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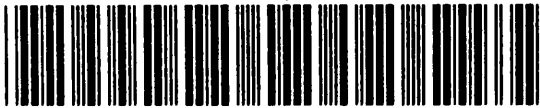


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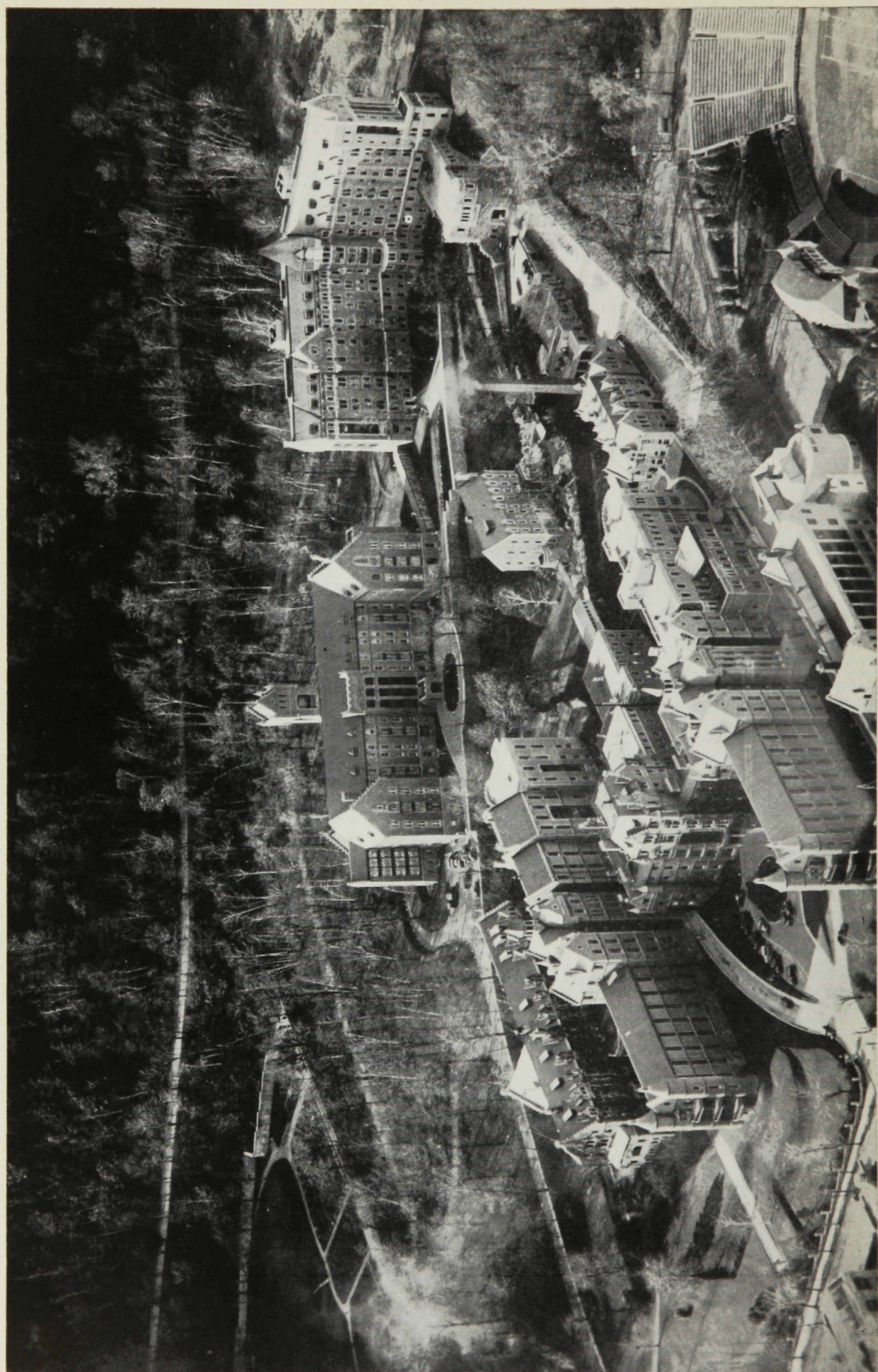
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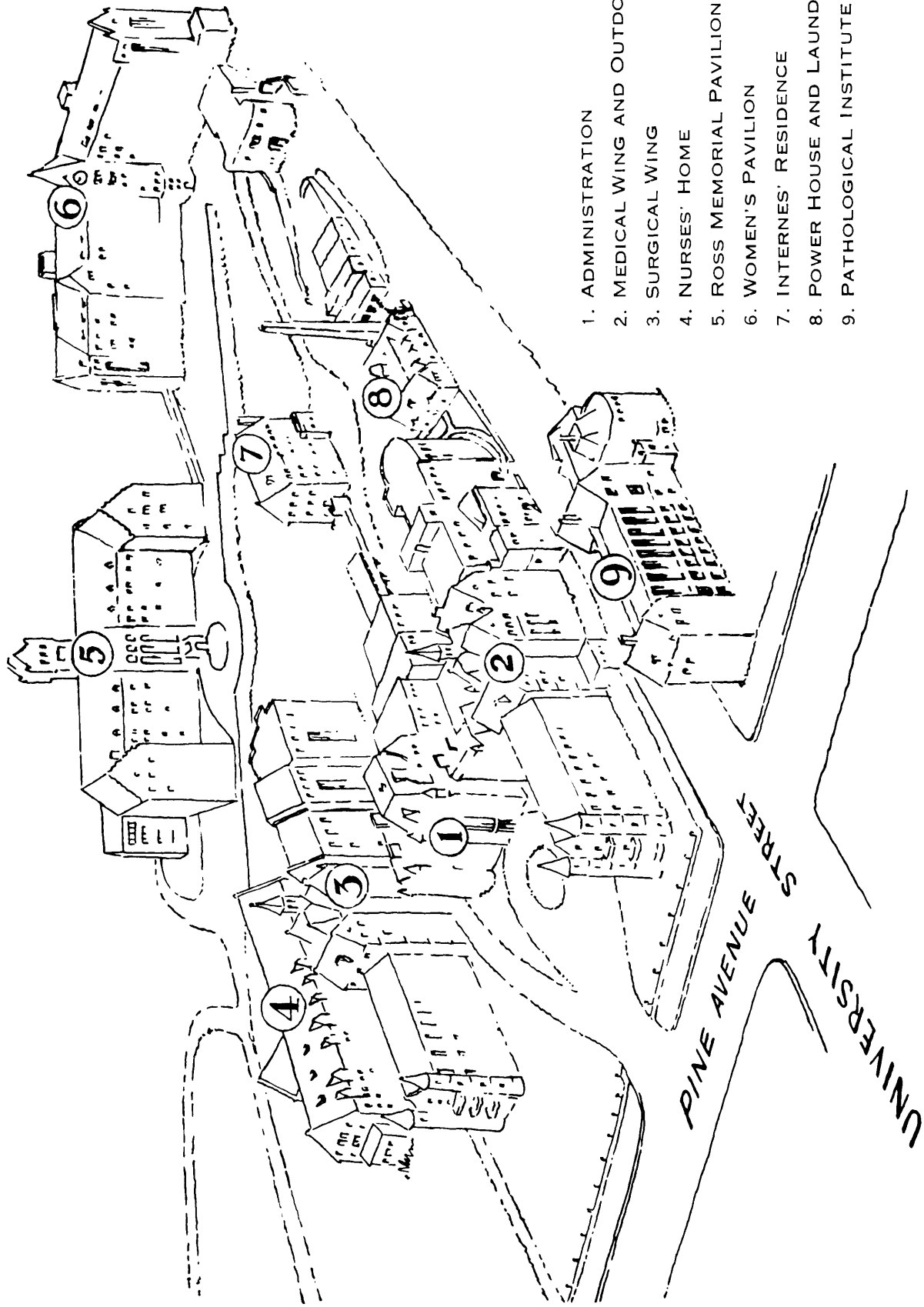
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ROYAL VICTORIA HOSPITAL



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THE
ROYAL VICTORIA HOSPITAL
MONTREAL

THIRTY-NINTH
ANNUAL REPORT
for

THE YEAR ENDED
31st DECEMBER, 1932



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"Arranged in Alphabetical Order"

January 1, 1933

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Assistant in Bacteriology

D. H. STARKEY, B.A., M.D, C.M.

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Associate in Röntgenology

J. C. LANTHIER, M.D.

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1st January, 1933

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DR. H. K. BONDAR	DR. A. BAPTISTI
DR. C. A. DAHLGREN	DR. I. M. GOURLAY
DR. E. J. CRAM	DR. P. L. BROOKS
DR. J. G. PETRIE	DR. E. DE LALLA
DR. J. O. W. BRABANDER	DR. R. M. STUCK
DR. M. E. LEONARD	DR. S. L. R. LIROT

House Surgeons

Resident: DR. M. B. PERRIN

DR. S. G. BAXTER	DR. D. A. SAMPSON
DR. A. M. VINEBERG	DR. H. C. CAMERON
DR. V. D. SCHAFFNER	DR. B. T. SMITH
DR. J. R. PARMLEY	DR. J. C. LUKE

House Neuro-Surgeons

DR. JOSEPH EVANS	DR. WILBUR SPRONG
------------------	-------------------

House Obstetricians and Gynæcologists

Resident: DR. GEORGE WHITE

DR. F. D. JOHNSON	DR. D. W. SPARLING
DR. HERMAN LICHTE	DR. G. S. HOPKINS
DR. D. A. MACLENNAN	DR. J. H. OLMSTEAD
DR. G. A. SIMPSON	DR. A. B. NASH

House Urologists

Resident: DR. V. J. BERRY

DR. A. J. CAMPBELL	DR. J. E. NICHOL
DR. G. A. WINFIELD	

House Oto-Laryngologists

DR. R. SCOTT-MONCRIEFF	DR. JOSEPH GOLLOM
DR. D. C. MACDONALD	

House Ophthalmologist

DR. J. G. LYNCH

House Pathologists

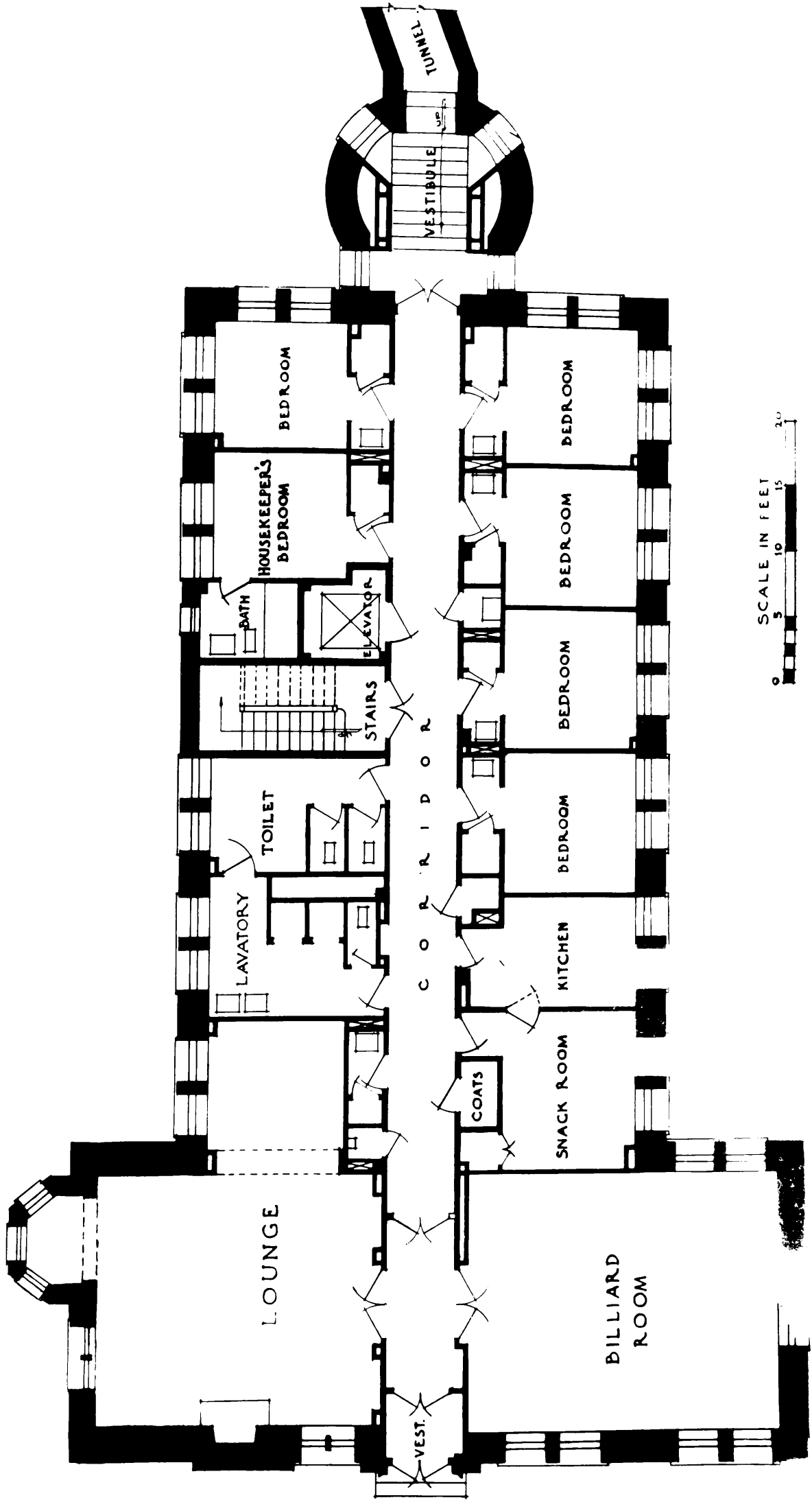
DR. G. C. JOHNSTON	DR. R. D. A. BISSON
DR. R. J. NELSON	DR. R. G. BOYD

House Dentist

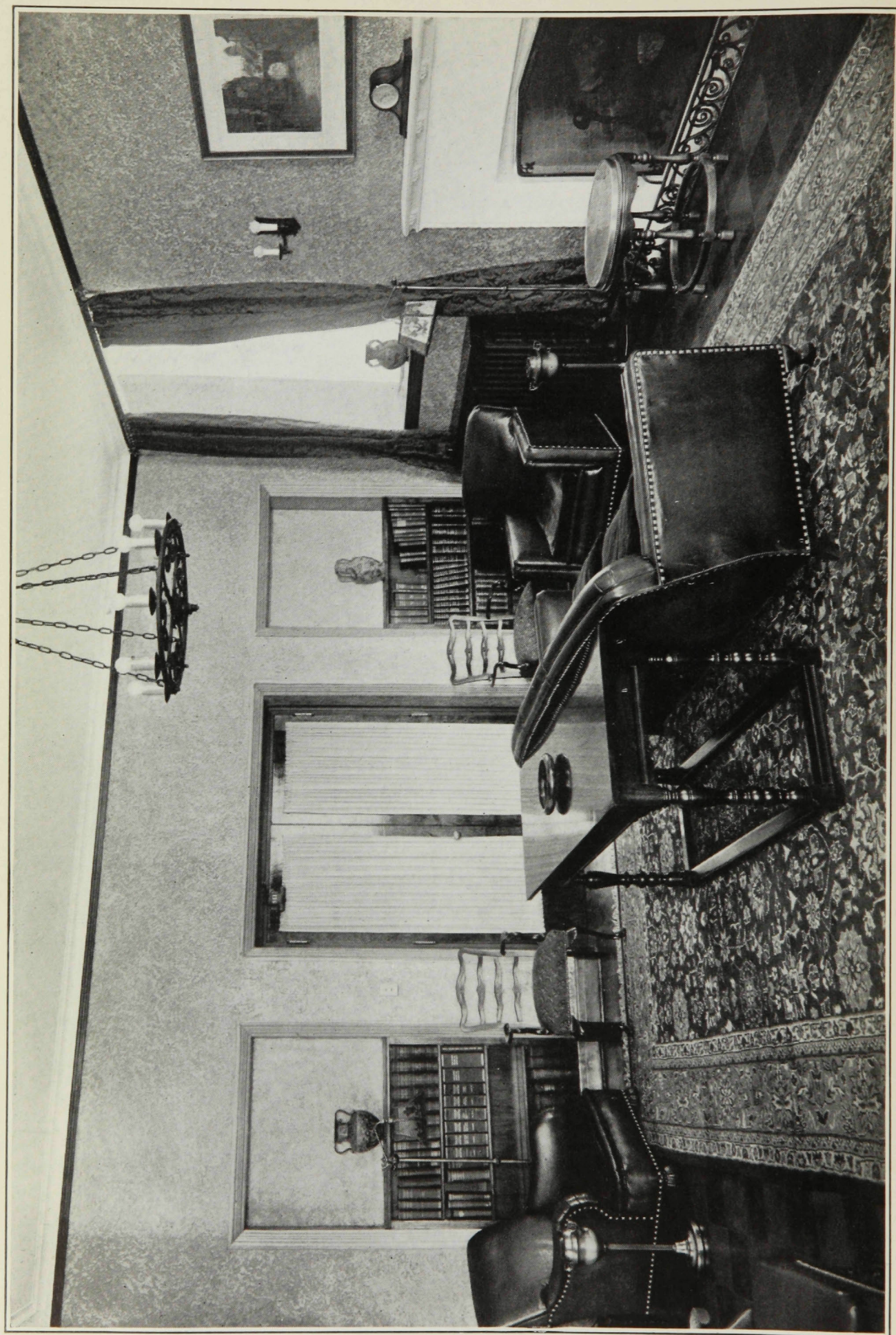
DR. J. B. O'BRIEN



INTERNES' RESIDENCE



GROUND FLOOR PLAN—INTERNE'S RESIDENCE



LOUNGE ROOM—INTERNES' RESIDENCE

CHAIRMAN'S REMARKS

Annual Meeting, 27th of March, 1933.

To the GOVERNORS OF THE ROYAL VICTORIA HOSPITAL.

Gentlemen:—

Before formally moving the adoption of the Thirty-ninth Annual Report for the year ending 31st December, 1932, copies of which have been sent to all the Governors, may I, in the absence of Sir Herbert Holt, the President, refer briefly to the work of the Hospital during the past year.

Notwithstanding the period of economic change which has affected hospitals generally, the past year has been an active one in the various departments of the Institution in ministering to the needs of the patients. Patients admitted to the Hospital numbered 13,501, a decrease of 1,157 when compared with the previous year and indicates, in sympathy with business conditions throughout the country, hospitals are experiencing a greatly lowered bed occupancy, particularly in the private room service and, consequently, a marked reduction in operating income. As the statements submitted will show, our receipts last year decreased \$118,000, but owing to careful management operating expenses reduced \$111,000. This substantial saving I am glad to say was effected while still maintaining an efficient standard of service in carrying on a high grade of professional accomplishment.

The deficit in the year's operations was \$32,234.23, an increase of \$6,844.91, which in the light of present conditions may be considered satisfactory.

The substantial growth in the number of visits made by patients to the Out-Patient Department and Out-Settlement Maternity Clinics is no doubt influenced by unemployment conditions. These Out-Patient Departments are far from being self-sustaining and constitute a heavy burden on the Institution's resources. The day has arrived when hospitals are faced with a greatly lessened number of patients who are able to pay for their hospitalization and treatment, both in-door and out-door. By a policy of rigid economy our hospitals are endeavouring to meet the situation. On the other hand, particularly at the present time, nothing should be permitted to militate against public and private support of the hospitals upon which the maintenance of public health so largely depends.

During the year in order to meet changed conditions a number of semi-private beds were installed. Reductions were also made in the charges for nursing and medical care.

Upon reviewing hospital activities in relation to the community, may I say a word in support of Dr. Boucher, the Director of the Department of Health in this City, who has recommended to his Executive Committee the need of an organization to regulate the creation or the enlargement of institutions and which body would decide upon any proposed activity only after the adoption of a plan prepared so as to meet the demand and to prevent too large an expansion when it is not urgent. As Dr. Boucher has pointed out the Quebec Government has already done much for charity during the past few years and has created an organization which has surely done much good. I would also recommend that the authorities give earnest consideration to Dr. Boucher's suggestion, that all municipalities should be forced to meet their obligations by the incorporation of an Act of Residential Aid.

Our investments in the Endowment Fund now aggregate \$2,528,568.59, a shrinkage of \$78,700, which represents a loss on the sale of American securities. Your Committee are closely scrutinizing the Hospital's investments and the above sales have been effected with a view to converting into a better class of security as well as, we hope, affording the Hospital at some future date an opportunity of recouping itself in a large measure for these capital losses when more normal conditions prevail. The interest received on our investments shows a nominal loss of \$5,500.

The new addition to the Nurses' Home was completed last September and our nurses are now comfortably accommodated under one roof.

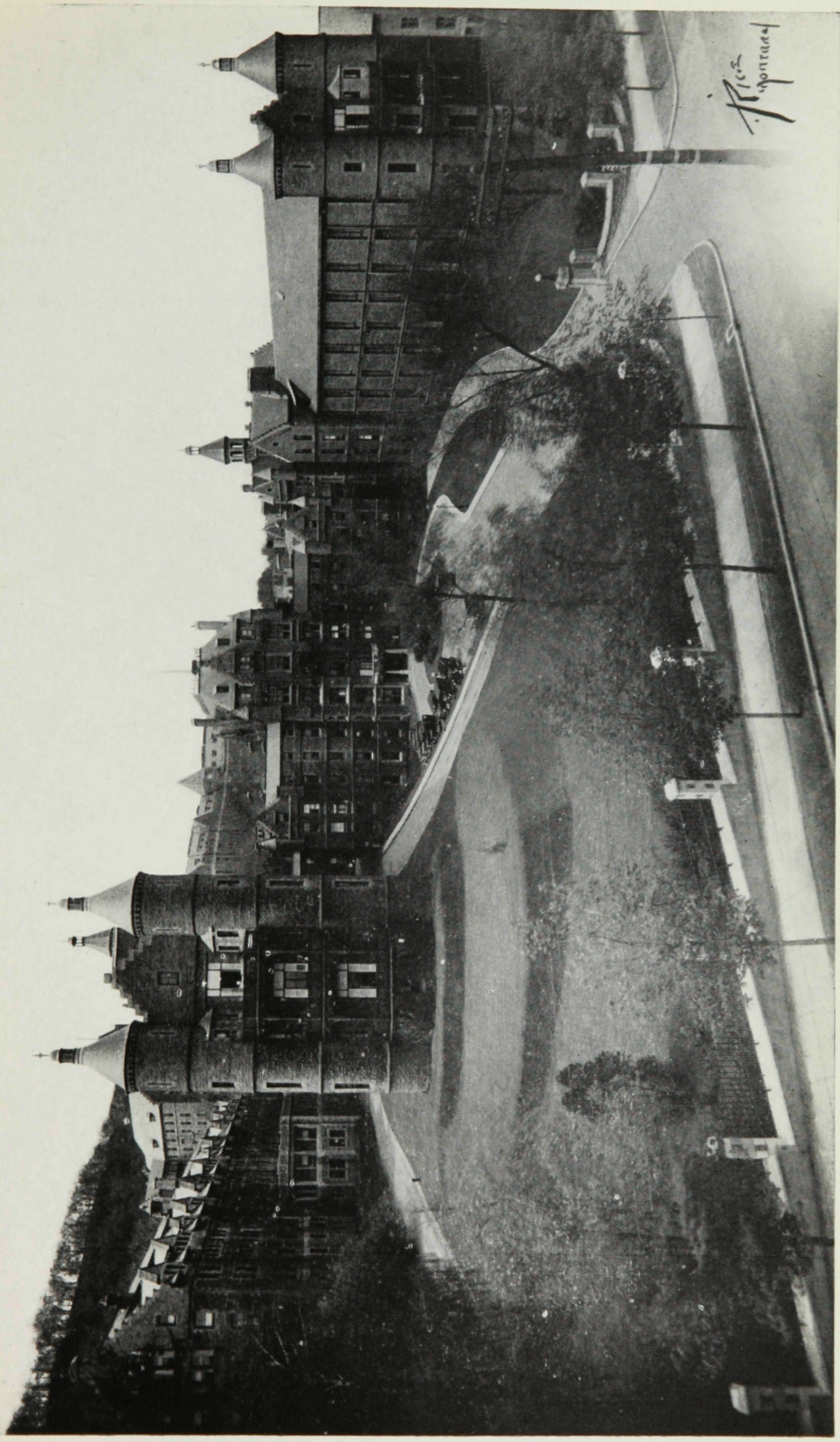
The hospital plant and equipment has been well maintained.

To the Provincial Government and the Civic Executive I tender our thanks for their financial support. I would also refer in terms of gratitude to Messrs. Meredith, Holden, Heward & Holden, the Hospital's solicitors, to the Department of Health, the Press and the Police for their assistance and co-operation.

I also wish to add a word of appreciation to our many friends who have remembered the Hospital by donations in cash or gifts in kind.

To the Attending Staff and Personnel of the Hospital I also express my thanks for their devoted service in furthering the activities of the Hospital.

E. W. BEATTY,
Chairman.



THE ROYAL VICTORIA HOSPITAL
(MAIN BUILDING)

SUPERINTENDENT'S REPORT

For the Year Ended December 31st, 1932.

To the GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I have the honour to present for your approval the Thirty-ninth Annual Report of the Royal Victoria Hospital for the year ended December 31st, 1932.

The patients admitted to the Hospital during the year numbered 13,501 as compared with 14,658 a year ago, a decrease of 1,157. In the Out-Door Department the number of patients' visits aggregated 96,791, an increase of 1,623 when compared with last year.

Of the patients admitted to the Hospital 10,063 were resident in the City of Montreal, a decrease of 253. Patients admitted from districts outside the City of Montreal aggregated 3,438 as compared with 4,342 a year ago, a decrease of 904.

The total number of days of hospital treatment aggregated 181,982 as compared with 196,494 the previous year, a decrease of 14,512 days.

The average number of days' stay in hospital was 13.4 as against 13.3 a year ago.

Deaths numbered 421, and the rate, excluding those who died within forty-eight hours of admission and "still births" was 2.2. the same as last year.

The daily average number of patients was 498 or 73% of occupancy, as compared with 538 or 78.9% the previous year.

The following classifications present a brief summary of the year's activities:—

GENERAL STATISTICS

IN-DOOR DEPARTMENT

Patients admitted to the Hospital:—

			Inc.	Dec.
Males	5,217	Private patients.....	3,263	833
Females	8,284	Semi-private patients.	1,147	30
		Public pay patients...	5,562	959
		Public patients ad- mitted under Que- bec Public Charities Act.....	3,263	691
		Admitted as Free patients.....	266	26
	<hr/>		<hr/>	<hr/>
	*13,501		13,501	1,848
				691
				<hr/>
				1,157

Service:

Medicine.....	2,964	241
Surgery.....	3,805	256
Obstetrics.....	2,410	254
Gynæcology..	1,314	149
Oto-Laryngology.....	1,849	86
Urology.....	765	96
Ophthalmology.....	357	67
Convalescent Home.....	37	8
	<hr/>	<hr/>
	13,501	1,157

Religion:

Protestant.....	6,557	481
Roman Catholic.....	3,646	495
Hebrew.....	2,954	43
Others.....	344	138
	<hr/>	<hr/>
	13,501	1,157

*These figures include 1,921 children.

OUT-DOOR DEPARTMENT

The total number of visits to the Out-door Department during the year was 96,791, an increase of 1,623 visits or a daily average increase of 5.

Service:		Inc.	Dec.
Medicine	23,873	2,480	
Surgery	12,069		1,909
Neurosurgery	624	195	
Urology	17,831		452
Oto-Laryngology	7,187	46	
Ophthalmology	6,389		209
Pædiatrics	6,092	199	
Obstetrics	5,189		161
Gynæcology	4,128	314	
Neurology	4,377	108	
Orthopædics	3,801	594	
Dermatology	3,631	325	
Psychiatry	789	61	
Pneumo-thorax	540	107	
Rabies, Serum Injections	163		183
Bronchoscopic	108	108	
	96,791	4,537	2,914
		2,914	
		1,623	

Auxiliary Departments:

Physiotherapy	10,259	1,718
Massage Treatments	1,619	724

X-ray Department:

Skiagraphs	33,196	3,793
X-ray Treatments	3,616	501
Fluoroscopic Examinations	411	74

Settlement Clinics (Maternity):

		Inc.
Home Visits paid by Nurses.....	5,896	197
Confinements at Home.....	456	10

WORKMEN'S COMPENSATION

Number of Patients Treated:—	1932	1931
In-door.....	142	146
Out-door.....	103	221
	<hr/>	<hr/>
	245	367
	<hr/>	<hr/>
	1932	1931
POST MORTEMs:	53.5%	52.2%

The Ambulance made 2,148 trips during the year, a decrease of 46. The Ford car, which is used for the purpose of visiting the District Maternity cases and to take workers to and from the Settlement Clinics, made 6,951 trips, an increase of 678. The total mileage of the Ford car for the year was 28,112 as compared with 23,259 last year, an increase of 4,853 miles.

Briefly reviewing these results for the past year it may be noted that in sympathy with the economic change in business conditions throughout the country, hospitals generally are experiencing a greatly lowered demand for private room service.

It may also be stated that during the year under review the health of the community has been generally good and the demands upon the Hospital for public beds were not as extensive as formerly.

However, it is becoming evident that in view of the widespread distress due to continued unemployment and the reduction in wages, resulting in inadequate nourishment, lack of proper housing facilities and mental stress, we can anticipate that the calls upon the hospitals for treatment in our Out-door Departments will be greater than ever before. This condition is already reflected in the foregoing summary which shows an increase of 1,623 patient visits to our Out-patient Department, particularly the Department of Medicine, besides the additional demands now being made upon the Hospital in its out-patient Obstetrical service.

FINANCIAL

Referring to the Hospital's finances the following changes are noted:—

		Decrease
Receipts for the year from all sources aggregated	\$899,590.02	\$118,093.28
Expenditures amounted to	931,824.25	111,248.37
Leaving a deficit of	\$ 32,234.23	
As compared with an operating deficit of	\$25,389.32	
a year ago, an increase of	6,844.91	

The principal changes are:

Revenue from private patients decreased	\$ 63,000.00
Revenue from public patients decreased	30,000.00
Revenue from Auxiliary services decreased	26,000.00
	119,000.00
Cost of hospitalizing In-door patients decreased	85,000.00
	34,000.00
Amount spent on Improvements decreased	9,000.00
	25,000.00
Cost of operating Auxiliary Departments decreased	18,200.00
Increase in Deficit	\$ 6,800.00

It is satisfactory to observe from the foregoing that costs have been reduced in line with diminishing revenues. It, nevertheless, becomes increasingly evident that a further contraction in hospital income cannot be met by a similar reduction in operating costs if the Hospital is to continue to provide medical care for the indigent sick who are applying for treatment at our Out-patient Departments in ever increasing numbers.

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

Private Patients \$6.49
(1931—\$6.36)

Public patients \$3.95
(1931—\$4.14)

IMPROVEMENTS

The outlay of \$49,002.06 which is described in the Balance Sheet as "Improvements to Plant and New Equipment" has in a large measure been incurred to renovate and recondition the old sections of the Hospital and to purchase new sterilizers, instruments and other equipment for the public wards, in order that the service of the Hospital may be maintained on a high standard of efficiency and to effect proper economy. The operation of our new Plant under the direction of Mr. Roy, our Chief Engineer, has been responsible for a substantial part of the decrease in the Hospital's expenses this year.

GENERAL REMARKS

I commend as being worthy of study the reports of the medical and scientific activities which follow this report. They indicate advancement and progress.

It is with pleasure I have to record the following honours conferred on members of our Consulting and Attending Staffs:—

Dr. W. W. Chipman, appointed Governor of the American College of Surgeons.

Dr. H. S. Birkett, appointed Vice-President of the Section of Laryngology and Otology of the Pan American Medical Congress for 1933.

Dr. J. T. Rogers, appointed Second Vice-President of the American Academy of Ophthalmology and Oto-Laryngology.

During the year under review the Hospital had the pleasure of receiving the following visitors:—

American Board of Oto-Laryngology.

Canadian Association of Clinical Surgeons.

An outstanding event was the opening of the large extension to our Nurses' Home in September. In appearance the new wing conforms generally to the other buildings with a fine adaptation of Scottish baronial as the architectural motif. The building is of fireproof construction and the walls are of local limestone. The building provides living accommodation for 132 nurses in 72 single and 30 double rooms. It also includes class rooms, library, a large assembly hall, a special dietetic laboratory, utility kitchens and a

large reception room. The completion of this wing has met a long-felt need for the proper accommodation of our nurses. The cost of the building was met out of the proceeds collected from the Joint Hospital Campaign held in 1927.

It affords me pleasure to record the following resolution passed by the Board of Governors:

RESOLVED that as a mark of appreciation for her many benefactions and continued interest in the Hospital's activities and as a tribute to the late Sir Vincent Meredith, former President of the Hospital, a ward in this Hospital should be suitably designated and a tablet erected, and that an appropriate letter be sent to Lady Meredith informing her of the Board's action.

A five-bed ward has also been named the Thomas Hastings Ward in memory of the late Thomas Hastings and as a tribute to his widow, who deeded outright to the Hospital a property in the suburb of Rosemount, known as the Thomas Hastings Convalescent Home.

In times of stress and strain the support of an Auxiliary Board of Governors is of inestimable value to a hospital and it is with gratitude we express our thanks to Lady Meredith, Mrs. Walter M. Stewart and the members of the Auxiliary Board for their financial assistance and co-operation in enabling the Hospital to extend its service and cope with the growing demands that are being made on it in the obstetrical department.

I also wish again to acknowledge our indebtedness to the members of the Junior League for the service they are rendering in conducting the Canteen in the Out-door Department and for their generous contributions to the funds of the Hospital for social service activities.

Our sincere appreciation is also extended to Miss Baylis and her voluntary workers in ministering to the comfort of the patients through the medium of the circulating library.

A perusal of the reports of the Social Service Departments indicates the amount of work accomplished during the past year by these valuable adjuncts to the Hospital's organization.

In the recreational field the Royal Victoria Hospital Football Club, comprised of employees of the Hospital, had a successful year, winning the Mid-week League Championship, the Macoun Cup and the National Breweries Cup.

This report would not be complete without expressing our sincere appreciation to the many friends of the Hospital for their donations of cash and gifts in kind. We are grateful to:—

Lord Bessborough, for a donation of \$1,000 for a research laboratory.

Auxiliary Board of Governors for raising the sum of \$4,265 for the Out-patient maternity service

Lady Meredith, for donation of Piano for the Nurses' Home; subscription \$1,000, tickets for Charity Ball; Hobart equipment for Ross Kitchen.

Mrs. Walter M. Stewart for donation of Altar for Chapel, also subscription \$1,000, tickets for Charity Ball.

Mrs. Arthur Drummond, for donation of \$1,000.

Mr. Harry F. Adams[†] for donation of Respirator for resuscitation of cases of paralysis of the respiratory centre.

City of Montreal for donation of \$6,000 towards defraying hospitalization of indigent maternity cases.

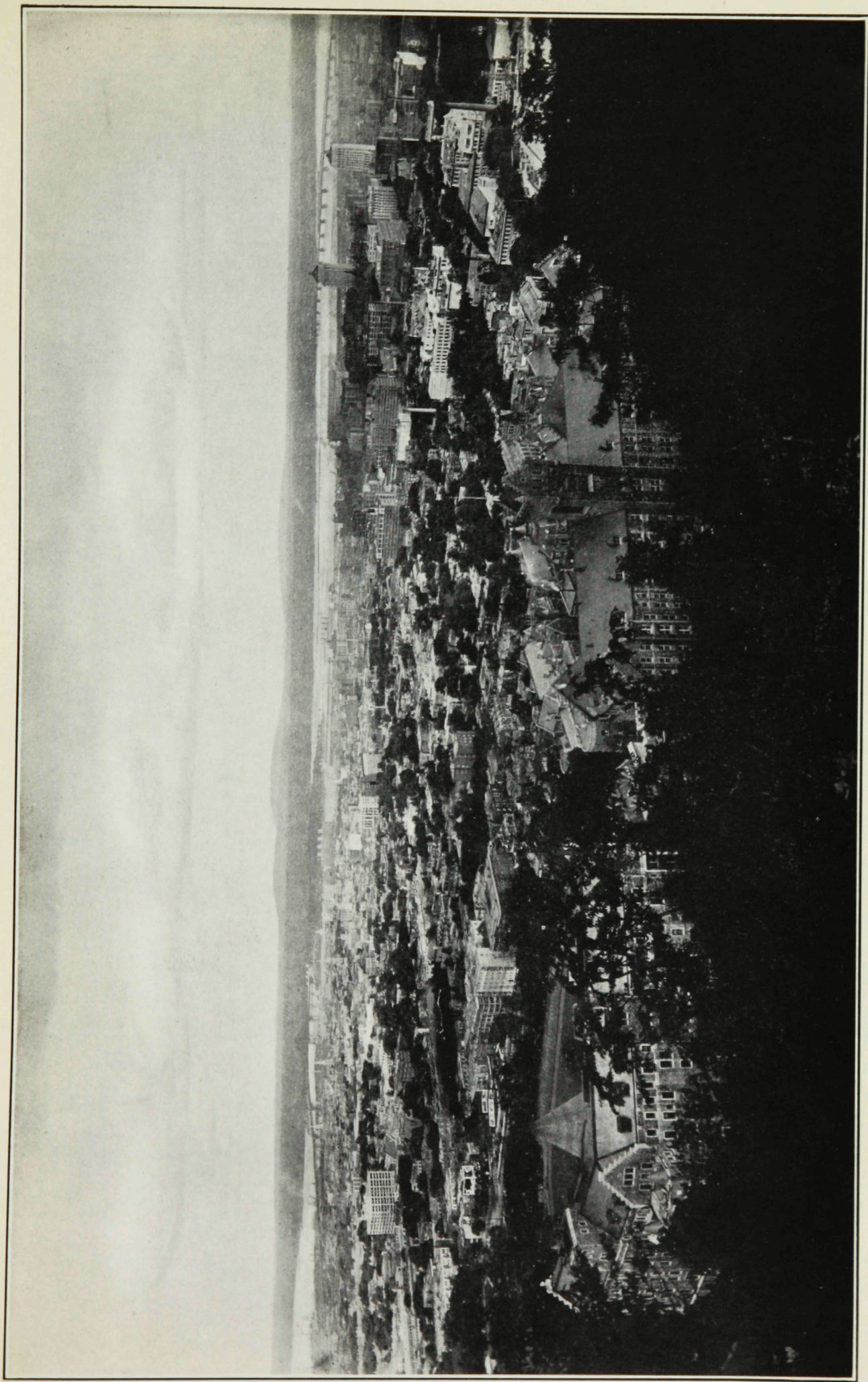
To Sir Herbert Holt, our President, and the members of the Board of Governors I wish to express my grateful appreciation for their support and continued interest in the affairs of the Hospital.

I am indebted to the Staff of Physicians and Surgeons for their unstinted services to our patients, also to the Hospital Personnel for their co-operation and loyal service.

Respectfully submitted,

W. R. CHENOWETH,

Superintendent.



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

FINANCIAL STATEMENTS

ROYAL VICTORIA HOSPITAL—INCLUDING ROSS MEMORIAL AND NEW PAVILION
STATEMENT OF REVENUE AND EXPENDITURE
For Year Ended 31st December, 1932

EXPENDITURE		REVENUE	
EXPENSES FOR CARE OF INDOOR PATIENTS		INCOME FROM ROOMS AND WARDS	
	1932	1932	1931
Professional Care.....	\$186,225.48		\$369,148.22
Domestic Care.. .. .	93,943.10	\$306,376.01	191,133.73
Cost of Meals.....	203,719.32	142,606.51	
Property and House Expense.	140,658.17		
Administration and General Expense.....	96,583.45	139,736.71	122,059.16
Improvements to Plant and New Equipment.....	49,002.06	7,994.75	8,650.95
		\$596,713.98	\$690,992.06
		\$128,490.98	\$133,987.49
		16,046.50	7,842.50
		5,326.50	5,387.00
		\$149,863.98	\$147,216.99
DEPARTMENTAL EXPENSES		DEPARTMENTAL INCOME	
Outdoor Department... ..	\$ 29,508.14	\$ 18,615.97	\$ 21,712.55
Operating Rooms.....	57,159.22	52,905.63	62,867.11
Ambulance.....	6,477.66	6,898.85	8,090.15
Other Departments.....	61,614.60	74,591.61	86,804.44
Social Service Department...	6,933.05		
	\$161,692.67	\$153,012.06	\$179,474.25
		\$899,590.02	\$1,017,683.30
		32,234.23	25,389.32
Total Expenditures.....	\$931,824.25	\$931,824.25	\$1,043,072.62

ROYAL VICTORIA HOSPITAL

BALANCE SHEET

as at 31st December, 1932

ASSETS		LIABILITIES	
	1932	1931	
Buildings and Equipment . . .	\$3,989,714.49	\$3,799,774.59	Capital Accounts
Inventory of Supplies . . .	49,272.06	59,566.19	\$4,004,470.19
Amounts Due and Outstanding	96,246.12	63,316.97	Add:
Cash in Bank	20,394.56	37,122.02	Donation
			16,000.00
			Less:
			Excess of Expenditure over Revenue for Year Ended 31st December, 1932 . . .
			32,234.23
			\$3,972,235.96
			Accounts Payable
			132,737.00
			Overdraft in connection with Building of Nurses' Home .
			50,654.27
			\$4,155,627.23
			\$3,824,109.51
			\$3,840,109.51
			\$3,814,720.19
			145,059.58
			\$3,959,779.77

ROYAL VICTORIA MONTREAL MATERNITY PAVILION

BALANCE SHEET
as at 31st December, 1932

	ASSETS		LIABILITIES	
	1932	1931	1932	1931
Building Construction, Equip- ment and Furnishings.....	\$1,681,298.47	\$1,681,298.47	Capital Funds:—	
			Montreal Maternity Fund.	\$ 331,598.47
			Province of Quebec Grant.	200,000.00
			Gifts, Donations.....	149,700.00
			Campaign Fund 1927.....	1,000,000.00
	<u>\$1,681,298.47</u>	<u>\$1,681,298.47</u>	<u>\$1,681,298.47</u>	<u>\$1,681,298.47</u>

COMBINED BALANCE SHEET

ROYAL VICTORIA HOSPITAL—INCLUDING NEW PAVILION AND TRUST FUNDS

as at 31st December, 1932

ASSETS		LIABILITIES	
	1932	1932	1931
Buildings and Equipment:			
Royal Victoria Hospital...	\$3,989,714.49	\$3,972,235.96	\$3,814,720.19
New Pavilion.	1,681,298.47	1,681,298.47	1,681,298.47
	<hr/>	<hr/>	<hr/>
	\$5,671,012.96	\$5,653,534.43	\$5,496,018.66
Inventories of Supplies. . .	\$ 49,272.06		
Amounts Due and Outstand-			
ing.....	96,246.12	132,737.00	145,059.58
	<hr/>		
Cash in Bank:			
Royal Victoria Hospital. .	20,394.56	50,654.27	
	<hr/>	<hr/>	
	\$5,836,925.70	\$5,836,925.70	\$5,641,078.24
Investments held by Trustees			
of the Royal Victoria Hos-			
pital.....	2,628,568.59	2,628,568.59	2,707,243.60
	<hr/>		
	\$8,465,494.29	\$8,465,494.29	\$8,348,321.84
	<hr/>	<hr/>	<hr/>

AUDITOR'S REPORT

For the Year Ended December 31st, 1932.

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 December 31st, 1932, and hereto attach:

1. Balance Sheet of the Royal Victoria Hospital, including New Pavilion and Trust Accounts, as at December 31st, 1932.
2. Statement of Revenue and Expenditure of the Royal Victoria Hospital, including Ross Memorial and New Pavilion, for the year ended December 31st, 1932.

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

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

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 December 31st, 1932.

Yours faithfully,

LEWIS BRIMACOMBE,

Auditor.

ROYAL VICTORIA HOSPITAL

STATISTICS

	1932	1931
Number of Beds in the Hospital...	685	682
Number of Babies' Cribs (maternity Section).....	110	110
Number of patients admitted during year.....	13,501	14,658
Total number of days of hospital treatment.....	181,982	196,494
Average number of days' stay in Hospital per patient	13.4	13.3
Deaths.....	421	469
Mortality per cent. (excluding those who died within forty-eight hours of admission)...	2.2%	2.2%
Beds occupied per cent. (excluding babies' cribs)..	73%	78.9%
Total number of staff nurses, pupil nurses, affiliates and graduates working in Hospital.....	294	309
Nurses per patient bed....	.42	.45
Total number of employees (excluding nurses)...	501	509
Employees per patient bed (excluding nurses).....	.73	.74
Total pay roll for year, all employees (including nurses)	\$514,890.54	\$527,125.34
Total pay roll for year, nurses.....	\$93,690.55	\$100,310.10
Total pay roll per patient bed.....	\$751.00	\$775.00
Maximum number of patients in Hospital, 5th February, 1932 (including babies born in Hospital)	657	712
Minimum number of patients in Hospital, 11th September, 1932 (including babies born in Hospital)	480	510
Maximum number of patients, 5th February, 1932 (excluding babies born in Hospital).....	573	613
Minimum number of patients, 25th December, 1932 (excluding babies born in Hospital).	402	412
Industrial cases treated:		
Indoor.	142	.288
Outdoor.....	103	324
Ambulance:		
Number of trips....	2,146	2,194
Average number of trips per day.....	6	6.01
Maximum number of trips in twenty-four hours..	14	17
Total mileage for year.....	18,741	21,312
Operating Cost per diem (excluding Outdoor patients):		
Private patients.....	\$6.49	\$6.36
Public patients.....	\$3.95	\$4.14
Number of patients treated in Outdoor Department...	96,791	95,168

Honorary President
Her Excellency The COUNTESS OF BESSBOROUGH

<i>President</i>	Lady Meredith
<i>Vice-Presidents</i>	{Lady Holt
	{Mrs. W. M. Stewart
<i>First Directress</i>	Mrs. H. C. MacDougall
<i>Second Directress</i>	Mrs. F. C. Dobell
<i>Third Directress</i>	Mrs. A. F. Culver
<i>Treasurer</i>	Mrs. E. R. W. Hebden
<i>Assistant Treasurer</i>	Mrs. D. S. McMaster
<i>Secretary</i>	Hon. Mrs. A. K. Hugessen
<i>Assistant Secretary</i>	Mrs. T. B. Heney

To the GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

I have the honour to submit the Sixth Annual Report of the Auxiliary Board of Governors of the Royal Victoria Montreal Maternity Hospital for the year ended January 31st, 1933.

35

Royal Hotel, who generously gave us a substantial reduction on the usual supper charge so that we were able to realize a greater profit on each ticket sold.

Their Excellencies the Governor-General and Lady Bessborough honoured us with their presence at the Ball. We were also fortunate in having the Rt. Hon. R. B. Bennett attend the Ball.

The Committee are very deeply indebted for the success of the Ball to Mr. J. W. McConnell, who again very kindly gave us the greatest assistance as Chairman of the Ball Committee. Our thanks are also due to Lady Meredith who took 100 tickets; to Mr. W. M. Stewart who sent a cheque for \$1,000 for 75 tickets; and to Mr. H. C. MacDougall for the efficient work of the Floor Committee.

Our Committee is still undertaking to relieve the Hospital of all expenses in connection with the clinics in the Hospital and at the Outdoor Settlements, being responsible for the salary of the Social Service Workers and the Settlement Nurse, also the rental of the four outdoor clinics.

The cost of this work amounts to approximately \$6,000 a year.

Owing to the present financial conditions, it was found that many maternity cases in the city, who formerly could afford private doctors, were getting no adequate medical or nursing care. As this state of affairs could not be allowed to continue, a meeting was held in November and it was arranged that the Royal Victoria Montreal Maternity Hospital, in co-operation with the Victorian Order of Nurses, would supply free outdoor care to all such cases. As no extra grant can be obtained for this service, which amounts to some 40 cases a month, this has necessitated a large financial burden and also much extra work for the Social Service Workers. Funds for this purpose were collected by Lady Meredith and a small committee. Our Committee were glad to be able to contribute \$400 to help in this special service.

The work of the Social Service Department has greatly increased this year owing to unemployment and financial conditions. In October it was found necessary to reduce expenses and our thanks are due to the Workers for their loyal co-operation and helpful spirit in this matter.

The members of the Committee have continued to drive the Social Service Workers in the mornings, except during the summer months when a driver was engaged at a salary of \$50 a month. This

service is of the greatest assistance to the nurses, as an average of 40 calls a week has been made during the year, mostly in outlying districts, and without it it would really be impossible to cover all the work in view of the increased number and difficulty of the cases.

During the year indigent patients who required it were given blood transfusions, at a cost of \$325. \$250 was given during the year for relief in emergency cases.

In May, 1931, a fund was set aside for the purpose of engaging Special Nurses for public patients who were dangerously ill and in need of special care. During the past year the sum of \$134 has been expended for 23 days of nursing care. This service has been of greatest benefit and has been the means of saving the lives of several women.

The House Committee, under the direction of Mrs. White, First Directress, have visited the Hospital regularly during the year, and at Christmas a present was given to every patient and baby in the wards of the Hospital.

Also at Christmas, under the direction of Mrs. Culver, assisted by Miss Matthews, 37 Christmas dinners were given to the families of patients on our books who were in great need. These dinners were donated by members of the Committee and their friends and were much appreciated.

Owing to financial conditions and the many pressing demands on our funds for relief, etc., we have spent practically nothing on improvements to the nurses' quarters or the wards. Books, magazines and medical journals were again supplied for the use of nurses and doctors.

Special thanks are due to Lady Holt who each year has given a very generous donation to 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 226 dozen garments have been cut out for layettes and general hospital use. \$115.01 has been realized from the sale of some of these garments to patients who wished to make up their own baby clothes and were able to pay. In addition to 144 layettes given to the Social Service Department for distribution, many other deserving patients have been supplied with baby clothes. The members of this Committee have also supplied and knitted 36 woollen garments a month for layettes.

The following organizations have assisted in making up these layettes and to them we wish to express our appreciation for their help:—

The Junior League, the I. H. N. Society, the Mu Sigma Kappa Chapter and the following Chapters of the I.O.D.E.: Edward Baldwin Savage Chapter, Edward Prince of Wales Chapter, and Lord Dorchester Chapter.

During the past year, under the direction of Mrs. Dobell, Third Directress, 1195 cups of cocoa were served in the canteens. This is an increase of 356 over last year.

The Old Clothes Committee received 1617 articles of clothing and bedding and gave out 1429. The remainder are summer clothes which will be distributed in the spring.

In addition, two bolts of material were purchased by this Committee and made up into 79 adults' and 92 babies' nightgowns, which were distributed to needy outdoor patients.

The Committee deeply regret the loss of Mrs. Lachlan Gibb, one of their Governors, who died in August, 1932.

To Mr. W. R. Chenoweth, to Miss Barrett, the Supervisor of the Women's Pavilion, and her Staff, and to the Social Service Workers and Settlement Staff, the Committee owe their grateful thanks for their help and co-operation in this work.

The sum of \$1,146.05 was received from Governors' annual fees.

In conclusion the Committee wish to thank the following for their generous donations:—

Lady Holt, Lady Meredith, Mr. W. M. Stewart, Mrs. Andrew Allan, Mrs. G. F. Benson, The Misses Gillespie, Mrs. P. F. Mathias, Mrs. T. Howard Stewart, The Needlework Guild of Canada, Mr. A. L. Brewer, Principal Hampstead School; Miss McCammon, Principal Elizabeth Ballantyne School; Mrs. Alex. Paterson, Mrs. Chipman, Mrs. Fraser.

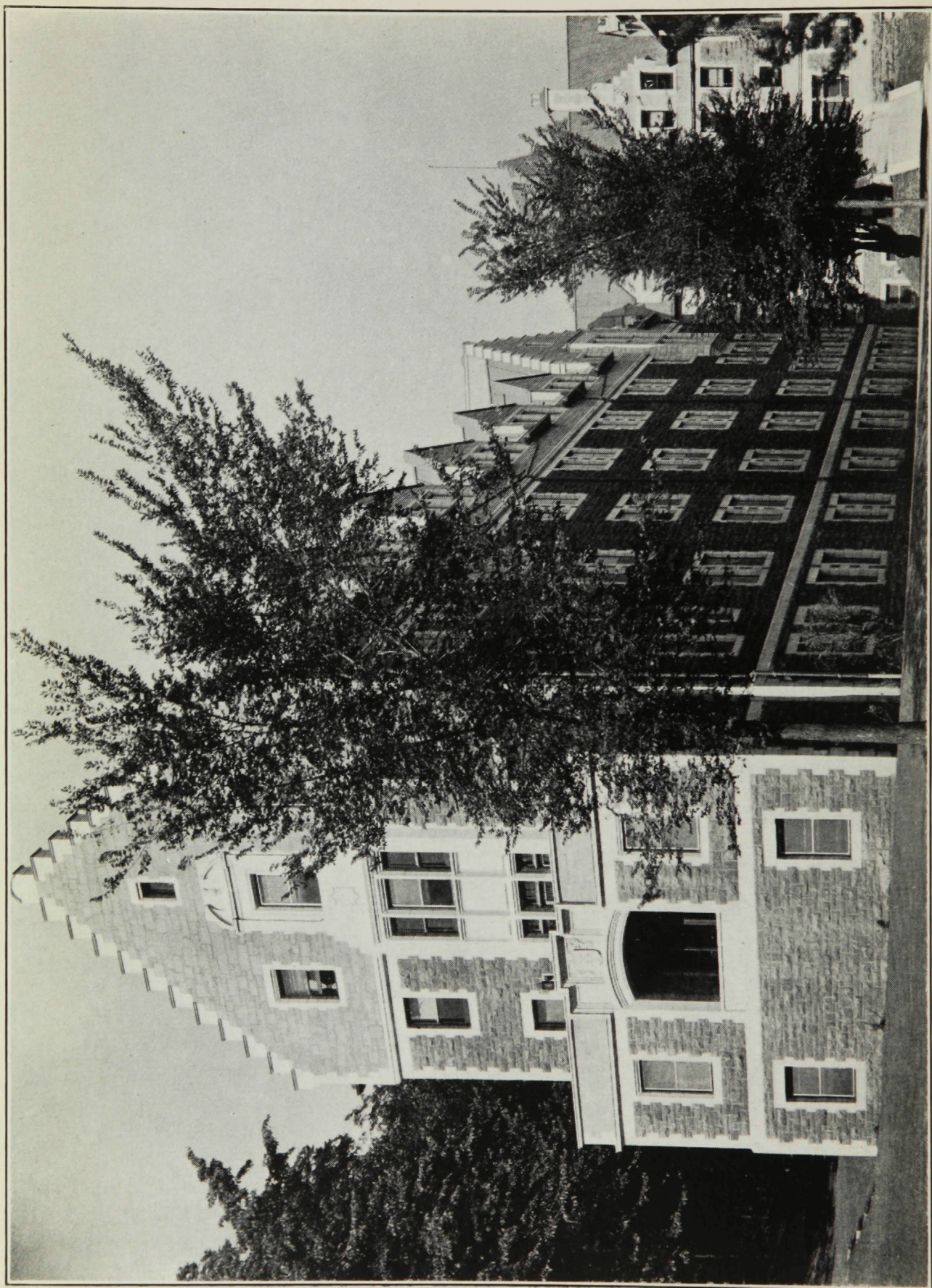
Respectfully submitted,

MARGARET KNATCHBULL-HUGESSON,
Hon. Secretary.

AUXILIARY BOARD OF GOVERNORS

ANNUAL FEES 1932

	AMOUNT		AMOUNT
ADAIR, MRS. IAN.	\$10.00	JOSEPH, HENRY.	\$10.00
ADAIR, MRS. ROBERT.	10.00	JOSEPH, MRS. HENRY.	10.00
AIKMAN, MRS. R. E.	10.00	JOSEPH, MRS. HORACE.	10.00
ALLAN, SIR MONTAGU.	10.00	LABATT, MRS. T.	10.00
ALLAN, LADY.	10.00	LINDSAY, MRS. LIONEL.	10.00
ARMSTRONG, G., M.D., C.M.G.	10.00	LUCAS, MRS. A.	10.00
ATHOLSTAN, LORD.	10.00	LAW, MRS. ALAN G.	10.00
ATHOLSTAN, LADY.	10.00	LYMAN, MRS. W. K. G.	10.00
BALLANTYNE, SENATOR C. C.	10.00	MACINNES, MRS. W. R.	10.00
BEATTY, E. W., K.C.	10.00	MACKENZIE, MRS. E. A.	10.00
BIRKETT, H. S., M.D.	10.00	MACPHAIL, SIR ANDREW.	10.00
BLAIKLOCK, MRS. S. T.	10.00	MARTIN, MRS. C. F.	10.00
BUCHANAN, MRS. A. W. P.	10.00	MATHIAS, MRS. P. F.	10.00
BURLAND, MRS. J. H.	25.00	McCONNELL, J. W.	10.00
BRUNTON, LADY.	10.00	McCONNELL, MRS. J. W.	10.00
CAINS, G. L.	10.00	McLENNAN, MRS. DURIE.	10.00
CAMPBELL, MRS. D. W.	10.00	MEREDITH, LADY.	10.00
CAVERHILL, MRS. GEORGE.	10.00	MILLAR, MRS. E. A.	10.00
CAVERHILL, MRS. G. R.	10.00	MOLSON, LT.-COL. H., M.C.	10.00
CHIPMAN, MRS. W. W.	10.00	MOLSON, MRS. H.	10.00
COWANS, MRS. P. P.	10.00	MacDOUGALL, MRS. H. C.	10.00
COOK, MRS. G. W.	10.00	MOLSON, MRS. WALTER.	10.00
CAMERON, MRS. J. C.	10.00	MACLEAN, COL. C. W.	10.00
CULVER, MRS. A. F.	10.00	MEREDITH, F. E., K.C.	10.00
DAWES, MRS. NORMAN.	10.00	McLENNAN, MISS I. C.	10.00
DAWES, MRS. A. S.	10.00	MERRETT, T. E.	10.00
DOBELL, MRS. S. H.	10.00	McMASTER, MRS. D. S.	10.00
DOUGLAS, MISS E.	10.00	MORRICE, W. J.	20.00
DUGGAN, G. H.	10.00	MEIGHEN, MRS. F. S.	10.00
DUGGAN, MRS. G. H.	10.00	MURCHIE, MRS. GUY.	10.00
DURNFORD, MRS. A. D.	10.00	NORRIS, MRS. J. S.	10.00
DRUMMOND, LADY.	10.00	OGILVIE, MRS. A. E.	10.00
DOBELL, MRS. CURZON.	10.00	OGILVIE, MRS. GAVIN L.	10.00
EVANS, ALFRED B.	10.00	PATERSON, MRS. A. T.	10.00
FRASER, MRS. J. R.	10.00	PATON, HUGH.	10.00
GILLESPIE, MISS.	10.00	PRENTICE, MISS MONA.	10.00
GILLESPIE, MISS MARGARET.	10.00	PANGMAN, MRS. J. J. M.	10.00
GILLESPIE, T. S.	10.00	PEVERLEY, MRS. F. R.	10.00
GORDON, SIR CHARLES.	10.00	ROBERT, MRS. E. A.	10.00
GORDON, LADY.	10.00	RUTHERFORD, MRS. H. L.	10.00
GIBB, MRS. LACHLAN.	10.00	STEWART, WALTER M.	10.00
HALLWARD, HON. MRS.	10.00	STEWART, MRS. W. M.	10.00
HANSON, EDWIN.	10.00	STEWART, MRS. T. H.	10.00
HODGSON, MRS. T. E.	10.00	STEWART, T. HOWARD.	100.00
HODGSON, C. A.	10.00	STOKER, MRS. T. T. McG.	10.00
HOLT, SIR HERBERT.	10.00	THOMPSON, MRS. F. W.	10.00
HOLT, LADY.	10.00	WANKLYN, MRS. D.	10.00
HOLT, MRS. W. R. G.	10.00	WANKLYN, MRS. F. L.	10.00
HUGESSEN, HON. MRS. A. K.	10.00	WEBSTER, SENATOR L. C.	10.00
HEBDEN, MRS. E. R. W.	10.00	WHITE, SENATOR SMEATON.	10.00
HOUGH, COL. H.	10.00	WHITE, MRS. S. B.	10.00
HENEY, MRS. T.	10.00		



NURSES' HOME—ROYAL VICTORIA HOSPITAL

REPORT OF THE SCHOOL OF NURSING

For the Year Ended December 31st, 1932.

To the GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I have the honour to present for your approval the thirty-ninth Annual Report of the School of Nursing, Royal Victoria Hospital.

Census of School December 31st, 1932.	294
Graduate Nurses.	64
Student Nurses.	165
Affiliated Students.	42
Post Graduate Nurses.	7
General Duty Nurses.	16
Preliminary Students admitted.	89
Preliminary Students accepted.	66
Calendars sent to applicants.	602

The usual graduation exercises were not held this year as the new wing of the Nurses' Home was not completed. On the evening of October 6th, at a very quiet ceremony, Lady Meredith presented the 59 members of the graduating class with their pins and diplomas. Miss Constance Moule and Miss Dorothy Riches received prizes for highest standing. Miss Grace Fowler and Miss Marjorie Evans, prizes for general proficiency. Up to date the number of graduates is 1,218, of these from 50 to 60% are in active work. About 60% are married, but many of the married nurses have again joined the ranks of special nurses, due to the depression.

Nine Royal Victoria Nurses registered for the course at the School for Graduate Nurses, McGill University, some paying their own expenses, others on scholarships. One, Miss Helen Clarke, gave up as she had to leave suddenly for Scotland, the remaining are:

Miss Mary Black, 1918.
Miss Elma Crockett, 1929.
Miss Marion Perley, 1929.
Miss Edith Buchanan, 1931.
Miss Margaret Brady, 1932.
Miss Margaret Carey, 1932.
Miss Constance La Montagne, 1932.
Miss Electa McLennan, 1932.

The nurses realize more and more that this course is a great help to them, as applications for qualified teachers and public health

workers are being received constantly, and the demand for these positions is much greater than the supply.

Affiliations:

Two hundred and twenty-seven student nurses, and thirty-three post graduates completed the course in the Women's Pavilion in Obstetrics, Gynæcology, and Operating Room work.

Thirty-seven nurses have taken the course in communicable diseases at the Alexandra Hospital, and twenty the three months in Pediatrics at the Children's Memorial Hospital.

Resignations:

Miss Blanche Herman, Assistant Supervisor, Women's Pavilion.

Miss Ella Moffatt, Night Supervisor, Ross Pavilion.

Miss Katherine MacLennan, Head Nurse Men's Medical Ward "D."

left to take other positions.

Miss Ethel Sharpe, for eight years Instructor in the Teaching Department, resigned, and is at home.

Miss Eleanor MacKean, Assistant Supervisor Ross Pavilion.

Miss Frances Littlefield, Operating Room.

Miss Marjorie Wiley, Head Nurse, Women's Surgical Ward "E."

Mrs. Fraser, Women's Pavilion.

all left to be married.

Miss Eleanor Crosby and Miss Mary Steedman left on account of illness.

The health of the student nurses has been about as usual, with a decrease of 515 in the number of days lost through illness.

This year we have been keeping a more detailed health record of each nurse. The examination on entrance is very thorough, with frequent examinations during the three years, and a very thorough one again at the end of her training. This last is especially valuable as the general condition, upon graduation can be compared with that upon entrance.

A very important event in the past year was the completion of the new wing of the Nurses' Home. We appreciate very much the pleasant, spacious and comfortable building, with its additional bed rooms, sitting rooms and teaching department. The teaching department takes up one floor and is very complete, with lecture and demonstration rooms, dietetic laboratory, study and reference library. The building altogether is what we have long looked

forward to and needed, and we are very grateful to the Governors, and to those who made this building possible.

The Alumnæ Association presented us with a very beautiful Sheffield plate tea service to be used in the New Home.

During the year we were fortunate in being able to send a nurse to England, on a scholarship, to study nursing conditions there. Miss Eileen Flanagan left in July for eight months, and reports very interesting and instructive experiences in each Hospital she visits. Each visit is of about one month's duration, giving her time to understand methods in use in these different Hospitals. She will also go to Scotland and Ireland.

Miss Dorothy Riches, a graduate of this year, left in September, at her own expense, to follow the same course as Miss Flanagan, with additional experience in Switzerland, France and Germany.

We are very grateful to the College of Nursing, London, and to the Matrons of the various Hospitals for outlining this course, and for their courtesy and many kindnesses to the Canadian nurses.

We had two interesting visitors during the year. Miss Dorothy Wood, an English nurse who was awarded a scholarship by the College of Nursing, to visit Canada for experience in Public Health Nursing. We hope these scholarships will continue, and that an exchange system of nurses may be arranged later.

Miss Sandel, a Canadian nurse who has been in Korea for many years, was home on furlough, and while here was anxious to see any new methods in use in Canadian Hospitals. We enjoyed having her with us, and were all interested in hearing her experiences in Korea, and of nursing conditions there.

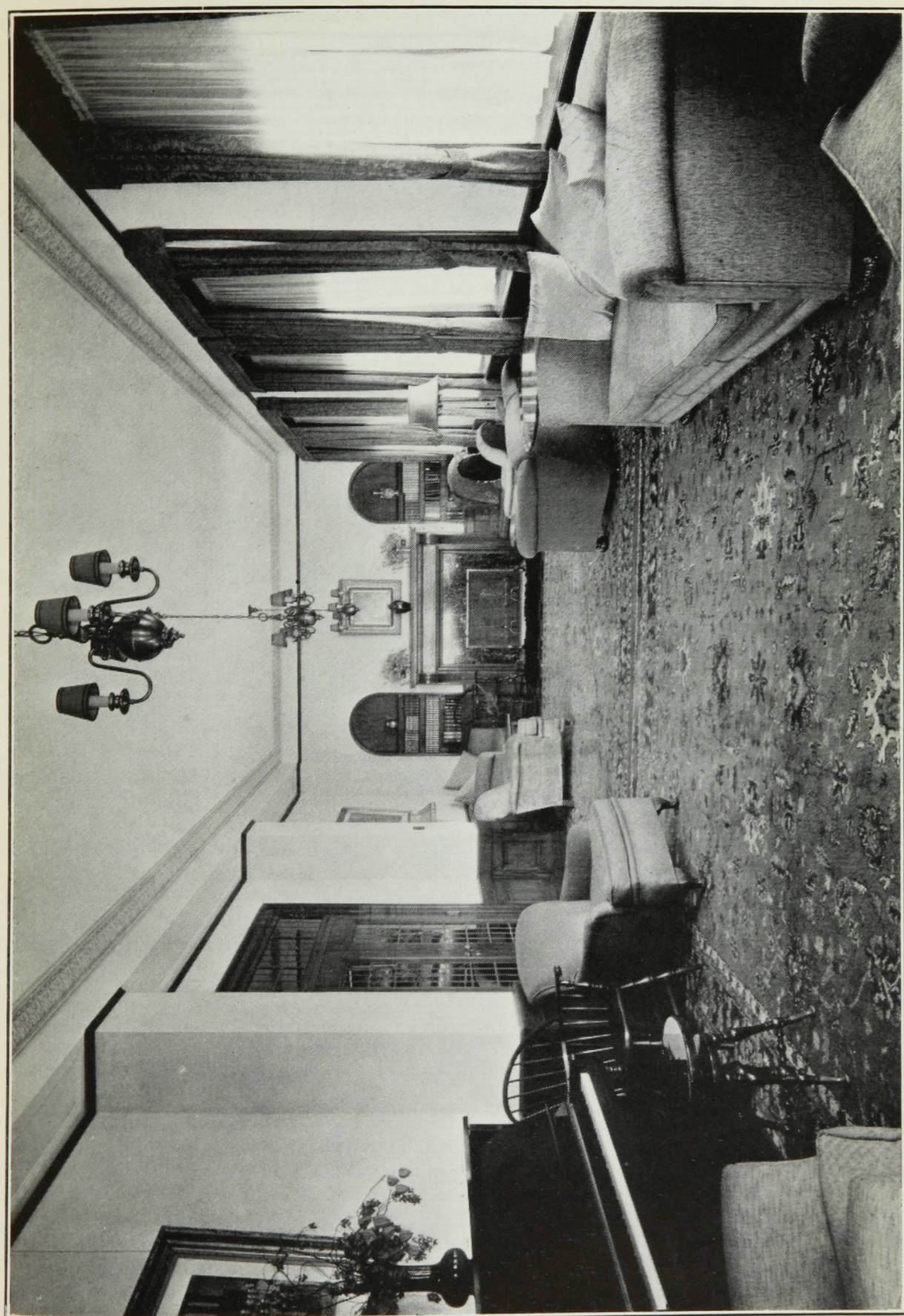
The Hospital Library continues to give a great deal of pleasure to the nurses as well as to the patients; fiction and non-fiction kept up to date, and very much appreciated.

Again we thank Lady Meredith and the Governors for numerous gifts, new tennis courts, hockey boxes, tickets for the Charity Ball, and many other pleasant entertainments. We are also very grateful to the Medical Staff for the care given the sick nurses during the year, and for their continued interest and help with the teaching.

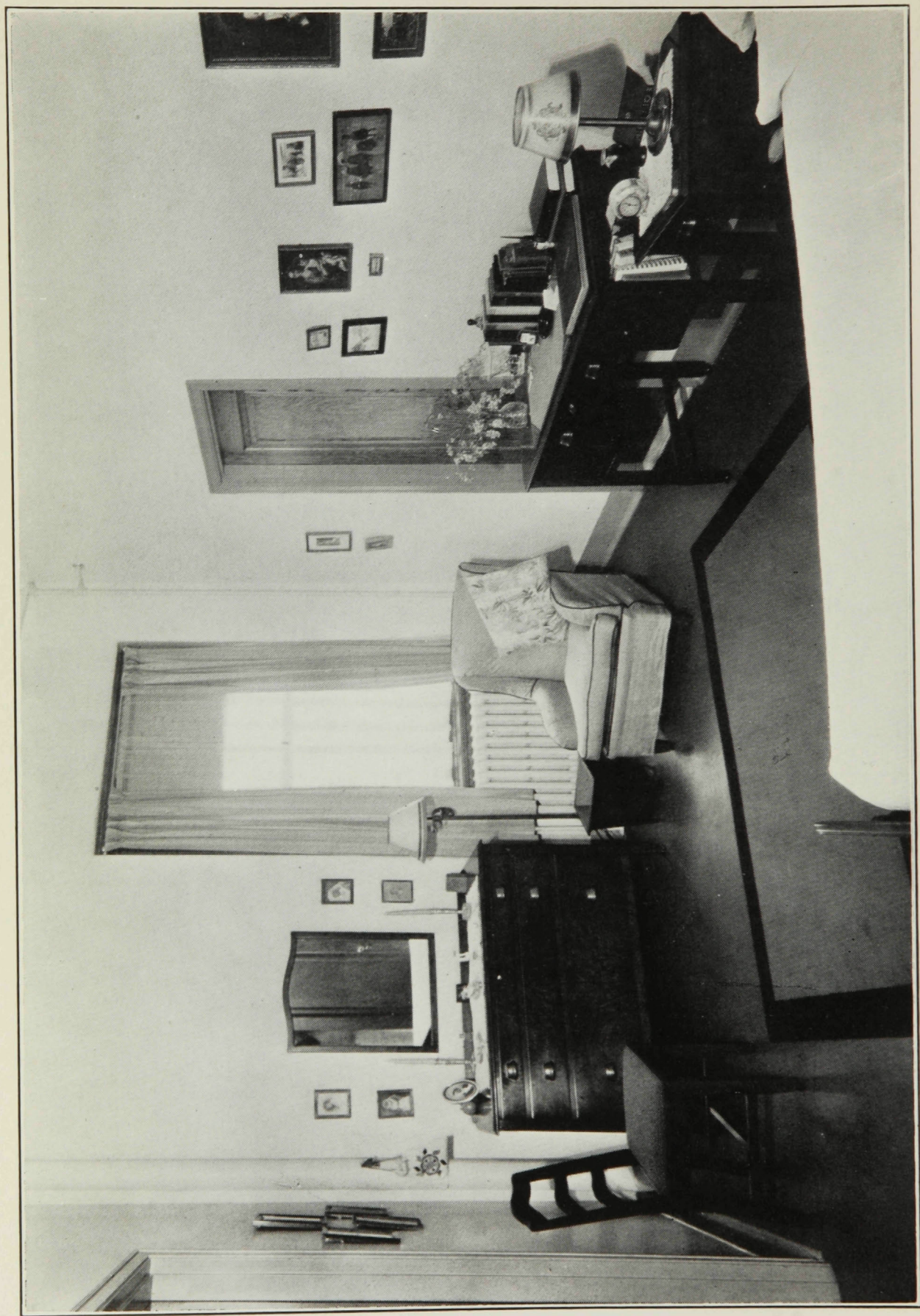
Respectfully submitted,

MABEL F. HERSEY,

Superintendent of Nurses.



STAFF NURSES' SITTING-ROOM



BEDROOM—NURSES' HOME

GRADUATING CLASS, 1932

AYERS, RUTH	Charlottetown, P.E.I.
BRADY, MARGARET	Sherbrooke, N.S.
CAREY, MARGARET	Winnipeg, Man.
CASSIDY, ELLA	Pembroke, Ont.
CHRISTMAS, AILEEN	Westmount, P.Q.
CONDON, DORIS	Farnham, Que.
COOKSON, HELEN	Regina, Sask.
COOPER, MILDRED	Murray Harbour, P.E.I.
CROSBY, PERSIS	Cornwall, P.E.I.
CROSTHWAITE, JEAN	Hamilton, Ont.
DAWE, CHRISTINE	Bay Roberts, Nfld.
DEPEW, BESSIE	Sault Ste. Marie, Ont.
DEWAR, EVA	Springhill, N.S.
EVANS, MARJORIE	Saint John, N.B.
FATT, BEATRICE	Ottawa, Ont.
FLIEGER, FLORENCE	Chatham, N.B.
FOWLER, GRACE	Browns Flat, N.B.
HALL, MARJORIE	Dartmouth, N.S.
HAMILTON, ELMA	Woodstock, N.B.
HAY, HAZEL	Stratford, Ont.
JANELLE, IRENE	Richmond, Que.
JEANS, MARION	St. John's, Nfld.
LAMB, AUDREY	Bowmanville, Ont.
LAMONTAGNE, CONSTANCE	Brandon, Man.
LEWIS, ISABEL	Bedford, N.S.
LYSTER, ELIZABETH	Kingston, Ont.
MACINTYRE, MARY	Sackville, N.B.
MACKENZIE, THELMA	Swift Current, Sask.
MACLENNAN, ELECTA	Brookfield, N.S.
MACLEOD, KATHLEEN	Kinross, P.E.I.
MACLEOD, NORMA	Winnipeg, Man.

MACMILLAN, JEAN	Fredericton, N.B.
McEWEN, MARGARET	Bebe, Que.
McLAUGHLIN, EILEEN	Cardinal, Ont.
McRAE, MARY	Nyanza, N.S.
MILLER, DORIS	Gretna, Man.
MOAR, ELLA	Saskatoon, Sask.
MORRIS, ELAINE	Bradalbane, P.E.I.
MOULE, CONSTANCE	Montreal, Que.
MURRAY, CHRISTINE	St. John's, Nfld.
NIGHTINGALE, EDYTHE	Montreal West, Que.
PARKER, MARGARET	Moncton, N.B.
PERRY, HELEN	Montreal, Que.
POTTS, EILEEN	Halifax, N.S.
REES, EDITH	Kingston, Ont.
REID, HELEN	Fredericton, N.B.
REID, MARGARET	Regina, Sask.
RENNIE, ELSA	St. John's, Nfld.
RICHES, DOROTHY	Saskatoon, Sask.
ROMANS, MARY	Bear River, N.S.
SARGENT, HILDA	Edmundston, N.B.
SHUTTLEWORTH, MURIEL	Toronto, Ont.
SMITH, MARGARET A.	Campbellton, N.B.
STEVENS, MOLLY	Amherst, N.S.
STEWART, J. ELIZABETH	New Glasgow, N.S.
THOMPSON, LILLIAN	Outremont, Que.
TIRRELL, HAZEL	Hamilton, Ont.
TURNER, RUTH	Montreal, Que.
WOOD, MARION	St. John's, Nfld.

REPORT OF THE DEPARTMENT OF NUTRITION

For the Year Ended December 31st, 1932.

To the GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I have the honour to present the Fourth Annual Report of the Department of Nutrition for the year ended December 31st, 1932.

The Staff on duty is:—

Graduate Dietitians	5
Student Dietitians	8

It is gratifying to record once again another year's work carried on by an unchanged personnel in the Graduate Staff. This has been a definite asset to the Hospital and to the Department, resulting in more efficient control and management.

December, 1932, closed the tenth year of development in post-graduate training for Student Dietitians. The analysis of the present allocation of the eighty-six students completing this course may be of interest and is given below:—

Hospital positions	20
Commercial positions	13
Educational	5
Non-professional positions	4
Nursing profession	1
*Residing at home	24
*Married	17
*Address unknown	1
*Deceased	1

*Twenty-seven of the above have also held positions.

The Department has given instruction during the past year to seventy-six student nurses in the Diet Kitchens.

Two members of the Staff attended the Fifteenth Annual Convention of the American Dietetic Association, held in New York from October the seventh to the twelfth.

Food administration is one of the major problems confronting the Hospital of to-day. Intelligent economy was necessary during the past year of economic readjustment to reduce our operating costs without sacrificing our ideals of quality and efficiency of service.

In reviewing the work of the Department, it is difficult to designate any specific economy effected. While recognizing the general lowering of commodity prices as the outstanding factor in lessening food costs, yet we feel the Department has also made its contribution. Our cost control, as formerly, has been centrally maintained, but we have concentrated our efforts on developing in our staff a cost-consciousness.

Periodic talks to the staff suggesting economies which could be effected, educating them to further co-operation together with a decreased labor turnover, have contributed to the curtailment of expenses.

Another factor to note is the reduction of cost in special diets due to the change in type of Diabetic Diets from High Fat to High Carbohydrate; the latter class of foods being less expensive.

Statistics for the total number of meals served from the four distributing units are as follows:—

Main Kitchen	972,726
Ross Diet Kitchen	84,345
Special Diet Kitchen	26,535
Women's Pavilion	395,484
	<hr/>
	1,479,090
	<hr/>
Average per day	4,052

A survey of patients on dietary therapeutic measures in the Women's Pavilion, Ross Pavilion and the Main Building, numbered 1,027, of which 318 were Diabetic cases.

The accompanying table summarizes the daily average and represents 14% of the total number of patients.

Private Patients	8
Public Patients	26
Ulcer Regime	11
Typhoid	2
Staff	15
Baby Feedings	8

The above analysis does not include feedings prepared in the Women's Pavilion.

Nutrition is playing each year a larger part in the Medical treatment of disease and the Metabolism Department has endeavoured to keep pace with modern scientific advances in this field.

A very satisfactory record of meals served from the Metabolism Kitchen, which provides for both research cases and special diets for public patients, indicates 26,535 trays as compared with 26,603 in 1931—a decrease of only 78 trays.

Cost per patient per day (raw food). . . 51 cents.

The scope of work in this division included 111 hours of specialized instruction, thus presenting and interpreting dietary recommendations in terms suitable to the individual patient.

An ever stressed responsibility of a hospital is the educational activity, and in maintaining an adequate and up-to-date educational unit we recognize the value of a well-organized programme. In 1932 the teaching hours numbered 606.

The required course of instruction, covering 188 lecture periods, in Nutrition and Diet Therapy was given to Student Nurses. The practical presentation of this course was held for the first time in September in the New Dietetic Laboratory. The completion of this unit provides teaching accommodation for 20 students, an ideal group numerically, and is equipped with ten specially designed desks with monel surfaces and sinks attached. The installation also includes electric refrigeration and a battery of bake ovens.

A class attendance totalling 984 is recorded for special demonstrations, individual and group instruction for patients and their relatives, together with lectures to medical students and student dietitians.

Our weekly Out-Patient Diabetic Clinic has shown a slight increase over 1931 with new patients numbering 115.

Total enrollment—2,041.

We realize all branches of hospital activities are inter-dependent, but wish to express our appreciation for the co-operation extended to our Department, and to convey to the Medical and Nursing Staffs for their services the sincere gratitude of the members of our Staff.

In closing, may I also express the appreciation of the Department to the Board of Governors for their continued interest.

Respectfully submitted,

CHARLOTTE LARGE,
Dietitian-in-Chief.

REPORT OF THE SOCIAL SERVICE DEPARTMENT

For the Year Ended December 31st, 1932.

To the GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I beg to submit for your approval the Thirteenth Annual Report of the Social Service Department for the year ending December 31st, 1932.

As the result of many more agency cases being referred, the unrecorded work has increased tremendously during the past year and one wonders if the purpose for which the department is supposed to exist, *i.e.*, Social Case Work, will be lost sight of entirely. Very little intensive work is done as there is only a Supervisor and three Workers in the Department. Their work is divided in the following manner:—

Pædiatric Service.—The Worker in this department reports that the work covers 25 Medical and 12 Surgical beds, and a daily clinic with an average of 500 patients per month. This includes visits to homes of children admitted to wards, referring patients to co-operating agencies, such as Child Welfare Association, Montreal Children's Bureau, Diet Dispensary, Victorian Order of Nurses and recreational centres; arranging convalescent care, temporary and permanent placement, surgical appliances, etc. The chief obstacle in this branch of the work is the inability to make sufficient home visits on patients admitted to wards and difficult cases in the Out-Patient Department. This is of prime importance, as excellent nursing care given in the wards is partially undone because of inadequate follow-up of the children in their own homes. The same applies to the out-patients who, with adequate supervision at home, do not require hospitalization.

Medical Service.—The Worker in this service is concerned with caring for the needs of 98 ward patients; the Neurological clinic, which is held twice a week; and an occasional social investigation for the Psychiatric clinic.

As the demand for medical beds is so great, the chief work of the social worker is to place the patient promptly on discharge. This is very difficult, as the available places are few and the demand is so great. Arranging for the after-care of the patient might be the securing of a better understanding on the part of the patient's family, as to the nature of the illness, or of arranging for nursing care, rest, diet and medicine, when the patient is financially unable to carry out the doctors' recommendations.

Convalescent homes have to be found for those whose homes are unsuitable, and for the homeless; and permanent homes for the aged and incurable.

Surgical Service.—In the 167 beds in this service, the Worker finds her biggest problem to be the disposal of the patient on his discharge. Owing to the increasing demand for beds in the public wards, patients are continually being discharged before they are in a fit condition to be placed in their former environment; of these many are homeless and living in city refuges.

These conditions make it necessary to place patients in convalescent homes, and in many cases, where beds are not available, patients must be sent to their own homes, or those of friends, and the Victorian Order of Nurses is then asked to give nursing care. Patients who need follow-up care are given ward service slips, and are followed by the Social Worker until discharged.

Transportation for the patient from out of town, after-care of patients in their homes, and then their return to clinic, has to be arranged. Burials for the friendless and destitute are also taken care of by the social workers. Records of the cases are kept with a view to showing the problems and their possible means of solution.

The number of new patients referred for some form of service was 2535, representing 30 nationalities; including: 1133 Protestants, 825 Roman Catholics, and 577 Hebrew and other religions. Of these patients 790 were referred from doctors; 871 from other hospital departments; 874 from outside agencies and private doctors.

Staff.—We regret that the Hospital Authorities found it necessary to reduce the staff by one worker, with the result that we now have one worker in the Pædiatric Service, instead of two.

Volunteers.—The Junior League has faithfully carried on this service again this year. The Canteen has been very successful and we have benefited from the Canteen Fund to the extent of \$1,158.07,

which has supplied glasses, teeth, insulin, free lunches, Christmas tree, camp fees and transportation. We are indeed most grateful for this help towards securing the prosthetic needs of the patients.

Education.—Field work was given one student from McGill School of Social Work. Students from the Graduate School of Nurses made their annual visit to the Department. The senior nurses-in-training were given a talk, but no nurses have been sent to us during the year for any training.

Through the generosity of the Hospital, transportation was provided for one worker to attend the National Conference of Social Work, held at Philadelphia in May.

Christmas.—Our annual Christmas tree was given to over 350 children. The Montrose Club, Junior Red Cross and Boy Scouts all sent splendid donations. The Junior League provided volunteers and also arranged for a moving picture for the children. Through the generosity of several organizations and interested individuals, Christmas dinners were sent to 42 families and 21 Christmas boxes were packed. Of these 14 were given to ex-patients at present in the Moore Old Peoples' Home at Longue Pointe.

STATISTICAL REPORT

New medical social case records.	265
New and old cases carried during the year	426
Number of cases referred for some form of social work	2800
Ward follow-up slips given.	1088
Number of patients returned to Out-Patient Dept. . .	776
Number of patients not returned.	312
Investigations.	1536
Letters and post cards sent.	2063
Interviews.	12161
Home visits.	1919
Admissions arranged.	186
Nursing care arranged V.O.N.	70
Employment secured.	7
Referred to other co-operative agencies.	614
Written reports sent to other agencies.	1485
Clinic visits.	725
Free medicine.	874
Free X-rays.	125
Free hydro treatments.	1141

Arranged:—	Total	Given by Social Service
Abdominal belts and trusses	26	10
Dental care	74	7
Extra diet	97	4
Patients supplied dressings and bandages	78	78
Taxis	223	178
Railway fares	70	18
Crutches, tips and canes	40	18
Artificial limbs	2	1
Braces	11	7
Other surgical supplies	33	10
Glasses	223	92
Artificial eyes	3	3
Financial aid	170	170
Clothing given to	150	150
Lunches given to	541	541
Telegrams	6	6
Car tickets and bus tickets	764	764
Funerals	9	2

Convalescent care arranged for 281 patients as follows:—

Montreal Convalescent Home	62
Hastings Convalescent Home	21
Moore Convalescent Home	4
Murray Bay Convalescent Home	48
St. Joseph's Convalescent Home	2
Canadian Red Cross Lodge	74
Brehmer Rest	3
Julius Richardson Convalescent Home	46
Private Convalescent Homes	22

Other placements:—

Home for Aged	2
Home for Incurables	30
Hospitals for Insane	9
Sanatoria	69
Refuges for Homeless	28
Deported	1
Camps	20

REPORT OF THE SOCIAL SERVICE
DEPARTMENT
WOMEN'S PAVILION

For the Year Ended December 31st, 1932.

To the GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I have the honour to present the Annual Report for the year ending December 31st, 1932.

In the outdoor department of the hospital the attendance has been less than last year, owing to the limited bookings enforced for several months; 1198 patients being referred for some form of social service.

We have passed through another year of unemployment with consequent distress in the home; one of the unfortunate phases being the number of young people who married with sufficient savings to furnish a small home, and have had to apply for relief, and are unable to pay at the present time for maternity care for their first child. No young mother has been refused admission to the hospital for financial reasons.

Through the generosity of the Ladies' Auxiliary Committee, many have been helped with baby clothes, milk, and transportation to and from the hospital. Beds and linen have been given when necessary to patients on the outside service.

Follow-up.—The babies have, as usual, been referred to the Child Association immediately following discharge from the hospital.

Education.—Literature from the Welfare Department at Ottawa and other sources has been supplied to every patient, and Mothers' Classes have been held in the Mount Royal Clinic. The nurses in training have all had a talk on Maternity Hospital Social Service.

Home Visiting.—The Ladies' Auxiliary Committee have provided four cars weekly for the home visiting, a paid driver being engaged for the summer months. It would be impossible to do the necessary work without this service.

STATISTICAL REPORT

Pt. St. Charles

Clinics held	48
New patients	235
Total attendance, 1932	1248

Rosemount

Clinics held	51
New patients	158
Total attendance	1007

Coursol

Clinics held	26
New patients	111
Total attendance	591

Maisonneuve

Clinics held	26
New patients	108
Total attendance	493

Montreal General Hospital

Clinics held	52
New patients	146
Total attendance	574

Mount Royal

Clinics held	26
New Patients	70
Total attendance	343

Total number of new indoor patients	373
Total number of new outdoor patients	455
Total number of patients (new)	828
Total number of clinics held	229
Total number of pre-natal visits made	1057
Patients referred to other agencies	130
Patients referred from other agencies	179

REPORT OF THE GYNÆCOLOGICAL CLINIC

DEPARTMENT OF GYNÆCOLOGY

There is a general increase in figures in the Gynæcological Department. A total increase of patients attending the clinic, and also an increase in follow-up work.

There is a decrease in referring patients to co-operative agencies, due to so many being active relief cases with unemployment agencies.

Following is the Statistical Report:—

Letters sent.	77
Free medicine given.	127
Investigations made.	837
Interviews.	2725
Home visits made.	821
Referred to co-operative agencies.	97
Referred for convalescent care.	33
Referred for special treatment.	168
Active social case records.	36
Steering cases.	358
Follow-up cards sent.	621

I wish to express my sincere appreciation to the Members of the Committee, Mr. Chenoweth, Miss Barrett, the Staff, and all those who have helped us throughout another year.

FINANCIAL STATEMENT

Receipts.	\$307.50
Disbursements.	299.52
	<hr/>
	\$ 7.98
	<hr/>

Respectfully submitted,

GERTRUDE MATTHEWS,
*Social Service Department,
Women's Pavilion.*

TWELFTH ANNUAL REPORT OF THE ROYAL VICTORIA HOSPITAL LIBRARY

For the Year Ended December 31st, 1932.

To the GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I have the honor to submit the Twelfth Annual Report of the Library, the second since the change in management and the establishment of the Library as a regular Department of the Hospital, and the appointment of the Librarian as a member of the Hospital Staff. We retain, however, in grateful memory, the name of the McGill Alumnæ Society, founders and donors of this Library.

In view of the general financial stringency, we have endeavored to keep the expenses down to the minimum. We decided to expend a smaller amount of the annual grant on books, the number added to the shelves being about 200 less than last year, and suggested that the salary of the summer worker, who was again an undergraduate of McGill University, be reduced 20%.

We received a donation of \$25.00 from the Royal Victoria Hospital Alumnæ, and from other sources \$34.40, and collected in fines \$21.22, all of which was expended in buying new books.

Books Added:

Donated 187, bought 172	359
Books worn out and discarded	332
Books lost	293
Books now on shelves	2,897
Books circulated	21,428

Owing to illness, I was unable to give my usual lectures to the Library School of McGill University, but the members of the Class visited the Library, were shown around, and the work explained by the Committee.

In August last I was invited to contribute an article on the Hospital Libraries of Canada for the 1933 Manual of the American Library Association. In preparation for this and procuring the necessary data, I wrote letters, enclosing questionnaires to the

Superintendents of 109 Hospitals, and 44 Librarians of Public Libraries, enquiring what their Institutions were doing in this respect. I received replies from about 50% of my correspondents, from which I gathered that few of them were doing much in an organized way in this connection, and that the Royal Victoria Hospital in its Library work occupied an outstanding and unique position in this respect. Three months later I was informed that owing to financial difficulties the manual could not be published this year, and that my article, in consequence, would not be required. The data gathered, however, is on file, and I hope that my effort may serve as propaganda in stirring up the various authorities to some action in providing this service as offered by the Royal Victoria Hospital and its Library for the benefit of patients and attending staffs.

Regular meetings of our Hospital Library Book Club were held monthly, and we were addressed on these occasions by:

Dr. W. W. Chipman on "Kipling."
Mr. Robert Choquette "Canadian Literature."
Mrs. A. F. Byers "A Patient's View Point."
Rev. W. H. Towle "The Medicine of Books."
Mrs. W. H. F. Mitchell "Mental Hygiene."
Mr. W. R. Chenoweth, Superintendent of R.V.H.

Mr. Chenoweth gave an inside view of official opinion of the usefulness of the Library, spoke encouraging words in approval of the voluntary work of the Librarian and her corps of devoted assistants, and confirmed the universal opinion of medical men and nurses as to the actual therapeutic value of a well-chosen book to the sick.

I regret not having been able to give such close and active attention to the duties of my office as I would have liked, being obliged to confine myself mainly to a general supervision from a sick-bed; owing, however, to our fine organization, and the loyalty of my staff of willing workers, the library work has run smoothly and without disturbance of efficiency. These all have done so well, it is invidious to single out any; but I cannot let the occasion pass without mentioning the name of Miss Hope McIntosh, who has been of invaluable help to me and most efficient in her work and service in the Library for the benefit of all to whom it is a valued boon.

Respectfully submitted,

INEZ M. BAYLIS,
Honorary Librarian.

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 Three Baskets of Grapes. Angus, Mr. W. F.
 Three Wooden Boxes for Binocular Lenses Baril & Strath, Messrs.
 124 Prs. Bootees and 56 Bonnets for
 Infants. Benson, Mrs. G. F.
 One Vacuum Pump and Rib Shears. Bethune, Dr. N.
 Three Salmon. Bonaventure Salmon Club
 Making of 20 Prs. of Bootees. Butler, Miss
 Binding of Medical Journals (21 Vols.) Campbell, Dr. A. D.
 One Case of Turkeys. Canada Packers Limited
 One Crate of Eggs. Dunning's Poultry Farm
 31 Pounds of Wool during last three years
 for making Knitted Garments for In-
 fants. Field, Miss Caroline
 Bootees, Jackets and Little Shirts. Freeland, Mrs. John A.
 Subscription to "National Geographic"
 for 1932. Gillespie, Miss M.
 Subscription to "Modern Hospital" for
 1932. Gillespie, Miss
 Gatch Bed. Humphrey, Mr. G. A.
 Special Bed and Mattress. Hutchison, Mrs. B.
 8 Doz. Sheets for Cribs and 4 Doz. Slips
 for Cribs. Junior League of Montreal
 Jig Saw Puzzles. Lambert Pharmacal Co.
 Christmas Trees. Leonard Supply Company.
 Two Cases of Oranges. Lindsay, Mr. C. W.
 One Case of Holly. Masson & Sons Limited
 4 Prs. Mittens, 4 Sweaters, 1 Shawl, 1 In-
 fant's Jacket for Social Service. Mathias, Mrs. P. F.
 Making 60 Prs. Bootees for Infants. Mathias, Mrs. P. F.
 Mead's Cereal Dextri-Maltose and 6
 Boxes Cod Liver Oil. Mead Johnson Company
 Hobart Mixer and \$170.00 for Monel
 Metal Table for Hobart Mixer. Meredith, Lady
 1 Kitchen Aid. Meredith, Lady
 Piano for Nurses' Home. Meredith, Lady
 Bootees for Infants, Jackets for Infants,
 29 Gramophone Records, Tickets for
 Flower Show. Meredith, Lady
 Making of 54 Prs. Bootees for Infants. Miller, Mrs. W. R.
 Making of 32 Prs. Bootees for Infants. Monk, Mrs. R. H.
 Bags of Clothing and Knitted Articles. Needlework Guild
 Books of Street Car Tickets. Montreal Tramways Company
 25 Prs. Bootees for Infants. Patterson, Miss E.
 25 lbs. Venison. Pepin, Mr. L.
 Dolls for Christmas. Perrin, Mr.
 4 Turkeys. Poulin, P. & Co.

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Jig Saw Puzzles.....	Shirriff's Limited
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Balloons.....	Sterling Rubber Co.
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Altar for Chapel.....	Stewart, Mrs. Walter M.
3 Boxes of Apples.....	Stewart, Mrs. Walter M.
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ROYAL VICTORIA HOSPITAL

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ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL

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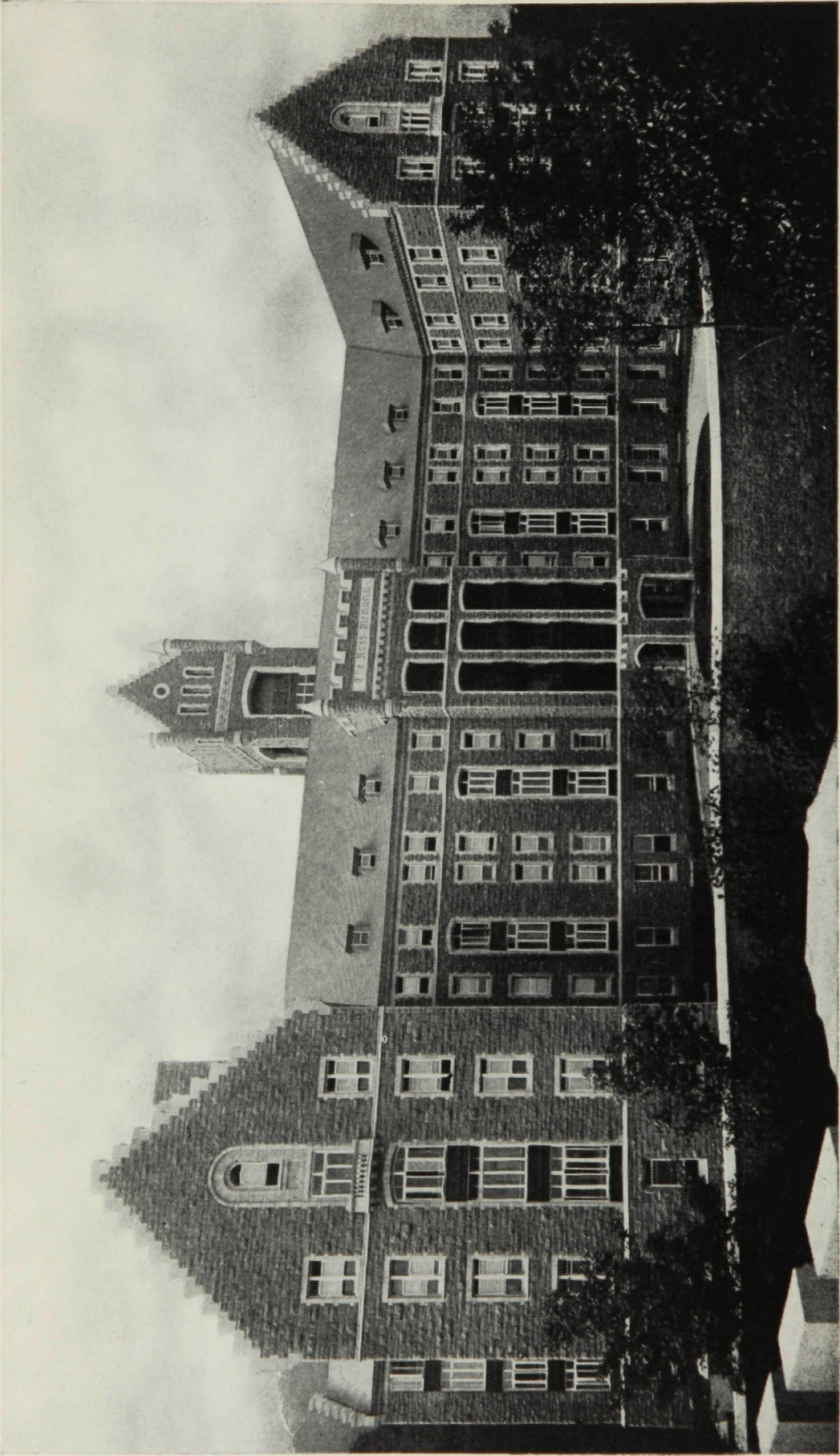
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ROSS MEMORIAL PAVILION

REPORT OF THE DEPARTMENT OF MEDICINE

For the Year ended December 31st, 1932.

To the GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

I beg to submit the following Report for the Department of Medicine for the year 1932.

The work of the Department has continued along the same lines as in the past few years. As would be expected, the demands upon the public wards and the Out-Patient Department have continued on an increasing scale. An even greater attempt has been made to make available the largest possible number of beds by accelerating the diagnosis and treatment of the patients with a view towards their eventual disposal to Convalescent and other Institutions. It is to be expected that the peak to the turn-over will sooner or later reach its maximum. It would appear that this has now been approached as during the past year it was possible to admit only 26 more public patients than in 1931. This has been accomplished without any loss to the community of diagnostic and therapeutic accuracy. In fact, the steady improvement in specific therapy for a number of diseases has done more to facilitate the turn-over of patients than any other single factor. In this regard the Department has been greatly helped by the co-operation of the Department of Bacteriology under the direction of Professor Murray. It is our hope, as well as his, that in the future, more and more benefit may accrue from this close co-operation.

The Out-Patient Department has continued to function at a maximum capacity, there being close to 39,000 consultations during the year, as shown in Table 2. An increase in this important activity can only be accomplished through increased facilities, particularly space. The average attendance per day has been approximately 130 patients. It is true that this might be greatly increased, if not practically doubled, by having afternoon as well as morning clinics. This, however, would necessitate a greatly increased Staff and a considerable amount of additional work being placed upon the Nursing and Administrative Departments. There is no reason to seriously contemplate any such change of policy at the present time.

The number of active hospital beds in Montreal is steadily increasing, but there has been little commensurate increase in that most important hospital activity, namely, convalescent beds.

During the coming year it is quite probable that the new Montreal Convalescent Home will come into operation. This is an important move in the right direction, and although it will provide but 100 odd convalescent beds, its erection indicates a pioneer effort to solve one of the most pressing needs of the hospital situation in Montreal. The enforced stay of patients in the public wards of a general hospital for the purpose of convalescence is not only extravagant financially, but also from the point of view of service. The greatest need which the hospital situation of Montreal faces to-day is the provision of an increased amount of convalescent accommodation, amounting at least to 1,000 beds, which can be operated at a much smaller cost than prolonged hospitalization. This is equal in its urgency to the imperative necessity of providing increased facilities for the treatment of acute and chronic tuberculosis.

During the autumn an important plan of co-operation for the handling of tuberculosis was consummated between the University and its associated Teaching Hospitals and the Royal Edward Institute. Whereas in the past the activities for the handling of tuberculosis were more or less loosely co-ordinated, through a reorganization of the Staff of the Royal Edward Institute a much closer co-operation has been effected, and it is hoped that in time the handling of this important public service will be greatly expedited to the benefit not only of the community at large but also the various institutions.

The work of the Medical Laboratories has continued with undiminished demands. Every effort has been made to reduce expenses to a minimum commensurate with efficient service, as the work there must be accurate even at the risk of decreasing volume, which, happily, has not been necessary. Due to the continued reduction in the number of patients in the private wards it was but natural that there should be a corresponding reduction in income. The work of the Laboratories has continued to expand in variety and scope. It is most important that this should be so, as new advances are constantly being made not only in diagnosis but also in the indications governing the treatment of disease.

During the year the Department was unfortunate in losing the services of Doctor C. N. H. Long, who had taken an active part in the direction of the Medical Laboratories since their inauguration in 1925. We are pleased to record our great appreciation of Doctor Long's loyal and skilful services to the Hospital and to wish him every success in his new field of endeavour as Director of the Cox Memorial Research Laboratories of the University of Pennsylvania, in Philadelphia.

Appended are statements covering the activities of the various sections of the Department for the year just completed as compared with 1931.

This report would not be complete without an expression of sincere appreciation of the co-operation which has been extended to us by all other Departments in our endeavours to carry out our share in the work of the Hospital.

Respectfully submitted,

J. C. MEAKINS,

Physician-in-Chief.

TABLE 1

IN-DOOR DEPARTMENT				
	1931		1932	
Patients remaining, Dec. 31st..	124		110	
“ admitted during year.	3205		2964	
“ discharged during year.		3219		2956
“ remaining, Dec. 31st.		110		118
	3329	3329	3074	3074
	Total	%	Total	%
Deaths during the year.	234	7.25	224	7.53
Consultations. . . . .	....	601	....	564

TABLE 2

MEDICAL OUT-PATIENT DEPARTMENT						
	1931			1932		
	Old Cases	New Cases	Ratio	Old Cases	New Cases	Ratio
A. 1. Medical Clinic.	7770	2459	3.16	8356	2675	3.12
2. Cardio-Renal.	1558	196	7.95	1738	291	5.94
3. Pulmonary Clinic.	1848	339	5.45	1837	321	5.72
4. Gastro-Intestinal.	2230	236	9.45	2980	371	8.03
5. Asthma Clinic.	1649	120	13.74	2074	121	17.14
6. Hæmatology (11 mos.)	184	94	1.09	279	84	3.32
B. Pædiatric Clinic.	4814	1079	4.46	4959	1135	4.37
C. Neurological Clinic.	3891	378	1.29	3945	432	9.13
D. Dermatological Clinic.	2394	848	2.82	2690	941	2.85
E. Metabolism Clinic.	1884	117	16.10	2041	115	17.74
F. Psychiatric Clinic.	614	114	5.38	642	147	4.36
G. Rabies Clinic.	213	77	2.75	114	51	2.23
H. Thyroid Clinic.	569	139	4.09	477	113	4.22
Total.	29618	6196		32132	6797	
Average.			4.78			4.73

TABLE 3

MEDICAL LABORATORIES		
	Cases	
	1931	1932
	18,490	18,095
	1,510	1,426
Chemical Determinations.....	1,490	1,720
Basal Metabolic Determinations.....		
Electrocardiograms.....	21,490	21,241

TABLE 4

PHYSIO-THERAPY DEPARTMENT		
	Private	Public
	3,228	7,031
	172	1,447
Hydro and Electrical Treatments.....		
Massage Treatments.....	3,400	8,478
Number of Treatments given.....		

Department Total..... 11,878

PUBLICATIONS

(since February, 1932)

Dr. J. C. MEAKINS:
“Modern Muscle Physiology and Circulatory Failure.”
Annals of Inter. Med., Vol. VI, No. 4, October, 1932, pp. 506-513.
“Medical Clinics of North America.” November 1932.
Published by W. B. Saunders Co., Philadelphia.
“Clinical Medicine and The Royal Society.” 1932.
The Royal Society of Canada—Fifty Years’ Retrospect—Anniversary Volume 1882-1932.
(with Dr. J. W. McLEOD)
“Carcinoma of the Bronchi.”
Can. Med. Asscn. Jour. (In Press.)
Abstract: Weekly Bulletin of the St. Louis Medical Society, Vol. XXVI, No. 36, May 13, 1932, p. 435.

Dr. MAUDE E. ABBOTT:

"On the Relative Incidence and Clinical Significance of a Congenitally Bicuspid Aortic Valve, with Five Illustrative Cases."
Emanuel Libman Anniversary Volume, October, 1932, pp. 1-38.

"Historic Montreal: Metropolis of Canada and Mother of the Cities of the West."
Ann. Int. Med., 6: 815-838, 1932.

"The McGill University Exhibit. Development of the Heart and the Clinical Classification of Congenital Cardiac Disease."
Brit. Med. Journ., 1197-1199, December 31, 1932.

Dr. R. V. CHRISTIE:

"The Lung Volume and its Subdivisions. I. Methods of Measurement."
Jour. Clin. Invest., 11: 1099, 1932.

"The Therapeutic Use of Carbon Dioxide."
C. M. A. J., 27: 289, 1932.

(with Dr. A. L. LOOMIS)

"The Pressure of Aqueous Vapour in the Alveolar Air."
Jour. Physiol., 77: 35, 1932.

Dr. W. W. EAKIN:

"Angina Pectoris in Young People Associated with Rheumatic Carditis."
C. M. A. J., 1933.

"Removal of a Large Needle from the Heart with Electrocardiographic Changes in Rhythm during Operation."
Amer. Heart Jour.

Dr. G. T. EVANS:

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

"Glycogen Content of the Rat Heart."
Proc. Soc. Exp. Biol. and Med. 30: 186, 1932.

Dr. R. GOTTLIEB:

"The Monocytic Reaction in Tuberculosis."
Am. Review of Tuberculosis, 25: 172, 1932.

"The Use of Colloidal Thorium in Clinical Medicine."
C. M. A. J., 27: 356, 1932.

(with Dr. A. GOLDBLOOM)

"L'Icture du Nouveau-né."
Revue Française de Pédiatrie, 8: 177, 1932.

Dr. F. L. HORSFALL:

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

“The Recovery Process after Exercise in the Mammal. II. The Conversion of Infused d-Lactic Acid into Muscle Glycogen.”
J. Biol. Chem. 95: 715, 1932.

Dr. C. N. H. LONG:

(with Dr. G. T. EVANS)

“The Glycogen Content of the Rat Heart.”
Proc. Soc. Exp. Biol. and Med., 30: 186, 1932.

(with E. M. VENNING)

“The Alleged Increase in Plasma Fats after the Injection of Epinephrine.”
J. Biol. Chem. 96: 397, 1932.

(with Dr. F. L. HORSFALL)

“The Recovery Process after Exercise in the Mammal. II. The Conversion of Infused d-Lactic Acid into Muscle Glycogen.”
J. Biol. Chem. 95: 715, 1932.

(with Dr. D. SLIGHT and RUTH SALTER)

“Plasma Fats in Certain Cases of Mental Depression.”
(*In Press.*)

Dr. J. W. McLEOD:

(with Dr. J. C. MEAKINS)

“Carcinoma of the Bronchi.” *C. M. A. J.* (*In Press.*)
Abstract: Weekly Bulletin of the St. Louis Medical Society, Vol. 26,
No. 36, p. 435, May 13, 1932.

Dr. W. T. B. MITCHELL:

“The Psychiatric Problems and Responsibilities of the General Practitioner.”
C. M. A. J., October, 1932.

“The Psychiatrist Looks at Public Health Nursing.”
Can. Public Health Jour., October, 1932.

“Mental Hygiene.”
Ontario Jour. of Neuro-Psychiatry, October, 1932.

Dr. WILLIAM MOFFATT:

“Operation under Local Anæsthesia: Preparation and Care of the Patient.”
The Lancet, March 26, 1932, p. 666.

Dr. COLIN RUSSEL:

“Spontaneous Subarachnoid Hæmorrhage.” (*In Press.*)

Mrs. RUTH SALTER:

(with Dr. C. N. H. LONG and Dr. D. SLIGHT)

“Plasma Fats in Certain Cases of Mental Depression.”
(*In Press.*)

Dr. JESSIE BOYD SCRIVER:

“Observations on a Case of Congenital Absence of the Hepatic and Common Bile Ducts.”

C. M. A. J., 27: 517-519, 1932.

Dr. BARUCH SILVERMAN:

“Stuttering and Allied Speech Defects.”

C. M. A. J., September, 1932.

Dr. DAVID SLIGHT:

(with Dr. C. N. H. LONG and RUTH SALTER)

“Plasma Fats in Certain Cases of Mental Depression.”
(*In Press.*)

Dr. R. R. STRUTHERS:

“Teratoma of the Thymus Gland. Report of a Case.”

C. M. A. J., 26: 68-70, 1932.

“Lymphatic Leukæmia.” *C. M. A. J.*, 1932.

“Xerophthalmia. Report of a Case.” *C. M. A. J.*, 1932.

Dr. C. J. TIDMARSH:

“The Action of Histamine on the Motility of the Large Intestine.”

Quart. Jour. of Exp. Physiol., 22, No. 1, May 26, 1932.

Mrs. E. M. VENNING:

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

“The Alleged Increase in Plasma Fats after the Injection of Epinephrine.”

J. Biol. Chem. 96: 397, 1932.

Dr. A. W. YOUNG:

“The Neurological Complications of Pernicious Anæmia and the Effect of Liver Therapy.”

C. M. A. J., 26: 590-593, 1932.

RECORD OF DISEASES

	Total	Died		Total	Died
Specific infections and general diseases.....	872	56	Pancreas.....	1	
Animal parasites.....	7		Abdomen and peritoneum..	35	
Metabolism.....	293	13	Rectum and anus:		
Diseases of infancy.....	94	16	Rectum.....	16	1
Physical agents.....	3		Anus.....	6	
Poisonings, intoxications.....	75	5	Larynx.....	16	1
Tumours:			Trachea and bronchi..	176	2
Benign.....	48		Lungs.....	41	1
Malignant.....	116	10	Pleura and mediastinum..	74	1
Congenital malformations..	28	2	Kidney and ureter:		
General injuries..	31		Kidney.....	165	20
Special skin diseases.....	102	3	Ureter.....	3	
Circulatory system:			Bladder.....	19	1
Arteries.....	265	12	Urethra.....	3	
Heart.....	426	33	Male generative organs...	27	1
Veins.....	19	1	Female generative organs...	69	
Lymphatic system.....	15		Puerperal state.....	25	1
Blood.....	158	10	Diseases of breast—male and female....	3	
Ductless glands.....	124	2	Anaphylaxis.....	2	
Nervous system:			Abnormalities of urine.....	17	
Brain.....	123	18	Unclassified.....	176	4
Meninges.....	3				
Mental affections.....	206	2			
Miscellaneous.....	38				
Peripheral nerves.....	40				
Spinal cord.....	40				
Sympathetic nervous system.....	6	1	Total admissions.....	2964	
Myopathies.....	7		Total discharges.....	2956	
Bones and joints.....	119				8
Eye and Ear:					
Eye.....	79		No. in Hospital end of year 1932	118	
Ear.....	72	2	No. in Hospital first of year 1932	110	
Nose and accessory sinuses..	48				8
Mouth, lips, cheeks, etc...	137				
Jaw, teeth, gums.....	20				
Oesophagus.....	4		No. of patients cured.....	615	
Stomach.....	142	1	No. of patients improved.....	926	
Intestines.....	216	2	No. of patients not improved...	397	
Liver and gall-bladder:			No. of patients not treated.....	794	
Liver.....	34	2	No. of patients died.....	224	
Gall-bladder.....	72				

REPORT OF THE DEPARTMENT OF SURGERY

For the Year Ended December 31st, 1932.

To the GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

During the past year, the work of the Surgical Department has been carried on as usual, in a satisfactory way. The general remarks made in last year's report might well serve for the present year. The financial depression, which, as might be expected, reduced the number of private patients materially, reduced also, to a considerable extent, the number of public patients, and even of patients in the Surgical Outdoor. The number of patients admitted to the indoor Surgical wards was 3,805, representing a decrease of 256; while in the general Surgical Out-door there were 12,069, a decrease of 1,909. In the sub-departments, however, of Orthopædics and of Neurosurgery, the number of Out-door visits showed an increase of 594 in a total of 3,801 for Orthopædics, and of 195 in a total of 624 for Neurosurgery.

The number of patients attending the Hospital for industrial accidents, under the Quebec Workmen's Compensation Act, has also diminished. At first, that is, when the Workmen's Compensation Act came into being several years ago, the Hospital established a special Out-door Clinic for industrial cases. The number of such cases gradually grew so small that over a year ago this special Clinic was allowed to lapse, and the patients have since been treated in the general Surgical Out-door.

During the past year, as forecast in the last annual report, there has been established a special Outdoor Clinic for rectal diseases, as an integral part of the Gastroenterological Clinic; and Dr. Gavin Miller, who, during the previous year had given prolonged study in London and Vienna to the subject of rectal diseases, has been put in charge of this branch of the work. There has also been established a special clinic for circulatory diseases of the extremities, which has been placed under the charge of Dr. Mark Kaufmann, who, for years past, has been making a special study, both clinical and experimental, of this subject. Both these Clinics remain integral parts of the general Surgical Out-door Clinic, so that the patients coming to

them can be seen and studied by the other members of the general Surgical Out-door Staff. While every effort is being made in this and other ways to provide the patient with the most skilled help, it is not considered wise, for the general good, to increase the already considerable number of specialties within the framework of the Surgical Department. If, in the future, the number of patients suffering from diseases of a special nature becomes too large for handling effectively in the general Surgical Out-door, then a special clinic for that disease may be established.

On the other hand, it is felt that this principle is not applicable to the large and increasingly important subject of cancer. For some time past it has been our opinion that the Royal Victoria Hospital should do more for cancer patients. The example of the excellent work done for the last six years in the Gynæcological Department was encouraging. The generous gift on the part of our Governors of a supply of radium to the Hospital afforded an impetus. Under Dr. Pirie's control this radium has been advantageously used, although chiefly for cancer of the external parts. But it became clear with experience that, for the problems of general cancer as they arise in the surgical wards, the Surgical Department needed on its staff one man who would be not only trained in the use of radium, but who in addition would devote the greater part of his time to the study of surgical cancer. Consequently Dr. Howard Dawson of the Junior Staff went across to Europe for a year to acquire the latest knowledge in the matter and to study the results of radium in the treatment of cancer generally. He returned in the spring of 1932. Meanwhile, during the past year, preparatory work went on towards the establishment of a special Outdoor Clinic for cancer patients, to be called the Neoplastic Clinic, which was finally completed by the end of the year, and formally opened early in January, 1933, Dr. Dawson being put in charge. Dr. C. S. McEuen was also appointed clinical assistant in this Clinic. Its work is conceived to go far beyond the mere treatment by radium or X-rays of patients who can be so treated in the Out-door. The Clinic is to form a central repository of information concerning the cancer cases of the entire hospital. It has the services of a half-time social service worker, who is also a trained nurse. This has been made possible by the generous gift of an anonymous donor. The Clinic will also work in close co-operation with certain investigative work upon cancer, which is being carried on by Dr. Gruner in the University. This clinic has been given an independent status, although it is arranged that it should be held during the hours of the general Surgical Clinic, in order that the surgeons working in the latter may have an opportunity of keeping in touch with cancer patients.

It is unnecessary to repeat from year to year the remarks of a general nature made in previous annual reports, but it is a pleasure to be able to say that the work of the Department progresses in the most satisfactory manner, and that in particular the work of the Junior attending staff, who are gradually being used more and more in the indoor work, as their experience increases, is of the greatest value to the Hospital. These gentlemen have also, during the past year, continued their investigative work in the laboratories of the Hospital and of the University, on the problems indicated in last year's report.

The Department of Neurosurgery, under Dr. Penfield and Dr. Cone, has become a large and very important factor in the surgical work of the Department, and is regarded by everyone as a source from which valuable help can be expected in the neurological problems of all the departments of the Hospital. The amount of work done by it is revealed in the special report by Dr. Penfield.

One must in particular express the grateful thanks of the Surgical Department for constant help on the part of the Medical Laboratories. It is hardly realized, except by those who benefit by it, how extensive that help is, and what a large debt the Surgical Department owes, particularly to the Biochemical, Physiological and Hæmatological branches of the Medical Department.

To Professor Murray, in charge of the Bacteriological Department, we also owe special thanks for help, not only in the technical work of routine specimens, but also in the way of personal consultations upon cases in the wards of severe surgical infections, consultations which have been given in the most generous spirit of co-operation.

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: Albany, Ann Arbor, Buffalo, New Haven, Toronto and Ottawa.

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

Respectfully submitted,

EDWARD ARCHIBALD, M.D.,
Surgeon-in-Chief.

PUBLICATIONS BY THE DEPARTMENT
OF SURGERY

ARMOUR, J. G.:

(with Webster, D. H.)

"Some Observations on Dogs with Pyloric Obstruction."

Can. Med. Asscn. Jour., xxvii, 1932.

"Effect of Pyloric Obstruction on the Gastric Secretion."

Report of the Royal Society of Canada, Sec. V, 1932.

BETHUNE, NORMAN:

"A Phrenicectomy Necklace."

Amer. Rev. of Tbc., XXVI, Sept., 1932.

"Cottonseed Oil in Progressively Obliterative Artificial Pneumothorax."

Amer. Rev. of Tnc., XXVI, Dec., 1932.

"A Plea for Early Compression in Pulmonary Tuberculosis."

Can. Med. Asscn. Jour., XXVII, 1932.

MILLER, GAVIN:

"Intestinal Obstruction."

Can. Med. Asscn. Jour., XXVI, 1932.

"Local Anæsthesia in the Treatment of Fractures."

Can. Med. Asscn. Jour., XXVII, 1932.

"Surgical Treatment of Cancer of the Stomach."

Can. Med. Asscn. Jour., XXVI, 1932.

PATTERSON, W. J.:

"A Case of Arachnodactyly."

(On the Press.)

ROSS, DUDLEY:

"A Method of Increasing the Compression Strength of Bone. An Experimental Study."

Brit. Jour. of Surg., October, 1932.

TURNER, W. G.:

(with Dr. McLellan)

"Four Cases of Osteogenesis Imperfecta in One Family."

Can. Med. Asscn. Jour., XXVI, 1932.

"The Maggot Treatment of Osteomyelitis."

Can. Med. Asscn. Jour., XXVII, 1932.

WILKIE, A. L.:

"The Passage of Cholesterol through the Gall Bladder Mucosa."

Can. Med. Jour., May, 1932.

*REPORT OF THE SUB-DEPARTMENT OF
NEUROSURGERY*

Work has been carried out in the wards of the Department of Medicine and the Department of Surgery. From the neurological staff Dr. J. N. Petersen was given a year's leave of absence and granted a fellowship for study abroad, beginning last September. Dr. Thomas Hoen completed his year of service as neurosurgical resident and left to take charge of neurosurgery at St. Luc's Hospital, Montreal. He is succeeded as resident by Dr. Joseph P. Evans who has completed two years of work in the Laboratory of Neuro-pathology.

Dr. Arthur Elvidge completed his service, two years as resident and one year as pathologist. He left in September for study abroad before taking up his position as neurosurgeon at the Montreal General Hospital. He is succeeded as neuropathologist by Dr. Lyle Gage, who comes to the position after two years' service as research fellow and neurosurgical interne.

The operations for the year are 370 in number. Clinical research of various types has been conducted. The discovery by Dr. Cone of lead in the cerebrospinal fluid of a case of multiple sclerosis has given rise to an intensive study of lead poisoning by Professor Russel, Dr. Cone and Dr. Harwood of the Medical Department. Professor Meakins promptly and generously placed an expert technician, full time, at the disposal of the group. The results up to the present time throw important light on a number of neurological problems. There has been continued work on the problems of epilepsy, spina bifida brain abscess and scalenus anticus compression.

Laboratory research has been varied. Dr. Cone has completed a study of the optic nerve and papilla with Dr. MacMillan (of the Department of Ophthalmology) and is continuing a study of oligodendroglia in the spinal cord with Dr. Stravraky. Dr. Arthur Elvidge carried out an extended analysis of gliomas of the brain. Dr. Lyle Gage has completed a study of the relationship of the sympathetic nervous system to experimental epilepsy. Dr. Joseph Evans continued his studies on cerebral cicatrization. Dr. Isador Tarlov completed two years of histological study of nerve roots. Dr. Jerzy Chorobski completed two years of work on the parasympathetic innervation of cerebral nerves. Dr. Arne Torkildsen has completed an analysis of the form and deviations of the cerebral ventricles and has begun a survey of cerebral tumors. Dr. William Grant, of Ottawa, has undertaken a combined experimental study of the syndrome of reflex hyperpyrexia with Professor Penfield. Dr. Jack Kershman has undertaken a histological study of the cytogenesis of the nervous system. Dr. George Stravraky has under-

taken a combined study of the autonomic centers of the diencephalon with Professor Penfield. Dr. Haddow Keith, as a part time worker, has continued the studies of experimental epilepsy begun at Mayo Clinic.

During the year addresses were given before medical societies by Dr. Penfield and Dr. Cone, and by their assistants, Drs. Gage, Evans, Hoen and Chorobski, in Atlantic City, Boston, Montreal, New York, Philadelphia and Toronto, on various subjects, some of which have appeared or are to appear in appropriate medical journals.

PUBLICATIONS

Dr. PENFIELD:

"Cytology and Cellular Pathology of the Nervous System."
Edited. P. B. Hoeber, Inc., N.Y.

"Neuroglia: Normal and Pathological."
Chapter 9. Cytology and Cellular Pathology of the Nervous System.
P. B. Hoeber, Inc., N.Y.

(with Dr. A. ELVIDGE)

"Tumors of the Sheaths of the Nervous System."
Chapter 19. Cytology and Cellular Pathology of the Nervous System.
P. B. Hoeber, Inc., N.Y.

"Hydrocephalus and Cerebral Pressure Atrophy."
Chapter 28. Cytology and Cellular Pathology of the Nervous System. *P. B. Hoeber, Inc., N.Y.*

"Intracerebral Vascular Nerves."
Arch. Neurol. and Psychiat., Vol. 27, pp. 30-44.

(with Dr. W. V. CONE)

"Spina Bifida and Cranium Bifidum."
J.A.M.A., Vol. 98, pp. 454-460.

"Principles of the Pathology of Neurosurgery (Revised).
Nelson's Loose Leaf Surgery, 1932.

"Tumors of the Sheaths of the Nervous System."
Arch. Neurol. and Psychiat., Vol. 27, pp. 1298-1309.

Dr. CONE:

(with Dr. J. MACMILLAN)

"The Optic Nerve and Papilla."
Chapter 17. Cytology and Cellular Pathology of the Nervous System. *P. B. Hoeber, Inc., N.Y.*

(with Dr. W. G. PENFIELD)

"Spina Bifida and Cranium Bifidum."
J.A.M.A., Vol. 98, pp. 454-460.

Dr. WILDER PENFIELD.

SUB-DEPARTMENT OF ANÆSTHESIA

Anæsthetics were administered for five thousand seven hundred and seventy-one operations during the year 1932. A detailed account is shown in the accompanying table.

	Main Operating Rooms	Ross Operating Rooms	Out-door	Maternity	Ward L	Total
Nitrous Oxide and Oxygen.	628	184	247	194	15	1268
Nitrous Oxide and Ether..	1194	556	647	786	....	3183
Ethyl Chloride and Ether..	6	..	1	....	..	7
Ether.. .. .	108	2	535	..	2	647
Intravenous Ether.. .. .	....	1	.	....	.	1
Rectal Ether.....	8	....	....	....		8
Chloroform.....	....	....	....	1	.	1
Nitrous Oxide, Oxygen and Chloroform.....	....	..	....	1	....	1
Avertin.....	125	26	2	9	....	162
Avertin and Nitrous Oxide.	35	47	2	14	....	98
Avertin and Ether....	57	17	2	7	....	83
Avertin and Chloroform...	...	..	...	1	....	1
Spinal.....	200	68	.	9	18	295
Caudal.....	4	12	....	..	....	16
Total	2365	913	1436	1022	35	5771

W. B. HOWELL, M.D.

SUB-DEPARTMENT OF ORTHOPÆDICS

The Out-patient Department shows some increase in poliomyelitis cases, as a sequel of the 1931 epidemic. The number of consultations shows a definite increase. The number of admissions to the Wards varies owing to the constant demand for admissions to Ward E. The maggot treatment of osteomyelitis has been carefully studied by Dr. McLellan. During the year Dr. Breitman has been a voluntary assistant.

W. G. TURNER, M.D.

SUB-DEPARTMENT OF DENTISTRY

During 1932 this Department treated 2,415 patients as compared with 565 in 1931, showing an increase of 1,850.

396 patients received oral prophylaxis. Prophylaxis was recommended in a further 204 cases, but due to lack of facilities the Department was unable to carry out this much-needed work.

During the year the Department co-operated with the Department of Surgery in the treatment of oral carcinoma by constructing several radium-carrying appliances. Special attention has been given to restoring masticatory function in gastrointestinal cases.

Special work is being carried out in co-operation with the Department of Ophthalmology in isolating foci of infection.

During the year two addresses were given by Dr. F. W. Saunders, to medical societies in New York State, and two by Dr. Mowry in Toronto.

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



OPERATIONS IN THE SURGICAL DEPARTMENT

For the Year Ended December 31st, 1932

Alimentary System.	1,604
Cardio-Vascular System.	21
Lymphatic System.	58
Ductless Glands.	43
Muscular System.	42
Nervous System.	370
Osseous System.	701
Respiratory System.	222
Diseases of the Breast.	86
Integumentary System.	195
General Injuries.	161
Miscellaneous.	131
Female Genital Organs.	13
Total.	<hr/> 3,647
Total number of operations for the year ending December, 1932.	<hr/> 3,515
Increase of.	132

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:

Craniotomy, Exploration.....	5
" Removal of tumor.....	2
" Partial removal of tumor.....	1
" Excision of cerebral cicatrix.....	1
" Drainage of subdural hæmatoma.....	1
" " " epidural ".....	1
" " " cerebellar abscess.....	4
" " " " cyst.....	1
" Biopsy.....	1
" Plastic repair of skull defect.....	1
Osteoplastic Craniotomy, Exploration.....	2
" " Removal of tumor.....	14
" " Partial removal of tumor.....	10
" " Excision of cicatrix.....	3
" " Drainage of extradural abscess.....	1
" " " " subdural abscess.....	1
" " Incision and drainage of cyst.....	1
" " Corpus callosal puncture.....	1
" " Subtemporal decompression.....	2
" " " " and biopsy.....	2
" " Posterior root section, subtotal.....	1
" " Biopsy.....	2
" " Removal of adhesions.....	1

NERVOUS SYSTEM—Continued

Subtemporal Craniotomy, Trigeminal rhizotomy, complete.....	3
“ “ “ “ subtotal.....	4
“ “ Decompression.....	6
“ “ Decompression and channel craniectomy.....	1
“ “ “ biopsy.....	1
“ “ Drainage of abscess.....	1
“ “ Evacuation of subdural effusion.....	1
“ “ Removal of subdural hæmatoma.....	1
Suboccipital Craniotomy, Rhizotomy, trigeminal.....	1
“ “ Removal of tumor.....	12
“ “ Partial removal of tumor.....	8
“ “ Drainage of cerebellar abscess.....	1
“ “ Incision and drainage of cyst (cerebellar).....	1
“ “ Biopsy.....	1
“ “ Removal of adhesions.....	1
Plastic repair of spina bifida.....	9
Plastic repair of cranium bifidum.....	1
Osteoplastic repair of cranial defect.....	1
Laminectomy, Exploration.....	3
“ Removal of tumor.....	7
“ Partial removal of tumor.....	2
“ Anterolateral chordotomy.....	1
“ Rhizotomy.....	2
“ Incision and drainage of intramedullary cyst.....	2
“ Biopsy.....	1
Alcohol injection of nerve.....	4
Novocaine injection of nerve.....	1
Ventriculography—Occipital trepanation.....	54
Ventricular puncture—Occipital trepanation.....	13
Encephalography—Lumbar puncture.....	88
Occipital trepanation.....	3
“ “ and biopsy.....	1
“ “ and drainage.....	1
Periarterial sympathectomy.....	5
Lumbar sympathectomy.....	1
Sympathetic ganglionectomy.....	5
Elevation of depressed skull fracture.....	9
Elevation of depressed skull fracture and drainage of extra and subdural hæmorrhage.....	1
Nerve suture.....	5
Neurexairesis.....	5
Neurectomy.....	3
Resection of nerves.....	6
Incision of scalp—Exploratory for depressed fracture.....	1
Suture of lacerated wound of scalp.....	22

Unclassified:

Plastic repair of wound.....	4
Re-elevation of bone flap.....	4
Aspiration of softened brain.....	1
Irrigation of frontal lobe cyst and spinal fluid pathway.....	1
Reflection of scalp flap in preparation for choroid plexectomy.....	1
Total.....	370

RESPIRATORY SYSTEM:

Thoracentesis.....	2
Thoracotomy, Exploratory.....	7
Thoracotomy with open drainage for Empyema.....	38
" " closed drainage for Empyema.....	5
" " drainage for Subphrenic Abscess.....	1
Thoracotomy for Abscess of Lung.....	1
" " cutting of Pleural Adhesions.....	2
Rib resection with drainage for T.B. Empyema.....	1
" " " " " Lung Abscess.....	1
" " " " " Bronchiectasis.....	2
" " " " " Osteomyelitis of Ribs.....	2
Decortication of Lung.....	2
Cauterization of Bronchopleural Fistula.....	1
Phrenicectomy for Pulmonary Tuberculosis.....	45
Thoracoplasty for Pulmonary Tuberculosis.....	68
" " T.B. Empyema.....	6
" " Chronic Empyema (non-tuberculous).....	3
" " Lung Abscess (non-tuberculous).....	1
Thoracoscopic Exploration.....	5
" Pneumolysis.....	13
Lobectomy.....	5
Scalenotomy	1
Filling of lung cavity with muscle.....	2
Extrapleural wax filling.....	3
Removal of extrapleural wax filling.....	1
Oleothorax.....	1
Plastic operation on chest wall.....	2
Excision of fibroma of pleura.....	1
Total.....	222

ALIMENTARY SYSTEM:

Operations on the stomach.....	73
--------------------------------	----

Intestines:

Operations on (a) Small Bowel.....	48
(b) Large Bowel.....	83
(c) Laparotomy for various conditions..	50
	181
Operations for Repair of Hernia.....	280
(Fascial suture was used in 132)	

Appendix:

Appendectomy without drainage.....	558
Appendectomy and drainage.....	131
Appendicostomy.....	1
Drainage only of appendicular abscess.....	2
	692

ALIMENTARY SYSTEM—Continued

Liver, Gall Bladder and Bile Ducts:

Cholecystectomy	109
Cholecystostomy	10
Choledochostomy	10
Cholecystogastrostomy	1
Cholecystoduodenostomy	2
Incision and drainage of subhepatic abscess	1
	<hr/>
	133
Other operations of the Alimentary System	245
	<hr/>
Total	1604

DUCTLESS GLANDS:

Operations for various types of thyroid disease	43
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OSSEOUS SYSTEM:

Amputations	66
Various operations	435
	<hr/>
	501

Fractures:

Open setting of fractures (bone-plating—7)	43
Closed setting of fractures	145
(Colles' 20: Pott's 11)	
Suturing of fracture of patella	8
" " " " olecranon	1
Bone-grafting (non-union fracture)	3
	<hr/>
	200
	<hr/>
Total	701

DEPARTMENT OF SURGERY

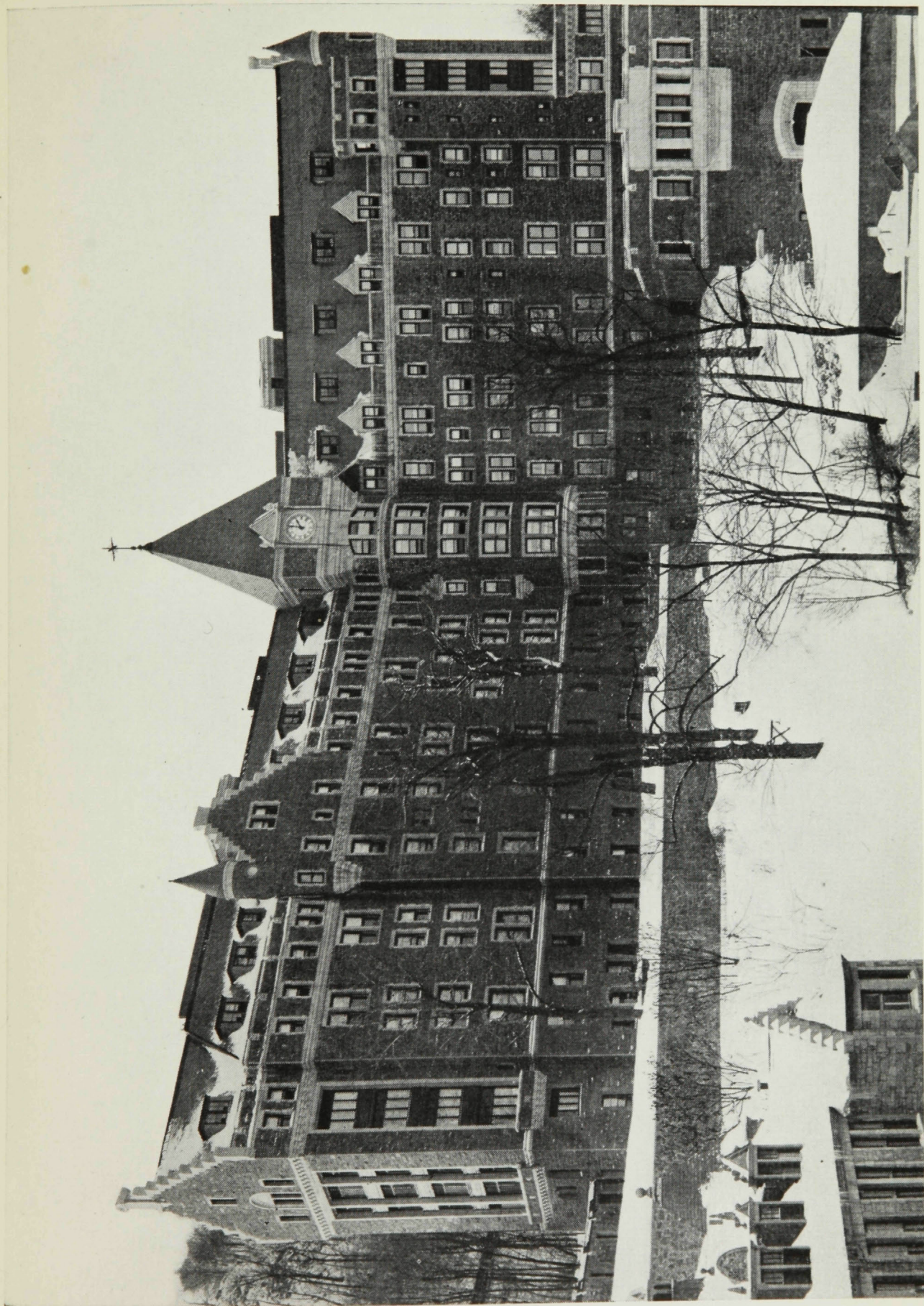
RECORD OF DISEASES

For the Year Ended 31st December, 1932

	Total	Died		Total	Died
Specific infections and general diseases.....	610	26	Fracture, dislocations....	9	
Animal parasites.....	2		Hæmatoma..	18	
Metabolism.....	30		Head injuries:		
Diseases of infancy.....	1		Fracture, concussion, etc...	102	7
Physical agents.....	22	1	Laceration scalp, etc...	66	
Poisonings, intoxications.....	9		Painful scar.....	3	
Tumours:			Rupture...	5	2
Benign (grouped together)..	146		Separation epiphyses...	7	
Malignant:			Separation symphysis pubis..	1	
Bones.....	18	1	Severed ligaments, muscles, nerves, tendons..	19	
Breast.....	47	3	Sprains...	8	
Buccal cavity.....	36	1	Strains.....	12	
Nervous system:			Subluxations....	3	
Brain.....	65	11	Wounds:		
Spinal cord.....	10		Gunshot....	9	2
Female generative organs	1		Incised...	10	
Male generative organs..	2		Lacerated...	72	
Skin.....	20		Punctured...	10	
Peritoneum, intestines, rectum, etc....	28	7	Special skin diseases...	24	
Stomach, liver, etc..	41	7	Circulatory system.....	144	7
Urinary organs.....	2		Lymphatic system.....	45	
Regions not elsewhere mentioned...	53	11	Blood.....	19	1
Congenital malformations...	61	3	Ductless glands..	60	1
General injuries:			Nervous system.....	227	4
Abrasions.....	16		Bones, joints, muscles, etc...	208	4
Amputations, traumatic..	8		Eye and ear:		
Avulsion.....	1		Eye.....	7	
Bites, animal.....	2		Ear.....	8	
Contusions.....	56		Nose and accessory sinuses..	8	1
Crush...	7		Mouth, lips, cheeks, etc....	15	
Dislocations.....	29	1	Jaw, teeth, gums...	5	
Displaced cartilage, knee..	15		Tongue.....	4	
Foreign bodies.....	26		Oesophagus.....	4	
Fractures...	305	7	Stomach.....	57	2
			Intestines.....	616	23

	Total Died			Total Died	
Liver and gall-ducts:			Kidney and ureter:		
Liver.....	13		Kidney.....	33	
Gall-bladder.....	139	5	Ureter.....	13	
Pancreas.....	12		Bladder.....	2	
Abdomen and peritoneum...	351	4	Urethra.....	2	
Rectum and anus:			Male generative organs.....	25	
Rectum.....	123		Female generative organs....	27	
Anus.....	51		Puerperal state.....	10	
Larynx.....	3		Diseases of breast, male and		
Trachea and bronchi..	33	5	female.....	19	
Lungs.....	19		Abnormalities of urine.....	7	
Pleura.....	76	6	Unclassified.....	154	3

	1931	1932		
No. of operative cases discharged.....	2,562	2,485	Decrease	77
No. of post operative complications.....	106	79	Decrease	27
No. of post operative infections.....	27	23	Decrease	4
Post operative mortality.....	125	123	Decrease	2
Aseptic cases.....	1,696	1,696	No change	
Septic cases.	860	789	Decrease	71
Total discharges 1932.....				3,825
Total admissions 1932.....				3,805
				<u>20</u>
No. in Hospital first of year 1932.....				159
No. in Hospital end of year 1932.....				<u>139</u>
				20
No. of patients cured.....				1,145
No. of patients improved.....				1,714
No. of patients not improved.....				251
No. of patients not treated.....				550
No. of patients died.....				157



ROYAL VICTORIA—MONTREAL MATERNITY PAVILION

REPORT OF THE DEPARTMENT OF OBSTETRICS AND GYNÆCOLOGY

For the Year Ended December 31st, 1932.

To the BOARD OF GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

The work of the Department of Obstetrics and Gynæcology for the year ending December 31st, 1932, shows a slight decrease from the previous year in the Indoor Service, but a definite increase in the Outside Delivery Service.

The transfer of the Nurseries from the large central Wards to the Solaria, has proven to be a wise change, thereby providing a maximum of fresh air and sunshine for the babies.

The Isolation Ward on the first floor has been rearranged to provide operating facilities and is now a comprehensive unit.

The mortality and morbidity results continue to improve, and reflect the improved facilities for handling emergency cases.

Respectfully submitted,

JOHN FRASER,

*Obstetrician and
Gynæcologist-in-Chief.*

OBSTETRICAL REPORT

For the Year Ended December 31st, 1932

ROYAL VICTORIA MONTREAL MATERNITY

Obstetrical patients remaining in Hospital January 1st, 1932.....	89	
Obstetrical patients admitted to Hospital January 1st, 1932, to January 1st, 1933.....	2410	2499
	—	
Obstetrical patients remaining in Hospital January 1st, 1933....	77	
Obstetrical patients treated to conclusion... ..	2422	2499
	—	

GENERAL RESULTS

TOTAL CONFINEMENTS... 2168

Patients confined and discharged well.	2163	
Patients treated but not confined.....	211	
Patients admitted post-partum.....	25	
Patients treated and transferred....	14	
Patients died.....	9	2422
	—	

PATIENTS TRANSFERRED TO OTHER SERVICES

No.	Ward	Diagnosis	Condition on discharge
13870	B.	Chronic Nephritis...	Improved
13771	B. & K.	Diabetes Mellitus.....	Improved
15023	B.	G. C. Arthritis.	Not treated
14478	B.	Pneumonia... ..	Improved
14736	E.	Sarcoma, left foot.	Improved
14690	B. & E.	Bronchitis and Asthma.....	Improved
15719	B.	Typhoid.	Cured
15702	E.	Intestinal obstruction.....	Improved
16090	B.	T. B. C. of lungs	Improved
14513	B.	Pyschosis....	Not Improved
16016	Gyn.	Vaginal bleeding.....	Improved
13963	Gyn.	Abortion.	Cured
15988	Gyn.	Admitted in error.	
13874	N.(baby)	Otitis media... ..	Died
Maternal mortality....			4%
Fœtal mortality—gross.....			6%

MATERNAL MORTALITY**16109 Lobar Pneumonia.**

Patient admitted to Medical Wards, almost at term, with signs of a lobar pneumonia.

Next day she went into labour and was transferred to Obstetrics. Three hours later was delivered without anæsthetic. During the day she was very cyanotic, and her pneumonia seemed to increase during the night and cyanosis became very severe, she lapsed into a state of coma and died next morning.

A post-mortem was obtained.

Diagnosis: Pregnancy complicated by Bilateral Lobar Pneumonia.

13837 Lobar Pneumonia.

A grava III, admitted in active labour, with pneumonia. Next morning membranes were ruptured. Labour was rapid. Male baby born with moderate asphyxia.

Given 10,000 units anti-pneumococcic serum.

Patient's course unsatisfactory. Death occurred the 4th day after admission.

14425 Lobar Pneumonia, Right.

Patient admitted to Medical Department with extensive pneumonia, later with development of labour. Transferred to Maternity, delivered in extremis of dead child. Died 6 hours post delivery.

13579 Coronary Embolism.

Patient admitted having a marked mitral and aortic regurgitation. In view of the patient's condition, a Porro Cæsarean was performed. Patient's condition remained good until six days afterwards, when she suddenly died in her sleep.

16002 Myocarditis.

A para III, admitted for third Cæsarean Section, with history in first labour of foetus dying in utero, instrumental delivery; second- Elective Cæsarean Section. Third Cæsarean Section 10 days before term.

Following operation patient had a cardiovascular collapse without hæmorrhage. Failed to rally after stimulation and died 3 hours after operation.

Autopsy showed myocardial degeneration.

16229 Eclampsia.

Patient admitted in convulsions, five weeks from term. She did not regain consciousness, so her membranes were ruptured. Following this she went into strong labour, and delivered herself of a dead-born baby. Her condition improved for an hour or so, but later she lapsed into a state of coma from which she did not recover. After delivery there were vague cranial symptoms.

MATERNAL MORTALITY—Continued

16209 Pyelo-Nephritis.

Patient admitted suffering from a pyelo-nephritis, about ten days from term. Urine loaded with pus. Labour developed in 24 hours—persistent R.O.P. Mid forceps done, head rotated into the anterior position and child delivered in good condition after long labour. Coma developed in 24 hours, ending fatally.
No post-mortem was obtained.

14104 Toxæmia of Pregnancy-Placenta Prævia.

A grava V. admitted five weeks from term with a B.P. 170/100, albumen ***, and occasional hyaline and granular casts. Labour induced by Voorhee's bag. At that time there was considerable bleeding and a lateral placenta prævia was felt. Bag expelled four hours later, but bleeding still profuse. A Braxton Hick's version was done through a nearly fully dilated cervix, and live baby extracted. Uterine cavity was packed with alcohol gauze. Her immediate condition was good, but two hours later she became acutely shocked, uterine tone failed. Slight further bleeding and rapid cardiac failure resulted. An intravenous was given, but she died before further treatment could be instituted.

16212 Toxæmia of Pregnancy.

Patient admitted, about 10 days from term, with toxæmia, previous Cæsarean Section.
No improvement after 24 hours' treatment. Porro Cæsarean Section—living child.
No improvement after operation in toxæmia. Death on 5th day.

INFANTILE MORTALITY

Total number of foetal deaths.....	142
Full-term, born dead:	
Macerated.....	8
Died I.P.....	18
Other ante natal deaths.....	3
	<hr/>
	29
Full-term:	
Still-born.....	7
Died Post-Partum..	22
	<hr/>
	29
Premature (7 mos. and over) born dead:	
Macerated.....	8
Died I.P.....	7
Other ante natal deaths.....	7
	<hr/>
	22

INFANTILE MORTALITY—Continued

Premature (7 mos. and over):		
Still-born.....	1	
Died Post-partum	32	
	<hr/>	
	33	
Non-Viable.	29	
	<hr/>	142
Full-term, born dead:		
Trauma of labour....	12	
Craniotomy (Hydrocephalus).....	3	
" (Impacted R.O.P.).....	1	
Intra-cranial hæmorrhage	2	
Tentorial tear and hæmorrhage.....	5	
Tight coil.....	1	
Maternal Toxæmia:		
Pre-Eclampsia.....	1	
Unclassified.....	4	
	<hr/>	
	5	
Abnormalities:		
Anencephalus.....	4	
Hydrocephalus.....	1	
Meningocephalocele.....	1	
Spina Bífida..	1	
	<hr/>	
	7	
Miscellaneous:		
Maternal Lobar Pneumonia.....	1	
Uncertain.....	3	
Second twin.....	1	
	<hr/>	
	5	29
Full-term, still-born—		
 Trauma of Labour:		
Intra-uterine asphyxia	1	
Intra-cranial hæmorrhage	1	
Tentorial tear.....	2	
	<hr/>	
	4	
 Maternal Toxæmia:		
Unclassified.....	1	
 Abnormalities:		
Anencephalus.....	1	
Diaphragmatic hernia.	1	
	<hr/>	
	2	
	<hr/>	7

INFANTILE MORTALITY—Continued**Full-term, died Post-partum:****Infections:**

Broncho-Pneumonia.	5	
Gastro-enteritis.	1	
Ileo colitis.	1	
Otitis media.	2	
Pneumococcic Meningitis.	1	
Septicæmia.	1	
	—	11

Trauma of Labour:

Intra-cranial hæmorrhage	3	
Tentorial tear with hæmorrhage	3	
Tight coil of cord.	1	
	—	7

Abnormalities:

Congenital Heart.	2	
Mongolian Idiot.	1	
	—	3

Miscellaneous:

Icterus Gravis.	1	
	—	22

Premature (7 mos. and over), born dead:**Trauma of labour:**

Prolapsed cord.	1	
-------------------------	---	--

Maternal Toxæmia:

Accidental hæmorrhage	5	
Chronic Nephritis.	3	
Eclampsia.	2	
Pre-eclampsia.	2	
Lues (Maternal).	2	
Unclassified.	1	
	—	15

Abnormalities:

Anencephalus.	2	
-----------------------	---	--

Miscellaneous:

Cause obscure.	2	
Prematurity.	1	
	—	3
		— 21

Premature (7 mos. and over), still-born:**Maternal Toxæmia:**

Pre-eclampsia.	1	
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INFANTILE MORTALITY—*Continued*

Premature (7 mos. and over), died Post-partum:			
Infections:			
Broncho-Pneumonia.....	10		
Gastro-enteritis.....	3		
	—	13	
Trauma of Labour:			
Intra-cranial hæmorrhage.....	4		
Tentorial tear with hæmorrhage....	2		
Placenta Prævia.....	1		
	—	7	
Maternal Toxæmia:			
Chronic Nephritis.....	2		
Lues (Congenital).....	1		
Pre-eclampsia.....	1		
	—	4	
Abnormalities:			
Anencephalus.....			1
Miscellaneous:			
Cause obscure.....	1		
Hæmorrhage disease of N.B.....	1		
Icterus Gravis.....	2		
Prematurity.....	2		
Renal aplasia.....	1		
Cong. atresia Oesophagus.....	1		
	—	8	
		—	33

OBSTETRICAL MORBIDITY

Pelvic Cellulitis.....	14	
Intra-uterine infection.....	124	
Pyelitis.....	15	
Mastitis.....	15	
Thrombo-Phlebitis.....	14	
Eclampsia.....	3	
Engorged breasts.....	2	
Miscellaneous.....	34	
	—	221

Morbidity Rate:	
R.V.H. Standard.....	21.9%
B.M.A. “.....	9.8%

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

SUMMARY OF OBSTETRICAL OPERATIONS—1932

LOW FORCEPS

Elective.....	114	
Fœtal distress.....	47	
Maternal distress.....	29	
Perineal delay.....	56	
Posterior positions.....	13	
Uterine inertia.....	1	
Chronic Nephritis.....	1	
Brow presentation.....	1	
Face presentation.....	1	
Unsuccessful breech extraction.....	3	
Old complete tear.....	1	
Low forceps rate 12%	—	267

MID FORCEPS

Elective.....	18	
Fœtal distress.....	42	
Posterior positions.....	42	
Uterine inertia.....	3	
Demonstration purposes.....	1	
Maternal distress.....	25	
Prolapsed cord.....	1	
Perineal delay.....	6	
Transverse presentation.....	1	
Mid forceps rate 6%	—	139

HIGH FORCEPS

Maternal distress.....	2	
Fœtal distress.....	2	
Prolapsed cord.....	1	
Prolapsed arm and cord.....	1	
High forceps rate 2%	—	6

CÆSAREAN SECTION
(Without Sterilization)

Fibromyoma.....	1	
Pelvic contraction.....	17	
Chronic Nephritis.....	1	
Previous death in utero.....	3	
Infantile vagina.....	1	
Pre-eclampsia.....	1	
Eclampsia.....	1	
Elderly primipara.....	1	
Previous Cæsarean.....	6	
Uterine inertia.....	1	
Abruptio placentæ.....	1	
Extra uterine pregnancy.....	1	
Hysteria (large baby).....	1	
Retro-placental hæmorrhage.....	1	
Cæsarean rate 2%	—	37

SUMMARY OF OBSTETRICAL OPERATIONS—*Continued*

CÆSAREAN SECTION
(With Sterilization)

Pelvic contraction.....	8	
Previous death in utero.....	1	
Recent fractured pelvis.....	1	
Mitral stenosis.....	1	
Previous Cæsarean.....	4	
Chronic Nephritis.....	1	
Poliomyelitis.....	1	
Pulmonary T.B.C. (healed).....	1	
Elderly grava..	1	
	—	19

CÆSAREAN SECTION
(Porro)

Previous Cæsarean.....	1	
Mentally undeveloped (Unmarried).....	1	
Fibromyoma uteri.....	1	
Elderly primipara.....	1	
Multiple fibroids.....	1	
Dermoid cyst with torsion of pedicle.....	1	
Double mitral and aortic regurgitation.....	1	
	—	7

INDUCTION OF LABOUR (Hydrostatic Bag)

Pre-eclampsia.....	5	
Eclampsia.....	1	
Cerebral disease.....	1	
Placenta prævia.....	1	
Chronic Nephritis.....	9	
Pelvic contraction.....	4	
Death in utero.....	2	
Hæmorrhage.....	1	
Early rupture membranes.....	1	
Transverse lie.....	2	
Cardiac disease.....	3	
	—	30

INDUCTION BOUGIE

Over-term.....	2	
Pre-eclampsia.....	2	
Chronic Nephritis.....	1	
Pelvic contraction.....	4	
	—	9

CRANIOTOMY

Hydrocephalic.....	2	
Pelvic contraction.....	1	
Maternal cervical stenosis.....	1	
	—	4

SUMMARY OF OBSTETRICAL OPERATIONS—*Continued*

VERSION AND EXTRACTION

Fœtal distress.....	2	
Prolapsed cord.....	3	
Prolapsed hand and cord.....	1	
Face presentation.....	1	
Persistent posterior position.....	1	
Pelvic contraction.....	1	
Placenta prævia.....	1	
	—	10

COMPLETE TEARS

Low forceps.....	5	
Mid forceps.....	5	
Breech extraction.....	2	
Spontaneous labour.....	3	
	—	15

MANUAL REMOVAL OF PLACENTA

Retained placenta.....	7	
Adherent... ..	2	
	—	9

BREECH PRESENTATION

Breech extraction (Spontaneous delivery).....	84	
Low forceps... ..	9	
Cæsarean section.....	1	
Low forceps.....	2	
Bag induction.....	1	
Bougie induction.....	1	
	—	98

COMPLICATIONS OF PREGNANCY

CARDIAC CONDITIONS.....	22
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SPONTANEOUS DELIVERIES.....	10
-----------------------------	----

RESULTS:

Mothers died.....	0
Children died.....	0

Nos. 14901, 15965, 13948, 14236, 14318, 14389, 14404, 14406, 15349, 14865.

LOW FORCEPS.....	4
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RESULTS:

Mothers died.....	0
Children died... ..	0

Nos. 14176, 15637, 14616, 15275.

CARDIAC CONDITIONS—*Continued*

CÆSAREAN SECTION..	2
RESULTS:	
Mothers died..	1
Children died..	0
Nos. 13579, 13865.	
BAG INDUCTION.....	1
RESULTS:	
Mothers died....	0
Children died.....	0
No. 14502.	
MEDICAL INDUCTION	1
RESULTS:	
Mother well.	
Child well.	
No. 14541.	
NOT CONFINED.....	4
RESULTS:	
Mothers all improved.	
Nos. 13891, 14213, 15676, 16050.	

TOXÆMIA OF PREGNANCY:

Pre-eclampsia	162
SPONTANEOUS DELIVERIES.....	59
RESULTS:	
Mothers died..	1
Children died.	10
Nos. 13802, 13898, 13956, 14080, 14053, 14025, 13890, 14160, 14325, 14245, 14009, 14121, 14268, 14281, 14221, 14164, 14215, 14399, 14482, 14536, 14588, 14681, 14830, 14834, 14793, 14884, 14907, 15739, 15794, 15728, 15813, 15899, 15280, 15129, 15409, 15442, 15450, 15378, 15502, 15525, 15874, 15842, 16014, 15968, 16030, 16229, 15733, 15683, 14364, 14932, 14931, 14798, 14975, 15027, 15076, 15205, 15238, 15273, 15938.	
LOW AND MID FORCEPS..	16
RESULTS:	
Mothers died..	0
Children died.	2
Nos. 13874, 14172, 14253, 14470, 14604, 14722, 14756, 14995, 15039, 15052, 14647, 14662, 15253, 15590, 15670, 15607.	
HIGH FORCEPS...	2
RESULTS:	
Mothers died..	0
Children died.....	1
Nos. 13892, 13919.	

TOXÆMIA OF PREGNANCY—Continued

BAG AND BOUGIE INDUCTION	9
RESULTS:	
Mothers died	1
Children died	2
Nos. 14079, 14193, 14104, 14154, 14579, 15579, 15546, 15602, 16012.	
BREECH EXTRACTION	5
RESULTS:	
Mothers died	0
Children died	3
Nos. 14248, 14027, 15053, 15658, 16063.	
CÆSAREAN SECTION	4
RESULTS:	
Mothers died	0
Children died	0
Nos. 13834, 13894, 14792, 16212.	
MEDICAL INDUCTION	17
RESULTS:	
Mothers died	0
Children died	2
Nos. 13778, 13968, 13969, 14036, 14216, 14676, 14705, 14917, 14974, 15001, 15077, 15394, 15817, 15939, 16098, 16027, 16176.	
CRANIOTOMY	1
RESULTS:	
Mothers died	0
Children died	1
No. 14252.	
NOT CONFINED	49
RESULTS:	
47 mothers improved.	
2 went home against advice.	
Nos. 13815, 13835, 13893, 13958, 14012, 14263, 14279, 14074, 14257, 14378, 14234, 14457, 14417, 14552, 14390, 14643, 14640, 14639, 14870, 14837, 14956, 15119, 15214, 15224, 15296, 14875, 14977, 14962, 15126, 15014, 15388, 15547, 15526, 15523, 15328, 15554, 15624, 15625, 15696, 15714, 15764, 15763, 15765, 15766, 15891, 15948, 15970, 15978, 16013.	
Eclampsia:	
SPONTANEOUS DELIVERIES	4
RESULTS:	
Mothers died	0
Children died	1
Nos. 14089, 13909, 15723, 15856.	

EMIA OF PREGNANCY—*Continued*

LOW AND MID FORCEPS.	5
RESULTS:	
Mothers died.	0
Children died.	2
Nos. 14706, 15590, 16117, 16141, 15390.	
BAG INDUCTION	1
RESULTS:	
Mother well.	
Child dead-born.	
No. 15039.	
CÆSAREAN SECTION.	1
RESULTS:	
Mother well.	
Child died.	
No. 15212.	
BREECH EXTRACTION.	2
RESULTS:	
Mothers died.	0
Children died.	1
Nos. 14607, 15553.	
MEDICAL INDUCTION.	1
RESULTS:	
Mother well.	
Child well.	
No. 15698.	
clampsia (Intra-partum)	4
LOW AND MID FORCEPS.	3
RESULTS:	
Mothers died.	0
Children died.	2
Nos. 14358, 14706, 16071.	
BREECH EXTRACTION.	1
RESULTS:	
Mother well.	
Child well.	
No. 14607.	
IONIC NEPHRITIS	36
SPONTANEOUS DELIVERIES.	13
RESULTS:	
Mothers died.	0
Children died.	3
Nos. 14489, 14793, 14888, 15085, 15187, 15139, 15081, 15824, 15853, 15904, 5, 14025, 14952.	

CHRONIC NEPHRITIS—Continued

CÆSAREAN SECTION.....	2
RESULTS:	
Mothers died.....	0
Children died.....	1
Nos. 13868, 15274.	
LOW AND MID FORCEPS.....	3
RESULTS:	
Mothers died.....	0
Children died.....	0
Nos. 15675, 15799, 15846.	
BAG AND BOUGIE.....	5
RESULTS:	
Mothers died.....	0
Children died.....	2
Nos. 14709, 14269, 15249, 15619, 16081.	
VERSION AND EXTRACTION.....	1
RESULTS:	
Mothers died.....	0
Child died.....	1
No. 15826.	
BREECH EXTRACTION.....	1
RESULTS:	
Mother well.	
Child dead-born.	
No. 15553.	
HYSTEROTOMY.....	1
RESULTS:	
Mother well.	
Child dead-born.	
No. 14597.	
MEDICAL INDUCTION.....	2
RESULTS:	
Mothers died.....	0
Children died.....	0
Nos. 15070, 16093.	
ELECTIVE.....	1
RESULTS:	
Mother well.	
Child well.	
No. 16068.	
NOT CONFINED.....	7
RESULTS:	
Mothers all improved.	
Nos. 14314, 15374, 15638, 15785, 15949, 15937, 15824.	

TING OF PREGNANCY	4
SPONTANEOUS DELIVERIES.....	2
RESULTS:	
Mothers died.....	0
Children died.....	2
os. 14606, 14752.	
LOW FORCEPS	1
RESULTS:	
Mother well.	
Child well.	
o. 15636.	
NOT CONFINED	1
RESULTS:	
Mother improved.	
o. 15327.	
ENTA PRÆVIA MARGINALIS	7
SPONTANEOUS DELIVERIES.....	5
RESULTS:	
Mothers died.....	0
Children died.....	2
os. 13760, 14152, 15309, 15731, 15901.	
BREECH EXTRACTION	1
RESULTS:	
Mother fair.	
Child dead-born.	
o. 13423.	
BAG INDUCTION	1
RESULTS:	
Mother well.	
Child well.	
o. 15405.	
ENTA PRÆVIA LATERALIS	2
BAG INDUCTION.....	2
RESULTS:	
Mothers died.....	1
Children died.....	1
os. 13805, 14104.	
ATURE SEPARATION OF PLACENTA	2
CÆSAREAN SECTION.....	2
RESULTS:	
Mothers died.....	0
Children died.....	1
os. 14890, 14930.	

LOW IMPLANTATION OF PLACENTA	3
MEDICAL INDUCTION	1
RESULTS:	
Mother well.	
Child well.	
No. 13988.	
NOT CONFINED	2
RESULTS:	
1 mother improved.	
1 mother transferred.	
Nos. 13963, 15486.	
PLACENTA PRÆVIA (Unclassified).	
ANTE-PARTUM HÆMORRHAGE (Accidental Apparent)	12
SPONTANEOUS DELIVERY	1
RESULTS:	
Mother well.	
Child well.	
No. 15189.	
BREECH EXTRACTION	1
RESULTS:	
Mother well.	
Child premature.	
No. 16158.	
NOT CONFINED	9
RESULTS:	
Mothers all improved.	
Nos. 14577, 14809, 15237, 15545, 15684, 15687, 15875, 15863, 16215.	
DILATATION AND EXPLORATION	1
RESULT:	
Mother cured.	
No. 15540.	
RETRO-PLACENTAL HÆMORRHAGE	2
SPONTANEOUS DELIVERIES	2
RESULTS:	
Mothers died	0
Children died	2
Nos. 14204, 14606.	
POST-PARTUM HÆMORRHAGE	16
SPONTANEOUS DELIVERIES	9
RESULTS:	
Mothers died	0
Children died	1
Nos. 13740, 13797, 13845, 13903, 13947, 14152, 14389, 14824, 15645.	

-PARTUM HÆMORRHAGE—Continued

BREECH EXTRACTION.....	2
RESULTS:	
Mothers died.....	0
Children died.....	1 (twin)
os. 14407, 15437.	
LOW AND MID FORCEPS.....	3
RESULTS:	
Mothers died.....	0
Children died.....	0
os. 14812, 15476, 16078.	
MEDICAL INDUCTION.....	1
RESULTS:	
Mother well.	
Child well.	
o. 14495.	
ADMITTED POST-PARTUM.....	1
RESULT:	
Mother cured.	
o. 14515.	
ITIS (ANTE-PARTUM).....	23
SPONTANEOUS DELIVERIES.....	7
RESULTS:	
Mothers died.....	0
Children died.....	0
os. 14692, 14800, 15046, 15307, 15535, 15740.	
MEDICAL INDUCTION.....	3
RESULTS:	
Mothers died.....	0
Children died.....	0
os. 14959, 11538, 15514.	
LOW AND MID FORCEPS.....	4
RESULTS:	
Mothers died.....	1
Children died.....	0
os. 13758, 16209, 15765, 14662.	
CÆSAREAN SECTION.....	1
RESULTS:	
Mother well.	
Child well.	
o. 13734.	

PYELITIS (ANTE-PARTUM)—*Continued*

INDUCTION BOUGIE.....	1
RESULTS:	
Mother well.	
Child well.	
No. 15619.	
NOT CONFINED.	7
RESULTS:	
Mothers all improved.	
Nos. 14246, 14512, 14048, 15551, 15781, 15786, 15902.	
DIABETES MELLITUS	2
MEDICAL INDUCTION..	1
RESULTS:	
Mothers died..	0
Children died.....	1
No. 13771.	
SPONTANEOUS.....	1
RESULTS:	
Mother well.	
Child well.	
No. 15806.	
SYPHILIS	12
SPONTANEOUS DELIVERIES.....	11
RESULTS:	
Mothers died.....	0
Children died.....	2
Nos. 13940, 14153, 14927, 15599, 14236, 14735, 15054, 15564, 15836, 15784, 16146.	
NOT CONFINED.	1
Mother transferred.	
No. 15465.	
NEISSER, ACUTE ..	1
SPONTANEOUS.....	1
RESULTS:	
Mother fair.	
Child well.	
No. 14023.	
HYDRAMNIOS	6
SPONTANEOUS.....	3
RESULTS:	
Mothers died.....	0
Children died.....	2
Nos. 13771, 14059, 15005.	

AMNIOS—*Continued*

BREECH EXTRACTION.....	2
RESULTS:	
Mothers died.....	0
Children died.....	2
cs. 14027, 14818.	
LOW FORCEPS.....	1
RESULTS:	
Mother well.	
Child well.	
cs. 14513.	
IOSIS.....	1
MEDICAL INDUCTION.....	1
RESULTS:	
Mother alive (sent to Verdun).	
Child well.	
cs. 14513.	
BITIS (ANTE-PARTUM).....	2
SPONTANEOUS.....	2
RESULTS:	
Mothers died.....	0
Children died.....	0
cs. 15044, 14926.	
RCULOSIS.....	4
SPONTANEOUS.....	3
RESULTS:	
Mothers died.....	0
Children died.....	0
cs. 14665, 14963, 16090.	
CÆSAREAN SECTION.....	1
RESULTS:	
Mother well.	
Child well.	
cs. 14792.	
S (22 pairs)	44 single
SPONTANEOUS DELIVERIES.....	25
RESULTS:	
Mothers died.....	0
Children died.....	4
cs. 15602, 16155, 15656, 15938, 14100, 14100, 14109, 14135, 14380, 14717, 14818, 14993, 14989, 14989, 14976, 15053, 15178, 15178, 15236, 15236, 15932, 14993, 14976.	

TWINS—*Continued*

BREECH EXTRACTION.....	11
RESULTS:	
Mothers died.....	0
Children died.....	5
Nos. 13938, 14109, 14135, 14818, 15053, 15437, 15605, 15656, 16155, 15602, 15437.	
LOW AND MID FORCEPS.....	6
RESULTS:	
Mothers died.....	0
Children died.....	0
Nos. 14233, 15116, 15116, 15860, 15860, 15932.	
VERSION AND EXTRACTION ..	2
RESULTS:	
Mothers died.....	0
Children died.....	0
Nos. 14233, 14380.	

CLASSIFICATION OF PELVIS	2168 Confinements
Normal... ..	1205
Not measured (private).	844
Rachitic, flat.... .	12
Simple, flat.... .	46
Funnel.. . . .	16
Justo-Minor.... .	44
Unclassified.....	1
	—
	2168

POSTERIOR OCCIPUT POSITIONS
For the Year Ended December 31st, 1932

POSITION									MORTALITY	
Deliveries	Number	Prim.	Mult.	LOP.	ROP.	F. to P.	Morbid	Mater.	Foetal D.B.	Foetal died P.P.
Spontaneous	83	35	48	27	56	33	17	0	3 1 Anenceph. 1 Rt. Pl. Hæm. Face to P. 1 Prolap. Cord. Face to P.	3 1 Lues. 1 Icterus. 1 Mong. Idiot. Face to P.
Operative. . . .	125									
High Forceps..	4	2	2	1	3	3	2	0	0	1 L.O.P. Tentorial Tear
Mid Forceps..	85	55	30	32	53	13	27	0	4 1 Spina Bif. Hydroceph. 1 Intra. Cran. Hæm. 1 Flat Pelvis. 1 Subdur. Hæ.	1 Intra Cran Hæm.
Low Forceps...	36	20	16	17	19	14	8	0	2 1 Anenceph. 1 Pre. Eclamp. Maternal.	0

OUT-DOOR DEPARTMENT—OBSTETRICS

Number of applications for treatment (at Hospital).... .	1079
Number of applications for treatment (at Sub-stations).... .	828
Number of Ante-Partum visits to Sub-station clinics.....	4256
Number of Ante-Partum visits to Hospital clinics.....	4411
Number of cases delivered.. . . .	455
Number of viable babies born.... .	447
Twins.....	2
Non-viable.	3
Missed abortion...	1
Miscarriage...	1
Dead-born.....	2
Died.....	4
Maternal mortality.....	0
Number of Post-partum visits paid by Doctors.	2736
Number of Post-partum visits paid by Nurses.....	5687
Number of patients transferred to Victorian Order for post-partum care.....	96
Number of Post-partum visits paid by patients.	778

INFANTILE MORTALITY

No. 2432	(3 months) Miscarriage.
No. 2066	Dead-born.
No. 2093	Trauma of labour (Tentorial split).
No. 2204	(6 months) Dead-born (Twin).
No. 2204	(6 months) Dead-born (Twin) Prolapsed cord.
No. 2233	Premature (Non-viable).
No. 2240	(6 months) Missed abortion.
No. 2388	(Term) Trauma of labour.
No. 2476	(8½ months) Trauma-Intra cranial injury.
No. 2457	(8½ months) Trauma. Superficial tentorial split.
No. 2300	Prematurity. Foetal Atelectasis.

GYNÆCOLOGICAL SUMMARY

	1931	1932
Total Admissions	1,463	1,314
Private Admission	372	285
Semi-Private	292	247
Public	799	782
Total Operations	932	1,032
Total Deaths	15.	11.
		1.6%

BLOOD TRANSFUSIONS

During the year 1932, there were given 209 Blood Transfusions to one hundred and sixty patients. These may be summarized as follows:—

Obstetrics	Mothers	57
	Transfusions	61
	Babies	31
	Transfusions	42
Gynæcology	Patients	72
	Transfusions	106
Total number of patients transfused		160
Total number of transfusions given		209

The noteworthy feature of the year's work was the number of cases of severe infection treated in part by blood transfusion. The results obtained tend to confirm the opinion expressed in former reports that transfusion of small amounts of blood, at intervals of two or three days, is a very useful aid in the treatment of the severer forms of infection, including septicæmia following delivery or abortion.

The Transfusion Fund provided by the Ladies' Auxiliary Board, has made transfusion possible for a number of very sick patients. During the year, the Fund has paid for 21 transfusions; 15 for adults and 6 for babies. The value of this service to both patients and doctors is difficult to overestimate.

GYNÆCOLOGICAL REPORT

For the Year Ended December 31st, 1932

• ROYAL VICTORIA MONTREAL MATERNITY

URETHRA:

Urethral Adenoma (Caruncle).....	3
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VULVA:

Ulceration of Vulva—non specific.....	1
Vulvar Cysts, Sebaceous.....	2
Bartholinitis Acute Abscess.....	1
Bartholinitis Chronic, Cyst.....	6
Condylomata Accuminata.....	1
Kraurosis Vulvæ.....	1
Cyst of Skene's Gland.....	1
Perineal Abscess.....	1

VAGINA:

Unruptured Hymen.....	2
Vaginal Atresia Acquired.....	4
Vaginal Atresia Congenital.....	3
Vaginal Cyst.....	1
Recto-Vaginal Fistula.....	3
Endometriosis of Recto-Vaginal Septum.....	2
Uretero-Vaginal Fistula.....	1

SACRO PUBIC HERNIA:

Total.....	1
Sacro Pubic Hernia Complete with Cystocœle, Rectocœle, Retroversion and Complete Prolapsus Uteri.....	17
Sacro Pubic Hernia Incomplete with Cystocœle, Rectocœle and Partial Prolapsus Uteri.....	49
Sacro Pubic Hernia Incomplete with Cystocœle, Rectocœle, Retroversion and Partial Prolapsus Uteri.....	10
Sacro Pubic Hernia Incomplete with Partial Prolapsus Uteri.....	2
Sacro Pubic Hernia Incomplete with Cystocœle, Rectocœle and Retroversion.....	7
Sacro Pubic Hernia Incomplete with Cystocœle and Rectocœle.....	45
Sacro Pubic Hernia Incomplete with Cystocœle.....	5
Sacro Pubic Hernia Incomplete with Rectocœle.....	14
Sacro Pubic Hernia Incomplete with Urethrocoœle.....	1
Sacro Pubic Hernia Incomplete with Complete Perineal Laceration.....	5
Sacro Pubic Hernia Incomplete with Incomplete Perineal Laceration.....	2

CERVIX:

Cervicitis Chronic.	60
Cervical Stenosis.	6
Cervical Stenosis with Pyometra.	4
Chronic Cervicitis with Laceration.	36
Polyp Cervix (Unclassified).	3
Polyp Cervix, Fibrous.	6
Hypertrophy of Cervix.	2

UTERUS:**Development:**

Uterus Didelphus.	1
Hæmatometra.	2

Deviations:

Retroversion of Uterus, Mobile.	16
Retroversion of Uterus, Fixed.	1

Infections:

Endometritis, Chronic.	12
Endometritis, Acute.	2
Tuberculous Endometritis.	1
Hyperplasia of Myometrium.	7

Traumatism:

Perforation of Uterus—Traumatic.	3
--	---

Neoplasms:

Fibromyoma Uteri.	149
Fibromyoma with Degeneration.	2
Fibromyoma Uteri with Hard Polyp.	8
Fibromyoma Uteri with Endometrial Polyp.	3

Malignancy: (See Special Sheet).

Subinvolution of Uterus.	2
Menstruation.	2

TUBES:

Tuberculous Salpingitis.	5
Tuberculous Salpingo-Oophoritis.	2
For other inflammations, see Infection Sheet.	

OVARIES:

Cysts—Follicle.	13
Corpus Luteum.	3

Neoplasms:

Dermoid.	4
Embryomata (See Malignancy Sheet).	

Connective Tissue Tumours:

Fibromyoma.	3
With Torsion.	1

OVARIES—Continued**Epithelial Tumours:**

Cystoma Simple Non-Papilliferous Unilateral.	14
Cystoma Simple Non-Papilliferous Bilateral.	5
Cystoma Simple Papilliferous Benign Unilateral.	2
Cystoma Compound Non-Papilliferous Unilateral.	3
Cystoma Compound Papilliferous Benign Unilateral.	1
Cystoma with Torsion of Pedicle.	5

ENDOMETRIOSIS:

Endometriosis of Tube—Adenomyosis.	2
Endometriosis of Tube—Implants on Surface.	1
Endometriosis of Ovary—Chocolate Cysts, Unilateral.	1
“ “ “ “ Bilateral.	3
Endometriosis of Uterus—Adenomyosis.	14
Endometriosis of Uterus—Implant on Surface (involving Sigmoid.	1

PREGNANCY:

Abortion—Complete.	28
“ Incomplete.	146
“ Inevitable.	3
“ Missed.	4
“ Threatened.	26
“ Therapeutic.	28
Pulmonary Tuberculosis.	7
Chronic Nephritis.	8
Cardiac Disease.	3
Psychosis of Pregnancy.	4
Hypertension.	1
Addison's Disease.	1
Asthma.	1
General Debility.	1
Dermoid Cyst.	1
Pernicious Vomiting.	1

Infections—Post Abortum:

With General Peritonitis.	1
“ Retained Placental Tissue.	1
“ Streptococcus Hæm. Septicæmia.	1
“ Bacterial Toxæmia.	2
“ Endometritis Acute.	9
“ Endometritis Chronic.	2
“ Parametritis Acute.	6
“ Pelvic Cellulitis.	3
“ Pelvic Peritonitis.	3
“ Pelvic Abscess Acute.	2

Infection—Post Partum:

With Septicæmia.	3
“ Endometritis Acute.	1
“ Parametritis Acute.	1
“ Pyelitis.	1

PREGNANCY—Continued

Pregnancy with	Pyelitis.....	4	
“	“ Retroversion Mobile.....	1	
“	“ Condylomata Accuminata.....	1	
Pregnancy with	Ectopic Gestation.....		17
“	“ Tubal Abortion.....	9	
“	“ Tubal Rupture.....	8	
Pregnancy in	Left Horn of Uterus Didelphus.....	1	
Pseudocyesis.....		1	
Pregnancy with	Toxæmia.....		30
“	“ Vomiting.....	10	
“	“ Pernicious Vomiting.....	9	
“	“ Chronic Nephritis.....	7	
“	“ Hypertension.....	1	
“	“ Pre-eclampsia.....	3	
“	“ Cardiac Disease.....	4	
“	“ Mitral Stenosis and Insufficiency.....	2	
“	“ Myocarditis.....	2	
“	“ Pulmonary Tuberculosis.....	6	
“	“ Anæmia.....	1	
“	“ Acute Hydramnios.....	1	
“	“ Neuralgia Parasthetica (right thigh).....	1	
“	“ Addison’s Disease.....	1	

ENDOCRINE DYSTROPHY:

Total.....	221
Amenorrhœa Primary.....	2
Amenorrhœa Secondary.....	8
Dysmenorrhœa.....	14
Metropathia Hæmorrhagica.....	96
Fibrosis Uteri.....	9
Endometrial Hyperplasia.....	2
Menopause.....	6
Genital Infantilism with—	
Hypoplasia of Internal Genitalia.....	2
Hypoplasia of Internal and External Genitalia.....	2
Polyp, Cervical, Glandular.....	32
Polyp, Cervical, Unclassified.....	8
Endometrial Polyp.....	19
Cervical Erosion.....	33
Hypothyroidism.....	8
Hyperthyroidism.....	2
Dyspareunia.....	1
Hypopituitrism.....	2
Obesity.....	1
Senile Vaginitis.....	5
Senile Urethritis with Stricture.....	1
Distrophia Adiposo-Genitalis.....	1
Sterility.....	17

PELVIC INFECTION:

Acute Pelvic Infection.....					
“ “ “	with	Acute Vulvitis.....		2	
“ “ “	“	Acute Urethritis.....		1	
“ “ “	“	Acute Bartholinitis.....		2	
“ “ “	“	Acute Cervicitis.....		1	
“ “ “	“	Acute Parametritis.....		4	
“ “ “	“	Acute General Peritonitis and			
		Intestinal Obstruction.....		1	
“ “ “	“	Acute Pelvic Abscess.....		4	
“ “ “	“	Acute Salpingitis.....		3	
“ “ “	“	Acute Salpingo-Oophoritis.....		8	
“ “ “	“	Acute Pelvic Cellulitis.....		4	
“ “ “	“	Tubo-Ovarian Abscess.....		1	
“ “ “	“	Chronic Bartholinian Cyst.....		1	
“ “ “	“	Chronic Vulvo-Vaginitis.....		2	
“ “ “	“	Chronic Salpingo-Oophoritis.....		1	
Chronic Pelvic Infection.....					
“ “ “	with	Acute Vulvo-Vaginitis.....		1	
“ “ “	“	Acute Pelvic Cellulitis.....		1	
“ “ “	“	Acute Bartholinitis (Abscess)		6	
“ “ “	“	Acute Parametritis.....		4	
“ “ “	“	Acute Pelvic Peritonitis.....		1	
“ “ “	“	Acute Pelvic Abscess.....		1	
“ “ “	“	Acute Salpingitis.....		1	
“ “ “	“	Acute Salpingo-Oophoritis.....		8	
“ “ “	“	Acute Tubo-ovarian Abscess.....		1	
“ “ “	“	Chronic Vulvitis.....		10	
“ “ “	“	Chronic Urethritis.....		13	
“ “ “	“	Chronic Bartholinian Abscess		3	
“ “ “	“	Condylomata Accuminata.....		1	
“ “ “	“	Chronic Vaginitis.....		6	
“ “ “	“	Chronic Cervicitis.....		26	
“ “ “	“	Chronic Cervicitis and Lacer-			
		ation.....		7	
“ “ “	“	Chronic Endometritis.....		6	
“ “ “	“	Chronic Hydrosalpinx Bilateral		1	
“ “ “	“	Parametrial Abscess.....		1	
“ “ “	“	Parametritis Chronic.....		85	
“ “ “	“	Paracervicitis.....		8	
“ “ “	“	Chronic Pelvic Peritonitis.....		3	
“ “ “	“	Adhesions.....		1	
“ “ “	“	Pelvic Abscess.....		3	
“ “ “	“	Chronic Salpingitis.....		23	
“ “ “	“	Chronic Salpingitis and			
		Fibrosis Ovarii.....		2	
“ “ “	“	Chronic Salpingo-Oophoritis.....		78	
“ “ “	“	Chronic Utero-Sacral Cellulitis		3	
“ “ “	“	Chronic Pelvic Cellulitis.....		1	
“ “ “	“	Retroversion.....		5	
“ “ “	“	Tubo-Ovarian Abscess.....		4	

SYPHILIS.....

POST-OPERATIVE COMPLICATIONS:

Broncho Pneumonia.....	1
Pulmonary Embolism.....	2
Manic-Depressive Psychcsis.....	1
Adhesions.....	1
Bleeding from Amputated Cervix.....	1
Cystitis Acute.....	1
Fæcal Fistula.....	1
Pelvic Peritonitis.....	1
General Peritonitis.....	1
Phlebitis.....	2
Uretero-Vaginal Fistula.....	2
Wound Infection.....	10
Pelvic Cellulitis.....	1
Parametritis Acute.....	1
Parametritis Sub-acute Exacerbation Bilateral.....	1

MISCELLANEOUS CONDITIONS:

Varicocœle of Pampiniform Plexus.....	1
Tuberculous Peritonitis.....	1

MALIGNANT DISEASE

Total Number of Discharges for year ending December 31st, 1932.. 106

VULVA:

Carcinoma of.....	3
-------------------	---

CERVIX:

Carcinoma Cervicis Uteri Squamous.....	61
Adenocarcinoma Cervicis Uteri.....	3

UTERUS:

Sarcoma.....	3
Adenocarcinoma Corporis Uteri.....	17

OVARIES:

Total.....	14
Carcinoma Ovarii.....	1
Carcinoma Recurrent (Primary Solid Carcinoma Ovary).....	1
Carcinoma Metastatic in Vulva (Primary in Ovary).....	3
Adenocarcinoma Ovarii.....	2
Adenocarcinoma Ovarii with Vulvar Metastasis.....	1
Cystoma Ovarii Compound, Malignant.....	1
Cystoma Ovarii, Compound, Papilliferous Malignant.....	5

MISCELLANEOUS:

Carcinoma of Sigmoid with General Carcinomatosis.....	1
Carcinoma Solid (Metastatic in Peritoneum).....	1
Carcinoma of Rectum.....	1
Carcinoma Solid in Intestinal Wall.....	1
Carcinoma of Pylorus.....	1

APPLICATION OF RADIUM:

See Report of Radium Clinic.

REPORT OF THE RADIUM CLINIC

For the Year Ended December 31st, 1932

Cancer Cervix Uteri

Total Admissions.....	
New Patients.....	
Treated at Verdun Protestant Hospital.....	
Treated with Radium.....	
Treated with Radium and X Ray..	
Treated with Radium and Hysterectomy.....	
Treated by Hysterectomy and X Ray.....	
Treated by Colostomy.....	
Untreated.....	
Living at end of year.....	

Cancer Corpus Uteri

Total Admissions.....	
New Patients.....	
Treated with Radium.....	
Treated with Radium and Hysterectomy.....	
Treated with Radium, Hysterectomy and X Ray.....	
Treated with Radium and X Ray..	
Treated by Hysterectomy.....	
Treated by Hysterectomy and X Ray.....	
Untreated.....	
Living at end of year.....	

Cancer of Vulva

Total Admissions.....	
New Patients.....	
Excision by Radio Knife and Radium.....	
Excision by Radio Knife.....	
Excision by Surgery.....	
Living at end of year.....	

Sarcoma Uteri

Total Admissions.....	
New Patients.....	
Treated with Radium and X-ray.....	
Treated with Radium only.....	
Treated with X-ray only.....	
Living at the end of year.....	

Cancer of Ovary

Total Admissions.....	14
New Patients.....	10
Treated Surgically.....	9
Treated with X-ray.....	1
Living at end of year.....	7

Cases other than Carcinoma treated with Radium

Total Admissions.....	95
New Patients.....	91
Re-treatments.....	4
Endocrine Dystrophy..	62
Fibromyoma Uteri.....	20
Cervicitis.....	6
Endocervicitis.....	1
Chronic Metritis.....	2
Chronic Endometritis.....	3
Tbc. Endometritis.....	1
Total Number of Radium Treatments given during 1932.....	189

Carcinoma of Cervix Uteri treated with Radium since 1926

		living
1926.....	15	4
1927.....	45	10
1928..	21	3
1929..	26	7
1930.....	27	9
1931.....	36	20
Total number of follow-up visits.....	430	

REPORT OF CASES OF METRORRHAGIA AND METRORRHAGIA
TREATED WITH RADIUM

1930

Number of cases treated.....	108
Number of inquiries sent out.....	143
Number of replies received.....	71
Failed to reply.	37
Replies—Menstruation ceased.....	67
Menstruation still present.....	4
Improved in general health.....	63
Not improved... ..	8
Suffering from symptoms complained of before operation.	12
Relieved of above.....	59
New complaints... ..	13
Operations since Radium treatment.....	2
Confined since Radium treatment.....	1

1931

Number of cases treated.....	
Number of inquiries sent out.....	
Number of replies received.....	
Failed to reply.....	
Replies—Menstruation ceased.....	
Menstruation still present.....	
Improved in general health.....	
Not improved.....	
Suffering from symptoms complained of before operation.....	
Relieved of above.....	
New complaints.....	
Operation since Radium treatment.....	
Re-radiated.....	
Treated with X-ray Therapy (U.S.A.).....	



GYNÆCOLOGICAL OPERATIONS

	1931	1932
Total	932	1032
VULVA:		
Vulvectomy	6	
Cauterization of Condylomata	2	
Cauterization of Vulval Ulcer	1	
Excision Cyst Labium Majus	1	
Excision of Vulvar Cyst	1	
Biopsy of Vulva	3	
Excision of Bartholinian Abscess	3	
Excision of Bartholinian Cyst	8	
Excision of Bartholinian Gland	1	
Incision of Bartholinian Abscess	6	
Excision of Cyst of Skene's Gland	1	
Excision Lower Urethra—Cautery Knife	1	
Urethral Dilatation	1	
Excision Urethral Caruncle	1	
Cauterization of Urethral Caruncle	1	
VAGINA:		
Resection of Vaginal Atresia	1	
Resection of Vaginal Septum	1	
Anterior Vaginal Hysterotomy	2	
Posterior Vaginal Hysterotomy	2	
Repair of Recto-Vaginal Fistula and Perineorrhaphy	1	
Excision of Endometriosis Recto-Vaginal Septum	1	
Dilatation of Vaginal Atresia	4	
Dilatation of Vaginal Orifice	2	
Incision of Hymen	1	
Packing of Vagina	1	
Posterior Colpotomy	20	
Incision and Drainage of Parametrial Abscess	1	
CERVIX:		
Dilatation of Cervical Canal (Stenosis)	1	
Previous Amputation—Secondary Suture of	1	
Repair of Cervix		40
By Amputation	28	
By Emmet's Repair of Cervix	6	
By Schröder's Repair of Cervix	5	
By Immediate Repair of Cervical Tear—Traumatic	1	
Biopsy of Cervix		11
Cauterization of Cervix		40
Removal of Cervical Polyp		32
Dilatation and Exploration for Examination		428
UTERUS:		
Therapeutic Abortion		29
By Bag Induction	2	
By Gauze Pack Induction	1	
By Dilatation and Evacuation	17	
By Hysterotomy	8	
By Sub-Total Hysterectomy	1	
Packing of Uterus		1
Excision of Uterine Polyp		5
Torsion of Uterine Polyp		1

COELIOTOMY:

Total.....	3	
Hysterectomy.....	1	
		Supr.
	Total	Vaginal
Indicated by:—		
Fibromyoma Uteri.....	8	
Fibrosis Uteri.....	2	
Chronic Pelvic Infection.....	6	
Adenocarcinoma Corporis Uteri.....	3	
Carcinoma Cervicis Uteri.....	1	
Endocrine Dystrophy.....	3	
Endometrial Polyp.....	1	
Parovarian Cyst.....	0	
Teratoma Ovarii Organoid Benign.....	0	
Cystoma Ovarii Comp. Papilliferous Malignant.....	0	
Cystoma Ovarii Benign.....	1	
Tuberculous Salpingitis.....	0	
Chronic Salpingitis.....	1	
Bilateral Hydro-Salpinx.....	0	
Cervical Stenosis with Pyometra.....	0	
Hyperplastic Myometrium.....	3	
Traumatic Rupture of Uterus.....	0	
Sacro-Pubic Hernia.....	0	
Pregnancy with Acute Hydramnios.....	0	
Pregnancy Toxic with Chronic Nephritis.....	0	
Abortion Infected with General Peritonitis.....	0	
Pregnancy with Mitral Stenosis and Insufficiency.....	0	
Endometriosis—Adenomyosis Uteri.....	1	
Endometriosis—Chocolate Cysts.....	0	
	30	11
Myomectomy.....		
Abdominal Hysterotomy.....		

SALPINGO-OOPHORECTOMY:

Total.....	12
Fibromyoma Uteri.....	24
Fibromyoma Ovarii.....	1
Fibromyoma Broad Ligament.....	1
Salpingo-Oophoritis.....	18
Salpingitis.....	7
Tuberculous Salpingitis.....	3
Oophoritis.....	1
Teratoma Ovarii.....	2
Cystoma Ovarii Simple.....	13
Cystoma Ovarii Compound.....	6
Cystoma, Papilliferous Malignant.....	3
Follicle Cysts.....	5

SALPINGO-OOPHORECTOMY—Continued

Retention Cysts.....	1
Parovarian Cyst.....	2
Dermoid Cyst.....	3
Chronic Pelvic Infection.....	2
Pregnancy Ectopic, Tubal Abortion.....	6
Pregnancy Ectopic, Tubal Rupture.....	5
Adenocarcinoma Ovarii.....	2
Adenocarcinoma Corporis Uteri.....	4
Carcinoma Cervicis Uteri, Squamous.....	1
Fibrosis Ovarii.....	2
Adenomyosis Uteri.....	2
Endometriosis Ovarii.....	4
Hydrosalpinx.....	1
Endometrial Polyp.....	1
Endocrine Dystrophy—Metropathia Hæmorrhagica.....	1

SALPINGECTOMY:

Total.....	25
Salpingitis.....	4
Salpingo-Oophoritis.....	5
Pregnancy Ectopic—Tubal Rupture.....	1
Pregnancy Ectopic—Tubal Abortion.....	2
Fibromyoma Broad Ligament.....	1
Parovarian Cyst.....	2
Cystoma Ovarii, Simple.....	2
Cystoma Ovarii, Dermoid with Twisted Pedicle.....	1
Endometriosis Ovarii.....	1
Endometriosis Fallopian Tube.....	1
Hydrosalpinx.....	1
Fibromyoma Uteri.....	3
Pregnancy Ectopic—Resection Left Tube.....	1

OOPHORECTOMY:

Total.....	9
Salpingo-Oophoritis.....	3
Cystoma Ovarii Papilliferous Benign.....	1
Cystoma Ovarii.....	2
Dermoid Cyst.....	1
Removal of Parovarian Cyst.....	1
Follicle Cysts.....	1
Resection of Ovary.....	22

FALLOPIAN TUBES:

Rubin's Test.....	19
Lipiodal Instillation.....	7
Resection of Tubes.....	5

RADICAL CURE SACRO PUBIC HERNIA:

Total.....	
Amputation of Cervix, Repair of Cystocœle, Rectocœle and Perineorrhaphy.....	42
Amputation of Cervix, Repair of Cystocœle.....	1
Amputation of Cervix, Repair Rectocœle and Perineorrhaphy.....	7
Amputation of Cervix, Repair Cystocœle and Perineorrhaphy.....	2
Amputation of Cervix with Perineorrhaphy.....	2
Cauterization of Cervix, Repair Cystocœle and Rectocœle..	2
Cauterization of Cervix and Perineorrhaphy.....	1
Cauterization of Cervix, Repair Cystocœle, Rectocœle and Perineorrhaphy.....	8
Cauterization of Cervix, Repair Rectocœle and Perineorrhaphy.....	4
Repair of Cystocœle.....	1
Repair Cystocœle, Rectocœle and Perineorrhaphy.....	26
Repair of Cystocœle and Perineorrhaphy.....	1
Repair Cystocœle, Rectocœle, Urethrocœle and Perineorrhaphy.....	1
Repair of Urethrocœle.....	1
Repair of Anal Sphincter and Perineorrhaphy.....	2
Repair of Rectocœle and Perineorrhaphy.....	9
Repair of Cystocœle and Rectocœle.....	1
Perineorrhaphy.....	12
Repair of Cervix, Rectocœle and Perineorrhaphy.....	1
Repair of Complete Perineal Lacerations.....	7
Watkin's Interposition.....	3
Lefort's Operation.....	2
Vaginal Hysterectomy.....	1
Olshausen's Suspension.....	20
Baldy-Webster Suspension.....	4

MISCELLANEOUS:

Incision of Breast Abscess.....	3
Aspiration of Cyst of Breast.....	1
Excision of Fibromyoma of Adominal wall.....	1
Cæcostomy.....	2
Removal of Fat from Abdominal wall.....	1
Drainage of Abdomen.....	1
Appendectomy (as part of pelvic operation).....	73
Evacuation of Appendicular Abscesses.....	1
Removal of Stay Suture.....	1
Radical Cure Ventral Hernia.....	3
Separation of Adhesions (Cæcum).....	1
Removal of Papilloma Umbilicus.....	1
Removal Sebaceous Cysts of Scalp.....	1
Biopsy of Peritoneal Growth.....	1
Excision of Fistula in Ano.....	1
Repair of Sphincter Ani.....	1
Hæmorrhoidectomy.....	1
Release of Mesenteric Torsion.....	1
Colostomy.....	1
Examination Under Anæsthesia.....	32
Cystoscopy.....	16
Transfusions.....	74

MORTALITY RETURNS

1. Carcinoma Cervicis Uteri, Squamous, with Generalized Metastases.

Age 55. First seen in August, 1930, complaining of vaginal bleeding. Diagnosis of Carcinoma of Cervix. Treatment—Two radium applications, totalling 4,900 mgm. hours. Until June, 1931, fairly free from symptoms. At that time, bleeding recurred with loss of weight. Treated with deep X-ray therapy with great improvement. Since January, 1932, further loss of weight, confined to bed since March. Admitted in May in an advanced state of cachexia. Died May 29th, 1932. No autopsy obtained.

2. Carcinoma of Body of Uterus with Extensive Metastases.

Age 52. Admitted by ambulance in an advanced stage of cachexia on September 29th. She gave a history of irregular bleeding for six years with rapid loss of weight and strength since March. Examination showed right parametrium replaced by a large cancerous mass. The cervix showed extensive involvement. A third large mass filled the left side of the abdomen. Patient died the day following admission. No autopsy obtained.

3. Adenocarcinoma of Body of Uterus with Metastases in the Lumbar Vertebra.

Age 55. First admitted in June, 1931. Examination under anæsthesia. Pathological report on tissue taken at this time resulted in a diagnosis of Adenocarcinoma of the body of the uterus. Treatment—2,400 mgm. hours of Radium. Further application of 2,400 mgm. hours of radium was given in November, 1931. Shortly after this a small metastasis was found high in the vagina. This was treated with radium. In January, 1932, a pan-hysterectomy was done. Immediate recovery was good. Soon after she developed pain in her back and down the left leg. This gradually became worse. Readmitted in May, 1932. Died September 21st, 1932. No autopsy obtained.

4. Solid Carcinoma of Intestinal Wall—Site of Primary Lesion Uncertain.

Age 65. Admitted July, 1932. Vague complaints of weakness and indigestion for three years, now admitted for investigation of swelling of abdomen and indigestion. Gave a history of attacks of pleurisy as a child. Tuberculosis at age of 18 years. Amputation of breast for carcinoma 18 years ago with no recurrence. After prolonged study a tentative diagnosis of tuberculous peritonitis was made. Some improvement in her general condition allowed her to be discharged and for a time there was improvement at home. Finally, the abdomen became more distended with palpable masses, nausea and vomiting commenced and symptoms of obstruction appeared. Patient was readmitted and her abdomen explored. The lower bowel was opened and a tube inserted. She died within twenty-four hours of operation. Pathological report of tissue removed was—solid carcinoma of the intestinal wall. The seat of primary lesion uncertain. No autopsy obtained.

5. Malignant Serous Papilliferous Cystoma of Ovary.

Age 61. Admitted because of mass in the abdomen present since July, 1931, which caused increasing discomfort, viz., pressure symptoms. A large, multilocular cyst removed February 11th, 1932, partly intraligamentous. Its removal was very difficult because of adhesions to the bowel. A supra-vaginal hysterectomy was done. Two days after operation patient developed auricular fibrillation, together with distention and persistent vomiting. She grew rapidly worse and died on the fourth day. Autopsy refused.

6. Perforation of the lower Uterine Segment of a recently pregnant Uterus with Gangrenous Metritis, Purulent Peritonitis.

Age 24 years. Admitted in state of shock on March 16th, 1932. History obtained of criminal operation, at about the fourth month of pregnancy, four or five days previous to admission. She was given an intravenous and a blood transfusion. There followed a brief, temporary improvement, but patient rapidly became worse and died five hours after admission.

Autopsy showed a perforated lower uterine segment of a recently pregnant uterus with gangrenous metritis and purulent peritonitis.

7. Abortion Incomplete, Infected, with Pelvic Peritonitis and Pelvic Abscess.

Age 37. This patient induced an abortion upon herself when four months pregnant. This was followed by severe hæmorrhage and she was admitted to the gynæcological ward on July 11th, 1932, with a normal temperature and pulse of 82. The next day the uterus was explored and several pieces of placental tissue removed. Immediately following this she had a rise of temperature which persisted with a fever ranging up to 105° and repeated chills. Several blood cultures gave a growth of streptococcus hæmolyticus. She was given ten blood transfusions and for some time the prognosis was considered to be fair, in spite of the severe course of her illness, but her circulation began to fail and death ensued on September 9th, 1932.

Post-mortem showed a retroperitoneal abscess in the left side of the pelvis with a number of small abscesses in the lung; thrombo-phlebitis (femoral and external iliac veins and inferior vena cava); acute endometritis, metritis and parametritis.

8. Pulmonary Embolism.

Age 30. Patient had been married two and a half years and came to hospital chiefly because of sterility. There were further complaints of lower abdominal pain and profuse leucorrhœa. Her general physical examination was negative. The uterus was acutely retroverted and an Olshausen's Suspension was done in the hope of increasing her chances of becoming pregnant and relieving her pain. The appendix was removed. Her convalescence was uneventful until ten days afterwards, when she complained of severe pain in her left leg, followed by pain in her left chest, unconsciousness and death. A diagnosis of pulmonary embolism was made. No autopsy obtained.

9. Pulmonary Embolism.

Age 38. First seen in February, 1932. Diagnosis—fibromyoma uteri with mild, chronic pelvic infection. Sent home for rest and treatment. Readmitted in June, 1932. At operation, multiple fibroids were found, one intraligamentous, tubes and ovaries adherent. A supra-vaginal hysterectomy with removal of both tubes and ovaries was done. Her immediate convalescence was somewhat stormy, but her condition rapidly improved and was in every way satisfactory except for a persistently rapid pulse. On the 9th day, she had a sudden attack of pain in the left chest with laboured breathing and slight cyanosis. Her condition improved in a short time, but about one hour later she suddenly died. A diagnosis of pulmonary embolism following upon hysterectomy and bilateral salpingo-oophorectomy. Autopsy refused.

10. Abortion Infected, with Traumatic Perforation of Uterus and General Peritonitis.

Age 34 years. Admitted December 13th. Last menstrual period September 20th. On December 9th, and again on December 11th, attempts at abortion were made outside the hospital, following which, abdominal pain and distention developed. Patient was admitted to hospital by ambulance. Immediate operation was considered advisable. On opening the abdomen, the head of a three months' foetus was found free in the abdominal cavity. There was a large rent in the fundus, the pouch of Douglas was filled with blood and pus; the mesentery of the sigmoid was torn and there were two small holes in the bowel. A total hysterectomy was performed with drainage through the vagina and a cæcostomy was done. Following operation, patient's condition remained precarious, pulse running around 140 and temperature to 102°. Condition gradually became worse and death occurred on December 21st, 1932. No autopsy was obtained.

11. Tuberculous Peritonitis with Bilateral Salpingitis.

Age 38 years. Admitted November 10th. Occasional attacks of pain in lower abdomen for two or three years. Since July, 1932, these have become more frequent and more severe. In September, she suffered from frequency and dysuria. Before admission, she had been in bed one month at home because of pain. She had tuberculous glands removed from her neck at the age of twelve years. On admission, there was considerable abdominal tenderness in the lower quadrants. Pelvic examination showed two large, bilateral, fluctuating masses. Sedimentation time was 2 hours, 50 minutes. W. B. C. 8,200. The condition was considered to be chronic pelvic infection and an operation was decided upon. The left tube was found to be greatly enlarged and adherent to the uterus and colon. The right tube was enlarged to a less extent. Both tubes and ovaries were removed and a supra-vaginal hysterectomy was performed. For the first day or two after operation the patient's condition was satisfactory. Then the abdomen became distended, the wound became infected, broke down and a faecal fistula developed. Her condition rapidly became worse and she died on the fourteenth day after operation.

Autopsy showed tuberculous peritonitis and tuberculous retro-peritoneal glands with purulent peritonitis and an opening into the sigmoid colon, which had been adherent to the left tube.

GYNÆCOLOGICAL LABORATORY

Annual Statement

January 1, 1932, to December 31, 1932

No. of cases examined	992
No. of operative specimens received	970
No. of pathological specimens from other centres	6
No. of slides examined	2010
No. of sections taken	3018
Gram stains for outdoor	40
Mounted specimens	12
Microscopic slides to teaching file	120
Lantern slides for teaching	10
Large teaching charts (development of ovary)	3

PUBLICATIONS

Dr. W. A. G. BAULD:

"Analysis of Five Year Cures—Carcinoma Cervix Uteri."
Jour. Surgery, Gyn. and Obstet., Chicago.

DR. A. D. CAMPBELL:

"Further Studies on the Anterior Pituitary Like Hormone,
with special reference to Irregular Uterine Bleeding."
Can. Med. Asscn. Jour. 27 Oct., 1932, pp. 347-352.

Dr. J. R. FRASER:

"The Significance of Chronic Lower Abdominal Pain in
Women." *Transactions Interstate Med. Asscn. of America.*

Dr. J. R. GOODALL:

"The Cause of Hydramnios."
Amer. Jour. Obstet., Jan., 1932.

"Diseases of the Ovaries and Tubes."
Karl Davis System, 1932. Prior & Co.

"Tumours of the Ovaries."
Karl Davis System, 1932. Prior & Co.

"Pathology of the Puerperium."
Karl Davis System, 1932. Prior & Co.

"Diseases of the Ovaries".
Arthur Curtis System, 1932. Saunders & Co.

"Syllabus on Obstetrics for Nurses. (Asscn. Novak & Tausig).
American Gyn. Society, 1932.

"Puerperal Infection."
Vol. Murray Printing Co., June, 1932.

"Hydramnios, a Theory and an Argument."
Jour. Obst. & Gyn. of the Br. Empire. Jan., 1932.

"Hydorrhœa Gravidarum."
Jour. Surg. Obst. & Gyn. of Chicago, Jan., 1932.

Dr. P. J. KEARNS:

"A Rare Developmental Anomaly of the Uterus complicated by
Pregnancy and Rupture."
Can. Med. Asscn. Jour., Nov., 1932. P. 526.

- Dr. H. M. LITTLE:
Symposium—"Supra-Pubic Delivery."
Jour. Vermt., State Med. Soc. (Annual Proceedings).
- Dr. G. C. MELHADO:
"Management of the Posterior Occiput Position."
Jour. Vermt. State Med. Soc. (Annual Proceedings).
- Dr. IVAN PATRICK:
"Placenta Prævia."
Jour. Vermt. State Med. Soc. (Annual Proceedings).
- Dr. N. W. PHILPOTT:
"Puerperal Mobidity."
Can. Med. Jour., Dec., 1932.

During the year the following Addresses were given:—

- Dr. A. D. CAMPBELL:
Medico-Chirurgical Society, Montreal.
"Menstruation, Its Disorders and Treatment."
- Dr. J. R. FRASER:
Interstate Medical Association, Indiannapolis, U.S.A.
"Chronic Pelvic Infection."
- Dr. J. R. GOODALL:
Medico-Chirurgical Society, Montreal.
"Puerperal Infection."
Canadian Medical Association, Toronto.
"Some Aspects of Ovarian Dysfunction."
Ontario Medical Association, Brockville.
"The Emergencies of the Case Room."
Buffalo Gynæcological Society, Buffalo.
"Endocrinology in Gynæcology."
- Dr. J. S. HENRY:
The Osler Reporting Society, Montreal.
"Some Recent Studies of the Corpus Luteum."
- Dr. P. J. KEARNS:
Medico-Chirurgical Society, Montreal.
"An Illustration of Rare Development Anomalies of the Uterus."
- Dr. I. PATRICK:
Lafleur Reporting Society, Montreal.
"Placenta Prævia."

REPORT OF THE OPHTHALMOLOGICAL DEPARTMENT

For the Year Ended December 31st, 1932.

To the GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

While well above the average of the preceding five years, there was a small decrease in the total number of patients examined by the Department of Ophthalmology during the year 1932 as compared with 1931. The figures are 7,506 cases for 1932, and 7,559 for 1931. The falling off was particularly noticeable as regards the in-patients and this in turn was due in part to industrial inactivity.

Late in the Autumn, the Department received special apparatus for the treatment of detachment of the retina by the new method of electrocoagulation.

Numerous contributions were made by members of the staff to ophthalmic societies in Montreal and elsewhere during the year.

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

DEPARTMENT OF OPHTHALMOLOGY

RECORD OF DISEASES

For the Year Ended December 31st, 1932

	Total	Died	RECORD OF OPERATIONS	
Errors of refraction.	2		Advancement.	5
Glaucoma.	60	1	Cauterization retina—Gonin's.	6
Lids.	16		Curettage lacrimal sac.	1
Lacrimal apparatus.	19		Elliott's sclero-corneal trephining.	27
Conjunctiva.	16		Enucleations.	27
Cornea.	50		Excision chalazion.	3
Sclera.	5		Excision lacrimal sac.	7
Lens.	105		Excision prolapse iris.	2
Uveal tract.	58		Exploration orbit.	1
Retina.	17		Extraction cataract.	65
Vitreous.	3		Extraction foreign body with mag-	
Optic nerve.	10		net.	7
Eyeball.	26		Hess operation for ptosis.	2
Orbit.	4		Incision lacrimal abscess.	2
Disturbances of motion.	10		Iridectomy.	51
Miscellaneous.	11		Iridectomy La Grange.	2
			Iridotaxis.	1
			McReynold's for pterygium.	3
			Needling.	15
			Paracentesis anterior chamber.	1
Total admissions 1932.	357		Plastic on lids.	7
Total discharges 1932.	353		Plastic on orbit.	2
		4	Removal bone-ball.	1
			Removal cyst, conjunctiva.	1
No. in Hospital end of year 1932.	10		Removal foreign body lid.	1
No. in Hospital first of year 1932.	6		Removal granulation lid.	1
		4	Removal tumour orbit.	1
No. of patients cured.	197		Repair orbit.	1
No. of patients improved.	100		Repair with conjunctival flap.	4
No. of patients not improved.	15		Stevenson's punch operation.	1
No. of patients not treated.	40		Suturing lids.	2
No. of patients died.	1		Tattooing cornea.	3
			Tenotomy.	2
			Transplantation lacrimal sac.	3

REPORT OF THE DEPARTMENT OF OTO-LARYNGOLOGY

For the Year Ended December 31st, 1932.

To the GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

A review of the year's work in the Department of Oto-Laryngology continues to show a definite and satisfactory increase over previous years. A summary of the Departmental activities is appended at the end of this report.

The total number of cases treated during the year 1932 was 10,070.

There were 1,849 cases admitted to the service in the year, divided as follows:—Private 397, Semi-private 94, and Public 1,358. This number was 86 less than in 1931.

The total number of patients in the outdoor clinic was 7,187, an increase of 46 over 1931.

The requisitions seen by the Department numbered 1,034. This was 243 more than the previous year.

The number of operations in the Department for the year totaled 2,425.

In previous years the Bronchoscopic cases have been included in those of Oto-Laryngology. Last year these cases were separated, and during 1932 there were 260 Endoscopic examinations.

The monthly staff meetings, introduced a year and a half ago, have proved interesting as well as instructive. Besides discussing unusual and routine cases, the internes are given an opportunity each month of presenting a subject after reviewing the literature.

During the year the Department inaugurated a special post-graduate course in Oto-Laryngology for the benefit of the resident internes. This course has been given through the winter months by members of the visiting staff and it is planned to continue it annually.

There were only four cases of infectious diseases in the wards during the year. Two children developed scarlet fever, one erysipelas and one poliomyelitis.

Four deaths occurred in the service throughout the year. One case was admitted with an acute suppurative mastoiditis with a perisinus abscess. During the operation a sudden gush of thick, reddish pus came through an opening leading to an abscess adjacent to the lateral sinus. About 2-3 ounces of pus altogether was evacuated from this area. Part of the lateral sinus was covered with purplish-red granulations. The neurological examination just previous to the operation was essentially negative except for a slight stiffness of the neck. Incision of the lateral sinus showed free bleeding. In spite of all treatment the patient died two days after the operation. The bacteriological department reported a pure growth of streptococcus viridans, from the pus obtained at operation. Unfortunately a post-mortem was not allowed.

Another case showed a bilateral suppurative otitis media with mastoid involvement on the right side. This patient, a child of seven years, was admitted in coma with signs of meningitis. A simple mastoid operation was performed at once on the right side and the cells found filled with thick, yellow pus. A softened area of bone was exposed in the roof of the antrum. This was removed but the underlying dura appeared healthy. The lateral sinus also appeared normal on removing the plate. The condition of the child became progressively worse and he died two days later. At autopsy the gross and histological examinations revealed exudative purulent meningitis, most marked at the base and in the region of the Sylvian fissure. The venous sinuses were engorged but showed no evidence of thrombosis. A point of interest was the sudden onset and the short duration of the illness, in all only eight days.

The third case was a man admitted with an acute exacerbation of a chronic suppurative otitis media on the left side and an acute otitis media on the right. A radical mastoid was performed on the left side and the bone found to be filled with a cholesteatomatous mass. As chills and sweats followed the operation the lateral sinus was opened the next day and found to contain an obliterating thrombus. The thrombus was removed and the internal jugular vein ligated at the same time. In spite of this the patient grew progressively worse and died two days later. Autopsy findings revealed a purulent meningitis localized to the base of the cerebellum. The source of this pus was twofold. First, from a septic thrombus in the lateral sinus just above the jugular bulb. Second, from an extension of the

mastoid infection through the wall of the pyramidal process of the temporal bone. Anatomical findings showed that death was due to a generalized septicæmia from the intracranial focus.

The last case was an infant showing marked signs of sepsis.

The patient was admitted with a bilateral acute otitis media, an acute ethmoiditis and a sloughing membrane over the tonsils and pharynx. Both mastoids were opened and showed pus and unhealthy granulations, particularly the right. The lateral sinus on this side was exposed by the necrotic process. Three days later the child developed pyæmic abscesses, at first on the foot and later on the finger. On the fourth day after the mastoid operations the right lateral sinus were exposed again and incised. Free bleeding occurred and no evidence of thrombosis was found. At the same time the pyæmic abscesses were opened. Two blood transfusions improved the child's condition slightly, but additional abscesses developed and he died eight days after the first operation. Cultures taken from the mastoids, abscesses, and the blood, showed streptococcus hæmolyticus. Unfortunately an autopsy was not obtained.

The recent publications and lectures by the members of the Department are the following:—

BALLON, D. H.

“Carcinoma of Vocal Cord.”

Archives of Oto-Laryngology, Vol. XVI, 89-90, July, 1932.

“Vegetal Foreign Bodies in the Bronchi.”

Canadian Medical Association Journal, Vol. XXVII, 277-278, 1932.

HUTCHISON, KEITH.

“Gradenigo's Syndrome.”

Journal of Otology and Laryngology, October, 1932, pp. 679-682.

McNALLY, W. J.

“The Vertical Semicircular Canals.”

Read before the Montreal Physiological Society, Feb., 1932.

“Has the Labyrinth a Static Function?”

Report of the Research Fellow in Oto-Laryngology of the American Academy of Ophthalmology and Oto-Laryngology. Presented at the Montreal meeting, Sept., 1932.

“Operative Lesions of the Frog’s Labyrinth.”

A demonstration before the Annual meeting of the American Academy of Ophthalmology and Oto-Laryngology, Montreal, Sept., 1932.

“The Vertical Semicircular Canals in the Light of Recent Work.”

Read by Invitation before the American Laryngological, Rhinological Society Inc., Atlantic City, May, 1932. Printed in the Transactions of the Society for 1932.

“The Nature of the Static Labyrinth as Determined by Experiment in Amphibia.”

Read by Invitation before the College of Physicians of Philadelphia, Section of Oto-Laryngology, Oct., 1932. Abstracted in the Society Transactions, Archives of Oto-Laryngology, Jan., 1933.

“The Intracranial Connections of the Eighth Nerve.”

Read before the Junior Neuro-Surgical Group, March, 1932.

TREMBLE, G. E.

“The Clinical Importance of the Mastoid Antrum.”

Archives of Oto-Laryngology, Vol. 15, pp. 574-582, April, 1932.

“The Deafness of Beethoven.”

Canadian Medical Association Journal, Vol. XXVII, pp. 546-549, 1932.

“Observations on the Temporal Bone.”

Annals of Otology, Rhinology and Laryngology, Vol. XLI, No. 4, pp. 1087-1094, December, 1932.

“Discoveries in Medicine by Laymen.”

Published in “The McGill News,” December, 1932.

It is a pleasure to note that Dr. H. S. Birkett has been appointed Vice-President of the Section of Laryngology and Otology of the Pan American Medical Congress for 1933.

An added honour to the Department was the appointment of Dr. J. T. Rogers as Second Vice-President of the American Academy of Ophthalmology and Oto-Laryngology at the meeting held in Montreal in September, 1932.

This report has been prepared by Dr. G. E. Tremble, 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.

Total admissions for 1932.	1,849
Operations in Ross O. R.	327
Operations in the Out-door O. R.	1,577
Minor operations in Out-door.	521
Total operations for year.	2,425
New patients in the O. D. Clinic.	2,122
Return visits old patients to O. D. Clinic.	5,065
Total patients in O. D. Clinic.	7,187
Total requisition cases for year.	1,034
Total serious complications for year.	24
Deaths, Post-operative and Pre-operative.	4
Post-operative T. & A. Hæmorrhages.	17
Infectious diseases.	4
Total number of cases treated in year 1932.	10,070



STATISTICS

DEPARTMENT OF OTO-LARYNGOLOGY

OPERATIONS ROSS MEMORIAL PAVILION, 1932

NOSE AND ACCESSORY

SINUSES:

Antrotomy	1
Cautery septum	1
Ethmoidectomy	2
Puncture and irrigation antrum	4
Radical antrum	10
Removal nasal polypi	5
Submucous resection septum	16
Turbinotomy	4

FAUCES, PHARYNX AND NASO-PHARYNX:

Incision peritonsillar abscess	4
Incision retro-pharyngeal abscess	2
Incision uvula	2
Tonsillectomy and adenoidectomy	239

LARYNX, TRACHEA, BRONCHI,

LUNGS AND ŒSOPHAGUS:

Direct bronchoscopy	3
Direct Œsophagoscopy	1
Removal polyp larynx	1

EAR:

Curettage mastoid cavity	3
Exploration mastoid cavity	1
Incision furuncle auricle	1
Incision hæmatoma auricle	1
Myringotomy	1
Paracentesis	7
Simple mastoid	15

MISCELLANEOUS:

Incision thyro-glossal cyst	1
Removal growth jaw	1
Suturing face and eyelid	1
TOTAL OPERATIONS	327

OPERATIONS OUT-DOOR OPERATING ROOM, 1932

NOSE AND NASAL SINUSES:

Submucous resection	62
Removal of nasal polypi	16
Turbinotomy	15
Ethmoidectomy	7
Opening of sphenoid	1
Intra-nasal antrotomy	11
Straightening nasal septum	1
Reduction of fractured nose	17
Removal of foreign body of nose	2
Radical frontal sinus	1
Radical antrum	46
Antrum irrigation	3
Partial removal malignant growth of antrum	1
Incision of retro-pharyngeal abscess	1
Opening lateral sinus and ligation of jugular	1
Exploratory sounding of dermoid cyst of nose	1
Injection of Lipiodol nasal cyst	1

Removal of cyst of head	1
Insertion of radium naso-pharynx	1
Insertion of radium in antrum	1
Insertion of radium antral cavity	1

FAUCES, PHARYNX AND NASO-PHARYNX:

Adenoidectomy	39
Tonsillectomy	352
Tonsillectomy and Adenoidectomy	542
Arresting tonsillar hæmorrhage	4
Removal of cyst of tonsil	1
Removal of tonsil remains	3
Removal of gingival cyst	1
Excision of cyst of neck	1
Removal of adhesion soft palate	1
Removal of Lipiodol from subcutaneous tissue of lower lid	1
Suturing traumatic tear of soft palate	1
Incision of abscess of trachea	1

OPERATIONS OUT-DOOR OPERATING ROOM—Continued.**LARYNX, TRACHEA,****BRONCHI AND LUNGS:**

Direct bronchoscopy	165
Direct bronchoscopy for foreign body	3
Direct bronchoscopy with Lipio- dol injection	26
Direct bronchoscopy with biopsy	1
Direct œsophagoscopy	28
Direct œsophagoscopy for for- eign body	1
Direct œsophagoscopy with biopsy	2
Direct œsophagoscopy with dila- tation	11
Direct laryngoscopy	22
Direct laryngoscopy for foreign body	2
Direct laryngoscopy with biopsy	6
Direct laryngoscopy with cau- terization	2
Direct laryngoscopy with re- moval polyp	3
Direct laryngoscopy with re- moval polyp of vocal cord	1
Tracheotomy	1

Tracheotomy—Resection of thy- roid and cricoid cartilage with insertion of radium	1
Insertion radium through thy- roid fistula	1
Direct laryngoscopy with inser- tion of radium	1
Excision tracheotomy scar	1
Incision of perichondrial abscess of larynx	1
Lipiodol injection per catheter .	8

EAR:

Paracentesis	71
Simple mastoid	36
Radical mastoid	12
Radical mastoid, second stage . .	13
Radical mastoid skin graft	1
Secondary opening of mastoid . .	3
Removal of foreign body of ear . .	5
Removal of aural polyp	7
Excision of cyst lobe of auricle . .	3
Incision of furuncle of ear	1
Reopening of mastoid and liga- tion of jugular	1
Incision of retro-auricular ab- scess	1
Ossiculectomy	1



DEPARTMENT OF OTO-LARYNGOLOGY

RECORD OF DISEASES

For the Year Ended December 31st, 1932

DISEASES OF THE NOSE:	MOUTH:	10
Nasal cavities.	170	
Adnasal sinuses.	102	
FAUCES, PHARYNX AND NASO-PHARYNX:	1341	
LARYNX, TRACHEA, BRONCHI AND LUNGS:		
Acute.	23	
Chronic.	21	
Tumours:		
Benign.	6	
Malignant.	4	
AFFECTIONS LARYNGEAL NERVES:	2	
MISCELLANEOUS DISEASES		
LARYNX AND TRACHEA:	3	
ŒSOPHAGUS:	8	
	EAR:	
	External.	11
	Middle (4 deaths).	176
	Internal.	8
	MISCELLANEOUS:	58
	Total discharges.	1856
	Total admissions.	1849
		7
	No. in Hospital first of year 1932.	22
	No. in Hospital end of year 1932.	15
		7
	No. of patients cured.	762
	No. of patients improved.	996
	No. of patients not improved.	28
	No. of patients not treated.	66
	No. of patients died.	4

REPORT OF THE UROLOGICAL DEPARTMENT

For the Year Ended December 31st, 1932.

To the GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

During the past year the work of the Department of Urology has progressed very favorably. The number of admissions to the Department has fallen off somewhat in accordance with the times, but nevertheless the number of operations undertaken remains unchanged. This we believe due to the fact that only the more serious cases are being hospitalized; the decrease has been mainly amongst the group admitted for diagnosis.

We are also pleased to note the marked increase obtained during 1931 in the number of cases treated in the Out-Patient Department has been maintained during the past year.

The Staff of the Department have welcomed the addition to our equipment of a McCarthy transurethral resectoscope, for transurethral prostatectomy. Already some eighteen cases have been resected by this method with favorable results. This change in treatment, we hope, will make quite an appreciable difference in the hospital days per "prostate" patient, as well as a marked decrease in the cost of gauze for dressings.

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

"Tumors of the Renal Pelvis." A review of the literature and report of a case. David W. MacKenzie and Max Ratner. *Journal of Urology*. Vol. 28, No. 4, October, 1932.

"Fibromyxosarcoma of the Spermatic Cord." Report of a case and review of literature of cord tumors. David W. MacKenzie. *British Journal of Urology*, Vol. 4, pages 307-316, December, 1932.

"Hæmaturia." David W. MacKenzie. *Canadian Medical Association Journal*, Vol. 27, pages 405-406, 1932.

“Tumors of the Spermatic Cord with the Report of a case of Fibromyxosarcoma.” David W. MacKenzie and Max Ratner. *Canadian Medical Association Journal*, Vol. 27, pages 477-480, 1932.

“The Significance of Backache in Genito-Urinary Disease.” Magnus I. Seng. *Canadian Medical Association Journal*, Vol. 28, pages 283-285, 1933.

“Study of Cause of Death in Genito-Urinary Disease.” David W. MacKenzie and Magnus I. Seng. *Journal of Urology*, Vol. 29, No. 3, March, 1933.

Respectfully submitted,

DAVID W. MACKENZIE,
Urologist-in-Chief.

OPERATIONS IN THE UROLOGICAL DEPARTMENT (Indoor)

For the Year Ended December 31st, 1932

Circumcision.....	
" with excision of syphilitic lesions.....	
Coagulation of urethral caruncle.....	
" of urethral papilloma.....	
" of papillomata of penis.....	
Curettage of renal fistula with removal of small calculus.....	
Cystotomy suprapubic for drainage in prostatism.....	
" " for drainage in carcinoma of the prostate.....	
" " for drainage in carcinoma of the urethra.....	
" " with coagulation of bladder tumor.....	
" " with coagulation of vesical neck.....	
" " with excision of diverticulum.....	
" " with removal of vesical calculus.....	
" " with urethrotomy and dilatation of urethra.....	
" " with removal of foreign body from bladder.....	
Litholapaxy for vesical calculus.....	
Cystoscopy for bladder examination only.....	
" with ureteral catheterization.....	
" with ureteral catheterization and pyelogram.....	
" with ureteral catheterization and pyeloureterogram.....	
" with ureteral dilatation.....	
" with urethral dilatation.....	
" with fulguration of bladder tumor.....	
Urethroscopy.....	
Urethrogram.....	
Cystograms.....	
Uroselectan Series.....	
(Total number of cases done in Cystoscopic Department 835)	
Dilatation of urethra for stricture.....	
" of vesical neck.....	
Dorsal slit for paraphimosis.....	
" " for balanitis and phimosis.....	
Internal urethrotomy for stricture.....	
Epididymectomy for tuberculous epididymitis.....	
Orchidectomy for tumor of the testis.....	
" for suppurative orchitis and epididymitis.....	
Orchidectomy and epididymectomy for tuberculous epididymitis.....	
Suturing of testicle to scrotum for torsion.....	
Vesiculotomy.....	
Radical cure of hydrocele.....	
" " " " with Bassini operation for buobonocoele.....	
Tapping hydrocele.....	
Excision veins pampiniform plexus.....	
" malignant tumor of inguinal glands (metastatic).....	
" fibromyxosarcoma of spermatic cord.....	
" cyst of epididymis.....	

Incision and drainage of perinephritic abscess.....	2
“ “ “ “ perirenal infection.....	1
Nephrectomy for malignant tumor of kidney.....	3
“ for renal tuberculosis.....	6
“ for renal calculi.....	2
“ for renal calculi with congenital malformation of kidney...	2
“ for pyonephrosis with calculus.....	7
“ for pyelonephritis with uretero-cervical fistula.....	2
“ for pyonephrosis.....	5
“ for hydronephrosis, infected, with double renal pelvis.....	1
“ for ulcerative pyelitis with blood clot in pelvis.....	1
“ for ruptured kidney.....	1
Nephrectomy and ureterectomy for pyonephrosis.....	2
Nephropexy for nephroptosis and hydronephrosis.....	1
“ for nephroptosis with freeing of adhesions.....	6
Perineal section with drainage of prostatic abscess.....	4
“ “ “ “ of periurethral abscess.....	2
“ “ “ removal or urethral calculus.....	1
“ “ for perineal fistulæ.....	1
“ “ for stricture of urethra and extravasation.....	1
“ “ with multiple incisions for spreading cellulitis.....	1
Placement of testis in scrotum with herniotomy in cryptorchidism.....	11
Plastic on renal pelvis for improvement of drainage.....	1
“ repair anterior urethra in hypospadias.....	1
“ on epispadias.....	1
“ on cystocele with perineorrhaphy.....	1
“ on suprapubic sinus.....	2
“ on urethral fistula (penile).....	1
“ on vesicovaginal fistula.....	1
“ for perivesical adhesions.....	2
Transplantation of ureter for epispadias.....	2
Prostatectomy suprapubic for prostatism (2 stage).....	55
“ “ “ “ and visical calculus.....	1
“ “ “ “ and prostatic calculi.....	1
“ “ “ “ and carcinoma of bladder.....	1
“ “ “ “ and carcinoma of prostate.....	1
“ “ “ “ (1 stage).....	4
Pyelotomy for calculus.....	8
Ureterotomy for calculus.....	6
External urethrotomy.....	1
Implantation of Radium for carcinoma of bladder.....	3
TOTAL.....	1,142

DEPARTMENT OF UROLOGY

RECORD OF DISEASES

For the Year Ended December 31st, 1932

		Total Died		Total Die
KIDNEY AND URETER:			Metabolism.....	13
General Diseases.....	431	2	Poisonings, intoxications...	1
Congenital deformity.....	46		Tumours (not otherwise stated).....	15
Foreign body.....	117		Congenital malformations..	2
Neoplasms:			General injuries.....	2
Benign.....	3		Special skin diseases....	7
Malignant.	7		Circulatory system.....	132
Traumatism.....	4	1	Lymphatic system.....	3
BLADDER:			Blood.....	15
General Diseases.....	146	1	Ductless glands.....	5
Foreign body.....	17		Nervous system.....	18
Neoplasms:			Bones and joints.....	15
Benign.....	8		Eye and ear.....	5
Malignant.	17	3	Nose and accessory sinuses.	1
URETHRA:			Mouth, lips, cheeks, etc....	5
General Diseases...	92		Stomach.....	2
Congenital deformity....	18		Intestines.....	29
Foreign body.....	2		Liver and gall-ducts.....	9
Neoplasms:			Abdomen.....	21
Benign.....	3		Rectum and anus.....	6
Malignant.....	3		Larynx.....	2
Traumatism.....	4	1	Trachea and bronchi....	11
MALE GENERATIVE			Lungs.....	10
ORGANS:			Pleura and mediastinum...	8
General (Includes			Unclassified.....	7
Tuberculosis).....	23			
Scrotum.....	41		Total discharges, 1932.....	77
Seminal vesicles.....	6		Total admissions, 1932.	76
Testicle.....	52			
Penis.....	26		No. in Hospital end of year 1932	4
Prostate.....	186	8	No. in Hospital first of year 1932	2
Abnormalities of urine....	10			
Female generative organs..	54		No. of patients cured.....	3
Puerperal state.....	7		No. of patients improved.....	2
Specific infectious and gen-			No. of patients not improved....	1
eral diseases.....	85		No. of patients not treated.....	1
Animal parasites.....	1		No. of deaths.....	

REPORT OF THE PATHOLOGICAL INSTITUTE

For the Year Ended December 31st, 1932.

To the GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

Herewith is submitted the Report of the routine work of the Pathological Department for the year 1932. As a preliminary, a few explanatory words as regards its different departments are in order.

The Division of Morbid Anatomy, in charge of Doctor Chase, the Prosector, shows a decided increase in activity. The number of autopsies was the largest performed during any one year since the establishment of the Institute, and indeed since the Pathological service at the Royal Victoria Hospital was begun. It is an important forward step in a steady increase of this division as the result of the unselfish interest of Doctor Chase as prosector. He has succeeded in making it not only an important branch of the service of the Royal Victoria Hospital, but has also stimulated a sufficient interest in other hospitals to submit their examinations to this Institute. The results add materially to the advantage of this Hospital service in supplying additional information of individual cases of disease, which may thus be compared and correlated to the Royal Victoria Hospital cases. They are also to be welcomed as widening the general knowledge of disease, and are thus invaluable scientific and didactic advantages. It is hoped that, in the future, this enlargement and broadening of the service will continue.

The Division of Surgical Pathology shows a slight decrease from the previous year which is the result of greater economy as regards hospitalization. The Division of Morphological Hæmatology has remained at about its previous level.

With a view to economy and in an effort to reduce the expenditures of the Institute as much as possible in the present unfortunate financial circumstances, the Technical Division has been materially reduced wherever possible. This reduction was accomplished largely in the routine microscopic examinations of autopsies and teaching preparations, so that on the whole very nearly 10,000 microscopic slides were saved. On the other hand, the Photographic Department showed somewhat of an increase over last year.

In spite of labouring against serious financial handicaps, the work of this Institute has not suffered, but, through careful house-keeping and readjustment, been generally maintained and has even been advanced in important matters. But it is evident that the

limit of this forward movement has now been reached and that, unless this situation improves speedily, stagnation and regression must inevitably follow. As this would seriously reflect upon the practical efficiency of the Hospital as an institution for the sick, it is to be hoped that such a serious backward step may be avoided. It may be mentioned in this connection that the drain on the Staff Fund or Pathological Pool for the maintenance of the pathological service was particularly heavy this year and in the coming year could hardly be repeated without running into a deficit! The Pathological and Bacteriological Departments of a hospital are the centre around which all other hospital activities turn and from which they draw knowledge and progressive stimulus. To let them decline means corresponding loss in the work and in the care of hospital patients. It is sincerely hoped that this state of affairs may never face this institution!

Respectfully submitted,

HORST OERTEL,

Pathologist-in-Chief.

I. DIVISION OF MORBID ANATOMY

(Dr. CHASE in Charge)

There was a total of four hundred and twenty (420) autopsy examinations made during the past year. This is the largest number on record and represents an increase of twelve cases over the previous year, and an increase of forty-two over the year 1930. Of the 420 autopsies performed, 275 cases came from the various departments of the Royal Victoria Hospital, while the remaining 145 cases were from other city hospitals, or represented special requests from outside physicians.

Autopsies from the Royal Victoria Hospital were classified as follows:

Department	No. of Autopsies	% of Autopsies
Medicine.....	119	53.1
Surgery.	79	50.3
Urology, Oto-Laryngology and Ophthalmology.....	7	31.8
Obstetrics and Gynæcology.....	8	44.4
Babies, newborn.	91	61.9
Total permits for Postmortem.....	304	Tot. Deaths 568 Percentage 53.5
Less babies unfit for Postmortem.....	29	
	275	

There is a decrease of 14 over the previous year in the number of newborn babies unfit for autopsy. This is due to the closer co-operation with the Maternity Department. They were more prompt in getting us permits on this valuable material.

The actual number of autopsies done on R.V.H. cases is exactly the same as the previous year, but the percentage of autopsies performed is slightly higher due to a slightly lower number of deaths.

The following autopsies came from sources outside this Hospital:

Woman's General Hospital:

Babies under one year	34	
Children and adults	38	72
Homeopathic Hospital		23
Alexandra Hospital		25
Foundling Hospital		4
St. Mary's Hospital		6
Grace Dart Hospital		10
Outside Requests		5
Total autopsies from outside sources		145

This represents an increase of 22 cases over the previous year and an increase of 50 cases over 1930. The increase in the autopsy service of this Department during the past year is therefore entirely due to the more frequent requests from outside hospitals. We acknowledge for the first time some valuable teaching cases from the Grace Dart Hospital.

As in former years all autopsies on neurosurgical cases were studied conjointly with the Department of Neuropathology. All cases were demonstrated and discussed at weekly Staff Conferences. After gross and histological findings were protocolled, a synopsis was incorporated with the anatomical diagnosis of each case. Copies of these were inserted into the hospital clinical record.

II. DIVISION OF SURGICAL PATHOLOGY (Prof. WAUGH in Charge)

During the year 1932 the Department of Surgical Pathology examined two thousand six hundred and twenty-four (2,624) specimens, consisting of three thousand and seventy-six (3,076) tissues and organs. From these, eight thousand six hundred and seventy-six (8,676) histological sections were prepared for microscopic examination. The specimens were divided among the various services of the Hospital as follows: Surgery, 1,468; Obstetrics and Gynæcology, 946; Urology, 105; Oto-Laryngology, 67; Medicine, 25; Miscellaneous, 15. This represents a slight decrease from the previous year.

III. DIVISION OF MORPHOLOGICAL HÆMATOLOGY

(Prof. WAUGH in Charge)

During the year 1932 the Department of Hæmatopathology carried out two hundred and five (205) blood examinations. These consisted almost entirely of complete morphological blood studies. They were divided among the various services of the Hospital as follows: Medicine, 141; Oto-Laryngology, 8; Surgery, 30; Obstetrics and Gynæcology, 18; Urology, 6; and Miscellaneous, 2. The amount of work in this Department has remained essentially the same as the previous year.

IV. TECHNICAL DIVISION

(Mr. THOMLINSON in Charge)

The total number of slides prepared for the Pathological Department was 22,544 for the routine work in connection with teaching, autopsy and surgical services, divided as follows: Teaching 7,238; Autopsy Service, 6,630; Surgical Service, 4,693; Gynæcology, 3,983. To these must be added the following: Bacteriological Service, 151; large sections, 62; nerve stains, 120; miscellaneous, 1,049—making a total in all of 23,926 slides.

In the Photographic Department approximately four hundred and fifteen (415) photographs were taken, divided as follows: Gross specimens, surgical and autopsy, 125; microphotographs, 263; and coloured lantern slides, 27.



REPORT OF THE DEPARTMENT OF BACTERIOLOGY

For the Year Ended December 31st, 1932.

To the GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

In my report for the year 1931, while summarising the conditions restricting the activities of the Department of Bacteriology and Immunity, I expressed confidence in its future. That my opinion was founded on more than hopefulness is evident from the definite progress which has been made during the past year. This is more faithfully measured by the confidence other Departments of the Hospital appear to have in the work done for them than by a statistical analysis of the examinations made and an enumeration of the amount of materials used. Although its very nature makes it difficult to evaluate it, I feel this increased confidence may be claimed on the grounds that members of the staff are consulted more freely than before by members of the Clinical Departments; that a higher quality of work is expected and asked for, not infrequently higher than our present resources allow of; and that an ever increasing active co-operation in the investigation of cases and methods has developed between this and other Departments in the Hospital.

The progress made has depended upon circumstances which allowed of the adoption of measures designed to distribute the work more in accordance with the knowledge and skill it requires, to improve and extend the technique and methods employed, to make a better quality and type of apparatus and materials available in better condition, and to provide time for investigation and study of important phases of the work. These important circumstances comprise an increase in the senior and assistant staff of the Department; certain structural alterations which allowed of an extension and improvement in the activities of the Department and the acquisition of necessary apparatus and equipment.

Much has yet to be done to enable the Department to undertake investigations necessary to the understanding and treatment of disease due to bacterial infection in the light of modern knowledge, and to add to that knowledge. This will require certain changes in the constitution of the Department which I feel will offer such advantages that they will be supported by the Hospital Authorities when the time is propitious for their adoption.

Many of the improvements effected during the last year have been planned to facilitate further reorganization and Dr. Beattie and Dr. Starkey have borne a very considerable share in their inception and introduction. Dr. F. Smith's many contributions to the increased effectiveness of the Hospital Department of Bacteriology must be gratefully acknowledged, more particularly as he is not a member of the Hospital staff. This situation should be recognized as indicating the whole hearted desire, possessed by everyone concerned, for the perfection of the Department as a whole.

The analytical tables of the examinations performed by the Department show a slight decrease in total numbers, but the work involved in their performance has actually increased because they have been more detailed and more extensive than previously. This could be partly indicated by a comparison of the materials used during this and previous years were it necessary.

There has been a very marked decrease in the number of examinations made for many Clinical Departments which has no obvious interpretation. If it is an expression of the desire of the Clinical Departments to save work for this Department it is to be hoped that they are not sacrificing any results they might desire to have. If it is an expression of more careful selection being made of the examinations the Clinical Departments consider desirable it is welcomed but it should be emphasized here that the Department of Bacteriology is even now prepared to undertake a larger volume of such selected work.

A very marked increase in the work done for certain Departments is noticeable and it is particularly gratifying that it affects the Departments noticed last year which unaccountably required but little from us.

In conclusion I wish to acknowledge the mark of recognition afforded the Department of Bacteriology by the Governors of the Hospital. It has greatly encouraged the Staff of the Department in their endeavour and is complementary to the appreciation we feel we are receiving from many of our colleagues in the Clinical Departments.

Respectfully submitted,

E. G. D. MURRAY,
Bacteriologist-in-Chief.

A. DISTRIBUTION OF GENERAL BACTERIOLOGY

	Medicine	Surgery	Urology	Gynaecology & Obstetrics	Ophthalmology	Oto-Laryngology	Out-Patients	Pathology	Pediatrics	TOTALS
General Cultures.	354	461	144	250	83	164	236	89	139	1920
Blood Cultures.	160	48	20	15	1	13	5	14	18	294
Guinea-pig Inoculations	57	37	13	2	..	1	8	..	10	128
Vaccines.	24	7	..	..	..	3	90	.	1	125*
Pneumococcus Typing	68	11	..	1	..	2	3	2	5	92
TOTALS.	663	564	177	268	84	183	342	105	173	2559

*Of these 125 vaccines ordered and prepared 27 were unclaimed.

B. SEROLOGY

WASSERMANN TESTS			Total No. of Tests
Blood.	Strongly positive.	521	4,738
	Weakly positive.	262	
Cerebrospinal Fluid.	Strongly positive.	70	514
	Weakly positive.	44	
LANGE TESTS			
Cerebrospinal Fluid.	Strongly positive.	46	149
	Weakly positive.	18	
KAHN TESTS			
Strongly positive.		504	2,191
Weakly positive.		375	
GONO. COMPLEMENT FIXATION TESTS			
Strongly positive.		45	557
Weakly positive.		99	
AGGLUTINATION TESTS.			54
TOTAL			8,203

C. DISTRIBUTION OF WASSERMANN TESTS

INDOOR	Medicine	Urology	Pediatrics	Surgery	Donors	Metabolism	Ophthalmology & Oto-Laryn.	Gynæcology & Obstetrics	Neuro-Surgery	Pathology	TOTALS
Blood Wassermann											
Positive.....	109	40	8	29	4	14	17	16	2	..	239
Negative.....	937	479	76	166	121	120	120	104	36	1	2160
Cerebrospinal Fluid Wassermann											
Positive.	43	5	7	3	..	2	3	..	10	..	73
Negative.....	172	14	26	36	..	11	13	4	54	..	330
TOTALS.....	1261	538	117	234	125	147	153	124	102	1	2802

OUTDOOR	Medicine	Urology	Piadiatrics	Surgery	Dermatology	Ophthalmology & Oto-Laryngology	Gynæcology & Obstetrics	Psychiatry	Neuro-Surgery		TOTALS
Blood Wassermann											
Positive... ..	135	283	69	8	33	6	9	1	1	..	545
Negative.....	960	450	161	62	62	29	56	11	3	..	1794
Cerebrospinal Fluid Wassermann											
Positive.....	38	..	..	..	..	..	..	..	3	..	41
Negative... ..	59	..	3	1	2	..		1	4	..	70
TOTALS.....	1192	733	233	71	97	35	65	13	11	..	2450

REPORT OF THE DEPARTMENT OF RÖENTGENOLOGY

For the Year Ended December 31st, 1932.

To the GOVERNORS OF THE
ROYAL VICTORIA HOSPITAL.

Gentlemen:—

There has been an increase in the total number of patients examined in 1932 as compared with 1931. At the same time fewer X-ray films have been used.

The details are as follows:—

Increase in No. of patients examined.	5%
Decrease in No. of films used	3.7%
Decrease in No. of dental films	33.4%
Decrease in No. of patients for treatments	34 %
Decrease in No. of X-ray treatments...	12 %

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 but it is being used up with hard work; some new plant will soon be required.

Comparison with former years is as follows:—

	1932	1931	1930	1929
Total No. of patients for skiagraph.	14,904	14,829	14,016	13,130
Total No. of films including dental.	33,196	34,437	35,837	33,232
Total No. of dental films..	3,947	5,269	5,212	5,499
Number of patients for X-ray treatments.	546	733	622	600
Number of X-ray treatments	3,616	4,117	3,410	3,403
			Urology	
		Main	Ross	(Ross & L)
Total No. of patients for skiagraph.		11,068	2,937	899
Total No. of films including dental..		22,066	8,986	2,144
Total No. of dental films.		2,842	1,105	
No. of patients for X-ray treatments.		524	22	
No. of X-ray treatments.		3,547	69	

RADIUM

During the third year the work of the Radium Department shows an increase in the number of cases treated, viz., 226 cases in 1932, as against 135 in 1931, but fewer treatments given.

	1932	1931
Number of cases.	226	135
Number of treatments:		
Surgical implantation	30	43
Surface radiation	295	339
	— 325 —	— 382 —

The cases which have come to the Radium Department for treatment have been chiefly epitheliomas of the skin and mucous membranes, rodent ulcers, keloids, naevus and non-malignant conditions. Most of these have shown very favourable results. At the meeting in March of the Medico-Chirurgical Society at the hospital, seven cured cases of these types were exhibited.

A case of cancer where complete regression of the disease was obtained is worthy of mention. The condition was diagnosed by biopsy as carcinoma of the right anterior fauces and extended to the left lower jaw. Treatment was given in small doses and extended over a period of several months. The condition dated back to October, 1930, with recurrences and subsequent treatments, and he has now been symptom free since July, 1932.

A case of leukoplakia treated at the beginning of the year was reported symptom free in November. Another case treated successfully over a long period was a tubercular nasal rhinitis.

Out of 23 cases of rodent ulcer only two of long standing failed to respond to radium, the others were all cured or on the way to recovery by the end of December.

Eight keloids under treatment are all being slowly put away, and nine cases of hæmangioma are similarly disappearing under gradual applications.

Radium treatment is also being tried in cases of nasal polyp, papillomata of feet and corns, warts, eczematous conditions, results being watched.

In five cases of vernal catarrh the results vary, improvement not always being sustained.

An interesting case of epithelioma involving the hard and soft palates, which had been treated and apparently cured in 1931, recurred early in 1932, and radium was again applied. After several months an ulcer on the side of the tongue, which refused to heal, was suspiciously carcinomatous, but a biopsy gave no evidence of malignancy and the ulcer was considered to be a radium burn and was excised. Healing followed without further recurrence of the epithelioma.

It is not possible to enumerate in detail all the conditions treated and their response to radium therapy, and a classification of the diseases with tabulated headings of "Cured, Improved, Not Improved, etc.", does not give a correct idea of the value of radium therapy, as end results are often only palliative, and no cure is possible under any treatment, or the treatment is too recent to judge of its efficiency. A tabulated report of cases, therefore, is more misleading than otherwise. These remarks apply particularly to metastatic cases of carcinoma. Fifty-eight cases of carcinoma were treated, either with radium alone or combined with X-ray therapy. In advanced cases beyond surgical help radium has brought temporary relief to body and eased the mind of the patient; in other cases, metastatic growth has been favourably affected and the symptoms materially relieved.

In general, it may be said that the majority of cases are treated in the Radium Department with short daily applications. If more cancer cases were admitted to hospital the radium could be employed during longer hours, thus giving a higher rate of efficiency in its use. The cost to the patient of admission to a ward has lately prevented several patients from treatment of radium in a ward.

Out of 226 cases the Radium Department has handled 184, Surgery 33, Otolaryngology 6, Urology 2; and Gynæcology asked for radium treatment in one case of carcinoma of the vulva and inguinal glands.

The following shows the conditions treated:—

Carcinoma of Antrum.	1	Carcinoma of Tonsil.....	1
" " Bladder.....	2	Eczema..	1
" " Breast.....	17	Epithelioma of Soft Palate.. . . .	1
" " Buttock.	1	Fibrosarcoma Antrum.	1
" " Cheek.....	2	" " Ear.....	1
" " Cervical Glands.	6	Keloid.	8
" " Hand.	2	Leukoplakia.	3
" " Inguinal Glands.. . . .	2	Lymphosarcoma of Nasopharynx . . .	1
" " Jaw....	3	Lupus nasi.	1
" " Larynx...	2	Nævus.....	9
" " Lip.	9	Papilloma of foot.....	2
" " Oesophagus.....	1	Polyp nasi..	1
" " Palate.....	1	Rhinitis.....	1
" " Parotid Gland...	1	Rodent ulcer	23
" " Pharynx.....	2	Tubercular rhinitis.	2
" " Rectum.....	1	Vernal catarrh...	5
" " Tongue.....	2	Warts.	

Respectfully submitted,

A. HOWARD PIRIE,
Röntgenologist-in-Chief.

LIST OF CLINICS **OUT-PATIENT DEPARTMENTS**

MAIN BUILDING

Asthma	Wed. and Sat.	9-10 A.M.
Bronchoscopic	Tue. and Fri.	9-10 A.M.
Cardio-Renal	Tue. and Fri.	9-10 A.M.
Dermatology	Saturday	10 A.M.
	Wednesday	1-2 P.M.
Fracture	Mon., Wed. and Fri.	10-11 A.M.
Gastro-Intestinal	Mon. and Thurs.	9-10 A.M.
General Medical	Daily	9-10 A.M.
Genito-Urinary	Female, Thur.	9-10 A.M.
	Male, Daily	12.30-2.30 P.M.
Hæmatology	Wednesday	1.30 P.M.
Laryngology	Tue. and Fri.	1-3 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.	1-3 P.M.
Psychiatry	Tue. and Fri.	2 P.M.
Pædiatrics	Daily	9-10 A.M.
Pulmonary	Mon. and Wed.	9-10 A.M.
Pneumothorax	Friday	2 P.M.
Surgical	Daily	10-11 A.M.

WOMEN'S PAVILION

Gynæcology	Daily Except Sat.	2-3 P.M.
Pre-Natal	Daily Except Sat.	2-3 P.M.

REGULATIONS

GOVERNING PUBLIC WARD PATIENTS

- ACCOUNTS** All patients' accounts are rendered weekly and are payable within two days from date rendered. The final account must be paid in full before the patient leaves the Hospital.
- CHEQUES** UNACCEPTED CHEQUES WILL NOT BE ACCEPTED BY THE HOSPITAL.
- CHAPLAINS** Clergymen, ministers of religion, and the authorized representatives of religious bodies, shall be admitted to the wards upon terms of equality for the purpose of visiting and extending religious ministrations to the sick inmates of their own creed or denomination, at such times and under such conditions as in the judgment of the Superintendent will not unduly interfere with the medical or surgical treatment and care of patients; they are, however, to confine their conversation to persons of their own creed or denomination, and to refrain from addressing or distributing books or pamphlets to other patients, unless by special invitation of the same when conveyed through or with the sanction of the Superintendent.
- 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

PUBLIC WARDS

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 permission from the Office Manager.

No more than two visitors shall be admitted at once to see any patient.

Visitors must observe perfect order and propriety while in the Hospital; must confine their visits to their immediate friends; must not stay or loiter in the halls, corridors or offices or on the stairways, and must leave the building promptly at the end of the visiting hours.

WOMEN'S PAVILION

2nd FLOOR

Husbands only are permitted to visit Public Patients on the following days:—

Sunday 2 to 3 P.M.
Tuesday and Thursday . . 7 to 8 P.M.

Semi-Public Patients—Any two visitors are permitted to visit patients on the following days:—

Sunday }
Tuesday } 2 to 3 P.M.
Thursday }

Every Night—7 to 8 P.M.—Husbands only.

5th FLOOR

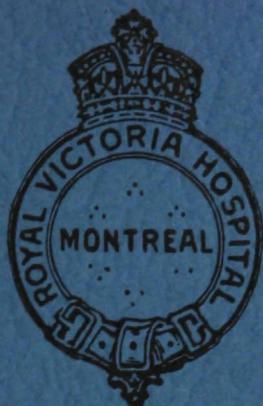
Friends are permitted to visit Public Ward Patients on the following days:—

Sunday 3 to 4 P.M.
Wednesday and Friday . 3 to 4 P.M.
Wednesday 7 to 8 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 1887

THE
Royal Victoria Hospital
MONTREAL

Thirty-Ninth Annual Report

for the year ended

31st DECEMBER, 1932

MEDICAL FACULTY
MONTREAL

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Royal Victoria Hospital
Annual Report 1932

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