

## CHAPTER XVI

### Medical and Public Health Services

#### 197. Survey of Public Health and Medical Facilities in Early times

Public health suffered from early times due to epidemics and lack of knowledge about their cure and prevention. Cholera and smallpox were of frequent occurrence. As a result, villages were being completely depopulated and deserted. Witch doctors were consulted at the time of cholera and smallpox, which were believed to be caused by the mother Goddess called Thakurani and Sitala respectively. Mr. Motte presents an interesting account of magic cure which may be quoted below : "The common disease of the country is a violent fever, the first symptom of which is being light-headed. The doctor first enjoins the patient to vow a sacrifice to Sumbhute, the deity of the place, to expiate her wrath. He then proceeds to exercise the patient gently if his fever be mild, but with greater violence if he be light-headed. They then employ five or six men to hold the patient in a sitting posture, while the doctor jabbars over a form of words, blowing in his face at each period. This provokes him very much : he swears, abuses and curses horribly; this is all placed to the account of the devil in him. They aggravate his rage by holding a burning horse's hoof, so that all the smoke goes up his nostrils. He grows outrageous, till, quite exhausted by the struggles he makes to extricate himself from those that hold him, he falls down almost insensible; and a profuse perspiration succeeding, they cover him up close to encourage it, which carries off the fever. He sleeps usually twelve hours and awakes so much emaciated as is surprising. Thus he is cured of his madness, by means which drive a sane man out of his senses. If the patient is so much exhausted that he cannot struggle, the doctor pronounces the devil to be too much for him". \*

The Ayurvedic system of cure was very popular and there were many village Kabirajas and Vaidyas in the district. A notable Kabiraj was Gopinath Sarangi who was living in the Court of Maharaja Chhatra Sai (1690—1725). His bilingual work "Chikitchha Manjari" written in Sanskrit and Oriya is regarded as an authoritative work on Ayurveda.

In spite of the derogatory remarks of the foreign visitors about the general health condition of the inhabitants of the district, there were several instances of persons exhibiting great physical courage and strength. One Biva Bisi in the early 19th century could fight with big bulls and carry with his teeth big brass jars full of water,

---

\* Sambalpur District Gazetteer (1931) F. C. King. Pp. 56-57

to a long distance<sup>1</sup>. Banamali Pujari of Sambalpur was a famous wrestler. He is known to have vanquished many notable wrestlers even at his young age. While working as a camp clerk under Mr. L. E. B. Cobden Ramsay, I. C. S. he once exhibited his courage and strength by cycling in the night through the dense forest of Rairakhol and covering 42 miles in three hours. On the way he had to fight with a big bear<sup>2</sup>.

The present day climate of the district is healthy. In the past, it had a bad reputation for unhealthiness. From the records available, it was noticed that the inhabitants of the area were subject to rheumatism. Mr. Motte visited Sambalpur in 1766. The observation made by him regarding the climate of the place is given below. "The air of Sumbhulpoor is very unwholesome, owing to the great vicissitudes of heat and cold; for the valleys, the only inhabited parts, are impenetrable to the breezes, which during the hot season, render the torrid zone tolerable, while, if a shower comes, such a piercing wind comes with it from the mountains, that I have, within twenty-four hours, felt the weather hotter and colder than I ever felt it in Bengal within twelve months. This makes the inhabitants subject to rheumatisms, and this occasioned every person I carried with me to be affected with violent fevers".<sup>3</sup> A description of the country in 1841 says categorially that the climate of Sambalpur was very pestiferous, indeed, so great was its unhealthiness that it had proved the grave of almost every European Officer who had been stationed there.

Between 1930 and 1934 the Chief Editor had noticed the climate of Sambalpur and neighbourhood and of Bargarh plains to be remarkably healthy. There were however pockets of dangerous fever such as Deogarh where two days camp in 1947 gave his family cerebral malaria and he found village Mandkati and other villages in Barapahar hills deserted on account of fever. The valleys of Narsinghnath and of Jharghati hills and many areas of Deogarh and Rairakhol subdivisions would deserve the slander which Motte thought fit to heap on the country when he visited Sambalpur.

### 198. Vital Statistics

In the past the system of reporting vital statistics in Sambalpur and Bargarh subdivisions was the same as adopted in the Central Provinces, in which the district was at one time included and it was different from that prevailing in other districts of Orissa. There was no collection of vital statistics in the areas of the other three subdivisions of Deogarh, Kuchinda, and Rairakhol, which formerly constituted the princely States. After merger, with a

<sup>1</sup> Ba'kunthanath in his letters P. 80

<sup>2</sup> A sketch of Dr. Janardan Pujari life with an Anthology, PP. 31-32.

<sup>3</sup> Sambalpur District Gazetteer (1931) F. C. King, P. 54

view to take preventive measures against epidemics, collection of weekly figures of attacks and deaths from smallpox and cholera started from July 1948. The Bengal Births and Deaths Registration Act, 1873 (Act IV of 1873) which was in force in other parts of the district, was extended to these three subdivisions, and a systematic collection of vital statistics started from January 1952.

In rural areas the duty of reporting births and deaths devolved on the headmen of the villages and village watchmen. The village watchman was supplied with a printed book in which entries of births and deaths were made as they occurred by the headman, or, if he could not read or write, by a patwari or school master. At prescribed intervals, usually once a week, the village watchman took his book to the police-station to which his village was attached and the entries were copied out in the vital statistics register by the Police Muharrir with his initials in each entry. Copies of the totals entered in the register were forwarded monthly to the Civil Surgeon's office at headquarters, where the district returns were prepared. In municipal towns the duty of reporting births and deaths rested with the nearest male relative (above the age of 16 years) of the persons born or deceased, and breach of this rule was punishable with fine to a maximum of Rs. 50.

The old system of collection of vital statistics through Chowkidar was continuing in the district till the Chowkidari system was abolished in 1965. At the village level the vital statistics was collected by the village Chowkidar and was transmitted to Thana Officer where it was compiled for each thana and transmitted to the District Health Officer. The district figures were transmitted to the Director of Health Services, Orissa and then to Registrar-General of Vital Statistics, New Delhi. But after abolition of Chowkidari system, it became very hard on the part of district officials to collect reports on vital statistics. In fact, except for the three towns viz., Sambalpur, Jharsuguda, and Deogarh, no reports from other places regarding the registration of births and deaths could reach the district headquarters. This continued up to the end of 1966. After promulgation of Grama Rakhi Ordinance, 1967, the Thana Officers have again been entrusted to continue the work of births and deaths registration from 1st January 1967. But only a few Thana Officers have taken action in the matter.

Sample registration scheme of births and deaths started on pilot basis in Bisipali under Padampur police-station and in Jujomura police-station during 1966-67. It has now covered twelve rural units, viz., Basanpali, Thalmanda, Naksapali, Jujomura, Kusraloi, Gandghora, and Kudabaga of Sambalpur subdivision, Bisipali, Sargipali, and Bhoipali of Bargarh subdivision and Mochibahal, and Sudmunda of Rairakhol subdivision. Two urban units coming under the above scheme are located at Jharsuguda, and Hirakud.

Besides, a model scheme for registration of vital statistics has been introduced in Padampur Primary Health Centre.

The table given below relates to the figures of vital statistics for three towns viz., Sambalpur, Jharsaguda, and Deogarh of Sambalpur district from 1966 to 1968.

### BIRTH AND DEATHS

Year	Births			Deaths		
	Male	Female	Total	Male	Female	Total
1966 ..	846	793	1,639	250	179	429
1967 ...	1,186	1,061	2,247	397	322	719
1968 ..	1,164	950	2,114	297	295	592

Male population has increased 8 per cent higher than the female population.

### INFANT MORTALITY

(Under 0 to 1 year)

Year	Male	Female	Total
1966 ..	50	61	111
1967 ..	44	32	76
1968 ..	44	39	83

#### 199. Diseases common to the District

Among the common diseases found in the district mention may be made of fever, dysentery and diarrhoea, respiratory diseases, T. B., filaria, skin diseases and diseases due to malnutrition.

A table showing number of patients treated for various diseases in different years (1965—1969) is given in appendix.

Dysentery and diarrhoea are usually frequent and fatal. The prevalence of these and other bowel complaints should probably be attributed to the impure source of the drinking water-supply. Different types

of skin disease cases are also increasing in the district. Filaria, which was a common disease of the coastal districts is also spreading gradually in the district, although the incidence is very low. T. B. has become a major disease of the district. In 1959 only 520 persons suffered from this disease whereas in 1969 the figure rose to 4,930. Yearly thousands of patients suffering from malignant neoplasm and various heart diseases are treated in different hospitals of the district.

In the past malaria was the most fatal disease of the district. In 1929, greatest mortality was caused by fever, and the death rate was 12.65 out of the total death rate of 26.89 per mile. The majority of cases of fever were of malarial types.

At present due to the work of National Malaria Eradication Programme Organisation, this fever though not fully eradicated, has been brought under control. In fact, when 321 persons of the district suffered from this fever in 1965, in 1967 only 37 persons have been affected by this disease. Now this fever generally makes its appearance in Jamankira police-station area.

Besides malaria, typhoid and other fevers are also prevalent. During the decade ending 1967, on an average 30 persons died yearly due to various types of fever in the district.

Epidemics of cholera were common in the past, breaking out nearly every hot season, owing to the train of pilgrims on their way to and from the temple of Jagannath at Puri. After the construction of the railway line, the pilgrim traffic was diverted. The people have a great dread of this disease and villagers will not allow visitors from a cholera affected area entry into their village while the epidemic lasts. Cholera was endemic in all the years during the decade ending 1960. "Though deaths during 1951, 1953—57 and 1959-60 were not much and did not exceed even 50 each, the years 1952 and 1958 recorded as many as 780 and 184 deaths respectively. Both in 1952 and 1958, the disease began to take tolls from the beginning of summer and subsided towards the close of the rainy season. Deaths in the year 1952 began to rise from March and the toll was highest in June accounting for loss of 279 lives. In July and August the disease maintained its severity, but was completely controlled by the end of September leaving the last quarter of the year free from its attack. In 1958, deaths were greatest during July and the disease continued to cause mortality till the end of the year".<sup>1</sup> From 1961 to 1964 on an average 7 persons died due to the disease in the district. But between 1965 to 1969 only one person died out of two suffered from cholera.

Leprosy prevails in the district.

---

<sup>1</sup> Census of India, 1961, Orissa District Census Hand Book, Sambalpur, P. 44

Smallpox took a greater toll of human lives than cholera during 1951 to 1960. "Like Cholera, it visited the district in all the 10 years, but deaths during 1953, 1955 and 1956 were negligible being only 61, 54 and 9, respectively. During 1951 and 1958, however, it caused 1,118 and 1,406 deaths, respectively. In both these years, deaths were reported in all the months, but the number was greater between March to August. The disease went on spreading till July and thereafter it began to subside. During 1958, the year which saw the greatest mortality in the decade, a tendency of smallpox to rise in epidemic form was seen from March and the months between May to August were its peak period. The deaths in the months of June and July were as high as 255 and, 262, respectively. In this epidemic, worst affected were the police-station areas of Rengali, Lakhanpur, Sasan, Jagdalpur and Paikmal.<sup>1</sup>" In between 1961 and 1969 the highest number of deaths was recorded in 1963. In that year there were 168 smallpox deaths, followed by 129 deaths in 1957. In other years the disease took about 11 human lives on an average in the district.

## 200. Public Hospitals and Dispensaries

The medical department (curative system) is under the control of the Civil Surgeon, Sambalpur, who is also the Superintendent of all hospitals of the district. At present there are 14 Government hospitals (excluding the hospital attached to the Medical College, Burla), 21 dispensaries, 27 primary health centres and 14 maternity and child welfare centres.

### (i) District Headquarters Hospital, Sambalpur

It is a well equipped hospital having six doctors. Besides, there are six nurses, three pharmacists, a radiographer, a Dai and a technician. There are special provisions for treatment of T. B. and venereal diseases. The total bed strength of the hospital is 90.

### (ii) Bargarh Hospital

This hospital is one of the oldest hospitals of the district. It has been provided with 25 beds, a doctor, a Lady Assistant Surgeon, two nurses, three pharmacists, a Dai and one midwife.

### (iii) Deogarh Hospital

Established prior to the merger of the ex-State of Bamra with Sambalpur, it has 54 beds, two doctors, four nurses, three pharmacists, one radiographer, one Dai and a midwife. An X-ray plant has been provided in this hospital.

---

1. Census of India, 1961, Orissa, District Census Hand-Book, Sambalpur P 44.

**(iv) Kuchinda Hospital**

This subdivisional hospital, established during the Durbar Administration contains 24 beds. It has been provided with a doctor, three nurses, three pharmacists and one Dai.

**(v) Rairakhol Hospital**

It is also a subdivisional hospital and has provision of 7 beds. A doctor, a nurse, a pharmacist, a Dai and a staff dresser are working in this hospital.

**(vi) Gobindpur Hospital**

This hospital, established prior to 1948, has been provided with 20 beds, a doctor, two nurses, three pharmacists and a Dai.

**(vii) Padampur Hospital**

Established by the ex-Zamindar of Padampur, it is functioning from the early part of this century. At present it has 6 beds having a doctor, a pharmacist and a staff dresser.

**(viii) Police Hospital, Sambalpur**

This hospital is exclusively meant for the treatment of Police personnels. Established in 1950, it has been provided with 14 beds, a doctor, a pharmacist, two male nurses and a dresser.

**(ix) O. M. P. Hospital, Jharsuguda**

For treatment of O. M. P. personnel, this hospital was established near Jharsuguda town in 1950. It has provision of treatment for 22 indoor patients having two doctors, two pharmacists, five nurses including two male nurses and a staff dresser.

**(x) Naikul Hospital**

Established in 1950, this hospital is managed by the Tribal & Rural Welfare Department and is controlled by the Civil Surgeon, Sambalpur. There is provision of 6 beds having a doctor and a pharmacist.

**(x') Jharsuguda Hospital**

This hospital was previously managed by the District Board, and was taken over by the State Government in 1959. This hospital has 19 beds under charge of a doctor, two pharmacists, five nurses including two male nurses and two Dais. For Railway employees, a separate hospital at Jharsuguda has been established under South-Eastern Railway with 6 beds.

**(xii) Barpali Hospital**

This hospital is managed by a doctor. He is assisted by a nurse, a pharmacist and a Dai. The hospital is provided with 6 beds.

**(xiii) Barkot Hospital**

This hospital is provided with 12 beds, a medical officer, a nurse, a pharmacist and a Dai.

**(xiv) Jamseth Hospital**

This hospital managed by the Tribal & Rural Welfare Department has been established in 1961. It has been provided with 6 beds.

**201. Dispensaries**

A list of dispensaries of the district with the staff position and location of each is given below. Prior to 1959, the dispensaries (from serial Nos. 5 to 17) were managed by the District Board. At present they are all managed by the Health Department of Government. There is no provision for indoor patients in these dispensaries. A doctor has been provided for each of these institutions.

**List of Dispensaries with staff position**

Sl. No.	Name of Dispensary	Medical Officer	Pharma-cist	Dresser	Dai	Servants and sweepers	
1.	Kodobahal	..	1	1	..	1	2
2.	Jamankira	..	1	1	..	1	2
3.	Sangramal	..	1	1	...	1	2
4.	Sahaspur	..	1	1	...	...	2
5.	Palsada	..	1	...	1	1	2
6.	Belpahar	..	1	1	...	1	2
7.	Kumbharbandh	..	1	...	1	...	2
8.	Rengali	...	1	1	1	1	2
9.	Parmanpur	..	1	...	...	...	2
10.	Dhama	...	1	1	...	...	2
11.	Gandtutum	...	1	1	..	...	2
12.	Gaisilat	...	1	...	...	...	2
13.	Laumunda	...	1	1	..	...	2
14.	Paikmal	...	1	...	...	...	2
15.	Jagdapur	..	1	..	..	...	2
16.	Ambabhona	..	1	1	...	...	2
17.	Ghens	..	1	..	..	...	2
18.	Padiabahal	..	1	..	...	...	2
19.	Naktideul	..	1	1	...	...	2
20.	Saipal	..	1	1	1	1	2
21.	Panimura	..	1	1	...	1	2



## 20. Ayurvedic and Homoeopathic Dispensaries

There are 9 Government Ayurvedic dispensaries in this district located at Katarbaga, Laikera, Riamal, Badmal, Laimura, Kandhela, Garposh, Phaiada and Kansar. Each of these institutions has been provided with a Kaviraj and is under the management of the Superintendent, Ayurvedic Institutions, Orissa.

The only Government Homoeopathic dispensary has been established in the village of Kudamahada since 1965.

The Director of Ayurvedic and Homoeopathic Medicines, Orissa is the controlling officer for both Ayurvedic and Homoeopathic dispensaries.

## 203. Primary Health Centres

Primary Health Centre is an integrated institution where there is integration of medical and public health activities. There are 27 Primary Health Centres in this district located at Fasimal, Mudrajore, Chhatabar, Laida, Bukramunda, Dava, Talpali, Kirmira, Lakhanpur, Themra-Bhukta, Katapali, Jujomura, Charmal, Bijapur, Kolabira, Bamparda, Bhatli, Debeipali, Bheden, Padampur, Rajpur, Agalpur, Kuntura, Sohela, Bemur and Garposh. Each of the centre is provided with a doctor.

These centres are catering to the curative and preventive needs of the people.

## 204. Maternity and Child Welfare

There are four maternity and child welfare centres managed by Health Department functioning in the district at present to take care of the expectant mothers and new born babies. These centres are located at Sambalpur, Rairakhol, Bargarh and Jharsuguda. Moreover, there are 10 Tribal & Rural Welfare managed centres located at Jamankira, Kulundi, Laikera, Sahaspur, Paikmal, Bheden, Burkel, Jagdalpur, Kesaibahal and Garposh. Besides, there is a Red Cross Maternity Day Centre at Tamperkela in Baragarh subdivision.

## 205. Family Planning

To encourage birth control among the people in a scientific manner the first Family Planning Centre of the district was established in 1956. Subsequently three more centres at Bargarh, Padampur, and Bheden were also opened in 1958.

The District Family Planning Bureau, Sambalpur started functioning from September, 1964. By now 22 Blocks of the district, viz., Attabira, Padampur, Bheden, Jharsuguda, Barpali, Decgarh, Jamankira, Kuchinda, Paikmal, Jharbandh, Gaisilat, Bhatli, Laikera-I, Laikera-II,

Laikera-III, Rengali, Sambalpur-III, Sohela, Bargarh, Gobindpur, Ambabhona, and Lakhanpur have come under the Family Planning Scheme. There are five Urban Family Planning Centres at Sambalpur, Bargarh, Deogarh, Rairakhol, and Jharsuguda. Except Jharsuguda, the other four towns have been provided with static sterilisation units. Another static sterilisation unit is working at Kuchinda. Besides, there are three mobile units established to carry out service camps in rural areas of the district.

A table given below shows the number of persons who have taken to vasectomy, tubectomy, I. U. C. D. and number of oral pills distributed from 1965-66 to 1968-69.

Year	Vasectomy	Tubectomy/ I. U. C. D.	Oral Pills
1	2	3	4
1965-66	...	5,673	6(266 I. U. C. D.) ...
1966-67	...	14,151	2(1,128 I. U. C. D.) ..
1967-68	...	9,267	9(5,671 I. U. C. D.) ...
1968-69	...	3,068	45 (2,304 I. U. C. D.) .. 102

### 206. Institutions managed by Local Bodies

Previously the District Board (now defunct) was managing 17 hospitals and dispensaries which have been transferred to the Health Department from the 1st April 1959. Only two institutions, namely, Dr. J. P. Maternity Hospital, Sambalpur, and Khetrajpur Dispensary are managed by the Sambalpur Municipality. The Maternity Hospital is being managed by the Municipality since 1954 having 14 beds.

### 207. Private Hospitals

There are four private hospitals at Hirakud, Brajrajnagar, Belpahar, and Rampur. These institutions have been established for the employees of the Aluminium Industries at Hirakud, Orient Paper Mills at Brajrajnagar, Refractory Factory at Belpahar, and Rampur Colliery respectively.

Besides, there are two dispensaries located at Panimura and Lakhanpur managed by Orient Paper Mills, one located at Dungri managed by the Industrial Development Corporation, and the other two located at Amagaon, and Diptipur which are managed by the Christian Mission. In addition, there are two subsidised dispensaries functioning at Larambha and Remenda.

### 208. Teaching Institution

There is a Medical College at Burla. It has teaching facilities for medical graduates, pharmacists, nurses, midwives and sanitary inspectors. The attached hospital of this college has been provided with 588 beds. At the headquarters hospital, Sambalpur, there is also provision for training of midwives and Dais.

### 209. Sanitation

The administrative set up of the health and sanitation department have been dealt with in the Chapter XIII. Public Health staff have been posted in the municipalities. The district has been divided into 13 ranges to provide public health facilities in rural areas.

Previously the village sanitation of the district was regulated by the Central Provinces Village Sanitation Act and Makaddam Rules. There were, however, many villages which were too large for the sanitation to be left in the hands of the Makaddam, and yet too small to come under the Bihar & Orissa Municipal Act. For such villages, the Village Sanitation Act (XI of 1902) was passed.

### 210. Protected Water-Supply

The towns of Deogarh, Sambalpur, Jharsuguda, Bargarh, Burla, Hirakud, and Brajarajnar have been provided with protected water-supply system. In addition, 12 villages, viz., Bejepur, Barapali, Kuchinda, Rampur, Gobindpur, Belpahar, Rengali, Katarbaga, Sohela, Attabira, Bheden and Padampur are getting the facility of pipe water. Besides, three other villages, viz., Tora, Adogaon and Katapali are to be supplied with pipe water soon. Also, a number of wells have been protected in both rural and urban areas for supply of pure drinking water.

### 211. Anti-Malarial Measures

For treatment of malaria cases, quinine tablets and medicines are supplied. Besides, the D. D. T. spraying are being done by the officers of National Malaria Eradication Programme.

### 212. Leprosy

For treatment of leprosy, three colonies have been established at Hatibari, Deogarh and Bargarh. The Hatibari colony was started by Padmasree Dr. Isaac Santra, a reputed Leprosy worker. The indoor capacity of Hatibari Leprosy Colony is for 200 patients, Deogarh Leprosy Colony for 20 patients and Bargarh Leprosy Colony for 10 patients. In addition, there are leprosy clinics maintained at Sambalpur, Deogarh, Bargarh, Nadikhandi, Jamurda, Barpali, and Mahada. Government provides staff and grants-in-aid for the colonies and clinics and Hind Kustha Nivaran Sangha, a voluntary organisation manages them. There are two Leprosy Pilot Projects functioning at Attabira and Sohels.

**213. T. B.**

For treatment of T. B. cases, a separate T. B. clinic is established in the district headquarters hospital at Sambalpur with 6 beds. The patients are being supplied with anti-T. B. drugs like Streptomycin, P. A. S. and In. H., etc. Also T. B. cases are being treated in all hospitals of the district. As a preventive measure B. C. G. team has been undertaken.

**214. Yaws**

Yaws are found among the tribal population of the district. The incidence is generally high in the subdivisions of Deogarh, Kuchinda, and Rairakhol. For the prevention and treatment of this disease, a separate Anti-Yaws team is working in the district. The team is also surveying and giving medicines, etc., for the prevention of the disease.

**215. Vaccination**

Primary vaccination was compulsory only in the municipal area of Sambalpur and was carried on by a paid Municipal Vaccinator. In the rural areas licensed vaccinators were employed. These vaccinators worked from October to March. For each successful case they realised a fee of two annas (12 paise) and they did not get any pay from Government. Though regarded by a section of the community with certain dislike, it could not be said that there was any general antipathy to the campaign. Speaking generally, there was no objection to the primary vaccination of children but the people as a whole looked upon re-vaccination with aversion. Innoculation for smallpox was formally practised, but it was subsequently changed in 1918-19 to the scratch method of vaccination.

At present the common people have become more conscious of taking precaution against the disease. Although a few people dread the practice of vaccination there is no escape because of rapid spread of disease. A statement showing figures of vaccination, re-vaccination and innoculation for the last five years (1965—69) is given below:

	1965	1966	1967	1968	1969
Primary vaccination.	59,344	50,419	53,070	38,752	80,089
Re-vaccination	171,349	213,507	268,106	229,920	179,853
Innoculation (Cholera).	112,027	863,559	246,008	243,999	152,458

## APPENDIX

Year	T. B.			Fever			
	Out-door	In-door	Death	Out-door	In-door	Death	
1	2	3	4	5	6	7	
1965	..	4,019	514	24	9,690	107	4
1966	..	3,975	473	15	9,205	217	2
1967	..	5,368	319	6	10,551	311	1
1968	..	6,025	403	12	6,684	253	1
1969	..	4,659	271	10	6,302	221	4

Year	Filaria			Dysentery			
	Out-door	In-door	Death	Out-door	In-door	Death	
1	8	9	10	11	12	13	
1965	..	1,617	70	..	40,298	710	13
1966	..	240	175	..	21,757	310	7
1967	..	393	10	..	54,455	582	8
1968	..	1,127	7	..	48,215	407	3
1969	..	756	6	..	39,416	359	1

Year	Malignant Neoplasm			Heart Diseases			
	Out-door	In-door	Death	Out-door	In-door	Death	
1	14	15	16	17	18	19	
1965	..	3,740	1,010	22	1,936	322	31
1966	..	6,989	451	26	1,494	401	28
1967	..	16,364	959	20	1,442	395	47
1968	..	11,318	785	23	1,619	414	46
1969	..	6,671	372	20	972	419	19

Year	Injuries (Natal and Prenatal)						
	Birth injuries			Postnatal asphyxia and atelectasia			
	Out-door	In-door	Death	Out-door	In-door	Death	
1	20	21	22	23	24	25	
1965	..	290	17	..	46	4	3
1966	..	221	179	17	39	15	..
1967	..	201	41	2	83	30	6
1968	..	461	90	..	48	8	2
1969	..	99	9	7	100	28	9

Year	Injuries (Natal and Prenatal)						
	Infections of the new born			Haemolytic disease of the new born			
	Out-door	In-door	Death	Out-door	In-door	Death	
1	26	27	28	29	30	31	
1965	..	695	125	18	136	37	..
1966	..	1,714	198	13	54	73	..
1967	..	1,437	264	19	136	11	..
1968	..	1,579	252	19	205	156	13
1969	..	1,381	156	32	74	6	..

Year	Injuries (Natal and Prenatal)			
	All other diseases of early infancy			
	Out-door	Indoor	Death	
1	32	33	34	
1965	..	645	..	..
1966	..	2,515	6	..
1967	..	295	167	..
1968	..	3,941	86	4
1969	..	672	260	..