# Triennial report on the hospitals and dispensaries in Burma.

### **Contributors**

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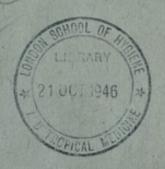
# TRIENNIAL REPORT

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ON THE

# HOSPITALS AND DISPENSARIES IN BURMA

FOR THE YEARS 1917 TO 1919



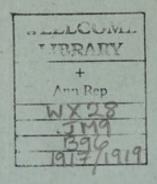


# RANGOON

OFFICE OF THE SUPERINTENDENT, GOVERNMENT PRINTING, BURMA
1920







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# RESOLUTION

ON THE

# TRIENNIAL REPORT ON HOSPITALS AND DISPENSARIES IN BURMA

### FOR THE YEARS 1917 TO 1919.

Extracts from the Proceedings of the Government of Burma in the General Department,-No. 2X.-9 dated the 19th November 1920.

READ-

Triennial Report on the Hospitals and Dispensaries for the years 1917 to 1919.

- . RESOLUTION .- The period under review was one of great difficulty for all departments of Government, and the Medical Department suffered almost more severely than any other from insufficiency of staff. A number of small hospitals and dispensaries had to be closed temporarily, and as new construction was at a standstill, the number of institutions actually declined from 282 to 269. It is, however, satisfactory to note that in spite of this the number of patients treated rose by nearly 200,000, and although there was a slight set-back in the last year of the triennium there is no reason to be disappointed with the result. The Lieutenant-Governor is pleased to see that the proportion of Burmans among the patients, though still unduly small, continues to rise. As the number of trained Burmese medical practitioners increases it is to be hoped that confidence in Western medical science will take firmer root among the people of the country in general. The system of travelling dispensaries, which the Inspector-General of Civil Hospitals advocates, should undoubtedly help to popularize proper treatment among the rural population, and the Local Government will be ready to consider proposals for its extension as the staff which it requires becomes available.
- 2. The Lieutenant-Governor has read with interest Colonel Entrican's remarks on the subject of private charity towards hospitals and of discrimination of patients who can afford to pay for treatment. The whole subject of hospital finance, which now suffers from lack of system in this Province, is under consideration, and it is hoped that the question will be put on a definite basis in the near future, the upkeep of hospitals being divided, in rough proportion to the classes of patients treated, among Provincial and Local Funds, aided by subscriptions from the public. The purposes for which subscriptions could be used have been so strictly limited in the past that there was not much inducement to liberality, but His Honour trusts that when their scope is extended and the question is put more clearly before the public, the amount at present received from this source will be very largely increased. He desires to express his gratitude to those members of the public who have assisted in this respect.
- 3. The importance of Research work, on which Colonel Entrican lays stress, can hardly be overestimated. The Bacteriological Laboratory attached to the Pasteur Institute only came into existence after the beginning of the war, and both this and the Rangoon General Hospital have suffered severely from lack of an adequate staff for nearly the whole of the last six years. Now that most of the medical officers who proceeded on military duty have returned or may, it is reasonable to anticipate, return soon, and new recruits to the higher branches of the service should be once more obtainable, it is legitimate to hope that progress in research may be actively resumed, with valuable results to the health and welfare of the community. The steady increase in the number of patients treated for rabies at the Pasteur Institute shows how necessary it was, and

as the nature of the treatment becomes more widely known, prejudice against it among the ignorant classes will gradually break down.

- 4. The whole question of the reorganization of the Indian Medical Services has not yet been finally settled, but the pay and prospects of some of the junior branches have already been materially improved. A largely increased staff, not only of practitioners, but also of nurses and midwives, is essential for the better management of the hospitals, and in particular to cope with the important subject of maternity and infant welfare in which the country is now lamentably backward. Various proposals are already under consideration, but progress in such a matter as this must necessarily be slow. The number of persons trained annually can only be increased by degrees, and the difficulty of getting candidates for training is considerable. The question is one which is of the greatest importance to the future of the Burmese race, and it is to the educated members of that race that the Lieutenant-Governor looks for support in effecting an improvement in the existing conditions.
- 5. Colonel P. C. H. Strickland, I.M.S., who was in charge of the department during the whole period under review, has now retired from the service. During most of the time he was not in robust health, and His Honour's cordial thanks are due to him for his administration during a time of severe stress. Many of the officers working during that period were doing double, and even treble, duty, and the way in which they performed their duties, with leave overdue and health suffering from overwork, was an example to all public servants. Among these His Honour would like especially to mention the names of Lieutenant-Colonels Barry and Dee. Retired officers came back to work, and others due for retirement stayed on in service. It was only by the exertions of all these officers that a complete breakdown of the medical administration was avoided. The Government and the public are much indebted to officers like Lieutenant-Colonels Castor, Warliker, and Kanta Prasad, who have been working as Civil Surgeons during and since the war. Assistant Surgeons and Sub-Assistant Surgeons deserve their full share of praise. That there should have been among them some who were not equal to the higher responsibilities thrust upon them was only to be expected, but the manner in which the majority of them rose to the occasion is deserving of the highest credit.
- 6. Colonel Entrican was only in charge of the medical work of the Province for a few days of the triennium; but he has taken up the duties with the greatest energy, and is also holding temporarily the additional charge of Sanitary Commissioner. He has submitted a most interesting and suggestive report. Those of his suggestions which admit of early practical action should be made the subject of special proposals. The public demand upon the hospitals in Burma is greater than in most parts of India. In-patients are in proportion far more numerous, and there are numbers of Indians and Chinese, who, being strangers in a far country, are ready to avail themselves of medical relief. Hospital buildings are rapidly becoming out of date, and there is hardly a place which does not put up large proposals for enlargements and improvements, and in many cases entirely new buildings. These demands cannot be met simultaneously, and it is important therefore that the programme of new construction should give priority to those places where the need is most urgent. The extent to which private munificence is ready to supplement public funds has also an important bearing on the question.

By order of the Lieutenant-Governor of Burma,

# TRIENNIAL REPORT

ON THE

#### HOSPITALS DISPENSARIES IN BURMA AND

# FOR THE YEARS 1917 to 1919.

1. Introductory Remarks and Administrative Charges of the Department .-The present report covers the period 1917-19. The statistics for the two former years have already been published, those for 1919 are given in the Appendices.

The post of the Inspector-General was held by Colonel P. C. H. Strickland, I.M.S., during the whole of the triennium 1917-19 with the exception of the last fortnight, during which Lieutenant-Colonel J. Entrican, I.M.S., was in charge.

For two out of three years, the general European war was in progress, and when that ended, the hopes of an early return to normal conditions were frustrated by the Afghan and Frontier troubles. The history of the last three years is consequently a continued struggle to keep things going and turn out the usual tale of bricks with a minimum allowance of straw.

2. Number of Hospitals and Dispensaries of all classes opened and Statement closed .- At the close of 1919, there were 269 hospitals and dispensaries of all A. classes working in the province as compared with 282 in 1916. Twenty-one institutions were opened and 34 closed during the triennium, including 12 opened and five closed during 1919. One temporary dispensary at Double Island, for the medical relief of Public Works Department workmen, was opened. Three temporary dispensaries, one at Alguada Reef for workmen, one at Cheduba Island for political detenues, and one for recruits for the Indian Army at

Meiktila, were closed.

At the close of 1919, eleven civil hospitals and eight dispensaries remained closed for want of Sub-Assistant Surgeons to staff them. Nine hospitals were working with one Sub-Assistant Surgeon short of their establishment. Fifteen hospitals and dispensaries were held as collateral charges, and six Military Police outposts were in charge of Compounders-total 49.

Three hospitals, Papun, Pyinmana and Tiddim, were held by Assistant Surgeons only, instead of as normally one Assistant and Sub-Assistant Surgeon.

3. Medical Progress and Improvements to Hospitals and Dispensaries .-The progress made in hospital construction has perforce been small and many urgent works have been delayed on account of the war, but some progress has been made. Bricks and tiles are taking the place of wood and matting in hospital construction, and better designed buildings are replacing ancient structures dating from the days when a room of sorts, filled with as many beds as could be conveniently crowded into it, was the only conception of what constituted a hospital. I hope we have now definitely left the "wood" age of hospital construction behind, and have emerged into the "brick and mortar" era. The former served a useful purpose when the latter was impossible, but its day of usefulness is over. Difficult to keep in a sanitary condition, exposed to the ravages of insects, etc., and requiring constant repair, its upkeep was a recurring source of expenditure which ought to be largely eliminated in future.

The period of reconstruction now in progress has, however, dangers which if not guarded against, will mean unnecessary expenditure, loss of efficiency, and disappointment. A definite scheme of reconstruction is required for a large number of hospitals. It is usually impossible for financial and other reasons to rebuild a hospital complete in all details. The work must be undertaken step by step as funds are available, and every addition or partial reconstruction should be made with a view to its eventually fitting into and taking its appropriate place in the scheme as a whole. In too many cases in the past this has been neglected and money has been spent on buildings, excellent in themselves, but which cannot be fitted into, and in some cases even obstruct, a complete scheme of

reconstruction.

The following are the chief additions and improvements to hospitals during the past three years :-

1. A new Municipal Hospital at Toungoo.

2. A new European Ward and Nurses' quarters at Tavoy.

3. A new Civil Hospital at Mawlaik.

4. Extension of the Outdoor Dispensary at Maymyo Civil Hospital. 5. A New Dispensary at Victoria Point.6. A New European Ward and three cottages were added to the Lunatic Asylum

in Rangoon. 7. Work was begun and is in progress for building the female section of the New

Lunatic Asylum at Kokine.

8. Quarters for the Civil Surgeon were erected at Mawlaik.

9. Quarters for the Head Compounder, Steward, Compounders and Dressers were built at Akyab.

10. A New Female Ward was constructed at Einme, Myaungmya District.

11. Improvements to the Contagious Diseases Hospital, Rangoon.

12. A New Contagious Diseases Ward at Bogale.

13. New Quarters for Sub-Assistant Surgeons at Prome and Pyinmana.

Also a number of minor alterations and improvements throughout the province.

A large number of building schemes are at present under consideration and the next few years ought to be a period of great activity. New hospitals or important additions to the present buildings are projected in Rangoon, Akyab, Myaungmya, Tavoy, Pegu, Bassein, Maymyo, Myitkyina, Bhamo and Lashio

and this by no means completes the list of requirements.

It would be a great advantage if some comparatively cheap and simple form of hospital construction could be introduced. Dr. Stephens, Health Officer, Rangoon, has shown me a design for a hospital ward used on the tea and rubber plantations in Ceylon. This consists of a frame-work of iron on a concrete plinth with single brick walls four or five feet high only. The roof, which may be of tiles or shingles, does not meet the side walls, but is low enough to prevent the rain or sun from beating in. The floor is cambered and cemented with numerous openings in the side walls, so that it can thus be rapidly and efficiently flushed with water and kept clean. I have not yet been able to get an estimate of the cost of this design, but it appears to be eminently suited to those parts of Burma, where anything that can be described as a cold weather is absent.

The general public as well as the Medical Department are greatly indebted to the following gentlemen and corporations who have contributed towards the improvement or added to the amenities of various hospitals throughout the

province.

The President of the Burma Oil Company presented a new ward to the Syriam Hospital. The Burma Oil Company continued to supply water and light

free of charge, besides liberal assistance in other directions.

Many firms and individuals have contributed to the upkeep of the Rangoon and Yenangyaung Hospitals. U Po Kyaw built a maternity ward in Ma-ubin at a cost of Rs. 4,154. The Hon'ble Mr. Jamal, C.I.E., contributed Rs. 1,500 to the Allanmyo Hospital and the Sawbwa of Kengtung Rs. 2,000 to the Kengtung

Civil Hospital, etc.
"Zayats" for accommodation of patients' friends are a necessary adjunct to every hospital in Burma, and one which is usually left to private benevolence to supply. Building a sayat is a work that should appeal to Burmans in a special degree, because it is a time-honoured and well-known form of charity. Yet the number of hospitals either unprovided, or badly provided with these buildings, is large. The names of U Po at Taungup, U Po Chit of Nyaunglebin, Manekjee Palonjee at Myaungmya and Daw Thaw at Dedaye, deserve mention for their generous contributions towards the supply of this much appreciated and very useful form of charity. Thatôn has set a good example to many larger places. A sum of Rs. 6,542 was subscribed for a maternity ward (U Tha Dwe and Mr. Arunachallam Chetty being the largest donors) and Rs. 2,580 by the general public for a "Patients' Comfort Fund."

Private charity has not, however, played as large a part in the past as it might have done, and in some cases even this meagre part has been spoiled by the insistence of the donor on having some separate building to which his name attaches. This has frequently taken the form of a small wooden ward with no provision for its upkeep. Such structures must in the course of time, and usually no very long time, fall into decay and be swept away, leaving nothing behind to commemorate the generosity of the donor. A subscription towards building a permanent structure, or the endowment of one or more beds in it, to be commemorated by a memorial plate let into the wall, would not only be infinitely more satisfactory from a medical point of view, but would commemorate the

munificience of the donor for generations.

A very large amount of money must be spent annually throughout the province by private individuals on works intended for public use and welfare. In Meiktila alone, which is neither a large or wealthy division, this amounted to nearly three lakhs in 1919. Most of it was expended on kyaungs, a small amount on sayats for wayfarers, in all 312 works; not a single rupee, as far as I know, on hospitals. It seems a pity that some of this wealth could not be diverted into medical channels, but even if it were, the principle of co-operation must be adopted to produce any appreciable result. The individual amounts are too small to be utilized separately for building purposes, but co-operation in agriculture has been successful, so there is no reason to despair of co-operation in charity.

In a few towns "Hospital Day" has been instituted with quite a fair amount of success, notably in Toungoo which collected Rs. 7,846, Moulmein Rs. 3,060, Shwegyin Rs. 967 and Mergui Rs. 600. It is hoped the good example of those

towns will be widely followed.

4. Hospital Equipment.—Most hospitals were fairly equipped with medical and surgical requirements before war broke out, and are still reasonably provided for in that respect, though a good many of the instruments and appliances are somewhat out of date. It is exceptional for instance, to find good modern splints in a hospital and a Harcourt Inhaler for Choloroform is uncommon. This latter is probably the safest form of inhaler, and as chloroform is frequently, of necessity, given by some one who cannot be described as a skilled anaesthetist, the use of a safe method of administering the gas, is most desirable, not only from the patients' point of view but because it relieves the operating surgeon of a great deal of anxiety.

There must be an enormous amount of medical and surgical equipment available in England, due to the demobilization of a large number of war hospitals and it would be an excellent thing if some of this could be procured to improve the

equipment of Indian hospitals.

Bedding and clothing is very deficient in most hospitals. Stocks which gradually become unserviceable could not be replaced, either because they were unobtainable, or because their price was prohibitive. A large sum will be required to bring this portion of hospital equipment up to the necessary standard.

5. A comparison of grand totals of all classes returned as having received Statements medical relief at the hospitals and dispensaries coming under the cognizance of B, D (1) and Government during each year of the triennium under review, as compared with the total numbers returned for the preceding triennium is given below :-

Year	In-door.	Out-door.	Total treated.
1917 1918 1919	 86,569 98,101 100,693	2,017,498 2,008,146 1,945,936	2,104,067 2,106,247 2,046,629
Total for 1917-19	 285,363	5.971,580	6,256,943
Total for 1914-16	 249,870	5,809,554	6,059,424
. Increase	 35,493	162,026	197,519

The total treated has shown a satisfactory increase in 1917-19 in spite of adverse circumstances. This increase took place in the early part of the triennium; there has been a falling off in 1919.

The ratio per cent. of total treated to the population was 16.89 for 1919

against 17'39 for 1918 and 17'37 for 1917.

The total number of beds at the end of 1916 was 6,324; 5,134 for males and 1,190 for females. At the end of 1919 the total number of beds had increased to 6,452; 5,247 for males and 1,205 for females—an increase of 128.

Statement B. 6. Number of patients treated at State-Public, Local Fund and Private Aided Institutions:—

Year.	100	In-deor.	Out-door,	Total.
1917 1918 1919		69,403 75,793 80,026	1,798,126 1,776,110 1,727,235	1,867,529 1,851,903 1,807,261
Total for 1917-19		225,222	5,301,471	5,526,693
Total for 1914-16		198,215	5,118,262	5,316,477
Increase		27,007	183,209	210,216

7. In-patients.—The daily number of in-patients, men, women and children,

was 3,524 as compared with 3,079 in 1914-16.

The increase in the female patients was in proportion to the total increase, i.e. about one-fifth of the whole, and took place almost entirely in 1917; since then it has remained practically the same.

The daily average number of beds occupied was 3,524 or 70 per cent. of the accommodation. The total number of beds provided being 5,006 or about one

bed for every 2,400 inhabitants of the country.

The average number of days each patient remained in hospital was 17.16.

The death-rate amongst the in-patients rose from 5.7 in 1917 to 7.6 in 1918, but fell to 7.2 in 1919. The influenza epidemic during 1918 which dragged on into 1919 was undoubtedly the cause of this.

While there appears to be a large margin of beds available, in reality a great deal of overcrowding does exist in certain hospitals during the unhealthy season,

as for example Myitkyina, Bhamo, etc.

8. Out-patients.—In 1919, over one million seven hundred thousand attended as out-patients. Malaria, Diseases of the Digestive and Respiratory System, Ulcers, Eye and Skin Diseases, form, as usual, the chief causes for which they

sought relief.

Attendance by proxies rose from 768,293 in 1914—16 to 866,389 in 1917—19. This has not been due to the Influenza epidemic as has been alleged, but has gone on steadily during the last three years. It is to my mind a very unsatisfactory feature, and not likely to help in the removal of the indigenous prejudice against European methods of treatment, especially in a country where it is notoriously difficult to get a correct history of the illness even from the patients themselves. It is on a par with the old custom of treating Purdah women, when the medical man was expected to prescribe for a patient he was not allowed to see.

of Travelling Dispensaries,—It has been unfortunate that all travelling dispensaries have had to be closed down with the exception of one at Paletwa. I think in this way the needs of the rural population can best be met, and future development should be on these lines. A large well staffed and equipped central hospital at Headquarters, with a Travelling Dispensary for each township, having motor ambulance transport, would seem the best solution of the question of how to afford medical aid to the rural population. It appears a sounder method than the multiplication of small hospitals and dispensaries, and the gradual improvement of the roads will make it applicable to most parts of the country.

Statement B

improvement of the roads will make it applicable to most parts of the country.

10. Female Dispensaries.—In all 112,520 patients attended as compared with 112,890 in 1914-16. The Moulmein Dispensary was closed from March 1st, 1919. Two Special Dispensaries for the treatment of Venereal Diseases amongst women, one in Rangoon and one in Maymyo, were opened. The latter has already been closed because it failed to attract patients. As regards the former, the Civil Surgeon, Rangoon East, remarks that if "this dispensary was opened in the hope of diminishing Venereal Diseases in Rangoon, I recommend that it be closed."

The Female Dispensary at Bassein is the only one which has shown an increase during the three years of the triennium. This dispensary practically forms the Female Out-patient Department of the Bassein General Hospital, and is in the same block of buildings as the male out-patients. This seems to be more satisfactory than having the female dispensary as a separate building in another part of the town.

With a view of attracting a larger attendance of the female population and gaining their confidence a good deal of stress has in recent years been laid on the provision of separate male and female waiting-rooms. From a purely administrative point of view in the larger hospitals, this is quite sound, but in the smaller hospitals and dispensaries throughout the country, it is a mistake. It unnecessarily complicates the architecture and is disliked by the Burmans. When the latter goes to the hospital he or she is more often than not supported by one or more members of the family, usually of the opposite sex. Separation of the sexes is so alien to Burman ideas that they look on it with suspicion, and I have known patients go away rather than be separated from their friends. Complete privacy in the Consulting, Examining and Dressing Rooms is of course essential, but in the waiting-room, there is no more need for separation of the sexes than there is in the waiting-room of a Harley Street Consultant. What respectable Burmese women really object to is being in the same ward with women of the town, and in most hospitals it is impossible to provide separate accommodation for this class of unfortunates, who furnish so large a proportion of female admissions.

11. Contagious Diseases Hospitals. - There is a crying need for hospitals for Statement B. the segregation of infectious disease throughout the whole province. Generally speaking, the accommodation consists of temporary bamboo sheds often sadly dilapidated, with a nursing staff of coolies who have frequently had little or no training in attendance on the sick. Rangoon, considering its importance and the large number of immigrants from India, is little better off. The Contagious Diseases Hospital has been long recognized as inadequate and the whole question submitted to an exhaustive enquiry by a Committee appointed by Government. The

conclusions arrived at have not yet been formulated.

The forlorn condition of these hospitals, and their generally out-of-the-way situation is quite enough to account for their unpopularity-rarely do patients come to them voluntarily. The healthy are prepared to take the risk of continuing to live with the infected, rather than consign the latter to an exile so dreaded. The not surprising result is that infectious cases are concealed and

outbreaks become more dangerous and widespread.

With the exception of small-pox, I think all infectious diseases could be quite safely treated in segregation wards in the compound of a general hospital if proper precautions were taken as regards staff, food, water-supply, disinfection of clothing, etc., and provided plenty of room was available. Even a few sporadic cases of small-pox might be so treated with little risk, though when large numbers are infected, this is not safe. Patients should be much more willing to come to a General Hospital and could be better looked after than in a remote spot where supervision is difficult,

12. Leper Asylums,-The number of inmates remaining at the close of the Statement B. triennium in the four asylums was 845, of which only 23 were pauper lepers, although one knows from personal observation that the number of these unfortunates must run to hundreds, if not thousands, throughout the province. I fear the Lepers Act is a dead letter in most municipalities. The Medical Officer, St. John's Asylum, Mandalay, reports that though cases of infringement of the Act were frequently reported, not a single arrest of a new case was made during the whole of 1919. A large number of pauper lepers wander about the country from

one small bazaar to another and at present it is impossible to stop them.

There are indications that this disease is much more widespread than is generally believed. In its early stages, however, it is extremely difficult to detect, but Lieutenant-Colonel Donovan in Madras found that six per cent. of the school children examined by him had signs of leprosy. Lieutenant-Colonel Pearce is of opinion that there is a large amount of this latent leprosy in Rangoon, especially amongst the Chinese community. At the Pasteur Institute treatment by injections of Morrhuate of Soda have been followed by excellent results as regards the relief of symptoms, but in no case has the disease been definitely eradicated. The Medical Officer, St. John's Leper Asylum, Mandalay, reports having obtained good results from the injection of neem oil. The whole subject of leprosy requires full investigation, and I understand that the Sanitary Commissioner has made certain proposals to the Local Government for dealing with this loathsome disease.

13. Dufferin Hospital .- One thousand four hundred and eighty-three patients Statement B. were admitted in 1919, of whom 1,024 were maternity cases, 85 abortions and miscarriages and 374 other cases. Of the maternity cases 833 were reported normal

and 191 or 18'6 per cent. abnormal, a very high figure, which confirms the opinion I have long entertained that difficult labour is much more common amongst Burmans than amongst European women. I do not know if any series of pelvic measurements have ever been made, but my impression is that these measurements are smaller than amongst European women even after allowing for difference in stature. It is difficult to get figures for comparison, but to take a couple of items—Per cent. of Face Presentations: Europeans 33, Burmese 8; Traverse Presentation: Europeans 5 and Burmese 1'07. Placenta Praevia is certainly much more common than in Europe, but I cannot give any reliable statistics.

The report gives no information as to the mortality amongst the children or the number of instrumental deliveries. The death-rate was 2.83 per cent. as compared with 3 per cent. last year, but there is no information as to how many

deaths occurred during child-birth.

The out-patients department continues to grow, 15,032 new and 20,989 old cases attended against 13,935 new and 19,881 old last year. I have doubts about the wisdom of this policy of fostering the out-patients department, which is now largely engaged in the treatment of general diseases amongst women and children.

All Dufferin Nurses and Results System Midwives receive their obstetric

training at this hospital.

14. Rangoon General Hospital.—The Rangoon General Hospital has suffered to the same extent as the rest of the province from lack of superior staff. Only three Indian Medical Service Officers have been available during the greater part of the triennium. The Civil Surgeon, Rangoon West, carries out the duties of Ophthalmic Surgeon including Nose, Ear and Throat and X-Ray Departments, and is Superintendent of the Medical School. The Civil Surgeon, Rangoon East, acts as Police Surgeon, while the post of Pathologist is held by the Director, Pasteur Institute, who is also Bacteriologist to the Local Government. The Nursing staff has also been greatly depleted; there are only 53 Nurses on the staff out of a sanctioned strength of 73. Extra Burman and Karen probationers have been recruited and relieve the pressure to some extent, but the shortage of capable and reliable nurses is greatly felt.

The number of in-patients admitted in 1919 was 8,786 practically the same figure as for 1917 and 1918, the reason simply being that in all three years the available beds were occupied to their full extent, and even more. It is unsatisfactory to note that Burmans formed only between 18 and 19 per cent. of both inand out-patients. It may not be true to say that the hospital exists for the benefit of the Indian cooly, but there would be great deal of truth in the criticism and the question of popularizing the institution amongst Burmans requires attention. The daily average number of in-door patients was 472 in 1919, while the number of beds was nominally only 443. This overcrowding has been continuous during the triennium. One cause for this is the use of the hospital as a "Poor House." Many old chronic cases before which Medical Science is powerless, fill beds which could be put to much better use. An Infirmary ward, either in the hospital compound or elsewhere, is an urgent requirement. The question is under consideration by a committee, but so far no progress has been made towards its solution. Another way in which some relief to the present overcrowding could be obtained is the establishment of a Tubercular Hospital or Sanatorium in some place better suited for the treatment of that disease than the centre of a large town. During 1919 there were 354 admissions with 128 deaths, a larger number than that due to any other disease.

There has been a progressive decline in the number of out-door patients ever since the war broke out; for the triennium 1911—13 they numbered 211,053, for 1914—16 200,567, and for 1917-19 192,862, a total falling off of 18,191 cases. This decline is not of any great significance and will disappear when conditions

resume their normal course.

I do not think enough use has been made of this hospital in the past as a training ground for the Civil Medical Service in Burma. The tendency has been when a man was found efficient and suitable to keep him more or less permanently. This may be excellent for the man and for the hospital, but the question should be looked at from a wider point of view. The hospital is a Provincial Institution and the province has a just claim that its needs should be considered. In no way can the Rangoon Hospital neet provincial claims better than by giving the younger members of the Med cal Service a training and experience which they cannot obtain elsewhere and sending them out into the districts better equipped

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for their fight against disease and injury. With the exception of the Superintendent, Civil Surgeons, Specialists and possibly few others, I think no officer should occupy an appointment for more than two years and as far as possible

all new arrivals should begin their careers in Rangoon.

In 1919 with a view of associating Private Medical Practitioners with the work of the Hospital, Dr. (Mrs.) Ferguson was appointed Registrar on a salary of Rs. 350 per mensem. The appointment can hardly be said to have fulfilled expectations. Dr. Ferguson has resigned since the close of the year, on leaving Rangoon; and the question of continuing the appointment is still undecided.

15. The following table shows the more important diseases amongst the Statements C (i) and C

in-door patients during the triennium :-

	Disease (1)	s.	(2)	tg18,	1919.	Mean percentage of deaths during the triennium 1917—19. (5)
Injuries			 15,137	14,475	15,313	3*35
Malaria	***	***	 11,632	11,548	12,030	3*35 2*68
Syphilis	4.4		 3,535	3,343	3,502	1,81
Dysentery		***	 2,030	2,204	2,745	13*31
Respiratory disc	ases		 1,874	2,034	1,949	3*60
Small-pox	***	***	 295	308	1,553	21'43
Diarrhoea	***	***	 1,219	1,274	1,304	19.86
Venereal disease	s		 1,362	1,182	1,309	0*48
Tuberculosis-L	ung	* ***	 903	888	873	36*56
Tuberculosis—(	Other		 196	264	264	20'72
Cholera		***	 176	280	819	51.30

Malaria.—This is the commonest cause of sickness, but its incidence varies greatly in different parts of the province. Taking the admissions into the larger hospitals by districts and divisions, which should give a fair idea of the distribution of the malaria, I find that the following is the relative prevalence of the disease expressed in a percentage of the total number of patients treated in different hospitals :-

		r er cent.	
Shan States		 33'17	
Chin Hills		 19'41	
Mandalay Division		 19.18	
Arakan Division		 15.4	
Irrawaddy Division		 11.6	
Pegu Division		 10.1	
Sagaing Division		 9.07	
Meiktila Division	7	 8.13	
Magwe Division		 5'09	

It will be seen that Shan States is the most malarious part of Burma, and Lashio with an admission rate of 44 per cent. is facile princeps. Taunggyi and Mogôk come next with 28'03, Mawleik follows with 24'5 and Arakan with 15'4.

Central Burma including the divisions of Sagaing, Meiktila and Magwe have a comparatively small number of admissions, though the figures for Sagaing are spoiled by the inclusion of Mawleik. Magwe, Pakôkku and Myingyan are the least malarious districts.

Holding an intermediate place between these two, come the Lower Burma Divisions, Irrawaddy, Pegu and Tenasserim. While in a class all by itself is Rangoon Town, to judge by the hospital returns, the least malarious place in Burma.

Malaria is not a frequent cause of death; out of 12,026 admissions in 1919 only 355 died, a mortality of 2'95 per cent., but undoubtedly its ravages lower the general health and cause its victims to succumb more readily to attacks of other diseases. In malarial parts of the country quinine is distributed by the district officers. Complaints have been received about the quality of quinine supplied which are being enquired into. I believe that with improved medical education and the more frequent use of the microscope to ensure accurate diagnosis, the amount of malarial fever shown in the returns will gradually decrease. A large number of cases at present called malaria are wrongly so diagnosed, and the disease is probably not so common as generally supposed.

Dysentery. - An analysis similar to that made in the case of malarial fever shows that there is no necessary connection, as is popularly thought, between

these two diseases. In fact those parts of the country which suffer most from Malaria, suffer least from dysentery. The Shan States, Chin Hills, Mandalay and Arakan Divisions show only about one per cent. of admissions for Dysentery, while the Lower Burma Divisions average 2'4 and Rangoon Town heads the list with 4'1.

The central divisions, Sagaing, Meiktila and Magwe, stand midway between the two, having less dysentery than Lower Burma, but more than the Shan States,

etc.

The number of deaths in hospitals from dysentery was 389 or 14'17 per cent. of the admissions and the mortality rate shows a tendency to increase of recent

years.

Cholera.—One thousand two hundred and seventy-five cases of cholera were admitted with a death-rate of 51'29 per cent. during the triennium. More than two-thirds of these cases were in 1919; Akyab, Rangoon and Myaungmya showing the largest number of admissions. The death-rate is heavy, but capable of being considerably reduced by the systematic adoption of Sir Leonard Roger's method of treatment. The Civil Surgeon, Myaungmya, reports nine recoveries out of ten cases treated. The existing conditions for the segregation of infectious disease, before alluded to, militate against the prompt use of the method.

Enteric Fever.—Out of 207 admissions in 1919, 107 were distributed almost equally between Rangoon and Mandalay. The death-rate was high, averaging 25 per cent. The disease is, I believe, extremely common in towns, but rarely recognized by the Burman Sayas. When Civil Surgeon, I have time after time been sent for after perforation had taken place, the case having been treated as

"fever," frequently with abdominal massage.

Influenza.—The returns do not show this disease; it has been entered under various heads, "Other Infectious Diseases," "Pyrexia of uncertain origin" and "Pneumonia," etc., chiefly the first mentioned, which rose from an average of 764 cases for the preceding four years to 7,147 cases in 1918 and 4,064 in 1919, with a death-rate of 21 per cent.

The number of cases of pneumonia increased by 50 per cent. in 1918 and 1919 as compared with previous years. Experience does not clearly indicate any special line of treatment for influenza: Quinine Salycilates, Creasote, Cinnamon

all have their advocates.

Plague.—The number of cases treated in hospital was 1,634, slightly greater than during 1914—16. The death-rate was practically the same, i.e., 60 per cent. Dr. Sheldon, Railway Medical Officer, advocates early and complete excision of the affected glands in bubonic cases, and subsequently packing the wound with pledgets soaked in concentrated saline, to stimulate a flow of lymph. He has obtained good results by this method in a few cases, but the numbers are too small to dogmatize on.

Tuberculosis.—This scourge showed itself chiefly in the form of tubercle of the lung. There were 11,501 in and out-door patients treated in 1917—19 as compared with 9,911 in 1914—16. The increase was considered by some observers to be due to influenza; that tubercle was in fact a common sequela to that disease. The statistics do not bear this out, the number of cases in 1918 and 1919

being fewer than those in 1917.

Other tubercular diseases were little more than one half what they were in 1914—16, being 2,467 cases as compared with 4,535. The extended use of the miscroscope is I believe responsible for this. Tubercle is very much more common in Lower than in Upper Burma with the exception of Mandalay and the Shan States. Amongst the agriculturists in the dry zone of Upper Burma, the disease is almost unknown. The great enemy of attempts to eradicate this disease is the casual way in which it is treated by Burmans in its early stages.

Venereal Diseases .- The statistics do not show the total amount of venereal

disease treated in hospitals.

Syphilis and Gonorrhoea are classified as such, but it is impossible to say what number of venereal diseases are included under the heads of "Inflammation,

Lymph Glands, Other Diseases of the Generative Organs, etc."

The triennium shows a decided increase in both Syphilis and Gonorrhoea, the former from 65,775 to 68,923, and the latter from 49,917 to 53,331, as compared with 1914—16. The cause usually assigned is the return of men from military service, but as a practically proportionate increase occurred in the preceding triennium as compared with 1911—13, this can hardly be accepted as the sole or even the chief cause.

It is difficult to say whether the increase in admissions for venereal disease, indicates a real or only an apparent increase in its incidence. The numbers coming to hospitals have increased largely, but this may mean greater confidence

in European methods of treatment especially as regards Syphilis.

Anchylostomiasis is very prevalent in the Arakan Division. In the Akyab Jail 27 per cent, and at the Civil Hospital 24 per cent, of those examined, and who showed no obvious symptoms, were found infected. It is only at an advanced stage of the disease that patients seek relief in hospitals. Throughout the remainder of Burma, the disease is much rarer, but its incidence has never been properly investigated and many cases returned as Anaemia, etc., are really cases of Anchylostomiasis. Investigations in India showed that latrine users were almost free from this disease, a strong argument in favour of an efficient conservancy

system in every town.

Small-pox and Vaccinal Condition.—In 1919 the admission rate rose to about five times what it was in the previous two years. Rangoon Town furnished 72 per cent. of all cases and 76 per cent. of all deaths. The majority of these were either imported or arose from contact with imported cases. Rangoon is in fact the chief distributing centre for small-pox in this province, and until effective means are taken in the form of vaccination and re-vaccination of all arrivals from India, it will continue to distribute this loathsome disease. A great deal might be done by bringing the legal definition of a "protected person" in the Vaccination Act into line with the present scientific conception of what constitutes a "protected" person. At one time, no doubt the two ideas were more or less identical, but since then they have diverged greatly. It is now recognised that the immunity conferred is a limited one, it does not last throughout life, and an adult vaccinated in childhood only, is in reality an "unprotected" person.

The advantages of vaccination are clearly brought out by a study of the

statistics of patients admitted for small-pox in 1919.

Out of 1,553 cases, 380 or 24'4 per cent. died, but the death rate amongst the vaccinated was 15 per cent. while amongst the unvaccinated it was 36 per cent. The vaccinated class includes all doubtful cases, where the patients stated that he or she had been vaccinated, but no marks could be found. Practically all the vaccinated adults who contracted small-pox had been vaccinated once only in infancy, and this, though it reduces the incidence and death rate of the disease, is not sufficient to confer complete immunity from either.

will find a ripe field awaiting them. There is an enormous amount of material at hand, which would richly repay investigation not only in respect of well known common diseases, but of rarer and sometimes even wholly unrecognized morbid

conditions.

For instance, a disease called by the Burmans "Athama" was described by the Civil Surgeon, Toungoo, in 1898, and his observations were confirmed by the Civil Surgeons of Pakôkku, Shwebo and Myingyan. The characteristic feature of the disease was a malignant sore, followed by septic fever and in many cases death. In 1905 and 1906, the Civil Surgeon, Meiktila, described a similar condition said to be due to the bite of a poisonous spider and called by the Burmans "Pengoo Na." There is no doubt all these officers have described the same disease which is widespread in distribution and very fatal in character.

A disease known as the "Hton Yawga" has been described by Civil and Medical Officers in Bhamo District, most prevalent during the rains, bearing some

resemblance to Beri-beri and with a death rate of 50 per cent. or over.

A somewhat similar disease known as "Hton Swai" has caused a heavy mortality in the Upper Chindwin. A number of blood slides taken from patients suffering from this disease were examined by Lieutenant-Colonel Pearce. Malarial parasites were not found, but marked eosinophilia was present in all. Lieutenant-Colonel Pearce hazards the suggestion that the disease may be Anchylostomiasis or Bilharziosis.

A disease called "Mak Hkaolam" by the Shans is said to be very prevalent in some parts of the Southern Shan States, causing heavy mortality, and characterized by a curious peri-anal eruption. The Civil Surgeon, Taunggyi, thinks it may be due to a parasite, Schistosoma Mansonii, but nothing definite has been proved.

These few instances show the need of scientific investigation carried out by

specialists.

Statements D (i) and D (ii).

17. Military Police Hospitals .- The strength, sickness and mortality of the Burma Military Police during the triennium under review and that of 1014-16 are compared below :-

Details,	1917.	1918.	1919.	1917-19.	1914—16.
Average strength Admissions per 1,000 of strength Daily average sick per 1,000 strength Deaths per 1,000 strength Invaliding per 1,000 strength	16,166	16,354	16,048	16,189	16,078
	1270°26	1476'5	1390'74	1379'17	933'19
	51°88	58'38	54'52	54'93	51 67
	7°14	20'55	15'31	14'33	7'24
	16°02	15'00	20'19	19*07	16'58

The number of admissions have greatly increased during the triennium. Various causes have brought this about. The Influenza Epidemic of 1918, the Chin Hills operations, the retention on account of the war of a large number of old and sickly men for light duty, men who in the ordinary course of events would have gone on pension or been invalided. For the same reason invaliding increased greatly after the termination of the war, but there is still too large a proportion of worn out men in the ranks.

Out of the 18,015 in-patients treated, practically one half suffered from malarial fever with a death rate of '42 per cent. This compares very favourably with the civilian death rate of 2.68 per cent. and shows what can be done by prophylactic measures and early treatment, for the police, as a body, are much more exposed to infection than the civilian population, and serve chiefly in the most malarious parts of Burma, Mandalay Division, Shan States and Chin Hills.

Quinine is issued prophylactically to the men in all malarious tracts, and the use of mosquito curtains encouraged as much as possible. The latter should be

part of the Military Police Sepoy's permanent equipment.

18. Railway Hospitals and Dispensaries.—There were 28 railway institutions at the beginning of the triennium under review, but only 26 remain at its close, one at Mahlaing and the other at Yinmabin, both in Meiktila District were closed during 1917 and 1918 respectively. During the year 1919, a new dispensary with subsidiary buildings was commenced at Kalaw and is approaching completion.

The total number of patients treated at those institutions was 109,506 in 1919 as against 119,815 in 1918. Thus there was a decrease of 10,309 patients which is accounted for by the Chief Medical Officer, Burma Railways, by the disappearance of Influenza in epidemic form and to a marked decrease in the number of cases of malaria treated.

The in-door accommodation remained the same as in the previous triennium, i.e. 88 beds for males and 4 for females. One thousand one hundred and fifty-two cases were treated as in-door patients as against 1,373 in 1918. Injuries (general and local) contributed 3.6 cases, Malaria 156, All Other Infectious Diseases 74, Dysentery 64 and Pneumonia 52. There were 81 deaths, or 7'03 per cent. of admitted cases.

19. Private Non-aided Dispensaries .-- There are at present no non-aided

dispensaries in Burma as far as is known.

20. Class .- The percentage of different classes of patients treated during 1917-19 as compared with 1914-16 is given below :-

Race.	1917-19.	1914-16.
Europeans Burmese Hindus Mahomedans Other classes	1*91 58:34 17:41 12:15 10:29	2*13 54*0 17*27 12*17 14*5

The only noticeable difference is that the Burmese have increased by about 4 per cent, and the "Other Classes," decreased by the same figure. This is due to difference in classification and has no real significance. Various tribes, such as Karens, Kachins, Chins, Taungthus, Shans, etc., formerly called "Other Classes," are now included under the general head of "Burmese." This change has not, however, been in force throughout the whole triennium, so that a further fall amongst "Other Classes" must be expected.

Statements D (i) and D (ii).

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The Burmese who form about 90 per cent. of the population furnished only about 60 per cent. of the hospital attendance. This is an unsatisfactory state of affairs, but is explained to some extent by the fact that most of the Indians in the Province are town dwellers, and it is from the towns that the bulk of those attending hospitals is drawn. At the same time it is useless disguising the fact that Burmans as a race prefer their own time honoured methods of treatment, and are as yet far from being convinced of the superiority of Western Medical Science. Time alone will bring about a change in their attitude.

Sex .- The following is the summary of attendance for three years :-

Year.			Males, Females.		Chile	iren.	Total.	
					Males.	Females,	10001	
1917 1918	:::	1		1,034,999	380,284 373,899	250,466 241,057	201,780 194,643	1,867,529
1919	***			1,030,237	362,487	227,459	187,078	1,807,261
	Total, 1917 Total, 1914	—19 —16	:::	3,107,540 3,049,363	1,116,670	718,982 672,866	583,501 542,150	5,526,693 5,306,607

The number of females including female children was 30'7 per cent. of the total attendance, an increase as compared with 1914-16 when the figure was 20'8.

21. Operations .- The total number of operations performed during the Statement triennium was 160,886 as compared with 154,391 in 1914-16. This represents G. about 3 per cent. of the cases treated and falls below the Indian standard. Generally speaking the Burman has a greater dread of operation than the Indian.

The following table gives the number of important operations as compared with the triennium 1914-16, and as will be seen, there has been a slight falling

Name of Operation.		1917. 1918.	1918.	1919.	Total.		
	Operation: 1917.				1917-19.	1914-16.	
Amputations			293	358	332	983	866
Trephinning the skull	***		144	118	117	379	312
aparotomy	***		99	801	121	328	343
Cataract extraction			30	28	66	124	314
ridectomy			17	6	26	40	333
Excision of eyeball	***		27	23	46	, 49	74
dernia strangulation	***		45	23 47	53	145	74 178
dernia radical cure	44.		225	176	204	605	552
Abscess of liver			32	39	49	130	124
Lithotrity			6	39	5	17	44
Lithotomy			45	33	5	129	104
Litholaplaxy			45	3	. 2	10	-24
Ovariotomy		***	32	32	42	100	129
Hysterectomy		***	53	33 3 3 <sup>2</sup> 53 28	53	1:9	100
excision of vermiform	appendix		79	28	23	129	174

The largest amount of operative work was carried out in the Rangoon General Hospital, but Mandalay and Akyab showed an equally high standard, both as regards quantity and quality. The death-rate for in-patients was 2'2 as compared with 2'4 during 1914-16.

There has been a very heavy fall in cataract extraction and Iridectomy and to a less extent in operations for stone and appendicitis. On the other hand,

operations on the skull and amputations have increased.

I can give no explanation of the surprising fall in the number of eye operations, beyond the fact that the Ophthalmic Surgeon in Rangoon had many other duties to perform, which greatly restricted the time he could devote to eye work.

Three thousand four hundred and fifty- hree intravenous injections of Salvarsan were given, the numbers each year being practically double those of the preceding year, but the number of cases "cured," 82 per cent. as shown by the returns, is, I fear a very optimistic estimate.

22. The hospitals and dispensaries, excluding those belonging to the rail- Statements way throughout the Province, are financed by the Provincial Government and H. and J. Local Funds, supplemented in a comparatively small degree by private charity.

The following table gives an abstract of the income and expenditure on hospitals and dispensaries during the three years under review:—

Details,	1917.	1918.	1919.
Income.	Rs.	Rs.	Rs.
Cash balance	85,003	75,062	70,363
Contributions from Government	8,95,485	9,57,965	10,64,778
Contributions from Local and other funds	10,02,491	9,38,195	9,33,745
Interest on investments	2,087	3,362	3,077
Subscriptions	56,686	56,541	73,801
Donations	3,075	8,483	2,630
Miscellaneous receipts	39,217	52,059	62,812
Total Receipts	20.84,944	20,91,667	32,11,206
Expenditure.			
Establishment	9,73,939	9,69,754	9,81,389
Europe medic no	2,11,715	2,44,182	2,00,688
Bazaar medicine	45,884	68,453	71,732
Diet	2,63,287	2,55,363	2,99,808
Miscellaneous charges	2,11,531	2,34,362	2,79,960
Buildings and repairs	2,85,325	2,39,517	2,86,896
Investments	18,166	6,596	1,772
Total Expenditure	20,09,847	20,18,227	21,22,245
Closing Balance	75,097	73,440	88,961
GRAND TOTAL	20,84,944	20,91,667	22,11,206

A modern hospital is an increasingly expensive necessity, entailing an expenditure far beyond the resources of most of the Municipalities or Town Committees. I do not think an estimate of Rs. 1,000 per bed per annum, for all purposes, would leave any considerable balance if the hospital is to be properly equipped, staffed and kept up to date. Few, if any, of our local bodies are in a position to meet such an expenditure or even one half of it, and in consequence many of the hospitals lead a starved and crippled existence, the actual expenditure per occupied bed being less than Rs. 600 a year.

There should be at least one good modern hospital in every district, but the

Municipalities even when aided by the district fund cannot finance it.

In some cases the district fund might increase its subsidy, because patients coming from the district, outside municipal limits, sometimes reach 60 per cent. of the total, and rarely fall below 20 per cent. whereas the district contribution generally forms a smaller percentage of the expenditure. A special hospital tax levied only on assessments above a certain value might be feasible in Municipalities and Town Fund areas. This would fall only on the well-to-do, who, with a few exceptions, do not contribute in any substantial degree towards the upkeep of hospitals, although quite willing to make use of them.

increased during the triennium forming 50 17 per cent. of total expenditure during 1919 as compared with 44 55 per cent. in 1917. Local contributions, on the other hand, fell from 49 8 per cent. in 1917 to 44 per cent. in 1919. Subscriptions and miscellaneous receipts have risen somewhat throughout the whole province.

24. Expenditure.—The increases under the heads of bazaar medicines, diet and miscellaneous charges have been due to the steady upward tendency of prices. Hospitals have been hard put to it to make ends meet and the close of the triennium found them with stocks depleted beyond the point of safety. Expenditure on Europe medicines varies, depending a great deal on when the Accounts Department happens to make the necessary debit, it rarely corresponds

with the actual expenditure.

25. Establishment.—Out of a sanctioned cadre of 41 Indian Medical Service Officers, there remained 11 only during the greater part of the triennium, the number rising to 13 in 1919. Their places were taken by retired Indian Medical Service Officers, private practitioners, and Civil Assistant Surgeons and the machine continued to work, though with a certain amount of creaking, and loss of power. Still it did work, though those who took the strain suffered. Lieutenant Colonels Barry and Dee, who carried on in Rangoon throughout the war have, since its close, been obliged to go on sick leave, and others, still working, are

tired men. A calculation made of the amount of furlough taken by Indian Medical Service Officers in civil employment in Burma at the close of the year showed that the average amount of furlough taken was one year in 13½ years' service, and the privilege leave about one-fourth of what was earned.

Normally the 42 Civil Surgeoncies in Burma are held by 19 Indian Medical Service Officers, 7 Uncovenated Medical Officers, 12 by Military Assistant Surgeons and 4 by Civil Assistant Surgeons. At the close of 1919 the

distribution was as follows :-

Held by Indian Medical Service Officers, 7; by Indian Medical Service Officers (retired) 2; as collateral charges by Indian Medical Service Officers in military employment 2; Private Practitioners 1; Uncovenanted Medical Officers 6; Military Assistant Surgeons 4 (one a retired man) and Civil Assistant Surgeons 19.

The department has suffered from an administrative and professional point of view from the lack of superior officers. The work has been kept going in a very creditable way, but under surface there has been a good deal of stagnation.

Military Assistant Surgeons.—Out of 19 on the rolls only 3 Military Assistant Surgeons remained in the Province at the beginning of 1917, the number fell to one in 1918 and rose to 4 at the close of 1919, the remainder are still on military duty. The absence of those men has been a great loss to the Province.

Civil Assistant Surgeons.—There were 51 permanent and 16 temporary officers of this class at the beginning of 1917. The latter have been gradually increased until they now number 26, including three Sub-Assistant Surgeons who have been promoted. One man was lost from the permanent strength by resignation in 1918, so that the year ended with a total of 76. Of which 56 were actually on duty in Burma, the remainder being on leave or military duty.

Eight Civil Assistant Surgeons left the Province for military duty in 1917

and one in 1918, while one returned in 1919.

This branch of the Medical Department is the only one that can be said to have benefited by war conditions. A large number of its members have occupied positions which in the ordinary course of events, they would never have attained, and have on the whole carried on their duties creditably, a few of them extremely well, but not generally speaking in such a manner as to warrant the extravagant claims put forward on their behalf, while, in a few cases, an unpleasant impression has been created by their devotion to the pecuniary aspect of their professional ministrations.

It is also quite time, some of the members of this branch of the service realized, that private convenience must sometimes give way to public necessity.

Sub-Assistant Surgeons.—The number of Sub-Assistant Surgeons on the rolls at the beginning of the triennium was 360 out of a sanctioned strength of 381 of whom 314 were serving in Burma. At the end of 1917 the number on the rolls had risen to 396 of whom 277 were in Burma. At the end of 1918, there were 408 on the rolls and 299 in Burma.

Twenty-three men reverted from Military duty chiefly during 1919 and the close of the year finds us with 299 men in Burma of whom 6 are temporary, 75 on

Military duty and 34 on furlough or sick leave.

This branch of the Medical Department has "carried on" under grave disadvantages during the triennium. Extra work, want of leave, and the general rise in cost of living, have all combined to create a spirit of depression and discontent in many of its members. The service is tired out and wants a rest. It is no easy matter to retain keeness and energy, through years of continuous work, often in uncongenial and unhealthy surroundings, but, on the whole, the service has risen to the occasion. The coming triennium will I hope see the complete re-establishment of normal conditions.

A new scale of pay was announced at the close of 1919, though it has not yet come into force owing to difficulties with the Accounts Department. This new rate substitutes a time scale for the former graded pay. Sub-Assistant Surgeons will in future start at Rs. 75 rising gradually by bi-annual increments of Rs. 5 for the first 18 years, and Rs. 10 for the next 6 years, to a maximum of Rs. 150. All further promotions will be by selection to two senior grades carrying pay of Rs. 175 and Rs. 200 respectively. These selected Sub-Assistant Surgeons will number 10 per cent. of the cadre. This new scale gives a substantial increase to both juniors and seniors but benefits the intermediate men to much less extent.

Generally speaking the work of this class has been good, though there have been some inexcusable instances of incompetence and neglect, especially in Medico-legal work. The training in this important branch requires more

attention, and will I hope be improved in the future.

At the same time it cannot be denied that professional efficiency and general education have greatly increased during recent years. Sub-Assistant Surgeons who cannot write readable and intelligible English, are now as rare as they were common twenty years ago. The weakest point in their equipment at present is lack of discipline, some members of the service seem to have no conception

of the meaning of the word.

It is a severe test to be placed in charge of a small isolated hospital for several years with no chance of meeting men of their profession or seeing another man's work. Yet most Sub-Assistant Surgeons retain their professional keenness and industry in a very creditable degree. I take the liberty of suggesting that the time has come for altering the rules enjoining Civil Surgeons to, themselves, write the Annual Reports of Hospitals and Dispensaries in charge of Sub-Assistant Surgeons. When originally promulgated the general education of Sub-Assistant Surgeons was so poor that very few of them could have written an intelligible report, hence the necessity of the order. But a different state of education exists now, and almost every Sub-Assistant Surgeon is capable of writing quite a good report on his year's work, and doing so would have both a stimulating and educative influence. The Civil Surgeon after adding his remarks or criticism should pass it on to the Inspector-General of Civil Hospitals who would thus gain a valuable clue to the Sub-Assistant Surgeon's value and mental capacity. No doubt some quaint expressions and still quainter views would be found in these reports, but they would tend to increase the man's pride in his work and make him think, and weigh evidence, on professional matters.

26. Ward Assistants.—These men have had one year's training in nursing and are employed in mofussil hospitals as substitutes for trained nurses. The reports about their usefulness are conflicting—my own experience has been good, but a large number of Medical Officers consider that they are merely overpaid Ward servants and of little value. As a class they are not likely to be permanent and will no doubt gradually be replaced by properly trained nurses, but in the meantime they fill with more or less success, the gap between the ward servant

and the Medical Officer.

27. Nursing.—Most of the nurses in the Province receive their training at the General Hospital, Rangoon. There are two classes, Europeans and Anglo-Indians, and those drawn from the indigenous races chiefly Burmans and Karens.

The first mentioned class goes through a three years' training, but of late, great difficulty has been experienced in obtaining suitable candidates. The pay and prospects are insufficient to attract girls with the necessary physique and intelligence, and the shortage has made it necessary to fill the vacancies with

Burman and Karen Nurses.

The latter class of which there are at present twenty under training, work for two years only. I agree with the Superintendent, General Hospital, in thinking that this is not sufficient. Many of these girls take posts in the smaller hospitals throughout the country and I have had painful personal experience of their deficiencies. They have no knowledge of "Theatre" work, which, in a small hospital, is their most important duty. The training should be extended for another year and made more complete than at present. A few Burman nurses are trained at Mandalay, and Hospitals like Moulmein, Akyab, Maymyo and and Toungoo should all be utilized for training, in fact I think a girl has a better chance of a good all-round training in a small than in a large hospital, for she can receive more individual attention, provided of course there is a competent matron.

In addition to the above, the Dufferin Nurses, twenty in number, receive their training for two years in sick-nursing at the General Hospital, afterwards going

through their obstetric training for one year at the Dufferin Hospital.

Backward as the Province is in nursing arrangements as compared with the western countries, I believe in this respect we are ahead of most other Provinces in the Indian Empire. Registration of Nurses should be introduced both for the protection of the public and of the nurses themselves.

28. Results System Midwives.—Eight Results System Midwives have been trained during the year, making a total of 23 for the triennium. There are now

75 scattered throughout the Province.

These women are trained at the expense of the Local Government but the latter has apparently no hold on them, and they are at liberty to resign at any time. Before training, I think, the candidates should be compelled to sign a bond to continue in the employment of the local body to which they are posted on completion of their training for three years. The reason for leaving is simply that the midwife can make more money by private practice. This may right itself in time, as the supply overtakes the demand, but at present the temptation to better themselves proves too strong for many of them.

But while the arrangements of the towns are being gradually met, nothing has been done for the rural population, nor do I think anything can be done on the present lines. The women who qualify as Results System Midwives or Dufferin Nurses will not live in rural tracts, the life does not appeal to them and they can earn higher wages in the towns. An experimental scheme has been submitted to the Local Government for the training of "Village" Midwives.

29. Lady Minto Nursing Association. - The total number of cases attended during the triennium was 241 as compared with 200 in 1914-16. During the last three years 103 cases were refused, no nurse being available. About one-third of the total number attended were maternity cases.

The Secretary states "since 1916 the number of subscribers has considerably decreased and as a business concern, the Association is not self-supporting in

Burma,'

It will be a pity if this very useful Association has to suspend work, through

lack of public support.

30. Pasteur Institute. The number of patients attending shows a steady increase year by year, 313 in 1917, 379 in 1918 and 462 in 1919. The patients came from 90 different stations and during the whole period only 4, or '35 per cent, of treated cases died.

Information with regard to the Institute and the Railway and Steamer concessions to those attended it, have been circulated throughout the Post Offices

of the Province.

Rangoon furnished 279 patients out of a total of 462, but the remaining cases have been fairly evenly distributed over the whole Province, except the Arakan Division, from which no cases came, possibly they find it more convenient to go to India.

Associated with the Pasteur Institute in the same building is the Bacteri-

ological Laboratory, the Director being also Bacteriologist to Government.

I do not think the public generally realise what a large amount of unobstrusive hard work is done here, with a staff very weak numerically as compared with similar institutions in India. One thousand two hundred and ninety-seven cases were examined during the last year, many of them involving long complicated processes of investigation. The staff has been strengthened since the close of the year by the appointment of an Assistant Director, but this is only a fraction

of what is required. Medical Research, one of the most important functions of the Institution, has perforce been in abeyance ever since its foundation. Future developments should find their base of operations here, and, rightly directed, the institution has a magnificent future, when the many medical puzzles of this Province, presenting problems second to none in interest and value, can be attacked with adequate resources. But I sometimes think the present Director must feel rather like Moses, who looked on the Promised Land from afar, but was never allowed to

enter it.

31. Burma Medical Council.-Colonel Strickland vacated the office of President on leaving the Province and was succeeded by Lieutenant-Colonel J. Entrican.

Six meetings of the Council and 16 of the Executive Committee were held during the triennium. One hundred and thirty-nine names were added to the

Register making a total of 645 Registered Medical Practitioners.

32. Hospital Abuse. - There is a great deal of this throughout the Province. People who scorn the idea that they are objects of charity, have yet no qualms about demanding free medical attendance at institutions intended only for the poor and needy, and by so doing place the unfortunate Medical Officer in a very invidious position. Except the patient is personally known to him, it is often impossible to tell whether he or she is in a position to pay, and advantage is taken of this by many who should be above such petty meanness. A donation box in the

consulting room with a prominent notice to the effect that all not entitled to charity must subscribe the usual fee to the hospital funds, appear to be the best way of dealing with this class of patients. The discrimination scheme under which patients who can well afford to pay professional as well as hospital fees, are charged a reasonable amount, one-half of which goes to the hospital funds and one-half to the officer concerned, has now been in force for several years and the reports are all favourable. At present it has been applied to Rangoon, Mandalay and Maymyo only, but should, I think, be extended to Moulmein, Bassein, Akyab and Toungoo.

In Rangoon Rs. 21,269 were credited to Government during 1919 from this

source, and 407 private patients came under its working.

33. Inspections.—The number of institutions inspected by Civil Surgeons was much the same as in the previous triennium averaging 123 per annum, but many of these were inspected several times and the total number of inspection in 1919 was 258. This is a low figure and should be improved on.

During the triennium Colonel Strickland inspected Moulmein, Thatôn, Mogôk, Thabeitkyin, Shwebo, Myitkyina, Maymyo, Prome, Paungdè, Gyobingauk, Tharrawaddy, Pegu, Toungoo, Yamèthin, Pyinmana, Meiktila, Kyauksè, Mergui,

Victoria Point and Akyab.

Colonel Strickland before leaving expressed his satisfaction at the manner in which his office staff had performed their duties. During the difficult times of the last three years Mr. Seppings' knowledge and experience were particularly valuable.

J. ENTRICAN, M.A., M.D., D.P.H., Lieut.-Col., I.M.S., Inspector-General of Civil Hospitals, Burma.

### STATEMENT A

Showing the number of Hospitals and Dispensaries in Burma during the year 1919 (Paragraph 2).

Population of the Province, 12,115,217.

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Class of dispensary.	Number open on 31st December 1918.	Number opened during the year.	Number closed • during the year.	Number open on the last day of the year.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)
I.—State-Public	76	7(a)	1(b)	82	(a) (t) C. H., Wundwin in Meiktila District; (2) C. H., Sale in Magwe District; (3) C. H., Nammawngun in Southern Shan States; (4) C. D., Kindat, Upper Chindwin District; (5) C. H., Kanbalu in Shwebo District; (6) Travelling Dispensary, Palet-
II.—State-Special—					wa in Arakan Hill Tracts and (7) C. H. Pinlebu in Katha District,
(i) Police	41			41	(b) Female Dispensary, Moulmein, Amherst Dis-
(ii) Forests and Surveys	2	1(e)	2(d)	1	trict. (c) Special Burma Forest Survey Party Dispensary, Banmauk, Katha District.
(iii) Canals	2			2	(d) (1) Upper Tenasserim Valley Dispensary and (2) Upper Tayoy Valley.
(iv) Others	3	1(e)	1(f)	3	(a) Double Island Dispensary in Amherst District. (f) Alguada Reef in Bassein
IIILocal Fund	95	3(g)	1(h)	97	District.
IVPrivate-aided	17			17	(g) (1) C. H., Monyo in
V.—Private non-aided					Tharrawaddy District; (2) C. H., Kawa in Pegu Dis-
VI.—Railways	26			26	trict and (3) C. H., Lewè in Yamèthin District. (h) C. H., Rathedaung in
Total	263	12	5	269	Akyab District,

Classes I and II.—These include all institutions maintained by Provincial Funds and under Government management. The fact that an institution possesses endowments or receives contributions from Local Funds or private subscriptions should not be regarded as a reason for not classing it as "State," so long as Provincial and Imperial Funds are practically responsible for all the charges connected with it. Class I—"Public" are State dispensaries which are open to the poorer classes of the public. Class II are "State" dispensaries which serve only a special section of the public as indicated in the sub-classification attached.

Class III.—Local Fund dispensaries include all institutions which are vested in local boards or Municipalities or guaranteed or maintained by Local or Municipal Funds. The fact that such an institution is aided by private subscriptions, or receives assistance from Government in the shape of part of the salary of the Medical Officer, grants of medicine, or otherwise, should not be regarded as a reason for not classing it as a Local Fund dispensary so long as its existence is practically dependent upon Local Funds.

Class IV.—Comprises institutions supported by private subscriptions or guaranteed, but receiving aid from Government or Local Funds.

Class V.—Comprises institutions maintained entirely at the cost of private individuals are association.

CLASS V.—Comprises institutions maintained entirely at the cost of private individuals or associations. The fact that Government supplies superior inspection or registers should not be regarded as a reason for not treating it as a private non-aided dispensary.

CLASS VI.—Comprises all railway dispensaries whether maintained by State railways or others.

### NOTES.

- Transfers of dispensaries from one class to another should be noted in the column of "Remarks."
   Hospitals of the different Funds should be shown as private-aided or non-aided, as the case may be.
   Dispensaries of a purely itinerant character should in no case be included in the statement.

Showing the number of in-door and out-door patients treated in the State-Public, Local Fund and

			3								In-do	or pa	tients.				
		1	Total	treated	during	the	year.	-:	ed.			s per ated.	Nun of b		Dail		2
District.	Name of Dispensary	lass.			Childr	en,		cured.	reliev	Po.		leath	avail		numb		mbe
		Of what class	Men.	Women.	Male.	Female.	Total.	Number	Number relieved.	Discharged otherwise.	Died.	Ratio of deaths p	Men.	Women:	Men.	Women.	Serial Number.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)		(13)	(14)	(15)	(16)	(I7)	_
	CLASS A GENERA DISPENSARIES.	L															
ARYAB	Buthidaung . Kyaoktaw . Minbya . Rathedaung .		186	318  7 19 29 16  27	5 5 7 4	24  4 1 2  3	2,325 106 224 243 208  217	1,658  158 198 186 177 	184  12 8 18 3	116  6 2 11 15  6	292  14 7 22 13	13 7 3 9 6 	106  9 6 10 10	17  2 4 2 2 	60  8 9 6 7  7	7 1 1 1 1	2 2 4 4 4 4
H.T. N. Arakan.	Paletwa Itineras Dispensary.		103	21	19	6.	149	125	9	4		2	18		4	1	5
KYAUKPYU	D	111		28 6	5 2	4	206 60	137 53	54	3	3 4	7	16	4	6 2	1	11
SANDOWAY	Taungup .	111   111   111	74	32 5 2	3	7	33 <sup>2</sup> 82 53	249 01 47	52 8 2	5	4	3 5	12 4 4	2 2 2	3 2	2	13
Rangoen Town.	Genl. Hospl., Rgn C. D. Hospl., Rgn Plague Hospl., Rg Pzg. Male Dispy. Kemmendine Leper Asylum, Rg	n. I	6,801 5,688 2,050	1,568 319 70 	251 121 20  4	166 96 20 	8,786 6,224 2,160 	4,929 1,838 192 	1,593	922 3,519 1,753	873 834 205	9	343 240 48 	16	363 101 19 	81 13 1  38	10 10 10 10 10 10 10 10 10 10 10 10 10 1
HANTHA- WADDY.	Kungyangôn Kyauktan Syriam	II	1 190 1 249 1 824	19 41 135 25	5 1 16 7	1 4 11 2	234 211 295 986 212	202 151 270 607 185	2 41 8 238 13	14 7 5 14	4 9 91 13	3 9	12 6 16 22 11	2	9 7 8 31 6	1 1 4	2 2 2 2 2
INSEIN	2715	11		24 27	4	4 3	274	194 195	38 15	19	16		16		8 6	1 4	2 2
Prou	Nyaunglebin Kawa Kyauktaga	II II II	I 525 I 96 I 282	92 20 43	13 11 3 10	6 7 4	1,039 035 119 339	794 509 100 253	44 5 32	.9  19	87 47 5 20	7 4	11 50	4 3	28 18 4 9	4 3 1 1	2 3 3 3 3
THARRA- WADDY.	Mônyo Thônzè Gyobingauk Zigôn Letpadan Tapun	II II II II II II	I 22 I 72 I 371 I 369 I 422 I	121 -3 -8 -62 -46 -68	7 2  23 2 7  3	8  2 9 5 7 	566 27 82 465 422 504 	476 18 76 311 366 407 	37 4  98 5 51 	5 ": 20 11 5	21 1 23 18 25	4 . 5 4 5	10	3 2 2 4	20 1 3 14 16 16	7  1 2 2 2	3 3 3 3 3 4
PROMB	Paungdè		I 448	185 50 25		7 4 3	1,035 512 184	79 <sup>2</sup> 343 15 <sup>2</sup>	58 56 14	63 71 6	87 28 5	5	30 14 20	- 4	35 15 5 	8 2 1	4 4 4
MA-UBIN	Yandoon Pantanaw	III	278	60 12 48 17	13	8 7	548 290 294 197	420 179 279 151	27 64 	45 6 	40 31 6 16	111	36 18 7 8	6	17 8 6 7	2  I I	4 4 4 4
PYAPÓN	Kyaiklat Dedayè		433	99 .66 44 21	14 17 2 1	10 8 2 4	963 524 333 280	659 424 276 205	172 37 23 28	50 4 2 26	44 40 19		38 18 16 16	8	31 17 13 9	4 3 1	4555

MENT B.

Private-aided hospitals and dispensaries of Burma during the year 1919. (Paragraphs 5 to 14).

				and the same				3000	door patie	ents.				1		both loor.
		ly av	erage er.			Nun	nber treat	ed.		distribution of the second	Aver	age dai	ly att	tenda	nce.	number o treated both
	-	iren.		per-	Pa .		Т	otal treat	ed.				Chile	iren.		number treated and out-d
ľ	CHIE			Attended	Represented by friends,		ė -	Child	Military and and an in-		,	ė			100	nt and r
	Male.	Female.	Total.	nally	epre frie	Men.	Women,	Male.	emale	Total.	Men.	Women.	Male.	Female.	Total.	Total patients in-door a
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1	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(20)	(30)	(31)	(32)	(33)
1																
	2	1	69	16,155	1,409	14,741	1,171	955 538	697	17,564	72	5	4	3	84	19,88
		***	8	14,839	4,328	3,178	2,136	4,361	2,705	4,369	35	7	13	9	64	19,36
			10	10,438	2,293	8,557 5,895	1,849	1,432	893	12,731	32 28	7 8	5 9	3 5	48	12,95
1			7 8	4,822	1,365	4,184	828	631	544	6,187	18	7 3	2	2	49	6,39
			8	9,723	771	7,066	1,354	1,204	870	10,494	32	7	6	4	49	10,71
1	1		6	4,106	287	2,658	593	683	459	4-393	14	4	3 2	2	23	4.5
			7	7,226	3.098	6,507	1,502	1,295	1,020	10,324	33 .	1	5	4		10,5
1			2	5,471	2,502	5,371	1,264	731	607	7,973	20	7	3	2	49	8,0
			14	6,404	3,096	10,640	3,227	1,083	2,397	19,226	54	14	12	11 5	91 34	19.5
1			2	3,766	1,463	2,609	842	1,051	727	5,229	10	3	3	2	18	5,2
	15	13	472 121	60,343	2,387	46,069	10,650	3,094	2,917	62,730	378	80	17	15	490	71,5 6,2
	2		20			***		***				***	***	111		2,1
		***		21,202	593 3.624	12,488	4,784	2,454	393	14,494	92	26	13	3	104	24,8
1	4	2	212	4	3.0-4	4		******		4	4				4	3
			10	8,807	1,1 76	5,670	1,961	1,573	779	9,983	34	11	6	3	54	* 10,2
		***	8	0,335 7,051	3,528	4,905	1,555	924	834	9,863	21	8	6	4 3	39 37	10,0
			35	14,094	68	11,101	1,751	1,201	709	14,762	58	9	5	3	75	15.7
				7,931	119	4.435	1,550	1,121	944	8,050	25	1		4	43	8,2
			7	6,486 7,181	2,328 972	5,796	1,372	877	1,058	8,814 8,153	24	5	3 4	4	34 33	9,0
3			32	13,769	1,473	9,678	2,771	1,530	1,263	15.242	49	13	6	5	73	16,2
3	***	***	21 5	9,002	1,338	1,653	1,883	410	1,003	2.895	37	3	6 2	6	14	3,0
			10	6,686	2,116	5,286	1,615	1,044	857 59	8,802	27	7	4	4	13	9,
3			27	8,036	469	4,647	1,537	1,269	1,052	8,505	30	9	5	5	49	9,0
4	1::		1 4	2,562 8,801	861 435	3,899	1,918	1,865	745 1,554	3.423 9,236	5 23	12	7	7	49	3,
5	I		17	10,885	14,576	9.772	4,335	5,974	5,381	25,462	60	24	23	21	128	25,
7		***	18	18,850	8,223	7,480	2 572	4.005	2,793	27,073 16,850	35	13	19	15	93 69	17,
9			9	10,203	1,004	5,780	1,680	2,048	1,600	11,207	28	7	7	6	48	11,
1			43	14.477	860	8,867	3,086	1,743	1,641	15,337		23	13	13	107	16,
3			17	9,022	3,693	5,174 4,001	1,937	1,700	1 380	7,973		7	0		47	10,
4				7,004	2,905	4,448		1,175	1,680	9,909		19			55	9,
5			19	7,789	1,797	1	1,183	1,422	1,176	9.586		17			65	10,
7			7		3,130	7,557	2,279	4,735	1,726	17,053	41	12	16	8	77	17,
19			47.47	11,736	2,036	9,503	1,823	1,253	1,193	13,772	46	10	3	5	66	14
50								1,720	1,324	13,070		11	7	5 5	73	13
52				nn.				531	339	5,281			0.00		26	5

Showing the number of in-door and out-door patients treated in the State-Public, Local Fund and

			-	- 1/4					1		In-doc	or pat	ients.				
			Total	treated	during	g the	year.		ed.			ths per treated.	of b		Dai		-
District.	Name of Dispensary	class.		1	Childs	en.		cured.	relieved.	per e-		dea	avail		numb		umbe
		Of what class	Men.	Women.	Male.	Female,	Total.	Number	Number	Discharged otherwise.	Died.	Ratio of cent. of to	Men.	Women.	Men.	Women.	Serial Number.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	0.00000	(17)	-
	CLASS A GENERAL	301															
MYAUNG- MYA.	Disprs.— contd.  Myaungmya Wakèma Mawlamyainggyun Einmè Thayetkôn	III III III III	552 326 286 205	69 75 29 66	16 7 4 8	13 6 2 3	650 414 321 282	551 357 220 269	45 21 52 7	15 8 	21 29 30 6	3 7 9 2	33 15 6 10	7 4 2 6	24 10 8 8	3 1 3	1 2 3 4 5
BASSEIN	Bassein Ngathainggyaung Kyaunggôn Kyônpyaw	III III III	1,873 166 190 143	317 25 26 30	46 ·6 5 2	45 2 3 1	2,28t 199 224 176	1,228 97 209 136	391 75 26	304 11 7 2	218 11 2 6	10 0 1 3	98 11 10 8	30 6 2 4	83 8 5 5	11 2 1	6 7 8 9
HENZADA	Henzada Zalun Ingabu Lemyethna Myanaung	III III III III	888 115 ,148 118 274	238 10 13 12 57	20 1 1 1 3	27 I 2 I 3	1,173 127 164 132 337 93	1,046 67 137 104 240	35 40 8 9 50	7 3 12 18	44 10 8 4 17	4 8 5 3 5	34 2 6 8 18	12 2 2 2 2 3	33 3 5 5	9 2	10 11 12 13 14
AMMERST	Kyangin Kanaung Moulmein Moulmein Branch Dispensary	III	1,875	217	36	26	2,154	1,495	238	142	176	8	107	26	86	10	15 16 17 18
	C. D. Hospital, Moulmein. Amherst	III	98	8	4	1	71	72	12	12	10	9	16	3	3 4		20
	Ye Moulmein Lepar	III	203 82 47	16 6 16	3	3	89 69	57	20	5 17	5 5	6 7	6 43	4 3 7	8 3 39		21 23 23
TAVOY MERGUI	* Asylum, Tavoy Mergui Victoria Point Palaw	III III III	1,809 718 405 109	103 41 27 2	10 4 2 1	10  3 2	1,932 763 437 114	1,210 621 309 75	288 47 78 17	158 21 15 12	239 45 19 5	12 6 4 4	96 25 14 4	4 6 2 1	80 27 20 5	4 2 1	24 25 26 27
Toungoo	Toungoo Shwegyin Thandaung Pyu Kyaukkyi	111 111 111 111	1,054 318  286	211 18  32	31 2 1 6	16	1,312 339 1 326	978 250 250	112 34  42	76 9 	92 29 1 21	7 9 100	60 20 9	12 6 	40 9 	8 1	28 29 30 31 32
THATÔN	Thatôn Kyaikto Pa-an Bilin	III III III	617 170 129	83 22 14	3 4	5	716 195 147	608 171 110	40 13 15	18 4 9	3 <sup>2</sup> 7 10	4 4 6	32 12 6	4 4 2	29 7 5	3 1 1	33 34 35 36
SALWEEN	Papun	I	135	7	1		143	109	12	9	9	6	18	4	3		37
Тначет-	Thayetmyo Allanmyo Minhla Mind8n		415 276 118 131	106 32 13 20	9 3 4 7	9 1 2 5	539 312 137 163	343 250 100 118	102 40 5 13	41 9 11 19	34 4 6 5	6 1 4 3	36 9 10 8	10 5 2 4	20 11 4 5	5 1 1	38 39 40 41
Mandalay	Mandalay Town Mandalay Shore Madaya C. D. Hospital,	III III III III	2,771  110 87	595  31 13	64	58  1 2	3.488  144 104	2,661  II2 73	413	44 0 6	246  5 25	7  3 24	153  1 12 12	46  1 7 1	. 115	20  I .1	42 43 44 45 46
	Mandalay. Maymyo Plague	111	1,440	214	41	37	1,732	1,534	43	28	180 5	6	64	14	35	6	47 48
	Hospital, St. Joseph's R. C.	IV	6	6	302	197	511	501	3		7	1	4	4	2	2	49
	St. John's Leper Asylum,	IV	217	110	15	15	357		27	66	53	15	198	170	179	49	50
1192	Wesleyan M. Home for Lepers.	IV	145	50	7	5	207		9	***	3	1	170	60	145	50	51

MENT B.

Private-aided hospitals and dispensaries of Burma during the year 1919—continued.

								Ou	t-door pat	tients.						of both oor.
	Dai	ily av	rerage			Nu	mber trea	ited.			Ave	rage d	aily a	attend	dance.	
nper.	-	dren.	GI.	- Jet-	B.			Total trea					Chile	dren.	Car man	
Serial Number.	Male,	Female	Total,	Attended per- sonally.	Represented by friends.	Men,	Women.	Child	Female.	Total,	Men.	Women.	Male,	Female,	Total,	Total nu patients tre in-door and
	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)
1 2 3 4 5			28 12 9 11	14,451 11,906 5,610 6,900	937 1,610 1,076 2,590	10,438 6,738 4,918 5,331	2,466 2,572 787 1,688	1,500 2,422 522 1,368	975 1,784 459 1,103	15,388 13,516 6,686 9,490	58 37 31 24	17 15 4 8	7 10 3 5	5 7 2 4	87 69 40 41	16,038 13,930 7,007 9,772
6 7 8 9			96 10 6 6	16,979 6,340 9,099 8,095	769 2,691 149 1,154	17,748 5,112 4,837 5,331	1,572 1,329 1,340	1,289 1,794 1,529	1,058 1,288 1,049	17,748 9,031 9,248 9,249	100 34 21 35	11 6 9	7 6 8	6 5 5	58 38 57	20,029 9,230 9,472 9,425
10 11 12 13 14 15 16 17 18			43 3 5 5 14 3  99	13,624 5,555 5,375 8,266 9,927 10,895 5,193 12,272 7,915	5,321 2,031 4,730 683 4,869 4,928 3,149 1,3:5 1,246	9,893 3,720 4,829 5,324 7,293 8,252 4,015 9,165 5,473	4,361 1,430 1,851 1,457 2,916 3,044 1,881 2,264 1,256	2,531 1,232 2,105 1,245 2,624 2,412 1,312 1,208 888	2,160 1,204 1,320 923 1,963 2,115 1,134 990 644	18,945 7,586 10,105 8,949 14,796 15,823 8,342 13,627 8,261	68 18 18 28 38 39 19 49 33	32 6 8 6 14 13 8 11 7	11 4 6 4 9 8 4 5	10 4 4 3 6 7 4 4 3	121 32 36 41 67 67 67 35 69 47	20,118 7,713 10,269 9,081 15,133 15,916 8,342 15,781 8,261
19			3							***						71
20 21 22 23	4		4 8 3 41	6,184 8,040 2,277 41	413 306 397	4,609 4,897 1,416 36	1,090 1,409 417 2	517 1,178 448 3	381 862 393	65,97 8,346 2,674 41	24 24 8	6 8 2 	3 5 2 	2 4 2 	35 41 14	6,708 8,569 2,763
24 25 26 27	: : : .:		84 29 21 5	10,247 - 6,700 3,396 5,306	3,245 2,821 899 3,302	6,666 5,472 2,859 4,349	2,433 1,854 718 2,098	2,403 1,445 379 1,083	1,990 750 339 1,078	13,492 9,521 4,295 8,608	40 38 19 22	8 12 5 10	8 7 2 4	7 3 1 4	63 60 27 40	15,424 10,284 4,732 8,722
28 29 30 31 32			49 10 13	13.588 9.479 803 7,368	779 479 1,895 2,299	7,916 5,873 1,220 5,508	3,203 2,147 548 1,733	1,717 978 538 1,454	1,531 960 392 972	14,367 9,958 2,698 9,667	59 32 4 38	26 92 2 11	12 4 1 8	11 4 1 5	108 52 8 62	15,679 10,297 2,699 9,993
33 34 35 36		:::	32 8 6 	13,293 8,101 4,799	989 717 2,090	9.357 5,055 3,66 7	2,440 1,597 1,152	1,609 1,242 1,090	776 924 980	14,182 8,818 6,889	47 27 14	15 8 4	6 5 3	5 4 3	73 44 24 	14,898 9,013 7,030
37			3	5,013	79	3,783	492	530	287	5,092	19	3	3	1	26	5,235
38 39 40 41			26 12 4 6	7,767 9,410 5,428 4,827	2,476 746 912 3,500	5,378 4,829 3,368 3,868	2,318 2,200 1,155 2,455	1,379 1,560 935 1,136	1,168 1,567 882 928	10,243 10,156 6,340 8,327	40 36 22 22	18 16 8 12	9 10 6 5	7 10 6 4	74 72 42 43	10,782 10,468 6,477 8,490
42 43 44 45 46	7	3	145  5 5	24.343 6,336 5,786 3,662	1,665 837 448 1,053	16,668 4,953 4,554 2,585	5,544 1,463 984 1,355	2,029 772 429 411	1,767 885 267 364	26,008 7,173 0,234 4,715	91 31 25 16	28 11 5 8	11 6 3 3	98 32	139 56 36 29	29,49 <b>6</b> 7,173 6,234 4,859 104
47 48	1	2	44	21,322	615	12,858	4,809	2,242	2,028	21,937	78	26	13	12	129	23,669
49	3	2	9	378		105	87	91	95	378	2	/3	1	2	7	889
50	8	14	250	13,368		3,097	6,354	2,154	1,763	13,368	8	17	6	5	36	13,725
51	7	5	207	4		4				4	4	199			4	311

Showing the number of in-aoor and out-door patients treated in the State-Public, Local Fund and

District.	Name of Dispens			Total	traatad	La bondon			-	-							-	_
District.	Name of Dispens				Heaven	during	g the	year.					한 당		iber	Dail		
District.	Name of Dispens		,	1		Child	ren.		40	Number relieved.			o of deaths per of total treated.	of be		numbe		i
		ary.	what class,						cured.	relie	Pa .		deat					Serial Number.
			hat		nen.	-1	ale.	_		ber	Discharged otherwise,		of to		nen.		ien.	I N
			of w	Men.	Women.	Male,	Female.	Total.	Number	ung	Discl	Died.	Ratio cent. o	Men.	Women,	Men.	Women.	eria
(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	27770	(17)	0,
	CLASS AGENI	ERAL																
Виамо	DISPRS,-conte	d.	III	936	110	19	11	1,076	792	147	- 26	82	8	46	6	29	3	I
	Warabum Sinlumkaba		I	50		2	***	58	42	10	5	1	2	4	4	2		3
1000	Paukham Lwegibum		Î	28 39	10	4		32 53	27	3	1 6	I	3 2	4 2	2	1 2	***	4
The second second	Shwegu Namkham		i	178	7 5			185	147	22	1	11	6	5	4	6		5
	Kutung		I		3	-												7 8
MYIT-	Myitkyina Sadên		I	1,122	153	30	11	1,316	1,184	18	1	71	5	37	3 2	46	6	9
KYINA.	Sima		I	30 46	18	2	2	68	47	15	3 5	1	1	3	1	2	1	II
929	Mogaung Kamaing	***	I	143	27	1	2	153	304	17	3	11	7	14	4	9	182	13
	Sinbo Lonton		1	141	13			159	143	8 5		8	16	3	2	5		14
	Nahpaw		1	5	1	***	14-	6	3	3		***	***	2			***	16
PUTAO	Fort Hertz Laza		I	38	12		10	60	196 48	16		3	5 5	10	1	6		17
KATHA	Katha Wuntho		I	519 180	67	8	4	598	-76 164	33	45 10	32	5 9	22 8	6	17	2	19
	Pinlèbu Banmauk		Î	21	I	100	***	22 28	16	6	2		11	2 2		I		2I 22
200	Mohnyin Mansi		İ					13	8					***				23
	Tigyaing		I							4		***						24 25
RUBY MINES,	Mogôk Thabeitkyin		I	667	45 4	31	17	750 46	620	49	6	49	7	34	6 2	25 I	2	26 27
MINES,	Momeik		IV	180	11	6		197	183	1	3	3 7	4	6	2	6	***	28
SHWEBO	Shwebo Ye-u		III	613	135	22	16	786	468 148	253 9	11 29	31	4	37	14	24 8	5	30
Time .	Kanbalu		I	13	1			13	10	1	2							31
SAGAING	Sagaing Chaung-u		III	466 65	100	20 3	25	701	536	81	7 3	39 4	6	48	12	25	10	32
100	Myinmu Myotha		I	167	27 8	7 2	4	205	174	20	5	2 2	3	10	2 2	8 2	1	34 35
Lower	Mônywa		III	507	153	18	17	695	600	18	18	20	3	- 26	6	25	6	36
CHINDWIN	Yinmabin Kani		I	39	3		2	45	37	5	2						***	37 38
UPPER	Budalin Mawlaik		î	224	10	m,	1	236	188	 Io	7		10	20				39
CHINDWIN	Kindat Mingin		İ	81		***					100	24			4	***		41
800.0	Paungbyin		i	104	11		I	116	73	6	6	1	1	6	4 2	3	***	43
Marie	Homalin Kalewa		1	71	12	3	6	320	265	34	. 12	13	7	8	4 2	2		
33923	Kalemyo Masein	***	1	64	6	2		72	51	15				6	4	3		47
PARÔKKU	Tamu Pakôkku		III	36 448	48	13	1	39 510	25 413	72	3 5	20		28	8	20		49
	Pakôkku Travg. Pauk	Dsy.	l I	115	Io	3	2	130	120	3	•	2	2	6	1 2			20
	Gangaw Mindat Sakan	***	Î	55 84	1			56 85	45 79	3	4	2	4	8	4			52
1	Kanpetlet Yenangyat	***	IV	71 260	6	1	2	80 200	79 243	14	1		1	1 12	1	3	I	54
MINBU	Tiiln Min bu		III	***		8		18.95	***	65		20				***		. 56
	Salin . o		iii	371	50	2	12		311	1 %	5	20					1	

MENT B.

Private-aided hospitals and dispensaries of Burma during the year 1919—continued.

				No.				Out-doo	r patients.							ents
		y ave				Nur	nber treat	ed.			Ave	rage d			lance.	umber of patients both in-door and
ber.	Child			rson-	by		Т	otal treat					Chil	dren-		in-d
Serial Number.	Male.	Female.	Total.	Attended person- ally.	Represented Priends.	Men.	Women.	Male.	Female.	Fotal.	Men,	Women,	Male.	Female.	Total.	Total number of treated both in-cout-door.
-	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)
															1	
1 2 3 4 5 6 7 8			32  2 1 2 6 1	14,698 655 3,435 2,481 4,984 6,276 3,262 271	5,765 121 1,669 840 1,562 1,229 1,735	12,842 265 2,610 1,591 3,578 4,016 2,435	4,133 407 1,657 1,331 2,268 1,601 1,452 66	2,005 62 480 219 407 925 616 53	1,483 42 357 180 293 963 494 41	20,463 770 5,104 3,321 6,546 7,505 4,997 271	87 1 8 4 11 20 10	29 -1 -5 -4 -6 -7 -6 -1	10 1 1 1 4 2 1	9  1 1 1 4 2 1	135 2 15 10 19 35 20 5	21,539 776 5,162 3,353 6,599 7,690 5,021 271
9 10 11 12 13 14 15	1		54 2 3 10 4 6 1	18,560 2,021 5,007 5,274 5,973 8,328 1,247 1,751	1,099 1,948 3,063 1,078 705 4,153 380	13,151 1,385 2,830 4,276 3,761 4,804 1,392 1,140	2,862 610 3,085 1,706 1,275 2,335 597 715	2,223 47 470 1,151 953 1,064 1,737 159	1,423 88 570 1,204 1,062 840 1,674 117	19,659 2,130 6,955 8,337 7,051 9,033 5,400 2,131	78 5 9 18 19 18 7 5	14 2 9 8 6 9 2 3	10 2 4 4 4 5	6 :: 2 5 5 3 5 ::	108 7 22 35 34 34 19 9	20,975 2,163 7,023 8,677 7,204 9,192 5,419 2,137
17			6 1	5,778 1,497	546	5,847 1,088	251 321	135 54	91 45	6,324 1,508	23 5	I I			24 6	6,554 1,568
19 20 21 22 23 24 25			19 7 1 1 1	10,015 5,857 4,361 3,220 4,293 2,180 3,077	714 871 714 2,186 2,281 1,001	6,753 3,173 1,750 1,343 2,519 1,256 1,990	1,929 1,124 1,163 820 1,200 499 1,217	1,175 1,281 1,216 1,620 1,408 703 664	872 1,150 946 1,623 1,447 723 378	10,729 6,728 5,075 5,400 6,574 3,181 4,249	36 18 9 8 13 6	10 6 5 4 6 2 7	5 5 5 7 6 3 3	4 5 4 8 6 3 2	55 34 23 27 31 14 25	11,327 6,925 5,097 5,434 6,574 3,194 4,249
26 27 28			28 1 6	12,605 1,976 4,143	1,918 185 1,083	7,661 1,383 2,680	3,670 370 1,139	1,883 222 860	1.309 186 547	14,523 2,161 5,226	53 8 13	26 2 5	12 1 5	9 1 3	100 12 26	15,273 2,200 5,423
29 30 31	***		31	13,842 - 6,971 3,147	831 860 242	8,123 3,796 1,965	2,734 2,030 546	1,924 990 438	1,892 1,015 440	14,673 7,831 3,389	50 23 23	17 14 7	13 6 5	12 7 5	92 50 40	15,459 8,040 3,400
32 33 34 35			37 2 9 2	20,9°4 5,037 11,478 8,714	2,167 2,028 1,111 418	10,699 2,527 5,082 4,335	5,630 1,798 2,993 3,167	3,770 1,436 2,395 898	2,072 1,304 2,119 732	23,071 7,065 12,589 9,132	74 13 27 18	45 9 14 13	7 11 4	19 7 10 3	162 36 62 38	23,777 7,143 12,79 9,195
36		t	33	9,230	1,757	4,706	2,493	2,122	1,666	10,987	28	17	15	14	74	11,68
38		-	1	5,903	995	2,517	1,520	1,093	1,468	6,898	14	8	6	9	37	6,94
40 41 42 43 44 45 46			3 3 11 2	7,928 736 10,432 7,471 8,583 7,201 7,879	1,940 481 3,050 1,642 1,942 1,216 2,506	6,394 538 6,612 4,877 5,934 4,477 6,048	1,452 381 2,769 2,274 1,682 1,752 2,282	1,174 151 2,658 1,023 1,804 1,214	848 147 2,043 939 1,105 974 954	9,868 1,217 14,082 9,113 10,525 8,417 10,385	27 2 29 23 24 15 23	6 2 11 9 8 6 8	4 10 30 4 4	3 1 8 3 4 3 3	40 6 58 38 42 28 38	10,10 1,21 14,17 9,22 10,85 8,50
47 48 49			2 22	3,494	206	1,997	734	553 1,143	416 930	3,700	10	4	2 7	2 5	18	3,73
50 51 52 53 54 55		· · · · · · · · · · · · · · · · · · ·	4 4 3 4 9	4,631 6,346 7,467 3,656 3,646	1,252 1,152 952 4 258	2,447 3,402 5,216 2,849 2,142	1,325 1,955 2,025 720 700	1,035 1,096 665 47 493	1,076 1,045 513 38 509	5,883 7,498 8,419 3,660 3,904	14 14 16 10 15	8 8 6 2 4	5 5 2 :: 3	6 5 2 4	33 32 26 12 26	6,01, 7,55 8,50 3,74 4,17
57 58	7		17	7,179 6,697	844 766	4,756 4,133	1,649	915 4,397	703 803	8,023 7,463	30 25	11 7	56	6 4	52 42	8,46, 7,64

Showing the number of in-door and out-door patients treated in the State-Public, Local Fund and

11.5		,	1			11-11	93	S-0-13					In-d	oor pai	ients.		-	
-P. 1				Total	treated	during	the	year.					ed.	Nur of b	nber	Dail		
District.	Name of Dispen-	sary.	ass.			Childr	en.	100	cured.	Number relieved.	P		of total treated.	avail	able.	numb	er.	
			what class		en.		· .	1,	umber c	ber r	Discharged otherwise.		of de		Ė		en,	1
		H	f wh	Men.	Women.	Male	Female,	Total.	unj	um	isch	Died.	Ratio of cent. of to	Men.	/omen.	Men.	Women.	F
45	(2)	1	jo s	(4)	(5)	(6)		(8)	Z (9)	(10)	(11)		2 8		W		(17)	10
(1)			(3)	(4)	(5)	(0)	(7)	(0)	(9)	(10)	(44.)	(+2)	113/	(14)	(15)	(10)	(1)	
	DISPRS.—cond																	ı
INBU-	Sinbyugyun	***	1	***		***	***			***		***		***		180	***	ı
concld.	Sagu Pwinbyu		I	188	22		1	212	176	5	19	5	2	8	2	1 7	1	ı
AGWE	Magwe Taungdwingyi	-55	III	336	45 28	6	4	391	170	47 35	18	35	9	16	6 8	14	2	ł
	Yenangyaung		iv	625	55	3 7	5	692	628	11		31	4	22 26	4	26	2	ı
YAUKSÈ	Salè Kyauksè	***	III	631	82	7	14	734	526	142	6 27	22	3	32	8	19	2	ŧ
	Myittha		I	155	28	4	2	189	149	28	***	8	4	12	4	4	1	ļ
EIKTILA	Meiktila Wundwin	***	I	505	78	3	8	594	507	44	12	20	3	30	10	24	4	
	Thazi		1	266	39	4		309	281	8	3	13	4	10	4	10	1	ì
AMÈTHIN	Mahlaing Yamèthin		III	507	89	3	6	605	540	9	13	17	3	32	6	25	3	
	Pyawbwè Pyinmana		III	135	27	2	1	165	121 545	34	12	4 40	6	8	4	5	1	ı
	Lewe	***	III	570	107	15	9	***		94				23	6	20	5	ı
YINGYAN	Myingyan Pagan		III	693	109	15	18	835	657	37	55	43	5	31	7 2	33	5	ı
	Kyaukpadaung		1	79	23	1	1	104	89	9	2					2	I	ı
ORTHBRN SHAN	Lashio Kutkai	***	I	628	33	6	6	673	578	5	11	00	13	16	3	18	1	i
STATES.	Tangyan		I	7				7	5			2	29					ı
	Hsipaw Naunghkio	**	IV	544	40	. 7	11	608	545		1	53	9	22	2	17	2	ı
	Kyaukme	•••	IV					8										ı
OUTHERN	Namhsan Taunggyi	***	IV	424	83	21	15	543	503	1 2		3 20	38	26	4	16	3	1
SHAN	Loikaw Loilem		1	110	13	2	4	120	114	19	4	6 5	5 =	4	2	4	***	ı
STATES.	Kalaw		I	291	49	7	5	95 352	265	35	4	37	11	10	2 2	10	1 2	ı
	Yaunghwè Loimwe		IV	266	59	11	4	340 75	258	31	20	15	4	13	4 2	12	2	
	Këngtung		i	561	50	20	8	639	549	24	9	39	6	8	4	16	1	1
	Nammawngun Bampôn		1	16	5	6	2	20	25	3		***	***	2	***		***	
	Myelat Itinerant		Î	***	111											***		
HILLS.	Falam Tiddim	***	1	174	21	3	1	199	157	:4	17	0	3 2	10	2	5	1	
HILLS.	Haka		1	31	2			33	10	6	8	3	9	8	4	2		
	Seyat Trav. Ds	ру.	i	17	9	2		28	22		6			8	6	- "1	***	
	Total, Class A	***	100	65,861	0.358	1,765	-	78,244	53,406	7,405	8,599	5,744	7	3,883	1,111	2,952	494	i
					7133	-11-2	-	70,044	23/19-	714-5	-1319	20744	-	3,003	1,111	-193-	154	-
ANGOON	CLASS B.—FEM DISPENSARIE														193			ı
Town.	Pazundaung		IV	***			***	1,483		8			100		1		***	ı
	Spl. Dy. for Wor		1		1,483	***	**	1,403	1,419		14	42	3	***	47		44	
ASSEIN	Bassein Moulmein		I						***									
MHERST	Ellen Mit	chel	iv	149.0	180	35	36	251	103	95	2Q	14	6		32	***	8	1
ANDALAY	Memorial Hos Mandalay	pital,	1					***					1					ı
ANDALAI	Yadanabon M.			***	48			48	46			2	4	***				ı
	Spl. Dy. for We Maymyo.	omen,	1			***	***	***	***	***	***	7000	11		***	***	***	
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	Total, Class B	***			1,711	35	30	1,782	1,508	103	34	58	3		79		52	
	GRAND TOTAL	5						80,026			8,633	5,802	7 8	3,883	1,190		546	
	SKAND TOTAL	)		56,586				75.793			5,709	5,779	6	3,788	1,200	2,889	551	

MENT B.

Private-aided hospitals and dispensaries of Burma during the year 1919—concluded.

									Out	-door pat	ients.						and
		ily a	verage ber.				Num	ber treate	ed.			Ave	rage d		-	ance.	patie
per.	Chile	dren.		7	person-	by		T	otal treate					Chile	iren-		Po in
Serial Number	(g Male.	6 Female.	(5) Total.		Attended pe	Represented friends.	(53) Mg	(24) Women,	Child	elamen (26)	(22) Total.		(62) Women.	% Male,	E Female.	(32) Total.	Total number of patients Extreated both in-door and out-door.
1 2 3 4 5 6 7 8 9 10 11 2 3 4 4 5 6 6 7 8 9 10 11 2 2 3 3 4 4 5 6 6 7 8 9 10 11 2 2 3 3 4 4 5 6 6 7 8 9 10 11 2 2 3 3 3 4 4 5 6 7 8 9 10 11 2 2 3 3 3 4 4 5 6 7 8 9 10 11 2 2 3 3 3 4 4 5 6 7 8 9 10 11 2 2 3 3 3 4 4 5 6 7 8 9 10 11 2 2 3 3 3 4 4 5 6 7 8 9 10 11 2 3 3 4 5 6 7 8 9 10 11 2 3 3 4 5 6 7 8 9 10 11 2 3 3 4 5 6 7 8 9 10 11 2 3 3 4 5 6 7 8 9 10 11 2 3 3 4 5 6 7 8 9 10 11 2 3 3 4 5 6 7 8 9 10 11 2 3 3 4 5 6 7 8 9 10 11 2 3 3 4 5 6 7 8 9 10 11 2 3 3 4 5 6 7 8 9 10 11 2 3 3 4 5 6 7 8 9 10 11 2 3 3 4 5 6 7 8 9 10 11 2 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 6 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 4 5 7 8 9 10 11 2 3 3 3 3 3 3 4 5 7 8 7 8 9 10 11 2 3 3		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 16 11 28 12 28 3 11 28 6 26 40 6 6 3 419 20 4 12 14 22 18 1 6 1 2 1 3.573	8 16 11 28 12 28 6 26 26 26 20 1 20 4 4 12 18 18 1 1 2 18 18 11 1 1 1 1 1 1 1 1	697 795 6,947 8,184 7,626 7,904 1,442 8,698 5,139 7,643 1,514 6,720 12,770 5,949 9,817 1,901 10,863 4,422 3,685 6,543 3,908 1,778 8,201 2,534 4,821 2,726 10,775 3,785 2,908 5,7703 21,474 1,627 9,470 9,470 9,470 9,470 13,95,951	74 279 923 819 2,771 988 66 1,793 173 481 631 121 2,699 916 636 315 2,249 364 1,810 651 1,249 724 1,688 358 422 375 2,412 1,417 637 3,131 3,946 636 1,416 68 18 967 295 525 840	488 671 5,285 5,045 5,352 1,041 5,396 2,757 5,643 1,165 4,556  9,380 4,569 6,045 1,229 8,279 3,006 2,687 5,370 3,500 1,804 7,189 1,914 3,548 2,244 8,065 3,167 2,071 5,053 13,854 1,229 8,535 3,43 9,11  4,540 2,469 1,663  2,591	148 271 1,502 1,964 2,359 1,399 228 2,441 1,112 1,309 3,99 1,122 3,535 1,227 1,946 516 2,364 728 1,478 924 670 438 1,804 535 1,020 608 2,469 1,265 8,42 2,161 9,365 415 1,199 143 580 1,808 397 610 1,818	87 74 578 1,231 1,480 528 142 1,273 803 573 279 645  1,454 596 1,453 227 1,418 633 744 541 655 161 500 294 358 140 1,642 427 404 969 1,261 360 622 56 123  658 564 248  1,085	48 58 505 1,063 1,206 433 97 1,381 640 509 302 518  1,100 473 1,009 244 1,051 419 586 359 332 99 336 149 317 109 1,011 343 228 651 940 259 580 1,011 343 228 651 940 259 1,011 343 228 651 940 259 1,011 343 228 651 940 259 1,011 343 228 651 940 259 1,011 343 228 651 940 259 1,011 343 228 651 940 259 1,011 343 228 651 940 259 1,011 343 228 651 940 259 1,011 343 228 651 940 259 1,011 343 228 651 940 259 1,011 343 228 651 940 1,011 343 228 651 940 1,011 1,015 1	771 1.074 7.870 9.303 10.397 8.892 1.508 10.491 5.312 8,124 2,145 5,841 15,469 6,865 10,453 2,216 13,112 4,786 5,495 7,191 5,157 7,502 9,889 2,893 5,243 3,101 13,187 5,202 3,545 8,834 25,420 2,263 10,886 604 1,740 7,553 3,719 2,742 6,550	8 12 20 39 35 37 9 33 19 55 15 15 33 46 28 41 30 52 22 12 26 12 12 26 12 12 27 79 6 54 3 7 16 5456	2 6 7 7 13 8 10 55 20 7 13 15 5 9 5 2 3 12 3 6 3 11 5 6 12 5 5 2 6 5 1 2 8 1,734	113962196343:7375844321322172377723:1:221:4	1 3 9 5 5 1 1 2 1 5 5 5 5 6 3 3 3 2 1 1 2 2 1 5 5 1 3 1 1 6 8 1 9	111 20 33 74 61 48 13 67 38 71 28 43 79 40 66 55 81 34 28 36 17 17 61 17 32 14 57 21 146 11 66 66 55 14 23 12 9 34 8,992	77 1,07 8,08 9,66 10,63 9,53 11,52 5,55 8,71 2,11 7,13 2,21 13,94 4,99 5,55,7 8,7 13,7 5,33 13,7 5,33 13,7 5,33 11,5 5,34 2,9 13,7 13,7 13,7 13,7 13,7 13,7 13,7 13,7
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Showing the diseases, etc., of the IN-DOOR patients treated in the State-Public, Local Fund and

	Dis-									1					In	fective
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		Cases.	Deaths	Cases.	Deaths.	Cases.	Deaths	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Serial Number.
Akyab Paletwa Kyaukpyu Sandoway Rangoon Town Insein Hanthawaddy (Syriam) Pegu Tharrawaddy Prome Ma-ubin Pyapôn Myaungmya Bassein Henzada Amherst Tavoy Mergui Toungoo Thatôn Salween Thayetmyo Mandalay Bhamo Myitkyina Putao Katha Ruby Mines Shwebo Sagaing Lower Chindwin Upper Chindwin Pakôkku Minbu Magwe Kyauksè Meiktila		270 2 3 121 2 1 8 20 18 20 18 20 18 20 18 20 18 20 18 20 19 33 6 4 38 5 8 8	161 1 3 82 1 2 13 0 100 100 100 23 6 8 8 14 2 4	135 4 4 8 393 44 113 84 65 57 56 101 54 100 122 43 12 36 173 15 133 29 3 81 177 155 27 4 22 88 88 88	16	5 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	59 5 6 3 136 7 32 51 77 22 18 39 14 50 10 45 27 18 20 20 4 229 13 16 3 7 16 3 7 5 9 5 11 2 4 6 6 16		3 3		1 212	56	597 43 39 87 328 21 43 140  207 407 407 250  272 218  477 273 387	14 26	1 2 3 4 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 5 26 27 28 29 30 31 32 33 33 4 45 46 47 48 9 50 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Yamèthin Myingyan S	1	 16	10	15 4 27 21	3			37 6 16 6						58 455	35	57 58 59 60
S. Shan States	IV			72 8	9	3	=	27			:::			344 834 102	12 5	62
Chin Hills	1			13	2			3						128	I	63
Total for the Province {	III IV	157 654 8	106 3 6 2	809 1,795 141	94 291 4	70 125 12	11 42 4	317 916 46	11 2	 5 8 	:::	3 17 846	1 5 76	4,452 6,857 717	136 191 28	
GRAND TOTAL	1919 1918 1917	819 280 176	424 147 83	2,745 2,204 2,030	389 293 282	207 208 233	57 58 47	1.309 1,182 1,262	13 3 2	13 1 48	 6	866 880 797	8 <sub>2</sub> 78 73	12,026 11,548 11,632	355 298 292	

APPENDICES.

MENT C (I).

Private-aided hospitals and dispensaries of Burma during the year 1919 (Paragraph 15).

Serial Number		Pneur (11	: b Deaths.	Cases,	Deaths. (2)	Rheum fever a Rheuma (13)	nd itism.	Small	-pox.	Syphilis mary: Second	and	Tub of tur		Otl tuber	cular		other
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43 44 5 46 47 1 48 49 50 14 51 4 52 53 6 54 55 7 57 6 58 59 9 60 61 15 62 1 63 64	4	393 29 4 86 33 15 8 12 21 25 70 5 6 12 17 7 9 1 1 179 8 3 12 24 6 45 22 5 5 8 17 2 2 13 3 4 27 1 12 8 9 9 4 4 7 7 1 16 37 7 31 20 100 10 6 6	137 13 126 137 4 38 11 137 4 38 11 137 2 32 2 1 3 37 2 2 3 39 1 2 6 14 8 1 3 5 4 1 3	9 14 2,349 15 57 16 4 57 16 4 7 1 18 12 141 8 7 1 5 18 4 14 70 8 15 13 4 21 1 5 73 6 7 4 11 29 5 61 5 17 9 17 006 1 9 9 17 006 1 9 9 9 17 006 1 9	31	21 26 18 111 11 43 81 52 40 33 40 19 24 29 36 4 20 81 1 1 52 2 2 1 1 1 2 9 10 35 21 11 21 22 31 41 11 11 11 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18 18	3	3 1,122 3 1,122 3 1 19 8 4 2 9 4 10 67 1 8 3 2 1 2 29 6 7 1 2 5 1,185 324	289 289 3 3 3 13 13 11 16 1 1 1 1 1 1 1 1 1 1 1	194 22 283 8 15 70 64 169 93 90 115 64 184 74 134 135 36 363 8 83 1 133 9 25 17 1 4 43 12 31 22 34 17 24 36 87 17 17 18 18 18 18 18 18 18 18 18 18	2	8 3 1 4 364 3 33 3 10 18 5 19 14 36 16 55 5 5 7 24 4 5 10 67 51 25 4 3 4 8 4 3 4 8 4 3 4 8 4 3 4 8 4 3 4 8 4 3 4 8 4 3 8 2 11 4 4 3 11 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 1	1 6 1	110 18 1,816 30 11 46 34 50 13 21 58 5 199 77 79 24 315 140 79 9 33 147 63 19 19 6 22 1 9 3 5 17 30 10 18 1 21 21 22 2315 1,608	38
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Showing the diseases, etc., of the In-DOOR patients treated in the State-Public, Local Fund and

		Dis-				Oth	er ge	neral	disease	es.								
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Prome	***	III	30	5	2				13		8	I			26	2	17	
Ma-ubin Pyapôn		III	32	3		1			20		2		7 6		21 23		19	
Myaungmya		HII	25	1	3		1		7		5		8		21	I	2	
Bassein	{	III	36	8		***			7		8	2	5		36	5	9	***
Henzada		III	16	1	1	1	1		13		21	3		***	28	2	25	
Amherst	}	III	39		4				32	***	19	5	24		55	11	43	
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MENT C (I).

Private-aided hospitals and dispensaries of Burma during the year 1919-continued.

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	138	I	71 63 61	,	463 500	116	2,034	75 66	081 751	3 2	1,274	232	105	31	462 503	73	137	10	2,595	19

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Showing the diseases, etc., of the IN-DOOR patients treated in the State-Public, Local Fund and

District.	Class of Dispensary.	Inflamm and sug tion of l gland (37	pura- ymph is.	Goit	)	Brig disea	ise.	All of disease the uri syste (4)	es of nary em.	Hydro (41	)	Othe disease the ger tive sys	es of nera- stem.	Disease the orga- of loc- motion (43)	ans	Diseas of the connect tissue (44	ive
		Cases,	Deaths.	Cases.	Deaths.	Cases.	Deaths	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths	Cases.	Deaths.
kyab	ш	29				54	5	27	3	12		52	1	8		209	
iletwa yaukpyu	III	***				I		9	***		***	7	***	2	***	12 5 28	
ndoway	III	315	23			82		140		268	10	7 451	24	140		508	30
angoon Town {	IV					2		24	1	***	**	22 16	. 2			7	1
sein anthawaddy	III	40				13	3	25		46		89	2	18		109	
egu {	III	23				13	2	24	3	11		25		2		100	2
harrawaddy	III	14				4 5		15		5		63	1	16		193	1
a-ubin	III	9				4	1	3 <sup>2</sup>		13		60		13		54	3
yapôn yaungmya	III	53		5		12	4	16 25	***	9	··· t	97 34		14		134	5
assein {	III	31				34		22		13		***	***	15		108	···
enzada	III	27			***	4	2	35	2	23		53	1	33	I	84	
mherst {	III	21				17	8	35	1	50	***	79		41		161	8
avoy	IV	9				6	1	5		5		31	I	3		51	···
lergui	III	30	***	,		11 9	4 3	11		5 24		14		7		52 91	2
oungoo hatôn	iii	12						8	1	11		20	4	15	1	75	I
alween hayetmyo	III	20		***		2		19		3		44	1	14	***	74	
landalay {	III	34				31	7	32	7	22		92	3	43		112	3
(	IV	,				2		785		3		6				14	
hamo}	III	17		2				3				50		5		32	3
lyitkyina	IV 1	5			***	3		25	2	4	***	31	"	10		71	
utao	1	12				3	2	5	***	2		3 20	1	4 6		32	2
uby Mines {	IV	1				5 2	1 1	2		3		2		5		34	
hwebo {	I					1	***					3		4		7	
7	III	19	***			6	3	10		0	***	31		10	***	40	***
againg {	III	7				5	3	3		1	***	13		8	1	23	
ower Chindwin	111	9				. 2		11		. 1		14	1	6		18	
	i	2						1				9		12		37 16	
akôkku }	III	4 2				6	***	6		1	1	8 2	***	13		20	
dinbu	III	3				2	1	14		" 2		3 27		2		18	
	1	11						6	1	2		13				13	
dagwe	III	29				3 2	1	4	***	3		8				10	
yauksè	111	8		,		1 4		- 6			-	3 5		2		7 27	
Meiktila Zamèthin	III	41.			***	4	I I	12				63		9	1	25	
Ayingyan	1	1	-	1	***			1	+	14	1	3		2		79	
	III	12		1	100	3 2		16	1	4	1	4		11	***	49	
V. Shan States	IV	7			***	7		3 5				44				19	***
S. Shan States	IV	6		***		2	1	. 3				18		-		14	
Chin Hills	1	1		1		5		-						-		11	***
otal for the Pro-	III	395	24	16		261		462	30		10				10	877	33
vince,	IV	44				8			1			88			3	78	I
2	1919	950	25	18		389		711	45	593	12			-	13	3.093	65
RAND TOTAL	1918	1,006	15	25		335		685	55		5		31		18	2,845	01 44

MENT C (I).

Private-aided hospitals and dispensaries of Burma during the year 1919-concluded.

ases	s-conc	lude	d.		*	1		Gen	eral an	d Lo	tal.			Lat	our.		Total n	umber		
1	Ulcei (45)		Oth disease the sk	es of tin.	All of loca disea	al ses.	Injuri (general local (48)	and	By opiu (49	m.	By ot poise (50	ons.	Norm (51		Abnor		of in-c paties	loor nts.	Operati (54)	
1	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases,	Deaths,	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
123445667889012334566789012	89 5 7 209 18 70 62 76 40 67 57 85 76  88  48 34 41  192 96 13 27	9 2 1 1 2 3 3	51 19 1 13 113 20 21 28 9 5 24 36 22 23 48 561 27 24 55 56 22 8 8 13		98	5	916 17 98 124 829 247 525 881 692 685 465 522 613  888 810  532 62 43 33 454 19 32 40	23 77 78  27 78  30 26 31 11 12 8  23 36  17  4 8 22 7 7 18  18 11 11 11 11 11 11 11 11 11 11 11 11	2 4 4	2	6 2 24 2 2 3 3 3 2 1 1 8 3 3 7 2 2 2 2 12 12 12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	53 21 833 20 98 107 32 14 56 123 2 39 167 40 17 4 120 14 101 29 23 278 46 7 24		9 3 1 2 274  13 26 21 2 2 9 14  8 6 5  19 17 69 3 3 3 3	3	3,455 151 288 473 17,170 1,695 496 1,952 2,213 2,454 1,762 2,103 1,795 42,897 2,204  2,682 320 1,932 1,435 1,991 1,152 1,435 1,185 1,84 5,619 1,124 3,37 1,098	349 3 7 15 1,912 57 20 121 15 98 120 93 114 86  237 93  227 93 143 49 49 49 55 37 65 14 82	758 33 43 98 3,146 120 27 439 316 426 329 157 411 283 574 35 114 265 354 228 10 1,318 53 31 124	III II
3 4 4 5 6 7 8 9 9 9 1 2 3 3 4 4 5 6 7 8 8 7 8 8 7 8 7 8 7 8 7 8 7 8 7 8 7	1 56 58 28 25 15 4 30 13 11 1 25 20 14 6 6	1	55 5 12 12 1 1 3 0 3  29 34  15 1				6 111 14 78 84 7 93 179 222 197 22 222 117 94 201 120	3 4 5 4 7 5 9  4 2 4	5		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	   	8 69 2 21 73  18 5 39 95  8 3	1	8 2 3 1 12 4 8 8 7 3 4 4 3 1	1	32 2,164 292 881 870 198 252 788 391 717 45 698 982 357 516	108 14 54 52 7 12 31 8 39  20 58 9	186 55 62 78 11 286 34 99 55 243 46 57 80 40	
900112233445566778899011223344	10 17 7 7 22 4 35 25 48 28 18 27 43 8 7	3	4 55 4  9 6 11 2 15 5 5 11 3 4		         		60 164 72 92 331 64 107 324 436 40 345 19 45 133 36 25	3 7 4 38 38 36 4 12  5	         		4 5	I I 3	1 14 25 3 1 14 31 25 10 45 10 10	-	1 2 2 9 1 1 1 2 7	2 4	213 641 413 265 692 193 735 942 1,501 104 1,045 720 654 1,914 350 324	5 35 37 9 31 8 22 33 61  45 64 58 108 15	5 107 96 22 94 8 58 175 365 4 237 37 49 171 50 17	112
-	519 1,506 175	17 3	317 585 41		110	5	2,523 12,220 570	381	25 9 2	5	53 82 3	6	364 1,547 924	2 2	277 284	15	47,494 5,331	2,523 3,023 256	8,953 454	1
	2,200 2,130 2,259	32 26 22	943 966 986	4 4 2	243 470 249	6 6 8	15,313 14,475 15,137	524 489 491	35 27	7 5	138 151 141	16 21 12	2,835 2,765 2,683	5 4	650 626 584	3t 55 33	81,871 77,519 71,080	5,802 5,779 4,008	13,679 12,821 13,471	3 2 3

STATE
Showing the diseases of the Out-Door patients treated in the State-Public, Local Fund,

	ė											Infe	ective
District.	Glass of Dispensary.	© Cholera.	Dysentery.	(in Enteric fever.	9 Gonorrhæa.	S Kala Azar.	® Leprosy.	6 Malaria.	Dlague.	(i) Pneumonia.	Pyrexia of un-	Rheumatic E fever and Rheumatism.	Serial Number.
Akyab Paletwa Kyaukpyu Sandoway Rangoon Town Insein Hanthawaddy Pegu Tharrawaddy Prome Ma-ubin Pyapôn Myaungmya Bassein Henzada Amherst  Tavoy Mergui Toungoo Thatôn Salween Thayetmyo Mandalay  Mandalay  Bhamo  Myitkyina Putao  Katha Ruby Mines  Shwebo  Sagaing Lower Chindwin Upper Chindwin Pakôkku  Minbu  Magwe  Kyauksè Meiktila Yamèthin Myingyan  Myingyan  Northern Shan States  Chin Hills		165 6	716 54 87 230 1,985 243 183 819 490 1,058 6158 616 686 705 14 696 14 227 353 803 480 82 432 05 683 117 140 330 66 506 323 60 444 94 301 199 41 162 883 95 136 63 73 201 222 166 180 484 84 84 85 178 84 85 178 86 82	4 :: 3 16 :: 2 8 :: 1 2 8 :: 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	561 36 135 166 2,037 16 154 546 393 395 556 2754 510 4397 28 311 145 356 218 21 197 97 989 344 234 305 305 263 218 219 211 221 231 231 243 243 257 265 265 275 275 275 275 275 275 275 27		1 3 1 1 2 1 2 2	11,938 1,120 3,143 4,214 3,305 195 3,575 5,696 330 4,054 10,215 10,457 2,374 8,035 6,738 14,006 1,758 14,006 1,758 14,006 1,758 14,006 1,758 14,006 1,758 14,006 1,758 14,006 1,758 14,006 1,758 14,006 1,758 1,758 1,121 1,450 2,350 5,688 1,751 2,241 3,904 2,423 10,527 1,706 5,886 4,408 1,480 2,033 1,265 1,415 785 712 1,1930 2,050 354 43 3,932 1,673 2,571 1,141 1,479 2,5358 1,4721 1,479 2,5358 1,711 1,479 2,5358 1,721 1,4839	7 7 7 1 1 9 8 33 2 2 36 43 5	63 5 2 39 173 58 1 40 22 28 4 5 13 132 60 40 3 3 12 2 3 3 3 1 1 1 2 7 5 5 1 1 4 3 8 3 3 3 3 1 1 1 2 7 5 5 1 1 4 6 6 6 4 4 4 6 6 6 4	239 11 619 1,293 3,517 167 1963 781 545 75 1,405 228 217 483 980 1,075 1,856 19 22 620 385 2,255 186 357 208 927 1,377 29 155 7 82 927 1,377 29 155 7 82 155 7 82 155 7 82 155 7 82 155 169 173 1,108 449 428 41 520 476 407 32 347 1,885 137 499 48 522 128 95 43	1,788 67 258 426 2,828 79 300 1,644 10 1,269 1,271 631 1,164 758 1,245 46 770 985 6 972 6 443 657 1,071 697 51 361 99 1,644 409 263 211 26 1,215 364 467 172 39 124 649 524 423 37 161 913 489 233 19 79 492 163 157 167 129 381 424 927 94 205 183 301 810 359 377	1 2 3 3 4 5 5 6 7 8 8 9 10 11 12 13 14 15 16 17 18 19 20 21 12 12 13 14 15 16 17 18 19 20 21 22 24 25 26 27 28 29 30 31 32 33 33 34 45 46 47 48 49 50 51 55 55 55 56 57 58 59 60 61 62 63 64
Total for the Province {	I III IV	75 512 3	6,274 13.554 1,062	33 134 191	5,157 10,354 665	:::	50 126 280	89.574 128,757 23,089	90 417 23	510 767 137	10,286 17,721 967	9,934 22,2 <b>8</b> 3 1,465	
GRAND TOTAL	1919 1918 1917	590 472 171	20, <b>8</b> 90 18,568 17,926	358 173 284	16,176 16,047 17,355	 6 42	456 394 509	241,420 223,914 213,405	530 701 502	1,414 1,890 1,137	28,974 27,621 24,200	33,682 34,381 37,115	

MENT C (II).

and Private-aided hospitals and dispensaries of Burma during the year 1919 (Paragraphs 15).

Disea	ises.						Other	Genera	al Disc	ases.		· System	mic Disease	s.
Serial Number.	( Small-pox.	Syphilis (Pri- mary and Secondary).	Tubercle of the lung.	Other tubercu-	All other infec-	(6 Anæmia.	Diabetes.	Scurvy.	Gro Weight Just (22)		All other gene-	Diseases of the	b Diseases of the eye.	Diseases of
1 2 3 3 4 5 6 7 8 9 10 11 12 13 14 15 6 6 7 8 9 10 11 12 13 14 15 6 17 18 19 20 21 22 23 24 5 27 28 29 3 3 1 3 2 2 3 3 3 4 4 5 5 5 5 5 7 5 8 5 9 6 6 6 6 2 6 3 6 4 4 5 6 6 3 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		591 4 71 324 2,544 191 74 592 1 109 879 543 805 415 622 73 1,124 634 64 408 24 555 210 344 277 28 320 2,023 13 273 347 35 635 46 183 93 144 64 135 177 291 318 188 188 188 188 188 188 18	40 3 32 30 19 37 16 20 23 21 49 45 53 10 15 15 15 15 15 15 15 15 15 15	35 156 26 26 31 14 33 20 16 31 4 4 33 20 16 31 4 4 33 31 4 4 33 31 4 4 33 31 4 4 33 31 4 4 4 5 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8	252 3 2 158 945 55 90 194 274 147 84 326 44 200 564 472 38 50 237 522 379 144  170 38 673 1,886 109 242 36 1,061 70 13 472 38 10 41 3 76 89 6 29 284 30 99 59 131 22 24 146 4 31 84 38 177 32 32 14 146 4 31 84 38 177 32 24 4 517	767 47 113 519 1,929 2,219 137 398 51 540 405 209 568 270 528 294 630 593 10 687 20 125 152 593 246 3 343 3,106 3 242 550 42 934 92 318 375 110 807 2,215 110 80 110 110 110 110 110 110 110 110	25 3 3 6 3 2 6 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1	155 2 I	24 11 72 236 5 13 28 22 24 16 8 24 14 19 13 13 45 27 44 45 47 31 10 43 55 11 13 14 15 16 16 17 18 18 18 18 18 18 18 18 18 18	13 t 2 72 31 4 4 1 1 4 2 4 4 6 16 2 7 7 12 17 24 17 24 18 8 22 11 11 11 11 11 11 11 11 11 11 11 11	26 4 204 3 453 30 10 70 12 300 10 19 39 77 29 60 60 15 89 28 1,136 113 22 183 1 51 10 10 17 358 1 61 366 2 967 51 4 3 5 5 1 1 13 47 23 10 10 13 25 5 5 1 21 23 25 2,177	1,128 26 123 257 2,264 108 276 673 990 1,325 462 379 501 535 89 952 1,217 3 577 22 9 223 363 3288 66 426 245 824 106 284 263 36 1,031 91 492 301 36 174 524 792 293 301 130 1011 316 282 110 145 122 183 184 142 64 210 420 745 76 382 312 143 1436 607 192	1,373 93 256 901 4,341 160 424 1,494 21 943 2,486 1,236 977 883 2,463 144 1,116 214 304 059 941 965 61 6,021 1,579 9,111 1,286 692 1,127 1,141 3,231 3,301 3,302 3,322 3,068 3,074 469 1,627 430 1,627	1,196 92 222 453 5,511 255 325 2,194 7 1,662 2,852 1,935 1,750 1,067 785 1,354 2,427 22 1,300 33 562 357 1,041 635 1,766 132 230 481 338 865 31 748 239 544 308 705 939 780 91 144 531 411 504 505 506 506 507 507 507 507 507 507 507 507 507 507
	54 68 28	5,978 12,852 940	743 1,199	305 56	5,789	12,025	241 12	80	397	130	2,813	14,661	57.505 6,673	33,040
	130 61 140	19,770 19,041 19,129	2,494 3,230 3,113	602 527 614	11,849 39,887 2,520	26,168 26,185 25,461	300 271 313	86 83 129	815 850 1,150	278 278 334	5,044 6,338 7,117	26,285 27,442 29,491	108,504 103,567 128,100	48,311 47,078 48,419

STATE

Showing the diseases of the OUT-DOOR patients treated in the State-Public, Local

		en-						2				Syste	mi
District.		Class of Dispen-	Diseases of the Sonose.	Diseases of the given circulatory system.	Diseases of the system,	Dyspepsia.	Diarrhota.	Shoress of the	All other dis-		All other dis- cases of the 9 digestive system,	Inflammation and suppura- tion of lymph glands.	Secial Number
(1)		(4)	(00)	(29)	1307	13-7	10-7	4007	100.11	1000	10		
Akyab Paletwa Kyaukpyu Sandoway Rangoon Town		III III III III	53 26 2 34 531	36  9 136 264	3,581 308 1,483 3,374 9,792	3,520 192 1,031 2,352 3,411	1,081 82 211 447 1,000	15  I I2	105 14 11 91 354	2 5	21,209 938 4,131 9,726 22,010	390 8 83 218 1,482	
nsein Hanthawaddy	{	IV III III	9 27 64	95 5 25	2,287 755 2,910	905 525 2,174	347 324 430		62		4,646 4,566 11,406	46 265	
egu	{	ın	73	24	2,553	808	512	5	11	5	8,230	481	,
Fharrawaddy Prome Ma-ubin Pyapôn Myaungmya		III III III III	165 25 70 66 144 15	91 71 30 110 32 8	4,950 2,035 2,399 2,052 3,155 997	2,635 1,640 1,206 1,5:6 1,674 596	1,495 581 597 719 1,417 123	8 3	81 38 16 73 32		40,488 6,531 16,297 10,657 10,121 2,937	523 260 303 295 236 66	2 2 2 2 2
Bassein	{	111	151	668	2,646	1,613	1.016	110	66	1	9,850	693	1
lenzada	(	III	153	113	5,143	4,271	7		2		25,200	437	3
Amherst	}	III	78	59	3,751	1,777	906	. 3	98		8,211	240	1
Favoy Mergui Foungoo Fhaton Salween		111 111 111 111	5 41 88 24 20	5 45 16	1,236 1,679 3,730 1,954 247	535 1,125 1,476 1,272 120	358 373 695 442 53		47 25 5 10	2 1	3,463 5,398 8,156 7,484 775	72	
Thayetmyo		III	46 18	49	2,679 1,562	1,620	508		95 38	- T	6.172	198	
1andalay .	{	III	88 22 8	30 241 173 2	5,580 859 2,947	505 2,248 113 587	439 1,123 477 336	136	371 170 8	69	2,272 8,846 1,641 3,825	412 414	
3hamo	}	111	12	28	2,052	1,110	449	1	44	I	3,000	151	
Myitkyina		IV	60	51	6,016	2,354	452 851		56		13,978	139	1
utao Catha		I	3 60	19	3,025	1,337	122	6	172	/B	1,407	152	1
luby Mines	§	I	41	26	1,914	442	274	8	29 26		2,655	34	۱
hwebo	5	IV I	3 28	39	936	558	222	"1	55		1,941	33	-
	5	III	10	1 12	2,638	1,515	203 482	1	31	4	1,651	92	-
Sagaing	{	III	13	14	2,803 368	513	259 85	4 2 1 3 2	97		. 5,277	61	-
ower Chindwin	}	III	10	1 2	1,254	388	186		23	4	1,474		-
Jpper Chindwin		I	208	33	7,853	4,897	704	3	97		3,925	157	
Pakôkku	}	111	27	14	834	435	213		11		1,652	113	-
Minbu .	3	IV	26	5 2	726	183	34	***	8		541 847		1
Milnou	5	111-	16 25		1,439	1,051	269 383	1	15		1,921		1
Magwe	}	III	7	8	873	1,099	136		47		1,783	15	1
Cyauksè	3	IV	7		3,131	1,043	46	***	5 12		396		1
Meiktila	{	III	23	10	1,237	647	357		1 24		2,202		1
Yamèthin		III	15		3,146	2,687	415		45		6,078	139	I
Myingyan	{	mi	17	17		372	85 453		76		3,084	127	
Northern Shan States	3	IV	42 32	72 22	1,156	510	184		32		3,030	12	
Southern Shan States	3	I	280	35	4,109	3,606	973	***	201	1	5,503	169	
Chin Hills	. (	IV	57	18		4,334	253	***	28 26		8,249		
Total for the Province	{	III IV	1,568 1,525 84	646	55,073 74,594	25,388 43,992 8,178	9,676	30	1,255 1,710 282	9 96 5	115,927	2,927	-
GRAND TOTAL	{	1919 1918 1917	3,177 3,094 3,947	2,927 2,823 2,673	139,898 152,525 144,361	81,107	28,716 28,572 28,586	87	3,247 2,783 2,898	110 141 85	403,453	11,052	П

MENT C (II).

Fund, and Private-aided hospitals and dispensaries of Burma during the year 1919—concluded.

1	Disea	ises—co	onclude	d.	19			THE STATE OF THE S		VIII IN		Genera	al and	Local.	of s	T
1						3- Scs	of the loco-	the	1	Ses	local			oning	Total number of out-door patients.	
	Serial Number		dis-		ele.	diseases genera- stem.	Diseases of the organs of loco- motion.	Diseases of the connective tissue.		diseases skin.		(Gene-Local).	1		num!	ons.
1	Z	é	Bright's ease,	other s of ary s	Hydrocele.	Other disea of the gener tive system.	ins cion,	Diseases o connective tissue.	2	er d	All other disenses.	Injuries ral and I	opium.	other sons.	door	Operations,
1	Serie	Goitre.	Brig ease,	All o eases urina	Hyd	Other of the grive sys	Disease organs motion.	Diseas connect tissue.	Ulcers.	Other of the s	All	nin e le	By o	By other	Totz	Ope
		(38)	(39)	(40)	(41)	(42)	(13)	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)
1		1	1 1 1 1 1 1													
	1	5	26	270	6	283	491 66	2,171	4.523	18,298	149	3,583	2		80,743	1,607
	3		9	12	4	92	11	99 323	2,029	955 2,760	30	785			4,791 18,275	93 301
	4 5	5	134	595	8 531	4,501	235 518	485	2,086	3,085	833	2,079	11	103	33,723	488
	5 6 7	12	58	18	8	1,660	16	230 208	184	258 2,365	94	55 1,416			15,036	138 325
	7 8	4	16	217	25	368	129	1,555	4,674	6,764	141	3,854	***	***	50,397	1,501
	9	18	26	257	24	334	283	900	3,856	4,201	54	74 2.593	1	10	990 37,198	1,338
1	II I2		15	280	10	875 240	225 127	2,782	3.858	5,594 2,369	37	2,566	2	3 45	101,661 43,388	2,151
1	13	4 3	11	326 155	1 23	488 860	155 353	963	3,813	3,601	748	3,698		2	45,286 42,121	1,000
M	15	24	47	288	2	508 802	157	1,310	4,100	4,607	136	3,300	1	2	44,952	970
	16	3	39	393 473	11	278	379	790	3,058	4,743	31	5,578		11	45,259	770 1,676
	18	37	13	527	43.	531	512	1,107	8,550	5,719	175	5,113		38	84,368 474	1,462
	20	1	7	236	38	492 183	182	1,404	3,465	4,920 85	119 45	3,154	2 I	17	39,471	1,323
	22			6	12	54	41	325	1,148	1,170	121	1,330			13,492	308 614
1	23	9	4	99	17	217	332 266	630	2,297	3,486	13	2,301	3	47	22,303 36,677	979
	25 26	1	7	132	14	317 63	42 83	8o1 73	2,759 252	2,703	139	3,598	142		29,795 5,092	759 50
١	27 28	1	9	189	4	322 960	253 484	780 332	3,700	2,156	8	2,255 899		9	35,032 14,873	868
1	29	23	16	597	31	932	407	1,542	4,430	2,889	336	5,894	3	18	61,083	247 1,744
	30	1,657		189		316	163	170	1,721	1,872	7	576 548		***	13,749 23,514	178
-	32	183	2	68	1	323	144	311	1,453	1,404 246	***	87.2	2	3	4,989	275 82
1	34	2,763	9	190	4	544 18	668	782 146	3,766	4,357	8o 45	2,284 285	15	27	60,626 7,830	772
	35 36	7	23	90	4	218	199	899	2,863	2,394	28	1,348	93		41,923	39 491
	37 38	58	29	44	2	221	138	186	929 526	969 152	30	872 56		***	5,225	390 138
	39	***	15	163	10	380	46 8	355	1,442	422 545	37	734 641	***	22	11,190	145 263
	4I 42			119		193	67	579 278	1,608	653 1,197		1,914	1	I	28,741 23,055	692 312
	43		Vien	29	141	51	18	77	520	232	***	475			6,898	114
	44 45	1,152	20	203	3	31 551	53 579	730	3,325	3,250	126	498 2,294	5	6	67,296	335 679
	46	1,491	3	114		59	240	744	1,822	573	143	734	7		25,454 11,801	286 332
	48	6	2	32	3	21 40	115	77 140	394 854	381 380	9 5	450 575		3	3,904	107
	50	1	4	132	4	98	17	354	2,687	597	. 6	1,237		70	15,471	332
	51 52	2	20	87 84		98	125	331 275	901	385 677	2	947 712		10	10,810	280 245
	53 54			15	. 7	72	82	252 74	1,097	291 220		1,009			8,892 5,308	192
	55 56	7	33	29 51	2	133	29 62	181 514	1,102	516 948	5	1,943		,	17,098	267 487
	57	5	14	126	8	463	IOI	791	3,692	2,090	33	2,568	5	2	34,973	913
	58 59	2	3	15	5	212	187	571	1,949	980	13	2,203	***	2	5,495 17,882	83 553
	60 61	131	3	- 60	6	90	141	240	722 1,765	1,137	3	555			14,828	184 432
1	62 63	358	9 22	102 38	4	490 - 189	263 241	951	3,047	2,263	144	1,524	1	29	46,209 25,410	908
	64	327	7	12		20	132	254	683	722	141	599		2	20,548	142
		7,967	311	2,226	549	9,311	4,072	11,967	35,223	41,138	1,830	31,040	268	196	573,435	12,157
		304	365	5,586	327	9,703 2,563	5,527 628	1,184	7,053	3,064	193	3,909	26 3	330	99,622	25,488
		8,721	779	8,454 8,839	903	21,577	10,227		135,281	140,973 138,264	4,271 4,660	112,706	297	535	1,725,390	38,865 38,787
		9,703	917	9,280	1,040	23,858			143,788 15 <b>9,</b> 984	143,963	5,220	120,964	58	1,887	1,774,384	42,677

### STATEMENT D (I).

Showing the diseases, etc., of the in-door patients treated in the State-Special and Railway Hospitals and dispensaries of Burma during the year 1919 (Paragraphs 5, 17 and 18).

-		2000					-		0	•	1	, and			1
	Pierre				Poli	ce.		Com		0.1	1	T		Dette	
	Diseases.			Police Patient		Civ Patie		Cana	s.	Oth	ers.	Total		Railwa	ys.
Class.	Name.			Cases.	Deaths,	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths,
(1)	(2)	1-1		(3)	(4)	(3)a	(4)a	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
No. or Bros.	Males Females			1,26	0		11					1,2	76	88	
DISEASES. INPECTIVE DISEASES.	Cholera Dysentery Enteric fever Gonorrhoea Kala Azar Leprosy Malaria Plague Pneumonia Pyrexia of uncertain orig Rheumatic fever and Rh Small-pox Syphilis (Primary and S Tubercle of the lung Other tubercular disease All other infective disease Anæmia Diabetes Scurvy New growth Malignan	econdary) s es grant		20 *778 47 140  4 9,194 10 178 1,300 421 29 293 51 13 843	12 16 11  39 3 42 18 1 1 2 9 3 21	30S 4 9 14 6 2 87 6	4			1	1	21 794 47 144 9,503 10 183 1,309 435 29 299 533 13 930 280 2 2	13 16 11  44 3 44 18 2 1 3 9 3 3 29	8 64 0 24  156 3 52 17 22 13 35 12 4 74	3 4 1
SYSTEMIC DISEASES.	All other general diseases Diseases of the nervous s Diseases of the ear Diseases of the ear Diseases of the nose Diseases of the circulator All diseases of the rest except Pneumonia and lungs. Dyspepsia Diarrhœa Abscess of the liver All other diseases of the Appendicitis All other diseases of the Inflammation and supput glands. Goitre Bright's disease All other diseases of the Hydrocele Other diseases of the go Diseases of the organs o Diseases of the connectivulicers Other diseases of the sk All other local diseases	ystem  y system  y system  y system  y system  iratory sy  tubercle of  iration of ly  urinary sy  urinary sy  f locomotion  re tissues	ystem ymph stem	98 279 246 53 29 51 747 23 <sup>2</sup> 300 3 37 5 463 65 1 3 19 23 176 410 504 317 410	2 4 4 2 6 6 1 3 3	2 11 18 5 18 6 6 18 18 18 7 7 4 4						290 291 53 20 52 705 234 306 3 481 65 1 4 21 23 145 180 418 511 321	3 3 4 4 2 2 6 6 1 3 3 1 1 1 1 1	33 14 4 2 32 8 25 4 1 20 2 7 10 2 3 27 24 4 2	3 1 2
GENERAL & LOCAL.	Injuries (general and lo Poisoning by Opium Other p			1,051	4  I	27  1				***		1,078		316 2	17
	Total number of in-doo	 r patients	3 1918	18,915	7342	594 436	22 20	3 2	111	IO	3	19,515	230	1,152 1,373	
	Operations		(191	8 447		19		6		***		570 455 613		1,119 214 146 146	6

#### STATEMENT D (II).

Showing the diseases of the out-door patients treated in the State-Special and Railway Dispensaries of
Burma during the year 1919 (Paragraphs 5, 17 and 18).

T		Po	olice.		. 1		
Class.	Name of Diseases.	Police Patients.	Civil Patients.	Canals.	Others.	Total.	Railways.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
No.or Beds.	Males						
INFECTIVE DISEASES.	Cholera	20,692 20,692 20,692 20,692 20,692 20,692 20,692	2 164 104 2,457 12 286 260 3 151 5 281	51 	2 33 935 4 42 42	25,264 20 3,596 2,714 3 521 24 9	63 2,684 24 903 I 14,463 30 206 2,431 3,225 38 952 40 26
DISEASES.	Anæmia Diabetes Scurvy New growth { Non-malignant   Malignant   All other general diseases	3 1 6 1	3 I I I So	20  1  78		1,220 3 4 8 2 628	1,853 20 23 9 8 2,995
	Diseases of the nervous system Diseases of the eye Diseases of the ear Diseases of the nose Diseases of the circulatory system All diseases of the respiratory system except Pneumonia and tubercle of the	1,232 885 260 114 n 14,283	288 754 92 23 9 1,472	80 126 91 7 8 256	167 34 6  545	3,775 2,146 1,074 290 131 16,556	2,125 3,686 2,850 137 547 12,188
MIC DISEASES.	lungs, Dyspepsia Diarrhœa Abscess of the liver All other diseases of the liver	4,383 1,514 17 130 	13 2 2,089	144 82  11  1,228 20	120 18 1  266	5.141 1,898 18 154 2 14,781	2,856 2,601 5 252 2 19,694 580
Systemic D	glands. Goitre Bright's disease All other diseases of the urinary syster Hydrocele Other diseases of the generative syster Diseases of the organs of locomotion Diseases of the connective tissues Ulcers Other diseases of the skin	18 1 n 212 7 n 151	50 4 38 1 79 106 196 920 732	 15 80 1 92 1,101 506	9 25 526 376 9	69 5 265 8 310 2,018 1,615 9,667 5,027 340	9 39 506 57 876 366 1,621 6,347 7,791 623
GENERAL & LOCAL	Poisons Opium Other poisons	7,044		347	224	8,250 26	8,556 93
	Total \{ \begin{align*} \text{10} & \t	18 89,664	13,004	5.753	3,480 5,173 7,500	1,10,347 1,13,594 1,06,912	1,08,354 1,18,442 1,12,460
	Operations { 19 19 19	19 497 18 570 17 543	123	135 100 84	3 11 120	746 810 922	3.783 3.495 4,213

Showing the diseases of the in-door and out-door patients treated in the

STATE

Number of in-door and out-door patients, according to class and sex, treated in the State-Public

				Euro	PEANS AND	ANGLO-INI	DIANS.		HINDU	S.	
Dis	strict.		of sary.	Adu	lts.	. Child	ren.	Adu	ilts.	Childr	en.
7			Class of dispensary.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
	(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
kyab			III	559	180	177	102	10,240	442	416	313
letwa			1	57	***	7	28	837	277	. 276	153
aukpyu			III	57 80	16	2	I	1,332	111	46	26 64
ndoway	***		I	3,676	2,890	776	1,113	3.230 48,804	8,626	4,119	3,403
ngoon Tov	vn	1	IV	13	422		144	61	2 644		1,022
ein inthawadd	/Suriama		111	390	217	183	122	12,909	958	665	70
		(	·i+	5	1	8		164	. 930		331
gu	***	1	111	242	100	93	67	9,022	1,358	783	556
arrawaddy me			111	234	110	59	59	9,722 4,908	473	396	233
-ubin			iii	70	22	18	7	4,272	287	291	147
apôn			111	94	40	30	51	9,012	766	601	378
aungmya	***		III	142	326	5 <sup>2</sup> 300	201	7,114	287	184	85
ssein	***	1	III	425	14	4	7	7,990	171	228	103
enzada	***		III	217	94	39	45	6,596	596	573	307
nherst		1	III	530	400	152	138	10,172	1,474	969	734
		1	IV		42	34	45	32	276	. 68	83
voy			III	291	25 47	3 <sup>2</sup> 71	27	3,549	338	186	105
ergui ungoo			- III	413	446	130	145	7,369	1,170	827	605
atôn			III	107	43	21	12	4,091	614	429	211
lween ayetmyo			III	184	43	16	57	2,543	170	4.8	120 279
ayetinyo	***		I	6	638	286	312	361	1,702	610	568
andalay		3	III	1,856	1,116	552	682	14,154	3,296	1,655	1,357
		- (	IV	160	26	61	4 40	1,013	100	54	92
amo	***	1	III	304	88	90	62	2,210	436	374	181
		(	IV					109	6	7	3
yitkyina	***		1	609	177	92	87	7,592 1,232	1,635	1,524	1,112
tao			I	500	117	141	66	3,614	424	288	203
by Mines		{	IV	421	197	68	117	2,828	712 95	618	437
		8	I	33	33	21	7	1,400	333	327	53
webo		1	III	220	190	61	59	2,010	337	262	247
gaing		3	111	53 141	60	55	20	1,030	233	178	114
		3	1	31	1	6	34	132	12	19	25
wer Chind		1	III	81	33	16	14	718	98	122	38
per Chind	lwin		İ	360	73	56	49	6,732 731	1,109	864	45I 144
kôkhu		3	111	181	65	54	21	865	102	101	66
		(	IV	115	53	35	13	1,064	81 82	112	31
inbu		3	III	32	38 16	35 29	5	1,500	271	324	181
		(	1	114	48	41	26	1,206	250	273	122
agwe		3	III	35	7	46	6	2,745	112	72 91	66 71
		3	1	16	3	7 8	1	578	35	47	37
auksè		1	III	60	15		9	868	97	105	84
eiktila	***		111	244	105	73 84	96	4,300	338 658	254 623	409
mèthin	***	5	1	1	* ***			52.	2	1	
ringyan		1	III	179	69 36	33	46	3,094	510 496	489	301
rthern Sha	an States	. }	IV	151	21	4	4	3,339 2,401	163	205	89
uthern Sha	an States	3	I	432	284	168	107	8,231	1,604	1,578	957
		5	IV I	7 25		1		779	183	101	105
in Hills		***			-				-	-	
720		(	111	7,005	5,004	2,184	2,306	95,505	18,400	12,293	8,931
Total for	the Provin	ice {	IV	7,752 436	3,75 <sup>2</sup> 588	2,117 132	1,923	7,519	3,462	12,829	1,458
					1						. 1
Cour	D TOTAL	5	1919	15,193	10,996	4,433	4,517 4,660	255,006	38,128	25,695	18,920
									35,986		

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MENT E.

Private non-aided hospitals and dispensaries of Burma during the year 1919 (Paragraph 19).

1.

MENT F.

Local Fund, and Private-aided hospitals and dispensaries of Burma during the year 1919 (Paragraph 20).

Number.	Ad	ults.	Chile	dren.	Adı	BURM		iren.	Adi	ults.	Chil	dren.	Tota!
al Nu	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	treated
Serial	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
I	25,305	3,864	5,586	3,402	19,521	4,851	4,776	3,304	951	66	92	33	84,19
2	141	I	5			376	427	308	409	14	70	23	4,94
3	2,566	546	420	361	1. <b>5</b> 33 7,865	2,110	1,546	1,239	279	17	19	4	18,56
4	3,921	1,311	1,081	835	10,300	4,031	4,807	3,839	210	24	11	12	34,19
5	17,834	1,700	1,446	625	12,942	9,486 5,341	3,170	1,935	5,221	2,334	970	702 1,088	133,62
	1,146	117	160	97	6,747	2,478	1,897	1,648	439	21	34	19	17,46
7 8	4,689	478	534	286	11,875	7,130	4,914	3,669	2,243	235	293	138	52,34
9	38	248	270	216	562 11,520	100	32	59	1,028	188	165		99
0	2,785 5,466	640	880	506	30,443	5,190	2,930	2,555 16,690	1,448	130	288	95	39,41
2	2,379	271	313	263	15,441	9,617	4,878	4,321	1,110	165	154	95	45.15
3	2,857	303	514	408	15,296	7,084	8,110	5,481	1,119	125	116	91	46,62
4	4,056	218	201	155 261	15,220	5,029 6,882	3,734	3,192	1,088	124	179	86	44,28
5	4,425	325 354	324	253	15,424	4,871	1,210	3,823	1,009	541	280	274	10,67
7	7,431	397	435	335	17,441	3,969	3,894	2,941	2,113	88	110	60	48,15
8	4,201	882	. 828	540.	32,800	15,460	11,815	9,803	1,133	251	233	159	86,57
9	7 422	66	7.218	27	0.111	2 102	7 722	26	=00	60	84	I	42.75
0	7,473	1,538	1,348	965 37	9,111	3,193	1,733	1,414	599	64	14	48	42,15 1,65
2	1,501	388	169	161	2,479	1,505	1,925	1,636	1,740	280	101	84	15,4
3	2,080	-392	295	145	5,903	3,600	2,090	1,660	2,089	50t	281	252	23.73
4	3,275	100	583	558	9,995	5,374	3,042	2,410	1,123	301	145	156	38,66
5	2,423 854	317	338 56	176	1,689	4,301 308	3,094	2,258	185	33 r	77		30,94
7	2,332	503	552	450	12,794	7,190	3,910	3,663	470	137	121	113	30,2
8	227	833	628	484	2,028	4,293	1,188	1,118	73	76	77	49	15,05
9	7,342	1,551	865	661	16,128	6,839	2,072	2,012	2,974	823	435	333	60,70
O	352	6	12	3 21	3.406 8,182	5,590	1,723	1,964	2,750	1,610	302	219	14,87
2	2,083	339	315	182	6,514	3,045	1,005	929	2,661	335	240	140	21,53
3	74	8	4	16	1,804	1,368	526	436	467	75 t,686	79	39	5,02
4	3,622	518	7.23	399	15,408	9,382	5,130	5,091	7,324		375	304	62,79
5	2,140	220	232	125	2,809	7,070	7,320	6,685	2,969 1,810	183	28 96	65	42,80
7	834	256	131	133	3,679	2,806	1,183	759	1,001	118	126	66	17,48
8	262	25	33	0	1,555	975	720	469	430	22	47	8	5,42
9	1,068	78	124	65	3,508	2,074	936	1,140	345	71	62	30	. 11,44
0	756	151	187	70	5,086	7,684	4,373	3,971	352 167	30	3	• 23	15,45
2	1,447	310	392	185	7,781	5,132	3,003	2,598	413	104	93	55	23,77
3	106	***	9 3	1	2,547	1,510	1,060	1,410	40	" 6-			6,94
4	5,136	29	636	20	3,199	2,425	7,812	1,556 6,428	336	283	156	55 94	11,68
5	140	563	11	414	13,268	5,927	2,697	2,513	1,737	4	.30	8	25,81
7	903	108	134	75	5,476	2,079	845	739	380	71	22	30	12,31
8	259	16	49	17	1,065	570	358	492	72	26	9	16	4,17
9	1,146	135	70	20 88	6,360	2,408	1,746	1,224	194 216	24 21	3I 24	37	9,92
0	941	170	228	16)	3,828	1,681	786	764	291	84	52	83	11,22
2	376	117	120	100	4,498	2,200	1,264	1,032	129	***	23	3	10,63
3	1,128	78	79	47	2,931	1,231	292	298	243	20	27	12	9,58
4	707	172	167	114	4,186	996 2,164	960	522 1,153	206	75	25 40	35	5,50
5	2,501	352	263	192	6,470	2,068	880	975	361	86	35	28	18,04
7	.3,519	579	682	374	13,257	5,978	2,238	1,902	1.072	III	123	, 89	36,47
3	. 886		1 228	202	2,041	1,499	743	587 886	12	67			5,59
3	1,886	75	328	203 59	5,850	1,258	734	471	2,713	203	77	52 55	15,54
	2,923	157	174	73	6,980	3,624	734 787	708	3,015	110	129	48	21,76
2	3,625	612	738	472	12,508	6,402	1,993	1.559	6,135	384	183	151	48,12
3	525 125	68	89	66	10,261	4,336	2,281	1,888	249 341	139	30 55	50	25,76
5	41,881	7,142	5,988	4,125	160,456	93,341	47,411	42,601	35,255	7,290	3,030	2,273	602,48
5	5,204	17,079	18,251	12,282	340,135	150,498 29,456	5,221	91,086 6,464	30,607	4,691 2,695	4,036	2,548 1,369	1,099,82
8	158,452	26,380	24,696	17,300	531,129	273,795	165,072	140,151	70,457	14,676	7,563	6,190	1,807,26
,	152,853	26,074	25,716	16,817	503,671	261,434	167,060	143.820	132,706	36,967	18,526	12,736	1,851,90
0	154,519	25,761	25,778	17,147	465,607	252,763	169,601	145,264	168,997	55,768	25,824	18,468	1,867,529

	una aispensaries	5 05	Durn	na au	ring t	ne yeu	7 191	9 (ra	ragrap	11 21).			
Classes			patients	tion	ber of o	med	patients on in	11		eration ients.	1 6	patients at the year.	
Class of operation.	Nature of operation.		Number of premaining last year.	Prin- cipal.	Secon- dary.	Total.	Number of pa operated o	Cured.		Dis- charg- ed other- wise-	Died.	Number of remaining close of the	Remarks
(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Operations on tumours.	Removal {By excision Otherwise		4	400	2	402	400	380	8	3	3	1	
	Total		4	403	2	405	403	391	9	3	3	1	
Operations on cysts.	Removal { By excision Otherwise			300		300	300	<b>3</b> 93	4 3	:::			
	Total			300		309	309	299	7			3	
Operations on abscess.	Acute abscess-Incision Chronic abscess-Incision a drainage.	and	161 50	1,590	92 26	21,076 1,616	1,590	20,676 1,562	339 45	22	16 3	92 28	
	Total		211	22,574	118	22,692	22,574	22,238	584	24	19	120	
Removal of foreign bodies.	By incision, forceps or oth wise. Total	er-		1,302		1,302	1,302	1,300	2		***		
Operations on	Ligature			16	2	18	16	16					
arteries. Operations for aneu-	Ligature of artery		*	7	1	8	7	5			2		
rysm.	Excision of sac					***							
	Total			7	r	8	7	5			2		
1	Ligature Excision			3	- ::	. 3	3	3					
Operations on veins.	Infusion of saline or other flu Injection of salvarsan or n salvarsan.	eo-	9	245 1,684	217	296	1,684	1,530	160		41	2	
1	Injection of spittles solution For varices—excision		7	217	26	243	217	208	16				
0.41	Total		16	2,160	294	2,154	2,100	1,947	185		42	2	
operations for arrest of hæmorrhage.	Compression, direct or indirect Ligature of bleeding point or artery on the proximal sid	r of		138	3	47	138	134			***	5	-
	Total	***	1	185	3	188	185	181			-	5	
Operations on { lymphatics. }	(a) By excision (b) By curetting		3 <sup>2</sup> 5	1,173 479	16 1	1,189	1,173 479	1,145 472	17	3	11	31 5	
	Total		37	1,652	17	1,669	1,652	1,617	21	4	11	36	
Operations on a nerves.	Neurotomy Stretching of nerve Removal of nerve ganglion		 :::	6 t		6 1	6	5 1					
	Total			7		7	7	6	1				
Operations on the skin	Removal of diseased of			73		73	73	73					
taneous tissues.	Plastic operations for cicatr and congenital malformati Skin grafting	ices ions.		139	6	139	139	124		. 6		10	
	Total			245	6	251	245	222	5	1 6		12	
			1			1		3	1	1			1

	The second secon	patients	- Num	ber of a	pera- med	in	Resi	ult of o	peration ents,	ns on	patients at the year.	
Class of operation.	Nature of operation.	Number of remaining last year.	Prin- cipal,	Secon- dary.	Total.	S operated on columns 4 to 6	Cured.	Re- lieved.	Dis- charg- ed other- wise.	Died.	ning f the	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		(11)	(12)	(13)
Operations on bones.	Incision of periosteum Osteotomy Wiring or otherwise uniting recent or ununited fracture— fractures  Setting of fractured bones— Nasal Inferior maxillary Clavicle Scapula Humerus Radius and ulna Carpal, metacarpal and phalangeal. Ribs Ileum Patella Femur Tibia and fibula Tarsal, metatarsal and phalangeal. Seat of fracture not specified Removal of sequestra Excision, partial or complete Removal of tubercular lesions	3 13 2 3 3 : : : 4 : : : : 4 : : : :	89 12 26 138 7 175 524 71 50 1 9 95 133 4 21 247 11		89 12 26 138 7 176 524 71 51 1 9 95 133 4 21 256 11 	89 12 26 138 7 175 524 71 50 133 4 21 247 11	77 12 23 136 7 173 514 69 50 1 8 77 127 4 217 217 11	2 2 2 10 2 3 1 5 2 18 18		5 ····································		No.
	Totals  Reduction of dislocation— Temporo-maxillary	36	1,617	11	1,628	1,617	1,531	47	10	13	52	
Operations on joints.	Acromio-clavicular Sterno-clavicular Shoulder Elbow Radio ulnar Wrist Metacarpo-phalangeal Inter-phalangeal Hip Knee Ankle Metatarso-phalangeal Seat of dislocation not specified Passive movement For ankylosis Aspiration with or without injection. Incision with or without	1 1 1	45 16 101 95 2 24 13 6 20 7 6 2 4 10 10 17		45 16 101 95 2 20 7 6 20 7 6 2 4 10 10 18	45 16 101 95 24 13 6 20 7 6 2 4 10 10 17	45 6 99 94 22 24 13 6 18 7 6 2 4 8 8 11 18	3 2 I		3		ACTIVATION OF THE PROPERTY OF
į	drainage. Excision, partial or complete  Total	10	412	3	415	412	396	14	4	3	5	
Operations on muscles, tendons and fascize.	Myotomy Tenotomy Union of divided muscles and tendons.  Division of cicatrical adhesions		4 2 142 27		4 9 143 27	4 2 142 27	4 2 136 27	I	 1		1 1	bon and a
	Total	1	175		175	175	169	2	1		4	

	and dispensarie	patients	1	Numb	er of or perform	pera- ned	patients on in to 6.		lt of op		s on	patients at the year.	
Class of operation.	Nature of operation.	Number of remaining	last year.	Prin- cipal.	Secondary.	Total.	Number of columns 4	Cured.		Dis- charg- ed other- wise. (10)	Died.	Number of remaining close of the	Remarks.
(1)	(2)	1 (3)	1	(4)	(3)	(0)	(//	(0)	(9)	(10)	(11)	(12)	(13)
	(a) For injury— Shoulder Arm, upper third Arm, middle third Arm, lower third	: :::		12 11 6		12 11 6	12 11 6	 9 7 5	 		1 2 2 1	1 1 	
	Forearm, upper third Forearm, middle third Forearm, lower third			8 9		2 8 9	8 9 9	8 8 9					
	Wrist Carpo-metacarpal Metacarpo-phalangeal	: :		9 6 42 8		9 6 42 8	9 6 42 8	9 6 40 7				2	
	Inter-phalangeal Thigh, upper third Thigh, middle third	: ::		44 3 9 6		44 3 10 6	44 3 9 6	42 1 6 3	2		 2 1 2	2	mark in pill
Amputations including disarticula-	Leg, upper third Leg, middle third	: :		3 14 2 8	-	3 14 2 8	3 14 2 8	13 2 5			1 1 		
2	Ankle Tarso-metatarsal .			1 3 24 5		1 3 25 5	3 24 5	3 24 5	-				
	(b) For disease— Shoulder	: :		I 4 2		1 4 2	1 4 2					:::	
	Fingers			30 4 1		32 4 1	30 4 1	3 28 2 1 10				r	
1	Foot			14 1 29	5	34	14 29	1 29				1	
	Total		7	332	9	341	332	294	-11	2	17	15	
Operations on the	Trephining or removing portion of skull— (a) For fractures	ns	9	117		118	117	84	4	4	30	4	
skull.	(b) For Jacksonian Epilepsy	-	3	32	:::	32	I	1	2		6	7.2	Ting On
	Total .	-  -	12	150	1	151	150	110	6	4	36	6	1
Operations on the brain and meninges.	Intracranial hæmorrhage			3		2  3					<sub>2</sub> 1		
	Total			5		5	5	2			3		
Operations on the spine and spinal cord.	III to the second secon					7	7	3	2				
	Total .			7		7	7	3	2		2		Ann mi-
Operations on the face.	Rhinoplasty			3 2 48			2	2	***			,	
	Total .			53	6	59	53	49	2	-	1	1	-

	The state of the s	from	duri	ber of o	med	patients on in to 6.	Resi	ult of o	peratio		patients at the	
Class of operation.	Nature of operation.	Number of remaining last year.	Principal.	Secondary.	Total.	P P S		Re- lieved.	Dis- charg- ed other- wise.	Died.	Number of p	Remarks.
		1						1				
	(a) On the eyelids— For ectropion For entropion For hordeolum	4	2 233 41	2	2 235 41	2 233 41	2 232 41				4	
	For trichiasis Blepharoplasty		22 I		22 I	22 I	22 I					Tank and a
	For ptosis Symblepharon		2									
	Canthoplasty For trachoma For abscess lids		9 8		9		9 8				:::	
	For new growth Chalazion incision & scraping		9		9 7	9	8	1				
	(b) On the other appendages of the eye-						0 00	1000			12.00	
	For strabismus For pterygium Sub-conjunctival injection		4I 12		42 12	41 12	41 12					- I
Operations	For diseases of lachrymal sac and lachrymal obstruction.		6		6	6	6		***			
and its ap-	Tumour orbit (c) On the eyeball— Separation of adhesions with		3		3	3	1			2		
pendages.	iridectomy.		26		26	26	22		3			
	Iritis after cataract							:::				
	Tattooing cornea Corneal saction or cauteri- sation for ulcer.		2		2	2	2					
	Paracentesis Needling for solution of lens		5		5	5	5					
	Extraction of lens Sclerocorneal trephining		25 4 6		25	25 4	25 4 6					
	Extraction of foreign bodies For cataract extraction Discission		66		66	66	64		2			
	Needling Evisceration of eyeball	=					3		-::	-		
1	Excision of eyeball Peritomy		46		46	46 	44	3				The state of the s
-	Total	6	594	4	598	594	581	7	6	3	4	Mark Co.
1	For salivary calculus For ranula		7	*	7	7	7				:::	
Operations on	Division of fraenum of tongue Excision of uvula		110		26	26	26		***	:::		
the mouth.	Peritonsillar abscess Removal of tonsils Tumour tonsils excision		72		72	72	72	:::			:::	
	Removal of tongue For cleft palate		3 2		3 2	3 2	2 2		1		=	
	Total		224		224	224	223		1			
Dental oper- {	Extraction Other dental operations	26 2	14,695 685	26	14,721 685	14,695 685	684	3				
	Total	28	15,380	26	15,406	15,380	15,405	3				
1	Removal of foreign bodies For deviation of nasal septum		29		4	29 4	4		::: ]			
Operations on the nose and acces-	For removal of nasal polypus For correction of acquired de- formity.		5 <sup>2</sup> 7		52 7	7	7					
	Removal of turbinated bones Removal of hypertrophic mucous											
sory sinuses.	membrane from inferior turbi- nated bone.									1931		
l	For epistaxis Application of electric cautery		:::	:::	-::	:::					:::	
The same of	Total		92		92	92	92					

Showing the Surgical operations performed in the State-Public, Local Fund, and Private-aided hospitals and dispensaries of Burma during the year 1919—continued.

	and dispensaries		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,	itinue				
Classic		from	tions	er of op perform	era- ned ear,	f patients on in to 6.	Rest	lt of op patie	nts.	s on	patients at the e year.	
Class of operation.	Nature of operation.	Number of remaining last year.	Prin- cipal.	Secon-	Total.	Number of patients operated on in columns 4 to 6.	Cured.	Re- lieved.	Dis- charg- ed other- wise.	Died.	Number of patients remaining at the close of the year.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Operations	Removal of adenoid growth Removal of nasal or naso-pha- ryngeal growths—		69		69	69	69					
on the Naso-{ pharynx.	(a) through palate (b) through nose Suppuriation antrum of highmore,	===	3 		3		3					
	Total		73		73	73	73					
Operations on the ear and	For auricular fissure Removal of polypus Removal of foreign bodies For acute suppurative otitis		7		7	7	6 7	:::				
accessory cavities.	media— (a) Perforation of membra- na-tympani.					18					-	
	(b) Opening of mastoid antrum. For chronic suppurative otitis		5	1	19	1	5					Marie Marie
	media. Total	-	36	-	37			1				
												Towns.
Operations on the larynx and trachea	Total astrono		6	1	6					1		
and tracinca.	Total		10	-	11	-	-			3		
								-				4 1/2
Operations on the phar- ynx and	Passage of an œsophageal bougie. Dilation of stricture of œso-	1 1000	1		1	1 0			-		-	
œsophagus.	phagus. Oesophagotomy		2			2	1			1		
	Total		4		4	4	3			1		
Operations on thyroid body			3		3	3 3	2		1			
Operations on the breast.		2			3 22 17	22	24				2	
	Total	3	42		42	42	41		1	1	2	-
Operations on J	Paracentesis of pleura Thoracotomy Incision and drainage of pulmon	2	27 10 8	I	30	10	9			1 2	1	
the thorax.	Exploration of lung Exploration of pleura Thoracoplasty	2					<sub>2</sub>	:::\	:::			Anne in
	Total	5	45	15	60	45	44			1	2	
Operations	Paracentesis Laparotomy— (a) For injury (b) For disease (c) Exploratory		68	2	254 68 44	68	51 24	,		18	3	The state of
on the abdomen.	Operations on the stomach— Gastrorrhaphy Gastrostomy Gastro-jejunostomy Operations on the intestines— Enterorrhaphy		11 3		1 4	1	1 2 1					

		- 1	Numl	per of or	era- med	rients	Res		peration	ns on	patients at the year.	
Class of operation.	Nature of operation.	Number of patients remaining from last year.		Secon- dary.		Number of patients operated on in columns 4 to 6.	Cured.		Dis- charg- ed other-	Died.	Number of pa remaining al	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	wise.	(11)	(12)	(13)
Operations on the abdomen—concld.	Excision of portions of intestine—  (a) Enterectomy (b) Colectomy Colotomy (iliac) Lateral anastomosis For intestinal obstruction Operations for disease of the vermiform appendix (a) Excision of the appendix Opening and drainage of abscess with removal of appendix Appendicostomy Operations for external hernia— (a) For strangulation (b) For radical cure (c) Reduction by taxis Omentoplaxy Operations on the liver For cirrhosis For abscess For hydatidcyst Operations on the gall bladder and bile ducts— Cholecystotomy Operations on the kidney— Nephrectomy Nephrectomy For hydatidcyst Total	      	(4)  2 1 1 2 10 2 20 19 53 204 9 2 49 1 3 3 1 1 732		(0)  2 1 1 2 2 12 20 19 53 200 9 2 522 1 3 4 1 777	(7)  2 1 1 2 2 10 2 20 19 53 204 9 2 49 1 3 3 1 1	(5)  I 2 7 I9 I4 42 197 7 28 I	(9)  I I I	2	(11)  1		(13)
Operations on {	Splenectomy Other operations on spleen		2 I		2 1	2 1	2 1	*::	-::			
	Total		3		3	3	3					
Operations on the rec- tum and anus.	For congenital mal-formations For anal fistula For anal fissure or ulcer For hæmorrhoids— For polypus For prolapse For non-malignant stricture Dilation of sphincter Excision of rectum-partial Imperforate anus		1 101 8 157 8 3 1 1 1 22		1 101 8 157  8 3 1 1 1 22	1 101 8 157 8 3 1 t 22	7  7  18	   		"" I	3  7 	
	Total	2	302		302	302	282	5	1	6	10	
Operations on the bladder.	Sounding Cystoscopy Supra-pubic— (1) Cystotomy (2) Puncture Lithotomy, supra-pubic Lithotomy, perineal Lithotomy, lateral Lithotrity Litholaplaxy	4 1 2	 111 2 34 14 3 5	***	12 2 35 14 3 5 2	 11 2 34 14 3 5 2	 12 3 27 11 3 6			 2  6 1 1	   3 2 	Military of the second of the
	Total	. 9	71	2	73	71	63	1		11	*5	
Operations on the prostate.	Supra-pubic prostatectomy	-										

		patients	tions	per of o	pera- rmed year.	patients on in to 6.	Resu		eration	s on	patients at the	
Class of operation.	Nature of operation.	Number of premaining last year.	Prin- cipal.	Secon- dary.	Total.	ed ed	Cured.	Re- lieved.	Dis- charg- ed other- wise.	Died	Number of premaining close of the	Remarks.
(I)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Operations	Passing of a catheter or sound Suture of ruptured urethra Dilation of stricture Urethrotomy— External Internal		3 137 10	3	3 140 10	3 137 10	 3 126	-		2	5	
on the ure-	Perineal section Operation for extravasation of urine.		3 6		3	3 6	3 3			3		
	Urethral fistula Removal of calculus or foreign bodies.	1 2	16 37		16 37	16 37	16 39					
	Total	3	212	3	215	- 212	199	5		5	6	NOCT.
1	Circumcision Amputation of penis, partial or complete.	11	301 33	1	302 33	301 33	305 31	1		·	6 I	4 7
	For phimosis For paraphimosis For displaced or undescended testis,		1,021 182 1		182	1,021 182 1	1,002 180 I	14		7.	15	
Operations	For varicocele For hydrocele—		7		7	7	7					
on the male generative organs.	Tapping with injection Tapping without injection Radical cure		8 148 637	4	8 152 637	8 148 637	5 53 616	3 95 1		ï	23	
	For hæmatocele — Removal of testis Radical cure For elephantiasis scrotum Removal of testis for disease Hydrocele, incision and drainage.	3	30 14 30 11 3		30 14 30 11 3	30 14 30 11 3	25 13 27 10 3	3	···	5  I	3	
	Total	30	2,426	5	2,431	2,426	2,278	118	1	9	50	
1	Operations involving abdominal section or puncture—											20.3
	Paracentesis of ovarian cyst Ovariotomy Oophorectomy Malignant tumour ovary		18 42 		26 42  3	18 42  3	8 42  I			1 1  2	-	
	Removal of uterine appendages- For salpingitis For pyo-salphinx For hydro-salphinx For extra-uterine { Ruptured		9 1 6		9 1 6	1	9 t					
Operations on the fe-	Removal of cyst in broad liga- ment.								:::			
male gene-{ rative or- gans.	Drainage of cyst or abscess in connection with uterine appen dages.		2	1	3	2	2	-	"			111111111111111111111111111111111111111
	Abdominal hysterectomy—  (i) Supra-vaginal—  For fibroids  With removal of appendages.		35 13		35	35 13	30			5 3		
	(ii) Pan-hysterectomy— For cancer of uterus Removal of uterine fibroids Ventral fixation of uterus Removal of hymen	,	5  10 14		5  10 14	5  10 14	4  8 14			I	2	allow in

Class of		patients from last	Num tior duri	ber of ons perfo	rmed	on in to 6.	Resu	ilt of op patie	eration ents.	s on	patients at the e year.	
operation.	Nature of operation.	Number of patients remaining from last year.	Prin- cipal.	Secon- dary.	Total.	Number of operated columns 4 t	Cured.	Re- lieved.	Dis- charg- ed other- wise.	Died.	Number of p remaining	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
[	Operations by the vagina or vulva— Removal of vaginal portion of		3.		3	3	2				1	4 .
The second	Removal of polypus		3		3	3	3					1
N. Carrie	Replacement of inverted uterus Curetting of uterus for cancer Endometritis abortion, etc.	2	107	1	108	107	103	4		2		
,	Dilatation of cervical canal		6		6	6	6				·	
	Repair of lacerated cervix uteri Dilatation of hymen	***										
	For Retroversion of uterus replacement by pessery.											
	For complete prolapse Removal of new growth of		5		5	5	5					
Operations on the fe-	vagina. Dilatation of vagina for mal-		2		2	2	1	1				
rative or-	formation. Canalisation of imperforate		10		10	10	8	1			1	
cluded.	Posterior colpotomy											
	Colporrhaphy Drainage of pelvic abscess		4		4	4	***4					
	Evacuation of fluid collected in pelvis.							•••		•••		
	Repair of fistula into uterus or		1									
	(a). Urinary (b) Fæcal		1		1	1		1				
	(c) With transplantation of ureters into rectum.		***			***		***				
	Repair of ruptured uterus Repair of perineum				5		5					
	Removal of hypertrophied labia and new growth.		5 5		5	5	5			:::		
	Removal of elephantoid labia Plugging of vagina		2			2	:::	2				
	. Total	4	315	10	325	315	279	20	1	15	4	
. 1	Not necessarily involving injury										1	
	Application of forceps	1	191	1	192	191	187	1		4		
12/21/12/	Version Rectification of misplaced fœtal head.		36 5		36	36 5	34					
33333	Involving destruction of fœtus— Craniotomy		24		24	24	28		1	5		
THE REAL PROPERTY.	Cephalotripsy		34		34 I	34	I					
	Decapitation Eneleryotomy					2						
Obstetric	Evisceration Involving surgical injury to		15		15	15	13			1	1	7
operations.	mother— Caesarian section		3		3	3	2			2		
100	Other obstetric operations— Induction of premature labour											
- 19/1	Forced delivery	:::	1		1		1					
THE RES	Puncture of membrane Delatation of cervix uteri	-	т.			· · · · · · · · · · · · · · · · · · ·	1					
2112	Evacuation of uterus Separation of placenta, partial	3	8	***	31	8 31	31		:::	1		
THE REAL PROPERTY.	er complete. Separation and extraction of placenta and membrane		31		31	31	30	1				
	after delivery.  Plugging of cervix uteri  Suture of ruptured perineum											
(	Total	5	369	1	370	369	355	2		15	1	
	(1010)		52,544			52,544		975	78	306	378	
	GRAND TOTAL, 1918	457 385 548	50,814	794	51,608	55,655	49,490	911	80	350	457	

Showing the Income and Expenditure of the State-Public, Local Fund, and Private-aided hospitals and dispensaries of Burma during the year 1919 STATEMENT H. (Paragraph 22).

	.aor	Closing balan	Rs.	2,230 4,61 4,61 3,40 100 100	161	878	471 266 190	3,095	:	1,361	120	383	678
	ture.	Total expendi	Rs.	6,452 6,452 5,785 4,010 6,123	4,785	7,333	6,823	6,17,412	621'09	14,221	2,610	6,887	54,313
		. Eluvestments.	Rs.	1111111		111	111	1		: :	:		11
1	-9.1	Buildings or	Rs.	733 +53 +53 +53 +53 +53 +53 +53 +53 +53 +	795	537	329	33,481	11,485	1,147	161	574	30,854
	-	CMiscellaneous	Rs.	611 1,061 443 449	476	203	331	20,096	16,125	4.293	65	82	2,838
Expenditure.	-	BDiet.	RS	875 875 816 717 788 788	331	678	\$94 81	060'56	17,674 16,125	1,859	:	1	4,433
Expen	ines.	Bazaar.	Rs.	321 577 139 248	::	415	486 70	2,701	607	120	304	153	38
	Medicines.	gEntopean.	Rs.	7,363 1,419 782 533 445	17 :	382	1,618 294 284	28,552	227	462	w	60	3,584
		Inferior ser-	Rs.	8,796 1,128 1,223 1,152	1,260	2,793	1,529 906 597	39,700	1,541	360	702	2,201	6,556
	Salaries.	ENurses.	Rs.	810,8	; 2	11	279	1,10,689	6,850	1,310	:	:	3,426
	Š	Medical Officers.	Rs.	5,041 1,175 840 780 1,080	1,785	1,176	1,176	1,33,163	5,620	4,670	1,440	3,875	2,592
		Total receipts	Rs.	5,830 6,713 5,836 4,705	4,976	8,211	3,603	5,20,507	60,129	6,255	2,730	7,270	3,052
	apr	Miscellaneous  Ceipts (to inclusable of securities	Rs.	2,690	, ,,;	11 6	48	1,056	630	: 12	43	126	1,600
	-		Rs.	040 040 257 208 222 175	132	251	311 85	8	.: 2,	+34	:	.:	259
	Subscrip- tions.	© Encoperar	Rs.	1,01 1,01 1,01	. 28 :	129	128	34	:	: 001	5	:	19,603
je.		© Interest on investments.	Rs.	2002 - 27	, . :	33	e :	1,047	:	134	64	9	152
Income.	pu	Municipal Fu	Rs.	33,833		3,438	3,716	ŧ	1	1 :		:	21,376
1	-uo	Stributions.	Rs.	8,400 5,853 5,497 3,705	100	3,262	900 1,367 1,049	:	:				5,380
	ment	@Otherwise.	Rs.	3,000	1,469	2,250	1,500	2,07,350	46,118	7,881	460	811	.:. 999
	Government Contribution.	•Kaslas sA 🗈	Rs.	111111	3,045	::	1,341	3,07,139 2,07,350	14,011	6,340	2,142	920'9	2,402
1-		Cash balance.	Rs.	302 1,908 419 21 404 214	233	I,099	671 993 171	162'1	:		83	152	5.205
		Name of dispensary.		Akyab Shwebya Maungdaw Buthidaung Kyauktaw Minbya	Paletwa (Itinerant)	Kyaukpyu	Sandoway Taungup Gwa	Rangoon General Hospital,	Rangoon Contagious Diseases Hotoital.	Rangoon Plague Hospital, Kemmendine Dis-	pensary. Pazundaung Male	Pazundaung Female	Syriam Hospital Special Dispensary for Women.
	4	District.		Akris	NORTHERN ARAKAN.	KYAUK-	SANDOWAY	RANGOON				1	

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6,365 6,365 6,393 4,267 4,679	18,475 7,790 5,795 3,085 1,300	22,709 10,345 5,926 2,753	2,613 2,613 5,212 11,076 10,535 66,14	10,452 4,926 6,044 7,376 7,376	0,374 9,196 11,534 10,312 7,087 5,945	4,626 4,626 7,096 4,558 4,067
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1,202 770 703 125 528	343	1,563	3,470 1,581 2,48 6,18 1,123 4,86 4,86	538 538	2,482 3,702 283 1,054 1,149 1,179	259 237 38
566 568 568 568 568 568	2000 4 100 000 000 000 000 000 000 000 00	3,344	3,118 345 310 8801 1,599 1,599 069	1,143 370 489 753 753	1,034 736 926 604 654	252 252 707 508 332
353 172 277 429	2,180 921 540 	2,003	2,1140 333 1184 759 649 649 649 649	1,380 570 718 1,011	1,446 895 396 407	396 396
199 175 175 318	535 134 134	833	719 85 220 768 768 194 411 363	385 176 186 183 447	334 289 359 310 308	470 96 316 332
387 976 890 873	6.431 1,624 1,102 190 659 249	3,274	1,554 1,834 2,467 2,467 3,164 1,038	1,717 276 690 690 2,462 3,443	1,753 577. 577. 3,805 1,349 615	5,639 2,505 43 667
444 88 88 84 88 88 88 88 88 88 88 88 88	4,373 2,060 1,353 454 369 134	6,024 2,177 1,774 615	3,340 1,060 3,343 1,908 2,098	3,558 1,438 1,438 2,413 2,469	1,858 1,557 1,547 1,090 666	1,156 1,156 1,267 916 1,191
3423 345 345 345 345 345 345 345 345 345 34	1,368 378 480 	893		445 683 683 693 714	500 Se 4	\$250
1,560 1,422 1,620 1,476 1,364 1,330	1,920 1,860 1,054 661 480	1,345	781 402 1,800 1,536 1,776 1,500	1,261 1,560 1,616 1,522 1,326	1,460	7,497 3,120 1,296 1,475 1,382
6,722 5,609 7,258 4,623 4,842	18,661 8,338 5,959 0,99 3,153 1,300	24,503 10,511 6,120 2,753	15,814 2,712 5,244 11,341 10,013 11,861 6,799	10,802 5,301 7,845 18,868 12,222	10,591 9,929 12,427 10,714 7,465 6,045	44,974 4,626 7,311 4,904 4,615
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3336	15,671	8,417 43,73	5,116 10,065 9,396 6,188	7,244 4,998 4,998 7,706	11,072 9,101 6,882	35.626
4,331 5,708 5,708 2,500 4,090 4,371	3,616	550 1,400 1,400 2,753	800 1,000 1,000 1,000		8,916	4,000  1,000 4,247 3,837
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Kyauktan Twante Taikkyi Thôngwa Hiệgu Kungyangôn	Pegu Nyaunglebin Kyauktaga Zaungtu Kawa Myitkyo (P.W.D.)	Prome Paurgde Shwedaung Paukkaung	Tharrawaddy Menyo Thenze Gyobingauk Zigen Letpadan Minhia	Ma-ubin Pantanaw Danubyu Vandoon Pyapon Kyaiklat	Bogale Myaungmya Wakema Mawlemyainggyun Einme	Bassein Female Dispensary, Bassein. Ngathainggyaung Kyaunggon
	:	:		1 1		,1
HANTHA-	Peau	Prour	TEARRA- WADDA	Ma-URIN Prapon	Myadne- mya,	BASSETN

(a) Contribution from Provincial Funds.

Showing the Income and Expenditure of the State-Public, Local Fund, and Private-aided hospitals and dispensaries of Burma during the year 1919-contd. STATEMENT H.

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2,073 250 250 250 250 250 974	95.06 439 806 806 806 806 806 806 806 806 806 806	6,048 643 8813 985 9837 696 385 3474	981 112 247 247 133 204 79	196 332 1,779 1,292	1,568 859 290 951
2,196 574 109 195 195 195 195	348 348 348 348 348 35 35	5,428 311 137 390 773 318 15 15 15 20	294	1,825	2,222 152 88 80
653 203 101 180 243 147 147	33 33 500 500 500 500 500 500 500 500 50	35. 10. 24. 24. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	200 4 4 80 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	851 25	188 188 127 127
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3,614 1,925 768 798 846 1,387	304 617 617 301 301 301 301	3367	3000 3000 3000 3000 3000 3000 3000 300	302 302 4.147 310 82	6,562 2,220 1,803 4,168 2,840 043 3,070 1,308 309 4 110 4,513 2,066 1,124 14 188 3,413 1,500 227 31 127
375	585	736	8 : : : : : :	5:10 5:1	1,803
1,176 1,176 1,193 1,193 1,296 1,296 1,396	1,357 6,133 1,804 1,571 1,20 3,76 1,20 9,00	1,857 120 120 120 1461 120 120 120 130	900 1,360 1,353	120	2,230 1,308 2,066 1,500
6,569 3,131 3,413 31,352 3,077 3,349 4,742	3,218 5,107 3,107 3,959 1,214 962 651	17,583 1,207 2,715 3,020 1,357 1,357	7,349 1,706 1,664 919 919 2,015 2,015	17,470 5,123 1,042	16,562 3,070 4,513 3,413
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	9 9			9	9 787 8
11311111	1,634 1,737 1,737 1,737 1,737 1,738 1,738 1,738 1,738 1,738	3,918 120 1341 5,941 5,74 120 120 120	3,677 1,320 2,122 9,02 3,06 3,06 2,036	1,260	3,220 1,617 3,190 1,727
3,183 350 3,554 2,654	2,025 1,025 1,025 1,025 1,035	245 245 216 216 617 617 617 617 617 307	1700111	328 328 572 413	837 188 381
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20	Dispensary.  Madaya Mayunyo Contagious Diseases Hospi, Mandalay. Bhamo Shwegu Sinlumkaba Paukham Lwegibum Warabum Namkhan	Myrikyina Sada Sina Sinbo Mogaung Kamaing Lonton Family Lines Naphaw	Katha Mohnyin Wuntho Wuntho Pinlebu Mansi Tigyaing	Thabeitkyin Momeik Shwebo Ye-u Kanbalu	Sagaing Chaung-u Myinmu Myotha
The same of the sa	:		*<>mgr >	E E S S S S S S S S S S S S S S S S S S	
THATETMYO	Вильмо	MVITEKTINA PUTAO	Катиа	SHWBBO	SAGAING

(a) Contribution from Provincial Funds.

. Showing the Income and Expenditure of the State-Public, Local Fund, and Private-aided hospitals and dispensaries of Burma during the year 1919-concld. STATEMENT H.

	1	Total expendit	Rs. Rs.	11,228 1,837 3,595 433	84,728 228 4,345 109 4,187 64 4,187 64 3,487 33 2,236 102 1,120 292	10,109 383 3,282 475 3,164 3 <sup>3</sup> 3,574 7 <sup>21</sup>	6,324 1,715 10,565 249 4,862 298 1,609 186	7,007 253 468 411 904 1,577 2,379 124	9,574 666 2,850 225
		E Investments.	Rs.	111	11111111	:::::	1111	11111	11
	-ening	Buildings or re	Rs.	1,101	78,956 695 695 1,151 540	\$ : : : :	216	137	211
0	charges.	Miscellaneous	Rs.	1,083	2,693 1,513 1,228 1,095 550	579 331 456 80	790 1,896 455 507	575 536 334 163	1,214
Expenditure.		Diet.	Rs.	8 : 4	85. 13.3.7.7.1.	800 101 200 106 40	2,645 105	252	1,713
Exper	Medicines.	g Bazaar.	3	435	8 44 4 4 8 8	353	142 787 59 34	276	572
	Medi	g European.	Rs.	3,425	9 :82 : 5 :	1,882	1,288 150 828 825	3,333	1,638
		-res inferior ser-	Rs.	3,139	1,615 1,615	3,125	2,337 1,488 142	2,664 1,742 372 938	2,140
	Salaries	ENurses.	Rs.	,111		1,012	131	95::::	11
	3	⊆ Medical Offi•	Rs.	2,109	1,237	1,281 1,830 1,690 1,620	1,314 2,750 1,800 851	1,440	1,320
		Total receipts.	Rs.	3,048	84,956 3,486 3,486 4,454 4,454 3,530 1,412	10,492 3,757 3,196 4,295 270	8,039 10,814 5,160 1,795	10,697 7,250 879 2,481 2,503	3,075
	teceipts to sles	Miscellaneous (to include securities).	Rs.	4 :0	2:12,40:1	1,083	17 15 29	135	200
	srip-	S Native.	Rs.	659	114 105 114	72 72 190	25.00	242 243 193	130
	Subscrip- tions.	⊕ Encopean.	Rs.	664	33 : 11 : 85 : 12 : 65	296	85° 85° 43	238	
		Interest on Sinvestments.	Rs.	::=	` : " : : " " *	33-2		0410	4 :
Income.	-uoo pu	Stributions.	Rs.	5,625	11111111	2,600	:::	5,132	7,545
	-udintno	Stions. Fund c	Rs	111	111111111		6,447	11111	11
	nment sution.	.Seiwise.	Rs.	(4)3,000	81,480 2,205 1,715 2,374 1,860 1,089 580	(a) 500 651 504 272 150	450	(a) 1,600 (a) 300 35 320 320	(4) 240
1	Government Contribution,	•As salary	Rs.	1,740	1,828 1,641 1,664 1,662 1,531 1,062 505	1,419 2,543 2,463 1,997 120	3,292 3,023 1,500 993	1,440 300 464 2,051	1,140
		Cash balance.	. % %	1,498	160	570	1,466 181 281 172	182 81 271 1,414	140
		ary.		111		11111	11111	11111	::
		Name of dispensary.		Mônywa Yinmabin Kani	Mawlaik Kindat Mingin Paungbyin Paungbyin Kalewa Kalewa Tamu	Pakókku Pauk Gangaw Venangyat Kanpetlet	Magwe Venangyaung Taungdwingyi Sale	Minba Salin Sabyugyun Sagu Pwinbyu	Kyaukse Myitha
	-	District.		LOWER CHINDWIN.	UPPER CHINDWIN.	Раковки	MAGWE	MINBU	KYAUKSÈ

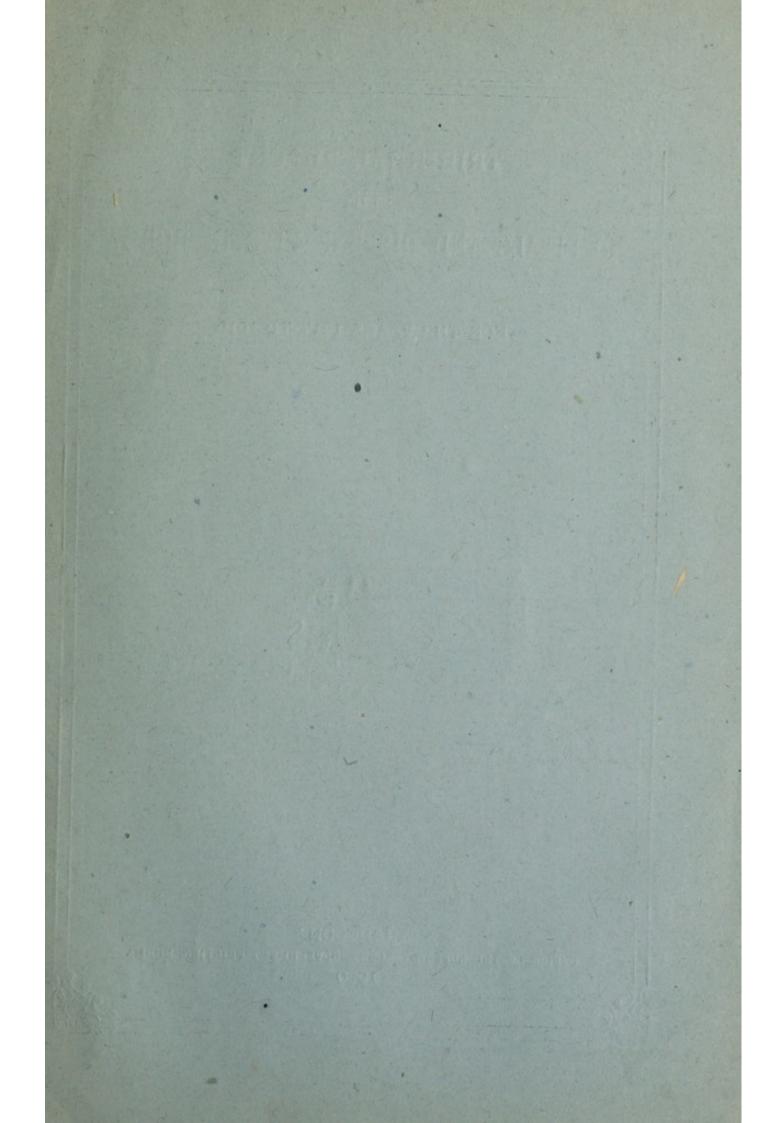
364	474 951 275	-	793 880 340 340 340 338			73,440	16,087	196.88
1,053	8,725 4,738 864	5,615	8,391 5,34 1,534 2,865 3,862	12,120 1,575 1,624 10,593 4,235 8,368 8,368	508 373 373 2,044 2,766	20,18,297	18,166,30,19,817	71,738 9,59,848 8,79,940 8,86,896 1,772 21,22,545 88,981
1111	1111	111	11:1:1:	111111111	.111: 1	983	18,166	- 25
1:8:	205	1482	\$ : : : : : :	1,963 135 3,993 1,149 1,149	381		2,85,825	968,886,8
3,496	597 1,271 354 370	1,025	2,5335 2,550 3,00 3,00 3,00 3,00 3,00 3,00 3,00	1,254 390 312 495 269 397 1,740	\$16 195 88 146	2,34,569 2,59,537	2,11,681	8,79,960
14 394	867 433 239	3,000	2,081.	1,489 1,010 4,010 1,557	540 135 144 51	8,66,363	9,63,287	9,99,808
800 47 341	295 500 36	175	288 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	174 1046 1088 1088 125 125	85	68,483	45,884	71,738
125	1,682 2,614 855	2,895	£44 : 28	8 : 33 : 96	0.8111	2,44,169	8,11,715	8,00,688
380	2,776 2,258 1,125	5,175	2,599 2,179 180 666 1,121 1,007	3,200 543 480 966 1,173 1,364 1,945 1,945	955	3,58,544	8 .75,049 9,11,715	8.64,088
:::: 603	549	300	161 : : : :	1,052	1111 1	8,17,956		130,963
519 519 1,780	3,185	1,740	1,170 110 120 120 1,314 1,314	3,892 130 1,959 1,097 1,096 330 1,034	1,065 59 120 830 1,107	3,98,994	4,14,807 1,85,993	0 8 6'98'9
5,053	9,199 13,597 5,013 864	18,272 6,022 2,139	9,848 9,271 534 2,471 4,810 3,244	1,807 1,807 1,517 1,430 4,333 9,313 8,708	5,079 5,044 2,044	20,91,667	80,84,914	20,11,406 8,96,3 8 0 9,30,963 8,54,688 8,00,688
* : ° :	533	104	203	2 : 18, 12 :8 :	9	63,069	1115,000	518/80
1545	161	3288	857 338 353 353	96 : 55 : 15 : 55 : 55 : 55 : 55 : 55 : 5	£ 1.00 : :	82,818	88,289	83,649
489	94::	48 : :	20 1 1 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	117 117 186	1 4 % : :	84,183	84,897 8	80,588   83,649 2,630
44	i i° i	36 :	14:0:84	11 4 4 10 1 1	∞ u 4 : :	1, 160	8,987	3,007
1111	8,924	4,150	1111111		1411 1	0.88,88,8	7,97,468	6,83,799
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5,110	1113	(a) 411 (b) 411	5,304 5,304 234 (a) 405 (b) 405	2,836 1796 604 783 783 279 3,408 3,408	395	4,98,438	4,09,618	6,47,319
3,741	3,130	752	3,581 2,182 300 1,378 2,798 (a) 660	7,544 666 2,925 2,244 3,054 4,211 5,08	3,216 59 1,785 2,401	4,66,587	4,85,973	5,17,486
143	540 659 315	456 350 73	965 338 338 1,166 110	100 8 001 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1839 262	*78,068	85,00\$	• 70,368
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Meiktila Wundwin Thazi Mahlaing	Yamethin Pyinmana Pyawbwa Lewe	Myingyan Pagan Kyaukpadaung	Lashio Hsipaw Kutkai Nawngkhio Tangyan Kyaukmè Namhsan	Taunggyi Myelat Loikaw Loikaw Yawnghwe Bampon Kalaw Loimwe Kengting	Falam Tiddim Haka Tunzan Mindat-Sakan	GRAND TOTAL FOR 1918	GRAND TOTAL FOR 1917	GRAND TOTAL 1919
Meiktura	VAMPTHIN	MYINOVAN	NORTHERN SHAN STATES.	SOUTHERN SHAN STATES,	CRIN HILLS. PAKÖKKU HILLTRACTS	NAME OF THE PARTY		,

\* Difference is due to the omission of Rs. 3,077 being the closing balance of Rathedaung, Tapun, Thayetkon, Bilin, Yinmabin and Kindat.

STATEMENT J.

Account of Invested Capital of the Hospitals and Dispensaries of Burma during the year 1919
(Paragraph 22).

No.	Name of hosp dispensa		Balance on 1st January 1919.	Invested during the year,	Total.	Securities sold,	Deposits withdrawn.	Balance on 31st Decembe 1919.
(1)	(2)		.(3)	(4)	(5)	(6)	(7)	(8)
			Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
1	Shwebya		5,400		5,400			5,400
2		General	30,000		30,000			30,000
3	Toungoo		6,000		6,000			6,000
4	Kyaikto .		1,500		1,500			1,500
	Lashio		4,000		4,000			4,000
5	Akyab -		1,500		1,500			1,500
7	Kemmendine		2,000		2,000			2,000
8	Twante		400	310	710	***		710
9	Kawa		100	***	100	***	***	100
10	Myaungmya		1,000	***	1,000			1,000
11	Einmè		500		500	***	***	500
12	Thayetkôn		100	***	100	***		100
13	Mergui		1,550		1,550			1,550
4	Papun	***	450		450			450
5	Maymyo		2,000	1,000	3,000			3,000
16	Shwegu		_ 200		200			200
7	Mogaung	***	100		100			100
8	Pyinmana	***	500		500			500
0	Kyaukmè		1,200		1,200			1,200
20	Rathedaung		200		200		***	200
21	Putao		320	***	320			320
22	Kawkareik		310		310	***		310
13	Thatôn	-	400		400			400
14	Bhamo	1	400		400		***	400
25	Hsipaw		2,000		2,000			2,000
26	Minhla		80	62	142		***	142
27	Kanbalu			400	400			400
	Total		62,210	1,772	63,982			63,982







## TRIENNIAL REPORT

ON THE

# HOSPITALS AND DISPENSARIES IN BURMA

FOR THE YEARS 1917 TO 1919





RANGOON

OFFICE OF THE SUPERINTENDENT, GOVERNMENT PRINTING, BURMA
1920



