

Triennial report on vaccination in Burma.

Contributors

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TRIENNIAL REPORT
ON
VACCINATION IN BURMA

FOR THE YEARS 1902-03 TO 1904-05.



RANGOON:
OFFICE OF THE SUPERINTENDENT, GOVERNMENT PRINTING, BURMA.
—
1905.

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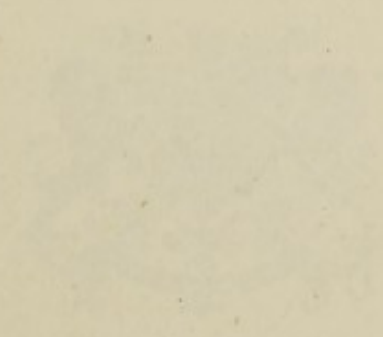


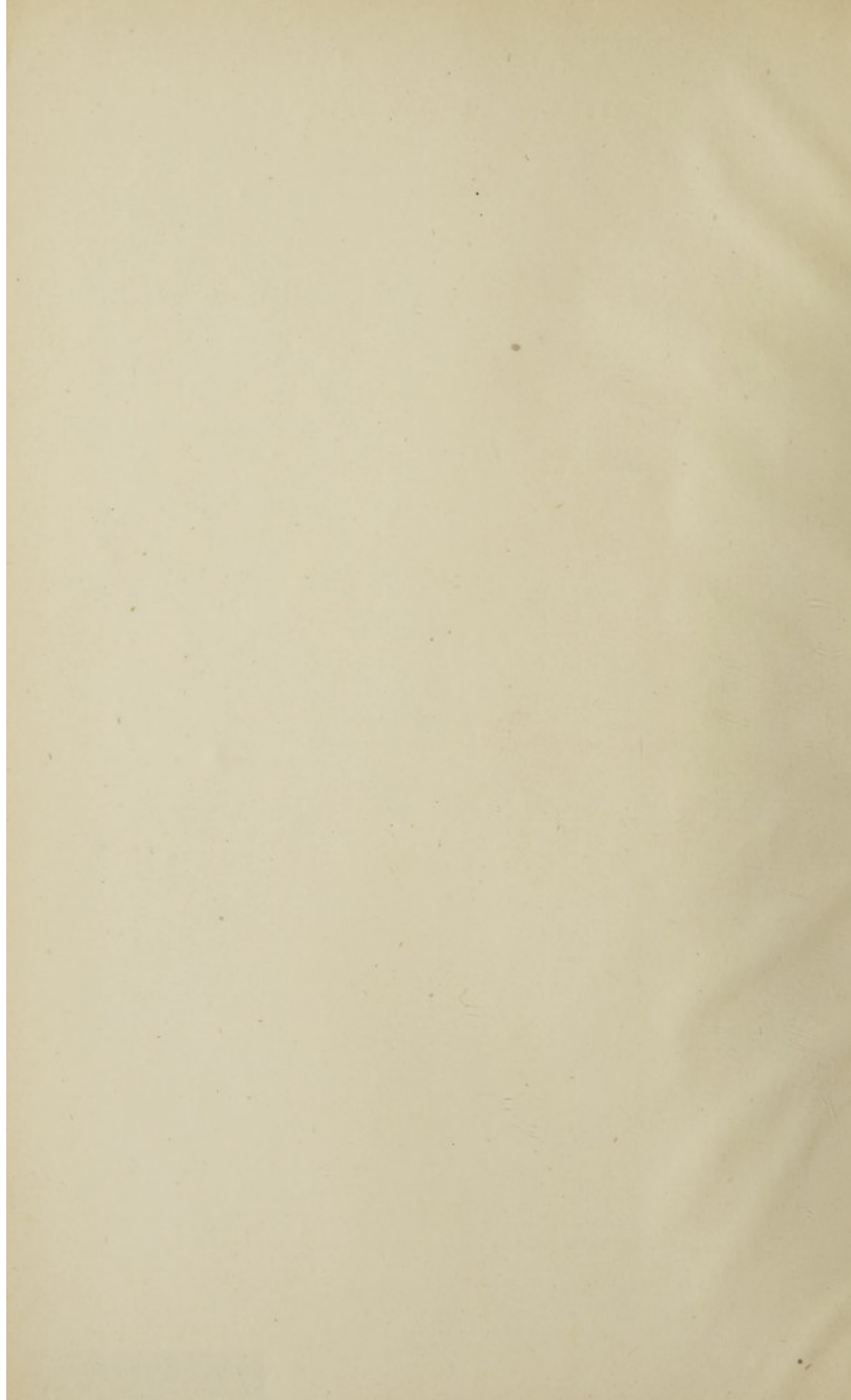
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ANNUAL REPORT

VACCINATION IN BURMA

FOR THE YEAR ENDING 1900





TRIENNIAL REPORT
ON
VACCINATION IN BURMA

FOR THE YEARS 1902-03 TO 1904-05.

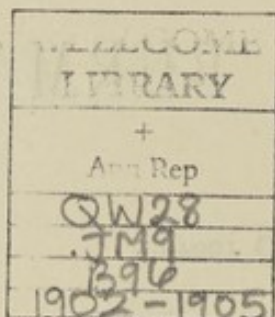


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TABLE OF CONTENTS.

RESOLUTION ON THE TRIENNIAL REPORT ON VACCINATION IN BURMA FOR THE YEARS 1902-03 TO 1904-05.

	Para.	Page.
Late receipt of report	1	1
Average number of vaccinators employed and operations performed	2	<i>ib.</i>
Remarks <i>re</i> the untrustworthiness of the returns for past years	3	<i>ib.</i>
Inoculation	4	2
Vaccine dépôt	5	<i>ib.</i>
Expediency of limiting the performance of vaccination to certain seasons of the year	6	<i>ib.</i>
Subdivisional and Township Officer to explain the uses and advantages of vaccination and the dangers of inoculation	7	<i>ib.</i>
Lieutenant-Governor's commendation	8	3

TRIENNIAL REPORT ON VACCINATION IN BURMA FOR THE YEARS 1902-03 TO 1904-05.

	Para.	Page
Establishment	1	1
General results during the triennium	2	<i>ib.</i>
Average work of each vaccinator	3	<i>ib.</i>
Ages of those successfully vaccinated	4	2
Protection afforded to infants during the triennium	5	<i>ib.</i>
Protection to population	6	<i>ib.</i>
Inoculation	7	<i>ib.</i>
Results by districts	8	3
Lymph supply	9	<i>ib.</i>
Average cost of successful cases	10	4
Percentage of the total cost borne by Government and other funds	11	5
Outturn of work in Municipal towns	12	<i>ib.</i>
Protection afforded to infants in Municipal towns	13	<i>ib.</i>
Dispensary vaccination	14	<i>ib.</i>
Primary vaccination during past ten years	15	6
Inspections	16	<i>ib.</i>
General remarks	17	<i>ib.</i>

RESOLUTION
ON THE
TRIENNIAL REPORT ON VACCINATION
IN
BURMA
For the years 1902-03 to 1904-05.

Extract from the Proceedings of the Government of Burma in the General Department, No. 1Z.-15, dated the 13th July 1905.

READ—

The Triennial Report on Vaccination in Burma for the years 1902-03 to 1904-05.

RESOLUTION.—The Report was due in the Secretariat on the 31st May, and was received in an incomplete state on the 16th June. The Lieutenant-Governor trusts that steps will be taken to ensure its more punctual submission in future years.

2. The average number of vaccinators employed in the Province increased from 213 in 1902-03 to 224 in 1903-04 and 233 in 1904-05, and the number of operations performed by them increased from 370,510 in 1902-03 to 398,634 in 1903-04, but fell to 397,441 in 1904-05. The average number of operations performed by each operator was 1,739, 1,779 and 1,706 in the three years respectively. The total number of persons vaccinated fell from 1,254,324 in the previous three years to 1,166,585 in the period under review, and the average number of operations performed annually by each vaccinator decreased from 2,200 to 1,742. It is fair to remark that the comparative result obtained is more favourable if the average number of persons vaccinated in each of the three years dealt with in this Report is compared with the number of operations performed in 1901-02, *i.e.*, the final year of the previous triennium, instead of with the average figures of that triennial period. In 1901-02 the number of operations performed was 352,976 as compared with an average of 388,862 in the three years now under review, but even on this basis of comparison the figures are not satisfactory, for the increase in the number of persons vaccinated is not proportionate to the increase in the number of operators, and the average number of operations performed by each vaccinator has steadily declined from 1,829 in 1901-02 to 1,706 in 1904-05. The total number of primary operations in the three years from 1902-03 to 1904-05 was less by 77,125 than the number in the previous triennium, while the percentage of success was 86.35 as compared with 92.47. Re-vaccinations also were less numerous, and the rate of success fell from 54.23 to 49.80.

3. On the whole, though there has been a large decrease in the mortality from small-pox in Lower Burma, it cannot but be confessed that the results as shown in the figures quoted are disappointing, though the admitted untrustworthiness of the figures in past years owing to the systematic falsifying of returns renders it impossible to accept these statistics as in themselves sufficient evidence of diminished efficiency. Such a result is indeed inherently improbable, for increased attention has undoubtedly been paid to vaccination throughout the Province in recent years as is witnessed by the satisfactory increase in the number of inspections which is shown in paragraph 16 of the Report. The fact that certain of the

results claimed are now reported to be more in accordance with general experience is perhaps a sign that the returns are beginning to represent the reality with some degree of accuracy. Thoroughly satisfactory and trustworthy returns can only be obtained by means of the employment of skilled and trustworthy operators and by careful supervision and constant inspection by an efficient agency. This result, it is hoped, may be attained as a result of the complete reorganization scheme for Native Superintendents and Vaccinators which has recently been submitted for the approval of the Government of India. His Honour observes that the average amount of work performed by each vaccinator during the three years under review has fallen considerably short of the 2,000 primary operations which were stated by Colonel Little in the Report for the years 1899-00 to 1901-02 to represent a fair year's work for a single operator. It is possible that Colonel Little's estimate was too high, but the point is one which should receive attention.

4. The Lieutenant-Governor concurs generally in the remarks contained in the Report on the subject of inoculation. Before inoculation can be prohibited it is necessary that vaccination throughout the Province should be improved. Sir Herbert White believes that the opinion expressed by Colonel Macrae is correct, and that there is little or no feeling of active resistance towards vaccination in Burma. He believes that if vaccination is properly performed with good lymph, so that the operation is generally successful, the mass of the people have no objection to it. Successful vaccination will bring about its own appreciation and the inoculator will then be in less demand. In Rangoon, where the attitude of the people is said to be hostile, the population is mainly Indian and the conditions are different from those prevailing in the remainder of the Province. The Superintendent-General of Vaccination is requested to consider whether the alleged hostility of the people of Rangoon towards vaccination may not be due to defects in the system which it may be possible to remedy.

5. The results of the working of the vaccine depôt at Meiktila have so far proved somewhat disappointing, but His Honour is glad to learn that the present Superintendent, Major Entrican, takes special interest in the working of the depôt and that there has been an improvement. He trusts that the efforts to make the depôt a thoroughly efficient source of supply of lymph will not be relaxed and that they will be successful.

6. The Lieutenant-Governor has read with interest the remarks in paragraph 9 of the Report as to the possible expediency of limiting the performance of vaccination to certain seasons of the year. His Honour is aware that Colonel Macrae, who has only recently taken charge, has this question under consideration. It is hardly necessary to say that a comparatively small number of operations successfully performed and ensuring immunity is likely to do more to secure the popularity of vaccination than a large number performed ignorantly and inefficiently. The performance of vaccination under adverse climatic conditions seems to be undesirable and to be likely to bring vaccination into discredit. The Lieutenant-Governor will cordially support any proposals for reform in this respect or in other matters in which experience shews improvement to be attainable. His Honour is sanguine of the results of the improvement of the *personnel* of the operating and supervising staff if the work is performed on sound and scientific lines.

7. Although the attention of Subordinate Magistrates and Executive Officers was again, in the year 1903, called to the importance of the exercise of their personal influence and authority in support of vaccination, His Honour is not satisfied that sufficient regard is paid to these orders. He desires Commissioners and Deputy Commissioners to impress on Subdivisional and Township Officers that it is their duty, in the course of their tours, to take every opportunity of explaining to the people the uses and advantages of vaccination and the dangers of inoculation. These officers are constantly among the people; and if they are themselves in sympathy with the vaccination system, the extent to which they can promote its acceptance by the people is incalculable. His Honour commends this matter to the earnest attention of all officers concerned.

8. His Honour desires to record that Colonel Little, I.M.S., who was in charge of the Department during the period under review, devoted continuous attention to measures intended for its improvement, and that the scheme now under the consideration of the Government of India is based on his proposals. The Lieutenant-Governor thinks that thanks are due to Colonel Little for the interest taken by him in the improvement of the Vaccination Department.

By order of the Lieutenant-Governor of Burma,

W. F. RICE,

Offg. Secy. to the Govt. of Burma.

THE HISTORY OF THE
CITY OF BOSTON
FROM THE FIRST SETTLEMENT
TO THE PRESENT TIME
IN TWO VOLUMES
BY NATHANIEL BENTLEY
OF THE BARR

TRIENNIAL REPORT

ON

VACCINATION IN BURMA

FOR THE YEARS 1902-03 to 1904-05.

1. The establishment employed during the triennium as in the marginal Statement I.

Year.	District Super-intendents.	Native Super-intendents.	Vaccinators.
1901-02 ...	33	14	194
1902-03 ...	38	15	213
1903-04 ...	39	15	224
1904-05 ...	40	16	223
Average ...	39	15	223

statement shows that the vaccination staff increased by two District Superintendents, two Native Superintendents and 39 vaccinators. In 1902-03 there was an increase of 19 vaccinators, 1903-04 of 11 vaccinators, 1904-05 of 9 vaccinators.

A re-organization scheme for the appointment of Native Superintendents of Vaccination for the following districts—Akyab, Hanthawaddy, Pegu, Tharrawaddy, Prome, Bassein, Myaungmya, Ma-ubin, Pyapôn, Henzada, Toungoo, Thatôn, Amherst, Tavoy, Thayetmyo, Mandalay, Shwebo, Lower Chindwin, Pakôkku, Minbu, Magwe, Meiktila, Yamèthin and Myingyan, in three grades on Rs. 50, Rs. 75 and Rs. 100 a month, five years' service being required in each grade, with fixed travelling allowance of Rs. 25 for Native Superintendents of Vaccination and Rs. 15 for vaccinators per month has been approved of by the Local Government and forwarded to the Government of India for sanction. Another scheme for improving the class of men employed as vaccinators by requiring candidates to produce a certificate of having passed the VI or VII standard in Vernacular education was also proposed to the Local Government. The candidates are to be under training for six months on a stipend of Rs. 10 per month before being appointed to the grade of vaccinators.

2. *General results during the triennium.*—The total number of persons vaccinated during the three years was 1,166,585 as compared with 1,254,324 for the previous three years, a decrease of 87,739. This may be accounted for by a general improvement in correctness of returns. In former years it was found that the majority of vaccinators submitted false returns. The decrease is also attributed to a smaller number of children over three years of age and adults being available for operation.

Primary Vaccination.—The total number of primary operations was 1,094,975, a decrease of 77,125 compared with the previous triennial period; the percentage of success was 86.35 compared with 92.47. It is unsatisfactory to find such a marked decrease in percentage of success. This will be referred to later.

Re-vaccination.—The number of cases of re-vaccination fell from 82,224 to 71,610 as compared with the previous three years, and the rate of success fell from 54.23 to 49.80, which is nearer the correct figures than any previously returned. For really successful and modified operations Colonel Little considered 25 per cent. to be the limit of success in re-vaccination and 25 per cent. for modified success. This is much in accordance with general experience.

The proportion per 1,000 of people vaccinated during the period was 30.38 compared with 43.36 for the preceding period.

This shows that as the number of persons vaccinated increases, so will this proportion show a steady yearly decrease.

3. *Average work of each vaccinator.*—The average number of operations performed by each vaccinator was 1,742. In former years Civil Surgeons apparently blamed or fined vaccinators who did not show 400 or 500 cases per month with a high percentage of success. As a result, when they could not

legitimately obtain this high number, they resorted to falsifying their registers, and also falsifying the results of their work.

Latterly Civil Surgeons have been ordered to impress on the men that what is required is a true account of the work done, and that during the cold and hot weather, when it is possible for them to travel through the district, a larger number could be secured than in the rainy weather, when the Burman objects to his children being vaccinated and it is very difficult for the men to travel about.

Vaccinators are also supposed, after visiting a certain number of villages and vaccinating as many children as are obtainable, to return to the first village about 10 days or a fortnight later, verify their results, and attend to any children whose arms have become sore and ulcerated.

In order to get the best work out of vaccinators they must be closely watched and frequently inspected. For this reason a larger number and better class of Native Superintendents are required. In many districts Civil Surgeons cannot possibly find time to visit even half or one-third of the villages in their districts during the year. As a result the vaccinator's word must be taken for what he has done and as there is practically little chance of his being found out, when he is unable to obtain a sufficient number of cases to operate on, he simply adds fictitious names to make up the number required.

During the past season several vaccinators were reported for bad work and submitting false returns. Some were dismissed and others received various punishments.

Statement I.

4. *Age*.—Of those primarily vaccinated 231,372 were children under one year of age, 517,049 one and under six, and 176,849 over six years of age.

The large number vaccinated during the period 'one and under six' is noticeable. The Burman prefers this age for the operation and only very reluctantly allows children under one year of age to be vaccinated.

Out of every 100 persons successfully vaccinated 25·01 were infants, 55·88 children between one and six years and 19·11 of all other ages.

5. In the previous triennium in Lower Burma the percentage of available

Year.	Registered births during the calendar years.	Registered deaths under one year during calendar years.	Number of children available for vaccination.	Infants successfully vaccinated during the year ending 31st March.	Percentage of available infants protected.
1902	167,496	32,501	134,995	38,562	28·57
1903	176,547	34,304	142,243	40,659	28·58
1904	173,021	32,707	140,314	35,460	25·27

infants protected was returned as 58·59 for 1899, 43·61 for 1900 and 27·62 for 1901, which shows a rapid decrease in the years 1900 and 1901. The marginal statement shows that since then the percentages have been fairly stationary. The figures for the triennium under

review represent more truly the correct percentage of available infants vaccinated.

Appendices and C.

A 6. *Protection to population*.—As can be seen by the statement the proportion protected by vaccination per 10,000 was 436·91 and the mortality from small-pox 5·57 during the period 1899-00 to 1903-04. The mortality from small-pox during the period 1899-00 was 13·21. Since that year there has been an almost continuous decrease, and the mean for the last five years 1900-01 to 1904-05 has fallen to 3·62 per 10,000.

7. *Inoculation*.—There is no doubt that a large number of sporadic outbreaks of small-pox in the districts are caused by inoculation which the Burman still prefers, though he knows its dangers. The reason for this preference is that a child who has been inoculated and recovers is thenceforth practically free from the danger of contracting small-pox, whereas his experience of vaccination is that children who have been subjected to the operation sometimes contract the disease. This is what bad and inefficient work on the part of careless and unskilful vaccinators leads to, and helps in a great measure to postpone the appreciation of vaccination which more successful work would in course of time fulfil.

The Burman *saya* charges one or two rupees per case inoculated and for this he carefully attends the child throughout the illness.

As there is no law prohibiting this practice of inoculation, and as the people still seem to prefer it to vaccination, Civil Surgeons and District Officers complain that it is not possible to suppress it.

The Civil Surgeon, Pegu, states that inoculation is carried on in all parts of the district, especially on the borders of Toungoo and Hanthawaddy. The Civil Surgeon, Ma-ubin, says that inoculators have been busy during the last quarter of the year.

8. *Results by districts.*—Four districts show yearly decreases in the number vaccinated during the triennium, *viz.*, Pegu (2,575), Prome (2,471), Ruby Mines (827) and Minbu (2,805). No explanations have been given.

Marked decreases have taken place in the following districts comparing the period 1904-05 and 1903-04:—

Myaungmya	...	...	...	...	...	5,566
Ma-ubin	...	...	...	...	...	3,715
Henzada	...	...	...	...	...	3,429
Kyaukpyu	...	...	...	...	...	2,379

The marked decrease in the Myaungmya district is due, it is stated, to the number of inoculators at work, the people preferring inoculation to vaccination.

In the Ma-ubin district the deficiency is attributed to the lazy and inferior class of vaccinators, and to more effective and closer inspections preventing falsification of returns.

In Kyaukpyu there was a decrease of 2,379 cases during 1904-05 compared with 1903-04 and 732 compared with 1902-03. The falling off is due to more careful supervision and check and changes in the staff brought about by the dismissal of two vaccinators and delay caused in getting suitably qualified men to fill their places.

A large number of districts show small decreases in 1904-05 as compared with the two previous years, due to bad lymph supplied by the Meiktila Depôt in April, May and June. For a part of June this lymph failed altogether, and in many districts vaccination was entirely suspended. Some districts kept work going by obtaining lymph from Bangalore temporarily, but this Depôt was only able to supply a very small portion of the demand.

The Civil Surgeon, Pegu, states that the falling off in towns is due to constant work having been carried on, thereby rendering the number requiring protection less; and in the district to bad workers and failure of lymph-supply from Meiktila during the second quarter of the year 1904-05, when vaccination had to be suspended entirely.

Six districts show a steady increase in work, *viz.*, Tharrawaddy, Amherst, Mergui, Sagaing, Lower Chindwin and Rangoon.

Bassein district shows an increase of 422 cases during the period 1904-05 and a percentage of success of 89.08.

In Hanthawaddy the total number of persons vaccinated during 1904-05 is larger than in the previous two periods, but the total number for the triennial period is less than the last triennial period by 19,134 cases.

In Tharrawaddy the total vaccination exhibits a progressive increase, being 14,892 for 1904-05 against 14,541 for 1903-04 and 11,816 for 1902-03. The increase in the past year was due to a scare caused by an epidemic of small-pox, which induced people to come willingly for vaccination. The ratio per cent. of success has also improved, being 85.63, 80.57 and 70.53 for the corresponding years.

The Akyab district shows a progressive increase in number vaccinated but a decrease in the ratio of successes.

Ten districts show a percentage of successes of 90 and over, seventeen districts 80 to 89, seven between 70 and 80, five between 60 and 70 and one (Salween) only 53.21.

9. *Lymph-supply.*—During the triennium, the lymph-supply was obtained for the whole province from the Central Depôt, Meiktila, which was opened in February 1902.

During the period 1902-03, 386 calves were inoculated with 342 successes, during 1903-04, 557 with 456 successes, and during 1904-05, 252, of which 183 yielded lymph fit for issue.

The percentage of success of primary cases for the periods was 87.14, 87.20 and 84.71. The percentage of success shows a decline. This is very unsatisfactory and the rates compare very unfavourably with those obtained in India. Numerous reasons are given for the poor results, which are ascribed to bad lymph, bad work, carelessness and sometimes wilfulness on the part of mothers, who rub off the lymph, etc. It is possible that in this Province, where communications are bad and distances great, the lymph deteriorates in transit; there is no doubt much unskilful work in addition.

Vaccination is supposed to be carried on during the whole year in this Province. In Indian provinces it is only during half the year, from October to the end of March.

In the hot weather and rains much of the unsuccessful work results.

I think it might perhaps be desirable to limit the performance of vaccination in the hot and rainy months to the suppression of outbreaks of small-pox and to places within easy communication from the Dépôt. Unsuccessful work and consequent re-vaccination prejudices the people against the operation. I will make enquiries as to the advisability of limiting the work as above suggested. I am informed that during epidemics people accept vaccination freely, and the successful stamping out of outbreaks creates most useful object-lessons and will largely help to popularize it.

During the three years the lymph has deteriorated markedly during the months of April, May and June, owing it is supposed to the vaccine organism being affected by the high atmospheric temperature. This was especially so last year when, during April and the first part of May, the lymph was very poor in quality; at the end of May all inoculations on calves failed and supplies could not be sent out. Bangalore, Shillong and Rangoon lymph were tried without success. Finally a child was brought from Mandalay, where arm-to-arm vaccination had been carried on. From this child's arm a calf was successfully inoculated and a new strain of lymph started.

Lymph was again issued to the Province in the end of June with a general improvement in recorded results. The reason for this temporary failure of lymph supply is attributed to high temperature, calves obtainable being poor and weakly and weakening of the lymph strain by continual inoculation from calf to calf, which appears after some time to diminish the potency of the lymph.

Re-vaccination from a child, however, restores its original strength.

The outturn of lymph for the period was lanolinized lymph for 472,489 cases, glycerinated for 14,340 cases.

The average cost of each case was 1.92 pies.

No conclusion has yet been arrived at as to the best form in which to issue lymph.

Glycerinated lymph in capillary tubes has been tried with favourable results; it is less liable to contamination, but its longevity is only 10 or 14 days, while lanolinized lymph keeps and is reliable up to three weeks or a month.

Numerous experiments have been made by the Superintendent throughout the year and it is hoped that a conclusion will soon be arrived at as to the most suitable medium for this province.

Credit is due to Major Entrican for good work performed at the dépôt.

Statement II.

10. *Cost during the triennium under review.*—The total cost of vaccination

Year.	Establishment.	Travelling allowance.	Contingencies.	Total.	Average cost per case.
	Rs.	Rs.	Rs.	Rs.	Rs. A. P.
1902-03	61,279	15,857	8,693	85,829	0 4 5
1903-04	63,965	21,671	8,695	94,331	0 4 7
1904-05	71,332	21,234	7,583	1,00,150	0 5 2

in the province was Rs. 2,80,310 as compared with Rs. 2,31,674 for the previous triennium, the increased expenditure was caused by increase of pay to vaccinators, increase in the number of vaccinators, increase in the number of Native Superintendents of Vaccination, and extra charges incurred in connection with the opening and establishing of the Meiktila Vaccine Dépôt.

The cost of each successful case vaccinated as shewn in the marginal table was (annas 5-2 pies).

The increase in cost during 1904-05 is said to have been due to the failure of Meiktila lymph supply during the 2nd quarter, as mentioned in the previous paragraph.

The average cost during 1902-03 varied from Re. 1-0-11 in Thongwa, Re. 0-14-5 in Salween, Re. 0-14-4 in Thaton to Re. 0-1-5 in Shwebo and Re. 0-1-6 in Lower Chindwin.

During 1903-04 from Re. 1-1-7 in Hanthawaddy, Re. 0-14-4 in Thaton, Re. 0-11-1 in Rangoon to Re. 0-2-1 in Henzada, and Re. 0-2-2 in Tavoy.

During 1904-05 from Re. 1-0-8 in Hanthawaddy, Re. 0-15-1 in Thaton, Re. 0-12-8 in Northern Shan States, Re. 0-12-4 in Rangoon to Re. 0-2-2 in Shwebo, Re. 0-2-9 in Tavoy, Re. 0-2-5 in Henzada and Re. 0-2-8 in Lower Chindwin.

Year.	Government	Municipality.	Local fund.	Native State.
1899-1902	23-45	24-67	51-35	0-92
1902-1905	34-17	17-96	44-69	3-18

11. *Percentage of cost.*—Comparing Statement II.

the average cost borne by Government, Municipal, Local Funds and Native States for the triennium under review with the previous triennium, as shown in the margin, it will be seen that there has been a marked increase at Government ex-

pense, a considerable decrease of Municipal expense, a marked decrease of Local Funds expense, and an increase of expense borne by Native States.

12. *Municipal Towns.*—In the triennium under review six towns showed a continuous increase in the total outturn of work in each year as compared with two towns in the previous corresponding period. Eleven towns as compared with 16 in the previous triennium showed a steady decrease in each year. When compared with the previous year's figures only 18 of the 39 towns show an increase in work during 1904-05. In some towns where vaccination is compulsory no difficulty is experienced in obtaining subjects for operation. In Rangoon, however, although the outturn of work has increased, the attitude of the people is said to be hostile, 1,706 prosecutions were instituted during the year.

13. *Protection afforded to infants in Municipal Towns.*—By deducting the number of deaths of infants under one year of age from the number of births an approximate idea of the children available for vaccination can be obtained. From the statement it can be seen that an approximate number has been vaccinated in most of the towns. Appendix B.

In Mandalay town the total number of births for the year 1904-05 was 5,610, the number of deaths under one year of age 1,750, which leaves 3,860 available for vaccination; 4,560 children under one year of age were vaccinated. The discrepancy is explained by immigration from outside Municipal limits, and to the fact that a small proportion of the children who died under one year of age may have been vaccinated.

Bassein shows 1,030 births, 265 deaths under one year, 765 available, 758 vaccinated.

14. *Dispensary vaccination.*—It will be noticed from the statement that there has been a yearly increase under this heading during the triennium, *vis*:

1902-03	...	...	...	...	11,263 cases.
1903-04	...	...	...	...	13,930 "
1904-05	...	...	...	...	15,562 "

this increase is both for primary and for revaccination.

In larger towns where the services of a whole-time vaccinator are employed who has vaccination stations at suitable places, and who also makes house to house visitations very few children are vaccinated at the dispensaries. It is in smaller towns without a whole-time vaccinator that dispensary vaccination is carried out, and the attention of Civil Surgeons has been directed to the importance of the matter.

Statement IV.

15. *Statement No. IV.*—Under the head "Government" it will be seen that during 1904-05, 138,435 cases were vaccinated of whom 109,201 were successful. With the exception of the period 1899-1900 when 122,193 were vaccinated, with 112,483 successes, the figures for this year are the highest of the decade; and a yearly improvement can be noted in the number of successes.

Under "Municipal" the figures for the last four years have remained approximately the same, but are markedly less than the figures of the first six years.

"Local funds" shows an almost continual yearly decrease both in the number vaccinated and in the number of successes.

Dispensary vaccination appears to be improving as previously mentioned, and shows a yearly increase during the last four years.

Statement V.

16. *Inspections.*—During the triennium an improvement can be noticed in the total number inspected both by the Deputy Sanitary Commissioner or Civil Surgeons and Native Superintendents or other Inspecting Officers. This is especially marked in the case of Native Superintendents under primary vaccination.

46,882 were inspected	...	...	...	...	1902-03.
67,126 were inspected	...	...	...	...	1903-04.
73,674 were inspected	...	...	...	...	1904-05.

the percentage to total number vaccinated being respectively 13'22, 17'45, and 19'35.

The percentage of cases found successful to total number inspected by the Deputy Sanitary Commissioner and Civil Surgeons is 83'10, by Native Superintendents 81'13.

The percentage of success reported by vaccinators is 84'71 for 1904-05; for the two previous years the figures are similarly close. It may be concluded from this that the opinion is fairly unanimous as to what a successful vaccination is, and that vaccinators are reporting as successful the true numbers.

The Civil Surgeon, Mergui, inspected 64'57 of primary vaccinations performed in his district; the Civil Surgeon, Thatôn, 62'46, and the Civil Surgeon, Tavoy, 55'90.

On the other hand, the Civil Surgeon, Chin Hills, only inspected 48'6 per cent., and the Civil Surgeon, Southern Shan States, 1'45 per cent.

17. From the reports I find that the attitude of the people generally towards vaccination is one, more of apathetic indifference, than of any active resistance.

As previously noted, inoculation appears to be preferred in many parts, but only in Rangoon is the attitude of the people described as hostile.

I am glad to bring to notice that the Hsipaw *Sawbwa* is described as having shown enthusiasm with regard to vaccinating his people. He has on several occasions addressed large audiences on the subject, and at times a vaccinator accompanies him on his tours through his State.

MAYMYO :
The 9th June 1905. }

R. MACRAE, COL., M.B., I.M.S.,
Superintendent-General of Vaccination,
Burma.

APPENDICES.

	<i>Page.</i>
Statement No. I.—Showing particulars of vaccination in the Province of Burma for the year 1904-05	8
Statement No. II.—Showing the cost of the Vaccination department in the Province of Burma for the year 1904-05	10
Statement No. III.—Showing Dispensary Vaccination in the Province of Burma for the year 1904-05	12
Statement No. IV.—Showing the number of persons primarily vaccinated and the number of those persons who were successfully vaccinated in the Province of Burma in each of the undermentioned official years 1895-96 to 1904-05	14
Statement No. V.—Showing particulars of vaccination verified by Inspecting Officers	<i>ib.</i>
Appendix A.—Showing the ratio per 10,000 successfully vaccinated and the mortality from small-pox by quinquennial periods for Lower Burma only	16
Appendix B.—Statistics relating to the number of children under one year of age in towns available for vaccination and the number of successful operations performed on them	<i>ib.</i>
Appendix C.—Diagram showing the proportion of population protected during the seven official years 1898-99 to 1904-05 and the death-rate from small-pox during the calendar year 1904 in districts where registration is in force	17

A.—VACCINATION

STATEMENT NO. I.—*Showing particulars of Vaccination in the*

No.	Circles and districts.	Population of district according to census of 1901.	Average population per square mile.	Average number of vaccinators employed throughout the year.	Total number of persons vaccinated.			Average number of persons vaccinated by each vaccinator.	PRIMARY VACCINATION.				
									Total.	Successful.			Un-known.
										Under one year.	One and under six years.	Total of all ages.	
1	2	3	4	5	6			7	8	9	10	11	12
ARAKAN DIVISION.													
1	Akyab ...	481,666	94	10	5,482	4,669	10,151	1,015	9,776	1,150	3,801	6,183	342
2	Hill Tracts, Northern Arakan, ...	20,692	4	1	412	173	585	885	576	...	88	502	...
3	Kyaukpadaung ...	108,827	38	6	3,030	2,803	5,833	976	5,738	1,902	2,790	4,500	232
4	Sandoway ...	93,527	24	3	1,201	1,045	2,246	709	2,306	411	895	1,935	24
	Total ...	702,102	41	20	10,175	8,720	18,895	945	18,896	2,663	7,575	13,508	618
PAGO DIVISION.													
5	Rangoon ...	252,155	8,996	4	18,070	3,299	21,369	5,342	10,784	1,343	679	4,214	5,044
6	Hanthawaddy ...	467,587	155	6	2,719	2,619	5,338	890	4,722	289	1,692	2,793	163
7	Pegu ...	339,572	79	8	5,115	4,382	9,947	1,213	9,541	1,393	5,394	7,937	351
8	Irrawaddy ...	395,570	139	8	7,440	7,452	14,892	1,862	14,862	2,433	8,399	12,399	383
9	Prome ...	365,894	125	11	10,090	9,994	19,084	1,729	17,747	3,535	9,725	16,217	412
	Total ...	1,820,635	139	37	43,434	27,136	70,570	1,907	57,636	9,016	25,880	43,560	6,353
IRRAWADDY DIVISION.													
10	Magway ...	283,347	173	4	1,607	1,407	3,014	754	2,960	503	1,922	2,559	...
11	Pyawb ...	224,939	106	4	1,994	1,972	3,966	967	3,712	408	2,510	3,634	42
12	Bhamo ...	394,427	95	10	9,913	8,401	18,314	1,731	17,454	2,985	9,175	14,930	683
13	Itanada ...	484,558	163	15	19,023	19,670	38,693	2,613	35,849	6,008	21,506	36,124	91
14	Myingmya ...	279,398	105	6	4,179	4,225	8,404	1,401	7,665	1,437	4,316	7,938	70
	Total ...	1,663,669	121	39	37,216	35,575	72,791	1,866	70,631	11,951	39,512	63,714	886
TENASSERIM DIVISION.													
15	Amherst ...	300,173	43	8	9,640	7,292	16,932	2,112	16,253	2,991	7,169	14,785	26
16	Tavoy ...	109,959	21	5	7,105	6,512	13,617	2,723	11,098	2,472	5,172	10,888	97
17	Mergui ...	88,744	9	4	3,334	3,176	6,510	1,653	6,529	701	2,374	5,417	47
18	Loungoo ...	279,315	45	7	9,670	8,841	18,511	1,775	9,894	5,238	2,630	8,769	65
19	Thabon ...	3,551,010	68	6	1,971	1,905	3,876	661	3,955	682	1,692	2,746	...
20	Salween ...	87,837	14	1	625	432	1,057	1,056	1,056	11	102	463	...
	Total ...	1,159,558	32	31	25,166	21,203	46,374	1,689	48,759	11,830	18,999	62,881	215
MANDALAY DIVISION.													
21	Mandalay ...	566,507	173	8	7,321	7,281	14,602	1,814	13,665	5,921	4,663	11,270	158
22	Bhamo ...	79,515	19	3	1,904	1,759	3,663	1,221	2,112	1,230	909	2,667	335
23	Katha ...	176,223	25	2	1,243	1,200	2,443	1,287	2,573	191	1,335	2,210	10
24	Kaly Minns ...	8,694	16	3	1,231	1,147	2,378	791	2,300	1,027	877	2,000	57
25	Myittha ...	67,339	6	1	503	505	1,008	1,009	992	185	412	802	12
	Total ...	777,938	26	17	12,154	11,933	24,137	1,420	22,712	8,504	8,230	18,225	561
SAGAING DIVISION.													
26	Shwabo ...	236,591	51	8	8,303	8,513	16,816	2,102	16,577	3,571	8,213	14,676	711
27	Sagging ...	2,268	152	6	6,121	6,479	12,600	2,100	12,000	3,979	6,127	9,006	32
28	Lower Chindwin ...	276,383	29	6	6,889	7,500	14,389	2,397	14,007	2,795	6,732	11,080	78
29	Upper Chindwin ...	164,551	18	6	5,098	5,746	10,844	1,802	11,054	845	5,296	9,012	254
	Total ...	1,000,483	33	26	26,511	28,078	54,612	2,100	53,672	10,993	25,278	41,224	1,075
MINDO DIVISION.													
30	Thayetmye ...	239,736	50	8	9,901	8,962	18,863	2,357	16,836	1,797	7,333	12,534	2,925
31	Pakokku ...	556,489	57	6	4,477	4,211	8,688	1,423	8,185	1,080	4,533	8,877	310
32	Manu ...	214,557	71	6	4,027	7,665	11,692	1,938	7,288	1,129	2,87	4,213	265
33	Magat ...	246,708	25	7	5,567	5,474	11,041	1,577	10,294	2,545	6,999	9,956	61
	Total ...	1,076,280	63	27	24,772	22,276	46,947	1,765	43,203	6,551	20,932	38,610	3,451
MEIKTILA DIVISION.													
34	Meiktila ...	252,305	116	5	5,432	5,279	10,711	2,142	10,690	937	6,795	8,491	132
35	Yamethan ...	213,197	57	7	5,293	5,766	11,059	1,635	10,766	4,797	4,801	9,880	67
36	Kyaukse ...	141,253	111	3	2,969	3,021	6,090	1,978	5,655	3,099	1,731	4,830	186
37	Myingyan ...	355,052	114	7	6,848	6,670	13,518	1,931	12,721	2,199	4,563	7,616	222
	Total ...	961,807	91	22	21,542	20,726	42,278	1,901	39,912	11,023	17,670	30,817	1,399
SHAN STATES.													
38	Northern Shan States ...	321,090	22	8	3,571	3,442	7,013	877	7,013	85	3,179	4,887	136
39	Southern Shan States ...	816,354	19	5	3,924	4,000	7,924	1,585	7,924	1,499	3,258	5,915	91
	Total ...	1,137,444	20	13	7,495	7,442	14,937	1,149	14,937	1,584	6,417	10,832	227
CHIN HILLS.													
40	Chin Hills ...	87,189	11	1	716	525	1,261	1,261	1,262	17	112	912	36
	GRAND TOTAL FOR 1904-05.	10,477,508	45	231	210,770	186,871	397,641	1,706	371,170	74,682	170,744	301,984	14,663
	GRAND TOTAL FOR 1903-04.	10,477,508	45	221	207,861	190,773	398,634	1,780	375,798	78,266	178,929	320,035	8,796
	GRAND TOTAL FOR 1902-03.	10,477,508	45	213	191,410	179,100	370,510	1,739	348,007	78,674	167,376	308,261	...

Notes.—Area and population of the
* Exclusive of 213 cases operated by a private vaccinator.

DEPARTMENT.

Province of Burma during the year 1904-05 (paragraphs 1 to 4 and 8).

RE-VACCINATION.			PERCENTAGE OF SUCCESSFUL CASES IN WHICH THE RESULTS WERE KNOWN.		Persons successfully vaccinated per 1,000 of population.	PERCENTAGE OF UNKNOWN CASES TO TOTAL CASES.		AVERAGE ANNUAL NUMBER OF PERSONS SUCCESSFULLY VACCINATED DURING PREVIOUS FIVE YEARS.		AVERAGE ANNUAL NUMBER OF DEATHS FROM SMALL-POX DURING PREVIOUS FIVE YEARS.	
Total.	Successful.	Unknown.	Primary.	Re-vaccination.		Primary.	Re-vaccination.	No.	Ratio per 1,000.	No.	Ratio per 1,000.
13	14	15	16	17	18	19	20	21	22	23	24
375	183	...	88.72	48.8	13.84	3.50	...	7,516	16.50	9	.02
9	7	...	92.86	77.78	39.06	...	...	1,000	59.95	...	...
115	90	1	83.85	78.95	27.78	4.39	.87	8,254	40.48	93	.56
...	...	...	87.12	...	21.86	1.01	...	5,003	50.22	20	.23
699	280	1	70.02	50.22	18.22	3.36	.20	21,838	30.10	123	.17
10,005	2,800	5,580	73.67	55.72	6.19	16.86	52.02	4,416	29.91	277	1.30
516	102	6	61.26	16.72	27.82	3.45	.97	7,124	15.84	310	.69
406	282	1	80.37	69.63	24.20	3.8	.25	10,992	36.74	341	1.14
30	4	2	80.61	14.29	31.35	258	6.67	13,491	39.17	104	.41
1,277	524	75	90.55	43.59	45.76	2.32	5.87	22,181	60.43	47	.13
12,934	3,712	5,651	84.94	51.06	25.96	11.02	43.79	58,247	34.22	1,118	.66
54	...	17	88.45	...	9.13	...	31.48	12,197	28.76	296	.70
154	31	...	85.22	20.13	13.71	1.13	...		44.4	161	.44
860	212	144	19.08	29.61	38.71	3.91	16.74		82.85	176	.38
353	144	23	53.23	43.64	74.85	.23	6.52		39.47	223	.84
709	481	66	92.67	70.42	35.91	.91	7.55		...	...	...
2,160	868	240	91.35	45.21	38.82	1.25	11.11	76,348	50.29	856	.56
639	196	56	91.17	33.62	40.91	.23	8.76	16,167	58.89	142	.53
2,549	558	...	90.31	21.39	101.35	.88	...	14,275	137.31	181	1.74
10	...	...	81.09	...	61.14	.72	...	4,298	51.94	119	1.37
417	290	...	19.35	47.96	32.17	.66	...	9,648	38.24	87	.37
...	...	...	69.24	...	7.99	...	...	8,345	16.72	170	.56
...	...	...	53.21	...	14.85	...	...	610	17.30	...	...
3,615	994	55	88.40	20.81	37.81	.50	1.25	53,288	5.23	698	.71
847	363	2	83.44	42.96	31.74	1.16	.24	11,495	39.18	70	.20
521	342	27	90.09	69.23	36.21	10.24	5.18	2,685	4.33	...	...
...	...	...	80.23	...	12.54	.30	...	2,080	12.66	...	...
...	...	...	86.48	...	22.91	2.39	...	3,114	47.12	...	...
17	1	...	81.94	5.88	11.91	1.21	...	863	13.56	...	...
1,345	706	29	84.86	52.06	25.13	2.47	2.09	23,198	32.09	79	...
233	153	7	92.50	65.95	51.69	4.29	2.93	15,343	58.02	11	.04
598	345	8	73.23	38.95	31.09	.27	1.84	8,115	3.27	81	.30
103	45	...	79.38	44.66	4.26	.56	...	8,836	34.10	113	.54
...	...	...	87.61	...	61.21	2.39	...	7,624	50.61	...	...
910	547	15	84.18	50.14	44.75	2.00	1.60	39,919	42.97	204	...
2,027	1,363	113	89.92	65.99	57.77	16.78	5.57	19,668	80.64	69	.30
333	17	46	74.63	5.54	16.93	3.79	13.03	5,847	1.27	293	1.00
317	133	73	64.12	54.10	18.75	3.64	2.03	7,147	31.59	182	.98
147	73	69	91.30	50.59	40.45	.47	6.94	8,531	36.19	195	.83
2,844	1,485	301	82.03	58.40	31.68	7.99	10.58	41,193	32.44	739	.80
21	16	1	80.58	80.00	33.72	1.42	4.76	5,802	24.35	35	.18
889	327	357	97.64	71.62	42.26	6.01	40.16	9,075	3.71	112	.56
165	155	2	86.61	93.37	35.29	3.26	1.19	5,894	43.45	2	.01
797	200	25	60.93	25.91	21.95	1.75	3.14	10,195	28.61	165	.46
1,875	768	335	79.56	51.54	31.81	3.03	20.53	20,396	32.30	314	.35
...	...	...	71.06	...	15.32	1.94	...	...	...	...	...
...	...	...	75.90	...	7.28	1.15	...	...	...	...	...
...	...	...	73.64	...	9.62	1.62	...	9,313	11.18	...	...
19	...	...	75.62	...	10.46	2.00	...	...	...	...	...
26,271	9,330	6,691	84.71	47.60	29.71	3.95	25.47	354,305	87.13	...	...
22,836	9,727	5,142	87.20	54.97	31.47	2.34	22.52	374,334	41.20	...	...
22,503	10,539	...	87.14	48.83	29.95	...	...	390,423	37.35	...	...

Pakōkka Chin Hills have been excluded,
of which 163 were found successful.

A.—VACCINATION

STATEMENT NO. II.—*Showing the cost of the Department in the*

Number.	Circles and districts.	EXPENDITURE.										Total pay of establishment.
		European super- vising officers.	Pay.	Native super- vising officers.	Pay.	Vaccinators.	Pay.	Clerks.	Pay.	Peons, etc.	Pay.	
1	2	3	4	5	6	7	8	9	10	11	12	13
ARAKAN DIVISION.												
1	Akyab	2	900 0 0	10	2,678 2 11							3,578 2 11
2	Hill Tracts, Northern Arakan	1	360 0 0									360 0 0
3	Krankpyu	2	1,666 7 8									1,666 7 8
4	Sandoway	3	880 0 0									880 0 0
	Total	2	900 0 0	20	5,334 10 7							6,234 10 7
PEGU DIVISION.												
5	Rangoon	4	2,371 10 4							4	433 9 4	2,805 2 8
6	Hanthawaddy	1	600 0 0	5	1,478 5 3							2,078 5 3
7	Pegu	8	2,034 5 0									2,034 5 0
8	Tharawaddy	1	480 0 0	8	2,323 0 0							2,803 0 0
9	Prome	11	3,072 15 5									3,072 15 5
	Total	2	1,080 0 0	37	11,297 4 0					4	433 9 4	12,810 13 4
IRRAWADDY DIVISION.												
10	Ma-nabin	4	1,340 15 8									1,340 15 8
11	Pyawda	4	1,378 0 0									1,378 0 0
12	Dassala	2	609 12 0	10	2,235 5 1							2,844 11 1
13	Henzada	15	4,278 11 0									4,278 11 0
14	Myaungmya	6	1,035 4 1									1,035 4 1
	Total	2	699 12 0	39	10,733 13 5							11,433 9
TENASSERIM DIVISION.												
15	Amherst	2	1,344 12 11	8	2,007 4 7	1	120 0 0					3,472 1 6
16	Tavoy	5	1,440 0 0									1,440 0 0
17	Mergol	4	1,075 0 0									1,075 0 0
18	Toungoo	1	480 0 0	7	1,542 15 6							2,022 15 6
19	Thabein	1	480 0 0	6	1,593 1 5							2,073 1 5
20	Sabreen	1	300 0 0									300 0 0
	Total	4	2,344 12 11	31	7,958 5 6	1	120 0 0					8,333 2 5
MANDALAY DIVISION.												
21	Mandalay	1	600 0 0	8	2,273 1 8							2,873 1 8
22	Bhamo	3	716 0 0									716 0 0
23	Katha	2	392 0 7									392 0 7
24	Ruby Mines	3	845 15 1									845 15 1
25	Myitkyna	1	360 0 0									360 0 0
	Total	1	600 0 0	17	4,587 1 4							5,187 1 4
SAGAING DIVISION.												
26	Shwabo	8	1,642 3 1									1,642 3 1
27	Sagaing	6	1,421 0 0									1,421 0 0
28	Lower Chindwin	6	1,574 15 11									1,574 15 11
29	Upper Chindwin	6	1,464 0 0									1,464 0 0
	Total	26	6,102 3 0									6,102 3 0
MINE DIVISION.												
30	Thavetmye	8	2,188 10 3									2,188 10 3
31	Pakokku	6	1,453 0 0									1,453 0 0
32	Miebu	6	1,570 6 7									1,570 6 7
33	Magwe	1	110 0 0	7	1,362 0 0							1,472 0 0
	Total	1	110 0 0	27	6,514 0 10							6,624 0 10
MEIKTILA DIVISION.												
34	Meiktila Vaccine Depot	1	461 4 8	1	914 5 8			1	600 0 0	8	1,225 0 0	3,231 10 4
35	Meiktila			5	1,231 6 8							1,231 6 8
36	Yamethin	1	60 0 0	7	1,741 15 7							1,801 15 7
37	Kyaukse	3	799 10 0									799 10 0
38	Myingyan	1	300 0 0	7	1,409 4 1							1,709 4 1
	Total	1	461 4 8	3	1,374 5 8	22	5,212 4 4	1	600 0 0	8	1,225 0 0	8,773 14 8
SHAN STATES.												
39	Northern Shan States	1	402 0 0	8	1,897 5 6							2,299 5 6
40	Southern Shan States			5	1,224 0 0							1,224 0 0
	Total	1	402 0 0	13	3,021 5 6							3,423 5 6
CHIN HILLS.												
41	Chin Hills	1	304 8 0									304 8 0
	Total	1	304 8 0									304 8 0
	GRAND TOTAL FOR 1914-15	1	461 4 8	16	7,370 14 7 213	61,129 8 6	2	720 0 0	12	1,640 9 4		71,332 5 1
	GRAND TOTAL FOR 1913-14	1	40 6 11	15	6,537 10 9 224	53,199 3 8	2	835 2 9	11	1,352 13 7		63,965 5 3
	GRAND TOTAL FOR 1912-13			15	6,635 15 7 213	52,727 10 8	2	604 10 9	9	1,310 15 1		61,272 3 8

DEPARTMENT.

Province of Burma during the year 1904-05 (paragraphs 10 and 11).

Travelling allowance.	Contingen- cies.	Total cost.	PAID FROM					Total.	Number of all suc- cess- ful vaccinations and re-vaccinations.	Average cost of each successful case.
			Imperial funds.	Provincial funds.	Local funds.	Municipal- ities.	Native States.			
14	15	16	17	18	19	20	21	22	23	24
Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.		Rs. A. P.
701 12 10	104 6 6	4,384 6 3	.....	.....	3,992 8 3	391 14 0	.....	4,384 6 3	6,606	0 10 6
44 14 3	.....	494 14 3	.....	404 14 3	1,847 9 8	120 0 0	.....	1,967 9 8	539	0 12 0
501 2 0	.....	1,967 9 8	.....	.....	934 11 6	120 0 0	.....	1,082 11 6	4,690	0 6 9
302 11 6	.....	1,082 11 6	.....	.....	.....	.....	.....	.....	1,938	0 8 9
1,450 8 7	104 6 6	7,839 9 8	.....	404 14 3	6,802 13 5	631 14 0	.....	7,839 9 8	13,883	0 9 0
167 4 10	2,432 12 3	5,295 4 9	.....	431 12 10	.....	4,963 7 11	.....	5,295 4 9	7,614	0 12 4
243 11 2	.....	3,617 0 3	.....	.....	3,017 0 5	.....	.....	3,017 0 5	2,290	1 0 8
608 10 6	.....	2,662 15 6	.....	.....	2,122 15 6	540 0 0	.....	2,662 15 6	8,219	0 5 2
950 13 0	.....	3,755 13 0	.....	.....	3,755 13 0	.....	.....	3,755 13 0	12,403	0 4 10
950 15 0	54 14 8	4,108 12 10	.....	.....	3,344 0 5	804 12 5	.....	4,108 12 10	16,741	0 3 11
8,651 6 6	2,477 10 8	18,939 14 6	.....	431 12 10	12,192 13 4	6,308 4 4	.....	18,939 14 6	47,272	0 6 5
137 9 0	.....	1,478 8 3	.....	.....	1,478 8 3	.....	.....	1,478 8 3	2,559	0 9 3
236 4 7	.....	1,614 4 7	.....	.....	1,614 4 7	.....	.....	1,614 4 7	3,066	0 8 4
974 12 10	18 2 1	3,896 10 0	.....	.....	3,811 10 3	685 15 9	.....	3,896 10 0	15,151	0 4 1
1,257 10 0	83 1 0	5,569 6 0	.....	.....	3,860 6 0	1,709 0 0	.....	5,569 6 0	30,268	0 2 5
401 1 8	6 6 0	1,937 11 9	.....	.....	1,937 11 9	.....	.....	1,937 11 9	7,519	0 4 1
3,007 6 1	57 9 1	14,498 8 7	.....	.....	12,165 8 10	2,332 15 9	.....	14,498 8 7	64,582	0 3 7
1,020 1 0	191 11 6	4,683 14 0	.....	.....	3,478 2 6	1,205 11 6	.....	4,683 14 0	14,931	0 5 0
460 12 0	.....	1,290 12 0	.....	.....	1,297 4 0	492 8 0	.....	1,290 12 0	11,146	0 2 9
375 14 1	.....	1,450 14 1	.....	.....	1,210 14 1	240 0 0	.....	1,450 14 1	5,417	0 4 3
725 15 6	77 7 0	2,226 6 0	.....	.....	2,246 6 0	480 0 0	.....	2,226 6 0	8,968	0 5 0
622 6 3	.....	2,395 7 8	.....	.....	2,395 7 8	250 0 4	.....	2,395 7 8	2,746	0 15 1
73 2 0	.....	373 2 0	.....	.....	373 2 0	.....	.....	373 2 0	663	0 10 7
3,168 2 10	269 2 6	13,829 7 9	.....	.....	11,141 4 3	2,689 3 6	.....	13,829 7 9	43,538	0 5 1
422 12 6	92 5 11	3,388 4 1	.....	1,633 9 6	.....	1,754 10 7	.....	3,388 4 1	11,633	0 4 8
212 5 0	1 14 0	330 3 0	.....	676 0 0	.....	254 3 0	.....	330 3 0	2,379	0 5 2
106 10 3	.....	538 10 10	.....	538 10 10	.....	.....	.....	538 10 10	2,210	0 4 1
231 15 0	.....	1,077 14 1	.....	711 11 8	.....	.....	.....	1,077 14 1	2,609	0 8 7
127 14 11	2 15 0	490 13 11	.....	490 13 11	.....	.....	.....	490 13 11	863	0 9 9
1,161 9 8	97 2 11	6,445 13 11	.....	4,070 13 11	.....	2,008 13 7	266 2 0	6,445 13 11	19,584	0 5 3
398 12 9	.....	1,980 15 10	.....	1,763 7 10	.....	227 8 0	.....	1,980 15 10	14,829	0 2 2
62 14 6	.....	2,113 14 6	.....	2,113 14 6	.....	.....	.....	2,113 14 6	9,364	0 3 7
246 5 4	50 5 0	1,874 10 3	.....	1,874 10 3	.....	296 0 0	.....	1,874 10 3	11,126	0 2 8
719 2 0	23 1 10	2,238 3 10	.....	2,238 3 10	.....	.....	.....	2,238 3 10	9,442	0 3 9
1,997 2 7	70 6 10	8,169 12 5	.....	7,636 4 5	.....	513 8 0	.....	8,169 12 5	44,771	0 2 11
877 7 0	.....	3,066 1 3	.....	.....	2,531 3 10	534 12 5	.....	3,066 1 3	13,847	0 3 7
499 4 0	55 9 0	2,107 13 0	.....	1,830 8 0	.....	257 3 0	.....	2,107 13 0	8,594	0 5 9
385 11 0	11 3 0	1,967 4 7	.....	1,962 8 3	.....	634 12 4	.....	1,967 4 7	4,315	0 7 2
390 14 0	17 4 0	1,799 2 0	.....	1,672 14 0	.....	317 4 0	.....	1,799 2 0	9,919	0 2 10
2,223 4 0	84 0 0	8,931 4 10	.....	4,625 14 8	2,381 3 10	1,774 2 9	.....	8,931 4 10	34,495	0 4 2
751 16 6	4,404 2 9	7,605 13 1	.....	7,605 13 1	.....	.....	.....	7,605 13 1	.....	.....
619 15 3	2 15 0	2,424 13 10	.....	1,933 1 2	.....	.....	.....	1,933 1 2	8,507	0 3 8
238 10 0	.....	1,055 4 0	.....	1,824 13 10	.....	600 0 0	.....	2,424 13 10	10,277	0 3 9
638 6 6	5 5 8	2,413 0 3	.....	1,055 4 0	.....	215 8 0	.....	1,055 4 0	4,955	0 3 6
2,295 10 3	4,412 7 5	15,482 0 4	.....	2,177 8 3	.....	.....	.....	2,413 0 3	7,816	0 4 11
1,577 2 6	.....	3,876 8 0	1,151 14 6	.....	.....	.....	2,721 9 6	3,876 8 0	4,887	0 12 8
615 9 0	10 0 9	1,754 9 9	.....	.....	.....	.....	.....	1,754 9 9	5,945	0 4 9
2,192 11 6	10 0 9	5,631 1 9	2,906 8 8	.....	.....	.....	2,721 9 6	5,631 1 9	10,832	0 8 4
86 8 0	.....	391 0 0	391 0 0	.....	.....	.....	.....	391 0 0	912	0 6 10
86 8 0	.....	391 0 0	391 0 0	.....	.....	.....	.....	391 0 0	912	0 6 10
21,234 6 0	7,562 14 8	1,00,149 9 9	3,297 8	31,836 4 0	41,780 11 8	17,144 5 11	3,099 11 11	1,00,149 9 9	311,304	0 5 2
21,670 10 2	8,695 2	794,331 2 0	3,736 14	29,531 8 4	41,297 14 7	16,196 0 0	3,376 12 9	794,331 2 0	83,29,762	0 4 7
15,866 14 0	8,692 9	685,623 11 2	3,424 13	23,629 11	79,293 13	17,027 6 7	2,442 12	685,623 11 2	313,790	0 4 5

B.—DISPENSARY

STATEMENT NO. III.—*Showing Dispensary Vaccination in the*

No.	Districts.	Number of dispensaries in each district to which a vaccinator is attached.	Average number of vaccinators attached to dispensaries during the year.	Total number of persons vaccinated.	Average number of persons vaccinated by each vaccinator.	Total.
1	2	3	4	5	6	7
ARAKAN DIVISION.						
1	Akyab	...	...	...	...	7
2	Hill Tracts, Northern Arakan	...	...	7	...	528
3	Kyaukpada	...	...	567	...	198
4	Sandoway	...	...	29	...	...
	Total	...	...	783	...	783
PEGU DIVISION.						
5	Rangoon	...	...	2,230	...	360
6	Hanthawaddy	...	...	427	...	415
7	Pegu	...	...	55	...	55
8	Tharawaddy	...	...	95	...	95
9	Prome	...	...	...	...	...
	Total	...	...	2,807	...	925
IRRAWADDY DIVISION.						
10	Maubin	...	...	2,657	...	821
11	Pyawda	...	...	251	...	172
12	Bassein	...	...	457	...	287
13	Hentada	...	...	1,144	...	722
14	Myaungmya	...	...	1,282	...	804
	Total	...	...	5,881	...	2,838
TENASSERIM DIVISION.						
15	Amherst	...	...	...	...	...
16	Tavoy	...	...	423	...	228
17	Mergui	...	...	297	...	297
18	Toungoo	...	...	287	...	85
19	Tharion	...	...	16	...	16
20	Salween	...	...	...	...	...
	Total	...	...	1,023	...	576
MANDALAY DIVISION.						
21	Mandalay	...	...	227	...	216
22	Bhamo	...	...	122	...	149
23	Katha	...	...	234	...	48
24	Ruby Mines	...	...	6	...	6
25	Myittha	...	...	71	...	61
	Total	...	...	650	...	437
SAGAING DIVISION.						
26	Shwebo	...	...	11	...	14
27	Sagaing	...	...	125	...	112
28	Lower Chindwin	...	...	35	...	35
29	Upper Chindwin	...	...	302	...	302
	Total	...	...	473	...	463
MINBU DIVISION.						
30	Thayetmyo	...	...	1,191	...	1,111
31	Pakokko	...	...	230	...	230
32	Minbu	...	...	1	...	1
33	Magwe	...	...	156	...	78
	Total	...	...	1,578	...	1,420
MEIKTILA DIVISION.						
34	Meiktila	...	...	676	...	297
35	Yamethin	...	...	83	...	33
36	Kyaukse	...	...	69	...	66
37	Myingyan	...	...	64	...	59
	Total	...	...	847	...	455
SHAN STATES.						
38	Northern Shan States	...	...	404	...	374
39	Southern Shan States	...	...	339	...	324
	Total	...	...	743	...	698
CHIN HILLS.						
40	Chin Hills...	...	...	1,064	...	966
	Total	...	...	1,064	...	966
	GRAND TOTAL FOR 1904-05	...	...	15,862	...	9,516
	GRAND TOTAL FOR 1903-04	...	...	15,930	...	8,924
	GRAND TOTAL FOR 1902-03	...	...	11,263	...	6,622

VACCINATION.

Province of Burma for the year 1904-05 (paragraph 14).

PRIMARY VACCINATION.				RE-VACCINATION.			PERCENTAGE OF SUCCESSFUL CASES IN WHICH THE RESULTS WERE KNOWN.		PERCENTAGE OF UNKNOWN CASES TO TOTAL CASES.	
Successful.			Unknown.	Total.	Successful.	Unknown.	Primary.	Re-vaccination.	Primary.	Re-vaccination.
Under one year.	One and under six years.	Total of all ages.								
8	9	10	11	12	13	14	15	16	17	18
2	4	7	...	...	...	...	100	...	...	...
10	189	201	138	39	92	11	51.54	78.57	25.14	28.21
1	5	162	...	11	...	...	91.92	...	...	...
13	195	390	138	50	22	11	65.55	56.41	18.83	22.00
...
30	151	255	4	1,870	1,157	135	71.63	66.72	1.11	7.27
40	134	224	56	12	10	...	62.40	83.33	13.49	...
13	25	54	...	...	...	...	95.18	...	...	...
49	41	94	1	...	...	...	100	...	1.05	...
132	355	627	61	1,882	1,167	135	72.57	66.94	6.59	7.23
...
115	448	702	62	1,634	448	151	92.25	30.21	7.03	9.24
15	83	124	1	89	30	2	72.51	22.99	58	2.25
75	89	206	21	170	62	25	77.44	33.86	7.32	14.71
56	299	623	77	422	172	111	95.59	55.31	10.66	25.30
86	357	772	4	425	235	1	93.01	55.04	48	2.23
348	1,256	2,427	165	2,743	927	290	90.80	37.79	5.81	10.57
...
58	107	217	...	195	49	...	95.13	25.13	...	...
33	79	141	144	232	168	...	92.16	...	48.48	...
21	2	34	...	...	...	...	97.14	62.70	...	...
...
...	3	7	...	...	...	...	45.75	...	...	...
112	191	399	144	447	207	...	92.35	46.31	25.00	...
...
55	133	194	1	11	8	...	90.23	72.73	46	...
14	30	79	1	13	4	...	78.15	30.77	92	...
...	...	...	6	159	44	13	66.67	25.00	13.43	6.88
7	34	46	...	10	2	...	100	20.00	...	...
76	193	351	8	223	58	13	81.82	27.62	1.83	5.83
...
1	1	2	1	...	...	...	15.38	...	7.14	...
23	53	76	16	13	4	9	79.17	100	14.29	69.23
...	3	3	...	...	...	...	8.57	...	...	...
16	185	231	15	...	...	...	80.19	...	4.97	...
40	243	312	32	13	4	9	72.39	100	6.91	69.23
...
218	545	1,000	6	80	60	...	90.50	75.00	34	...
2	85	131	3	...	...	...	67.71	...	1.80	...
...	1	1	...	78	47	3	100	...	...	...
...	...	69	...	...	...	...	88.16	63.67	...	3.85
230	634	1,201	9	158	107	3	89.12	69.03	63	1.90
...
47	153	225	11	379	81	173	75.67	29.32	8.70	45.65
37	1	38	...	...	...	...	100	...	...	...
29	42	62	...	3	1	...	95.94	33.33	...	...
23	9	34	11	6	2	1	72.92	50.00	18.64	20.00
127	205	360	22	387	84	174	82.19	39.44	4.78	44.96
...
28	102	214	...	30	20	...	57.22	65.67	...	...
92	173	286	16	15	10	...	92.85	66.67	4.94	...
129	275	500	16	46	30	...	73.31	66.67	2.29	...
...
9	128	585	316	98	62	9	90.00	69.05	32.71	9.18
9	128	585	316	98	62	9	90.00	69.05	32.71	9.18
1,197	3,708	7,152	911	6,045	2,668	645	83.11	49.40	9.57	10.67
1,884	3,228	6,915	625	5,005	2,426	120	89.32	49.65	7.00	2.40
908	2,563	5,038	...	4,641	2,531	...	76.08	54.54	...	...

COMPARATIVE STATEMENT NO. IV.—*Showing the number of persons primarily vaccinated in Burma in each of the under-*

Establishments.	PERSONS PRIMARILY									
	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.
	1895-96.		1896-97.		1897-98.		1898-99.		1899-1900.	
	1	2	3	4	5	6	7	8	9	10
Government	92,369	85,137	118,066	110,486	95,153	88,881	116,621	106,892	122,193	112,683
Municipal	81,340	74,204	83,282	78,035	82,984	78,827	81,987	78,636	72,287	69,705
Local Funds	155,687	142,638	188,718	172,580	222,231	210,833	238,334	228,367	260,518	248,803
Native States	...	...	...	...	...	...	2,108	1,911	1,764	1,631
Dispensary	6,056	5,546	5,666	4,904	5,181	4,891	8,209	7,278	6,033	5,431
Army	...	...	...	...	...	...	...	...	...	...
Europeans	68	45	31	26	80	50	53	42	28	19
Natives	604	329	655	590	379	219	616	363	782	344
Total	335,974	307,869	396,813	366,482	405,923	378,743	447,853	423,519	463,605	438,405

STATEMENT NO. V.—*Showing particulars of*

Number.	Districts.	TOTAL NUMBER OF PERSONS VACCINATED.		TOTAL NUMBER INSPECTED.			
				By Deputy Sanitary Commissioner or Civil Surgeons.		By Native Superintendents or other Inspecting Officers.	
		Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.
1	2	3	4	5	6	7	8
1	Akyab	9,776	875	1,369	347	3,521	251
2	Hill Tracts, Northern Arakan	583	9	...	...	12	...
3	Kyaukpada	6,265	151	444	38	187	13
4	Sittoung	2,504	11	380	...	198	11
5	Rangoon	10,764	10,606	5,620	4,966	62	59
6	Hanthawaddy	8,602	2,466	347	1,308	3,021	593
7	Pegu	9,936	418	1,540	165	646	110
8	Tharawaddy	14,517	30	898	...	7,470	29
9	Prome	17,842	1,277	1,920	114	1,307	635
10	Maubin	3,783	1,688	1,618	1,071	1,304	1,112
11	Pyaw	3,894	243	649	142	253	...
12	Bassein	17,741	1,030	5,202	499	9,054	813
13	Heinada	39,562	775	2,679	284	2,104	287
14	Myingony	8,199	1,167	1,259	332	361	103
15	Amherst	16,253	639	1,266	251	7,738	523
16	Tavoy	11,295	2,744	6,315	178	603	1,679
17	Mergol	6,817	19	4,402	...	112	...
18	Thaon	3,965	...	2,477	...	3,238	...
19	Toungoo	9,929	669	611	226	3,446	299
20	Saiveen	1,074	...	47	...	...	...
21	Mandalay	13,881	808	3,214	171	7,222	23
22	Bhamo	3,251	531	1,426	22	241	13
23	Katha	2,618	189	639	188	45	183
24	Ruby Mines	2,306	...	616	...	...	...
25	Myittha	1,661	27	107	11	43	10
26	Shwabo	16,591	239	2,955	64	4,231	...
27	Sagaing	15,116	611	1,627	4	56	...
28	Lower Chindwin	14,072	103	5,569	40	35	63
29	Upper Chindwin	11,365	...	1,319	...	291	...
30	Taungtha	17,947	2,167	1,421	716	2,821	135
31	Pakokku	8,415	383	4,457	242	230	...
32	Maha	7,299	317	1,194	154	848	14
33	Morwe	10,972	225	2,873	5	672	126
34	Mektila	10,907	400	3,078	215	260	11
35	Yamethin	10,804	899	2,482	315	1,550	...
36	Kyaukse	6,031	171	1,863	...	139	2
37	Myingyi	12,780	802	3,648	455	4,832	98
38	Lashio	7,307	30	1,086	...	3,644	30
39	Taunggyi	8,245	15	120	...	429	15
40	Chin Hills	2,308	117	19	35	640	73
GRAND TOTAL FOR 1901-05		380,076	32,317	78,238	12,756	73,674	7,175
GRAND TOTAL FOR 1903-04		384,722	27,842	76,788	11,367	67,186	6,736
GRAND TOTAL FOR 1902-03		354,629	27,144	73,218	12,651	66,802	7,321

and the number of those persons who were successfully vaccinated in the Province of mentioned official years (paragraph 15).

VACCINATED.

Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.
1900-01.		1901-02.		1902-03.		1903-04.		1904-05.	
7		8		9		10		11	
1,06,629	95,392	91,530	83,082	125,384	101,165	135,394	109,016	138,435	109,301
62,338	58,008	52,227	46,695	55,302	47,040	53,775	44,879	59,410	46,108
215,111	198,789	181,107	165,283	165,218	149,585	172,917	160,516	165,339	141,636
1,574	1,430	1,822	1,553	7,663	5,451	6,712	5,624	6,986	4,989
6,653	4,229	3,971	3,033	6,622	5,038	8,924	6,915	9,516	7,152
...
23	10	20	9	25	11	...	...	25	14
391	207	114	67	359	283	380	222	379	215
392,719	358,065	333,791	300,722	355,013	308,583	385,102	327,172	381,690	309,305

Vaccination verified by Inspecting Officers (paragraph 16).

PERCENTAGE OF INSPECTIONS TO TOTAL NUMBER VACCINATED.				PERCENTAGE OF CASES FOUND SUCCESSFUL OF TOTAL NUMBER INSPECTED.				PERCENTAGE OF SUCCESS REPORTED BY VACCINATORS.	
By Deputy Sanitary Commissioner or Civil Surgeons.		By Native Superintendents or other Inspecting Officers.		By Deputy Sanitary Commissioner or Civil Surgeons.		By Native Superintendents or other Inspecting Officers.			
Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.	Primary.	Re-vaccination.
9	10	11	12	13	14	15	16	17	18
12.98	92.53	37.02	65.98	85.19	45.53	75.26	53.78	68.72	48.8
7.09	24.58	2.06	8.41	58.33	89.47	83.33	100	92.15	77.75
15.18	...	2.95	100	88.95	...	80.75	...	83.85	78.93
62.21	45.63	9.8	51	74.07	55.76	91.42	...	87.12	...
6.83	56.23	59.45	23.85	73.25	66.60	62.90	52.54	73.07	55.72
18.58	39.47	6.48	26.32	66.81	79.39	80.84	46.21	61.26	16.72
6.02	...	50.08	96.67	91.38	...	82.07	69.09	86.37	60.63
10.76	8.91	7.49	41.90	88.00	24.21	85.22	13.79	85.63	14.29
42.77	63.45	31.47	65.47	84.86	29.10	89.56	61.31	53.55	4.59
16.71	58.44	7.29	...	68.10	15.43	85.17	32.71	89.45	...
29.32	48.45	56.11	78.91	87.93	29.16	48.52	28.91	89.08	29.61
6.77	26.65	5.32	30.53	91.59	67.56	92.22	45.99	93.23	48.66
14.81	30.25	3.07	8.83	89.99	64.59	16.97	37.86	92.67	70.42
7.79	37.18	47.61	81.85	87.99	3.25	91.12	39.86	91.17	33.62
55.90	6.49	5.34	61.19	94.74	41.01	98.34	29.30	96.51	21.89
64.57	...	1.61	...	81.99	...	87.5	...	83.09	...
62.16	...	81.07	...	67.70	...	68.32	...	69.24	...
5.18	33.78	34.71	44.69	89.88	62.39	86.65	65.85	89.38	47.56
4.33	...	...	...	34.04	...	...	...	53.21	...
23.15	19.93	52.03	2.64	95.67	43.27	72.71	30.43	83.44	42.96
43.86	4.12	7.41	2.43	77.00	16.76	87.65	30.77	90.09	69.23
29.17	99.47	1.72	97.85	74.51	23.40	67.78	23.75	86.23	...
29.78	...	...	...	88.13	...	...	...	86.48	...
10.16	40.74	4.05	37.04	85.98	...	74.12	20.00	81.84	5.88
17.81	29.78	29.50	...	85.99	28.13	89.96	...	92.00	85.95
13.43	65	4.6	...	79.72	100	64.29	...	75.23	89.98
89.68	37.63	28	61.17	77.02	40	8.87	47.62	79.38	41.06
11.62	...	2.06	...	60.64	...	79.34	...	87.61	...
7.92	33.93	15.72	6.41	69.01	79.72	88.43	85.19	89.82	65.99
62.96	68.66	2.73	...	81.87	7.02	56.96	...	74.63	5.54
16.34	57.41	11.63	4.42	78.29	58.24	78.30	42.86	60.12	54.10
29.18	2.22	6.13	56.00	80.35	60.00	92.27	55.40	91.36	32.69
29.01	53.75	2.37	2.75	94.02	47.93	80.00	81.82	80.68	80.00
21.51	42.18	14.35	...	88.90	22.13	100	...	97.61	74.92
31.95	...	2.38	1.17	79.60	...	95.68	100	86.61	93.37
29.85	56.73	37.61	12.22	85.79	32.97	77.81	34.69	60.93	25.91
14.70	...	49.33	100	63.54	...	80.63	66.67	71.06	...
1.45	...	5.30	100	95.00	...	78.55	66.67	75.90	...
1.86	29.91	31.25	62.30	79.68	15.71	89.13	72.60	75.62	...
20.55	39.47	19.55	22.20	83.10	50.76	81.13	41.35	84.71	47.60
19.93	40.43	17.45	24.19	85.55	57.87	84.59	43.60	87.20	54.97
20.65	46.61	13.22	27.07	87.31	58.33	85.76	43.44	87.14	46.93

APPENDIX A.

Showing the ratio per 10,000 successfully vaccinated and the mortality from small-pox by quinquennial periods for Lower Burma only (paragraph 6).

Official year.	Ratio per 10,000 successfully vaccinated.	Quinquennial mean.	Calendar year.	Ratio for 10,000 of mortality from small-pox.	Quinquennial mean.
1	2	3	4	5	6
1889-90	206.70	253.45	1889	7.70	5.91
1890-91	211.73		1890	10.11	
1891-92	214.17		1891	2.89	
1892-93	237.91		1892	3.24	
1893-94	306.16		1893	6.83	
1894-95	353.83	519.26	1894	3.85	5.19
1895-96	418.91		1895	3.41	
1896-97	554.43		1896	3.70	
1897-98	586.66		1897	4.02	
1898-99	632.47		1898	10.70	
1899-00	678.31	436.21	1899	13.21	5.57
1900-01	530.41		1900	6.76	
1901-02	552.69		1901	4.45	
1902-03	323.04		1902	2.82	
1903-04	353.66		1903	2.30	
1904-05	324.29	...	1904	2.33	...

APPENDIX B.

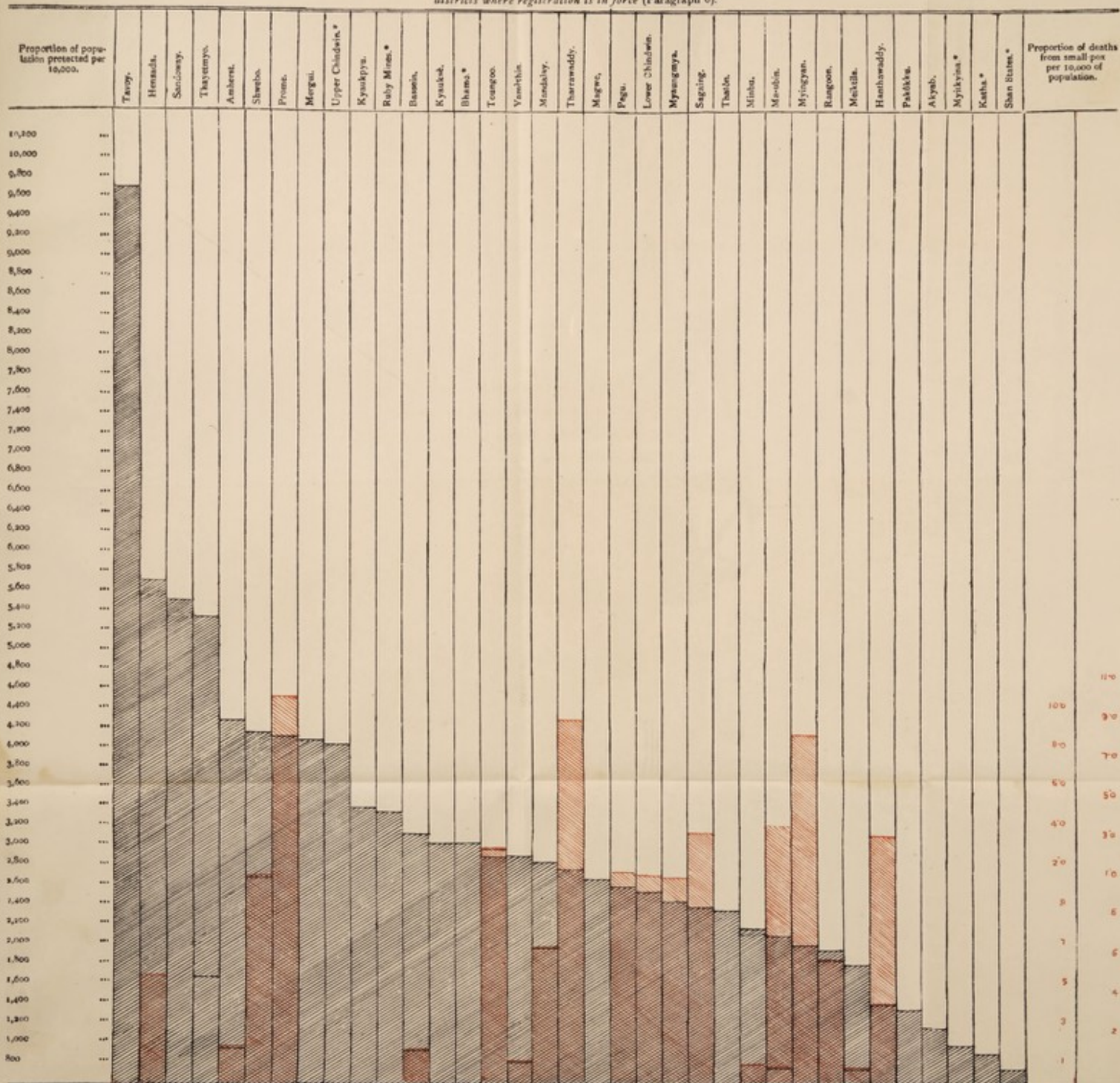
Statistics relating to the number of children under one year of age in towns available for vaccination and the number of successful operations performed on them (paragraph 13).

Towns.	Number of births during the year 1901-05.	Number of deaths among children under one year during the year 1901-05.	Number available for vaccination after deducting the numbers who have died as shown in column 3.	Number of successful vaccinations on children under one year during the year ending 31st March 1905.	Date of extension of Vaccination Act into town.
1	2	3	4	5	6
Akyab	617	185	462	441	August 1883.
Kyaukpada	78	15	63	42	April 1891.
Sandaway	103	24	79	42	September 1890.
Rangoon	4,386	1,510	2,876	2,450	April 1884.
Pegu	436	108	328	154	March 1893.
Prango	965	189	796	753	June 1890.
Paungde	430	95	334	326	August 1890.
Gyebingank	243	89	154	98	February 1897.
Letpadan	214	37	177	64	January 1897.
Tleat	210	61	149	145	October 1897.
Maubin	174	41	133	62	October 1891.
Yandon	502	166	397	184	January 1892.
Pyapon	129	30	109	245	November 1901.
Bassein	1,430	235	765	748	September 1888.
Ngathalinggyang	213	46	187	137	February 1890.
Myaungmya	99	24	65	111	June 1891.
Henzada	1,423	229	734	544	January 1889.
Zalun	246	55	191	202	August 1894.
Myaung	270	61	209	221	July 1889.
Moolmein	1,337	395	1142	1,121	August 1885.
Thaon	425	95	330	210	October 1891.
Kyaukto	240	28	172	33	March 1897.
Tavoy	812	184	708	652	December 1889.
Meigui	429	81	345	242	October 1891.
Toungoo	550	134	406	267	May 1889.
Shwegyin	244	18	186	156	January 1890.
Mandalay	5,610	1,750	3,860	4,060	August 1891.
Sagaing	389	86	303	185	April 1894.
Manya	344	82	262	237	March 1893.
Thayetmyo	481	172	309	488	May 1889.
Yamethin	227	54	173	188	February 1892.
Pyinma	674	46	628	414	November 1891.
Myingyan	603	190	413	508	September 1891.
Shweto	274	98	176	209	June 1891.
Pikokku	819	217	602	435	April 1892.
Kyaukse	275	76	199	242	May 1891.
Minbu	191	31	160	116	March 1896.
Satin	223	57	171	104	March 1896.
Taungdwingyi	255	93	162	208	February 1893.
Total	25,715	6,810	18,905	17,627	

APPENDICES.

APPENDIX C.

Diagram showing the proportion of population protected during the seven official years from 1898-99 to 1904-05 and the death-rate from small-pox during the calendar year 1904 in districts where registration is in force (Paragraph 6).



G. B. C. P. O. — No 311, 5-25-10-05 — 395 LITHO.

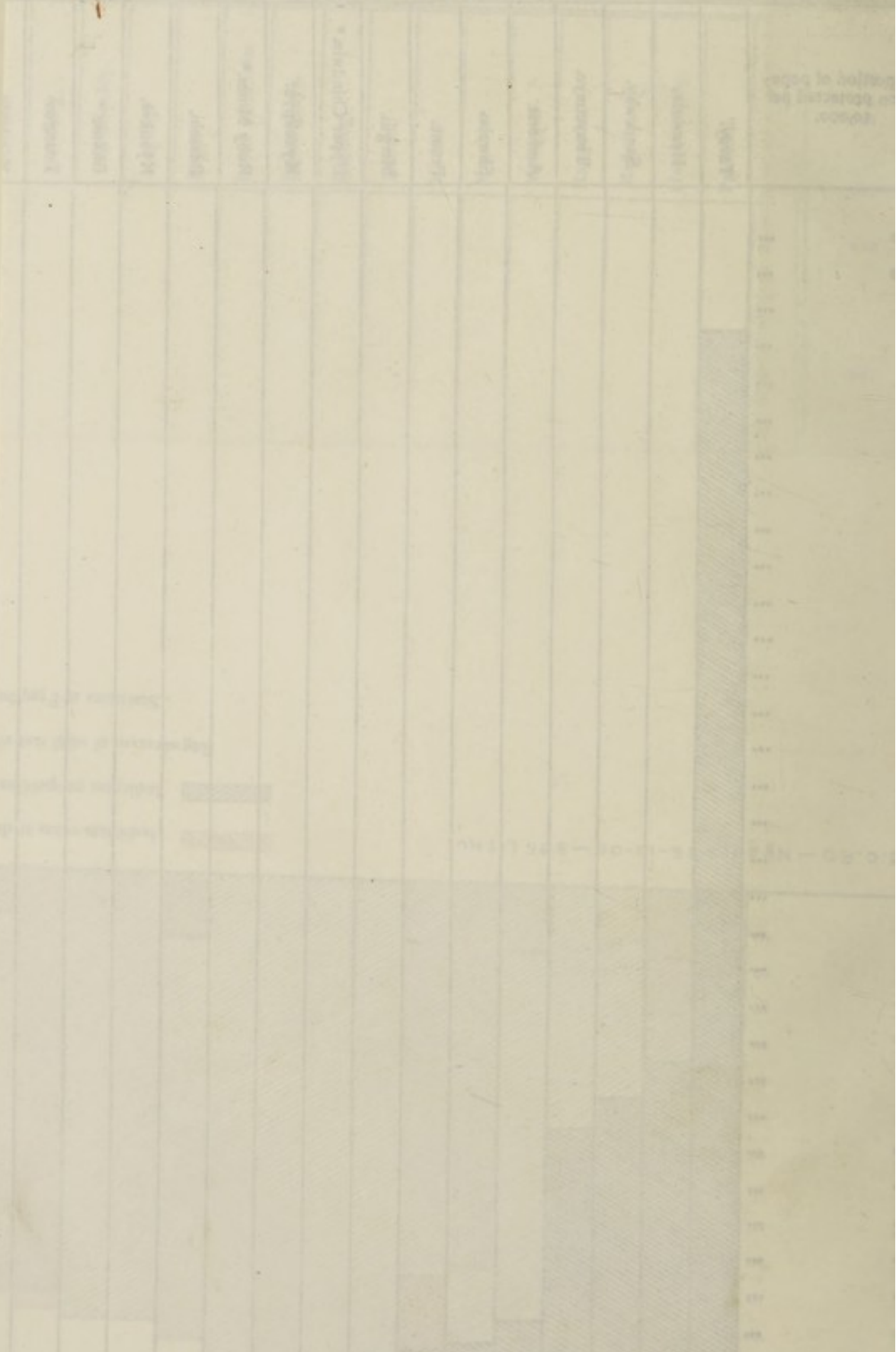
Indicates rates of deaths from small-pox per 10,000 of population.

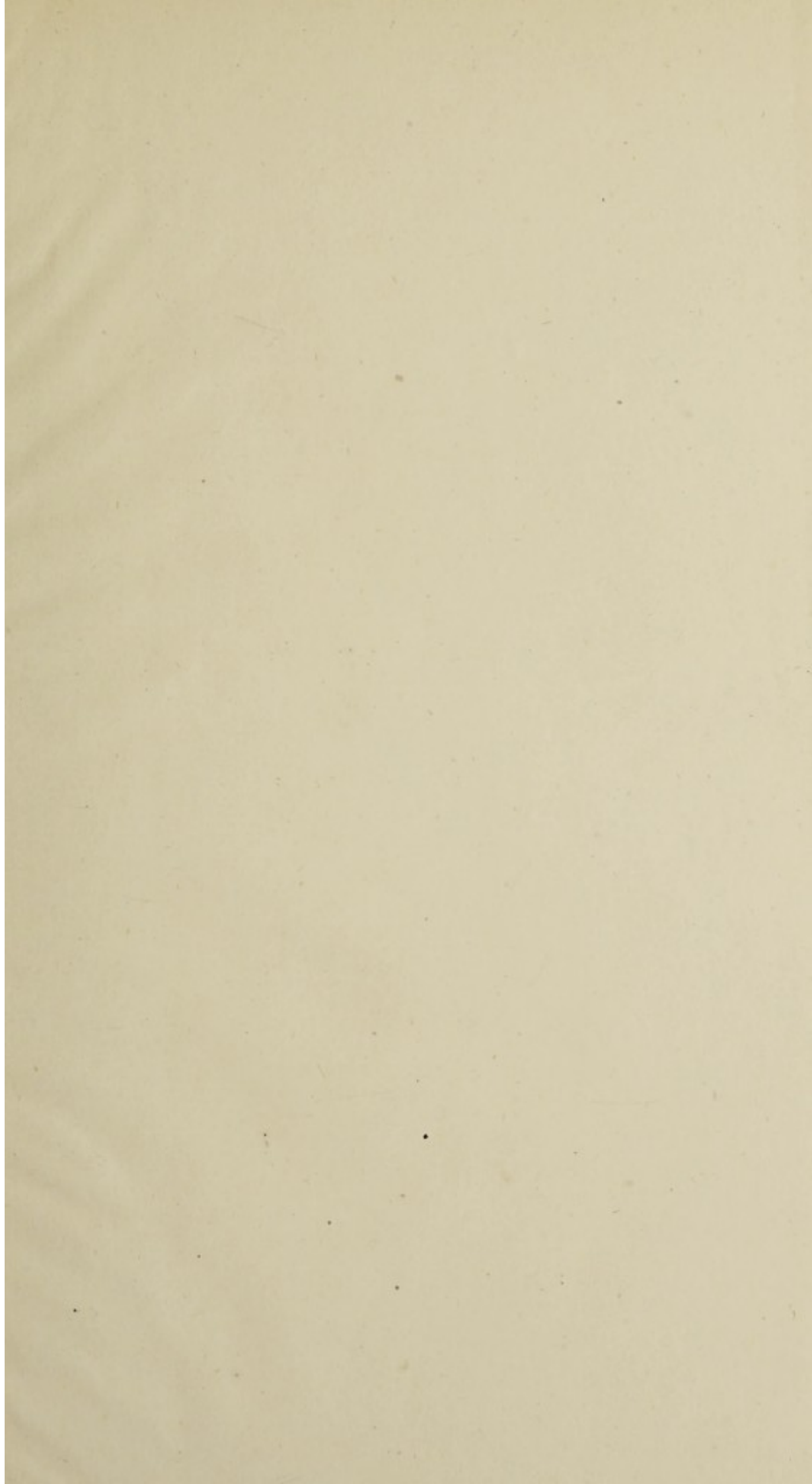
Indicates proportion of population protected per 10,000.

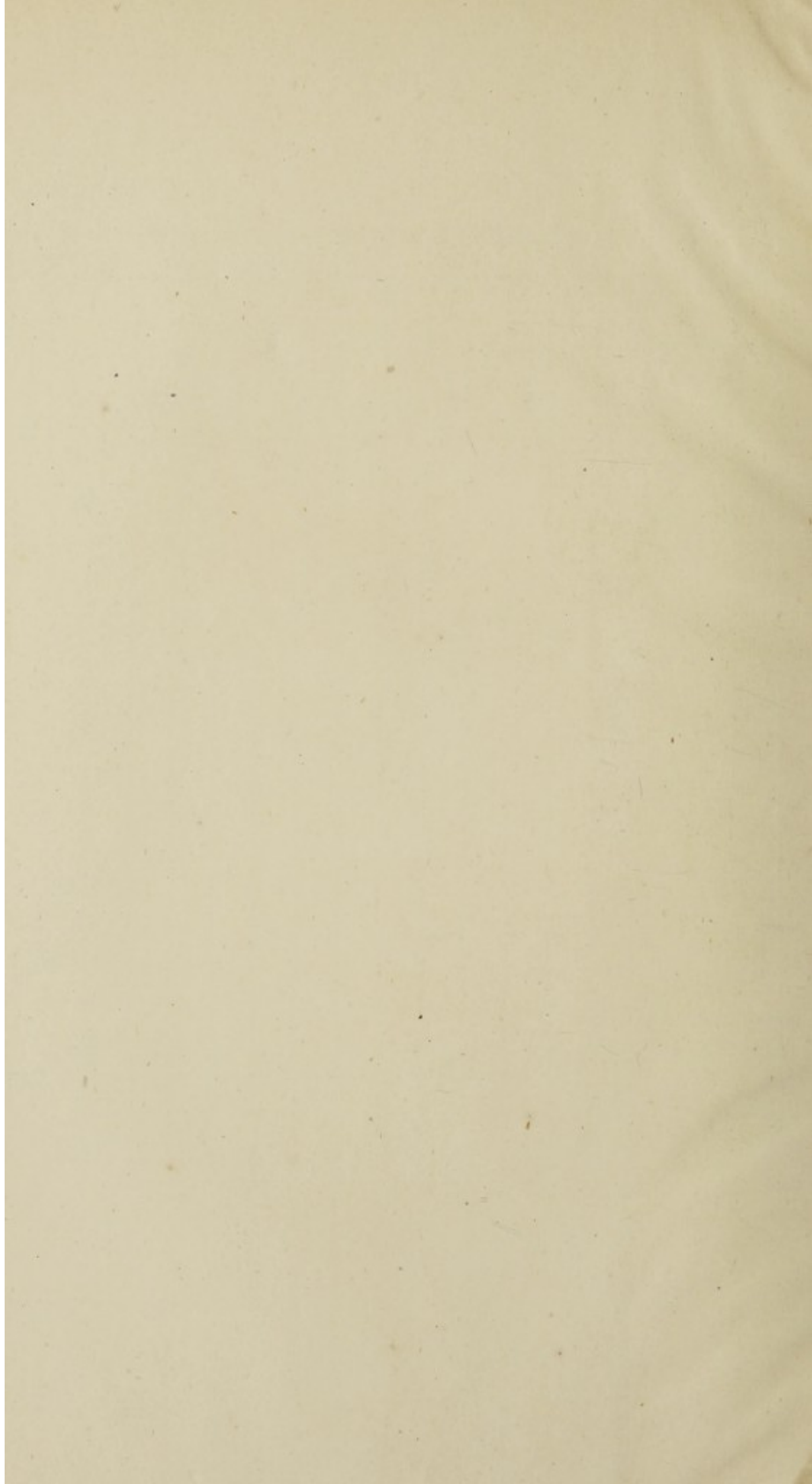
Registration of vital statistics is not carried out in these districts

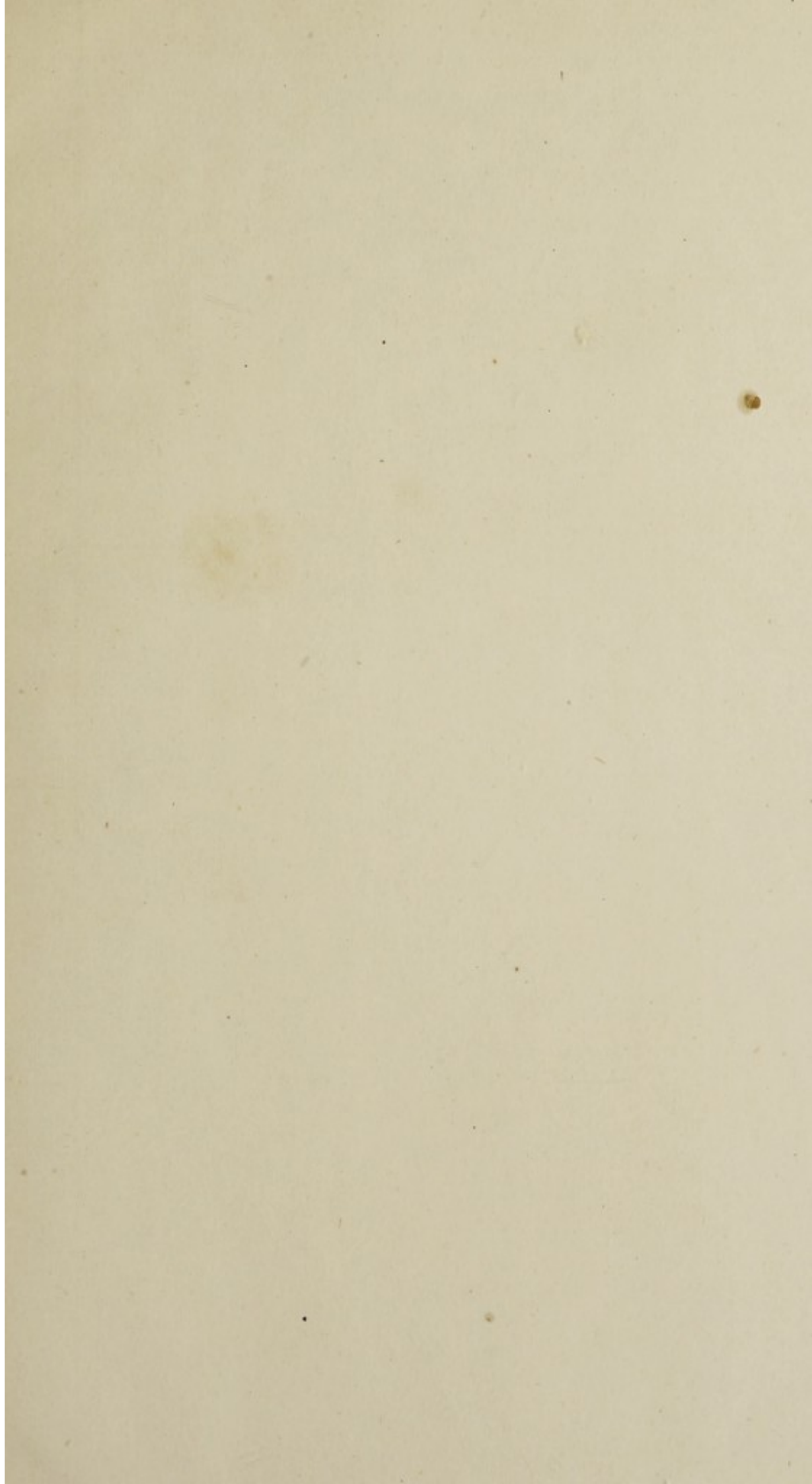
Statistics of Pyawda have been included in Maubin

Diagram showing the production of hydrogen gas during the reaction of various metals with acids (Paragraph 6)









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