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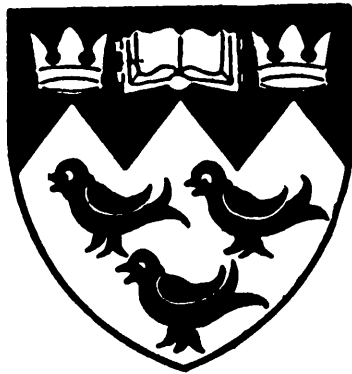
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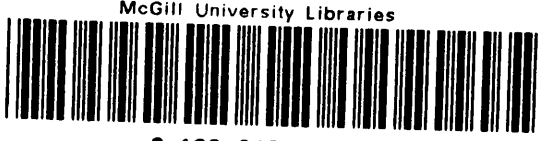
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THE  
ROYAL VICTORIA HOSPITAL  
MONTREAL

THIRTY-FIFTH  
ANNUAL REPORT

*for*

THE YEAR ENDED  
31st DECEMBER, 1928











*R. J. P.*  
Montreal

# VISITOR

---

THE RIGHT HONOURABLE VISCOUNT WILLINGDON  
G.C.S.I., G.C.I.E., G.B.E.

GOVERNOR GENERAL OF CANADA





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## FOUNDERS

---

THE RIGHT HON. LORD MOUNT STEPHEN  
THE RIGHT HON. LORD STRATHCONA AND MOUNT ROYAL

---

## GOVERNORS

1929

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### ELECTIVE

SIR HERBERT HOLT  
BRIG.-GEN. F. S. MEIGHEN  
COMMANDER J. K. L. ROSS, R.C.N.  
E. W. BEATTY, K.C.  
WALTER M. STEWART  
J. W. McCONNELL  
LORD ATHOLSTAN  
T. B. MACAULAY

### EX-OFFICIO

Mayor of Montreal..... CAMILLIEN HOUDE  
President, Board of Trade.....G. C. McDONALD  
President, Bank of Montreal.....SIR CHARLES GORDON, G.B.E.  
President, Canadian Pacific Railway Co.....E. W. BEATTY, K.C.  
President, Canadian National Railways, SIR HENRY THORNTON, K.B.E.  
Principal McGill University,  
SIR ARTHUR CURRIE, G.C.M.G., K.C.B., LL.D.  
Dean of the Faculty of Medicine, McGill University,  
C. F. MARTIN, B.A., M.D., C.M., LL.D., (Queen's)





## MEDICAL BOARD

---

E. W. ARCHIBALD, B.A., M.D., C.M., F.A.C.S., Hon. F.R.C.S. (ENG.)

H. S. BIRKETT, C.B., M.D., LL.D. (McGILL), F.A.C.S.

W. G. M. BYERS, B.A., M.D., D.Sc.

W. W. CHIPMAN, B.A., M.D. (EDIN.), LL.D., F.A.C.S., F.R.C.S. (EDIN.)

W. F. HAMILTON, M.D., C.M.

C. B. KEENAN, D.S.O., M.D., C.M.

D. W. MacKENZIE, B.A., M.D.

C. F. MARTIN, B.A., M.D., C.M. LL.D., (Queen's)

J. C. MEAKINS, M.D., LL.D. (EDIN.), F.R.S.C. F.R.S.E., F.R.C.P. (EDIN.)

H. OERTEL, M.D.

A. H. PIRIE, M.D., D.Sc. (EDIN.)

## CONSULTING STAFF

---

GEORGE E. ARMSTRONG, C.M.G., M.D., LL.D. (QUEEN'S)

G. GORDON CAMPBELL, B.Sc., M.D.

F. G. FINLEY, C.B., M.D. (LOND.)

F. M. FRY, B.A., M.D.

J. ALEX. HUTCHISON, C.B.E., M.D., L.R.C.P. & S. (EDIN.)

LOUIS V. KING, M.A. (CANTAB.), D.Sc., F.R.S.

A. B. MACALLUM, M.A., M.B., PH.D., Sc.D., LL.D., F.R.S.

JOHN TAIT, B.Sc., M.B., CH.B., M.D., D.Sc., F.R.S.E.

S. E. WHITNALL, M.A., M.D., B.Ch. (OXON.), M.R.C.S., L.R.C.P.



# OFFICERS

1929

---

## PRESIDENT

SIR HERBERT HOLT

## HOUSE COMMITTEE

SIR HERBERT HOLT, Chairman

SIR CHARLES GORDON, G.B.E.

WALTER M. STEWART

J. W. McCONNELL

E. W. BEATTY

## SECRETARY AND SUPERINTENDENT

W. R. CHENOWETH

## ASSISTANT SUPERINTENDENT

H. G. BAXTER

## Registrar-in-Chief

D. MacCALLUM, M.D.

## OFFICE MANAGER

J. A. FRASER

## ADMITTING OFFICER

JOHN E. de BELLE, M.D.

## SUPERINTENDENT OF TRAINING SCHOOL

MISS M. F. HERSEY, R.N.

## SUPERVISOR (ROSS PAVILION)

MISS A. M. CAMPBELL

## SUPERVISOR (WOMEN'S PAVILION)

MISS C. V. BARRETT, R.N.

## DIRECTOR OF SOCIAL SERVICE

MISS BESSIE G. STEWART, R.N.

## CHIEF APOTHECARY

MISS UNA K. STEWART, PHM.B.

## DIETITIAN

MISS C. M. LARGE (In Charge)

## STEWARD

JOHN MILLER

## NURSES' HOME

MISS M. MacINTOSH, R.N. (In Charge)

## CONVALESCENT HOME

MISS M. McLELLAN, R.N. (In Charge)

## AUDITOR

LEWIS BRIMACOMBE, C.A.

# ATTENDING STAFF

January 1st, 1929

---

## DEPARTMENT OF MEDICINE

---

### Physician-in-Chief

J. C. MEAKINS, M.D., F.R.C.P. (EDIN.), F.R.S.E., F.R.S.C., LL.D. (EDIN.)

### Physicians

W. F. HAMILTON, M.D.  
C. F. MARTIN, B.A., M.D. LL.D. (Queen's)

### Assistant Physicians

J. R. BYERS, M.D.  
R. H. M. HARDISTY, D.S.O., M.C., B.A., M.D.  
A. T. HENDERSON, M.D.  
J. KAUFMANN, M.D.  
D. S. LEWIS, M.D., M.Sc.  
D. MacCALLUM, M.D.  
E. H. MASON, PH.B., M.D.  
D. W. McKECHNIE, D.S.O., M.D.  
C. F. MOFFATT, B.A., M.D.

### Associates in Medicine

N. BROWN, M.D.  
D. GRANT CAMPBELL, B.A., M.D.  
W. C. GOWDEY, M.D.  
C. R. JOYCE, M.D.  
J. L. D. MASON, B.A., M.D.  
COLIN G. SUTHERLAND, M.D.  
J. J. WALKER, M.D.  
J. C. WICKHAM, B.A., M.D.

### Clinical Assistants

C. T. CROWDY, M.D.  
W. W. EAKIN, M.D.  
D. S. MacINTOSH, B.A., M.D.  
W. G. McLELLAN, B.A., M.D.  
W. de M. SCRIVER, B.A., M.D.  
C. J. TIDMARSH, M.A., M.D.

## UNIVERSITY CLINIC

### Director

J. C. MEAKINS, M.D., LL.D. (EDIN.), F.R.C.P. (EDIN.), F.R.S.E., F.R.S.C.

### Research Associates

M. E. ABBOTT, B.A., M.D., L.R.C.P. AND S. (EDIN.)  
C. N. H. LONG, B.Sc., M.Sc., M.D.

### Research Assistants

JESSIE BOYD-SCRIVER, B.A., M.D.  
G. R. BROW, M.D.  
W. DE M. SCRIVER, B.A., M.D.

## SUB-DEPARTMENT OF PÆDIATRICS

### Physician

H. B. CUSHING, B.A., M.D.

### Assistant Physician

S. GRAHAM ROSS, D.S.O., M.C., B.A., M.D., M.R.C.P. (LOND.)

### Associates in Medicine

R. CAMERON STEWART, B.Sc. (ARTS), M.D.  
R. R. STRUTHERS, B.A., M.D.  
W. E. WILLIAMS, M.D.  
H. P. WRIGHT, B.A., M.D.

### Clinical Assistants

JESSIE BOYD-SCRIVER, B.A., M.D.  
H. C. BUSSIERE, B.Sc., M.D.  
AUBREY K. GEDDES, M.D.

## SUB-DEPARTMENT OF DERMATOLOGY

### Dermatologist-in-Charge

P. BURNETT, D.S.O., M.D., M.R.C.S., L.R.C.P.

### Associate in Medicine

J. L. D. MASON, B.A., M.D.

### Clinical Assistant

LEMUEL P. EREAUX, B.Sc. (ARTS), M.D.

## SUB-DEPARTMENT OF NEURO-PSYCHIATRY

### Neuro-Psychiatrist-in-Charge

C. K. RUSSEL, B.A., M.D.

### Associates in Neuro-Psychiatry

W. T. B. MITCHELL, M.D.  
A. G. MORPHY, B.A., M.D.  
H. A. SIMS, M.D.  
DAVID SLIGHT, M.B., CH.B., D.P.M., M.R.C.P. AND S. (LOND.)  
A. W. YOUNG, M.D.

**Clinical Assistants**

J. N. PETERSEN, B.Sc. (ARTS), M.D.  
B. SILVERMAN, M.D.

**SUB-DEPARTMENT OF PHYSIO-THERAPY**

NORMAN BROWN, M.D. (in Charge)  
MISS ANITA ROSS, R.N.

**DEPARTMENT OF SURGERY**

**Surgeon-in-Chief**

E. W. ARCHIBALD, B.A., M.D., F.A.C.S., HON. F.R.C.S. (ENG.)

**Surgeon**

C. B. KEENAN, D.S.O., M.D., F.A.C.S.

**Assistant Surgeons**

F. E. MCKENTY, M.D., F.R.C.S. (ENG.), F.A.C.S.  
F. A. C. SCRIMGER, V.C., B.A., M.D., F.A.C.S.

**Associate in Surgery**

JOHN ARMOUR, M.Sc., M.D.

**Clinical Assistants**

GEORGE C. ANDERSON, M.D.  
EDGAR M. COOPER, M.D.  
HOWARD LER. DAWSON, B.A., M.D.  
MARK KAUFMANN, B.A., M.D.  
GEORGE GAVIN MILLER, M.Sc., M.D.  
DUDLEY E. ROSS, M.Sc., M.D.

**SUB-DEPARTMENT OF ORTHOPÆDICS**

**Surgeon-in-Charge**

W. G. TURNER, M.C., B.A., M.D., M.R.C.S. (ENG.), F.A.C.S.

**Assistant Surgeon**

W. J. PATTERSON, B.A., M.D., F.A.C.S.

**SUB-DEPARTMENT OF NEUROLOGICAL SURGERY**

**Surgeon-in-Charge**

WILDER G. PENFIELD, LITT.B. (PRINCETON), M.D. (JOHNS HOPKINS),  
M.A., B.Sc. (OXON.)

**Associate in Neurological Surgery**

W. V. CONE, B.S., M.D.

## **SUB-DEPARTMENT OF ANÆSTHETICS**

### **Anæsthetist-in-Charge**

W. B. HOWELL, M.D.

### **Anæsthetists**

J. W. ARMSTRONG, B.A., M.D.  
WESLEY BOURNE, M.Sc., M.D.

### **Assistant Anæsthetists**

E. T. ENRIGHT, R.N.  
H. KENDALL, R.N.  
D. M. L. TEGGART, M.D.

## **SUB-DEPARTMENT OF DENTISTRY**

### **Dentist in Charge**

G. W. OLIVER, D.D.S., L.D.S.

### **Dental Extractionists**

A. W. MITCHELL, D.D.S.  
F. W. SAUNDERS, D.D.S.

## **DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY**

### **Obstetrician and Gynæcologist-in-Chief**

W. W. CHIPMAN, B.A., M.D. (EDIN.), LL.D.,  
F.R.C.S. (EDIN.), F.A.C.S.

### **Obstetricians and Gynæcologists**

H. C. BURGESS, M.D., F.A.C.S.  
J. W. DUNCAN, M.D., F.A.C.S.  
J. R. FRASER, M.D., F.A.C.S.  
J. R. GOODALL, O.B.E., B.A., M.D., D.Sc., F.A.C.S.  
H. M. LITTLE, B.A., M.D., F.A.C.S.

### **Assistant Obstetrician and Gynæcologist**

W. A. G. BAULD, D.S.O., M.D., F.A.C.S.

### **Clinical Assistants**

A. D. CAMPBELL, M.D.  
P. J. KEARNS, M.D., M.Sc.  
G. C. MELHADO, M.D.  
IVAN Y. PATRICK, M.D.  
ELEANOR PERCIVAL, M.D.

### **Pathologist**

L. J. RHEA, M.D.

### **Consulting Ophthalmologist**

S. H. MCKEE, C.M.G., B.A., M.D.

## DEPARTMENT OF OPHTHALMOLOGY

### Ophthalmologist-in-Chief

W. GORDON M. BYERS, M.D., D.Sc.

### Assistant Ophthalmologist

F. T. TOOKE, B.A., M.D.

### Associates

J. A. MacMILLAN, M.D., F.A.C.S.

A. G. McAULEY, M.D., F.A.C.S.

J. ROSENBAUM, M.D.

### Clinical Assistant

KENNETH B. JOHNSTON, M.D.

## DEPARTMENT OF OTO-LARYNGOLOGY

### Oto-Laryngologist-in-Chief

H. S. BIRKETT, C.B., M.D., LL.D., F.A.C.S.

### Assistant Oto-Laryngologist

E. HAMILTON WHITE, B.A., M.D., F.A.C.S.

### Associates

D. H. BALLON, B.A., M.D., F.A.C.S.

K. O. HUTCHISON, M.D.

W. J. McNALLY, B.A., M.Sc., M.D., D.L.O.R.C.P. AND S. (ENG.)

J. T. ROGERS, B.A., M.D.

G. E. TREMBLE, M.D., D.L.O.R.C.P. AND S. (ENG.)

## DEPARTMENT OF UROLOGY

### Urologist-in-Chief

D. W. MacKENZIE, B.A., M.D., F.A.C.S.

### Associates

ALLAN B. HAWTHORNE, B.A., M.D.

MAGNUS SENG, M.B.

### Clinical Assistant

CHARLES T. LUNDON, M.D.



.

## DEPARTMENT OF PATHOLOGY

**Pathologist-in-Chief**

H. OERTEL, M.D.

**Assistant Pathologist**

T. R. WAUGH, B.A., M.A., M.D.

**Prosector**

W. H. CHASE, M.D.

## SUB-DEPARTMENT OF BACTERIOLOGY

**Bacteriologist-in-Charge**

A. A. BRUERE, M.D.

**Assistant Bacteriologist**

W. W. BEATTIE, B.A., M.D.

## DEPARTMENT OF ROENTGENOLOGY

**Röntgenologist-in-Chief**

A. HOWARD PIRIE, D.Sc. (EDIN.), M.D.

**Assistant**

E. C. BROOKS, L.R.C.P. AND S. (EDIN.)

**Clinical Assistant**

J. C. LANTHIER, M.D.





# RESIDENT STAFF

1928-1929

---

## House Physicians

DR. E. R. ALLEN	DR. R. V. CHRISTIE	DR. H. E. EDWARDS
DR. S. G. BAXTER		DR. A. KRAKOWER
DR. H. A. STUART		DR. J. G. LEE
DR. MAURICE BRODIE		DR. C. H. O'REGAN
DR. C. E. BROOKS		DR. B. D. ROBERTSON
DR. R. J. CALDWELL		DR. MAXWELL D. RYAN

## House Surgeons

	DR. A. L. WILKIE	
DR. N. BERRY		DR. CLIFFORD E. HOWARD
DR. F. S. DUNNE		DR. C. K. McLEOD
DR. A. R. ELVIDGE		DR. L. P. NELLIGAN
DR. E. C. GLIDDON		DR. C. MALCOLM TIRRELL

## House Obstetricians and Gynæcologists

	DR. J. S. HENRY	
DR. GRANT BALDWIN		DR. N. W. PHILPOTT
DR. K. S. MACLEAN		DR. M. RATNER
DR. L. S. McGOOGAN		DR. C. V. WARD

## House Oto-Laryngologists

DR. G. CHISHOLM	DR. J. A. COYLE
	DR. J. P. LANTZ

## House Urologists

DR. C. A. CHISHOLM	DR. ROBERT S. HOTCHKISS
DR. G. N. ELLIS	DR. R. GRANT REID

## House Pathologists

DR. A. W. BLAIR	DR. NEIL McLEOD
DR. J. R. CAMERON	DR. G. D. TAYLOR



## CHAIRMAN'S REMARKS

*Annual Meeting, 28th March, 1929 .*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

Before moving the adoption of the thirty-fifth Annual Report for the year ended 31st December, 1928, it is customary for the presiding officer to make a few remarks.

My first word is personal as I cannot refrain at this point from expressing my profound sorrow, which I am sure you all share, in the death of Sir Vincent Meredith who for so long presided over the affairs of this Institution. I would, therefore, move that the following resolution be recorded upon the Minutes of this meeting:

RESOLVED:

That it is with the deepest sense and feeling of regret that the Governors of the Royal Victoria Hospital express their personal sorrow in the recent death of Sir Vincent Meredith, Bart., who was associated with this Hospital for more than twenty years as a Governor and since 1913 as President of the Board.

They would record their gratitude for his long association with this Hospital where his personal interest, financial aid and practical support have been invaluable.

It was in a great measure due to his wise guidance and generosity of spirit, that were characteristic throughout his life, that this Hospital acquired the prestige and reached the full stature it has attained to-day. As an executive Sir Vincent Meredith was a valued adviser and his interest in all matters affecting the welfare of the Hospital was constant and compelling.

His life work will ever be an inspiration to those who serve this Institution and in grateful memory the Board of Governors records its deep sense of loss in his death.

RESOLVED:

That a copy of this memorial be sent to Lady Meredith.

The Report of the Superintendent and the Financial Statements of 1928 indicate a continued growth in the activities of the Hospital.

While the number of patients admitted during the year, aggregating 13,603, shows a slight decrease of 82, it is observed for purposes of comparison that in the spring of 1927 the Hospital's resources were taxed to the limit for some months owing to the Typhoid Fever epidemic, and in the closing month of 1928 the Hospital was compelled to restrict its activities due to an outbreak of Influenza which affected the nursing staff in general.

The Out-Patient Department shows a substantial gain, the number of visits totalling 67,165, an increase of 4,821 for the year. It tells the story of the daily struggle against disease and the efforts put forth by the Hospital to advance the public health through preventive medicine.

Turning to the Hospital's finances, it will be noted that the revenue for the year from all sources aggregated \$983,000, while the cost of operating amounted to \$1,007,000, leaving a net deficit of \$24,000, as compared with an operating deficit of \$65,000 a year ago.

This reduction in our operating deficit affords satisfaction when you consider that the Hospital's services to the community have been fully maintained. It is interesting to note that of the 13,603 patients admitted 62% were in the public wards and of that number 16% were indigent or free patients. In affording these facilities for the treatment of the sick poor, hospital deficits cannot be avoided unless financial assistance from outside is forthcoming.

During the year extraordinary outlays for much needed improvements to building and new equipment were incurred at a cost of \$49,900. In this amount is included an expenditure of \$15,000 to completely renovate and purchase new equipment of the latest design for the Main X-Ray Department. These improvements were essential in order that the work of the Hospital might be conducted at a high standard of efficiency.

I am pleased to state that liabilities incurred in connection with the construction of the Royal Victoria Montreal Maternity Pavilion, on which there was a balance still outstanding last year of \$704,000 have been paid off from funds received from the Treasurer of the Campaign Fund.

---

In the balance sheet will be noted a donation of \$100,000. received from the estate of the late C. R. Hosmer, for which suitable acknowledgment was made under resolution by the Board of Governors.

Your Board was pleased to make the following important changes in the attending staff of the Hospital:—

Dr. E. W. Archibald appointed Surgeon-in-Chief.

Dr. Wilder G. Penfield appointed Surgeon in charge of Neurological Surgery.

We believe these appointments are a forward movement for the benefit of the Hospital and the community.

On the 1st September last the Workmen's Compensation Act came into effect for the first time in this Province. It was the result of lengthy legislation and the incorporation of the best sections of compensation laws of other provinces and states. The Government is fortunate in securing the services of Mr. Robert Taschereau to preside over the Commission appointed to safeguard the interests of the employer and employee.

It is my privilege and pleasure to record our grateful thanks to Lady Meredith and the members of the Auxiliary Board of Governors who have so notably assisted in the work of this Hospital during the past year; also to thank the Attending Staff and our many friends for their efforts on our behalf and to bespeak for their continued interest and support.

I have great pleasure in moving the adoption of this Report.

H. S. HOLT,  
*Chairman.*





# SUPERINTENDENT'S REPORT

*For the Year Ended December 31st, 1928*

To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I have the honour to present for your approval the Thirty-fifth Annual Report of the Royal Victoria Hospital.

During the Hospital year ended 31st December, 1928, the number of patients admitted was 13,603, as compared with 13,685 the previous year, a decrease of 82.

## CLASSIFICATION

### INDOOR DEPARTMENT

Males	5,409	Private patients. . . . .	4,404	+	391
		Semi-private patients. . . . .	734	—	231
Females	8,194	Public pay patients. . . . .	6,380	—	233
		Q.P.C.A. patients. . . . .	1,702	—	177
		Free patients. . . . .	383	+	168
	* 13,603		13,603	—	82

\*These figures include 1,513 children.

### Medical Service—

		Increase	Decrease
Medicine. . . . .	2,884	283	
Surgery. . . . .	3,680	24	
Obstetrics. . . . .	2,261		43
Gynæcology. . . . .	1,359		69
Oto-Laryngology. . . . .	2,087		283
Urology. . . . .	805		32
Ophthalmology. . . . .	436	33	
Convalescent Home. . . . .	91	5	
	13,603	345	427
			345
			82

Religion—		Increase	Decrease
Protestant . . . . .	6,599		96
Roman Catholic . . . . .	3,859	225	
Hebrews . . . . .	2,604	54	
Others . . . . .	541		275

10,185 were resident in Montreal and 3,418 came from districts outside the City.

The total number of days of hospital treatment aggregated 182,589 as compared with 193,986 the previous year, a decrease of 11,397 days, which comparison is somewhat affected by the fact that in the spring of 1927 the resources of the hospital were taxed to the limit during the period of the Typhoid Fever epidemic.

The average number of days stay in hospital was 13.2 as against 14.17 a year ago.

Patients discharged during the year numbered 13,607, as compared with 13,686 last year.

Deaths numbered 462 and the rate, excluding those who died within forty-eight hours of admission and "still births" was 3.4%, as compared with 2.7% the previous year.

## OUTDOOR DEPARTMENT

The work in this department indicates an ever increasing demand on the facilities of the hospital, the total number of visits being 67,165, as compared with 62,344 in 1927, an increase of 4,821 as follows:—

Service—		Increase	Decrease
Medicine . . . . .	16,820	1,308	
Surgery . . . . .	10,724	1,602	
Urology . . . . .	8,458	443	
Oto-Laryngology . . . . .	6,001	131	
Pædiatric . . . . .	4,587	422	
Ophthalmology . . . . .	4,550	306	
Obstetrics . . . . .	3,833		222
Neurology . . . . .	3,522	472	
Gynæcology . . . . .	2,999		114
Orthopædic . . . . .	2,432	476	
Dermatology . . . . .	2,268	405	
Psychiatry . . . . .	725	226	
Serum Injections . . . . .	246		634
	67,165		

## SPECIAL DEPARTMENTS—

		Increase	Decrease
Hydro Treatments . . . . .	13,399		150
Massage Treatments . . . . .	2,896	309	
X-Ray Department:			
Skiagraphs . . . . .	27,445	4,146	
X-Ray Treatments . . . . .	3,039	224	
Electro-Cardiographs . . . . .	977	143	

The ambulance made 2,292 trips, a decrease of 201. The Ford car, which is used for the purpose of visiting the district maternity cases and to take workers to and from the settlement clinics, made 5,420 trips.

## FINANCIAL—

The Hospital's revenue and expenditure account shows considerable expansion on both sides:—

The receipts for the year from all sources aggregated . . . . .	\$ 983,135.38
The total expenditure aggregated . . . . .	1,007,637.89
Leaving a deficit of . . . . .	24,502.51
as compared with an operating deficit of \$65,873.52 a year ago, a decrease of . . . . .	41,371.01

Receipts from private patients and other departments, including revenue from Endowment Fund and donations, increased \$71,900.

On the other side the total expenditure has increased \$30,500. as a result of incurring an outlay of \$49,900. for much needed improvements including new equipment.

The improvements above referred to were all of an extraordinary nature and consisted of repairs to fire lines and installation of a sprinkler system in the Record Room; new freight elevator in the Main Building; alterations to heating system and construction of retaining wall, New Pavilion; the purchase of utensil sterilizers for the wards; new dish washing equipment for the Nurses' Home, and transformers.

In addition to the above the Main X-Ray Department was completely overhauled and additional space provided at a cost of \$15,000. to meet growing demands. Equipment of the latest

design was installed. These much needed improvements were completed in the fall of the year and place this Department in a position to offer adequate facilities to the Medical Staff which the growing importance of this branch of work in a modern hospital demands.

During the year the property No. 93 St. Famille Street was sold for \$25,000. and mortgages amounting to \$10,000. were repaid. The amount realized by the liquidation of these assets, which were acquired when we took over the old Montreal Maternity Hospital together with a balance of \$704,000. received from the Campaign Fund enabled us to pay off the Bank overdraft and provide for outstanding accounts due in connection with the construction of the Royal Victoria Montreal Maternity Pavilion.

The operating cost per diem based on charging against In-door patients the full cost of maintenance (excluding the Out-door Department) was as follows:—

Private patients . . . . . \$6.19.      Public patients . . . . . \$4.70.

#### GENERAL REMARKS—

Owing to increased demands for semi-private ward accommodation, it was decided to renovate and refurnish Ward "O" for semi-private patients. This ward contains nine beds which are in constant use indicating that the inauguration of this service has been fully justified.

Two changes worthy of note have taken place in our Medical Staff in the appointment of Dr. E. W. Archibald as Surgeon-in-Chief and Dr. Wilder G. Penfield as Surgeon in charge of Neurological Surgery.

In the latter connection the Board of Governors was pleased to authorize an appropriation of \$5,000. to assist in purchasing the necessary equipment and provide laboratory facilities for this important branch of surgery.

It is my pleasant task to make acknowledgement to the many friends who contributed in various ways to the welfare of the patients. We are deeply grateful to all, including individual members of our Board of Governors, and in this connection I

would mention, Sir Vincent Meredith for presenting the Department of Oto-Laryngology with an Audiometer, also furnishing the main entrance of the New Pavilion with an oriental rug and two Jacobean chairs; Sir Herbert Holt for donations towards the purchase of plant equipment; Mr. Walter M. Stewart for presenting us with a new washing machine for the laundry; equipping the main kitchen with new Vulcan ranges, defraying the cost of linoleum for the floors in the Main X-Ray Department, and the maintenance of the clock in the tower of the New Pavilion; Mr. J. W. McConnell for presenting an Orthophonic machine for the Nurses' Rest Room in the New Pavilion.

In reviewing the activities for the year, it is with a deep sense of appreciation that I have to allude to the valuable work done by the members of the Auxiliary Board of Governors under the direction of Lady Meredith, the President. In the early part of the year the Auxiliary Board undertook to pay the salaries of two social workers and the settlement nurse, as well as paying the rental of the Settlement Clinics, and in this manner relieving the Hospital of a financial burden amounting to approximately \$5,000. per annum.

The Hospital is indeed fortunate in having the support and co-operation of this Board whose activities have been fittingly referred to as being devoted to the wisest charity of all, the welfare of the mother and her child.

To Miss Baylis and the members of the McGill Alumnae Library Committee we again tender our thanks for their voluntary and untiring efforts in the distribution of books and magazines to the patients throughout the Hospital.

It is with pleasure that I have to record the following honours conferred on members of the attending staff of this Hospital:—

Dr. E. W. Archibald—Elected an honorary member of the Royal Academy of Medicine, Rome, also elected a Foreign Associate Fellow of the College of Physicians of Philadelphia.

Dr. H. S. Birkett—Presentation of gold medal by American Academy of Ophthalmology and Oto-Laryngology.

Dr. W. W. Chipman—Honorary degree of Doctor of Laws,  
University of Wales.

Honorary degree of Doctor of Laws,  
Dalhousie Medical School.

Dr. A. T. Henderson—Appointed Harben Lecturer by Royal In-  
stitute of Great Britain for the year 1928.

Dr. Charles F. Martin—Elected President of the American College  
of Physicians.

Dr. J. C. Meakins—Elected President of American Society for  
Clinical Investigation.

We had the privilege of extending a welcome to representatives  
of the following societies during the year:—

February —Lima Travelling Club, Lima, Ohio.

March —Buffalo Surgical Society.

June —Clinical Surgeons of Canada,  
Canadian Urologists.

October —Clinical and Surgical Association of Massachusetts.

November —Department of Pædiatrics, McGill University.  
Junior Interurban Surgical Association.

In order to promote the welfare of the members of the per-  
manent staff of the Hospital, arrangements were made with the  
Sun Life Assurance Company of Canada to issue a group insurance  
policy. This insurance was made available to all members of the  
staff who had been in the service of the Hospital for six months  
and who were in receipt of a salary of \$1,000. and over. By this  
co-operative arrangement the staff are assisted in obtaining life  
insurance at a minimum of cost, and it is hoped this protection  
will prove a source of benefit.

Last year I took occasion to refer to the need of increased  
accommodation for the nursing staff. In addition the need for  
more public beds is pressing. For the present we are managing to  
provide accommodation for some of the nurses by a temporary  
expediency, but the situation would become acute in the event of  
our having to relinquish one of the residences that is at present  
occupied under lease.

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In closing this report I desire to express my appreciation of the support given me by the Board of Governors and the attending medical staff, who have so notably assisted in the work of the Hospital during the past year. To the resident doctors, nurses and general staff of the Hospital, who have contributed in a great measure to the results achieved, I express my gratitude.

Respectfully submitted,

W. R. CHENOWETH,

*Superintendent.*







# **FINANCIAL STATEMENTS**

# ROYAL VICTORIA HOSPITAL INCLUDING ROSS MEMORIAL AND NEW PAVILION

## STATEMENT OF REVENUE AND EXPENDITURE

For Year Ended 31st December, 1928

	EXPENDITURE		REVENUE	
	1928	1927	1928	1927
<b>Expenses for Care of Indoor Patients.</b>				
Professional Care.....	\$169,201.47	\$156,692.57	\$410,362.51	\$385,679.94
Domestic Care.....	111,154.60	119,576.13	178,885.89	163,784.59
Cost of Meals.....	265,176.92	267,461.89	60,939.66	66,963.31
Property and House Expense	137,245.96	153,826.56	7,743.87	12,890.05
Administration and General Expense.....	105,034.17	102,602.55		
Improvements to Plant and New Equipment.....	49,908.62	—		
	<u>\$837,721.74</u>	<u>\$800,159.70</u>	<u>\$657,931.93</u>	<u>\$629,317.89</u>
			\$151,944.95	\$136,498.10
			2,830.00	
			<u>\$154,774.95</u>	<u>\$136,498.10</u>
<b>Departmental Expenses</b>				
Outdoor Department.....	\$25,261.34	\$30,379.43	\$17,228.80	\$12,252.64
Operating Rooms.....	68,554.35	69,330.14	66,711.45	56,497.75
Ambulance.....	9,387.71	10,552.65	8,450.25	7,875.71
Other Departments.....	66,712.75	66,707.35	78,038.00	68,813.66
	<u>\$169,916.15</u>	<u>\$176,969.57</u>	<u>\$170,428.50</u>	<u>\$145,439.76</u>
			\$983,135.38	\$911,255.75
			24,502.51	65,873.52
<b>Total Expenditure.....</b>	<u>\$1,007,637.89</u>	<u>\$977,129.27</u>	<u>\$1,007,637.89</u>	<u>\$977,129.27</u>
			Total Income.....	\$911,255.75
			Deficit.....	65,873.52

Departmental Expenses  
 Out-door Department  
 Operating Expenses  
 Administration  
 Other Departments

\$12,504.41  
 68,287.23  
 66,713.75  
 \$147,505.39

Department of Income  
 Out-door Department  
 Operating Expenses  
 Administration  
 Other Departments

\$17,128.40  
 66,711.45  
 33,150.25  
 78,038.00  
 \$195,028.10

\$12,252.61  
 56,707.75  
 7,875.71  
 63,813.66  
 \$115,139.76

Total Income  
 \$295,135.33

\$111,255.75  
 65,873.52

## ROYAL VICTORIA HOSPITAL

### BALANCE SHEET

as at 31st December, 1928

#### ASSETS

	1928	1927
Buildings and Equipment....	\$3,178,946.57	\$3,170,614.00
Inventories of Supplies.....	75,317.04	107,286.19
Amounts due and outstanding	80,215.81	43,594.15
Loan to Maternity Pavilion..		121,000.00

\$3,334,479.42

#### LIABILITIES

	1928	1927
Foundation and Trust Funds:	\$3,255,574.82	\$3,385,314.76
Less:		
Excess of Expenditure over Revenue for Year Ended 31st December, 1928.....	24,502.51	65,873.52

\$3,231,072.31  
 14,163.17  
 89,243.94

\$3,334,479.42

Bank overdraft.....  
 Accounts Payable.....

\$3,319,441.24  
 29,927.61  
 93,125.49

\$3,442,494.34

ROYAL VICTORIA MONTREAL MATERNITY PAVILION

**BALANCE SHEET**  
as at 31st December, 1928

ASSETS	1928	1927	LIABILITIES	1928	1927
Building Construction, Equip- ment and Furnishings . . . . .	\$1,681,298.47	\$1,679,209.75	Capital Funds:—		
Property, 93 St. Famille St. . . . .	—	25,000.00	Montreal Maternity Fund.	\$331,598.47	\$335,522.82
Mortgages Receivable . . . . .	—	10,000.00	Province of Quebec Grant.	200,000.00	200,000.00
Cash on Hand . . . . .	7,284.53	—	Gifts, Donations. . . . .	149,700.00	149,700.00
			Campaign, Fund, 1927. . . . .	1,000,000.00	296,000.00
				<u>\$1,681,298.47</u>	<u>\$981,222.82</u>
			Loans from:—		
			Bank of Montreal . . . . .	—	597,237.68
			Royal Victoria Hospital Trustees . . . . .	—	121,000.00
			Accounts Payable . . . . .	7,284.53	14,749.25
				<u>\$1,688,583.00</u>	<u>\$1,714,209.75</u>
					<u>\$1,714,209.75</u>

# COMBINED BALANCE SHEET

## ROYAL VICTORIA HOSPITAL—INCLUDING NEW PAVILION AND TRUST FUNDS

as at 31st December, 1928

	LIABILITIES	
	1928	1927
<b>ASSETS</b>		
Buildings and Equipment:		
Royal Victoria Hospital...	\$3,170,614.00	\$3,170,614.00
New Pavilion .....	1,681,298.47	1,679,209.75
	<u>\$4,851,912.47</u>	<u>\$4,849,823.75</u>
Investments held by Trustees of the Royal Victoria Hos- pital .....	\$2,716,891.09	\$2,522,796.18
Investments acquired from the Montreal Maternity Hospital .....	—	35,000.00
Inventories of Supplies .....	75,450.97	107,286.19
Amounts due and outstanding	56,280.87	43,594.15
Cash in Bank—New Pavilion	7,284.53	—
	<u>\$7,707,819.93</u>	<u>\$7,558,500.27</u>
Foundation and Campaign Funds.		
Royal Victoria Hospital. . .	\$3,198,938.73	\$3,319,441.24
New Pavilion .....	1,681,298.47	981,222.82
	<u>\$4,880,237.20</u>	<u>\$4,300,664.06</u>
Royal Victoria Hospital Trust Funds .....	\$2,716,891.09	\$2,522,796.18
Bank of Montreal (overdraft)		
Royal Victoria Hospital...	14,163.17	29,927.61
New Pavilion .....	—	597,237.68
Accounts Payable:		
Royal Victoria Hospital...	89,243.94	93,125.49
New Pavilion .....	7,284.53	14,749.25
	<u>\$7,707,819.93</u>	<u>\$7,558,500.27</u>



# AUDITOR'S REPORT

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*For the Year Ended 31st December, 1928*

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To the PRESIDENT AND BOARD OF GOVERNORS,  
ROYAL VICTORIA HOSPITAL.

Dear Sirs:—

I beg to report that I have completed my Audit of the Accounts for the year ended 31st December, 1928, and hereto attach:

1. Balance Sheet of the Royal Victoria Hospital, including New Pavilion and Trust Accounts as at 31st December, 1928.
2. Statement of Revenue and Expenditure of the Royal Victoria Hospital including Ross Memorial and New Pavilion for the year ended 31st December, 1928.

I have compared the Revenue from Investments held by the Trustees with the advices from the Royal Trust Company and other Depositories.

I have checked the receipts under the other headings from the daily cash sheets to the General Cash Book and have seen that such receipts have been duly deposited in the Bank.

I have seen properly certified vouchers for all disbursements.

In my opinion the accompanying Statement of Revenue and Expenditure is a true and correct exhibit of the operations of the Royal Victoria Hospital including the Ross Memorial and New Pavilion for the period mentioned, and the accompanying Balance Sheet a true and correct exhibit of the financial condition as at 31st December, 1928.

Yours faithfully,

LEWIS BRIMACOMBE,  
*Auditor.*

# ROYAL VICTORIA HOSPITAL

## STATISTICS

Number of beds in the Hospital.....	680
Number of Babies' Cribs (Maternity Division).....	108
Number of Patients admitted during year.....	13,603
Total number of days of hospital treatment.....	182,589
Average number of days' stay in Hospital per patient.....	13.2
Deaths.....	462
Mortality percent. (excluding those who died within forty-eight hours of admission).....	3.4%
Beds occupied percent. (excluding babies' cribs).....	73%
Total number of nurses working in hospital.....	254
Nurses per patient bed.....	.37
Total number of employees (excluding nurses).....	486
Employees per patient bed (excluding nurses).....	.71
Total pay roll for year, all employees (including nurses).....	\$462,653
Total pay roll for year, nurses.....	\$93,669
Total pay roll per patient bed.....	\$661
Maximum number of patients in hospital, 8th November, 1928 (including babies born in the hospital).....	660
Minimum number of patients in hospital, 25th December, 1928 (including babies born in the hospital).....	453
Maximum number of patients, 8th November, 1928 (excluding babies born in the hospital).....	571
Minimum number of patients, 25th December, 1928 (excluding babies born in the hospital).....	381
Industrial cases treated from 15th September to 31st December, 1928:	
In-door.....	98
Out-door.....	94
Ambulance:	
Number of trips.....	2,493
Average number of trips per day.....	6.80
Maximum number of trips in twenty-four hours.....	15
Total mileage for year.....	15,300

### Operating Cost per diem (excluding Out-door Patients)

Private Patients.....	\$6.40
Public Patients.....	4.55





On May 1st the Committee undertook to relieve the Hospital of all expenses in connection with the Out-door Clinics and Social Service Department. The cost of this work amounts to approximately Five Thousand Dollars (\$5,000.00) a year.

Twenty-two patients were given blood transfusions at the cost of Four Hundred and Forty Dollars (\$440.00).

Three Hundred and Sixty-four Dollars and Fifty Cents (\$364.50) was given to the Social Service Department, for relief in emergency cases.

The House Committee visit the wards and nurses' quarters at the Hospital every week. Many improvements have been made. Books, magazines and medical journals have been supplied for the use of nurses and doctors. The Out-door Committee have attended the Clinics, both in the Hospital and six Out-stations, and have served cocoa and biscuits free of charge. In all, 2,832 cups of cocoa were served.

The Out-door Committee wish to extend their most grateful thanks to Mrs. Herbert Elder, Mrs. P. S. Stevenson and Miss Helen Drummond.

The Clothing Committee cut out and made up 3,000 garments, assisted by the Junior League, I.H.N. Society, Ready Circle Group and Mrs. Woodyat's Serving Group. In addition to this, 120 complete layettes were sent to the Social Service Department to be given to deserving patients.

A Christmas present was given to every patient and baby in the Hospital.

A new Clinic was opened in May at Mount Royal and completely equipped. In September a Clinic was opened at the Montreal General Hospital, to take the place of the Clinic at the University Settlement.

To assist patients to purchase at the lowest figure an adequate supply of clothing for the coming baby, the Committee cut out garments and sold them at cost. In all, 600 garments were sold.

The work accomplished by these three Committees has been most gratifying and much credit is due to the Convenors, Mrs. White, Mrs. Lindsay and Mrs. McLennan.

The Charity Ball was held in January and the net sum realized was Six Thousand, Four Hundred and Ninety-one Dollars and Ninety-two Cents (\$6,491.92.).

The Committee wish to extend their most sincere thanks to their Chairman, Mr. J. W. McConnell.

Sixteen Hundred and Eighty-five Dollars (\$1,685.00) was received from Governors' Annual Fees.

It is with deep regret that the Committee report the death of two of their Life Governors—Mr. Charles Meredith and Mr. Henry Birks.

To Mr. Chenoweth, the Superintendent, to Miss Barrett, the Supervisor, to Miss Mathews and Miss Barr, Social Service Workers, and to Miss McNaughton, Settlement Nurse, the Committee owe their most grateful thanks for their help and co-operation in this work.

In conclusion, the Committee wish to thank the following for their generous donations: Sir Vincent Meredith, Needlework Guild of Canada, Sherbrooke Realty Company, Mrs. G. L. Cains, Mrs. P. Mathias, Mrs. Andrew Allan, the Misses Gillespie and Mappin & Webb.

Respectfully submitted,

RUTH R. McMASTER,  
*Hon. Secretary.*



# REPORT OF THE TRAINING SCHOOL

*For the Year Ended December 31st, 1928*

To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I have the honour to present the Thirty-fifth Annual Report of the School of Nursing.

The Staff on duty December 31st, 1928, was as follows:—

Graduate Staff in Main Building, Ross Pavilion and New Pavilion.....	66
Student Nurses, 3rd year.....	67
Student Nurses, 2nd year.....	74
Student Nurses, 1st year.....	63
Affiliated Students.....	38

Five hundred and forty-nine Calendars were sent out.

Eighty-six students admitted, sixty-three remaining.

*Affiliations:*

One hundred and fifty-five student nurses have had courses during the year in Obstetrics, Pædiatrics and Gynæcology.

Fifty-two students from this School have taken the course in communicable diseases at the Alexandra Hospital, and twenty the course in Orthopedics at the Shriners Hospital.

Twenty-five Post-Graduate courses were given in the New Pavilion.

2,438 Special Nurses were called for the Ross Pavilion, with 25,314 nursing days.

1,403 Nurses were called for the New Pavilion with 10,625 nursing days.

The Graduation Exercises for 1928, were held in the Nurses Home on April 11th. Sir Herbert Holt presided as the President, Sir Vincent Meredith, was in England. The address to the Graduating Class was given by Dr. John Fraser, and the pins and diplomas presented by Mrs. Fraser.

*Prize Winners:*

The prizes for Highest Standing were given to:

1st Division —Miss Dorothy Mitchell.

2nd Division—Miss Kathleen Covert.

The General Proficiency prizes to:

1st Division —Miss Anne Currie.

2nd Division—Miss Zella Morgan.

*Scholarships:*

The Dr. Garrow Scholarship for this year was given to Miss Eileen Flanagan who is taking the Instructors course in the School for Graduate Nurses at McGill University.

The Hospital Scholarship to Miss Kathleen Covert, B.A., for the course in Public Health nursing.

*Nurses who have resigned during the year:*

Miss Elsie Allder—to take position as School Nurse in Avon, Conn.

Miss Winnifred MacLean—to take position of Superintendent of Nurses, Campbellton, N.B.

Miss Milla McLellan—granted leave of absence.

Miss Jean Louson—Operating Theatre } to be married.

Miss Blanche Bissett—Hydro }

Miss Eileen Flanagan—to take the course at McGill University.

*Nurses added to Staff during the Year:*

Miss Margaret Dixon—Ward "B".

Miss Zella Morgan—Ward "G".

Miss Mary McNichol—Teaching Department.

Miss Henrietta Adams—Hydro Department.

Miss Clare Brigham—Operating Room.

Miss Jean Trenholme—Ward "K".

*Illness:*

During the latter part of the year there was a great deal of illness due principally to Influenza. Fortunately it was not a serious type but the number of days illness for the year was increased to 2,140, 171 more than last year. This increase we feel is due to the crowded condition of the Nurses Home.

May I again call the attention of the Governors to the need for increased accommodation for nurses. The present Nurses Home is entirely too small for the number of nurses housed there, and although we have two houses outside we feel that they are all very crowded. Class room space and better sleeping quarters are especially needed. A new Nurses Home or an addition to the present one is a pressing need.

The epidemic of Influenza among the students gave the Medical Staff a great deal of extra work, and we again wish to express our appreciation of their unfailing kindness and consideration. This applies also to the Nursing Staff, who were always willing and interested, during this trying period.

To the Governors we would express our thanks for many generous gifts.

We have missed the visits of the President, Sir Vincent Meredith, who has been ill now for some time, and who has always shown the keenest interest in everything connected with the nurses and the welfare of the School.

Respectfully submitted,

MABEL F. HERSEY,  
*Superintendent of Nurses.*



## GRADUATING CLASS 1928

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ADAMS, HENRIETTA L.....	Metapedia, Que.
ALLEN, FLORENCE A.....	Summerside, P.E.I.
BRIGHAM, CLARA M.....	Ottawa, Ont.
BROOKS, RETA A.....	Pinder, N.B.
CLARK, MARION I.....	Halifax, N.S.
CLIFT, MURIEL A.....	Westmount, Que.
COLQUHOUN, MARION H.....	Waterville, Que.
COVERT, KATHERINE H.....	Dartmouth, N.S.
CURRIE, ANNIE.....	Montreal, Que.
CURRIE, EMMA.....	Montreal, Que.
COWDRY, ELIZABETH.....	Cobourg, Ont.
COWIE, GLADYS J.....	Ottawa, Ont.
CUNNINGHAM, ELIZABETH.....	Tatamagouche, N.S.
DIXON, MARGARET H.....	Lachine, Que.
DONNELLY, DOROTHY.....	Montreal, Que.
DOUGALL, E. GLADYS.....	Westmount, Que.
ELLIS, FRANCES B.....	Westmount, Que.
ERSKINE, JEAN M.....	Knowlton, Que.
FELLOWES, RAE.....	Westmount, Que.
FORDE, PHYLLIS H.....	Ottawa, Ont.
FRASER, JOAN.....	Pictou, N.S.
GILLESPIE, MINA G.....	Ottawa, Ont.
GRANT, MARY M.....	New Glasgow, N.S.
GALLAGHER, MARY M.....	Fredericton, N.B.
GREEN, CHARLOTTE A.....	St. John's, Nfld.
HOUGH, MARION A.....	Montreal, Que.
HALL, E. MARGARET.....	Cornwall, Ont.
HENRY, DORIS E.....	Montreal, Que.
ISAACS, EVELYN N.....	Jamaica, B.W.I.
JONES, ETTA L.....	Cambridge, N.B.
KEITH, BEATRICE M.....	Havelock, N.B.
LAPHAM, DORIS M.....	Sarnia, Ont.
MACFARLANE, ISABEL.....	Montreal, Que.
MACCUISH, ADELAIS.....	Sackville, N.B.
MACLELLAN, DOLINA.....	Stellarton, N.S.
MACNICHOL, MARY F.....	Campbellton, N.B.
MCKENZIE, ISABELLA A.....	Dundee, Scotland
MCLEOD, EILEEN I.....	Stornoway, Scotland
MCLEAN, FLORENCE M.....	North Wiltshire, P.E.I.
MITCHELL, E. DOROTHY.....	Jamaica, B.W.I.
MORGAN, ZELLA.....	Arnprior, Ont.
MURRAY, JEAN M.....	Dartmouth, N.S.
ROGERSON, MARY F.....	St. John's, Nfld.

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ROSS, B. BURNS.....	Halifax, N.S.
ROGERS, JEAN A.....	Woodstock, N.B.
ROSS, RUTH.....	Charlottetown, P.E.I.
SMALL, GLADYS.....	Montreal, Que.
SMARDON, F. ELIZABETH.....	Westmount, Que.
SMITH, LUCILLE M.....	Lunenburg, N.S.
SIMPSON, HELEN B.....	Bridgewater, N.S.
STEVENS, GRACE B.....	Edmundston, N.B.
STEVENS, HAZEL M.....	Amherst, N.S.
SOHLMAN, KERSTI.....	Abo, Finland
STEWART, MARGARET E.....	Ottawa, Ont.
STEWART, JEAN E.....	Leary, P.E.I.
SUTHERLAND, ANNIE M.....	Westville, N.S.
VAN, FLORENCE R.....	Quebec, P.Q.
WHYTE, ELIZABETH A.....	Glace Bay, N.S.
WILLIAMS, EDITH A.....	St. John's, Nfld.
WRAN, EDITH G.....	Campbellton, N.B.
YOUNG, PHYLLIS G.....	Fort William, Ont.





THE ALUMNAE ASSOCIATION OF THE  
SCHOOL OF NURSING  
ROYAL VICTORIA HOSPITAL

---

OFFICERS 1929-1930

Honorary Presidents

MISS E. A. DRAPER

MISS M. F. HERSEY

President

MRS. STANLEY

First Vice-President

MRS. LEBEAU

Second Vice-President

MRS. SCRINGER

Recording Secretary

MISS GRACE MARTIN

Corresponding Secretary

MISS K. JAMER

Treasurer

MISS BURDON

Executive Committee

MISS HERSEY

MISS REID

MISS FORGIE

MISS GOODHUE

MISS B. CAMPBELL

MRS. ROBERTS

Canadian Nurse Representative

MISS E. FLANAGAN

Representatives to Local Council

MISS A. M. HALL

MISS G. YEATS

Sick Visiting Committee

Convenor, MISS GALL

MRS. WALKER

MISS B. CAMPBELL

MISS H. MACDONALD

Programme Committee

MRS. SCRINGER

MISS B. CAMPBELL

MISS FLANAGAN

Finance Committee

Convenor, MISS ENRIGHT

MISS ETTER

MISS WRIGHT

MISS GOODHUE

MISS MCKIBBON

MISS HERSEY

Representatives from  
Private Duty Section

MISS JEAN MCKIBBON

MISS M. MACCALLUM

MISS F. STEEL

MISS M. PALLISER

# FINANCIAL STATEMENT

of the Alumnae Association

For the Year Ending December 31st, 1928

## RECEIPTS

Balance brought forward.....	\$1,305.48
Amount received for General Fund.....	695.00
Amount received for Sick Benefit Endowment Fund.....	2,033.65
Interest on Investments and Bank Interest.....	573.68
Graduates subscriptions for Alumnae Dinner.....	675.07
	<hr/>
	\$5,282.88

## DISBURSEMENTS

Refreshments.....	\$ 40.01
Stationery.....	36.45
Alumnae Reports and Stamps.....	303.70
Printing Special Notices and Stamps.....	47.69
Printing Xmas Cards and Stamps.....	79.13
Clerical Fee.....	30.00
Current Expenses.....	47.92
Subscription to 12 Copies of Canadian Nurse.....	25.00
Affiliation Fee to Canadian Nurses' Association.....	254.00
Advertising in Canadian Nurse.....	10.15
Local Council of Women Fee.....	2.00
Cartage on Chairs, etc.....	8.75
Alumnae Dinner Class 1928.....	723.00
Payments made to Sick Nurses.....	300.00
The Garrow Scholarship.....	100.00
The Alexina Dussault Prize.....	50.00
Treasury Dept. (License).....	10.00
Payment of Interest to Royal Victoria Hospital on Sick Benefit Fund.....	67.50
Final Payment to R.V.H. on Sick Benefit Fund.....	2,000.00
Delegate to Convention in Winnipeg.....	165.00
Delegate to Convention in Three Rivers.....	15.00
CHRISTMAS DONATIONS:	
Social Service Dept.....	10.00
Griffintown Club.....	5.00
Dickens Fellowship.....	5.00
School for Crippled Children.....	5.00
Grace Dart Home.....	10.00
Balance on Hand.....	932.58
	<hr/>
	\$5,282.88

## INVESTMENTS

Canadian Pacific Railway Bonds 5%.....	\$4,200.00
City of Maisonneuve Bonds 5%.....	486.66
Montreal Light Heat & Power Bonds.....	1,500.00
Dominion Textile Company Bond.....	1,000.00
Interest 1/2 Yearly on \$5,000.00 Gift of Lord Mount Stephen	

# REPORT OF THE SOCIAL SERVICE DEPARTMENT

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*For the Year Ended December 31st, 1928*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I have the honour to present the Annual Report of the Social Service Department for the year ending December 31st, 1928.

The work has increased in accordance with the increase of patients admitted to the Out Patient Department. During the year 2445 patients were referred for some form of Social Work, of these 527 were referred from other Social Agencies.

There have been several changes in the Staff during the year. In January the Pædiatric Staff was increased by one worker. In February Miss Dorothea Heney resigned to take the position of Social Worker with The Girl's Cottage Industrial School. She was replaced by Miss Janet Galbraith, formerly with the Staff of the General Health League. In April Miss Vida Odell was forced to resign through illness and was replaced by Miss Margaret Stewart, a Graduate of the McGill School of Social Work. In July Miss Catherine Nichol also resigned through illness and was replaced by Miss Florence Salomon, a Graduate of the McGill School of Social Work.

During the early part of the year the Financial Investigation Department was transferred from the Staff of the Social Service Department to the Administration Staff. This has relieved the Department of a great deal of responsibility.

In February the Royal Edward Institute took over the follow up of the Tuberculosis patients, which was formerly carried on by the General Health League. We are greatly indebted to this Organization for the splendid way in which it has been done. The same nurse, who had followed the patients with the Health League, being taken on the Staff of the Royal Edward Institute and continuing her work in the Pulmonary Clinic as before.

In August a special clinic was started by Dr. H. P. Wright to immunize children against Diphtheria and Smallpox. Special appointments are made each week and the patients followed up by the Social Worker until the test is completed. Since the inauguration of the Clinic 36 patients have been immunized.

During the year 87 Nurses in Training were given one week's observation, with a view towards giving them a very slight idea of the work of the Department and of the problem the patients have to face prior to entering and after leaving the hospital. During the year 1057 visits to patients' homes were made by these nurses.

Four students from the McGill School of Social Work were also given Field Work; two taking one month's intensive work in May, the others being given sixteen hours each week from October until December.

The Clinic management has been faithfully carried on by seventeen members of the Junior League, assisted by four other volunteers.

There has been a slight decrease in the number of patients referred back to the Out Patient Clinics. This is probably due to the admission of Emergencies only, during the recent Influenza Epidemic.

1297 Patients were referred back to Clinics.

942 Returned without notification.

55 Returned after post card or home visit.

327 Failed to return.

The problem of the Chronic or Incurable Patient, who is neither Tuberculous or Cancerous, is becoming more acute. These patients are increasing in number, quite often homeless men and women are practically impossible for the Social Worker to place; few Institutions being available for them. They therefore become permanent charges of the Hospital, taking up a bed which might be used for an acute case.

The need for Social Follow Up is being felt in connection with the Diabetic, Psychiatric and Venereal Clinics. We regret that with the present Staff it is impossible for us to undertake this at the present time.

On December 15th, 1928, the first Christmas Tree was given by the Social Service Department to the children who attended the

Pædiatric Clinic regularly during the year. Two hundred children, accompanied by fifty mothers were each given a present, fruit, bag of candy and an ice cream cone. This was made possible by donations of money from interested friends, and toys and candy from the Montrose Club, Junior Red Cross and Boy Scouts. We are also indebted to the Volunteer Workers for their willing assistance.

65 Christmas Dinners and Baskets etc., were provided through the co-operation of the following:—

Kiwanis Club	Canadian Red Cross Society
St. Georges Society	Royal Victoria Hospital Alumnæ
St. Andrews Society	Hospital Group—Catholic Women's League
Private Individuals	

200 children were sent tickets for a Christmas Tree given by the Elks Club.

#### THE STATISTICAL REPORT IS AS FOLLOWS:

Financial investigations re free medicines and free X-Rays. . . . .	2103
Letters and post cards. . . . .	2202
Number of patients authorized free medicine. . . . .	1894
Free X-Rays authorized. . . . .	141
Interviews. . . . .	17264
Home visits. . . . .	4428
Financial aid. . . . .	41
Employment secured. . . . .	10
Admitted to Permanent Homes. . . . .	38
Admitted to Convalescent Homes. . . . .	214
Admitted to Tuberculosis Sanatoriums. . . . .	24
Referred to other Agencies. . . . .	378
Written reports sent to other Agencies. . . . .	299
Number of patients supplied with dressings. . . . .	44
Referred for Dental Care. . . . .	34
Referred for Nursing Care. . . . .	31
Number of patients supplied with clothing. . . . .	39
Free Taxis. . . . .	92
Crutches arranged for. . . . .	80
Bandages supplied (Elastic and Crepe). . . . .	2
Abdominal belts arranged for. . . . .	6

Artificial limbs arranged for . . . . .	1
Glasses arranged for . . . . .	34
Colostomy Cups arranged for . . . . .	5
Ice caps arranged for . . . . .	2
Celluloid cap arranged for . . . . .	1
Transfusions arranged for . . . . .	9
Referred for special treatment to other Cities .	5
Funeral arrangements . . . . .	9
Special Foster Homes arranged for . . . . .	9
Patients taken to station . . . . .	63
Braces arranged for . . . . .	3
Deportation arranged for . . . . .	7
Transportation to France arranged for . . . . .	1

We again wish to thank Mr. Chenoweth, the Doctors and Members of other Departments for their continued co-operation and help.

In closing we wish to thank the Convalescent Homes, the other Social Agencies and private individuals who have co-operated with us and who have given donations of money, clothing and toys; and to make special mention of the generous help received from the Montrose Club, who have again kept the Department supplied with clothing and knitted articles.

Respectfully submitted,

BESSIE G. STEWART,

*Director Social Service Department,  
Royal Victoria Hospital.*

# REPORT OF THE SOCIAL SERVICE DEPARTMENT

ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL

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*For the Year Ended December 31st, 1928*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

In reviewing the work of the past year, the most outstanding feature is the taking over of this department by The Ladies' Auxiliary Board.

The staff has been augmented by Mrs. Hewett, a half time secretary, whose services are greatly appreciated.

A summary of the work is as follows:—

(1) *Anti-natal visits to homes* . . . . . 1278

Where preparation for confinement, supplies, and the hygiene of pregnancy, etc. are discussed. The increase in number of visits (196) over last year are due to cars being provided by The Ladies' Committee.

(2) *Ward Visits* . . . . . 1394

Each patient is interviewed and social and financial problems dealt with, and adjustments being made when necessary, thereby relieving the mother of much anxiety and contributing to her ultimate recovery.

(3) *Clinic Interviews and Financial Investigations* . . . . . 1284

Here we have the problems arising of "the unmarried mother," desertion, non-support, poverty, foster homes, etc., requiring a knowledge of all existing agencies with whom we co-operate.

(4) *Demonstrations*

An added feature at clinics is an exhibit of model baby garments and equipment necessary for baby care. 120 layettes have been given to needy mothers through The Ladies' Auxiliary Board.

(5) Six talks have been given to nurses in training, on Maternity Social Service, the nurses in their 1st year being sent to this department for observation, thereby giving them the social aspect of all medical cases.

(6) *Post-natal Visits*..... 1278

On discharge from hospital all babies are immediately referred to The Child Welfare Association, who visit within 48 hours and arrange for mother to attend the Health Centre in her district.

*Christmas*

Dinners and gifts of baby clothes were provided for needy patients through the following:—

Red Cross.....	4
St. Georges Society. ....	4
Kiwanis Club. ....	2
Private individuals. ....	6

To the doctors, without whose ready co-operation and sympathy we would be unable to work, may we express our grateful thanks.

In conclusion we wish to say that all this work would have been impossible without the generous support and practical assistance of our Ladies' Auxiliary Committee who have worked faithfully all year, we cannot thank them sufficiently.

Respectfully submitted,

GERTRUDE M. MATTHEWS,  
*Social Service Department.*





# REPORT OF PRE-NATAL SETTLEMENT CLINICS

ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL

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*For the Year Ended December 31st, 1928*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

In presenting the report of the past year it is gratifying to record some progress. One new clinic was opened at 4755 St. Hubert St., a new populated district which we hope will grow into one of the larger clinics. This makes 6 Settlement Clinics, held at the various Health Centres throughout the City—Maisonneuve, Rosemount, Mount Royal, Coursol St., Eleanor St. and Montreal General Hospital. We are thus enabled to render service to those Mothers who find it impossible to attend the hospital clinics. The homes of all those attending clinics are visited by worker and advice given regarding health and if confinement is to take place at home instruction given for the best arrangements to be made and articles required.

We are indebted to the Committee for serving cocoa and displaying the little cut out layettes, which is much appreciated by the mothers and does much to dispel the nervousness of the first visit.

We were able through the Christmas Cheer Fund and kindness of other friends to send Christmas dinners to a number of our families.

Following statistical report:—

Total new patients.....	509
Total attendance.....	2214
Number of clinics held.....	195

C. F. MacNAUGHTON,  
*Worker.*

EIGHTH ANNUAL REPORT OF  
THE MCGILL ALUMNÆ LIBRARY COMMITTEE  
ROYAL VICTORIA HOSPITAL

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*For the Year Ended December 31st, 1928*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

In presenting the eight annual report of the library of the Royal Victoria Hospital, it is difficult to avoid repetition. The work has been carried on by volunteers under the same committee of the McGill Alumnæ Society—each of the 650 beds being visited twice a week. In the summer months the same undergraduate of McGill University, paid by the Hospital, has had charge. Thus, in 1928, 22,979 books were loaned to patients and some members of the staff—all members of the staff having the privilege of free membership of this library.

It may be fairly stated that the standard of this library was much impressed upon us through visits made to hospital libraries in the United States, and through attendance at conventions of librarians. It is on a par with, if not excelling, anything in the United States, and is conducted entirely by volunteers.

The convenor of the committee, after giving a paper on our hospital libraries at the convention of the American Library Association, in West Baden, Wisconsin, in May, was asked by the president of the Association to become a member of the Committee of Hospital Librarians—all of whom are paid librarians in different hospitals in the United States, with the exception of the convenor.

More money than previously has been spent on books, as the bonus of \$50.00 given by the McGill Alumnæ Society in 1927 was not spent until the opening of this year. It was then, after careful study by members of the committee and by correspondence

with the Children's Department of the A. L. A., Chicago, that this \$50.00 was spent on books for boys and girls. We now know that we can offer the sick children in this Hospital only the best literature.

The 1928 McGill Alumnæ bonus of the same amount was spent on non-fiction. The demand for more solid reading matter by the sick is increasing, and waiting lists for many of the popular biographies and books of travel have now to be kept.

Thirty dollars (\$30.00) was donated by patients, and \$13.34 was collected in fines for overdue books from members of the staff. Added to these amounts was the annual grant of \$300.00 from the Hospital. In all, \$389.46 was spent on books for this library in 1928.

There were 618 books added to the shelves—some bought, others donated; 499 worn-out books were discarded; 160 books were lost; making a total of 3338 books in the library. Amongst these additions were books in two more foreign languages—Finnish and Syrian—making a total now of fourteen (14) languages.

We know that at present we have as many books in the library as are necessary, as two books per bed is the number given by authorities and we have five books per bed. Our ideal now is to keep the books of a high standard by adding daily new books of literary value, demanded by patients, and by replacing old worn-out copies of the ever popular books. And not only do we aim to have these books on the shelves, but to make all workers in the library familiar with the new books, so that suitable books are loaned to each patient—thus to aid, not to hinder, his recovery.

For this purpose a club of volunteer workers and the members of the committee has been formed. The club meets once a month to discuss books and to hear various lectures on subjects connected with this work. One of the much enjoyed speakers was Miss Hersey. In return the convenor spoke to the graduate nurses of the R. V. H., thus giving to two groups so closely connected as nurses and hospital librarians the point of view of each other. We hope this will bring about even closer co-operation.

In closing, I wish to express the thanks of all members of the committee and volunteer workers in the library to every member of the staff of the Royal Victoria Hospital, as without their splendid assistance our work in the library would not have reached its present standard.

Respectfully submitted,

INEZ M. BAYLIS,  
*Convenor Library Committee,*  
*McGill Alumnae Society.*



## DONATIONS, 1928

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CANADIAN JOHNS-MANVILLE COMPANY.....	\$100.00
CANADIAN PACIFIC RAILWAY COMPANY.....	750.00
CROWN TRUST COMPANY.....	25.00
DENECHAU LODGE.....	50.00
DOMINION BRIDGE COMPANY.....	200.00
DOMINION TRANSPORT COMPANY.....	50.00
FAIRBANKS, MISS A. M.....	100.00
FROMINGS, H. A.....	10.00
GILMOUR BROTHERS.....	20.00
HEBREW SICK BENEFIT ASSOCIATION.....	100.00
HOWARD SMITH PAPER MILLS.....	50.00
KING GEORGE SICK BENEFIT ASSOCIATION.....	25.00
MONTREAL CITY AND DISTRICT SAVINGS BANK...	75.00
SPACKMAN, L. M.....	5.00
VIOLET DAY COMMITTEE.....	500.00
WILLIAM WARREN FUND.....	100.00



# ROYAL VICTORIA MONTREAL MATERNITY PAVILION

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## DONATIONS TO CHRISTMAS TREE FUND, 1928

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NAME	AMOUNT	NAME	AMOUNT
ADAIR, MRS. R. . . . .	\$10.00	MACDOUGALL, MRS. G. W. . . . .	5.00
ANGUS, MRS. W. F. . . . .	15.00	MACDOUGALL, MRS. R. E. . . . .	5.00
ATHOLSTAN, LADY. . . . .	10.00	MACINNES, MRS. W. R. . . . .	5.00
ATHOLSTAN, LORD. . . . .	20.00	MARLER, MRS. W. . . . .	3.00
BEARDMORE, MRS. L. . . . .	10.00	MCCONNELL, MRS. J. W. . . . .	10.00
BENSON, MRS. G. F. . . . .	10.00	MOLSON, MRS. F. W. . . . .	10.00
BRAINERD, MRS. WINTHROP. . . . .	5.00	MOLSON, MRS. HERBERT. . . . .	10.00
CAMERON, MRS. J. C. . . . .	5.00	MORRICE, MRS. DAVID. . . . .	10.00
COOK, MRS. G. W. . . . .	5.00	OGILVIE, MRS. A. E. . . . .	5.00
COWANS, MRS. P. P. . . . .	10.00	OGILVIE, MRS. G. L. . . . .	5.00
DRUMMOND, LADY. . . . .	25.00	PEVERLEY, MRS. FRED. . . . .	5.00
DRUMMOND, MRS. HUNTLY R. . . . .	20.00	REFORD, MRS. R. . . . .	25.00
GILLESPIE, MISS. . . . .	5.00	REFORD, MRS. R. W. . . . .	10.00
GORDON, LADY. . . . .	25.00	ROBIN, MRS. CLAUDE B. . . . .	5.00
HAYS, MRS. C. M. . . . .	25.00	RODDICK, MISS. . . . .	10.00
HAYS, MISS M. V. . . . .	5.00	SKINNER, MRS. W. W. . . . .	5.00
HICKSON, LADY. . . . .	25.00	STEWART, MRS. T. HOWARD. . . . .	10.00
HODGSON, MRS. DUNCAN M. . . . .	20.00	STEWART, MRS. WALTER. . . . .	25.00
HODGSON, MRS. THOMAS C. . . . .	10.00	STOKER, MRS. T. T. MCG. . . . .	10.00
HOLT, LADY. . . . .	25.00	SUTHERLAND, MRS. W. D. . . . .	5.00
HOLT, MRS. C. M. . . . .	5.00	TETLEY, MRS. . . . .	2.00
JONES, MRS. F. P. . . . .	10.00	TIMMINS, MRS. L. H. . . . .	5.00
LAW, MRS. A. G. . . . .	10.00	VIPOND, DR. C. W. . . . .	10.00
LINDSAY, MR. AND MRS. ROBT. . . . .	25.00	WANKLYN, MRS. F. L. . . . .	5.00
		YATES, MRS. H. B. . . . .	5.00

### FLOWERS

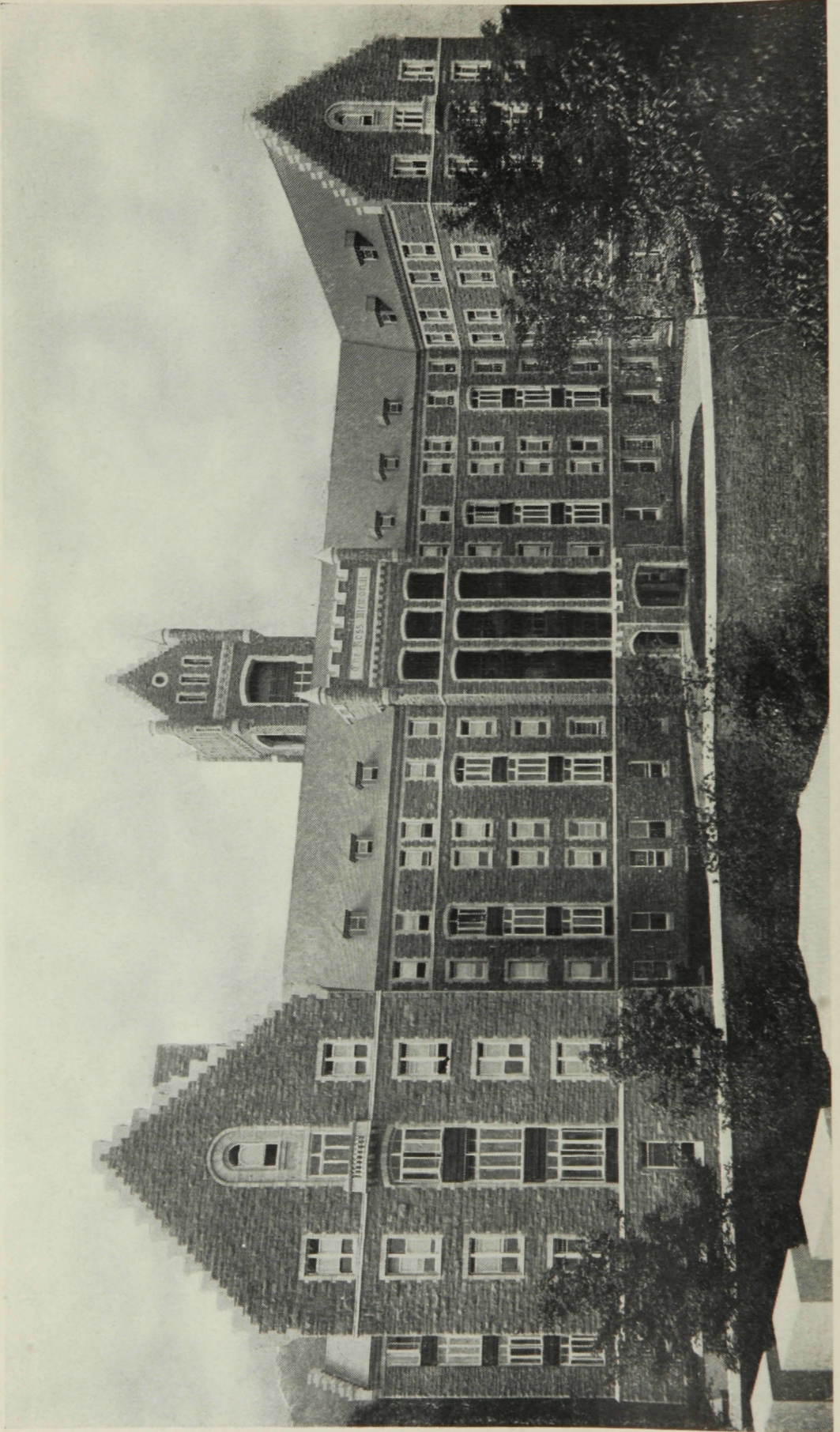
BINNING, MR. J. W.  
 CANADA'S NATIONAL FLOWER SHOW  
 CITY OF WESTMOUNT  
 DUGGAN, MRS. G. H.  
 GRACE CHURCH SUNDAY SCHOOL  
 HALL & ROBINSON  
 HALSTEAD, MRS. A.  
 LINDSAY, MRS. LIONEL  
 MATHIAS, MRS. P.  
 MEREDITH, LADY  
 MOLSON, MRS. H.  
 MACDOUGALL, MR. AND MRS. PURVIS  
 MCKENNA LTD.  
 PATON, MR. HUGH  
 ROYAL ARTHUR LODGE  
 STEWART, MRS. WALTER M.  
 WILSHIRE BROS.

### BOOKS AND MAGAZINES

A FRIEND  
 BIRKETT, DR. H. S.  
 CANTLIE, MRS. J. A.  
 CHIPMAN, MRS. W. W.  
 CRAWFORD, MR. W.  
 DESBARATS, MR. AND MRS. WM. A.  
 DOBELL, MRS.  
 GILLESPIE, MISSES  
 GREEN, MRS. A. H.  
 LINDSAY, MRS. LIONEL  
 MATHIAS, MRS. PERCY  
 MEREDITH, LADY  
 MCNAUGHTON, MRS. DONALD  
 PATERSON, MRS. R. MACD.  
 PECK, MISS VIOLET M.  
 TIDMARSH, DR. C. J.







ROSS MEMORIAL PAVILION



# REPORT OF THE DEPARTMENT OF MEDICINE

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*For the Year Ended December 31st, 1928*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

The work of the Medical Department during the year 1928 has progressed on the same lines as during the previous year. The hearty co-operation of all the members of the Staff has made for the harmony and efficiency of the departmental work.

## *IN-PATIENT DEPARTMENT*

It is with satisfaction that we can report the almost complete absence of typhoid fever from the Wards during the past year; but, as the Medical Wards are always subject to the vagaries of epidemic diseases it was with a certain amount of apprehension we viewed the onset of an influenza epidemic in November. This was attended by the usual increase of pneumonia for a period of some weeks, which necessitated the restriction of admissions to the Wards to those cases only that were suffering from this disease. Such an epidemic always makes the work of the Wards much more arduous on account of the morbidity which occurs amongst the Resident Medical and Nursing Staffs.

## *OUT-PATIENT DEPARTMENT*

The Out-Patient Department has shown a steady increase in numbers attending the various Clinics. It is satisfactory to note, however, that those applying for the Pasteur treatment in the prevention of rabies is much less than last year. Although 108 individuals applied for treatment this was found to be unnecessary in the great majority of them.

## *MEDICAL LABORATORIES*

The work in the Medical Laboratories has continued in the same volume as in the previous year. There has been a great

increase, however, in the preparation of therapeutic and diagnostic material. The arrangement that these preparations should be made under strict chemical control has warranted the increased trouble which it has entailed. The research work accomplished in the Laboratories has been of greatly increased volume. Much of it has required a great deal of time and patience and is yet far from completion. It is the essence of fundamental work that its ramifications are innumerable and it has been found to be so in the work undertaken during the past twelve months.

### PUBLICATIONS

Dr. J. C. MEAKINS:

"The Teaching of Medicine."—*Bull. Assoc. of Amer. Medical Colleges*, 3; No. 2, p. 108, April, 1928.

"The Product of the Medical School"—*Report of the Second Conference, Medical Services of Canada*, pp. 79-84. King's Printer, Ottawa, 1928.

(with Dr. C. N. H. LONG)

"The Effect of Anæsthetics on the Recovery Process in Skeletal Muscle."—*Journ. Biol. Chem.*, 77; p. 563, 1928.

"The Significance of Symptoms in Circulatory Disease."—*Medical Sentinel, Serial Vol. 36; No. 10*, pp. 702-704, October, 1928.

"The Relation of Focal Infection to Pancreatic Function, with special reference to Etiology of Diabetes."—*Proc. Inter-State Post.-Grad. M. Assembly, N. Amer.* (1927), 3; pp. 197-202, 1928.

Dr. M. E. ABBOTT:

"The Diagnosis of Congenital Cardiac Disease."—*Monograph in Blumer's Bedside Diagnosis*, 2; pp. 353-514, 1928.

"Vignettes from the History of Nursing."—(Edited by) *Canadian Nurse*, August, September, October, 1927; March, April, May, June, July, 1928.

"Death of Lady Osler."—*Can. Med. Assoc. Journ.*, 19; pp. 471-472, 1928.

"An Early Canadian Biologist—Michel Sarrazin (1659-1735); His Life and Times." An Appreciation of the Prize Essay by Dr. Vallee.—*The Can. Med. Assoc. Journ.*, 19; pp. 600-607, 1928.

"On the Clinical Classification and Differential Diagnosis of Congenital Cardiac Disease."—*Bulletin XII of the International Assoc. of Med. Museums* (in press).

"International Index of Medical Museums (Editorial and Report embodying returns from Algeria, Denmark, Egypt, France, Germany, Great Britain and Ireland, Holland, India and Switzerland)."—*Bulletin XII of the International Assoc. of Med. Museums* (in press).

"Editorials and Reports in Bulletin XII of the International Assoc. of Medical Museums, on the consummation of the Sir William Osler Memorial Volume" (in press).

Editor of Bulletin XII of the International Association of Medical Museums and Journal of Technical Methods (in press).

(with Dr. E. A. BAUMGARTNER)

"Interventricular Septal Defect with Dextro-position of Aorta and Dilatation of the Pulmonary Artery ('Eisenmenger Complex') termination by Cerebral Abscess." Report of a case observed during life presenting impaired conduction and paralysis of recurrent laryngeal nerve from pressure of hypertrophied pulmonary conus.—*Amer. Journ. of Med. Sci.*, October, 1928.

(with Dr. W. H. CHASE)

"Bicuspid Aortic Valve of Congenital Origin with Hypoplasia of Aorta and Slight Coarctation, and Associated Defect of the Interventricular Septum (Maladie de Roger). Streptococcal Aortic Endocarditis (old and recent) with Mycotic Aneurysm of Branch of Left Coronary Artery rupturing into wall of Left Auricle and Extensive Recent Infarction of Myocardium of Left Ventricle."—*Bulletin XII of the International Assoc. of Med. Museums* (in press).

(with Dr. W. F. HAMILTON)

"Coarctation of the Aorta of the Adult Type."

- I. Complete Obliteration of the Descending Arch at Insertion of the Ductus in a Boy of Fourteen; Bicuspid Aortic Valve; Impending Rupture of the Aorta; Cerebral Death.
- II. A Statistical Study and Historical Retrospect of 200 Recorded Cases, with autopsy of Stenosis or Obliteration of the Descending Arch in subjects above the age of two years.—*Amer. Heart Journ.*, 3; pp. 381-421, 574-618, April and June, 1928.

(with Dr. WM. MOFFATT)

“Report of a Case of Mirror-Picture Dextro-cardia complicated by Incomplete Transposition of the Arterial Trunk with Aplasia of Mitral Orifice and Left Ventricle, with remarks on the Absence of Right Predominance in the Electro-cardiogram in such combinations.”—*Can. Med. Asscn. Journ.* (in press).

(with Dr. DIGBY WHEELER)

“Double Aortic Arch and Pulmonary Atresia, with Pulmonic Circulation maintained through a persistent Left Aortic Root, in a Man aged 29.”—*Can. Med. Asscn. Journ.*, 19; No. 3, pp. 297-303, September, 1928.

Dr. G. R. BROW:

“The Heart in Typhoid Fever.”—*Can. Med. Asscn. Journ.* (in press).

(with Dr. J. BEATTIE and Dr. C. N. H. LONG)

- I. “The Relation of the Integrity of the Sympathetic Nervous System to the Cardiac Arrhythmias Produced by Chloroform Anæsthesia.”
- II. “The Relation of the Sympathetic Nervous System to Carbohydrate Metabolism.”
- III. “The Head Ganglia of the Sympathetic Nervous System.”—*Proc. Soc. of Research in Nervous and Mental Diseases*, 1928 (in press).

Dr. H. B. CUSHING:

“Erysipelas in Children.”—*Can. Med. Asscn. Journ.* (in press).  
Various Editorials and Abstracts.

Dr. W. F. HAMILTON:

(with Dr. M. E. ABBOTT)

“Coarctation of the Aorta of the Adult Type.”

- I. Complete Obliteration of the Descending Arch at Insertion of the Ductus in a Boy of Fourteen; Bicuspid Aortic Valve; Impending Rupture of the Aorta; Cerebral Death.
- II. A Statistical Study and Historical Retrospect of 200 Recorded Cases, with autopsy of Stenosis or Obliteration of the Descending Arch in subjects above the age of two years.—*Amer. Heart Journ.*, 3; pp. 381-421, 574-618, April and June, 1928.

Dr. R. H. M. HARDISTY:

"On the Treatment of Gastric Ulcer."—*Can. Med. Asscn. Journ.*, 18; No. 2, pp. 140-147, February, 1928.

Dr. A. T. HENDERSON:

"Studies in Asthma and Related Diseases."—*The Harben Lectures*, 1928. *The Journ. of State Medicine*, 36; December, 1928, and 37; January and March, 1929.

Dr. D. S. LEWIS:

(with Dr. W. de M. SCRIVER)

"The Response of Chronic Nephrosis to Parathyroid and Thyroid Medication."—*Annals of Int. Med.*, 2; No. 1, 66-82, July, 1928.

Dr. C. N. H. LONG:

(with Dr. J. C. MEAKINS)

"The Effect of Anæsthetics on the Recovery Process in Skeletal Muscle."—*Journ. Biol. Chem.*, 77; 563, 1928.

"The Oxygen Intake during Exercise of Animals under Anæsthesia."—*Journ. Biol. Chem.* (in press).

(with Dr. J. BEATTIE and Dr. G. R. BROW)

I. "The Relation of the Integrity of the Sympathetic Nervous System to the Cardiac Arrhythmias Produced by Chloroform Anæsthesia."

II. "The Relation of the Sympathetic Nervous System to Carbohydrate Metabolism."

III. "The Head Ganglia of the Sympathetic Nervous System."—*Proc. Soc. of Research in Nervous and Mental Diseases*, 1928 (in press).

Dr. W. R. MARSHALL:

"Alpha Lobelin as a Respiratory Stimulant."—*Amer. Med. Asscn. Journ.*, 42; pp. 180-188, August, 1928.

Dr. C. F. MARTIN:

"Report on the Faculty of Medicine."—*McGill News*, December, 1928.

Dr. EDWARD H. MASON:

"The Use and Interpretation of Blood Chemistry by the General Practitioner."—*Can. Med. Asscn. Journ.*, 19; No. 1, 34-40, July, 1928.

"A Case of Pernicious Anæmia treated with a High Liver Diet for approximately Four Years."—*J.A.M.A.*, 90; pp. 1527-1529, May 12, 1928.

"Diabetes, Arteriosclerosis, and Gangrene."—*Can. Med. Asscn. Journ.*, 18; No. 1, pp. 76-77, January, 1928.

"A Case of Diabetes Mellitus that became one of Atypical Renal Glycosuria."—*Can. Med. Asscn. Journ.*, 18; pp. 557-560, 1928.

"The Occurrence of a Raised Basal Metabolism Rate in New Growth without Hyperthyroidism."—*Can. Med. Asscn. Journ.*, 18; pp. 681-682, 1928.

(with Dr. W. W. BEATTIE)

"Septicæmia due to a Strain of the Bacillus Mucosus-Capsulatus Group in a Case of Diabetes Mellitus."—*Arch. Int. Med.* 42; No. 3, pp. 331-337, September, 1928.

Dr. J. NORMAN PETERSEN:

"Injection of Air by the Lumbar Route in Diagnosis and Treatment."—*Can. Med. Asscn. Journ.*, 19; p. 184, 1928.

Miss F. E. ROGERS:

"The Determination of the Water Balance."—*The Modern Hospital*, 30; No. 6, June, 1928.

Dr. S. GRAHAM ROSS:

(with Dr. JESSIE BOYD-SCRIVER)

"Certain Effects of the Ingestion of Ammonium Chloride on the Calcium Metabolism of Rats."—*Trans. Amer. Pediatric Soc.*, 40.

(with Dr. JESSIE BOYD-SCRIVER)

"The Use of Banana as a Food for Healthy Infants and Young Children."—*Can. Med. Asscn. Journ.* (in press).

Dr. JESSIE BOYD-SCRIVER:

(with Dr. S. GRAHAM ROSS)

"Certain Effects of the Ingestion of Ammonium Chloride on the Calcium Metabolism of Rats."—*Trans. Amer. Pediatric Soc.*, 40.

(with Dr. S. GRAHAM ROSS)

"The Use of Banana as a Food for Healthy Infants and Young Children."—*Can. Med. Asscn. Journ.* (in press).

Dr. W. de M. SCRIVER:

"A Case of Severe Chronic Nephritis showing Remission of Albuminuric Retinitis."—*Can. Med. Asscn. Journ.*, 18; No. 4, 418-420, August, 1928.

"A Case of Anuria due to Diffuse Infarction of the Renal Cortex."—*Can. Med. Asscn. Journ.*, 19; No. 6, 701-703, December, 1928.

"Observations on the Excretion of Calcium in Two Cases of Nephrosis treated with Parathyroid Extract."—*The Journ. Clin. Invest.* 6; No. 1, 115-125, August 20, 1928.

(with Dr. D. S. LEWIS)

"The Response of Chronic Nephrosis to Parathyroid and Thyroid Medication."—*Annals of Int. Med.*, 2; No. 1, 66-82, July, 1928.

Dr. R. CAMERON STEWART:

"A Case of Rat-Bite Fever."—*Can. Med. Asscn. Journ.*, 19; 575-577, 1928.

Dr. C. J. TIDMARSH:

"Periodical Health Examinations."—*Can. Med. Asscn. Journ.*, 18; No. 6, 697-700, June, 1928.

Dr. H. P. WRIGHT:

"An Unusual Case of Tuberculous Meningitis."—*Can. Med. Asscn. Journ.*, 18; No. 3, pp. 305-306, March, 1928.

"The Rational Approach to Disturbances of Nutrition in Infancy."—*Can. Med. Asscn. Journ.* (in press).

Dr. A. W. YOUNG:

"Epidemic Encephalitis."—*Can. Med. Asscn. Journ.*, 18; No. 1, 94, January, 1928.

## STAFF

### *Interne Staff*

The Interne Staff took over their duties on July 1st, 1928. The Resident Physician of the previous year, Doctor R. A. Flack, left to enter into private practice. His place was taken by Doctor R. V. Christie, of the University of Edinburgh.

*Attending Staff*

On the Attending Staff Doctor David Slight was appointed to the position of Associate in Clinical Psychiatry, and Doctor A. K. Geddes to that of Clinical Assistant in the Sub-Department of Pædiatrics.

*Research Staff*

During the year the Department has been fortunate in having the co-operation of Professor Beattie in researches conducted in conjunction with Doctor Brow and Doctor Long on the sympathetic nervous system and its control of metabolism. This research has had far-reaching results and parts of it have been reported before scientific bodies both in America and abroad.

There have been working in the Department this year two Research Scholars, namely, Doctor Margaret E. Cameron, on the causes of circulatory failure, and Doctor R. Gottlieb, on the causes and course of icterus neonatorum. The other Members of the Staff of the University Clinic have continued their researches along various lines of endeavour with fruitful results.

In conclusion, the Department wishes to express its appreciation of the co-operation of the Administrative and Nursing Staffs for their help in many directions.

J. C. MEAKINS,

*Physician-in-Chief.*





TABLE 1

IN-DOOR DEPARTMENT				
	1927		1928	
	Patients remaining, Dec. 31st.....	104	.....	108
“ admitted during the year....	2601	.....	2884	.....
“ discharged during the year...	.....	2597	.....	2853
“ remaining, Dec. 31st.....	.....	108	.....	139
Totals.....	2705	2705	2992	2992
Deaths during 1927/1928.....	Total 185	% 7.1	Total 245	% 8.4
Consultations 1927/1928.....	551	.....	.....	553

TABLE 2.

MEDICAL OUT-PATIENT DEPARTMENT						
	1927			1928		
	Old Cases	New Cases	Ratio	Old Cases	New Cases	Ratio
A. 1. Medical Clinic.....	4972	1804	2.75	5878	2118	2.77
2. Cardio-Renal Clinic...	1141	202	5.64	1225	209	5.86
3. Pulmonary Clinic....	1170	336	3.47	1346	275	4.89
4. Gastro-Intestinal Clin.	2307	281	8.21	1986	237	8.37
5. Asthma Clinic.....	1132	86	13.16	1551	91	17.04
B. Pædiatric Clinic.....	3312	853	3.88	3701	886	4.17
C. Neurological Clinic....	2787	263	10.55	3223	299	10.77
D. Dermatological Clinic...	1383	480	2.88	1726	542	3.18
E. Metabolism Clinic.....	1257	49	25.65	1230	77	15.97
F. Psychiatric Clinic.....	387	113	3.42	603	122	4.94
G. Rabies Clinic.....	674	206	3.27	138	108	1.27
H. Thyroid Clinic.....	572	140	4.08	427	113	3.77
Total.....	21094	4813		23034	5077	
Average.....			4.38			4.53

**TABLE 3.**

<b>MEDICAL LABORATORIES</b>		
	Cases	
	<b>1927</b>	<b>1928</b>
Chemical Determinations.....	18,404	17,835
Basal Metabolism Determinations.....	1,880	1,296
Electrocardiograms. ....	834	977
	21,118	20,108

**TABLE 4.**

<b>PHYSIO-THERAPY DEPARTMENT</b>		
	Private	Public
Physio-therapy.....	6,044	7,355
Massage.....	772	2,124
	16,295	



# DEPARTMENT OF MEDICINE

## RECORD OF DISEASES

For year Ended 31st December 1928

### SPECIFIC AND GENERAL INFECTIOUS DISEASES:

	Total	Died
Abscess.....	6	
"    psoas.....	1	
Aspergillosis.....	1	
Carbuncle.....	5	1
Cellulitis.....	6	
Condyloma, syphilitica..	1	
Coryza.....	11	
Diphtheria.....	3	
Erysipelas.....	4	
Furunculosis.....	11	
Infection.....	3	
Influenza.....	74	
Measles.....	1	
Mumps.....	1	
Paratyphoid.....	5	
Parotitis.....	1	
Pertussis.....	1	
Rheumatic fever.....	38	2
Scarlatina.....	1	
Scarlet fever.....	3	
Syphilis.....	26	
Tinea-epidermophytosis.	1	
Tuberculosis, diffuse, miliary.....	5	3
Typhoid fever.....	13	2
Varicella.....	1	
Variola.....	1	
Ulcer, syphilitic.....	1	

### ANIMAL PARASITES:

Dibothriocephalus latus.	1
Filariasis.....	1
Malaria.....	2
"    aestivo-autumnal	2
"    tertian.....	2
Oxyuris vermicularis....	1
Tænia, medio-canellata .	1
"    saginata.....	6

### METABOLISM:

	Total	Died
Acidosis.....	6	
Diabetes mellitus.....	225	10
"    "    with "    "    acidosis	15	1
"    "    with "    "    coma..	6	2
Gangrene diabetic.....	12	
Glycosuria.....	2	
"    renal.....	3	
Gout.....	4	
Hyperglycæmia.....	2	
Hypoglycæmia.....	2	
Neuritis, diabetic.....	1	
Obesity.....	17	
Scurvy.....	1	
Tetany.....	7	
Vomiting, cyclic.....	2	

### DISEASES OF INFANCY:

Acrodynia.....	1	
Athrepsia.....	12	7
Birth injury.....	1	
"    paralysis.....	1	
Convulsions.....	6	
Cranio-tabes.....	1	
Diarrhœa.....	2	
Hypertonic infant.....	1	
Icterus neonatorum.....	2	
Indigestion, gastro- intestinal..		
"    primary....	43	16
"    secondary..	7	
Malnutrition.....	21	2
Prematurity.....	4	1
Regulation of feeding...	19	
Rickets.....	17	

### PHYSICAL AGENTS:

Insolation.....	1	1
Suffocation by smoke...	1	1

**POISONINGS,****INTOXICATIONS:**

	Total Died	
Addiction to drugs, unspecified.....	2	
Alcoholism, acute.....	31	
"    chronic.....	34	
Dypsomania.....	1	
Poisoning, arsenic.....	1	1
"    bichloride..	1	
"    carbon Mono-oxide.....	2	
"    creolin.....	1	
"    glyco-thymoline.....	1	
"    heroin.....	4	
"    iodine.....	2	
"    lead.....	1	
"    morphine....	1	
"    paraldehyde..	1	
"    tobacco.....	1	
"    unknown origin.....	1	1
"    veronal.....	4	

**TUMORS (See also special organs):**

Carcinomatosis.....	2	
Lipoma.....	2	
Lymphoma malignant...	4	1
Lympho-sarcomatosis...	6	3
Rodent ulcer.....	1	

**CONGENITAL****MALFORMATIONS:**

Congenital malformation sternum.....	1	
Congenital malformation hand.....	1	1
Spina bifida.....	1	1
Syphilis.....	8	

**GENERAL INJURIES:**

Cat bite.....	1	
Contusion.....	1	
Foreign body.....	1	
Fracture.....	3	
Head injury—concussion	1	
Strain.....	6	
Wound, contused.....	1	

**SPECIAL DISEASES****OF SKIN:**

	Total Died
Acne.....	2
Dermatitis.....	28
Eczema.....	15
Erythema.....	16
Gangrene.....	2
Impetigo.....	3
Intertrigo.....	2
Nævus.....	2
Psoriasis.....	6
Tuberculosis.....	1
Urticaria.....	2

**DISEASES OF THE****CIRCULATORY SYSTEM:****Arteries:**

Aneurysm.....	7	2
Aortitis.....	4	1
Arterio-sclerosis.....	52	1
"    with hypertension.....	25	
Gangrene, senile.....	1	
Thrombosis.....	8	2

**HEART:**

Angina pectoris.....	10	
Anomaly heart, congenital	10	1
Arythmia.....	2	
Auricular fibrillation....	47	
Decompensation.....	46	1
Defective conduction....	4	
Endocarditis, subacute, bacterial.....	7	2
Extra systoles.....	8	
Heart block.....	1	
Heart disease, arterio-sclerotic.....	1	
Heart disease, hypertensive with nephritis.	3	2
Heart disease, rheumatic	34	4
Hypertension.....	87	
Hypertrophy cardiac....	19	1
Hypotension.....	2	
Myocarditis.....	163	18
Neurosis.....	2	
Pericarditis.....	17	1
"    tuberculous..	1	
Syphilis, cardio-vascular	2	
Tachycardia.....	2	
"    paroxysmal..	5	
Valvular disease.....	53	4
"    "    combined	51	3

**VEINS:**

	Total Died
Phlebitis . . . . .	3
Thrombo-phlebitis . . . . .	8
Thrombosis . . . . .	1
Varix, leg . . . . .	8
“ oesophagus . . . . .	2

**LYMPHATIC SYSTEM:**

Adenitis, axillary . . . . .	3
“ cervical . . . . .	14
“ general . . . . .	1
“ inguinal . . . . .	1
Carcinoma glands . . . . .	2
Dyscrasia . . . . .	1
Lymphoma, malignant . . . . .	1
Tuberculosis . . . . .	8

**BLOOD:**

Anæmia, pernicious . . . . .	31	1
“ secondary . . . . .	64	
Banti's disease . . . . .	6	
Chlorosis . . . . .	1	
Hæmophilia . . . . .	1	
Leukæmia, atypical . . . . .	1	
“ lymphatic . . . . .	5	3
“ myelogenous . . . . .	7	
Other diseases of blood . . . . .	1	1
Polycythæmia . . . . .	6	
Polyserositis . . . . .	1	1
Ptosis spleen . . . . .	1	
Purpura . . . . .	2	
“ hæmorrhagica . . . . .	1	
Pyæmia . . . . .	1	1
Septicæmia . . . . .	6	2
Splenomegaly . . . . .	4	

**DUCTLESS GLANDS:**

**Parathyroid**

Tetany . . . . .	1
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**Pituitary**

Dyspituitarism . . . . .	1
Dystrophia adiposa genitalis . . . . .	1
Tumor . . . . .	2

**Suprarenal**

Addison's disease . . . . .	1
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**Thymus**

Hypertrophy . . . . .	1
Tumor . . . . .	1 1

**Thyroid:**

	Total Died
Goitre, adolescent . . . . .	2
“ non-toxic . . . . .	21
“ toxic . . . . .	11
“ toxic, exophthalmic . . . . .	20 1
Hyperthyroidism . . . . .	8
Hypothyroidism . . . . .	22
Myxœdema . . . . .	14
Thyroid substernal . . . . .	1
Thyrotoxicosis . . . . .	2

**NERVOUS SYSTEM:**

**Brain:**

Abscess . . . . .	2
Arterio-sclerosis cerebral . . . . .	5
Ataxia, cerebellar . . . . .	1
Chorea . . . . .	18 1
Embolism . . . . .	1
Encephalitis . . . . .	5
Epilepsy . . . . .	33
Hæmorrhage, cerebral . . . . .	19 12
“ intracranial . . . . .	1 1
“ subdural . . . . .	2 2
Hemiplegia . . . . .	17 1
Hydrocephalus . . . . .	1
Oedema . . . . .	1
Paralysis bulbar . . . . .	1
Paraplegia . . . . .	1
Polioencephalitis . . . . .	1
Poliomyelitis . . . . .	9 1
Thrombosis . . . . .	6 1
Tumors . . . . .	9 1

**CEREBRO-SPINAL:**

Sclerosis, disseminated . . . . .	1
“ multiple . . . . .	2
Syphilis, cerebro-spinal . . . . .	37
“ nervous system . . . . .	7
Tabo-paresis . . . . .	1

**MENINGES:**

Hæmorrhage . . . . .	1
Meningismus . . . . .	1
Meningitis, cerebro-spinal . . . . .	6 5
“ not specified . . . . .	2 1
“ pneumococcus . . . . .	3 1
“ tuberculous . . . . .	12 6
Pachymeningitis . . . . .	2 2

**MENTAL AFFECTIONS:**

	Total	Died
Dementia, præcox . . . . .	6	
“ senile . . . . .	5	
Feeble mindedness . . . . .	5	
Hypochondriasis . . . . .	1	
Hysteria . . . . .	9	
Korsakow's syndrome . . . . .	1	
Malingering . . . . .	1	
Melancholia . . . . .	4	
Paranoia . . . . .	2	
Paresis, general . . . . .	3	
Psychasthenia . . . . .	9	
Psychoneurosis . . . . .	8	
Psychopathic personality . . . . .	2	
Psychosis . . . . .	40	
Schizophrenia . . . . .	4	1

**MISCELLANEOUS:**

Aphasia . . . . .	2	
Cephalalgia . . . . .	3	
Convulsions, cause un- known . . . . .	2	
Insomnia . . . . .	4	
Migraine . . . . .	2	
Neurasthenia . . . . .	37	
Neurosis . . . . .	26	
Paralysis agitans . . . . .	2	
Tic convulsif . . . . .	1	

**PERIPHERAL NERVES:**

Neuralgia, intercostal . . . . .	1	
“ trigeminal . . . . .	3	
Neuritis . . . . .	15	1
Paralysis . . . . .	7	
Radiculitis . . . . .	1	
Sciatica . . . . .	8	
Singultus . . . . .	1	
Tic douloureux . . . . .	1	

**SPINAL CORD:**

Atrophy, progressive muscular . . . . .	3	1
Degeneration . . . . .	1	
Herpes zoster . . . . .	2	
Meningocele . . . . .	1	
Myelitis . . . . .	2	1
Sclerosis, combined, subacute . . . . .	2	
“ lateral . . . . .	3	
Tabes dorsalis . . . . .	8	1
Tumor . . . . .	4	

**SYMPATHETIC NERVOUS****SYSTEM:**

	Total	Died
Oedema, angio-neurotic . . . . .	4	
Other diseases . . . . .	1	
Scleroderma . . . . .	1	

**MYOPATHIES:**

Myalgia . . . . .	6
Myasthenia . . . . .	1
Myositis . . . . .	2

**BONES AND JOINTS, etc.:**

Arthritis, arm . . . . .	3
“ foot . . . . .	4
“ gonorrhœal . . . . .	5
“ hands . . . . .	3
“ hip . . . . .	3
“ knees . . . . .	8
“ leg . . . . .	2
“ multiple . . . . .	27
“ neck . . . . .	1
“ rheumatoid . . . . .	22
“ sacro-iliac . . . . .	1
“ shoulder . . . . .	4
“ spine . . . . .	4
Bursitis . . . . .	1
Fracture, non-union, femur . . . . .	1
Osteitis deformans . . . . .	2
Osteomyelitis . . . . .	5
Periostitis . . . . .	2
Scoliosis . . . . .	1

**EYE AND EAR:**

Abscess lid . . . . .	1
Astigmatism . . . . .	2
Atrophy, optic . . . . .	5
Blepharitis . . . . .	1
Cataract . . . . .	9
Chorio-retinitis . . . . .	1
Conjunctivitis . . . . .	1
Dystrophy cornea . . . . .	1
Foreign body . . . . .	1
Glaucoma . . . . .	2
Hæmorrhage retina . . . . .	2
Hypermetropia . . . . .	4
Irido-cyclitis . . . . .	4
Keratitis . . . . .	4
Kerato-irido-cyclitis . . . . .	1
Ptosis . . . . .	1
Strabismus . . . . .	2
Wound retina . . . . .	1

**EAR:** Total Died

Deafness, nerve . . . . .	1
Hæmorrhage, labyrinth..	2
Otitis, media, acute . . . .	49
"    "    "    with	
mastoid	2
"    "    chronic	10
"    "    "    with	
mastoid	3
"    "    subacute .	1
Oto-sclerosis . . . . .	5
Sinus thrombosis . . . . .	3
Tumor acoustic nerve . . . .	1

**NOSE:**

Empyema antrum . . . . .	1
Epistaxis . . . . .	3
Ethmoiditis . . . . .	2
Fracture . . . . .	1
Hypertrophy turbinates.	1
Perforation septum,	
acquired . . . . .	1
Rhinitis . . . . .	9
Sinusitis . . . . .	15

**MOUTH, LIPS, CHEEKS,**

**PHARYNX, etc.:**

Abscess, palate . . . . .	1
"    peritonsillar . . . .	3
"    retro-pharyngeal . . .	3
"    submaxillary . . . . .	2
Carcinoma, pharynx . . . . .	2
"    tonsils . . . . .	1
Hypertrophy tonsils and	
adenoids . . . . .	6
Leukoplakia . . . . .	1
Pharyngitis . . . . .	13
Rhino-pharyngitis . . . . .	6
Stomatitis . . . . .	4
Tonsillitis, acute . . . . .	64
Vincent's angina . . . . .	3

**JAW, TEETH, GUMS:**

Abscess alveolar . . . . .	10
Deformity jaw . . . . .	1
Dental caries . . . . .	4
Gingivitis . . . . .	1
Impacted teeth . . . . .	1
Periostitis . . . . .	1
Pyorrhœa . . . . .	4

**TONGUE:**

Abscess . . . . .	1
Glossitis . . . . .	1
Leucoderma . . . . .	1

**ŒSOPHAGUS:**

	Total Died
Carcinoma . . . . .	9
Cardiospasm . . . . .	3
Obstruction . . . . .	1

**STOMACH:**

Achlorhydria . . . . .	5
Achylia gastrica . . . . .	4
Adhesions . . . . .	1
Atony . . . . .	2
Carcinoma . . . . .	20
Gastrectasis . . . . .	1
Gastritis . . . . .	13
Gastroptosis . . . . .	9
Hæmorrhage . . . . .	7
Hyperchlorhydria . . . . .	14
Hypermotility . . . . .	1
Hypochlorhydria . . . . .	2
Indigestion, gastric . . . . .	2
"    gastro-	
intestinal . . . . .	1
Neurosis . . . . .	22
Obstruction, pyloric . . . . .	4
Stenosis, pyloric . . . . .	1
"    congenital . . . . .	2
Ulcer . . . . .	17
"    perforating . . . . .	1

**INTESTINES:**

Abscess, appendicular . . . .	1
Adhesions . . . . .	4
Appendicitis, acute . . . . .	9
"    chronic . . . . .	18
Atony, gastro-intestinal . . .	1
Auto-intoxication . . . . .	7
Carcinoma . . . . .	7
Colitis . . . . .	9
"    mucous . . . . .	5
Coloptosis . . . . .	1
Colostomy . . . . .	1
Constipation . . . . .	35
Diarrhœa . . . . .	4
Diverticulitis . . . . .	4
Diverticulum . . . . .	2
Dysentery . . . . .	8
Enteritis . . . . .	2
Enteroptosis . . . . .	11
Fæcal fistula . . . . .	1
Gastro-enteritis . . . . .	2
Hæmorrhage . . . . .	1
Intussusception . . . . .	2

**INTESTINES—Continued**

	Total Died
Megalo-colon . . . . .	1
Obstruction . . . . .	3
Redundancy sigmoid . . . . .	1
Stasis . . . . .	21
Tuberculosis . . . . .	4
Tumor, unqualified . . . . .	1
Ulcer, duodenal . . . . .	45
"    perforating, duodenal . . . . .	2
Viscerotoposis . . . . .	5

**LIVER AND GALL DUCT:**

**Liver:**

Abscess . . . . .	1	1
Carcinoma . . . . .	7	2
Cirrhosis . . . . .	11	1
Hepatitis . . . . .	9	
"    syphilitic . . . . .	2	1
Jaundice, catarrhal . . . . .	13	
"    hæmolytic . . . . .	1	
"    infectious . . . . .	2	
"    obstructive . . . . .	3	
"    toxic . . . . .	1	

**GALL DUCTS:**

Carcinoma . . . . .	1
Cholecystitis . . . . .	48
"    with calculus . . . . .	29
Cholelithiasis . . . . .	15

**PANCREAS:**

Carcinoma . . . . .	1	1
Pancreatitis . . . . .	2	
"    hæmorrhagic . . . . .	1	

**ABDOMEN AND**

**PERITONEUM:**

Abscess, abdominal . . . . .	1	
"    subdiaphragmatic . . . . .	1	
Adhesions, abdominal . . . . .	10	
"    peritoneal . . . . .	2	
Ascites, chylous . . . . .	2	1
Hernia, inguinal . . . . .	11	
"    ventral . . . . .	2	
Peritonitis . . . . .	2	
"    tuberculous . . . . .	3	

**RECTUM AND ANUS:**

**Rectum:**

	Total Died
Abscess, ischio-rectal . . . . .	3
Carcinoma . . . . .	2
Hæmorrhoids . . . . .	12
Papilloma . . . . .	1
Polyp . . . . .	1
Proctitis . . . . .	2
Prolapse . . . . .	2

**Anus:**

Fissure . . . . .	3
Imperforate anus . . . . .	5

**LARYNX:**

Laryngitis . . . . .	10	
Oedema . . . . .	1	1
Tuberculosis . . . . .	4	

**TRACHEA AND BRONCHI:**

Abscess, bronchiectatic . . . . .	1	
Asthma . . . . .	13	1
"    bronchial . . . . .	30	
Bronchiectasis . . . . .	10	
Bronchitis . . . . .	73	
Tracheitis . . . . .	4	

**LUNGS:**

Abscess . . . . .	4	
Carcinoma . . . . .	5	1
Congestion . . . . .	1	
Emphysema . . . . .	9	
Fibrosis . . . . .	5	
Oedema . . . . .	5	1
Pneumonia, broncho . . . . .	62	20
"    "    tuber- culous . . . . .	1	1
"    lobar . . . . .	129	17
Pneumonitis . . . . .	1	1
Sarcoma . . . . .	2	1
Tuberculosis . . . . .	110	2
"    incipient . . . . .	1	
"    miliary . . . . .	1	

**PLEURA AND**

**MEDIASTINUM:**

Carcinoma pleura . . . . .	3	
Empyema . . . . .	24	1
Fistula, broncho-pleural . . . . .	1	



**PLEURA AND**

**MEDIASTINUM:** *Continued*

	Total	Died
Hydrothorax.....	1	
Mediastinitis.....	1	
Pleurisy, acute, fibrinous	17	1
"    chronic, fibri-		
nous.....	3	
"    sero-fibrinous .	40	1
"    tuberculous ..	2	
Pneumothorax.....	7	
Pyopneumothorax. . . .	1	
Tumour mediastinum... .	1	1

**KIDNEY AND URETER:**

**Kidney:**

Abscess, perinephritic...	1	
Albuminuria . . . . .	2	
Carcinoma . . . . .	1	
Colic, renal . . . . .	3	
Hæmaturia . . . . .	2	
Hydronephrosis . . . . .	2	
Insufficiency, renal . . .	1	
Nephritis, acute . . . . .	9	2
"    "    glomerular	1	
"    "    chronic . . . . .	6	10
"    "    interstitial	18	6
"    "    parenchymatous	1	
Nephrolithiasis . . . . .	4	
Nephroptosis . . . . .	4	
Nephrosis . . . . .	3	
Pyelitis . . . . .	13	1
Pyelonephritis . . . . .	1	
Pyonephrosis . . . . .	1	
Tuberculosis . . . . .	2	
Uræmia . . . . .	12	3

**Ureter:**

Calculus . . . . .	2
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**BLADDER:**

Carcinoma . . . . .	1
Cystitis . . . . .	3
Diverticulum . . . . .	1
Enuresis . . . . .	3
Pyuria . . . . .	1

**URETHRA:**

	Total	Died
Stricture . . . . .	2	
Urethritis, gonorrhœal . . .	4	1

**MALE GENERATIVE**

**ORGANS:**

Carcinoma prostate . . . . .	1	1
Epididymitis, gonorrhœal	1	
Hydrocele . . . . .	3	
Hypertrophy prostate . . . .	1	
Prostatism . . . . .	2	
Prostatitis . . . . .	4	
"    gonorrhœal . . . . .	2	
Tuberculosis . . . . .	1	

**FEMALE GENERATIVE**

**ORGANS:**

Abscess, pelvic . . . . .	3
Carcinoma pelvic . . . . .	2
Cellulitis . . . . .	1
Cyst . . . . .	1
Cystocele . . . . .	2
Dysmenorrhœa . . . . .	2
Fibroid uterus . . . . .	2
Fibroma uterus . . . . .	1
Fibromyoma uterus . . . . .	4
Fibrosis uterus . . . . .	4
Hypertrophy uterus . . . . .	2
Inflammation pelvic, chronic . . . . .	6
Menopause . . . . .	10
Menorrhagia . . . . .	5
Metrorrhagia . . . . .	1
Polyp, cervix . . . . .	4
Prolapse uterus . . . . .	1
Pruritus vulvæ . . . . .	1
Pyosalpinx . . . . .	2
Rectocele . . . . .	2
Retroversion uterus . . . . .	1
Sacropublic hernia . . . . .	2
Salpingitis . . . . .	1
Salpingo-oophoritis . . . . .	3
Vaginitis . . . . .	1
"    gonorrhœal . . . . .	2
Vulvo-vaginitis . . . . .	1
"    gonorrhœal . . . . .	1

**PUERPURAL STATE:**

Abortion, incomplete . . . .	2
"    missed . . . . .	1
Hyperemesis gravidarum . . .	1
Pregnancy . . . . .	15
Pyelitis of pregnancy . . . . .	1

DISEASES OF		Total Died
<b>THE BREAST:</b>		
	Total Died	
Abscess.....	1	No disease... 63
Carcinoma.....	8	Not yet diagnosed..... 56
Mastitis.....	3	Serum sickness..... 1
		Shock..... 1
		Suicide attempted
		(poison?).... 1
		Syncope..... 1
<b>ANAPHYLAXIS:</b>		
Idiosyncrasy to foreign protein.....	1	
<b>UNCLASSIFIED:</b>		
Aerophagia.....	1	Total admissions..... 2885
Asthenia.....	30	Total discharges..... 2853
Cachexia.....	1	
Car sickness.....	1	32
Exhaustion—heat... ..	2	No. in Hospital end of year.. 140
Fever, cause unknown... ..	4	No. in Hospital first of year.. 108
Malnutrition—over 2 years of age.....	11	32
		Total Deaths..... 245



# REPORT OF THE DEPARTMENT OF SURGERY

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*For the Year Ended December 31st, 1928*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

During the past year the work of the Surgical Department has proceeded satisfactorily. The monthly reports submitted to the Medical Board have shown a definite improvement. The fortnightly evening conferences, at which all noteworthy cases are freely discussed, are found to be of great advantage in welding the Department into a more efficient whole; and a full attendance is the rule. In addition to these, we have established, towards the end of the year, a Saturday Ward Round, which brings together the entire staff for the purpose of discussing at the bedside a series of the more interesting and more obscure cases, in regard to diagnosis and treatment. Upon occasion one or more members of the Medical Department, or one of the academic Professors from McGill, are invited to come and discuss certain cases and contribute their particular knowledge towards the elucidation of problems.

During the year Ward "O" was converted into nine semi-private rooms, primarily designed for the care of tuberculous and pulmonary patients, but for the time being used for cases of general surgery.

Dr. Armour's work as Registrar of the Surgical Department has been most satisfactory. During December, in consequence of his departure on leave of absence, the position of Surgical Registrar was allotted to Dr. Gavin Miller.

The work of the follow-up system, which means practically a bookkeeping of the results of operations and other forms of treatment, has proceeded along lines already instituted, but it is felt that this part of the work needs developing, as well as some changes of methods. During the year 1945 public patients and 712 private cases received follow-up letters. Of those sent to the public patients only 1082—that is 55%, were answered, which represents a somewhat disappointing proportion. This problem is being taken up.

In the Surgical Outdoor the Department is able to report an increase over the figures of 1927 of 1602 consultations in the year. The number of patients treated amounts to a daily average of 38, which is an increase of seven a day over the previous year. During the past few months the establishment of a separate clinic for industrial accidents, under the Workmen's Compensation Act, has resulted in a certain lessening of numbers in the general surgical outdoor. In other respects what was said in the report of this Department for 1927 still applies.

The most important event of the year, as regards organization of the Department, was the creation of a sub-department of Neurological Surgery, and the appointment in February 1928, of Dr. Wilder Penfield as Surgeon, in charge of this branch. Dr. Penfield's reputation stands exceedingly high, not only in this continent, but also in Britain and in Europe. After six months of special work from March to September, spent chiefly in Germany, Dr. Penfield assumed his duties in this Hospital in late September. We were fortunate enough to induce Dr. W. V. Cone, Dr. Penfield's first assistant in New York, to accompany Dr. Penfield to Montreal. He was appointed Associate in the Department of Neurological Surgery. The very great assistance of Professor Meakins and the University Medical Clinic in securing the appointment of Dr. Penfield and Dr. Cone is here gratefully acknowledged. Professor Meakins gave up part of his laboratory space in order to provide the necessary room for the neuropathological laboratories, and the Board of Governors contributed generously in the way of remodelling the space so as to provide the necessary rooms, and also in undertaking the expense of the equipment, both of the operating room and of the laboratory under Dr. Penfield's charge. It is already evident how great an impetus this branch of the work of the Surgical Department has received, and it is a matter of profound satisfaction to know that the Hospital is rendering to the public the highest type of service in this particularly difficult branch of surgical work.

Dr. Archibald Wilkie, after an absence of some fourteen months in Edinburgh, under the Travers Allan Travelling Scholarship, returned at the end of June and took up duty as Resident Surgeon. His research work upon gall bladder infections, carried out in Professor Wilkie's laboratories in Edinburgh, has roused very wide-spread interest. The Travers Allan Travelling Scholarship was awarded this year to Dr. John Armour. Being granted a year's leave of absence, he left towards the end of December, and intends following post-graduate studies in Edinburgh, London and the Continent.

I append reports of the sub-departments of Orthopædics, Neurological Surgery, and Anæsthesia, as submitted by the respective heads of these departments.

#### *SUB-DEPARTMENT OF ORTHOPAEDIC SURGERY*

The work has progressed during the year. Particular study has been made of the juvenile cases showing slipped epiphysis at the hip-joint, and of the operation of extra-articular fusion in cases of hip-joint tuberculosis.

W. G. TURNER.

#### *SUB-DEPARTMENT OF NEUROLOGICAL SURGERY*

The list of patients who have been treated in the Neurological Service during the period from the opening of the Clinic, 9th September 1928, to 31st December 1928, numbered forty-one cases. Of these twenty-five patients were operated upon one or more times. In the case of sixteen no operation was performed. The great majority of these latter cases were traumatic head injuries.

During these first months special instruments have been gradually added to the operating room equipment for neurological surgical cases, and the rooms allotted to the development of the neuropathological laboratory in the Ward K. Medical Laboratory corridor have been gradually prepared and equipped. In three laboratory rooms which have been set aside for this purpose by Dr. Meakins, partitions were added to convert these into six rooms and equipment and personnel have been added as quickly as possible.

Through the kindness of the Pathological Department material which has been removed at operation, and also at autopsy, of special neurological interest has been studied in the Neuropathological Laboratory. Two voluntary workers have joined the staff to work in the laboratory upon neuroanatomical and neuropathological subjects; namely, Dr. D. Russell, from Professor Turnbull's staff at the London Hospital (Rockefeller Fellow). Dr. O. Jones, from the Neurosurgical staff of The University of California.

An Outpatients' Clinic in neurological surgery has been opened in conjunction with the neurological clinic. A weekly neurological conference has been inaugurated by the combined neurological and neurosurgical staffs of the Royal Victoria and Montreal General Hospitals. Finally it is obvious that the amount of material is ample to meet all of the requirements of an active neurological surgical department.

WILDER PENFIELD.

### SUB-DEPARTMENT OF ANAESTHESIA

Anæsthetics were administered for six thousand three hundred and fifty-two operations during the year 1918. A detailed account is shown in the accompanying table.

Anaesthetic	Main Operating Room	Ross Pavilion	New Pavilion	Out-Door Surgery	Oto- Laryngology
Ether. . . . .	407	48	48	66	....
Ethyl chloride and ether sequence. . . . .	547	26	7	....	....
Gas and ether sequence. . . . .	480	1092	691	....	....
Gas and oxygen. . . . .	725	297	217	109	....
Gas and chloroform. . . . .	1	....	....	....	....
Chloroform and ether. . . . .	2	....	....	....	....
Ethyl chloride. . . . .	....	....	....	4	....
Spinal injection. . . . .	10	10	1	....	....
Sacral injection. . . . .	1	1	1	....	....
Local injection. . . . .	224	220	2	....	....
Total. . . . .	2397	1694	967	179	1115

W. B. HOWELL.

In addition to papers appearing in print addresses were given by members of the staff, upon invitation, before various medical associations in the cities of San Francisco, Pasadena, Buffalo, Boston, Paris, Toronto, Vancouver and other towns of British Columbia.

EDWARD ARCHIBALD

*Chief Surgeon*

#### PUBLICATIONS BY MEMBERS OF THE SURGICAL STAFF

Dr. EDWARD ARCHIBALD.

“The Types of Pulmonary Tuberculosis Susceptible of Surgical Intervention and the Results Obtainable.”

*Arch. Médico-chir. de l'Appar. Resp., Paris. 1928 (on the press).*

“The Selection of Cases of Pulmonary Tuberculosis for Surgical Intervention.”

*New Eng. Jour. of Med., Nov. 22, 1928, Vol. 199, No. 21.*

"Effect of Sympathectomy upon the Pain of Organic Disease of Arteries of the Lower Limbs and for Obscure Abdominal Pain."

*Ann. of Surg., Sept. 1928.*

"The Surgery of Pulmonary Tuberculosis," (Chapter).

*Practice of Surgery (Dean Lewis, Editor) 1928.*

Dr. A. LINCOLN BROWN.

"The Fate of Iodized Oil (Lipiodol) in the Lungs."

*Surg. Gyn. and Obstet. May 1928.*

Dr. W. V. CONE with Dr. WILDER PENFIELD.

"Neuroglia and Microglia (The Metallic Methods)."

*McClung's Handbook of Microscopical Technique.*

Dr. MARK KAUFMANN with Dr. GAVIN MILLER.

"Periarterial Sympathectomy. Review of the literature and Study of Clinical Possibilities of this Operation."

*Can. Med. Assoc. Jour., Aug. 1928.*

"Thrombo-Angiitis Obliterans: A Plea for Conservative Surgery."

*Can. Med. Assoc. Journ., August 1928.*

Dr. GAVIN MILLER with Dr. MARK KAUFMANN.

"Periarterial Sympathectomy. Review of the Literature and Study of Clinical Possibilities of this Operation."

*Can. Med. Assoc. Jour., August 1928.*

"Thrombo-Angiitis Obliterans: A Plea for Conservative Surgery."

*Can. Med. Assoc. Jour., August 1928.*

Dr. WILDER PENFIELD.

“Needle Pulling Forceps.”

*Journal of American Medical Association, Vol. 91, p. 1187.  
October 20th, 1928.*

“The Field of Neurosurgery.”

*Canadian Medical Association Journal, Vol. 19, pp.  
654-665.*

Dr. WILDER PENFIELD with Dr. W. V. CONE.

“Neuroglia and Microglia (The Metallic Methods).”

*McClung's Handbook of Microscopical Technique.*

Dr. DUDLEY ROSS.

“The Influence of Partial Parathyroidectomy upon the Healing of Fractures.”

*Arch. of Surgery, April 1929.*

Dr. F. A. C. SCRIMGER.

“Post-Operative Massive Collapse of the Lung.”

*Practice of Surgery (Dean Lewis, Editor) 1928.*

Dr. W. G. TURNER.

“Giant-celled Tumour of the Neck of the Femur; Operation with Probable Cure.”

*Can. Med. Assoc. Jour., 1928, Vol. xix.*

Dr. A. L. WILKIE.

“The Bacteriology of Cholecystitis.”

*Brit. Jour. Surg., 1928, Vol. xv, p. 450.*

“The Significance of Hepatitis in Relation to Cholecystitis; an Experimental Study.”

*Brit. Jour. Surg., 1928, vol. xvi, p. 214.*



# OPERATIONS IN THE SURGICAL DEPARTMENT

*For the Year Ended 31st December, 1928*

## ALIMENTARY SYSTEM:

### Mouth, Lips, Cheeks, etc.:

Repair of cleft palate. . . . .	5
Repair of hare lip. . . . .	4
Partial excision of lip. . . . .	1
Incision and Drainage of retropharyngeal abscess. . . . .	6
Rhinoplasty. . . . .	1

### Jaw, Teeth, Gums:

Curetting of jaw. . . . .	1
Manipulation of jaw for trismus. . . . .	1
Incision and Drainage of submaxillary abscess. . . . .	11
Removal of salivary calculi. . . . .	2
Incision and Drainage of parotitis. . . . .	2

### Tongue:

Partial excision of tongue. . . . .	1
Release of tongue-tie. . . . .	1
Electrocoagulation of malignant growths (tongue). . . . .	2

### Oesophagus:

Dilatation of oesophagus. . . . .	1
Oesophagotomy. . . . .	1
Oesophagoscopy. . . . .	2

### Stomach:

Excision of gastric ulcer. . . . .	5
Plastic operation on gastric ulcer. . . . .	1
Suturing perforated gastric ulcer. . . . .	2
Gastrectomy partial. . . . .	4
Gastrotomy. . . . .	8
Gastroenterostomy. . . . .	24
Pyloroplasty. . . . .	5
Pyloric occlusion. . . . .	1
Repair of hour glass stomach. . . . .	1
Rammstedt's operation. . . . .	4

### Intestines:

Cæcostomy. . . . .	7
Cæcocolopexy. . . . .	3
Cæcopexy. . . . .	2
Colostomy. . . . .	17
Enterostomy. . . . .	6
Ileostomy. . . . .	6
Ileo-Colostomy. . . . .	1
Ileosigmoidostomy. . . . .	2
Jejunostomy. . . . .	4
Resection of small bowel. . . . .	3

**Intestines:—Continued**

Resection of large bowel . . . . .	10
Suturing of perforated intestine . . . . .	2
Repair of perforated duodenal ulcer . . . . .	6
Excision of Meckel's Diverticulum . . . . .	2
Reduction of Intussusception . . . . .	2
Separation of adhesions . . . . .	12
Repair of hernia—Femoral . . . . .	12
“ “ “ —Inguinal (Recurrent 6) . . . . .	183
“ “ “ —Ventral . . . . .	20
“ “ “ —Umbilical . . . . .	13
(Repaired by fascial suture . . . . .91)	

**Abdomen and Peritoneum:**

Exploratory laparotomy . . . . .	35
Laparotomy with Drainage . . . . .	7
Incision and Drainage of abdominal wall abscess . . . . .	7
Incision and Drainage of intra and extra peritoneal abscess . . . . .	2
Incision and Drainage of pelvic abscess . . . . .	2
Excision of umbilical sinus . . . . .	2

**Appendix:**

Appendectomy without Drainage . . . . .	574
Appendectomy and Drainage . . . . .	125
Drainage of appendicular abscess . . . . .	18

**Rectum and Anus:**

Dilatation of sphincter ani . . . . .	3
Injection of hæmorrhoids . . . . .	3
Hæmorrhoidectomy . . . . .	105
Excision of rectal prolapse . . . . .	1
Excision of fistula in ano . . . . .	23
Excision of fissure in ano . . . . .	9
Plastic repair of prolapse of rectum . . . . .	2
Proctoscopic examination . . . . .	19
Resection of rectum for carcinoma . . . . .	3
Removal of impacted fæces . . . . .	1
Incision and Drainage of ischiorectal abscess . . . . .	28
Incision and Drainage of rectal abscess . . . . .	1

**Liver and Gall Ducts:**

Cholecystectomy . . . . .	124
Cholecystostomy . . . . .	16
Choledochotomy . . . . .	15
Hepatico-duodenostomy . . . . .	1

**CARDIO-VASCULAR SYSTEM:****Arteries and Veins:**

Partial excision of artery . . . . .	3
Ligation of artery . . . . .	5
Incision and Drainage phlebitis . . . . .	1
Phlebectomy . . . . .	11
Varicotomy . . . . .	1

**LYMPHATIC SYSTEM:**

Incision and Drainage of adenitis.....	14
Incision and Curetting tuberculous adenitis.....	11
Adenectomy.....	21
Dissection of glands for malignant growth.....	4

**Connective Tissue:**

Incision and Drainage of cellulitis.....	29
Incision and Drainage of superficial infections.....	118

**Ductless Glands:**

Splenectomy.....	7
Enucleation and Resection of adenoma of thyroid... ..	3
Subtotal Thyroidectomy, Non-toxic.....	11
“ “ Toxic.....	15
“ “ Exophthalmic.....	12
“ “ Hyperplastic.. ..	3

**MUSCULAR SYSTEM:****Muscles, Aponeuroses and Bursæ:**

Excision of bursa.....	2
Incision and Drainage (bursitis).....	4

**Tendon and Tendon Sheaths:**

Incision and Drainage of tenosynovitis... ..	8
Tendon lengthening.....	2
Tendon transplantation.....	2
Tenotomy.....	5
Tenosuture... ..	18

**NERVOUS SYSTEM:****Brain and Cerebral Meninges:**

Craniotomy, Exploratory.....	8
“ Removal of tumor.....	2
“ Removal of cicatrix.....	2
“ Partial removal of tumor... ..	1
“ Drainage of brain abscess.....	3
Transfrontal hypophysectomy.....	1
Ventriculography with Spinal Subarachnoid insufflation of air... ..	3
Elevation of depressed fragments of skull.....	7
Evacuation of cyst of brain.....	1
Encephalogram.....	2
Ventricular Puncture.....	6
Avulsion of fifth nerve.....	1
Chordotomy.....	1
Removal of tumor cervical meninges.....	1
Neurectomy.....	2
Removal of tumor of 8th nerve.....	1
Injection of nerve (alcohol).....	5
Ventriculography.....	7
Excision of spina bifida.....	1
Laminectomy.....	5
Sympathectomy.....	11

**OSSEOUS SYSTEM:**

Amputations, Legs . . . . .	23
"    Toes . . . . .	13
"    Fingers . . . . .	32
"    Arms . . . . .	3
Applications of plaster casts, jackets, etc. . . . .	69
Arthrotomy . . . . .	4
Arthrodesis . . . . .	1
Arthroplasty . . . . .	1
Aspiration of joints . . . . .	7
Correction of deformity . . . . .	2
Excision semi-lunar cartilage . . . . .	9
Excision of knee joint . . . . .	4
Excision of coccyx . . . . .	2
Excision of scapula . . . . .	1
Exploration of joint . . . . .	3
Exploratory Incision (tumor dorsum of foot) . . . . .	1
Exploratory Incision (Osteomyelitis) . . . . .	4
Incision and Curetting (Osteomyelitis) . . . . .	10
Incision and Drainage (Osteomyelitis) . . . . .	22
Manipulation . . . . .	11
Ostectomy . . . . .	1
Osteotomy . . . . .	7
Plantar fasciotomy . . . . .	1
Plastic repair of fingers . . . . .	1
Reduction of dislocations, Open . . . . .	4
"    "    "    Closed . . . . .	33
(Fascial sutures . . . . . 2)	
Removal of exostosis . . . . .	18
Redressment of foot . . . . .	10
Resection of hammer toe . . . . .	2
Suturing of joint wound . . . . .	1
Suturing of semi-lunar cartilage . . . . .	1

**Fractures:**

Open setting of fractures . . . . .	38
(Bone plating . . . 8; bone grafting . . . 2)	
Closed setting of fractures . . . . .	95
Removal of scaphoid . . . . .	1
Excision styloid process (non-union) . . . . .	1
Setting of Colles' fracture . . . . .	8
Sequestrectomy . . . . .	13
Suturing of fracture of patella . . . . .	3

**RESPIRATORY SYSTEM:**

Laryngectomy . . . . .	1
Aspiration of chest . . . . .	2
Cauterization of lung . . . . .	4
Thoracotomy . . . . .	16
Exploratory Thoracotomy . . . . .	4
Rib resection with drainage for Hæmothorax . . . . .	2
"    "    "    "    "    Empyema . . . . .	12
"    "    "    "    "    Lung abscess . . . . .	1
"    "    "    "    "    Pyopneumothorax Tuberculous . . . . .	1
"    "    "    "    "    Pneumohæmothorax . . . . .	1

**RESPIRATORY SYSTEM:—Continued**

Thoracoplasty for Pulmonary Tuberculosis.....	41
“ “ Bronchiectasis and Lung abscess.....	2
“ “ Abscess of lung.....	1
“ “ Empyema.....	1
Tracheotomy (carcinoma of tongue).....	1
Thoracentesis.....	6
Phrenic exæresis.....	12

**Diseases of the Breast:**

Mastectomy for mastitis.....	5
“ complete for carcinoma.....	29
“ for cystic degeneration.....	1
Excision of fibro adenoma of breast.....	6
Partial mastectomy.....	2
Excision of growth (recurrent carcinoma of breast).....	3
Incision abscess of breast.....	14

**INTEGUMENTARY SYSTEM:**

Dilatation of sinus.....	1
Aspiration of T.B. Abscess (Wrist and thigh).....	6
Excision of sinuses and ulcers.....	4
Incision of subdeltoid abscess.....	1
Onychectomy.....	13
Skin grafting.....	21
Excision of tumors,—Benign.....	43
“ “ “ —Malignant.....	14
Implantation of radium (neck and lip).....	2
Excision of cysts.....	44
Excision of scar tissue.....	3
Excision of warts.....	1

**GENERAL INJURIES:**

Cleansing of burns.....	2
Debridement and suturing of wounds.....	77
Incision and packing of wound.....	2
Removal of foreign body.....	25
Removal of loose bodies.....	1
Removal of bone plate.....	2

**MISCELLANEOUS**

Circumcision.....	4
Exploratory and packing of wound for secondary hæmorrhage.....	1
Specimen excisions.....	32
Excision of hydrocele.....	3
Excision of varicocele.....	3
Orchidectomy.....	1

**FEMALE GENITAL ORGANS:**

Oophorectomy.....	8
Salpingectomy.....	2
Hysterectomy.....	1

Total.....	2859
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Total for the Year ending December 1928.....	2859
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Total for the Year ending December 1927.....	2738
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Increase over last year.....	121
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# DEPARTMENT OF SURGERY

## RECORD OF DISEASES

For year Ended 31st December, 1928

### SPECIFIC AND GENERAL INFECTIOUS DISEASES:

	Total	Died
Abscess.....	69	
Carbuncle.....	18	
Cellulitis.....	35	3
Diphtheria.....	1	
Erysipelas.....	5	1
Furunculosis.....	15	
Gonorrhœa.....	1	
Gangrene, gas.....	2	
Gumma.....	2	
Infection.....	34	
Influenza.....	7	
Parotitis.....	3	
Rheumatic fever.....	4	
Syphilis.....	5	
Tetanus.....	1	
Tuberculosis, general, miliary.....	2	2
Typhoid fever.....	2	1
Ulcers.....	16	

### ANIMAL PARASITES:

Oxyuris vermicularis.....	2	
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### METABOLISM:

Acidosis.....	1	
Diabetes Mellitus.....	14	
Diabetic gangrene.....	9	
Glycosuria.....	1	
Hyperglycæmia.....	1	
Obesity.....	2	
Ulcer, diabetic.....	1	
Vomiting, cyclic.....	1	

### DISEASES OF INFANCY:

Dehydration.....	1	
Malnutrition.....	1	1

### PHYSICAL AGENTS:

Burns, electric.....	1	
"    first degree.....	4	
"    second degree....	13	
"    third degree....	16	3
"    fourth degree....	1	1
Gangrene.....	1	
Scalds.....	1	

### POISONINGS AND INTOXICANTS:

	Total	Died
Alcoholism.....	6	
Poisoning, arsenic.....	1	1
"    copper sulph.....	1	
"    heroin.....	1	
Reaction A.T. serum....	1	

### TUMOURS (See "Special Organs" also)

Adenoma.....	1	
Angioma.....	3	
Carcinoma.....	8	2
Chondroma.....	1	
Cyst.....	13	
Endothelioma.....	1	
Epithelioma.....	1	
Fibro-chondroma.....	1	
Fibroma.....	3	
Hæmangioma.....	1	
Hæmatoma.....	19	
Keloid.....	1	
Lipoma.....	9	
Lymphoma, malignant..	2	
Lympho-sarcoma.....	2	
Papilloma.....	4	
Sarcoma.....	2	1
Tumour, unspecified....	1	
Ulcer, rodent.....	2	

### CONGENITAL MAL- FORMATIONS:

Cyst, branchial.....	3	
"    thyro-glossal....	3	
Deformity chest.....	1	
Spina bifida.....	1	
Web fingers.....	1	

**GENERAL INJURIES AND DISEASES OF SKIN, etc.:**

	Total	Died
Abrasions.....	4	
Amputation traumatic		
"    "    arm	1	1
"    "    fingers	1	
Contusions.....	70	1
Crush.....	10	
Dislocations.....	29	
Displaced cartilage knee	10	
Foreign body.....	24	
Fractures.....	357	9
Fractures with dislocation	8	
Gangrene, traumatic...	2	
(1) Head injuries, fracture, concussion....	69	15
(2) Head injuries, lacerations, etc....	43	
Painful scar.....	2	
Separation epiphysis...	7	
Severed ligament....	1	
"    muscle.....	2	
"    tendon.....	15	
Sprain.....	6	
Strain.....	17	
Subluxation.....	1	
Wounds, gunshot.....	7	2
"    incised.....	13	
"    lacerated...	79	1
"    punctured...	11	1

**SPECIAL SKIN DISEASES:**

Callositas.....	1
Carcinoma skin.....	2
Clavus.....	2
Dermatitis.....	5
Folliculitis.....	1
Impetigo.....	1
Nævus.....	1
Onychogryphosis....	2
Paronychia.....	4
Psoriasis.....	1
Tuberculosis skin.....	1

**CIRCULATORY SYSTEM:**

Aneurysm.....	3	1
Angina pectoris.....	2	
Aortitis.....	1	1
Arterio-sclerosis.....	9	
Auricular fibrillation..	4	
Gangrene, senile.....	3	
Heart block.....	1	
Hypertension.....	6	

Total Died

Laceration artery.....	1
Myocarditis.....	8
Pericarditis.....	1
Phlebitis.....	6
Thrombo-angeitis obliterans.....	8
Thrombo-phlebitis....	3
Thrombosis.....	4
Ulcer, varicose.....	8
Valvular disease, chronic, cardiac.....	6
Varix.....	14

**LYMPHATIC SYSTEM:**

Adenitis, axillary...	2	
"    cervical.....	18	1
"    femoral.....	2	
"    inguinal.....	5	
"    mesenteric...	4	
"    submaxillary..	1	
Carcinoma, cervical....	4	
"    inguinal....	1	
"    mesenteric..	1	
"    retro-peritoneal....	1	
Hypertrophy inguinal glands...	1	
"    mesenteric glands...	2	
Lymphangitis.....	7	
Lymphogranulomatosis..	1	
Lymphoma cervical....	1	
Lympho-sarcoma cervical	2	1
Tuberculosis.....	26	
Von Mickulicz' disease..	1	

**DISEASES OF THE BLOOD:**

Anæmia, pernicious...	2	
"    secondary...	2	
Banti's disease.....	3	
Leukæmia.....	2	
Purpura hæmorrhagica..	1	
Pyæmia.....	2	2
Septicæmia.....	4	
Splenomegaly.....	3	1

**DUCTLESS GLANDS:**

**Pituitary:**

Acromegaly.....	1
Hypopituitarism.....	1

**DUCTLESS GLANDS:—Continued**

Thyroid:	Total Died
Cyst.....	2
Goitre, non-toxic.....	14
“ toxic.....	13
“ “ exophthal- mic.....	18
Hypothyroidism.....	1
Myxœdema.....	2
Substernal thyroid.....	1
Thyroiditis.....	1
Thyrotoxicosis.....	1

**NERVOUS SYSTEM:**

Abscess, brain.....	3	2
Coccygodynia.....	2	
Delirium tremens.....	2	
Epilepsy.....	3	
Hæmorrhage, brain... ..	5	
“ meningeal	1	
Hydrocephalus.. . . .	1	
Hysteria.....	2	
Meningitis... ..	1	1
“ tuberculous	1	
Meningocele.....	1	
Myalgia... ..	3	
Myositis ossificans... ..	1	
Neuralgia, trigeminal... ..	1	
Neurasthenia... ..	6	
Neuritis... ..	5	
Neuroma.....	1	
Neurosis... ..	4	
Paralysis... ..	8	
Paralysis agitans... ..	1	
Psycho-neurosis... ..	2	
Psychosis.....	2	
Scar—brain.....	1	
Sciatica... ..	9	
Singultus... ..	1	
Tic douloureux.....	2	
Tumour, brain... ..	10	4
“ cord.....	3	1
“ pituitary gland	4	

**BONES AND JOINTS:**

Abscess.....	3
“ psoas.....	2
Achondroplasia.....	1
Adhesions... ..	3
Ankylosis.....	4
Arthritis.....	37
“ gonorrhœal... ..	2
“ rheumatoid... ..	7
Bursitis.....	7

**Total Died**

Carcinoma, pelvic bones	1
“ vertebra... ..	1
Contraction, cicatricial..	1
Contracture.....	3
Dactylitis.....	1
Deformity, acquired... ..	6
Dislocation hip, congenital	4
Exostosis... ..	11
“ congenital.....	1
Fibroma.....	1
Flail joint... ..	1
Foot drop... ..	1
Fracture, faulty union..	3
“ non-union... ..	6
“ pathological..	2
Fragilitas ossium... ..	1
Ganglion.....	2
Hæmatoma tibia.....	1
Hallux valgus... ..	14
Hammer toe... ..	4
Infected bursa toe.....	1
Inflammation—joint... ..	1
Loose body, joint.....	4
Oedema, stump.....	1
Osteitis... ..	2
“ deformans... ..	1
Osteomyelitis... ..	61
Painful stump.....	2
Periostitis... ..	5
“ syphilitic... ..	1
Pes planus... ..	3
Sarcoma.....	6
Scoliosis... ..	2
Sinus... ..	3
Synovitis... ..	6
Talipes, acquired... ..	1
“ calcaneous... ..	1
“ equinus... ..	2
“ varus... ..	2
“ equino-varus... ..	4
Teno-synovitis... ..	6
Tuberculosis... ..	40

**EYE:**

Conjunctivitis.....	2
Foreign body.....	1
Pterygium... ..	1
Rodent ulcer eyelid... ..	1
Sarcoma orbit... ..	1

**EAR:**

Abscess post-auricular... ..	2
Otitis media... ..	5
Wound.....	1



**NOSE AND ACCESSORY**

SINUSES:	Total Died
Deformity acquired nose	1
Fracture nasal bones....	2
Rhinitis.....	1
Sarcoma nose and sinuses	1
Sinusitis....	1
Wound, nose..	1

**DISEASES OF MOUTH, LIPS, CHEEKS, PHARYNX, etc.:**

Abscess, retro-pharyngeal	5
“ submaxillary...	6
“ tonsillar ...	2
Angina Ludovici.....	1
Angina Vincent's.....	1
Calculus salivary.....	2
Calculus, submaxillary..	2
Carcinoma, cheek.....	2
“ lip.....	7
“ mouth.....	3
“ parotid.....	2
“ submaxillary	2
Cleft palate....	4
“ “ with hare-lip	1
Cyst, cheek.....	1
“ submaxillary ...	1
Epithelioma lip. ....	6
Hare-lip.....	1
Hypertrophy gland cheek	1
Hypertrophy tonsils and adenoids.....	1
Leukoplakia buccalis....	1
Papilloma, mouth.....	1
Sarcoma, submaxillary..	1
Syphilis. ....	1
Tonsillitis.....	5
Tumour parotid.....	4
Ulcer, lip.....	1
Wound, lip... ..	4
“ palate.....	1

**JAW, TEETH AND GUMS:**

Abscess, alveolar.....	11
“ maxillary.....	3
Ankylosis jaw.....	3
Carcinoma jaw.....	2
Cellulitis jaw.....	3
Cyst jaw.....	3
Dental caries.....	1
Fracture jaw.....	9
Gingivitis.....	1
Hæmorrhage gum.....	1

Total Died

Impacted teeth.....	16
Infection gum.....	2
Osteomyelitis jaw.....	2
Papilloma gum.....	2
Periostitis jaw.....	1
Pyorrhœa.....	1
Unerupted teeth.....	13

**TONGUE:**

Carcinoma.....	6	2
“ tongue, tonsil, pharynx...	1	
Epithelioma tongue.....	1	
Tongue-tie.....	1	
Xanthoma.....	1	

**ŒSOPHAGUS:**

Carcinoma.....	13	5
Foreign body.....	2	
Obstruction... ..	1	
Oesophagismus.....	1	1
Varix....	1	

**STOMACH:**

Carcinoma.....	31	7
Foreign body.....	1	
Gastroptosis. ....	1	
Hæmatemesis.....	3	
Hour-glass stomach....	4	1
Neurosis. . . . .	1	
Obstruction pyloric....	7	1
Pylorospasm. ....	1	
Stenosis, pyloric.....	6	1
“ congenital, pyloric....	4	
Ulcer....	13	1
“ perforating. . . . .	5	2
“ gastro-jejunal....	1	

**INTESTINES:**

Abscess, appendicular...	5	
Adhesions. . . . .	3	
Appendicitis, acute... ..	172	
“ acute with abscess..	29	2
“ acute with peritonitis	98	12
“ chronic... ..	387	
“ subacute..	6	
Carcinoma.. . . . .	21	7
Carcinomatosis.....	1	1
Colitis.....	4	
“ ulcerative... ..	6	

INTESTINES:— <i>Continued</i>		Total Died			Total Died
Coloptosis . . . . .	2		Cholelithiasis . . . . .	7	
Constipation chronic . . . . .	14		“ common duct . . . . .	16	1
Diarrhœa . . . . .	1		Fistula, biliary . . . . .	3	
Diverticulum . . . . .	1		Hydrops . . . . .	1	1
“ Meckel’s . . . . .	2		Obstruction common duct	2	
Enterocolitis . . . . .	4		Pericholecystitis . . . . .	1	
Enteroptosis . . . . .	7				
Fistula, fæcal . . . . .	3		<b>PANCREAS:</b>		
Foreign body . . . . .	1		Carcinoma . . . . .	1	
Hæmorrhage . . . . .	1	1	Pancreatitis, acute . . . . .	3	2
Impacted fæces . . . . .	3		“ chronic . . . . .	2	
Indigestion, chronic . . . . .	1				
Intussusception . . . . .	3	1	<b>ABDOMEN AND</b>		
Lane’s kink . . . . .	3		<b>PERITONEUM:</b>		
Obstruction . . . . .	21	6	Abscess, abdominal . . . . .	12	1
Paralytic ileus . . . . .	7		“ peritoneal . . . . .	2	
Perforation . . . . .	2		“ retro-peritoneal . . . . .	1	
Redundancy sigmoid . . . . .	1		“ subdiaphragmatic . . . . .	1	1
Stasis . . . . .	4		Adhesions, abdominal . . . . .	7	
Stenosis of colostomy . . . . .	1		“ peritoneal . . . . .	9	
Tuberculosis appendix . . . . .	1		Ascites . . . . .	1	
“ intestines . . . . .	9	1	Carcinoma . . . . .	3	1
Typhlitis . . . . .	1		Contusion . . . . .	1	
Ulcer, duodenal . . . . .	14		Cyst . . . . .	1	
“ duodenal, perforating . . . . .	3	2	Fibroma . . . . .	1	
Ulceration intestinal . . . . .	1		Hernia, epigastric . . . . .	2	
Visceroptosis . . . . .	12		“ femoral . . . . .	8	
			“ femoral, strangulated . . . . .	2	
<b>LIVER AND GALL DUCTS</b>			“ inguinal . . . . .	195	
<b>Liver:</b>			“ inguinal, congenital . . . . .	2	
Abscess liver . . . . .	1		“ inguinal, strangulated . . . . .	6	
Carcinoma . . . . .	3	1	“ umbilical . . . . .	13	
Cholæmia . . . . .	1		“ ventral . . . . .	28	
Cholangitis . . . . .	1		“ ventral, strangulated . . . . .	2	
Cirrhosis . . . . .	2		Hypernephroma . . . . .	1	
Congestion . . . . .	1		Lipoma . . . . .	2	
Cyst . . . . .	1		Omental adhesions . . . . .	1	
Jaundice, catarrhal . . . . .	5		Peritonitis . . . . .	5	
“ hæmolytic . . . . .	1		“ general . . . . .	5	2
“ obstructive . . . . .	1		“ pelvic . . . . .	2	
Rupture . . . . .	1		“ tuberculous . . . . .	8	
Sarcoma . . . . .	1		Persistent urachus . . . . .	1	
			Sinus . . . . .	2	
<b>GALL BLADDER:</b>			Tumor, retro-peritoneal . . . . .	1	
Adhesions . . . . .	1		Ulcer . . . . .	1	
Carcinoma, bile duct . . . . .	1		Wound, gunshot . . . . .	1	
“ gall bladder . . . . .	2	1			
Cholecystitis, acute . . . . .	5				
“ acute, calculous . . . . .	31	1			
“ chronic . . . . .	40	1			
“ chronic, calculous . . . . .	102	4			

**RECTUM AND ANUS:**

Rectum:	Total Died
Abscess, ischio-rectal . . .	29 1
“ rectal . . . . .	1
Carcinoma . . . . .	7 3
Hæmorrhoids . . . . .	115
Papilloma . . . . .	1
Polyp . . . . .	4
Proctitis . . . . .	2
Prolapse . . . . .	3

**Anus:**

Carcinoma . . . . .	1
Fissure . . . . .	33
Fistula . . . . .	25
“ tuberculous . . . . .	1
Imperforate anus . . . . .	5
Incompetent anal sphincter . . . . .	1
Polyp . . . . .	1
Prolapse . . . . .	1
Pruritus . . . . .	3
Stricture . . . . .	2
Ulcer, perianal . . . . .	2

**LARYNX:**

Carcinoma . . . . .	1 1
Tuberculosis . . . . .	1

**TRACHEA AND BRONCHI:**

Abscess, bronchiectatic . .	1
Asthma, bronchial . . . . .	1
Bronchiectasis . . . . .	15 2
Bronchitis . . . . .	6
Fistula, bronchial . . . . .	4

**LUNGS:**

Abscess . . . . .	6 1
Carcinoma . . . . .	4
Collapse, P.O. . . . .	3
“ traumatic . . . . .	1
Emphysema . . . . .	2
Foreign body . . . . .	1
Hæmorrhage . . . . .	1
Hypernephromata . . . . .	1 1
Perforation . . . . .	1 1
Pneumonia, broncho . . . .	6
“ broncho, tuberculous . . . . .	1
“ lobar . . . . .	6 1
“ P.O. . . . .	12
Sarcoma . . . . .	1

	Total Died
Tuberculosis . . . . .	51 1
“ with pneumo- thorax . . . . .	2
“ with pyo- pneumothorax . . . . .	10 3

**PLEURA AND  
MEDIASTINUM:**

Abscess, mediastinal . . . .	1
Adhesions pleura . . . . .	1
Carcinoma, mediastinum	1
“ pleura . . . . .	1
Empyema . . . . .	32 2
“ tuberculous . . . . .	2
Hæmothorax . . . . .	1
Pleurisy, fibrinous . . . . .	5
“ serofibrinous . . . . .	3
Pneumothorax . . . . .	1
Pyopneumothorax . . . . .	5

**KIDNEY AND URETER:**

Colic renal . . . . .	2
Contusion . . . . .	1
Hydronephrosis . . . . .	7
Nephritis . . . . .	9
Nephrolithiasis . . . . .	7
Nephroptosis . . . . .	6
Pyelitis . . . . .	9
Pyelonephritis . . . . .	1
Pyonephrosis . . . . .	3

**URETER:**

Calculus . . . . .	5
--------------------	---

**BLADDER:**

Calculus . . . . .	1
Cystitis . . . . .	5

**URETHRA:**

Caruncle . . . . .	1
Urethritis, gonorrhœal . .	1

**MALE GENERATIVE  
ORGANS:**

Atrophy testicle . . . . .	1
Carcinoma prostate . . . . .	2
Chancre penis . . . . .	1
Epididymitis . . . . .	3
Epididymo-orchitis, gonorrhœal . . . . .	1

**MALE GENERATIVE**

<b>ORGANS:—Continued</b>	Total Died
Hematocele cord.....	1
Hydrocele.....	3
Hypertrophy prostate...	1
Inflammation vas.....	1
Phimosis.....	4
Prostatism.....	4
Prostatitis.....	2
Redundant prepuce.....	1
Undescended testis.....	1
Varicocele.....	6
Wound lacerated scrotum	2

Hyperemesis gravidarum	1
Pregnancy.....	5
Pyelitis of pregnancy...	1

**DISEASES OF THE BREAST:**

Abscess.....	13
Adenoma.....	4
Carcinoma.....	31
Cystic disease.....	19
Fibroma.....	1
Hæmatoma.....	1
Mastitis.....	6
Papilloma.....	3

**FEMALE GENERATIVE**

**ORGANS:**

Abscess, pelvic.....	2
Carcinoma, ovary.....	1
"    pelvic organs	1
"    uterus.....	2
Cervicitis.....	1
Cyst, ovary.....	13
"    round ligament..	1
"    vulva.....	1
Dysmenorrhœa.....	1
Fibroid uterus.....	2
Infection pelvic.....	1
Inflammation pelvic...	5
Oophoritis (with mumps)	1
Polyp vulva.....	1
Prolapse uterus.....	1
Rupture Graafian follicle	3
Salpingitis.....	5
"    gonorrhœal...	2
Salpingo-oophoritis....	5
Tumor, unspecified,	
pelvic.....	1
Vaginitis.....	1

**UNCLASSIFIED:**

Aerophagia.....	1
Asthenia.....	4
Companion to mother...	1
Decubitus.....	1
Fever, cause unknown...	1
Hæmorrhage, P.O.....	1
Ingrowing toe-nail.....	7
No disease.....	115
Not yet diagnosed.....	71
Serum sickness.....	1
Shock.....	3

**PUERPERAL STATE:**

Abortion, incomplete....	1
Ectopic gestation.....	2
"    "    ruptured	1

**STATISTICS FOR SURGERY, 1928**

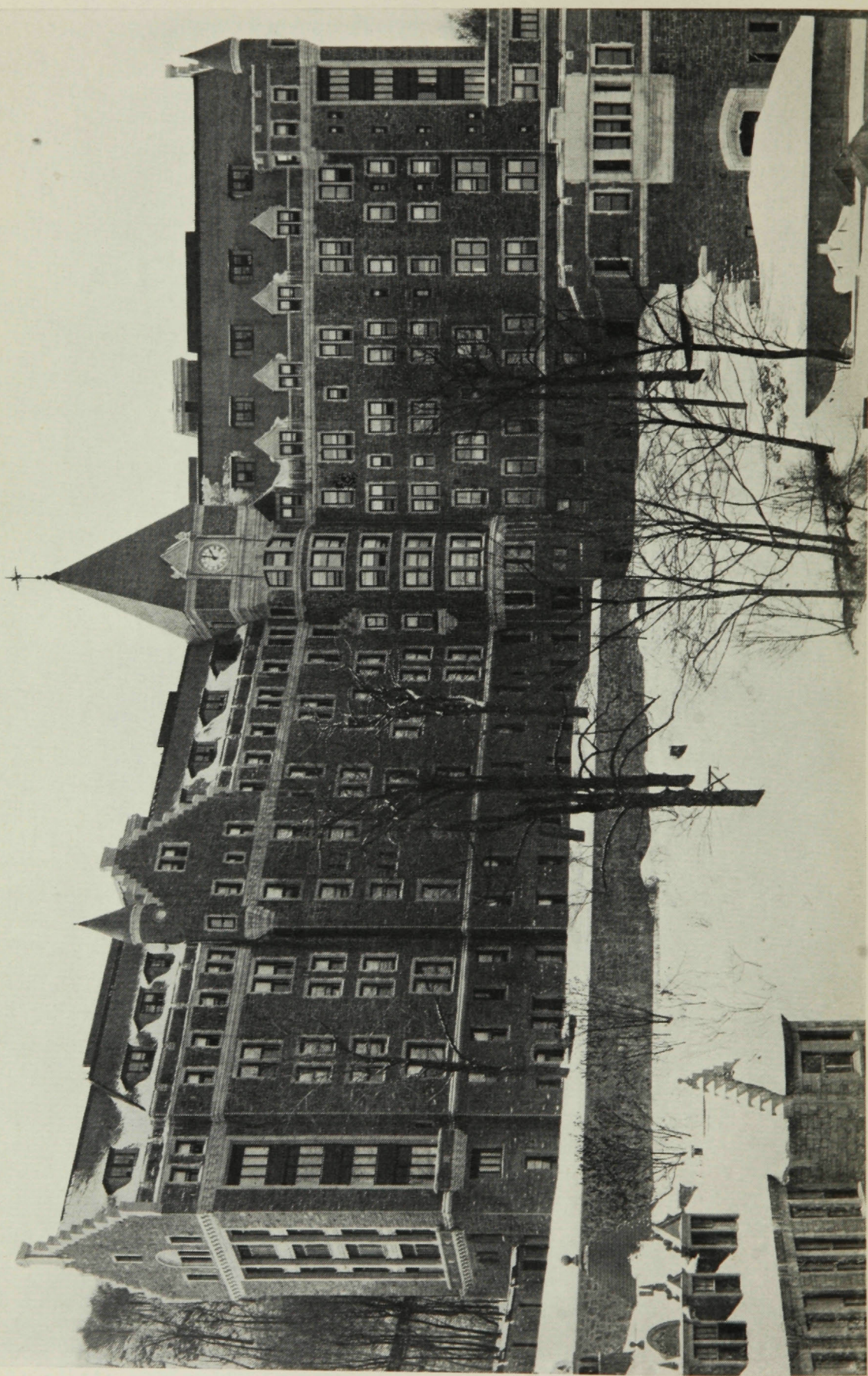
Total Discharges.....	3693
Total Admissions.....	3679
	14
No. in Hospital first of year..	118
No. in Hospital end of year..	104
	14
Total Deaths.....	157

**RECORD OF OPERATIONS, 1928**

	<b>1928</b>	<b>1927</b>	
Operative cases discharged.....	2184	2204	a decrease of 20 for 1928
Post-operative complications....	174	111	an increase of 63 for 1928
Post-operative infections.....	26	34	a decrease of 8 for 1928
Post-operative mortality.....	116	113	an increase of 3 for 1928
Aseptic cases.....	1275	1297	a decrease of 22 for 1928
Septic cases.....	909	907	an increase of 2 for 1928







ROYAL VICTORIA MONTREAL MATERNITY PAVILION

# REPORT OF THE DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

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*For the Year Ended December 31st, 1928*

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*To the* GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

The present year has been the most satisfactory in the history of the department. From both a clinical and teaching aspect the value of a close association of the laboratories of the main hospital and this department is more than ever apparent. The various phases of the work in the department itself have shown not only a separate development, but a close co-operation.

The mortality in Gynæcology is especially low.

The immediate results of radium therapy in uterine carcinoma have been very striking.

The widespread use and value of blood transfusion in infections during the puerperium has been demonstrated.

The care of the lactating breast has been the subject of special investigation. (See appendix).

A study of methods of induction of labour has revealed the relative importance of the bag.

The importance of a conservative treatment in eclampsia is more and more apparent.

W. W. CHIPMAN,

*Obstetrician and  
Gynæcologist-in-Chief.*



## OBSTETRICAL REPORT

For the Year Ending December 31, 1928

### ROYAL VICTORIA MONTREAL MATERNITY

Obstetrical patients remaining in Hospital January 1st, 1928.....	73
Obstetrical patients admitted to Hospital January 1st, 1928 to January 1st, 1929. ....	2259
	2332
Obstetrical patients remaining in Hospital January 1st, 1929.....	79
Obstetrical patients treated to conclusion.....	2253
	2332

#### GENERAL RESULTS

Total confinements.....	2075
Patients confined and discharged well.....	2054
Patients treated, but not confined.....	170
Patients admitted Post-Partum.....	10
Patients treated and transferred.....	7
Patients died.....	12
	2253

#### PATIENTS TRANSFERRED TO OTHER SERVICES

##### Case Record

No.	No.	Para.	Pelvis	Discharged
1	4013	VI.	Normal. Transferred to Surgery for bur-sitis.	Cured.
2	4057	I.	Normal. Transferred to ward "E" to have bullet removed from chest.	Improved. (Bullet still in chest.)
3	4248	III.	Normal. Transferred to ward "B" for Broncho Pneumonia.	Cured.
4	5773	III.	Normal. Transferred to ward "B" for General Infection.	Cured.
5	4738	VIII.	Normal. Bronchitis. Pulmonary T.B.C.	Not improved.
6	3940B	IV.	Normal. A diabetic sent back to ward "K" following delivery.	Improved.
7	5832	I.	Rachitic. Transferred to Gynæcology.	Improved.

(To report to Obstetrical Follow-up Clinic.)



### MATERNAL MORTALITY, 1928

Twelve patients died in the hospital during the year. The mortality rate on all admissions is thus .55 per cent.

Puerperal septicæmia . . . . .	5
Eclampsia . . . . .	2
Post partum eclampsia. Bilateral lobar pneumonia..	1
Post-partum hæmorrhage . . . . .	1
Cardiac decompensation . . . . .	1
Pulmonary embolism . . . . .	1
Exudative degenerative nephritis . . . . .	1
TOTAL . . . . .	12

#### Short Notes on the 12 fatal cases

##### Case 1.

#### Record No. 3616—Puerperal septicæmia. (Placenta prævia).

Primipara, aged 30, admitted on account of small hæmorrhage, a previous diagnosis of placenta prævia having been made. Repeated small hæmorrhages occurred while in hospital, but labour did not begin until a bag induction was done. Cord prolapsed on expulsion of bag. Mid-forceps applied and head delivered to pubes. Placenta was manually removed. (Child survives).

No autopsy obtained. Anatomical summary. Placental tissue from protruding part of placenta prævia.

##### Case 2.

#### Record No. 3875—Post partum eclampsia. Bilateral lobar pneumonia.

This patient, para IX, aged 42, was admitted post-partum in an unconscious condition, having been delivered at her home of a full-term child. Her blood pressure on admission was 170/100, and she had marked œdema of feet, ankles and legs. Before admission she had two convulsions. After admission she had a convulsion lasting three minutes, followed by two others each lasting two minutes. Patient was bled and 500 c.c. glucose saline administered. Right lung became consolidated and in spite of treatment and blood transfusion, did not improve, and she died on the 4th day after admission.

No autopsy obtained.

##### Case 3.

#### Record No. 4554—Probably eclampsia.

Primipara, aged 27, admitted for toxæmia of pregnancy. Her history showed that she had been under the doctor's care 2 weeks prior to admission without any appreciable improvement in her condition. Her blood pressure was 145/90 on admission, and shortly afterwards was found to be 190/110, with some œdema of ankles. She was put on albuminuric orders, and took fluids well. Looked well. She was found dead about half an hour after being seen by the nurse. Patient is only slightly cyanosed and seemed to have died without apparent struggle. (Not delivered, 8 month's pregnant).

Anatomical diagnosis—Oedema of meninges. Petechial hæmorrhagic extravasation of pons.

##### Case 4.

#### Record No. 4132—Post-partum hæmorrhage.

Para III, aged 36, admitted by ambulance with slight hæmorrhage from vaginal placenta. Patient was delivered spontaneously of a full-term child. After separation of placenta there was considerable hæmorrhage. She was given

700 c.c. glucose saline and uterus packed tightly with iodoform gauze. Patient was so exsanguinated and exhausted that she died shortly after delivery in spite of all efforts. (Child survives).

No autopsy obtained.

**Case 5.**

**Record No. 4514—Toxæmia. (Eclampsia).**

Primipara, aged 22, admitted by ambulance in an unconscious state. History shows her to have had several convulsions before admission. On her way to hospital she had two convulsions. On arrival she was immediately given  $\frac{1}{4}$  gr. morphia hypodermically. Blood pressure was 190/110. Bladder was catheterized and very little urine obtained. Early in the evening she was found to be in labour and several hours after was delivered of a dead-born child. Her condition following delivery seemed to be fairly good, but shortly afterwards her pulse became weak and rapid, and in spite of stimulative treatment and saline, she died. (Child dead-born, macerated). Anatomical diagnosis—Hæmorrhagic extravasations thymus, pericardium, pleura. Subdural hæmorrhage.

**Case 6.**

**Record No. 4649. Puerperal septicæmia.**

Primipara, aged 26, admitted 8-8½ months pregnant, and in labour. Shortly after admission she was delivered of a premature female infant. Her condition was fairly good after delivery, but about 4 hours later she became very nauseated and hiccough troublesome. Was given glucose saline at intervals, but vomiting still continued. On the third day her pulse became very rapid and she died, in spite of all efforts. (Child survives). No autopsy obtained.

**Case 7.**

**Record No. 4386—Acute puerperal septicæmia.**

Primipara, aged 20, admitted 8 months pregnant, on account of having a generally contracted pelvis, with large baby evident. Bougie induction under anæsthesia was done. Pains were very inefficient and cervix only dilated to size of 50c. piece. Given hot enema and glucose saline with no reaction, but of little benefit. As pains were of no use, and fœtal heart not heard, an attempt was made to deliver by high forceps after manual dilatation of cervix. As basio-tribe could not be applied without danger to patient, cranioclast was used and dead-born child delivered. Patient's temperature became subnormal, extremities cold, and in spite of blood transfusion and other remedies, she died day after delivery.

No autopsy obtained.

**Case 8.**

**Record No. 4840. Bronchiectasis—Cardiac decompensation.**

Para IV, aged 38, admitted 7 months pregnant, but not in labour. Admitted because of severe bronchiectasis and dilated right heart. Induction of labour thought advisable, so membranes were ruptured. Patient delivered spontaneously in bed of a small cyanotic male infant. Her condition became very poor, expectorated dark blood several times, and became very restless and excitable. Died 16 days post partum. (Baby died 1 day post partum).

No autopsy obtained.

**Case 9.**

**Record No. 4856—Puerperal septicæmia.**

Primipara, aged 25, admitted not in labour. Admitted for toxæmia of pregnancy. She improved under treatment for a while, but this improvement

as only temporarily maintained, and induction of labour was tried, but without success. Fœtal heart could not be heard, but owing to a slight elevation in temperature, interference was thought to be inadvisable. Patient had several convulsions, went into labour and was delivered of a dead-born macerated hydrocephalic monster. Placenta was manually removed. Patient improved under treatment until about the 13th day post partum, when she developed chills and elevation of temperature, which continued up to the time of her death on the 7th day after delivery.

Anatomical diagnosis (Synopsis) Retro-peritoneal pyæmic abscess (right). Pyæmic abscess, right ovary. Pyæmic abscesses lungs with inflammatory œdema. Thrombo-phlebitis inferior vena cava, etc.

#### Case 10.

##### Record No. 5698—Pulmonary embolism.

Primipara, aged 20, admitted 8 months pregnant. Had been attending one of our Outdoor clinics. As a child she had rheumatic attacks, and at the age of 7, chorea, which recurred last May. Examination showed a mitral stenosis, with enlarged heart, and she was referred to cardiac clinic, where she was examined and considered to be unable to complete her pregnancy. She was admitted to hospital after being very carefully followed in the clinic, aortic insufficiency having also been diagnosed at this time. A Cæsarean section was performed shortly after admission, as the patient had collapsed two hours previously, and had become unconscious. Artificial respiration resorted to, under which the patient revived somewhat, but died shortly after her return to the ward. (Child as dead-born).

#### Case 11.

##### Record No. 5344. Exudative degenerative nephritis.

Para XIII, aged 34, admitted 6 months pregnant, complaining of a sharp pain over abdomen and back. Pain persisted, abdomen became hard, and patient demonstrated the picture of "shock". On admission a vaginal examination was done and the cervix was found to be half dilated, and membranes protruding. One half hour after rupture of membranes, the child was expelled as a breech (Dead-born). Following delivery there was total anuria and increasing nitrogen retention, which persisted until the time of her death, 9 days post partum.

Anatomical diagnosis (Synopsis). Exudative degenerative nephritis with hæmorrhagic infarction of cortex and simple necrosis (Ulcerative colitis).

#### Case 12.

##### Record No. 5147—Puerperal infection.

Para III, aged 24, admitted two days post partum, having been delivered at her home, the delivery being a long and difficult one. On the following day she developed a very high fever and had a severe chill. Fever kept up, but the chills subsided. Patient was brought in by ambulance, vomiting and abdomen distended. Gastric lavage and turpentine enemas applied. Glucose saline administered intravenously. Patient's condition very poor. Blood transfusion given. In spite of treatment, patient grew worse and died on the second day after admission.

No autopsy obtained.

### ANALYSIS OF CAUSES OF MORBIDITY, 1928

A single rise in temperature to 100.6, after the first 24 hours till discharge classes the case as morbid.

#### 1. Puerperal Infections:—

(1) Bacterial toxæmia . . . . .	180
(2) Pelvic thrombosis etc. (Saphenous) . . . . .	10
(3) Bacteræmia . . . . .	12
(4) Specific (Neisser infections) . . . . .	4
(5) Pyelitis . . . . .	26

2. Single rises . . . . . 208

3. Mastitis and lymphangitis . . . . . 74

4. Abscesses . . . . . 5

#### 5. Respiratory Diseases (Acute):—

(1) Influenza . . . . .	10
(2) Tonsillitis . . . . .	1
(3) Laryngitis . . . . .	1
(4) Bronchitis . . . . .	2
(5) Pleurisy . . . . .	2
(6) Pneumonia . . . . .	6
(7) Pulmonary tuberculosis . . . . .	1

6. Eruptive fever (not diagnosed), rash over body . . . . . 1

TOTAL . . . . . 543

Of the 2253 patients treated during the year:—

There were confined . . . . .	2075
Number of morbid cases . . . . .	543

(Per centage from all causes 24.1%)

### INFANTILE MORTALITY, 1928

Full term children born dead . . . . .	48
Premature . . . . .	26
Full term dying after delivery . . . . .	23
Premature . . . . .	32
	129
Non-viable births (before 7 months) . . . . .	30

CAUSES	DEAD-BORN		DIED AFTER BIRTH		TOTAL	Secondary Cause of Death
	Full Term	Prem-ature	Full Term	Prem-ature		
Craniotomy 1. Hydrocephalus...	3				3	
2. Failed forceps....	3	1			4	
Trauma of labour—						
1. Forceps.....	2		3	1	6	1 spina bifida
2. Version and extraction..	1		2	1	4	
3. Breech.....	1		1		2	
4. Impacted breech.....	1				1	
5. Spontaneous delivery...	5		4		9	
6. Tight coil of cord about neck.....	6				6	
Cæsarean Section for maternal pulmonary embolism.....		1			1	
Placenta prævia.....	1	3		1	5	
Eclampsia and pre-eclampsia....	2	4		2	8	
Chronic nephritis, maternal.....	1	2			3	
Accidental hæmorrhage.....	1	5			6	
Prolapse of cord delivered spontaneously.....		1			1	
Prolapse of cord delivered by forceps.....	1				1	
Prolapse of cord delivered by version.....	4	1			5	
Breech extraction.....	1				1	
Macerated.....	4	5			9	
Monsters (1) Anencephalic.....	5	1			6	
(2) Hydrocephalic.....	2	2		1	5	3 craniotomy
(3) Fœtus amorphous..	1				1	
Congenital lues.....	1	2			3	
No cause found.....	1				1	
Prematurity.....				21	21	
Broncho Pneumonia.....			4	3	7	
Meningitis.....						
Acute otitis media.....						
Cellulitis.....			1		1	
Congenital malformation of heart			1	1	2	
Congenital pulmonary atelectasis			2	1	3	
Hæmorrhage from cord.....			1		1	
Hæmorrhagic disease of new born			1		1	
Meningocele, Spina bifida.....			2		2	
Total.....	47	28	22	32	129	

**FETAL MORTALITY, 1928****Summary of Mortality Amongst Viable Babies****1. Died Ante Partum:—**

Term.....	11
Premature.....	13
Total.....	24

**2. Full Term Viable Living at Onset of Labour.**

Type of labour	Died Intra-Partum	Died Post-Partum	Neo natal deaths	Total
Spontaneous.....	5	..	4	9
Forceps.....	2	..	4	6
Breech Extraction.....	1	..	..	1
Impacted Breech.....	1	..	..	1
Version and Extraction.....	1	1	1	3
Craniotomy.....	3	..	..	3
Tight coil of cord about neck.....	6	..	..	6
Prolapsed cord delivered:—				
(a) Spontaneously—				
(b) Version and Extraction.....	4	..	..	4
(c) Forceps.....	1	..	..	1
(d) Breech Extraction.....	1	..	..	1
Placenta prævia delivered:—				
(a) Spontaneously.....	1	..	..	1
(b) Version and Extraction.....	1	..	..	1
(c) Forceps.....	..	..	..	..
Totals.....	27	1	9	37
Causes of death other than labours.....	1	1	11	13
Totals.....	28	2	20	50

**3. Premature Viable Babies Living at Onset of Labour.**

Type of labour	Died Intra-Partum	Died Post-Partum	Neo natal deaths	Total
Forceps.....	..	1	..	1
Breech Extraction.....	..	1	..	1
Version and Extraction.....	..	1	..	1
Craniotomy.....	1	..	..	1
Prolapsed cord delivered:—				
Spontaneously.....	1	..	..	1
Version and Extraction.....	1	..	..	1
Placenta Prævia delivered:—				
(a) Spontaneously.....	1	..	..	1
(b) Version and Extraction.....	2	1	..	3
Totals.....	6	4	..	10
Causes of death other than labour.....	3	6	21	30
Totals.....	9	10	21	40

**COMPLICATIONS OF PREGNANCY****Summary of Obstetrical Report, 1928, as per attached sheets**

Albuminuria, spontaneous labour.....	42	
Albuminuria, labour induced.....	11	
Albuminuria, treated (not confined).....	16	
Albuminuria, showing a chronic nephritis.....	6	
Ante-partum hæmorrhage, accidental apparent.....	5	
Post-partum hæmorrhage.....	28	
Cardiac disease.....	2	
Eclampsia and post-partum eclampsia.....	12	
Pre-eclamptic toxæmia.....	13	
Hydramnios.....	3	
Placenta prævia.....	10	
Psychosis.....	2	
Pyelitis.....	36	
Twins.....	26	(pairs)
Vomiting of pregnancy.....	7	
Blood transfusions.....	18	

**CLASSIFICATION OF PELVIS**

Normal.....	1166
Not measured (private patients).....	864
Rachitic flat.....	28
Justo minor.....	4
Generally contracted.....	3
Funnel.....	10
<b>TOTAL.....</b>	<b>2075</b>



## CARDIAC CONDITION.

NO.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
5443.	II.	Normal	Induction of labour. Hydrostatic bag.....	Good	Good	
5898.	II.	Normal	Mid forceps and Low forceps R.O.P.....	Good	Good	

## VOMITING OF PREGNANCY.

3866.	II.	Normal	Not confined.....	Improved		6½ months pregnant
4712.	III.	Normal	Not confined.....	Improved		5 months pregnant
4082.	I.	Normal	Not confined.....	Improved		8½ months pregnant
3997.	III.	Normal	Not confined.....	Improved		Transf. to Gyn.
3831.	I.	Normal	Not confined.....	Improved		6 months pregnant
4041.	I.	Normal	R.S.A. breech.....	Good	D.B. Macer.	6 months premature
5639.	I.	Not meas.	Not confined.....	Improved		

## PRE-ECLAMPTIC TOXÆMIA.

4133.	I.	Not meas.	Double frank breech.....	Good	Both died	Premature. (Twins)
4256.	I.	Normal	Low forceps L.O.A.....	Poor	Died	
4518.	III.	Normal	Induction of labour. Hydrostatic bag.....	Good	Good	
4559.	I.	Normal	Spontaneous R.O.A.....	Good	Good	
4514.	I.	Normal	Spontaneous L.O.A.....	Died	D.B.	
4266.	I.	Normal	Spontaneous L.O.A.....	Good	Died	17 days p.p.
4386.	I.	Gen. contracted	Bougie induction R.O.A.....	Died	Died	Craniotomy
5338.	I.	Not meas.	Mid forceps R.O.A.....	Good	Good	
5670.	I.	Normal	Spontaneous L.O.A.....	Good	Good	
5705.	I.	Not meas.	Spontaneous R.O.A.....	Good	Good	
5729.	I.	Not meas.	Mid forceps R.O.P.....	Good	Good	
5907.	I.	Not meas.	Mid forceps L.O.P.....	Good	Good	
5086.	II.	Normal	Mid forceps L.O.P.....	Good	Good	

## ECLAMPSIA.

3551.	VI.	Normal	Admitted post-partum.....	Good	Good	
3771.	I.	Normal	Induction of labour. Hydrostatic bag.....	Good	D.B.	
3772.	XIV.	Not meas.	Induction of labour. Hydrostatic bag.....	Good	D.B.	Macerated
3875.	IX.	Not meas.	Admitted post-partum.....	Died	Not admitted.	
3946.	III.	Normal	Spontaneous L.O.A.....	Good	Good	(Premature baby)



PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
		Not confined.....		Died	
. I.	Normal	Spontaneous L.O.A.....	Died	D.B.	
. I.	Normal	Low forceps L.O.A.....	Good	Good	
. I.	Flat	Low forceps L.O.A.....	Good	Good	
. I.	Normal	Mid forceps R.O.A.....	Good	Good	
. I.	Not meas.	Spontaneous R.O.A.....	Good	Good	
. I.	Normal	Spontaneous L.O.A.....	Good	Good	

## BUMINURIA (Treated, but not confined).

4. I.	Not meas.	Treated, not confined.....	Improved		6 months pregnant
. I.	Normal	Treated, not confined.....	Improved		8 months pregnant
0. V.	Normal	Treated, not confined.....	Improved		8 months pregnant
4. II.	Normal	Treated, not confined.....	Improved		7½ months pregnant
4. VI.		Treated, not confined.....	Improved		
0. I.	Normal	Treated, not confined.....	Improved		
4. I.	Normal	Treated, not confined.....	Died		
7. III.	Normal	Treated, not confined.....	Improved		5 months pregnant
9. II.	Normal	Treated, not confined.....	Improved		
9. II.	Normal	Treated, not confined.....	Improved		
4. VIII.	Normal	Treated, not confined.....	Improved		
5. V.	Normal	Treated, not confined.....	Improved		8 months pregnant
2. II.	Normal	Treated, not confined.....	Improved		
1. I.	Normal	Treated, not confined.....	Improved		8 months pregnant
6. I.	Normal	Treated, not confined.....	Discharged	against advice.	
4. I.	Normal	Treated, not confined.....	Discharged	against advice.	

## BUMINURIA (Spontaneous labour).

5. IX.	Normal	Admitted post-partum.....	Died	Not admitted	
1. I.	Normal	Spontaneous L.O.A.....	Good	Good	
6. VI.	Normal	Spontaneous R.O.A.....	Good	Good	
1. III.	Normal	Admitted post partum.....	Good	Good	
6. III.	Normal	Spontaneous L.O.A.....	Good	Good	
3. II.	Not meas.	Frank breech, double.....	Good	Both died	
8. IV.	Normal	Spontaneous L.O.A.....	Good	Good	
8. I.	Normal	High forceps.....	Good	D.B.	
5. I.	Not meas.	Footling breech.....	Good	D.B. Macer.	
9. I.	Normal	Spontaneous R.O.A.....	Good	Good	
0. II.	Normal	Spontaneous L.O.A.....	Good	Good	
1. I.	Normal	Low forceps L.O.A.....	Good	Good	

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
4549.	VI.	Normal	Spontaneous L.O.A.	Good	Good	
3830.	II.	Not meas.	Mid forceps L.O.P.	Good	Good	
4721.	II.	Not meas.	Spontaneous R.O.A.	Good	Good	
4204.	II.	Not meas.	Low forceps R.O.A.	Good	Good	
4731.	I.	Normal	Spontaneous R.O.A.	Good	Good	
4266.	I.	Normal	Spontaneous L.O.A.	Good	Died	17 days p.p.
4514.	I.	Normal	Spontaneous R.O.A.	Died	Died	
4940.	VI.	Normal	Spontaneous R.O.A.	Good	Good	
4900.	I.	Normal	Mid forceps R.O.A.	Good	Good	
4976.	I.	Not meas.	Low forceps R.O.A.	Good	Good	
3917.	II.	Not meas.	Spontaneous R.S.A.	Good	D.B.	Macer.
4856.	I.	Not meas.	Spontaneous L.O.A.	Died	Died	
5044.	I.	Gen. contracted	Low forceps L.O.A.	Good	Good	
5405.	V.	Not meas.	Spontaneous L.O.A.	Good	Good	
4182.	II.	Normal	Face to pubes R.O.P.	Good	Died	(Twin)
4182.	II.	Normal	Spontaneous R.S.A.	Good	Died	(Twin)
4553.	II.	Normal	Spontaneous L.O.A.	Good	Good	
4348.	II.	Normal	Spontaneous R.O.A.	Good	Good	
5524.	I.	Normal	Mid forceps L.O.A.	Good	Good	
5480.	II.	Not meas.	Version and extraction	Good	Good	
5587.	I.	Normal	Spontaneous R.O.A.	Good	Good	
5920.	I.	Not meas.	Low forceps L.O.A.	Good	Good	
4442.	II.	Normal	Spontaneous R.O.A.	Good	Good	
5133.	I.	Normal	Spontaneous L.O.A.	Good	D.B.	
5338.	I.	Not meas.	Mid forceps R.O.A.	Good	Good	
5521.	I.	Not meas.	Mid forceps R.O.A.	Good	Good	
5371.	II.	Not meas.	Low forceps L.O.P.	Good	Good	
5446.	I.	Not meas.	Spontaneous R.O.A.	Good	Good	
5562.	II.	Justo minor	Spontaneous L.O.A.	Good	Good	
4651.	V.	Normal	Spontaneous L.O.A.	Good	D.B.	
5718.	IV.	Not meas.	Spontaneous L.O.A.	Good	D.B.	

## ALBUMINURIA (Labour induced).

4495.	I.	Not meas.	Induction of labour. Hydrostatic bag	Good	D.B.	
4698.	IV.	Normal	Induction of labour. Hydrostatic bag	Good	Fair	
5166.	I.	Not meas.	Induction of labour. Hydrostatic bag	Good	Good	(Low forceps)
5202.	II.	Normal	Induction of labour. Hydrostatic bag	Good	Good	
5203.	II.	Not meas.	Induction of labour. Hydrostatic bag	Good	Good	

PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
. II.	Not meas.	Induction of labour. Hydrostatic bag.....	Good	Died	
. II.	Normal	Induction of labour. Hydrostatic bag.....	Good	Good	
. II.	Normal	Induction of labour. Hydrostatic bag.....	Good	Good	
. I.	Normal	Induction of labour. Hydrostatic bag.....	Good	Good	(Mid forceps)
. V.	Not meas.	Induction of labour. Hydrostatic bag.....	Good	D.B.	(Macerated)
. II.	Not meas.	Induction of labour. Hydrostatic bag.....	Good	Good	

#### HEMATURIA (Showing a chronic nephritis).

. I.	Normal	Spontaneous L.O.A.....	Good	Good	
. I.	Not meas.	Breech.....	Good	D.B.	
. I.	Not meas.	Induction of labour. Hydrostatic bag.....	Good	D.B.	
. IV.	Not meas.	Spontaneous L.O.A.....	Good	D.B. Mac.	
. XIII.	Normal	Breech. ....	Died	Died	
. IV.	Not meas.	Spontaneous L.O.A.....	Good	D.B. Mac.	

#### DRAMNIOS.

. II.	Normal	Spontaneous R.O.A.....	Good	D.B.	Face to pubes
. VII.	Normal	Spontaneous.....	Good	D.B.	
. I.	Normal	Spontaneous.....	Good	D.B. Mac.	

#### PROLAPSE.

. V.	Normal	Spontaneous L.O.A.....	Good	Good	(Mild post-partum insanity.)
. III.	Normal	Footling breech R.S.A.....	Good	Good	

#### PERITONITIS.

. I.	Not meas.	Spontaneous R.S.A.....	Good	D.B.	Craniotomy Hydrocephalic
. I.	Not meas.	Not confined.....	Improved		
. III.	Not meas.	Version and extraction.....	Fair	Good	
. I.	Normal	Mid forceps L.O.A.....	Good	D.B.	
. I.	Normal	Spontaneous L.O.A.....	Good	Good	
. I.	Not meas.	Cæsarean section.....	Good	Good	
. II.	Normal	Spontaneous R.O.A.....	Poor	Good	(Discharged against advice)
. IV.	Not meas.	Spontaneous L.O.A.....	Fair	D.B. Mac.	
. I.	Normal	Spontaneous L.O.A.....	Fair	Good	

NO. PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
5020. I.	Normal	Spontaneous R.O.A.....	Good	Good	
5059. I.	Normal	Spontaneous R.O.A.....	Good	Good	
5087. I.	Normal	Low forceps L.O.A.....	Good	Good	
5161. I.	Normal	Spontaneous R.O.A.....	Good	Good	
5179. I.	Normal	Spontaneous R.O.A.....	Good	Good	
5241. XIII.	Normal	Spontaneous R.O.A.....	Good	Good	1100 c.c. Hge
5265. I.	Normal	Spontaneous R.O.A.....	Good	Good	
5440. I.	Normal	Spontaneous R.O.A.....	Good	Good	
5450. II.	Normal	Spontaneous R.O.A.....	Good	Good	
5454. I.	Normal	Not confined.....	Improved		Went home against advice
5487. II.	Normal	Spontaneous L.O.A.....	Good	Good	
5494. I.	Normal	Spontaneous L.O.A.....	Good	Good	
5524. I.	Normal	Spontaneous L.O.A.....	Good	Good	
5543. II.	Not meas.	Undiagnosed.....	Good	Non-viable	6 mths. (Toxæmia)
5603. I.	Normal	Spontaneous L.O.A.....	Good	Good	
5643. V.	Normal	Spontaneous R.O.P.....	Good	Good	
5758. I.	Normal	Spontaneous R.O.A.....	Good	Good	Flat pelvis
5803. I.	Not meas.	Low forceps L.O.A.....	Good	Good	
5804. I.	Normal	Spontaneous R.O.A.....	Good	Good	
5832. I.	Not meas.	Spontaneous L.O.A.....	Fair	D.B.	Mother transferred to Gyn.
4804. V.	Normal	Spontaneous L.O.A.....	Fair	Good	
5635. I.	Normal	Not confined.....	Improved		
5729. I.	Not meas.	Spontaneous R.O.P.....	Good	Good	
5781. I.	Not meas.	Spontaneous R.O.A.....	Good	Good	
5761. I.	Not meas.	Spontaneous L.O.A.....	Good	Good	(Acute)
5787. II.	Normal	Spontaneous L.O.A.....	Good	Good	
3711. I.	Normal	Undiagnosed.....	Good	Both died	

#### ANTE-PARTUM HÆMORRHAGE—ACCIDENTAL APPARENT.

3772. XIV.	Not meas.	Induction of labour. Hydrostatic bag.....	Good	D.B.	
3771. I.	Normal	Induction of labour. Hydrostatic bag.....	Good	D.B.	
3791. VI.	Normal	Spontaneous R.O.A.....	Good	Good	
5364. VIII.	Not meas.	Induction of labour. Hydrostatic bag. Version and extraction.....	Good	D.B.	
5819. VI.	Normal	Induction of labour. Hydrostatic bag.....	Good	D.B.	Low implantation of placenta.

#### POST PARTUM HÆMORRHAGE.

3791. VI.	Normal	Spontaneous R.O.A.....	Good	Good	600 c.c.
3905. I.	Normal	Frank breech R.S.A.....	Good	Good	600 c.c.

PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
V.	Normal	Spontaneous L.O.A.	Good	Good	650 c.c. Placenta manually removed.
III.	Normal	Spontaneous R.O.A.	Died	Fair	600 c.c. Marginal placenta
IV.	Not meas.	Spontaneous L.O.A.	Good	Good	600 c.c.
VI.	Normal	Spontaneous L.O.A.	Good	Good	600 c.c.
V.	Normal	Spontaneous L.O.A.	Good	Good	600 c.c.
I.	Not meas.	Spontaneous R.O.A.	Good	Good	700 c.c.
I.	Normal	Spontaneous L.O.A.	Good	Good	800 c.c.
I.	Normal	Spontaneous R.O.A.	Died	D.B.	600 c.c. Mac. Eclampsia.
IV.	Normal	Spontaneous R.O.A.	Fair	Good	1300 c.c.
II.	Normal	Spontaneous R.O.A.	Good	Good	1500 c.c.
XIII.	Normal	Spontaneous L.O.A.	Good	Good	1100 c.c.
II.	Normal	Spontaneous R.O.A.	Good	Good	600 c.c.
II.	Not meas.	Spontaneous R.O.A.	Good	Good	600 c.c.
X.	Not meas.	Spontaneous R.O.A.	Good	Good	600 c.c.
II.	Normal	Spontaneous L.O.A.	Good	Good	1000 c.c.
I.	Normal	Spontaneous L.O.A.	Good	Good	750 c.c.
I.	Normal	Spontaneous L.O.A.	Good	Good	750 c.c.
II.	Normal	Spontaneous R.O.A.	Good	Good	750 c.c.
II.	Normal	Spontaneous R.O.A.	Good	Good	600 c.c.
II.	Normal	Spontaneous L.O.A.	Good	Good	1000 c.c.
IV.	Normal	Version and extraction	Good	D.B.	600 c.c.
I.	Normal	Low forceps L.O.A.	Good	Good	1000 c.c.
V.	Normal	Spontaneous R.O.A.	Good	Good	800 c.c.
I.	Normal	Low forceps R.O.A.	Good	Good	1000 c.c.
I.	Not meas.	Spontaneous L.O.A.	Good	Good	700 c.c.
I.	Normal	Spontaneous L.O.A.	Good	Good	900 c.c.

## PLACENTA PRAEVIÆ.

1. V.	Normal	Spontaneous R.O.A.	Good	D.B.	
3. I.	Normal	Spontaneous L.O.A.	Good	D.B.	
3. II.	Not meas.	Induction of labour. Hydrostatic bag. Low forceps	Good	Died	1 day p.p. Marginalis
5. IV.	Normal	Mid forceps R.O.A.	Good	D.B.	
7. X.	Normal	Spontaneous L.O.A.	Good	Good	
7. VII.	Normal	Version and extraction	Good	D.B.	Lateralis
2. VI.	Normal	Spontaneous L.S.A.	Good	Good	
3. VI.	Normal	Spontaneous L.S.A.	Good	D.B.	
4. VIII.	Not meas.	Induction of labour. Version and extraction	Good	D.B.	
5. VI.	Normal	Cæsarean Section	Good	Good	Classical

## TWINS.

NO. PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
3711. I.	Normal	1. Spontaneous.		Both	
		2. Spontaneous.....	Good	died	Premature
3736. IV.	Not meas.	1. Spontaneous R.O.A.		Both	
		2. Spontaneous R.O.A.....	Good	died	9 hrs. p.p.
3675. I.	Not meas.	1. Low forceps.		Both	
		2. Mid forceps.....	Good	died	
3687. II.	Not meas.	1. Spontaneous L.O.A.		Both	
		2. Spontaneous L.O.A.....	Good	good	
3909. X.	Normal	1. Spontaneous L.O.A.		Both	
		2. Spontaneous L.O.A.....	Good	Died	Polyzgatic
4009. IV.	Not meas.	1. Delivered at home.		Died	
		2. Version and extraction.....	Good	D.B.	Transverse presentation
4043. III.	Normal	1. Spontaneous L.O.A.		Both	
		2. Footling.....	Good	good	
4133. II.	Not meas.	1. Spontaneous.		Both	
		2. Breech.....	Good	died	3 days p.p.
4182. I.	Not meas.	1. R.O.P.		Both	
		2. R.S.A.....	Good	D.B.	Premature
4550. II.	Not meas.	1. R.O.P. Mid forceps.		Both	
		2. L.O.A. Mid forceps.....	Good	good	
4527. III.	Not meas.	1. Spontaneous L.O.A.		Both	
		2. Version and extraction.....	Good	good	
4622. IV.	Not meas.	1. Cæsarean section.		Both	Steriliza- tion
		2. Cæsarean section.....	Good	good	
4331. II.	Normal	1. Breech L.S.A.		Both	
		2. Version and extraction.....	Good	good	uni-ovular
4576. II.	Not meas.	1. Spontaneous L.O.A.		Both	
		2. Version and extraction.....	Good	good	
4818. IV.	Not meas.	1. Breech L.S.A.		Both	
		2. Breech R.S.A.....	Good	good	
4870. III.	Not meas.	1. Spontaneous R.O.A.		Both	
		2. Spontaneous L.O.A.....	Good	good	
4919. II.	Not meas.	1. Breech R.S.A.		1. Good	Prolapsed hand
		2. Mid forceps.....	Good	2. Fair	
4903. III.	Normal	1. Delivered at home.		Both	
		2. Version and extraction.....	Good	good	
5112. III.	Normal	1. Spontaneous L.O.A.		Both	
		2. Spontaneous R.O.A.....	Good	good	
5252. V.	Not meas.	1. Spontaneous L.O.A.		Both	
		2. Version and extraction.....	Good	good	
5287. XI.	Not meas.	1. Breech L.S.A.		Both	
		2. Spontaneous R.O.A.....	Good	good	
5529. II.	Normal	1. Spontaneous R.O.A.		Both	
		2. Breech L.S.A.....	Good	good	
5423. II.	Normal	1. Spontaneous L.O.A.		Good	
		2. Spontaneous.....	Good	D.B.	Monstrosity
5628. II.	Not meas.	1. Low forceps.		Both	
		2. L.S.A. Version and extraction...	Good	good	
5691. IV.	Normal	1. Spontaneous L.O.A.		Both	
		2. Breech L.S.A.....	Good	good	
5746. III.	Normal	1. Spontaneous L.O.A.		Both	
		2. Breech L.S.A.....	Good	good	

**SUMMARY OF OBSTETRICAL OPERATIONS**

**LOW FORCEPS, 1928**

INDICATIONS.

Perineal delay.....	140
Fœtal distress.....	31
Maternal distress.....	36
Prophylaxis.....	44
Posterior positions.....	6
Twins.....	2
Toxæmias.....	2
Uterine inertia.....	5
Pelvic contraction.....	4
Placenta prævia.....	1
Pulmonary T.B.C. and Bronchitis.....	1
Cardiac disease.....	2
<b>TOTAL.....</b>	<b>274</b>

**MID FORCEPS**

Maternal distress.....	27
Fœtal distress.....	14
Prophylaxis.....	10
Posterior positions.....	35
Uterine inertia.....	1
Toxæmias.....	4
Pelvic contraction.....	7
Cardiac disease.....	1
Prolapsed hand.....	1
Twin.....	1
Placenta prævia.....	1
<b>TOTAL.....</b>	<b>102</b>

**HIGH FORCEPS**

Fœtal distress.....	1
Maternal distress.....	1
Uterine inertia.....	1
Toxæmia.....	1
<b>TOTAL.....</b>	<b>4</b>

**CÆSAREAN SECTION**

Pelvic contraction.....	21
Toxæmias.....	3
Prophylaxis.....	6
Posterior positions.....	1
Placenta prævia.....	1
Tumors.....	2
Cardiac disease.....	2
<b>TOTAL.....</b>	<b>36</b>

**CÆSAREAN SECTION (With Sterilization)**

Pelvic contraction.....	4
Prophylaxis.....	1
Posterior positions.....	1
Cardiac disease.....	1
Toxæmias.....	1
TOTAL.....	8

**INDUCTION OF LABOUR (Hydrostatic Bag)**

Toxæmias.....	13
Carcinoma of cervix.....	1
Twins.....	1
Pelvic contraction.....	11
Cardiac disease.....	1
Prophylaxis.....	2
Hydramnios.....	1
Placenta prævia.....	4
Failure of Bougie.....	1
TOTAL.....	35

**INDUCTION BOUGIE**

Pelvic contraction.....	2
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**MANUAL REMOVAL OF PLACENTA**

Adherent placenta.....	10
Bandl's ring.....	1
Placenta prævia.....	2
TOTAL.....	13

**CRANIOTOMY**

Hydrocephalus.....	3
Pelvic contraction.....	3
Toxæmias.....	1
TOTAL.....	7

**VERSION AND EXTRACTION**

Fœtal distress.....	1
Prolapsed cord.....	6
Carcinoma of cervix.....	1
Transverse presentations.....	5
Pelvic contraction.....	3
Twins.....	5
Prophylaxis.....	1
TOTAL.....	22



**BREECH EXTRACTION**

Breech extraction (impacted).....	1
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**COMPLETE TEARS**

High forceps.....	1
Mid forceps.....	10
Low forceps.....	8
Spontaneous.....	8
Breech.....	1
TOTAL.....	<u>28</u>



## OUT DOOR DEPARTMENT—OBSTETRICS

Number of applications for treatment (at Hospital).....	1161
Number of applications for treatment (at sub-stations) . . . .	511
Number of Ante Partum visits to Hospital Clinic . . . . .	3937
Number of Ante Partum visits to sub-station clinic . . . . .	2214
Number of cases delivered . . . . .	350
Number of Viable infants born . . . . .	341
Twins . . . . .	4 (pairs)
Dead Born Macerated . . . . .	1
Abortions, Miscarriages and Premature (Non-Viable) . . . . .	2
Infantile mortality . . . . .	6
Maternal mortality . . . . .	0
Maternal morbidity . . . . .	2.2%
Number of Post Partum visits paid by Doctors . . . . .	1506
Number of Post Partum visits paid by Nurses . . . . .	5215
	6721

### INFANTILE MORTALITY

- 500. Prolapsed cord.
- 536. Premature, low vitality (Twin).
- 536. Dead Born. Premature separation of placenta (Twin).
- 558. B.B.A. Accidental death.
- 778. Second twin (Version and Extraction).
- 779. Dead Born (Abnormality) Cause obscure.

# GYNÆCOLOGICAL REPORT

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**For the Year Ended 31st December, 1928**

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**URETHRA:**

Caruncle.....	7
Chronic Urethritis.....	1

**VULVA:**

Vulva Ulcer.....	1
Bartholinian Cyst.....	1
Sarcoma Bartholinian Gland.....	1
Carcinoma Vulva Squamous.....	3
Pruritis Vulvæ.....	1
Vulva-Vaginitis.....	1
Acute Vulvo Vaginitis.....	2
Chronic Vulvitis.....	1
Abscess Vulva.....	1

**VAGINA:**

Atresia of Vagina.....	1
Atresia of Vagina (Congenital).....	1
Vaginal Cyst.....	2
Septate Vagina.....	1
Recto-Vaginal Fistula.....	2
Urethra Vaginal Fistula.....	1
Vagina, Papilloma.....	1
Carcinoma Vagina Squamous.....	2
Acute Vaginitis.....	1
Chronic Vaginitis.....	3
Senile Vaginitis.....	8
Vaginismus.....	1
Hæmatometra.....	2
Hæmatocolpos.....	1
Imperforate Hymen.....	3
Persistent Hymen.....	1

**SACRO PUBIC HERNIA:**

Total.....	4	171
Sacro Pubic Hernia Complete.....	14	
Sacro Pubic Hernia Complete, Cystocoele, Rectocoele.....	64	
Sacro Pubic Hernia Incomplete, Cystocoele, Rectocoele....	2	
Sacro Pubic Hernia Incomplete, Cystocoele, Urethrocoele...	4	
Sacro Pubic Hernia Incomplete, Urethrocoele.....	21	
Sacro Pubic Hernia Incomplete, Retroversion.....	1	
Sacro Pubic Hernia Incomplete, Retroversion, Chr. Cervicitis, Cystocoele.....	6	
Sacro Pubic Hernia Incomplete, Cystocoele.....	54	
Sacro Pubic Hernia Incomplete, Rectocoele.....	7	
Sacro Pubic Hernia, Complete Tear.....	5	
Sacro Pubic Hernia, Laceration Perineum.....	4	
Sacro Pubic Hernia, Cervical Laceration.....		

**UTERUS:****Deviations:**

Retroversion..... 3

**Fistulæ:**

Vesico Uterine Fistula..... 1

**Fibrosis:**

Fibrosis Uteri..... 23

**Functional Disturbances:**

Amenorrhœa..... 1

Dysmenorrhœa..... 6

Menorrhagia..... 5

Metrorrhagia..... 1

Menopause..... 6

**Growth Disturbances:**

Infantile Uterus..... 3

**Infections:**

Endometritis Acute..... 1

Endometritis Chronic..... 2

Metritis Chronic..... 1

**Hyperplasia:**

Endometritis Hyperplastic..... 1

Adenoma Destruens..... 1

**Neoplasms:**

Fibromyoma..... 99

    Fibromyoma Uteri..... 96

    Fibromyoma Cervix..... 3

Sarcoma Uterus..... 2

Sarcoma Botryoides..... 1

Polyp Uterine..... 2

Carcinoma of Uterus..... 64

    Carcinoma of Uterus..... 8

    Carcinoma of Cervix..... 56

Polyp Uterine Fibrous..... 3

**Pyometra:**

..... 1

**Subinvolution Uteri:**

..... 10

**CERVIX:**

Fibromyoma Cervix..... 3

Adeno Carcinoma Cervix..... 1

Carcinoma Cervix Squamous..... 53

Carcinoma Cervix (unclassified)..... 2

Polyp Fibrous Cervix..... 7

Polyp Glandular Cervix..... 25

Laceration Cervix..... 11

Cervicitis Acute..... 1

Cervicitis Chronic..... 100

Atresia of Cervix..... 3

**PARAMETRIUM:**

Parametritis..... 4

<b>TUBES:</b>		
Tubo-Ovarian Cyst.....	1	
<b>Infections:</b>		
See special sheet.		
Peritoneal Adhesions.....	1	
<b>OVARIES:</b>		
Ovary-Pseudo Myxoma Peritonei.....	2	
Hæmatoma.....	1	
<b>Neoplasms:</b>		
Fibroma Ovary.....	2	
<b>Cysts:</b>		58
Ovarian Cyst, Follicular.....	12	
Luteal Cyst.....	2	
Ovarian Cystoma Simple.....	28	
Ovarian Cystoma Simple, Torsion Pedicle.....	3	
Cyst Adenoma Papilliferum Malignum Ovarii.....	4	
Ovary, Cyst Adenoma Pseudo Mucinous.....	1	
Dermoid Cyst of Ovary.....	5	
Dermoid Cyst Ovary with Twisted Pedicle.....	1	
Ovary Teratoma.....	1	
Parovarian Cystoma.....	2	
Adeno Carcinoma Ovary.....	1	
Carcinoma Ovarian.....	4	
<b>PERITONEUM:</b>		
Retro-Peritoneal Sarcoma.....	1	
Retro-Peritoneal Fibroma.....	1	
Peritoneal Cyst.....	1	
<b>PREGNANCY:</b>		
Abortions—Complete.....	22	
Incomplete.....	147	
Inevitable.....	1	
Missed.....	5	
Threatened.....	9	
Ectopic Gestation.....		16
Tubal Rupture, Cataclysmic.....	9	
Total Abortion.....	6	
Pregnancy in Rudimentary Horn.....	1	
Hydramnios.....	1	
<b>Mole:</b>		
Fleshy.....	1	
Hydatidiform.....	3	
<b>Puerperal Infections:</b>		12
Abortion infected.....	1	
Acute Parametritis.....	1	
Chronic Parametritis.....	2	
Acute Metritis.....	1	
Peritonitis.....	3	
Saphenous Thrombosis.....	4	
Thrombo Phlebitis.....	1	
Pyemia.....	1	

**PREGNANCY—Continued**

Pregnancy Uterine.....	68
Pyelitis—Pregnancy.....	5
Retroverted Gravid Uterus.....	5
Incarcerated Uterus.....	1
Sterility.....	44
Toxæmia of Pregnancy—Nephritic.....	1
Vomiting of Pregnancy—Toxic.....	35

**ENDOCRINE DYSTROPHY:**

117

Amenorrhœa.....	5
Dysmenorrhœa.....	5
Menopause.....	5
Myopathia Hæmorrhagica.....	30
Infantile Uterus.....	6
Atrophy Uterus.....	1
Endometrial Hyperplasia.....	19
Erosion of Cervix.....	31
Cervical Polyp Glandular.....	7
Fibrosis Uteri.....	34
Follicle Cyst of Ovary.....	3
Kraurosis Vulvæ.....	1
Pituitary Disturbance.....	1
Puberty.....	1
Sterility.....	4

**ENDOMETRIOSIS:**

8

Chocolate Cysts.....	4
Endometriosis Tube.....	1
Recklinghausen.....	1
Adeno Myosis.....	4

**NEISSER AND SYPHILIS:**

Neisser, acute.....	13
“ “ with Acute Bartholinitis.....	1
“ “ “ Vulvo Vaginitis.....	7
“ “ “ Vaginitis.....	1
“ “ “ Cervicitis.....	1
“ “ “ Salpingo Oophoritis.....	4
“ subacute “ Vulvo Vaginitis.....	1
“ “ “ Salpingo Oophoritis.....	1
Neisser, chronic.....	128
“ “ “ Bartholinian Cyst.....	2
“ “ “ Bartholinitis.....	1
“ “ “ Bartholinian Abscess.....	11
“ “ “ Chronic Urethritis.....	1
“ “ “ Chronic Vulvitis.....	1
“ “ “ Sub-acute Vulvo Vaginitis.....	1
“ “ “ Chronic Vulvo Vaginitis.....	1
“ “ “ Chronic Vaginitis.....	4
“ “ “ Chronic Cervicitis.....	24
“ “ “ Chronic Endometritis.....	2
“ “ “ Chronic Metritis.....	1
“ “ “ Fibrosis Uteri.....	2
“ “ “ Salpingitis.....	1
“ “ “ Tubo-Ovarian Abscess.....	2
“ “ “ Acute Salpingo Oophoritis.....	4

**NEISSER AND SYPHILIS—Continued**

Neisser, chronic,	Chronic Salpingo Oophoritis.....	72
“ “ “	Catarrhal Salpingo Oophoritis.....	1
“ “ “	Hydrosalpinx.....	5
“ “ “	Pelvic Abscess.....	4

**Syphilis:**

Lues.....	3
Syphilis Secondary.....	1

**CHRONIC PELVIC INFECTION:**

157

Chronic Pelvic Infection,	Chronic Cervicitis.....	35
“ “ “	Bilateral Salpingitis.....	3
“ “ “	Chronic Salpingitis.....	2
“ “ “	Hydrosalpinx.....	1
“ “ “	Salpingo Oophoritis, acute.....	3
“ “ “	Salpingo Oophoritis chronic.....	70
“ “ “	Salpingo Oophoritis Subacute....	1
“ “ “	Tubo-Ovarian Abscess.....	1
“ “	Peritonitis.....	1
“ “	Infection Parametritis, Chr.....	22
“ “	Tbc.....	5
Acute “ “	.....	2
“ “ “	Acute Hæmorrhagic Cystitis.....	1
“ “ “	Salpingo Oophoritis Acute.....	1
Pelvic Abscess.....	13	

**MISCELLANEOUS:**

**Skin:**

Dermatitis.....	1
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**Nervous System:**

Neurasthenia.....	2
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**Respiratory System:**

Chronic Bronchitis.....	1
Pneumonia.....	1

**Cardio Vascular System:**

Cardiac Disease.....	12
Cardiac Decompensation.....	3
Hypertension.....	6
Mitral Stenosis.....	2
Chronic Myocarditis.....	1

**Blood:**

Anæmia, Secondary.....	3
Hæmophilia.....	1
Uræmia.....	1
Leukæmia.....	1

**Abdominal:**

Sinus in Abdominal Wall.....	2
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**Liver, Gall Bladder:**

Chronic Cholecystitis.....	3
Cholelithiasis.....	4
Cirrhosis Liver.....	1
Jaundice.....	1

**Renal:**

Urinary Retention.....	1
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**Kidney:**

Calculus Urethral . . . . .	2
Hydronephrosis, Acute . . . . .	2
Chronic Nephritis . . . . .	15
Pyelitis . . . . .	9

**Gastro-Intestinal:**

Appendicitis, Tbc. . . . .	1
“ Peri . . . . .	1
“ Acute . . . . .	2
“ Acute with Abscess . . . . .	1
“ Chronic . . . . .	48
Carcinoma Sigmoid . . . . .	2
Hepatic flexure (bowel) Liver Metastasis . . . . .	1
Diabetes . . . . .	4
Diabetes Mellitus . . . . .	2
Enteroptosis . . . . .	1
Gastroptosis . . . . .	1
Fissure in Ano . . . . .	3
Urinary Fistula Abd . . . . .	1
Secondary Hæmorrhage . . . . .	2
Hæmorrhoids . . . . .	7
Intestinal Obstruction . . . . .	1
Tuberculous Peritonitis . . . . .	4
Visceroptosis . . . . .	5
Femoral Hernia . . . . .	2
Ventral Hernia . . . . .	1
Ventral Hernia—Post Operative . . . . .	1
Arthritis . . . . .	1
Arthritis, Rheumatoid . . . . .	1
Arthritis, Sub-acute . . . . .	1
Carcinoma Breast . . . . .	2
Adeno Carcinoma Breast . . . . .	4
Breast Cyst Adenoma . . . . .	1
Neuritis . . . . .	1
Neuritis, Peripheral . . . . .	1
Tuberculosis, Pulmonary . . . . .	9
Aneurism . . . . .	1
Carcinomatosis . . . . .	2
Cysts of Breast . . . . .	1
Congenital Absence of Pelvic Organs . . . . .	1
Cerebral Neoplasm . . . . .	1
Epilepsy . . . . .	1
Gastric Neurosis . . . . .	1
Gall Stones . . . . .	3
Gland Neck—Metastasis . . . . .	1
Influenza . . . . .	1
Lipoma of Right Side . . . . .	1
Lipoma Shoulder . . . . .	1
Mastitis—Acute . . . . .	1
Peritoneal Carcinomatosis . . . . .	1
Rectal Polyp . . . . .	1
Peri Rectal Abscess . . . . .	1
Sarcoma Retro-Peritoneal . . . . .	1
Separation of Symphysis . . . . .	1



## GYNÆCOLOGICAL OPERATIONS

## VULVA:

Cauterization Vulva Ulcer.....	1
Excision of Bartholinian Cyst.....	3
Excision of Bartholinian Gland.....	1
Excision Carcinoma Vulva.....	1
Incision Bartholinian Abscess.....	4
"                    "                    " with Drainage.....	3
Excision Bartholinian Abscess.....	4
Excision Hymen.....	2
Dilatation Hymen.....	1
Incision Hymen.....	1
Perineorrhaphy.....	1
Cauterization Urethral Caruncle.....	7

## VAGINA:

Puncture Cyst.....	1
Dilatation of Vagina.....	1
Excision Cyst.....	1
Posterior Colpotomy.....	22
LeFort.....	1
Vaginal Hysterotomy, Post.....	1

## CERVIX:

Repair of Cervix.....	26
Amputation of Cervix.....	49
Cauterization of Cervix.....	44
Emmet's Repair of Cervix.....	5
Schroeder's Repair.....	1
Excision with Repair (Schroeder).....	1
Amputation of Cervix (Schroeder).....	7
Excision Cervical Polyp.....	35
Dilatation and Exploration.....	130
Dilatation.....	2
Hysterotomy.....	1

## UTERUS:

• Curettage.....	18
Removal of Placental Tissue.....	145
Therapeutic Abortion.....	30
Mayo Repair Hernia.....	2
Excision Polyp.....	2
Uterine Pack.....	1
Cervical Pack.....	1
Vaginal Pack.....	1
Interposition, Watkin's.....	7
Reposition of Uterus.....	6

**APPLICATION OF RADIUM:** 130

Radium was applied in the following conditions:—

Carcinoma of Cervix . . . . .	39
Carcinoma Fundus Uteri . . . . .	3
Carcinoma Vulva . . . . .	2
Carcinoma Breast . . . . .	5
Sarcoma Uterus . . . . .	2
Adenoma Destruens . . . . .	1
Fibrosis Uteri . . . . .	14
Fibromyoma Uteri . . . . .	12
Chronic Cervicitis . . . . .	5
Cervical Erosion . . . . .	2
Endocrine Dystrophy . . . . .	42
Endometritis . . . . .	1

**COELIOTOMY:** 239**HYSTERECTOMY:** 125

Indication in:—

Fibromyoma Uteri . . . . .	67
Fibrosis Uteri . . . . .	6
Chronic Neisser . . . . .	13
Ovarian Cyst . . . . .	3
Fibromyoma Cervix . . . . .	1
Endometriosis . . . . .	6
Endocrine Dystrophy . . . . .	9
Chronic Pelvic Infection . . . . .	8
Sacro Pubic Hernia . . . . .	1
Cyst Adenoma Papilliferum Malignum . . . . .	2
Ectopic Gestation . . . . .	1
Pregnancy Uterine . . . . .	3
Uterus Adeno Carcinoma . . . . .	2
Pregnancy, Chronic Nephritis . . . . .	1
Sarcoma Botryoides . . . . .	1
Carcinoma Cervix . . . . .	1

**SALPINGO OOPHORECTOMY:** 110

Indication in:—

Sarcoma Botryoides . . . . .	1
Fibroma Ovary . . . . .	1
Uterus Adeno Carcinoma . . . . .	1
Peritonitis Tbc . . . . .	1
Sacro Pubic Hernia . . . . .	1
Ovary Teratoma . . . . .	1
Luteal Cyst . . . . .	1
Chronic Neisser . . . . .	13
Fibrosis Uteri . . . . .	3
Fibromyoma Uteri . . . . .	34
Endometriosis . . . . .	4
Parovarian Cystoma . . . . .	2
Endocrine Dystrophy . . . . .	6

**SALPINGO OOPHORECTOMY—Continued**

Ectopic Gestation.....	7
Pregnancy in Rudimentary Horn of Uterus.....	1
Ovarian Cystoma.....	15
Dermoid Cyst.....	4
Cyst Adenoma Papilliferum Ovarii.....	2
Follicle Cysts of Ovary.....	1
Fibromyoma Cervix.....	2
Chronic Pelvic Infection.....	8
Fibromyoma Ovary.....	1

**SALPINGECTOMY: 25**

Indication in:—

Fibromyoma Uteri.....	5
Endometriosis.....	1
Cystoma Ovary.....	2
Ectopic Gestation.....	9
Chronic Neisser.....	6
Chronic Pelvic Infection.....	1
Sacro Pubic Hernia.....	1

**OOPHORECTOMY: 10**

Indication in:—

Fibromyoma Uteri.....	2
Endometriosis.....	1
Cystoma Ovary.....	1
Parovarian Cystoma.....	1
Chronic Neisser.....	4
Chronic Pelvic Infection.....	1

**FALLOPIAN TUBES:**

Ligation of Tubes.....	6
Rubin's Test.....	35
Lipiodol.....	13
Resection of Tubes.....	8

**RADICAL CURE OF HERNIA: (SACRO PUBIC) 131**

Radical Cure of Cystocoele.....	70
Radical Cure of Rectocoele.....	118
Radical Cure Complete Tear.....	4
Perinæorrhaphy.....	12
Repair Urethrocoele.....	1
Amputation of Cervix.....	85
Ventral Fixation.....	1
Olshausen Suspension.....	23
Round Ligament Suspension (Alexander).....	1
Baldy Webster Suspension.....	2

**MISCELLANEOUS:**

Appendectomy.....	51
Exploratory Laparotomy.....	7
Excision Peritoneal Cyst.....	1
Removal of Adhesions (Peritoneal).....	1
Hæmorrhoidectomy.....	7
Breast Amputation.....	1
Colostomy.....	1
Dilatation of Sphincter Ani.....	1
Excision Lipoma Shoulder.....	1
Excision Nodule (Vaginal).....	1
Excision Cyst of Breast.....	1
Excision Fissure.....	1
Excision Septum.....	1
Excision Vagina Papilloma.....	1
Excision of Lipoma (Right Side).....	1
Excision of Sinus in Abdominal Wall.....	1
Examination Under Anæsthetic.....	1
Gland of Neck Excised.....	1
Incision Peri Rectal Abscess.....	1
Induction Labour.....	1
Insertion Ring Pessary.....	1
Removal of Pessary.....	1
Recto Vaginal Fistula—Radical Cure.....	1
Ovarian Therapy.....	1
Resection Right Ovary.....	1
Radical Cure Femoral Hernia.....	2
Repair Recto Vaginal Fistula.....	1
Section taken (Squamous Carcinoma Cervix).....	1
X-Ray Therapy.....	1
X-Ray Sterilization.....	1
Removal of Horn of Uterus and Right Salpingo Oophorec- tomy.....	1
Blood Transfusions.....	42



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## MORTALITY RETURNS

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### **Fibromyoma Uteri—Emoblism.**

Mrs. S. No. 19513. Aet 46.

Admitted suffering from a fibromyoma uteri size of four months pregnancy—severe menorrhagia—a transfusion was administered—pre-operatively—a supravaginal hysterectomy and bilateral salpingo oophorectomy was done. The convalescence was marked by a low grade sepsis—stump infection, followed by the development of a saphenous thrombosis. Death followed embolus on the 20th day.

### **Fibromyoma Uteri—Post Operative Peritonitis.**

Mrs. H. No. 19927. Aet 41.

Admitted suffering from a fibromyoma and chronic pelvic infection. The patient had a mild pyrexia on admission. Temperature 100, so was detained eleven days prior to operation in bed—the uterus and appendages were removed, supravaginal hysterectomy. Peritonitis developed and patient died on 3rd day.

### **Fibromyoma Uteri with marked degeneration—Post Operative Peritonitis.**

Mrs. M. No. 19357. Aet 44.

Admitted with a large fibromyoma size of four months pregnancy, a supravaginal hysterectomy was performed, the tumor was necrotic. Death ensued on 3rd day from acute peritonitis.

### **Uterine Pregnancy with Pernicious Vomiting.**

Mrs. C. No. 18986. Aet 32.

Para O, was admitted suffering a severe toxæmia of pregnancy of the pernicious type. This was a second admission—the first admission was followed by marked amelioration of symptoms and she was discharged well—soon after this second admission, the uterus was emptied—she died shortly after operation of extreme toxæmia.

### **Fibromyoma—Diabetes.**

Mrs. P. 19586. Aet 48.

Admitted suffering from a large fibromyoma, diabetes and hæmorrhage. The uterus and right appendages were removed. Following operation the patient reacted poorly, and she died on the 11th day of causes directly traceable to Diabetes.

### **Ovarian Cystoma—Uræmia—Chronic Nephritis.**

Mrs. B. No. 19608. Aet 74.

Admitted in a precarious condition, resulting from a long standing nephritis with, in addition, a large ovarian cystoma. Uræmia developed shortly after and death ensued. No operation was performed.

### **Puerperal Infection—Acute Generalized Peritonitis.**

Mrs. F. No. 19123. Aet 31. Para V.

Patient delivered outside hospital by midwife, spontaneous delivery. Developed acute peritonitis on fourth day. Abdomen explored and drained. Patient died on fourth day after admission.

**Puerperal Infection—Acute Peritonitis.**

Mrs. D. No. 19310. Aet 29, Para O.

Spontaneous abortion of two months prior to admission—probably self-induced—sepsis developed shortly after admission. Acute spreading peritonitis—no interference in hospital. Patient died sixth day after admission.

**Puerperal Infection—Thrombo Phlebitis—General Infection.**

Mrs. G. No. 19587. Aet 40.

One month following delivery outside the hospital this patient showed evidence of thrombo phlebitis and widespread sepsis, there had been a laparotomy in another hospital for drainage. Condition on admission was very grave and she sank rapidly, dying three days after admission.

**Tuberculous Peritonitis—Pelvic Abscess.**

Mrs. C. No. 19526, Aet 26.

Admitted with a pelvic abscess. This was drained by a posterior colpotomy. She died on the 14th day. Autopsy showed a general Tuberculosis.

**Carcinomatosis—Carcinoma Fundus Uteri.**

Mrs. J. No. 18866, Aet 63.

Admitted with an advanced carcinoma of fundus uteri. The abdomen was explored, widespread carcinoma was discovered. Patient died shortly after operation.

**Sarcomatosis—Sarcoma of Bartholinian Gland.**

Mrs. K. No. 20044, Aet 46.

Admitted with a large sarcoma of vulva—an attempt was made to excise the growth. Patient died three days post-operative.

**Carcinomatosis—Carcinoma of Cervix Squamous.**

Mrs. W. No. 19653, Aet 67.

Admitted suffering from advanced carcinoma of the cervix—she had radium treatment in 1924 and 1925 and although the local lesion had healed there was evidence of visceral metastases. The patient died some weeks after admission.

**Chronic Nephritis—Uterine Pregnancy—Rupture of aorta.**

Mrs. D. No. 19686, Aet 29.

Admitted five months pregnant—she was a known chronic nephritic but did not appear for treatment or observation till time of admission. While under treatment she died suddenly. Autopsy revealed a rupture of aorta.

	1927	1928
Total Admissions.....	1426	1359
Total Operations.....	1055	952
Major.....	408	239
Minor.....	647	713
Total Mortality.. . . . .	19	14
Post Operative Mortality.. . . . .	1.19%	1.5%

## INDUCTION OF LABOR

This article is a review of all the cases of induced labor, by bag or bougie occurring in the Royal Victoria Montreal Maternity Hospital and the old Montreal Maternity during the past five years. It is intended to show the actual time taken when labor is induced, together with other facts.

From 1923 to 1927 inclusively there was a total of 240 cases, of which 204 cases or 86%, were bag-inductions, and 34 cases or 14%, bougie inductions, showing how much more frequently the bag method was employed.

The indications for these inductions are shown in Table 1 for the bag method. It will be noted that Toxæmia heads the list with 47%. Under toxæmia have been grouped, eclampsia, albuminuria, hypertension and pernicious vomiting.

Disproportion stands second with 20%. Disproportion was almost entirely due to the various types of contracted pelvis.

The third largest group is hæmorrhage, which includes placenta prævia and premature separation of the placenta—also low implantations.

These three large groups constitute 81% of all the indications.

*Table No. 1—Showing Indication  
for Bag Induction*

Indication	No. of Cases	%
1. Toxæmia . . . . .	97	47.1%
2. Disproportion . . . . .	42	20.4%
3. Hæmorrhage . . . . .	29	14.1%
4. Clinical (Demonstration Purposes)	9	
5. Pyelitis . . . . .	5	
6. Cardiac Conditions . . . . .	5	
7. Post Maturity . . . . .	4	
8. Mal Presentations . . . . .	3	
9. Pulmonary Tbc . . . . .	2	
10. Unknown . . . . .	2	
11. Epilepsy . . . . .	1	
12. Toxic Deafness . . . . .	1	
13. Deformed Coccyx . . . . .	1	
14. Acute Arthritis . . . . .	1	
15. Ovarian Cyst . . . . .	1	
16. Dry Labor . . . . .	1	
17. Rigid Cervix . . . . .	1	
18. Weak Abdominal Walls . . . . .	1	

} 81.6%

} 18.4%

Table 2 shows the indications for the bougie method. Note the absence of hæmorrhage as an indication.

*Table No. 2—Showing Indication  
for Bougie-Induction*

Indication	No. of Cases	%
1. Toxæmia.....	14	41.1%
2. Disproportion.....	8	23.5%
3. Clinical.....	2	} 65.6%
4. Prophylactic.....	2	
5. Hydramnios.....	2	} 35.4%
6. Post Maturity.....	2	
7. Cardiac Conditions.....	1	
8. Insanity.....	1	
9. Varicose Veins.....	1	
10. Sarcoma.....	1	

Table 3 shows the complete duration of induction, the duration of the bag only and the duration of the pains, for all cases and for both Primiparæ and Multiparæ. The complete duration of induction is from the time the bag was introduced until the birth of the baby. The duration of the bag only is from the time it was introduced until it was expelled. The duration of the pains is from the time the pains began, following the introduction of the bag, until the birth of the baby.

*Table No. 3—Showing Complete Duration of Induction;  
Duration of Bag only; and Duration of Pains*

	Total Cases	Primi-paræ	Multi-paræ
Complete Duration of Induction.....	23.9 Hrs.	33.8 Hrs.	17.7 Hrs.
Duration of Bag only.....	18.3 Hrs.	25.1 Hrs.	13.7 Hrs.
Duration of Pains.....	15.8 Hrs.	23.0 Hrs.	11.5 Hrs.

Table 4 shows the same thing for bougie induction.



*Table No. 4—Showing Complete Duration of Induction;  
Duration of Bougie only; and Duration of Pains.*

	Total Cases	Primi- paræ	Multi- paræ
Complete Duration of Induction.....	40.1 Hrs.	52.2 Hrs.	26.8 Hrs.
Duration of Bougie only.....	26.1 Hrs.	37.7 Hrs.	13.6 Hrs.
Duration of Pains.....	21.0 Hrs.	32.9 Hrs.	10.8 Hrs.

In 5 cases the bougie method of induction failed and the bag was resorted to.

It is usually taught that a bag induction takes only about 10 hours, but these figures go to show that it takes a considerably longer period. It will be seen that in primiparæ the time taken for induction by either method is doubled in comparison with multiparæ.

The danger of a Bag Induction is a prolapsed cord. This occurred in 13 cases, or 6.3%. Of these 13 cases, 8 babies were born alive and 5 were dead, making a foetal mortality of 38.4% for prolapsed cords.

The maternal mortality for the 206 cases of bag induction was 1.94 or nearly 2%; and the infant mortality was nearly 23%. 29% were classed as febrile—the temperature having reached 100.6 on one or more occasions.

There were no maternal deaths for the 34 cases of bougie induction, the infant mortality was nearly 15% and 18% were febrile.

The technique for Bag Induction as carried out in this hospital is as follows:—

The patient is given an enema and then shaved. She is then placed in the lithotomy position and the vulva and vagina scrubbed with green-soap and sterile water, followed, after catheterizing, with biniodide solution. The cervix is exposed by a posterior retractor, and grasped and pulled down with a tenaculum forcep. Dilatation is accomplished by Hegar's dilators, so that the index finger may be inserted and the membranes gently stripped back. The bag is then rolled tightly and grasped by a special type of forceps for introducing. It resembles Tarnier's forcep on a small scale, and has a special sliding lock, so that the blades may be easily disengaged by merely

pulling back the anterior blade about one half inch. The bag is introduced and partially filled with sterile water by a rubber bulb, similar to that seen in enema sets. The forceps are then removed and the bag completely filled and the stem tied. Packing is usually inserted around the neck of the bag and into the vagina. A one pound weight is attached to the bag after the pains have begun.

WALTER R. FLETCHER.

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### POST-PARTUM CARE OF BREASTS:

#### *Intramuscular Injections of Camphor Oil.*

Breast engorgement in the non-nursing mother is a condition which has caused constant worry. The object of this report is to summarize our findings in regard to the action of hypodermic injections of Camphor in Oil on the lactating breast.

Local applications of camphor have been used for many years to relieve pain in the engorged breast but little can be found in the literature referring to the general effect of this drug as an inhabiting factor on the lactating breast. We have, at present, a collection of cases which indicates a definite inhibiting action on milk secretion. The treatment carried out is practically the same in all the cases tabulated. In order to avoid error, other forms of treatment which could influence the results were discarded and Camphor in Oil was the sole form of medication. A loose Indian binder was used in an occasional case to support pendulous breasts, but no form of pressure binder was used at any stage. After experimenting with several cases the following treatment was found to be most adequate.

Intramuscular injections of Camphor in Oil were given, grains one and one half to a single dose. The first day two injections were given with one daily injection the following three days. In any case which was not intended to nurse on account of a stillborn baby, or some other cause known at the time of delivery, it was found advisable to start this treatment the first day post-partum.

To simplify our results we have divided these cases into three divisions.

1. Cases which did not nurse on account of stillborn baby, Inverted nipples, etc.
2. Cases where the baby was weaned during the stay in hospital.
3. Five cases where the babies did not nurse and no medicaton given to the mothers.

Series No. 1. (Treatment started first day post-partum).

Breasts remained absolutely flat. . . . .	15 cases
Slight filling, no engorgement. . . . .	23 cases
Engorgement for less than six hours. . . . . (Only slight pain).	8 cases
Engorgement more than six hours with pain. . . . . (Only moderate reaction to treat- ment).	5 cases
No apparent reaction to treatment. . . . .	4 cases

Series No. 2. (Cases where breasts are full-baby weaned).

Definite softening within twenty-four hours. . . . . (No engorgement or pain).	16 cases
Softening within forty-eight hours. . . . . (Engorgement and pain only slight).	5 cases
No apparent reaction. . . . .	3 cases

Series No. 3. (Mothers all had deadborn babies. No form of medication given).

Every case showed engorgement with pain for over 12 hours. Average time of engorgement 36 hours. . . . .	5 cases
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#### *Discussion:*

A review of these eighty cases where Camphor was used shows sixty-eight individuals where a beneficial result is present and only twelve, where the action is slight or absent. It is interesting to note those eight cases in group 1 where engorgement occurred the fourth or fifth day, lasted only a few hours and marked softening took place within twenty-four hours. In direct contrast group 3 demonstrates five cases where the pain was intense and the average time of engorgement was thirty-six hours.

Injection of Camphor in Oil is a far simpler and less painful method of treatment than that of applying tight binders, local application of ice or the administration of large doses of magnesium sulphate. The pharmacological action of this drug is best known as a cardiac or general stimulant. Whether its action on the breast is of a selective nature or whether there is a definite action on the internal glandular system, we do not know.

It is of academic interest to note one case which occurred in this group.

Mrs. A.—Was delivered of a stillborn baby and on the following day two injections of camphor were given. (The patient had no knowledge of the nature of the injections.) Following the second injection the patient became nauseated and vomited frequently during the next few hours. After the third injection these symptoms became more pronounced and the patient volunteered the fact that she had a constant taste of camphor in her mouth. Inquiring into her history we found that during her life she had an idiosyncrasy for camphor, becoming violently ill whenever she came in contact with the substance.

*To summarize:*

1. Camphor in Oil given intramuscularly, has a definite inhibiting action on lactation.
2. Eighty cases have been cited, of which sixty-eight show a pronounced beneficial result.
3. For the relief of breast engorgement intramuscular injection of Camphor in Oil appears to be the most effective form of treatment.

*Nursing during the puerperium.*

In the last few years we have come to realize that the infant should not be put to breast too soon after delivery. Rest is most essential during the first few days following delivery and this cannot be obtained if the infant is forced to struggle on an empty breast. Most certainly the mother is exhausted and she should not be needlessly tormented in the first seventy-two hours post-partum.

During the last four months, two hundred cases were selected, all of which could be classed as normal. This group excludes any case which was in labor over sixteen hours, any breech or instrument delivery and every case which had an extensive repair. The first hundred cases were those where the baby was put to breast eight hours after delivery. The second hundred shows those where the baby first fed on the breast seventy-two hours after delivery. One ounce of five per cent. lactose was given every four hours to supplant the feeding in this second group. The following figures will show our findings.

Observations the first ten days post-partum.

Group No. 1. (Baby first fed eight hours post-partum). 100 Cases.

Mothers—Cracked or fissured nipples . . . . .	19%
Babies Starvation temperatures (100° or over) . . . . .	12%
Weight —Gained . . . . .	12
Lost . . . . .	88
Total Loss . . . . .	13187 grams.
Average loss . . . . .	131.8 grams.

Group No. 2. (Babies first fed seventy-two hours post-partum). One ounce five per cent. lactose every four hours. 100 cases.

Mothers—Cracked or fissured nipples . . . . .	14%
Babies —Starvation temperatures (100° or over) . . . . .	4%
Weight —Gained . . . . .	5
Lost . . . . .	95
Total loss . . . . .	13345 grams.
Average loss . . . . .	133.45 grams.

From the mother's point of view it is much better for the infant to be first fed from the breast when the milk appears. We know that there is much irritation caused by the infant suckling on an empty breast; this irritation often is a predisposing factor in causation of cracked or fissured nipples. In multiparæ the after pains on the second and third days post-partum are not so troublesome when the baby is not nursing. Discharge examination, twelve days after delivery shows no apparent delay in involution between these cases of the first and second groups.

The babies progress very favorably on the later nursing. If 5% lactose is given at regular intervals we prevent dehydration, and the usual starvation temperature. There is only a slight discrimination in weight, each infant in the second group showing 1.56 increased loss in weight.

Most certainly it can be concluded that the baby should not be put to the breast for at least seventy-two hours and it appears that both mother and child benefit by waiting until the breasts show signs of filling.

NEWELL W. PHILPOTT.

# REPORT OF THE OPHTHALMOLOGICAL DEPARTMENT

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*For the Year Ended December 31st, 1928*

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*To the* GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

The work of the Ophthalmological Department developed satisfactorily during the year 1928. New patients in the out-door clinic, in-door patients, and patients seen by special requisition are the highest on record in the service. Our efforts to save the time and means of our patients through prompt and efficient attention are evidenced again this year by a diminution in the number of return visits.

Operations also show an increase, a feature of interest being the number of cataracts extracted. The more recent modifications of this procedure, now incorporated in our practice, have been followed wherever indicated. A new medium-sized magnet for the extraction of foreign bodies within the eye was made for us under special supervision, and our facilities for this work are being fully maintained. During the year perimetric studies were twice given full consideration by the Department in conference, and appliances were subsequently procured to enable this work to be carried out in its latest developments.

The pathological laboratory functioned continuously. Addresses and papers by members of the staff were read at Boston, Washington, and Albany, and cases of clinical interest were shown at all the meetings of the Montreal Ophthalmological Society.

The practice of the leading ophthalmic hospitals of London and Paris was closely studied by two members of the staff on the occasion of a visit to Europe last Spring.

W. GORDON M. BYERS,  
*Chief, Department of Ophthalmology.*

# DEPARTMENT OF OPHTHALMOLOGY

## RECORD OF DISEASES

For the Year Ended 31st December, 1928

### ERRORS OF REFRACTION:

	Total Died
Astigmatism.....	2
Hypermetropia.....	1
Myopia.....	2
Presbyopia.....	1

### GLAUCOMA:

Glaucoma, absolute.....	7
"    acute.....	6
"    chronic.....	23
"    secondary....	25
"    simplex.....	2

### LIDS:

Abscess.....	2
Meibomian.....	2
Burn.....	1
Chalazion.....	2
Dermatitis.....	2
Ectropion.....	1
Entropion.....	3
Gumma.....	1
Papilloma.....	1
Ptoxis.....	2
Wounds.....	6

### LACRIMAL APPARATUS:

Abscess.....	1
Dacryoadenitis.....	1
Dacryocystitis, acute...	5
chronic..	19

### CONJUNCTIVA:

Blepharo-conjunctivitis..	1
Burn.....	1
Conjunctivitis, acute...	2
"    gonor- rhœal.	4
"    phlyc- tenular	3
"    sub-acute	1
"    traumatic	1
Hæmorrhage.....	2
Papilloma.....	1
Pterygium.....	2
Trachoma.....	3

### CORNEA:

	Total Died
Abrasion.....	1
Nebulæ.....	5
Dermoid.....	1
Dystrophy.....	3
Fistula.....	1
Foreign body.....	2
Keratitis (with acne rosacea)....	1
band.....	2
dendritic.....	1
interstitial.....	4
phlyctenular.....	7
traumatic.....	2
tuberculous.....	10
ulcerative.....	20
Kerato-conjunctivitis...	1
Kerato-iridocyclitis....	1
Staphyloma.....	1
Ulceration, traumatic...	1
Ulcus serpens.....	1
Wound, incised.....	2
perforating....	6

### ANTERIOR CHAMBER:

Hyphæmia, traumatic...	1
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### SCLERA:

Episcleritis.....	3
Rupture.....	1
Scleritis, tuberculous....	2
Sclero-keratitis, tuberculous.....	4
Staphyloma.....	1
Wound, incised.....	1
perforating....	1

### LENS:

Aphakia.....	2
Cataract, complicated...	2
"    congenital....	7
"    cortical.....	1
"    diabetic.....	1
"    juvenile.....	2
"    perinuclear...	1

1

**LENS:—Continued**

	Total Died
Cataract, secondary . . . . .	16
"    senile . . . . .	76
"    traumatic . . . . .	11
Dislocation . . . . .	1
Foreign body . . . . .	1

**UVEAL TRACT:**

Uveitis . . . . .	2
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**IRIS:**

Foreign body . . . . .	1
Iritis . . . . .	9
Prolapse . . . . .	5
Sarcoma . . . . .	1

**CILIARY BODY:**

Cyclitis . . . . .	4
Iridocyclitis . . . . .	46
Prolapse . . . . .	1

**CHOROID:**

Chorio-retinitis . . . . .	4
Choroiditis . . . . .	6
Sarcoma . . . . .	1

**RETINA:**

Concussion . . . . .	1
Detachment . . . . .	8
Embolism retinal artery . . . . .	1
Retinitis . . . . .	6
Trombosis vein . . . . .	2

**VITREOUS:**

Hæmorrhage . . . . .	1
Opacity . . . . .	1

**OPTIC NERVE:**

Amblyopia, functional . . . . .	1
Atrophy . . . . .	4
Hæmorrhage, retro-bulbar . . . . .	1
Neuritis . . . . .	1
"    retro-bulbar . . . . .	3
Papillitis . . . . .	1

**EYEBALL:**

Contusion . . . . .	2
Disorganized globe . . . . .	4
Enophthalmos . . . . .	1
Foreign body . . . . .	13
Panophthalmitis . . . . .	3
Rupture . . . . .	1
Sarcoma (melano) . . . . .	1
Wound, perforating . . . . .	4

**ORBIT:**

	Total Died
Cellulitis . . . . .	1
Neoplasm . . . . .	1

**DISTURBANCES OF MOTION:**

Paralysis . . . . .	3
Strabismus, convergent . . . . .	19
"    divergent . . . . .	4

**MISCELLANEOUS:**

Arterio-sclerosis . . . . .	3
Erysipelas . . . . .	1
Hypertension . . . . .	1
No disease . . . . .	2
Pemphigus . . . . .	1
Prostatitis . . . . .	2
Syphilis . . . . .	1
Tuberculosis, pulmonary . . . . .	1
Valvular disease . . . . .	2

Total admissions . . . . .	435	
Total discharges . . . . .	429	
	<hr style="width: 100px; margin: 0 auto;"/>	6
No. in Hospital end of year . . . . .	12	
No. in Hospital first of year . . . . .	6	
	<hr style="width: 100px; margin: 0 auto;"/>	6
Total Deaths . . . . .		1

**Report of Operations**

Advancement . . . . .	18
Capsulectomy . . . . .	2
Cauterization ulcer . . . . .	1
Expression follicles trachoma . . . . .	1
Cataract extraction . . . . .	61
"    intracapsular . . . . .	6
"    evacuation . . . . .	4
Enucleation . . . . .	25
Excision lacrimal sac . . . . .	18
Excision papilloma lid . . . . .	1
Excision prolapse iris . . . . .	3
Excision tarsus (Kuhnt Heiserath) . . . . .	1
Extraction foreign body with magnet . . . . .	10
"Hess" for ptosis . . . . .	1
Iridectomy . . . . .	23
"    with conjunctival flap repair . . . . .	3
"    Lagrange . . . . .	3



McReynolds for pterygium . . . . .	2	Removal papilloma conjunctiva . .	1
Needling . . . . .	28	Sclerectomy . . . . .	1
Opening abscess (Meibomian) . . . . .	1	Skin graft . . . . .	1
Paracentesis . . . . .	1	Slitting canaliculus . . . . .	2
Plastic on lids . . . . .	5	Suturing sclera . . . . .	2
Removal dermoid cornea . . . . .	1	Suturing skin wound . . . . .	2
Removal foreign body cornea . . . . .	2	Tattooing cornea . . . . .	3
Repair wound with conjunctival		Tenotomy . . . . .	10
flap . . . . .	5	Sclero-corneal trephining . . . . .	26



# REPORT OF THE DEPARTMENT OF OTO-LARYNGOLOGY

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*For the Year Ending December 31st, 1928*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Whilst there has been a steady increase in the work of the Department of Oto-Laryngology during the year 1928 still there has been a slight falling off in the total number of operations performed, as compared with that of the previous year. Operations performed during 1928 totalled fifteen hundred and ninety-seven, as against sixteen hundred and twenty-eight during 1927.

There were 916 tonsil and adenoid operations performed during the last year which is a falling off of 184 cases from the previous year. This reduction is no doubt due to the closure of the Ward on account of several outbreaks of scarlet fever and the recent influenza epidemic, during which time all operations were suspended. It may also be that the increased hospital fees have had the effect of turning away a certain number of cases.

Post-operative hæmorrhage occurred in eleven cases, 9 from the tonsillar fossa, none of which was serious, and two from the adenoid bed—one of which was very serious and requires more than passing notice. This patient, a female child—E. McG—aged 5, was admitted complaining of frequent colds and tonsilitis. She gave a previous history of measles—her family history was negative. The ears, heart, lungs and urine were normal. Following the tonsil and adenoid operation she was kept in the Ward longer than usual owing to a slight pyrexia. On the eighth day after operation, temperature went up to 102, pulse to 165, and was accompanied by a very severe hæmorrhage from the adenoid bed requiring packing of the naso-pharynx, which effectively controlled it. The next day both temperature and pulse fell to 100 and the post-nasal plug was removed. Twenty-four hours later the temperature shot up to 104 and examination showed a bilateral acute suppurative otitis media necessitating a paracentesis of both tympanic-membranes. Despite this, both temperature and pulse still continued elevated and two days later she was transferred to pædiatrics with influenza and later developed pneumonia.

There were 66 simple mastoid operations—an increase of 20 over the previous year, and 19 radical mastoid operations, a decrease of two from 1927. The Bronchoscopic Clinic, which is held every Tuesday and Friday mornings at nine o'clock, treated 109 cases during 1928. The Department of Oto-Laryngology is very anxious to foster this Bronchoscopic Clinic, and therefore urges and invites the various other Departments of the Hospital to avail themselves of its services at every opportunity.

During the past year one typhoid, five scarlet fever, and three erysipelas cases occurred in the wards. The erysipelas cases were all post-operative. The typhoid case was transferred to Medicine, and the scarlet fever and erysipelas cases were sent to the Alexandra Hospital.

It might be well here to again urge the necessity in some way of isolating the Children's ward off Ward M, as at present the little patients are constantly exposed to outside infection, owing to the fact that their Ward is made a general passage-way to the Out-Door.

During the past year Sir Vincent Meredith presented the Department with a valuable Audiometer, which has been of inestimable diagnostic value to the staff, and will undoubtedly prove of great benefit to the patients. The Staff of Oto-Laryngology greatly appreciates this further evidence of the continued interest which our President takes in this Department.

The distinguished Surgeon Sir Charles Ballance of London, England, paid us a visit this past year, and while here gave a most interesting lecture illustrated with striking moving-pictures of his experiments in facial paralysis on monkeys and other animals.

During the year the following papers have been published:—

BALLON, D. H.

“The Technique of Bronchoscopic Pneumography With Lipiodol.” *Surg. Gyn. & Obst.* Pages 673 to 677, Nov. 1928.

Lecture: “Lipiodol in Pulmonary Tuberculosis.” Read by invitation at the Trudeau Sanatorium, Saranac, June 15th, 1928.

“When Building a Hospital should operating rooms of the Eye, Ear, Nose and Throat Departments be located in the General Surgery Suite, or the Department with the Wards.” Read in the Symposium on Hospital Standardization at the A.C. of S. meeting, Boston, Oct. 15th, 1928.

with HARRY C. BALLON:—

“Einige Spät Beobachtungen Über die Wirkung des Lipiodols in der Normalen und in der kranken Lunge”. Monatschrift f. Ohrenheilk. u. Lar. Heft-Pages 1256 to 1281—1927.

McNALLY, W. J.:—

“What is being done for the Hard of Hearing?” Read before The Montreal League for the Hard of Hearing, Feb. 28th. 1928.

“The Physiology of the Labyrinth.” Given by invitation as an instructional course at the Meeting of the Amer. Acad. of Ophth and Oto-Laryn., at St. Louis, Mo., 1928.

A signal honour was paid by the American Academy of Ophthalmology and Oto-Laryngology to the Chief of this Department, Dr. H. S. Birkett, who was presented with a gold medal, which the Academy had specially struck to commemorate his visit to them in October 1927, as their honorary guest.

The members of the Visiting and Resident staffs have greatly appreciated the courses and facilities offered them by the Departments of Anatomy and Physiology of McGill University.

During the year there were six deaths in the Wards:

One was a case of severe epistaxis which died of delirium-tremens, within thirty-six hours after admission. Three of the other cases were intracranial extensions of the neglected chronic suppurative otitis media that died in spite of prompt and energetic operative interference. It is worthy of note that there were never any localizing signs and in all three the fundi were normal.

The other two deaths were so tragic that they warrant more extensive notice:—

1. Male, L. M., aged 28—admitted November 26th, complaining of pain and discharge from the left ear for the past three weeks, without any noticeable loss of hearing. Past history negative. Heart, lungs and kidneys normal. On admission temperature was a hundred and three-fifths; pulse 105, and respirations 20. Mental condition was clear but during the night became very restless, and slightly delirious. Tenderness and œdema over the mastoid—profuse foul discharge from the ear, sagging of the postero-superior wall of the auditory canal, and marked bulging and injection of the tympanic-membrane. The morning after admission the temperature was 98, pulse 60 and respirations 20 but there was a definite fluctuation over the mastoid, and patient complained of very severe pain in the ear. A simple mastoid operation was performed and a large peri-sinus abscess was evacuated. The wound was packed and dressing applied. Patient returned to the ward in good condition, pulse and colour good, breathing well. One and a half hours later respirations became laboured, colour cyanotic and the pulse rapid and running—and then sudden death. Unfortunately a post-mortem was not allowed.
2. Male, F. M., aged 12—following a simple mastoid operation developed an acute maxillary antrum infection and ran a rather stormy course for a week. After a week of practically normal temperature both antra were washed out under general anæsthesia, the return flow from the right one being thick and muco-purulent. The patient returned from the Operating Room at 9 A.M. in good condition, and came out of anæsthetic quietly. Seemed quite well during the day but at 6:45 P.M. his colour changed, breathing became poor, pulse rapid and weak and he died within ten minutes. Again it was impossible to obtain a post-mortem.

It is regrettable that there is not some way of making an autopsy compulsory in such cases as the above two.

In recognition of the valuable work Dr. W. J. McNally has already done on the labyrinth, the American Academy of Ophthal-

mology and Oto-Laryngology at their meeting in St. Louis voted him \$2,000.00 to enable him to carry on further scientific investigations and research.

I desire to express my indebtedness to my colleague, Dr. James T. Rogers, for the above report.

H. S. BIRKETT,  
*Oto-Laryngologist-in-Chief.*



# DEPARTMENT OF OTO-LARYNGOLOGY

## RECORD OF DISEASES

For the Year Ended 31st December, 1928

NOSE:		Total	Died
<b>External Nose and Nasal Vestibule:</b>			
Abscess, septal.....	1		
Deformity, traumatic...	1		
Foreign body.....	2		
Simple fracture nasal bones.....	6		
Furunculosis.....	4		
Wound, contused.....	1		
<b>Nasal Cavities:</b>			
Deviated septum.....	115		
Epistaxis.....	7	1	
Hæmorrhage, secondary..	1		
Nasal polyp.....	27		
Rhinitis, acute.....	4		
"    chronic.....	3		
"    chronic hypertrophic.....	20		
"    vasomotor.....	1		
<b>Nasal Sinuses:</b>			
Ethmoiditis.....	8		
Fistula antrum.....	1		
Foreign body antrum...	1		
Pansinusitis.....	4		
Polyp maxillary sinus...	1		
Sinusitis, frontal.....	12		
"    frontal and maxillary...	3		
"    maxillary.....	68		
"    ethmoidal frontal and maxillary...	1		
"    ethmoidal and sphenoidal..	1		
"    ethmoidal frontal and sphenoidal..	1		
"    sphenoidal....	1		
<b>Fauces, Pharynx and Naso-Pharynx:</b>			
Abscess, peritonsillar...	22		
"    retro-pharyngeal	3		
Total Died			
Carcinoma pharynx.....	1		
"    tonsil.....	1		
Hæmorrhage P.O. adenoid	1		
"    P.O. tonsils	6		
"    secondary P.O. adenoids	3		
"    secondary P.O. tonsils	8		
Hypertrophy adenoids...	47		
"    tonsils and adenoids	640		
Pharyngitis.....	3		
Polyp naso-pharynx....	1		
Rhino-pharyngitis.....	6		
Tonsillitis, acute.....	28		
"    chronic septic	812		
<b>LARYNX, TRACHEA, BRONCHI, LUNGS:</b>			
Collapse lung.....	1		
Pneumothorax.....	1		
Stenosis, larynx.....	2		
<b>Acute:</b>			
Laryngitis.....	5		
Laryngo-tracheitis.....	2		
Oedema glottis.....	1		
Pneumonia, broncho....	1		
"    lobar.....	5		
<b>Chronic:</b>			
Abscess lung.....	2		
Asthma.....	8		
Bronchiectasis.....	3		
Laryngitis.....	2		
Tuberculosis, larynx....	2		
"    pulmonary..	3		
<b>TUMORS—BENIGN:</b>			
Papilloma vocal cord....	1		
Polyp larynx.....	4		
Tumor larynx—un-specified.....	1		

**TUMORS—MALIGNANT:**

	Total	Died
Carcinoma larynx . . . . .	2	
“ trachea . . . . .	1	

**AFFECTIONS LARYNGEAL NERVES:**

Paralysis vocal cord . . . . .	3	
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**MISCELLANEOUS DISEASES OF PHARYNX AND TRACHEA:**

Foreign body trachea . . . . .	1	
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**LARYNGEAL PHARYNX AND ŒSOPHAGUS:**

Abrasion œsophagus . . . . .	1	
Carcinoma œsophagus . . . . .	5	
Foreign body œsophagus . . . . .	5	

**MOUTH:**

Abscess, alveolar . . . . .	1	
“ tongue . . . . .	1	
Cyst, dentigerous . . . . .	1	
Frenum lip . . . . .	1	
Glossitis . . . . .	1	
Wound, lacerated, lip . . . . .	1	

**EAR:**

**External:**

Adenitis preauricular . . . . .	1	
Cyst, postauricular . . . . .	1	
Exostosis . . . . .	1	
Furunculosis . . . . .	3	
Wound, lacerated, ear . . . . .	1	

**Middle:**

Abscess, perisinus . . . . .	1	1
Cellulitis, mastoid wound . . . . .	2	
Otitis media, acute, catarrhal . . . . .	16	
Otitis media, acute, suppurative . . . . .	64	1
Otitis media, acute with mastoid complications . . . . .	101	1
Otitis media, chronic, catarrhal . . . . .	6	
Otitis media, chronic, suppurative . . . . .	34	1
Otitis media, chronic, suppurative with mastoid . . . . .	35	1
Otosclerosis . . . . .	1	
Polyp aural . . . . .	5	
Thrombosis lateral sinus . . . . .	3	1

**Internal:**

	Total	Died
Deafness, nerve . . . . .	2	
Labyrinthine irritation . . . . .	2	
Labyrinthitis, toxic . . . . .	1	
Menière's syndrome . . . . .	1	

**MISCELLANEOUS:**

Abscess, brain . . . . .	2	
“ submaxillary . . . . .	1	
“ subperiosteal . . . . .	8	
“ temporo-sphenoidal . . . . .	1	
Adenitis, cervical . . . . .	2	
“ cervical, tuberculous . . . . .	7	
Arthritis . . . . .	2	
Auto-intoxication . . . . .	1	
Delirium tremens . . . . .	1	
Ecchymosis eyelid . . . . .	1	
Epilepsy . . . . .	3	
Erysipelas . . . . .	2	
Folliculitis . . . . .	1	
Influenza . . . . .	6	
Migraine . . . . .	1	
Meningismus . . . . .	1	
Meningitis, cerebral . . . . .	1	1
Myocarditis . . . . .	1	
Nephritis . . . . .	1	
Neurosis . . . . .	1	
No diagnosis . . . . .	2	
No disease . . . . .	3	
Paralysis, facial . . . . .	4	
Periphlebitis jugular vein . . . . .	1	
Pyorrhœa . . . . .	1	
Rheumatic fever . . . . .	1	
Scarlet fever . . . . .	4	
Syphilis, tertiary . . . . .	1	
Tumor mediastinum . . . . .	1	
Valvular disease chronic cardiac . . . . .	3	
Varicella . . . . .	1	
Total Deaths . . . . .		8

**STATISTICS FOR 1928**

Total Discharges . . . . .	2090
Total Admissions . . . . .	2088
	2
No. in Hospital first of year . . . . .	26
No. in Hospital end of year . . . . .	24
	2



# STATISTICS

## DEPARTMENT OF OTO-LARYNGOLOGY

### OPERATIONS ROSS MEMORIAL PAVILION

#### NOSE AND NASAL SINUSES:

Curettage and suturing fistula of antrum . . . . .	1
Intra drainage frontal sinus . .	4
Enlarging opening sphenoid . .	1
Ethmoidectomy . . . . .	4
Incision furuncle . . . . .	1
Opening antrum—Mickulitz . . .	1
Radical antrum . . . . .	30
Radical frontal . . . . .	1
Resection septum . . . . .	50
Removal foreign body antrum . .	1
Removal nasal polypi . . . . .	9
Setting simple fracture nose . .	1
Turbinotomy . . . . .	12

#### Fauces, Pharynx, Naso-Pharynx:

Arresting secondary hæmorrhage tonsil . . . . .	3
Incision tonsil . . . . .	1
Incision peritonsillar abscess . .	3
Uvulotomy . . . . .	1
Tonsillectomy—	
Adenoidectomy . . . . .	55

#### LARYNX, TRACHEA, BRONCHI-LUNGS:

Direct bronchoscopy . . . . .	4
Direct laryngoscopy . . . . .	2
Removal foreign body trachea . .	1

#### LARYNX, PHARYNX AND ŒSOPHAGUS:

Direct œsophagoscopy . . . . .	1
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#### MOUTH:

Removal frenum lip . . . . .	1
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#### EAR:

Curettage mastoid cavity . . . .	2
Opening lateral sinus . . . . .	1
Paracentesis . . . . .	17
Plastic on mastoid . . . . .	2
Radical mastoid . . . . .	11
Removal aural polyp . . . . .	3
Removal exostosis of auditory meatus . . . . .	1
Simple mastoid . . . . .	44

### OPERATIONS OUT-DOOR OPERATING ROOM

Tonsillectomy and Adenoidectomy . . . . .	916	Radical Frontal Sinus . . . . .	1
Post Operative Tonsillar Hæmorrhage . . . . .	9	Sphenoidectomy—Ethmoidectomy . . . . .	2
Post Operative Adenoid Hæmorrhage . . . . .	2	Removal Nasal Polypi . . . . .	34
Paracentesis . . . . .	66	Turbinotomy . . . . .	13
Simple Mastoid . . . . .	66	Resection of Septum . . . . .	55
Expos. Lateral Sinus—Ligation		Reduction Simple Fracture of	
Int. Jugular . . . . .	2	Nasal Bones . . . . .	8
Closure Mastoid Fistula . . . . .	8	Plastic to Nose . . . . .	2
Removal Aural Polyp . . . . .	2	Cauterization of Nose . . . . .	8
Ossiculectomy . . . . .	1	Removal F.B. from Nose . . . . .	4
Radical Mastoid . . . . .	19	Direct Laryngoscopy . . . . .	33
Plastic to Radical Mastoid . . . . .	13	Direct Oesophagoscopy . . . . .	27
Incision of Furuncle in Ear . . . .	3	Direct Bronchoscopy . . . . .	44
Removal F.B. from Ear . . . . .	2	D. Bronchoscopy with Lipiodol	
Mastoid Dressing—Examination		Injection . . . . .	16
of Ear with Anæsthetic . . . . .	2	Transglottic Injection Lipiodol . . . .	6
Puncturing Antrum—Irrigating . .	183	Removal F.B. from Oesophagus . . . .	9
Radical Antrum . . . . .	24	Removal F.B. from Trachea . . . . .	1
Suturing Antrum . . . . .	2	Tracheotomy . . . . .	1
Frontal Sinus—Drainage Intra-		Laryngo Fissure for Carcinoma . . . .	1
Nasal . . . . .	1	Incision Retro-Pharyngeal Abscess . .	1
		TOTAL . . . . .	1597

# REPORT OF THE UROLOGICAL DEPARTMENT

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*For the Year Ended December 31st, 1928.*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

The year 1928 has been one of continued effort and success for the Department.

Late in the year an epidemic of influenza swept the city of Montreal, during its virulent period the greater portion of the beds of the Department were given over to undergraduate nurses, the victims of the epidemic. Urological cases of an emergency nature only were therefore admitted to the Department.

There has been for some years a growing sentiment among Canadian Urologists looking toward the establishment of either a Canadian Urological Association, or a section of Urology in the Canadian Medical Association. With this end in view there met in Montreal in June, 1928, thirty Urologists representing all parts of Canada. It was decided that a section of Urology in the national body would best suit the conditions at present obtaining in the country. The first meeting of the new section is to be in Montreal at the time of the meeting of the Canadian Medical Association in June, 1929.

During the year the following papers have been published, or are in process of publication:

David W. MacKenzie: Monograph "Stricture of the Urethra."  
Practice of Surgery. (Dean Lewis Editor).

"Surgical Conditions of the Bladder." Oxford System  
of Surgery. (In publication).

David W. MacKenzie with Allan B. Hawthorne: "Renal Aplasia and Hypoplasia."

A Factor in Renal Surgery. Canadian Medical Journal, June 1928. Vol. VIII. 502-508.

David W. MacKenzie with Allan B. Hawthorne: "The Distribution of Foreign Particles including Bacteria in the Kidney." Trans. American Genito-Urinary Association, 1928. Vol. XXI.

M. I. Seng: "Dilatation of Ureters and Renal Pelves in Pregnancy." Journal of Urology. (In publication).

N. E. Berry: "Leiomyosarcoma of the Kidney." Review of the literature and report of case. Canadian Medical Journal. (In publication).

Respectfully submitted,

D. W. MacKENZIE,  
*Urologist-in-Chief.*



# OPERATIONS IN THE UROLOGICAL DEPARTMENT (Indoor)

For the Year Ended 31st December, 1928

Circumcision . . . . .	11
Closing of suprapubic sinus . . . . .	1
“ “ “ “ with dilatation of urethra . . . . .	1
Coagulation of urethral caruncle . . . . .	5
Coagulation of venereal warts . . . . .	1
Curettage of persistent sinus following nephrectomy . . . . .	1
Cystotomy, suprapubic for drainage in prostatism . . . . .	47
“ “ “ vesical calculi . . . . .	3
“ “ “ prostatism and vesical calculi . . . . .	4
“ “ “ prostatism and ureteral calculus . . . . .	1
“ “ “ prostatism and prostatic abscess . . . . .	1
“ “ with multiple incisions in the scrotum and perineum for extravasation of urine . . . . .	1
“ “ for drainage in carcinoma of prostate . . . . .	2
“ “ with coagulation of carcinoma of bladder . . . . .	4
“ “ with coagulation of papilloma of bladder . . . . .	1
“ “ and biopsy . . . . .	1
Cystoscopy . . . . .	150
“ with ureteral catheterization . . . . .	140
“ “ “ “ and pyelogram . . . . .	279
“ “ “ “ and pyeloureterogram . . . . .	85
“ “ “ “ pyeloureterogram and cystogram . . . . .	27
“ “ ureteral dilatation . . . . .	40
“ “ fulguration of papilloma of bladder . . . . .	7
“ “ removal of right ureteral calculus with operating scope . . . . .	1
Cystograms . . . . .	28
Dilatation for contracted vesical neck . . . . .	9
“ “ prostatic obstruction . . . . .	1
“ of urethra for stricture . . . . .	1
“ “ urethra with internal urethrotomy for multiple strictures of anterior urethra . . . . .	1
“ “ ureter for ureteral calculus . . . . .	1
“ “ urethra with fulguration . . . . .	1
Dorsal slit for phimosis . . . . .	1
Epididymectomy for tuberculosis . . . . .	3
“ “ chronic epididymitis . . . . .	3
Excision of cyst of epididymis . . . . .	2
“ “ “ scrotal . . . . .	1
“ “ “ spermatic cord . . . . .	1
Radical Cure of Hydrocele (bottle operation) . . . . .	9
Hydrocele tapped . . . . .	2
Excision sinus loin . . . . .	1
“ scar tissue from perineum . . . . .	1
“ veins pampiniform plexus . . . . .	5
“ fistula, urethral penile, with perineal section for drainage . . . . .	1
“ Urinary fistula (congenital) with suprapubic cystotomy . . . . .	1

Herniotomy.....	8
Incision and drainage of abscess, perinephritic.....	2
“ “ “ “ “ periurethral.....	1
“ “ “ “ “ perineal.....	1
“ “ “ “ “ ischio-rectal.....	1
“ “ “ “ “ peri-rectal.....	1
Laparotomy and suprapubic cystotomy for bladder fistula (carcinoma)...	1
Nephrectomy for renal tuberculosis.....	4
“ “ pyonephrosis.....	4
“ “ hydronephrosis.....	4
“ “ renal calculus.....	1
“ “ adenoma destruens.....	1
“ “ papillary adenocarcinoma.....	1
Nephrotomy for nephrolithiasis.....	3
Nephropexy for nephroptosis.....	4
Orchidectomy for tumor of testis.....	2
“ and excision of sinus for tuberculosis.....	1
“ and epididymectomy for tuberculosis.....	1
“ and epididymectomy for epididymitis.....	1
Perineal section for prostatic abscess.....	2
“ “ “ acute extravasation (phlegmon).....	4
“ “ “ “ “ (periurethral abscess).....	1
“ “ “ stricture of urethra.....	3
“ “ “ drainage in hypospadias.....	2
“ “ “ with excision of fistula, perineal urinary.....	1
“ “ “ rupture of urethra (traumatic).....	2
“ “ and suprapubic cystotomy for rupture of urethra bulbo- membranous portion.....	1
Placement of testis in scrotum in cryptorchidism.....	4
Plastic repair of urethra.....	3
“ “ “ vesico-uterine fistula.....	1
“ “ “ sinus and dilatation of urethra following prostatectomy..	1
“ on body of penis for hypospadias.....	1
“ formation of anterior urethra for hypospadias.....	2
“ “ “ canal from scrotum to glans for scrotal hypospadias.	1
Prostatectomy suprapubic for prostatism (two stage).....	41
“ “ “ “ (one stage).....	6
“ “ “ “ and prostatic calculi.....	4
“ “ “ “ and ureteral calculus.....	1
“ “ “ “ and vesical calculi.....	2
“ “ “ “ and carcinoma of prostate (one stage...1) (two stage...1).....	2
Prostatectomy perineal.....	1
Pyelotomy for calculus.....	16
“ and nephrotomy for calculus.....	2
Pyeloureterotomy for ureteral calculus and stricture of ureter.....	1
Ureterotomy for calculus.....	10
Resection sarcoma of bladder.....	1
Repair sacropubic hernia.....	1
TOTAL.....	1046

# DEPARTMENT OF UROLOGY

## RECORD OF DISEASES

For the Year Ended December 31st, 1928

### DISEASES OF THE

#### KIDNEY:

	Total	Died
Ruptured kidney.....	1	
Abscess perinephritic....	1	1
Albuminuria.....	1	
Anuria.....	1	
Colic, renal..	3	
Hæmaturia, cause un- determined.....	11	
Hydronephrosis.....	36	
"    congenital	1	
"    infected.	23	
Infarct of kidney.....	1	
Insufficiency, renal.....	25	
Nephritis, acute.....	1	
"    chronic.....	14	
Nephrotosis.....	47	
Pyelitis.....	36	
"    of pregnancy....	2	
Pyelonephritis.....	11	
Pyonephrosis.....	14	1
Tuberculosis of kidney..	31	
Uræmia.....	8	1
Calculus renal.....	35	1
Cyst of kidney.....	1	
Carcinoma of kidney....	4	
Adenoma destruens of kidney.....	2	
Double renal pelvis and ureters.....	4	
Sinus, loin..	2	
"    "    tuberculous .	1	

### DISEASES OF THE

#### URETER:

Ureterocele.....	1
Hydro-ureter.....	3
Stricture of ureter.....	5
"    "    "    con- genital	2
Colic, ureteral.....	16
Calculus, ureteral.....	85
Dilated and kinked ureters	6

### DISEASES OF THE

#### BLADDER:

	Total	Died
Rupture of bladder.....	1	
Adhesions of bladder....	1	
Atony of bladder... ..	2	
Contracted vesical neck..	16	
Cystitis.....	38	
Diverticulum of bladder.	10	
Enuresis.....	3	
Fistula, urinary supra- pubic... ..	4	
"    suprapubic congenital... ..	1	
"    vesico-intestinal	1	
"    vesico-rectal... ..	1	
Incontinence of urine... ..	3	
Retention of urine.....	3	1
Trabeculation of bladder	3	
Trigonitis.....	6	
Tuberculosis of bladder..	9	
Calculus, vesical.....	14	
Foreign body in bladder..	2	
Papilloma of bladder....	7	1
Carcinoma of bladder... ..	23	
Leiomyosarcoma of bladder.....	1	
Sarcoma of bladder.....	1	

### DISEASES OF THE

#### URETHRA:

Rupture of urethra.....	4	
Abscess of urethra.....	1	
Caruncle, urethral... ..	8	
Congestion prostatic urethra.....	1	
Extravasation of urine with periurethral phlegmon.....	8	2
Foreign body in urethra..	1	
Ulceration periurethral..	3	
Fistula, urethral, perineal	2	
Folliculitis, gonorrhœal..	1	
Urethritis, non-gonorrhœal	3	
"    gonorrhœal..	18	

**DISEASES OF THE URETHRA—Continued**

	Total	Died
Stricture of urethra, gonorrhœal.....	26	
Stricture of urethra, traumatic.....	8	
Stricture of urethra, tuberculous.....	1	
Small urethra, congenital	3	
Hypospadias.....	6	

**DISEASES OF THE MALE GENERATIVE ORGANS:**

Balano-posthitis.....	1	
Ulceration chancroidal penis.....	3	
Phimosis.....	11	
Paraphimosis.....	1	
Redundant prepuce.....	2	
Adherent prepuce.....	1	
Cyst spermatic cord.....	3	
Hæmatocele.....	1	
Varicocele.....	5	
Hydrocele.....	25	
Teratoma of testicle.....	1	
Carcinoma of testicle.....	2	
Undescended testicle.....	15	
Tuberculosis of testicle..	2	
Cyst of epididymis.....	4	
Epididymitis, gonorrhœal	27	
"    traumatic	1	
Vesiculitis, gonorrhœal..	4	
Tuberculosis of seminal vesicles.....	3	
Abscess of prostate.....	2	
Prostatitis, gonorrhœal, acute.....	19	
Prostatitis, gonorrhœal, chronic.....	22	
Prostatism.....	114	12
Calculus of prostate....	4	
Obstruction prostate, traumatic.....	1	
Fibroma of prostate....	1	
Carcinoma of prostate...	16	3
Tuberculosis of prostate.	7	

**DISEASES OF THE FEMALE GENERATIVE ORGANS:**

	Total	Died
Abscess, Bartholinian...	1	
Cellulitis, pelvic.....	5	
Cyst, ovary.....	1	
Cystocele.....	5	
Fibroid uterus.....	4	
Hyperplasia uterus....	3	
Salpingo-ovaritis.....	4	1
Vaginitis.....	1	

**ABDOMEN:**

Ascites.....	1
Hernia, femoral.....	2
"    inguinal.....	16
"    ventral.....	3

**RECTUM AND ANUS:**

Abscess, ischio-rectal ..	4
"    peri-rectal.....	1
Carcinoma rectum.....	2
Fistula perineal.....	2
Hæmorrhoids.....	7
Prolapse rectum.....	1
Abscess, anal.....	1
Fissure, anal.....	3

**TRACHEA AND BRONCHI:**

Asthma.....	2
Bronchitis.....	10

**LUNGS:**

Atelectasis.....	1
Emphysema.....	4
Pneumonia-broncho....	7
Tuberculosis.....	11

**PLEURA AND MEDIASTINUM:**

Pleurisy acute, fibrinous.	1
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**SPECIFIC AND GENERAL INFECTIOUS DISEASES:**

Bubo-inguinal, chancroidal.....	2
Cellulitis hand.....	1
Syphilis.....	22
"    congenital.....	1

**METABOLISM:**

Diabetes mellitus.....	7	1
Gangrene diabetic.....	1	

TUMORS:		Total	Died			Total	Died
				Neurosis . . . . .		1	
	Carcinomatosis . . . . .	1		Pachymeningitis . . . . .		1	
	Cyst, perineal . . . . .	1		Paraplegia . . . . .		1	
<b>DISEASES OF THE SKIN:</b>				Poliomyelitis . . . . .		1	
	Condyloma acuminatum	1		Sclerosis, subacute com-			
	Urticaria . . . . .	1		bined . . . . .		1	
<b>CIRCULATORY SYSTEM:</b>				Syphilis, cerebro-spinal . .		3	
	Angina pectoris . . . . .	2		<b>BONES AND JOINTS:</b>			
	Arterio-sclerosis . . . . .	16		Arthritis . . . . .		6	
	“ “ with hyper-			“ deformans . . . . .		1	
	tension . . . . .	7		“ gonorrhœal . . . . .		2	
	Auricular fibrillation . . . .	3		Fragilitas ossium . . . . .		1	
	Decompensation . . . . .	2		Osteomyelitis, specific . . .		1	
	Dilatation, cardiac . . . . .	1		Synovitis . . . . .		1	
	Extra systoles . . . . .	1		<b>EYE AND EAR:</b>			
	Hypertension . . . . .	4		Astigmatism . . . . .		1	
	Hypertrophy cardiac . . . . .	5		Conjunctivitis . . . . .		1	
	Hypotension . . . . .	2		Irido-cyclitis . . . . .		1	
	Myocarditis . . . . .	14		Thrombosis, retinal . . . . .		1	
	Phlebitis . . . . .	3		<b>MOUTH, LIPS,</b>			
	Thrombo-phlebitis . . . . .	1		<b>PHARYNX, etc.:</b>			
	Thrombosis, coronary . . . .	1		Abscess, peri-tonsillar . . .		1	
	Valvular disease . . . . .	15		Fibroma lip . . . . .		1	
<b>LYMPHATIC SYSTEM:</b>				Tonsillitis . . . . .		2	
	Adenitis inguinal . . . . .	1		Hypertrophy of tonsils			
<b>BLOOD:</b>				and adenoids . . . . .		1	
	Anæmia, pernicious . . . . .	1		Vincent's angina . . . . .		1	
	“ secondary . . . . .	6		<b>ŒSOPHAGUS:</b>			
	Leukæmia, lymphatic . . . . .	1		Spasm . . . . .		1	
	Septicæmia . . . . .	3		<b>STOMACH:</b>			
<b>DUCTLESS GLANDS:</b>				Carcinoma . . . . .		4	
	Hypopituitarism . . . . .	1		Gastritis . . . . .		1	
	Hypothyroidism . . . . .	1		Neurosis . . . . .		2	
	Myxædema . . . . .	1		Obstruction, pyloric . . . . .		1	
<b>NERVOUS SYSTEM:</b>				Ulcer . . . . .		2	
	Sclerosis, cerebral . . . . .	2	1	<b>INTESTINES:</b>			
	Degeneration brain . . . . .	1		Appendicitis . . . . .		6	
	Dementia . . . . .	1		Carcinoma . . . . .		4	
	Epilepsy . . . . .	1		Constipation . . . . .		1	
	General paresis . . . . .	1		Diarrhœa . . . . .		1	
	Hæmorrhage, cerebral . . . . .	1		Diverticulitis . . . . .		1	
	Neurasthenia . . . . .	4		Fæcal impaction . . . . .		1	
	Neuritis . . . . .	2		Obstruction . . . . .		1	
				Stasis . . . . .		1	
				Ulcer, duodenal . . . . .		2	



**LIVER AND GALL**

Total Died

**BLADDER:**

	Total Died
Cholecystitis chr.....	7
"    "    with calculus	1
Cholelithiasis.....	2
Jaundice, catarrhal.....	1

**STATISTICS FOR 1928**

Total discharges.....	816
Total admissions.....	806
	<hr/>
	10

**UNCLASSIFIED:**

Asthenia.....	2
No disease.....	2
No urological condition..	19
Not diagnosed.....	3

No. in Hospital first of year..	34
No. in Hospital end of year..	24
	<hr/>
	10

Total Deaths..... 26



# REPORT OF THE PATHOLOGICAL INSTITUTE

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*For the Year Ended December 31<sup>st</sup>, 1928*

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*To the* GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

Herewith is transmitted the report of the Pathological Institute for 1928 under the headings of its divisions and in tabulated form. It shows a heavy increase in all divisions, particularly in the department of Bacteriology. No attempt has been made to include here the more strictly academic work incident to special problems of investigation, but the report is confined to routine. It would hardly have been possible to carry it to the extent here shown, except for the active interest and co-operation of the Governors and Superintendent of the Hospital, more particularly in placing at the disposal of the Pathological Institute a part of the revenue derived from hospital charges. These new, much-needed resources were put to expense accounts for the imperative demands of a departmental library, towards new equipment and supplies and towards some wages and staff salaries made necessary by the expansion of the work. The university has thus also profited by this arrangement.

It is an encouraging and gratifying sign that the interest into the scientific penetration of diseases during life and after death is generally increasing, and this Pathological Institute is gradually becoming one of the centres for this work for a number of hospitals. The advantages of this development, both from the academic-scientific and practical standpoints cannot be overestimated, and, it is hoped, will continue and increase.

HORST OERTEL,  
*Pathologist-in-Chief.*

## I. DIVISION OF MORBID ANATOMY (Dr. CHASE, PROSECTOR, in Charge)

During the year 1928 the department of Morbid Anatomy did partial or complete autopsies on three hundred and ten (310) bodies. This represents an increase of nearly 12% over the previous year. Two hundred and twenty-eight (228) of these cases came from the various departments of the Royal Victoria Hospital. These were divided as follows:

Department of Medicine (Public 107, Private 12) ..	119
Department of Surgery (Public 31, Private 11) ..	42
Special Departments.....	13
Obstetrics and Gynæcology.....	11
Babies, stillborn and neonatal.....	43
	228

Other city hospitals requested autopsies on eighty-two (82) cases. These came from the following institutions:

Woman's General Hospital.....	53
St. Mary's Hospital.....	10
Homeopathic Hospital of Montreal.....	9
Alexandra Hospital.....	7
Montreal Foundling and Baby Hospital.....	3
	82

This figure represents more than twice the number of autopsies from outside hospitals than in any previous year. It is a gratifying demonstration of the growing interest in *post mortem* examinations.

An average of twenty-four (24) histological slides were made from each autopsy. This represents a total of over seventy-five hundred (7500) slides prepared by the technical staff during the year, an increase of twenty-five hundred (2500) slides over the previous

year. All gross and histological lesions were carefully protocolled, and finally a synopsis of each case was prepared. In this synopsis an attempt was made to correlate clinical and anatomical findings and to indicate any peculiar features, with references to the recent literature in some instances.

During the year the special department of Neuro-pathology under the supervision of Dr. Young was taken over by Dr. Penfield. All cases referable to this department were investigated conjointly. Special reports were incorporated in the protocol and a final synopsis prepared on each case.

*Post mortem* material was made available to all the staff through weekly conferences. At these conferences all cases for the week were presented by the autopsists and were mutually discussed by the staff of the Pathological Institute.

## II. DIVISION OF SURGICAL PATHOLOGY

(Prof. WAUGH, in Charge)

During the year 1928, the department of Surgical Pathology examined twenty-one hundred and eighteen (2118) specimens, consisting of twenty-five hundred and twenty-two (2522) tissues and organs. From these approximately sixty-six hundred (6576) histological sections were prepared for microscopic examination. The specimens were divided among the various services of the hospital as follows:—Surgery, 1287; Obstetrics and Gynæcology, 672; Urology, 101; Otolaryngology, 41; Medicine, 4; Outside, 22.

## III. DIVISION OF MORPHOLOGICAL HAEMATOLOGY

(Prof. WAUGH, in Charge)

During the year 1928 the department of Morphological Hæmatology carried out one hundred and sixty-two (162) blood examinations. These consisted of one hundred (100) complete

morphological blood studies and sixty-two (62) partial examinations. They were divided among the various services as follows:—Medicine, 122; Surgery, 17; Otolaryngology, 11; Obstetrics and Gynæcology, 7; Radiology, 3; Urology, 2. This represents an increase of 15% in the work of this department over the previous twelve months.

#### IV. DIVISION OF BACTERIOLOGY

(Prof. BRUERE, in Charge)

A. Systematic Report. (See following chart.)

B. Technical Report on Preparation of Media. (See following chart.)

##### A. SYSTEMATIC REPORT

	Medicine	Surgery	Urology	Gynæcology & Obstetrics	Ophthalmology	Oto-Laryngology	Out-Patients	Pathology	TOTAL
Miscellaneous Cultures.....	421	467	461	54	79	155	165	72	1874
Blood Cultures.....	174	34	4	10	..	6	6	5	239
Pneumococcus Typing.....	77	24	..	..	..	..	1	3	105
Guinea-pig Inoculations.....	55	43	24	..	..	1	8	2	133
Vaccines.....	39	14	..	..	2	7	113	..	..

Wasserman tests on the Blood.....	3906
Wassermann tests on the Spinal Fluid.....	317
Compliment fixation tests in Gonorrhœa and its complications..	154
Of these there were:	
Positive Wassermann tests on the Blood.....	591
Positive Wassermann tests on the Sp. Fluid.....	88
Positive Gono-Compliment fixation tests.....	35
Lange test, positive.....	95

## B. TECHNICAL REPORT ON MEDIA

### Media made during 1928

	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL NUMBER OF TUBES
Dextrose.....	...	794	860	843	...	...	...	...	...	99	582	...	3178
Saccharose.....	788	704	830	550	...	...	...	...	540	98	...	...	3510
Lactose.....	852	717	555	874	...	553	...	...	560	94	...	...	4205
Mannit.....	540	438	894	1136	720	...	...	...	...	90	...	762	4580
Peptone.....	410	738	690	727	...	218	...	...	375	...	...	...	3158
Litmus Milk....	26	1015	930	856	...	41	...	...	...	...	...	...	2868
Gelatine.....	308	945	830	1483	...	...	...	...	322	...	480	...	4368
*BIB.....	1313	640	630	660	...	491	1674	...	690	...	697	260	7055
"  Glucose.....	660	355	320	157	...	...	420	...	...	562	667	...	3141
"  Cal. Carb....	...	82	82	...	83	136	...	...	...	...	...	...	383
"  Trypsin.....	164	...	73	293	...	138	...	...	129	140	...	...	937
Agar P Plating..	343	453	177	168	...	241	452	336	450	246	420	...	3286
"  Slants.....	...	672	...	915	...	270	455	...	488	963	...	688	4451
"  Glu Plat....	187	160	...	160	290	...	...	...	...	210	...	...	1007
"  Slants.....	...	...	...	...	...	...	...	...	...	...	188	...	188
"  Glycerine..	...	...	243	...	...	247	...	...	...	595	...	...	1085
*L. B. S.....	108	476	157	439	184	139	130	...	345	107	368	145	2398
Endo.....	119	120	253	...	225	...	150	...	222	182	...	...	1271
Russells.....	...	145	...	...	...	...	124	...	207	56	...	...	532
*V. P.....	256	...	...	...	...	...	...	...	...	...	...	...	256
Nitrate Broth..	376	...	...	...	...	...	...	...	...	280	...	...	656
Holmans.....	...	...	144	...	...	...	...	...	...	...	...	...	144
Dorsetts.....	...	...	45	...	...	56	...	...	...	...	...	...	101
Hormone.....	...	...	...	...	...	18	...	...	...	...	...	...	18
Petroffs.....	...	...	...	...	...	...	...	...	...	...	174	...	174
Tyrode Sol.....	...	...	...	...	...	...	...	...	...	...	52	...	52
Ox Bile.....	...	...	...	...	...	...	...	...	...	...	...	70	70
Vaseline.....	...	...	...	41	...	...	...	...	...	...	...	...	41
Serums: Dex.....	...	170	...	...	...	...	...	...	...	...	...	...	170
Sacc.....	...	156	...	...	...	...	...	...	...	...	...	...	156
Lactose.....	...	444	...	...	...	...	...	...	...	...	...	...	444
Mannit.....	...	412	...	...	...	...	...	...	...	...	...	...	412
Salicin.....	...	465	...	...	...	...	...	...	...	...	...	...	465
Dextrine.....	...	167	...	...	...	...	...	...	...	...	...	...	167
Gly Pep Bile....	...	...	...	...	...	162	...	...	...	...	...	...	162
Various.....	...	...	...	...	...	...	220	...	...	...	...	138	377
Saline.....	256	...	...	240	...	...	...	...	...	260	...	...	756
"  Citrate.....	...	...	252	...	...	...	...	...	...	225	...	...	477
Liver Agar.....	...	...	...	...	...	...	...	...	...	...	500	...	500
Potato.....	...	...	...	...	...	...	...	...	...	...	48	...	108
Ascitic Agar....	...	...	...	112	...	...	...	...	...	...	...	147	259
<b>TOTAL (41)....</b>	<b>6725</b>	<b>10368</b>	<b>7965</b>	<b>9654</b>	<b>1502</b>	<b>2710</b>	<b>3625</b>	<b>336</b>	<b>4238</b>	<b>4299</b>	<b>4176</b>	<b>2210</b>	<b>57606</b>
Flasks 100 c.c.:													
Cal. Carb. BIB...	17	20	...	...	...	...	...	...	...	...	...	...	37
Glucose BIB....	...	...	20	...	...	...	...	...	...	61	68	23	172
Plain BIB.....	...	...	...	...	...	...	...	...	...	40	70	...	110
Tomato BIB....	...	...	...	...	...	...	...	...	...	12	...	50	62
Plain Agar 200..	...	...	...	...	...	...	...	...	10	...	...	...	10
Clawsons 250...	...	...	...	...	...	...	...	...	...	8	9	...	17
	17	20	20	...	...	...	...	...	10	121	147	73	408
Plates:													
Ascitic Agar....	...	...	...	...	...	...	...	...	...	38	60	...	98
Blood Agar.....	...	...	...	...	...	...	...	...	...	10	100	44	154
Choc Agar.....	...	...	...	...	...	...	...	...	...	10	15	...	25
Sod Oleate.....	...	...	...	...	...	...	...	...	...	...	14	46	60
Endo.....	...	...	...	...	...	...	...	...	...	...	20	...	20
Corn Starch....	...	...	...	...	...	...	...	...	...	10	...	...	10
	...	...	...	...	...	...	...	...	...	68	209	90	367

\*BIB—Beef Infusion Broth.  
L. B. S.—Löffler's Blood Serum.  
V. P.—Voges & Proskauer.

# REPORT OF THE DEPARTMENT OF ROENTGENOLOGY

*For the Year Ended December 31st, 1928*

To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

During 1928 alterations were made in the Main X-Ray Department. The rooms formerly used were re-arranged and added to. The X-Ray apparatus, which was old, was turned in and new apparatus installed to take its place. Three complete new X-Ray units were installed.

The Main X-Ray Department now consists of two waiting rooms, a filing room, dental room, clerk's office, office for the Director of the Department, a viewing room, a fluoroscopic barium room, a fracture fluoroscopic room, a radiographic room, a deep therapy room, a superficial therapy room and a dark room. These rooms all line the main passage leading to the Ross Pavilion. There is also a storage vault, which is fire-proof, for storing films.

Each main room has two dressing rooms attached to it. The old Snook Machine, which has been used for twenty years, was replaced by a new X-Ray unit made by Kellyket. The Radiographic room was completely supplied by Kellyket with a power plus unit having a zero timer and a new stereoscopic upright stand. Coronaless overhead was installed in four rooms where it was required.

In the fracture fluoroscopic room there was installed the Waite and Bartlett couch with the tube under it which has been for the last two years in the Outdoor Department. To this was added an overhead so that fluoroscopic examinations with rays perpendicular and horizontal can be made while setting fractures, removing foreign bodies from the lung and removing foreign bodies in general. This fracture unit is also available for making radiographs and for chest and stomach examinations. The barium fluoroscopic room is also fitted with a tube underneath and over the couch and has a separate Potter Buckey table. Its apparatus has a timing device measuring down to 1/20th of a second. The dental room is fitted with a Waite and Bartlett dental unit and

dental chair. This room can also be used for making ordinary radiographs as the portable unit and a couch are also kept in this room. The staff has been increased by the addition of a second clerk, a Dental Technician and a second porter.

These alterations and improvements to the Department were completed by the 1st October and have met with the entire satisfaction of the Medical Staff. The work of the Department has also increased.

The results of gastro-intestinal X-Ray examinations have given 90.5% correct diagnoses as proved by operation. The results are as follows:

*1928 Main X-Ray Department*

Number of patients examined.....	1021
Number of patients operated on...	82
Number of correct diagnoses.....	74
Percentage of correct diagnoses....	90.5%

The results of the Graham test for disease of the gall bladder have given 92% correct diagnoses as proved by operation. The results are as follows:—

*1928 Main X-Ray Department*

*Graham Test (Tetraiodophenophthalein)*

Number of cases injected.....	416
Number of patients operated on...	53
Number of correct diagnoses.....	49
Number of normals.....	228
Percentage correct diagnoses.....	92%

**MAIN X-RAY**

Total Number of Patients for Skiagraphs..	7487		
Total Number of Films including Dental...		15804	
Number of Dental Films.....			2180
Number of patients for X-Ray Treatments			427
Number of X-Ray Treatments.....			2652

**ROSS X-RAY**

Total Number of Patients for Skiagraphs..	2954		
Total Number of Films including Dental...		9880	
Number of Dental Films.....			2034
Total Number of Films Used in New Pavilion.....	591		



REPORT OF THE DEPARTMENT OF ROENTGENOLOGY 167

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Total Number of Patients from New Pavilion.....	228				
Number of Patients for X-Ray Treatments				108	
Number of X-Ray Treatments.....					387

**WARD "L" X-RAY**

Number of Patients for Skiagraphs.....	384	
Number of Films taken.....		1230

**ROSS OPERATING ROOM X-RAY**

Number of Patients for Skiagraphs.....	162	
Number of Films taken.....		531

	10987	27445	4214	535	3039
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	<b>1928</b>	<b>1927</b>
Total Number of Patients for Skiagraphs..	10,987	10,284
Total Number of Films including Dental..	27,445	24,096
Total Number of Dental Films.....	4,214	3,984
Number of Patients for X-Ray Treatments	535	518
Number of X-Ray Treatments. ....	3,039	2,639

Respectfully submitted,

A. HOWARD PIRIE,  
*Roentgenologist-in-Chief.*



# OUT-PATIENTS DEPARTMENT

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## LIST OF CLINICS

Asthma.....	Wed. and Sat.....	9-10 A.M.
Bronchoscopic.....	Tue. and Fri.....	9-10 A.M.
Cardio-Renal.....	Tue. and Fri.....	9-10 A.M.
Dermatology.....	Saturday .....	10 A.M.
	Wednesday.....	1-2 P.M.
Fracture.....	Mon. Wed. and Fri.....	10-11 A.M.
Gastro-Intestinal.....	Mon. and Thurs.....	9-10 A.M.
General Medical.....	Daily.....	10 A.M.
Genito-Urinary.....	Female, Thur. ....	9 A.M.
	Male, Daily.....	12.30-1.30 P.M.
Laryngology.....	Tue. and Fri.....	2-3 P.M.
Metabolism (Diabetic)...	Thursday.....	2 P.M.
“ “ (Ductless Glds).	Wednesday.....	10 A.M.
Neurology.. ..	Mon. and Thur.....	1.30-2.30 P.M.
Neuro-Surgery.....	Monday.....	1.30-2.30 P.M.
Orthopædic.....	Tue. and Fri.....	1.30-2.30 P.M.
Ophthalmology.....	Tue. and Fri.....	2-3 P.M.
Psychiatry.....	Tue. and Fri.....	2 P.M.
Pædiatrics.....	Daily.....	10-11 A.M.
Pulmonary.....	Mon. and Wed.....	10-11 A.M.
Surgical.....	Daily.....	10-11 A.M.

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## NEW PAVILION

Gynæcology.....	Daily Except Sat.....	2-3 P.M.
Pre-Natal.....	Daily Except Sat.....	2-3 P.M.

# REGULATIONS

## GOVERNING PUBLIC WARD PATIENTS

**ACCOUNTS** All patient's accounts are rendered weekly and are payable within two days from date rendered. The final account must be paid in full before the patient leaves the Hospital.

**CHEQUES** UNACCEPTED CHEQUES WILL NOT BE ACCEPTED BY THE HOSPITAL.

**CHAPLAINS** Chaplains of various denominations attend the Hospital daily, and will visit a patient if a request is made through the nurse in charge of the Ward.

**TRANSFER** A patient who desires to be transferred from a Public Ward to a Private Room must first of all settle the Public Ward account and Deposit the sum of \$40.00. The patient will be responsible for all extra charges incurred (As per Schedule of Charges for Private Patients), and the Professional Fee of the Attending Physician, Surgeon or Specialist from date of admission to Private Room.

**VALUABLES** VALUABLES SHOULD BE HANDED OVER TO THE NURSE IN CHARGE OF THE WARD, WHO WILL ENTER THEM IN A BOOK FOR THAT PURPOSE, AFTER WHICH THEY WILL BE DEPOSITED IN THE HOSPITAL VAULT. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR ANY MONEY OR VALUABLES RETAINED IN THE WARD BY A PATIENT. VALUABLES WILL BE DISPOSED OF IF UNCLAIMED WITHIN THIRTY DAYS AFTER DISCHARGE OR DEATH OF PATIENT.

**VISITORS** Friends are permitted to visit Public Ward Patients on the following days:—

Wednesday      3 to 4 P.M.

Friday. . . . . 3 to 4 P.M.

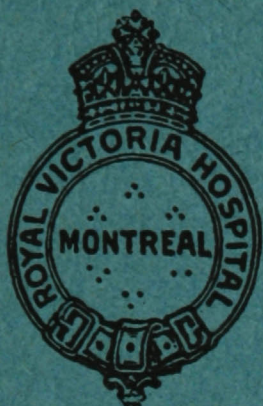
Sunday. . . . . 3 to 4.30 P.M.

Visitors are not allowed in the Children's Wards "N" and "H" without obtaining special permission from the Office Manager.









FOUNDED 1893

THE  
**Royal Victoria Hospital**  
MONTREAL

**Thirty-Fifth Annual Report**

for the year ended

**31st DECEMBER, 1928**









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Royal Victoria Hospital. Montreal.  
Annual report. 1928.

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