	410	261	2,472	49	57	58	61	84	72	78	104	97	9	74	46		

* Stations where neither Enteric Fever, nor Malaria nor Pyrexia of Uncertain Origin occurred are not shown in these tables. For annual ratios, see Table X

TABLE XVIII—*contd.*ENTERIC FEVER by months,
stations, groups, and armies.TABLE XIX—*contd.*MALARIA by months,
stations, groups, and armies.TABLE XX—*contd.*PYREXIA OF UNCERTAIN ORIGIN by
months, stations, groups, and armies.

STATIONS AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM MALARIA IN EACH MONTH.												ADMISSIONS FROM PYREXIA OF UNCERTAIN ORIGIN 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.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.			
A																																										
an													3	3		4	1	17	15	10	6	4	18	17	3	98																1
bera													1	8	3	4	2	30	8	5	7	3	5	13	4	101						5	1	13	3		9	27	20	78		
ur													1	2	2	1		5	3		4	8	7	12	26	69	2	4	13	4	8	8	2	2								
war													1	8	6	3	2	15	25	35	39	15	43	33	71	295	2	4	5	17	21	20	28	14	2	3	26	8	150			
aurud													2						1	1			2	2	5	13							2	3			1		6			
													18	41	19	26	17	28	43	65	55	48	110	42	22	532	8				3	4	4	2	1	2						24
													1				1		1		5	2			1	11																
													40	54	48	16	10	32	54	40	74	83	159	183	57	810	1	1	2	3	15	1	5	2	2	3			4	39		
Ismail Khan													5	83	26	17	20	24	29	23	26	12	12	50	44	366	10	12	6	5	10	12	5	1	1	4	4	8	78			
													2	17	3	7	10	72	46	151	118	66	80	94	56	720	3	5	3	36	208	57	7		1					310		
													2					1	33	1	1		1	3	5	49		1			1									2		
nda																		2								2	1	1	1	1			1	1	2		1		3	12		
Zam														3	1	6							1	1	4	1	17	3											2	3	9	
an													1	1							1		1	78	5	86	8	1						2	9	4	7	1		32		
Abazai														5	4	1	3	3	2	1		2	4	5	4	34											1		1		2	
Shahkadar														2		2	1	1		1			6	24	7	44	7	2	1												10	
shah													41			8	2	18	51	201	68	56	79	87	41	611							16	6	1	1					24	
B														3			1			1		3	3	7	12	30																
uri Kuch													1	2	2			30	3	6	1		1	2	10	57	2	1		1	2		6	3	2						17	
																								5	24	25																
C																																										
abad													1	1	2	5	7	5	2	1	1	1	10	9	2	46	2	2	1													
chi														10	3	6	8	4	12	17	8	24	7	15	16	130	26	1			1										28	
VII.— NORTH-WEST FRONTIER, INDUS VALLEY, AND NORTH-WESTERN AJPUTANA	2	2	4	12	17	18	9	27	10	7	10	8	126	246	118	106	86	138	266	559	413	329	557	687	413	4,150	75	35	32	71	271	104	89	46	16	29	62	46	880			
A																																										
edabad																										32														3		
da													1	11	14	6	5	9	9	13	16	11	14	2	7	119																
B																																										
ura													1													1	2															
uch														3	1	2	1	1	1	2	2	6	4	1	1	25																
abad														1	1	1	4	1	1	1						11																
ur														1			1	1								3	1													1		
ur																										2																
i													1	10	9	1		1	1	1						23			2	3			1							6		
ai													4	7	6	6	6	3	1	5	4	2	1		2	43	15	3	2	1		1									22	
gong																										5																
sa													1		2	1	1	3		1	2	4	4	5	3	26											1			1		
r														1	3	3	2	1	1	2	11	6		1		31																
merpur																					4	11	16	8	5	2	46												2	2		
th																										1																
rw													1	3	1	3					7	5	19	29	30	50	127	3	2	1	1	1	1		1					10		
VIII.— NORTH - EASTERN AJPUTANA, CENTRAL INDIA, AND GUJARAT	1	2	1	1	1								8	38	37	26	8	20	14	37	54	75	79	50	400	19	5	5	5	1	2	1	4		1		2	45				

TABLE XVIII—concl'd. TABLE XIX—concl'd. TABLE XX—concl'd.
ENTERIC FEVER by months, stations, groups, and armies. MALARIA by months, stations, groups, and armies. PYREXIA OF UNCERTAIN ORIGIN by months, stations, groups, and armies.

STATIONS, GROUPS AND ARMIES.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM MALARIA IN EACH MONTH.												ADMISSIONS FROM PYREXIA OF UNCERTAIN ORIGIN 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.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		
A																																								
Saugor	1												1		1			3	7	1	2	16	13	10	5	60														
Jubbulpore													6	10	6	4	3	7	1	3						67														
Kamptee																																								
B																																								
Aurangabad													6	3	2											23														
Ahmednagar													9	3	1				2	1		9	40	21	15	101														
Bolarum													2	3	9	10	14	6	2	5	4	4	3			68														
Secunderabad													8	4	4	2	8	3	1			1				36														
Belgaum													3	1	1	3	1					10	10	23	5	68														
Satara																		14	2	2		1	3	7																
Poona													17	7	9	73	180	49	26	39	46	43	26	22	545															
Kirkee													1	1	6	5	6	12	18	26	16	12	16	22	141															
GROUP IX.—DECCAN																																								
Bombay and Deolali.													12	9	6	5	6	5	30	80	38	8	11	12	222															
Santa Cruz													6	1	1	2	3	1							14															
Trivandrum													1												2															
GROUP X.—WESTERN COAST																																								
A																																								
Bombay													2	4	12	21	16	5	28	34	4	9	5	15	155															
B																																								
Trichinopoly													4	2	1	3						2	2	3	18															
St. Thomas' Mount													1			2	2	4	1	2			6	1	20															
Madras													2				1							3	7															
GROUP XI.—SOUTHERN INDIA																																								
Maymyo													24	8	15	11	16	23	16	33	23	11	67	53	301															
Shillong													2	11	11	36	29	34	53	84	65	26	72	432																
Gantok																																								
Gyantse																																								
Almora																																								
Lansdowne																																								
Takdah																																								
Solon																																								
Simla																																								
Dharmasala																																								
Bakloh																																								
Khairagali																					</																			

INDIAN TROOPS, 1915.

TABLE XXI.

*CHOLERA by months, stations, groups,
and armies.*

TABLE XXII.

DYSENTERY by montās, stations,
groups, and armies.

TABLE XXIII.

DIARRHŒA by months, stations,
groups, and armies.

[illegible]

* Stations where neither Cholera, nor Dysentery nor Diarrhoea occurred are not shown in these tables. For annual ratios see Table XVII.

TABLE XXI—contd.

CHOLERA by months, stations, groups, and armies.

TABLE XXII—contd.

DYSENTERY by months, stations, groups, and armies.

TABLE XXIII—contd.

DIARRHŒA by months, stations, groups, and armies.

STATIONS AND GROUPS.	ADMISSIONS FROM CHOLERA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.												ADMISSIONS FROM DIARRHŒA 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.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
A																																								
Mardan	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Nowshera	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Risalpore	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Peshawar	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Fort Jamrud	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Kohat	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Thal	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Banau	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Dera Ismail Khan	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Tank	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Jatta	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Drazinda	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Fort Zam	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Multan	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Fort Abazai	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Fort Shabkadar	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Miranshah	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
B																																								
Jandola	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Khajuri Kuchh	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Sibi	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
C																																								
Hyderabad	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Karachi	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
GROUP VII.—N.W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA																																								
	9	2	2	2	2	2	2	2	2	2	2	2	35	37	14	26	42	88	101	136	107	99	163	165	94	1,072	21	17	13	36	48	68	50	45	45	36	44			
A																																								
Deesa	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Baroda	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
B																																								
Erinpura	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Neemuch	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Deoli	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Nasirabad	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Ajmer	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Agra	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Jhansi	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Nowgong	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Goona	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Agar	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Summerpur	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Mhow	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT																																								
	1	1	1	1	1	1	1	1	1	1	1	1	12	10	6	5	13	7	8	23	8	9	9	6	108	2	2	10	10	6	2	16	10	7	8	7	11			
A																																								
Saugor	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Jubbulpore	1	1	1	1	1	1	1	1	1	1	1	1	12	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	1	
Kamptee																																								

INDIAN TROOPS, 1915.

TABLE XXI—*contd.* TABLE XXII—*contd.* TABLE XXIII—*contd.*

CHOLERA by months, stations, groups, and armies.

DYSENTERY by months, stations, groups, and armies.

DIARRHŒA by months, stations,
groups, and armies.

STATIONS AND GROUPS.	ADMISSIONS FROM CHOLERA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.												ADMISSIONS FROM DIARRHŒA 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.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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TABLE XXI—concl'd.
CHOLERA by months, stations, groups,
and armies.

TABLE XXII—concl'd.
DYSENTERY by months, stations, groups,
and armies.

TABLE XXIII—concl'd.
DIARRHŒA by months, stations, g
and armies.

STATIONS, GROUPS AND ARMIES.	ADMISSIONS FROM CHOLERA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.												ADMISSIONS FROM DIARRHŒA 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.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		
Murgha	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Loralai	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Quetta	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Kohat	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Pishin	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Shelabagh	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Chaman	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Ootacamund	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
<hr/>																																								
GROUP XII.—HILL STATIONS.	3	3	3	3	3	3	3	3	3	3	3	3	36	3	3	3	3	3	3	3	3	3	3	3	36	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
<hr/>																																								
Marching, India	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Thal operations	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
<hr/>																																								
EXTRA INDIA.																																								
(a) In the Indian Command:—																																								
Charbar	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Jask	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Muscat	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Bushire	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Aden	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
<hr/>																																								
(b) Not in the Indian Command:—																																								
Colombo (Ceylon)	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Diyatalawa	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Singapore	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Hong-Kong (South China)	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
<hr/>																																								
ARMY OF INDIA	2	2	2	2	2	2	2	2	2	2	2	2	24	2	2	2	2	2	2	2	2	2	2	2	24	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
<hr/>																																								
NORTHERN ARMY	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
<hr/>																																								
SOUTHERN ARMY	1	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

TABLE XXIV.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandy Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
Governor-General's Body Guard.	121	106	6	Admitted Died Invalided	...	...	...	...	33	...	...	...	...	...	...	...	...	...	...	...	...	...	...	146	54	1	Dehra Dun, April 1912, Detachments at Simla and Delhi.
Governor's Body Guard, Madras.	72	62	9	Admitted Died Invalided	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	32	20	...	Madras, (local).
Governor's Body Guard, Bombay.	70	63	1	Admitted Died Invalided	...	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	33	8	...	Bombay (local).
Governor's Body Guard, Bengal.	70	54	13	Admitted Died Invalided	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	70	39	...	Calcutta (Alipore).
1st Duke of York's Own Lancers (Skinner's Horse).	762	624	24	Admitted Died Invalided	...	...	...	...	32	...	...	...	...	...	...	...	...	...	...	...	...	...	...	301	234	...	Peshawar, March 1912, from Dera Ismail Khan.
2nd Lancers (Gardner's Horse.)	25	223	12	Admitted Died Invalided	...	...	...	...	22	...	...	...	...	...	...	...	...	...	...	...	...	...	...	157	88	...	Saugor, December 1908, from Fyzabad.
3rd Skinner's Horse.	250	22	2	Admitted Died Invalided	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	119	58	...	Bareilly, November 1914, from Meerut.
4th Cavalry	205	188	4	Admitted Died Invalided	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	106	79	...	Bareilly, January 1914, from Fyzabad.
5th Cavalry	1,069	522	17	Admitted Died Invalided	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	404	258	...	Rawalpindi, November 1909, from Meerut. Detachment at Kohat.
6th King Edward's Own Cavalry.	275	260	9	Admitted Died Invalided	...	...	...	...	36	...	...	...	...	...	...	...	...	...	...	...	...	...	...	177	58	...	Slakot, December 1912, from Jacobabad.
7th Hariana Lancers.	405	370	17	Admitted Died Invalided	...	...	...	...	27	...	...	...	...	...	...	...	...	...	...	...	...	...	...	357	148	...	Poona, November 1914, from Ferozepore.
8th Cavalry.	670	603	18	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	489	225	...	Jhansi, January 1912, from Ambala.
9th Hodson's Horse.	248	220	8	Admitted Died Invalided	...	...	...	...	19	...	...	...	...	...	...	...	...	...	...	...	...	...	...	105	45	...	Ambala, January 1912, from Cawnpore.

TABLE XXIV—*contd.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent, invalided on account of old age.	Stat occup regime detach during with occup Last.
14	10th Duke of Cambridge's Own Lancers (Hodson's Horse).	1,035	607	16	Admitted Died Invalided	...	...	...	...	221	...	13	...	...	1	3	7	3	12	...	...	...	11	4	556	18-9	17	Loralu ember from tr. ment Musa Gum Murg
15	11th King Edward's Own Lancers (Probyn's Horse).	737	673	19	Admitted Died Invalided	...	...	...	2	129	...	...	...	...	1	5	8	3	...	...	...	...	16	20	388	18-1	...	Dehi, ber from pindi.
16	12th Cavalry	680	571	30	Admitted Died Invalided	...	2	...	1	38	...	2	...	...	1	4	6	8	1	...	1	...	7	14	239	11-3	1	Meerut ember from bad.
17	13th Duke of Connaught's Lancers (Watson's Horse).	954	593	43	Admitted Died Invalided	...	3	...	1	65	17	16	...	1	...	3	35	...	3	...	...	...	30	7	540	22-5	1	Risalpo ary from Detac at Fo dema
18	14th Murray's Jat Lancers.	782	590	10	Admitted Died Invalided	...	...	...	...	16	...	26	...	1	...	3	32	...	20	...	...	...	22	3	407	16-4	...	Risalpo ember from Detac at Das Chaki
19	15th Lancers (Coreton's Mul-tanis)	263	254	6	Admitted Died Invalided	...	...	...	...	22	...	...	...	3	1	2	14	5	...	...	...	...	6	7	150	6-8	...	Sialkot, comb- from dur.
20	16th Cavalry.	301	300	5	Admitted Died Invalided	...	...	...	...	1	...	1	...	...	1	...	11	1	1	...	...	...	4	5	130	6-5	2	Luckno April from Ismael
21	17th Cavalry	1,008	547	18	Admitted Died Invalided	3	...	...	...	10	...	11	...	1	...	4	25	3	1	...	3	...	11	20	303	15-1	...	All'sab Januar 1914, Bareill tachm Alipon
22	18th King George's Own Lancers.	258	240	10	Admitted Died Invalided	...	...	...	...	20	...	1	...	1	...	5	2	3	...	...	...	...	1	1	121	4-7	1	Sialkot, ember from h
23	19th Lancers (Fane's Horse).	263	253	9	Admitted Died Invalided	...	...	...	3	51	...	...	...	...	1	4	7	1	1	...	...	...	5	4	154	4-7	...	Sialkot, ary from Q
24	20th Deccan Horse	290	224	2	Admitted Died Invalided	...	...	...	...	17	24	...	2	...	4	15	1	5	...	...	...	...	1	12	194	6-8	3	Neemuc ember from rum.
25	21st Prince Albert Victor's Own Cavalry (Frontier Force) (Daly's Horse).	1,083	725	29	Admitted Died Invalided	...	...	...	1	22	...	34	...	2	3	27	3	4	...	...	...	...	12	9	356	14-8	1	Lahore tonmen May from M

TABLE XXIV—
STATISTICS OF REGIMENTS

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent, Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation, last move.
1st Sam. Brown's Cavalry (Frontier Force.)	785	627	16	Admitted Died Invalided	...	...	...	...	68	...	1	...	4	1	...	28	...	13	...	...	...	10	2	391	16'5	...	Bolarum Nov- ember 1914, from Jacoba- bad.
2nd Cavalry (Frontier Force.)	763	412	24	Admitted Died Invalided	...	...	...	1	4	1	46	...	1	1	2	15	3	4	...	...	...	11	5	323	14'3	4	Kamptee, Octo- ber 1915, from Lahore Can- tonment
3rd Cavalry (Frontier Force.)	774	725	33	Admitted Died Invalided	...	1	...	6	80	17	5	...	5	3	15	18	46	4	...	...	...	18	4	353	17'9	...	Banna Nov- ember 1911, from Nisal- pur. Wing at Miran-hah throughout the year.
4th King George's Own Light Cavalry.	467	456	17	Admitted Died Invalided	...	...	...	...	12	...	2	...	...	...	...	...	...	3	...	...	...	10	1	236	13	...	Bangalore, March 1913, from Poona.
5th Light Cavalry.	724	546	11	Admitted Died Invalided	20	2	...	...	8	...	...	...	8	1	2	49	1	47	...	3	...	10	16	380	18'9	...	Secunderabad November 1914, from Neemuch.
6th Light Cavalry.	556	510	21	Admitted Died Invalided	...	...	...	1	54	...	8	...	1	1	5	28	1	9	...	...	...	6	14	273	15'7	...	Quetta, Novem- ber 1913, from Multan. Detachment at Chaman.
7th Lancers (Deccan Horse).	254	222	12	Admitted Died Invalided	...	...	...	...	11	...	...	...	...	...	1	5	4	1	...	...	...	5	12	115	7'1	...	Sangor, Janu- ary 1915, from Poona.
8th Lancers (Gordon's Horse).	225	207	8	Admitted Died Invalided	...	...	...	1	16	...	7	...	...	...	2	6	8	5	...	...	...	...	8	137	6'2	...	Ambala, Janu- ary 1912, from Jhansi.
9th Duke of Connaught's Own Lancers.	635	545	15	Admitted Died Invalided	...	...	...	...	76	10	2	...	...	...	6	15	11	9	...	...	...	3	6	374	13'7	...	Kohat, Janu- ary 1911, from Meerut. Detachment at Hanga.
10th Lancers	686	611	14	Admitted Died Invalided	...	...	2	20	...	...	2	...	1	4	5	6	5	5	...	...	...	3	11	312	18'1	...	Jubbulpore, February 1911, from Sialkot.
11th Queen Victoria's Own Light Cavalry.	295	248	4	Admitted Died Invalided	...	...	1	...	11	...	...	...	...	...	...	3	9	2	...	...	...	6	5	116	5'7	...	Saugor, Janu- ary 1915, from Aurangabad.
12th Prince Albert Victor's Own Poona Horse.	226	216	12	Admitted Died Invalided	...	...	...	...	29	...	3	...	...	...	1	6	5	1	...	...	...	3	4	157	8'1	...	Ambala, Octo- ber 1914, from Secun- derabad.

TABLE XXIV—*contd.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent, invalided on account of old age.	Station occupies regimental detachment during the year with date occupied last month.	
38	35th Scinde Horse.	658	599	35	Admitted Died Invalided	1	3	100	2	28	1	14	18	31	4	2	3	5	16	455	21'4	...	Dera Khan, 1912, Peshawar Detachment at Dera Jandola Jatta, Tank.
39	36th Jacob's Horse	262	216	8	Admitted Died Invalided	...	...	...	...	30	...	...	...	...	1	4	1	6	...	...	...	...	3	14	143	6'8	...	Amhala, ember from pore.
40	37th Lancers	878	629	27	Admitted Died Invalided	...	...	2	...	104	...	...	...	...	14	25	14	7	...	...	3	...	16	18	507	20'7	...	Multan, 1913, Jullundur
41	38th King George's Own Central India Horse.	243	220	41	Admitted Died Invalided	...	...	...	...	30	...	...	...	3	1	...	6	...	4	...	1	...	6	5	161	8'7	...	Agar, Ja 1915, Goona.
42	39th King George's Own Central India Horse.	678	549	16	Admitted Died Invalided	...	...	2	42	...	1	...	5	2	3	32	11	3	...	1	...	5	17	518	23'0	...	Goona, 1913, Agar, at Poon	
43	Aden troop	100	45	1	Admitted Died Invalided	...	...	...	2	6	...	...	...	...	1	...	4	...	...	...	...	...	...	1	27	1'6	...	Khormal
44	Queen Victoria's Own Corps of Guides (Frontier Force) (Lumsden's Cavalry and Infantry).	1,040	1,298	78	Admitted Died Invalided	...	...	3	92	111	2	...	2	14	3	174	...	5	...	1	...	54	21	1,275	41'8	...	Mardan (Detachment at Fort Rai).	
45	21st Kohat Mountain Battery (Frontier Force).	131	100	11	Admitted Died Invalided	...	...	...	1	9	...	3	...	1	1	2	6	2	...	...	...	...	4	1	65	4'4	...	Amhala, ember from Dun.
46	22nd Derajat Mountain Battery (Frontier Force).	422	314	13	Admitted Died Invalided	...	...	...	...	60	...	2	...	5	...	16	2	7	...	1	...	9	6	226	12'4	...	Maymyo March from Bl	
47	23rd Peshawar Mountain Battery (Frontier Force).	151	139	3	Admitted Died Invalided	...	...	...	...	63	...	...	...	2	2	5	12	2	...	...	...	3	4	159	10'0	...	Abbotia, Nov 1913, Nowsh	
48	24th Hazara Mountain Battery (Frontier Force).	695	195	3	Admitted Died Invalided	...	...	...	1	147	...	4	...	2	1	2	9	17	2	...	...	6	11	205	10'0	...	Nowshar, Nov 1915, fr Abbott and (Horse-K	
49	25th Mountain Battery.	335	261	4	Admitted Died Invalided	...	...	...	...	10	2	3	...	...	1	...	15	...	4	...	...	2	2	155	6'6	...	Quetta, 1915, Nowshar Detachment at Dera	

TABLE XXIV—
STATISTICS OF REGIMENTS
—1914—

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent, Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.	
6th Jacob's Mountain Battery.	127	93	6	Admitted Died Invalided	...	...	...	...	6	1	1	1	1	2	...	3	7	...	...	...	...	3	...	51	28	...	Ambala, October 1914, from Dehra Dun.	
7th Mountain Battery.	87*	103	1	Admitted Died Invalided	...	...	...	...	29	...	...	...	...	...	...	2	1	1	...	...	...	...	2	6	26	...	Abbottabad, January 1911, from Bhamo	
8th Mountain Battery.	67*	101	2	Admitted Died Invalided	...	...	...	...	31	...	...	...	...	...	1	...	6	1	...	...	...	...	1	2	54	46	...	Abbottabad, December 1913, from Bannu.
9th Mountain Battery.	373	336	36	Admitted Died Invalided	...	...	...	...	2	91	20	4	...	1	11	4	62	10	...	...	...	1	10	12	453	183	...	Fannu, November 1913, from Abbottabad. Wing at Miran-shah.
30th Mountain Battery.	96	112	5	Admitted Died Invalided	...	...	...	...	32	...	...	...	...	...	...	1	3	...	...	...	...	...	6	103	64	...	Abbottabad, February 1913, from Kohat.	
31st Mountain Battery.	181	178	6	Admitted Died Invalided	...	...	...	...	36	7	3	...	...	1	2	6	1	6	1	...	...	...	3	6	170	75	...	Kohat, February 1913, from Dehra Dun.
32nd Mountain Battery.	373	271	8	Admitted Died Invalided	...	...	...	...	2	58	...	21	...	1	6	2	32	2	...	...	...	...	5	7	306	140	...	Tank, January 1915, from Dera Ismail Khan. Detachment at Dera Ismail Khan.
The Frontier Garrison Artillery.	216	225	7	Admitted Died Invalided	...	...	...	...	13	1	...	...	...	...	2	5	4	1	...	...	...	...	4	2	107	46	...	Kohat. Detachment at Chakdara, Fort Jamrud, Malakand, Peshawar, Fort Lockhart and Miran-shah.
M. Battery, Royal Horse Artillery.	25	14	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	8	5	...	Risalpur, January 1914.
W. Battery, Royal Horse Artillery.	25	20	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	7	1	...	Delhi, July 1915.
A. Ammunition Column, Royal Horse Artillery.	45	39	3	Admitted Died Invalided	...	...	...	...	1	...	2	...	...	1	1	8	...	1	...	...	...	...	...	...	50	22	...	Risalpur, May 1915, from Campbellpore
F. Ammunition Column, Royal Horse Artillery.	52	48	1	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	9	10	...	Meerut.

*The decrease in the enrolled strength was due to the fact that the head-quarters of the regiments were either located out of India or proceeded on field service towards close of the year.

TABLE XXIV—continued.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent. Invalided on account of old age.	Static occupy regiment detachments during the year with date of occupation. Last m.	
62	1-1st Hampshire Battery, Royal Field Artillery.	21	21	1	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	2 1	...	...	...	...	...	...	1 3	...	...	4	...	Lahore onment
63	2-1st Hampshire Battery, Royal Field Artillery.	12	8	...	Admitted Died Invalided	...	...	...	...	5 1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	10 1	...	6	...	Kirkee.
64	2-2nd Hampshire Battery, Royal Field Artillery.	11	10	2	Admitted Died Invalided	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	1 16	...	...	8	...	Kirkee.
65	2-3rd Hampshire Battery, Royal Field Artillery.	10	8	1	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1 6	...	...	4	...	Kirkee.
66	1-1st Dorsetshire Battery, Royal Field Artillery.	11	11	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3 4	...	...	6	...	Bareilly.
67	1-1st Wiltshire Battery, Royal Field Artillery.	15	85	...	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	4 1	...	1	...	Delhi, D ber 191
68	1-1st Devonshire Battery, Royal Field Artillery.	12	10	1	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1 7	...	...	4	...	Allahaba
69	1-3rd Devonshire Battery, Royal Field Artillery.	11	7	2	Admitted Died Invalided	...	...	...	...	4	...	1	...	...	...	...	1	2	...	...	...	...	...	...	10	...	4	1	Barrackp
70	38th Battery, Royal Field Artillery.	186	176	10	Admitted Died Invalided	...	...	...	...	2 3	...	13	...	...	...	4 1	7 5	2	...	...	...	...	...	4 17	153 3	...	8.8	...	Rawalpi
71	74th Battery, Royal Field Artillery.	42	15	...	Admitted Died Invalided	...	...	...	...	5	...	1	...	...	...	...	...	...	...	...	...	...	...	...	7	...	3	...	Peshawar January 1915, Jhansi.
72	72th Battery, Royal Field Artillery.	18	14	1	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	6	...	5	...	Agra.
73	70th Battery, Royal Field Artillery.	16	14	...	Admitted Died Invalided	...	...	1 1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1 6	...	...	3	...	Jhansi.

TABLE XXIV—continued
STATISTICS OF REGIMENTS

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandy Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent, Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.		
6th Battery, Royal Field Artillery.	16	6	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	...	Nowshera.	
6th Battery, Royal Field Artillery.	13	9	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	Nowshera.	
1st Battery, Royal Field Artillery.	12	7	...	Admitted Died Invalided	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	4	2	...	Nowshera.	
1st Battery, Royal Field Artillery.	11	11	1	Admitted Died Invalided	...	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	5	12	1	9	Hyderabad.
2nd Battery, Royal Field Artillery.	13	13	...	Admitted Died Invalided	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	6	6	...	Hyderabad.
1st Ammunition Column, Royal Field Artillery.	250	89	...	Admitted Died Invalided	...	...	...	...	1	...	1	...	...	...	1	5	...	...	...	...	...	...	...	73	3	22	...	Nowshera.
4th Ammunition Column, Royal Field Artillery.	142	124	1	Admitted Died Invalided	...	...	...	...	9	...	1	1	...	...	...	...	...	2	1	...	...	...	...	11	60	5	6	Hyderabad, March 1903. Detachment at Kirkee.
5th Ammunition Column, Royal Field Artillery.	49	9	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	5	20	16	2	Kirkee, June 1903.
6th Ammunition Column, Royal Field Artillery.	45	10	2	Admitted Died Invalided	1	1	1	7	3	7	1	Kirkee, January 1915, from Secunderabad.
10th Ammunition Column, Royal Field Artillery.	21	3	...	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	2	1	...	...	...	...	...	...	9	3	8	1	Kirkee, January 1915, from Bangalore.
12th Ammunition Column, Royal Field Artillery.	104	109	3	Admitted Died Invalided	1	3	1	4	98	3	41	...	Jhansi, November 1902.
1st Mountain Battery, Royal Garrison Artillery.	247	98	...	Admitted Died Invalided	4	4	1	38	22	...	Baragali, April 1915, from Rawalpindi.
2nd Mountain Battery, Royal Garrison Artillery.	37	30	...	Admitted Died Invalided	1	2	1	3	7	1	4	...	Ambala, April 1914.
3rd Mountain Battery, Royal Garrison Artillery.	209	180	6	Admitted Died Invalided	...	...	...	...	1	59	...	1	...	3	...	2	3	7	3	...	...	...	...	112	3	59	...	Quetta, March 1914.
4th Mountain Battery, Royal Garrison Artillery.	209	171	7	Admitted Died Invalided	1	43	2	3	1	3	2	6	116	3	73	...	Quetta, April 1913, from Rawalpindi.

*The decrease in the enrolled strength was due to the fact that the head-quarters of the regiment were either located out of India or proceeded on field service towards the close of the year.

TABLE XXIV—continued.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29			
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anemia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent, Invalided on account of old age.	Statistical remarks.			
89	5th Mountain Battery, Royal Garrison Artillery.	43	35	1	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	9	3	...	Ambala March 1915.	
90	6th Mountain Battery, Royal Garrison Artillery.	254	89	2	Admitted Died Invalided	...	...	...	...	6	2	...	1	...	...	1	4	1	1	...	...	...	...	...	...	37	2	...	Barian, 1915, Rawla.	
91	8th Mountain Battery, Royal Garrison Artillery.	265	128	...	Admitted Died Invalided	...	...	...	...	6	14	16	1	...	...	1	2	3	...	1	...	...	...	4	4	130	1	6	...	Peshawar Nov 1914, Quetta
92	9th Mountain Battery, Royal Garrison Artillery.	849	474	14	Admitted Died Invalided	1	2	...	1	5	...	10	...	2	...	...	5	11	5	1	...	...	...	...	11	137	2	9	...	Rawla Oct 1915.
93	60th Heavy Royal Garrison Artillery.	121	101	1	Admitted Died Invalided	...	...	...	...	4	...	...	...	...	...	...	...	...	2	...	...	...	...	1	4	40	1	20	...	Rurki, 1915, Jhansi
94	68th Heavy Royal Garrison Artillery.	241	98	...	Admitted Died Invalided	...	...	...	...	2	2	...	...	...	1	...	...	2	...	...	...	...	...	...	2	37	1	18	...	Rurki, 1915, Jhansi
95	72nd Heavy Royal Garrison Artillery.	*29	107	8	Admitted Died Invalided	...	...	...	...	11	...	...	...	...	...	1	4	2	1	...	...	...	...	...	2	47	1	3	...	Quetta, 1915, Nowg
96	77th Heavy Royal Garrison Artillery.	118	115	4	Admitted Died Invalided	...	...	...	...	...	...	1	...	...	...	1	7	...	5	...	...	...	12	...	57	1	3	...	Multan from	
97	86th Heavy Royal Garrison Artillery.	29	26	...	Admitted Died Invalided	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	9	1	5	...	Roseki, 1915, Multan
98	104th Heavy Royal Garrison Artillery.	40	3	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	Camp Feb 1911.
99	Royal Garrison Artillery Coast defence.	73	70	...	Admitted Died Invalided	...	...	...	...	1	...	2	...	...	1	...	...	1	...	...	...	...	...	...	1	19	...	6	...	Rango
100	1st King George's Own Sappers and Miners.	1,594	1,247	24	Admitted Died Invalided	...	...	...	...	12	4	17	...	2	...	18	26	5	13	...	4	...	22	13	366	3	20	3	...	Roseki Detach at Pe
101	2nd Queen Victoria's Own Sappers and Miners.	1,322	1,127	27	Admitted Died Invalided	...	...	2	...	102	3	5	...	16	8	13	31	1	16	...	3	...	12	58	632	10	30	4	...	Bangal Detach at Quetta Secus and 1 Jay.
102	3rd Sappers and Miners.	1,172	1,074	27	Admitted Died Invalided	5	1	9	...	1	...	1	5	39	19	7	...	1	6	19	39	933	8	54	3	...	Kirkee Detach at Ad

*The decrease in the enrolled strength was due to the fact that the head-quarters of the regiment were either located out of India or proceeded on field service the close of the year.

TABLE XXIV—continued

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandy Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent, Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation, last move.	
th Railway Company, Sappers and Miners.	*16	22	2	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	9	...	1	...	...	...	...	1	31	1	1	Rurki, November 1915, from Sialkot.
th Railway Company, Sappers and Miners.	9	5	2	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	2	Kirkee, March 1915, from Quetta.
st Divisional Signal Com, any, Sappers and Miners.	78	38	...	Admitted Died Invalided	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	2	Barian, April 1915, from Rawal, Indl.
rd Divisional Signal Company, Sappers and Miners.	*41	75	10	Admitted Died Invalided	...	...	...	...	9	...	...	1	...	...	...	4	1	1	...	...	...	...	7	38	4	8	Quetta.
th Divisional Signal Company, Sappers and Miners.	6	6	1	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	5	...	1	China, April 1915, from Ahmednagar.
t Brahmans	1,47	1,062	7	Admitted Died Invalided	3	...	...	...	43	72	59	2	1	13	36	11	2	...	2	...	22	20	1	9	40	5	Drosh, July 1915, from Pesha war. Wier at Jhelum. Detachments at Chitral and Fort Jamrud.
rd Queen Victoria's Own Rajput Light Infantry.	493	474	15	Admitted Died Invalided	1	...	6	3	...	4	6	2	11	9	5	174	5	7	7	18	Lucknow, November 1914, from Burshire.
d Brahmans	718	379	21	Admitted Died Invalided	...	...	...	...	22	...	32	7	...	2	9	22	11	...	1	...	15	21	334	1	13	8	Jhelum, August 1915, from Fyzabad.
h Prince Albert Victor's Rajputs.	566	483	18	Admitted Died Invalided	...	...	...	...	1	...	12	1	...	10	25	1	12	...	2	2	16	14	211	11	13	3	Lucknow, March 1915, from Multan.
h Light Infantry	329	27	14	Admitted Died Invalided	2	13	...	3	13	6	129	1	10	6	2	Fatehgarh, February 1914, from Nowgong.
h Jat Light Infantry.	442	468	5	Admitted Died Invalided	4	24	2	3	8	12	1	8	10	372	4	16	9	2	Jhansi, December 1914, from Secunderabad.
h Rajputs	694	473	9	Admitted Died Invalided	1	27	...	1	...	2	...	9	17	8	14	10	330	6	20	3	...	Banaras, December 1914, from Ahmedabad.

The decrease in the enrolled strength was due to the fact that the head-quarters of the regiment were either located out of India or proceeded on field service towards the end of the year.

INDIAN TROOPS, 1915.

TABLE XXIV—contd.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Serial Number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyæmia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average Number constantly sick.	Died, absent, Invalided on account of old age.	Static occupation detachments during the year. Last m.	
115	8th Rajputs	1,524	1,053	6	Admitted Died Invalided	...	...	...	...	94	36	47	...	...	2	4	25	48	5	24	...	...	...	42	811	37'6	2	Peshawar tober from desaba Detach at Jamrud Abwari Shabka and Ch
116	9th Bhopal Infantry.	615	508	12	Admitted Died Invalided	5	5	14	1	6	5	22	3	3	...	4	...	10	8	226	11'1	...	Fyzabad 1911, Rango
117	10th Jats	1,386	1,067	161	Admitted Died Invalided	...	...	1	20	444	99	19	...	...	1	50	1	174	37	1	1	3	27	17	1,300	41'7	...	Banau, ember from H bad.
118	11th Rajputs	1,607	596	19	Admitted Died Invalided	...	1	28	...	20	3	2	6	17	28	10	1	12	14	286	15'6	...	B o s a March from D
119	12th Pioneers	1,661	931	11	Admitted Died Invalided	...	...	...	...	81	...	4	...	12	...	6	15	6	27	...	...	...	40	8	471	35'2	...	Quetta, 1914, Kirkee.
120	13th Rajputs (The Shekhawati Regiment).	310	248	6	Admitted Died Invalided	...	...	...	...	...	...	4	...	...	1	3	12	...	...	...	...	...	8	4	101	5'2	78	Luck Octobe from A
121	Depôt 14th King George's Own Ferozepore Sikhs.	246	246	7	Admitted Died Invalided	...	...	...	...	2	...	1	...	...	...	4	7	...	5	...	...	...	5	4	97	9'0	...	Multan, ember from war.
122	Depôt 15th Ludhiana Sikhs.	393	393	8	Admitted Died Invalided	...	...	...	...	4	...	3	...	...	...	7	20	...	8	...	...	...	9	8	197	15'2	...	Multa August from L
123	16th Rajputs (The Lucknow Regiment).	1,121	946	78	Admitted Died Invalided	4	...	...	64	...	183	...	1	...	6	84	45	1	...	...	...	53	64	1,000	65'0	...	Fort w April from Ju pore.	
124	17th Infantry (The Loyal Regiment).	241	211	2	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	5	1	4	...	...	...	...	1	8	83	3'6	42	Luck Jan 1914, Manip
125	18th Infantry	1,336	869	13	Admitted Died Invalided	...	...	...	...	68	...	6	...	1	1	14	70	23	10	...	...	...	16	23	612	26'3	...	China, 1 1915, Tank, tachme Nowgo
126	19th Punjabis	1,525	880	5	Admitted Died Invalided	...	...	...	...	131	...	9	...	6	5	13	34	1	3	...	...	...	13	29	551	28'7	...	Quetta, 1914, Chakla Wing Rebat.
127	20th Duke of Cambridge's Own Infantry (Brownlow's Punjabis).	424	288	20	Admitted Died Invalided	1	...	1	13	...	9	...	1	1	1	8	6	5	...	...	...	6	13	2.6	8'3	1	Firoz p Nove 1914, Jhelum	

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent, invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.
1st Punjabis	914	826	25	Admitted Died Invalided	...	1	...	...	88	135	15	...	13	9	11	41	26	14	...	2	...	25	21	836	31'5	...	Peshawar, November 1911, from Bannu.
2nd Punjabis	529	52	2	Admitted Died Invalided	...	...	...	...	20	...	3	...	3	...	1	3	2	2	...	...	...	5	13	134	8'7	...	Hyderabad (Sind), November 1914, from Benares.
3rd Sikh Pioneers	490	468	14	Admitted Died Invalided	...	...	...	...	73	...	7	...	...	...	10	20	10	1	...	1	...	4	33	380	17'7	...	Ambala, November 1914, from Lahore Cantonment.
4th Punjabis	840	471	4	Admitted Died Invalided	...	...	...	...	1	18	...	1	2	...	1	8	...	3	...	...	...	6	6	195	11'3	6	Hyderabad, February 1915, from Nowshera.
5th Punjabis	1,330	1,013	33	Admitted Died Invalided	...	...	...	...	3	129	...	7	15	4	7	35	33	9	...	...	...	18	20	604	23'5	...	Bannu, December 1915, from China and Lahore Cantonment.
6th Punjabis	1,490	73	31	Admitted Died Invalided	...	...	...	...	18	81	7	16	1	...	8	18	36	20	...	...	...	23	15	497	25'3	...	Bannu, April 1915, from China, and Ferozepore.
7th Punjabis	470	422	59	Admitted Died Invalided	...	...	...	...	31	...	36	...	...	...	8	21	3	5	...	...	...	16	9	282	16'0	...	Lahore Cantonment, November 1914, from Dera Ismail Khan.
8th Punjabis	1,390	914	14	Admitted Died Invalided	...	...	...	...	11	...	92	...	7	7	56	8	13	...	...	...	18	26	450	25'6	111	Lahore Cantonment, January 1910, from Lucknow. Wing at Colombo and Diyatalawa.	
9th Punjabis	442	273	7	Admitted Died Invalided	...	...	...	...	1	11	4	7	2	1	2	17	5	3	...	1	...	12	4	224	10'0	1	Jhansi, November 1914, from Chaman.
10th Punjabis	1,320	807	59	Admitted Died Invalided	...	...	...	...	2	...	163	...	4	...	31	62	11	38	...	...	...	59	14	736	25'0	...	Delhi, February 1914, from Jhansi. Wing at Tank.
11th Punjabis	1,621	860	14	Admitted Died Invalided	...	...	...	...	2	99	...	15	9	1	10	17	6	68	...	...	...	1	9	502	19'8	...	Rawalpindi, December 1915, from Fort Sandeman.
12th Sikh Pioneers	1,063	907	22	Admitted Died Invalided	...	...	...	...	8	68	...	15	4	2	9	17	15	2	...	...	...	6	15	420	19'4	...	Sialkot, November 1913, from Lahore Cantonment.
13th Punjabis	540	484	19	Admitted Died Invalided	...	...	...	...	15	...	1	...	4	8	28	18	3	2	...	...	...	5	15	218	20'7	...	Bareilly, October 1914, from Delhi.

TABLE XXIV—*contd.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Euteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent. Invalided on account of old age.	Station occupied by regiments, detachments, or during the occupation. Last month.	
141	34th Sikh Pioneers	464	421	8	Admitted Died Invalided	40	10	17	2	2	...	1	4	51	299	1	3	6	150	...	Ambala Novem 1915. Sialkot.
142	35th Sikhs	1,106	755	29	Admitted Died Invalided	35	...	60	...	16	1	13	15	24	9	...	3	1	21	18	849	5	384	...	Abbottabad Decem 1915. Rawalpindi.
143	36th Sikhs	1,495	716	2	Admitted Died Invalided	34	1	...	...	12	...	4	...	7	3	9	43	2	1	...	...	17	15	559	6	302	...	Peshawar July 1915. from Ferozgarh China.
144	37th Dogras	1,365	847	52	Admitted Died Invalided	...	...	...	5	269	44	65	...	1	3	25	30	31	47	...	...	3	20	908	8	547	...	Jhelum Novem 1909. Nowgong.
145	38th Dogras	1,285	836	17	Admitted Died Invalided	...	...	...	...	113	51	5	...	2	...	17	22	...	18	...	...	14	10	661	12	277	...	Malakand Feb r 1914. Nowshera.
146	1st Battalion, 39th Garhwal Rifles.	578	508	2	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	2	4	11	...	4	...	...	1	1	169	1	112	...	Lansdowne Novem 1906. Kila Dero.
147	2nd Battalion, 39th Garhwal Rifles.	520	437	3	Admitted Died Invalided	...	...	...	...	4	...	1	...	...	2	8	9	...	3	...	...	2	...	154	2	90	...	Lansdowne Novem 1907. Kila Dero.
148	40th Pathans	439	483	18	Admitted Died Invalided	...	...	...	...	15	...	...	...	2	3	3	21	4	7	...	...	7	7	163	3	129	1	Fatehgarh April 1915. from Ali.
149	41st Dogras	302	270	22	Admitted Died Invalided	...	...	...	...	13	...	...	...	4	8	...	36	3	2	...	...	5	13	168	8	197	...	Bareilly Novem 1912. Cawnpore.
150	42nd Deoli Regiment.	1,153	605	42	Admitted Died Invalided	1	53	...	21	1	20	29	17	12	...	2	17	16	21	395	9	196	...	Chamba January 1915. from Lahore Cantonment Detachment at Delhi.
151	43rd Erinpura Regiments.	1,558	758	23	Admitted Died Invalided	7	...	2	...	1	1	12	65	6	11	1	10	8	198	2	68	...	Erinpura January 1915. from man. Detachment Shelabag.
152	44th Merwara Infantry.	693	463	14	Admitted Died Invalided	8	3	2	1	2	7	12	3	3	5	...	10	189	1	90	1	Ajmer, 1871, Beawar.
153	45th Sikhs	1,948	1,001	41	Admitted Died Invalided	182	...	36	...	17	2	9	41	79	12	...	1	2	24	25	928	13	500	...	Tank, M 1915, Dera Is Khan, W at Ismail K

* The decrease in the enrolled strength was due to the fact that the head-quarters of the regiment were either located out of India or proceeded on field service towards the close of the year.

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation, last move.
h Punjabis .	1,138	745	49	Admitted Died Invalided	...	21	...	...	49	6	8	...	1	3	4	13	3	4	...	1	...	4	2	336	19'6	...	Nowshera, March 1913, from Bannu.
h Sikhs .	549	403	12	Admitted Died Invalided	...	...	...	...	...	...	...	...	3	...	2	7	...	4	...	...	...	5	8	117	7'1	...	Fatehgarh, November 1914, from Jullundur.
h Pioneers .	462	450	8	Admitted Died Invalided	...	...	...	1	7	4	...	...	1	...	4	14	3	3	...	...	...	21	7	407	24'3	...	Jhansi, January 1915, from Kirkee.
st Sikhs (Frontier Force.)	535	418	12	Admitted Died Invalided	...	...	...	3	31	...	...	...	3	...	4	14	...	6	...	...	...	44	7	285	10'0	...	Jullundur October 1914 from Peshawar.
nd Sikhs (Frontier Force.)	96	1,078	191	Admitted Died Invalided	...	...	...	3	355	77	6	...	1	7	41	28	114	20	...	1	26	74	1,104	49'1	...	Bannu, March 1913, from Peshawar.	
nd Sikhs (Frontier Force.)	447	325	10	Admitted Died Invalided	...	...	...	54	...	...	1	...	17	...	10	11	1	4	...	...	...	52	6	358	15'9	...	Jullundur, November 1914, from Kohat.
h Sikhs (Frontier Force.)	1256	1,117	33	Admitted Died Invalided	...	...	...	2	489	1	3	1	5	1	8	114	58	47	...	1	18	91	1,313	44'2	...	Fort Lockhart, January 1915 from Hangu. Wing at Hangu and Detachments at Thal and Fort Cavagnary.	
h Coke's Rifles (Frontier Force.)	1,368	792	21	Admitted Died Invalided	...	...	...	54	4	1	...	7	1	20	23	15	15	...	...	11	16	353	20'6	...	Kohat, November 1914, from Bannu.		
h Punjabi Rifles (Frontier Force.)	842	442	21	Admitted Died Invalided	...	...	...	3	44	...	...	17	2	11	17	...	4	...	...	36	13	316	14'7	...	Jullundur, November 1914, from Samana, (Hangu.)		
h Walde's Rifles (Frontier Force.)	610	413	7	Admitted Died Invalided	...	...	...	1	27	...	17	...	...	10	4	12	3	...	...	6	2	174	7'3	...	Ferozepore, March 1911, from Bannu.		
h Vaughan's Rifles (Frontier Force.)	651	345	45	Admitted Died Invalided	...	...	...	2	39	...	11	...	2	1	4	3	6	...	...	7	12	180	6'1	...	Ferozepore, November 1914, from Quetta.		
h Scinde Rifles (Frontier Force.)	587	432	18	Admitted Died Invalided	...	...	...	36	...	...	...	2	1	8	7	1	7	...	2	...	10	4	191	13'8	...	Jullundur, December 1913, Samana.	
st King George's Own Pioneers.	217	215	12	Admitted Died Invalided	...	...	...	100	...	...	1	...	...	...	7	...	7	...	...	13	18	235	10'2	...	Bangalore, March 1912, from Secunderabad.		

The decrease in the enrolled strength was due to the fact that the head-quarters of the regiment were either located out of India or proceeded on field service toward the end of the year.

TABLE XXIV—continued.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent. Invalided on account of old age.	Statistical remarks.
167	62nd Punjabis	550	475	6	Admitted Died Invalided	...	3	...	1	24	...	2	3	18	...	8	7	7	185	9'6	...	Cawnpur, Nov 1912, Benar
168	63rd Palamcottah Light Infantry.	374	263	5	Admitted Died Invalided	...	1	1	12	3	...	3	2	1	5	...	1	...	9	32	185	8'3	...	Bangalore, Dec 1914, Kamp	
169	64th Pioneers	1,815	863	65	Admitted Died Invalided	...	1	...	513	...	9	...	5	1	12	34	17	26	...	3	...	5	38	1017	44'1	4	Mandla, June from Kyina, at T myo.	
170	66th Punjabis	550	550	69	Admitted Died Invalided	2	35	...	89	...	8	3	6	39	6	19	...	2	6	48	447	24'9	...	Jhelum, embankment from goon.		
171	67th Punjabis	1,254	749	24	Admitted Died Invalided	2	231	...	12	...	2	...	2	12	13	11	...	5	2	34	4	641	25'0	1	Loralai, gust from C Detach at Mus	
172	69th Punjabis	662	256	2	Admitted Died Invalided	...	...	1	...	13	...	3	...	...	5	4	...	...	...	3	7	73	3'6	...	Agra, 1915, Attock
173	72nd Punjabis	*513	777	36	Admitted Died Invalided	34	19	65	...	4	...	10	27	3	13	...	1	...	22	18	540	26'6	...	Peshawar, Octob from Ismail		
174	73rd Carnatic Infantry.	547	515	28	Admitted Died Invalided	...	1	3	39	...	4	...	3	18	6	2	...	1	...	11	34	532	23'1	...	Trichinopoly, Jan 1912, Cann Detach at Tre rum and tacamu			
175	74th Punjabis	1,090	928	14	Admitted Died Invalided	6	1	1	61	...	26	...	1	...	2	30	7	...	...	41	10	297	15'5	...	Agra, 1915, Attock, Quarter China.	
176	75th Carnatic Infantry.	1,039	804	12	Admitted Died Invalided	...	...	1	202	3	5	...	2	1	6	49	39	23	...	18	58	916	29'2	...	Baroda Cantonment, Septem 1914, Fort V am, tachmet Neem Jaiwar, merpur, Kotah.	
177	76th Punjabis	450	388	7	Admitted Died Invalided	...	...	10	...	9	...	1	...	5	...	4	...	2	...	5	6	122	7'2	...	Cawnpur, January from Jhe	
178	79th Carnatic Infantry.	943	716	39	Admitted Died Invalided	222	...	79	...	7	...	2	8	7	7	1	1	...	19	56	681	27'0	...	Rangoon, March 1912, from Ag gabad, tachmet Port Bla		
179	80th Carnatic Infantry.	1,632	693	13	Admitted Died Invalided	...	...	191	...	9	...	1	...	2	2	41	5	14	...	13	80	978	33'7	...	St. Thon Mount, 1 ember 1912, from Bha Wing Colomba	

* The decrease in the enrolled strength was due to the fact that the head-quarters of the regiment were either located out of India or proceeded on field-steps towards the close of the year.

TABLE XXIV—
STATISTICS OF REGIMENTS
1914-1915

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandy Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation, last move.	
1st Pioneer	1,528	913	30	Admitted Died Invalided	...	8	...	...	18	8	44	...	9	...	18	19	...	7	...	1	...	17	37	468	24'5	...	Nowshera, February 1915, from Belgaum.
2nd Punjabis	1,310	719	12	Admitted Died Invalided	6	...	...	...	13	3	10	...	...	...	18	17	1	1	...	1	...	6	14	303	19'8	...	Nowshera, February 1910, from Malakand.
3rd Wallahabad Light Infantry.	743	725	11	Admitted Died Invalided	1	1	...	...	15	...	...	...	6	2	3	21	...	...	...	...	10	69	514	24'0	...	Secunderabad October 1911 from St. Thomas Mount.	
4th Punjabis	920	832	56	Admitted Died Invalided	1	1	...	...	72	...	131	...	9	1	16	31	56	22	...	1	...	26	43	736	33'1	...	Rawalpindi, March 1910, from Samana. Wing at Fort Sean-deman.
5th Carnatic Infantry.	1,049	737	13	Admitted Died Invalided	17	2	6	4	10	22	5	6	...	1	...	4	44	280	16'0	...	St. Thomas Mount, October 1911, from Secunderabad. Detachment at Bhamo.
6th Punjabis	1,145	1,183	74	Admitted Died Invalided	...	...	...	2	242	...	141	...	2	1	16	29	110	11	...	109	...	58	261	312	52'9	...	Tank, March 1915, from Jhelum. Wing at Dehra Ismail Khan.
7th Carnatic Infantry.	813	614	18	Admitted Died Invalided	1	...	...	2	20	...	1	...	11	...	2	28	...	10	...	...	...	4	56	316	21'7	...	Secunderabad, January 1914, from Cannanore.
8th Punjabis	527	413	11	Admitted Died Invalided	...	...	1	1	12	1	1	...	3	1	2	27	3	...	...	...	...	17	17	232	13'4	...	Dinapore, April 1914, from Meiktila.
9th "	557	448	16	Admitted Died Invalided	...	...	...	...	11	...	...	...	14	5	1	13	...	6	...	...	1	18	14	244	12'9	...	Nasirabad November 1911, from Bhamo.
10th Punjabis (Light Infantry).	1,367	990	60	Admitted Died Invalided	...	...	...	...	189	...	1	...	2	4	2	46	5	19	...	...	...	13	13	802	38'8	...	Mandalay, February 1911, from Meiktila. Detachment at Thayetmyo.
11th Punjabis	461	420	49	Admitted Died Invalided	...	...	...	...	11	3	...	...	2	2	3	22	8	...	...	...	...	20	10	274	16'1	...	Jubbulpore, January 1915, from Benares.
12th Burma Infantry.	407	325	57	Admitted Died Invalided	2	...	...	...	21	...	3	...	1	...	3	28	5	...	...	...	...	15	25	365	25'1	...	Jubbulpore, October 1914, from Barrackpore.
13th Russell's Infantry.	1,105	802	25	Admitted Died Invalided	...	...	...	...	21	7	7	...	1	...	3	16	15	5	...	...	...	17	25	360	16'9	...	Nowshera, October 1914, from Bolaram.

The decrease in the enrolled strength is due to the fact that the head-quarters of regiment were either located out of India or proceeded on field service towards the end of the year.

INDIAN TROOPS, 1915.

TABLE XXIV—continued.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent. Invalided on account of old age.	Station occupied by regiments during the year with dates of occupation last month.	
193	95th Russell's Infantry.	1,624	1,168	11	Admitted Died Invalided	...	...	...	4	960	...	21	...	3	3	9	19	63	144	...	1	9	53	12	1602	36'2	...	Saugor, uary from S. Cruz. V. at Muscat Detachment at Ch. and Jask
194	96th Berar Infantry.	597	591	6	Admitted Died Invalided	...	...	...	...	36	...	...	...	4	4	5	23	19	4	...	1	...	9	42	311	16'9	...	Santa C. Novem 1914. Mhow.
195	97th Deccan Infantry.	1,616	1,012	53	Admitted Died Invalided	...	...	...	2	385	...	155	...	3	1	25	27	68	48	...	1	...	19	12	1063	59'1	...	Jhansi cember from Tan
196	98th Infantry	550	379	12	Admitted Died Invalided	...	...	1	1	5	...	1	...	...	...	5	4	15	1	...	...	...	14	2	87	5'7	...	Saugor, 1914. Colombo
197	99th Deccan Infantry.	1,152	954	43	Admitted Died Invalided	...	...	...	2	142	...	27	...	...	...	15	28	74	28	1	2	5	29	28	80	30'2	...	Tank, Oct 1915. Agra.
198	101st Grenadiers	238	213	34	Admitted Died Invalided	...	...	...	...	9	1	9	...	...	1	2	18	5	1	...	1	3	8	16	233	19'4	...	Jubbulpore Decem 1914. Bangalore
199	102nd King Edward's Own Grenadiers.	1,508	813	214	Admitted Died Invalided	...	...	...	7	1,047	13	...	...	3	1	3	37	39	104	...	1	2	16	32	1707	42'8	...	Poona, 1915. Muscat.
200	103rd Mahratta Light Infantry.	466	261	3	Admitted Died Invalided	...	...	...	...	37	...	1	1	3	2	4	43	6	7	...	2	...	1	46	4'6	26'6	1	Belgaum, c e m 1914. Amelash
201	104th Wellesley's Rifles.	591	468	4	Admitted Died Invalided	...	...	...	...	50	2	5	...	5	2	9	42	...	4	...	...	...	24	1	372	12'4	39	Mhow, cember from Ba
202	105th Mahratta Light Infantry.	1,821	990	9	Admitted Died Invalided	...	...	1	4	52	...	38	...	4	1	7	43	14	39	...	...	...	1	48	607	29'7	5	Lahore, August from Po
203	106th Hazara Pioneers.	1,761	764	5	Admitted Died Invalided	48	8	2	6	21	8	10	...	2	...	7	16	247	14'1	...	Quetta, 1906. Sibi.
204	107th Pioneers	477	373	11	Admitted Died Invalided	...	...	...	...	22	...	8	...	...	1	4	13	3	1	...	...	...	2	21	262	15'4	1	Meerut, March from Jha

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation, last move.
88th Infantry	839	770	48	Admitted Died Invalided	...	...	3	...	208	...	...	...	5	3	13	41	38	26	...	...	...	23	70	781	39'0	...	Bombay, October 1914, from Bangalore.
89th Infantry	1,410	506	6	Admitted Died Invalided	...	...	...	...	140	161	3	...	1	...	...	27	10	21	...	...	7	2	14	632	19'6	...	Depôt at Jubbulpore, January 1915, from Aden.
10th Mahratta Light Infantry.	261*	253	4	Admitted Died Invalided	...	...	2	...	22	...	1	...	2	2	...	22	2	4	...	2	...	1	35	261	20'4	...	Belgaum, October 1910, from Ahmednagar.
12th Infantry	1,080	931	18	Admitted Died Invalided	1	1	...	...	56	3	4	...	1	...	7	52	...	1	...	1	...	3	3	487	18'6	...	Lahore Cantonment, January 1915, from Dargai. Wings at Chakdara and Dargai.
13th Infantry	2,205	1,059	13	Admitted Died Invalided	3	...	2	...	40	...	29	...	6	5	17	60	12	5	...	6	...	11	26	554	21'6	...	Allahabad, February 1915, from Dibrugarh. Detachments at Gyantsi and Dargai.
14th Mahrattas	1,095	758	28	Admitted Died Invalided	...	...	2	3	132	4	114	...	...	5	14	50	19	9	...	...	...	8	66	785	31'5	...	Jhelum, January 1915, from Bannu.
16th Mahrattas	*894	955	28	Admitted Died Invalided	...	1	2	14	354	361	16	...	...	3	15	37	80	15	...	...	...	18	27	1,387	34'3	...	Bannu, October 1914, from Jhansi. Wing at Miranshah.
17th Mahrattas	340	325	25	Admitted Died Invalided	...	...	...	...	74	...	...	...	...	1	1	15	15	10	...	1	2	...	33	356	23'8	...	Poona, May 1911, from Persian Gulf.
110th Infantry (The Multan Regiment).	834	532	23	Admitted Died Invalided	...	...	...	...	19	...	1	...	6	3	5	64	25	8	...	2	3	7	18	399	19'3	37	Ahmednagar, January 1917, from Bangalore.
120th Rajputana Infantry.	601	486	17	Admitted Died Invalided	2	...	...	...	82	...	2	...	3	1	8	40	20	19	...	2	13	9	37	443	23'8	...	Ahmednagar, December 1914, from Belgaum.
121st Pioneers	1,352	986	20	Admitted Died Invalided	...	...	...	...	201	2	60	...	1	1	24	46	46	14	...	...	1	15	46	961	45'9	2	Dera Ismail Khan, July 1915, from Jhansi.
122nd Rajputana Infantry.	1,499	1,075	14	Admitted Died Invalided	...	...	...	...	109	5	...	...	2	...	19	32	2	18	...	1	...	11	7	461	12'1	...	Kohat, January 1915, from Fort Sandeman.
123rd Outram's Rifles.	1,575	1,138	11	Admitted Died Invalided	44	...	...	6	452	1	15	...	7	...	23	86	63	33	...	2	...	22	17	1,339	55'7	65	Baroda, December 1915, from Manipur. Detachment at Shillong.
124th Dutchess of Connaught's Own Baluchistan Infantry.	1,628	1,206	30	Admitted Died Invalided	...	...	...	...	164	...	7	...	5	1	13	19	10	14	...	...	...	12	26	556	22'9	...	Quetta, June 1914, from China.

*The decrease in the enrolled strength is due to the fact that the head-quarters of the regiment were either located out of India or proceeded on field service at the close of the year.

TABLE XXIV—continued.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent, Invalided on account of old age.	Station occupied by regiment during the year with date of occurrence last month.	
219	125th Napier's Rifles.	431	401	2	Admitted Died Invalided	...	...	...	...	31	...	1	...	8	2	8	24	...	...	2	...	1	...	23	1	23	8'9	49	Mhow, member from Bangalore.
220	126th Baluchistan Infantry.	1,116	76	25	Admitted Died Invalided	...	...	...	...	137	8	1	...	3	1	24	31	...	...	42	...	16	...	20	18	572	16'0	...	Pishin, 1911, Harawal, tachment Muscat.
221	127th Queen Mary's Own Baluch Light Infantry.	1,340	1,202	23	Admitted Died Invalided	...	...	...	...	55	...	3	...	3	2	12	187	6	...	17	...	14	...	43	58	844	39'2	...	Karachi, ruary from P.
222	128th Pioneers	417	350	8	Admitted Died Invalided	2	...	...	...	17	...	5	...	2	2	5	12	1	...	4	...	...	...	4	14	267	11'5	111	Meerut, ber from Q.
223	129th Duke of Connaught's Own Baluchis.	815	595	5	Admitted Died Invalided	...	...	...	...	20	...	8	...	1	1	5	68	1	...	6	...	...	4	14	11	381	16'6	...	Karachi, ember from F. pore.
224	130th King George's Own Baluchis (Jacob's Rifles).	561	435	4	Admitted Died Invalided	...	...	...	...	22	...	16	...	...	...	3	60	2	...	8	...	...	9	15	37	426	23'5	...	Karachi, ember from M.
225	1st Battalion, 1st King George's Own Gurkha Rifles (The Malaun Regiment).	402	401	12	Admitted Died Invalided	5	1	...	...	52	...	5	...	1	2	16	70	1	...	3	...	1	...	4	8	286	15'7	...	Dharmas, Decem 10-5, Chitral.
226	2nd Battalion, 1st King George's Own Gurkha Rifles (The Malaun Regiment).	1,302	953	...	Admitted Died Invalided	6	9	...	...	65	115	9	...	2	...	8	113	2	...	19	...	...	3	29	726	21'1	...	Dharmas, January 1915, Kila De.	
227	1st Battalion, 2nd King Edward's Own Gurkha Rifles (The Simoor Rifles).	1,434	1,161	7	Admitted Died Invalided	...	1	...	1	52	...	...	...	3	12	19	25	11	...	3	...	1	...	13	36	462	40'5	...	Dehra, March from D.
228	2nd Battalion, 2nd King Edward's Own Gurkha Rifles (The Simoor Rifles).	688	486	4	Admitted Died Invalided	...	...	...	3	98	...	...	...	...	5	2	31	7	...	24	...	...	...	11	7	37	20'1	...	Dehra D, Novemb 1907, Chitral.
229	1st Battalion, 3rd Queen Alexandra's Own Gurkha Rifles.	1,912	908	3	Admitted Died Invalided	...	2	...	1	128	...	...	...	1	5	12	66	12	...	15	1	...	...	5	60	801	43'5	...	Almora, N em' er from Ch.
230	2nd Battalion, 3rd Queen Alexandra's Own Gurkha Rifles.	584	362	1	Admitted Died Invalided	...	1	...	...	7	...	...	...	...	2	6	15	...	...	2	1	...	...	1	10	128	8'2	...	Lansdown, Decemb 1899, Chitral.

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent, Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.	
1st Battalion, 4th Gurkha Rifles.	535	512	...	Admitted Died Invalided	17	1	147	2	4	6	9	17	5	1	5	387	22.2	...	Bakloh, September 1912, from the China Expeditionary Force.
2nd Battalion, 4th Gurkha Rifles.	749	742	13	Admitted Died Invalided	36	1	15	237	52	26 ... ...	...	1	1	2	20	30	3	14 ... ...	...	...	...	10	11	768	34.4	...	Bakloh, January 1915, from Kohat Wing at Kohat.
1st Battalion, 5th Gurkha Rifles (Frontier Force).	1,214	480	1	Admitted Died Invalided	...	2 ... ...	...	230 ... ...	...	...	...	...	2	2	5	9	17 ... ...	...	9	1 ... ...	...	2	6	371	13.8	...	Abbottabad, November 1904, from Kila Dosh.
2nd Battalion, 5th Gurkha Rifles (Frontier Force).	1,018	1,048	...	Admitted Died Invalided	...	3	1	457 ... ...	...	...	2 ... ...	...	3	9	22	10	14	19 ... ...	...	...	...	4	21	854	43.0	...	Abbottabad, February 1903, from Kohat.
1st Battalion, 6th Gurkha Rifles.	1,137	414	2	Admitted Died Invalided	...	4 ... ...	...	309 ... ...	...	10 ... ...	...	...	...	7	8	21	11	15 ... ...	...	...	...	2	2	601	22.5	...	Abbottabad, November 1901, from Chitral.
2nd Battalion, 6th Gurkha Rifles.	1,361	914	6	Admitted Died Invalided	...	4 ... ...	...	230 ... ...	...	2 ... ...	...	...	1	16	37	25	5 ... ...	...	...	...	8	34	628	26.7	...	Abbottabad, November 1913, from Kila Dosh.	
1st Battalion, 7th Gurkha Rifles.	1,734	990	7	Admitted Died Invalided	...	...	...	210 ... ...	...	1 ... ...	...	...	...	9	30	1	23 ... ...	...	...	...	...	21	6	520	18.0	...	Quetta, April 1907, from Lansdowne.
2nd Battalion, 7th Gurkha Rifles.	608	590	3	Admitted Died Invalided	...	...	1	77 ... ...	...	5 ... ...	...	...	3	12	20	3	8	1 ... ...	...	...	...	4	1	291	17.9	...	Quetta, last move not available.
1st Battalion, 8th Gurkha Rifles.	908	902	25	Admitted Died Invalided	2	3	6	168 ... ...	...	25 ... ...	...	...	1	18	15	25	13	1 ... ...	...	...	...	11	58	966	45.1	...	Shillong, November 1904, from Tibet Mission. Detachments at Solon and Simla.
2nd Battalion, 8th Gurkha Rifles.	334	325	2	Admitted Died Invalided	...	...	2	15 ... ...	...	...	...	...	1	1	6	23	3 ... ...	...	...	...	...	2	8	146	8.3	...	Lansdowne, May 1906, from Madhopur.
1st Battalion, 9th Gurkha Rifles.	780	450	4	Admitted Died Invalided	...	...	...	69 ... ...	...	...	...	...	8	2	6	28	3	6 ... ...	...	...	...	14	31	347	17.8	2	Dehra Dun, October 1911, from Kala Dosh.
2nd Battalion, 9th Gurkha Rifles.	1,724	954	9	Admitted Died Invalided	...	1	5	221 ... ...	...	...	1 ... ...	...	1	4	28	42	15	32 ... ...	...	...	...	28	53	753	35.3	...	Dehra Dun, January 1915, from Delhi.
1st Battalion, 10th Gurkha Rifles.	1,412	1,054	6	Admitted Died Invalided	...	...	...	269 ... ...	...	...	1 ... ...	...	5	5	31	4	5 ... ...	...	...	...	3	13	20	748	37.7	1	Maymyo, April 1905, from Fort Sandeman.
2nd Battalion, 10th Gurkha Rifles.	945	234	4	Admitted Died Invalided	...	...	...	13 ... ...	...	7 ... ...	...	...	2	3	3	5	4 ... ...	...	...	...	3	2	164	8.4	...	Takdah, February 1912, from Almora. Detachment at Lansdowne.	

* The decrease in the enrolled strength is due to the fact that the head-quarters of the regiment were either located out of India or proceeded on field service at the close of the year.

TABLE XXIV—continued.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

Actuals.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Serial number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick leave.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent. Invalided on account of old age.	Station occupied regiments detachments during the with date occupied last mo
245	Details	2,230	1,514	160	Admitted Died Invalided	1 ... ...	...	...	2 ... 1	154 18 ...	...	27 1 ...	8	13	14	71	61 ... 11	39 ... 4	...	4	50 ... 3	95 ... 1	1,335 ... 113	75'4	...	...	...
246	Thal Operations	(a)	1,162	...	Admitted Died Invalided	39 1 ...	...	...	1	521 10 ...	...	3	4 ... ...	...	...	4	24	36	37 ... ...	...	...	7	11	988 ... 3	17	...	...	...
247	Marching	(a)	1,362	...	Admitted Died Invalided	...	...	...	1	176 4 ...	...	20	9 ... ...	...	...	6	30	25	18 ... 1	...	2	2	11	27	613 ... 8	9	...	...
1	Northern Army.	101,609	71,842	1,668	Admitted Died Invalided	135 80 ...	17 46 ...	209 53 ...	986 99 ...	1331 1 ...	2174 14 ...	21 2 ...	16 29 ...	231 234 ...	1148 142 ...	2899 148 ...	1975 5 ...	1139 182 ...	8 5 ...	67 3 ...	1456 345 ...	1978 139 ...	13191 2777	2470	42 808	...	...
2	Southern Army	5922	42,631	1,451	Admitted Died Invalided	36 ...	214 ...	46 6 ...	7116 28 ...	326 ...	319 5 ...	10 6 ...	261 17 ...	95 9 ...	373 73 ...	1943 16 ...	643 7 ...	975 2 ...	71 2 ...	106 4 ...	927 4 ...	1651 3 ...	3906 278	1489	29 222	...	...
3	Extra India not in Indian Command.	4,493	2,988	41	Admitted Died Invalided	48 ...	...	...	1	141 ...	...	159 ...	9 ...	6 ...	16 ...	173 5 ...	33 ...	18 ...	...	1 ...	97 2 ...	89 13 ...	1617 ...	80	...	...	...	...
4	Thal Operations	...	1,162	...	Admitted Died Invalided	39 1 ...	...	...	1	521 10 ...	...	3	4 ... ...	...	...	4	24	36	37 ... ...	...	...	7	11	988 ... 3	17	...	...	...
5	Marching	...	1,362	...	Admitted Died Invalided	...	...	...	1	176 4 ...	...	20	9 ... ...	...	...	6	30	25	18 ... 1	...	2	2	11	27	611 ... 8	9	...	...
6	Army of India	165,811	119,985	4,160	Admitted Died Invalided	258 146 ...	82 61 ...	31 129 ...	258 129 ...	1671 1 ...	2675 26 ...	24 8 ...	550 33 ...	332 38 ...	1547 314 ...	5069 40 ...	2712 24 ...	2187 28 ...	10 5 ...	141 3 ...	218 5 ...	2498 13 ...	3756 4 ...	8911 1026	4065	71 1030	...	...

(a) Already included in figures given above for the various Corps.

TABLE XXIVA.

Race composition, and location of detachments.

Corps and its detachments.	Rajputs.	Sikhs.	Dogra or other Hindus.	Gorkhas.	Gachwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Panjabi Mussalman.	Trans-Indus Pathans.	Other Mussalman.	TOTAL MUSSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.*
Governor-General's Body Guard, Dehra Dun, with 20 men detached at Delhi and Simla	1	55	...	...	...	...	56	..	49	...	16	65	...	...	...	121
Governor's Body Guard, Madras	12	...	...	...	...	4	16	...	...	...	52	52	4	...	...	72
Ditto ditto Bombay . . . . .	...	32	...	...	...	1	33	...	33	...	4	37	...	...	...	70
Ditto ditto Calcutta (Alipore)	35	...	...	...	...	...	35	...	35	...	...	35	...	...	...	70
1st Duke of York's Own Lancers (Skinner's Horse), Peshawar	4	...	...	...	...	7	11	...	53	...	658	751	...	...	...	762
2nd Lancers (Gardner's Horse), Saugor	62	47	...	...	...	90	199	...	2	...	49	51	...	...	...	250
3rd Skinner's Horse, Bareilly	62	63	...	...	...	62	187	...	60	...	3	63	...	...	...	250
4th Cavalry, Bareilly . . . . .	...	50	...	...	...	50	100	...	...	...	105	105	...	...	...	205
5th Cavalry, Rawalpindi, with 186 men detached at Kohat . . . . .	...	...	...	...	...	363	363	...	11	...	495	506	...	...	...	1,069
6th King Edward's Own Cavalry, Sialkot	85	83	...	...	...	...	168	...	51	...	56	107	...	...	...	275
7th Haryana Lancers, Poona	167	57	76	...	...	...	300	...	19	...	86	105	...	...	...	405
8th Cavalry, Jhansi	192	27	...	...	...	98	317	...	82	...	271	353	...	...	...	670
9th Hodson's Horse, Ambala . . . . .	...	80	28	...	...	...	108	...	96	44	...	140	...	...	...	248
10th Duke of Cambridge's Own Lancers (Hodson's Horse), Loralai, with 76 men detached at Musa Khel, Murgha and Gumbaz . . . . .	...	367	297	...	...	...	664	...	291	80	...	371	...	...	...	1,035
11th King Edward's Own Lancers (Probyn's Horse), Delhi . . . . .	...	359	158	...	...	9	526	...	114	97	...	211	...	...	...	737
12th Cavalry, Meerut . . . . .	...	321	181	...	...	...	502	...	163	10	5	178	...	...	...	680
13th Duke of Connaught's Lancers (Watson's Horse), Risalpur, with 43 men detached at Fort Sandeman . . . . .	...	241	289	...	...	9	539	...	415	...	...	415	...	...	...	954
14th Murray's Jat Lancers, Risalpur, with 16 men detached at Dargai and Chakdara . . . . .	...	...	...	...	...	782	782	...	...	...	...	...	...	...	...	782
15th Lancers (Cureton's Multanis), Sialkot . . . . .	...	...	...	...	...	4	4	...	200	59	...	259	...	...	...	263
16th Cavalry, Lucknow . . . . .	...	141	65	...	...	90	296	...	3	...	2	5	...	...	...	301
17th Cavalry, Allahabad, with 155 men detached at Alipore . . . . .	...	1	...	...	...	4	5	...	514	136	353	1,003	...	...	...	1,008
18th King George's Own Lancers, Sialkot . . . . .	...	56	...	...	...	2	58	...	198	1	1	200	...	...	...	258
19th Lancers (Fane's Horse), Sialkot . . . . .	...	87	47	...	...	...	134	...	84	41	6	131	...	...	...	265
20th Deccan Horse, Neemuch	59	44	...	...	...	96	199	...	1	...	90	91	...	...	...	290
21st Prince Albert Victor's Own Cavalry (Frontier Force), Lahore Cantonment . . . . .	...	347	198	...	...	...	545	...	23	248	267	538	...	...	...	1,083
22nd Sam Brown's Cavalry (Frontier Force), Bolarum	122	253	1	...	...	...	376	...	159	150	100	409	...	...	...	785
23rd Cavalry (Frontier Force), Kamptee . . . . .	...	227	102	...	...	15	344	...	97	103	219	419	...	...	...	763
25th Cavalry (Frontier Force), Bannu, with a wing of 773 men at Miranshah . . . . .	...	169	181	...	...	...	350	...	225	93	106	424	...	...	...	774
26th King George's Own Light Cavalry, Bangalore	57	...	...	...	...	172	229	...	60	...	167	227	11	...	...	467
27th Light Cavalry, Secunderabad . . . . .	...	...	...	...	...	376	376	...	144	187	...	331	17	...	...	724
28th Light Cavalry, Quetta, with 51 men detached at Chaman	385	...	...	...	...	...	385	...	64	...	106	170	1	...	...	556

* This total should agree with the total number borne on the roll of the regiment.

TABLE XXIVA—*contd.**Race composition, and location of detachments.*

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogra or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Musalmans.	Trans-Indus Pathans.	Other Musalmans.	TOTAL MUSALMANS.	Native Christians.	Bermans.	Jews.	TOTAL.
32	29th Lancers (Deccan Horse), Saugor	1	32	...	...	...	180	213	...	...	...	41	41	...	...	...	254
33	30th Lancers (Gordon's Horse) Ambala . . . . .	...	93	...	...	...	45	138	...	...	...	87	87	...	...	...	225
34	31st Duke of Connaught's Own Lancers, Kohat, with 22 men detached at Hangu	8	177	...	...	...	284	469	...	14	108	42	164	2	...	...	633
35	32nd Lancers, Jubbulpore	179	149	...	...	...	6	334	...	5	...	347	352	...	...	...	686
36	33rd Queen Victoria's Own Light Cavalry, Saugor . . . . .	...	57	...	...	...	86	143	...	...	...	140	140	2	...	...	285
37	34th Prince Albert Victor's Own Poona Horse, Ambala	105	6	...	...	...	18	129	...	97	...	...	97	...	...	...	226
38	35th Scinde Horse, Dera Ismail Khan, with 205 men detached at Drazinda, Jandola, Jatta and Tank . . . . .	...	257	...	...	...	3	260	...	260	138	...	398	...	...	...	658
39	36th Jacob's Horse, Ambala . . . . .	...	123	...	...	...	...	123	...	85	54	...	139	...	...	...	262
40	37th Lancers (Baluch Horse), Multan . . . . .	...	182	...	...	...	...	182	...	597	189	...	696	...	...	...	818
41	38th King George's Own Central India Horse, Agar . . . . .	...	105	1	...	...	2	108	...	53	65	17	135	...	...	...	243
42	39th King George's Own Central India Horse, Goona with a wing of 235 men at Poona . . . . .	...	357	...	...	...	...	357	...	187	...	131	321	...	...	...	678
43	Aden Troop, Khormaksar	12	2	...	...	...	...	14	...	23	4	59	86	...	...	...	100
44	Queen Victoria's Own Corps of Guide (Frontier Force), Mardan, with a detachment of 46 men at Fort Abazai	8	411	272	152	1	103	947	...	356	592	45	993	...	...	...	1,940
45	21st Kohat Mountain Battery (Frontier Force), Ambala . . . . .	...	55	...	...	...	12	67	...	64	...	...	64	...	...	...	131
46	22nd Derajat Mountain Battery (Frontier Force), Maymno . . . . .	...	165	...	...	...	...	165	...	217	...	...	257	...	...	...	422
47	23rd Peshawar Mountain Battery (Frontier Force), Abbottabad . . . . .	...	43	1	...	...	11	55	...	96	...	...	96	...	...	...	151
48	24th Hazara Mountain Battery (Frontier Force), Nowshera . . . . .	...	310	5	...	...	6	321	...	374	...	...	374	...	...	...	695
49	25th Mountain Battery, Quetta with 97 men detached at Drosha . . . . .	...	116	77	...	...	2	195	...	134	...	...	134	...	6	...	335
50	26th Jacob's Mountain Battery, Ambala . . . . .	...	63	...	...	...	11	74	...	53	...	...	53	...	...	...	127
51	27th Mountain Battery, Abbottabad . . . . .	...	24	12	...	...	4	40	...	47	...	...	47	...	...	...	87
52	28th Mountain Battery, Abbottabad . . . . .	...	16	13	...	...	2	31	...	36	...	...	36	...	...	...	67
53	29th Mountain Battery, Bannu, with wing at Miranshah . . . . .	...	176	...	...	...	3	179	...	194	...	...	194	...	...	...	373
54	30th Mountain Battery, Abbottabad . . . . .	...	21	...	...	...	2	23	...	73	...	...	73	...	...	...	96
55	31st Mountain Battery, Kohat . . . . .	...	84	...	...	...	1	85	...	96	...	...	96	...	...	...	181
56	32nd Mountain Battery, Tank, with 87 men detached at Dera Ismail Khan . . . . .	...	195	...	...	...	5	201	...	172	...	...	172	...	...	...	373
57	The Frontier Garrison Artillery, Kohat, with 145 men detached at Chakdara, Fort Jamrud, Malakand, Peshawar, Fort Lockhart, and Miranshah . . . . .	...	90	5	...	...	19	117	...	83	...	35	123	...	...	...	240
58	M. Battery, Royal Horse Artillery, Risalpur . . . . .	...	...	...	...	...	...	...	...	24	1	...	25	...	...	...	25

* This total should agree with the total number borne on the roll of the regiment.

Corps and its detachments.	Rajputs.	Sikhs.	Dogra or other Hill Hindus.	Gurkhas.	Gachwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjab Mussalman.	Trans-Jedes Pathans.	Other Mussalman.	TOTAL MUSSALMAN.	Native Christians.	Burmans.	Jews.	TOTAL.
W. Battery, Royal Horse Artillery, Delhi	6	6	...	18	...	1	19	...	...	...	25
A. Ammunition Column, Royal Horse Artillery, Risalpur	45	...	...	45	...	...	...	45
F. Ammunition Column, Royal Horse Artillery, Meerut	41	...	11	52	...	...	...	52
1/1 Hampshire Battery, Royal Field Artillery, Lahore Cantonment.	11	3	7	21	...	...	...	21
2/1 Hampshire Battery, Royal Field Artillery, Kirkee	3	...	...	...	1	4	...	6	...	2	8	...	...	...	12
2/2 Hampshire Battery, Royal Field Artillery, Kirkee	11	...	...	11	...	...	...	11
2/3 Hampshire Battery, Royal Field Artillery, Kirkee	1	...	8	9	1	...	...	10
1/1 Dorsetshire Battery, Royal Field Artillery, Bareilly	11	...	...	11	...	...	...	11
1/1 Wiltshire Battery, Royal Field Artillery, Delhi	3	3	...	11	...	1	12	...	...	...	15
1/1 Devonshire Battery, Royal Field Artillery, Allahabad	1	...	...	...	1	2	...	10	...	...	10	...	...	...	12
1/1 Devonshire Battery, Royal Field Artillery, Barrackpore	2	...	...	...	...	2	...	9	...	...	9	...	...	...	11
38th Battery, Royal Field Artillery, Rawalpindi	42	...	...	...	9	51	...	135	...	...	135	...	...	...	186
74th Battery, Royal Field Artillery, Peshawar	41	...	1	42	...	...	...	42
77th Battery, Royal Field Artillery, Agra	18	...	...	18	...	...	...	18
79th Battery, Royal Field Artillery, Jhansi	16	...	...	16	...	...	...	16
89th Battery, Royal Field Artillery, Nowshera	16	...	...	16	...	...	...	16
90th Battery, Royal Field Artillery, Nowshera	2	...	...	...	...	2	...	11	...	...	11	...	...	...	13
91st Battery, Royal Field Artillery, Nowshera	3	...	...	...	...	3	...	9	...	...	9	...	...	...	12
101st Battery, Royal Field Artillery, Hyderabad	11	...	...	11	...	...	...	11
102nd Battery, Royal Field Artillery, Hyderabad	2	...	...	...	...	3	5	...	4	...	4	8	...	...	...	13
1st Ammunition Column, Royal Field Artillery, Nowshera	200	...	30	250	...	...	...	250
4th Ammunition Column, Royal Field Artillery, Hyderabad, with 39 men detached at Kirkee	10	2	...	...	...	34	46	...	93	...	3	96	...	...	...	142
6th Ammunition Column, Royal Field Artillery, Kirkee	1	...	...	...	17	18	...	27	...	4	31	...	...	...	49
9th Ammunition Column, Royal Field Artillery, Kirkee	3	...	...	...	11	14	...	25	...	6	31	...	...	...	45
10th Ammunition Column, Royal Field Artillery, Kirkee	3	...	...	...	6	9	...	12	...	...	12	...	...	...	21
12th Ammunition Column, Royal Field Artillery, Jhansi	37	...	...	...	...	37	...	67	...	...	67	...	...	...	104
1st Mountain Battery, Royal Garrison Artillery, Baragali	76	...	...	...	58	134	...	111	...	2	113	...	...	...	247
2nd Mountain Battery, Royal Garrison Artillery, Ambala	18	...	...	...	18	...	...	19	...	19	...	...	...	37
3rd Mountain Battery, Royal Garrison Artillery, Quetta	104	...	...	...	2	106	...	103	...	...	103	...	...	...	209

*This total should agree with the total number borne on the roll of the regiment.

TABLE XXIVA—*contd.*

Race composition, and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogra or other Hill Hindus.	Gurkhas.	Garhwals.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjab Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	TOTAL MUSSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL
88	4th Mountain Battery, Royal Garrison Artillery, Quetta . . . . .	...	66	35	...	...	2	103	...	106	...	...	106	...	...	...	209
89	5th Mountain Battery, Royal Garrison Artillery, Amba'a . . . . .	...	18	...	...	...	3	21	...	22	...	...	22	...	...	...	43
90	6th Mountain Battery, Royal Garrison Artillery, Barian . . . . .	...	106	13	...	...	22	141	...	113	...	...	113	...	...	...	254
91	8th Mountain Battery, Royal Garrison Artillery, Peshawar . . . . .	...	133	...	...	...	12	145	...	120	...	...	120	...	...	...	265
92	9th Mountain Battery, Royal Garrison Artillery, Rawalpindi . . . . .	...	76	...	...	...	310	386	...	453	10	...	463	...	...	...	849
93	60th Company, Royal Garrison Artillery, Rurki	3	31	...	...	...	35	69	...	27	...	25	52	...	...	...	121
94	58th Company, Royal Garrison Artillery, Rurki	9	27	13	...	...	86	135	...	78	...	28	106	...	...	...	241
95	72nd Company, Royal Garrison Artillery, Quetta . . . . .	...	3	10	...	...	4	17	...	12	...	...	12	...	...	...	29
96	77th Company, Royal Garrison Artillery, Multan	1	...	...	...	...	30	31	...	4	...	83	87	...	...	...	118
97	86th Company (Battery), Royal Garrison Artillery, Rurki	2	...	...	...	...	...	2	...	2	...	25	27	...	...	...	29
98	104th Company, Royal Garrison Artillery, Campbellpore . . . . .	...	...	...	...	...	28	28	...	12	...	...	12	...	...	...	40
99	Royal Garrison Artillery, Coast Defence, Mangoon . . . . .	...	4	...	...	...	34	38	...	29	...	4	33	2	...	...	73
100	1st King George's Own Sappers and Miners, Rurki, with 210 men detached at Peshawar,	89	323	8	19	36	309	784	...	668	46	86	800	10	...	...	1,594
101	2nd Queen Victoria's Own Sappers and Miners, Bangalore, with men detached at Drosh, Quetta, Secunderabad and Mandalay	2	7	...	...	...	905	914	...	20	1	155	176	114	188	...	1,392
102	3rd Sappers and Miners, Kirkee, with 48 men detached at Aden	22	185	...	...	...	234	441	...	698	...	28	726	...	5	...	1,172
103	25th (Railway) Company, Sappers and Miners, Rurkee . . . . .	...	...	...	...	...	...	...	...	16	...	...	15	...	...	...	16
104	26th (Railway) Company, Sappers and Miners, Kirkee . . . . .	...	...	...	...	...	...	...	...	9	...	...	9	...	...	...	9
105	31st (Divisional Signal) Company, Sappers and Miners, Barian	8	11	4	12	...	16	51	...	15	4	7	26	1	...	...	78
106	33rd (Divisional Signal) Company, Sappers and Miners, Quetta . . . . .	...	...	...	...	...	28	28	...	...	...	8	8	5	...	...	41
107	34th (Divisional Signal) Company, Sappers and Miners, China . . . . .	...	...	...	...	...	...	...	...	...	...	6	6	...	...	...	6
108	1st Brahmans, Drosh, with a wing at Jhelum and detachments of 249 men at Chitral and Fort Jamrud . . . . .	...	1	...	...	...	996	997	...	14	...	14	28	12	435	...	1,472
109	2nd Queen Victoria's Own Rajput Light Infantry, Lucknow	467	...	...	...	...	2	469	...	...	...	19	19	5	...	...	493
110	3rd Brahmans, Jhelum . . . . .	...	...	...	...	...	327	327	...	...	...	37	37	4	350	...	718
111	4th Prince Albert Victor's Rajputs, Lucknow	511	9	...	...	...	18	538	...	3	...	22	25	3	...	...	566
112	5th Light Infantry, Fatehgarh . . . . .	...	...	...	...	...	1	1	...	10	...	318	328	...	...	...	329
113	6th Jat Light Infantry, Jhansi . . . . .	...	...	...	...	...	419	419	...	...	...	23	23	...	...	...	442
114	7th Duke of Connaught's Own Rajputs, Benares	655	...	...	...	...	6	661	...	...	...	33	33	...	...	...	694
115	8th Rajputs, Peshawar, with 292 men detached at Fort Jamrud, Fort Abazai, Fort Shabkadar and Cherat	1,444	8	...	...	1	21	1,474	...	15	...	35	50	...	...	...	1,524
116	9th Bhopal Infantry, Fyzabad	265	93	1	...	...	113	472	...	98	...	42	140	3	...	...	615
117	10th Jats, Bannu	1	1	...	4	...	1,351	1,357	...	11	...	12	23	6	...	...	1,386
118	11th Rajputs, Benares	1,512	...	...	...	...	4	1,516	...	...	...	90	90	1	...	...	1,607
119	12th Pioneers (The Kelati-Ghulzie Regiment) Quetta . . . . .	...	603	...	...	...	1,037	1,640	...	...	...	21	21	...	...	...	1,661
120	13th Rajputs (The Shekhawati Regiment) Lucknow	277	3	...	...	8	1	289	...	4	...	17	21	...	...	...	310

* This total should agree with the total number borne on the roll of the regiment.

Corps and its detachments.	Rajputs.	Sikhs.	Dogra or other Hill Hindus.	Gurkhas.	Garhwals.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Mussalman.	Trans-Indus Pathans.	Other Mussalman.	TOTAL MUSSALMAN.	Native Christians.	Burmans.	Jews.	TOTAL.*
4th King George's Own Ferozepore Sikhs, Multan	246	...	...	...	...	246	...	...	...	...	...	...	...	...	246
5th Ludhiana Sikhs, Multan	393	...	...	...	...	393	...	...	...	...	...	...	...	...	393
6th Rajputs (The Lucknow Regiment) Fort William	1,036	32	...	...	...	19	1,087	...	4	...	29	33	1	...	...	1,121
7th Infantry (The Loyal Regiment), Lucknow	2	2	...	102	...	133	235	4	...	...	241
8th Infantry, China, with 73 men detached at Nowgong	8	8	...	906	...	422	1,328	...	...	...	1,336
9th Punjabis, Quetta with a wing at Robat	714	...	...	...	...	714	...	521	290	...	811	...	...	...	1,525
10th Duke of Cambridge's Own Infantry (Brownlow's Punjabis), Ferozepore	94	151	...	...	...	245	...	1	148	30	179	...	...	...	474
11st Punjabis, Peshwar	334	113	...	...	9	456	...	115	339	4	458	...	...	...	914
12nd Punjabis, Hyderabad (Sind)	155	...	...	...	...	155	...	360	14	...	374	...	...	...	529
13rd Sikh Pioneers, Ambala	473	...	...	...	12	485	...	11	...	...	11	...	...	...	496
14th Punjabis, Hyderabad (Sind)	299	67	...	...	105	471	...	291	78	...	369	...	...	...	840
15th Punjabis, Bannu	482	349	...	...	...	831	...	308	191	...	499	...	...	...	1,330
16th Punjabis, Bannu	687	...	...	...	8	695	...	620	173	6	719	2	...	...	1,495
17th Punjabis, Lahore Cantonment	152	66	...	...	11	229	...	179	48	...	227	...	...	...	456
18th Punjabis, Lahore Cantonment, wing at Colombo and Diyatalawa	478	174	...	...	...	652	...	270	468	...	738	...	...	...	1,599
19th Punjabis, Jhansi	116	70	...	...	...	186	...	237	...	...	247	9	...	...	442
20th Punjabis, Delhi, with a wing at Tank	542	292	...	...	6	840	...	369	2	9	380	...	...	...	1,220
21st Punjabis, Rawalpindi	648	398	...	...	14	1,060	...	531	...	28	559	2	...	...	1,621
22nd Sikh Pioneers, Sialkot	1,035	...	...	...	2	1,037	...	26	...	...	26	...	...	...	1,063
23rd Punjabis, Bareilly	71	...	...	...	...	71	...	377	92	...	469	...	...	...	540
24th Sikh Pioneers, Ambala	456	...	...	...	...	456	...	8	...	...	8	...	...	...	464
25th Sikhs, Abbotabad	1,106	...	...	...	...	1,106	...	...	...	...	...	...	...	...	1,106
26th Sikhs, Peshawar	1,480	...	...	...	13	1,493	...	...	...	2	2	...	...	...	1,495
27th Dogras, Jhelum	1	1,360	...	...	2	1,363	...	2	...	...	2	...	...	...	1,365
28th Dogras, Malakand	1	1,213	...	...	8	1,222	...	5	...	4	9	4	...	...	1,285
1st Battalion, 39th Garhwal Rifles, Lansdowne	578	...	578	...	...	...	...	...	...	...	...	578
2nd Battalion, 39th Garhwal Rifles, Lansdowne	520	...	520	...	...	...	...	...	...	...	...	520
40th Pathans, Fatehgarh	3	97	...	...	1	101	...	139	197	2	338	...	...	...	439
41st Dogras, Bareilly	302	...	...	...	302	...	...	...	...	...	...	...	...	302
42nd Deoli Regiment, Chaman, with 44 men detached at Deoli	259	8	...	...	...	856	1,123	...	...	...	30	30	...	...	...	1,153
43rd Erinpura Regiment, Erinpura, with 45 men detached at Shelabagh	304	6	...	...	...	690	1,000	...	3	...	554	557	1	...	...	1,558
44th Merwara Infantry, Ajmer	3	...	...	...	...	438	441	...	...	...	252	252	...	...	...	693
45th Rattray's Sikhs, Tank, with a wing at Dera Ismail Khan	1,025	...	...	...	7	1,032	...	15	...	1	16	...	...	...	1,048
46th Punjabis, Nowshera	289	...	...	...	6	295	...	705	138	...	813	...	...	...	1,138
47th Sikhs, Fatehgarh	539	...	...	...	3	542	...	5	...	2	7	...	...	...	549
48th Pioneers, Jhansi	292	...	...	...	164	456	...	6	...	...	6	...	...	...	462

* This total should agree with the total number borne on the roll of the regiment.

TABLE XXIVA—continued.

Race composition, and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogra or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Musalmans.	Trans-Jedes Pathans.	Other Musalmans.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	To
157	51st Sikhs (Frontier Force), Jullundur . . . . .	...	252	66	...	...	...	318	...	110	107	...	217	...	...	...
158	52nd Sikhs (Frontier Force), Bannu . . . . .	...	192	318	...	...	...	510	...	318	...	148	466	...	...	...
159	53rd Sikhs (Frontier Force), Jullundur . . . . .	...	135	57	...	...	...	192	...	170	85	...	255	...	...	...
160	54th Sikhs (Frontier Force), Fort Lockhart, with a wing at Hangu and 148 men detached at Thal and Fort Cavagnary . . . . .	...	629	155	...	...	...	784	...	313	159	...	472	...	...	...	1,
161	55th Koke's Rifles (Frontier Force), Kohat . . . . .	...	257	223	...	...	6	486	...	317	505	...	822	...	...	...	1,
162	56th Punjabi Rifles (Frontier Force), Jullundur . . . . .	...	169	141	...	...	...	310	...	310	222	...	532	...	...	...
163	57th Wilde's Rifles (Frontier Force), Ferozepore . . . . .	...	130	170	...	...	...	300	...	249	61	...	310	...	...	...
164	58th Vaughan's Rifles (Frontier Force), Ferozepore . . . . .	...	186	53	...	...	...	239	...	245	167	...	412	...	...	...
165	59th Scinde Rifles (Frontier Force), Jullundur . . . . .	...	97	106	...	...	...	203	...	144	240	...	384	...	...	...
166	61st King George's Own Pioneers, Bangalore . . . . .	...	...	...	...	...	157	157	...	...	...	27	27	33	...	...
167	62nd Punjabis, Cawnpore	164	58	...	...	...	...	222	...	328	...	...	328	...	...	...
168	63rd Palamcottah Light Infantry, Bangalore . . . . .	...	...	...	...	...	83	83	...	...	...	51	51	240	...	...
169	64th Pioneers, Mandalay, with a wing at Thayetmyo . . . . .	...	...	...	...	...	985	985	...	...	...	575	575	255	...	...	1,
170	66th Punjabis, Jhelum	125	125	...	...	...	...	250	...	250	...	50	350	...	...	...
171	67th Punjabis, Loralai, with 72 men detached at Musakbel . . . . .	...	281	304	...	...	...	585	...	644	...	25	669	...	...	...	1,
172	69th Punjabis, Agra . . . . .	...	124	60	...	...	88	272	...	390	...	...	390	...	...	...
173	72nd Punjabis, Peshawar . . . . .	...	250	...	...	...	...	250	...	133	130	...	263	...	...	...
174	73rd Carnatic Infantry, Trichinopoly, with 133 men detached at Trivandrum and Ootacamund . . . . .	...	...	...	...	...	239	239	...	...	...	230	230	78	...	...
175	Deptt, 74th Punjabis, Agra, Head Quarters at China . . . . .	...	290	218	...	...	...	508	...	582	...	...	582	...	...	...	1,
176	75th Carnatic Infantry, Baroda Camp, with 170 men detached at Neemuch, Jaipur, Sumerpur and Kotah	1	...	...	...	...	472	473	...	...	...	380	380	186	...	...	1,
177	76th Punjabis, Cawnpore . . . . .	...	107	...	...	...	116	223	...	221	...	...	221	6	...	...
178	79th Carnatic Infantry, Rangoon, with 190 men detached at Port Blair . . . . .	...	...	...	...	...	452	452	...	...	...	394	394	97	...	...
179	80th Carnatic Infantry, St. Thomas Mount, with a wing at Colombo	14	9	...	...	...	805	828	...	4	4	650	658	146	...	...	1,
180	81st Pioneers, Nowshera . . . . .	...	...	...	...	...	1,145	1,145	...	1	...	277	278	105	...	...	1,
181	82nd Punjabis, Nowshera . . . . .	...	264	...	...	...	384	648	...	327	...	35	362	...	...	...	1,

* This total should agree with the total number borne on the roll of the regiment.

Corps and its detachments.	Rajputs.	Sikhs.	Dogra or other Hill Hindus.	Gorkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rebillas.	Punjab Muslimans.	Trans-Indus Pathans.	Other Muslimans.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.*
3rd Wallajahbad Light Infantry, Secunderabad	5	...	...	...	...	161	166	...	...	...	193	193	384	...	...	743
4th Panjabis, Rawalpindi, with a wing at Fort Sandeman	195	243	...	...	...	...	438	...	432	...	...	482	...	...	...	920
6th Carnatic Infantry, St. Thomas' Mount, with 58 men detached at Bhamo	1	...	...	...	...	501	502	...	6	...	400	406	141	...	...	1,049
7th Panjabis, Tank, with a wing at Dera-Isma'il Khan . . . . .	...	342	...	...	...	441	783	...	362	...	...	362	...	...	...	1,145
8th Carnatic Infantry, Secunderabad	4	...	...	...	...	337	341	...	...	...	179	179	293	...	...	813
9th Panjabis, Dinapore	83	140	...	...	...	21	244	...	281	...	...	281	2	...	...	527
10th Panjabis, Nasirabad . . . . .	...	194	1	...	...	207	402	...	153	...	...	153	...	...	...	557
11st Panjabis. (Light Infantry), Mandalay, with 234 men detached at Thayetmyo	1	441	348	1	...	2	793	...	430	...	141	571	3	...	...	1,367
12nd Panjabis, Jubbulpore . . . . .	...	206	...	...	...	...	206	...	250	...	...	250	5	...	...	461
13rd Burma Infantry, Jubbulpore . . . . .	...	191	...	...	...	...	191	...	216	...	...	216	...	...	...	407
14th Russell's Infantry, Nowshera	282	...	...	...	...	563	845	...	...	...	260	260	...	...	...	1,105
15th Russell's Infantry, Saugor, with a wing at Muscat and 310 men detached at Chabar and Jask	344	...	...	...	...	902	1,246	...	...	8	367	375	3	...	...	1,624
16th Berar Infantry, Santa Cruz	270	...	88	...	...	38	396	...	...	...	199	199	2	...	...	597
17th Deccan Infantry, Jhansi	576	8	...	...	...	611	1,195	...	208	...	223	431	...	...	...	1,626
18th Infantry, Saugor	41	...	...	...	...	386	427	...	...	1	121	122	7	...	...	556
19th Deccan Infantry, Tank	363	...	...	...	...	456	819	...	...	...	333	333	...	...	...	1,152
201st Grenadiers, Jubbulpore . . . . .	...	...	...	...	...	109	109	...	60	...	69	129	...	...	...	238
202nd King Edward's Own Grenadiers, Poona	272	2	...	...	...	668	942	...	536	...	25	561	3	...	2	1,503
203rd Mahratta Light Infantry, Belgaum . . . . .	...	...	...	...	...	362	362	...	...	...	104	104	...	...	...	466
204th Wellesley's Rifles, Mhow	98	...	...	...	...	352	450	...	141	...	...	141	...	...	...	591
205th Mahratta Light Infantry, Lahore Cantonment . . . . .	...	...	...	...	...	1,373	1,373	...	...	...	448	448	...	...	...	1,821
206th Hazara Pioneers, Quetta . . . . .	...	6	...	...	...	3	9	...	28	1,728	...	1,751	...	1	...	1,761
207th Pioneers, Meerut . . . . .	...	119	...	...	...	90	209	...	...	130	127	257	11	...	...	477
208th Infantry, Bombay . . . . .	...	...	311	...	...	95	406	...	292	...	139	431	2	...	...	839
209th Infantry, Jubbulpore . . . . .	...	...	...	...	...	683	683	...	359	...	368	727	...	...	...	1,410
210th Mahratta Light Infantry, Belgaum . . . . .	...	...	...	...	...	166	166	...	...	...	92	92	3	...	...	261
211th Infantry, Lahore Cantonment, wings at Chackdara and Dargai . . . . .	...	...	...	...	...	752	752	...	326	...	...	326	...	...	2	1,080
212th Infantry, Allahabad with 361 men detached at Gyantsi and Dargai	1,207	...	...	...	...	497	1,704	...	484	...	5	489	12	...	...	2,205
214th Mahrattas, Jhelum . . . . .	...	...	...	...	...	850	850	...	...	...	245	245	...	...	...	1,095
215th Mahrattas, Bannu, with a wing at Miranshah . . . . .	...	...	...	...	...	694	694	...	...	...	194	194	6	...	...	894
217th Mahrattas, Poona . . . . .	...	...	...	...	...	259	259	...	...	...	80	80	1	...	...	340
218th Infantry (The Multan Regiment), Ahmednagar	89	...	...	...	...	591	680	...	...	...	154	154	...	...	...	834
220th Rajputana Infantry, Ahmednagar	88	...	...	...	...	436	524	...	...	...	71	71	6	...	...	601

* This total should agree with the total number borne on the roll of the regiment.

TABLE XXIVA—continued.

Race composition, and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogra or other Hill Hindus.	Gurkhas.	Garhwals.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjab Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	TOTAL MUSSALMANS.	Native Christians.	Burmans.	Jews.	Total.
215	121st Pioneers, Dera Ismail Khan	345	1	...	...	...	237	583	...	304	303	3	760	...	...	9	1,3
216	122nd Rajputana Infantry, Kohat	386	...	...	...	...	883	1,169	...	13	...	312	325	5	...	...	1,4
217	123rd Outram's Rifles, Baroda, with 462 men detached at Shillong . . . . .	...	...	...	...	...	818	818	...	293	...	462	755	2	...	...	1,3
218	124th Duchess of Connaught's Own Baluchistan Infantry, Quetta . . . . .	...	385	...	...	...	...	385	...	455	743	45	1,243	...	...	...	1,6
219	125th Napier's Rifles, Mhow	147	...	...	...	...	16	163	...	257	...	3	260	6	...	2	4
220	126th Baluchistan Infantry, Pishin, with 351 men detached at Muscat . . . . .	...	454	...	...	...	...	454	...	202	202	278	682	...	...	...	1,1
221	127th Queen Mary's Own Baluch Light Infantry, Karachi . . . . .	...	1	...	...	...	2	3	...	814	392	129	1,335	2	...	...	1,3
222	128th Pioneers, Meerut . . . . .	...	116	...	...	...	65	181	...	9	103	123	235	1	...	...	4
223	129th Duke of Connaught's Own Baluchis, Karachi . . . . .	...	...	...	...	...	...	...	...	605	206	4	815	...	...	...	8
224	130th King George's Own Baluchis, Karachi . . . . .	...	...	1	...	...	2	3	...	310	244	4	558	...	...	...	3
225	1st Battalion, 1st King George's Own Gurkha Rifles (The Malaun Regiment), Dharmasala . . . . .	...	...	...	402	...	...	402	...	...	...	...	...	...	...	...	4
226	2nd Battalion, 1st King George's Own Gurkha Rifles (The Malaun Regiment), Dharmasala . . . . .	...	...	4	1,297	...	...	1,301	...	1	...	...	1	...	...	...	1,3
227	1st Battalion, 2nd King Edward's Own Gurkha Rifles (The Sirmoor Regiment), Dehra Dun . . . . .	...	...	...	1,434	...	...	1,434	...	...	...	...	...	...	...	...	1,4
228	2nd Battalion, 2nd King Edward's Own Gurkha Rifles (The Sirmoor Regiment), Dehra Dun . . . . .	...	...	...	687	...	1	688	...	...	...	...	...	...	...	...	6
229	1st Battalion, 3rd Queen Alexandra's Own Gurkha Rifles, Almora . . . . .	...	...	...	1,912	...	...	1,912	...	...	...	...	...	...	...	...	1,9
230	2nd Battalion, 3rd Queen Alexandra's Own Gurkha Rifles, Lansdowne . . . . .	...	...	...	584	...	...	584	...	...	...	...	...	...	...	...	3
231	1st Battalion, 4th Gurkha Rifles, Bakloh . . . . .	...	2	...	532	...	...	534	...	1	...	...	1	...	...	...	3
232	2nd Battalion, 4th Gurkha Rifles, Bakloh, with a wing at Kohat . . . . .	...	...	...	748	...	1	749	...	...	...	...	...	...	...	...	7
233	1st Battalion, 5th Gurkha Rifles (Frontier Force), Abbottabad	1	...	...	1,196	...	7	1,204	...	2	...	8	10	...	...	...	1,3
234	2nd Battalion, 5th Gurkha Rifles (Frontier Force), Abbottabad . . . . .	...	...	...	1,010	...	6	1,016	...	1	...	1	2	...	...	...	1,6
235	1st Battalion, 6th Gurkha Rifles, Abbottabad . . . . .	...	...	...	1,121	...	6	1,127	...	10	...	...	10	...	...	...	1,1
236	2nd Battalion, 6th Gurkha Rifles, Abbottabad . . . . .	...	2	...	1,316	...	6	1,354	...	6	...	1	7	...	...	...	1,3
237	1st Battalion, 7th Gurkha Rifles, Quetta . . . . .	...	3	...	1,727	2	...	1,732	...	2	...	...	2	...	...	...	1,7
238	2nd Battalion, 7th Gurkha Rifles, Quetta . . . . .	...	2	...	606	...	...	608	...	...	...	...	...	...	...	...	6
239	1st Battalion, 8th Gurkha Rifles, Shillong, with 522 men detached at Solon and Simla . . . . .	...	...	...	998	...	...	998	...	...	...	...	...	...	...	...	9
240	2nd Battalion, 8th Gurkha Rifles, Lansdowne . . . . .	...	...	...	354	...	...	354	...	...	...	...	...	...	...	...	3
241	1st Battalion, 9th Gurkha Rifles, Dehra Dun . . . . .	...	...	...	780	...	...	780	...	...	...	...	...	...	...	...	7
242	2nd Battalion, 9th Gurkha Rifles, Dehra Dun . . . . .	...	...	...	1,724	...	...	1,724	...	...	...	...	...	...	...	...	1,7
243	1st Battalion, 10th Gurkha Rifles, Maymyo . . . . .	...	2	...	1,409	1	...	1,412	...	...	...	...	...	...	...	...	1,4
244	2nd Battalion, 10th Gurkha Rifles, Takdah, with 52 men detached at Lansdowne . . . . .	...	1	...	921	6	14	942	...	1	...	...	1	...	...	...	9
245	Details	525	137	61	13	...	474	1,210	...	594	31	383	1,008	12	...	...	2,2

* This total should agree with the total number borne on the roll of the regiment.

TABLE XXIVA—concluded.

B.—Race composition, and location of detachments.

Corps and its detachments.		Rajputs.	Sikhs.	Dogra or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjab Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	TOTAL MUSSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.*
1	NORTHERN ARMY	10,381	19,266	7,145	17,243	1,159	15,327	70,512	...	18,022	5,637	6,430	30,089	212	785	11	101,609
2	SOUTHERN ARMY	3,583	7,196	2,117	3,740	...	3,16,501	33,146	..	10,715	4,521	9,126	24,362	2,010	200	4	59,722
3	EXTRA INDIA NOT IN THE INDIAN COMMAND	1	1,551	249	...	...	367	2,168	...	1,458	315	489	2,262	63	...	...	4,493
4	ARMY OF INDIA	13,965	28,013	9,511	20,989	1,153	32,195	106,896	...	30,195	10,473	16,045	56,713	2,285	985	15	165,824

* This total should agree with the total number borne on the roll of the regiment.

XXIV-B.—Deaths* (Actuals).

	Northern Army.	Southern Army.	Extra India not in the Indian Command.	Thal Operations.	Army of India.
Rajputs	68	13	...	...	86
Sikhs	103	41	5	1	150
Dogra or other Hill Hindus	43	6	...	...	49
Gorkhas	225	18	...	1	244
Garhwals	3	...	...	...	3
Other Hindus	112	82	...	...	194
TOTAL HINDUS	554	165	5	2	726
Punjabi Mussalmans	117	42	8	...	167
Trans-Indus Pathans	31	15	...	1	47
Other Mussalmans	20	55	...	...	75
TOTAL MUSSALMANS	168	112	8	1	289
Native Christians	2	7	...	...	9
Burmans	1	1	...	...	2
TOTAL	725†	285†	13†	3	1,026

* Deaths among the Indian officers and men present, excluding men on sick leave or furlough.

† Including deaths on the line of march.

III.—PRISONERS, 1915.

TABLE D.

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 :— Port Blair Convict Settlement	85	S. G.	BIHAR AND ORISSA :—contd. Gaya, Central	375	M. D.	PUNJAB :—contd. Mianwali	655	I. B.
BURMA :— Mergui	14	S. G.	Bhagalpur, Central	147	S. G.	Lyalpur	...	...
Tavoy	69	"	Monghyr	148	"	Jhang	...	...
Moulmein	288	"	Darbhanga	167	"	Montgomery, Central	600	I. B.
Shwegyin	128	"	Champaran (Motihari)	217	"	Multan, Central	402	S. G.
Toungoo	156	"	Muzaffarpur	179	"	District	...	...
Rangoon, Central, Europeans	14	"	Patna (Bankipore)	177	"	Dera Ghazi Khan	395	"
Indians	...	"	Arrah (Shahabad)	191	"			
Maubin	...	"	Chapra (Saran)	181	M. D.			
Myaungmya, Central	...	"	Buxar, Central	204	S. G.			
Bassein, Central	40	S. G.	Sambalpur	500	"	N.-W. F. PROVINCE :— Peshawar	1,165	S. G.
Insein	34	"				Kohat	1,768	"
Henzada	44	"	UNITED PROVINCES OF AGRA AND OUDH :— Korantadih (Ballia)	...	"	Bannu	1,279	"
Myanaung	74	"	Ghazipur	227	S. G.	Dera Ismail Khan	571	"
Sandoway	...	"	Azamgarh	256	"	Abbottabad	4,166	"
Kyaukpnyu	...	"	Gorakhpur	255	"			
Akyab	32	S. G.	Basti	292	"	BALUCHISTAN :— Sibi	489	S. G.
Paungde	...	"	Fyzabad	336	"	Quetta	5,511	"
Prome	149	S. G.	Sultanpur	305	I. B.			
Thayetmyo, Central	145	"	Rai Bareilly	351	S. G.	RAJPUTANA :— Ajmer	1,627	S. G.
Taungdwingyi	492	"	Partabgarh	317	"			
Magwe	...	"	Jaunpur	263	"			
Yamethia	653	S. G.	Benares, Central	256	"	CENTRAL PROVINCES :— Saugor	1,753	S. G.
Meiktila	860	"	District	...	"	Jubbulpore, Central	1,306	"
Pagan	...	"	Mirzapur	283	"	Narsinghpur	1,305	I. B.
Myingyan, Central	243	S. G.	Allahabad, Central (Naini)	298	"	Mandla	1,487	S. G.
Mandalay	249	"	District	...	"	Bilaspur	887	"
Monywa	250	"	Karwi	...	"	Raipur, Central	968	"
Shwebo	600	M. O.	Banda	415	S. G.	Balaghat (Burha)	...	"
Mogok	...	"	Fatehpur	373	"	Seoni	2,043	S. G.
Bhamo	351	S. G.	Hamirpur	367	"	Chhindwara	2,236	"
Katha	329	"	Orai (Jalaun)	...	"	Hoshangabad	1,030	"
Kindat	361	"	Cawnpore	417	S. G.	Nimar (Khandwa)	1,042	I. B.
ASSAM :— Cachar (Silchar)	104	M. D.	Unao	412	"	Betul	2,189	S. G.
Jorhat	295	S. G.	Lucknow, Central	...	"	Nagpur, Central	1,025	"
Dibrugarh	342	"	District	400	"	Bhandara	861	"
Tezpur	292	"	Barabanki	378	"	Chanda	658	"
Nowgong	208	"	Gonda	...	"	Yeotmal	1,476	"
Gauhati	134	I. B.	Bahraich	398	S. G.	Amraoti	1,194	"
Dhubri	158	"	Kheri	471	"	Akola	920	"
Sylhet	257	M. D.	Sitapur	449	"	Buldana	2,132	M. D.
Aijal	3,917	S. G.	Hardoi	462	"			
Kohima	4,500	I. B.	Etawah	498	"	HYDERABAD RESIDENCY JAIL :— Secunderabad	1,732	S. G.
Shillong	4,987	"	Mainpuri	511	"			
BENGAL :— Mymensingh	59	M. D.	Etah	559	"	BOMBAY :— Shikarpur	194	S. G.
Dacca, Central	20	"	Fatehgarh, Central	...	I. B.	Sukkur	...	"
Tippera (Comilla)	36	"	District	444	S. G.	Sind Gang	...	"
Chittagong	87	"	Shahjahanpur	507	"	Hyderabad, Central	134	I. B.
Noakhali	43	"	Pilibhit	614	"	Karachi	28	S. G.
Bakarganj (Barisal)	13	"	Bareilly, Central	...	"	Rajkot	414	"
Khulna	...	"	District	560	"	Ahmedabad, Central	170	"
Jessore	...	"	Juvenile	...	"	Dhulia	842	"
Baraset	33	"	Budaun	544	"	Yerrowda, Central (Poona)	1,951	I. B.
Presidency, (Central Europeans)	17	S. G.	Aligarh	610	"	Bijapur	1,998	S. G.
Presidency Central (Indians)	...	"	Bolanshahr	727	"	Deccan Gang	...	"
Alipore Central (Europeans)	...	"	Meradabad	655	"	Dharwar	2,385	S. G.
Alipore, Central (Indians)	21	I. B.	Bijnor	772	"	Thana	24	"
Juvenile	...	"	Dehra Dun	2,329	"	Bombay, Common	20	"
Howrah	21	"	Saharanpur	903	"	House of Correction	...	"
Hooghly	34	S. G.	Muzaffarnagar	790	"	Ratnagiri	110	M. D.
Burdwan	97	"	Meerut	739	"	Karwar	12	S. G.
Krishnagar (Nadia)	32	"	Muttra	576	"	Aden	26	"
Faridpur	22	"	Agra, Central	...	"			
Pabna	...	"	District	554	"	MADRAS :— Cannanore, Central	47	S. G.
Murshidabad (Berhampore)	67	M. D.	Jhansi	860	"	Bellary	1,483	"
Rajshahi, Central (Rampur Boalia)	70	"	Lalitpur	...	"	Salem	919	"
Bogra	61	"	Almora	5,494	S. G.	Coimbatore	1,433	"
Malda	72	"	Pauri	...	"	Palamcottah	129	"
Dinajpur	116	S. G.	Naini Tal	6,400	M. D.	Madura	438	"
Rangpur	108	"				Trichinopoly, Central	274	"
Jalpaiguri	280	"	DELHI PROVINCE :— Delhi	715	S. G.	Tanjore	193	"
Suri (Birbhum)	...	"				Cuddalore	19	"
Bankura	...	"	PUNJAB :— Rohtak	712	S. G.	Vellore, Central	698	"
Midnapore, Central	298	M. D.	Hissar	689	I. B.	Madras, Civil	15	"
Darjeeling	7,168	S. G.	Ambala	902	"	Penitentiary, Central	...	"
BIHAR AND ORISSA :— Purneah	121	S. G.	Ludhiana	806	"	Rajahmundry, Central	112	M. D.
Naya Dumka	489	M. D.	Jullundur	900	"	Vizagapatam	14	S. G.
Balasore	59	S. G.	Ferozepore	645	"	Berhampur	79	"
Cuttack	74	"	Lahore, Central	...	"			
Puri	17	"	Borstal Central	706	"	COORG :— Mercara	3,803	S. G.
Angul	...	"	Female	...	"			
Chaibassa (Singbhum)	...	"	Gurdaspur	...	"			
Perulia (Manbhum)	745	S. G.	Gujranwala	...	"			
Ranchi (Lohardaga)	...	"	Sialkot	829	S. G.			
Palamau (Daltonganj)	2,164	S. G.	Jhelum	827	"			
Hazaribagh, Central	1,997	S. G.	Rawalpindi	1,707	"			
			Campbellpore	1,200	M. O.			
			Shahpur	644	S. G.			

* 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 barometers 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.

TABLE XXV.

RATIOS of ADMINISTRATIONS.

The ratios of admissions and deaths to strength are taken from Table XXVII.

	RATIOS PER 1,000 OF THE AVERAGE STRENGTH.												
	Burma.	Assam.	Bengal.	Bihar and Orissa.	United Provinces.	Punjab.	N.-W.F. Province.	Central Provinces.	Bombay.	Madras.	India.*	Andamans.	India.†
AVERAGE ANNUAL STRENGTH	17,474	1,901	13,433	7,146	27,020	15,895	2,724	4,004	10,214	9,810	110,930	12,239	123,169
CONSTANTLY SICK RATE OF THE YEAR	15.7	51.1	55.8	31.5	21.0	41.3	22.8	11.2	19.2	12.9	27.5	58.3	30.6
INCLUDING SUBSIDIARY JAILS AND OCCUPATIONS	...	49.0	53.1	30.1	...	39.7	22.5	11.4	18.2	13.1	26.7	...	29.7
ADMISSION RATE OF THE YEAR—													
Influenza	3.7	23.7	2.2	.1	6.0	.3	...	9.0	2.3	3.3	4.7	...	4.2
Cholera	.7	.5	.3	2.2	.1	...	...	1.0	.1	.3	.4	...	.4
Small-pox	...	...	.5	1.3	.2	.2	...	...	.1	.1	.2	...	.2
Enteric Fever	2.7	.5	.8	3.1	.3	.8	1.5	.5	.1	.6	1.1	1.1	1.1
Malaria	30.7	69.4	332.0	123.3	93.3	164.8	340.7	47.5	161.8	17.9	132.1	1,343.1	252.4
Sandfly Fever	...	...	...	...	...	...	...	3.5	...	...	.1	...	.1
Pyrexia of uncertain origin	30.1	138.3	.4	48.6	2.8	17.4	.7	17.7	2.8	17.4	16.2	22.1	16.3
Tubercle of the lungs	7.8	3.7	10.0	9.0	6.8	17.8	7.0	4.7	3.3	6.5	8.5	5.5	8.2
Pneumonia	3.0	7.9	9.5	6.4	11.3	34.3	28.6	8.5	16.2	4.2	12.9	23.3	13.1
Respiratory Diseases	11.4	29.5	35.1	28.4	23.2	70.9	27.5	13.7	34.2	15.0	30.2	52.4	32.4
Dysentery	24.3	137.8	215.5	123.8	28.0	46.7	46.6	34.7	30.5	21.0	61.3	50.2	60.2
Diarrhoea	7.2	132.0	138.3	82.4	17.0	43.3	22.0	18.2	27.0	5.9	40.7	43.8	41.0
Spleen Diseases	...	...	...	...	.1	1.9	.4	...	...	...	.3	.6	.3
Scurvy	.6	...	.9	.3	1.4	.7	1.1	...	2.9	...	1.0	19.9	2.9
Anæmia and Debility	5.0	6.8	23.0	26.7	7.2	38.5	9.2	4.5	3.7	4.9	14.0	.4	12.7
Abscess, Ulcer and Boil	30.9	48.9	72.6	57.1	76.4	82.8	42.2	36.7	42.7	19.2	58.2	71.8	59.6
ALL CAUSES	291.3	965.3	1,245.9	742.4	433.3	755.9	675.1	300.4	521.3	248.3	586.1	1,876.3	714.3
INCLUDING SUBSIDIARY JAILS AND OCCUPATIONS	...	960.3	1,223.1	731.0	...	740.8	687.3	309.2	544.7	352.8	594.3	...	715.1
DEATH RATE OF THE YEAR—													
Cholera	.80	...	.07	.84	.07	...	...	.50	.10	.31	.26	...	.24
Small-pox	...	...	.15	...	...	...	...	...	...	...	.03	...	.02
Enteric Fever	.57	...	.15	...	.04	.19	.37	...	.10	.10	.17	.65	.22
Malaria	.29	1.53	1.71	.84	1.04	.38	1.10	...	.88	.20	.80	3.27	1.05
Sandfly Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Pyrexia of uncertain origin	...	1.05	.07	...	.07	.06	...	.25	.10	...	.07	.49	.11
Tubercle of the lungs	4.86	2.10	2.83	3.78	2.44	4.28	1.10	2.00	.78	2.55	3.02	4.00	3.12
Pneumonia	1.20	1.58	2.08	3.50	2.17	7.55	6.24	1.50	4.90	1.02	3.08	10.62	3.83
Respiratory Diseases	.97	.53	.97	.84	.41	1.26	1.84	1.25	.39	.71	.82	3.76	1.11
Dysentery	1.66	4.73	6.10	7.00	2.15	2.52	2.57	2.25	.68	.51	2.72	3.84	2.83
Diarrhoea	.11	.53	1.71	1.68	.96	.44	.73	1.75	.69	.10	.79	1.14	.83
Hepatic Abscess	.11	...	.07	...	.07	...	...	...	...	...	.05	.33	.07
Anæmia and Debility	.11	...	.37	.98	.19	.31	.37	...	.20	.31	.31	.16	.29
Phagedæna, Slough, and Gangrene	...	...	...	...	.11	.06	...	.25	.10	...	.05	.41	.09
ALL CAUSES	2.09	21.57	21.21	25.75	14.58	25.79	19.09	18.98	13.80	11.82	18.74	45.02	21.35
INCLUDING SUBSIDIARY JAILS AND OCCUPATIONS	...	21.49	20.66	25.04	...	25.41	18.56	18.85	14.02	11.00	18.40	...	20.91

* Including Delhi, Sibi, Quetta, Ajmer, Secunderabad, Mercara and excluding Andamans.

† Including Delhi, Sibi, Quetta, Ajmer, Secunderabad, Mercara and Andamans.

PRISONERS, 1915.

TABLE XXVI.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths are taken from Table XXVII.

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.	Decan.	Western Coast.	Southern India	Hills, India
I.—AVERAGE ANNUAL STRENGTH	12,124	5,350	1,808	14,412	23,347	16,357	12,158	4,705	8,810	1,980	9,071	665
II.—CONSTANTLY SICK RATE OF THE YEAR	16'9	13'1	53'1	54'2	24'5	31'7	31'9	25'1	14'3	16'2	13'1	36'1
III.—ADMISSION RATE OF THE YEAR—												
Influenza	3'1	5'2	24'9	2'1	5'5	9'2	'5	1'1	4'5	9'1	3'5	...
Cholera	'2	2'1	'6	'6	'5	'1	...	'2	'5	'5	'3	...
Small-pox . . . . .	...	...	...	1'0	'3	'2	'1	...	...	...	'1	...
Enteric Fever	2'9	2'2	'6	'8	1'0	'5	1'0	'2	'4	2'0	'2	6'0
Malaria	27'0	39'1	64'2	318'7	98'1	138'5	222'4	181'1	81'3	85'9	19'1	341'4
Sandfly Fever . . . . .	...	...	...	...	...	...	...	...	1'6	...	...	...
Pyrexia of uncertain origin	37'9	12'3	133'3	3'5	16'1	5'3	18'0	'4	11'1	1'0	18'7	35'1
Tubercle of the lungs	10'1	2'4	3'3	10'7	7'2	9'6	15'0	7'0	4'1	5'6	6'3	7'5
Pneumonia	2'2	4'7	8'3	9'2	7'9	24'0	35'8	13'8	9'5	5'6	4'3	30'1
Respiratory Diseases	10'8	12'9	30'4	35'4	22'0	46'6	65'1	34'6	18'2	15'1	15'5	37'6
Dysentery	24'0	24'9	133'8	209'2	53'8	29'8	46'5	28'1	32'2	57'1	22'0	126'3
Diarrhoea	9'0	3'0	123'9	134'3	33'6	28'8	36'8	36'3	21'3	23'2	6'4	99'2
Spleen Diseases . . . . .	...	...	...	...	'1	1'7	'3	'2	...	...	...	...
Scurvy	'9	...	...	'8	1'6	'6	3'0	...	'2	...	...	...
Anæmia and Debility	5'9	3'0	7'2	25'9	9'1	23'1	26'7	14'9	3'7	'5	5'3	19'5
Abscess, Ulcer and Boil	27'9	37'8	48'1	73'3	73'6	77'9	63'8	78'6	43'4	13'1	20'4	60'2
ALL CAUSES	286'5	302'2	947'5	1,223'5	510'7	598'8	723'0	595'3	396'6	369'7	255'8	1,042'1
IV.—DEATH RATE OF THE YEAR—												
Cholera	'16	2'24	...	'14	'21	'06	...	'21	'23	'51	'33	...
Small-pox . . . . .	...	...	...	'14	...	...	...	...	...	...	...	...
Enteric Fever	'66	'37	...	'14	...	'18	'16	...	'11	'51	...	...
Malaria . . . . .	...	'93	1'11	1'60	1'07	'61	1'07	...	'23	'51	'22	9'02
Sandfly Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Pyrexia of uncertain origin . . . . .	...	...	1'11	'07	'09	...	'08	...	'23	...	...	...
Tubercle of the lungs	6'35	1'50	2'21	3'33	2'40	3'85	2'13	2'13	1'59	2'53	2'43	3'01
Pneumonia	'66	2'43	1'06	2'08	2'27	4'95	9'02	2'13	1'70	2'02	1'10	6'02
Respiratory Diseases	1'24	'37	'55	'97	'47	'98	'98	1'06	'68	...	'77	3'01
Dysentery	1'90	1'12	4'58	6'59	3'26	1'83	2'38	1'28	1'59	'51	'55	12'03
Diarrhoea	'08	'19	'55	1'60	1'24	'55	'25	1'06	1'14	'51	'11	4'51
Hepatic Abscess	'16	...	...	'07	'04	...	...	'21	...	...	...	...
Anæmia and Debility	'16	...	...	'56	'34	'06	'49	'21	'45	'51	'33	...
Phagedæna, Slough and Gangrene . . . . .	...	...	...	...	'04	...	'08	'43	'23	...	...	...
ALL CAUSES	20'13	20'00	22'12	22'41	17'05	18'52	25'99	12'54	14'07	14'65	11'24	45'11

*Including Aden.

TABLE XXVII.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

RAILS OF FAILS, GROUPS, AND ADMISSION RATE.																						2. DEATH RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
AILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.																			ALL CAUSES.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anemia and Debility.	Abscess, Ulcer, and Boil.	Phagedena, Scurvy, and Gangrene.													
ai . . .	92 {	...	...	...	...	76.1	...	...	...	...	43.5	32.6	...	...	...	...	...	...	...	402.2	21.7
	164 {	...	...	...	...	18.3	...	...	...	...	6.1	36.6	...	6.1	...	...	12.2	...	...	217.4	
nein . .	763 {	...	...	...	...	10.5	...	35.4	18.3	...	7.9	68.2	...	...	...	...	5.2	14.4	...	219.5	12.2			
	191 {	...	...	...	...	41.9	...	...	...	5.2	...	5.2	...	...	...	...	...	...	...	12.2	
gyin . .	686 {	2.9	...	...	...	37.9	...	17.5	2.9	7.3	11.7	24.8	5.8	...	...	...	...	30.6	...	262.1	24.9				
	17 {	2.92	...	...	...	58.8	...	117.6	...	1.46	...	4.37	...	...	...	...	...	...	...	44.56		
oon, Cen- (Euro- ans).	2,716 {	6.6	...	...	...	27.6	...	86.5	8.1	5.2	12.9	34.6	12.1	4	4.1	6.6	37.2	...	...	262.1	10.5						
	195 {	...	...	...	...	46.2	...	...	...	...	...	20.5	...	...	...	...	...	...	...	10.5	
oon, Cen- (Indians).	1,508 {	...	...	...	...	7.3	...	8.6	6.6	...	1.3	11.9	7	...	...	...	15.9	...	...	162.3	14.6		
	1,430 {	...	...	...	...	7.7	...	48.3	10.5	...	4.9	14.0	17.5	...	...	...	...	...	...	10.47		
in, Central	2,789 {	6.6	...	...	...	9.7	...	35.5	19.4	1.4	18.6	21.2	8.2	...	...	...	30.8	66.7	...	281.3	10.3					
	640 {	...	...	...	...	3.1	...	4.7	3.1	...	1.6	3.1	1.6	...	...	...	...	...	...	17.49		
ada . .	99 {	...	...	...	...	...	...	...	...	...	...	10.1	...	...	...	...	...	...	...	281.3	9.3
	83 {	...	...	...	...	36.1	...	...	...	...	...	...	...	...	...	...	...	...	...	44.56	
oway . .	146 {	...	...	...	...	41.1	...	...	6.8	...	61.6	20.5	13.7	...	...	...	...	...	...	262.1	24.9
	603 {	...	...	...	...	127.3	...	...	5.0	3.31	5.0	16.5	1.7	...	...	...	...	...	...	44.56	
UP I.— ERMA EAST AND Y ISLANDS	12,124 {	3.1	2.16	...	2.9	27.0	...	37.9	10.1	2.1	10.8	24.0	9.0	2	9	5.9	27.9	...	...	162.3	10.5									
	217 {	78.3	9.3	4.6	4.6	23.0	281.3		14.6										
	511 {	7.8	...	...	...	54.8	...	...	...	2.0	2.0	3.9	...	...	...	...	...	...	...	44.56	24.9
	1,037 {	1.0	6.8	...	21.2	2.9	4.8	6.8	17.4	1.0	262.1		10.5										
	73 {	...	...	...	...	41.1	...	...	...	...	...	...	...	...	...	...	...	...	...	10.47	24.9
	208 {	4.8	281.3		9.3										
	166 {	...	...	...	...	6.0	...	12.0	...	...	...	...	...	...	...	...	...	...	...	44.56	24.9
	129 {	7.8	7.8	...	7.8	281.3		10.5										
	103 {	...	...	...	...	...	...	...	...	...	...	9.7	...	...	...	...	...	...	...	44.56	24.9
	1,156 {	24.2	1.7	56.2	...	22.5	6.1	12.1	44.1	76.1	9	9	...	3.5	90.8	262.1		10.5										
	1,024 {	...	...	...	...	7.8	...	7.8	...	1.0	3.9	13.7	2.0	...	...	...	...	...	...	44.56	24.9	
	120 {	25.0	...	16.7	8.3	33.3	281.3		9.3										
	249 {	12.0	...	...	...	4.0	...	24.1	...	...	4.0	8.0	4.0	...	...	...	...	...	...	44.56	24.9
	117 {	17.1	8.5	8.5	25.6	281.3		10.5										
	90 {	...	...	...	...	55.6	...	...	11.1	...	11.1	22.2	...	...	...	...	...	...	...	44.56	24.9
	54 {	59.5	11.9	35.7	23.8	35.7	281.3		9.3										
	66 {	15.2	...	...	...	...	...	...	...	...	...	15.2	15.2	...	...	...	...	...	...	44.56	24.9
GROUP II.— BURMA ISLANDS.	5,350 {	5.2	2.1	...	2.2	30.1	...	12.3	2.4	4.7	12.9	24.9	3.0	2	...	3.0	37.8	302.2		13.1										
		2.24	...	...	3.7	9.3	...	1.50	2.41	3.7	3.7	1.12	1.19	...	...	...	...	...	...	20.50				

* Worked on the aggregates.

TABLE XXVII—continued.
RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE PER 1,000 OF STRENGTH.										Average number.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scarvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough and Gangrene.	ALL CAUSES.		
Cachar . . .	75	...	...	...	...	26.7	...	66.7	...	13.3	26.7	13.3	26.7	...	...	...	...	13.3	...	413.3
Jorhat . . .	229	...	...	...	...	4.4	...	205.2	...	...	8.7	78.6	56.8	...	...	...	21.8	39.3	...	834.1
Dibrugarh . .	127	204.7 7.87	...	...	...	173.2 7.87	...	78.7	...	7.9	35.1 7.87	346.5 15.75	78.7	...	...	...	15.7	31.5	...	1,653.5
Tezpur . . .	262	...	3.8	...	...	61.1	...	183.2 3.82	7.6 3.82	7.6	19.1	57.3	171.8	...	...	...	11.5	114.5	...	1,114.5
Nowgong . . .	73	...	...	...	...	41.1	...	13.7	...	41.1	13.7	...	13.7	...	...	...	...	95.9	...	342.5
Gauhati . . .	297	64.0	...	...	...	158.2 3.37	...	3.4	...	10.1	13.5	333.3	158.2	...	...	...	...	30.3	...	586.5
Dhubri . . .	42	...	...	...	...	166.7	...	71.4	...	23.8	71.4	23.8	...	...	...	...	...	23.8	...	690.5
Sylhet . . .	703	...	...	...	1.4	25.6	...	179.2 1.42	5.7 4.27	5.7 1.42	44.1	91.0 8.53	150.8 1.42	...	...	...	4.3	37.0	...	913.2
GROUP III.—Assam.	1,808	24.9 5.53	6	...	6	64.2 1.11	...	133.3 1.11	3.3 2.21	8.3 1.06	30.4 3.55	131.8 4.98	123.9 55	...	...	...	7.2	48.1	...	947.5
Mymensingh .	678	...	1.5	150.4 1.47	4.4 1.47	2.9 2.95	10.3	162.2 4.42	268.4 4.42	14.7 1.47	10.6	51.1	...	1,013.3	
Dacca, Central	1,305	...	...	...	...	326.4 77	...	...	6.9 5.36	3.1 1.53	54.4	134.9 77	181.6	...	...	...	56.7	105.0	...	1,517.2
Tippera . . .	348	...	...	...	...	149.4 2.87	...	...	2.9 2.07	5.7	5.7	204.0	43.1	...	...	...	14.4	57.5	...	689.7
Chittagong . .	278	...	...	...	3.6	54.0	...	...	3.6 7.19	14.4	39.6	32.4	71.9	...	...	...	10.8	7.2	...	363.3
Noakhali . . .	94	...	...	...	...	276.6	...	...	...	10.6	31.9	48.4	148.9	...	...	...	12.6	138.3	...	1,585.1
Bakarganj . .	867	...	1.2	...	...	149.9 1.15	...	...	...	8.1 1.15	5.8	36.0 6.92	62.3 1.15	...	...	...	1.2	39.2	...	2,083.0
Khulna . . .	200	...	...	...	...	100.0	...	...	...	10.0 5.00	20.0	21.0 10.00	70.0 5.00	...	...	...	15.0	25.0	...	665.0
Jessore . . .	371	483.2	2.7	13.5	35.0	312.3 13.48	444.7	2.7	5.4	110.5	...	2,010.8	
Baraset. Presidency, Central (Europeans)	120	...	8.3 8.33	1,116.7	8.3 8.33	25.0 16.67	16.7	558.3	191.7	8.3	50.0	...	2,350.0	
Preside cy, Central (Indians)	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	200.0
Alipore, Central (Europeans)	1,932	...	3	5	...	304.9 3.11	16.6 3.11	2.1 5.2	23.3	93.4 3.11	114.4 3.62	9.3 5.2	78.2	...	687.1	
Alipore, Central (Indians)	48	62.5	...	...	...	312.5	...	...	...	...	20.8	41.7	104.2	...	...	...	62.5	20.8	...	1,145.8
Alipore, Central (Indians)	1,555	17.4	6	1.3 6.4	...	221.2 6.4	17.4 3.22	12.9 1.93	36.7 1.29	119.0 3.22	91.6	6	30.2	70.1	...	891.3	
Alipore, Juvenile	257	...	...	...	...	420.2 3.39	...	...	...	11.7	15.6	35.9	31.1	...	...	...	3.9	85.6	...	1,027.2
Howrah . . .	110	...	...	...	...	230.4	...	...	...	18.2	...	41.5	35.18	18.2	...	...	...	90.9	...	1,003.6
Hooghly . . .	381	...	5.2	...	...	33.2	...	2.6	2.6	2.6	11.9	44.6	...	...	...	...	5.2	118.1	...	808.4
Burdwan . . .	247	...	...	...	...	323.9 4.05	...	...	...	16.2 4.0	4.0	30.7	8.91	...	...	...	16.2	40.5	...	1,008.1
Krishnagar . .	232	1,073.3	8.6 8.62	12.9	69.0	176.7 8.62	219.8 4.31	30.2	116.4	...	1,932.8	
Faridpur . . .	401	12.5	96.51 4.99	27.4 2.49	15.0 4.99	44.9	493.8	164.6	37.4	44.9	...	2,219.5	
Pabna . . .	157	458.6 0.37	19.1 0.37	...	89.2	127.4 0.37	114.6	12.7	31.0	...	1,254.8	
Murshidabad .	253	296.4	...	4.0	19.8	4.0	7.9	150.2	83.0	4.0 3.95	23.7	63.2	...	1,134.4	
Rajshahi, Central.	882	4.5	480.7 1.13	5.7 1.13	19.3	56.7	176.9	53.3	28.5	38.5	...	1,073.7	
Bogra . . .	154	690.2	27.2 16.30	5.4	81.5	179.3	315.2	43.5	10.9	...	1,684.8	
Malda . . .	135	800.0 14.81	7.4	22.2	348.1	251.9	7.4	81.5	...	1,874.1	
Dinajpur . . .	315	225.4 0.35	15.9 3.17	54.0	57.1	590.5 57.14	83.9 9.52	38.1	79.4	...	1,352.4	
Rangpur . . .	246	369.9	8.1	28.5	81.3	349.6 4.07	113.8	19.2	81.3	...	1,227.6	

* Worked on the aggregates.

Towns and Districts.	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.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slangb, and Gangrene.	All Causes.		
Aguri .	167 {	...	...	...	6'0	215'6	...	18'0	29'4	29'4	59'9	58'8	35'9	...	...	...	41'9	71'9	...	1,550'9	113'8
...	...	...	...	...	...	5'99	...	...	...	...	5'99	5'99	...	...	...	...	5'99	...	...	29'94	...
eah .	232 {	...	...	...	...	271'6	...	...	8'6	4'3	60'3	120'7	142'2	...	...	...	60'3	99'1	...	1,004'3	30'2
...	...	...	...	...	...	...	...	...	4'31	...	2'86	4'31	...	...	...	...	...	...	...	47'41	...
Dumka	98 {	...	10'2	30'6	...	295'9	...	10'2	...	10'2	30'6	153'1	163'3	...	...	...	...	102'0	...	979'6	40'8
...	...	...	...	...	...	...	...	10'20	...	10'20	...	10'20	...	...	...	...	...	...	...	20'41	...
...	236 {	...	...	...	...	169'5	...	...	...	12'7	21'2	97'5	50'8	...	...	...	16'9	114'4	...	661'0	25'4
...	...	...	...	...	...	...	...	...	...	...	4'24	4'24	...	...	...	...	...	...	...	8'47	...
ura .	262 {	...	...	...	...	175'6	...	...	11'5	...	61'1	202'3	209'9	...	...	...	19'1	61'9	...	961'8	53'4
...	...	...	...	...	...	...	...	3'82	...	3'82	3'82	3'82	7'63	...	...	...	...	...	...	22'9	...
apore, Central.	1,071 {	...	...	9	...	282'9	...	...	5'6	8'4	31'7	200'7	254'0	...	...	...	28'9	81'2	...	1,405'2	54'2
...	...	...	...	...	...	93	...	...	2'80	3'73	...	20'54	1'87	...	...	...	...	...	...	33'61	...
ore .	191 {	...	...	15'7	...	214'7	...	...	73'3	5'2	78'5	151'8	31'4	...	...	...	...	109'9	...	1,136'1	41'9
...	...	...	...	...	...	...	...	41'88	...	5'24	20'94	...	...	...	...	...	...	...	...	78'53	...
ck .	373 {	...	2'7	2'7	...	18'8	...	45'3	10'7	2'7	24'1	75'1	37'5	...	...	...	115'3	40'2	...	581'8	29'5
...	...	...	2'68	...	...	...	...	5'36	...	...	2'68	...	...	...	...	...	8'04	...	...	24'13	...
...	132 {	...	22'7	...	...	212'1	...	197'0	...	...	22'7	181'8	166'7	...	...	...	30'3	151'5	...	1,363'6	45'5
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7'5	...
l .	49 {	...	...	...	...	61'2	...	...	...	...	81'6	102'0	102'0	...	...	...	122'4	40'8	...	714'3	20'4
...	...	...	...	...	...	...	...	...	...	...	20'41	...	...	...	...	...	...	...	...	20'4	...
DP IV.— NGAL AND 188A.	14,412 {	2'1	6'14	1'0	8'14	318'7	...	3'5	10'7	9'2	35'4	209'2	134'3	...	...	...	8'25'9	73'3	...	1,223'5	54'2
...	...	...	...	...	...	1'6	...	...	3'33	2'05	9'7	6'59	1'00	...	...	...	...	...	...	22'41	...
A...	162 {	...	...	...	6'2	92'6	...	...	24'7	12'3	12'3	265'4	172'8	...	...	...	6'2	129'6	6'2	1,061'7	37'3
...	...	...	...	...	...	...	...	...	6'17	...	...	6'17	6'7	...	...	...	...	...	...	24'69	...
ia .	281 {	...	3'6	3'6	...	234'9	...	...	...	3'0	3'6	61'1	35'6	...	...	...	28'5	74'7	...	811'4	24'9
...	...	...	3'56	...	...	...	...	...	...	...	3'56	...	...	...	...	...	...	...	...	14'23	...
hi .	151 {	...	6'6	...	...	145'7	...	...	6'6	6'6	33'1	112'6	185'4	...	...	...	33'1	99'3	...	966'9	19'9
...	...	...	6'62	...	...	...	...	...	...	...	19'8	6'62	...	...	...	...	...	...	...	33'11	...
nau .	83 {	...	...	...	...	204'8	...	...	...	...	12'0	112'5	96'4	...	...	...	12'0	96'4	...	795'2	36'1
...	...	...	...	...	...	...	...	...	...	...	42'0	...	...	...	...	...	...	...	...	24'10	...
ribagh, Central.	484 {	...	2'1	...	2'1	113'6	...	57'9	10'3	4'1	49'6	64'0	101'2	...	...	...	39'3	80'6	...	981'4	51'7
...	...	...	...	...	...	...	...	...	2'07	...	...	4'13	6'20	...	...	...	2'07	...	...	22'73	...
B... Central	732 {	...	...	...	...	202'2	...	...	6'8	10'9	6'8	153'0	99'7	...	...	...	1'4	17'8	39'6	769'1	31'4
...	...	...	...	...	...	...	...	...	2'73	4'10	1'37	4'10	...	...	...	...	...	1'37	...	20'49	...
alpur, Central.	1,435 {	...	4'9	7	11'8	55'1	...	157'5	6'3	11'1	30'2	158'9	104'5	...	...	...	18'8	71'1	...	841'1	39'0
...	...	...	1'39	...	...	2'09	...	4'18	8'36	...	7'67	2'09	...	...	...	...	...	...	...	26'48	...
ghyr .	256 {	...	3'9	3'9	3'9	144'5	...	164'1	7'8	3'9	46'9	214'8	207'0	...	...	...	3'9	35'2	58'6	1,222'7	35'2
...	...	...	3'91	...	...	...	...	...	...	3'91	...	7'81	...	...	...	...	...	...	...	19'53	...
hanga .	207 {	...	...	...	...	183'6	...	...	...	4'8	33'8	149'8	53'1	...	...	...	33'8	62'8	...	816'4	33'8
...	...	...	...	...	...	...	...	...	...	4'83	...	...	...	...	...	...	4'83	...	...	19'32	...
mparun .	203 {	...	...	...	4'9	192'1	...	...	4'9	4'9	19'7	315'3	44'3	...	...	...	14'8	59'1	...	758'6	39'4
...	...	...	...	...	...	4'93	...	...	...	4'93	...	24'63	...	...	...	...	...	...	...	39'41	...
afarpur .	255 {	...	...	...	3'9	207'8	...	...	7'8	3'9	19'6	109'8	54'9	...	...	...	47'1	47'1	...	662'7	51'0
...	...	...	...	...	...	3'92	...	...	...	...	...	15'69	...	...	...	...	3'92	...	...	35'29	...
sa .	245 {	...	...	...	...	28'6	...	...	12'2	...	20'4	44'9	8'2	...	...	...	16'3	8'2	...	216'3	12'2
...	...	...	...	...	...	4'08	...	...	8'16	...	...	4'08	4'08	...	...	...	...	...	...	24'49	...
h .	133 {	...	...	...	...	225'6	...	45'1	15'0	...	22'6	...	180'5	...	...	...	22'6	105'3	...	1,060'2	37'6
...	...	...	...	...	...	...	...	...	...	...	...	...	7'52	...	...	...	...	...	...	30'08	...
pra .	195 {	...	...	...	...	256'4	...	...	10'3	30'8	112'8	20'5	...	...	...	...	20'5	25'7	...	600'0	20'5
...	...	...	...	...	...	...	...	...	10'26	5'13	...	...	...	...	...	...	...	...	...	20'51	...
ar, Central	1,079 {	...	...	...	...	41'7	...	...	8'3	4'6	17'6	4'6	11'1	...	...	...	7'4	4'6	9	231'7	12'0
...	...	...	...	...	...	...	...	...	3'71	2'78	1'85	1'8	...	...	...	...	...	...	...	17'61	...
antadih .	51 {	...	...	...	...	...	...	...	...	...	...	...	19'6	...	...	...	...	...	...	98'0	4'5
...	...	...	...	...	...	...	...	...	...	...	...	...	19'01	...	...	...	...	...	...	39'22	...
zipur .	269 {	...	...	3'7	...	29'7	...	...	11'2	7'4	...	22'3	3'7	...	...	...	...	14'9	...	174'7	11'2
...	...	...	...	...	...	...	...	...	...	...	3'72	...	...	...	...	...	...	...	...	11'15	...
mgarh .	218 {	...	...	...	...	100'9	...	...	...	13'8	45'9	32'1	32'1	...	...	...	18'3	105'5	4'6	564'2	32'1
...	...	...	...	...	...	...	...	...	...	...	4'39	...	...	...	...	...	...	...	4'39	22'94	...
akhpur .	457 {	...	...	2'2	...	140'0	...	...	2'2	4'4	17'5	109'4	19'7	...	...	...	15'3	107'2	...	674'0	41'6
...	...	...	...	...	...	15'32	...	...	2'19	2'19	...	4'38	4'38	...	...	...	2'19	...	...	31'82	...
ti .	303 {	...	...	...	...	9'9	...	26'4	3'3	6'6	6'6	16'5	23'1	...	...	...	3'3	49'5	...	257'4	16'5
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3'30	...
abad .	577 {	...	...	...	...	31'7	...	3'5	1'7	1'7	15'6	67'6	22'5	...	...	...	1'7	123'1	...	422'9	27'7
...	...	...	...	...	...	...	...	...	1'73	...	6'93	...	...	...	...	...	...	...	...	12'13	...
tanpur	361 {	...	...	...	...	38'8	...	...	5'5	2'8	8'3	22'2	13'9	...	...	...	5'5	49'9	...	218'8	11'1
...	...	...	...	...	...	...	...	...	2'77	...	2'77	...	2'77	...	...	...	...	...	...	13'85	...
-Baseli	592 {	...	...	...	...	28'7	...	...	3'4	3'4	1'7	27'0	...	...	...	...	1'7	54'1	...	226'4	18'6
...	...	...	...	...	...	...	...	...	3'38	...	...	8'45	...	...	...	...	...	...	...	23'65	...

* Worked on the aggregates.

TABLE XXVII—continued.
RATIOS of FAILS, GROUPS and ADMINISTRATIONS.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE, PER 1,000 OF STRENGTH.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	
Partabgarh .	216	...	...	9'3	...	69'4	...	...	13'9	4'6	32'4	9'3	...	...	...	9'3	55'6	...	296'3	
		...	...	...	...	...	...	...	4'63	...	...	...	...	...	...	...	...	...	...	13'89
Jaunpur .	279	57'3	...	...	...	121'9	...	...	3'6	25'1	3'6	118'1	68'1	...	...	...	57'3	...	566'3	
		...	...	...	...	...	...	...	17'92	...	10'75	...	...	...	...	...	...	...	...	32'26
Benares, Central.	1,544	3'9	...	...	...	47'9	...	6'63	3'9	11'7	10'4	22'0	19'4	...	...	23'3	3'2	38'9	...	23'0
		...	...	...	...	3'24	...	...	1'94	3'24	1'30	2'59	3'89	...	...	1'30	6'63	6'63	...	24'61
Benares, District.	390	...	...	...	...	100'0	...	...	5'1	12'8	12'8	10'3	5'1	...	...	...	...	35'9	...	325'6
		...	...	...	...	...	...	...	...	...	2'56	2'56	2'56	...	...	...	...	...	...	10'20
Mirzapur .	188	...	...	...	...	74'5	...	...	10'6	5'3	21'3	37'2	26'6	...	...	...	5'3	148'9	...	606'4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10'64
Allahabad, Central.	1,712	...	...	...	...	103'4	...	...	10'5	9'3	73'6	64'8	5'3	...	...	...	...	181'1	...	710'9
		...	...	...	...	1'17	...	...	5'84	1'75	...	1'75	...	...	...	...	...	...	...	15'77
Allahabad, District.	632	71'2	...	...	...	6'3	...	1'6	47	22'2	9'5	36'4	1'6	...	...	...	...	39'6	...	333'9
		...	...	...	...	...	...	...	1'58	1'58	...	3'16	...	...	...	...	...	...	...	7'91
Karwi .	37	...	...	...	...	459'5	...	...	...	...	...	...	108'1	...	...	...	...	27'0	...	675'7
		
Banda .	255	239'2	...	...	3'9	302'0	...	43'1	31'4	58'8	39'2	94'1	105'9	...	...	...	...	86'3	...	1,396'1
		...	...	...	...	...	...	3'92	...	11'76	...	7'84	3'92	...	...	...	...	...	...	31'37
Fatehpur .	236	...	...	...	...	122'9	...	...	8'5	4'2	33'9	67'8	46'6	...	...	...	8'5	114'4	...	605'9
		...	...	...	...	...	...	...	4'24	4'24	...	...	...	...	...	...	...	...	...	8'47
Hamirpur .	87	...	...	...	...	80'5	...	...	11'5	11'5	11'5	11'5	...	...	...	...	...	103'4	...	413'8
		
Orai .	110	...	...	...	...	90'9	...	9'1	...	...	...	...	27'3	...	...	...	9'1	18'2	...	272'7
		
Cawnpore .	428	...	...	...	...	9'3	...	...	18'7	...	...	11'7	2'3	...	...	...	...	46'7	...	219'6
		...	...	...	...	...	...	...	4'67	...	...	...	2'34	...	...	...	...	...	...	9'35
Unao .	329	...	...	...	...	7'0	...	...	...	...	...	6'1	...	...	...	...	...	121'6	...	215'8
		
Lucknow, Central.	1,688	...	...	...	...	91'8	...	2'4	12'4	1'8	23'1	8'9	17'8	...	...	...	3'0	99'0	...	395'7
		...	...	...	...	1'18	...	...	2'37	...	1'18	1'18	2'37	...	...	...	5'59	1'18	...	15'40
Lucknow, District.	610	...	...	...	...	26'2	...	...	9'8	3'3	11'5	3'3	13'1	1'6	...	...	1'6	109'8	...	282'0
		...	...	...	...	...	...	...	4'92	1'64	...	...	1'64	1'64	...	...	...	...	...	16'30
Barabanki .	433	...	...	...	...	18'5	...	...	...	2'3	4'6	39'3	...	...	...	...	...	24'6	...	180'1
		...	...	...	...	...	...	...	...	...	...	4'62	...	...	...	...	...	...	...	11'53
Gonda .	434	...	...	...	...	53'0	...	6'9	4'6	25'4	4'6	16'1	9'2	...	...	...	6'9	55'3	...	299'3
		...	...	...	...	2'30	...	...	2'30	6'91	...	4'61	...	...	...	...	2'30	...	...	23'04
Bahraich .	308	...	...	3'2	...	139'6	...	...	13'0	13'0	16'2	19'5	19'5	...	...	...	19'5	99'9	...	507'4
		...	...	...	...	...	...	...	3'25	3'25	...	...	...	...	...	...	...	...	...	22'73
Kheri .	330	...	...	...	...	242'4	...	...	6'1	9'1	21'2	3'0	48'5	...	...	...	12'1	112'1	...	784'8
		...	...	...	...	...	...	...	6'06	9'09	...	...	...	...	...	...	...	...	...	33'33
Sitapur .	690	...	1'4	...	...	58'0	...	20'3	5'8	7'2	7'2	17'4	2'9	...	...	...	7'2	91'3	...	387'0
		...	...	...	...	...	...	...	1'45	...	...	1'45	...	...	...	...	...	...	...	5'80
Hardoi .	356	...	...	...	...	50'6	...	...	5'6	5'6	22'5	8'4	11'2	...	...	...	...	36'3	...	328'7
		...	...	...	...	...	...	...	...	2'81	...	...	...	...	...	...	...	...	...	5'62
Etawah .	319	...	...	...	...	56'4	...	...	6'3	3'1	12'5	9'4	...	...	...	...	...	34'5	...	260'2
		...	...	...	...	3'13	...	...	...	...	...	3'13	...	...	...	...	...	...	...	12'54
Mainpuri .	340	...	...	...	...	202'9	...	11'8	14'7	5'9	5'9	20'6	79'4	...	...	...	...	50'0	...	529'4
		...	...	...	...	...	...	...	5'88	...	...	...	...	...	...	...	...	...	...	5'88
Etah .	329	...	3'0	...	...	3'0	...	69'9	15'2	6'1	39'5	15'2	...	...	...	...	6'1	36'5	...	352'6
		...	...	...	...	3'04	...	...	...	...	...	3'04	...	...	...	...	...	...	...	9'12
Fatehgarh, Central.	1,084	...	...	...	5	187'5	...	1'0	4'5	6'0	25'7	30'2	26'7	...	1'0	...	15'6	75'6	...	591'7
		...	...	...	...	...	...	...	2'02	5'50	5'50	1'51	5'50	...	...	...	...	...	...	10'58
Fatehgarh, District.	354	...	...	...	...	271'2	...	...	2'8	2'8	16'9	5'6	8'5	...	2'8	...	14'1	53'7	...	675'1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2'82
GROUP V.— GANGETIC PLAIN AND CHUTIA NAOPUR.	23,347	5'5	5'21	3	1'0	98'1	...	16'1	7'2	7'0	22'0	53'8	33'6	0	1	1'6	9'1	73'6	1	510'7	
		...	...	...	...	1'07	...	0'09	2'40	2'27	4'7	3'26	1'24	0'04	...	0'09	0'34	1'13	0'04	17'05
A																					
Shahjahanpur	348	...	...	...	...	129'3	...	...	5'7	17'2	40'2	23'0	23'0	...	...	...	40'2	46'0	...	402'3
		...	...	...	...	...	...	...	5'75	...	...	5'75	...	...	...	...	...	...	...	14'37
Pilibhit .	80	...	...	...	...	37'5	...	...	...	50'0	...	...	12'5	...	...	...	...	...	...	175'0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12'50
Bareilly, Central.	1,980	10'4	...	...	1'0	48'5	...	...	8'1	7'1	30'3	17'7	9'1	...	...	...	4'5	70'2	...	327'3
		...	...	...	5'1	5'1	...	...	5'56	2'02	...	3'54	5'51	...	...	...	...	...	...	17'68

* Worked on the aggregates.

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.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Disease.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
Ally, District	627	...	...	...	...	67'0	...	...	4'8	25'5	22'3	12'8	3'2	...	...	...	23'9	33'5	...	338'1	19'1
Ally, Juvenile	252	7'9	...	...	...	124'9	...	7'9	...	7'9	19'8	51'6	11'9	...	...	...	202'4	...	726'2	19'8	
Amun	404	...	...	...	...	123'8	...	...	9'9	29'7	99'1	39'6	52'0	...	...	2'5	9'9	76'7	...	688'1	19'8
Arb	428	2'3	...	...	2'3	4'7	...	...	7'0	28'0	7'0	16'4	...	...	...	...	7'0	...	...	165'9	7'0
Bandshahr	262	...	3'8	...	...	76'3	...	...	3'8	11'5	3'8	45'8	22'6	...	...	...	3'8	49'6	...	458'0	11'5
Babad	418	...	...	...	...	62'2	...	...	2'4	33'5	4'8	4'8	...	...	...	...	71'8	...	294'3	14'4	
Ber	269	...	...	...	...	63'2	...	...	3'7	37'3	22'3	29'7	...	...	...	...	7'4	11'2	...	260'2	18'6
Bha Dun	93	...	...	...	...	365'6	...	10'8	...	12'8	10'8	10'8	32'3	...	...	...	10'8	107'5	...	849'5	21'5
Bharanpur	295	...	...	...	...	240'7	...	...	3'4	20'3	27'1	23'7	37'3	...	...	...	23'7	88'1	...	844'1	30'5
Bharnagar	221	...	...	...	...	158'4	...	...	...	13'6	27'1	18'1	13'6	...	...	...	4'5	131'2	...	524'9	18'1
Bhut	634	17'4	...	...	...	153'0	...	...	1'6	12'6	3'2	23'7	14'2	...	...	...	...	124'6	...	504'7	14'2
Bhi	652	177'9	...	...	...	696'3	...	32'2	...	18'4	38'3	39'9	92'0	...	1'5	...	12'3	170'2	...	1,599'7	50'6
Bhak	238	...	...	...	...	218'5	...	...	4'2	42'0	21'0	...	100'8	...	...	...	...	33'6	...	487'4	8'4
Bhar	342	...	...	...	...	8'8	...	84'8	8'8	26'3	29'2	26'3	23'4	...	...	...	14'6	55'6	...	7	23'4
Bhala	951	...	...	...	1'1	77'8	...	9'5	8'4	11'6	89'4	21'0	35'8	...	...	4'2	22'1	23'1	...	551'0	32'6
B																						
Bhiana	297	...	...	...	...	26'9	...	...	3'4	20'2	70'7	16'8	26'9	...	...	...	6'7	43'8	...	316'5	13'5
Bhandur	398	...	...	...	...	205'5	...	2'5	5'0	15'1	62'8	70'4	32'7	...	7'5	...	5'0	103'0	...	741'2	22'6
Bhazepore	481	...	...	...	2'1	33'3	...	24'9	2'1	54'1	31'2	12'5	10'4	...	...	...	2'1	56'1	...	332'6	10'4
Bhore, Central.	2,224	...	...	...	...	180'3	...	...	15'7	25'6	53'1	44'5	43'6	...	8'1	4	102'5	76'0	...	737'9	72'4
Bhore, Borstal	1,661	...	...	...	...	228'8	...	...	18'7	25'9	86'7	38'5	34'9	...	...	6	15'7	121'6	...	1,025'3	57'2
Bhore, Female	265	...	...	...	...	184'9	...	...	26'4	18'9	86'8	83'0	37'7	...	22'6	...	49'1	56'6	...	1,052'8	49'1
Bhadaspur	268	...	...	...	3'7	7'5	...	3'7	14'9	...	48'5	3'7	11'2	...	...	...	...	22'4	...	164'2	7'5
Bharnwala	472	...	...	...	...	44'5	...	...	...	27'3	25'4	10'6	4'2	...	...	...	2'1	38'1	...	243'6	8'5
Bhalkot	468	...	...	...	...	72'6	...	...	8'5	34'2	79'1	76'9	19'2	...	...	2'1	15'0	130'3	2'1	656'0	27'8
Bholum	283	...	...	...	...	166'1	...	...	...	31'8	28'3	...	35'3	...	...	...	14'1	127'2	...	597'2	21'2
Bhawalpindi	832	...	...	2'4	2'4	39'7	...	7'2	31'2	68'5	66'1	36'1	50'5	...	...	1'2	7'2	75'7	...	543'3	21'6
Bhampbellpore.	214	...	...	...	...	98'1	...	18'7	4'7	9'3	18'7	4'7	14'0	...	...	...	...	60'7	...	373'8	14'0
GROUP VI.—UPPER SUB-HIMALAYA	16,357	6'2	1'0	2	5	138'5	...	5'3	9'6	24'0	46'6	29'8	28'8	...	1'7	6	23'1	77'9	1	598'8	31'7	

TABLE XXVII—continued.
RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE, PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
A																						
Peshawar . . .	1,175 {	...	...	...	...	604'3 1'70	...	...	7'7 1'70	48'5 10'21	28'1 2'55	48'5 1'70	20'4 85	...	...	2'5 85	12'8 85	35'7 ...	...	925'1 25'53	26'1
Kohat . . .	222 {	...	...	...	...	90'1 4'50	...	...	...	13'5 4'50	13'5 4'50	27'0 ...	27'0 ...	...	...	...	4'5 ...	40'3 ...	...	207'3 13'51	9'1
Bannu . . .	316 {	...	...	...	3'2	120'3	...	...	...	19'0 3'16	15'8 3'16	38'0 3'16	31'8 ...	...	...	...	6'3 ...	53'8 ...	...	462'0 9'49	12'1
Shahpur . . .	162 {	...	...	...	...	61'7	172'8	...	6'17	43'2 12'35	30'9 ...	18'5 ...	37'0 ...	...	...	...	...	123'5 ...	...	802'5 37'04	37'1
Mianwali . . .	275 {	...	...	...	...	69'1	...	18'2	...	18'2 3'64	29'1 ...	14'5 ...	3'6 ...	...	...	...	10'9 ...	65'3 ...	...	349'1 7'27	14'1
Lyalpur . . .	401 {	...	...	...	7'5	99'8 2'49	...	...	...	10'0 ...	17'5 ...	42'4 2'49	7'5 ...	...	...	...	...	97'3 ...	...	458'8 4'99	15'1
Jhang . . .	484 {	10'3	...	...	...	121'9	...	...	4'1	45'5 18'60	22'7 ...	57'9 ...	28'9 ...	...	...	...	8'3 ...	55'8 ...	...	590'9 39'46	16'1
Montgomery, Central.	2,195 {	...	...	...	...	4'6'8 1'37	...	1'8 46	35'5 5'01	54'7 15'03	75'2 9'1	82'0 8'20	51'5 ...	...	5 46	9 ...	120'7 2'28	113'4 ...	5 46	1,152'6 37	71'1
Multan, Central.	1,809 {	...	...	...	6	165'0	...	91'8	41'5 4'03	39'2 7'19	181'9 55	86'2 1'66	120'5 55	...	6 ...	6 ...	10'0 ...	111'7 ...	...	1,264'2 32'61	43'1
Multan, District.	1,07 {	...	...	...	4'0 99	22'8	...	10'9	3'0 ...	38'7 4'91	20'9 2'98	15'9 ...	1'0 ...	...	1'0 ...	...	4'0 ...	34'8 ...	...	237'5 2'83	18'1
Dera Ismail Khan.	792 {	...	...	...	3'8 1'26	116'2	...	...	10'1 1'16	10'1 2'53	39'1 ...	35'4 1'26	16'4 ...	...	1'3 ...	...	7'6 ...	61'9 ...	...	481'1 10'10	25'1
Dera Ghazi Khan.	169 {	...	...	...	...	278'1	...	...	5'9	41'4 5'92	35'5 ...	76'9 ...	35'5 ...	...	...	...	11'8 ...	76'9 ...	...	281'1 5'92	17'1
B																						
Sibi . . .	63 {	...	...	...	...	95'2	...	...	...	31'7	15'9	111'1	...	...	...	47'0	15'9	31'7	...	761'0 47'62	31'1
C																						
Shikarpur . . .	171 {	...	...	...	...	239'8	...	...	...	99'4 29'24	163'7 5'85	40'9 ...	...	...	...	...	...	17'5 ...	...	742'7 40'04	23'1
Sukkur . . .	453 {	...	...	...	...	28'7	...	...	11'0 2'21	15'5 0'62	13'2 ...	33'1 4'42	6'6 2'21	...	...	8'8 2'21	...	...	...	150'1 26'49	8'1
Sind Gang . . .	801 {	...	...	1'2	...	360'8 3'75	...	...	...	32'5 11'24	39'9 1'25	12'5 ...	11'2 ...	...	...	11'2 ...	...	16'2 ...	...	585'5 18'73	22'1
Hyderabad, Central.	1,246 {	8	...	...	...	61'8 2'41	...	...	8	25'7 11'24	27'3 80	8 ...	...	...	...	12'0 80	1'6 ...	23'3 ...	...	283'3 20'06	11'1
Karachi . . .	457 {	...	...	...	...	70'0	...	13'1	2'2	8'8	116'0	15'3	46'0	...	...	...	6'6	24'1	...	407'0 8'75	17'1
GROUP VII.— N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.																						
12,198 {		5	...	1	1'0 16	222'4 1'7	...	18'0 68	15'0 2'13	35'8 9'02	65'1 98	46'5 2'38	36'8 25	...	3 08	3'0 25	26'7 49	63'8 ...	1 08	723'0 25'99	31'1	
A																						
Rajkot . . .	61 {	...	...	...	...	262'2	...	...	...	32'8 16'39	114'8 ...	...	...	...	...	...	...	16'4 ...	...	852'5 32'79	16'1
Ahmedabad, Central.	1,129 {	...	...	...	...	455'3	...	1'8	6'2	16'8 3'54	46'9 1'77	53'1 1'77	87'7 1'77	...	...	...	15'9 ...	127'5 ...	1'8	1,183'3 15'94	42'5
B																						
Ajmer . . .	391 {	10'2	...	...	...	51'2	...	...	...	2'6 2'56	5'1 2'56	10'2 ...	30'7 ...	...	...	...	...	51'2 ...	2'6 ...	368'3 7'07	12'1
Muttra . . .	279 {	...	...	...	3'6	32'3	...	...	3'6 3'58	3'6 3'58	7'2 ...	7'2 3'58	3'6 ...	3'6 3'58	...	...	...	58'7 ...	10'8 7'17	220'4 21'51	14'1
Agra, Central	2,000 {	...	...	...	...	127'0	...	...	11'5 4'00	17'0 2'00	42'5 1'00	27'0 1'00	19'0 1'00	...	...	...	23'0 ...	86'5 ...	...	501'0 41'00	24'0
„ District	574 {	...	1'7 1'74	...	...	62'7	...	...	3'5	10'5	22'6	8'7	34'8 1'74	...	1'7	...	7'0	36'6	...	292'7 10'45	17'4
Jhansi . . .	223 {	...	...	...	...	13'5	...	...	...	9'0	4'5	22'4 4'48	4'5 ...	...	...	...	9'0 4'48	13'5 ...	...	130'0 8'97	9'0
Lalitpur . . .	48 {	...	...	...	...	...	...	...	...	...	...	41'7	...	...	...	...	...	...	...	125'0	4'1
GROUP VIII.— S.E. RAJPU- TANA, CENTRAL INDIA, AND GUJA- RAT.																						
4,705 {		1'1	2 21	...	2	181'1	...	4	7'0 2'13	13'8 2'13	34'6 1'06	23'1 1'28	36'3 1'06	2 21	2 ...	...	14'9 21	73'6 ...	1'3 43	595'3 12'54	25'8

* Worked on the aggregates.

JAILS AND ROUPS.	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.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, and Slough, and Gangrene.	ALL CAUSES.		
A																						
89	...	...	...	...	67.4	...	...	33.7	...	...	11.2	56.2	33.7	...	...	...	...	56.2	...	350.6	11.2
1,081	29.6	2.8	...	9	34.2	...	...	13.0	7.4	8.3	6.5	25.9	8.3	...	...	...	...	23.1	...	244.2	9.3
145	...	...	...	6.9	20.7	...	...	...	...	...	20.7	...	...	...	...	...	...	20.7	...	103.4	6.9
56	...	...	...	...	178.6	...	...	...	...	17.9	...	71.4	...	...	...	...	17.9	160.7	...	678.6	35.7
132	...	...	...	...	60.6	...	...	30.3	7.6	7.6	60.6	121.2	15.2	...	...	...	...	53.0	...	500.0	15.2
170	...	...	...	...	52.9	...	...	5.9	5.9	23.5	229.4	105.9	...	...	...	...	...	23.5	...	61.8	23.5
615	...	...	...	...	63.4	...	...	1.6	1.6	3.3	9.8	50.4	37.4	...	...	...	4.9	19.5	1.6	276.4	8.1
41	...	...	...	...	170.7	...	...	24.4	...	...	...	...	...	...	...	...	...	122.0	...	585.1	24.4
54	...	...	...	...	222.2	...	...	18.5	...	37.0	18.5	111.1	37.0	...	...	...	...	106.7	...	796.3	37.0
65	...	...	...	...	15.4	...	...	...	...	15.4	46.2	30.8	...	...	...	...	...	...	...	138.5	5.5*
73	...	...	...	...	68.5	...	...	...	...	13.7	27.4	123.3	41.1	...	...	...	...	41.1	123.3	657.5	27.4
61	...	...	...	...	16.4	...	...	...	...	16.4	...	...	...	...	...	...	...	...	...	114.8	4.2*
55	...	...	...	...	54.5	...	...	...	...	18.2	...	18.2	...	...	...	...	...	...	...	200.0	7.4*
1,003	4.0	1.0	...	...	36.9	...	...	39.9	5.0	15.0	12.0	20.9	18.0	...	...	...	9.0	33.9	...	300.1	11.0
54	...	...	...	...	74.1	...	...	...	...	...	...	37.0	37.0	...	...	...	...	55.6	...	333.3	18.5
63	...	...	...	...	79.4	...	...	...	...	...	15.9	47.6	...	...	...	...	...	127.0	...	365.1	13.9
B																						
84	...	...	...	...	154.8	...	...	83.3	...	11.9	23.8	11.9	...	...	...	...	11.9	226.2	...	892.9	23.8
68	...	...	...	...	14.7	...	...	...	44.1	...	14.7	73.5	73.5	...	...	...	...	29.4	...	411.8	14.7
148	...	...	...	...	13.5	...	...	33.8	6.8	6.8	13.5	6.8	...	...	...	...	...	40.5	...	195.9	13.5
140	...	...	...	...	28.6	100.0	21.4	...	7.1	28.6	21.4	7.1	...	...	...	...	7.1	28.6	...	357.1	14.5
61	...	...	...	...	32.8	...	...	32.8	...	16.4	65.6	16.4	32.8	...	...	...	...	98.4	...	442.6	16.4
462	...	...	...	...	75.8	...	...	6.5	6.5	6.5	40.8	58.4	8.7	...	...	...	2.2	10.8	...	326.8	15.2
1,753	...	...	...	...	124.9	...	...	4.6	4.6	11.4	16.0	16.5	...	...	...	...	4.0	21.7	...	419.9	19.4
341	11.7	...	...	...	211.1	...	...	41.1	2.9	5.9	26.4	23.5	20.5	...	...	...	2.9	58.7	20.5	841.6	17.6
1,635	...	...	...	6	83.8	...	...	1.8	1.8	25.7	16.5	19.0	29.4	...	...	1.2	...	61.8	6	394.5	12.8
361	...	...	...	...	113.6	...	...	2.8	...	55.4	30.5	24.9	...	...	...	...	13.9	135.0	...	811.6	19.4
GROUP IX.—DECCAN.	8,810	4.5	5.23	...	4.11	81.3	1.6	11.1	4.1	9.5	18.2	32.2	21.3	...	...	...	3.7	43.4	1.0	396.6	14.3

* Worked on the aggregates.

TABLE XXVII—continued.
RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE, PER 1,000 OF STRENGTH.										Average number sentenced to the gaol per cent.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscesses.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Stomach, and Gangrene.	ALL CAUSES.		
Thana . . .	399 {	...	...	...	...	135'3 2'51	...	...	2'51	2'51	15'0	172'9	12'5	...	...	...	2'5	10'0	...	431'1 7'52	1
Bombay, Common.	453 {	...	...	...	...	203'1	...	2'2	6'6 2'21	6'6 2'21	15'5	41'0 2'21	86'1 2'21	...	...	...	2'21	24'3	...	607'1 13'25	1
Bombay, House of Correction.	165 {	...	...	...	...	121'2	...	...	6'1	...	36'4	54'5	...	...	...	...	...	42'4	...	600'0 6'06	24
Ratanagiri . .	79 {	227'8	...	...	...	12'7	...	...	12'7 12'66	...	...	126'6	12'7	...	...	...	...	...	...	683'5 25'32	3
Karwar . . .	145 {	...	6'9 6'90	...	...	...	...	...	27'6 6'90	6'9	...	...	6'9	...	...	...	...	6'9	...	110'3 20'69	1
Cannanore, Central.	739 {	...	...	...	5'4 1'35	4'1	...	1'4	9'5 4'06	2'7	8'1	8'1	...	...	...	...	...	4'1	...	157'0 18'94	1
GROUP X.—WESTERN COAST.	1,050 {	9'1	5'51	...	2'0 5'51	85'9 5'1	...	1'0	5'6 2'53	5'6 2'02	13'1	57'1 5'1	23'2 5'1	...	...	...	5'5 5'1	13'1	...	369'7 14'05	1
A																						
Bellary, Central	695 {	...	...	...	...	119'4 2'88	...	...	5'8	8'6 1'44	12'9	53'2	...	...	...	...	10'1	83'5	...	594'2 8'63	1
Salem, Central	526 {	...	...	...	...	1'9	...	...	3'8 3'80	1'9	15'2	11'4	3'8	...	...	...	1'9	11'4	...	148'3 3'80	1
Chimbatore, Central.	1,148 {	...	2'6 2'61	...	...	13'9	...	6'1	2'6 1'74	2'6 1'74	11'3	20'9	6'1	...	...	...	1'7	9'6	...	195'1 6'97	1
B																						
Palmcottah . .	382 {	...	...	...	...	18'3	...	7'9	2'6 2'62	5'2 2'62	23'6	5'2	10'5	...	...	...	10'5	13'1	...	267'0 7'85	1
Madura . . .	356 {	...	...	...	...	16'9	...	16'9	2'8 2'81	11'2 5'62	8'4	70'2 8'43	5'6	...	...	...	8'4	...	...	213'5 25'28	1
Triplicopoly, Central.	1,145 {	...	...	...	...	3'5	...	51'5	11'5 3'49	1'7	8'7	14'0	...	...	...	...	5'2	5'2	...	247'2 9'61	1
Tanjore . . .	302 {	106'0	...	...	3'3	13'2	...	...	...	9'9 3'31	23'2	39'7	33'1	...	...	...	13'2	33'1	...	410'6 3'31	1
Cuddalore . .	318 {	...	...	...	...	9'4	...	47'2	...	...	34'6	15'7	12'6	...	...	...	6'3	18'9	...	386'8 6'29	1
Vellore, Central.	1,366 {	...	...	...	...	6'6	...	25'6	5'1 1'46	7'3 2'93	22'0	14'6	...	...	...	...	2'2 7'3	33'7	...	243'0 12'45	1
Madras, Civil	30 {	...	...	...	...	33'3	...	...	33'3	...	...	...	...	...	...	...	...	...	...	66'7	11
Madras Penitentiary, Central.	923 {	...	...	...	1'1	15'2	...	4'3	11'0 4'33	4'3	20'6 2'17	31'4	8'7	...	...	...	8'7 1'08	3'3	...	210'9 17'33	1
C																						
Rajahmundry, Central.	1,022 {	...	...	...	...	10'8	...	...	2'0 1'96	2'9	9'8 1'96	2'9	...	...	...	...	5'9	3'9	...	114'5 12'72	7
Vizagapatam, Central.	628 {	...	...	...	...	...	...	49'4	4'8 3'18	1'6 1'59	12'7 1'59	22'3 3'18	12'7	...	...	...	1'6	28'7	...	183'1 14'33	8
Berhampur . .	230 {	...	...	4'3	...	60'9	...	43'5	8'7 8'70	...	17'4	30'4	56'5 4'35	...	...	...	4'3	52'2	...	556'5 21'74	2
GROUP XI.—SOUTHERN INDIA.	9,071 {	3'5	3'33	1'1	2'2	19'1 2'22	...	18'7	6'3 2'43	4'3 1'10	15'5 7'7	22'0 5'5	6'4 1'1	...	...	...	5'3 1'33	20'4	...	255'8 11'24	1

* Worked on the aggregates.

GROUPS ADMINIS- TRATIONS.	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.	Malaria.	Sandfly Fever.	Pyrexia of un- certain origin.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
na . . .	3	...	...	...	...	333'3	...	1,000'0	...	...	...	666'7	333'3	...	...	...	...	...	...	3,333'3	66'3*
og . . .	26	...	...	...	...	423'1	...	153'8	...	...	...	38'5	115'4	...	...	...	...	38'5	...	1,076'9	38'5
elling . . .	64	...	...	...	...	62'5	...	334'4	15'6	...	15'6	265'6	359'4	...	...	...	...	78'1	...	1,312'5	31'3
ra . . .	98	...	...	...	...	387'8	...	...	...	...	91'8	91'8	103'9	...	...	...	30'6	102'0	...	1,265'3	51'0
ra . . .	75	...	...	...	40'0	93'3	...	...	13'3	13'3	...	80'0	13'3	...	...	...	...	26'7	...	533'3	40'0
al . . .	12	...	...	...	...	83'3	...	...	83'3	...	...	...	...	...	...	...	...	...	...	333'3	32'1*
Tal . . .	52	...	...	...	...	692'3	...	...	...	153'8	38'5	173'1	38'5	...	...	...	...	10'2	...	1,365'4	38'5
ttabad . . .	219	...	...	...	...	310'5	...	9'1	9'1	18'3	13'7	169'6	27'4	...	...	...	4'6	77'6	...	726'0	22'8
ta . . .	51	...	...	...	...	843'1	...	...	...	98'0	137'3	98'0	176'3	...	...	...	137'3	58'8	...	2,400'2	58'8
ara . . .	65	...	...	...	15'4	276'9	...	...	...	30'8	46'2	169'2	30'8	...	...	...	30'8	15'4	...	707'7	40'2
OF XII.— HILLS.	665	...	...	...	6'0	341'4	...	36'1	7'5	30'1	37'6	126'3	99'2	...	...	...	19'5	60'2	...	1,042'1	35'1
RA INDIA— Aden . . .	103	...	...	...	...	...	...	...	...	9'7	9'7	...	9'7	...	...	...	...	...	...	58'3	1'4*
IA (a) . . .	110,930	47'01	4'26	2'02	1'17	132'1	1'1	16'2	8'3	12'9	30'2	61'3	40'7	1'1	3'3	1'0	14'0	58'2	2'2	586'1	27'5	
MA . . .	17,474	3'7	7'80	...	2'7	30'7	...	30'1	7'8	3'0	11'4	24'3	7'2	2'2	...	6'0	5'0	30'9	...	201'3	15'7	
AM . . .	1,901	23'7	5	...	5	69'4	...	138'3	3'7	7'0	20'5	137'8	132'0	...	...	...	6'8	48'9	...	955'1	52'1
GAL . . .	13,435	2'2	3'07	5'15	8'15	332'0	...	4'10	10'0	9'5	35'1	215'5	138'3	1'1	...	9'0	23'0	72'6	...	1,248'0	55'8	
AR AND RISSA . . .	7,146	1'1	2'2	1'3	3'1	123'3	...	48'6	9'0	6'4	28'4	123'8	82'4	...	...	3'3	26'7	57'1	3	742'4	31'5
TED ROVINCES.	27,020	6'0	1'1	1'2	3	93'3	...	2'8	6'8	11'3	23'0	28'0	17'0	1'1	1'1	1'4	7'2	76'4	1'1	433'3	21'0	
JAB . . .	15,890	3	...	2	8	164'8	...	17'4	17'8	34'3	70'0	46'7	43'3	...	1'0	7	38'5	82'8	1	755'0	41'3	
W. ROHTER ROVINCE.	2,724	...	...	...	1'5	340'7	...	7	7'0	28'6	27'5	46'6	22'0	...	4	1'1	9'2	49'2	...	675'1	22'8
TEAL ROVINCES.	4,004	9'0	1'0	...	5	47'5	3'5	17'7	4'7	8'5	13'7	34'7	18'2	...	...	...	4'5	36'7	2	300'4	11'2
BRAY . . .	10,214	2'3	1'1	1	1	161'8	...	2'8	13'5	16'2	34'2	30'5	27'0	...	...	2'9	3'7	42'7	1'0	521'3	19'2
DRAS . . .	9,810	3'3	3	1	6	17'9	...	17'4	6'5	4'2	15'0	21'0	5'9	...	...	...	4'9	19'2	...	248'3	12'9
DAMANS . . .	12,230	...	...	...	1'1	1,343'1	...	22'1	5'3	23'3	52'4	50'2	43'8	3	6	10'9	4	71'8	5	1,876'3	58'3
DIA (b) . . .	123,169	4'2	4	2	1'1	252'4	1	16'8	8'2	13'9	32'1	60'2	41'0	0	3	2'9	12'7	59'6	2	714'3	30'6	

* Worked on the aggregates.
(a) Including Delhi, Sibi, Quetta, Ajmer, Secunderabad, Mercara, and excluding Andamans.
(b) Including Delhi, Sibi, Quetta, Ajmer, Secunderabad, Mercara and Andamans.

PRISONERS, 1915.

TABLE XXVIII.

ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

(Jails with constantly sick rate of above 30 and with average daily strength of over 200).

DELHI.

Delhi.—Average strength 652; constantly sick rate 50·6; admission to hospital rate 1,599·7; death rate 24·54. Sleeping accommodation for adult prisoners was insufficient as also the supply of water for bathing purposes. There were epidemics of malaria and influenza.

ASSAM.

Jorhat.—Average strength 229; constantly sick rate 39·3; admission to hospital rate 834·1; death rate 13·10. There were no particular causes to account for the sickness and mortality.

Tezpur.—Average strength 262; constantly sick rate 45·8; admission to hospital rate 1,114·5; death rate 15·27. The hospital which badly lighted will be abandoned when the population of the jail is reduced as intended.

Gauhati.—Average strength 297; constantly sick rate 70·7; admission to hospital rate 986·5; death rate 10·10. The dysentery of the hospital is not fly-proof. The jail surroundings are bad. There are no other special defects.

Sylhet.—Average strength 703; constantly sick rate 58·3; admission to hospital rate 913·2; death rate 22·76. The hospital accommodation is insufficient and the ventilation defective. There was overcrowding for a good portion of the year.

BENGAL.

Mymensingh.—Average strength 678; constantly sick rate 48·7; admission to hospital rate 1,013·3; death rate 28·02. There was overcrowding in the segregation ward. The drainage within the jail is good but the *kutchas* drains running along the west and north boundary of the jail need to be made *pucca*. The chief causes of disease were malaria and bowel complaints.

Dacca, Central.—Average strength 1,305; constantly sick rate 55·2; admission to hospital rate 1,517·2; death rate 9·96. There was overcrowding in some of the wards and the accommodation in certain wards was insufficient. The sickness and mortality was primarily due to malaria, phthisis, dengue and chicken-pox; infection in the case of the two latter was conveyed from outside and by prisoners from other jails where the disease was prevalent.

Barisal.—Average strength 867; constantly sick rate 113·0; admission to hospital rate 2,083·0; death rate 13·84. There was overcrowding throughout the year. The cells and the sleeping barracks on the ground floor are damp. The surroundings of the jail are insanitary due to dead *khals* on the east and south sides. During the year a corrugated iron shed was erected for infectious cases and a municipal water pipe connection laid.

Jessore.—Average strength 371; constantly sick rate 99·7; admission to hospital rate 2,010·8; death rate 18·87. Separate accommodation is needed for the segregation of infectious cases. The silted up and stagnant Bhairab river is insanitary and believed to have a detrimental effect on the jail.

Presidency, Central.—Average strength 1,932; constantly sick rate 38·3; admission to hospital rate 987·1; death rate 20·70. There was overcrowding in all the wards except the civil jail. The water supply was unsatisfactory: there is no continuous supply.

Alipore, Central.—Average strength 1,555; constantly sick rate 45·0; admission to hospital rate 891·3; death rate 18·01. There was overcrowding throughout the year. There are no special defects to account for the sickness and mortality.

Alipore, Juvenile.—Average strength 257; constantly sick rate 35·0; admission to hospital rate 1,027·2; death rate 7·78. No defects.

Hooghly.—Average strength 381; constantly sick rate 73·5; admission to hospital rate 808·4; death rate 23·62. The sickness and mortality is attributed to a certain extent, to overcrowding and to the transfer of sickly and old prisoners from other jails. The jail is surrounded on three sides by crowded *bustees*.

Burdwan.—Average strength 247; constantly sick rate 40·5; admission to hospital rate 1,008·1; death rate 28·34. There was partial overcrowding throughout the year. The site of the jail and its surroundings are low and the old barrack is dark and damp.

Krishnagar.—Average strength 232; constantly sick rate 86·2; admission to hospital rate 1,982·8; death rate 30·17. The jail was overcrowded for the second half of the year. There were no special defects.

Faridpur.—Average strength 1,401; constantly sick rate 114·7; admission to hospital rate 2,219·5; death rate 17·46. The question of improving the drainage which is defective is under consideration. There were five cases of enteric fever the origin of which cannot be accounted for.

Murshidabad.—Average strength 253; constantly sick rate 35·6; admission to hospital rate 1,134·4; death rate 3·93. There were particular causes to account for the sickness and mortality.

Rajshahi, Central.—Average strength 882; constantly sick rate 42·0; admission to hospital rate 1,073·7; death rate 9·07. The drains outside the jail are defective and the water supply insufficient during the dry season. The chief causes of disease were malaria and dysentery.

Dinajpur.—Average strength 315; constantly sick rate 92·1; admission to hospital rate 1,352·4; death rate 107·94. There was overcrowding in the jail but this has been remedied by the opening of a new sleeping barrack. There is no separate accommodation for segregation of infectious cases and the buildings are ill-ventilated and badly lighted. Administrative sanction has been accorded to the construction of a new hospital building.

Rangpur.—Average strength 246; constantly sick rate 77·2; admission to hospital rate 1,227·6; death rate 32·52. The jail is situated on low water-logged soil. Malaria was very prevalent owing to the excessive rainfall.

Bankura.—Average strength 262; constantly sick rate 53·4; admission to hospital rate 961·8; death rate 22·90. The situation of the jail is unsatisfactory, being in the centre of the town and with railway burrow-pits and paddy fields in close proximity.

Midnapore, Central.—Average strength 1,071; constantly sick rate 54·2; admission to hospital rate 1,405·2; death rate 33·61. There are no particular causes to which the sickness and mortality could be attributed.

BIHAR AND ORISSA.

Purneah.—Average strength 232; constantly sick rate 30·2; admission to hospital rate 1,004·3; death rate 47·41. The ventilation of the buildings is defective: a new drainage scheme has been prepared.

Hazaribagh, Central.—Average strength 484; constantly sick rate 51·7; admission to hospital rate 981·4; death rate 22·73. There were no particular defects.

Gaya, Central.—Average strength 732; constantly sick rate 31·4; admission to hospital rate 769·1; death rate 20·49. Accommodation was insufficient in the segregation and undertrial wards and in the hospital.

Bhagalpur, Central.—Average strength 1,435; constantly sick rate 39·0; admission to hospital rate 841·1; death rate 26·48. The ventilation and drainage are defective. The keeping of cattle within the jail compound is suspected to be the cause of much bowel complaints.

Monghyr.—Average strength 256; constantly sick rate 35·2; admission to hospital rate 1,222·7; death rate 19·53. No defects.

TABLE XXVIII—*continued.*BIHAR AND ORISSA—*contd.*

Darbhanga.—Average strength 207 ; constantly sick rate 33·8 ; admission to hospital rate 816·4 ; death rate 19·32. No defects.
Champaran.—Average strength 203 ; constantly sick rate 39·4 ; admission to hospital rate 758·6 ; death rate 39·41. Except for overcrowding in the segregation ward throughout the year there were no particular causes to account for the sickness and mortality.
Muzaffarpur.—Average strength 255 ; constantly sick rate 51·0 ; admission to hospital rate 662·7 ; death rate 35·29. No defects.

UNITED PROVINCES.

Azamgarh.—Average strength 218 ; constantly sick rate 32·1 ; admission to hospital rate 564·2 ; death rate 22·94. The drainage is unsatisfactory when the river is in flood. There are no other particular defects.
Gorakhpur.—Average strength 457 ; constantly sick rate 41·6 ; admission to hospital rate 674·0 ; death rate 32·82. There are no special causes to which the sickness and mortality could be attributed.
Allahabad, Central.—Average strength 1,712 ; constantly sick rate 42·1 ; admission to hospital rate 710·9 ; death rate 15·77. No defects ; principal causes of mortality were dysentery and malaria.
Banda.—Average strength 255 ; constantly sick rate 39·2 ; admission to hospital rate 1,396·1 ; death rate 31·37. No defects.
Fategarh, Central.—Average strength 1,984 ; constantly sick rate 31·2 ; admission to hospital rate 591·7 ; death rate 10·58. No defects.
Saharanpur.—Average strength 295 ; constantly sick rate 30·5 ; admission to hospital rate 844·1 ; death rate *nil*. The drains are and defective. There are no special causes to account for the sickness and mortality.

PUNJAB.

Ambala.—Average strength 951 ; constantly sick rate 32·6 ; admission to hospital rate 551·0 ; death rate 14·72. No defects.
Lahore, Central.—Average strength 2,224 ; constantly sick rate 72·4 ; admission to hospital rate 737·9 ; death rate 18·44. There was overcrowding throughout the year : the accommodation for the present population is inadequate.
Lahore Borstal, Central.—Average strength 1,661 ; constantly sick rate 57·2 ; admission to hospital rate 1,025·3 ; death rate 23·48. Accommodation is insufficient and the drainage defective. The water supply is deficient during most part of the year.
Lahore, Female.—Average strength 265 ; constantly sick rate 49·1 ; admission to hospital rate 1,052·8 ; death rate 33·96. No special defects.
Montgomery, Central.—Average strength 2,195 ; constantly sick rate 71·5 ; admission to hospital rate 1,152·6 ; death rate 42·37. No special causes to account for the sickness and mortality.
Multan, Central.—Average strength 1,809 ; constantly sick rate 43·7 ; admission to hospital rate 1,264·2 ; death rate 32·61. There was overcrowding throughout the year. The sickness and mortality is attributed to the large number of feeble and decrepit prisoners received. outbreak of cerebro-spinal meningitis added considerably to the death rate

BOMBAY.

Ahmedabad, Central.—Average strength 1,129 ; constantly sick rate 42·5 ; admission to hospital rate 1,183·3 ; death rate 15·94. There was overcrowding throughout the year. There were no other special defects.

MADRAS.

Bellary, Central.—Average strength 695 ; constantly sick rate 40·3 ; admission to hospital rate 594·2 ; death rate 8·63. The water supply was deficient in the hot weather. There was an outbreak of malaria and dysentery in an epidemic form due to the unusual heavy rains.

PRISONERS, 1915.

TABLE XXIX.

*ENTERIC FEVER by months, Jails,
Groups, and Administrations.*

TABLE XXX.

MALARIA by months, Jails, Groups, and Administrations.

TABLE XXXI.

PYREXIA of UNCERTAIN ORIGIN, months, Fails, Groups, and Administration

[illegible]

Jails where neither Enteric Fever, Malaria nor Pyrexia of Uncertain Origin occurred are not shown in these Tables.

TABLE XXIX—concl'd.

ENTERIC FEVER by months, Jails, Groups, and Administrations.

TABLE XXX—concl'd.

MALARIA by months, Jails, Groups, and Administrations.

TABLE XXXI—concl'd.

PYREXIA of UNCERTAIN ORIGIN by months, Jails, Groups, and Administrations.

JAILS AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM MALARIA IN EACH MONTH.												ADMISSIONS FROM PYREXIA OF UNCERTAIN ORIGIN 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.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.					
A																																											
Peshawar													78	36	24	39	54	38	33	47	67	69	112	63	710																		
Kohat													4	2	1	1	2	3	1	2	1	1	1	2	20																		
Bannu													1	4	1	1	5	6	5	4	4	3	3	2	38																		
Shahpur													3	2	3	3	3	3	3	3	3	3	3	1	10																		
Mianwali													2	1	1	1	2	3	3	3	3	3	3	2	19																		
Lyallpur													3	2	1	1	5	9	4	4	1	1	4	3	50																		
Jhang													1	1	1	1	2	3	3	3	3	3	3	2	18																		
Montgomery, Central													71	38	35	70	93	49	82	53	43	49	115	199	893																		
Multan, Central													1	55	42	37	27	37	26	40	38	17	1	2	2	394																	
District													4	2	2	6	2	3	1	2	4	1	1	2	23																		
Dera Ismail Khan													3	7	5	6	6	15	13	13	6	6	11	4	52																		
Dera Ghazi Khan													3	7	5	6	6	15	13	13	6	6	11	4	52																		
B																																											
Sibi													1	1	2	2	2	2	2	2	2	2	2	2	6																		
C																																											
Shikarpur													2	1	3	1	2	2	3	3	5	5	6	8	41																		
Sukkur													2	1	2	1	2	1	2	2	2	2	2	2	13																		
Sind Gang													34	25	26	24	21	22	23	31	13	23	28	19	289																		
Hyderabad, Central													4	3	3	2	3	1	5	16	6	21	11	8	77																		
Karachi													1	3	3	1	2	2	2	1	2	1	5	11	32																		
GROUP VII.—																																											
N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.													12	247	169	160	193	253	176	237	212	167	223	314	360	2,713																	
A																																											
Rajkot													1	1	1	1	1	1	1	1	1	1	1	1	16																		
Ahmedabad, Central													46	63	54	35	33	43	31	36	43	62	33	15	514																		
B																																											
Ajmer													2	3	2	10	1	1	1	1	1	1	1	1	20																		
Muttra													1	1	1	1	1	1	1	1	1	1	1	1	9																		
Agra, Central													7	7	25	8	17	10	21	24	96	17	8	14	354																		
District													3	3	1	1	1	2	4	8	9	2	2	36																			
Jhansi													1	1	1	1	1	1	1	1	1	1	1	1	3																		
GROUP VIII.—																																											
S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.													1	60	76	82	54	51	53	58	91	153	93	46	852																		
A																																											
Saugor													1	3	1	1	1	1	1	1	1	1	1	1	6																		
Jubbulpore, Central													1	3	1	1	1	1	1	1	1	1	1	1	37																		
Narsinghpur													1	1	1	1	1	1	1	1	1	1	1	1	3																		
Mandla													1	1	1	1	1	1	1	1	1	1	1	1	10																		
Bilaspur													1	1	1	2	1	1	1	1	1	1	1	1	8																		
Sambalpur													1	1	1	1	1	1	1	1	1	1	1	1	9																		
Raipur, Central													1	1	1	2	2	1	13	6	5	3	4	39																			
Balaghat													1	1	1	1	1	1	1	1	1	1	1	1	7																		
Seoni													1	1	1	1	1	1	1	1	1	1	1	1	12																		
Chhindwara													1	1	1	1	1	1	1	1	1	1	1	1	5																		
Hoshangabad													1	1	1	1	1	1	1	1	1	1	1	1	1																		
Nimar													1	1	1	1	1	1	1	1	1	1	1	1	1																		
Betul													1	2	1	2	2	3	10	2	13	2	1	40																			
Nagpur, Central													1	2	1	2	2	3	10	2	13	2	1	40																			
Bhandara													1	1	1	1	1	1	1	1	1	1	1	1	4																		
Chanda													1	1	1	1	1	1	1	1	1	1	1	1	5																		
B																																											
Secunderabad													2	1	1	3	2	2	2	2	2	2	2	2	13																		
Yeotmal													1	1	1	1	1	1	1	1	1	1	1	1	1																		
Amraoti													1	1	1	1	1	1	1	1	1	1	1	1	1																		
Akola													1	1	1	1	1	1	1	1	1	1	1	1	1																		
Buldana													1	1	1	1	1	1	1	1	1	1	1	1																			

S, GROUPS, AND ADMINISTRATIONS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM MALARIA IN EACH MONTH.												ADMISSIONS FROM PYREXIA OF UN- CERTAIN ORIGIN 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.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.			
A																																										
ary, Central	4	1	5	2	2	...	2	4	4	21	21	17	83
m abatore, Central	1	...	2	1	2	...	1	3	4	2	16	...	2	2	2	1
B																																										
amcottah	2	1	2	1	...	1	7	...	1
lura	2	1	2	6
hinopoly, Central	1	...	1	1	4	...	2	1	4	6	6	6	13	9	6	5	39		
ore, Central	1	1	1	4	
alore	1	1	3	...	2	3	5	1	1
ore, Central	1	1	2	4	1	9	...	1	3	4	3	2	2	5	1	7	2	5	35
las, Civil	1	1
las, Peniten-
ary, Central	1	1	2	2	3	...	1	2	2	1	1	14	1	2	...	1	4	
C																																										
ahmundry, Cen-	1	1	1	1	...	6	1	11
aganatam, Central
ampur	1	5	1	2
GROUP XI.— SOUTHERN INDIA	1	2	12	11	13	5	10	3	7	17	8	25	38	24	173	4	9	7	11	12	11	15	27	23	21	12	18	170
GROUP XII.— HILLS.	1	1	1	1	4	13	3	3	9	14	23	42	35	36	21	19	9	227
INDIA*	5	4	9	18	10	12	20	9	9	7	8	6	117	883	677	850	972	1,083	941	1,203	1,506	1,605	1,557	1,851	1,537	14,631	80	71	84	119	140	183	232	212	102	173	178	106	1,795	
INDIA*	3	1	4	2	5	9	10	5	3	3	1	1	17	29	27	24	39	25	57	73	37	52	51	68	84	536	32	22	22	17	49	57	61	57	51	54	51	48	526	
BMA	15	15	8	7	10	17	11	16	8	6	7	6	132	10	8	14	11	35	37	30	37	16	24	26	15	263	
NAM	59	55	70	59	57	58	67	71	128	94	88	75	881	6	12	15	12	17	20	75	51	38	24	35	22	347	
NGAL
NAR AND ORISSA
ITED PROVINCES
NIAS
-W. F. PROVINCE
NTRAL PRO-
VINGES
MBAY
ADRAS
ADAMANS
DIA†

* Including Delhi, Sibi, Quetta, Ajmer, Secunderabad and Mercara and excluding Andamans.
† Including Delhi, Sibi, Quetta, Ajmer, Secunderabad, Mercara and Andamans.

PRISONERS, 1915.

TABLE XXXIII.

TABLE XXXIV.

DYSENTERY by months, Jails, Groups, and Administrations.

DIARRHŒA by months, Years, Groups,
and Administrations.

[illegible]

* Jails where neither Cholera, Dysentery nor Diarrhoea occurred are not shown in these tables.

TABLE XXXII—concl'd. TABLE XXXIII—concl'd. TABLE XXXIV—concl'd.

*CHOLERA by months, Fails, Groups,
and Administrations.*

*DYSENTERY by months, Jails, Groups,
and Administrations.*

DIARRHŒA by months, Fails, Groups,
and Administrations.

[illegible]

TABLE XXXV.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.												INDIAN ARMY.*						JAIL POPULATION OF INDIA 123,165
	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS 2,080.			MEN 44,891.			WOMEN 1,570.			CHILDREN 2,925.			BRITISH OFFICERS ATTACHED TO INDIAN TROOPS 1,349.			MEN PERCENT ENROLL- ED. { 118,823 1,58,824			
	Admissions.	Deaths.	Invalids.	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.†	Admissions.	Deaths.	Invalids.	Admission s.	
GENERAL DISEASES.																			
INFECTIVE DISEASES :—																			
Actinomycosis . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Blackwater fever	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...	4
Beri-beri . . . . .	...	...	...	21	1'36	...	3	...	...	...	...	...	...	...	59	4	11	31
Cerebro-spinal fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	3	...	29
Chicken-pox	4	...	...	4	1'16	...	...	...	...	30	...	2	...	...	120	...	1	1,583
Cholera . . . . .	...	...	...	16	80	8	...	...	...	...	...	...	...	...	82	46	1	46
Cow-pox	3	...	...	61	1'76	...	...	...	...	...	...	1	...	...	30	...	...	12
Dengue	34	...	...	696	20'42	1	...	4	...	17	...	13	...	...	181	...	...	234
Diphtheria	3	...	...	67	6'11	2	...	2	...	13	2	1	...	...	17	1	...	...
Dysentery	22	1	...	253	17'32	13	3	2	...	12	1	20	...	...	2,676	24	67	7,418
Endocarditis, infective . . . . .	...	...	...	1	1'02	1	...	...	...	...	...	...	...	...	...	...	...	44
Enteric fever	6	1	1	83	13'57	16	...	1	...	7	1	12	5	...	257	61	9	131	
Enteritis, infective . . . . .	...	...	...	2	1'02	...	...	...	...	1	...	...	...	...	4	1	...	82
Erysipelas	1	...	...	7	1'60	...	...	1	...	...	...	...	...	...	14	1	...	174
Gangrene, acute infective . . . . .	...	...	...	1	1'01	1	...	...	...	...	...	...	...	...	...	...	...	3
German measles	5	...	...	...	...	...	...	...	...	...	...	...	...	...	224	...	1	1
Gonorrhoea	3	...	...	894	145'46	...	3	1	...	1	...	2	...	...	1,737	...	127	408
Influenza	29	...	...	334	15'93	...	...	...	...	6	...	9	...	...	219	...	2	519
Kala-azar . . . . .	...	...	...	1	1'21	1	...	...	...	...	...	...	...	...	8	4	3	8
Leprosy . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	24	...	18	95
Madura disease . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Malaria	106	...	1	6,934	251'82	16	9	56	...	102	...	132	1	...	17,292	129	194	3,089	
Mediterranean fever . . . . .	...	...	...	5	7'1	...	...	...	...	...	...	...	...	...	32	1	4	16
Measles	1	...	...	16	4'01	...	...	3	...	36	...	5	...	...	474	...	...	6
Mumps	5	...	...	74	7'60	...	...	...	...	2	...	1	...	...	1,772	...	...	...
Osteo-myelitis and periostitis, acute infective . . . . .	...	...	...	2	1'15	1	1	...	...	...	...	...	...	...	...	...	10	548
Paratyphoid A	2	...	...	78	12'94	...	...	1	1	2	...	...	...	...	...	...	...	...
" B . . . . .	...	...	...	6	9'8	...	...	...	...	1	...	...	...	...	...	...	...	...
Phagedena . . . . .	...	...	...	2	1'34	...	...	...	...	...	...	...	...	...	1	...	...	...
Plague . . . . .	...	...	...	1	1'01	1	...	...	...	...	...	...	...	...	24	8	...	11
Pneumonia	3	...	...	119	16'57	17	4	3	...	2	...	...	...	...	1,543	313	7	1,718
Pyæmia . . . . .	...	...	...	7	7'9	3	1	...	...	...	...	...	...	...	29	1	2	8
Pyrexia of uncertain origin	18	...	2	438	35'97	...	...	3	...	6	...	37	...	...	2,672	26	13	2,065
Rabies . . . . .	...	...	...	1	1'01	1	...	...	...	...	...	...	...	...	7	5	...	2
Relapsing fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	...	317
Rheumatic fever	7	...	2	515	50'30	3	39	7	...	3	...	8	...	...	1,126	2	251	489
Sandfly fever	109	...	...	1,644	45'44	...	...	5	...	2	...	53	...	...	1,661	...	1	14
Scarlet fever	5	...	...	160	24'54	2	...	...	...	3	...	...	...	...	...	...	...	...
Septicæmia	1	...	...	2	1'06	2	...	...	...	...	...	...	...	...	4	2	...	12
" puerperal . . . . .	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2
Small-pox . . . . .	...	...	...	5	1'66	...	...	...	...	...	...	...	...	...	31	...	...	26
Syphilis	3	...	...	179	19'70	1	6	...	...	...	...	...	...	...	782	4	126	1,261
Tetanus . . . . .	...	...	...	1	1'01	1	...	...	...	...	...	...	...	...	5	3	...	6

* Excluding troops on Field Service.
† Information not available.

DISEASES.	EUROPEAN ARMY OF INDIA.											INDIAN ARMY.						JAIL POPULATION OF INDIA.	
	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS			MEN.			WOMEN.		CHILDREN.	BRITISH OFFICERS ATTACHED TO INDIAN TROOPS.			MEN.						
	Admissions.	Deaths.	Invalids.	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
INFECTIVE DISEASES— <i>contd.</i>																			
Scarcie of the lungs	3	...	2	51	15'32	5	43	6	3	...	...	...	...	...	332	38	204	1,012	384
er tubercular diseases	1	...	1	13	1'47	1	5	2	...	1	...	...	...	...	21	4	6	126	33
oping-cough . . . . .	...	...	...	...	...	...	...	...	...	10	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
NUTRITIONAL DISEASES—																			
coholism	1	...	...	17	'60	1	...	...	...	...	...	...	...	...	3	1	...	2	...
rophinism . . . . .	...	...	...	...	'05	...	...	...	...	...	...	...	...	...	5	...	...	116	18
General Diseases not classified as above:—																			
emia	2	...	...	48	2'06	1	...	11	...	15	1	1	...	...	1,673	7	323	479	14
chronic splenic . . . . .	...	...	...	...	'01	...	...	5	...	...	...	...	...	...	...	...	...	21	...
pernicious . . . . .	...	...	...	3	'49	2	...	...	...	...	...	...	...	...	5	1	1	6	6
lorosis . . . . .	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...
bility	19	...	4	777	29'46	...	39	206	...	83	...	11	...	...	818	6	147	1,082	22
abetes mellitus . . . . .	...	...	...	4	'77	1	2	...	...	...	...	...	...	...	13	1	6	13	2
phthalmic goitre . . . . .	...	...	...	5	'47	...	3	...	...	...	...	...	...	...	2	...	...	...	...
ut . . . . .	...	...	...	12	'40	...	...	...	...	...	...	...	...	...	7	...	1	1	...
emophilia . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
ucocythæmia . . . . .	...	...	...	1	'18	...	1	...	...	...	...	...	...	...	1	1	...	...	...
mphadenoma . . . . .	...	...	...	2	'15	...	1	...	...	...	...	...	...	...	5	...	1	2	...
yxodema . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...
esity . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...
iteo-arthritis . . . . .	...	...	...	10	'40	...	6	...	...	...	...	...	...	...	18	...	11	11	...
spura . . . . .	...	...	...	4	'33	...	...	...	...	...	...	...	...	...	2	...	...	1	...
ckets . . . . .	...	...	...	1	'04	...	...	...	...	1	1	...	...	...	...	...	...	...	...
urvy . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	238	5	9	352	14
Morbid conditions incident to various parts:—																			
Malformation, undescended testicle	...	...	...	11	'50	...	6	...	...	...	...	...	...	...	2	...	...	...	...
Hypospadias	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
ongenital malformations . . . . .	...	...	...	9	'45	...	...	...	...	...	...	...	...	...	3	...	1	3	...
ew Growths Malignant (n. d.).	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	2	9	...
Carcinoma . . . . .	...	...	...	2	'15	2	1	2	1	...	...	...	...	...	1	1	...	22	...
Epithelioma . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...
Sarcoma . . . . .	...	...	...	6	'47	...	4	...	...	...	...	...	...	...	2	...	...	3	3
ysts	1	...	...	37	1'07	...	...	2	...	...	...	3	...	...	49	...	...	13	...

TABLE XXXV—continued.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.										INDIAN ARMY.						JAIL POPULAT OF IND	
	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			MEN.			WOMEN.		CHILDREN.	BRITISH OFFICERS ATTACHED TO INDIAN TROOPS.			MEN.					
	Admissions.	Deaths.	Invalids.	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.		Invalids.
Morbid conditions incident to various parts— <i>concd.</i>																		
New growth, non-malignant . . .	4	...	...	45	2'30	...	2	1	...	...	...	...	...	...	100	...	22	52
Parasites :—Ankylostomum duode- nale . . .	...	...	...	4	'28	...	...	...	...	...	...	...	...	6	80	1	6	300
" Amoeba coli . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
" Ascaris lumbricoides, . . .	...	...	...	2	'05	...	...	...	...	...	...	...	...	...	73	1	...	68
" " Mystax Rudolphi . . .	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
" Bothriocephalus latus . . .	...	...	...	1	'14	...	...	...	...	...	...	...	...	...	...	...	...	...
" Bothriocephalus cordatus . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6
" Cysticercus of the Tænia solium . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
" Echinococcus hominis . . .	...	...	...	2	'56	1	1	...	...	...	...	...	...	...	...	...	...	...
" Favus . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	34
" Filaria sanguinis homi- nis . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	5
" Guinea-worm . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	643	...	34	374
" Indian Bug . . .	...	...	...	1	'01	...	...	...	...	...	...	...	...	...	...	...	...	...
" Microsporon Minu- tissimum . . .	...	...	...	2	'10	...	...	...	...	...	...	...	...	...	...	...	...	...
" Oxyuris vermicularis . . .	...	...	...	...	...	...	...	...	1	...	...	...	...	...	6	...	...	8
" Pediculus capitis . . .	...	...	...	5	'15	...	...	...	...	...	...	...	...	...	...	...	...	...
" " vestimenti . . .	...	...	...	1	'04	...	...	...	...	...	...	...	...	...	3	...	1	...
" Phthirus inguinalis . . .	...	...	...	2	'08	...	...	...	...	...	...	...	...	...	...	...	...	1
" Rhabdonema strongy- loides . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
" Ringworm . . .	6	...	...	209	6'55	...	...	3	...	12	...	...	...	...	544	...	6	147
" Scabies . . .	...	...	...	238	10'27	...	...	...	...	...	...	2	...	...	5,366	...	24	1,109
" Sporothrix Schenckii . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
" Staphylococcus pyo- genes aureus . . .	...	...	...	1	'01	...	...	...	...	...	...	...	...	...	...	...	...	...
" Tænia saginata . . .	...	...	...	3	'05	...	...	1	...	...	...	...	...	...	5	...	...	11
" " Confusa Ward . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
" " solium . . .	...	...	...	82	2'00	...	...	3	...	7	...	1	...	...	40	...	...	94
" " Elliptica . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
LOCAL DISEASES.																		
NERVOUS SYSTEM—																		
Nervous	29	1	7	776	30'74	9	81	13	...	18	12	20	1	...	1,272	27	372	632
Mental . . . . .	...	...	...	25	3'67	1	20	1	...	...	...	...	...	...	86	1	49	52
Eye Diseases	14	...	4	453	19'85	...	87	6	...	14	...	10	...	...	3,074	...	216	1,651
Ear Diseases	14	...	...	851	43'61	4	80	5	...	5	...	3	...	...	571	...	87	332
Nose Diseases	22	...	...	240	5'56	...	3	2	...	10	...	17	...	...	1,401	...	9	166
DISEASES OF THE CIRCULATORY SYSTEM—																		
Aneurysm (including all varieties) . . .	...	...	...	16	1'54	...	1	...	...	...	...	...	...	...	1	...	...	7
Disordered action of the heart . . .	4	...	1	202	14'81	1	34	1	...	...	...	7	...	...	150	2	69	27
Valvular disease of the heart . . .	1	...	1	221	15'15	8	147	2	1	...	...	...	...	...	86	6	54	166
Varix	2	...	...	151	11'89	...	21	6	...	...	...	1	...	...	82	...	46	1

DISEASES.	EUROPEAN ARMY OF INDIA.											INDIAN ARMY.						JAIL POPULATION OF INDIA.	
	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			MEN.			WOMEN.		CHILDREN.	BRITISH OFFICERS ATTACHED TO INDIAN TROOPS.			MEN.						
	Admissions.	Deaths.	Invalids.	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
DISEASES OF THE CIRCULATORY SYSTEM— <i>concl.</i>																			
Other circulatory diseases	12	1	2	70	2'95	10	10	2	1	3	1	8	...	...	227	25	79	110	50
Diseases of the Respiratory system	68	...	2	957	35'65	3	12	27	...	135	6	23	...	...	5,045	40	256	3,991	137
DISEASES OF THE DIGESTIVE SYSTEM—																			
Dyspepsia of the liver	1	...	...	23	2'05	9	2	...	...	...	...	1	...	...	10	5	...	10	9
Cholecystitis	14	...	...	196	17'50	14	6	5	...	...	1	8	...	...	84	6	14	41	8
Biliary colic . . . . .	...	...	...	2	'10	...	...	...	...	...	...	...	...	...	6	...	...	7	...
Cirrhosis of the liver . . . . .	...	...	...	2	'23	...	1	...	...	...	...	...	...	...	6	2	2	74	35
Gastritis	28	...	...	561	30'05	2	7	6	...	9	2	11	...	...	1,208	3	12	300	23
Dyspepsia	92	...	1	1,188	37'18	...	1	16	...	80	6	29	...	...	2,150	28	28	5,055	102
Enteritis	9	...	...	137	6'03	1	1	2	...	39	12	6	...	...	152	15	7	172	39
Colitis	33	...	...	286	10'40	5	4	11	...	8	...	5	...	...	92	3	5	91	6
Proctitis	9	...	...	144	8'66	1	2	2	...	...	...	1	1	...	141	3	6	131	4
Diarrhoea	8	...	...	268	21'92	...	30	...	...	...	...	1	...	...	115	...	47	62	1
Hæmorrhoids	42	...	...	188	10'47	...	...	...	...	2	...	9	...	...	284	1	3	271	13
Peritonitis . . . . .	...	...	...	2	'13	1	...	...	...	1	...	...	...	...	4	3	1	16	13
Ascites	2	...	1	4	'23	...	4	1	...	1	...	2	...	...	1	1	1	4	3
Other diseases of the digestive system	168	2	2	5,572	170'05	7	32	91	...	139	3	101	1	...	3,593	14	326	3,233	54
DISEASES OF THE LYMPHATIC SYSTEM—																			
Elephantiasis . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...
Inflammation of lymphatic glands	4	...	1	170	10'77	...	3	1	...	6	...	8	...	...	536	...	24	242	...
" " vessels	5	...	...	18	'45	...	1	2	...	...	...	...	...	...	11	...	...	...	...
Other diseases of the lymphatic system	2	...	...	26	2'42	1	2	...	...	9	1	1	...	...	153	2	16	215	4
DISEASES OF THE THYROID GLAND—																			
Goitre . . . . .	...	...	...	11	1'00	...	6	...	...	...	...	...	...	...	20	...	8	1	...
Inflammation of the thyroid body . . . . .	...	...	...	1	'02	...	...	...	...	...	...	...	...	...	...	...	...	...	...
DISEASES OF THE URINARY SYSTEM—																			
Nephritis . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	1	...	12	2	9	172	43
Calculus (including all varieties)	1	...	1	6	'40	...	1	1	...	...	...	2	...	...	2	...	...	5	1
Pyelitis . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Cystitis	4	...	...	31	2'57	...	3	...	...	...	...	2	...	...	...	...	...	18	3
Hæmaturia	3	...	...	11	'45	...	...	1	...	1	...	1	...	...	13	...	1	22	...
Stricture	2	...	...	16	'48	...	...	...	...	...	...	2	...	...	...	...	...	37	...
Other diseases of the urinary system	8	2	...	87	7'53	9	10	2	1	3	1	1	...	...	187	3	31	141	25
DISEASES OF THE MALE ORGANS OF GENERATION—																			
Gonorrhoea	2	...	...	232	27'63	...	...	...	...	...	...	...	...	...	1,226	...	54	132	...
Other diseases of the male organs of generation	14	...	1	501	27'42	...	8	...	...	13	5	7	...	...	873	1	57	563	9

* Includes 2 Whitmore's disease.

† Do. 3 do.

TABLE XXXV—continued.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.												INDIAN ARMY.						JAIL POPULAT OF IND
	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			MEN.			WOMEN.		CHILDREN.		BRITISH OFFICERS ATTACHED TO INDIAN TROOPS.			MEN.					
	Admissions.	Deaths.	Invalids.	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids.	Admissions.	
DISEASES OF THE FEMALE ORGANS OF GENERATION—																			
Abortion . . . . .	...	...	...	...	...	...	...	35	...	...	...	...	...	...	...	...	...	6
Other diseases of the female organs of generation . . . . .	...	...	...	...	...	...	...	50	1	...	...	...	...	...	...	...	...	28
Diseases of the female breast . . . . .	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...
DISEASES OF THE ORGANS OF LOCOMOTION—																			
Lumbago	3	...	...	94	4'19	...	...	3	...	1	...	7	...	...	237	...	30	63
Myalgia	32	...	...	539	17'45	...	2	6	...	7	...	...	...	...	615	...	108	230
Other diseases of the organs of locomotion	30	...	1	678	35'50	...	30	1	...	2	...	24	...	...	1,234	1	161	346
Diseases of the connective tissue and male breast	89	...	...	2,042	89'88	...	3	18	...	17	...	21	...	...	2,475	4	28	5,377
DISEASES OF THE SKIN—																			
Boil	37	...	...	913	32'76	...	...	7	...	15	...	16	...	...	2,171	...	8	1,053
Carbuncle	3	...	...	21	'96	2	...	...	...	...	...	3	...	...	10	2	1	189
Delhi boil	1	...	...	35	5'36	...	...	2	...	4	...	3	...	...	170	...	3	43
Ulcer	5	...	...	142	6'40	...	1	2	...	2	...	7	...	...	1,402	...	4	2,420
Whitlow	1	...	...	57	1'88	...	...	...	...	2	...	...	...	...	233	...	1	334
Other diseases of the skin	14	...	...	1,263	59'12	...	3	7	...	15	...	2	...	...	1,607	1	66	891
INJURIES (General and Local)—																			
Sun-stroke and heat-stroke	5	2	...	207	12'77	33	7	...	...	1	...	2	...	...	47	20	...	247
Other general	2	...	...	38	1'50	9	1	1	...	1	2	...	...	...	165	15	2	130
Local	188	4	4	2,692	130'91	17	35	8	...	29	...	118	3	...	11,370	56	363	4,464	
Suicides . . . . .	...	...	...	...	...	11	...	...	...	...	...	...	...	...	1	15	...	...
Homicides . . . . .	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Poisons	4	...	...	25	1'39	3	1	...	...	1	...	2	...	...	33	3	1	35
Effects of anti-typhoid vaccine	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anti-rabic treatment	2	...	...	23	1'38	...	...	1	...	6	...	1	...	...	...	...	...	...
Deaths while on leave, etc. . . . .	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	71	...	...
No appreciable disease . . . . .	...	...	...	103	3'34	...	...	46	...	22	...	...	...	...	19	...	1	63
Not yet diagnosed . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	4
Cause unknown . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	61	...
All other causes (detail not available). . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	454	...	...	...
All causes	1,444	16	42	36,952	1,754'18	267	889	733	10	998	58	809	13	...	88,327	1,094	4,383	87,083	2,6

TABLE XXXV—concluded.

TROOPS ON FIELD SERVICE.

DETAIL of DISEASES.

DISEASES.	INDIAN TROOPS.		DISEASES.	INDIAN TROOPS.	
	THALL OPERATIONS.			THALL OPERATIONS.	
	Average annual strength—1,162.			Average annual strength—1,162.	
	Admis- sions.	Deaths.		Admis- sions.	Deaths.
GENERAL DISEASES.					
INFECTIVE DISEASES—			DISEASES OF THE DIGESTIVE SYSTEM—		
Dysentery	36	...	Appendicitis	2	...
Gonorrhœa	10	...	Colitis	5	...
Malaria	521	...	Diarrhœa	37	...
Pneumonia	4	1	Enteritis	1	...
Pyrexia of uncertain origin	3	...	Hernia	1	...
Rheumatic fever	6	...	Jaundice	4	...
Syphilis	1	...	Other digestive diseases	49	1
Enteric fever	1	...			
Erysipelas	1	...	DISEASES OF THE LYMPHATIC SYSTEM—		
Influenza	39	1	Inflammation of lymphatic glands	3	...
Mumps	5	...	Other lymphatic diseases	2	...
Sandfly fever	10	...	Diseases of the male organs of generation	6	...
GENERAL DISEASES NOT CLASSED AS ABOVE—			DISEASES OF THE ORGANS OF LOCOMOTION:—		
Debility	7	...	Lumbago	6	...
			Myalgia	2	...
			Other diseases of organs of Locomotion	1	...
			Diseases of the connective tissue and male breast	11	...
ORBID CONDITIONS INCIDENT TO VARIOUS PARTS—			SKIN DISEASES—		
Parasites—Scabies	16	...	Boil	18	...
Tænia Mediocanellata	2	...	Whitlow	2	...
Strongylus duodenalis	1	...	Other diseases of skin	6	...
Ringworm	1	...			
LOCAL DISEASES.			INJURIES (GENERAL AND LOCAL)—		
Nervous diseases	7	...	Heat-Stroke and Sun-Stroke	1	...
Eye diseases	13	...	General injuries	5	...
Ear diseases	4	...	Injuries (Local)	101	...
Nose diseases	9	...			
Diseases of the circulatory system . . . . .	...	...	
Valvular disease of heart	2	...			
Other circulatory diseases	2	...			
Respiratory diseases	24	...			
			TOTAL	988	3

TABLE XXXV - continued

REPORT ON THE STATE OF THE

DEPARTMENT OF PUBLIC HEALTH

GENERAL DISEASES	Total	Males	Females	Total	Males	Females
Smallpox	1	1	0	1	1	0
Measles	1	1	0	1	1	0
Dysentery	1	1	0	1	1	0
Cholera	1	1	0	1	1	0
Typhoid	1	1	0	1	1	0
Scarlet fever	1	1	0	1	1	0
Whooping cough	1	1	0	1	1	0
Diphtheria	1	1	0	1	1	0
Polio	1	1	0	1	1	0
Parasitic diseases	1	1	0	1	1	0
Other diseases	1	1	0	1	1	0
Total	10	10	0	10	10	0

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