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McGILL UNIVERSITY  
MONTREAL

Date 1932



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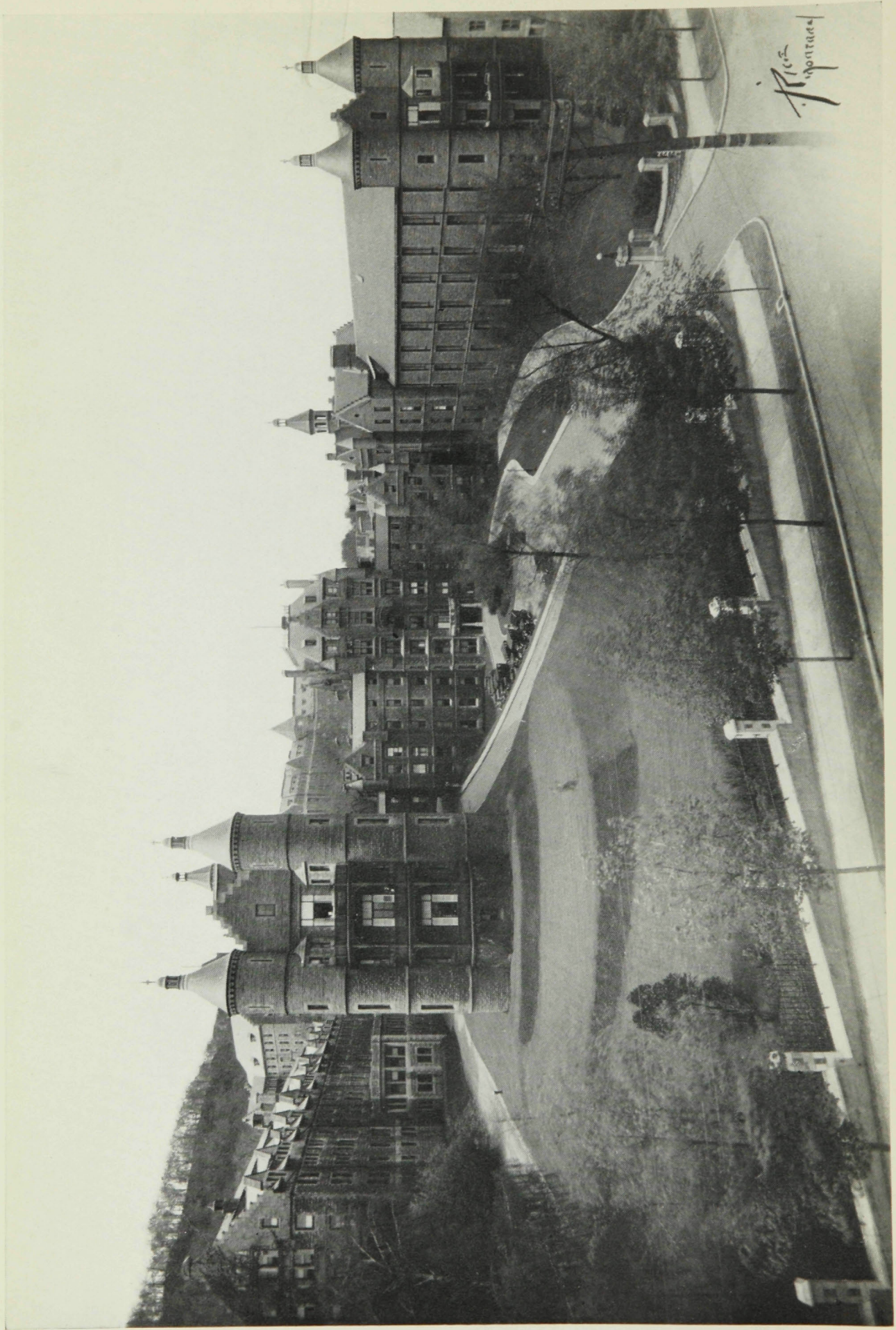


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ROYAL VICTORIA HOSPITAL  
(MAIN BUILDINGS)



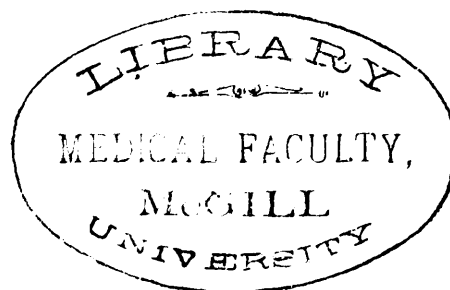
THE  
ROYAL VICTORIA HOSPITAL  
MONTREAL

THIRTY-SIXTH  
ANNUAL REPORT

*for*

THE YEAR ENDED  
31st DECEMBER, 1929

A







# **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

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

---

## GOVERNORS

1930

---

### 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.....WALTER MOLSON  
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)

# ASSOCIATE GOVERNORS

1930

---

JAMES B. ALLAN

D. FORBES ANGUS

WM. F. ANGUS

HUNTLY R. DRUMMOND

ELWOOD B. HOSMER

W. J. MORRICE



## CONSULTING STAFF

---

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

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

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

J. B. COLLIP, M.A., M.D. (ALBERTA), PH.D. (TORONTO)

A. S. EVE, C.B.E., M.A. (CANTAB), D.Sc., F.R.S.C., F.R.S.

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

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

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

1930

---

## PRESIDENT

SIR HERBERT HOLT

## HOUSE COMMITTEE

SIR HERBERT HOLT, Chairman  
SIR CHARLES GORDON, G.B.E.                      WALTER M. STEWART  
E. W. BEATTY    J. W. McCONNELL

## SECRETARY AND SUPERINTENDENT

W. R. CHENOWETH

## ASSISTANT SUPERINTENDENT

H. G. BAXTER

## REGISTRAR-IN-CHIEF

D. MacCALLUM, M.D.

## OFFICE MANAGER

J. A. FRASER

## BUILDING SUPERVISOR

A. G. SMITH

## ACCOUNTANT

A. H. WESTBURY

## ADMITTING OFFICER

JOHN E. DE BELLE, M.D.

## SUPERINTENDENT OF TRAINING SCHOOL

MISS M. F. HERSEY, R.N.

## SUPERVISOR (ROSS PAVILION)

MISS B. CAMPBELL, R.N.

## SUPERVISOR (WOMEN'S PAVILION)

MISS C. V. BARRETT, R.N.

## DIRECTOR OF SOCIAL SERVICE

MRS. H. A. PAICE, 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)

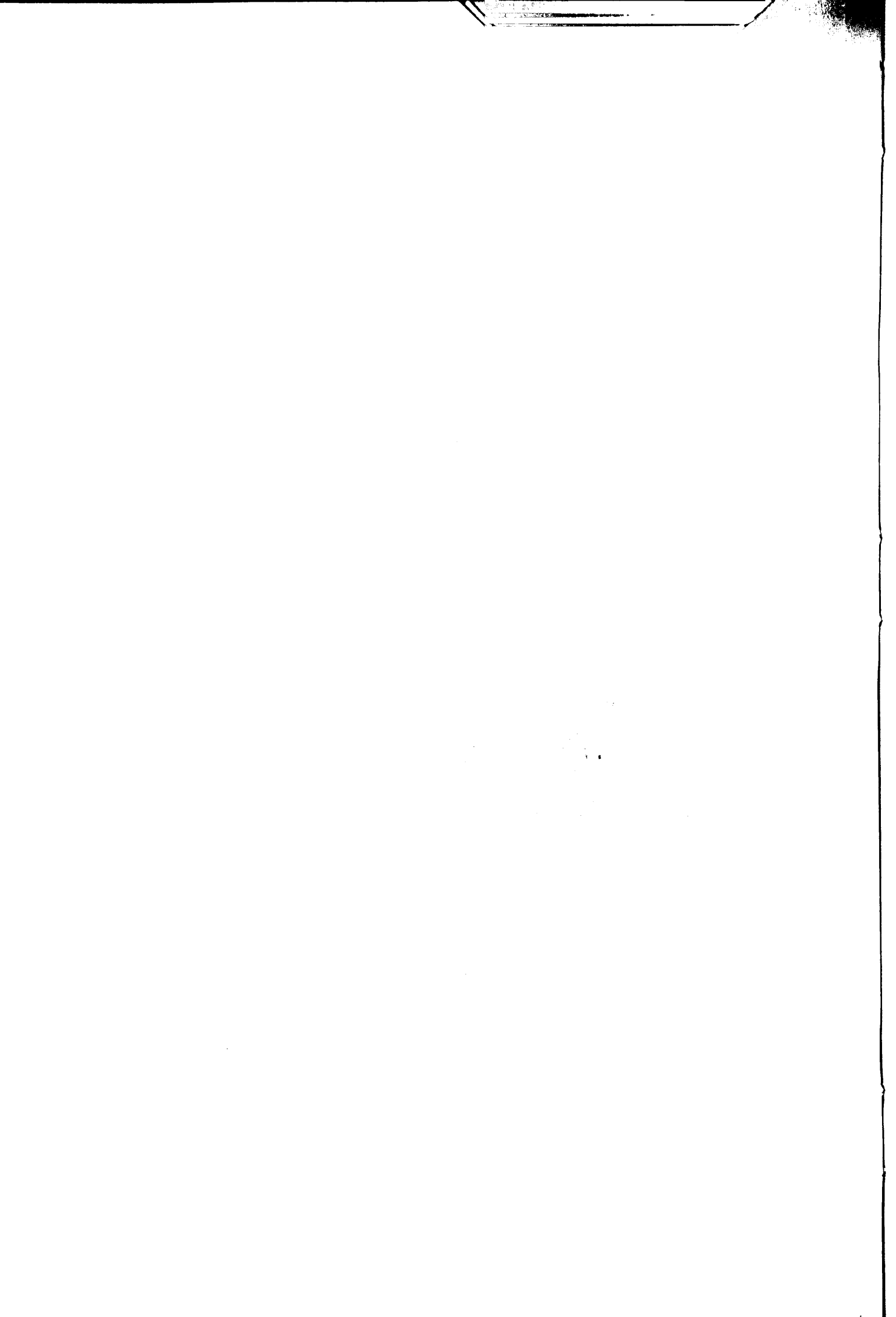
## SOLICITORS

MEREDITH, HOLDEN, HEWARD & HOLDEN

## AUDITOR

LEWIS BRIMACOMBE, C.A.





# MEDICAL BOARD

1930

---

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.

J. R. FRASER, M.D., F.A.C.S.

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.A.C.P., F.R.C.P. AND S. (CAN.),  
F.R.C.P. (EDIN.), F.R.S.C., F.R.S.E.

H. OERTEL, M.D.

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





# ATTENDING STAFF

*"Arranged in Alphabetical Order"*

January 1st, 1930

---

## DEPARTMENT OF MEDICINE

---

### Physician-in-Chief

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

### 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.  
COLIN G. SUTHERLAND, M.D.

### Associates in Medicine

G. RAYMOND BROW, M.D.  
NORMAN 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.  
W. DE M. SCRIVER, B.A., 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.  
C. J. TIDMARSH, M.A., M.D.

## UNIVERSITY CLINIC

### Director

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

### Research Associates

M. E. ABBOTT, B.A., M.D., L.R.C.P. AND S. (EDIN).  
G. R. BROW, M.D.  
C. N. H. LONG, B.Sc., M.Sc., M.D.  
JESSIE BOYD SCRIVER, B.A., M.D.  
W. DE M. SCRIVER, B.A., M.D.  
DAVID SLIGHT, M.B., CH.B., D.P.M., M.R.C.P. AND S. (LOND.)

## SUB-DEPARTMENT OF PÆDIATRICS

### Pædiatrician-in-Charge

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

### Pædiatrician

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.

### Psychiatrist

DAVID SLIGHT, M.B., CH.B., D.P.M., M.R.C.P. AND S. (LOND.)

### Associates in Neuro-Psychiatry

W. T. B. MITCHELL, M.D.  
A. G. MORPHY, B.A., M.D.  
A. W. YOUNG, M.D.

**Clinical Assistants**

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

**SUB-DEPARTMENT OF PHYSIO-THERAPY**

**Physio-Therapist-in-Charge**

NORMAN BROWN, M.D.

**Assistant Physio-Therapist**

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

**Assistants**

MISS M. BARKER, R.N.  
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.

**Associates in Surgery**

JOHN ARMOUR, M.Sc., M.D.  
MARK KAUFMANN, B.A., M.D.  
GEORGE GAVIN MILLER, M.Sc., M.D.  
DUDLEY E. ROSS, M.Sc., M.D.  
A. WILKIE, B.A., M.D.

**Clinical Assistants**

GEORGE C. ANDERSON, M.D.  
NORMAN BETHUNE, M.B. (TORONTO), F.R.C.S. (EDIN.)  
EDGAR M. COOPER, M.D.  
HOWARD LER. DAWSON, B.A., 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. (JOHN HOPKINS),  
M.A., B.Sc. (OXON.)

**Assistant Surgeon**

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.  
M. ROACH, 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 GYNÆCOLOGY**

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

J. R. FRASER, M.D., 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. 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 Assistants

N. E. BERRY, M.D.

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

1st January, 1930

---

## House Physicians

Resident: DR. H. E. EDWARDS

DR. S. E. BARRERA	DR. H. P. MELANSON
DR. MAURICE BRODIE	DR. GLEN A. MOWAT
DR. A. KRAKOWER	DR. C. H. O'REGAN
DR. D. A. MACLENNAN	DR. SHERMAN RODGER
DR. H. A. McDONALD	DR. G. DOUGLAS TAYLOR
DR. N. W. McLELLAN	DR. W. G. TERWILLIGER

DR. CHARLES L. VICK

## House Surgeons

DR. C. E. BROOKS	DR. J. E. McARTHUR
DR. R. J. CALDWELL	DR. C. K. McLEOD
DR. J. R. DAVIDSON	DR. C. E. L. MORROW
DR. HENRY DOUBILET	DR. PAUL NITSCHKE

DR. R. GRANT REID

## House Neurological Surgeons

DR. A. R. ELVIDGE                      DR. JAMES A. BROWN

## House Obstetricians and Gynæcologists

Resident: DR. N. W. PHILPOTT

DR. E. R. ALLEN	DR. W. F. HARRISON
DR. F. S. DUNNE	DR. J. A. SHOTTON
DR. E. C. GLIDDON	DR. A. E. TRITES

## House Oto-Laryngologists

DR. W. W. FITZGERALD	DR. J. C. ROTHWELL
----------------------	--------------------

DR. C. MALCOLM TIRRELL

## House Urologists

DR. S. G. ELBERT	DR. MAX RATNER
------------------	----------------

DR. GEO. W. SMITH

## House Pathologists

DR. HAROLD G. BEESON	DR. J. W. McROBERTS
DR. F. L. FISHER	DR. R. G. TOWNSEND

## House Dentist

DR. L. H. STILWELL

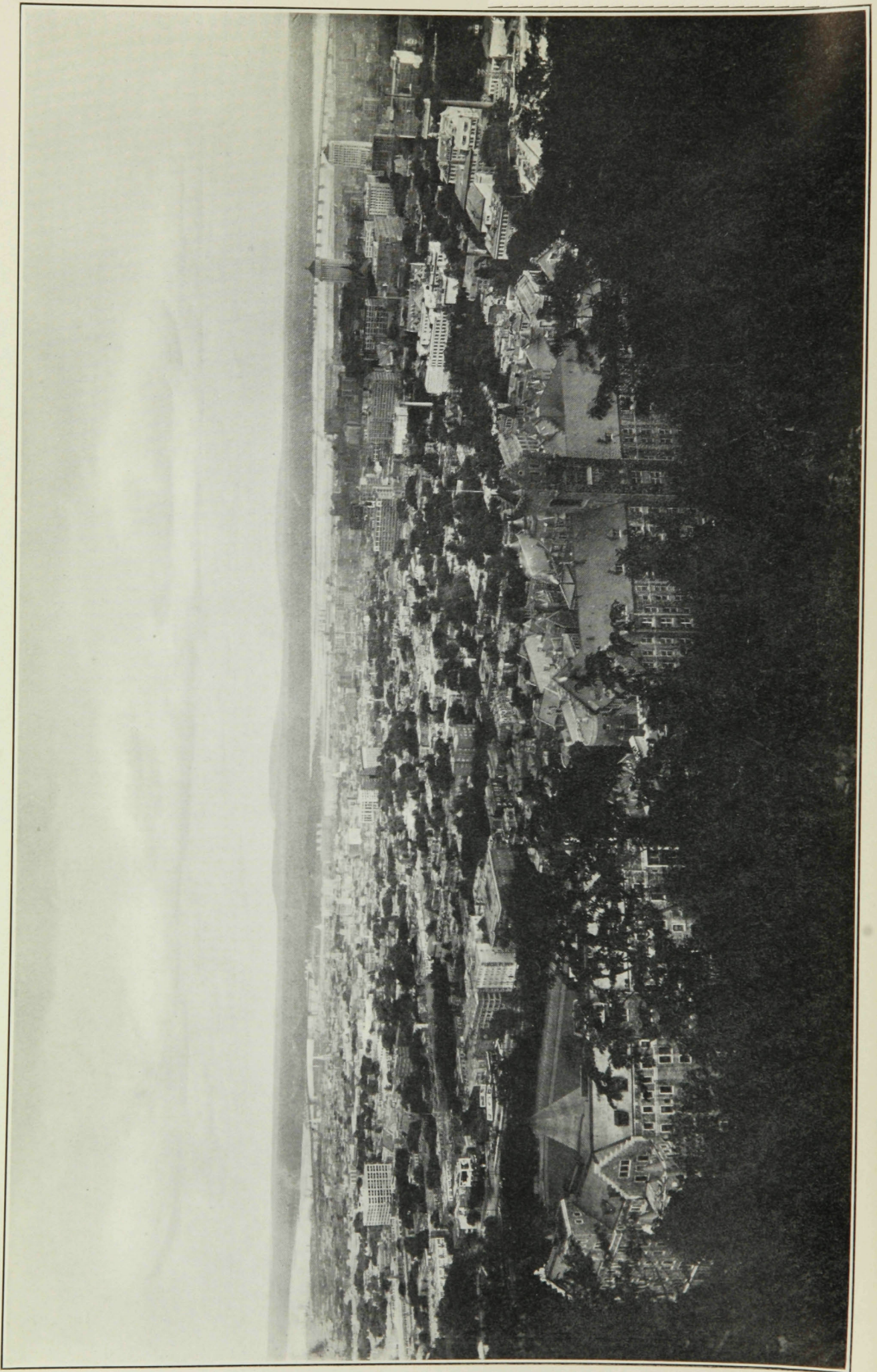
## House Röntgenologist

DR. C. H. PARKINS









CITY OF MONTREAL FROM MOUNTAIN—ROYAL VICTORIA HOSPITAL BUILDINGS IN FOREGROUND

## CHAIRMAN'S REMARKS

*Annual Meeting, March 20th, 1930*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

Before moving the adoption of the Thirty-sixth Annual Report for the year ended 31st December, 1929, I have pleasure in saying a few words as to the work of the Hospital during the past year.

From the Annual Report I learn that in every respect the year just past has been one of special activity and progress and a steady advance in the number of patients treated.

Practically in every branch of medical activity the Hospital is taking its part in the opportunities for diagnosis and treatment, and the auxiliary departments are of the most up-to-date character.

Our financial position also shows an improvement when compared with the previous year, inasmuch as our deficit of \$15,001.14 is less by \$9,501.37 which is attributable to the assistance rendered by the Provincial Government in increasing the allowance for indigent patients from \$1.34 to \$2.00 per diem. We tender our appreciation to the Government for its additional financial assistance given to the hospitals.

Expenditures of a substantial sum have been incurred for badly needed improvements in order that the standard of the Hospital service should be maintained.

During the year your Board saw its way to reopen Ward A, making twenty more beds available for the treatment of public patients. With the opening of Ward O the previous year this means that the Hospital's accommodation for public and semi-private patients has been augmented by thirty-one beds.

Of considerable importance as affecting the welfare of the two large English-speaking hospitals in this city was the judgment rendered last October by Mr. Justice White of the Superior Court, which maintains that the donation of \$200,000. made by the Bank of Montreal to the Hospital Campaign was within the scope of the Bank Act.



Practical aid given in this way by the large corporations is commendable. Unquestionably it contributes to the public welfare and inspires others through example.

As you are all aware, last June Dr. W. W. Chipman tendered his resignation as Obstetrician and Gynæcologist-in-Chief of the Royal Victoria Hospital, which took effect on the 31st December. His resignation was accepted with extreme regret and the following resolution was unanimously passed by the Board of Governors and a copy sent to Dr. Chipman:—

RESOLVED:

That the Board of Governors accepts with much regret the resignation of Dr. W. W. Chipman as Obstetrician and Gynæcologist-in-Chief to the Royal Victoria Hospital and desires to express its gratitude for his long and devoted service to this Hospital over a period of twenty-nine years.

That this Board also desires to place on record the prominent position Dr. Chipman occupied in the medical profession and his outstanding ability which contributed in a large measure to maintain the high standard of efficiency and success of this Institution, which he served so well, and with such distinction.

Dr. Chipman's professional attainments have been an inspiration to everyone associated with the Hospital and the Board desires to record its testimony of appreciation and to express the hope that in the years to come this Hospital may still benefit from his continued interest and support.

As recently announced in the press, plans for a new internes' residence have been approved. The cost, approximately \$100,000, will be met from the funds received from the Campaign of 1927. This new residence fills a much needed want and will enable the Hospital to expand its service to the community in other directions.

The continued interest of the Auxiliary Board of Governors of the Royal Victoria Montreal Maternity Pavilion is greatly appreciated. Their influence and assistance which are extended in many directions are a very tangible help to the Hospital. Special mention should be made of the fact that during the past year this Board expended the sum of \$11,745. to forward the work of the institution and extend relief to the sick poor of the community.



In concluding may I on behalf of the Board of Governors publicly express our sincere thanks to the Attending Staff, the Hospital personnel and all those firms and individuals who have contributed to the Hospital's activities during the past year. To the public press and the different departments connected with the civic government, particularly the police and fire departments, we extend our appreciation for their support and aid whenever needed.

H. S. HOLT,

*President.*

*Board of Governors.*





# SUPERINTENDENT'S REPORT

For the Year Ended December 31st, 1929

To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

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

The statistical report reveals advancement and progress in all branches of the Hospital's service.

During the Hospital year ended 31st December, 1929, the number of patients admitted was 14,307, as compared with 13,603 the previous year, an increase of 704.

## CLASSIFICATION

### INDOOR DEPARTMENT

				Inc.	Dec.
Males	5,564	Private patients . . . . .	4,667	263	
		Semi-private patients.	1,077	343	
Females	8,743	Public pay patients. . .	6,263		117
	—	Patients admitted under Quebec Public Charities Act. . . . .	2,021	319	
		Free patients. . . . .	279		104
	—		14,307		
	.	* 14,307			

\*These figures include 1,925 children.

### Medical Service

		Inc.	Dec.
Medicine . . . . .	2,916	32	
Surgery . . . . .	3,857	177	
Obstetrics . . . . .	2,610	349	
Gynæcology . . . . .	1,470	111	
Oto-Laryngology . . . . .	2,210	123	
Urology . . . . .	793		12
Ophthalmology . . . . .	384		52
Convalescent Home . . . . .	67		24
	14,307		

Religion—		Inc.	Dec.
Protestant.....	6,704	105	
Roman Catholic.....	3,873	14	
Jews.....	3,121	517	
Others.....	609	68	
	14,307		

10,002 were resident in Montreal and 4,305 came from districts outside the City.

The total number of days of hospital treatment aggregated 196,144 as compared with 182,589 the previous year, an increase of 13,555 days.

The average number of days stay in hospital was 13.7 as against 13.2 a year ago.

Patients discharged during the year numbered 14,273 as compared with 13,607 last year.

Deaths numbered 476, and the rate, excluding those who died within forty-eight hours of admission and "still births" was 2.3% as compared with 2.4% the previous year.

## OUTDOOR DEPARTMENT

The work in this department indicates that the Hospital has in good measure met its obligations to the sick poor of the community, the total number of visits aggregating 78,356 as compared with 67,165 in 1928, an increase of 11,191 as follows:—

Service—		Inc.	Dec.
Medicine.....	19,256	2,436	
Surgery.....	13,042	2,318	
Neuro-surgery.....	249	249	
Urology.....	9,364	906	
Oto-Laryngology.....	7,139	1,138	
Pædiatrics.....	5,374	787	
Ophthalmology.....	5,568	1,018	
Obstetrics.....	4,892	1,059	
Gynæcology.....	3,126	127	
Neurology.....	3,659	137	
Orthopædics.....	2,546	114	
Dermatology.....	2,430	162	
Psychiatry.....	675	...	50
Serum Injections.....	1,036	790	
	78,356		

SPECIAL DEPARTMENTS		Inc.	Dec.
Physio-therapy treatments . . . . .	12,455		944
Massage treatments . . . . .	2,017		879
X-Ray Department:			
Skiagraphs . . . . .	34,567	7,122	
X-Ray treatments . . . . .	3,250	211	
Fluoroscopic Examinations . . . . .	306	213	

The ambulances made 2,354 trips, an increase of 62.

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 5,531 trips, an increase of 111. The number of nursing visits made to the district maternity cases was 5,133. Total mileage of Ford car for the year, 19,725 miles.

#### FINANCIAL—

The financial statements attached to this report reflect the growth in the Hospital's activities.

The receipts for the year from all sources aggregated . . . . .	\$1,065,954.39
(Receipts 1928—\$983,135.38)	
The total expenditure aggregated . . . . .	\$1,080,955.53
(Expenditure 1928—\$1,007,637.89)	
Leaving a deficit of . . . . .	\$15,001.14
as compared with an operating deficit of \$24,502.51 a year ago, a decrease of \$9,501.37	

The improvement in our financial position, inasmuch as the deficit is less by \$9,501.37, is due chiefly to further assistance rendered by the Provincial Government who increased the grant to the hospitals this year for indigent cases under the Quebec Public Charities Act from \$1.34 to \$2.00 per patient per diem.

The operating cost per diem, based on charging against indoor patients the full cost of maintenance, excluding the Outdoor Department is as follows:—

Private patients \$6.23

Public patients \$4.75



In order that the service rendered by the Hospital should be maintained at a high standard of efficiency, during the year the Board of Governors authorized extraordinary expenditures to the amount of \$48,676.17 for improvements to plant and purchase of new equipment. Some of the principal items are—equipment for Neuro-surgical Clinic \$5,000; installation of new elevator in the surgical wing \$6,500; X-ray apparatus, Ross Pavilion, \$2,000; painting public wards and corridors \$4,000; Nash ambulance \$4,500; two General Electric refrigerators for public wards \$1,360; extension to Medical Laboratories \$1,200; cubicles in Ward H \$550; fireproofing Medical Laboratories \$590; two Vulcan ranges, Ross Pavilion \$700; Monel Metal sinks, public wards \$650; cooling plant, Main Kitchen \$2,600; two ironing machines for Laundry \$1,100; waterproofing and repairs to Nurses' Home \$2,000; installing wash basins, Ross pavilion \$1,600; painting rooms and corridors, Ross Pavilion \$2,000; repairs Ross driveway \$660; repairs ambulance driveway \$790; sterilizer, Operating Room \$846; repairs to plumbing, Main Building \$1,350; repairs to Administration Office \$550; sinks and drain boards, Nurses' Home Kitchen \$740; new Gatch beds for wards \$678.

#### GENERAL REMARKS—

I commend to your perusal the reports of the medical, surgical and other auxiliary and scientific departments of the Hospital. These activities now, as in the past, are functioning under the leadership of capable directors.

I regret to have occasion to announce the resignation of Dr. W. W. Chipman, Obstetrician and Gynæcologist-in-Chief. His marked ability, together with his untiring energy, contributed in a large measure to maintain the high standard of efficiency and the success of his Department. Although Dr. Chipman is resigning from an active post in the Hospital he will still remain as a consultant in order that we may continue to benefit by his advice and counsel.

The following appointment was made to our Consulting Staff:

Professor A. S. Eve, C.B.E., M.A. (Cantab.), D.Sc., F.R.S.C.,  
F.R.S., of McGill University, as Consulting Physicist.

and I regret to report the death of Dr. J. Alex. Hutchison and the retirement of Dr. A. B. Macallum, both Consultants to this Hospital.

Last year I had occasion to refer to the pressing need for more public beds and on the 20th November the Board of Governors saw their way to sanction the reopening of Ward A to provide 20 additional beds for the public service. As it was impossible to provide undergraduate nurses for this activity, graduate nurses were employed and the arrangement seems to be working out satisfactorily.

With the inauguration of the Workmen's Compensation Act a special department was organized called the "Workmen's Compensation Clinic." This Clinic opens every day at 1 p.m. and through the co-operation of the Surgical Staff the Hospital endeavours to conduct this particular branch of its activity in an efficient manner. The number of cases treated during the year was as follows:—

Indoor patients. . . . .	270
Outdoor patients. . . . .	375

Through the generosity of some of the Governors and friends of the Hospital the sum of \$25,200. was donated to enable the Hospital to purchase 325 milligrams of radium. Treatments from this supply of radium were instituted on the 19th November and a report of this activity up to the end of the year will be found elsewhere in this Report.

It is my pleasant duty to make grateful acknowledgment to our many friends who have remembered the Hospital by gifts of various kinds and in this connection I would mention:

Donations for radium: Mr. E. W. Beatty, \$2,500; Sir Charles Gordon, \$2,500; Sir Herbert Holt, \$5,000; Dr. C. F. Martin, \$1,000; Brig.Gen. F. S. Meighen, \$1,000; late Sir Vincent Meredith, Bart., \$5,000; Mr. J. W. McConnell, \$5,000; Mr. A. Sommer, \$500; Mr. C. N. Sommer, \$200; Mr. Walter M. Stewart, \$2,500. Dr. H. S. Birkett, a set of Edelmann Tuning Forks presented to the Department of Oto-Laryngology; City of Montreal, ambulance allowance \$1,500; Lady Meredith, collection of \$2,944. for Christmas Tree Fund; Mrs. Walter M. Stewart, maintenance of clock in tower of New Pavilion; Mr. Walter M. Stewart, steam table for Main Kitchen, \$1,175, Violet Day Committee, \$500.

I desire to record with gratitude the following gifts by legacy

Bequest of \$100,000. under the will of the late Sir Vincent Meredith, Bart., to be paid to the Hospital upon the conclusion of Lady Meredith's life interest in the estate.

Bequest of approximately \$40,000. under the will of the late Mr. William Turner, formerly Manager of the Bank of Montreal, Chicago.

To the members of the Auxiliary Board of Governors I desire to express our sincere appreciation for the continued interest they manifest in the Royal Victoria Montreal Maternity Pavilion, and more particularly may I refer to the action of this Board in continuing to pay the salaries of the Social Service workers and Settlement Nurse as well as paying the rental of the Settlement Clinics that are conducted in connection with the Department of Obstetrics. Also, for the aid rendered by this Auxiliary Board in keeping the nursery supplied with infant layettes, taking charge of the canteen in the Outdoor Department and driving the Social Service Workers to the outlying districts, for all of which we are deeply grateful.

The McGill Alumnae Library Committee under the direction of Miss Baylis has held itself responsible during the year for the distribution of books and magazines to the patients. This voluntary service is undoubtedly instrumental in furthering the work of the Institution and we express to Miss Baylis and her assistants our appreciation.

I would also tender out thanks to Mrs. Paice and the other members of the Social Service Department for their co-operation in the Hospital's activities and for arranging suitable Christmas cheer for the children in the Outdoor Department.

It is with pleasure that I record the following honours conferred on members of the Attending Staff of this Hospital during the year:—

Dr. H. S. Birkett—Elected an Honorary Member of the Scottish Otological and Laryngological Society.

Elected a Member of the International Collegium of Otolaryngology and Rhino-Laryngology.

Dr. J. C. Meakins—Elected President of the Royal Canadian College of Physicians and Surgeons.

Dr. D. W. MacKenzie—Elected Vice-President of the American Association of Genito-Urinary Surgeons.

Dr. W. G. Turner—Appointed Chief Surgeon to the Shriners' Hospital for Crippled Children, Montreal.

During the year we had the privilege of extending a welcome to representatives of the following societies:—

February—Surgical Research Society.

June—Neurological Surgeons.

Delegates to the International Hospital Congress.

July—International Council of Nurses.

On previous occasions I have alluded to the pressing need of increased accommodation for our nursing staff. Further extensions in this regard, as well as any future extensions in the Hospital's activities, are predicated upon making substantial additions and alterations to our plant. The Board of Governors are cognizant of these conditions and are giving the matter their due consideration.

I cannot close this report without expressing my gratitude for the sympathetic help and support given me by the President, Sir Herbet Holt, and the other members of the Board of Governors. Whatever measure of success has been realized during the year has been due to the efforts of the Attending Medical Staff, the Resident Doctors, the Nurses and general staff of the Hospital, and to them I extend my sincere appreciation for their loyalty and co-operation.

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, 1929**

EXPENDITURE	REVENUE	
EXPENSES FOR CARE OF INDOOR PATIENTS	1929	1928
Professional Care.....	\$186,278.13	\$169,201.47
Domestic Care.....	119,374.85	111,154.60
Cost of Meals.....	277,113.06	265,176.92
Property and House Expense.	155,213.03	137,245.96
Administration and General Expense.....	103,712.45	105,034.17
Improvements to Plant and New Equipment. ....	48,676.17	49,908.62
	<u>\$890,367.69</u>	<u>\$837,721.74</u>
<b>DEPARTMENTAL EXPENSES</b>		
Outdoor Department.....	\$ 30,106.79	\$ 25,261.34
Ambulance.....	8,454.32	9,387.71
Social Service Dept.....	6,517.47	5,937.92
Other Departments.....	145,509.26	129,329.18
	<u>\$190,587.84</u>	<u>\$169,916.15</u>
	<u>\$1,080,955.53</u>	<u>\$1,007,637.89</u>
INCOME FROM PATIENTS	1929	1928
Private Patients.....	\$430,799.43	\$410,362.51
Public Patients.....	187,682.40	178,885.89
Patients admitted under Que- bec Public Charities Act....	86,699.19	60,939.66
Military Patients.....	11,679.96	7,743.87
	<u>\$716,860.98</u>	<u>\$657,931.93</u>
Income from Endowment and Donations. ....	145,883.87	151,944.95
Auxiliary Board of Governors	4,840.05	2,830.00
	<u>\$150,723.92</u>	<u>154,774.95</u>
<b>DEPARTMENTAL INCOME</b>		
Outdoor Department.....	\$ 18,755.29	\$ 17,228.80
Ambulance.....	9,569.25	8,450.25
Other Departments.	170,044.95	144,749.45
	<u>\$198,369.49</u>	<u>\$170,428.50</u>
Total Income.....	<u>\$1,065,954.39</u>	<u>\$983,135.38</u>
Deficit.....	15,001.14	24,502.51
	<u>\$1,080,955.53</u>	<u>\$1,007,637.89</u>



# ROYAL VICTORIA HOSPITAL

## BALANCE SHEET

as at 31st December, 1929

ASSETS	1929	1928	LIABILITIES	1929	1928
Buildings and Equipment . . . . .	\$3,178,946.57	\$3,178,946.57	Foundation and Trust Funds.	\$3,231,072.31	\$3,255,574.82
Inventories of Supplies . . . . .	98,798.87	75,317.04	<b>Add:</b>		
Amounts Due and Outstanding . . . . .	70,802.61	80,215.81	Donations to Radium Fund	25,200.00	
Cash in Bank . . . . .	33,314.53	—		<u>\$3,256,272.31</u>	
			<b>Less:</b>		
			Excess of Expenditure over		
			Revenue for Year Ended		
			31st December, 1929 . . . . .	15,001.14	24,502.51
				<u>\$3,241,271.17</u>	<u>\$3,231,072.31</u>
			Accounts Payable . . . . .	140,591.41	89,243.94
			Bank Overdraft . . . . .	—	14,163.17
				<u>\$3,381,862.58</u>	<u>\$3,334,479.42</u>
	<u>\$3,381,862.58</u>	<u>\$3,334,479.42</u>			

**ROYAL VICTORIA MONTREAL MATERNITY PAVILION**

**BALANCE SHEET**

as at 31st December, 1929

ASSETS	1929	1928	LIABILITIES	1929	1928
Building Construction, Equip- ment and Furnishings . . . . .	\$1,681,298.47	\$1,681,298.47	Capital Funds:		
Cash on Hand . . . . .	—	7,284.53	Montreal Maternity Fund.	\$331,598.47	\$331,598.47
			Province of Quebec Grant.	200,000.00	200,000.00
			Gifts, Donations . . . . .	149,700.00	149,700.00
			Campaign Fund 1927 . . . . .	1,000,000.00	1,000,000.00
				<u>\$1,681,298.47</u>	<u>\$1,681,298.47</u>
			Accounts Payable . . . . .	—	7,284.53
				<u>\$1,681,298.47</u>	<u>\$1,688,583.00</u>
				<u>\$1,681,298.47</u>	<u>\$1,688,583.00</u>





# AUDITOR'S REPORT

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*For the Year Ended December 31st, 1929*

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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, 1929, and hereto attach:

1. Balance Sheet of the Royal Victoria Hospital, including New Pavilion and Trust Accounts as at 31st December, 1929.
2. Statement of Revenue and Expenditure of the Royal Victoria Hospital including Ross Memorial and New Pavilion for the year ended 31st December, 1929.

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, 1929.

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 1929....	14,307
Total number of days of hospital treatment.....	196,144
Average number of days' stay in Hospital per patient....	13.7
Deaths.....	476
Mortality percent. (excluding those who died within forty-eight hours of admission) .....	2.3%
Beds occupied percent. (excluding babies' cribs).....	79%
Total number of staff nurses, pupil nurses, affiliates and graduates working in Hospital. . . . .	243
Nurses per patient bed.....	.41
Total number of employees (excluding nurses).....	517
Employees per patient bed (excluding nurses).....	.76
Total pay roll for year, all employees (including nurses).....	\$479,297
Total pay roll for year, nurses.....	\$92,890
Total pay roll per patient bed. . . . .	\$704
Maximum number of patients in hospital, 22nd March, 1929 (including babies born in hospital).....	697
Minimum number of patients in hospital, 1st January, 1929 (including babies born in hospital).....	480
Maximum number of patients, 9th March, 1929 (excluding babies born in hospital).....	603
Minimum number of patients, 1st January, 1929 (excluding babies born in hospital).....	413
Industrial cases treated:	
Indoor.....	270
Outdoor.....	375
Ambulance:	
Number of trips.....	2,354
Average number of trips per day. . . . .	6.44
Maximum number of trips in twenty-four hours.....	15
Total mileage for year.....	18,707

Operating Cost per diem (excluding Outdoor Patients)

Private Patients..... \$6.23

Public Patients..... 4.75





The work of the Social Service Department has greatly increased during the past year. Members of the committee have volunteered to drive the Social Service Workers in the morning which enables them to pay many more calls. We have had cars on three mornings each week to take the Nurses and Social Service Workers to the outlying districts, cars not being employed for calls nearer the Hospital. On these mornings the Nurses visit patients who have in many cases been recommended by the Doctors for immediate special care, and follow up patients who, for one reason or another, do not attend the clinics.

We average in driving about 25 calls a week, visiting the poorest and most destitute type of patients. As these calls are mostly in outlying districts, cars are very much appreciated, this assistance enabling the Nurses to make their calls in a very few hours, and freeing them for equally important work in the Hospital.

It is impossible, in merely stating the number of calls made, to convey the amount of time saved and the good work accomplished. A driver was engaged during the summer months at a salary of \$60.00 a month to relieve in the absence of the Driving Committee.

This Committee is still undertaking to relieve the Hospital of all expenses in connection with the Hospital and Outdoor Clinics and the Social Service Department. This includes the salaries of two Social Service Workers and a Settlement Nurse, also the rental of rooms of four Outdoor Clinics and the purchase of the necessary equipment. The cost of this work amounts to approximately eleven thousand seven hundred and forty-five dollars and three cents (\$11,745.03).

Patients who were seriously ill were given "Blood Transfusions" at a cost of five hundred and fifteen dollars (\$515.00). These patients were too poor to afford the treatment and in many cases it was the means of saving their lives.

The House Committee have visited the wards and Nurses' quarters every week. Many improvements have been made. Books, magazines and medical journals have been supplied for the use of the nurses and doctors.

The Outdoor Committee have attended the Clinics, both in the Hospital and at four Out-Stations and have served tea and biscuits free of charge. In all 2,849 patients were served.

Three hundred and seventy-five dollars (\$375.00) was given to the Social Service Department for relief in emergency cases.

An incubator was purchased at the cost of \$235.00.

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

The Clothing Committee have met each week and have cut out and made up 3,768 garments assisted by Miss Young, The I.H.N. Society. The Junior League, Mrs. Peacock's Sewing Group, and the Edward Baldwin Savage Chapter of the I.O.D.E.

To assist patients to purchase an adequate supply of clothing at the lowest figures these garments are sold at cost, the net sum realized being \$538.28. In addition, 120 layettes were given to the Social Service Department for distribution among the deserving patients.

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

In July a Luncheon was given to the Visiting Nurses of the Grand Council of Nurses, the cost of which was met by Lady Holt to whom we owe our special thanks.

The Charity Ball was held on January 25th, and the net sum realized was \$7,121.06 (Seven thousand one hundred and twenty-one dollars and six cents).

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

The sum of thirteen hundred and forty-five dollars (\$1,345.00) was received from Governors' Annual Fees.

It is with the deepest sense and feeling of regret that the Committee express their sorrow on the death of Sir Vincent Meredith, Bart., and they would record their gratitude for his long association as President of this Hospital where his personal interest, financial aid and support have been invaluable.

It is with deep regret also that the Committee record the death of two of their Life Governors, Mrs. Macarow and Mrs. Sutherland.

To Mr. W. R. Chenoweth, to Miss Barrett, the Supervisor, to the Social Service Workers and 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 very generous donations: Lady Meredith, Lady Holt, Mrs. Walter Stewart, Mrs. Cains, Mrs. Matthias, Miss Gillespie, Mrs. Duggan, Mrs. Andrew Allan, Mr. J. W. McConnell, Mr. Walter Stewart, the Needlework Guild of Canada and Mappin & Webb, as well as a number of anonymous donors.

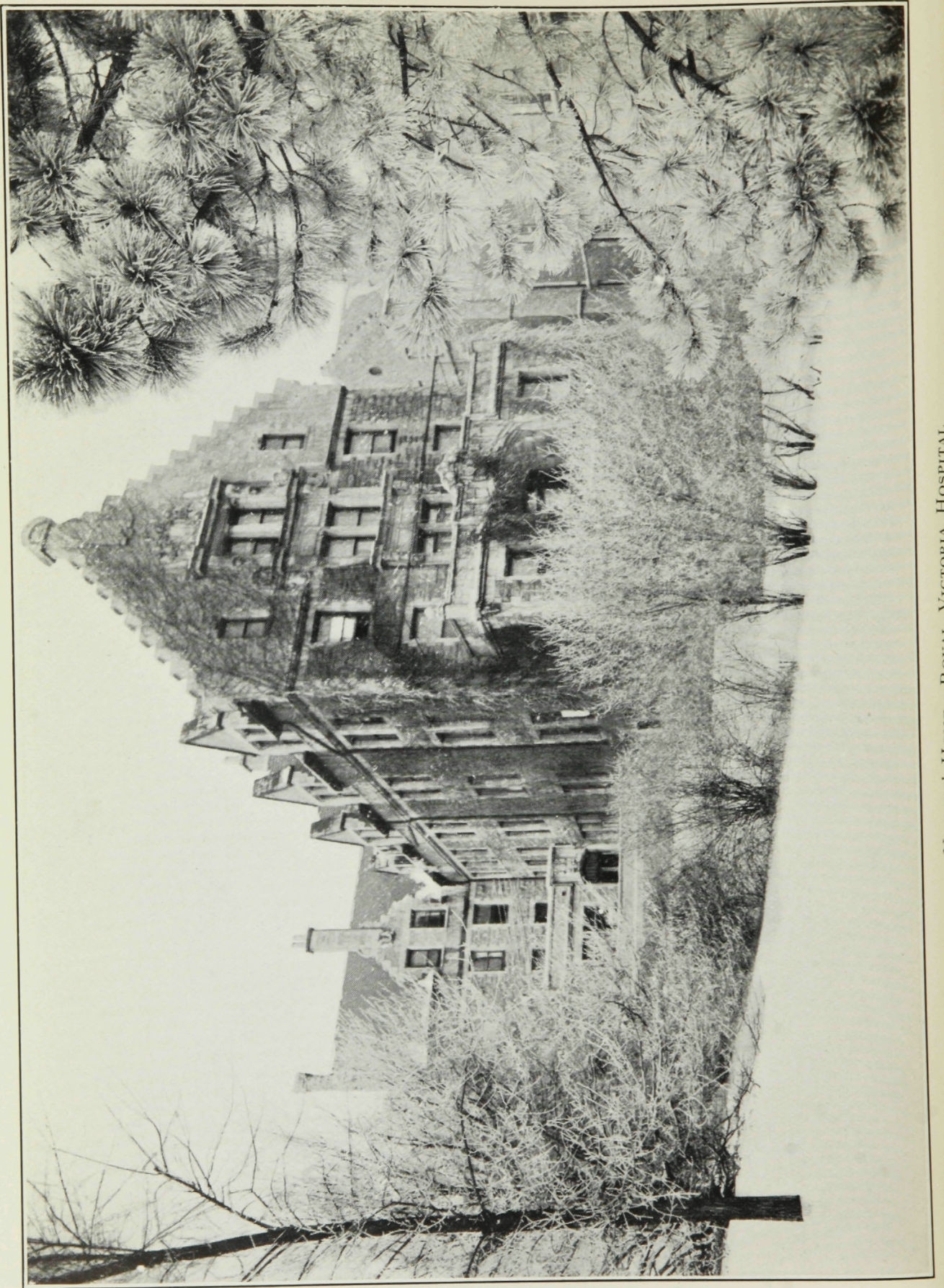
Respectfully submitted,

ISOBEL M. PEVERLEY,  
*Acting Hon. Secretary.*









NURSES' HOME—ROYAL VICTORIA HOSPITAL

# REPORT OF THE TRAINING SCHOOL

*For the Year Ended December 31st, 1929*

To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I have the honour to present the Thirty-sixth Annual Report of the Royal Victoria Hospital School of Nursing, for the year ending December 31st, 1929.

Staff on duty on that date.....	297
Graduate Nurses.....	67
Student Nurses (3rd year).....	69
Student Nurses (2nd year).....	56
Student Nurses (1st year).....	63
Affiliated Students.....	36
Post Graduates.....	6

The Graduation Exercises were held in the Nurses Home on April 3rd. Sir Herbert Holt presided. The address to the Graduating Class was given by Dr. W. W. Chipman, and sixty-nine nurses were presented with pins and diplomas by Mr. W. R. Chenoweth, Superintendent of the Hospital.

The prizes for highest standing and general proficiency in the first division were both awarded to Miss Lillian Donald. For highest standing in the second division Miss Evelyn Luard, and general proficiency in second division to Miss Eleanor Cox.

Six hundred and sixteen applications to the Training School were received, and calendars sent to applicants.

Seventy-eight pupils entered on probation and sixty-three were accepted as student nurses.



Four student nurses from St. Mary's Hospital were taken into the School, when the training School of that Hospital closed.

*Affiliations:*

One hundred and thirty-six student nurses completed during the year courses in Obstetrics and Gynæcology in the New Pavilion, and twenty-four Post Graduate courses have been given in Obstetrics, Gynæcology and Operating Room work.

Many applications could not be considered as accommodation in the Nurses Home would not allow it.

Forty-eight students from this School have taken the course in communicable diseases in the Alexandra Hospital, and eighteen the course in Orthopædics in the Shriner's Hospital.

*Special Nurses:*

1601 Special Nurses were called for duty in the New Pavilion with 12,989 nursing days, and 4,124 nurses in the Ross Pavilion with 39,787 nursing days.

*Scholarships for Post Graduate work in McGill University:*

The Royal Victoria Hospital Scholarship to Miss Helen Sharpe, 1927.

The Dr. Garrow Scholarship to Miss Evelyn Luard, 1929.

The Henry Crowe Scholarship to Miss E. Belle Rogers, 1929.

The Henry Crowe Scholarship given this year for the first time, is a gift of annual Scholarships to the value of six hundred dollars each, for an approximate period of ten years. These Scholarships being awarded to a graduate from the Largest Public Inter-denominational Hospital in the Largest City (by way of population) of each of the Provinces of Canada and of the Dominion of Newfoundland. Two Scholarships to be given in Halifax, as Halifax was the native city of the late Mr. Crowe. This generous gift was given in recognition and appreciation of the importance of the nursing care of patients, and the need of advancing nursing education.

*Nurses who have resigned during the year:*

Miss McLellan  
Miss Till  
Miss Smallman  
Miss McEwen  
Miss Perley  
Miss Morgan  
Miss D. Wade  
Miss Ackhurst

Miss Foster  
Miss Lynds  
Miss Little  
Miss Hanson  
Miss Elliott  
Miss Reid  
Miss Drysdale



*Nurses added to the staff during the year.*

Miss Allder	Miss Fellows
Miss Flanagan	Miss Campbell
Miss Price	Miss Mitchell
Miss Ward	Miss Tinkiss
Miss Cowie	Miss Miles
Miss Hill	Miss Hewitt
Miss Fletcher	Miss Montgomery
Miss Donovan	

*Illness:*

During the year there were 1,851 days illness.

672—3rd year

684—2nd year

495—1st year

The Hospital Library under the management of the McGill Alumnae has been much used this year by the student nurses. A great many have taken advantage of the wide range of material available, and are every grateful for this privilege.

This year more than ever we realize how inadequate the Nurses Home is. As nursing care of patients, the question of hours and the assignment of students to different Services are dependent upon the number of nurses, it has been necessary this year to take extra nurses who live outside the Hospital on the staff for general duty.

This shortage of nurses caused by lack of accommodation has made the past year a very difficult one, and we are indebted to both graduates and student nurses for extra help given willingly when the Hospital was filled to capacity.

For the past two years we have had a certain number of lecture courses centralized which relieved the Medical Staff, and did away with repetition in some of the Services, but a great many lectures could not be so arranged and had to be repeated. For this and for all the attention and care given to the nurses who have been ill, we again thank the Medical Staff, as they are never appealed to in vain.

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Through the kindness and thoughtfulness of the President and Governors, the nurses have received many pleasures, all of which were fully appreciated.

Respectfully submitted,

MABEL F. HERSEY,

*Superintendent of Nurses.*



## GRADUATING CLASS, 1929

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ABRAMS, GRACE.....	Moncton, N.B.
ARCHIBALD, EDWINA.....	Musquodoboit, N.S.
BECKWITH, MARY.....	Halifax, N.S.
BELL, MARGARET.....	McAdam, N.B.
BETHUNE, MAY.....	Arnprior, Ont.
BOWERS, MARGARET.....	Hamilton, Ont.
BURGIN, GLADYS.....	Walkerville, Ont.
CALDER, JEAN.....	Lancaster, Ont.
CAMERON, LOIS.....	Hawkesbury, Ont.
CAMPBELL, CHRISSIE.....	Outremont, P.Q.
CHISHOLM, AGNES.....	South Lancaster, Ont.
CLARKE, NORAH.....	Halifax, N.S.
CLELAND, MARY.....	Oregon City, Oregon
COSGROVE, MARGUERITE.....	Ottawa, Ont.
COX, ELEANOR.....	Winnipeg, Man.
CROCKETT, ELMA.....	Hopewell, N.S.
DART, CATHERINE.....	Montreal, Que.
DAVIDSON, ELIZABETH.....	Montreal, Que.
DAVISON, EDNA.....	Notre Dame de Grace, P.Q.
DONALD, LILLIAN.....	Kensington, P.E.I.
DOUGLAS, MARION.....	Toronto, Ont.
DUNNING, JEAN.....	Hazel Hill, N.S.
EBERLE, HELEN.....	Owen Sound, Ont.
EWERT, ELMA.....	Gretna, Man.
FORBES, FAY.....	Brighton, Ont.
GIBSON, DOROTHY.....	St. Lambert, P.Q.
GOODWIN, PHYLLIS.....	Bay Verte, N.B.
GREEN, GERTRUDE.....	St. John, N.B.
HAMILTON, MARY.....	Walkerville, Ont.
HOOPER, MARY.....	Truro, N.S.
HORNCastle, HELEN.....	St. Lambert, P.Q.
HUTCHINGS, JEAN.....	St. John's, Nfld.
JEFFRIES, MARION.....	Jeffries Corner, N.B.
LAMBLY, JEAN.....	Montreal, Que.
LATIMER, ISABEL.....	Montreal, Que.
LUARD, EVELYN.....	Toronto, Ont.

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MACCRIMMON, ELMA.....	Williamstown, Ont.
MACKEEN, GLADYS.....	Stillwater, N.S.
MARTIN, KATHRYN.....	Halifax, N.S.
MCCORMACK, FLORENCE.....	Renfrew, Ont.
MCDONALD, EILEEN.....	Vernon, B.C.
MILES, SARAH.....	Rothesay, N.B.
MITCHELL, ISOBEL.....	Edinburgh, Scotland
MONT, MINNIE.....	Halifax, N.S.
MONTGOMERY, JEAN.....	London, Ont.
PEABODY, ANNIE.....	Woodstock, N.B.
PECK, FLORENCE.....	Bayfield, N.B.
PERLEY, MARION.....	Chatham, N.B.
RICHARDSON, PHYLLIS.....	Fredericton, N.B.
ROGERS, E. BELL.....	Ponty Pool, Ont.
SAUNDERS, HELEN.....	Merrickville, Ont.
SEAMAN, JANET.....	Alberton, P.E.I.
SEARLE, DOROTHY.....	Chatham, N.B.
SHARMAN, JOSEPHINE.....	London, Ont.
SMITH, FRANCES.....	Fredericton, N.B.
STEEVES, MARY.....	Dorchester, N.B.
STEWART, JEAN M.....	Little Harbor, N.S.
SWAN, RHODA.....	Harvey Station, N.B.
SWARTZ, MYRTLE.....	Montreal, Que.
TAYLOR, EDYTHE.....	Ottawa, Ont.
THOMAS, DORIS.....	Ayers Cliff, P.Q.
TOUZEL, HELEN.....	Renfrew, Ont.
TURNBULL, AILSA.....	Ottawa, Ont.
WADE, ALFREDA.....	Renfrew, Ont.
WALLACE, JANE.....	Hamilton, Ont.
WARD, ELSIE.....	Arnprior, Ont.
WASON, MARGARET.....	Lachute, Que.
WETMORE, ALMA.....	Campbellton, N.B.
YOUNG, MARGARET.....	Scotsburn, N.S.

# REPORT OF THE DEPARTMENT OF NUTRITION

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*For the Year Ended December 31st, 1929*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I have the honour to present the First Annual Report of the Department of Nutrition for the year ending December 31st, 1929.

The staff is as follows:—

Graduate Dietitians . . . . .	5
Student Dietitians . . . . .	8

Several changes have taken place during the year. It was with regret we accepted the resignation of two of our members who left to be married—Miss Frances Rogers, for five years in charge of the Metabolism Department, and Miss Helen Parker, in charge of the Ross Pavilion for two years. These vacancies were filled by Miss Emma Odell and Miss Dorothy Clarke.

Miss Muriel Moffatt, Assistant in the Main Building resigned and was succeeded by Miss Louise Hanna.

In the past year ten student dietitians completed their training in Hospital Administration and nine of the ten are holding positions.

The course for Student Dietitians has been lengthened from six to eight months, a change we felt to be justified in order to contribute to the profession adequately trained prospective dietitians.

Fifty-two student nurses have passed through the Department completing four weeks training in the Diet Kitchen and three weeks training in Special Diet Kitchen.

Our Food Administration has four main distributing centres. Statistics show the total number of meals served to be as follows:—

Main Kitchen.....	983,301
Ross Diet Kitchen.....	119,833
Special Diet Kitchen.....	25,162
Women's Pavilion.....	430,424
	1,558,770
Average per day.....	4,270
Average cost per meal.....	22 cents

These figures indicate an approximate increase of 4% over 1928.

A much higher standard of efficiency in this division of the Department has been evident, due largely, we feel, to the installation of new equipment for which we desire to thank the Board of Governors. A more complete service to our Public Wards could be insured with our present system, aided by a more modern type of food conveyor.

Of keen interest to all has been the development of our therapeutic and weighed diets. I would like to emphasize the importance of this controlled dietary regime and note with satisfaction the continued expansion of this phase of the work.

The following represents the daily average of diets and signifies 12% of the total number of patients in the Ross Pavilion and Main Building:—

Private Patients.....	8
Public Patients.....	28
Staff Patients.....	5
Sippy Patients.....	5
Typhoid.....	1
Feedings.....	12

The Metabolism Kitchen which provides for our research cases and special diets for public patients served 25,162 meals as compared with 24,507 in 1928, an increase of 655 meals.

Cost per patient per day....\$0.87.

The aim of this Department is to continue the expansion referred to above, but we regret that though the kitchen facilities are adequate it is not possible to reach our maximum capacity with our present staff.

The educational factor is one which has made steady progress. It includes theoretical and practical teaching of nutrition to dietitians, nurses, medical students, patients and their relatives. In the past year the Department has taken care of 499 teaching hours, representing for some one member of the Dietary Staff an average of two hours daily teaching without consideration of the preparation entailed.

Lectures are given twice a year to Student Nurses:—

Cookery . . . . .	120 hours
Nutrition . . . . .	30 hours
Dietotherapy . . . . .	30 hours
Artificial Feeding of Infants . . . . .	18 hours

Instruction to patients and their relatives:—

Demonstrations . . . . .	78 hours
Lectures . . . . .	104 hours
Out Patients Clinics . . . . .	104 hours
Medical Students . . . . .	15 hours
	—
	499 hours

During the year we had our share of illness and for the kindness and care given by the Medical and Nursing Staffs we are deeply grateful.

In closing may I express our appreciation and thanks to the Board of Governors for their continued interest and our gratitude to all departments of the Hospital for their co-operation.

Respectfully submitted,

CHARLOTTE M. LARGE,

*Dietitian-in-Chief.*





# REPORT OF THE SOCIAL SERVICE DEPARTMENT

*For the Year Ended December 31st, 1929.*

To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I have the honour to submit the Annual Report of the Social Service Department for the year ending December 31st, 1929.

The work has increased during the year, there being 2635 cases referred for some sort of social work.

In May our Director, Miss Bessie Stewart, resigned to undertake some special work in connection with the Gynæcological Department with regard to Radium Follow-up. This meant a great loss to the Department and she has been greatly missed by all with whom she worked.

There have also been several other changes due to sickness and change of occupation. From May until October the Department was under-staffed owing to the difficulty in securing a trained social worker, who had had experience in hospital work.

The present staff consists of:—

Main Building	New Pavilion
Social Service Department	Social Service Department
Supervisor . . . . . 1	Obstetrical Worker . . . 1
Medical Worker . . . . . 1	Gynæcological Worker 1
Surgical Worker . . . . . 1	Settlement Nurse . . . . 1
Pædiatric Workers . . . . . 2	Half-time Secretary . . . 1
Full time Secretaries . . . . 2	Half-time Clinic Asst. . 1

The clinic management has again been efficiently carried on by the volunteer workers of the Junior League and two other volunteers.

During the past year we have not had the student nurses, which has reduced our number of home visits considerably.

Two students from the McGill School of Social Work were given Field Work, one for four months and one for two months.

There has been a slight increase in the number of Indoor Patients referred back to the Out-Patient Department. Number of patients referred 1341, out of these 945 returned, the remainder either being looked after by their own doctor or definitely refused to return. This includes the industrial cases who, in many instances are referred to their own company doctor.

In this follow-up 405 post cards were sent and 15 home visits made.

The need of a worker in the Women's Venereal Clinic has been felt for sometime and since November we have been able to supply a part-time worker in this clinic.

One of the most outstanding pieces of work during the year was the follow-up of Rabies cases who had not reported at clinic regularly. The result of this work was that a large number of patients were brought back for treatment. This we feel was of value in the prevention of the spread of Rabies.

Through arrangements with the City Health Department, a station for immunization against Diphtheria was established in the Pædiatric Clinic. 70 patients have been inoculated, of these 26 have been given the Schick Test. This entailed considerable follow-up work.

In September the financial investigations on free medicine and X-rays were taken over by the Financial Investigator in the Out-Patient Department. We are now giving free medicine and X-rays to only the Social Service cases. This has relieved the Department of a good deal of routine work, thus giving time for more intensive supervision and case work.

The ever present problem of the placement of chronic patients is still acute, as well as placement in Convalescent Homes of bed-patients who require special diets. During the past year we have been faced with the problem of securing permanent placement for several diabetic patients, as most institutions feel that they are unable to cope with the dietary difficulties, it has been necessary to place these patients in private homes. The majority of these patients have no money and are usually single men or women, thus making it practically impossible to obtain help from a relief agency.

On December 21st the second Christmas Tree was given to children attending the Out-Patient Department regularly during the year. This was made possible by the donation of money from the Hospital Christmas Tree Fund, with the addition of toys and

candy from the Montrose Club, Boy Scouts and Junior Red Cross Society. About 300 mothers and children were present. Each child received a toy wrapped in red tissue paper and tagged with his name, also fruit, candy and an ice-cream cone. After this they were shown a moving picture by members of the Junior League, under the direction of Mrs. E. E. Barrett. This proved to be a very popular innovation.

61 Christmas dinners and baskets were provided through the help of the following:—

- |                            |                            |
|----------------------------|----------------------------|
| Kiwanis Club               | Catholic Women's League    |
| St. George's Society       | National Federation of St. |
| St. Andrew's Society       | John Baptist Society       |
| Canadian Red Cross Society | Royal Victoria Hospital    |
|                            | Alumnæ                     |
| Private Individuals.       |                            |

THE STATISTICAL REPORT IS AS FOLLOWS:

Financial investigations re free medicines and free X-rays . . . . .	2198
Letters and post cards sent . . . . .	2069
Free medicines authorized . . . . .	2050
Free X-rays authorized . . . . .	148
Interviews . . . . .	16458
Home visits . . . . .	2778
Financial aid . . . . .	54
Employment secured . . . . .	8
Admitted to Permanent Homes . . . . .	27
Admitted to Convalescent Homes . . . . .	212
Referred to other Agencies . . . . .	391
Written reports sent to other Agencies: . . . . .	367
Number of patients supplied with dressings . . . . .	28
Referred for Dental care . . . . .	64
Referred for Nursing care . . . . .	32
Number of patients supplied with clothing . . . . .	38
Free taxis . . . . .	120
Pairs of crutches arranged for . . . . .	42
Bandages supplied (elastic and crepe) . . . . .	4
Abdominal belts arranged for . . . . .	7
Artificial limbs arranged for . . . . .	3
Glasses arranged for . . . . .	19
Colostomy cups arranged for . . . . .	4
Transfusions arranged for . . . . .	14
Referred for special treatment to other cities . . . . .	5

Funeral arrangements.....	7
Special Foster Homes arranged for.....	9
Patients taken to station.....	67
Braces arranged for.....	1
Deportation arranged for.....	12
Transportation arranged for.....	25
Arranged for—Atomizer.....	1
Trusses.....	2
Scales (Diabetic).....	1
Urinols.....	2
Douche apparatus.....	1
Hypodermic needles (diabetic)	24
Crutch tips.....	2 pr.
Air mattress.....	1
Balkin Frame.....	1
Lunches.....	80
Number of Intensive cases carried forward to January 1930.....	230

We again wish to thank the Convalescent Homes and other Agencies with whom we have worked during the year. We also wish to express our gratitude to the private individuals who have given donations of money, clothing and toys, and to make special mention of the Montrose Club and the Needlework Guild.

In closing, may we express our appreciation and gratitude to Mr. Chenoweth, the doctors and members of the other departments for their interest and help.

Respectfully submitted,

H. ALINE PAICE,

*Director Social Service.*



**SOCIAL SERVICE DEPARTMENT**  
**FINANCIAL STATEMENT**

# ROYAL VICTORIA HOSPITAL

## FINANCIAL STATEMENT FOR THE

### RECEIPTS

Cash balance from 1928.....	\$ 11.14	
Received from Main Office for Petty Cash.....	785.04	
	785.04	\$796.18
(Deposited in Main Office)		
Special Medicine—N.A.B.....	\$533.10	
Special Medicine—Bic.....	172.74	
	705.84	
Donations:		
Miss J. Fletcher for camp.....	3.00	
Nat. Fed. St. Jean Baptist Soc. (dinners)	5.00	
Catholic Women's League (dinners)...	10.00	
Royal Victoria Hospital Alumnæ, (dinners).....	10.00	
Mrs. Grant Stewart (dinners).....	5.00	
	33.00	
Refunds: Taxis.....		
Crutches.....	11.05	
Surgical appliances.....	45.00	
Telephones (long distance).....	160.42	
Glasses.....	.30	
Railway fares.....	9.75	
Gauze and bandages.....	17.20	
Car tickets (patients).....	5.73	
Room and board.....	4.50	
Medicine.....	22.00	
Muffins (diabetic).....	3.25	
	1.20	
	280.40	
Total.....		\$1,019.24
		\$1,815.42

# SOCIAL SERVICE DEPARTMENT

YEAR ENDING DECEMBER 31st, 1929

## DISBURSEMENTS

Deposited in Main Office .....		\$1,019.24
• From: Special Medicine...	\$ 705.84	
Donations.....	33.00	
Refunds.....	280.40	
	\$1,019.24	
Expenditure from Petty Cash:		
Christmas dinners.....		\$ 30.00
Taxis.....	\$ 132.55	
Crutches and canes.....	72.55	
Surgical appliances.....	207.12	
Telephones and Telegrams.....	8.75	
Glasses.....	3.00	
Railway fares.....	40.55	
Gauze.....	6.00	
Car tickets (patients).....	5.75	
Room and board.....	27.52	
Medicine.....	12.10	
Muffins (diabetic).....	2.80	
	518.69	
Car tickets (workers).....	174.35	
Bus tickets (workers).....	2.40	
Sundries: 4 dentures.....	28.00	
Medical Exam. outside		
Institution.....	5.00	
Trunks moved.....	4.55	
Death notice in paper.....	1.00	
Membership dues and subscriptions to		
S.S. Magazines, postal orders.....	27.27	
Stamps.....	1.00	
	243.57	
Total.....	792.26	
Cash balance on hand.....		3.92
		796.18
		\$1,815.42

H. ALINE PAICE,

Director Social Service Dept.





# REPORT OF THE SOCIAL SERVICE DEPARTMENT

ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL

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*For the Year Ended December 31st, 1929.*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I have the honour to present the Annual Report of the Maternity Social Service Department for the year ending December 31st, 1929.

This department is undertaken and financed by the Ladies Auxiliary Board of the Royal Victoria Montreal Maternity Hospital.

The staff consists of two social workers, a public health nurse and assistant, and a part time secretary.

We regret to report the resignation of Miss C. L. MacNaughton in October, who has been replaced by Mrs. Folkins, a graduate of the McGill School of Public Health Nursing, and now in charge of the Settlement Clinics.

The Social Service Department acts as an admission and dismissal unit for the public patients of the Hospital, it adjusts difficulties, gives information, and acts as the connecting link between the hospital and the home. Plans for convalescent care, ante-natal instruction, advice on hygiene and the proper care of infants, follow-up in the home to ascertain if the physician's orders are being understood and carried out, and solving of the numerous home problems which arise, are among the duties of the social worker. The social status of the patient is determined on all the above findings.

Bedside care is available when necessary, and every attempt is made in the Out-Patient department and in the home to handle the number of patients, thereby reducing the cost of hospital days to a minimum.

Demonstration outfits consisting of baby baskets, beds, dolls, and model layettes have been placed in all the clinics for teaching purposes and literature distributed to all patients.

E

Tea, cocoa and biscuits have been served by members of the Ladies Committee and an attractive social atmosphere maintained at all times.

We are indebted to the Ladies Committee for the cars placed at the disposal of the social workers for home visiting, and during the summer months this service was continued without interruption.

We regret that owing to the pressure of work no student nurses have been sent to this Department for an insight into the work and the mutual benefit derived from this contact is missed. We hope it may be possible to continue it another year.

Fifteen Christmas Dinners were provided through the co-operation of the following:—

Ladies Auxiliary Committee  
Kiwaniis Club  
Erskine Church  
Private Individuals.

39 parcels containing baby articles were given to ward patients on Christmas Day.

The Statistical Report is as follows:—

Financial investigations regarding admission and home care.....	1287
Ante-natal visits to homes.....	1298
Babies referred for supervision to the Child Welfare.....	1238
Referred from other Agencies.....	123
Referred to other co-operating Agencies.....	87
Post-natal visits to Clinic.....	657
Financial aid.....	83

120 Layettes have been provided for needy patients.

This report would be incomplete without a word of thanks to the Ladies Auxiliary Committee, Mr. Chenoweth, the doctors and staff for their loyal co-operation, and to all the outside agencies who have helped us.

Respectfully submitted,

GERTRUDE M. MATTHEWS,  
*Maternity Social Worker.*

REPORT OF PRE-NATAL SETTLEMENT CLINICS  
ROYAL VICTORIAL MONTREAL MATERNITY HOSPITAL

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*For the Year Ended December 31st, 1929.*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I have the honour of presenting the Annual Report of the Pre-Natal Clinics for the year ending December 31st, 1929.

The work for the past year shows some progress, the total attendance being 2393, which represents an increase of 179 patients.

In May, a part-time worker was engaged to assist in the clinics, which has allowed more time for the health talks and demonstrations which are given to the mothers on each clinic day.

As each year goes by and the Pre-Natal Clinics are becoming better known in the district, the feeling of strain and apprehension felt by the patients seems to be lessening. This is due to the friendly talks given by the Settlement Nurse, in conjunction with the tea and cocoa served by the Ladies Auxiliary Committee.

Each patient is visited soon after reporting at the clinic and is given further instructions in health matters, the social situation is summed up and any financial adjustment made. This interview gives the patient a better chance of talking to the worker than she would have in a busy clinic.

To the private individuals, who were so generous this year in supplying Christmas dinners, we extend our grateful thanks.

In closing may we again thank the Ladies Auxiliary Committee and the doctors for their help and co-operation during the past year.

The statistical report of the Pre-Natal Clinics is as follows:—

*Point St. Charles Clinic*

Total attendance.....	703
New patients.....	162
Clinics held.....	48

*Coursol Street Clinic*

Total attendance.....	479
New patients.....	126
Clinics held.....	26

*Rosemount Clinic*

Total attendance.....	395
New patients.....	83
Clinics.....	26

*Maisonneuve Clinic*

Total attendance.....	360
New patients.....	76
Clinics held.....	26

*Montreal General Hospital Clinic*

Total attendance.....	275
New patients.....	74
Clinics held.....	50

*Mount Royal Avenue Clinic*

Total attendance.....	181
New patients.....	38
Clinics held.....	25

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Total attendance.....	2393
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Total number of new patients, Indoor...	317
Total number of new patients, Outdoor	242

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Total.....	559
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Total number of clinics held.....	201
Total number of pre-natal visits made..	1113

F. M. FOLKINS, R.N.  
*Worker.*

NINTH ANNUAL REPORT OF  
THE MCGILL ALUMNAE LIBRARY COMMITTEE  
ROYAL VICTORIA HOSPITAL

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*For the Year Ended December 31st, 1929.*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

In presenting on behalf of the McGill Alumnæ Library Committee the ninth annual report of the hospital library under our management, there are no outstanding features to present. The bi-weekly visits have been made to every bed by the voluntary workers, except during the three summer months, when the books were distributed by the same undergraduate of McGill University, whose salary was paid by the Royal Victoria Hospital, statistics not varying from those of previous years.

But in three ways advancement has been made towards the ideal of the committee—in raising of the standard of the work. First the books, though about the same in number, are not only of greater literary value but are kept in a better condition. Books not of some literary as well as therapeutic value to patients, as well as worn out popular books, have been discarded. Twice each month the shelves have been inspected by a member of the Committee whose duty has been to keep the books in good condition. To aid in this improvement the fifty dollars (\$50.00) bonus given by the McGill Alumnæ Society in 1929, was spent in replacing the discarded but popular books. Secondly, a study has been made of the volunteer workers from the waiting list. Knowledge of books as well as condition of patients is demanded, but personality is considered first and foremost. At the monthly meeting of the Hospital Libraries Book Club formed of the committee and workers in this library, as well as some others of the city, outstanding librarians, book reviewers and members of the medical profession, have given very interesting and instructive lectures. Thirdly, there has been more co-operation between hospital librarians, and doctors and nurses. Many special cases having been discussed with medical authorities before books have been given to the patient. To help in this work the convenor has had the privilege of attending lectures on Psychiatry given to the nurses of the city. A lecture on Bibliotherapy was given by her to the nurses of this hospital, and Dr. Slight has very kindly accepted the invitation of the Club to give a

lecture at the meeting in January. But this progress is only a beginning of the great advancement the Committee is hoping and striving for in this part of the work.

The lecture to the Library School of McGill University on hospital libraries was given as in past years by the convenor, and the same enjoyable visit made by the class to this library in October.

The statistics for 1929 can be given very briefly, not that they are not of the greatest importance, but merely that they are practically the same as in previous years. The circulation in 1929 was 23,607. The number of books added to the shelves 661, number discarded 269, number lost 243. Thus in the library, that is the main library as well as the branch in the Women's Pavilion, there are 3,498 books.

Of the books added to shelves 299 were bought and 432 donated. \$291.11 of the annual \$300 grant from the Royal Victoria Hospital, as well as \$20.97 fines from members of staff for overdue books, was spent in 1929 on books.

Many books marked in the accession book "donated" were actually bought by members of the committee, with money given by friends of the library. \$90.00 was donated to the library in the past year, this amount includes the \$50.00 annual bonus from McGill Alumnae Society as well as \$10.00 from Shaar Hashomayim Synagogue, which the members of the Women's Auxiliary have stated will be an annual donation to be spent on Yiddish books. From this source we received our first supply of Yiddish books, and it is most encouraging to know that their interest in our work continues.

In closing, an incident occurring in the past month might be given to show that books in the hospital library, though of great therapeutic value, have other influence upon patients. One of our volunteer workers now holding a position in the office of a doctor, was asked by a visiting patient if she had been a nurse in one of the wards, "For your face is very familiar, sister." In reply to her statement that she was one of the librarians, he said, "Well, I want to tell you how much the library and your visits did for me. Up to that time I had never read much or cared for books. I cannot thank you enough for bringing this pleasure into my life. I find books a necessity now, and I am so glad to be able to tell you what the hospital library has done for me."

Respectfully submitted,

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

## DONATIONS, 1929

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BASSARABIER HEBREW SICK BENEFIT ASSOCIATION.....	\$ 50.00
CAINS, MRS. GEORGE L.....	200.00
CANADIAN PACIFIC RAILWAY COMPANY.....	750.00
CITY OF MONTREAL (AMBULANCE ALLOWANCE).....	1500.00
CROWN TRUST COMPANY.....	25.00
DENECHAU LODGE.....	50.00
DOMINION BRIDGE COMPANY.....	200.00
DOMINION TRANSPORT COMPANY.....	50.00
ELMHURST DAIRY LIMITED (CHRISTMAS TREES).....	35.00
FAIRBANKS, MRS. A. M.....	100.00
GILMOUR BROTHERS.....	20.00
HAMPTON, MR. AND MRS. AND MASTER.....	25.00
HEBREW SICK BENEFIT ASSOCIATION.....	50.00
HOLT, LADY (MATERNITY CHRISTMAS FUND).....	250.00
HOWARD SMITH PAPER MILLS.....	50.00
KING GEORGE SICK BENEFIT ASSOCIATION.....	25.00
KIWANIS CLUB OF MONTREAL (FOR BLOOD TRANSFUSIONS)	100.00
MOLSON, MRS. HERBERT AND MRS. J. H. (CHRISTMAS DONATION).....	100.00
MONTREAL CITY AND DISTRICT SAVINGS BANK.....	75.00
MORRICE, MR. W. J. (CHRISTMAS DONATION).....	20.00
MC ELWAINE, ESTATE LATE S. GEORGE.....	500.00
McFARLANE, MR. C. H.....	10.00
REFORD, MRS. R.....	220.00
SHAHEN, MRS. M.....	1.50
STEWART, MR. WALTER M. (KITCHEN EQUIPMENT).....	1175.00
ST. GEORGE'S LODGE.....	100.00
VIOLET DAY COMMITTEE.....	500.00
WILLIAM WARREN FUND.....	100.00

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## DONATIONS TOWARDS PURCHASE OF RADIUM 1929

BEATTY, MR. E. W.....	\$2,500.00
GORDON, SIR CHARLES.....	2,500.00
HOLT, SIR HERBERT.....	5,000.00
MARTIN, DR. C. F.....	1,000.00
MEIGHEN, BRIG.-GEN. F. S.....	1,000.00
MEREDITH, LATE SIR VINCENT.....	5,000.00
MCCONNELL, MR. J. W.....	5,000.00
SOMMER, MR. A.....	500.00
SOMMER, MR. C. N.....	200.00
STEWART, MR. WALTER M.....	2,500.00



## MISCELLANEOUS GIFTS

For the Year Ended December 31st, 1929.

Christmas Cake.....	Beardmore, Mrs. L.
Infants' Bootees and Infants' Bonnets.....	Benson, Mrs. G. F.
Records for Nurses.....	Berliner, Mr. Edgar
Records for Orderlies.....	Berliner, Mr. Edgar
One Large Christmas Tree.....	Bonsecours Market Fruit & Vegetable Co.
Bed.....	Bowman, Mrs. A. Jean
One Box of Apples.....	Carter, Mr. G. Herbert
Toys.....	Chenoweth, Mrs. W. R.
Radio for Nurses.....	Cowans, Mr. Russell
One Gatch Bed.....	Creighton, Mrs. J. B.
One Wheel Chair.....	Creighton, Mrs. J. B.
One hundred pounds of Turkey.....	Davies, Wm. Co. Ltd.
Toys.....	Edgar, Miss
Grapefruit and Cherries.....	Garrow, Mrs. A. E.
Electrical Apparatus.....	Holt, Lady
Cot Sheets and Cot Pillow Cases, etc.....	Junior League Sewing Committee
Balloons for Children.....	Ingram & Bell
Twenty-four pounds of Coffee.....	Kearney Bros.
Goggles.....	Learmont, Mrs. J. B.
Two Cases of Oranges.....	Lindsay, Mr. C. W.
One Locomobile Motor Car.....	Martin, Dr. and Mrs. C. F.
Five pounds of Candy.....	Mathias, Mrs. Percy
Infants' Bootees.....	Mathias, Mrs. Percy
Five Barrels of Apples.....	Meredith, Lady
Box of Holly.....	Meredith, Lady
One Ham and One Side of Bacon.....	Macaulay, Mrs. T. B.
Clothing.....	McFarlane, Miss Sheila
Linen and Clothing.....	Needlework Guild
Tin Foil.....	O'Carroll, Mr. Michael E.
One Barrel of Apples.....	Paterson, Mrs. R. MacD.
Two Turkeys and Two Geese.....	Poulin, P. & Co. Ltd.
Stockings and Jackets.....	Ready Circle
Century Dictionary and Encyclopedia Britannica on Stand.....	Redpath, The Estate Late Francis R.
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One Case of Oranges.....	Vipond, Dr. Charles
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## ROYAL VICTORIA HOSPITAL

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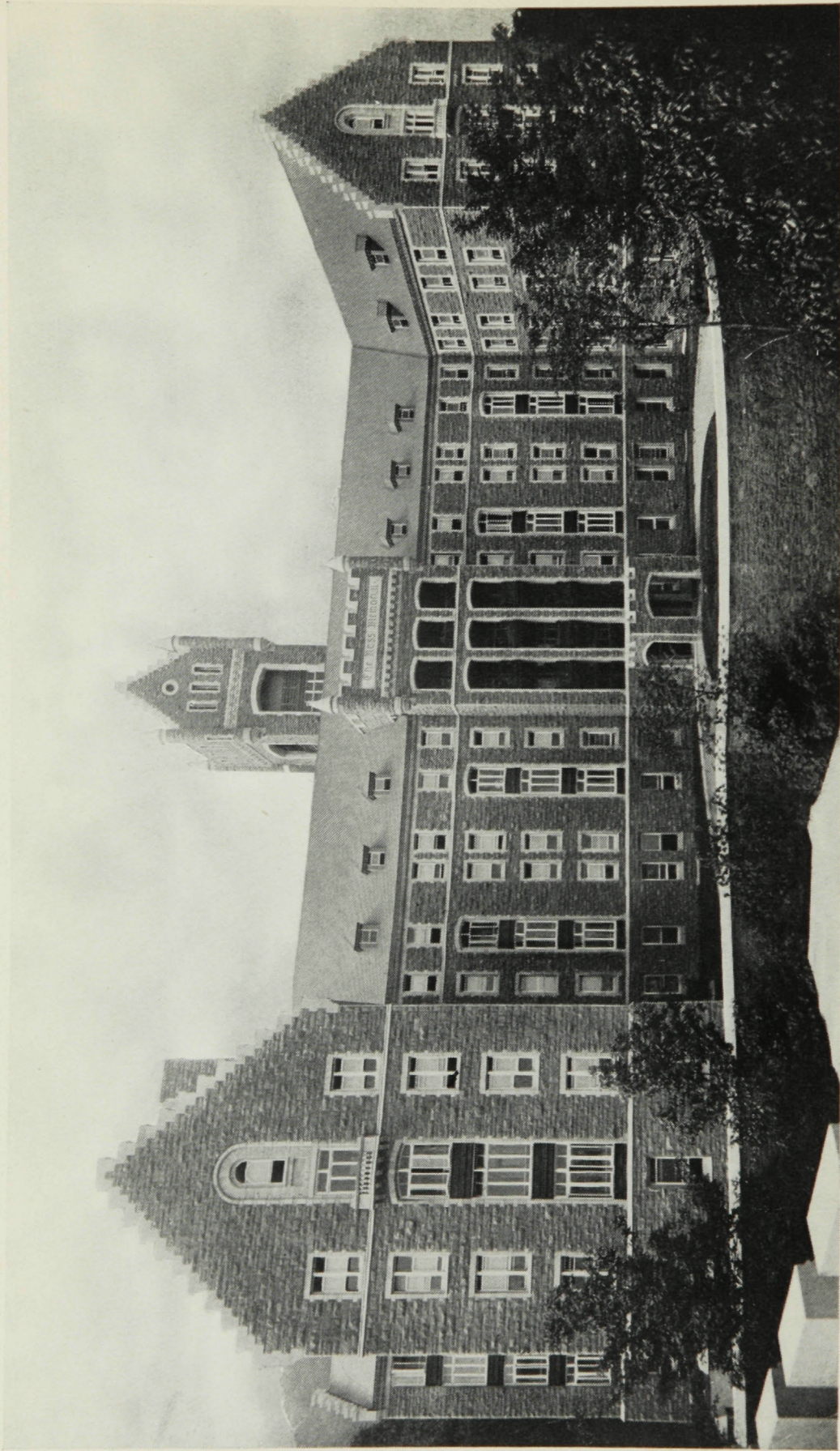
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ROSS MEMORIAL PAVILION

# REPORT OF THE DEPARTMENT OF MEDICINE

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*For the Year Ended December 31st, 1929*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

During the year 1929 the activities of the Medical Department have proceeded along the same general lines as in preceding years. The amount of work overtaken represents an advance on previous years and its smooth accomplishment demonstrates the loyal co-operation and attention to duty of all members of the Staff.

## *IN-PATIENT DEPARTMENT*

The accommodation for In-Patients has not been increased as was hoped for. This has necessitated the utmost efforts being put forward to turn over the patients as rapidly as possible. In such an endeavour, however, care must always be taken that patients are not discharged before they are fully prepared to fit into their home environment. This condition still further emphasizes the urgent need of increased convalescent accommodation as was mentioned in our Report of 1927. Every effort has been exerted to keep the waiting list of patients at a minimum level in order that those requiring immediate hospital treatment should not be kept waiting. The In-Patient Department wishes to take this opportunity of expressing its thanks to the Out-Patient Department for taking on so much of the diagnostic work which might be done in the Wards. With the facilities at their hand they have accomplished most important work.

With the beginning of the ensuing year a change in the care of the Wards is being inaugurated. Although all the beds in the Medical Wards remain under the control of one Department, three periods of service of four months each have been distributed amongst six of the Assistant Physicians, each Physician being in charge of one of the large Medical Wards during a certain period of the year. It is hoped by this means that responsibility of the care of the patients will be placed on shoulders well fitted to bear it and greater interest will be found in the work.



### *OUT-PATIENT DEPARTMENT*

The work in the Out-Door Department, whereby the cases are referred to special clinics for special examinations and treatment, has progressed with ever-increasing efficiency. This has been accomplished through the loyal co-operation of the General Medical Out-Door service who have received from their colleagues in the Special Clinics the utmost co-operation and help. As each year has passed it has become increasingly obvious that the services rendered to the Out-Patient is of a very high character, and as the co-ordination and smooth-working of the various departments in their inter-relations has become better organized they have been able to relieve considerable of the congestion of the In-Patient Department. It has been particularly gratifying to find an increasing co-operation and co-ordination of the work in the Wards and in the Out-Patient Department. By means of the General and Special Out-Patient Clinics the follow-up of the patients is now carried out in a most effective manner. It has been found much more practical to have patients report back to a special department in the Out-Door for the assessment of their improvement or otherwise than it has been through questionnaires, although the latter are still necessary under certain circumstances.

In the Pædiatric Out-Door certain innovations of the most important character have been instituted during the past year. This Out-Door has undertaken the immunization of infants against diphtheria and vaccination against smallpox. It is hoped in this way that the Out-Door will contribute its quota towards the prevention of these two infectious diseases. An attempt has been made to overcome the difficulties of infant feeding consequent upon the inexperience or ignorance of mothers. In order that something might be done in this regard demonstrations are carried out daily upon the proper methods of the preparation of different foods. These are of a practical nature and are made as simple as possible in order that the lessons learned may be carried out in the ordinary working-class household.

### *MEDICAL LABORATORIES*

The work in the Medical Laboratories has continued with the same extent and diversity as in previous years. A number of modifications of technique have been instituted in order that the examinations might be simplified and to some extent curtailed in their multiplicity. The routine work has shown but little change from previous years; in fact, an increase of this could only be expected through an increase of the hospital population. Although

the number of specimens examined shows a small decline from last year the increase of more unusual investigations has covered a much wider scope. This condition of affairs is in accordance with our previous hopes. It is a common result in all technical problems that as experience and greater knowledge are obtained certain examinations are found to be unnecessary; but, with constant progress there is a continuous exploration of new fields.

It has been a great pleasure to have Doctor Penfield and his colleagues in the Department of Neuro-Surgery so intimately associated in the Laboratories. In all branches of medical science problems are common to different departments and this has been borne out in the present circumstances.

Unfortunately in the latter part of the year through a small fire in one of the laboratory rooms a considerable amount of investigative work of the year was brought to a standstill and much of the previous results destroyed. This was occasioned not so much by the fire as by the associated circumstances which come with such a catastrophe. It is hoped that in the near future this leeway will soon be made up.

#### *INTERNE STAFF*

The Interne Staff for the year 1929-30 took over their duties on July 1st. The Resident Physician of the previous year, Doctor R. V. Christie, proceeded abroad on the Travers Allan Scholarship to study pathology in the German Universities. He was also, we are proud to say, the recipient of a Travelling Scholarship from the Loomis Research Laboratories to be devoted to scientific research. This latter was awarded to him through his previous research in biophysical problems in medicine. His place as Resident was taken by Doctor H. E. Edwards, of the University of Toronto, who is now spending his third year with the Department.

#### *ATTENDING STAFF*

During the early part of the year the Staff had the misfortune to be deprived of the services of Doctor W. F. Hamilton who through a long, serious illness was prevented from undertaking his usual active duties. Doctor Hamilton has now completely recovered, we are glad to say, and has resumed his duties, giving us once more the benefit of his advice and sage counsel. The only change of importance on the Attending Staff has been the resignation of Doctor E. H. Mason from the position of Assistant Director of the University Clinic. Doctor Mason, after many years of loyal



and most efficient full-time service in the Hospital, is now devoting himself to private consulting practice. This, however, has made but little difference to his enthusiasm and activities in the duties of the Hospital where he continues to give his most active services in the Department of Metabolism where he has long been the leading spirit.

Finally, in presenting this Report, it is desired to express on behalf of the Medical Department its deep appreciation of the co-operation of the Administrative and Nursing Staffs, and of their assistance in many directions.

J. MEAKINS,  
*Physician-in-Chief.*

### PUBLICATIONS

Dr. J. C. MEAKINS:

(with Dr. Ronald V. Christie):

“Lung Volume and Its Variations.”—*Annals of Inter. Med.* III, No. 5, November, 1929, pp. 423-429.

(with Dr. Lucien D'Autrebande and Dr. W. R. Marshall)

“Studies of the Circulation in Three Cases of *Morbus cæruleus*.”—*The Journ. Clin. Invest.* VIII, No. 1, December, 1929, pp. 123-137.

Dr. MAUDE E. ABBOTT:

*Journal of Technical Methods, and Bulletin of the International Association of Medical Museums, No. XII. (Edited by) March 1929.*

(with Dr. W. H. Chase)

“Bicuspid Aortic Valve of Congenital Origin with Associated Defect of the Interventricular Septum and Streptococcal Endocarditis with Mycotic Aneurysm of Left Coronary Artery and Extensive Recent Infarction of Myocardium of Left Ventricle.”—*Journ. of Tech. Methods and Bull. of the International Association of Medical Museums, XII, 1929, pp. 171-174.*

International Index of Medical Museums.—*Journal of Tech. Methods and Bulletin of the International Association of Medical Museums, XII, 1929, pp. 241-259; 5-7.*

Obituaries on Francis John Shepherd, M.D., and John George Adami, M.D.—*Journal of Technical Methods and Bulletin of the International Association of Medical Museums*, XII, 1929, pp. 287-289; 264-267.

(with Dr. E. A. Baumgartner)

“Interventricular Septal Defect with Dextroposition of Aorta and Dilatation of the Pulmonary Artery (“Eisenmenger Complex”) Terminating by Cerebral Abscess.”—*Amer. Journ. Med. Sci.*, CLXXVII, May, 1929, No. 5, p. 639.

(with Dr. W. Moffatt)

“Mirror-Picture Dextrocardia, complicated by Mitral Aplasia and Pulmonary Hypoplasia, with great Hypertrophy of the transposed “Right” Chambers.”—*Canadian Medical Association Journal*, XX, No. 6, June, 1929, pp. 611-616.

On the Clinical Classification of Congenital Cardiac Disease.  
—*The Lancet*, July 27, 1929, p. 164.

A Short History of Medicine. A Review of Dr. Singer's Book.—*Canadian Medical Association Journal*, XXI, No. 4, October 1929, pp. 451-453.

Dr. G. R. BROW:

“The Heart in Typhoid Fever.”—*Canadian Medical Association Journal*, XX, No. 6, June 1929, pp. 606-608.

(with Dr. C. N. H. Long and Dr. Beattie)

“The Hypothalamus and the Sympathetic Nervous System”:

Part I. The dependence of the extrasystolic arrhythmia of the heart produced by chloroform on the integrity of the sympathetic nervous system and the use of this arrhythmia as an indicator of sympathetic activity.

Part II. The higher connections of the sympathetic nervous system as studied by experimental lesions of the hypothalamus.

*Proc. Roy. Soc. of London, Series B. (in press)*

Dr. RONALD V. CHRISTIE:

(with Dr. Meakins)

"Lung Volume and its Variations."—*Annals of Inter. Med.*, III, No. 5, November, 1929, pp. 423-429.

Dr. H. B. CUSHING:

"Erysipelas in Children."—*Canadian Medical Association Journal*, XXI, No. 3, September 1929, pp. 276-278.

Dr. A. K. GEDDES:

(with Dr. H. P. Wright)

"A Simple Method of Feeding Infants."—(*in press*)

Dr. RUDOLF GOTTLIEB:

(with Dr. Alton Goldbloom)

"Studies on Icterus Neonatorum."—*Amer. Journ. Dis. Children*, XXXVIII, July 1929, pp. 57-74.

"Further Studies on Icterus Neonatorum."—*Journ. Clin. Investig.* (*in press*)

Dr. A. T. HENDERSON:

"Studies in Asthma and Related Diseases."—*The Harben Lectures. The Journ. of State Medicine*, XXXVII, January and March, 1929.

Dr. C. N. H. LONG:

(with Dr. G. R. Brow and Dr. Beattie)

"The Hypothalamus and the Sympathetic Nervous System."

Part I. The dependence of the extrasystolic arrhythmia of the heart produced by chloroform on the integrity of the sympathetic nervous system and the use of this arrhythmia as an indicator of sympathetic activity.

Part II. The higher connections of the sympathetic nervous system as studied by experimental lesions of the hypothalamus.

*Proc. Roy. Soc. of London, Series B.* (*in press*)

Dr. C. F. MARTIN:

Presidential Address before the Annual Meeting of the American College of Physicians, Boston, April, 1929.—*Annals of Internal Medicine*, III, No. 1. July, 1929.

Dr. W. MOFFATT:

(with Dr. M. E. Abbott)

"Mirror-Picture Dextrocardia, complicated by Mitral Aplasia and Pulmonary Hypoplasia, with great Hypertrophy of the transposed "Right" Chambers.—*Canadian Medical Association Journal*, XX, No. 6, June, 1929, pp. 611-616.

Dr. VLADIMIR MORAVEK:

"The Influence of Cholesterol and Lecithin on Tumours."—*Arch. Clin. Cancer Research*, December, 1929.

Dr. S. GRAHAM ROSS:

(with Dr. J. Boyd Scriver)

"The Use of Banana as a Food for Healthy Infants and Young Children."—*Canadian Medical Association Journal*, XX, No. 2, February, 1929, pp. 162-165.

"The Acute Gastro-Intestinal Disorders of Infancy."—*Canadian Medical Association Journal*, XXI, No. 2, August, 1929, pp. 176-180.

(with Dr. J. Boyd Scriver)

"Studies in Cycle Cell Anæmia."—(*in press*)

Dr. J. BOYD SCRIVER:

(with Dr. S. G. Ross)

"The Use of Banana as a Food for Healthy Infants and Young Children."—*Canadian Medical Association Journal*, XX, No. 2, February, 1929, pp. 162-165.

"Studies in Cycle Cell Anæmia."—(*in press*).

Dr. BARUCH SILVERMAN:

"Some Aspects of the Mental Hygiene of Childhood."—*Canadian Public Health Journal*, August, 1929.

Dr. DAVID SLIGHT:

"Hallucinations in the Sane."—*Proc. IXth International Psychological Congress*, 1929.

Dr. R. R. STRUTHERS:

(with Dr. H. G. Mitchell)

“Congenital Tuberculosis. Report of a Case.”—*Canadian Medical Association Journal*, XXI, No. 3, September, 1929, pp. 297-300.

“Pyuria in Childhood.”—*Canadian Medical Association Journal*, XXI, No. 6, December, 1929, pp. 685-690.

Dr. H. P. WRIGHT:

“The Rational Approach to Disturbances of Nutrition in Infancy.”—*Canadian Medical Association Journal*, XX, No. 3, March, 1929, pp. 278-279.

(with Dr. A. K. Geddes)

“A Very Simple Method of Artificial Feeding for Infants.”—*(in press)*.

Dr. A. W. YOUNG:

(with Dr. Wilder G. Penfield)

“Observations on the Nature of Von Recklinghauser's Disease and the Tumors associated with it.”—*J.A.M.A.* *(in press)*.



**TABLE 1.**

<b>IN-DOOR DEPARTMENT</b>				
	<b>1928</b>		<b>1929</b>	
	Patients remaining, Dec. 31st.. . . .	108		140
“ admitted during the year.. . . .	2884		2916	
“ discharged during the year.. . . .		2853		2941
“ remaining, Dec. 31st.. . . .		140		115
	2992	2992	3056	3056
	Total	%	Total	%
Deaths during 1928/1929	245	8.4	255	8.4
Consultations 1928/1929	553		597	

**TABLE 2.**

<b>MEDICAL OUT-PATIENT DEPARTMENT</b>						
	<b>1928</b>			<b>1929</b>		
	Old Cases	New Cases	Ratio	Old Cases	New Cases	Ratio
A. 1. Medical Clinic. . . . .	5878	2118	2.77	6604	1958	3.32
2. Cardio-Renal Clinic. . . . .	1225	209	5.86	1583	192	8.24
3. Pulmonary Clinic. . . . .	1346	275	4.89	1564	298	5.24
4. Gastro-Intestinal Clin. . . . .	1986	237	8.37	2425	249	9.73
5. Asthma Clinic. . . . .	1551	91	17.04	1917	122	15.71
B. Pædiatric Clinic. . . . .	3701	886	4.17	4358	1012	4.30
C. Neurological Clinic. . . . .	3223	299	10.77	3336	335	9.95
D. Dermatological Clinic. . . . .	1726	542	3.18	1902	528	3.60
E. Metabolism Clinic. . . . .	1230	77	15.97	1385	87	15.92
F. Psychiatric Clinic. . . . .	603	122	4.94	567	110	5.15
G. Rabies Clinic. . . . .	138	108	1.27	807	215	3.70
H. Thyroid Clinic. . . . .	427	113	3.77	604	154	3.92
Total. . . . .	23034	5077		27052	5260	
Average. . . . .			4.53			5.14

TABLE 3.

MEDICAL LABORATORIES		
	Cases	
	1928	1929
Chemical Determinations.....	17,835	16,501
Basal Metabolism Determinations.....	1,296	1,695
Electrocardiograms.....	977	1,030
	20,108	19,226

TABLE 4.

PHYSIO-THERAPY DEPARTMENT		
	Private	Public
Physio-therapy.....	5,692	6,763
Massage.....	407	1,610
	14,472	



# DEPARTMENT OF MEDICINE

## RECORD OF DISEASES

For the Year Ended 31st December, 1929

SPECIFIC AND GENERAL		Total	Died		Total	Died
<b>INFECTIOUS DISEASES:</b>				Gout.....	3	
				Hyperglycæmia.....	2	
Abscesses.....	9			Obesity.....	15	
Carbuncles.....	4			Rickets, adolescent.....	1	
Cellulitis.....	5			Ulcers, diabetic.....	3	
Coryza.....	2			<b>DISEASES OF INFANCY:</b>		
Diphtheria.....	2			Acrodynia.....	2	
Erysipelas.....	6			Athrepsia.....	9	5
Furunculosis.....	3			Birth injury.....	1	
Infections.....	5			Cephalhæmatoma.....	1	
Influenza.....	68	1		Convulsions.....	3	
"    with pneumonia	25	4		Dehydration.....	1	1
Measles.....	1			Hæmorrhagic disease of		
Paratyphoid.....	5	1		newborn.....	1	
Parotitis.....	2			Hypertonic infant.....	1	
Pertussis.....	3			Icterus gravis.....	1	
Rabies.....	1	1		Indigestion, gastro-		
Rheumatic fever.....	50	2		intestinal.....	27	4
Scarlet fever.....	3			Malnutrition.....	14	2
Spondylitis.....	2			Omphalitis.....	2	
Syphilis.....	42	2		Prematurity.....	2	2
Tetanus.....	1	1		Regulation of feeding...	32	1
Thrush.....	1			Rickets.....	25	2
Tricophytosis.....	1			<b>PHYSICAL AGENTS:</b>		
Tuberculosis, miliary,				Burns.....	3	
general.....	1	1		Suffocation by smoke...	1	
Typhoid fever.....	6	1		<b>POISONINGS,</b>		
Ulcer, syphilitic.....	1			<b>INTOXICATIONS:</b>		
<b>ANIMAL PARASITES:</b>				Alcoholism.....	26	
Ascariasis.....	2			Dypsomania.....	1	
Dibothriocephalus latus.	2			Poisoning, acetylsalicylic	1	
Malaria, tertian.....	1			"    carbon mon-		
Oxyuris vermicularis....	2			oxide.....	5	
Scabies.....	1			"    codein.....	1	
Tænia saginata.....	4			"    heroin.....	2	
Tricocephalus.....	1			"    iodine.....	2	
<b>METABOLISM:</b>				"    lead.....	1	
Diabetes insipidus.....	2			"    lysol.....	1	
"    mellitus.....	206	10		"    morphine...	2	
"    "    with				"    naphthalene	1	
acidosis	7	1		"    paraldehyde	2	
"    "    with				"    paregoric...	1	
coma	4	2		"    ptomaine....	2	
Gangrene, diabetic.....	13			"    strychnine..	1	1
Glycosuria.....	2					



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

	Total	Died
Carcinomatosis.....	2	
Hæmatoma.....	1	
Hypernephroma.....	1	
Lipomatosis.....	1	
Lymphoma malignant...	10	1
Lymphosarcoma.....	3	
Osteoma.....	1	
Papilloma.....	1	
Sarcomatosis.....	1	
Tumour unspecified....	1	

**CONGENITAL****MALFORMATIONS:**

Anomaly genitalia.....	1	
Cervical rib.....	1	
Icrocephaly.....	1	
Meningocele.....	1	
Syphilis, congenital....	2	

**GENERAL INJURIES:**

Contusions.....	1	
Foreign body arm.....	1	
Fractures.....	6	
Head injuries—Fracture skull, etc.....	2	
Ruptured ligament knee	1	
Separation epiphysis....	1	
Strain leg.....	1	

**SPECIAL SKIN DISEASES:**

Acne.....	3	
Callositas.....	1	
Chilblains.....	1	
Dermatitis.....	24	
“ venenata.....	2	
Eczema.....	14	1
Erythema.....	3	1
“ nodosum.....	11	
Impetigo.....	3	
Paronychia.....	1	
Psoriasis.....	3	
Sycosis vulgaris.....	1	
Tuberculoma.....	1	
Urticaria.....	9	

**CIRCULATORY SYSTEM:****Arteries:**

Aneurysm.....	6	1
Aortitis, syphilitic....	2	1
Arterio-sclerosis.....	39	3
“ with hyper-tension.....	21	2

	Total	Died
Gangrene.....	5	
Infarct, coronary.....	1	1
Occlusion, coronary....	6	
Thrombosis, coronary..	20	3
“ tibial.....	1	

**Heart:**

Angina pectoris.....	16	2
Anomaly of heart.....	3	1
Arhythmia.....	1	
Auricular fibrillation...	43	2
Decompensation.....	56	6
Defective conduction bundle His rt....	3	
Endocarditis, subacute, bacterial.....	13	5
Extra systoles.....	1	
Heart block.....	4	
Heart disease, hypertensive with nephritis.	6	3
Heart disease, rheumatic	13	
Heart disease, syphilitic.	3	1
Hypertension.....	85	6
Hypertrophy.....	10	
Hypotension.....	1	
Intermittent claudication	2	
Myocarditis.....	136	12
“ syphilitic.....	3	
Pericarditis.....	11	1
Rupture ventricle.....	1	
Sinus arhythmia.....	3	
Tachycardia.....	2	
Valvular disease, chronic cardiac.....	52	3
Valvular disease, chronic, cardiac combined....	60	8
Valvular disease, chronic, syphilitic.....	5	1

**VEINS:**

Phlebitis.....	3	
Thromboangitis obliterans.....	1	1
Thrombophlebitis.....	4	
Varix.....	2	

**LYMPHATIC SYSTEM:**

Adenitis.....	18	1
Carcinoma glands.....	2	
Lymphangitis.....	1	
Tuberculosis glands....	6	

<b>BLOOD:</b>			<b>Total Died</b>		
Anæmia, atypical. . . . .	1				
“ pernicious. . . . .	27				
“ secondary. . . . .	26	1			
Chlorosis. . . . .	1				
Hæmophilia. . . . .	2				
Leukæmia, lymphatic. . . . .	2	1			
“ myeloid. . . . .	13	5			
Polyserositis. . . . .	1	1			
Purpura. . . . .	2				
Pyæmia. . . . .	2	1			
Rupture spleen. . . . .	1	1			
Septicæmia. . . . .	10	2			
Splenomegaly. . . . .	2				
Tuberculosis spleen. . . . .	1				
<b>DUCTLESS GLANDS:</b>			<b>Total Died</b>		
Hypogonadism. . . . .	6				
<b>Parathyroid:</b>					
Tetany. . . . .	2				
<b>Pituitary:</b>					
Acromegaly. . . . .	1	1			
Dysostosis. . . . .	1				
Hyperpituitarism. . . . .	4				
Hypopituitarism. . . . .	12				
<b>Suprarenal:</b>					
Hypernephroma, medullary. . . . .	1				
<b>Thymus:</b>					
Hypertrophy. . . . .	1				
Persistent thymus. . . . .	1				
<b>Thyroid:</b>					
Cyst adenoma. . . . .	1				
Goitre, adolescent. . . . .	1				
“ mixed type. . . . .	2				
“ non-toxic. . . . .	20				
“ toxic. . . . .	20				
“ “ exophthalmic. . . . .	43				
Hyperthyroidism. . . . .	10				
Hypothyroidism. . . . .	23				
Myxædema. . . . .	7				
Thyroiditis. . . . .	2				
<b>NERVOUS SYSTEM:</b>					
<b>Brain:</b>					
Arachnoiditis. . . . .	2				
Arterio-sclerosis, cerebral. . . . .	4				
Cerebritis. . . . .	1				
Chorea. . . . .	13				
Embolism. . . . .	5				
Encephalitis. . . . .	8	1			
Epilepsy. . . . .	35	1			
Gumma, cerebral. . . . .	1				
<b>Hæmorrhage, intra-</b>					
“ cranial. . . . .	4	1			
“ cerebral. . . . .	23	9			
“ pons. . . . .	1				
“ subarachnoid. . . . .	2	1			
“ subdural. . . . .	1	1			
Hemiplegia. . . . .	21	2			
Hydrocephalus. . . . .	1				
Ophthalmoplegia. . . . .	1				
Paralysis, bulbar. . . . .	1				
Polioencephalitis. . . . .	1				
Poliomyelitis. . . . .	18	3			
Thrombosis, cerebral. . . . .	13	6			
“ medullary. . . . .	1	1			
Tumours, brain. . . . .	12	1			
“ pituitary gland. . . . .	1	1			
“ spinal cord. . . . .	8				
<b>Cerebro-spinal:</b>					
Sclerosis, disseminated. . . . .	4				
“ multiple. . . . .	1				
Syphilis. . . . .	26	1			
<b>Meninges:</b>					
Hæmorrhage. . . . .	1				
Meningismus. . . . .	1				
<b>Meningitis, cerebro-</b>					
“ spinal. . . . .	13	4			
“ influenzal. . . . .	2	2			
“ tuberculous. . . . .	11	8			
Pachymeningitis. . . . .	1				
<b>Mental Affections:</b>					
Confusional state. . . . .	2				
Delirium tremens. . . . .	1				
Dementia præcox. . . . .	11				
“ senile. . . . .	3				
Feeble mindedness. . . . .	3				
Hysteria. . . . .	10				
Idiocy. . . . .	1				
“ Mongolian. . . . .	1				
Melancholia. . . . .	3				
Paranoia. . . . .	1				
General paresis. . . . .	9				
Psychosis. . . . .	19	1			
Schizophrenia. . . . .	1				

**NERVOUS SYSTEM:—Continued**

	Total	Died		Total	Died
<b>Miscellaneous:</b>			Fracture, pathological...	1	
Amnesia.....	1		Osteomyelitis.....	3	
Aphasia.....	1		Sinus.....	2	
Cephalalgia.....	4		Synovitis.....	3	
Insomnia.....	1		Tuberculosis, bones, joints	2	
Migraine.....	8		<b>EYE AND EAR:</b>		
Neurasthenia.....	76		<b>Eye:</b>		
Neurosis.....	13		Amaurosis.....	2	
Psychasthenia.....	15		Amblyopia.....	1	
Psychoneurosis.....	5		Astigmatism.....	1	
Paralysis agitans.....	5		Atrophy optic.....	2	
Tremor—intention.....	1		Cataract.....	3	
Vagotonia.....	7		Conjunctivitis.....	4	
			Degeneration retina.....	1	
<b>Peripheral Nerves:</b>			Detachment retina.....	1	
Coccygodynia.....	2		Glaucoma.....	2	
Habit spasm.....	1		Hypermetropia.....	1	
Neuralgia.....	10		Irido-cyclitis.....	1	
Neuritis.....	12		Keratitis.....	3	
Paralysis.....	8		Myopia.....	1	
Radiculitis.....	2		Neuritis, optic.....	2	
Sciatica.....	11		Opacities, corneal.....	1	
Tic douloureux.....	1		Paralysis rectus.....	1	
			Retinitis.....	7	
<b>Spinal Cord:</b>			Sarcoma.....	1	
Herpes zoster.....	3		Strabismus.....	2	
Myelitis.....	3		<b>Ear:</b>		
Progressive muscular atrophy.....	1		Abscess.....	1	
Sclerosis, combined, sub-acute.....	9		Deafness.....	4	
Sclerosis, lateral.....	5		Mastoiditis.....	4	
Tabes dorsalis.....	10		Otitis media, acute.....	62	2
			“ “ chronic.....	5	
<b>Sympathetic Nervous System:</b>			Tumour acoustic nerve..	1	
Angio-neurotic œdema..	4		<b>NOSE AND SINUSES:</b>		
Raynaud's disease.....	1		Empyema antrum.....	2	
Scleroderma.....	1		Epistaxis.....	1	
			Rhinitis.....	8	
<b>Myopathies:</b>			Sinusitis.....	14	
Myalgia.....	4		<b>MOUTH, LIPS, CHEEKS, PHARYNX, ETC.:</b>		
Myositis.....	2		Abscess, peritonsillar....	6	
Myotonia.....	1		“ retro-pharyngeal	2	
			Carcinoma tonsil.....	1	
<b>BONES AND JOINTS:</b>			Cleft palate with hare lip	4	
Arthritis.....	61		Epithelioma mouth.....	2	
“ gonorrhœal.....	8		Leukoplakia.....	1	
Bursitis.....	1		Oral sepsis.....	2	
Chondroma.....	1		Paralysis palate.....	1	
Congenital dislocation hips.....	1		Pharyngitis.....	19	
Exostosis.....	2		Rhinopharyngitis.....	2	
			Stomatitis.....	5	
			Tonsillitis.....	57	
			Vincent's angina.....	5	1

**JAW, TEETH AND GUMS:**

	Total	Died
Abscess, alveolar . . . . .	4	
Dental sepsis . . . . .	14	
Gingivitis . . . . .	1	
Hæmorrhage, post tooth extraction . . . . .	1	
Inflammation alveolar margin . . . . .	1	1
Osteomyelitis jaw . . . . .	1	
Pyorrhœa . . . . .	5	

**TONGUE:**

Glossitis . . . . .	1	
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**ŒSOPHAGUS:**

Carcinoma . . . . .	5	3
Diverticulum . . . . .	1	
Foreign body . . . . .	2	
Obstruction . . . . .	1	
Wound lacerated . . . . .	1	

**STOMACH:**

Achlorhydria . . . . .	2	
Adhesions . . . . .	1	
Atony . . . . .	1	
Carcinoma . . . . .	13	1
Gastritis . . . . .	11	
Hæmatemesis . . . . .	5	
Hyperchlorhydria . . . . .	6	
Hypochlorhydria . . . . .	2	
Neurosis, gastric . . . . .	39	
Rumination . . . . .	1	
Stenosis, pyloric, congenital . . . . .	4	
Ulcer, gastric . . . . .	17	
“ perforated . . . . .	1	

**INTESTINES:**

Abscess . . . . .	1	
Adhesions . . . . .	3	
Appendicitis . . . . .	28	
Autointoxication . . . . .	6	
Carcinoma . . . . .	6	
Colitis . . . . .	16	
“ mucous . . . . .	3	
“ tuberculous . . . . .	1	
“ ulcerative . . . . .	1	
Coloptosis . . . . .	6	
Constipation . . . . .	34	
Diarrhœa . . . . .	2	
Diverticulitis . . . . .	6	
Diverticulum . . . . .	1	
Enteritis . . . . .	6	
Entero-colitis . . . . .	1	

	Total	Died
Enteroptosis . . . . .	10	
Gastro-enteritis . . . . .	4	
Hæmorrhage . . . . .	1	
Intussusception . . . . .	1	
Megalo-colon . . . . .	1	
Obstruction . . . . .	1	
Polypus . . . . .	2	
Stasis . . . . .	43	
Tuberculosis . . . . .	6	
Ulceration, jejunal . . . . .	2	
Ulcer, duodenal . . . . .	48	
Visceroptosis . . . . .	17	

**LIVER AND GALL DUCTS:****Liver:**

Abscess . . . . .	1	
Adhesions perihepatic . . . . .	1	
Atrophy . . . . .	1	1
Carcinoma . . . . .	7	
Cirrhosis . . . . .	10	
Hepatitis . . . . .	3	1
Jaundice, catarrhal . . . . .	9	
“ hæmolytic . . . . .	1	
“ obstructive . . . . .	1	
“ toxic . . . . .	1	
Tumour, unspecified . . . . .	1	

**Gall Bladder:**

Carcinoma . . . . .	1	
Cholangitis . . . . .	2	
Cholecystitis . . . . .	52	
“ with calculus . . . . .	18	
Cholelithiasis . . . . .	24	
Empyema gall bladder . . . . .	1	

**PANCREAS:**

Carcinoma . . . . .	2	1
Pancreatitis . . . . .	6	

**ABDOMEN AND  
PERITONEUM:**

Adhesions . . . . .	7	1
Ascites . . . . .	9	
Diastasis recti . . . . .	1	
Hernia, diaphragmatic . . . . .	2	
“ femoral . . . . .	1	
“ inguinal . . . . .	13	
“ umbilical . . . . .	2	
“ ventral . . . . .	4	
Peritonitis . . . . .	6	
“ tuberculous . . . . .	4	

<b>RECTUM:</b>		Total Died			Total Died
Abscess, ischio-rectal....	3		Pleurisy, serofibrinous..	34	
Carcinoma rectum.....	5		"    tuberculous..	4	
Hæmorrhoids.. . . . .	12		Pleurodynia . . . . .	1	
			Pneumothorax.. . . . .	14	
<b>ANUS:</b>			Pyopneumothorax. . . . .	1	1
Atresia . . . . .	1		<b>KIDNEY AND URETER:</b>		
Fissure . . . . .	5		<b>Kidney:</b>		
Fistula . . . . .	1		Abscess perinephritic....	1	
Stenosis, congenital.....	1		Albuminuria . . . . .	4	
Stricture . . . . .	1		Colic, renal. . . . .	2	
<b>LARYNX:</b>			Cystic kidney . . . . .	2	
Congenital . . . . .	1		Hæmaturia . . . . .	1	
Hypertrophy . . . . .	1		Hydronephrosis . . . . .	4	
Laryngitis . . . . .	9		Hypernephroma . . . . .	1	
Papilloma . . . . .	1		Infarct . . . . .	1	
Paralysis . . . . .	1		Nephritis, acute . . . . .	17	1
Tuberculosis . . . . .	1		"    chronic . . . . .	58	5
			"    subacute . . . . .	1	
<b>TRACHEA AND BRONCHI:</b>			Nephrolithiasis . . . . .	1	
Asthma, . . . . .	11		Nephroptosis . . . . .	2	
"    bronchial..	18		Nephrosis . . . . .	3	
"    with bronchitis.	4		Pyelitis . . . . .	24	
Bronchiectasis . . . . .	18		Pyonephrosis . . . . .	1	
Bronchitis . . . . .	50		Uræmia . . . . .	5	1
Foreign body bronchus..	1		<b>Ureter:</b>		
Tracheitis . . . . .	6		Calculus . . . . .	3	
<b>LUNGS:</b>			<b>BLADDER:</b>		
Abscess . . . . .	8		Contraction vesical neck	1	
Carcinoma . . . . .	9	3	Cystitis . . . . .	6	
Embolism . . . . .	2	1	Enuresis . . . . .	1	
Emphysema . . . . .	9		Fistula vesico-vaginal.	1	
Foreign body . . . . .	1		Pyuria . . . . .	1	
Hæmoptysis . . . . .	3		Retention urine . . . . .	1	
Infarct . . . . .	11		<b>URETHRA:</b>		
Oedema . . . . .	5	1	Calculus . . . . .	1	
Pneumonia, broncho. . . .	79	14	Caruncle . . . . .	1	
"    lobar . . . . .	148	22	Hypospadias . . . . .	1	
"    tuberculous. . . . .	4	2	Urethritis . . . . .	2	
Sarcoma . . . . .	1	1	"    gonorrhœal . . . .	2	
Tuberculosis . . . . .	108	11	<b>MALE GENERATIVE</b>		
"    incipient . . . . .	2		<b>ORGANS:</b>		
"    miliary . . . . .	3	2	Epididymitis . . . . .	1	
<b>PLEURA:</b>			Hydrocele . . . . .	2	
Carcinoma . . . . .	1		Phimosi . . . . .	2	
Empyema . . . . .	24	1	Prostatism . . . . .	1	
Hydropneumothorax . . . .	1		Prostatitis . . . . .	4	
Hydrothorax . . . . .	2		Wounds, contused, testicle	1	
Pleurisy, diaphragmatic	2				
"    fibrinous . . . . .	29				
"    fibrous . . . . .	2				

**FEMALE GENERATIVE  
ORGANS:**

	Total	Died
Abscess, pelvic. . . . .	1	
Carcinoma, cervix. . . . .	4	
“ pelvic organs . . . . .	2	1
“ uterus. . . . .	1	
Cellulitis pelvic. . . . .	2	
Cyst ovary. . . . .	1	
Cystocele. . . . .	1	
Dysmenorrhœa. . . . .	2	
Erosion cervix. . . . .	1	
Fibroid uterus. . . . .	4	
Fibroma uterus. . . . .	3	
Fibromyoma uterus. . . . .	5	
Hypertrophy uterus. . . . .	1	
Inflammation, pelvic, chronic. . . . .	7	
Laceration, perineal. . . . .	1	
Menopause. . . . .	13	
Polyp uterine. . . . .	2	
Prolapsus uteri. . . . .	1	
Pruritus vulvæ. . . . .	2	
Pyosalpinx. . . . .	1	
Retroversion. . . . .	1	
Sacropubic hernia. . . . .	1	
Salpingitis. . . . .	3	
Subinvolution uterus. . . . .	1	
Vaginitis. . . . .	3	

**PUERPERAL STATE:**

Hyperemesis gravidarum . . . . .	2	
Pregnancy. . . . .	16	
Septicæmia, puerperal. . . . .	2	1

**DISEASES OF BREAST:**

	Total	Died
Cystic disease. . . . .	1	

**ANAPHYLAXIS:**

Asthma, anaphylactic. . . . .	2	
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**UNCLASSIFIED:**

Aerophagia. . . . .	1	
Asthenia. . . . .	10	
Fainting attack. . . . .	1	
Fever, cause unknown. . . . .	5	
Inanition. . . . .	1	
Malnutrition. . . . .	11	
No disease. . . . .	85	
Not diagnosed. . . . .	112	1
Retarded development. . . . .	1	

**STATISTICS FOR 1929**

Total Discharges. . . . .	2941
Total Admissions. . . . .	2916
	<hr/>
	25
No. in Hospital first of year. . . . .	140
No. in Hospital end of year. . . . .	115
	<hr/>
	25

Total Deaths for 1929. . . . .	257
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# REPORT OF THE DEPARTMENT OF SURGERY

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*For the Year Ended December 31st, 1929*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

During the year 1929 the work of the Surgical Department, as evidenced in the number of patients treated, showed a gratifying increase. In the indoor service there were 3857 admissions, which was 177 in excess of 1928. The number of operative cases discharged was 2307, an increase over 1928 of 123. The number of operations performed during the year numbered 3080, representing an increase of 221. Of post-operative complications there were 153, a decrease of 21 as compared with the previous year, while the post-operative infections number only 11 as compared with 26 in 1928. On the other hand the post-operative mortality was 129 as compared with 116 in the previous year, an increase which may be in part ascribable to the additional number of operations performed. In the Surgical Outdoor there were 13,042 visits, which represents an addition of 2318 over the number recorded in 1928; and over and above this there must be reported the work of the Neurological Surgical Outdoor, established last year, with a record of 249 patients.

While the general work of the Department has been carried on steadily, one should make special mention of several things which represent recent extensions of Departmental activity—the opening of twenty beds in Ward A, chiefly for industrial accident cases; the record of the first complete year of work of the Department of Neurological Surgery, under Dr. Penfield (established in September 1928) and, finally, the establishment of a combined Medico-Surgical Pulmonary Clinic.

The practical application of the Workmen's Compensation Act necessitated the opening in the fall of 1928 of a special Industrial Clinic in the Surgical Outdoor, and the accommodation of an extra number of accident cases in the public wards. As the number of these patients increased, it gradually became clear during the past year that it was impossible to accept all these industrial accidents in the wards, without doing an injustice to the large number of patients suffering from the ordinary surgical illnesses, who were

continuously on the waiting list. The re-opening of Ward A to accommodate these additional patients, while increasing its responsibilities, afforded a welcome relief to the Surgical Department. Nevertheless the numbers on the waiting list for the male and female surgical wards still remains high, the female wards especially being always crowded.

The wisdom of establishing a special sub-department for the treatment of neurosurgical patients has amply proved itself. The work in this Department, under Dr. Penfield and Dr. Cone, has increased extraordinarily, and is of the utmost importance. The Neurological Surgical Clinic of our Hospital now compares favourably with that of any other on this continent. The character of the work is of the highest standard, and the publications issuing from this Department have attracted wide attention. Dr. Penfield's report upon the work of this sub-department is appended.

In the fall of 1928 it was decided by the Medical and Surgical Departments to combine forces in regard to the investigation and treatment of thoracic diseases, with the exception of lobar pneumonia. This amounted in effect to the amalgamation of two existing clinics for lung diseases. Dr. Archibald and Dr. Byers, with their assistants, Doctors Mason, Bethune and Notkin, make common rounds twice a week, visiting patients in both departments. It may be said that this has resulted in a great increase of interest in this branch, and an improved service to the patients. During the year 191 operations have been performed on patients suffering from various diseases of the thoracic organs, and 214 patients have been treated.

As mentioned in previous annual reports the problem of the segregation of patients suffering from pulmonary diseases, especially tuberculosis, is an urgent one. Ward O, altered over a year ago to accommodate nine semi-private patients, was primarily designed to take this type of patient, but the number applying for this kind of accommodation has been too small to fill it, the majority going either into the public wards or the private wards, so that the greater part of Ward O has been occupied by those suffering from general surgical diseases. The great need is for a place apart for public ward patients suffering from lung diseases, the number of which is steadily increasing.

Mention should be made of the recent gift of an adequate supply of radium by the Governors. While a separate report will be made by Dr. Pirie upon the general radium work, it may be



said that the Surgical Department has already made use of this gift with great satisfaction in a number of cases. The Department appointed Dr. Scrimger in charge of this branch, with Dr. Dawson as his assistant. Dr. Dawson was sent by the Hospital to Boston and New York for three weeks for the purpose of special study. Very careful records are being kept.

In view of the old criticism to the effect that this Hospital, because of its being situated on a height above the city, was unsuited for emergency work, it is worthy of note that the number of accident cases admitted has been steadily increasing. During 1929, for instance, the number of fractures amounted to 363, practically one a day; and the number of skull injuries to 126. In this respect, therefore the Hospital is contributing a very fair share of service to the public.

The combined Thyroid Clinic, conducted by Dr. Scrimger (with the assistance of Dr. Gavin Miller) representing the surgical side, and by Dr. E. Mason of the medical side, shows a noteworthy increase during the past year, 100 new cases being treated.

The Fortnightly Conferences have been held without intermission throughout the year, and are undoubtedly of great help in the co-ordination of the various surgical services.

The Surgical Records Department continues to prove of value, but it seems obvious that a certain amount of help from the Social Service Department will be necessary if the best results in the follow-up records are to be obtained.

There is a gratifying increase in the work of the Surgical Outdoor Department, in spite of the decrease in its numbers through the establishment of the Industrial Clinic and the Neurological Surgical Clinic. It has been carried on under the general direction of Dr. Scrimger during the absence in England of Dr. Armour.

The establishment in the Biological Building during the past year by the University of increased accommodation and modern facilities for research in surgical problems, and the generous assistance of the University Clinic, under Dr. Meakins, in the medical laboratories of this Hospital, have given a great stimulus to this important part of the extra-routine work of the Surgical Department, work which is of great value not only for the advancement of general knowledge, but also for the actual practical training of the surgical

staff as a whole. In many instances the saving of the patient's life can be attributed directly to the extra knowledge obtained in this way, and to the spirit of enthusiasm and alertness which this interest in investigative work creates in the staff. The new ideas suggested by such work are brought to bear upon the practical problems of the surgical clinic. In this respect the Department acknowledges gratefully the generous help of Dr. Meakins, Dr. Mason and Dr. Long of the Medical Department, and of Professors Tait, Babkin and Collip of the University. Drs. Miller, Kaufmann, Ross, Wilkie and Bethune, of the Junior staff, are actively engaged in this investigative work, each upon a special problem.

It should be realized that because of the close correlation of this investigative work on surgical problems in the Hospital with the experimental work proceeding in the University, a part of the necessary monies is being contributed by the Rockefeller Foundation, from whom during the past year the Department of Experimental Medicine of the University received substantial assistance.

Dr. John Armour was given leave of absence at the beginning of the year in order to proceed to Europe for post-graduate study, having been granted by the Governors the Travers Allan Scholarship for 1929. He proceeded to Edinburgh in January and during the whole of the year has been doing work under Professor D. P. D. Wilkie, both in the general clinic and in the experimental laboratories. He is expected to return some time this spring.

Dr. Archibald Wilkie, having served as Resident for one year, was appointed to the Junior staff.

The work of Dr. Bethune, attached as voluntary assistant to the Medico-Surgical Pulmonary Clinic, and working under the P. P. Cowans Scholarship of the University, has been extremely satisfactory.

Two foreign surgical societies held their meetings in Montreal and were the guests of the Surgical Clinic. These were the Surgical Research Society, meeting last February, and the Association of Neurological Surgeons, in June.

During the year addresses have been made upon invitation by members of the Surgical Department in Chicago, Clifton Springs, Lewiston (Maine), Ottawa, Atlantic City, St. Johns, Halifax, Detroit, Saint Louis and New York.

Reports of the sub-departments of Neurological Surgery, Orthopædics and Anæsthesia are appended.

EDWARD ARCHIBALD, M.D.,

*Chief Surgeon.*

*SUB-DEPARTMENT OF  
NEUROLOGICAL SURGERY*

During the year of 1929 further initial organization of the Department has been carried out.

A Neurological Surgical Outdoor Clinic was established in October and has been conducted regularly once a week. It was considered necessary for the best work to concentrate all operations in the one Operating Room, both for public and private patients. For this reason the smallest of the three Operating Rooms in the Main Building was set aside for all neurological operations. A special anæsthetist was trained for this work (Miss Roach) and one special operating room nurse (Miss Zwicker) was allotted to take complete charge of all neuro-surgical operations. Both of these nurses were sent on a trip to various medical centres of the Atlantic Seaboard to study the methods in other neuro-surgical clinics.

For the most part the operations carried out come under the following headings.

Brain and spinal cord tumours.

Traumatic and idiopathic epilepsy.

Acute head injuries.

Hydrocephalus.

Spina bifida.

Tic douloureux, traumatic headaches, etc.

The clinical and anatomical neurological conferences have been continued under the joint direction of neurosurgery and neurology. These meetings have been held every Wednesday alternating between the Outdoor Departments of the Montreal General Hospital and the Royal Victoria Hospital, and the Laboratory of Neuropathology. A series of lectures on Neuroanatomy was presented by Professor Beattie.

The Laboratory of Neuropathology has been so organized that specimens from surgical operations are examined and a report made by Dr. Cone. Through co-operation with the Department of Pathology detailed studies on autopsy material from cases of neurological interest are also carried out here.

During the year one additional technician has been added so that the Laboratory has now two technicians and a secretary.

In the Laboratory of Neuropathology important work has been done by Dr. Ottiwell Jones on the origin and development of neuroglia. He has carried out also a study of brain tumours. Dr. Dorothy Russell made an important contribution on the origin of microglia and the activity of these cells in the nervous system. In collaboration with Dr. MacMillan and Dr. Johnston of the Department of Ophthalmology, Dr. Cone has made a study of the structure of the optic nerve and retina.

With the generous financial help of Mrs. Madeleine Ottman experimental work on epilepsy has been carried on through the year by Dr. Penfield and Dr. Evans. A nurse has been added to the staff in order to give the animals extra care and to make more exact observations.

With the development of the work of the Department the desirability of concentration of beds and the close association of Laboratory and Clinical work, both public and private, becomes more and more evident.

WILDER G. PENFIELD, M.D.

### THE SUB-DEPARTMENT OF ANAESTHESIA

Anæsthetics were administered for seven thousand and twenty-seven operations during the year 1929. A detailed account is shown in the accompanying table.

	Main Operating Rooms	Ross Operating Rooms	Maternity Pavilion	Neurological Service	Oto-Laryngological Department	Surgical Outdoor	TOTAL
Nitrous Oxide and Oxygen.....	682	299	222	1	541	102	1360
Nitrous Oxide and Ether Sequence.....	672	1126	885	84	1221	....	3988
Ether.....	616	85	11	....	....	68	780
Rectal Ether.....	....	....	....	5	....	....	5
Chloroform Ether Se- quence.....	1	....	....	....	....	....	1
Ethyl Chloride Ether Sequence.....	164	7	....	....	....	....	171
Chloroform.....	....	....	2	....	....	....	2
Local Anæsthesia.....	356	212	....	107	....	....	675
Spinal Anæsthesia.....	22	19	1	....	....	....	42
Caudal.....	1	1	1	....	....	....	3
Total.....	2514	1749	1122	197	1275	170	7027

W. B. HOWELL, M.D.

### THE SUB-DEPARTMENT OF ORTHOPAEDICS

The work in the Orthopædic Department has been carried on by Dr. Turner in charge, Dr. W. T. Patterson and Dr. Breitman. There has been the regular amount of work and in the latter part of the year particular study was made of cases of fracture of the neck of the femur. This was done so as to have a definite policy in cases of non-union. The Out-patient Department has been very active during the regular clinics.

W. G. TURNER, M.D.

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PUBLICATIONS BY MEMBERS OF THE  
SURGICAL STAFF

ARCHIBALD, E. W.

“Résultats du Traitement chirurgical dans la Tuberculose pulmonaire.”

*Arch. Méd. Chir. de l'App. Resp.*, iv. No 2, 1929.

“Acute Pancreatic Oedema.”

*Annals of Surgery*, Nov. 1929.

“The Classification of Operative Risks in Respect of the Operation of Thoracoplasty for Pulmonary Tuberculosis and the Results of that Operation.”

*Can. Med. Assoc. Jour.*, xxi; 502, 1929.

“Diseases of the Pancreas.”

Chapter for *THE PRACTICE OF SURGERY*, Prior Company, Dean Lewis, Editor, 1929.

BETHUNE, NORMAN.

“Some New Instruments for the Injection of Lipiodol. Oil-guns and a Combined Cannula and Mirror.”

*Can. Med. Assoc. Jour.*, xx; 286-287. 1929.

“A Note on the Bacteriological Diagnosis of Suspected Spirochætosis of the Lungs.”

*Can. Med. Assoc. Jour.*, xx; 365-368, 1929.

“A New Combined Aspirator and Artificial Pneumothorax Apparatus.”

*Can. Med. Assoc. Jour.*, xx; 663, 1929.

“The Technique of Bronchography for the General Practitioner.”

*Can. Med. Assoc. Jour.*, xxi; 662-667, 1929.

CONE, W. V., with Dr. A. M. PAPPENHEIMER and LESLIE C. DUNN.

“Studies on Fowl Paralysis (neurolymphomatosis gallinarum).”  
1-Clinical Features and Pathology.”

*Jour. Exp. Med.*, 49: 63-86, Jan. 1929.

with WILDER PENFIELD.

“Neuroglia and Microglia (The Metallic Methods).”

Chapter in book on *HISTOLOGICAL TECHNIQUE*.  
McClung, Philadelphia, Jan. 1929.

KAUFMANN, MARK.

with EDWARD ARCHIBALD.

“Diseases of the Pancreas.”

Chapter for *THE PRACTICE OF SURGERY*. Prior  
Company, Dean Lewis, Editor. 1929.

PENFIELD, WILDER.

with W. V. CONE.

“Neuroglia and Microglia (The Metallic Methods).”

Chapter in book on *HISTOLOGICAL TECHNIQUE*.  
McClung, Philadelphia, Jan. 1929.

“The Scope of Neurology.”

*Arch. of Surg. (Cushing Memorial Volume)* 18; April,  
1929.

with Dr. GEYELIN.

“Cerebral Calcification: Epilepsy.”

*Arch. of Neurology and Psychiatry*, 21: 1020-1043,  
May 1929.

“Diencephalic Autonomic Epilepsy.”

*Arch. of Neurology and Psychiatry*, 22: 358-374, Aug.  
1929.

“Notes on Cerebral Pressure Atrophy.”

Chapter in book *INTRACRANIAL PRESSURE IN  
HEALTH AND DISEASE*, Baltimore, 1929.

PATTERSON, W. J.

“Separation of the lower Epiphysis of the Femur.”

*Can. Med. Assoc. Jour.* *xxi*; 301 Sept. 1929

RUSSELL, DOROTHY.

“Intravital Staining of Microglia with Trypan Blue.”

*Am. Jour. Path.*, 5: No. 5: 451-487, Sept. 1929.

SCRIMGER, F.A.C.S.

“The Possibility of Relieving Some Forms of Abdominal Pain by Section of the Rami Communicantes.”

*Can. Med. Assoc. Jour.*, August 1929.

“A Preliminary Report of a Filling of Lung Abscess Cavity and Closure of a Bronchial Fistula by Pedicle Muscle Graft.”

*Arch. of Surg.*, Dec. 1929.





# OPERATIONS IN THE SURGICAL DEPARTMENT

For the Year Ended 31st December, 1929

## ALIMENTARY SYSTEM:

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

Repair of cleft palate. . . . .	11
Implantation of radium (palate) . . . . .	2
Repair of hare lip. . . . .	6
Incision and drainage of retropharyngeal abscess. . . . .	2
Rhinoplasty. . . . .	2
Removal of salivary calculus. . . . .	1

### Jaw, Teeth, Gums:

Incision and drainage of submaxillary abscess. . . . .	9
Aspiration of abscess (carcinoma of mandible) . . . . .	1

### Tongue:

Partial excision of tongue. . . . .	2
Incision of abscess of tongue. . . . .	1
Electrocoagulation of malignant growth (tongue). . . . .	1
Implantation of radium (tongue). . . . .	2

### Oesophagus:

Oesophagoscopy. . . . .	2
Plastic reconstruction of diaphragm (ideopathic dilatation of oesophagus) . . . . .	1

### Stomach:

Excision of gastric ulcer. . . . .	4
Suturing perforated gastric ulcer. . . . .	3
Gastrectomy, partial. . . . .	1
Gastrotomy. . . . .	2
Gastroenterostomy. . . . .	12
Undoing of gastroenterostomy. . . . .	1
Pyloroplasty. . . . .	9
Pyloric occlusion. . . . .	1
Rammstedt's operation. . . . .	4

### Intestines:

Cæcostomy. . . . .	2
Closure of cæcostomy. . . . .	2
Cæcectomy. . . . .	1
Cæcopexy. . . . .	2
Colostomy. . . . .	25
Opening of Colostomy. . . . .	2
Excision of Colostomy. . . . .	1
Enterostomy. . . . .	3
Enterænterostomy. . . . .	3
Jejunostomy. . . . .	1
Ileostomy. . . . .	1

**Intestines:—Continued**

Resection of small bowel. . . . .	3
Resection of large bowel. . . . .	9
Suturing of perforated intestine. . . . .	1
Excision of duodenal ulcer. . . . .	2
Suturing of perforated duodenal ulcer. . . . .	9
Reduction of intussusception. . . . .	2
Section of adhesions for intestinal obstruction. . . . .	13
Cæco-sigmoidostomy. . . . .	1
Repair of hernia, Femoral. . . . .	16
“ “ “ Inguinal (recurrent—8). . . . .	200
“ “ “ Ventral. . . . .	21
“ “ “ Umbilical. . . . .	4
“ “ “ Epigastric. . . . .	2
“ “ “ Diaphragmatic. . . . .	1
(Repaired by fascial suture—113)	
Resection of omentum (omental hernia). . . . .	1

**Abdomen and Peritoneum:**

Exploratory laparotomy. . . . .	21
Laparotomy with drainage. . . . .	6
Incision and drainage of abdominal wall abscess. . . . .	6
Incision and drainage of intra and extra peritoneal abscess. . . . .	1
Incision and drainage of pelvic abscess. . . . .	2
Incision and drainage of inguinal abscess. . . . .	2
Drainage of pancreatic cyst. . . . .	1
Excision of umbilical sinus. . . . .	1

**Appendix:**

Appendectomy without drainage. . . . .	534
Appendectomy and drainage. . . . .	113
Drainage of appendicular abscess. . . . .	14

**Rectum and Anus:**

Dilatation of sphincter ani. . . . .	2
Hæmorrhoidectomy. . . . .	97
Excision of rectal polyp. . . . .	2
Incision and packing of fæcal fistula. . . . .	2
Exploration of fæcal fistula. . . . .	1
Incision of fistula in ano. . . . .	5
Excision of fistula in ano. . . . .	6
Excision of fissure in ano. . . . .	7
Excision of rectum (carcinoma). . . . .	1
Proctoscopic examination. . . . .	27
Incision and drainage of ischiorectal abscess. . . . .	20

**Liver and Gall ducts:**

Cholecystectomy. . . . .	113
Cholecystostomy. . . . .	10
Choledochostomy. . . . .	3
Cholecyst-enterostomy. . . . .	1
Cholecystogastrostomy. . . . .	4
Drainage of gall bladder. . . . .	1
Dilatation of fistula of gall bladder. . . . .	1
Incision and drainage of liver abscess. . . . .	1

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

Ligation of artery . . . . .	2
Ligation of vein . . . . .	1
Injection of varicose veins . . . . .	1
Varicotomy . . . . .	1

**LYMPHATIC SYSTEM:**

Incision and drainage of suppurative adenitis . . . . .	13
Incision and Curetting of tuberculous adenitis . . . . .	8
Adenectomy . . . . .	3
Excision of T.B. glands . . . . .	3
Removal of glands for malignant growth . . . . .	4
Incision of parotid duct . . . . .	1

**Connective Tissue:**

Incision and drainage of cellulitis . . . . .	20
Incision and drainage of skin infection . . . . .	120
Excision of infected areas . . . . .	2

**Ductless Glands:**

Splenectomy . . . . .	3
Enucleation and Resection of adenoma of thyroid . . . . .	5
Subtotal thyroidectomy, Non-toxic . . . . .	14
"    "    Toxic, simple . . . . .	38
"    "    Graves' disease . . . . .	24
"    "    Adenoid goitre (perilobular fibrosis) . . . . .	1
Polar ligation . . . . .	1
Lobectomy . . . . .	3

**MUSCULAR SYSTEM:****Muscle and Aponeuroses and Bursæ:**

Excision of bursa . . . . .	4
Incision and drainage (bursitis) . . . . .	4

**Tendon and Tendon Sheaths:**

Incision and drainage of tenosynovitis . . . . .	5
Tendon lengthening . . . . .	4
Tendon transplantation . . . . .	4
Tenotomy . . . . .	9
Tendon suture . . . . .	12
Removal of tendon . . . . .	1

**NERVOUS SYSTEM:**

Osteoplastic Craniotomy, Exploration . . . . .	10
"    "    Removal of tumor . . . . .	12
"    "    Partial removal of tumor . . . . .	11
"    "    Excision of cicatrix . . . . .	5
Rt. or L. subtemporal decompression . . . . .	13
Suboccipital craniotomy . . . . .	5
Rt. or L. trigeminal rhizotomy . . . . .	9
Rt. or L. trigeminal rhizotomy differential section . . . . .	2
Transfrontal hypophysectomy . . . . .	3

**NERVOUS SYSTEM:—Continued**

Cervical, dorsal, lumbar:—

Laminectomy, Decompression. . . . .	1
“ Suboccipital craniotomy. . . . .	1
“ Incision and drainage of spinal cord and cysts. . . . .	3
“ Exploration of cord. . . . .	1
“ Removal of tumor. . . . .	8
“ Partial removal of tumor. . . . .	5
“ Antero-lateral chordotomy. . . . .	1
“ Rhizotomy . . . . .	1
Rt. or L. parietal craniotomy, corpus callosal puncture. . . . .	1
Ventriculography, occipital trepanation Rt. or L. . . . .	29
Encephalography, Lumbar puncture. . . . .	51
Encephalography, Right fontanelle puncture. . . . .	1
Plastic repair of Spina Bifida. . . . .	5
Periarterial sympathectomy. . . . .	2
Sympathetic ramisection. . . . .	1
Sympathetic ganglionectomy, cervical. . . . .	2
Sympathetic ganglionectomy, lumbar. . . . .	1
Elevation depressed skull fracture. . . . .	9
Nerve suture (radial and ulnar). . . . .	3
Incision of scalp, exploratory for depressed fracture, etc. . . . .	10
Suture of lacerated wound of scalp. . . . .	17
Drainage of subarachnoid space, laminectomy . . . . .	1
Drainage of subarachnoid space, lumbar puncture. . . . .	1

**Unclassified:**

Plastic repair of cranium bifidum. . . . .	1
Injection of 2nd, 3rd and 4th cervical nerves with novocaine. . . . .	1
Injection of sphenopalatine canal (novocaine, phenol and alcohol). . . . .	2
Anastomosis of the meningeal space with jugular vein. . . . .	1
Section of glossopharyngeal. . . . .	2
Exploration of nerve. . . . .	1
Neurectomy. . . . .	3
Neurotomy. . . . .	1

**OSSEOUS SYSTEM:**

Amputations, Leg. . . . .	18
“ Toe. . . . .	17
“ Finger. . . . .	34
“ Arm. . . . .	3
“ Foot. . . . .	3
“ Hand. . . . .	1
Repair of amputated stump. . . . .	1
Re-amputation of painful stump. . . . .	1
Application of plaster casts, jackets, etc. . . . .	102
Arthrotomy. . . . .	2
Arthrotomy, exploratory. . . . .	1
Aspiration of joints. . . . .	4
Correction of deformity. . . . .	3
Excision of semilunar cartilage. . . . .	13
Excision of knee joint. . . . .	1
Excision of bone protuberance (leg). . . . .	1

**OSSEOUS SYSTEM:—Continued**

Excision of head of radius.....	2
Excision of coccyx.....	1
Exploratory incision (osteomyelitis).....	2
Incision and drainage (osteomyelitis).....	24
Incision and curetting (osteomyelitis).....	7
Incision and drainage (septic arthritis).....	8
Osteotomy.....	1
Reduction of dislocations, open.....	3
Reduction of dislocations, closed.....	27
Removal of exostosis.....	6
Removal of pad of fat from knee.....	1
Resection of joints.....	3
Redressment of foot.....	7
Repair of hammer toe.....	1
Disarticulation of hammer toe.....	1
Manipulation.....	16
Astragalectomy.....	1

**Fractures:**

Open setting of fractures.....	22
(Bone plating...9; bone grafting...1)	
Closed setting of fractures.....	103
Removal of scaphoid.....	1
Closed setting of Colles' fracture.....	33
Closed setting of Pott's fracture.....	15
Sequestrectomy.....	6
Sequestrotomy.....	7
Suturing fracture of patella.....	7
Wiring fracture of patella.....	1
Bone bridging.....	1
Albee bone graft to spine.....	5
Hip disarticulation.....	1

**RESPIRATORY SYSTEM:**

Aspiration of chest.....	4
Pneumectomy.....	2
Cautery pneumectomy.....	7
Cauterization of lung.....	7
Filling lung cavity with muscle.....	3
Incision and drainage of lung abscess.....	5
Thoracotomy (empyema).....	38
Exploratory thoracotomy.....	1
Excision of tuberculous tract (abscess chest wall).....	1
Exploration sinus of chest.....	1
Incision and drainage of abscess of chest wall.....	3
Rib Resection with Drainage for Lung abscess.....	6
“ “ “ “ “ Bronchiectasis.....	11
“ “ “ “ “ Pneumothorax.....	1
“ “ “ “ “ Subdiaphragmatic hæmatoma..	1
Rib resection for removal of tumor.....	1

**RESPIRATORY SYSTEM:—Continued**

Thoracoplasty for Pulmonary tuberculosis . . . . .	45
“ “ Bronchiectasis . . . . .	4
“ “ Lung abscess . . . . .	2
“ “ Empyema . . . . .	1
“ “ Pulmonary tuberculosis with pyo pneumothorax . . . . .	7
“ “ Pulmonary tuberculosis with pneumothorax . . . . .	2
Investigation of wound (lung abscess) . . . . .	1
Decortication of lung . . . . .	1
Removal of thickened pleura . . . . .	1
Apicolysis . . . . .	2
Thoracentesis . . . . .	3
Thoracentesis, exploratory . . . . .	1
Phrenic exairesis . . . . .	37

**DISEASES OF THE BREAST:**

Mastectomy for mastitis . . . . .	10
Mastectomy for carcinoma . . . . .	27
Mastectomy, partial . . . . .	3
Excision of fibroadenoma of breast . . . . .	10
Excision of growth (recurrent carcinoma of breast) . . . . .	4
Excision of cysts of breast . . . . .	7
Excision of hæmatoma of breast . . . . .	3
Incision and drainage of abscess of breast . . . . .	11
Implantation of radium (breast) . . . . .	2

**INTEGUMENTARY SYSTEM:**

Excision of sinuses and ulcers . . . . .	12
Electrocoagulation of rodent ulcer . . . . .	1
Aspiration of T.B. abscess . . . . .	2
Onychectomy . . . . .	12
Skin grafting . . . . .	20
Excision of tumors, Benign . . . . .	42
Excision of tumors, Malignant . . . . .	20
Excision of cysts . . . . .	36
Excision of scar tissue . . . . .	3
Excision of warts . . . . .	1

**GENERAL INJURIES:**

Cleansing of burns . . . . .	1
Debridement and suturing of wounds . . . . .	103
Incision and packing of wound . . . . .	1
Removal of foreign body . . . . .	23
Exploratory for removal of foreign body (no foreign body found) . . . . .	1
Removal of bone plate . . . . .	3

**MISCELLANEOUS:**

Circumcision . . . . .	4
Specimen excision . . . . .	29
Excision of hydrocele . . . . .	2
Aspiration of hydronephrosis . . . . .	1

**FEMALE GENITAL ORGANS:**

Suspension of the uterus.....	1
Removal of ovarian cyst.....	1
Resection of ovarian cyst.....	1
Evacuation of ovarian cyst.....	1
Dilatation and curettage (uterine polyp).....	1
Oophorectomy.....	3
Partial oophorectomy.....	1
Salpingectomy.....	2
Pelvic examination.....	1
	<hr/>
Total.....	3080
Total number of operations for the year ending Dec. 1929..	3080
Total number of operations for the year ending Dec. 1928..	2859
	<hr/>
Increase of.....	221



# DEPARTMENT OF SURGERY

## RECORD OF DISEASES

For Year Ended December 31st, 1929

GENERAL AND SPECIFIC		Total	Died
<b>INFECTIOUS DISEASES:</b>			
	Total	Died	
Abscesses.....	62		
"    tuberculous...	4		
Carbuncles.....	14		
Cellulitis.....	38	4	
Erysipelas.....	3		
Furunculosis.....	7		
Gangrene, gas.....	3		
Infection of skin.....	31		
Measles.....	1		
Paratyphoid.....	1		
Parotitis.....	4		
Scarlatina.....	1		
Scarlet fever.....	1		
Spondylitis.....	2		
Syphilis.....	4		
Ulcers.....	19		
<b>ANIMAL PARASITES:</b>			
Oxyuris vermicularis..	1		
<b>METABOLISM:</b>			
Diabetes Mellitus...	15		
"    "    with			
gangrene	14	1	
Gout.....	1		
<b>PHYSICAL AGENTS:</b>			
Burns.....	22	2	
Frost bite.....	2		
Scalds.....	2		
<b>POISONINGS,</b>			
<b>INTOXICATIONS:</b>			
Alcoholism.....	3		
Poisoning, ptomaine....	1		
<b>TUMOURS (See also special</b>			
<b>organs):</b>			
Angioma.....	1		
Carcinoma.....	3		
Chondroma.....	1		
Cyst.....	7		
Fibroma.....	4		
Granuloma.....	1		
Hæmatoma.....	5		
Hygroma.....	1		
Lipoma.....	11		
Lymphoma, malignant..	1		
Papilloma.....	2		
Rodent ulcer.....	2		
Sarcoma.....	2		
<b>CONGENITAL MAL-</b>			
<b>FORMATIONS, ETC.:</b>			
Accessory parotid gland.	1		
Cranium bifidum.....	1	1	
Cyst, branchial.....	4	1	
"    thyro-glossal....	2		
Deformity hand.....	1		
Spina bifida with			
meningocele...	4		
Supernumerary fingers..	1		
Web fingers.....	2		
Web toes.....	1		
<b>GENERAL INJURIES:</b>			
Abrasions.....	12		
Amputation, traumatic..	11	1	
Bites, animal.....	4		
"    insect.....	3		
Contusions.....	50		
Crush.....	12	1	
Dislocations.....	25	1	
Displaced cartilage knee	15		
Foreign body.....	29		
Fractures.....	375	7	
Fractures with dislocation	12		
"    pathological...	6		
Gangrene, traumatic..	2		
Head injuries, fracture,			
concussion...	126	12	
Head injuries, lacerations,			
etc.....	65	1	
Painful scar.....	3		
Separation of epiphysis..	9		



**GENERAL INJURIES:—Continued**

	Total Died
Severed ligaments.....	5
“ nerves.....	4
“ tendons.....	12
Sprains.....	18
Strains.....	16
Subluxation.....	4
Wounds, gunshot.....	3
“ incised.....	10
“ lacerated... ..	108
“ punctured... ..	8

**SPECIAL SKIN DISEASES:**

Callositas.....	2
Clavus.....	1
Carcinoma skin, nail...	1
Dermatitis.....	6
“ actinica.....	2
Gangrene.....	1
Mole.....	1
Morphea.....	1
Onychocryptosis.....	1
Onychogryposis.....	1
Paronychia.....	7
Psoriasis.....	3

**CIRCULATORY SYSTEM:**

Aneurysm.....	3
Angina pectoris.....	2
Arteriosclerosis... ..	7
Auricular fibrillation... ..	6
Gangrene, senile.....	6
Hypertension... ..	12
Intermittent claudication	2
Myocarditis, chronic....	16
Occlusion, coronary.....	1
Pericarditis.....	1
Phlebitis.....	7
Pylephlebitis... ..	1
Rupture vein, traumatic	1
Thrombo-angeitis	
obliterans.....	4
Thrombophlebitis.....	2
Thrombosis, coronary... ..	2
“ pulmonary.....	1
Valvular disease.....	3
Varicose veins leg.....	28
“ ulcers.....	6

**LYMPHATIC SYSTEM:**

Abscess, inguinal.....	1
Adenitis... ..	33
Calcified glands.....	1

Total Died

Carcinoma glands.....	16
Elephantiasis.....	1
Epithelioma.....	1
Lymphangitis.....	14
Sarcoma glands.....	2
Tabes mesenterica.....	1
Tuberculosis glands.....	25

**BLOOD:**

Anæmia, pernicious....	2
“ secondary....	2
Carcinoma spleen.....	1
Hæmophilia.....	1
Leukæmia, lymphatic... ..	1
Purpura hæmorrhagica..	1
Pyæmia.....	1
Septicæmia... ..	11
Splenomegaly.....	3
Wound, stab, spleen....	1

**DUCTLESS GLANDS:**

Acromegaly....	1
Cyst thyroid.....	2
“ thyroglossal duct..	1
Fibrosis thyroid, peri-	
lobular... ..	1
Goitre, non-toxic.....	19
“ toxic.....	46
“ “ exophthal-	
mic.....	26
Hæmorrhage, thyroid... ..	1
Hypert thyroidism.....	1
Thyroiditis.....	1
Abscess thyroid... ..	1

**NERVOUS SYSTEM:**

Abscess, brain.....	1
Arachnoiditis.....	12
Atrophy frontal lobe... ..	1
Carcinoma, metastatic..	1
Cicatrix brain... ..	8
Cranio stenosis.....	1
Dementia præcox.....	1
Diplegia... ..	1
Dysarthria.....	1
Effusion, subdural... ..	1
Encephalitis.....	2
Epilepsy... ..	38
Hæmorrhage, brain... ..	11
“ meningeal	1
“ sub-	
arachnoid	64
Headache.....	3

**NERVOUS SYSTEM:—Continued**

	Total	Died
Hemiplegia.....	2	
Herpes.....	1	
Hydrocephalus.....	5	1
Hypophrenia.....	1	
Meningitis.....	5	2
Migraine.....	2	
Myalgia.....	1	
Myelitis.....	1	
Neuralgia.....	6	
Neurasthenia.....	2	
Neuritis.....	1	
Neuro-fibroma.....	1	
Neurosis.....	3	
Paralysis agitans.....	2	
Paralysis bulbar.....	1	
Paralysis limbs.....	5	
Paresis, general.....	1	
Raynaud's disease.....	1	
Sciatica.....	5	
Sclerosis, lateral.....	2	
"    multiple.....	1	
Syringomyelia.....	1	
Tabes dorsalis.....	5	
Thrombosis, cerebral....	4	
Tix douloureux.....	11	
Tumours, brain.....	42	11
"    pituitary gland	4	
"    spinal cord....	9	
"    spinal canal....	1	

**BONES AND JOINTS:**

Abscess.....	6
Adhesions.....	2
Ankylosis.....	7
Arthritis.....	60
"    gonorrhœal. . .	9
Bursitis.....	13
Carcinoma.....	5
Chondroma.....	2
Cicatricial contraction....	3
Deformity, acquired....	3
Dislocation hip, congenital	4
Fistula, coccygeal.....	1
Flail joint.....	1
Foot drop....	1
Fracture, mal-union....	4
"    non-union....	4
Ganglion.....	3
Genu varum.....	1
Hallux rigidus.....	2
"    valgus.....	8
Hammer-toe.....	5

	Total	Died
Hernia joint.....	1	
"    muscle.....	1	
Inflammation muscle....	1	
Osteitis deformans.....	1	
Osteoma.....	3	
Osteomyelitis.....	54	5
Painful stump.....	3	
Periostitis.....	1	
Pes cavus.....	1	
"    planus.....	1	
Sarcoma.....	5	
Scoliosis.....	3	
Sinus.....	4	
Slipped tendon.....	1	
Spasm muscle.....	1	
"    tendon.....	1	
Synovitis.....	7	
Talipes.....	10	
Tenosynovitis.....	7	
Torticollis.....	2	
Tuberculosis.....	49	1

**EYE AND EAR:**

Abscess, supra orbital....	1
Cataract.....	1
Conjunctivitis.....	1
Laceration orbit.....	1
Retinitis.....	1
Sarcoma orbit.....	1
Strabismus.....	1
Thrombosis retinal vein..	1
Trachoma.....	1

**Ear:**

Carcinoma.....	1
Furunculosis auditory	
canal.....	1
Labyrinthitis.....	1
Mastoiditis.....	1
Otitis media.....	8
Wounds.....	2

**NOSE AND ACCESSORY**

**SINUSES:**

Abscess, septal.....	1
Carcinoma antrum.....	1
Cyst nose, congenital....	1
Deformity nose, acquired	1
Sinusitis.....	1
Wounds.....	4

**MOUTH, LIPS, CHEEKS,**

ETC.:	Total	Died
Abscess mouth.....	1	
“ retro-pharyngeal	3	
“ submaxillary...	7	
“ tonsillar.....	2	
Angina, Ludwig's....	1	
Carbuncle lip.....	1	
“ cheek.....	1	
Carcinoma mouth.....	5	
“ palate.....	1	
“ pharynx.....	1	
“ submental...	1	
“ tonsils.....	5	
Cellulitis lip.....	1	
Cleft palate.....	9	
Cleft palate with harelip	9	
Cyst lip.....	2	
Epithelioma ..	4	
Hæmorrhage mouth,		
carcinoma.....	1	
Hyperplasia lip.....	1	
Infection lip.....	1	
Leukoplakia lip.....	1	
Lipoma submaxillary. .	1	
Myxoma parotid.....	2	
Obstruction parotid duct	1	
Ranula.....	1	
Sarcoma naso-pharynx.	1	
Tonsillitis.....	3	
Ulcer mouth.....	2	
Ulcer mouth, tuberculous	1	
Wounds mouth.....	2	

**JAW, TEETH AND GUMS:**

Abscess, alveolar.....	3	
Adamantinoma jaw.....	1	
Calculus salivary.....	1	
Carcinoma jaw.....	5	1
Cyst, dental.....	1	
Cyst, jaw.....	5	
Epithelioma gum.....	1	
Epulis jaw.....	1	
Exostosis alveolar process	1	
Hæmorrhage gum.....	2	
Impacted teeth.....	19	
Infection gum.....	4	
“ submaxillary..	1	
“ teeth.....	9	
Inflammation jaw, P.O..	1	
Necrosis alveolar process	1	
Osteomyelitis jaw.....	4	
Pyorrhœa.....	3	
Sarcoma jaw.....	1	
Ulcer gum.....	1	

	Total	Died
Unerrupted teeth.....	5	
Wounds, lip.....	2	

**TONGUE:**

Carcinoma.....	11	
Hæmangioma.....	2	
Papilloma.....	2	

**ŒSOPHAGUS:**

Carcinoma.....	10	1
Cardiospasm.....	2	
Dilatation, idiopathic.	1	
Stricture.....	1	

**STOMACH:**

Achylasia.....	1	
Adhesions, perigastric.	4	
Carcinoma.....	16	
Foreign body.....	1	
Gastritis.....	1	1
Gastro-enteritis.....	2	
Gastroptosis.....	1	
Hæmatemesis.....	1	
Hour glass stomach.....	2	
Hyperchlorhydria.....	1	
Hypomotility.....	1	
Neurosis.....	2	
Obstruction pyloric		
(ulcer—carcinoma)...	10	1
Ulcer, gastric.....	5	
“ “ perforated.	5	3
“ pyloric.....	3	

**INTESTINES:**

Adhesions.....	6	
Appendicitis, acute. . .	258	2
“ “ with		
abscess	45	2
“ “ with		
peri-		
tonitis	47	4
“ chronic....	293	
“ subacute...	4	
Carcinoma appendix . . .	2	
“ intestines ..	14	7
Colic.....	2	
Colitis.....	9	1
Coloptosis.....	4	
Colostomy closure.....	1	
Constipation.....	9	
Cyst.....	1	
Diarrhœa.....	1	
Diverticulitis.....	4	
Diverticulum.....	2	
Enteritis.....	3	
Enteroptosis.....	3	

<b>INTESTINES:—Continued</b>		Total Died	<b>PANCREAS:</b>		Total Died
Fistula.....	2		Carcinoma.....	9	5
“ fæcal.....	8	2	Cyst.....	1	
Gangrene.....	1		Foreign body, abscess..	1	
Hypertrophy mesenteric glands.....	1		Oedema.....	1	
Impacted fæces.....	2		Pancreatitis.....	9	2
Intussusception.....	2	1	<b>ABDOMEN AND PERITONEUM:</b>		
Malfunction gastro-enterostomy.....	1	1	Abscess, abdominal.....	4	
Obstruction.....	27	6	“ pelvic (male)..	4	
Paralytic ileus.....	3		“ peritoneal..	1	
Perityphlitis.....	1		“ rectus muscle..	1	1
Redundancy colon.....	1		Adhesions.....	10	
Sarcoma.....	2	1	Carcinoma.....	3	
Stasis.....	8		Cellulitis, retro-peritoneal	1	1
Tuberculosis.....	5		Contusion.....	1	
Ulcer, duodenal.....	23		Cyst, inguinal.....	1	
“ “ perforated	11		Fistula.....	1	
Ulceration, intestinal....	1		Hæmatoma.....	5	
Visceroptosis.....	12		Hæmoperitoneum, traumatic.....	1	
Volvulus.....	2		Hernia, epigastric.....	2	
<b>LIVER AND GALL DUCTS:</b>			“ femoral.....	7	
<b>Liver:</b>			“ femoral, strangulated.....	10	2
Abscess.....	1	1	“ inguinal.....	209	1
Carcinoma.....	5		“ inguinal, congenital.....	4	
Cirrhosis.....	1	1	“ inguinal, strangulated.....	11	2
Cyst, congenital.....	1		“ umbilical.....	6	
Hæmatoma.....	1		“ ventral.....	27	3
Hepatitis.....	1		“ ventral, strangulated.....	3	1
Jaundice, Charcot's.....	1		Infection, P.O..	1	
“ obstructive....	4		Lipoma.....	2	
Rupture.....	4	2	Neuralgia.....	2	
Sarcoma.....	1		Peritonitis.....	20	3
<b>Gall-bladder:</b>			“ tuberculous..	2	
Carcinoma ducts.....	4	2	Sarcoma, abdominal.....	2	
“ gall bladder..	2	1	Sinus.....	2	
Cholecystitis, acute....	2		Wound, lacerated.....	1	
“ acute with calculus..	21	4	<b>Omentum:</b>		
“ chronic... ..	43		Adhesions.....	1	
“ chronic with calculus..	77	2	Carcinoma.....	1	
“ subacute..	1		Hernia.....	1	
Cholelithiasis.....	7		<b>RECTUM AND ANUS:</b>		
“ common duct	4		<b>Rectum:</b>		
“ cystic duct..	2		Abscess, ischiorectal....	20	
Choledochitis.....	1		“ ischiorectal, tuberculous.....	2	
Empyema.....	1		“ perineal.....	1	
Fistula.....	1		“ rectal.....	2	
Sinus.....	1				

**RECTUM AND ANUS:**

<b>Rectum:—Continued</b>	Total	Died
Carcinoma.....	20	2
Fistula..	1	
Granuloma, syphilitic...	1	
Hæmorrhoids..	102	
Papilloma. ....	3	
Polyp... ..	1	
Proctitis... ..	2	
Sinus, tuberculous..	1	
Stricture... ..	1	

**Anus:**

Condyloma, syphilitic...	1	
Fissure... ..	26	
Fistula..	14	
Furunculosis. ....	1	
Imperforate anus. ....	3	1
Papilloma..	1	
Pruritus... ..	1	
Stricture... ..	1	
Sycosis... ..	1	

**LARYNX:**

Carcinoma.....	7	
Laryngitis. ....	1	
Papilloma. ....	1	
Tuberculosis. ....	1	

**TRACHEA AND BRONCHI:**

Bronchiectasis.....	20	4
Bronchitis... ..	5	
Fistula, bronchial.....	4	

**LUNGS:**

Abscess... ..	14	1
Atelectasis... ..	2	
Carcinoma.....	3	
Collapse.....	1	
"    P.O.....	1	
Emphysema.....	2	
Fistula..	1	
Foreign body... ..	2	1
Perithelioma. ....	1	
Pneumonia, broncho. ....	7	1
"    lobar.....	9	
"    P.O.....	7	
Tuberculosis... ..	75	3

**PLEURA:**

Empyema... ..	40	4
"    tuberculous..	3	
Hydrothorax.....	2	
Pleurisy... ..	7	
"    tuberculous....	3	
Pneumothorax.....	5	

**KIDNEY AND URETER:**

<b>Kidney:</b>	Total	Died
Carcinoma.....	1	
Colic.....	1	
Cyst.....	1	
Horseshoe kidney.....	1	
Hydronephrosis....	8	
Nephritis, chronic...	10	1
Nephrolithiasis... ..	6	
Pyelitis... ..	7	
Pyelonephritis. ....	2	
Pyonephrosis....	1	
Rupture, traumatic..	1	
Tuberculosis. ....	1	
Tumour, unspecified..	1	

**Ureter:**

Calculus.....	5	
Double ureters. ....	1	
Hydroureter. ....	1	

**BLADDER:**

Carcinoma.....	1	
Cystitis... ..	3	
Fistula, urinary.....	1	
Hernia.....	1	1
Inflammation. ....	1	
Rupture... ..	4	

**URETHRA:**

Caruncle.....	1	
Urethritis. ....	1	

**MALE GENERATIVE**

**ORGANS:**

Carcinoma prostate....	1	
Cyst, epididymis....	1	
"    spermatic cord..	1	
"    vas.....	1	
Hæmatoma scrotum..	1	
Hydrocele.....	8	
Phimosis.....	6	
Prostatism.....	1	
Prostatitis... ..	3	
Seminal vesiculitis... ..	1	
Undescended testicle...	3	
Varicocele.....	3	

**FEMALE GENERATIVE**

**ORGANS:**

Abscess, pelvic.....	1	
Cystoma ovary .....	1	

**FEMALE GENERATIVE**

<b>ORGANS:—Continued</b>	Total	Died
Carcinoma cervix . . . . .	2	
“ ovary . . . . .	1	
“ pelvic organs . . . . .	1	
“ uterus . . . . .	1	
Cellulitis, pelvic . . . . .	6	
Cyst, ovary . . . . .	12	
“ round ligament . . . . .	1	
Dysmenorrhœa . . . . .	1	
Fibroid uterus . . . . .	3	
Fibromyoma uteri . . . . .	3	
Fibrosis uteri . . . . .	2	
Hydrocele round ligament . . . . .	1	
Menopause . . . . .	1	
Papilloma vulva . . . . .	2	
Polyp uterine . . . . .	1	
Retroversion . . . . .	1	
Salpingitis . . . . .	10	
Salpingo-oophoritis . . . . .	4	

**PUERPERAL STATE:**

Ectopic gestation . . . . .	1
“ “ ruptured . . . . .	4
Pregnancy . . . . .	1
Septicæmia, puerperal . . . . .	1

**DISEASES OF THE BREAST:**

Abscess . . . . .	9
Adenoma . . . . .	10
Carcinoma . . . . .	38
Cyst . . . . .	3
Cystic disease of breast . . . . .	15
Fibroma . . . . .	2
Hæmatoma . . . . .	2
Lipoma . . . . .	2
Mastitis . . . . .	5
Papilloma . . . . .	3
Tuberculosis . . . . .	1

**ANAPHYLAXIS:**

	Total	Died
Idiosyncrasy to picric acid . . . . .	1	

**UNCLASSIFIED:**

Birth injury . . . . .	1	
Debility . . . . .	1	
Donor skin . . . . .	2	
Emphysema, traumatic . . . . .	1	
Fever, cause unknown . . . . .	1	
Hæmorrhage, P.O. . . . .	2	
Ingrowing toe-nail . . . . .	2	
Malnutrition . . . . .	1	
No disease . . . . .	42	
Not yet diagnosed . . . . .	97	1

**STATISTICS FOR 1929**

Total Admissions . . . . .	3857
Total Discharges . . . . .	3808
	<hr/>
	49
No. in Hospital end of year . . . . .	153
No. in Hospital first of year . . . . .	104
	<hr/>
	49
Total Deaths . . . . .	159

**RECORD OF OPERATIONS, 1929**

	1929	1928	
Operative cases discharged . . . . .	2307	2184	an increase of 123 for 1929
Post-operative complications . . . . .	153	174	a decrease of 21 for 1929
Post-operative infections . . . . .	11	26	a decrease of 15 for 1929
Post-operative mortality . . . . .	129	116	an increase of 13 for 1929
Aseptic cases . . . . .	1339	1275	an increase of 64 for 1929
Septic cases . . . . .	968	909	an increase of 59 for 1929

# REPORT OF THE DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

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*For the Year Ended December 31<sup>st</sup>, 1929*

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*To the* GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

There has been a substantial increase in the work of the departments of gynæcology and obstetrics during the past year.

The wisdom of prolonging the preoperative period in hospital and the further use of preoperative blood transfusion is amply borne out by the progressive lowering of the mortality rate.

The improved radium results in carcinoma of the cervix lend support to the view that radium is the logical treatment of this condition.

The results of the further observations on the care of the lactating breast are appended.

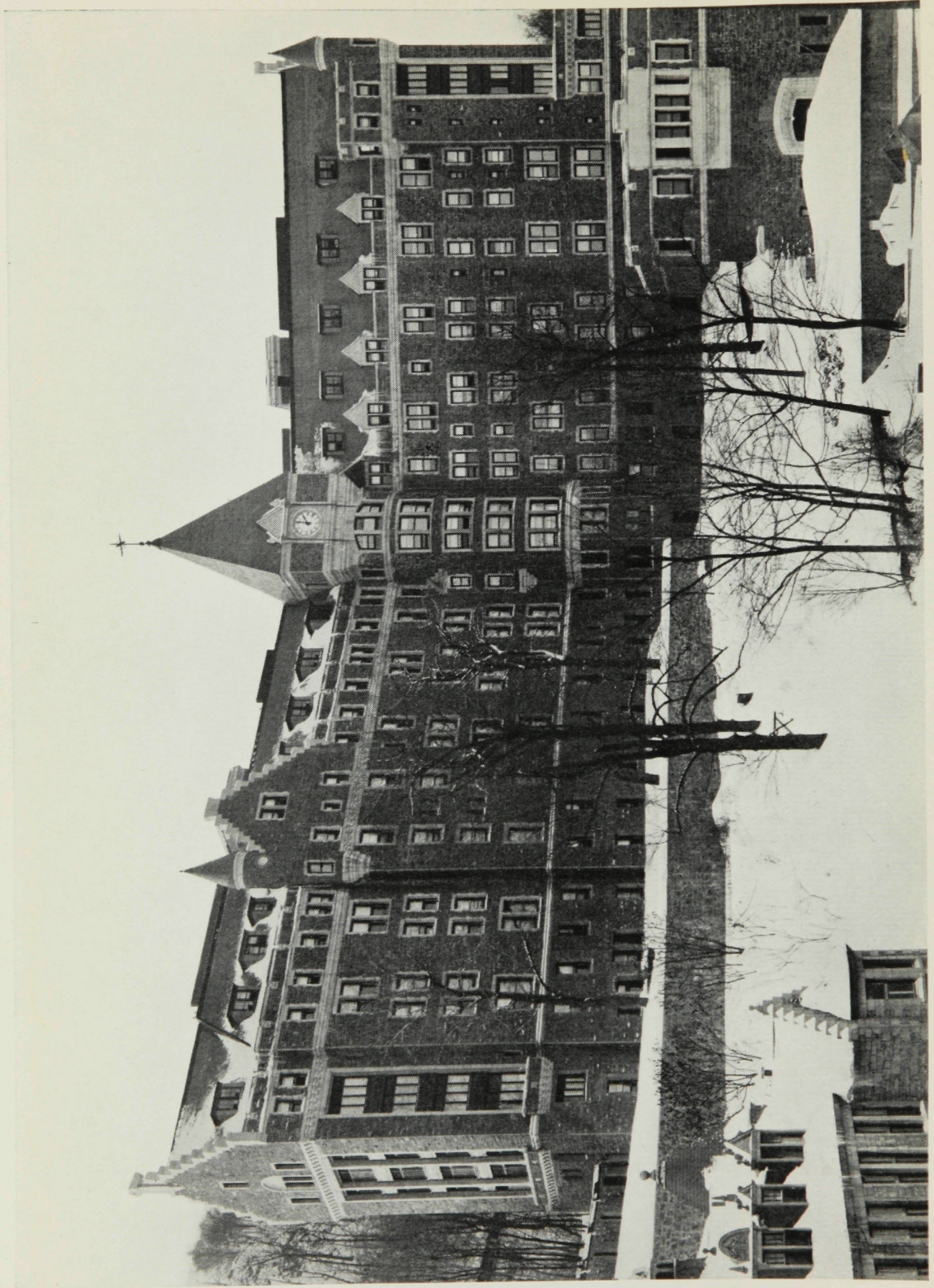
The practical disappearance of impetigo contagiosum from the new-born since the adoption of the Boston lying in method of treatment of the new-born is of great significance.

The post partum clinic is now an established feature of the department.

W. W. CHIPMAN,  
*Obstetrician and Gynæcologist-in-Chief.*







ROYAL VICTORIA MONTREAL MATERNITY PAVILION

## OBSTETRICAL REPORT

For the Year Ending December 31st, 1929

### ROYAL VICTORIC MONTREAL MATERNITY

Obstetrical patients remaining in Hospital January 1st, 1929.....	79
Obstetrical patients admitted to Hospital January 1st, 1929 to January 1st, 1930. ....	2610
	2689
Obstetrical patients remaining in Hospital January 1st, 1930.....	81
	2608

#### GENERAL RESULTS

Total Confinements.....	2344
Patients confined and discharged well.....	2339
Patients admitted Port Partum.....	12
Patients treated but not confined.....	234
Patients treated and transferred.....	9
Patients died... ..	14
	2608

#### PATIENTS TRANSFERRED TO OTHER SERVICES

Case No.	Record No.	Para.	Pelvis	Discharged
1	6202	II.	Normal.	Transferred to Surgery for bursitis. Improved.
2	6505	(Baby)		Transferred to Ward "N" for congenital heart. Died.
3	6912	XII.	Normal.	Transferred to Ward "B" for Uræmia Chr. nephritis. Died.
4	7220	III.		Transferred to Gynæcology for Complete abortion. Cured.
5	7034	I.	Normal.	Transferred to Gynæcology for Acute pelvic infection. Cured.
6	7180	III.		Transferred to Gynæcology for Vomiting of Pregnancy. Cured.
7	8155	III.		Transferred to Ward "B" for Gastric ulcer. Improved.
8	7475	I.		Transferred to Ward "B" for Otitis media. Died.
9	8248	VIII.	Normal.	Transferred to Ward "K". (Still in Ward.)—(Diabetes) Improving.
10	7555			Transferred to Gynæcology for Threatened abortion. Cured.



### MATERNAL MORTALITY

There were 14 maternal deaths. The following is a summary of each case. The mortality rate for all admissions is thus .53%.

No. Para. Age.

6130 II. 38 **Placenta Prævia Centralis. Puerperal Septicæmia.**

Two profuse hæmorrhages before admission. Condition poor when admitted. Bag inserted. Sepsis developed on the 5th day post partum and patient died same day. Child dead-born.

8437 V. 35 **Placenta Prævia Centralis. Septicæmia.**

Painless hæmorrhage at frequent intervals for two months at home. Exsanguinated and in labour on admission. Braxton Hicks version done and limb anchored. Fœtus expelled one hour later. Manual removal of placenta imperative. Uterus and vagina packed. Blood transfusion given. Sepsis developed on the third day, and patient died 12th day post-partum. Child dead-born.

6162 IX. 33 **Puerperal Septicæmia.**

Attempted forceps at home by family doctor. Spontaneous delivery one and a half hours after admission. Found cervix badly lacerated. Sepsis present at time of delivery. Died 9th day post partum. Child dead-born.

6847 II. 34 **Septicæmia (Streptococcic).**

Normal spontaneous delivery with episiotomy. Puerperium normal until 8th day. Died 33 days post-partum. Child discharged in good condition.

7752 II. 33 **Eclampsia.**

Three convulsions before admission. Spontaneous delivery three hours after admission. Died 7 hours post-partum. Child dead-born.

7931 III. 29 **Eclampsia.**

Two convulsions before admission. Delivered by mid forceps ten hours after admission. Convulsions ceased. Complete suppression of urine for three days. Developed a manic-psychois. Died 7th day post-partum. Child dead-born.

No. Para. Age.

8014 I. 27 **Eclampsia with Purpura.**

Very toxic for two weeks before admission with several convulsions. Was six and a half months pregnant. Condition improved for one week after admission. Hæmorrhage from all mucous surfaces, especially the gums, became alarming. Cæsarean Section performed. Died seven hours post-partum. Child discharged well.

6814 I. 35 **Cardiac Disease (Mitral Stenosis and Insufficiency).**

Markedly decompensated on admission. Bougie induction. Delivery by forceps. Died 4th day post-partum. Child dead-born.

7929 I. 36 **Cardiac Disease (Mitral Stenosis and Insufficiency).**

Bag induction at 7th month due to increasing decompensation. When bag was expelled, arm prolapsed. Version and extraction. Patient developed bilateral hemiplegia. Died 36 hours post-partum due to a cerebral infarct. Child dead-born.

6510 III. 21 **Retro-Placental Hæmorrhage.**

Profuse painless hæmorrhage prior to admission. On admission was exsanguinated, delirious and in labor. Marked albuminuria. Delivered spontaneously. Uterus and vagina packed but bleeding continued. Died same day. Child dead-born.

8049 II. 43 **Chronic Pulmonary Tuberculosis with Enteritis.**

Marked cachexia on admission. Delivered spontaneously at 7th month. Died 5th day post-partum. Child discharged well.

6135 IV. 33 **Lobar Pneumonia.**

Admitted with definite right-sided pneumonia. Two hours later delivered spontaneously. Died 5th day post-partum. Child dead-born.

6727 I. 23 **Inversion of Uterus.**

Admitted in labour and delivered spontaneously same day. Placenta easily expressed by gentle Crede. Expulsion of placenta followed by profound shock. Examination showed inversion of uterus. Treated by manual reposition. Patient died in three hours. Child discharged well.

5904 V. 32 **Carcinoma of Rectum.**

Night before admission severe hæmorrhage from rectum. Cæsarean Section twelve hours later. Died 33 days post-partum. Child discharged well.

## ANALYSIS OF CAUSES OF MORBIDITY

A single rise in temperature to 100.6 (after the first 24 hours till discharge, classes the case as morbid.) Of the 2608 patients treated during the year:

There were confined . . . . . 2344  
 Number of morbid cases . . . . . 621

(Percentage from all causes 26.4%).

## 1. Puerperal Infections:—

(1) Bacterial toxæmia . . . . .	225
(2) Pelvic thrombosis, etc. (Saphenous) . . . . .	12
(3) Bacteræmia . . . . .	7
(4) Infected perineum . . . . .	27
(5) Pyelitis . . . . .	36
(6) Pelvic cellulitis . . . . .	14

2. Single rises . . . . . 150

3. Mastitis and Lymphangitis . . . . . 101

4. Neisser Infections . . . . . 4

## 5. Respiratory Diseases:—

Influenza . . . . .	1
Pleurisy . . . . .	2
Pneumonia . . . . .	3
Bronchitis . . . . .	6
Rhinitis and pharyngitis . . . . .	6
Pulmonary T.B.C. . . . .	2
Tonsillitis . . . . .	3
	<hr/>
	23

## 6. Miscellaneous:—

( 1) Otitis media . . . . .	1
( 2) Scarlet fever . . . . .	1
( 3) Carcinoma . . . . .	1
( 4) Anæmia . . . . .	1
( 5) Urethritis . . . . .	1
( 6) Appendicitis . . . . .	1
( 7) Psychosis . . . . .	1
( 8) Reaction to blood transfusion . . . . .	2
( 9) Enteritis . . . . .	1
(10) Abscesses . . . . .	4
(11) Recto-vaginal fistula . . . . .	1
(12) Absorption from hæmatoma . . . . .	1
(13) Cystitis . . . . .	4
(14) Adenitis . . . . .	1
(15) Goitre . . . . .	1
	<hr/>
	22

Subinvolution of uterus . . . . . 38

**INFANTILE MORTALITY, 1929**

There were 157 foetal deaths during the year. Of these 38 were non-viable:—

Full Term—

Ante Partum.....	12
Intra Partum.....	29
Post Partum.....	25

Premature—

Prematurity as cause of death.....	15
Prematurity with other causes (Seen below)....	38
Non-viable.....	38

Total..... 157

	ANTE PARTUM		INTRA PARTUM		POST PARTUM		Total
	Full term	Prem-ature	Full term	Prem-ature	Full term	Prem-ature	
<b>Trauma of labour—</b>							
1. Forceps.....			8		3		11
2. Version and extraction....			1	2	2		5
3. Breech.....			4		2		6
4. Spontaneous delivery.....			3	2	1		6
5. Spontaneous delivery with intra-cranial hæmorrhage.					1		1
6. Tight coil of cord about neck.....			1				1
7. Prolapsed cord.....				1			1
Embryotomy.....			1				1
Craniotomy.....			2				2
<b>Complications:—</b>							
Eclampsia.....	1	1	1			1	4
Pre-eclampsia.....	1	2	2	2			7
Chronic nephritis.....		1			1		2
Pyelitis.....			1				1
Mitral stenosis.....				2			2
Influenza.....						1	1
Pneumonia, maternal.....			1				1
Pneumonia, foetal.....					1	1	2
Diabetes mellitus.....	1	1					2
Retro-placental hæmorrhage.....	2	7	3	4		1	17
Congenital atelectasis.....	1				2	3	6
Icterus gravis.....					1		1
Hæmorrhage of new-born.....					4		4
Congenital heart disease.....					1		1
Prematurity.....						15	15
<b>Abnormalities:—</b>							
1. Anencephalic.....	2		1				3
2. Hydrocephalic.....		3		1			4
3. Cycloptic Monster.....					1		1
4. Mongolian idiot.....					1		1
5. Imperforate anus.....					1		1
6. Congenital umbilical hernia					1		1
7. Congenital ventral hernia...	1				2		2
8. Spina bifida.....							5
Cause obscure.....	3	2					
	12	17	29	14	25	22	119
Non Viable.....							38
Total.....							157

## COMPLICATIONS OF PREGNANCY

Summary of Obstetrical Report, 1929, as per attached sheets.

Cardiac Conditions. . . . .	30
TOXÆMIA OF PREGNANCY:	
Pre-eclampsia. . . . .	132
Eclampsia. . . . .	10
Chronic nephritis. . . . .	19
Vomiting of pregnancy. . . . .	6
HÆMORRHAGE:	
Ante-partum. . . . .	24
Post-partum. . . . .	26
Diabetes Mellitus. . . . .	4
Hydramnios. . . . .	8
Twins. . . . .	26 (pairs)
Blood transfusions. . . . .	17
PYELITIS. . . . .	17
MISCELLANEOUS:	
Anæmia. . . . .	3
Arthritis. . . . .	1
Ankylosis. . . . .	1
Bronchitis. . . . .	1
Cholecystitis. . . . .	1
Chorea. . . . .	1
Hæmaturia. . . . .	1
Hypertension. . . . .	2
Infarct right lung. . . . .	1
Jaundice. . . . .	1
Syphilis. . . . .	10
Neisser. . . . .	8
Puerperal insanity. . . . .	2
Pneumonia. . . . .	1
Pyelotomy. . . . .	1
Pyorrhœa: stomatitis. . . . .	1
Scoliosis. . . . .	1
Trauma. . . . .	1
Tuberculosis. . . . .	8
Tumours. . . . .	5
Varicosities. . . . .	1

## CLASSIFICATION OF PELVIS

Normal. . . . .	1122
Not measured (Private patients). . . . .	1094
Rachitic flat. . . . .	51
Funnel. . . . .	23
Justo-minor. . . . .	24
Justo-major. . . . .	1
Generally contracted. . . . .	29
TOTAL. . . . .	2344

## SUMMARY OF OBSTETRICAL OPERATIONS

1929

### LOW FORCEPS

#### INDICATIONS.

Perineal delay.....	91
Fœtal distress.....	60
Maternal distress.....	145
Posterior positions.....	12
Uterine inertia.....	27
Demonstration purposes.....	1
Transverse position.....	1
TOTAL.....	337

### MID FORCEPS

Maternal distress.....	50
Fœtal distress.....	37
Posterior positions.....	35
Transverse positions.....	8
Mentum position.....	1
Eclampsia.....	2
Uterine inertia.....	16
Pelvic contraction.....	3
Prolapsed arm.....	1
Cardiac distress.....	2
Pre-eclampsia.....	2
TOTAL.....	157

### HIGH FORCEPS

Maternal distress.....	1
Fœtal distress.....	2
Posterior positions.....	7
Pelvic contraction.....	1
Prolapsed cord.....	1
Disproportion (Large head).....	2
Face presentation.....	1
Oedematous cervix.....	1
Carcinoma.....	1
TOTAL.....	17



**CÆSAREAN SECTION**

Pelvic contraction.....	38
Cervical fibroid.....	2
Chronic nephritis.....	2
Carcinoma.....	1
Cardiac disease.....	2
Tuberculosis.....	2
Eclampsia.....	1
Pre-eclampsia.....	3
Ankylosis.....	2
Miscellaneous.....	7
TOTAL.....	<u>60</u>

**INDUCTION OF LABOUR (Hydrostatic Bag)**

Eclampsia.....	1
Pre-eclampsia.....	14
Chronic nephritis.....	4
Pelvic contraction.....	19
Maternal distress.....	1
Ante-partum hæmorrhage.....	14
Cardiac disease.....	4
Tuberculosis.....	1
Prolapsed hand.....	1
Dead fœtus.....	1
Disproportion (Large baby).....	1
TOTAL.....	<u>61</u>

**INDUCTION BOUGIE**

Pelvic contraction.....	2
Pre-eclampsia.....	2
Cardiac disease.....	1
Hydramnios.....	1
Demonstration purposes.....	1
TOTAL.....	<u>7</u>

**CRANIOTOMY****INDICATIONS:**

Death of fœtus.....	2
Failed forceps.....	1
Maternal carcinoma of cervix uteri.....	1
TOTAL.....	<u>4</u>

**EMBRYOTOMY**

Prolapsed arm . . . . .	1
Prolapsed shoulder . . . . .	1
TOTAL . . . . .	<u>2</u>

**VERSION AND EXTRACTION**

Pelvic contraction . . . . .	3
Prolapse of cord and arm . . . . .	3
Fœtal distress . . . . .	2
Posterior position . . . . .	1
Placenta prævia . . . . .	4
Prophylactic . . . . .	1
Transverse position . . . . .	7
Disproportion . . . . .	1
Twin . . . . .	1
Failed forceps . . . . .	3
TOTAL . . . . .	<u>26</u>

**MANUAL REMOVAL OF PLACENTA**

Retained placenta . . . . .	5
Adherent placenta . . . . .	3
TOTAL . . . . .	<u>8</u>

**COMPLETE TEARS**

High forceps . . . . .	1
Mid forceps . . . . .	6
Low forceps . . . . .	11
Version and extraction . . . . .	2
Breech extraction . . . . .	1
Spontaneous labour . . . . .	9
Admitted post partum . . . . .	1
TOTAL . . . . .	<u>31</u>

**BREECH EXTRACTION**

Breech extraction . . . . .	88
Induction bag . . . . .	5
Low forceps . . . . .	1
Cæsarean Section . . . . .	1
TOTAL . . . . .	<u>95</u>

## OUT-DOOR DEPARTMENT—OBSTETRICS

Number of applications for treatment (at Hospital) . . . . .	1209
Number of applications for treatment (at Sub-stations) . . . . .	559
Number of Ante Partum visits to Hospital Clinic . . . . .	3055
Number of Ante Partum visits to Sub-stations Clinics . . . . .	2373
Number of cases delivered . . . . .	334
Number of viable infants born . . . . .	314
Twins . . . . .	2
Dead Born . . . . .	4
Infantile mortality . . . . .	6
Miscarriage . . . . .	1
Maternal mortality . . . . .	0
Number of Post Partum visits paid by Doctors . . . . .	1670
Number of Post Partum visits paid by Nurses . . . . .	5369
Number of patients transferred to Victorian Order for post partum care . . . . .	26
Number of Post Partum visits paid by patients . . . . .	628

### INFANTILE MORTALITY

- 860. Dead-born, anencephalic. Spina Bifida.
- 871. Still-born. Premature (7 months). Cause obscure.
- 928. Died 1 day post-partum . . . . . Prematurity.
- 922. Died 3 hours post-partum . . . . . Prematurity.
- 967. Dead-born (6½ months) . . . . . Miscarriage.
- 976. Died 3 hours post-partum . . . . . Hæmorrhage from cord.
- 1016. Died 3 days post-partum . . . . . Cardiac disease.
- 1031. Dead-born (Premature) . . . . . Hydramnios.
- 1070. Died post-partum . . . . . Subdural Hæmorrhage (Cause obscure)
- 1110. Still-born . . . . . Prolapsed cord.
- 1129. Died post-partum . . . . . Anencephalic monster.

## COMPLICATIONS OF PREGNANCY

### CARDIAC CONDITIONS.

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
5968.	XV.	Normal	Spontaneous L.O.A.	Good	Good	
5871.	I.	Normal	Induction of labour. Hydrostatic bag.	Good	Good	
6089.	V.	Normal	Induction of labour. Hydrostatic bag.	Good	Good	
8101.	III.	Normal	1. Breech. 2. Mid forceps.	Fair	Both good	Twins.
6232.	II.	Not meas.	Spontaneous L.O.A.	Good	Good	
6236.	II.	Normal	Spontaneous R.O.A.	Good	Good	
6487.	I.	Not meas.	Mid forceps L.O.P.	Good	Good	
6689.	VII.	Not meas.	Mid forceps R.O.A.	Good	Good	
6286.	I.	Normal	Induction of labour. Hydrostatic bag.	Good	Good	
6791.	II.	Funnel	Low forceps L.O.A.	Good	Good	
6690.	I.	Normal	Mid forceps L.O.A.	Good	Good	
6829.	IV.	Normal	Spontaneous L.O.A.	Good	Good	
6814.	I.	Not meas.	Induction of labour. Bougie.	Died	Dead born	Mac.
6942.	III.	Normal	Spontaneous. Face to pubes.	Fair	Died	(Prem. baby)
6950.	IV.	Normal	Spontaneous R.O.A.	Good	Good	
6679.	II.	Normal	Induction of labour. Hydrostatic bag. Breech extraction.	Good	Died	
6676.	V.	Normal	Spontaneous L.O.A.	Good	Good	
7129.	I.	Not meas.	Mid forceps L.O.A.	Fair	Good	
7098.	II.	Normal	Induction of labour. Hydrostatic bag.	Good	Good	
7171.	I.	Normal	Cæsarean Section.	Good	Good	
7380.	III.	Normal	Low forceps L.O.A. Face presentation.	Good	Good	
6677.	IX.	Normal	Spontaneous, vertex.	Fair	Fair	Ref. to R.V.H. clinic.
7384.	VII.	Normal	Spontaneous.	Fair	Still born	Miscarriage
7881.	I.	Not meas.	Low forceps R.O.A.	Good	Good	
7830.	I.	Not meas.	Low forceps L.O.A.	Good	Good	
7856.	I.	Normal	Low forceps L.O.A.	Good	Good	
7913.	II.	Not meas.	Cæsarean Section.	Good	Died	
7977.	II.	Normal	Spontaneous L.O.A.	Fair	Good	
7929.	IV.	Normal	Induction of labour. Hydrostatic bag. Version and extraction.	Died	Still born	
8077.	III.	Normal	Induction of labour. Hydrostatic bag.	Fair	Died	

## TOXÆMIA OF PREGNANCY

## PRE-ECLAMPSIA.

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
5997.	I.	Normal	Low forceps L.O.A.	Good	Good	
6000.	I.	Normal	Spontaneous L.O.A.	Good	Good	
5955.	XV.	Not meas.	Spontaneous	Good	Dead born	
6045.	II.	Not meas.	Induction of labour. Hydrostatic bag	Good	Good	
6053.	III.	Not meas.	Spontaneous R.O.A.	Good	Good	
6129.	V.	Normal	Spontaneous L.O.A.	Good	Good	
6196.	I.	Not meas.	Mid forceps L.O.A.	Good	Good	
6174.	I.	Normal	Spontaneous L.O.A.	Good	Good	
6319.	III.	Normal	Spontaneous L.O.A.	Good	Good	
6510.	III.	Not meas.	Spontaneous R.O.A.	Died	Died	
6345.	I.	Not meas.	Induction of labour. Hydrostatic bag. Low forceps	Good	Good	
6718.	I.	Normal	Spontaneous R.O.A.	Good	Good	
6399.	I.	Not meas.	Spontaneous L.O.A.	Good	Good	
6465.	I.	Normal	Low forceps L.O.A.	Good	Good	
6466.	I.	Not meas.	Mid forceps L.O.A.	Good	Good	
6490.	V.	Not meas.	Spontaneous L.O.A.	Good	Good	
6535.	I.	Normal	Spontaneous L.O.A.	Good	Good	
6607.	I.	Normal	Spontaneous L.O.A.	Good	Good	
6616.	II.	Flat Rachitic	Induction of labour. Hydrostatic bag	Good	Good	
6606.	I.	Not meas.	Spontaneous L.O.A.	Good	Good	
6632.	I.	Normal	Low forceps L.O.A.	Good	Good	
6650.	I.	Normal	Spontaneous L.O.A.	Good	Good	
6654.	I.	Normal	Spontaneous R.O.A.	Good	Good	
6685.	I.	Normal	Induction of labour. Hydrostatic bag	Good	Good	
6699.	VI.	Normal	Induction of labour. Hydrostatic bag	Good	Good	
6602.	I.	Normal	Spontaneous R.O.A.	Good	Good	
6671.	I.	Not meas.	Spontaneous L.O.A.	Good	Good	
6824.	II.	Not meas.	Spontaneous L.O.A.	Good	Good	
6884.	IV.	Normal	Spontaneous L.O.A.	Good	Good	
6815.	X.	Normal	Breech extraction L.S.A.	Fair	Good	
6924.	I.	Not meas.	Induction of labour. Hydrostatic bag	Good	Good	
6996.	II.	Normal	Spontaneous R.O.A.	Fair	Good	
7013.	IV.	Normal	Spontaneous L.O.A.	Good	Dead born	
7098.	II.	Normal	Induction of labour. Hydrostatic bag	Good	Good	
7172.	IX.	Normal	Spontaneous L.O.A.	Good	Good	
7154.	I.	Normal	Induction of labour. Bougie	Good	Good	

TOXÆMIA OF PREGNANCY—*Continued*PRE-ECLAMPSIA—*Continued*

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
7193.	IX.	Normal	Induction of labour. Hydrostatic bag...	Good	Dead born	
6475.	I.	Not meas.	Spontaneous L.O.A. ....	Good	Good	
6805.	V.	Normal	Spontaneous L.O.A. ....	Fair	Dead born	
6799.	IV.	Normal	Not confined....	Improved		
6102.	IV.	Normal	Spontaneous L.O.A. ....	Good	Good	
6701.	IX.	Normal	Not confined....	Improved		
7067.	I.	Normal	Not confined....	Improved		
7128.	I.	Not meas.	Spontaneous R.O.A....	Good	Good	
7115.	V.	Normal	Induction of labour. Hydrostatic bag. Version and extraction. ....	Fair	Good	
7176.	I.	Not meas.	Induction of labour. Hydrostatic bag....	Good	Dead born	
6677.	IX.	Normal	Spontaneous, vertex....	Fair	Fair	
7437.	II.		Not confined.....	Improved		
7473.	I.	Normal	Spontaneous R.O.A....	Good	Good	
7488.	II.	Gen. Con- tracted	Spontaneous L.O.A. ....	Good	Good	
7397.	II.		Not confined....	Improved		
7813.	I.		Not confined....	Improved		
7891.	III.		Not confined.....	Improved		
7528.	II.	Not meas.	Spontaneous R.O.A....	Good	Good	
7638.	I.	Not meas.	Admitted (not confined).....	Improved		
7623.	I.		Admitted (not confined).....	Improved		
7828.	XII.	Normal	Breech L.S.A. ....	Good	Dead born	
7845.	I.	Normal	Induction of labour. Hydrostatic bag....	Good	Died	
7934.	VI.		Admitted (not confined).....	Improved		
7726.	I.		Admitted (not confined).....	Improved		
7930.	II.		Admitted (not confined).....	Improved		
7981.	III.	Not meas.	Spontaneous L.O.A....	Good	Dead born	
8060.	I.		Admitted (not confined).....	Improved		
8203.	I.		Admitted (not confined).....	Discharged against advice.		
8213.	II.		Admitted (not confined).....	Discharged against advice.		
8222.	I.		Admitted (not confined).....	Improved		
8140.	I.	Normal	Mid forceps R.O.A....	Good	Good	
8291.	III.		Admitted (not confined).....			Referred to O.D. clinic
8221.	I.		Admitted (not confined).....	Improved		
8357.	I.		Admitted (not confined).....	Improved		
8390.	I.		Mid forceps L.O.A....	Good	Good	
6774.	II.		Spontaneous L.O.A....	Good	Good	

TOXÆMIA OF PREGNANCY—*Continued*PRE-ECLAMPSIA—*Continued*

NO.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
7205.	I.	Normal	Breech extraction L.S.A.	Good	Good	
7139.	I.	Not meas.	Low forceps R.O.A.	Good	Good	
7197.	I.	Normal	Spontaneous R.O.P.	Fair	Good	
7176.	I.	Not meas.	Induction of labour. Hydrostatic bag	Good	Dead born	
7276.	I.	Not meas.	Breech extraction L.S.A. R.S.P.	Good	Both good	Twins.
7260.	II.	Not meas.	Spontaneous R.O.A.	Fair	Still born	
7291.	I.	Normal	Induction of labour. Bougie.	Good	Good	
7399.	V.	Normal	Spontaneous L.O.A.	Fair	Dead born	
7484.	II.	Normal	Spontaneous R.O.A.	Good	Good	
7567.	I.	Not meas.	Version and extraction.	Fair	Still born	
7625.	I.	Not meas.	Low forceps L.O.A.	Good	Good	
7635.	III.	Normal	Spontaneous R.O.A.	Good	Good	
7691.	VIII.	Normal	Spontaneous R.O.A.	Good	Good	
7587.	III.	Normal	Induction of labour. Hydrostatic bag	Good	Good	
7822.	II.	Not meas.	Spontaneous L.O.A.	Good	Died	
7860.	I.	Not meas.	Spontaneous L.O.A.	Good	Good	
7952.	III.	Not meas.	Spontaneous L.O.A.	Good	Good	
7900.	I.	Not meas.	Cæsarean Section	Fair	Good	
8014.	I.	Not meas.	Cæsarean Section	Died	Good	
8120.	I.	Normal	Spontaneous R.O.A.	Good	Good	
8199.	III.	Not meas.	Cæsarean Section	Good	Good	
8137.	I.	Normal	Spontaneous L.O.A.	Good	Good	
8202.	I.	Not meas.	Breech L.S.A.	Fair	Dead born	
8124.	I.	Normal	Cæsarean Section	Fair	Good	
8301.	III.	Normal	Spontaneous L.O.A.	Good	Good	
7403.	I.	Normal	Spontaneous L.O.A.	Good	Good	
8292.	I.	Normal	Spontaneous R.O.A.	Good	Good	
8326.	I.	Not meas.	Spontaneous L.O.A.	Fair	Fair	
8332.	I.	Normal	Spontaneous L.O.P.	Good	Good	
8382.	I.	Normal	Spontaneous L.O.P.	Good	Good	
8410.	VIII.	Normal	Spontaneous R.O.A.	Good	Good	
8380.	I.	Not meas.	Low forceps L.O.A.	Good	Good	
8344.	VII.	Normal	1. Breech extraction L.S.A. 2. Breech extraction R.S.A.	Fair	Both good	
6825.	II.	Not meas.	Induction of labour. Hydrostatic bag	Good	Good	
6185.	I.	Normal	Not confined.	Discharged	against advice.	
7479.	II.		Not confined.	Improved		

TOXÆMIA OF PREGNANCY—*Continued*PRE-ECLAMPSIA—*Continued*

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
8136.	I.		Not confined.....	Improved		
8097.	III.		Not confined.....	Improved		
8165.	III.		Not confined.....	Improved		
5835.	I.	Not meas.	Low forceps L.O.A.....	Good	Good	
6046.	I.		Not confined.....	Improved		
5992.	I.	Flat rachitic	1. Breech L.S.A. 2. Breech R.S.A.....	Good	Both died	Twins
6015.	VIII.	Normal	Induction of labour. Hydrostatic bag.....	Good	Good	
6086.	I.	Not meas.	Spontaneous.....	Good	Good	Psychosis
6178.	V.	Normal	Spontaneous L.O.A.....	Good	Good	
6104.	I.	Normal	Spontaneous L.O.A.....	Good	Good	
5995.	IV.	Normal	Not confined.....	Improved		
6260.	IV.	Normal	Induction of labour. Hydrostatic bag.....	Good	Died	
6288.	I.		Not confined.....	Improved		
6503.	III.	Normal	Spontaneous L.O.A.....	Good	Good	
6506.	V.	Normal	Spontaneous L.O.A.....	Good	Good	
6176.	VIII.	Normal	Spontaneous L.O.A.....	Good	Good	
6475.	I.	Normal	Spontaneous R.O.A.....	Good	Good	
6502.	III.	Normal	Spontaneous L.O.A.....	Good	Good	
6551.	III.	Normal	Not confined.....	Improved		
6536.	I.	Normal	Spontaneous L.O.A.....	Good	Good	
6345.	I.	Not meas.	Induction of labour. Hydrostatic bag. Low forceps R.O.A.....	Good	Good	
6733.	I.		Not confined.....	Improved		
6633.	I.	Not meas.	Low forceps L.O.A.....	Good	Good	
6745.	V.	Not meas.	Induction of labour. Hydrostatic bag. Breech extraction.....	Good	Dead born	

## ECLAMPSIA.

6086.	I.	Not meas.	Spontaneous.....	Good	Good	
6123.	I.	Normal	Low forceps R.O.A.....	Good	Good	
6493.	V.	Normal	Spontaneous R.O.A.....	Good	Good	
6694.	I.	Not meas.	Low forceps L.O.A.....	Good	Good	
7483.	VI.	Normal	Spontaneous R.O.A.....	Good	Good	
7552.	II.	Normal	Spontaneous R.O.A.....	Good	Good	
7752.	II.	Not meas.	B.B.A.....	Died	Died	
7931.	III.	Normal	Low forceps R.O.A.....	Died	Died	
8082.	I.	Not meas.	High forceps L.O.P.....	Good	Good	
8144.	I.	Normal	Low forceps R.O.A.....	Fair	Dead born	



TOXÆMIA OF PREGNANCY—*Continued*

## CHRONIC NEPHRITIS.

NO.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
6015.	VIII.	Normal	Induction of labour. Hydrostatic bag.....	Good	Good	
6045.	II.	Not meas.	Induction of labour. Hydrostatic bag... ..	Good	Good	
6260.	IV.	Normal	Induction of labour. Hydrostatic bag.....	Good	Died	
6502.	III.	Normal	Spontaneous L.O.A.....	Good	Good	
6506.	V.	Normal	Spontaneous L.O.A. ....	Good	Good	
6534.	II.	Not meas.	Cæsarean Section....	Good	Good	
6851.	III.	Normal	Spontaneous L.O.A..	Good	Good	
6745.	V.	Not meas.	Induction of labour. Hydrostatic bag. Breech extraction.....	Good	Dead born	
6805.	V.	Normal	Spontaneous L.O.A. ....	Good	Dead born	
6677.	II.	Normal	Spontaneous, vertex. ....	Fair	Fair	
6825.	II.	Not meas.	Induction of labour. Hydrostatic bag... ..	Good	Good	
6922.	I.	Normal	Spontaneous R.O.A....	Good	Good	
5980.	V.	Normal	Spontaneous L.O.A.....	Good	Died	
6912.	XII.	Normal	Spontaneous L.O.A.....	Poor	Dead born	
7399.	V.	Normal	Spontaneous L.O.A....	Fair	Fair	
7561.	I.	Normal	Spontaneous L.O.A. ....	Good	Good	
7981.	III.	Not meas.	Spontaneous L.O.A. ....	Good	Dead born	
8098.	II.	Normal	Spontaneous R.O.A.....	Good	Good	
8169.	VIII.		Therapeutic abortion.....	Fair	Dead born	

## VOMITING OF PREGNANCY.

6023.	I.		Admitted, not confined.....	Improved		
6601.	I.		Admitted, not confined.....	Improved	3 dys. in Hosp.	
6602.	IV.		Admitted, not confined.....	Improved	4 dys. in Hosp.	
6633.	I.	Not meas.	Low forceps L.O.A. ....	Good	Good	
6674.	II.	Not meas.	Spontaneous R.O.A....	Good	Good	
8199.	III.	Not meas.	Cæsarean Section.....	Good	Good	

## PYELITIS.

5921.	I.	Normal	Spontaneous R.O.A.....	Good	Good	
6122.	I.	Not meas.	Mid forceps R.O.A. ....	Good	Good	
6145.	III.	Normal	Spontaneous L.O.A. ....	Good	Good	
6210.	VII.	Normal	Not confined....		Refused induction	
6232.	II.	Not meas.	Spontaneous L.O.A. ....	Good	Good	
6764.	I.		Not confined.....		Blood Was- sermann ††††	

PYELITIS—*Continued*

NO.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
7047.	II.		Not confined....		Improved	
7145.	I.		Spontaneous L.O.A.....	Good	Good	
7219.	II.		Not confined....			Induction inadvisable
7350.	I.		Not confined.....		Improved	
7433.	IV.		Not confined.....		Cured	
7693.	VII.		Not confined....	Improved		Refused to stay longer
					Dead	Died ante partum
7742.	I.		Craniotomy and extraction....	Good	born	
7734.	IV.		Not confined.....			Left agst. advice
7788.	I.		Cæsarean Section....	Fair	Good	
7798.	I.		Low forceps.....	Fair	Good	
7923.	IV.		Not confined.....		Improved.	

## ANTE-PARTUM HÆMORRHAGE (Accidental apparent)

5946.	VII.	Normal	Spontaneous L.O.A.....	Good	Fair	Premature
6130.	II.	Normal	Induction of labour. Hydrostatic bag....		Dead born	
6339.	I.	Normal	Spontaneous L.O.A.....	Good	Good	
6967.	III.	Normal	Spontaneous L.O.A.....	Good	Good	
6912.	XII.	Normal	Spontaneous L.O.A.....	Poor	Dead	born
7193.	IX.	Normal	Induction of labour. Hydrostatic bag....	Good	Dead	born
7391.	III.	Normal	Induction of labour. Hydrostatic bag....	Good	Died	
8135.	II.	Normal	Induction of labour. Hydrostatic bag. Low forceps L.O.A.....	Good	Dead born	
8395.	II.	Not meas.	Low forceps L.O.P.....	Fair	Dead	born
8456.	III.	Not meas.	Prophylactic L.O.A.....	Good	Good	
6951b.	VIII.		Not confined....		Improved	
6716.	III.	Normal	Induction of labour. Hydrostatic bag....	Good	Poor	
7525.	VI.	Normal	Spontaneous R.O.P.....	Good	Fair	Face to pubes
6804.	X.	Normal	Version and extraction.....	Good	Dead	born
6722.	IX.	Normal	Breech extraction L.S.A.....	Good	Dead	born
7070.	IV.	Normal	Induction of labour. Hydrostatic bag....	Good	Good	
7242.	V.	Normal	Breech extraction L.S.A.....	Good	Died	
7305.	I.	Normal	Induction of labour. Hydrostatic bag....	Fair	Good	
7452.	III.	Not meas.	Spontaneous L.O.A.....	Good	Good	
7567.	I.	Not meas.	Version and extraction.....	Fair	Still	born
7848.	III.	Normal	Induction of labour. Hydrostatic bag. Breech extraction.....	Good	Dead born	

ANTE-PARTUM HÆMORRHAGE(Accidental apparent)—*Continued*

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	R
7971.	II.	Normal	Induction of labour. Hydrostatic bag... ..	Good	Good	
8129.	II.	Normal	Induction of labour. Hydrostatic bag... ..	Good	Good	
8437.	V.	Not meas.	Version and extraction... ..	Died	Dead born	

## POST PARTUM HÆMORRHAGE.

6080.	II.	Normal	Spontaneous R.O.P... ..	Good	Good	900 c.c.
6047.	I.	Not meas.	Mid forceps L.O.A... ..	Good	Good	
5949.	I.	Normal	Spontaneous R.O.P... ..	Good	Good	1500 c.c.
6071.	VI.	Normal	Admitted post partum... ..	Good	Good	
6138.	VI.	Not meas.	1. Spontaneous L.O.A. 2. Breech R.S.A... ..	Good	Both good	750 c.c.
6197.	I.	Normal	Low forceps R.O.A... ..	Good	Good	700 c.c.
6226.	I.	Not meas.	Low forceps R.O.P... ..	Good	Good	600 c.c.
6388.	I.	Normal	Spontaneous L.O.A... ..	Good	Good	600 c.c.
6498.	I.	Normal	Spontaneous R.O.A... ..	Good	Good	600 c.c.
6575.	I.	Normal	Low forceps L.O.A... ..	Good	Good	600 c.c.
6722.	IX.	Not meas.	Breech L.S.A... ..	Good	Dead born	1200 c.c.
6689.	VII.	Not meas.	Mid forceps R.O.A... ..	Good	Good	600 c.c.
6898.	IV.		Admitted post partum... ..	Good	Good	1200 c.c.
6884.	IV.	Normal	Spontaneous L.O.A... ..	Good	Good	900 c.c.
6710.	IV.	Not meas.	Spontaneous L.O.A... ..	Good	Good	900 c.c.
6814.	I.	Not meas.	Induction of labour. Bougie... ..	Died	Died	800 c.c.
6912.	XII.	Normal	Spontaneous L.O.A... ..	Poor	Dead born	1200 c.c.
6925.	II.	Normal	Spontaneous L.O.A... ..	Good	Good	600 c.c.
6911.	II.	Normal	Spontaneous L.O.A... ..	Good	Good	1000 c.c.
6961.	I.	Normal	Mid forceps R.O.P... ..	Good	Died	600 c.c.
7264.	II.	Not meas.	Spontaneous R.O.A... ..	Good	Good	800 c.c.
7270.	I.	Not meas.	Mid forceps R.O.A... ..	Good	Good	600 c.c.
7403.	I.	Normal	Spontaneous L.O.A... ..	Good	Good	600 c.c.
8286.	II.	Normal	Spontaneous L.O.A... ..	Good	Good	600 c.c.
8401.	II.	Normal	Spontaneous R.O.A... ..	Good	Good	700 c.c.
8434.	II.	Normal	Spontaneous R.O.A... ..	Good	Good	1000 c.c.

## DIABETES MELLITUS.

6496.	IV.	Normal	Spontaneous L.O.A... ..	Good	Good	
7090.	IX.	Flat	Spontaneous R.O.A... ..	Good	Dead born	
7936.	VI.	Normal	Frank breech R.S.A... ..	Fair	Dead born	
8248.	VIII.	Normal	Spontaneous R.O.P... ..	Fair	Dead born	Mother trans

## HYDRAMNIOS.

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
5938.	III.	Normal	Spontaneous R.O.P.	Good	Good	
6008.	IV.	Not meas.	Spontaneous L.O.A.	Good	D.B.	
6867.	I.	Normal	Spontaneous.	Good	D.B.	
6816.	I.	Normal	Mid forceps.	Fair	D.B.	
7136.	IV.	Normal	Spontaneous L.O.A.	Good	Good	
7259.	I.	Normal	Spontaneous.	Good	D.B.	Face present-
8248.	VIII.	Normal	Spontaneous R.O.P.	Fair	D.B.	ation
8101.	III.	Normal	1. Breech L.S.A. 2. Mid forceps L.O.A.	Fair	Both good	Twins

## MISCELLANEOUS

## ANÆMIA.

6592.	II.	Normal	Induction of labour. (Medical).	Good	Good	
7715.	V.	Normal	Induction of labour. Hydrostatic bag.	Fair	Good	
6608.	V.	Normal	Spontaneous L.O.A.	Poor	Good	

## ARTHRITIS.

7601.	II.		Not confined.		Improved	
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## ANKYLOSIS.

7788.	I.	Not meas.	Cæsarean Section.	Fair	Good	
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## BRONCHITIS.

6260.	IV.	Not meas.	Cæsarean Section.	Fair	Died	
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## CHOLECYSTITIS.

7036.	II.	Normal	Induction of labour. Hydrostatic bag.	Fair	Died	
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## CHOREA.

8273.	III.	Normal	Spontaneous L.O.A.	Good	Good	
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## HÆMATURIA.

6477.	III.	Normal	Not confined.	Improved	5 dys. in Hosp.	
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## HYPERTENSION.

7682.	I.	Not meas.	Spontaneous L.O.A.	Good	Good	
8051.	VII.	Normal	Spontaneous R.O.A.	Good	Good	

## INFARCT RT. LUNG.

8077.	IV.	Not meas.	Not confined.		Cured	
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## JAUNDICE.

6919.	IV.	Not meas.	Not confined.		Cured	
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MISCELLANEOUS—*Continued*

## SYPHILIS.

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
6764.	I.	Not meas.	Not confined.....	Improved		
8349.	II.	Normal	Breech L.S.P.....	Good	Non-viable	
5958.	I.	Normal	Spontaneous L.O.A.....	Good	Good	
6186.	I.	Normal	Spontaneous L.O.A.....	Fair	Good	
6494.	II.	Normal	Spontaneous R.O.A.....	Good	Died	
7050.	III.	Not meas.	Spontaneous R.O.A.....	Good	Good	
6929.	I.	Normal	Spontaneous R.O.A.....	Good	Good	
7707.	I.	Not meas.	Spontaneous L.O.A.....	Good	Good	
8118.	I.	Not meas.	Mid forceps L.O.A.....	Good	Good	Secondary
8084.	II.	Not meas.	Low forceps L.O.A.....	Good	Good	

## NEISSER.

7097.	IV.	Not meas.	Spontaneous L.O.A.....	Good	Good	
6570.	I.	Normal	Spontaneous L.O.A.....	Good	Good	
6577.	IV.	Normal	Spontaneous L.O.A.....	Good	D.B.	
6269.	III.	Not meas.	Spontaneous R.O.A.....	Good	Good	
6359.	I.	Normal	Spontaneous R.O.A.....	Good	Good	
6172.	I.	Normal	Spontaneous R.O.A.....	Fair	Good	
8044.	I.	Normal	Induction of labour. Hydrostatic bag.....	Good	Fair	Child has conjunctivitis Syphilitic (?)
8025.	I.	Normal	Frank breech L.S.A.....	Fair	Good	

## PUERPERAL INSANITY.

7358.	IX.	Normal	Spontaneous L.O.A.....	Good	Good	
7935.	II.	Normal	Not confined.....			Sent to Verdun

## PNEUMONIA

6135.	IV.	Not meas.	Spontaneous L.O.A.....	Died	Died	
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## PYELOTOMY.

6448.	XIV.	Normal	Version and extraction.....	Good	Died	Premature
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## PYORRHŒA: STOMATITIS.

7892.	I.	Not meas.	Spontaneous R.O.A.....	Fair	Still born	
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## SCOLIOSIS.

6071.	VI.	Normal	Admitted post-partum.....	Good	Good	P.P. hge.
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## TRAUMA.

6623.	IV.	Normal	Induction of labour (Medical).....	Good	D.B.	Mac.
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MISCELLANEOUS—*Continued*

## TUBERCULOSIS.

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
5971.	I.	Normal	Induction of labour. Hydrostatic bag . . . . .	. Good	Good	
8049.	V.	Normal	Spontaneous R.O.A. . . . .	Died	Good	
6720.	I.	Normal	Cæsarean Section . . . . .	Good	Died	
7886.	I.	Funnel	Mid forceps L.O.A. . . . .	Good	Fair	
7069.	I.	Normal	Mid forceps R.O.A. . . . .	Fair	Good	
8385.	IV.	Normal	Breech R.S.A. . . . .	Good	Good	
8317.	III.	Not meas.	Cæsarean Section . . . . .	Fair	Good	
8264.	X.	Normal	Low forceps L.O.P. . . . .	Poor	Good	

## TUMOURS.

6242.	V.	Not meas.	Cæsarean Section . . . . .	Good	Good	Cervical fibroid
6867.	I.	Normal	Miscarriage . . . . .	Good	D.B.	Fibromyoma uteri
7085.	I.	Normal	Cæsarean Section (Porro) . . . . .	Good	Good	Fibroid uteri
8322.	XIV.	Not meas.	Version and extraction . . . . .	Fair	D.B.	Carcinoma of cervix uteri
5904.	V.	Normal	Cæsarean Section . . . . .	Died	Good	Carcinoma of rectum (In- operable)

## VARICOSITIES.

6295.	I.	Normal	Spontaneous R.O.A. . . . .	Good	Good	
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## TWINs.

5992.	I.	Flat	Breech extraction . . . . .	Good	1. Died 2. D.B. Mac.	Eclampsia
5996.	VII.	Flat	1. Spontaneous R.O.A. 2. Spontaneous L.O.A. . . . .	Good	Both good	
6138.	VI.	Not meas.	1. Spontaneous R.O.A. 2. Breech R.S.A. . . . .	Good	Both good	Uniovular
6423.	II.	Not meas.	1. Spontaneous L.O.A. 2. Spontaneous R.O.A. . . . .	Good	1. Good 2. Still born	
6556.	I.	Normal	1. Spontaneous R.O.A. 2. Breech L.S.A. . . . .	Good	Both good	
6742.	II.	Normal	1. Spontaneous L.O.A. 2. Spontaneous R.O.A. . . . .	Good	Both good	Uniovular
6744.	I.	Normal	1. Breech L.S.A. 2. Breech R.S.P. . . . .	Good	Both good	
6796.	IV.	Justo minor	1. Spontaneous R.O.P. 2. Spontaneous L.O.A. . . . .	Good	Both good	
6121.	V.	Not meas.	1. Spontaneous R.O.A. 2. Spontaneous L.O.A. . . . .	Good	Both died	Premature

TWINS—*Continued*

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
6821.	V.	Normal	1. Spontaneous R.O.A. 2. Spontaneous R.O.A.....	Good	1. Died 2. Fair	Broncho Pneumonia
7011.	I.	Normal	1. Spontaneous (Abortion).....	Good	1. D.B. Mac. 2. D.B. Mac.	
7015.	II.	Normal	1. Spontaneous R.O.A. 2. Spontaneous R.O.A.....	Good	1. Good 2. Good	
7621.	III.	Normal	1. Spontaneous L.O.A. 2. Spontaneous R.O.A.....	Good	1. Good 2. Good	
7276.	I.	Not meas.	1. Breech L.S.A. 2. Breech R.S.P. ....	Good	Both good	
7740.	IV.	Normal	1. Spontaneous L.O.A. 2. Spontaneous R.O.P. ....	Good	Both good	Face to pubes
7784.	II.	Not meas.	1. Low forceps R.O.A. 2. Version and extraction.	Good	Both good	
7806.	III.	Not meas.	1. Spontaneous R.O.A. 2. Spontaneous L.O.A..	Good	Both good	
8048.	II.	Not meas.	1. Spontaneous R.O.A. 2. Spontaneous R.O.P.....	Good	Both good	
8086.	IV.	Normal	1. Spontaneous R.O.A. 2. Spontaneous R.O.A.....	Fair	Both good	
8101.	III.	Normal	1. Breech L.S.A. 2. Mid forceps L.O.A. ....	Fair	Both good	
8262.	II.	Normal	1. Spontaneous L.O.A. 2. Spontaneous R.O.A.....	Good	Both good	
8386.	VI.	Not meas.	Miscarriage.....	Good	Both non- viable	
8411.	II.	Not meas.	1. Spontaneous L.O.A. 2. Spontaneous R.O.A.....	Good	Both good	
8344.	VII.	Normal	1. Breech L.S.A. 2. Breech R.S.A. ....	Fair	Both good	
8470.	II.	Not meas.	1. Spontaneous R.O.A. 2. Spontaneous R.O.A.....	Good	Both good	
8281.	II.	Normal	1. Spontaneous R.O.A. 2. Spontaneous L.O.A. ....	Good	Both good	

## CÆSAREAN SECTION.

6011.	I.	Not meas.	Pelvic contraction. ....	Good	Died	Trauma of labour
6048.	I.	Not meas.	Hæmatoma. ....	Good	Good	
6063.	II.	Rachitic flat	Pelvic contraction. ....	Good	Good	
6154.	I.	Normal	Ankylosis, rt. hip. ....	Good	Good	Old tubercu- losis lesion.
6199.	II.	Not meas.	Previous difficult breech delivery, with complete tear. ....	Good	Good	
6281.	II.	Rachitic flat	Pelvic contraction, former difficult labour. ....	Good	Good	
6242.	V.	Not meas.	Cervical fibroid. ....	Good	Good	Hysterec- tomy (Porro)

CÆSAREAN SECTION—*Continued*

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
6381.	I.	Flat	Pelvic contraction . . . . .	Good	Good	
6346.	II.	Not meas.	Previous Cæsarean. Old tuberculosis. . . . .	Good	Good	
6516.	I.	Flat	Pelvic contraction . . . . .	Good	Good	
6495.	III.	G. C.	Pelvic contraction . . . . .	Good	Died	Premature baby Sterilization
6512.	II.	Rachitic flat	Pelvic contraction . . . . .	Good	Good	
5904.	V.	Normal	Inoperable carcinoma . . . . .	Died	Good	
6334.	II.	Not meas.	Chronic nephritis, cervical tear . . . . .	Good	Good	Sterilization (Porro) Cæsarean
6618.	I.	Funnel	Pelvic contraction . . . . .	Good	Good	
6657.	II.	Funnel	Pelvic contraction . . . . .	Good	Good	Sterilization
6658.	III.	Funnel	Pelvic contraction . . . . .	Good	Good	
6649.	III.	Normal	Two previous dead-born babies . . . . .	Good	Good	Previous dead born babies due to pla- cental infarc- tion.
6696.	II.	G. C.	Pelvic contraction . . . . .	Good	Good	One previous difficult for- ceps delivery with dead- born child.
6723.	I.	Normal	Prophylactic . . . . .	Good	Good	Poor, general muscular tone of patient.
6776.	II.	Flat	Pelvic contraction . . . . .	Fair	Good	Previous Cæsarean
6793.	I.	Normal	Elderly primipara . . . . .	Good	Good	Sterilization
6828.	II.	Funnel	Pelvic contraction . . . . .	Good	Good	Prominent ischialspines
6781.	IV.	Flat	Pelvic contraction . . . . .	Good	Good	Previous Cæsarean
6720.	I.	Normal	Pulmonary Tuberculosis . . . . .	Fair	Died	
6891.	II.	Rachitic flat	Pelvic contraction . . . . .	Good	Good	Previous Cæsarean
7003.	I.	Flat	Pelvic contraction . . . . .	Good	Good	
7018.	I.	Flat	Pelvic contraction . . . . .	Good	Good	
6820.	III.	G. C.	Pelvic contraction . . . . .	Good	D.B.	Maternal Chronic ne- phritis (Porro Cæsarean)
7103.	I.	Flat and G.C.	Pelvic contraction . . . . .	Good	Good	
7085.	I.	Not meas.	Fibroid uteri . . . . .	Good	Good	Porro Cæsarean



CÆSAREAN SECTION—*Continued*

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
7141.	II.	Justo Minor	Pelvic contraction. . . . .	Good	Good	
7171.	I.	Normal	Cardiac disease. . . . .	Good	Good	
7243.	IV.	G. C.	Pelvic contraction. . . . .	Good	Good	
7318.	I.	Rachitic flat	Pelvic contraction. . . . .	Good	Fair	
7408.	I.	Funnel	Pelvic contraction. . . . .	Good	Good	
7423.	III.	Normal	Two previous dead babies, died during labour. . . . .	Good	Good	
7664.	II.	Not meas.	Pelvic contraction. . . . .	Good	Good	
7425.	I.	G. C.	Pelvic contraction. . . . .	Good	Good	
7512.	I.	Flat	Pelvic contraction. . . . .	Good	Good	
7374.	III.	G. C.	Pelvic contraction. . . . .	Good	Good	
7887.	II.	Rachitic flat	Pelvic contraction. . . . .	Good	Good	
7686.	III.	G. C.	Pelvic contraction. . . . .	Good	Good	
7660.	III.	G. C.	Pelvic contraction. . . . .	Good	Good	
7781.	I.	Flat Rach.	Pelvic contraction. . . . .	Good	Good	
7762.	I.	Gen. Con.	Pelvic contraction. . . . .	Good	Good	
7684.	I.	Gen. Con.	Pelvic contraction. . . . .	Fair	Good	Large baby
7741.	I.	Rachitic flat	Pelvic contraction. . . . .	Good	Good	
7833.	II.	Normal	Marked promontory of sacrum. . . . .	Good	Good	Last baby died at 1 yr.
7788.	I.	Not meas.	Ankylosis right hip. . . . .	Fair	Good	Sterilization
7647.	I.	Not meas.	Elderly primipara. . . . .	Good	Good	
7913.	II.	Not meas.	Cardiac disease. . . . .	Good	Died	Full term ba- by. Died 4th day. Icterus gravis.
7928.	I.	Rachitic flat	Pelvic contraction. . . . .	Fair	Good	Patient had been in labour 30 hours.
7900.	I.	Not meas.	Pre-eclampsia. . . . .	Fair	Good	
7937.	I.	Rachitic flat	Pelvic contraction. . . . .	Good	Good	Breech
7921.	II.	Not meas.	Disproportion. . . . .	Good	Good	Prominence of right iliac bone.
8014.	I.	Not meas.	Pre-eclampsia. . . . .	Died	Fair	Fulminating purpura.
8199.	III.	Not meas.	Pre-eclampsia. . . . .	Good	Good	Porro
8124.	I.	Normal	Pre-eclampsia. . . . .	Fair	Good	
8317.	III.	Not meas.	Pulmonary Tuberculosis. . . . .	Fair	Good	Sterilization (Porro)
8133.	IV.	Rachitic flat	Pelvic contraction. . . . .	Good	Good	Sterilization (Porro)

## BREECH PRESENTATION.

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
5963.	I.	Not meas.	Extraction L.S.A. ....	Good	Good	
5967.	II.	Normal	Extraction L.S.A. ....	Good	Died	
5992.	I.	Flat	1st twin extraction R.S.A. 2nd twin extraction L.S.A. ....	Good	Both died	Twins
5987.	I.	Normal	Extraction R.S.A. ....	Good	Good	
6055.	I.	Normal	Extraction L.S.A. ....	Good	Good	
6058.	III.	Normal	Extraction L.S.A. ....	Good	Good	
6083.	III.	Normal	Extraction L.S.A. ....	Good	Good	
6084.	IV.	Normal	Extraction L.S.A. ....	Good	Good	
6110.	VII.	Not meas.	Extraction L.S.A. ....	Good	Good	
6138.	VI.	Not meas.	Extraction R.S.A. ....	Good	Good	2nd twin.
6193.	IV.	Not meas.	Extraction L.S.A. ....	Good	D.B.	Died A.P. 7 mths. Cause obscure.
6212.	I.	Normal	Extraction L.S.A. ....	Good	Good	
6255.	II.	Normal	Extraction R.S.A. ....	Good	Good	
6327.	I.	Not meas.	Extraction L.S.A. ....	Good	D.B.	Prem. 6 mths. Macer.
6356.	III.	Normal	Extraction R.S.A. ....	Good	Good	
6282.	I.	Normal	Induced, extraction L.S.A. ....	Good	D.B.	Trauma of labour.
6434.	I.	Normal	Extraction Epis. L.S.A. ....	Good	Died	Intra-cranial Hge.
6429.	II.	Normal	Extraction L.S.A. ....	Good	D.B.	Trauma of labour. Pre- maturity.
6504.	I.	Normal	Extraction L.S.A. ....	Good	Good	
6556.	I.	Normal	Extraction L.S.A. ....	Good	Good	
6644.	I.	Not meas.	Extraction L.S.A. ....	Good	Good	
6466.	I.	Normal	Extraction R.S.A. ....	Good	D.B.	Abortion.
6722.	IX.	Not meas.	Extraction L.S.A. ....	Good	D.B.	Leg brought down to stop Hge.
6744.	I.	Normal	Extraction 1st twin L.S.A. Extraction 2nd twin R.S.P. ....	Good	Both good	
6684.	I.	Normal	Extraction R.S.A. ....	Good	Good	
6745.	V.	Not meas.	Induced. Extraction. ....	Good	D.B.	Mac. Anen- cephalic monster.
6858.	I.	Normal	Extraction R.S.A. ....	Good	Good	
6866.	II.	Normal	Extraction L.S.A. ....	Good	Good	
6854.	I.	Not meas.	Extraction L.S.A. ....	Good	Good	
6815.	X.	Normal	Extraction L.S.A. ....	Good	Good	Pre-eclampsia
6893.	I.	Normal	Extraction L.S.A. ....	Good	Good	
6841.	I.	Normal	Extraction L.S.A. ....	Good	Good	
6679.	II.	Normal	Induced, extraction R.S.A. ....	Good	Died	Prematurity. Broncho pneumonia.

BREECH PRESENTATION—*Continued*

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
6994.	I.	Normal	Extraction R.S.A.....	Good	Good	
7019.	II.	Normal	Extraction R.S.A.....	Good	Fair	
6983.	I.	Normal	Extraction L.S.A.....	Good	Good	
7046.	III.	Normal	Extraction L.S.A.....	Good	Good	
7078.	II.	Not meas.	Extraction L.O.P.....	Good	Good	
7104.	II.	Not meas.	Extraction L.S.A.....	Good	Fair	
7132.	I.	Normal	Extraction L.S.A.....	Good	Good	
7158.	I.	Normal	Extraction L.S.A.....	Good	Good	
7029.	II.	Normal	Spontaneous R.S.A.....	Good	Good	
7209.	I.	Not meas.	Extraction R.S.A....	Good	Good	Club feet, 1st twin.
7205.	I.	Normal	Extraction L.S.A.....	Good	Good	
7234.	XII.	Flat	Extraction R.S.A.....	Good	Good	
7262.	V.	Normal	Extraction R.S.A.....	Good	Good	
7276.	I.	Not meas.	Extraction 1st twin L.S.A. Extraction 2nd twin R.S.P.....	Good	Both good	
6238.	VI.	Not meas.	Extraction L.S.A.....	Good	Good	Twins
6804.	X.	Normal	Version and extraction.....	Good	D.B.	Placenta prævia centralis.
7341.	I.	Funnel	Entraction L.S.P.....	Good	Good	
7354.	III.	Flat rachitic	Extraction L.S.A.....	Good	Good	
7322.	II.	Normal	Extraction R.S.A.....	Good	Good	
7242.	V.	Normal	Extraction L.S.A.....	Good	Died	Prematurity
7347.	V.	Normal	Extraction L.S.A.....	Good	Good	
7499.	II.	Normal	Extraction L.S.A.....	Fair	Good	
7464.	I.	Normal	Low forceps L.S.A.....	Fair	Good	
7588.	III.	Normal	Extraction L.S.A.....	Good	Good	
7595.	I.	Normal	Extraction L.S.A.....	Good	Good	
7602.	I.	Normal	Extraction R.S.A.....	Good	Good	
7743.	III.	Normal	Extraction L.S.A.....	Good	Good	
7859.	III.	Normal	Extraction R.S.A.....	Good	Good	
7828.	XII.	Normal	Extraction L.S.A.....	Good	D.B.	Maternal toxæmia.
7834.	I.	Not meas.	Extraction R.S.A.....	Good	Died	Prematurity.
7832.	IV.	Normal	Extraction L.S.A.....	Good	D.B.	Intra-cranial Hge.
7936.	VI.	Normal	Extraction R.S.A.....	Fair	D.B.	Mac. Mat. Diabetes.
7920.	I.	Normal	Extraction R.S.A.....	Good	Died	Intra-cranial Hge.
7848.	III.	Normal	Induced, extraction.....	Good	D.B.	Placenta prævia.
7712.	I.	Normal	Extraction L.S.A.....	Fair	Died	Mat. influenza.

BREECH PRESENTATION—*Continued*

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
7946.	III.	Not meas.	Extraction L.S.A.	Good	D.B.	Miscarriage
7945.	I.	Not meas.	Extraction L.S.A.	Good	Good	
7937.	I.	Rachitic flat	Cæsarean Section R.S.A.	Good	Good	
7971.	IV.	Not meas.	Induced, extraction L.S.A.	Good	Good	
7996.	I.	Normal	Extraction L.S.A.	Good	Good	
8094.	I.	Not meas.	Extraction L.S.A.	Good	Good	
8103.	I.	Normal	Extraction R.S.P.	Good	Good	
8102.	II.	Normal	Extraction R.S.A.	Good	Good	
8127.	II.	Not meas.	Extraction R.S.A.	Good	Good	
8130.	V.	Normal	Extraction R.S.A.	Good	Good	
8201.	VII.	Normal	Extraction R.S.A.	Good	D.B.	Maternal Pre-eclampsia.
8101.	III.	Normal	Extraction 1st twin L.S.A.	Fair	Good	
8172.	I.	Not meas.	Extraction R.S.A.	Good	Good	
8198.	V.	Not meas.	Extraction R.S.A.	Good	Good	
8237.	IX.	Normal	Extraction L.S.P.	Good	Good	
8254.	III.	Not meas.	Extraction L.S.A.	Good	Good	
8283.	I.	Normal	Extraction L.S.A.	Good	Good	
8025.	I.	Not meas.	Extraction L.S.A.	Fair	Good	
8325.	I.	Not meas.	Extraction L.S.A.	Good	Good	
8202.	I.	Not meas.	Extraction L.S.A.	Fair	D.B.	Miscarriage
8335.	VIII.	Normal	Extraction L.S.A.	Good	Good	
8321.	IV.	Not meas.	Extraction L.S.A.	Good	Good	
8349.	IV.	Normal	Extraction L.S.P.	Good	D.B.	Non-viable
8385.	IV.	Normal	Extraction R.S.A.	Good	Good	
8344.	VII.	Normal	Extraction 1st twin L.S.A. Extraction 2nd twin R.S.A.	Fair	Good	Twins.
8457.	III.	Not meas.	Extraction L.S.A.	Good	S.B.	Non-viable
8392.	I.	G. C.	Induced, extraction L.S.A.	Good	Good	

## VERSION AND EXTRACTION.

6246.	I.	Normal	Failed forceps	Good	Died	Trauma of labour.
6448.	XIV.	Normal	Transverse lie	Good	Died	Prematurity
6402.	IX.	Not meas.	Transverse lie	Good	Died	Trauma of labour.
6522.	I.	Normal	Transverse lie	Good	D.B.	Prolapsed cord
6804.	X.	Normal	Placenta prævia	Good	D.B.	Intra-uterine asphyxia.
6811.	IV.	Not meas.	Floating head	Good	Good	
6947.	III.	Normal	Transverse lie	Good	Died	Prematurity
6971.	II.	G. C.	Failed forceps	Good	D.B.	Prolapsed cord
6716.	III.	Normal	Placenta prævia	Good	Poor	

VERSION AND EXTRACTION—*Continued*

No.	PARA.	CONDITION	LABOUR	MOTHER	CHILD	REMARKS
7093.	V.	Normal	Prolapsed cord and hand. . . . .	Good	Good	
6566.	II.	Normal	Transverse lie. . . . .	Good	Good	
7080.	III.	Normal	Fœtal distress. . . . .	Good	Good	
7153.	II.	Normal	Floating head. . . . .	Good	Good	
7177.	IV.	G. C.	Floating head. . . . .	Good	Good	
7115.	V.	Normal	Prolapsed cord. . . . .	Fair	Good	
7293.	I.	Not meas.	Failed forceps. . . . .	Good	Good	
7439.	III.	G. C.	Pelvic contraction. . . . .	Good	Good	
7567.	I.	Not meas.	Placenta prævia. . . . .	Fair	S.B.	Died Ante partum
7796.	XII.	Normal	Prolapsed cord. . . . .	Good	Good	
7784.	II.	Not meas.	Second twin. . . . .	Good	Good	
7802.	I.	Normal	Prolapsed hand. . . . .	Fair	D.B.	Premature
7929.	IV.	Normal	Prolapsed cord and arm. . . . .	Died	S.B.	Maternal cardiac disease.
8191.	I.	Normal	Floating head. Craniotomy . . . . .	Fair	D.B.	
8231.	VI.	Flat rachitic	Pelvic contraction. . . . .	Fair	Died	Hge. into thoracic cord
8437.	V.	Not meas.	Placenta prævia. . . . .	Died	D.B.	Mother—Septicæmia. Child—Placenta prævia
8322.	XIV.	Normal	Carcinoma cervix uteri. . . . .	Fair	D.B.	Craniotomy



# GYNÆCOLOGICAL REPORT

For the Year Ended 31st December, 1929

## URETHRA:

Caruncle.....	5
Urethritis, Chronic.....	1

## VULVA:

Carcinoma Vulva.....	1
Pruritis Vulvæ.....	1
Vulvo-Vaginitis, Acute.....	1
Vulvar Abscess.....	1

## VAGINA:

Atresia Vagina.....	3
Vaginal Cyst.....	2
Recto-Vaginal Fistula.....	3
Urethro-Vaginal Fistula.....	1
Vesico-Vaginal Fistula.....	1
Perineo-Vaginal Fistula.....	1
Carcinoma Vagina Squamous.....	1
Vaginitis Chronic.....	3
Vaginitis Senile.....	6
Vaginismus.....	1
Hæmatometra.....	1
Imperforate Hymen.....	4
Laceration Perineum (Motor Accident).....	1
Embryological Defects, Atresia Vagina.....	1
Embryological Defects, Absence of Vagina and Uterus.....	1
Sinus of Vagina.....	1

## SACRO PUBIC HERNIA:

Total.....	150
Sacro Pubic Hernia Complete.....	21
Sacro Pubic Hernia Complete, Cystocoele, Rectocoele.....	5
Sacro Pubic Hernia, Incomplete, Cystocoele, Rectocoele.....	48
Sacro Pubic Hernia, Incomplete, Urethrocoele.....	1
Sacro Pubic Hernia, Incomplete, Retroversion.....	23
Sacro Pubic Hernia, Incomplete, Cystocoele.....	4
Sacro Pubic Hernia, Incomplete, Rectocoele.....	41
Sacro Pubic Hernia, Incomplete, Cervicitis Chronic.....	28
Sacro Pubic Hernia, Incomplete, Complete Tear.....	10
Sacro Pubic Hernia, Incomplete, Laceration Perinaeum.....	4
Sacro Pubic Hernia, Incomplete, Cervical Laceration.....	1

**UTERUS:****Development:**

Bicornuate Uterus... .. 1

**Deviations:**

Retroversion... .. 6

**Fibrosis:**

Fibrosis Uteri... .. 25

**Functional Disturbances:**

Dysmenorrhœa... .. 2

Menopause... .. 3

**Growth:**

Infantile Uterus... .. 1

**Infections:**

Endometritis Acute... .. 5

Endometritis Chronic... .. 19

Metritis Acute... .. 1

Metritis Chronic... .. 7

**Traumatism:**

Uterine Rupture... .. 1

**Neoplasms:**

Fibromyoma... .. 120

Sarcoma Uterus... .. 2

Polyp Uterine Glandular... .. 2

Polyp Uterine Fibrous... .. 10

Carcinoma of Uterus... .. 50

    Carcinoma of Uterus... .. 12

    Carcinoma of Cervix... .. 38

**Pyometra:**

1

**Subinvolution Uteri:**

10

**CERVIX:**

Carcinoma Cervix Squamous... .. 38

Polyp Fibrous Cervix... .. 5

Polyp Glandular Cervix... .. 19

Laceration Cervix... .. 21

Cervicitis Acute... .. 1

Cervicitis Chronic... .. 55

**PARAMETRIUM:**

Parametritis Chronic... .. 7

Right Varicocoele... .. 1

**TUBES:****Infections:**

See special sheet.

**OVARIES:**

**Cysts:**

Ovarian Cystoma Intraligamentous.....	1
Cystoma Pseudo Mucinous Ovarii.....	1
Ovarian Cysts Follicular.....	11
Luteal Cysts.....	2
Ovarian Cystoma Simple.....	14
Cyst Adenoma Papilliferum Malignum Ovarii.....	16
Dermoid Cyst of Ovary.....	6
Cyst Parovarian.....	2
Adeno Carcinoma Ovary.....	5
Bilateral Ovarian Carcinomata.....	1

**PERITONEUM:**

Peritoneal Adhesions.....	3
Peritoneal Carcinomatosis.....	1

**PREGNANCY:**

Abortions—Complete.....	28	
Incomplete.....	162	
Inevitable.....	3	
Missed.....	6	
Threatened.....	18	
Ectopic Gestation.....		20
Tubal Rupture, Cataclysmic.....	10	
Rupture, Chronic.....	1	
Tubal Abortion.....	7	
Non-Rupture.....	1	
Hydramnios.....	1	
Mole, Hydatidiform.....	1	
Puerperal Infections.....		8
Puerperal Sepsis-Acute Endometritis.....	1	
Parametritis Acute.....	1	
Thrombo Phlebitis Saphenous.....	2	
Thrombo Phlebitis.....	1	
Puerperal Septicæmia.....	3	
Pregnancy Uterine.....	80	
Placental Polyp.....	1	
Placenta Prævia.....	2	
Placenta Retained.....	1	
Pyelitis of Pregnancy.....	2	
Retroverted Gravid Uterus.....	9	
Toxæmia of Pregnancy.....	36	
Pseudocyesis.....	1	

**Puerperal Insanity:**

Mental Depression.....	1
Post Partum Psychosis.....	1



<b>ENDOCRINE DYSTROPHY:</b>		156
Amenorrhœa . . . . .	4	
Dysmenorrhœa . . . . .	9	
Menorrhagia . . . . .	28	
Metrorrhagia . . . . .	1	
Menopause . . . . .	19	
Polyp Cervical, Glandular . . . . .	11	
Endometrial Hyperplasia . . . . .	45	
Endometrial Polypi . . . . .	2	
Erosion of Cervix . . . . .	26	
Fibrosis Uteri . . . . .	16	
Follicle Cysts of Ovary . . . . .	3	
Hyperthyroidism . . . . .	4	
Metrostaxis . . . . .	1	
Migraine . . . . .	1	
Myopathia Hæmorrhagica . . . . .	9	
Myxœdema . . . . .	3	
Obesity . . . . .	6	
Pruritus Vulva . . . . .	1	
Senile Vaginitis . . . . .	1	
Sterility . . . . .	57	
<b>ENDOMETRIOSIS:</b>		11
Chocolate Cysts . . . . .	2	
Recklinghausen Disease . . . . .	1	
Adeno Myosis Uteri . . . . .	9	
Peritoneal Implants . . . . .	1	
<b>NEISSER AND SYPHILIS:</b>		
Neisser Acute . . . . .		13
“ “ with Vulvo-Vaginitis Acute . . . . .	2	
“ “ “ Bartholinitis Acute . . . . .	1	
“ “ “ Bartholinian Abscess Acute . . . . .	1	
“ “ “ Cervicitis Acute . . . . .	1	
“ “ “ Pelvic Abscess . . . . .	2	
Neisser Sub-Acute . . . . .		1
Neisser Chronic . . . . .		94
“ Chronic with Bartholinian Cyst . . . . .	2	
“ “ “ Bartholinian Abscess . . . . .	5	
“ “ “ Bartholinian Abscess, Acute . . . . .	3	
“ “ “ Bartholinitis, Acute . . . . .	2	
“ “ “ Chronic Urethritis . . . . .	1	
“ “ “ Vulvo-Vaginitis Acute . . . . .	1	
“ “ “ Abscess of Vulva . . . . .	1	
“ “ “ Cervicitis Chronic . . . . .	20	
“ “ “ Metritis Chronic . . . . .	3	
“ “ “ Tubo-Ovarian Abscess . . . . .	3	
“ “ “ Tubo-Ovarian Cyst . . . . .	2	
“ “ “ Salpingo Oophoritis Acute . . . . .	6	
“ “ “ Salpingo Oophoritis Chronic . . . . .	52	
“ “ “ Hydrosalpinx . . . . .	3	
“ “ “ Chronic Peritonitis . . . . .	1	
“ “ “ Pelvic Abscess . . . . .	5	
Venereal Warts . . . . .	1	
<b>Syphilis:</b>		
Lues . . . . .	7	

**CHRONIC PELVIC INFECTION:**

223

Chronic Pelvic Infection, Chronic Cervicitis.....	47	
“ “ “ Pericervicitis.....	4	
“ “ “ Salpingitis.....	2	
“ “ “ Hydrosalpinx.....	5	
“ “ “ Hæmato-Salpinx.....	2	
“ “ “ Pyosalpinx.....	1	
“ “ “ Salpingo Oophoritis.....	101	
“ “ “ Retroversion.....	6	
“ “ “ Tubo-Ovarian Abscess.....	4	
“ “ “ Parametritis, Chronic.....	28	
“ “ “ Parametritis, Acute.....	1	
“ “ “ Pelvic Cellulitis.....	1	
“ “ “ Utero Sacral Cellulitis.....	2	
“ “ “ Choked Pelvis.....	1	
“ “ “ Varicocele Broad Ligament.....	1	
Acute “ “ “.....		8
“ “ “ Salpingo Oophoritis Acute.....	3	
“ “ “ Parametritis Acute.....	2	
Pelvic Peritonitis.....	1	
Pelvic Abscess.....	4	

**Tuberculous:**

Pelvic Peritonitis Tuberculous.....	4
Salpingitis Tuberculous.....	2

**MISCELLANEOUS:****Nervous System:**

Depressive Insanity.....	1
Neurasthenia.....	4
Mental Psychosis.....	1

**Thyroid:**

Exophthalmic Goitre.....	1
Hyperthyroidism.....	1

**Respiratory System:**

Pneumonia.....	1
Pneumonia Lobar.....	1

**Cardio-Vascular System:**

Cardiac Disease.....	9
Cardiac Decompensation.....	1
Cardio-Renal.....	1
Hypertension.....	3
Mitral Stenosis.....	1
Myocarditis Chronic.....	1

**Blood:**

Anæmia Secondary.....	2
Purpura.....	1
Purpura Hæmorrhagica.....	1

**Abdominal:**

Abscess Abdominal Wall.....	1
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**MISCELLANEOUS:—(Continued)****Liver, Gall Bladder:**

Cholecystitis, Acute.....	1
Cholecystitis, Chronic.....	1
Cholelithiasis.....	3

**Renal:**

Nephrolithiasis.....	1
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**Bladder:**

Cystitis.....	1
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**Kidney:**

Renal Calculus.....	2
Ureteral Calculus.....	1
Hydronephrosis.....	4
Nephritis Chronic.....	13
Pyelitis.....	6

**Gastro-Intestinal System:**

Abscess Ischio-Rectal.....	1
Appendicitis, Acute with Perforation.....	9
"    Sub-Acute.....	1
"    Chronic.....	48
Carcinoma Sigmoid.....	1
Carcinoma of Rectum.....	5
Mucous Colitis.....	1
Constipation.....	1
Diabetes.....	1
Diabetes Mellitus.....	3
Hæmorrhoids.....	7
Acute Intestinal Obstruction.....	1
Ischio-Rectal Sinus.....	1
Gastric Ulcer.....	1
Duodenal Ulcer.....	1
Visceroptosis.....	8
Inguinal Hernia.....	2
Ventral Hernia.....	3
Intestinal Adhesions.....	1
Arthritis.....	2
Breast Fibro Adeno.....	1
Breast Abscess.....	4
Carcinoma Breast.....	3
Debility.....	2
Tuberculosis, Pulmonary.....	13
Tuberculous Cervical Glands.....	1
Tuberculous Spine.....	1
Adhesions.....	1
Ascites.....	1
Backache.....	1
Carcinomatosis.....	2
Coccydynia.....	1
Dental Sepsis.....	1
Gall Stones.....	1
Inguinal Adenitis.....	1
Metastatic Mass in Pelvis.....	1
Obesity.....	1
Carcinomatosis Peritoneum.....	1
Urethral incontinence.....	1

## GYNÆCOLOGICAL OPERATIONS

## VULVA:

Removal Bartholinian Cyst.....	2
Excision Bartholinian Gland.....	3
Incision Bartholinian Abscess.....	8
Incision Hymen.....	1
Dilatation Hymen.....	2
Excision Caruncle Urethral.....	2
Cauterization Caruncle Urethral.....	2

## VAGINA:

Excision Vaginal Cyst.....	2
Posterior Colpotomy.....	18
Incision Abscess Cavity.....	1
Vaginal Hysterotomy Post.....	1

## CERVIX:

Repair of Cervix.....	71
Amputation of Cervix.....	25
Cauterization of Cervix.....	35
Emmett's Repair of Cervix.....	11
Excision Cervix.....	1
Excision Polyp.....	34
Dilatation and Exploration.....	178
Anterior Hysterotomy.....	3

## UTERUS:

Curettage.....	9
Removal of Placental Tissue.....	180
Therapeutic Abortion.....	25
Induction Labour, Late Bag.....	5
Induction Labour—Rupture Sac and Cervical Pack.....	1
Uterine Pack.....	6
Vaginal Pack.....	2
Watkin's Interposition.....	3
Removal Uterine Polyp.....	7
Reposition Uterus.....	3
Reposition by Balloon.....	6

## APPLICATION OF RADIUM:

136

Radium was applied in the following conditions:

Carcinoma of Cervix.....	31
Endocrine Dystrophy.....	58
Fibromyoma Uteri.....	13
Chronic Pelvic Infection.....	4
Uterus Adeno Carcinoma.....	4
Chronic Cervicitis.....	3
Fibrosis Uteri.....	15
Carcinoma Vagina Squamous.....	1
Carcinoma Breast.....	5
Chronic Metritis.....	1
Chronic Endometritis.....	1
Cervical Polyp.....	1

**COELIOTOMY:**

274

**HYSTERECTOMY:**

Indication in:—

Fibromyoma Uteri.....	90
Chronic Pelvic Infection.....	18
Adeno Carcinoma Fundus.....	6
Carcinoma Cervix..	2
Endometriosis.....	9
Chronic Neisser.....	7
Ovary Dermoid Cysts.....	1
Endocrine Dystrophy..	3
Tuberculous Salpingitis.....	2
Ovarian Carcinoma.....	1
Ectopic Gestation.....	1
Uterus Bicornuate.....	1
Ovary Cyst Adeno Papilliferum Malignum.....	4
Subinvolution.....	1
Sarcoma Uterus.....	1
Pregnancy.....	1
Myomectomy.....	5

**SALPINGO OOPHORECTOMY:**

124

Indication in:—

Fibromyoma Uteri.....	38
Chronic Pelvic Infection.....	22
Cystoma Ovary.....	7
Follicle Cysts Ovary.....	6
Ovary Cyst Adeno Malignum.....	8
Ectopic Gestation.....	11
Chronic Neisser.....	8
Appendicitis, Acute.....	1
Dermoid Ovarian Cysts.....	5
Sarcoma Uterus.....	1
Endocrine Dystrophy.....	2
Tuberculous Salpingitis.....	2
Ovarian Carcinoma.....	2
Endometriosis.....	5
Parovarian Cyst.....	1
Fibrosis Uteri.....	3
Uterus Adeno Carcinoma.....	1
Tubo-Ovarian Abscess.....	1

**SALPINGECTOMY:**

31

Indication in:—

Fibromyoma Uteri.....	4
Ectopic Gestation.....	11
Tuberculous Salpingitis.....	1
Chronic Neisser.....	6
Endometriosis.....	1
Hydrosalpinx.....	1
Chronic Pelvic Infection.....	6
Salpingo Oophoritis.....	1

**OOPHORECTOMY:**

12

Indication in:—

Chronic Neisser . . . . .	5
Chronic Pelvic Infection . . . . .	2
Fibromyoma . . . . .	3
Cystoma Papilliferum Ovarii . . . . .	1
Ovarian Cystoma Simple . . . . .	1

**FALLOPIAN TUBES:**

Resection of Tubes . . . . .	5
Rubin's Test . . . . .	50
Lipiodol . . . . .	2

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

112

Radical Cure of Cystocoele . . . . .	66
Radical Cure of Rectocoele . . . . .	103
Repair Complete Tear . . . . .	8
Perinaeorrhaphy . . . . .	16
Amputation Cervix . . . . .	60
Ventral Fixation . . . . .	4
Gilliam Suspension . . . . .	1
Olshausen Suspension . . . . .	35
LeFort . . . . .	1
Repair Urethrocoele . . . . .	1

**MISCELLANEOUS:**

Appendectomy . . . . .	75
Hæmorrhoidectomy . . . . .	5
Incision Hæmorrhoid . . . . .	1
Breast Amputation . . . . .	1
Blood Transfusions . . . . .	63
Cautery Venereal Warts . . . . .	1
Cholecystectomy . . . . .	1
Colostomy, Transverse Colon . . . . .	1
Dissecting out Ischio Rectal Sinus . . . . .	2
Drainage Pelvic Abscess . . . . .	1
Drainage . . . . .	2
Excision of Coccyx . . . . .	1
Excision Nodule Breast . . . . .	1
Excision Recto-Vaginal Fistula . . . . .	1
Excision Wedge (Cervix) . . . . .	1
Incision of Stenosis . . . . .	1
Incision Abdominal Wall Abscess . . . . .	1
Incision Abscess Inguinal . . . . .	1
Incision Breast Abscess . . . . .	2
Multiple Incisions Breast Abscess . . . . .	1
Incision and Repair (Atresia Vagina) . . . . .	1
Incision Sinus of Vagina . . . . .	1
Release of Bowel (Small) . . . . .	1
Removal of Anterior Lip Cervix . . . . .	1
Resection Diaphragm . . . . .	1
Repair Perineo-Vaginal Fistula . . . . .	1
Repair Ventral Hernia . . . . .	2
Resection Sigmoid . . . . .	1
Sterilization . . . . .	3
X-Ray Therapy . . . . .	2
Examination Under Anæsthetic . . . . .	4
Routine Treatment . . . . .	186
Biopsy . . . . .	8

## MORTALITY RETURNS

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### 1. Uterine Pregnancy—Abortion—Puerperal Septicæmia.

Patient aged 22—admitted four days post partum history of instrumental interference—died of puerperal septicæmia on the seventh day.

### 2. Uterine Pregnancy—Chronic Pulmonary Tuberculosis—Miliary Tuberculosis.

Patient aged 33 with history of active tuberculosis developing on chronic pulmonary lesion admitted for Therapeutic abortion—bag induction, uneventful delivery—during puerperium generalized tuberculous lesions developed—death occurred in fourth week.

### 3. Acute Myelogenous Leukæmia—Polypus Uterus—Perforation Uterus.

Patient aged 41 admitted in a septic state following ineffectual efforts to remove a sloughing uterine polyp, evidently uterus was perforated. Patient died on fifth day.

### 4. Chronic Pelvic Infection—Appendectomy—Pelvic Abscess.

Patient aged 49 years, admitted following appendectomy eighteen days previously—a large pelvic abscess was drained by a posterior colpotomy—this drainage failed to relieve the sepsis which was widespread. Patient died on second day.

### 5. Chronic Pelvic Infection—Intestinal Obstruction Acute.

Patient aged 28 years, with a known pelvic infection developed acute intestinal obstruction—operative intervention gave little relief and patient died almost immediately.

### 6. Acute Perforative Appendicitis with Generalized Peritonitis.

Patient aged 37, admitted moribund with evidences of a diffuse peritonitis—drainage gave no relief. Death ensued in a few hours post operative.

### 7. Pregnancy—Acute Perforative Appendicitis with Peritonitis.

Patient aged 35 years admitted moribund with acute generalized peritonitis following delivery two weeks previously—history of pain for five days. Patient died shortly after admission.

### 8. Sacro Pubic Hernia—Prolapsus Complete.

Patient aged 51, admitted suffering from procidentia uteri—the usual repair was carried out—abdomen was not opened—the repair became infected on the 9th day, became generalized and death ensued on the twenty-fifth day.

**9. Fibromyoma Uteri—Hysterectomy.**

Patient aged 42 years with a deeply placed intra ligamentous fibromyoma—supra-vaginal hysterectomy—peritonitis developed on third day—death occurred on the ninth day.

**10. Ovary, Cyst Adeno Papilliferum.**

Patient aged 57, admitted with extensive tumour filling the lower abdomen—exploratory laparotomy confirmed the presence of extensive malignancy—no attempt was made at removal—death occurred on the fifth day.

**11. Ovary, Cyst Adeno Papilliferum.**

Patient aged 66, admitted in a moribund state with pelvis filled with a large neoplasm—death occurred shortly after admission—autopsy confirmed the above diagnosis.

**12. Cervix—Carcinoma Squamous—Extensive.**

Patient aged 29, readmitted with extensive metastases from an advanced carcinoma of the cervix—death occurred shortly after admission of renal failure.

**13. Sarcoma Uteri—Sarcomatosis.**

Patient aged 44, admitted with a large uterine tumour—operation revealed its inoperable character, metastases were widespread—death occurred on the fifth day.

	<b>1928</b>	<b>1929</b>
Total Admissions.....	1359	1470
Total Operations.....	952	1008
Major.....	239	274
Minor.....	713	734
Total Mortality.....	14	13
Port Operative Mortality.....	1.5%	1.2%



## POST-PARTUM CARE OF BREASTS.

*Intra Muscular Injection of Camphor in Oil.*

The use of Camphor in oil given by intramuscular injection has proven very useful for the purpose of drying the breasts. Prompt arrest of lactation is most essential in those cases following a still-birth, inverted nipples, or where there is some contra-indication to nursing caused by the patient's general condition.

Camphor in oil given intra-muscularly for the first few days post-partum has a definite inhibiting action upon the lactating breast; frequently no milk will appear if the breast is not stimulated by the baby nursing. This is best explained by the two groups of cases seen below:

Group A.	20 cases (Mothers all had stillborn babies. Indian binder applied. No form of medication given).
	Breasts remained absolutely flat. . . . . 2 cases
	Breasts full, but not engorged. . . . . 2 cases
	Breasts engorged for at least 12 hours.
	Average time of engorgement 36 hours . . . 16 cases
Group B.	55 cases (Mothers all had stillborn babies.)
	Camphor in oil gr. 1 s.s. intramuscularly b. i. d. first three days post-partum.
	Breasts remained absolutely flat. . . . . 15 cases
	Breasts showed filling, but no engorge- ment. . . . . 31 cases
	Breasts showed engorgement for over 12 hours. . . . . 9 cases

Group A shows that absolute lack of milk secretion occurred in only 2 cases, which is 10%. In contrast Group B shows absolute lack of milk secretion in 15 cases, which is 27%. Engorgement is a prominent factor in the first group, but is practically absent in that group where Camphor is used.

Fifty ward cases were chosen where the delivery was normal and the baby in each case weighed over 2700 grams. Two injections of Camphor (Gr. 1 s.s.) were given each day for the first ten days post-partum and the baby nursed regularly. Another group of fifty cases was taken simultaneously and the same nursing was carried out, but no camphor was given. An estimate of the amount of milk secreted can be judged by the weights of the babies:—

Group I.	50 cases (Camphor in oil b.i.d. for 10 days)
	Total loss from birth weight to discharge . . 23,551 grams
	Average loss per infant . . . . . 471.2 grams

In addition there were six cases where there was very little or no milk. Three cases showed the breasts absolutely flat and the remaining three had so little milk that the feedings were largely supplemental.

Group II. 50 cases (Normal cases, no camphor given).

Total loss in weight on discharge. . . . . 6770 grams  
Average loss in weight. . . . . 135.4 grams

Those cases where the mothers received daily injections of Camphor show that the babies do poorly. The average increased loss in weight is 335.8 grams. There is no doubt that Camphor has an inhibiting effect on lactation even in the nursing mother. It can be seen that Camphor in Oil given intramuscularly is of great benefit in those cases where the mother is not to nurse.

#### *Nursing during the Puerperium:*

For the last 15 months it has been the routine of this Clinic not to put the baby to breast until the milk appears. This is approximately seventy-two hours post-partum. For the first three days the mother feeds her baby from the bottle at the regular feeding time. A solution of 5% lactose is used or, in some cases, cow's milk is given until the breast feedings are started.

The prevention of complications by this method of feeding favors this procedure. We have proved that the baby does well on the later feeding. The mother is more rested and more able to avoid those complications, which are so frequently encountered during the puerperium. The occurrence of cracked and fissured nipples has markedly decreased due to the fact that the baby is not allowed to struggle on an empty breast. There is not the tendency for a rapid inflow of milk at the third or fourth day, and marked engorgement is not so frequent. In the last fifteen months 2000 public cases have been confined. The discharge examination and also the post-partum examination six weeks later show no increase in those cases of subinvolution. Breast abscess is conspicuous by its absence.

#### *IMPETIGO CONTAGIOSA*

During the year there were forty-four cases of impetigo. Forty-one cases occurred during the first seven months. For the last five months a new routine has been carried out. Every baby has an initial bath with Baby San. The baby is then thoroughly dried and the skin of the whole body surface is anointed with Unguentum Hydrargyri et Amn. 5%. On the third morning the baby is anointed with olive oil: this is repeated daily.

Since the adoption of this new routine five months ago, we have had only three cases.

# REPORT OF THE OPHTHALMOLOGICAL DEPARTMENT

*For the Year Ended December 31st, 1929*

To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

The striking feature of the work of the Ophthalmic Department during 1929 was an increase of 1099 in the number of patients treated. New patients, with a total of 1226, were the highest on record. There was also an increase of 21.35% in the cases seen by special requisition for other departments of the Hospital.

In September, the two senior members of the service attended the International Ophthalmic Congress at Amsterdam. The single outstanding piece of apparatus that the Department did not possess will be installed for teaching purposes early in the present year.

Papers of interest read by members of the Department during the year are as follows:

Dr. W. G. M. Byers: "*The Blind in Canada.*"

Dr. F. T. Tooke: "*Orbital Tumor with Exaggerated Buckling of the Optic Nerve.*"

Dr. J. A. MacMillan: "*A Case of Sarcoma of the Choroid.*"  
"*A Case of Dystrophy of the Cornea.*"

Dr. J. Rosenbaum: "*Unusual Birth Injury from Forceps.*"  
"*Syphilis of the Eyelid.*"

"*Unusual Fundal Condition following an Injury.*"

"*Coloboma of the Optic Nerve.*"

"*Pregnancy as a Cause of Blindness.*"

Dr. K. B. Johnston: "*The Ophthalmoscopic Picture of Nævus (melanoma) Choroideæ.*"

Our Pathological Laboratory functioned actively and continuously throughout the period.

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

# DEPARTMENT OF OPHTHALMOLOGY

## RECORD OF DISEASES

For the Year Ended 31st December, 1929

GENERAL:		CORNEA:		Total Died
<b>ERRORS OF REFRACTION:</b>				
	Total Died	Abrasion.....		2
Astigmatism.....	4	Burn.....		3
<b>GLAUCOMA:</b>		Dystrophy.....		2
Glaucoma, absolute....	6	Foreign body.....		2
“ acute.....	3	Keratitis.....		16
“ chronic.....	21	“ interstitial....		7
“ secondary....	19	“ tuberculous....		2
“ subacute....	1	Kerato-conjunctivitis...		1
<b>LIDS:</b>		Leucoma.....		3
Abscess.....	1	Perforation cornea,		
Angioma.....	1	spontaneous.....		1
Cyst, Meibomian.....	1	Ulcer.....		20
“ sebaceous.....	1	“ serpens.....		1
Ectropion.....	2	Wound, incised.....		3
Entropion.....	1	“ penetrating....		11
Foreign body.....	1	<b>ANTERIOR CHAMBER:</b>		
Hordeolum.....	1	Hyphæmia.....		2
Ptosis.....	1	<b>SCLERA:</b>		
Syphilis.....	1	Episcleritis.....		2
Wound, incised.....	1	“ tuberculous..		1
“ lacerated.....	2	Rupture.....		1
<b>LACRIMAL APPARATUS:</b>		Scleritis, tuberculous...		4
Abscess, peri-lacrimal...	1	Sclero-keratitis,		
Dacryocystitis.....	22	tuberculous.....		4
<b>CONJUNCTIVA:</b>		Wound, penetrating....		1
Burn.....	3	<b>LENS:</b>		
Conjunctivitis.....	8	Aphakia.....		3
Foreign body.....	1	Cataract, complicated...		7
Hæmorrhage, subcon-		“ congenital....		5
junctival.....	2	“ cortical.....		1
Ophthalmia, gonorrhœal	1	“ juvenile.....		3
“ neonatorum	6	“ secondary....		17
“ sympathetic	1	“ senile.....		64
Pterygium.....	7	“ traumatic....		9
Trachoma, chronic.....	2	Dislocated lens.....		1
Ulcer.....	1	Wound, penetrating....		1
		<b>UVEAL TRACT:</b>		
		Uveitis..		2
		“ tuberculous....		3

**IRIS:**

	Total	Died
Aniridia . . . . .	1	
Coloboma . . . . .	1	
Iritis . . . . .	12	
" traumatic . . . . .	1	
Prolapse . . . . .	4	
Synechia . . . . .	1	
Wound, incised . . . . .	1	
" penetrating . . . . .	1	

**CILIARY BODY:**

Cyclitis . . . . .	1
Iridocyclitis . . . . .	27
" syphilitic . . . . .	2
" traumatic . . . . .	1
" tuberculous . . . . .	2
Wound, penetrating . . . . .	1

**CHOROID:**

Chorio-retinitis . . . . .	3
" " tuberculous . . . . .	1
Choroiditis . . . . .	1
Prolapse . . . . .	1
Sarcoma . . . . .	2

**RETINA:**

Pigmentary degeneration . . . . .	1
Detachment . . . . .	4
Hæmorrhage . . . . .	2
Occlusion retinal artery . . . . .	1
Prolapse . . . . .	1
Retinitis . . . . .	2
Thrombosis retinal vein . . . . .	2

**VITREOUS:**

Hæmorrhage . . . . .	1
Opacities . . . . .	2

**OPTIC NERVE:**

Atrophy . . . . .	2
" syphilitic . . . . .	1
Neuritis . . . . .	1
" retro-bulbar . . . . .	1
Oedema papilla . . . . .	1

**EYEBALL:**

Atrophia bulbi . . . . .	1
Contusion . . . . .	6
Disorganized globe . . . . .	5
Foreign body . . . . .	9
Hæmorrhage, intraocular . . . . .	2
Panophthalmitis . . . . .	1
Tumour . . . . .	1
Wound, penetrating . . . . .	7

**ORBIT:**

	Total	Died
Cellulitis . . . . .	2	
Contraction socket . . . . .	1	
Hæmorrhage . . . . .	1	
Periostitis . . . . .	2	
Sarcoma . . . . .	2	

**DISTURBANCES OF MOTION:**

Strabismus, convergent . . . . .	5
" divergent . . . . .	2

**MISCELLANEOUS:**

Albinism . . . . .	1
General paresis . . . . .	1
Sinus thrombosis . . . . .	1

**STATISTICS FOR 1929**

Total Discharges . . . . .	392
Total Admissions . . . . .	384
	8
No. in Hospital first of year . . . . .	12
No. in Hospital end of year . . . . .	4
	8
Deaths . . . . .	0

**REPORT OF OPERATIONS**

Advancement . . . . .	6
Cauterizing ulcer cornea . . . . .	2
Elliot's sclero-corneal trephining . . . . .	22
Enucleation . . . . .	22
Evacuation lens . . . . .	2
Excision accessory lacrimal glands . . . . .	1
" lacrimal sac . . . . .	19
" prolapse iris . . . . .	6
" skin of eyelid . . . . .	1
" tarsus—Kuhnt Heiserath . . . . .	1

DEPARTMENT OF OPHTHALMOLOGY—RECORD OF DISEASES 161

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Exploring sinus orbit with curettage	1	Paracentesis . . . . .	3
Extraction cataract . . . . .	59	Plastic on orbit . . . . .	1
"    "    intra-capsular . . . . .	4	Removal foreign body globe . . . . .	1
"    foreign body, magnet . . . . .	7	"    "    "    cornea . . . . .	1
Hess operation for ptosis . . . . .	1	"    "    "    conjunctiva . . . . .	1
Incision abscess lacrimal sac . . . . .	2	"    "    "    lid . . . . .	1
"    abscess lid, Meibomian . . . . .	1	Repair with conjunctival flap . . . . .	4
"    and curettage cyst . . . . .	1	Sclerectomy . . . . .	4
Iridectomy . . . . .	41	Suturing conjunctiva . . . . .	1
"    with conjunctival flap		Suturing wound of lid . . . . .	1
repair . . . . .	3	Syzmanowski's operation . . . . .	1
"    La Grange . . . . .	4	Trephining sclera with cauteriza-	
McReynold's for pterygium . . . . .	7	tion for detachment of retina . . . . .	1
Needling . . . . .	31		

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# REPORT OF THE DEPARTMENT OF OTO-LARYNGOLOGY

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*For the Year Ended December 31st, 1929.*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

The Department of Oto-Laryngology has had a most active service during the year 1929, and the work in practically all its branches has shown an increase over previous years. Particularly is this true of the outdoor where 7139 cases were treated in the Clinic and 321 minor operations performed. The total number of admissions amounted to 2210, of which 1215 were public cases, 916 private cases, and 79 semi-private cases.

In all 2173 operations were performed, 1431 in the Ear Nose and Throat outdoor operating room, and 742 in the Ross operating room. The bulk of these operations was made up of 1740 tonsil and adenoid operations, 214 simple or radical mastoidectomies, 129 cases of sub-mucous resection of the nasal septum, and 71 operations on the accessory sinuses of the nose.

Post-operative hæmorrhage occurred in fifteen cases—three from the adenoid bed, all of which required packing of the naso-pharynx, and twelve from the tonsillar fossa, none of which was serious and all twelve were readily controlled by pressure or ligature.

During the year this department saw 985 cases on requisition from various other departments of this hospital.

The Bronchoscopic Clinic treated 89 cases, a falling off of 20 cases from the previous year. This apparent decrease is due to the fact that the lipiodol injection of the bronchial tree has been largely taken over by another department of the hospital.

Six cases of scarlet fever and three of erysipelas occurred in the wards during the year, and all were transferred to the Alexandra Hospital.

There were ten deaths in the Service during the year and a short resumé might be of interest:—

1. Male, R. B., aged eight months—admitted with bilateral acute suppurative otitis media, and right sided acute mastoiditis. Owing to extensive broncho-pneumonia no operation was performed, and the child died twenty-eight hours after admission.

2. Male, M. T., 3 years old—admitted with difficulty in breathing and marked cyanosis, with a history of having choked while eating peanuts four days previously. Death occurred from asphyxia ninety minutes after admission while the bronchoscope was being introduced. At post-mortem half a peanut kernel was found lying lengthwise in the trachea filling the lumen at the bifurcation.

3. Male, E. P., aged 30, four days after a bilateral radical antrum operation developed a temperature of 102 with chills. His condition grew gradually worse, and was characterized by a high septic temperature, chills and sweats, epistaxis, and abdominal distress. Death occurred twelve days after operation with symptoms of broncho-pneumonia, and right sided suppurative otitis media and mastoiditis. *Streptococcus-hæmolyticus* was recovered in cultures taken from the pus in the right ear and mastoid, and from the peritoneal and pleural exudate. This was evidently a case of *streptococcus septicæmia*.

4. Female, E. H., aged 44, was admitted in extremis suffering from empyæma of the frontal sinus and septicæmia. Radical frontal and ethmoidal operation was performed shortly after admission, but the patient died of bacteræmia thirty-two hours after admission.

5. Male, A. S., 15 years old, gave a history of severe epistaxis and gradual loss of vision after having been struck with a baseball bat across the bridge of the nose ten days previously. On admission there was marked cellulitis of the whole face, proptosis of both eyes, bloody muco-purulent discharge from the nose, temperature 103, pulse 110, and respirations 25 with profuse sweats. Left eye absolutely blind, and vision in the right eye reduced to counting fingers at eight feet. Our ophthalmologist reported bi-lateral panophthalmitis, and the neurological department could not find any organic disease, but considered the symptoms suggestive of cavernous sinus thrombosis secondary to fracture of the base of the skull. Patient became comatose and died 44 hours after admission.

6. Male, L. M., aged 13, following an acute mastoidectomy developed symptoms of septicæmia and meningitis and died twenty-four days after operation.



7. Male, A. W., aged 30 suffered from a chronic otorrhœa of the left ear for thirteen years, and was admitted with an acute exacerbation and symptoms of an intra-cranial complication—severe frontal and occipital headache, vomiting and photophobia, with a temperature of 100, pulse 95, and respirations 20. A radical mastoid operation was immediately performed and pus under tension was found. The lateral sinus was exposed but not opened. Four days later symptoms of septicæmia appeared—severe chills, sweats, nausea and vomiting, temperature 102, pulse 140, and respirations 26. Although the lateral-sinus was promptly opened and the internal jugular vein ligated his condition became progressively worse and he died seven days later.

8. Male, C. L. W., age 17 years, is similar in all respects to the preceding case. Suffered from a chronic neglected otorrhœa of the left ear for twelve years which suddenly flared up. Case was transferred to our department from Medicine with marked symptoms of thrombosis of the sigmoid sinus and general septicæmia. Despite radical operation he became markedly worse and death ensued two weeks later. It is rather interesting to note that a culture from the lateral sinus gave no growth, although there was found post-mortem an exudative purulent thrombo-phlebitis of the left internal jugular vein extending down to the left innominate vein.

9. Male, D. M. Mc., 26 years old, was admitted with a marked cellulitis of the right face, and in a highly septic condition—drowsy, profuse sweats, temperature 104-105, pulse 120-160, and respirations 30-40. A history was obtained of a boil in the cheek having been opened with a needle a few days previously. There was a profuse purulent discharge from the cheek into the mouth, but the nasal passages seemed quite clear. Death occurred three days after admission.

10. Male, C. D., aged 51, was an advanced case of carcinoma of the lung which was admitted to this Service simply for care, as the diagnosis and inoperable character of the lesion were established prior to admission. Patient died a little over two weeks after admission. Post-mortem findings were—carcinoma of the right bronchus with metastases in the lungs, pleura, peri-bronchial, mediastinal, abdominal and lymph glands.

Cases 7 and 8 show the tragic results of chronic otorrhœa. Every year this Service has to record several deaths from some intracranial complication secondary to protracted and neglected suppuration of the tympanic cavity. In an effort therefore to lessen this mortality the Department of Oto-Laryngology would strongly urge the necessity of educating the public by popular writings and lectures to the dangers of a so-called simple discharging ear.

The American Academy of Ophthalmology and Oto-Laryngology in appreciation of his valuable work has again voted Dr. W. J. McNally a travelling scholarship for further investigation into the labyrinth.

This Department notes with pleasure that its Chief, Dr. H. S. Birkett, has been honoured by being made an honorary member of the Scottish Otological and Laryngological Society and by being elected a member of the International Collegium of Otology and Rhino-Laryngology, being the only representative in Canada of this Society.

JAMES T. ROGERS, M.D.

*Associate.*



# DEPARTMENT OF OTO-LARYNGOLOGY

## RECORD OF DISEASES

For the Year Ended December 31st, 1929

NOSE:		Total Died
<b>External Nose and Nasal</b>		
<b>Vestibule:</b>	Total Died	
Abscess septum . . . . .	3	Hæmorrhage, P.O. tonsils . . . . . 2
Deformity nose, traumatic . . . . .	2	Hæmorrhage, secondary, adenoid . . . . . 2
Fracture nasal bones . . . . .	11	Hæmorrhage, secondary, tonsil . . . . . 7
Laceration nose . . . . .	1	Hypertrophy adenoids . . . . . 27
Polypi, nasal . . . . .	30	"    tonsils and adenoids . . . . . 625
<b>Nasal Cavities:</b>		Infection pharynx . . . . . 1
Atresia nostril . . . . .	2	Oedema pharynx and epiglottis . . . . . 1
Deviated septum . . . . .	118	Pharyngitis, acute . . . . . 6
Epistaxis . . . . .	7	Remains tonsillar tissue, P.O. . . . . 1
Fracture septum . . . . .	1	Rhinopharyngitis . . . . . 3
Hypertrophy turbinates . . . . .	7	Tonsillitis, acute . . . . . 31
Rhinitis, acute . . . . .	4	"    chronic, septic . . . . . 849
"    chronic, hypertrophic . . . . .	4	Vincent's Angina . . . . . 3
"    vaso-motor . . . . .	1	
Sarcoma turbinates . . . . .	1	
<b>Nasal Sinuses:</b>		<b>LARYNX, TRACHEA,</b>
Ethmoiditis . . . . .	10	<b>BRONCHI, LUNGS:</b>
Mucocele ethmoid . . . . .	1	Foreign body lung . . . . . 1
Pansinusitis . . . . .	4	
Polyp, antral . . . . .	2	<b>Acute:</b>
Puncture antrum, traumatic . . . . .	1	Bronchitis . . . . . 1
Sarcoma, ethmoid . . . . .	1	Laryngitis . . . . . 1
Sarcoma, maxillary sinus . . . . .	1	Oedema glottis . . . . . 2
Sinusitis, ethmoid . . . . .	1	Oedema larynx . . . . . 2
"    frontal . . . . .	22	Pneumonia . . . . . 6
"    maxillary (empyema) . . . . .	82	Tracheitis . . . . . 1
<b>FAUCES, PHARYNX,</b>		<b>Chronic:</b>
<b>NASO-PHARYNX:</b>		Abscess, lung . . . . . 2
Abscess, peritonsillar . . . . .	29	Asthma . . . . . 7
"    retro-pharyngeal . . . . .	6	Bronchiectasis . . . . . 3
Carcinoma, naso-pharynx . . . . .	1	Bronchitis . . . . . 2
Carcinoma tonsil . . . . .	1	Laryngitis . . . . . 4
Hæmorrhage, P.O. tonsils and adenoids . . . . .	1	Tuberculosis larynx . . . . . 1
		"    lungs . . . . . 6

**LARYNX, TRACHEA,  
BRONCHI, LUNGS:—Continued**

<b>Tumours:</b>	Total	Died
Carcinoma larynx . . . . .	2	
Carcinoma lung . . . . .	1	1
Carcinoma vocal cord . . . . .	1	
Papilloma larynx . . . . .	5	
Papilloma trachea . . . . .	1	
<b>Affections Laryngeal</b>		
<b>Nerves:</b>		
Paralysis larynx . . . . .	2	
<b>Miscellaneous Diseases</b>		
<b>Larynx and Trachea:</b>		
Foreign body trachea . . . . .	1	1
<b>LARYNGEAL PHARYNX AND ŒSOPHAGUS:</b>		
Cardiospasm . . . . .	1	
Foreign body œsophagus . . . . .	5	
<b>Mouth:</b>		
Adenitis, sublingual . . . . .	1	
<b>EAR:</b>		
<b>External:</b>		
Abscess, post auricular . . . . .	2	
Contusion ear . . . . .	1	
Furunculosis auditory canal . . . . .	5	
<b>Middle:</b>		
Abscess mastoid cavity, P.O. . . . .	2	
Adenitis mastoid gland . . . . .	1	
Fistula mastoid . . . . .	1	
Foreign body mastoid cavity . . . . .	1	
Mastoiditis (Bezold's) . . . . .	1	
Otitis media, acute, catarrhal . . . . .	16	
Otitis media, acute, suppurative . . . . .	48	
Otitis media, acute, suppurative, with mastoid . . . . .	70	3
Otitis media, chronic, catarrhal . . . . .	3	
Otitis media, chronic, suppurative . . . . .	12	
Otitis media, chronic, suppurative with mastoid . . . . .	31	1
Polyp aural . . . . .	2	
Rupture traumatic eardrum . . . . .	1	
Thrombosis lateral sinus . . . . .	4	

**MISCELLANEOUS  
(Complications):**

	Total	Died
Abscess neck . . . . .	2	
“ subperiosteal . . . . .	9	
Adenitis, cervical . . . . .	5	
“ submaxillary . . . . .	1	
Bacteræmia . . . . .	1	
Cavernous sinus thrombosis . . . . .	1	
Cellulitis face . . . . .	1	1
Chronic cardiac valvular disease . . . . .	1	
Dermatitis . . . . .	1	
Diabetes . . . . .	3	
Erysipelas . . . . .	4	
Fracture jaw . . . . .	1	
“ skull . . . . .	2	1
“ zygoma . . . . .	1	
Gout . . . . .	1	
Hysteria . . . . .	1	
Infection submaxillary gland . . . . .	1	
Influenza . . . . .	4	
Meningitis, septic . . . . .	1	
“ tuberculous . . . . .	1	
Myocarditis . . . . .	1	
Nephritis . . . . .	2	
Neuralgia, sphenopalatine ganglia . . . . .	3	
“ trigeminal . . . . .	1	
Nephrolithiasis . . . . .	1	
No disease . . . . .	4	
Not diagnosed . . . . .	5	
Panophthalmitis . . . . .	1	
Paronychia . . . . .	1	
Peritonitis . . . . .	1	
Psychosis . . . . .	1	
Rheumatic fever . . . . .	1	
Scarlet fever . . . . .	3	
Septicæmia . . . . .	1	1
Syphilis . . . . .	2	
Tetany . . . . .	1	
Ulcer neck . . . . .	1	
Urticaria . . . . .	1	

**STATISTICS FOR 1929**

Total Discharges . . . . .	2220
Total Admissions . . . . .	2210
	10
No. in Hospital first of year . . . . .	24
No. in Hospital end of year . . . . .	14
	10
Total Deaths . . . . .	10

# STATISTICS

## DEPARTMENT OF OTO-LARYNGOLOGY

### OPERATIONS ROSS MEMORIAL PAVILION

#### NOSE AND NASAL SINUSES:

Cauterizing septum.....	1
Ethmoidectomy and curettage..	2
Drainage frontal sinus....	3
Incision abscess septum....	1
Puncture and irrigation antrum	1
Radical antrum.....	29
Removal nasal polypi.....	8
Resection septum.....	39
Setting nasal fracture.....	2
Suturing fistula.....	1
Turbinotomy.....	5

#### FAUCES, PHARYNX, NASO-PHARYNX:

Arresting secondary hæmor- rhage tonsil.....	1
Incision abscess, peritonsillar...	1
Incision abscess, retropharyngeal	1
Tonsillectomy and adenoidec- tomy.....	676

#### LARYNX, TRACHEA,

#### BRONCHI AND LUNGS:

Direct laryngoscopy.....	1
Direct œsophagoscopy.....	1
Removal papilloma larynx.....	2
Tracheotomy.....	1

#### EAR:

Exploring and curettage mastoid cavity.....	4
Incision and drainage mastoid gland.....	1
Incision phlegmon.....	1
Incision furuncle.....	1
Opening lateral sinus.....	1
Paracentesis.....	5
Plastic on mastoid.....	2
Radical mastoidectomy.....	4
Simple mastoidectomy.....	56

### OPERATIONS OUT-DOOR OPERATING ROOM

Opening of Furuncle.....	3	Tonsillectomy and Adenoidectomy	633
Removal Aural Polypus.....	4	Arresting P. O. Tonsillar Hæmor- rhage.....	11
Paracentesis.....	73	Arresting P.O. Naso-Pharyngeal Hæmorrhage.....	1
Simple Mastoidectomy.....	112	Tonsil Snipping.....	1
Radical Mastoidectomy.....	21	Insertion Radium in Tonsillar Fossa.....	2
Plastic to Radical.....	13	Excision Sebaceous Cyst.....	1
Exploring Lateral Sinus.....	8	Removal Naso-Pharyngeal Polyp.	1
Ligation Jugular Vein.....	5	Incision Retro-Pharyngeal Abscess	1
Curetting Simple Mastoid.....	4	Direct Laryngoscopy for T. B..	2
Inserting Drain in Mastoid.....	1	Direct Laryngoscopy.....	22
Incision Gland in Neck.....	4	Direct Bronchoscopy.....	24
Ossiculectomy.....	1	Direct Bronchoscopy with Lipiodol.....	13
Setting Fracture Nasal Bones....	7	Direct Bronchoscopy for T. B..	2
Removal Nasal Polypi.....	22	Direct Oesophagoscopy.....	18
Septum Resection.....	71	Direct Oesophagoscopy for T. B..	8
Incision Septal Abscess.....	3	Tracheoscopy.....	1
Turbinotomy.....	11	Tracheotomy.....	3
Plastic to Nose.....	3	Thyrotomy.....	1
Insertion Radium in Ethmoidal Cavity.....	3		
Ethmoidectomy.....	6		
Sphenoidectomy.....	1		
Puncture, Irrigation of Antrum...	9		
Radical Antrum.....	22		
Removal Naso-Antral Polyp. ....	1		
Radical Frontal Sinus.....	1		
Insertion Radium in Tumour....	1		
Tonsillectomy.....	228		
Adenoidectomy.....	47		
		TOTAL.....	1431

#### OUT-DOOR TREATMENTS

Irrigations Antrum.....	264
Removal Polypus.....	53

# REPORT OF THE UROLOGICAL DEPARTMENT

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*For the Year Ended December 31st, 1929*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

The work of the Urological Department during the year 1929 has progressed with continued success along the same lines as during the previous year. Although the admissions to the Department and the operations performed are slightly lower than the previous year, more time has been expended upon research work and the matter of publications.

Dr. N. E. Berry, who for three and a half years was on the staff of the hospital, first as an interne, later as resident, has just returned to us after spending six months of study in Urological Clinics in Europe under the Christian Hoffman Fellowship of Queen's University.

In June 1928, thirty Urologists from all parts of Canada met in Montreal. It was decided to form a Urological section of the Canadian Medical Association. Our first meeting as a section took place during the Canadian Medical Association meeting in June 1929, in Montreal, and was a marked success from all points of view. A scientific program was set for the first day and from our own staff papers were read as follows:

M. I. Seng: "Some Studies of Blood Pressure in Prostatism."

A. B. Hawthorne: "Review of a Series of Cases of Double Ureters and Pelves."

N. E. Berry: "Rupture of the Urethra."

Clinical meetings were held in both the French and English hospitals the following two days, and at the meeting in our own hospital operations were performed, and also the following papers were as follows;—

"Perirenal Hæmatoma Associated with Polycythæmia."—  
R. S. Hotchkiss.

"Disseminated Adenocarcinoma of the Bladder."—R. Grant  
Reid.

"Some Studies in the Fractional Estimation of the Phenol-sulphonophthalein Test."—C. A. Chisholm.

"Rupture of the Pathological Kidney."—G. N. Ellis.

The publications by members of the staff during 1929, were:

David W. MacKenzie: "Perirenal Hæmatoma with Polycythæmia." Trans. American Genito-Urinary Association, 1929.

"Small Round Cell Sarcoma of the Bladder with Review of the Literature." British Journal of Urology. December, 1929.

David W. MacKenzie with Allan B. Hawthorne: "Small Round Cell Sarcoma of the Bladder with Review of the Literature." Trans. American Genito-Urinary Association, 1929.

David W. MacKenzie with Allan B. Hawthorne: "A Study of the Distribution of Foreign Particles Including Bacteria in the Kidney." Journal of Urology, July 1929.

M. I. Seng: "Dilatation of the Ureters and Renal Pelves in Pregnancy." Journal of Urology, April 1929.

N. E. Berry: "Traumatic Rupture of the Urethra and Bladder." (in publication).

C. A. Chisholm: "Some Studies in the Fractional Estimation of the Phenolsulphonophthalein Test." Canadian Medical Association Journal (in publication).

Respectfully submitted,

D. W. MACKENZIE,  
*Urologist-in-Chief.*

# OPERATIONS IN THE UROLOGICAL DEPARTMENT (Indoor)

For the Year Ended 31st December, 1929

Circumcision . . . . .	12
Coagulation of urethral caruncle . . . . .	5
Cystotomy, suprapubic for drainage in prostatism . . . . .	51
"          "          with removal of vesical calculi . . . . .	7
"          "          with coagulation of carcinoma of bladder . . . . .	3
"          "          with coagulation of papilloma of bladder . . . . .	1
"          "          with removal of necrotic tissue in carcinoma of the bladder . . . . .	1
"          "          for rupture of the bladder . . . . .	3
"          "          for rupture of the bulbomembranous urethra . . . . .	1
"          "          for drainage in stricture of urethra . . . . .	1
"          "          with excision of perineal fistulæ . . . . .	1
Cystoscopy . . . . .	126
"          with ureteral catheterization . . . . .	147
"          with ureteral catheterization and pyelogram . . . . .	324
"          with ureteral catheterization and pyeloureterogram . . . . .	30
"          with ureteral dilatation . . . . .	22
"          with fulguration of bladder tumor . . . . .	9
Cystograms . . . . .	20
Dilatation of urethra for stricture . . . . .	25
"          of urethra with removal of vesical calculus . . . . .	1
"          of urethra with cystoscopy and removal of sediment from bladder for contracted vesical neck . . . . .	3
"          of vesical neck with removal of prostatic calculi . . . . .	2
"          of vesical neck for carcinoma of prostate . . . . .	1
"          of vesical neck for papilloma of bladder . . . . .	1
"          of vesical neck with enucleation of residual prostate . . . . .	1
Dorsal slit for phimosis . . . . .	1
Dorsal slit for paraphimosis . . . . .	2
Epididymectomy for epididymitis suppurative . . . . .	1
Radical cure of hydrocele . . . . .	15
Radical cure of hydrocele with excision old hæmatoma pampiniform plexus	1
Tapping hydrocele . . . . .	1
Herniotomy . . . . .	4
Incision and drainage perinephritic abscess . . . . .	3
Incision abscess of epididymis . . . . .	1
Incisions multiple of penis for extravasation . . . . .	1
Nephrectomy for tumor of kidney (hæmangioma) . . . . .	1
"          for tumor of kidney (carcinoma) . . . . .	2
"          for tumor of kidney (sarcoma) . . . . .	1
"          for renal tuberculosis . . . . .	4
"          for hydronephrosis infected . . . . .	3
"          for pyonephrosis with calculi . . . . .	1
"          for pyelonephritis acute . . . . .	1
"          for perirenal hæmatoma infected . . . . .	1
"          with ureterectomy for hydroureter . . . . .	2



Nephropexy for nephroptosis. . . . .	2
Nephropexy with freeing of adhesions. . . . .	2
Freeing perirenal adhesions with plastic on renal pelvis. . . . .	1
Orchidectomy for tuberculous epididymitis. . . . .	1
"    for hydrocele infected. . . . .	1
"    and epididymectomy for abscess and necrosis. . . . .	1
Perineal section with drainage of prostatic abscess. . . . .	2
"    "    for acute extravasation (phlegmon). . . . .	4
"    "    for stricture of urethra. . . . .	4
"    "    and plastic on urethra. . . . .	2
"    "    with excision urethral fistula. . . . .	1
Placement of testis in scrotum for cryptorchidism. . . . .	5
Plastic repair for hypospadias. . . . .	2
"    repair of urethra. . . . .	2
"    straightening of penis in hypospadias. . . . .	2
"    on suprapubic sinus. . . . .	1
"    repair of penis with removal of vesical calculus through suprapubic sinus. . . . .	1
Prostatectomy, suprapubic, for prostatism (2 stage). . . . .	42
"    "    for prostatism (1 stage). . . . .	1
"    "    with removal of calculi (1 stage). . . . .	4
"    "    with evacuation of periprostatic abscess (2 stage). . . . .	1
"    "    for prostatism (carcinoma of prostate) (2 stage)	1
Pyelotomy for calculus. . . . .	9
"    and nephrotomy for calculus. . . . .	1
"    with plastic on renal pelvis. . . . .	1
Transplantation of ureter for exstrophy of bladder. . . . .	2
Transplantation of ureter for destroyed bladder, traumatic. . . . .	2
Ureterotomy for calculus. . . . .	9
Ureterectomy for periureteral adhesions. . . . .	1
TOTAL. . . . .	953



# DEPARTMENT OF UROLOGY

## RECORD OF DISEASES

For the Year Ended 31st December, 1929

### DISEASES OF THE KIDNEY:

	Total	Died
Rupture of kidney...	3	
Abscess, perinephritic...	3	
Adhesions, perirenal...	2	
Albuminuria...	1	
Hæmaturia, cause undetermined...	2	
Hydronephrosis...	39	
“ infected...	35	
Hydroureter...	13	
Infarct kidney...	1	
Insufficiency, renal...	19	
Nephritis, acute...	4	
“ chronic...	3	
Nephroptosis...	50	
Pyelitis...	56	
“ of pregnancy...	2	
Perinephritis...	1	
Pyelonephritis...	25	1
Pyonephrosis...	21	2
Tuberculosis kidney...	21	
Uræmia...	3	1
Calculus, renal...	43	
Hæmangioma, renal...	1	
Hæmatoma, renal...	2	
Tumour, unspecified...	2	
Carcinoma, renal...	5	2
Leiomyosarcoma, renal...	1	
Aplastic kidney, congenital...	2	
Cystic kidney, congenital...	1	
Double pelvis and ureters...	5	
Horseshoe kidney...	1	

### DISEASES OF URETER:

Colic, ureteral...	2
Stricture ureter...	5
Tuberculosis ureter...	1
Ureteritis...	1
Calculus, ureteral...	70
Dilated and kinked ureters...	13

### DISEASES OF THE BLADDER:

	Total	Died
Rupture, traumatic...	1	
Adhesions, vesical...	3	
Congestion vesical neck...	1	
Contracted vesical neck...	12	
Cystitis...	49	
Diverticulum bladder...	6	
Encrustations vesical neck...	1	
Enuresis, functional...	4	
Fissure vesical neck...	1	
Fistula, urinary, perineal...	4	
“ vesico-vaginal...	3	
“ urinary, supra-pubic...	1	
Incontinence of urine, cause undetermined...	2	
Trabeculation of bladder...	9	
Trigonitis...	17	
Tuberculosis bladder...	7	
Ulceration bladder...	1	
Calculus, vesical...	16	
Foreign body bladder...	1	
Papilloma bladder...	15	
Carcinoma bladder...	17	3
Sarcoma bladder...	4	

### DISEASES OF THE URETHRA:

Stricture urethra, traumatic...	8	
Peri-urethral abscess...	3	
Atrophy senile of urethra...	1	
Caruncle, urethral...	9	
Fissure, urethral...	2	
Fistula, urethral...	1	
Hæmorrhage, urethral...	1	
Phlegmon, periurethral...	11	2
Stricture urethral, gonorrhœal...	38	1
Urethritis, acute, non-specific...	4	
Urethritis, acute, gonorrhœal...	23	

**DISEASES OF THE****URETHRA:—Continued**

	Total	Died
Urethritis, chronic, non-specific . . . . .	1	
Urethritis, chronic, gonorrhœal . . . . .	9	
Cyst, urethral . . . . .	1	
Papilloma, urethral . . . . .	1	
Epispadias . . . . .	1	
Hypospadias . . . . .	6	
Small urethra, congenital	4	
Stricture urethra, congenital . . . . .	10	

**MALE GENERATIVE****ORGANS:****Scrotum:**

Cyst spermatic cord . . . . .	1	
Deferentitis . . . . .	3	
Hæmatoma spermatic cord . . . . .	1	
Hydrocele . . . . .	18	
Varicocele . . . . .	8	

**Seminal Vesicles:**

Vesiculitis, non-gonorrhœal . . . . .	1	
Vesiculitis, gonorrhœal . . . . .	3	

**Testicle and Epididymis:**

Cyst epididymis . . . . .	4	
Epididymitis, non-gonorrhœal . . . . .	21	
Epididymitis, gonorrhœal	17	
"    syphilitic . . . . .	1	
"    traumatic . . . . .	1	
Necrosis testicle . . . . .	1	
Undescended testicle . . . . .	6	

**Penis:**

Balanitis . . . . .	2	
Cellulitis penis . . . . .	2	
Congenital deformity penis . . . . .	1	
Paraphimosis . . . . .	2	
Phimosis . . . . .	16	
Redundant prepuce . . . . .	3	

**Prostate:**

Abscess, prostatic . . . . .	4	
Calculus prostate . . . . .	6	1
Carcinoma prostate . . . . .	14	3
Prostatism . . . . .	106	5
Prostatitis, non-gonorrhœal . . . . .	29	1
Prostatitis, gonorrhœal . . . . .	14	
Tuberculosis prostate . . . . .	5	

**FEMALE GENERATIVE****ORGANS:**

	Total	Died
Atresia vagina . . . . .	1	
Cellulitis, pelvic . . . . .	14	
Cervicitis . . . . .	3	
Cyst, ovarian . . . . .	1	
Cystocele and rectocele . . . . .	11	
Fibrosis uteri . . . . .	1	
Laceration, perineal . . . . .	1	
Metritis . . . . .	1	
Retroflexion uterus . . . . .	1	
Retroversion uterus . . . . .	3	
Salpingo-oophoritis . . . . .	3	
Subinvolution uterus . . . . .	1	
Vaginitis . . . . .	5	

**PUERPERAL STATE:**

Pregnancy . . . . .	3
"    ectopic . . . . .	1
Septicæmia, puerperal . . . . .	1

**SPECIFIC AND GENERAL  
INFECTIOUS DISEASES:**

Inguinal bubo, chancroidal	2
Cellulitis, leg . . . . .	1
Erysipelas . . . . .	1
Influenza . . . . .	2
Syphilis . . . . .	42

**METABOLISM:**

Diabetes mellitus . . . . .	7
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**POISONING,  
INTOXICATIONS:**

Addiction to drugs . . . . .	1
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**TUMOURS: (See also special  
organs):**

Cyst . . . . .	1
Lipoma . . . . .	2

**GENERAL INJURIES:**

Contusions . . . . .	1
Fractures . . . . .	5
Strain muscles . . . . .	2

**DISEASES OF SKIN:**

Dermatitis . . . . .	7
Urticaria . . . . .	1

**CIRCULATORY SYSTEM:**

	Total	Died
Arterio-sclerosis . . . . .	20	
"    "    with		
hyper-		
tension	3	
Auricular fibrillation . . . . .	4	
Decompensation . . . . .	2	
Gangrene . . . . .	1	
Hypertension . . . . .	20	
Hypertrophy, cardiac . . . . .	4	
Hypotension . . . . .	1	
Myocarditis . . . . .	18	
Patent ductus arteriosus . . . . .	1	
Phlebitis . . . . .	2	
Thrombosis, coronary . . . . .	1	
Valvular diseases . . . . .	14	

**LYMPHATIC SYSTEM:**

Adenitis, inguinal . . . . .	4
Calcified gland, retro-	
peritoneal . . . . .	1

**BLOOD:**

Anæmia, secondary . . . . .	5
Hæmophilia . . . . .	1
Septicæmia . . . . .	2

**DUCTLESS GLANDS:**

Goitre, non-toxic . . . . .	2
Hypopituitarism . . . . .	2
Hypothyroidism . . . . .	1
Myxœdema . . . . .	3

**NERVOUS SYSTEM:**

Sclerosis, cerebral . . . . .	1
Dementia . . . . .	3
Herpes zoster . . . . .	1
Meningitis . . . . .	1
Myalgia . . . . .	1
Neurasthenia . . . . .	1
Syphilis, cerebro-spinal . . . . .	1
Tabes dorsalis . . . . .	1

**BONES, JOINTS, ETC.:**

Arthritis . . . . .	8
Arthritis, gonorrhœal . . . . .	10
Carcinoma bones . . . . .	2
Paget's disease . . . . .	1
Paronychia . . . . .	1
Periostitis . . . . .	1
Tuberculosis bones . . . . .	1

**DISEASES OF THE EYE:**

	Total	Died
Cataract . . . . .	2	
Irido-cyclitis . . . . .	2	
Keratitis . . . . .	2	
Panophthalmitis . . . . .	1	
Retinitis . . . . .	2	

**DISEASES OF THE NOSE AND SINUSES:**

Epithelioma ali nasi . . . . .	1
Sinusitis, maxillary, acute . . . . .	1

**MOUTH, LIPS, CHEEKS, PHARYNX, ETC.:**

Hypertrophy tonsils . . . . .	1
Tonsillitis . . . . .	3
Vincent's angina . . . . .	1

**ŒSOPHAGUS:**

Carcinoma œsophagus . . . . .	1
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**STOMACH:**

Carcinoma stomach . . . . .	1
Gastritis . . . . .	1
Ulcer, gastric . . . . .	1

**INTESTINES:**

Appendicitis, acute with	
abscess . . . . .	1
Appendicitis, chronic . . . . .	4
Autointoxication . . . . .	1
Carcinoma intestines . . . . .	2
Colitis . . . . .	1
Coloptosis . . . . .	1
Constipation . . . . .	3
Enteroptosis . . . . .	1
Hypermotility colon . . . . .	1
Stasis, colonic . . . . .	2
Visceroptosis . . . . .	2

**LIVER:**

Carcinoma liver . . . . .	1
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**GALL BLADDER:**

Cholecystitis . . . . .	5
Cholelithiasis . . . . .	2

**ABDOMEN AND PERITONEUM:**

Adhesions, abdominal . . . . .	1
Contusion abdominal	
muscles . . . . .	1
Hernia, inguinal . . . . .	8
"    umbilical . . . . .	2
"    ventral . . . . .	3
Peritonitis . . . . .	1

**RECTUM AND ANUS:**

	Total	Died
Abscess, ischio-rectal....	1	
Carcinoma rectum.....	1	
Hæmorrhoids.....	2	
Ulceration rectum.....	1	

**UNCLASSIFIED:**

No disease.....	1
Not diagnosed.....	1
No urological condition..	16

**LARYNX:**

Paralysis vocal cords....	1
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**TRACHEA AND  
BRONCHI:**

Bronchitis, acute. ....	8
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**LUNGS:**

Abscess lung.....	1
Collapse lung, P.O....	1
Emphysema....	5
Pneumonia, broncho....	2
"    lobar.....	2
Tuberculosis, pulmonary	8

**PLEURA:**

Pleurisy, acute, fibrinous	4
"    serofibrinous...	1

**STATISTICS FOR 1929**

Total Admissions.....	793
Total Discharges.....	788
	<hr/>
	5
No. in Hospital end of year..	29
No. in Hospital first of year..	24
	<hr/>
	5
Total Deaths.....	22



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# REPORT OF THE PATHOLOGICAL INSTITUTE

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*For the Year Ended December 31st, 1929*

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To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I herewith submit the report of the Pathological Institute for the year ended December 31st, 1929. It has been, for convenience and brevity's sake, as last year, tabulated under the headings of the various subdivisions and concerns itself only with the routine Hospital examinations. The results of special investigations or the work incident to them have, of course, not been incorporated; they appear elsewhere in the various publications by members of the Institute and others utilizing its resources in scientific journals. The more strictly academic side in connection with the University is also not touched upon here. As the report and its figures speak for themselves, it is hardly necessary to submit an additional detailed analysis of it, but simply to draw attention to some of the more outstanding issues of each subdivision.

First, as regards Morbid Anatomy. The number of autopsies rose this year to three hundred and fifty-four (354), the largest number so far recorded since the opening of the Institute. It is hoped that this number will steadily increase to even higher figures in future years. Unfortunately there still exists in the laity, even among the better and educated classes, a strong feeling against post-mortem examinations and the erroneous idea that it is identical with dissection and its results disfiguring. As a matter of fact this fear is wholly unfounded. A post mortem examination is really no more, in a technical sense, than an elaborate embalming process and it interferes in no way with the subsequent appearance of the body. To the contrary it furnishes a more lasting and permanent preservation than the ordinary rapid methods which are commonly employed. In Europe, both in England and on the Continent, this has long been appreciated and relatives request not infrequently, for this and other reasons, a post mortem examination and refusals are very infrequent. Moreover, the increasing social obligations and responsibilities of physicians, the requirements of Compensation Boards, industrial insurance, vital statistics and other necessities of modern society such as a more thorough understanding of

occupational diseases, some of the obscure but not uncommon cosmetic poisonings from perfumes or from synthetic dyes and from poisonous gases generated by all sorts of motors employed for automobile and other purposes, as well as chronic food poisonings due to preservatives, food infections, and so forth, require an ever increasing correctness and vigilance in the *exact* determination of the cause of death in every instance; and the hospitals, by virtue of their opportunities, must lead in this respect. Questions such as whether cancer, heart disease, arterial deteriorations, kidney disease, are really on the increase, and what may be responsible—in fact, all the effects of the complicated, modern environment on our body in relation to shortening its existence,—can be accurately answered only on the basis of full and reliable post mortem disclosures and statistics. Clinical diagnoses are for such purposes not sufficient.

It is therefore to be hoped that the great practical importance of post mortem examination in every case (not only in those presenting obscure features) will more and more spread to all strata of society and that unfounded prejudices to them will disappear. The fact that this Institute and its members are asked again and again to act in the capacity of consultants in matters of this sort and in their application to legal and government machinery indicates that an appreciation of this part of its scientific work is growing.

But next to this more general application of the information derived from post mortem examinations, their great educational value for hospital physicians, internes, and advanced students is undoubted. Our whole system of medicine rests on the “anatomical idea”—that is, knowledge of disease in terms of structural organ changes. The better, firmer and more extensive this structural knowledge of disease, the more reliable its basis, the less imaginary its conceptions; for the structural changes as revealed by post mortem examination furnish the most certain, definite and readily demonstrable facts of the case. Indeed, it is this structural knowledge of disease which distinguishes the educated physician from the quack or charlatan, and thus it creates a much higher standard of the medical profession.

It is sometimes thought by those not well informed that post mortem examinations are insisted upon as a matter of curiosity on the part of the physician, or purely for reasons of a theoretical scientific interest. It is hoped that it has been at least indicated above how much further and deeper, and in what directions, their significance and value lie.

Secondly, the subdivision of Surgical Pathology shows a moderate increase of 12% in the amount of work over the previous year which is about equally divided among the different departments requiring sectioning. But the division of Morphological Hæmatology shows an extraordinary and notable increase of 67% over the previous twelve months! That, no doubt, is an indication of the much greater demand made on this department than in previous years, and is in no way commensurate with the increase in the number of hospital cases. This subdivision, under Dr. Waugh, has undergone such an extraordinary development that its figures, more than words, speak for the value of his energy and devotion to this subject.

The subdivision of Bacteriology, which always is a heavy one, shows moderate increases. Thus in its department for cultures, the total number 2748 compares with 2526 of last year, and in its serological department 4353 of the preceding twelve months compares with 5034 of this year (1929).

That the technical department and the financial resources of the Pathological Institute are heavily taxed by its routine alone may be seen from one or two figures. Thus in the subdivision of Morbid Anatomy approximately 8500 permanent microscopic slides were prepared from 354 post mortem examinations, and in the subdivision of Surgical Pathology 7997 permanent sections were prepared for microscopic examination, making a total of 16,497 slides! In Bacteriology a total of 48,917 culture tubes with different media were prepared, 176 flasks for ordinary fluid media, 141 litres of beef infusion broth and beef infusion broth with glucose, and 577 culture plates.

Finally, it is most gratifying to record that under the new arrangement between the Hospital and the Pathological Institute, the Pathological Department of the Hospital has ceased to be an entire liability as in former times to the hospital finances. Under the present arrangement it contributes for its own work a considerable share of its expenses, and by a private arrangement of the staff workers is able to set apart a sum for the purchase of extraordinary supplies and books and periodicals for its departmental library. This is perhaps the greatest forward step which the administration of this Department has made in recent years.

HORST OERTEL,

*Pathologist-in-Chief.*



## I. DIVISION OF MORBID ANATOMY

(Dr. McLEOD, Acting Prosector, in Charge)

During the year 1929 there were three hundred and fifty-four (354) post mortem examinations performed in the Pathological Institute, representing an increase in number of forty-four (44) over the preceding year. Of these, two hundred and sixty-nine (269) were on cases from this Hospital and the remainder (85) from other hospitals in the city. The increase in number over that of 1928 was largely among cases from this Hospital, the number from outside sources remaining about the same.

Detailed statistics on autopsies from the Royal Victoria Hospital are as follows:

Department	No. of Autopsies	% of Autopsies
Medicine.....	118.....	46
Surgery (and Neurosurgery).....	51.....	33
Urology.....	7.....	32
Otolaryngology and Ophthalmology....	4.....	40
Obstetrics and Gynæcology.....	16.....	62
Babies, stillborn and neonatal.....	73.....	61
	269	46

These figures show that autopsies were performed on 46% of the total number of deaths in all departments. Among these deaths are included those not available for autopsy, e.g., coroners' cases.

Autopsies from other hospitals are as follows:

Women's General Hospital.....	46
Alexandra Hospital.....	13
Montreal Foundling and Baby Hospital.....	9
Homeopathic Hospital of Montreal.....	8
St. Mary's Hospital.....	7
Outside Cases.....	2
	85

A total of about 8500 microscopic slides were prepared from autopsy material during the year.

Weekly Staff Conferences were held, at which all autopsy cases were discussed and gross specimens and microscopic slides examined. During the teaching season cases of special interest were discussed in conjunction with the Department of Medicine before student groups.

During the year a new system of obtaining autopsies was introduced by which the interne in charge of the case asks the written consent of the relatives for a post mortem examination. The results of this method have so far been encouraging.

## II. DIVISION OF SURGICAL PATHOLOGY

(Prof. WAUGH, in Charge)

During the year 1929 the department of Surgical Pathology examined twenty-three hundred and seventy-eight (2378) specimens, consisting of twenty-eight hundred and thirty-three (2833) tissues and organs. From these approximately eight thousand (7997) histological sections were prepared for microscopical examination. The specimens were divided among the various services of the Hospital as follows: Surgery, 1311; Obstetrics and Gynæcology, 875; Urology, 89; Otolaryngology, 51; Medicine, 10; Outside, 42. This represents an increase of 12% in the work of this department over the previous year.

## III. DIVISION OF MORPHOLOGICAL HAEMATOLOGY

(Prof. WAUGH, in Charge)

During the year 1929 the department of Hæmato-Pathology carried out two hundred and seventy (270) blood examinations. These consisted of one hundred and seventy-five (175) complete morphological blood studies and ninety-five (95) partial examinations. These were divided among the various services as follows: Medicine, 189; Surgery, 22; Obstetrics and Gynæcology, 20; Otolaryngology, 19; Radiology, 16; and Urology, 4. This represents an increase of 67% in the work of this department over the previous twelve months.

## IV. DIVISION OF BACTERIOLOGY

(Prof. BRUERE, in Charge)

## A. DEPARTMENT OF CULTURES

(Dr. Beattie, in Charge)

	Medicine	Surgery	Urology	Gynaecology & Obstetrics	Ophthalmology	Oto-Laryngology	Out-Patients	Pathology	Pædiatrics	TOTAL
General Cultures.....	463	365	285	39	102	162	277	100	135	1928
Blood Cultures.....	249	27	17	12	...	8	9	6	21	349
Guinea-pig Inoculations.....	41	37	21	3	...	1	14	...	9	126
Vaccines.....	46	22	1	..	...	5	111	...	...	185
Pneumococcus Typing.....	91	15	...	1	...	9	10	3	6	135
Other Agglutination Reactions	17	1	1	1	...	...	3	...	2	25
<b>TOTALS.....</b>	<b>907</b>	<b>467</b>	<b>325</b>	<b>56</b>	<b>102</b>	<b>185</b>	<b>424</b>	<b>109</b>	<b>173</b>	<b>2748</b>

## B. DEPARTMENT OF SEROLOGY

WASSERMANN TESTS		Total No. of Tests
Blood.....	Strongly positive.....	691
	Feebly positive.....	162
		4330
Cerebrospinal Fluid.....	Strongly positive.....	58
	Feebly positive.....	6
		342
LANGE TESTS		
Cerebrospinal Fluid.....	Positive.....	57
		131
GONO. COMPLIMENT FIXATION TEST		
	Strongly positive.....	47
	Feebly positive.....	25
		231
	<b>TOTAL.....</b>	<b>5034</b>

# REPORT OF THE DEPARTMENT OF ROENTGENOLOGY

*For the Year Ended December 31st, 1929.*

To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

The improvements made in the Main X-ray Department during 1928 have proved very satisfactory to the Staff of the Hospital and helpful to the patients. The apparatus installed is efficient and equal to the increased demands. Following the Cleveland Disaster, the Medical Board decided that all dangerous X-ray films stored in the Hospital should be destroyed. This was carried out and safety films have been used since May 22nd, 1929.

Comparison of the work done in 1928 and 1929 shows an increase of 19.5% in the number of patients examined and 26.3% in the number of films made. The increase in dental films was 27.2%. An increase of 16.3% is shown in the number of treatments given in the Main X-ray Department.

The growth of the Department is largely due to the loyal support of the doctors, technicians, photographic assistants, clerks and porters of the Department who during the past year have carried out their duties so well.

The result of gastro-intestinal examinations has given 91% correct diagnoses as proved by operation. The results are as follows.

## 1929 Main X-ray Department.

Number of patients examined.....	1176
Number of patients operated on.....	78
Number of correct diagnoses as found by operation.....	71
Percentage of correct diagnoses.....	91%

The result of the Graham test for disease of the gall-bladder has given 91.6% correct diagnoses. This includes both Intravenous and Oral methods of administration. The results are as follows.

## 1929 Main X-ray Department.

Graham Test (Tetraiodophenolphthalein)	
Number of patients examined.....	417
Intravenous method... ..	370
Oral Method.....	47
Number of patients operated on.....	53
Number of correct diagnoses.....	44
Number of indefinites operated on.....	5
Number of normals.....	222
Percentage correct diagnoses excluding indefinites.....	91.6%

The oral method was used on 47 patients. Of these the diagnosis was indefinite in 6 cases. Five patients examined by the oral method were operated on and the X-ray diagnosis confirmed in 3. Two border line cases were found to be pathological.

Respectfully submitted,

A. HOWARD PIRIE,  
*Röntgenologist-in-Chief.*



# REPORT OF THE RADIUM DEPARTMENT

*For the Year Ended December 31st, 1929.*

To the GOVERNORS OF THE  
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

On November 18th the Radium Department started its service. This was made possible by the donation of 325 milligrams of radium to the Hospital for use in departments other than Gynæcology, which already has a supply.

A small filing room in the Main X-Ray Department has been fitted up as an office, and the staff consists of the Director of the X-Ray Department and one technician. The room is equipped with a special lead lined safe to contain the radium, and a lead screen to afford full protection to the operator during the handling of the radium. The radium is contained in gold washed platinum needles with a wall thickness of 0.5 millimetre. There are 83 needles in all, and the contents are divided as follows:—

10 needles of 10 milligrams each.  
23 needles of 5 milligrams each.  
50 needles of 2 milligrams each.

There is also one plaque containing 10 milligrams of radium for skin treatment.

Thirty patients have been treated in the six weeks that the Department has been working. The cases are as follows:—

Carcinoma of the Breast . . . . .	6
“ “ the Cheek and Glands of Neck. .	2
“ “ Ethmoids . . . . .	1
“ “ Lip . . . . .	1
“ “ Lung (metastatic) . . . . .	1
“ “ Nasopharynx (squamous) . . . . .	2
“ “ the Throat and Glands of Neck. .	3
“ “ the Tongue and Glands of Neck. .	10
“ “ Tonsil (squamous) . . . . .	2
Epithelioma of Finger . . . . .	1
Sarcoma groin . . . . .	1

Radium has been applied to the surface in 21 cases by means of a wax collar or a dental mould, and in the remaining 9 cases has been implanted in the tissues under an anesthetic.

Careful detailed records of all treatments are being kept which will form valuable material for the building up of statistics of the results to be obtained through the use of radium.

Respectfully submitted,

A. HOWARD PIRIE.



# 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.....	9-10 A.M.
Genito-Urinary.....	Female, Thur.....	9-10 A.M.
	Male, Daily.....	12.30-2.30 P.M.
Laryngology .	Tue. and Fri... ..	2-3 P.M.
Metabolism (Diabetic)...	Thursday.....	2 P.M.
“ “ (Ductless Glds)..	Wednesday .....	10 A.M.
Neuro-Surgery.....	Monday.....	1-3 P.M.
Neurology.....	Mon. and Thur.....	1.30-2.30 P.M.
Orthopædic... ..	Tue. and Fri.....	2-3 P.M.
Ophthalmology.....	Tue. and Fri.....	2-3 P.M.
Psychiatry.....	Tue. and Fri.....	2 P.M.
Pædiatrics.....	Daily.....	9-10 A.M.
Pulmonary.....	Mon. and Wed... ..	9-10 A.M.
Pneumothorax .. ..	Friday.....	2 P.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 patients' 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. 9

**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.

## VISITORS TO WOMEN'S PAVILION

### *2nd FLOOR*

Husbands only are permitted to visit Public Patients on the following days:—

Sunday . . . . . 2 to 3 P.M.

Tuesday and Thursday 7 to 8 P.M.

Semi-Public Patients—Any two visitors are permitted to visit patients on the following days:—

Sunday }  
Tuesday } 2 to 3 P.M.  
Thursday }

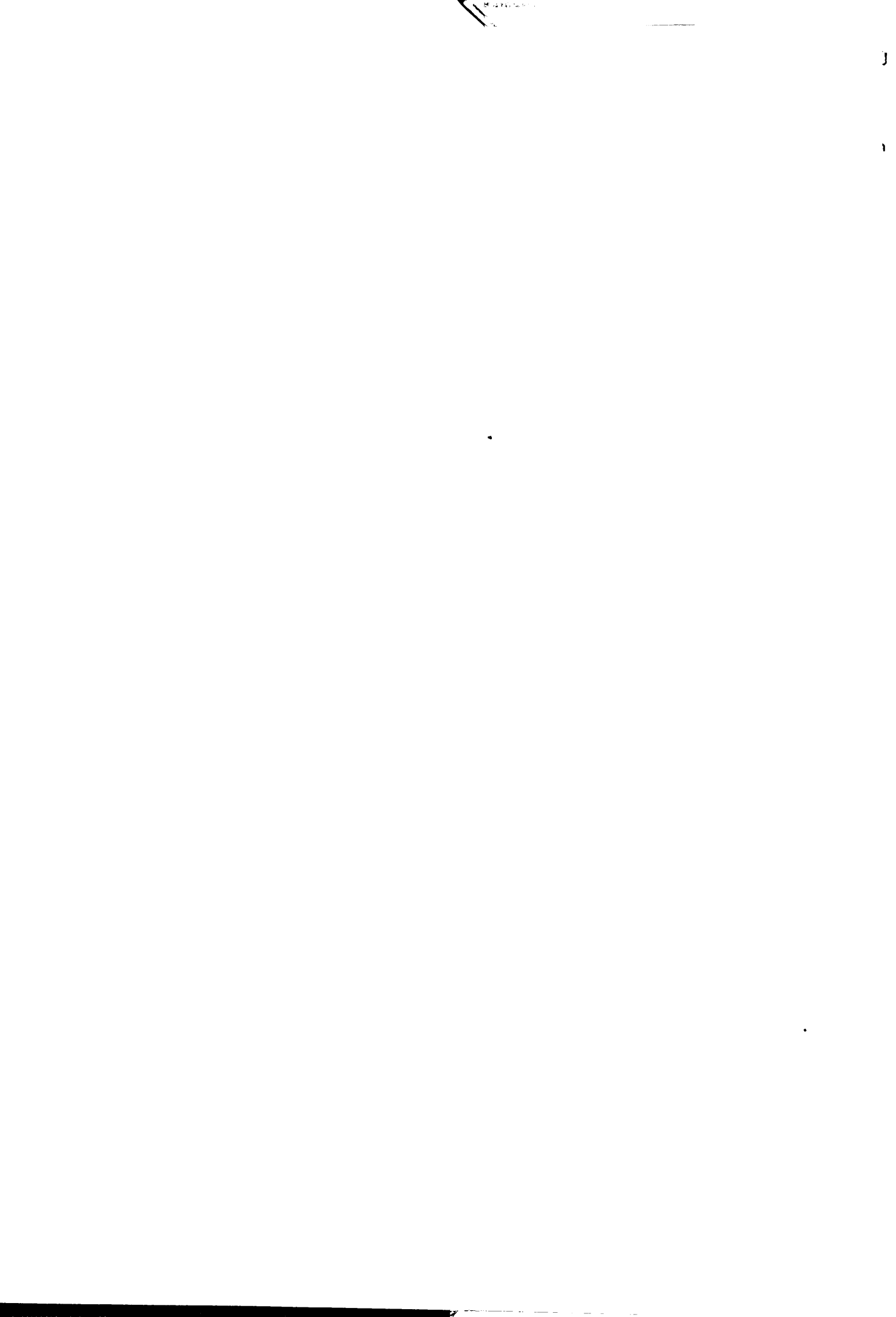
Every Night—7 to 8 P.M.—Husbands only.

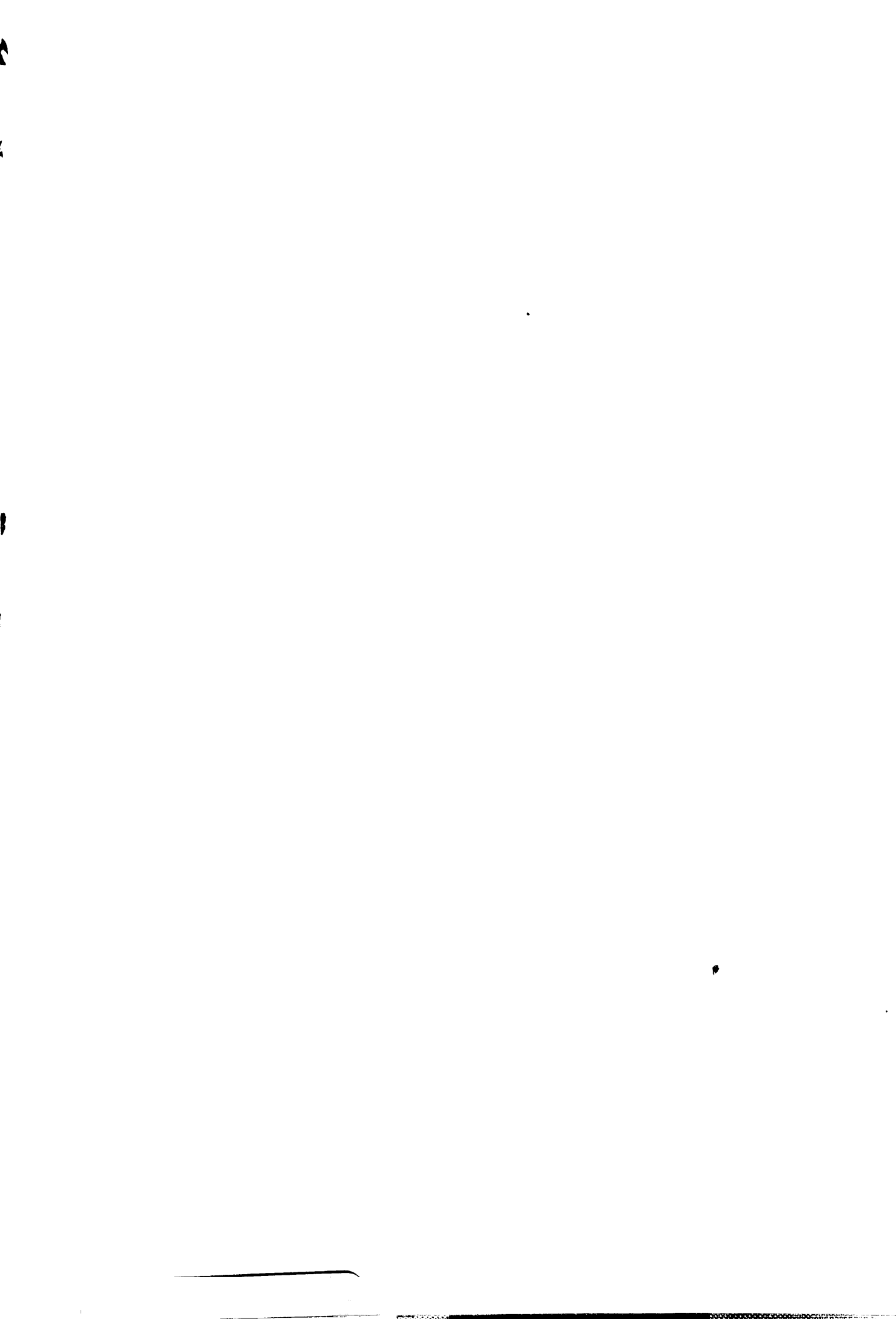
### *5th FLOOR*

Friends are permitted to visit Public Ward Patients on the following days:—

Sunday . . . . . 3 to 4.30 P.M.

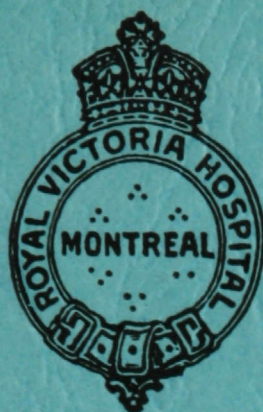
Wednesday and Friday 3 to 4 P.M.







*Collection*



FOUNDED 1893

THE  
**Royal Victoria Hospital**  
MONTREAL

**Thirty-Sixth Annual Report**

for the year ended

**31st DECEMBER, 1929**









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