CHAPTER VII.

PUBLIC HEALTH.

Diet.

The common diet of the common man consists of rice, wheat, maize, *sattu*, *mahua*, green vegetables and potatoes. They mainly depend on carbohydrate diet and very occasionally take animal protein and fats. In some parts of the district specially in Chatra subdivision the poorer classes of people live on roots, bulbs and various other jungle fruits during the rainy season. No particular estimate has been made regarding caloric value, but it could be presumed that the majority of the people live on food which does not have the normal caloric value. It is only the persons of higher income group which forms a very small percentage of the population that can afford to have food possessing sufficient caloric value. In urban areas there is, of course, a variety of vegetables like cauliflower, pea, cabbage, beet, etc. The consumption of eggs is also mostly confined to the well-to-do people. There has been very little change in diet so far as the average villager of lower income group is concerned. But with well-to-do people whether in the villages or in the urban areas there has been a certain amount of change in diet and also in the method of cooking. *Ghee* is confined to the upper class while hydrogenated fat or oil has become the common cooking medium with the middle class population.

Sanitation in Rural Areas.

Sanitation in the rural areas is practically non-existent. Villages comprise a group of mud built houses, ill-ventilated, dark and damp in most cases. The poorer people often occupy the same room along with the domestic cattle. The residential houses are irregular, scattered in the villages with narrow roads in between and the wash water of every household is either accumulated or is left to dry out itself. The villages have ditches and bushes and scattered heaps of cow-dung are a common sight. The village roads have no drain on either side and the stagnant water in ditches breed mosquitoes and flies in abundance. In this district wells are practically the only source of drinking water. The number of *pucca* wells in the villages is rather small. *Kutcha* wells, springs or streamlets usually provide water to the people. There are hardly any provision of latrine in any of the villages and people resort to promiscuous defeation on the land all round the village. This gives rise to gastro-intestinal diseases and worms infection. With the enlargement of the Public Health staff in the district an extensive propaganda in the villages to educate the masses on sanitation and preventive measures has been in progress.

Sanitation in Urban Areas.

The sanitary condition of the urban areas has considerably improved. The largest town in the district is Hazaribagh which is the headquarters of the district. Giridih, the subdivisional headquarters of the subdivision bearing the same name, is also an important town. Chatra, the headquarters of the subdivision bearing the same name and Kargali, a colliery town have considerable importance. Some of the growing townships in the district are Ramgarh, Bokaro, Bagodar, Golah, Jhumri Tilaiya, Kodarma and Saraiya (Hazaribagh Road Station). Large villages which are on the way to grow into township are Mirzaganj, Dhanwar, Chitterpur, Ichak and Peterbar.

Hazaribagh, Giridih, Chatra and Kargali towns have Municipalities while Ramgarh has a Cantonment Board. Some of the villages and growing townships mentioned above are under Union Boards or Gram Panchayats. Jhumri Tilaiya has got a Notified Area Committee.

Hazaribagh Mines Board is another autonomous body like the Hazaribagh District Board. The Mines Board is incharge of five widely separated coal-field areas in Giridih, Bermo, Gomia, Mandu and Ramgarh police-stations. Altogether there are 40 collieries under the Mines Board with their outlying villages. The area is about 150 square miles with an approximate population of two lakhs.

Administrative Organisation.

The Civil Surgeon is the administrative head of the State Medical Department for the district. He is in overall charge of the State hospitals and dispensaries and has also a right of inspection over all the hospitals and dispensaries whether they are maintained by the District Board, Mines Board or any other bodies. The public health activities are under the District Health Officer who is a qualified doctor appointed by the State Government. He works under the guidance of the Chairman of the District Board. The Civil Surgeon has also a good deal of responsibility for public health activities of his district. Whenever there is an epidemic or an extraordinary situation calling for emergency sanitation measures the Civil Surgeon keeps in touch with the Public Health Department and co-ordinates their work. The Civil Surgeon has not much to do with the Mission hospitals but his inspections are not un-welcome.

Indigenous method for cure is still followed in the rural areas. Treatment by Homeopathy, Kaviraji, Unani and even witchcraft is widely prevalent in rural areas. Most of the unqualified Homeopaths, Kavirajs and Hakims are practising in rural areas. No doubt they do

some benefit to the public but very often more harm is committed due to their ignorance. Most of these indigenous practitioners also stock Allopathic medicines and even administer injections and other Allopathic toxic medicines the action of which they may not know. In normal cases of pregnancies and child births nothing particular is done but in abnormal cases, i.e., if any pregnant woman suffers from Eclumpsia or other diseases, most of the villagers think the disease to be associated with some evil spirit and resort to witchcraft. Child or maternity welfare measures have not yet taken to the average village. Birth control clinics are absent throughout the district. Some indigenous medicines like dried ginger, black pepper, *isafagul*, *pudina*, *chiraita*, *tulsi* leaves and various other herbs and roots are commonly used.

Indian Medical Association of State Branch.

There is a District Organisation under the State branch of the Indian Medical Association in Hazaribagh. The Civil Surgeon is the Chairman. The number of qualified registered medical graduates practising within the district is not definitely known but is believed to be much larger than the members of the District Organisation under the State branch of Indian Medical Association. Besides the qualified doctors following Allopathic treatment there are a vast number of qualified doctors of other lines of treatment such as Homeopathy, Kaviraji and Unani. There is no information of any organised Association of such doctors.

Organisation for Sanitation and Public Health.

The sanitation and public health throughout the district are looked after by the local bodies, namely, the District Board for the rural areas and the Municipalities for the urban areas. Besides this, a Notified Area Committee has recently been constituted in Jhumri Tilaiya with the Subdivisional Officer, Sadar as the Chairman. The sanitation of Ramgarh Cantonment is looked after by the Cantonment Board while that of the Coal Mining Areas by the Hazaribagh Mines Board, and by the Coal Mines Welfare Organisation of the Government of India. Recently, a Mica Mining Welfare Organisation has been constituted but its efforts have so far been primarily directed towards curative objects.

The Hazaribagh District Board maintains its own Health Department under a Health Officer. The Health Officer belongs to the Bihar State Public Health Service whose services are lent to the District Board. The Department consists of one Assistant Health Officer for each subdivision and an Epidemic Staff in each police-station consisting of one Health Inspector and two Disinfectors. The main

work of the Health Inspectors are : (1) prevention and control of epidemic outbreaks, especially of cholera and small-pox; (2) improvement of rural sanitation; (3) health-education; (4) prophylaxis against malaria; (5) general sanitation duties. They work in close co-operation with the Medical Officers of the dispensaries. Generally, the Health Department works in close association with the Medical Department and under the administrative control of the Civil Surgeon.

In addition to this, the Union Boards also are responsible for sanitation in their own respective areas or jurisdiction. They are : (1) Ichak Union Board; (2) Barki Sariya Union Board; (3) Chitterpur Union Board; (4) Gola Union Board; (5) Dhanwar Union Board; and (6) Mirzaganj Union Board. They receive a contribution from the District Board. The Union Boards are now being replaced by Gram Panchayats. The Gram Panchayats are also charged with the responsibility of the sanitary measures of the areas under them.

Like the District Board the Municipalities also maintain their own Health Department. Giridih Municipality has been given a qualified Health Officer belonging to the Bihar State Public Health Service. Hazaribagh Municipality maintains an Assistant Health Officer while Chatra Municipality and Jhumri Telaiya Notified Area Committee employ Sanitary Inspectors. The Hazaribagh Mines Board employs a Medical Officer as its Health Officer.

The statement given below shows the expenditure of the District Board towards measures of public health and sanitation :—

Years.	Public Health.			Vaccination.			Total.		
	Rs.	a.	p.	Rs.	a.	p.	Rs.	a.	p.
1941-42	16,270	6	3	..			16,270	6	3
1942-43	18,946	10	3	..			18,946	10	3
1943-44	22,201	15	7	..			22,201	15	7
1944-45	19,244	1	11	3,359	1	0	22,603	2	11
1945-46	29,780	7	0	6,430	9	3	36,211	0	3
1946-47	43,927	12	3	5,666	11	7	49,594	7	11
1947-48	47,391	1	3	5,192	15	6	52,584	0	9
1948-49	53,480	2	0	5,589	10	0	59,069	12	0
1949-50	56,131	13	9	4,986	5	0	61,118	2	9
1950-51	63,992	10	6	8,111	0	0	72,103	10	6
1951-52	87,482	15	6	33,446	0	6	1,20,929	0	0
1952-53	1,10,182	13	0	36,427	13	0	1,46,610	10	0
1953-54	1,35,645	4	9	33,163	5	1	1,68,808	9	10

The statement below is an indication of the work done by the Public Health Department from 1942 to 1953 :—

Years.	Inoculation.	Disinfection.	Vaccination.	Staff.
1942	25,070	5,703	70,810	62
1943	98,339	10,776	73,772	65
1944	19,168	2,399	98,934	46
1945	99,787	11,749	1,83,065	78
1946	1,21,371	22,087	1,84,863	87
1947	2,28,927	32,018	1,68,267	80
1948	3,02,886	27,976	1,94,012	78
1949	2,43,942	23,724	1,49,047	82
1950	2 56,915	19,252	1,70,689	91
1951	2,16,122	36,652	5,56,594	192
1952	5,27,657	1,00,617	4,54,046	192
1953	6,26,435	66,449	2,68,128	192

The table above shows that the activity of the Health Department is steadily increasing, although there has been a sudden fall in respect of disinfection and vaccination in the year 1953.

Vital Statistics.

The figures for births and deaths from 1942 to 1953 are as follows :—

Years.	Births.	Deaths.	Birth rate per mille.	Death rate per mille.
1942	43,323	26,920	24.7	15.1
1943	30,294	31,504	17.4	17.6
1944	30,807	24,662	17.4	13.7
1945	43,395	28,675	24.2	15.7
1946	39 776	23,127	22 1	12.(
1947	28,422	20,626	15.7	11.1
1948	27,645	16,154	15.0	8.7
1949	26,873	14,048	14.4	7.0
1950	24,750	16,365	13.3	8.5
1951	27 622	14,018	14.7	7.2
1952	30,359	16,361	16.28	8.77
1953	31,436	17,217	16.84	9.78

It will be seen from the above figures that both birth rates and death rates have steadily diminished. It is difficult, however, to estimate to what extent these figures are accurate but the trend suggested by them tallies fairly with the all-India figures. It will be seen from the figures that there is an excess of births over deaths so that the resident population of the district is definitely increasing.

The reporting agency in the rural areas is still the village Chaukidar who reports the vital statistics to the police-stations on every parade day. These figures for the thana area are compiled by the officer in charge of the police-station and forwarded to the Civil Surgeon for onward transmission to the Director of Public Health, Bihar. The work of the Chaukidar is supposed to be checked by the Subordinate Police and the Vaccination Staff.

The village Chaukidar has also to give the causes of deaths. It cannot be expected that the Chaukidar will be able to give the accurate cause and many diseases are apt to be described vaguely as fever. Accurate figures regarding infant and maternal mortality are sadly lacking.

PRINCIPAL DISEASES : CHOLERA AND SMALL-POX.

The tables below give the figures of mortality from cholera and small-pox from 1942 to 1953 :—

CHOLERA

Year.	Deaths.	Death-rate per mille.
1942	903	0.5
1943	3,633	1.9
1944	668	0.4
1945	957	0.5
1946	872	0.5
1947	843	0.4
1948	458	0.25
1949	280	0.15
1950	534	0.3
1951	116	0.06
1952	397	0.16
1953	131	0.06

SMALL-POX

Year.	Deaths.	Death-rate per mille.
1942	264	0.1
1943	207	0.1
1944	335	0.2
1945	775	0.4
1946	336	0.2
1947	78	0.04
1948	156	0.07
1949	59	0.03
1950	147 .. .	0.08
1951	641	0.35
1952	58	0.03
1953	15	0.09

VACCINATION.

Before the year 1944 the Vaccination Department used to run separately under the Civil Surgeon, Hazaribagh, who was the Superintendent of Vaccination for the whole district. From 1943 onwards, the Health Officer became the Superintendent of Vaccination for the rural areas of the district, while the Civil Surgeon continued to be the Superintendent for Municipal areas. The practice obtaining previously was that the vaccinators were given a license to perform vaccination in areas allotted from October to April and no vaccination staff was maintained from April to October. This system was changed in 1950 and whole-time paid vaccinators were appointed who work throughout the year under the direct responsibility of the local Health Inspector. Each vaccinator is allotted an area roughly having a population of 30,000 and vaccination and re-vaccination work is done throughout the year. Under the licensing system the vaccinator was allowed to realise a fee of 4 annas for each primary vaccination done at home but now vaccination has been made free and compulsory. An

Inspecting Staff consisting of one District Inspector and one Sub-Inspector of Vaccination is maintained at Hazaribagh and Giridih respectively. Besides this the work of vaccination is also inspected by the Health Officer, Assistant Health Officer and Health Inspector.

Statistics of vaccinations done from 1941 to 1953 are as follows :—

Year.	Number of vaccinators.	Period of duty.	Number of vaccination.		Total.
			Primary.	Re-vaccination	
1	2	3	4	5	6
1941	44	6 months	40,460	51,419	91,879
1942	44	Ditto	40,363	30,447	70,810
1943	44	Ditto	40,211	33,561	73,772
1944	50	Ditto	38,354	60,580	98,934
1945	52	Ditto	38,615	1,44,450	1,83,065
1946	52	Ditto	50,509	1,34,354	1,84,863
1947	56	Ditto	43,084	1,25,183	1,68,267
1948	56	Ditto	43,269	1,50,743	1,94,012
1949	56	Ditto	49,855	99,192	1,49,047
1950	56	Ditto	49,881	1,23,808	1,73,689
1951	56	1 year	53,919	5,02,675	5,56,594
1952	54	Do.	45,021	4,09,025	4,54,046
1953	71	Do.	26,036	2,42,092	2,68,128

Malaria.

Malaria, however, remains the most important disease in the rural areas of the district and claims the largest number of victims. Exact figures regarding incidence of malaria are not available except for those attending the dispensaries and anti-malaria centres.

Extensive malaria surveys were carried out in 1951 and the statistics collected are shown below :—

Name of the areas.	Number of villages.	Police-station.	Spleen Rate.	Parasite Rate.	Population involved.
1	2	3	4	5	6
Jori ..	22	Hanterganj	21.3 per cent	15.3 per cent	6,421
Dantar ..	17	Ditto	34.3 ,,	30.6 ,,	2,870
Chatra ..	21	Chatra ..	17.9 ,,	13.7 ,,	12,515
Madhuban	16	Pirtand ..	44 3 ,,	30.6 ,,	..

Besides this, sample surveys were carried out in a number of villages from time to time which corroborate the high incidence of malaria in certain specified areas.

In August, 1951 malaria survey was carried out in villages Jori and Dantar and the surrounding villages of P.-S. Hunterganj and in the subdivisional headquarters of Chatra. The mode of living of the bulk of residents in this area being primitive the people do not cover their person adequately and are exposed to malaria infection. On investigating the malaria endemicity it was found that the area under survey varied from hyper-endemicity to low endemicity as 55.5 per cent, 58.3 per cent and 45.4 per cent. Spleen rate was recorded at villages Kewal, Dhoboe and Dadhab respectively. The other villages showed low to high endemicity. High parasite rate of 15.3 per cent to 13.7 per cent had been recorded in the villages mentioned above.

Malaria transmission season in this area starts from August and lasts up to December but malaria cases are treated almost throughout the year. There is high incidence of malaria attacks from June to October.

The most prevalent vector species is *A. culicifactes* which was collected from dwelling as well as non-dwelling places. *A. fluviatilis* which is also suspected to transmit malaria during the cold weather was not found despite thorough search.

In September 1951 malaria survey of Parasnath Hill area in the Giridih subdivision of the district was carried out. Being a hilly area it is very thinly populated. The people of the area are mostly aboriginal and live in mud-wall and tiled roof houses. Ventilation and drainage are almost unknown and cattle sheds are seldom separated from home dwellings. Food and clothing are also of primitive type with the result that the people are exposed to malaria infection for most of the area. On investigation it was found that 64.2 per cent of the population suffered from malaria at villages Manjidih and Telebujna.

In this area malaria transmission starts in August and ends in February. The highest incidence was found in December. During this period visitors come to offer prayers in the Jain temple and stay in the buildings attached to the temple for a considerable time. Some of the visitors coming from highly malarious places become a source of transmitting malaria. High percentage of spleen rate and parasite rate bears testimony to the fact that this area is what is technically known as an area of hyper-endemicity.

A Malaria Control Unit was set up by the State Government in July, 1952. The unit is stationed at Isri Bazar and is responsible for controlling malaria in the Parasnath Hills and surrounding villages by the popular method of D. D. T. spraying.

Malaria control measures have also been taken in hand in some other selected areas. On account of the wide prevalence of malaria in the district, a Special Anti-malaria Organisation is maintained by the District Board with Government contributing a substantial share of the expenditure. Eight Anti-malaria Dispensaries are run by the Health Department in the malarious area of the district which act as prophylactic-*cum*-treatment centres and are staffed by Medical Officers. At present, the centres are situated in the following places :—

(1) Kathkamsandi, (2) Buzurg Nano, (3) Pirtand, (4) Chordaha, (5) Kanhachatty, (6) Jori, (7) Lawalong, (8) Kunda and (9) a subsidiary centre at Dantar.

A beginning has been made in Malaria Control Operation in Madhuban area and it is contemplated to improve this aspect of anti-malaria operation by taking up work in four more areas. Besides this, the local Health Inspectors also distribute Paludrine tablets for prophylactic purposes.

The statement below shows the anti-malaria activities of the District Board :—

Year.	Number of Anti-Malaria Centres.	Number of Malaria cases treated.	Number of Paludrine tablets distributed.
1946	4	3,723	1,44,751
1947	6	7,653	1,00,882
1948	7	11,925	1,02,668
1949	7	11,283	1,93,974
1950	8	10,774	1,08,587
1951	8	16,893	1,12,810
1952	9	32,337	1,40,119

Exact figures regarding the incidence of other diseases are not available. It may be noted that there are no endemic centres for cholera and small-pox in this district and the infection generally comes from outside.

Leprosy : Yaws.

The incidence of leprosy is high in Peterbar and Jaridih police-stations, especially in the villages adjoining Manbhum district and in Markacho area in Kodarma police-station. A special Leprosy Clinic is run in Markacho Dispensary. Lister had mentioned Leprosy in Hunterganj area. Yaws are prevalent in Semariya and Pratappur areas and the dispensaries at these places receive special grants from the Government for treatment of yaws.

Medical Institutions.

There are altogether 53 Allopathic hospitals and dispensaries in this district. Out of this there are 4 State Special Hospitals, 22 District Board Dispensaries, 5 Mission Hospitals, 2 under the Managing Committee, one under Ramgarh Cantonment Board, 7 under the Collieries, 3 under Railway, 3 under Mica Mines Welfare Organisation and 3 are under Damodar Valley Corporation. Over and above this there are two mobile medical units at Kodarma and Dhorakola under the Mica Mines Welfare Department.

There are also seven Homeopathic, eight Ayurvedic and two Unani subsidized dispensaries under the District Board. There is a well organised Homeopathic dispensary run by the Brahmo Samaj in Hazaribagh town.

STATE PUBLIC HOSPITALS.

The State Public hospitals are :—

(1) Sadar Hospital, (2) Giridih Subdivisional Hospital, (3) Kasmar Provincialised Dispensary and (4) Chatra Subdivisional Hospital.

(1) *Sadar Hospital.*

It was first opened in the heart of the town and financed by the Municipality. The exact date of its opening cannot be ascertained as the old records of the hospital are not available but it was probably established in 1869 just after Municipality started functioning. This hospital was shifted to the present site in 1899 having accommodation for 26 beds. The Hazaribagh Charitable Committee was formed in 1900 and it was financed by the District Board and the Municipality. In the year 1913 the name of the institution was changed from Hazaribagh Charitable Hospital to Hazaribagh Sadar Hospital. In the year 1936, the old Sadar Hospital buildings were found in a dilapidated condition due to earthquake of 1934. Help from several quarters was sought for. Ramgarh Raj, under the court of wards, generously contributed Rs. 67,000 and the Athletic Association, Rs. 5,037 for building purposes. The Government also made a grant of Rs. 10,500 and the present Sadar Hospital buildings were constructed out of this money. On the 21st January, 1939 the new Sadar Hospital building was opened. Subsequent to this many other improvements were made. An X-Ray apparatus was installed in the year 1942. The hospital has been provincialised since 1st April, 1945. There has been a T. B. Clinic since 1938. After its provincialisation a ten-bedded T. B. Ward has been added. The present bed accommodation is 61. A Maternity and Child Welfare Centre is functioning in this hospital under the supervision of lady doctor of the hospital.

(2) *Giridih Subdivisional Hospital.*

Formerly it was known as the Rattray Charitable Dispensary and was managed by a Managing Committee. The financial position of the hospital was not satisfactory and therefore it has been provincialised since 1st April, 1947 and is now known as the Giridih Subdivisional Hospital. An X-Ray apparatus was installed in this hospital in 1955.

(3) *Kasmar Provincialised Dispensary.*

This is a newly opened dispensary in Peterbar thana. It has been functioning since 1st June, 1952.

Chatra Subdivisional Hospital.

The Subdivisional hospital at Chatra was provincialised in 1956.

STATE SPECIAL HOSPITALS.

There are four such hospitals in Hazaribagh town :—

(1) Police Hospital, (2) P. T. C. Hospital, (3) Reformatory School Hospital and (4) Jail Hospital.

The former two hospitals are financed by the Police Department, the last but one by the Education Department and the last by the Jail Department.

DISTRICT BOARD DISPENSARIES.

Twenty-two dispensaries are maintained by the District Board, viz., (1) Barhi in Barhi P.-S., (2) Saraiya in Bagodar P.-S., (3) Gola in Gola P.-S., (4) Gomiya in Gomiya P.-S., (5) Mandoo in Mandoo P.-S., (6) Bishungarh in Bagodar P.-S., (7) Barahkatha in Barhi P.-S., (8) Barkagaon in Barkagaon P.-S., (9) Tandwa in Barkagaon P.-S., (10) Markacho in Jainagar P.-S., (11) Dumri in Dumri P.-S., (12) Palganj in Pirtand P.-S., (13) Mirzaganj in Jamuan P.-S., (14) Dhanwar in Dhanwar P.-S., (15) Tuladih in Hirni P.-S., (16) Satgawan in Satgawan P.-S., (17) Chauparan in Chauparan P.-S., (18) Simaria in Simaria P.-S., (19) Pratappur in Pratppur P.-S., (20) Hunterganj in Hunterganj P.-S., (21) Gidhaur in Chatra P.-S. and (22) Ghoranji in Deori P.-S. Only two dispensaries, i.e., Barhi and Saraiya have indoor accommodation and the other dispensaries except Ghoranji have four casualty beds for emergency cases. The total expenditure incurred by the District Board on rural medical relief from 1948-49 to 1952-53 is given below :—

1948-49.	1949-50.	1950-51.	1951-52.	1952-53.
Rs.	Rs.	Rs.	Rs.	Rs.
98,486	1,10,320	1,32,028	1,30,794	1,57,247

MISSION HOSPITALS.

There are six Mission Hospitals in this district, viz., (1) St. Columba's Zenana Hospital, (2) Chittarpur Hospital, (3) Sitagarha Hospital, (4) Pachamba Hospital, (5) Tisri Hospital and (6) Catholic Ashram dispensary. Out of these three were under the Dublin University Mission and two under the United Free Church of Scotland Mission.

(1) *St. Columba's Zenana Hospital.*

This hospital is a well-equipped female hospital. The present accommodation of this hospital is 126 beds.

There are also ten beds in the post-delivery ward. The hospital has been Nurses' Training School for B-Grade Nurses since 1921 and since 1942 a training for midwifery pupils has been established here.

(2) *Chittarpur Hospital.*

Until 1951 there was a resident European Sister and a trained Indian nurse. A doctor from the St. Columba's Zenana Hospital used to visit this dispensary one day in a week but this has been stopped due to shortage of doctors and the hospital has been closed. There is a proposal for opening a regular dispensary at Chittarpur.

(3) *Sitagarha Hospital.*

This dispensary is visited once a week by the doctor and staff of the St. Columba's Zenana Hospital and the patients requiring hospitalisation are brought to Hazaribagh in a hospital truck.

(4) *Pachamba Hospital and* (5) *Tisri Hospital.*

Long before the United Free Church of Scotland had opened two Mission Hospitals, viz., one at Pachamba and the other at Tisri, which were in charge of European Medical Missionaries. Pachamba Hospital was famous for eye operation but the imporatnce of this hospital has declined.

(6) *Catholic Ashram Dispensary.*

There is also a Catholic Ashram Dispensary at Hazaribagh which was established in the year 1952. This dispensary is called Holy Cross Institute, Hazaribagh. This has its own building. The average number of daily patients is 30 to 40.

Other Hospitals and Dispensaries.

Kodarma Hospital.

This hospital is under a Managing Committee. It is run on subscriptions and donations and Government grants.

Ramgarh Cantonment Dispensary.

Formerly this dispensary was under Ramgarh Raj but it has now been transferred to the Cantonment Board, Ramgarh.

Colliery Dispensaries.

There are seven Colliery Dispensaries in this district, viz., (1) Bokaro, (2) Lancaster, (3) Swang, (4) Argada, (5) Kargali, (6) Jarangdih and (7) Bhurkunda.

All these dispensaries are in charge of qualified doctors.

Railway Hospitals.

There are three Railway Hospitals in this district, viz., (1) Giridih Railway Hospital, (2) Gajhandi Railway Hospital and (3) Barkakana Railway Hospital.

HOSPITALS UNDER MICA MINES WELFARE ORGANISATION.

There are three dispensaries, viz., at Dhab, at Dhorakola and at Ganpathagi which are functioning under the Mica Mines Welfare Department in this district. There are also two mobile medical units, viz., one at Kodarma and another at Dhorakola under the same Department.

DISPENSARIES UNDER DAMODAR VALLEY CORPORATION.

The following hospitals are functioning under the Damodar Valley Corporation in this district :—

(*a*) Tilaiya, (*b*) Konar, (*c*) Bokaro.

Bokaro Hospital has 12 beds. With the expansion of the township of Bokaro this hospital is bound to grow into importance.

ICHAK DISPENSARY.

Formerly it was under the Ramgarh Raj but after the abolition of zamindari it was transferred to the Board of Trustees of the Religious Charitable Trust. The dispensary has now been closed. But the Government have opened a new thana dispensary at Ichak which is functioning since July, 1955.

The following is a list of the hospitals and dispensaries in the district :—

APPENDIX.

List of Hospitals and Dispensaries working during the year, 1955 in the District of Hazaribagh.

Serial no.	Names of Hospitals and Dispensaries.
1.	Sadar Hospital, Hazaribagh.
2.	Giridih Subdivisional Hospital.
3.	Kodarma Hospital.
4.	Chatra Subdivisional Hospital.
5.	St. Columbus Zenana Hospital.
6.	Police Hospital, Hazaribagh.
7.	Police Training College Hospital.
8.	Reformatory School Hospital.
9.	Ramgarh Dispensary.
10.	Kasmar State Dispensary.
11.	Bengabad State Dispensary.
12.	Gandey State Dispensary.
13.	Ichak State Dispensary.
14.	Jaridih State Dispensary.
15.	Nawadih State Dispensary.
16.	Gawan State Dispensary.
17.	Tuladih Dispensary.
18.	Markacho Dispensary.
19.	Palganj Dispensary.
20.	Barkagaon Dispensary.
21.	Dumri Dispensary.
22.	Pratappur Dispensary.
23.	Tandwa Dispensary.
24.	Gola Dispensary.
25.	Huterganj Dispensary.
26.	Chouparan Dispensary.
27.	Satgawan Dispensary.
28.	Gidhour Dispensary.
29.	Mandoo Dispensary.
30.	Barkatha Dispensary.
31.	Gomia Dispensary.
32.	Mirjaganj Dispensary.
33.	Barhi Dispensary.
34.	Saraiya Dispensary.

Serial no.	Names of Hospitals and Dispensaries.
35.	Dhanwar Dispensary.
36.	Katkamsandi Dispensary.
37.	Lawalong Dispensary.
38.	Pirtand Dispensary.
39.	Buzurgnano Dispensary.
40.	Jori Dispensary.
41.	Kunda Dispensary.
42.	Kanhachati Dispensary.
43.	Khairachatter Dispensary.
44.	Luncaster Colliery Hospital.
45.	Bhurkunda Colliery Hospital.
46.	Argada Colliery Hospital.
47.	Kargali Colliery Hospital.
48.	E. I. R. and B. N. R. Joint Colliery Hospital, Bokaro.
49.	Swang Colliery Hospital.
50.	Jarandih Colliery Hospital.
51.	Telaiya Dispensary.
52.	Konar Dispensary.
53.	Bokaro Dispensary.
54.	Dhab Dispensary.
55.	Dhorakola Dispensary.
56.	Bendro Dispensary.
57.	Mobile Medical Unit, Dhorakola.
58.	Pachamba Mission Hospital.
59.	Tisri Mission Hospital.
60.	Padma Dispensary.
61.	Holy Cross Dispensary.
62.	Kodarma Holy Hospital.
63.	Mobile Unit No. I, Karma.