

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

Contributors

India. Sanitary Commissioner.

Publication/Creation

Calcutta : Superintendent of Government Printing, [1917]

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Map of
INDIA

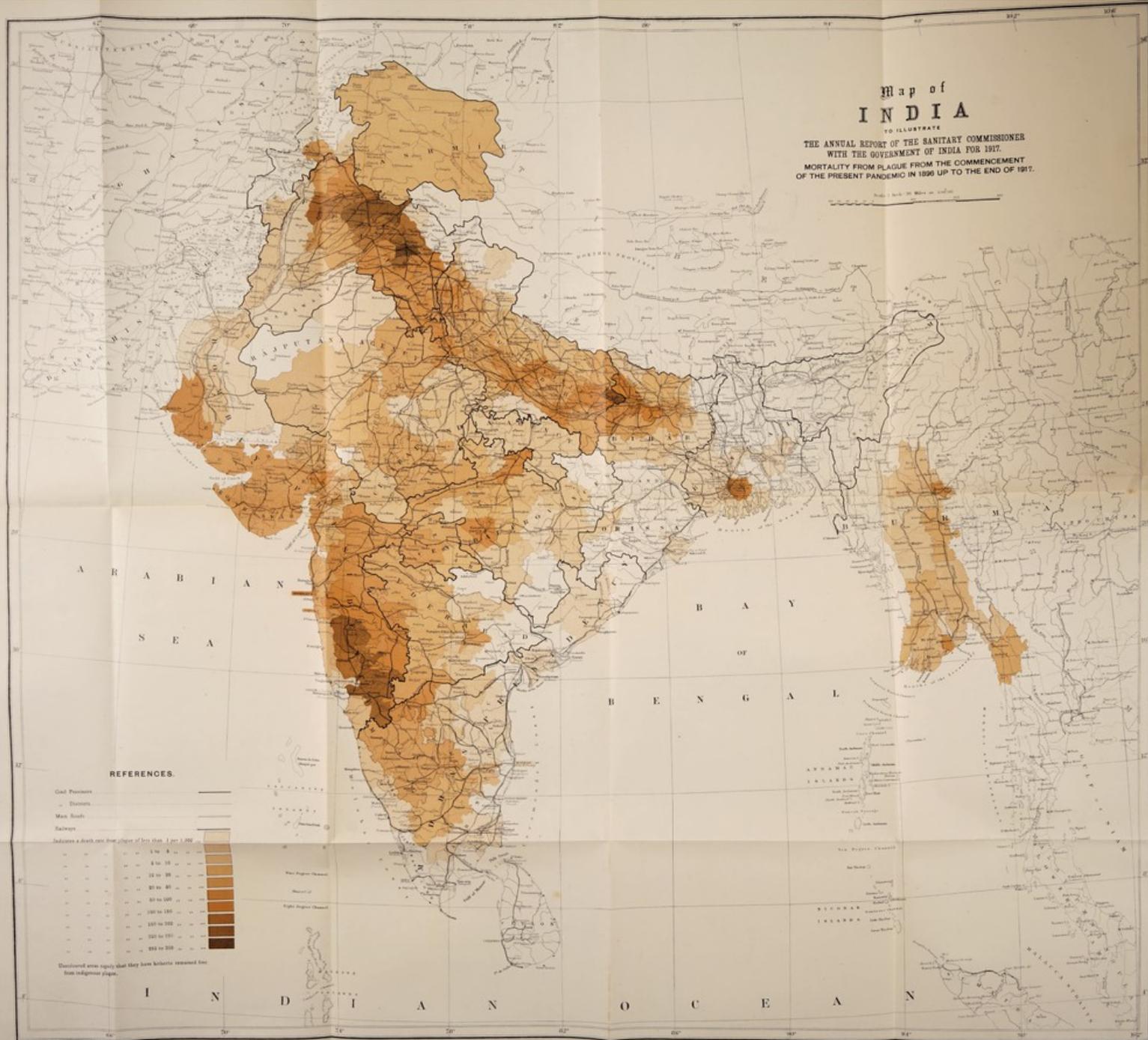
ILLUSTRATE

OF THE SANITARY COMMISSIONER
GOVERNMENT OF INDIA FOR 1917
GUE FROM THE COMMENCEMENT
MIO IN 1858 UP TO THE END OF 1917



Map of INDIA

TO ILLUSTRATE
 THE ANNUAL REPORT OF THE SANITARY COMMISSIONER
 WITH THE GOVERNMENT OF INDIA FOR 1917.
 MORTALITY FROM PLAGUE FROM THE COMMENCEMENT
 OF THE PRESENT PANDEMIC IN 1896 UP TO THE END OF 1917.



REFERENCES.

- Coast Towns
 - Disturbs
 - Max. Death
 - Railways
- Indicates a death rate per 1000 of less than 1 per 1,000
- | |
|-------------|
| 1 to 10 |
| 10 to 20 |
| 20 to 30 |
| 30 to 40 |
| 40 to 50 |
| 50 to 60 |
| 60 to 70 |
| 70 to 80 |
| 80 to 90 |
| 90 to 100 |
| 100 to 150 |
| 150 to 200 |
| 200 to 300 |
| 300 to 500 |
| 500 to 1000 |
- Disturbed areas signify that they have hitherto remained free from indigenous plague.

ANNUAL REPORT
OF THE
SANITARY COMMISSIONER WITH THE
GOVERNMENT OF INDIA

FOR
1917

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



CALCUTTA
SUPERINTENDENT GOVERNMENT PRINTING, INDIA
1919.

Price, Two Rupees Eight Annas or 3s. 9d.

ANNALS OF THE

SECRETARY COMMISSIONER WITH THE
GOVERNMENT OF INDIA

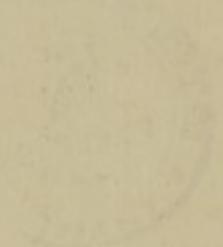


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ANNUAL SANITARY REPORT FOR 1917.

THE ARMY IN INDIA.

(From the Director, Medical Services in India.)

1. In this Report for the European Army in India and for the Indian Army, it will be noted that the quinquennium 1910-14 has been selected for all comparative purposes. These years are chosen as they include the period immediately preceding the great war. The quinquennium 1915-19 will then include those years affected by war conditions. In former years the quinquennium or decennium has been a moving period, and has been constructed from the periods used in the last previous annual reports, by dropping out the first year and adding on a year at the end. Such a shifting period does not give a permanent standard of comparison, and it is hoped that in future reports fixed quinquennia will be kept until the end of each fifth year after which the new quinquennium will be included in the previous quinquennial period to form a decennial period. In this way an increasingly valuable standardized ratio will be built up, which is specially useful as the abscissa for graphs. In this year's report an attempt is also made to study the health of the troops in India from a rather different standpoint. Hitherto, the various diseases have been stated in ratios and graphs in which each disease is regarded as an entity. In other words the conception of the disease has been rather clinical than sanitary. This year certain charts are constructed with the intention of throwing into prominence the various spheres of activity of public health work. Thus one great division of sanitation is devoted to purity of the food and drink supplies and therefore the diseases caused by contaminated food or drink are grouped together, *vis.*, cholera, dysentery, enterica, colitis, &c. A second great group is concerned with questions of ventilation, overcrowding, warmth, clothing, &c. For the most part the causes of these diseases are air borne, and the contagion is inhaled. A third great group is, on account of one member, malaria, very much greater in tropical and sub-tropical than in temperate zones. It includes all the insect transmitted diseases. In this group two sub-divisions have been made owing to an essential difference in the class of sanitary activity concerned. The first sub-division includes those diseases transmitted by what are in the main winged insects, *vis.*, malaria, dengue, sandfly fever. The second sub-division includes those diseases in which the insect is connected with insanitary conditions of the house or person, *vis.*, plague, typhus, relapsing fever, kala-azar, scabies.

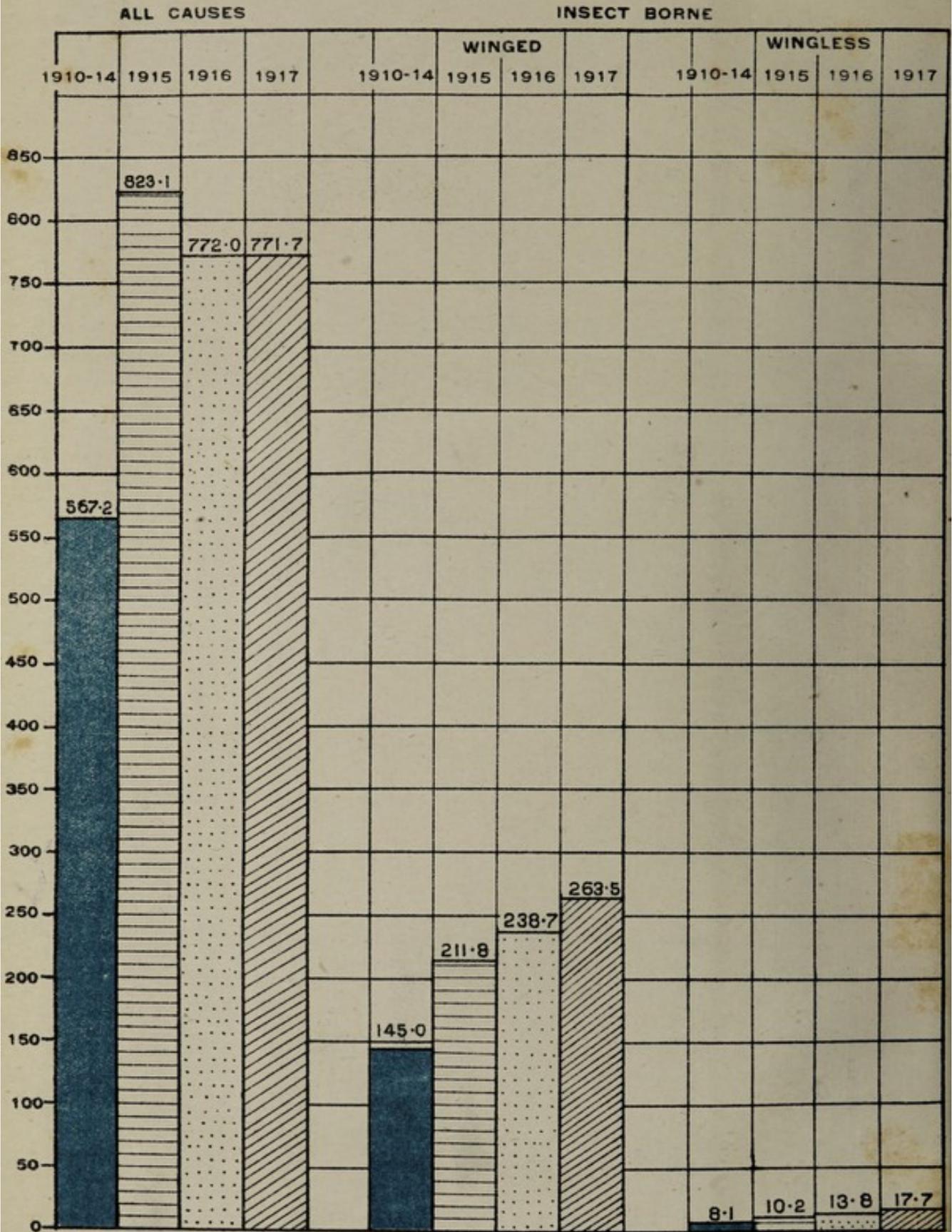
Other groups have been shown in a similar manner. The complete absence of any particular disease in any one year, or series of years, does not affect the value of grouping, whilst the prevalence of any one disease in any particular year would be reflected in the graph and would also be indicated in the body of the report.

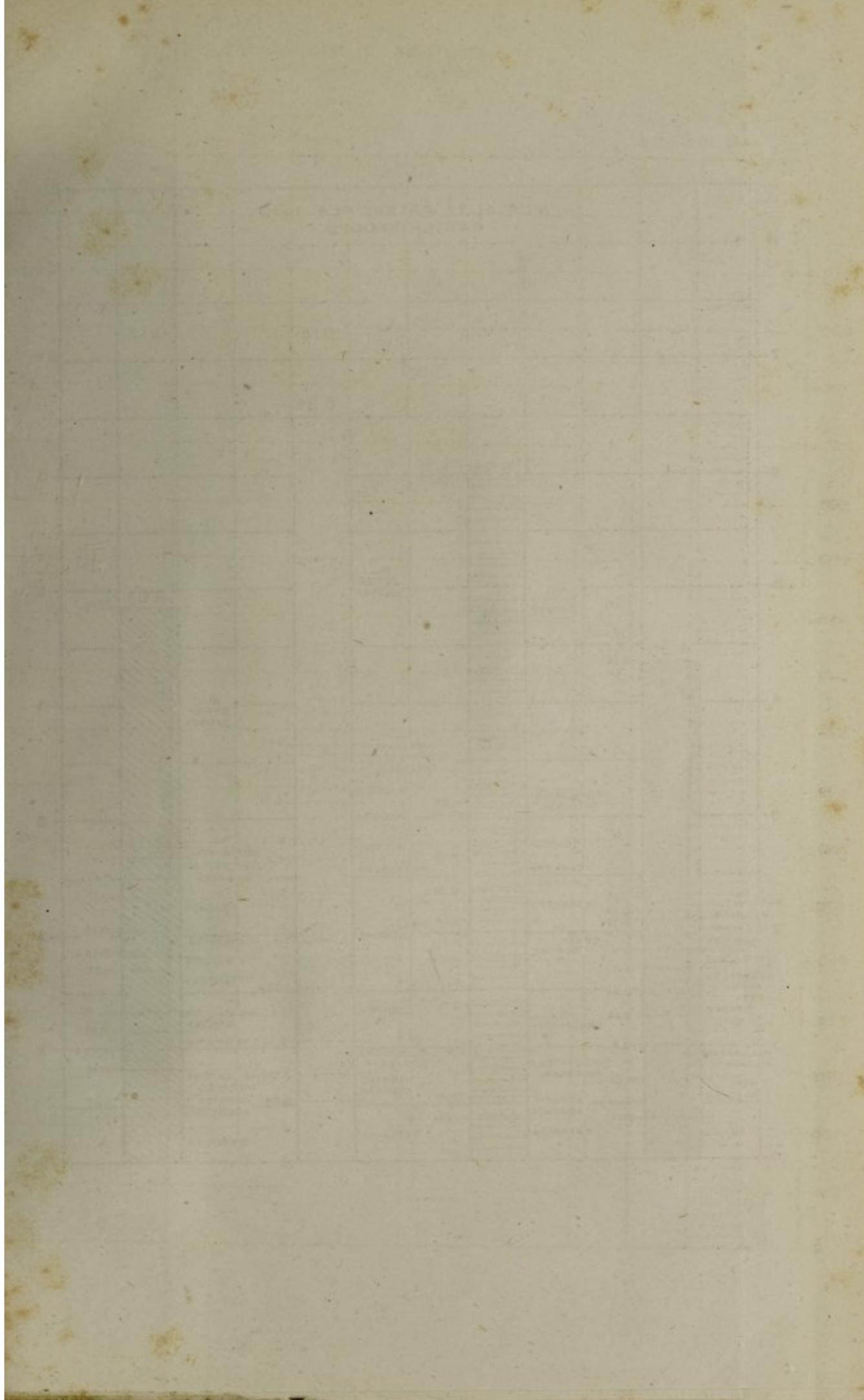
Key to Graphs—British Troops.

Period.	All causes.	Air-borne. Laryngitis, Bronchitis, Bronchopneumonia, Pneumonia, Tubercle of lung, Whooping cough, Diphtheria, Cerebro-spinal fever, Influenza.	Food and water-borne. Gastritis, Diarrhoea, Colitis, Enteritis, Dysentery, Hepatitis, Hepatic abscess, Enterica, Cholera.	Insect borne.		Infectious diseases, organism unknown. Variola, Varicella, Scarletina, Morbilli, Rubella, Mumps, Rheumatic fever.	Pyrexia of uncertain origin.	Disease of direct contagion. Syphilis, Cosorrhoea, Soft chancre.	Food deficiency diseases. Scurvy and Beri-beri.
				Winged. Malasia, Sandfly fever, Dengue, Oriental sore.	Wingless. Plague, Relapsing fever, Typhus, Kala-azar, Skin affections, (e.g., Scabies). (Trench fever.)				
1910-14 ...	567.2	20.7	38.1	145.0	8.1	5.6	22.8	55.1	0.3
1915	823.1	34.0	61.9	211.8	10.2	17.4	9.4	29.1	0.5
1916 ...	772.0	36.5	70.1	238.7	13.8	12.5	7.4	36.8	0.6
1917 ...	771.7	36.1	67.8	263.5	17.7	8.7	4.2	52.0	0.8

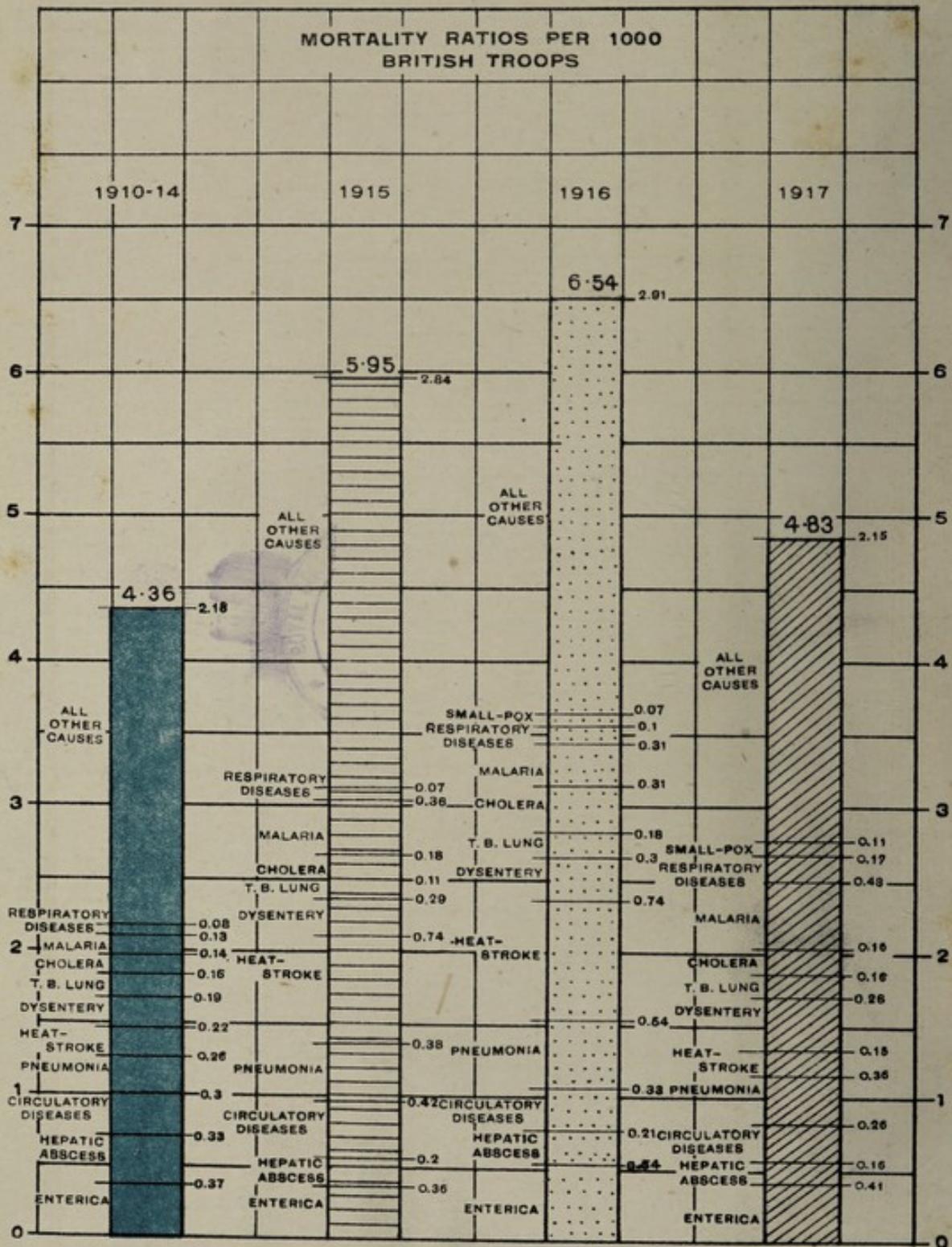


ADMISSION RATIO PER 1000
BRITISH TROOPS

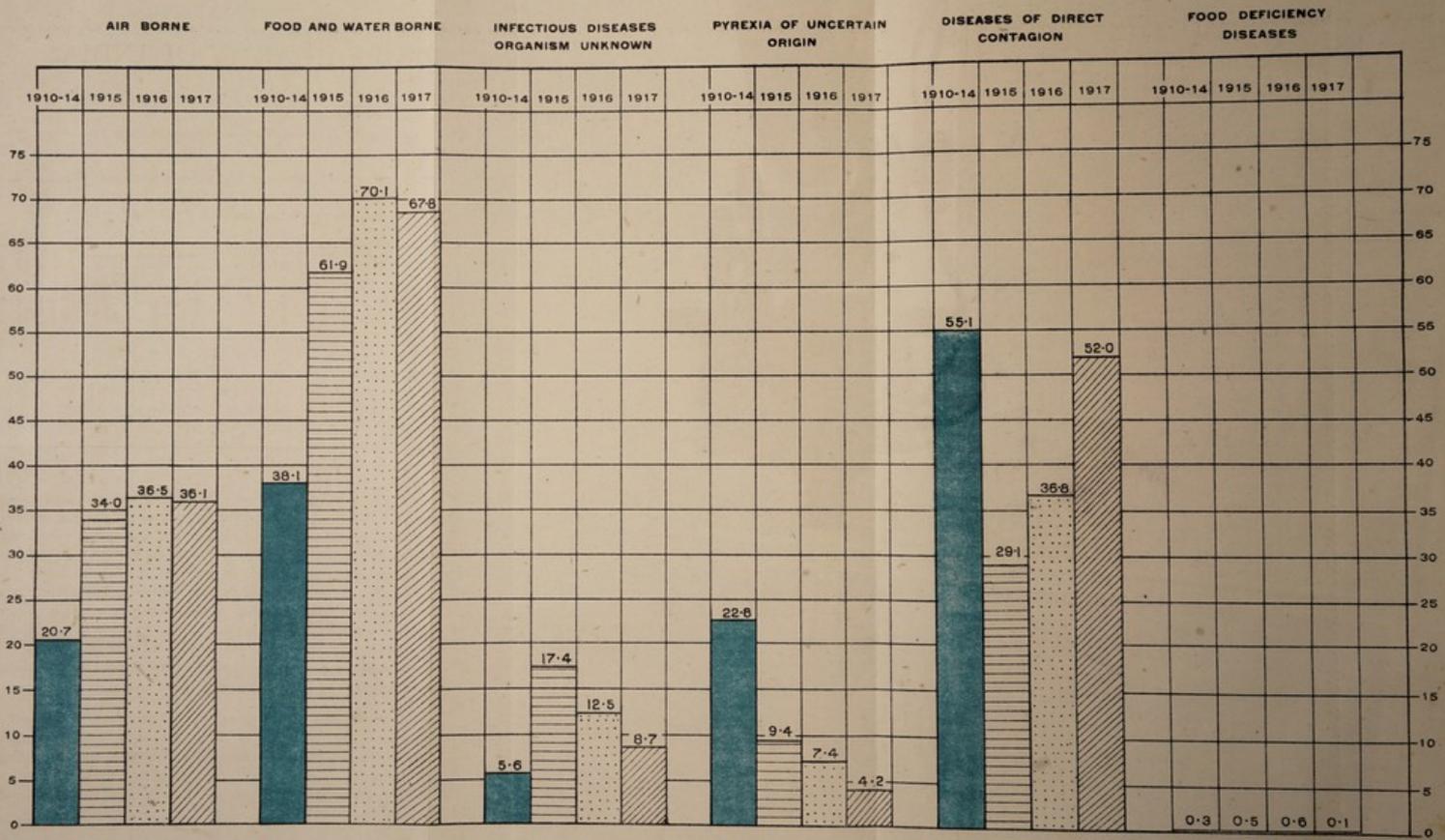




MORTALITY RATIOS PER 1000
BRITISH TROOPS



ADMISSION RATIO PER 1000 BRITISH TROOPS



SECTION I.

EUROPEAN ARMY OF INDIA.

(From the Director, Medical Services in India.)

2. The average strength of European Troops, Regulars and Territorials, in India during 1917 was 80,825 as compared with 60,737 in 1916. The following table shows the main facts as regards the health :—

Period.	Average strength.	Admissions.	Deaths.	Invalids sent home.	Average constantly sick.	RATIO PER 1,000 OF STRENGTH.				Average period of illness of each soldier calculated on average strength.	Average duration of each case of sickness.
						Admissions.	Deaths.	Invalids sent home.	Average constantly sick.		
1910-14.											
"Averages" ...	69,440	39,389	303	488	2094.57	0567.2	04.51	07.03	030.13	*10.00	*19.39
1915 ...	44,891	36,952	267	889	1754.19	823.1	5.95	19.80	39.08	14.26	17.33
1916 ...	60,737	46,892	397	1,343	2414.56	772.0	6.54	22.11	39.75	14.55	18.85
1917 ...	80,825	62,372	390	1,337	3685.45	771.7	4.83	16.54	45.60	16.63	21.57

*Worked out on quinquennial aggregates.

It will be seen that the figures compare favourably with those of the two previous years 1916 and 1915. The admission ratio of 771.7 is just below that of 1916 and well below that of 1915. The death rate of 4.83 is the lowest during the war and is almost down to the ratio of 4.51 for the pre-war quinquennium—1910-1914. The admission ratio as might be expected is still considerably above the quinquennial ratio. It will be noted that the average constantly sick ratio is 45.6 which is distinctly higher than that of the previous year. The difference between the average constantly sick per 1,000 in 1916 and 1917 is 5.85, a difference accounted for chiefly by the increased number of admissions for two diseases which require prolonged treatment, *vis.*, venereal disease and malaria, of which diseases the average constantly sick ratio has increased 5.33 per 1,000.

In considering the figures of the above table it is necessary to bear in mind, as in the last two years, the constitution of British Troops in India as affected by war conditions. Reference may be made to the remarks in last year's Report which may be summed up in the statement that the health of the average man now in the Army in India cannot in the nature of things be equal to that of the more highly selected man of pre-war days.

The admission ratios for the principal diseases are set out in the table below in comparison with those of 1915 and 1916 and of the quinquennium, 1910-14 :—

Period.	Influenza.	Cholera.	Small-pox.	Enteric fever.	Malaria.	Sandfly fever.	Pyrexia of uncertain origin.	Rheumatic fever.	Heatstroke.	Circulatory diseases.	Tubercle of lung.	Pneumonia.	Respiratory diseases.	Dysentery.	Diarrhoea.	Hepatic abscess.	Hepatic congestion and inflammation.	Veneral diseases.	All causes.	Constantly sick.	
1910-14.																					
"Averages"	3.3	0.3	0.1	3.3	117.2	21.9	22.8	4.5	1.2	7.4	1.1	2.4	12.6	6.5	21.9	0.7	7.6	55.1	567.2	30.16	
1915	...	7.4	0.4	0.1	3.7	154.5	41.1	9.8	11.5	4.6	14.7	1.1	2.7	21.3	5.6	26.5	0.5	8.5	29.1	823.1	39.08
1916	...	6.6	0.8	0.4	5.2	186.0	45.9	7.4	7.5	5.8	18.5	1.9	2.9	23.9	8.2	26.5	0.7	6.3	36.8	772.0	39.70
1917	...	7.3	0.2	0.4	3.4	227.9	22.9	4.2	4.7	1.5	14.3	1.5	2.8	23.7	11.1	25.7	0.6	4.9	32.0	771.7	45.66

It will be seen that of the eighteen groups of diseases thirteen showed a diminished incidence as compared with 1916. These are cholera, enterica, sandfly fever, pyrexia of uncertain origin, rheumatic fever, heatstroke, circulatory diseases, tubercle of lung, pneumonia, respiratory diseases, diarrhoea, hepatic abscess and hepatic congestion and inflammation. Four diseases showed an increase, *vis.*, influenza, malaria, dysentery, and venereal diseases. One disease small-pox gave the same ratio in both years. The increased incidence of influenza and dysentery were not big factors in the total. Malaria and venereal diseases showed a marked increase in a year which would otherwise have been very satisfactory. The increase in malaria was chiefly due to an exceptional outbreak in one station, Secunderabad, which with 2,143 actuals giving an admission ratio of 697.6, accounted for 11.6 per cent. of the whole malarial incidence.

The admission ratio for all other causes, *i.e.*, diseases not shown in the above table, was 362.6 for 1917 as against 412.4 in 1916. Among the diseases causing the greatest number of admissions under this heading may be mentioned myalgia, tonsillitis, and minor injuries.

The following table shows the death ratios for the diseases mentioned in the above table :—

	Influenza.	Cholera.	Small-pox.	Enteric fever.	Malaria.	Sandfly fever.	Pyrexia of uncertain origin.	Rheumatic fever.	Heatstroke.	Circulatory diseases.	Tubercle of lung.	Pneumonia.	Respiratory diseases.	Dysentery.	Diarrhoea.	Hepatic abscess.	Hepatic congestion and inflammation.	Veneral diseases.	All causes.	
1910-14	0.14	0.01	0.37	0.13	...	0.02	0.31	0.22	0.00	0.16	0.26	0.08	0.19	...	0.33	0.02	0.05	4.36
1915	0.18	...	0.26	0.36	...	...	0.07	0.74	0.42	0.11	0.38	0.07	1.39	...	0.20	0.02	0.02	5.95
1916	0.31	0.07	0.54	0.31	...	0.10	0.02	0.74	0.33	0.18	0.54	0.10	0.30	...	0.21	0.03	0.03	6.54
1917	0.16	0.11	0.41	0.48	...	0.01	...	0.15	0.26	0.16	0.36	0.17	0.36	...	0.10	0.01	0.04	4.83

No deaths have been ascribed during the last three years to influenza, sandfly fever or diarrhoea and none this year to rheumatic fever. Of the 18 groups, 11 showed a diminished death rate, *vis.*, cholera, enterica, pyrexia of uncertain origin, rheumatic fever, heatstroke, circulatory diseases, tuberculosis of the lung, pneumonia, dysentery, hepatic abscess and hepatic congestion and inflammation. Four of the groups only showed an increased death rate, *vis.*, small-pox, malaria, respiratory diseases and venereal diseases.

NORTHERN AND SOUTHERN ARMIES.

3. The Northern Army showed a smaller admission and constantly sick rate but a higher death rate than did the Southern Army. In 1916 all three rates were greater in the Northern Army. The following table gives the comparisons :—

	Inf. exa.	Cholera.	Small-pox.	Enteric fever.	Malaria.	Sandfly fever.	Pyrexia of uncertain origin.	Rheumatic fever.	Heatstroke.	Circulatory diseases.	Tubercle of lung.	Pneumonia.	Respiratory diseases.	Dysentery.	Diarrhoea.	Hepatic abscess.	Hepatic congestion and inflammation.	Veneral diseases.	All causes, admissions.	All causes, deaths.	Constantly sick.
Northern Army	4·7	0·3	0·0	3·1	221·9	39·5	5·3	4·7	1·9	11·1	1·4	3·5	23·9	6·1	28·7	0·7	7·4	36·4	765·9	51·6	4·28
Southern Army	...	10·1	0·8	3·9	233·7	7·2	2·9	4·9	1·1	18·0	1·5	2·0	23·9	16·4	23·1	0·6	2·6	69·1	788·3	4·59	50·0

The Southern Army admissions showed the greater ratios for small-pox, enteric fever, malaria, rheumatic fever, tubercle of lung, dysentery and venereal diseases, influenza and circulatory diseases, the last four only showing a marked difference.

The Northern Army ratios were greater for cholera, pyrexia of uncertain origin, heatstroke, pneumonia, diarrhoea, hepatic abscess, hepatic congestion and inflammation and sandfly fever, the last two alone showing a noticeable difference.

The high admission ratios of Colaba, Jhansi and Secunderabad accounted for the higher incidence of diseases in the Southern Army.

STATIONS.

4. The following table gives the principal stations arranged in order according to their admission ratios for 1917; the ratios for deaths and constantly sick are also shown, together with the corresponding figures for 1916 :—

Station.	Average strength, 1917.	Admissions.		Deaths.		Average constantly sick.		
		1917.	1916.	1917.	1916.	1917.	1916.	
1. Colaba	...	2,355	1598·7	922·8	11·89	14·31	84·6	62·30
2. Jhansi	...	688	1100·3	698·2	5·81	4·34	58·5	38·18
3. Secunderabad	...	3,072	1066·7	544·3	3·58	6·67	53·8	30·76
4. Peshawar	...	2,519	1059·1	1270·8	7·15	9·31	42·9	47·15
5. Meerut	...	1,782	1002·2	968·2	5·61	12·27	59·5	49·91
6. Nowshera	...	1,801	971·1	1291·0	4·44	6·45	47·6	56·12
7. Sialkot	...	1,156	938·6	1326·3	5·19	11·43	44·5	62·94
8. Lahore	...	1,634	937·6	1009·9	12·24	12·58	40·9	50·56
9. Rawalpindi	...	3,451	844·4	902·2	6·4	8·09	56·8	50·55
10. Mhow	...	1,887	756·8	702·1	3·71	4·06	30·1	37·06
11. Quetta	...	3,182	756·1	772·9	4·71	5·84	32·6	34·65
12. Lucknow	...	1,643	719·4	702·6	5·48	7·05	63·5	49·87
13. Bangalore	...	5,424	697·6	481·9	2·77	3·12	42·5	27·66
14. Ambala	...	1,739	641·7	760·1	3·45	2·79	50·2	36·94
15. Jubbulpore	...	2,226	601·5	762·2	5·39	4·37	37·0	40·82
16. Poona	...	2,555	588·3	610·1	5·09	3·45	74·6	46·65

Colaba showed a greatly increased admission ratio as compared with the previous year, *viz.*, 1598·7 against 922·8. The average strength was increased from

1,607 in 1916 to 2,355 in 1917 and the following table shows the admission ratios for the groups of diseases as compared with 1916. Drafts for overseas are finally examined at Bombay and the men rejected on medical grounds are admitted to Colaba. This largely accounts for the high incidence of disease.

	Inflecta.	Cholera.	Small-pox.	Enteric fever.	Malaria.	Sandfly fever.	Pyrexia of uncertain origin.	Rheumatic fever.	Heatstroke.	Circulatory diseases.	Tubercle of lung.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic abscess.	Hepatic congestion and inflammation.	Veneral diseases.	All causes.	Constantly sick.
1916 ...	11.2	1.9	2.5	10.6	163.0	...	7.5	16.2	9.3	51.6	6.2	2.5	59.7	18.0	23.6	0.6	0.6	114.5	922.8	62.3
1917 ...	45.4	0.8	1.3	6.4	343.5	8.32	9.8	17.8	7.2	59.4	5.9	9.3	68.4	37.8	51.2	2.1	3.4	177.5	1598.7	84.6

It will be seen that malaria, sandfly fever, venereal diseases, influenza and the dysenteric group accounted chiefly for the increase.

DIVISIONS.

5. The table comparing the admission and death rates by divisions for 1915, 1916 and 1917 is as follows:—

Division.	1910-14.		1915.		1916.		1917.		
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	
Northern Army.	1st (Peshawar) Division ...	1008.0	4.72	1016.3	9.74	1130.0	6.44	957.0	5.72
	2nd (Rawalpindi) Division ...	644.3	3.81	725.8	3.88	813.3	7.70	724.1	4.93
	3rd (Lahore) Division ...	621.5	4.84	848.4	5.86	837.5	6.59	731.0	5.91
	7th (Meerut) Division ...	477.4	4.27	783.2	4.75	772.0	7.16	750.5	5.16
	8th (Lucknow) Division ...	541.2	5.97	840.4	8.69	720.8	9.21	718.0	3.97
Southern Army.	4th (Quetta) Division ...	552.3	3.71	799.1	4.19	780.0	7.25	830.7	5.00
	5th (Mhow) Division ...	602.8	4.09	797.9	8.83	691.0	5.40	705.5	5.44
	6th (Poona) Division ...	501.7	3.79	805.1	3.42	762.8	6.85	844.7	5.18
	5th (Secunderabad) Division ...	469.2	3.92	902.1	5.58	517.6	4.37	750.5	3.07
Burma Division ...	591.3	4.89	882.3	2.35	795.9	4.41	765.0	4.93	

MALARIA.

6. This disease as usual was the great cause of sickness and inefficiency amongst British troops in India. For the year under report the admission ratio was 227.9 with a death ratio of 0.48 as compared with 186.0 and 0.31, respectively, in 1916. There has therefore been a considerable increase in incidence of this disease. The actual admissions for 1917 were 18,421, whilst the admissions for all causes were 62,372, so that malaria accounts for 29.53 per cent of the total admissions for the year. It should be noticed that the number admitted for malaria during the war have, to some extent, been increased by the inclusion of cases, which possibly contracted the disease originally overseas, though every effort was made to correct this.

The Northern Army admission ratio, 221.9, was less than that of the Southern Army, 233.7.

The following table shows the ratios of admissions for malaria by divisions for the years 1917, 1916, 1915 and the quinquennium 1910-14.

Divisions.	RATIO PER 1,000 OF STRENGTH.			
	1910-14.	1915.	1916.	1917.
1st Peshawar	300·2	309·2	459·4	430·3
2nd Rawalpindi	170·4	276·8	290·3	261·5
3rd Lahore	149·0	122·3	147·2	224·5
4th Quetta	147·4	263·3	305·1	352·3
5th Mhow	164·8	68·2	148·4	208·6
6th Poona	100·7	202·2	218·5	196·3
7th Meerut	93·2	114·1	97·4	136·4
8th Lucknow	53·3	53·9	58·1	64·7
9th Secunderabad	45·9	37·4	67·9	284·9
Burma	73·5	196·1	119·9	93·9

The following table shows the principal stations arranged in order according to the malaria admission rates. The second column gives the actual admissions:—

Station.	Ratios.	Actuals.	Station.	Ratios.	Actuals.
Secunderabad	697·6	2,143	Mhow	235·3	444
Peshawar	468·8	1,181	Ambala	203·0	353
Nowshera	437·0	787	Poona	182·0	465
Sialkot	419·6	485	Bangalore	145·6	790
Colaba	343·5	809	Jubbulpore	142·9	318
Rawalpindi	309·5	1,068	Lahore	142·0	232
Quetta	307·0	977	Meerut	135·2	241
Jhansi	293·6	202	Lucknow	47·5	78

A special investigation as to the epidemic at Secunderabad was undertaken and is referred to more particularly under 'malaria' in the report on Indian Troops.

The report from Peshawar states that "the incidence of this disease will remain high so long as we have a highly infected civil Indian population living in such close proximity to British troops and the ground outside cantonments is allowed to remain swampy and full of nullahs and pits."

Rawalpindi reported that "patients were sent to the hills systematically until October so hastening recovery and removing infection. The electric installation is a great boon as it does away with the use of infected coolies. The extension of the use of electric fans throughout the barracks is necessary for health so as to do away with the need to use infected punkah coolies."

Jutogh gave a monthly table of the detachments of the 4th Queen's Regiment which was sent there directly from the Waziristan Field Force to recuperate, as it had been severely infected with malaria. The table shows that the percentage of fit men increased from 38·96 in August to 75·20 in December.

Kirkee noted that the position of the river and the rocky ground with quarries accounts for much of the malaria; and that the drainage scheme has now been begun at a cost of Rs. 7,000 per annum; Rs. 60,000 more will be required.

Ahmednagar. The ratio for malaria was still high but rather less than during the previous year. The following table is given as in last year's Report but with the quinquennial period also shown :—

—				1910-14	1915.	1916.	1917.
Admission rates	...	...	...	117.2	206.8	380.6	341.7
Rainfall (inches)	...	...	...	21 (normal).	37.48	32.54	28.37

The immediately neighbouring villages of Shahapur, Nimbodi, Darawadi, and the area of Bhingar have been shown to be sources of malaria infection, and have recently been included within the cantonment limits of Ahmednagar for administrative purposes.

The general remarks about the increased malaria incidence on page 8 of the 1916 Annual Report apply equally to the year under report. Conditions which are incidental to a state of war and unavoidable as such, *e.g.*, lower physique of garrison troops, large movements of troops, return of infected troops from war areas, &c., are important in this regard.

The following summary of certain facts taken from the Medical Transactions from station hospitals is of some interest. It is by no means complete as certain stations make no reference to some of the matters in question. There are about 90 stations in all, the number varying with the seasons.

Rainfall.—14 stations attributed much of their malaria to excessive rain during the year. One station, Muttra, reported that the heavy rains caused a diminished mosquito prevalence.

Relapses.—8 stations reported that all their cases were relapses.

11 stations reported that most cases were relapses.

9 stations reported that some or a few cases were relapses.

Where contracted.—9 stations reported that all their cases were contracted elsewhere. These are Murree, Solon, Karachi, Dagshai, Subathu, Jutogh, Chakrata, Darjeeling, Poonamallee, whilst Calcutta and Rangoon reported that none of their cases were contracted at the forts. Four stations, *vis.*, Burbhan, Lucknow, Bareilly, Belgaum, stated that nearly all, and two, Kamptee and Kirkee, that many of their cases were not local.

Infection.—The following stations reported that much of their incidence of malaria was due to arrival of troops infected on field service.

Chitral Relief	...	...	Nowshera.
Waziristan	...	...	Rawalpindi, Kalabagh, Gharial, Lahore, Jullundur, Dagshai, Jutogh, Bareilly.
Mesopotamia	...	...	Dagshai, Belgaum.
East Africa	...	...	Mhow.
"Overseas"	...	...	Ahmednagar, Poonamallee.

Nature of the parasite.—Many stations gave the results of microscopical examination and the following table shows the total varieties reported :—

—	INDIA.		BURMA.		PORT BLAIR.		TOTAL.			
	Actuals.	Percentage.	Actuals.	Percentage.	Actuals.	Percentage.	Actuals.	Percentage.		
Benign Tertian	9,729	84.94	103	64.31	24	84.67	9,858	84.6
Malignant Tertian	1,698	14.32	57	33.95	3	11.11	1,758	15.10
Quartan	26	0.22	0	0.00	0	0.00	26	2.02

The cases of quartan infection were reported from seven stations, Secunderabad 14, Ahmednagar 5, Karachi 3, Dagshai 1, Jutogh 1, Chakrata 1, Wellington 1.

A malaria depot was opened at Murree in December for the treatment of cases in the Northern Command and part of a camp near Wellington in the Nilgiri Hills was set aside in November for the Southern Command. It is hoped that the Northern Command Malaria Convalescent Depot will be expanded to afford facilities for studying the treatment of this disease. During the year an India Army Order was issued forbidding the wear of "shorts" and "kilts" after sundown. Mosquito repellants and veils were sanctioned for men on guard at night in areas where mosquitos were prevalent. Mosquito nets were sanctioned for all British troops and their families.

SANDFLY FEVER.

7. There were 1,847 admissions with no death. The ratio per 1,000 was 22.9. It appears to be a disease chiefly of Northern India as the Northern Army had 1,560 admissions giving a ratio of 39.5 against 287 and 7.2, respectively, for the Southern Army. In the previous year the ratios were for the Northern Army 80.8 and for the Southern Army 4.0. This fact is more obvious when it is noted that of the 287 cases in the Southern Army 196 cases were from one station, *vis.*, Colaba. Of these 172 were indigenous. Of the geographical groups No. VII (North-West Frontier, Indus Valley and North-West Rajputana) accounted for 792 cases in which the following stations had the highest number of admissions:—

Peshawar.	Risalpur.	Nowshera.
539, ratio 214.0.	104, ratio 95.9.	121, ratio 67.2.

No. VI (Upper Sub-Himalayas) accounted for 705 cases: here the following stations reported most admissions.

Lahore.	Ferozepore.	Rawalpindi.
216, ratio 132.2.	150, ratio 113.8.	221, ratio 64.0.

PYREXIA OF UNCERTAIN ORIGIN.

8. There were 342 admissions and one death reported under the head, giving ratios of 4.2 and .01, respectively. The admission rates for pyrexia of uncertain origin have been steadily declining during the last few years; thus, in the quinquennial period, 1910-14, it was 22.8; in 1915, 9.8 and in 1916, 7.4. There has been a similar decline in this ratio for Indian Troops and it is doubtless the result of more accurate diagnosis. The majority of such cases reported in the past, appear to have been undiagnosed malaria or enterica. In the Northern Army the ratio for 1917 was 5.3 and in the Southern Army 2.9.

DENGUE.

9. The total admissions for 1917 were 960 with one death giving ratios of 11.9 and 0.01, respectively. In the Northern Army, there were 249 admissions and one death giving ratios of 6.3 and .03, and in the Southern Army, 711 admissions, a ratio of 17.9, and no death. Dengue appeared in epidemic form in Calcutta during the rainy season and in Mandalay in August and September. The stations showing

the highest actual admissions were Rangoon 397, Calcutta 149, Madras 128, Mandalay 121, Cawnpore 38, and Lucknow 35. During the year under report the disease was confined almost entirely to Burma and the east coast of India, which areas reported very little sandfly fever; on the other hand, the west and north-west of India reported sandfly fever and practically no dengue.

ENTERICA.

10. The number of admissions for enterica fevers during the year was 276 with 33 deaths giving ratios of 3·4 and 0·41, respectively. The corresponding figures for 1916 were actuals 318 and 33 and ratios 5·2 and 0·54.

The following table shows the figures together with those for 1915 and the quinquennium :—

Period.	ADMISSIONS.		DEATHS.	
	Actuals.	Ratio per mille.	Actuals.	Ratio per mille.
1910-14 (Averages)	227	3·3	26	0·37
1915	167	3·7	16	0·36
1916	318	5·2	33	0·54
1917	276	3·4	33	0·41

* Worked on quinquennial aggregates.

The table given below shows the actual admissions and deaths according to the variety of enterica during the same periods.

Period.	TYPHOID.		PARATYPHOID A.		PARATYPHOID B.		TOTALS.	
	A.	D.	A.	D.	A.	D.	A.	D.
1910-14 (Averages)	153	24	70	2	3	...	227	26
1915	83	16	78	0	6	...	167	16
1916	116	27	104	6	8	...	318	33
1917	163	27	102	6	11	...	276	33

The official diagnosis of the enteric fevers has been reclassified during the year (circular letter No. 18725-3 (D. M. S.-5) issued on December 21st, 1917, to take effect from January 1st, 1918). The new classification under "13—Enteric Fever in the Nomenclature of Diseases, 1906" will be as follows :—

13^a Typhoid Fever.

13^b Paratyphoid A.

13^c Paratyphoid B.

13^d Enteric Group.

The diagnosis *a*, *b* and *c* will be based on the isolation of the specific organism; whilst that under "*d*" will be reserved for cases diagnosed clinically, or on a rising Gruber-Widal reaction, in which the organism has not been isolated. It will include a certain number of cases which have hitherto been diagnosed as pyrexia of uncertain origin.

At Lucknow, 16 cases of enterica occurred during the year with 2 deaths. The disease was epidemic and was attributed to infected Indian cooks. It ceased when these cooks were suspended. At Poona there were 39 cases with 3 deaths. The cases were sporadic and were partly due to the arrival of infected troops. At

Bangalore, there were 41 cases with no death. There was no epidemic and many of the cases contracted the disease before arrival in the station.

The state of inoculation of the British Army in India as shown by the last half-yearly census taken on December 31, 1917, was as follows:—

	Officers.		Men.	
	T.	T. A. B.	T.	T. A. B.
	Total number of troops present at census ...	3,151		79,605
Number who have not been inoculated ...	443		6,336	
Number inoculated less than 12 months ...	58	899	1,719	32,697
Number inoculated more than 12 but less than 24 months.	164	1,028	2,812	25,529
Number inoculated more than 24 months ...	309	250	6,250	4,262
Number of primary inoculations during the previous half-year.	2	73	9	3,526
Number of re-inoculations during the previous half-year.	1	138	2	5,652

From the above table it will be seen that on the above date out of a total strength of 82,756 officers and men there were 6,779 uninoculated and 75,977 inoculated, whilst of these latter 35,373 had been inoculated within a year and 40,604 a year or more previously. During the previous half-year there were 3,510 primary inoculations and 5,793 re-inoculations performed.

The following table gives an analysis of 144 admissions, out of a total of 276 admissions to hospital for enterica, in which the dates of inoculation and nature of the vaccine used, could be determined sufficiently accurately to be of statistical value. The majority of the cases included in the column "over 1½ years since inoculation" had only been inoculated against *B. typhosus* and this also applies to a greater extent to previous year's figures. Since T. A. B. vaccine has now taken the place of *B. typhosus* vaccine the figures cannot be added to those given in last year's Report.

Disease.	Total number of cases.	Not inoculated.	Over 1½ years since inoculation.	Under 1½ years and over 1 year since inoculation.	Under 1 year and over 6 months since inoculation.	Under 6 months and over 3 months since inoculation.	Under 3 months since inoculation.
Enteric (<i>typhosus</i>) ...	93	20	11	18	23	10	11
Para A. ...	49	1	18	6	13	5	6
Para B. ...	2	0	1	0	1	0	0
Totals ...	144	21	30	24	37	15	17
Deaths.							
Enteric (<i>typhosus</i>) ...	21	9	2	2	6	1	1
Para A. ...	2	0	0	0	0	2	0
Para B. ...	0	0	0	0	0	0	0
Totals ...	23	9	2	2	6	3	1

It should be noted that of 79,605 British Troops serving in India 6,336 had not been inoculated at any time.

Enteric Convalescent Depots.—The work of these Depots has been continued during the year as formerly and in addition a Dysentery Section was opened at Wellington on September 4, 1917.

Naini Tal.—The admissions to this Depot during the year amounted to less than one-half of those in 1916. The decrease was most marked in connection with the overseas cases as is shown in the following table :—

				Inland.	Overseas.	Total.
1916	...	...	...	412	379	791
1917	...	...	...	339	14	353

The cases at this Depot have been diagnosed according to the recently introduced classification and the following table gives the results :—

	Enteric.	Para-typhoid A.	Para-typhoid B.	Enteric Group.	P. U. O.	Kala-azar.	Other Diseases.	Total.
Inland...	44	60	4	216	11	...	4	339
Overseas	4	4	...	4	...	...	2	14

The diagnosis for the overseas cases are stated as an opinion only since, as the patients were all convalescent on arrival, no specific organisms were isolated at the Depot.

In the inland cases the 4 "other diseases" were :—one case of renal calculus, two cases of malaria, and one case which had only one day's pyrexia and a high agglutination reaction; he had been inoculated with T. A. B. vaccine ten days previously.

In the overseas cases the two "other diseases" cases both suffered from enteritis.

Carriers.—There were 14 carriers found during the year giving a ratio of 3.96 per cent of the admissions. One of these was from overseas (Mesopotamia) and had *B. paratyphosus B.* in the faeces. Of the 13 inland cases one was a urinary carrier of *B. typhosus* and the remaining 12 were faecal carriers, 3 of *B. typhosus* and 9 of *paratyphosus A.*

Wellington.—The total number of admissions in this depot also were fewer than last year owing to fewer cases from overseas.

				Inland.	Overseas.	Total.
1916	...	...	...	88	1,392	1,480
1917	...	...	...	163	926	1,089

The following table shows the varieties of the diseases comprising the totals of overseas and inland cases for this and the two previous years :—

Years.	Enteric.	Para-typhoid A.	Para-typhoid B.	P. U. O.	Jaundice.	Totals.
1915	77	33	1	13	...	124
1916	670	482	75	228	25	1,480
1917	415	463	90	120	1	1,089

All the overseas cases were from Mesopotamia.

Of the inland cases the 9th (Secunderabad) Division sent 98, Poona Division sent 59, the 16th (Indian) Division 4, the 5th (Mhow) Division 1, and Burma Division 1.

Carriers.—Fifty-one carriers were detected during the year giving a ratio of 4.683 per cent of the total admissions. Four additional cases were found in the routine examination of the dysentery cases; three of these cases had no history of an attack of enteric fever.

Of the total of 55 cases, 49 were faecal carriers, and 6 urinary.

Of the urinary cases, 4 were of *B. typhosus* and 2 of *B. paratyphoid A.*

Of the faecal carriers, 13 were of *B. typhosus*, 34 of *B. paratyphosus A.*, one of *B. paratyphosus B.*, and one mixed of *B. typhosus* and *paratyphosus A.* The following table showing the distribution of the varieties of typhoid carriers among cases in the two Enteric Convalescent Depots during the last 4 years is of interest.

Relationship between cases and carriers based on the figures submitted by the Enteric Convalescent Depots, Naini Tal and Wellington, from 1914 to 1917. The required figures for the previous years are not available.

Year.	Enteric Convalescent Depot.	CASES ADMITTED.					CARRIERS DETECTED.						
		Enteric.	Para. A.	Para. B.	Other diagnoses (chiefly P.U.O.)	Total.	B. Typhosus.		A. Paratyphosus.		B. Paratyphosus.		Total.
							Faecal.	Urinary.	Faecal.	Urinary.	Faecal.	Urinary.	
1917 ...	Naini Tal ...	44	60	4	231	339	3	1	9	0	0	0	13
	Wellington ...	415	463	90	121	1,089	13	4	34	2	1	0	55
1916 ...	Naini Tal ...	34	96	4	278	412	1	1	28	4	4	1	39
	Wellington ...	670	482	75	253	1,480	1	2	38	7	5	0	53
1915 ...	Nain Tal ...	45	60	5	75	185	0	0	4	0	1	0	5
	Wellington ...	77	33	1	13	124	1	0	3	0	0	0	4
1914 ...	Naini Tal ...	49	60	6	80	195	1	0	1	1	1	0	4
	Wellington ...	53	14	2	23	92	0	3	1	0	1	0	6†
	Totals ...	1,387	1,268	187	1,074	3,916	20	11	118	14	13	1	179*†

Percentages of carriers to cases (excluding the double infections)

Enteric 2.23	{	Faecal 1.44	Para. A. 10.41	{	Faecal 9.305	Para. B. 7.48	{	Faecal 6.95
		Urinary 0.79			Urinary 1.105			Urinary 0.53

*One faecal carrier of both *B. typhosus* and *B. paratyphosus A.* was recorded.

†One faecal carrier *B. paratyphosus A.* who was also a urinary *B. typhosus* carrier was recorded.

DYSENTERY, COLITIS AND DIARRHŒA.

Dysentery.

11. There were 895 admissions and 21 deaths under this heading giving ratios of 11·1 and 0·26, respectively.

Colitis.

The admissions were 1·011 with 5 deaths giving ratios of 13·3 and 0·06, respectively.

Diarrhœa.

The admissions were 2,078 giving a ratio of 25·7. There was no death.

The differential diagnosis of dysentery, colitis and diarrhœa of necessity has been wholly clinical in many cases and dependant upon the personal factor of the clinician. Where laboratories exist, efforts have been made to classify the dysenteries into protozoal and bacillary, but until a definite standard has been reached it is not possible to adopt a scientific classification based on laboratory findings. For these reasons it will give a better indication of the prevalence of the dysenteries to group together dysentery, colitis and diarrhœa. The following table gives the ratios for these three diseases for the quinquennium and succeeding years :—

Period.	DYSENTERY.		COLITIS.		DIARRHŒA.		COMBINED RATE.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
1910-14 ...	6·5	0·19	4·9	0·03	13·0	...	24·3	0·22
1915 ...	5·6	0·29	12·5	0·04	26·5	...	44·6	0·33
1916 ...	8·2	0·30	13·8	0·25	26·5	...	48·4	0·54
1917 ...	11·1	0·26	13·3	0·06	25·7	...	50·0	0·32

The following stations showed the highest total admissions and admission rates :—

Stations.	Ratios.	Admissions.
<i>For Dysentery.</i>		
Bangalore ...	40·6	220
Colaba ...	37·8	89
Secunderabad ...	36·5	112
<i>For Diarrhœa.</i>		
Meerut ...	117·3	209
Colaba ...	52·2	123
Belgaum ...	51·8	133
Kirkee ...	29·4	115
Rawalpindi ...	29·3	101
<i>For Colitis.</i>		
Nowshera ...	48·9	88
Dalhousie ...	46·4	38
Quetta ...	35·2	112
Risalpur ...	34·1	37
Lahore Cantonment ...	33·0	54

VENEREAL DISEASES.

12. There were 4,201 admissions with three deaths under this heading. The ratios are 52·0 and 0·04, respectively. In the Northern Army the admissions were 1,439 with 1 death giving ratios of 36·4 and 0·03; and in the Southern Army 2,741 admissions and 2 deaths giving ratios of 69·1 and 0·05.

				Syphilis.	Soft Chancre.	Gonorrhoea.	Totals.
Northern Army	...	...	...	6·2	7·6	22·7	36·4
Southern Army	...	...	...	9·9	21·3	37·9	69·1
Army of India	...	...	...	7·9	14·2	29·9	52·0

The following table gives the ratio per 1,000 of strength for all venereal diseases by divisions for the years 1913-17 :—

Divisions.			1913.	1914.	1915.	1916.	1917.
1st (Peshawar)	...	...	30·1	21·4	30·8	24·5	17·8
2nd (Rawalpindi)	...	...	30·4	37·9	32·3	35·7	25·7
3rd (Lahore)	...	...	47·7	43·3	10·1	16·9	27·4
4th (Quetta)	...	...	37·2	43·1	33·0	35·0	36·4
5th (Mhow)	...	...	48·7	58·6	33·1	47·1	44·2
6th (Poona)	...	...	65·6	74·7	32·9	58·7	85·2
7th (Meerut)	...	...	43·4	51·3	36·7	32·6	44·7
8th (Lucknow)	...	...	73·5	65·7	22·3	56·8	71·4
9th (Secunderabad)	...	...	62·7	59·1	34·9	26·1	81·1
Burma	...	...	105·1	103·7	44·5	57·7	58·0

The following of the larger stations showed the highest admission rates :—

Stations.					Average strength.	Admissions.	Ratio per 1,000 of strength.
Calcutta	...	...	...	...	945	206	218·0
Colaba	...	...	...	...	2,355	418	177·5
Poona	...	...	...	...	2,555	201	78·7
Meerut	...	...	...	...	1,782	132	74·1
Kirkee	...	...	...	...	3,905	279	71·4
Delhi	...	...	...	...	1,316	85	64·6
Belgaum	...	...	...	...	2,567	156	60·8
Ambala	...	...	...	...	1,739	86	49·5
Jubbulpore	...	...	...	...	2,226	110	49·4
Lucknow	...	...	...	...	1,643	81	49·3

Many stations reported that a considerable number of the cases were contracted outside the station when the men were on leave :—

The incidence of venereal diseases for the past 10 years is shown in the following table :—

	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.
Ratio per 1,000 of strength	69·6	67·8	58·9	53·1	55·5	52·5	55·2	29·1	36·8	52·0

This year there has been another marked increase in the admission rates for venereal diseases as compared with the two previous years 1916 and 1915 though the rate was lower than that of pre-war years. All stations reported much activity in the measures directed towards counteracting the temptations to which the men are liable. Numerous lectures were delivered and sports, pastimes, &c., have been provided.

Preventive measures in the form of placing cities, or localities with evil reputations out of bounds ; policing of waysides, &c., have been carried out. Special attention has also been given to the early detection of the disease by regular inspection of new arrivals and surprise inspections, whilst every encouragement has been given to men to seek the earliest and best treatment. A certain amount of the incidence is due to the arrival of men from overseas ; but probably the greater number of cases are contracted whilst men are travelling or on leave, specially when passing through the great ports. In this connection the high incidence at Calcutta and Colaba (Bombay) should be noted.

PLAGUE.

13. There were 6 cases of plague with 4 deaths giving ratios of 0·1 and 0·05, respectively. In 1916 there were 8 admissions and 1 death. The cases occurred at :—Deolali 2, and one each at Neemuch, Kirkee, Colaba and Belgaum. Preventive inoculations were carried out freely on the discovery of the cases.

CHOLERA.

14. There were 17 admissions for cholera during 1917 with 13 deaths giving ratios of 0·2 and 0·16, respectively. British troops were thus very free from cholera during the year under report. In 1916, the admission ratio was 0·4 and for the quinquennium (1910-14) 0·3. The case mortality rate was high but it is hoped that this will be reduced by the new methods of treatment. Of the above cases, 7 occurred at Lahore in addition to 1 officer. The cases were very severe and 5 died. Cholera was prevalent in the cantonment and district at the time and the infection was probably fly-borne.

BERI-BERI.

15. There were 11 admissions for beri-beri with no death compared with 33 cases and no deaths in 1916. The cases occurred at the following stations :—Colaba 4, Poona 3, and one each at Rawalpindi, Lucknow, Kirkee and Secunderabad. There was no admission for serving.

HEATSTROKE.

16. There were 118 admissions and 12 deaths under this heading giving ratios of 1·5 and 0·15, respectively. In the Northern Army, there were 75 admissions with 11 deaths and in the Southern Army, 42 admissions and 1 death. These ratios are a considerable reduction on the previous year's figures which were

5·8 and 0·74. The quinquennial 1910-14 ratios were 1·9 and 0·22. This disease is largely dependent on meteorological conditions and the year 1917 was favourable being a very wet year. In addition, a greater proportion of the troops in 1917 were seasoned and realised more fully the importance of protective measures. The following stations showed the highest ratios:—

Station.	Admissions.	Ratios.	Station.	Admissions.	Ratios.
Attock ...	6	35·3	Ferozepore ...	7	5·3
Multan ...	11	27·2	Lahore ...	8	4·9
Colaba ...	17	7·2	Poona ...	10	3·9
Nowshera ...	13	7·2	Rawalpindi ...	7	2·0

PNEUMONIA.

17. There were 223 admissions for pneumonia and 29 deaths giving ratios of 2·8 and 0·36, respectively. In 1916, these ratios were 2·9 and 0·54 and in 1915 they were 2·7 and 0·38, whilst for the quinquennium (1910-14) the ratios were 2·4 and 0·26. These ratios are shown in the chart of air-borne diseases reproduced at the beginning of this report. There was no rise in the incidence of these diseases comparable to that which occurred among Indian troops. The admission and death ratios for the two armies were for the Northern Army 3·5 and 0·43, and for the Southern Army 2·0 and 0·30. The following stations reported the highest number of admissions:—Rawalpindi 25 with 1 death, Jullundur 19 with 2 deaths, Peshawar 15 with 1 death, and Quetta 7 with 1 death. At Rawalpindi, the increased incidence was attributed to inferior physique of the men a larger number of whom were obliged to be under canvas during the cold weather. The type of case was mild. The report from Quetta drew attention to the importance of the early recognition of associated malaria in these cases.

TUBERCULOSIS OF THE LUNG.

18. There were 119 admissions with 13 deaths, giving ratios of 1·5 and 0·16, respectively. In 1916, the ratios were 1·9 and 0·18 and in 1915, 1·1 and 0·11. For the quinquennium, 1910-14, the ratios were 1·1 and 0·16. For the Northern Army for 1917 the ratios were 1·4 and 0·20 and for the Southern Army 1·5 and 0·13. The ratios are shown in the chart at the beginning of the report. It will be seen that there has been no marked increase in the incidence of this disease during recent years. The cases were scattered widely throughout the country except for Kirkee where 19 occurred. It is reported of these that 8 were men under one year's service and probably contracted the disease before enlisting.

SCARLET FEVER.

19. There were only 16 admissions for this disease giving a ratio of 0·2, compared with 116 cases in 1916. There was no death. Eight of the cases occurred at Peshawar; they were all mild.

DIPHTHERIA.

20. The admissions were 64 with 3 deaths. In 1916, there were 69 admissions. The cases occurred at:—Quetta 21, Kirkee 12, Peshawar 8 with 1 death, Poona 8, Bangalore 7, Belgaum 2 with 1 death, and one case each at Ambala, Meerut (which proved fatal), Jubbulpore, Deolali, Secunderabad and Wellington.

RABIES.

21. At Kasauli, 71 men, 3 women and 6 children were treated for dog-bite. Four cases were returned as not requiring treatment. At Coonoor, 31 men received the treatment. One case of hydrophobia occurred. This was a man who had been bitten by a jackal in Mesopotamia. He was sent to Kasauli for treatment in July 1917 and died at Bangalore on August 22nd, 1917.

MEASLES.

22. There were 70 admissions for measles giving a ratio of 0.9. There was no death. In 1916, there were 21 admissions and no death and in 1915, there were 16 cases and no death.

OTHER RESPIRATORY DISEASES.

23. The admissions under this head totalled 1916 with 14 deaths, giving ratios of 23.7 and 0.17, respectively. The ratios for 1916 were 23.9 and 0.10. These figures are also charted in the graphs at the beginning of the report. Contrary to what might be expected the ratios were not less in the Southern Army than in the Northern; they were exactly equal for both admissions and deaths, *viz.*, 23.9 and 0.18, respectively. This also is in contrast to the figures for the Indian Army and is doubtless due to the fact that the British soldier is more accustomed to such climatic conditions as are experienced in the North-West Frontier.

SMALL-POX.

24. There were 35 admissions with 9 deaths giving ratios of 0.4 and 0.11, respectively. There were 2 cases but no death in the Northern Army and 32 cases and 9 deaths in the Southern Army. In 1916, there were 26 admissions with 4 deaths, and in 1915, 5 admissions with no death.

The cases in 1917 were sporadic except at Mhow where 14 occurred:—2 in March, 1 in May, 1 in July, 3 in November and 8 in December. Of these 14, four died and ten recovered.

INFLUENZA.

25. The admissions were 588, giving a ratio of 7.3. There was no death. In the Northern Army the admissions were 184 equivalent to a ratio of 4.7 and in the Southern Army 400, a ratio of 12.1. The following stations returned the largest numbers of admissions:

Belgaum	...	...	...	...	...	113
Colaba	...	...	...	...	...	107
Hyderabad	...	...	...	...	...	71
Lahore	...	...	...	...	...	44
Lucknow	...	...	...	...	...	42
Allahabad	...	...	...	...	...	33

Lucknow reported that there were 77 cases in the influenza and dengue group, all of which were very similar and really indistinguishable. The ratios of admissions for the last five years have been: 1913, 2.7; 1914, 2.9; 1915, 7.4; 1916, 6.6; 1917, 7.3. No death has been reported in any of these years.

CEREBRO-SPINAL FEVER.

26. There were 6 cases of cerebro-spinal fever with two deaths during the year. In 1916, there was one case and one death whilst in 1913, 1914 and 1915 no case occurred. The cases were reported from the following stations:—Rawalpindi 1, Lahore 1, Fyzabad 1, and Colaba 3. The two deaths occurred, one at Lahore and one at Colaba.

POISONING.

27. There were 84 cases of poisoning with 2 deaths. Last year there were 53 cases with 6 deaths. The following table gives the particulars for 1917:—

	Admissions.	Deaths.
Gas	2	...
Coal gas	1	...
Chlorine gas	2	...
Chloroform vapour	1	1
Lead colic	1	1
Oxalic acid	1	...
Kharsivan	1	...
Arsenobillon	1	...
Quinine	2	...
Food or Ptomaine	63	...
Stinging insects	9	...

The case of lead colic occurred in a man in the Flying Corps who had been working with dope:—it appears to have been complicated by dysentery. The death from chloroform occurred in a man suffering from status lymphaticus.

INVALIDING.

28. The total number of men invalided during 1917 was 1,337, a very similar figure to that of the previous year. The relatively high figures are chiefly due to the class of men joining garrison battalions. They are men who are below the standard required for active service. This fact is emphasised by noting the principal causes of invaliding which in order were:—Morbus cordis 206; insanity 103; tuberculosis of lung 94; diseases of nervous system 91; debility 86; diseases of ear 79; respiratory diseases 75; diseases of eye 70; malaria 62; diseases of digestive system 62. It will be seen that most of these are diseases likely to be found in men of comparatively low physique. The following table shows the more important causes of invaliding in each of the years 1912 to 1917:—

Diseases.	1912.	1913.	1914.	1915.	1916.	1917.
Syphilis	9	13	7	6	5	10
Malaria	3	5	5	9	20	62
Valvular disease of the heart and disordered action of the heart.	61	54	55	181	257	206
Debility	13	9	9	39	85	86
Tuberculosis of the lung	47	49	27	48	86	94
Dysentery	9	7	3	3	2	25
Insanity	28	44	34	4	42	103
Local injuries	42	35	25	36	78	59
Rheumatic fever including gout and osteoarthritis.	14	17	5	39	52	44
Enteric fever	6	2	...	...	5	11
Diseases of the nervous system other than epilepsy and mental.	36	37	14	52	71	91
Diseases of the ear	44	74	60	80	68	79
Diseases of the circulatory system other than valvular diseases of the heart and disordered action of the heart.	4	6	9	11	32	27
Diseases of the respiratory system	9	9	4	12	54	75
Epilepsy	24	26	30	31	41	41
Diseases of the liver	10	10	13	8	13	12
Diseases of the eye	22	35	10	87	90	70
Hernia	1	3	1	30	21	6
Gonorrhoea	2	9	12	3	...	3
Varix ... ..	...	...	...	21	45	4
Caries of the teeth ... ..	...	1	1	17	28	3
Diseases of the digestive system other than hepatitis, abscess of the liver, hernia and caries of the teeth.	9	11	7	40	68	62
All causes	474	530	364	889	1,343	1,337

OFFICERS.

29. The average strength of officers with British Units in 1917 was 3,273 against 2,328 in 1916. There were 3,160 admissions with 23 deaths, compared with 2,145 and 17 in 1916. The corresponding ratios are for 1917, 965·5 and 7·03, and for 1916, 921·4 and 7·30.

The chief diseases and their admission ratios were:—Malaria 150·3, diarrhoea 60·8, tonsillitis 38·5, sandfly fever 35·4, colitis 29·6, dysentery 26·9, bronchitis 23·5, gastritis 23·5, influenza 19·6, jaundice 18·9, dengue 17·7, pyrexia of uncertain origin 14·4, enterica 8·2.

The individual admission ratios for the principal diseases are compared with those for non-commissioned officers and men on page 2 of this report.

The admission ratio for all causes for officers was higher than that for non-commissioned officers and men being 965·5 against 771·7. The following table contrasts the health of officers with that of non-commissioned officers and men for the years 1915-17 and the quinquennium, 1910-14:—

Period.			RATIO PER 1,000 OF STRENGTH.					
			ADMISSIONS.		INVALIDS SENT HOME.		DEATHS.	
			Officers.	Non-Com-missioned Officers and men.	Officers.	Non-Com-missioned Officers and men.	Officers.	Non-Com-missioned Officers and men.
1910-14	...	...	567·5	567·2	16·30	7·03	5·14	4·51
1915	...	...	694·2	823·1	20·19	19·80	7·31	5·95
1916	...	...	921·4	772·0	36·08	22·11	7·30	6·54
1917	...	...	965·5	771·7	26·89	16·54	7·03	4·83

The incidence of enterica among the four groups, officers, non-commissioned officers and men, women, and children for 1917 is shown in the following table:—

		Officers.		Women.		Children.		Non-commissioned officers and men.	
		A.	D.	A.	D.	A.	D.	A.	D.
Actuals	...	27	2	5	1	13	...	276	33
Ratios	...	8·2	0·61	3·4	0·68	4·9	...	3·4	0·41

The causes of death among officers were:—Enteric fever 2, plague 2, gunshot wound 2, while cerebro-spinal fever, small-pox, malaria, pneumonia, alcoholism, anaemia, apoplexy, melancholia, aneurysm, degeneration of myocardium, broncho-pneumonia, appendicitis, cholecystitis, heatstroke, asphyxia from submersion, dislocation and fracture of the base of skull, each caused one death.

Fifty officers with British units were invalided during the year. The principal causes of invaliding were:—Malaria, tuberculosis of the lung, neurasthenia and colitis.

WOMEN.

30. The average strength of women during the year was 1,463 as against 1,554 in 1916. There were 668 admissions and 12 deaths giving ratios of 456.6 and 8.20, as compared with ratios of 421.5 and 5.79 for 1916.

The following are the principal causes of admissions with the actual numbers:— Debility 187, malaria 52, abortion 33, bronchitis 24, indigestion 16, intestinal dyspepsia 16, diarrhoea 11, enterica 5.

The following table shows the admission and death rates for the quinquennium (1910-14) and the succeeding years:—

								RATIO PER MILLE.	
								Admissions.	Deaths.
1910-14	...	...	...	...	...	...	...	504.3	7.09
1915	...	...	...	...	...	...	...	466.9	6.73
1916	...	...	...	...	...	...	...	421.5	5.79
1917	...	...	...	...	...	...	...	456.6	8.20

The following were the causes of deaths among women:—Malaria 2, and one each from enteric, small-pox, dysentery, tubercular meningitis, glioma, pyosalpinx, abortion, myocarditis, hernia and peritonitis.

CHILDREN.

31. The average strength of European soldiers' children in 1917 was 2,629 as against 2,830 in 1916. There were 935 admissions and 32 deaths giving ratios of 355.6 and 12.17, respectively. In 1916, the admissions were 1,015 and deaths 56 giving ratios of 358.7 and 19.79, respectively.

The admission and death rates per mille of strength for the principal diseases are shown below:—

Year.	Measles.		Bronchitis.		Malaria.		Diarrhoea.		Debility.	
	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
1916	68.2	1.52	35.7	1.06	27.8	0.36	24.6	0.36	22.8	0.36
1917	35.0	0.38	38.4	...	35.8	...	23.6	1.14	17.1	...

The following table shows the mortality ratios per 1,000 children for the quinquennium 1910-14 and the following years:—

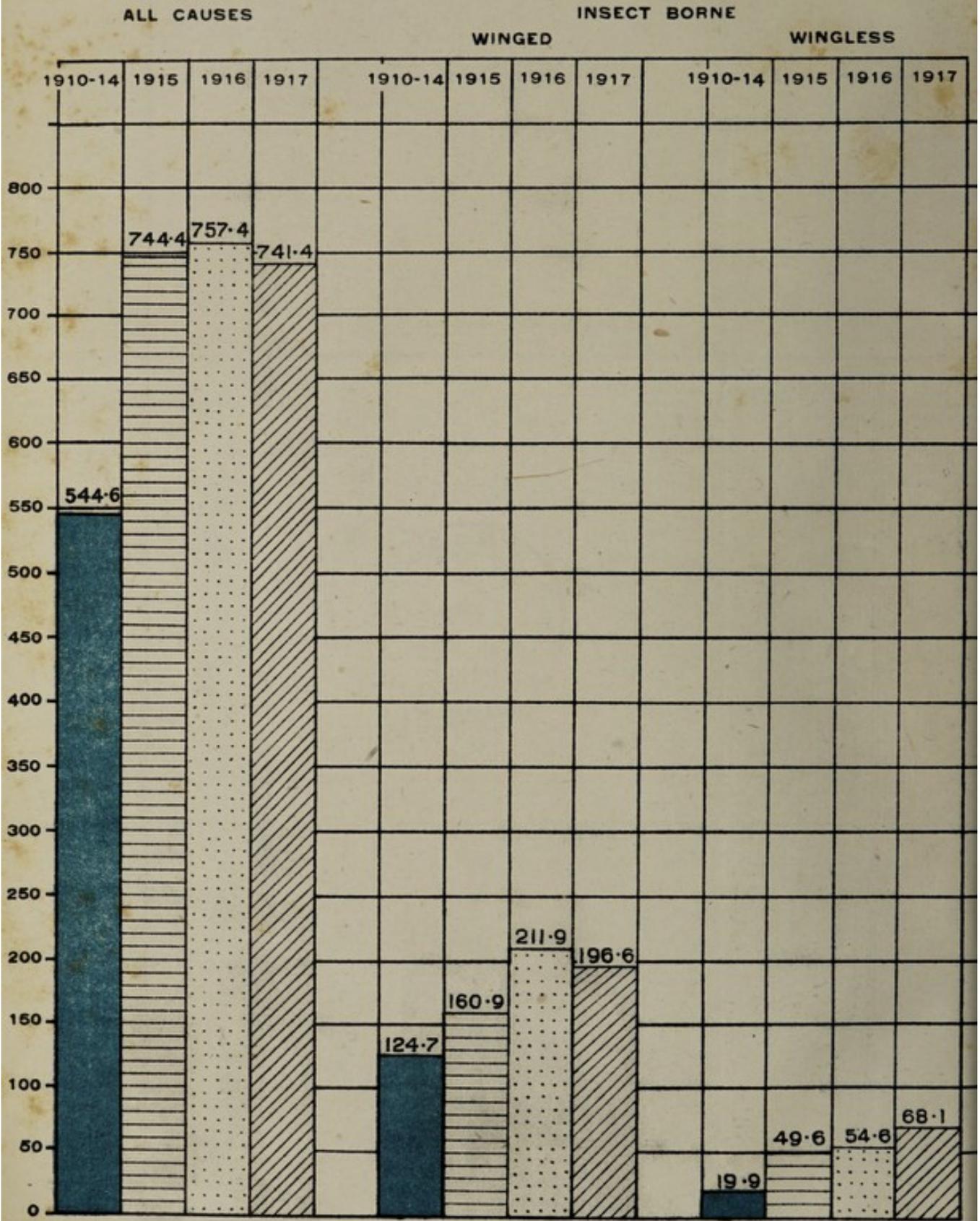
Period.					Under 6	Between 6	From 1 to 5
					months.	and 12	years.
					months.		
1910-14	...	...	...	...	127.9	55.3	14.6
1915	...	...	...	...	98.8	52.1	25.2
1916	...	...	...	...	117.6	32.6	15.4
1917	...	...	...	...	74.8	10.0	7.3

Key to Graphs—Indian Troops.

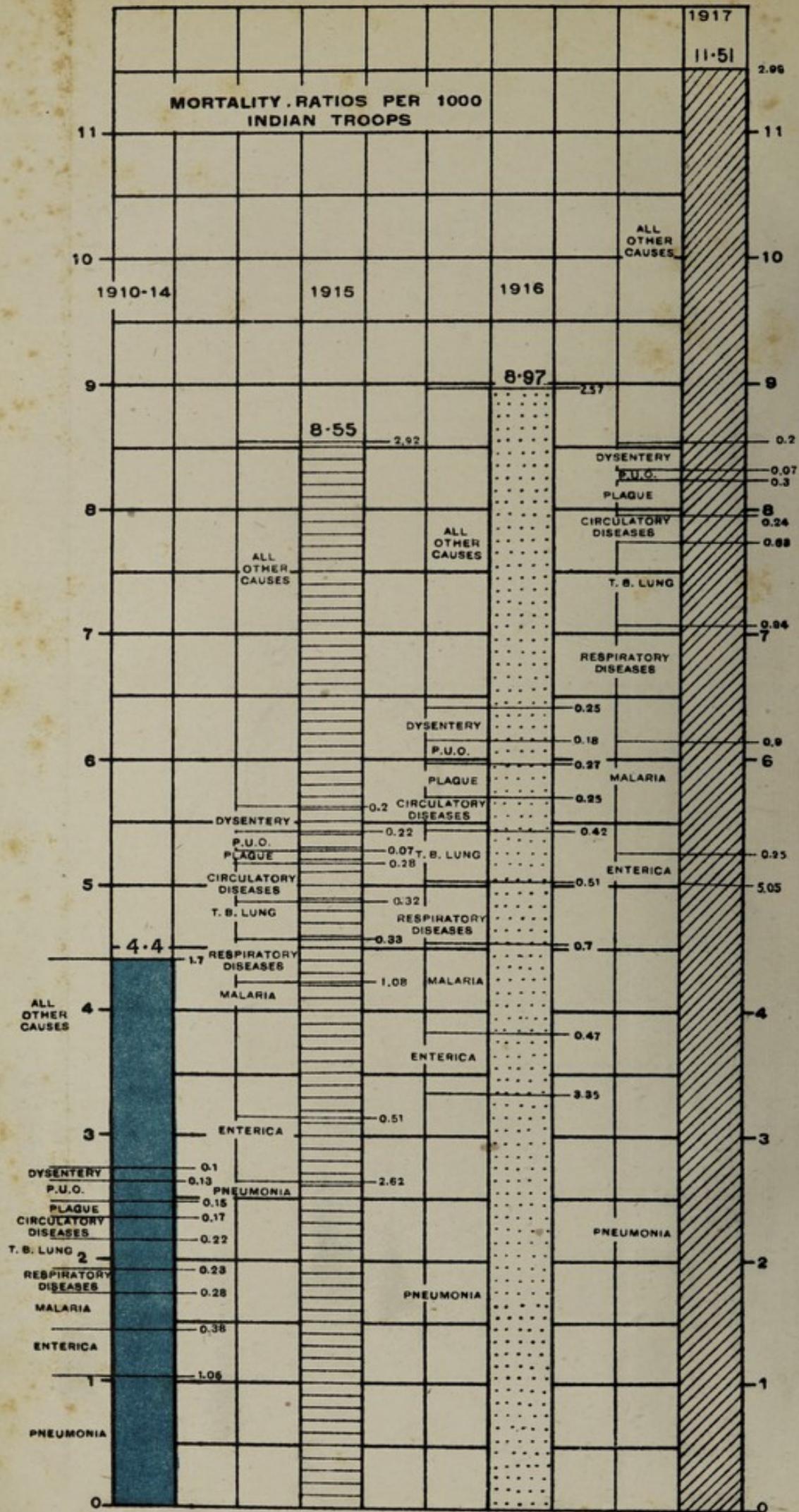
Period.	All causes.	Air-borne.	Food and water-borne.	Insect-borne.		Infectious diseases organism unknown.	Pyrexia of uncertain origin.	Diseases of direct contagion.	Food deficiency diseases.
				Winged.	Wingless.				
		Laryngitis. Bronchitis. Broncho-pneumonia. Pneumonia. Tubercle of lung. Whooping-cough. Diphtheria. Cerebro-spinal fever. Influenza.	Gastritis. Diarrhoea. Colitis. Enteritis. Dysentery. Hepatitis. Hepatic abscess. Enterica. Cholera.	Malaria. Sandfly fever. Dengue. Oriental sore.	Plague. Relapsing fever. Typhus. Kala-azar. Skin affection (e.g. scabies.)	Variola. Varicella. Scarlatina. Morbilli. Rubella. Mumps. Rheumatic fever.		Syphilis. Gonorrhoea. Soft chancre. Leprosy.	Scurvy. Beri-beri.
1910-14 ...	544.6	38.8	38.5	124.7	19.9	15.8	34.6	14.9	0.9
1915 ...	744.4	59.7	56.7	160.9	49.6	31.4	22.3	31.4	2.5
1916 ...	757.4	59.7	55.8	211.9	54.6	46.3	12.4	40.3	2.6
1917 ...	741.4	71.2	51.6	196.6	68.1	40.7	7.5	45.2	1.0



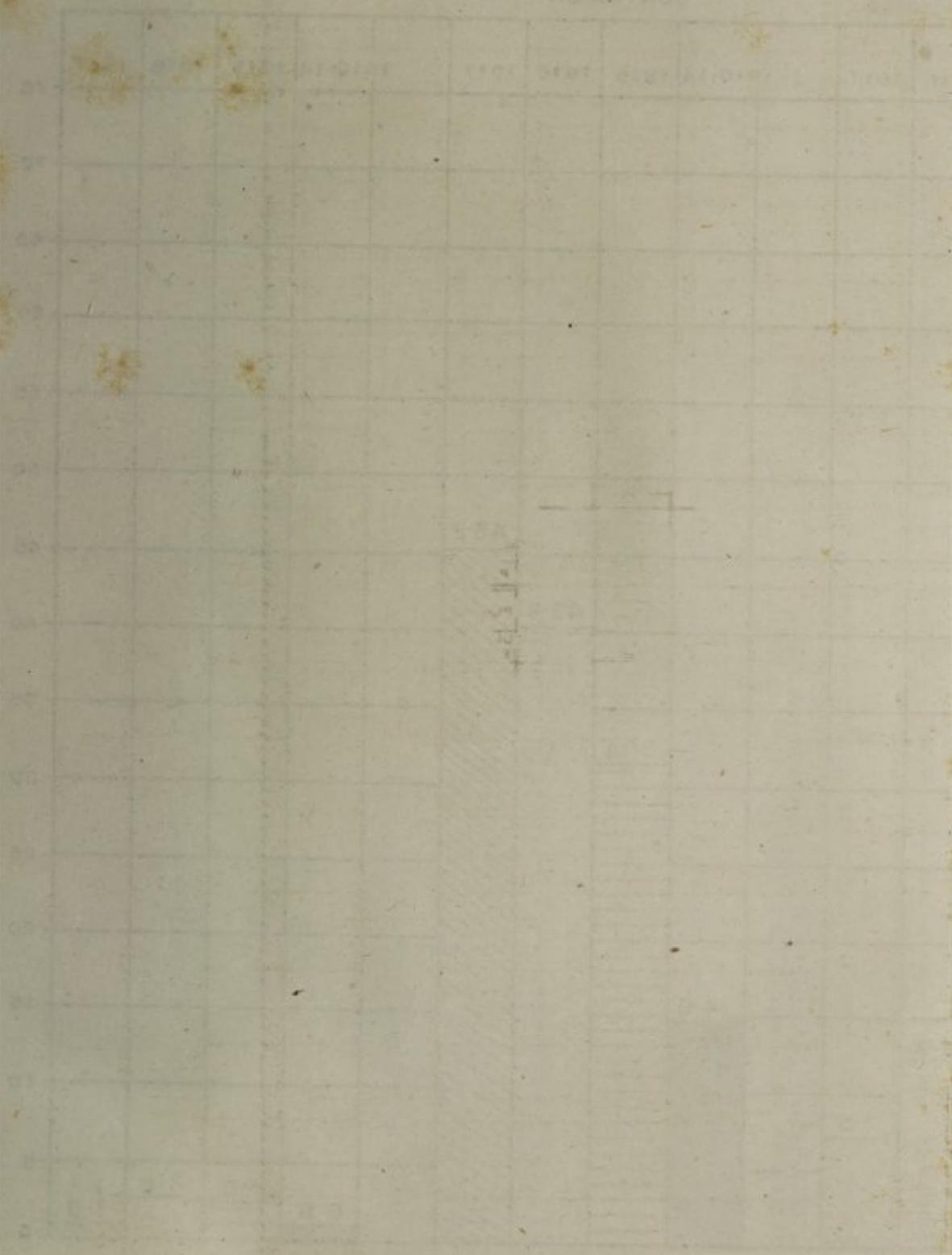
ADMISSION RATIO PER 1000
INDIAN TROOPS



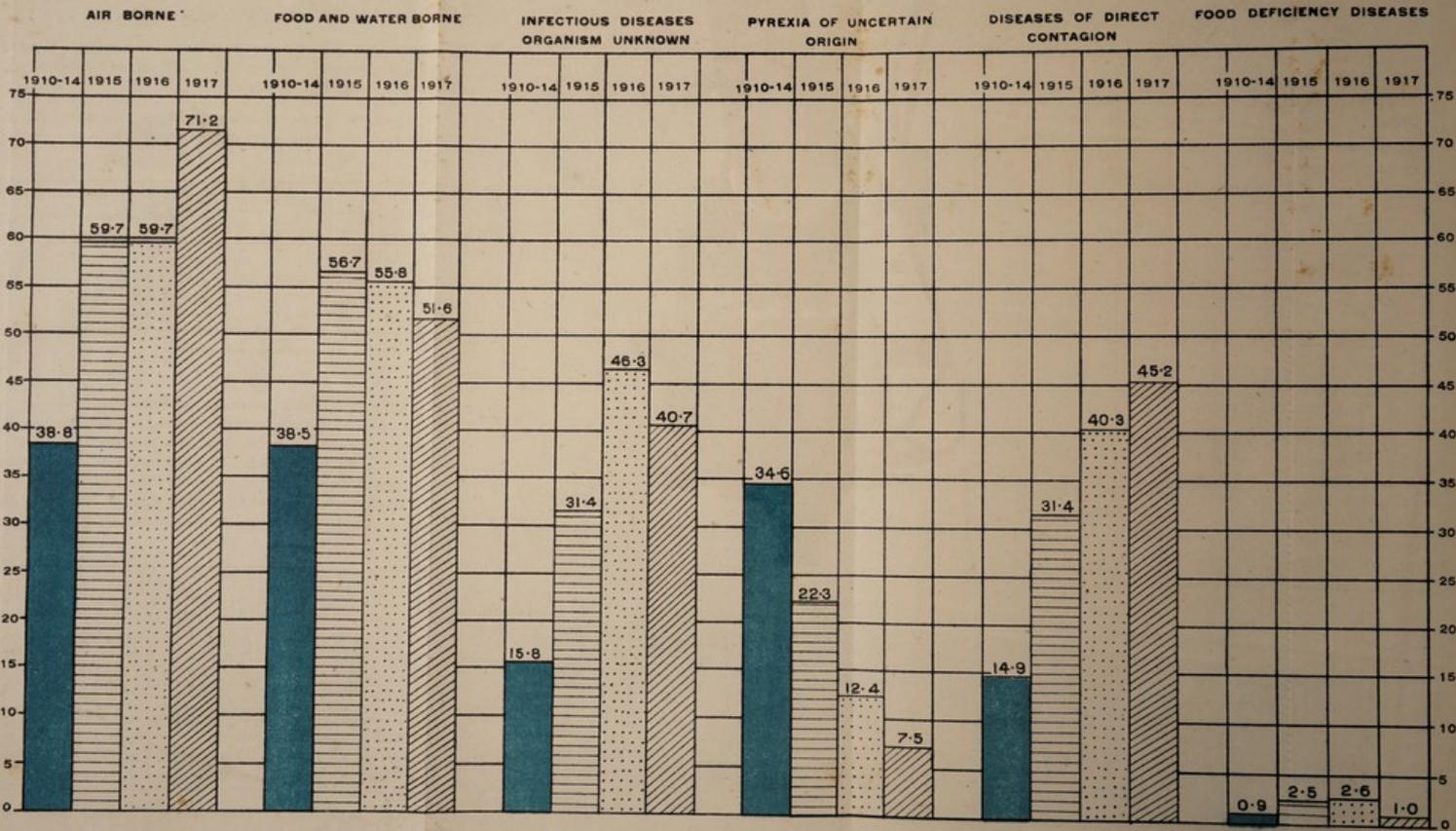




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ADMISSION RATIO PER 1000 INDIAN TROOPS



SECTION II.

INDIAN ARMY.

(From the Director, Medical Services in India.)

32. The average strength of Indian Troops including those on duty in China and other stations outside India, but excluding those under field service conditions, was 191,242 in 1917 as compared with 139,076 in 1916.

The following table gives the actuals and ratios of sickness, mortality and invaliding for each of the years 1917, 1916, 1915 and the averages for the quinquennial period 1910-14.

Period.	Average strength.	Admissions.	Deaths.	Invalids.	Average constantly sick.	Ratio per 1,000 of strength.			
						Admissions.	Deaths.	Invalids.	Average constantly sick.
1910-14 (average)	130,261	71,213	573	699	2,662	546.9 ^a	4.39 ^a	5.4 ^a	20.7 ^a
1915	119,985	89,315	1,026	5,415	4,065	744.4	8.55	45.1	33.9
1916	139,076	105,333	1,248	3,745	6,250	757.4	8.97	26.9	37.7
1917	191,242	141,787	2,201	3,421	6,556	741.4	11.51	17.9	34.3

^a Worked out on quinquennial aggregates.

ADMISSIONS.

33. There were 141,787 admissions for all causes as compared with 105,333 in 1916, the corresponding ratios being 741.4 and 757.4 showing a small decrease for 1917. This is accounted for by the smaller ratio for malaria, *viz.*, 184.6 against 200.4 in the previous year in spite of a severe epidemic in Secunderabad during 1917. There is no great variation in the admission ratios for the other diseases, excepting that for dysentery, for remarks concerning which see paragraph 51. The following table gives the admission ratios for the principal diseases in the years 1917, 1916, 1915 and the quinquennial period 1910-14.

	Influenza.	Cholera.	Small-pox.	Enteric fever.	Malaria.	Sandy fever.	Pyrexia of uncertain origin.	Plague.	Circulatory diseases.	Tubercle of lungs.	Pneumonia.	Respiratory diseases.	Dysentery.	Diarrhoea.	Hepatic abscess.	Hepatic congestion and inflammation.	Scurvy.	Anæmia and Debility.	Veneral diseases.	All causes.
1910-14	2.4	0.3	0.4	2.0	113.3	8.2	34.9	0.3	1.8	2.1	7.7	27.1	18.4	11.7	0.1	1.0	0.8	11.3	14.8	546.7
1915	2.2	0.7	0.3	2.2	148.5	13.9	22.3	0.2	4.6	2.8	12.9	42.2	22.6	18.2	0.1	1.2	2.0	20.8	81.3	744.4
1916	3.0	0.4	0.4	2.4	200.4	6.8	12.4	0.6	4.1	2.8	16.9	36.8	25.0	13.7	0.0	1.1	2.5	19.6	40.1	757.4
1917	1.8	0.7	0.3	1.0	184.6	8.2	7.5	0.6	3.3	2.9	21.8	44.4	13.8	13.7	0.1	1.0	0.7	15.7	34.0	741.4

There has been a marked increase in the incidence of respiratory diseases and pneumonia, *viz.*, 66.2 in 1917 against 53.7 in 1916. The diseases showing a decreased incidence are pyrexia of uncertain origin, malaria and the group which may be classed as bowel complaints *viz.*, cholera, enterica, dysentery, diarrhoea, hepatic abscess and hepatitis which together show a ratio of 30.3 for 1917 against 43.6 in 1916.

DEATHS.

34. There were 1,201 deaths in 1917 as against 1,248 in 1916, the corresponding ratios being 11·51 and 8·97 respectively. The following table gives the death-rates for the same diseases as in the former table and for the same periods.

	Infocana.	Cholera.	Small-pox.	Bubonic fever.	Malaria.	Sandfly fever.	Pyrexia of uncertain origin.	Plague.	Circulatory diseases.	Tubercle of lungs.	Pneumonia.	Respiratory diseases.	Dysentery.	Diarrhoea.	Hepatic abscess.	Hepatic congestion and inflammation.	Scorvy.	Anæmia and Debility.	Venereal diseases.	All causes.	
1910-14	0·18	0·01	0·38	0·28	...	0·13	0·15	0·17	0·22	1·05	0·22	0·10	0·03	0·03	0·01	0·01	0·06	0·04	4·40
1915	...	0·01	0·38	...	0·51	1·08	...	0·22	0·07	0·28	0·32	2·62	0·33	0·20	0·03	0·04	0·03	0·04	0·11	0·03	8·55
1916	0·24	0·06	0·47	0·70	...	0·18	0·27	0·25	0·42	3·35	0·51	0·25	0·07	0·03	0·02	0·04	0·09	0·05	8·97
1917	0·29	0·08	0·25	0·90	...	0·07	0·30	0·24	0·63	5·00	0·94	0·20	0·06	...	0·02	0·01	0·08	0·04	11·51

There has been a rather marked rise in the death rate *vis.*, 2·54. This is due to the increase in the incidence and death rate of respiratory diseases and pneumonia, *vis.*, 5·94 in 1917 against 3·86 in 1916; whilst pulmonary tuberculosis, another disease of the respiratory organs, and malaria also show a smaller increase. Pneumonia has shown a further record figure for recent years accounting as it does for 43·43 per cent of all deaths as against 37·34 per cent last year. The diseases showing a decreased death rate are the same as for the admission rate *vis.*, the bowel group which shows a rate of 0·82 in 1917 against 1·08 in 1916.

In China the average strength of troops serving was 1,321, their admission and death rates being 215·0 and 3·03 per 1,000, respectively, as compared with 295·3 and 3·13 for 1916. The actual admissions in 1917 numbered 284 and the deaths 4. The principal causes of admissions, given in order of frequency beginning with the highest, were venereal diseases, respiratory diseases, malaria, anæmia and dysentery. The deaths were due to tubercle of lungs 1, pneumonia 1; hæmorrhage of brain 1, and ankylostomum duodenale 1.

In Ceylon troops were only maintained for one month (January) during which period the average annual strength was 61. The actual admissions were 24 with no death, equivalent to rates of 393·4 and 0·00, respectively. The admissions were for dysentery 7, venereal diseases 7, anæmia 2, pneumonia 1.

In Nepal there was an average annual strength of 67 with 19 admissions and no death. The ratios were 283·6 for admissions and 0·00 for deaths. The diseases in order of highest frequency were:—malaria, pyrexia of uncertain origin, dysentery and respiratory diseases.

In Berbera there was an average annual strength of 127 with 51 admissions and 1 death, giving ratios of 401·6 and 7·87 respectively. Pyrexia of uncertain origin 15, venereal diseases 9, malaria 6, diarrhoea 3, anæmia and debility 2, and tubercle of lung 1 were the diseases in order of frequency.

NORTHERN AND SOUTHERN ARMIES. DIVISIONS.

35. The Northern Army, as previously, had greater sick and death ratios than had the Southern Army though the difference is smaller. The ratios for

admissions and deaths respectively were 754·3 and 12·47 in the Northern Army against 725·7 and 10·32 in the Southern Army.

The admission ratio of 1,286·5 for the Frontier Brigades (Kohat, Bannu and Derajat Brigades) was higher than that of any of the Divisions. The 1st (Peshawar) Division ratio was 893·1 and the Poona Division ratio 810·2, these being the highest; whilst the 8th (Lucknow) Division ratio of 591·1 was the lowest.

STATIONS AND REGIMENTS.

36. Of stations having an average strength of 1,000 or over the following table shows the twelve having the highest admission rates :—

Station.	Strength.	Admission rate.	Death rate.
Miranshah	1,324	1,934·3	34·97
Tank	1,267	1,590·4	37·88
Dera Ismail Khan	1,922	1,571·3	39·02
Bannu	2,288	1,563·8	25·29
Ahmednagar	1,741	1,156·8	8·61
Lahore Cantonment	3,344	1,141·4	20·63
Cawnpore	1,320	1,092·4	3·79
Karachi	3,396	1,070·7	11·48
Mardan	2,141	1,059·8	9·34
Almora	1,495	1,048·8	12·04
Secunderabad	3,202	1,034·7	9·99
Mhow	2,291	1,034·0	9·17

The corresponding table to the above showing the ten regiments having the highest admission rates is not given this year as, owing to the present conditions, it would be of little value.

INFLUENZA.

37. The ratio was 1·8 for admissions against 3·0 in 1916. There were no deaths. The Northern Army ratio was 2·4 and the Southern Army 0·9. In Bakloh there was an epidemic during the end of 1916 and beginning of 1917, giving ratios for these years of 145·0 and 126·7 respectively. It is noted that pneumonia prevailed at the same time.

CHOLERA.

38. The actual admissions for cholera were 142 with 56 deaths, giving ratios of 0·7 and 0·29 respectively. This is an increase over last year. It is due to the greater incidence in the Northern Army which gives a ratio of 1·0 this year against 0·4 last year. The stations showing the highest ratios are Lahore

Cantonment 25·7, Trichinopoly 20·8, Bellary 6·7, Dinapore 5·4, but the actual numbers were small with the exception of Lahore where an outbreak caused 86 cases among Indian troops and 7 cases among British troops. It is reported to have been an extremely mild type of infection. At Lahore the source was traced to cases in the neighbouring village of Gunj, and the first and greatest number of cases occurred in the Transport units nearest the village. Beyond these lines the cases were sporadic. It is probable that direct contact was responsible for the production of the disease, and that the sporadic cases were fly borne. In Trichinopoly a short epidemic lasted 8 days during which 15 cases occurred. The infection was probably water borne.

SMALL-POX.

39. There were 54 cases with 5 deaths, giving ratios of 0·3 and 0·03 respectively as against ratios of 0·4 and 0·06 in 1916. No noticeable outbreaks occurred and the state of vaccination was satisfactorily maintained.

ENTERICA.

40. The returns for enteric diseases for 1917 among Indian troops have been very satisfactory. The total number of admissions was 200 and of deaths 48, yielding ratios of 1·0 and 0·25, respectively, against 2·4 and 0·47 for 1916 and 2·0 and 0·38 for the quinquennial period 1910-14. The Northern Army reported rather greater ratios, 1·2 and 0·29, than did the Southern Army, 0·9 and 0·21.

The following are the ten stations with a strength of over 1,000 which showed the highest admission ratios:—Bannu 5·2, Mhow 4·8, Fyzabad 4·4, Mardan 3·7, Fort Sandeman 3·7, Almora 3·3, Agra 3·2, Rawalpindi 3·1, Baroda 3·1, Kohat 2·8. There have been no epidemics of any importance except in Kohat where there was a small outbreak of ten cases of typhoid, including one British officer, and 4 of paratyphoid A including two British officers. A typhoid carrier was detected and the soda water was found to be contaminated with *B. coli communis*. In Bannu nine cases of typhoid occurred which were attributed to the men drinking water from polluted nallas. Seventy-six stations out of the total of 137 were able to return an absence of admissions for enteric diseases.

The following table shows the admissions and deaths for enterica among Indian Troops for the last 3 years and the quinquennium:—

Period.	ADMISSIONS.		DEATHS.	
	Actuals.	Ratio per mille.	Actuals.	Ratio per mille.
1910-14 (averages)	257	2·0*	49	0·38*
1915	258	2·2	61	0·51
1916	239	2·4	66	0·47
1917	200	1·0	48	0·25

* Worked out on quinquennial aggregates.

A circular letter No. 18725-3 (D.M.S.-5), dated December 21st, 1917 has been issued in which it is directed that on and after the 1st of January 1918 the

classification of enteric fevers under 13 *Enteric Fever* in the Nomenclature of Diseases 1906, will be as follows:—

- 13*a* Typhoid fever.
- 13*b* Paratyphoid A.
- 13*c* Paratyphoid B.
- 13*d* Enteric group.

The diagnosis *a*, *b* and *c* will be based on the isolation of the specific organism; whilst that under *d* will be reserved for cases diagnosed clinically, or on a rising Gruber-Widal reaction, in which the organism cannot be isolated. The effect of this alteration should be reflected in future reports in a slight increase in the number of cases diagnosed under enteric fever and a corresponding decrease in the cases diagnosed pyrexia of uncertain origin.

MALARIA.

41. The admission rate for 1917 was 184·6 per mille with a death rate of 0·9 compared with 200·4 and 0·7 for 1916. There has thus been an appreciable reduction during this year though, compared with the ratio 113·3 for the quinquennial period 1910-14, the incidence was still high and malaria remains by far the most frequent cause of admissions to hospital, the next highest cause being venereal diseases 45·0 and respiratory diseases 44·4. The actual admissions for the year were 35,298 with 173 deaths against 27,917 with 97 deaths in 1916.

The factors that were stated to be operative in contributing to the increase in the Northern Command in 1916 continued during 1917. In addition, however, an excessive and unevenly distributed rainfall throughout India gave rise to epidemics, the severest of which occurred at Secunderabad where there were 1,660 admissions giving a ratio per 1,000 of 518·4. Infection brought by troops returning from various campaigns particularly Waziristan was responsible for an increase in the incidence of the disease.

Table showing the ten stations, with average strength of over 1,000, having the highest malaria admission rates.

Miranshah	...	...	...	...	...	807·4
Dera Ismail Khan	...	...	...	...	...	711·2
Bannu	...	...	...	...	...	684·4
Tank	...	...	...	...	...	613·3
Secunderabad	...	...	...	...	...	518·4
Fort Sandeman	...	...	...	...	...	489·8
Dharmasala	...	...	...	...	...	461·9
Karachi	...	...	...	...	...	393·4
Hyderabad (Sind)	...	...	...	...	...	382·1
Bakloh	...	...	...	...	...	274·9

Many stations reported the use of quinine as a prophylactic. It was given in various ways the commonest being ten grains on each of two consecutive days in each week. Many attributed a decreased incidence to this use of quinine especially

those who administered five grains-daily during the period of seasonal prevalence. A few stations reported no benefit from its use.

The Senior Medical Officer, Bakloh, makes the interesting observation that "although the summers of 1916 and 1917 were similar in respect of meteorological conditions yet anopheline mosquitos were numerous in 1916 but very few in 1917, and bugs likewise were dreadfully numerous in 1916 but remarkably few in 1917. On the other hand spiders were conspicuous by their absence in 1916 but flourished amazingly in 1917." In 1916 Bakloh had 996 admissions with a ratio of 454.2 and in 1917, 538 with a ratio of 274.9.

By order of the Government of India a special Army Headquarters Committee was held at Secunderabad to consider (1) the causes and the nature of the increased prevalence of malaria in Secunderabad and (2) the measures necessary to deal with the situation. Owing to the fact that both British and Indian troops had arrived at the station from overseas where they had been heavily infected with malaria, there was a generally accepted idea that the severe outbreak had been caused by the importation of infection from abroad. The Committee concluded that this was not the explanation of the outbreak because troops stationed at Secunderabad suffered considerably from malaria before the arrival of the heavily infected troops; and infection also appears to have been widespread in Secunderabad Town and the adjacent parts of Hyderabad before their arrival. But it was not maintained that the arrival of large numbers of infected men had been productive of no harm.

Though the symptoms were of increased severity, there was no evidence that the type of the disease had changed. During the three previous years benign tertian, according to the Brigade Laboratory findings, accounted for the following percentages of admissions:—in 1915, 89.2; in 1916, 74.2, and in 1917, 93.0.

There can be little doubt that the excessive rainfall in Secunderabad during the three previous years was very largely responsible for the malaria outbreak. Also the unusual seasonal distribution of the rainfall, especially heavy falls in March, seemed to be an important factor.

Finally the Committee devoted attention to the natural features of the cantonment, swamps, wet cultivation and numerous large tanks.

SANDFLY FEVER.

42. The total admissions for the year were 1,560 with no death giving ratio of 8.2 and 0.00 as against 6.8 and 0.00 for 1916. The following stations returned the highest rates:—Thal 203.8, Mardan 161.6, Kohat 128.8; and the following regiments:—4-3rd Queen Alexandra's Own Gurkha Rifles 439, Queen Victoria's Own Corps of Guides 248, and 1-3rd Queen Alexandra's Own Gurkha Rifles 118.

PYREXIA OF UNCERTAIN ORIGIN.

43. There were 1,442 admissions with 13 deaths giving ratios of 7.5 and 0.07 respectively. This is less than in 1916 when the figures were 1,726 admissions with 25 deaths, ratios of 12.4 and 0.18, respectively. These rates are very much lower than those of the quinquennial period 1910-14 which were 34.9 and 0.13, respectively. There is a marked difference in the ratios reported by the two armies the figures being, Northern Army 10.9 and 0.08 and Southern Army 1.4 and 0.06. The diagnosis of "pyrexia of uncertain origin" is at all times to be regarded as unsatisfactory and the steady and marked reduction recorded is gratifying.

DENGUD.

44. There were 296 admissions giving a ratio of 1.5. There were no special outbreaks. The following stations had most admissions :—Rangoon 83, Fort William 67, Cawnpore 49, Alipore 36, Fyzabad 24, Thayetmyo 23, and Mandalay 10.

MEDITERRANEAN FEVER.

45. There was one admission with no death against 5 in 1916. The case was at Quetta.

KALA-AZAR.

46. There were 9 admissions and 4 deaths against 3 cases and 2 deaths in 1916. The cases occurred at :—Ferozepore 7, Dehr Duna 1, and Lansdowne 1.

RELAPSING FEVER.

47. There were 36 admissions with 5 deaths against 7 cases and one death in 1916. A small epidemic of 7 cases occurred at Bareilly where the disease is endemic in the City ; and 7 cases in Lahore Cantonment stated to have originated in recruits from the Lucknow district.

BERI-BERI.

48. There were 57 admissions with 5 deaths compared with 10 admissions and no death in 1916. An outbreak occurred in Quetta causing 40 cases with 4 deaths. A Court of Inquiry was held and concluded that two factors were concerned in the causation :—

- (1) The affected units were drawing a whole rice ration.
- (2) The ration rice as issued by the Supply and Transport Corps after it had been passed, by a Committee of Indian Officers, was of poor quality.

The outbreak occurred during August. It was stopped at once by :—

- (1) Change of ration from whole rice to 2-3rd rice and 1-3rd atta.
- (2) The issue of extra vegetables, milk and meat to the affected units for one month.

Special India Army Order dated January 15th 1917 and India Army Order No. 96, dated January 22nd 1917 sanctioned the issue of free rations to all combatant Indian ranks of the Indian Army except when on furlough or on leave. This ration consists of—

Atta or rice	...	...	1½ lb.
Dal	...	...	3 oz.
Ghee	...	...	2 oz.
Goor	...	...	2 oz.
Potatoes	...	...	2 oz.

The above ration is supplemented by a monetary allowance of annas 10 per month to each man.

Army Department letter No. 7109, dated May 15th, 1917 empowers General Officers Commanding Divisions and Independent Brigades to issue extra rations, for 30 days at a time, to Indian troops, who are in receipt of free rations, in special circumstances, *e.g.*, hard work or exposure to severe weather.

TUBERCULOSIS OF THE LUNG.

49. The admission rate for this disease for 1917 was 2.9 with a death rate of 0.63, the actual figures being 557 and 120 respectively. The ratios for 1916 were 2.8 and 0.42. The ratio for admissions in 1917 was for the Northern Army 3.2 and for the Southern Army 2.4. The following stations with strength over 1,000 show the highest ratios:—Lansdowne 12.1; Nasirabad 11.9; Dharmasala 9.7; Almora 7.4; Quetta 6.9; Rawalpindi 6.8; Fort William 6.4; Cawnpore 6.1; Dera Ismail Khan 5.7; Jhelum 5.5.

The admission rate among Gurkhas was 6.7 with a death rate of 2.28. This admission rate compares unfavourably with that of 4.2 for the previous year and is the highest since 1903.

PNEUMONIA.

50. This disease was responsible for an admission rate of 21.8 with a death rate of 5.0 whilst the actuals were 4,161 and 956 respectively. The corresponding figures for 1916 were ratios of 16.9 and 3.35 and actuals of 2,357 and 466 whilst the ratios for the quinquennium 1910-14 were 7.7 and 1.05. This marks a rather serious increase both of incidence and mortality. Pneumonia accounted for 43.43 per cent of the total number of deaths. Its incidence has shown a steady increase commencing noticeably in 1915 and corresponding with an increase in all respiratory diseases with which pneumonia, for comparative purposes, may be classed. The reports from stations indicate that the circumstances connected with war conditions are chiefly responsible for their increase. It has been noted in several stations that many cases occur in recruits, especially those joining hill stations; and that they are attacked soon after their arrival and before they have been issued with the warmer clothes or bedding required; that even after the issue of these the younger recruits go down more readily than the "harder" sepoy; and that common colds, catarrhs, bronchitis and pneumonia have spread more readily in many stations owing to the greater number being accommodated, even if there have not been overcrowding. The poor state of nutrition of many recruits on joining is no doubt also a determining factor.

DYSENTERY, COLITIS AND DIARRHŒA.

51. There were 2,631 admissions for dysentery with 38 deaths giving ratios of 13.8 and 0.20, respectively. The corresponding ratios for the previous year were 26.0 and 0.25. The differential diagnosis between dysentery, colitis and diarrhœa is probably still undetermined in a considerable proportion of cases and therefore for comparative purposes these may be grouped together as in the following table:

Period.	DYSENTERY.		COLITIS.		DIARRHŒA.		COMBINED RATE.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
1910-14	18.4	0.10	3.4	0.01	11.7	0.03	33.5	0.14
1915	22.6	0.20	10.1	0.03	18.2	0.23	50.8	0.46
1916	26.0	0.25	10.4	0.08	13.7	0.07	50.1	0.40
1917	13.8	0.20	20.1	0.20	13.7	0.06	47.6	0.46

It will be seen that the marked drop in the dysentery ratio is largely counter-balanced by the rise in the colitis ratio during the year whilst the diarrhoea ratio is the same.

SCURVY.

52. During the year 136 admissions and 2 deaths gave a ratio of 0·7 and 0·01 respectively. This is a satisfactory reduction on the 1916 ratios which were 2·5 and 0·04. Cases occurred as follows:—Tank 11, Quetta 11, Dera Ismail Khan 8, Rangoon 8, Chaman 7, Kohat 7, Jullundur 6, Karachi 6, Dharmasala 6, Aurangabad 5, Poona 5, Bannu 4, Ahmedabad 4, Mardan 3, Ferozepore 3, Ahmednagar 3.

VENEREAL DISEASES.

53. There were 8,612 admissions for these diseases with 8 deaths giving ratios of 45·0 and 0·04 respectively. This shows an increase on the figures for 1916 when the ratios were 40·1 and 0·05 per 1,000 of strength. In the two armies the admission rates were for the Northern 40·4 and for the Southern 53·2 against corresponding rates of 32·5 and 54·3 in 1916. The chief factor determining this increase was doubtless, as in the previous year, the large number of young recruits constantly joining stations and replacing the trained troops going on active service; reference may be made to the remarks on this subject in last year's report. The following stations show the highest admission ratios:—Fort Dufferin 159·2; Poona 118·5; Belgaum 114·6; Bangalore 88·7; Bareilly 87·5; Lahore Cantonment 85·6; Karachi 84·8.

CEREBRO-SPINAL FEVER.

54. There were 63 cases and 36 deaths. In Secunderabad there were 6 cases all fatal. One occurred on April 12 and a second on May 14; the latter was the case of a man who had returned from Mesopotamia one month before. The four remaining cases occurred on the 27th and 29th of September and the 1st and 11th of October, respectively. They were all in recruits. In none of these cases was the source of infection traced. At the New Cantonments, Delhi, cases of infection by the diplococcus of Weichselbaum occurred, but the exact number is not known as the symptoms in several cases simulated either bronchitis, pneumonia or enteric fever. In April throat swabs of the entire depot and staff of the 92nd Punjabis were taken and showed that 60 out of 1,407 men were harbouring the organism. In December, after another case occurred, 1,100 throats were examined and of these 118 were found to contain the organism.

PLAGUE.

55. There have been 121 admissions with 58 deaths giving ratios of 0·6 and 0·30, respectively. In 1916 the ratios were 0·6 and 0·27. In the Northern Army for 1917 the ratios were 0·2 and 0·10, and in the Southern Army 1·3 and 0·64. In Cannanore there was an outbreak in the depot of the Wallajhabad Light Infantry starting with two cases of pneumonic plague and followed by fourteen cases of bubonic type of which six proved fatal.

The following stations reported the greatest number of cases.—Rawalpindi 18, Cannanore 16, Saugor 15 and Bangalore 13.

SUICIDES.

56. There were 18 deaths under this heading in 1917, and the following were the causes:—Gunshot wound 8; asphyxia by hanging 3, and by drowning 4; poisoning by arsenic 2, and cut-throat 1.

GUINEA-WORM.

57. There were 596 admissions for this disease compared with 573 cases in 1916, the ratios being 3·1 in 1917 and 4·1 in 1916.

The stations showing the highest number of admissions were Poona 72, Belgaum 58, Karachi 44.

An interesting case was reported from Mhow. The man was admitted into hospital for traumatic synovitis of the right knee joint with profuse effusion. There was hectic temperature and suppuration was evident. The joint was aspirated with Potain's aspirator and a large quantity of pus removed. At the end of the operation the canula was blocked; and on removal it was found that a complete guinea-worm entirely filled the canula. The case was completely cured.

INVALIDING.

58. The number of troops invalided from the Indian Army was 3,421 and the ratio 17·88. The principal causes were:—respiratory diseases 288, malaria 260, anæmia and debility 252, tubercle of lungs 235, injuries 220, gonorrhœa 179, and syphilis 174.

BRITISH OFFICERS.

59. The average strength of the British Commissioned Officers with Indian troops during 1917 was 1,937 against 1,429 in 1916. The total admissions from all causes were 1,412 with 11 deaths compared with 895 and 6 deaths in 1916, giving ratios of 729·0 and 626·3 for admissions and 5·68 and 4·2 for deaths respectively.

The principal causes of admissions were:—malaria 324, injuries 161, diarrhœa 64, pyrexia of uncertain origin 61, sandfly fever 55, respiratory diseases 53, colitis 51, dysentery 34, enterica 23.

The causes of death were:—enterica 5, diphtheria 1, pyæmia 1, hydrophobia 1, heat-stroke 1, injury 1, circulatory diseases 1.

NEPALESE CONTINGENT.

60. The average strength of troops was 8,597 as compared with 9,851 in 1916. The total admissions were 4,486 and deaths 51 as against 4,839 and 97 in the previous year. The ratios were 521·8 and 5·93 for 1917 against 496·3 and 9·85 for 1916. The constantly sick rate was 25·4 in 1917 against 24·8 in 1916. The following gives the totals and ratios in the two groups of stations.

Station.	Strength.	Admissions.	Deaths.	Constantly sick.
Hasan Abdal and Kakul	5,052	2,683	32	117·07
Dehra Dun, Ambala and Mussoori	3,545	1,803	19	101·08
Total	8,597	4,486	51	218·15
Ratio ... ..	...	521·8	5·93	25·4

Diseases.	Admissions.	Deaths.
Enteric fever	46	7
Malaria	1,508	4
Pyrexia of uncertain origin	55	4
Mumps	97	...
Beri-beri	35	...
Circulatory diseases	32	...
Tubercle of lungs	44	16
Pneumonia	44	10
Respiratory diseases	179	3
Dysentery	130	...
Diarrhoea	66	...
Hepatic congestion and inflammation	3	...
Scurvy	3	...
Gonorrhoea	60	...
Syphilis	30	1
Soft chancre	75	...
Anæmia and debility	347	...
All causes	4,486	51

Diseases.	Admission rate per 1,000.	Death rate per 1,000.
Malaria	175.4	0.47
Anæmia and debility	40.4	...
Respiratory diseases	20.8	0.35
Venereal diseases	19.2	0.12
Dysentery	15.1	...
Mumps	11.3	...

Regiments.	Strength.	Admissions.	Deaths.	Constantly sick.
1st Rifle Regiment ... (Hasan Abdal and Kukal.)	738	827	2	37.64
Shamsher Dal Regiment ...	898	553	3	23.17
Purana Gorakh Regiment ...	761	317	5	14.01
Pasupati Prashad ...	873	356	4	13.25
Sher Regiment ...	743	314	9	11.89
Sirinath Regiment ...	990	300	7	16.67
Kalibahadur Regiment ... (Dera Dun, Ambala and Mussoori).	1,020	439	5	25.50
2nd Nepalese Rifles ...	1,005	474	7	30.00
Mohindra Dal Regiment ...	583	443	5	24.63
Sabuz Regiment ...	937	447	2	20.95

Unit.	Strength.	Malaria.		Anæmia and debility.		Respiratory diseases.		Venereal diseases.		Dysentery.		Mumps.
		A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.
Kalibahadur Regiment ...	1,020	128	...	38	...	32	1	20	...	5	...	...
		125.5	...	37.3	...	31.4	0.98	19.6	...	4.9	...	...
2nd Nepalese Rifles ...	1,005	150	3	35	...	16	1	31	1	7	...	8
		149.3	2.99	34.8	...	15.9	1.00	30.8	1.00	7.0	...	...
Mohindra Dal Regiment ...	583	118	...	48	...	8	1	19	...	12	...	2.3
		202.4	...	82.3	...	13.7	1.72	32.6	...	20.6	...	...
Sabuz Regiment ...	937	158	...	34	...	3	...	27	...	21	...	...
		168.6	...	36.3	...	3.2	...	28.8	...	22.4	...	...
1st Rifle Regiment ...	738	288	...	44	...	43	...	12	...	36	...	36
		390.2	...	59.6	...	58.3	...	16.3	...	48.8	...	48.8
Shamsher Dal Regiment ...	898	204	...	66	...	6	...	14	...	11	...	19
		227.2	...	73.5	...	6.7	...	15.6	...	12.3	...	21.2
Purana Gorakh Regiment ..	761	145	...	9	...	18	...	10	...	7	...	6
		190.5	...	11.8	...	23.7	...	13.1	...	9.2	...	7.9
Pasupati Prashad ...	873	118	...	19	...	27	...	8	...	12	...	11
		135.2	...	21.8	...	30.9	...	9.2	...	13.7	...	12.6
Sher Regiment ...	743	95	...	26	...	18	...	13	...	18	...	11
		127.9	...	35.0	...	24.2	...	17.5	...	24.2	...	14.8
Sirinath Regiment ...	990	102	...	25	...	7	...	10	...	...	...	6
		103.0	...	25.3	...	7.1	...	10.1	...	...	...	6.1

Small figures indicate actuals.
Black figures indicate ratios per mille.

IMPERIAL SERVICE TROOPS.

61. The average strength of Imperial Service Troops serving during the year was 1,359 as against 1,886 in 1916. They were stationed in Meerut, Bannu, Rawalpindi, Deolali, Karachi, Chaman and Aurangabad. The following table gives the principal figures for the year :—

Average strength	...	...	...	...	1,359
Admissions	...	...	...	...	631
Admission rate	...	...	...	...	644.3
Deaths	...	...	...	...	10
Death rate	...	...	...	...	7.36
Average number constantly sick	...	...	...	...	26.75
Ratio per 1,000 constantly sick	...	...	...	...	19.7

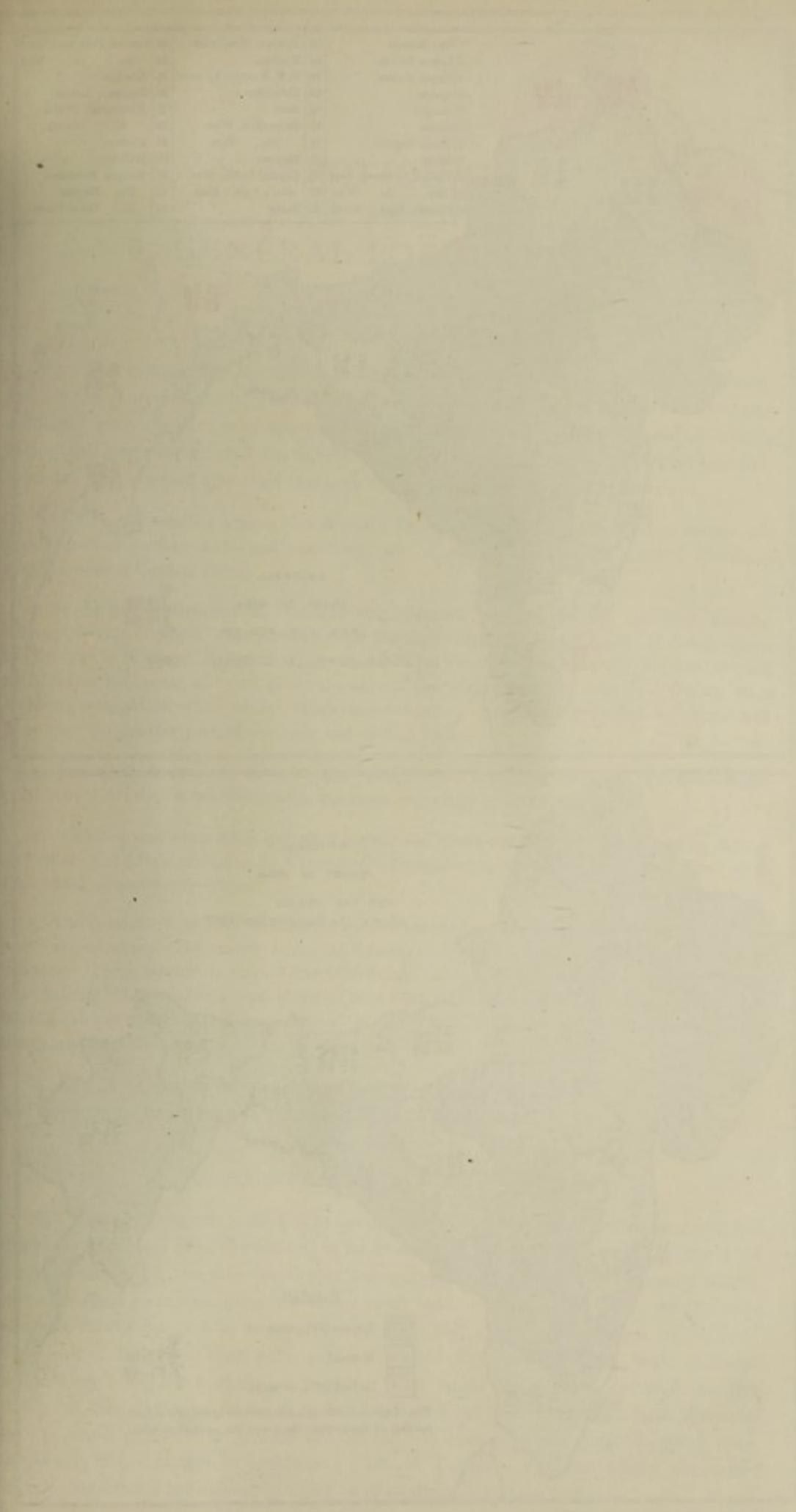
The most prevalent diseases for 1917 among these troops were :—malaria 125, venereal diseases 55, respiratory diseases 52, dysentery 30, anæmia and debility 28, pneumonia 20, diarrhœa 18. There were 5 deaths from plague at Aurangabad.

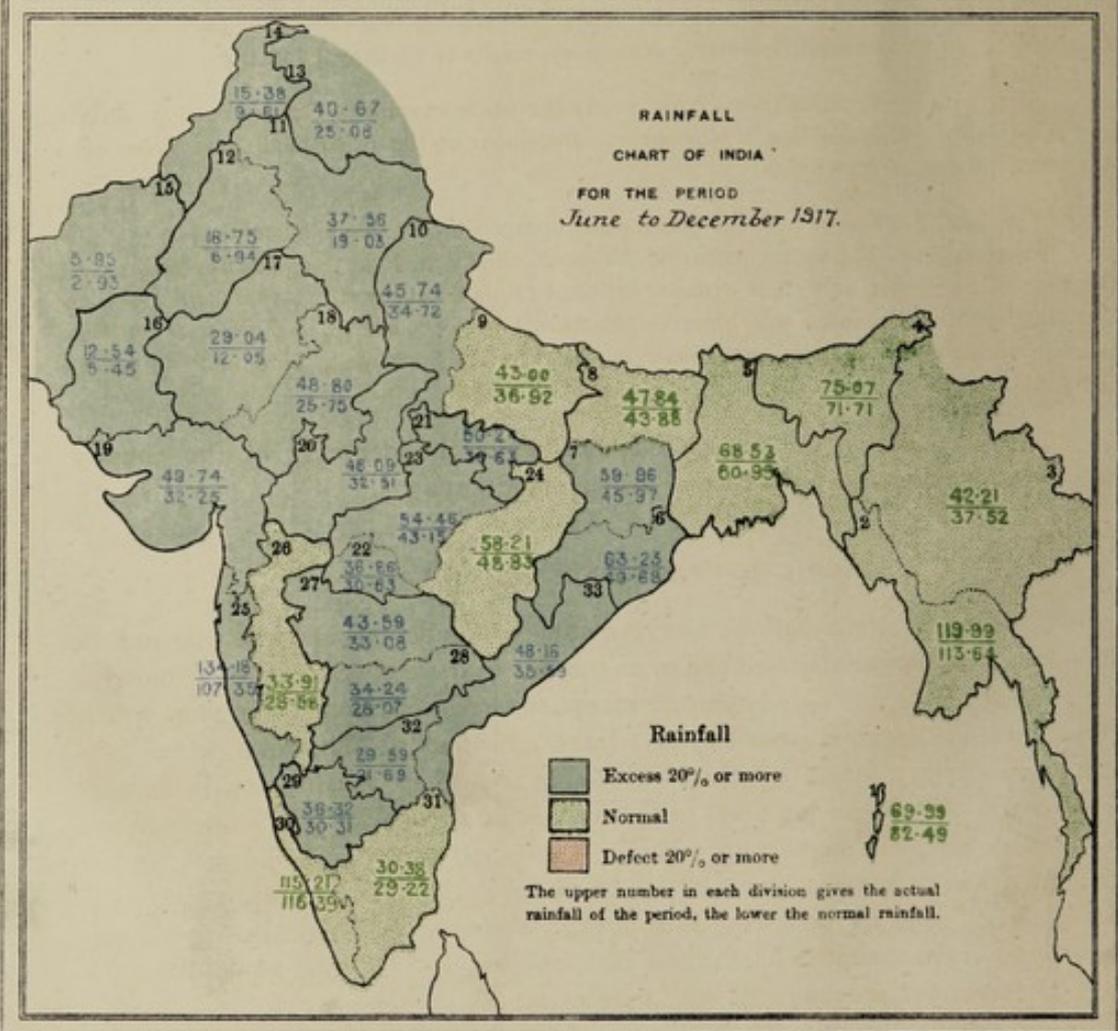
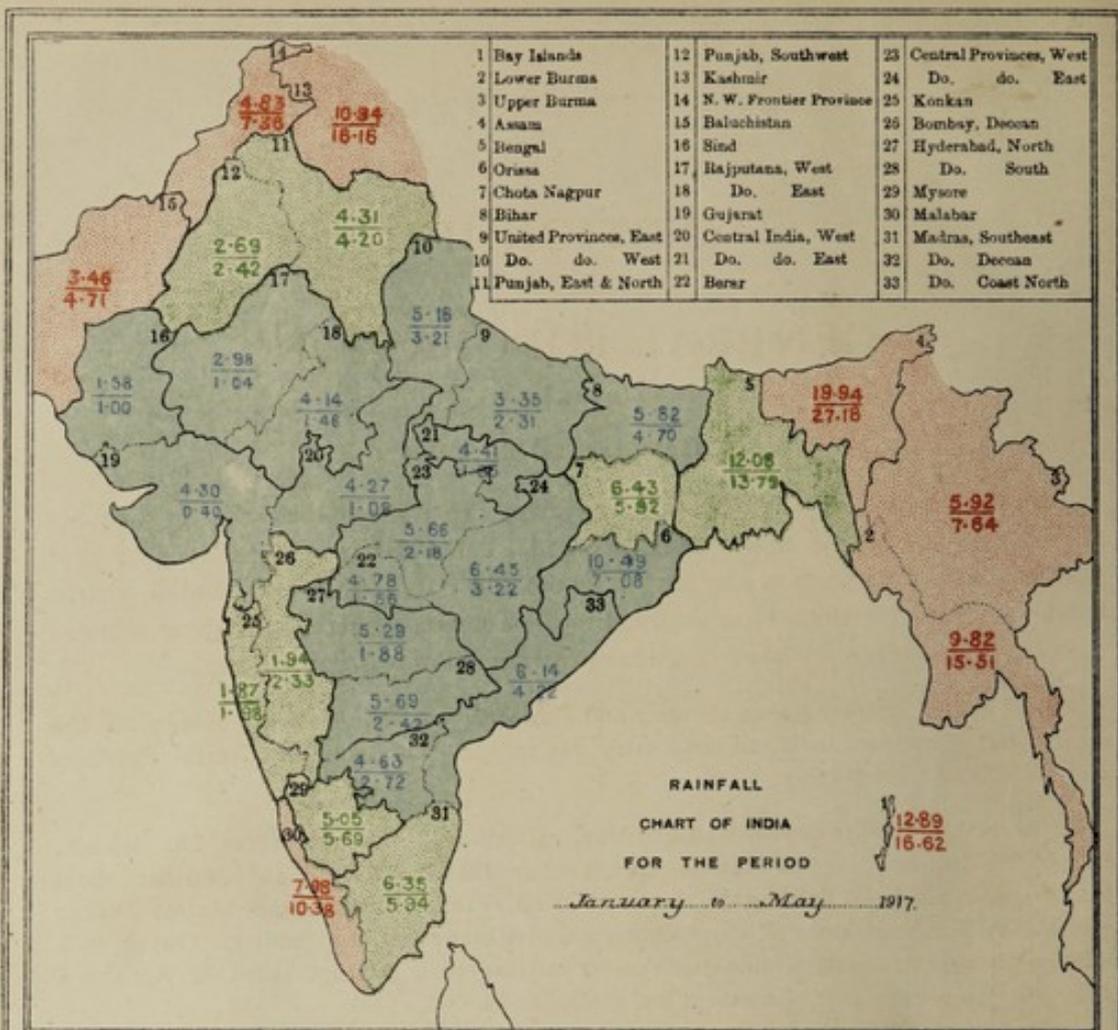
Unit.	Strength.	Malaria.		Venereal diseases.		Respiratory diseases.		Dysentery.		Anæmia and debility.		Pneumonia.	
		A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
Warrior Lancers, Deolali	45	2	...	...	...	...	...	1	...	...	...	...	...
		44.4	...	...	...	...	...	22.2	...	...	...	...	...
Warrior Lancers, Bannu Deolali.	129	34	...	3	...	...	...	5	...	15	...	6	1
		263.6	...	23.3	...	62.0	...	38.8	...	116.3	...	46.5	7.75
Gwalior Lancers, Rawalpindi and Chaman.	180	47	...	10	...	10	...	3	...	...	...	5	...
		261.0	...	55.5	...	55.5	...	16.7	...	...	...	27.8	...
Nagar Lancers, Karachi	130	18	...	6	...	3	...	2	...	1	...	2	...
		138.5	...	46.2	...	23.1	...	15.4	...	7.7	...	15.4	...
Lancers, Meerut .	529	22	...	27	...	24	...	16	...	8	...	6	1
		41.6	...	51.0	...	45.4	...	30.2	...	15.1	...	11.3	1.89
our Lancers, Aurangabad.	306	2	...	5	...	7	...	3	...	1	...	...	...
		6.6	...	16.4	...	23.0	...	9.8	...	3.3	...	...	...
our Lancers, Deolali ...	41	...	...	4	...	...	...	...	...	2	...	1	...
		...	...	97.6	...	...	...	...	...	48.8	...	24.4	...

Small figures indicate actuals.
Black figures indicate ratio per mille

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ANNUAL REPORT OF THE STATISTICAL COMMISSIONER
BIRTHS AND DEATHS

SECTION III.

GENERAL POPULATION.

WEATHER CONDITIONS IN 1917.

62. The meteorological conditions prevailing in 1917 were exceptional: the rainfall for the year was the highest ever recorded. The widespread distribution of rainfall, very much in excess of the normal, is well illustrated in the two rainfall charts facing this page for which I am indebted to the Director-General of Observatories, who has summarised the chief features of the rainfall of 1917 as follows:—

“ 1. The cold weather season (January and February) was abnormally dry over by far the greater part of northern India and remarkably wet in the Peninsula, the Central Provinces and the west of Central India.

2. In the hot weather period, March to May, rainfall was deficient in the Bay Islands, Burma, Assam, Bengal, the Konkan, the Bombay Deccan, Mysore and Malabar, about the average in Kashmir, Baluchistan, the North-West Frontier Province, the Madras Deccan and Madras Southeast, and well above the normal over the rest of the country. Owing to a marked prolongation of the winter, much cooler weather than usual prevailed in April and May over the greater part of northern and central India.

3. The monsoon currents were on the whole remarkably vigorous and gave abundant rainfall over nearly the whole country, but more especially in northwest India.

4. Weather was abnormally wet over nearly the whole country in October, and in Assam and most of the Peninsula also in November. December on the other hand was drier even than usual almost everywhere.

5. The rainfall of the year in the plains was unprecedentedly heavy, amounting to 55½" or 10·8" above normal. The excess occurred, however, chiefly in June, August, September and October. There were only three areas of deficient rainfall, namely the Bay Islands, Assam and Malabar: the deficiency was, however, less than 5 per cent except in the case of the Bay Islands (16 per cent). On the other hand in the Punjab, Southwest, Sind and Rajputana the yearly total was more than double the normal amount.”

That this excessive rainfall reacted adversely on the morbidity of the country will become apparent from a perusal of the following pages.

AGRICULTURAL CONDITIONS IN 1917.

63. The agricultural outlook was favourable at the beginning of the year and the abundant monsoon rainfall resulted in an increase in the area and yield of most of the principal crops, the only important exceptions being indigo and sesamum which were damaged in certain areas by heavy rains and floods. The total wheat outturn was 10 million tons as compared with eight and a half million tons in the previous year. The 80 million acres under rice yielded 34 million tons, both acreage and outturn being the highest on record. The sugar cane crop did well on the whole, but was damaged to some extent by floods in the Eastern Bengal districts and in certain parts of the United Provinces. Winter oil seeds yielded good outturns everywhere except in Assam and part of Bengal. On the whole the agricultural conditions prevailing in 1917 were extremely satisfactory.

BIRTHS AND DEATHS.

64. In the following table is set forth the total number of births and deaths registered in each administration of British 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	21,082	52.75	...	8,346	5,274	13,620	36.42	35.13	32.68	...	...	...
Bengal	1,627,873	35.91	33.32	61,820	1,125,680	1,187,500	21.26	20.53	20.19	23.98	20.61	20.79
Bihar and Orissa	1,205,157	40.4	40.8	40,740	1,173,811	1,214,551	34.2	35.2	35.2	29.3	30.7	30.0
Assam	189,741	31.35	31.46	2,622	161,303	163,925	21.95	27.19	27.09	24.06	27.43	27.3
United Provinces of Agra and Oudh.	1,157,642	46.08	44.91	143,042	1,631,854	1,774,896	46.39	37.27	37.91	28.35	31.34	31.5
Punjab	876,733	45.3	45.2	75,302	657,897	733,199	42.77	37.43	37.91	24.59	30.82	31.1
North-West Frontier Province	65,549	32.1	34.3	6,245	51,917	61,162	32.61	29.69	29.95	25.05	25.24	25.0
Central Provinces and Berar ...	669,842	48.13	48.14	53,309	448,535	501,844	41.71	35.48	36.06	41.54	39.59	39.7
Madras Presidency	1,298,078	32.4	32.1	152,474	897,071	1,049,545	31.4	25.5	26.2	27.5	22.3	22.0
Coorg	5,338	30.51	20.50	329	4,722	5,051	22.96	28.62	28.87	48.91	31.87	32.1
Bombay Presidency	699,823	35.73	36.09	142,122	656,774	798,896	44.76	40.00	40.76	35.55	29.06	30.1
Burma { Lower	817,172	35.58	32.09	27,210	124,161	151,371	24.98	23.32	24.80	24.28	27.42	25.7
{ Upper	138,064	37.34	35.62	1,304	83,817	97,221	41.34	24.67	25.13	41.27	27.81	28.4
Ajmer Merwara	18,455	36.81	41.87	Not available.	...	51,623	Not available.	...	102.96	Not available.	...	45.1
British India	9,379,349	39.33	38.58	716,973	7,025,226	7,803,832	36.62	32.21	32.72	32.59	29.24	29.4

The total number of births recorded in British India was 9,379,349, equivalent to a birth rate of 39.33 as compared with 38.58, the mean rate of the previous quinquennium. The highest birth rates were returned by Delhi, 52.75; Central Provinces and Berar, 48.13; United Provinces, 46.08; Punjab, 45.3; and Bihar and Orissa, 40.4. The lowest rates were returned by Coorg, 30.51; Assam, 31.35; North-West Frontier Province, 32.1; and Madras 32.4. The birth rates recorded by six administrations out of the thirteen were in defect of the mean quinquennial rates.

The 7,803,832 deaths recorded in British India in 1917 are equivalent to a death rate of 32.72; this rate is 3.23 in excess of the mean rate of the previous five-year period. The birth rate exceeded the death rate by 6.61, a low figure for India. Five of the major administrations reported death rates in excess of the mean British India rate. Bombay headed the list with 40.76 which is 10.67 in excess of the mean rate for the previous quinquennium. The United Provinces and the Punjab were bracketed second each reporting a mortality rate of 37.91 as compared with 31.55 and 31.16, respectively, the mean quinquennial rates. The Central Provinces and Berar and Bihar and Orissa occupied fourth and fifth places on the list with death rates of 36.06 and 35.2, respectively. The small province of Ajmer-Merwara reported the appallingly high death rate of 102.96: this excessive mortality was in a very large measure due to plague which was unprecedentedly prevalent throughout Rajputana in the year under report. The lowest death rates were recorded in Lower Burma, 24.80; Upper Burma, 26.13; Bengal, 26.19; Madras, 26.2; and Assam, 27.09. Incidentally it may be noted that these provinces embrace practically the whole of plague-free India.

The urban death rate for British India as a whole was 36.62 which is 4.41 in excess of the rural rate. As usual it was only in Bengal, Bihar and Orissa and Assam that the rural mortality rates were in excess of the urban rates.

CHIEF CAUSES OF MORTALITY.

65. In the following table are detailed the number of deaths ascribed to the six causes of mortality under which deaths are at present recorded in British India:—

Province.	CHOLERA.		SMALL-POX.		PLAGUE.		FEVERS.		DYSENTERY AND DIARRHOEA.		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.						
Delhi	12	'02	38	'22	4	'009	6,557	15'76	437	1'03	4,631	11'25	1,538	3'69
Bengal	45,021	'99	7,010	'15	103	'003	882,768	19'42	25,000	'55	11,510	'25	216,027	4'76
Bihar and Orissa	109,620	3'1	6,613	'1	45,426	1'3	776,231	22'5	30,210	'8	7,916	'2	228,485	6'8
Assam	10,053	1'81	4,116	'88	...	...	95,518	15'78	12,057	1'99	5,387	'89	25,894	5'92
United Provinces of Agra and Oudh.	21,440	'46	2,011	'04	129,084	2'76	1,266,519	27'05	22,208	'48	28,926	'62	594,603	6'50
Punjab	1,365	'07	1,417	'07	8,775	'45	510,812	26'44	13,574	'80	54,202	2'81	140,777	7'28
North-West Frontier Province.	...	...	37	'04	8	'004	50,551	24'77	507	'21	1,029	'94	8,050	5'94
Central Provinces and Berar.	691	'05	452	'03	48,036	3'45	226,204	16'25	25,438	2'55	40,027	3'52	141,036	10'20
Madras Presidency	58,020	1'5	24,058	'9	24,205	'6	221,902	8'0	73,394	1'8	51,810	1'3	432,804	12'2
Ceorg	22	'18	566	5'23	0	'05	2,514	20'65	76	'43	35	'20	719	4'11
Bombay Presidency	17,003	'87	3,095	'16	262,874	8'31	258,910	15'16	36,321	1'85	90,667	4'63	189,577	9'68
Burma	1,886	'31	544	'09	4,645	'76	52,017	8'53	6,583	1'08	6,149	1'01	70,526	12'04
{ Lower	28	'04	15	'09	1,379	'50	22,269	7'87	1,002	'51	3,084	'83	61,044	10'41
{ Upper	1,858	'31	529	'09	3,266	'76	29,748	8'53	5,581	1'08	3,065	1'01	9,482	12'04
Ajmer-Merwara	12	'02	1,275	2'54	11,415	27'77	31,300	68'41	1,187	2'57	958	1'91	2,476	4'94
British India { 1917	267,002	1'12	60,277	'25	437,026	1'83	4,555,221	19'10	260,984	1'09	316,821	1'33	1,094,491	7'99
{ 1916	288,047	1'21	60,642	'25	205,527	'85	4,085,284	17'13	218,381	1'04	285,247	1'20	1,765,808	7'40

The possibility of amplifying our death returns in the direction of introducing new heads, and so reducing the number of deaths returned under 'all other causes,' and sub-dividing those heterogeneous groups 'fevers' and 'respiratory diseases,' is at present under consideration. Anyone at all conversant with conditions prevailing in rural India need not be reminded that progress must be slow and that there is but little hope of immediate decided improvement. There is no organised health staff for more than 90 per cent of India's population; only an insignificant percentage of the people who die annually are seen at any stage of their final illness by persons possessing any sort of medical qualification; the actual recording of vital statistics nearly everywhere in rural India is in the hands of a staff who may have some claim to literacy but certainly no other qualifications. Attention has been repeatedly directed to these matters in previous reports: unless the fallacies be kept carefully in mind one is tempted to draw more deductions from the vital statistics of India than the figures warrant. Special inquiries and investigations, carried out from time to time, have contributed information regarding the health conditions prevailing in certain parts of the country, as have our dispensary returns, but our knowledge of the causes of the morbidity and mortality of India is still woefully deficient. The total number of births and deaths reported is in most places an approximation of the truth, but as to the cause of

death much is left to surmise. Something can be deduced from a study of the sex and age distribution of mortality, and a good deal may be inferred from the seasonal prevalence of deaths. The chief epidemic scourges of India have each a reasonably well defined seasonal prevalence, a knowledge of which allows one to draw tentative conclusions. Plague, malaria, cholera and relapsing fever are examples of such diseases which in epidemic form extort their greatest toll at certain seasons of the year.

It is now more generally recognised that improvement in our methods of collecting vital statistics must precede or accompany any real progress in health matters and that a more or less accurate knowledge of the prevalence of preventable disease is the first essential to any organised measures of prevention. The development of a rural health organization commensurate with the importance of the issues involved is the only way of effecting this pressing reform. The health problems of India are of enormous difficulty—perhaps no other part of the civilised world presents health problems of similar magnitude—but a marked improvement in the present state of affairs is possible provided the money can be found. Modern health measures are expensive but if they be founded on sound lines they are also surprisingly remunerative. One thing is certain, the rate of economic, industrial and social progress of India will be determined in no small measure by our success in dealing with the parasitic infections of India's population which at present are so serious a handicap to efficiency.

It must not be inferred from the above that no progress has been made in the past; the sanitation of towns, water supplies and drainage schemes have received, and are receiving, an increasing amount of attention; special plague and cholera staffs, travelling dispensaries, occasional malaria campaigns, special tuberculosis campaigns in certain towns, and measures taken to reduce infantile mortality rates have done, and are doing, a great deal of most valuable work. The most consistent efforts made towards ameliorating the health conditions of India are directed towards vaccination, though smallpox nowadays is responsible for less than one per cent of India's total mortality. The success obtained in the matter of vaccination, carried out, as it is, by a poorly paid agency, should be sufficient to convince those who are sceptical of the possibility of improving at the present time the health conditions of the Indian village. If India's other health problems can be dealt with as consistently as smallpox has been, real progress will not long be delayed.

Cholera.—To cholera were ascribed 267,002 deaths which represent a death rate of 1·12 as compared with 1·21 in the previous year. Bihar and Orissa suffered more heavily from this disease than any other administration and was responsible for 41 per cent of the all-India cholera mortality, reporting a cholera death rate of 3·1. Assam, 1·81, and Madras, 1·5, were the only other administrations in which the cholera death rate was in excess of unity. The North-West Frontier Province was altogether free from the disease and the incidence was extremely low in Upper Burma, the Central Provinces, Delhi and the Punjab.

Smallpox.—Smallpox was not an important cause of mortality in the year under report. The 62,277 deaths ascribed to it are equivalent to a mortality rate of 0·26 as compared with 0·25 in 1916. More than half the smallpox deaths were reported from the Madras Presidency where the disease caused a death rate of 0·9. The two small provinces of Coorg and Ajmer-Merwara suffered relatively very severely, returning small pox death rates of 3·23 and 2·54.

Plague.—During the year under report 437,036 deaths were attributed to plague, equivalent to a death rate of 1·33 as compared with 0·86 in the previous year. The exceptional severity of the outbreak of 1917-18 was the subject of a special note to Government which will be found on page 64 *et seq.* of this report. In that note the plague experiences of India during the last twenty years have been epitomized and but few further remarks are called for in this place. Attention is directed to the plague map of India, reproduced at the beginning of this volume, which illustrates the incidence of plague mortality in each district of India from the beginning of the present pandemic up to date. A somewhat similar map accompanied the annual report of the Sanitary Commissioner with the Government of India for the year 1912. A comparison of the two maps illustrates such extensions of the plague infected areas of India as have occurred during the intervening 5½ years. The incidence of plague mortality in Native States is also indicated in this map although this report confines itself to a consideration of the health conditions prevailing in British India proper.

Fevers.—‘Fevers’ were the cause of 4½ million deaths or more than 58 per cent of the total mortality from all causes. The ‘fever’ death rate for India as a whole was 19·10 as compared with 17·13 in 1916 and 16·73 in 1915. The proportion of total deaths ascribed to ‘fever’ was comparatively low in Madras 31 per cent, Burma 32 per cent, and Bombay 37 per cent. Ajmer-Merwara returned the extremely high fever death rate of 68·41: it is probable that a considerable proportion of these deaths should have been attributed to plague.

Year after year in this report emphasis is laid on the impossibility of attempting anything like a detailed analysis of the deaths ascribed to fevers. Something will be said about the matter when the various administrations are receiving separate consideration. In most provinces the seasonal fluctuations in the number of fever deaths indicate that malaria plays an important part in the production of the total mortality. The unprecedented rainfall in the year under report, to which reference has already been made, was directly responsible for an extreme prevalence of malaria in certain parts of the country, notably in parts of the Punjab, Sind and Rajputana. In Bengal there appears to have been less malaria than usual.

Dysentery and Diarrhœa.—A death rate of 1·09 was ascribed to dysentery and diarrhœa as compared with 1·04 in 1916. Of the major provinces Central Provinces and Berar, 2·55, United Provinces, 1·99, Bombay, 1·85, and Lower Burma, 1·08, alone reported dysentery and diarrhœa death rates in excess of unity.

DELHI PROVINCE: (POPULATION—416,656).*

66. More than half the population of the enclave, known as the province of Delhi, reside within the municipal limits of Delhi city. No other administrative area in India has anything like the same proportion of town dwellers: comparison between the vital statistics of Delhi Province and other provinces of India must be made with due regard to this fact.

In spite of a rainfall appreciably in excess of the normal the health conditions were satisfactory.

* The provincial and city populations noted at the head of this and subsequent sections of this chapter, represent in each case the population according to the census of 1911: it is on such figures that the mortality and birth rates referred to in the letter press are calculated. As was stated in last year's report these crude rates are necessitated by the lack of information regarding emigration and immigration. All rates are expressed as ratios per thousand unless otherwise stated.

The total number of births recorded during the year was 21,982 which is equivalent to a birth rate of 52.75 as compared with 49.39 in the previous year. The birth rate exceeded the death rate by no less than 20.07 per mille. There were 1,076 male births recorded for every thousand female. The urban birth rate was one per mille in excess of the rural rate.

The deaths from all causes totalled 13,620, a mortality rate of 32.68 as compared with 32.92 in the previous year. The female death rate was 36.65 or 7.11 in excess of the male rate. 'Fevers' were responsible for approximately half the total number of deaths and there is here, as elsewhere, but little material available to enable an estimate as to what proportion of these fever deaths are rightly attributable to malaria. This disease assumed epidemic proportions in a few villages in the Province, after the close of an abnormally heavy monsoon, but no abnormal prevalence was noted in the city. No serious outbreaks of epidemic disease were reported—there were only 88 deaths from smallpox, 12 from cholera and 4 from plague. A death rate of 11.95 was ascribed to 'respiratory diseases.'

The death rate was highest in November, October and December. In the first named month the death rate was approximately twice that of February, the healthiest month of the year.

The infantile mortality rate was 228.82 for males and 220.61 for females or a combined rate of 224 as compared with 223 in the previous year.

The following table illustrates the improvement in the health conditions that have been experienced in Delhi city during the last five years, some of which improvement can with justice be attributed to the increased attention that has been paid to sanitary conditions :—

Year.						Birth rate.	Death rate.
1913	...	...	...	...	...	43.65	43.65
1914	...	...	...	...	...	47.73	40.01
1915	...	...	...	...	...	49.63	34.16
1916	...	...	...	...	...	48.72	38.88
1917	...	...	...	...	...	53.28	36.46

BENGAL : (POPULATION—45,329,247).

67. Seasonable rain, favourable agricultural conditions and the relatively low price of food grains contributed to make Bengal relatively healthy in the year under report.

The provincial birth rate rose from 31.89 in 1916 to 35.91, which is 2.59 in excess of the mean rate of the previous quinquennium. The district birth rates were highest in Murshidabad 43.44, Malda 43, and Nadia 41.61, and lowest in Calcutta 20.98, 24-Parganas 28.92, and Midnapore 30.36. The urban birth rate was as usual much below the rural rate but amounted to 22.4, as compared with 19.4 in the previous year. The increase in the urban rate is attributed, by the provincial Sanitary Commissioner, in large part to the continued improvement in the registration of vital statistics in municipal areas. The highest urban birth rates were returned from Dhulian 43.6 and Brahmanbaria 43.1 and the lowest from Barrackpore

7.4 and Jhalakati 7.6. There were 1,071 male births recorded for every thousand female, an almost exactly similar proportion to that pertaining in 1916. As in the previous year there were more births in December, when a rate of 3.9 was recorded, than in any other month: the lowest rate, 2.05, was recorded during August.

The total number of deaths registered was 1,187,509 which is 53,512 fewer than in the previous year. The corresponding death rates are 26.19 for 1917 and 27.37 for 1916, as compared with 30.19 the mean rate of the previous quinquennium. Thus the birth rate exceeded the death rate by 9.72; the corresponding figure for 1916 was 4.52 and for the previous five-year period 3.13.

The district death rate varied between 19.66 in 24-Parganas and 38.57 in Darjeeling. The rate exceeded thirty in eight districts, exceeded 25 in nine others, and was below 25 in ten. Nineteen districts of the twenty-seven reported lower death rates than in the previous year. The urban death rate was 4.93 lower than the provincial rate. Among towns Kurseong had by far the highest rate, 48.79, Baranagar coming second with 34.56. Such low death rates as those reported from the towns of Suri, 4.82; Sirajganj, 6.09, and Comilla, 6.78 would appear to be evidence of very deficient reporting.

November and January were the months of maximum mortality when the death rates amounted to 32.76 and 32.44 per annum. As in the previous year June was the month with fewest deaths when the annual rate was only 18.84.

The infant mortality rate per thousand births was 192.65 for males and 175.99 for females, as compared with 203.54 and 186.55 in the previous year, a satisfactory decrease. Compared with 1916 lower infant mortality rates were recorded in nineteen out of the twenty seven districts.

To cholera 45,021 deaths were attributed, a death rate of 0.99 as compared with 1.56 and 2.88 in the two previous years. The Howrah, Hooghly and Midnapore districts suffered most, returning cholera death rates of 3.32, 2.14 and 2.11, respectively. In five districts the cholera death rate was between one and two. No district escaped cholera altogether though the incidence was very low in Chittagong where only 74 cholera deaths were recorded, 0.04 per mille. There were most deaths from cholera in December, 9,956, and fewest in August, 967. When it is remembered that tanks and streams, constantly exposed to contamination of the grossest kind, form the main source of water supply in rural tracts, one can only wonder that the incidence of cholera is not very much greater than it was in 1917.

Smallpox was the reported cause of 7,010 deaths, equivalent to a death rate of 0.15 as compared with 0.3 and 0.72 in 1915 and 1916, respectively. Jalpaiguri was the worst affected district and reported a smallpox death rate of 1.07: the next highest rate was 0.56 in Pabna. In Tippera, the least affected district, the smallpox death rate amounted to only 0.007 (18 deaths). The disease was most in evidence in the hot weather months April to June, and least prevalent in October and November.

To 'fevers' were attributed 882,768 of the 1,187,509 deaths from all causes, 74 per cent as compared with 73 in the previous year. The fever death rate works out at 19.47 as compared with 20.07 in 1916 and 21.88 the mean quinquennial rate. The district 'fever' death rates were lowest in Calcutta (3.26) and Howrah (9.41), and highest in Dinajpur (33.27) and Rajshahi (29.90). The death rates from all causes in these last two districts were 34.93 and 36.59, respectively. December

and November were the months of maximum fever mortality when 120,248 and 92,298 deaths were ascribed to this cause as compared with 52,851 and 57,113 deaths in June and August, the months with fewest fever deaths. The male and female fever mortality rates were 19·69 and 19·23, respectively.

To this cause of mortality was attributed a death rate of 0·55 which is 0·1 less than the mean rate of the previous quinquennium. As was the case with malaria December was the month with most and June the month with fewest deaths. The district death rate attributed to dysentery and diarrhoea varied between 4·64 in Howrah and 0·04 in Rangpur.

Dysentery and Diarrhoea.

CITY OF CALCUTTA: (POPULATION—896,067).

68. The meteorological conditions experienced in Calcutta during the year under report closely approximate the normal. The total rainfall for the year was 70·68 inches, 12·1 inches less than that of the previous year.

The year was an extremely healthy one, the 21,360 deaths reported being equivalent to a mortality rate of 23·8 which is the lowest ever recorded in this city. Plague, cholera and smallpox combined were responsible for only 975 deaths as compared with 1,471 in the previous year. Cholera mortality was 866 as compared with 1,335 in the previous year: not since 1898 have so few deaths from cholera been recorded in Calcutta. Eighty-one deaths were attributed to plague and only 28 to smallpox. There was likewise a satisfactory decline in the number of deaths attributed to tuberculosis, 1,539 as compared with 1,738 in 1916.

Once more the female death rate 32·1 was markedly in excess of the male rate 19·8—a state of affairs attributable in large measure to the observance of the purdah system. The infantile mortality rate fell from 249 to 239: though still extremely high the continued decline in the infantile mortality rate is satisfactory.

The 18,807 births recorded are equivalent to a birth rate of 20·9, an exactly similar rate to that of the previous year. When it is remembered that females form only one-third of the population of Calcutta this birth rate is by no means low.

The continued steady improvement in the health conditions of Calcutta, for which great credit is due to the work of the Health Officer and his staff, is reflected in the vital statistics of the last few years.

PORT OF CALCUTTA.

69. The total number of vessels which entered and left the port during 1917 was 933, some 200 less than in the previous year. The total number of seamen of inward and outward bound vessels inspected was 69,552. Twelve deaths among European seamen were reported of which two were ascribed to cholera and two to enteric fever. Among the Asiatic floating population 28 deaths from cholera, 5 from bowel complaints and 9 from fever were reported. Ninety-eight cases of measles occurred on the emigrant ship "Ganges." Twenty-nine vessels were boarded on arrival from East African ports; no case of sleeping sickness or jigger was detected.

Municipal filtered water, as usual, was supplied to the shipping. The sanitation of Kidderpore docks and the port limit is still in an unsatisfactory condition and it is to be hoped that the intention of the local Government to place the whole of

the port limit under the jurisdiction of one authority will soon be an accomplished fact.

BIHAR AND ORISSA : (POPULATION—34,489,846).

70. The rainfall in Bihar and Orissa was in considerable excess of the normal. Crops were good and the yield would have been a record one had not excessive rain and floods in certain districts caused a considerable amount of damage. On the whole the year was an unhealthy one.

The provincial birth rate was 40·4 as compared with 36·6 in 1916 and 40·8 the mean rate of the previous five years. The urban birth rate was 7·4 lower than the provincial rate.

Births.

The district birth rate was highest in Palamau, 53·2, and lowest in Singhbhum, 28·7. The urban rate varied between 17·3 in Puri and 55 in Revelganj. There were 1,053 male births recorded for every thousand female.

The total number of deaths reported was 1,214,551, equivalent to a death-rate of 35·2, as compared with 32·8 in 1916 and 30·7 the mean rate of the previous quinquennium. The

Deaths.

highest district rates were recorded in Patna (43·4), Gaya (42·8), and Shahabad (42·1), and the lowest in Singhbhum (19·8) and Ranchi (25·0). The urban death rate was 34·2, one per mille less than the rural rate. The male death rate, 36·9, was 3·4 in excess of the female rate: the male death rate was greater than the female rate at all age periods, an unusual phenomenon that has no counterpart in the returns from other Indian provinces and for which no explanation is advanced. The provincial birth rate exceeded the death rate by 5·2. November and December were the most unhealthy months of the year when mortality at the rate of 42·22 and 42·78 was reported, as compared with 26·06 in February, the month with fewest deaths. In the remaining months the rate varied between 30 and 40. The infant mortality rate per thousand births was 186·00 for males and 174·58 for females, as compared with 197·00 and 184·18 in 1916.

In no province of India was cholera so prevalent as in Bihar and Orissa in the year under report. It was responsible for

Cholera.

109,620 deaths, equivalent to a death rate of 3·1 as compared with 2·6 in the previous year and 2·0 the mean rate of the quinquennium 1912-16. Cholera in epidemic form was associated with excessive rainfall and floods in parts of the province. The urban cholera death rate was 3·7 and the rural rate 3·1. The Patna and Tirhut Divisions suffered most. The district cholera death rates were highest in Champaran 8·1, Patna 7·4, Muzaffarpur 6·6, Gaya 6·3 and Hazaribagh 3·5. In no other of the sixteen remaining districts did the cholera death rate exceed the mean provincial rate. One district Sambalpur was completely free from the disease. Twenty-three per cent of the total cholera deaths were reported in June and only 0·5 per cent in February. The male cholera death rate was 0·3 in excess of the female rate.

Smallpox was not an important cause of mortality: to it were attributed 6,643 deaths, equivalent to a death rate of 0·1 which is just half the mean rate for the previous five-year period.

Smallpox.

In no district was the disease very severe.

To 'fevers' were attributed 776,231 deaths, approximately 64 per cent of the total mortality, and equivalent to a death rate of 22·5 against 21·5 in the previous year. The last quarter

Fevers.

of the year witnessed the greatest proportion of 'fever' deaths. The excessive

rainfall and the undue prolongation of the monsoon was responsible for a prevalence of malaria in excess of the normal.

Plague was more in evidence than in either of the two preceding years.

Plague. It was responsible for 45,436 deaths equivalent to a rate of 1.3 which is 0.1 in excess of the mean rate of the previous five years. Fifty seven per cent of the deaths were among females. As usual the outbreak reached its height in the month of March. Once more Shahabad, Patna, Saran and Gaya were the worst infected districts; they returned plague death rates of 5.4, 5.0, 3.9 and 2.5, respectively. Monghyr 2.4, Muzaffarpur 1.3 and Darbhanga 1.1 were the only other districts with plague death rates in excess of unity. All these districts are in the western or central portions of Bihar. The three easternmost districts of Bihar and the whole of Orissa were as usual practically plague free. The only plague measure that finds favour with the local sanitary authority is evacuation of infected dwellings. Controlled evacuation of infected dwellings must be difficult to organize in the case of towns and it is noteworthy that the urban plague death rate in Bihar and Orissa was 2.9 as compared with 1.2 the rural rate.

ASSAM : (POPULATION 6,051,507).

71. Meteorological conditions experienced in Assam during 1917 exhibited no very important departures from normal. Agricultural conditions were satisfactory and the price of food grains was below the mean. On the whole the province enjoyed good health.

The birth rate rose from 30.52 in 1916 to 31.35 in the year under report, which is still 1.11 below the mean rate of the quinquennium 1912-16. The district birth rates were highest in Goalpara 41.35 and Darrang 35.79 and lowest in Sylhet 28.49 and Kamrup 29.92. The urban rate was 30.23 and the rural rate 31.37. For every thousand female births 1,057 male births were recorded.

There were 163,925 deaths recorded during the year, equivalent to a death rate of 27.09 as compared with 28.59 in the previous year and 27.36 the mean rate of the previous five years. The district death rate varied between 34.88 in Darrang and 23.96 in Sylhet. The urban death rate was 21.95 which is 5.24 less than the rural rate. December and June were the months of maximum mortality when deaths at an annual rate of 31.41 and 30.65 were recorded. The corresponding figure for March, the month of minimum mortality, was 22.56. The male death rate, 27.70, was 1.28 in excess of the female rate. The male death rate exceeded the female rate at all age periods except those between 15 and 40 in all of which the female rate was greater. The infantile mortality rate per thousand births was 198.94 for males and 179.03 for females.

The increase of births over deaths amounted to 4.26 against 1.93 in 1916. In one district only, Kamrup, did the death rate exceed the birth rate and there by 0.87 only. In Nowgong the birth rate was 8.72 in excess of the death rate.

Cholera was reported to be the cause of 10,953 deaths, equivalent to a death rate of 1.81, as compared with 2.64 the mean rate of the quinquennium 1912-16. Kamrup 9.31 and Darrang 4.13 were the only districts with cholera death rates in excess of unity.

There is evidence that the cholera death rate in the former district gives an exaggerated idea of the severity of the outbreak; there were numerous inaccuracies in reporting cases and deaths. April (1,880), May (3,544) and June (2,405) were the only months in which the cholera mortality ran into four figures. In October, the month of minimum incidence, only 103 deaths were reported. On tea estates 953 deaths from cholera were registered, a death rate of 1'35. The urban cholera death rate was 1'69 and the rural rate 1'81.

To smallpox were credited 4,116 deaths equivalent to a death rate of 0'68, which is 0'11 in excess of the mean quinquennial rate.

Smallpox.

Cachar with a smallpox death rate of 2'24 was the only district in which the disease was at all severe. There is need for an increase in the number of vaccinators employed in Assam; this matter is receiving attention. Towns, 0'42, suffered somewhat less from smallpox than did rural areas, 0'68.

'Fevers' were responsible for 95,518 deaths, 58 per cent of the mortality from all causes. This number is equivalent to a death rate

Fevers.

of 15'78 as compared with 14'49 the mean rate of the previous five years. Goalpara with a fever death rate of 30'45 suffered most and Lakhimpur 11'40 escaped most lightly. The male fever death rate 16'24 was 0'96 in excess of the female rate. The male rate exceeded the female rate in six districts out of the eight. December and July were the months of maximum fever mortality which was at its minimum in March. Some important anti-malaria work financed by railway funds, was commenced at Lumding junction on the Assam Bengal Railway.

This is the only province of India in which kala-azar is a very important cause of mortality. During 1917 there were 1,490

Kala-azar.

deaths attributed to this disease. The corresponding figures for the last five years are:—1912, 1,875; 1913, 1,798; 1914, 1,298; 1915, 1,233 and 1916, 1,248. The spread of kala-azar to hitherto uninfected areas has resulted in an increased amount of attention being paid to preventive measures. Emigration from infected areas is controlled, and infected households are removed from infected to clean sites, compensation being paid for all destroyed property. Similar measures are enforced on tea estates. Detailed surveys of the Sibsagar, Jorhat, and Golaghat sub-divisions have been undertaken and a special report is to be submitted to the Assam Government. In Golaghat three infected (two new) villages have been discovered; in Jorhat one, and in Sibsagar eight villages have been found to be infected. The disease is very definitely on the decrease in Sylhet but equally definitely on the increase in Nowgong. The kala-azar mortality of the latter district during the last four years has been:—1914, 393; 1915, 419; 1916, 451; 1917, 591.

As usual Assam was free from plague.

UNITED PROVINCES : (POPULATION—46,820,556).

72. The year 1917 was an unhealthy one. The rainfall was excessive and this fact appears to have been in part responsible for a prevalence of communicable disease in excess of the normal.

The provincial birth rate was 46'08 as compared with 43'09 in 1916 and 44'91 the mean rate of the previous quinquennium. The

Births.

Central Provinces alone among the major administrations of India returned a higher birth rate than this in the year under report.

The district birth rates varied between 55.35 in Hamirpur and 25.67 in Dehra Dun. Twenty-seven of the 48 districts returned birth rates in excess of the provincial rate. The birth rate in municipalities was 47.93, 1.85 higher than the provincial rate. There were 1,083 male births recorded for every thousand female.

The total number of deaths recorded was 1,774,896 equivalent to a death rate of 37.91, as compared with 29.50 in the previous year and 31.55 the mean rate of the previous quinquennium. The district death rate varied within wide limits; it was highest in Shahjahanpur (79.22) and lowest in Banda (23.76). Twenty three districts recorded mortality rates in excess of the provincial rate. Five districts recorded a death rate in excess of 50. These districts are all situated in or adjoining the Rohilkhand Division:—Shahjahanpur 79.22, Pilibhit 66.67, Bareilly 51.77, Budaun 51.59, and Kheri 50.71. The death rate in municipalities was 9.19 in excess of the provincial rate. The male death rate was 38.17 as compared with 37.62 the female rate. At all age periods under five and over thirty the male exceeded the female mortality rates. April and December were the months of maximum mortality when death rates of 48.02 and 46.45 were recorded. January (29.94) was the only month in which the death rate fell below 30.

The infantile mortality rate per thousand births was 220.22 for males and 210.87 for females, or a combined rate of 215.73 against 209.7 in 1916.

The natural increase of the population as expressed by the excess of the birth rate over the death rate was 8.17 as compared with 13.59, the very high figure recorded in 1916. In municipal areas the birth rate exceeded the death rate by only 0.83 against 8.61 in the previous year.

Cholera was the only important cause of mortality that was less in evidence in 1917 than in the previous year. To it were attributed 21,440 deaths, equivalent to a death rate of 0.46 as compared with 0.71 in 1916 and a mean annual rate for the previous quinquennium of 1.00. Jhansi and Hamirpur were the only two districts completely free from the disease but less than fifty deaths were recorded in each of twelve other districts. The only districts in which the cholera death rate exceeded unity were Gorakhpur 2.32, Partabgarh 1.87, and Ballia 1.73. Fifty-six per cent of the total deaths were recorded in October and November. The cholera death rate among males was 0.44 and among females 0.47. The cholera death rate of towns was 0.84 and of rural areas 0.43. Anti-cholera measures were handicapped by the difficulty experienced in obtaining supplies of potassium permanganate which remains the most suitable disinfectant for well water in rural areas, where no permanent public health organization exists.

To smallpox were accredited but 2,011 deaths, equivalent to a death rate of 0.04 as compared with 0.03 in 1916 and a quinquennial mean rate of 0.14. In each of 21 districts less than ten deaths were recorded; four of these districts were completely free from the disease. Budaun had the highest smallpox death rate, 0.15. Both sexes were equally affected.

Plague was the reported cause of 129,084 deaths, a mortality rate of 2.76, as compared with 1.05 in 1916 and 1.85 the mean of the quinquennium 1912-16. The subject of plague is dealt with rather more fully, than usual in a special section of this report (see

page 65 *et seq.*) in which the plague history of the chief plague-infected administrations is described and contrasted. During 1917 the eastern end of the province suffered relatively very severely, the western escaping very lightly. Thus Muttra remained plague-free throughout the year, and Muzaffarnagar had a plague mortality of only 0.89, yet these two districts have been the scene of plague epidemics without parallel in the United Provinces. (In 1904-05 Muttra had a plague mortality rate of 66.84 and in 1906-07 Muzaffarnagar had a plague mortality rate of 56.72). Once more Ghazipur, Ballia and Azamgarh, the westernmost districts of the province, suffered most, reporting 14,953, 13,326 and 17,270 deaths, respectively, equivalent to death rates of 17.80, 15.76 and 11.57. No other district returned a plague mortality rate exceeding ten. As usual the female plague death rate 3.24 was appreciably in excess of the male rate, 2.32. The incidence of plague in urban and rural areas was approximately the same.

To 'fevers' were attributed 1,266,519 deaths, 71 per cent of the total mortality and equivalent to a death rate of 27.05. The fever death rate of the two previous years was 20.4 and 21.3 and the mean rate of the quinquennium 1912-16, 21.74. The excessive rainfall of 1917 was doubtless responsible for a prevalence of malaria in excess of the normal, but that a very appreciable percentage of fever deaths in these provinces were not attributable to malaria would seem to be evident from the seasonal prevalence of fever mortality which is not explicable on a malaria hypothesis. The months of greatest fever mortality were May, December, April, June and November: February was the month of least fever mortality. Malaria may have been directly responsible for a large proportion of the November-December mortality but this is unlikely to have been the case in the hot months April-June. Relapsing fever was prevalent in certain areas in the western end of the province, though to a less degree than in the present year, 1918. The limited information we have at present indicates that May is normally the month of maximum incidence of relapsing fever in this part of India. The matter is one that calls for the thorough investigation it will receive when more of the medical personnel of India are relieved of their military duties.

Another feature of interest with regard to the United Provinces fever death returns, is the unusual sex incidence. In the year under report the male fever death rate was 27.63, the female 26.42: in the four districts that returned the highest fever mortality rates, Shahjahanpur, Pilibhit, Bareilly, and Kheri, the mean fever death rates were for males 56.0 for females 51.2. Such a disproportion would be unlikely were malaria the preponderating cause of mortality.* The 'fever' death-rate of towns was 20.80 as compared with 27.46 the rural rate.

'Dysentery and diarrhœa' was the cause of 22,308 deaths, equivalent to a rate of 0.48 as compared with 0.38 in the previous year and a mean rate for the previous quinquennium of 0.37. Only six districts had a death rate from this cause in excess of unity, Garhwal 6.94, Almora 2.85, Lucknow 2.11, Dehra Dun 1.08, Benares 1.07 and Ballia 1.02. Deaths were most numerous in May but there was no marked seasonal prevalence.

* Malaria was severe in the Punjab during 1917: the mean fever death rate of the five Punjab districts with the highest fever death rates were 39.2 for males 44.5 for females. Males and females die in about equal proportions from 'fever' in Bengal; and in Bombay in the year under report the female fever death rate was 15.62 and the male 14.92.

Respiratory diseases were the reported cause of a death rate of 0·62 as compared with the quinquennial mean, 0·49. Deaths reported under this very indefinite head do not lend themselves to any profitable analysis. For the province as a whole the urban mortality rate from respiratory disease was 5·45 and the rural rate 0·28. Hamirpur year after year returns a death rate from respiratory disease far and away higher than that of any other district. In the year under report the rate was 11·84, Lucknow coming second with 3·20. No reason for this noteworthy state of affairs in Hamirpur is forthcoming: the climate of the district is dry and there are no towns of any size, the population being essentially rural.

There were 32,418 deaths attributed to measles during the year.

PUNJAB: (POPULATION—19,337,146).

73. The first three months of the year were unusually dry in the Punjab but the monsoon appeared early, stayed late, and gave rain in excess of the normal throughout the province. Humidity was in excess of the normal during the last nine months of the year. Crops were good and there was scarcity nowhere.

The provincial birth rate was 45·3 as compared with 45·6 in 1916 and 45·2 the mean rate of the previous five years. The district birth rate was highest in Rohtak 55·4, Gurgaon 54·5 and Ludhiana 53 and lowest in Simla 22·2, Dera Ghazi Khan 28·1 and Muzaffargarh 33·6. The urban birth rate was 46·2, 0·9 higher than the provincial rate. There were 1,100 male births recorded for every thousand female, against 1,099 in the previous year.

The 733,109 deaths from all causes recorded during the year is equivalent to a mortality rate of 37·9 which is 7·2 in excess of the rate for 1916 and 6·7 in excess of the mean rate for the previous five years. The district mortality rates were lowest in Simla 26·3, Jullundur 28·7, and Hoshiarpur 28·9, and highest in Gurgaon 52·0, Multan 49·6, and Gujranwala 49·1. The urban rate, 42·7, was 5·3 in excess of the rural rate. The female death rate was 40·6 as compared with a male rate of 35·7. Extremely high death rates were registered in the last three months of the year. Computed as death rates per annum October's mortality works out at 69·00, November 82·12 and December 57·97. The corresponding rates for August, July and February, the three months of minimum mortality were 23·98, 24·25 and 24·95. The female death rate exceeded the male rate at all age periods except that between 50 and 60 and during the first year of life. The infantile mortality rate was 247·35 for males and 248·60 for females—the corresponding figures for 1916 were 201·79 and 198·47. It is most unusual for female infant mortality rates to exceed the male rates.

Cholera was but little in evidence in the year under report being responsible for only 1,365 deaths which are equivalent to a death rate of 0·07 as compared with 0·30 the mean death rate of the previous quinquennium. The first six months of the year and December were practically free from cholera. The urban cholera mortality rate was 0·45 as compared with a rural rate of 0·03. Thirty two per cent of the total cholera deaths occurred in the four towns Multan, Sialkot, Amritsar and Jagadhri.

To smallpox were attributed 1,417 deaths, a rate of 0·07, the lowest rate yet recorded in the Punjab. Three hundred and two deaths were among children under one year of age.

Smallpox. In only six districts of the twenty-eight did the smallpox mortality run to three figures. Three districts were completely free and only one death was recorded in each of four others. The urban smallpox mortality amounted to 0·11 as compared with 0·07 the rural rate.

Plague was not severely prevalent in the year under report. There were 9,724 deaths recorded in the British districts and Punjab native states combined. Only five districts had a plague mortality rate in excess of unity, Rawalpindi 3·18, Ambala 2·09, Lahore 2·02, Ludhiana 1·29 and Jullundur 1·13. Plague is more fully discussed elsewhere (*vide* page 65 *et seq.*).

To 'fevers' were ascribed 510,812 deaths, approximately 70 per cent of the deaths from all causes and equivalent to a mortality rate of 26·42 against 19·44 in the previous year and 16·68 the mean rate of the quinquennial period 1912-16. The fever death rate is the highest recorded since the disastrous malaria year 1908. Though numerous pathological conditions are included under this comprehensive term, a very large proportion of the mortality in the year under report was undoubtedly attributable directly or indirectly to malaria. The excessive monsoon rainfall was responsible for a very excessive prevalence of malaria in many parts of the province. The heavy toll taken of infants and children under five and old people, the higher death rates among females than males, and the seasonal prevalence of fever deaths all indicate the large part played by malaria in the production of the large mortality bill. The district fever death rates were highest in Muzaffargarh 43·48, Multan 41·52, Gujranwala 41·36, Dera Ghazi Khan 40·85 and Montgomery 40·63. The lowest rates were recorded in Simla 11·52 and Ludhiana 14·49. Four districts had fever death rates between 30 and 40 and ten between 20 and 30.

Of the total 510,812 "fever" deaths, 104,555 were recorded in November, 85,680 in October and 73,098 in December. In the remaining nine months the fever mortality ranged between 22,000 and 35,000. The urban fever death rate was 21·46 as compared with 26·91 in rural areas. The three largest Punjab towns Multan, Amritsar and Lahore had fever death rates of 30·46, 29·95 and 25·89, respectively. Multan, and the country south-east of that district extending into Sind, suffered very severely from malaria in 1917. The rainfall in Multan was the highest on record; 19·83 inches fell as compared with 6·25 in 1916. Surface flooding due to prolonged rains was responsible for the unhealthiness of Amritsar.

THE NORTH-WEST FRONTIER PROVINCE : (POPULATION—2,041,077).

74. The annual rainfall in the North-West Frontier Province was in excess of the normal. It was particularly heavy in August. In the Bannu and Dera Ismail Khan districts, heavy rains in August followed by but scanty falls in September were responsible for an increased prevalence of malaria in these districts. Wages specially for unskilled labour increased as did the price of nearly all the staple food grains.

The birth rate fell from 33·8 in 1916 to 32·1 as compared with 34·3 the mean rate of the previous five years. Of the five districts which compose the province the birth

Births.

rate was lowest, as usual, in Peshawar 27·9 and highest in Hazara 38·4. The three remaining districts returned rates in excess of 30. Once again the proportion of male to female births recorded was extremely high, *vis.*, 1,235 as against 1,234 in 1916. Perhaps the chief fact that this abnormal sex ratio denotes is the far greater importance attached to the birth of a son. The birth rate exceeded the death rate by 2·2 as compared with 3·7 in the previous year. There has been a more or less continuous decline during the last six years in the excess of recorded births over recorded deaths. In the year under report the fall in the birth rate may be attributed in part to the excessive prevalence of malaria experienced in the previous year. This is almost certainly the case as far as the Peshawar district is concerned.

The death rate fell from 30·09 in 1916 to 29·9 which is still 4·4 in excess of the mean rate of the previous five-year period.

Deaths.

The district rate was lowest in Peshawar 24·7 and highest in Dera Ismail Khan, 40·5. The urban mortality rate is reported as 32·65 which is 2·96 in excess of the rural rate. The male death rate works out at 30·2 as compared with 29·7 the female rate. Once again November was the month of maximum mortality which was at the annual rate of 48·54 as compared with 19·35 and 19·52 in August and July, the two months with fewest deaths. The infantile mortality rate was 194 as compared with 185 in the previous year. It is probable that the increase is due to improved reporting and that the reported rate still much understates the case.

No case of cholera was reported in the province during the year and only 87 deaths were attributed to smallpox. No less than 50,561 deaths of the 61,162 were attributed to "fevers." The fever deaths do not lend themselves to a detailed analysis though from a study of seasonal prevalence of mortality it is probable that malaria was a more important factor than usual in the Bannu and Dera Ismail Khan districts. Attempts were made to estimate the value of "quinodine" as a prophylactic which is considerably cheaper than quinine salts. The results were not very encouraging and the Chief Medical Officer records his opinion that "the general population are too lethargic and lazy to take the drug, even if it is at their hand, until the attack of fever comes along."

There were only 23 cases of plague reported during the year; the majority of these were probably imported.

CENTRAL PROVINCES AND BERAR : (POPULATION—13,916,308).

75. The rainfall of 1917 in the Central Provinces was very considerably in excess of normal. January was dry and November and December had humidity conditions approximating the normal, but the remaining months of the year were abnormally wet. The monsoon rainfall was 18 per cent in excess of the normal. The usually hot months of April and June were cool. The agricultural conditions were on the whole satisfactory: high prices for certain essential commodities added to the cost of living.

On the whole the year was a healthy one and plague was the only communicable disease which was unduly prevalent.

The birth rate rose from 43·85 in 1916 to 48·13: the mean rate of the quinquennium 1912-16 was 48·14. The district birth rate varied

Births.

between 39·35 in Mandla and 53·43 in Drug. The urban birth rate was 40·98. There were 1,049 male births recorded for every thousand

female: the corresponding figures for 1915 and 1916 were 1,045 and 1,046. The birth rate exceeded the death rate by 12·07. In no district did deaths exceed the births in number.

The total number of deaths recorded was 501,834 which is equivalent to a mortality rate of 36·06 as compared with 39·95 in 1916 and 37·03 the mean rate of the previous five years. The highest district rates were reported from Nimar 50·56, Akola 46·08 and Narsinghpur 44·40 and the lowest from Mandla 25·09, Seoni 28·43 and Chanda 28·87. The urban death rate was 41·71 which is 6·23 in excess of the rural rate. The male death rate was 37·91 which is 3·69 in excess of the female rate. The male death rate exceeded the female rate at all age periods except those between 10 and 20. The last three months of the year witnessed the greatest number of deaths when the population died at the rate of 44·10, 49·13 and 46·31 as compared with 25·63 and 26·54 the rates in June and July the months with fewest deaths.

The infantile mortality rate per thousand births was 240·18 for males and 212·87 for females as compared with 281·03 and 248·94 in the previous year. The mildness of the cold weather was almost certainly the chief cause in determining the relatively low rates of 1917. The important subject of infantile mortality is receiving considerable attention in the Central Provinces and a special inquiry is being carried out in Nagpur city.

Cholera was very little in evidence in the year under report. It was the reported cause of but 691 deaths equivalent to a death rate of 0·05 as compared with a mean quinquennial cholera death rate of 1·65. Eleven of the 22 districts were completely free from the disease: in each of eight others the total cholera deaths did not exceed ten. The Jubbulpore district reported 386 deaths and Damoh 215 or between them 87 per cent of the total.

Smallpox was the cause of 452 deaths, equivalent to a death rate of 0·03, which is 0·21 less than the mean rate of the previous quinquennium. Three hundred and thirty-seven of the deaths were among children under ten years of age. The highest district smallpox death rate was 0·10. The disease does not appear to be a serious cause of mortality in the Central Provinces.

Measles and chicken-pox were the cause of 2,627 deaths.

To 'fevers' were attributed 226,204 deaths, 45 per cent of the total mortality, equivalent to a death rate of 16·26 against 17·14 the mean rate of the five-year period 1912-16. The male fever death rate was 16·83, 1·15 in excess of the female rate. The last four months of the year were the period of maximum fever mortality, February, June and July of least. In Akola alone among the districts of the Central Provinces was the 1916 fever mortality in excess of that of the previous year. Malaria was less in evidence almost everywhere. Quinine is increasing in popularity in these Provinces and in the year under report demands were in excess of available supplies.

To plague were attributed 48,036 deaths, a provincial plague death rate of 3·45 as compared with 2·05 in 1916 and 1·00 the mean rate of the quinquennium 1912-16. The outbreak of 1916-17 which reached its height in the month of February was the most severe

on record in these Provinces. The early monsoon rains and the almost total absence of normal hot weather conditions favoured the persistence of infection through what is normally the plague-free season. June was the month of minimum mortality in which 307 deaths were reported, a high figure for that month. The advent of favourable conditions in August was accompanied by a rapid increase in the mortality bill which exceeded 4,000 in each of the last three months of the year. Fortunately the weather conditions experienced in December and the early months of the present year were not very favourable to the spread of the disease, with the result that the outbreak of 1917-18 was appreciably less severe than its immediate predecessor.

As usual the female plague death rate 3.54 was somewhat in excess of the male rate 3.36. The urban plague death rate, 11.86, was much in excess of the rural rate, 2.60. Only eight towns of the 110 in the province escaped plague altogether. No less than nineteen towns had plague death rates in excess of 20.

Two districts, Betul and Drug, practically, escaped altogether and the death rate was below unity in six others. The highest district rates were reported from Akola 9.46, Buldana 8.65, Narsinghpur 8.27, Jubbulpore 7.79, Amraoti 7.53, Nimar 7.13 and Nagpur 6.27. Main lines of railway run through all these districts a fact of some epidemiological interest and importance. For further remarks about plague see the special section devoted to that disease on page 65 of this report.

MADRAS : (POPULATION—42,005,735).

76. The rainfall in the year was approximately normal in the south-east of the Presidency; elsewhere it was in considerable excess. In spite of this there was a slight rise in the price of the staple food grains, rice being sold at 7.8 seers per rupee against the previous year's rate 7.9. The year was an unhealthy one.

The birth rate fell from 32.5 in 1916 to 32.4 against 32.1, the mean of the previous five years. Variations in districts were marked; the rates were highest in Madras 45.4, Chingleput 40.9 and Malabar 40.2 and very low in Ganjam 22.9, Nellore 23.5, and Cudappah 24.5. The urban birth rate 33.8 exceeded the rural rate by 1.6. There were 1,044 male births recorded for every thousand female. The birth rate exceeded the death rate by 6.2 as compared with 10.6 in 1916.

There were 1,049,545 deaths from all causes recorded in the Presidency during 1917, equivalent to a death rate of 26.2 as compared with 21.9 in the previous year and 22.9 the mean rate of the previous five years. Among districts Bellary returned by far the highest death rate, 45.8, and was followed by Madras 38.9 and Kurnool 37.2. The low rates returned from Ganjam and Nellore districts, 16 and 17.2, respectively, are probably indications of more than usually deficient reporting. The urban death rate 31.4 exceeded the rural rate by 5.9. The male death rate 27.1 was 1.7 in excess of the female rate. Male deaths exceeded female deaths at all age periods except those between 10 and 30 years of age. December and November were the months of maximum mortality when deaths occurred at the rate of 35.42 and 32.25, respectively, as compared with 21.12 in April the month with fewest deaths.

The infantile mortality rate was 202.3 for males and 185.2 for females: the corresponding figures for 1916 were 192.6 and 172.5. The inquiry that was conducted during 1917 with the object of estimating the present defects in the regis-

tration of vital statistics, by employing a medical personnel for these duties in small typical areas of the Presidency, had to be abandoned owing to the shortage of medical personnel. It is to be hoped that the return of normal conditions will enable this inquiry to be carried out. Even in municipalities, where registration is compulsory, the registrars of births and deaths are for the most part quite deficient of medical knowledge. This is true not only of the Madras Presidency but of India as a whole.

Cholera was much more in evidence than in the previous year and was responsible for 58,939 deaths, a mortality rate of 1.5 as compared with 0.4 in 1916: the mean rate for the previous quinquennium is 1.2. Bihar and Orissa and Assam alone among the administrations of India suffered more from cholera than did Madras in the year under report. None of the 25 districts which make up the Presidency was quite free from the disease. The highest district death rate, 4.2, was reported from Kistna and the lowest from South Kanara, 0.1. Forty-three per cent of the total cholera deaths were reported in the last two months of the year. Attention is being paid to the protection of rural water supplies: the decreased incidence of cholera mortality that has followed the inauguration of piped water supplies in towns is worthy of note.

The Madras Presidency was responsible for more than half the total number of smallpox cases reported in British India during 1917. This disease yielded a death rate of 0.9 as compared with 0.5 in 1916 and 0.5 the mean rate of the previous five-year period. In municipal areas the smallpox death rate was as high as 1.4. In such places vaccination is supposed to be compulsory and the high incidence of smallpox in towns indicates that local bodies are not paying that amount of attention to the subject that its importance warrants. There was no very marked seasonal prevalence of the disease: deaths were somewhat more numerous in December than in any other month.

There were 321,902 deaths ascribed to 'fevers,' 31 per cent of the total mortality from all causes, equivalent to a death rate of 8.0 as compared with 7.3 in 1916. There were no extensive anti-malarial measures carried out except in the city of Madras and in Bellary town where the results achieved are stated to be satisfactory.

Plague was responsible for 24,708 deaths, a death rate of 0.6 as compared with 0.2 the mean of the previous five years. The disease was more widespread than usual at the close of the year and the outbreak of 1917-18 has been the most severe yet experienced in the Presidency. This subject is considered in a special note (see page 65 *et seq.*)

Though Madras year after year reports a relatively small percentage of deaths under the comprehensive head of 'fevers' the deaths ascribed to 'all other causes' are usually in excess of the proportion so reported by any other Indian administration, Burma alone excepted. During 1917 nearly half the total number of deaths were so returned. The possibility of introducing fresh heads under which deaths are to be recorded is being considered and in the future it may be possible to hazard some conjectures as to the causes determining nearly 50 per cent of the total deaths which occur annually in the Madras Presidency—a subject on which enlightenment is urgently needed.

CITY OF MADRAS: (POPULATION—518,660).

77. The birth rate of Madras city rose from 41·8 in 1916 to 44·9 in the year under report; calculated on the estimated population in the middle of the year the birth rate amounted to 44·4. As usual the largest number of births were recorded in September and August. There were 1,047 male births registered for every thousand female.

The death rate was 38·4 as compared with 34·5 in the previous year; the mean rate for the previous quinquennium was 39·2. On the estimated population the mortality rate works out at 38·3. The infantile mortality rate was 277·3 as compared with 265·1 in 1916 and 286·1 in 1915. Forty-four per cent of the infantile deaths occurred under the age of one month. Child welfare work is receiving an increasing amount of attention in the city and a satisfactory start has been made. Malaria was the reported cause of 4·3 per cent of the total deaths. Well devised anti-malarial measures were continued and the results appear to have been very satisfactory. There were 47 deaths attributed to enteric fever and 23 fatal cases of kala-azar were recorded. Cholera was responsible for 130 cases, 78 of which proved fatal: all but 28 appear to have been infected in the city. Smallpox was less in evidence than in the previous year and the 582 cases with 195 deaths compare well with the 1,489 attacks and 476 deaths recorded in 1916. Seventy-nine deaths were attributed to measles. Of the eight cases of plague that were reported during the year seven were imported; the remaining case was one of pneumonic plague who was infected from a plague patient on whom she was in attendance. No less than 1,067 deaths were attributed to tuberculosis. One hundred and thirty-six persons died from leprosy.

BOMBAY: (POPULATION—19,587,383).

78. The rainfall during 1917 was well above the normal in all parts of the Presidency. It was very excessive in October and some damage was done to the crops the yield of which, however, was good. The price of food grains was in excess of normal. The rainfall in Sind was abnormally heavy and was responsible for a very severe outbreak of malaria. The year was a very unhealthy one.

The birth rate for the Presidency was 35·73 as compared with 35·98 in 1916 and 36·09 the mean rate of the previous five years.

Births. The district rates varied within wide limits and as usual were much lower in Sind than elsewhere. The highest rates were registered in West Khandesh 50·99, East Khandesh 49·71 and Broach 45·79. The lowest rates reported were from Hyderabad 14·48, Thar and Parkar 18·12, and Karachi 20·82; all these three districts are in Sind, where the registration of vital statistics in rural areas is more than usually defective. The rural birth rate was everywhere, except in Sind, in excess of the urban rate. Once again Poona recorded a lower birth rate than any other town in the Presidency, 11·46 as compared with 6·94 in 1916. Both rates are incredibly low and would appear to furnish strong evidence of very deficient reporting. Dohad furnished a higher birth rate than any other town, 54·18. In the Presidency as a whole there were 1,080 male births recorded for every thousand female. The presidency birth rate fell short of the death rate by as much as 5·03. In only ten districts of the twenty-seven was any natural increase of population registered in the year under report.

There were 798,406 deaths recorded during the year, equivalent to a death rate of 40·76 as compared with 33·32 in the previous year and 30·09 the mean rate of the previous quinquennium. The 1917 death rate was much in excess of any rate recorded during the last decade. The district rates were highest in Satara 59·17, Ahmedabad 53·93 and Sholapur 53·57 and lowest in Panch Mahals 24·19, Ratnagiri 24·32 and Hyderabad 25·64. The urban death rate was 44·70, 4·7 in excess of the rural rate. The highest urban rates were those of Dhandhuka 100·5, Malegaon 100·04 and Ranebennur 88·37. The lowest urban rates were reported from Godhra 17·15, Igatpuri 17·42 and Poona Cantonment 17·79. Forty-five urban areas against 28 in 1916 recorded death rates in excess of 40. The female death rate 41·76 was 1·92 in excess of the male rate. The female death rate exceeded the male rate at all age periods from 5 to 40: between 0 and 5 and from 40 upwards the male rate was in excess. The last three months of the year were the most unhealthy when mortality at the rate of 51·39, 62·62 and 55·83 was recorded as compared with 25·68 and 27·45 in June and May the months with fewest deaths.

The infantile mortality rates were 220·06 and 213·01 for male and female infants, respectively: the combined rate was 216·67 per thousand births against 199·57 in 1916. In spite of the increase only 18·99 per cent of the total deaths occurred among infants: the percentage in 1916 was 21·58. The decrease was due to the prevalence of plague the weight of which falls on the adult population.

Cholera was the reported cause of 17,003 deaths as compared with a decennial mean of 21,671. The 1917 total is equivalent to a death rate of 0·87 which is 0·23 less than the mean rate of the previous quinquennium. Eighty-five per cent of the total deaths occurred in the three adjacent Southern Mahratta districts, Belgaum, Bijapur and Dharwar, where cholera death rates of 5·45, 5·23 and 4·69 were registered. Only one other district, Kanara, had a cholera death rate in excess of unity. March, April and May were the months of maximum cholera incidence. The urban cholera death rate was 0·51 and the rural rate 0·94. The male cholera death rate was 0·88 and the female 0·85.

' Fevers ' were responsible for 298,919 deaths, a rate of 15·26 against 13·40 in 1916 and a mean quinquennial rate of 13·06. The 1917 total is the highest recorded since 1901. The highest fever death rates were recorded in the Sind registration area which was the scene of widespread and virulent malaria attributable to most excessive rainfall. For Sind as a whole the fever death rate amounted to 28·06, 12·53 in excess of the quinquennial mean. The last three months of the year witnessed the highest fever mortality. The fever deaths in these months formed 38 per cent of the year's total. The female fever death rate was 15·62, 0·7 in excess of the male rate. The urban fever death rate was only 8·80 as compared with 16·51 the rural rate.

Plague was unduly prevalent in the year under report and was responsible for 162,874 deaths, a mortality rate of 8·31, or 6·29 in excess of the quinquennial mean. Certain features of the outbreak are referred to in the special note on plague which will be found on page 65 of this report. The incidence of the disease in the districts varied within wide limits. The most severely infected districts returned plague death rates as follows :—Satara 29·50, West Khandesh 20·17, Sholapur 18·19, East Khandesh 17·23, Ahmedabad 15·00, Nasik 14·12, Belgaum 12·57 and Poona 10·11. Four

other districts had rates between 5 and 10, eight between 1 and 5 and seven had plague death rates of less than unity.

The interesting remarks on plague contained in the Annual Report of the Sanitary Commissioner with the Government of Bombay emphasize (1) the importance of grain and the grain trade as factors in the incidence and dissemination of plague infection and (2) the value of plague inoculation. The experience of Satara town afforded a striking illustration of the value of energetic and intelligent rat destruction as a plague preventive measure. Rat destruction in Satara town was continued throughout the year but in no other towns of the district (except Mahabaleshwar). The plague mortality of the district as a whole was 29.50 and of the five towns in the district :—

	Population.	Plague death rate.
Satara	18,665	6.53
Wai	7,280	22.53
Karad	11,228	36.69
Ashta	9,351	20.42
Islampur	8,574	32.42

Epidemic plague raged in the villages surrounding Satara which has superior communications to any other town of the district.

Gujarat was severely infected after many years of comparative freedom. The Sanitary Commissioner, Bombay, advances the following interesting explanation of this interesting epidemiological fact. In Gujarat the cultivation of cotton and tobacco has increased greatly in recent years which increase has resulted in an enhanced importation of grain, from areas where grain is cheap and stocks are plentiful. Such areas are likely to have an abnormally large rat population and in that degree are likely to be severely infected with plague in a year of such widespread prevalence of the disease as was 1917.

The urban plague death rate was 10.04 compared with 7.98 the rural rate : the female rate was 8.79, the male rate 7.88.

Smallpox was slightly less in evidence than in the previous year. It was the reported cause of 3,095 deaths, equivalent to a rate of 0.16 as compared with 0.26 the mean rate of the previous quinquennium. Half the total deaths occurred among children under ten years of age. Excluding Bombay city (1.27) the highest smallpox death rates in districts were recorded in Surat 0.75 and Colaba 0.71.

Deaths registered under this somewhat comprehensive head were equivalent to a death rate of 4.63 against 4.08 in 1916 and 3.47 the previous quinquennial mean rate. The urban rate was 9.44 as compared with 3.70 the rural rate. The death rate from respiratory disease was abnormally high in the towns of Gujarat. The highest rates recorded in the Presidency were :—Ahmedabad 20.09, Kaira 17.68 and Poona 15.09. In Poona city 753 deaths were from pneumonia, 353 from phthisis, 216 from bronchitis and 55 from whooping cough. Of the 1,024 deaths from pneumonia, bronchitis and whooping cough, no less than 923 were among children less than five years of age. The gradual increase in the incidence of phthisis

among the rural population of the Konkan gives cause for anxiety. The introduction of infection by returning mill-hands, who have acquired infection in Bombay city, among a population whose vitality has been reduced by endemic malaria is stated by the Bombay Sanitary Commissioner to be responsible for this increased incidence.

Measles was unusually prevalent in the southern portion of the Presidency.

CITY OF BOMBAY : (POPULATION—979,445).

79. War conditions appear to have had an adverse effect on the health of Bombay city in the direction of increasing the serious overcrowding which already exists and of an increase in prices of food-stuffs.

It is probable that the mean population of 1917 was very considerably in excess of that of the census of 1911 noted above. In the circumstances the health conditions experienced in the year under report were not unsatisfactory. No serious epidemic was experienced. Financial stringency was responsible for the delay in giving effect to needed improvements. The number of births registered during the year was 21,651, a birth rate of 22·10.

Deaths from all causes totalled 33,390 equivalent to a mortality rate of 34·09. Thus the death rate exceeded the birth rate by 11·9. Some of the more important causes of mortality produced death rates as follows:—Fever 2·50, diarrhoea and dysentery 2·4, tuberculosis 2·16, plague 1·74, smallpox 0·27, measles 0·22 and cholera 0·06. The 1,706 deaths ascribed to plague are with one exception (1915) the lowest number recorded since plague was introduced in 1896. The male death rate works out at 29·42 and the female at 42·9 as compared with 27·55 and 38·1, respectively, in the previous year. 26·56 per cent of the total mortality occurred among infants.

The infantile mortality rate was as high as 409·6, as compared with 387·8 in 1916 and 400·5 the average rate of the previous decade. A third of the infant deaths occurred during the first year of life. The Hindu infantile mortality rate was 451·9 as compared with 402·1 the Musalman rate. The lowest infantile mortality rates were experienced by the European and Parsee communities 116·16 and 141·66, respectively. The question of infant mortality in Bombay is receiving ever increasing attention and a considerable amount of good work was done during 1917. The difficulties are extreme as can be gathered from the fact that 67·13 per cent of the total births registered during the year occurred in families living in part or whole of a single room. There is a very definite relationship between infantile mortality rates and degree of overcrowding in the city of Bombay.

PORT OF BOMBAY.

80. During 1917, 1,482 vessels containing 554,110 crew and passengers were inspected, a very large increase on the figures of the previous year. The personal effects of 153,545 crew and passengers were disinfected; of this number 52,027 were from vessels on which cases of infectious disease had occurred. Fifty-seven of such vessels were disinfected and two outward bound pilgrim ships were cleansed and claytonized. In addition two incoming and 47 outgoing vessels were fumigated. During the year the number of cases of infectious disease discovered on vessels, including country craft, entering, leaving or in the harbour was as follows:—plague 19, cholera 38, smallpox 19, measles 26, chicken-pox 20, jigger 509, typhus 13, sleeping sickness 1. Six pilgrim ships returned to Bombay from Mecca during the year: they were reported to be completely free from infectious disease

during the homeward voyage. There were 11 deaths among the 2,809 returning pilgrims.

PORT OF KARACHI.

81. During the year 856 outward bound sea-going vessels were inspected. Bills of health were also given to 1,463 country boats. Indian crews and deck passengers of all vessels proceeding to ports out of India were inspected and their effects were disinfected immediately before departure. Sixty-three vessels, which arrived in quarantine were inspected.

Nineteen cases of plague occurred on two incoming vessels. Cholera was completely absent. Ten cases of smallpox were removed from a country boat which arrived from the Persian Gulf. One hundred and twenty cases of chicken-pox were removed from six incoming vessels. Nine convalescent cases of jigger arrived. One case of typhus fever was removed from a Government vessel. During the year 21 deaths were reported as having occurred on board vessels on the voyage to, or in, Karachi harbour. No pilgrim ships left or arrived in Karachi during the year. Fifty-one outward bound vessels were fumigated.

BURMA : (POPULATION—9,824,390).

82. Favourable climatic and agricultural conditions were experienced in Burma in the year under report. Rice, the staple food grain, was cheaper than in the previous year. On the whole 1917 was a relatively healthy year.

It is usual to consider Upper and Lower Burma separately in administrative reports, and both receive separate mention in the tables accompanying this report. Burma falls naturally into four divisions :—the Upper Burma wet, the Upper Burma dry, the Lower Burma littoral and deltaic, and the Lower Burma subdeltaic. The first division is the hill country with a rainfall of over fifty inches that forms the home of the Shans, the Kachins, the Chins and numerous hill tribes. It comprises practically the whole of the non-Burman tracts of Upper Burma. The Upper Burma dry zone extends along the valley of the Irrawaddy and next to the Lower Burma subdeltaic area it is the most densely populated part of Burma. All the coast of Burma is included in Lower Burma. Lower Burma has been longer under British rule and the two areas present methods of administration peculiar to each.

The Lower Burma birth rate was 35.58 as compared with 32.75 in the previous year and 32.69 the mean rate of the quinquennium 1912-16. The district birth rate was lowest in Rangoon 21.72 and Bassein 25.13 and highest in Tavoy 46.16 and Sandoway 44.10. The rural birth rate was 36.99, 11.04 in excess of the urban rate. There were 1,073 male births recorded for every thousand female.

The Upper Burma birth rate was 37.34 against 35.30 in 1916 and 35.62 the mean rate of the five-year period 1912-16. The district birth rate varied between 44.89 in Kyaukse and 29.73 in Meiktila. The urban birth rate was 37.06 and the rural rate 37.37. There were 1,037 male births registered for every thousand female.

The Lower Burma mortality totalled 151,380, equivalent to a rate of 24.80 as compared with 22.61 in 1916 and 23.93 the quinquennial mean rate. The death rate fell short of the birth rate by 10.78. The district rate was lowest in Kyaukpyu, 18.07 and highest in Tavoy, 34.04. The urban death rate was 34.98, 11.66 in

excess of the rural rate. Deaths were most numerous in the three months July to September when mortality was at the rate of 28.13, 30.07, and 28.31, respectively, compared with 21.05 in May, the month with fewest deaths. The male death rate was 25.42, 1.31 in excess of the female rate. The male rate exceeded the female rate at all age periods except those between 20 and 40 and above 60. The infant mortality rate per thousand births was 212.83 for males and 187.74 for females. In rural areas the infant mortality rate was 193.38 against 186.53 in the previous year. The urban rate was 272.39, which is slightly in excess of the mean rate for the previous five years. Good work is being done in Burma by societies for the prevention of infantile mortality.

In Upper Burma 97,221 deaths were recorded during the year, a mortality rate of 26.13 against 26.21 in the previous year and 28.42 the mean rate of the previous five-year period. The birth rate was 11.21 in excess of the death rate. The district rate was highest in Mandalay, 40.58, and lowest in Myingyau, 18.39. The urban rate 41.34 was markedly in excess of the rural rate, 24.67. December was the most unhealthy month when mortality at the rate of 38.80 was recorded as compared with only 18.93 in May, the month with fewest recorded deaths. The male death rate was 27.29, 2.25 in excess of the female rate. The infantile mortality rate per thousand births was 245.9 for males and 218.65 for females: in rural areas it was 221.57 against 217.76 in 1916, and in towns 348.41, which is 13.11 less than the mean rate for the previous five years.

Of the 1,914 deaths from cholera all but 28 were reported from Lower Burma which invariably suffers more than Upper Burma from this disease. The cholera death rate for Burma as a whole works out at 0.19 which is 0.48 below the mean rate of the previous quinquennial period. Cholera deaths among males were very nearly twice as numerous as those among females. The three months March-May witnessed 73 per cent of the total cholera deaths. October was completely free from the disease.

Smallpox was responsible for but 559 recorded deaths of which 236 were reported from one district, Mergui. The twelve districts of Upper Burma all together only recorded 15 deaths from smallpox. Eighteen deaths were reported from Rangoon.

Plague was responsible for 6,524 deaths as compared with 7,702 in the previous year. Plague in Burma is in a very special sense an urban disease; the urban plague mortality in the year under report was 4.35 as compared with 0.20 the rural rate. In the year under report plague was introduced into two or three places never before infected and in each instance infection was carried in merchandize.

There were 81,306 deaths attributed to 'fevers' in the year under report, 32 per cent of the mortality from all causes, representing a death rate of 8.28 which is 0.02 in excess of the mean quinquennial rate. The male fever death rate was 8.71 and the female rate was 7.82. Malaria is widely prevalent in Burma and there is reason to believe that malaria contributes very largely to the total fever mortality. December was the month of maximum fever mortality. The malaria problems of Burma have been receiving increased attention during recent years.

Investigations into the prevalence of hookworm disease are in progress. In certain of the jails attention paid to the matter is reported to have produced gratifying results in the reduction of admissions to hospital from bowel diseases.

Hookworm.

Enteric fever is widely prevalent in the towns of Burma. Thirty-nine deaths were attributed to this fever in Rangoon and more than a quarter of the total fever deaths that occurred in Mandalay city are stated to have been due to enteric fever. The Sanitary Commissioner, Burma, urges the necessity for making enteric fever a notifiable disease.

Enteric fever.

Tuberculosis was reported to be responsible for a death rate of 2.42 in Rangoon.

Beri-beri was the cause of 84 deaths in Rangoon and 40 deaths in Bassein.

CITY OF RANGOON: (POPULATION—293,316).

83. There were 6,372 births recorded in Rangoon as compared with 6,045 in the previous year: on an estimated population the corresponding birth rates work out at 20.04 and 19.26, respectively.

The 9,885 deaths registered are equivalent to a death rate of 33.70 as compared with 36.13 in 1916: on estimated populations these rates become 31.08 and 33.76. The infantile mortality rate was 286.72 against 288.01 in 1916. The society for the prevention of infantile mortality in Rangoon continues to do good work.

There were 1,378 cases of plague reported of which 1,288 proved fatal, a case mortality rate of 93.5,—a clear indication that an appreciable number of mild cases went unreported. July, August and September were the months of maximum mortality. The incidence of the disease was heaviest between the ages of 20 and 30. There were 420,052 rats destroyed during the year. Cholera was responsible for 76 cases of which 49 proved fatal. Of the 171 cases of smallpox reported no fewer than 52 were found to be imported. There were 39 deaths attributed to enteric fever. Tuberculosis was responsible for 709 deaths, giving a death rate of 2.42.

PORT OF RANGOON.

84. The number of sea-going vessels which arrived in Rangoon from foreign and Indian ports was 895. Of this number 448 were visited by the health staff and no less than 64 vessels were found to be "infected." One hundred and thirty cases of infectious disease were discovered, only forty of which were reported by the shipmaster in accordance with the port health rules. Of this number 34 were cases of cholera and 47 of smallpox, whilst two cases of plague developed symptoms of the disease after disembarkation. Thirty vessels arrived from East African ports; no case of jigger or serious communicable disease was discovered thereon.

AJMER-MERWARA: (POPULATION—501,395).

85. A still further decline in the birth rate from 38.68 in 1916 to 36.81 was experienced in the year under report; the mean rate of the previous five years works out at 41.87. There were 1,141 male births recorded for every thousand female against 1,090 in the previous year.

The year was excessively unhealthy, a circumstance which would appear to be attributable in large part to the unprecedentedly heavy rainfall experienced throughout Rajputana in 1917. Not only was plague excessively severe but malaria seems to have been likewise rampant. The small province recorded an unparalleled death rate of 102·96 as compared with 40·48 in 1916 and 45·13 the mean rate of the previous five years. The heaviest mortality was experienced in the last four months of the year when the population died at an annual rate of 130·62, 212·83, 211·47, and 191·10, respectively. January and February were the only months in which the death rate fell below 50, the rates of these two months being 41·85 and 48·88. The female death rate was 102·9 as compared with 96·8 the male rate. The female death rate exceeded the male rate at all age periods under 40 years of age : above this the male rate was in excess. As to causes of death, a mortality rate of 68·41 was attributed to 'fevers,' 22·77 to plague, 2·54 to smallpox, 2·15 to diarrhœa, 1·91 to respiratory diseases, 0·02 to cholera and 9·22 to dysentery. "All other causes" were responsible for a death rate of 4·46.

Of the 34,300 deaths ascribed to 'fevers' 62·7 per cent were recorded in the last four months of the year. The female fever death rate was 10 per mille in excess of the male rate.

There were 11,450 deaths ascribed to plague : in no month was Ajmer-Merwara free from the disease. The plague deaths of January numbered 121 and steadily increased till April when 816 deaths were reported. Thereafter a decline to 194 in June was followed by a rapid rise which continued till February of the present year. December's plague mortality totalled 2,352. The severity of plague throughout Rajputana in the year under report is referred to in the special plague note which is bound up in this volume.

COORG : (POPULATION—174,976).

86. Meteorological conditions were satisfactory in the year under report, but there was a very material rise in the price of practically all the chief food grains in general use in the district.

The improvement in the health conditions of Coorg referred to in last year's report was not fully maintained during 1917, but compared with certain other parts of India the health conditions were satisfactory. The birth rate increased from 28·74 in 1916 to 30·51 in the year under report : the mean rate of the previous five years was 26·50. There were 1,091 male births recorded for every thousand female.

The death rate rose from 27·23 to 28·87 which falls short by 4 of the mean rate of the previous quinquennium. The female death rate was 2 per mille in excess of the male rate. Deaths were most numerous in May and June when mortality at the rate of 41·85 and 40·75 was recorded as compared with 18·22 and 20·05 in November and October, the two months with fewest deaths. The infantile mortality rates for males and females were 250·9 and 239·8 as compared with 233·7 and 235·1 in the previous year.

Of the 5,051 deaths from all causes, 32 were ascribed to cholera, 566 to smallpox, 9 to plague, 3,614 to 'fevers,' 76 to dysentery and diarrhœa, 35 to respiratory diseases, 16 to injury and 703 to 'all other causes.' The increase in the smallpox deaths from 60 in 1916 to 566 is unsatisfactory.

The first of these is the fact that the government has been successful in its efforts to reduce the deficit. This has been achieved by a combination of measures, including the reduction of expenditures and the increase of revenues. The government has also been successful in its efforts to improve the economy, which has led to a steady increase in the rate of growth. This has been achieved by a combination of measures, including the reduction of taxes and the increase of public works. The government has also been successful in its efforts to improve the social services, which has led to a steady increase in the quality of life. This has been achieved by a combination of measures, including the increase of public education and the improvement of the health services. The government has also been successful in its efforts to improve the infrastructure, which has led to a steady increase in the productivity of the economy. This has been achieved by a combination of measures, including the improvement of the roads and the increase of public works.

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CONCLUSION

The government has been successful in its efforts to improve the economy, which has led to a steady increase in the rate of growth. This has been achieved by a combination of measures, including the reduction of taxes and the increase of public works. The government has also been successful in its efforts to improve the social services, which has led to a steady increase in the quality of life. This has been achieved by a combination of measures, including the increase of public education and the improvement of the health services. The government has also been successful in its efforts to improve the infrastructure, which has led to a steady increase in the productivity of the economy. This has been achieved by a combination of measures, including the improvement of the roads and the increase of public works. The government has also been successful in its efforts to improve the social services, which has led to a steady increase in the quality of life. This has been achieved by a combination of measures, including the increase of public education and the improvement of the health services. The government has also been successful in its efforts to improve the infrastructure, which has led to a steady increase in the productivity of the economy. This has been achieved by a combination of measures, including the improvement of the roads and the increase of public works.

Twenty Years of Plague in India with Special Reference to the Outbreak of 1917-18.

The plague epidemic of 1917-18* yielded a mortality bill that has only thrice been exceeded since the disease was imported into Bombay in 1896. It was, in fact, the most severe outbreak experienced since 1906-07. In order to arrive at an understanding of some of the causes underlying this increased prevalence it will be helpful to make a brief survey of the outbreaks of the last twenty years. *Inter alia* an endeavour will be made to determine whether recent years have given good grounds for believing that the incidence of the disease in India is on the wane.

Of the many interesting epidemiological features that have characterized the disease in India during the last two decades, perhaps the two most noteworthy are :—

- (1) The remarkable variation in intensity and diffusibility that have distinguished the outbreaks of different years.
- (2) The constancy of the seasonal prevalence of the disease in the worst infected areas, a constancy that enables one to forecast the probable course of events some months ahead, in a manner that is impossible in the case of any other zymotic disease.

In the following short summary of the more important features of the plague outbreaks in the various administrations in India special attention has been paid to these two points. The outbreak of 1917-18, which presented some unusual features, is considered at some length.

It will be remembered that plague was introduced into Bombay City in August 1896 and that some of the earliest cases were recognized in Mandvi, a portion of the city adjacent to the docks. At first diffusion was comparatively gradual, but by the middle of 1898 the disease had spread over the greater part of the Bombay Presidency where it had been the reported cause of some 90,000 deaths. Infection had also been carried to far-distant provinces.

The subsequent progress of the disease is shown in Chart No. II, where the annual plague death rate per ten thousand of the population is depicted graphically for India, as a whole, and for each administrative area in which plague has been an important cause of mortality. The chart illustrates the irregular variations in the severity of the annual epidemics, which are characteristic of plague in all parts of the country, more marked in some administrations than in others. It will be noted that an abnormally severe outbreak in one part of the country by no means necessarily connotes a similar severity elsewhere.

Between July 1898 and June 1918 rather more than ten and a quarter million deaths from plague have been recorded in India, upwards of half a million deaths a year. Formidable as this total is, it certainly falls short of the truth. It is probably a closer approximation to the actual number, however, than is common in Indian vital statistics : bubonic plague is comparatively easy to diagnose and its symptoms are only too familiar in plague-stricken India, even to the most ignorant.

* In this note the period July to June has been taken as the 'plague year.' The seasonal prevalence of the disease is by no means uniform throughout India, but June and July are almost everywhere the months of minimal plague incidence. The chief exceptions are the Punjab, Madras and Mysore. In the first named August is the month with fewest plague deaths : in the last two May is the month of minimum plague mortality.

The four most severe epidemics, with the number of deaths recorded in each, were experienced in 1904-05, 1,328,249; 1906-07, 1,286,513; 1903-04, 1,138,451 and 1917-18, 820,292. The two mildest outbreaks were those of 1898-99 and 1908-09 when the total plague deaths amounted to only 119,045 and 126,442, respectively.

The geographical distribution of the ten and a quarter million plague deaths recorded during these two decades is shown in the following table:—

Plague mortality in India, 1898-1918.

Administration.	Mean Population (Censuses), 1901 and 1911).	Total Plague Deaths.	Percentage of All India Total.
Punjab	24,471,243	2,992,166	29.2
United Provinces	48,253,980	2,386,332	23.3
Bombay	26,276,263	2,295,221	22.4
Bihar and Orissa	38,435,293	955,751	9.3
Central Provinces	15,330,178	378,541	3.7
Rajputana	10,616,020	277,043	2.7
Hyderabad	12,257,909	252,603	2.4
Mysore	5,672,796	222,476	2.1
Madras	44,307,383	152,680	1.5
Central India	8,992,880	141,798	1.4
Burma	11,302,920	90,732	0.9
Bengal	46,305,642	68,938	0.7
Other places	12,536,219	39,835	0.4
TOTAL	304,758,726	10,254,221	100.0

Expressed as ratios per thousand of the mean population, the plague mortality rate for the twenty-year period amounts to:—

Punjab	122.27
Bombay	87.35
United Provinces	49.45
Mysore	39.21
Rajputana	26.10
Bihar and Orissa	24.87
Central Provinces	24.70
Hyderabad	20.61
Central India	15.77
Burma	8.03
Madras	3.45
Bengal	1.49
India	33.65

Chart No. I is a graphic representation of the normal monthly incidence of plague mortality in India. The chief features of the normal geographical distribution

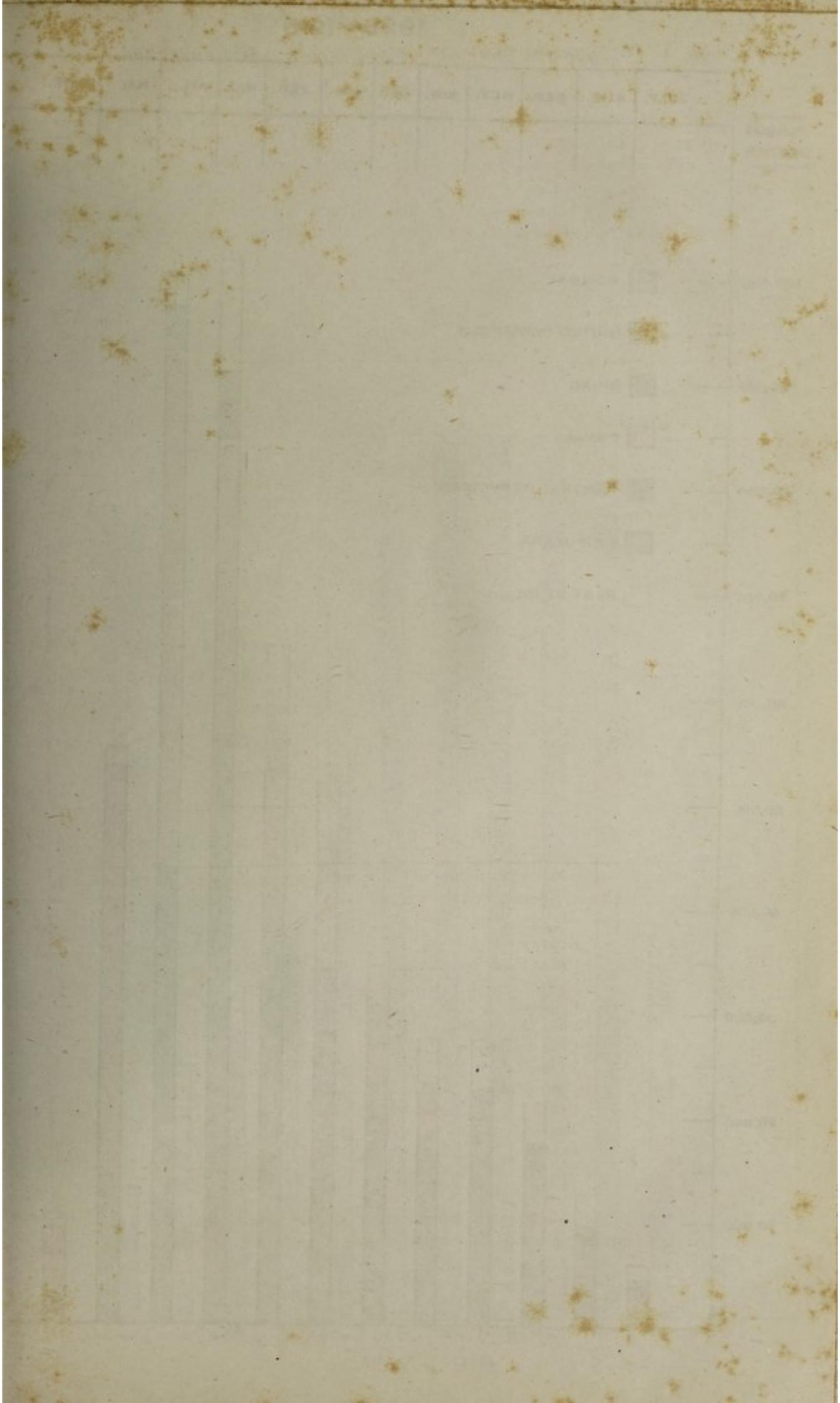
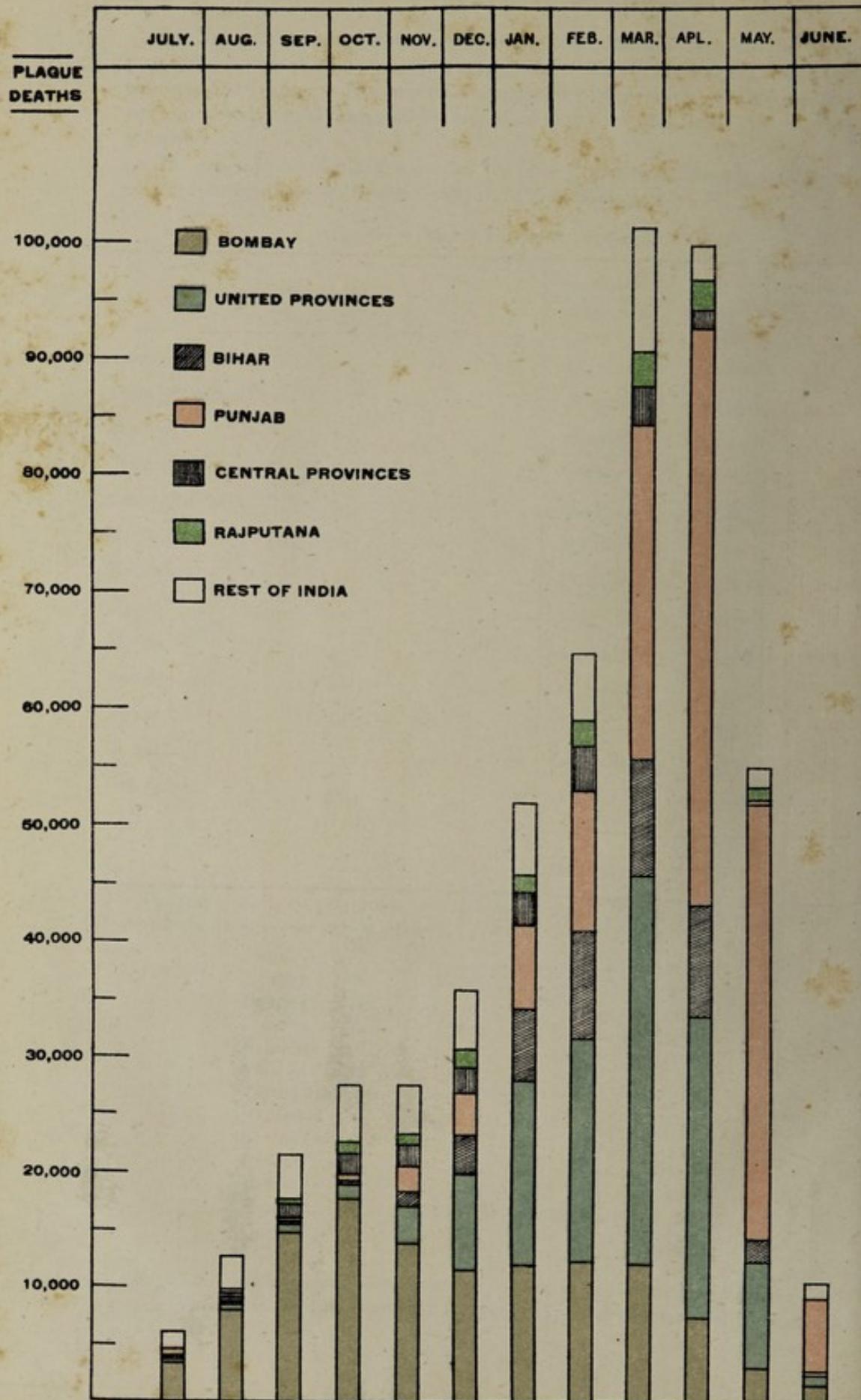
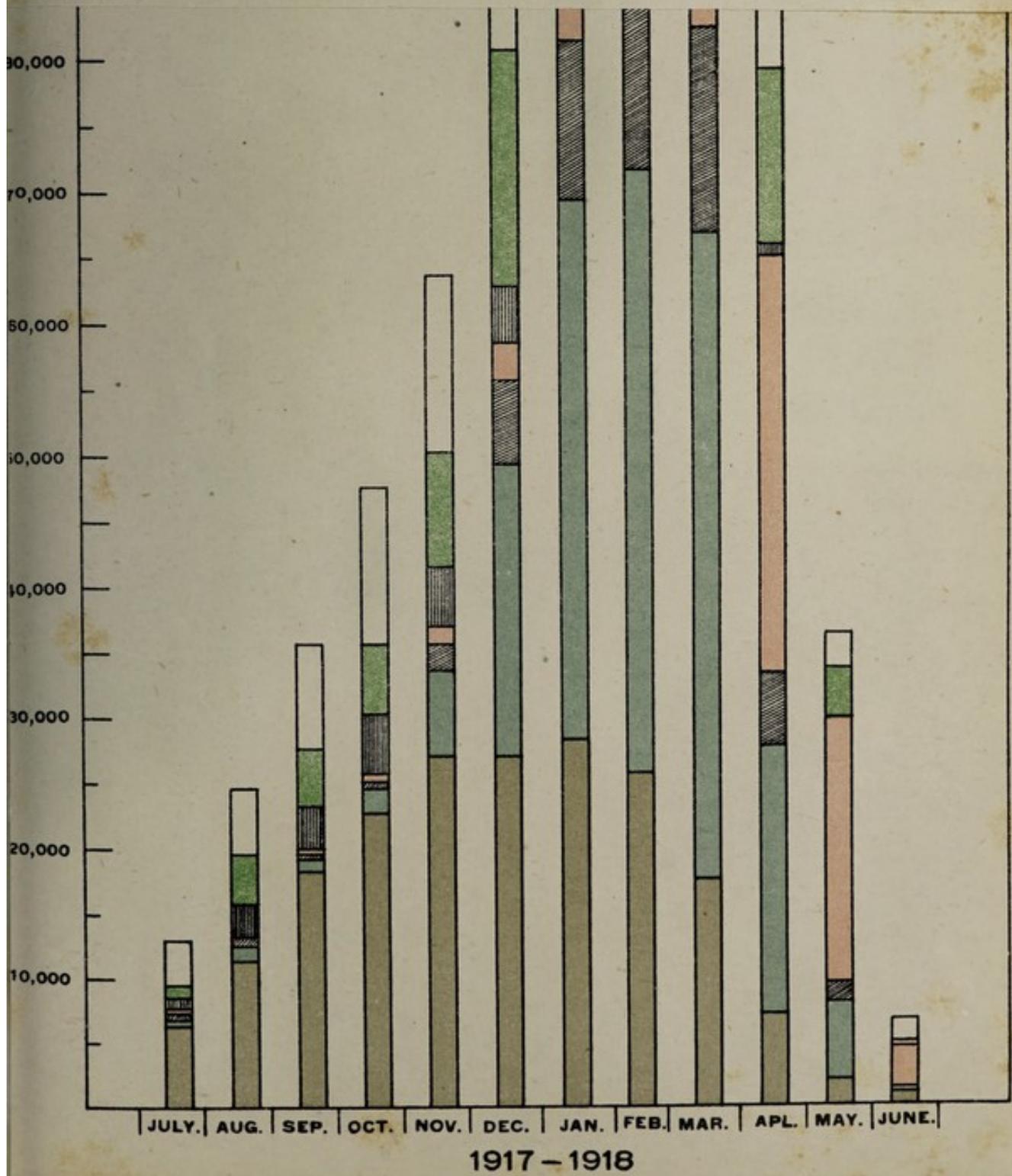


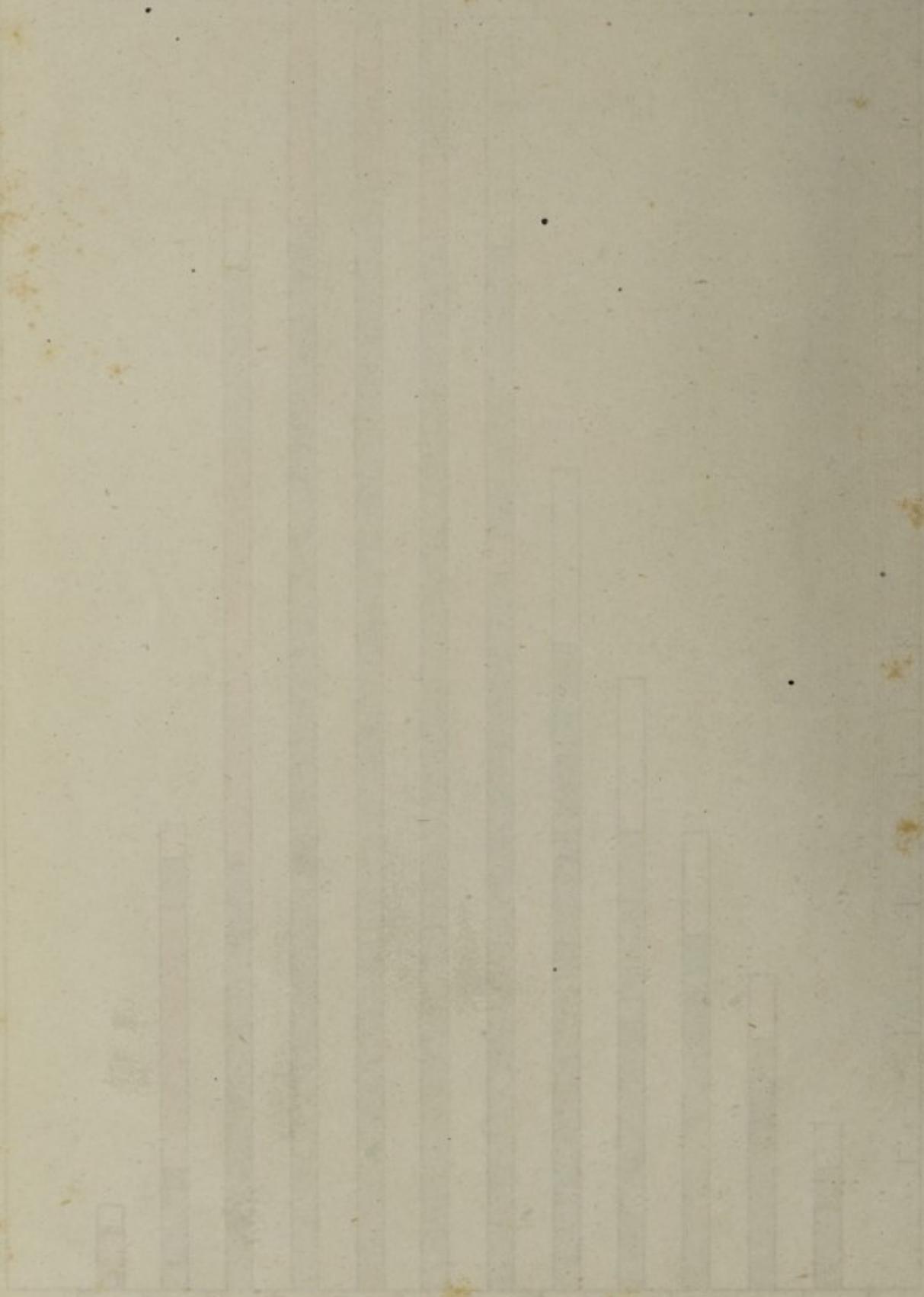
Chart No. I. (a). Normal Seasonal Prevalence of Plague in India

Mean Monthly Plague Mortality

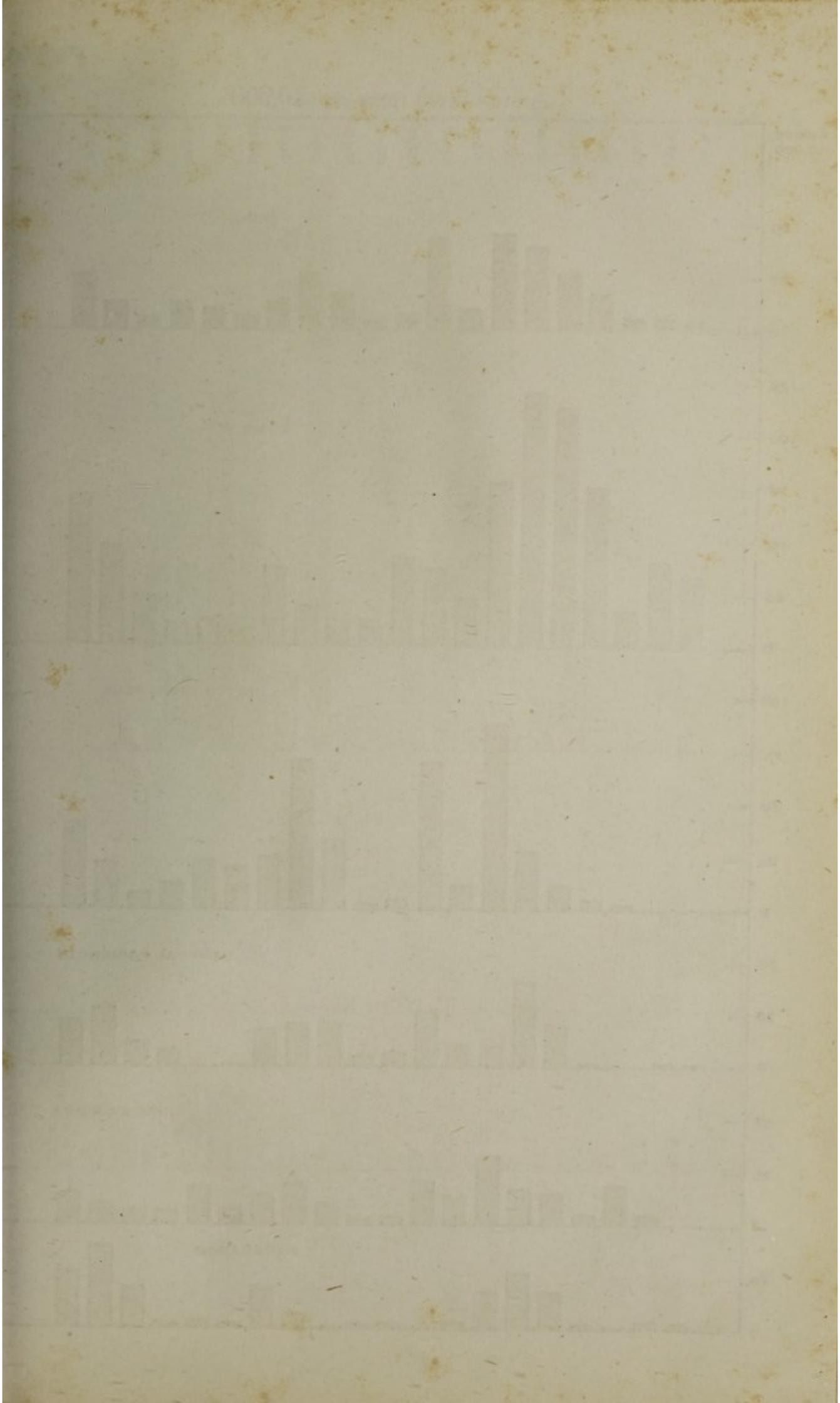
1898—1918



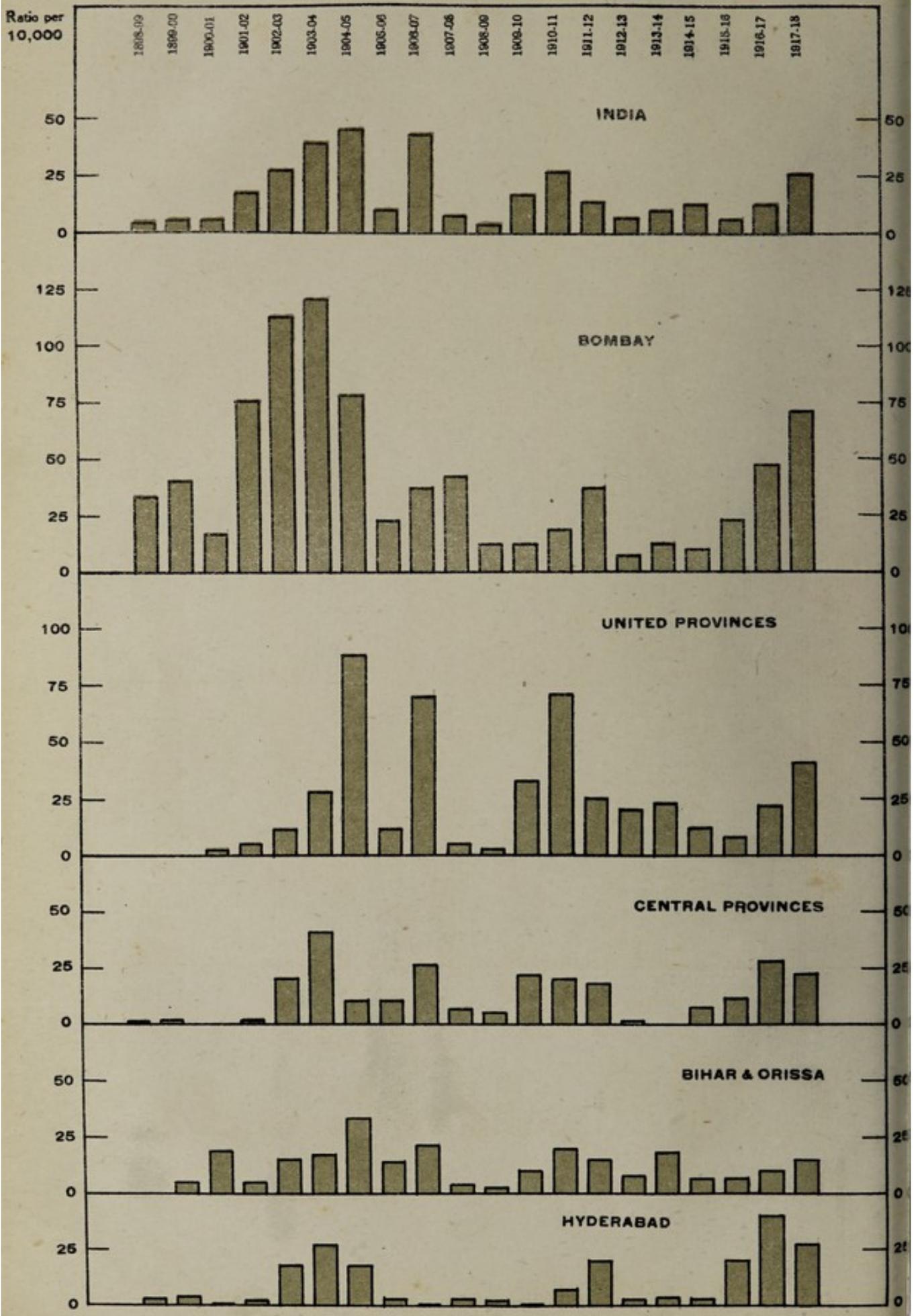




Bar chart showing data for 10 categories. The x-axis labels are illegible. The y-axis label is illegible.



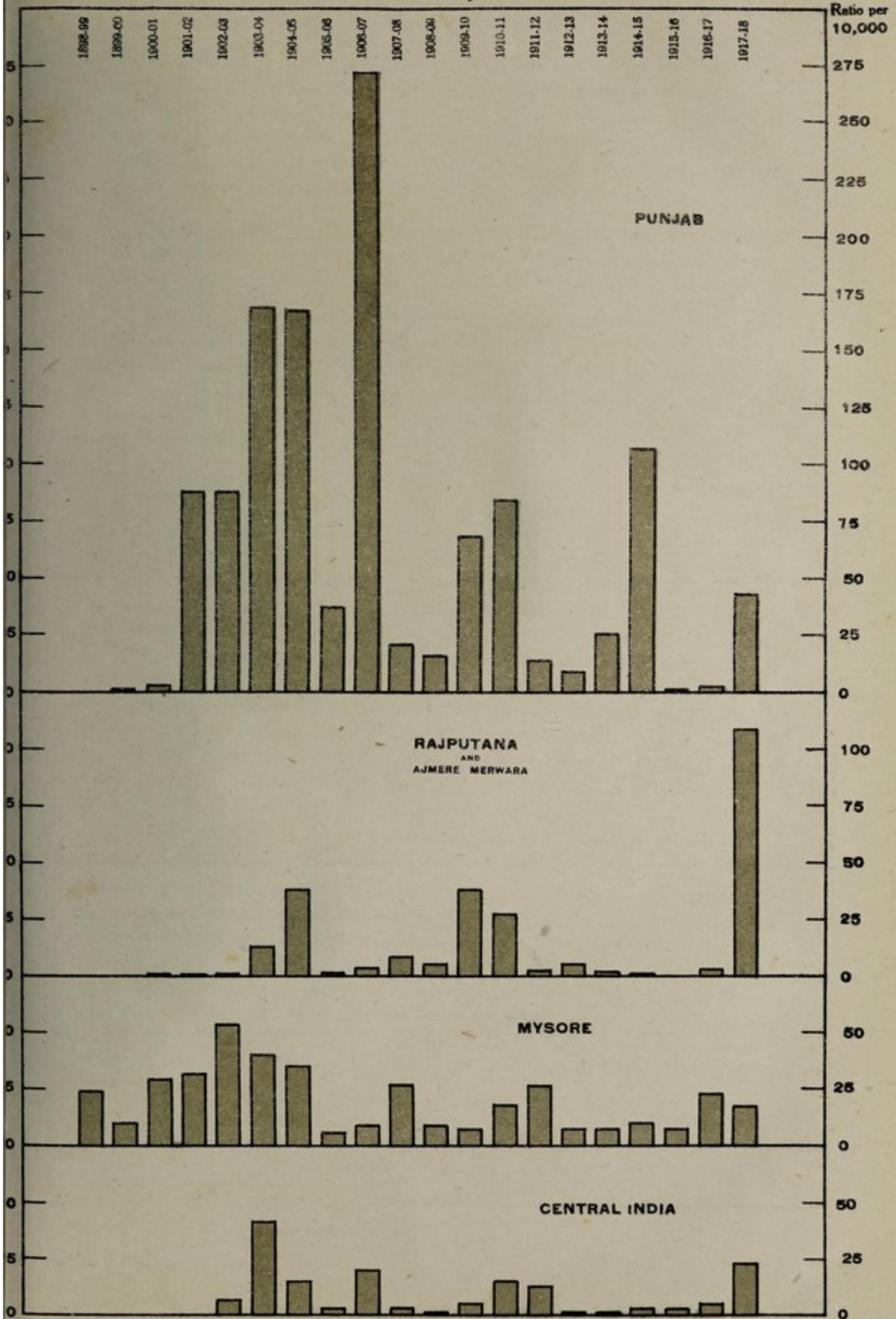
Annual death rates per 10,000

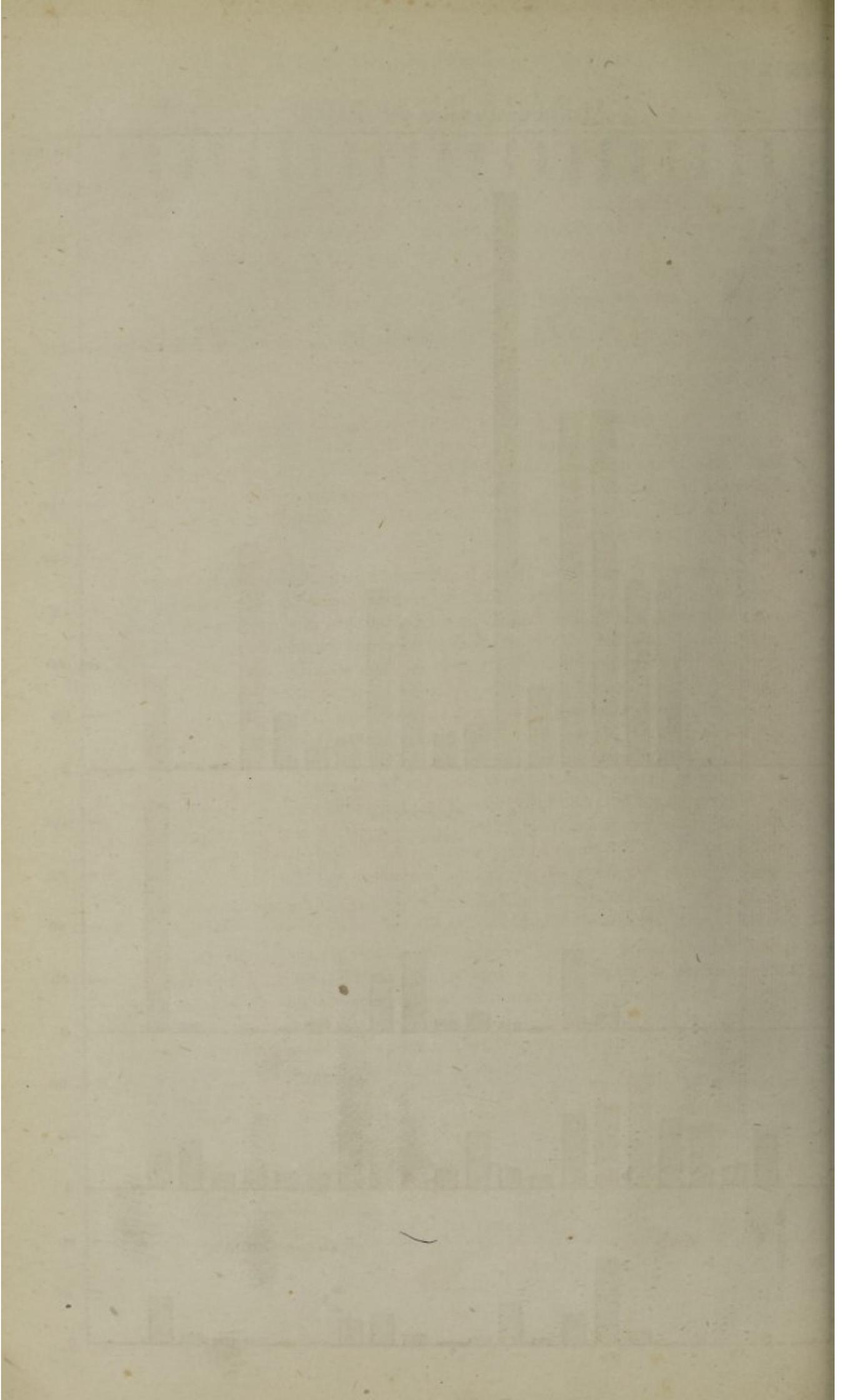


INDIA

18

Annual death rates per 10,000





of the disease in each month of the year is likewise shown. These normals are based on the figures for twenty years. In the second half of the Chart the corresponding features of the 1917-18 outbreak are depicted.

Plague epidemics in India normally reach their height in the month of March, but the April plague mortality very closely approximates that of the former month. In fact, if correction be made for the number of days in the month, we find the mean number of plague deaths per day in April to be 3,314 as compared with 3,261 in March. February, May and January come next; the mean daily plague mortality of these three months is 2,300, 1,763 and 1,660, respectively.

July and June are the months of minimum plague mortality for India as a whole; in these two months the mean daily plague mortality amounts to 191 and 342, respectively.

The normal seasonal prevalence of plague in each of the chief plague-stricken provinces of India is also depicted in Chart No. II. It will be noted that epidemics normally attain their maximum severity in Bombay in October; in the Central Provinces in February; in the United Provinces and Bihar in March; and in the Punjab in April. In the remaining provinces, taken together, March is the month of maximum mortality.

The seasonal prevalence of plague in the various parts of the country presenting such differences, it follows that the seasonal prevalence of the disease for India as a whole is subject to fluctuations dependent upon the geographical areas most severely affected. This has been by no means constant during the twenty-year period, but variations in seasonal prevalence have been less marked than one might reasonably expect. Thus ten epidemics reached their height in March; six in April; two in October (1898-99 and 1907-08); one in September (1899-1900) and one in February (1917-18). The September-October type of epidemic signifies that the Bombay Presidency, or contiguous areas in the southern half of the Peninsula, have contributed more than their normal share to the total mortality bill. Since plague became widely diffused throughout the whole of India such an epidemic has only once been experienced, namely in the very mild plague year of 1907-08. The recent outbreak of 1917-18 is the only one of the series in which February was the month of maximum mortality.

For India as a whole seven of the twenty outbreaks have been attended by a mortality rate in excess of the mean.

Before attempting a discussion of the evidence for or against the belief that the incidence of plague in India is decreasing, it will be profitable to consider the behaviour of the disease in the various administrations. An attempt will be made to explain why certain years in each have witnessed epidemics of great severity whilst others have been characterized by a much lessened plague mortality. Here it may be stated that in the first of the two decades which we are considering 6,032,693 deaths were attributed to plague; in the second decade the number was 4,221,528. Dividing the period into four quinquennia the deaths have been distributed as follows:—

1898-03	...	...	...	...	...	1,707,456
1903-08	...	...	...	...	...	4,325,237
1908-13	...	...	...	...	...	2,042,127
1913-18	...	...	...	...	...	2,179,401
						<hr/>
						10,254,221
						<hr/>

PUNJAB.

Nowhere in India have such severe outbreaks of plague been experienced as in the Punjab. The disease first obtained a firm hold of the province in 1901, since when no month has been completely plague-free. During the twenty-year period 2,992,166 deaths from plague have been recorded, nearly 30 per cent of the all-India total. This figure is equivalent to a death-rate of 122·27,* or a mean annual death-rate of 6·11. Eight of the epidemics have been attended by mortality in excess of the mean rate.

By far the most severe outbreak was experienced in 1906-07: in this one year no less than 675,307 plague deaths were recorded, equivalent to a death-rate of 27·28. Such a provincial plague death-rate has not been approached in any other year in the Punjab, or ever in any other Indian province.

Next in order of severity come the epidemics of 1903-04, 1904-05 and 1914-15, which yielded plague death-rates of 16·93, 16·73 and 10·62, respectively. In no other year has the death-rate reached ten. In six of the twenty years plague death-rates of less than unity were recorded.

In sixteen of the twenty years the epidemic reached its height in the month of April; in two years in May; in two years in March. The abnormally severe outbreak of 1906-07 was of the May type. August is the month of minimum plague mortality.

Plague in the Punjab has thus been characterized by a very wide variation in the severity of its different epidemics and a remarkably constant seasonal prevalence. Almost a negligible factor in the vital statistics of the province in the month of August when the mean daily number of deaths is only 4·2, plague in the month of April has yielded a mean daily death roll of 1,648; in May of 1,218; and in March of 923. Seventy-seven per cent of the total Punjab plague deaths have occurred in these* three months, March to May.

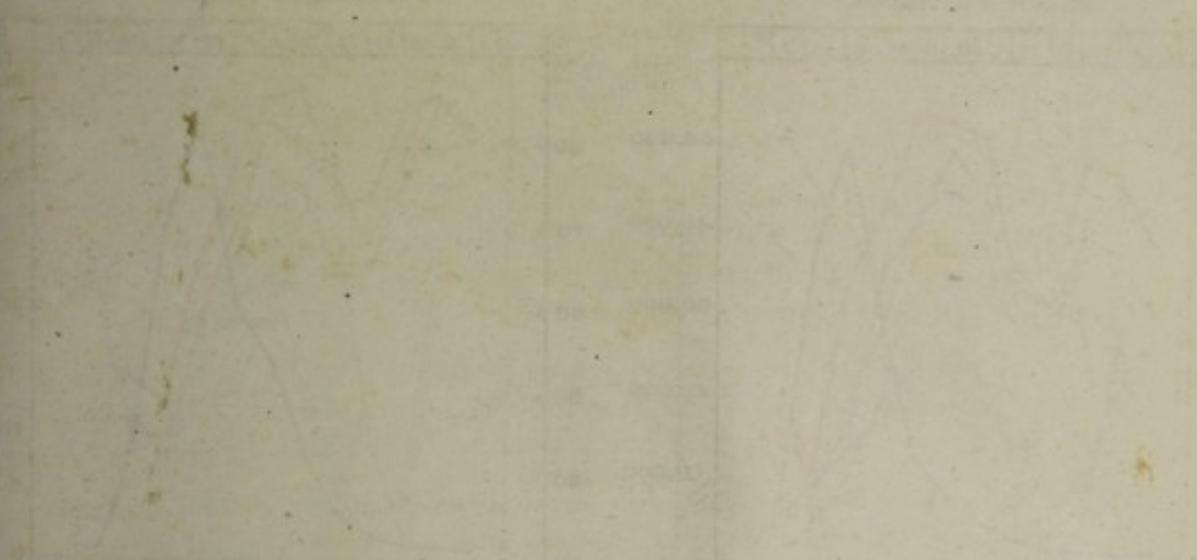
The recent outbreak of 1917-18 was of less than average intensity. It was the cause of 105,459 deaths, 4·36 per mille. In order of severity it comes ninth on the list.

It now remains to try and determine the causes of the extreme variability in severity of the Punjab plague epidemics, a variability which follows no cyclic rule. As a preliminary it will be necessary to make certain observations of general application to other parts of India as well as to the Punjab.

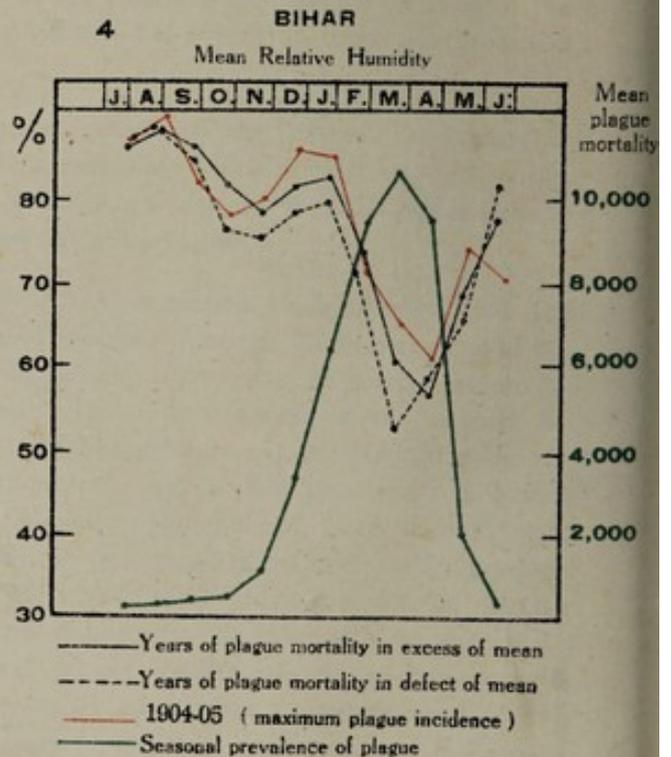
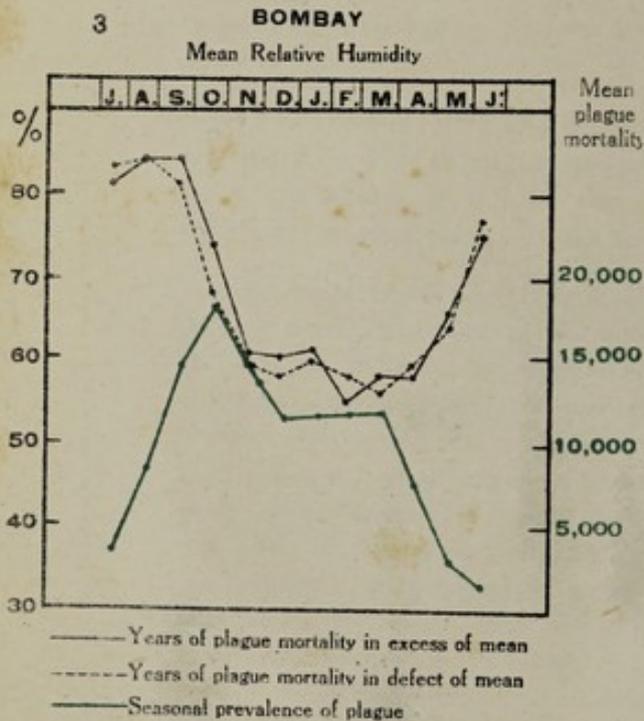
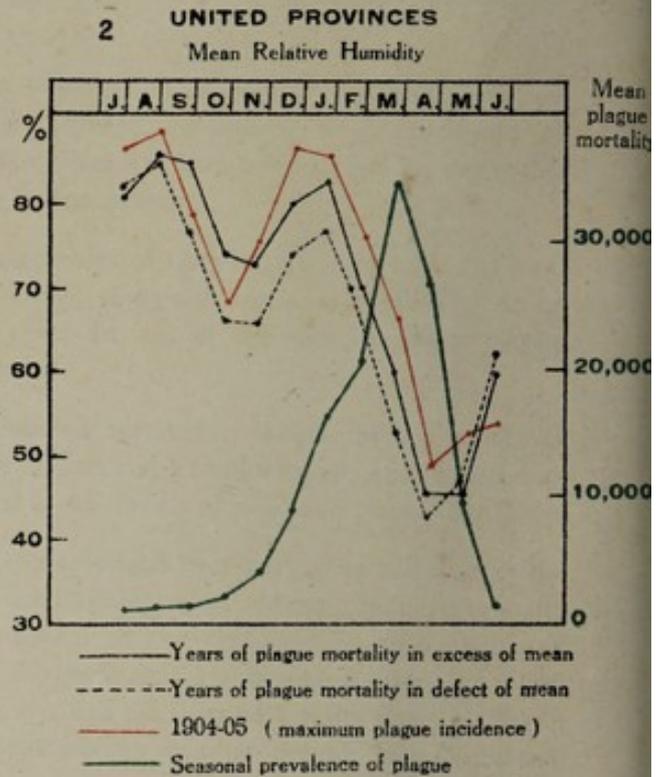
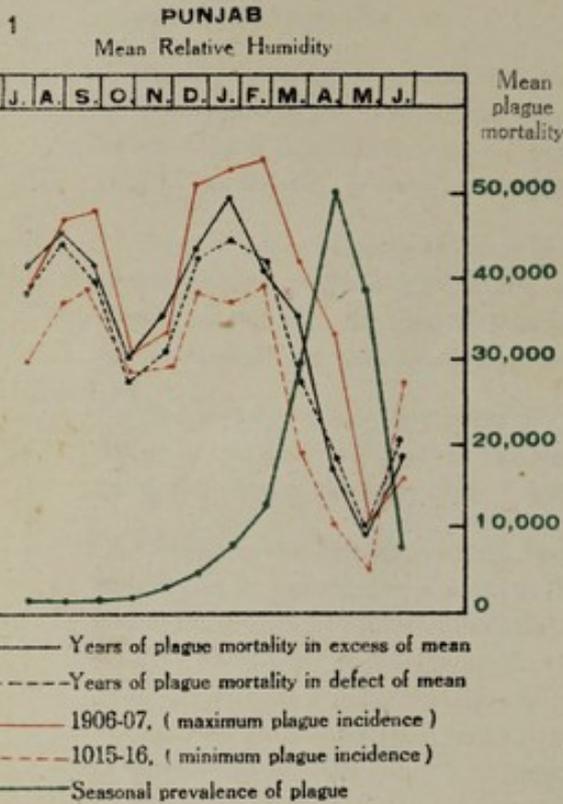
The researches of the Plague Research Commission demonstrated that the severity and diffusibility of outbreaks of plague, in certain areas investigated by them, appear to be dependant upon conditions of atmospheric humidity, which in its turn is directly dependant upon rainfall. Humidity in excess of the normal, at certain seasons of the year (*i. e.*, at certain temperatures), is beneficial to the rat flea, *X. cheopis*, in all stages of its development, and a flea population in excess of the normal appears to be essential to plague epidemics of more than average intensity. If this be so, it should be possible to demonstrate a relationship between the severity of plague epidemics and conditions of atmospheric humidity at certain seasons of the year. One would hardly expect the relationship to be very close at any rate in those parts of the country where conditions in the non-epidemic season are sufficiently adverse to reduce foci of infection to a minimum, or eradicate

*In this note all mortality rates are expressed as ratios per thousand of the population unless otherwise stated.

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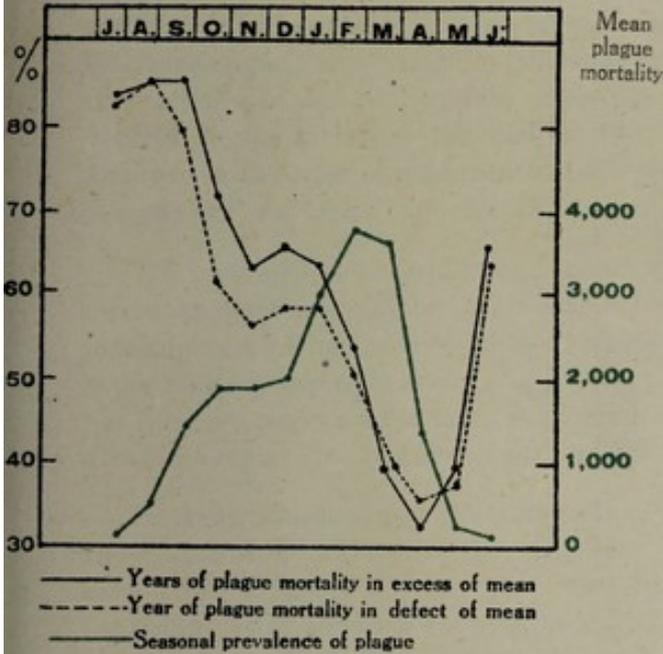


Mean monthly relative humidity of the chief plague infected administrative areas of India, comparison of conditions prevailing in severe and mild plague years respectively. The seasonal prevalence of the disease in each area is likewise indicated.

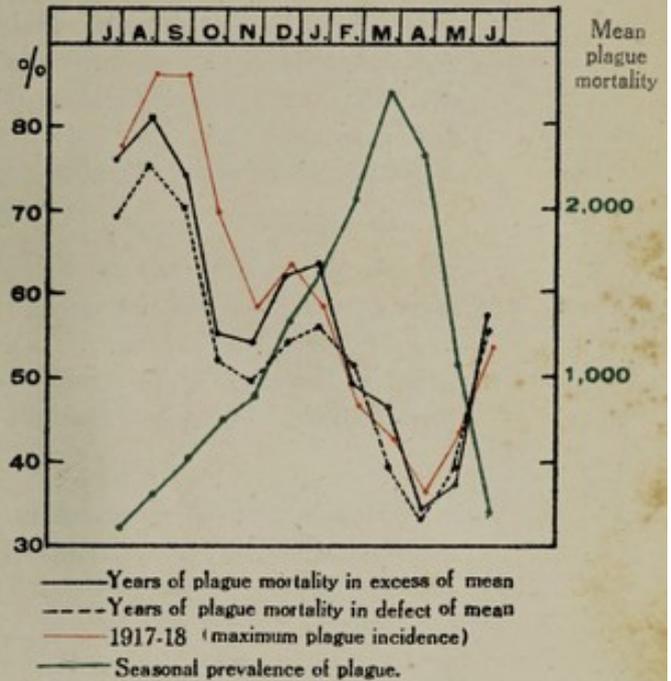


Mean monthly relative humidity of the chief plague infected administrative areas of India, comparison of conditions prevailing in severe and mild plague years respectively. The seasonal prevalence of the disease in each area is likewise indicated.

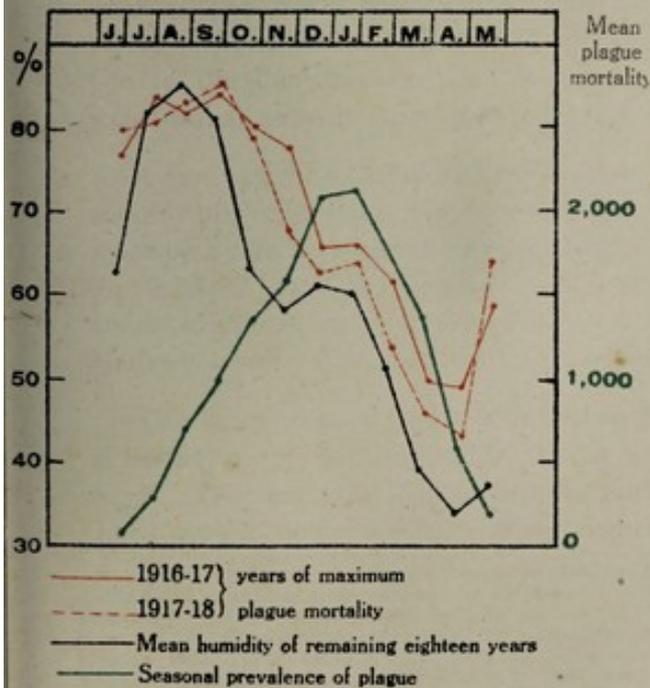
5 CENTRAL PROVINCES
Mean Relative Humidity



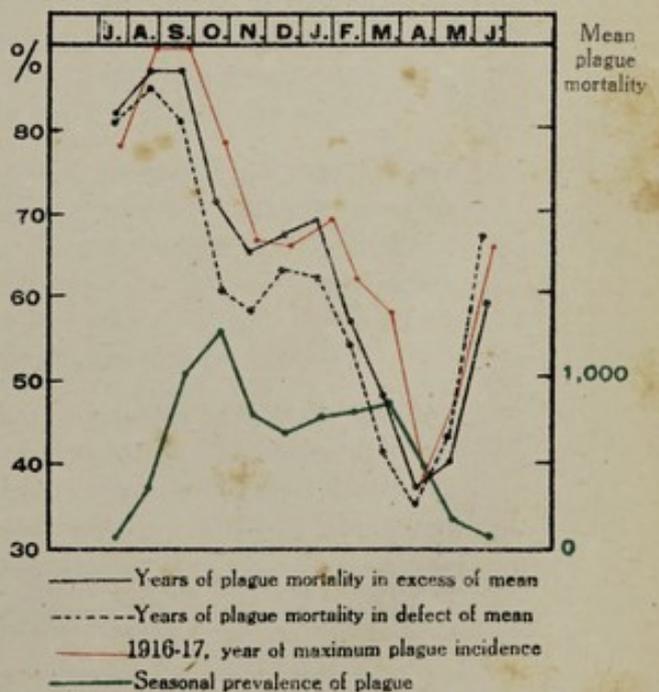
6 RAJPUTANA
Mean Relative Humidity

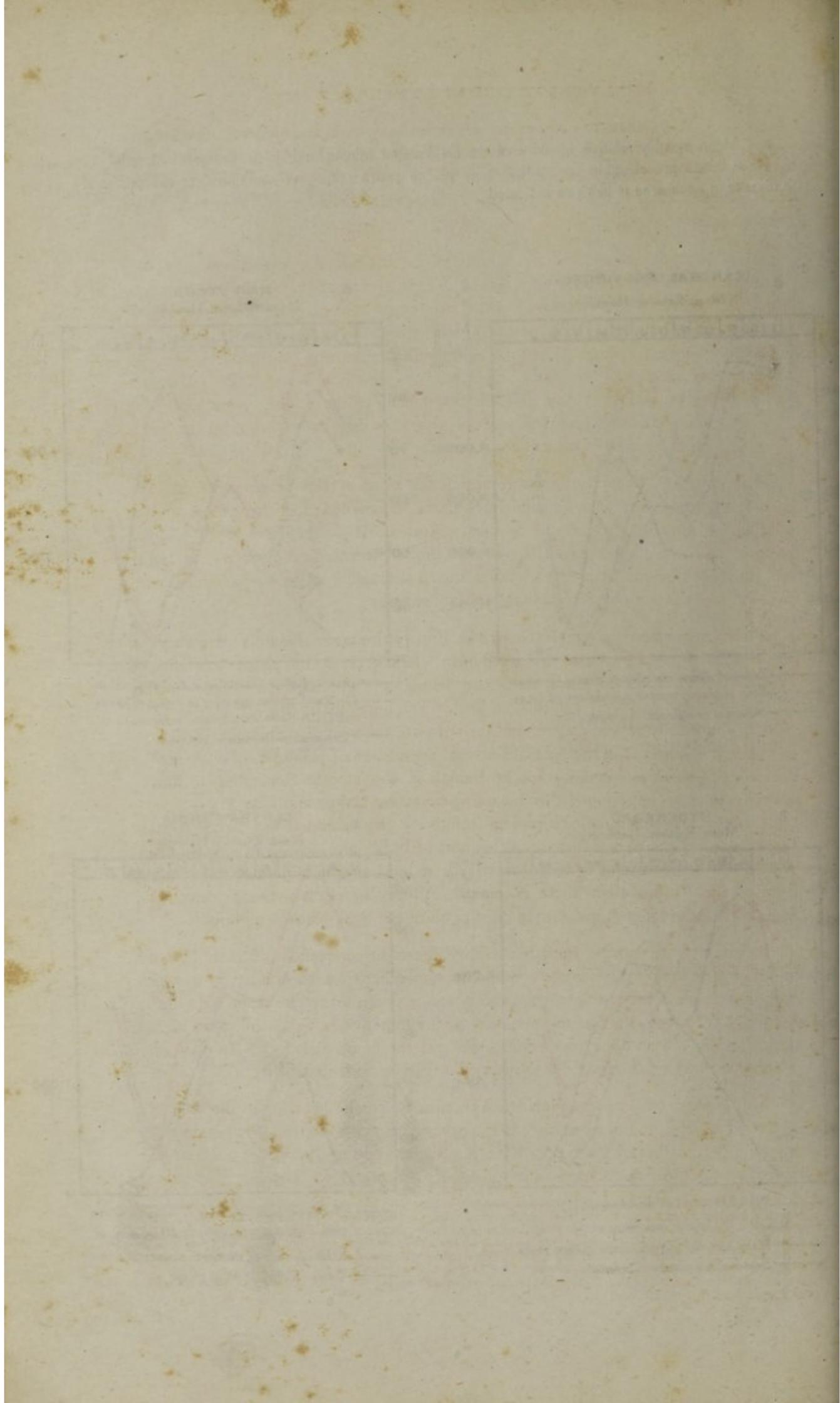


7 HYDERABAD
Mean Relative Humidity



8 CENTRAL INDIA
Mean Relative Humidity





them altogether: however favourable conditions may be in the epidemic season, the existence of foci of infection whence the disease may spread is a prime essential and the number of such foci is influenced by the nature of the previous epidemic, climatic conditions in the 'plague-free' intervening period, and numerous other considerations as well.

Conditions of temperature and other climatic attributes are doubtless of importance in determining conditions favourable for the spread of plague, but none appear to be so essential as humidity; none are capable alone of defining 'favourable conditions' in the manner that percentage humidity figures appear to do. For this reason figures expressing the relative humidity, month by month during the last twenty years, of each of the more important plague-stricken areas of India, are detailed in the tables at the end of this memorandum. The years have been arranged in the order of the severity of the plague outbreaks experienced in each. A study of these tables is not without interest.

The provincial humidity figures represent the mean of the readings of all the recording stations within the administrative area concerned; for these records I am indebted to the Director General of Observatories. It would have been simpler to have made the plague areas coincide with the 'meteorological divisions' of India, but there are obvious advantages in adhering to the well recognized administrative areas in a report concerned with vital statistics.

In the accompanying graph (Chart III, Fig. 1) the mean monthly humidity of the Punjab of the eight years that have been characterized by plague mortality in excess of the mean is contrasted with humidity conditions prevailing in the remaining twelve relatively mild plague years. The humidity figures for 1906-07, the year of abnormally severe plague, and for 1915-16, the year of minimum incidence, are likewise shown, as is the normal seasonal prevalence of plague mortality in the province. Excessive humidity in the Punjab in the months December to March appears to be an important factor favouring excessive plague mortality.*

Severe epidemics have occurred in relatively dry years but not since 1902-03 when plague was a new disease in this part of India and when, in consequence, we are justified in assuming that there was a much larger non-immune rat population in the Punjab than there is to-day. All the severe plague years since 1903 have been abnormally humid during most or all of the cold weather months.

A study of the monthly Punjab humidity figures in connection with the Punjab monthly plague mortality figures yields numerous other features of interest to which space precludes detailed reference in this place. As an example it is noteworthy that in April 1907 the mean humidity of the Punjab was 63 as compared with a normal of 48. In no other year of the series was the figure above 55. In no severe plague year other than 1907 did the May mortality exceed that of April.

This dependence of plague incidence on climatic conditions adds to the difficulty of framing a reply to the question "Is the severity of plague in the Punjab decreasing?" The number of plague deaths in the Punjab during the decade 1898-08 was 2,087,230; in the decade 1908-18 the number was 909,936. Dividing the period

*It has been stated that humidity in excess of normal exercises its baneful influence on the spread of plague by producing conditions favourable to the rat flea. It is very probable that the indirect effects of excessive humidity in the cold weather months, in those parts of India most exposed to cold weather rain storms from the west, are also of considerable importance. It is a common practice in the Punjab and in the United Provinces to hold up stocks of grain until the winter rains are well established. If the rain be plentiful, and the agricultural prospects promising, large quantities of grain are liberated at a time when meteorological conditions are most favourable to the spread of plague. The added facilities thus afforded for the rapid diffusion of infection are of very great moment.

into quinquennia the distribution of plague mortality was as follows :—

1898-03	...	...	...	439,627*
1903-08	...	...	...	1,647,603
1908-13	...	...	...	471,350
1913-18	...	...	...	433,586

The mean humidity of these four quinquennia was :—

—			July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apl.	May	June.
1898-03	...	...	69	71	67	55	59	67	69	65	56	44	41	46
1903-08	...	...	65	74	68	55	61	72	78	74	67	48	38	45
1908-13	...	...	70	75	70	58	66	74	80	2	58	48	37	54
1913-18	...	...	72	76	73	64	67	76	76	71	61	51	43	54

From these figures one is justified in assuming that plague incidence in the Punjab exhibits a tendency to decrease. This decrease can hardly be attributed to the preventive measures that have been enforced, and is almost certainly an expression of the increasing plague immunity of the Punjab rat.

It is interesting and somewhat surprising to note that plague in the Punjab takes a higher toll of the rural than of the urban population (which forms less than nine per cent of the total). For the last five years the mean plague death rate in rural areas has been 3·36; in urban areas 2·30. In no other Indian administration is the incidence of plague greater in rural areas than in towns.

UNITED PROVINCES.

During the twenty-year period 2,386,332 deaths have been ascribed to plague in the United Provinces, 23 per cent of the total all-India plague mortality. This is equivalent to a death rate of 49·45, or a mean annual rate of 2·5. Only the Punjab and Bombay have experienced a higher plague death rate than this. The outbreak of 1900-01 was the first of any severity in this part of India, since when plague has been a persistent cause of mortality: July 1902 was the last completely plague-free month in the United Provinces.

The severity of individual outbreaks has varied within less wide limits than in the Punjab. Seven outbreaks have been attended by mortality rates in excess of the mean annual rate. In no year has the plague death rate exceeded 9 per mille. The three worst outbreaks were experienced in 1904-05, 1910-11 and 1906-07 when plague death rates of 8·95, 7·19 and 7·05, respectively, were recorded. Next on the list comes the recent outbreak of 1917-18 which was responsible for 197,803 deaths, equivalent to a death rate of 4·12. In seven of the twenty years the plague death rate has been less than unity.

The seasonal prevalence of the disease has been even more constant than in the Punjab. March has been the month of maximum plague mortality each year except 1907 when April's mortality exceeded that of March. The mean daily plague mortality in March is 1,084; April and February come next with 869 and 712. July is the month of minimum plague mortality when the mean daily number of plague deaths is only 7·8. Sixty-six per cent of the total plague deaths have been recorded during the three months, February to April, and only one per cent in the three months, July to September.

* Plague did not become firmly established in the Punjab till the middle of 1900.

The importance of atmospheric humidity in excess of the mean as a factor favouring the dissemination of plague infection is perhaps more evident in the case of the United Provinces than in the Punjab. In the accompanying graph (Chart III, Fig. 2) the mean monthly humidity of the seven severe plague years is contrasted with the mean monthly humidity of the remaining plague years. The monthly humidity of 1904-05, the year of maximum plague mortality, is also shown as is the normal seasonal prevalence of plague mortality. A study of this chart, and the figures in the tables at the end of this note on which the chart is based, show that all the severe plague years have been characterized by a humidity in excess of the normal during the cold weather period November to March. It is interesting to note that April 1907, the only year in which the April mortality exceeded that of March, was exceptionally moist; the humidity for the Province as a whole, in that month, was 57 as compared with a mean of 43.

The incidence of plague mortality during the last four quinquennia has been :—

1898-03	...	...	...	115,071*
1903-08	...	...	...	1,002,332
1908-13	...	...	...	740,288
1913-18	...	...	...	528,641

The mean monthly humidities of these four periods was as follows :—

—	July	Aug.	Sept.	Oct.*	Nov.	Dec.	Jan.	Feb.	Mar.	Apl.	May	June.
1898-03	83	84	81	69	69	74	78	68	51	42	47	59
1903-08	78	86	79	68	68	76	80	74	61	45	46	56
1908-13	79	84	81	68	70	76	79	68	51	44	45	67
1913-18	82	84	80	70	67	74	75	67	53	43	49	66

There is unequivocal evidence that the incidence of plague is diminishing in the United Provinces. The decrease is greater than can be accounted for by such anti-plague measures as are in force and is almost certainly due to the decreased susceptibility to plague infection that is being engendered among the rats of the Province.

Towns have suffered more than rural areas. During the last five years the mean rural plague death rate in the United Provinces has been 1·89 as compared with a mean urban rate of 2·30. Only some 6·5 per cent of the population of the United Provinces are town dwellers.

BOMBAY.

The history of plague in the Bombay Presidency presents some interesting and striking contrasts to that of the two provinces already considered and is more difficult to deal with in the short space that can be allotted to it in this note. The hot damp climate of Bombay and the neighbouring littoral; the comparatively cool climate of the uplands of the Deccan, and the dry hot climate of Sind combine to give the Bombay Presidency a greater diversity of climatic conditions than pertains to the plague infected areas of either the Punjab or the United Provinces. This is reflected in the differing seasonal prevalence of plague in the various parts of the Presidency. In Bombay City March is the month of maximum plague mortality; in the Deccan, the most severely infected part of the hinterland, October is the month of maximum

* The outbreak of 1900-01 was the first of any severity in the United Provinces.

plague incidence ; whilst in Karachi and the neighbouring parts of Sind epidemics conform more or less to the Punjab type reaching their height in March or April. Each of these areas demands separate treatment which the nature of this note precludes. Such remarks of a general nature as may be made regarding plague in the Bombay Presidency must be read in the light of the foregoing considerations, which explain, in some measure, the facts that plague in Bombay has a less well marked and more diverse seasonal prevalence than in the plague infected tracts of certain other parts of India ; that epidemics are apt to be more prolonged ; and that there is a less well defined ' plague-free season.'

During the twenty-year period 2,295,221 deaths have been ascribed to plague in the Bombay Presidency, 22·4 per cent of the total all-India plague mortality during that period. This figure is equivalent to a death rate of 87·35 or a mean annual plague death rate of 4·4. No month has been plague-free during the two decades, the smallest number of deaths recorded in any one month being 250 (June 1912).

No epidemic that Bombay has experienced can vie, as regards severity, with the worst Punjab epidemics, but on the other hand the mild plague years of Bombay have seen a far greater prevalence of the disease than have the corresponding years of the Punjab and the United Provinces.

In only two years has the Bombay plague mortality rate exceeded ten, namely in 1903-04, and 1902-03, when death rates of 11·96 and 11·27 were recorded. Next on the list come 1904-05, 1901-02 and 1917-18 in which years the plague death rate amounted to 7·88, 7·55 and 7·17, respectively. In no other year has the plague mortality rate reached 5. In only two years has the rate been less than unity ; in 1912-13 it was 0·71 and in 1914-15, 0·95. Thus annual variations in the incidence of plague have been less marked than in either the Punjab or the United Provinces.

Eleven epidemics have reached their height in the month of October, two in September, one in January (1917-18), three in February, and one in March. The chief reasons for this inconstant seasonal prevalence have already been sufficiently indicated. May and June are the months of minimum plague incidence, the mean daily plague mortality in these two months amounting to 95 and 47. The corresponding figures for October, September and November, the months of maximum incidence, are 562, 479 and 445.

The influence of humidity in determining severity of plague outbreaks is not nearly so apparent from a study of the figures for Bombay as a whole as it is in the case of the northern provinces already considered (see Chart III, Fig. 3). In part this is due to the difficulty of treating the Presidency, with its great diversity of climate, as a meteorological unit. When studying the behaviour of plague in individual districts one does realize that early monsoon rains, with consequent humidity in excess of the mean in the relatively plague-free season, does facilitate the persistence of infection and the early rapid dissemination of the disease. But climatic conditions in the Presidency as a whole never appear to be very unfavourable to plague. The four worst epidemics occurred within the first five years of this century and had it not been for the experience of the last two years one would have been almost justified in concluding that very severe outbreaks were a thing of the past. These last two years have been distinguished by atmospheric humidity very definitely in excess of the normal. A comparison of these two years with 1912-13 and

1914-15, the years of minimum plague incidence in Bombay, is of interest in this respect :—

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June.
Mean humidity in 1916-17 and 1917-18 (Plague death rates of 4.73 and 7.17).	82	86	87	79	66	63	60	61	56	57	68	77
Mean humidity of 1912-13 and 1914-15 (Plague death rates of 0.71 and 0.95).	85	85	82	69	64	59	59	60	58	59	60	77

October 1917 was more humid than any other October during the two decades.

Bearing in mind the exceptional rainfall and humidity of the last two years, one is justified perhaps in assuming that plague in the Bombay Presidency is tending to decrease in virulence. During the first of the two decades the total number of plague deaths reported was 1,584,262; during the second 710,959. Dividing the period into quinquennia the number of plague deaths reported in each was as follows :—

1898-03	..	...	...	759,778
1903-08	...	...	...	824,484
1908-13	...	...	...	247,185
1913-18	...	...	...	463,774

Seventy-one per cent of the total deaths of the last quinquennium were reported during the last two plague years.

Towns have suffered more than rural areas : the mean urban plague death rate of the last five years has been 5 as compared with 3.1 the rural rate.

BIHAR AND ORISSA.

Plague in this province has been the cause of 955,751 deaths during the last twenty years, 9.3 per cent of the all-India total. The figure is equivalent to a death rate of 24.87 or a mean annual rate of 1.2. These figures give a somewhat false impression of the severity of the disease in this part of India for it is only some half dozen districts of Bihar adjacent to the United Provinces that have suffered in any way severely from plague. Plague did not obtain a firm footing in Bihar until December 1899. Practically the whole of Orissa has been plague-free.

The plague outbreaks in Bihar have been similar in almost every respect to those of the east of the United Provinces.

Ten epidemics have produced a mortality rate in excess of the mean for the period : in the remaining years the plague mortality has exceeded unity on only two occasions. The most severe outbreaks were those of 1904-05, 1906-07 and 1910-11 when death rates of 3.32, 2.13 and 2.00 were recorded. No month since December 1898 has been completely plague-free in Bihar.

The seasonal prevalence of the disease has been remarkably constant. In nineteen years March has been the month of maximum plague mortality ; in the severe outbreak of 1906-07 more deaths were recorded in April than in March. In view of the previous statements that have been made on the subject it is interesting to note that March 1907 had a humidity of 71 as compared with a normal of 57 and was by far the most humid March of the series. July and August have been the months of minimum plague incidence in Bihar : the mean daily plague mortality of

these two months is 4·7 and 8, respectively, as compared with 497 in March. Seventy-one per cent of the total deaths have been recorded in the three months, February to April, and only two per cent in the four months, June to September.

In the attached chart (Chart III, Fig. 4) the mean monthly humidity of the ten years in which the plague mortality was in excess of the mean is contrasted with that of the remaining ten years. Once more we have an illustration of the manner in which humidity in excess of the normal appears to favour the dissemination of plague infection. The monthly humidity of 1904-05, the year of maximum plague mortality, is also shown, as is the normal seasonal prevalence of the disease.

During the decade 1898-08 there were 519,624 plague deaths recorded; during the decade 1908-18, the number was 436,127. Dividing the period into quinquennia the incidence of mortality is as follows:—

1898-03	...	...	...	174,449
1903-08	...	...	...	345,175
1908-13	...	...	...	216,351
1913-18	...	...	...	219,776

The mean monthly humidity of these four periods was:—

—	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apl.	May	June.
1898-03 ...	88	88	86	79	76	79	83	71	58	55	65	78
1903-08 ...	86	89	85	79	77	80	82	76	62	56	68	76
1908-13 ...	85	87	85	77	77	80	81	72	55	60	67	82
1913-18 ...	87	88	85	82	76	80	77	71	55	54	68	81

Even when allowance is made for the increase of population there is very little evidence of any appreciable decrease in the annual incidence of plague during the last ten years in Bihar.

As in the United Provinces and Bombay the plague mortality rate of the urban population is in excess of that of rural areas. The mean urban plague death rate of the last five years is 2·47: the corresponding rural rate is 1·11.

CENTRAL PROVINCES.

During the twenty-year period under consideration 378,642 deaths have been ascribed to plague in the Central Provinces, 3·7 per cent of the all-India plague mortality during that period. This is equivalent to a death rate of 24·70 or a mean annual rate of 1·2.

On the whole, conditions appear to be relatively unfavourable to the spread of plague in normal years, and the annual incidence of the disease has been subject to very marked fluctuations. The three most severe epidemics were experienced in 1903-04, 1916-17 and 1906-07 when plague death rates of 4·18, 2·88 and 2·68 were recorded. Eight epidemics have had a mortality in excess of the mean. In nine years the plague death rate has been less than unity; two of these years have been practically plague-free; in 1900-01 only eight deaths were recorded and in 1913-14 only ten.

The seasonal prevalence of the disease has not presented that degree of constancy which has been so marked a characteristic of the disease in other more severely plague-infected tracts of India. The type of epidemic tends to be intermediate between the monsoon epidemics of Bombay, and the south generally, and the March-April epidemics of the north. One outbreak reached its height in September (October and November of this year, 1907, were abnormally dry), one in October, two in December, two in January, six in February, five in March, and one in April. In the six most severe plague years February or March have been the months of maximum mortality.

The mean daily incidence of plague mortality in February, March and January is 130, 115, and 92, respectively, whereas in June, the month of minimum mortality, it is only 0.9. Fifty-three per cent of the total deaths have been reported in the three months January to March while only 0.5 per cent have occurred in June and July.

A study of the plague outbreaks in the Central Provinces reveals striking evidence of the marked manner in which humidity in excess of the normal facilitates the spread of the disease. Excessive humidity in September and October has in most instances been associated with an early increase in plague incidence, and humidity in excess of the normal during the period November-January has, except in the earliest plague years, been the invariable accompaniment of severe epidemics. The attached chart (Chart III, Fig. 5) contrasts the conditions as regards humidity in the years which had a plague mortality rate in excess of the mean, with conditions prevailing in the remaining years. The normal incidence of plague mortality is likewise shown.

A comparison of the monthly humidity figures and the monthly incidence of plague mortality, during the last five years, gives results of interest in this connection. These figures are detailed in the tables at the end of this note.

Of the total 378,641 plague deaths reported in the Central Provinces during the twenty-year period, 171,913 occurred during the first decade, 206,728 during the second. It must be noted, however, that plague did not obtain a firm hold of the province till 1902. Dividing the period into quinquennia we have the following incidence of mortality :—

1898-03	...	...	...	...	...	30,828
1903-08	...	...	...	...	...	141,085
1908-13	...	...	...	...	...	100,175
1913-18	...	...	...	...	...	106,553

The mean monthly humidity figures for these periods is as follows :—

—		July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apl.	May.	June.
1898-03	...	83	84	80	62	56	59	60	49	37	37	39	59
1903-08	...	83	86	82	65	56	60	58	53	43	33	34	60
1908-13	...	82	86	82	63	60	63	62	52	35	32	35	67
1913-18	...	83	85	83	70	62	62	59	51	41	34	44	69

Climatic conditions have been somewhat more favourable to the spread of the disease during the last quinquennium than in the previous periods, but the difference is not marked. Plague during the last decade has shown no signs of a decreasing virulence in the Central Provinces.

Towns have suffered more than rural areas: the mean annual plague death rate of towns during the last five years was 6.75 as compared with 0.87, the rural rate.

RAJPUTANA.

Had it not been for its unfortunate experience in the recent plague epidemic of 1917-18, Rajputana would have hardly earned special detailed mention in a summarized plague report of India such as this. During the two decades, 277,048 deaths from plague have been reported from Ajmere-Merwara and the Native States of Rajputana, of which 119,488 or 43 per cent of the total, were registered in the twelve months ending June 30, 1918. In only five years of the twenty has plague been responsible for a death rate in excess of one per mille, *vis.*, in 1917-18, 10.83; 1904-05, 3.91; 1909-10, 3.85; 1910-11, 2.70 and 1903-04, 1.26.

In eleven years of the series March was the month of maximum plague mortality, April in four years, February in one (1917-18) and November in one. In each of three remaining years less than fifty deaths were reported. July and June are the months of minimum plague mortality; the mean daily number of deaths in these two months is 2.5 and 4.9 as compared with 86, 86 and 73 in April, March and February, respectively.

The incidence of plague in Rajputana has never been heavy except in years when the rainfall was appreciably in excess of the normal. The accompanying chart (Chart III, Fig. 6) compares the mean monthly humidity of the four years in which the plague mortality rate was in excess of the mean, with humidity conditions prevailing in the remaining years. The humidity of each month of 1917-18 is also shown, as is the normal seasonal prevalence of the disease. The fall of the January 1918 humidity to the low figure of 58 is interesting when it is noted that the late severe outbreak is the only one of any importance in which the March mortality failed to surpass that of February.

It can be concluded that it is in only exceptionally humid years that plague can flourish in the dry areas of Rajputana. The year 1917-18 was as unprecedented from the point of view of rainfall and humidity as it was from the point of view of plague. Last season plague was responsible for a higher death rate in Rajputana than in any other part of India, and it is certain that a very considerable proportion of deaths went unrecorded. The return of normal humidity conditions was quickly followed by an apparently complete disappearance of plague infection from the Rajputana Native States.

HYDERABAD.

Hyderabad has been more or less persistently infected with plague throughout the two decades, but the death roll ascribed to plague in the different epidemics has varied between 110 in 1900-01 and 53,834 in 1916-17. The total number of plague deaths reported during the period is 252,603, which is 2.4 per cent of the all-India mortality, and equivalent to a death rate of 20.61 or a mean

annual rate of one. Seven epidemics have been attended by mortality in excess of the mean rate. The last two years 1916-17 and 1917-18 have witnessed by far the most severe outbreaks ever experienced in the state. The 1916-17 epidemic had a mortality rate of 4.03 and the last epidemic one of 2.78. In only five other years was a plague mortality rate in excess of unity recorded.

More plague deaths have been reported in the month of January than in any other month, but the seasonal prevalence has not been as constant as in the north of India. One epidemic reached its height in September, seven in October (all fairly mild epidemics), four in November, two in December, two in January and four in February. The worst epidemic was of the January type.

The importance of a degree of atmospheric humidity in excess of the mean in certain months of the year, as a factor favouring dissemination of plague infection, has nowhere received better exemplification than in Hyderabad during the two last years which have been responsible for 36 per cent of the total plague mortality of the twenty-year period. In the accompanying chart (Chart III, Fig. 7) the monthly humidity figures for these two years are compared with the mean monthly humidity of the preceding eighteen years. No year in the series has been as humid, during the months June to October, as the two years under consideration: during these five months the two severe plague years presented very similar climatic conditions, and it is interesting to note the similarity of the incidence of plague up to December of each year. The number of plague deaths recorded in the months July to December in these two years was as follow:—

	1916.	1917.
July	1,429	1,901
August	3,500	3,337
September	3,347	3,320
October	3,913	4,519
November	5,045	5,035
December	7,965	7,927

In 1916 the humidity in November remained high, 78; in November 1917 the humidity was only 68, and remained lower than in the previous year, throughout the cold weather period.

In the former year January's plague mortality rose to 12,960 from 7,965 in December; in the latter year it fell to 4,953 from 7,927.

From the history of plague in Hyderabad one is justified in assuming that very severe outbreaks are unlikely except in years of exceptional rainfall.

MYSORE.

Mysore has been persistently affected with plague during the whole of the twenty-year period, and no month has been completely plague-free since July 1893. Altogether 224,476 plague deaths have been reported, 2.1 per cent of the all-India mortality and equivalent to a death rate of 39.21, or a mean annual rate of 2. The climate of the Mysore plateau is more equable and uniform than that of any of the other administrative areas that have been considered, and as a result the annual incidence of plague has presented a lesser degree of variability in Mysore than elsewhere. No epidemic approaching in severity some of the outbreaks of Northern India has ever been experienced in Mysore, but on the other hand no year has been so relatively plague-free as some that all the more northern areas of India have

experienced. The five most severe outbreaks were experienced during the first seven of the twenty years under consideration. The annual plague death rate has varied between 5.37 in 1902-03 and 0.67 in 1905-06. Nine outbreaks of the twenty have been attended with mortality rates in excess of the mean.

The seasonal prevalence of the disease has not been as constant as in the north. Conditions in no month appear to be very favourable to plague; in no month are they very unfavourable. Most deaths have been recorded in October. The months of maximum plague mortality have been August once, September four times, October five times, November five times, December twice, and January three times. In fifteen outbreaks May has been the month of minimum mortality; in three, April; and in two June has witnessed fewer plague deaths than either May or April. The mean daily number of plague deaths in May is five; in October, 54.

In Mysore there has been nothing comparable in degree to the 'plague free' seasons of certain other parts of India. Thus the three months with fewest deaths in Mysore have together been responsible for 5.6 per cent of the total mortality; the corresponding proportion in the Punjab and the United Provinces is 0.6 and 1.1.

The climate of Mysore is always humid; in only four months of the twenty years has a humidity of less than 60 been recorded, and there is less variation in the humidity from year to year than in other parts of the country. In spite of this it is interesting to note that the mean humidity of November and December of the nine years that have had a plague mortality in excess of the mean is 80 and 80 compared with 74 and 72, the mean humidity of these two months of the remaining eleven years.

CENTRAL INDIA.

During the last two decades 141,798 deaths have been ascribed to plague in the Central India States. Though this figure certainly falls very considerably short of the truth, plague has not been a very serious cause of mortality in this part of India. The reported number of deaths are equivalent to a death rate for the whole period of 15.77 per mille. It was not till the close of 1902 that plague obtained a firm hold of the Central India States: previously to that there had been only a few imported cases. The outbreak of 1903-04 was the most severe and was responsible for a death rate of 4.11. The recent epidemic of 1917-18 comes second with a death rate of 2.30. Only four other years have had a plague death rate in excess of unity.

A study of the tables at the end of this note and the attached chart (Chart III, Fig. 8) shows that humidity in considerable excess of the normal during the months September to January has been the invariable characteristic of years in which plague mortality was in excess of the mean and very few humid years have escaped.

September was the month of maximum mortality in two years; October in nine; November in two; January in one; February in one, and March in one. The first four years of the series were plague-free. June and July are invariably the months of minimum incidence. The total number of plague deaths hitherto recorded in these two months is 521 and 712, respectively, as compared with 25,414 and 20,075, the total plague deaths reported in the two months of maximum incidence.

MADRAS.

The chief interest attached to plague in Madras centres in the large proportion of that presidency that has remained free from the disease throughout the twenty-year period. With but few insignificant exceptions the whole of the eastern coastal districts have remained free from plague. This peculiarity is common to Orissa, most of Bengal, Assam and parts of Burma as well. Put in another form, rice-growing India is plague-free India; wheat-growing India is essentially plague-infected India. The writer is inclined to think that this is more than a coincidence. Rice-growing India is rice-eating India, and in general the amount of grains imported for consumption into such areas is relatively small. The facilities that the movement of grain offers for the transport of infection (in the form of infected rats and fleas) is now well recognized. Wheat-growing India is grain exporting India and in many cases large quantities of other grains are, or were, imported into such areas, from infected tracts, for home consumption: thus unusual facilities are offered for the 'exchange' of plague infection. It is unlikely that these statements represent the whole truth, but that they are of considerable importance is open to but little doubt.

The only districts in Madras that have suffered at all severely from plague are Bellary, Coimbatore, Salem and the Nilgris, all districts bordering on Mysore that has suffered somewhat severely from plague. The first-named district also adjoins severely infected districts of the Bombay Deccan and of Hyderabad.

During the twenty-year period plague has been the cause of 152,680 deaths from plague in the Presidency. Never has the death rate approached unity for the Presidency as a whole. The recent epidemic was the most severe yet experienced when a plague death rate of 0.58 was recorded: 1911-12 comes second, 0.35; then 1903-04, 0.37, and 1904-05, 0.32.

The seasonal prevalence for the Presidency as a whole has been somewhat variable as one would expect from the variety of climatic conditions experienced in the few plague-infected districts. January has been the month of maximum mortality followed by December and February. The mean daily incidence of plague mortality in these months is 45, 36 and 38. May and June have been the months of minimum plague mortality; the mean daily mortality in these two months is 3 and 2, respectively.

BURMA.

Plague in Burma calls for but few remarks in this place. It has been responsible for only 90,732 deaths which is equivalent to a total death rate for the whole period of 8.03. Perhaps the most interesting feature of the history of plague in this Province relates to the fact that the disease failed to gain any foothold till early in 1905 since when no month has been free from the disease. Only once has a death rate over one per mille been recorded, 1.01 in 1906-07. Most deaths have occurred in the three months January to March, but there is no well defined seasonal prevalence such as we are accustomed to see in India. Only very few districts have suffered in any way severely from plague, and conditions in Burma appear to be relatively unfavourable to the spread of infection.

AGE AND SEX INCIDENCE OF PLAGUE MORTALITY.

In this short summary of the recent plague history of India, many important matters have received but scant notice, or no notice at all. No attempt has

been made to estimate the financial loss that India has suffered from the deaths from plague of ten millions of her population, but it should be noted that plague appears to have no predilection for the weakly and unfit, and infants and young children appear to enjoy a certain degree of immunity. The female plague death rate is generally slightly in excess of the male rate—women are apparently somewhat more exposed to infection—but disparity in sex incidence is not very marked, though consistent. The ratio of reported male to female plague mortality during the last ten years has been:—Punjab 1 : 1·2, United Provinces 1 : 1·3, and Bombay 1 : 1·06.

The fact that plague is specially fatal to young people over 5 years of age and people in the prime of life can be inferred from the following table which compares the percentage of the total mortality, from all causes, at each age period (a) in three severe plague years and (b) in three mild plague years, in the Punjab, United Provinces and Bombay, respectively:—

Percentage of Total Mortality at different Age Periods.

—	Under one year.	1—5	5—10	10—15	15—20	20—30	30—40	40—50	50—60	over 60
				PUNJAB.						
Severe plague years (1904, 1905, 1907) ...	18·80	12·17	7·12	7·11	5·54	10·33	9·87	8·93	7·40	12·72
Mild plague years (1898, 1899, 1916) ...	28·58	17·84	5·58	3·91	3·18	6·88	6·97	6·50	6·23	14·32
				UNITED PROVINCES.						
Severe plague years (1905, 1907, 1911) ...	24·21	15·21	6·48	4·71	4·11	9·72	8·73	8·31	7·90	10·61
Mild plague years (1900, 1901, 1909) ...	27·69	15·88	4·99	2·92	3·21	8·56	8·05	8·63	8·72	11·35
				BOMBAY.						
Severe plague years (1902, 1903, 1904) ...	16·24	11·91	7·33	6·85	5·32	11·98	11·38	9·35	7·93	11·79
Mild plague years (1912, 1913, 1914) ...	23·62	21·29	5·64	3·14	3·38	8·53	7·69	6·77	6·71	13·24

PLAGUE ON SHIPS.

Three other matters call for brief notice. The first refers to the danger of exporting plague infection overseas. On several occasions, lately, plague has been exported from India to European ports, and at the present time the Bombay and Bengal administrations are considering the possibility of increasing the efficiency of measures designed to prevent the introduction of infection on boardship. We certainly owe it to other countries to see that the dock areas of the Indian ports are kept relatively free from rats. This should not present insuperable difficulties. In this connection it is most significant that complaints of the nature referred to have been conspicuous by their absence with regard to ships sailing from Karachi, in spite of the fact that Karachi exports more grain to Europe than any other Indian port. Realizing the facilities offered by the movements of grain for the transport of rats, this fact is at first sight surprising, but an explanation is not far to seek. It is a practice of the grain export trade of Karachi to remove the grain from the sacks in which it comes down country and rebag it in new sacks for export. One sees huge mounds of grain exposed to the sun on concrete platforms, preparatory to rebagging, and though the procedure does not appear to have been dictated by considerations of plague prevention, one could hardly have devised a more efficient

measure had such considerations been first and foremost. The climate prevailing at some of our other ports would render such a procedure impossible at certain seasons of the year, even were space available.

PLAGUE AND GRAIN.

Each year's plague experience has brought fresh illustrations of the excessively great importance of the movements of grain and other merchandize in the transference of plague infection from place to place. During the recent epidemic there were two most noteworthy instances. Gujarat in the Bombay Presidency suffered severely after several years' comparative immunity, a fact which the Sanitary Commissioner, Bombay, attributes, with good reason, to the enhanced importation of grain, consequent upon the increasing areas in Gujarat given over to the cultivation of cotton and tobacco. Vizagapatam is the second noteworthy example. This port on the Madras coast has recently suffered from its first outbreak of indigenous plague: owing to the shortage of railway rolling stock and shipping, grain, which usually finds its way to the Bombay coast, was despatched to Vizagapatam whose grain imports in 1917 were in marked excess to those of any previous year: plague was imported too. The grain trade in plague-infected India is in a very special sense a dangerous trade, and markets and godowns, built with the special object of keeping rat infestation at a minimum, are a most urgent necessity in most towns in plague-stricken India. So called ratproofing, as that term is generally understood in India, is not sufficient. If municipalities could be induced to pay as much attention to this matter as its importance demands, something real would be done towards the diminution of the incidence of plague in India.

ANTI-PLAGUE MEASURES.

The last subject that will be considered relates to the anti-plague measures that are in operation in various parts of the country. Evacuation of infected dwellings and the protection of individuals by inoculation, find favour in most administrations, and the two measures combined doubtless result in the saving of a great number of lives. The evacuation of infected dwellings, if uncontrolled, and if unaccompanied by any attempt at rat destruction in the vacated houses, may be instrumental in spreading infection and do harm. Examples of this have come to the notice of the writer during the last epidemic. Neither of the two measures referred to do anything to diminish the amount of infection among the rat population, and it is to be regretted that rat destruction measures have not been prosecuted with more energy. The idea seems to have grown that such measures do no real good. The experience of Satara described in the current annual report of the Sanitary Commissioner with the Government of Bombay is sufficient to convince all but the most prejudiced that a well organized rat destruction campaign can accomplish much. Similar experience in the Azamgarh district of the United Provinces, described in the provincial plague report for 1917-18, was likewise encouraging. The energetic destruction of rats in places where infection persists in the non-epidemic season promises much, and such measures are always worth while in places exposed to infection, especially at those seasons of the year when plague infection is most likely to be imported. That plague extorts a considerably greater toll of the urban population of India than it does of the rural population, is not flattering to the anti-plague measures carried out by Indian municipal authorities, even when allowance is made for the fact that the superior communications of towns naturally render them more liable than villages to infection.

In an introductory paragraph of this note it was stated that a knowledge of the history of plague epidemics during the last twenty years enables one to forecast the probable incidence of plague mortality in India some months ahead in a manner impossible in the case of any other zymotic disease. As an exemplification of that statement a reference to the recent outbreak of 1917-18 is of some interest.

Turning back to Chart No. 1, in which the mortality resulting from the recent epidemic is contrasted with the normal incidence of plague mortality, it will be noted that the plague mortality of India in November 1917 was some two and a half times the normal; it had in fact only once been exceeded. If the upward trend of the all-India mortality curve were to follow a normal course, it was clear in November last that an epidemic approximating in severity that of the disastrous year 1904-05 was inevitable. But a detailed consideration of the distribution of mortality enabled one at once to give a much more hopeful prognosis than that. Nearly half the plague mortality of November was reported from Bombay, and one knew from the distribution of the disease in that Presidency that a more or less rapid decline in incidence in the early months of the present year was certain, and that the November mortality of Bombay was very unlikely to be exceeded, appreciably, in any subsequent month.

In the second place the very large proportion of the March and April plague mortality in India is normally contributed by the Punjab and United Provinces. In November last the Punjab plague mortality was only about sixty per cent of the normal incidence for that month, and the United Provinces incidence was only twice the normal. One felt confident, then, that unless the early spring months were most exceptionally humid, India would not experience an outbreak comparable in severity to those of 1904-05, 1910-11 or 1906-07. These and similar considerations enabled the forecast to be made that plague mortality would reach its height earlier than March, though this had never happened in any severe plague year during the twenty-year period, and that the resulting total mortality would not approach that of either of the three most severe epidemics experienced. Subsequent events proved the accuracy of the forecast.

CONCLUSIONS.

Some of the more important lessons taught by the past twenty years' experience of plague in India may be summarized thus:—

(1) Severe outbreaks of plague have been, more especially during the last decade, an expression of climatic conditions. Rainfall in defect of normal is inimical to plague. The excessive rainfall of 1917 was responsible for the abnormally severe nature of the recent epidemic.

(2) That in most of the severely plague-infected parts of India there is a very well-defined 'plague-free' season, which, in favourably dry years, provides opportunities for measures aimed at the eradication of the disease, given an adequate reporting agency and the necessary staff for carrying out rat destruction measures. During the last five years there have been months when the total plague mortality has been as low as 2 in the Punjab, 19 in the United Provinces, 468 in Bombay, 15 in Bihar, *nil* in the Central Provinces, *nil* in Rajputana, 5 in Madras, *nil* in Bengal, *nil* in Central India, *nil* in Hyderabad and 56 in Mysore. Granted that these figures understate the case

there are months in most provinces in which the number of foci of infection, are sufficiently small as to justify the hope that when the public health organization of India is commensurate with the importance of the work to be done, plague will rapidly cease to be a serious cause of mortality in India. At the present time India is by far the most important reservoir of plague infection in the world.

(3) In most of the severely plague-infected areas of India there are signs that the disease is decreasing in virulence: this decrease is almost certainly due to the increasing degree of immunity to plague of the rat population, of which there is direct experimental evidence: it can in no wise be attributed to increasing efficiency of our anti-plague measures.

(4) Once, considerable tracts of India have been completely freed from plague infection, the task of keeping them free will not present very great difficulties. Infection is not easily spread over distances, except along main lines of communication. Though Bombay was infected in 1896, and has never since been free from infection, the disease did not gain a firm foothold in the United Provinces till the beginning of 1901; in the Central Provinces till 1902; in Rajputana till 1903; in Central India till 1902, and in Burma till 1905. There are towns in India that suffered from their first outbreak of indigenous bubonic plague in the recent epidemic of 1917-18. Of these the most interesting is Vizagapatam on the Madras coast.

(5) Pending the establishment of permanent public health organizations for the rural areas of India, in which reside more than ninety per cent of the total population, a good deal more than is being done at present might be done to lessen the incidence of plague. Improvement of markets and the grain-stores of towns in which rat infestation at present is most excessive, and the—not necessarily vexatious—control of movements of grain and like merchandize, from and through plague-infected centres, are matters that call for early attention. The co-operation of railway companies would do much; at the present time goods-sheds and railway sidings are frequently very heavily infested with rats which find ready access to wagons.

(6) If educated people would unite in an effort to inculcate far and wide some idea of the significance of the statement that ten million people in India have fallen victims to plague; of the economic loss that India has suffered from the ravages of plague; of the wholesale disorganization to which industry is liable for several months in severe plague years; of the absolute dependence of plague epidemics on rat infestation, and of the very considerable financial loss suffered as a result of the depredations of rats, the Indian plague problem would find a ready solution. Of all preventable diseases none is more preventable than is bubonic plague.

Table showing the monthly incidence of plague mortality in India and in each of the more important plague infected administrative areas, during the twenty year period 1898-1918.

INDIA.

	1898-99.	1899-00.	1900-01.	1901-02.	1902-03.	1903-04.	1904-05.	1905-06.	1906-07.	1907-08.	1908-09.	1909-10.	1910-11.	1911-12.	1912-13.	1913-14.	1914-15.	1915-16.	1916-17.	1917-18.	Monthly totals for 20 years.	Mean monthly incidence of plague mortality.
July	2,539	10,021	835	7,451	6,715	11,941	12,622	4,423	2,855	14,883	2,177	2,859	2,868	7,922	1,277	4,169	1,730	2,694	5,831	12,872	118,684	5.934
August	6,599	18,410	2,072	15,250	18,775	29,374	34,303	8,702	7,939	16,272	4,601	6,663	6,071	16,589	2,920	4,918	3,260	6,014	13,207	24,862	246,801	12.340
September	11,307	22,058	6,411	27,668	37,499	56,555	54,376	14,108	19,350	37,170	8,496	12,803	11,538	31,365	5,790	7,066	5,668	9,521	17,701	35,327	432,143	21,607
October	19,153	20,805	10,025	35,732	48,185	75,076	70,073	14,533	23,901	49,914	9,883	18,733	16,716	59,161	7,260	9,266	7,299	15,291	24,779	47,810	555,019	27,750
November	16,780	9,062	8,621	35,761	47,531	76,005	65,882	12,732	23,801	20,907	7,971	19,446	28,570	32,336	9,684	13,297	9,395	16,382	31,400	63,766	549,633	27,481
December	11,480	6,515	9,434	37,005	69,597	76,444	91,785	15,934	37,302	14,254	7,765	32,665	41,830	37,727	12,800	22,603	19,154	23,158	48,984	96,756	716,162	35,808
January	11,456	7,689	14,093	47,949	89,006	94,334	144,283	19,612	52,078	14,205	11,050	56,632	92,033	55,198	16,023	35,722	29,149	32,217	63,520	129,736	1,029,194	51,459
February	11,739	10,716	23,882	68,344	109,218	120,379	142,745	3,423	115,036	22,966	14,133	70,871	163,510	65,316	24,449	44,373	54,507	37,564	74,628	140,983	1,297,512	64,875
March	13,236	9,290	45,119	107,29	138,129	199,905	256,374	62,411	257,078	35,383	22,358	122,647	185,695	74,901	50,065	75,555	91,280	42,715	75,736	140,491	2,022,007	101,100
April	7,792	12,611	28,931	87,133	120,703	245,171	276,574	7,328	372,750	28,555	19,036	92,872	188,262	59,339	48,817	57,968	118,088	16,193	49,067	84,198	1,988,738	99,436
May	4,317	3,964	9,434	34,582	57,026	132,705	161,435	43,870	204,888	11,859	15,703	44,595	97,849	17,029	13,111	30,157	59,016	3,018	26,522	36,568	1,093,138	54,056
June	2,638	1,137	3,812	6,397	20,668	20,459	16,997	5,869	66,206	2,709	3,309	5,395	14,376	2,974	4,085	6,321	5,766	1,686	7,733	6,983	205,190	10,259
Annual totals	119,045	143,208	162,379	514,141	68,683	1,138,451	1,328,249	311,945	1,286,513	260,079	126,442	495,151	792,348	432,505	195,681	311,415	407,333	207,353	433,008	820,292	10,254,221	512,711
Ratio per mile	0.42	0.51	0.55	1.75	2.61	3.87	4.51	1.06	4.37	0.88	0.43	1.68	2.69	1.37	0.62	0.99	1.29	0.66	1.37	2.60	...	...

PUNJAB.

	1898-99.	1899-00.	1900-01.	1901-02.	1902-03.	1903-04.	1904-05.	1905-06.	1906-07.	1907-08.	1908-09.	1909-10.	1910-11.	1911-12.	1912-13.	1913-14.	1914-15.	1915-16.	1916-17.	1917-18.	Monthly totals for 20 years.	Mean monthly incidence of plague mortality.
July	1	3	...	123	368	216	562	550	398	8,260	20	121	288	305	60	224	221	334	2	115	12,141	607
August	...	...	...	38	201	65	254	185	197	879	15	97	108	55	13	134	231	28	10	87	2,627	131
September	...	...	...	164	402	171	644	129	470	805	345	531	549	15	65	113	215	16	125	235	5,065	253
October	...	...	...	1,350	2,045	2,953	2,650	235	2,107	1,392	941	1,633	1,759	125	152	265	675	44	270	579	18,293	915
November	3	20	49	4,178	4,757	4,684	7,094	1,271	5,508	1,531	1,546	3,074	3,070	420	391	486	3,256	165	203	1,350	44,855	2,243
December	7	21	48	7,319	10,699	6,150	16,772	2,052	10,985	1,317	1,819	6,352	6,120	772	434	617	1,476	217	121	2,734	83,142	4,157
January	4	44	101	13,439	9,804	15,379	34,664	2,414	19,400	1,450	2,492	9,011	9,151	1,205	673	1,640	15,303	313	193	6,222	141,002	7,050
February	14	77	168	29,910	17,566	24,511	33,946	4,164	42,256	3,775	3,953	17,077	13,457	2,805	1,260	3,602	29,637	474	340	10,769	238,591	11,939
March	29	166	525	68,435	40,319	68,541	74,469	10,989	110,633	9,383	6,799	43,546	33,514	6,450	3,367	10,248	55,489	1,075	628	27,904	572,225	28,611
April	125	126	2,226	62,583	70,219	170,026	131,133	31,895	212,455	12,950	10,792	51,447	69,594	12,028	7,124	21,344	88,332	1,172	1,090	31,020	989,021	49,451
May	31	77	2,113	27,009	44,459	114,600	102,121	31,855	216,712	7,101	9,443	33,900	61,494	8,960	4,605	18,849	50,394	284	1,562	20,330	754,919	37,746
June	8	4	533	3,447	14,991	14,634	9,210	3,568	54,216	887	1,397	3,016	9,525	1,609	1,056	4,073	3,981	55	821	3,214	130,285	6,514
Annual totals	222	538	5,793	217,724	215,350	419,030	414,219	89,307	675,307	49,740	37,932	108,805	209,469	35,664	19,480	61,595	256,990	4,177	5,365	105,459	2,992,166	149,608
Ratio per mile	0.42	0.51	0.55	1.75	2.61	3.87	4.51	1.06	4.37	0.88	0.43	1.68	2.69	1.37	0.62	0.99	1.29	0.66	1.37	2.60	...	...

	1898-99.	1899-00.	1900-01.	1901-02.	1902-03.	1903-04.	1904-05.	1905-06.	1906-07.	1907-08.	1908-09.	1909-10.	1910-11.	1911-12.	1912-13.	1913-14.	1914-15.	1915-16.	1916-17.	1917-18.	Monthly totals for 20 years.	Mean monthly incidence of plague mortality.
July	4	28	6	361	386	142	338	55	634	213	302	54	1,431	47	34	111	672	4,834	241
August	80	666	21	1,945	441	676	310	39	1,751	496	1,224	212	1,836	114	65	405	1,325	9,785	480
September	254	2,238	254	3,468	546	868	622	03	1,637	640	2,610	542	767	172	101	396	939	13,772	688
October	244	3,927	1,796	6,178	706	1,531	680	81	1,792	1,430	2,316	821	1,061	276	340	567	1,941	21,655	3,141
November	276	4,299	6,542	12,522	1,882	3,991	861	209	3,101	6,992	3,752	2,116	3,584	1,312	1,116	1,716	6,595	62,820	3,141
December	1	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	163,386	15,467
January	16	1,333	10,447	34,732	4,862	10,506	1,988	576	14,230	17,386	8,792	5,613	3,720	3,663	6,340	6,340	22,228	163,386	15,467
February	31	3,817	10,214	63,939	5,681	21,209	2,743	1,336	27,125	46,838	17,884	8,047	16,824	4,914	7,058	11,788	41,163	309,357	15,467
March	454	6,518	12,118	65,540	8,957	26,677	5,148	2,121	33,175	57,719	29,046	21,783	9,049	22,101	31,363	49,403	672,191	33,609	
April	78	3,762	9,254	43,354	110,269	87,243	7,895	4,384	43,017	104,771	35,176	31,576	34,123	18,060	16,510	22,801	20,862	521,435	36,071
May	16	2,889	4,717	15,828	25,508	1,00,619	5,042	2,701	21,596	80,540	20,281	20,535	20,002	17,103	6,051	22,801	20,862	183,488	9,174
June	659	1,138	3,066	35,017	4,263	61,939	910	2,353	5,822	27,338	3,993	5,056	5,777	3,095	1,039	8,650	6,126	18,569	928
Annual totals	1	140	7,834	27,620	79,476	138,942	434,217	60,799	341,725	26,649	14,252	156,323	348,548	121,237	99,028	117,440	9,111	45,681	108,183	197,803	2,386,332	119,316
Ratio per mille	...	0.003	0.16	0.57	1.64	2.87	8.95	1.25	7.05	0.55	0.29	3.22	7.19	2.3	2.68	2.45	0.95	2.25	4.12	...	...	...

BOMBAY.

	1898-99.	1899-00.	1900-01.	1901-01.	1902-03.	1903-04.	1904-05.	1905-06.	1906-07.	1907-08.	1908-09.	1909-10.	1910-11.	1911-12.	1912-13.	1913-14.	1914-15.	1915-16.	1916-17.	1917-18.	Monthly totals for 20 years.	Mean monthly incidence of plague mortality.
July	2,490	8,810	350	6,493	4,721	9,978	7,055	2,223	913	4,132	618	736	900	4,069	440	761	640	1,916	2,405	6,269	66,037	3,301
August	6,515	16,788	889	13,953	14,208	23,055	20,320	5,817	4,421	10,865	2,274	2,178	2,115	11,224	1,318	1,836	1,698	4,595	6,045	11,246	161,390	8,069
September	10,652	20,031	3,045	25,477	28,383	39,435	33,611	9,829	11,499	26,008	4,083	3,452	3,625	22,610	3,002	4,379	2,726	6,286	8,177	18,330	287,643	14,382
October	17,227	18,174	5,710	31,743	33,657	51,077	44,486	9,124	12,766	30,847	5,295	4,328	4,224	23,169	3,502	6,348	2,886	9,555	12,079	22,836	348,843	17,412
November	13,777	8,361	2,868	27,681	27,219	41,979	31,356	5,770	8,679	13,417	3,597	3,486	4,256	14,436	2,047	5,231	2,110	8,679	14,049	27,159	297,200	13,363
December	8,630	4,884	1,849	22,237	35,776	33,251	21,168	3,722	7,571	5,777	2,597	3,199	4,548	9,657	1,772	3,857	1,809	8,339	20,389	26,658	277,063	11,353
January	7,349	4,240	3,007	20,580	45,456	29,497	14,169	3,810	9,249	3,826	2,761	3,326	6,894	9,230	1,769	3,944	2,546	9,780	22,415	28,098	231,096	11,353
February	8,761	4,004	6,400	20,800	47,521	30,590	11,761	3,862	12,373	4,572	2,881	4,230	7,303	5,229	1,592	3,235	3,015	8,100	24,388	25,787	236,684	11,834
March	10,379	5,486	8,590	21,125	40,793	36,249	14,026	7,385	18,072	6,150	4,169	4,215	7,170	3,129	1,591	3,511	4,708	14,610	17,529	234,472	11,723	
April	6,520	6,072	5,721	11,572	21,826	22,927	16,872	8,081	10,613	4,981	3,309	2,626	6,136	1,712	1,670	3,271	3,125	1,917	6,860	7,150	146,091	7,349
May	3,684	2,361	3,820	3,866	5,374	7,121	5,424	4,586	3,733	2,107	1,684	1,464	3,431	767	1,095	1,558	1,449	834	3,282	2,955	59,346	2,997
June	2,273	57	2,058	1,845	4,004	7,754	1,936	923	1,829	672	418	654	1,750	280	523	468	882	622	2,265	1,097	28,390	1,419
Annual totals	97,957	99,796	46,125	206,962	308,938	328,556	216,203	64,271	101,768	114,184	34,686	33,894	52,392	105,491	20,722	38,399	27,594	157,864	194,224	2,295,221	114,761	
Ratio per mille	3.33	4.15	1.68	7.55	11.27	11.96	7.88	2.34	3.71	4.16	1.26	1.24	1.91	3.62	0.71	1.32	0.95	2.26	4.73	7.17	...	...

RAJPUTANA AND AJMER-MERWARA.

	1898-99.	1899-00.	1900-01.	1901-02.	1902-03.	1903-04.	1904-05.	1905-06.	1906-07.	1907-08.	1908-09.	1909-10.	1910-11.	1911-12.	1912-13.	1913-14.	1914-15.	1915-16.	1916-17.	1917-18.	Monthly totals for 20 years.	Mean monthly incidence of plague mortality.
July	...	1	...	...	...	...	334	20	1	11	...	1	314	19	...	13	...	...	...	940	1,654	82
August	...	5	...	...	...	8	1,280	287	4	37	...	76	452	38	...	...	...	...	...	3,429	5,624	281
September	...	...	...	...	...	132	2,030	2	23	326	147	1,093	1,693	37	51	58	...	...	...	4,347	9,944	497
October	1	1	...	2	...	153	1,203	44	14	712	306	2,418	2,619	69	1,028	58	...	...	...	5,398	14,092	704
November	1	1	...	1	5	321	1,221	65	11	306	286	2,150	2,272	195	1,614	47	34	1	16	8,000	17,148	857
December	1	6	...	...	...	352	1,058	48	158	306	335	1,793	1,927	148	915	134	8	63	17,821	26,035	1,301	
January	2	4	1	2	...	1,017	2,581	34	191	1,993	676	3,081	2,619	197	382	150	2	262	26,151	32,075	1,603	
February	5	5	22	14	84	2,106	2,147	45	299	1,993	676	6,610	3,355	269	439	188	3	452	22,515	41,248	2,012	
March	3	1	110	96	776	4,298	5,884	534	998	2,945	1,298	9,736	5,253	539	500	389	21	1,130	18,850	53,362	2,668	
April	...	2	40	24	404	3,353	13,108	339	1,122	1,051	985	9,361	4,944	444	638	318	34	...	13,191	51,803	2,590	
May	...	...	...	6	44	696	7,731	36	1,095	191	857	2,040	1,686	285	177	71	79	...	4,086	21,109	1,055	
June	...	...	...	1	5	171	556	1	287	2	224	355	389	42	31	...	13	...	716	2,954	147	
Annual totals	13	26	175	153	1,330	12,808	39,883	1,455	4,104	8,808	5,792	39,254	27,558	2,282	5,778	1,426	175	37	6,502	119,488	277,048	13,852
Ratio per mile	0'001	0'002	0'02	0'01	0'13	1'26	3'91	0'14	0'40	0'86	0'57	3'85	2'70	0'21	0'52	0'13	0'02	0'003	0'59	10'83	...	...

HYDERABAD.

	1898-99.	1899-00.	1900-01.	1901-02.	1902-03.	1903-04.	1904-05.	1905-06.	1906-07.	1907-08.	1908-09.	1909-10.	1910-11.	1911-12.	1912-13.	1913-14.	1914-15.	1915-16.	1916-17.	1917-18.	Monthly totals for 20 years.	Mean monthly incidence of plague mortality.
July	7	637	8	...	...	106	590	27	...	41	54	...	115	114	...	75	...	...	1,429	1,901	5,104	255
August	...	809	4	...	...	1,377	1,443	202	1	408	338	...	632	364	...	155	...	...	3,509	3,337	13,931	697
September	155	1,032	2	...	...	4,158	1,789	373	...	520	220	...	508	854	...	231	...	...	3,347	3,320	19,253	903
October	571	1,382	10	2	...	3,722	3,047	437	211	921	389	61	598	2,471	...	248	...	...	3,913	4,619	26,444	1,322
November	1,288	576	30	...	...	3,241	2,993	358	67	466	179	42	1,455	4,273	...	1,273	...	...	5,045	5,035	31,217	1,561
December	684	286	21	...	...	4,056	2,683	206	56	308	64	60	1,298	6,730	...	554	...	...	7,995	7,927	41,176	2,059
January	399	280	25	111	...	3,594	2,658	187	123	205	112	51	1,032	4,909	...	302	...	...	12,900	4,953	42,000	2,100
February	520	101	7	563	...	3,906	1,795	377	22	93	101	235	784	2,715	...	243	...	...	4,266	3,490	31,650	1,583
March	602	120	3	275	...	3,360	1,776	200	8	57	18	59	699	2,587	...	129	...	...	5,881	1,913	26,599	1,329
April	66	31	...	138	...	1,590	794	48	114	22	1	14	250	421	...	54	...	...	2,840	588	10,625	531
May	...	33	...	...	...	683	292	7	...	4	...	65	8	26	...	...	...	...	1,699	66	3,715	186
June	43	4	...	...	3	51	...	...	...	...	...	0	...	...	...	...	...	...	489	196	886	44
Annual totals	4,361	5,300	110	1,508	18,974	29,714	19,857	2,608	619	3,135	1,506	661	7,799	27,841	3,751	3,319	3,086	27,465	53,843	37,245	252,603	12,630

	1898-99.	1899-00.	1900-01.	1901-02.	1902-03.	1903-04.	1904-05.	1905-06.	1906-07.	1907-08.	1908-09.	1909-10.	1910-11.	1911-12.	1912-13.	1913-14.	1914-15.	1915-16.	1916-17.	1917-18.	Monthly totals for 20 years.	Mean monthly incidence of plague mortality.
July	...	3	76	18	32	59	465	83	53	243	11	52	95	238	67	798	106	15	112	489	2,955	147
August	...	2	80	47	20	50	1,780	192	381	424	16	151	291	115	231	488	68	50	231	440	4,992	249
September	...	2	104	270	92	205	1,658	337	597	453	66	180	490	76	169	485	90	136	143	333	5,825	291
October	...	27	707	349	544	541	1,069	478	474	279	186	254	483	883	213	233	260	106	293	690	7,920	395
November	...	18	2,231	627	1,749	2,151	2,166	1,162	851	393	286	902	1,992	1,012	532	1,221	389	416	739	1,991	20,758	1,037
December	...	141	5,180	1,381	6,216	5,284	8,717	2,640	2,731	1,133	507	3,046	5,159	3,160	1,822	4,706	1,780	1,466	2,458	6,472	64,139	3,206
January	...	21	1,775	9,033	2,721	9,514	20,643	5,314	5,426	1,822	849	6,867	12,966	8,176	2,913	9,228	2,106	3,085	3,728	11,714	128,509	6,275
February	...	27	4,988	14,107	3,802	11,715	22,346	10,187	16,844	3,264	1,118	9,852	14,935	14,867	4,766	12,208	4,862	5,422	7,333	14,640	185,026	9,251
March	...	31	9,582	26,765	5,679	17,240	38,443	19,084	23,509	5,571	1,996	14,683	24,191	17,875	10,931	24,846	9,938	9,234	11,679	16,308	398,605	15,430
April	...	2	4,194	15,558	3,412	9,242	22,694	15,446	29,355	2,538	694	5,089	13,519	11,461	8,395	11,637	6,629	3,028	9,158	5,470	186,215	9,310
May	...	2	678	2,096	884	2,309	7,384	1,427	7,121	173	391	669	2,611	2,773	1,071	3,138	1,398	537	2,931	1,266	38,388	1,919
June	...	2	137	118	92	515	1,273	183	697	23	72	50	103	293	326	584	99	17	540	159	5,410	270
Annual totals	85	21,547	76,074	19,408	57,335	62,945	127,672	56,533	82,009	16,016	6,042	41,295	76,844	60,869	31,301	69,662	27,745	23,512	39,095	59,762	955,751	47,787
Ratio per mille.	0.002	0.56	1.98	0.50	1.49	1.64	3.32	1.47	2.13	0.42	0.16	1.07	2.00	1.58	0.81	1.81	0.72	0.61	1.02	1.55	...	...

CENTRAL PROVINCES.

	1898-99.	1899-00.	1900-01.	1901-02.	1902-03.	1903-04.	1904-05.	1905-06.	1906-07.	1907-08.	1908-09.	1909-10.	1910-11.	1911-12.	1912-13.	1913-14.	1914-15.	1915-16.	1916-17.	1917-18.	Monthly totals for 20 years.	Mean monthly incidence of plague mortality.
July	...	1	1	...	...	2	26	1	15	40	9	33	138	52	...	...	...	10	101	769	1,198	59
August	...	22	...	...	86	672	430	137	310	938	272	526	743	401	...	...	...	129	822	2,435	8,025	401
September	...	115	1	...	595	3,762	1,631	1,102	1,884	3,389	1,101	2,073	1,720	1,667	...	...	...	1,326	2,256	2,170	26,794	1,339
October	...	193	2	1	834	5,421	2,388	2,108	2,620	1,586	1,160	5,439	2,294	1,982	...	...	...	1,563	3,907	4,336	36,171	1,868
November	...	23	...	...	1,143	8,734	2,045	1,018	1,656	728	535	3,072	3,149	2,093	...	...	...	2,332	4,030	4,533	36,067	1,803
December	...	97	...	...	1,626	8,060	1,963	868	1,938	501	548	2,837	2,912	3,653	...	...	...	2,355	6,244	4,539	38,896	1,941
January	...	59	...	...	4,310	9,051	2,040	1,264	5,423	629	879	5,991	5,807	5,031	...	...	...	3,762	7,149	3,732	57,017	2,850
February	...	24	...	...	8,175	9,623	2,000	3,022	7,750	894	1,635	6,526	5,816	6,509	...	...	...	3,633	9,765	3,383	73,044	3,682
March	...	18	...	...	5,809	10,883	2,072	3,619	11,444	728	1,377	4,572	5,570	6,184	...	...	...	2,777	7,030	2,148	71,541	3,577
April	...	10	...	...	3,234	4,529	1,044	1,700	4,727	338	336	841	1,380	1,201	...	...	...	473	3,144	431	24,918	1,245
May	...	21	...	...	328	386	212	53	1,394	22	97	92	123	42	...	...	...	27	850	25	3,849	192
June	7	18	14	4	55	...	16	73	7	1	...	...	...	7	307	5	521	26
Annual totals	246	1,038	8	459	29,557	61,135	15,865	14,986	39,252	9,847	7,955	32,885	29,359	28,986	980	10	12,439	18,394	46,195	29,515	378,641	18,933
Ratio per mille	0.02	0.08	0.001	0.03	1.90	4.18	1.08	1.02	2.68	0.67	0.54	2.25	2.01	1.81	0.06	0.001	0.78	1.15	2.88	1.84	...	...

MYSORE (INCLUDING BANGALORE CIVIL AND MILITARY STATION)

	1898-99.	1899-00.	1900-01.	1901-02.	1902-03.	1903-04.	1904-05.	1905-06.	1906-07.	1907-08.	1908-09.	1909-10.	1910-11.	1911-12.	1912-13.	1913-14.	1914-15.	1915-16.	1916-17.	1917-18.	Monthly totals for 20 years.	Mean monthly incidence of plague mortality.
July	...	487	134	724	1,241	1,083	2,060	253	148	728	416	304	246	1,245	186	249	165	110	687	573	11,169	558
August	15	589	813	1,079	2,669	11,935	3,473	455	405	1,446	771	472	312	2,169	484	485	430	263	1,266	1,061	20,605	1,030
September	151	630	2,146	1,460	4,103	2,407	2,360	356	527	2,348	817	841	905	2,467	582	404	604	342	1,282	1,261	27,904	1,395
October	1,270	768	3,462	1,736	5,165	3,371	3,255	450	728	2,556	725	839	1,372	2,423	512	519	834	402	1,550	1,500	33,863	1,690
November	1,547	632	3,381	1,975	4,074	2,758	2,504	441	618	2,075	637	622	1,768	2,423	512	504	778	524	1,556	1,556	31,566	1,580
December	2,352	771	2,205	2,251	4,153	2,991	1,526	496	380	1,658	409	344	1,654	1,537	455	593	837	640	1,608	1,215	28,068	1,403
January	3,272	592	1,524	3,014	3,683	2,756	1,195	429	510	1,625	314	206	1,034	1,632	618	472	539	701	1,462	1,207	26,900	1,345
February	1,797	337	1,019	2,372	2,171	2,955	1,107	310	618	1,176	330	226	642	816	384	333	623	548	1,155	841	18,869	943
March	599	186	713	1,308	984	1,234	598	201	321	698	268	147	457	339	302	302	460	282	675	684	11,054	553
April	396	66	279	603	337	620	284	83	225	177	56	95	252	108	71	143	177	130	271	200	4,523	226
May	313	20	136	446	177	369	104	64	336	182	45	36	224	39	50	57	56	137	269	112	3,121	156
June	247	30	283	633	358	954	118	54	288	190	166	85	461	47	92	70	100	227	217	244	4,864	243
Annual totals	12,259	5,180	16,095	17,613	29,720	22,533	19,564	3,688	5,104	14,859	5,023	4,307	9,327	15,056	4,359	4,174	5,912	4,366	12,940	10,457	222,476	11,124
Ratio per mille	2.48	1.04	3.26	3.18	5.37	4.07	3.53	0.67	0.92	2.63	0.91	0.78	1.68	3.59	0.76	0.72	1.02	0.75	2.23	1.80	...	...

MADRAS.

	1898-99.	1899-00.	1900-01.	1901-02.	1902-03.	1903-04.	1904-05.	1905-06.	1906-07.	1907-08.	1908-09.	1909-10.	1910-11.	1911-12.	1912-13.	1913-14.	1914-15.	1915-16.	1916-17.	1917-18.	Monthly totals for 20 years.	Mean monthly incidence of plague mortality.
July	...	18	3	27	231	391	1,037	94	21	91	236	410	151	732	108	158	52	28	335	418	4,591	229
August	13	15	22	41	574	480	2,076	436	36	232	491	675	279	1,544	268	104	46	182	585	880	9,069	453
September	26	37	21	62	1,056	577	2,141	859	77	792	314	755	434	2,308	259	213	153	132	1,119	2,198	13,744	687
October	80	52	30	151	1,006	921	1,705	405	64	578	324	506	414	3,134	253	463	611	504	1,317	3,075	16,502	825
November	133	68	29	372	1,186	1,151	1,631	260	40	400	223	385	1,598	1,950	484	76	627	572	1,657	5,339	18,686	934
December	305	141	166	1,372	1,503	2,104	1,533	222	74	406	136	317	1,597	1,638	634	1,590	396	1,152	2,568	4,720	22,410	1,120
January	387	250	166	2,417	3,089	3,763	1,760	207	84	466	185	242	1,359	2,304	695	1,738	396	1,849	2,212	4,615	28,324	1,416
February	575	155	413	1,947	2,554	3,416	1,016	132	105	318	165	141	1,118	1,542	585	952	384	1,237	2,125	2,849	21,770	1,088
March	245	82	283	1,007	1,311	1,660	488	113	76	319	111	70	717	589	397	432	262	481	1,096	1,409	11,198	559
April	78	11	95	198	247	432	259	93	45	201	80	54	208	144	112	75	43	103	424	382	3,244	162
May	20	11	33	53	75	214	59	22	45	138	90	40	80	86	51	16	18	68	99	87	1,202	64
June	13	9	20	94	106	461	31	13	41	114	168	99	218	23	62	9	5	129	112	114	1,841	92
Annual totals	1,884	849	1,156	7,741	13,028	15,570	13,686	2,865	692	4,135	2,323	3,674	8,143	16,044	3,908	6,456	2,993	6,698	13,649	26,986	152,680	7,634
Ratio per mille	0.05	0.02	0.03	0.18	0.21	0.21	0.18	0.02	0.02	0.13	0.09	0.12	0.14	0.21	0.09	0.10	0.10	0.10	0.10	0.10	...	...

	1898-99.	1899-00.	1900-01.	1901-02.	1902-03.	1903-04.	1904-05.	1905-06.	1906-07.	1907-08.	1908-09.	1909-10.	1910-11.	1911-12.	1912-13.	1913-14.	1914-15.	1915-16.	1916-17.	1917-18.	Monthly totals for 20 years.	Mean monthly incidence of plague mortality.
July	82	48	10	18	...	...	16	35	12	...	...	...	...	2	489	712	36
August	1,052	1,258	96	703	...	...	200	332	195	...	...	...	...	36	1,532	6,347	317
September	5,343	4,579	146	3,061	...	...	1,013	806	886	...	...	...	...	154	2,507	20,075	1,004
October	5,019	3,790	200	3,022	...	...	1,324	1,049	3,513	...	...	...	...	387	3,027	25,414	1,271
November	4,219	1,140	400	2,023	...	...	493	951	2,039	...	...	...	...	442	2,161	15,540	777
December	3,404	877	212	1,947	...	...	247	1,459	1,411	...	...	...	...	442	1,770	13,486	674
January	3,685	383	112	1,628	...	...	75	2,842	1,632	...	...	...	...	878	1,684	15,076	754
February	3,247	373	155	1,804	...	...	105	2,100	1,682	...	...	...	...	1,178	2,620	15,863	790
March	4,609	496	499	1,000	...	...	80	2,127	940	...	...	...	...	313	2,365	17,103	858
April	2,240	270	393	814	...	...	8	840	574	...	...	...	...	467	1,657	9,245	462
May	987	60	60	160	...	...	2	181	192	...	...	...	...	195	344	2,416	123
June	76	1	2	28	...	...	11	3	...	...	...	...	...	70	326	521	26
Annual totals	3	1	...	...	5,958	35,472	13,284	2,465	17,168	2,918	1,231	4,714	12,734	13,047	329	315	2,940	2,437	5,300	21,482	141,798	7,690
Ratio per mille	0.69	4.11	1.54	0.29	1.99	0.34	0.14	0.55	1.48	1.39	0.04	0.03	0.31	0.26	0.57	2.30	...	...

BURMA.

	1898-99.	1899-00.	1900-01.	1901-02.	1902-03.	1903-04.	1904-05.	1905-06.	1906-07.	1907-08.	1908-09.	1909-10.	1910-11.	1911-12.	1912-13.	1913-14.	1914-15.	1915-16.	1916-17.	1917-18.	Monthly totals for 20 years.	Mean monthly incidence of plague mortality.
July	616	1,070	625	658	435	327	501	327	406	460	242	641	536	6,905	345
August	4.1	717	410	279	476	179	251	277	302	323	179	254	411	4,480	224
September	273	346	312	145	177	131	157	167	245	143	87	190	273	2,646	132
October	207	292	174	139	83	135	86	79	98	112	81	104	215	1,046	96
November	284	256	179	162	85	312	74	30	110	126	205	166	347	2,276	113
December	339	827	304	557	345	682	184	92	413	266	630	418	904	6,143	397
January	533	1,728	986	1,476	807	1,103	492	367	1,277	956	1,243	830	1,791	13,652	682
February	841	1,870	1,419	1,846	1,307	1,143	642	779	1,793	1,532	1,122	1,790	1,790	17,204	860
March	1,749	1,428	990	1,208	1,680	809	454	706	1,386	593	1,477	855	1,447	14,938	749
April	923	1,066	431	386	1,131	493	189	483	817	284	813	395	818	8,829	441
May	431	478	449	165	492	529	101	165	407	200	372	239	545	4,904	249
June	652	555	537	264	469	610	196	250	386	189	488	953	717	6,670	333
Annual totals	1	4	...	...	8	3	1,573	7,249	10,633	6,936	7,285	7,576	6,513	3,357	3,722	7,610	4,769	7,499	6,167	9,914	90,732	4,536
Ratio per mille	0.15	0.69	1.01	0.66	0.69	0.72	0.62	0.28	0.31	0.03	0.39	0.61	0.51	0.82	...	...

BENGAL.

	1898-99.	1899-00.	1900-01.	1901-02.	1902-03.	1903-04.	1904-05.	1905-06.	1906-07.	1907-08.	1908-09.	1909-10.	1910-11.	1911-12.	1912-13.	1913-14.	1914-15.	1915-16.	1916-17.	1917-18.	Monthly totals for 20 years.	Mean monthly incidence of plague mortality.
July ...	41	55	254	61	83	55	53	59	74	63	98	117	76	123	35	50	30	4	4	6	1,341	67
August ...	26	118	264	86	65	55	30	53	65	24	54	61	37	58	22	26	9	...	...	...	1,153	57
September	23	209	191	62	48	76	9	66	38	33	33	31	28	27	18	5	3	...	...	3	903	45
October ...	3	219	86	80	74	71	12	36	44	34	35	29	36	22	17	...	1	...	...	...	759	37
November	5	225	33	93	43	81	34	93	54	75	32	24	40	31	27	5	...	1	...	...	896	44
December...	3	272	97	105	90	69	76	88	52	86	35	25	60	13	32	1	...	4	...	...	1,108	55
January ...	13	271	205	229	249	67	260	120	75	65	62	40	55	58	23	5	3	215	...	21	1,836	91
February ...	43	825	958	740	1,093	331	569	158	109	87	92	77	74	214	76	44	3	7	13	37	5,550	277
March ..	860	3,468	4,021	2,283	3,735	1,581	2,555	771	461	430	347	232	249	572	226	119	23	21	58	28	22,045	1,102
April ...	579	2,052	2,012	2,655	2,741	2,007	3,793	1,110	1,619	526	443	292	627	635	325	160	111	35	38	54	21,814	1,090
May ...	239	754	425	1,053	393	629	1,510	334	957	316	653	329	390	253	137	119	43	23	32	72	8,661	433
June ...	54	385	133	275	90	152	239	165	214	134	280	174	210	112	110	64	7	5	13	56	2,872	143
Annual totals	1,889	8,933	8,679	7,722	8,664	5,179	9,140	3,053	3,762	1,873	2,164	1,431	1,882	2,118	1,048	598	233	115	158	277	68,038	3,446
Ratio per mille.	0'04	0'19	0'19	0'17	0'19	0'11	0'20	0'07	0'08	0'04	0'05	0'03	0'04	0'05	0'02	0'01	0'003	0'002	0'003	0'006	...	...

Mean monthly percentage Humidity Tables.

PUNJAB.

		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apl.	May.	June.
in which plague mortality was in excess of mean of twenty years.	1906-07	69	77	78	61	64	81	83	84	72	63	41	46
	1903-04	65	76	74	59	58	65	81	64	75	41	40	46
	1904-05	67	74	64	54	70	79	83	79	70	44	38	45
	1914-15	79	74	73	70	79	79	83	79	69	51	39	47
	1901-02	66	75	63	54	60	67	61	51	49	41	41	54
	1902-03	70	68	70	61	61	65	69	64	61	43	39	40
	1910-11	72	80	71	61	62	69	88	70	76	49	36	55
	1909-10	77	76	75	57	66	82	83	69	52	44	36	58
		71	75	71	60	65	73	79	70	65	47	39	48
	1917-18	74	85	87	74	72	83	77	65	71	55	40	53
s in which plague mortality was less than an of twenty years.	1905-06	67	66	68	54	59	74	71	81	72	46	36	50
	1913-14	74	73	61	52	61	78	79	78	61	52	43	53
	1907-08	56	79	58	46	54	63	74	64	46	48	35	39
	1908-09	76	84	72	58	65	74	76	70	54	55	33	59
	1911-12	56	61	69	59	73	72	86	72	49	52	37	40
	1912-13	69	76	62	53	65	71	67	78	61	38	44	61
	1900-01	67	78	81	62	66	79	87	77	67	45	42	39
	1916-17	74	83	75	67	63	72	76	64	53	54	57	60
	1915-16	60	67	69	59	61	68	67	69	49	41	35	57
	1899-00	70	62	50	45	51	60	63	67	52	49	42	44
1898-99	74	70	71	54	55	65	60	67	51	41	39	51	
	68	74	69	57	62	72	74	71	57	48	40	50	

UNITED PROVINCES.

		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apl.	May	June.
in which plague mortality was in excess of mean of twenty years.	1904-05	86	88	78	68	75	86	85	76	66	48	52	53
	1910-11	78	86	85	74	71	71	84	66	64	40	43	64
	1906-07	84	85	83	71	71	81	83	82	66	57	43	53
	1917-18	85	86	88	77	72	78	74	60	53	42	52	71
	1909-10	88	84	81	63	68	82	81	62	45	40	45	69
	1903-04	71	87	86	82	70	75	81	64	75	41	40	46
	1911-12	65	79	86	77	78	78	85	71	46	47	43	55
		80	85	84	73	72	79	82	69	59	45	45	59
	1913-14	77	76	69	58	59	74	71	64	52	45	52	59
	1916-17	84	87	83	77	69	78	78	72	53	43	57	69
s in which plague mortality was less than an of twenty years.	1912-13	81	84	77	67	70	76	73	79	56	35	53	72
	1902-03	85	83	84	74	71	71	76	67	48	38	43	60
	1905-06	79	84	80	65	65	73	71	78	61	36	44	60
	1914-15	85	85	78	67	69	73	82	78	66	45	49	61
	1915-16	78	85	83	71	68	72	71	63	41	39	34	72
	1901-02	77	88	79	71	69	75	77	61	49	45	50	58
	1907-08	70	86	66	54	58	66	78	63	47	37	41	53
	1908-09	81	86	76	61	63	73	73	62	42	56	43	77
	1900-01	81	85	87	71	71	83	89	78	62	39	45	50
	1899-00	88	78	50	45	51	60	68	67	52	49	42	44
	81	84	76	65	65	73	76	69	52	42	46	61	

WITH THE GOVERNMENT OF INDIA FOR 1917.
Mean Monthly Percentage Humidity Tables.
 BOMBAY.

		July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apl.	May
Years in which the plague mortality was in excess of mean of twenty years.	1903-04 ...	84	85	85	72	57	54	61	59	61	62	66
	1902-03 ...	80	80	85	73	61	66	63	58	58	54	65
	1904-05 ...	80	79	79	68	57	58	61	48	60	58	65
	1901-02 ...	81	85	78	71	52	55	60	52	57	61	66
	1917-18 ...	82	87	88	80	66	65	58	58	55	55	70
	1916-17 ...	83	86	87	78	67	61	62	64	57	60	67
		82	84	84	74	60	60	61	56	58	58	66
Years in which the plague mortality was less than mean of twenty years.	1907-08 ...	82	88	80	63	55	52	62	56	52	56	64
	1911-12 ...	79	83	81	71	60	54	59	61	54	59	63
	1906-07 ...	85	85	84	69	59	58	64	67	60	66	61
	1899-00 ...	76	76	77	58	54	52	54	53	56	58	62
	1898-99 ...	84	82	83	65	60	62	52	56	56	63	66
	1915-16 ...	82	82	82	78	62	60	61	59	52	59	63
	1905-06 ...	81	82	78	67	56	54	56	63	57	55	64
	1910-11 ...	82	87	83	71	60	58	66	54	61	60	66
	1900-01 ...	79	86	83	62	55	59	63	51	54	57	65
	1913-14 ...	85	82	82	68	56	65	58	60	58	62	66
	1908-09 ...	86	87	82	69	55	52	62	56	53	61	62
	1909-10 ...	86	84	84	71	60	65	59	52	52	52	63
	1914-15 ...	86	84	86	68	64	60	61	59	63	58	66
	1912-13 ...	85	87	79	70	64	58	57	61	54	61	66
		83	84	82	68	59	58	60	58	56	59	64

BIHAR.

		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apl.	May
Years in which the plague mortality was in excess of mean of twenty years.	1904-05 ...	87	90	82	78	80	86	85	71	65	61	74
	1906-07 ...	87	88	84	81	78	83	84	83	71	63	62
	1910-11 ...	86	87	86	81	78	79	84	69	66	59	71
	1900-01 ...	88	87	86	80	77	83	89	78	60	47	63
	1913-14 ...	84	87	86	82	78	84	84	74	57	62	70
	1903-04 ...	81	88	87	84	77	78	81	69	53	54	72
	1911-12 ...	82	89	88	84	84	83	86	74	54	68	70
	1917-18 ...	88	86	83	84	76	79	73	61	52	53	73
	1902-03 ...	88	88	89	81	78	76	80	69	52	46	57
	1905-06 ...	86	91	88	79	74	76	79	84	68	47	65
86		88	86	81	78	81	82	73	60	56	68	
Years in which the plague mortality was less than mean of twenty years.	1909-10 ...	86	83	84	76	75	82	82	68	58	54	66
	1916-17 ...	87	90	85	81	78	78	76	67	46	60	54
	1912-13 ...	88	88	80	73	78	82	80	84	60	51	66
	1914-15 ...	87	90	82	74	73	76	76	76	64	51	75
	1915-16 ...	87	90	85	81	78	78	76	67	46	60	54
	1899-00 ...	91	88	82	77	76	80	85	76	62	56	68
	1901-02 ...	85	88	83	77	74	78	78	61	59	67	70
	1907-08 ...	89	88	85	75	74	76	83	75	53	54	65
	1908-09 ...	85	85	85	71	71	75	74	66	35	66	62
	1898-99 ...	87	90	88	80	77	78	81	73	56	59	67
87		88	84	76	75	78	79	71	52	58	65	

		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apl.	May	June.	
in which the plague mortality was in excess of mean of twenty years.	1903-04 ...	84	87	87	75	58	58	62	52	50	27	36	66	
	1916-17 ...	84	87	85	81	72	65	64	62	45	36	56	75	
	1906-07 ...	86	85	85	67	61	67	63	67	45	51	33	60	
	1909-10 ...	85	82	82	60	52	74	63	41	29	24	33	72	
	1910-11 ...	80	86	87	70	65	63	68	42	42	27	32	70	
	1902-03 ...	83	78	84	69	65	67	63	48	33	27	42	58	
	1917-18 ...	85	87	88	78	60	63	60	48	38	23	48	72	
	1911-12 ...	77	85	83	69	71	66	63	63	32	33	33	51	
			83	85	85	71	63	65	63	53	39	32	39	65
			78	85	83	77	67	62	57	51	29	27	34	75
in which the plague mortality was less than an of twenty years.	1904-05 ...	81	83	79	68	58	66	62	47	46	36	38	52	
	1905-06 ...	82	85	85	63	55	56	52	57	43	25	31	65	
	1914-15 ...	86	86	84	61	59	60	63	53	54	38	41	56	
	1907-08 ...	86	88	72	50	50	53	53	41	32	25	33	57	
	1908-09 ...	86	89	81	58	51	54	59	49	31	47	39	69	
	1899-00 ...	77	77	68	48	44	47	57	44	34	36	34	60	
	1912-13 ...	83	86	76	60	60	60	57	64	41	29	39	72	
	1901-02 ...	82	90	78	65	56	55	57	43	31	34	36	54	
	1898-99 ...	88	88	85	63	56	59	51	49	36	46	45	66	
	1913-14 ...	83	82	76	54	50	61	52	43	41	41	40	68	
1900-01 ...	84	86	85	63	61	69	73	60	53	42	40	59		
		82	85	79	61	56	58	58	50	39	35	37	63	

RAJPUTANA.

		July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apl.	May	June.
in which the plague mortality was in excess of mean of twenty years.	1917-18 ...	77	86	86	68	58	63	58	46	42	36	43	53
	1904-05 ...	72	76	62	45	54	65	64	55	49	35	32	56
	1909-10 ...	82	80	78	55	54	70	63	50	39	35	37	62
	1910-11 ...	75	82	72	54	52	50	67	44	53	32	36	59
		76	81	74	55	54	62	63	49	46	34	37	57
in which the plague mortality was less than an of twenty years.	1903-04 ...	69	79	74	56	50	51	58	46	51	31	38	58
	1907-08 ...	63	85	66	49	52	53	65	48	34	33	40	54
	1916-17 ...	66	83	77	66	49	52	56	47	37	42	55	63
	1908-09 ...	82	80	78	55	54	70	63	50	39	35	37	62
	1912-13 ...	75	79	63	48	49	50	49	56	34	28	42	58
	1906-07 ...	76	73	77	52	48	58	60	66	48	45	42	53
	1911-12 ...	57	65	71	47	57	50	66	49	29	32	30	46
	1905-06 ...	70	65	65	42	44	54	42	59	47	30	37	59
	1913-14 ...	71	71	64	39	38	60	52	44	35	31	32	56
	1902-03 ...	69	71	75	60	52	52	54	49	40	28	35	48
	1900-01 ...	68	82	82	57	60	64	69	54	45	31	40	54
	1914-15 ...	75	73	67	49	55	46	59	55	48	33	40	47
	1901-02 ...	68	78	60	50	46	52	50	41	34	33	43	57
1915-16 ...	61	65	57	53	37	46	44	44	30	32	31	57	
		69	75	70	52	49	54	56	51	39	33	39	55

ANNUAL REPORT OF THE SANITARY COMMISSIONER
Mean Monthly Percentage Humidity Tables.
 HYDERABAD.

		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apl.	May	Jun
Years in which the plague mortality was in excess of mean of twenty years.	1916-17 ...	84	84	84	80	78	66	66	62	51	49	59	84
	1917-18 ...	81	83	85	79	68	63	64	54	46	43	64	61
	1903-04 ...	84	83	82	72	68	62	69	61	52	48	55	71
	1911-12 ...	76	81	74	63	67	61	54	62	43	47	44	39
	1915-16 ...	77	78	81	77	71	61	61	50	40	44	51	71
	1904-05 ...	78	75	75	68	55	61	57	43	52	49	53	61
	1902-03 ...	77	76	81	71	72	74	72	59	46	44	56	61
		80	80	80	73	68	64	63	57	47	46	55	71
	1910-11 ...	74	80	83	74	63	61	60	43	42	36	45	61
	1899-00 ...	70	72	75	63	61	60	65	56	50	55	49	71
Years in which the plague mortality was less than mean of twenty years.	1898-99 ...	82	79	82	74	70	74	63	57	50	60	57	61
	1912-13 ...	80	81	73	64	59	59	55	56	36	44	51	61
	1913-14 ...	81	76	73	59	54	62	58	50	46	47	49	61
	1907-08 ...	78	82	72	53	58	56	56	45	44	40	44	61
	1914-15 ...	81	82	82	62	61	63	68	54	57	49	51	61
	1905-06 ...	74	82	75	64	54	51	62	56	53	44	46	71
	1901-02 ...	83	83	73	66	63	61	61	54	47	50	48	61
	1908-09 ...	80	83	84	66	55	55	61	54	39	51	48	71
	1909-10 ...	82	81	78	56	48	67	56	43	40	34	43	61
	1906-07 ...	79	79	78	69	59	64	63	60	53	61	43	61
1900-01 ...	82	79	82	66	63	67	68	68	63	57	58	71	
	79	80	78	64	59	62	61	54	48	48	47	61	

MYSORE.

		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apl.	May	Jun
Years in which the plague mortality was in excess of mean of twenty years.	1902-03 ...	83	81	84	79	82	83	80	68	62	65	76	81
	1903-04 ...	86	86	86	82	82	81	78	68	65	74	79	81
	1904-05 ...	85	84	81	79	61	74	71	69	63	64	76	81
	1901-02 ...	84	83	80	81	78	78	70	61	62	68	73	71
	1900-01 ...	84	83	83	80	74	75	70	72	61	69	74	71
	1907-08 ...	85	86	82	76	80	73	73	63	61	73	75	81
	1911-12 ...	85	84	81	78	77	81	63	72	62	68	71	81
	1916-17 ...	85	86	85	85	83	77	71	73	60	67	68	81
	1898-99 ...	83	80	86	82	82	72	69	66	60	74	73	81
		84	84	83	80	80	80	72	68	62	69	74	81
Years in which the plague mortality was less than mean of twenty years.	1917-18 ...	81	84	86	85	79	68	77	61	63	67	79	71
	1910-11 ...	85	88	85	87	79	76	73	54	63	73	77	81
	1914-15 ...	85	85	83	80	74	72	74	66	63	68	75	81
	1906-07 ...	85	86	86	84	76	77	75	71	62	72	73	81
	1899-00 ...	78	77	84	79	62	62	64	61	57	69	69	71
	1908-09 ...	88	86	81	80	63	71	73	64	58	67	78	81
	1915-16 ...	83	83	84	81	81	75	68	65	61	69	77	81
	1912-13 ...	85	85	85	83	79	79	71	67	57	73	75	81
	1909-10 ...	86	86	86	80	74	75	71	61	66	68	75	81
	1913-14 ...	86	82	81	77	67	73	68	61	59	64	72	71
1905-06 ...	83	84	82	82	76	69	76	72	59	66	72	71	
	84	84	84	82	74	72	72	64	61	69	75	81	

Mean Monthly Percentage Humidity Tables.

CENTRAL INDIA.

		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apl.	May	June.
Years in which the plague mortality was in excess of mean of twenty years.	1903-04 ...	78	90	90	78	66	66	69	62	58	38	47	66
	1917-18 ...	87	90	91	77	65	70	65	51	45	37	46	65
	1906-07 ...	87	84	88	68	56	64	67	68	47	48	35	55
	1904-05 ...	86	87	80	64	63	74	71	54	50	32	41	52
	1911-12 ...	73	81	88	69	70	66	69	59	39	31	35	52
	1910-11 ...	79	89	87	70	68	64	73	49	51	35	35	66
		82	87	87	71	65	67	69	57	48	37	40	59
Years in which the plague mortality was less than mean of twenty years.	1902-03 ...	83	83	86	71	70	68	68	54	40	34	40	54
	1916-17 ...	81	90	84	79	67	69	68	62	43	37	59	75
	1909-10 ...	90	85	86	59	54	71	63	41	33	27	42	75
	1914-15 ...	89	87	83	60	60	57	64	62	59	39	42	55
	1907-08 ...	73	90	71	49	53	54	66	44	39	34	43	62
	1905-06 ...	81	84	82	50	48	55	47	59	42	28	38	60
	1915-16 ...	76	84	80	75	61	64	58	52	33	35	35	75
	1908-09 ...	90	92	81	58	53	57	61	52	37	50	44	75
	1912-13 ...	83	91	79	62	62	69	65	70	44	34	48	73
	1913-14 ...	84	84	75	47	48	63	57	45	38	37	44	64
		81	85	81	61	58	63	62	54	41	35	43	67

SECTION IV.

JAILS OF INDIA.

PRISON POPULATION IN 1917 (ANDAMANS EXCLUDED).

87. The average jail population in India during the year under report amounted to 105,264, which is 8,819 less than the corresponding figure for 1916, but 4,719 in excess of the average population of the previous decade. In Bengal alone was the jail population in excess of that of the previous year. The causes underlying the diminished population varied in the different administrations and will be referred to when the various administrations are under separate discussion. Here it may be noted that the rainfall of the year was exceptionally heavy; that the agricultural record of the year was very satisfactory, and that famine conditions prevailed nowhere. The average strength of the jail population in the various administrations was as follows:—

Administration	1917.	1916.
United Provinces	24,145	26,695
Burma	16,788	18,019
Bengal	14,762	14,522
Punjab	13,694	16,228
Madras	9,793	10,170
Bombay	9,669	10,821
Bihar and Orissa	6,697	7,089
Central Provinces	3,516	3,902
North-West Frontier Province	3,115	3,327
Assam	1,917	1,950
Total	105,264	114,083

SICKNESS AND MORTALITY RATES (ANDAMANS EXCLUDED).

88. Though there was somewhat more sickness in the Indian jails during 1917, the death rate* fell from 19·78 to 19·19, which is 0·02 above the mean rate of the previous decade. The constantly sick rate was 29 as compared with 27 in 1916, and the hospital admission rate rose from 594 to 640 as compared with 578 the mean of the ten-year-period. The jails of four administrations reported death rates in excess of the all-India rate. Bihar and Orissa reported the highest rate, 34·49, followed by the Punjab 27·68, North-West Frontier Province 27·29, and the Central Provinces 19·34. The lowest death rate was reported from the jails of Assam, 12·52, a truly remarkable figure when it is remembered that up to 1914 the Assam jails almost invariably had death rates far and away in excess of those of the jails of any other Indian administration. The second lowest rate was reported from the United Provinces 13·29, Madras and Bengal coming next with 16·03 and 16·05, respectively.

* All rates in this section are expressed as ratios per thousand of the average jail population for the year.

Madras thus no longer holds pride of place in respect of jail mortality rates. Assam, Bengal, the United Provinces, the North-West Frontier Province and the Central Provinces all returned jail death rates lower than in 1916. The most considerable decreases were reported from the North-West Frontier Province 27.29 as compared with 60.72 in 1916, Assam 12.52 as compared with 18.97 and Bengal 16.05 as compared with 22.79. The remaining five administrations recorded death rates in excess of those of the previous year, but nowhere was the increase very appreciable except in the case of the Punjab where an increase in mortality rate from 21.01 to 27.68 was reported.

The chief causes of sickness were:—

	HOSPITAL ADMISSION RATE.	
	1917.	1916.
Malaria	192.2	153.6
Dysentery	55.5	60.8
Diarrhoea	45.6	44.
Respiratory diseases	32.6	30.2
Pneumonia	12.6	11.1
Anæmia and debility	11.7	9.6
Pulmonary tuberculosis	10.8	9

The chief causes of death were:—

	DEATH RATE.	
	1917.	1916.
Tubercle of lungs	36	3.37
Pneumonia	3.	2.69
Dysentery	2.	3.05

No other cause of mortality had a death rate exceeding unity.

MALARIA.

89. Malaria was the diagnosis in 30 per cent of admissions to hospital. The disease was responsible for a higher admission rate than in any year since 1908. As usual September to November were the months of maximum malaria incidence. In the Central Provinces, Assam and Burma, malaria was less prevalent than in 1916: everywhere else there was an increased incidence. The lowest admission rates were reported from Burma, 21.3; Madras, 33.1; and Assam, 33.4. The highest rates were reported from the North-West Frontier Province, 618.6; Punjab, 404.6; Bengal, 361.4; and Bihar and Orissa, 246.5. The death rate from the disease amounted to 0.76 as compared with 0.82 in 1916 and 0.85 the previous decennial

average. It varied between 1.22 in Bengal and 0.24 in Burma. Bengal and the Punjab alone reported malaria death rates in excess of unity. The Assam malaria admission rate of 33.4 when compared with the mean rate of the previous decade, 246.3, is worthy of note.

DYSENTERY AND DIARRHŒA.

90. Dysentery had admission and death rates of 55.5 and 2.45 as compared with 60.08 and 3.05 in the previous year, and 62.3 and 3.10 the mean rates of the years 1907-16. As was the case last year the disease was most prevalent in the jails of Bengal and Bihar and Orissa where admission rates of 159.6 and 143.5, and death rates of 4.13 and 6.57, were recorded. The Assam admission and death rates attributed to dysentery, 57.9 and 1.56, are strikingly lower than the decennial average, 189.2 and 9.71. Diarrhœa was most prevalent in Assam where an admission rate of 136.2 was recorded: there was no death. In Bihar and Orissa and Bengal admission rates of 122.3 and 116.9 and death rates of 1.05 and 0.47 were attributed to diarrhœa. For all the jails of India admission and death rates ascribed to diarrhœa amounted to 45.6 and 0.61, respectively. As usual dysentery and diarrhœa were more prevalent in the second half of the year.

TUBERCLE OF LUNGS.

91. Pulmonary tuberculosis was once more responsible for more deaths than any other single cause: to it was ascribed 19 per cent of the mortality from all causes. With the exception of Bengal, the United Provinces and the North-West Frontier Province the disease was somewhat more prevalent everywhere than in the previous year. The admission rate varied between 29.9 in the jails of Bihar and Orissa, and 3.5 in those of the North-West Frontier Province. The death rate attributed to phthisis was highest in Bihar and Orissa, 6.87, and lowest in the North-West Frontier Province, 0.64. Burma 6.37 and the Punjab 6.35 returned death rates from this cause in excess of those of the previous year and of the mean rates of the previous decade.

The prevalence of tuberculosis is one of the most unsatisfactory features of the Indian jails from the public health point of view. It is a matter that is receiving increased attention and it is to be hoped that the measures now being enforced will result in considerable improvement within the next few years.

PNEUMONIA.

92. Pneumonia was responsible for admission and death rates of 12.6 and 3.26 against 11.1 and 2.69 in 1916 and 11.2 and 2.65 the decennial mean rates. As usual the jails of the North-West Frontier Province and the Punjab were the chief sufferers. Here admission rates of 30.5 and 27.1 and death rates of 9.95 and 6.72 were recorded. Burma once more suffered least reporting admission and death rates of 4.5 and 0.95. The case mortality rate for pneumonia in the jails of India was 26 per cent as compared with 24 per cent in each of the two preceding years.

CHOLERA.

93. Cholera was responsible for 101 admissions to hospital, 40 of which proved fatal—rates of 1.0 and 0.38, respectively, as compared with 0.7 and 0.31 in 1916, and 1.1 and 0.55 the mean rates of the decade 1907-16. October and July were the months of maximum cholera incidence: 44 cases occurred in the former and 28 in

the latter month. The Bihar and Orissa jails were responsible for 49 cases and 20 deaths, just half the total number of cholera deaths in the jails of all India. In no other administration did the jail cholera death rate approach unity. No death at all from this cause was reported from the jails of either the Punjab, the North-West Frontier Province, the Central Provinces or the United Provinces: the jails of the three first named were completely free from this disease in the year under report.

ANÆMIA AND DEBILITY.

94. An admission rate of 11.7 and a death rate of 0.36 were ascribed to 'anæmia and debility.' Bombay and Assam were the only two administrations that ascribed no death to this unsatisfactorily indefinite cause of mortality. It is noteworthy that admissions for 'anæmia and debility' were most numerous in the jails of the Punjab, Bihar and Orissa, the North-West Frontier Province and Bengal, the only our administrations in which the incidence of malaria was above the all-India rate.

ENTERIC FEVER.

95. Enteric fever was the cause of 81 admissions and 25 deaths, a very high case mortality rate. There were 159 admissions and 37 deaths in 1916. The admission rate was lower in 1917 than in any of the last ten years.

INFLUENZA.

96. Influenza was responsible for 241 admissions to hospital, four of which terminated fatally, against 191 admissions and no death in 1916.

PYREXIA OF UNCERTAIN ORIGIN.

97. 'Pyrexia of uncertain origin' was the diagnosis in the case of 1,533 admissions to hospital; four of these patients died. In 1916 there were 2,442 hospital admissions and three deaths recorded under this head. There is a tendency for cases of pyrexia of uncertain origin to be more in evidence during the months July to September than at other times. Jail dysentery and diarrhœa have a similar seasonal prevalence.

RESPIRATORY DISEASE.

98. 'Respiratory disease' was the cause of 3,436 admissions to hospital and 84 deaths, 15 admissions and 6 deaths fewer than in the previous year.

BENGAL.

99. The persistent increase in the jail population of Bengal resulted in a very considerable amount of overcrowding. On the 31st of December, there were 17,656 prisoners of all classes which is 4,296 in excess of the average figure of the previous five years. In spite of this fact the health conditions of the jails were on the whole remarkably satisfactory. The constantly sick rate was 55 against 56 in 1916 and 47 the decennial mean. The admission to hospital rate rose from 1,113 to 1,162 as compared with the decennial mean 1,015; but the death rate fell from 22.79 to 16.05 which is 6.6 below the mean of the previous decade. Of the 17,152 admissions to hospital 5,335 were attributed to malaria, 2,356 to dysentery, 1,725 to diarrhœa and 1,600 to abscesses, boils and ulcers. Of the 237 deaths 61 were due to dysentery, 37 to pulmonary tuberculosis, 24 to pneumonia, 18 to malaria, 8 to cholera and 17 to other infective diseases. The death rate 16.05 is the lowest ever recorded in the jails of Bengal. It is evidence of remarkable improvement in the health conditions of the prisoners which reflects great credit on all concerned.

There were 28 cases of cholera with 8 deaths : only five jails were affected.

Dysentery and diarrhoea were the cause of 68 deaths as compared with 106 in the previous year.

Malaria was more prevalent, but was responsible for only 18 deaths as compared with 32 in 1916.

Pulmonary tuberculosis was less in evidence than in the previous year. A special tuberculosis ward for western Bengal prisoners has been built and a similar ward for prisoners from Eastern Bengal is in course of construction.

More than half the prisoners were on the wheat-rice scale of diet in place of the "rice at both meals" diet formerly in general use. The superiority of the wheat-rice scale is well shown in the following table which has been copied from the administration report of the Inspector-General of Prisons, Bengal.

	Gained weight.	Lost weight.	Bowel complaints	Average cost.
	Per cent.	Per cent.	Per cent.	Rs. A. P.
Bengal diet	50	23·5	17·8	3 8 4
Wheat „	55	21·9	12·1	3 12 0

Of the 33,340 convicts discharged during the year 53·43 per cent had gained weight and 22·26 per cent had lost weight during their imprisonment.

ASSAM.

100. The average convict population of the Assam jails was 1,917, 33 less than that of 1916, but 208 in excess of the decennial average. The last four years have witnessed a wonderful improvement in the health conditions of the Assam jails. The admission to hospital rate which was 1,182·8 in 1914 has fallen persistently to 874·3 in the year under report. The constantly sick rate fell from 45·1 to 40·7 in the same period. The death rate was 43·45 in 1914, 21·57 in 1915, 18·97 in 1916 and only 12·52 in 1917. Instead of the unenviable reputation of having the most unhealthy jails in India, Assam, in the year under report, recorded a lower jail death rate than did any other administration. The health conditions of the free population in Assam show no such parallel improvement and one is compelled to attribute the remarkable improvement to more efficient administration. The prisoners when admitted to jail were in a less satisfactory state of health than in the previous year. It is the opinion of the Inspector-General of Prisons, Assam, that hookworm infection "has been the principal predisposing cause of the bad health of prisoners in the past." Attention that has been paid to this condition has certainly resulted in marked improvement. Of the 24 deaths recorded 6 were due to pulmonary tuberculosis, 4 to pneumonia, 3 to dysentery and 1 to malaria.

There was only one case of enteric fever recorded.

Malaria was much less in evidence than in previous years. Quinine in a five grain dose was issued daily with apparently satisfactory results.

Of the convicts discharged during the year 55·5 per cent had gained weight and 26·5 per cent had lost weight during their imprisonment.

BIHAR AND ORISSA.

101. The average convict population of Bihar and Orissa was 6,697, 392 less than that of 1916 and 831 less than the average of the previous decade. The health conditions were on the whole unsatisfactory. The constantly sick rate rose from 42 to 45, decennial average 33. The admission to hospital rate was 932 as compared with 877 in 1916 and 798, the ten year average. The death rate rose from 33·86 in 1916 to 34·49 which is 9·69 in excess of the average mortality rate of the previous ten years. Seventy-two of the 186 deaths that occurred amongst convicts were among prisoners transferred from Native State jails in a very bad state of health. There was a high rate of mortality also among the under trial prisoners: a large proportion of the rioters placed on their trial at Arrah are said to have been in a very indifferent state of health.

Cholera was responsible for 49 cases and 20 deaths. All the other administrations combined returned only 52 cases and 20 deaths: 45 of the 49 cases occurred at Bhagalpur where the outbreak was of a very virulent nature. It occurred among a batch of 213 prisoners who had been transferred thither from the Orissa Native State jails. Fortunately this batch was segregated at the time of the occurrence. Among the other prisoners in the Bhagalpur jail there were only 6 cases and 3 deaths.

Dysentery was less prevalent than in the previous year and was responsible for admission and death rates of 143·5 and 6·57 as compared with 150·5 and 10·02.

Malaria was responsible for more than a quarter of the total admissions to hospital but caused only 5 deaths as compared with 7 in the previous year.

Pulmonary tuberculosis was more in evidence than in the previous year; to it were ascribed admission and death rates of 29·9 and 6·87 as compared with 10·9 and 3·87 the means of the previous decade. These tuberculosis admission and death rates are higher than those returned by any other administration. The lack of suitable accommodation for isolating patients suffering from tuberculosis appears to be responsible in part for the spread of this disease and it is satisfactory to note that separate tuberculosis wards are being, or have been, built in several of the larger prisons.

Pneumonia was the cause of an admission rate of 10·3 and a death rate of 3·43 as compared with 4·5 and 2·4 in the previous year.

Of the 16,307 convicts discharged during the year 57·23 per cent had gained weight and 16·8 per cent had lost weight during their imprisonment.

UNITED PROVINCES.

102. The average convict population of the United Provinces was 24,145 which is 2,550 less than that of the previous year. This reduced population was in part due to the number of convicts conditionally released for service in labour corps in Mesopotamia. The general health of the jails was good. The constantly sick rate fell from 20 to 18. The admission to hospital rate from 406 to 372 and the death rate from 13·71 to 13·29. Last year's rates were in their turn considerably lower than the mean rates for the decade 1907-16.

Six cases of cholera occurred during the year, all of whom recovered. In the previous year, there were 7 cases and 5 deaths.

Dysentery was less prevalent and less fatal than during the past few years; to it were ascribed admission and death rates of 28.2 and 1.95. Only Burma, the Punjab and Madras had a lower incidence of dysentery than this.

The malaria admission and death rates were 89.3 and 0.7 as compared with 88.7 and 0.67 in the previous year. Quinine as a prophylactic was only used in a few jails.

Tubercle of the lungs was less in evidence than in any year since 1913. The admission rate fell from 6.8 to 6.6 and the death rate from 2.47 to 1.86. Only the North-West Frontier Province had a tuberculosis death rate less than this in the year under report. Figures of the last ten years indicate that pulmonary tuberculosis is certainly not increasing in prevalence in the jails of the United Provinces. Special open air wards have been provided in all the Central Prisons.

Pneumonia was the chief cause of death, and was responsible for an admission rate of 10.3 and death rate of 2.32; both figures are slightly in excess of those of the previous year.

There were 6 cases of plague, two of which proved fatal: 3 of the 6 occurred in the Mirzapur jail which is situated close to the city where a fairly severe epidemic was raging at the time.

There were 87 cases and 16 deaths ascribed to relapsing fever: 11 of the deaths occurred in Lucknow. This disease appears to have been more prevalent than usual among the civil population especially in the north-western districts. The Inspector-General of Prisons is of opinion that the disease was considerably more prevalent than the above figures indicate and that a certain number of the deaths attributed to other causes were in reality deaths from relapsing fever. Relapsing fever in this part of India has a relatively very high case mortality rate.

Of the 47,805 prisoners discharged during the year 65.7 per cent gained weight and 9.8 per cent lost weight during their confinement in jail.

PUNJAB.

103. The average strength of the Punjab jails was 13,694 as compared with 16,228 in 1916 and 12,187 the mean of the previous decade. The fall in the jail population is in large part attributed to the despatch of drafts of prisoners to labour corps in Mesopotamia.

On the whole the year was an unhealthy one: the constantly sick rate rose from 34 to 40, the hospital admission rate from 784.9 to 1,023.8, and the death rate from 21.01 to 27.68. Bihar and Orissa alone had a higher jail death rate than this in the year under report. The very excessive rainfall of 1917 probably acted as a contributory cause of this unsatisfactory state of affairs. It is noteworthy that the mortality rate among the free population of the Punjab was 37.91 as compared with 30.70 in 1916.

The jail death rate of 1917 has only twice been exceeded in the Punjab during the last twenty years, in 1901 and 1910.

Cholera was absent from the jails of the Punjab.

There were two cases of plague: both were prisoners who appear to have contracted the disease while working outside their jails.

Malaria was responsible for a hospital admission rate of 404·6 and a death rate of 1·02. In Bengal alone was a higher malaria death rate than this recorded. The disease was excessively prevalent among the free civil population in certain parts of the Punjab. Of the total 5,541 hospital admissions for malaria, Montgomery was responsible for 1,706, Lahore and Multan coming next with 855 and 801. The hospital admissions for malaria in the Montgomery jail in 1914, the year canal irrigation was introduced, numbered 33 only. In 1915 and 1916 the figures were 893 and 1,224.

Pulmonary tuberculosis showed a disquietingly increased prevalence which is all the more disappointing in view of the marked temporary amelioration referred to in last year's report: the hospital admission and death rates amounted to 18·5 and 6·35 as compared with 10·2 and 4·56 in 1916 and 16·6 and 5·73 the average rates for the decade 1907-16. Of the 254 cases admitted to hospital 60 occurred in the Lahore Borstal Jail, 67 in the Lahore Central Jail, and 39 in the Multan Central Jail. The Inspector-General of Prisons attributes the increase largely to failure on the part of the medical staff to make sufficiently early diagnosis, and adduces convincing facts in support of this conclusion. The jail department here as elsewhere in India has been handicapped by the absence of its regular medical superintendents on field service.

There were two deaths from cerebro-spinal fever in the Montgomery jail.

To pneumonia were attributed admission and death rates of 27·1 and 6·72. This disease was thus the chief cause of mortality. In the North-West Frontier Province alone was there a higher pneumonia jail death rate than this. The corresponding figures for 1916 were 23·9 and 4·74.

Dysentery was but little prevalent, occasioning admission and death rates of 19·9 and 1·24. Burma alone reported as low a dysentery admission rate as this.

NORTH-WEST FRONTIER PROVINCE.

104. The average strength of the jail population in the North-West Frontier Province was 3,115—212 less than the figure for the previous year, but 1,224 in excess of the average of the previous decade. Overcrowding though less acute than in the previous year remained persistent. The constantly sick rate fell from 28 in 1916 to 26. The admission to hospital rate rose from 896 to 1,026 and the death rate fell from 60·72 to 27·29 which is 2·6 in excess of the mean decennial rate. On the whole the health conditions were satisfactory.

Malaria was far and away the most important cause of sickness and was responsible for admission and death rates of 618·6 and 0·96. The Peshawar District jail was responsible for 1,734 admissions out of the total 1,927; the 3 deaths from malaria were reported from Peshawar. Quinine prophylaxis was in force in all the jails from the middle of July to the middle of November.

Pneumonia with admission and death rates of 30·5 and 9·95, respectively, was by far the most important cause of mortality. The death rate attributed to it is more than double the mean pneumonia mortality rate of the previous decade. Sixty-one cases and 23 deaths from pneumonia, out of the total 95 cases and 31 deaths, were reported from Peshawar where it is more than probable that malaria was an important predisposing factor.

There were three deaths from enteric fever and one from typhus fever : the latter was in the case of an undertrial prisoner. It will be remembered that in 1916 typhus fever gave rise to much trouble in the Peshawar jail where there were 727 cases and 124 deaths. It is most satisfactory that the eradication of infection has been so complete.

Pulmonary tuberculosis was less prevalent in the jails of this province than in any other jails in India. It was responsible for admission and death rates of 3.5 and 0.64 as compared with 6 and 2.71 in 1916. This death rate (0.64) is little more than a sixth of the tuberculosis death rate for the Indian jails.

Dysentery was somewhat more in evidence than usual, causing admission and death rates of 90.9 and 5.46 as compared with 61.8 and 1.96 the mean decennial rates.

No case of either cholera or small-pox was reported from the jails of this province during the year under report.

CENTRAL PROVINCES AND BERAR.

105. The average population of the jails of these provinces fell from 3,902 to 3,516, a fall attributable in large part to the despatch of drafts of prisoners to Mesopotamia for service in labour corps. The constantly sick rate fell from 13 to 12, a lower figure than that recorded by any other administration. The admission to hospital rate was 286.4 as compared with 396.2 in the previous year; Burma alone reported a lower admission rate than this. The death rate was 19.34 as compared with 22.3 in 1916 and 21.31 the mean rate for the previous decade.

Pulmonary tuberculosis was the chief cause of mortality and was responsible for hospital admission and death rates of 6.8 and 3.41 as compared with 5.9 and 2.82 in the previous year and 7.3 and 3.19 the decennial rates. Proposals are being made to convert the Betul subsidiary jail into a tuberculous jail.

Malaria was the chief cause of admission to hospital but the admission and death rates ascribed to this disease, *viz.*, 62.9 and 0.28, are very satisfactory when compared with the rates for 1916, 114.0 and 0.77, and the decennial rates, 102.9 and 0.67. The marked reduction in the incidence of this disease is attributed to the issue of prophylactic quinine and convincing evidence is adduced in support of this view.

Dysentery comes second as a cause of mortality, but the admission and death rates ascribed to this disease, 30.7 and 2.28, are appreciably lower than the figures for the previous year and the mean decennial rates. Attention is being paid to the segregation of carriers. This disease is of much less importance as a cause of sickness and mortality in the jails of these provinces than formerly.

Pneumonia caused an admission rate of 8 and a death rate of 2.

Cholera and small-pox were entirely absent and there were only 2 admissions for plague.

Some attention was paid to the prevalence of hookworm disease among the prisoners in these provinces; those found infected were treated with consequent noticeable improvement in general health.

Of the 3,612 prisoners discharged during the year 65 per cent gained weight while 11 per cent lost weight during the term of their imprisonment.

BOMBAY.

106. The Bombay average jail population fell from 10,821 in 1916 to 9,669 in the year under report, which is 728 in excess of the average population of the previous decade. The health conditions were not quite as satisfactory as in the previous year. The constantly sick rate rose from 21 to 27; the hospital admission rate from 529.8 to 687.0 and the death rate from 17.37 to 18.31, as compared with a mean decennial rate of 17.0. The increase in the death rate was determined by outbreaks of pneumonia in the Sind gang and the Hyderabad Central jail. This disease was the chief cause of mortality and was responsible for admission and death rates of 21 and 6.52 as compared with 15.5 and 4.81 in the previous year. Twenty of the 63 deaths from pneumonia occurred in Hyderabad where the disease was of an infectious type. Pneumonia was very prevalent amongst the free population of Sind during the year under report.

Malaria was the chief cause of sickness and to it were attributed, admission and death rates of 182.6 and 0.83. In Sind alone was the disease abnormally prevalent, a direct result of the very excessive rainfall experienced. Quinine prophylaxis appears to have been successful in all jails except at Hyderabad.

Pulmonary tuberculosis caused admission and death rates of 5.3 and 2.48 as compared with 4.7 and 1.29 in the previous year. Of the 51 admissions to hospital which the above figure represents, at least 40 are stated to have contracted the disease outside the jail. Plans and estimates for special tuberculosis wards in several jails have been prepared.

To dysentery were attributed admission and death rates of 44.4 and 1.14. This is the lowest jail dysentery death rate recorded in India in 1917.

There were two cases of cholera, one of which proved fatal.

One fatal case of plague occurred in Hyderabad. Plague infection was introduced among the rats in several jails, but thanks to the attention paid to plague inoculation there were no cases among the prisoners; 11,777 prisoners were inoculated during the year.

Of the 19,645 prisoners discharged during the year 54.6 per cent gained weight and 21.2 per cent lost weight during the term of their imprisonment.

MADRAS.

107. The average strength of the jails of the Madras Presidency during 1917 was 9,793, which is 377 less than the population of the previous year and 159 less than the average population of the years 1907-16. The constantly sick rate rose from 13 to 15, the hospital admission rate from 262.8 to 299.1 and the death rate from 13.18 to 16.03 which is 0.23 less than the mean rate of the previous decade.

Pulmonary tuberculosis was the chief cause of mortality and caused admission and death rates of 6.4 and 1.94 as compared with 6.3 and 2.35 in the previous year. Both figures are appreciably lower than the mean decennial rates. In the United Provinces and the North-West Frontier Province alone was a lower tuberculosis death rate than this recorded in the year under report. The construction of a special tuberculosis annexe to the Coimbatore jail is under consideration.

Malaria was responsible for an admission rate of 33.1 and a death rate of 0.82, figures which indicate a lower malaria incidence than in any other province of India, Burma excepted. Of the 324 hospital admissions for this disease no less than 139 were reported from Bellary. The disease occurred in a somewhat severe form among the free population of Bellary in 1917.

Pneumonia came next to tuberculosis as a cause of death; the admission and death rates ascribed to it were 5.3 and 1.53. Eight of the 15 deaths occurred in the Bellary jail; no other jail had more than one death ascribed to this disease.

Dysentery was responsible for admission and death rates of 26.3 and 1.23.

There were 6 cases of cholera, 5 of whom died. Four cases and 3 deaths occurred in Trichinopoly, the other 2 in the Madura jail.

Of the 17,921 convicts discharged during the year 65.57 per cent had gained weight and 16.89 per cent had lost weight during their imprisonment.

BURMA.

108. The average prison population of Burma fell from 18,019 in 1916 to 16,788 in the year under report as compared with an average population for the previous decade of 15,756. The constantly sick rate fell from 17 to 15 and the admission to hospital rate from 301 to 236.5, but the death rate rose from 17.7 to 19 as compared with 15.99 the mean rate of the decade 1907-16.

Pulmonary tuberculosis with admission and death rates of 14 and 6.37 was by far the most important cause of mortality in the Burma jails. The rates for 1916 were 11.4 and 4.94 and the mean decennial rates 7.6 and 4.01. The Rangoon and Insein jails together accounted for more than half the total number of admissions. Of the 120 deaths in the Rangoon jail 49 were due to phthisis. It appears that at least 36.7 per cent of the cases that occurred in the Rangoon jail contracted the infection within the jail. The two chief causes of the high incidence of this disease in these two jails appear to be overcrowding and lack of facilities for segregation. Both matters are receiving attention and it is to be hoped that measures about to be taken will effect urgently needed improvement. Twenty cases of advanced tubercle of the lungs were released during the year for lack of proper means of segregation. The advisability of such a proceeding from the point of view of the general population is open to question. The Burma jails had a higher death rate from tuberculosis in the year under report than had any other administration, not excluding the Punjab.

Malaria was the chief cause of sickness but the admission rate, 21.3, is very considerably lower than that of any other Indian administration. There were only 4 deaths ascribed to malaria in 1917.

There were 7 cases of cholera of which 5 proved fatal; 6 of the 7 were reported from Rangoon.

The dysentery admission and death rates, 19.7 and 2.14, were lower than those of the previous year, 25.8 and 2.16.

Pneumonia was responsible for 75 admissions and 16 deaths, rates of 4.5 and 0.95, respectively. This is a considerably lower pneumonia death rate than that reported by any other Indian administration.

Eighteen cases of enteric fever were recorded, three of which died. In the previous year there had been 38 cases with 9 deaths. Four cases were diagnosed as paratyphoid fever.

Five cases of plague occurred, 4 of which were reported from Bassein in which town the disease was prevalent at the time.

Mumps was responsible for 23 and influenza for 67 admissions to hospital.

On the whole the health conditions of the jails in 1917 were satisfactory.

Of the 27,539 prisoners discharged during the year 50·72 per cent had gained in weight and 20·74 per cent had lost in weight during their imprisonment.

THE ANDAMANS.

109. The average population of the Andamans rose from 12,559 in 1916 to 12,857 in the year under report which is 303 in excess of the average population for the years 1907-16. The constantly sick rate was 52, one less than that of the previous year: the hospital admission rate rose from 1,479 to 1,547; but the death rate fell from 34·64 to 34·53.

Two-thirds of the sickness were due to malaria which was responsible for a hospital admission rate of 1,019·5 and a death rate of 1·79. Malignant tertian fever is the most prevalent type. Of the 11,742 specimens of blood of fever patients examined, parasites were found in 4,370; of this number 2,211 were diagnosed sub-tertian, 1,120 benign tertian and 1,039 as quartan.

Six cases of black-water fever were admitted to hospital during the year, one of whom died.

As usual pneumonia was the most important cause of mortality and was responsible for admission and death rates of 18 and 7·54. The case mortality rate of pneumonia in the Andamans is generally high. This year it amounted to 40 per cent as compared with 45 per cent in 1916. The admission and death rates attributed to dysentery and diarrhoea combined closely approximated those of the previous year. The death rate was 5·06. Next to pneumonia dysentery was the most important cause of mortality.

Fifty-seven admissions to hospital and 41 deaths were ascribed to pulmonary tuberculosis, rates of 4·4 and 3·19, respectively. There has been a more or less steady decline in the tuberculosis death rate during the last ten years. The mean rate for the decade 1907-16 was 5·18.

No case of either cholera or small-pox was reported in the Settlement during the year.

There were 14 sporadic cases of enteric fever.

Admissions to hospital for scurvy numbered 35 as compared with 75 in the previous year and 243 in 1915. This noteworthy reduction in the incidence is ascribed to an improvement in the vegetable supply.

There were no serious epidemics during the year and the health of the Settlement was, on the whole, satisfactory.

SECTION V.

VACCINATION.

110. As compared with 1916 there was a slight decrease in the number of vaccination operations performed in British India, 9,364,704 against 9,437,891. This decrease effected both primary vaccinations and revaccinations, 8,142,689 of the former and 1,222,015 of the latter being performed as compared with 8,206,600 and 1,231,291 in 1916. The percentage of successful cases was 95·44 in primary cases and 69·76 in revaccinations as compared with 95·33 and 67·94 in the previous year. There was a diminished number of both primary cases and revaccinations in Assam, Punjab, North-West Frontier Province, Coorg and Ajmer-Merwara: Madras and Bombay reported a decrease in primary cases, and Bengal, Bihar and Orissa, and Burma a decrease in revaccinations. The total cost of the department was Rs. 18,28,984 as compared with Rs. 18,06,249 in 1916-17.

The statements in the Appendix to this section give details of the vaccination operations carried out in the various provinces during the year. The comparative statement below summarizes the essential facts:—

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.			
Delhi ...	1916	14,034	3,370	94·36	68·18	0 3 2	25
	1917	15,862	7,093	98·96	73·53	0 2 2	88
Bengal ...	1916	1,328,493	290,917	94·58	61·07	0 2 3	13,890
	1917	1,357,340	257,261	97·73	71·29	0 2 3	7,010
Bihar and Orissa ...	1916	1,046,154	44,280	98·99	70·38	0 1 8	11,874
	1917	1,059,672	38,604	99·44	71·34	0 1 8	6,643
Assam ...	1916	308,042	63,623	97·73	69·40	0 2 9	3,321
	1917	291,281	63,042	93·90	67·05	0 3 2	4,116
United Provinces of Agra and Oudh.	1916	1,543,907	108,922	97·75	74·07	0 2 0	1,515
	1917	1,572,818	112,335	97·40	72·50	0 2 0	2,011
Punjab ...	1916	705,338	203,300	95·10	71·89	0 3 1	2,886
	1917	621,650	182,579	98·20	76·96	0 3 0	1,417
North-West Frontier Province	1916	135,179	23,043	98·03	91·34	0 1 8	128
	1917	114,588	15,473	98·93	92·61	0 2 0	87
Central Provinces and Berar...	1916	484,709	67,441	97·71	66·55	0 3 10	339
	1917	518,939	85,867	98·05	62·13	0 3 7	452
Madras ...	1916	1,481,485	218,622	86·7	73·4	0 4 1	21,903
	1917	1,432,577	274,998	83·4	70·8	0 4 3	34,958
Coorg ...	1916	8,061	8,298	94·38	79·37	0 3 9	60
	1917	8,624	6,227	94·20	61·52	0 5 1	566
Bombay ...	1916	709,218	67,497	98·88	55·38	0 8 10	3,289
	1917	705,740	114,175	99·67	56·29	0 9 0	3,095
Burma ...	1916	423,257	129,970	97·62	59·40	0 8 3	707
	1917	430,041	63,854	95·87	50·03	0 8 5	559
Ajmer-Merwara ...	1916	17,823	2,011	94·26	80·76	0 2 10	705
	1917	13,257	437	95·44	82·84	0 4 1	1,275
TOTAL	1916	8,206,600	1,231,291	95·33	67·94	0 3 6	60,642
	1917	8,142,689	1,222,015	95·44	69·76	0 3 7	62,277

VACCINE LYMPH.

111. Glycerinated vaccine lymph manufactured in the provincial vaccine depots was used in most of the administrative areas. In Madras, however, the bulk of the material issued was lanolinated vaccine: glycerinated vaccine was supplied only to Madras City and Colombo, as in previous years. In Bengal, in addition to glycerinated lymph a certain amount of lanoline lymph and lymph obtained direct from calves was used. As usual the Punjab Vaccine Institute supplied chloroformed glycerinated vaccine to Delhi, the North-West Frontier Province and the Native States in the Punjab. Owing to the shortage of medicinal glycerine, occasioned by the war, experiments were conducted with chloral hydrate as a substitute. It was found to be satisfactory and lymph manufactured in this way was used throughout the Lahore district from December 1917 to March 1918 by a small body of the provincial vaccination staff: a report on the results obtained is under preparation. In the United Provinces glycerinated lymph and glycerine paste were as usual prepared; none of the latter was, however, issued during the year. The new Central Provinces Vaccine Institute was completed during the year under report and since the 1st of October 1917 the whole of the Province has been supplied with lymph prepared therein: supplies were also made to the Feudatory Native States in the province. The institute has been well designed and built on an admirable site in Nagpur. In Bihar and Orissa further experimental work was carried out at the vaccine depot in connexion with the keeping properties of glycerinated lymph. Supplies of vaccine lymph were made to the Military Department by the Bombay, Punjab, Madras and United Provinces vaccine depots.

GENERAL REMARKS.

112. In the Bengal Presidency the decrease in the vaccination operations performed in certain districts is attributed to the lessened prevalence of small-pox during the year: in others the prevalence of malaria appears to have been responsible for the decrease. The prevalence of cholera likewise interfered with vaccination work in certain areas. It is pointed out moreover that but little reliance can be placed on the figures submitted by the subordinate vaccination staff and there are reasons for believing that the figures for last year (1916) were exaggerated by the subordinate inspecting staff. This is a matter that calls for vigilance where remuneration from the District Boards takes the form of capitation fees. The local Sanitary Commissioner considers that adequate supervision cannot be effected pending the appointment of full-time district health officers.

In the Punjab there was a decrease in both primary and revaccination operations. The decrease in the former is held to be due to fewer infants being available for vaccination in consequence of the high infantile mortality that occurred during the widespread and severe epidemic of malaria in the autumn of 1917. Attempts at revaccinations were concentrated in parts of the province which are relatively less densely populated than the areas in which most revaccinations were performed in 1916. The lessened incidence of small-pox and the greater prevalence of malaria also contributed to the decrease. Eighty-five per cent of the total number of children under one year of age available for vaccination were successfully vaccinated in the towns in which the Vaccination Act is in force against 64 per cent in those towns in which the Act is not operative: the corresponding rates for the previous year were 84 and 59 per cent. During the year the Vaccination Act was extended to eleven more municipal towns.

In the Madras Presidency the reorganization of the subordinate vaccination establishment has been sanctioned: the pay and prospects of the staff have been

materially improved. There was a fall in the success rate in all the districts. A trial with the use of freshly prepared lymph, as opposed to stored lymph, made towards the close of the year, resulted in improvement in the success rate, and the supply of fresh lymph is being continued.

In Burma there was a decrease in the total number of vaccination operations performed. This decrease chiefly concerned revaccinations; there was a diminished incidence of small-pox in the year under report.

In Assam there was a large fall in primary operations which was most noticeable in the districts of Sylhet and Cachar. The absence on military duty of so many permanent civil surgeons, and the consequent want of close supervision over the vaccination staff, was in part responsible for the falling off in the vaccination work of this province.

Vaccination work in the Orissa Feudatory States has considerably increased during the past twelve years; 526,410 vaccination operations were performed in 1917-18 as compared with 165,967 in 1906-07: revaccinations increased from 43,498 to 330,938 during the same period.

In the Bombay Presidency 705,513 primary vaccinations were reported of which 79 per cent were among infants under one year of age and nearly 20 per cent among children between one and six years. Except for a few of the smaller Native States in which arm-to-arm vaccination is still practised, all vaccinations were carried out with vaccine lymph supplied by the Belgaum Vaccine Institute.

VACCINATION AMONG TROOPS.

113. Particulars of vaccination in the Army will be found in statement III of the Appendix to this section.

materially improved. There was a fall in the general rate in all the districts. A trial with the use of freshly prepared lymph, as opposed to dried lymph, made towards the close of the year resulted in improvement in the general rate and the supply of fresh lymph is being continued.

In Bihar there was a decrease in the total number of vaccination stations maintained. The decrease chiefly concerned vaccination stations with a diminished incidence of smallpox in the year under report.

In Assam there was a large fall in primary operations which was most noticeable in the districts of Sylhet and Garo. The decrease in primary operations was many times as great as the decrease in the total number of vaccination stations. The vaccination staff was in part responsible for the fall in the vaccination work of this province.

Vaccination work in the Outer Provinces States has comparatively increased during the past few years. In 1916-17 vaccination operations were performed in 19,718 vaccination stations with 1,02,027 vaccinations. In 1917-18 the number of vaccination stations was 22,000 and the number of vaccinations was 1,10,000.

In the Province of Madhya Pradesh primary vaccination work was reported in 1917-18 in 1,000 vaccination stations with 1,00,000 vaccinations. This was an increase of 100 per cent over the number of vaccination stations and the number of vaccinations reported in 1916-17. The increase was due to the fact that the Government of Madhya Pradesh has decided to start primary vaccination work in all the districts of the Province.

VACCINATION AND SMALLPOX

The following table shows the number of vaccination stations and the number of vaccinations performed in the various provinces of India during the year 1917-18.

Table with multiple columns and rows, containing statistical data on vaccination and smallpox across various provinces of India for the year 1917-18. The text is very faint and difficult to read.

SECTION VI.

MEDICAL INSTITUTIONS.

(Contributed by the Director General, Indian Medical Service.)

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

114. There were 3,051 of these institutions in existence at the end of 1916; during 1917 the number decreased by 60, giving a total at the end of 1917 of 2,991. This decrease is largely accounted for by the demand for subordinate personnel necessitated by the War. The necessity for more of these institutions is felt in almost every part of India.

In spite of the decrease in the number of dispensaries, there has been a greatly increased number of in-patients and out-patients, and the total number of patients treated has risen up from 34,454,775 in 1916 to 35,588,432 in 1917. The number of operations has fallen from 1,376,504 in 1916 to 1,371,536 in 1917, a decrease of 4,968.

The following tabular statement compares the figures of 1916 with 1917 for all provinces :—

Province.	Number of Institutions.	Number of In-patients.	Number of Out-patients.	Total number of patients.	Number of operations.	
Delhi	1916	12	7,727	281,408	289,135	16,265
	1917	12	7,187	302,434	309,621	15,955
Bengal (excluding Calcutta)...	1916	456	39,103	4,271,133	4,310,236	124,872
	1917	476	41,056	4,580,340	4,621,396	131,374
Calcutta	1916	18	28,180	342,460	370,640	40,960
	1917	18	25,538	370,202	398,740	43,200
Assam	1916	160	9,359	1,498,052	1,507,411	25,046
	1917	156	8,521	1,489,005	1,497,526	25,818
Bihar and Orissa...	1916	246	35,172	2,516,117	2,551,289	118,325
	1917	262	37,133	2,761,971	2,799,104	123,418
Central Provinces ...	1916	189	16,263	1,863,829	1,880,092	50,016
	1917	193	15,451	1,858,270	1,873,721	47,613
United Provinces ...	1916	464	80,228	5,158,398	5,238,626	234,773
	1917	367	81,364	5,270,954	5,352,318	228,775
Punjab	1916	304	94,285	4,957,326	5,051,811	266,475
	1917	313	96,019	5,344,677	5,440,696	250,691
Burma	1916	207	68,238	1,790,247	1,858,485	52,786
	1917	200	69,493	1,798,126	1,867,529	56,148
Bombay	1916	365	68,091	2,594,556	2,662,677	108,320
	1917	366	67,677	2,644,935	2,712,612	101,763
Madras	1916	552	98,370	7,464,520	7,562,890	295,742
	1917	553	107,370	7,515,246	7,623,616	304,773
North-West Frontier Province	1916	54	12,885	906,470	919,355	36,912
	1917	51	12,650	831,579	844,029	35,868
Baluchistan	1916	24	6,189	245,639	252,128	6,012
	1917	24	6,135	241,389	247,524	6,140
Total	1916	3,051	564,390	33,890,385	34,454,775	1,376,504
	1917	2,991	578,504	35,009,928	35,588,432	1,371,536

DELHI.

115. Two Local Fund female dispensaries were closed during the year, in order to utilise to the full the resources of the Aided Female Hospitals.

The number of institutions open at the end of 1917 was 7 State-Special Dispensaries, 10 Local Fund dispensaries and 2 private aided dispensaries.

There has been a steady increase in the number of patients treated, following the structural improvements carried out in the Hindu Rau Hospital. 3,137 selected operations were performed during the year.

A sum of Rs. 10,000 was specially allotted for expenditure on the eye department.

The total expenditure was Rs. 112,784 against 106,428 in 1916.

BENGAL (EXCLUDING CALCUTTA).

116. There was an increase of 20 institutions during the year.

The District Boards have taken up the question of establishing more dispensaries in their districts, and it is expected that the current year will see several new dispensaries coming into existence. In the Gobra Leper Asylum, Lieutenant-Colonel Sir Leonard Rogers, I.M.S., has been investigating the efficacy of the treatment of leprosy by gynocardate of sodium, and in several cases the results have been very satisfactory. In August 1917 the Government of India sanctioned an investigation into hook-worm infestation in Bengal. The preliminary enquiry is to be carried out in jails. The work of remodelling the Dacca Mitford Hospital is proceeding. A female surgical and obstretrical ward, an administrative block and a block for menials were completed in 1917.

The construction of an indoor hospital at Suri was commenced.

Phthisis wards were built in the Comilla and Jalpaiguri hospitals.

A medical ward, infectious diseases ward, college ward and mortuary were constructed in the Rangpur Sadar hospital.

In common with other provinces, Bengal has felt the strain of the war in the withdrawal of its medical personnel, officers, assistant surgeons and sub-assistant surgeons, for military duty.

The total expenditure was Rs. 13,92,751, of which Rs. 2,18,016 was subscribed by Indians.

CALCUTTA.

117. It is anticipated that the new School of Tropical Medicine will be opened very shortly after the War.

The maintenance charges for the year were Rs. 16,77,053 of which Indian contributions covered Rs. 74,286.

ASSAM.

118. The number of institutions decreased from 160 in 1916 to 156 in 1917. In the Sylhet Leper Asylum the treatment of leprosy recommended by Sir Leonard Rogers, I.M.S., is being followed and appears to be giving good results.

The total expenditure was Rs. 4,05,991 of which Rs. 7,412 was contributed by Europeans and Rs. 25,631 by Indians.

BIHAR AND ORISSA.

119. The year began with 246 institutions and ended with 262, a net increase of 16. Although 30 new dispensaries have been provided during the past two years, there is evidently still a great demand for institutions of this kind, and they will be provided as funds permit. Twenty one mission and private non-aided institutions, which were already existing, were brought under the recognition of the Medical Department and added to the list.

The tuberculosis ward at the Bhagalpur Sadr hospital, which was under construction in 1916, has now been completed. Those at Chapra and Bankipore will be built in the near future. The local Government have sanctioned the construction of similar wards at Gaya and Muzaffarpur, for which funds have been provided in the current year's budget. A detailed scheme for the proposed Leper Asylum at Cuttack is under the consideration of Government and is expected to materialize soon. A sum of Rs. 1,00,000 has been provided for the scheme in the current year's budget.

A sum of Rs. 10,000 was given by the local Government for the construction of a new ward in the female hospital at Laheria Serai, and one of Rs. 10,000 for the purchase of radium for the Ranchi Sadr hospital.

The total expenditure for the up-keep of hospitals and dispensaries during the year amounted to Rs. 14,17,428, of which Rs. 1,27,396 was contributed by Indians.

CENTRAL PROVINCES AND BERAR.

120. The number of institutions on the list increased by 4, and there was a decrease of 6,371 in the total number of patients treated.

The number of surgical operations fell from 50,016 in 1916 to 47,613 in 1917 and that of selected operations from 3,904 to 3,669. This decrease in the number of operations performed is due to the reversion of I.M.S. officers to military employ.

The Robertson Medical School at Nagpur is now in its fourth year of working, and has 73 students on the rolls.

The existing buildings, equipment and staff at the Elgin Hospital, Jubbulpore, being insufficient, the Chief Commissioner sanctioned a non-recurring grant of Rs. 10,000 and a recurring grant of Rs. 1,200.

The total expenditure amounted to Rs. 9,18,070 against Rs. 8,22,686 in 1916.

UNITED PROVINCES.

121. The year opened with 464 institutions and closed with 367, a decrease of 97. The closure of these institutions was due to the depleted strength of the medical personnel owing to war demands. There has been an increase in the total number of patients treated of 113,692 over the total for 1916.

Eighty seven travelling dispensaries are maintained, 41 of which are provincial and 46 district board dispensaries. These dispensaries, in addition to ordinary work, are utilised in connection with outbreaks of plague, malaria, cholera and other epidemic diseases, famine, &c., and are steadily increasing in their usefulness and popularity.

The military section at the King Edward Sanatorium, Bhowali, was opened on the 1st March for the treatment of Indian soldiers. The Lucknow Anti-Tuberculosis League has been doing good work in educating the masses in the dangers of tuberculosis and how to avoid infection.

The total expenditure was Rs. 17,80,039 as against Rs. 18,05,676 in 1916. Europeans subscribed Rs. 24,423 and Indians Rs. 1,29,541.

PUNJAB.

122. The number of dispensaries has increased by nine. Owing to the malaria epidemic during the latter half of the year, 26 itinerating dispensaries were equipped and did good work in distributing quinine in the tracts worst affected.

There was a considerable increase in the number of in-patients and out-patients.

The increase in the number of dispensaries so as to extend medical relief throughout the districts is limited by financial considerations, and at present by the difficulty in finding medical personnel.

The Railway Dispensary at Lala Musa has been thrown open to the general public.

The arrangements for the medical relief of female patients in the Punjab are still very defective. The present difficulties are hardly likely to disappear until the general education of girls makes substantial progress.

The Punjab Medical School for women, Ludhiana, continues to do very useful work in training women workers for employment in zenana hospitals.

On April 16, 1917, Her Excellency the Lady Chelmsford laid the foundation stone of the Princess of Wales' Hospital, Amritsar, with which it is proposed to incorporate the Central Training School.

The extension of the Mayo hospital under the King Edward Memorial Scheme was nearly completed during the year and very little new construction work now remains to be done.

The total expenditure was Rs. 14,77,919, of which Europeans contributed Rs. 64,867 and Indians Rs. 45,755.

NORTH-WEST FRONTIER PROVINCE.

123. The number of institutions decreased from 54 to 51.

Three new hospitals were opened at Abazai, Shankargarh and Draban, respectively, located for the newly raised Mohmand Militia.

The buildings of two District Board hospitals in the Peshawar district are being slowly completed and a site for a dispensary for out-patients has been selected at Topi.

The total out-door attendance as compared with 1916 decreased by 75,000.

The expenditure was Rs. 1,98,368.

BALUCHISTAN.

124. There were 24 dispensaries open at the end of 1917, and 247,524 patients were treated.

The Dufferin Hospital for women was completed during the year and was opened by Her Excellency the Lady Chelmsford in October 1917.

In the Quetta Civil Hospital the construction of the new ward, named the Archer Memorial Ward, was commenced, and at Sinjawi a ward for infectious diseases has been completed.

Minor structural improvements were carried out in the Civil Hospital, and the MacIvor Female dispensary, Sibi.

The expenditure amounted to Rs. 79,954 compared with Rs. 1,09,564 for 1916.

BURMA.

125. The number of institutions decreased by seven, and there was an increase in the number of Burmese patients treated.

Certain improvements have been carried out in the Akyab hospital. The outlay on hospitals and dispensaries was Rs. 20,09,847.

BOMBAY.

126. One institution was added during the year, raising the total from 365 to 366

The out-patient department and infectious diseases ward at Ratnagiri Civil Hospital and the new Civil Hospital at Mahabaleshwar were opened during the year.

A donation of Rs. 10,000 by the West India Turf Club enabled improvements to be carried out in the X-ray room Sassoon Hospital, and also the provision of sisters' quarters, and two new ward kitchens.

The total expenditure amounted to Rs. 27,76,397; subscriptions from Europeans and Indians amounted to Rs. 1,09,475.

MADRAS.

127. The number of institutions rose to 553, an increase of one over 1916. The patients treated numbered 7,623,616.

Medical relief to rural areas is provided by travelling dispensaries, cholera parties, and the duplicating of the medical staff of certain institutions, and so enabling one officer always to be on tour.

In spite of the heavy demands on the medical staff for war services; a high and efficient standard of medical relief has been maintained.

Arrangements are being made for the assumption of Government control over 16 headquarter hospitals in the Madras Presidency. It is hoped that this will result in increased efficiency.

The Leper Asylum at Kumbakonam in Tanjore—a private aided institution—was opened during the year.

The total expenditure was Rs. 10,15,911 in the city of Madras and Rs. 22,09,528 in the *muffassil*.

11.—State-Special, Railway and private non-aided Civil Hospitals and Dispensaries.

128. 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	1916	7	1,506	32,338	33,844	808
				1917	7	1,081	32,356	33,437	667
Bengal (excluding Calcutta)	1916	96	17,859	323,352	341,211	7,662
				1917	96	20,118	342,362	362,480	9,329
Calcutta	1916	2	2,661	5,345	8,006	362
				1917	2	2,350	5,547	7,897	374
Assam	1916	53	5,055	88,418	93,473	975
				1917	50	4,441	79,579	84,020	953
Bihar and Orissa	1916	78	6,571	217,728	224,299	7,691
				1917	77	6,376	213,945	220,321	6,488
Central Provinces	1916	58	3,612	161,272	164,884	2,569
				1917	58	3,275	161,397	164,672	3,217
United Provinces	1916	128	16,118	292,596	308,714	6,378
				1917	127	16,681	316,085	332,766	7,183
Punjab	1916	157	7,034	611,583	618,617	15,968
				1917	157	7,831	708,490	716,321	17,142
North-West Frontier Province	1916	26	9,061	118,408	128,369	2,812
				1917	29	14,292	134,762	149,054	3,056
Baluchistan	1916	8	1,954	50,009	51,963	692
				1917	8	1,576	52,679	54,255	669
Burma	1916	75	16,061	236,002	252,063	5,559
				1917	74	17,166	219,372	236,538	5,894
Bombay	1916	76	6,371	278,522	284,893	6,943
				1917	76	20,571	279,998	300,569	7,282
Madras	1916	108	11,026	265,876	276,902	6,172
				1917	101	11,045	242,757	253,802	5,368
*Total				1916	872	105,789	2,681,449	2,787,238	64,591
				1917	862	126,803	2,789,329	2,916,132	47,622

Private, non-aided Institutions.

Province.		Number of Institutions.	In-patients.	Out-patients.	Total.	Operations.
Bengal (excluding Calcutta)	1916	148	7,168	1,125,749	1,132,917	30,350
	1917	152	5,682	1,192,100	1,197,782	24,983
Calcutta	1916	2	666	29,615	30,281	3,837
	1917	2	27,981	3,786	31,767	2,636
Assam	1916	5	163	26,902	27,065	258
	1917	4	6	21,255	21,261	227
Bihar and Orissa	1916	63	8,943	673,832	682,775	21,894
	1917	81	9,603	774,900	784,503	22,014
Central Provinces	1916	39	1,751	171,381	173,132	2,974
	1917	40	1,748	162,125	163,873	2,893
United Provinces	1916	48	7,970	425,624	433,594	11,063
	1917	52	8,591	503,926	512,517	13,128
Punjab	1916	17	4,841	128,264	133,105	7,264
	1917	10	3,465	86,976	90,441	3,740
North-West Frontier Province	1916	7	1,482	87,836	89,318	7,146
	1917	5	1,427	76,702	78,129	7,336
Baluchistan	1916	2	60	18,728	18,788	284
	1917	2	129	24,064	24,193	385
Bombay	1916	303	12,618	1,935,767	1,957,385	63,673
	1917	314	498	1,873,090	1,891,588	60,687
Madras	1916	54	15,175	355,550	370,725	19,824
	1917	53	15,748	380,801	396,549	19,149
Total	1916	688	69,837	4,979,248	5,049,085	168,867
	1917	715	92,908	5,099,725	5,192,633	157,178

III.—Lunatic Asylums.

129. The table attached gives the number of lunatic asylums in each province during 1917, the total population of such institutions in each province, and the number discharged cured, and that died. The totals for all India are given for 1916 and 1917.

The number of asylums has increased by one, *vis.*, the insane ward at the Albert Victor Leper Asylum at Gobra—which has been declared a lunatic asylum under the Lunacy Act of 1912.

Province.	Number of Asylums.	Admitted and readmitted during year.	TOTAL ASYLUM POPULATION.			Discharged cured.	Died.	Daily average strength.	Daily average sick.	Criminal lunatics.	
			Males.	Females.	Total.						
Bengal	4	291	1,117	225	1,342	105	85	1,074.36	89.09	568	
Assam	1	116	369	90	459	64	19	341.44	78.40	145	
Bihar and Orissa	1	89	341	50	391	38	35	299.74	27.25	184	
United Provinces	3	449	1,528	372	1,900	166	138	1,487.71	165.10	378	
Punjab	1	415	999	228	1,227	108	103	837.03	66.75	210	
Central Provinces	1	97	361	98	459	20	37	367.17	8.46	116	
Bombay	6	633	1,562	385	1,947	293	135	1,335.2	45.5	243	
Madras	3	300	882	243	1,125	132	77	851.89	82.36	233	
Burma	2	227	770	163	933	46	51	752.37	170.67	364	
Total	1916	21	2,529	7,685	1,862	9,547	1,089	663	7,191.79	805.23	2,451
	1917	22	2,617	7,929	1,854	9,783	972	680	7,346.91	733.58	2,441

In Bengal, arrangements have been made for the treatment of Europeans and Anglo-Indians *delirium tremens* cases in the Presidency General Hospital.

In Assam there has been a decrease in the number of lunatics confined as compared with 1916—the figures being 1916—477, 1917—459.

The accommodation has been increased—which will materially help to decrease congestion.

In Bihar and Orissa the figures call for no special remarks.

An additional ward at Patna to accommodate 40 beds was built in 1917, also minor structural alterations were carried out.

The Ranchi asylum has now been completed and is ready for occupation.

In the United Provinces there was a slight increase in the number of admissions during 1917.

The asylums in the Punjab continue to show a steadily increasing population, and extra accommodation for Europeans is an urgent necessity.

In the Central Provinces a sum of Rs. 26,402 has been sanctioned by the local administration for additions to buildings and other improvements.

In the Bombay asylums there has been considerable overcrowding and the number of admissions is steadily increasing, so that a large increase in accommodation is necessary.

In Madras the population of the three asylums remains practically the same as in 1916, *i.e.*, 1916—824, 1917—825. There has been an increase in the number of admissions and re-admissions, *viz.*, 1916—276, 1917—300.

Minor improvements in buildings have been carried out in the three asylums during the year.

There has been no epidemic of any kind.

In Burma there has been and still is considerable overcrowding, more particularly in the Rangoon asylum, and proposals for an extension of accommodation are at present under consideration.

IV.—Medical Colleges.

BOMBAY.

130. *Grant Medical College*—At the beginning of the year the number of students on the roll was 703. Of these 117 left the college on completion of their full course of study. 45 junior students also left owing to their failure in the University pre-final examinations; 264 new students including 7 for the L. C. P. and S. course were admitted into the college during the year. The total number at present on the roll is 805.

The following statement shows the number of candidates that presented themselves for the various examinations and the number that passed:—

Examination.	Number of candidates.	PASSED.	
		Males.	Females.
L. M. & S.			
Part I	27	19	...
Part II	16	8	...
M. B., B. S.			
Preliminary	241	147	12
Intermediate	226	87	11
Final { Part I	157	76	4
{ Part II	170	82	3
M. D.			
Branch I, Medicine	4	4	...
Branch II, Midwifery	1	...	...
M. S.			
2			
Bachelor of Hygiene.			
Part I	2	1	...
Part II	2	...	...
Doctor of Hygiene			
...			

There were 34 Military Medical pupils under training as Military Assistant Surgeons, of whom 1 was removed.

MADRAS.

131. *Madras Medical College.*—There were 473 students on the rolls of the College distributed as follows :—

Class.	Males.	Females.	Total.
M. B. & B. S.	207	13	220
L. M. & S.	68	2	70
B. Sc.	2	...	2
Apothecary ... ..	...	20	20
Military pupils	72	...	72
Chemists & Druggists	6	...	6
Sanitary Inspectors including 2nd class Medical Officers of Health.	83	...	83
Total	438	35	473

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.—		
1st Examination (new) ... ..	...	...
1st Examination (old) ... ..	...	...
2nd Examination (new)	20	10
2nd Examination (old) ... ..	...	...
3rd Examination (new)	12	8
Final Examination (old)	1	...
Final Examination (new)	46	22
M. B. & C. M.—		
1st Examination (old) ... ..	...	...
2nd Examination (old) ... ..	...	...
3rd Examination (old) ... ..	...	...
Final Examination (old) ... ..	...	...
M. B. & B. S.—		
1st Examination (new)	79	36
2nd Examination (new)	75	42
3rd Examination (new)	43	29
Final Examination (new)	42	20
Total	318	167

Four female students appeared for the 1st M. B. examination of whom two passed. Two appeared for the 2nd M. B. of whom one passed and the other qualified for the L. M. and S. Four appeared for the 3rd M. B. and all passed. Two appeared for the 3rd L. M. and S. of whom one passed. Of the four students in the Final year class of the Apothecary Department, all passed. Of the 72 Military pupils, 4 belonged to the Final year class. These four appeared for the Director-General, Indian Medical Service, examination; one passed and the others were remanded till October. One military pupil of the 1st year and 8 of the 2nd year were dismissed for inefficiency.

PUNJAB.

132. *Lahore Medical College.*—The total number of students on the rolls of the College was 289:—

Government scholarship holders:—

Punjab	...	...	...	...	...	30
North-West Frontier Province	...	...	...	...	...	2
Non-Government scholarships	...	...	...	...	...	7
Other students	...	...	...	...	...	250
						289
				Total	...	289

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. (old)	1	1
Final M. B., B. S.	17	16
2nd M. B., B. S.	45	44
2nd L. M. S. (old)	...	...
1st M. B., B. S.	65	52
1st M. B., B. S. (Supplementary)	2	1
Total	130	113

Four female students appeared for the First examination for the College L. P. M. S. Certificate and three for the Second examination, and they all passed. One appeared for the final examination and she failed.

Government has decided that the accommodation for both the College and School at Lahore is insufficient, and is making the necessary enquiries with a view to the latter being transferred to Amritsar. When the School is moved the hostel attached to it will be available for College students.

BENGAL.

133. *The Calcutta Medical College.*—During the year there were 1,023 male, 18 female, and 52 military students on the rolls of the College or a total of 1,093 students. Applications for admission numbered 830 against 707 in the previous year; 140 of the former were admitted.

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

Examination.	Number of candidates.		Passed.	
	Males.	Females.	Males.	Females.
Preliminary Scientific M. B. ...	197	...	146	...
1st M. B. Examination ...	260	5	139	2
Final M. B. Examination ...	228	5	103	3
Preliminary Membership State Medical Faculty ...	3	...	1	...
Intermediate ...	12	...	5	...
Final ...	9	...	4	...
Total ...	709	10	398	5

Of the 52 military pupils two passed the final fourth year's Diploma examination; 2 absconded; 3 were removed; 5 were dismissed; 1 absconded and 1 was transferred to the Madras Medical College.

A Supervisor has been appointed for the better maintenance of discipline in the Military Students Hostel. Under the authority of the Government of India the students residing in the hostel are placed under the Surgeon General with the Government of Bengal for all purposes and discipline. Orders have also been passed for the provision of single cubicles for the students and for other improvements and alterations modernising this block.

UNITED PROVINCES.

134. *King George's Medical College, Lucknow.*—There were 140 students on the rolls of the College, 138 males and 2 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. ...	30	...	17	...
Final M. B., B. S., Group "A" ...	19	...	18	...
Final M. B., B. S., Group "B" ...	42	2	30	2
Female certificate class examinations, 3rd final examination ...	...	...	...	...
Total ...	91	2	65	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, Assam 1.

BENGAL.

135. *The Campbell Medical School, Calcutta.*—During the year there was a total of 420 students on the school rolls, 406 of whom were males and 14 females.

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

Examination.	Students.		Passed.	
	Males.	Females.	Males.	Females.
Licensed Medical Practitioner's Diploma Final Examination ...	33	4	28	4
Compoundership Examination ...	123	...	100	...
Licentiate examination of the State Medical Faculty—				
Final Examination ...	76	1	52	1
Intermediate ...	116	4	89	2
Primary ...	124	3	95	3

Twelve District Board Medical Officers underwent post-graduate training in the school during the year and expressed themselves as having derived considerable benefit from the course. All obtained certificates after undergoing a practical examination.

The scheme for the teaching of an increased number of students was put into operation in both the Campbell Medical School, Calcutta, and the Medical School, Dacca. The structural and other improvements that were necessary for this were carried out.

Until the existing financial stringency relaxes, the very important question of the provision of hostels at both these schools stands in abeyance; sites have been procured, but little more is likely to be done under the conditions prevailing at present.

The Dacca Medical School.—There were 307 male and 7 female students on the rolls of the school, making a total of 314. The following statement details the result of the school examination:—

Examination.	Candidates.		Passed.	
	Males.	Females.	Males.	Females.
Licensed Medical Practitioner's Diploma, Final Examination ...	...	...	...	...
Compoundership Examination ...	63	...	60	...
Licentiate Examination of the State Medical Faculty—				
Final Examination ...	53	...	36	...
Intermediate ...	87	...	63	...
Primary ...	65	3	57	3

The school was strengthened by the appointment of a Deputy Superintendent and of a Teacher of Physiology. The teaching of Physics and Chemistry was for the first time conducted at the college during the session 1917-18.

MADRAS.

136. *Medical School, Royapuram.*—At the beginning of the year there were 333 pupils including 67 in the Indian military pupil class. One hundred and four students appeared for the 1st year examination and 89 passed of whom 3 were females. One hundred and three students appeared for the 2nd year examination and 92 passed; 41 appeared for the 3rd year examination and all passed of whom 2 were females; and out of 52 final year students 46 were successful of whom 4 were females.

One hostel block and kitchen is under construction in Royapuram. Government has accorded approval to the construction of two hostel and kitchen blocks in Royapettah for the sub-assistant surgeon pupils of this school.

Prince of Wales' Medical School, Tanjore.—There were 148 pupils on the rolls. Out of 25 pupils who went up for the final examination 17 passed. Twenty six and 27 pupils, respectively, passed the 3rd and 2nd year examination and 41 out of 49 first year pupils were successful at the first year examination. The foundation stone of a new up-to-date medical school has been laid and construction is in progress. The only pressing need now is the provision of a hostel for the ever increasing number of students. A site has been selected and a grant of Rs. 10,000 allotted by the District Board towards its erection. Plans are under preparation. It is hoped that construction will be proceeded with before next year. The buildings now used are well adapted for the purposes of a school; the Collector's old office was altered for this purpose. On account of the increased number of students in each class, more seating accommodation is necessary, but owing to the war, proposals in this direction cannot be considered at present.

Medical School, Vizagapatam.—There were 147 pupils on the rolls. Of 18 final year, 25 third year, 36 second year and 51 first year pupils who appeared for the Board Examination: 16, 24, 34 and 44 passed their respective examinations.

BOMBAY.

137. *Medical School, Hyderabad (Sind).*—There were 150 pupils on the school rolls, which number comprised 135 Hindus and Brahmans, 14 Muhammadans and 1 Christian.

Twenty one students appeared for the final licentiate examination of the College of Physicians and Surgeons, Bombay, of whom 9 passed (4 Stipendiary and 5 Paying). The four stipendiary and two of the paying students entered Government Service.

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

Estimates for an additional laboratory, a class room, and quarters for three teachers and three tutors have been sanctioned.

The Byramjee Jeejeebhoy Medical School, Poona.—There were 229 students on the school rolls. During the year 9 students passed the qualifying examination of the school and 25 out of 29 the examination for the license of the College of Physicians and Surgeons, Bombay, making a total of 34. Of the 25 students, 5 were Indian military pupils.

The Byramjee Jeejeebhoy Medical School, Ahmedabad.—There were 212 students on the rolls. Out of 31 final year students (of whom 4 were military pupils) who appeared for the Licentiate examination of the College of Physicians and Surgeons of Bombay, 16 passed. As a special war measure, 19 military pupils were examined locally for competency to enter military service in the Indian Medical Department, and all were declared passed. Owing to the increasing number of students, certain minor improvements to the hostel are still urgently required.

UNITED PROVINCES.

138. *Medical School, Agra.*—There were 714 male students and 62 female students on the school rolls during the year. Of the male students 498 belonged to the military class: 253 male students and 13 female students passed the final examination. In the junior examination 141 male and 10 female students passed.

The approval of the State Board was obtained to third year military medical pupils attending for its final qualifying examination. The successful candidates were admitted into the Indian Medical Department. These candidates are eligible for the L. M. P., after undergoing a course of post graduate study for eight months at the school. Of the 243 third year students who appeared at this qualifying examination 214 passed.

The hostel accommodation continued to prove insufficient, and 465 students had to be accommodated in six houses in the city. Two separate houses were provided for Muhammadan and Christian students.

There has been considerable difficulty experienced in providing uniforms for the Military students as the Army Clothing Department was unable to make them: 999 complete suits of khaki and 513 serge uniforms were made in the school.

The number of students is now far in excess of the teaching power of the staff and of the clinical material available in the hospitals. The whole question of admission of military students to the school will therefore require to be considered.

A noticeable change in the administration of the school has been the separation of the male and female institutions and the appointment of a separate Principal for the Female School. The designation of the Female School was changed to the "Women's Medical School."

The scheme for the re-organization of the school and for the institution of a five years' course of study and an L. M. S. qualification has been held in abeyance for want of funds.

PUNJAB.

139. *Medical School, Lahore.*—The number of students on the rolls was 293; of these 183 belonged to the Military pupil class, 48 to the Civil, 52 to Burma, 9

to the North-West Frontier Province, 31 to the local class, and 18 to the Compounder free student class. Thirty eight students appeared for the final examination for the M. P. L. diploma and 33 passed. Eighty out of 126 students passed the junior qualifying examination.

Ludhiana Medical School and College for Women.—No students appeared for the final examination. Eleven students appeared for the first examination for the M. P. L. Diploma and 13 for the second examination, and they all passed. One student appeared for the Licentiate examination of the College of Physicians and Surgeons, Bombay, and passed. Three students appeared for the Diploma in Pharmacy and two for the Certificate in Nursing, and they all passed. Five students appeared for the Midwifery diploma and 11 for the *Dhais* certificate and all passed.

This institution is now the provincial school for training women for the Sub-Assistant Surgeon class. A grant of Rs. 30,000 has been given by Government towards the buildings of the Sisters and Nurses quarters.

BURMA.

140. There were 108 pupils during the year which number included 7 females. Of the 7 females, two were Burmese.

Forty pupils appeared for the primary examination, out of which 38 passed. Out of 28 students who appeared for the Intermediate examination, 21 passed. Sixteen students appeared for the final examination. The results will not be known until after the completion of the course in Madras.

Certain alterations and extensions to the buildings have been completed. During the year the clerical staff was increased. The sanction of the Government of India to a revision of the allowance to lecturers is still awaited.

BIHAR AND ORISSA.

141. *Temple Medical School, Patna.*—There were 159 male students on the rolls during the year including 112 in the compounder class. There were no female students. The following is the result of the examination for the Licensed Medical Practitioners' diploma :—

	...	...	...	...	...	Appeared.	Passed.
Final year	...	...	...	...	...	9	5
Junior class	...	...	...	...	...	24	15

Out of the 112 students in the compounder class 67 appeared for the examination and 37 passed. There were no female students in this class.

One passed student of the Agra Medical School and one of the Campbell Medical School were recruited into Government service as temporary Sub-Assistant Surgeons.

During the year, five monitors were appointed, one for each hostel barrack, in order to help the Custodian and Resident Medical Officer in maintaining discipline and order amongst the students.

There has been no alteration in the school main buildings during the year, and in blocks.

Orissa Medical School, Cuttack.—There were 161 male and 6 female students on the rolls during the year. This number includes 66 in the compounder class. 30 male and 1 female students appeared for the final board examination. Of these 7 male students passed. 39 students appeared for the primary examination of whom 25 passed. In addition 35 students appeared for the examination in Physics and Chemistry only, of whom 32 passed. Forty five students appeared for the Compoundership examination, of whom 38 passed. As a result of minor structural improvements carried out from time to time, the school is now fairly complete. There is urgent necessity however for proper hostel accommodation.

ASSAM.

142. *Berry-White Medical School, Dibrugarh.*—There were 137 students on the rolls during the year: 19 out of 34 students passed the final examination; and 24 out of 42 the junior qualifying examination.

In the compounder class there were 57 students. Forty students appeared at the examination and 33 passed.

The school examinations have now ceased and qualifying examinations are being held under the direction of the Assam Medical Examination Board.

There has been no alteration in the school buildings during 1917.

THE X-RAY INSTITUTE OF INDIA, DEHRA DUN.

143. Two classes of instruction were held during the year.

Fourteen students attended, of whom 5 passed with proficiency, 8 passed and 1 failed.

The students included Officers, Assistant Surgeons and Sub-Assistant Surgeons. The radiographic examinations during the year numbered 1,920.

The number of treatments given was 27,400.

Patients were treated from the Indian Troops War Hospital and from the Convalescent Section. An Orthopedic Department has been added to the Institute and it is anticipated that it will be opened shortly.

An out-patient block has also been added in which British and Indian officers receive electrical treatment.

The out-patient Department in Mussoorie did valuable work during the past hot season. A large number of convalescent officers received appropriate treatment in this Department.

The supply duties of the institute have been maintained.

Seventy three X-Ray units were supplied as compared with 10 units supplied on a peace scale before the war.

The Branch Installations at Simla and Delhi have been doing satisfactory work.

No case of X-Ray traumatism has occurred during the year.

SECTION VII

EUROPEAN ARMY OF INDIA.

INDIA.

144. From the Sanitary Reserve of Rs. 7,70,000 a sum of Rs. 5,70,000 was allotted during the year 1916-17 on account of Imperial grants for sanitation. Non-recurring grants of Rs. two lakhs were made towards the Peshawar drainage and watersupply scheme, one lakh each in connexion with drainage and sewage disposal schemes in Delhi, and the Badrinath-Kedarnath pilgrim route, and Rs. 1,61,000 in connexion with the Dhar Housing scheme in Simla. A sum of Rs. 6,000 was also allotted for dhais' quarters in Amritsar and a recurring grant of Rs. 3,000 was made to the Haj Committee, Bihar and Orissa.

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

BENGAL.

145. The number of municipalities in the Presidency was increased by one, making a total of 113. There was an increase of nearly three lakhs in the total income of these bodies during the year, mainly due to an increase in the receipts from municipal taxation. Excluding the opening balance and extraordinary receipts, the total income amounted to Rs. 56,92,488 against 54,06,316 in 1915-16. Including the opening balance and extraordinary receipts the total receipts for the year amounted to Rs. 81,14,287 against 83,14,409. Of the total income 38·73 per cent was spent on sanitary works, original and recurring, as compared with 40·88 in the previous year. The decreased expenditure was mainly under the head "watersupply."

Of the total grant of 2½ lakhs for recurring expenditure on sanitation during 1917-18, Rs. 2,23,717 was allotted: a large proportion of this was in connexion with anti-malaria operations.

The total cost of sanitary works carried out during the year by municipalities, district boards, government and private individuals, amounted to Rs. 15,19,316 against 14,60,006 in the previous year. Eight new septic tanks were constructed, bringing the total number to 123; the majority are attached to the jute mills.

In connexion with village sanitation the Sanitary Commissioner remarks: "There is no organization under District Boards for looking after village sanitation. Beyond the excavation and re-excavation of some tanks, the provision of some wells, and the occasional deputation of itinerant doctors to afford medical relief during the epidemic prevalence of any disease, nothing further is done."

146. *Sanitary Board.*—During the year the Sanitary Board was amalgamated with the provincial Malaria Committee. The Board held nine meetings during the year. Proposals in connexion with drainage and watersupply schemes were considered and recommended for approval and sanction. The Board received progress reports of anti-malaria operations and visited and reported on anti-malaria works. An Act was drafted in connexion with the watersupply of municipalities on the east bank of the Hooghly above Calcutta. A committee was appointed by Government to consider it.

ASSAM.

147. During the year there were 15 municipalities and 8 unions, an increase of one union as compared with the previous year. The total income, including opening balances, was Rs. 8,55,481 of which 54·68 per cent was spent on sanitation against Rs. 10,12,442 and 43·98 per cent respectively, in 1916.

Owing to the financial stringency imposed by the war the local Administration was unable to make grants to local Boards in aid of their third year's programmes of the scheme for the improvement of rural watersupplies. An aggregate expenditure of Rs. 2,08,868 was incurred by local boards on rural sanitation mainly in connexion with watersupply. Here also as in Bengal the question of adequate staff to supervise village sanitation is much felt.

148. *Sanitary Board.*—The composition and scope of the Board remained the same throughout the year. Sanction to the creation of the post of Sanitary Engineer was received and the appointment was made. As usual the routine business of the Board was transacted by correspondence, only three meetings being held to discuss matters of importance.

BIHAR AND ORISSA.

149. The total income of municipalities including the opening balance was Rs. 45,56,542 as compared with Rs. 46,65,116 in the previous year. Of this Rs. 13,62,667 or 29·9 per cent was spent on sanitary works against Rs. 15,18,554 or 32·5 per cent in 1915-16.

The whole of the Imperial grant of Rs. 2,69,000 for sanitation was allotted during the year.

Of a total income, including opening balances of Rs. 1,06,01,014, District Boards expended only Rs. 4,19,098 or 3·9 per cent on sanitation: the figures for the previous year were Rs. 1,11,91,181; Rs. 4,32,028 and 3·8 per cent, respectively.

150. *Sanitary Board.*—The Sanitary Board held three meetings. An appointment of Personal Assistant to the Sanitary Engineer was created during the year. The Sanitary Works Division, which was created in the previous year, carried out original works to a total cost of Rs. 5,16,602: the largest of these was the Patna-Bankipore waterworks costing Rs. 2,38,134. Numerous other watersupply, drainage and sewerage projects were either designed, constructed or dealt with during the year.

UNITED PROVINCES.

151. The total municipal income during 1917 excluding the opening balance was Rs. 97,64,196 against Rs. 94,42,263 in the previous year. Of this an average of 38 per cent was spent on waterworks, drainage and conservancy as compared with 40 per cent in 1915-16. By the new Municipalities Act Municipal Boards have been vested with extensive powers, and revised model bye-laws relating to several branches of sanitation have been or are being framed.

In connexion with rural sanitation, grants amounting to Rs. 49,050 were allotted by the Sanitary Board during 1917-18 out of the grant of Rs. 50,000 annually placed at its disposal for the improvement of rural sanitation. Out of a total sum of Rs. 1,22,054 at their disposal District Boards only expended Rs. 29,519 up to the end of 1917. Some Boards had expended nothing and others had considerable balances in hand. It would thus appear that not much

interest is taken in rural sanitation and nothing much in the way of progress can be anticipated till an organized service of district sanitary officers is brought into being.

152. *Sanitary Board.*—The Board held seven meetings during the year. A sum of Rs. 8,03,900 was spent on original sanitary works and Rs. 8,14,420 was spent on the maintenance of open waterworks. The total cost of projects dealt with by the Sanitary Board during the year amounted to Rs. 1,54,23,597. Of these, projects estimated to cost Rs. 6,28,475 were sanctioned, and projects amounting to Rs. 63,27,614 were completed and submitted for sanction: the remainder to the cost of Rs. 84,67,508 were still under preparation at the close of the year.

PUNJAB.

153. There were 100 municipalities in the province the total income of which, excluding the opening balance of Rs. 35,74,515 under "Extraordinary" and debts amounting Rs. 3,24,726, was Rs. 75,50,946. The total expenditure on sanitation amounted to Rs. 26,37,318: of this about 9½ lakhs was spent on watersupply and drainage. No rewards on account of sanitary improvements were given to village communities during the year.

The total income of District Boards excluding opening balances amounted to Rs. 78,39,562 and the expenditure on sanitation and vaccination was Rs. 1,79,946. A number of works of public utility were carried out by private individuals at their own expense.

154. *Sanitary Board.*—The Board held five meetings during the year. The unexpended balance of Rs. 1,39,768 was fully utilized. A fresh grant of Rs. four lakhs was placed at the disposal of the Board, the whole of which, as also a sum of Rs. 84,111 out of the additional grant of one lakh placed at the disposal of the Board, was allotted.

The Board during the year considered the question of dealing with the drainage of flooded and water-logged areas.

NORTH-WEST FRONTIER PROVINCE.

155. Owing to existing conditions none of the larger schemes of watersupply and sanitary improvements could be contemplated. Of the usual government grant-in-aid of Rs. one lakh, Rs. 80,000 was allotted in connection with the improvement scheme of Peshawar City.

The total income from all sources was Rs. 15,17,236 of which Rs. 1,03,584 was expended on sanitation exclusive of Rs. 1,36,036 expended on conservancy establishment charges.

The total income of District Boards amounted to Rs. 3,34,045: the greater part of this income was utilized for the up-keep of roads, bridges, &c.

CENTRAL PROVINCES AND BERAR.

156. The net municipal income exclusive of loans and outstanding balance was Rs. 34,23,390 of which Rs. 17,22,194 or 50 per cent was spent on sanitation. Many works of town improvement suggested by Municipal Committees could not be undertaken owing to present conditions. Government grants amounting to over Rs. five lakhs were, however, made in connexion with the more important schemes of town improvement, watersupply and drainage.

Some progress is being made in village sanitation. A provincial grant of Rs. 50,000 was sanctioned for improvements to watersupplies in rural areas. A special grant of Rs. 25,575 was also made for the improvement of watersupplies at places where fairs are held and along the routes leading thereto.

157. *Sanitary Board.*—Only one meeting of the Board was held during the year. Many schemes were, however, considered by correspondence.

MADRAS.

158. During 1917 there were 71 municipalities, an addition of one as compared with the previous year. Of the total income Rs. 27,30,437 or 42 per cent was allotted for sanitation. The expenditure on sanitation for the nine months ending December 1917, for which figures are available, was Rs. 18,63,123 or 68·2 per cent of the allotment.

The grants made for sanitary works during 1917-18 from the minor sanitation grant amounted to Rs. 2·08 lakhs and the expenditure to Rs. 1·59 lakhs up to the 31st of December 1917.

The allotment for sanitation among District Boards amounted to Rs. 1,188,076 against 1,305,818 in the previous year. The expenditure for the nine months ending December 1917 was Rs. 5,99,487 or 50·5 per cent of the total allotment. The Provincial grants for minor sanitary works during 1916-17 amounted to Rs. 2·90 lakhs and the expenditure to Rs. 2·54 lakhs.

159. *Sanitary Board.*—The Second Conference of the Board referred to in last year's report was held on the 19th of March 1917, as a result of which a revised list of type designs was prepared and communicated to all local bodies. The Board examined 30 sanitary schemes during the year of which plans and estimates for 19 schemes amounting to Rs. 29,60,098 in the aggregate were approved. Of these one was reported to have been completed before the end of the year, six were in progress, 10 were deferred for want of funds, one was returned to the Municipal Council requesting it to confine the work to improvements absolutely necessary, and one was dropped until the District Municipalities Act was amended.

BOMBAY.

160. The combined income of the 156 municipalities in the Presidency and Sind amounted to Rs. 1,29,33,420 as compared with Rs. 1,18,44,025 in the previous year : of this sum Rs. 65,10,097 was raised by taxation. The incidence of taxation per head of population averaged Rs. 2·8 against 2·6 in 1916 ; and varied between 11·5 to just over five annas. In Bombay City practically Rs. 8 per head of population is spent on public health and convenience. In the mofussil municipalities 24 per cent of the total income was spent on public health measures, considerably less than one rupee per unit of population.

Greater attention is being paid to sanitation by certain municipalities by the employment of Health Officers and Sanitary Inspectors : the appointment of Health Officers was, however, hampered by the lack of suitable candidates on account of war conditions.

The combined income of the District and Taluka Local Boards was Rs. 86,03,638. The incidence of income per head was 7·5 annas against 6·9 in 1916. Just over 3 per cent of the income was spent on public health measures.

A grant of Rs. 7 lakhs was made by the Government of India for distribution among the District Local Boards for the improvement of communications, water-supplies, &c., a grant of Rs. 62,000 was also made by the Local Government for the improvement of village water supplies.

161. *Sanitary Board.*—Four meetings of the Board were held during the year at which several important watersupply and drainage schemes were considered. Out of the grant of Rs. 1 lakh placed at the disposal of the Board for minor sanitary schemes, Rs. 80,161 was allotted.

BURMA.

162. The total income of municipalities amounted to Rs. 1,84,15,963 of which 49,23,050 was spent on civil sanitary works against Rs. 58½ lakhs in the previous year. The prohibitive cost of works of all kinds owing to present conditions is stated to be accountable for the postponement of many schemes which would otherwise have been undertaken. The full assignment of Rs. six lakhs was not expended and it was found possible to assign to the Rangoon Town Lands Reclamation Fund for various sanitary schemes nearly two lakhs which would normally have been allotted to municipalities.

163. *Sanitary Board.*—No meeting of the Sanitary Board was held during the year. Numerous water supply, drainage, reclamation and other schemes were carried out by the Sanitary Engineer.

MILITARY WORKS.

164. During 1917-18 there was a considerable increase in the expenditure on ordinary original military, *viz.*, drainage, conservancy, watersupply, hospitals, &c., Rs 16,55,580, as compared with 8,39,734 in 1916-17. Of this sum, about eight lakhs were spent on watersupply and 7,06,029 on hospitals. The expenditure on repairs was Rs. 7,67,178 against 6,80,687 in 1916-17. On special military works under the same heads a sum of Rs. 3,19,381 was expended as compared with 1,96,025 in the previous year.

A point of view is made by the Government of India...

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SECTION VIII.

GENERAL REMARKS.

165. In January 1918 an informal conference of Sanitary Commissioners was held in Delhi. It was attended by the Sanitary Commissioners to the Governments of India, Burma, Bombay, Bengal, Madras, Bihar and Orissa and Assam. Numerous subjects of outstanding importance were discussed and the following recommendations were placed on record :—

I.—PUBLIC HEALTH ADMINISTRATION IN RURAL AREAS.

The Conference have had under consideration the question of public health administration in the rural areas of India. It has been repeatedly emphasized in the past that we have in India no organization to further the public health welfare of the rural population and that no progress is possible without it. As a result of this state of affairs it is nowhere possible to check or control outbreaks of communicable disease, that play so large a part in the production of the excessive death rates that characterize all Indian administrations at the present time. Bearing in mind the economic and social importance of this unrestricted prevalence of epidemic disease and parasitic infection, the Conference consider that serious efforts should be directed, without delay, towards the mitigation of the present unsatisfactory state of affairs, so that the masses of this country may derive some benefit from our ever growing knowledge of the causation and prevention of disease. To this end they advocate the establishment of a real public health department in India without which no progress can be made. The Conference are confident that if effect be given to their recommendations a very real improvement in the health conditions of India will result.

It is not possible to formulate a scheme in detail that will be applicable to every Indian administration. The following recommendations, however, with modifications to suit local conditions, should be capable of universal adoption. It is realized that some years must elapse before the scheme is in full working order, but it is urged that a commencement be made with the least possible delay.

District organization.—Each district should have a complete self-contained public health staff, working under the district board. As the area and population of a district are subject to considerable variation it is convenient to consider a population of a million as the unit. For each million people the following staff is suggested :—

One District Health Officer and office establishment.

Two deputy Health Officers.

Four sub-deputy Health Officers.

Fifty Health Inspectors and Sub-Inspectors.

The District Health Officer should be a well qualified medical officer with public health experience and qualifications. In every case he should have acquitted himself with credit at one of our proposed schools of tropical medicine and hygiene where the training should be designed to fit him for his special duties.

The deputy and sub-deputy Health Officers should also receive special training at a school of tropical medicine and hygiene.

A special course of training would also have to be designed for the 'health inspectors,' a certain number of whom should have a preliminary training in minor sanitary engineering.

The duties of this staff would be:—

- (a) To relieve the Civil Surgeon of all public health duties in the rural areas of his district.
- (b) The investigation and control of all outbreaks of communicable disease in rural areas. To this end the Health Officer would be provided with travelling laboratory equipment as well as a small laboratory at his head-quarters.
- (c) All vaccination and other protective inoculations at present carried out by a special staff.
- (d) The health inspection of schools and scholars.
- (e) The supervision of the registration of vital statistics which could thus be made much more detailed and much more accurate than at present.
- (f) The drafting of plans and estimates for simple sanitary projects and taking steps to remedy defects in village drainage, water supplies, &c.
- (g) Propaganda. This would be a very important part of the activities of the staff. Lantern lectures, cinema lectures and demonstrations, run more or less on American lines, should play an important part.
- (h) In the event of outbreaks of cholera, plague, or malaria, the disinfection of water supplies, rat destruction and plague inoculation, mosquito reduction and the distribution of quinine, would be undertaken by the public health staff.
- (i) Hook-worm infestation and other such parasitic infections would be dealt with.
- (j) The staff would work in co-operation with the staffs of neighbouring districts, the interchange of notification of outbreaks of infectious disease at the earliest possible opportunity receiving attention.
- (k) In the event of the appearance of infectious disease of a serious nature, the most strenuous efforts would be made to localize the spread with the aid when necessary of the staffs of adjoining districts.

Financial.—The probable total cost of the measures here advocated will approximate one lakh of rupees for each million of the rural population or 1'6 annas per head. The present cost of the vaccination staff, whose work will be taken over by the district health staff, is a set-off against this expenditure, but even so it is realized that the complete scheme is probably beyond the present financial capacity of some provinces: for this reason such administrations should commence with a few districts, adding to their number year by year and aiming at having the complete organization at work within a reasonable time.

II.—PROVINCIAL HEALTH BOARDS.

The Conference consider the establishment of a Health Board in each administration an essential preliminary to any public health development.

The lack of such controlling bodies has been chiefly responsible for the disappointing results that have attended public health effort in municipal areas hitherto. These health boards should have executive powers to enable them to put pressure on local bodies, and full financial powers with regard to the disposal of sanitary grants and the sanction of loans. Such boards would supersede existing sanitary boards, whose functions are in the main confined to sanitary engineering, a subject which would be but a small part of the activities of the proposed Health Boards. The constitution of the Health Board should thus differ fundamentally from the existing Sanitary Board, for inasmuch as the vast majority of subjects with which the proposed Board would deal will demand public health knowledge, it is obvious that a substantial medical representation, including public health, bacteriological and medical experts must be assured.

III. *Plague*.—The Conference consider that no serious effort can be made towards the elimination of plague from India without some such staff and organization as have been outlined above (sections I and II).

Bearing in mind the importance of grain and the grain trade as factors in the dissemination of plague infection, the Conference would like to see the storage of grain declared a "dangerous trade" in municipalities situated in plague-infected and plague-threatened districts.

IV. *Malaria*.—The Conference were informed of the proposals of Government regarding the extension of the cinchona plantations in India, and the serious shortage in the supplies of the drug that is likely to be experienced during the next few years. Provincial experience has shown that the sale of Government quinine by post-offices and other agencies, at prices greatly below the market rate, is attended with considerable abuse, and is likely to continue to be so abused as long as the present abnormal rates prevail. The Conference are of opinion that district boards and similar executive bodies should pay more attention to the free distribution of the drug among the people in malaria infected districts in India who are too poor to pay for it and that such a system is preferable to the general sale of quinine below market rates.

Recent experience in India generally indicates that the demands for quinine are likely to increase enormously during the next few years; the Conference consider that the relatively very large increase in cinchona production at present contemplated will have to be even further increased.

The Conference are of opinion that the cinchona industry should be Imperialized and that in view of the vast economic importance of malaria, the profits from the manufacture and sale of Government quinine should be devoted to anti-malaria works. The Conference understand that a policy of this kind has been carried out in Italy for a number of years past.

V. *Yellow Fever and Stegomyia prevalence*.—The Conference are of opinion that the present sanitary conditions of the ports as regards stegomyia prevalence is so unsatisfactory that quarantine regulations against yellow fever cannot be dispensed with. They consider that this and other important matters connected with port health administration can only be carried to a satisfactory issue after the formation of the provincial health boards referred to above. When the sanitary state of our ports has reached a sufficiently high level, quarantine regulations will no longer be necessary.

VI. *Hook-worm Disease.*—The Conference are impressed with the importance of hook-worm infestation as a factor in the morbidity of India. Measures framed to cope with the evil must wait the institution of district health organizations outlined above. The Conference wish to place on record a protest against the commonly accepted idea that the deposit of human excrement on the surface of soil is a satisfactory method of disposal, and to emphasize the dangers of such a procedure from the point of view of this and other diseases.

VII. *Sanitation of Railway Stations.*—The Conference are of opinion that this is a matter demanding very early attention. In no part of India represented by the members of this Conference can it be said that matters are in a satisfactory state, but they believe that the question is being made the subject of comprehensive inquiry by certain railway administrations.

The Conference wish to call attention to the dangers of, and the false sense of security given by, the so-called filters, which are to be found in the majority of railway stations and refreshment rooms.

The Conference consider that all railway companies should possess a whole-time public health staff in addition to their present medical organization.

When the recommendation as to the provincial health boards materializes, the sanitation of railway lines should come within the purview of such boards.

VIII. *Vital Statistics.*—With regard to the seven main headings under which deaths in India are reported, the Conference make the following recommendations :—

(a) That one new heading, *vis.*, death from child-birth, be added.

(b) That respiratory diseases be sub-divided into—

Pneumonia.

Phthisis.

Other Respiratory Diseases.

(c) That fevers be sub-divided into—

Malaria.

Enteric.

Measles.

Kala azar.

Other Fevers.

(d) That dysentery and diarrhoea be separate sub-headings of the present conjoined group.

(e) That in the 'deaths according to age' tables 'Deaths under one year' be sub-divided thus :—under one week : over one week and under one month : 1—6 months : 7—12 months.

The above changes are designed to make the most of the information at present obtainable, but the Conference realize that no real improvement can be effected in the registration of vital statistics pending the creation of the complete public health organizations outlined above.

The Conference have had under consideration the publication in provincial *Gazettes* of weekly reports of the vital statistics of the larger towns. This is at present done by the Punjab, Burma and Madras Administrations. As this procedure, as carried out in the Punjab, stimulates public interest in public health matters and enables one to obtain fairly prompt information regarding undue mortality in municipal areas, it is recommended for adoption by provincial administrations wherever possible.

IX. *School Medical Inspection*.—The Conference have considered the question of the hygiene of schools and the medical inspection of scholars and recommend that this most important branch of child welfare work should be under the supervision of the proposed provincial health boards. This work should be done by the local health organizations working in co-operation with the Education Department.

X. *Adulteration of Food and Drugs*.—The wide prevalence of adulteration of food and drugs calls for careful investigation. In view of the scarcity of analysts in most administrations, it is extremely difficult to give effect even to existing legislation.

XI. *Industrial Hygiene*.—This branch of public health administration has hitherto not received the attention that its importance warrants. The Conference recommend that it should come within the purview of provincial health boards when formed and that meanwhile industrial hygiene should be made the subject of careful investigation by Public Health Officers.

XII. *Public Health Legislation*.—There is a real need at present for a Public Health Act to consolidate and amend existing legislation. For the establishment of Public Health Boards, the control of public health and the execution of public health measures on the proposed extended scale, further legislation will be necessary.

XIII. *Health Officers*.—That the distinction between 1st and 2nd class Health Officers be abolished. Every Health Officer should have a medical and a public health qualification.

Most of the above recommendations have formed the subject of correspondence between the Central and Provincial Governments and it is to be hoped that action in the direction indicated will be possible in the near future. The recent excessive prevalence of communicable disease in India, notably influenza, plague, malaria and cholera, has emphasized the inadequacy of our existing health organization in rural areas and health matters are receiving more attention from the public and the lay press than ever before. This awakened interest augurs well for early progress.

LABORATORIES.

THE CENTRAL RESEARCH INSTITUTE.

166. Major J. Cunningham, I.M.S., officiated as Director of the Institute till the 26th of May 1917, when Major W. F. Harvey, I.M.S., the permanent incumbent of the office, resumed charge.

The work of the Institute during the year was almost entirely connected with the preparation and supply of vaccines and antisera, the demands for which from the military authorities were extremely large.

The amounts of antisera sent out were : antivenine 159,240 c.c., normal horse serum 1,220 c.c., and high titre agglutinating sera 1,601 c.c.

Vaccines were issued in amounts far in excess of the output of any previous year : 1,156,000 c.c. of mixed typhoid and paratyphoid vaccine and 1,226,000 c.c. of cholera vaccine were prepared and issued. The greater part of these issues were despatched overseas for the use of Indian Expeditionary Forces. The amount of miscellaneous vaccines manufactured and issued was somewhat less than in previous years owing to the fact that military demands for these are now met by Divisional and Brigade Laboratories.

The manufacture of vaccines on so large a scale tried the resources of the Institute to their utmost, and the fact that all demands were promptly met reflects great credit on all concerned.

With the energies of all the staff devoted to war work there was but little time, or laboratory accommodation, to devote to research. The following publications from the Institute appeared in the pages of the *Indian Journal of Medical Research* :—

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| Major J. Cunningham, I.M.S., and Captain King, I.M.S. | Dysentery in the jails of Eastern Bengal, parts I and II. |
| Majors J. Cunningham and Brown, I.M.S., and Dr. Iyengar. | The preparation of vaccines on a large scale. |
| Mr. P. R. Awati. | Studies in flies, III. Classification of the genus <i>Musca</i> and description of the Indian species. |
| " " " | A new Larviparous <i>Philaematomyia</i> (<i>P. indica</i>). |
| Mr. J. L. Mitter. | Note on the method of feeding of <i>Corisonexra</i> (<i>Pangonia</i>) <i>longirostris</i> Hardwick, with a description of the mouth parts. |

THE BOMBAY BACTERIOLOGICAL LABORATORY.

Throughout 1917 the Bombay Bacteriological Laboratory at Parel functioned as a military enteric convalescent depot. In addition it continued to be the sole Indian manufactory of plague vaccine and the chief civil bacteriological laboratory of the Bombay Presidency. Lieutenant-Colonel Gen Liston, C.I.E., I.M.S., was in charge of the laboratory throughout the year and acted as officer commanding the enteric depot.

The demands for anti-plague vaccine were in excess of those of any previous year : 1,821,661 doses were manufactured and sent out during 1917. The subjoined

table illustrates the increasing demands for this vaccine which have been experienced during the last five years :

1913.	1914.	1915.	1916.	1917.
795,637	812,942	827,407	1,404,003	1,821,661

Since 1896 up to the end of 1917 this laboratory has manufactured and issued 16,295,867 doses of plague vaccine. The severity of the 1917-18 plague epidemic was in some measure responsible for the greatly increased demand in the year under report. It is interesting to note that inoculation appears to have attained an even greater degree of popularity in the Native States than it has in British India. Convincing evidence of the efficacy of inoculation as an anti-plague measure is afforded by the growing popularity of the measure among the population who formerly looked upon it with anything but favour. Instruction in the technique of plague inoculation was given as usual : 28 medical practitioners attended the laboratory for this purpose.

During the year 995,642 rats were sent to the laboratory by the Bombay Municipality. Of this number 501,742 rats were examined of which 11,175 were found to be infected with plague. Practical instruction in the diagnosis of rat plague was given to a number of medical practitioners.

A very large amount of work in connection with the examination of pathological fluids and discharges, water and food-stuffs was carried out. Large quantities of miscellaneous vaccines were manufactured and issued and bacteriological apparatus, chemicals, stains, etc., were supplied to the war hospitals in India and overseas. Two hundred and eighty-seven specimens of pathological tissues were sectioned and diagnosed. One hundred and fifty-two brains of dogs and other animals were examined for rabies of which 113 gave a positive result. Three hundred and seventy-one snakes were sent to the laboratory for identification.

Some important work on the subject of *schistosomiasis* was carried out by Dr. Soparkar in conjunction with the Director, with the object of determining whether the introduction into India of the disease by troops returning from endemic areas is likely to be a serious danger to this country. As is well known this disease does not occur indigenously in India. Attempts at infecting Indian molluscs with the human parasite have so far met with no success. During the course of these investigations seventeen different types of cercaria were obtained from snails collected in and around Bombay and the life-history of one or two of these has been completely worked out.

Much assistance was given to the numerous military hospitals in Bombay in the matter of bacteriological and serological investigation of patients.

The annual report of the laboratory for 1917 is a record of a very large amount of most useful work, the accomplishment of which reflects the greatest credit on the Director and his staff.

THE KING INSTITUTE, MADRAS.

(Microbiological Section.)

Dr. F. M. Gibson was in charge of the Institute for the first six months of the year. From June to August, Major Justice, Sanitary Commissioner with the Government of Madras, was responsible for the direction of the Institute in addition to his own duties. For the last four months of the year Dr. M. Kesava Pai acted as Director. A large amount of useful work was carried out during the year. Researches in connection with sand filtration of water were continued and the great value of sedimentation antecedent to filtration, in the case of highly polluted river waters, was demonstrated. Storage in sedimentation tanks for periods from four to eight days was found to bring about a ten-thousandfold reduction of lactose fermenting bacteria. Moreover pre-sedimentation greatly increased the efficiency of the filters, the life of which were considerably prolonged thereby. The experiments indicate that two feet of sand is the thinnest layer that should be employed; if less than this be used difficulties are experienced with the filtering skin. With pre-sedimented water, and with a depth of sand of not less than two feet, repeatedly successful results were obtained with filtering heads up to thirty-six inches.

During the year 419 samples of water were subjected to chemical analysis and 826 to bacteriological examination. During the year 4,659 samples of pathological materials were examined by the staff of the Institute and reported on.

Examination of 47 macerated and still-born foetuses revealed the presence of the spirochæte of syphilis in 30 per cent.

Vaccines manufactured and issued during the year amounted to 35,452 doses. Cholera vaccine, of which 18,430 doses were issued, was the vaccine most in demand. The issue of vaccines was nearly threefold that of any previous year.

PASTEUR INSTITUTE OF INDIA, KASALI.

During 1917, 5,206 patients were treated at this Institute as compared with 5,360 in the previous year. The slight decrease is in part attributable to the opening of the new Pasteur Institute at Shillong in Assam. In addition 405 persons who presented themselves for treatment were informed that treatment was unnecessary in their cases. Of the total number treated 382 were Europeans. Of those who received treatment 68 contracted hydrophobia of which number 44 died more than 15 days after their discharge. The "failure rate" thus works out at 0.85 per cent as compared with 0.80 per cent in the previous year. The proportion of patients from rural areas has tended to increase during recent years, owing to the spread of information regarding the efficiency of Pasteur treatment. As jackal bites are more numerous among the rural population than among town dwellers, and as jackal bites are nearly twice as dangerous as are dog bites, a small corresponding increase in the general mortality is likely to be experienced.

Major A. G. McKendrick, I.M.S., was in charge of the Institute throughout the year.

PASTEUR INSTITUTE OF SOUTHERN INDIA, COONOR.

The number of patients treated from March 1, 1917 to February 28, 1918 was 2,396, an increase of 689 over the previous year's total. Of these 19 died fifteen or more days after the completion of treatment: the "failure rate" thus works out

at 0.79 per cent. Two hundred and twenty-three persons who presented themselves were not treated as it was considered they had run no risk of infection. Since the Institute was opened in 1907, 12,283 patients have been treated. Inquiries carried out to ascertain the degree of risk of contracting hydrophobia as the result of bites by animals known to be suffering from rabies were continued during the year. Of 146 such persons who did not submit themselves to treatment, no less than 70 died.

Lieutenant-Colonel J. W. Cornwall, I.M.S., was Director of the Institute throughout the year.

THE PASTEUR INSTITUTE, BURMA, RANGOON.

During the year ending March 31st, 1918, 438 persons presented themselves for treatment, of whom only 248 were submitted to the full course. Of the latter number only 183 had been bitten by animals that were definitely proved to have been rabid. No "failures" of treatment were reported. One patient died during the course of treatment and another fourteen days after the completion of treatment. Both patients had been bitten on the face.

Lieutenant-Colonel C. R. Pearce, I.M.S., was Director of the Institute throughout the year.

THE KING EDWARD VII MEMORIAL PASTEUR INSTITUTE, SHILLONG, ASSAM.

This Institute was opened for the reception of patients in January of 1917. During the year 592 persons, including 54 Europeans, presented themselves for treatment; of this number 569 underwent the complete course. Four patients died of hydrophobia later than fifteen days after the completion of their treatment. This represents a failure of treatment rate of 0.70 per cent.

In addition to Pasteur work, some useful research work was carried out in connection with kala-azar, malaria, cerebro-spinal fever and diphtheria, the results of which have been published in the pages of the *Indian Journal of Medical Research*. The Institute achieved a most satisfactory measure of success during the first year of its existence.

Captain R. Knowles, I.M.S., acted as Director throughout the year.

THE INDIAN RESEARCH FUND ASSOCIATION.

167. The still further depletion of the medical personnel of India, occasioned by war demands during the year under report, curtailed the activities of the Indian Research Fund Association and the amount of purely research work carried out was in consequence much less than would otherwise have been the case.

Lieutenant-Colonel Clayton Lane, I.M.S., continued his investigations into the prevalence of hook-worm disease in certain Bengal districts. Dr. Mhaskar likewise continued a similar inquiry in the Madras Presidency. Certain of the local administrations have started hook-worm investigations in the jails of their respective provinces in aid of which the Association have given financial grants.

Mr. Awati continued his investigation into the genus *Musca*. Two reports were published during the year.

Mr. Mitter has obtained some interesting results regarding the breeding places of the species of sand flies prevalent in Lahore.

The investigation into plague preventive measures now being carried out in Poona continued throughout the year. Results obtained by Dr. Chitre are a valuable addition to our knowledge regarding the habits of rats and the relative efficiency of various rat destruction measures.

Major D. McCay continued his researches on diabetes in Calcutta.

Dr. Sudhamoy Ghosh, under the general direction of Lieutenant-Colonel Sir Leonard Rogers, continued his research work on the chemistry of chaulmoogra oil and other substances which promise to be of value in the treatment of leprosy and tuberculosis.

The Association gave financial assistance to research work being carried out by Major Greig, I.M.S., on behalf of the military authorities in Karachi.

Brevet Lieutenant-Colonel McCarrison, I.M.S., started an investigation into the etiology of beri-beri in January 1918. The headquarters of this inquiry are at the Pasteur Institute, Coonoor.

Dr. D. Norris is engaged on an investigation into the relationship of the chemical composition and mode of preparation of culture media to their yield. She is working at the Central Research Institute, Kasauli.

Lieutenant-Colonel Glen Liston, I.M.S., continued his investigations regarding the use of hydrocyanic acid gas as a disinfectant: the Association gave financial assistance to the inquiry.

Financial grants were made to Dr. Mackenzie Wallis and to Major McAdam in aid of inquiries being prosecuted by them.

The *Indian Journal of Medical Research* completed its fifth year of existence in April 1918. The continuance of its publication in an uncurtailed form, in spite of the adverse conditions attributable to the war, is a matter for congratulation. On the whole it has achieved a larger measure of success than was anticipated for it.

The undersigned has been in charge of the office of Sanitary Commissioner with the Government of India since May 1917.

F. NORMAN WHITE, M. D., C.I.E.,

Major, I.M.S.,

[Sanitary Commissioner with the Government of India.]

APPENDICES

TO THE

Annual Report of the Sanitary Commissioner with the Government of India

FOR

1917.

A. Groups.	Years.	*Average strength.	Constantly sick.	†Invaliding.	RATIO					
					A.—ADMIN.					
					Influenza.		Cholera.		Small-pox.	
A.	D.	A.	D.	A.	D.					
Group I.—Burma Coast and Bay Island.	1907—1916	1,207	40	12.2	4.0	...	...	...	...	4
	1916	1,149	43	31.3	5.2	...	...	...	...	3.5
	1917	1,395	46	12.9	15.1	...	...	...	...	...
" II.—Burma Inland	1907—1916	1,345	39	2.4	.7	...	.3	.37	...	...
	1916	989	30	3.2	3.2	...	...	...	...	...
	1917	1,079	33	6.5	2.8	...	...	...	...	...
" IV.—Bengal and Orissa...	1907—1916	1,787	40	16.0	1.1	...	.4	.06	...	.5
	1916	1,495	43	61.5	...	...	.7	.67	...	...
	1917	1,610	49	26.1	2.5	...	...	...	...	...
" V.—Gangetic plain and Chutia Nagpur.	1907—1916	5,582	35	12.8	8.8	...	1.4	.61	...	.7
	1916	4,012	41	36.6	57.1	...	6.2	1.74	...	.7
	1917	4,478	47	19.4	16.7	...	.2	.22	...	...
" VI.—Upper Sub-Himalaya.	1907—1916	12,746	39	9.3	6.0	...	.4	.24	...	.3
	1916	11,765	47	14.7	1.7	...	1.1	.59	...	.5
	1917	16,679	44	14.9	3.9	...	.7	.48	...	.1
" VII.—North-West Frontier, Indus Valley and North-Western Rajputana.	1907—1916	5,150	43	12.0	22.6	...	.4	.25	...	.2
	1916	7,227	46	20.1	6.5	...	...	...	...	.1
	1917	7,788	43	9.6	10.9	...	.1	.13	...	.3
" VIII.—South-Eastern Rajputana, Central India and Gujarat.	1907—1916	5,379	38	11.0	4.4	...	.1	.09	...	.3
	1916	3,963	40	24.5	5.3	...	.3	.25	...	.6
	1917	4,517	43	19.5	.9	...	...	...	...	3.3
" IX.—Deccan	1907—1916	10,037	33	14.0	2.6	...	.3	.20	...	.2
	1916	8,847	39	48.8	.9	...	.3	.11	...	.1
	1917	15,911	48	29.2	10.4	...	.1	.06	...	.4
" X.—Western Coast	1907—1916	1,476	44	11.5	3.0	...	.3	.07	...	.3
	1916	1,824	59	...	10.4	...	1.6	.55	...	2.2
	1917	2,575	79	33.8	31.5	...	.8	.78	...	1.2
" XI.—Southern India	1907—1916	3,214	37	8.3	3.4	...	.1	.09	...	.3
	1916	4,011	29	8.5	...	...	.2	.25	...	...
	1917	6,056	44	10.7	.5	...	.2	...	...	.2
" XII (a).—Hill Stations	1907—1916	11,162	29	6.9	5.4	...	.1	.03	...	.1
	1916	10,169	33	13.8	3.7	...	...	...	...	.4
	1917	11,475	34	15.9	4.1	...	...	...	...	.2
" XII (b).—Hill Convalescent Depôts and Sanatoria.	1907—1916	3,600	49	18.8	1.4	...	.1	.08	...	.1
	1916	4,203	38	14.7	1.7	...	...	...	...	...
	1917	4,302	49	11.2	.5	...	...	...	...	.5
India	1907—1916	66,245	36	10.2	5.8	...	.4	.24	...	.3
	1916	60,737	40	22.11	6.6	...	.8	.31	...	.4
	1917	80,825	46	16.5	7.3	...	.2	.16	...	.4

* Decennial ratios are worked on the total strength of the ten-year period.
 † From 1909-1916 and worked on aggregate strengths of that period.

SCALE OF STRENGTH.

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.
5	08	94.7	58	103.8	08	1.2	25	8.4	33	92.6	25	680.3	7.21
...	...	156.7	...	...	...	1.7	1.74	7.0	...	33.1	...	978.2	8.96
7	71	109.7	...	...	...	7	...	15.8	72	67.4	...	10,050	5.73
2.7	67	75.2	22	68.5	...	1.3	22	7.5	22	108.1	07	702.7	3.79
2.1	...	40.5	...	1.1	...	2.1	...	9.6	1.06	99.0	...	398.5	1.06
1.9	92	83.4	...	...	...	...	...	5.6	2.78	78.8	...	710.8	7.41
3.0	56	98.6	28	62.5	...	2.5	67	10.5	34	108.9	06	670.4	8.62
2.0	67	53.5	67	2.7	...	2.0	...	19.4	1.34	109.0	...	735.8	11.37
6	...	78.9	...	1.9	...	...	...	8.7	...	150.3	...	603.7	4.97
9.7	1.42	69.2	11	64.6	04	3.8	52	9.7	47	64.4	02	633.1	7.61
6.0	1.00	51.8	...	3.0	...	2.2	75	5.7	50	40.4	25	721.8	9.22
5.4	67	54.9	...	8.5	22	2.7	45	9.6	...	44.9	...	683.6	4.02
7.2	1.27	225.1	32	34.7	03	3.5	35	6.0	25	49.0	03	786.7	6.46
5.0	85	247.9	34	12.2	25	4.5	39	3.5	17	31.8	...	950.9	7.99
2.8	72	214.3	42	6.8	...	4.9	54	8.4	18	38.9	...	807.6	5.76
8.4	1.12	338.5	50	51.5	08	4.4	58	4.5	08	48.0	06	1,014.5	7.98
9.1	28	442.4	83	11.1	14	4.4	97	5.0	28	30.9	...	1,116.5	8.16
1.8	13	482.8	1.29	3.0	...	3.7	39	3	26	22.6	13	961.4	5.94
6.6	1.71	208.6	28	18.7	02	2.6	22	8.6	17	60.9	04	741.3	6.25
3.0	50	139.5	...	5.3	25	4.8	...	11.4	...	51.0	...	78.3	5.55
4.0	1.11	241.3	44	6.2	...	2.4	22	10.0	...	36.5	...	828.4	5.31
7.9	1.33	105.5	14	17.1	...	2.0	18	13.0	29	60.6	01	556.2	4.99
4.0	99	175.7	23	1.8	...	1.2	11	9.0	11	39.4	...	663.5	5.29
4.3	44	252.8	57	1.8	...	1.3	38	12.1	06	61.7	...	728.5	4.02
3.3	54	144.9	34	10.0	...	2.0	61	13.0	34	111.1	...	647.4	6.71
9.9	55	146.4	55	6.6	...	2.2	1.64	20.8	1.10	104.2	...	886.5	12.61
5.8	...	317.7	1.16	8.9	...	8.5	78	35.0	1.55	164.7	...	1,511.4	10.87
8.8	75	61.0	06	18.7	...	2.3	31	15.8	19	86.2	09	626.8	4.98
16.2	25	57.8	...	2.5	...	1.7	25	21.7	25	26.9	25	501.9	3.49
6.9	...	143.2	17	2.1	...	1.8	33	37.3	66	117.9	...	711.9	3.99
4.6	56	107.4	15	15.6	01	2.1	26	4.4	21	40.0	05	530.6	3.82
1.5	30	150.8	30	5.1	10	2.7	69	26	30	24.5	...	625.9	3.93
1.2	09	230.4	35	2.2	...	1.4	09	1.5	...	25.4	17	620.1	3.14
5.6	75	142.6	23	16.1	...	2.5	28	10.9	9	49.4	03	647.2	7.08
4.5	24	87.3	48	17.8	...	1.7	48	16.2	48	16.2	...	525.1	8.09
6.0	46	153.8	70	3.3	...	1.9	23	15.3	70	22.5	...	534.9	5.58
6.3	1.02	152.3	23	31.4	02	1.27	33	8.5	25	58.2	04	667.8	5.83
5.2	54	186.0	31	7.4	10	2.9	54	8.2	39	36.8	03	772.0	6.34
3.4	41	227.9	48	4.3	01	2.8	38	11.1	26	52.0	04	771.7	4.83

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

Stations.	1917.				DECENNIMUM 1907-1916.				1917.				DECENNIMUM 1907-1916.			
	Admission rate per 1,000.		Death rate per 1,000.		Admission rate per 1,000.		Death rate per 1,000.		Admission rate per 1,000.		Death rate per 1,000.		Admission rate per 1,000.		Death rate per 1,000.	

Rangoon	...	84	6	10	...	...	...	21	...	...	...	60	89
Lucknow	...	122	11.3	1.68	...	...	...	13	45	...	...	69	122
Meerut	9.1	1.68	...	...	...	3	...	...	...	79	185		
Delhi	...	228	25	41	...	...	...	23	89	...	...	89	145
Amritsar	...	58	35	81	...	...	...	15.3	117	...	...	85	60
Ferozepore	...	228	31	54	...	...	...	4.3	51	...	...	77	63
Lahore	...	61	98	123	...	...	...	10	...	...	...	64	151
Shalot	105	230	...	...	...	6.4	...	...	...	36	60		
Rawalpindi	...	68	81	122	...	...	...	7.6	...	...	...	11.3	99
Nowabera	...	55	79	211	...	...	...	19	...	...	...	47	61
Peshawar	82	145	...	...	...	23	53	...	...	36	30		
Karachi	23	35	...	...	...	30	...	...	...	14	23		
Risalpur	24	...	...	...	...	...	...	...	...	...	...

Years.	C.—OFFICERS.				D.—WOMEN.				E.—CHILDREN.			
	Average annual strength.	Admission rate per 1,000.	Constantly sick rate per 1,000.	Death rate per 1,000.	Average annual strength.	Admission rate per 1,000.	Constantly sick rate per 1,000.	Death rate per 1,000.	Average annual strength.	Admission rate per 1,000.	Constantly sick rate per 1,000.	Death rate per 1,000.
1907-16	2,254	637.1	24.33	6.52	3,405	517.8	22.56	7.70	5,740	377.7	14.54	29.13
1916	2,328	921.4	36.3	7.30	1,554	431.5	16.2	5.79	2,830	358.7	15.1	19.79

APPENDIX TO SECTION II—INDIAN TROOPS.

V

ARMIES AND DIVISIONS.	Year.	Average strength.	Admissions into hospital.	Constantly sick.	RATIO PER MILLE OF STRENGTH.									
					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	1916	87,483	775	36	'25	'02	'59	'65	'51	3'96	'27	'02	9'69	...
	1917	115,689	754	34	'38	'01	'29	'99	'71	5'85	'16	...	12'47	...
Northern Army	1916	48,145	728	39	'21	'12	'29	'79	'27	2'41	'23	'04	8'02	...
	1917	72,356	726	35	'17	'06	'21	'80	'51	3'84	'26	...	10'32	...
Peshawar) Division	1916	14,900	808	31	...	...	'47	1'07	'07	5'57	'07	'07	10'67	...
	1917	18,311	893	37	...	...	'44	1'64	'49	7'86	'05	...	14'64	...
Rawalpindi) Division	1916	12,678	684	34	'39	'08	...	'87	'55	4'58	'55	'08	11'36	...
	1917	23,392	645	31	...	...	'13	'73	'81	5'98	'09	...	12'74	...
Indian Division	1916	16,849	810	41	'30	...	'30	'48	'48	2'61	'12	...	7'24	...
	1917	22,358	674	32	1'39	'04	'18	1'30	'49	3'67	'18	...	10'29	...
Quetta) Division	1916	13,968	727	39	'14	'29	'43	'79	'29	3'87	'21	...	10'17	...
	1917	17,942	761	36	'11	'06	'33	1'28	1'06	6'80	'33	...	13'82	...
Mhow) Division	1916	15,211	612	32	'39	'07	'26	'53	'33	2'37	'07	'07	6'38	...
	1917	22,934	641	31	...	...	'26	'70	'22	4'13	'13	...	9'87	...
Poona) Division	1916	7,765	1,029	58	'26	...	'13	'52	'26	2'19	'39	'13	8'89	...
	1917	13,090	810	43	'15	'08	...	'46	'46	1'53	'53	...	7'87	...
Meerut) Division	1916	17,563	670	40	'23	'06	'45	'28	2'13	2'09	'28	...	7'98	...
	1917	23,568	642	35	'30	...	'21	'59	1'49	2'76	'17	...	9'42	...
(Lucknow) Division	1916	8,776	416	24	'68	...	'23	'11	'11	1'94	'11	...	6'15	...
	1917	15,093	591	27	'40	...	'27	'33	'27	3'78	'07	...	7'55	...
Secunderabad) Division	1916	5,969	717	37	...	'17	'34	'50	'17	'50	...	...	5'19	...
	1917	10,676	717	31	'66	'19	'19	75	...	1'41	'09	...	8'52	...
na Division	1916	5,232	634	37	...	...	'19	2'29	'19	1'15	'76	...	8'98	...
	1917	7,654	763	39	'13	...	'13	'65	'91	3'40	'26	...	9'93	...
at, Derajat and Bannu Brigades	1916	16,617	1,079	39	'12	...	1'81	'96	'48	6'44	'96	...	13'72	...
	1917	12,967	1,286	48	...	...	'69	1'54	'31	11'42	'54	...	23'83	...
ry of India	1916	139,076	757	38	'24	'06	'47	'70	'42	3'35	'25	'03	8'57	9'40
	1917	191,742	741	34	'29	'03	'25	'90	'63	5'00	'20	...	11'51	8'11

E OF STRENGTH.

	Malaria.		Pyrexia of uncertain origin.		Pneumonia.		Dysentery.		Venereal diseases.		All causes.		
	D.	A.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	
	...	153'9	'92	102'0	'15	4'8	'76	31'8	'08	28'4	'08	733'6	4'74
	...	411'4	4'12	3'3	'82	14'8	3'30	10'5	...	66'0	'82	1,047'8	13'19
	...	114'2	'44	2'6	...	14'9	5'69	7'4	'88	60'4	...	835'0	9'63
'9	'38	197'0	1'11	48'6	'27	3'7	'81	13'6	'15	26'2	...	649'0	5'38
'4	'43	104'6	1'29	6'9	'86	5'2	...	11'2	'86	112'3	...	505'2	7'74
'7	...	94'5	'67	3'3	...	6'3	2'00	12'4	...	115'2	'33	606'5	8'36
'8	'22	235'3	'44	37'3	...	8'4	'54	31'1	'22	22'4	...	706'1	3'37

'9	'20	157'5	'31	74'8	'20	7'6	'87	40'7	'31	25'5	'05	701'0	4'04
27	...	25'0	...	10'7	...	14'3	...	9'8	...	53'6	...	351'8	1'79
	...	62'6	'31	2'8	...	21'2	4'36	21'2	...	39'6	...	584'2	7'79
10	'27	81'9	'38	26'6	'13	8'4	1'39	22'3	'16	18'1	'05	489'1	5'09
'8	'26	47'9	'13	'3	'13	10'1	1'30	5'2	'13	29'9	...	369'9	5'06
10	'35	73'1	'33	'4	'09	17'5	3'30	7'7	'09	41'6	...	595'2	6'94
23	'51	143'7	'41	34'4	'19	12'0	1'98	20'9	'13	21'6	'03	608'5	6'36
18	'27	120'2	'68	31'4	'34	16'4	1'72	18'7	'31	42'9	'03	660'5	8'59
'7	'10	121'7	'73	11'3	'14	22'3	4'48	10'9	'16	47'7	'04	625'0	11'31
3'2	'66	256'8	'58	23'3	'17	17'0	3'23	35'5	'18	14'5	'03	875'7	7'72
4'6	1'09	378'3	1'01	8'7	'12	23'5	5'52	47'5	'32	30'2	'06	953'9	11'81
18	'44	341'8	1'65	8'0	'03	36'4	9'57	24'2	'25	37'0	'03	1,008'6	17'06
21	'43	143'8	'29	12'5	'08	9'5	1'40	18'5	'05	16'4	'05	567'9	4'62
1'3	'38	94'0	'75	1'2	'09	15'2	3'01	15'5	'09	30'9	'19	649'2	7'90
1'9	'35	162'3	'82	'9	'12	15'7	3'67	7'6	'06	28'8	...	685'6	9'68
1'9	'36	75'4	'21	24'8	'08	7'0	'96	22'6	...	29'5	'05	515'2	4'66
'9	'14	112'9	'29	2'9	...	9'8	1'52	21'2	'14	76'9	'07	787'9	6'50
	...	...	...	...	...	...	...	...	'22	...	...	...	...
'7	'65	210'7	'77	22'4	'12	9'1	2'13	63'7	'53	38'4	...	819'6	7'58
	...	135'4	...	12'2	...	13'0	2'88	73'5	...	72'0	...	1,029'5	5'75
1'3	...	79'1	...	28'9	...	13'2	2'51	55'3	...	57'8	...	804'6	15'70
'9	'07	118'5	'23	13'9	'07	6'7	'78	16'7	'16	31'2	'05	523'3	4'95
2'2	'27	116'1	'82	'3	...	6'0	'55	7'7	...	82'4	...	761'8	5'47
'2	'16	92'1	'16	...	...	7'0	1'27	4'0	...	88'3	...	629'4	7'45
27	'55	159'7	'80	24'6	'13	11'9	2'15	18'6	'17	15'3	'02	605'3	7'46
28	'36	208'7	'53	11'3	'20	20'4	4'00	21'1	'26	24'4	...	760'4	9'99
13	'44	206'5	1'09	12'0	'06	22'2	5'29	9'6	'24	32'1	'06	754'2	12'52
21	'42	158'6	'46	26'4	'13	10'5	1'73	24'5	'15	19'3	'03	612'0	5'88
24	'47	200'7	'70	12'4	'18	16'9	3'35	26'0	'25	40'1	'05	757'4	8'97
10	'25	184'6	'90	7'5	'07	21'8	5'00	13'8	'20	45'0	'04	741'4	11'51

I.—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	
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	'17	'17	7'9	1'08	23'4	'13	26'1	'13	'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	'7	'60	7'0	'88	23'7	'37	23'6	'05	'5	0'5	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
48'8			...	1'6	'43	6'9	'6	27'8	'17	19'4	...	'1	0'9	12'4	...	462'5	3'40	
Hills below 5,000 feet sea-level.	9,787	1,838	8	17	8	170	12	183	6	281	1	10	...	155	...	7,044	60	
		187'8	'82	1'7	'82	7'2	1'23	18'7	'61	28'7	'10	1'0	...	15'8	...	719'7	6'13	
1914.	Plains ...	97,245	10,479	24	191	17	709	110	2,782	13	3,058	13	69	1	1,059	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
131'7			...	3'3	'45	10'3	3'63	26'2	'36	29'8	'18	'6	'09	11'0	'09	541'9	4'34	
Hills below 5,000 feet sea-level.	10,632	1,489	5	25	5	64	5	242	...	238	2	3	...	132	...	7,530	45	
		140'0	'47	2'4	'47	6'0	'47	22'8	...	22'4	'19	'3	...	12'4	...	708'2	4'23	
1915.	Plains ...	90,816	12,115	58	267	19	1,207	232	3,800	29	3,901	4	216	2	2,091	9	69,534	702
			133'4	'64	2'9	'21	13'3	3'55	42'9	'32	43'0	'26	'4	'02	23'0	'10	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	'12	'9	'12	12'1	'08	686'5	12'31
	Hills above 5,000 feet sea-level.	13,954	1,482	7	26	13	180	42	561	6	348	4	18	3	154	1	7,036	129
113'2			'53	2'0	'59	13'7	3'21	42'1	'45	26'6	'31	1'4	'23	11'8	'08	537'3	6'85	
Hills below 5,000 feet sea-level.	11,925	3,554	64	33	6	140	34	422	5	526	24	4	...	149	1	10,140	179	
		298'0	'537	2'8	'50	11'7	2'85	35'4	'42	44'1	2'01	'3	...	12'5	'08	850'3	15'01	
1916.	Plains ...	106,307	20,946	81	278	37	1,726	341	3,671	40	4,276	34	309	4	2,293	8	80,269	936
			197'0	'76	2'6	'35	16'2	3'21	34'5	'38	40'2	'32	2'9	'04	21'6	'08	755'1	8'80
	Hills ...	30,238	6,312	16	112	21	616	121	1,355	29	1,112	11	36	2	385	5	22,694	302
			208'7	'53	3'7	'69	20'4	4'00	44'8	'96	36'7	'36	1'2	'07	12'7	'17	760'4	9'9
	Hills above 5,000 feet sea-level.	15,909	2,056	7	74	13	343	72	912	13	558	5	27	2	153	2	10,961	179
131'7			'44	4'7	'82	21'6	4'53	57'3	'82	35'1	'31	1'7	'13	9'6	'13	689'0	11'25	
Hills below 5,000 feet sea-level.	14,329	4,216	9	38	8	273	49	443	16	554	6	9	...	232	3	12,033	123	
		294'2	'63	2'7	'56	19'0	3'42	30'9	'12	38'7	'42	'6	...	16'2	'21	839'8	8'58	
1917.	Plains ...	154,019	27,392	136	390	63	3,377	775	6,453	147	4,399	38	109	2	2,556	12	114,119	1,764
			177'8	'88	2'5	'41	21'9	5'03	41'9	'95	28'6	'25	'7	'01	16'6	'08	740'9	11'45
	Hills ...	34,026	7,028	37	161	56	756	180	1,990	32	783	11	27	...	412	4	25,661	426
			206'5	'09	4'7	'65	22'2	5'29	58'5	'94	23'0	'32	'8	...	12'1	'12	754'2	12'52
	Hills above 5,000 feet sea-level.	17,224	3,198	17	118	41	407	101	1,213	13	359	9	25	...	276	2	12,627	239
185'7			'99	6'9	2'38	23'6	5'86	70'4	'25	20'8	'52	1'5	...	16'0	'12	733'1	13'88	
Hills below 5,000 feet sea-level.	16,802	3,830	20	43	15	349	79	777	19	424	2	2	...	136	2	13,034	187	
		227'9	'19	2'6	'89	20'8	4'70	46'2	'13	25'2	'12	'1	...	8'1	'12	775'7	11'13	

D.—Enteric Fever.						1907-1916.		1917.	
						Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.
European troops	...	...	...	...	...	6·3	1·02	3·4	'41
Indian troops (including Gurkhas)	...	...	...	...	...	2·1	'42	1·0	'25
Gurkhas only	...	...	...	...	...	4·3	'89	1·4	'35
Others	...	...	...	...	...	1·0	'23	'8	'24

						E.—TUBERCLE OF THE LUNGS, 1917.		F.—VENEREAL DISEASES, 1917.	
						Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	
European troops (excluding Gurkhas)	...	...	...	...	...	2·3	'37	45·6	
Gurkhas only	...	...	...	...	...	6·7	2·28	41·5	

						G.—INFLUENZA.				H.—PNEUMONIA			
						1907-16.		1917.		1907-16.		1917.	
						Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.
European troops	...	...	...	...	...	5·8	...	7·3	...	2·7	'32	2·8	'36
Indian troops	...	...	...	...	...	3·0	'01	1·8	...	10·5	17·3	21·8	5·00
Others	...	...	...	...	...	2·2	'02	2·1	'04	11·7	3·05	13·2	3·72

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

Station.	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.
Calcutta ...	77.1	54.4	65.7	-0.7	81.5	62.0	71.7	+0.7	90.2	68.4	79.3	-0.8	97.0	75.5	86.3	+0.6	93.5	75.9	84.7
Narayanganj ...	77.3	54.5	65.9	-0.5	80.1	60.9	70.5	+0.5	87.7	66.1	76.9	-1.0	91.0	73.2	82.1	-1.3	90.0	75.1	82.0
Chittagong ...	77.9	51.9	65.4	-1.4	80.6	59.5	69.9	-0.5	87.4	65.0	76.2	-0.9	80.9	70.2	76.6	-2.67	87.8	74.9	81.3
Sibsagar ...	69.3	44.2	56.7	-3.17	70.5	50.1	60.3	-3.57	77.9	55.2	66.5	-2.77	79.4	59.7	69.6	-4.47	85.8	65.6	75.7
Slichar ...	78.6	52.1	65.3	+0.5	77.6	57.0	67.3	-0.7	80.0	62.2	71.0	-0.5	87.2	67.5	77.3	-1.2	90.1	73.2	81.7
Cuttack ...	80.9	57.9	69.4	-2.0	85.2	65.2	74.9	-3.17	92.5	62.4	80.9	-3.77	100.7	70.5	88.0	-1.1	96.9	76.6	86.7
Patna ...	72.1	50.2	61.1	-0.5	76.2	55.0	65.6	+0.2	87.0	63.9	75.4	-1.6	95.9	73.5	84.2	-2.4	93.4	75.9	84.7
Darjeeling ...	48.2	34.2	41.2	+0.5	49.7	36.4	43.1	+1.1	56.2	41.9	49.0	-0.1	64.1	46.5	55.3	0	65.3	52.1	58.7
Allahabad ...	74.5	49.0	60.3	-0.8	78.6	52.7	65.6	+0.1	80.5	59.9	74.7	-2.4	97.6	67.7	82.6	-5.1	97.0	75.1	86.1
Lucknow ...	75.4	47.0	61.5	-1.5	77.5	53.4	65.4	+0.9	88.7	60.6	74.6	-0.9	96.9	67.9	82.4	-3.9	96.6	75.4	86.0
Delhi ...	70.8	48.2	59.5	+0.7	75.6	53.9	64.3	+1.1	85.7	60.5	73.1	-1.1	90.8	67.0	78.9	-0.9	90.5	73.0	82.7
Agra ...	74.3	48.4	61.3	+0.7	78.2	53.7	65.9	+1.0	83.3	61.5	74.9	-1.5	93.1	68.6	81.2	-0.1	95.1	74.6	84.8
Jhansi ...	78.4	45.2	63.3	-0.4	81.4	53.5	67.5	-0.77	90.9	60.9	75.9	-3.77	98.3	69.4	83.9	-6.37	96.7	74.9	85.3
Ajmer ...	72.3	46.1	59.8	+0.5	78.8	49.4	64.1	+0.7	80.8	58.9	72.9	-1.0	92.3	67.8	80.1	-2.1	90.1	70.9	80.5
Saugor ...	77.2	57.7	65.5	+1.1	78.5	56.0	67.2	-0.6	88.5	61.9	75.2	-2.3	95.5	70.2	82.9	-3.9	93.7	70.4	82.1
Jubbulpore ...	77.2	40.0	62.1	+0.2	79.1	52.3	65.2	-0.7	89.4	58.9	73.6	-2.8	95.7	67.5	81.8	-3.9	91.5	71.1	81.3
Multan ...	71.6	47.0	59.3	+2.8	79.9	50.5	65.2	+4.7	85.3	57.8	71.5	-0.5	92.1	66.5	79.3	-3.9	93.0	75.8	86.9
Lahore ...	69.2	40.1	55.0	+0.2	77.4	46.2	61.8	+3.5	83.5	55.0	69.2	+0.1	87.9	61.1	74.5	-0.0	92.1	71.7	82.4
Peshawar ...	63.8	37.0	50.4	-0.9	70.2	43.5	56.8	+4.3	75.4	49.6	62.5	-0.9	85.3	58.1	71.7	-1.2	95.6	69.4	82.0
Chakrata ...	51.4	29.9	44.2	+0.9	51.8	38.0	45.9	+2.5	59.1	41.5	50.3	-2.0	63.6	45.8	54.7	-5.7	71.1	51.0	60.5
Indore ...	80.3	52.0	66.8	+2.3	82.5	53.8	68.0	+0.7	91.5	61.0	76.2	-0.1	96.1	68.7	82.4	-2.5	97.4	68.7	81.1
Deesa ...	86.6	52.0	69.7	+2.7	87.8	53.2	71.5	+1.1	95.8	62.0	79.2	-0.5	100.9	70.4	85.7	-2.0	97.3	73.7	85.5
Karachi ...	77.4	57.7	68.5	+1.5	79.8	62.9	71.9	+2.0	82.5	68.6	75.6	+1.5	84.6	74.6	80.6	-0.1	88.4	77.9	83.1
Bombay ...	83.8	69.6	76.7	+1.5	82.7	70.2	76.9	+1.5	87.0	73.2	79.6	+0.1	88.8	77.5	83.1	0	89.9	79.4	84.5
Belgaum ...	81.5	59.8	69.0	-1.5	85.2	58.7	71.9	-1.9	91.3	61.4	76.3	-0.5	94.5	64.7	79.6	-1.9	91.7	64.6	78.1
Nagpur ...	82.7	54.9	68.8	-0.9	84.4	58.2	71.3	-2.9	92.0	64.1	78.2	-4.2	99.6	72.5	86.0	-4.5	97.0	73.0	84.9
Bellary ...	85.3	60.7	73.5	-1.4	88.3	69.2	76.8	-3.3	96.3	69.5	82.9	-3.5	102.0	75.3	88.0	-1.7	99.1	78.0	87.0
Bangalore ...	80.0	50.3	65.1	-0.9	83.2	60.2	71.7	-1.3	89.0	63.8	76.5	-1.0	95.3	69.1	82.2	-0.3	90.7	67.7	79.2
Madras ...	83.7	68.6	76.2	+0.1	85.7	69.6	77.7	0	89.3	71.8	80.6	-0.5	92.9	77.8	85.4	+0.1	96.9	79.6	88.5
Rangoon ...	87.3	64.1	75.7	-1.1	91.2	60.5	75.8	-0.7	95.7	72.2	83.9	+0.2	99.0	75.1	87.0	-0.2	92.8	76.0	85.0
Akyab ...	79.5	55.3	67.4	-2.9	82.3	58.9	70.6	-2.3	88.2	62.3	75.2	-3.47	91.0	70.5	80.8	-2.98	89.4	73.1	81.5

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.			
...	416,656	...	...	52.75	107	20.07	...
gal	45,329,247	43.44	20.98	35.91	107	9.72	...
er and Orissa...	34,489,846	53.2	28.7	40.4	105	5.2	...
am	6,051,507	41.35	28.49	31.35	106	4.26	...
ted Provinces of Agra and Oudh	46,820,556	56.35	25.67	46.08	108.36	8.17	...
jab	19,337,146	55.4	22.2	45.3	110.0	7.4	...
th-West Frontier Province	2,041,077	38.4	27.9	32.1	123.5	2.2	...
tral Provinces and Berar	13,916,308	53.43	39.35	48.13	104.95	12.7	...
dras Presidency	40,005,735	45.4	22.9	32.4	104.4	6.2	...
rg	174,976	52.30	21.88	30.51	109.17	1.64	..
rbay Presidency	19,287,383	50.99	14.48	35.73	108.05	...	5.03
ma	6,103,109	46.16	21.72	35.58	107	11	...
ma	3,721,281	44.89	29.73	37.34	104	11	...
er-Merwara	501,395	42.66	34.94	36.81	114.10	...	66.15

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.
hi	416,656	792*	28,469*	...	...	32.68	29.54	36.65
gal	45,329,247	70,873	639	38.57	19.66	26.19	26.73	25.62
er and Orissa	34,489,846	83,180	414	43.4	19.8	35.2	36.9	33.5
am	6,051,507	31,845	190	34.88	23.96	27.09	27.70	26.42
ted Provinces of Agra and Oudh	46,820,556	106,357	440	79.22	23.76	37.91	38.17	37.62
jab	19,337,146	96,654	200	52.0	26.3	37.9	35.7	40.6
th-West Frontier Province	2,041,077	13,399	152	40.5	24.7	29.9	30.2	29.7
tral Provinces and Berar	13,916,308	99,823	139	50.56	25.09	36.06	37.91	34.22
dras Presidency	40,005,735	126,385	316	45.8	16.0	26.2	27.1	25.4
rg	174,976	1,582	111	33.31	23.75	28.87	27.96	30.00
rbay Presidency	19,287,383	122,978	159	59.17	24.10	40.76	39.84	41.76
ma	6,103,109	69,606	88	34.04	18.07	24.80	25.42	24.11
ma	3,721,281	40,542	92	37.35	18.39	26.13	27.29	25.04
er-Merwara	501,395	2,711	185	108.72	84.84	102.96	96.85	109.87

E.—Total number of deaths by months.

Province.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	Ratio
														1,000 Popu- tion
Delhi ...	862	734	1,068	1,069	1,069	1,248	1,166	1,132	1,052	1,374	1,546	1,300	13,620	32.68
Bengal ...	124,902	85,487	87,395	102,954	88,864	70,210	82,287	75,540	81,425	104,784	122,068	161,593	1,187,509	26.19
Bihar & Orissa	93,631	68,955	88,053	99,627	93,748	101,493	103,318	105,082	94,973	115,680	119,639	125,302	1,214,551	35.2
Assam ...	14,120	11,022	11,594	13,221	15,597	15,244	15,071	13,296	12,247	12,309	14,061	16,143	163,925	27.09
United Provinces of Agra and Oudh.	119,072	110,023	149,579	184,775	181,162	153,547	133,220	134,666	124,611	141,395	158,125	184,721	1,774,896	37.91
Punjab ...	47,439	37,016	42,736	42,734	45,411	42,601	39,821	39,378	56,929	113,323	130,515	95,206	733,109	37.91
North-West Frontier Province.	6,389	5,408	4,923	4,175	3,966	3,676	3,383	3,354	3,822	6,836	8,143	7,087	61,162	29.95
Central Provinces and Berar.	42,962	38,862	42,660	36,411	33,042	29,313	31,366	39,113	45,042	52,121	56,197	54,739	501,834	36.06
Madras Presidency.	89,269	73,844	74,382	69,448	75,508	75,440	89,835	86,550	88,584	100,300	106,040	120,345	1,049,545	26.2
Coorg ...	486	401	430	491	622	586	451	366	330	298	262	328	5,051	28.87
Bombay Presidency.	73,114	66,847	67,013	51,955	45,671	41,347	49,745	57,039	66,495	85,485	100,819	92,876	798,406	40.76
Burma { Lower	11,611	10,710	11,061	10,821	10,917	11,748	14,579	15,585	14,202	13,644	13,054	13,418	151,380	24.80
{ Upper	8,321	6,684	7,024	6,326	5,984	6,720	8,751	8,977	8,375	8,525	9,270	12,264	97,221	26.13
Ajmer-Merwara.	1,782	1,880	2,862	3,091	2,485	2,316	2,380	3,528	5,383	9,063	8,715	8,138	51,623	102.96
Total ...	633,960	517,873	590,780	627,098	609,046	555,489	575,373	583,606	603,476	765,137	848,504	893,409	7,803,832	32.72

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

Province.	ANNUAL* DEATH RATE PER MILE FOR THE MONTH OF												Ratio
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Delhi ...	24.36	22.96	30.18	31.22	30.21	36.44	32.95	31.99	30.72	38.83	45.14	36.74	
Bengal ...	32.44	24.58	22.70	27.63	23.08	18.84	21.37	19.62	21.86	27.22	32.76	26.39	
Bihar and Orissa	31.96	26.66	30.01	35.14	33.71	35.80	35.27	35.87	33.50	39.49	42.22	42.78	
Assam ...	27.47	23.74	22.56	26.58	30.35	30.65	29.32	25.87	24.62	23.95	28.27	31.41	
United Provinces of Agra and Oudh	29.94	30.63	37.62	48.02	45.56	39.90	32.50	33.87	32.38	35.56	41.09	46.45	
Punjab ...	28.89	24.95	26.02	26.89	27.65	26.80	24.25	23.98	35.82	69.00	82.12	57.97	
North-West Frontier Province	36.86	34.54	25.40	24.89	22.88	21.91	19.52	19.35	22.78	39.43	48.54	40.88	
Central Provinces and Berar	36.35	36.40	36.09	31.83	27.96	25.63	26.54	33.09	39.38	44.10	49.13	46.31	
Madras Presidency	26.27	24.06	21.89	21.12	22.22	22.94	26.44	25.47	26.94	29.52	32.25	35.42	
Coorg ...	32.70	29.87	23.93	34.14	41.85	40.75	30.35	24.63	22.95	20.05	18.22	22.07	
Bombay Presidency	43.95	44.49	40.28	32.27	27.45	25.68	29.90	31.29	41.30	51.39	62.62	55.83	
Burma { Lower	22.40	22.88	21.34	21.57	21.06	23.42	28.13	30.07	29.31	29.32	26.02	25.94	
{ Upper	25.33	23.41	22.22	20.68	18.93	21.97	27.69	28.40	27.38	26.97	30.31	38.80	
Ajmer-Merwara	41.85	48.88	67.21	75.01	58.35	56.20	55.89	82.85	130.62	212.83	211.47	191.10	
India	31.30	28.31	29.17	31.99	30.07	28.34	28.41	28.81	30.79	37.77	43.29	44.11	

* The ratios in the statement have been calculated with reference to the number of days in each month.

G.—Deaths according to age.

Province.	UNDER ONE YEAR.*		RATIO PER 1,000 OF POPULATION.																	
			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.
...	228'82	220'61	Information not available.																	
al ...	192'65	175'99	34'05	30'61	13'64	11'36	9'58	8'96	12'89	15'15	13'88	16'95	17'45	18'50	22'75	20'80	35'37	31'84	68'87	56'68
and ...	186'00	174'58	63'7	55'5	10'5	17'7	15'3	13'6	15'2	13'9	18'4	16'5	21'9	19'8	20'9	23'5	48'5	42'7	99'4	82'4
m ...	198'94	179'03	34'81	31'75	14'49	12'48	11'29	10'06	12'39	15'33	14'29	18'18	19'20	22'15	27'49	23'93	41'26	35'36	73'88	59'54
nd Proves and ...	220'22	210'87	85'84	86'33	15'89	16'04	10'35	12'16	12'75	14'78	16'57	16'76	20'20	18'61	20'11	24'39	46'65	40'35	85'52	73'41
ab ...	247'35	248'60	85'48	92'68	15'45	17'72	8'85	12'33	9'51	13'16	9'43	13'22	12'88	16'77	19'53	19'90	31'04	31'60	84'73	87'77
h-West Frontier Province.	195'25	193'06	45'8	44'1	13'2	13'9	9'7	13'0	14'8	15'8	14'3	14'1	18'7	20'3	27'7	26'9	41'9	40'6	75'7	74'9
ral Proves and ...	240'18	212'87	55'90	40'89	15'27	15'02	11'81	13'35	13'19	14'06	14'07	13'86	18'22	17'17	26'92	20'24	43'32	33'84	97'39	80'92
ras Presidency.	202'30	185'26	27'0	35'7	11'5	10'8	7'8	7'9	10'2	12'6	11'5	12'9	14'4	13'3	19'9	16'0	32'6	27'1	82'8	79'1
g ...	250'90	239'81	36'09	33'02	13'26	10'92	9'78	7'43	10'77	13'71	17'02	25'60	22'46	25'76	27'71	23'30	35'58	34'06	67'45	61'25
bay Presidency.	220'06	213'01	64'86	63'40	21'01	23'88	17'25	23'22	18'33	23'06	20'34	23'73	24'53	25'85	32'82	29'01	53'17	46'55	118'84	114'08
Lower ...	212'81	187'74	...	69'77	10'65	10'10	7'95	7'29	11'48	10'39	13'88	...	...	14'44	25'49	...	...	22'35	65'02	66'42
Upper ...	245'90	218'65	...	79'67	9'39	8'78	6'40	5'80	10'09	9'07	11'42	...	...	10'63	20'91	...	...	17'65	70'14	61'98
Merwara	Information not available.																			
Total ...	211'51	198'41	58'81	52'98	15'51	14'75	10'87	11'59	12'70	14'65	14'30	16'76	19'28	17'38	24'89	22'36	42'21	38'76	85'85	77'21

* Calculated on the number of births during 1917.

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.	
hi	11	1	12	187,512	229,144	416,656	28'12	36'42	32'68
egal	374	114	488	42,421,996	2,907,251	45,329,247	26'53	21'26	26'19
ar and Orissa	242	55	297	33,302,087	1,187,759	34,489,846	35'2	34'2	35'2
am	80	20	100	5,932,062	119,445	6,051,507	27'19	21'95	27'09
ted Provinces of	1,072	93	1,165	43,785,851	3,034,705	46,820,556	37'27	46'37	37'91
ggra and Oudh.	...	412	142	554	17,576,414	1,760,732	19,337,146	37'43	42'77	37'91
h-West Frontier Province.	...	66	13	79	1,849,832	191,245	2,041,077	29'69	32'65	29'95
tral Provinces and Berar.	...	397	110	507	12,638,587	1,277,721	13,916,308	35'48	41'71	36'06
dras Presidency	231	269	500	35,152,061	4,853,674	40,005,735	25'5	31'4	26'2
rg	8	2	10	164,995	9,981	174,976	28'62	32'06	28'87
nbay Presidency	248	112	360	16,407,762	3,179,621	19,587,383	40'00	44'70	40'76
ma { Lower	216	39	255	5,323,786	779,323	6,103,109	23'32	34'98	24'80
{ Upper	134	21	155	3,397,275	324,006	3,721,281	24'67	41'34	26'13
Merwara ...	Not available.			23	Not available.		501,395	Not available.		102'96

1.—Deaths from cholera in the different provinces in India from 1886 to 1917.

Year	Delhi.	Bengal.	Bihar and Orissa.	Assam.	United Provinces of Agra and Oudh.	Punjab.	(a) N.W. Frontier Province.	Central Provinces.	Berar.	Madras.	Coorg.	Bombay.	Lower Burma.	Upper Burma.	Ajmer-Merwara.	Rajputana.	Central India.	Hydrabad (cantonment stations).	Mysore.
1886	...	118,368	...	20,183	34,565	12	...	16,679	976	12,417	...	107	4,027	...	705	173	290	459	10
1887	...	172,578	...	7,041	200,428	8,804	...	12,576	24,395	26,259	3	25,711	2,749	...	384	2,612	8,868	2,831	832
1888	...	111,291	...	9,663	18,704	14,938	...	921	305	59,677	2	36,500	13,682	...	13	32	191	2,037	1,015
1889	...	171,103	...	18,288	48,404	2,838	...	52,588	10,025	70,020	9	37,431	3,240	...	55	6,023	3,344	1,128	1,590
1890	...	145,885	...	15,396	80,295	3,401	...	4,787	847	35,288	5	3,259	1,076	...	408	2,746	3,132	...	1,356
1891	...	232,275	...	23,882	160,013	10,107	...	21,312	7,058	68,773	7	17,850	2,400	...	532	2,046	13,474	3,102	1,204
1892	...	259,308	...	21,552	194,886	75,059	...	20,072	2,030	79,033	18	42,900	6,208	...	2,352	26,760	8,384	53	5,497
1893	...	126,976	...	21,849	12,154	639	...	557	1,188	37,209	9	18,853	2,303	...	3	314	127	165	680
1894	...	236,150	...	13,197	178,079	113	...	7,043	3,152	24,289	3	33,588	7,428	...	...	2	5,210	1,862	338
1895	...	177,057	...	18,962	51,662	549	...	15,506	11,019	21,172	...	8,590	5,150	...	289	1,040	6,043	467	2,334
1896	...	226,824	...	17,042	60,147	5,146	...	50,685	12,264	47,847	49	35,404	2,059	...	12	3,797	15,766	525	2,100
1897	...	196,247	...	33,240	44,208	622	...	57,131	10,122	143,445	106	57,109	8,538	...	19	1,496	13,202	1,039	4,248
1898	...	65,020	...	11,149	2,508	338	...	7	...	65,444	8	4,368	2,072	...	1	6	2	6	1,193
1899	...	107,978	...	8,350	8,142	1,816	...	761	541	29,682	...	8,579	4,042	2,050	1	498	...	...	123
1900	...	348,878	...	23,761	84,960	28,260	...	63,114	18,375	60,662	...	163,889	3,440	41	4,842	38,719	20,450	3,813	779
1901	...	116,753	...	7,468	53,995	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	29,769	...	3,230	1,844	57	32	1,519	12	...	218
1903	...	203,405	...	8,160	47,159	14,688	1,354	437	...	27,303	...	1,825	5,346	2,887	...	236	1,110	...	99
1904	...	137,901	...	5,588	6,617	716	1	2,967	...	23,109	...	13,156	2,472	508	...	1	159	...	471
1905	...	146,339	...	142,312**	121,700	2,197	300	1,217	...	16,888	...	5,396	3,511	1,836	...	3	27	64	628
1906	...	192,296	...	108,278	140,549	4,232	...	38,768	...	142,811	10	46,119	5,599	2,313	281	4,714	10,147	1,061	7,223
1907	...	205,702	...	77,181	22,438	437	266	4,291	...	81,565	187	7,696	7,064	414	1	64	41	1	4,972
1908	...	268,908	...	50,329	83,544	12,297	2,845	9,048	...	141,070	114	17,759	19,336	2,375	...	737	1,730	937	2,449
1909	...	56,711	...	71,737	21,823	1,513	134	7,687	...	39,424	99	28,714	4,041	7,148	...	403	1,421	164	1,629
1910	...	169,611	...	117,069	102,402	2,131	1,605	5,316	...	32,594	56	3,694	1,834	177	2	8	2,864	2	1,812
1911	...	124,360	...	39,248	117,689	1,260	12	2,998	...	58,174	6	5,817	2,895	1,596	...	85	1,054	803	210
1912	...	95,467	...	(b) 14,303	18,894	1,833	1,279	34,312	...	97,497	...	64,595	6,013	1,173	13	414	9,080	1,190	6,748
1913	...	78,848	...	16,497	60,427	5,811	175	15,286	...	37,750	192	5,134	3,794	635	...	4,085	2,823	1,322 (c)	8,062
1914	...	80,224	...	9,270	37,498	6,656	2,000	20,245	...	68,449	...	17,779	2,012	31	9	1,627	10,075	5,803 (c)	849
1915	...	130,679	...	26,979	90,608	13,156	922	5,662	...	30,098	...	317	8,209	9,388	3	1,981	795	2,072 (c)	178
1916	...	70,836	...	13,099	33,300	1,631	194	39,205	...	16,735	1	19,841	1,467	206	861	5,075	5,474	1,475 (c)	137
1917	...	45,021	...	10,933	21,440	1,365	...	691	...	58,020	32	17,013	1,886	28	12	69	589	2,579 (c)	7,288

* Excluding Calcutta from 1886 to 1893. † Statistics not available. ** Eastern Bengal and Assam. †† Excluding Zamindaris.

J.—Deaths from Cholera in British Provinces, by months, during the year 1917.

Province.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	RATIO PER 1,000 OF POPULATION.	
														1917.	1916.
Delhi ...	...	...	...	...	...	...	1	1	9	1	...	...	12	'02	'16
Bengal ...	5,221	2,984	4,707	6,514	3,351	1,204	1,048	967	1,229	2,952	4,888	9,956	45,021	'99	1'56
Bihar and Orissa ...	1,103	616	1,322	3,888	12,997	25,628	13,735	11,849	9,230	15,332	10,466	3,254	109,620	3'1	2'6
Assam ...	157	165	871	1,880	3,544	2,405	994	231	151	103	201	251	10,953	1'81	2'16
United Provinces of Agra and Oudh ...	34	36	124	612	354	1,153	753	1,199	3,491	6,341	5,822	1,191	21,440	'46	'71
Punjab ...	1	...	...	...	1	1	38	147	628	463	86	...	1,365	'07	'09
North-West Frontier Province ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	'09
Central Provinces and Berar ...	1	38	105	302	123	74	5	...	8	27	8	...	691	'05	2'82
Madras Presidency ...	1,532	1,088	1,045	1,953	2,638	2,950	5,465	4,706	4,073	7,951	11,054	14,484	58,939	1'5	'4
Coorg ...	...	...	1	...	23	4	1	...	1	...	...	2	32	'18	'01
Bombay Presidency ...	868	1,653	2,446	2,877	2,002	1,697	1,480	1,148	1,198	817	415	402	17,003	'87	1'01
Barma { Lower... Upper... }	70 1	136 ...	645 ...	286 ...	458 5	163 7	81 10	12 5	8 ...	...	18 ...	9 ...	1,886 28	'31 '01	'24 '06
Ajmer-Merwara ...	1	...	1	...	...	5	4	1	...	...	...	...	12	'02	1'72
Total ...	8,989	6,716	11,467	18,312	25,526	35,291	23,615	20,566	20,026	33,987	32,958	29,549	276,002	1'12	1'21

K.—Details of the distribution and occurrence of Cholera during the year 1917.

Province.	Mortality in 1917.	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.
Delhi ...	'02	'32	...	'06	'66	...	...	September
Bengal ...	'99	2'05	1'33	'96	8'33	3'63	7'12	December.
Bihar and Orissa ...	3'1	2'0	3'7	3'1	12'57	8'2	21'2	June.
Assam ...	1'81	2'64	1'69	1'81	4'37	9'51	32'11	May.
United Provinces of Agra and Oudh ...	'46	1'00	'84	'43	1'91	2'28	12'38	October.
Punjab ...	'07	'30	'45	'03	'28	'17	8'55	September.
North-West Frontier Province ...	...	'48	...	...	...	...	...	...
Central Provinces and Berar ...	'05	1'65	'03	'05	'20	'68	'32	April.
Madras Presidency ...	1'5	1'2	1'6	1'5	11'78	4'2	14'5	December.
Coorg ...	'18	'22	'30	'18	1'24	'37	'48	May.
Bombay Presidency ...	'87	1'10	'51	'94	5'24	5'67	13'92	April.
Barma { Lower Upper }	'31 '01	'69 '62	'64 '03	'26 '01	2'20 '12	2'18 '02	24'39 '11	March. July.
Ajmer-Merwara ...	'02	'35	...	...	'54	...	...	June.

L.—Small-pox mortality—1917.

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 ... ..	...	484	509	418	139	45	23	13	2,441	41	122	14	...	99
February ... ..	...	673	451	582	129	63	16	11	2,806	73	259	51	...	124
March	4	662	698	662	273	168	7	28	3,449	75	526	74	2	249
April	8	999	948	535	368	142	9	57	3,106	111	487	54	4	297
May	21	1,264	1,221	581	371	201	9	68	2,722	116	445	59	6	210
June	20	1,150	1,043	491	323	186	9	60	2,713	79	354	39	1	151
July	13	702	359	211	162	182	4	44	2,722	53	260	23	2	100
August	9	266	268	170	90	105	3	44	2,029	8	167	28	...	31
September	3	269	202	89	33	95	2	15	2,695	6	89	23	...	12
October	2	154	194	72	25	99	2	14	2,281	4	75	24	...	2
November	3	152	165	144	27	94	1	25	3,079	3	80	33	...	...
December	5	235	279	180	48	91	7	70	3,524	5	181	62	...	...
Total	88	7,010	6,643	4,116	2,011	1,427	87	452	34,958	266	3,093	544	15	1,223
B.—Annual death rates														
Ratio per 1,000 of population, 1917.	'21	'15	'1	'68	'04	'07	'04	'03	'9	'23	'16	'09	'00	'24
Ratio per 1,000 of population, 1916.	'06	'30	'3	'55	'03	'15	'06	'02	'5	'34	'17	'11	'02	'40
Difference	+ '15	— '15	— '2	+ '13	+ '01	— '08	— '02	+ '01	+ 4	+ 2 '89	— '02	— '02	— '02	+ 2 '14
Mean ratio per 1,000 during 1912-16.	'30	'32	'2	'52	'14	'29	'08	'24	'5	'31	'26	'29	'17	'81
Difference	— '09	— '17	— '1	+ '12	— '10	— '22	— '34	— '21	+ '4	+ 2 '90	— '10	— '20	— '17	+ 1 '73
II.—District mortality excluding towns														
Number of districts affected.	Not available.	26	29	8	43	24	2	18	24	5	23	13	6	Not available.
Highest district ratio ...	Not available.	1'09	'0	2'24	'13	'25	'16	'09	2'1	10'18	'70	1'27	'01	Not available.
Name of that district ...	Not available.	Jalpaiguri.	Purnea.	Cachar.	Bahraleh.	Lahore.	Kohat.	Boldana.	South Arcot.	Kingatnad Taluk.	Kolaba.	Mergui.	Shwebo.	Not available.
Lowest district ratio ...	Not available.	'007	'02	'05	'001	'001	'06	'002	'02	'07	'01	'003	'003	Not available.
Name of that district ...	Not available.	Tippura.	Manbhum.	Nowgong.	Sitapur.	Kangra.	Peshawar.	Hoshangabad.	Godavari.	Nanjaraipatna Taluk.	Bijapur.	Tharawaddy.	Myingyan.	Not available.
Number of districts without mortality.	...	...	1	...	5	4	3	4	...	...	3	5	6	Not available.
District death rate per 1,000 of population.	...	'15	'1	'68	'03	'07	'04	'02	'8	2'34	'12	'06	'00	Not available.
III.—Towns mortality														
Number of towns affected	Not available.	35	34	6	45	33	2	17	184	2	46	13	2	Not available.
Highest town ratio ...	Not available.	1'34	'16	2'84	3'53	1'94	'13	1'44	16'9	3'77	3'87	8'19	'37	Not available.
Name of that town ...	Not available.	Tangail.	Gaya.	Silchar.	Endanoo.	Rewari.	Peshawar.	Mehkar.	Cannanore.	Virajpet.	Dhoka.	Mergui.	Sagging.	Not available.
Lowest town ratio ...	Not available.	'02	'009	'16	'01	'01	'09	'01	'03	'16	'02	'03	'01	Not available.
Name of that town ...	Not available.	Calcutta.	Katihar.	Goalpara.	Meerat.	Ludhiana.	Kohat.	Nagpur.	Tiruchendur.	Mercara.	Hobli.	Akyab.	Mandalay.	Not available.
Number of towns without mortality.	...	79	21	14	48	109	11	93	85	...	66	26	19	Not available.
Town death rate per 1,000 of population.	...	'08	'2	'42	'20	'11	'06	'04	'1	1'50	'37	'17	'02	Not available.
IV.—Infantile mortality														
Children under one year ...	Not available.	339	1,053	623	660	302	21	131	12,493	1	825	65	1	339
Children 1—10 years ...	Not available.	622	1,885	1,200	1,071	911	53	205	11,557	1	1,542	96	1	936
Percentage of children in total small-pox mortality.	Not available.	23'85	44'23	44'29	80'08	85'60	85'06	74'56	68'63	'35	76'51	29'00	13'33	100'00

* Excluding Delhi and Ajmer-Merwara.

M.—Fever mortality—1917.

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	374	80,897	68,041	8,243	83,715	31,125	5,507	17,818	39,060	257	15,722	3,931	2,745	1,204	332,441
February	399	62,090	47,914	6,106	61,155	23,443	4,428	13,049	15,437	271	21,044	3,957	1,070	1,207	275,088
March	471	62,043	51,178	6,000	60,069	26,797	4,073	17,058	24,304	278	24,077	3,545	2,162	1,868	317,722
April	541	75,121	64,022	6,616	124,082	26,940	3,310	16,797	23,030	314	20,830	3,596	1,093	1,742	368,502
May	164	60,609	62,008	7,510	126,630	18,470	3,148	16,626	25,122	381	18,418	3,446	1,723	1,483	379,125
June	652	54,851	55,533	8,400	121,355	27,064	2,055	14,835	24,013	428	16,150	4,018	1,208	1,661	321,811
July	546	61,604	64,268	9,593	101,163	24,685	2,637	15,251	26,515	335	17,754	5,084	2,322	1,637	336,365
August	522	57,113	67,461	8,045	98,494	22,862	2,721	17,760	26,501	206	18,116	5,640	2,225	1,805	330,662
September	454	61,138	61,734	7,850	83,895	26,894	3,077	20,586	26,617	263	20,673	4,797	2,431	2,253	328,762
October	695	79,447	73,659	7,746	101,186	15,686	5,743	23,812	23,100	324	33,895	4,465	2,375	6,807	453,792
November	754	94,798	82,687	8,573	116,231	104,535	7,013	25,041	29,538	200	44,600	6,548	2,079	6,225	526,169
December	684	120,248	87,656	10,021	123,024	73,098	6,031	25,723	24,576	246	36,321	5,310	4,477	5,227	541,672
Total	6,567	821,758	776,221	95,518	1,205,510	510,812	50,561	216,104	321,012	3,614	268,010	52,027	20,269	24,500	4,555,222
Annual death ratios—															
in per 1,000 of population, 1917.	15'26	19'47	22'5	15'78	27'05	20'42	24'77	16'26	8'0	20'65	15'26	8'53	7'87	68'41	19'10
in per 1,000 of population, 1916.	16'53	20'07	21'5	16'02	21'30	19'14	24'02	16'31	7'5	22'62	13'40	7'64	8'28	30'61	17'13
Difference	-1'27	-0'60	+1'0	-0'24	+5'75	+1'28	+0'75	-0'05	+0'5	-1'97	+1'86	+0'89	-0'41	+37'80	+1'97
Inter-annual ratio per 1,000 during 1917-1916.															
Difference	-5'03	-2'41	+3'3	+1'29	+5'75	+1'28	+0'75	-0'05	+0'5	-1'97	+1'86	+0'89	-0'41	+37'80	+1'97
District mortality excluding towns:—															
Number of districts affected.	...	16	21	8	48	28	5	22	24	5	16	18	12	...	243
Best district ratio ... ..	...	33'54	30'3	30'97	72'05	43'71	37'56	25'19	25'2	26'20	40'44	28'35	14'32	...	72'05
Name of that district ... ..	...	Dinaipur.	Monghyr.	Goalpara.	Shahjahanpur.	Muzaffargarh.	Dera Ismail Khan.	Hoshangabad.	Karrool.	Padmal-khad Taluk.	Upper Sind Frontier.	Tavey.	Mandalay.	...	Shahjahanpur.
Worst district ratio ... ..	...	9'07	18'4	11'59	14'83	9'98	19'38	7'84	2'1	15'54	7'64	2'92	3'80	...	2'1
Name of that district ... ..	...	Howrah.	Sambalpur.	Lakhimpur.	Balla.	Simla.	Hazara.	Boldana.	Tanjore.	Yedinal-khad Taluk.	Belgaum.	Maubin.	Myingyan.	...	Tanjore.
Number of districts without mortality.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
District death rate per 1,000 of population.	...	20'31	22'7	15'96	27'46	26'91	22'33	16'98	8'5	21'59	16'51	9'26	8'22	...	19'74*
Urban mortality:—															
Number of towns affected.	...	114	55	20	93	142	13	110	265	2	112	39	21	...	966
Best town ratio ... ..	...	29'60	47'3	29'05	63'55	95'03	30'97	25'53	48'6	5'26	66'12	24'13	24'13	...	95'03
Name of that town ... ..	...	Korseong.	Raghunathpur.	Mangaldal.	Bisalpur.	Rajapur.	Lakki (notified area.)	Itarsi.	Yadki.	Merzara.	Garhi Yasin.	Tarvy.	Myitnge.	...	Rajapur.
Worst town ratio ... ..	...	5'07	2'1	1'49	5'43	1'09	5'29	1'16	7'1	5'12	7'3	7'6	1'04	...	7'1
Name of that town ... ..	...	Sori.	Damka.	Tzpur.	Hspur.	Rewari.	Abbotabad.	Dealgan.	Vaniyambadi.	Virajpet.	Belgaum Cantonment.	Myaungmya.	Myingyan.	...	Vaniyambadi.
Number of towns without mortality.	...	...	...	...	...	...	...	...	4	...	...	...	...	...	4
Urban death rate per 1,000 of population.	...	7'21	14'3	7'03	20'80	21'46	19'35	9'05	5'0	5'21	8'80	7'49	4'15	...	20'80*

*Excluding Delhi and Ajmer-Merwara.

N.—Dysentery and Diarrhœa mortality—1917.

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	26	2,207	2,879	952	1,050	805	28	2,080	5,552	12	2,218	256	134	
February	19	1,800	2,016	725	908	600	47	1,883	4,878	3	908	380	96	
March	21	1,983	2,432	761	1,445	737	38	2,526	4,819	3	2,156	363	101	
April	24	2,099	2,567	967	2,027	859	38	2,426	4,305	7	1,803	452	91	
May	26	1,822	2,270	1,123	2,522	1,020	51	2,205	5,112	13	1,081	544	125	
Jun	31	1,420	1,975	1,146	2,426	1,019	55	2,083	5,572	12	2,352	790	148	
July	41	1,712	2,477	1,198	2,222	1,021	53	2,501	7,560	4	2,707	1,021	226	
August	52	1,883	2,266	1,044	2,222	1,201	28	2,472	6,007	2	4,665	843	277	
September	52	1,014	2,531	1,081	1,917	1,542	35	4,227	6,347	3	4,261	675	160	
October	41	2,195	2,685	1,050	1,900	2,500	23	4,409	7,054	7	4,091	476	142	
November	50	2,604	2,715	1,076	1,851	2,486	53	4,069	7,240	2	3,626	390	166	
December	31	2,795	2,924	912	1,773	1,771	28	3,441	7,685	7	3,163	364	126	
Total	430	25,000	26,710	12,057	22,268	18,571	507	35,438	72,304	70	36,221	6,583	1,902	1
B.—Annual death ratios—														
Ratio per 1,000 of population, 1917.	1.03	.35	.8	1.99	.48	.80	.25	2.55	1.8	.43	1.85	1.08	.51	
Ratio per 1,000 of population, 1916.	1.05	.52	.8	2.38	.38	.80	.22	2.91	1.5	.45	1.75	.98	.52	
Difference	-.02	-.17	...	-.39	+.10	...	+.03	-.36	+.3	-.02	+.10	+.10	-.01	+
Mean ratio per 1,000 during 1912-1916.	.74	.64	.8	2.45	.37	.64	.19	2.36	1.7	.90	2.04	1.19	.64	
Difference	+.29	-.09	...	-.46	+.11	+.16	+.06	-.81	+.1	-.47	-.19	-.11	-.13	+
II.—District mortality excluding towns:—														
Number of districts affected.	Not available.	25	21	8	43	28	5	22	24	4	25	18	12	Not available.
Highest district ratio ...	Not available.	4.04	6.0	5.01	6.94	3.64	.51	7.61	6.5	.41	4.95	2.56	1.00	
Name of that district ...	Not available.	Howrah.	Peri.	Lakhimpur.	Gorwal.	Rawalpindi.	Dera Ismail Khan.	Akola.	Nilgiris.	Padi-nalbad Taluk.	Belgaum.	Mergul.	Pokekku.	
Lowest district ratio ...	Not available.	.02	.05	.24	.01	.03	.02	.60	.3	.20	.01	.24	.07	Not available.
Name of that district ...	Not available.	Malda.	Purnea.	Goalpara.	Basti	Hosharpur.	Peshawar.	Balaghat.	Vizagapatam.	Kigga-nad Taluk.	Larkana.	Toungoo.	Kyaukse.	
Number of districts without mortality.	...	...	...	...	...	...	...	...	...	1	...	...	...
District death rate per 1,000 of population.	...	.41	.8	1.97	.25	.64	.18	2.57	1.6	.22	1.77	.77	.33	
III.—Town mortality:—														
Number of towns affected	Not available.	111	53	20	86	127	12	106	251	2	105	38	20	Not available.
Highest town ratio ...	Not available.	7.10	6.9	12.23	12.01	9.27	2.38	12.00	11.3	7.27	15.76	5.40	4.23	
Name of that town ...	Not available.	Baram-nagar.	Peri.	Mangal-dal.	Chandper.	Kot-mithan.	Tank (notified area).	Kholsapur.	Vizian-gram.	Virajpet.	Gokara.	Wek ems.	Magwe.	
Lowest town ratio ...	Not available.	.21	.09	.80	.17	.08	.24	.17	.1	2.07	.09	.24	.54	
Name of that town ...	Not available.	Netro-kona.	Katihar.	Habiganj.	Ram-nagar.	Simla.	Kohat.	Sindi.	Parvati-puram.	Mercara.	Tatta.	Nattalin.	Myitoge.	
Number of towns without mortality.	...	3	2	...	7	5	12	4	18	...	7	1	1	
Town death rate per 1,000 of population.	...	2.60	2.1	2.74	3.60	2.49	.90	2.34	3.7	4.00	2.29	3.18	2.39	

* Excluding Delhi and Ajmer-Merwara.

O.—Plague mortality—1917.

Province or State.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.		
													1917.	1916.	
BRITISH PROVINCES.															
...	...	...	...	1	...	...	...	...	...	...	...	1	4	34
...	...	13	58	38	33	13	6	...	3	...	...	...	163	110
Orissa...	2,728	7,333	11,680	9,359	2,631	540	489	440	333	699	1,061	6,472	45,435	28,349	
Provinces of Agra and Cudh	11,312	21,148	30,528	22,355	8,542	1,040	669	1,305	934	1,017	6,500	21,023	129,084	49,358	
...	166	282	377	224	1,400	783	112	82	172	575	1,250	2,202	8,775	3,272	
West Frontier Province	5	...	...	...	...	...	...	...	2	1	...	...	8	10
Provinces and Berar	7,149	6,765	7,030	3,144	830	307	769	2,435	3,179	4,336	4,523	4,570	48,036	28,639	
Presidency	2,359	3,109	1,999	422	65	111	417	882	2,203	4,688	5,453	4,749	24,708	11,498	
...	...	6	3	...	...	...	...	...	...	...	...	...	9	3
Presidency	20,671	22,001	12,715	5,837	2,766	1,268	5,279	9,750	15,642	20,030	22,850	22,415	162,874	79,307	
Lower ...	885	882	744	381	235	244	522	396	301	111	68	66	4,645	5,658	
Upper ...	134	217	102	11	3	5	12	31	71	147	278	268	1,279	2,044	
Rawalpindi ...	121	141	326	816	599	194	311	1,285	1,750	1,725	1,735	2,252	11,415	39	
TOTAL ...	46,171	64,687	61,692	43,289	17,213	6,005	8,516	16,566	24,590	24,162	44,598	66,807	437,036	...	
...	25,254	28,643	25,246	12,157	3,075	1,294	3,453	7,415	11,142	17,302	22,665	26,580	...	205,517	
NATIVE STATES, ETC.															
Native States	...	...	...	...	...	...	...	...	...	...	...	...	...	...
and Orissa Native States	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Native States	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Provinces of Agra and Cudh States.	376	853	815	415	168	5	3	20	5	24	85	355	3,204	434	
Native States	23	25	27	64	89	27	2	...	22	...	65	310	693	825	
and Kashmir States	5	27	18	47	64	25	5	3	9	62	64	90	479*	118*	
...	...	...	...	...	...	...	...	...	...	...	1	2	3	...
...	141	211	754	1,450	683	122	649	2,144	2,597	3,662	6,265	15,469	25,558	36	
India	878	1,178	813	467	193	70	489	1,832	2,507	3,617	2,261	1,770	15,087	2,340	
States in Central Provinces	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	271	58	122	61	21	14	49	201	161	417	1,124	2,579	4,058	418	
Presidency Native States	1,852	2,138	1,806	970	474	497	689	1,450	2,709	2,840	4,320	4,111	24,246	10,885	
Native States	11	23	9	3	1	4	2	4	1	17	1	...	76	54	
and State ...	12,960	4,266	5,881	1,240	1,699	489	1,091	3,337	3,220	4,519	5,035	2,627	24,674	44,548	
...	1,217	1,069	619	252	191	212	552	1,058	1,212	1,407	1,432	1,089	10,410	2,779	
at Civil and Military Station	145	86	55	16	18	5	21	23	52	93	104	125	746	1,197	
Native States	...	1	10	...	...	...	...	...	...	4	6	1	12	...
TOTAL ...	18,079	10,665	10,960	6,618	2,843	1,030	4,612	9,791	12,605	16,073	21,793	22,828	150,268	...	
...	6,863	8,021	2,169	3,126	823	292	2,278	5,292	6,539	7,477	8,724	12,404	...	70,668	
GRAND TOTAL															
...	64,150	74,782	75,652	49,907	21,056	7,935	13,168	26,358	37,195	40,225	65,891	100,645	587,401	...	
...	28,217	32,364	42,715	16,193	3,618	1,666	5,831	12,207	17,791	24,779	32,400	48,984	...	226,193	
City ...	...	...	16	24	26	8	4	...	3	...	...	...	82	78
City ...	47	97	268	257	205	741	126	113	71	70	59	43	1,698	1,082	
City ...	1	3	1	...	...	...	...	...	1	...	...	...	5	21

* Jammu Province only.

P.—Mortality from Respiratory Diseases—1917.

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	371	1,287	941	519	2,560	4,030	192	4,750	4,623	6	7,919	432	273	75
February	324	1,090	693	519	2,694	4,190	239	3,760	4,012	3	6,783	654	214	79
March	474	1,093	794	530	2,757	4,382	205	4,475	3,862	4	8,030	513	240	97
April	248	987	759	541	2,689	4,367	195	3,785	3,606	2	6,893	434	220	47
May	263	812	656	328	2,553	3,720	164	3,494	3,069	3	6,465	495	225	42
June	411	742	632	335	2,125	3,267	190	2,814	4,137	3	5,597	480	187	31
July	296	706	503	302	1,992	3,268	181	2,851	4,622	2	5,959	504	254	36
August	404	714	436	356	2,162	3,264	113	3,575	4,251	6	6,425	528	260	48
September	395	751	485	350	2,099	4,631	71	4,011	4,171	3	7,269	667	274	71
October	477	905	553	468	2,222	6,212	107	4,541	4,545	1	8,224	616	253	119
November	565	1,062	665	480	2,489	5,020	224	5,578	4,753	1	9,792	541	299	135
December	451	1,259	795	558	2,762	5,298	249	5,914	5,189	1	10,442	595	252	156
Total	4,981	11,510	7,926	5,287	28,225	51,392	1,029	49,077	51,820	35	90,667	6,149	3,084	958
B.—Annual death ratios:—														
Ratio per 1,000 of population, 1917.	11'05	'75	'2	'89	'62	2'81	'94	2'52	1'3	'20	4'65	1'61	'83	1'91
Ratio per 1,000 of population, 1916.	10'37	'25	'2	'84	'55	2'50	'91	2'41	1'1	'21	4'08	'90	'78	1'92
Difference	+1'58	...	...	+1'05	+1'07	+1'22	+1'03	+1'11	+1'2	—'02	+1'55	+1'11	+1'05	+1'89
Mean ratio per 1,000 during 1912-16.	9'41	'25	'1	'71	'49	2'58	'78	2'15	1'0	'32	3'47	'86	'72	1'61
Difference	+2'54	...	+1	+1'18	+1'13	+1'43	+1'16	+1'37	+1'3	—'12	+1'18	+1'15	+1'11	+1'30
II.—District mortality excluding towns:—														
Number of districts affected.	Not available.	26	21	8	48	28	5	22	24	1	25	18	12	Not available.
Highest district ratio ...	Not available.	'80	1'9	2'65	21'78	15'71	1'44	12'47	3'9	'10	10'54	1'45	'89	Not available.
Name of that district ...	Not available.	Howrah.	Puri.	Lakhimpur.	Hamirpur	Gurdaspur.	Hazara.	Jubbulpore.	Nilgiris.	Mecara Taluk.	Sarat.	Sandoway.	Shwabo.	Not available.
Lowest district ratio ...	Not available.	'04	'001	'06	'01	'11	'16	'49	'2	...	'03	'07	'04	Not available.
Name of that district ...	Not available.	Malda.	Palamu.	Goalpara.	Jaunpur.	Multan.	Peshawar.	Paloghat.	Tinnevely.	...	Larkana.	Insein.	Mandalay	Not available.
Number of districts without mortality.	...	...	...	...	...	...	...	...	...	4	...	...	...	...
District death rate per 1,000 of population.	...	'08	'2	'87	'28	2'39	'59	3'35	1'1	'01	3'76	'42	'21	...
III.—Town mortality:—														
Number of towns affected	Not available.	106	47	17	22	142	13	109	210	1	106	20	21	Not available.
Highest town ratio ...	Not available.	8'07	4'3	4'99	21'54	24'95	7'57	21'40	0'6	5'26	20'09	10'95	15'62	Not available.
Name of that town ...	Not available.	Kurseong.	Sambalpur.	Tezpur.	Konch.	Amritsar.	Peshawar.	Kherai.	Cochin.	Mercara.	Ahmedabad.	Toungoo.	Taung-dwinyi.	Not available.
Lowest town ratio ...	Not available.	'04	'04	'21	'09	'16	'30	'17	'1	...	'18	'14	'27	Not available.
Name of that town ...	Not available.	Comilla.	Puruli.	Sunamganj.	Ramnagar.	Nankana Sahib.	Kohat.	Kelod.	Kadayanannar.	...	Ratodeta.	Nathalmgyang.	Sagaing.	Not available.
Number of towns without mortality.	...	6	8	3	5	...	...	1	59	1	6	...	...	...
Town death rate per 1,000 of population.	...	2'78	1'0	1'89	5'45	7'08	4'44	5'22	2'4	3'31	9'44	5'01	7'34	...

*Excluding Delhi and Ajmer-Merwara.

RATIO PER MILLE OF STRENGTH.*

A.—ADMISSIONS } FROM
D.—DEATHS }

A.—Administrations,	Years.	Average Strength†	Con-stantly sick.	Cholera.		Small-pox.		Malaria.		Tuberclo of the lungs.		Pneumonia.		Respiratory Diseases.		Dysentery.		Diarrhoea.		Anemia and Debility.		All causes.	
				A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
Burma	1907-1916 1917	15,756 16,788	15 15	8 4	63 30	2 1	03 ...	337 274	30 22	76 114	401 494	33 28	97 67	112 91	60 50	197 258	157 216	83 67	17 66	36 39	17 16	2882 3010	1599 1770
Assam	1907-1916 1917	1,709 1,917	9 41	16 52	76 52	3 5	06 ...	2493 384	298 62	304 813	404 410	118 89	209 344	286 410	117 105	1892 579	971 166	1129 1362	11 ...	116 68	146 ...	1,6016 8743	3447 1897
Bengal	1907-1916 1917	12,453 14,762	47 55	16 54	42 54	6 ...	08 ...	2815 3614	163 122	327 261	271 310	105 99	271 163	354 570	192 27	1782 1596	538 413	1090 1186	90 47	177 133	68 14	1,0148 1,1133	2265 2279
Bihar and Orissa	1907-1916 1917	7,328 6,997	33 46	73 69	128 90	10 11	08 15	2031 2486	104 78	357 687	207 343	65 103	207 343	283 415	65 264	1276 1435	610 657	878 1223	117 105	160 257	98 90	7982 8321	2486 3449
United Provinces of Agra and Oudh.	1907-1916 1917	25,028 24,145	24 18	3 3	30 19	7 ...	04 ...	1347 893	90 70	236 186	285 282	133 103	285 282	217 176	81 50	318 282	233 195	193 118	100 60	75 82	23 26	4860 3724	1578 1329
Punjab	1907-1916 1917	12,187 13,694	31 40	1 ...	07 ...	5 ...	02 ...	1306 4046	102 86	573 635	209 271	209 271	672 672	577 577	131 131	435 199	270 194	342 718	119 163	217 310	55 37	6411 7,0236	2316 2768
North-West Frontier Province	1907-1916 1917	1,801 3,116	26 26	1 ...	05 ...	3 ...	05 ...	3983 6186	100 96	100 64	211 261	211 305	995 995	437 437	122 122	618 909	196 546	273 164	180 161	94 185	32 96	8172 1,0263	2469 2729
Central Provinces	1907-1916 1917	3,755 3,516	16 12	4 ...	16 26	3 ...	08 ...	1029 629	67 28	319 341	64 80	200 200	200 200	145 253	122 171	308 307	538 228	260 219	101 114	40 31	40 28	4416 2864	2131 1934
Bombay	1907-1916 1917	8,041 9,669	24 27	2 2	29 10	5 3	10 ...	1184 1826	89 83	168 248	138 210	389 210	652 652	351 481	95 145	390 444	138 114	387 358	168 81	88 40	48 ...	5515 6870	1760 1831
Madras	1907-1916 1917	9,952 9,783	19 15	5 7	73 61	3 4	05 10	532 831	70 82	372 296	50 59	121 153	206 175	206 175	148 91	429 263	266 123	85 69	112 31	93 61	38 83	3801 2991	1626 1603
India†	1907-1916 1917	100,515 105,264	27 29	10 ...	55 38	3 2	05 03	1428 1622	78 76	333 867	112 126	965 326	265 326	265 326	52 79	623 555	310 245	389 456	81 61	113 117	42 36	5785 6400	1917 1078
Andamans	1907-1916 1917	12,554 12,857	69 59	0 ...	01 ...	0 ...	...	1,0051 1,0195	272 179	516 810	161 180	650 754	579 696	579 696	149 249	940 674	492 506	362 448	66 124	0 9	04 ...	1,5826 1,5469	3173 3453
India‡	1907-1916 1917	113,100 120,622	31 31	10 9	49 34	5 2	04 03	2355 2822	166 87	354 361	117 132	305 372	305 372	305 372	658 603	569 569	330 273	386 456	79 68	101 106	38 36	6900 6892	2656 2126

* Excluding subsidiary jails.
† The decennial ratios are worked on the total strength of the ten year period.
‡ Including Delhi, Ameer, Sibi, Quetta, Meritta and Secunderabad and excluding Andamans.
§ Including Andamans.

RATIO PER MILLE OF STRENGTH.*

A.—ADMISSIONS } FROM
D.—DEATHS

Group	Sub-Group	Year	Average Strength	Con- sistently sick	Influenza.		Cholera.		Small-pox.		Enteric Fever.		Malaria.		Pyrexia of un- certain origin.		Pneumonia.		Dysentery.		Diarrhoea.		All causes.	
					A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
Group I.—Barma Coast and Islands.	Bay	1907-1916	10,019	1	17	02	3	18	5	03	19	38	35	73	308	03	26	71	189	168	180	12	3018	1615
		1917	15,161	18	2	08	44	08	08	08	23	49	294	22	239	601	08	46	66	319	275	71	08	1074
" II.—Burma Inland	...	1907-1916	11,448	14	9	03	04	03	2	04	13	08	19	98	239	02	46	131	215	262	77	17	2295	2340
		1917	4,517	14	2	03	04	03	2	04	13	08	19	98	239	02	46	131	215	262	77	17	2295	2340
" III.—Assam	...	1907-1916	5,098	15	13	06	14	08	1	06	0	0	31	20	106	06	15	20	118	955	28	117	6223	3445
		1917	1,832	40	3	06	14	08	1	06	0	0	31	20	106	06	15	20	118	955	28	117	6223	3445
" IV.—Bengal and Orissa	...	1907-1916	12,660	44	11	03	14	08	6	08	12	13	2854	155	48	05	107	101	174	507	106	109	8061	1201
		1917	15,354	55	1	03	14	08	6	08	12	13	2854	155	48	05	107	101	174	507	106	109	8061	1201
" V.—Gangetic Plain and Cutch Nagpur.	...	1907-1916	22,485	26	17	01	19	08	8	05	3	18	1317	123	23	04	89	210	379	379	384	66	5808	1908
		1917	21,122	27	3	01	19	08	8	05	3	18	1317	123	23	04	89	210	379	379	384	66	5808	1908
" VI.—Upper Sub Himalaya	...	1907-1916	15,720	29	42	02	3	12	1	07	14	24	2008	64	138	02	22	31	309	243	363	17	7360	1879
		1917	14,582	29	1	02	3	12	1	07	14	24	2008	64	138	02	22	31	309	243	363	17	7360	1879
" VII.—North-West Frontier, Indus valley and North Western Rajputana.	...	1907-1916	9,780	31	13	04	...	04	8	05	16	22	1878	89	153	04	33	503	506	516	33	88	1104	8302
		1917	12,024	38	1	04	...	04	8	05	16	22	1878	89	153	04	33	503	506	516	33	88	1104	8302
" VIII.—South Western Rajputana, Central India and Gujarat.	...	1907-1916	4,985	18	8	03	3	13	2	04	7	7	1114	55	179	09	68	169	477	318	385	81	5516	1839
		1917	4,487	12	4	03	3	13	2	04	7	7	1114	55	179	09	68	169	477	318	385	81	5516	1839
" IX.—Deccan	...	1907-1916	7,964	23	9	03	3	13	3	04	35	22	1233	78	138	13	101	255	392	166	571	133	2783	1439
		1917	7,964	23	9	03	3	13	3	04	35	22	1233	78	138	13	101	255	392	166	571	133	2783	1439
" X.—Western Coast	...	1907-1916	2,235	20	9	04	4	09	14	04	35	22	1233	78	138	13	101	255	392	166	571	133	2783	1439
		1917	2,191	13	...	4	09	14	04	35	22	1233	78	138	13	101	255	392	166	571	133	2783	1439	
" XI.—Southern India	...	1907-1916	9,074	19	7	02	4	08	3	02	9	15	532	57	223	...	50	124	410	562	176	13	3752	1555
		1917	8,901	16	1	02	4	08	3	02	9	15	532	57	223	...	50	124	410	562	176	13	3752	1555
" XII.—Hills	...	1907-1916	608	29	15	03	4	08	15	05	15	17	2507	314	120	...	22	463	103	827	259	182	9454	3473
		1917	929	27	4	03	4	08	15	05	15	17	2507	314	120	...	22	463	103	827	259	182	9454	3473
India †	...	1907-1916	114,081	27	24	02	11	05	5	05	11	23	1428	85	147	04	119	260	608	310	389	81	3783	1912
		1917	106,364	29	23	04	10	08	2	03	8	24	1822	76	146	04	120	260	608	310	389	81	3783	1912
Andamans	...	1907-1916	12,654	69	2	01	0	01	0	0	5	48	1,003	272	135	14	167	620	492	362	66	66	1,582	3173
		1917	12,857	53	4	01	0	01	0	0	5	48	1,003	272	135	14	167	620	492	362	66	66	1,582	3173
India ‡	...	1907-1916	113,100	31	22	02	10	08	5	04	10	21	2,806	106	145	05	117	305	658	330	386	79	6000	2056
		1917	119,121	31	21	04	9	08	5	04	10	21	2,806	106	145	05	117	305	658	330	386	79	6000	2056

* Excluding subsidiary jails.

C.—Cases of admission.	Years*.	Months												Total.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
...	1913	2	1	7	6	3	2	2	7	2	1	1	...	34
	1914	1	1	2	1	4	2	1	6	12	7	18	1	67
	1915	...	2	7	17	3	...	5	12	8	2	5	1	69
	1916	...	...	5	4	1	4	30	9	3	...	2	...	78
	1917	4	...	1	3	4	2	28	4	...	44	11	...	101
Total	1913-1917	7	4	22	15	15	10	87	38	25	54	47	2	316
Typhoid Fever	1913	2	4	1	9	5	10	14	15	20	11	10	12	102
	1914	4	4	13	7	11	10	7	18	22	4	4	7	111
	1915	5	4	9	18	10	13	20	9	9	7	2	6	117
	1916	4	8	9	18	20	13	30	20	10	14	7	7	159
	1917	9	4	5	9	9	4	8	10	2	8	9	4	81
Total	1913-1917	24	24	37	61	55	48	79	72	53	44	38	36	571
...	1913	612	452	515	658	766	717	974	1,172	1,192	1,311	1,188	854	10,470
	1914	683	562	674	715	820	851	898	1,152	1,425	1,628	1,347	1,084	11,686
	1915	823	677	850	974	1,083	941	1,303	1,505	1,604	1,557	1,851	1,517	14,651
	1916	790	819	976	948	1,063	965	1,263	1,799	2,471	3,068	2,065	1,375	17,518
	1917	916	851	1,104	1,133	1,168	1,196	1,362	1,645	2,053	2,433	2,821	2,054	20,281
Total	1913-1917	3,024	2,568	4,119	4,488	4,055	4,679	5,610	7,226	9,360	11,047	9,213	6,814	74,526
Cases of uncertain origin	1913	115	97	124	145	168	222	295	288	259	352	465	177	1,375
	1914	157	154	91	722	152	209	259	188	161	137	139	120	1,901
	1915	80	71	84	119	149	183	221	212	182	173	172	158	1,798
	1916	113	246	187	188	225	182	240	281	249	191	197	135	2,442
	1917	109	67	83	95	174	165	184	152	162	120	112	117	1,538
Total	1913-1917	574	635	569	681	864	968	1,117	1,121	992	974	786	708	10,046
...	1913	844	228	320	259	241	461	667	655	571	531	574	450	5,279
	1914	375	317	410	292	278	445	577	652	614	665	602	718	6,129
	1915	452	315	490	426	471	549	719	929	642	611	665	603	6,504
	1916	435	352	508	450	492	542	640	653	676	614	529	423	6,924
	1917	281	349	412	381	326	403	610	669	547	571	605	680	5,840
Total	1913-1917	1,287	1,561	2,060	1,908	2,010	2,402	3,513	3,298	3,059	2,997	2,706	2,700	21,996
...	1913	187	196	343	320	302	379	377	369	304	367	248	164	3,674
	1914	248	178	360	312	245	281	422	452	332	326	285	210	2,521
	1915	227	212	247	405	379	410	467	504	420	398	282	352	4,579
	1916	270	292	458	370	342	397	714	640	432	354	379	156	5,022
	1917	268	270	392	383	393	400	534	467	521	428	407	341	4,804
Total	1913-1917	1,169	1,158	1,810	1,798	1,804	1,902	2,514	2,458	2,024	1,782	1,700	1,624	21,517

* Excluding Andamans.

Year.	INFLUENZA.		CHOLERA.		SMALL-POX.		ENTERIC FEVER.		MALARIA.		PYREXIA OF UNCERTAIN ORIGIN.		TUBERCLE OF THE LUNGS.		PNEUMONIA.	
	Ratios.		Ratios.		Ratios.		Ratios.		Ratios.		Ratios.		Ratios.		Ratios.	
	Actuals.	Death rates.	Actuals.	Death rates.	Actuals.	Death rates.	Actuals.	Death rates.	Actuals.	Death rates.	Actuals.	Death rates.	Actuals.	Death rates.	Actuals.	Death rates.
1908	430	4	237	0.1	51	112	36	107	10.1	503	10.1	93	38	1,559	3.6	374
1909	149	...	201	0.1	5	8	21	13.3	118	13.3	3	30	36	1,433	3.7	393
1910	194	...	43	0.2	5	8	13	6.8	88	13.7	4	95	83	1,079	3.1	257
1911	90	...	19	0.2	4	8	21	23.3	53	13.8	5	100	1,016	3.6	332	
1912	124	...	150	0.1	3	11	13	9.7	48	15.2	4	89	89	743	3.1	172
1913	98	...	34	0.4	5	10	18	10.4	60	10.8	9	225	284	869	3.9	94
1914	101,117	...	67	0.7	3	11	17	11,080	75	11.7	6	1,001	357	1,105	2.6	245
1915	115,030	...	45	0.4	3	11	17	14,511	59	13.1	8	1,705	335	1,433	3.0	308
1916	114,083	...	26	0.2	5	10	33	17,518	94	13.5	3	2,442	384	1,433	3.0	308
1917	105,264	...	101	0.9	2	8	25	20,231	80	19.2	4	1,833	388	1,398	3.6	308

Year.	RESPIRATORY DISEASES.		DYSENTERY.		DIARRHŒA.		ANEMIA AND DEB. LTY.	
	Ratios.		Ratios.		Ratios.		Ratios.	
	Actuals.	Death rates.	Actuals.	Death rates.	Actuals.	Death rates.	Actuals.	Death rates.
1908	104	0.1	473	4.0	95	10.4	36	1.1
1909	83	0.2	416	4.2	103	10.4	50	1.8
1910	69	0.2	330	3.4	78	8.0	53	1.6
1911	74	0.2	283	3.8	70	7.8	53	1.6
1912	73	0.2	240	3.3	63	7.9	24	1.0
1913	66	0.2	209	3.1	79	8.0	34	1.0
1914	85	0.2	188	2.2	62	7.1	27	1.1
1915	91	0.2	302	3.3	88	7.9	34	1.1
1916	86	0.2	248	2.8	82	7.3	45	1.0

D.—SEXES AND MORTALITY FROM PRINCIPAL DISEASES.

Average annual strength.

Statistics of convicts only. Admission rates. Death rates.	1913.			1914.			1915.			1916.			1917.			
	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.													
a	Central...	11,005	271'5	17'26	10,833	275'4	19'48	11,097	313'7	19'92	11,408	330'9	19'64	10,286	259'3	23'53
	District...	4,756	235'7	14'72	4,876	231'5	13'54	5,153	212'1	19'02	5,359	209'7	13'44	5,267	180'7	10'25
b	Central...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	District...	1,698	992'3	41'22	1,797	1,178'6	44'52	1,917	954'9	21'39	1,952	935'4	19'68	1,909	877'4	13'10
c	Central...	5,826	997'8	18'88	5,890	919'7	24'79	6,419	1186'2	17'60	6,692	1,069'0	21'52	6,672	1,023'5	14'69
	District...	4,786	1,212'7	23'61	5,144	1,260'7	19'83	5,845	1,350'0	25'83	6,827	1,236'5	25'34	6,946	1,354'0	18'57
d & Orissa	Central...	2,958	579'8	17'92	2,844	599'9	14'77	2,958	643'0	22'99	3,024	952'7	36'71	3,403	970'6	37'03
	District...	3,374	834'6	21'93	3,314	834'3	19'14	3,716	829'1	29'87	3,610	827'3	32'60	2,458	857'6	24'41
e Provin-	Central...	8,835	360'2	11'32	9,757	371'9	11'99	10,855	466'2	15'48	10,978	430'3	16'12	8,851	388'2	14'01
	District...	10,955	426'5	11'23	12,552	404'6	10'68	13,455	405'6	13'23	13,098	379'1	11'22	11,772	381'5	10'96
f ab	Central...	6,634	712'2	20'80	7,329	747'9	35'75	7,691	1,047'3	29'91	7,645	1,163'6	21'45	6,310	1,501'1	27'58
	District...	5,396	569'7	14'08	6,149	522'5	16'91	6,995	522'5	23'59	7,753	472'7	22'06	6,569	646'4	28'47
g West ntier Pro- ce.	Central...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	District...	1,426	1,093'3	16'13	2,092	714'1	15'30	1,984	764'6	16'63	2,391	1,049'4	62'74	2,451	1,141'6	28'15
h al Provin-	Central...	2,185	163'8	9'15	2,439	209'9	8'20	2,595	277'5	20'81	2,714	417'8	24'32	2,473	287'5	19'01
	District...	1,005	524'4	19'90	696	595'0	21'08	1,079	426'3	15'76	1,000	451'0	23'00	887	345'0	22'55
i ay	Central...	3,877	478'2	9'54	4,116	730'8	14'33	3,991	601'9	14'03	4,203	648'1	14'28	3,959	982'8	18'19
	District...	5,657	514'2	19'09	5,615	600'0	22'26	3,888	480'5	13'42	6,260	471'6	19'97	5,413	493'1	18'84
j ss	Central...	7,276	363'4	7'97	7,169	304'9	12'97	7,810	231'5	11'52	8,175	251'9	13'58	7,936	291'7	16'13
	District...	1,729	555'9	10'17	1,781	554'7	12'35	1,865	583'4	10'19	1,787	492'4	10'07	1,552	621'1	12'89
k of the ne Pro- ces.	Central...	48,596	479'0	14'53	50,377	494'7	18'86	53,416	581'2	18'72	54,839	603'5	19'27	50,890	644'4	20'14
	District...	40,823	616'1	17'02	44,346	612'6	16'91	47,897	604'6	18'62	50,977	598'5	20'69	45,224	649'6	17'58

F.—Statistics of convicts only.
Arranged according to duration of confinement.

				Not exceeding six months.	Above six months and not exceeding one year.	Above one year and not exceeding two years.	Above two years and not exceeding three years.	Above three years and not exceeding seven years.	Above seven years	Total.
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
	Strength ...	...	...	16,075	9,099	8,585	6,439	6,635	1,956	48,699
Central Jails ...	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
	Strength ...	...	...	22,938	10,202	6,685	2,717	1,811	451	44,804
	Deaths ...	...	...	444	172	92	18	18	6	750
District Jails ...	Ratio per 1,000 of strength ...	...	...	19'36	16'86	13'76	6'62	9'094	13'30	16'74
	Strength ...	...	...	16,325	9,348	8,238	6,227	6,869	3,000	50,007
	Deaths ...	...	...	259	174	186	105	175	51	950
	Ratio per 1,000 of strength ...	...	...	15'87	18'61	22'58	16'86	25'48	17'00	19'00
Central 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	10'35	13'03	8'73	18'47
	Strength ...	...	...	17,200	10,201	9,024	6,737	7,374	3,026	53,562
District Jails ...	Deaths ...	...	...	293	158	187	126	192	44	1,000
	Ratio per 1,000 of strength ...	...	...	17'03	15'49	20'72	18'70	26'04	15'54	18'67
	Strength ...	...	...	25,773	11,374	6,933	3,336	2,283	735	50,434
	Deaths ...	...	...	535	245	134	51	58	13	1,036
Central Jails ...	Ratio per 1,000 of strength ...	...	...	20'76	21'54	19'33	15'29	25'41	17'69	20'54
	Strength ...	...	...	17,441	10,702	9,260	6,814	7,199	3,246	54,662
	Deaths ...	...	...	291	182	246	116	160	52	1,057
	Ratio per 1,000 of strength ...	...	...	16'68	17'01	26'57	17'02	23'48	16'33	19'34
District Jails ...	Strength ...	...	...	21,800	10,577	6,583	3,268	3,181	675	46,084
	Deaths ...	...	...	398	163	129	44	55	6	795
	Ratio per 1,000 of strength ...	...	...	18'26	15'41	19'60	13'46	17'29	8'89	17'25
	Strength ...	...	...	15,495	9,972	9,197	6,548	5,671	3,308	50,091
Central Jails ...	Deaths ...	...	...	264	179	222	154	162	44	1,025
	Ratio per 1,000 of strength ...	...	...	17'04	17'95	24'14	23'52	28'57	13'72	20'46

APPENDIX TO SECTION V.—VACCINATION.

Statement No. I.—Total primary vaccinations and re-vaccinations, successful cases among children, &c. of the Special Vaccination Department, etc., during the official year 1917-18.

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 ‡
	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Under one year.	1 to 6 years.			
Delhi	15,862	7,093	98'96	73'53	13,545	1,157	3,779	Rs. 2,591	Rs. 0 2
Bengal	1,357,340	257,261	97'73	71'29	356,721	814,215	983	2,15,838	0 2
Bihar and Orissa	1,059,072	38,604	99'44	71'34	501,296	529,715	877	1,12,216	0 1
Assam	291,281	63,042	93'90	67'05	57,141	174,103	1,047	55,001	0 3
United Provinces of Agra and Oudh.	1,572,818	112,335	97'40	72'50	1,050,499	411,253	1,833	2,19,416	0 2
Punjab	621,650	182,579	98'20	70'66	475,353	96,707	2,833‡	1,30,591	0 3
North-West Frontier Province ...	114,588	15,473	98'93	92'61	67,806	34,396	3,406§	15,760	0 2
Central Provinces and Berar ...	518,939	85,867	98'05	62'13	406,130	86,691	45,243	1,21,996	0 3
Madras	1,432,577	274,998	83'4	70'8	550,537	498,831	1,913||	3,45,890**	0 4
Coorg	8,624	6,297	94'20	61'82	636	3,715	1,597	3,461	0 5
Bombay	705,740	114,175	99'67	56'29	520,804	125,806	1,764	3,81,828	0 9
Burma	430,941	63,854	95'87	50'03	123,830	215,757	1,677¶	2,21,214	0 8
Ajmer-Merwara	13,257	437	95'44	82'84	9,467	2,150	913	3,182	0 4
Total	8,142,689	1,222,015	95'44	69'76	4,133,815	2,994,496	1,469	18,28,964	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.

¶ Excludes 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 1917-18.

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 pop.
Delhi	416,656	22,955	...	22,955	45'87	81'27	88	
Bengal	43,471,942†	1,504,874	109,727	1,614,601	32'58	20'63	7,010	
Bihar and Orissa	34,489,846	1,097,495	181	1,097,676	31'04	36'34	6,643	
Assam	7,059,857	351,953	3,270	354,323	43'74	20'23	4,116	
United Provinces of Agra and Oudh ...	46,820,556	1,685,010	143	1,685,153	33'95	56'09	2,011	
Punjab	19,566,432	802,776	1,453	804,229	35'59	60'74	1,417	
North-West Frontier Province ...	2,910,899	130,061	...	130,061	42'46	58'23	87	
Central Provinces and Berar ...	13,916,308	604,806	...	604,806	39'03	72'96	452	
Madras	41,390,849‡	1,707,278	297	1,707,575	31'2	33'25	34,958	
Coorg	174,976	14,614	307	14,921	63'89	9'80	566	
Bombay	22,643,744	813,374	6,541	819,915	30'02	57'50	3,095	
Burma	12,146,217	492,008	2,787	494,795	34'71	25'49	559	
Ajmer-Merwara	501,395	13,694	...	13,694	24'69	47'20	1,275	
Total	245,509,677	9,239,998	124,706	9,364,704	33'63	42'09	62,277	

* 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 1917.*
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.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.
British ... ..	...	29	...	24	12	2,044	92	63	...	33	...	64	15,527	89, 164	78	67
French	1	233	100	52	28	7,642	86	56	...	30	...	66	7,343	65,425	80	60
India, not in the Indian Command.	...	...	...	...	...	...	...	...	...	...	...	...	1	978	100	97
Total	1	252	100	40	40	9,686	88	57	...	63	...	66	22,871	1,46,567	79	64

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.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.
	British	2	11	1	100	100	...	14	...	79	163	40	93	80
French	2	42	50	60	11	16	82	59	...	111	...	59	79	150	89	71
Total	2	44	50	57	22	17	90	71	...	125	...	62	242	190	91	73

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.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.
	British	4	...	50	8	1	100	100	1,154	246	90	58	1,456	124	90	59
French ... ..	...	3	...	33	2	4	100	25	331	651	79	68	1,259	244	64	62
India, not in the Indian Command.	...	...	...	...	...	...	...	...	...	...	...	...	1	...	100	...
Total	7	...	43	10	5	100	40	1,485	897	86	65	2,716	368	87	74

STATEMENT No. III - Position in the ...

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ANNUAL RETURNS

OF THE

EUROPEAN ARMY OF INDIA,

OF THE

INDIAN ARMY AND OF THE JAIL
POPULATION

FOR THE YEAR

1917

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.

ANNALS OF THE

EUROPEAN ARMY OF INDIA

INDIAN ARMY AND OF THE JAT
REGIMENT

1817

Printed by J. G. ...

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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 1917.

HEAD OF DISEASE.	Includes or includes also
CHOLERA	
HEAT-STROKE	Sun-stroke.
ALCOHOLISM	Delirium tremens. Alcoholic Poisoning.
TUBERCLE OF THE LUNGS	Tubercular Phthisis, and Hæmoptysis due to tubercle. *
RESPIRATORY DISEASES	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.
ABSCESS, 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 called 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

Summary of the results of the experiments

Table 1. Results of the experiments

Experiment No.	Temperature (°C)	Time (min)	Yield (%)
1	25	10	10
2	25	20	20
3	25	30	30
4	25	40	40
5	25	50	50
6	25	60	60
7	25	70	70
8	25	80	80
9	25	90	90
10	25	100	100
11	30	10	15
12	30	20	30
13	30	30	45
14	30	40	60
15	30	50	75
16	30	60	90
17	30	70	100
18	30	80	100
19	30	90	100
20	30	100	100
21	35	10	20
22	35	20	40
23	35	30	60
24	35	40	80
25	35	50	100
26	35	60	100
27	35	70	100
28	35	80	100
29	35	90	100
30	35	100	100
31	40	10	30
32	40	20	60
33	40	30	90
34	40	40	100
35	40	50	100
36	40	60	100
37	40	70	100
38	40	80	100
39	40	90	100
40	40	100	100

I.—EUROPEAN TROOPS, 1917.

TABLE B.

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—			NORTHERN ARMY—contd.			SOUTHERN ARMY—contd.		
Abbottabad	4,010	S. D.	†Kasauli Convalescent Depôt	6,050	S. D.	Calicut	15	
Agra	522	"	†Khanspur and Ghora Dhaka	7,721	"	Colaba (Bombay)	20	
Allahabad and Fort	311	"	†Kuldana	7,049	S. G.	Deolali Depôt	1,892	
Ambala	902	"	Lahore Cantonment and Fort.	706	S. D.	Fort Dufferin (Mandalay)	246	
Amritsar	756	"	†Ladour Convalescent Depôt.	7,528	"	Hyderabad (Sind)	94	
Attock	1,110	"	†Lebong	6,000	"	Jhansi	847	
Bareilly	561	"	Lucknow and Military Prison	390	"	Jubbulpore	1,318	
†Barian Camp and Khairagali	{ 7,133	I. B.	Meerut	727	"	Kanuptee and Sitabaldi	938	
Barrackpore	24	S. D.	Multan	404	"	Karachi	33	
Benares	256	"	†Murree Convalescent Depôt	7,085	"	Kirkee	1,853	
Burbhan	not available.		Upper Topa	7,000	M. O.	Madras and St. Thomas' Mount.	{ 19	
Burhan	1,255	S. D.	Muttra	557	S. D.	Mallapuram	250	
Campbellpore	1,180	"	†Naini Tal Convalescent Depôt.	6,400	"	†Maymyo	3,508	
Cawnpore	407	"	Nowshera	966	"	Meiktila	773	
†Chakrata	6,885	"	Peshawar	1,149	"	Mhow and Indore	{ 1,027	
†Cherat	4,286	"	†Ranikhet and Chaubuttia	{ 5,980	S. G.	Mount Abu Sanatorium	1,806	
†Dagshai	6,087	"	Rawalpindi	1,687	S. D.	Nasirabad	3,836	
†Dalhousie Convalescent Depôt.	7,687	"	Risalpur	1,014	"	Neemuch	1,461	
†Darjeeling ditto	7,157	"	Rurki	877	"	Pachmarhi Sanatorium	1,613	
Delhi	706	"	Sialkot	829	"	Poona	3,490	
Dinapore	171	"	†Solon	5,078	"	Poonamallee Depôt	1,864	
Dum-Dum	not available.		†Subathu	4,000	"	Port Blair	68	
Ferozepore	645	S. D.	SOUTHERN ARMY—			†Quetta	5,507	
Forts William, Fulta and Chingrikhal.	17	S. G.	Ahmednagar	2,171	S. D.	Raman droog	3,150	
Fyzabad	327	S. D.	Aungban	4,244	"	Rangoon	15	
†Gharial	6,811	S. G.	Bangalore	2,999	"	Satara	2,200	
Jullundur	900	"	Belgaum	2,520	"	Secunderabad	1,773	
†Jutogh	6,778	S. D.	Bellary	1,481	"	Shwebo	345	
†Kalabagh and Baragali	{ 7,983	"	Cannanore	40	"	Thayetmyo	145	
	{ 7,188	"				†Wellington Convalescent Depôt.	6,050	

* 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. D. = Survey Department (Map Publication Office).
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.

EUROPEAN TROOPS, 1917.

TABLE I.

RATIOS OF ARMIES.

The ratios of admissions and deaths to strength are taken from Table III.

—STRENGTH	RATIOS PER 1,000 OF THE AVERAGE STRENGTH.		
	Northern Army.	Southern Army.	India.
—STRENGTH	39,593	39,678	80,825
—CONSTANTLY SICK PER 1,000 OF THE AVERAGE STRENGTH	42'8	50'0	45'6
—ADMISSION RATE OF THE YEAR—			
Influenza	4'7	10'1	7'3
Cholera	'3	'1	'2
Small-pox	'0	'8	'4
Enteric Fever	3'1	3'9	3'4
Malaria	221'9	223'7	227'9
Sandfly Fever	39'5	7'2	22'9
Pyrexia of uncertain origin	5'3	2'9	4'2
Tubercle of the Lungs	1'4	1'5	1'5
Pneumonia	3'5	2'0	2'8
Respiratory Diseases	23'9	23'9	23'7
Dysentery	6'1	16'4	11'1
Diarrhoea	28'7	23'1	25'7
Hepatic Abscess	'7	'6	'6
" Congestion and Inflammation	7'4	2'6	4'9
Veneral Diseases	36'4	69'1	52'0
ALL CAUSES	765'9	788'3	771'7
—DEATH RATE OF THE YEAR—			
Cholera	'25	'68	'16
Small-pox . . . . .	...	'23	'11
Enteric Fever	'51	'33	'41
Malaria	'48	'50	'48
Pyrexia of uncertain origin	'03	...	'01
Heat-stroke	'28	'03	'15
Circulatory Diseases	'25	'28	'26
Tubercle of the Lungs	'20	'13	'16
Pneumonia	'43	'30	'36
Respiratory Diseases	'18	'18	'17
Dysentery	'18	'35	'26
Diarrhoea . . . . .	...	...	...
Hepatic Abscess	'18	'15	'16
ALL CAUSES	5'16	4'59	4'83

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.
I.—STRENGTH	1,395	1,079	1,610	4,478	16,679	7,738	4,517	15,911	2,575	6,056	11,475	4,302
II.—CONSTANTLY SICK PER 1,000 OF THE AVERAGE STRENGTH	46.5	33.4	49.1	47.3	44.2	42.9	43.0	47.9	79.4	43.6	24.1	49.3
III.—ADMISSION RATES OF THE YEAR—												
Influenza	15.1	2.8	2.5	16.7	3.9	10.9	.9	10.4	31.5	.5	4.1	.5
Cholera . . . . .	...	...	...	.2	.7	.1	...	.1	.8	.2	...	...
Small-pox . . . . .	...	...	...	...	.1	.3	3.3	.4	1.2	.2	.2	.5
Enteric Fever . . . . .	.7	1.9	.6	5.4	2.8	1.8	4.0	4.3	5.8	6.9	1.2	6.0
Malaria	109.7	83.4	78.9	54.9	214.3	432.8	241.3	252.8	317.7	143.2	230.4	153.8
Sandfly Fever . . . . .	...	...	11.8	3.1	42.3	102.4	7.1	3.3	76.1	...	1.8	3.3
Pyrexia of uncertain origin . . . . .	...	...	1.9	8.5	6.8	3.0	6.2	1.8	8.9	2.1	2.2	3.3
Rheumatic Fever	6.5	8.3	3.1	6.9	4.3	3.5	7.3	2.4	16.7	3.3	5.9	4.9
Tubercle of the Lungs	3.6	2.8	4.3	2.5	1.2	.8	2.0	1.4	5.4	.5	1.0	1.2
Pneumonia . . . . .	.7	...	...	2.7	4.9	3.7	2.4	1.3	8.5	1.8	1.4	1.9
Respiratory Diseases	72.4	28.7	31.1	26.4	23.9	27.4	30.6	18.2	63.3	21.1	13.5	17.7
Dysentery	15.8	5.6	8.7	9.6	8.4	.3	10.0	12.1	35.0	37.3	1.5	15.3
Diarrhoea	15.1	12.0	32.3	23.9	33.6	19.6	23.0	25.6	48.2	15.0	18.4	17.0
Hepatic { Abscess . . . . .	...	.9	1.2	.9	.6	.4	.9	.3	1.9	.3	.8	1.2
{ Congestion and { Inflammation	4.3	5.6	14.9	18.5	6.1	3.1	6.2	1.6	3.5	1.3	4.4	6.7
Veneral Diseases	67.4	78.8	150.3	44.9	38.9	22.6	36.5	61.7	164.7	117.9	25.4	22.5
ALL CAUSES	1,005.0	710.8	803.7	683.6	807.6	961.4	828.4	728.5	1,511.4	711.9	626.1	524.9
IV.—DEATH RATES OF THE YEAR—												
Cholera . . . . .	...	...	...	.22	.48	.13	...	.06	.78	...	...	...
Small-pox . . . . .	...	...	...	...	...	...	.89	.13	.78	...	.09	...
Enteric Fever . . . . .	.72	.92	...	.67	.72	.13	1.11	.44	...	...	.09	.46
Malaria . . . . .	...	...	...	...	.42	1.29	.44	.57	1.16	.17	.35	.70
Pyrexia of uncertain origin . . . . .	...	...	...	.22	...	...	...	...	...	...	...	...
Heat-stroke . . . . .	...	...	...	.22	.42	.26	.22	...	.39	...	...	...
Circulatory Diseases . . . . .	.72	...	...	.22	.42	.39	.44	.25	.78	.17	...	...
Tubercle of the Lungs . . . . .	...	.92	.62	.22	.12	.13	...	.06	.78	...	.17	.46
Pneumonia . . . . .	...	...	...	.45	.54	.39	.22	.38	.78	.33	.09	.23
Respiratory Diseases . . . . .	...	...	...	.22	.18	.13	.22	.06	...	.33	.26	.23
Dysentery . . . . .	.72	2.78	...	...	.18	.26	...	.06	1.53	.66	...	.70
Diarrhoea . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess . . . . .	...	...	.62	...	.18	.13	...	.06	.78	...	.17	.46
ALL CAUSES	5.73	7.41	4.97	4.02	5.76	5.94	5.31	4.02	10.87	3.30	3.14	5.58

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.	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.	CONSTANTLY SICK.	Syphilis.	Soft Chancere.	Gonorrhoea.	
Blair	211	52'1	...	...	...	137'4	...	...	9'	...	9'5	4'7	...	9'5	...	14'2	...	14'2	...	478'7	19'6	...	...	...
Goon	1,184	8'4	...	...	...	104'7	...	...	5'9	...	32'9	3'4	8	83'6	18'6	15'2	...	2'5	97'4	1 098'8	51'2	11'0	30'4	38'0
UP I.— ARMA COAST AND BAY LANDS.	1,395	15'1	...	...	...	109'7	...	...	6'5	...	29'4	3'6	7	72'4	15'8	15'1	...	4'3	67'4	1 005'0	46'5	9'3	25'8	32'3
Yetmyo	139	...	...	...	...	100'7	...	...	...	...	...	...	...	57'6	21'6	14'4	...	21'6	100'7	633'1	26'5	43'2	28'8	28'8
Stila	435	2'3	...	...	...	23'0	...	...	2'3	...	4'6	...	...	27'6	...	13'8	...	4'6	22'8	404'6	27'9	11'5	25'3	46'0
Dufferin	171	11'7	...	...	...	122'8	...	...	23'4	...	52'6	5'8	...	29'2	11'7	23'4	...	...	93'6	1 801'2	70'5	5'8	35'1	52'6
Sebo	332	...	...	...	...	6'0	135'5	...	12'0	...	39'1	6'0	...	12'0	3'0	3'0	3'0	3'0	57'2	575'3	24'7	12'0	18'1	27'1
Ngban	2	...	...	...	...	...	...	...	...	...	...	...	...	1 000'0	...	...	...	...	...	2 000'0	15'0	...	...	...
UP II.— ARMA INLAND.	1,079	2'8	...	...	...	1'9	83'4	...	8'3	...	19'5	2'8	...	28'7	5'6	12'0	9	5'6	78'8	710'8	33'4	14'8	25'0	38'9
Williams, Alta and Singrikhal.	945	4'2	...	...	...	123'8	...	3'2	...	...	13'8	3'2	...	34'9	...	11'6	...	14'8	218'0	931'2	65'2	60'3	45'3	112'2
Dum	368	...	...	...	...	6'5	...	3'2	...	...	6'5	...	...	51'9	...	77'9	...	3'2	29'2	746'8	28'2	3'2	6'5	19'5
Jackpore	357	...	...	...	...	2'8	22'4	53'2	11'2	...	22'4	11'2	...	2'8	39'2	47'6	5'6	25'2	75'6	515'4	24'2	5'6	22'4	47'6
UP IV.— ANGAL AND ORISSA.	1,610	2'5	6	78'9	11'8	1'9	3'1	...	14'3	4'3	...	31'1	8'7	32'3	1'2	14'9	150'3	803'7	49'1	37'3	32'9	80'1
B																									
Agpore	501	...	2'0	...	2'0	29'9	...	8'0	6'0	2'0	10'0	2'0	4'0	31'9	...	53'9	2'0	...	57'9	740'5	42'2	8'0	16'0	33'9	
Agares	202	...	2'00	...	2'00	...	...	2'00	...	...	...	...	...	5'0	...	...	...	39'6	14'9	410'9	16'4	...	...	14'9
Shabad and Port.	759	43'5	...	...	2'6	69'8	2'6	...	13'2	1'3	6'6	5'3	5'3	19'8	11'9	11'9	...	11'9	32'9	586'4	25'3	4'0	5'3	23'7
Shabad	638	...	...	...	4'7	109'7	15'7	1'6	1'6	...	4'7	1'6	3'1	47'0	23'5	21'9	...	26'6	59'6	932'6	67'7	1'6	3'1	54'9
Know	1,643	25'6	...	...	9'7	47'5	...	17'7	10'3	...	22'5	2'4	1'8	23'7	16'3	29'8	1'2	21'9	49'3	719'4	63'5	3'0	9'1	37'1
Agpore	735	...	...	...	2'7	40'8	2'7	5'4	...	1'4	16'3	1'4	1'4	23'1	2'7	10'9	1'4	17'	34'0	523'8	28'4	...	4'1	29'0
UP V.— ANGETIC LAIN AND MUTIA AGPUR.	4,478	16'7	2	...	5'4	54'9	3'1	8'5	6'9	7	13'8	2'5	2'7	26'4	9'6	23'9	9	18'5	44'9	683'6	47'3	2'9	7'1	34'8	

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.	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.	CONSTANTLY SICK.	Syphilis.	Soft Chanc.	
A																								
Bareilly	861	2'3	...	...	1'2	60'4	2'3	1'2	10'5	...	7'0	1'2	1'2	15'1	19'7	20'9	...	4'6	38'3	912'9	5'89	11'6	11
Rurki	279	...	...	...	1'16	...	...	...	...	...	...	1'16	...	...	...	...	...	...	...	5'81	15'0	7'2	3
Meerut	1,782	'6	'6	...	3'9	135'2	1'7	1'7	3'4	...	11'8	'6	1'7	30'9	11'8	117'3	1'7	...	74'1	1,002'2	59'5	12'3	16	
Delhi	1,316	...	...	...	6'1	313'1	...	8'4	12'2	1'5	9'1	'8	3'0	28'1	5'3	35'0	...	6'8	64'6	782'7	39'5	7'6	26
Ambala	1,719	1'2	...	...	5'2	203'0	'6	5'8	1'7	'6	12'1	2'9	4'0	9'2	15'5	17'3	'6	1'2	49'5	641'7	50'2	1'7	23
B																								
Jullundur	887	...	...	...	2'3	210'8	7'9	3'6	3'4	2'3	3'4	1'1	21'4	13'5	...	18'0	...	...	23'7	724'9	38'4	...	4
Ferozepore	1,318	...	...	'8	3'0	198'0	113'8	7'6	'8	5'3	1'5	...	3'0	13'7	27'3	26'6	...	31'1	10'6	874'8	34'2	...	4
Amritsar	252	...	...	...	...	55'6	4'0	...	4'0	...	4'0	...	...	11'9	4'0	23'8	...	23'8	4'0	452'4	20'1	...	...
Lahore Cantonment and Fort.	1,634	26'9	4'3	...	3'1	142'0	132'2	2'4	3'7	4'9	14'7	1'2	3'7	26'3	11'6	52'6	1'2	1'2	44'1	937'6	40'9	4'3	11	
Sialkot	1,156	1'7	1'7	...	'9	419'6	38'1	2'8	4'3	3'5	24'2	'9	2'6	21'6	5'2	46'7	'9	3'5	31'1	938'6	44'3	6'9	5	
Rawalpindi	3,451	3'8	'3	...	2'0	309'5	64'0	12'2	2'9	2'0	7'2	1'4	7'2	24'6	1'2	29'3	'9	5'8	38'2	842'4	56'8	5'2	...	
Burhan Camp	1,504	'7	...	...	...	75'8	'7	9'3	2'7	...	2'0	2'0	4'0	36'6	'7	18'6	...	5'3	14'0	495'3	16'0	...	...
Campbellpore	330	...	...	...	...	218'2	30'3	9'1	15'2	...	9'1	...	6'1	51'5	...	15'2	...	3'0	27'3	354'5	29'9	6'1	...
Attock	170	...	...	...	...	435'3	282'4	11'8	5'9	35'3	5'9	...	...	17'6	5'9	11'8	...	...	11'8	1,011'8	23'6	...	...
GROUP VI.—UPPER SUB-HIMALAYA.	16,679	3'9	'7	'1	2'8	214'3	42'3	6'8	4'3	2'2	9'0	1'2	4'9	23'9	8'4	38'6	'6	6'1	38'9	807'6	41'2	4'9	11	
A																								
Nowahera	1,801	4'4	...	...	3'3	437'0	67'2	1'7	2'2	7'2	7'2	'6	2'2	37'8	...	7'2	'6	...	20'5	971'1	47'6	4'4	1
Risalpur	1,084	...	...	...	'9	260'1	95'9	'9	2'8	'	8'3	...	2'8	24'0	...	4'6	9'2	5'5	8'3	692'8	30'6	3'7	...
Peshawar	2,519	'8	...	'4	2'4	468'8	214'0	2'8	3'2	'4	9'9	'4	6'0	30'6	...	25'4	...	5'6	19'5	1,059'1	42'9	6'7	...	
Multan	514	1'9	1'9	...	...	610'9	54'5	7'8	...	27'2	17'5	3'9	7'8	25'3	1'9	1'9	...	...	11'7	1,015'6	51'9	3'9	3
C																								
Hyderabad	689	103'0	...	1'5	...	721'3	...	...	1'5	2'9	8'7	...	2'9	7'3	...	27'6	...	...	47'9	1,193'0	39'6	20'3	4
Karachi	1,131	1'8	...	...	'9	254'6	...	7'1	9'7	...	15'0	1'8	'9	20'3	'9	44'2	'9	3'5	36'3	819'6	45'3	9'7	13
GROUP VII.—N. W. FRONTIER, VALLEY, AND N. W. RAJPUTANA.	7,738	10'9	'1	'3	1'8	432'8	102'4	3'0	3'5	4'0	10'2	'8	3'7	27'4	'3	19'6	'4	3'1	22'6	961'4	42'9	7'2	3	
		'13	...	...	'13	1'20	...	...	...	'26	'39	'13	'39	'13	'26	...	'13	...	'13	5'94	...	'13	...

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.	Rheumatic Feve.	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.
B ch bad 513 782 688	206	...	...	...	4'9	568'0	14'6	...	...	...	...	...	...	4'9	9'7	...	4'9	19'4	801'0	} 131'4	...	...	19'4	
	...	...	...	4'85	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4'85		...	...	...
	441	...	...	2'3	...	335'6	56'7	2'3	...	54'4	6'8	2'3	54'4	...	15'9	...	6'8	68'0	877'6	} 42'3	6'8	22'7	38'5	
	...	...	...	2'27	...	2'27	...	...	...	2'27	...	...	...	...	...	...	...	...	11'34		...	...	...
	513	...	...	...	7'8	101'4	3'9	...	1'9	7'8	5'8	1'9	...	19'5	...	13'6	...	...	19'5	592'6	} 18'8	1'9	5'8	11'7

782	2'6	...	...	6'4	162'4	1'3	9'0	14'1	1'3	42'2	2'6	3'8	52'4	...	23'0	...	20'5	29'4	896'4	} 53'8	6'4	3'8	19'2	
...	...	...	...	2'56	...	...	...	...	1'28	...	...	1'28	...	...	...	...	...	...	8'95		...	...	...
688	2'9	...	...	5'8	293'6	...	23'3	8'7	2'9	42'2	2'9	4'4	29'1	29'1	29'1	4'4	1'5	46'5	1,100'3	} 58'5	2'9	2'9	40'7	
...	...	...	...	2'91	...	...	...	...	...	...	...	1'45	...	...	...	...	...	...	5'81		...	...	...
and Indore	1,887	...	...	7'4	2'1	235'3	'5	2'1	7'9	...	17'5	'5	2'1	22'8	12'7	26'5	'5	3'7	35'0	756'8	} 30'1	7'9	9'0	18'0
		...	...	1'59	...	'53	...	...	...	...	'53	...	...	...	...	...	...	...	...	5'81		...	...	...
P VIII.— TH-EAST PUTANA, TRAL IA AND ARAT.	4,517	'9	...	3'3	4'0	241'3	7'1	6'2	7'3	1'5	27'0	2'0	2'4	30'6	10'0	23'0	'9	6'2	36'5	828'4	} 43'0	5'8	7'7	23'0
		...	...	'89	1'11	'44	...	...	...	'22	'44	...	'22	'22	...	...	...	...	...	5'31		...	...	...
A Ipore .	2,226	'9	'4	...	1'3	142'9	5'4	3'1	2'7	...	19'3	1'3	2'7	16'2	7'6	22'3	...	2'2	49'4	601'5	} 37'0	8'5	11'7	29'2
		...	'45	...	'45	...	...	...	...	...	1'35	...	'90	...	'45	...	...	...	...	5'39		...	...	...
tee and baldi	552	1'5	...	...	...	108'7	10'9	...	3'6	...	10'9	...	...	10'9	...	10'9	1'8	9'1	52'5	405'8	} 21'4	...	3'6	48'9
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1'81	...	...	7'25	...		...	...
B derabad	3,072	3'9	...	...	'3	697'6	...	1'3	4'6	...	13'0	'7	'3	18'6	36'5	13'7	'3	'3	45'6	1,066'4	} 53'8	6'5	13'3	25'7
		...	...	...	...	1'75	...	...	...	...	'33	...	...	...	...	...	...	...	...	3'58		...	...	...
am	2,567	44'0	...	...	2'3	45'6	...	...	'8	10'9	'8	'4	21'0	1'6	51'8	...	'8	60'8	720'7	} 38'1	3'1	25'3	32'3	
...	...	...	...	'39	...	...	...	...	...	'39	...	...	...	...	...	...	...	...	3'12		...	...	...
...	33	...	...	...	212'1	...	...	30'3	...	...	...	...	30'3	...	...	...	...	...	60'6	697'0	} 9'7	...	...	60'6
...	
...	2,555	'4	...	1'2	15'3	182'0	8'2	3'9	1'2	3'9	8'6	'4	2'3	14'1	11'3	18'4	'4	1'2	78'7	588'3	} 74'0	12'1	23'3	43'1
...	...	...	'39	1'17	'78	...	...	...	...	'39	...	'39	'39	...	...	...	...	...	5'09	...		...	...
...	3,905	9'5	...	'5	4'6	146'2	3'3	1'8	2'6	'3	19'7	3'3	1'5	19'7	7'7	29'4	'3	1'8	71'4	657'4	} 44'2	10'0	24'6	36'9
...	...	...	...	'51	'56	...	...	...	...	...	...	'51	...	...	...	...	...	...	2'82	...		...	...
dnagar	601	...	...	1'0	1'0	341'7	...	...	2'0	...	32'0	2'0	...	22'0	1'0	15'0	...	3'0	64'9	808'2	} 41'6	5'0	14'0	46'0
		...	...	1'00	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4'99		...	...	...
P IX.— CAN.	15,911	10'4	'1	'4	4'3	252'8	3'3	1'8	2'4	'8	15'6	1'4	1'3	18'2	12'1	25'6	'3	1'6	61'7	728'5	} 47'9	7'7	19'1	34'9
...	...	'06	'13	'44	'57	...	...	...	...	...	'25	'06	'38	'06	'06	...	'06	...	...	4'02		...	...	...

EUROPEAN TROOPS, 1917.

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.	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.	CONSTANTLY SICK.	Syphilis.	Soft Chancere.
Colaba	2,355	145'4	'8	1'3	6'4	343'5	83'2	9'8	17'8	7'2	59'4	5'9	9'3	63'4	37'8	52'2	2'1	5'4	177'5	1,598'7	84'6	31'0	48
Cannanore	68	...	85	1'27	42	5	85	...	170	85	...	11'89	14'7
Calicut	45	22'2	22'2	66'7	200'0	...	22'9	...	22
Mallapuram	107	84'1	46'7	18,7	9'3	9'3	28'0	1,093'5	...	38'7	...	18
GROUP X.— WESTERN COAST.	2,575	31'5	'8	1'2	5'8	317'7	76'1	8'9	10'7	6'6	56'3	5'4	8'5	63'3	35'0	48'2	'9	3'5	164'7	1,511'4	77'4	28'3	45
A		...	78	78	...	1'16	39	78	78	28	...	1'53	...	78	10'87
Bellary	133	...	...	...	7'5	413'5	...	...	7'5	45'1	...	...	15'0	12'0	22'6	7'5	7'5	142'9	1,090'2	45'	7'5	67
Ramandroog	34	...	...	...	323'5	...	...	...	...	...	...	...	88'2	...	...	...	...	58'9	941'2	37'6	29'4	...
Bangalore	5,424	'4	'2	'2	7'6	145'6	1'8	3'5	...	8'7	'4	2'0	21'4	40'6	15'5	'2	'6	119'8	697'6	42'5	14'2	46	
B		18	18	...	37	18	55	2'77
Madras and St. Thomas' Mount.	405	2'1	...	...	23'7	...	6'5	2'1	2'1	12'9	2'1	...	15'1	6'5	8'6	...	8'6	92'5	752'7	57'2	17'2	17
GROUP XI.— SOUTHERN INDIA.	6,055	'5	'2	'2	6'9	143'2	...	2'1	3'3	'3	9'7	'5	1'8	21'1	37'3	15'0	'3	1'3	117'9	711'9	45'6	14'4	44
Raekhet and Chaubuttia.	1,245	2'4	...	...	20'9	2'4	3'2	3'2	...	4'0	2'4	'8	8'8	2'4	10'4	...	2'4	32'9	209'6	20'5	5'6	10
Chakrata	714	...	...	5'6	120'4	...	...	12'6	1'4	18'2	...	4'2	19'6	12'6	77'0	1'4	8'4	18'2	816'5	53'4	1'4	17
Lebong	251	59'8	...	...	92'6	...	...	8'0	...	12'0	...	...	15'9	...	19'9	...	51'8	75'7	928'3	69'9	35'9	15
Solon	191	...	...	...	256'5	36'6	5'2	...	...	10'5	...	5'2	...	...	5'2	...	10'5	83'8	1790'6	35'8	...	20
Dagshai	631	...	...	3'2	242'5	4'8	...	1'6	...	3'2	1'6	...	4'8	...	4'8	1'6	3'2	14'3	518'2	38'9	...	...
Subathu	58	...	...	...	86'2	...	...	...	...	...	...	...	17'2	...	51'7	...	...	34'5	758'6	22'8	...	17
Jutogh	563	...	...	...	236'2	...	...	1'8	...	17'8	1'8	...	7'1	...	1'8	...	...	3'6	412'1	13'2	1'8	...
Kalabagh and Baragali.	113	...	...	...	53'1	...	...	...	...	...	...	...	8'8	...	26'5	8'8	17'7	...	309'7	8'2	...	...
Kuldana	573	...	...	...	363'0	...	7'0	10'5	...	14'0	1'7	1'7	7'0	1'7	13'7	...	...	29'7	734'7	31'	8'7	30
Camp Gharial.	695	...	...	...	443'2	...	5'8	4'3	...	2'9	...	...	12'9	1'4	54'7	...	5'8	5'8	810'1	34'7	...	1'4
Camp Barian and Khairagali.	487	...	...	...	67'8	...	...	6'	...	2'1	...	...	12'3	2'1	6'2	2'1	...	31'9	320'3	50'9	10'3	...
Khan Spur and Ghora Dhaka.	552	12'7	...	...	191'7	7'2	...	5'4	...	21'7	1'8	1'8	38'0	...	12'7	...	...	9'1	623'2	26'7	1'8	18
		...	...	...	...	...	...	...	...	...	...	...	1'81	...	...	...	...	...	81	...	...	...

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.	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.	
Tabad	715	...	...	...	1'4	535'7	5'6	8'4	2'8	...	11'2	...	1'4	11'2	...	28'0	...	1'4	19'6	962'2	27'0	8'4	1'4	9'8	
	24	...	...	...	250'0	...	...	...	...	...	1'40	...	...	...	...	...	...	...	4'20	375'0		...	...	...	...
	3,182	6'9	...	6	1'9	307'0	...	1'6	9'4	...	8'2	6	2'2	13'2	...	10'1	6	4'4	33'9	756'1		32'6	5'0	3'8	25'1
oyo	977	...	...	31	...	94	...	...	...	...	...	...	63	...	...	31	...	31	4'71	482'1	54'6	31	...	...
	504	...	...	1'0	82'9	...	...	4'1	...	15'4	1'0	1'0	19'4	2'0	11'3	2'5	...	21'5	1'02	515'9		20'1	1'02	4'0	6'0
HILL TIONS.	11,475	4'1	...	2	1'2	230'4	1'8	2'2	5'9	1	11'5	1'0	1'4	13'5	1'5	18'4	8	4'4	25'4	626'1	34'1	5'1	4'1	16'3	
	...	...	...	09	09	35	...	...	...	...	17	09	26	...	...	17	...	17	3'14	...		17	...	...	...
sing	217	4'1	...	...	119'8	...	9'2	4'6	...	13'8	...	4'6	32'3	36'9	...	...	18'4	27'6	548'4	45'5	13'8	4'6	9'2		
	119	8'4	...	...	42'0	109'2	...	75'6	8'4	...	58'8	...	8'4	42'0	8'4	84'0	8'4	8'4	33'6		907'6	72'9	...	...	33'6
Tal	147	...	...	...	6'8	272'1	...	...	6'8	...	...	...	27'2	40'8	34'0	...	6'8	13'6	979'6	63'7	6'8	...	6'8		
	525	...	...	...	7'6	146'7	3'8	...	7'6	...	7'6	19	3'8	9'5	13'3	5'7	...	19'0	436'2		13'33	55'5	7'6	...	11'4
usie	815	...	...	...	12'2	332'5	1'2	...	11'0	...	2'4	2'4	3'7	23'2	7'3	34'2	...	...	13'4	746'9	40'1	2'4	1'2	9'8	
	150	...	...	...	1'23	2'44	...	...	...	...	...	...	...	1'22	...	...	...	...	4'89	...		...	...	...	...
r Toppa	231	...	...	...	146'7	13'3	...	...	...	20'0	6'7	...	26'7	6'7	13'3	13'3	...	33'3	553'3	200'9	13'3	...	20'0		
	96	...	...	...	4'3	164'5	4'3	4'3	...	4'3	...	...	17'3	...	30'3	...	21'6	56'3	588'7		19'2	21'6	...	34'6	
t Abu	149	...	...	...	52'1	83'3	...	...	...	...	...	...	52'1	...	20'8	...	93'7	...	489'6	16'2	...	...	...
	131	...	...	...	60'4	...	...	...	...	...	...	6'7	47'0	6'7	6'7	...	53'7	33'6	396'0		6'71	17'7	...	...	33'6
ngton	1,719	...	...	7'6	7'6	183'2	...	7'6	...	7'6	7'6	...	15'3	...	15'3	...	...	15'3	839'7	37'7	7'6	7'6	...		
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7'63		...	...	...	...	...
XII-5, Convalescent Depôts, Sanatoria.	4,302	3	...	3	6'0	153'8	3'5	3'3	4'9	5	9'1	1'2	1'9	17'7	15'3	17'0	1'2	6'7	22'5	524'9	49'3	6'5	2'8	13'2	
	...	...	...	46	70	...	...	...	...	...	46	23	23	70	...	46	...	...	5'58	...		...	...	...	...

TABLE III—concluded.

RATIOS of STATIONS, GROUPS and ARMIES.

STATIONS, GROUPS AND ARMIES.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.					3. CONSTANTLY SICK.					
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyrexia of uncertain origin.	Rheumatic Fever.	Head-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.
Troops marching	1,644	2'4	...	'6	...	233'0	...	11'6	'6	'6	3'0	'6	3'6	14'0	2'4	17'0	'6	1'2	12'8	507'9	6'1	'6
Deolali Depôt	1,352	2'2	...	1'5	3'0	290'7	1'5	10'4	2'2	3'0	22'9	'7	4'4	24'4	20'0	37'7	'7	'7	45'1	823'2	135'0	2'2
Poonamalle Depôt	14	...	...	...	...	142'9	...	...	...	...	...	...	71'4	...	...	...	...	...	...	928'6	340'0	...
INDIA	80,825	7'3	'2	'4	3'4	227'9	22'9	4'2	4'7	1'5	14'3	1'5	2'8	23'7	11'1	25'7	'6	4'9	52'0	771'7	45'6	7'9
NORTHERN ARMY	39,503	4'7	'3	'0	3'1	221'9	39'5	5'3	4'7	1'9	11'1	1'4	3'5	23'9	6'1	28'7	'7	7'4	36'4	765'9	42'8	6'2
SOUTHERN ARMY	39,678	10'1	'1	'8	3'9	223'7	7'2	2'9	4'9	1'1	18'0	1'5	2'0	23'9	16'4	23'1	'6	2'6	69'1	788'3	50'0	9'9
Rangoon	1,184	'26	...	...	'08	3'11	...	...	'39	...	1'71	'55	'12	3'84	1'37	'54	...	'51	7'34	51'25	51'25	1'16
Lucknow	1,643	1'00	...	...	1'72	3'05	...	3'94	1'11	...	3'22	'29	'15	2'62	'93	1'20	'19	1'56	9'36	63'46	63'46	1'24
Meerut	1,782	'21	'06	...	2'40	6'26	'66	'58	1'22	...	'27	'61	'22	4'40	2'33	5'22	'10	...	12'84	59'47	59'47	2'85
Ambala	1,739	'06	...	...	'85	10'44	'02	1'10	'19	'01	1'30	'32	'39	'71	2'03	'70	'01	'06	9'00	50'23	50'23	'38
Rawalpindi	3,451	'05	'02	...	'39	11'42	1'03	3'16	'65	'14	1'48	'58	'79	1'04	'23	1'65	'43	'37	8'80	56'77	56'77	1'48
Poona	2,555	'01	...	'12	2'30	8'01	'05	'36	'05	'12	'56	'16	'24	'58	'81	'80	'09	'05	48'82	74'61	74'61	4'06
Secunderabad	3,072	'31	...	...	'05	23'15	...	'35	'58	...	1'43	'12	'02	1'12	2'96	'68	'06	'04	8'05	53'76	53'76	'70
Colaba	2,355	1'48	'02	'06	'87	14'57	2'93	'28	'88	'42	4'06	1'26	1'21	3'60	3'20	1'73	'14	'19	7'04	84'58	84'58	1'91

EUROPEAN TROOPS, 1917.

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.—Drainage generally defective. A very large number of the drains and irrigation channels are *kachcha* and are difficult to keep clean. The low lying ground on either side of the Cantonment gets water-logged. Sadar Bazar drains falling to pieces. Water supply satisfactory but some danger of shortage on account of present size of garrison. Bazars overcrowded and too close to lines. Incineration chiefly, some removal, dust and flies reported prevalent.

Nowshera.—Drainage sufficient except in very wet weather. Water supply from wells liable to contamination. No pumps and no storage tanks. Some overcrowding of Indian Units but accommodation being provided. Bazar drainage scheme nearing completion. Nightsoil from Indian Regiments incinerated, otherwise trenching. A piped water supply advocated and proper sanitary arrangements for Indian Units. A shortage of sweepers noted.

Jullundur.—Reports the presence of borrow-pits and *kachcha* drains, these are being dealt with as funds permit. Borrow-pits were constructed in connection with the building of new barracks, these will be filled in. Water supply is fair in quality but deficient in quantity, this question is under consideration. Drainage in Bazars defective but the matter is receiving attention. The wet system of incineration with removal is in force. A scheme for incineration is under consideration.

Ferozepore.—The drainage of the whole cantonment is going to be taken in hand. A tube well is being sunk. There are still many borrow-pits and depressions to be filled in. The whole system of drainage (including Sadar Bazar) is very defective. Marsh land south of cantonment requires draining. The state of the Sadar Bazar is unsatisfactory. Incineration in force.

Meerut.—The construction of suitable surface drains is contemplated at an early date. Water supply satisfactory. The condition of the cantonment in proximity of Kankir Khera and Buxer Khera are suspected of being responsible for sickness within the cantonment. Nightsoil incinerated. A Government Dairy required.

Lucknow.—A number of tanks are being gradually filled in. Water supply from the municipality. Nightsoil being disposed of chiefly by removal and partly by incineration.

SOUTHERN ARMY.

Jubbulpore.—Surface drainage defective. Improvements in the Sadar Bazar surface drainage system have been carried out, and a large amount of useful drainage work has been done, especially on the village, under the grant for anti-malarial measures. Water from the municipality. R. A. Depot overcrowded but steps were taken to remedy this by building more accommodation. Nightsoil disposed of by incineration or trenching. Urine trenched. Attention is called to the defective storage of grain in the Bazar and the existence of many old thatched houses.

Jhansi.—Solid excreta disposed of by trenching. Incineration has been adopted for Indian troops. Fluids are removed and shed. There is a plentiful supply of water from wells. Khoshipur and the Abbot Market have been much improved but Gawal Toli and Khasari are still dirty. Pools of water have been dealt with.

Bangalore.—A number of wheels about the station. Water supply of good quality from the municipality. Accommodation had to be supplemented with tents. Nightsoil disposed of by incineration.

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.
Group B																																						
Group B																																						
Group VIII.—SOUTH WEST INDIA, CENTRAL INDIA, AND GUJARAT.	1	2	1	3	1	1	5	2	1	1	1	18	32	26	22	39	58	91	94	146	167	225	150	40	1,090	2	3	5	5	2	1	2	5	2	1	1	28	
Group A																																						
Group A																																						
Group B																																						
Group IX.—DECCAN	5	12	4	3	2	13	14	4	2	4	5	68	141	136	233	266	297	328	296	384	522	581	621	4,023	1	2	2	2	3	4	5	6	1	2	1	28		
Group X.—WESTERN COAST	1	1	3	6	1	1	1	1	1	1	1	15	30	34	40	58	83	54	67	73	104	134	64	68	809	1	1	1	1	2	1	3	4	4	4	3	23	
Group A																																						
Group A																																						
Group B																																						
Group XI.—SOUTH INDIA	2	5	2	4	5	6	6	1	5	6	4	42	52	97	126	62	39	81	58	63	68	73	92	76	867	1	3	3	1	3	1	1	1	1	1	1	13	
Group XII.—HILL STATIONS	2	3	3	1	1	1	2	1	1	1	1	14	26	12	31	94	237	408	270	311	538	319	276	122	2,644	2	3	2	4	7	3	2	2	2	2	2	25	
Group XIII.—HILL STATIONS	3	3	1	6	1	5	2	6	1	1	1	27	13	1	7	30	40	54	70	88	202	86	40	31	662	2	1	1	5	3	1	1	1	1	1	1	14	

EUROPEAN TROOPS, 1917.

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 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.													
Troops, marching	21	44	21	14	4	55	62	40	41	35	31	15	383	1	9	5	1	1	
Deolali Depot	10	8	16	29	57	55	59	52	21	43	23	20	393	2	..	1	4	1	4	1
Poonamallee Depot	1	1	..	2
INDIA	18	17	25	23	21	24	28	39	29	21	15	16	276	755	635	751	852	1,099	1,513	1,793	1,606	2,635	3,140	2,515	1,617	18,421	24	27	39	42	37	34	21	37	33	19	22		
NORTHERN ARMY	14	5	7	11	10	16	6	14	17	15	3	1	122	419	250	234	280	454	629	610	718	1,307	1,762	1,278	617	8,764	17	12	27	24	27	22	12	23	20	11	11	
SOUTHERN	4	9	18	12	11	8	22	25	12	6	12	15	154	315	335	496	558	641	829	621	848	1,087	1,343	1,203	995	9,274	6	6	7	17	11	12	9	14	11	8	11	

EUROPEAN TROOPS, 1917.

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.

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.	TOTAL.													
A																																																				
Jubbulpore									1			1				2	1	2		3	1	3	4	1	17	5	1	7	2	4	4	2	4	2	5	7	7															
Kamptee & Sitabaldi																											1	1	1																							
B																																																				
Secunderabad													5	3	13	9	6	7	9	23	13	13	2	9	112	6	7	2	5	1	1	2	3	1	6	4	4															
Belgeum																2	2								4			16	2	12	25	6	29	7	13	7	16															
GROUP IX.—DECCAN									1			1	5	4	16	20	14	17	21	37	15	21	8	15	193	15	11	33	14	25	57	59	73	19	43	25	34															
GROUP X.—WESTERN COAST									2			2	1	3	7	2	7	10	16	13	3	11	8	8	89	1	1	3	5	18		25	9	9	11	16	25															
A																																																				
Bellary																									3							1																				
Bangalore											1	1	1	1	9	16	9	24	33	33	26	23	22	29	220	1	8	3	9	9	11	4	6	5	7	6	15															
B																																																				
Madras and St. Thomas' Mount													1	2											3		1	1			1	1																				
GROUP XI.—SOUTH INDIA									1			1	2	3	9	16	9	25	34	24	20	23	22	29	226	1	9	4	9	9	13	5	6	5	9	6	15															
Ranikhet and Chaubuttia																		2	1						3				5	1	2	2	1	2																		
Chakrata																		6	1		2				9					8	20	10	9	7	1																	
Lebong																													2	1	1																					
Solon																																		1																		
Dagshai																													1								1															
Subathu																													2	1																						
Jutogh																																1																				
Kalabagh and Baragali																														1	2																					
Kuldana																																5				4																
Camp Gharial																		1							1					6	4	6	17	2	1	2																
Camp Barian and Khairagali																		1							1							1																				
Khan Spar and Ghora Dhaka																													1	3		2		1																		
Cherat																										3				11	3			2	1																	
Quetta																														3			8	19	1		1															
Maymyo																						1			1		1	1		3	3		1	1			1															
Berbhan																														6	1																					
GROUP XIIa.—HILL STATIONS																			8	3	1	2	1		1	17	3	1	3	9	49	34	22	38	36	8	4	1														
Darjeeling																		2		2	1	2	1			8																										
Naini Tal																												1	2	1	5	1																				
Landour																														1	3																					
Kasaoli													1				1	1	2			1	1			7										1	2															
Dalhousie																	1	3				2				6	1		4	6	4	1	5	3	6																	
Murree																																2																				
Upper Toppa																														1			6																			
Mount Abu																																		1																		
Pachmarhi																																1																				
Purandhar																														1		1																				
Wellington																		1	2	4	4	5	4	6	2	6	2	36	1	1		1	1	2	4	1		1	1													
GROUP XIIb.—HILL CONVALESCENT DEPÔTS, AND SANATORIA													1													1		6	9	8	14	6	14	9	3	1	1															
Troops marching																																																				
Deolali Depôt													1	1	2	3	1	3	3	3	1		5	4		27	1		1	3	7	4	21	2	1	6	2	3														
INDIA													1		3	9	3	1								17	19	25	54	69	64	81	113	119	84	99	87	81	895	71	69	141	130	171	210	217	286	265	225	135	158	207
NORTHERN ARMY																																																				
SOUTHERN																																																				

EUROPEAN TROOPS, 1917.

TABLE XI.

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.		Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1919.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
														Died	Invalided									
1 Flying Coy, 31st adron.	342	Admitted Died Invalided	4 3 ...	3 3 ...	...	70 ...	31 ...	...	4 ...	3 ...	...	...	...	7 1	2 ...	2 ...	...	1 ...	11 ...	255 6 5	11'42	...	Risalpur, Full. April, to 25th September. Lahore, 1st April to 31st December.	1 9 25
VALRY. ing's Dra- n Guards.	59	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	1 ...	2 ...	...	...	6 ...	43	1'05	556	Meerut, 23rd November, to 31st December. Arrived from France, 23rd November.	0 1 8
(Queen's Hussars.	474	Admitted Died Invalided	...	...	...	74 1	...	...	1 ...	7 1	...	...	...	16 ...	4 ...	43 ...	...	...	40 ...	477 2 1	41'07	...	Meerut 1st January to 15th November. Detachment Delhi 22nd October to 30th October. Marching 1st May to 7th May. Field service 15th November.	5 10 15
(King's sars.	9	Admitted Died Invalided	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	5	8	'53	...	Regiment on Field Service.	
(Empress India's) cers.	588	Admitted Died Invalided	...	...	1	102	34	...	1	6	...	1	17	...	...	1	1	1	5	314 3 2	15'19	...	Risalpur, Full. Detachment Khan Pur, 23rd April, to 29th September.	5 2 0
ned Caval- epot.	437	Admitted Died Invalided	1	...	4	66	...	1	5	...	2	11	11	66	...	...	...	33	494 3 3	50'00	...	Meerut, Full.		
s Cavalry	330	Admitted Died Invalided	...	...	2	140	3	...	...	2	...	...	...	4	1	2	3	8	265 2 2	9'39	...			
ALRY. 1,897	1,897	Admitted Died Invalided	1 ...	...	7 1	383 1	37	3	120	...	3	48	17	114	1	4	97	1,601 10 8	117'20	556				
ILLERY. Battery, al Horse flery.	239	Admitted Died Invalided	...	...	...	120	42	2	...	3	...	1	6	...	4	1	1	275 1 4	11'69	...		Risalpur, Full.	11 6 0	
" "	196	Admitted Died Invalided	1 1	...	2	10	1	2	...	3	...	6	2	19	...	15	154 2 1	2'50	...			Meerut, 1st January to 15th November. Detachment Delhi 1st January 4th March. (Left for field service on 15th November.)	9 11 15	

EUROPEAN TROOPS, 1917.

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.	Venereal Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.	
																									Admitted.	Died.	Invalided.
ARTILLERY																									
<i>—contd.</i>																									
"X." Battery Royal Horse Artillery.	27	Admitted. Died. Invalided.	2	1	20	1'00	184	Meerut, 23rd November to 31st December. From France, 23rd November.	
"A." Ammunition Column, Royal Horse Artillery.	14	Admitted. Died. Invalided.	3	3	'06	...	Risalpur, Full.	
4th Battery, Royal Field Artillery.	241	Admitted. Died. Invalided.	35	10	4	2	2	1	5	4	5	178	6'71	...	Rawalpindi, 1st January to 31st July. Campbellpore, 10th July to 31st December. Detachment, Upper Topa, 26th April to 24th October.	
38th Battery, Royal Field Artillery.	205	Admitted. Died. Invalided.	1	...	1	100	20	2	2	1	1	...	3	8	1	11	...	2	7	243	9'37	...	Rawalpindi, Full. Detachment, Upper Topa, 26th April to 24th October.		
74th Howitzer Battery, Royal Field Artillery.	214	Admitted. Died. Invalided.	...	...	...	1	161	60	1	...	4	...	3	18	...	5	...	3	6	353	11'92	...	Peshawar, Full. Detachment, Campbellpore, 16th November to 19th December.
77th Howitzer Battery, Royal Field Artillery.	278	Admitted. Died. Invalided.	...	...	...	1	79	25	5	1	...	...	1	5	1	9	...	...	11	221	12'73	...	Jhansi, 1st January to 31st December. Rawalpindi, 22nd January to 31st December. Detachment, Upper Topa, 26th April to 24th October.
78th Battery, Royal Field Artillery.	18	Admitted. Died. Invalided.	...	...	...	2	...	...	...	...	1	...	1	...	...	...	...	...	2	10	1'40	...	Rawalpindi, 20th February to 1st March.
79th Howitzer Battery, Royal Field Artillery.	210	Admitted. Died. Invalided.	...	...	...	41	5	2	1	1	1	1	1	3	...	6	...	1	6	154	7'47	...	Burhan, 22nd January to 18th March. Jullundur, 16th March to 31st December. Marching remainder.
80th Battery, Royal Field Artillery.	235	Admitted. Died. Invalided.	...	...	3	116	20	1	...	1	1	1	1	13	...	3	...	...	7	250	11'35	...	Nowshera, Full.
90th Battery, Royal Field Artillery.	248	Admitted. Died. Invalided.	...	...	...	219	18	1	...	3	...	...	...	12	...	1	...	...	2	368	13'46	...	Nowshera, Full.
91st Battery, Royal Field Artillery.	35	Admitted. Died. Invalided.	...	...	...	8	...	...	...	...	...	1	1	...	2	...	...	...	1	23	1'46	...	Nowshera, 1st January to 9th March (Disbanded).
101st Battery, Royal Field Artillery.	201	Admitted. Died. Invalided.	4	...	...	128	...	...	1	...	...	...	...	...	2	...	1	16	248	10'74	...	Hyderabad, 1st January to 18th March. Quetta, 19th March to 31st December.	

REG'T.	Average annual strength.	Classification.	DISEASES.													Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.		
			Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malana.	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.
ARTILLERY																					Y. M. D.
contd.																					
Battery, Field Artillery.	218	Admitted Died Invalided	29	1 ... ...	...	219 ... ...	...	...	...	2 ... ...	...	1	2 ... ...	...	7 ... ...	...	14	338	11'09	Hyderabad, Full.	4 0 19
Ammunition Column, Field Artillery.	84	Admitted Died Invalided	...	...	...	19	6 ... ...	...	...	2 ... ...	...	...	1 ... ...	...	1 ... ...	...	1	57	2'98	Nowshera, Full.	13 0 0
" " "	85	Admitted Died Invalided	...	...	...	21	1	2 ... ...	...	...	...	1	3 ... ...	...	1	1	3	45	3'56	Rawapindi Full. Detachment, Upper Topa, 26th April to 24th October.	11 0 0
" " "	91	Admitted Died Invalided	5 ... ...	...	...	92 ... ...	...	...	1	1 ... ...	...	...	...	...	...	...	4	103	3'28	Hyderabad, Full.	13 0 0
" " "	66	Admitted Died Invalided	...	...	...	13 ... ...	...	...	1	1 ... ...	...	3	8	2	2	1	3	70	1'37	Jhansi, Full. Amritsar, 11th April to 31st December.	14 10 0
" " "	26	Admitted Died Invalided	...	...	...	5	1 ... ...	...	...	...	...	...	1 ... ...	...	1 ... ...	...	1	31	1'44	Agra, 7th June to 15th September (Formed at Agra).	...
" " "	27	Admitted Died Invalided	...	...	...	7 ... ...	...	...	...	...	...	...	1	2	4 ... ...	...	6	52	2'66	Jhansi, Full.	...
Company, Garrison Artillery.	151	Admitted Died Invalided	6	1 ... ...	...	7 ... ...	...	...	2	3	1	1 ... ...	...	...	...	3	2	54	3'00	Allahabad, Full. Detachment Darjeeling, 25th April to 31st December.	18 11 0
" " "	167	Admitted Died Invalided	...	...	...	8 ... ...	...	...	...	1 ... ...	...	...	2 ... ...	...	1	1	5	61	3'18	Calcutta, Full.	15 11 0
60, Heavy Battery, Royal Garrison Artillery.	105	Admitted Died Invalided	...	1 ... ...	...	...	...	...	2 ... ...	...	...	...	4 ... ...	...	3	2	1	36	1'19	Rurki, Full.	15 9 0
Company, Royal Garrison Artillery.	106	Admitted Died Invalided	4	1 ... ...	...	22	6 ... ...	...	3	8 ... ...	...	...	4	2	2 ... ...	...	4	99	4'94	Colaba, Full.	18 9 0
" " "	106	Admitted Died Invalided	...	...	...	8 ... ...	...	...	1 ... ...	...	...	...	2 ... ...	...	1 ... ...	...	11	72	4'05	Rangoon, Full.	13 0 0
68 Heavy Battery, Royal Garrison Artillery.	97	Admitted Died Invalided	...	...	...	3 ... ...	...	...	...	...	...	...	2	1	1 ... ...	...	3	47	1'89	Cawnpore, Full. Detachment at Rurki, 16th November to 31st December.	13 11 0

EUROPEAN TROOPS, 1917.

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Actuals.														Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.			
			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 Longation and Inflammation.	Veneral Diseases.	All Causes.
ARTILLERY— <i>contd.</i>	No. 70 Company, Royal Garrison Artillery.	Admitted	7	2	...	2	...	2	...	2	...	2	43	283	Karachi, Full
		Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
	" 73 " "	Admitted	2	...	1	24	30	1	1	1	2	1	1	11	...	2	1	...	9	159	700	Lahore, Full
		Died	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	2	
		Invalided	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	3	
	" 74 " "	Admitted	1	58	...	1	...	2	16	1	...	15	...	1	...	4	21	224	1312	Agra, Full Detachment at Delhi, Full.
		Died	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	1	
		Invalided	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	6	
	" 75 " "	Admitted	28	...	1	...	1	4	3	3	1	1	...	135	080	Rangoon, Full Detachment Amritsar, Full.	
		Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
		Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
	" 76 " "	Admitted	2	...	...	16	4	1	1	2	...	2	1	...	1	...	8	75	401	Colaba, Full
		Died	
		Invalided			1	
" 79 " "	Admitted	3	...	...	15	8	1	...	4	...	2	...	2	1	1	1	66	331	Do.	
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			...
	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			3
" 82 " "	Admitted	...	...	...	11	9	...	...	...	...	1	...	3	4	2	2	86	271	Ferozepore, Full.	
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			...
	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			...
" 94 " "	Admitted	1	...	...	119	13	1	1	...	1	1	...	5	1	2	6	198	1271	Rawalpindi, Full Detachment Upper Tepe, 26th April to 24th October.	
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			...
	Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...			2
" 101 " "	Admitted	...	...	...	2	...	...	...	2	...	1	...	1	...	2	30	152	Karachi, Full		
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			...	1
	Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...			...	1
No. 1 British Mountain Battery.	Admitted	...	...	...	11	1	...	...	1	1	2	3	...	4	1	3	69	281	Rawalpindi, Full. Detach- ment Kalabagh 1st May to 19th October.	
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			...
	Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...			1
" 3 " "	Admitted	...	...	...	14	...	...	...	...	...	...	...	...	1	...	2	50	203	Quetta, Full	
	Died	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...			2
	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			1
" 4 " "	Admitted	1	...	...	22	...	1	1	...	1	1	...	1	1	6	62	280	Do.		
	Died	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...			...	...
	Invalided	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...			...	2
" 6 " "	Admitted	...	...	1	13	3	...	1	...	1	3	...	1	1	48	391	Peshawar, 1st January to 5th August, Barian, 10th April to 17th October. Peshawar, 1st November to 31st December Marching re- mains.			
	Died	...	...	...	...	...	...	1	...	...	...	...	...	...	...			...	...	2
	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...			...	...	...
" 8 " "	Admitted	...	...	...	25	2	...	1	...	...	...	...	...	...	1	51	152	Peshawar, Full Detachment Barian, 21st May to 30th October.		
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			...	...
	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			...	...

Nos.	Average annual strength.	Classification.	Diseases.													Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.			
			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.
ERY— British in Bat-	121	Admitted Died Invalided	...	...	...	...	4	...	...	...	3	1	...	2	...	5	...	3	41	2'07	Rawalpindi Full Detachment, Kalabagh, 2nd May to 22nd October.	33 0 0
Battery Field Y.	67	Admitted Died Invalided	...	...	...	...	21	...	...	3	...	...	2	...	3	...	3	59	3'02	Jubbulpore, 1st January to 31st December 1917.	3 0 0	
"	281	Admitted Died Invalided	...	...	...	...	33	...	1	1	7	1	3	4	2	14	...	15	186	10'89	Jubbulpore, 1st January to 31st December 1917. Detachment at Kirkee, 1st June to 31st December.	1 8 6
"	146	Admitted Died Invalided	7	...	...	...	34	18	6	...	...	...	5	...	10	...	1	3	151	5'61	Lucknow, 1st January to 13th February, Burhan, 14th February to 10th March, Lahore, 1st May to 31st December, Marching remainder.	2 8 14
"	212	Admitted Died Invalided	6	...	...	...	15	19	1	...	1	...	4	1	12	...	...	9	152	6'22	Burhan, 20th January to 18th March, Lahore, 1st May to 31st December, Marching remainder.	2 11 8
"	217	Admitted Died Invalided	7	...	...	...	43	14	1	1	...	5	1	6	3	6	5	10	202	10'41	Barrackpore, 1st January to 13th September Detachment at Ferozepore, 14th September to 31st December, Lucknow, 6th February to 13th September Darjeeling, 16th April to 23rd November.	2 9 24
"	171	Admitted Died Invalided	2	...	...	...	41	...	...	2	1	3	...	6	9	3	2	12	158	9'00	Allahabad, 1st January to 14th September, Detachment at Ambala, 15th September to 31st December, Darjeeling, 16th April to 30th October.	2 11 8
"	133	Admitted Died Invalided	...	...	...	...	103	5	2	1	1	4	1	3	1	1	...	2	165	7'67	Delhi, 1st January to 10th April, Multan, 22nd March to 13th September	
"	112	Admitted Died Invalided	...	...	...	...	27	33	...	1	...	...	2	6	3	9	...	2	124	1'74	Ferozepore, 20th March to 20th July and 10th June to 20th September.	
"	53	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	30	2'76	Ambala, 1st June to 1st September.		
"	65	Admitted Died Invalided	3	...	...	...	1	...	...	1	...	...	6	...	...	...	...	4	47	2'11	Kirkee.	

EUROPEAN TROOPS, 1917.

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 1917.	Stations occupied during the year with date of occupation Last move.
ARTILLERY— <i>contd.</i>																								
1008th Battery Royal Field Artillery.	220	Admitted Died Invalided	6	6	1	47	1	4	8	13	5	11	5	248 1 5	9'06	Kirkee, 4th January to 30th March, Mhow, 30th March to 31st December.								
1102nd " "	26	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	5 ... 1	'37	Secunderabad, 1st September to 30th April.			
1103rd " "	250	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	85	1	2	1	11	5	20	181 ... 1	6'76	Secunderabad Full.						
1104th " "	181	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	23	2	2	2	8	1	10	98 2 2	4'26	Bangalore, 1st January to 8th February, Kamptee, 12th February to 10th Sep- tember, Delhi, 18th October to 31st Decem- ber, marching remainder.						
1106th " "	31	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	1	1	2	19 ... 2	'82	Mhow, 1st Janu- ary to 23rd March.					
1107th " "	219	Admitted Died Invalided	24 ... ...	... ... ...	... ... ...	118 ... ...	... ... ...	... ... ...	2	1	2	6	7	267	7'10	Mhow, 1st Janu- ary to 17th March, Hy- derabad, 18th March to 31st December.				
Royal Artillery Depôt, Jubbul- pore.	346	Admitted Died Invalided	2 ... 1	90	2	2	2	15 ... 17	2 ... 1	11 ... 1	8 ... 1	14	3	60	374 2 45	25'28	Jubbulpore, Full.					
Royal Artillery Depôt, Secun- derabad.	20	Admitted Died Invalided	14	1	18	'51	Secunderabad, 1st March to 31st December.					
Royal Artillery Depôt, Kirkee.	177	Admitted Died Invalided	4 ... ...	... ... ...	2	55 ... 1	... ... ...	1	14 ... 2	1	7	11	1	292 1 3	15'24	94 Kirkee, Full.						
Royal Artillery Depôt, Ahme- dnagar.	10	Admitted Died Invalided	6	1	9	'23	Ahmednagar, 9th September to 31st December.					

STATISTICAL REPORT
TABLE XI
STATISTICS OF SICKNESS

Corps.	Average annual strength.	Classification.	Diseases.																Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.			
			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.
ARTILLERY— 1st Artillery Regt. Bel- m.	35	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	17	...	Belgaum Full	1 0 0	
1st Artillery Regt. Ambala.	79	Admitted Died Invalided	1	...	...	...	33	...	...	1	3	1	2	...	1	4	...	1	43	1508	...	Ambala 1st January 1917 to 12th De- cember 1917.	1 11 12	
1st Artillery Regt. Ambala.	961	Admitted Died Invalided	9	1	1	3	183	36	3	1	10	2	3	17	10	27	...	2	95	667	45'36"	...	...	...
1st Artillery	9,600	Admitted Died Invalided	127	2	8	27	2,794	423	37	38	16	144	20	36	252	77	262	5	60	593	8,546	408'47"	278
Machine Gun Coys. 221st Company.	111	Admitted Died Invalided	...	...	...	...	55	15	1	...	1	...	...	...	4	...	...	...	5	106	3'50"	...	Nowshera 10th March to 31st December 1917. Detachment at Khan Apur 23rd April to 12th October 1917.	0 8 12
Machine Gun Coys. 22nd Machine Gun Battalion.	75	Admitted Died Invalided	13	1	1	1	2	...	1	...	1	2	36	1'92"	...	Rawalpindi Full Detachment at Upper Topa 20th May to 30th Septem- ber 1917.	...
Machine Gun Coys. 24th Machine Gun Battalion.	5	Admitted Died Invalided	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	3	...	...	Rawalpindi 1st May to 1st June 1917.	...
Machine Gun Coys. 222nd Machine Gun Battalion.	79	Admitted Died Invalided	...	...	...	1	19	1	...	...	1	...	...	4	...	3	...	...	1	71	2'50"	...	Rawalpindi 1st January to 31st December 1917 Detachments Campbellpore 8th February to 20th April 1917 Upper Topa 4th June 1917 to 30th Septem- ber 1917. Abbottabad 29th Septem- ber to 27th October 1917.	1 0 0
Machine Gun Coys. 260th Machine Gun Battalion.	57	Admitted Died Invalided	...	...	...	...	13	1	...	...	...	...	...	...	...	1	...	...	1	29	1'28"	...	Dalhousie 1st July to 1st November 1917 Lahore 23rd October to 31st December 1917.	0 7 0
Machine Gun Coys. 261st Machine Gun Battalion.	58	Admitted Died Invalided	...	...	...	...	9	...	...	...	...	...	...	1	...	...	...	...	...	41	1'78"	...	Quetta 22nd August 1917 to 31st December 1917.	0 4 9

EUROPEAN TROOPS, 1917.

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Actuals.																Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.		
			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.
Machine Gun Corps Details.	61	Admitted Died Invalided	...	...	...	5	...	5	...	...	...	...	...	...	...	...	...	...	...	20	'97	...	.....
Total Machine Gun Corps.	446	Admitted Died Invalided	...	...	1	114	19	5	...	1	1	1	11	2	6	...	1	14	306	1	12'07	...	.....
Armoured Motor Car Units No. 1.	29	Admitted Died Invalided	...	...	...	28	7	...	...	1	...	...	...	...	1	...	...	...	52	...	2'12	...	Peshawar Full.
Royal Engineers 1st (King George's Own Sappers and Miners).	10	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	...	'29	...	Calcutta Full.
Royal Engineers 3rd Wireless Squadron.	112	Admitted Died Invalided	...	...	1	22	1	1	...	...	...	1	1	...	1	...	1	4	50	...	2'76	...	Rawalpindi Full Detachment Upper Topa 25th April to 27th October 1917.
Royal Engineers 16th Divisional Signal Company.	16	Admitted Died Invalided	...	...	...	2	...	...	...	...	...	...	...	...	...	1	1	7	...	'25	...	Kasauli 28th March to 11th December 1917.	
Royal Engineers 3rd Divisional Signal Company.	47	Admitted Died Invalided	3	...	...	14	...	...	...	...	...	...	...	...	1	1	4	43	...	1'72	...	Quetta Full.	
Royal Engineers 16th Divisional Signal Company.	65	Admitted Died Invalided	...	...	...	12	2	1	...	...	...	...	1	...	1	...	1	20	...	1'31	...	Peshawar Full Detachment Cherat 1st May to 29th October 1917.	
Royal Engineers 17th Divisional Signal Company.	80	Admitted Died Invalided	1	...	...	10	1	...	...	...	...	...	...	...	...	3	4	27	...	'91	...	Rawalpindi 1st January to 21st November 1917 Upper Topa 24th April to 27th October 1917.	
Royal Engineers 18th Divisional Signal Company.	36	Admitted Died Invalided	...	...	...	20	...	...	...	...	...	...	...	...	...	...	1	24	...	1'40	...	Kasauli 28th March to 11th December 1917 Lahore 12th November to 31st December 1917.	

Average annual strength.	Classification.	Influenza.																All Causes.	Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
		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.
10	Admitted Died Invalided	1	1	12	Rawalpindi, 1st November to 31st December.	V. M. D
599	Admitted Died Invalided	...	...	13	130	4	4	2	10	...	2	15	6	21	...	1	105	404	32'09	Poona. Full.	
204	Admitted Died Invalided	...	...	1	9	1	...	...	...	...	1	11	...	2	...	3	...	89	5'20	...	
1,179	Admitted Died Invalided	4	...	15	269	9	6	2	10	...	4	28	6	26	1	8	121	674	46'25	...		
129	Admitted Died Invalided	...	...	...	49	55	1	...	...	...	1	3	...	6	...	3	150	...	5'71	Peshawar, Full. Detachment, Khan Apur, 23rd April to 29th July.	
107	Admitted Died Invalided	...	...	...	37	13	...	...	...	...	2	1	...	3	...	1	84	...	2'74	Rawalpindi, Full. Detachment, Kuldana, 5th May, to 7th September.	
96	Admitted Died Invalided	6	...	...	51	13	...	3	5	1	3	3	2	7	...	13	106	...	4'38	Colaba.	
140	Admitted Died Invalided	...	...	...	95	40	...	...	2	...	8	...	3	...	1	...	184	...	5'61	Peshawar, Full. Detachment, Khan Apur, 25th April, to 13th October.	
139	Admitted Died Invalided	1	...	1	75	4	5	...	3	...	2	...	7	...	...	6	83	...	5'31	Rawalpindi, Full. Detachment, Kuldana, 5th May to 7th September.	
148	Admitted Died Invalided	2	...	2	47	28	1	1	...	...	1	6	...	2	...	...	144	...	6'40	Peshawar, Full. Detachment, Rawalpindi, 1st January to 1st April, Khan Apur, 23rd April to 2nd October.	

EUROPEAN TROOPS, 1917.

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.	Venereal Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.
Army Service Corps Details.	267	Admitted Died Invalided	...	...	...	2	45	...	...	...	...	7	1	...	5	18	5	...	53	181	12'69	...		
No. 28 Motor Ambulance Convoy.	86	Admitted Died Invalided	...	...	...	1	8	6	...	...	...	1	...	...	3	...	2	...	1	4	51	4'04	...	Peshawar, 1st January to 1st December, Rawalpindi, 1st January to 31st December.
Total Army Service Corps.	1,112	Admitted Died Invalided	9	...	6	360	159	7	4	18	2	7	31	20	33	2	84	683	6	24	4'58	...		
INFANTRY.																								
The Kings (Liverpool Regiment) 2nd Battalion.	957	Admitted Died Invalided	...	...	...	2	415	93	5	4	13	1	2	29	...	23	...	3	27	376	4	31'45	...	Peshawar, 1st January to 18th December. Detachments, Cherat, 10th April to 31st October, Khan Apur, 23rd April to 12th October, marching remainder.
The Norfolk Regiment, 2nd Battalion.	513	Admitted Died Invalided	17	...	...	31	...	...	...	1	3	...	1	...	3	...	18	...	24	258	3	14'35	...	Belgaum, Full Detachment, Hyderabad, 1st January to 15th April.
Prince Albert's (Somerset Light Infantry), 2nd Battalion.	877	Admitted Died Invalided	6	...	1	151	...	...	...	3	9	...	2	4	...	7	...	3	26	535	2	24'75	...	Quetta, 1st January to 14th December. Peshawar, 14th December to 31st December.
The Leicestershire Regiment, 2nd Battalion.	481	Admitted Died Invalided	18	...	2	26	...	...	...	1	2	...	1	...	6	...	14	...	37	300	1	18'83	...	Belgaum, Full.
Alexandra, Princess of Wales's Own (Yorkshire Regiment), 1st Battalion.	875	Admitted Died Invalided	...	...	...	272	58	11	2	1	6	...	0	21	1	18	...	11	42	749	6	38'18	...	Rawalpindi, 1st January to 15th October. Burhan, 22nd October to 31st December. Detachments, Attock, 1st January to 1st February, Burhan, 7th May to 14th October.

STATISTICAL REPORT
OF THE
INDIAN ARMY

Nos.	Average annual strength.	Classification.	Diseases.														All Causes.	Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
			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.
1. 1st Battalion, The Buffs (Rifles), 1st Division.	856	Admitted Died Invalided	1 3 ...	3 12 ...	...	...	168 1 ...	42	6	2	9	2	18	6	41	1	36	636 6 4	25'66	Saikiot, 1st January to 12th April, Rawalpindi 14th April to 4th May, Gharial, 5th May to 30th October, Burhan 7th February to 31st December, Lahore 27th August to 14th November.	12 2 0
2. 1st Battalion, The Buffs (Rifles), 2nd Division.	920	Admitted Died Invalided	5 ... ...	... ... ...	1	490 1 ...	95	7	5	19	2	20 ... ...	... ... ...	10	1	11	946 4 6	32'48	Peshawar Full Detachment's Cherat 2nd May to 28th October, Khan Spur, 23rd April to 13th October, Nowshera 1st January to 24th January.	15 0 0	
3. 1st Battalion, The Buffs (Rifles), 3rd Division.	367	Admitted Died Invalided	... ... ...	... ... ...	1	42 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	1	6	8	4 ... ...	... ... ...	24	180 1 1	10'31	Bangalore 2nd February to 31st December Detachment Poona 20th February to 21st November	11 2 0
4. 1st Battalion, The Buffs (Rifles), 4th Division.	822	Admitted Died Invalided	2 ... ...	... ... ...	1	145 ... ...	... ... ...	1	7	3	3	7 ... ...	... ... ...	19	1	3	51	547 5 3	25'44	Quetta, Full.	14 11 0
5. 1st Battalion, The Buffs (Rifles), 5th Division.	468	Admitted Died Invalided	... ... ...	... ... ...	3	74 ... ...	... ... ...	... ... ...	... ... ...	2	2	10	14	5	1 ... ...	... ... ...	61	276 ... 4	15'79	Poona, 1st January to 31st January, Bangalore 2nd February to 31st December.	15 1 8
6. 1st Battalion, The Buffs (Rifles), 6th Division.	353	Admitted Died Invalided	... ... ...	... ... ...	4	53 1 ...	... ... ...	2	2	5 ... ...	... ... ...	5	34	6 ... ...	... ... ...	... ... ...	50	287 2 5	18'95	Bangalore 2nd February to 31st December, Marching 1st January to 1st February.	14 1 16
7. 1st Battalion, The Buffs (Rifles), 7th Division.	480	Admitted Died Invalided	... ... ...	... ... ...	5	27 ... ...	... ... ...	1	1	3	1	2	7	5	6 ... ...	... ... ...	17	185 5 2	10'33	Bangalore 2nd February to 31st December.	9 0 0
8. 1st Battalion, The Buffs (Rifles), 8th Division.	970	Admitted Died Invalided	4 ... ...	... ... ...	... ... ...	146 1 ...	2	4	4	6	1	4	19 ... ...	... ... ...	16	1	49	328 1 9	26'94	Rawalpindi, 1st January to 3rd May, Kuldana 4th May to 26th August, Jullundar 7th August to 22nd November, Nowshera 23rd November to 31st December.	14 2 0
9. 1st Battalion, The Buffs (Rifles), 9th Division.	871	Admitted Died Invalided	2 ... ...	... ... ...	2	269 1 ...	20	5	2	4	4	2	26 ... ...	... ... ...	13 ... ...	... ... ...	27	686 6 5	31'00	Nowshera, 1st January to 24th November, Rawalpindi 25th November to 31st December. Detachments Cherat 1st May to 30th October Khan Spur 23rd April to 12th October.	15 1 0

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Diseases														All Causes.	Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.				
			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.
Sesforth, Highlanders (Ross-shire Buffs.) The Duke of Albany's 1st Battalion.	384	Admitted	...	1	...	...	51	...	...	2	...	4	...	7	10	3	...	1	47	229	14'25	Poona, 1st January to 21st November, Bangalore, 2nd February to 31st December.		
		Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				...	...
		Invalided
Highland Light Infantry, 1st Battalion.	339	Admitted	...	...	2	...	74	...	1	2	...	5	1	...	9	7	5	...	51	28	17'30	Belgaum, 1st January to 1st February, Bangalore, 2nd February to 31st December.		
		Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				...	...
		Invalided
The Manchester Regiment, 1st Battalion.	357	Admitted	...	...	...	...	84	...	...	1	1	1	...	7	15	5	...	71	347	22'84	Bellary, 1st January to 31st January, Bangalore, 31st January to 31st December.			
		Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				...	...	...
		Invalided
The Queen's Royal (West Surrey Regiment), 1-4th Battalion.	127	Admitted	5	...	...	...	23	1	1	...	3	...	2	1	...	1	...	2	81	10'35	Nowshera, 1st January to 26th March.			
		Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				...	...
		Invalided
The Queen's (Royal West Surrey Regiment) 1-5th Battalion.	345	Admitted	...	...	1	...	28	...	1	1	...	4	...	2	3	14	4	...	71	163	11'60	Bangalore, 2nd February to 31st December		
		Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				...	...
		Invalided
The Buffs, (East Kent Regiment), 1-4th Battalion.	947	Admitted	3	...	1	...	24	3	3	8	...	6	1	...	14	11	20	...	38	715	41'67	Bareilly, 1st January to 31st December, Ranikhet, 7th April to 30th September.		
		Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				...	...
		Invalided
The Buffs, East Kent Regiment, 1-5th Battalion.	417	Admitted	...	...	4	...	37	...	1	4	...	3	...	1	10	17	4	...	22	233	12'07	Bangalore, 2nd February to 31st December		
		Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				...	...
		Invalided
The Devonshire Regiment 1-4th Battalion.	448	Admitted	2	...	...	...	533	...	2	1	...	9	...	9	35	8	1	1	36	1,048	48'77	Madras, 1st January to 18th January, Secunderabad, 2nd March to 31st December.		
		Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				...	...
		Invalided

TABLE II
STATISTICS OF DISEASES
AND DEATHS

Battalion.	Average annual strength.	Classification.	Diseases.													All Causes.	Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.					
			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.
Wiltshire Regiment, Battalion.	538	Admitted Died Invalided	...	...	4	...	24	...	2	...	1	1	14	1	...	8	10	5	...	18	407	29'78	...	Madras, 1st January to 13th October. Detachments, Wellington 1st January to 7th October. Calicut 1st January to 15th October. Mallapuram 1st January to 6th October.	Y. M. D.
Wiltshire Regiment, Battalion.	203	Admitted Died Invalided	4	...	2	...	11	1	...	...	...	3	1	1	2	2	2	...	...	7	90	5'69	...	Lahore, 1st January to 19th March.	
Wiltshire Regiment, Battalion.	334	Admitted Died Invalided	...	...	...	...	499	...	1	6	...	7	1	1	5	14	5	...	31	698	33'82	...	Muttra, 1st January to 7th March. Secunderabad 6th March to 31st December.	2 to 17	
Wiltshire Regiment, Battalion.	620	Admitted Died Invalided	2	1	10	...	218	8	2	1	2	...	...	1	5	7	25	...	2	15	423	26'67	...	Peshawar, 1st January to 11th April. Kirkee, 5th April to 12th August. Poona 8th May to 6th August. Secunderabad, 29th September to 31st December. Ahmednagar, 23rd August to 7th September.	2 to 11 26
Albert's Despatch Company, Battalion.	255	Admitted Died Invalided	...	...	1	...	153	...	1	2	...	6	...	...	6	11	3	...	18	295	14'44	...	Dinapore, 1st January to 31st March. Secunderabad, 8th March, 30th August.		
Albert's Despatch Company, Battalion.	601	Admitted Died Invalided	3	1	2	...	25	30	4	6	7	3	...	1	8	...	10	2	3	23	391	18'45	...	Dinapore, 1st January to 22nd May. Lahore, 21st May to 22nd August. Poona, 25th August to 14th September. Barrackpore, 1st January to 20th May. Dum-Dum 2nd January to 22nd May.	
Albert's Despatch Company, Battalion.	161	Admitted Died Invalided	...	...	...	...	1	...	3	...	...	...	...	2	...	2	2	...	5	78	1'26	...	Burhan, 26th January to 15th March. Calcutta, 9th March to 10th May.		

EUROPEAN TROOPS, 1917.

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Actuals.																Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.	
			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.
Prince Albert's (Somerset Light Infantry), 2-5th Battalion.	867	Admitted Died Invalided	4 1 ...	1 ...	...	2 ...	24 ...	7 ...	2 ...	6 1	18 5	1 ...	35 ...	9 ...	53 3	3 1	6 ...	69 ...	709 4 4	34'29	...	Shwebo, 1st January to 16th May, Dinapore, 21st May to 31st December, Dum Dum 21st May, to 3rd December, Barrackpore, 21st May to 31st December, Lebong, 21st June to 6th November, Meiktela, 1st January to 16th May, Rangoon 1st January to 17th May.
South Wales Borderers, 1st Brecknockshire Battalion.	943	Admitted Died Invalided	...	...	2 ...	...	215 1	...	3 ...	9 1	22 1	...	3 ...	23 ...	7 ...	26 ...	3 ...	32 ...	685 2 8	24'88	...	Mhow, 1st January to 31st December, Detachment, Ahmednagar, 27th March to 18th June.
East Surrey Regiment 1-5th Battalion.	987	Admitted Died Invalided	1 ...	...	...	9 1	124 ...	3 ...	2 ...	3 5	11 ...	1 ...	2 ...	19 ...	3 ...	22 ...	3 ...	10 ...	601 1 4	27'66	...	Nowshera, 1st January to 18th April, Muttra, 26th April to 31st December, Detachments. Agra, 19th June to 6th October, Chakrata, 3rd May to 16th October.
East Surrey Regiment 1-6th Battalion.	75	Admitted Died Invalided	...	...	...	1 ...	4 ...	...	...	...	1 ...	...	2 ...	...	...	...	...	4 ...	23 ...	3'33	...	Rawalpindi, 1st January to 22nd February.
The Duke of Cornwall's Light Infantry, 2-4th Battalion	869	Admitted Died Invalided	...	...	...	1 ...	48 1	...	2 ...	4 ...	1 1	3 ...	3 1	3 ...	12 1	...	3 ...	21 ...	221 2 6	15'02	...	Ferozepore, 1st January to 15th April, Rankhet 15th April to 16th October, Delhi 7th October to 31st October.
The Border Regiment, 1-4th Battalion.	1,047	Admitted Died Invalided	2 ...	...	...	1 ...	85 ...	...	...	3 ...	13 3	...	1 ...	17 ...	1 ...	11 ...	...	17 ...	506 ...	32'49	...	Maymyo 1st January to 31st December, Detachment, Mandalay, 1st January to 4th June.
The Border Regiment 2-4th Battalion.	720	Admitted Died Invalided	...	...	...	...	502 1	169 ...	1 ...	2 2	...	...	2 ...	12 ...	1 ...	16 ...	4 ...	6 ...	895 1 1	25'43	...	Peshawar, 1st January to 30th November, Cherat, 29th September to 31st December, Detachment. Nowshera, 14th May to 5th November Gharial, 10th May to 2nd November.

TABLE XI
 DISEASES OF REGIMENTS
 IN INDIA

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.	Venereal Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.	
																										Admitted
Royal Regiment, 2-6th Battalion.	749	Admitted Died Invalided	3 ... ...	... ... ...	... ... ...	1	210	3	4	7	4	8	1	1	19	9	27 ... ...	... ... ...	8	9	720 4 6	28'23	...	Burhan 1st January to 6th March. Daul-housie 1st April to 1st November. Lahore 22nd July to 31st December. Ferozepore 1st March to 10th July. Kuldana 29th August to 29th November.	1 10 0
Hampshire Regiment, 1-4th Battalion.	78	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	4	4 ... ...	... ... ...	... ... ...	... ... ...	7	37 ... 1	2'30	...	Quetta 1st January to 19th March.	...
Hampshire Regiment, 2-4th Battalion.	290	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	11 ... ...	... ... ...	... ... ...	11 ... ...	... ... ...	3 ... ...	... ... ...	... ... ...	2	1 ... ...	... ... ...	... ... ...	... ... ...	1	108 ... 1	4'70	...	Quetta 1st January to 13th April.	...
Hampshire Regiment, 5th Battalion.	885	Admitted Died Invalided	2	4	119	3	3	3	3	12	1	7	20	3	29	9	23	648 2 4	41'75	...	Fyzabad 1st January to 4th November, Detachments Agra 19th April to 31st December. Chakrata 25th April to 25th September, Delhi 28th July to 30th October.	3 1 18
Hampshire Regiment, 5th Battalion.	188	Admitted Died Invalided	110	1	4	3	5	11	8	225 ... 10	10'60	...	Secunderabad 1st January to 16th March, Detachment Madras 1st January to 9th March, Left for Egypt 16th March 1917.	2 2 9
Hampshire Regiment, 5th Battalion.	431	Admitted Died Invalided	20 ... 1	2	2	3	1	7	4	11	1	1	217 ... 13	13'15	...	Ambala 1st January to 1st March. Londour 20th March to 22nd November, Detachment Naini Tal 9th June to 29th August marching remainder.	...

EUROPEAN TROOPS, 1917.

TABLE XI—continued.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Actuals.																	Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.
			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.
The Hampshire Regiment 1-7th Battalion.	325	Admitted	...	...	...	2	21	1	3	2	...	1	...	1	4	2	2	...	4	110	6'68	Kasauli, 3rd April to 7th November, Marching remainder.
		Died	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2		
The Hampshire Regiment 2-7th Battalion.	932	Admitted	...	...	...	5	88	...	3	2	...	...	...	3	4	...	10	...	8	367	25'36	Ambala, 1st January to 31st December, Detachment Jubulpore 1st January to 18th April.
		Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		
The Hampshire Regiment 1-6th Battalion.	962	Admitted	...	...	...	4	163	92	8	2	1	6	1	1	9	17	25	18	5	618	29'79	Burhan 1st January to 30th March Jutogh 26th March to 15th June Dagshai 23rd March to 16th June Ferozepore 1st June to 16th September Dalhousie 1st June to 1st November, Marching remainder.
		Died	...	...	...	2	...	...	...	...	...	...	2	...	...	...	...	...	...	4		
The Dorsetshire Regiment, 1-4th Battalion.	64	Admitted	...	...	...	...	9	...	...	1	...	...	2	1	2	1	1	...	1	27	2'64	Jullundur 1st January to 31st March.
		Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		
The Dorsetshire Regiment, 2-4th Battalion.	323	Admitted	...	...	...	2	58	3	1	1	...	1	14	2	1	4	...	7	218	13'61	Jullundur, 1st January to 31st March Kirkee 25th May to 14th August Ahmednagar 9th June to 14th August.	
		Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			3
The Queen's Own (Royal West Kents) 1-4th Battalion.	1,538	Admitted	2	...	1	186	6	3	8	...	24	...	2	21	4	31	1	...	37	851	46'67	Jubbulpore, 1st January to 31st December Detachments Lahore 13th March to 15th May Dagshai, 15th June to 31st December Jutogh, 18th June to 31st December Chakrata, 28th April to 10th October.
		Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4		
		Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	33		
		Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		

CORPS.	Average annual strength.	Classification.	MORBIDITY AND MORTALITY.													All Causes.	Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.		
			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.
Queen's Own Royal West Kent's 1-5th Battalion.	828	Admitted Died Invalided	5 ... ...	...	1	69	17	5	...	...	9	2	9	2	10	2	16	351 3 11	22'09	Rawalpindi, 1st January to 14th April. Ranikhet, 4th May to 2nd October, Jubulpore, 17th April to 31st December.	3 0 27	
Duke of Cambridge's 6th Middlesex Regiment, 4th Battalion.	671	Admitted Died Invalided	...	...	2	203	8	9	...	...	7	4	2	9	17	8	5	30	575 5 3	33'28	Ambala, 1st March to 31st December, Detachments Solon, 15th April to 6th October, Barhan, 9th February to 18th March, Subathu, 23rd April to 14th October.	2 11 26
Duke of Cambridge's 6th Middlesex Regiment, 5th Battalion.	604	Admitted Died Invalided	12 ... ...	...	9	19	1	13	5	...	14	...	8	5	27	1	9	344 3 7	27'79	Lucknow, 1st January to 31st December, Detachment, Ranikhet, 24th March to 29th October marching remainder.	3 0 27	
Duke of Edinburgh's 1st West Yorkshire Regiment, 1-4th Battalion.	577	Admitted Died Invalided	2 ... ...	...	7	105	5	5	5	...	2	12	3	13	8	31	2	16	340 3 6	18'00	Delhi, 1st January to 28th March, Poona, 1st April to 15th June, Kirkee, 5th June to 14th September.	...
Duke of Edinburgh's 1st West Yorkshire Regiment, 2-4th Battalion.	772	Admitted Died Invalided	29 ... ...	...	2	72	2	1	5	1	6	1	3	13	10	14	12	19	458 3 13	20'10	Kirkee, 1st January to 6th April, Allahabad, 7th April to 31st December. Detachments, Benares, Darjeeling, 9th May to 18th October.	2 11 24
Rifle Brigade (The Prince Consort's Own), 1st Battalion (London).	761	Admitted Died Invalided	15 ... ...	...	...	84	...	4	...	...	19	3	...	61	5	7	5	30	660 3 7	28'58	Rangoon, 1st January to 31st December, Detachments Port Blair, 1st January to 3rd December, Thayetmyo, 1st January to 5th June.	2 0 0
Rifle Brigade (The Prince Consort's Own), 4th Battalion.	625	Admitted Died Invalided	1 ... ...	...	1	309	24	2	...	13	5	3	3	17	1	6	4	10	543 3 17	27'20	Multan, 1st January to 31st December. Detachment, Amritsar, 1st January to 31st December, Dalhousie, 1st January to 31st December.	2 0 0
Rifle Brigade (The Prince Consort's Own), 5th Battalion.	617	Admitted Died Invalided	1	1	2	206	26	7	9	2	18	3	1	18	...	27	12	4	545 8 8	25'68	Agra, 1st January to 9th April, Burbhan, 6th March to 4th October, Sialkot 12th April to 31st December.	1 10 26

EUROPEAN TROOPS, 1917.

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.	Heart stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.
The London Regiment, 1-25th Battalion.	813	Admitted Died Invalided	...	...	...	1	227	2	5	2	4	2	10	24	15	633	1	26'19	...	Burhan, 1st January to 28th March. Jullundur, 1st April to 31st December. Detachments, Gharid, 28th August to 20th November, Dalhousie 1st April to 9th September.	
The London Regiment, 1-1st Kent Battalion.	674	Admitted Died Invalided	1	8	122	1	1	6	1	2	30	8	22	1	7	414	3	20'52	...	Burhan, 1st January to 6th March, Dalhousie, 1st March to 31st December, Ferozepore, 1st November to 31st December. Marching remainders.				
Units in Combined Infantry Depôts. The Prince of Wales's Volunteers. South Lancashire Regiment, 16th Battalion.	294	Admitted Died Invalided	...	...	...	1	37	...	1	...	1	10	4	1	18	128	1	7'41	...	Bangalore, 16th February to 31st December.	
The Prince of Wales's North Staffordshire Regiment, 7th Battalion.	509	Admitted Died Invalided	23	2	20	...	...	...	7	...	17	1	32	...	30	469	3	22'11	...	Belgaum, 11th February to 31st December.	
The Gloucestershire Regiment, 7th Battalion.	363	Admitted Died Invalided	11	1	8	...	...	...	2	...	9	2	23	...	1	291	2	15'43	...	Belgaum, 11th February to 31st December.	
The Royal Warwickshire Regiment, 9th Battalion.	334	Admitted Died Invalided	13	...	12	...	...	...	8	2	8	...	30	...	1	245	...	12'46	...	Belgaum, 11th February to 31st December.	
The Worcestershire Regiment, 9th Battalion.	394	Admitted Died Invalided	28	1	18	...	...	...	6	...	9	1	16	...	23	276	...	14'38	...	Belgaum, 11th February to 31st December.	
The Loyal North Lancashire Regiment, 6th Battalion.	271	Admitted Died Invalided	...	...	32	...	...	...	1	1	3	11	1	...	19	135	...	8'48	...	Bangalore, 16th February to 31st December.
The King's Own (Royal Lancaster Regiment) 6th Battalion.	417	Admitted Died Invalided	...	9	46	...	3	1	...	1	5	9	6	1	44	232	...	17'08	...	Bangalore, 16th February to 31st December.				
The East Lancashire Regiment, 6th Battalion.	351	Admitted Died Invalided	...	3	28	...	...	...	...	...	3	17	4	...	24	153	...	9'75	...	Bangalore, 16th February to 31st December.
The Cheshire Regiment, 8th Battalion.	20	Admitted Died Invalided	...	...	3	...	...	...	...	...	...	...	...	...	3	17	...	1'05	...	Bareilly, 1st January to 28th February.

No.	Average annual strength.	Classification.	Diseases														Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.		
			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.					Diarrhea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Ventral Diseases.	All Causes.
1 Welsh Battalion.	35	Admitted Died Invalided	...	...	...	...	9	...	1	...	...	...	...	1	...	...	...	5	36	270	Bareilly, 1st January to 28th February.	Y. M. D.
2 Wales Battalion.	29	Admitted Died Invalided	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	2	15	181	Bareilly, 1st January to 28th February.	...
3 Welsh Battalion.	18	Admitted Died Invalided	...	...	...	...	5	...	...	...	...	...	1	...	1	...	...	4	28	159	Bareilly, 1st January to 28th February.	...
4 Northamptonshire Battalion.	25	Admitted Died Invalided	...	...	...	...	7	...	...	1	...	...	...	1	...	...	...	...	21	158	Bareilly, 1st January to 28th February.	...
5 South Lancashire Battalion.	238	Admitted Died Invalided	...	...	2	...	49	...	1	2	...	...	9	5	11	...	1	31	245	1272	Bangalore, 2nd February to 31st December.	0 11 0
SON JONS.																						
6 Northumberland Fusiliers Battalion.	303	Admitted Died Invalided	...	1	1	...	368	...	1	29	2	...	17	1	12	1	2	61	714	3782	Ahmednagar, 1st January to 31st December 1917. Detachment Sialkot, 1st January to 13th January 1917.	1 9 0
7 Norfolk Battalion.	655	Admitted Died Invalided	4	2	...	503	...	3	7	12	2	...	30	...	3	...	2	21	830	3447	Karachi, 1st January to 15th April 1917. Cuttack, 10th April to 31st December 1917.	2 0 0
8 Hampshire Battalion.	391	Admitted Died Invalided	5	...	...	75	...	3	...	9	3	...	30	1	8	...	10	151	612	4871	Calcutta, 1st January to 31st December 1917. Detachments ... at Lebong, 1st May 1917, to 21st November 1917. Darjeeling, 1st February to 31st December 1917.	2 0 0

EUROPEAN TROOPS, 1917.

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.	Venereal Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.
The East Yorkshire Regiment, 1st Garrison Battalion.	836	Admitted Died Invalided	19 ... ...	...	...	3	33 ... ...	...	9	13 ... ...	...	17	1	1	29	11	17	1	20	52	588 3 31	52'23	...	Lucknow, 1st January to 31st December 1917. Detachments at Ranikhet, 28th March to 7th October 1917. Murree, 9th April to 31st December 1917.
The Bedfordshire Regiment, 1st Garrison Battalion.	742	Admitted Died Invalided	...	...	...	4	283 ... ...	...	5	15	1	11 ... ...	...	3	23	6	29	1	8	68	724 8 38	44'35	...	Delhi, 1st January to 31st December 1917. Detachment Pareilly, 1st January to 31st December 1917. Chakrata, 26th March to 30th October 1917.
Alexandra Princess of Wales Own Yorkshire Regiment 1st Garrison Battalion.	681	Admitted Died Invalided	1	1 ... ...	...	1	298	18	3	8	2	19 ... ...	...	2	23	5	7 ... ...	...	5	20	693 1 21	33'11	...	Ahmednagar, 1st to 10th January 1917. Sialkot, 13th to 31st December 1917. Detachments Campbellpore Hurbhan, 4th May to 4th October 1917.
The Royal Scot's Fusiliers, 1st Garrison Battalion.	743	Admitted Died Invalided	2	1 ... ...	...	4	194	16	6	2	32	2 ... ...	...	3	18	18	19	3	1	23	742 3 35	38'04	...	Jhansi, 1st January to 31st December 1917. Detachment Chakrata, 6th May to 22nd October 1917.
The Cameronians (Scottish Rifles) 1st Garrison Battalion.	592	Admitted Died Invalided	1 ... ...	...	...	...	39	5 ... ...	...	2 ... ...	...	7 ... ...	...	...	13 ... ...	...	16	1	3	30	240 5 5	10'25	...	Kamptee, 15th March to 6th September 1917. Meerut, 9th September to 31st December 1917. Detachment at Ranikhet, 1st May to 31st October 1917.
The Oxfordshire and Buckinghamshire Light Infantry, 1st Garrison Battalion.	818	Admitted Died Invalided	...	...	...	1	303 ... ...	...	1	7	1	17 ... ...	...	...	29	26	11	1	4	48	678 2 38	34'98	...	Secunderabad, 1st January to 31st December 1917. Detachments Bellary, 17th March to 31st December 1917. Ramandroog, 30th April to 31st December 1917.

Regimental Designation	Average annual strength.	Classifi- cation.	Diseases.														Average numbers con- stantly sick.	Arrivals in India in 1917.	Stations occu- pied during the year with dates of occupation. Last move.	Period of service in India.				
			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.
1st Battalion	545	Admitted Died Invalided	...	...	1	...	184	31	...	...	26	4	1	31	...	9	...	11	36	483	21'58	Nasirabad, 1st January to 31st Decem- ber. Detach- ments, Mount Abu 1st Janu- ary to 31st December. Kamptee 6th September to 31st Decem- ber.	1 9 0	
2nd Battalion	805	Admitted Died Invalided	12	...	1	...	80	7	1	3	...	7	2	2	32	13	13	...	23	43	682	44'40	Al'ahabad, 1st January to 8th April, Fyzab- ad, 6th April to 31st Decem- ber. Detach- ment Lehong, 26th April to 20th November.	1 9 0
1st Battalion	608	Admitted Died Invalided	...	...	2	...	22	2	4	...	2	13	1	1	16	2	6	...	14	12	347	20'91	Cawnpore, 1st January to 31st Decem- ber. Detach- ments Fyzabad 1st January to 14th February Rajikhet 31st March to 20th October.	1 9 0
1st Battalion	453	Admitted Died Invalided	1	...	1	...	94	...	...	8	...	9	3	...	20	8	7	...	5	56	327	28'16	Ahmednagar 1st January to 27th February. Kirkee 12th April to 26th May. Shwebg 4th June to 31st December. Mandalay, 5th June to 31st December, Bayetmyo, 5th June to 31st Decem- ber.	1 10 0
1st Battalion	615	Admitted Died Invalided	...	...	...	...	19	4	3	5	3	4	1	...	16	1	17	1	...	4	236	13'11	Rawalpindi, 18th March to 31st Decem- ber, Detach- ments Barian 10th April to 16th October. Attock 1st June to 21st July.	0 9 12
1st Battalion	516	Admitted Died Invalided	2	...	1	...	230	45	2	2	3	20	...	...	13	1	13	...	2	6	443	17'32	Rawalpindi 1st January to 31st December Detachments, Attock 21st July to 31st December, Burbhan 2nd May to 11th October.	1 0 0

EUROPEAN TROOPS, 1917.

TABLE XI—concluded.

STATISTICS OF REGIMENTS.

Sickness and Mortality.

Actuals.

CORPS.	Average annual strength.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandy 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.	Venereal Diseases.	All Causes.	Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.	
																									Admitted
The Bedfordshire Regiment, 2nd Garrison Battalion.	59	Admitted Died Invalided	16 ... ...	... ... ...	... ... ...	... ... ...	252 ... 1	... ... ...	6	6	13 ... 1	... ... ...	... ... 1	... ... 1	8 ... 1	1 ... 1	45	3	10	657 ... 5	28'80	5-5	Quetta, 28th March to 17th April, Karachi, 15th May to 31st December, Detachment Hyderabad, 15th April to 31st December.	
The South Staffordshire Regiment, 1st Garrison Battalion.	531	Admitted Died Invalided	21	1 ... 1	1 ... ...	... ... ...	211	77 ... ...	... ... ...	10 ... 1	2 ... 1	41 ... 4	... ... 2	... ... 3	33 ... 3	19	18	1 ... ...	... ... ...	75 ... 15	820 ... 4	37'35	...	Colaba, 6th May to 31st December.
The Bedfordshire Regiment, 3rd Garrison Battalion.	608	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	39 ... ...	... ... ...	... ... ...	4	2	2 ... 5	... ... 1	... ... 1	41 ... 1	12	13 ... ...	... ... ...	2	75 ... 13	615 ... 1	32'74	2-5	Steinkhwa, 15th May to 31st December, Detachment, Rangoon, 15th May to 31st December.
Nos. 11 and 12 Combined Infantry Depot.	1,851	Admitted Died Invalided	6	2	4 ... ...	... ... ...	149 ... 1	2	1	3 ... ...	... ... ...	30 ... 5	4 ... 4	... ... ...	22 ... 2	10	45 ... ...	... ... ...	3	113	926 ... 3	64'80	4-19	Kirkee, 26th February to 31st December.
No. 6 Reserve Battalion.	174	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	41 ... ...	... ... ...	... ... ...	1	4 ... ...	... ... ...	... ... ...	... ... ...	5	4	4 ... ...	... ... ...	... ... ...	5	107	6'93	...	Kirkee, 1st November to 31st December.
No. 14 Combined Infantry Depot.	483	Admitted Died Invalided	1 ... ...	... ... ...	... ... ...	... ... ...	7	1	1	1 ... ...	... ... ...	3 ... 3	4 ... ...	... ... ...	3 ... 1	4	7 ... ...	... ... ...	2	30	291 ... 1	16'06	1-0-7	Kirkee, 5th April to 31st October.
No. 15 Combined Infantry Depot.	56	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	14 ... ...	... ... ...	1	1	2 ... ...	... ... ...	... ... ...	... ... ...	2 ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	8	41	2'60	...	Kirkee, 1st November to 31st December.
Convalescent Depôts.	267	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	54 ... ...	... ... ...	... ... ...	1	2 ... ...	... ... ...	... ... ...	... ... ...	3 ... ...	... ... ...	3	3 ... ...	... ... ...	8	146	9'25	...	Cherat, 1st January to 17th March, Dagsbai, 19th March to 31st December.
Attached Sections	5,310	Admitted Died Invalided	59	1 ... 1	6 ... 3	39 ... 2	1,368 ... 2	135	54	29 ... 2	23 ... 2	132 ... 14	15 ... 15	30 ... 1	172 ... 6	22 ... 4	174 ... 1	7	16	92 ... 4	4,577 ... 30	38'20	...	Various Stations.	
Men of Small Detachments.	218	Admitted Died Invalided	... ... ...	... ... ...	... ... ...	... ... ...	166 ... ...	... ... ...	2 ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	6 ... ...	... ... ...	1 ... ...	... ... ...	... ... ...	2	765 ... 3	7'07	...	
Infantry Details	2,727	Admitted Died Invalided	12	5 ... 2	3	497 ... 4	34 ... 1	3	9 ... 1	30 ... 1	4 ... 3	5 ... 7	5 ... 1	59 ... 3	62 ... 3	59 ... 3	4	17 ... 1	346	2,104 ... 27	171'67	...			
Garrison Staff and Departments.	3,412	Admitted Died Invalided	21	2 ... 1	3 ... 2	15	486 ... 1	48	11	10	5	25 ... 5	4 ... 3	13	70	22 ... 1	123 ... 1	5	16 ... 1	122	2,083 ... 28	130'31	...		

7ps.		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 Lung.	Pneumonia.	Respiratory diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral diseases.	All causes.	Average number constantly sick.	Arrivals in India in 1917.	Stations occupied during the year with dates of occupation. Last move.	Period of service in India.
Infantry	64,842	Admitted	41	10	27	216	14,155	1,136	252	323	97	942	93	169	1,510	749	1,602	43	323	3,301	4 ⁰ ,727	2,970	47	5,990		
		Died	...	6	9	29	31	...	1	...	10	18	12	23	10	19	...	11	1	1	3	315
Army al Corps.	1,371	Admitted	24	2	...	4	247	2	5	6	3	18	4	3	29	22	30	1	...	80	1,21 ⁶	6	70	97	Various Stations 1st January to 31st December.	
		Died	...	2	1	6
... d Mount- ps Units.	1,897	Admitted	1	...	...	7	383	37	...	3	1	20	...	3	4 ⁸	17	114	1	4	97	1,604	10	117	20	556
		Died	1	1	1	8
... Garrison yal En- s.	29	Admitted	...	...	...	...	28	7	...	...	...	1	...	...	...	...	...	1	...	...	...	52	2	12	...
		Died
... Flying	9,600	Admitted	127	2	8	27	2,794	443	37	3 ⁸	16	144	20	36	252	77	262	5	60	593	8,546	44	408	47	278	
		Died	...	2	...	2	4	...	...	...	2	2	1	1	1	1	2	...	1	...	...	44	...	...	...
... Flying	1,625	Admitted	4	...	...	16	383	28	11	2	1	11	...	5	39	8	32	1	9	135	980	3	53	2	...
		Died	1	10
... Flying	349	Admitted	4	3	...	...	70	31	...	4	...	3	...	...	7	2	2	...	1	11	255	6	11	42	...
		Died	...	3	1	5
... Flying	1,112	Admitted	9	...	...	6	360	159	7	4	...	18	2	7	31	20	35	...	2	84	983	6	46	83	...
		Died	1	1	24
... Flying	66,213	Admitted	443	12	27	220	14,403	1,162	287	329	100	960	97	172	1,539	771	1,632	44	323	3,281	49,955	321	3,041	14	5,990	
		Died	...	8	9	29	31	...	1	...	10	18	12	25	10	19	...	11	1	1	3	321
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...	13	1	1	3	390
... Flying	80,825	Admitted	588	17	35	276	18,421	1,347	342	380	118	1,157	119	223	1,916	895	1,918	51	399	4,201	62,372	390	3,686	45	6,824	
		Died	...	13	9	33	39	...	1	...	12	2	13	29	14	21	...									

EUROPEAN TROOPS, 1917.

TABLE XII.

STATISTICS OF OFFICERS, WOMEN AND CHILDREN.

SICKNESS and MORTALITY among OFFICERS, WOMEN and CHILDREN of the BRITISH ARMY in 1917

	OFFICERS.			WOMEN.			CHILDREN.	
	Northern Army.	Southern Army.	India.	Northern Army.	Southern Army.	India.	Northern Army.	Southern Army.
STRENGTH	1,666	1,554	32,73	794	669	1,463	1,400	1,229
CASES REMAINING FROM 1916	27.6	71.4	48.0	12.6	21.0	12.3	4.3	12.2
CONSTANTLY SICK	37.30	48.10	41.82	26.30	19.69	23.27	11.40	20.90
INVALIDING	19.2	36.0	26.9	...	3.0	1.4	...	...
ADMISSIONS.								
Influenza	20.4	19.3	19.6	1.3	1.5	1.4	2.9	.8
Cholera . . . . .	.6	.6	.6	...	...	...	...	...
Small-pox . . . . .	...	.6	.3	...	4.5	2.1	...	.8
Measles	4.8	4.5	4.6	...	4.5	2.1	18.6	53.7
Whooping cough . . . . .	...	...	...	...	...	...	9.3	.8
Enteric Fever	7.8	9.0	8.2	5.0	1.5	3.4	5.0	4.9
Malaria	132.7	172.5	150.3	20.2	53.8	35.5	21.4	52.1
Sandfly Fever	52.8	18.0	35.4	3.8	...	2.1	.7	.8
Pyrexia of uncertain origin	15.0	14.2	14.4	1.3	1.5	1.4	3.6	2.4
Tubercle of the Lungs	2.4	...	1.2	2.5	3.0	2.7	...	...
Tuberculous Diseases . . . . .	.6	1.9	1.2	...	1.5	.7	...	1.6
Pneumonia	1.8	2.6	2.1	...	...	...	.7	2.4
Respiratory Diseases	25.8	43.8	33.9	10.1	29.9	19.1	30.0	61.0
Dysentery	21.0	33.5	26.9	3.8	1.5	2.7	1.4	7.3
Diarrhoea	44.4	80.4	60.8	6.3	16.4	10.9	8.6	40.7
Hepatic Abscess	1.2	2.6	1.8	1.3	3.0	2.1	...	...
" Congestion	12.0	9.7	10.7	1.3	...	.7	...	...
Eye Diseases	5.4	12.9	8.9	3.8	...	2.1	6.4	5.7
Anæmia and Debility	14.4	20.0	21.1	167.5	91.2	132.6	23.6	12.2
Abortion and other affections . . . . .	...	...	...	25.2	46.3	34.9	...	...
Affections connected with and consequent on parturition . . . . .	...	...	...	2.5	4.5	3.4	...	...
All other diseases peculiar to women . . . . .	...	...	...	30.2	38.9	34.2	...	...
Veneral Diseases	4.8	28.3	15.9	...	...	...	.7	...
ALL CAUSES	883.0	1,082.4	963.5	376.6	551.6	456.6	232.1	466.3
DEATHS.								
Cholera . . . . .	...	...	...	...	...	...	...	...
Small-pox . . . . .	...	.64	.31	...	1.49	.65	...	...
Diphtheria . . . . .	...	...	...	...	...	...	...	...
Enteric Fever	1.20	...	.61	1.26	...	.68	...	...
Malaria . . . . .	.60	...	.31	1.26	1.49	1.37	...	...
Pyrexia of uncertain origin . . . . .	...	...	...	...	...	...	...	...
Heat-stroke . . . . .	.60	...	.31	...	...	...	...	...
Circulatory Diseases . . . . .	...	1.29	.61	...	1.49	.68	...	...
Tubercle of the Lungs . . . . .	...	...	...	...	...	...	...	...
Tuberculous Diseases . . . . .	...	...	...	...	1.49	.68	...	.81
Convulsions . . . . .	...	...	...	...	...	...	...	.81
Pneumonia . . . . .	...	.64	.31	...	...	...	...	...
Respiratory Diseases . . . . .	.60	...	.31	...	...	...	4.29	.31
Teething . . . . .	...	...	...	...	...	...	...	...
Dysentery . . . . .	...	...	...	1.26	...	.68	.71	...
Diarrhoea . . . . .	...	...	...	...	...	...	...	2.44
Hepatic Abscess . . . . .	...	...	...	...	...	...	...	...
Anæmia, Debility and Premature birth . . . . .	...	...	...	...	...	...	.71	.81
Abortion and affections connected with and consequent on parturition . . . . .	...	...	...	1.26	...	.68	...	...
Deaths not reported in medical returns . . . . .	...	...	...	...	...	...	...	...
ALL CAUSES	6.60	7.72	7.03	7.36	8.97	8.20	13.57	10.58
TOTAL INCLUDING DEATHS IN ENGLAND AND OTHER COUNTRIES:	...	...	...	...	...	...	...	...

EUROPEAN TROOPS, 1917.

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 column expressed in percentages.)
6 months	1	...	2	...	...	2	2	16	214	7477	3298
6 and 12 months	2	...	...	...	...	3	301	997	300
12 and 18 "	1	...	...	1	...	2	261	706	614
18 and 24 "	1	...	...	...	...	2	253	791	635
2 years and 5 years	1	1	...	1	...	...	4	379	691	554
5 " and 10 "	3	375	522	419
10 " and 15 "	1	338	296	237
15 " and upwards	1	108	926	743
TOTAL	1	1	7	...	1	3	2	32	2,629	1217	10000

* 2 Premature births.

II.—INDIAN TROOPS, 1917.

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.*	Authority for height.†
NORTHERN ARMY:—			SOUTHERN ARMY:—			EXTRA INDIA NOT IN INDIAN COMMAND.		
Abbottabad	4,010	S. D.	Agar	1,671	S. D.	Berbera (British Somaliland) . . . . .	...	S.
Agra	522	"	Ahmedabad	159	"	Colombo (Ceylon)	35	"
Alipore	18	"	Ahmednagar	2,171	"	Khatmandu (Nepal)	4,045	"
Allahabad	311	"	Ajmer	1,627	"	Kowloon—(China) . . . . .	...	"
Almora	5,494	"	Aungban	4,244	"			
Ambala	902	"	Aurangabad	1,905	M. D.			
Amritsar	756	"	Bangalore ^b	2,999	S. D.			
Bakloh	4,585	S. G.	Baroda	130	"			
Bannu	1,250	S. D.	Belgaum	2,520	"			
Baragali	7,188	"	Bellary	1,481	"			
Bareilly	561	"	Bhamo	385	"			
Barian	7,133	I. B.	Bolarum ^b	1,902	"			
Barrackpore	24	S. D.	Bombay	20	"			
Benares	256	"	Chaman	4,317	"			
Burhan	1,255	"	Cannanore	40	"			
Burbhan Camp . . . . .	...	"	Deoli	1,122	S. G.			
Cambellpore	1,180	S. D.	Deolali	1,892	S. D.			
Cawnpore	407	"	Erinpura	872	"			
Chakdara	2,358	"	Fort Sandeman	4,600	"			
Chamriari Camp . . . . .	...	"	Goona	1,617	S. G.			
Changlagali	8,420	S. D.	Hindubagh	5,821	S. D.			
Cherat	4,286	"	Hyderabad (Sind)	94	"			
Chitral	4,980	"	Jacobabad	181	"			
Dargai	1,540	"	Jaipur	1,582	"			
Darjeeling	7,157	"	Jhansi	847	"			
Dehra Dun	2,229	"	Jubbulpore	1,318	"			
Delhi	706	"	Kamptee	938	"			
Dera Ismail Khan	566	"	Karachi	33	"			
Dharmasala	4,500	"	Kila Saifulla	5,080	"			
Dinapore	171	"	Kirkee	1,853	"			
Drazinda	1,600	"	Loralai	4,699	"			
Fatehgarh	467	"	Madras	19	"			
Ferozepore	645	"	Mandalay (Fort Dufferin)	246	"			
Fort Abazai	1,180	"	Maymyo	3,508	"			
Fort Cavagnary	6,100	"	Mhow	1,927	"			
Fort Jamrud	1,550	"	Murgha	5,012	"			
Fort Lockhart	6,613	"	Misakhel	4,400	"			
Fort Shabkadar	1,123	"	Meiktila	773	"			
Fort William	17	S. G.	Nasirabad	1,461	"			
Fyzabad	327	S. D.	Neemuch	1,613	"			
Gyantsi	12,895	"	Nowgong	735	"			
Ghoom	7,300	"	Ootacamund	7,440	"			
Hangu	2,708	"	Pishin	5,063	"			
Jandola	2,430	"	Poona	1,864	"			
Jatta	1,000	I. B.	Port Blair	85	"			
Jhelum	759	S. D.	Quetta	5,507	"			
Jullundur	900	S. G.	Rajkot	421	"			
Kalabagh (Muree Hills)	7,983	"	Rangoon	15	"			
Kakul Camp . . . . .	...	"	Santa Cruz	58	"			
Khairagali	7,678	S. D.	Satara	2,200	"			
Khajuri Kach	2,357	"	Saugor	1,753	"			
Kila Drosh	4,340	"	Secunderabad	1,773	S. D.			
Kohat	1,700	"	Shelabagh	6,380	I. B.			
Lahore Cantonment	706	"	Shwebo	345	S. D.			
Lansdowne	6,060	"	Sibi	436	"			
Lucknow	390	"	Sehore	1,616	"			
Malakand	2,740	"	Sumerpore	393	"			
Mardan	1,000	"	St. Thomas' Mount	250	"			
Meerut	727	"	Thayetmyo	145	"			
Miranshah Camp	3,036	"	Trichinopoly	254	"			
Multan	404	"	Trivandrum	50	"			
Murree	7,085	"						
Muttra	557	"						
Montgomery . . . . .	...	"					
Nowshera	966	S. D.						
Peshawar	1,149	"						
Ranikhet	5,980	"						
Rawalpindi	1,657	"						
Rewat Camp . . . . .	...	"					
Risalpur	1,014	S. D.						
Rurki	877	"						
Shillong	4,921	"						
Sialkot	829	"						
Simla	7,230	"						
Sitapur	444	"						
Tank	880	"						
Thal	2,450	"						
Uttershisha Camp . . . . .	...	"					

* These heights are usually those of the survey-marks or of the mercury surface in barometer-cisterns of Meteorological observatories.
 S. D. = Survey Department (Map Publication Office); S. G. = Surveyor-General of India; I. B. = Intelligence Branch of the Division of Chief of the Staff; M. D. = Meteorological Department.

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	115,689	72,356	191,242
CONSTANTLY SICK PER 1,000 OF AVERAGE STRENGTH	34'3	35'2	34'3
ADMISSION RATE OF THE YEAR—			
Influenza	2'4	'9	1'8
Cholera	1'0	'3	'7
Small-pox	'2	'4	'3
Enteric Fever	1'2	'9	1'0
Malaria	187'3	176'2	184'6
Sandfly Fever	13'3	'2	8'2
Pyrexia of uncertain origin	10'9	1'4	7'5
Plague	'2	1'3	'6
Tubercle of the Lungs	3'2	2'4	2'9
Pneumonia	25'8	15'9	21'8
Respiratory Diseases	40'9	51'3	44'4
Dysentery	14'0	13'6	13'8
Diarrhœa	12'5	15'8	13'7
Hepatic { Abscess	'1	'1	'1
{ Congestion and Inflammation	'8	1'2	1'0
Scurvy	'6	'9	'7
Veneral Diseases	40'4	53'2	45'0
ALL CAUSES	754'3	725'7	741'4
DEATH RATE OF THE YEAR—			
Cholera	'38	17	29
Small-pox	'01	'06	'03
Enteric Fever	'29	'21	'25
Malaria	'99	'80	'90
Sandfly Fever . . . . .	...	...	...
Pyrexia of uncertain origin	'08	'06	'07
Plague	'10	'64	'30
Circulatory Diseases	'25	'23	'24
Tubercle of the Lungs	'71	'51	63
Pneumonia	5'85	3'84	5'00
Respiratory Diseases	'99	'88	'94
Dysentery	'16	'26	'20
Diarrhœa	'06	'06	'06
Hepatic Abscess . . . . .	...	...	...
Anæmia and Debility	'10	'07	'08
ALL CAUSES	12'47	10'32	11'51

* Including Group Extra India 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	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.	Hill Stations
I.—AVERAGE ANNUAL STRENGTH	22,85	2,994	...	3,211	11,528	49,519	36,275	17,143	23,163	1,592	6,309	34,026
II.—CONSTANTLY SICK PER 1,000 OF AVERAGE STRENGTH	31'9	39'2	...	21'8	28'2	30'7	41'7	32'8	36'4	39'6	15'9	36'2
III.—ADMISSION RATE OF THE YEAR—												
Influenza	'9	...	...	5'3	'3	'1	...	2'7	'6	1'9	'3	7'5
Cholera . . . . .	...	'3	...	...	'7	2'1	'2	...	'1	...	2'7	'1
Small-pox . . . . .	...	...	...	...	'2	'3	'2	'3	'4	1'3	'8	'2
Enteric Fever . . . . .	...	'7	...	...	1'0	'7	1'8	1'9	'3	1'3	'2	1'3
Malaria	114'2	94'3	...	62'6	73'1	121'7	341'8	162'3	167'8	79'1	92'1	206'5
Sandfly Fever . . . . .	...	...	...	5'3	3'3	2'9	34'8	'4	'2	...	...	2'4
Pyrexia of uncertain origin	2'6	3'3	...	2'8	'4	11'3	8'0	'9	'2	28'9	...	12'0
Plague . . . . .	...	...	...	...	'1	'5	'03	1'6	1'5	11'3	2'2	...
Tubercle of the Lungs	1'3	1'7	...	4'4	2'1	3'4	2'4	2'2	1'8	1'9	1'3	4'7
Pneumonia	14'9	6'3	...	21'2	17'5	22'3	36'4	15'7	12'7	13'2	7'0	22'2
Respiratory Diseases	38'3	48'8	...	33'0	36'6	37'2	43'8	36'5	49'5	65'3	61'3	58'5
Dysentery	7'4	12'4	...	21'2	7'7	10'9	24'2	7'6	17'1	55'3	4'0	9'6
Diarrhoea	2'6	11'0	...	8'1	8'2	10'3	15'9	10'7	22'0	17'8	12'5	13'4
Hepatic { Abscess and Congestion and Inflammation . . . . .	...	...	...	...	...	'1	'03	'1	'1	'6	...	'1
Scurvy	3'5	'3	...	...	'2	'4	1'2	'9	'9	'6	...	'8
Venereal Diseases	60'4	115'2	...	39'6	41'6	47'7	37'0	28'8	64'5	57'8	88'3	32'1
ALL CAUSES	835'0	606'5	...	584'2	595'2	625'6	1,008'6	685'6	737'5	804'6	629'4	754'4
IV.—DEATH RATE OF THE YEAR—												
Cholera . . . . .	...	'33	...	...	'52	'65	'17	...	'09	...	1'11	'06
Small-pox . . . . .	...	...	...	...	...	...	...	...	'04	...	'32	'06
Enteric Fever . . . . .	...	...	...	...	'35	'10	'44	'35	'04	...	'16	'44
Malaria	'44	'67	...	'31	'35	'73	1'65	'82	'73	...	'16	1'09
Sandfly Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Pyrexia of uncertain origin . . . . .	...	...	...	...	'09	'14	'03	'12	...	...	...	'06
Plague . . . . .	...	...	...	...	'09	'22	'03	'52	'86	5'65	1'11	...
Circulatory Diseases . . . . .	...	'67	...	...	'09	'26	'17	'23	'17	...	'16	'44
Tubercle of the Lungs	'44	'67	...	'62	'17	'57	'44	'23	'35	...	...	1'65
Pneumonia	5'69	2'00	...	4'36	3'30	4'50	9'57	3'67	2'50	2'51	1'27	5'32
Respiratory Diseases . . . . .	...	'33	...	'31	'43	1'15	1'08	1'11	'73	2'51	'63	'94
Dysentery	'88	...	...	...	'09	'16	'25	'06	'39	...	...	'24
Diarrhoea . . . . .	...	...	...	...	...	'06	'06	...	'09	'63	...	'09
Hepatic Abscess . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Anæmia and Debility . . . . .	...	'33	...	...	...	'12	'11	'06	...	...	...	'12
ALL CAUSES	9'63	8'36	...	7'79	6'94	11'33	17'06	9'80	8'25	15'70	7'45	12'5

*Including Group Extra India 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.	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.
Blair	198 {	10'1	59'9	30'3	10'1	20'2	10'1	1,060'6	45'5	3'1	5'1	...
...	2,087 {	...	...	...	...	69'0	2'9	1'4	1'4	16'3	39'3	7'2	2'9	...	...	...	3'8	20'1	65'2	813'6	30'7	5'3	31'1	28'7
... I.—BUR- COAST AND ISLANDS. }	2,285 {	9	...	...	...	114'2	2'6	1'3	1'3	14'9	38'5	7'4	2'6	...	...	...	3'5	20'1	60'4	835'0	31'9	5'3	28'9	26'3
... tmyo	471 {	...	2'1	...	...	25'5	...	...	4'3	10'6	42'5	12'7	25'5	...	...	6'4	2'1	19'1	8'7	515'9	31'8	40'3	19'1	21'2
... an Camp	6 {	...	...	...	...	166'7	...	...	...	166'7	500'0	...	...	...	...	...	...	...	166'7	1,666'7	28'3	...	...	1'007
... la	257 {	...	...	...	...	11'7	...	...	...	3'9	140'1	11'7	27'2	...	...	...	...	15'6	46'7	474'7	31'1	11'7	11'7	23'3
... ufferin (Man- y)	1,382 {	...	...	7	113'1	...	7	2'2	2'9	5'0	29'5	11'5	5'0	...	1'4	...	...	18'7	159'2	649'9	45'4	17'3	54'4	47'5
... oo	10 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	600'0	33'0	...	...	...
... o	862 {	...	...	1'2	127'6	...	10'4	4'6	1'2	5'8	53'4	13'9	8'1	...	...	...	...	25'5	84'7	618'3	36'0	17'4	29'0	38'3
... UP II.— MA INLAND }	2,994 {	...	3	...	7	94'5	3'3	3'0	1'7	6'3	48'8	12'4	11'0	...	1'7	3	...	20'4	115'2	606'5	39'2	20'4	56'1	38'7	
... William	1,569 {	7'6	...	...	...	33'8	...	...	5'1	6'4	25'5	39'5	26'1	8'9	...	6	...	10'8	66'9	525'8	20'4	20'4	14'7	31'9
... re	431 {	11'6	...	...	...	71'9	...	...	...	9'3	30'2	23'2	18'6	...	...	2'3	...	7'0	30'2	503'5	18'6	9'3	7'0	13'9
... ackpore	1,211 {	...	...	...	...	96'6	14'0	7'4	...	5'8	12'4	32'2	15'7	9'9	...	8	...	73'5	7'4	688'7	24'8	1'7	8	5'0
... UP IV.— NGAL AND KISSA }	3,211 {	3'3	62'6	5'3	2'8	...	4'7	4'4	21'2	33'0	21'2	8'1	...	9	...	33'9	39'6	584'2	21'8	11'8	8'4	19'3

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.
Dinapore	1,475	5'4	4'07	...	4'7	...	7	68	1'4	2'7	8'8	13'6	1...	1'4	...	...	...	13'6	29'2	204'1	12'9	47'7	7
Benares	1,250	...	...	...	67'2	...	...	...	2'4	22'4	50'4	23'2	8	...	...	...	...	8'0	47'2	753'6	31'2	4'0	32
Allahabad	1,070	9	...	9	1'9	48'3	9	93	3'7	3'7	27'0	32'6	9	9	9	9	9	9'3	29'7	328'1	23'2	11'2	8	
Fyzabad	1,365	...	...	7	4'4	164'8	...	...	5'9	2'9	13'9	57'2	35'9	12'5	...	...	...	11'0	76'9	931'9	42'5	16'1	27
Lucknow	3,126	...	...	...	...	...	...	...	1'9	3	17'5	12'8	...	4'5	...	6	...	15'0	22'6	356'2	15'9	5'4	10
Cawnpore	1,320	...	...	...	1'5	128'0	19'7	...	5'3	6'1	12'1	53'8	6'8	6'8	1'5	1'5	6'1	47'0	1,002'4	3'79	44'7	20'5	12
Sitapur	421	4'8	...	...	2'4	76'0	26'1	4'8	9'5	...	7'1	142'5	...	66'5	...	...	...	9'5	16'6	262'2	23'8	4'8	9
Fatehgarh	1,485	...	...	...	184'5	...	1'3	...	5'4	...	26'3	37'0	7	14'8	...	7	...	20'9	68'0	721'2	43'8	5'4	23
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	11,528	3	7	2	1'0	73'1	3'3	4	1	3'4	2'1	17'5	36'6	7'7	8'2	5	2	12'6	41'6	595'2	28'2	8'7	16	
A		52	35	35	35	09	09	09	09	17	3'30	43	09	...	...	...	...	...	...	6'94	...	...	...
Bareilly	3,428	1'5	9	83'4	...	18'4	3	10'5	3'7	10'8	59'8	23'9	9'6	6	14'9	57'5	793'3	39'4	9'0	41
Rurki	3,587	...	...	...	...	12'8	5'0	...	6	1'1	9'8	13'1	2'2	4'5	8	...	8	8	12'8	184'8	9'2	8	3
Dehra Dun	3,930	...	3	...	1'0	149'4	...	5	1'8	5'1	12'0	63'9	6'4	10'9	3	1'5	5	19'6	73'5	748'3	42'5	7'4	37	
Meerut	3,126	...	2'6	3	...	88'3	...	1'0	1'9	2'2	19'8	30'7	15'7	7'4	...	6	3	15'4	55'3	534'5	28'2	24'9	16	
Delhi	3,460	...	...	...	...	98'6	1'7	3	3'6	2'9	17'3	30'9	9'5	5'5	1'7	3	4'6	42'5	642'5	8'67	29'5	10'7	14
Ambala	4,823	...	...	2	...	66'8	...	3'5	6	1'2	1'7	7'9	24'0	4	6'0	...	...	2'9	27'8	411'3	21'8	4'1	13
B		...	...	...	...	62	...	41	21	2'1	2'07	41	...	...	...	...	...	...	...	5'18	...	...	...
Jullundur	4,040	...	5	7	2	55'4	...	...	7	7	25'2	26'0	4'7	5'7	...	1'0	1'5	8'9	16'8	333'9	20'0	1'5	23
Ferozepore	2,926	...	7	3	...	1'0	147'0	...	4'4	3'8	37'6	29'4	35'5	8'5	3	...	1'0	18'8	68'0	845'2	39'3	9'2	27	
Lahore Cantonment	3,344	...	25'7	...	3	25'5	35'0	6	1'5	2'7	26'0	92'4	3'6	33'2	...	9	6	26'6	85'6	1,141'4	50'5	12'0	33	
Amritsar	69	...	...	...	...	28'9	...	...	...	...	14'5	...	14'5	...	...	...	...	29'0	43'5	347'8	14'5	14'5	...
Sialkot	4,541	...	9	...	1'1	178'2	...	2'0	1'1	3'3	13'0	20'5	11'2	30'4	...	...	...	9'2	33'0	537'5	20'9	1'1	14
Jhelum	5,780	...	2	3	3	103'8	...	33'9	5	2'9	5'5	34'1	31'1	9'7	3'1	...	2	10'2	32'9	706'4	37'0	12'3	52	
Rawalpindi	4,582	7	3'1	216'9	...	32'1	3'9	6'8	6'8	37'8	26'2	17'2	5'7	4	7	4	15'3	72'0	771'5	40'2	17'7	23
Campbellpore	148	...	...	...	...	33'2	...	20'3	...	...	121'6	135'1	54'1	6'8	...	6'8	...	33'8	13'5	1,60'8	27'0	...	6'8
Burhan	1,735	...	6	...	...	141'2	...	42'0	...	1'7	35'6	60'5	7'5	4'0	...	6	...	8'7	25'9	518'7	16'7	5'2	52
GROUP VI.—UPPER SUB-HIMALAYA.	49,519	1	2'1	3	7	121'7	2'9	11'3	5	2'9	3'4	22'3	37'2	10'9	10'3	1	6	4	12'3	47'7	625'6	30'7	8'8	75
A		65	10	73	...	14	22	26	57	4'50	1'15	1'6	06	...	04	02	12	04	...	11'33	...	...	...
Mardan	2,141	5	3'7	181'2	161'6	3'3	...	2'3	5'1	28'5	65'9	4'2	2'3	...	5	1'4	14'5	177	1,059'8	37'8	2'3	28
Nowshera	5,015	2	1'6	185'8	4'0	2'4	...	4'6	1'4	36'4	29'7	2'2	6'6	...	6	...	9'4	32'2	756'1	36'3	3'6	18
Risalpur	1,927	...	...	...	2'6	200'8	...	2'6	...	1'0	2'1	15'0	15'0	3'1	13'0	...	5	4'2	20'8	612'4	19'7	1'0	57
Peshawar	5,508	2	5	270'2	18'2	34'7	...	6'5	3'1	37'2	41'9	2'5	6'0	...	4	...	10'5	40'7	938'0	42'8	8'2	12

STATIONS AND TOWNS.	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.	Scarvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhoea.		
Arad	102	...	...	...	9.8	150.9	...	9.8	...	...	...	29.4	29.4	29.4	...	...	...	...	39.2	19.6	1,680.4	2.4	19.6	...	...
Azai	97	...	...	...	...	229.0	515.5	...	...	...	...	51.5	...	...	...	...	...	...	20.6	10.3	1,402.7	20.6	...	...	10.3
Abkadar	95	...	...	...	...	431.6	52.1	...	...	...	...	1.5	...	...	...	...	...	...	...	...	1,215.8	10.5	...	...	...
...	4,232	...	...	...	2.8	218.1	108.8	5	...	3.1	1.2	22.0	4.11	10.6	20.1	...	1.2	1.7	28.1	20.6	929.5	39.2	4.3	8.0	8.3
...	834	...	...	...	2.4	408.8	203.8	...	...	2.4	...	22.8	24.0	...	10.2	...	...	...	10.8	7.2	1,095.3	32.4	3.1	2.4	1.2
...	2,288	9	52	684.4	5.7	4	...	1.7	3.5	69.5	64.2	45.0	29.3	...	9	1.7	56.8	33.7	1,563.4	58.1	5.7	14	20.5	
...	1,324	...	...	...	1.5	807.4	9.8	6.3	...	3.0	...	104.2	117.1	101.2	117.9	...	...	...	24.2	15.1	1,034.3	49.8	8	4.5	9.8
B.	95	...	...	...	10.5	168.4	...	...	...	21.1	...	21.1	52.6	84.1	21.1	...	...	...	10.5	9.7	21.1	21.1	10.5	...	10.5
Mail Khan	1,922	1.0	711.2	5	4.2	...	5.7	5.7	79.1	56.7	35.9	6.4	2.1	4.2	21.3	45.8	1,571.3	68.7	11.4	14.0	20.3
...	1,267	1.6	613.3	3.16	3.1	...	2.4	1.6	81.7	45.0	202.8	30.8	8.7	35.5	26.8	1,599.4	61.6	5.5	10.3	11.0	
Kach	49	...	...	...	...	265.3	...	...	...	...	...	81.6	285.7	102.0	20.4	...	...	...	...	...	1,489.8	61.2	...	...	...
...	16	...	...	...	...	...	...	...	...	...	...	...	62.5	...	...	...	...	...	...	...	187.5	...	...	...	...
...	21	...	...	...	95.2	...	190.5	...	95.2	...	47.6	...	333.3	95.2	...	...	...	...	...	...	1,190.5	23.8	...	...	...
...	117	...	...	...	51.3	...	...	...	...	...	...	8.5	42.7	17.1	...	...	...	...	8.5	76.9	435.9	17.1	17.1	34.2	25.6
...	3,078	...	2.6	...	3	242.4	...	2.3	...	1.3	22.4	24.7	11.7	10.4	...	1.3	...	3	16.6	40.0	626.4	28.9	9.1	10.4	20.5		
C.	463	...	...	...	6.5	216.0	...	13.0	...	2.2	23.8	25.9	110.2	...	19.4	...	...	...	4.3	34.6	1,149.0	28.1	...	13.8	10.8
...	48	...	...	...	...	20.8	...	...	...	...	...	41.7	41.7	...	...	...	...	...	...	...	520.8	20.8	...	...	62.5
...	2,210	...	...	...	382.1	...	...	4	2.2	...	4	5.4	...	...	...	...	...	...	10.3	39.3	668.3	43.8	4.9	11.2	23.2
...	2,396	...	...	...	3.57	...	...	45	...	...	45	45	...	...	...	...	...	...	...	...	5.80	47.1	5.3	25.3	34.2
...	36,275	...	...	...	1.8	341.8	34.8	8.0	...	3.3	2.4	36.4	43.8	24.2	15.9	...	...	...	...	...	1,008.6	41.7	7.5	10.4	19.1

INDIAN TROOPS, 1917.

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.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	
A																								
Rajkot	640 {	...	...	...	1'6	203'1	...	1'6	...	3'1	...	32'8	98'4	4'7	17'2	...	...	3'1	28'1	43'8	1,039'1 7'81	40'6	17'
Ahmedabad	1,994 {	17'6	...	...	5	187'6	...	...	1'0	2'0	1'0	14'5	26'6	6'5	14'0	...	...	2'0	13'5	22'6	750'8 10'03	32'6	8'
Baroda	1,368 {	3'8	...	2'3	3'1	130'7	...	4'6	1'5	1'2	3'1	13'8	68'8	36'7	29'1	8	1'5	37'5	32'9	677'5 13'00	30'6	3'
B																								
Erinpura	533 {	1'9	232'6	5'6	1'0	24'4	153'8	...	24'4	5'6	...	5'6	18'7	977'5 15'01	24'4	5'
Neemuch	474 {	...	...	...	...	322'1	14'8	...	2'1	2'1	2'1	...	12'7	4'2	4'2	...	...	2'1	...	29'5	886'1 6'33	54'9	8'
Deoli	362 {	...	...	2'8	...	146'4	...	...	11'0	...	...	24'9	49'7	16'6	8'3	...	...	5'5	2'8	33'1	486'2 11'05	22'1	8'
Nasirabad	1,678 {	...	...	...	...	231'2	...	1'2	4'8	7'2	11'9	34'5	37'0	1'8	20'3	6	4'2	...	25'6	19'7	595'9 14'30	26'8	4'
Ajmer	417 {	14'4	...	...	...	93'5	...	...	14'4	2'4	...	21'6	52'8	2'4	31'2	...	2'4	...	7'2	21'6	530'6 16'79	28'8	12'
Jaipur	27 {	...	...	...	...	...	...	...	...	...	...	...	...	37'0	...	...	...	...	...	...	37'0	...	...
Muttra	296 {	...	...	...	...	70'9	...	...	...	...	...	3'4	13'5	10'1	...	...	...	...	40'5	239'9 6'76	110'1	10'1	
Agra	1,251 {	...	...	...	3'2	134'3	...	...	...	3'2	1'6	16'0	29'6	...	6'4	...	...	8	10'4	70'3	819'3 6'39	40'8	16'

TIONS ED UPS.	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.	Anaemia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Geriatrics.
	4,051	...	...	...	2'5 '49	91'3 '74	...	1'0 '25	...	1'5 '25	2' '25	10'4 '96	21'0 '74	1'2 '...	1'5 '...	...	2'7 '25	2	15'3 '...	25'4 '...	486'8 '38	26'4	5'7 '...	6'4 '...	13'3 '...
	311	...	...	...	...	7'0 '...	...	...	...	3'2 '...	...	3'2 '22	35'4 '...	6'4 '...	3'...	...	...	6'4 '...	16'1 '...	22'5 '...	376'2 '22	22'5	12'9 '...	6'4 '...	3'2 '...
	619	...	...	...	...	114'7 '...	...	...	...	6'5 '...	3'2 '...	3'2 '...	17'8 '...	...	3'2 '...	...	3' '...	...	3'2 '...	30'7 '62	515'3 '62	21'6	6'5 '...	6'5 '...	17'8 '...
	324	...	...	...	...	18'5 '617	...	3'1 '3'69	...	3'1 '...	...	3'1 '...	9'3 '...	3'1 '...	...	...	...	...	9'3 '...	6'2 '...	151'2 '15'43	6'2	3'1 '...	...	3'1 '...
	325	...	...	...	...	215'4 '...	...	3'1 '...	3'1 '3'1	3'1 '3'1	6'2 '...	...	24'6 '...	...	...	...	...	...	3'1 '...	3'6'2 '3'08	1,012'3 '3'08	55'4	15'4 '...	3'1 '...	18'5 '...
	242	...	...	...	...	157'0 '...	...	...	...	...	4'1 '4'13	12'4 '8'26	82'6 '...	...	8'3 '...	...	16'5 '...	...	...	...	453'7 '12'40	12'4	...	...	...
	2,791	...	...	9	4'8 '87	253'6 '44	...	9 '44	17 '44	3'1 '44	9 '44	15'3 '3'49	23'6 '1'31	18'8 '...	10'5 '...	...	3'1 '...	4 '...	1'6 '...	24'9 '...	1,034'0 '9'17	52'8	4'4 '...	11'3 '...	9'2 '...
VIII.— WESTERN INDIA, ARAT.	17,143	27	...	3	1'0 '35	162'3 '82	4	9 '12	1'6 '52	3'7 '23	2'2 '23	15'7 '3'07	30'5 '1'11	7'6 '06	10'7 '...	11 '...	2'2 '...	9 '06	5'6 '06	28'8 '...	685'6 '9'80	32'8	7'3 '...	9'3 '...	12'1 '...
	2,041	...	...	...	...	66'1 '49	...	7'3 '3'92	...	1'5 '49	22'0 '7'35	43'1 '49	13'7 '...	10'8 '...	...	5 '...	5 '...	15 '...	14 '...	414'0 '14'21	16'7	1'5 '...	2'9 '...	9'8 '...	
	4,790	...	...	4	6 '42	77'0 '42	...	8 '21	3'3 '...	5'1 '11	17'5 '3'76	46'3 '84	11'9 '42	11'5 '...	...	4 '...	4 '...	11'2 '...	37'8 '...	580'6 '7'52	33'2	7'7 '...	11'0 '...	18'2 '...	
	567	...	...	...	...	151'7 '174	7'1	3'5 '3'47	...	...	17'6 '3'47	82'9 '...	5'3 '...	5'3 '...	...	1'8 '1'74	...	33'5 '...	15'9 '...	769'0 '10'42	27'8	...	5'3 '...	10'6 '...	
	876	...	...	...	...	44'5 '...	...	...	1'1 '...	...	...	70'8 '1'14	8'4 '...	4'6 '...	...	1'1 '...	5'7 '...	21'7 '...	47'9 '...	471'5 '1'14	40'0	6'8 '...	6'8 '...	34'2 '...	
	1,741	...	...	1'1	...	171'2 '...	...	2'9 '2'30	2'9 '57	1'1 '57	13'8 '1'15	110'9 '1'15	20'1 '...	75'2 '57	...	...	1'7 '...	19'0 '...	68'4 '...	1,156'8 '8'61	57'4	2'9 '...	32'2 '...	33'3 '...	
	759	...	...	...	...	18'4 '...	...	...	2'6 '...	6'6 '...	9'2 '1'32	25'0 '...	1'3 '...	18'4 '...	...	...	1'3 '...	10'5 '...	17'1 '1'32	305'7 '1'32	17'1	...	2'6 '...	14'5 '...	
	3,202	9	...	3	518'4 '31	2'19 '...	...	3 '...	3 '31	2'5 '...	5 '1'87	6'9 '...	41'2 '62	5'9 '...	22'8 '31	3 '...	1'6 '...	...	2'4 '...	50'9 '...	1,034'7 '9'99	35'6	6'6 '...	19'4 '...	25'0 '...
	1,928	...	...	...	...	37'9 '...	...	5 '52	...	1'6 '52	7'3 '2'07	51'9 '32	24'4 '52	21'8 '...	5 '...	1'0 '...	5 '...	24'9 '...	114'6 '...	813'3 '6'22	47'2	13'5 '...	52'9 '...	48'2 '...	
	160	5'2	...	5'9	112'4 '...	...	...	11'8 '...	...	5'9 '...	...	47'3 '5'92	...	...	...	...	11'8 '...	1'9 '...	...	53'3 '...	562'1 '5'92	35'5	5'9 '...	17'8 '...	29'6 '...

INDIAN TROOPS, 1917.

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.	Sunk.															
Poona . . .	4,741	..	4	1	6	204	0	2	4	6	5	3	2	1	12	2	36	1	32	3	24	7	2	8	1	1	16	5	118	5	803	0	40	9				
Kirkee . . .	2,249	..	..	..	..	56	2	..	8	1	3	11	1	2	6	12	44	7	20	0	20	8	..	..	..	4	8	3	62	6	659	0	34	1
GROUP IX.— DECCAN.	23,163	..	6	1	4	3	167	8	2	2	1	5	3	7	1	8	49	5	17	1	22	0	1	8	9	16	8	6	15	7	717	5	36	4				
Bombay & Deolali	539	5	6	70	5	..	1	9	1	9	1	9	16	0	110	9	39	0	72	4	1	5	1	9	1	9	18	6	66	8	745	8	40	8		
Santa Cruz . . .	747	..	..	2	7	93	7	..	6	2	1	3	2	7	1	3	40	2	8	7	89	7	..	..	..	..	18	7	53	3	1,016	1	44	2
Cannanore . . .	28	..	..	..	..	72	1	..	7	0	9	..	4	8	..	..	43	3	..	9	6	..	..	4	8	4	8	76	9	471	2	33	7	
Trivandrum . . .	98	..	..	..	..	30	6	..	..	..	..	..	..	..	..	..	20	4	..	..	..	..	..	..	..	..	..	..	..	224	5	10	2	
GROUP X.— WESTERN COAST.	1,592	1	9	..	1	3	1	3	79	1	..	28	0	11	3	1	6	5	3	55	3	6	7	8	6	1	3	6	15	7	57	8	804	6	39	6		
A																																						
Bellary . . .	207	..	6	7	..	3	4	202	0	3	4	10	1	..	6	7	40	4	23	6	13	5	..	6	7	..	20	2	107	7	663	3	20	2
Bangalore . . .	4,542	..	4	..	9	..	97	8	..	..	2	9	6	4	1	5	7	62	5	3	7	12	8	..	4	..	32	8	88	7	653	7	32	2		
B																																						
Trichinopoly . . .	70	..	20	8	..	..	..	..	..	..	4	2	..	1	4	40	3	..	18	1	..	..	..	1	4	..	44	4	104	2	615	1	36	1
St. Thomas' Mount. } . . .	68	..	..	..	1	5	..	7	6	3	..	..	4	5	1	5	82	3	1	5	6	..	..	..	..	..	1	5	67	4	428	1	23	9
Madras . . .	82	31	7	1	24	4	8	1	4	36	6	12	2	..	12	2	24	4	926	8	73	2		
GROUP XI.— SOUTHERN INDIA.	6,309	3	2	1	8	2	92	1	2	2	6	0	1	3	7	61	3	4	0	12	5	..	1	0	..	30	0	88	3	620	4	15	9			
Maymyo . . .	2,375	..	4	..	8	93	5	..	..	..	2	1	2	9	11	4	66	1	29	9	14	3	4	..	..	..	12	6	90	5	801	4	46	7
Shilong . . .	258	..	..	..	..	127	9	..	..	..	7	8	3	9	31	0	34	9	11	6	11	6	..	..	..	..	11	6	42	6	589	1	38	8
Ghoom . . .	46	..	..	..	..	152	2	..	..	..	..	..	..	..	..	..	21	7	..	..	..	..	..	..	..	..	..	..	..	..	239	4	7	0
Gyantse . . .	50	1	0	0	20	0	100	0	440	0	40	0			
Almora . . .	1,495	3	3	128	4	1	3	101	7	..	3	3	7	4	21	3	4	9	4	23	4	..	2	0	..	21	4	73	3	1,048	8	57	3		

STATIONS AND TOWNS.	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.	Anemia and Debility.	Veneal Diseases.	ALL CAUSES.	CONSTANTLY SICK-RATE.	Syphilis.	Soft Chancre.	Gonorrhoea.		
...	30	...	...	...	...	25.6	...	...	...	...	...	51.3	...	...	...	...	...	...	...	51.3	1461.5	51.3	...	...	51.3
...	2,050	1.3	103.5	...	28.4	...	7	12.1	10.1	13.9	12.9	15.2	14.9	39.2	744.9	55.5	7.8	7.1	24.4	
...	155	190.6	6.5	12.3	...	6.5	19.4	348.4	...	6.5	6.5	...	12.9	
...	1,840	461.9	8.1	9.7	12.4	15.1	23.3	17.8	26.5	30.8	685.9	37.3	8.1	7.6	15.1	
...	1,957	120	...	1.0	...	274.9	5	1.5	25.0	33.2	...	12.8	5	24.0	800.2	40.4	11.8	3.1	9.2	
Chamiari (see Hills).	246	...	...	...	...	77.2	...	...	...	4.1	4.1	12.2	12.2	12.2	4.1	...	...	...	...	44.7	341.5	20.3	16.3	12.2	16.3
Rewat (see Hills).	385	2.6	288.3	...	72.7	...	2.6	2.6	15.6	33.8	...	5.2	13.0	2.6	15.6	28.6	714.3	39.0	2.6	18.2	7.8	
Burbhan (see Hills).	6	...	...	...	...	...	...	...	...	...	...	...	...	166.7	...	...	...	...	...	166.7	666.7	...	...	166.7	...
...	6	...	...	...	...	48.4	...	16.1	...	...	...	16.1	...	32.3	...	...	...	...	...	16.1	16.1	209.7	16.1	16.1	...
...	47	...	...	21.3	...	355.3	...	...	...	...	...	21.1	...	42.6	...	...	...	...	...	...	...	595.7	21.3	...	...
...	97	...	...	...	...	113.4	...	...	...	...	...	20.6	20.6	...	...	41.2	...	...	20.6	20.6	421.7	1.3	...	10.3	10.3
...	148	...	...	...	...	27.0	...	...	...	...	...	6.8	6.8	...	13.5	...	...	...	...	20.3	162.2	6.8	13.5	...	6.8
...	102	...	...	...	...	98.0	...	...	...	...	...	9.8	29.4	...	9.8	...	...	...	...	12.6	9.5	705.9	19.6	9.8	...
...	4,481	1.6	...	153.8	...	2.0	...	2.4	3.6	24.8	54.2	4.5	13.8	7	4	38.8	670.8	31.6	10.0	7.1	21.6
Camp	6	...	...	...	...	166.7	...	...	...	...	...	...	...	166.7	...	...	...	...	...	...	...	300.0	...	...	...
Attershisha.	1,026	...	...	1.9	...	74.1	...	99.4	...	4.9	9.7	12.7	10.6	34.1	...	...	...	...	...	30.2	480.5	20.5	9.7	17.5	2.9
...	170	...	...	...	...	17.0	62.5	11.4	...	...	...	28.4	45.5	...	5.7	...	...	...	...	34.1	...	630.7	22.7	...	...
...	751	5.3	...	1.3	...	94.5	57.3	...	...	2.7	1.3	24.0	30.6	...	8.0	2.7	...	...	10.7	4.0	5.7.3	25.3	2.7	1.3	...
...	958	3.1	...	438.4	2.1	5.2	...	2.1	4.2	15.7	53.2	29.2	11.3	1.0	5.0	17.2	6.3	1,256.0	37.0	2.1	...	4.2	
...	875	561.1	...	5.7	...	3.4	3.4	28.6	68.6	2.3	11.4	6.9	48.0	1,334.8	5.2	9.1	19.4	19.4	
...	500	2.0	...	484.0	...	2.0	8.0	120.0	25.0	14.0	...	26.0	26.0	14.0	1,258.0	44.0	6.0	6.0	2.0	
...	166	361.4	6.0	18.1	3.1	6.0	759.0	18.1	6.0	6.0	...	
Swagnari.	64	156.3	109.1	46.9	31.3	46.9	500.0	15.6	15.6	
...	437	4.6	...	89.2	...	2.3	...	4.6	...	9.2	43.5	16.0	11.4	6.9	4.6	450.2	20.6	2.3	...	2.3	
...	418	2.4	...	169.9	26.3	14.4	50.2	12.0	7.1	9.6	10.7	682.0	25.7	7.2	7.2	2.4	
...	1,074	...	...	3.7	...	489.8	...	...	...	2.8	...	20.1	17.7	...	50.3	...	...	...	...	12.1	918.1	41.9	...	4.7	7.4

TABLE XVI—concluded.

RATIOS of STATIONS, GROUPS, and ARMIES.

STATIONS AND GROUPS.	Average annual strength th.	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.	Syphilia.	Soft Chancere.	
Hindubagh . . .	69	...	...	...	...	500'0	...	...	...	...	10'1	...	...	...	...	...	...	...	...	845'2	16'1	...	...
Musa Khel . . .	92	...	...	...	...	1,489'1	...	10'9	...	...	...	...	10'9	65'2	...	...	...	...	...	1,804'3	21'74	43'5	...		
Kila Saifulla . . .	31	...	...	...	...	193'5	...	...	...	...	...	...	64'3	64'3	...	...	...	...	...	451'6	...	13'5	...		
Murgha . . .	118	...	...	...	...	440'7	...	8'4	...	...	16'0	4'4	16'9	16'9	...	...	...	42'4	...	720'3	8'41	25'4	...		
Loralai . . .	1,689	...	1'2	...	1'6	148'0	...	1'8	...	1'2	1'3	21'9	26'6	...	...	...	...	3'5	14'2	420'4	13'62	30'8	5'9		
Quetta . . .	7,131	...	...	4	1'1	163'3	...	3	1'1	...	8'1	6'9	33'6	9'0	6'0	7'3	...	1'3	1'5	14'4	22'6	653'6	18'37	28'3	6'6
Pishin . . .	477	...	...	2'1	...	42'4	...	...	...	4'2	2'1	37'2	79'7	...	...	0'3	...	10'5	...	33'5	21'0	1,008'4	8'39	31'4	...
Shelabagh . . .	89	...	...	...	...	157'3	...	...	...	...	...	...	112'4	11'...	11'2	...	...	...	...	...	...	384'3	...	11'2	...
Coaman . . .	1,032	...	...	...	1'0	101'7	...	3'9	1'0	...	1'0	1'0	27'1	69'8	...	6'8	...	6'8	1'9	11'6	751'0	8'72	38'8	4'8	
Ootacamund . . .	100	...	...	...	...	30'	...	20'0	...	...	...	10'0	20'0	10'0	...	...	...	...	10'0	...	210'0	20'00	...	4'2	...
GROUP XII.— HILL STA- TIONS.	34,026	7'2	1'1	1'2	1'3	206'5	2'4	12'0	...	3'5	4'7	22'2	58'5	9'6	13'4	1'1	1'4	8	12'1	32'1	754'4	12'55	36'2	67'10	
Marching in India	1,621	...	...	...	...	523'8	3'1	38'9	...	6	...	13'0	6'8	8'0	22'2	...	...	...	12'3	20'4	1,404'9	3'70	7'4	6'2	
EXTRA INDIA. (a) In the Indian Command.		On Field Service.																							

INDIAN TROOPS.

TABLE XVII.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFICIENCIES, IMPROVEMENTS, SUGGESTIONS, ETC.

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

NORTHERN ARMY.

Mardan.—Defective surface drainage reported. Water from wells liable to contamination. The Fort barracks have been condemned and new barracks have been built. Overcrowding has been met by building temporary accommodation. Nightsoil incinerated, urine trenched. Permanent sheds for treating cholera and plague are recommended.

Lahore Cantonment.—D. A. D. M. S.—(Sanitary)—16th Indian Division reports:—Irrigation while improving the appearance of the station, gives a considerable amount of trouble on account of the flatness of the Cantonment. The Sanitary Engineer with the Government is going into the question of the drainage. The water supply having been reported unsatisfactory tube wells are being sunk. The sanitary state of the bazaar is unsatisfactory. Steps are being taken to improve this. Officers' bungalows are dilapidated. Hospitals, B. I., and R. A. barracks, are being provided with electric light and fans. The barrack accommodation in the Fort is satisfactory.

Almora.—Some overcrowding of married quarters in the Fort but measures for remedying this are under consideration. The question of moving the Transport Lines from the vicinity of the hospital is under consideration. The civil drain runs between the Transport Lines and the hospital, its diversion will be taken in hand at no distant date. Incineration and absorption pits in use. The cantonment is clean and well kept.

Cawnpore.—The expense of draining sheets of water is stated to be large. Water supply from wells and the drinking water for British troops is boiled. Overcrowding of Indian Units reported but temporary barracks being constructed. Drainage, water supply and housing in bazars unsatisfactory. Nightsoil incinerated, urine disposed of in absorption pits or trenched.

Miranshah.—No proper system of surface drainage. Drinking water supply generally sufficient but contaminated and chlorinated. Water supply for bathing purposes deficient. Accommodation deficient but being remedied. Incineration and soakpits in use.

Tank.—There is no efficient drainage. Water supply deficient in quantity and liable to pollution.

(The abandonment of this cantonment is under consideration.)

SOUTHERN ARMY.

Karachi.—The water supply is from Municipal sources and is said to be contaminated at its source. Municipal depot system in use for sewage disposal.

Mhow.—New Indian lines are in course of reconstruction.

Ahmednagar.—D. A. D. M. S. (Sanitary), Poona Division, reports:—The Cantonment has been extended to include Bhingar and steps are being taken to bring Shahpur, Nimbodi, and Dharewadi villages under certain sections of the Cantonment Code for malarial measures. The water supply is from springs in the hills from which it passes by means of an underground aqueduct beneath Kapurwadi tank. The water then passes into a species of well and is pumped into tanks in various parts of the station. Both the quantity and the quality of the water are not satisfactory and measures are under consideration for improving the conditions.

Secunderabad.—The chief sanitary measures were connected with major and minor drainage and other antimalarial measures. Indian Cavalry Lines at Bolarum (Murtaza Lines) have been rebuilt and the old barracks have been cleared away. The pipe supply from Hussain Saugor Tank has been extended to Bolarum thereby doing away with the highly dangerous wells. The demarcation of Pensioners Lines, Massed pillay, was considered but dropped on account of the cost. Incineration is being introduced. A Government dairy is required.

Poona.—The general conditions of the Indian Troops Lines satisfactory except Elliot Lines, Ghoripuri. A new site has been selected at Yeravda. Surface drainage bad and pools constantly require oiling. Trenching is the method of sewage disposal.

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																																						
... ..	1	2	1	1	1	2	1	1	1	9	2	5	4	7	2	2	2	1	2	5	2	5	4	7	2	2	2	1	2	1	1	33
... ..	2	1	1	1	...	1	1	3	11	4	4	...	4	2	2	2	3	1	1	25	4	4	3	3	2	2	25
... ..	1	...	1	...	1	3	4	1	2	1	1	14	1	2	7	2	...	1	2	1	1	1	13	3	33	1	2	7	2	1	2	1	1	13	3	33
... ..	5	6	7	8	6	3	6	4	1	2	...	45	2	4	6	7	3	7	10	15	13	5	11	...	85	2	4	6	7	3	7	10	15	13	5	11	...	85
... ..	13	15	2	13	6	9	21	12	13	4	103	6	4	6	1	2	2	...	14	8	7	10	67	6	4	6	1	2	2	...	14	8	7	10	67	
... ..	12	2	2	18	21	22	14	20	15	5	134	2	1	11	20	12	...	27	38	18	18	9	156	2	1	11	20	12	...	27	38	18	18	9	156	
... ..	1	3	2	1	1	1	14	1	1	1	1	1	8	1	1	1	1	8	
... ..	25	9	24	11	1	7	15	32	257	2	3	5	9	4	3	1	3	1	28	2	3	5	9	4	3	1	3	1	28
... ..	15	2	7	4	3	1	7	15	32	257	2	3	5	9	4	3	1	3	1	28	2	3	5	9	4	3	1	3	1	28
... ..	...	...	3	1	1	...	...	...	...	...	...	11	1	1	...	...	...	...	...	...	...	...	...	2	1	1	...	...	...	...	...	...	...	...	...	2
...	3	2	7	12	12	...	36	1	2	2	2	...	1	1	4	6	3	5	5	32	1	2	2	2	...	1	1	4	6	3	5	5	32
B																																						
... ..																									2 6 1 9													
C																																						
... ..													6 7 8 14 14 1 13 16 29 15 32 13 168												4 2 ... 4 ... 1 5 9 5 13 6 8 61													
VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN PUNJANA	8 ... 8												85 44 76 71 33 8 27 59 85 226 108 55 877												19 24 51 56 30 13 27 83 89 62 68 55 577													
A																																						
... ..													1 2 3												1 3 1 6 11													
... ..	1												1 2 ... 1 ... 13												2 ... 2 ... 1 5 4 4 28													
... ..	3 16 16 3												2 2 6 ... 48												7 10 5 1 6 ... 3 1 2 1 ... 2 38													
B																																						
... ..													2 2												... .. 1 3 2 6 1 13												
... ..	1 2 2 1												... .. 6												... .. 1 2 3											
... ..	1												3 3												... .. 1 1 4 4 21 3 34												
... ..	1												1 1												2 1 ... 1 1 1 2 2 3 ... 13													
... ..	1												3 3												... .. 1 1 3 8												
... ..	4												5 5												1 1 2 2 ... 6													
... ..	1												1 1												1 1 2													
... ..	1												1 1												... .. 1 2												
... ..	2												2 2 8 17 5 2 ... 5 43												... .. 3 11 7 1 1 1 24												
VIII.—SOUTH-EASTERN PUNJANA, CENTRAL INDIA, AND GUJARAT	10 18 22 5 4 9 13 20 10 6 8 6 131												9 13 7 5 10 6 21 25 20 24 31 12 183																									
A																																						
... ..													1 5 6 ... 7 9 28												1 4 14 1 ... 2 23													
... ..	5												3 5 ... 1 6 25 12 57												1 1 1 ... 2 3 2 4 41 55													
... ..	1												1 ... 1 ... 3												... .. 1 2 3												

TABLE XXIV.

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.	Anaemia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent, Invalided on account of old age.	
1	Governor-General's Body Guard.	122	104	6	Admitted Died Invalided	...	...	...	...	15	...	...	...	...	...	1	17	10	...	4	...	...	4	3	128	1	3'10	Dehr Ap De at De
2	Governor's Body Guard, Bengal.	72	53	5	Admitted Died Invalided	...	2	...	...	13	...	...	...	...	...	4	3	3	...	...	...	...	1	4	54	1'74	...	Alip (Ca
3	Governor's Body Guard, Bombay.	70	64	...	Admitted Died Invalided	...	...	...	...	1	...	1	...	...	...	...	1	...	...	4	...	...	...	...	15	1	3'1	Bomb (loc
4	Governor's Body Guard, Madras.	72	62	3	Admitted Died Invalided	...	...	...	...	17	...	...	...	...	...	1	...	...	...	...	1	...	1	...	36	2'08	...	Mad (loc
5	1st Duke of York's Own Lancers (Skinner's Horse).	1,026	754	20	Admitted Died Invalided	...	...	2	129	1	...	1	...	2	4	9	3	1	4	...	...	...	1	23	454	2	16'27	Ri s Ma from war met Das Mal All Oct from
6	2nd Lancers (Gardner's Horse.)	356	295	4	Admitted Died Invalided	...	...	...	1	9	...	1	...	2	1	3	12	...	...	...	...	...	2	8	86	4	5'10	...
7	3rd Skinner's Horse.	873	762	6	Admitted Died Invalided	...	2	...	...	67	...	2	...	2	...	14	24	9	1	...	1	1	7	18	302	7	14'05	L o Oct from pink
8	4th Cavalry	1,006	736	15	Admitted Died Invalided	...	...	...	...	50	...	1	...	2	2	7	16	5	3	...	2	...	5	20	406	3	16'89	M a Oct from Det at 3
9	5th Cavalry	710	594	35	Admitted Died Invalided	...	...	2	145	...	...	...	...	...	...	5	9	4	7	...	...	...	3	9	339	3	10'11	L u e D e 191 Ri s
10	6th King Edward's Own Cavalry.	490	337	5	Admitted Died Invalided	...	...	...	...	59	...	...	...	1	...	1	1	2	6	...	...	...	1	3	114	1	5'28	Stalk cem from bad
11	7th Haryana Lancers.	1,166	807	35	Admitted Died Invalided	...	...	...	...	22	...	...	...	3	5	7	23	2	15	...	...	1	7	17	273	1	14'45	B o l Nov 191 Poo t a e at P
12	8th Cavalry	1,056	877	48	Admitted Died Invalided	3	...	...	...	9	...	...	...	1	3	19	3	26	...	3	...	32	5	424	4	17'22	Seco July from si. ment Decl	
13	9th Hodson's Horse.	620	430	4	Admitted Died Invalided	...	...	...	...	38	...	1	...	1	1	3	6	...	...	...	...	...	2	18	232	2	11'09	Amba Janu from pore

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.	Anaemia and Debility.	Veneral Diseases.	All Causes.	Average number constantly	Died, absent. Invalided on account of old age.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.	
Duke of Edinburgh's Own Lancers (Hodson's Horse).	610	610	9	Admitted Died Invalided	...	2	...	...	241	...	1	...	1	...	2	6	16	2	...	...	1	6	16	423	21'09	...	Multan, October 1916, from Lorai.
King Edward's Own Lancers (Probyn's Horse).	390	264	25	Admitted Died Invalided	...	1	101	...	1	...	3	2	8	10	3	2	1	5	7	11	263	13'67	...	Jullundur, December 1917, from Dera Ismail Khan.
Cavalry	469	342	7	Admitted Died Invalided	...	...	...	...	3	...	1	...	2	...	4	4	4	1	...	...	...	3	8	129	6'91	...	Meerut, November 1914, from Fyzabad.
Duke of Connaught's Lancers (Watson's Horse).	435	274	2	Admitted Died Invalided	...	...	...	...	13	...	...	...	...	...	6	...	3	...	...	...	...	...	7	152	7'40	...	Ambala, August 1916, from Risalpur.
Murray's Jat Lancers.	442	351	34	Admitted Died Invalided	...	...	...	...	43	...	1	...	3	1	2	21	20	10	...	...	1	9	6	285	10'51	...	Bareilly, August 1916, from Risalpur.
Lancers (Lorenson's Munia).	654	485	8	Admitted Died Invalided	...	...	...	...	97	...	...	...	1	7	7	4	12	...	...	...	...	7	10	329	9'95	...	Sialkot, December 1914, from Jullundur.
Cavalry	988	704	32	Admitted Died Invalided	...	...	...	1	111	...	5	...	2	1	22	26	5	4	...	...	...	6	19	393	18'61	...	Delhi, November 1917, from Lorai.
Cavalry	918	647	41	Admitted Died Invalided	...	...	...	3	71	...	1	...	...	...	9	17	2	4	...	1	...	7	22	354	16'76	...	Lahore Cantonment, November 1917, from Jhansi.
King George's Own Lancers.	506	329	3	Admitted Died Invalided	...	...	...	...	6	...	...	...	2	...	3	...	2	...	...	...	...	1	7	125	10'11	...	Sialkot, December 1914, from Meerut.
Lancers (Fane's Horse).	508	373	3	Admitted Died Invalided	...	...	...	...	25	...	...	...	2	6	3	...	3	...	...	...	...	2	16	141	11'39	...	Sialkot, January 1911, from Quetta.
Deccan Horse	418	401	6	Admitted Died Invalided	...	...	...	...	80	7	1	1	...	5	1	2	...	...	...	1	...	...	12	308	19'89	...	Neemuch, November 1914, from Bolarum.
Prince Albert Victor's Own Cavalry (Frontier Force) (Daly's Horse).	446	361	8	Admitted Died Invalided	...	...	...	...	73	...	4	...	1	5	5	1	...	...	...	...	...	9	21	291	12'39	...	Jhelum, October 1916, from Lahore Cantonment.

INDIAN TROOPS, 1917.

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.	Anaemia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent. Invalided on account of old age.	
26	22nd Sam Browne's Cavalry (Frontier Force).	753	454	7	Admitted Died Invalided	...	...	...	...	60	...	3	1	...	3	2	10	...	2	...	...	...	2	10	247	11'82	...	Jhelumary from rum.
27	23rd Cavalry (Frontier Force).	489	356	9	Admitted Died Invalided	...	...	...	...	28	4	2	...	3	1	3	26	5	2	...	...	...	13	19	313	12'64	...	Barrack Feb 1917. Kam
28	25th Cavalry (Frontier Force).	614	566	29	Admitted Died Invalided	...	...	...	...	1	63	3	1	...	3	14	15	18	10	...	...	2	16	14	357	14'49	...	Jubbulpore Dec 1917. Bann and Deta at and
29	26th King George's Own Light Cavalry.	725	628	7	Admitted Died Invalided	...	...	...	...	179	...	...	...	...	3	8	...	...	1	...	...	1	3	21	334	17'92	...	Jhelum from here Poona
30	27th Light Cavalry.	921	904	35	Admitted Died Invalided	2	...	...	...	23	...	...	...	1	2	12	19	3	10	...	2	...	7	33	540	18'70	...	Aligarh Nov 1917 Lucknow
31	28th Light Cavalry.	1,002	465	23	Admitted Died Invalided	...	...	...	4	133	...	...	...	1	12	23	4	3	...	...	...	2	8	7	355	14'99	...	Quetta v e 1913 Multan Chak Kakee 1917 Poona
32	29th Lancers (Deccan Horse).	552	329	15	Admitted Died Invalided	...	...	...	...	41	...	1	...	1	4	13	1	15	...	...	...	...	4	15	194	8'95	...	...
33	30th Lancers (Gordon's Horse).	870	695	23	Admitted Died Invalided	...	...	...	...	183	1	74	...	...	2	24	46	2	...	...	...	...	5	21	663	27'28	...	Peshawar Aug from
34	31st Duke of Connaught's Own Lancers.	598	577	25	Admitted Died Invalided	...	...	...	...	2	418	3	1	...	2	25	32	46	33	...	...	...	26	17	1026	28'38	...	Bannary from Deta at shal
35	32nd Lancers	609	326	...	Admitted Died Invalided	...	...	...	...	58	...	1	4	3	6	11	2	4	...	1	...	...	5	9	165	8'52	...	Nasirabad Feb 1917 Delhi
36	33rd Queen Victoria's Own Light Cavalry.	974	779	20	Admitted Died Invalided	...	2	...	2	237	...	1	...	1	1	14	28	14	20	...	1	1	15	20	691	27'93	...	Risala Nov 1917 Labtoor Deta at (11
37	34th Prince Albert Victor's Own Poona Horse.	368	245	7	Admitted Died Invalided	...	...	...	...	44	...	2	...	...	5	13	...	...	1	...	...	...	1	4	167	7'17	...	Ambober from dera

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.
35th Scinde Horse.	821	780	27	Admitted Died Invalided	1	...	15	4	...	27	1	4	5	...	1	1	10	31	437	126	74	Jubbulpore, March, 1916, from Dera Ismail Khan.
36th Jacob's Horse	401	274	5	Admitted Died Invalided	25	3	2	4	1	152	7	13	Ambala, December, 1914, from Cawnpore.
37th Lancers	1,012	852	14	Admitted Died Invalided	1	...	59	43	27	20	6	1	...	1	...	5	9	469	20	68	Jullundur and Kohat, January to July, 1917. Detachments at Thal and Hangu, from August to December 1917.
8th King George's Own Central India Horse.	537	324	4	Admitted Died Invalided	6	...	1	1	3	1	3	2	49	2	51	Agar, January, 1915, from Goona.
9th King George's Own Central India Horse.	1,028	707	31	Admitted Died Invalided	...	...	...	...	76	...	...	4	2	4	14	2	3	...	2	...	5	20	359	15	28	Goona, January, 1915, from Agar. Detachments at Deolali and Meerut.
Queen Victoria's Own Corps of Guides (Frontier Force) (Lumsden's Cavalry and Infantry).	3,264	1,350	48	Admitted Died Invalided	2	1	1	261	248	3	2	8	39	75	6	3	17	20	1,359	39	69	Mardan (local). Detachment at Jullundur.
41st Battalion, Queen Victoria's Own Corps of Guides (Frontier Force) (Lumsden's Infantry).	1,309	712	19	Admitted Died Invalided	...	...	3	403	1	4	...	2	3	19	59	29	11	1	4	...	15	5	1,220	35	72	Nowshera, November, 1917, from Malakand and Dargai.
26th Derajat Mountain Battery, (Frontier Force).	443	162	...	Admitted Died Invalided	...	...	...	1	28	...	...	...	...	6	3	1	3	...	...	...	1	8	177	7	90	Abbottabad, January, 1917, from Maymyo.
3rd Peshawar Mountain Battery (Frontier Force).	421	249	1	Admitted Died Invalided	...	...	...	45	...	...	1	1	...	3	6	...	2	...	1	...	3	3	148	5	75	Abbottabad, March, 1917, from Camp Burhan, and Nowshera.
4th Hazara Mountain Battery, (Frontier Force).	510	191	1	Admitted Died Invalided	...	...	...	1	37	...	...	1	...	3	8	...	...	...	...	...	5	16	165	8	42	Abbottabad, March, 1917, from Nowshera.
5th Mountain Battery.	594	419	10	Admitted Died Invalided	...	...	...	26	5	...	...	4	...	4	18	...	5	...	...	...	2	9	189	10	01	Quetta, January, 1915, from Nowshera. Detachment at Drosh.
7th Mountain Battery.	495	181	5	Admitted Died Invalided	...	...	...	1	25	...	...	1	...	2	3	...	3	...	...	...	5	8	164	7	85	Abbottabad, January, 1911, from Bhamo.
8th Mountain Battery.	421	189	7	Admitted Died Invalided	...	...	...	1	51	...	...	5	...	4	8	...	4	...	...	...	4	4	200	9	00	Abbottabad, December, 1913, from Bannu.

INDIAN TROOPS, 1917.

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.	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. Invalidized on account of old age.	Stat occupies regiments detach during with occup Last
51	29th Mountain Battery.	(a) 248	253	14	Admitted Died Invalidized	...	...	2	...	168	1	...	...	1	...	11	14	20	34	...	...	...	6	5	466	13'04	...	Banna, wemb from, tabad at Mi
52	30th Mountain Battery.	257	195	14	Admitted Died Invalidized	...	...	...	...	87	...	1	...	1	9	4	11	5	...	...	1	1	6	1	167	6'66	...	Tank, ber, from, tabad tacht Dera Khan
53	31st Mountain Battery.	464	322	22	Admitted Died Invalidized	...	...	...	...	82	5	...	3	...	9	14	4	2	...	...	1	...	10	1	279	13'67	...	Kobat, ary, from, Dun, tacht Thal
54	32nd Mountain Battery.	519	361	7	Admitted Died Invalidized	...	...	1	...	52	...	...	...	1	7	43	5	9	...	...	...	...	3	7	286	11'69	...	Maym cemb from
55	33rd (Reserve) Mountain Battery.	480	299	5	Admitted Died Invalidized	...	...	...	...	74	3	...	3	...	3	9	...	...	...	...	...	...	...	7	246	10'30	...	Nowsh Mast from, tabad
56	34th (Reserve) Mountain Battery.	283	139	...	Admitted Died Invalidized	...	...	...	...	15	...	5	...	...	2	22	1	...	...	...	...	...	1	2	83	2'80	...	Camp Sept 1917, Abbo
57	35th (Reserve) Mountain Battery.	134	94	...	Admitted Died Invalidized	...	...	...	...	19	...	4	...	...	3	12	1	1	...	...	...	...	2	...	79	2'55	...	Camp Sept 1917, Abbo
58	The Frontier Garrison Artillery.	329	187	6	Admitted Died Invalidized	...	...	...	...	32	...	...	...	...	1	9	4	...	...	...	...	...	6	...	116	4'46	...	Kobat tacht at M Chal Fort and Lock
59	M. Battery, Royal Horse Artillery.	20	15	2	Admitted Died Invalidized	...	...	...	...	...	...	4	...	...	1	1	...	...	...	...	...	...	...	...	7	'11	...	Risaly Janu 1914
60	W. Battery, Royal Horse Artillery.	117	43	1	Admitted Died Invalidized	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	9	20	1'86	...	Meer ary, from
61	A. Ammunition Column, Royal Horse Artillery.	76	65	4	Admitted Died Invalidized	...	...	...	...	5	...	...	...	...	...	1	...	...	...	...	...	...	...	...	15	7'36	...	Risaly 1913, Cas port
62	F. Ammunition Column, Royal Horse Artillery.	184	80	2	Admitted Died Invalidized	...	2	...	...	...	...	...	...	...	...	3	2	...	...	...	...	...	...	7	32	1'64	...	Meer

(a) The decrease in enrolled strength as compared with the average strength present is due to drafts proceeding overseas as reinforcements at the end of the

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.	Anaemia 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.			
rd Devonshire Battery, Royal Field Artillery. (Indian Drivers.)	31	10	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	17	...	Allahabad.	
66th Battery, Royal Field Artillery.	34	14	...	Admitted Died Invalided	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	11	1	69	...	Lahore, Meerut and Delhi.
66th Battery, Royal Field Artillery.	38	13	...	Admitted Died Invalided	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	03	...	Allahabad and Lucknow.
68th Battery, Royal Field Artillery.	30	30	...	Admitted Died Invalided	...	...	...	...	7	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	3	19	121	...	Kirkee.
64th Battery, Royal Field Artillery.	66	24	...	Admitted Died Invalided	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14	1640	...	Kamptee, Meerut and Delhi.
70th Battery, Royal Field Artillery.	18	18	...	Admitted Died Invalided	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	34	...	Hyderabad.
territorial Batteries (Details) Royal Field Artillery.	334	277	23	Admitted Died Invalided	85	...	1	5	...	3	...	14	7	6	3	2	42	312	1220	...	Rawalpindi and Lahore Cantonment.
th Battery, Royal Field Artillery.	25	10	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	1	5	...	...	...	...	...	...	...	...	...	9	19	...	Campbellpore, July, 1917.
4th Battery, Royal Field Artillery.	55	23	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	6	58	...	Campbellpore, October, 1917 and Peshawar, January to April, 1917.
9th Battery, Royal Field Artillery.	30	6	...	Admitted Died Invalided	1	1	2	9	10	...	Agra.
30th Battery Royal Field Artillery.	26	26	...	Admitted Died Invalided	2	1	1	8	56	...	Nowshera.

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.	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.	Station occupied regiment, detachments during the with date occupied. Last no	
74	90th Battery, Royal Field Artillery.	30	30	1	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11	1'00	...	Nowshera
75	91st Battery, Royal Field Artillery.	13	5	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2	'34	...	Nowshera
76	101st Battery, Royal Field Artillery.	350	39	...	Admitted Died Invalided	...	...	...	...	5	...	...	...	...	1	3	...	...	...	...	...	...	...	2	23	1'02	...	Quetta, March, from Hyderabad.
77	102nd Battery, Royal Field Artillery.	51	51	1	Admitted Died Invalided	...	...	...	...	29	...	...	...	...	...	...	...	...	...	...	...	...	...	3	53	2'73	...	Hyderabad
78	No. 1 Ammunition Column, Royal Field Artillery.	188	149	6	Admitted Died Invalided	10	1	...	8	2	1	1	9	81	6'31	...	No work Detachment at Campore 4 months, Hyderabad
79	No. 4 Ammunition Column, Royal Field Artillery.	246	246	8	Admitted Died Invalided	...	...	...	...	174	...	...	1	...	...	3	...	...	...	...	...	...	...	40	308	20'33	...	Hyderabad
80	No. 12 Ammunition Column, Royal Field Artillery.	113	120	2	Admitted Died Invalided	...	...	...	...	14	1	...	...	...	2	3	1	...	2	...	...	...	3	12	78	2'89	...	Amritsar Lahore tonmen
81	No. 13 Ammunition Column, Royal Field Artillery.	139	37	...	Admitted Died Invalided	...	...	...	...	4	...	...	...	...	...	1	...	...	...	...	...	...	...	7	41	2'03	...	Agra.
82	1st Mountain Battery, Royal Garrison Artillery.	531	239	8	Admitted Died Invalided	...	...	...	...	15	...	...	...	...	1	7	4	...	...	4	...	...	2	12	117	6'73	...	Baragali May from R pendi.
83	3rd Mountain Battery, Royal Garrison Artillery.	300	200	4	Admitted Died Invalided	...	...	...	...	15	...	...	2	...	...	9	...	...	...	...	1	...	...	1	71	3'04	...	Quetta.
84	4th Mountain Battery, Royal Garrison Artillery.	200	151	1	Admitted Died Invalided	...	...	...	...	5	...	...	...	...	...	10	...	...	...	...	1	...	1	2	38	1'76	...	Quetta.
85	6th Mountain Battery, Royal Garrison Artillery.	339	246	15	Admitted Died Invalided	...	...	...	...	67	5	...	...	...	7	2	...	...	4	...	...	...	1	148	6'96	...	Peshawar tachment Fort Kadar Khairi for 2 months Peshawar tachment Fort Kadar Barian 7 months	
86	8th Mountain Battery, Royal Garrison Artillery.	257	190	6	Admitted Died Invalided	...	...	...	...	24	...	...	...	...	8	5	...	...	1	...	...	...	10	2	160	6'00	...	Peshawar tachment Fort Kadar Barian 7 months
87	9th Mountain Battery, Royal Garrison Artillery.	243	96	...	Admitted Died Invalided	...	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...	...	2	12	'37	...	Kalabag	
88	60th Heavy Battery, Royal Garrison Artillery.	166	155	...	Admitted Died Invalided	...	...	...	...	1	1	...	...	...	...	2	1	...	...	...	...	...	3	30	1'68	...	Rurki.	

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 Heavy Garrison Artillery.	158	115	4	Admitted Died Invalided	13	2	4	...	1	4	132	3'22	...	Rurki and Cawnpore.
2nd Defence Garrison Artillery.	95	56	..	Admitted Died Invalided	4	1	1	2	2	...	1	...	1	1	1	27	'92	...	Rangoon and Karachi.
3rd Garrison Artillery Depots.	6,731	6,789	85	Admitted Died Invalided	2	433	1	5	4	5	12	87	280	28	8	58	105	1	1	75	374	4,697	201'77	1	Ambala, Rurki, Meerut, Ahmednagar, Belgaum, Jubbulpore, Kirkee, Secunderabad and Dinapore.
4th Machine Gun Coy.	715	507	7	Admitted Died Invalided	...	...	...	...	46	...	3	...	...	20	29	19	3	3	1	...	6	15	447	17'46	...	Mhow, April 1917, from Camps Bellpore, Companies at Rawalpindi, Nowshera and Quetta.
5th King George's Own Sappers and Miners.	2,891	2,518	63	Admitted Died Invalided	...	...	1	122	17	...	...	1	5	22	33	3	4	...	1	...	16	19	517	26'66	...	Rurki (local). Detachments at Alipore and Peshawar.
6th Queen Victoria's Own Sappers and Miners.	3,388	2,314	64	Admitted Died Invalided	...	1	1	203	2	12	4	18	6	24	75	8	28	...	1	...	35	255	1300	60'79	...	Bangalore. Detachments at Rawalpindi, Quetta, Mandalay, Rangoon and Secunderabad.	
7th Sappers and Miners.	2,854	1,411	25	Admitted Died Invalided	...	...	...	...	115	...	4	...	24	5	15	56	43	17	...	1	18	99	931	57'98	2	Kirkee, Detachments at Quetta and Rawalpindi.
8th Railway Battalion, Sappers and Miners.	766	393	11	Admitted Died Invalided	...	...	...	...	4	...	...	...	1	3	6	1	3	...	1	...	4	13	75	4'14	...	Rurki.
9th Mechanical Transport Company, Sappers and Miners.	122	72	3	Admitted Died Invalided	...	...	...	...	13	...	...	...	...	2	1	2	...	...	...	...	...	5	34	1'01	...	Rawalpindi.
10th Engineering Motor Transport School.	1,389	200	...	Admitted Died Invalided	...	1	...	7	...	...	6	...	4	1	1	...	...	1	...	...	1	12	100	3'20	...	Rawalpindi.
11th Wireless Signal Squadron.	56	29	1	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	2	3	...	...	...	...	...	...	1	14	'56	...	Rawalpindi.
12th Divisional Signal Company Sappers and Miners.	175	118	5	Admitted Died Invalided	11	3	2	1	11	1	1	1	4	76	2'08	...	Quetta.
13th Divisional Signal Company, Sappers and Miners.	9	7	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	2	'19	...	Kowloon, (China).
14th Divisional Signal Company, Sappers and Miners.	(a) 236	255	2	Admitted Died Invalided	...	...	...	...	24	...	...	1	...	2	2	2	...	...	...	...	4	13	105	4'36	...	Peshawar and Cherat.

The decrease in enrolled strength as compared with the average strength present is due to drafts proceeding overseas as reinforcements at the end of the year.

INDIAN TROOPS, 1917.

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	
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 Diarrhoea.	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.	
103	37th Divisional Signal Company, Sappers and Miners.	256	65	...	Admitted Died Invalided	...	...	...	...	...	...	1	...	...	...	...	1	2	...	...	...	...	...	11	25	1'42	...	Raw
104	39th Divisional Signal Company, Sappers and Miners.	223	37	...	Admitted Died Invalided	...	...	...	...	3	...	...	...	...	...	2	1	...	...	...	...	...	...	8	46	1'51	...	Mira and pins
105	43rd Divisional Signal Company, Sappers and Miners.	136	21	...	Admitted Died Invalided	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	3	11	...	...	Bang
106	Depôt Signal Units.	1,480	844	5	Admitted Died Invalided	...	1	2	2	202	...	...	...	6	...	15	18	31	24	...	3	5	123	734	39'43	...	Poon Koh	
107	1st Brahmans	1,679	1,185	21	Admitted Died Invalided	7	...	...	...	64	59	26	...	1	...	21	35	14	59	...	1	...	32	38	752	30'68	...	Bomb Oct from and crest tent from poor tact Chit Jhd
108	1-2nd Queen Victoria's Own Light Infantry.	1,033	1,027	35	Admitted Died Invalided	...	...	...	...	...	...	...	...	2	...	22	7	...	...	...	...	...	14	24	276	15'37	...	Luckn Now 1914 Bust
109	2-2nd Queen Victoria's Own Light Infantry.	1,026	377	5	Admitted Died Invalided	...	...	2	...	52	...	...	...	...	...	3	11	...	6	...	...	...	3	23	350	16'64	...	Agra, 1917
110	3rd Brahmans	986	805	32	Admitted Died Invalided	...	...	...	...	97	1	7	...	7	3	17	24	8	3	...	1	...	58	6	534	19'42	...	Barr Feb from lam.
111	4th Prince Albert Victor's Rajputs.	761	726	26	Admitted Died Invalided	...	...	...	...	5	...	...	...	1	...	10	7	...	6	...	1	...	17	13	217	12'01	...	Luck Mar from tan. men Tha
112	5th Light Infantry	724	669	46	Admitted Died Invalided	...	...	...	...	70	...	...	...	1	...	19	31	...	8	...	1	...	16	65	453	27'98	...	Fateh Feb 1914 Nov
113	6th Jat Light Infantry.	849	712	19	Admitted Died Invalided	...	...	2	...	43	...	2	...	1	1	9	20	1	...	2	1	...	8	14	344	20'89	...	Jhant Dec 1914 Sect bad.
114	7th Rajputs	1,028	805	49	Admitted Died Invalided	5	3	4	107	1	...	6	...	15	5	13	79	39	28	...	2	38	32	780	26'30	...	Bonar 1917 Bar tact Tha	

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 acc.	Stations occupied by regiments and detachments during the year with dates of occupation. Last move.		
1st Rajputs	1,396	901	37	Admitted Died Invalided	...	...	...	...	73	...	...	...	...	1	25	44	27	1	...	...	...	2	46	691	28'24	...	Benares, August, 1916 from Peshawar and Abbottabad.
1st Bhopal Infantry.	1,595	1,311	16	Admitted Died Invalided	...	...	1	6	220	...	...	...	8	4	17	71	40	16	...	...	...	15	104	1218	57'37	...	Fyzabad, April, 1911 from Ran. goon.
1st Delhi Regiment.	1,175	1,050	27	Admitted Died Invalided	7	...	...	...	30	...	...	...	5	7	23	46	26	7	...	...	...	12	77	616	23'65	...	Fort William, February, 1917.
1st Bhopal Infantry.	56	50	...	Admitted Died Invalided	...	...	...	...	5	...	...	...	...	...	2	7	9	1	...	...	...	2	56	1	1'13	...	Fyzabad, 24th October, 1917.
1st Jats	1,512	1,074	84	Admitted Died Invalided	4	651	2	1	1	100	63	51	34	1	2	76	9	1435	52'38	...	Bannu, November 1914 from Hyderabad. Detachment at Jhansi.
10th Jats	1,097	356	10	Admitted Died Invalided	1	28	2	...	2	10	6	...	5	11	155	5'80	...	Jhansi, July, 1917.	
1st Rajputs	1,474	506	46	Admitted Died Invalided	...	...	...	1	90	6	2	...	3	2	17	59	15	15	...	...	...	24	12	486	27'63	...	Drosh, October, 1917 from Lahore Cantonment. Detachments at Tank (6 months) Chitral and Barrackpore (3 months) and at Thayetmyo.
1st Pioneers	1,250	731	35	Admitted Died Invalided	...	1	...	...	223	86	...	...	2	2	37	56	...	38	...	...	1	16	16	875	34'33	...	Lahore Cantonment, April, 1917 from Peshawar and Chitral.
12th Pioneers	1,145	316	5	Admitted Died Invalided	...	6	...	...	81	9	...	...	1	...	2	13	7	11	...	...	...	4	5	332	12'49	...	Lahore Cantonment, June, 1917.
1st Rajputs (The Shekhawati Regiment).	763	574	9	Admitted Died Invalided	...	...	...	1	34	13	1	1	3	...	5	20	18	7	...	...	...	10	13	324	12'54	...	Lucknow, September 1917 from Secunderabad. Detachments at Hangu, Thal, Fort Cavagnary and Fort Lockhart 5 months.
14th King George's Own Ferozepore Sikhs.	319	319	...	Admitted Died Invalided	...	...	...	...	7	...	...	...	...	...	3	16	...	4	...	...	...	...	14	94	5'16	...	Multan, November, 1914 from Peshawar.
15th Ludhiana Sikhs.	1,302	1,061	32	Admitted Died Invalided	...	...	...	...	311	...	115	...	3	2	32	18	...	5	...	...	...	16	81	1171	49'42	...	Peshawar, February 1916 from Multan. Detachment at Cherat.
16th Rajputs (The Lucknow Regiment).	637	537	13	Admitted Died Invalided	23	4	...	9	13	4	6	1	11	20	228	13'39	...	Lucknow, February, 1917 from Karachi.	

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.	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.	Anaemia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died absent, invalided on account of old age.			
128	17th Infantry (The Loyal Regiment).	1,779	1,105	24	Admitted Died Invalided	...	6	...	...	4	...	...	...	1	3	13	17	...	...	...	...	...	9	31	225	13	14	10	Dinapore Febre 1917 Luck
129	18th Infantry (a)	(a) 1,137	1,216	4	Admitted Died Invalided	1	1	2	19	...	...	6	...	2	6	10	37	10	4	...	...	...	20	40	382	12	22	17	Kowloon (Canton) Marseilles Dupon Shanghai Sept 1917 Dinapore
130	2-18th Infantry	341	31	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	1	1	1	1	1	2	...	...	...	1	18	221	9	55	...	Shillong Dec 1917.
131	19th Punjabis	329	329	2	Admitted Died Invalided	...	...	...	118	1	...	...	...	1	...	3	...	...	...	...	...	...	4	18	221	1	16	43	Hyderabad Dec 1916 Quetta
132	2-19th Punjabis	1,212	807	20	Admitted Died Invalided	1	...	3	401	...	...	...	...	3	...	13	31	...	47	...	...	...	2	13	768	5	34	86	Fort max, March from derah
133	20th Duke of Cambridge's Own Infantry (Brownlow's Punjabis).	943	580	36	Admitted Died Invalided	1	88	1	...	11	...	3	15	15	22	2	1	12	47	492	1	25	17	3	Feroz Nov 1914 Jhelum
134	21st Punjabis	2,015	880	56	Admitted Died Invalided	...	...	2	374	2	24	1	5	4	47	52	48	9	...	...	...	1	27	68	963	19	38	24	Rawalpindi Dec 1917. Tank tache Barni
135	22nd Punjabis	1,040	1,040	14	Admitted Died Invalided	...	...	...	314	4	...	1	...	2	...	4	...	...	...	...	...	...	10	10	550	7	30	61	Hyderabad (Sind) Nov 1914.
136	23rd Sikh Pioneers	1,003	1,280	20	Admitted Died Invalided	...	...	...	67	...	6	...	5	1	9	19	...	7	...	...	...	...	1	27	362	3	20	50	Ambala Nov 1914 Lahore Lahore
137	24th Punjabis	791	787	6	Admitted Died Invalided	...	...	...	197	1	...	...	...	1	4	6	...	...	...	...	...	...	3	18	400	4	24	18	Hyderabad March from pore.
138	25th Punjabis	1,371	1,169	70	Admitted Died Invalided	...	...	7	433	1	6	...	4	1	65	69	31	43	...	4	...	...	15	28	1167	17	43	94	Bannu, Dec 1915 China at Jhelum
139	2-25th Punjabis	118	14	1	Admitted Died Invalided	...	...	...	2	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	5	2	...	Jhansi, Nov 1917.	
140	26th Punjabis	921	557	23	Admitted Died Invalided	...	1	...	71	...	29	...	3	8	15	22	12	2	...	...	...	2	9	28	513	5	26	67	Bareilly, Sept 1917 Rawalpindi and Jhelum

(a) The decrease in enrolled strength as compared with the average strength present is due to drafts proceeding overseas as reinforcements at the end of the

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.	Seet 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.	Diarhœa.	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	914	840	38	Admitted Died Invalided	...	...	...	40	...	20	...	3	1	30	29	...	...	...	...	...	...	4	28	553	36'50	...	Jhelum, February 1917, from Lahore Can- tonment.
h Punjabis	1,204	811	34	Admitted Died Invalided	...	1	1	1	46	...	46	...	3	...	23	34	...	1	...	...	...	4	27	608	36'75	...	Jhelum, February 1917, from Lahore Can- tonment.
h Punjabis	1,193	812	28	Admitted Died Invalided	...	...	1	2	179	...	...	...	3	2	9	25	3	2	1	...	...	19	49	620	25'65	...	Peshawar, September 1917, from Jhansi and Rawalpindi.
h Punjabis	757	715	36	Admitted Died Invalided	...	...	...	38	...	5	...	3	1	27	27	8	3	...	...	...	...	5	17	468	21'62	...	Jhelum, April 1917, from Rawal- pindi.
h Punjabis	(a) 591	595	27	Admitted Died Invalided	...	...	...	17	...	29	...	...	...	23	35	11	1	...	...	...	...	5	19	339	17'01	...	Jhelum, April 1917, from Rawal- pindi.
and Sikh Pio- cers.	764	713	31	Admitted Died Invalided	...	...	3	164	...	3	...	...	1	19	26	13	21	...	...	...	...	7	47	455	17'03	...	Sialkot, November 1913, from Lahore Can- tonment.
and Sikh Pio- cers.	1,659	950	29	Admitted Died Invalided	...	...	2	307	...	6	...	3	2	10	33	30	21	...	...	...	...	21	25	683	21'12	...	Sialkot.
h Punjabis	686	459	30	Admitted Died Invalided	...	...	...	139	...	2	...	11	1	8	20	1	5	...	...	...	...	7	17	400	20'23	7	Fatehgarh, May 1917, from Bareilly.
h Sikh Pio- cers.	959	938	14	Admitted Died Invalided	...	1	...	47	...	5	3	1	3	10	19	...	3	...	...	...	...	...	33	316	21'44	...	Ambala, November 1913, from Sialkot.
h Sikh Pio- cers.	1,761	535	2	Admitted Died Invalided	...	1	...	1	83	...	...	...	1	2	3	10	2	48	...	...	...	5	28	296	8'98	...	Sialkot, July 1917.
h Sikhs	1,470	934	45	Admitted Died Invalided	...	...	1	1	268	27	2	...	27	1	28	49	8	11	...	2	...	38	77	1193	38'71	4	Peshawar, June 1916, from Ab- bottabad. Detachment at Fort Jamrud.
h Sikhs	1,039	816	26	Admitted Died Invalided	...	...	1	1	55	...	7	...	11	1	12	15	8	2	...	...	...	2	73	536	34'53	...	Bareilly, May 1917, from Delhi
h Dogras	889	749	21	Admitted Died Invalided	...	...	...	1	56	...	29	...	1	8	28	13	25	7	...	...	...	3	34	513	26'05	...	Jhelum, November 1909, from Nowgong.

The decrease in enrolled strength as compared with the average strength present is due to drafts proceeding overseas as reinforcements at the end of the year.

INDIAN TROOPS, 1917.

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.	Stat. occu regime defect during with d occup Last
154	38th Dogras	1,166	1,065	18	Admitted Died Invalided	...	...	...	1	395	1	30	2	6	24	44	7	2	...	1	...	19	31	853	30'42	...	Jhelu Sept 1917.
155	1-39th Garhwal Rifles.	1,179	940	8	Admitted Died Invalided	...	...	...	...	477	...	...	7	5	15	111	7	15	...	2	1	13	22	944	36'86	...	Kohat Pesh Lansd Nov 1917. Quet
156	2-39th Garhwal Rifles.	1,072	783	7	Admitted Died Invalided	1	49	...	1	1	5	9	13	3	5	7	28	447	41'37	...	Lansd Nov 1907. Kila
157	3-39th Garhwal Rifles.	1,512	1,320	4	Admitted Died Invalided	1	...	...	1	173	...	4	...	8	12	16	13	11	...	2	...	16	45	895	66'65	...	Malak Nov 1917. Lans Deta at 5 mont
158	4-39th Garhwal Rifles.	820	39	...	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	1	2	...	...	...	...	...	2	57	1'96	...	Ranik Nov 1917.
159	40th Pathans	442	416	22	Admitted Died Invalided	66	...	4	...	4	12	11	...	11	6	20	275	18'02	5	Fatehp April from
160	1-41st Dogras	1,330	1,247	67	Admitted Died Invalided	...	...	...	1	706	...	5	...	3	62	108	14	12	...	13	...	26	52	1,746	64'80	...	Darga April from
161	2-41st Dogras	9	9	...	Admitted Died Invalided	...	...	...	...	4	...	...	...	...	...	2	...	...	...	...	...	...	...	9	'28	...	Jubbah Nov 1917.
162	1-42nd Deoli Regiment.	605	435	19	Admitted Died Invalided	...	...	...	...	45	...	4	1	...	7	27	1	2	...	...	1	1	11	214	11'56	...	Deoli, 1917, Chan
163	2-42nd Deoli Regiment.	1,394	972	13	Admitted Died Invalided	1	4	73	6	2	13	15	8	4	1	6	44	441	31'83	...	Sibi, ber from Barod Jubbah
164	1-43rd Erinpara Regiment.	887	775	21	Admitted Died Invalided	...	...	...	1	162	...	...	3	2	16	102	...	15	...	7	...	3	10	632	15'93	...	Erinpa Januar from C Detac at Sum
165	2-43rd Erinpara Regiment.	1,718	543	26	Admitted Died Invalided	...	...	...	...	58	...	2	1	...	6	27	10	8	...	1	...	12	11	238	14'30	...	Baroda 1917.
166	44th Merwara Infantry.	453	404	18	Admitted Died Invalided	6	...	...	...	37	...	6	1	...	9	21	...	12	...	1	...	3	9	217	1'63	...	Ajmer, April from

TABLE XXIV—(Continued)

STATISTICS OF REGIMENTS

1917

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.	Anaemia 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.	
Rattray's	446	446	7	Admitted Died Invalided	26	17	18	...	1	2	12	170	9'10	...	Multan, March 1916, from Dera Ismail Khan and Tank.	
Punjabis	1,497	843	21	Admitted Died Invalided	...	...	5	430	1	...	9	1	14	29	17	9	...	1	18	4	939	...	...	40'05	2	Nowshera, March 1913, from Bannu Detachments at Dera Ismail Khan, Tank and Jandola. Each for 4 months.
Sikhs	487	303	13	Admitted Died Invalided	...	...	1	9	...	5	4	1	3	15	2	1	...	...	...	...	7	25	212	14'71	...	Bareilly, May 1917, from Fatehgarh.
Pioneers	715	560	25	Admitted Died Invalided	...	...	...	31	...	...	2	...	6	19	...	...	...	...	...	...	9	15	280	18'41	...	Jhansi, January 1915, from Kirkee.
Bengalis	676	429	2	Admitted Died Invalided	...	...	1	177	...	...	3	1	11	43	19	9	...	1	...	...	14	76	577	23'72	...	Karachi (Local).
Sikhs (Frontier Force)	1,013	614	23	Admitted Died Invalided	...	...	1	32	1	...	1	2	14	20	2	1	...	...	...	...	5	9	188	12'23	...	Jullundur in October 1914, from Peshawar.
Sikhs (Frontier Force)	1,294	965	58	Admitted Died Invalided	...	...	5	354	60	1	...	1	6	54	52	20	6	...	...	...	16	20	1000	39'37	...	Peshawar, May 1917, from Bannu.
Sikhs (Frontier Force)	892	583	46	Admitted Died Invalided	1	34	15	7	4	5	1	8	13	237	16'32	...	Jullundur, November 1914, from Kohat.	
Sikhs (Frontier Force)	1,564	915	53	Admitted Died Invalided	7	211	46	3	...	4	2	20	84	10	8	1	5	18	1341	68'77	9	Mardan, May 1917, from Kohat and Nowshera, November 1917.	
Sikhs (Frontier Force)	1,307	514	6	Admitted Died Invalided	...	...	...	9	...	...	...	...	...	8	14	1	...	...	...	...	...	7	113	5'87	...	Jullundur, June 1917.
Coke's Rifles (Frontier Force)	1,624	742	47	Admitted Died Invalided	93	57	1	...	3	1	29	22	4	4	12	10	512	26'16	4	Multan, August 1917, from Kohat and Mardan.	
Punjabi (Frontier Force)	1,239	1,206	68	Admitted Died Invalided	3	...	125	...	2	...	44	39	3	7	3	1	19	31	532	27'49	...	Jullundur, November 1914, Detachment at Multan (6 months).
Wilde's Rifles (Frontier Force)	847	609	11	Admitted Died Invalided	1	...	229	...	5	1	4	22	34	2	7	1	15	32	654	27'52	...	Lahore Cantonment, April 1917, from Ferozepore.

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	
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.	Scoury.	Anæmia and Debility.	Veneral Diseases.	All Causes.	Average number constantly sick.	Died, absent, Invalided on account of old age.	
180	58th Vaughan's Rifles (Frontier Force).	(a) 475	509	10	Admitted Died Invalided	...	1	...	153	...	4	3	11	7	1	14	...	1	...	13	32	406	16'15	...	Multan Janm from pore.
181	59th Scinde Rifles (Frontier Force).	1,031	696	58	Admitted Died Invalided	28	6	18	4	11	2	...	9	11	180	12'08	...	Jullum Decr 1913, Hary
182	61st King George's Own Pioneers.	733	489	24	Admitted Died Invalided	...	...	...	165	...	1	...	1	...	2	94	1	9	...	...	...	46	27	565	21'00	...	Banga Macc from deral
183	62nd Punjabis	969	777	15	Admitted Died Invalided	...	...	2	96	12	...	4	3	7	40	7	4	...	2	1	5	35	858	34'04	...	Cawn Novr 1912, Beau	
184	63rd Palamcottah Light Infantry.	1,408	753	64	Admitted Died Invalided	...	...	1	1422	...	...	2	1	21	30	4	20	...	2	...	27	72	1986	47'60	...	Bareil Decr 1917, Trich and deral	
185	64th Pioneers	847	592	26	Admitted Died Invalided	...	1	...	24	...	1	3	...	6	48	2	11	...	...	...	11	58	349	21'26	...	Banga Febr 1916, Man	
186	66th Punjabis	1,067	590	26	Admitted Died Invalided	...	...	...	319	...	3	...	5	4	27	2	7	8	...	...	...	8	8	657	33'63	...	Lorala Mar from Deta at Mus Kila and
187	1-67th Punjabis	383	293	8	Admitted Died Invalided	...	...	...	34	...	...	...	...	2	11	...	...	...	...	...	1	1	16	130	8-99	...	Agra, 1917 Lora
188	2-67th Punjabis	703	540	124	Admitted Died Invalided	...	...	...	302	...	3	...	2	...	57	33	19	5	...	1	4	17	17	903	29'32	...	Tank D. Apr 1917 Lora tach Janc
189	69th Punjabis	570	344	8	Admitted Died Invalided	...	...	...	72	...	...	4	...	4	6	...	...	...	...	...	...	5	2	309	17'72	...	Agra, Aug from
190	70th Burma Rifles	1,236	277	2	Admitted Died Invalided	...	...	...	17	...	...	3	1	7	21	6	5	...	...	...	...	3	159	474	12'83	...	Mayr Apr (Lo
191	71st Punjabis	552	521	21	Admitted Died Invalided	2	1	...	141	...	...	1	1	5	16	13	3	...	...	...	1	10	57	468	17'47	2	Feroz July from gom
192	1-72nd Punjabis	1,387	759	34	Admitted Died Invalided	...	...	2	198	16	3	...	4	4	39	4	28	42	...	...	...	11	33	848	36'11	...	Bana May from war, men Dell Miri

(a) The decrease in enrolled strength as compared with the average strength present is due to drafts proceeding overseas as reinforcements at the end of the year.

INDIA TROOPS, 1917.
TABLE XXIV—(Continued).
STATISTICS ON 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.	
72nd Punjabis	96	8	..	Admitted Died Invalided	..	..	..	..	2	..	..	..	..	..	..	2	..	..	..	..	..	..	..	7	20	..	Kamptee, November 1917 (Local).	
73rd Carnatic Infantry.	1,113	681	37	Admitted Died Invalided	..	9	..	..	12	..	17	..	3	1	1	2	1	13	..	..	..	19	35	326	16	17	..	Trichinopoly, January 1912, from Cannanore. Detachments at Trevan- dram, Oota- camund and Berbera (Br. Somaliland).
74th Punjabis	1,933	1,282	31	Admitted Died Invalided	1	..	..	..	59	..	7	..	4	5	11	51	5	2	..	..	..	20	25	504	28	73	..	Bannu, December 1917, from Agra, Jub- bulpore and Rawalpindi. Detachment at Kowloon (China).
75th Carnatic Infantry.	582	430	21	Admitted Died Invalided	..	..	..	..	41	..	4	..	1	1	3	36	3	3	..	1	..	19	37	325	18	66	..	Bangalore, January 1916, from Bareda.
76th Punjabis	1,356	1,053	26	Admitted Died Invalided	..	..	1	115	4	1	..	..	3	29	72	1	9	..	..	..	7	2	15	804	40	34	..	Chaman, March 1917, from Cawn- pore. De- tachment at Shelabagh.
76th Punjabis	12	12	..	Admitted Died Invalided	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	07	..	Nasirabad, November 1917 (Lo- cal).
77th Carnatic Infantry.	913	589	15	Admitted Died Invalided	..	2	..	..	41	..	3	1	1	4	17	..	5	..	..	..	..	17	69	324	18	62	..	Bangalore, November 1916, from Rangoon.
78th Carnatic Infantry.	703	586	16	Admitted Died Invalided	..	5	..	..	30	..	..	..	1	3	17	19	7	..	..	..	..	10	73	335	24	38	..	Trichinopoly, May 1917, from Colom- bo and Se- cunderabad.
79th Pioneers	2,008	1,203	26	Admitted Died Invalided	..	..	2	248	35	..	..	..	7	3	61	38	2	4	..	2	..	10	76	1,157	43	66	..	Nowshera, February 1917. De- tachments at Risalpur and Bangalore.
80th Punjabis	1,434	863	26	Admitted Died Invalided	..	..	..	..	48	..	2	..	1	1	13	20	2	2	..	..	..	18	26	388	21	44	..	Jhansi, March 1917, from Rawal- pindi.
81st Wallajahbad Light Infantry.	845	619	54	Admitted Died Invalided	..	1	..	..	67	..	16	1	2	4	41	11	6	..	3	1	11	102	432	..	31	58	..	Cannanore, August 1917, from Manda- lay and Se- cunderabad.
82nd Punjabis	(a) 350	324	24	Admitted Died Invalided	..	..	..	1	78	12	..	..	3	2	18	27	2	2	..	..	..	3	7	454	20	72	..	Cawnpore, January 1917, from Fort Sandeman.

The decrease in enrolled strength as compared with the average strength present is due to drafts proceeding overseas as reinforcements at the end of the year.

INDIAN TROOPS, 1917.

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.	State occupied by regiment during detachment with date of occupation. Last 10 days.
205	85th Burman Rifles.	1,315	268	1	Admitted Died Invalided	48	1	3	3	1	4	12	65	237	15'04	...	Mandal July 1
206	86th Carnatic Infantry.	1,080	847	13	Admitted Died Invalided	1	103	...	9	4	1	5	49	11	7	...	7	21	78	542	32'30	...	Bhamo, Janua 1916, St. 1 Moun tachs St. 1 Moun	
207	87th Punjabis	826	642	67	Admitted Died Invalided	...	...	3	36	...	5	2	3	28	21	14	3	...	1	4	14	29	346	21'98	...	Jhansi, March from Ismael
208	88th Carnatic Infantry.	1,144	785	22	Admitted Died Invalided	...	2	1	1	92	...	4	1	4	60	6	3	2	60	397	19'00	...	St. 1 Moun Augus from derah tachs at Be	
209	1-89th Punjabis	1,531	983	13	Admitted Died Invalided	...	...	...	160	...	1	1	...	37	29	5	5	...	1	18	22	612	30'61	...	Kampt Decem 1917, Nowal Detac at Th myo.	
210	2-89th Punjabis	495	382	13	Admitted Died Invalided	...	...	...	18	...	1	2	2	11	29	19	2	...	...	...	4	25	302	11'65	...	Dargai, Decem 1917, Feroz
211	90th Punjabis	971	696	57	Admitted Died Invalided	...	...	4	81	...	5	5	3	10	48	8	7	...	...	1	17	58	529	24'32	...	Kempts Septem 1917, Bareil
212	91st Punjabis (Light Infantry).	2,837	1,321	8	Admitted Died Invalided	...	...	...	18	...	...	3	2	16	57	9	5	...	...	...	22	76	1120	38'97	...	Range Septem 1916, Mand
213	92nd Punjabis	(a) 1,209	1,215	22	Admitted Died Invalided	...	1	...	85	...	...	4	4	5	26	4	3	...	1	1	2	32	634	31'50	...	Delhi, Febru 1917, Jubbt
214	93rd Burma Infantry.	1,071	818	18	Admitted Died Invalided	...	...	...	77	...	...	2	2	13	27	9	...	...	2	...	2	41	465	22'56	...	Delhi, Decem 1916, Jubbt
215	1-94th Russell's Infantry.	1,722	1,083	41	Admitted Died Invalided	...	...	...	243	7	14	4	3	53	58	23	7	...	1	2	13	41	833	46'97	...	Nowsh June from Khan tachs tank

(a) The decrease in enrolled strength as compared with the average strength present is due to drafts proceeding overseas as reinforcements at the end of the year.

STATISTICS OF BOMBAY
1917

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.	Saadly 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 Russell's Infantry.	383	261	6	Admitted Died Invalided	...	...	...	...	29	...	...	1	...	...	15	58	9	2	...	...	1	9	7	210	7	87	Saugor, July 1917, (local).	
2nd Russell's Infantry.	(a) 671	1,329	7	Admitted Died Invalided	...	...	1	1	166	1	3	1	...	...	33	47	17	25	...	...	...	15	28	813	32	19	3	Saugor, August 1917, from Nowshera.
3rd Berar Infantry.	(a) 795	882	18	Admitted Died Invalided	...	...	...	...	52	...	12	1	1	1	9	18	5	2	...	...	...	17	19	251	13	52	...	Saugor, May 1917, from Poona.
4th Deccan Infantry.	1,464	1,387	38	Admitted Died Invalided	35	...	...	1	265	...	...	1	4	...	27	27	12	8	...	...	3	22	35	998	45	71	...	Ahmedabad, May 1916, from Jhansi.
5th Deccan Infantry.	1,423	407	26	Admitted Died Invalided	2	...	...	1	32	11	2	...	4	...	3	60	...	28	...	...	...	4	6	361	9	67	...	Sitapur, July 1917 (local).
6th Infantry.	1,893	1,192	55	Admitted Died Invalided	...	...	4	148	16	21	1	1	105	77	30	5	1	...	...	...	1	25	17	1,032	37	69	...	Quetta, July 1917, from Ferozepore.
7th Deccan Infantry.	1,252	902	89	Admitted Died Invalided	229	...	4	1	1	4	38	32	30	27	1	1	17	34	861	44	75	...	Ahmedabad, April 1917, from Dera Ismail Khan.
8th 101st Grenadiers.	706	450	14	Admitted Died Invalided	...	...	...	...	39	...	2	1	...	3	36	6	4	...	...	...	1	11	14	314	15	86	...	Aurangabad, September 1917, from Kamptee.
9th King Edward's Own Grenadiers.	978	750	34	Admitted Died Invalided	6	275	...	1	2	2	1	9	15	13	20	1	1	8	13	885	43	08	...	Mhow, January 1916, from Poona.
10th Mahratta Light Infantry.	1,025	739	30	Admitted Died Invalided	...	...	...	...	720	11	5	...	3	...	31	87	53	31	1	1	1	15	62	1,265	53	97	...	Poona, August 1916, from Belgaum. Detachment at Bannu and Miranshah.
11th Wellesley's Rifles.	753	609	27	Admitted Died Invalided	...	...	1	...	93	...	...	2	1	6	9	11	1	...	...	...	...	10	12	471	26	33	...	Mhow, December 1914, from Baroda.
12th Mahratta Light Infantry.	(a) 574	655	6	Admitted Died Invalided	...	...	...	...	34	...	1	...	2	6	36	20	21	1	2	1	15	75	574	35	94	...	Belgaum, August 1916, from Lahore Cantonment.	
13th Hazara Meechwaris.	1,415	777	6	Admitted Died Invalided	...	...	...	...	288	19	...	1	2	32	52	10	6	...	...	...	...	24	691	22	81	...	Quetta, April 1906, from Sibi.	

The decrease in enrolled strength as compared with the average strength present is due to drafts proceeding overseas as reinforcements at the end of the year.

INDIAN TROOPS, 1917.

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.	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.	State occupied during the period with date occupied. Last entry.		
229	1-7th Pioneers	1,537	838	78	Admitted Died Invalided	...	...	...	...	73	...	...	...	14	2	22	43	3	10	...	...	...	15	23	480	20	94	...	Quetta, October from 1916	
230	2-107th Pioneers	1,680	324	2	Admitted Died Invalided	...	...	...	...	31	...	...	...	...	...	2	46	8	4	...	...	...	2	38	230	8	65	...	Bareilly, September 1907, 1908	
231	108th Infantry	1,327	418	15	Admitted Died Invalided	...	...	...	...	23	...	...	...	...	...	...	31	3	1	...	1	3	11	25	224	18	72	...	Aurangabad, September 1916, Bombay	
232	109th Infantry	1,798	767	19	Admitted Died Invalided	...	...	2	...	43	16	...	...	2	1	8	30	5	2	...	...	...	2	9	15	297	18	73	...	Kohat, July from 1916, Aurangabad and Jalore
233	110th Mahratta Light Infantry.	1,053	459	1	Admitted Died Invalided	...	...	...	...	180	...	...	...	...	...	1	13	11	4	...	1	3	5	42	458	24	16	...	Karachi, February 1917, Belgaon	
234	111th Mahars	987	464	6	Admitted Died Invalided	...	...	...	...	106	...	...	...	...	...	2	28	...	2	1	...	...	...	8	20	386	11	16	...	Secunderabad, July from 1916, Mhow
235	112th Infantry	1,081	1,081	54	Admitted Died Invalided	...	...	...	...	243	...	1	7	9	14	43	47	2	20	1	1	...	...	29	24	660	30	56	...	Nasirabad, January from 1916, Canto
236	2-112th Infantry	401	401	16	Admitted Died Invalided	...	...	...	...	93	...	1	...	1	3	16	13	...	12	...	...	...	...	16	7	246	8	37	...	Jubbulpore, December 1917, Nasirabad
237	1-113th Infantry	(a) 882	935	23	Admitted Died Invalided	1	...	1	...	49	1	1	...	3	3	30	30	2	1	...	1	...	...	...	...	14	33	31	...	Nasirabad, February 1915, Dibrugarh

(a) The decrease in enrolled strength as compared with the average strength present is due to drafts proceeding overseas as reinforcements at the end 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.	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.	
1st Infantry	(a)941	951	114	Admitted Died Invalided	...	...	...	2	465	...	34	2	2	1	67	79	250	59	...	1	...	30	44	1,026	79'73	...	D. I. Khan and Tank, September 1917 from Bombay. Wing at Santa Cruz (8 months) Detachment at Gyantsi.
2nd Mahrattas	1,230	801	4	Admitted Died Invalided	...	...	3	1	215	...	1	8	6	3	44	30	25	1	1	...	...	14	100	786	41'41	...	Poona January 1916 from Jhelum.
3rd Mahrattas	1,162	922	26	Admitted Died Invalided	...	...	...	...	318	3	1	6	6	53	88	31	31	...	2	2	...	39	117	1,151	54'68	...	Poona May 1917 from Banne.
4th Mahrattas	662	595	16	Admitted Died Invalided	...	...	...	1	61	41	...	2	...	10	43	1	6	...	3	...	12	33	355	19'84	...	3	Hangu October 1917 from Poona, Belgaum and Kohat. Detachments at Thal Forts Cavagnary and Lockhart.
5th Infantry (Multan Regiment).	884	591	3	Admitted Died Invalided	107	...	1	2	1	8	53	18	37	...	1	7	...	7	51	571	28'55	...	4	Ahmednagar January 1912 from Bangalore.
6th Infantry (Multan Regiment).	224	219	5	Admitted Died Invalided	1	...	93	9	42	19	24	3	1	278	5'67	Jubbulpore July 1917 (Local).
7th Rajputana Infantry.	2,025	1,180	101	Admitted Died Invalided	...	...	...	...	322	21	...	5	1	33	81	11	98	...	4	29	...	59	1,387	64'36	...	2	Thal October 1917 from Ahmednagar and Kohat.
8th Pioneers	1,077	670	18	Admitted Died Invalided	...	...	...	...	95	...	1	1	3	14	27	5	4	...	1	10	...	54	535	32'58	...	...	Meerut October 1916 from D. I. Khan.
9th Rajputana Infantry.	1,033	509	7	Admitted Died Invalided	...	...	2	...	109	...	4	2	1	12	77	7	34	...	2	17	...	28	659	32'72	...	7	Ahmednagar January 1917.
10th Outram's Coy.	891	700	30	Admitted Died Invalided	...	...	1	5	159	...	1	2	4	1	25	11	8	...	6	...	19	24	579	35'20	...	...	Mhow, February 1917 from Multan.
11th Outram's Coy.	970	721	18	Admitted Died Invalided	...	...	...	...	22	...	4	...	...	14	21	7	6	...	10	16	...	63	487	24'87	...	...	Fort William December 1917 from Rangoon.

The decrease in enrolled strengths as compared with the average strengths present is due to drafts proceeding overseas as reinforcements at the end of the year.

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.	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.			
249	1-124th Duchess of Connaught's Own Baluchistan Infantry.	767	143	...	Admitted Died Invalided	...	...	...	1	11	...	...	...	...	...	3	8	...	...	...	...	...	...	1	10	72	1	2'89	1	Me Ar ba Ja
250	2-124th Duchess of Connaught's Own Baluchistan Infantry.	656	380	20	Admitted Died Invalided	...	...	...	...	164	...	...	...	...	2	1	20	39	...	4	...	5	...	14	9	424	4	13'90	...	Pish J 19
251	3-124th Duchess of Connaught's Own Baluchistan Infantry.	604	8	...	Admitted Died Invalided	...	...	...	...	45	...	...	...	...	...	1	6	...	1	1	...	...	...	...	12	79	1	1'90	...	Kar O (L)
252	125th Napier's Rifles.	853	634	45	Admitted Died Invalided	...	...	...	1	130	...	1	...	2	...	21	62	...	3	11	...	...	...	18	27	655	5	25'96	...	Raj A fr
253	126th Baluchistan Infantry.	552	395	16	Admitted Died Invalided	...	...	1	...	54	...	...	...	5	...	4	10	...	...	4	...	7	...	4	11	196	1	7'75	...	Pish A fr
254	127th Queen Mary's Own Baluch Light Infantry.	1,192	1,029	22	Admitted Died Invalided	5	4	...	...	224	...	1	...	4	4	23	30	35	11	...	1	...	32	92	778	5	32'06	...	Kar O fr W La ton	
255	128th Pioneers	1,018	528	4	Admitted Died Invalided	...	...	...	...	81	...	1	...	1	1	9	14	12	2	...	2	...	...	6	24	383	1	17'32	...	Me O fr
256	129th Duke of Connaught's Own Baluchis.	888	786	2	Admitted Died Invalided	...	...	...	...	237	...	...	...	...	3	9	30	20	2	...	...	...	4	10	476	5	16'81	...	Kar N 19 Fe	
257	130th King George's Own Baluchis (Jacob's Rifles.)	(a) 453	766	7	Admitted Died Invalided	...	...	...	...	93	...	...	...	1	3	16	19	40	9	1	1	1	8	38	621	8	30'54	...	Fero A fr chi.	
258	Resident's Escort (Nepal.)	86	67	...	Admitted Died Invalided	...	...	...	...	7	...	3	...	...	...	...	2	3	...	...	...	...	...	...	...	19	...	67	...	Khar (N)
259	1-1st King George's Own Gurkha Rifles (The Malaun Regiment.)	912	899	22	Admitted Died Invalided	...	...	...	1	423	...	...	...	15	18	15	8	4	15	...	1	3	40	25	850	14	33'52	...	Dha De 190 Ch	
260	2-1st King George's Own Gurkha Rifles (The Malaun Regiment.)	(a) 750	1,019	...	Admitted Died Invalided	...	...	...	...	460	...	...	...	...	33	17	36	17	...	2	7	31	988	11	33'78	...	Dha Ja fr De			
261	3-1st King George's Own Gurkha Rifles (The Malaun Regiment.)	867	303	2	Admitted Died Invalided	...	...	...	...	51	...	...	...	...	6	5	3	5	...	1	2	3	155	...	...	6'32	...	Jub De 19 Di		

(a) The decrease in enrolled strengths as compared with the average strengths present is due to drafts proceeding averse as reinforcements at the end of the

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.	Anaemia 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.
and King Edward's Gurkha Rifles (The Sirmoor Rifles).	1,082	995	16	Admitted Died Invalided	52	1	2	4	105	5	11	...	1	2	17	73	590	34'88	...	Dehra Dun March 1914, from Delhi.
(a) and King Edward's Gurkha Rifles (The Sirmoor Rifles).	817	1,367	39	Admitted Died Invalided	...	1	...	1	56	...	82	6	10	14	87	8	11	...	4	...	30	71	710	46'22	...	Dehra Dun November 1902, from Chitral.	
and King Edward's Gurkha Rifles (The Sirmoor Rifles).	762	342	1	Admitted Died Invalided	...	...	...	1	20	...	1	...	...	3	19	1	9	...	1	...	1	26	237	13'51	...	Peshawar December 1917 from Dehra Dun.
(a) and Queen Alexandra's Own Gurkha Rifles.	679	1,503	17	Admitted Died Invalided	...	...	...	7	337	118	97	4	5	21	294	3	25	...	1	...	26	20	1441	67'72	...	Almora November 1910 from Chitral, Detachment at Kohat, Fort Lockhart, Thal and Fort Cavagnary.
and Queen Alexandra's Own Gurkha Rifles.	629	547	4	Admitted Died Invalided	...	1	...	1	81	...	68	1	4	4	8	20	4	1	...	...	5	26	480	21'70	...	Lansdowne, December 1899, from Chitral.
and Queen Alexandra's Own Gurkha Rifles.	1,224	823	14	Admitted Died Invalided	...	...	...	6	278	439	...	...	4	10	2	10	...	1	...	7	6	976	23'55	...	Kohat April 1917, Detachment at Thal (6 months).	
(a) th Gurkha Rifles.	1,039	1,225	2	Admitted Died Invalided	41	...	...	...	305	...	...	...	1	41	39	...	10	...	...	...	...	18	739	35'82	...	Karachi December 1917, from Bakloh.
th Gurkha Rifles.	1,148	1,113	5	Admitted Died Invalided	208	2	...	...	299	...	...	1	3	30	38	...	16	...	...	...	1	33	1019	49'61	...	Bakloh January 1915, from Kohat.
th Gurkha Rifles.	1,692	705	1	Admitted Died Invalided	...	...	...	1	165	...	9	...	4	23	32	9	4	...	...	...	4	31	445	23'74	...	Abbottabad January 1917, from Nowshera.
(a) th Gurkha Rifles.	869	971	3	Admitted Died Invalided	...	...	...	...	172	...	...	1	7	43	107	4	16	...	2	1	15	48	745	35'36	...	Abbottabad February 1903, from Kohat.
th Gurkha Rifles.	1,238	670	47	Admitted Died Invalided	...	...	...	5	450	...	94	2	9	18	25	18	7	...	2	1	14	34	900	38'23	...	Rawalpindi April 1917.
th Gurkha Rifles.	1,773	942	2	Admitted Died Invalided	...	...	...	...	130	...	...	1	2	18	39	2	22	...	1	...	3	19	522	26'05	...	Abbottabad November 1901, from Chitral.

The decrease in enrolled strengths as compared with the average strengths present is due to drafts proceeding overseas as reinforcements at the end of the year

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.	Sandy Fever.	Piraxia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hematic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Acemia and Debility.	Veneral Diseases.	All Causes.	Average Number constantly sick.	Died, absent, Invalided on account of old age.	State occupied by regiment detach during the month with date occupied Last month.	
274	2-6th Gurkha Rifles.	(a) 932	967	6	Admitted Died Invalided	2	57	...	1	...	1	2	14	21	...	6	6	1	39	406	25'01	...	Abbotta Nov 1915, Kila Detac at C gali month
275	3-6th Gurkha Rifles.	904	417	2	Admitted Died Invalided	57	...	18	...	2	4	3	17	2	...	1	2	18	268	12'15	...	Camp Sept 1917, Rawal (3 mo
276	1-7th Gurkha Rifles.	1,345	980	6	Admitted Died Invalided	1	130	...	3	...	4	11	52	49	5	18	24	586	26'51	...	Quetta April from down
277	2-7th Gurkha Rifles.	(a) 1,042	1,183	6	Admitted Died Invalided	1	167	...	12	...	14	35	57	154	2	9	...	4	24	28	1063	47'20	...	Almora Sept 1917, Quett
278	3-7th Gurkha Rifles.	1,077	441	9	Admitted Died Invalided	44	2	1	15	32	3	...	1	...	2	6	208	18'90	...	Loralai Nov 1917, Quett
279	1-8th Gurkha Rifles.	1,068	982	11	Admitted Died Invalided	...	...	3	94	2	52	...	3	6	13	22	22	17	...	...	...	...	8	119	959	63'04	...	Almora 1917, Bares tachn Shilla
280	2-8th Gurkha Rifles.	1,232	1,175	11	Admitted Died Invalided	...	...	...	1	122	...	56	...	21	13	20	18	41	...	...	...	...	15	39	770	43'98	...	Lands May from pur. ment Camp shash Burh
281	3-8th Gurkha Rifles	668	216	3	Admitted Died Invalided	...	...	...	...	13	...	4	...	3	4	6	...	...	8	...	...	...	3	8	185	8'22	...	Lands July (loc
282	1-9th Gurkha Rifles	1,664	1,314	20	Admitted Died Invalided	...	1	2	302	...	53	...	6	14	44	14	26	...	...	...	...	...	16	54	1055	47'19	...	Debra Oct from Deol tach Deli. Cam shirh mont
283	2-9th Gurkha Rifles	1,015	966	23	Admitted Died Invalided	...	...	2	221	...	1	...	1	4	24	38	4	7	1	...	...	...	14	86	753	40'10	4	Debra Janu from
284	3-9th Gurkha Rifles	849	361	7	Admitted Died Invalided	...	...	1	55	6	...	1	...	7	18	6	2	1	...	...	...	...	8	42	296	14'03	...	Debra and 1 (6 mo

(a) The decrease in enrolled strengths as compared with the average strengths present is due to drafts proceeding overseas as reinforcements at the end 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.	Smallpox.	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 Gurkha	2,606	973	4	Admitted Died Invalided	...	...	...	...	99	...	1	2	2	5	40	4	9	1	...	...	...	20	47	707	41'51	...	Maymyo August 1917, from Mandalay
2nd Gurkha	2,097	1,872	8	Admitted Died Invalided	...	1	3	1	200	...	...	1	8	25	187	61	23	1	...	...	...	17	59	13,08	75'26	...	Quetta, September, 1917, from Maymyo.
Reserve Gurkhas.	1,135	290	6	Admitted Died Invalided	...	...	...	...	47	1	1	...	4	...	8	1	3	1	...	...	...	2	...	106	3'18	...	Malakand and Dargai (3 months).
Reserve Gurkhas.	1,068	388	...	Admitted Died Invalided	...	...	...	1	34	...	17	...	1	4	6	9	9	...	...	...	...	3	39	239	8'07	...	Ferozepore (4 months).
Reserve Ahirattas.	980	336	1	Admitted Died Invalided	...	1	...	...	77	...	...	...	...	2	29	10	5	1	...	1	11	30	398	20'66	...	Belgaum and Karachi (5 months).	
Indian Garrison Companies.	2,048	1,072	61	Admitted Died Invalided	11	...	...	1	183	...	1	2	...	5	74	18	15	...	3	3	20	37	625	31'34	...	Poona, Port Blair, Satara, Ajmer, Meiktila, Nowgong, Bellary, and Bangalore.	
18th Mule Corps	441	70	7	Admitted Died Invalided	...	...	...	...	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	25	1'25	...	Risalpur, (8 months).
19th Mule Corps	160	115	2	Admitted Died Invalided	...	...	...	...	26	20	...	1	...	1	9	...	2	...	...	...	...	7	1	135	3'27	...	Thal and Kohat.
20th Mule Corps	26	11	2	Admitted Died Invalided	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	1	3	27	...	Kalabagh (2½ months).
24th Mule Corps	529	136	8	Admitted Died Invalided	...	...	...	...	41	...	1	...	1	14	3	...	...	...	...	...	...	3	6	124	6'10	...	Peshawar, throughout the year.
25th Mule Corps	723	214	6	Admitted Died Invalided	...	...	...	...	33	...	...	...	...	1	12	2	3	...	...	...	...	7	13	130	8'10	...	Man dalay July 1917, and at Shwabo, Bharno, Meiktila and Maymyo, throughout the year.
27th Mule Corps	295	203	6	Admitted Died Invalided	...	...	...	...	73	...	...	...	...	11	4	...	1	...	...	...	...	2	11	186	7'64	...	Peshawar (12 months).
29th Mule Corps	482	230	4	Admitted Died Invalided	...	...	...	...	66	...	3	...	...	21	2	...	10	...	...	...	...	2	5	180	8'55	...	Nowshera, (1 months).
34th Mule Corps	147	91	3	Admitted Died Invalided	...	...	...	...	6	...	...	...	...	1	1	...	...	...	...	...	...	4	...	73	6'09	...	Jhelum (11 months).
38th Mule Corps	547	253	19	Admitted Died Invalided	...	...	...	4	22	10	...	...	...	5	18	1	4	...	...	...	...	23	2	201	8'06	...	Kohat and Thal.

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		
Serial Number.	Corps.	Number borne on the rolls.	Average strength present.	Sent on sick above.	Classification.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria	Sandy Fever.	Pyrexia on 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 Disease.	All causes.	Average number constantly sick.	Died, absent. Invalided on account of old age.		
300	No. 40, Mule Corps.	465	82	...	Admitted Died Invalided	...	...	...	...	35	...	...	...	...	...	7	20	...	11	...	...	...	4	24	127	2	4'11	...	Lahore Utter and war.
301	No. 41, Mule Corps.	292	226	8	Admitted Died Invalided	...	...	...	...	39	...	...	...	1	1	5	3	...	...	...	...	...	3	6	121	3	5'25	...	Peshawar
302	No. 45, Mule Corps.	562	150	20	Admitted Died Invalided	...	...	...	...	30	...	...	...	...	...	5	5	...	1	...	...	...	4	...	86	4	2'50	...	Risalpur month
303	No. 46, Mule Corps.	21	8	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	'01	...	Kalshah month
304	No. 48, Mule Corps.	34	5	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	'03	...	Chang and bagh month
305	No. 49, Mule Corps.	419	32	...	Admitted Died Invalided	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	9	'54	...	Lahore
306	No. 50, Mule Corps.	101	58	...	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	2	3	...	...	...	...	...	1	12	47	1	3'82	...	Cawnpur month
307	No. 52, Mule Corps.	502	119	...	Admitted Died Invalided	...	...	...	...	9	...	...	...	...	...	...	3	...	2	...	...	...	10	62	3	4'16	...	Jhansi month	
308	No. 54, Mule Corps.	353	69	...	Admitted Died Invalided	...	...	...	...	11	...	...	...	...	...	3	2	3	...	...	...	...	1	10	42	1	1'93	...	Poona month
309	No. 61, Mule Corps.	359	175	3	Admitted Died Invalided	...	...	...	...	3	...	...	...	...	2	9	4	...	1	...	...	...	1	12	105	4	4'48	...	Agra month
310	No. 1, Mule Depôt	1,853	843	9	Admitted Died Invalided	3	...	...	...	101	...	...	...	4	18	16	...	24	...	...	...	2	19	327	17	12'16	...	Sialkot	
311	No. 2, Mule Depôt	1,495	801	27	Admitted Died Invalided	74	19	...	...	104	5	...	...	1	32	115	1	37	...	1	1	24	130	1,052	34	50'49	...	Lahore tonnes	
312	No. 3, Mule Depôt	1,367	1,211	7	Admitted Died Invalided	6	6	...	...	91	...	...	...	2	1	31	42	21	15	...	...	...	26	63	480	20	23'48	...	Meerut.
313	No. 4, Mule Depôt	622	448	7	Admitted Died Invalided	...	...	...	1	278	...	...	...	1	1	16	46	52	14	...	...	...	12	43	593	13	27'91	...	Karachi months
314	No. 58, Pony Corps.	344	123	1	Admitted Died Invalided	...	...	...	...	6	...	...	...	1	...	...	5	...	...	...	...	...	2	10	63	...	1'78	...	Bangalore months
315	No. 59, Pony Corps.	613	432	4	Admitted Died Invalided	...	...	...	...	77	...	...	...	...	...	...	4	...	2	...	...	...	6	5	116	...	6'47	...	Secunder 3 mon

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.		
Ekkas Corps	24	24	...	Admitted Died Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	70	Jubbulpore (9 months).
Drivers	2,240	1,124	5	Admitted Died Invalided	...	1	1	...	109	...	...	1	1	...	18	14	27	23	...	...	...	7	92	737	33'95	...	Poona.
and Tran-Details.	3,133	1,174	47	Admitted Died Invalided	...	...	...	3	220	2	1	1	2	6	46	20	32	15	...	1	...	18	32	735	35'47	...	Rawalpindi, Drosh, Abbotabad, Nowshera and Peshawar.
	492	88	...	Admitted Died Invalided	...	1	...	...	4	...	...	...	1	...	...	2	...	1	...	...	...	...	1	25	1	74	Trichinopoly, (3 months) and Poona (1 month).
	4,514	4,132	175	Admitted Died Invalided	4	...	1	4	975	4	40	4	23	18	104	139	70	40	...	7	3	82	199	3,211	176'21	...			
of March	...	1,621	...	Admitted Died Invalided	849	5	63	...	1	...	21	11	13	36	20	33	4,629	6	12'33	...		
SUMMARY																													
en Army.	170,261	115,689	3,752	Admitted Died Invalided	277	139	25	135	2,167	1,537	1,256	26	356	375	1,980	6,730	1,016	1,441	6	95	68	1,745	4,673	87,268	
en Army	109,150	72,356	1,901	Admitted Died Invalided	68	2	28	63	1,750	18	90	95	281	176	1,153	3,713	982	1,143	7	87	68	1,222	3,851	52,512	
of March	...	1,621	...	Admitted Died Invalided	849	5	63	...	1	...	21	11	13	36	20	33	1,629	6	12,33	...		
India not Indian Com.	1,484	1,576	2	Admitted Died Invalided	2	...	1	2	29	...	24	6	7	31	20	7	18	53	378	5	22'00	...		
of India	280,895	191,242	5,655	Admitted Died Invalided	347	142	54	200	35,988	1,560	1,442	121	638	557	4,161	8,485	3,631	3,627	13	182	136	3,060	8,612	141,787	

TABLE XXIVA.

Race composition, and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogras and other Hill Hindus.	Gurkhas.	Gachwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Panjabi Musalmans.	Trans-Indus Pathans.	Other Musalmans.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL
1	Governor-General's Body Guard, at Dehra Dun	...	54	...	...	...	...	54	...	56	...	12	68	...	...	...	122
2	Governor's Body Guard, Bengal at Alipore	36	...	...	...	...	...	36	...	36	...	...	36	...	...	...	72
3	Ditto ditto Bombay at Bombay	...	32	...	...	...	1	33	...	34	...	3	37	...	...	...	70
4	Ditto ditto Madras at Madras	12	...	...	...	...	5	17	...	...	...	51	51	4	...	...	72
5	1st Duke of York's Own Lancers (Skinner's Horse), Risalpur with 8 men detached at each of Dargai and Malakand Stations for 9 months of the year	...	...	...	...	...	12	12	...	149	...	865	1,014	...	...	...	1,026
6	Depôt 2nd Lancers (Gardner's Horse), Allahabad	99	90	...	...	...	79	268	...	1	...	87	88	...	...	...	359
7	3rd Skinner's Horse, Loralai with 16 and 32 men detached at Musakhel and Murgha	241	147	...	...	...	269	657	...	16	...	200	216	...	...	...	873
8	4th Cavalry Mardan with 49 men detached at Meerut	...	211	...	...	...	308	519	...	207	...	250	487	...	...	...	1,006
9	5th Cavalry, Risalpur and Lucknow	229	...	...	...	...	170	399	...	52	...	250	311	...	...	...	719
10	6th King Edward's Own Cavalry, Sialkot	...	205	...	...	...	136	341	...	92	...	57	149	...	...	...	490
11	7th Harriana Lancers, Bolaram with 165 men detached at Poona	...	225	214	...	...	334	773	...	4	...	389	393	...	...	...	1,166
12	8th Cavalry, Secunderabad with 25 men detached at Deolali	290	8	...	...	...	271	569	...	114	...	373	487	...	...	...	1,085
13	9th Hodson's Horse, Ambala	...	177	54	...	...	...	231	...	332	54	3	389	...	...	...	620
14	10th Duke of Cambridge's Own Lancers (Hodson's Horse), Multan	...	250	100	...	...	...	350	...	60	200	...	260	...	...	...	610
15	Depôt 11th King Edward's Own Lancers (Probyn's Horse), Jullundur	...	181	81	...	...	15	277	...	71	42	...	113	...	...	...	390
16	Depôt 12th Cavalry, Meerut	...	180	128	...	...	...	308	...	161	...	...	161	...	...	...	469
17	Depôt 13th Duke of Connaught's Lancers (Watson's Horse), Ambala	...	136	108	...	...	...	244	...	191	...	...	191	...	...	...	433
18	Depôt 14th Murray's Jat Lancers, Bareilly	...	1	1	...	...	431	434	...	1	...	7	8	...	...	...	442
19	15th Lancers (Cureton's Multanis), Sialkot	...	...	...	...	...	434	434	...	220	...	...	220	...	...	...	654
20	16th Cavalry, Delhi	...	393	198	...	...	387	978	...	10	...	...	10	...	...	...	988
21	17th Cavalry, Lahore Cantonment	...	2	...	...	...	7	9	...	353	347	9	909	...	...	...	918
22	18th King George's Own Lancers, Sialkot	...	110	...	...	...	14	124	...	380	1	1	382	...	...	...	506
23	19th Lancers (Fane's Horse), Sialkot	...	166	72	...	...	...	238	...	182	88	...	270	...	...	...	506
24	20th Deccan Horse, Neemuch	98	57	...	...	...	167	322	...	...	...	96	96	...	...	...	418
25	21st Prince Albert Victor's Own Cavalry (Frontier Force), Daly's Horse Jhelum	...	172	50	...	...	40	262	...	112	72	...	184	...	...	...	446
26	22nd Sam Browne's Cavalry (Frontier Force), Jhelum	98	226	90	...	...	58	472	...	109	172	...	281	...	...	...	753
27	23rd Cavalry (Frontier Force), Bareilly	...	146	84	...	...	...	230	...	86	34	139	259	...	...	...	489
28	25th Cavalry (Frontier Force) at Banna, Kohat and Jubbulpore with 66 men detached at Hangu and Thal	1	157	128	...	...	...	286	...	173	70	85	328	...	...	...	614
29	26th King George's Own Light Cavalry, Jhansi	102	...	...	...	...	447	549	...	131	...	31	162	14	...	...	725
30	27th Light Cavalry, Multan with 161 men detached at Alipore and Tank 28th Light Cavalry, Quetta, with 66 men detached at Deolali and Chaman	165	...	...	...	...	404	569	...	144	...	195	339	13	...	...	921
		137	...	...	...	...	207	344	...	350	...	316	646	12	...	...	1,002

* This total should agree with the total number borne on the roll of the regiment.

Corps and its detachments.	Rajpats.	Sikhs.	Dogra and other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Musalmans.	Trans-Indus Pathans.	Other Musalmans.	TOTAL MUSALMANS.	Native Christians.	Bermans.	Jews.	TOTAL.*
Lancers (Deccan Horse), Kistkee	32	53	...	...	...	383	468	...	12	...	52	64	...	...	...	532
Lancers (Gordon's Horse) Peshawar	430	...	...	...	240	670	...	...	...	200	200	...	...	...	870
Duke of Connaught's Own Lancers, 10th, with 82 men detached at Peshawar	122	...	...	106	173	403	...	3	83	174	190	5	...	...	588
Lancers, Nasirabad	152	302	...	...	...	...	451	...	...	...	155	155	...	...	...	603
Queen Victoria's Own Light Cavalry, Risalpur	190	...	...	...	404	594	...	...	...	380	380	...	...	...	974
134th Prince Albert Victor's Own Boonahs, Ambala	184	7	...	...	...	4	195	...	87	...	86	173	...	...	...	368
Scinde Horse, Jubbulpore	56	...	...	...	...	56	...	422	339	4	765	...	...	...	821
136th Jacob's Horse, Ambala	154	...	...	...	1	155	...	163	53	29	245	1	...	...	401
Lancers Kohat with 60 men detached at Jhang	283	...	...	...	...	283	...	482	235	5	720	...	...	...	1,012
King George's Own Central India Horse, Agar	266	...	...	...	5	271	...	126	116	23	265	1	...	...	537
King George's Own Central India Horse, 10th and Meerut with 27 men detached at Deolali	455	...	...	...	29	484	...	256	...	288	544	...	...	...	1,028
1st Queen Victoria's Own Corps of Guides (Frontier Force), (Lumsden's Cavalry and Artillery), Mardan and Jullundur	589	308	705	...	181	1,274	...	953	526	1	1,480	...	...	...	3,264
1st Battalion Queen Victoria's Own Corps of Guides (Frontier Force), Lumsden's Artillery, Nowshera	91	158	348	...	40	637	...	409	263	...	672	...	...	...	1,309
Derajat Mountain Battery (Frontier Force), Abbottabad	88	...	...	...	16	104	...	339	...	...	339	...	...	...	443
Peshawar Mountain Battery (Frontier Force), Abbottabad	260	...	...	...	30	230	...	191	...	...	191	...	...	...	421
Hazara Mountain Battery (Frontier Force) Abbottabad	80	2	...	...	62	144	...	366	...	...	366	...	...	...	510
Mountain Battery, Quetta with 94 men detached at Drosh	217	67	...	...	145	429	...	165	...	...	165	...	...	...	534
Mountain Battery, Abbottabad	93	...	...	...	44	137	...	358	...	...	358	...	...	...	495
Mountain Battery, Abbottabad	125	50	...	...	25	200	...	125	...	...	275	...	...	...	425
Mountain Battery, Miranshah and Muz	175	...	...	...	2	177	...	71	...	...	71	...	...	...	248
Mountain Battery, Tank	126	...	...	...	...	126	...	131	...	...	131	...	...	...	257
Mountain Battery, Kohat with 86 men detached at Thal	205	...	...	...	2	207	...	257	...	...	257	...	...	...	464
1st Mountain Battery, Maymyo	161	3	...	...	116	280	...	190	...	49	239	...	...	...	519
1st (Reserve) Mountain Battery, Nowshera	217	...	...	...	...	217	...	263	...	...	263	...	...	...	480
2nd (Reserve) Mountain Battery, Campurban	100	...	...	...	83	183	...	100	...	...	100	...	...	...	283
3rd (Reserve) Mountain Battery Campurban	40	4	...	...	16	60	...	60	...	14	74	...	...	...	134
Frontier Garrison Artillery, Kohat, with 100 men detached at Malakand Chakdara, Fort Jamsrud and Fort Lockhart	1	122	12	...	...	38	173	...	156	...	...	156	...	...	...	329

* 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.	Punjabi Musalmans.	Trans-Jedus Pathans.	Other Musalmans.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL
59	" M " Battery, Royal Horse Artillery, Risalpur.	...	...	...	...	...	10	10	...	...	...	10	10	...	...	...	20
60	" W " Battery Royal Horse Artillery, Delhi	9	1	3	3	6	72	94	...	6	3	13	22	1	...	...	111
61	" A " Ammunition Column, Royal Horse Artillery, Risalpur	...	...	...	...	...	34	34	...	...	...	42	42	...	...	...	7
62	" F " Ammunition Column, Royal Horse Artillery, Meerut	...	...	...	...	...	97	97	...	10	4	73	87	...	...	...	188
63	1-3rd Devonshire Battery, Royal Field Artillery (Indian Drivers), Allahabad	3	2	...	...	...	17	22	...	4	...	5	9	...	...	...	3
64	1066th Battery, Royal Field Artillery, (Indian Drivers), Lahore Cantonment	3	4	...	...	...	12	19	...	7	...	8	15	...	...	...	3
65	1096th Battery, Royal Field Artillery (Indian Drivers), Allahabad	3	2	...	...	...	21	26	...	4	...	8	12	...	...	...	3
66	1098th Battery, Royal Field Artillery (Indian Drivers), Kirkee	2	1	...	...	...	6	9	...	5	...	9	14	1	2	4	3
67	1104th Battery, Royal Field Artillery (Indian Driver.), Delhi	...	48	...	...	...	...	48	...	18	...	...	18	...	...	...	6
68	1107th Battery, Royal Field Artillery (Indian Drivers), Hyderabad	2	2	...	...	...	1	5	...	8	...	3	11	2	...	...	1
69	Territorial Batteries (Details) Royal Field Artillery (Indian Drivers), Rawalpindi	4	45	2	...	...	81	132	...	113	9	80	202	...	...	...	339
70	4th Battery, Royal Field Artillery, Campbellpore	...	...	...	...	...	...	...	...	25	...	...	25	...	...	...	2
71	74th Battery, Royal Field Artillery, Campbellpore	9	...	...	...	...	...	9	...	46	...	...	46	...	...	...	5
72	79th Battery, Royal Field Artillery, Agra	...	...	...	...	...	13	13	...	...	...	17	17	...	...	...	3
73	89th Battery, Royal Field Artillery, Nowshera	...	...	...	...	...	6	6	20	...	...	...	20	...	...	...	2
74	90th Battery, Royal Field Artillery, Nowshera	3	...	...	...	...	3	6	...	18	...	6	24	...	...	...	3
75	91st Battery, Royal Field Artillery, Nowshera	2	...	...	...	...	3	5	...	8	...	...	8	...	...	...	11
76	101st Battery, Royal Field Artillery, Quetta	...	...	...	...	...	200	200	...	150	...	...	150	...	...	...	350
77	102nd Battery, Royal Field Artillery, Hyderabad	4	2	...	...	...	10	16	...	21	3	11	35	...	...	...	51
78	No. 1 Ammunition Column, Royal Field Artillery, Nowshera	...	2	...	...	...	21	23	...	165	...	...	165	...	...	...	188
79	No. 4 Ammunition Column, Royal Field Artillery, Hyderabad	3	5	48	...	...	30	86	...	127	15	18	160	...	...	...	240
80	No. 12 Ammunition Column, Royal Field Artillery, Lahore Cantonment	5	65	1	...	...	27	98	...	61	1	13	75	...	...	...	173
81	No. 13 Ammunition Column, Royal Field Artillery, Agra	...	49	...	...	...	23	72	...	53	...	14	67	...	...	...	139
82	1st Mountain Battery, Royal Garrison Artillery, Baragali	...	184	113	...	...	6	303	...	223	...	5	228	...	...	...	531
83	3rd Mountain Battery, Royal Garrison Artillery, Quetta	...	160	12	...	...	...	172	...	128	...	...	128	...	...	...	300
84	4th Mountain Battery, Royal Garrison Artillery, Quetta	...	70	37	...	...	...	107	...	93	...	...	93	...	...	...	200
85	6th Mountain Battery, Royal Garrison Artillery, Peshawar	...	84	25	...	...	81	190	...	149	...	...	149	...	...	...	339
86	8th Mountain Battery, Royal Garrison Artillery, Peshawar	...	157	...	...	...	...	157	...	100	...	...	100	...	...	...	257
87	9th Mountain Battery, Royal Garrison Artillery, Kalabagh	...	70	...	...	...	58	128	...	115	...	...	115	...	...	...	243

* This total should agree with the total number borne on the roll of the regiment.

Corps and its detachments.	Rajputs.	Sikhs.	Dogra or other Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Musalmans.	Trans-Indus Pathans.	Other Musalmans.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.*
1st Heavy Battery, Royal Garrison Artillery, Rurki	1	5	...	...	26	61	93	...	36	...	37	73	...	...	...	166
2nd Heavy Battery, Royal Garrison Artillery, Rurki	3	10	1	...	...	97	111	...	29	...	18	47	...	...	...	158
3rd Heavy Battery, Royal Garrison Artillery, Rangoon and Karachi	6	8	...	...	...	37	51	...	36	...	6	42	2	...	...	95
4th Heavy Battery, Royal Garrison Artillery, Meerut, Ahmednagar, Belgaum, Jubbulore, Kirkee, Secunderabad and Dinapore	736	398	94	92	10	5,512	6,842	12	892	78	1,842	2,824	65	...	...	9,731
Machine Gun Corps at Mhow, Rawalpindi and Nowshera	4	41	...	...	...	133	178	...	498	1	38	537	...	...	...	715
5th Heavy Battery, King George's Own Sappers and Miners, Rurki, with 137 men detached at Alijore and Peshawar	271	449	39	...	200	516	1,473	...	1,062	67	285	1,414	2	...	...	2,891
6th Heavy Battery, Queen Victoria's Own Sappers and Miners, Bangalore, with 1,086 men detached at Rawalpindi, Quetta, Mandalay, Rangoon and Secunderabad	1	...	...	...	...	1,054	1,955	...	138	4	437	579	445	409	...	3,388
7th Heavy Battery, Sappers and Miners, Kirkee,	51	260	...	...	...	1,029	1,340	...	304	1	1,148	1,453	41	...	...	2,834
8th Heavy Battery, Railway Battalion, Sappers and Miners, Rurki . . . . .	...	86	...	...	...	68	154	...	500	...	89	589	23	...	...	766
9th Heavy Battery, Mechanical Transport Company, Sappers and Miners, Rawalpindi	10	32	5	...	...	11	38	...	23	2	10	35	8	21	...	122
10th Heavy Battery, Engineering Motor Transport School, Rawalpindi	41	303	20	10	3	402	779	...	350	50	126	526	79	...	5	1,389
11th Heavy Battery, Wireless Signal Squadron, Sappers and Miners, Rawalpindi . . . . .	...	2	...	...	...	...	2	...	94	...	...	94	...	...	...	96
12th Heavy Battery, 1st Divisional Signal Company, Sappers and Miners, Quetta . . . . .	...	...	...	...	...	40	40	...	45	...	40	85	50	...	...	175
13th Heavy Battery, 2nd Divisional Signal Company, Sappers and Miners, Kowloon . . . . .	...	...	...	...	...	7	7	...	...	...	2	2	...	...	...	9
14th Heavy Battery, 3rd Divisional Signal Company, Sappers and Miners, Peshawar	24	102	7	50	...	...	183	...	38	13	2	53	...	...	...	236
15th Heavy Battery, 4th Divisional Signal Company, Sappers and Miners, Rawalpindi	19	27	15	46	...	25	132	...	119	4	1	124	...	...	...	256
16th Heavy Battery, 5th Divisional Signal Company, Sappers and Miners, Rawalpindi	11	16	17	28	13	52	137	...	61	8	11	80	6	...	...	223
17th Heavy Battery, 6th Divisional Signal Company, Sappers and Miners, Bangalore . . . . .	...	...	...	...	...	134	134	...	...	...	2	2	...	...	...	26
18th Heavy Battery, Spot Signal Units, Sappers and Miners, Poona	88	132	95	17	5	593	930	...	245	18	185	448	102	...	...	1,430
19th Heavy Battery, 1st Brahmans, Santa Cruz, with 59 men detached at Jhelum . . . . .	...	1	...	...	...	1,618	1,619	...	32	...	15	47	13	...	...	1,679
20th Heavy Battery, 2nd Queen Victoria's Own Rajput Light Infantry, Lucknow	984	1	...	...	...	6	991	...	...	...	25	25	17	...	...	1,033
21st Heavy Battery, 3rd Battalion 2nd Queen Victoria's Own Rajput Light Infantry, Agra	1,022	...	...	...	...	...	1,022	...	3	...	1	4	...	...	...	1,026
22nd Heavy Battery, 4th Brahmans, Barrackpore . . . . .	...	...	...	...	...	953	953	...	...	...	29	29	4	...	...	986
23rd Heavy Battery, 5th Prince Albert Victor's Rajputs, Lucknow with 49 men detached at Thayetmyo	685	6	...	...	10	27	728	...	...	...	29	29	4	...	...	761
24th Heavy Battery, 6th Light Infantry, Fatehgarh . . . . .	...	...	...	...	...	...	...	...	...	...	724	724	...	...	...	724
25th Heavy Battery, 7th Jat Light Infantry, Jhansi . . . . .	...	...	...	...	...	844	844	...	...	...	5	5	...	...	...	849
26th Heavy Battery, 8th Rajputs Benares Cantonment with 26 men detached at Thayetmyo	983	...	...	...	...	5	988	...	3	...	35	38	2	...	...	1,028
27th Heavy Battery, 9th Rajputs, Benares Cantonment	1,366	3	...	...	...	5	1,374	...	...	...	22	22	...	...	...	1,396
28th Heavy Battery, 10th Bhopal Infantry, Fyzabad	395	133	...	...	...	697	1,223	...	...	...	370	370	...	...	...	1,395
29th Heavy Battery, 11th Battalion, 9th Delhi Regiment Fort William . . . . .	...	...	...	...	...	825	825	...	350	...	...	350	...	...	...	1,175
30th Heavy Battery, 12th Battalion, 9th Bhopal Infantry, Fyzabad	16	...	...	12	8	20	36	...	...	...	...	...	...	...	...	26

* This total should agree with the total number borne on the roll of the regiment.

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TABLE XXIVA—*contd.*

Race composition, and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogras and other Hill Hindus.	Gurkhas.	Garhwals.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabī Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	TOTAL MUSSALMANS.	Native Christians.	Burmans.	Jews.	Total.
119	10th Jats, Bannu, with 466 men detached at Jhansi	...	...	...	5	...	1,476	1,481	..	9	...	16	25	6	...	...	1,492
120	2nd Battalion, 10th Jats, Jhansi	...	...	...	...	...	1,090	1,090	...	...	1	6	7	...	...	...	1,098
121	11th Rajputs, Lahore Cantonment with 19 men detached at Thayetmyo	1,374	...	...	...	...	10	1,384	...	...	...	89	89	1	...	...	1,394
122	12th Pioneers, Lahore Cantonment	...	396	...	...	...	836	1,232	...	18	...	...	18	...	...	...	1,250
123	2nd Battalion, 12th Pioneers, Lahore Cantonment	2	264	1	...	...	600	867	...	18	247	13	278	...	...	...	1,146
124	13th Rajputs (The Shekhawati Regiment) Lucknow	697	3	1	15	...	8	724	...	19	...	20	39	...	...	...	743
125	14th King George's Own Ferozepore Sikhs, Multan	...	319	...	...	...	...	319	...	...	...	...	...	...	...	...	319
126	15th Ludhiana Sikhs, Peshawar	...	1,114	5	...	...	...	1,119	...	183	...	...	183	...	...	...	1,302
127	16th Rajput (The Lucknow Regiment) Lucknow	452	21	...	...	...	130	603	...	...	...	33	33	1	...	...	637
128	17th Infantry (The Loyal Regiment), Disapore	9	...	...	...	...	2	11	13	33	...	1,716	1,762	6	...	...	1,768
129	18th Infantry, Kowloon with a Depôt of 338 men at Shillong	...	...	...	...	...	5	5	...	807	4	321	1,132	...	...	...	1,141
130	2nd Battalion, 18th Infantry, Shillong	...	...	...	...	...	...	...	...	341	...	341	341	...	...	...	341
131	19th Punjabis, Hyderabad	...	136	...	...	...	...	136	...	132	61	...	193	...	...	...	329
132	2nd Battalion, 19th Punjabis, Fort Sandeman	...	333	...	...	...	2	335	...	546	331	...	877	...	...	...	1,214
133	20th Duke of Cambridge's Own Infantry (Brownlow's Punjabis), Ferozepore	...	144	215	...	...	...	359	...	343	234	7	584	...	...	...	643
134	21st Punjabis, Rawalpindi, with 273 men detached at Bareilly	...	620	214	...	...	286	1,120	...	423	464	8	895	...	...	...	1,417
135	22nd Punjabis, Hyderabad	...	341	...	...	...	...	341	...	679	...	20	699	...	...	...	719
136	23rd Sikh Pioneers, Ambala	...	1,893	...	...	...	...	1,893	...	2	...	8	10	...	...	...	1,903
137	24th Punjabis, Hyderabad	...	254	186	...	...	17	457	...	288	11	35	334	...	...	...	642
138	25th Punjabis, Bannu, with a Wing at Jhelum	...	427	290	...	...	...	717	...	417	237	...	654	...	...	...	1,001
139	2nd Battalion, 25th Punjabis, Jhansi	...	36	26	...	...	...	62	...	44	22	...	66	...	...	...	132
140	26th Punjabis, Bareilly	7	249	5	...	...	227	488	...	405	27	...	432	...	...	1	439
141	27th Punjabis, Jhelum	...	280	140	...	...	20	440	...	425	69	...	494	...	...	...	563
142	28th Punjabis, Jhelum	...	366	238	...	...	...	604	...	352	248	...	600	...	...	...	848
143	29th Punjabis, Peshawar	...	465	359	...	...	...	824	...	364	...	...	364	5	...	...	833
144	30th Punjabis, Jhelum	...	220	180	...	...	8	408	...	346	...	3	349	...	...	...	411
145	31st Punjabis, Jhelum	...	197	165	...	...	7	369	...	215	5	...	220	2	...	...	397
146	1st Battalion, 32nd Sikh Pioneers, Sialkot	...	751	...	...	...	1	752	...	12	...	...	12	...	...	...	764
147	2nd Battalion, 32nd Sikh Pioneers, Sialkot	...	1,639	...	...	...	9	1,548	...	11	...	...	11	...	...	...	1,560
148	33rd Punjabis, Fatehgarh	...	199	...	...	...	1	200	...	473	13	...	486	...	...	...	689
149	1st Battalion, 34th Sikh Pioneers, Ambala	...	956	...	...	...	...	956	...	3	...	...	3	...	...	...	959
150	2nd Battalion, 34th Sikh Pioneers, Sialkot	...	1,727	...	...	...	16	1,743	...	18	...	...	18	...	...	...	1,761
151	35th Sikhs, Peshawar	...	1,160	...	...	...	316	1,476	...	...	...	...	...	...	...	...	1,476
152	36th Sikhs, Bareilly	...	745	...	...	...	293	1,038	...	1	...	...	1	...	...	...	1,039
153	37th Dogras, Jhelum	...	3	868	...	15	...	886	...	3	...	...	3	...	...	...	892
154	38th Dogras, Jhelum	...	...	594	...	654	...	1,158	...	6	...	...	6	2	...	...	1,166
155	1st Battalion, 39th Garhwal Rifles, Quetta	...	...	...	...	1179	...	1,179	...	...	...	...	...	...	...	...	1,179
156	2nd Battalion, 39th Garhwal Rifles, Lansdowne	...	...	...	...	1072	...	1,072	...	...	...	...	...	...	...	...	1,072

* This total should agree with the total number borne on the roll of the regiment.

Corps and its detachments.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwals.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Mussalman.	Trans-Hedus Pathans.	Other Mussalman.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.*
1st Battalion, 39th Garhwal Rifles, Malakand	1,512	...	1,512	...	...	...	...	...	...	...	...	1,512
2nd Battalion, 39th Garhwal Rifles, Ranikhet	820	...	820	...	...	...	...	...	...	...	...	820
39th Pathans, Fatehgarh	1	141	...	...	7	149	...	179	111	3	293	...	...	...	442
1st Dogras, Dargai	1,323	...	...	5	1,328	...	...	...	2	2	...	...	...	1,330
2nd Battalion, 41st Dogras, Jubbulpore	8	...	...	1	9	...	...	...	...	...	...	...	...	9
1st Battalion, 42nd Deoli Regiment, Deoli	96	5	...	...	...	457	558	...	1	...	46	47	...	...	...	605
2nd Battalion, 42nd Deoli Regiment, Sibi	1,337	1,337	...	1	...	56	57	...	...	...	1,394
1st Battalion, 43rd Erinpura Regiment, Erinpura and Sumerpur	158	...	...	...	...	533	691	...	2	...	193	195	1	...	...	887
2nd Battalion, 43rd Erinpura Regiment, Baroda	1,508	1,508	...	...	...	210	210	...	...	...	1,718
4th Merwara Infantry, Ajmer	3	...	...	...	...	319	322	...	...	...	153	153	8	...	...	483
5th Rattray's Sikhs, Multan	446	...	...	...	...	446	...	...	...	...	...	...	...	...	446
6th Punjabis, Nowshera	335	...	...	...	9	344	...	1,152	...	1	1,153	...	...	...	1,497
7th Sikhs, Bareilly	451	...	...	...	35	486	...	1	...	...	1	...	...	...	487
8th Pioneers, Jhansi	223	...	...	...	480	712	...	3	...	...	3	...	...	...	715
9th Bengalis, Karachi	523	523	...	...	...	146	146	7	...	...	676
1st Sikhs (Frontier Force), Jullundur	455	124	...	...	...	579	...	334	100	...	434	...	...	...	1,013
2nd Sikhs (Frontier Force), Peshawar	255	465	...	...	3	723	...	371	200	...	571	...	...	...	1,294
3rd Sikhs (Frontier Force), Jullundur	312	129	...	...	...	441	...	367	84	...	451	...	...	...	892
4th Sikhs (Frontier Force), Mardan	498	256	...	...	...	754	...	599	211	...	810	...	...	...	1,564
2nd Battalion, 54th Sikhs (Frontier Force), Jullundur	406	27	...	...	203	636	...	519	152	...	671	...	...	...	1,507
13th Coke's Rifles (Frontier Force), Multan	304	263	...	...	5	572	...	475	44	533	1,052	...	...	...	1,624
16th Punjabi Rifles (Frontier Force), Jullundur and Multan	225	300	...	...	...	595	...	268	356	...	644	...	...	...	1,239
7th Wilde's Rifles (Frontier Force), Lahore Cantonment	147	185	...	...	...	332	...	461	54	...	515	...	...	...	847
8th Vaughan's Rifles (Frontier Force), Multan	150	40	...	...	...	190	...	250	35	...	485	...	...	...	475
19th Scinde Rifles (Frontier Force), Jullundur	135	162	...	...	...	297	...	512	222	...	734	...	...	...	1,031

* This total should agree with the total number borne on the roll of the regiment.

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TABLE XXIVA—continued.

Race composition, and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Cathwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Mussalman.	Trans-Indus Pathans.	Other Mussalman.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.
182	61st King George's Own Pioneers, Bangalore	...	...	...	...	...	518	518	...	...	...	101	101	114	...	...
183	62nd Punjabis, Cawnpore	349	130	...	...	...	...	499	...	470	...	...	470	...	...	...
184	63rd Palamcottah Light Infantry, Rangoon and Bareilly	7	21	10	...	2	786	826	...	180	2	398	586	2	...	...
185	64th Pioneers, Bangalore	...	...	...	...	...	456	456	...	...	...	162	162	229	...	...
186	66th Punjabis, Tank	281	265	...	...	...	...	546	...	521	...	...	521	...	...	...
187	1st Battalion, 67th Punjabis, Agra	...	97	...	...	...	92	189	...	196	...	...	196	...	...	...
188	2nd Battalion, 67th Punjabis, Tank and Dera Ismail Khan	100	264	80	...	...	...	444	...	259	...	...	259	...	...	...
189	69th Punjabis, Agra	...	139	98	...	...	...	237	...	332	1	...	333	...	...	...
190	70th Burma Rifles, Maymyo	...	...	...	...	...	...	...	...	...	...	...	...	...	1236	...
191	71st Punjabis, Ferozepore	...	8	...	13	...	1	22	...	...	...	7	7	523	...	...
192	1st Battalion, 72nd Punjabis, Bannu and Delhi	...	546	...	...	...	...	546	...	361	280	...	841	...	...	...
193	2nd Battalion, 72nd Punjabis, Kamptee	...	30	...	...	...	...	30	...	47	16	2	65	1	...	...
194	73rd Carnatic Infantry, Trichinopoly with 366 men detached at Trivandrum, Ootacamund and Berbera (British Somaliland)	2	...	...	...	...	688	690	...	2	6	283	291	132	...	...
195	74th Punjabis, Bannu with 430 men detached at Kowloon	...	258	108	...	...	289	655	...	1,278	...	...	1,278	...	...	...
196	75th Carnatic Infantry, Bangalore	4	...	...	...	...	429	433	...	...	...	87	87	62	...	...
197	1st Battalion, 76th Punjabis, Chawan with 94 men detached at Shelabagh	...	227	...	...	...	578	805	...	544	2	...	546	5	...	...
198	2nd Battalion, 76th Punjabis, Nasirabad	...	8	...	...	...	4	12	...	...	...	...	...	...	...	...
199	79th Carnatic Infantry, Bangalore	...	...	...	...	...	605	605	...	...	...	203	203	105	...	...
200	80th Carnatic Infantry, Trichinopoly	3	...	...	...	...	500	503	...	...	...	136	136	64	...	...
201	81st Pioneers, Newshera with 82 men detached at Bangalore	...	...	...	...	...	1,299	1,299	...	316	...	282	398	111	...	...
202	82nd Punjabis, Jhansi	...	263	426	...	...	19	708	...	674	52	...	726	...	...	...
203	83rd Wallajahbad Light Infantry, Cannanore	...	3	...	...	...	432	435	...	...	...	151	151	259	...	...
204	84th Punjabis, Cawnpore	195	76	...	...	...	...	271	...	79	...	...	79	...	...	...
205	85th Burman Rifles, Mandalay	...	168	...	258	92	147	665	...	164	...	...	164	...	486	...
206	86th Carnatic Infantry, Bhamo with 45 men detached at St. Thomas' Mount	...	7	...	...	...	597	604	...	...	...	346	346	130	...	...
207	87th Punjabis, Jhansi	...	162	...	...	...	173	335	...	451	...	40	491	...	...	...
208	88th Carnatic Infantry, St. Thomas' Mount with 182 men detached at Bellary	3	...	...	...	...	661	664	...	...	...	339	339	141	...	...
209	1st Battalion, 89th Punjabis, Kamptee	248	352	...	...	...	217	817	...	712	...	...	712	2	...	...
210	2nd Battalion, 89th Punjabis, Dargai	70	63	...	...	...	81	214	...	152	...	129	281	...	...	...
211	90th Punjabis, Kamptee	230	135	...	...	...	229	594	...	377	...	...	377	...	...	...
212	91st Punjabis (Light Infantry), Thayetmyo	9	592	501	2	19	5	1,128	...	1,005	...	700	1,705	4	...	...
213	92nd Punjabis, Delhi	...	479	...	...	...	...	479	...	730	...	...	730	...	...	...
214	93rd Burma Infantry, Delhi	...	419	...	...	...	...	419	...	652	...	...	652	...	...	...

* This total should agree with the total number borne on the roll of the regiment.

Corps and its detachments.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gorkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Musalmans.	Trans-Indus Pathans.	Other Musalmans.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL.*
Battalion, 94th Russell's Infantry, Peshwara	721	...	...	...	...	674	1,395	...	...	...	327	327	...	...	...	1,722
1st Battalion, 94th Russell's Infantry, Saugor	220	...	...	...	...	163	383	...	...	...	...	...	...	...	...	383
2nd Russell's Infantry, Saugor	155	...	...	...	...	322	477	...	...	...	194	194	...	...	...	671
3rd Berar Infantry, Saugor	221	...	...	...	...	179	400	...	...	...	395	395	...	...	...	795
1st Battalion, 97th Deccan Infantry, Ahmedabad	604	...	...	...	...	651	1,255	...	1	1	203	205	3	1	...	1,464
2nd Battalion, 97th Deccan Infantry, Rajapur	682	...	...	...	...	634	1,316	...	...	...	107	107	...	...	...	1,423
3rd Infantry, Quetta	138	...	...	...	...	1,187	1,325	...	3	...	561	564	4	...	...	1,893
4th Deccan Infantry, Ahmedabad	438	...	...	...	...	296	734	...	...	...	518	518	...	...	...	1,252
501st Grenadiers, Aurangabad	...	...	...	...	...	301	301	...	184	...	220	404	1	...	...	706
6th King Edward's Own Grenadiers, Mhow	...	2	...	...	...	759	761	...	203	2	2	207	8	...	2	978
7th Mahratta Light Infantry, Bannu and Poonah	...	...	...	...	404	357	761	...	...	...	260	260	4	...	...	1,025
8th Wellesley's Rifles, Mhow	54	...	...	...	...	342	396	...	386	...	1	387	...	...	...	783
9th Mahratta Light Infantry, Belgaum	...	...	...	...	...	409	409	...	...	...	165	165	...	...	...	574
10th Hazara Pioneers, Quetta	...	5	...	...	...	203	208	...	23	1,113	71	1,207	...	...	...	1,415
11th Battalion 107th Pioneers, Quetta	...	335	...	...	...	394	729	...	2	388	410	800	7	...	1	1,537
12th Battalion, 107th Pioneers, Barcilly	17	386	3	1	...	424	831	...	601	59	189	849	...	...	...	1,680
13th Infantry, Aurangabad	...	...	...	...	...	768	768	...	183	...	376	559	...	...	...	1,327
14th Infantry, Kohat	...	...	...	...	...	928	928	...	461	...	402	863	7	...	...	1,798
15th Mahratta Light Infantry, Karachi	...	...	...	...	...	781	781	...	...	...	266	266	5	...	1	1,053
16th Mahars, Secunderabad	...	...	...	...	...	963	963	...	...	...	17	17	7	...	...	987
17th Infantry, Nasirabad	...	...	...	...	...	860	860	...	221	...	...	221	...	...	...	1,081
18th Battalion, 111th Infantry, Jubbulpore	...	2	...	...	...	300	302	...	99	...	...	99	...	...	...	401
19th Battalion, 113th Infantry, Allahabad	...	...	...	...	...	645	645	...	231	...	4	235	2	...	...	882
20th Battalion 115th Infantry, Dera Ismail Khan and Tank with 49 men detached Gyantse	...	...	...	...	...	599	599	...	238	...	104	342	...	...	...	941
21st Mahrattas, Poonah	...	1	...	...	...	949	950	...	...	...	278	278	2	...	...	1,230
22nd Mahrattas, Poonah	...	...	...	...	...	913	913	...	...	...	249	249	...	...	...	1,162
23rd Mahrattas, Hangu	...	...	...	...	...	540	540	...	...	...	120	120	2	...	...	662
24th Battalion, 119th Infantry (The Multan Regiment), Ahmednagar	123	...	...	...	...	429	552	...	...	...	330	330	...	2	...	884
25th Battalion, 119th Infantry (The Multan Regiment), Jubbulpore	95	...	...	...	...	...	95	...	...	...	129	129	...	...	...	224
26th Rajputana Infantry, Ahmednagar with 112 men detached at Thal	282	3	...	...	...	1,232	1,517	...	13	...	456	469	39	...	...	2,025
27th Pioneer, Meerut	341	...	...	...	...	228	569	...	1	126	377	504	4	...	...	1,077

* This total should agree with the total number borne on the roll of the regiment.

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TABLE XXIVA—contd.

Race composition, and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogras or other Hindus.	Gurkhas.	Ga. hwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussal Mans.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL
246	122nd Rajputana Infantry, Ahmednagar .	157	...	...	...	...	743	900	...	...	...	129	129	4	...	...	11,033
247	1st Battalion, 123rd Outram's Rifles, Mhow	...	...	...	...	...	442	442	...	449	...	...	449	...	...	...	891
248	2nd Battalion, 123rd Outram's Rifles, Rangoon, with 78 men detached at Fort William.	...	205	...	...	...	332	537	...	401	...	31	432	1	...	...	970
249	1st Battalion, 124th Duchess of Connaught's Own Baluchistan Infantry, Montgomery.	...	55	...	...	...	...	55	...	416	236	...	652	...	...	...	797
250	2nd Battalion, 124th Duchess of Connaught's Own Baluchistan Infantry, Pishin.	...	103	...	...	...	...	103	...	458	30	65	553	...	...	...	696
251	3rd Battalion, 124th Duchess of Connaught's Own Baluchistan Infantry, Karachi.	...	53	...	...	...	2	55	...	332	...	216	548	1	...	...	604
252	125th Napier's Rifles, Rajkot	119	...	...	...	...	428	547	...	299	...	...	299	6	1	...	853
253	126th Baluchistan Infantry, Pishin . . . . .	...	80	...	...	...	...	80	...	214	122	136	472	...	...	...	532
254	127th Queen Mary's Own Baluch Light Infantry, Karachi.	...	...	...	...	...	1	1	...	650	221	319	1,190	1	...	...	1,192
255	128th Pioneers, Meerut	1	158	...	...	...	285	444	...	43	216	313	572	2	...	...	1,018
256	129th Duke of Connaught's Own Baluchis Karachi.	...	...	...	...	...	1	1	...	814	68	5	887	...	...	...	888
257	130th King George's Own Baluchis (Jacob's Rifles), Ferozepore.	...	...	...	...	...	...	...	...	453	...	...	453	...	...	...	453
258	Resident's Escort (Nepal), Khatmandu . . . . .	...	...	...	...	...	86	86	...	...	...	...	...	...	...	...	86
259	1st Battalion, 1st King George's Own Gurkha Rifles (The Malaun Regiment) Dhamsala.	...	...	...	912	...	...	912	...	...	...	...	...	...	...	...	912
260	2nd Battalion, 1st King George's Own Gurkha Rifles (The Malaun Regiment), Dhamsala.	...	...	...	750	...	...	750	...	...	...	...	...	...	...	...	750
261	3rd Battalion, 1st King George's Own Gurkha Rifles (The Malaun Regiment), Jubbulpore.	...	...	1	860	...	5	866	...	...	...	1	1	...	...	...	867
262	1st Battalion, 2nd King Edward's Own Gurkha Rifles (The Sirmoor Rifles), Dehra Dun.	...	...	...	1,082	...	...	1,082	...	...	...	...	...	...	...	...	1,082
263	2nd Battalion, 2nd King Edward's Own Gurkha Rifles (The Sirmoor Rifles), Camp Burhan and Dehra Dun.	...	...	...	817	...	...	817	...	...	...	...	...	...	...	...	817
264	3rd Battalion, 2nd King Edward's Own Gurkha Rifles (The Sirmoor Rifles), Peshawar.	...	...	...	760	...	1	761	...	...	...	...	...	1	...	...	762
265	1st Battalion, 3rd Queen Alexandra's Own Gurkha Rifles, Almora.	...	...	...	679	...	...	679	...	...	...	...	...	...	...	...	679
266	2nd Battalion, 3rd Queen Alexandra's Own Gurkha Rifles, Lansdowne.	...	...	...	629	...	...	629	...	...	...	...	...	...	...	...	629
267	4th Battalion, 3rd Queen Alexandra's Own Gurkha Rifles, Kohat.	...	1	2	1,218	...	...	1,221	...	1	...	2	3	...	...	...	1,224
268	1st Battalion, 4th Gurkha Rifles, Karachi . . . . .	...	4	...	1,035	...	...	1,039	...	...	...	...	...	...	...	...	1,039
269	2nd Battalion, 4th Gurkha Rifles, Bakloh . . . . .	...	1	2	1,138	...	5	1,146	...	...	...	1	1	1	...	...	1,148
270	1st Battalion, 5th Gurkha Rifles, Abbottabad.	...	...	6	1,683	...	2	1,691	...	7	...	...	7	...	...	...	1,698
271	2nd Battalion, 5th Gurkha Rifles, Abbottabad.	2	1	...	841	...	...	844	...	5	...	20	25	...	...	...	869
272	3rd Battalion, 5th Gurkha Rifles, Rawalpindi.	2	...	2	1,226	1	3	1,234	...	2	...	...	2	2	...	...	1,238
273	1st Battalion, 6th Gurkha Rifles, Abbottabad.	...	...	...	1,757	...	6	1,763	...	10	...	...	10	...	...	...	1,773
274	2nd Battalion, 6th Gurkha Rifles, Abbottabad.	...	2	...	917	...	6	925	...	6	...	1	7	...	...	...	932

* This total should agree with the total number borne on the roll of the regiment.

Corps and its detachments.	Rajputs.	Sikhs.	Dogras and other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	TOTAL*
Battalion, 6th Gurkha Rifles, Campurham . . . . .	...	...	...	900	...	...	900	...	...	...	...	...	4	...	...	904
Battalion, 7th Gurkha Rifles, Quetta . . . . .	...	...	...	1,345	...	...	1,345	...	...	...	...	...	...	...	...	1,345
1 Battalion, 7th Gurkha Rifles, Almora . . . . .	...	...	...	1,042	...	...	1,042	...	...	...	...	...	...	...	...	1,042
1 Battalion, 7th Gurkha Rifles, Loralai . . . . .	...	...	...	1,077	...	...	1,077	...	...	...	...	...	...	...	...	1,077
Battalion, 8th Gurkha Rifles, Almora, with 83 men detached at Shillong . . . . .	...	...	...	1,068	...	...	1,068	...	...	...	...	...	...	...	...	1,068
1 Battalion, 8th Gurkha Rifles, Lansdowne . . . . .	...	...	...	1,230	2	...	1,232	...	...	...	...	...	...	...	...	1,232
1 Battalion, 8th Gurkha Rifles, Lansdowne . . . . .	...	...	...	668	...	...	668	...	...	...	...	...	...	...	...	668
1 Battalion, 9th Gurkha Rifles, Dehra Dun . . . . .	...	...	...	1,664	...	...	1,664	...	...	...	...	...	...	...	...	1,664
1 Battalion, 9th Gurkha Rifles, Dehra Dun . . . . .	...	...	...	1,015	...	...	1,015	...	...	...	...	...	...	...	...	1,015
1 Battalion, 9th Gurkha Rifles, Dehra Dun and Delhi . . . . .	...	...	...	849	...	...	849	...	...	...	...	...	...	...	...	849
1 Battalion, 10th Gurkha Rifles, Maymyo . . . . .	...	...	...	2,582	22	...	2,604	...	...	...	2	2	...	...	...	2,606
1 Battalion, 10th Gurkha Rifles, Quetta . . . . .	...	1	...	2,078	...	14	2,093	3	...	1	4	...	...	...	...	2,097
1 Reserve, Gurkhas, Dargai . . . . .	...	...	...	1,135	...	...	1,135	...	...	...	...	...	...	...	...	1,135
1 Reserve, Gurkhas, Ferozepore . . . . .	...	...	...	1,068	...	...	1,068	...	...	...	...	...	...	...	...	1,068
1 Reserve Mahrattas, Karachi . . . . .	...	...	...	...	...	980	980	...	...	...	...	...	...	...	...	980
Indian Garrison Companies, Ajmer, Meiktila, Satara, Trichinopoly, Nowgong, Port Blair, Bangalore, Anugban, Poona and Bellary	367	486	59	...	...	1,064	1,976	...	...	...	54	54	18	...	...	2,048
No. 8, Mule Corps, Risalpur . . . . .	...	...	...	...	...	39	39	...	...	...	402	402	...	...	...	441
No. 19, Mule Corps, Kohat	3	1	5	...	...	25	34	123	3	...	126	...	...	...	...	160
No. 20, Mule Corps, Kalabagh . . . . .	...	...	...	...	...	2	2	24	...	...	24	...	...	...	...	26
No. 24, Mule Corps, Peshawar	45	80	...	20	...	...	145	71	1	...	84	...	...	...	...	229
No. 25, Mule Corps, Mandalay with 196 men detached at Meiktila, Shebo, Bhamo and Maymyo	43	...	...	...	...	202	245	392	18	67	477	1	...	...	...	723
No. 27, Mule Corps, Peshawar	58	35	12	75	...	...	180	85	18	12	115	...	...	...	...	295
No. 29, Mule Corps, Nowshera . . . . .	...	2	...	...	...	2	4	478	...	...	478	...	...	...	...	482
No. 34, Mule Corps, Jhelum . . . . .	...	...	...	...	...	29	29	113	...	...	113	...	...	...	...	142
No. 38, Mule Corps, Kohat and Thal . . . . .	...	15	185	...	...	23	220	277	...	50	327	...	...	...	...	547
No. 40, Mule Corps, Peshawar	64	43	17	4	...	41	169	127	2	164	293	3	...	...	...	465
No. 41, Mule Corps, Peshawar	41	15	45	...	...	45	146	118	28	...	146	...	...	...	...	292
No. 45, Mule Corps, Risalpur	18	133	8	...	...	146	305	30	...	204	234	23	...	...	...	562
No. 46, Mule Corps, Kalabagh . . . . .	...	...	1	...	...	2	3	17	1	...	18	...	...	...	...	21
No. 48, Mule Corps, Kalabagh	2	4	...	1	...	5	12	18	...	3	21	1	...	...	...	34
No. 49, Mule Corps, Lahore Cantonment	6	76	70	1	...	21	174	178	1	66	245	...	...	...	...	419
No. 50, Mule Corps, Cawnpore . . . . .	...	...	...	...	...	101	101	...	...	...	...	...	...	...	...	101
No. 52, Mule Corps, Jhansi	27	134	32	...	...	103	296	20	169	11	200	6	...	...	...	502
No. 54, Mule Corps, Poona	39	9	1	20	...	153	222	46	3	73	122	7	2	...	...	353
No. 61, Mule Corps, Agra	7	3	5	74	3	68	160	196	...	2	198	1	...	...	...	359
No. 1, Mule Depôt, Sialkot	23	43	37	...	4	501	608	957	27	261	1,245	...	...	...	...	1,853
No. 2, Mule Depôt, Lahore Cantonment	73	221	103	7	11	278	693	448	20	195	663	139	...	...	...	1,495
No. 3, Mule Depôt, Meerut	41	272	27	11	29	334	715	203	...	449	652	...	...	...	...	1,367

* This total should agree with the total number borne on the roll of the regiment.

TABLE XXIVA—concluded.

Race composition, and location of detachments.

Serial number.	Corps and its detachments.	Rajputs.	Sikhs.	Dogra and other Hill Hindus.	Gurkhas.	Garhwals.	Other Hindus.	TOTAL HINDUS.	Rohillas.	Punjab Musalmans.	Trans-Indus Pathans.	Other Musalmans.	TOTAL MUSALMANS.	Native Christians.	Burmans.	Jews.	To
313	No. 4, Mule Depôt, Karachi . . . . .	...	15	41	...	13	85	154	...	367	15	84	466	2	...	...
314	No. 58, Pony Corps, Bangalore	14	2	...	8	11	185	220	...	59	3	43	105	19	...	...
315	No. 59, Pony Corps, Secunderabad	9	5	...	...	...	383	397	...	87	...	73	160	56	...	...
316	Pony Ekka Corps, Jubbulpore . . . . .	...	...	...	...	...	24	24	...	...	...	...	...	...	...	...
317	Central Drivers Depôt, Poona	271	21	7	22	49	864	1,234	...	330	...	653	983	23	...	...	2,3
318	Supply and Transport details, Dargai, Malakand, Drosh, Abbottabad, Rawalpindi, Delhi, Fort Lockhart, Hangu, Jandola, Nowshera and Peshawar	59	75	35	101	2	656	928	...	1,757	41	400	2,198	7	...	...	3,1
319	Indian Defence Force, Poona and Trichinopoly . . . . .	...	...	...	...	...	424	424	...	...	...	11	11	55	...	2	
320	Details	144	663	157	873	39	955	2,831	1	774	130	700	1,613	70	...	...	4,
SUMMARY.																	
1	NORTHERN ARMY	12,224	31,736	9,317	27,240	4,942	26,290	111,749	13	36,570	6,761	14,008	57,352	1,133	21	6	174
2	SOUTHERN ARMY	6,447	7,558	1,927	9,608	1,400	43,366	70,306	33	16,089	3,030	15,307	34,459	2,236	2,138	11	109
3	EXTRA INDIA NOT IN INDIAN COMMAND . . . . .	...	107	108	...	...	208	423	...	684	4	353	1,041	20	...	...	1,
4	ARMY OF INDIA	18,671	39,401	11,352	36,848	6,342	69,864	182,478	46	53,343	9,795	29,668	92,852	3,389	2,159	17	280,

*This total should agree with the total number borne on the roll of the regiment.

INDIAN TROOPS, 1917.

XXIV-B.—Deaths* (Actuals).

	Northern Army.	Southern Army.	Extra India not in the Indian Command.	Line of March.	Army of India.
.	80	58	...	...	138
.	224	37	...	1	262
Other Hill Hindus	93	10	..	...	103
has	220	108	...	...	328
walis	24	5	...	1	30
r Hindus	299	322	1	3	625
TOTAL HINDUS .	940	540	1	5	1,486
.	1	...	...	...	1
Musalms	359	94	2	1	456
das Pathans	44	18	...	...	62
musalmans	87	77	2	...	166
TOTAL MUSALMANS .	491	189	4	1	685
Christians	12	15	...	...	27
s . . . . .	...	3	...	...	3
.
TOTAL .	1,443	747	5	6	2,201

* Deaths among the Indian officers and men present, excluding men on sick leave or furlough.

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III.—PRISONERS, 1917.

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 :— Fort Blair Convict Settlement	85	S. G.	BIHAR AND ORISSA :—contd. Hazariabagh, Central	1,997	S. G.	PUNJAB :—contd. Mianwali	655	I. B.
BURMA :— Mergui	14	S. G.	Gaya, Central	375	M. D.	Lyallpur	...	...
Tavoy	69	"	Bhagalpur, Central	147	S. G.	Jhang	...	...
Moulmein	288	"	Monghyr	145	"	Montgomery, Central	600	I. B.
Shwegyin	128	"	Darbhanga	167	"	Multan, Central	402	S. G.
Toungoo	156	"	Champaran (Motihari)	217	"	District	...	...
Rangoon, Central, Europeans	14	"	Muzaffarpur	179	"	Dera Ghazi Khan	395	"
Indians			191	"				
Maubin	...	...	Patna (Bankipore)	177	"			
Myaungmya, Central	...	...	Arrah (Shahabad)	191	"			
Bassein, Central	40	S. G.	Chupra (Saran)	181	M. D.			
Insein	34	"	Buxar, Central	204	S. G.	N.-W. F. PROVINCE :— Peshawar	1,165	S. G.
Henzada	44	"	Sambalpur	500	"	Kohat	1,768	"
Myanaung	74	"				Banna	1,279	"
Sandoway	...	...	UNITED PROVINCES OF AGRA AND OUDH :— Korantadih (Ballia)	...	...	Dera Ismail Khan	571	"
Kyaukpyu	...	...	Ghazipur	227	S. G.	Abbottabad	4,166	"
Akyab	32	S. G.	Azamgarh	256	"			
Paungde	...	...	Gorakhpur	255	"	BALUCHISTAN :— Sibi	489	S. G.
Prome	149	S. G.	Basti	292	"	Quetta	5,511	"
Thayetmyo, Central	145	"	Fyzabad	336	"			
Taungdwingyi	492	"	Sultanpur	305	I. B.			
Magwe	...	...	Rai Bareilly	351	S. G.			
Yamethin	653	S. G.	Partabgarh	317	"	RAJPUTANA :— Ajmer	1,627	S. G.
Meiktila	860	"	Jaunpur	263	"			
Pagan	...	...	Benares, Central	256	"			
Myingyan, Central	243	S. G.	District					
Mandalay	240	"	Mirzapur	283	"			
Monywa	250	"	Allahabad, Central (Naini)	298	"	CENTRAL PROVINCES :— Saugor	1,753	S. G.
Shwebo	600	M. O.	District					Jubbulpore, Central	1,306	"
Mogok	...	...	Karwi	...	S. G.	Narsinghpur	1,305	I. B.
Bhamo	351	S. G.	Banda	415	"	Bilaspur	887	S. G.
Katha	329	"	Fatehpur	373	"	Raipur, Central	968	"
Kindat	361	"	Hamirpur	367	"	Chhindwara	2,236	"
Maymyo	3,598	I. B.	Orai (Jalaun)	...	S. G.	Horshangabad	1,030	"
			Cawnpore	417	"	Nimar (Khandwa)	1,042	I. B.
ASSAM :— Cachar (Silchar)	104	M. D.	Unao	412	"	Nagpur, Central	1,025	"
Jorhat	295	S. G.	Lucknow, Central	400	"	Bhandara	861	"
Dibrugarh	342	"	District					Yeotmal	1,476	"
Tezpur	292	"	Barabanki	378	"	Amraoti	1,194	"
Nowgong	298	"	Gonda	...	S. G.	Akola	920	"
Gauhati	134	I. B.	Babraich	398	"	Buldana	2,132	M. D.
Dhubri	158	"	Kheri	471	"			
Sylhet	257	M. D.	Sitapur	449	"	HYDERABAD RESIDENCY JAIL :— Secunderabad	1,732	S. G.
Aijal	3,917	S. G.	Hardoi	462	"			
Kohima	4,500	I. B.	Etawah	498	"			
Shillong	4,987	"	Mainpuri	511	"			
			Etah	559	"			
BENGAL :— Mymensingh	59	M. D.	Fatehgarh, Central	444	I. B.			
Daoca, Central	20	"	District					
Tippera (Comilla)	36	"	Shahjahanpur	507	S. G.	BOMBAY :— Shikarpur	194	S. G.
Chittagong	87	"	Pilibhit	614	"	Sukkur	...	...
Noakhali	43	"	Bareilly, Central	560	"	Sind Gang	...	...
Bakarganj (Barisal)	13	"	District					Hyderabad, Central	134	I. B.
Khulna	33	"	Juvenile	...	"	Karachi	28	S. G.
Jessore					Budaun	544	"	Rajkot	414	"
Baraset			Aligarh	610	"	Ahmedabad, Central	170	"
Presidency, (Central Europeans)	17	S. G.	Bulandshahr	727	"	Dhulia	842	"
Presidency Central (Indians)					Moradabad	655	"	Yerrowda, Central (Poona)	1,951	I. B.
Alipore Central (Europeans)			Bijnor	772	"	Bijapur	1,998	S. G.
Alipore, Central (Indians)	21	I. B.	Dehra Dun	2,229	"	Deccan Gang	...	...
Juvenile					Saharanpur	903	"	Dharwar	2,385	S. G.
Howrah	21	"	Muzaffarnagar	790	"	Thana	24	"
Hooghly	34	S. G.	Meerut	739	"	Bombay, Common	20	"
Burdwan	97	"	Muttra	576	"	House of Correction	...	...
Krishnagar (Nadia)	32	"	Agra, Central	554	"	Ratnagiri	110	M. D.
Faridpur	22	"	District					Karwar	12	S. G.
Pabna	...	...	Jhansi	860	"	Aden	26	"
Murshidabad (Berhampore)	67	M. D.	Lalitpur	...	S. G.			
Rajshahi, Central (Rampur Boalia)	70	"	Almora	5,494	"			
Bogra	61	"	Pauri	...	M. D.			
Malda	72	"	Naini Tal	6,400	"			
Dinajpur	116	S. G.	DELHI PROVINCE :— Delhi	715	S. G.	MADRAS :— Cannanore, Central	47	S.
Rangpur	108	"				Bellary	1,483	"
Jalpaiguri	280	"	PUNJAB :— Rohtak	712	S. G.	Salem	919	"
Suri (Birbhum)	...	...	Hissar	689	I. B.	Coimbatore	1,433	"
Bankura	298	M. D.	Ambala	902	"	Palamcottah	129	"
Midnapore, Central	149	M. D.	Ludhiana	806	"	Madura	438	"
Darjeeling	7,168	S. G.	Jullundur	900	"	Trichinopoly, Central	274	"
			Ferozepore	645	"	Tanjore	193	"
BIHAR AND ORISSA :— Purneah	121	S. G.	Lahore, Central	706	"	Cuddalore	19	"
Naya Dumka	489	M. D.	Borstal Central					Vellore, Central	698	"
Balasore	59	S. G.	Female	...	...	Madras, Civil	15	"
Cuttack	74	"	Dhariwal Camp	...	...	Penitentiary, Central	...	...
Puri	17	"	Gurdaspur	...	...	Rajahmundry, Central	112	M. D.
Angul	...	...	Gujranwala	...	...	Vizagapatam	14	S. G.
Chaibassa (Singbhum)	745	S. G.	Sialkot	829	S. G.	Berhampur	79	"
Purulia (Manbhum)	...	...	Jhelum	827	"			
Ranchi (Lohardaga)	2,164	S. G.	Khewra Camp	...	...	COORG :— Mercara	3,803	S.
Palamau (Daltonganj)	...	...	Rawalpindi	1,707	"			
			Campbellpore	1,300	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 Barometer 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	16,788	1,917	14,762	6,697	24,145	13,694	3,115	3,516	9,669	9,791	105,264	12,857	118,121
CONSTANTLY SICK RATE OF THE YEAR	15'3	40'7	54'8	45'2	18'5	39'5	26'0	11'7	26'8	15'4	28'6	52'4	31'2
ADMISSIONS INCLUDING SUBSIDIARY JAILS AND WORKSHOPS . . . . .	...	38'3	51'6	43'2	...	38'2	25'9	12'0	25'4	14'7	27'6	...	30'2
DEATH RATE OF THE YEAR—													
Influenza	4'0	3'7	3'5	...	3'2	'1	...	4'8	...	'1	2'3	'4	2'1
Cholera	'4	1'0	1'9	7'3	'3	...	...	'2	'7	1'0	...	...	'9
Small-pox	'4	...	...	'1	'3	'1	'3	...	'3	'4	'2	...	'2
Enteric Fever	1'1	'5	'5	1'2	'6	'8	1'9	...	'7	'8	'8	1'1	'8
Malaria	21'3	33'4	361'4	240'5	89'3	404'6	618'6	62'9	182'6	33'1	192'2	1,019'5	281'2
Sandfly Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Pyrexia of uncertain origin	19'5	161'7	3'9	18'2	1'0	32'4	'3	5'4	2'9	20'0	14'6	3'7	13'4
Tubercle of the lungs	14'0	7'8	8'5	22'9	6'6	18'5	3'5	6'8	5'3	6'4	10'8	4'4	10'2
Pneumonia	4'5	8'9	9'9	10'3	10'3	27'1	30'5	8'0	21'0	5'3	12'6	18'0	13'2
Respiratory Diseases	7'3	34'4	57'0	41'5	17'8	57'7	43'7	25'3	48'1	17'5	32'6	62'6	35'9
Dysentery	19'7	57'9	159'6	113'5	28'2	19'9	90'9	30'7	44'4	26'3	55'5	67'4	56'9
Diarrhoea	6'0	136'2	116'9	122'3	11'8	71'8	15'4	21'9	35'8	6'9	45'6	44'8	45'5
Spleen Diseases	'1	...	...	2'8	'2	3'3	'6	...	'1	...	'7	'2	'6
Scurvy	1'1	...	'1	...	'0	'8	1'3	...	7'7	...	1'0	2'7	1'2
Anæmia and Debility	3'9	6'8	13'3	25'7	8'2	31'0	13'5	3'1	4'0	6'1	11'7	'9	10'6
Abscess, Ulcer and Boil	23'5	60'5	108'5	41'0	49'0	97'6	47'2	22'5	70'5	18'4	58'0	63'0	58'5
ALL CAUSES	236'5	874'3	1,161'9	932'1	372'4	1,023'8	1,026'3	286'4	687'0	299'1	640'0	1,546'9	738'8
ADMISSIONS INCLUDING SUBSIDIARY JAILS AND WORKSHOPS . . . . .	...	853'6	1,126'1	929'8	...	998'1	1,019'1	289'2	740'8	439'2	647'0	...	740'5
DEATH RATE OF THE YEAR—													
Cholera	'30	'52	'54	2'99	...	...	...	...	'10	'51	'38	...	'34
Small-pox . . . . .	...	...	...	'15	...	...	...	...	'10	'10	'03	...	'03
Enteric Fever	'18	...	'14	'15	'29	'37	'96	...	41	...	'24	'23	'24
Malaria	'24	'52	1'22	'75	'70	1'02	'96	'28	'83	'82	'76	1'79	'87
Sandfly Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Pyrexia of uncertain origin . . . . .	...	'52	...	...	'04	'07	...	...	'10	...	'04	'23	'06
Tubercle of the lungs	6'37	3'13	2'51	6'87	1'85	6'35	'64	3'41	2'48	1'94	3'67	3'19	3'61
Pneumonia	'95	2'49	1'63	3'43	2'32	6'72	9'95	2'00	6'52	1'53	3'26	7'54	3'72
Respiratory Diseases	'24	1'04	'27	2'54	'50	1'31	1'28	1'71	1'45	'31	'80	2'49	'98
Dysentery	2'14	1'56	4'13	6'57	1'95	1'24	5'46	2'28	1'14	1'21	2'45	5'06	2'73
Diarrhoea	'12	...	'47	1'05	'59	1'53	1'61	1'14	'31	'31	'61	1'24	'68
Hepatic Abscess	'12	...	...	...	'04	...	...	...	...	...	'03	'08	'04
Anæmia and Debility	4'2	...	'14	'90	'25	'37	'96	'28	...	'82	'36	'31	'36
Phagedæna, Slough, and Gangrene . . . . .	...	...	'07	...	'04	...	...	...	...	...	'02	'08	'03
ALL CAUSES	19'00	12'52	16'05	34'49	13'29	27'68	27'29	19'34	18'31	16'03	19'19	34'53	20'86
ADMISSIONS INCLUDING SUBSIDIARY JAILS AND WORKSHOPS . . . . .	...	13'22	15'88	33'00	...	26'66	26'57	18'89	18'68	15'49	18'89	...	20'52

* Including Delhi, Sibi, Quetta, Ajmer, Secunderabad, Mercara and excluding Andamans.
 † Including Delhi, Sibi, Quetta, Ajmer, Secunderabad, Mercara and Andamans.

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.
I.—AVERAGE ANNUAL STRENGTH	11,443	5,098	1,832	15,450	21,122	14,582	11,237	4,457	7,964	2,191	8,901	929
II.—CONSTANTLY SICK RATE OF THE YEAR	15.9	14.7	40.4	54.2	26.9	28.6	37.6	12.1	22.7	13.2	16.2	26.9
III.—ADMISSION RATE OF THE YEAR—												
Influenza . . . . .	..	13.1	3.8	3.3	3.6	.1	.1	4.0	2.1	...	.1	...
Cholera . . . . .	.6	...	1.6	1.9	2.2	.4	...	...	.3	...	.7	...
Small-pox . . . . .	.2	...	...	...	.2	.3	.3	.2	...	1.4	.4	1.1
Enteric Fever	1.3	.6	.5	.5	.8	.8	1.1	.7	.5	2.7	.2	1.1
Malaria	19.1	27.1	31.7	357.6	131.4	260.1	507.0	86.2	136.0	56.6	34.6	128.1
Sandfly Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	..
Pyrexia of uncertain origin	23.9	10.6	143.6	2.3	3.7	3.6	35.8	.2	7.9	.9	21.9	114.1
Tubercle of the lungs	16.8	8.4	7.6	10.2	13.2	13.2	9.6	7.0	6.4	5.0	6.7	3.2
Pneumonia	4.5	4.5	8.7	9.4	8.3	22.3	32.6	18.6	7.5	5.0	5.8	20.5
Respiratory Diseases	4.8	12.9	32.2	55.3	25.3	42.6	46.7	35.8	40.3	14.1	18.7	45.2
Dysentery	24.5	9.6	57.3	158.6	58.5	25.8	51.0	23.1	31.9	44.3	28.3	67.8
Diarrhoea	7.7	2.6	132.1	115.1	42.7	57.0	46.8	6.5	29.9	21.0	5.6	61.4
Spleen Diseases . . . . .	...	.2	...	...	1.1	2.3	1.0	...	.1	...	...	2.2
Scurvy	1.6	...	...	.1	...	.5	6.9	...	.5	.5	...	1.1
Anæmia and Debility	4.9	2.0	7.1	16.1	11.9	18.8	23.0	1.8	2.8	5.0	6.4	28.0
Abscess, Ulcer and Boil	24.0	23.3	55.1	106.5	47.7	82.4	90.5	11.2	50.0	20.1	19.2	81.8
ALL CAUSES	229.5	262.3	805.1	1,151.1	530.8	735.0	1,104.6	278.2	537.8	308.1	314.6	845.0
IV.—DEATH RATE OF THE YEAR—												
Cholera . . . . .	.44	...	.55	.58	.90	...	...	...	.13	...	.56	...
Small-pox . . . . .	...	...	...	...	.05	...	...	...	...	.46	.11	...
Enteric Fever . . . . .	.09	.39	...	.13	.28	.27	.53	.67	.13	...	...	...
Malaria . . . . .	.26	.20	.55	1.93	.66	1.03	1.33	.22	.25	.91	.79	...
Sandfly Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...
Pyrexia of uncertain origin . . . . .	...	...	.55	...	.05	.07	...	...	.13	...	...	...
Tubercle of the lungs	7.05	3.14	3.18	2.52	3.17	1.85	6.85	3.82	2.89	2.74	1.91	...
Pneumonia	1.31	.20	1.64	1.62	2.23	5.21	10.77	4.49	1.88	.91	1.69	3.23
Respiratory Diseases . . . . .	.17	.39	1.09	.26	1.23	.69	1.51	.67	1.63	.46	.34	1.08
Dysentery	2.62	1.18	1.09	4.53	2.84	2.06	2.31	1.12	1.63	1.37	1.24	2.15
Diarrhoea . . . . .	.17	...	...	.52	.66	1.17	.98	.67	.63	.46	.22	1.08
Hepatic Abscess . . . . .	.17	...	...	...	...	.07	...	...	...	...	...	...
Anæmia and Debility . . . . .	.61	...	...	.19	.52	.14	.27	...	.13	.46	.79	3.23
Phagedæna, Slough and Gangrene . . . . .	...	...	...	.06	...	.07	...	...	...	...	...	...
ALL CAUSES	22.46	12.16	12.01	16.70	19.08	18.79	33.92	14.36	16.20	13.69	15.50	12.92

* Including Aden.

TABLE XXVII.

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 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandy 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, Stomach, and Gangrene.	All Causes.				
rai	103	...	...	...	...	58.3	...	9.7	...	...	...	19.4	29.1	...	...	...	87.4	...	504.9	9.7
y.	161	...	...	...	...	24.8	...	6.2	...	6.2	6.2	124.2	6.2	...	...	8.6	6.2	...	273.3	18.6
mein	745	...	...	1.3	5.4	4.0	...	18.8	5.4	1.3	...	22.8	1.3	...	...	4.0	24.2	...	154.4	13.4
gyin	166	...	...	...	...	...	...	6.0	...	12.0	...	24.1	...	...	...	...	66.3	...	161.8	12.0
goo	686	...	...	1.5	...	14.6	...	17.5	4.4	5.8	5.8	21.9	1.5	...	...	5.8	49.6	...	216.6	11.7
room, Cen- (Euro-ans).	18	...	...	...	...	...	...	55.6	...	...	...	...	...	...	...	...	...	...	333.3	55.6
room, Cen- (Indians).	2,576	2.3	1.94	...	...	12.8	...	19.0	3.7	8.5	8.2	22.9	20.2	7.0	15.1	15.2	...	...	267.1	16.3
bin	175	...	...	...	...	5.7	...	28.6	...	...	...	22.9	5.7	...	...	...	51.4	...	118.6	11.4
angmya, stral.	1,272	...	...	...	...	8.6	...	3.1	12.6	2.4	...	37.7	...	...	...	...	8.6	...	137.6	7.1
in, Central	1,274	...	7	...	2.2	12.5	...	29.8	6.6	8.0	1.5	2.9	...	...	...	...	10.9	...	157.9	15
s, Central	2,632	...	...	...	2.7	2.8	...	54.3	28.9	1.5	8.4	35.0	8.7	8	...	1.9	30.4	...	298.6	25.5	
ada	738	...	...	...	1.4	12.2	...	1.4	2.7	...	2.7	12.2	1.4	...	...	...	6.8	...	80.4	5.4
stung	108	...	...	...	...	...	...	...	...	...	...	9.3	9.3	...	...	...	27.8	...	118.1	9.3
oway	74	...	...	...	...	27.0	...	...	...	...	...	...	...	...	...	...	40.5	...	94.6	16.8
kyu	130	...	...	...	...	161.5	...	...	7.7	7.7	7.7	15.4	...	...	...	...	130.8	...	7154.4	30.8
b.	485	53.6	...	4.1	4.1	10.3	...	5.2	2.1	4.1	24.7	...	245.4	14.4			
UP I. — BURMA EAST AND ISLANDS	11,443	1.6	1.44	1.2	1.3	19.1	...	23.9	16.8	4.3	4.8	24.5	7.7	2	1.6	4.9	24.0	...	279.5	15.9				
gde	215	...	...	...	...	14.0	...	...	...	...	9.3	9.3	...	...	...	...	23.3	...	190.7	9.3
e.	594	...	...	...	1.7	30.3	...	1.7	3.4	...	1.7	1.7	...	...	...	1.7	20.2	...	146.5	10.1
etmyo, stral.	1,013	...	...	...	...	3.9	...	3.9	9.9	10.9	8.9	4.9	...	...	...	1.0	6.9	...	82.9	8.9
gdingyi	82	...	...	...	...	48.8	...	...	...	...	...	24.4	...	...	...	...	...	...	134.1	12.2
we	206	...	...	...	...	9.7	...	...	4.9	...	...	4.9	4.9	...	...	...	9.7	...	87.4	4.9
thin	156	...	...	...	...	19.2	...	6.4	6.4	...	6.4	6.4	...	...	...	...	12.8	...	141.0	12.8
lla	75	...	...	...	...	...	...	0.0	...	...	...	...	...	...	...	...	...	...	53.3	3.6
a.	102	...	...	...	...	19.6	...	...	...	...	9.8	9.8	...	...	...	...	...	...	98.0	9.8
gyan, stral.	967	61.2	...	...	1.0	43.1	...	26.1	19.1	4.0	41.1	16.0	1.0	1.0	...	...	5.0	...	626.9	29.1
alay, stral.	930	...	...	...	1.1	31.2	...	17.2	6.5	4.3	6.5	19.4	9.7	...	...	1.1	52.7	...	292.5	15.1
ywa	162	...	...	...	...	6.2	...	...	...	...	12.3	...	6.2	...	...	...	37.0	...	104.9	6.2
bo	225	...	...	...	...	35.6	...	8.9	4.4	4.4	8.9	8.9	...	...	...	22.2	48.9	...	215	13.3
ok.	113	...	...	...	...	26.5	...	...	8.8	8.8	8.8	...	...	...	...	1.7	61.9	...	224.3	17.7
no	90	...	...	...	...	22.2	...	...	...	11.1	...	...	...	...	...	...	...	...	88.0	11.1
a	73	...	...	...	...	191.8	...	...	27.4	13.7	...	...	...	...	...	...	95.9	...	520.5	17.4
at.	65	...	...	...	...	6.2	...	...	...	...	...	15.4	...	...	...	...	92.3	...	246.2	15.4
UP II. — BURMA INLAND.	5,098	13.1	...	...	6	27.1	...	10.6	8	4.5	12.9	9.6	2.6	...	2	2.0	23.3	...	262.3	14.7		

* 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.	Pyæmia 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.	
Cachar	110	...	...	...	...	136.4	...	54.5	18.2	9.1	27.3	12.3	81.8	...	...	...	9.1	63.6	...	91.8
Jorhat	228	...	...	...	...	...	...	241.2	7.1	4.4	13.2	57.0	223.7	...	...	...	7.4	114.0	...	1,214.9
Dibrugarh	151	...	...	...	...	33.1	...	158.9	6.6	10.9	91.7	192.1	46.4	...	...	...	...	132.5	...	1,01.29
Tezpur	251	...	...	...	...	27.9	...	147.4	12.0	...	27.9	...	135.5	...	...	...	35.9	29.8	...	621.3
Nowgong	76	...	...	...	...	13.2	...	105.3	...	...	...	...	13.2	...	...	...	...	52.6	...	365.8
Gauhati	315	21.2	9.3	...	...	34.0	...	31.7	15.9	50.8	95.2	149.2	...	...	...	...	6.3	31.7	...	581.0
Dhubri	63	...	...	...	...	1.7	...	...	31.7	...	79.4	222.2	63.5	...	...	...	...	63.5	...	60.8
Sylhet	638	...	...	...	1.6	20.6	...	192.8	7.8	9.4	17.2	6.3	139.5	...	...	...	...	31.3	...	815.0
GROUP III.—Assam.	1,822	3.8	1.6	...	5	31.7	...	143.6	7.6	8.7	32.2	57.3	132.1	...	...	...	7.1	55.1	...	803.1
Mymensingh	738	...	...	...	...	203.3	...	...	6.8	13.6	81.7	100.3	153.1	...	...	...	4.1	39.3	...	902.2
Dacca, Central	1,437	...	...	...	...	109.3	...	...	12.5	1.4	135.0	66.8	67.5	...	...	...	50.8	141.0	...	1,061.2
Tippera	730	35.6	...	...	...	452.1	...	...	1.4	10.4	32.9	350.2	40.6	...	...	...	13.7	90.4	...	1,323.5
Chittagong	238	...	...	...	...	75.6	...	...	35.2	40.2	295.3	29.4	117.6	...	...	...	...	28.8	...	760.3
Noakhali	149	...	...	...	...	124.6	...	...	13.4	...	40.3	912.8	181.2	...	...	...	6.7	94.0	...	1,570.5
Bakarganj	721	...	...	...	...	205.3	...	...	2.8	2.8	51.3	239.9	248.3	...	...	...	11.1	235.8	...	1,510.2
Khulna	219	...	...	...	...	245.4	...	...	7.4	14.9	7.4	654.3	126.4	...	...	...	3.7	78.1	...	368.0
Jessore	391	...	...	...	...	489.8	...	...	...	17.9	107.1	132.7	183.7	...	...	...	20.5	107.1	...	1,327.1
Baraset, Presidency, Central (Europeans)	142	...	...	...	...	525.9	...	...	21.1	14.1	35.2	84.5	105.6	...	...	...	7.0	47.3	...	1,359.2
Preside-cy, Central (Indians)	1,976	...	...	...	1.0	220.1	...	...	13.7	2.0	53.1	16.7	70.9	...	...	...	2.0	126.0	5	926.1
Alipore, Central (Europeans)	45	...	...	...	...	333.3	...	...	...	...	22.2	22.2	133.3	...	...	...	66.7	111.1	...	1,311.1
Alipore, Central (Indians)	1,285	...	...	...	...	143.8	...	...	8.2	13.9	30.3	99.1	76.3	...	...	...	6	120	...	680.1
Alipore, Juvenile Howrah	225	197.8	5.05	1.26	2.3	1.89	4.4	88.9	...	772.1
Hooghly	118	...	...	...	...	228.8	...	...	...	4.44	...	...	67.8	...	...	...	...	67.8	...	745.8
Burdwan	185	...	...	...	...	489.6	...	...	2.3	2.3	23.1	224.0	120.3	...	...	...	11.5	200.9	...	1,355.1
Krishnagar	127	5.1	...	...	...	573.4	...	...	3.5	3.5	31.6	147.4	103.3	...	...	...	45.6	175.4	...	1,536.8
Faridpur	230	...	...	...	...	1,172.1	...	...	...	10.15	...	167.5	132.0	...	...	...	15.2	110.8	...	2,000.3
Pabna	211	...	...	...	...	8.09	...	...	4.7	11.6	39.5	402.3	118.0	2.3	...	...	...	127.9	...	1,028.8
Murshidabad	365	65.8	2.7	...	...	2.33	...	...	...	2.33	...	51.0	...	...	...	...	...	...	...	18.60
Rajshahi, Central	625	...	...	...	1.1	635.1	...	...	...	33.2	10.0	146.9	28.4	...	...	...	4.7	47.7	...	1,270.1
Cogra	272	...	...	...	...	47.4	...	...	...	4.74	...	...	...	...	...	...	...	...	...	9.41
Malda	1.7	...	...	...	...	24.9	...	...	3.5	1.2	16.4	65.8	63.0	...	...	...	11.0	60.3	...	767.1
Dinajpur	291	...	7.4	...	2.7	464.9	...	...	11.9	8.0	59.5	43.2	43.2	...	...	...	...	60.5	...	899.5
Rangpur	329	...	12.2	...	...	324	...	...	15.8	1.03	...	1.08	...	...	...	...	...	...	...	9.73
		...	...	...	...	491.3	...	...	...	2.1	44.1	357.4	272.1	...	...	...	7.4	29.4	...	1,305.1
		...	...	...	...	3,355.1	...	...	...	3.68	...	3.68	...	...	...	...	...	...	...	11.01
		...	...	...	...	339.7	...	...	...	9.3	65.4	8.7	65.4	...	...	...	...	102.8	...	3,345.8
		...	...	...	...	54.4	...	...	...	...	...	...	...	...	...	...	...	...	...	18.64
		...	...	...	...	5.1	...	...	...	...	...	...	...	...	...	...	...	...	...	706.8
		...	...	...	...	5.48	...	...	...	...	...	...	...	...	...	...	...	...	...	24.66
		...	...	...	...	14.1	...	...	...	...	...	...	...	...	...	...	...	...	...	2,510.2
		...	...	...	...	3.0	...	...	...	...	...	...	...	...	...	...	...	...	...	21.25

* Worked on the aggregates.

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, Slough, and Gangrene.	ALL CAUSES.		
226	650'4	...	...	13'3	22'1	20'5	314'2	191'7	...	...	13'3	70'8	...	1,747'8	141'6		
156	...	6'4	...	...	301'3	...	19'2	12'8	...	12'8	262'8	162'8	...	...	19'2	38'5	...	1,275'6	51'3
81	567'9	12'3	24'7	86'4	86'4	74'1	...	1,123'5	12'3	
302	...	3'3	162'2	9'9	29'8	76'2	86'1	9'9	96'0	...	692'1	23'2	
285	322'8	...	...	21'1	14'0	49'1	161'4	77'2	...	...	10'3	35'1	...	842'1	73'7		
1,161	...	10'3	...	2'6	566'8	...	...	2'6	6'0	42'2	132'6	239'4	9	...	6'0	160'2	...	1,453'1	75'8
126	484'1	...	...	7'9	...	15'9	190'3	39'7	...	...	23'8	119'0	...	1,031'7	31'7		
265	60'4	...	120'8	86'8	...	37'7	75'5	79'2	...	...	177'4	56'6	...	950'9	56'6		
117	...	8'5	...	...	213'7	...	...	8'5	42'7	17'1	68'4	119'7	...	...	8'5	42'7	...	974'4	34'2
43	69'8	...	...	...	...	23'3	130'5	40'5	...	...	...	69'8	...	604'7	23'3		
AND 15,460	3'3	1'9	...	'5	357'6	...	2'3	16'2	9'4	55'3	138'6	115'1	...	...	1'1	16'1	106'5	1,151'1	51'2
115	8'7	...	182'6	...	...	8'7	...	34'8	104'3	60'9	...	...	26'1	95'7	...	773'9	34'8		
205	297'6	...	...	14'6	9'8	29'3	112'2	68'3	...	...	6'4	29'3	...	873'2	39'0		
102	9'8	...	78'4	...	...	...	156'9	29'4	...	...	...	78'4	...	627'5	19'6		
59	332'0	...	...	...	...	33'9	423'7	101'7	...	...	...	271'2	...	1,355'9	30'8		
414	...	2'4	...	...	364'7	...	...	7'2	4'8	26'6	257'4	99'0	...	...	12'1	74'9	...	1,100'6	60'4
838	3'5	421'9	...	120'0	4'7	35'0	51'3	284'4	...	22'1	...	43'1	23'3	...	1,190'0	52'4		
1,190	...	37'8	...	3'4	290'8	...	16'0	19'3	11'8	57'1	195'1	172'3	...	...	17'6	63'0	...	1,262'2	85'7
256	66'4	...	50'8	19'5	15'1	101'0	191'1	39'1	...	...	11'7	35'2	...	503'8	15'2		
103	263'8	...	...	12'3	...	49'1	98'2	202'5	...	...	30'7	67'3	...	882'6	30'8		
140	161'1	...	...	...	...	6'7	114'1	33'6	...	...	...	53'7	...	510'1	13'4		
329	214'0	...	...	17'5	...	17'5	69'9	20'9	...	...	17'5	26'2	...	834'1	52'4		
227	4'4	22'0	...	79'3	...	20'4	52'9	74'9	26'4	...	...	4'4	17'6	...	440'5	17'6		
512	...	2'0	...	...	281'3	...	...	7'8	48'4	66'4	322'7	113'3	...	...	17'6	15'6	...	1,650'1	29'3
173	46'2	...	40'5	...	...	4'2	111'4	60'4	...	...	24'7	75'1	...	624'3	23'1		
Central 1,770	12'6	...	7'9	15'4	6'0	20'8	60'7	20'8	...	...	9'4	1'7	...	398'3	21'4		
55	36'4	...	...	...	18'2	...	54'5	...	...	...	...	...	...	117'3	3'0		
256	65'4	...	3'9	3'9	11'7	15'9	23'4	23'4	...	...	...	31'2	...	246'1	7'8		
35	72'5	...	...	8'1	4'3	72'3	8'1	25'5	...	...	25'5	85'1	...	370'2	17'0		
457	135'7	...	2'2	2'4	4'4	2'4	96'3	20'1	...	...	19'7	10'0	...	577'1	30'0		
204	15'2	...	...	7'6	...	15'2	3'8	...	...	...	3'8	60'6	...	201'8	15'2		
414	89'4	...	7'2	14'5	21'7	45'9	12'1	...	...	...	2'4	51'1	...	457'2	26'6		
261	42'1	...	...	4'83	2'42	3'8	3'8	26'5	...	...	3'8	11'5	...	152'1	3'8		
345	23'2	...	...	5'80	...	11'6	11'6	14'5	...	...	2'9	87'0	...	287'0	17'4		

* Worked on aggregate.

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.	Sandy 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	166	...	...	...	...	48'2	...	...	6'0	24'1	4'2	12'0	...	...	12'0	66'3	...	...	351'4
Jaunpur	223	...	...	...	...	94'2	...	...	9'0	4'5	61'8	20'9	...	...	4'5	44'8	...	...	203'2
Benares, Central.	1,428	21'0	...	...	7	36'4	...	...	2'6	2'8	16'1	9'1	6'3	...	11'9	26'6	...	...	206'5
Benares, District.	359	1'7	...	2'8	...	27'9	...	...	2'3	5'6	11'1	16'7	5'6	2'8	...	2'8	52'9	...	264'6	
Mirzapur	174	...	...	...	...	137'9	...	...	11'5	40'2	109'2	40'2	...	23'0	...	11'5	149'4	...	994'3
Allahabad, Central.	1,361	12'3	...	...	...	90'4	...	...	6'6	6'6	65'4	61'2	25'0	...	...	11'8	65'4	...	642'2
Allahabad, District.	539	37'1	...	...	...	27'8	...	...	11'1	7'4	26'0	22'3	3'7	...	...	...	20'4	...	274'6
Karwi	40	...	...	25'0	...	25'0	...	...	...	...	...	...	...	...	...	...	75'0	...	200'0
Banda	192	...	...	5'2	...	156'3	...	...	5'2	10'4	5'2	78'1	41'7	...	...	...	99'0	...	505'2
Fatehpur	242	4'1	...	...	...	78'5	...	...	8'3	4'1	4'1	24'8	8'3	...	...	12'4	66'1	...	413'2
Hamirpur	130	...	...	...	...	146'2	...	...	7'7	53'8	53'8	15'4	...	...	...	...	61'5	...	530'8
Orai	91	...	...	...	...	340'7	...	...	...	44'0	54'9	1'0	...	...	...	22'0	33'0	...	615'4
Cawnpore	427	...	...	...	...	36'2	...	...	4'7	...	2'3	4'7	4'7	...	...	...	3'4	...	231'0
Unao	326	...	...	...	...	21'5	...	...	3'1	...	3'1	3'1	6'1	...	...	...	3'1	58'3	211'7
Lucknow, Central.	1,091	...	...	...	...	108'1	...	...	31'9	6'5	10'0	11'8	11'2	...	...	6'5	44'3	...	352'0
Lucknow, District.	123	...	...	...	...	49'7	...	...	13'4	9'6	9'6	9'6	1'9	...	...	1'9	47'8	...	254'3
Barabanki	343	...	...	...	...	37'9	...	...	5'8	2'9	14'6	5'8	2'9	...	...	2'9	29'2	...	244'9
Gonda	393	...	...	...	...	86'2	...	...	2'6	...	7'8	7'8	5'2	...	...	23'5	73'2	...	287'2
Bahraich	290	...	...	...	...	20'7	...	...	3'4	13'8	3'4	37'9	3'4	...	...	...	48'3	...	265'5
Kheri	319	...	...	...	...	65'8	...	...	3'1	3'1	18'8	18'8	6'3	...	...	15'7	50'2	...	269'6
Sitapur	45	8'6	...	...	...	36'6	...	...	4'3	2'2	2'2	2'2	8'6	...	...	10'8	81'7	...	389'2
Hardoi	378	...	...	...	...	66'1	...	...	...	21'2	7'9	15'3	...	...	...	...	31'7	...	216'9
Etawah	288	...	...	...	...	229'2	...	...	10'4	...	3'5	6'9	45'1	10'4	...	...	59'0	...	607'6
Mainpuri	293	...	...	...	...	211'6	...	...	3'4	3'4	17'1	3'4	13'7	20'5	...	...	13'7	15'6	580'2
Etah	373	...	...	...	...	69'7	...	...	2'7	24'1	34'9	26'8	2'7	...	...	...	16'1	26'8	383'4
Fatehgarh, Central.	1,614	...	...	...	...	185'3	...	...	4'3	6'2	18'0	13'6	7'4	...	...	...	15'5	40'9	552'7
Fatehgarh, District.	353	...	...	...	...	164'3	...	...	2'8	19'8	28'3	5'7	5'7	...	...	...	8'5	68'0	558'1
GROUP V.— GANGTIC PLAIN AND CHUTIA NAGPUR.	21,122	3'6	2'2	1'2	1'8	131'4	3'7	11'2	9'3	25'1	58'1	42'7	7'0	1'1	...	11'9	47'7	530'8		
▲		1'4	1'0	1'05	1'28	1'66	...	...	1'05	3'17	2'73	1'23	2'84	1'66	...	...	1'52	1'09	19'08
Shahjahanpur	338	...	3'0	...	...	145'0	...	...	5'9	3'0	11'8	53'3	32'5	...	...	...	8'9	32'5	449'7
Pilibhit	79	...	...	...	...	50'6	...	...	25'1	25'3	...	...	12'7	...	...	...	...	...	202'5
Bareilly, Central.	1,911	...	1'0	...	1'6	117'2	...	...	5'8	13'6	27'7	31'4	18'3	...	...	...	5	2'6	77'4

* Worked on the aggregates.

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 Disease.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Scrophulous, and Gangrene.	ALL CAUSES.				
District	548	...	...	...	...	102'2	...	...	1'8	16'4	10'9	...	18'2	3'6	...	...	2'9	21'9	1'8	297'4	20'1
Juvenile	221	4'3	...	17'3	...	359'3	...	...	...	13'0	17'3	...	51'2	21'6	...	...	21'6	151'5	...	939'4	26'0
	387	...	...	...	...	111'1	...	...	7'8	15'5	15'5	...	12'9	36'2	...	...	54'3	36'2	...	475'5	23'3
	371	...	...	...	...	7'75	...	...	2'55	2'58	...	...	2'58	...	...	...	...	...	...	18'09	...
	240	...	...	...	...	56'6	...	...	...	5'4	5'4	...	18'9	...	...	...	2'7	24'3	...	296'5	27'0
	414	...	...	...	...	77'2	...	...	8'1	4'1	8'1	...	69'1	24'4	...	...	8'1	44'7	...	500'0	28'5
	276	...	...	...	...	87'0	...	...	8'15	...	...	...	4'07	...	...	...	...	...	...	16'26	...
	105	...	...	...	...	293'5	...	...	2'70	2'70	...	...	2'70	...	...	...	...	...	...	29'65	...
	265	...	...	...	...	77'2	...	...	8'1	4'1	8'1	...	69'1	24'4	...	...	8'1	44'7	...	500'0	28'5
	221	...	...	...	...	87'0	...	...	8'15	...	...	...	4'07	...	...	...	...	...	...	16'26	...
	515	...	...	...	...	293'5	...	...	2'70	2'70	...	...	2'70	...	...	...	...	...	...	29'65	...
	479	...	...	...	...	77'2	...	...	8'1	4'1	8'1	...	69'1	24'4	...	...	8'1	44'7	...	500'0	28'5
	160	...	...	...	...	87'0	...	...	8'15	...	...	...	4'07	...	...	...	...	...	...	16'26	...
	244	...	...	...	...	293'5	...	...	2'70	2'70	...	...	2'70	...	...	...	...	...	...	29'65	...
	741	...	...	...	...	77'2	...	...	8'1	4'1	8'1	...	69'1	24'4	...	...	8'1	44'7	...	500'0	28'5
	218	4'4	...	...	...	83'3	...	...	13'2	4'4	4'4	...	45'9	...	...	...	4'4	57'0	...	478'1	17'5
	324	4'39	...	...	...	...	...	...	4'39	4'39	...	...	13'16	...	...	...	...	...	...	30'70	...
	478	...	...	...	...	101'9	...	...	...	21'6	24'7	...	21'6	9'3	...	...	3'1	126'5	...	624'9	21'6
	2086	...	...	...	...	201'5	...	...	2'1	12'6	23'0	...	54'4	10'5	...	...	4'2	10'5	56'5	539'7	12'6
	1043	...	...	...	...	424'3	...	...	32'1	20'1	72'9	...	3'4	103'5	...	15'8	62'8	96'8	...	1,078'6	50'8
	286	...	...	...	...	643'3	...	...	1'44	6'71	5'48	...	1'44	1'92	...	...	...	...	...	25'89	...
	262	...	...	...	...	230'8	...	...	37'3	33'6	138'2	...	1'9	158'2	...	...	25'9	212'6	...	1,801'5	58'5
	251	...	...	...	...	767'2	...	...	4'59	6'71	5'6	...	1'92	2'88	...	...	...	...	...	24'93	...
	348	...	...	...	...	101'9	...	...	...	21'6	24'7	...	21'6	9'3	...	...	3'1	126'5	...	624'9	21'6
	434	...	...	...	...	201'5	...	...	2'1	12'6	23'0	...	54'4	10'5	...	...	4'2	10'5	56'5	539'7	12'6
	197	...	...	...	...	424'3	...	...	32'1	20'1	72'9	...	3'4	103'5	...	15'8	62'8	96'8	...	1,078'6	50'8
	31	...	...	...	...	643'3	...	...	1'44	6'71	5'48	...	1'44	1'92	...	...	...	...	...	25'89	...
	893	...	...	...	...	230'8	...	...	37'3	33'6	138'2	...	1'9	158'2	...	...	25'9	212'6	...	1,801'5	58'5
	168	...	...	...	...	767'2	...	...	4'59	6'71	5'6	...	1'92	2'88	...	...	...	...	...	24'93	...
	14282	...	...	...	...	101'9	...	...	...	21'6	24'7	...	21'6	9'3	...	...	3'1	126'5	...	624'9	21'6
	14282	...	...	...	...	201'5	...	...	2'1	12'6	23'0	...	54'4	10'5	...	...	4'2	10'5	56'5	539'7	12'6
	14282	...	...	...	...	424'3	...	...	32'1	20'1	72'9	...	3'4	103'5	...	15'8	62'8	96'8	...	1,078'6	50'8
	14282	...	...	...	...	643'3	...	...	1'44	6'71	5'48	...	1'44	1'92	...	...	...	...	...	25'89	...
	14282	...	...	...	...	230'8	...	...	37'3	33'6	138'2	...	1'9	158'2	...	...	25'9	212'6	...	1,801'5	58'5
	14282	...	...	...	...	767'2	...	...	4'59	6'71	5'6	...	1'92	2'88	...	...	...	...	...	24'93	...
	14282	...	...	...	...	101'9	...	...	...	21'6	24'7	...	21'6	9'3	...	...	3'1	126'5	...	624'9	21'6
	14282	...	...	...	...	201'5	...	...	2'1	12'6	23'0	...	54'4	10'5	...	...	4'2	10'5	56'5	539'7	12'6
	14282	...	...	...	...	424'3	...	...	32'1	20'1	72'9	...	3'4	103'5	...	15'8	62'8	96'8	...	1,078'6	50'8
	14282	...	...	...	...	643'3	...	...	1'44	6'71	5'48	...	1'44	1'92	...	...	...	...	...	25'89	...
	14282	...	...	...	...	230'8	...	...	37'3	33'6	138'2	...	1'9	158'2	...	...	25'9	212'6	...	1,801'5	58'5
	14282	...	...	...	...	767'2	...	...	4'59	6'71	5'6	...	1'92	2'88	...	...	...	...	...	24'93	...
	14282	...	...	...	...	101'9	...	...	...	21'6	24'7	...	21'6	9'3	...	...	3'1	126'5	...	624'9	21'6
	14282	...	...	...	...	201'5	...	...	2'1	12'6	23'0	...	54'4	10'5	...	...	4'2	10'5	56'5	539'7	12'6
	14282	...	...	...	...	424'3	...	...	32'1	20'1	72'9	...	3'4	103'5	...	15'8	62'8	96'8	...	1,078'6	50'8
	14282	...	...	...	...	643'3	...	...	1'44	6'71	5'48	...	1'44	1'92	...	...	...	...	...	25'89	...
	14282	...	...	...	...	230'8	...	...	37'3	33'6	138'2	...	1'9	158'2	...	...	25'9	212'6	...	1,801'5	58'5
	14282	...	...	...	...	767'2	...	...	4'59	6'71	5'6	...	1'92	2'88	...	...	...	...	...	24'93	...
	14282	...	...	...	...	101'9	...	...	...	21'6	24'7	...	21'6	9'3	...	...	3'1	126'5	...	624'9	21'6
	14282	...	...	...	...	201'5	...	...	2'1	12'6	23'0	...	54'4	10'5	...	...	4'2	10'5	56'5	539'7	12'6
	14282	...	...	...	...	424'3	...	...	32'1	20'1	72'9	...	3'4	103'5	...	15'8	62'8	96'8	...	1,078'6	50'8
	14282	...	...	...	...	643'3	...	...	1'44	6'71	5'48	...	1'44	1'92	...	...	...	...	...	25'89	...
	14282	...	...	...	...	230'8	...	...	37'3	33'6	138'2	...	1'9	158'2	...	...	25'9	212'6	...	1,801'5	58'5
	14282	...	...	...	...	767'2	...	...	4'59	6'71	5'6	...	1'92	2'88	...	...	...	...	...	24'93	...
	14282	...	...	...	...	101'9	...	...	...	21'6	24'7	...	21'6	9'3	...	...	3'1	126'5	...	624'9	21'6
	14282	...	...	...	...	201'5	...	...	2'1	12'6	23'0	...	54'4	10'5	...	...	4'2	10'5	56'5	539'7	12'6
	14282	...	...	...	...	424'3	...	...	32'1	20'1	72'9	...	3'4	103'5	...	15'8	62'8	96'8	...	1,078'6	50'8
	14282	...	...	...	...	643'3	...	...	1'44	6'71	5'48	...	1'44	1'92	...	...	...	...	...	25'89	...
	14282	...	...	...	...	230'8	...	...	37'3	33'6	138'2	...	1'9	158'2	...	...	25'9	212'6	...	1,801'5	58'5
	14282	...	...	...	...	767'2	...	...	4'59	6'71	5'6	...	1'92	2'88	...	...	...	...	...	24'93	...
	14282	...	...	...	...	101'9	...	...	...	21'6	24'7	...	21'6	9'3	...	...	3'1	126'5	...	624'9	21'6
	14282	...	...	...	...	201'5	...	...	2'1	12'6	23'0	...	54'4	10'5	...	...	4'2	10'5	56'5	539'7	12'6
	14282	...	...	...	...	424'3	...	...	32'1	20'1	72'9	...	3'4	103'5	...	15'8	62'8	96'8	...	1,078'6	50'8
	14282	...	...	...	...	643'3	...	...	1'44	6'71	5'48	...	1'44	1'92	...	...	...	...	...	25'89	...
	14282	...	...	...	...	230'8	...	...	37'3	33'6	138'2	...	1'9	158'2	...	...	25'9	212'6	...	1,801'5	58'5
	14282	...	...	...	...	767'2	...	...	4'59	6'71	5'6	...	1'92	2'88	...	...	...	...	...	24'93	...
	14282	101'9	21'6	24'7	...	21'6	9'3	3'1	126'5	...	624'9	21'6			
	14282	201'5	2'1	12'6	23'0	...	54'4	10'5	4'2	10'5	56'5	539'7	12'6			
	14282	424'3	...																	

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TABLE XXVII—concluded.
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.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, and Stomach, and Gangrene.	ALL CAUSES.		
Thana	527	...	...	1'0	...	39'8	...	...	9'5	1'9	15'2	13'1	11'4	...	...	3'8	34'2	1'9	335'0
Bombay, Common.	434	...	...	4'6	...	122'1	...	...	4'6	20'7	36'6	87'6	48'4	...	...	2'3	9'2	25'3	635'9
Bombay, House of Correction.	164	...	...	...	...	128'0	...	...	6'1	...	...	17'6	6'1	...	...	...	6'1	...	292'7
Ratnagiri	74	...	...	...	...	54'1	...	...	...	...	13'5	54'1	...	...	...	...	40'5	...	270'3
Karwar	100	...	...	...	...	90'0	...	10'0	10'0	...	1'0	50'0	...	...	...	20'0	20'0	...	250'0
Cannanore, Central.	802	...	...	...	6'7	17'9	...	1'1	3'4	...	5'6	6'7	20'2	...	...	3'4	10'1	...	144'6
GROUP X.—WESTERN COAST.	2,191	...	...	1'4	2'7	56'6	...	...	5'0	5'0	14'1	4'3	21'0	...	...	5	5'0	20'1	308'1
A				46	...	91	...	...	2'74	91	46	1'37	540	...	...	46	...	5	13'69
Bellary, Central	667	1'5	...	...	...	208'4	...	30'0	13'5	22'5	88'5	13'5	...	...	...	7'5	122'9	...	194'0
Salem, Central	631	...	...	...	...	12'7	...	3'2	3'2	3'2	15'8	3'2	1'6	...	...	3'2	7'9	...	131'5
Coimbatore, Central.	1,104	...	...	...	...	16'3	...	...	9'1	6'3	5'4	8'2	...	...	...	...	7'2	...	115'0
B				...	...	...	...	...	91	181	...	...	...	...	...	...	...	...	4'53
Palamcottah	238	...	...	4'2	...	46'2	...	16'8	4'2	4'2	4'2	8'4	21'0	...	...	11'6	21'0	...	247'0
Madura	365	...	5'5	2'7	...	20'1	...	...	2'7	2'7	16'4	95'9	16'4	...	...	16'4	19'2	...	367'1
Trichinopoly, Central.	1,164	...	3'4	...	1'7	2'6	...	20'6	13'7	3'4	4'3	56'7	...	...	...	1'7	6'3	...	369'4
Tanjore	321	...	...	...	...	9'3	...	12'5	6'2	...	40'5	6'2	9'3	...	...	3'1	2'8	...	271'0
Cuddalore	566	...	...	...	...	5'5	...	38'3	...	27	10'9	43'7	5'5	...	...	41'6	24'6	...	247'0
Vellore, Central.	1,410	...	...	1'4	...	19'9	...	64'5	7	2'8	14'9	17'0	...	...	...	1'4	9'9	...	2,83'0
Madras, Civil	19	...	...	...	...	157'9	...	...	...	...	...	...	...	...	...	...	...	...	157'9
Madras Penitentiary, Central.	904	...	...	...	...	25'4	...	22'1	6'6	14'4	12'2	42'0	7'7	...	...	11'1	5'5	...	264'4
C				...	...	...	...	...	42	111	...	3'32	...	...	...	...	...	...	12'17
Rajahmundry, Central.	1,016	...	...	...	...	19'7	...	2'0	7'0	3'0	3'9	14'8	4'9	...	...	8'9	3'0	...	143'7
Vizagapatam, Central.	511	...	...	...	...	68'5	...	13'7	3'9	2'0	41'1	62'6	39'1	...	...	3'9	25'5	2'0	387'5
Berhampur	185	...	...	...	...	21'6	...	37'8	10'8	...	27'0	10'8	5'4	...	...	...	10'8	...	562'2
GROUP XI.—SOUTHERN INDIA.	8,901	...	7	4	2	34'6	...	21'9	6'7	5'8	18'7	28'3	5'6	...	...	6'4	19'2	1	314'6	
		...	36	11	...	79	...	...	191	1'69	34	1'24	22	...	...	79	...	...	15'50

* Worked on the aggregates.

GROUPS ADMINISTRATION.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE, PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Sandfly Fever.	Pyæmia 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.		
Boyo Camp .	247	...	...	...	...	4'0	...	...	4'0	4'0	...	...	...	...	...	...	4'0	...	28'3	1'3*
na	8	...	...	...	...	125'0	250'0	125'0	...	375'0	...	...	...	...	...	...	...	...	1,000'0	125'0
ng	15	...	...	...	...	66'7	...	...	...	66'7	66'7	...	...	...	...	...	66'7	...	533'3	21'0*
eling	64	...	...	...	...	64'5	725'8	16'1	112'9	32'3	292'3	...	...	...	...	...	225'8	...	2,983'9	48'4
ra	100	...	...	...	...	80'0	580'0	50'0	110'0	180'0	220'0	...	...	...	...	...	30'0	60'0	1,800'0	59'0
ca	75	...	...	...	...	66'7	13'3	13'3	...	13'3	...	...	...	...	...	...	13'3	146'7	613'3	20'7
Tal	21	...	...	...	...	142'9	...	47'6	285'7	47'6	190'3	...	...	...	...	...	95'2	...	952'4	47'6
atabad	36	...	...	27'8	111'1	...	...	83'3	...	83'3	...	...	...	...	...	27'8	138'9	694'4	27'8	
ra	233	...	...	...	236'1	...	...	42'9	77'3	28'6	4'29	4'29	8'6	...	68'7	55'8	...	669'5	25'8	
ra	50	...	...	...	580'0	...	...	160'0	200'0	60'0	...	...	20'0	80'0	380'0	...	...	2,160'0	8'0	
ra	82	...	12'2	...	97'6	...	...	48'8	61'0	61'0	...	...	...	12'2	48'8	...	...	312'2	24'4	
OF XII.— HILLS.	929	...	...	1'1	1'1	128'1	114'1	3'2	20'3	45'2	67'8	61'4	2'2	1'1	28'0	81'8	...	845'0	25'9	
IA INDIA— den	58	...	...	...	137'9	...	86'2	...	17'2	34'3	51'7	...	...	...	...	17'2	...	551'7	17'2	
IA (a)	105,264	2'3 '04	1'0 '38	'2 '03	'8 '24	192'2 '76	14'6 '04	10'8 '36	12'6 '26	32'6 '83	55'5 '245	45'6 '61	'1 '03	'7 '02	1'0 '09	11'7 '36	58'0 '08	'1 '02	640'0 '19	28'6		
IA	16,788	4'0	'4 '30	'1	1'1 '18	21'3 '24	19'5	14'0 '637	4'5 '95	7'3 '24	19'7 '214	6'0 '12	'1 '12	'1 '06	1'1 '48	3'9 '42	23'5	...	236'3 '00	15'3		
M	1,917	3'7	1'6 '52	...	'5	33'4 '52	161'7 '53	7'8 '313	8'9 '209	34'4 '104	57'9 '156	136'2	...	...	6'8	60'5	...	874'3	12'52	40'7
IAL	14,762	3'3	1'9 '54	...	'5	361'4 '122	3'9	8'5 '251	9'9 '103	57'0 '27	159'6 '413	116'9 '47	'1	'1	13'3 '14	108'5 '07	'1	1,161'9 '05	54'8			
R AND ISSA.	6,697	...	7'3 '299	'1 '15	1'2 '15	246'5 '75	18'2	29'9 '687	10'3 '343	41'5 '254	145'5 '657	122'3 '105	...	2'8	25'7 '90	43'0	...	932'1 '49	45'2			
ED OVINCES.	24,145	3'2 '12	'3	'3	'6 '29	89'3 '70	1'0 '04	6'6 '180	10'3 '232	17'8 '50	28'2 '195	11'8 '30	'1 '04	'2	'0	8'2 '25	49'0 '08	'0 '04	372'4 '29	18'5		
LAB	13,694	'1 '07	...	'1	'8 '37	404'6 '102	32'4 '07	18'5 '635	27'1 '672	57'7 '131	19'9 '124	71'8 '153	...	3'3 '07	'8 '07	31'0 '37	97'6 '22	'1	1,023'8 '68	39'5		
ONTIER OVINCES.	3,115	...	...	'3	1'9 '06	618'6 '56	'3	3'5 '04	30'3 '995	43'7 '128	90'9 '546	15'4 '101	...	'6	1'3 '96	13'5	47'2	...	1,026'3 '29	26'0
TRAL OVINCES.	3,516	4'8	...	...	...	62'9 '28	5'4	6'8 '341	8'0 '200	25'3 '171	30'7 '228	21'9 '114	...	...	3'1 '28	22'5 '28	...	286'4 '34	11'7	
BAY	9,669	...	'2 '10	'3 '10	'7 '41	182'6 '83	2'9	5'3 '248	21'0 '632	48'1 '145	44'4 '114	35'8 '31	...	'1	7'7	4'0 '10	70'3 '9	...	687'0 '31	36'8		
RAS	9,793	'1	'7 '51	'4 '10	'8	33'1 '82	10'0	6'4 '194	5'3 '153	17'5 '31	26'3 '123	6'9 '31	...	...	6'1 '82	18'4	...	299'1 '03	15'4	
AMANS	12,857	'4	...	...	1'1 '23	1,019'5 '179	3'7 '23	4'4 '319	18'0 '754	62'6 '249	67'4 '500	44'8 '124	'1 '03	'2 '08	2'7 '08	'9 '31	63'0 '08	'4 '08	1,546'9 '33	52'4
IA (b)	118,121	2'1 '04	'9 '34	'2 '03	'8 '24	282'2 '87	13'4 '00	10'2 '361	13'2 '372	35'9 '08	50'9 '273	45'5 '8	'1 '04	'6 '03	1'2 '08	10'6 '36	55'5 '08	'2 '05	738'8 '06	31'2		

* 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.

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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 an average daily strength of over 200.)

DELHI.

Delhi.—Average strength 499; constantly sick rate 46·1; admission to hospital rate 1,354·7; death rate 18·04. As stated last year sleeping accommodation for adults is insufficient. There are no particular causes to account for the sickness and mortality.

ASSAM.

Jorhat.—Average strength 228; constantly sick rate 39·5; admission to hospital rate 1,214·9; death rate *nil*. There are no special defects. Plans for the building of a Central Jail are under consideration.

Gauhati.—Average strength 315; constantly sick rate 44·4; admission to hospital rate 581·0; death rate 28·57. The drainage is unsatisfactory and the surroundings insanitary. The construction of a new female ward was under contemplation but the work had to be postponed until normal times.

Sylhet.—Average strength 638; constantly sick rate 47·0; admission to hospital rate 815·0; death rate 6·27. The new hospital building was occupied during the year. The construction of a septic tank latrine is under consideration.

BENGAL.

Mymensingh.—Average strength 738; constantly sick rate 35·2; admission to hospital rate 902·4; death rate 10·84. There was overcrowding throughout the year: the hospital accommodation is also insufficient. The making of the kitchen fly-proof is desirable. Malaria was responsible for the major portion of the sickness and mortality.

Dacca, Central.—Average strength 1,437; constantly sick rate 49·4; admission to hospital rate 1,061·2; death rate 11·83. There was overcrowding throughout the year. The drainage outside the jail is unsatisfactory.

Tippera.—Average strength 730; constantly sick rate 47·9; admission to hospital rate 1,323·3; death rate 21·92. No special defects. There was overcrowding throughout the year.

Barisal.—Average strength 721; constantly sick rate 72·1; admission to hospital rate 1,510·4; death rate 8·32. The surroundings are unsatisfactory, the jail being situated in the middle of the town; the site of the jail is low and damp. Dysentery was again prevalent.

Khulna.—Average strength 269; constantly sick rate 55·8; admission to hospital rate 1,368·0; death rate 29·74. There was overcrowding throughout the year. The sickness and mortality is attributed to dysentery and malaria.

Jessore.—Average strength 392; constantly sick rate 63·8; admission to hospital rate 1,357·1; death rate 17·86. The hospital is ill-ventilated and the want of separate wards for infectious diseases is felt.

Presidency Central.—Average strength 1,976; constantly sick rate 38·0; admission to hospital rate 926·1; death rate 15·69. There was overcrowding throughout the year. There are no particular causes to account for the sickness and mortality.

Alipore, Central.—Average strength 1,585; constantly sick rate 41·0; admission to hospital rate 680·1; death rate 10·73. No special defects to account for the sickness and mortality.

Alipore, Juvenile.—Average strength 225; constantly sick rate 31·1; admission to hospital rate 773·3; death rate 17·78. Malaria fever was prevalent. No special defects.

Hooghly.—Average strength 433; constantly sick rate 83·1; admission to hospital rate 1,355·7; death rate 13·86. The ventilation of the buildings is unsatisfactory but improvements are being effected.

Burdwan.—Average strength 285; constantly sick rate 56·1; admission to hospital rate 1,536·8; death rate 45·61. The site of the jail and the surroundings are low. Malaria fever and dysentery were prevalent.

Faridpur.—Average strength 430; constantly sick rate 95·3; admission to hospital rate 1,962·8; death rate 18·60. The accommodation in the barracks as also in the hospital is insufficient: further latrine accommodation is also needed. The drainage is defective.

Pabna.—Average strength 211; constantly sick rate 569; admission to hospital rate 1,270·1; death rate 9·48. No special defects.

Murshidabad.—Average strength 365; constantly sick rate 35·6; admission to hospital rate 767·1; death rate 5·48. The water supply is insufficient. No special defects.

Rajshahi, Central.—Average strength 925; constantly sick rate 51·9; admission to hospital rate 899·5; death rate 9·73. The drainage on the outside of the jail is defective. Malaria was very prevalent.

Bogra.—Average strength 272; constantly sick rate 47·8; admission to hospital rate 1,305·1; death rate 11·03. The municipal drain on the outside of the jail is defective. No special defects.

Dinajpur.—Average strength 365; constantly sick rate 65·8; admission to hospital rate 706·8; death rate 24·66. There was overcrowding throughout the year. A new hospital was constructed during the year.

Rangpur.—Average strength 329; constantly sick rate 109·4; admission to hospital rate 2,550·2; death rate 21·28. There was overcrowding throughout the year, especially in the female wards. The jail site is low and is surrounded on all sides by low-lying paddy fields.

Jalpaiguri.—Average strength 226; constantly sick rate 141·6; admission to hospital rate 1,747·8; death rate 30·97. There was overcrowding almost throughout the year. The hospital accommodation is bad: a new hospital is being constructed. The drainage is unsatisfactory. Hookworm infection is rather common, 84 per cent. of the prisoners being found infected.

Bankura.—Average strength 285; constantly sick rate 73·7; admission to hospital rate 842·1; death rate 21·05. No special defects. The jail surroundings are unsatisfactory.

Midnapore, Central.—Average strength 1,161; constantly sick rate 75·8; admission to hospital rate 1,453·1; death rate 25·84. The accommodation especially in the segregation ward is insufficient. There was an outbreak of cholera during the year.

BIHAR AND ORISSA.

Cuttack.—Average strength 265; constantly sick rate 56·6; admission to hospital rate 950·9; death rate 7·55. The ventilation is defective and the drainage unsatisfactory. A new drainage scheme has been suggested. Malaria and bowel complaints were prevalent. The surroundings are unsatisfactory, the jail being situated in the middle of the town.

Purulia.—Average strength 205; constantly sick rate 39·0; admission to hospital rate 873·2; death rate 24·39. Accommodation is insufficient: the matter is under consideration.

Hazaribagh, Central.—Average strength 414; constantly sick rate 60·4; admission to hospital rate 1,340·6; death rate 28·99. No special defects. The chief causes of sickness and mortality were malaria fever and bowel complaints.

Gaya, Central.—Average strength 858; constantly sick rate 52·4; admission to hospital rate 1,190·0; death rate 37·30. The accommodation is deficient in the segregation, female and hospital wards. The ventilation and drainage is defective: this is being attended to. A new hospital with a tubercular ward and observation cells has been constructed: a female ward is also to be built.

TABLE XXVIII—*continued.*BIHAR AND ORISSA—*contd.*

Bhagalpur, Central.—Average strength 1,190; constantly sick rate 85·7; admission to hospital rate 1,262·2; death rate 47·90. The drainage is defective and the ventilation bad owing to the overcrowding of the site with too many temporary buildings. A *pucca* barrack and a new hospital are to be constructed when the temporary buildings will be dismantled.

Monghyr.—Average strength 256; constantly sick rate 35·2; admission to hospital rate 593·8; death rate 11·72. Except for overcrowding at certain times of the year there were no special defects.

Muzaffarpur.—Average strength 229; constantly sick rate 52·4; admission to hospital rate 834·1; death rate 30·57. No special defects.

UNITED PROVINCES.

Gorakhpur.—Average strength 457; constantly sick rate 30·6; admission to hospital rate 579·9; death rate 17·51. No special defects count for the sickness and mortality.

Fategarh, Central.—Average strength 1,614; constantly sick rate 31·0; admission to hospital rate 552·7; death rate 11·15. No special defects.

Saharanpur.—Average strength 265; constantly sick rate 30·2; admission to hospital rate 811·3; death rate 7·55. Drainage is defective. There was overcrowding in the dysentery and civil wards.

PUNJAB.

Lahore, Central.—Average strength 2,086; constantly sick rate 50·8; admission to hospital rate 1,078·6; death rate 25·89. There was overcrowding throughout the year. Malaria and diarrhoea were prevalent.

Lahore, Borstal, Central.—Average strength 1,043; constantly sick rate 58·5; admission to hospital rate 1,801·5; death rate 24·93. Hospital accommodation is insufficient. The drainage which is defective is being attended to. An inquiry is being instituted into the cause in the number of cases of tuberculosis.

Lahore, Female.—Average strength 286; constantly sick rate 38·5; admission to hospital rate 926·6; death rate 34·97. There was overcrowding almost throughout the year. Malaria was the main cause of the sickness and mortality.

Shahpur, Tubercle.—Average strength 324; constantly sick rate 243·8; admission to hospital rate 481·5; death rate 188·27. The increased mortality rate is due to late diagnosis on the part of despatching jails.

Montgomery, Central.—Average strength 1,851; constantly sick rate 51·3; admission to hospital rate 1,785·5; death rate 29·17. There was overcrowding throughout the year. The ventilation is defective and the drainage is in an unsatisfactory state. Malaria was prevalent.

Multan, Central.—Average strength 1,482; constantly sick rate 39·8; admission to hospital rate 1,454·1; death rate 28·34. Tuberculosis and malaria were the main causes of the sickness and mortality.

NORTH-WEST FRONTIER PROVINCE.

Peshawar.—Average strength 1,452; constantly sick rate 30·3; admission to hospital rate 1,631·8; death rate 32·37. There was overcrowding throughout the year. The construction of a new hospital is under consideration.

BOMBAY.

Hyderabad, Central.—Average strength 940; constantly sick rate 50·0; admission to hospital rate 2,306·4; death rate 36·17. There was overcrowding throughout the year. The high death rate is due to an epidemic of pneumonia. The Inspector-General reports that the unhealthiness of the jail is due to the inefficiency of the Sub-Assistant Surgeons.

Yerrowda, Central.—Average strength 1,024; constantly sick rate 37·4; admission to hospital rate 637·2; death rate 10·40. There was overcrowding throughout the year. The Inspector-General reports that this jail receives leper prisoners who are placed in a building in the hospital compound. Prisoners suffering from tuberculosis and organic diseases are also sent to this jail.

MADRAS.

Bellary, Central.—Average strength 667; constantly sick rate 52·5; admission to hospital rate 994·0; death rate 29·99. Additional accommodation is much needed. Pneumonia, tubercle of the lungs, enteritis and malaria were mainly responsible for the increased sickness and mortality. The Inspector-General proposes investigating the unhealthiness of this jail when he next inspects it.

TABLE XXIX—concl'd.

TABLE XXX—concl'd.

TABLE XXXI—concl'd.

ENTERIC FEVER by months, Jails, Groups, and Administrations.

MALARIA by months, Jails, Groups, and Administrations.

PYREXIA of UNCERTAIN ORIGIN by months, Jails, Groups, and Administrations.

JAIL 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																																																	
Peshawar	2	3										5	62	71	125	107	107	138	87	110	163	282	276	206	1,734		1																						
Kohat												1	1	1	1	1	1	1	1	2	3	5	2	3	20																								
Bannu												3	3	2	1	2		1	2	1	3	7	2	2	29																								
Shahpur																							1	1	2																								
Mianwali												1	1	1	1	2							1	1	6																								
Lyallpur												3	6	5	4	1	5	9	2	5	9	19	11	3	66																								
Jhang												3	3	1	4	3	3	5	3	5	9	9	5	6	46																								
Montgomery, Central												7	7	78	90	105	90	80	117	74	179	314	304	199	1,706																								
Multan, Central												27	11				3	8	4	72	221	285	134	33	701																								
District												2	18	16	12	3	12	6	9	7	35	23	27	19	178																								
Dera Ismail Khan												4	9	3	5	5	7	10	3	2	9	18	9	89																									
Dera Ghazi Khan												4				1					4	2	2	1	12																								
B																																																	
Sibi												1						2		1		4	3	11																									
C																																																	
Shikarpur																1	1		1					3																									
Sukkur													1							1	1	2	6	1	10																								
Sind Gang												7	4	3	1	5	4	7	2	3	4	9	12	61																									
Hyderabad, Central												44	10	9	18	25	20	21	16	102	213	209	147	85																									
Karachi												1	4		4	1	1	5	2	4	10	12	6	71																									
GROUP VII.—																																																	
N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	3	4	1									12	23	212	257	251	262	297	270	308	740	1188	1022	643	5,697	10	2	21	69	63	78	25	41	16	7	33													
A																																																	
Rajkot													1	6	9	5	3	2	10	11	16	20	18	19	120																								
Ahmedabad, Central												2																																					
B																																																	
Ajmer												2	1	5	2	2	1			24	81	37	28	183																									
Muttra													1	2	2	1				1	1	5			13																								
Agra, Central												1	1	2	8	1	2	3		4	6	1	3	31																									
District													1	1	1	4	2	2	1	5					16																								
Jhansi												1	1	1	1	1				1	4	2	1	1	13																								
Lalitpur																1									1																								
GROUP VIII.—																																																	
S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.												2	1											3	5	12	26	16	10	8	11	22	51	111	64	48	384												
A																																																	
Saugor																					4	1			5																								
Jubbulpore, Central																	1	1	2	2	6	1	1	4	18																								
Narsinghpur																									1																								
Bilaspur																					2	1	8	1	1	15																							
Sambalpur												2	2	1	1			4	13	6	15	8	2	54																									
Raipur, Central												7	1	4	2	1				5	5	2	1	30																									
Chhindwara																					1				1																								
Hoshangabad																						1			3																								
Nimar																									2																								
Nagpur, Central												20	18	13	16	19	5	7	10	11	7	16	5	126																									
Bhandara												1							2	1	1	2		7																									
B																																																	
Secunderabad												17	21	10	3	7	6	20	5	27	81	37	53	287	3																								
Amraoti												1								1	1		3	6																									
Akola																					1	2			7																								
Dhulia												1	2	3			1				1		4	1	14																								
Yerrowda, Central												7	11	4	10	17	18	26	38	28	23	21	15	228																									
Bijapur												13	3		3	2	3	2	1			1	3	2	31																								
Deccan Gang												4	41	18	15	33	11	19	11	16	13	16	12	17	216	3	2	1	1	4																			
Dharwar												1					2	4	4	2	4	5	4	4	30	1		1	1	5																			
GROUP IX.—																																																	
DECCAN.	4											4	111	77	51	64	56	57	80	96	110	164	113	104	1,083	7	8	5	3	12																			
Thana																					4		1	2	1	21																							
Bombay, Common House of Correction.												2	2	1		1		1	9	15	6	8	8	53																									

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TABLE XXXV.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.										INDIAN ARMY.*						JAIL POPULATION OF INDIA 118,121.		
	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS 3,273			MEN 80,825			WOMEN 1,463		CHILDREN 2,629		BRITISH OFFICERS ATTACHED TO INDIAN TROOPS 1,937			MEN PRESENT ENROLL-NO. { 191242 280895					
	Admissions.	Deaths.	Invalids.	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.†	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
GENERAL DISEASES.																			
INFECTIVE DISEASES:—																			
Chrax cutaneous	3	'24	1	1	6	3
Jackwater fever	1	'33	...	1	6	3	...	7	1
Eri-beri	11	1'04	...	4	57	5	1	17	3
Cerebro-spinal fever	2	1	...	6	'83	2	...	...	2	...	...	...	...	63	36	...	5	5
Chicken-pox	1	...	...	8	'87	...	...	...	14	...	1	...	...	303	...	1	327	...
Cholera	2	...	...	17	'74	13	...	...	...	...	...	...	...	142	56	...	101	40
Cow-pox . . . . .	...	...	...	14	'31	...	...	...	...	...	...	...	...	11	...	...	14	...
Dysentery	58	...	...	960	29'80	1	...	3	...	8	...	20	...	296	...	...	6	...
Diphtheria	2	...	1	64	3'83	3	...	...	...	...	...	3	1	1	1	...	...	...
Dysentery	88	...	6	895	87'90	21	25	4	1	11	1	34	...	2,631	38	54	6,706	323	
Enteric fever	14	2	2	163	27'74	27	1	3	1	12	...	17	4	172	43	2	95	28	
Enteritis, infective	1	...	...	3	'06	...	...	...	...	2	...	...	...	2	...	...	44	5
Endocarditis, infective . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Erysipelas	1	...	...	17	1'40	...	...	...	...	1	...	...	...	32	1	1	101	16
Erysipeloid, acute infective . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...
German measles	12	...	...	120	3'90	...	...	3	...	33	...	2	...	3	...	...	...	...
Gonorrhœa	35	...	...	2,415	433'56	...	3	...	...	...	...	5	...	3,794	1	179	375	...
Influenza	64	...	...	588	21'16	...	...	2	...	5	...	18	...	347	...	...	246	4
kala-azar . . . . .	...	...	...	6	3'21	3	3	...	...	1	1	...	...	9	4	...	12	7
Leprosy . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	27	...	17	62	10
Ladara disease . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Malaria	492	1	5	18,421	696'36	39	62	52	2	94	...	324	...	35,298	173	260	33,339	103	
Mediterranean fever . . . . .	...	...	...	1	'23	...	...	...	...	...	...	...	...	1	...	...	...	...
Measles	15	...	...	70	4'41	...	...	3	...	92	1	5	...	810	12	...	22	2
Mumps	4	...	...	54	3'35	...	...	2	...	3	...	10	...	5,413	...	2	373	1
Osteo-myelitis and periostitis, acute infective . . . . .	...	...	...	4	'58	1	2	...	...	...	...	...	...	20	...	2	2	...
Paratyphoid A	13	...	...	102	18'92	6	9	2	...	1	...	6	1	22	5	...	...	...
" B . . . . .	...	...	1	11	2'02	...	1	...	...	...	...	...	...	6	...	...	...	...
Phagedœna . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Plague	2	2	...	6	'32	4	...	...	...	...	...	2	...	121	58	...	19	14
Pneumonia	7	1	1	223	24'68	29	6	...	...	4	...	8	...	4,101	956	27	1,360	440
Pyæmia	1	...	1	2	'13	1	...	...	...	...	...	2	1	9	9	...	16	10
Pyrexia of uncertain origin	47	...	...	342	52'94	1	3	2	...	8	...	61	...	1,442	13	12	1,580	7
Rabies . . . . .	...	...	...	1	'01	1	...	...	...	...	...	1	1	4	4	...	...	...
Relapsing fever	1	...	...	...	...	...	...	...	...	...	...	...	...	36	5	...	87	16
Rheumatic fever	8	...	2	380	39'28	...	30	2	...	3	...	12	...	1,070	5	125	638	4	
Sandfly fever	116	...	...	1,847	62'51	...	...	3	...	2	...	55	...	1,560	...	...	...	...
Scarlet fever	10	...	...	19	1'57	...	...	...	...	3	...	...	...	...	...	...	...	...
Septicæmia	1	...	...	8	'50	10	1	...	...	1	1	1	...	16	15	...	16	13
Sleeping sickness . . . . .	...	...	...	1	'09	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	1	1	...	35	3'37	9	...	3	1	1	...	2	...	54	5	...	22	3	
Syphilis	14	...	...	638	102'13	3	10	...	...	1	1	1	...	1,581	7	181	1,170	18
Tetanus . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	6	3	2	15	8

* 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.		
INFECTIVE DISEASES—contd.																	
Typhus fever . . . . .	...	...	...	3	'41	...	...	...	...	...	...	...	...	...	...	6	
Tubercle of the lungs	4	...	4	119	21'19	13	94	4	...	...	3	...	...	557	120	235	1,199
Other tubercular diseases	4	...	4	36	6'41	5	22	1	1	2	1	2	...	49	12	12	128
Whooping-cough . . . . .	...	...	...	...	...	...	...	...	...	14	...	...	...	1	...	...	...
Yaws . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
INTOXICATIONS—																	
Alcoholism	10	1	1	48	3'46	2	...	1	...	...	3	...	...	3	1	...	...
Morphinism . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...	5	...	3	69
Pellagra . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Effects of mercury . . . . .	...	...	...	1	'05	...	...	...	...	...	1	...	...	...	...	...	...
General Diseases not classified as above:—																	
Anæmia	2	1	...	95	5'36	...	2	2	...	3	...	2	...	1,014	12	24	493
" chronic splenic . . . . .	...	...	...	1	'09	...	1	...	...	...	...	...	...	2	...	...	2
" pernicious . . . . .	...	...	...	...	'15	...	1	...	...	...	...	...	...	4	3	...	4
" and debility . . . . .	...	...	...	...	...	...	...	...	...	...	7	...	...	568	1	44	...
Debility	67	...	3	1,325	65'92	...	86	187	...	45	...	9	...	1,424	3	134	754
Diabetes mellitus	1	...	...	15	1'54	4	5	...	...	...	...	...	...	11	1	3	16
Exophthalmic goitre . . . . .	...	...	...	11	1'36	...	5	...	...	...	...	...	...	2	1	1	...
Gout	2	...	...	19	1'02	...	1	...	...	...	...	...	...	8	...	1	5
Hæmophilia . . . . .	...	...	...	4	'10	...	...	...	...	...	...	...	...	1	...	...	3
Leucocythæmia . . . . .	...	...	...	2	'33	...	1	...	...	...	...	...	...	...	...	...	2
Lymphadenoma . . . . .	...	...	...	1	'04	...	...	...	...	...	...	...	...	12	...	2	...
Myxœdema . . . . .	...	...	...	1	'01	...	1	...	...	...	...	...	...	...	...	...	3
Osteo-arthritis . . . . .	...	...	...	22	2'81	...	13	...	...	...	...	...	...	28	...	5	9
Purpura . . . . .	...	...	...	8	'34	...	...	...	...	...	...	...	...	3	1	...	...
Rickets . . . . .	...	...	...	...	...	...	...	...	...	5	1	...	...	...	...	...	...
Scurvy . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	136	2	25	145
Morbid conditions incident to various parts:—																	
Malformation, not defined . . . . .	...	...	...	3	'16	...	...	...	...	...	...	...	...	6	...	...	...
" Hasalip . . . . .	...	...	...	1	'06	...	...	...	...	...	...	...	...	...	...	...	...
" undescended testicle	...	...	...	13	1'32	...	...	...	...	...	...	...	...	4	...	...	...
" Defective Development (Thumb)	...	...	...	1	'06	...	...	...	...	...	...	...	...	...	...	...	...
" Fissure . . . . .	...	...	...	1	'11	...	...	...	...	...	...	...	...	...	...	...	...
" Hypospadias . . . . .	...	...	...	1	'18	...	1	...	...	...	...	...	...	...	...	...	...
" Supernumerary ribs . . . . .	...	...	...	1	'22	...	...	...	...	...	...	...	...	...	...	...	...
Malformations Prolapses ani . . . . .	...	...	...	1	'05	...	...	...	...	...	...	...	...	...	...	...	...
Malformation Index finger . . . . .	...	...	...	1	'31	...	...	...	...	...	...	...	...	...	...	...	...
New Growths Malignant (n. d.).	2	...	...	...	...	...	...	...	...	...	1	...	...	9	4	1	5
" " Carcinoma	1	...	...	17	1'63	4	6	1	...	...	...	...	...	1	1	...	11
" " Epithelioma . . . . .	...	...	...	1	'01	...	...	...	...	...	...	...	...	...	...	...	2
" " Neuoma	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" " Sarcoma	2	...	2	9	'82	1	5	...	...	...	...	...	...	3	...	...	4
Cysts	1	...	...	53	2'92	1	1	2	...	...	1	...	...	75	1	3	20

TABLE XXXV—continued.

DETAIL of DISEASES.

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.
	Admissions.	Deaths.	Invalids.	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.			Invalids.
Unfavorable conditions incident to various parts— <i>concluded.</i>																		
Worm growth, non-malignant	7	...	...	126	9'55	...	1	2	1	1	...	...	...	...	...	...	32	2
" Not defined . . . . .	...	...	...	...	...	...	...	1	...	...	...	1	...	...	64	7	...	...
Parasites:—Ankylostomum duodenale.	...	...	...	2	'15	...	...	...	...	...	...	...	...	...	...	...	...	...
" Bilharzi Hæmatobia . . . . .	...	...	...	2	'06	...	1	...	...	...	...	...	...	1	...	...	...	...
" Ascaris lumbricoides	1	...	...	5	'13	...	...	...	2	...	1	...	...	63	2	...	162	...
" Bed Bug . . . . .	...	...	...	8	'19	...	...	...	...	...	...	...	...	...	...	...	...	...
" Bothriocephalus latus . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
" Cercomonas hominis Davaine.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
" Favus . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	14	...	...	11	...
" Filaria Sangumis hominis.	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...
" Guinea-worm . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	396	...	43	290	...
" Musca domestica . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
" Strongylus duodenalis . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	63	2	7	319	21
" Oxyuris vermicularis	2	...	...	3	'06	...	...	...	1	...	...	...	...	11	...	...	15	...
" Pediculus capitis . . . . .	...	...	...	3	'06	...	...	...	...	...	...	...	...	4	...	...	1	...
" " vestimenti . . . . .	...	...	...	2	'07	...	...	...	...	...	...	...	...	25	...	...	...	...
" Phthirus inguinalis . . . . .	...	...	...	36	'00	...	...	...	...	...	...	...	...	...	...	...	1	...
" Ringworm	5	...	...	526	24'90	...	...	1	...	12	...	...	...	755	...	8	194	...
" Scabies	3	...	...	836	48'83	...	...	...	1	...	1	...	...	12,094	...	30	1,106	...
" Tænia Asiatica . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
" Tænia saginata . . . . .	...	...	...	9	'33	...	...	...	...	...	...	...	...	16	...	...	29	...
" " solum	4	...	...	191	4'84	...	...	2	...	8	...	5	...	34	...	...	74	...
" " Elliptica . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	13	...	...	...	...
" Tinea versicolor . . . . .	...	...	...	11	'33	...	...	...	...	...	...	...	...	...	...	...	...	...
" Trichocephalus dispar . . . . .	...	...	...	1	'11	...	...	...	...	...	...	...	...	...	...	...	1	...
LOCAL DISEASES.																		
RESPIRATORY SYSTEM—																		
Whooping Cough	110	1	20	1,294	71'37	13	133	21	...	10	2	42	...	1,097	48	228	580	65
Measles	4	1	2	133	18'16	5	106	1	...	1	...	2	...	148	2	81	37	4
Scarlatina	29	...	2	543	36'34	...	66	3	...	16	...	14	...	4,084	...	178	1,668	...
Diphtheria	40	...	...	1,004	74'56	1	75	3	...	6	...	9	...	752	...	59	329	3
Scarlet Fever	26	...	...	287	10'81	...	5	4	...	9	...	27	...	1,959	...	6	132	...
CLASS OF THE CIRCULATORY SYSTEM—																		
Myocarditis (including all varieties) . . . . .	...	1	...	8	'34	4	3	...	...	...	...	...	...	...	...	...	7	2
Disordered action of the heart	18	...	2	576	52'15	...	66	1	...	...	...	3	...	346	2	96	13	...
Valvular disease of the heart	12	...	3	294	33'31	7	140	3	...	...	...	...	...	141	19	62	145	82
Pericarditis	7	...	2	181	10'80	1	4	...	...	...	...	2	...	81	...	8	...	...

DISEASES.	EUROPEAN ARMY OF INDIA.											INDIAN ARMY.					JAIL POPULATION 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 CIRCULATORY SYSTEM—concl'd.																		
Other circulatory diseases	10	1	3	98	6'34	9	22	3	1	1	..	6	1	...	70	25	16	110
Diseases of the Respiratory System	111	1	1	1,916	118'58	14	76	28	...	117	7	53	...	...	8,485	179	288	4,241
DISEASES OF THE DIGESTIVE SYSTEM—																		
Abscess of the liver	6	...	...	51	8'42	13	6	3	...	...	...	1	...	...	13	...	...	7
Appendicitis	31	1	...	325	36'20	9	7	7	...	5	...	10	...	...	71	5	4	44
Biliary colic . . . . .	...	...	...	1	'03	...	...	1	...	...	...	...	...	...	4	...	...	10
Cirrhosis of the liver . . . . .	...	...	...	2	'46	1	2	...	...	...	...	...	...	...	2	2	...	89
Colitis	97	...	7	1,071	67'00	5	16	8	...	4	...	51	...	...	3,837	39	29	511
Diarrhœa	199	...	1	2,678	81'16	...	1	16	...	62	3	64	...	...	2,627	11	26	5,380
Enteritis	30	...	1	161	9'18	5	1	2	...	29	5	6	...	...	105	24	1	458
Gastritis	17	...	1	687	31'70	...	11	9	...	4	1	19	...	...	125	2	3	104
Hepatitis	23	...	1	244	16'59	1	4	1	...	...	...	13	...	...	184	4	3	61
Hernia	9	...	...	542	49'34	1	6	2	1	2	...	4	...	...	164	...	33	99
Jaundice	62	...	...	517	34'38	1	...	1	...	2	...	29	...	...	1,247	4	3	577
Peritonitis . . . . .	...	...	...	4	'35	2	...	1	1	...	...	...	...	...	5	5	...	11
Sprue	1	...	...	4	1'05	...	...	...	...	...	...	1	...	...	5	...	1	1
Other diseases of the digestive system	330	1	1	5,330	216'38	9	26	68	...	140	2	104	...	...	5,076	31	154	6,248
DISEASES OF THE LYMPHATIC SYSTEM—																		
Elephantiasis . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Inflammation of lymphatic glands	11	...	...	232	17'79	...	1	2	...	4	...	5	...	...	1,062	1	8	281
" " vessels	1	...	...	16	1'01	...	...	2	...	...	...	1	...	...	47	...	2	...
Other diseases of the lymphatic system	1	...	1	32	3'15	...	1	1	...	1	...	...	...	...	199	4	15	254
Diseases of the Thymus . . . . .	...	...	...	...	'06	1	...	...	...	...	...	...	...	...	...	...	...	...
DISEASES OF THE THYROID GLAND—																		
Goitre	2	...	1	23	1'94	...	7	1	...	...	...	...	...	...	28	...	2	1
Inflammation of the thyroid body . . . . .	...	...	...	1	'05	...	...	...	...	...	...	...	...	...	1	...	...	...
Thyroidism . . . . .	...	...	...	1	'05	...	...	...	...	...	...	...	...	...	...	...	...	...
DISEASES OF THE URINARY SYSTEM—																		
Bright's disease . . . . .	...	...	1	19	2'61	3	8	...	...	...	...	...	...	...	27	5	6	183
Calculus (including all varieties)	2	...	...	23	2'55	...	1	1	...	...	...	1	...	...	7	...	3	1
Chyluria . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	1
Cystitis	9	...	...	58	5'81	...	5	1	...	...	...	1	...	...	25	...	3	20
Hæmaturia	2	...	...	26	1'88	...	1	...	...	...	...	...	...	...	14	...	1	15
Renal colic	10	...	...	26	2'42	1	...	1	...	...	...	1	...	...	37	...	1	25
Other diseases of the urinary system	10	...	...	134	11'27	5	12	3	...	2	...	2	...	...	82	10	3	119
DISEASES OF THE MALE ORGANS OF GENERATION—																		
Soft chancre of the penis	3	...	...	1,148	154'03	...	...	...	...	...	...	5	...	...	3,237	...	58	115
Other diseases of the male organs of generation	32	...	1	912	54'60	1	6	...	...	19	3	7	...	...	1,358	2	27	548

TABLE XXXV—continued.

DETAIL of DISEASES.

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.
	Admissions.	Deaths.	Invalids.	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.			Invalids.
DISEASES OF THE FEMALE ORGANS OF GENERATION—																		
Abortion . . . . .	...	...	...	...	...	...	...	33	1	...	...	...	...	...	...	...	9	...
Other diseases of the female organs of generation . . . . .	...	...	...	...	...	...	...	74	1	...	...	...	...	...	...	...	36	3
Diseases of the female breast . . . . .	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	6	...
DISEASES OF THE ORGANS OF LOCOMOTION—																		
Lumbago	3	...	...	61	2'47	...	2	2	...	...	2	...	...	96	...	7	80	...
Rhialgia	48	...	...	1,323	53'17	...	6	6	...	1	...	9	...	442	...	26	258	...
Other diseases of the organs of locomotion	54	...	...	1,020	68'51	1	23	2	...	4	...	26	...	1,084	3	75	359	8
Diseases of the connective tissue and male breast	148	...	1	2,531	127'54	1	2	7	...	26	...	41	...	3,728	2	32	4,435	34
DISEASES OF THE SKIN—																		
Boil	63	...	...	764	33'98	...	...	2	...	9	...	18	...	2,387	...	2	1,111	...
Carbuncle	3	...	...	26	2'03	...	...	1	...	...	...	2	...	25	...	...	122	...
Delhi boil	6	...	...	70	10'38	...	...	...	...	4	...	5	...	442	...	1	15	...
Ulcer	3	...	...	118	9'66	...	1	...	...	...	...	7	...	2,470	...	16	2,491	2
Whitlow . . . . .	...	...	...	71	3'40	...	...	1	...	...	...	1	...	187	...	...	293	...
Other diseases of the skin	49	...	...	1,518	84'17	...	10	6	...	24	1	15	...	2,198	...	25	291	2
INJURIES (General and Local)—																		
Sun-stroke and heat-stroke	7	1	...	118	7'92	12	6	...	...	1	...	4	1	30	11	1	47	9
Other general	3	1	...	43	4'88	20	...	1	...	1	1	5	...	213	...	2	122	2
Local	325	4	2	3,245	169'93	20	59	15	...	29	...	161	1	13,409	67	220	5,077	66
Suicides . . . . .	...	...	...	...	...	15	...	...	...	...	...	...	...	5	18	...	...	16
Homicides . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	6	32	...	...	17
Poisons	7	...	1	84	2'34	2	2	2	...	...	...	1	...	63	16	1	129	2
Effects of anti-typhoid vaccine	1	...	...	25	'56	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague inoculation	5	...	...	6	'13	...	...	...	...	...	...	...	...	...	...	...	...	...
Anti-rabic treatment	5	...	...	54	3'80	...	...	...	...	...	...	3	...	10	...	...	...	...
Deaths while on leave, etc. . . . .	...	2	...	...	...	...	...	...	...	...	...	...	...	...	78	...	...	...
No appreciable disease	3	...	...	252	10'75	...	...	22	...	5	...	...	...	19	1	...	75	...
Not yet diagnosed	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...
Cause unknown . . . . .	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...
Other causes (detail not available). . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...	912	...	...	...	...
All causes	3,160	23	88	62,372	3,686'45	390	1,337	668	12	935	32	1,412	11	141,787	2,279	3,320	87,262	2,464

TABLE XXXI

TABLE XXXI

TABLE XXXI

No.	Name	Age	Sex	Profession	Remarks
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