

CHAPTER IX.

PUBLIC HEALTH

NUTRITION.

The normal diet of the common man consists of cereals and a small quantity of *dal* and vegetables. The food is deficient in animal protein such as milk, fish, meat, eggs, etc., and is high in carbohydrate and the deficiency of these proteins not only makes it deficient in a number of vitamins, such as B-12 and amino acids like methionine and colin, but due to this acute deficiency in animal protein, the incidence of infantile cirrhosis is not lower than in any other parts of India. The diet is definitely unbalanced and natural resistance to diseases among the people is poor.

VITAL STATISTICS.

The following statement indicates the rates of births and deaths per thousand of the population in the district since 1920 :—

Year.	Birth rate.	Death rate
1920	35.50	29.33
1921	35.69	27.34
1922	33.94	26.74
1923	36.01	22.78
1924	35.01	29.44
1925	33.06	21.83
1926	37.22	24.45
1927	37.39	26.26
1928	34.23	26.18
1929	36.14	26.87
1930	33.77	40.47
1931	33.60	29.70
1932	33.92	21.47
1933	37.49	23.20
1934	33.76	24.03
1935	37.08	24.93
1936	38.58	24.22
1937	33.02	22.54
1938	34.58	25.65
1939	34.08	23.44
1940	33.67	23.06
1941	36.15	24.45
1942	27.54	16.39
1943	26.96	19.64
1944	26.36	40.96
1945	25.50	28.87

Year.	Birth rate.	Death rate.
1946	25.54	27.58
1947	20.21	16.13
1948	18.28	15.27
1949	23.24	10.98
1950	24.02	13.04
1951	24.22	14.64

The present system of registering births and deaths by the village *chowkidars* is faulty in the sense that they are not very accurate and not fully reliable. They are, however, sufficiently accurate for the purpose of calculating the approximate growth of the population and of showing the relative healthiness and unhealthiness of different years. The death rate had exceeded the birth rate seven times, viz., in 1892, 1894, 1896, 1930, 1944, 1945 and 1946.

In the year 1896 when the outbreak of cholera carried away over 56 thousand persons, the death rate (46.70 per 1,000) was very high.

The years 1930, 1944 and 1945 were abnormal for loss of human lives due to cholera and malarial fever. The year 1944 claimed the highest toll. In the wake of 1934 earthquake for about 10 years, mortality due to fever remained at an almost uniformly high level culminating in the year 1944 and the average mortality during this period stood at 55,465 per year. In all other years during this period, fevers alone accounted for three-fourths of the total deaths, if not more. During the period 1930—51, the trend in vital statistics has been towards a progressive increase in population except for the years mentioned above when the death rate exceeded the birth rate. The worst year was 1944 with death rate of 40.96 per thousand, the highest within this period and a close second to it was 1930 with a death rate of 40.47 per thousand, when cholera and fevers took a large toll of lives. Although the population had remained practically stationary in the decade 1911—21, it swelled up to 35,16,575 in 1951, registering an increase of about 25 per cent in 30 years and 6.9 per cent during the last decade despite the visitation of cholera and fevers (malaria) in epidemic form. The highest mortality from fever alone occurred in 1944 being 88,308 and in 1945 the figure in this respect was 81,857. The lowest number of deaths was registered in 1949, being 32,198, whereas the other years recorded mortalities ranging between 36,794 in 1950 and 73,307 in 1931, showing an average of deaths per year of 52,071 as against an average of births per year of 73,002.

As regards birth rate, O'Malley has mentioned in the last District Gazetteer that in spite of the ravages of cholera and famine, the returns for the 9 years 1892—1900 show an excess of nearly 80,000 births over deaths. The statistics from 1920 to 1951 (statistics from 1904 to 1919 not being available) show that in spite of the birth rate being

higher than the death rate, the birth rate in general is gradually declining. It was 48.66 per thousand in 1904; 35.50 per thousand in 1920. 33.77 per thousand in 1930, 33.67 per thousand in 1940 and 24.22 per thousand in 1951.

PRINCIPAL DISEASES.

Fever.

Under this head are generally included in the reports submitted by the *chowkidars*, malarial fever, tuberculosis, pneumonia and typhoid fever, although the number of malaria cases is by far the largest in this group. As already stated the years 1930, 1944, 1945 and 1946 were abnormal for the loss of human lives due to fevers and cholera, of which fever, i.e., malarial fever acted as the chief cause of deaths in the district. In the wake of the 1934 earthquake, for about 12 years, mortality due to fever in the district remained at an almost uniformly high level culminating in the year 1944 and the average mortality during this period stood at 55,465 per year.

Malaria.

The district appears to have never been free from malaria altogether, although its intensity varied from year to year. The years immediately preceding the great earthquake of 1934 as far back as 1929 were also malarious more or less. This disease had shown a tendency to be localised in certain areas, namely, villages Bairagnia, Aurai, Rajkhand, Basua, Dumri, Chihuta, etc., in Katra police-station, Majorganj and some 10 or 12 neighbouring villages in Sitamarhi subdivision and villages round-about Patepur in Hajipur subdivision. Villages which were worst affected lay along the banks of streams Lakhandei, Baghmati, Purani Baghmati known as Manusmara and Baya, which are dead or dying rivers, overflowing their banks during the rainy season, leading to formation of innumerable spills and swamps when the flood water recedes and thereby increasing the number of breeding grounds for mosquitoes of malaria carrying species. The great earthquake came as a cataclysm and its ravages were very extensive indeed throughout the district. The general contour of land including that of beds of rivers was badly disturbed and its after-effects were felt in the shape of a malaria epidemic which started from the autumn of 1935 and went on increasing till it showed signs of abatement in 1936. It flared up again necessitating the opening of nine malaria centres in the district to cope with the situation. The worst affected thanas were Katra, Minapur, Sadar, Shakra, Paroo, Belsand, Sheohar, Majorganj, Sursand, Patepur, Mahua and Lalganj. The epidemic was at its fullest height from March to October, in 1936; and after a slight repose had a second wave from November, 1936 to January, 1937 and then it gradually declined. This fall in 1936 was only a seasonal lull; there was a flare up, more or less severe, year after year till it attained the zenith in 1944 and 1945 and gradually declined

in intensity until it assumed its comparatively present low level since 1948.

A full-fledged malaria survey was conducted in the district in the year 1936-37. It was held that the rainfall and humidity conditions in the district were favourable for the growth of anopheline mosquitoes and also for the development and transmission of malaria parasites. *A.culicifacies* and *A.minimus* were the two carrier species found in the course of investigations.

Evidence of movement of population to this district from known malarious localities was found, although it was not quite definite as to the part played by this population movement in respect of introduction of malaria in the district. The main recommendations regarding anti-malaria steps were: (a) measures directed against anopheline breeding grounds and (b) mass treatment with anti-malarial drugs.

Malaria surveys have been carried out from time to time and the anti-malaria scheme of the Public Health Department, Bihar has been implemented in the district of Muzaffarpur. Some details as given below of this work will be of interest.

Morsand, P.-S. Runisaidpur.—The anti-malaria scheme of the Public Health Department, Bihar raised one malaria control unit in May, 1949 in the district of Muzaffarpur with its headquarters unit at village Morsand, police-station Runisaidpur in Sitamarhi subdivision as malaria epidemic was reported from the villages under police-station Runisaidpur. Before directing any anti-malaria measures, the staff remained engaged in carrying out entomological and epidemiological investigations in twenty-two villages covering an area of twenty-five square miles along the course of the Lakhandei river under Runisaidpur police-station. Due to the floods and excessive rains, the area remains inundated for most of the period of the year. When the flood water recedes, pools of water are left behind with the result that mosquitoes find those swamps an ideal place for breeding.

Malaria transmission season starts from June and lasts up to November and this period is further strengthened by excessive rainfall, floods and influx of new persons from different parts of the State on the occasion of religious fairs, with the result that the immunes and non-immunes have to stay together, resulting in a flare up of malaria epidemic. In July, 1949, indoor house-spraying operations, scientifically known as "Interception of vector species" with D. D. T. residual spray, were carried out in all the villages under control and continued up to February, 1950. Collections of mosquitoes and other data were made and it was noticed that there had been a remarkable reduction in mosquito density. Before the indoor house-spraying operations were undertaken, spleen census and parasite rate were recorded and after the completion of house-spraying it was noticed that the spleen rate had been considerably reduced from 36.6 per cent to 17.7 per cent and this rate was further reduced to 0.0 per cent during

1951-52 after repeating the house-spraying operations. The parasite rate was reduced from 16.5 per cent to 0.0 per cent at the end of 1951-52 operations.

In view of the low endemicity of the area achieved by means of D. D. T. spraying and distribution of anti-malaria drugs, it was proposed to shift the malaria control unit from Muzaffarpur district to some highly malarious area of the State of Bihar. The proposal was accepted by the Government and accordingly the malaria control unit was shifted in July, 1952 from Morsand to Madhuban at Parasnath Hills in Hazaribagh District.

Babhangawan (Sitamarhi subdivision).—In April, 1952, malaria survey was carried out by the staff of the malaria control unit, Morsand, in village Babhangawan and the surrounding villages of Sitamarhi police-station as it was reported that virulent type of malaria had broken out in that area. Accordingly, survey was undertaken and during the course of an investigation, only sporadic cases of malaria were met with. The area is situated on the border of the old bed of the Baghmati and gets inundated during the floods. After the floods recede, innumerable breeding grounds are created, which afford favourable conditions for the anopheline mosquitoes to breed. Cattle sheds are never separated from the human dwellings. They also favour mosquito-breeding.

On examination it was noticed that the area was of low endemicity as maximum spleen rate of 6.6 per cent was recorded in village Rampur. High parasite rate of 15.0 per cent was, however, recorded which shows that the inhabitants form reservoir of malaria infection.

Majorganj (Sitamarhi subdivision).—In February, 1952, malaria survey was undertaken by the staff of the Malaria Control Unit, Morsand Anti-malaria Scheme, Bihar, at village Majorganj and the surrounding villages of the subdivision of Sitamarhi with a view to find out the prevalence of malaria. At the time of the survey, it was gathered that some ten or twelve years back, the whole area was under the grip of malaria epidemic, which lasted for about four years and thereafter the incidence of malaria declined. Due to the change in the course of the Manusmara and its subsequent merger in the Lakhandar, malaria problem in this area is now not so alarming and the disease only commences with the onset of the monsoon and ends with it. Living conditions are far from satisfactory with the result that 99.0 per cent of the inhabitants are exposed to malaria infection.

On investigation it was found that the area is of low endemicity as highest spleen rate of 3.15 per cent was recorded at village Dheng. Average parasite rate was 3.9 per cent.

Matiara, Damodar and Jahangir Patra.—In September, 1951, a malaria survey was carried out at Matiara, Damodar and Jahangir Patra, villages of Hajipur subdivision, as deaths due to a serious type of malaria were reported from this area.

On investigation it was found that the area was of low endemicity and the spleen rate recorded at these places was only 2.2 per cent. Parasite rate recorded was 12.6 per cent which is considered to be high and was due to fresh infection on account of malaria transmission season, which usually lasts from August to November.

At present a number of malaria centres are working in the district in addition to the Ayurvedic and the Tibbi malaria centres. Kala-azar centres in the district also supplement the work of malaria centres in treating malaria cases. The District Board dispensaries also give treatment to malaria cases.

Plague.

Although plague was introduced in India from China in 1897-98, the district first suffered from bubonic plague in 1900 when there were a few sporadic cases.

It lasted for five months from February to June and caused a mortality of 1,265 persons. The places that had most suffered were Hajipur thana and town and Raghobpur out-post. Hajipur thana was again affected in 1901. In 1902 plague caused 1,050 deaths and in 1903 and 1904, the mortality reached nearly 3,000 a year. In 1910, 341 persons died of the disease, while in 1911 the death roll rose to 615. Plague broke out also in the years 1916, 1920 and 1924. It was, however, a noticeable fact that plague never affected Sitamarhi subdivision. The disease abated considerably from the year 1920 and it has practically disappeared from the district since 1942.

Cholera.

After fevers, the greatest mortality is caused by cholera. It was responsible for a very high death rate in the years 1892, 1894 and 1896 when the mortality rose to 6.32, 5.16 and 8.78 per thousand respectively and in 1900, there was another outbreak which resulted in mortality of 7.53 per thousand. During each of the three years ending in 1904, there have again been serious epidemics, the average number of deaths amounting to over ten thousand per annum. The highest deaths from cholera were recorded in the years 1930 and 1944 when it claimed 37,917 and 37,997 persons, respectively. In 1930, the Kumbha mela was held at Allahabad. There was a flare up in 1946 with 13,391 deaths and a lesser wave swept away 6,389 persons in 1948.

Previous to 1930 the years 1922, 1924, 1928 and 1929 were also affected with fairly severe cholera epidemics resulting in deaths averaging 7,525 per year.

Inoculation.

Under the Public Health Department, preventive measures for the outbreak of this disease are taken in the shape of disinfection of wells and mass inoculation.

Small-pox.

Small-pox breaks out in the district every year but its intensity has never been of a serious nature and the death rate due to small-pox in recent years has never exceeded 63 per thousand as against 70 per thousand as mentioned in the last District Gazetteer of Muzaffarpur (1907).

Vaccination.

Prior to 1869, when the present system of anti-small-pox vaccination with cow pox vaccine was first introduced, India had its own system of prophylaxis against this disease in the form of hand to hand vaccination with actual small-pox material which used to be preserved after maceration by a class of people known as Acharya Brahmin in Bengal and Mali in Bihar and Northern India. There was no doubt that in the course of preservation for months in wet clothes in damp places, the small-pox virus became attenuated in virulence. The practice was totally stopped by the Bengal Vaccination Act of 1880 and the Jennerian system of vaccination has been in vogue ever since. Although the vaccinators travel from door to door in towns and villages, wholesale vaccination against small-pox has not been possible so far due to ignorance and superstition on the part of the general public. Primary vaccination is compulsory. From 1900 to 1904, protection by vaccination was afforded to 30.02 persons per thousand of population whereas in 1904-05 altogether 88,200 persons were successfully vaccinated or 33.07 per thousand of population. The average number of primary and re-vaccination operations performed in the district during the last decade was 1,06,411 and 2,63,707 respectively.*

Other fevers.

Other fevers such as pneumonia, typhoid and tuberculosis are not prevalent in such a degree as to constitute a public health problem in the district. The statistics of the T. B. clinics, however, show an increase of 21.47 per cent during last decade.

Kala-azar.

This malady assumed serious nature about 15 years back. It was mainly imported, as it were, by the people of the labourer class returning from the kala-azar areas of North Bengal and Assam. Four kala-azar centres were opened in the worst affected areas in the year 1939. Since the start of these centres altogether 97,130 cases of kala-azar were treated. The incidence has remarkably fallen by now.

Other Diseases.

The other diseases most frequently found are dysentery and diarrhoea, skin-diseases, hook worms, goitre, ear-diseases. Goitre is usually common. Apparently, it is due to the fact that the water of some of the rivers, which come down with large quantities of silt from

*No statistics of attacks of pox in cases vaccinated and re-vaccinated are kept.

the Himalayas, is heavily impregnated with various salts; and it would seem that goitre is a common disease among the inhabitants of the country watered by the little Gandak, specially among those living north of the river.

The number of lepers in the district is not inconsiderable according to the survey done by a party in 1928. There are seven District Board dispensaries where anti-leprosy clinics exist and there is one leper asylum at Kanhauli in Muzaffarpur where lepers are kept as indoor patients and treated. The seven clinics are attached to the dispensaries at Sitamarhi, Sursand, Keotsa, Katra, Mahua, Maniari and Jaintpur. The first four were opened in 1920, the clinics at Mahua and Maniari were started in 1932 and that at Jaintpur in 1935. They treat about 2,000 lepers per year with the grants given by Bihar Leprosy Relief Committee. The leper asylum at Muzaffarpur has 60 indoor beds (48 males, 12 females) and is maintained by the Mission for lepers with the help of the grant from the State Government.

SANITATION IN THE TOWNS

The town of Muzaffarpur and the subdivisional towns of Sitamarhi and Hajipur and also Lalganj in Hajipur subdivision have got municipalities. These towns have grown without any planning. The difficulty of contour in a deltaic country has also to be faced. The drainage and conservancy are accordingly defective. There are very few well constructed roads, lanes, open spaces as parks and hygienic market places. Only in parts of Muzaffarpur town re-built after the earthquake in 1934, some attention was paid to these requirements. A detailed sewerage scheme for the town of Muzaffarpur is under consideration of the Public Health Engineering Department of the State Government. Adequate provisions for pure drinking water in rural areas have not yet been possible.

ADMINISTRATION AND MEDICAL RELIEF.

There is a Civil Surgeon whose headquarters is at Muzaffarpur. He is in overall charge of the administration for medical purposes for the district and works under the administrative control of the Directorate of Health Services of the State Government. The District Sadar hospital and the two Subdivisional hospitals at Hajipur and Sitamarhi are, separately, in charge of the Assistant Surgeons. There are Lady Doctors in all these three hospitals. The District Board and Government dispensaries and hospitals throughout the district including those which are run with Government assistance are separately in direct charge of qualified doctors. The Civil Surgeon is the head of all the medical institutions. There are altogether 44 medical institutions, which serve the population of 35,20,739, the average of each being 80,016. This is no doubt inadequate, but the progress made in this direction is substantial. In 1902, the district had only 8 hospitals and dispensaries with 95 indoor beds as against 44 institutions with 252 indoor beds in 1952. At present the ratio of beds to

population is 1 : 13,954 and the number of beds to 1,000 population comes to only 0.07 as against 0.16 in Bihar and 0.24 in India. The total number of beds in the Sadar hospital is 111 and in Hajipur and Sitamarhi subdivisional hospitals 32 and 26, respectively. The rest of the 252 beds are distributed in other hospitals of the district.

In addition to 44 Allopathic hospitals and dispensaries, there are a number of Ayurvedic and Unani dispensaries managed by the District Board, Ramkrishna Vivekananda Sevashram at Bela besides the leper asylum and some leper clinics.

The Tuberculosis clinic was opened in 1933 in the compound of the Sadar hospital. The comparative figures of treatment for 1941 and 1951 are given below :—

	1941	1951
Total number of patients treated ...	368	447
Number of Tuberculosis patients diagnosed	120	197
Average daily attendance of patients ...	10.7	14.8

Sixteen beds for Tuberculosis patients have been started in the Tuberculosis clinic since 1950.

A sum of Rs. 3,45,235 was spent by Government and local bodies for maintenance of the institution in 1950 and the expenditure is progressively on the increase. In 1950, 6,149 in-patients and 3,52,963 out-patients were treated and 17,749 surgical operations were performed in the hospitals and dispensaries.

The Ramkrishna Vivekananda Sevashram at Bela, near Muzaffarpur town maintains an Eye Hospital and has wards for kala-azar and other diseases. The institution gets liberal grants from the State Government of Bihar and the Central Government and other bodies.

MATERNITY AND CHILD WELFARE CENTRE.

The Maternity and Child Welfare Centre was started at Muzaffarpur in 1931. It has an Executive Committee.

The Centre gets contributions from the District Board, Muzaffarpur Municipality and the Bihar Maternity and Child Welfare Society. A very small amount is usually raised every year by subscriptions and donations. The Centre also gets grants for training of *dais*. The Civil Surgeon is the Secretary of the Centre. A Lady Health Visitor and trained *dais* are attached to the Centre.

The principal aim of the Centre is health education. The Lady Health Visitor visits and has informal talks with mothers at their houses and gives practical instructions regarding maintenance of their health and of their children. Babies and nursing and expectant mothers are bathed daily at the Centre. They are weighed and given milk regularly. Minor ailments are treated at the Centre and the

cases requiring hospitalisation are referred to Sadar hospital. A certain quantity of drugs is also distributed. *Dais* are trained at the Centre and practical training for them at the Sadar hospital is arranged. *Dais* under training receive a stipend.

PUBLIC HEALTH ORGANISATION.

A separate Public Health Section was started in 1925. There is now a District Health Officer, assisted by Assistant Health Officers for the subdivisions. Under them, there are a large number of Sanitary Inspectors, Health Inspectors, Disinfectors and Vaccinators. This section is primarily meant to conduct preventive measures. A separate section, co-ordinated and controlled by the Civil Surgeon, facilitates the prevention of epidemics.

MEDICAL PERSONNEL.

The number of registered practitioners inclusive of Medical Officers in charge of hospitals and dispensaries was 125 in 1952. The ratio of medical practitioners per thousand of the population is 0.03. The proportion of doctors to the population is approximately 1 : 28,133. This excludes, of course, a large number of Homeopaths, Vaidas, Hakims and Naturopaths.

A review of fifty years from 1902 to 1952, as far as medical relief is concerned, will be of interest. The number of hospitals and dispensaries in 1902 was 8 as against 44 in 1952. The number of indoor beds in 1902 was 95 and in 1952 it was 252. The progress made in each of the decades has been shown in statement A.

In spite of increase in the number of medical institutions, they cannot be said to be very adequate for the population of the district. One of the main reasons for the inadequacy of medical relief arrangements is due to the fact that there are hardly any private endowments or charitable institutions, exclusively maintained by the generous public. The Ramkrishna Vivekananda Sevashram has, however, received some financial aid from private charity. But it forms a very small percentage of the capital outlay which is solely derived from the Government. This Sevashram also depends on the Government for its maintenance.

Of late, the Department of Public Health has been taking some steps for the improvement of health of the students by arrangement of tiffin and medical check up. The B. C. G. campaign has been very useful in this respect.

STATEMENT A.

Statement showing the extension of medical relief in the district of Muzaffarpur during the period between 1902 and 1952.

Names of Hospitals and Dispensaries.	Class.	Whether only outdoor arrangement.	If indoor, number of beds provided.	Year or date of establishment.	Remarks.
1	2	3	4	5	6
<i>Hospitals and Dispensaries in 1902.</i>					
SADAR SUBDIVISION—					
1. Maheshwar Sadar Hospital.	IIIA	..	51	1838	.. Provincialised on 1st April 1945.
2. Baghi Dispensary	V	Outdoor	..	25th February 1895.	Total number of beds in 1952—111 beds.
3. Railway Dispensary	..	Ditto	..	1877.	
HAJIPUR SUBDIVISION—					
4. Hajipur Subdivisional Hospital.	IIIA	..	13	1st December 1869.	Total number of beds in 1952—32 beds.
SITAMARHI SUBDIVISION—					
5. Sitamarhi Subdivisional Hospital.	III-A	..	19	23rd June 1870	Total number of beds in 1952—26 beds.
6. Ranisaidpur Dispensary.	III-A	Outdoor	..	1st September 1901.	
7. Sursand Hospital	V	..	7	1st February 1873.	Total number of beds in 1952—7 beds.
8. Parihar Dispensary	V	Outdoor	..	1st October 1882.	
<i>New Hospitals and Dispensaries started during the period from 1903 to 1912.</i>					
SADAR SUBDIVISION—					
9. Paru Dispensary	III-B	Outdoor	..	10th April 1906	Total number of beds in 1952—12 beds.
10. Police Hospital	.. II	..	7	..	
HAJIPUR SUBDIVISION—					
11. Mahua Dispensary	III-B	Outdoor	..	9th March 1906.	
SITAMARHI SUBDIVISION—					
12. Sheohar Hospital	III-B	..	6	12th January 1912.	Total number of beds in 1952—6 beds.

Names of Hospitals and Dispensaries.	Class.	Whether only outdoor arrangement.	If indoor, number of beds provided.	Year or date of establishment.	Remarks.
1	2	3	4	5	6

New Hospitals and Dispensaries started during the period from 1913 to 1922.

SADAR SUBDIVISION—

13. Katra Dispensary	III-B	Outdoor	..	1st December 1917.	
14. Minapur Dispensary	III-B	Ditto	..	3rd July 1918.	
15. Sakra Dispensary	III-B	Ditto	..	1st April 1922.	
16. Motipur Dispensary	III-B	Ditto	..	1st July 1917.	
17. Saraiya Dispensary	III-B	Ditto	..	13th May 1922.	
18. Sahebganj Hospital	III-B	..	16	4th September 1921.	Total number of beds in 1952—16 beds.

HAJIPUR SUBDIVISION—

19. Lalganj Hospital	III-B	Outdoor	..	14th December 1913.	Total number of beds in 1952—6 beds.
20. Mahnar Dispensary	III-B	Ditto	..	14th April 1914.	

SITAMARHI SUBDIVISION—

21. Pupri Hospital	.. III-B	..	..	13th June 1921	Total number of beds in 1952—6 beds.
22. Belsand Dispensary	III-B	Outdoor	..	14th April 1921.	
23. Bairagnia Dispensary	III-B	Ditto	..	20th February 1922.	

New Hospitals and Dispensaries started during the period from 1923 to 1932.

SADAR SUBDIVISION—

24. Keotsa Dispensary	III-B	Outdoor	..	15th April 1926.	
25. Maniary Hospital	IV	..	24	11th November 1932.	Total number of beds in 1952—24 beds.
26. Sakri Dispensary	III-B	Outdoor	..	19th April 1932.	
27. Jaintpur Dispensary.	III-B	Ditto	..	18th March 1927.	

Names of Hospitals and Dispensaries.	Class.	Whether only outdoor arrangement.	If indoor, number of beds provided.	Year or date of establishment.	Remarks.
1	2	3	4	5	6
HAJIPUR SUBDIVISION—					
28. Chaksikandar Dispensary.	III-B	Outdoor	..	14th August 1924.	Total number of beds in 1952—6 beds.
29. Jandaha Dispensary	III-B	Ditto	..	13th July 1923.	
30. Raghopur Dispensary.	III-B	Ditto	..	8th November 1923.	
SITAMARHI SUBDIVISION—					
31. Bhutahi Dispensary	III-B	Ditto	..	9th December 1923.	
<i>New Hospitals and Dispensaries started during the period from 1933 to 1942.</i>					
SADAR SUBDIVISION—					
32. Sanathi Dispensary	I	Outdoor	..	1st February 1934.	Taken over by Government on 1st April 1939.
HAJIPUR SUBDIVISION—					
33. Sondho Dispensary	III-B	Ditto	..	1st August 1939.	
SITAMARHI SUBDIVISION—					
34. Dumra Dispensary	I	Ditto	..	1st March 1937.	
35. Majorganj Dispensary.	III-B	Ditto	..	1938.	
<i>New Hospitals and Dispensaries started during the period from 1943 to 1952.</i>					
SADAR SUBDIVISION—					
36. Dahila Dispensary	III-B	Outdoor	..	1st March 1946.	
37. Narma Dispensary	III-B	Ditto	..	1st January 1950.	
38. Dharfari Dispensary	III-B	Ditto	..	1st April 1949.	
HAJIPUR SUBDIVISION—					
Nil.					
SITAMARHI SUBDIVISION—					
39. Bajpatti Dispensary	I	Outdoor	..	7th June 1947.	
40. Narwara Dispensary	I	Ditto	..	15th September 1945.	
41. Riga Sugar Factory Dispensary.	I	Ditto	..	1937.	
Total number of beds in 1952—252 beds.					