CHAPTER VIII.

PUBLIC HEALTH.

Vital Statistics.

The system of registering births and deaths during the last quarter of the nineteenth century was not accurate owing to the frequent changes that had taken place from time to time. The system which is now in vogue for vital statistics, though not wholly scientific, was introduced in 1892. According to this system the village *chaukidars* report the births and deaths and the cause of the deaths to their respective police-stations. Entries are made in the thanas. The District Health Officer gets such information through his Assistant Health Officer, and from there it is sent to the Director of Public Health, Bihar, for information. The District Health Officer is the Registrar of Births and Deaths.

The period from 1891 to 1921 was rather unfavourable for the general health of the people. Specially the decade 1911—1921 witnessed an unprecedented decrease in population by 8,080. From 1921—1951 there has been a phenomenal increase in population by 9,17,569.

The following statement shows the rate of growth of population in each decade from 1872 to 1951 :—

Decennial rate of growth of population.

1872—1881	...	...	9.1
1881—1891	...	...	0.7
1891—1901	...	...	—3.7
1901—1911	...	...	4.8
1911—1921	...	...	—0.4
1921—1931	...	...	10.9
1931—1941	...	...	16.2
1941—1951	...	...	10.6

The district is comparatively free from positive check since 1921 onward. Although there was a remarkable growth of population from 1921 to 1941 the decade 1941—1951 did not maintain the rate of growth of its preceding decade 1931—1941.

The birth rate per thousand of population showed a decline from 45.60 per thousand in 1939 to 29.29 per thousand in 1946. It has gone up again in 1950 to 33.60 per thousand.

The death rate went down from 31.92 per mille in 1941 to 17.22 per mille in 1949. It has gone up again to 23.26 per mille in 1950. The factors responsible for the increase in death rate are epidemics of cholera and small-pox and fever of various types including tuberculosis and malaria.

Statement showing birth and death together with birth and death rate per mille from 1937—1951.

Year.	Birth.	Birth rate per mille.	Death.	Death rate per mille.
1937 ..	1,10,694	48·60	64,882	27·16
1938 ..	1,11,916	46·86	69,822	29·23
1939 ..	1,08,913	45·60	1,02,728	28·43
1940 ..	1,01,401	42·45	70,590	29·55
1941 ..	1,04,241	43·22	76,266	31·92
1942 ..	95,171	39·84	72,842	30·49
1943 ..	86,044	31·03	78,880	28·38
1944 ..	88,110	31·74	74,509	26·84
1945 ..	96,340	34·71	72,979	26·29
1946 ..	90,913	32·75	59,262	21·36
1947 ..	79,185	28·53	71,803	25·67
1948 ..	81,305	29·29	69,868	25·17
1949 ..	84,695	30·51	47,770	17·22
1950 ..	93,262	33·60	64,549	23·26
1951 ..	86,618	28·28	58,421	19·26

Diet.

The diet of the people varies according to the social status. The landless labourers who form the majority of the population, are ill-nourished. It is only in the harvesting season of paddy and during the time of plantation that they take rice usually with its gruel and occasionally with pulse and green vegetables. Their economic condition is appallingly bad and consequently they are half-starved. Their common food is *satu*, *marua*, maize, *kulthi* and *khesari*, though rice is the chief cereal of the district.

The second class of the population is the middle class who forms a vital link in the chain of the population of the district. They are between the landless class and the class of higher income-group. They are a conglomeration of petty zamindars, tenure-holders and big and small *raiyats*. They usually take rice, pulse, wheat, green vegetables. and occasionally meat, *ghee*, milk, etc. Their diet mainly consists of carbohydrates and proteins.

It is only the upper class people who are in a position to take well-balanced and nutritious food. Their food mainly consists of rice, bread, wheat, *ghee*, milk, cheese, egg, meat, fruit, etc.

On the whole the district is mal-nourished and the scientific caloric diet is unknown to the common people.

Principal Diseases.

Cholera.

Cholera, which had been described under the category of 'other diseases' in 1906 is now the principal disease of the district. It takes a heavy toll of life every year. It has been observed by the study of available statistical data that the disease occurs in a virulent form every third year and its seasonal prevalence is from March to November reaching its highest peak in August. It can be said of the district as a whole that it has become an endemic home of cholera. Sometimes the disease is imported from the adjoining districts and inter-status districts during the time of *Pitripaksha Mela* when a large number of pilgrims from different parts of India visit Gaya.

After a thorough perusal of data of several years it appears that there is a belt within the district from where the disease usually starts. It breaks out from Fatehpur and Tekari police-stations of the Sadar subdivision and Nabinagar and Kutumba police-stations in Aurangabad subdivision. The badly affected parts of the district in every epidemic season appear to be Ghosi and Kurtha police-stations of Jahanabad subdivision. It is usually seen that the disease is virulent in the months of June to October after which it declines. The dearth of good drinking water, ignorance, prejudices against inoculation and unnecessary exodus of the people are factors responsible for the spread of the disease from village to village.

Measures Taken to Combat the Disease.

It is the duty of the village *chaukidar* to report the outbreak of cholera in its initial stage to the respective police-station and the Health Inspector of the thana concerned is informed. As soon as the Health Inspector gets the information he visits the villages affected, along with disinfectors, and distributes cholera drugs to the patients free of charge. The Health Inspector continues his visits to the affected village till cholera subsides. The Health-staff carry mass inoculation work in surrounding villages so that the disease may not spread. The drugs are supplied either by the State Government of Bihar or by the District Board authorities free of cost for distribution among the patients in the affected villages.

Adequate medical facilities after the attack of the disease are only available to the inhabitants of Gaya, the district headquarters, and to some extent to the people of urban areas and their neighbourhood. The people of the remote rural areas are still destined to be victims of the quacks. It is anticipated that under Community Project and National Extension Service Blocks by the end of the Second Five-Year Plan there would be a great change.

The total attacks, deaths, inoculation and disinfection of wells done from 1941—51 are shown below :—

Year.	Attacks.	Deaths.	Inoculation.	Disinfection.
1941 ..	5,530	2,334	2,85,560	28,295
1942 ..	3,324	1,487	1,13,933	10,004
1943 ..	5,566	2,837	2,92,749	24,762
1944 ..	4,173	2,306	3,36,168	31,084
1945 ..	5,396	3,170	12,46,556	1,03,002
1946 ..	480	227	6,02,897	4,76,160
1947 ..	1,584	770	4,11,111	3,65,410
1948 ..	2,983	1,513	4,89,043	1,34,294
1949 ..	694	279	3,07,895	62,944
1950 ..	1,133	445	3,27,866	61,749
1951 ..	317	157	3,00,230	1,54,007
1952 ..	234	66	99,380	...

Inoculation and disinfection are only preventive measures but so far curative measures are concerned they are not within the easy reach of the villagers. The Government have now made arrangement to open medical centres in the affected areas with medicine boxes. Epidemic Doctors and Sanitary Inspectors are put in charge of the camp.

Small-pox.

Small-pox was described in the old District Gazetteer under the head of other diseases. It was not so severe as plague and fever in the last quarter of the nineteenth century and the death rate due to small-pox only exceeded 1 per thousand in 1897 and 1902.

But afterwards the disease has become a great spectre and its curative exorcism has become most difficult. Vaccination is only a preventive check and not curative in the strict sense of the term.

The district of Gaya suffered considerably from small-pox in 1919-20. Almost every year we find sporadic outbreak of small-pox. The disease is prevalent in the district in an endemic form. It varies from year to year in its virulence. It appears that the disease occurs in an epidemic form every four years. It starts from the beginning of November and lasts till June. A cold and dry climate is suitable for the spread of the discase. Its highest peak is the month of April.

Vaccination is an antidote for the prevention of small-pox. It has now become compulsory and no amount of orthodoxy can oust it. Before the year 1934 the Civil Surgeon was the Superintendent of Vaccination. Since 1934 vaccination is under the supervision of District Health Officer. For the easy performance of vaccination the district is divided into several *elakas*. There are altogether 95 vaccinators one for each

elaka representing the population of 30,000. Before 1950 each vaccinator had to take license and every year the license was renewed. But now the vaccinators are paid workers and perform their work throughout the year. The Government have imposed a legal vaccination fee and its realisation is compulsory. Any other type of gratification is prohibited. The following table indicates the vaccination work performed from 1942 onwards :—

Year.	Attacks.	Deaths.	Primary vaccination.	Re-vaccination.
1942 ..	602	111	69,045	27,878
1943 ..	360	64	65,421	19,935
1944 ..	939	164	75,009	32,820
1945 ..	1,258	205	1,09,815	73,751
1946 ..	181	17	64,439	84,650
1947 ..	244	50	60,061	65,036
1948 ..	1,504	176	63,806	1,29,110
1949 ..	102	28	61,180	47,233
1950 ..	631	70	56,678	52,231
1951 ..	1,817	213	44,645	1,08,443

Other Diseases.

There are several other diseases prevalent in the district mainly owing to topographic climate, mal-nutrition, impure supply of water and bad drainage system. A brief survey of these diseases is given below.

Malaria.

In the old District Gazetteer (1906) fever ranged as one of the greatest evils of the district which was responsible for huge mortality during the years 1892 and 1894. But in reality it was malarial fever which caused havoc in the district in those days. The ignorant *chaukidar* who submitted the returns was able to diagnose only well-known diseases like cholera and small-pox and many other diseases were indiscriminately classed under the general head of fever. Regarding the types of fever prevalent the Civil Surgeon wrote : " The commonest type of fever in this district is what for want of a better name has been called ' simple continued ' and which the writer believes to be due to vicissitudes of temperature occurring in the district, to which the heat machinism of the body is unable to accommodate itself, and it is thrown out of gear. Malaria accounts for about 33 per cent of all the fevers. This figure is based upon microscopical examination of the blood in about 200 cases and must be accepted with reserve. When found, the

malarial organism is usually the benign tertian, in two generations causing a quotidian, and not a true tertian ague. The 'malignant tertian' is uncommon, and the quartan parasite is rarely found. Almost all the other specific fevers occur in Gaya, but the only one that calls for notice is typhoid, which certainly does occur among the local people as has been verified clinically and by *post mortem*. Of the eruptive fevers measles is exceedingly common, and chicken-pox and small-pox come next. Typhus had not been seen."

There is sporadic visitation of malaria every year in the district. The endemic homes of malaria in the district are the thanas of Sherghatty, Gurua, Madanpur, Imamganj, Dumaria and Barachatty. The State Government of Bihar carry out a continuous anti-malaria campaign with the object of destroying mosquitoes.

Plague.

Bubonic plague first appeared in epidemic form in the district in October, 1900 and continued up to May, 1901. The ravages of plague were acute and it is reported that the actual number of deaths caused by plague in these eight months was over 26,000. Since then, the district had witnessed an annual visitation of plague for some years though there had not been such heavy mortality as during the first epidemic. It again appeared in the year 1902, the total number of deaths aggregating 1,009 in spite of the immunity of the district during the months of June to October. The mortality rose in 1904 to nearly 7,000. It raged with even greater virulence in the beginning of 1905 in the first three months in the course of which it accounted for over 10,000 deaths. The severity of the epidemic was aggravated by unusual cold and storms in January and February.

Throughout these years the disease had pursued a regular course of action decreasing and disappearing entirely in the hot and rainy weather months, reappearing after the rains and reaching its climax in the cold weather. In his report for 1904 the Civil Surgeon observed : " Plague may now be considered as having become endemic. The outbreak that began in November, 1903 lasted well into the year under report, and cases continued to occur until the hot days of April. It now appears always to be at its worst in the cold months, and directly it appears in the town and exodus of the people takes place, which spread the disease still further. Even stricken-patients are carried away in the exodus. Disinfection, desiccation and evacuation are adopted, but the first can seldom be done thoroughly on account of the opposition, the second seems of as little use, and the last, while saving the individual in the present does nothing to obviate reinfection in the future."

After 1905 there is sporadic reference of plague in the district. A serious outbreak of plague in 1918 caused havoc in the district. The Government estates suffered badly due to plague during 1922-23. But no cases of plague were reported for the last 30 years.

Measures to Combat Plague.

Inoculation proved a panacea to plague. The people of the district were also determined to uproot the disease owing to the terrible havoc which the disease often produced. In spite of the opposition of a few orthodox, people were in favour of inoculation. The Civil Surgeon and the trained medical officers were deputed and in 1900 during the first outbreak of the disease 23,000 persons were inoculated of their own free will. These operations afforded a striking evidence of the value of this measure as a preventive of plague. In Gaya town itself some 3,716 persons were inoculated up to the 31st March, 1901; of these 31 were subsequently attacked by plague, but only 4 persons died. Three of these persons died within 10 days after inoculation, i.e., they may have had the disease before inoculation. Among the uninoculated about 2.8 per cent were attacked and 2.7 per cent died. Among the inoculated 1.2 per cent were attacked and 0.2 died. The proportion of deaths among the uninoculated was 14 times as great as among the inoculated, and taking all deaths from suspected fever as well, the greater part of which were undoubtedly caused by plague, the proportion of deaths among the uninoculated was 41 times greater than those protected by inoculation. Thus inoculation constrained the disease to disappear from the district slowly but steadily.

Tuberculosis.

Statistics relating to incidence of tuberculosis in the district is not available. The havoc of tuberculosis is greater than any other diseases specially among the young due to mal-nutrition and unwholesome surroundings. The great havoc which the disease produced has stirred great ferment in the mind of people of the world and an organised campaign is now launched to combat the disease by World Health Organisation and by the Government of India. In 1951 arrangements were made to find out the infection of tuberculosis by testing the children and adult up to the age of 40 with tuberculin.

This work was taken up in Jahanabad subdivision by the B.C.G. team sent by the Director of Public Health, Bihar. Work was done in villages of Kako and Pali and about 10,000 people were tested and B.C.G. vaccine was given to those who showed negative results with tuberculin with the idea of imbibing immunity to these children. Mass B. C. G. vaccination has already been completed in the towns of Jahanabad, Gaya, Nawadah and Aurangabad.

SOME OTHER DISEASES.

Dysentery and diarrhoea are fairly common but the diseases specially prevalent in the district are cataract, stone, hydrocele and lymph scrotum as well as other filarial diseases. An enquiry was made during the compilation of old District Gazetteer, with the object of coming to the conclusion that the prevalence of stone is due to the deficiency of

salt in the diet of the people, but the data obtained were insufficient to establish any definite conclusion.

In the opinion of the then Civil Surgeon, " the hard water and excessively dry climate are potent factors in the etiology of lithiasis. Similarly, the glare and dust accompanying the hot dry climate of Gaya predispose to cataract, and blindness is usually common." During the compilation of old District Gazetteer the proportion of persons afflicted being 145 per 1,00,000 among males and 133 per 1,00,000 among females. The number of persons suffering from elephantiasis is still very great.

The incidence of leprosy is high. During the census of 1901 according to the old District Gazetteer " it was found that leprosy was more frequent than in any other Bihar district, 102 per 1,00,000 males and 16 per 1,00,000 females being lepers. The great disproportion is probably due mainly to the fact that male lepers travel further from their homes and leave their homes in great numbers in order to beg at Gaya, where a long string of men in all stages of the loathsome disease may be seen on the way to the Vishnupada temple imploring the charity of the passerby ". The centre for treatment of leprosy in Gaya town is doing an useful work.

Rural Sanitation.

The sanitary condition of the villages is extremely primitive. The ignorance of civic sense and unwholesome habits of the people render the task of village sanitation difficult. Arrangement for lavatories hardly exists in the rural areas, and the villagers resort to promiscuous desecretion generally by the side of roads, ponds and the rivers. The houses are mud-built, without any proper arrangement for ventilation and drainage. There is no adequate supply of pure water and the people are constrained to drink unwholesome and unfiltered river and well water. Consequently infectious and contagious diseases are common.

Though the village sanitation is under the charge of the District Board, very inadequate effective measures have been taken for improvement of rural sanitation. With the introduction of Community Development Project and National Extension Service there are prospects of improvement in the village sanitation and in the outlook of the people.

Urban Sanitation.

There is a regular system of conservancy and removal of night-soil and other refuse in the urban areas. Steps are taken to protect the source of water-supply, but in no town of the district except Gaya there is an arrangement for the supply of pipe water or an adequate scheme of drainage. Like the villages, they suffer from crowded and badly aligned block of houses intersected by narrow lanes, and the mortality from epidemics is greater than in the rural areas.

In the town of Gaya special sanitary precautions are necessary for the large influx of pilgrims every year during the *Pitripaksha mela* and the Lodging House Act is in operation. In the lodging houses only the licensed number of pilgrims are allowed to stay and sanitary arrangements are adequate. The inspection of the lodging houses is done by the Health Officer and Magistrates. Arrangement is made during the festivals to get pilgrims vaccinated to check outbreak of small-pox and cholera. As cholera often follows the pilgrims, the Lodging House Fund also maintains a Cholera Hospital, in which cholera and other contagious diseases are treated.

Water Supply.

This district is rather unfortunate from water supply point of view. Due to rock formations at about 100 feet below ground level almost in the whole district, the sub-soil water is not available in abundance. People have to face scarcity of water not only in the towns but also in the villages during the dry and hot part of the year. The scarcity of water is more acute in the hilly tracts of the southern part of the district. The only way to improve the yield of the surface wells is to open borings in their beds. Tubewells can only be sunk in the northern part of the district. In 1951-52, $1\frac{1}{2}$ inch shallow tubewells (some of them are without strainers) were sunk by Government in 69 villages of the district, and are being maintained.

The existing water supply system for Gaya town was opened in 1913 and consists of an infiltration gallery 630 feet long of 24 inches open jointed S.W. Pipe shrouded with gravels and stone ballast. It is laid, 6 feet below the bed of the river, and draws its water to a well sump, constructed on the verge of the west bank of the Phalgu. The water supply system is not adequate to meet the requirements of the town with an increasing population in the summer. The quality of water is far from satisfactory specially in rainy season, when without any sedimentation and coagulation (very little filtration is effected through the 6 feet of sand bed above the gallery) almost raw river water is supplied with some chlorination. But now a scheme is under consideration to improve the supply of water both in respect of quality and quantity.

Drainage.

The larger portion of Gaya town has surface drains, underground drains and sewers. Along with the sewers a number of big septic tanks were constructed in 1913-14 for the disposal of the night-soil of the areas concerned. Unfortunately these septic tanks were lying choked up for want of sufficient water for dilution and proper biological action. In 1939—1941, all the sewers and septic tanks were cleaned and a good part of the town, where surface drains could not be constructed in 1913-14 due to the outbreak of war, were provided with surface drains, but for want of sufficient flushing water they are not giving satisfactory service.

Organisation.

The Civil Surgeon is the administrative head of the organisation of the district. He has power not only to supervise the work of the State-managed hospitals, but also of the hospitals and dispensaries maintained by the District Board and the Municipalities. The Civil Surgeon is also responsible for the supervision of the public health activities of the district. The District Health Officer who is a qualified Government Medical Officer trained in public health and works under the District Board is in direct charge of the public health organisation.

The primitive indigenous method for cure is still followed in the rural areas. For the exorcism of the evil spirits the primitive method of resorting to witchcraft is still prevalent in the backward areas of the district. The costly Allopathic medicines are not generally available to the great masses of the people due to their poverty and for the dearth of qualified doctors in the rural areas. Many unqualified Homeopaths, *Vaids*, *Hakims* and quacks are practising in the rural areas. No doubt they do some good to the public but not unoften more harm is done by their ignorance; especially when with their own treatment they use injections and other Allopathic toxic medicines the actions of which they do not fully know. Arrangements have now been made by the District Board to start Ayurvedic and Tibbi dispensaries under qualified *Vaids* and *Hakims* in the rural parts of the district. Normal pregnancies and labour cases are usually conducted by *chamains* or untrained mid-wives in rural areas. Child and maternity welfare centres have not yet been extended to the average group of villages. Birth control clinics and its scientific methods are practically absent throughout the district. Some indigenous herbs, root and plants such as *tulsi* leaves, *chirchiri*, *bariara*, *gurich* and *pudina* are commonly used.

Indian Medical Association State Branch.

The Bihar State Branch of the Indian Medical Association started its branch in 1939 at the district headquarters station. The district branch of the Association is making a headway. The number of members of the Gaya District Branch is near about 125. This Association is limited only to Allopathic practitioners of the district and is not open to the practitioners of the indigenous system.

Medical Organisation for Public Health.

Before 1930 the Public Health organisation of the district had only a skeleton staff under the District Board; but in 1930 it was reorganised. In 1951-52 the Rural and Urban Public Health Organisation Scheme was introduced by the State Government. There is one District Health Officer who supervises the work of the Assistant Health Officers and of the other staff in the district. One Assistant Health Officer is stationed in each subdivision and a Sanitary Inspector has been put in charge of two thanas. One Health Inspector is placed in charge of each thana

assisted by a disinfector, and a vaccinator for every 30,000 of the population. This is hardly adequate.

The Gaya Municipality has also its own Health Officer who is a member of the State Medical Service. The sanitation staff of the Municipality are under his control. The Health Officers of the District Board and the Municipality are also Superintendents of Vaccination. The Civil Surgeon is the Superintendent of Vaccination for Tekari and Daudnagar Municipalities.

Gaya Town.

Gaya town is divided into 10 wards. There are four Sanitary Inspectors to look after the sanitation and conservancy work of the town. Markets and hotels are periodically checked by the Sanitary Inspectors and perishable and rotten foods are destroyed with the consent of the owners and cases of food adulteration are reported for prosecution. Goat slaughter house is daily inspected and the animals are allowed to be slaughtered after due inspection. There are four permanent vaccinators to carry on vaccination in the town throughout the year.

Fairs and Festivals.

Sanitation work assumes greater importance during fairs and festivals. There are about 60 big fairs and festivals every year in the district. Most of them are cattle fairs excepting a few such as *Pitripaksha*, Deokund, Bhusunda and Deo *melas* which are religious ones. Special precautions are taken against the spread of epidemic diseases on these occasions through vaccination, inoculation and disinfection. The Lodging House Committee is responsible for sanitary arrangements in Gaya town during *Pitripaksha mela*.

Drug Control.

In order to maintain sound health, supply of harmful drug is restricted. The Drug Control Act has been enforced in the district since 1947 against the supply of harmful drugs. The sale and distribution of Sulfa drugs, antibiotics and other drugs are dispensed by chemists only on the prescriptions of qualified doctors.

Distribution of Registered Medical Practitioners.

The number of qualified medical practitioners in the entire district is inadequate as there is only one doctor for 20,000 population. There are altogether 80 registered medical practitioners in the urban areas including subdivisional towns and about 75 in the rural areas.

Medical Institutions.

There were only 5 public dispensaries in the district in the last quarter of the nineteenth century, 20 in 1919 and at present the district

has 61 hospitals and dispensaries. The area and the medical facilities available in this district are shown in the chart below :—

Subdivisions.	Area in sq. miles.	Population.	Beds for treatment including Police Hospital.
Sadar	1,877	11,77,683	323
Nawadah	954	6,14,155	69
Jahanabad	609	5,82,241	40
Aurangabad ..	1,274	6,96,162	73
Total ..	4,741	30,70,241	505

In consideration of the density of population the number of beds available in the hospitals of the district is inadequate. The percentage per 1,000 of the population is only 0.213.

The distribution of hospitals and dispensaries is as follows.

Gaya Sadar Subdivision.

Pilgrim Hospital.—Pilgrim Hospital is well equipped with modern medical appliances and apparatus. It is maintained by the State Government since October, 1954. There are 128 beds, an operation theatre, a laboratory for doing clinical work, an X-Ray plant, a tuberculosis clinic and an anti-rabic centre.

Lady Elgin Zenana Hospital.—This hospital with 82 beds was established in 1895 for *pardanashin* women and was originally maintained by the Countess of Dufferin Fund and local contribution. It was provincialised in 1949.

This institution is meant specially for all Obstetric and Gynæcological work. There is a proposal for its further expansion by providing additional beds, a ten-bedded children ward, a T.B. ward. A Nursing School has been started and trains up nurses and midwives.

Police Hospital.—This hospital has 26 beds exclusively for the Police personnel and is maintained by the State Government.

Infectious Disease Hospital.—This was run by the Lodging House Committee till 1955 when it was taken over by Government. It has 36 beds.

Leper Asylum.—This asylum is maintained by capitation grant from the Government and contribution from other sources. It has 150 beds.

Tekari Raj Hospital.—This hospital was maintained by Tekari Raj, and has 12 beds. After the abolition of zamindary the hospital has been taken up by the State Government.

The District Board of Gaya maintains 16 dispensaries in the Sadar subdivision of which 8 are provided with indoor beds. The total bed strength is 41.

Nawadah Subdivision.

There are 15 hospitals and dispensaries including the subdivisional hospital with a total bed strength of 69. For sometime past the number of leper patients seem to be on the rise but so far no leper asylum has been opened in this subdivision.

Aurangabad Subdivision.

There are 13 hospitals and dispensaries including the Subdivisional Hospital at Aurangabad, and the Daudnagar Hospital with total bed strength of 73. All except Daudnagar Hospital which is maintained jointly by District Board and Municipality, are maintained by the District Board of Gaya aided by grant from the Government.

Jahanabad Subdivision.

There are 11 hospitals and dispensaries including the Subdivisional Hospital at Jahanabad. The total bed capacity is 40 and all are maintained by the District Board aided by grant from the Government.

MATERNITY AND CHILD WELFARE CENTRE.

There was no maternity and child welfare centre till 1941. A certain amount of ante-natal work was done in the out-patient department of Lady Elgin Zenana Hospital and the number of cases attended in 1941 was 278. In the same year Gaya Municipality started this sort of work in the Gaya town. The number of trained midwives was 5 and about 1,000 labour cases were conducted. In June, 1945 a maternity and child welfare centre was opened in Gaya proper under the management of a committee whose President is the District Magistrate. It was attached to the Lady Elgin Zenana Hospital and it examined about 226 cases and conducted 400 labour cases annually. At present two maternity and child welfare centres are functioning, one in Dometoli and other at Ramsagar. A qualified Health Visitor is in charge of each centre. The centre is affiliated to the Maternity and Child Welfare Society, Bihar and receives grants for its maintenance. It is doing good work as the chart below shows :—

	Year 1950.	Year 1949.	Year 1948.
Ante-natal	2,006	1,101	654
Post-natal	5,764	279	167
Infants	4,519	595	232
Toddlers	465	300	121
Friendly	315	200	207
Delivery cases conducted ..	224	275	209

GENERAL.

The largest number of patients treated are for fever including malaria, filaria, enteric group, Kala-azar and skin disease. The next in frequency is diseases of the eye and ear. The incidence of venereal disease and tuberculosis of lungs is fairly high.

The total number of patients of all kinds in the district was 4,85,401 in 1940 and 5,97,775 in 1949. In 1904 only 99,000 cases were treated. The number of operations conducted is 22,000 to 24,000 annually out of which over 4,000 cases are of cataract.

The number of patients treated for different diseases and indoor and outdoor patients treated annually from 1941 to 1954 are shown in statements A and B.

STATEMENT A.

Number of patients treated for different diseases in Gaya district.

Year.	Operation.	Enteric Fever.	Malaria.	Kala-azar.	Influenza.	Ear diseases.	Venereal diseases.
1	2	3	4	5	6	7	8
1943	.. 22,884	810	62,918	190	4,934	46,585	3,034
1944	.. 22,018	1,163	60,484	244	5,836	51,913	2,092
1945	.. 21,632	1,160	65,150	256	6,457	51,552	2,944
1946	.. 22,609	1,011	83,109	546	7,259	58,699	3,628
1947	.. 24,360	1,304	76,531	712	8,269	49,690	3,107
1948	.. 30,790	1,017	72,365	588	7,571	50,376	2,979
1949	.. 24,925	1,706	64,352	537	7,638	54,973	3,415
1950	.. 20,145	895	37,189	499	6,197	29,099	2,382
1951	.. 28,318	836	35,359	448	6,212	19,122	2,544
1952	.. 21,839	1,448	38,365	535	8,801	26,604	2,516
1953	.. 21,828	2,255	36,962	715	8,593	30,139	3,067
1954	.. 29,661	2,698	39,994	421	11,085	31,194	2,099

Trachoma.	Glaucoma.	Cataract.	Other eye diseases.	Tuberculosis.	Scabies.	Other skin diseases.
9	10	11	12	13	14	15
6,389	282	2,895	31,899	1,814	17,018	36,873
6,438	276	3,204	47,774	1,657	25,421	46,924
8,231	264	3,724	53,311	1,591	25,978	42,681
8,283	312	4,406	49,216	1,698	27,805	40,978
7,249	288	3,501	50,311	1,678	28,746	40,445
7,692	271	4,278	49,672	1,699	32,784	45,930
8,228	346	3,621	45,710	1,675	30,266	37,189
6,615	481	4,249	44,005	1,611	21,541	35,207
10,112	496	4,622	51,969	2,137	21,522	38,050
6,322	231	1,758	28,121	1,761	11,852	272
6,430	368	2,771	25,341	2,034	11,079	681
6,845	971	12,095	20,958	2,117	10,427	671
8,244	1,025	4,993	34,838	3,011	11,151	945
8,859	541	2,882	27,931	2,464	10,173.	760

STATEMENT B.

Total number of patients treated in indoor and outdoor, operations done and cost incurred in the hospitals and dispensaries of Gaya district.

Year.	Indoor.	Outdoor.	Cost.		
			Rs.	a.	p.
1943	9,532	5,40,862	2,44,345	0	0
1944	9,859	5,41,761	2,57,801	0	0
1945	10,298	5,55,480	3,30,612	0	0
1946	11,057	6,19,728	3,25,504	0	0
1947	11,269	5,91,822	4,24,180	0	0
1948	11,510	5,67,164	3,92,283	0	0
1949	11,882	5,85,913	4,10,800	2	3
1950	11,755	4,24,721	5,31,679	5	6
1951	11,152	3,66,448	5,83,825	10	9
1952	13,148	3,67,826	6,11,961	4	0
1953	13,618	3,79,906	5,53,230	9	0
1954	15,152	4,10,648	6,53,827	7	6

There is a remarkable increase in the cost incurred by the Government. The cost incurred by Government on various hospitals and dispensaries of the district in 1954 was Rs. 6,53,827-7-6 compared to 2½ lakhs during five years from 1899—1903.