

PRESENTED TO

Medical Library of McGill University

BY

Royal Victoria Hospital

J

TP ho. 38



No. 43046

LIBRARY OF THE FACULTY OF MEDICINE

McGILL UNIVERSITY
MONTREAL

Date

1932

DAMAGE TO BOOKS

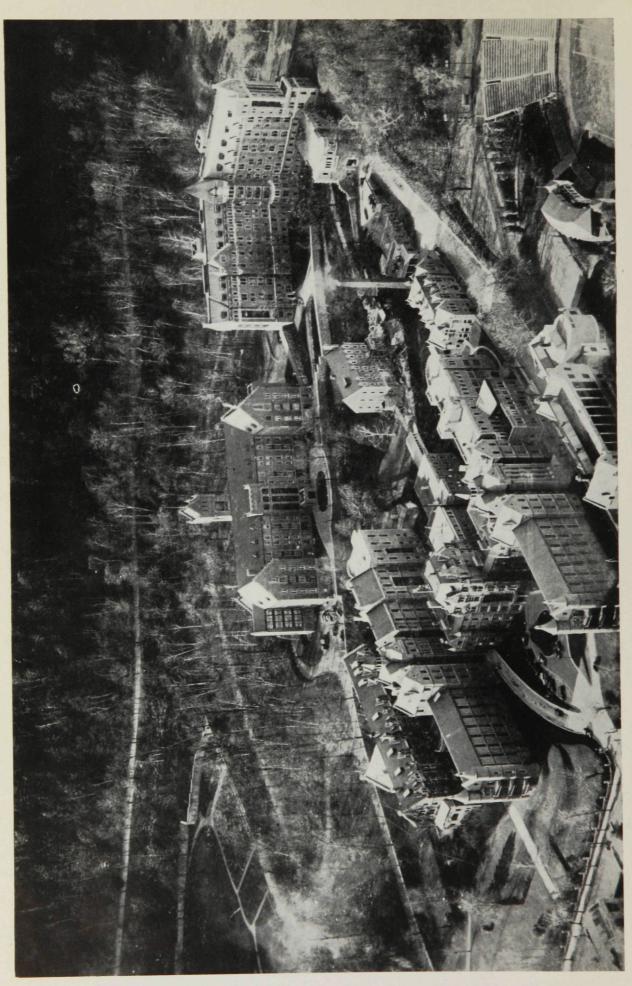
Readers are reminded that under the provisions of the Canadian Criminal Code any wilful damage to property constitutes a criminal offence for which severe penalties can be inflicted.

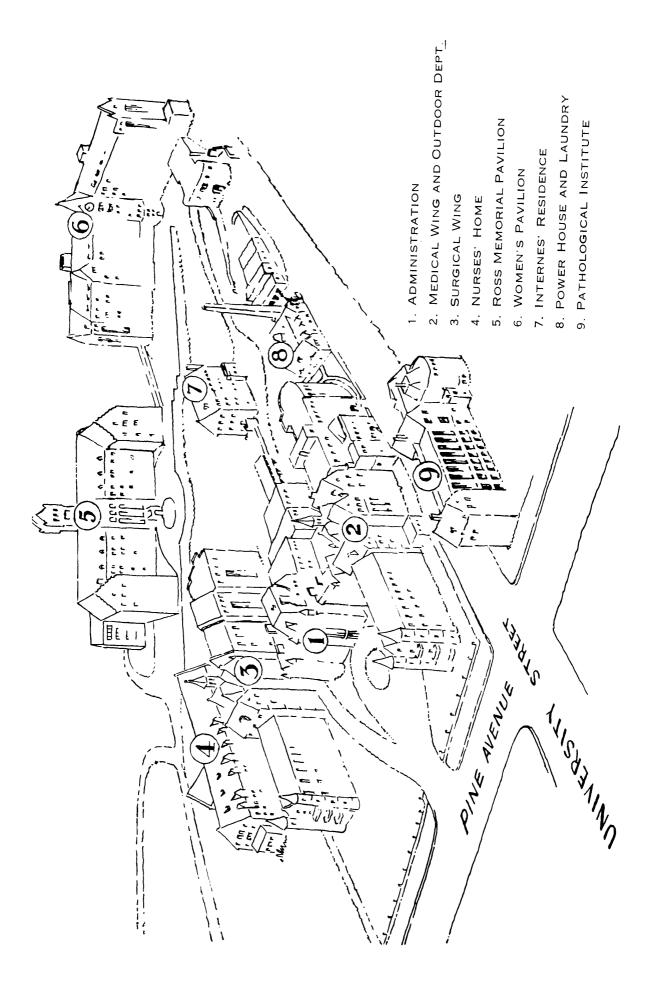
Minor damages render the offender liable to a fine of \$20.00, and he is also bound to compensate the owner up to a limit of \$20.00. Refusal to pay these sums is punished with imprisonment up to two months (Sections 539-540).

More serious damage can be visited with a term of imprisonment up to two years (Section 510-E).

McGill University Libraries

3 100 343 216 |





THE ROYAL VICTORIA HOSPITAL MONTREAL

THIRTY-EIGHTH

ANNUAL REPORT

for

THE YEAR ENDED 31st DECEMBER, 1931



VISITOR

HIS EXCELLENCY THE RIGHT HONOURABLE THE EARL OF BESSBOROUGH, P.C., G.C.M.G.

GOVERNOR-GENERAL OF CANADA

· INDEX

	Page
Founder and Governors	7
Associate Governors	8
Consulting Staff	9
Officers	11
Medical Board	13
Attending Staff	15
Resident Staff	21
Chairman's Remarks	23
Superintendent's Report	25
Financial Statements	33
Auditor's Report	39
Statistics	40
Report of the Auxiliary Board of Governors	41
Nursing School Report	47
Graduating Class	50
Report of Department of Nutrition	53
Social Service Department Report, R.V.H	57
" " Maternity	61
Report of Ante-Natal Settlement Clinics	65
Report of the Social Service—Department of Gynæcology	67
McGill Alumnæ Library Committee Report	69
Contributions and Donations	73
Department of Medicine Report	79
Department of Surgery Report	85
Department of Obstetrics and Gynæcology Report	98
Department of Ophthalmology Report	134
Department of Oto-Laryngology Report	136
Department of Urology Report	144
Pathological Institute Report	149
Department of Bacteriology	155
Department of Ræntgenology Report	158
Department of Radium	160
List of Clinics, Out-Patients' Department	162
Regulations Governing Public Ward Patients	163
Visitors to Women's Pavilion	164

FOUNDERS

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

GOVERNORS

1932

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
President, Board of Trade
President, Bank of MontrealSIR 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

1932

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)

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

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

1932

PRESIDENT SIR HERBERT HOLT

HOUSE COMMITTEE

SIR HERBERT HOLT, Chairman

SIR CHARLES GORDON, G.B.E. E. W. BEATTY

WALTER M. STEWART J. W. McCONNELL

SECRETARY AND SUPERINTENDENT W. R. CHENOWETH

ASSISTANT TO THE SUPERINTENDENT A. G. SMITH

OFFICE MANAGER J. A. FRASER

CREDIT MANAGER
W. BLUES

ACCOUNTANT H. G. WALSH

REGISTRAR-IN-CHIEF DUNCAN MACCALLUM, M.D.

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 M. GRACE MACDONALD, Phm.B.

DIETITIAN-IN-CHIEFMISS C. M. LARGE

STEWARD JOHN MILLER

NURSES' HOME MISS M. MACINTOSH, R.N. (In Charge)

SOLICITORS
MEREDITH, HOLDEN, HEWARD & HOLDEN

AUDITOR LEWIS BRIMACOMBE, C.A.

MEDICAL BOARD

1932

W. F. HAMILTON, M.D., C.M., F.R.C.P. (C.), (Chairman)

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

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

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

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. (C.) F.R.C.P. (Edin.), F.R.S.C., F.R.S.E., (Secretary)

H. OERTEL, M.D.

E. G. D. MURRAY, O.B.E., M.A., L.S.A.

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

ATTENDING STAFF

"Arranged in Alphabetical Order"

January 1st, 1932

DEPARTMENT OF MEDICINE

Physician-in-Chief

J. C. MEAKINS, M.D., LL.D. (Edin.), F.A.C.P., F.R.C.P. (C.) F.R.C.P. (Edin.), Hon. F.R.C.S. (Edin.), F.R.S.C., F.R.S.E.

Physicians

W. F. HAMILTON, M.D., F.R.C.P. (C.) C. F. MARTIN, B.A., M.D., LL.D. (QUEEN'S), F.A.C.P., F.R.C.P. (C.)

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., F.A.C.P., F.R.C.P. (C.)

D. S. LEWIS, M.D., M.Sc., F.R.C.P. (C.) DUNCAN MACCALLUM, M.D.

E. H. MASON, Ph.B., M.D., F.R.C.P. (C.)

D. W. McKECHNIE, D.S.O., M.D.

C. F. MOFFATT, B.A., M.D.

COLIN G. SUTHERLAND, M.D., F.R.C.P. (C.)

Associates in Medicine

G. RAYMOND BROW, M.D., F.R.C.P. (C.)

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. G. McLELLAN, B.A., M.D.

W. DE M. SCRIVER, B.A., M.D., F.R.C.P. (C.)

I. J. WALKER, M.D.

J. C. WICKMAN, B.A., M.D.

Clinical Assistants

C. T. CROWDY, M.D.

W. W. EAKIN, M.D., F.R.C.P. (C.)

D. S. MACINTOSH, B.A., M.D.

WM. MOFFATT, M.D.

BASIL D. ROBERTSON, M.D.

C. J. TIDMARSH, M.A., M.D., F.R.C.P. (C.)

UNIVERSITY CLINIC

Director

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

Research Associates

M. E. ABBOTT, B.A., M.D., F.R.C.P. (C.), L.R.C.P. AND S. (EDIN.) G. R. BROW, M.D., F.R.C.P. (C.) RONALD V. CHRISTIE, M.B., CH.B. (EDIN.)

C. N. H. LONG, B.Sc., M.Sc., M.D.
JESSIE BOYD SCRIVER, B.A., M.D., F.R.C.P. (C.)
W. DE M. SCRIVER, B.A., M.D., F.R.C.P. (C.)
DAVID SLIGHT, M.B., CH.B., D.P.M., M.R.C.P. AND S. (LOND.),
F.R.C.P. (C.)

SUB-DEPARTMENT OF PÆDIATRICS

Pædiatrician-in-Charge

H. B. CUSHING, B.A., M.D., F.R.C.P. (C.)

Pædiatrician

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

Assistant Pædiatrician

H. P. WRIGHT, B.A., M.D., F.R.C.P. (C.)

Associates in Pædiatrics

R. CAMERON STEWART, B.Sc. (Arts), M.D. R. R. STRUTHERS, B.A., M.D. W. E. WILLIAMS, M.D.

Clinical Assistants

JESSIE BOYD SCRIVER, B.A., M.D., F.R.C.P. (C.) 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 Dermatology A. A. BRUERE, 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., F.R.C.P. (C.)

Psychiatrist

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

Associates in Neuro-Psychiatry

W. T. B. MITCHELL, M.D. A. G. MORPHY, B.A M.D. J. N. PETERSEN, B.Sc. (Arts), M.D. A. W. YOUNG, M.D.

Clinical Assistant

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 MARGUERITE MacDOUGALL, 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.)

Surgeons

C. B. KEENAN, D.S.O., M.D., F.A.C.S. 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.
HOWARD LER. DAWSON, B.A., M.D.
MARK KAUFMANN, B.A., M.D.
GEORGE GAVIN MILLER, M.Sc., M.D.
DUDLEY E. ROSS, M.Sc., M.D.
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.
C. A. McINTOSH, 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.

Clinical Assistant

A. R. ELVIDGE, 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

Dental Surgeon-in-Charge F. W. SAUNDERS, D.D.S.

Dental Surgeons

A. W. MITCHELL, D.D.S. C. F. MORISON, D.D.S. D. P. MOWRY, D.D.S. A. W. McCLELLAND, D.D.S.

Clinical Assistants

K. C. BERWICK, D.D.S. F. H. A. BAXTER, D.D.S. V. JEKILL, 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

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

Associates in Obstetrics and Gynæcology

A. D. CAMPBELL, M.D. G. C. MELHADO, M.D. IVAN Y. PATRICK, M.D.

Clinical Assistants

J. S. HENRY, M.D.
P. J. KEARNS, M.D., M.Sc.
ELEANOR PERCIVAL, M.D.
N. W. PHILPOTT, M.D.
C. V. WARD, M.D.

DEPARTMENT OF OBSTETRICS AND GYNÆCOLOGY—(Continued)

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 in Ophthalmology

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

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

Assistant Oto-Laryngologists

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

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

Associates in Oto-Laryngology

K. O. HUTCHISON, M.D.

W. J. McNALLY, B.A., M.Sc., M.D., D.L.O.R.C.P. and S. (Eng.) 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 in Urology

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

Clinical Assistants

CHARLES T. LUNDON, M.D.

MAX RATNER, 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.

DEPARTMENT OF BACTERIOLOGY

Bacteriologist-in-Chief
E. G. D. MURRAY, O.B.E., M.A., L.S.A.

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

DEPARTMENT OF ROENTGENOLOGY

Ræntgenologist-in-Chief

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

Assistant Ræntgenologist

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

Associate in Ræntgenology

J. C. LANTHIER, M.D.

RESIDENT STAFF

1st January, 1932

House Physicians

Resident: Dr. J. W. McLEOD

DR. A. D. TEMPLE
DR. F. M. SMITH
DR. R. E. GREGORY
DR. J. C. LUKE
DR. R. SCOTT-MONCRIEFF
DR. D. A. SAMPSON
DR. D. E. ALCORN
DR. F. A. ECHLIN
DR. F. A. ECHLIN
DR. DAVID BARZA
DR. A. H. BRYAN
DR. M. L. STOUT
DR. W. P. SENTER

DR. NEIL ROGERS

House Surgeons

Resident: Dr. C. A. McINTOSH

DR. A. M. VINEBERG
DR. W. G. TERWILLIGER
DR. R. G. TOWNSEND
DR. J. R. PARMLEY
DR. D. A. MACLENNAN
DR. V. D. SCHAFFNER
DR. M. B. PERRIN

House Neuro-Surgeons

Dr. T. I. HOEN Dr. E. L. CAGE

Dr. I. TORKILDSEN

House Obstetricians and Gynæcologists

Resident: Dr. ROSS VANT

DR. PAUL M. ASHTON
DR. T. J. QUINTIN
DR. GEO. M. WHITE
DR. R. J. CALDWELL
DR. A. M. BORROWMAN
DR. L. E. STILWELL

House Oto-Laryngologists

Dr. W. S. RODGER Dr. G. B. MACPHERSON

Dr. R. F. ANDERSON

House Urologists

Resident: Dr. F. G. PRICE

Dr. V. G. BERRY Dr. L. L. SPECTOR

Dr. J. F. CURTIS

House Pathologists

DR. H. A. MACDONALD
DR. THOMAS FARMER
DR. A. LEIGH HUNT
DR. D. H. STARKEY

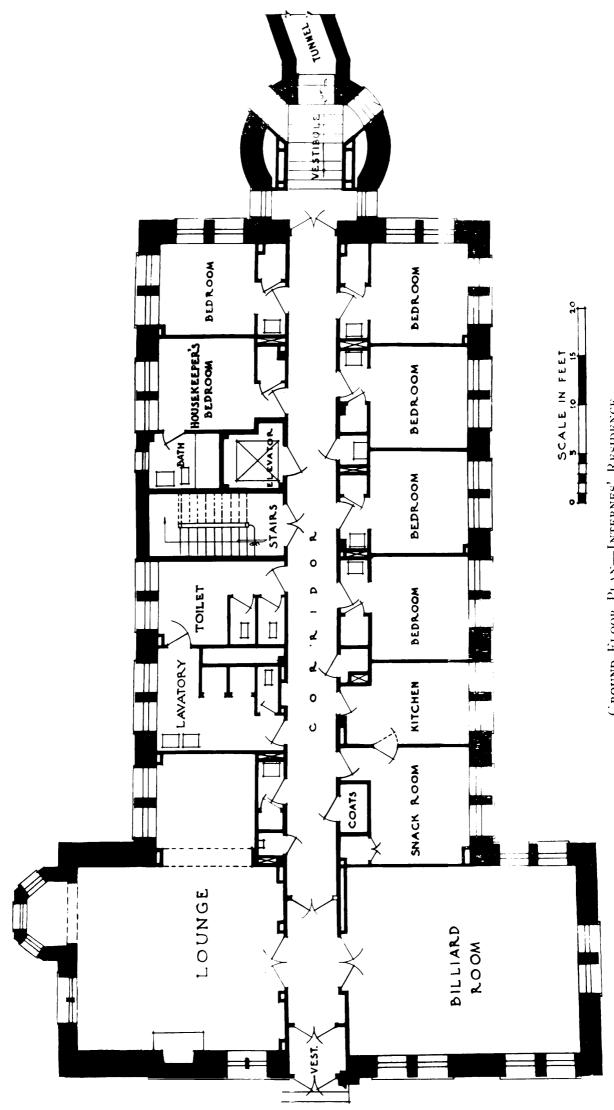
House Dentist

Dr. L. H. STILWELL

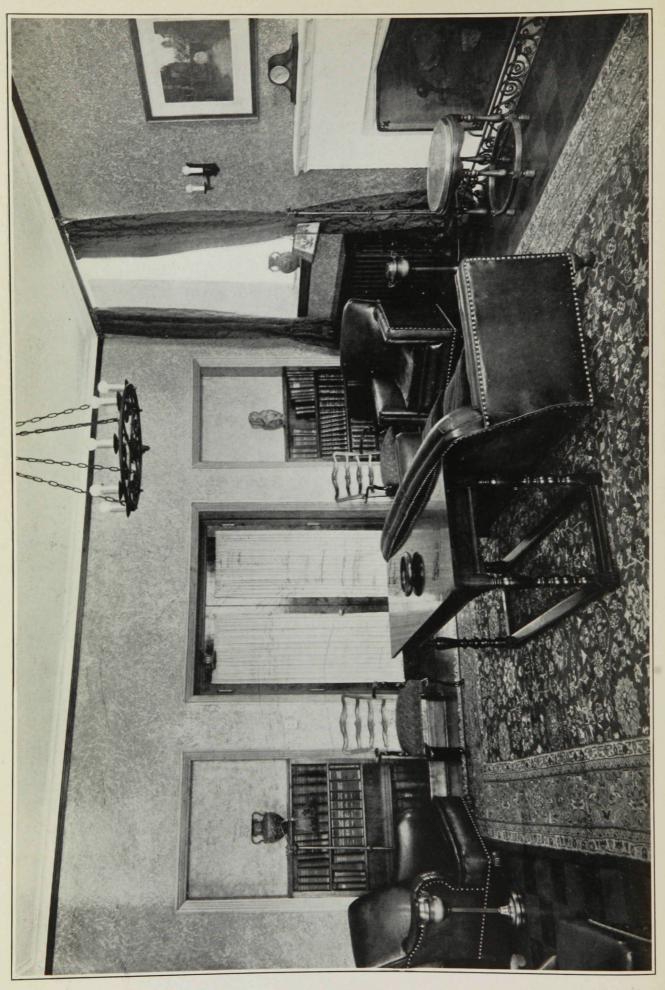
House Ræntgenologist

Dr. G. T. ADAMS





GROUND FLOOR PLAN-INTERNES' RESIDENCE



CHAIRMAN'S REMARKS

Annual Meeting, 26th February, 1932

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:-

Before formally submitting the motion for the approval of the Thirty-eight Annual Report for the year ending the 31st December, 1931, may I refer briefly to the activities of the Hospital during the past year.

It is gratifying to note from the year's results that the Hospital has again contributed in full measure to the needs of the community the work exceeding in volume that of the previous year.

Many more people came to the Out-Door Department for free medical treatment with the result that the ratio of free and part-pay patients to pay patients in the Hospital was much greater.

Turning to the Hospital's finances the deficit for the year was \$25,389.32, an increase of \$5,727.66 over the preceding twelve months.

From an operating standpoint the year has been a more difficult one; for while the general health of the community has been good, economic conditions, such as now prevail, always result in an increase in free work and a decrease in the use of private rooms and the auxiliary services of the Hospital. It is gratifying to observe, however, that a substantial saving has been effected in operating costs to counteract the reduction in revenue. These economies have been effected without restricting the activities of the Hospital in its endeavour to promote and maintain a high standard of service.

The year has been active in the carrying out of extensive building operations, duly authorized by the Board, which consist of a new laundry, extensive alterations to the power house, and an extension to the Nurses' home providing accommodation for 134 additional beds. These projects urgently needed involve an outlay of approximately \$750,000.00, most of which being financed from the moneys received from the Campaign Fund.

The new laundry and alterations to the power house have already been completed and I need hardly say that the advantages of these improvements will have a marked effect by way of improved methods and economy in operation.

The Hospital plant and equipment have been maintained at a high standard.

An examination of the securities in the Trust Funds of the Hospital reveals a very satisfactory situation in the light of prevailing conditions. These investments are receiving the close attention of a Special Committee of the Board to insure these moneys being invested at all times to the best advantage.

A ruling of extreme importance to all Canadian Hospitals was the recent decision of the Federal Authorities to exempt from Sales Tax all purchases of equipment for the sole use of Hospitals. The thanks of this Board are tended to Premier Bennett and the Government for the benefits that will accrue to the Hospitals through this concession.

To the members of the Visiting Staff and the Auxiliary Board of Governors, who have rendered such excellent service during the past year, this Board gratefully acknowledges its indebtedness. We are also indebted to those who in many and various ways have rendered service to the patients by donations and gifts in kind. I also wish to express at this time my appreciation to all the Department Heads, Resident Staff, Nurses and Employees for their support in advancing the best interests of the Hospital.

H. S. HOLT,

President,

Board of Governors.

THE ROYAL VICTORIA HOSPITAL (MAIN BUILDING)

SUPERINTENDENT'S REPORT

For the Year Ended December 31st, 1931.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL

Gentlemen:—

I have the honour to present for your approval the Thirty-eighth Annual Report of the Royal Victoria Hospital for the year ended December 31st, 1931.

A review of the year's work indicates progress and an increased demand on the Hospital's facilities in the In-door and Out-Door Departments.

The patients admitted to the Hospital during the year numbered 14,658, an increase of 61. In the Out-Door Department the number of patients' visits aggregated 95,168, as compared with 82,952 a year ago, an increase of 12,216.

A further analysis reveals the fact that while there has been an increase in the number of patients admitted to the hospital, there is a marked decrease in the private patient group and a corresponding increase in the patients admitted to the semi-private service and the public wards. These changed conditions, taken in conjunction with an expanding out-patient service, which brings in only a small revenue, undoubtedly places an increased economic burden on the Hospital.

GENERAL STATISTICS

INDOOR DEPARTMENT

The patients admitted to the Hospital may be classified as follows:—

follows:—			Inc.	Dec.
Males 5,836	Private patients	4,096 1,177	149	374
Females 8,822	Semi-private patients Public pay patients	6,521	119	
	Public patients ad-	•		
	mitted under Que- bec Public Charities			
	Act	2,572	251	
	Admitted as Free patients	292	24	
*14,658		14,658	435	374
11,030		11,030	374	3/ 1
			61	
Service:		•	01	
		3,205	199	
Surgery		4,061 2,664	22	11
Gynæcology		1,463	<i>L</i>	29
Oto-Laryngolog	y	1,935 861	16	132
Ophthalmology .	• • • • • • • • • • • • • • • • • • • •	424	10	8
Convalescent Ho	ome	45	4	
		14,658	241	180
		·	180	
			61	
Religion:		= 0.00		
		7,038 4,141	434 53	
Jewish		2,997	17	
Others	• • • • • • • • • • • • • • • • • • • •	482		443
		14,658	504	443
			443	
arm c , 1 1 4 0	47 dd.		61	
*These figures include 1,9	77/ Children.			

10,316 were resident in the City of Montreal and 4,342 came from districts outside the City.

The total number of days of hospital treatment aggregated 196,494 as compared with 194,098 the previous year, an increase of 2,396 days.

The average number of days' stay in hospital was 13.3 as against 13. a year ago.

Patients discharged during the year numbered 14,671 as compared with 14,560 last year.

Deaths numbered 469, and the rate, excluding those who died within forty-eight hours of admission and "still births" was 2.2% as compared with 2.3% the previous year.

The number of cases treated in the Workmen's Compensation Clinic was as follows:—

	1931	1930
In-Door	288	251
Out-Door	324	246

OUT-DOOR DEPARTMENT:

The total number of visits 95,168 as compared with 82,952 in 1930, shows an increase of 12,216 as follows:—

Service: Medicine. Surgery. Neurosurgery. Urology. Oto-Laryngology. Pædiatrics. Ophthalmology. Obstetrics. Gynæcology. Neurology. Pneumo-thorax. Orthopædics. Dermatology. Psychiatry. Serum Injections.	21,393 13,978 429 18,283 7,141 5,893 6,598 5,350 3,814 4,269 433 3,207 3,306 728 346	Dec. 603	Inc. 1,893 2,290 24 6,001 909 270 585 112 331 70 485 48
Serum Injections	95,168	802	13,018 802

AUXILIARY DEPARTMENTS:		Dec. Inc.
/ _ _ /	11,977	1,241
Massage Treatments	2,343	158
X-Ray Department:		
Skiagraphs	36,989	1,14
X-ray Treatments	4,117 485	70 13
Fluroscopic Examinations		
The ambulances made 2,194 trips of 49.		
The Ford car which is used for the	purpose of	visiting the dis-
trict maternity cases and to take workers clinics made 6,273 trips, a decrease of 10	to and from	n the settlement
visits made to the district maternity ca		
The total mileage for the Ford car	r for the y	rear was 23,259
miles.		
FINANCIAL:		
The Financial Statements attached	to this re	port reflect the
following changes:— The receipts for the year from a	11	
aggregated	ii sources	\$1,017,683.30
(Receipts 1930—\$1,064,694	1.80)	41,011,000.00
The total expenditure aggregated (Expenditures 1930—\$1,08-	4,356.46)	1,043,072.62
Leaving a deficit of		25,389.32
as compared with an operating	deficit of	
\$19,661.66 a year ago, an increase of In reviewing the results for the year		
changes are noted:—	car circ ron	owing principal
Revenue from private patients decre		
Revenue from public patients decrea	ased	. 10,000.00
Revenue from auxiliary services dec	reased	. 15,000.00
		\$65,000.00
Receipts from patients admitted		
Q.P.C.A. increased	• • • • • • • • •	. 20,000.00
Net dec	rease	. 45,000.00
Amount spent on improvements inc	reased	. 17,000.00
		\$62,000,00
Reduction in cost of care of in-door	patients	\$62,000.00 . 56,000.00
	_	, • •

Increase in deficit \$6,000.00

The cost of operating per diem, based on charging against in-door patients the full cost of maintenance, excluding the Out-Door Department, is as follows:—

Private Patients \$6.36 Public patients \$4.14 (1930—\$6.52) (1930—\$4.59)

IMPROVEMENTS:

It will be noted the expenditure for improvements to plant and new equipment aggregates \$58,375. These extraordinary outlays are of an essential and urgent character to ensure the facilities of the hospital being maintained at a high standard of efficiency. Some of the more important items are as follows:—

Drill Press, Power House	\$ 935
Soundproofing, Ross Pavilion	9,431
Improvements and Equipment, Dental Dept.	1,388
Improvements to Dr. Penfield's Dept	663
Ice-cream Freezer, Main Building	435
Sodding and Regrading at Internes' Residence	1,673
Crescent Woodworker, for Carpenter	1,097
Repairing Steam Lines, Main Building	2,245
Repairing Steam Line, Ross Pavilion	2,885
Montreal Light, Heat & Power Transformers	2,488
Repairs to Roof, Nurses' Home	1,100
Bronschopic Equipment	1,800
Air Compressor for Laundry, Operating	
Theatre, etc	1,068
Alterations to Ward "L"	1,000
Equipping Public Wards with Sterilizers	2,948
New Ambulance	4,200
Painting and Renovating Main Building	4,000
Painting Fire Escapes	1,000

Among other improvements that have been effected during the year are:

- 1. The Installation of a Modern Six Position Switch-Board, installed by the Bell Telephone Company in the Main Building to replace the old Switch-Board formerly located in the Ross Pavilion.
- 2. A Rest Room with adequate toilet and locker room facilities for the ladies of the Administration Staff.
- 3. An additional locker room for the convenience of the Attending Staff.
- 4. The Dental Department installed in larger and more attractive quarters.

GENERAL REMARKS:

The reports of the medical and scientific activities which follow this report reveal the character of the work performed by these various Departments in their efforts to secure the best results for the patients.

On the 14th of July last the Hospital was honoured by His Excellency The Right Honourable The Earl of Bessborough, P.C., G.C.M.G., the Governor-General, who paid an official visit, accompanied by members of his staff. His Excellency, who was recived by Sir Herbert Holt, the President, made an extended tour of the Hospital and evinced particular interest in the Institution's activities.

During the year we had the privilege of entertaining the following visitors:—

American Public Health Association

Halsted Club

McGill Graduates' Reunion.

In accordance with the decision recently made by the Board the monthly allowance to the student nurses has been abolished. It is intended that the funds thus released will, as far as possible, be devoted to ensure better supervision in the care of the patients and improve facilities for teaching the student nurses.

It is again my privilege to record our sincere appreciation to the Auxiliary Board of Governors, an account of whose activities is detailed elsewhere. Their support is most valuable in furthering the work of the special departments in which this Auxiliary Board is particularly interested.

We are greatly indebted for the continued support of the members of the Junior League in the maintenance of an adequate canteen service in the Out-Patient Department. Also to Miss Inez Baylis and her assistants for carrying on the work of the Circulating Library. In all this voluntary effort it is hoped that the workers will find sufficient encouragement to maintain their interest in the Hospital's behalf.

The work of the Social Service Department continues to be of the greatest value to the medical and nursing staffs.

To all our friends who have remembered the Hospital by donations or gifts in kind we are extremely grateful.

Our gratitude is also extended to Sir Herbert Holt for his generous donation of \$16,000 to the funds of the Hospital. Also to Lady Holt for her interest in the Lady Holt Ward and for contributions of moneys and gifts in kind. To Lady Meredith we would also express our sincere thanks for her continued interest in the Xmas Tree Fund and for defraying the cost of the new Tennis Courts, involving an outlay of \$2,867.00.

Our appreciation is extended to the members of the Board of Governors for their support and co-operation and to Sir Herbert Holt for his active interest in the work of the Hospital.

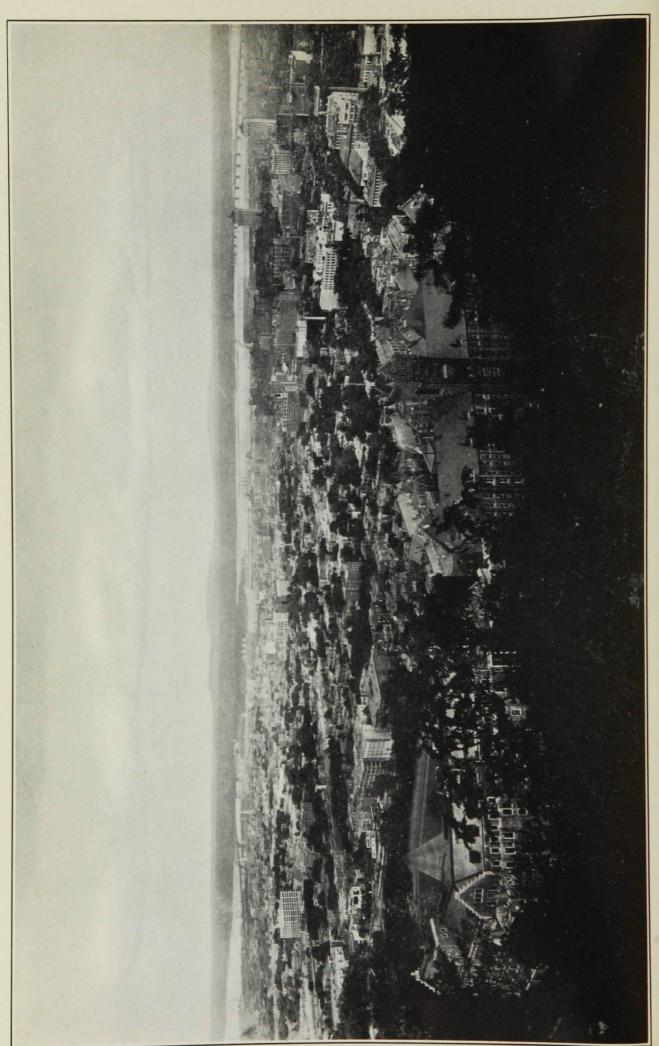
My personal thanks are tendered to the Professional Staff and the Hospital Personnel for their loyal and generous co-operation with the Administration.

Respectfully submitted,

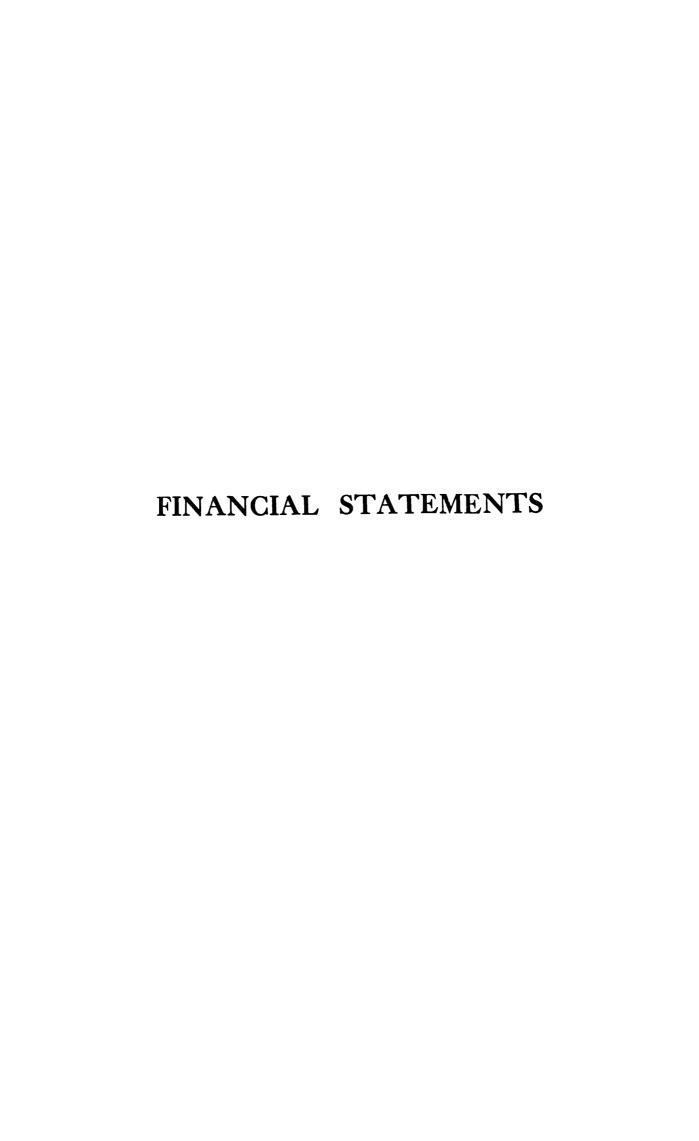
W. R. CHENOWETH,

Superintendent.





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



ROYAL VICTORIA HOSPITAL INCLUDING ROSS MEMORIAL AND NEW PAVILION STATEMENT OF REVENUE AND EXPENDITURE

1931
December
slst
Ended 31st
Enc
Year
For

1930	\$409,997.08 201,082.14	102,219.07	\$721,179.96	\$144,206.67	5,022.00	\$149,228.67		\$19,804.92 71,605.15	8,419.85	94,456.25	\$194,286.17	\$1,064,694.80 19,661.66	1,084,356.46
NUE M PATIENTS 1931	\$369,148.22 191,133.73	122,059.16	\$690,992.06	\$141,829.99	5,387.00	\$147,216.99	TAL INCOME	\$21,712.55 62.867.11	8,090.15	86,804.44	\$179,474.25	\$1,017,683.30 25,389.32	\$1,043,072.62
REVENUE INCOME FROM PATIENTS 1931	Private Patients	Patients admitted under Quebec Public Charities Act	Military Fatients	Income from Endowments and Donations.	Auxiliary Board of Governors	•	DEPARTMENTAL INCOME	Outdoor Department	Ambulance	Other Departments		Total Income Deficit	, ,
ATIENTS 1930	\$194,692.55	112,834.42 267,418.86	169,301.87	110,861.79	41,661.55	\$896,771.04	7.00	••	7,090.40		\$187,585.42		\$1,084,356.46
EXPENDITURE CARE OF INDOOR P 1931	\$197,142.65	104,468.96 233,937.32	166,843.43	103,274.46	58,375.00	\$864,041.82	'AL EXPENSES	\$34,233.31 62.911.03	6,480.26	68,330.20	\$179,030.80		\$1,043,072.62
EXPENSES FOR CARE OF INDOOR PATIENTS 1931 1930	Professional Care	Cost of Meals	Property and House Expense. Administration and General	Expense Improvements to Plant and	New Equipment		DEPARTMENTAL EXPENSES	Outdoor Department	Ambulance	Other Departments			Total Expenditures

ROYAL VICTORIA HESPITAL

BALANCE SHEET

as at 31st December, 1931

	1930	\$3,391,271.17			\$3,391,271.17	. 19,661.66	\$3,371,609.51	159,226.61	\$3,530,836.12
ITIES	1931	\$3,824,109.51		16,000.00	\$3,840,109.51	25,389.32	\$3,814,720.19	145,059.58	\$3,959,779.77
LIABILITIES		Capital Accounts.	Add:	Donation from Sir Herbert olt	Less:	Excess of Expenditure over Revenue for Year Ended 31st December, 1931		Accounts Payable	
	1930	\$3,299,359.45	83,736.33	79,824.31			67,916.03		\$3,530,836.12
ASSETS	1931	\$3,799,774.59 \$3,299,359.45	59,566.19	63,316.97			37,122.02		\$3,959,779.77
ASS		Buildings and Equipment	Inventory of Supplies	Amounts Due and Outstanding	Cash in Bank \$82,586.49	*Less Overdraft in respect of Capital Expen- ditures 45,464.47			

35

*This overdraft incurred in connection with Expenditures upon New Buildings was liquidated on the 4th January, 1932, out of Funds received from Joint Campaign.

ROYAL VICTORIA MONTREAL MATERNITY PAVILION

BALANCE SHEET

as at 31st December, 1931

	1930	\$331,598.47	200,000.00	149,700.00	1,000,000.00	\$1,681,298.47	
CITIES	1931	\$331,598.47	200,000.00	149,700.00	1,000,000.00	\$1,681,298.47	
LIABILITIES	Canital Funds:	Montreal Maternity Fund.	Province of Quebec Grant	Gifts, Donations	Campaign Fund 1927		
	1930		\$ 1,681,298.47			\$1,681,298.47	
ASSETS	1931	\$1,681,298.47 \$1,681,298.47					
SSA		Building Construction, Equip-	ment and Furnishings.				

COMBINED BALANCE SHEET

ROYAL VICTORIA HOSPITAL—INCLUDING NEW PAVILION AND TRUST FUNDS

as at 31st December, 1931

Buildings and Equipment: Royal Victoria Hospital \$3,799,774.59 \$3,299,359.45 Royal Victoria Hospital \$3,8181 New Pavilion	ASS	ASSETS		LIABILITIES	ITIES	
\$3,799,774.59 \$3,299,359.45 Royal Victoria Hospital \$ 1,681,298.47 1,681,298.47 New Pavilion		1931	1930		10/1	
\$5,481,073.06 \$4,980,657.92 \$ 59,566.19 \$ 83,736.33 Accounts Payable: 63,316.97 79,824.31 87,122.02 67,916.03 \$5,641,078.24 \$5,212,134.59 \$5,641,078.24 \$5,212,134.59 \$8,348,321.84 \$7,876,486.15 \$8,348,321.84 \$7,876,486.15	ment: pital	\$3,799,774.59 1,681,298.47	\$3,299,359.45 1,681,298.47	Capital Accounts: Royal Victoria Hospital New Pavilion	\$3,814,720.19 1,681,298.47	\$3,371,609.51 1,681,298.47
\$ 59,566.19 \$ 83,736.33 Accounts Payable: 63,316.97 79,824.31 37,122.02 67,916.03 \$5,641,078.24 \$5,212,134.59 \$2,707,243.60 2,664,351.56 Fund		\$5,481,073.06			\$5,496,018.66	\$5,052,907.98
63,316.97 79,824.31 80yal Victoria Hospital 37,122.02 67,916.03 \$5,641,078.24 \$5,212,134.59 2,707,243.60 2,664,351.56 Fund		\$ 59,566.19	₩	Accounts Payable:		
\$7,122.02 67,916.03 \$5,641,078.24 \$5,212,134.59 Royal Victoria Hospital Trust 2,707,243.60 2,664,351.56 Fund	utstand-	63,316.97	79,824.31	Royal Victoria Hospital	145,059.58	159,226.61
\$7,122.02 \$5,641,078.24 \$5,212,134.59 Royal Victoria Hospital Trust \$8,348,321.84 \$7,876,486.15						
\$5,641,078.24 \$5,212,134.59 Royal Victoria Hospital Trust 2,707,243.60 2,664,351.56 Fund	oital	37,122.02	67,916.03			
2,707,243.60 2,664,351.56 Fund		\$5,641,078.24	\$5,212,134.59		\$5,641,078.24	\$5,212,134.59
\$7,876,486.15	rustees ia Hos-	2,707,243.60	2,664,351.56	Royal Victoria Hospital Trust Fund	2,707,243.60	2,664,351.56
		\$8,348,321.84	\$7,876,486.15		\$8,348,321.84	\$7,876,486.15

AUDITOR'S REPORT

For the Year Ended 31st December, 1931.

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, 1931, and hereto attach:

- 1. Balance Sheet of the Royal Victoria Hospital, including New Pavilion and Trust Accounts, as at 31st December, 1931.
- 2. Statement of Revenue and Expenditure of the Royal Victoria Hospital, including Ross Memorial and New Pavilion, for the year ended 31st December, 1931.

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

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, 1931.

Yours faithfully,

.. LEWIS BRIMACOMBE,

Auditor.

ROYAL VICTORIA HOSPITAL

STATISTICS

	1931	1930
Number of beds in the Hospital	682	680
Number of Babies' Cribs (Maternity Division)	110	110
Number of Patients admitted during year	14,658	14,597
Total number of days of hospital treatment	196,494	194,098
Average number of days' stay in Hospital per patient	13.3	13.2
Deaths	469	457
Mortality per cent. (excluding those who died within forty-eight hours of admission	2.2%	2.3%
Beds occupied per cent. (excluding babies' cribs)	79%	78%
Total number of staff nurses, pupil nurses, affiliates and graduates working is Hospital	267	258
Nurses per patient bed	. 40	.38
Total number of employees (excluding nurses)	509	506
Employees per patient bed (excluding nurses)	.74	.73
Total payroll for year, all employees (including nurses)	\$527,125.34	\$ 538 ,0 47.34
Total pay roll for year, nurses	100,310.10	111,061.99
Total pay roll per patient bed	775.00	791.00
Maximum number of patients in Hospital, 12th March, 1931 (including babies born in Hospital)	712	717
Minimum number of patients in Hospital, 7th Sept., 1931 (including babies born in Hospital)	510	479
Maximum number of patients, 11th March, 1931 (excluding babies born in Hospital)	613	603
Minimum number of patients, 25th December, 1931 (excluding babies born in Hospital)	412	422
Industrial cases treated:		
Indoor	288	251
Outdoor	324	246
Ambulance:	2,194	2,243
Number of trips Average number of trips per day	6.01	6.14
Maximum number of trips in twenty-four hours	17	16
Total mileage for year	21,312	19,288
Operating Cost per diem (excluding Outdoor patients)		
Private Patients	\$6.36	\$6.52
Public Patients	4.14	4.59
Number of Patients treated in Outdoor Department.	95,168	82,952

REPORT OF THE AUXILIARY BOARD OF GOVERNORS

Honorary President Her Excellency The COUNTESS OF BESSBOROUGH

BOARD OF MANAGEMENT:

President	Lady Meredith
President Vice-Presidents	Lady Holt
V Re-T residents	(Mrs. W. M. Stewart
First Directress	
Second Directress	Mrs. F. Peverley
Third Directress	Mrs. S. H. Dobell
Hon. Treasurer	Miss Mona Prentice
Asst. Treasurer	Mrs. S. T. Blaiklock
Hon. Secretary	Mrs. D. S. McMaster
Asst. Secretary	Mrs. T. B. Heney
Mrs. R. E. Aikman	Hon. Mrs. A. K. Hugessen
Mrs. Ian Adair	Mrs. Lionel Lindsay
Lady Brunton	Mrs. W. R. G. Lyman
Mrs. G. R. Caverhill	Mrs. E. A. Mackenzie
Mrs. A. F. Culver	Mrs. W. D. McLennan
Mrs. S. Dawes	Mrs. A. E. Millar
Mrs. F. C. Dobell	Mrs. H. C. MacDougall
Mrs. J. R. Fraser	Mrs. Frank Meighan
Hon. Mrs. Hallward	Mrs. A. T. Paterson
Mrs. E. R. W. Hebden	Mrs. T. T. McG. Stoker
Mrs. W. R. G. Holt	Mrs. D. Wanklyn

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I have the honour to submit the Fifth Annual Report of the Auxiliary Board of Governors of the Royal Victoria Montreal Maternity Hospital for the year ended December 31st, 1931.

The work of the Social Service Department was greatly increased this year due to so much unemployment and was much facilitated by members of the Committee who drove the Social Service Workers in the mornings except during the summer months.

42

We have averaged 30 calls a week this year, visiting patients very much in want. As these calls are mostly in outlying districts, cars are of the greatest assistance in enabling the nurses to make their visits more quickly.

It is impossible in mere stating the number of calls made, to convey the amount of time saved and the more good work accomplished. A driver was engaged during the summer months at a salary of \$60.00 a month to carry on this very necessary work in the absence of the driving committee.

Our Committee is still undertaking to relieve the Hospital of all expenses in connection with the Hospital and Out-door clinics, Social Service Workers and Settlement Nurse, also the rental of the four out-door clinics.

The cost of this work amounts to approximately \$6,083.19 a year. 17 patients who were seriously ill were given blood transfusions at a cost of \$350.00. \$350.00 was given during the year for relief in emergency cases.

At Christmas a present was given to every patient and baby in the wards of the Hospital. Also under the direction of Mrs. Culver, assisted by Miss Matthews, forty Christmas dinners were given to out-door patients who were in great distress and were very much appreciated by them. These dinners were donated by individual members of the Committee.

The House Committee under the direction of Mrs. White, First Directress, have visited the Hospital each week to inspect the wards and nurses' quarters. Owing to having so many other demands on our funds very little was spent on further improvements in the nurses' apartments and wards. Books, magazines and medical journals were again supplied for the use of the nurses and doctors.

Special thanks are due to Lady Holt who each year has given a very generous cheque towards the furnishing of the Lady Holt Ward.

The Clothing Committee under the direction of Mrs. Peverley, Second Directress, have met each week to cut out and prepare baby clothing for the Hospital. During the past year 423 dozen garments were cut out for layettes and general hospital use. \$315.81 has been realized from the sale of a percentage of these garments, which were sold at cost. In addition to the usual 120 layettes given to the Social Service Department for distribution they have been able to supply many other deserving patients with necessary baby clothes.

The members of this Committee have also supplied and knitted 30 woollen garments a month for layettes.

We have been assisted in making up these layettes by the following organizations, to whom we wish to express our appreciation for their generosity: The Junior League, I. H. N. Society, Nu Sigma Kappa, and the following chapters of the I.O.D.E., Gordon Southam, Edwin Baldwin Savage, Duke of Gloucester, Prince of Wales, Earl of Bessborough, Guy Drummond.

During the past year under the direction of Mrs. Dobell, Third Directress, 839 cups of cocoa were served in the canteens. Since last March, at the request of Dr. Fraser the Rosemount Clinic is held four times instead of twice a month, owing to the increase in the number of attending patients.

The Old Clothes Committee received 1173 articles of clothing and gave out 888. The remaining garments will be donated to the needy cases in the spring as they are not suitable for winter use.

A fund of approximately \$100. a year has been set aside for the purpose of engaging special nurses in critical cases where patients are unable to pay.

It is with regret that we report the resignation of Mrs. R. J. Dawes who has done such excellent work for the Auxiliary Board since it was formed.

Our thanks are due to Lady Meredith for completing the payments on the piano in the nurses' sitting-room.

The Charity Ball was held on January 29th, 1932, and the net sum realized was \$6,111.58. Inasmuch as the price of our tickets was reduced twenty-five per cent. from previous years this is an extraordinarily good showing.

The Committee are very deeply indebted to Mr. J. W. McConnell who again acted as Chairman and gave us the greatest assistance. Our thanks are also due to Lady Meredith who gave us a very generous cheque which more than covered the donation of one hundred tickets to the nurses and internes in the R. V. Montreal Maternity Hospital. Also to Mr. W. M. Stewart who sent us a cheque for \$1,000. to cover the cost of fifty tickets which he gave away.

We are also very grateful to Mr. H. C. MacDougall who as Chairman of the Floor Committee was most efficient in the arrangements of the Ball.

The sum of \$1,335.00 was received from Governors' annual fees.

It is with the deepest feeling of regret that our Committee express their sorrow in the loss of Mrs. George L. Cains, who from her wide personal knowledge of the Montreal Maternity Hospital gave us such splendid help and advice. Her memory will always be a great inspiration to us in carrying on our work.

We also regret the loss of Mrs. H. R. Drummond, Mrs. L. C. Webster and Mr. Robert Lindsay.

To Mr. W. R. Chenoweth, to the Supervisor of the Women's Pavilion, Miss Barrett, and her staff and to the Social Service Workers and Settlement Nurses, 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 grnerous donations:

Mrs. P. S. Mathias, Mrs. F. L. Wanklyn, Mrs. Andrew Allan, Mrs. G. F. Benson, Mr. P. R. Walters, Mr. W. J. Morrice, Mr. T. Howard Stewart, Miss E. Douglas and Mrs. J. H. Burland.

Respectfully submitted,

RUTH R. McMASTER,

Hon. Secretary.

AUXILIARY BOARD OF GOVERNORS

ANNUAL FEES 1931

Α.	MOUNT		AMOUNT
	\$10.00	Hough, Col. H	\$10.00
Adair, Mrs. Robert	10.00	HENEY, MRS. T	10.00
AIKMAN, MRS. R. E	10.00	JOSEPH, HENRY	10.00
ALLAN, SIR H. MONTAGU	10.00	Joseph, Mrs. Henry	10.00
ALLAN, LADY	10.00	Joseph, Mrs. Horace	10.00
ARMSTRONG, G., M.D., C.M.G.	10.00	LABATT, MRS. T	10.00
Atholstan, Lord	10.00	LINDSAY, MRS. LIONEL	10.00
ATHOLSTAN, LADY	10.00	Lucas, Mrs. A	10.00
BALLANTYNE, JOHN C. C	10.00	LAW, Mrs. Alan G	10.00
BEATTY, E. W., K.C.	10.00	LYMAN, MRS. W. K. G	10.00
BIRKETT, BRIGGEN. H. S.,	10.00	Macarow, D. C	10.00
C.B	10.00	MACINNES, MRS. W. R	10.00
BLAIKLOCK, Mrs. S. T	10.00	MACKENZIE, MRS. E. A	10.00
Buchanan, Mrs. A. W. P	10.00	MACPHAIL, SIR ANDREW	10.00
Burland, Mrs. J. H	20.00	MARTIN, MRS. C. F	10.00
Brunton, Lady	10.00	MATHIAS, MRS. P. F	25. 00
	10.00	McConnell, J. W	10.00
CAINS, G. L	25.00	McConnell, Mrs. J. W	10.00
CAINS, MRS. G. L	10.00	McDougall, Purvis	10.00
CAMPBELL, Mrs. D. W	10.00	McLennan, Mrs. W. Durie	10.00
CAVERHILL, MRS. GEORGE	10.00	MEREDITH, LADY	10.00
CAVERHILL, MRS. G. R	10.00	MILLAR, MRS. E. A	10.00
CHIPMAN, MRS. W. W	10.00	Molson, Col. Herbert	10.00
Cowans, P. P	10.00	Molson, Mrs. Herbert	10.00
Cowans, Mrs. P. P	10.00	MacDougall, Mrs. H. C	10.00
CAMERON, MRS. J. C CULVER, MRS. A. F	10.00	Molson, Mrs. Walter	10.00
•		MACLEAN, COL. C. W	10.00
Dawes, Mrs. Norman	10.00	MEREDITH, F. E	10.00
Dawes, Mrs. A. S	10.00	McLennan, Miss T	10.00
Dobell, Mrs. S. H	10.00	MERRETT, T. E	10.00
Dobell, Mrs. Curzon	10.00	McMaster, Mrs. D. S	10.00
Douglas, Miss E	125.00	Meighen, Mrs. F. S	10.00
Duggan, G. H	10.00 10.00	Morrice, W. J	20.00
Duggan, Mrs. G. H	10.00	Norris, Mrs. J. S	10.00
Durnford, Mrs. A. D Drummond, Lady	10.00	OGILVIE, MRS. A. E	10.00
Dawes, Mrs. R. J.	10.00	OGILVIE, MRS. GAVIN L	10.00
DRUMMOND, MRS. H. R	10.00	PATERSON, Mrs. A. T	10.00
•		Paton, Hugh	10.00
Evans, Alfred B	10.00	Prentice, Miss Mona	10.00
Fraser, Mrs. J. R	10.00	Pangman, Mrs. J. J. M	10.00
GILLESPIE, MISS	10.00	Peverley, Mrs. Fred	10.00
GILLESPIE, MISS MARGARET	10.00	ROBERT, MRS. E. A	10.00
GILLESPIE, T. G	10.00	RUTHERFORD, MRS. H. L	10.00
GIBB, MRS. LACHLAN	10.00	STEWART, W. M	10.00
GORDON, SIR CHARLES, G.B.E.	10.00	STEWART, Mrs. W. M	10.00
Gordon, Lady	10.00	STEWART, T. HOWARD	100.00
HALLWARD, HON. Mrs. B. M.	10.00	STEWART, MRS. T. HOWARD	10.00
Hanson, Edwin	10.00	STOKER, MRS. T. T. McG	10.00
Hodgson, Mrs. T. E.	10.00	Thompson, Mrs. F. W	10.00
Hodgson, C. A	10.00	Wanklyn, Mrs. F. L	
HOLT, SIR HERBERT	10.00	WANKLYN, MRS. DAVID	10.00
HOLT, LADY	10.00	Webster, Hon. L. C	
HOLT, MRS. W. R. G	10.00	Webster, Mrs. L. C	
HUGESSEN, HON. MRS. A. K	10.00	WHITE, HON. SMEATON	
Hebden, Mrs. E. R. W	10.00	WHITE, MRS. S. B	10.00

NURSES' HOME—ROYAL VICTORIA HOSPITAL

REPORT OF THE SCHOOL OF NURSING

For the Year Ended December 31st, 1931.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:

I have the honour to present the Thirty-eighth Annual Report of the School of Nursing, Royal Victoria Hospital.

Census of the School, December 31st, 1931	309
Graduate Nurses 69)
Student Nurses	,
Affiliated Students	
Post Graduate Nurses 9	1
General Duty Nurses	,
Nurses Graduated 1931 55)
Preliminary Students Admitted 80)
Preliminary Students dropped or withdrawn 25	,
Accepted Students dropped or resigned 6	<u>,</u>
544 Calendars were sent out to applicants.	

4,574 Special Nurses were called during the year, with 35,416 nursing days.

The graduating exercises were held April 8th, in the Nurses' Home—Sir Charles Gordon presiding. Dr. Sclater Lewis gave the address to the graduating class, and Lady Holt presented fifty-five nurses with pins, diplomas and prizes. Miss Edith Buchanan and Miss Edith Laverty received prizes for highest standing. Miss Eileen Stuart and Miss Edna Fourney for general proficiency.

Five nurses registered this year for post graduate work in the School for Graduate Nurses, McGill University, three of these on Scholarships.

Eleven staff nurses resigned through the year, nine to be married, one to take the course at McGill University, and one to live at home. Their places were filled from the year's graduating class.

Affiliations:

Two hundred and eighty-seven student nurses and thirty-one post graduates completed courses in obstetrics, gynæcology and operating room work in the Women's Pavilion. The applications for post graduate work have increased, averaging during the year three per day, but we have only room for a limited number.

The course in orthopædics at the Shriners' Hospital has been discontinued, and affiliation arranged with the Children's Memorial, up to date five nurses have taken this course.

Thirty-eight students completed the course in communicable diseases at the Alexandra Hospital.

This year the health of the student nurses has not been as good as usual. The number of days lost through illness being 2,174. Most of the illness was of a minor character, but the cases of pleurisy were long drawn out and brought up our statistics. In spite of carefully filled out physical records furnished by home physicians, many students are found upon admission to need some corrective care, and frequently time is lost in this way.

We are very sorry to have to report the loss by death of Miss Margaret Jamieson, a promising student in her second year, she has been greatly missed by her associates and friends.

The Hospital Library has been very much appreciated by the graduate staff and the student nurses. It is kept open one night each week for the convenience of nurses who are not able to use it in the day time, and all the new books, fiction and non fiction are available.

The new addition to the Nurses' Home is now a fact, and we expect to open the new wing in a few months. This long looked for addition will relieve the present congestion, and give adequate accommodation to the nursing staff and students.

We have always realized that the School is particularly fortunate in having the helpful interest and support of the Medical Staff, and we again thank them for the excellent care given to the nurses when ill, and for the lectures given so generously. We also extend out grateful thanks to the Governors and to Lady Meredith, for their continued interest, and for many pleasures and gifts given to the nurses.

This year has been a very trying one, the public wards have been filled to capacity, usually with very ill patients. Although a certain number of general duty nurses were taken in, we are still understaffed, and the graduate nursing staff have had exceptionally hard work. I would like to put on record my appreciation of their help so willingly given in every emergency.

Respectfully submitted,

MABEL F. HERSEY,

Superintendent of Nurses.



GRADUATING CLASS, 1931

Allen, Margaret	.Ottawa, Ont.
Bangs, Lillian	. Hawkesbury, Ont.
Benvie, Edith	. Westmount, Que.
Bossy, Freda	. Gaspe, Que.
Brady, Muriel	. Stoughton, Sask.
Brookes, Beatrix	. Montreal, Que.
BUCHANAN, EDITH	. Toronto, Ont.
BUFFETT, ANNIE.	. Sydney, N.S.
Burton, Isabel	. Kemptville, Ont.
Bushell, Madeline	. Toronto, Ont.
Cameron, Bertha	. Pictou, N.S.
CAMERON, CATHERINE	. Truro, N.S.
CLEMENTS, JEAN	. Montreal, Que.
Davies, Marion	. Winnipeg, Man.
Davison, Catherine	. Bridgewater, N.S.
DeBlois, Isabel.	. Westmount, Que.
Dickson, Kathleen	.St. Lambert, Que.
DYMENT, LAURA	. Northam, P.E.I.
FLEMING, JEAN	.Windsor, Ont.
FOURNEY, EDNA	. Lancaster, Ont.
Fraser, Alexes	. Halifax, N.S.
GORDON, DOROTHY	Charlottetown, P.E.I.
HARDING, EDITH	Regina, Sask.
HAYES, VIOLA	Shigawake, Que.
Hudson, Katherine	Carleton Place, Ont.
HILL, ELEANOR	Winnipeg, Man.
HOPPER, ESTHER	Harrisville, N.B.
LAVERTY, EDITH	Ottawa, Ont.
Lyster, Dorothy	Kingston, Ont.

Mann, Carrie	.St. Stephen, N.B.
MacDonald, Catherine	. Montagne, P.E.I.
MACINTYRE, HELEN	
MacLaurin, Marion	. Dalkeith, Ont.
McNaughton, Marion E	. Sydenham, Ont.
McNaughton, Minnie T	. Brookdale, Man.
MacRae, Evelyn	.Springhill, N.S.
MacRae, Phoebe	. Nyanza, N.S.
McPherson, Jessie	. Port Daniel, Que.
Misener, Helen	. Dartmouth, N.S.
Orlando, Mary	. Bridgetown, N.S.
Picken, Mae	. Ottawa, Ont.
PITT, MARGUERITE	. Montreal, Que.
Prunty, Doris	. North Bay, Ont.
RICHARDSON, EDITH	. Fredericton, N.B.
RINFRET, HELENE	Shawinigan Falls, Que.
Robertson, Helen	. Halifax, N.S.
Sellars, Dorothy	.St. John's, Nfld.
SIGMAN, DORIS	.Springhill, N.S.
STUART, EILEEN	Fredericton Jct., N.B.
WARNER, MARION	. Halifax, N.S.
WHITBY, ELIZABETH	. Toronto, Ont.
Wilson, Helene	. Perth, Ont.
WINFIELD, KATHERINE	. Halifax, N.S.
Wood, Annie	. Marvelville, Ont.
Young, Catherine	. Walkerville, Ont.

REPORT OF THE DEPARTMENT OF NUTRITION

For the Year Ended December 31st, 1931.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:

I have the honour to present the Third Annual Report of the Department of Nutrition for the year ending December 31st, 1931.

It is with satisfaction we report once again an unchanged personnel in the Graduate Staff of the Department, but regret to record that due to ill-health it was necessary to grant seven months leave of absence to one of our members, Miss Emma Odell. Her duties were taken over for five and two months respectively by Miss Joyce Ripley and Miss Mary Moles, both former students in this department.

The Staff on duty is:—	
Graduate Dietitians	5
Student Dietitians	8

The course offered in post-graduate training for Student Interneship adds materially to our responsibilities, but these we assumed as members of a Staff in a Teaching Hospital, realizing that the future and development of any dietary department depends upon adequately trained dietitians, and aiming to give a well planned rotating service on a definite schedule of time.

Of the twelve students completing this course during the current year nine have been successful in securing positions.

Sixty student nurses have received six weeks training and supervision in the Diet Kitchens.

Food and its distribution with its many underlying factors is one of the largest problems of Dietary Administration, involving as it does a large expenditure of hospital funds. Control of food costs, always difficult, for cost in itself is no criterion of satisfactory service, presents a problem which necessitates the vital interest of every member of the personnel.

Although the economic stress of the past year has curtail certain activities it has brought into play more efficient managemer and significant progress has been evidenced in organization at routine of the various food distributing units.

Records of the total number of meals served from the respective units give the following statistics:—

Main Kitchen	,
Special Diet Kitchen	26,603
Average per day	1,517,030 4,157

Patients in the Women's Pavilion, Ross Pavilion and the Ma Building on special dietary regime numbered 1,105—of these 37 were diabetic cases. The daily average as indicated below represent 15% of the total number of patients, an increase of 3% over 193

Private Patients	8
Public Patients	30
Ulcer Regime	16
Typhoid	
	10
Baby Feedings	10

As formerly, the feedings prepared in the Women's Pavilia are not included in the above figures.

In reviewing the work for the year of the Metabolism Deparment we note the continued reflection of high standards, but, this brief report, realize the futility of specifying in detail all t interesting research activities in progress. However, in passin we would like to mention the Determinations of the Calcium Balar in several cases of Nephrosis and bone diseases; and also t Qualitative and Quantitative Studies in Fat Absorption. In bothese series the dietary regime was managed by the Metabolis Kitchen.

One hundred and five hours of specialized instruction hospitalized patients, diabetics and other therapeutic cases, is of standing as one of the specific duties of this division.

Our Metabolism Kitchen, which takes care of both research cases and special diets for public patients, served 26,603 trays, as compared with 22,721 in 1930—a 17% increase or 3,882 additional trays.

The educational calendar of the Department has continued along lines previously defined with a record of 614 teaching hours. This schedule has encroached on the routine time of the Dietary Staff often resulting in the teaching activities conflicting with other responsibilities.

A course of instruction covering 198 lecture periods and conforming with the requirements of a standardized curriculum has been given to Student Nurses in Fundamentals of Nutrition and Diet Therapy.

The completion of the Dietetic Laboratory in the New Wing of the Nurses' Residence will be welcomed as solving some of our problems of the past two years. May I emphasize the value of a properly equipped laboratory to the nurses as a further stimulus to their interest.

Lectures, to medical students and student dietitians, special demonstrations, individual and group instruction to patients and their relatives, show a total attendance during 1931 of 1215.

Our weekly Out-Patient Diabetic Clinic has shown an increase of 16% over 1930 with new patients numbering 117.

Total number enrolled—2,001.

In closing, may I add that if a Dietary Department acts as a therapeutic, educational and business service, it must have the cooperation of the Administrative, Medical and Nursing Departments. In this respect we feel we have been most fortunate and wish to acknowledge this continued support, and to convey to the Medical and Nursing Staffs our sincere appreciation of their services to members of our Staff.

To the Board of Governors, for their continued interest, may I also express the gratitude of the Department.

Respectfully submitted,

CHARLOTTE LARGE,

Dietitian-in-Chief.

REPORT OF THE SOCIAL SERVICE DEPARTMENT

For the Year Ended December 31st, 1931.

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, 1931.

During the past year the routine office work has proved to be much heavier, owing to the fact that the relief giving agencies in the City have increased and a large number of them require written reports on their clients.

There have been 2595 patients referred for some sort of Social Work. These patients represented 30 nationalities, including 1063 Protestants; 865 Roman Catholics; 610 Hebrews and 57 of other religions. There were 1047 patients referred from Doctors; 967 patients from various departments of the Hospital; 581 came from Social Agencies and Community Resources.

Staff.—We have had one change in the Department during the year—in September, Miss M. Cosgrove resigned to be married and Miss Rae Fellowes was appointed as Pædiatric Worker in her place. Otherwise the work has been carried on as usual by the following Workers:—

Miss Barr and Miss Fellowes. . Pædiatric Clinic and Children's Wards.

Miss Greer Medical Wards and Neurological Clinics.

Miss Hunter.....Surgical Wards.

With the assistance of Miss Simpson and Miss Hamilton as Office Secretaries.

Volunteers.—The Junior League, under Miss Agnes Hill, have continued their volunteer service again this year in the Out-patient Department, which has facilitated the work in the clinics.

The Canteen, under the chairmanship of Miss Margaret Torrence, has been very successful. 361 free lunches were given to Social Service patients. We have also benefited from the Junior League Canteen Fund which has supplied milk, camp fees, glasses, dentures, Insulin, surgical appliances and expenses towards the Christmas Tree.

Education.—In August we were greatly surprised to learn that the School of Social Work at McGill University would be closing after this year. This brings our efforts to further the education of Medical Social Workers to a standstill. However, we hope some steps will be taken, in the not too distant future, to provide a means for the necessary training.

One member of the Social Service Staff was sent to the Annual Meeting of the American Hospital Association, which was held in Toronto in September.

Placements.—The placing of the homeless, chronic, incurable and the aged patient continues to be one of our greatest problems.

Christmas.—The annual Christmas Tree was given through the Social Service Department to over 300 chilcren, who had attended the Out-patient Department during the year. We are very grateful to the Montrose Club for their interest and help, also the Junior Red Cross and the Boy Scouts for their donations.

Christmas dinners were supplied to 54 families through the kindness of:—

Royal Victoria Hospital

Alumnæ

Catholic Women's League

St. George's Society

Private Individuals

Canadian Red Cross Society

Social Service Department, Royal Victoria Hospital.

18 baskets were trimmed, filled and delivered, of these 14 were sent to Royal Victoria Hospital patients in the Old People's Home, Longue Pointe.

STATISTICAL REPORT IS AS FOLLOWS:—

In comparing the figures with those of last year, a decrease will be noted owing to the fact that the Gynæcological report is not included this year.

New Medical Social Case Records	409
New and Old Cases carried during the year	628
Number of cases referred for some sort of social	
work	2595
Investigations	1544
Letters and post cards sent	2246
Interviews	10556
Home visits	1854
Admissions arranged	120
Referred to other co-operative agencies	628
Written reports sent to other agencies	1097
Clinic visits	595

Arranged:—	Total	Given by Social Service
Abdominal belts and trusses	19	9
Dental care	46	3
Nursing care	60	1
Extra diet	34	5
Employment	8	
Patients supplied dressings and		
bandages	100	
Taxis	202	167
Railway fares	74	36
Crutches, tips and canes	77	42
Braces	14	10
Other surgical supplies	28	20
Glasses	85	27
Artificial eyes	2	1
Free medicine	780	
Free X-rays	227	
Financial aid	105	105
Clothing given to	139	139
Lunches given to	370	370
Telegrams	8	
Car-tickets	253	253
Milk givenquarts	400	400
Convalescent care secured for 250 patients as follows:—		
Montreal Convalescent Home	49	
Hastings Convalescent Home	20	
Moore Convalescent Home	2	
Murray Bay Convalescent Home.	44	
St. Joseph's Convalescent Home.	3	
Canadian Red Cross Lodge	46	
Brehmer Rest	4	1
Julius Richardson Convalescent		
Home	57	
Private Homes	25	10
	23	10
Other Placements:—		
Home for Aged	11	
Home for Incurables	$\overline{14}$	
Hospitals for Insane	8	
Sanatora	25	
Refuges for Homeless	8	8
Deported	5	

Camps:—

University Settlement	7	7
Junior League	11	11
Catholic Boys' Camp	5	

We again wish to thank the Convalescent Homes, orher Social Agencies and private individuals, with whom we have worked during the year, for their interest and help. The Montrose Club has been most faithful in supplying us with knitted garments throughout the year, which have been more than welcome. The Needlework Guild also gave us a splendid donation at Christmas.

We have been most fortunate in receiving donations of money from private individuals which have enabled us to provide many more of the patients with necessities.

May I express my sincere appreciation to the members of the Staff for their help and interest, without which the work of the Department could not continue.

In closing we wish to thank Mr. Chenoweth, the Doctors, Nurses and members of other departments for their continued interest and assistance.

Respectfully submitted,

H. ALINE PAICE,

Director Social Service.

FINANCIAL STATEMENT PETTY CASH

RECEIPTS	DISBURSEMENTS
Cash Balance from \$ 40.46	Deposited in Main Office:
Received from Main Office 600.00	Special
Refunds to Cash 12.00	Medicine 324.30 Refunds. 166.51
Credit Notes 2.50	490.51
Loan to Cash 10.00 \$664.96	Expenditure 649.51
Special Medicine 324.30	Cash Balance on
Refunds	hand
<u>\$1,155.47</u>	<u>\$1,155.47</u>

REPORT OF THE SOCIAL SERVICE DEPARTMENT

ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL

For the Year Ended December 31st, 1931.

Gentlemen:—

I beg to submit herewith the Annual Report for 1931.

The Social Service Department has had a very busy year owing to existing conditions and prevailing unemployment. We have been continually called upon to assist with all types of social problems arising from the fact that a different class of people are now facing social upheavals never before experienced. This calls for a thorough knowledge of all existing organizations, both permanent and temporary, equipped to handle these conditions.

During the past year, 1327 patients have required some form of medical-social work.

The number on the Outside Service has shown a marked increase. 446 patients have been confined in their own homes, the Ladies' Clothing Committee making it possible to procure the necessary supplies required. In some cases, beds and bedding have been supplied in addition to 120 layettes given out.

The Staff remains the same with the exception of Mrs. Hewitt, part-time secretary, who resigned in June. This position is now filled by Miss Edna Haldimand.

Education.—The work of the department has been explained to each incoming class of nurses in the Maternity Pavilion, also to the Board Members of the Women's Directory.

Home Visiting.—The home visiting has been greatly facilitated by the cars provided by the members of the Ladies' Committee, during the summer months a paid driver being engaged as usual to carry on this necessary work in the absence of the driving committee.

Follow-up.—The post-partum clinic has also increased in attendance, the value of this examination being explained to the patient prior to discharge from the hospital and an appointment card given.

The babies have, as usual, been referred to the Child Welfare Association, so that no time is lost in linking them up with this valuable service.

Christmas Cheer.—Under the direction of Mrs. Culver, 30 Christmas dinners were provided by individual members of the Committee to needy families.

The Statistical Report is as follows:-

Total number of new indoor patients referred	1151
Total number of new outdoor patients referred	176
Financial investigations made in office and ward.	1421
Financial adjustments re patients' accounts made	
with office	256
Home visits made	1117
Patients referred to other co-operating agencies	137
Patients referred from other sources	214
Follow-up cards and letters sent	449
Babies referred to Child Welfare Association	1554
Meetings attended	12

May I thank the Social Agencies, the Needlework Guild, and others with whom we have worked during the year.

In closing may I express my sincere appreciation to the Members of the Ladies' Committee, Mr. Chenoweth, the Doctors and Staff, for their continued interest and assistance.

Respectfully submitted,

GERTRUDE M. MATTHEWS,

Maternity Social Service, Royal Victoria Montreal Maternity Hospital.

FINANCIAL STATEMENT

Balance on hand, December 31, 1930		\$ 5.00
Received from Ladies' Auxiliary Committee		350.00
		\$355.00
EXPENDITURES		
Milk Tickets	\$106.55	
Taxis for patients	69.30	
Medical supplies for patients	14.25	
Groceries for patients	14.00	
Car Tickets for patients and workers	75.00	
Office supplies	14.50	
Sundries	10.20	
Summer Camp for patients' children	5.00	
Christmas Tree, main outdoor	10.00	
		318.80
Balance on hand December 31, 1931		\$ 36.20

Respectfully submitted,

GERTRUDE M. MATTHEWS,

Maternity Social Service, Royal Victoria Montreal Maternity Hospital.

.

REPORT OF ANTE-NATAL SETTLEMENT CLINICS

ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL

For the Year Ended December 31st, 1931.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:

I have the honour to submit the Annual Report of the Ante-Natal Settlement Clinics for 1931.

Again there is an increase in attendance at these clinics, the growth during the last two years being quite remarkable.

			An increase
	1929	1931	in 2 years of
New Patients	559	843	284
Total Attendance	2373	3807	1439

One of the most outstanding features of the year is the increase in the number of young mothers coming to the clinics to enroll for their first confinements.

The Canadian Mothers' Book from the Division of Child Welfare, Ottawa, is sent to each mother after her first visit to the clinic, supplemented by nine ante-natal letters sent to those who come during the first four months. These letters are sent monthly to the home, and pertain to each month of pregnancy.

Many more cups of cocoa are being served this year. These are greatly appreciated by the patients and, this year especially, they are badly needed. I thank the Ladies' Committee for their unfailing interest in this matter.

About thirty-five children, whose mothers attend these clinics, were invited to the Christmas Tree in the Main Outdoor, and had a very enjoyable time.

In closing, may I again thank the Ladies' Committee, Mr. Chenoweth, the Doctors, and Staff, for their continued interest and assistance.

Statistical Report is as follows:—	
Pt. St. Charles	
Clinics held	49
New patients	263
Total attendance, 1931.	1196
Rosemount	
Clinics held	47
New patients	143
Total attendance, 1931	800
Coursol	
Clinics held	24
New Patients	138
Total attendance, 1931	578
Maisonneuve	
Clinics held	26
New patients	114
Total attendance, 1931	516
Montreal General Hospital	
Clínics held	50
New Patients	115
Total attendance, 1931	377
Mount Royal	
Clinics held	25
New patients	70
Total attendance, 1931	340
Total number of new indoor patients	416
Total number of new outdoor patients	427
-	
Total number of patients	843
Total number of clinics held	221
Number of ante-natal visits made	1078
Patients referred to other agencies	151

Respectfully submitted,

MADGE FOLKINS, Maternity Social Service. Royal Victoria Montreal Maternity **Hospital**.

ANNUAL REPORT OF THE SOCIAL SERVICE DEPARTMENT OF GYNAECOLOGY THE ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL

For the Year Ended December 31st, 1931.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:-

I have the honour to submit the Annual Report of the Department of Gynæcology for 1931.

The clinic has been growing in numbers each year and the past year shows an increase of 112 patients.

Not only have we noticed an increase in numbers, but a different class of people attending the clinics. This is no doubt due to the fact, that people, who in the past have attended Doctors privately, are now affected by the unemployment situation.

In 1930 it was necessary to apply to the Municipal authorities for assistance in payment of Hospital bills on behalf of 245 patients. In the past year we have made 347 applications, which is an increase of 102, this can also be attributed to unemployment.

As we know "Labour is ever men's greatest friend," and it is with regret that we realize the harm done to humanity, by the lack of such.

However the past year has probably brought a better understanding of social work to many people. Patients about to enter the Hospital, have often said they are unable to pay Hospital expenses but do not wish to ask the City to pay, because the social worker would visit them in the wards. They are rather surprised to find when admitted, the social worker is not merely a "financial investigator" but is quite frequently found talking to patients about convalescent care or conditions at home which need readjusting while the patient is in the ward.

This misunderstanding is also shown at Christmas when moved by the Christmas spirit, people are most emphatic that they must have a very poor and perhaps dirty family to help. What a relief it is to find some understanding person, who is willing to help the family that lives in a nice little home, but it temporarily handicapped.

About 856 patients were referred for admission, and only 57 did not enter the hospital. It is satisfying to know that no patient was refused admission for financial reasons.

Of all the admissions during the year, there were only 10 patients who were total losses to the Hospital, they being foreign born and not eligible for Municipal Assistance. The foreign born patient is a great problem, it is so difficult to obtain assistance for her.

Also, once she is a public charge she is eligible for deportation, which is sometimes advisable but not always. It is rather pathetic if through no fault of the patient she is sent back to her own country which she left a short time ago full of hope and ambition.

The statistics for the year are as follows:—	
Letters	104
Free medicines	157
Investigations	748
Interviews	2140
Home visits	735
Referred to co-operative agencies	106
Referred for special treatment	362
Referred for convalescent care	24
Referred for permanent placement	3
Active Social Case records	41
Steering cases	318
Follow up cards sent	464

I would like to thank those who have co-operated and assisted this department, with special mention to the members of the Ladies' Auxiliary.

May we hope that in this coming year our department will continue to increase ,not as a result of unemployment but a better understanding of public health and social work.

Respectfully submitted,

MILDRED A. LANTHIER,

Gynæcological Social Worker, Royal Victoria Montreal Maternity Hospital.

ELEVENTH ANNUAL REPORT OF THE McGILL ALUMNAE LIBRARY COMMITTEE

ROYAL VICTORIA HOSPITAL

For the Year Ended December 31st, 1931.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:

In presenting the Eleventh Annual Report of the Library of the Royal Victoria Hospital, I wish first to state that though no change is seen in the Library there has nevertheless been a great one, and that though figures may not indicate it, the work has grown and expanded in a most gratifying way.

The change I refer to is that the Library, though retaining the name, is not under the management of the McGill Alumnæ Society. When the Soldiers' Library was given to the Royal Victoria Hospital in 1920 by the Alumnæ Society it was intended that the Alumnæ Society should assist for a short time in operating it, and the work be carried on by a convenor appointed annually by the Society. As the Library was almost entirely supported by and a department of the Royal Victoria Hospital, it was decided in February, 1930, after conferences between the Executive of McGill Alumnæ Society, the Library Committee and the Superintendent of the Hospital, that it was best that complete control of the Library should be with the Royal Victoria Hospital.

The arrangements made were that the one in charge of the Library—Librarian-in-Chief—was to be appointed annually by the Governors of the Royal Victoria Hospital, and that she should have the power of choosing her committee and staff of assistant librarians. I, who had been Convenor of the Alumnæ Library Committee since the Library was donated, had the hnour to receive this appointment for the past year. The same committee agreed to work with me under these new conditions, and the difficulty this year has not been in securing workers to deliver the books on the regular days twice a week to every bed in the Hospital, as well as loaning books to any person holding a position in the Hospital, but

has really been in finding work for the many capable women applying for places on the Library Staff. A waiting list is now kept. Needless to say all this Library management and distribution under these new conditions is, as heretofore, wholly voluntary.

The work has expanded in two special ways. First in that books in two more foreign languages—Swedish and Hungarian have been added to our shelves, making now books of sixteen languages, and the demand for more foreign books is increasing, and we are making further endeavour to meet it. Second in that the Library is open one evening a week for the benefit of the Nurses and Doctors, which does not mean that they may borrow books This was one of the suggestions made by Miss Barrett in her address to our November Meeting. It was decided to try the scheme for one month and if successful to make it a regular thing. Though there was a decrease in the number of books given out in the Christmas holiday, we consider the opportunity of borrowing books by Nurses and Doctors when off duty is greatly appreciated as anyone would have known if they had seen five very tired nursesin-training come in after examinations asking for books to read when they crawled into their beds, and their joy as each one went away with a book selected to suit her individual taste.

This increase in the borrowing of books by others than patients has demanded a few strict rules—there is now not only a fine of two cents a day for overdue books, but to those not returning books and paying fines, the use of the Library is refused. To each borrower must be loaned only one of the new books, and these seven-day books cannot be renewed.

The \$300.00 annual grant from the Royal Victoria Hospital pays for supplies as well as many new books, and a further amount of \$240.00 paid by the Hospital is the salary of the worker for the summer months, who, as in previous years, was an undergraduate of McGill University, but the Library cannot be conducted to the satisfaction of the Committee or to the many borrowers without donations of both money and good books.

The \$50.00 received from the McGill Alumnæ Society when the Library was under its management having been withdrawn, was partly replaced by the splendid donation of \$25.00 from undergraduate nurses and \$15.00 from the head nurses. The total amount of donations in 1931 was \$60.00 and \$21.40 was collected for fines, and practically all of this was spent on books. The more we get in this way will mean that more copies of new and popular books can be bought, and borrowers will have to wait a shorter

time for books for which they have put their names on the list of requests. \$259.16 of the annual grant was spent on books and book binding, the remainder of the \$300.00 being allowed for supplies received from the Stationery Department of which no record is kept in the Library.

The total number of books added to the shelves in 1931 was 645, 180 bought, and 465 donated. The number of books discarded, that is those beyond repair, even with our splendid equipment and trained members of the committee for this work, was 216. As formerly these books were passed on to the less fortunate, two large parcels being taken this Fall to the recreation room of the unemployed.

The total number of books in the Library at the Royal Victoria Hospital at the close of 1931 is 3,163, in the Main Library 2,370, and the Branch Library of the Women's Pavilion 793.

The circulation of books in the Main Library during the past year was 16,631, the Branch Library 5,526, making a total of 22,157 books given out in 1931.

The Hospital Library Book Club, composed of the librarian and her assistants, has held seven monthly meetings at the University Women's Club in the past year, at which we have had most interesting addresses as well as the opportunity to discuss any business. Amongst the speakers in 1931 were Dr. J. C. Meakins, Miss Barrett, Dr. G. R. Lomer, Mr. Morgan Powell.

In closing I wish to say that though the management of this Library means daily work for the Librarian-in-charge, as well as three or four assistant librarians each day, and much special work for every member of the committee, we are certainly truly thankful to have the opportunity of doing something to help the sick and make the days brighter for them as well as for many busy people in the hospital, and we find we are well repaid by the increasing cooperation and appreciation of members of the hospital staff, as well as by the thanks of the patients.

In reply to a letter received, which I could scarcely understand, I telephoned the person. After I had stated who was speaking the woman between sobs said that she was a Russian who had gone up to the Ross Memorial for an operation. The outlook was very black for her, but when one of the assistant librarians came to her room bringing Russian books her outlook immediately changed.

After much thought and many sobs, the former patient said "And they came with the books all the time I was there, had chats with me and I was happy—I can only call them angels!" Though in this case excitement may have caused exaggeration, incidents of this kind which could be multiplied are an inspiration for all of us to work hard and to the best of our ability.

Respectfully submitted,

INEZ M. BAYLIS, Librarian-in-Chief.



DONATIONS, 1931

Bassarabier Hebrew Sick Benefit Association \$ 50.00
Bassarabier Hebrew Sick Benefit Association, Ladies' Auxiliary
BERLINER, MR. E. M. (HAEMATOLOGICAL CLINIC) 500.00
CANADIAN JOHNS-MANVILLE COMPANY LTD., ASBESTOS, P.Q. 100.00
Canadian Pacific Railway
Crown Trust Company
Dominion Bridge Company
Dominion Transport Company 50.00
DUGGAN, Mrs. G. H. (CHRISTMAS FUND) 10.00
ELMHURST DAIRY LIMITED (CHRISTMAS TREES)
Hebrew Sick Benefit Association 50.00
Holt, Sir Herbert
Holt, Lady (Maternity Christmas Fund) 250.00
HOWARD SMITH PAPER MILLS LIMITED 35.00
HUGGESON, Mrs. (For Babies at Christmas) 10.00
JUNIOR LEAGUE 1,100.00
King George Sick Benefit Association 25.00
Mathias, Mrs. Percy (Christmas Fund)
LADY MEREDITH (TENNIS COURTS) 2,867.00
Molson, Mrs. Herbert and Mrs. J. H. (Christmas Fund)
MONTREAL CITY & DISTRICT SAVINGS BANK 75.00
Montreal Soldiers' Wives' League
Murray, Alexander & Co. Ltd
Nathanson, Mr. Henry 10.00
NORTON, MISS HELEN A
Russian Polish Hebrew Sick Benefit Association 25.00
STEWART, MRS. J. M. F. (IN MEMORY OF DR. W. GRANT STEWART) 50.00
Stewart, Mr. Walter M. (Maintenance of Tower Clock, Maternity Pavilion)
WILLIAM WARREN FUND

MISCELLANEOUS GIFTS

For the Year Ended December 31st, 1931

Subscription 1931—Vogue, Punch, Sketch, Daily Sketch	Allan, Mrs. Andrew American Women's Club Auxiliary Board Benson, Mrs. G. F. Berliner, Mr. and Mrs. Edgar M. Bonsecours Market Fruit & Vegetable Co.
Radio for Ward "A"	Co. Brereton, Mr. George Campbell, Dr. A. D. Charters, Mrs. Eugene Chipman, Mrs. W. W. Davies, Wm. Co. Ltd. Dobell, Mrs. W. Dunning's Poultry Farm Edgar & Cramp, Misses Fish and Game Association Fraser, Dr. J. R. Fraser, Dr. J. R. Garrow, Mrs. A. E. Gillespie, Miss Gillespie, Miss Gillespie, Miss Goode, Mrs. G. E. Holt, Lady Johnson & Johnson Limited Junior League Sewing Committee Leonard Fruit & Vegetable Supply Lindsay, Mr. C. W.
Subscription to Canadian Geographical for 1932	Mathias, Mrs. P. F. Meredith, Lady Meredith, Lady Miller, Mrs. W. R. Monday Club Montreal Tramways Company MacFarlane, Mrs. A.

. McLennan, Mrs. W. Drurie
.Osgood, Mrs. E. P.
.Pease, Mr. E. R.
. Pepin, Mr. L.
. Poulin, P. & Co.
.Reford, Dr. L.
.Sheldon, Mr. Edward W.
.Silver Fruit & Vegetable Store
Sterling Rubber Co.
Stewart, Mr. T. Howard
Stewart, Mr. Walter M.
University Club of Montreal
Vaughan, Mr. H. P.
.Wanklyn, Mrs. F. L.
. Wanklyn, Mrs. F. L.
Wanklyn, Mrs. F. L.
Wanklyn, Mrs. F. L.
White, Mrs. S. B.
. Williams, Miss
. Williams, Miss



ROYAL VICTORIA HOSPITAL DONATIONS TO CHRISTMAS TREE FUND, 1931

		<i>'</i>	·
NAME	AMOUNT	NAME	AMOUNT
Allan, Mrs. Andrew		LABATT, Mrs. THEODORE	
Allan, Hugh A	20.00	Lucas, Mrs. Algernon	10.00
Allan, James B	25.00	M. Danne II D	# • • • •
Allan, Sir Montagu	25.00	MacDougall, H. B	
Allan, Lady	10.00	McInnes, W. R	
Angus, D. Forbes		MACNUTT, E. A	
Angus, W. F	25.00	Martin, Dr. C. F	
Atholstan, Lord		McConnell, J. W	
,		McFarlane, Mr. and Mrs.	
BALLANTYNE, LIEUTCOL. C.		C. H	
C	25.00	McMaster, R. H	25.00
BEATTY, E. W., K.C		MEIGHEN, LTCol. F. S	25.00
Black, W. A	50.00	MEREDITH, LADY	100.00
Bronfman, Alan	25.00	MEREDITH, MRS. CHARLES	25.00
CARE LIEUM COL E C M	25.00	MEREDITH, F. E., K.C	40.00
CAPE, LIEUTCOL. E. G. M		MITCHELL, HON. W. G	10.00
CHIPMAN, MRS. W. W		Molson, LtCol. Herbert	20.00
Colville, Mrs. A. B		Molson, Mrs. Walter	10.00
Соок, J. W., K.C	15.00	Morrice, W. J	20.00
Daniels, F. G	25.00	Murray, Howard	15.00
Dawes, A. Sidney			
Dawes, Norman J		OGILVIE, MR. AND MRS. A. E.	15.00
DESBARATS, W. A		OGILVIE, G. L	20.00
DRUMMOND, H. R		Paterson, Mrs. Alex	5.00
DRUMMOND, LADY		Paterson, J. B	25.00
Duggan, G. H		Paterson, Mrs. R. MacD	10.00
2000111, 0. 11	10.00	Paton, Hugh	10.00
Fraser, D. H	10.00	Pillow, Howard W	25.00
Fraser, Mrs. J. R	10.00		
		RACINE, ALPHONSE	20.00
GILLESPIE, T. S		SCOTT, MISS ELISABETH	10.00
GORDON, SIR CHARLES	35.00	Sise, C. F.	10.00
HART, C. M	10.00	Skinner, W. W	10.00
	5.00	SOUTHAM, W. W	25.00
HART, E. THORNLEY	20.00	STEWART, WALTER M	100.00
Hongson, A. A		SIEWARI, WALIER WI	100.00
Hodgson, D. M	10.00	THORNTON, SIR HENRY	25.00
Holt, Sir Herbert	100.00	THORNTON, MISS ISABEL	5.00
Hosmer, Miss Olive	50.00	TIMMINS, N. A	10.00
Jаск, J. R	10. 0 0	TODD, DR. J. L	20.00
JONES, F. P	25.00		20.00
Joseph, Henry	5.00	WALTERS, P. R	20.00
•		Watson, Hugh	10.00
KENNEDY, HAROLD	100.00	Watson, J. C	10.00
KILLAM, I. W	25.00	Webster, Hon. Lorne C	10.00
King, J. Cochrane	10.00	Wilson, Hon. J. M	10.00

ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL

DONATIONS TO CHRISTMAS TREE FUND, 1931

NAME ADAIR, MRS. ROBT ANGUS, MRS. W. F	AMOUNT \$5.00 20.00	NAME LAW, Mrs. A. G	AMOUNT 10.00
ATHOLSTAN, LADY	10.00	MacDougall, Mrs. G. W MacDougall, Mrs. R. E	5.00 5.00
BENSON, MRS. G. F		MacInnes, Mrs. W. R McConnell, Mrs. J. W	5.00 10.00
Cowans, Mrs. P. P	15.00	MORRICE, MRS. DAVID	10.00
GILLESPIE, MISS GORDON, LADY		REFORD, Mrs. R. W	5.00
Hays, Mrs. C. M. Hickson, Lady Hodgson, Mrs. T. E Holt, Lady		SKINNER, MRS. W. W STEWART, MRS. T. HOWARD STEWART, MRS. WALTER M STOKER, MRS. T. T. McG	10.00 10.00 25.00 15.00
Jones, Mrs. F. P	10.00	TIMMINS, MADAME L. H	5.00

FLOWERS

CANADA'S NATIONAL FLOWER SHOW
CHURCH OF ST. ANDREW AND ST. PAUL
CITY OF WESTMOUNT
COWANS, MR. P. P.
GORDON, SIR CHARLES

MATHIAS, MRS. P. F.
MEREDITH, LADY
MOUNT BRUNO FLORAL CO. LTD.
MCKENNA FLORISTS LIMITED
PEVERLEY, MRS. F.

STEWART, MR. W. M.

BOOKS AND MAGAZINES

BERLINER, MR. E. M.
BIRKETT, DR. H. S.
CAPE, MRS. E. G. M.
CAVERHILL, MRS. G. R.
CHIPMAN, MRS. W. W.
DARLING, MRS. EDWARD
DOBSON, REV. W. A.
FLOWER, MISS
GARNEAU, MRS. LEON
GILLESPIE, MISSES
KIWANIS CLUB
KNENUING, MRS. A.

Mathias, Mrs. P.
Meredith, Lady
McCall, Mr. G. R.
McDougall, Mrs. P.
McLennan, Mrs. W. Drurie
Ogilvie, Messrs. Jas. A. Ltd.
Patterson, Mrs. H. M.
Pease, Mr. E. R.
Perfection Glass Co. Ltd.
Prentice, Miss Mona
White, Mrs. S. B.

Ross Memorial Pavilion

REPORT OF THE DEPARTMENT OF MEDICINE

For the Year Ended December 31st, 1931.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:

I beg to submit the following Report for the Department of Medicine for the year 1931.

A retrospect of the year's activities reveals certain features of outstanding importance, particularly in regard to the relations of the Hospital to the community. Mention has been made of certain of these in previous reports. Due to the economic changes which have taken place in the last two years it has become increasingly apparent that patients who in former years would seek admission to the private pavilion are now applying for medical care in the Out-Door Department or in the public wards. They comprise chiefly those people who formerly had a fixed income which, during the past two years has been greatly reduced. They do not desire to take advantage of the facilities of the Out-Patient Department or of the public wards but have no option between this comparatively free service and the expense of the private pavilion. This condition of affairs emphasizes again the importance of having an intermediate service in the Hospital organization so that the rich, the moderately rich, and the poor may be looked after. As it is, the first and last classes have adequate provision made for them.

Another important development has been the increasing number of cases who seek advice both at the Out-Patient Department and in the public wards for what may be called "spiritual" aid. The stress and strain of the economic conditions of the past year have left their mark and anxiety, worry, and fear of poverty have brought many to the Hospital for what to them are very real ailments but are more of the spirit and the mind than of the body. To handle such cases in the public wards is difficult. It is imperative that they be treated with proper understanding and in a proper environment lest much more serious mental disability beset them. This group of patients cannot be classified as insane. They are oft-times on the border line when proper understanding and treatment can re-instate them in perfect health.

The number of admissions to the In-Door and Out-Door Departments, both, have increased. This has been possible only through the greatest co-operation between the two services. Towards the expedition of diagnosis and treatment all members of the Staff have contributed most loyally. It is hoped by perfecting this co-operation a maximum amount of good can be done to the greatest number of those who apply.

During the past year an Out-Patient Clinic in Hæmatology has been inaugurated. The increasing number of cases which attend this Clinic has quite justified its being established.

The work of the Medical Laboratories has continued with increasing usefulness. More examinations have been made this year than in any other year in the past and not only has the increase been in numbers but also in diversity. The routine care of the patients has been supplemented by much original investigation. This is in many ways the real life of the Department as it is only by seeking after truth that improvement can be made in the science and practice of medicine.

Below will be found a comparative statement of the work done by the Department during 1931 as compared with that of 1930.

In conclusion I should like to express our appreciation of the co-operation which we have received from all other Departments in furthering the work of the Hospital.

Yours faithfully,

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

TABLE 1.

IN-DOOR DEPARTMENT				
	1930		1931	
Patients remaining, Dec. 31st " admitted during year " discharged during year " remaining, Dec. 31st	115 3006	2997 124	124 3205	3219 110
	3121	3121	3329	3329
Deaths during the year	Total 227	7.27	Total 234	7. 0 2
Consultations		632		601

TABLE 2.

MEDICAL OUT-PATIENT DEPARTMENT

		193	0		1931	
	Old Cases	New Cases	Ratio	Old Cases	New Cases	Ratio
A. 1. Medical Clinic	1583 1925 2755 1308 4086 3570 2089 1626 605 366	2004 187 312 277 82 899 368 732 92 75 124 141	3.24 8.46 6.16 9.94 14.86 4.54 9.70 2.87 17.67 8.06 2.95 5.04	7770 1558 1848 2230 1649 184 4814 3891 2394 1884 614 213 569	2459 196 339 236 120 94 1079 378 848 117 114 77	3.16 7.95 5.45 9.45 13.74 1.95 4.46 10.29 2.82 16.10 5.38 2.76 4.09
Total Average	27122	5293	5.12	29618	6196	4.78

TABLE 3.

MEDICAL LABORATORIES

	Cases		
_	1930	1931	
Chemical Determinations	15,771 1,684 1,216	18,490 1,510 1,490	
 	18,671	21,490	

TABLE 4.

PHYSIO-THERAPY DEPARTMENT

	Private	Public
Hydro and Electrical Treatments Massage Treatments	3,744 275	8,233 2,068
Number of Treatments given	4,019	10,301

Department Total.....

14,320

PUBLICATIONS

Dr. J. C. MEAKINS:

"Clinical Aspect of Disturbances of the Parathyroid." Can. Med. Asscn. Journ., 24: May 1931, pp. 654-656.

(with Dr. W. de. M. SCRIVER)

"The Treatment of Hypertension."

Can. Med. Asscn. Journ., 25: Sept. 1931, pp. 285-288.

(with Dr. W. W. EAKIN)

"Coronary Thrombosis: A Clinical and Pathological Study." Can. Med. Asscn. Journ., 26: Jan. 1932, pp. 18-26.

Dr. MAUDE E. ABBOTT:

"History of Medicine in the Province of Quebec."
Revised and enlarged in book form from "Medicine and Surgery in the Province of Quebec."

"Congenital Heart Disease."

Nelson's Loose-Leaf Medicine, Vol. IV, Part II, Chap. I, pp. 207-321.

"The History of Nursing as a Force in Nursing Education and How to Teach It."

Canadian Nurse, 27: Oct. 1931, pp. 509-516.

Dr. W. W. EAKIN:

(with Dr. J. C. MEAKINS)

"Coronary Thrombosis: A Clinical and Pathological Study." Can. Med. Asscn. Journ., 26: Jan. 1932, pp. 18-26.

Dr. R. GOTTLIEB:

(with Dr. P. J. KEARNS)

"Icterus Neonatorum. IV. The Role of the Placenta in Visible Icterus Neonatorum."

Jour. Clin. Invest. 10: 1931, p. 319.

"The Monocytic Reaction in Tuberculosis."

Amer. Jour. Tuberculosis (in press).

Dr. C. N. H. LONG:

(with Dr. DAVID SLIGHT and Miss ELEANOR M. HILL)

"The Plasma Fats in Certain Cases of Mental Depression." Jour. Biol. Chem., 92: 1931, p. lxxxi.

"The Formation of Glycogen in Mammalian Muscle from d-Lactic Acid and Glucose."

Jour. Clin. Invest. (Proc. Soc. Clin. Invest.) 10: 1931, p. 662.

Dr. COLIN K. RUSSELL:

"The Syndrome of the Brachium Conjunctivum and the Tractus Spinothalamicus."

Arch. Neur. and Psych. May, 1931, 25: pp. 1003-1009.

Dr. W. de M. SCRIVER:

"A Case of Pyloric Obstruction Responding to Treatment." Can. Med. Asscn. Journ., 24: 1931, pp. 99-100.

(with Dr. J. C. MEAKINS)

"The Treatment of Hypertension."

Can. Med. Asscn. Journ., 25: Sept. 1931, pp. 285-288...

Dr. R. R. STRUTHERS:

"Parent Training."

The Canadian Nurse, May, 1931.

"Teratoma of the Thymus Gland."

Can. Med. Asscn. Journ. 26: No. 1, 1931.

'Lymphatic Leukæmia.''
Can. Med. Asscn. Journ., 26: No. 1, 1931.

Dr. H. P. WRIGHT:

(with JOHN B. FROSST, F. PUCHEL and MARGARET R. LAWRENCE)

"Vitamin 'A' and the Common Cold."

Can. Med. Asscn. Journ., 25: 1931, pp. 421-416.

DEPARTMENT OF MEDICINE

RECORD OF DISEASES

For the Year Ended December 31st, 1931

	otal l	Died		Total	
Specific infections and general	721	60	Oesophagus		
diseases	731 25	69	Stomach	127	
Animal parasites Metabolism	338	16	Intestines	280	,
Diseases of infancy	120	11	Liver and Biliary tract:	21	
Physical agents	2	11	Liver		
Poisonings, intoxications	91		Gall ducts		
Tumours:			Abdomen	47	
Benign	53	3		11	
Malignant	125	18	Rectum and anus: Rectum	16	
Congenital malformations	18		Anus		
General injuries	23	1	Larynx	-	
Diseases of skin	102		Trachea and bronchi	150	
Circulatory system:			Lungs (for tuberculosis, see	;	
Arteries	245	9	Section 1)		
Heart	584	32	Pleura and mediastinum	74	
Veins	19	1	Kidney and ureter:	•	
Lymphatic system	21		Kidney	174	:
Blood and Blood-forming	444	0	Ureter	19	
organs	111	8	Bladder		
Ductless glands:	_		Urethra	. 7	
General	9		Male generative organs		
Pituitary	11		Female generative organs		
Suprarenal	3		Puerperal state Anaphylaxis		
Thymus	111	1	Abnormalities of urine		
Thyroid	111	1	Unclassified	190	
Nervous system:	145	25	o netabblica		
Brain	8	23			
Mental affections	222	3			
Miscellaneous	40	ĭ	Total Discharges		32
Peripheral nerves	34		Total Admissions		321
Spinal cord	31				
Sympathetic nervous sys-					
tem	3		No. in Hospital first of year 1	1931	1:
Myopathies	9		No. in Hospital end of year		1
Bones, joints, muscles, etc.	146		2.0 2200p ,		
Eye and ear:					
Eye	62	1	N. C. C.		3.
Ear	70 48	2	No. of Patients Cured		14
Nose and accessory sinuses	122		No. of Patients Improved No. of Patients not Improved		9
Mouth, lips, cheeks, etc Jaw, teeth, gums	29		No. of Patients Died		2
jaw, teetii, guiiis			or z determed Died	. • •	

REPORT OF THE DEPARTMENT OF SURGERY

For the Year Ended December 31st, 1931.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:-

The routine work of the Surgical Department, during the past year, has proceeded in a satisfactory manner, and the amount of work, over and above routine, in the way of clinical and laboratory investigation, done by the various members of the staff, is evidence of the excellent spirit prevailing in the Department. The fortnightly staff conferences, at which the work of the previous two weeks is reviewed and discussed, serve to maintain that spirit, and act as an excellent clearing house for ideas and suggestions, tending to keep the standard of diagnosis and treatment at a high level. The Department is fortunate in possessing a group of junior assistants whose industry, enthusiasm, and conscientiousness deserve great praise.

The actual amount of work done increases from year to year. The number of public ward Indoor patients shows an increase of 91, as compared with last year. In spite of a more or less fixed limitation of bed capacity, this is being accomplished by reason of efforts in the direction of a reasonably quick turnover in the wards, of an increasing tendency towards admitting acute as opposed to chronic cases, and by an endeavour to relieve the Indoor congestion by doing more in the Outdoor Department. In spite of this the waiting list of applicants for the Public Wards remains a large one, especially for the women's Surgical Ward, for which there is a more or less constant list of between fifty and seventy-five. While we have available for men patients seventy-eight beds, for women we have only thirty; and the increase in recent years in the number of patients suffering from surgical pulmonary, and neurosurgical diseases—two comparatively new Departments—while bringing to the Hospital a certain prestige, in so far as these represent advanced work, only suffices to aggravate the congestion. Some relief has lately been afforded by the opening of a few more semi-private rooms in Ward "I."

The work of the Surgical Outdoor Department has also increased. In the Outdoor Department the number of visits in General Surgery, including the Fracture Clinic, increased by 2,290. When it is remembered that practically all the Hospital departments show a corresponding increase, the Hospital may be permitted the legitimate reflection that it is serving the public in no unsatisfactory manner. It is proposed, during the coming year, to make an extension of the principle which, during the past few years (especially in the branches of thoracic, neurological and thyroid diseases), has drawn the Medical and Surgical Departments closer together for combined treatment. In particular we desire to establish a special Outdoor Clinic of rectal diseases, as an integral part of the Gastroenterological Clinic; and also a special Clinic for Circulatory Diseases of the Extremities, as a subsidiary of the Cardio-renal Clinic. desire also to establish a special Outdoor Clinic for all cases of cancer, with the exception of cancer of the internal organs. These new Outdoor Clinics will work in close co-operation with the Indoor staff, receiving from the wards discharged patients for followup observation and treatment, and sending in to the Indoor staff those cases that have had adequate preliminary investigation.

In February of the past year, Dr. Howard Dawson proceeded to Europe for the purpose of intensive study of radium therapy in Paris, Stockholm, Brussels and London. Dr. Dawson is expected to return early in March, and his knowledge of this branch of surgical therapy will doubtless prove a decided asset to the Department, and to radium treatment in general throughout the Hospital.

In September Dr. Gavin Miller returned after an absence of fifteen months in Europe, spent chiefly in Edinburgh, London and Vienna. In Edinburgh he was able to do research work of value upon intestinal obstruction, while in London and Vienna he had the opportunity of advanced study in diseases of the colon, rectum and stomach. The grateful thanks of the Department are due the Governors for assigning to Dr. Miller the Travers Allan Scholarship for last year.

It is worthy of note that, although the Royal Victoria Hospital has always been considered to be unfavourably situated as regards the admission of accident cases, the number of such cases has steadily risen during the past few years, until now it can be maintained that the Hospital is doing its full share in caring for the city's casualties. The number of fractures, dislocations and general injuries this year was 1,144, an increase of 271 over the previous

year. Fortunately the establishment of new French hospitals relieves us from serious overcrowding in this respect, and still leaves us with an acceptable proportion of patients suffering from the ordinary, and often the rarer forms of acute and chronic disease of a general nature.

It can not be too strongly emphasized that the research work of the staff, whether of clinical or of laboratory nature, reacts to the practical advantage of the sick in the wards. In this respect we think it legitimate to mention particularly the following: a new operation for gastric ulcer, as well as new work on intestinal obstruction, by Dr. Armour; studies on the cause of gall bladder inflammation and on the formation of gall stones, by Dr. Wilkie, assisted by Dr. Doubilet, which have already notably advanced knowledge; a new method of strengthening the union of fractured bones, discovered by Dr. Dudley Ross; work upon dehydration as bearing upon the cause of death in intestinal obstruction, by Dr. Gavin Miller; a new operation of great value for the relief of certain forms of œsophageal obstruction, by Dr. Scrimger. All this, and indeed, much more, though of a less striking nature, has been accomplished during the past two years, with the help of facilities, financial and material, afforded by the Rockfeller grant to the Department of Experimental Surgery, in McGill. In addition, there must be mentioned the large body of research work completed by the Department of Neuro-surgery, under Doctors Penfield and Cone. which has greatly augmented the prestige of the Hospital. In this sub-department, as well as in a part of the general surgical investigation mentioned, we must express grateful thanks for much help from the laboratories of the Department of Medicine, under Dr. Meakins.

Members of the staff have attended a large number of meetings of medical societies in Canada and the United States, at which they have delivered addresses in the following cities: Ottawa, Philadelphia, Phoenix (Ariz.), Quebec, Rochester (Minn.), San Francisco, Toronto, Vancouver, New Haven and New York.

Reports of the sub-departments of Neurosurgery, Orthopædics, Anæsthesia and Dentistry are appended.

Respectfully submitted,

EDWARD ARCHIBALD, M.D.

PUBLICATIONS BY THE DEPARTMENT OF SURGERY

BETHUNE, NORMAN

"Some Procedures in Thoracic Surgery."

Trans. Med. and Surg. Assn. of the Southwest. 1931.

MILLER, GAVIN

"Dehydration in Intestinal Obstruction." Edinburgh Med. Jour., Jan., 1931.

"Treatment of Intestinal Obstruction."

The Lancet, May, 1931.

PATTERSON, W. J.

"A Case of Kienboch's Disease."

Can. Med. Assn. Jour., xxv, 1931.

ROSS, DUDLEY

with (Dr. S. J. Usher)

"A Case of Cancrum Oris following Typhoid Fever, with Plastic Repair."

Can. Med. Assn. Jour., xxv, 1931,

SCRIMGER, F.A.C.S.

"Idiopathic Dilatation of the Oesophagus."

Ann. Surg., Nov., 1931.

REPORT OF SUB-DEPARTMENT OF NEUROSURGERY

During the year of 1931 work has continued in the Hospital and in the Laboratory of Neuropathology. Dr. Elvidge was succeeded as resident in neurosurgery by Dr. T. I. Hoen, who comes here from the resident service in neurosurgery at the Peter Bent Brigham Hospital, Boston. Dr. Brewer was succeeded as neurosurgical interne by Dr. E. L. Gage, who finished his work for the degree of Master of Science in the Laboratory of Neuropathology. The subject of Dr. Gage's thesis: "The Effect of Vasomotor Nerve Section on Experimental Epilepsy." Dr. A. R. Elvidge became

neurosurgical research fellow in pathology in charge of the routine pathology in the laboratory. Dr. G. Chorobski has continued his second year working in the laboratory as neurosurgical research fellow. Dr. I. M. Tarlov is continuing his second year in the laboratory also on a neurosurgical research fellowship. Dr. A. Torkildsen has given up his resident's service and is continuing with research in the laboratory and on a clinical clerkship in the wards. Dr. G. Stavraky has joined in the research work in the laboratory on a Rockfeller Fellowship. Dr. Joseph Evans has returned to the laboratory after a year of work at the University of Chicago and several months at the University of Minnesota. He will continue his reasearch on epilepsy toward the degree of Doctor of Philosophy.

The clinical and research work has continued as in former years with the exception that a combined piece of investigation of the intracerebral vascular nerves has been undertaken by Dr. Chorobski and Dr. Penfield with Dr. Stanley Cobb and Dr. Finesinger of Harvard University. Some of this work has been carried out by these four men in Boston.

Dr. Petersen has continued to work on certain aspects of epilepsy under the Madeleine Ottmann Research Fellowship.

During the year 1931 the following addresses have been made:

DR. PENFIELD

- 1. International Neurological Congress, Berne: "The Encapsulated Tumors of the Nervous System."
- 2. The American Neurological Association, Boston: "The Intracerebral Vascular Nerves."
- 3. The McGill Chapter of Alpha Omega Annual Address: "The Wander Years of a Medical Man."
- 4. The Medical Society of the State of New York, Glen Falls: "Neurology in General Practice: The Early Diagnosis of Remediable Lesions."
- 5. The Academy of Medicine, New York City: "Neuroglia Cell Types and Glioma Classification."

- 6. Queen's University Medical Society, Kingston: "Spina Bifida and Cranium Bifidum."
- 7. Ottawa Branch of Canadian Medical Association: "Focal Epilepsy."
- 8. American Medical Association:
 - "Meningocele and Meningo-myelocele: Results of Plastic Repair by a New Method."

DR. CONE

- 1. Montreal Medical Chirurgical Society:
 "Living Case of Simmond's Disease." With Dr. E. H.
 Mason.
- 2. Symposium at Children's Memorial Hospital: "Hypertonic Solutions in the Treatment of Poliomyelitis."
- 3. The Osler Reporting Society, Montreal: "The Treatment of Brain Abscess."
- 4. The Halstead Society: "Diagnosis and Treatment of Cervical Rib."

The total number of operations of all kinds is three hundred and fifty-one for the year 1931.

WILDER PENFIELD.

PUBLICATIONS

DR. PENFIELD

- 1. Classification of Brain Tumors and its Practical Application.

 British Medical Journal, Feb. 1931.
- 2. The Classification of Gliomas and Neuroglia Cell Types. Archives of Neurology and Psychiatry, 26: 745, 1931.

DR. ELVIDGE

1. Non-specific Changes in the Opsonic Power of Rabbit Serum produced physically through the Intravascular Injection of Foreign Particles in Suspension.

Ouarterly Tournal of Physiology, Volume 22, No. 2.

DR. CONE

- 1. The Brain and the Cerebro-spinal Fluid in Acute Aseptic Cerebral Embolism. With Dr. S. E. Barrera.
 - Archives of Neurology and Psychiatry, 25, 1931.
- 2. Algies crurales gauches. Arrêt du lipiodol. With Dr. J. Saucier.

Revue Neurologique, No. 5, tome 2.

SUB-DEPARTMENT OF ANAESTHESIA

Anæsthetics were administered for six thousand one hundred and ninety-four operations during the year 1931. A detailed account is shown in the accompanying table.

	Ross	Main	Maternity	Outdoor (Oto-Laryngology)	Surgery	
Ether	13	205		395	43	656
Ether Nitrous Oxide and	794	1396	998	769		3957
Oxygen Ethyl Chloride and	221	677	110	95	147	1250
EtherChloroform	2	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			2 2
Rectal Ether Avertin Sodium Amytal, Nitrous Oxide and	10	34 17			• • • •	34 27
Oxygen Sodium Amytal and	1		• • • •			1
Local Spinal Anæsthesia Caudal	57 	200	6 1	• • • • • • • • • • • • • • • • • • • •		1 263 1
Total	1099	2530	1116	1259	190	6194

W. B. HOWELL, M.D.

SUB-DEPARTMENT OF ORTHOPAEDICS

The Orthopædic Department has shown steady progress. There were 555 new cases in the Outpatient Department, and a total of 3207 consultations. The problem of arthrodesis of the hip joint for tuberculosis is under special observation. The increase in foot disabilities among women, from defective foot-wear, is definite. Measures to meet the disability cases, a sequel of the poliomyelitis epidemic of last year, are being studied.

W. G. TURNER, M.D.

SUB-DEPARTMENT OF DENTISTRY

Reorganization of this Department took place in the spring of 1931, with the addition of three Dental surgeons and three clinical assistants. Since then the work accomplished by the Department has increased steadily. Every patient admitted to the Medical Wards now receives a dental survey, and, where possible, treatment.

565 patients received dental care during 1931.

F. W. SAUNDERS, D.D.S.

The following papers were read and published during 1931, by members of the Dental Department.

BAXTER, HAMILTON

"Further Studies on the Composition in Saliva in the Different Phases of the Secretion."

Amer. Jour. Physiol., Vol. 97, pp. 450-458, 1931.

"Influence of Secretion of Cervical Sympathetic Nerve and Extirpation of the Superior Ganglion on the Composition of Parotid Saliva in the Dog."

Amer. Jour. Physiol., Vol. 97, pp. 668-675, 1931.

MOWRY, D. P.

"Peridontal Aphorisms."

Oral Health, Feb. 1931.

"Importance of the Dental Epithelial Tissues."

Proceedings Eighth Internat. Dental Congress, Paris, Aug. 1931.

OPERATIONS IN THE SURGICAL DEPARTMENT

For the Year Ended December 31st, 1931

Alimentary System	165 3
Cardio-Vascular System	11
Lymphatic System	68
Ductless Glands	61
Muscular System	51
Nervous System	351
Osseous System	58 3
Respiratory System	191
Diseases of the Breast	103
Integumentary System	182
General Injuries	192
Miscellaneous	54
Female Genital Organs	15
Total	3515
Total number of operations for the year ending December,	3475
Increase of	40

In addition to this general statement the figures which follow have been selected from the general records as indicating the work of the Hospital in certain lines of particular interest.

NERVOUS SYSTEM:

Osteoplast	ic craniotomy
Subtempor	ral craniotomy with decompression
u T	" " rhizotomy
Craniotom	y, Exploration
4	Drainage of intraspinal abscess
4	Drainage of intracranial abscess
"	Dening of subdural homotoms
u	Drainage of subdural hæmatoma
C 1	Plastic repair of bone defect
Suboccipit	al craniotomy
Laminecto	my
Ventriculo	graphy, occipital trepanation
Ventricula	r puncture, occipital trepanation
Occipital t	repanation
" L	" Removal of osteoma
u	
Encopholo	" Biopsy
Disceptiato	graphy, lumbar puncture
Plastic rep	air of spina bifida
Periarteria	1 sympathectomy

NERVOUS SYSTEM:—Continued	
Sympathetic ramisection Elevation of depressed skull fracture. Debridement and suturing of wound of scalp. Nerve suture (radial and ulnar). Transplantation of ulnar nerve. Neurectomy Neurolysis. Resection of intercostal nerves. Neurexairesis.	12 22 3 1 1 1 5
Unclassified:	
Drainage of laminectomy wound. Plastic repair of wound. Exploration of scalp wound. Incision and drainage of subaponeurotic abscess (scalp) Puncture of brain cyst. Discission of the peripheral hypogastric plexus. Re-elevation of bone flap Curettement of foreign bodies from outer table of skull. Injection of nerves and paravertebral roots. Spinal fusion.	1 4 5 1 1 1 2 1 9
Total	351
RESPIRATORY SYSTEM:	
Thoracotomy, exploratory. Thoracotomy with open drainage for empyema. Thoracotomy with closed drainage for empyema. Thoracotomy for abscess of chest wall. Rib resection with drainage for Lung abscess. " " " Lung abscess and bronchiectasis " " " T. B. Empyema. " " for contracted thorax. " " for metastatic tumor. Cauterization of lung as stage of cautery pneumectomy. Decortication of lung. Closure of bronchopleural fistula Phrenic exairesis. Thoracoplasty for Pulmonary Tuberculosis. " " " with pyopneumothorax Thoracoscopic exploration. " meumolysis (Jacobaeus operation) Internal pleural pneumolysis. Apicolysis with paraffin filling. Lobectomy, total. (Bronchiectasis—2) (Carcinoma of stem bronchus—1) Drainage of empyema following lobectomy. Wiring aneurysm of arch of aorta.	2 7 23 4 2 5 5 1 1 1 2 2 3 3 3 7 3 3 3 5 6 5 2 1 3 3 1 1
_	187

ALIMENTARY SYSTEM:	
Operations on the stomach	75
Intestines:	
Operations on (a) Small Bowel. (b) Large Bowel. (c) Laparotomy for various conditions	34 76 57
Total Operations for Repair of Hernia (Fascial suture was used in 167)	167 306
Appendix:	
Appendectomy without drainage	545 150 12
Total	707
Liver, Gall Bladder and Bile Ducts:	
Cholecystectomy. Cholecystostomy. Choledochostomy. Cholecystogastrostomy. Cholecystoduodenostomy. Cutting of sphincter of Oddi. Drainage and packing of wound in liver. Incision and drainage of subhepatic abscess.	95 16 15 4 1 1
Total	134
LYMPHATIC SYSTEM:	
Operations for various types of thyroid	58
OSSEOUS SYSTEM:	
AmputationsVarious operations	74 509
Total	583
Fractures:	
Open setting of fractures (bone-plating—14) Closed setting of fractures (Colles' fracture—40; Pott's fracture—19) Suturing of fracture of patella " " clavicle	50 168 7 1
Wiring of fracture of olecranon " " " humerus " " " femur Bone-grafting (non-union fracture)	1 1 1 2
Total	231
DISEASES OF THE BREAST:	
Operations for various conditions	103

DEPARTMENT OF SURGERY

RECORD OF DISEASES

For the Year Ended December, 31st 1931

Specific infections and general	otal :	Died	General injuries, etc.:	Total	Died
diseases	582	21	•	4.0	
Animal parasites	3	21	Abrasions	13	
Metabolism	22	1	Amputations, traumatic	16	
	2	1	Contusions	99	1
Diseases of infancy	24	2	Crush	7	
Physical agents	10	Z	Dislocations	31	
Poisonings, intoxications	10		Displaced cartilage	16	
Tumours:			Foreign body	41	
Benign	114		Fractures		6
			Fractures with dislocations	10	
Malignant:			Gangrene, traumatic	2	
Carcinomatosis	3		Hæmatoma	20	1
Bones	23		Head injuries—fracture,		
Breast	56	2	concussion, etc	125	16
Buccal cavity:			Head injuries—laceration	77	1
•	21	4	scalp, etc	77	1
Carcinoma	21	1	Painful scar	1	
Sarcoma	1		Rupture	38	
Tumour, mixed	3		Separation, traumatic, coronal sutures	1	
Nervous system:			Separation epiphyses	9	
Brain	57	3	Separation symphysis pubis	1	
Spinal cord	18	3		12	
Female generative organs.	2	Ū	Sprains	10	
Male generative organs	4	1		2	
Peritoneum, rectum, in-	•	•	Subluxation		2
testines, etc	71	7	Wounds, gunshot	8	Z
Stomach, liver, etc	58	15	incised	6	
Urinary organs	3		lacerated	144	1
Skin	23		punctured	4	
Regions not elsewhere men-			Special skin diseases	38	
tioned	47	8	Circulatory system	102	. 4
Congenital malformations	47	2	Lymphatic system	36	
-			- -		

	Total	Died	A				Died
Blood	12 61	1	Anus Larynx (
Ductless glands		6	and VI	(See and		1	
Nervous system		3	Trachea a				2
Bones, joints, etc	11	J	Lungs (se				
Eye Ear	7						
Nose and accessory sinuses	4		Pleura an				_
Jaw, teeth, gums			Kidney				
Oesophagus	_		Ureter. Urethra.				
Stomach	55	4	Male gene		organe		
Intestines	786	28	Female gene				
Liver	12	4	Puerperal		_		
Gall-bladder		3	Diseases of				
Pancreas							
Abdomen and Peritoneum	336	9	Anaphyla	xis		1	
Rectum	123		Unclassifi	ed		214	2
Number of Operative Cases I Post Operative Complications Post Operative Infections Post Operative Mortality Aseptic Cases Septic Cases Total Discharges 1931	· · · · ·		10 	52 06 27 25 96	1930 2432 153 13 118 1358 1044	Increase Decrease Increase Increase Decrease	130 47 14 7 338 184 4074
Total Admissions 1931							4061
							13
Number in Hospital first of y							172
Number in Hospital end of ye	ear 1	931	• • • • •			•	159
•							13
Total number of Patients cur	ed.					•	1673
Total number of Patients imp	orove	d				• • . •	1682
Total number of Patients not	imp	roved.				• / : . •	106
Total number of Patients not	-						429
Total number of Patients die	u,	• • • •		• • • • •	• • • • • • •		171

REPORT OF THE DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

For the Year Ended December 31st, 1931.

To the BOARD OF GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:—

The work of the departments of Obstetrics and Gynæcology for the year ending December 31st, 1931, both in the indoor and outdoor services, continues to show a definite growth and development.

The Maternal and Infantile Mortality rate is particularly low and is the more striking when viewed in the light of the emergent character of many of the admissions.

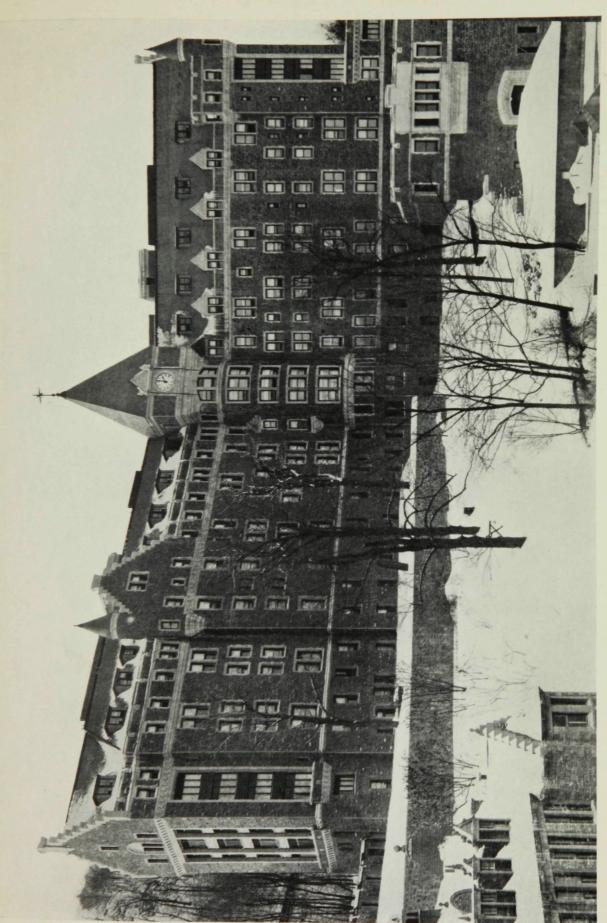
A special Cancer report is appended and will demonstrate the value of a well organized Cancer Clinic.

During the year the great increase in the Obstetric Department, especially the work of the externe service through the agency of our six ante-natal stations and dispensary, is ample assurance of the important part this hospital is playing in the life of the community.

Respectfully submitted,

JOHN FRASER,

Obstetrician and Gynæcologist-in-Chief.



ROYAL VICTORIA—MONTREAL MATERNITY PAVILION

REPORT OF THE RADIUM CLINIC

For the Year Ended December 31st, 1931

Cancer Cervix Uteri	
Total Admissions	74
Treated with Radium	38 28 3 28 8
Cancer Corpus Uteri	
Total Admissions	5
Treated with Radium and Hysterectomy Treated by Hysterectomy	1 5 1
Carcinoma of Vulva	
Total Admissions	4
Treated with Radium and Surgery Treated with Electric Coagulation Treated with Electric Cautery.	4 1 2 1 3
Sarcoma Vaginal Polyp	
Total Admissions	1
Removal of Polyp	1 1 1
Sarcoma Corpus Uteri	
Total Admissions	2
New Patients. Treated with Radium. Hysterectomy.	2 1 1 2

Neurocytoma	
Total Admissions	1
Treated by Hysterectomy	1 1
Sarcoma Retroperitoneal	
Total Admissions)
New Patients	
Sarcoma Ovary	
Total Admissions 1	
New Patients	
Carcinoma Ovary	
Total Admissions 8	
New Patients6Treated with Radium (Metastases glands of neck)1Hysterectomy1Salpingo-oophorectomy1Exploratory Laparotomy2Exploratory Laparotomy and X-ray1Living at end of Year2	
Carcinoma of Cervix Uteri treated with Radium since 1926	
Treated Living 1926 15 3 1927 45 10 1928 21 3 1929 26 11 1930 27 12	
Radium Treatments for Diseases Other than Carcinoma	
Total number of treatments	
Total number of new patients115Endocrine Dystrophy75Fibromyoma Uteri19Fibrosis Uteri1Endometrial Polyp2	

Radium Treatments for Diseases Other than Carcinoma—Continued	
Cervical Polyp Chronic Metritis Chronic Endometrics Chronic Endocervicitis Chronic Cervicitis	0 1 3 2 6
Total number of follow-up visits	484
Note:—The totals in this section are not the same as in the General Report, a section deals with new cases admitted during the year 1931, while General Report deals with the cases discharged after complete treat during the year.	e the
REPORT OF CASES OF METRORRHAGIA AND METRORRHA TREATED WITH RADIUM 1929	.GIA
Number of cases treated. Number of inquiries sent out. Number of replies received. Failed to reply.	96 112 76 20
Replies—Menstruation ceased. Menstruation still present. Improved in general health. Not improved. Suffering from symptoms complained of before operation Relieved of above. New complaints. Operations since Radium treatment. Re-radiated. Died.	62 10 55 11 13 52 27 2 1
1930	
Number of cases treated. Number of inquiries sent out. Number of replies received. Failed to reply.	108 228 96 12
Replies—Menstruation ceased Menstruation still present Improved in general health Not improved Suffering from symptoms complained of before operation Relieved of above New complaints Operations since Radium treatment Re-radiated Treated with X-ray Therapy (U.S.A.)	84 12 83 13 17 69 34 2

TOTAL NUMBER OF CASES OF CARCINOMA OF THE CERVIX TREATED WITH RADIUM, AUGUST 1926, TO DECEMBER 1931

A++	נו	
7	•	
		•

	%	20		:	:	:	_:
	5 %	3	•	•	•		_:
	%	26.6	22.2			:	
	4 yr.	4	10	•	•	•	:
	%	26.6	26.6	6 28.5	:	:	
	3 yr.	4	12	9			:
	1.5 $\%$ $\frac{2}{\text{yr}}$ $\%$ $\frac{3}{\text{yr}}$ $\%$ $\frac{4}{\text{yr}}$ $\%$	5 33.3 4 26.6 4 26.6 4 26.6 3	17 37.7 13 28.8 12 26.6 10 22.2	85.2 14 66.6 12 57.1 9 42.8 6 28.5	50	•	:
	2 yr.	4	13	9	13		:
	%	33.3	37.7	42.8	14 53.6 13		:
	1.5 yr.	N	17	6	14	•	:
0	$\frac{1}{\text{yr.}}$ %	40	57.7	57.1	69.2	9.99	
	yr.	9	26	12	18	18	:
	%	66.6 7 46.6 6 40	84.4 33 72.2 26 57.7	9.99	76.9 19 73.07 18 69.2	19 70.3 18 66.6	:
	34 yr.	1	33	14	19	19	:
	% 34 yr.	9.99	84.4	85.2	6.94	85.1	:
	1/2 yr.	10	38	18	20	23	:
	Cases	15	45	21	26	27	36
	Year	1926	1927	1928.	1929.	1930	1931

TOTAL NUMBER OF CASES OF CARCINOMA CORPUS UTERI TREATED WITH RADIUM, AUGUST 1926, TO DECEMBER 1931

	INI	IKEAIED		ים ע	OIGU	4,1,	WITH KADIOM, ACGUST 1726, TO DECEMBER 1701	77.	7 '6	7			1				
Year	Cases $\frac{1/2}{\text{yr.}}$	1/2 yr.	0/0	34 yr.	, O /	1 yr.	%	1.5 yr.	0/0	2 yr.	6,0	3 yr.	0,5	4 yr.	0 /2	5 yr.	%
1926.	—	-	100	-	100	-	100	-	100	-	100	-	100	10	100	-	100
1927	2	.2	100	2	100	2	100	2	100	2	100	2	100	2	100	:	
1928	2	2	100	2	100	7	100	₩	20	-	20	-	50	:	•		
1929	S	S	100	4	80	4	80	3	09					•		:	:
1930.	10	6	06	6	6	∞	80	•	•								
1931	6	:		:	:	:	:					_:		_:		:	

TOTAL NUMBER OF CASES OF SARCOMA CERVIX UTERI TREATED WITH RADIUM, AUGUST 1926, TO DECEMBER 1931

TABLE WITH MADION, ACCOST 1720, 10 DECEMBEN 1731				(
Year	Cases	1/2 yr.	%	34 yr	%	1 yr.	%	1.5 yr.	%	2 yr.	%	3 yr.	%	4 yr.	%
1926.	•	:		:	٠	:	:	:	:	•	:		:	:	:
1927	-		100		100	-	100	-	100	-	100	1	100	1	100
	:	:	:	:	,	:	:	:	:	•		:	:	:	•
1929	:	:	:		•		•	•	:	:	:	:	:	:	:
1930.	:	:	:	9	:	:	•		•	•	:	:	:		•
1931	:	:	:				:	:	:	:	:	:	:	:	:
TOTAL NU TREATED W	TOTAL NUMBER OF CASES OF SARCOMA CORPUS UTERI REATED WITH RADIUM, AUGUST 1926, TO DECEMBER 193	MBEI	RADI	CASE UM, A	S OF	MBER OF CASES OF SARCOMA CORPUS UTERI ITH RADIUM, AUGUST 1926, TO DECEMBER 1931	COMA 126, T	COF O DE	RPUS	UTEI	81 931				. 17
Year	Cases	1/2 yr.	0%	34 yr.	%	yr.	%	1.5 yr.	0/5	2 yr.	%	3 yr.			
1926	:	:	•		:		:	:	:	•		:			
1927	:	•	:	•	•		,	:							
1928	-		100		100	-	100		100	-	100	0			
1929.	:	:	•		•	•	•	:	•		:	•			
1930	:		•	•	:	:	:	:	•	•	:	:			
1931	1	-	100	-	100	:	- - -	_:	_: :		_: :	:			

BLOOD TRANSFUSIONS

During the year 1931, 172 Blood Transfusions were performed, divided as follows:—

- 80 Gynæcological patients.
- 48 Obstetrical patients.
- 12 Babies.

This represents an increase of 21 over the preceding year. It is gratifying to note that whereas in 1930 it was necessary to call upon the Emergency Transfusion Fund in 32 cases, this year the number of transfusions paid for out of the fund was 17.

The most noteworthy feature to be reported was the further development of the use of transfusions in cases of acute Sepsis. The previous policy of repeated small transfusions was continued with very encouraging results and three cases in particular who received respectively 4.6 and 8 small transfusions at frequent intervals, strengthen our belief that the use of whole blood represents an advance in our treatment of this very serious condition.

OBSTETRICAL REPORT

For the Year Ended December 31st, 1931

ROYAL VICTORIA MONTREAL MATERNITY

Obstetrical patients remaining in Hospital January 1st, 1931	78
Obstetrical patients admitted to Hospital January 1st, 1931, to January 1st, 1932	2564 ——— 2742
Obstetrical patients remaining in Hospital January 1st, 1932 Obstetrical patients treated to conclusion	89 2653 —— 2742
GENERAL RESULTS	
Patients confined and discharged well 2426 Patients treated, but not confined 193 Patients treated post-partum 19 Patients treated and transferred 9 Patients died 6 Patients remaining in Hospital 89	2742
Confinements in Hospital	2907
PATIENTS TRANSFERRED TO OTHER SERVICE	S 9
No. Para Service	Result
To Gynæcology—Complete abortion 12114 II. "Neurology—Acute meningitis. 13808 I. "Cardiology—Cardiac disease. 13135 II. "Gynæcology—Infected abortion. 13685 IX. "Gynæcology—Incomplete abortion. 13748 I. "Gynæcology—Complete abortion. 13531 II. "Ward "B"—Pulmonary T.B.C. 13786 II. "Alexandra Hospital—Scarlet fever. 13020 I. "Ward "B"—Pulmonary T.B.C.	Died Died Improved Cured Improved

	BAB	SIES '	TRA	NSFERRED TO OTHER SERV	ICES	7
10962a 11590a 13170 13630 13698 13020 13053	" 5	Surger	y for "N" " " "	for Whooping Cough		. Died . Cured . Died . Cured . Cured
Number of l	Febril	le Cas				504
	Pely " Pye Ma	vic Ce Th Pe elitis (stitis.	ellulit rom ritor Post	æmia. tis bo Phlebitis partum) asts	124 258 12 7 3 20 29 24 24	

A single rise in temperature to 100.6 (after the first 24 hours till discharge classes the case as morbid). Of the 2653 patients treated during the year, there were confined and carried over from the previous year 78.

504

Number of morbid cases		5 04
Percentage from all causes	 	20.4%

MATERNAL MORTALITY

12011 Cerebral Hæmorrhage.

Family doctor found patient in an apparent convulsion, and she was referred to hospital. On admission she was found to be in a comatose state, blood pressure normal, and no paralysis or any signs of increased intra-cranial pressure. Six hours after admission the patient became very restless, markedly cyanosed and the breathing very labored. In spite of artificial respiration she died shortly afterwards. A postmortem Cæsarean was done and a live baby obtained. The autopsy showed sub-arachnoid hæmorrhage due to a ruptured aneurysm of right middle cerebral artery.

Diagnosis: Cerebral Hæmorrhage.

11819 Eclampsia.

Patient had been treated for a mild toxæmia. When labour started the toxæmia became more pronounced and she developed a definite bronzing of the skin. She was delivered of twins, but afterwards her condition became steadily more alarming. Seven hours later she became comatosed and the pulse very rapid with a corresponding fall in blood pressure. She died eighteen hours post-partum. Autopsy showed acute yellow atrophy of liver.

Both twins died following delivery.

Diagnosis: Eclampsia.

13191 Eclampsia.

No pre-natal care and admitted to hospital unconscious. No feetal heart was heard. Twelve hours later labour commenced, but, due to the toxemia, the pains were irregular and of poor quality. After 24 hours of labour it was thought advisable to deliver the patient because cyanosis had become more marked, and the pulse very rapid and thready. A craniotomy was performed and there was a slight temporary improvement. Seven hours post partum she developed all the signs of cardiac failure and died shortly afterwards.

Diagnosis: Eclampsia.

11722 Bilateral Broncho Pneumonia.

Patient admitted with a severe bronchitis and congestion in the base of both lungs. Labour was shortened and only gas and oxygen anæsthesia was used. There were definite signs of a bilateral broncho pneumonia at the time of delivery. Serum was given but with no apparent good effect. She died six days post partum. Baby discharged well.

Diagnosis: Broncho-pneumonia followed by labour.

11850 Purulent Peritonitis.

Patient was apparently normal during a stay of ten days in hospital prior to operation. A cæsarean Section was indicated on account of a markedly contracted pelvis. Twenty-four hours post-operative she developed a fever and rapid pulse. Signs of general peritonitis developed and a blood transfusion was given. She died on the fifth day. Baby discharged well.

Diagnosis: Sepsis following Classical Cæsarean Section.

12396 Syphilitic Myocarditis.

Patient, a para XI, with a bad medical history. Had a therapeutic abortion for heart condition one year previous. First seen by doctor when five months pregnant. When seven months pregnant she was admitted to hospital showing signs of decompensation. Two days later she developed labour pains, and was delivered in two hours. Six hours following delivery she became cyanotic and dyspnoeic and died shortly afterwards. Baby discharged well.

Diagnosis: Cardiac Decompensation—Syphilis.

INFANTILE MORTALITY		
FOETAL DEATHS Full-term born dead Full-term died Premature children born dead Premature children died Non-viable	36 16 36 29 21	138
Full-term born dead:		
Cord presentation Cord about neck Placenta prævia Monstrosities Maternal chronic nephritis Intra-uterine asphyxia Forceps Breech extraction Version and extraction Accidental hæmorrhage Craniotomy Spontaneous with intra-cranial hæmorrhage Impacted shoulder Cause obscure	2 1 1 4 2 2 10 2 2 3 3 1 1 2	
T. 11	3 6	
Full-term, dying after delivery: Intra-cranial injuries Maternal eclampsia Maternal chronic nephritis Congenital heart disease Icterus Atelectasis Infections Spina bifida Cyst of thymus Monstrosity	2 2 1 1 1 5 1 1 1	
	16	
Premature born dead: Maternal pre-eclampsia Maternal eclampsia Placental infarcation Monstrosities Accidental hæmorrhage Cause obscure Intra-uterine asphyxia Congenital umbilical hernia Placenta prævia Prolapsed arm Congenital lues Tentorial tear Version	7 2 3 6 2 6 2 1 3 1 1 1	
	3 6	

INFANTILE MORTALITY:—Continued

Premature dying after delivery:

Maternal pre-eclampsia	9
" chronic nephritis	1
" eclampsia	1
" meningitis	1
" carcinoma	1
Atelectasis	2
Infections.	4
Monstrosity	1
Prematurity.	3
Twins	3
Purpura hæmorrhagica	1
Breech	1
Cæsarean trauma	1
	
	29
TOTAL	117
Von-viable	21

OBSTETRICAL OPERATIONS

LOW FORCEPS		262
Elective Fœtal distress. Maternal distress. Pelvic contraction. Perineal delay. Transverse arrest. Uterine inertia. Impaction of hydrocephalic head. Eclampsia	169 52 24 3 8 3 1 1	
MID FORCEPS		151
Elective (Posterior positions) Fœtal distress Maternal distress Uterine inertia Pelvic contraction Transverse arrest Eclampsia Prolapsed cord Demonstration purposes	31 28 32 41 1 4 11 1 1	

HIGH FORCEPS		12
Elective (Posterior positions) Maternal distress Fœtal distress Pelvic contraction Prolapsed cord	2 3 2 4 1	,
CÆSAREAN SECTION (Without Sterilization)		28
Pelvic contraction. Previous Cæsarean for placenta prævia. Pre-eclampsia. Exploratory laparotomy. Placenta prævia. Chronic nephritis. Cicatrical contraction of vagina.	19 1 3 1 2 1 1	
CÆSAREAN SECTION (With Sterilization)		22
Previous Cæsarean " " (for toxæmia) " " (2 still births). " " (pelvic contraction) Pelvic contraction. Chronic nephritis. Placenta prævia Pre-eclampsia.	1 1 1 6 4 5 1	
CÆSAREAN SECTION (Porro)		6
Carcinoma of cervix Placenta prævia Stenosis of cervix (Twins) Fibromyoma	1 3 1 1	
POST-MORTEM SECTION		1
Sudden death of mother	1	
HYSTERECTOMY		1
Fibromyoma obstructing delivery of placenta	1	

INDUCTION OF LABOUR (Hydrostatic Bag	3)	52
Pelvic contraction Pre-eclampsia Eclampsia Placenta prævia Chronic nephritis Ante partum hæmorrhage Cardiac disease Over-term Prolapsed cord Brow presentation Large baby	13 20 2 4 5 1 1 2 2 1	
INDUCTION BOUGIE		10
Pelvic contraction Pre-eclampsia Cardiac disease Elective (Over-term) Not confined (Ineffectual)	3 2 3 1 1	
VERSION AND EXTRACTION		24
Transverse presentation Prolapsed cord Prolapsed hand Prolapsed arm Abnormality (death in utero Brow presentation Face presentation Twins Elective	7 5 1 2 1 1 1 5	
BRAXTON HICKS VERSION		2
Placenta prævia	2	
CRANIOTOMY		3
Pelvic contraction	2 1	
EMBRYOTOMY		1
Hydrocephalic (death in utero)	1	

BREECH PRESENTATION		104
Breech extraction	99 2 3	
MANUAL REMOVAL OF PLACENTA		12
Adherent placenta	3 9	
COMPLETE TEARS		16
Low forceps	2 4 4 5 1	
		
COMPLICATIONS OF PREGNAN	CY	
CARDIAC CONDITIONS		14
SPONTANEOUS DELIVERIES		10
RESULTS:		
Mothers died	0 3	
Nos. 11288, 11573, 12037, 11869, 11644, 13607, 12667, 13105,	, 13325, 1	33467.
LOW AND MID FORCEPS		1
Results:		
Mother well. Child well.		
No. 11061.		
BAG INDUCTION		3
RESULTS:		
Mothers died	0 1	
Nos. 11976, 11644, 12808.		

TOXÆMIA OF PREGNANCY:
Pre-eclampsia 14
SPONTANEOUS DELIVERIES
Results:
Mothers died
Nos. 11213, 11417, 11418, 11235, 11677, 11671, 11659, 11783, 11891, 11927 11973, 12086, 12167, 12355, 12395, 12388, 12484, 12240, 12630, 12600, 12666 12655, 12658, 12695, 12746, 12811, 12921, 12876, 13076, 13254, 12909, 13324, 13250, 13351, 13343, 13402, 13459, 13207, 13462, 13548, 13587, 13517, 11824, 13665, 11329, 13669, 13679, 13723.
LOW AND MID FORCEPS
Results:
Mothers died
Nos. 11254, 11460, 11434, 11750, 11879, 11830, 12102, 12171, 12526, 12452, 12610, 12885, 12993, 13075, 13247, 13368, 13354, 13085, 13617, 13228, 13613, 13583.
BAG AND BOUGIE INDUCTION 20
Results:
Mothers died
Children died
Nos. 11313, 11450, 11488, 11474, 11631, 11564, 11729, 11977, 12148, 12422, 12736, 12758, 13056, 13160, 13667, 13543, 11474, 13618, 13653, 13155.
CÆSAREAN SECTION8
RESULTS:
Mothers died
Nos. 11166, 11662, 12216, 12139, 12329, 13168, 13626, 11515.
Eclampsia:
BREECH EXTRACTION
Results:
Mothers died 0 Children died 1
Nos. 11165, 11609, 11648, 11942, 12843, 13479.

TOXÆMIA OF PREGNANCY—Continued VERSION AND EXTRACTION.... 1 RESULTS: No. 11092. MEDICAL INDUCTION...... 10 RESULTS: 0 Nos. 11163, 11462, 12303, 12397, 12671, 12800, 12954, 13107, 13383, 13738. NOT CONFINED..... 31 RESULTS: Mothers died... Nos. 11230, 11246, 11430, 11493, 11505, 11803, 11767, 11881, 11876, 13273, 12554, 12512, 12978, 13022, 13027, 13100, 13103, 12721, 12807, 13003, 13252, 13353, 13399, 13634, 1358, 13751, 11768, 12979, 13662, 13340, 13002. CONFINED AT HOME.... 2 RESULTS: Nos. 12758, 11254. MISSED ABORTION.... RESULT: Mother well. No. 13685. Eclampsia... 18 SPONTANEOUS DELIVERIES..... RESULTS: Mothers died...... Children died..... Nos. 11202, 12639, 12934. LOW AND MID FORCEPS..... [6 RESULTS: Mothers died..... Children died.....

Nos. 11596, 11640, 11894, 13549, 13708, 12735.

Eclampsia:	
INDUCTION BAG	
RESULTS: Mother well. Child well.	
No. 11314.	
BREECH EXTRACTION	
RESULTS: Mother died. Twins died.	
No. 11819.	
MEDICAL INDUCTION	
RESULTS: Mother well. Child well.	
No. 13738.	
CRANIOTOMY	
RESULTS: Mother died.	
Child died. No. 13191.	
ADMITTED POST PARTUM	
RESULTS:	• • • : > • • • • •
Mothers died	0 0
Nos. 11126, 11167, 11754, 11841, 11489.	
IRONIC NEPHRITIS	
SPONTANEOUS DELIVERIES	
RESULTS:	
Mothers died	0 1
Nos. 11551, 12045, 12388.	
LOW FORCEPS	• • • • • • • • • •
RESULTS:	
Mother well.	
Child died. No. 12319.	
No. 12319.	

TOXÆMIA OF PREGNANCY—Continued	
Chronic Nephritis—Continued	
CÆSAREAN SECTION RESULTS: Mothers died	5
BREECH EXTRACTION RESULTS: Mother well. Child well. No. 11648.	1
INDUCTION BAG RESULTS:	5
NOT CONFINED	4
PYELITIS	15
SPONTANEOUS DELIVERIES RESULTS: Mothers died 0 Children died 0	4
Nos. 12837, 12915, 13231, 11781. HIGH AND MID FORCEPS	3
CÆSAREAN SECTION	1
NOT CONFINED	7

DEPARTMENT OF OBSTETRICS AND GYNÆCOLOG	Y 117
PLACENTA PRÆVIA SPONTANEOUS DELIVERIES	
RESULTS: Mothers died	
BREECH EXTRACTION RESULTS: Mothers died 0 Children died 2 Nos. 11541, 13217.	2
INDUCTION BAG	3
MID FORCEPS	. 2
CÆSAREAN SECTION RESULTS:	5
PREMATURE SEPARATION OF PLACENTA	. 11
SPONTANEOUS DELIVERIES RESULTS: Mothers died 0 Children died 5	. 7
Nos. 11416, 12388, 12524, 13691, 11565, 12306, 12914. LOW FORCEPS RESULTS: Mother well. Child dead born. No. 12322.	. 1
BREECH EXTRACTION RESULTS: Mother well. Child died. No. 13242.	. 1
NOT CONFINED	. 2

118 DEPARTMENT OF OBSTETRICS AND GYNÆCOLOGY

RETRO-PLACENTAL HÆMORRHAGE	6
SPONTANEOUS DELIVERIES	2
Mothers died	
Nos. 11987, 13430.	
VERSION AND EXTRACTION	1
Results:	
Mother well.	
Child died. No. 11956.	
No. 11950.	
NOT CONFINED	3
Results:	
Mothers improved.	
Nos. 11153, 11956, 13163.	
POST PARTUM HÆMORRHAGE	25
SPONTANEOUS DELIVERIES	19
RESULTS:	
Mothers died0	
Children died	10406
12387, 12413, 12582, 12760, 12732, 12904, 12998, 12924, 13468.	12400,
HIGH AND LOW FORCEPS	4
RESULTS:	
Mothers died	
Nos. 11145, 12319, 12702, 12952.	
BREECH EXTRACTION	1
RESULTS:	
Mother well. Child died.	
No. 11420.	
DELIVERED AT HOME	1
Results:	-
Mother well.	
Child well.	
No. 12381.	

DEPARTMENT OF OBSTETRICS AND GYNÆCOLOGY	119
TUBERCULOSIS	8
SPONTANEOUS DELIVERIES.	5
RESULTS:	
Mothers died	
Nos. 11158, 12562, 12854, 13531, 13020.	
LOW AND MID FORCEPS.	2
Results:	
Mothers died 0 Children died 0	
Nos. 11296, 11479.	
BREECH EXTRACTION	1
RESULTS:	
Mother well (Healed T.B.C.). Child dead-born.	
No. 11522.	
SYPHILIS	11
SPONTANEOUS DELIVERIES.	9
RESULTS:	
Mothers died	
Children died (Dead-born)	
1005. 11143, 11304, 11721, 11900, 12390, 13132, 13439, 13471, 13400.	
MEDICAL INDUCTION	1
Results:	-
Mother well.	
Child died. No. 12105.	
140. 12100.	
BREECH EXTRACTION	1
Results:	•
Mother well.	
Child dead-born. No. 11420.	
110. 11420.	
NEISSER INFECTION	6
SPONTANEOUS DELIVERIES.	4
Results:	•
Mothers died	
Nos. 12150, 11142, 12294, 13049.	

120 DEPARTMENT OF OBSTETRICS AND GYNÆCOLOGY

NEISSER INFECTION—Continued		
NOT CONFINED		1
Results:		
Improved.		
No. 11935.		
ADMITTED POST-PARTUM		1
RESULTS:		
Improved.		
No. 13235.		
HYDRAMNIOS	9)
SPONTANEOUS DELIVERIES		5
RESULTS:		
Mothers died		
Nos. 11420, 12104, 12853, 12859, 13104, 13600.		
BREECH EXTRACTION		;
Results:		
Mothers died	0 1	
Nos. 13224, 13683.		
MEDICAL INDUCTION	1	
RESULTS:		
Mother well. Child well.		
No. 11116.		
CLASSIFICATION OF PELVIS	2461	
Normal Not measured Rachitic, flat Generally contracted Funnel	1358 989 77 32 5 ——— 2461	

OUT-DOOR DEPARTMENT—OBSTETRICS

Number of applications for treatment (at Hospital)	133
Number of applications for treatment (at Sub-stations)	843
Number of Ante Partum visits to Hospital Clinic	3386
Number of Ante Partum visits to Sub-station clinics	3807
Number of cases delivered	446
Number of viable babies born	442
Twins	1
Dead born (Macerated)	2
Died Post-partum	4
Abortion	1
Maternal mortality	0
Number of Post-partum visits paid by Doctors	2230
Number of Post-partum visits paid by Nurses	5699
Number of Post-partum visits paid by patients	633
Number of patients transferred to Victorian Order for post- partum care.	64

INFANTILE MORTALITY

No.	1615	Abortion $(5\frac{1}{2} \text{ months})$.
No.	1601	Prematurity.
No.	1721	Prematurity.
No.	1667	Still-born (Tight coil of cord around neck)
No.	1663)	, , , , , , , , , , , , , , , , , , ,
No.	1976	Dead-born macerated.
		Intra-cranial hæmorrhage (Trauma).
		Congenital heart disease

GYNÆCOLOGICAL REPORT

For the Year Ended December 31st, 1931

URET	HRA:						
						6 5	
VULV	A:						
	Leukopl Vulvar Barthol Barthol Condylo Hæmato Herpes- Krauros	lakia V Cyst inian A inian C omata oma Le —Labia is Vulv	ulva Absces Yst. Accur eft La llis V	ss minata abium Majus ulvæ	(post-operative)	1 1 2 13 9 1 1 2 1 2	
VAGI	NA:						
SACR	Foreign Recto-V Vaginiti Chronic Vaginiti Ulcerati	Body 'aginal s—(Tr Vagin s Senil on of V ured H	in Va Fistuichor itis e Vagin ymen	agina ula nonas Vagina al Wall	ılis)	3 3 6 1 9 2 5	
	otal		IXI VI.				148
11		1	• •				140
	Sacro P	udic H	ernia "	Complete	Cystocoele, Rectocoele	13 105	
	u	"	"	incomplete,	Retroversion	25	
	u	"	"	"	Prolapsus Uteri, Partial.	31	
	4	"	"	"	Cystocoele	7	
	"	"	u	"	Rectocoele	14	
	"	u	"	"	Relaxed Vaginal Orifice	1	
	u	"	"	"	Chronic Cervicitis	33	
	"	"	"	"	Chronic Paracervicitis	1	
	"	"	"	u	Laceration Cervix	$ar{f 4}$	
	"	u	"	"	Perineal Lacerations	$1\overline{1}$	
	"	u	"	Complete Po	erineal Laceration	14	
UTER	us:						
	Placenta	ıl Polv	р			6	
	Retrove	rsion, I	ixed		• • • • • • • • • • • • • • • • • • • •	7	
	Retrove	rsion, l	Mobil	le	•••••	24	

UTERUS:—Continued	
Infections:	
Endometritis, Acute Endometritis, Chronic Endometritis, Tuberculous	1 1 1
Traumatism:	
Perforation of Uterus—Traumatic Perforation Lower Uterine Segment	1 1
Neoplasms:	
Fibromyoma Uteri Fibromyoma Uteri with Hard Polyp Fibroid Broad Ligament Malignancy—(See Special Sheet).	128 2 1
Pyometra	2
Subinvolution	2
CERVIX:	
Papilloma of Cervix Cervical Polyp, Fibrous Laceration of Cervix Cervicitis Chronic Cervicitis Acute Paracervicitis Chronic Hypertrophy of Cervix, Congenital	1 10 72 123 1 16 1
TUBES:	
Endometriosis	3
Infections: (See Special Sheet).	ŭ
OVARIES:	
Ovarian Abscess	1 4 5
Cysts:	
Ovarian Cystoma, Simple. Ovarian Cystoma, Compound. Follicle Cysts of Ovary. Corpus Luteum Cyst Ovary. Simple Papilliferous Cystoma of Ovary. Cystoma Ovarii, Compound, Papilliferous Teratoma Ovarii, Thyroid Tissue in Ovary. Dermoid Cyst of Ovary. Cystoma with Twisted Pedicle. Parovarian Cyst.	21 8 9 1 1 1 5 2

OVARIES:—Continued	
Endometriosis:	
Total	5
PERITONEUM:	
Chronic Peritonitis1Appendicular Adhesions1Retroperitoneal Cyst1	
PREGNANCY:	251
Abortions—Complete 51 Incomplete 134 Inevitable 13 Missed 6 Threatened 25 Therapeutic 23 (by D. & E 14) (by Bag Induction 8) (by Uterine Packing 1)	
Infected	
Thrombo Phlebitis	
Endometritis Acute 2 Pregnancy Uterine	257
ENDOCRINE DYSTROPHY:	
Total	234
Amenorrhœa 12 Dysmenorrhœa 20 Myopathia Hæmorrhagica 108 Hermaphroditism, Pseudo Masculine External 2 Dyspareunia 2 Menopause 5 Genital Infantilism 11	

ENDOCRINE DYSTROPH	HY:—Continued	
Polyp Cervical, Gland Polyp Cervical, Uncla Endometrial Hyperplatendometrial Polyp Cervical Erosion Fibrosis Uteri Goitre Hyperplastic Hypothyroidism Hyperthyroidism Obesity Senile Vaginitis Sterility	Tract dular dussified dusia du	1 22 2 10 17 47 22 2 2 6 2 2 31
NEISSER AND SYPHILIS	5:	
Neisser Acute		7
	rethritis	5
	elvic Peritonitis	1
	artholinian Abscess	1
	artholinitis Acuteulvo-Vaginitis Acute	3 12
	hronic Vulvo-Vaginitis	2
" " " R	ilateral Salpingitis	1
" " " C	ervicitis Acute	3
" Subacute with	Bilateral Salpingitis	ĭ
" Chronic		20
" " with	Sub-acute Salpingo-oophoritis	1
u u u	Left Salpingo-Oophoritis	1
u u u	Vulvo-Vaginitis	1
u ii u	Chronic Vulvitis	2
u u u	Chronic Cervicitis.	4
u u u	Paracervicitis	3
u u u	Parametritis Metritis	6 2
u u u	Tubo-Ovarian Abscess	1
u u u	Chronic Salpingo-Oophoritis	7
u u u	Pelvic Abscess	i
SYPHILIS	•••••	4
CHRONIC PELVIC INFE		
Total	• · · · · · · · · · · · · · · · · · · ·	193
" " " " "	ion, Chronic Cervicitis Chronic Cervicitis and Laceration	37 2
u u u	Chronic Paracervicitis and Laceration	16
u u u	Chronic Pelvic Peritonitis	2
u u u	Chronic Bartholinitis	1
u u u	Chronic Salpingitis	5
4 4 ú	Acute Salpingitis	5
u u u	Salpingo-Òophoritis Chronic Oophoritis	71
 "	Chronic Cophoritis	3

CHRON	IC P	ELVIC	INFECT	TION:—Continued	
Si A	" " " " " ubacut cute P cute P " " " " "	" " " " " e Pelvi	" " " " " c Inflamn	Hydrosalpinx	14 6 1 3 7 8 75 12 1 6 4 1 . 18 3 3 4 2 5 5 1 1 3 3 3 4 2 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TUBER	CULO	US:			
Sa B	alpingi ilatera	tis I Salpir	 1go-Oopho	noritis	6 2
MISCEI					
Of t	hese th	ne follo	wing were	re pulmonary, post-operative complication	ıs.
Tota	al				5
Po Po	ost Par ost-Op	rtum B erative	roncho-Pr Broncho-	aPneumoniao-Pneumonia	2 1 1

GYNÆCOLOGICAL OPERATIONS

Total		932
VULVA:		
Excision Angioma Vulvæ Excision Condylomata Excision Carcinoma Vulvæ Electro-Coagulation of Carcinoma Excision Leucoplakic Area of Vulvæ Excision Vulvar Cyst Incision Bartholinian Abscess Excision Bartholinian Cyst Excision Bartholinian Abscess Dilatation of Hymen Incision of Hymen Evacuation Hæmatoma Left Labium Majus Repair of Sphincter Ani Excision Urethral Caruncle Cauterization Urethral Caruncle Dilatation of Vaginal Orifice Dilatation of Urethra	1 1 2 1 1 2 3 12 11 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1	
VAGINA:		
Excision Rectovaginal Fistula Excision Vaginal Cyst Posterior Colpotomy Removal Foreign Body from Vagina Removal Granulation Tissue from Vaginal Wall Secondary Suture Vaginal Wall Removal Hymeneal Septum Biopsy Vaginal Ulcer	1 2 12 2 1 1 1 1	
CERVIX:		
Operations Cervix Amputation Cervix Cauterization Cervix Emmett's Repair Cervix Schroeder's Repair Cervix Removal Cervical Polyp Excision of Cervical Papilloma Biopsy Cervix Removal Endometrial Polyp Dilatation and Exploration Anterior Vaginal Hysterotomy Posterior Vaginal Hysterotomy	86 29 47 5 3 27 1 9 2 655	
UTERUS:		
Removal Placental Tissue Therapeutic Abortion. (by Bag Induction	95 23	

UTERUS:—Continued	
Myomectomy Reposition of Uterus Drainage of Pyometra	6 2 1
APPLICATION OF RADIUM:	
Total	173
Radium was applied in the following conditions:—	
Endocrine Dystrophy—Myopathia Hæmorrhagica Fibromyoma Uteri Carcinoma Cervicis Uteri Carcinoma Cervix and Vagina Adeno-Carcinoma Corporis Uteri Endometritis Chronic Erosion of Cervix Polyp Cervical Glandular Endometrial Polyp Carcinoma Retroperitoneal Chronic Cervicitis Fibrosis Uteri Placental Polyp Sarcoma Uteri	77 17 53 1 12 2 1 6 2 1 8 1 2
COELIOTOMY:	
Total. Hysterectomy	
Indication in:—	
Adeno-Carcinoma Fundus Uteri	75 5 12 3 2 3 3 1 1 17 1 1 1 2 1 1

SALPINGO-OOPHORECTOMY:		
Total		118
Total. Fibromyoma Uteri. Fibromyoma Ovarii Ectopic Gestation. Neisser Chronic. Hydrosalpinx. Cystoma Ovarii. Cystoma Ovarii, Simple, Papilliferous. Follicle Cysts of Ovary. Tubo-Ovarian Abscess. Dermoid Cyst Ovary. Sarcoma of Uterus. Carcinoma Ovarii, Primary. Carcinoma Cervicis Uteri (after Radium). Adeno-Carcinoma Fundus. Polyp of Uterus. Chronic Pelvic Infection. Tuberculous Salpingitis. Endometriosis. Endocrine Dystrophy. Fibroid Broad Ligament.	28 4 9 1 2 25 1 4 1 1 1 1 1 26 2 4 2 1	118
SALPINGECTOMY:		
Total.		43
Salpingitis Pregnancy Ectopic Ovarian Cystoma Right Fibromyoma Uteri Salpingo-Oophoritis Salpingitis Tubo-Ovarian Abscess Pyosalpinx Cervicitis Chronic Ovarian Cyst Carcinoma Corporis Uteri	7 16 1 6 4 8 1 1 1 1	
OOPHORECTOMY:		
Total		24
Fibromyoma Ovarii Cystoma Ovarii Dermoid Cyst Ovary Parovarian Cyst Corpus Luteum Cyst Ovary Teratoma Ovarii (Thyroid tissue in ovary) Pregnancy Ectopic Chronic Pelvic Infection Resection of Ovary Endometriosis	2 2 2 1 1 1 1 4 9	
	24	
Rubin's Test Lipiodol Resection Tube	6 14	

Total	10
Radical Cure of Cystocoele. Radical Cure of Rectocoele. Repair of Complete Tear. Perineorrhaphy. Amputation Cervix. Cauterization Cervix. Baldy-Webster Suspension of Uterus. Olshausen Suspension. Watkins' Interposition Lefort's Operation.	74 91 5 99 51 17 3 18 2 2
MISCELLANEOUS:	
Appendectomy. Abdominal Hysterotomy. Drainage of Abdomen. Secondary Suture of Abdominal Wound. Cutting Appendicular Adhesions. Excision Omental Adhesions. Excision Peritoneal Cyst. Incision Wound Abscess. Hæmorrhoidectomy. Biopsy of Rectal Mucosa. Cystoscopy. Cauterization Anal Fissure Excision Cyst of Back. Excision of Fistula in Ano. Excision Lipoma of Buttock. Excision Nævus Right Thigh. Excision of Sinus (Abdominal Scar). Excision of Varicose Vein. Phrenecotomy. Radical Cure Umbilical Hernia. Radical Cure Femoral Hernia. Radical Cure Ventral Hernia. Repair of Small Bowel. Removal of Impacted Fæces. Tonsillectomy. Extraction of Teeth. Excision Nævus Right Thigh.	6 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BLOOD TRANSFUSIONS:	
Total	80
I Otal	0

CARCINOMATA

VULVA:		
Carcinoma of		. 5
UTERUS:		
Adeno-Carcinoma Corporis Uteri Adeno-Carcinoma Corporis Uteri with Metast Broad Ligaments and Pelvic Lymph Gland Adeno-Carcinoma Corporis Uteri with Metast Stump Adeno-Carcinoma Corporis Uteri with Abdominal Glands Sarcoma Neurocytoma	ases in Ovaries, ls	1
CERVIX:		
Carcinoma Cervicis Uteri (Squamous) Carcinoma Cervicis with Pelvic Metastases Rectum Carcinoma Cervicis Uteri with Metastases in Carcinoma Cervicis Uteri with Metastases in Carcinoma Cervicis Uteri with Metastases in Majus Carcinoma Cervicis Uteri with Vulvar Metas	es Obstructing Left Lung Bladder n Left Labium	1 1 1
03347577		
OVARIES:		
Fibroma Ovarii with Sarcomatous Degenerat Cyst Adenoma Ovarii Papilliferum Malignu Metastases and Recto-Cutaneous Fistulæ. Cyst Adenoma Ovarii Papilliferum Malignum Carcinoma of Ovary, Primary	ım with Pelvic	1 1
MISCELLANEOUS:		
Retro-Peritoneal Carcinoma		1
∞		
	1931	1930
Total Admissions	1463	1492
Total Operations	932	1015
Major Operations	264	283
Minor Operations	668	732
Total Number of Deaths	15	23
Gross Mortality Post-Operative Mortality	1% 1.59%	1.54% 1.57%

MORTALITY RETURNS

1. Metastases from Primary Carcinoma Breast.

Age 47. Amputation breast in 1927 for Carcinoma. Several admissions in interval and radium applied to control metastases in chest wall. Further intrathoracic and abdominal metastases developed. Died April 4th, 1931. No autopsy obtained.

2. Carcinoma Cervicis Uteri-Post-operative Broncho-Pneumonia.

Age 44. Irregular bleeding since menopause two years before admission. Squamous Carcinoma Cervix with wide extension in parametrium. Developed post-operative Pneumonia and died on the fifth day after operation. Autopsy showed Carcinoma Cervix, Fibromyoma of Uterus and left Parovarian Cyst with Broncho-Pneumonia.

3. Cyst Adenoma Ovarii Papilliferum Malignum.

Age 63. After a short history of pain and loss of weight admitted to hospital, where operation revealed a large, inoperable, malignant ovarian tumour with wide-spread metastases. Died on 13th day after operation. No autopsy obtained.

4. Metastases of Bilateral Ovarian Carcinoma.

Age 38. Three months before this admission had Pan Hystrectomy performed for bilateral ovarian carcinoma. After a period of relatively good health began to lose weight and suffer from distension. Condition rapidly deteriorated due to widespread metastases. No autopsy obtained.

5. Adeno-Carcinoma Fundus Uteri with Abdominal Metastases.

Age 61. Exploratory Laparotomy in June, 1930, showed inoperable Carcinoma Fundus Uteri. This was treated with Radium. In January, 1931, exploratory laparotomy showed further extension of growth. Death occurred two months later. No autopsy obtained.

6. Carcinoma Cervicis Uteri.

Age 47. Admitted with history of irregular and often excessive vaginal bleeding for two years. Profound Anæmia treated by Transfusions. Extensive Carcinoma of Cervix treated. Died suddenly the following night. No autopsy obtained.

7. Carcinoma Cervicis Uteri.

Age 47. Treated by Radium for Carcinoma of Cervix from February to April, 1931. Admitted in advanced cachectic state on August 17th and died August 27th. No autopsy obtained.

8. Cyst-Adenoma Ovarii Papilliferum Malignum.

Age 53. Huge tumour mass in abdomen found at operation to be malignant cyst of right ovary with metastases in liver. Bilateral Salpingo-Oophorectomy performed. Died the following morning. No autopsy obtained.

9. Cyst-Adenoma Ovarii Papilliferum Malignum.

Age 34. This patient was operated upon 5 years ago for malignant ovarian tumour. Since then local metastases in the pelvis have increased in size forming several large fistulæ about the anal and sacral regions, one of which communicated with the rectum. Died of cachexia due to the malignant growth. No autopsy obtained.

10. Fibromyoma Uteri, Post-Operative Peritonitis.

Age 53. Complained of brownish vaginal discharge off and on since menopause two years previously. Large Fibroid, Supra-vaginal hysterectomy and Bilateral Salpingo-Oophorectomy performed, developed a post-operative peritonitis, wound broke down requiring secondary sutures. Died on 6th day post-operative. No autopsy obtained.

11. Fibromyoma Uteri, Post-Operative Peritonitis.

Age 47. Patient was radiated in July, 1930, for Fibromyoma Uteri. In March, 1931, a Pan-Hysterectomy and Appendectomy was performed. A general peritonitis followed resulting in death. No autopsy obtained.

12. Streptococcal Septicæmia, Post-Abortion.

Age 25. Self induced abortion at approximately the 6th week of pregnancy. Temperature 103° on admission, continued high. Pulse 110-140. Blood cultured showed Strepticoccus Hæmolyticus. Two transfusions were given. Patient died on 7th day after admission. No autopsy obtained.

13. Rupture of Lower Uterine Segment, Acute Septicæmia, Post-Abortion.

Age 24. Abortion at four months, followed by curettage in home. Four days later admitted with temperature 101°. Pulse 150. Died within twenty-four hours after admission. Autopsy showed necrotic Metritis and Endometritis with perforation of lower uterine segment, parametrial phlegmon and Pericarditis.

14. Post-Operative Peritonitis.

Age 33. Admitted with history of long standing pelvic pain becoming worse. Supra-vaginal Hysterectomy and bilateral Salpingo-Oophorectomy performed. Transfused after operation. Developed Pelvic Peritonitis. B. Welchii Septicæmia. Autopsy findings confirmed this.

15. Post-operative Intestinal Obstruction.

Age 40. Following repair of Sacro-Pubic Hernia and Olshausen Suspension of uterus, patient developed intestinal obstruction. This was released at second operation. Patient died the following day. No autopsy obtained.

REPORT OF THE OPHTHALMOLOGICAL DEPARTMENT

For the Year Ended December 31st, 1931.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:—

Regarding the work of the Ophthalmological Service as a whole, there was an increase of 154 in the number of patients examined, and of 7 in the operations performed. In the Outpatient Department there were 6,598 visits—an increase of 270 patients for the year.

Looking to the inauguration of the first sight-saving class in Montreal, a survey of the eyesight of all the children attending the English speaking public schools was made in June of this year by the Commissioners' inspectors. The final medical examination and selection of suitable pupils was carried out by the members of the Ophthalmic Staff of the Royal Victoria Hospital in the Outpatient Ophthalmic Department. After consideration of the facts elicited, the Protestant School Commissioners authorized the formation of a sight-saving class in November, and this valuable method of teaching weak-sighted children, some of whom are menaced by even complete loss of vision, is now being followed.

The Ophthalmic Department has kept abreast of recent advances in the optical phase of ophthalmology. It has been for some years in possession of a complete equipment of telescopic lenses, and is prepared now to prescribe contact glasses in suitable cases.

Our pathological laboratory carried on with interesting routine and research work throughout the year.

W. GORDON M. BYERS, Ophthalmologist-in-Chief.

DEPARTMENT OF OPHTHALMOLOGY

RECORD OF DISEASES

For the Year Ended December 31st, 1931

General diseases of eye	3	RECORD OF OPERATIONS	
Errors of refraction	3	Advancement.	16
Glaucoma	72	Capsulectomy (Stevenson's punch)	1
Lids.	25	Cauterizing ulcer of cornea.	2
Lacrimal apparatus	28	Electro-cautery for detachment of retina (Gouin's).	2
Conjunctiva	15	Elliot's sclero-corneal trephining	39
Cornea	85	Enucleation	28
Anterior chamber	4	Excision cyst of eyelid	2
Sclera	16	Excision lacrimal sac	12
Lens	97	Excision prolapse iris	10
Uveal tract	71	Excision tarsus—Kuhnt Heiserath	3 58
Retina	15	Extraction cataract. Extraction intracapsular	2
	13	Extraction dislocated lens	1
Vitreous	-	Extraction dislocated lens Extraction foreign body with	1
Optic nerve	7	magnet	9
Eyeball	34	Incision abscess lid	3
Orbit	5	Incision of lacrimal abscess	2
Disturbances of motion	21	Hess operation for ptosis	1
Miscellaneous	5	Iridectomy	43
		Iridectomy with conjunctival flap repair Iridotasis	4
	121		2
Total Admissions 1931.	424 424	Needling	22 4
Total Discharges 1931	-12 1	Paracentesis	3
	0	Plastic on lids Removal cyst of face	1
No. in Hospital first of year 1931	6	Removal foreign body cornea	1
No. in Hospital end of year 1931.	6	Removal foreign body orbit	1
T(o, in 110sprout one or)		Repair wound with conjunctival	4
Number of patients cured	249	flap Replacement iris.	1
Number of patients improved		Sclerectomy, LaGrange	4
Number of patients not improved.	32	Suturing wound brow and lid	2
Number of patients not treated	24	Tenotomy	5
Number of deaths	0	Transplantation lacrimal sac.	3

REPORT OF THE DEPARTMENT OF OTO-LARYNGOLOGY

For the Year Ended December 31st, 1931.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:—

During the past year ten thousand cases have been examined and treated in the department of Oto-Laryngology. This compares favorably with the work of previous years. Attached to the end of this report is a brief statement of the details of the departmental activities.

An innovation is the holding of monthly staff conferences at which are present all members of the attending and resident staffs in Oto-Laryngology. At these meetings all interesting cases are considered as well as anything of note which has appeared in the current literature. A special feature of the meeting is that all members of the resident staff are requested to take an active part in the program for each month. It is regarded as an important part of their training.

There were 1239 Tonsil and Adenoid operations and of this number 26 of the cases developed post-operative hæmorrhage, i.e., in 2% of the cases there was post-operative bleeding. In 6 of the cases the bleeding was primary, i.e., occurring within the first thirtysix hours after operation. In the remaining 20 cases the bleeding was secondary, i.e., after the first thirty-six hours and up to about the twelfth day. There were 5 cases of Primary Tonsillar Hæmorrhage. Of these three required an anæsthetic for the ligation of the bleeding point. One case was controlled by using a pack soaked in tannic acid and adrenaline. The remaining case was controlled with morphia. There were 17 cases of Secondary Tonsillar Hæmorrhage and of this number 11 bled on the seventh or eighth day, which is evidently the period of greatest danger. Twelve of the cases were controlled by using a pack soaked in tannic acid and adrenaline, the five remaining cases responding to morphia. It is interesting to note that none of these cases required ligation of the bleeding point.

There were four cases of Adenoid Hæmorrhage, one case of which was primary and required the use of a post-nasal pack for twenty-four hours. The three remaining cases were secondary bleeding only one of which required a post-nasal pack, the other two responding to morphia. It is to be noted that the cases of secondary hæmorrhage as a rule yielded to more simple methods of treatment than did the cases of primary hæmorrhage.

Eight cases of Infectious Diseases occurred in the wards. One case of Scarlet fever, one case of Diphtheria and six cases of Erysipelas. Two of the cases of Erysipelas were infected before admission and were not post-operative cases. The remaining four cases were post-operative infections and it is interesting to note that of these four two followed immediately upon the admission to the ward of one of the non-operated cases. A cubical system for newly admitted children would obviate this type of infection.

There were eight cases of Meningitis treated in the service. One of these was a convalescent case of basilar meningitis transferred from the Medical Department for sinus treatment. One was a case of pneumococal meningitis wrongly admitted to our department and was transferred to the Medical Department at once. A third case followed an acute exacerbation of a chronic suppurative otitis media. It was a serous meningitis which completely recovered after a radical mastoid operation. The five remaining cases were associated with acute suppurative otitis media, were operated Three of these cases had had ear trouble for less upon and died. than a week prior to operation and two died three days after operation and one five days after operation. In one of these cases post-mortem examination showed that in spite of the ear infection the meningitis was really caused by a suppurative condition in the ethmoids and sphenoids. The two remaining cases of meningitis had a history of ear trouble for a month prior to operation, one dying on the first day and the other on the seventh day post-operative. The predominance of acute middle ear disease in these cases of meningitis and the rapidity of the course to a fatal termination might be pointed out.

There were 1935 cases admitted to the service and of this number 13 died. Five followed meningitis as just mentioned. Two cases were from cardiac disease; two from carcinoma of the œsophagus; one from sarcoma of the petrous bone (in a child); one from Luetic suppurative trachœitis; one from aspiration of a vegetable foreign body (in a child); and one case from thrombosis of the cerebellar arteries.

Some of the more recent publications and lectures by the members of the department are the following:—

BIRKETT, H. S.

Address given before the second year medical students of McGill University at the presentation to them of the Dr. Grant Stewart bequest of Sir William Osler's "Way of Life." McGill Undergraduate Journal, March, 1932.

ROGERS, J. T.

"The Life of Pasteur."

Lecture before the Newman Club, McGill University, Dec. 6th, 1931.

BALLON, D. H.

"Carcinoma of the Oesophagus."

Paper before the Montreal Medico-Chirurgical Society, Dec. 4th, 1931.

TREMBLE, G. E.

"Method of Outlining Mucocele by the Injection of Iodized Oil."

Archives of Oto-laryngology, Vol. 13, pp. 836-841, June, 1931.

"The Common Cause of Earache."

Canadian Medical Association Journal, Vol. 24, 808-813, 1931.

"Hæmoptysis from the Viewpoint of the Laryngologist." Canadian Medical Association Journal, Vol. 25, 700-701, 1931.

McNALLY, W. J.

"Recent Advances in the Physiology of Hearing."

Lecture before the Toronto Academy of Medicine, Feb. 13th, 1931.

"Particular Ablations of Labyrinthine Receptors in the Frog." With John Tait.

A demonstration before the Annual Meeting of the Federation of American Biology, Montreal, April, 1931.

"Some Considerations Concerning the Internal Ear."

Lecture before the Alpha Omega Alpha Society, McGill University, April 1st, 1931.

Lectures before the Annual Summer Graduate Course of the Colorado Ophthalmological Society and the Colorado Oto-Laryngological Society, Denver, July 20th to August 1st, 1931.

- 1. "The Parts of the Internal Ear Concerned with Hearing."
- 2. "The Effects of Stimulation of the Horizontal and Vertical Semicircular Canals."
- 3. "The Otolithic Mechanism."
- 4. "The Interpretation of Findings During a Cochlear or Vestibular Examination."
- "Report upon an Experimental Investigation of the Equilibrial Mechanism of the Frog's Labyrinth." Transaction of the American Academy of Ophthalmology and Oto-Laryngology, 1931.

In the Bronchoscopic Clinic 184 cases have been examined and treated. This is a great advance over previous years. The equipment in this department has been entirely revised and renewed. We invite the Medical and Surgical Departments to make the fullest use possible of this service.

At its annual meeting in French Lick, Indiana, in October, the American Academy of Ophthalmology and Oto-Laryngology re-appointed Dr. W. J. McNally as Research Fellow in Oto-Laryngology.

It is noted with pleasure that Dr. H. S. Birkett has been appointed Vice-President of the Section of Oto-Laryngology, of the British Medical Association Centenary Meeting at London, July, 1932.

This report has been prepared by Dr. W. J. McNally, Associate in Oto-Laryngology, who has acted as Departmental Registrar during the past year.

Respectfully submitted,

E. HAMILTON WHITE,
Chief of the Department of Oto-Laryngology.
Royal Victoria Hospital.

140 REPORT OF THE DEPARTMENT OF OTO-LARYNGOLOGY

Total admissions for year	1935	
Operations in the Ross O.R	430	
Operations in the Out-door O.R	1483	
Minor operations in Out-door	405	
Total operations for year	2318	
New patients in the O.D. Clinic	2093	
Return visits Old patients to O.D. Clinic.	5159	
Total patients in O.D. Clinic	7252	
Total requisition cases for the year	791	
Total serious Complications for year including	56	
Deaths, Post-operative and Pre-operative .	13	
Post-operative T. and A. Hæmorrhages	26	
Infectious diseases	8	
Total number of cases treated year 1931		9983

STATISTICS

DEPARTMENT OF OTO-LARYNGOLOGY

OPERATIONS	ROSS	MEMORIAI	PAVII ION	1021
OT DIVITIONS	KOSS		FAVILIENS.	1951

NOSE AND NASAL SINUSES: Drainage sinus. Ethmoidectomy Implantation radium Puncture and irrigation of antrum. Radical antrum. Radical frontal Removal growth from nose Removal nasal polyp Removal naso-pharyngeal polyp	1 2 1 2 18 2 1 3 1	LARYNX, TRACHEA, BRONCHI, LUNGS: Removal polyp larynx Tracheotomy MOUTH: Removal frenum EAR: Incision hæmatoma auditory	2
Opening Sphenoid	2 26	canal	1
Turbinotomy	8	Opening mastoid wound	1
••••	1 334 OOR	Paracentesis	3 2 1 14 :30
NOSE AND NASAL SINUSES:		Plastic to nose.	2
Submucous resection.	87	Removal foreign body nose.	3 2
Removal nasal polypi. Turbinotomy Ethmoidectomy	19 18 6	Resection papilloma of septum. Insertion radium antrum. Exploring antrum and removal foreign body	1
Turbinotomy Ethmoidectomy Opening Sphenoid	18 6 2	Insertion radium antrum. Exploring antrum and removal foreign body FAUCES, PHARYNX	1
Turbinotomy Ethmoidectomy Opening Sphenoid Intra-nasal antrotomy	18 6	Insertion radium antrum. Exploring antrum and removal foreign body FAUCES, PHARYNX AND NASO-PHARYNX:	1
Turbinotomy Ethmoidectomy Opening Sphenoid Intra-nasal antrotomy Frontal sinus Radical antrum Antrum puncture (General	18 6 2 2 3 40	Insertion radium antrum. Exploring antrum and removal foreign body FAUCES, PHARYNX AND NASO-PHARYNX: Adenoidectomy Tonsillectomy	1
Turbinotomy Ethmoidectomy Opening Sphenoid Intra-nasal antrotomy Frontal sinus Radical antrum Antrum puncture (General Anæsthetic)	18 6 2 2 3 40	Insertion radium antrum. Exploring antrum and removal foreign body FAUCES, PHARYNX AND NASO-PHARYNX: Adenoidectomy Tonsillectomy Tonsillectomy and adenoidec-	1 1 30
Turbinotomy Ethmoidectomy Opening Sphenoid Intra-nasal antrotomy Frontal sinus Radical antrum Antrum puncture (General Anæsthetic) Moore's and Denker's operation Removal nasal frontal packing (General anæsthetic) Naso-pharyngeal examination	18 6 2 2 3 40	Insertion radium antrum. Exploring antrum and removal foreign body FAUCES, PHARYNX AND NASO-PHARYNX: Adenoidectomy Tonsillectomy 2 Tonsillectomy and adenoidec-	1 30 249 526 5
Turbinotomy Ethmoidectomy Opening Sphenoid Intra-nasal antrotomy Frontal sinus Radical antrum Antrum puncture (General Anæsthetic) Moore's and Denker's operation Removal nasal frontal packing (General anæsthetic)	18 6 2 2 3 40 11 1	Insertion radium antrum. Exploring antrum and removal foreign body FAUCES, PHARYNX AND NASO-PHARYNX: Adenoidectomy Tonsillectomy and adenoidectomy Arresting tonsillar hæmorrhage primary P.O Ligation of internal jugular	1 30 249 526

OPERATIONS OUT-DOOR	OPERATING	ROOM—Continued
----------------------------	------------------	----------------

LARYNX, TRACHEA, BRONCHI, LUNGS:		Intubation Tracheotomy	1 4
Direct bronchoscopy	74	EAR:	
Direct bronchoscopy for foreign body Direct bronchoscopy with	2	Simple mastoid	49 18
biopsy	6	Radical mastoid second stage	10
Direct bronchoscopy with lipio- dol injection	23	Radical mastoid with skin graft Curetting unhealed mastoid	4
Direct œsophagoscopy	28	wound	11
Direct œsophagoscopy for foreign body	7	Mastoind wound dressed (Anæs- thetic)	1
Direct œsophagoscopy with biopsy	8	Paracentesis Removal foreign body ear.	64 2
Direct esophagoscopy with Sutar's tube	3	Removal growth auditory canal	1
Direct laryngoscopy	16	Widening and curetting auditory canal	1
Direct laryngoscopy with biopsy	9	Removal aural polyp Insertion radium mastoid wound	2
Direct laryngoscopy with removal foreign body	2	Curetting cyst of ear	2
Direct laryngoscopy with insertion radium	4	- TOTAL OPERATIONS1	483



DEPARTMENT OF OTO-LARYNGOLOGY

RECORD OF DISEASES

For the Year Ended December 31st, 1931

DISEASES OF THE NOSE: Total Died External nose and nasal vestibule 20 Nasal cavities 187 Nasal sinuses 143 FAUCES, PHARYNX AND NASO-PHARYNX: 1387 LARYNX, TRACHEA, BRONCHI AND LUNGS: General 3 1 Acute 15 Chronic 16 2 Tumours—Benign 4 Malignant 13 Affections laryngeal nerves 1 Miscellaneous diseases larynx and trachea 3 Laryngeal-pharynx and oesophagus 18 2	MISCELLANEOUS DISEASES
oesophagus 18 2 MOUTH 9 EAR: External 7 Middle 196 Internal 1 6 Internal 1	Total number of patients not improved

REPORT OF THE UROLOGICAL DEPARTMENT

For the Year Ended December 31st, 1931.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:-

Despite the universal economic distress the work of the Department has shown progress during the year. While admissions to the Department for the year just ended have increased moderately, surgical procedures of major importance have increased notably, and particularly is this true of conservative surgery.

The Out-Patient service of the Department continued to show lusty growth. The attendance in 1929 was 9,364, averaging 780 monthly; that of 1930 was 12,282, averaging 1,023 monthly; and that of 1931 was 18,283, averaging 1,523 monthly. It is gratifying to note that the Out-Patient service has grown from a minor clinic to one of major importance.

The publications from the Department for the year just ended were:

- "Surgery of the Bladder." David W. McKenzie. Oxford Press.
- "Hæmangioma of the Kidney." A report of two cases and a brief resume of the literarure. David W. MacKenzie and Allan B. Hawthorne. Journal of Urology. Vol. 26, pages 205-214. August, 1931.
- "Tumors of the Testis." A brief series with special reference to the pathology and clinical malignancy. David W. MacKenzie and Max Ratner. Surgery, Gynæcology and Obstetrics, Vol. 52, pages 336-349. February 15th, (No. 2a) 1931.
- "Metastatic Growths of the Ureter." A report of three cases and a brief review of the literature. David W. MacKenzie and Max Ratner. Canadian Medical Association Journal. Vol. 25, pages 265-270. September, 1931.

- "Intravenous Pyelography with Skiodan." A brief clinical report. By David W. MacKenzie and Max Ratner. Canadian Medical Association Journal. Vol. 25, pages 172-174. August, 1931.
- "Blood Pressure Studies in Prostatism." Magnus I. Seng. Journal of Urology, Vol. 25, pages 313-334. March, 1931.
- "Intravenous Pyelography." By N. E. Berry. Canadian Medical Association Journal. Vol. 24, pages 798-803. June, 1931.

Respectfully submitted,

D. W. MACKENZIE

Urologist-in-Chief.



OPERATIONS IN THE UROLOGICAL DEPARTMENT (Indoor)

For the Year Ended 31st December, 1931

Circumcisio	n					
		hral ca				
"						
u						
Curettage o						
"	ш	"	" "		with enorr	nous bladder
					•	le diverticulæ
"	46	"	_		_	tate
"	"			_		der tumor
"	"					
"	u					
"	"					l neck
u	"		painful and ladder			tuberculous
Litholapaxy	for ves					
Cystoscopy	for blac	lder exa	mination on	ly		
"	with u	reteral	catherization	n		
"	"	u	u	and pyel	logram.	
"	"	"	"	and pyel	loureterogra	m
u	"	"	dilatation			
"	" fu	lguratio	on of bladde	r tumor		. •
Cystoscopies	s (Total)			• • • •	685
Cystograms			• • • . • • • • • • •			
Skiodans						1 · · · · · · · · · · · · · · · · · · ·
Dilatation o	of urethr	a for st	ricture			
" o	of vesica	l neck.				
Dorsal slit fo	or phim	osis and	l cellulitis of	penis		
u u	" parap	himosis	s with coagu	lation of c	hancroidal	ılcers
Epididymect	tomy fo	r tubero	culous epidio	lymitis		
Orchidectom	y for tu	ımor of	the testis			
Orchidectom orchitis		epididy	mectomy f		ulous epidio	lymitis and
Orchidectom		pididyn	nectomy for			
Radical cure					I	
" "	"					• • • • • • • • • • • • • • • • • • • •
u u	"					
u u	"			-		
u u	"					cocele
Tapping hyd	irocele			•		
operation to	· variou	CULU, UA	CIGIOTI A CITIO	Pampini	TITL PICAUS.,	

Fraisia-	multi-	
Excision "	malignant growth of cord	
"	suppurating gland left inguinal region	
"	vulvo-vaginal cyst	1
	suprapubic urinary sinus	1
Incision	and drainage perinephritic abscess	
ű	" periurethral abscess	1
"	" prostatic and periprostatic abscess	2
Nephrect	comy for malignant tumor of kidney	6
"	" renal tuberculosis	5
"	" renal calculi with hydronephrosis infected	1
ű	" nephrolithiasis with double renal pelvis and ureter, infected	1
"	" pyonephrosis	1
u	" " with calculus	3
u	" with congenital anomaly of kidney	
"	· · · · · · · · · · · · · · · · · · ·	1
 "	congenital ectopic kidney	1
"	" uretero-vaginal fistula	1
u	and ureterectomy for cystic tumor of kidney	1
	for hydronephrosis, hydroureter and con-	4
NT 1 .	genital kidney	1
	omy for removal of calculus	3
N T 1		_
Nephrop	exy for nephroptosis	8
u	" ptosed kidney with hydronephrosis and hydroureter	8 5
" Nephrost	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney	5 1
" Nephrost Perineal	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess	5
" Nephrost	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess	5 1
" Nephrost Perineal	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess	5 1 5
" Nephrost Perineal : "	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess	5 1 5 6
" Nephrost Perineal " " "	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess " with incision of periurethral abscess	5 1 5 6
" Nephrost Perineal : " " " " Placemer	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess " with incision of periurethral abscess " for acute extravasation (phlegmon) " for stricture of urethra	5 1 5 6 1 1 8
" Nephrost Perineal : " " " " Placemer	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess " with incision of periurethral abscess " for acute extravasation (phlegmon) " for stricture of urethra " at of testis in scrotum with herniotomy in cryptorchidism " urethra for hypospadias	5 1 5 6 1 1 8
" Nephrost Perineal: " " " Placemer Plastic o	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess " with incision of periurethral abscess " for acute extravasation (phlegmon). " for stricture of urethra " of testis in scrotum with herniotomy in cryptorchidism " urethra for hypospadias " " epispadias	5 1 5 6 1 1 8 3
Nephrost Perineal " " Placemer Plastic o " "	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess " with incision of periurethral abscess " for acute extravasation (phlegmon). " for stricture of urethra " to f testis in scrotum with herniotomy in cryptorchidism " urethra for hypospadias " " epispadias " pair of renal pelvis	5 1 5 6 1 1 8 3 1
Nephrost Perineal " " Placemer Plastic o " "	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess " with incision of periurethral abscess " for acute extravasation (phlegmon). " for stricture of urethra " to f testis in scrotum with herniotomy in cryptorchidism " urethra for hypospadias " " epispadias " epair of renal pelvis " etomy suprapubic for prostatism (2 stage)	5 1 5 6 1 1 8 3 1 1 4 4
Nephrost Perineal: " " Placement Plastic o " " re	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess " with incision of periurethral abscess " for acute extravasation (phlegmon). " for stricture of urethra at of testis in scrotum with herniotomy in cryptorchidism In urethra for hypospadias " " epispadias epair of renal pelvis etomy suprapubic for prostatism (2 stage) " and vesical calculus	5 1 5 6 1 1 8 3 1 1 4 4 4
Nephrost Perineal " " Placement Plastic o " " " Prostated	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess " with incision of periurethral abscess " for acute extravasation (phlegmon). " for stricture of urethra Int of testis in scrotum with herniotomy in cryptorchidism In urethra for hypospadias " " epispadias repair of renal pelvis retomy suprapubic for prostatism (2 stage) " " and vesical calculus " " carcinoma of the prostate	5 1 5 6 1 1 8 3 1 1 4 4 4
Nephrost Perineal " " Placemer Plastic o " " ro Prostateo " "	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess " with incision of periurethral abscess " for acute extravasation (phlegmon). " for stricture of urethra Int of testis in scrotum with herniotomy in cryptorchidism In urethra for hypospadias " " epispadias Expair of renal pelvis Extomy suprapubic for prostatism (2 stage) " and vesical calculus " " and vesical calculus " " carcinoma of the prostate " " prostatism (1 stage)	5 1 5 6 1 1 8 3 1 1 4 4 4
Nephrost Perineal: " " Placemer Plastic o " " Prostated " "	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess " with incision of periurethral abscess " for acute extravasation (phlegmon). " for stricture of urethra " to of testis in scrotum with herniotomy in cryptorchidism " urethra for hypospadias " " epispadias " " epispadias " and vesical calculus " and vesical calculus " and vesical calculus " prostatism (1 stage) " with insertion of radium for carcinoma	5 1 5 6 1 1 8 3 1 1 4 4 4
Nephrost Perineal: " " Placement Plastic of " " " Prostated " " " " Prostated	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess " with incision of periurethral abscess " for acute extravasation (phlegmon). " for stricture of urethra " to of testis in scrotum with herniotomy in cryptorchidism " " epispadias " " epispadias " " epispadias " " and vesical calculus " " and vesical calculus " " carcinoma of the prostate " " prostatism (1 stage) " with insertion of radium for carcinoma	5 1 5 6 1 1 8 3 1 1 4 4 4
Nephrost Perineal: " " Placement Plastic of " " " Prostated " " " " Prostated	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess " with incision of periurethral abscess " for acute extravasation (phlegmon). " for stricture of urethra " to of testis in scrotum with herniotomy in cryptorchidism " urethra for hypospadias " " epispadias " " epispadias " and vesical calculus " and vesical calculus " and vesical calculus " prostatism (1 stage) " with insertion of radium for carcinoma	5 1 5 6 1 1 8 3 3 1 1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1
Nephrost Perineal: " " Placement Plastic of " " " Prostated Pyelotom " Repair of	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess " with incision of periurethral abscess " for acute extravasation (phlegmon). " for stricture of urethra Int of testis in scrotum with herniotomy in cryptorchidism In urethra for hypospadias " " epispadias " " epispadias External pelvis External pelvis " and vesical calculus " " and vesical calculus " " prostatism (1 stage) " " with insertion of radium for carcinoma External periods " with plastic on renal pelvis " " with plastic on renal pelvis " " urethrocele	55 11 55 66 11 11 88 33 11 14 44 11 11 14
Nephrost Perineal: " " Placemer Plastic o " " " Prostated " " Prostated Pyelotom Repair of Transpla	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess. " with incision of periurethral abscess. " for acute extravasation (phlegmon). " for stricture of urethra " to f testis in scrotum with herniotomy in cryptorchidism " epispadias " epispadias " epair of renal pelvis " and vesical calculus " and vesical calculus " " and vesical calculus " " or carcinoma of the prostate " prostatism (1 stage) " with insertion of radium for carcinoma " with plastic on renal pelvis " urethrocele " turethrocele " nattion of ureter into sigmoid (2 cases) for extrophy of bladder	5 1 5 6 1 1 1 4 4 4 1 1 1 1 1 1 1
Nephrost Perineal: " " Placemer Plastic o " " " Prostated " " Prostated Pyelotom Transpla Transpla	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess " with incision of periurethral abscess " for acute extravasation (phlegmon). " for stricture of urethra " to f testis in scrotum with herniotomy in cryptorchidism " " epispadias " " epispadias " " and vesical calculus " " and vesical calculus " " arcinoma of the prostate " " prostatism (1 stage) " with insertion of radium for carcinoma " with plastic on renal pelvis " urethrocele " turethrocele " turethrocele " turethrocele " through abdominal wall for relief of	5 1 5 6 1 1 1 4 4 4 1 1 1 1 1 1 1 1
Nephrost Perineal: " " Placemer Plastic o " " Prostated " " Prostated Pyelotom " Repair of Transpla frequer	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney	55 66 11 18 88 33 11 14 44 11 11 11 11 12
Nephrost Perineal: " " Placemer Plastic o " " Prostated " " Prostated Pyelotom " Repair of Transpla frequer Ureteroto	" ptosed kidney with hydronephrosis and hydroureter omy for drainage in solitary kidney section with drainage of prostatic abscess " with incision of periurethral abscess " for acute extravasation (phlegmon). " for stricture of urethra " to f testis in scrotum with herniotomy in cryptorchidism " " epispadias " " epispadias " " and vesical calculus " " and vesical calculus " " arcinoma of the prostate " " prostatism (1 stage) " with insertion of radium for carcinoma " with plastic on renal pelvis " urethrocele " turethrocele " turethrocele " turethrocele " through abdominal wall for relief of	55 66 11 18 83 31 14 44 11 14 11 14

DEPARTMENT OF UROLOGY

RECORD OF DISEASES

For the Year Ended December 31st, 1931

KIDNEY AND URETER:	Total 1	Died	Total Died Tumours 21
General Diseases Congenital deformity Foreign body Neoplasms:	471 77 109	6 1 3	Congenital malformations
Benign	1 16 4	2	Blood 8 Ductless glands 4 Nervous system 11
BLADDER:			Bones, joints, etc 25
General diseases Congenital deformity Foreign body	137 1 18	2	Eye and ear
Neoplasms: Benign Malignant	2 31	6	Jaw, teeth, gums. 2 Stomach 4 Intestines 19
URETHRA:			Liver and gall-ducts
General Diseases Congenital deformity Foreign body Neoplasm: Benign	106 7 3	2	Rectum and anus
Traumatism	9		T . 1 A 1
MALE GENERATIVE ORGANS:			Total Admissions 1931
General	15 34 5 53 33 246	11	No. in Hospital end of year 1931 40 No. in Hospital first of year 1931 26 14
Female generative organs Puerperal state Anaphylaxis Unclassified Specific infections—general diseases Metabolism Poisonings—intoxications	51 6 1 12 103 20 1		Number of patients cured

REPORT OF THE PATHOLOGICAL INSTITUTE

For the Year Ended December 31st, 1931.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:-

I herewith transmit the Report of the Pathological Institute for the year 1931, tabulated as usual under the different divisions.

Reference must here be made to the separation of the Bacteriological and Pathological Divisions, which at the time of writing the last Report was in its beginnings, but during the last year has become an accomplished fact. The two departments are scientifically and administratively now distinct, but fortunately through the active co-operation of Professor Murray, who will also appear as the sole author of the Bacteriological Report from now on, the two departments are thoroughly integrated so that in spite of the division greater advantages have come to both and necessarily also to the Hospital. The short period since the independent establishment of Bacteriology under Professor Murray plainly indicates the wisdom of this step and bids fair not only to continue but to bear increasing fruit.

All the divisions of the Pathological Department show notable activity. The autopsy service has risen to four hundred and eight, of which three hundred and eighteen came from the Royal Victoria Hospital. And although the increase in this service is largely due to the increase in the number of cases from outside sources, there is a satisfactory increase in the per cent. of permissions for post-mortem examinations to be noted in cases coming from the Royal Victoria Hospital.

As regards infants from the Maternity service, it is to be regretted that through certain difficulties in obtaining the delivery of such bodies, out of ninety-nine infants received, forty-three were unfit for autopsy on account of advanced decomposition. But steps have been taken to remedy this so as to improve during this year the information derived from this important branch of the service.

The increase in the Division of Surgical Pathology is 9.5% while the Department of Hæmatology shows some decrease due to the fact that the routine public medical work of the Hospital in this department has been transferred directly to the medical service.

The number of slides prepared by the Technical Division remain about the same as during the previous year. A growing use has been made, however, of the Photographic Department, to a total number of three hundred and ninety photographs.

In submitting this Report, it should be emphasized that it contains only the routine, and does not include those special investigations which are part of the purely academic and scientific work of the staff of the Pathological Institute.

Respectfully submitted,

HORST OERTEL,

Pathologist-in-Chief.



I. DIVISION OF MORBID ANATOMY

(Dr. CHASE, in Charge)

During the year 1931 there were four hundred and eight (408) post-mortem examinations performed at the Pathological Institute. This represents an increase of thirty cases over last year, and is the largest number of autopsy examinations on record. Two hundred and seventy-five (275) cases came from the various departments of the Royal Victoria Hospital, while one hundred and thirty-three (133) cases (nearly 39%) were referred by other city hospitals or by physicians not connected with a hospital.

The autopsies from the Royal Victoria Hospital came from the following departments:—

3 1	No. of	% of
Department	Autopsies	Autopsies
Medicine	. 128	52.2
Surgery		41.6
Urology, Otolaryngology and		
Ophthalmology	. 14	43.8
Obstetrics and Gynæcology	. 7	33.0
Babies, newborn	. 99	69.2
Total Autopsies from R.V.H	. 318	52.2

This table shows that permission for autopsies was granted for 52.2% of the total number of deaths from all departments, which compares with 39% during the previous year. In the case of newborn babies, however, out of the ninety-nine, forty-three were unfit for autopsy.

Autopsy examinations from other sources may be tabulated as follows:—

Woman's General Hospital:	
Babies under one year 41	
Adults and children	69
Homeopathic Hospital	25
Alexandra Hospital	29
Foundling Hospital	4
St. Mary's Hospital	0
Outside Requests	6
Total autopsies from outside sources	133

This total figure (133) represents an increase of twenty-eight (28) autopsies over the previous year. This was due to the increased number of cases referred from the Homeopathic and Alexandra Hospitals.

About 7356 microscopic slides were prepared from the total autopsy material, which represents an average of over twelve histological slides from each autopsy.

As in former years all cases were demonstrated and discussed at weekly Staff Conference. After gross and histological findings were protocoled, a synopsis was incorporated with the anatomical diagnosis of each case.

All autopsies on neurosurgical cases were investigated conjointly with the Department of Neuropathology.

II. DIVISION OF SURGICAL PATHOLOGY

(Prof. WAUGH, in Charge)

During the year 1931 the Department of Surgical Pathology examined two thousand, seven hundred and twenty-six (2726) specimens, consisting of three thousand and fifty (3050) tissues and organs. From these, nine thousand and eighty-six (9086) histological sections were prepared for microscopic examination. The specimens were divided among the various services of the Hospital as follows: Surgery, 1448; Obstetrics and Gynæcology, 1011; Urology, 110; Otolaryngology, 85; Medicine, 32; Miscellaneous, 40. This represents an increase of 9.5% in the work of this Department over the previous year.

III. DIVISION OF MORPHOLOGICAL HAEMATOLOGY

(Prof. WAUGH, in Charge)

During the year 1931 the Department of Hæmatopathology carried out two hundred and fifteen (215) blood examinations. These consisted almost entirely of complete morphological blood studies. They were divided among the various services of the Hospital as follows: Medicine, 140; Otolaryngology, 14; Surgery, 34; Obstetrics and Gynæcology, 12; Urology, 5; Radiology, 1; and Miscellaneous, 9. The work of this Department has been somewhat relieved by the taking over of the routine public medical work of the Hospital by its own laboratories.

IV. TECHNICAL DIVISION (Mr. THOMLINSON, in Charge)

The number of slides prepared for the Pathological Department was 31,929 for the routine work in connection with teaching, autopsy and surgical services, divided as follows: Teaching, 16,339; Autopsy Service, 7356; Surgical Service, 4357; Gynæcology, 3877. To this must be added the following: Bacteriological Service, 610; large sections, 74; nerve stains, 200; miscellaneous, 852—making a total in all of 33,665 slides.

In the Photographic Department approximately three hundred and ninety (390) photographs were taken, divided as follows: Gross specimens, surgical and autopsy, 150; micro-photographs, 220; and coloured lantern slides, 20.



A. DISTRIBUTION OF GENERAL BACTERIOLOGY

	Medicine	Surgery	Urology	Gynæcology & Obstetrics	Ophthal- mology	Oto-Laryn- gology	Out-Patients	Pathology	Pediatrics	TOTALS
General Cultures	522	601	171	57	151	176	249	90	103	2120
Blood Cultures	185	30	12	13	2	9	6	11	16	284
Guinea-pig Inoculations	71	33	35		1		13	1	6	160
Vaccines	46	9	3	1	1	16	85		2	*163
Pneumococcus Typing	66	13	3	2	2	4	6	2	2	100
TOTALS	890	686	224	73	157	205	359	104	129	2827

^{*}Of these 163 vaccines ordered and prepared 23 were unclaimed.

B. SEROLOGY

WASSERMANN TESTS		Total No. of Tests
BloodStrongly positive	478 326	4760
Cerebrospinal FluidStrongly positive		538
LANGE TESTS		
Cerebrospinal Fluid Strongly positive	. 59	152
KAHN TESTS		
Strongly positive Weakly positive		1980
GONO. COMPLEMENT FIXATION TESTS	5	
Strongly positive Weakly positive		750
AGGLUTINATION TESTS		. 48
TOTAL		8228

C. DISTRIBUTION OF WASSERMANN TESTS

INDOOR	Medicine	Urology	Pediatrics	Surgery	Donors	Metabolism	Ophthalmology & Oto-Laryn.	Gynæcology & Obstetrics	Neuro-Surgery	TOTALS
Blood Wassermann Positive Negative	120 1012	55 552	9 55	17 136	1 148	8	22 125	31 209	5 22	268 2376
Cerebrospinal Fluid Wassermann Positive	50 199	4 20	2	1 15		13	2	5	6 98	65 370
TOTALS	1381	631	73	169	149	138	162	245	131	3079

OUTDOOR	Medicine	Urology	Pediatrics	Surgery	Dermatology	Ophthalmology & Oto-Laryn.	Gynæcology & Obstetrics	Psychiatry	Neuro-Surgery	TOTALS
Blood Wassermann Positive Negative	149 864	287	56 135	11	22 48	10	8	3 19		536 1580
Cerebrospinal Fluid Wassermann Positive	38 48	1	2		••		• •			39 64
TOTALS	1099	686	194	70	70	10	56	22	12	2219

REPORT OF THE DEPARTMENT OF BACTERIOLOGY

For the Year Ended December 31st, 1931.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:—

The need for the establishment of a Department of Bacteriology and the history of its inception was outlined by Professor Horst Oertel in his Report of the Pathological Institute for the year 1930. The year 1931, the first year of operation of the independent Department of Bacteriology, has been taken up with organization and development to meet modern requirements and to attempt to use more fully the resources placed at our disposal by advances in knowledge in Bacteriology and Immunity.

Bacteriological activities were restricted by the Laboratory being inadequately equipped, insufficiently staffed and constricted in accommodation; in addition there was the handicap of supposed contrary interests of clinical and academic studies. These factors inevitably led to a lack of co-ordination and some dissatisfaction. both of which, now, have been replaced by confidence in the future of the Department, which it is hoped is not unfounded, and a spirit of co-operation, which is showing welcome signs of spreading to the relations with clinical departments. This marked change must result in a more satisfactory output of work with more significant results and has been brought about by the recognition the Department has received from the Hospital and University authorities and the improved working conditions, the details of which it is not necessary to catalogue here. This is but the beginning, and, although the field of activity has been widened, there is a great deal the Department cannot yet undertake to do. The accommodation and equipment is still inadequate and the too small staff is overburdened. Certain of these difficulties will be partly or wholly overcome in the near future but the way is not cleared for others. Progress is of necessity slow, for not only have plans to be carefully worked out and ways and means for their execution provided, but extensive changes such as have been undertaken and such as are contemplated must be gradual transitions in order to avoid serious dislocation of the routine work.

A very real spirit of co-operation exists between the Departments of Pathology and Bacteriology and is only partially reflected in the official bacteriological work done for the Department of Pathology this year, which is more than double that of the preceding year and which will undoubtedly increase with time. There is every indication that these Departments work as a co-ordinated unit, although under independent administration, which must result in advantage to the Hospital.

The feeling may yet prevail that the Clinical Departments do not get the service they consider is to be expected from the Department of Bacteriology but the responsibility is not attributable to the laboratory alone. The Department is responsible to the extent of doing the utmost circumstances permit and it is usual for laboratory workers to make considerable sacrifice of their time and personal convenience in favour of their work. The whole of the Clinical Bacteriology and Serology during the past year has had to be met by one Bacteriologist, (Dr. W. W. Beattie) with the assistance of one Interne and one student, to whom he needs must give the responsibility of work for which they are not sufficiently equipped, and considering this, with the other difficulties already pointed out, more could not be expected than has been attempted. Until the staff and facilities are augmented to be proportional to the demands, Clinical Departments must choose between investigations with purpose only to complete records and the thorough investigation of important questions and cases. It must be remembered, too, that a report from the Clinical Bacteriology Laboratory can only refer to what is found in the specimen submitted, irrespective of how and when it was collected. In this connection, it may not be generally realized that ineffectucal work is discouraging to the laboratory worker in proportion to his understanding of the possibilities and significance of his work.

A tribute must be paid to Dr. Beattie for the unselfish way he has undertaken a tremendous burden and the thoroughness with which he has carried out his duties. Without his wholehearted co-operation the reconstruction of the Department would have been exceedingly difficult and I wish to emphasize that this imposition cannot be continued indefinitely.

The table appended to this report, giving an analysis of the bacteriological and serological investigations carried out in the Department and showing their distribution through the Clinical Departments of the Hospital, is difficult to interpret.

In the bacteriological work there has been a slight general increase in the work done, but it is surprising to notice how little has been done for certain departments. The low figures may reflect a desire to avoid overburdening the Department of Bacteriology by requiring only investigations of definite urgency, until such time as provision can be made to meet all requirements. If this is so, then it is to be hoped that the real needs of these Departments will be made known officially in order that an attempt may be made to provide for them.

The serological tests done this year show an increase of 935 over last year. As in previous years there is an enormous preponderance of negative reactions, which can only be interpreted as indicating that in the majority of cases there is no clinical indication for the tests to be carried out. It is recognized that a considerable proportion of negative reactions are unavoidable in those departments where the test is used for following the progress of treatment but this justification is not operative in other departments. The distribution of Wassermann Tests through the Clinical Departaments have been tabulated as they alone are pertinent; the other tests are only supposed to be done under special circumstances. May not the enormous proportion of negative reactions be considered a burden to the Department if the majority of them are unnecessary? If, on the other hand, they are essential, it will be necessary to request the means for special provision for this work.

The Clinical Bacteriology Laboratory is now responsible only to the Hospital and its administration and equipment is as much as possible completely independent of the University. This arises out of a policy determined by both institutions and, although it presents certain difficulties of administration to the Head of the Department, they are outweighed by advantages which the Hospital and the Department are entitled to expect.

Dr. A. A. Bruere, who has been Bacteriologist to the Hospital for many years, retired from the active staff of the Department in May, 1931. His is the satisfaction of knowing that the work he has done is appreciated and that he has left on the Staff of the Department men he has taught and guided in their work and whose regard and affection he carries with him in his retirement.

Respectfully submitted,

E. G. D. MURRAY,

Bacteriologist-in-Chief.

REPORT OF THE DEPARTMENT OF ROENTGENOLOGY

For the Year Ended December 31st, 1931.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:-

There has been an increase in the amount of X-Ray work done in the X-Ray Department compared with the previous year. The details are as follows:—

Increase in No. of patients examined		6%
Decrease in No. of films used	3	%
Increase in No. of dental films	1	%
Increase in No. of patients for X-ray treat-		
ments	17	%
Increase in No. of X-ray treatments	20	%

No improvements nor additions to equipment have been made. Necessary repairs have been carried out to keep all machinery in a high state of efficiency.

Comparison with former years is as follows:—

	1931	1930	1929	1928
Total number of patients for skiagraphs	14,829	14,016	13,130	10,987
Total number of films in- including dental	36,980	35,837	33,232	27,445
Total number of dental films	5,269	5,212	5,499	4,214
Number of patients for X-ray treatments	733	622	600	535
Number of X-ray treatments	4,117	3,410	3,403	3,039

REPORT OF THE DEPARTMENT OF ROENTGENOLOGY 159

Total number of patients for	Main	Ross	Ward L Urology	
skiagraphs	10,928	3,019	655	227
Total number of films including dental :	24,474	10,143	1,830	533
Total number of dental films	4,028	1,241		
Number of patients for X-ray treatment	640	93		
Number of X-ray treatments	3,800	317		

Respectfully submitted,

A. HOWARD PIRIE,

Ræntgenologist-in-Chief.



REPORT OF THE RADIUM DEPARTMENT

For the Year Ended December 31st, 1931.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:—

In the second year of the Radium Department there has been a small increase in the number of cases treated and almost double the number of treatments given. The figures show that 135 cases have been treated in 1931 as compared with 118 in 1930, and 382 treatments as against 183 last year.

In order to meet the demand for 1-milligram needles an old supply of radium belonging to the hospital that was not being used in its existing form was sent to the Radium Belge and made up by them into needles containing 1 milligram each. This added 24 milligrams to the working supply for the cost of remounting the old radium without making any fresh purchase of radium element.

The efficiency from the use of the radium is still low but shows a slight increase. It is now over 15%. Results however show more improvement in the cases treated. Better accommodation for out patients receiving daily treatments is still required.

The following tables show the cases treated and results:—

I				
		1931		1930
Number of patients		135		118
Number of treatments given:				
(1) By surgical implantation	43		35	
(2) By external application	339		183	
		382		218

Π

No. of Cases	DIAGNOSIS	Cured	Im- proved	Not Improved	D i ed	No Report
1 27 2	Ca. Anus		16 1	1	1 4 1	6
4 2 4	" Cheek		4 1	1		
10	pharynx, tonsil	1	2	2 7	2	
2 1 3 7	" Ilíac bones		1	2	3	
7 1 2 1	" Lip"	5	1	,	1 2	1
1 1 4	" Parotid Gland		1 1 3	1	2	
1 2	" Rectum" Sigmoid" Stomach		1	1	1	
1 1 1	Dermatophyton	1	1 1 1		;	
2 4	Hæmangioma	2 4	1		:	
1 3 9	Lupus	3	1 3 6		;	
	Paronchyia	7	9 1	1 2		
1 1 1	Sarcoma of Scalp	1	1			
1 1 4 7	Trichiasis TB. rhinitis Vernal Cattarh Warts	1 4	1 1 3 3			
135	Total	29	67	17	15	7

Percentage...... 21% 50% 12% 11% 6%

Respectfully submitted,

A. HOWARD PIRIE, in Charge of Radium Department.

LIST OF CLINICS OUT-PATIENT DEPARTMENTS

MAIN BUILDING

141	MIN DOLLDING			
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	А.М.	
	Wednesday	1-2	P.M.	
Fracture	. Mon. Wed. and Fri 1	.0-11	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.	
Hæmatology	Wednesday	1.30	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.	
	Wednesday	2-3	P.M.	
Orthopædic	Tue. and Fri	2-3	P.M.	
Ophthalmology	Tue. and Fri	2-3	Р.М.	
Psychiatry	Tue. and Fri	2	P.M.	
Pædiatrics	Daily	9-10 A	4.M.	
Pulmonary	Mon. and Wed	9-10 A	А.М.	
Pneumothorax	Friday	2 1	Р.М.	
Surgical	Daily)-11 <i>A</i>	λ.М.	
WOMEN'S PAVILION				
	Daily Except Sat	2-3 1	Р.М.	
Pre-Natal	Daily Except Sat	2-3 в	Р.М.	

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.

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 P.M.

Visitors are not allowed in the Children's Wards "N" and "H" without obtaining special permis-

sion 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:—

 $\left. \begin{array}{c} Sunday \\ Tuesday \\ Thursday \end{array} \right\} \ 2 \ to \ 3 \ P.M.$

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.

Semi-Private Patients

Visiting Hours-Every day between the hours:-

10 A.M. to 12 Noon.

2 P.M. to 4 P.M.

7 P.M. to 9 P.M.



CHARTER GRANTED BY ROYAL AUTHORITY 1893

THE

Royal Victoria Hospital MONTREAL

Thirty-Eighth Annual Report

for the year ended

31st DECEMBER, 1931

Date Due					
			!		

And the second s					

Collection or any angle of the collection of the					
			l		

43046 20 . or

