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THE  
Royal Victoria Hospital,  
MONTREAL.

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FIFTH ANNUAL REPORT,

For the Year ending

31st DECEMBER, 1898.

---

Montreal:

MORTON, PHILLIPS & Co., PRINTERS.

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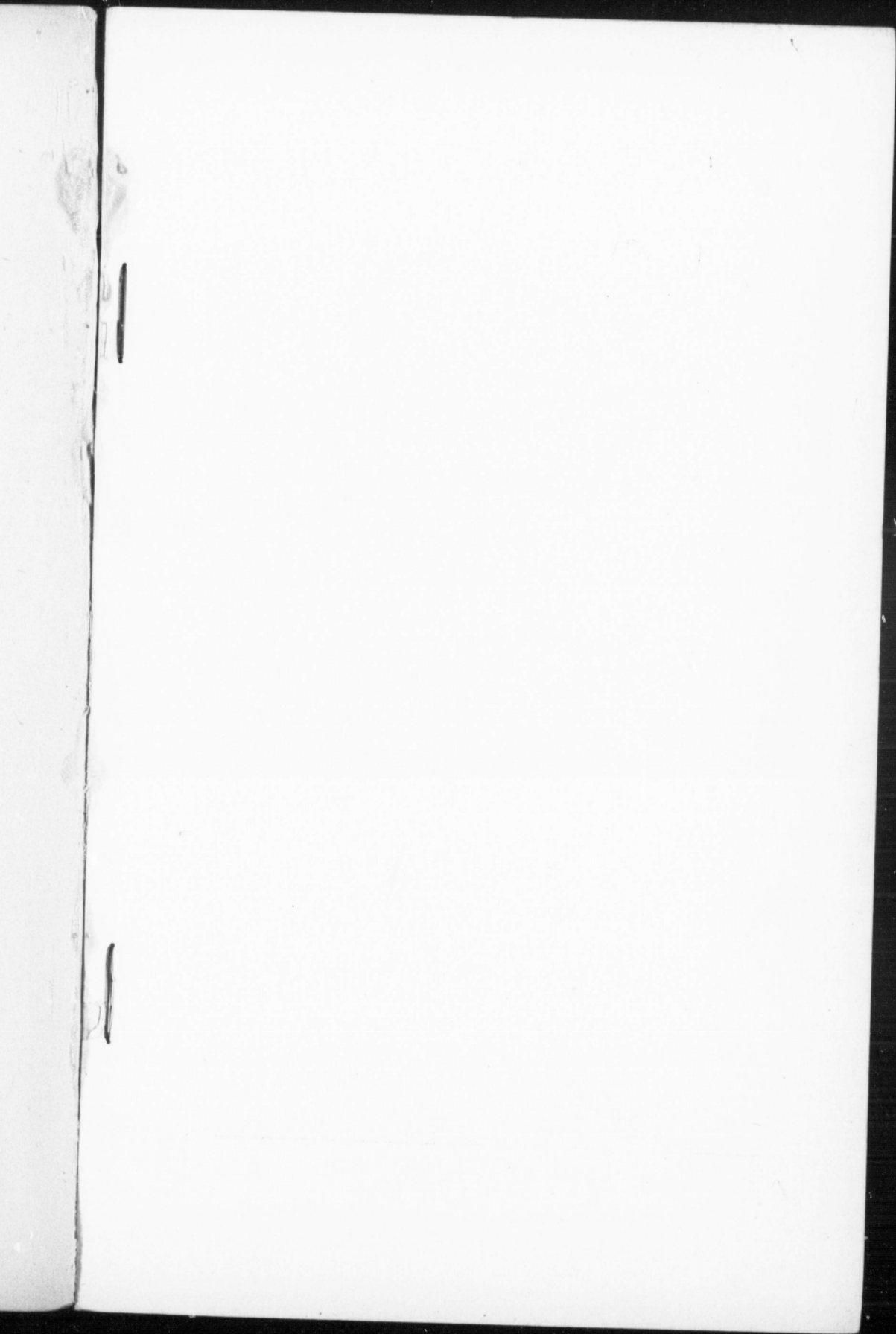
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ROYAL VICTORIA HOSPITAL.

THE  
Royal Victoria Hospital,  
MONTREAL.

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FIFTH ANNUAL REPORT,

For the Year ending

31st DECEMBER, 1898.

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Montreal :  
MORTON, PHILLIPS & Co., PRINTERS.

THE

MAYOR

PRESID

PRESID

PRESID

GENER

PRINCI

DEAN

## FOUNDERS AND PATRONS.

---

THE RIGHT HON. LORD MOUNT STEPHEN.

THE RIGHT HON. LORD STRATHCONA AND MOUNT ROYAL.

---

## GOVERNORS.

---

### *Elective :*

R. B. ANGUS.

E. S. CLOUSTON.

THOS. DAVIDSON.

THE HON. GEORGE A. DRUMMOND.

W. W. OGILVIE.

A. T. PATERSON.

R. G. REID.

JAMES ROSS.

---

### *Ex-officio.*

MAYOR OF MONTREAL . . . . . R. PRÉFONTAINE.

PRESIDENT BOARD OF TRADE . . . . . JAMES CRATHERN.

PRESIDENT BANK OF MONTREAL,  
THE RIGHT HON. LORD STRATHCONA AND MOUNT ROYAL.

PRESIDENT CANADIAN PACIFIC RAILWAY COMPANY,  
SIR WILLIAM C. VAN HORNE, K.C.M.G.

GENERAL MANAGER GRAND TRUNK RAILWAY COMPANY, . . . C. M. HAYS.

PRINCIPAL MCGILL UNIVERSITY, . . . WM. PETERSON, M.A., LL.D.

DEAN OF THE FACULTY OF MEDICINE, MCGILL UNIVERSITY,  
R. CRAIK, M.D., LL.D.

## OFFICERS.

---

### Visitor.

HIS EXCELLENCY THE RIGHT HONORABLE  
THE EARL OF MINTO,  
GOVERNOR GENERAL OF CANADA.

---

### President.

R. B. ANGUS.

---

### House Committee.

R. B. ANGUS, *Chairman.*

E. S. CLOUSTON.      HON. G. A. DRUMMOND.  
A. T. PATERSON.  
JAMES ROSS.

---

### Honorary Auditors.

I. G. OGDEN.  
G. A. FARMER.

T  
J.  
W  
W  
C

JAMES

W. GA

Assis  
A. E. G

G. H. M

Assis  
A. G. NI



## MEDICAL BOARD.

R. CRAIK, M.D., LL.D., *Chairman.*

T. G. RODDICK, M.D., M.P.

JAMES STEWART, M.D.

J. G. ADAMI, M.A., M.D.

JAMES BELL, M.D.

W. GARDNER, M.D.

F. BULLER, M.D.

W. F. HAMILTON, M.D.

A. E. GARROW, M.D.

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

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

H. S. BIRKETT, M.D.

### Consulting Staff.

R. CRAIK, M.D., LL.D., *Physician.*

T. G. RODDICK, M.D., M.P., *Surgeon.*

### Physician.

JAMES STEWART, M.D.

### Surgeon.

JAMES BELL, M.D.

### Ophthalmologist and Otologist.

F. BULLER, M.D.

### Gynecologist.

W. GARDNER, M.D.

### Laryngologist.

H. S. BIRKETT, M.D.

### Pathologist.

J. G. ADAMI, M.D.

### Assistant Physicians.

W. F. HAMILTON, M.D.

C. F. MARTIN, M.D.

### Assistant Surgeon.

A. E. GARROW, M.D.

### Assistant Gynecologist.

J. C. WEBSTER, M.D.

### Dentist.

E. B. IBBOTSON, D.D.S., L.D.S.

### Clinical Assistants in Ophthalmology.

G. H. MATHEWSON, B.A., M.D.

R. A. KERRY, M.D.

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

### Assistant in Surgical Pathology.

W. I. BRADLEY, B.A., M.D.

### Assistant in Pathology.

A. G. NICHOLLS, M.A., M.D.

### Assistant in Bacteriology.

H. B. YATES, B.A., M.D.

## HOUSE OFFICERS.

---

Secretary and Superintendent.

J. J. ROBSON.

---

Assistant Secretary and Superintendent.

W. R. BATES.

---

House Physicians.

W. O. ROSE, M.D.

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

B. W. D. GILLIES, M.D.

H. D. McH. ROBERTSON, M.D.

---

House Surgeons.

E. W. ARCHIBALD, B.A., M.D.

C. B. KEENAN, M.D.

J. J. ROY, M.D.

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

---

House Ophthalmologist.

HARVEY SMITH, M.D.

House Gynaecologist.

J. BARCLAY, M.D.

---

Lady Superintendent of Nurses.

MISS ANNIE MURRAY.

---

Apothecary.

W. W. WOOTTON.

---

Housekeeper.

MISS AGNES MURRAY.

---

Clerk.

H. E. WEBSTER

## Report of Annual Meeting.

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*Extract from the Minutes of the Annual Meeting of the  
Governors of the Royal Victoria Hospital, held on  
the 17th January, 1899.*

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The President, as an *ex-officio* member of the Trust Fund, submitted a statement of the Trustees, from which it appeared that the Endowment Fund has been very greatly augmented during the past year. As stated in the report of the 22nd January, 1897, the securities held by the Trustees consisted of 8,000 shares of stock in the Great Northern Railway of Minnesota, having an estimated value of \$1,000,000, and \$270,000 in bonds of the Sault Ste. Marie Bridge Company. From the stock a dividend of 6 per cent. was derived and the bonds yielded 5 per cent. per annum, making together a yearly revenue of \$53,500. The generous donors, believing the stock to be of much greater prospective value, encouraged the Trustees to refrain for a time from disposing of it, and, fortunately for the Hospital, their expectations have been amply realized.

The Great Northern Railway Company, having made an issue of new stock on favorable terms to Shareholders of record in July last, the Trustees were enabled

to dispose of their rights at a profit of \$504,000 and to retain the original stock, which at the same time received a higher dividend than had been previously paid, viz., 7 per cent. This sum of \$504,000 has been invested in bonds of a high class, which have been deposited with the Bank of Montreal for safe keeping.

The estimated income from the Endowment Fund for the present year will be about \$89,000, and the present market value of the securities held in trust may be stated as \$2,000,000.

The Governors had, therefore, reason to be thankful for the considerate and valuable advice with which the Founders accompanied this magnificent benefaction.

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## Superintendent's Report.

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*To the Governors of the  
Royal Victoria Hospital:*

GENTLEMEN,

I have the honor to submit herewith the Fifth Annual Report of the Royal Victoria Hospital, for the year 1898.

During the year 2,279 patients have been admitted to the Hospital. Of these 1,345 were Protestants, 882 Roman Catholics, 40 Jews and 12 of other faiths; 1,475 were free patients, 509 public ward patients paying fifty cents per day, and 295 private patients. 1,675 were residents of Montreal, and 604 were sent from the country districts for treatment.

On the 1st January, 1898, there were 115 patients remaining from 1897, and during the year 2,261 have been discharged, of whom 1,246 were well, 645 improved, 103 unimproved, 152 not treated, 115 died and 133 remained on the 31st December.

Of the 115 deaths 25 took place within 48 hours of admission.

The death rate for the year has been 5.08 per cent., or, if those dying within 48 hours after admission be deducted, 3.98 per cent.

The total number of patients days was 58,303, as against 61,166 in the previous year.

The highest number of patients in the Hospital on any one day was 180, on the 25th February, and the lowest 117, on the 1st January; the highest monthly average was 169, in March, and the lowest 144, in August, the daily average for the year being 160.

The average number of days in Hospital per patient was 25.7, as against 26.29 in the previous year—the Medical Department being 24.26, the Surgical 25.79, the Gynæcological 29.37, and the Ophthalmological 25.75 per patient.

In the Out-Patient Department there were 14,681 consultations, as against 16,107 during the previous year. This further reduction has been obtained by the continued close scrutiny of all cases applying for treatment so as to confine the gratuitous service to such as are really indigent and deserving.

The Medical Consultations were 5,862; Surgical, 5,331; Eye and Ear, 2,667; and Diseases of Women, 821.

The income for the year was \$96,621.48, while the ordinary expenditure amounted to \$87,756.13.

The total cost per day per patient has been \$1.50; the cost per day of maintaining each person in the Hospital—staff, servants and patients—being 86 cents, and the daily cost of the provisions for each person, 22 cents. This is slightly higher than last year on account

of the increase in the number of private patients and the larger class of pupil nurses.

Changes in the Resident Staff have been caused by the expiration of the term of service of Drs. G. D. Robins, J. G. McDougall, E. S. D. McCallum, A. S. McElroy, W. A. Feader, J. G. Campbell and R. B. Shaw, and the appointment of Drs. J. Barclay, Harvey Smith, W. O. Rose, H. B. Cushing, B. W. D. Gillies, C. H. Brown and H. D. McH. Robertson.

The new wing of the Administration Building, portion of the original plan of the Hospital, containing a dining hall and extra bedrooms for nurses, and further accommodation for the Resident Medical Staff, which was commenced in June last, has just been completed, and is now in occupation. It has been much needed, and its provision will add greatly to the comfort of the nurses and internes.

The Out-Patient Department, the erection of which was also contemplated by the Founders, and deferred for a time, is now in process of construction. Commenced in September last, it is expected that it will be completed in the early spring. It provides an ample Waiting Hall, Consultation, Examination and Operating Rooms. This will greatly facilitate the work which has hitherto been carried on under many difficulties owing to lack of space and suitable accommodation for patients and doctors.

The thanks of the Governors have been conveyed to the ladies and gentlemen mentioned in the accompanying

lists of donations for the assistance, monies and presents received from them during the year.

I append herewith statements showing in detail the work which has been accomplished by the various departments since my last report.

Respectfully submitted,

JOHN J. ROBSON,

*Secretary and Superintendent.*

17th January, 1899.

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## Special Gifts

RECEIVED DURING THE YEAR.

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### BOOKS, MAGAZINES, ETC.

Books, Magazines and Illustrated Papers from	Angus, Mr. D. F.
"	Angus, Mr. R. B.
"	Bannister, Mrs. J. A.
"	Bannister, Mrs. M. A.
"	Bark, Mr. G. H.
"	Bennett, Mr.
"	Boyer, Mrs.
"	Brown, Mr. W. F.
"	Brush, Mr. G. S.
"	Campbell, Mr. C. S.
"	Clarke, Mr. J. A.
"	Clouston, Mr. E. S.
"	Deeks, Dr. W. E.
"	Denne, Mrs.
"	Dominion Commercial Travelers Ass.
"	Douglas, Mr. Jas. A.
"	Durley, Mr.
"	Gardner, Dr. W.
"	Garrow, Dr. A. E.
"	Gault, Mr. M. H.
"	Heneker, Mr. R. T.
"	Hooper, Mr. G. R.
"	Johnston, Mr. J.
"	Law, Mrs. J.
"	Meredith, Mr. F. E.
"	Morrice, Mrs.
"	McAgg, Mrs.
"	McGill Medical Society
"	Osgood, Mrs.
"	Reed, Mr. F. A.
"	Roddick, Dr. T. G.
"	Russell, Mrs. Edith
"	Salvation Army.
"	Schultze, Mrs. E.
"	Scovie, Miss
"	Sims, Mrs.

## SPECIAL GIFTS.

## BOOKS, MAGAZINES, ETC.

Books, Magazines and Illustrated Papers from Small, Mr. E. A.		
"	"	Sternberg, Miss
"	"	Strathy, I.t.-Col. J. A. L.
"	"	Swan, Mr. W.
"	"	Torrance, Mrs.
"	"	Young Men's Christian Association
"	"	Young Women's Christian T. U.

## NEWSPAPERS.

6 copies Montreal Daily Witness, from the publishers		
1 copy Montreal Gazette,	"	"
1 copy Montreal Herald,	"	"
Oddfellows' Gazette,	"	"
6 copies Home and Youth,	"	"
1 copy Ottawa Citizen,	"	"

## MEDICAL JOURNALS.

Canada Lancet,	from the publishers,	Toronto
Canadian Practitioner,	"	" "
La Clinique,	"	Montreal
Canada Medical Record,	"	"
Montreal Medical Journal,	"	"
L'Union Medicale,	"	"
Pediatrics,	"	New York
Therapeutic Gazette,	"	Detroit

## TOYS.

Toys from Bannister, Miss
" Bell, Mrs.
" Joseph, Miss M. & S.
" Meredith, Mr. F. E.
" Mountain City Cycle Company
" Street, Mr.

## FLOWERS.

Flowers from Adair, Mr. S.
" Allan, Mr. H. A.
" Allan, Mr. J.
" Bennet, Mr. J.
" Clouston, Mr. E. S.
" Flower Mission, Buckingham
" Frier, Mr. A.
" Fuller, Mr. and Mrs.

Clothing  
Scrap I  
Musical  
Splint a  
Fans fo  
Linen fo  
Clothing  
Piano fo  
Palms fo  
Picture I  
Rocking  
Rubber  
Box cont  
1 pi  
Clothing  
Tickets f  
Scrap Bo

SPECIAL GIFTS.

15

FLOWERS.—Con.

- Flowers from Glen Sutton Sunday School
- " Grace Church
- " Kelly, Mrs.
- " Montgomery, Miss
- " McIntyre, Mrs. D.
- " St. Andrew's Church
- " St. David's Sunday School
- " Smith, Mr. M. E.
- " Strathcona, Lord
- " Women's Temperance Union, Huntingdon
- " Young, Miss H.
- " Y. P. S. C. E.

FRUIT.

- Apples, Bell, Dr. Jas.
- " etc., Episcopal Church, Beauharnois.
- " Meredith, Mr. C.
- " Penniston Bros.

PLANTS.

- Allan, John
- Baird, Mr. Hugh
- Clouston, Mr. E. S.
- Turnbull, Miss L.

MISCELLANEOUS.

- Clothing for Patients.....Angus, Mr. R. B.
- Scrap Books.....Bell, Mrs. D.
- Musical Box.....Bell, Mr. D.
- Splint and Crutches.....Boxer, Mr. R.
- Fans for Patients.....Burnett, Miss
- Linen for Patients.....Clay, Mr. J.
- Clothing for Patients.....Clouston, Mr. E. S.
- Piano for Nurses....." "
- Palms for Christmas Trees.....Donohue, Mr. P.
- Picture Books.....Eastman Sunday School
- Rocking Horses for Ward H.....Friends
- Rubber Sheeting.....Galey, Mr. Ed.
- Box containing 1 Turkey, 1 side Bacon, }  
1 piece Pork and Sausages..... } Harper, Mr. Jas.
- Clothing.....Hospital Sewing Club
- Tickets for Godfrey's Band for Nurses.....Harriss, Mr. A. E.
- Scrap Books.....Junior League Mountain St. Meth. Church

SPECIAL GIFTS.

MISCELLANEOUS.—Con.

Clothing for Patients.....	Ladies Committee Industrial Rooms
Decorations for Christmas Tree.....	Ladies' Sewing Club
3 Large Boxes of Biscuits.....	Lang Mfg. Co.
Tickets for Charity Ball.....	Maternity Hospital
Pass for Nurses.....	Mount Royal Park Incline Railway Co.
Four Dollars for Children of Ward H.....	McLean, Miss Ann'e
Linen for Patients.....	Ogilvie, Mrs. W. W.
Palms for Christmas Decorations.....	Penniston Bros.
Sub'n to Queen and Ladies' Pictorial for Nurses.....	Roddick, Dr. T. G.
Scrap Books.....	Sunday School American Presby. Church
Scrap Books.....	St. Gabriel Presbyterian Church
Linen.....	Walklate, Mrs.
Linen.....	Walklate, Mr.
Decorations.....	Wanklyn, Mrs. W. F.

The ladies of the Ministering Circle of the King's Daughters, and the Y.M.C.A. of St. George's Church have attended weekly during the year, and distributed books to the Protestant patients, and Miss Cassidy made weekly distributions of books to the Catholic patients.

The ladies of the Montreal Flower Mission have attended weekly during the summer months, and distributed flowers to the patients.

Dr. Ruttan has made frequent examinations of the milk supplied to the hospital

DEPARTMENT

Medical ..

Surgical ..

Gynæcologi

Eye and E

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DEPARTME

Medical ..

Surgical ..

Gynæcologi

Eye and E

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**TABLE OF STATISTICS.  
FOR THE YEAR 1898.**

*Admitted during the year, 2279—Males, 1185; Females, 1094.*

DEPARTMENT	TOTAL	MALES	FEMALES
Medical .....	950	513	437
Surgical .....	839	558	281
Gynæcological .....	271	....	271
Eye and Ear .....	219	114	105
—	—	—	—
	2279	1185	1094

*Discharged, Died and Remaining.*

DEPARTMENT	In Hospital 1st Jan'y 1898	Cured	Improv'd	Not Improved	Not Treated	Died	Remain'g 31st Dec. 1898
Medical .....	33	364	367	76	41	76	59
Surgical .....	45	539	156	13	92	34	50
Gynæcological	24	206	55	6	14	5	9
Eye and Ear..	13	137	67	8	5	....	15
—	—	—	—	—	—	—	—
	115	1246	645	103	152	115	133

Cost per day per patient, \$1.50.

Total number of days in Hospital, 58,303.

Average number of days per patient 25.7.

Medical.	Surgical.	Eye and Ear.	Gynæcological.
24.26	25.79	25.75	29.37

Total number of deaths in Hospital, 115. Died within 48 hours of admission, 25.

## THE ROYAL

## Statement of Income and Expenditure

## INCOME.

Balance from 1897.....	\$ 802 09
Dividends from Investments.....	74,375 30
Private Pay Patients' Fees.....	12,050 50
Public ".....	6,862 78
Out Door Department.....	222 35
Students' Fees.....	1,325 00
Sundries.....	185 36

## DONATIONS—

R. B. Angus.....	\$200 00
A. T. Paterson.....	100 00
Dominion Bridge Co.....	100 00
Dominion Transport Co.....	50 00
S. Carsley.....	25 00
Jas. Wilson.....	25 00
Chs. Cassils.....	20 00
Canon Evans.....	10 00
E. H. Botterell.....	10 00
Rev. Jas. Williams.....	5 00
J. Hooper.....	5 00
A Friend.....	5 00
A Friend.....	2 80
	<hr/>
	\$ 557 80
Cost of Nurses' Badges, from a Governor.....	240 30

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\$96,121 48

We have examined the books of the Royal Victoria Hospital and find that the above is a true statement of the income and expenditure of the said Hospital, for the year ending 31st Dec., 1898.

(Signed) I. G. OGDEN }  
 G. A. FARMER } *Honorary Auditors.*

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PROVISIONS—  
 Meat  
 Bread  
 Milk  
 Butter  
 Eggs  
 Fish  
 Groceries  
 Vegetables  
 Ice

SURGERY—  
 Drug  
 Dress  
 Instr  
 Wine  
 Soda  
 Amb  
 Path

DOMESTIC—  
 Fuel  
 Hard  
 Linen  
 Furni  
 Laun  
 Misc  
 Water

WAGES—  
 Nurs  
 Stew  
 Hous  
 Engin  
 Super  
 Dispe  
 Resid  
 Path

ESTABLISHMENTS—  
 Insur  
 Grun  
 Repai

MISCELLANEOUS—  
 Statio  
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 Cabs  
 Legal  
 Nurse

Applied to  
 and in

# VICTORIA HOSPITAL.

19

for the Year ending 31st December, 1898.

## EXPENDITURE.

### PROVISIONS—

Meat.....	\$ 5,292 10	
Bread and Flour.....	2,138 40	
Milk.....	3,582 22	
Butter and Cheese.....	2,101 74	
Eggs.....	1,204 19	
Fish and Poultry.....	2,622 01	
Groceries.....	2,728 45	
Vegetables and Fruit.....	2,228 58	
Ice.....	577 82	
		\$22,475 51

### SURGERY AND DISPENSARY—

Drugs.....	\$ 4,084 02	
Dressings and Bandages.....	2,095 88	
Instruments and Appliances.....	3,299 07	
Wines and Spirits.....	388 06	
Soda Water.....	258 25	
Ambulance Service and Funerals.....	469 00	
Pathological Department Supplies.....	362 83	
		10,957 11

### DOMESTIC—

Fuel and Light.....	\$11,383 87	
Hardware, Crockery, Brushes, etc.....	1,140 48	
Linens.....	1,823 82	
Furniture.....	1,117 10	
Laundry Supplies.....	240 33	
Miscellaneous Expense.....	1,306 73	
Water.....	1,095 38	
		18,113 71

### WAGES—

Nursing Department.....	\$10,458 73	
Steward's.....	5,038 36	
Housekeeper's.....	4,430 73	
Engineer's.....	3,239 16	
Superintendent's.....	3,149 88	
Dispenser's.....	980 46	
Resident Medical Staff.....	1,183 02	
Pathologists.....	666 64	
		29,146 98

### ESTABLISHMENT CHARGES—

Insurance.....	\$ 942 50	
Grounds.....	1,252 40	
Repairs to Buildings.....	3,261 89	
		5,456 79

### MISCELLANEOUS—

Stationery and Printing.....	\$ 1,085 32	
Telegrams and Postage.....	134 98	
Doctors' and Nurses' Library.....	91 12	
Cabs and Cars.....	49 31	
Legal Expenses.....	5 00	
Nurses' Badges.....	240 30	
		1,606 03

### EXTRAORDINARY EXPENDITURE.

Applied towards the cost of the erection of Buildings for the Out-Patient Department, and increased accommodation for Nurses and Resident Medical Staff.....	8,865 35
	<u>\$96,621 48</u>

\$96,621 48

ve is a true  
ec., 1898.

Auditors.

## Lady Superintendent's Report.

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*To the Governors*

*Royal Victoria Hospital:*

GENTLEMEN,

I beg to submit the following report of the Nursing Department of the Royal Victoria Hospital for the year 1898.

The staff consists of one Assistant Superintendent, one Night Superintendent, seven Head Nurses (graduates), and forty-five Pupils, making a total of fifty-four, an increase of three.

Four hundred applications for admission to the Training School have been received during the year. Of thirty-five Probationers admitted twenty-five were accepted as pupils.

Eight pupils left before the completion of their course.

A course of fifty-four lectures were delivered by the members of the Medical Staff, and twelve classes a week were held during the Session by the Superintendent and her Assistants. Examinations took place periodically.



On the 1st of October a teacher of Cookery was added to the Staff. Each pupil receives twenty-four lessons in the practice and theory of sick room cookery.

The course of training has now been lengthened to three years.

With one exception there has been no case of serious illness amongst the Nurses.

List of Graduates of the Royal Victoria Hospital:

Miss M. Feeney	Miss Goodhue
" L. Lewis	" Boulton
" Pomeroy	" Cooper
" Walters	" Amsberry
" Chandler	" Hastings
" Kimber	" Robins
" Clement	" R. Cross
" Russell	" F. Henderson
" Higginbotham	" R. Marshall
" Dawes	" B. Miller
" Taylor	" E. Jones
" Grant	" A. Bouchier
" A. Parks	" H. Sutherland
" Wills	" H. Gilmour
" A. Campbell	" K. Jones
" Owen	" L. Mackenzie
" Hamilton	" J. Sariol
" Henrietta Le Vesconte	" Mabel Lindsay
" Ethel Shaw	" Lilla Johnston
" Margaret Hannah	" Amy Magor
" Emily Freeland	" Adelaide Sims
" Annie Smith	" Ada Byfield
" Annie Hall	" Alice Stephen
" Amy Perry	" Bertha Maitland
Mrs. Alma Stanley	Mrs. Isobel Meredith
Miss Grace Mills	Miss Elizabeth Anton

During April the following class of eighteen passed their final examinations, making a total of fifty-two graduates since the opening of the School:

## LADY SUPERINTENDENT'S REPORT.

Miss Henrietta Le Vesconte	Miss Mabel Lindsay
" Ethel Shaw	" Lilla Johnston
" Margaret Hannah	" Amy Magor
" Emily Freeland	" Adelaide Sims
" Annie Smith	" Ada Byfield
" Annie Hall	" Alice Stephen
" Amy Perry	" Bertha Maitland
Mrs. Alma Stanley	Mrs. Isobel Meredith
Miss Grace Mills	Miss Elizabeth Anton

Respectfully submitted,

ANNIE MURRAY,  
*Lady Superintendent.*

Acco  
Acto  
Ager  
Appr

Baby

"

Bagg

Baili

Bake

Barb

Bar

Book

Bottl

Brak

Brew

Brick

Brok

Build

Butcl

Butle

Carp

Carri

Carte

Cash

Chec

Cigar

Civil

Clerg

Clerk

Coac

Colle

Cond

Cons

Cont

Cook

Coop

Cutte

## OCCUPATIONS OF PATIENTS.

Accountants.....	9	Draughtsmen .....	6
Actors .....	2	Dressmakers.....	19
Agents .....	14	Drivers .....	10
Apprentices.....	12	Drug Clerks.....	4
Baby Girls.....	52	Electricians .....	6
"    Boys.....	34	Engineers.....	5
Baggagemen.....	2	Factory Girls.....	30
Bailiffs.....	9	Farmers .....	12
Bakers .....	5	Farm Laborers.....	109
Barbers.....	3	Firemen.....	19
Bar Tenders .....	12	Fitters .....	6
Bookkeepers .....	24	Footmen .....	2
Bottle Dealers.....	2	Foremen .....	13
Brakemen .....	19	Fruit Vendors.....	6
Brewers.....	3	Gardeners .....	5
Bricklayers.....	2	Governesses .....	3
Brokers.....	3	Guardians .....	4
Builders .....	2	Grocers.....	9
Butchers .....	6	Hostler .....	1
Butlers .....	12	Hotel Keepers.....	6
Carpenters.....	30	Housemaids .....	19
Carriage Makers. ....	2	Housewives.....	506
Carters .....	25	Inspectors.....	4
Cashiers .....	2	Janitors .....	2
Checkers.....	4	Jockeys.....	13
Cigar Makers.....	3	Joiners .....	2
Civil Engineer .....	1	Journalist.....	1
Clergymen.....	5	Laborers.....	312
Clerks.....	62	Laundresses .....	4
Coachmen.....	4	Laundryman .....	1
Collectors .....	9	Lumbermen .....	4
Conductors .....	11		
Constables.....	4		
Contractors.....	2		
Cooks .....	24		
Cooper .....	1		
Cutters.....	5		

Machinists.....	34	Roofer .....	1
Managers .....	4	Sailors .....	5
Manufacturers.....	9	Salesmen .....	3
Masons .....	5	School Boys.....	76
Mechanics.....	13	School Girls.....	43
Merchants .....	2	Seamstresses.....	86
Milliners .....	8	Servants.....	191
Miners .....	2	Shipper .....	1
Motor Men .....	13	Shoemakers.....	3
Moulders .....	2	Steamfitters.....	2
News Boys.....	5	Stonecutters.....	3
Nurses .....	17	Storemen.....	9
Nurse Maids.....	3	Students .....	15
Operator .....	1	Switchmen .....	2
Office Boys.....	12	Tailoress .....	1
Orderlies.....	3	Tailors .....	11
Painters .....	4	Tanner .....	1
Peddlers .....	25	Teachers .....	26
Physicians.....	6	Tinsmiths.....	2
Plumbers .....	3	Tobacconist.....	1
Porters .....	4	Traders .....	4
Pilots.....	3	Travellers.....	3
Quarryman.....	1	Typewriter.....	1
Ranchman .....	1	Waiters.....	9
Registrars .....	2	Waitresses.....	10
		Washerwomen.....	22
		Weavers.....	2

## BIRTHPLACES OF PATIENTS.

Canada .....	1463	China .....	3
England .....	350	Sweden .....	3
Ireland .....	149	Austria .....	2
United States .....	133	Syria .....	2
Scotland .....	94	Turkey .....	1
France .....	29	Norway .....	1
Russia .....	10	Channel Islands .....	1
Germany .....	9	New Zealand .....	1
Newfoundland .....	8	Barbadoes .....	1
Italy .....	8		
West Indies .....	6		
Finland .....	5		
		2,279	

# REPORT OF THE MEDICAL DEPARTMENT,

For the Year ending December 31st, 1898.

By WILLIAM O. ROSE, M.D., SENIOR RESIDENT PHYSICIAN AND REGISTRAR.

DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec, 1898	Days in Hospital	
		Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
<b>DISEASES OF THE BLOOD AND CIRCULATORY SYSTEM.</b>												
<i>Total 100—Males 38, Females 62.</i>												
Anæmia, pernicious .. .. .	8	2	6	..	3	..	..	5	..	214	27	
Angina pectoris .. .. .	1	1	..	..	1	..	..	..	..	3	3	
Aneurism, thoracic .. .. .	1	1	..	..	..	1	..	..	..	11	11	
"    aortic and aortic regurgitation .. .. .	1	8	8	..	8	..	..	1	..	157	19.4	
Aortic regurgitation .. .. .	1	..	1	..	1	..	..	..	..	15	15	
Aortic and mitral regurgitation .. .. .	5	5	..	..	4	..	..	1	..	147	29.4	
"    "    "    and mitral stenosis .. .. .	2	2	..	..	1	..	..	1	..	60	30	
Aortic Stenosis and mitral regurgitation .. .. .	1	..	1	..	1	..	..	..	..	16	16	
Arterio-sclerosis .. .. .	4	4	..	..	2	1	..	1	..	129	32	
Chlorosis .. .. .	1	25	25	15	8	..	..	..	3	759	30.4	
Endocarditis, malignant .. .. .	1	..	1	..	..	..	..	1	..	81	81	
Leucæmia, splenic .. .. .	1	1	..	..	..	1	..	..	..	16	16	
Mitral regurgitation .. .. .	10	2	8	..	9	..	1	..	..	211	21	
Mitral stenosis .. .. .	2	1	1	..	..	..	..	..	2	43	21.5	
"    and regurgitation .. .. .	9	6	3	..	3	..	..	5	1	337	37.5	
"    chronic bronchitis and ulcerative colitis .. .. .	1	..	1	..	..	..	..	1	..	8	8	
Mitral stenosis and epilepsy .. .. .	1	..	1	..	1	..	..	..	..	5	5	
"    "    hemiplegia .. .. .	1	..	1	..	1	..	..	..	..	33	33	
"    "    melancholia .. .. .	1	..	1	..	..	..	..	1	..	36	36	
Myocarditis .. .. .	10	4	6	..	3	1	..	4	2	169	16.9	
"    with Glycosuria .. .. .	1	..	1	..	1	..	..	..	..	73	73	
"    and chronic int. nephritis .. .. .	3	..	3	..	1	..	..	2	..	37	12	
Pericarditis, with effusion .. .. .	1	..	1	1	..	..	..	..	..	52	52	
"    and plenrisy, with effusion .. .. .	1	..	1	..	..	..	..	1	..	5	5	
Tachycardia .. .. .	1	1	..	..	1	..	..	..	..	11	11	
Forward .. .. .	2	100	38	62	16	49	4	1	24	8	2628	

**DISEASES OF**  
*Total 151—*

Asthma ..  
Abscess of  
Bronchitis,  
"  
"    physema  
Empyema  
Laryngitis,  
Pleurisy, d  
"    tr  
"    w  
Pneumonia  
"  
Pneumonia  
risy with  
Pneumonia  
ditis with  
Pneumonia  
caemia  
Pneumonia  
"  
with my  
Pneumotho  
Pyo-pneum  
Phthisis, ch  
"  
"

**DISEASES OF**  
*Total 235—*

Anorexia n  
Anterior p  
Bulbar par  
Cephalalgia  
"  
antrium ..  
Cerebral tu  
"    th  
"    sy  
Cerebral ha



DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
		Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
Forward . . . . .	6	280	140	140	78	128	18	4	37	21	6943	..
<i>Diseases of the Nervous System.—Con.</i>												
Chorea . . . . .	..	4	2	2	3	1	..	..	..	..	76	19
" with mitral regurgitation . . . . .	..	1	..	1	1	..	..	..	..	..	54	54
Dementia, subacute . . . . .	..	3	2	1	..	2	..	1	..	..	94	31
" post epileptic . . . . .	..	1	1	..	..	..	1	..	..	..	41	41
Delirium following trauma . . . . .	..	2	2	..	2	..	..	..	..	..	9	4.5
Diplegia, infantile . . . . .	1	2	1	1	..	2	1	..	..	..	63	21
Epilepsy, major . . . . .	1	15	13	2	..	9	2	3	..	2	416	26
" minor . . . . .	..	3	2	1	..	1	1	1	..	..	47	15.7
Functional sciatic neurosis . . . . .	..	1	..	1	1	..	..	..	..	..	47	47
Hæmatomyelia . . . . .	..	1	..	1	..	..	..	..	..	1	102	102
Hemianalgesia, functional . . . . .	..	1	1	..	..	..	1	..	..	..	14	14
Hemiplegia from thrombosis . . . . .	..	7	4	3	..	3	1	..	2	1	194	27
Hydrocephalus . . . . .	..	1	1	..	..	..	..	1	..	..	8	8
Hysteria . . . . .	..	34	3	31	4	21	3	2	..	4	841	24.7
Hystero-epilepsy . . . . .	..	2	1	1	1	1	..	..	..	..	100	50
Insomnia . . . . .	..	1	1	..	1	..	..	..	..	..	7	7
Insular-sclerosis . . . . .	..	3	3	..	..	1	1	..	..	1	63	21
Mania, religious . . . . .	..	2	..	2	..	..	..	2	..	..	8	4
Melancholia . . . . .	..	5	2	3	1	1	2	1	..	..	82	16.4
Menière's disease . . . . .	..	1	..	1	..	1	..	..	..	..	1	1
Meningitis, with cerebral ab- scess . . . . .	..	1	1	..	..	..	..	..	1	..	1	1
Meningitis, influenzal . . . . .	..	1	..	1	..	..	..	..	1	..	2	2
" epidemic cerebro- spinal . . . . .	..	1	..	1	..	..	..	..	1	..	2	2
Meningitis, subacute . . . . .	..	1	1	..	1	..	..	..	..	..	40	40
" tubercular . . . . .	..	5	5	..	..	..	..	5	..	..	19	3.8
Meningo myelitis . . . . .	..	1	1	..	..	1	..	..	..	..	81	81
Myelitis, chronic . . . . .	1	..	..	..	..	1	..	..	..	..	86	86
Muscular atrophy, myelopathic. " " myopathic . . . . .	..	2	2	..	..	..	2	..	..	..	40	20
Neuralgia, trifacial . . . . .	..	4	3	1	1	1	1	..	..	1	70	17.5
" occipitocervical . . . . .	..	1	..	1	..	1	..	..	..	..	17	17
" intercostal . . . . .	..	1	..	1	1	..	..	..	..	..	26	26
" crural . . . . .	..	1	..	1	..	..	..	..	1	..	..	..
Neurasthenia . . . . .	1	48	29	19	4	37	4	..	..	4	896	18.7
Neuritis, multiple, with pulmon- ary abscess . . . . .	..	1	1	..	..	..	..	..	..	1	1	1
Neuritis, traumatic, of long thoracic nerve . . . . .	..	1	1	..	..	1	..	..	..	..	8	8
Neuritis, brachial . . . . .	..	2	2	..	1	1	..	..	..	..	96	48
Forward . . . . .	10	442	226	216	100	213	39	16	47	37	10599	..

*Diseases of the Nervous System.*

Neuritis of nerves . . .  
Neuritis, lea . . .  
" mu . . .  
Ophthalmop . . .  
Paralysis agit . . .  
" of t . . .  
Paraplegia, s . . .  
" a . . .  
" f . . .  
Pontine tum . . .  
Porencephalu . . .  
Sciatica, acu . . .  
" chro . . .  
Tabes dorsa . . .  
Torticollis, s . . .  
Vertigo . . . . .

DISEASES OF THE  
Total 121—M

Carcinoma of . . .  
" . . .  
Cholelithiasis . . .  
Cirrhosis, atr . . .  
" hy . . .  
Constipation . . .  
Diarrhoea, ac . . .  
" ch . . .  
Dysentery, ch . . .  
Enteralgia . . .  
Enteritis . . .  
Gastritis, acu . . .  
" sub . . .  
" chro . . .  
" . . .  
Gastralgia . . .  
Gastric ulcer . . .  
Hyperchlorid . . .  
Intussusceptio . . .  
Jaundice, cata . . .



31st Dec., 1898	Days in Hospital		DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
	Total	Daily Average			Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
6943	..		Forward.....	10	442	226	216	100	213	39	16	47	37	10599	..
<i>Diseases of the Nervous System.—Con.</i>															
76	19		Neuritis of ulnar and median nerves.....	1	1	..	..	..	1	..	..	..	..	14	14
54	54		Neuritis, lead.....	1	1	..	..	1	..	..	..	..	..	37	37
94	31		" multiple peripheral.....	2	2	..	..	1	..	..	..	1	..	7	3.5
41	41		Ophthalmoplegia.....	1	1	..	..	1	..	..	..	..	..	12	12
9	4.5		Paralysis agitans.....	1	1	..	..	1	..	1	..	..	..	90	90
63	21		" of trapezius.....	1	1	..	..	1	..	..	..	..	..	2	2
416	26		Paraplegia, spastic.....	2	1	1	..	2	..	..	..	..	..	42	21
47	15.7		" ataxic.....	1	1	..	..	1	..	..	..	..	..	30	30
47	47		" functional.....	1	..	..	1	..	..	..	..	..	..	46	46
102	102		Pontine tumor.....	1	1	..	..	..	1	..	..	..	..	41	41
14	14		Porencephalus.....	2	..	2	..	..	..	2	..	..	..	16	8
194	27		Sciatica, acute.....	2	2	..	2	..	..	..	..	..	..	52	26
8	8		" chronic.....	14	8	6	4	10	..	..	..	..	..	332	23
841	24.7		Tabes dorsalis.....	11	10	1	..	8	1	..	1	1	..	202	18
100	50		Torticollis, spasmodic.....	2	2	..	..	1	..	1	..	..	..	45	22.5
7	7		Vertigo.....	2	2	..	1	..	1	..	..	..	..	35	17.5
63	21														
8	4														
82	16.4		<b>DISEASES OF THE DIGESTIVE SYSTEM.</b>												
1	1		<i>Total 121—Males 50, Females 71.</i>												
1	1		Carcinoma of stomach.....	10	7	3	..	2	7	..	1	..	..	67	6.7
2	2		" oesophagus.....	3	2	1	..	..	2	2	1	..	..	35	11.7
2	2		Cholelithiasis.....	2	..	2	..	1	..	1	..	..	..	3	1.5
40	40		Cirrhosis, atrophic.....	7	4	3	..	3	2	..	2	..	..	327	46.7
19	3.8		" hypertrophic.....	3	1	2	..	1	..	1	1	..	..	51	17
81	81		Constipation.....	2	..	2	1	1	..	..	..	..	..	13	6.5
86	86		Diarrhoea, acute.....	2	1	1	2	..	..	..	..	..	..	16	8
40	20		" chronic.....	4	2	2	1	1	..	..	..	2	..	52	13
4	4		Dysentery, chronic.....	5	4	1	2	3	..	..	..	..	..	125	25
70	17.5		Enteralgia.....	3	..	3	2	1	..	..	..	..	..	58	19
17	17		Enteritis.....	4	2	2	3	..	..	..	1	..	..	25	6
26	26		Gastritis, acute.....	5	5	..	5	..	..	..	..	..	..	53	10.6
..	..		" subacute.....	9	2	7	8	1	..	..	..	..	..	171	17
..	..		" chronic.....	10	4	6	1	8	1	..	..	..	..	171	17
896	18.7		" with dilatation.....	3	3	..	..	2	1	..	..	..	..	83	27
1	1		Gastralgia.....	1	..	1	1	..	..	..	..	..	..	13	13
8	8		Gastric ulcer.....	1	18	17	10	6	1	..	..	2	..	543	30
96	48		Hyperchloridia.....	2	2	..	..	2	..	..	..	..	..	46	23
..	..		Intussusception of bowel.....	3	..	3	..	..	1	2	..	..	..	12	4
..	..		Jaundice, catarrhal.....	3	1	2	1	2	..	..	..	..	..	107	35.7
10599	..		Forward.....	12	585	301	284	145	273	57	25	54	43	13573	..

DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec, 1898	Days in Hospital	
		Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
Forward....	12	585	301	284	145	273	57	25	54	43	13573	..
<i>Diseases of the Digestive System.—Con.</i>												
Marasms from hyperemesis of pregnancy .....	..	I	..	1	..	..	..	..	1	..	17	17
Mucus colitis, with neurasthenia. ....	..	I	..	1	..	I	..	..	..	..	15	15
Pancreatitis, chronic .....	..	I	1	..	..	I	..	..	..	..	6	6
Pernicious vomiting .....	..	I	..	1	..	..	..	..	..	I	11	11
Stomatitis, simple .....	..	2	..	2	1	I	..	..	..	..	61	30
" mercurial .....	..	I	..	1	..	I	..	..	..	..	7	7
Tonsillitis, acute follicular .....	1	12	7	5	12	I	..	..	..	..	122	10
" " suppurative .....	1	3	1	2	3	I	..	..	..	..	38	12
<b>GENITO-URINARY DISEASES.</b>												
<i>Total 32—Males 18, females 14.</i>												
Endometritis .....	..	I	..	1	..	..	..	..	I	..	2	2
Hæmaturia .....	..	I	1	..	..	..	..	..	I	..	10	10
Nephritis, acute .....	..	4	2	2	2	2	..	..	..	..	138	34.5
" subacute, with uræmia .....	..	I	1	..	I	..	..	..	..	..	47	47
" " parenchymatous .....	2	I	1	..	I	2	..	..	..	..	155	51
Nephritis, chronic parenchymatous .....	..	6	3	3	..	2	..	..	4	..	104	17.3
Nephritis, chronic interstitial ..	..	14	8	6	..	8	I	..	2	3	557	39
Nocturnal enuresis .....	..	I	1	..	..	I	..	..	..	..	22	22
Pruritus vulvi .....	..	I	..	1	..	I	..	..	..	..	7	7
Pyosalpingitis .....	..	I	..	1	..	I	..	..	..	..	13	13
Urethritis, gonorrhœal .....	..	I	1	..	..	..	..	..	I	..	2	2
<b>SKIN DISEASES</b>												
<i>Total 4—Males 4, Females 0.</i>												
Chronic eczema .....	..	I	1	..	..	I	..	..	..	..	14	14
Dermatitis of scalp .....	..	I	1	..	1	..	..	..	..	..	3	3
Erythema, simple .....	..	I	1	..	1	..	..	..	..	..	8	8
Senile pruritus .....	..	I	1	..	..	..	I	..	..	..	34	34
<b>INFECTIOUS AND FEBRILE DISEASES</b>												
<i>Total 147—Males 87, Females 60.</i>												
Diphtheria .....	..	5	2	3	2	..	..	2	..	I	38	7.6
Epidemic parotitis .....	..	I	..	1	1	..	..	..	..	..	22	22
Erysipelas .....	1	..	..	..	1	..	..	..	..	..	10	10
Febriçula .....	1	12	6	6	12	I	..	..	..	..	158	13
Forward....	18	661	340	321	183	298	59	30	61	48	15194	..

DI  
*Infectious and*  
Influenza...  
Malaria...  
Measles...  
Miliary tuber...  
" "  
Septicæmia...  
Typhoid fever...  
Varicella and  
**GENERAL**  
*Total 118—Ma*  
Carcinoma, g...  
Diabetes, mel...  
Erythema no...  
Goitre, exoph...  
Glycosuria...  
Hodgkin's dis...  
Lumbago...  
Myalgia...  
Myxœdema...  
Rachitis...  
Rheumatism...  
" "  
" "  
" "  
Rheumatoid a...  
P...  
*Total 26—Ma*  
Acute alcoholi...  
Acute arsenica...  
Chronic alcoh...  
Lead, chronic...  
Morphine...  
Strychnine...  
Tobacco...  
Unclassified...

31st Dec., 1898	Days in Hospital		DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
	Total	Daily Average			Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
43	13573	..	Forward....	18	661	340	321	183	298	59	30	61	48	15194	..
			<i>Infectious and Febrile Diseases</i>												
			—Con.												
			Influenza.....	2	24	9	15	23	..	1	1	..	1	247	10.3
17	17		Malaria.....	..	3	2	1	3	..	..	..	..	..	36	12.
15	15		Measles.....	..	2	1	1	1	..	..	1	..	..	13	6.5
6	6		Miliary tuberculosis.....	..	2	1	1	..	..	..	..	2	..	21	10.5
11	11		" " with serous tuberculosis	..	..	..	..	..	..	..	..	..	..	..	..
61	30		Septicæmia.....	1	..	..	..	..	..	..	..	1	..	106	106.
7	7		Typhoid fever.....	1	7	2	5	4	..	1	..	3	..	176	25
122	10		Varicella and tonsillitis.....	5	90	63	27	89	..	..	..	4	2	3703	41
38	12			..	1	1	..	1	..	..	..	..	..	30	30
			<b>GENERAL DISEASES</b>												
			Total 118—Males 66, Females 52.												
			Carcinoma, general.....	..	2	2	..	..	..	..	..	2	..	45	22.5
10	10		Diabetes, mellitus.....	..	8	6	2	..	2	2	1	2	1	129	16.
138	34.5		Erythema nodosum.....	..	2	..	2	2	..	..	..	..	..	34	17
47	47		Goitre, exophthalmic.....	..	4	..	4	..	4	..	..	..	..	88	22
			Glycosuria.....	..	3	3	..	1	..	2	..	..	..	56	18.7
			Hodgkin's disease.....	..	2	2	..	..	1	1	..	..	..	66	33.
			Lumbago.....	..	9	5	4	5	3	..	1	..	..	92	10.
			Myalgia.....	..	1	1	..	..	..	..	1	..	..	1	1
104	17.3		Myxœdema.....	..	1	..	1	..	1	..	..	..	..	16	16
557	39		Rachitis.....	1	..	..	..	1	..	..	..	..	..	1	1
22	22		Rheumatism, acute.....	1	20	8	12	16	2	..	..	..	..	15	15
7	7		" subacute.....	..	10	7	3	8	1	..	..	..	3	359	18
13	13		" " with pericarditis.....	..	1	1	..	..	1	..	..	..	..	125	12.5
2	2		" " chronic.....	1	12	8	4	1	12	..	..	..	..	48	48.
			" " gonorrhœal.....	1	20	14	6	3	14	4	..	..	..	283	23.6
			Rheumatoid arthritis.....	1	23	9	14	..	19	4	..	1	..	595	26.7
				..	1	..	..	..	..	..	..	..	..	776	36.3
			<b>POISONS</b>												
			Total 26—Males 21, Females 5.												
			Acute alcoholism.....	..	15	13	2	10	3	..	1	1	..	129	8.6
			Acute arsenical poisoning.....	..	1	1	..	1	..	..	..	..	..	5	5
			Chronic alcoholism with aphasia.....	..	1	1	..	1	1	..	..	..	..	12	12
			Lead, chronic.....	..	4	3	1	4	4	..	..	..	..	141	35.2
1	38	7.6	Morphine.....	..	1	..	1	1	..	..	..	..	..	9	9
	22	22	Strychnine.....	..	1	1	..	1	..	..	..	..	..	1	1
	10	10	Tobacco.....	..	1	1	..	..	..	..	..	..	..	19	19
	158	13	Unclassified.....	..	2	1	1	2	..	..	..	..	..	3	1.5
48	15194	..	Forward.....	32	934	506	428	360	362	74	36	76	58	22573	..

DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
		Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
Forward . . . . .	32	934	506	428	360	362	74	36	76	58	22573	..
<b>MISCELLANEOUS DISEASES</b>												
<i>Total 16—Males 7, Females 9.</i>												
Adenitis, axillary . . . . .		I	..	I	I	..	..	..	..	..	3	3
" cervical . . . . .		I	..	I	..	..	..	*I	..	..	7	7
" inguinal . . . . .		I	I	..	..	..	..	*I	..	..	13	13
Abscess of thigh . . . . .		I	..	I	..	..	..	*I	..	..	5	5
Cellulitis of face . . . . .		I	..	..	I	..	..	..	..	..	6	6
" leg . . . . .		I	..	I	..	..	..	*I	..	..	1	1
Infantile atrophy . . . . .		2	..	2	..	I	..	..	..	I	53	26.5
Marasmus and enuresis . . . . .		I	I	..	I	..	..	..	..	..	36	36.
Masturbation . . . . .		I	I	..	..	I	..	..	..	..	26	26
Nurse and child . . . . .		I	..	I	..	..	..	I	..	..	4	4
Otitis media, acute . . . . .		I	..	I	..	..	..	*I	..	..	4	4
" with mastoiditis . . . . .		I	..	I	..	..	..	*I	..	..	4	4
Pharyngitis . . . . .		I	I	..	I	..	..	..	..	..	4	4
Secondary syphilis, with iritis . . . . .		I	I	..	..	I	..	..	..	..	45	45
Syphilitic pharyngitis . . . . .		I	I	..	..	I	..	..	..	..	3	3
Tuberculous ulcer of tongue . . . . .		I	I	..	..	I	..	..	..	..	16	16
Total . . . . .	33	950	513	437	364	367	76	41	76	59	22823	..

\*Transferred to Surgical Department.

Remaining 1st January, 1898 . . . . .	33
Admitted during 1898 . . . . .	950
	983
Discharged, cured . . . . .	364
" improved . . . . .	367
" unimproved . . . . .	76
Not treated . . . . .	41
Died . . . . .	76
Remaining . . . . .	59
	983
Average number of days in Hospital per patient . . . . .	24.26

Anaem  
Aortic  
Aortic  
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Bronch  
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Diabet  
Endoc  
Fever,  
Hæmo  
Menin  
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Mitral  
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Myoca  
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Neph  
"  
Neurit  
Perica  
Pneum  
"  
"  
Tabes  
Throm  
Tuber  
"  
Septic

Remaining 31st Dec., 1898	Days in Hospital	
	Total	Daily Average
58	22573	..
..	3	3
..	7	7
..	13	13
..	5	5
..	6	6
..	1	1
1	53	26.5
..	36	36
..	26	26
..	4	4
..	4	4
..	4	4
..	4	4
..	45	45
..	3	3
..	16	16
59	22823	..

## CAUSES OF DEATHS IN THE MEDICAL DEPARTMENT.

Anæmia, pernicious.....	5
Aortic aneurism and aortic regurgitation.....	1
Aortic and mitral regurgitation.....	1
"    "    "    and mitral stenosis.....	1
Acute alcoholism.....	1
Arterio sclerosis.....	1
Bronchitis, chronic, with emphysema.....	1
Carcinoma, general.....	2
"    of œsophagus.....	1
"    stomach.....	1
Cirrhosis, atrophic.....	2
"    hypertrophic.....	1
Diabetes, mellitus.....	2
Endocarditis, acute, malignant.....	1
Fever, typhoid.....	4
Hæmorrhage, cerebral.....	1
Meningitis, influenzal.....	1
"    with cerebral abscess.....	1
"    epidemic cerebro spinal.....	1
"    tubercular.....	5
Mitral stenosis and regurgitation.....	5
"    "    melancholia.....	1
"    "    chronic bronchitis and entero-colitis.....	1
Myocarditis.....	4
"    and chronic interstitial nephritis.....	2
Nephritis, chronic intersitial.....	2
"    "    parenchymatous, with uræmia.....	4
Neuritis, multiple peripheral with abscess of lung.....	1
Pericarditis and pleurisy, with effusion.....	1
Pneumonia, acute, lobar.....	2
"    "    "    with pericarditis with effusion.....	1
"    "    broncho.....	2
"    "    "    with gastro enteritis.....	1
"    tubercular broncho, with myelitis.....	1
Tabes dorsalis.....	1
Thrombosis, ecrebral.....	3
Tuberculosis, chronic pulmonary.....	4
"    acute miliary.....	2
"    general serous.....	1
Septicæmia.....	3

## REPORT ON THE CASES OF TYPHOID FEVER.

BY WILLIAM O. ROSE, M.D. (SENIOR RESIDENT PHYSICIAN.)

During the year 1898 there were treated in the wards of this Hospital ninety-five cases of typhoid fever, sixty-six males and twenty-nine females. Of these cases ninety-three were treated to a conclusion, the remaining two cases are still in the Hospital and both convalescent. They are not included in the following notes.

There were four deaths, or a mortality of 4.3%. Death resulted in two of the cases from profound intoxication, in one from hæmorrhage, and in the fourth from perforation.

On an average, patients were admitted on the tenth day of the disease.

The following data may be of interest :—

*Age—*

The average age of all the cases was twenty-five years, the youngest four years and the oldest fifty-eight.

By decades they would be arranged as follows :—

Under 10 years .....	5 cases.
Between 10 and 20.....	20 "
"    20 and 30.....	50 "
"    30 and 40.....	9 "
"    40 and 50.....	7 "
Over 50 years .....	2 "

*Season—*

The largest number of cases developed in September, while the smallest number occurred in March and in November.

65 per cent. of the cases developed in July, August and September.

14 per cent. in October, November and December.

14 per cent. in April, May and June

7 per cent. in January, February and March.

*Duration of Cases—*

The average number of days in the Hospital was 38.16.

The average duration of the fever was 29 days.

The longest period of fever was 68 days.

The shortest period of fever was 8 days.

*Symptoms—*

## ONSET AND COURSE :

In 94 per cent. of cases the onset was gradual, the most frequent symptoms being : General malaise, frontal headache, anorexia, weakness, pain in the back, chilly sensations, and insomnia. Of these by far the most frequent were general malaise and frontal headache.

In two cases the principal complaint was pain in the neck.

In 6 per cent. of the cases the onset was acute with distinct rigor.

Chills occurred at or near the onset of the disease in 15 per cent. of the cases.

In 30 per cent. vomiting occurred during the first few days of the disease. In several cases it was, however, due to other causes such as pregnancy.

*Diarrhoea* was present at the onset in 25 per cent. of the cases, but in not one case did it persist throughout the course of the disease and consequently enemata were given as a routine practice.

*Epistaxis* occurred in 10% of cases.

*Delirium* was present at some time or another in 11% of the cases. It was a very marked feature in all the fatal cases. In one case acute dementia developed on the tenth day of disease, and patient became cataleptic and could not be induced to speak for six days.

## ERUPTION :

An eruption occurred in 75% of the cases ; in one case the eruption was the so called "tache bleuâtre," and in another case it was petechial, while in all the remaining cases it was of the nature of "rose spots."

The earliest appearance of the rash was on the 3rd day.

The latest " " " " 60th day.

The shortest duration of the rash was 2 days.

The longest " " " 53 days.

The average " " " 12 days.

## SPLEEN :

The spleen was palpable in 64% of the cases.

In one case it was palpated as early as the 3rd day.

In another case it was not palpable until the 28th day.

On an average the spleen remained palpable for 14 days.

In one case it was only palpable for two days, while in another it could be palpated for 37 days.

## RELAPSE :

A definite relapse occurred in six cases.

The longest duration of the relapse was 32 days.

The shortest duration of the relapse was 11 days.

The average duration of the relapse was 19 days.

In two of the cases the relapse was much more severe than the original attack.

## FEVER :

- The highest temperature in any of the cases was 106°.
- In one case the fever did not go above 100 2/5°.
- The average maximum temperature in all the cases was 103 4/5°.
- In 50% of the cases the temperature went above 104°.

## Complications—

## INTESTINAL :

- Perforation of the bowel occurred in one case on the eleventh day. (See appended notes Case III.)
- Intestinal hæmorrhage occurred in five cases,—in one case on the eighteenth day of fever and proved fatal; in the remaining cases recovery took place, although in one the loss of blood was very great.

## CIRCULATORY :

- Cardiac dilatation was noted in two cases.
- Systolic murmurs were noted in only four cases.
- Femoral phlebitis occurred in one case, and brachial phlebitis in one case.
- Tachycardia was present in two cases during convalescence.
- Angio neurotic oedema occurred in one case.

## RESPIRATORY :

- Broncho-pneumonia was present in two cases.
- Pulmonary oedema in one case.
- Pleurisy occurred in two cases, in one of which it was an alternating pleurisy.
- Tuberculosis was a complication in two cases.
- Bronchitis was marked at onset in thirty-two cases.

## OTHER SYSTEMS :

- Acute nephritis occurred in two cases.
- Otitis media in two cases.
- Secondary syphilis in one case.
- Pregnancy about the fourth month was a complication in two cases. Although hydrotherapy was resorted to in both cases the pregnancy was not interrupted.

## LATE COMPLICATIONS :

- Two of the patients were seen some months after leaving the hospital, both suffering from periostitis of the ribs.

## WIDAL TEST :

- This was employed in all cases and was positive in all but two cases. It was obtained in one case on the third day and was as a rule present on admission, *i.e.*, about the tenth or eleventh day of the fever. On an average it was found to be present as late as the thirtieth day. In one case it was present as late as the sixty-first day. It was found to be of considerable value in the differential diagnosis of some cases where the early symptoms pointed to tuberculous meningitis, septicæmia, etc.



## Synopsis of fatal cases :

**CASE I.**—F. B., male, *Æt.* 19, student.

Admitted April 11th, 1898. No history obtained.

On admission he was extremely delirious, subsultus tendinum very marked, constantly trying to get out of bed, picking at the bed clothes, etc. Insomnia; constipation; retention of urine; spleen palpable; rose spots over abdomen; widal test positive.

## SUBSEQUENT EVENTS :

On the second day after admission he was still profoundly comatose, unable to take nourishment or medicine, so was given nutrient enemata. On the fourth day the delirium began to pass off. Pulse 130, weak and irregular. On seventh day there was a discharge of pus from right ear. On eleventh day patient became very weak, extremities cold and cyanosed, No delirium. Patient gradually became weaker and more cyanosed. He again became delirious. Pulse finally became imperceptible at the wrist and patient died on the thirteenth day after admission.

Cause of death—toxæmia.

**Case II.**—Male, *Æt.* 34, laborer.

Admitted Aug. 4th, 1898, on the tenth day of illness, complaining of headache, backache, anorexia, insomnia and diarrhœa. He had been delirious at times since the third day of his illness, when he took to bed.

On admission, a poorly nourished man, very weak, and at times quite delirious, and when not so his statements were utterly unreliable; profuse eruption of rose spots over abdomen; slight bronchitis; no abdominal rigidity or tenderness. Urine containing albumen, granular and hyaline casts. Widal test positive. T. 102.2°, P. 120, R. 32.

## SUBSEQUENT EVENTS :

After admission patient continued delirious for about six days, and had very laboured respiration. Constipation was a marked feature. On the 7th day after entering the hospital he was more rational, and felt better; complained of no pain, and seemed to be doing nicely. Suddenly, however, on the 8th day, *i.e.* 18th day of fever, he had severe abdominal pain, and passed 3viiiij. of dark clotted blood; patient sank rapidly, and in six hours the T. dropped from 102.2° to 95.2°; pulse hardly perceptible. Death ensued in about nine hours.

Autopsy showed that the last six inches of the ileum was almost entirely denuded of mucosa in its entire circumference. The whole of the ileum and large intestine was filled with blood. Spleen, bile and mesenteric glands gave a pure culture of the typhoid bacillus.

**Case III.** J. M., *Æt.* 22, cabman.

Admitted Sept. 7th, 1898, on the 4th day of illness, complaining of pains in the neck and abdomen and general weakness. These symptoms came on after a drinking bout, and he was compelled to go to bed on the second day.

On admission, a well nourished young man ; tongue coated ; bowels constipated ; slight abdominal tenderness ; spleen extends an inch below costal margin ; urine containing a trace of albumen T. 102.2°, P. 84, R. 24.

SUBSEQUENT EVENTS :

For three days after admission patient seemed to be doing well. Pulse was regular and strong. On the 5th day there was slight cyanosis, otherwise his condition was good. Seven days after admission, *i. e.* the 11th day of disease, patient complained of severe pain in lower abdominal region after urination. Three hours after, he vomited a large quantity of greenish fluid. On the 8th day the pain continued and the abdomen became distended and rigid, especially on the right side. Liver dulness slightly diminished. Considerable hiccoughing. On 9th day, *i. e.* the 13th day of fever, distension was more marked. Liver dulness obliterated. Abdomen very rigid. Patient became delirious, deeply cyanosed, copious perspiration ; pulse 180 and very weak. Death occurred 42 hours after onset of pain.

Cause of death—Perforation.

CASE IV.—J. A. W., *Æt.*, 23, clerk.

Admitted October 5th, 1898, on the eighth day of illness, complaining of headache, fever and anorexia. Patient had been an epileptic for thirteen years, and during that time had been constantly taking very large doses of chloral and the bromides.

On admission, a fairly well nourished man of average build ; slightly cyanosed ; low muttering delirium ; subsultus tendinum very marked ; “rose spots” over chest and abdomen ; some œdema of the bases of lungs. Teeth covered with sordes ; tongue dry and coated ; abdomen distended ; albumen and a few granular casts in the urine. T. 102 ; P. 120 ; R. 34.

SUBSEQUENT EVENTS :

Patient continued in this typhoid state with involuntary urination and defecation. Pulse very weak and rapid. He became gradually weaker, and pulse went up to 170, and was hardly perceptible. Death occurred thirteen days after admission, *i. e.*, the twenty-first day of disease.

Cause of death—Toxæmia.

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### TABLE OF CASES OF TYPHOID FEVER

*Admitted into the Royal Victoria Hospital during the five years ending December 31st, 1898.*

YEAR	NUMBER OF CASES	NUMBER OF DEATHS	PERCENTAGE MORTALITY
1894.....	84	3	3.5
1895.....	84	4	4.7
1896.....	72	0	0.0
1897.....	75	7	9.3
1898.....	93	4	4.3
Totals .....	408	18	4.4

### CAUSES OF DEATH IN 18 CASES.

	1894	1895	1896	1897	1898	Percentage Mortality
Perforation .....		3		2	1	1.47
Intoxication.....	1			2	2	1.22
Hæmorrhage.....	1			1	1	.72
Septico-Pyæmia.....		1				.24
Suppurative Cholecystitis.....				1		.23
Broncho Bromine.....	1					.24
Abdominal Distension.....				1		.24

## REPORT ON THE CASES OF PNEUMONIA

BY H. B. CUSHING, B.A., M.D. (RESIDENT PHYSICIAN).

During the year 1898 there were treated in the medical wards of the Hospital 46 cases of pneumonia, of whom 24 were males and 22 females. There were in all 6 deaths, or 13 per cent.

The cases may be classified as follows : 34 cases of acute lobar pneumonia, with 3 deaths ; 11 cases of acute broncho-pneumonia, with 2 deaths, and one fatal case of tuberculous broncho-pneumonia.

Comparing these figures with previous records we find that there have been treated in the Royal Victoria Hospital during the past five years 155 cases of lobar pneumonia, with a total mortality of 32, *i.e.*, 20 per cent. In the same period there have been 30 cases of broncho-pneumonia, with 8 deaths, *i.e.*, 26 $\frac{2}{3}$  per cent.

The following data are of interest in regard to the 34 cases of acute lobar pneumonia :—

### *Etiology—*

AGE.—The average age was 24 years, the oldest patient being 75 years and the youngest 11 months. Twelve cases were under 10 years ; from 10 to 20 there were five cases ; from 20 to 40, 13 cases, and over 50 years, three cases.

SEASON.—Fifty-three per cent. of the cases occurred during the spring months, March, April and May ; 33 per cent. during the fall months, October, November and December.

EXPOSURE.—In 24 per cent. of the cases there was a history of unusual exposure to cold or wet immediately preceding the onset of the illness.

INFECTION.—Two cases were received from a family in which three persons were sick with pneumonia at the same time. In no other instance was there any history of possible infection.

PREDISPOSING CAUSES.—Twelve per cent. were suffering from disease of the upper respiratory passage immediately before the onset. Two cases were ascribed to a preceding attack of influenza. One case occurred in a person debilitated from typhoid fever. In two cases there was a history of alcoholism. Three cases had suffered from previous attacks of pneumonia.

*Onset—*

**CHILL.**—In 30 per cent. this was the first symptom. The average duration was about half an hour. In 18 per cent. there were chilly feelings at the onset without a definite rigor.

**PAIN.**—Was the commonest symptom of onset. It was present early in the disease in 75 per cent. of the cases. Taking the average of all cases it began on the second day. In 35 per cent. of the cases it was very severe, requiring special treatment. In almost all the cases it was situated in the vicinity of the pulmonary lesion. In three cases it was referred to the abdomen.

**VOMITING.**—Occurred early in 30 per cent. of the cases. In one case it was very severe, and continued till the crisis of the disease.

**COUGH.**—Was present at the onset in 36 per cent. of the cases. In all instances it was hard and painful.

Anorexia, malaise and feverishness were present from the onset in all cases.

Delirium occurred on the first day in four cases.

In 15 per cent. of the cases the onset was gradual, with malaise and loss of appetite.

Two cases walked up to the Hospital on the second and fourth days of disease respectively.

One patient, a Pullman car porter, travelled all the way from the Pacific Coast, after the onset, which was marked by a typical chill; the crisis occurred the day after his admission to the Hospital, and he made a good recovery.

*Symptoms and Course—*

The average duration of fever was ten days. Shortest course was four days, ending by crisis. The longest uncomplicated case was 21 days, when each lung was involved successively.

**PART INVOLVED.**—Lower lobes were involved in 78 per cent. of the cases, the upper lobes in 22 per cent. The right lung in 28 cases, the left lung in 13 cases, both lungs in three cases.

**SPUTUM.**—Was tenacious and blood-tinged in 50 per cent. of the cases. In ten cases, all children under 10 years, there was no sputum.

**COUGH.**—Was present in all cases. Average onset of cough was on the second day; the latest on the seventh day. It was severe, requiring special treatment, in 33 per cent. Described as hard, dry or hacking in 90 per cent. of all cases.

**ALIMENTARY SYMPTOMS.**—Anorexia was present in all cases. Constipation in 90 per cent. Vomiting during the course of the disease in 20 per cent. Diarrhoea in one case only.

**CRISIS.**—Occurred in 63 per cent. of all cases, on the average it occurred on the eighth day. The earliest crisis was on the fourth day; the latest on the twelfth day. In 30 per cent. the termination was by lysis. Pseudocrises occurred in three cases.

*Complications—*

HERPES—Occurred in seven cases ; five of these were labial, one facial, and one on the lobe of the ear.

PLEURISY WITH EFFUSION—Occurred in four cases ; in all the fluid was absorbed spontaneously without special treatment. In all these cases the presence of fluid was proved by the exploring needle.

EMPHYSEMA—Occurred in one case, and was cured by incision with drainage. The presence of pus was determined on the ninth day of disease by exploratory puncture.

DELAYED RESOLUTION—Occurred in four cases. In one case there was no evidence of resolution after six weeks.

Otitis media occurred in one case, and left femoral thrombosis in one case.

*Mortality—*

Three cases proved fatal, *i.e.*, 9 per cent.

One case was that of a man of 37 years. Disease set in suddenly with a chill and proved fatal in five days. The pneumonia was complicated by pericarditis with effusion, and death was due to cardiac failure.

Another was an old lady of 75 years. Pneumonia was uncomplicated. Death occurred on the seventh day, apparently due to respiratory failure.

The third case was that of a young man, previously addicted to the use of alcohol to excess. Complicated by fibrinous pericarditis. Death due to cardiac failure.

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## REPORT ON RHEUMATIC FEVER.

*From June, 1897, to January 1st, 1899.*

By B. D. GILLIES, M.D. (RESIDENT PHYSICIAN.)

Number of cases, 33. Sex—Male, 16; female, 17.

The largest number of cases admitted during any one month was nine, which was in June, 1897. The months of November, 1897, and December, 1898, come next in order of frequency, four cases being admitted during each of these months. It was more prevalent during June, July and August, 1897, than any other three consecutive months, 14 cases having been treated during this period.

The average age of the patient.....	24 years
The oldest patient.....	46 "
The youngest patient.....	9 "
Between 5 and 10 years of age.....	1 patient
" 10 " 15 " ".....	2 patients
" 15 " 20 " ".....	10 "
" 20 " 25 " ".....	8 "
" 25 " 35 " ".....	8 "
" 35 " 45 " ".....	3 "
Over 45 years of age.....	1 patient

A history of a preceding attack or attacks was obtained in 15 of the 33 cases. In one case there was a history of six definite attacks; in two cases a history of an indefinite number, two or three occurring each year, in one case for nine years: as frequently or even more so in the other case for sixteen years.

A family history of rheumatism was ascertained in 11 cases, more frequently on the paternal side, viz., in 8 of the 11 cases.

No history of chorea could be elicited in any of the cases.

In twelve cases a definite history of tonsillitis was obtained; in two cases a doubtful history. In six cases the throat affection and the onset of the arthritic attack were closely related in point of time.

Erythema nodosum manifested itself in three cases. In two cases it followed immediately after the joint pains and swellings had subsided, and in one case it, with tonsillitis, were the only rheumatic manifestations.

Endocarditis was present in eighteen cases and doubtful in one case. Mitral regurgitation was the most frequent, lesion being present in ten cases. Mitral regurgitation and aortic regurgitation combined were present in two cases. In two cases this condition was present with a systolic murmur in the pulmonary region. Mitral stenosis and regurgitation, with aortic stenosis, existed in one case, and mitral stenosis, with aortic stenosis and regurgitation, in one case.

The mitral valve was involved in 17 cases.

A history of pericarditis, complicating a preceding attack, was obtained in one case.

The joints affected in order of frequency were as follows :

Knees (one or both) in.....	27 cases
Ankles " .....	26 "
Wrists " .....	11 "
Elbows " .....	10 "
Shoulders " .....	6 "
Hip " .....	6 "
Interphalangeal joints of hands, in.....	4 "
Metacarpophalangeal joints, " .....	3 "
Metatarsophalangeal " .....	1 case
Sarco-iliac " .....	1 "
Temporo-maxillary " .....	1 "
Sterno-clavicular " .....	1 "

(The two latter joints were involved in the same individual, who gave a history of gonorrhoeal infection of some years standing.)

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Bursitis, p  
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III. BONES  
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## REPORT OF THE SURGICAL DEPARTMENT,

For the Year ending 31st December, 1898.

DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital		
		Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average	
<b>GENERAL DISEASES</b>													
Rheumatism, acute.....	..	1	1	..	..	1	..	..	..	..	..	3	3
Syphilis, primary.....	..	2	..	2	..	2	..	..	..	..	..	25	12.5
"    secondary.....	..	6	2	4	..	4	..	..	..	..	2	82	13.7
"    tertiary.....	1	9	5	4	6	4	..	..	..	..	..	181	18.1
"    congenital.....	..	4	..	4	4	..	..	..	..	..	..	109	27.2
Hysteria.....	..	2	..	2	1	1	..	..	..	..	..	9	4.5
Pyæmia.....	..	2	2	..	1	..	..	1	..	..	..	95	47.5
Leukæmia.....	..	1	1	..	..	..	..	1	..	..	..	4	4
Lead poisoning.....	..	1	1	..	..	1	..	..	..	..	..	9	9
Febriçula.....	..	1	1	..	1	..	..	..	..	..	..	2	2
<b>LOCAL DISEASES</b>													
<b>RESPIRATORY SYSTEM—</b>													
Empyæma.....	1	6	6	..	3	3	..	1	..	..	..	224	32
"    sinus, persistent..	..	1	1	..	1	..	..	..	..	..	..	57	57
Pyopneumothorax.....	..	3	3	..	2	..	..	..	..	1	..	170	56.6
Pleurisy with effusion.....	..	1	1	..	..	..	..	1	..	..	..	1	1
Hæmoptysis.....	..	1	..	1	..	..	..	1	..	..	..	1	1
<b>LOCOMOTOR SYSTEM</b>													
<b>I. MUSCLES—</b>													
Torticollis.....	..	2	2	..	..	2	..	..	..	..	..	53	26.5
<b>II. TENDONS AND BURSÆ—</b>													
Ganglion of wrist.....	..	3	2	1	2	..	..	1	..	..	..	2	0.6
Bursitis, prepatellar.....	..	2	..	2	2	..	..	..	..	..	..	28	14
"    subpatellar.....	..	1	..	1	..	1	..	..	..	..	..	21	21
"    pretibial.....	..	1	..	1	1	..	..	..	..	..	..	14	14
<b>III. BONES—</b>													
Periostitis of humerus.....	..	1	1	..	1	..	..	..	..	..	..	3	3
"    tibia.....	..	1	..	1	1	..	..	..	..	..	..	14	14
"    jaw.....	..	1	1	..	..	1	..	..	..	..	..	3	3
Forward.....	2	53	30	23	26	20	..	5	1	3	1110	..	..

DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
		Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
Forward . . .	2	53	30	23	26	20	..	5	1	3	1110	..
<i>Locomotor System.—Con.</i>												
III. BONES.—Con.												
Osteitis of femur (with periostitis) . . .	..	1	1	..	..	..	..	..	..	1	28	28
" " sclerosing . . .	1	..	..	..	1	..	..	..	..	..	11	11
" tibia, tubercular . . .	..	1	1	..	..	1	..	..	..	..	61	61
Osteomyelitis of femur . . .	1	4	3	1	3	2	..	..	..	..	173	34.6
" tibia . . .	..	5	4	1	4	..	..	1	..	..	129	25.8
Necrosis of ribs . . .	..	6	5	1	4	1	..	..	..	1	132	22
" " with inguinal tubercular adenitis . . .	..	1	1	..	..	1	..	..	..	..	35	35
" ilium . . .	1	1	1	..	..	2	..	..	..	..	20	10
" tibia . . .	..	2	2	..	2	..	..	..	..	..	89	44.5
" " with fracture . . .	..	1	1	..	1	..	..	..	..	..	29	29
" femur . . .	..	2	2	..	2	..	..	..	..	..	89	44.5
" toe . . .	..	2	..	..	1	..	..	1	..	..	11	5.5
" 5th metatarsal . . .	..	1	1	..	1	..	..	..	..	..	18	18
" 3rd metacarpal . . .	..	1	1	..	1	..	..	..	..	..	41	41
" finger . . .	..	2	1	1	2	..	..	..	..	..	20	10
" lower jaw . . .	..	1	1	..	1	..	..	..	..	..	24	24
Caries of ext. malleolus . . .	..	1	1	..	1	..	..	..	..	..	12	12
" tarsus and metatarsus . . .	..	1	1	..	1	..	..	..	..	..	63	63
" ilium . . .	..	4	3	1	3	..	..	..	..	1	208	52
" lower jaw . . .	..	4	4	..	3	..	..	1	..	..	82	20.5
" rib and costal cart. . .	..	1	1	..	1	..	..	..	..	..	55	55
" vertebrae . . .	..	1	1	..	..	..	..	1	..	..	2	2
" " with psoas abscess . . .	..	3	3	..	..	3	..	..	..	..	88	29.3
" " with paraplegia . . .	1	1	..	1	..	2	..	..	..	..	54	27
" skull . . .	..	1	1	..	1	..	..	..	..	..	9	9
JOINTS												
Arthritis of ankle, tubercular . . .	..	2	2	..	2	..	..	..	..	..	69	34.5
" " osteitis, with tubercular glands . . .	..	1	1	..	..	..	..	1	..	..	10	10
" shoulder, tubercular . . .	..	1	1	..	..	1	..	..	..	..	9	9
" sacro-iliac " . . .	..	1	1	..	..	1	..	..	..	..	22	22
" knee " . . .	2	12	9	3	6	5	..	2	..	1	956	68.8
" "(developed tubercular meningitis) . . .	..	1	1	..	..	..	1	..	..	..	50	50
Forward . . .	8	119	87	32	67	39	1	12	1	7	3709	..

Arthritis, kn  
" "  
" "  
Synovitis of  
Hydrops art  
Arthritis, rh  
maxillary  
Ankylosis of  
Bunions . . .  
Pseudo-anky  
  
DIGES  
  
I. MOUTH A  
Cancrum  
Tuberc.  
Stomatitis,  
  
II. OESOPHA  
Stricture o  
" "  
by bronc  
  
III. STOMAC  
Gastritis, c  
Gastric ulc  
  
IV. INTESTI  
Hernia, in  
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Intussuscep  
ileo-colic  
Intestinal  
adhesion  
Intestinal  
Meckel's

SURGICAL DEPARTMENT.

Remaining 31st Dec., 1898	Days in Hospital		DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
	Total	Daily Average			Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
3	1110	..	Forward....	8	9	87	32	67	39	1	12	1	7	3709	..
			<i>Joints.—Con.</i>												
			Arthritis, knee, gonorrhoeal....	1	1	..	..	1	..	..	..	..	..	52	52
1	28	28	" " septic.....	1	2	1	1	2	1	..	..	..	..	155	51.6
	11	11	" hip, tubercular....	2	10	4	6	3	5	..	2	..	2	1353	112.7
	61	61	" wrist ".....	..	1	1	..	..	..	..	..	..	1	16	16
	173	34.6	Synovitis of knee.....	..	7	4	3	6	1	..	..	..	..	204	29.1
	129	25.8	Hydrops articuli, multiple....	..	1	1	..	..	..	1	..	..	..	32	32
1	132	22	Arthritis, rheumatoid, tempo- maxillary joint.....	..	1	1	..	..	..	..	..	..	..	10	10
	35	35	Ankylosis of ankle (traumatic)..	..	1	1	..	..	..	..	1	..	..	11	11
	20	10	Bunions.....	..	3	..	3	3	..	..	..	..	..	32	10.6
	89	44.5	Pseudo-ankylosis of hip.....	..	1	1	..	..	..	..	..	..	1	10	10
	29	29.													
	89	44.5													
	11	5.5	DIGESTIVE SYSTEM.												
	18	18	I. MOUTH AND PHARYNX—												
	41	41	Cancrum oris (followed by Tuberc. meningitis)....	..	1	1	..	..	1	..	..	..	..	56	56
	20	10	Stomatitis, ulcerative.....	..	1	..	1	1	..	..	..	..	..	7	7
	24	24													
	12	12	II. OESOPHAGUS—												
	63	63	Stricture of oesophagus.....	..	4	1	3	..	1	..	2	..	1	13	3.2
1	208	52	" " (followed by broncho pneumonia)....	..	1	1	..	..	..	..	..	1	..	25	25
	82	20.5													
	55	55													
	2	2	III. STOMACH—												
	88	29.	Gastritis, chronic.....	..	1	1	..	..	1	..	..	..	..	8	8
	54	27	Gastric ulcer, perforated....	..	1	..	1	1	..	..	..	..	..	55	55
	9	9	IV. INTESTINES—												
	69	34.	Hernia, inguinal.....	1	15	13	2	15	..	..	1	..	..	373	23.3
	10	10	" double inguinal....	1	2	2	..	1	..	..	1	1	..	46	15.3
	9	9	" femoral.....	..	3	1	2	2	..	..	1	..	..	51	17
	22	22	" strangulated femoral....	..	1	..	1	1	..	..	..	..	..	31	31
	956	68.	" umbilical.....	..	1	..	1	1	..	..	..	..	..	48	48
	50	50	Intussusception. (a.) Acute, ileo-colic.....	..	2	1	1	..	..	..	..	2	..	1½	¾
	22	22	Intussusception. (b.) Chronic, ileo-colic.....	..	1	..	1	..	1	..	..	..	..	23	23
	956	68.	Intestinal obstruction, by adhesions (post-operative)..	..	1	..	1	1	..	..	..	..	..	27	27
	50	50	Intestinal obstruction, by Meckel's diverticulum.....	..	1	..	1	1	..	..	..	..	..	18	18
7	3709	..	Forward....	13	183	123	60	106	50	2	20	5	13	6366½	..



Remaining 31st Dec., 1898	Days in Hospital		DISEASES	In Hospi- ta 1st Jan., 1898	ADMITTED			DISCHARGED					Keu aming 31st Dec., 1898	Days in Hospital	
	Total	Daily Average			Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
13	6366½	..	Forward....	13	263	180	83	166	58	2	23	10	17	8038½	....
			<b>VII. Appendicitis.—Con.</b>												
			Acute gangrenous with gen- eral peritonitis.....	..	6	5	1	..	..	..	..	6	..	17½	3
..	23	23	3. Acute perforative.....	2	13	12	1	14	..	..	..	..	1	553	37
..	25	25	" " with gen- eral peritonitis.....	..	3	2	1	1	..	..	..	2	..	38	12.6
..	14	14	Acute perforative (not op- erated).....	..	1	1	..	..	..	..	1	..	..	3	3
..	12	12													
..	15	15	4. Recurrent (operation in in- terval).....	1	22	13	9	20	1	1	..	..	1	665	29
..	34	34	Recurrent (not operated)...	..	3	1	2	1	..	..	2	..	..	44	14.6
..	6	6													
..	28	28	5. Subacute (operated).....	..	8	6	2	8	..	..	..	..	..	192	24
..	24	12	6. Subacute, with suppura- tive mesenteric lymphadenitis .....	..	1	1	..	..	..	..	..	1	..	18	18
..	259½	17													
..	202	13	<b>VIII. GALL-BLADDER—</b>												
..	25	25	Cholelithiasis .....	..	7	..	7	7	..	..	..	..	..	487	69.5
..			Biliary fistula.....	1	1	..	1	2	..	..	..	..	..	195	97.5
..	103	17	<b>IX. LIVER—</b>												
..	1	17	Cirrhosis of liver.....	..	1	..	1	..	..	..	..	1	..	38	38
..			<b>X. PANCREAS—</b>												
..	½	3	Hæmorrhagic pancreatitis...	..	1	1	..	..	1	..	..	..	..	36	36
..	91	3	<b>XI. KIDNEY—</b>												
..			Movable kidney.....	1	6	..	6	5	1	..	..	..	1	278	39.7
..	60	2	<b>LYMPH GLANDS.</b>												
..	154	1	Adenitis, cervical tuberculous ..	1	22	7	15	20	1	..	2	..	..	436	19
..	4	1	" " .....	..	1	1	..	..	1	..	..	..	..	6	6
..			" " suppurative.....	..	3	3	..	3	..	..	..	..	..	22	7.3
..	2	98	" inguinal tuberculous.....	..	5	4	1	3	1	..	..	1	..	85	17
..	1	461	" " suppurative.....	1	3	2	1	4	..	..	..	..	..	85	21.2
..			" popliteal .....	..	1	1	..	1	..	..	..	..	..	15	15
..			" pelvic.....	..	1	..	1	..	..	1	..	..	..	13	13
..	17	8038½	Forward....	20	372	240	132	255	64	4	28	21	20	11245	...

DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days Hospital
		Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		
Forward . . . . .	20	372	240	132	255	64	4	28	21	20	11245
<i>Lymph Glands—Con.</i>											
Buboes . . . . .		3	3	..	2	..	..	1	..	..	67
Bubo, chancroidal . . . . .		4	4	..	4	..	..	..	..	..	80
" gonorrhœal . . . . .		3	3	..	..	2	..	..	..	1	8
<b>NERVOUS SYSTEM.</b>											
<b>I. FUNCTIONAL—</b>											
Neurasthenia, gastric . . . . .		3	2	1	..	1	1	1	..	..	31
" . . . . .		1	1	..	..	..	..	..	..	1	53
Neurosis, renal . . . . .		1	..	1	..	1	..	..	..	..	7
<b>II. ORGANIC—</b>											
<b>(a.) Peripheral—</b>											
Neuritis of leg . . . . .		1	1	..	..	1	..	..	..	..	26
" intercostal, with cancer of breast . . . . .		1	..	1	..	1	..	..	..	..	105
Paralysis of extensor muscles of leg; traumatic . . . . .		1	1	..	..	..	1	..	..	..	9
Sciatica . . . . .		2	1	1	1	1	..	..	..	..	59
Neuralgia, tarsal . . . . .		1	1	..	1	..	..	..	..	..	21
" trifacial . . . . .		1	..	1	1	..	..	..	..	..	11
" lumbar . . . . .		1	..	1	..	1	..	..	..	..	11
Coccygodynia . . . . .		1	1	..	..	..	..	..	..	1	3
<b>(b.) Cerebral—</b>											
Hydrocephalus internus . . . . .		1	1	..	..	..	..	..	1	..	11
<b>(c.) Spinal—</b>											
Anterior poliomyelitis . . . . .		1	..	1	..	..	..	1	..	..	5
<b>GENITO-URINARY SYSTEM.</b>											
<b>I. KIDNEY—</b>											
Tuberculosis of kidney . . . . .		2	1	1	..	..	1	1	..	..	49
Renal colic . . . . .		1	1	..	1	..	..	..	..	..	12
" calculus . . . . .		1	2	..	2	1	..	..	..	..	57
" " with pyoneph- rosis . . . . .		2	2	..	..	..	..	..	1	1	129
Pyonephrosis . . . . .		5	1	4	4	..	..	..	1	..	77
Hydronephrosis . . . . .		1	1	..	1	..	..	..	..	..	21
Hæmaturia . . . . .		2	1	1	1	1	..	..	..	..	112
Forward . . . . .	21	413	268	145	273	74	7	32	24	24	12209

DI

*Genito-Urin*

**I.—KIDNEY**  
Cystitis,  
Persistent  
Nephritis

**II. BLADDE**  
Cystitis, tu  
Cystitis,  
urinary  
tubercul  
Cystitis . .  
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Calculus,  
Genito-uri  
(one fo  
hæmorr

**III. PROSTA**  
AND V.  
Hypertrop  
Prostato-v  
urethritis  
Prostatitis  
"

**IV. PENIS—**  
Phimosi,  
"  
"

**V. URETHR**  
Urethritis  
"  
Stricture o  
"

SURGICAL DEPARTMENT.

Died	Remaining 31st Dec., 1898	Days Hospital	Total	DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
						Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
21	20	11245		Forward . . . .	21	413	268	145	273	74	7	32	24	24	12209	...
				<i>Genito-Urinary System.—Con.</i>												
		67		I.—KIDNEYS—Con.												
		80		Persistent kidney sinus . . . .		1		1							8	8
		8		Nephritis . . . . .		3	2	1			1	2			26	8.6
				II. BLADDER—												
				Cystitis, tubercular . . . . .	2	3	2	1		5					175	35
				Cystitis, tubercular, with urinary toxæmia and miliary tuberculosis . . . . .		1	1						1		12	12
		31		Cystitis . . . . .		6	4	2	3	3					169	28.1
		53		" chronic calculous with surgical kidney . . . . .		1	1						1		14	14
		7		" prostatic, with urethral stricture and epididymorchitis . . . . .		1	1								28	28
		26		" gonorrhœal . . . . .	2	4	4		3	3					135	22.5
		105		Calculus, vesical . . . . .	1	6	6		6					1	280	40
		9		Genito-urinary tuberculosis (one followed by cerebral hæmorrhage) . . . . .		3	3			1			1	1	55	18.3
		59		III. PROSTATE, VESICULÆ, AND VASA—												
		21		Hypertrophy of prostate . . . .		5	5			5					53	10.6
		11		Prostatic-vesiculitis, with post. urethritis . . . . .		1	1			1					10	10
		11		Prostatitis, acute . . . . .		4	4		3	1					83	20.7
		3		" with retention of urine . . . . .		2	2		2						47	23.5
		5		IV. PENIS—												
				Phimosis, congenital . . . . .		1	1		1						15	15
				" with phagedæna . . . . .		1	1			1					9	9
				" " chancroids . . . . .		3	3		3						38	12.6
		49		" gonorrhœal . . . . .		1	1						1		5	5
		12		V. URETHRA—												
		57		Urethritis, anterior . . . . .		2	2			2					32	16
				" posterior, gonor- rhœal . . . . .	1	4	4		1	4					92	18.4
		129		Stricture of meatus . . . . .		1	1		1						11	11
		77		" urethra . . . . .		18	18		17	1					329	18.3
		21														
		112														
24	24	12209		Forward . . . .	27	485	335	150	313	102	8	35	27	27	13835	..





SURGICAL DEPARTMENT.

Remaining 31st Dec., 1898	Days in Hospital		DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
	Total	Daily Average			Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
27	138	35	Forward....	27	538	367	171	343	115	8	41	28	30	14783	..
			<i>Skin.—Con.</i>												
	21	21	Ulceration of stump.....		1	1	..	1	..	..	..	..	..	14	14
			Ulceration of foot.....		1	..	1	1	..	..	..	..	..	43	43
	8	8	Eczema of scalp and face.....		1	1	..	1	..	..	..	..	..	39	39
			" chin with seborrhea												
			of scalp.....		1	..	1	1	..	..	..	..	..	25	25
	10	10	Eczema papulo-squamous.....		1	1	..	1	..	..	..	..	..	14	14
			" chronic general.....		1	..	1	1	..	..	..	..	..	79	79
	7	7	Carbuncle.....		4	3	1	3	..	..	..	..	1	24	6
	1	1	Furuncle.....		1	1	..	1	..	..	..	..	..	3	3
	8	8	Tuberculosis cutis.....		3	3	..	3	..	..	1	..	..	47	15.6
	19	9.5	Erythema nodosum.....		1	..	1	1	..	..	..	..	..	30	30
			Scabies.....		2	1	1	2	..	..	..	..	..	40	20
			Pruritus ani.....		1	1	..	..	..	..	1	..	..	3	3
			Papillomata, venereal.....		2	..	2	2	..	..	..	..	..	39	19.5
	35	17.5	Seborrhœa.....		1	1	..	..	..	..	..	..	1	3	3
	134	26.8	Callosities of foot.....		1	1	..	..	..	..	..	1	..	11	11
			Ingrowing toe-nails.....		1	..	1	1	..	..	..	..	1	16	16
	36	18													
	45	15													
	93	13.8	SUPPURATING PROCESSES IN SOFT PARTS												
			I. ABSCESSES—												
			Abscess of neck (tuberc).....		1	..	1	1	..	..	..	..	..	27	27
	3	3	" shoulder (tuberc).....		1	..	1	1	..	..	..	..	..	34	34
	8	8	" chest wall.....		1	1	..	1	..	..	..	..	..	11	11
			" cheek.....		1	..	1	1	..	..	..	..	..	2	2
	23	23	" peritonsillar.....		1	1	..	1	..	..	..	..	..	1	1
	7	7	" retropharyngeal.....		2	1	1	2	..	..	..	..	..	29	14.5
	16	16	" jaw.....		1	1	..	1	..	..	..	..	..	15	15
			" sublingual.....		1	1	..	1	..	..	..	..	..	1	1
	10	10	" antrum of High-												
	31	31	" more.....		1	1	..	1	..	..	..	..	..	5	5
	2	2	" axillary.....	1	4	2	2	5	..	..	..	..	..	61	12.2
	9	9	" humerus.....		1	1	..	1	..	..	..	..	..	50	50
			" lung.....		1	..	1	..	..	..	1	..	..	1	1
			" neck and scapular												
			" region.....		2	2	..	2	..	..	..	..	..	17	8.5
	88	88	" breast.....	1	2	..	2	2	..	..	..	1	..	82	27.3
	7	7	" lumbar.....	1	2	1	1	2	1	..	..	..	..	205	68.3
			" psoas.....		1	1	..	..	1	..	..	..	..	43	43
	113	28.5	" over sacrum.....	1	..	..	..	1	..	..	..	..	..	5	5
	3	214	" pelvic.....		1	1	..	..	1	..	..	..	..	2	2
30	14783	..	Forward....	31	585	395	190	384	118	8	44	28	34	15744	..

DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
		Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily
Forward....	31	585	393	190	384	118	8	44	28	34	15744	
<i>Suppurative Processes in Soft Parts.—Con.</i>												
<b>I. ABSCESSSES.—Con.</b>												
Abscess of perineum (traumatic) ..		1	1	..	1	..	..	..	..	..	9	9
" ischio-rectal .....		1	1	..	1	..	..	..	..	..	17	17
" " " with urinary retention ..		1	1	..	..	..	..	..	..	1	3	3
" buttock (tuberc)... ..		1	1	..	..	..	..	..	..	1	17	17
" thigh.....		1	..	1	1	..	..	..	..	..	17	17
" perinephritic .....		2	1	1	1	1	..	..	..	..	79	39
" tibia.....		1	1	..	1	..	..	..	..	..	13	13
" toe.....		1	1	..	1	..	..	..	..	..	8	8
<b>II. LYMPHANGITIS—</b>												
Lymphangitis of arm.....		5	5	..	4	1	..	..	..	..	24	4
<b>III. CELLULITIS—</b>												
Cellulitis of arm.....		2	2	..	1	..	..	..	..	1	86	43
" leg.....		5	4	1	4	..	..	..	..	1	18	3
" finger.....		2	2	..	2	..	..	..	..	..	13	6
" hand.....		6	5	1	3	1	..	2	..	..	27½	4
" foot.....		1	1	..	..	1	..	..	..	..	9	9
" cheek.....		1	1	..	1	..	..	..	..	..	24	24
" lips.....		1	1	..	1	..	..	..	..	..	6	6
" sublingual.....		1	..	1	1	..	..	..	..	..	4	4
<b>IV. SINUSES—</b>												
Sinuses of neck.....		1	..	1	..	..	..	..	..	1	10	10
" stump of arm.....		1	1	..	..	1	..	..	..	..	2	2
" thigh.....		1	1	..	1	..	..	..	..	..	26	26
" leg.....		1	1	..	1	..	..	..	..	..	15	15
" hip (tubercular).....		2	1	1	..	2	..	..	..	..	151	75
<b>DEFORMITIES</b>												
Cleft palate.....		3	..	3	1	1	..	1	..	..	69	23
" " and hare lip.....		1	1	..	1	..	..	..	..	..	56	56
Spine, lateral curvature.....		1	..	1	..	..	..	1	..	..	6	6
Genu valgum.....		1	1	..	..	..	..	..	..	1	106	106
Talipes, equino-varus.....		1	4	2	2	2	..	..	..	1	251	50
Hallux valgus.....		1	..	1	1	..	..	..	..	..	12	12
Pes planus.....		1	1	..	..	1	..	..	..	..	1	1
Spina bifida.....		1	1	..	..	..	..	..	2	..	14½	7
Forward....	33	637	433	204	414	129	8	48	30	41	16834	

DIS  
CIRCULATO  
Gangrene of leg  
Senile gangren  
Gangrene of fo  
Oedema of leg,  
Varicose veins.  
I. FRACTURES  
Fracture of  
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Fracture of  
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Fracture of ti  
" f



DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital
		Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		
Forward....	35	674	464	210	437	141	8	50	31	42	17850
<i>Injuries.—Con.</i>											
I. FRACTURES.—CON.											
Fracture of tibia and fibula, united.....	..	2	2	..	1	..	1	..	..	..	188
" tibia, united..	..	1	1	..	1	..	..	..	..	..	55
Fracture of patella.....	..	2	1	1	1	..	..	1	..	..	9
" int. and ext. mal- leolus (compound and com- minuted).....	..	1	..	1	1	..	..	..	..	..	60
Fracture of ext. malleolus....	..	1	1	..	..	1	..	..	..	..	7
" and luxation of ast- ragalus.....	..	1	..	1	1	..	..	..	..	..	6
Pott's fracture (old).....	..	1	1	..	..	..	..	..	..	1	11
Deformity of tibia from mal- union.....	..	1	1	..	..	..	..	1	..	..	4
II. DISLOCATIONS—											
Dislocation of elbow, back- ward.....	..	1	1	..	1	..	..	..	..	..	3
Dislocation of ulna, inward with pressure neuritis.....	1	..	..	..	..	1	..	..	..	..	5
Dislocation of hip (old).....	..	2	1	1	..	1	..	..	..	1	16
" femur (dorsal) below tendon of obturator internus.....	..	1	1	..	1	..	..	..	..	..	24
Dislocation of patella.....	..	1	1	..	1	..	..	..	..	..	5
" semilunar car- tilage.....	..	2	1	1	1	1	..	..	..	..	14
III. CRUSHES—											
Crush of fingers.....	..	1	1	..	1	..	..	..	..	..	3
" hand.....	..	1	1	..	1	..	..	..	..	..	14
" leg (with ischio-rec- tal abscess).....	..	1	1	..	1	..	..	..	..	..	73
Crush of leg.....	..	3	3	..	2	..	..	..	1	..	77
" foot.....	..	3	3	..	2	1	..	..	..	..	68
" toes.....	..	1	1	..	1	..	..	..	..	..	25
IV. SPRAINS—											
Sprain of ankle.....	..	1	1	..	..	1	..	..	..	..	3
V. CONTUSIONS—											
Contusion of arm.....	..	1	..	1	1	..	..	..	..	..	3
" elbow.....	..	1	..	1	1	..	..	..	..	..	4
Forward....	36	704	487	217	456	147	9	52	32	44	18527

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Gunshot

Nail-wou

VII. SCAL

Scalds of

"

Burns of

VIII. MIS

Abrasion

Ankylosi

tic)...

Ankylosi

Hemato

matic.

Concussi

TUMOR

I. BENIGN

Adenom

Fibro-ad

Lipoma.

DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
		Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
Forward....	36	704	487	207	456	147	9	52	32	44	18527	..
<i>Injuries.—Con.</i>												
V. CONTUSIONS.—Con.												
Contusion of chest.....	..	I	I	..	I	..	..	..	..	..	I	I
" ilium.....	..	I	I	..	I	..	..	..	..	..	5	5
" back.....	..	I	..	I	I	..	..	..	..	..	48	48
" rt. lumbar region ..	..	I	I	..	..	I	..	..	..	..	3	3
" leg.....	..	2	2	..	2	..	..	..	..	..	9	4.5
" knee, with hæ- matoma.....	..	I	..	I	..	..	..	..	..	I	38	38
VI. WOUNDS—												
Stab wound of chest, with pleurisy.....	..	I	I	..	I	..	..	..	..	..	37	37
Operation—wound of breast, unhealed.....	..	I	..	I	I	..	..	..	..	..	8	8
Lacerated wound of hands... " " face and mouth.....	..	I	I	..	..	I	..	..	..	..	2	2
Lacerated wound of foot.....	..	I	..	I	I	..	..	..	..	..	8	8
" " arm.....	..	I	I	..	I	..	..	..	..	..	27	27
Gunshot wound of leg.....	..	2	2	..	2	..	..	..	..	..	I	I
Nail-wound of foot.....	..	I	I	..	I	..	..	..	..	..	39	19.5
..	..	..	..	..	..	..	..	..	..	..	8	8
VII. SCALDS AND BURNS—												
Scalds of feet.....	..	I	I	..	I	..	..	..	..	..	18	18
" face and extremities ..	..	I	I	..	..	..	..	..	..	I	11	11
Burns of arm.....	..	I	..	I	I	..	..	..	..	..	43	43
VIII. MISCELLANEOUS—												
Abrasion of tibia.....	..	2	2	..	2	..	..	..	..	..	14	7
Ankylosis of ankle (trauma- tic).....	..	I	I	..	..	..	..	I	..	..	14	14
Ankylosis of elbow (traumatic) Hæmatomyelia, cervical, trauma- tic.....	..	2	I	I	2	..	..	..	..	..	75	37.5
Concussion of brain.....	..	I	I	..	..	I	..	..	..	..	66	66
..	..	..	..	..	..	..	..	..	..	..	5	5
TUMORS AND NEOPLASMS												
I. BENIGN—												
Adenoma of thyroid gland ..	..	I	I	..	I	..	..	..	..	..	18	18
Fibro-adenoma of breast ..	..	3	..	3	3	..	..	..	..	..	56	18.6
Lipoma.....	..	3	3	..	3	..	..	..	..	..	39	13
Forward....	36	737	509	228	481	152	9	53	32	46	19113	..

DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
		Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
Forward ...	36	737	509	228	481	152	9	53	32	46	19113	..
<i>Tumors and Neoplasms.—Con.</i>												
I. BENIGN.—Con.												
Nævus, of lip.....	..	I	I	..	I	..	..	..	..	..	27	27
" forehead.....	..	I	I	..	I	..	..	..	..	..	14	14
Papillomatous growth on buccal mucosa.....	..	I	I	..	..	..	..	I	..	..	6	6
Cyst, fungating Meibomian..	..	I	I	..	..	..	..	I	..	..	3	3
" sebaceous.....	I	4	I	3	5	..	..	..	..	..	40	8
" omental.....	I	..	..	..	I	..	..	..	..	..	4	4
" of cheek and nose....	..	I	..	I	I	..	..	..	..	..	5	5
" dermoid of ovary.....	..	2	..	2	2	..	..	..	..	..	36	18
" perineum.....	..	I	I	..	I	..	..	..	..	..	4	4
Exostosis bursata ...	I	I	..	I	I	..	..	I	..	..	28	14
Teratoma of coccygeal region	..	I	I	..	..	..	..	..	I	..	9	9
Renal tumor.....	..	I	I	..	..	..	..	I	..	..	6	6
II. MALIGNANT—												
Struma suprarenalis sarcoma- todes aberrans.....	..	I	I	..	I	..	..	..	..	..	29	29
Carcinoma of rectum.....	..	6	4	2	2	I	I	2	..	..	212	35.3
" sigmoid flexure.....	..	2	2	..	I	..	I	..	..	..	130	65
" splenic flexure.....	..	I	I	..	..	..	..	..	..	I	26	26
" transverse co- lon and omentum.....	..	I	..	I	..	..	..	..	..	I	14	14
Carcinoma of scar (recurrent)	..	I	I	..	..	..	..	I	..	..	7	7
" glands in neck (recurrent).....	..	I	I	..	..	..	..	I	..	..	17	17
Carcinoma of neck.....	..	I	I	..	..	..	..	I	..	..	1	1
" thyroid gland..	..	2	2	..	..	..	..	I	I	..	20	10
" lung and pan- creas, with abscess of lung.	..	I	I	..	..	..	..	..	I	..	14	14
Carcinoma of breast.....	2	14	..	14	15	I	..	..	..	..	304	19
" prostate.....	..	I	I	..	..	..	..	..	..	I	2	2
" stomach.....	..	2	2	..	..	I	..	I	..	..	29	14.5
" pharynx and neck.....	..	I	I	..	..	..	..	I	..	..	2	2
Epithelioma of œsophagus ...	..	3	2	I	..	..	..	3	..	..	10	3.3
" tongue, palate, and floor of mouth.....	..	I	I	..	..	..	..	I	..	..	4	4
" tongue.....	..	I	I	..	I	..	..	..	..	..	25	25
" nose.....	I	2	2	..	3	..	..	..	..	..	137	45.6
" buccal mucosa ..	..	I	I	..	I	..	..	..	..	..	9	9
" upper jaw....	I	3	3	..	2	..	..	2	..	..	69	17.2
Forward....	43	798	545	253	520	155	13	70	34	49	20907	..

DI  
  
*Tumors and*  
II. MALIGN  
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"  
"  
Endothelie  
Sarcoma o  
"  
Myxo-sarco  
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Head of timo  
Bullet in upp  
Needle in ch  
Needles in h  
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Salivary calc  
sillary ader  
Contractures  
Contractures  
Defect in e  
stains from  
Chronic otiti  
Painful stum  
Mothers in w

31st Dec., 1898	Days in Hospital		DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
	Total	Daily Average			Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
46	19113	..	Forward....	43	798	545	253	520	155	13	70	34	49	20907	..
<i>Tumors and Neoplasms.—Con.</i>															
<b>II. MALIGNANT.—Con.</b>															
..	27	27	" lower jaw....	1	3	3	..	3	..	..	1	..	..	68	15
..	14	14	" face.....	..	1	1	..	1	..	..	..	..	..	17	17
..	6	6	" lower lip....	..	3	3	..	2	..	..	1	..	..	22	7.3
..	3	3	" penis.....	..	1	1	..	1	..	..	..	..	..	9	9
..	40	8	Endothelioma of neck....	..	2	..	2	2	..	..	..	..	..	27	13.5
..	4	4	Sarcoma of foot.....	..	1	..	1	1	..	..	..	..	..	12	12
..	5	5	" peritoneum....	..	1	..	1	..	..	..	..	1	..	71	71
..	36	18	Myxo-sarcoma of parotid....	..	1	..	1	1	..	..	..	..	..	18	18
..	4	4	" " naso-pharynx	..	1	1	..	1	..	..	..	..	..	44	44
..	28	14	<b>FOREIGN BODIES</b>												
..	9	9	Head of timothy hay in bladder.	..	1	1	..	1	..	..	..	..	..	61	61
..	6	6	Bullet in upper jaw.....	..	1	1	..	1	..	..	..	..	..	1	1
..	29	29	Needle in chest-wall.....	..	1	..	1	1	..	..	..	..	..	1	1
..	212	35.3	Needles in hand.....	..	1	..	1	1	..	..	..	..	..	28	28
..	130	65	" " hysteria.....	..	1	..	1	..	..	..	1	..	..	6	6
..	1	26	<b>UNCLASSIFIED</b>												
..	14	14	Salivary calculus, with subma- sillary adenitis.....	..	1	1	..	1	..	..	..	..	..	9	9
..	7	7	Contractures.....	..	1	..	1	..	1	..	..	..	..	69	69
..	17	17	Contractions from burns.....	..	1	..	1	1	..	..	..	..	..	22	22
..	1	1	Defect in ear, with powder stains from explosion.....	..	1	1	..	..	..	..	1	..	..	12	12
..	20	10	Chronic otitis media.....	..	1	..	1	..	..	..	1	..	..	1	1
..	14	14	Painful stump.....	..	1	..	1	1	..	..	..	..	..	34	34
..	304	19	Mothers in with infants.....	1	16	..	16	..	..	..	17	..	..	202	13
..	2	2													
..	29	14.5													
..	2	2													
..	10	3.3													
..	4	4													
..	25	25													
..	137	45.6													
..	9	9													
..	69	17.2													
49	20907	..													

## SURGICAL DEPARTMENT.

Remaining 1st January, 1898 .....	45	
Admitted .....	839	
		— 884
Discharged, cured .....	539	
"    improved .....	156	
"    unimproved .....	13	
Not treated .....	92	
Died .....	34	
Remaining .....	50	
		— 884
Average number of days in Hospital per patient ...	25.79	

## Case No.

1,206	App
3,171	
3,197	
2,581	
2,627	
3,047	
3,014	
3,089	
3,148	
3,108	
3,061	Ade
2,772	Caro
3,218	Coli
2,738	Crus
1,610	Calo
3,072	
2,660	Cere
3,163	Cirr
2,346	Dipl
2,683	Extr
2,974	Frac
3,023	Fæc
3,110	Hyd
2,488	Herr
3,009	Intu
2,787	
2,888	Pyæ
2,800	Rupt
2,522	Spin
3,056	
2,849	Surg
2,894	Stric
2,986	Urin
3,098	Tera

Tot



45  
839  
— 884  
539  
156  
13  
92  
34  
50  
— 884  
5-79

## CAUSES OF DEATHS IN THE SURGICAL DEPARTMENT.

Case No.		Total
1,206	Appendicitis, perforative, with general peritonitis.....	
3,171	" " " " .....	
3,197	" " " " .....	
2,581	" " " " .....	
2,627	" " " " .....	
3,047	" " " " .....	
3,014	" " " " .....	
3,089	" " " " .....	
3,148	" " " " .....	
3,108	" with suppurative mesenteric lymphadenitis .....	9
3,061	Adenitis, tubercular, cervical, shock of operation.....	1
2,772	Carcinoma of lung and pancreas.....	1
3,218	Colitis, gangrenous.....	1
2,738	Crush of legs.....	1
1,610	Calculous pyonephrosis.....	
3,072	" " .....	2
2,660	Cerebral hæmorrhage, with genito-urinary tuberculosis.....	1
3,163	Cirrhosis of liver, atrophic.....	1
2,346	Diphtheria (occurring in a case of prolapse of rectum).....	1
2,683	Extravasation of urine from stricture of urethra.....	1
2,974	Fracture of hip, intracapsular.....	1
3,023	Fæcal fistula.....	1
3,110	Hydrocephalus.....	1
2,488	Hernia, double inguinal.....	1
3,009	Intussusception, acute ileo-colic.....	
2,787	" " " .....	2
2,888	Pyæmia.....	1
2,800	Rupture of small intestine, with general peritonitis.....	1
2,522	Spina Bifida (septic meningitis).....	1
3,056	" (shock).....	1
2,849	Surgical kidney, with calculous cystitis.....	1
2,894	Stricture of œsophagus (broncho-pneumonia).....	1
2,986	Urinary toxæmia, with tubercular cystitis and miliary tuberculosis.....	1
3,098	Teratoma of coccygeal region.....	1
	Total.....	34

# SURGICAL OPERATIONS,

*For the Year ending 31st December, 1898.*

## HEAD AND NECK.

### CRANIUM.

OPERATION	DISEASE	Total	Recov- ered	Die
Excision .....	Sebaceous cysts of scalp .....	1	1	
Incision .....	Abscess of scalp .....	1	1	
Ignipuncture .....	Nævus of forehead .....	1	1	
Drainage of ventricle into subdural space .....	Chronic hydrocephalus internus .....	1		

### FACE.

Excision .....	Epithelioma of nose .....	1	1	
" .....	Sarcoma of parotid .....	1	1	
" .....	Epithelioma of lip .....	4	4	
" .....	Cyst of nose and cheek .....	1	1	
Incision .....	Abscess of cheek .....	1	1	
Suturing .....	Cut of nose .....	1	1	
" .....	Orbital flaps, following operation for rodent ulcer .....	2	2	
Curetting .....	Ulcer of nose .....	1	1	
Skin grafting .....	Rodent ulcer of face and orbit .....	2	2	
Excision and cauterizing .....	Lupus of cheek .....	1	1	
" plastic operation .....	Recurrent Epithelioma of nose .....	1	1	
Ignipuncture .....	Nævus of lip .....	1	1	
Resection infraorbital nerve .....	Infraorbital neuralgia .....	1	1	

### JAWS.

Exam. under ether .....	Rheumatoid arthritis of temporo-maxillary joint .....	1	1	
Curetting .....	Caries of lower jaw .....	1	1	
" .....	Abscess of antrum .....	1	1	
Excision, upper jaw .....	Epithelioma .....	1	1	
" .....	Sarcoma .....	1	1	
Excision, lower jaw .....	Epithelioma .....	4	4	
" .....	Phosphorus necrosis .....	1	1	
Sequestrotomy .....	Necrosis of upper jaw .....	1	1	
Incision .....	Periosteal abscess .....	2	2	
Removal .....	Bullet in jaw .....	1	1	

### MOUTH AND PHARYNX.

Staphylorrhaphy and uranoplasty .....	Cleft palate .....	2	2	
Repair .....	Hare lip .....	1	1	
Incision .....	Peritonsillar abscess .....	1	1	
Excision (partial) .....	Epithelioma of tongue .....	1	1	
" of gangrenous area .....	Cancerum oris .....	1	1	
" gland .....	Salivary calculus, with submaxillary adenitis .....	1	1	
" part of cheek .....	Epithelioma of buccal mucosa .....	1	1	
Removal by Rouge's operation .....	Myxo-sarcoma of naso-pharynx .....	1	1	

Exploratory  
Exam. by  
Retrograde  
Cauterizing

Excision ..  
" ..  
" ..  
" ..  
Curetting ..  
Incision ..  
" ..  
" ..  
Tracheotomy  
Division of  
Laryngectomy  
Suturing lar  
Enucleation  
Partial reme

Incision ..  
" ..  
Excision ..  
" ..  
Curetting ..  
Reduction

Thiersch's s  
Incision and

Excision ..  
Application

Incisions ..  
Amputation  
Excision ..

Removal ..  
Excision  
Sequestrotom  
Incision and  
Skin grafting



FINGERS.

OPERATION	DISEASE	Total	Recov- ered	Died
Incision	Cellulitis	2	2	
Amputation	Painful stump	1	1	
"	Necrosis	1	1	
"	Crush	1	1	
Sequestrotomy	Necrosis	1	1	
Exam. under ether	Lacerated wound	1	1	
Total		30	30	

LOWER EXTREMITY.

BUTTOCK.

Incision	Tubercular abscess	2	2	
"	Carbuncle	1	1	

HIP.

Reduction	Dislocation of hip below tendon of obturator.	1	1	
Excision	Tubercular hip	3	3	
"	Lipoma	1	1	
Incision and curetting	Abscess from tubercular hip	1	1	
"	Sinuses	3	3	

GROIN.

Excision	Glands	11	11	
Excision and curetting	Tuberculosis cutis and tubercular glands	1	1	
Incision	Abscess	3	3	

THIGH.

Incisions	Cellulitis	1	1	
Incision, trephining	Osteomyelitis	1	1	
Incision and curetting	Osteomyelitis	2	2	
"	Cold abscess	1	1	
Incision	Abscess of thigh	5	5	
"	Periostitis	1	1	
Amputation	Osteomyelitis of femur	1	1	
"	Septic knee joint	1	1	
"	Compound comminuted fracture	1	1	
"	Crush of leg	2	1	1
"	Gunshot wound	1	1	
Excision	Bursate exostosis	1	1	
Nerve stretching	Sciatica	2	2	
Curetting	Sinus of thigh	2	2	
Sequestrotomy	Osteomyelitis	3	3	
Tenotomy of hamstrings	Contractures	2	2	
Osteotomy	Genu valgum	2	2	
Suturing flaps	Amputation wound	1	1	

KNEE.

Amputation at joint	Necrosis of tibia, with fracture	1	1	
"	Osteomyelitis Tibiæ	1	1	
"	through condyles	1	1	
Amputation	Tubercular knee	6	6	

Excision of sac  
Suturing patell  
Curetting  
Amputation  
" "  
" "  
" "  
Re-amputation  
Excision  
" "  
" "  
" "  
" "  
Removal of sho  
" " bor  
Sequestrotomy  
Trephining  
Suturing bones  
" "  
" "  
Re-fracture  
Trimming stur  
Skin grafting  
Neurorrhaphy  
Excision  
" "  
Curetting  
Tarsotomy  
Tenotomy of t  
Excision of jo  
Excision  
" "  
" "  
Incision  
" "  
" explor  
Amputation of  
" "  
Skin grafting  
Correction un  
To  
E

Recovered		OPERATION	DISEASE	Total	Recovered	
ered	Died				ered	Died
<b>KNEE.—Con.</b>						
2	..	Excision of sac.....	Prepatellar bursitis.....	2	2	..
1	..	" .....	Pre-tibial " .....	1	1	..
1	..	Suturing patella.....	Fracture of patella.....	1	1	..
1	..	Curetting .....	Sinus .....	1	1	..
<b>LEG.</b>						
30	..	Amputation.....	Gangrene.....	1	1	..
	..	" .....	Crush.....	3	3	..
	..	" .....	Compound fracture.....	1	1	..
	..	" .....	Non-union of old fracture.....	1	1	..
	..	Re-amputation.....	Gangrene of flaps.....	2	2	..
	..	Excision .....	Ulcer of stump.....	1	1	..
	..	" .....	Sebaceous cyst.....	1	1	..
2	2	Incisions .....	Cellulitis .....	3	3	..
1	1	" .....	Periostitis .....	1	1	..
	..	" .....	Post-typhoid ulcer.....	1	1	..
	..	" .....	Abscess.....	1	1	..
1	1	Removal of shot.....	Gunshot wound.....	1	1	..
3	3	" bone .....	Periosteal necrosis.....	1	1	..
1	1	Sequestrotomy.....	Osteomyelitis .....	3	3	..
1	1	Trephining .....	Bone, abscess .....	1	1	..
3	3	Suturing bones.....	Ununited fracture of both bones.....	2	2	..
	..	" " .....	Compound fracture .....	2	2	..
	..	" " .....	" " tibia .....	1	1	..
11	..	Re-fracture .....	Greenstick fracture.....	1	1	..
1	1	Trimming stump.....	Non-healing of stump.....	1	1	..
3	3	Skin grafting.....	Ulcer.....	6	6	..
	..	Neurorrhaphy .....	Traumatic paralysis (ext. popliteal).....	1	1	..
<b>ANKLE.</b>						
1	1	Excision .....	Tubercular arthritis .....	1	1	..
2	2	" .....	Dislocation and fracture of astragalus.....	1	1	..
1	1	Curetting .....	Caries of ext. malleolus.....	1	1	..
5	5	Tarsotomy.....	Talipes equino-varus.....	5	5	..
1	1	Tenotomy of tendo Achillis.....		2	2	..
<b>FOOT.</b>						
2	1	Excision of joint.....	Hallux valgus.....	4	4	..
1	1	Excision .....	Ingrowing toe nails.....	2	2	..
1	1	" .....	Sarcoma .....	1	1	..
2	2	" .....	Caries of tarsus.....	1	1	..
2	2	" .....	" metatarsus .....	1	1	..
3	3	Incision.....	Abscess of toe.....	1	1	..
2	2	" .....	Cellulitis.....	1	1	..
2	2	" exploratory.....	No pathological condition found.....	1	1	..
1	1	Amputation of toes.....	Crush.....	3	3	..
	..	" .....	Necrosis .....	2	2	..
1	1	Skin grafting.....	Ulcer of heel.....	1	1	..
1	1	Correction under ether.....	Pes planus.....	1	1	..
1	1	" .....	Talipes varus.....	1	1	..
6	6	Total.....		137	136	1

BACK AND VERTEBRAL COLUMN.

OPERATION	DISEASE	Total	Recov- ered Dis
Excision . . . . .	Teratoma of sacro-coccygeal region . . . . .	1	1
" . . . . .	Dermoid tumor of perinaeum . . . . .	1	1
" . . . . .	Papillomata . . . . .	1	1
Excision of sac. . . . .	Spina bifida . . . . .	1	1
Aspiration, with injection of Mor- ton's solution . . . . .	Spina bifida. . . . .	1	1
Suturing . . . . .	Wound following resection of rectum . . . . .	1	1
Incision and curetting . . . . .	Cold abscess, with necrosis of ilium . . . . .	2	2
Incision . . . . .	Lumbar abscess . . . . .	3	3
" . . . . .	Perineal abscess . . . . .	1	1
" . . . . .	Shoulder abscess . . . . .	1	1
Application of plaster of Paris . . . . .	Sacro-iliac tuberculosis . . . . .	1	1
Laminectomy . . . . .	Fracture-dislocation, lumbar . . . . .	1	1
Total . . . . .		15	12

THORAX AND CHEST WALL.

BREAST.

OPERATION	DISEASE	Total	Recov- ered Dis
Incision . . . . .	Mammary abscess . . . . .	4	4
Skin grafting . . . . .	Wound following removal of breast . . . . .	3	3
Excision . . . . .	Fibro-adenomata . . . . .	2	2
" . . . . .	Recurrent carcinoma . . . . .	2	2
Complete removal . . . . .	Fibro-adenoma (in one, multiple) . . . . .	2	2
" . . . . .	Chronic mastitis and mammitis . . . . .	1	1
" with dissection of axilla . . . . .	Carcinoma . . . . .	13	13

CHEST.

Thoracotomy, with resection of rib . . . . .	Pyo-pneumothorax . . . . .	2	2
" . . . . .	Empyæma . . . . .	4	4
Thoracotomy, with resection of rib and incision of abscess . . . . .	Abscess of lung . . . . .	1	1
Incision, curetting and removal of rib and sternum . . . . .	Cold abscess, necrosis of rib and sternum . . . . .	2	2
Resection of rib . . . . .	Post-typhoid necrosis of rib and sternum . . . . .	2	2
" . . . . .	Persistent empyæma sinus . . . . .	1	1
" . . . . .	Necrosis . . . . .	2	2
Incision . . . . .	Suppurating sebaceous cyst . . . . .	1	1
" . . . . .	Abscess . . . . .	1	1
Removal . . . . .	Needle . . . . .	1	1
Plastic operation and skin grafting . . . . .	Contractures from burns . . . . .	1	1
Total . . . . .		45	44

GENITO-URINARY.

KIDNEYS.

OPERATION	DISEASE	Total	Recov- ered Dis
Nephrorrhaphy . . . . .	Movable kidney . . . . .	6	6
Nephrotomy . . . . .	Renal tuberculosis . . . . .	2	2

Nephrotomy . . .  
" . . .  
" . . .  
Nephrectomy ( . . .  
" . . .  
Nephrolithotom . . .  
Exploration of . . .  
Suprapubic lith . . .  
" . . .  
" . . .  
Median perinea . . .  
" . . .  
" . . .  
" . . .  
Suprapubic and . . .  
" . . .  
Dilatation of u . . .  
Internal urethr . . .  
Int. urethroton . . .  
totomy . . . . .  
Meatotomy . . . . .  
Incision . . . . .  
Examination of . . .  
Circumcision . . .  
" . . .  
" . . .  
Excision . . . . .  
Circumcision w . . .  
Excision . . . . .  
Radical cure . . . . .  
Incision . . . . .  
" . . . . .  
Castration (dou . . .  
Excision, caute . . .  
Excision by cl . . .  
Incision . . . . .  
" . . . . .  
" . . . . .  
Removal . . . . .  
Excision (Hei . . .  
Examination o . . .  
Dilatation . . . . .  
Proctotomy . . . . .  
To . . . . .

KIDNEYS.—Con.

Total	Recov- ered	Died	OPERATION	DISEASE	Recov-		
					Total	ered	Died
			Nephrotomy	Hæmaturia	2	2	..
1	..		"	Pyonephrosis	1	1	..
1	1		"	Struma suprarenalis sarcomatodes aberrans.	1	1	..
1	1		Nephrectomy (trans-peritoneal)	" " " "	1	1	..
1	..		"	Calculus, with pyonephrosis	1	..	1
1	..		"	Hydronephrosis	1	1	..
1	1		Nephrolithotomy	Calculus with pyonephrosis	2	1	1
2	2		<b>BLADDER AND URETHRA.</b>				
3	3		Exploration of bladder	Miscellaneous	14	14	..
1	1		Suprapubic lithotomy	Calculus	5	5	..
1	1		" cystotomy	Cystitis	2	2	..
1	1		"	Tubercular cystitis	2	..	2
1	1		"	Enlarged prostate, with cystitis	1	1	..
15	12		Median perineal cystotomy	Enlarged prostate with retention	1	1	..
			" " "	Cystitis	1	1	..
			" " "	Stricture with extravasation	1	..	1
			" " lithotomy	Calculus	1	1	..
			Suprapubic and perineal cystotomy	Stricture	2	2	..
			" " "	Enlarged prostate with retention	1	1	..
			Dilatation of urethra	Stricture	20	20	..
			Internal urethrotomy	"	4	4	..
4	4		Int. urethrotomy and perineal cys- totomy	" (one with urethral calculi)	11	11	..
3	3		Meatotomy	Stricture of meatus	2	2	..
2	2		Incision	Urinary fistula from stricture	1	1	..
2	2		Examination of urethra	Stricture (one with urethral calculi)	3	3	..
1	1		<b>PENIS.</b>				
13	13		Circumcision	Phimosis	3	3	..
			"	Phimosis with chancre	2	2	..
			"	" chancroids	3	3	..
2	2		Excision	Epithelioma of prepuce	1	1	..
4	4		Circumcision with cauterization	Phimosis with phagedæna	1	1	..
1	..		<b>SCROTUM, TESTES AND VULVA.</b>				
2	2		Excision	Varicocele	6	6	..
2	2		Radical cure	Hydrocele	2	2	..
1	1		Incision	Tubercular epididymitis	1	1	..
2	2		"	Suppurating "	1	1	..
1	1		Castration (double)	Enlarged prostate	2	2	..
1	1		Excision, cauterizing	Venereal papillomata of vulva	1	1	..
1	1		<b>ANUS AND RECTUM.</b>				
			Excision by clamp and cautery	Hæmorrhoids	15	15	..
45	44		Incision	"	1	1	..
			"	Fistula-in-ano	14	14	..
			"	Ischio-rectal abscess	4	4	..
			Removal	Polypi of rectum	1	1	..
			Excision (Heinecke's)	Cancer of rectum	1	1	..
			Examination of rectum	"	1	1	..
			Dilatation	Stricture of rectum	1	1	..
			Proctotomy	" "	1	1	..
6	6		<b>Total</b>				
2	2				151	146	5

## ABDOMEN.

## ABDOMINAL WALL.

OPERATION	DISEASE	Total	Recov- ered
Suturing (secondary)	Operation wound	6	6
Incision	Stitch-hole abscess	1	1
"	Appendicitis	1	1
Suturing gall bladder	Biliary fistula	2	2
Excision	Lipoma	1	1

## HERNIA.

Radical cure	Inguinal	17	16
"	Femoral	2	2
"	Ventral	1	1
Herniotomy, with resection of in- testine (Murphy button)	Strangulated femoral	1	1

## EXPLORATORY LAPAROTOMY.

Exploration	Gall bladder, fistula	1	1
"	Pancreatitis	1	1
"	Carcinoma of meso-sigmoid	1	1
"	" splenic flexure	1	1
"	Sarcoma of peritoneum	1	1
" operation to establish collateral circulation	Atrophic cirrhosis of liver	1	..

## LAPAROTOMY.

Appendectomy	I. (a) Acute	4	4
"	(b) " with general peritonitis	1	..
"	II. (a) " gangrenous	4	4
"	(b) " " with perforation	9	9
"	(c) " " " general peri- tonitis	6	..
"	III. (a) " perforative	13	13
"	(b) " " with general peri- tonitis	3	1
"	IV. Subacute	8	8
"	V. Recurrent (operation in interval)	22	21
"	{ Lumbar, intraperitoneal abscess (unknown cause, app. normal)	1	1
"	{ Appendix only inflamed on outside, from sal- pingitis	1	1
Incision	Appendix abscess	3	3
Suturing stomach	Perf. gastric ulcer	1	1
Inguinal colotomy (Maydl's)	Cancer of rectum	2	2
"	" sigmoid flexure	1	1
Rt. Inguinal colotomy	Gangrenous colitis, with perforation	1	..
Cholecystotomy and removal of gall stones	Cholelithiasis	5	5
Choledochotomy	"	2	2
Combined cholecystotomy and chole- dochotomy	"	1	1
Division of band and removal of diverticulum	Intestinal obstruction by Meckel's diverti- culum	1	1
Division of adhesion	Intestinal obstruction	2	2
Reduction	Intestinal obstruction by volvulus	1	1

OPERATIONS  
Incision and red  
Resection of bo  
" " "  
Incision.....  
Suturing small i  
Closure of artifi  
Gastrostomy wit  
tation.....  
Gastro-Jejunosto  
Removal of app  
" "  
Salpingectomy.  
Ovariectomy ..

Total

Total number



LAPAROTOMY—Con.

Total	Recov- ered	Died	OPERATION	DISEASE	Recov- ered Died		
					Total	ered	Died
			Incision and reduction.....	Intussusception.....	1	..	1
6	6		Resection of bowel.....	".....	1	..	1
1	1		" ".....	Cancer of sigmoid flexure.....	1	1	..
1	1		Incision.....	Tubercular peritonitis.....	1	1	..
2	2		Suturing small intestine.....	Traumatic rupture.....	1	..	1
1	1		Closure of artificial anus.....		3	3	..
			Gastrostomy with retrograde dila- tation.....	} Esophageal stricture.....	1	..	1
			Gastro-Jejunostomy.....		Cancer of stomach.....	1	1
17	16		Removal of appendages.....	Ruptured tubal pregnancy.....	1	1	..
2	2		" ".....	Oophoro salpingitis.....	1	1	..
1	1		Salpingectomy.....	Catarrhal ".....	1	1	..
1	1		Ovariectomy.....	Dermoid of ovary.....	2	2	..
			Total.....		148	131	17

SYNOPSIS.

Total number of operations, 729, divided as follows:..

Head and Neck.....	100
Upper Extremity.....	30
Lower Extremity.....	137
Genito-Urinary.....	151
Abdomen.....	148
Thorax and Chest Wall.....	45
Back and Vertebral Column.....	15
	<hr/>
	726



Excluding the three cases of abscess mentioned below, there was left a series of 70 which have been analysed.

Class I. includes 28 cases ; Class II. 6 cases ; Class III. 4 cases ; Class IV. 22 cases ; Class V. 10 cases.

Three cases of abscess, diagnosed as being due to a perforation of the appendix, are not included in the analysis, inasmuch as the abscess was merely incised and drained, and the appendix not demonstrated. There were 16 cases not submitted to operation. Of these 12 were of the acute type, and subsided within two or three days ; three were recurrent, and one was a chronic abscess following perforation.

Of the 89 cases, 73 were cured ; 2 were improved ; 1 was not improved ; 3 were not treated ; and 10 died. The mortality is thus 11.2%. Of the fatal cases, nine were of the general septic peritonitis class, and one was a suppurative mesenteric lymphadenitis subsequent to a chronic inflammation of the appendix of long standing. It is seen, therefore, that the mortality in all but the gravest type of appendicitis is nil ; all the clean cases, and all the perforation cases with localised trouble, even where the localisation was very slight and pus filled the whole right side and pelvis, recovered.

Passing now, to a review *seriatim* of the classes above mentioned, we find the following facts of interest :—

Class I.—28 cases.

<i>Ætiology:</i> AGES—10 to 20 years.....	3
20 to 30 " .....	12
30 to 40 " .....	9
40 to 51 " .....	4

SEX.—Male, 20 ; female, 8.

PREVIOUS ATTACKS.—One had one ; one had two ; two had three or four ; and all the rest many—most of them slight, but a few severe attacks.

PREVIOUS CONSTIPATION.—Thirteen had none ; twelve had more or less chronic trouble ; and in three the condition is not mentioned.

PREVIOUS DIARRHŒA.—Only in one case ; not present in the others.

CHRONIC INDIGESTION is mentioned only in one case.

OVER-EXERTION is mentioned in five cases.

\*MICRO-ORGANISMS.—*B. coli* com. was found in all cases in which cultures were taken.

CONCRETION was found in only one case ; this was a subacute condition, with tip somewhat distended, and mucosa hæmorrhagic.

In no case is it mentioned in the histories that especial errors in diet or acute indigestion preceded the onset of pain.

\* In what follows the bacteriological reports are not submitted as being of absolute value, inasmuch as when smear cultures are taken and no Petri plate made till the next day (as was the case in the majority of the cultures), the *B. Coli* may kill off other organisms originally present by the rapidity of its growth. The suggestion is owed to Dr. Adami.

*Clinical Course, Signs—*

ONSET.—Pain varied a great deal in its character. In only nine was it of the typically crampy nature usually described. In some it was "slight," in others "severe" from the first. In others it was "dull," "burning," "aching" or "smarting." Whether mild or severe at the onset, the pain, in the later course, became generally severe, although in a few cases it is described as mild throughout. Still later, pain usually subsided into a dull soreness.

SITUATION OF THE PAIN at onset was in nine cases "generalized;" in four "umbilical;" in three in "lower abdominal zone;" in one "epigastric;" in nine "right iliac." In several instances it is noted that, whereas the pain at the onset was generalized in the first attack, it was right iliac in succeeding attacks.

In all cases, save one, where the onset-pain did not begin in the right iliac region, it is noted that it settled in that region sooner or later. In the one exception, symptoms throughout were those of a "chronic belly ache."

In twenty-three cases, where the date of the first attack is mentioned, it is found that five were within a year previous to admission; nine from one to two years; three from three to four years; the others dated back to five, six, eight, fourteen, eighteen and twenty-three years.

In twenty-one cases there was no resistance to palpation. In three there was slight, and in one considerable resistance.

TUMOR in the right iliac region was felt in six cases; in five slight and indefinite, the appendix alone being swollen; in one marked, omentum cæcum and ileum being all adherent round appendix. In the rest it was absent.

VOMITING occurred in 17 cases, *i.e.*, 60%, absent in 11.

*Interval Troubles in Recurrent Cases—*

In fifteen (53%) there was a definite history of chronic trouble in the intervals of attacks. In twelve of these it was chronic soreness in the right iliac region, and in two this was sufficient to render the patient invalid. In one it was a flatulent dyspepsia. In five there was chronic constipation as well, and in one diarrhœa.

CHILL—In four cases. Apparently rather chilly feelings than actual rigors.

TIME OF OPERATION.—All were performed in the interval, the shortest lapse of time after the last attack being ten days.

MENSTRUAL TROUBLES were found in two of the eight female cases.

All the cases were discharged cured, except two. Of these, one was a case of chronic inflammation, where the appendix lay embedded in very dense adhesions. Histologically there were found evidences of a chronic inflammatory process, which had gone so far as to produce slight necrosis of the submucosa. In the after course he developed hæmaturia, a large mass in

left hypochondriac and lumbar region, and finally, two months after operation, a second large mass in the right hypochondrium, becoming meantime steadily weaker. He finally insisted on going home, and has not been heard from since.

The other was a case where the appendix was found firmly adherent to the posterior wall of the abdomen and the brim of the pelvis; and the mesentery showed large, fused glandular masses, which were considered to be the result of a suppurative lymphadenitis by extension from the appendix. Histologically the appendix, according to the Pathological Report, showed only a condition of "chronic catarrhal appendicitis." This case gradually sank, and died 16 days after operation.

There were no complications, save in the two cases just mentioned, and in one other, where hysteria developed seventeen days after operation.

*Class II.—Empyema of the Appendix.* Six cases.

In these, the element of retained pus introduces a new factor into consideration.

In three the pus was thick, fetid, and greenish; in two it was a purulent fecal fluid; and in one it was a "bloody grumous" fluid.

SEX.—Five were males; one female.

AGES.—19 to 33 years.

PREVIOUS ATTACKS.—One had had two slight ones in past two years; two others had had frequent attacks; one had had three severe; one four severe and one six slight attacks.

CHRONIC CONSTIPATION was present in one case. Chronic diarrhoea in two cases.

CONCRETIONS were absent in all.

BACTERIA.—*Coli commune* in three; mixed staphylococci and streptococci in one; one sterile; no report in the other.

*Clinical Course.*—

PAIN at the onset in all was around the umbilicus, and crampy or severe in nature; later it became localized to right iliac region.

RESISTANCE TO PALPATION in three cases; absent altogether in one case, and amounting to great local rigidity in two.

RESTLESSNESS.—Noted only in one case.

LOCAL TUMOR.—Slight in three; in two due to swelling of appendix alone without omentum; in one, due also to omentum.

DISTENSION.—Absent in all, save one, where it was slight and local.

VOMITING.—Present in all.

CHILL was present in three, but slight; only chilliness.

DATE OF OPERATION.—In one, 23 hours after onset; in one, 40 hours; in one, two and a half days; in one, three and a half days; and in two in the interval.

In this class of cases, one notices the more frequent occurrence of chilly feelings, (viz., in 50% of the cases), which, though not amounting to rigor, may possibly be considered of some diagnostic value.

*Class III.—Non-perforated, Gangrenous Appendix.* Four cases.

In two of these, gangrene involved about half the appendix; in two the whole organ. In one case it involved also a considerable area of the cæcum where the appendix lay against it.

AGE.—19 to 36.

SEX.—Three males; one female.

PREVIOUS ATTACKS.—Three had had occasional slight attacks, one had had none.

CONSTIPATION had not preceded the attack in any case; nor had diarrhoea.

ORGANISMS.—*B. coli* commune in one case; mixed coli and staphylococci in another; sterile in another; no report in the fourth.

CONCRETIONS were present in two; in one four small, and in the other one small concretion.

*Clinical Course.*—

PAIN began mildly in three of the cases; in the other it was very severe from the first. It was situated, at the onset, in the "lower zone" in one case; in the epigastrium and right hypochondrium in one; and was "generalized" in two. There was no definite exacerbation of the pain in any of the cases. In one it was never severe. In all, it became, sooner or later, localized to the right iliac region.

RIGIDITY present locally in all cases.

RESTLESSNESS noticed in two cases.

LOCAL TUMOR in two cases.

DISTENSION.—Slight local in one case; slight general in one.

VOMITING present in two cases only; and then very slight.

CHILL was not present in any case.

*Complications.*—

In one case a slight nephritis was present at time of operation. This case also developed a left-sided phlebitis about a week after operation.

OPERATION was performed in one case 48 hours after onset; in one 32 hours; in one 78 hours; and in one on the ninth day. The latter would, no doubt, have perforated long before operation, had the appendix not been bound down to cæcum, and the gangrene gradually involved the whole thickness of the wall of the latter, into which, indeed, it was on the point of perforating.

In these cases it is noticeable that the signs of gangrene usually given—abrupt cessation of pain, fall in temperature, increased pulse rate, and anxious expression—were largely absent.

The histories note a treacherous lull in the pain following the severe pain of the onset, the pulse, however, keeping up.

All the cases made perfect recoveries.

*Class IV.—Perforation with Localized Peritonitis and Abscess. 22 cases.*

The size of the abscess varied greatly; in some it was extremely small; in several it extended through the whole right side from the liver down, and filled the pelvis. All, however, made good recoveries.

The position of the appendix was in four cases south, over the brim of the pelvis; in all the rest except two, where nothing is said on this point, it was curled up behind or outside of the cæcum. The position of the perforation varied too much for generalization.

*Ætiology*: AGES.—Up to 10 years..... 1 case  
 10 to 20 " ..... 10 cases  
 20 to 30 " ..... 6 "  
 30 to 40 " ..... 3 "  
 57 " ..... 1 case  
 65 " ..... 1 "

SEX.—Males, 20; females, 2.

PREVIOUS ATTACKS.—Nine had had none; two, one; two, three; two, five; four, many; and in three the point is not mentioned.

PREVIOUS CONSTIPATION.—Chronic constipation was present in five; in three not mentioned; in the rest absent.

PREVIOUS DIARRHŒA absent in all.

CONCRETIONS were present in eight cases.

BACTERIOLOGY.—In fifteen the bac. coli was found in pure culture. }  
 In three bac. coli and staphylococcus albus mixed.  
 In one staphylococci alone.  
 In one sterile.  
 In two no report.

*Clinical Course—*

PAIN.—Character at onset was, in 13 cases, crampy; "slight" in seven, and "severe" in ten.

SITE at onset was "generalized" in 11; umbilical in one; right iliac in six; and in the "lower zone" in two; in two not mentioned.

In practically all cases pain became, before long, localized to the right side, and if slight at first soon became severe; still later subsiding to a greater or less extent. Following this initial pain, there occurred, according to the histories, in a large proportion of the cases a very distinct exacerbation, such as is often said to indicate perforation.

Distinct exacerbation in 10 cases. (In one of these where there were two perforations, one of the ascending colon, the other of the appendix, there were also two distinct exacerbations).

Indefinite exacerbation in three cases.

Distinctly no exacerbation in four cases.

Not mentioned in two cases.

Pain extremely severe from the onset in three cases.

LOCAL TUMOR was felt in all but three.

DISTENSION was present in 11 cases, in 9 of which it was local and slight or moderate; in two moderate and general. In the rest, absent.

VOMITING occurred in 16 cases; nausea alone in two; both absent in the rest.

CONSTIPATION.—During attack, found in six cases; diarrhoea in one; in the rest absent or not mentioned.

PAINFUL MICTURITION noticed in two cases; in both the pelvis was filled with pus.

CHILL was found in only three cases; in one very slight. It was most marked in a case of large and long-standing (three weeks) abscess.

DATE OF OPERATION.—Two were operated within 24 hours

4	"	"	"	48	"
2	"	"	"	72	"
11	"	"	"	1st	week
2	"	"	"	2nd	"
1	"	"	"	3rd	"

**Complications.**—

FÆCAL FISTULA in two cases; in one, present at operation, healed spontaneously in eight days; the other developed a week after operation; healed spontaneously in three to four days.

HÆMATURIA developed in one case on fifteenth day after operation; persisted for 15 days; then disappeared completely. It was in the first specimen only in macroscopic amount; for the rest of the time microscopic, and was unaccompanied by other symptoms. Remained unexplained.

DOUBLE PHLEBITIS in one case; first in left leg; immediately afterwards in right.

NEPHRITIS in three cases.

**Class V.—General Septic Peritonitis.**

During the year ten cases of this condition were admitted and operated. By the term "general" is meant an involvement, as demonstrated at operation, of the whole lower half at least of the abdominal cavity. Of the ten cases nine died, a mortality of 90%. All, except one, were due to an acute perforating appendicitis. The one exception showed an appendix not perforated, but with a hæmorrhagic, greyish mucosa, swollen, and in parts necrotic; and this was considered to be the cause of the general peritonitis by extension along vessels.



The following are the main points of interest; there is appended an abstract of the cases in detail.

SEX.—Males, 7; females, 3.

*Ætiology:* AGES—

1 to 10 years	1 case
10 to 20 "	2 cases
20 to 30 "	3 "
30 to 40 "	2 "
53 "	1 case
57 "	1 "

PREVIOUS ATTACKS.—Two had had none; three, one attack; two, several slight attacks; and three, many, of which some had been severe.

PREVIOUS CONSTIPATION—Chronic trouble had been present in two cases; in two, absent; and in the rest the point is not mentioned.

PREVIOUS DIARRHŒA—Definitely absent in three; not mentioned in the rest.

POSITION OF THE APPENDIX—In three cases the appendix pointed south and extended over the brim of the pelvis; in all the others it was curled up behind, or behind and outside the cæcum.

CHRONIC INDIGESTION, previous to the attack, is mentioned only in one case.

CONCRETIONS were found in seven cases; in three they were absent.

ORGANISMS.—Cultures taken at operation yielded, in eight cases, a pure growth of *B. coli com.*; in one case a mixed growth of *staphylococcus aureus* and *B. coli com.*; and in one case they remained sterile.

#### *Clinical Course and Signs—*

ONSET.—In six cases the pain was slight at the onset, becoming severe later; in the other four it was severe from the first.

In eight cases the pain was generalized at first; and in two it began in the hypogastric region. Following this, it became localized to the right iliac region in four cases, and remained general in four.

In all cases there was generalized tenderness to pressure over lower half, or more, of the abdomen, but in a majority of cases this was worst in the right iliac region.

There was considerable resistance to palpation all over the abdomen in three cases; in the rest there was absolute rigidity.

RESTLESSNESS was marked in four of the cases.

TUMOR was made out only in two cases; in one of these from the rectum; in the rest, rigidity prevented proper palpation.

DISTENSION, generalized, was present in nine, and absent in one.

VOMITING was present in all cases, and in a majority was marked.

CONSTIPATION during the attack was present in four cases; in four it was definitely absent; in two, not mentioned.

DIARRHŒA during the attack was not present in any case.

COSTAL RESPIRATION was noted in six cases; not mentioned in four.

URINARY DISTURBANCE was found in two cases ; in one retention, previous to operation ; in the other, albuminuria with casts, and considerable frequency. CHILL was rare ; it was noted only in two cases.

CATHARTICS.—There is a history of the exhibition of cathartics in eight cases. In one case an exacerbation of symptoms and probable perforation followed a saline purge. In the others no definite connection could be traced between the cathartic and perforation. In some, certainly, the cathartic was given after perforation had occurred.

*Lapse of Time between Onset and Operation—*

In one case . . . . .	26 hours
In two cases . . . . .	24 to 48 hours
In two cases . . . . .	48 to 72 "
In two cases . . . . .	On 4th day
In one case . . . . .	On 6th "
In one case . . . . .	On 7th "
In one case . . . . .	On 16th "

In the one case that recovered 72 hours had elapsed since onset.

In six cases the perforation may be said to have been primary from the appendix ; in two it was probably secondary from a pre-existing abscess ; and in two the point is doubtful.

The peritonitis in all cases but one was of the sero-purulent form ; in one case it was of a plastic character, with more or less delimited collections of thick greenish pus here and there between the coils of bowel.

TIME OF DEATH.—One case was moribund before operation, and died on leaving the table. One died ten hours after operation ; one 50 hours ; two 68 hours ; one 72 hours ; one 88 hours ; one 96 hours, and one 106 hours after operation.

COMPLICATIONS.—None, except nephritis in one case.

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## SYNOPSIS OF TEN CASES OF GENERAL PERITONITIS.

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*Case No. 2581*—Mrs. S., female, *Æt.* 57.

Admitted January 31, 11.30 p.m., complaining of pain in abdomen, distension, vomiting, constipation. Began about January 15 with slight generalised abdominal pain. This kept on more or less, with occasional vomiting till 28th, when it became very severe. Remained so for 24 hours; not severe since. Vomiting frequent on 28th, and persistent since. Bowels greatly constipated since onset. Distension appeared on evening of 28th, and increased rapidly. No chills.

Subject for past 15 years to attacks of severe, generalized abdominal pain, with vomiting, lasting one to five days. About one attack each year. Otherwise always well.

**PRESENT CONDITION.**—Well-nourished woman. Abdomen greatly distended; tympanitic; general rigidity and tenderness; fluctuation across lower zone. No mass palpable. On rectal examination, a hard mass in Douglas's pouch. Vomiting very frequent; not stercoraceous. Pulse very small; 120. Temp. 100 1-5. Slight cyanosis. Intelligence good. Urine shows traces of albumen. Breathing altogether thoracic. Vomiting became fecal by morning after admission.

**OPERATION,** 8 a.m. Febuary 1st—A large amount of fairly thick turbid sero-pus free in cavity and acute inflammation of whole peritoneum, with patches of lymph. Appendix extended into pelvis was much swollen, surrounded by old adhesions, and with whole tip sloughed off. Two concretions. Removed. Iodoform gauge drainage. Patient died almost immediately on reaching the ward.

**BACTERIOLOGICAL EXAM.**—*Bacillus coli com.*

*Case No. 3089.*—Alfred G., male, *Æt.* 22.

Admitted October 8th, 1 p.m., complaining of abdominal pain with vomiting.

**HISTORY OF PRESENT ILLNESS.**—No history of any previous abdominal pain.

Present attack began on October 5th with severe general abdominal pain and vomiting. After about six hours pain lessened somewhat, but remained generalized and moderately severe. It increased slightly on October 7th, when he had another attack of vomiting. On the morning of the 8th there was another exacerbation. Bowels have moved freely since onset.

PRESENT CONDITION.—On admission. A well-nourished man. Severe general abdominal pain. Pulse 100 and rather weak. Temp. 99.2. Resp. 22. Abdomen full, moderately distended. General rigidity, and tenderness, most marked in right lower quadrant, and present also in right loin. An indefinite mass can be felt external to ascending colon. Liver dulness normal. Rectal examination shows tenderness, but no mass.

Remaining organs normal.

OPERATION 1.30 p.m. *Ether*. Usual vertical incision. Walls below muscle œdematous. Large amount of free fluid in abdomen—thin, turbid sero-pus with numerous flakes of lymph. No limiting adhesions. Appendix found stretching up behind and outside cæcum and ascending colon, its tip lying under the right lobe of liver and attached to a fibrous cord, apparently coming from under surface of liver near gall-bladder (probably a process from the falciform ligament). It showed a large perforation, size of a 10 cent piece on its under surface about one inch from its proximal end, and was gangrenous in its whole length (six inches). A jagged enterolith was expressed through perforation, faceted on one surface, about the size of a small marble but very jagged and irregular; and another small one was found free in the cavity near appendix looking more like a small gall-stone than a coprolith, of smooth surface, black, and four or five-sided, about size of a large pea. The liver surface showed a patchy coating of greenish lymph. Appendix was not adherent except at tip. Removed first at base, and then in its length. Counter opening made on left side, where free pus was also found. Peritonitis very general. Very thorough irrigation of whole abdomen with saline. Incision in right loin, and rubber tube put in. Numerous strips of iodoform gauze packed in in all directions among coils of intestine on both sides. No drainage tubes.

October 9th.—Temperature kept about 100 and pulse 112-120. Had two rigors during the day and vomited several times. Antistreptococcus serum 14 c.c., was administered, while waiting for the pathological report, on the chance (considered unlikely) of its being a streptococcic infection. In the evening the stomach was washed out on account of vomiting. It caused the patient intense distress and pain, and was productive of no benefit. Calomel and soda, aa gr. v., was given at 7 p.m. and bowels moved freely next morning. Was put on strychnine, whiskey and saline per rectum.

10th.—Condition fair. Very little distension. Calomel gr. v at 10 p.m. Very little vomiting. Temp. 99-100. Pulse 112-120 and strong.

11th.—Worse. Distension increasing. Vomiting recommenced this evening. Temp. 101-101.4. Pulse 120-130.

12th.—Some pain across abdomen. Large liquid stool. Delirious in the afternoon. Vomiting becoming frequent. Temp. 100-102° (by axilla). Pulse 128-152. Died at 12.30 a.m. of the 13th; preceding death there were great restlessness and delirium for some hours.

**PATHOLOGICAL REPORT.**—Pure culture of bac. coli com. Appendix  $6\frac{1}{2}$  inches long; gangrenous throughout. A perforation one inch from proximal end  $\frac{3}{4}$  in. long. Lumen constricted at centre.

**POST-MORTEM.**—Post-Mortem Reports, No. 73. Septic peritonitis; pylephlebitis of portal vein and mesenteric vessels; chronic aortic endocarditis; acute vegetative mitral endocarditis; acute congestion and cloudy swelling of organs.

Broth cultures from spleen and bile gave B. coli; from peritoneal cavity, B. coli and staphylococci; from pericardial fluid, B. lactis aerogenes.

**Case No. 3047.**—John McK., male, æt 22.

Admitted September 17, 1898, at 7.30 p.m.

**HISTORY OF ILLNESS.**—On the 14th he began to suffer from slight general abdominal pain. He had a chill and vomited the next morning, and after this the pain was severe in the right lower quadrant. Vomiting persisted all that day (15th) on taking any nourishment, but was absent on the 16th. Had an attack of very severe, sharp pain on the 16th. Bowels were regular before illness; but have not moved since onset in spite of purgatives— $\frac{3}{4}$ ss. of "salts" the evening of 15th, three pills on the 16th, and an enema on the morning of the 17th. Delirious the night of the 16th, and again in the ambulance coming in.

He has had several attacks of slight colicky pain in abdomen previously, which he attributed to "wind."

**PRESENT CONDITION.**—On admission, a well-nourished man; general condition very bad; somewhat cyanosed and slightly delirious. Temp. 105 per rectum. 101.2 by axilla. Pulse 150 and weak. Resp. 32.

**ABDOMEN** considerably and uniformly distended: tympanitic all over; liver and splenic dulness obliterated; costal respiration; generally tender to pressure, except in the loins; most markedly so in right iliac region. General rigidity of walls.

On rectal examination, no mass felt, but great tenderness on right side below brim of pelvis.

Other systems normal. No specimen of urine could be obtained.

**OPERATION,** 9.15 p.m. *Ether.* Usual appendix incision. On entering, a gush of thin yellowish-white pus, free in cavity. A few small patches of necrotic lymph about ileum and cæcum, but no adhesions. Appendix found curled up behind cæcum, with a perforation the size of a five-cent piece on its lower border  $\frac{3}{4}$  of an inch from tip; much inflamed, thickened; gangrenous only at area of perforation. Omentum not protecting. No concretion. Removed in usual way, by circular amputation and covering in of stump. Incision then made in left iliac region, followed by a gush of thin sero-pus as before. Peritonitis evidently very general. Abdomen washed out thoroughly with formalin 1-3000, followed by normal saline. Intestines, as a whole, dis-

tended, congested, and covered with thin fibrinous exudate. Iodoform gauze packed in among coils in both wounds, and a glass drain to the pelvis in each. No sutures. On leaving the table, subcut. saline 20 oz. was injected, condition being very bad. Another 20 oz. saline given subcutaneously 15 minutes later. During the night, patient was extremely restless and delirious. There was profuse clammy perspiration with cold extremities. Pulse remained at 160-174+, very small; and became towards morning imperceptible. Resp. went up to 60, while temp. dropped to 97 by 8 a.m. Cyanosis gradually deepened and he died at 8.15 a.m.

Cultures from pus showed bac. coli com., pure.

**AUTOPSY.**—Post-Mortem Reports, No. 67. Septic peritonitis; congestion of lungs; acute enteritis; enlarged mesenteric glands; cloudy organs; left old pleural adhesions; two accessory spleens.

Agar cultures from peritoneal cavity gave B. coli, and staphylococcus pyog. albus; from spleen and lung, staphylococcus albus; kidney and liver sterile.

**Case No. 3014.**—A. C., male, Æt. 37.

Admitted 10 a.m., September 6th, complaining of steady pain across the bowels, and of constipation.

**PRESENT ILLNESS.**—On night of third had a sudden attack of severe abdominal pain in hypogastric region, midway between umbilicus and symphysis. On morning of the 4th pain became general, and he vomited once only. Kept at work. Pain became localised to right iliac region on the afternoon of 5th. Bowels moved on morning of 5th. The same afternoon took a dose of salts, which failed to move bowels. For twelve hours before admission there was considerable nausea, but no vomiting. Was delirious night before entrance. This passed off in morning. One previous attack a year ago; moderate pain, constant in hypogastric region, lasting a week, without vomiting. Always healthy previously. Family rheumatic history.

**PRESENT CONDITION.**—Large man; dull and apathetic; tongue dry and coated; sordes; some lividity. Temp. 98, pulse 100, resp. 24.

Abdomen uniformly distended and tympanitic. General rigidity, most marked in right iliac region; not well marked on left side. Tenderness great over whole right side; slight over left. No mass can be felt on account of rigidity. Bowels chronically constipated for past month. Rectal examination negative. Liver dulness obliterated up to sixth rib. Other organs normal, save for apical systolic bruit without cardiac enlargement.

**OPERATION 2.30 p.m., September 6th.**—Usual incision on right side. Walls œdematous. On opening peritoneum a gush of thin foetid, yellowish seropus. Cæcum and end of ileum were covered with inflammatory lymph of a dark greenish (almost black) hue, simulating gangrene. Appendix curled up behind cæcum. Removed. Counter incision on left side, and whole cavity thoroughly irrigated through with saline. Right side packed with gauze in all directions. Glass tube to pelvis on left, with gauze packing and two sutures.

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**AFTER HISTORY.**—For first twenty-four hours patient did well; passed flatus; distension much less; no vomiting; tongue moist. On the 7th and 8th he vomited two or three times. On the 9th he began to hiccough, and became a little irrational. Pulse, which had been strong all along, was becoming weak. Was very restless and perspired profusely all night. Extremities cold. Lividity deepening. During 7th, 8th and 9th pulse varied between 80 and 100, and temperature was never above 99 nor below 97.4—remarkably even. Very little sero-pus had been exhausted from glass drain. He died at 4 p.m. on the 10th. Temperature went up to 99.3 and pulse to 140 just before death.

**AUTOPSY**—None.

**PATHOLOGICAL REPORT.**—Appendix three inches long. Mucosa swollen throughout; gangrenous for 1½ inches from tip. A fecal concretion ½ by ¼ inch. One inch from tip there is a small perforation. Section shows acute hæmorrhagic inflammation.

Cultures yielded pure colon bacillus growth.

*Case No. 3171.*—John McD., male, *Æt.* 19.

Admitted 10 p.m., November 19th, 1898.

**PRESENT ILLNESS.**—On November 14th, about 11 a.m., patient was suddenly seized with crampy pains, moderately severe, felt chiefly in lower zone of abdomen. About four hours later it became very severe. It remained in the same situation and of same nature till evening of 15th, when he was seen by a doctor, who gave him *tr. opii. ℥ xx. q. 2-4 h.* to be used *p. r. n.* This opiate was continued up to admission. About 4 a.m. on the 19th pain became much worse, and continued so for about ten hours; less since; was felt this last time chiefly just to left of umbilicus. He has had severe continuous pain in small of back since onset. Vomited once or twice every day from 15th to 18th. No chills. He had to be catheterized on evenings of the 15th, 16th and 18th. Bowels moved on the 15th after a saline purge; not since. No other purgatives exhibited. Since childhood, patient has had slight attacks of abdominal pain, lasting one to two hours, with occasional vomiting. Last one was on November 7th, 1898. They have become gradually more severe. Otherwise patient has always been healthy.

**PRESENT CONDITION.**—Well nourished young man. Severe abdominal pain. Temp. 100, pulse 108. Slight cyanosis.

Abdomen slightly distended; resistant but not rigid. Slight epigastric fulness. No palpable mass. Tenderness to pressure throughout abdomen; greatest just above and to left of umbilicus. Tympanitic all over. Costal respiration. No tenderness in loin. On rectal examination there is a full boggy feeling and tenderness in the pouch behind bladder, but no mass. Liver dulness not obliterated.

OPERATION 8.30 a.m., November 20th. Condition unchanged. Usual incision on right side. Came on cæcum covered with fine adhesions and injected. Ileum and adjacent coils showed a dry fibrinous peritonitis. Below and behind cæcum, at pelvic brim, was found an abscess with  $\bar{3}$  3-4 foetid, greenish pus, in which, bound down to the posterior wall of the cæcum, was the appendix. Its distal third was completely gangrenous, green and flaccid, floating free. A small perforation at junction of distal third with proximal two-thirds. Small faecal concretion lying free in abscess. The proximal two-thirds slightly thickened and congested. On opening, it showed a swollen catarrhal mucosa with numerous submucosal petechiae. Removed. No definite wall of adhesions separating this abscess from general cavity, but no further abscess searched for. The omentum showed but a corner in the wound; it was pulled down and found to be congested and infiltrated; not removed. Glass drain in pelvis, and rest of wound sutured.

Appendix was six inches long. Distal, two inches, almost completely gangrenous, and containing four faecal concretions of small size. Cultures showed pure growth of *B. coli* com.

AFTER HISTORY.—November 21. Becoming weaker. Pulse 130. Bowels moving freely with enemata. No distension. No rigidity. Passes urine freely. Very little exhausted from tube. Vomiting very frequently.

November 22nd—Growing worse. Otherwise as yesterday.

November 23, 5 a.m.—Died.

AUTOPSY—Post-mortem Reports, No. 86. Septic peritonitis; right septic pleurisy; slight portal pylephlebitis; acute parenchymatous degeneration of the liver; acute duodenitis and enteritis; cloudy organs. No cultures.

*Case No. 1206.*—P. N., male, *Æt* 53.

Admitted July 16, 1898, complaining of abdominal pain.

PRESENT ILLNESS.—At 8 o'clock on morning of 15th, day before entrance, patient was seized with a dull, aching pain across lower zone of abdomen. Kept at work all day, pain being constant. About 8.30 p.m. a violent chill. Shortly afterwards, pain became more severe, and localized to right lower quadrant, preventing sleep. After chill he perspired profusely and vomited. Was nauseated, but did not vomit since. At noon of 16th, his temperature was 104°. Another chill at 4 p.m. Needed morphia to relieve pain in afternoon of 16th. Had Mag. Sulph. on evening of 15th, and bowels moved next day.

Two years ago there was opened in the Royal Victoria Hospital an abscess pointing in the right groin, following symptoms of appendicitis, and diagnosed as an appendicular abscess which had come through the crural canal. This healed well at that time, and no abdominal operation was done. Previous to this he had occasional slight disturbance from "wind"; and since then he has had occasional crampy attacks. The last 2-3 weeks pain has recurred every day. Bowels have been regular.

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PRESENT CONDITION.—Has no actual pain; only soreness over lower zone. Pulse 88. Temp. 99.2.

Abdomen slightly distended; tympanitic all over. General tenderness to palpation, most marked in right iliac region and lower zone. General muscular resistance without actual rigidity. No palpable mass. Other organs normal; urine normal.

OPERATION, July 17th. Usual incision. Free sero-pus welled out. Small and large bowel moderately distended, and covered with patches of lymph. No walling off; whole lower half, at least, of abdomen involved in general peritonitis. Appendix greatly swollen and congested, curled up behind caecum, with a large perforation near tip. No omental protection. Removed. Counter-opening on left side, and thorough washing through with saline. Both wounds packed with gauze. No sutures.

July 19th. DRESSING.—In both wounds there was evidence of continued peritonitis—turbid serous fluid between the coils, not limited off, and bowel somewhat distended. In right wound two rubber tubes inserted, in upper and lower angles, and intervening portion sutured. In left, two small perforations were found in a loop of small bowel, emitting gas but not feces until after handling. These were enlarged by an incision one inch long allowing escape of several ounces fluid feces extra-abdominally. This then sutured; and cavity packed with iodoform gauze. Patient nearly died towards end of dressing, but rallied with subcutaneous saline. Died, however, four hours later.

BACTERIOL. REPORT.—Cultures remained sterile.

AUTOPSY.—None.

Case No. 2865.—Albert B., male, AEt 9.

Admitted June 25, 6 p.m.

PRESENT ILLNESS.—On June 22nd patient began to have a slight feeling of discomfort in abdomen, not amounting to pain. This was present during the 23rd. About 5 a.m. of 24th, he was wakened by severe generalized abdominal pain. He was given pulv. glycyrrhiz. co. ʒi. Bowels moved in 1-2 hours, and pain diminished. Vomited twice at onset of pain. No severe pain during 24th; it was felt chiefly in umbilical region. Slight until 1 p.m. of 25th, when it became suddenly very severe. Doctor in course of an hour gave opiates. Child vomited several times after this exacerbation. Pain still felt throughout abdomen, but only slight after opiate. Entered hospital at 6 p.m. One previous attack in summer of '97 with vomiting.

PRESENT CONDITION.—Child pale and thin. Face bright; eyes especially so. No cyanosis. No delirium, but restlessness. Pupils contracted. Pulse 140 and regular. Temp. 103.2. Resp. 28.

ABDOMEN not distended. No dulness. Some general rigidity. General tenderness, worse over right side, and present also round into loin. No pal-

pable mass, but deep palpation impossible. *Rectal examination.*—Tenderness high up. No mass. Other organs normal.

OPERATION, 9 p.m., 25th. Usual incision. Slightly thick yellow pus free in cavity. Appendix long, extending down into pelvis; perforated near tip; and a concretion just back of perforation. No adhesions. Removed. Counter-incision on left side. Free pus again. Thorough irrigation with saline. Iodoform gauze packing. No sutures.

BACTERIOL. REPORT.—Staphylococcus aureus and B. coli com.

AFTER HISTORY.—Patient did well, in spite of a little vomiting and delirium on the 26th and 27th. Bowels moved well with enemas and calomel. On 27th, he was dressed, left wound entirely closed, and right wound closed except for a rubber drain in lower angle. Healing took place kindly, and he was discharged cured on July 28th, 32 days after operation.

Case No. 2627—Mrs. R., female, *Æt.* 32.

Admitted February 25th, 1898, complaining of pain in the lower half of the abdomen, and vomiting.

PRESENT ILLNESS.—Began about 8 a.m. on morning of entrance, with severe pain in abdomen, felt chiefly in region of middle line of abdomen, below umbilicus, and also to a slighter degree in both iliac regions. It was continuous, severe, and crampy in character. She vomited twice in the afternoon, and pain lessened slightly. Took a dose of castor oil in the afternoon. Was admitted at 11.45 p.m.

PAST HISTORY.—Married eight years ago. About three days after the birth of her second child, six years ago, she had an attack of severe abdominal pain, lasting three or four days, accompanied by vomiting. She was better for a week, and then pain returned, and she was confined to bed for about three weeks. Pain was felt in same region as at present. The attending doctors told her that she was suffering from "inflammation" and that she could not have any more children.

She had her third child three months ago; delivery normal. Ever since birth of second child she has had almost continuous severe pain in sacral region.

During past month she has been troubled with heaviness in epigastrium after eating. Menstruation has been normal. Bowels are usually constipated.

PRESENT CONDITION.—Severe pain in lower half of abdomen, most severe around median line. No distension. No rigidity. Tenderness to pressure, and muscular resistance over whole lower half of abdomen; greatest around median line. No palpable mass. Vaginal examination shows slight yellowish discharge. Cervix enlarged; uterus somewhat fixed. There is a moderately tender hard mass filling up the posterior cul-de-sac. Temp. 102, pulse 124, resp. 24. Other organs normal. Urine normal.

February 26. At midday temperature was 98 and pulse 108. At 8 p.m. temperature 101.4, pulse 110. During last night she vomited once, and during the day twice. Towards evening abdomen began to distend. Had very little pain.

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Case No. 31

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27th. Vomited once during night, and had an exacerbation of pain, and some flatulence. Abdomen somewhat distended, and more rigid; pain less in morning.

OPERATION, 10 a.m.—Ether. Appendix incision. Free flow of moderately thick, yellow, faecal smelling pus, filling the pelvis. Intestines distended, and all from level of umbilicus at least to pelvis were inflamed and covered with lymph. The appendix lay adherent to head of caecum, and hanging over brim of pelvis, covered with lymph, as was also the right ovary and the surrounding tissues. Appendix and meso-appendix much thickened. No perforation. Mucosa haemorrhagic, and greyish. Removed. Second incision on left side. Thorough irrigation with hot saline. Glass drain to pelvis on each side. Iodoform gauze packed in all directions throughout lower two-thirds of abdomen. No perforative lesion found which could be said to have been the cause of the peritonitis.

AFTER HISTORY.—Patient's condition not bad during first twenty-four hours, but at the end of that time she began to vomit frequently; pulse, which had come down to 104, went up to 120 to 140; calomel and mag. sulph. started on evening of 28th. On the 1st March there was almost continuous vomiting; some delirium. Pulse weaker. Temperature still below 100. Enemata all along bringing away flatus and occasional small stools. Becoming very restless and delirious. Death at 10.45 a.m. March 2nd. Before death, during the night abdomen became greatly distended. Though pulse rose to 180 four hours before death, temperature remained constantly below 99.4.

BACTERIOLOGICAL REPORT.—Pure growth of *B. coli* com.

PATHOLOGICAL REPORT ON APPENDIX.—Extravasation of blood seen in subserosa and submucosa. Submucosa thickened; in part densely infiltrated, in part necrotic and fibrinous in appearance. Infiltration separates widely the crypts which are filled with a clear mucus, in which in a few places cellular debris may be seen. Diagnosis—Acute appendicitis.

AUTOPSY.—Post-mortem Reports, No. 13. Suppurative peri-appendicitis; general septic peritonitis; acute local enteritis; acute perimetritis and endometritis; right chronic salpingitis; acute oophoritis; cloudy organs.

Cultures from liver, and right side of uterus, gave *B. coli*; spleen, heart-blood and gall-bladder, sterile.

Case No. 3148.—Lillian E., female,  $\text{Æt}$  14.

ADMITTED November 5th, 2 p.m., complaining of abdominal pain and vomiting.

PRESENT ILLNESS.—Patient was taken ill at noon on the 4th with crampy general abdominal pain. Pain gradually grew worse, and at 2 p.m. vomiting began, and continued at intervals till 8 p.m. Pain then subsided; she slept till midnight, when she was awakened by extremely severe pain. This remained severe till near morning, and was then relieved by morphia. She vomited once or twice in the early morning.

**PRESENT CONDITION.**—Well-nourished girl. Lips dark red, slightly livid. Restless. Temp. 102.4. Pulse 112. Resp. 24. Not suffering much. Abdomen uniformly distended and tympanitic. Generalized tenderness, but particularly over right iliac region and lower zone. Considerable muscular resistance all over abdomen; most marked in right side; not any actual rigidity. Other organs normal. Taken to operating room two hours later.

**OPERATION,** 4 p.m. Usual incision. Thin fetid pus welled out. Cæcum slightly covered with flakes of lymph. No adhesions at all. Appendix swollen, inflamed, and with a perforation size of a five-cent piece,  $\frac{1}{2}$  inch from base. Several fragments of fecal concretion found free in the pus. Very general peritonitis, extending close up to liver. Stump of appendix gangrenous. Removed. Counter-opening on left side, pus welling out as on right side. Thoroughly washed out with saline solution. Glass drain on right side, and rubber one on left down to pelvis. Rest of wounds packed with iodoform gauze. On opening the appendix it was found distended with sero-pus, and the mucosa swollen and thick, and, near perforation, gangrenous.

**BACTERIOL. REPORT.**—Pure culture of *B. coli* com.

**AFTER HISTORY.**—6th, Condition fair. Temp. 100 to 101.4. Pulse 108-132. Very little vomiting; but much restlessness. Slightly delirious in afternoon.

7th. Worse. Delirious through night. Much nauseated. Occasional hiccoughs. Very little pus exhausted from tube. Very restless. Some pain.

**DRESSING DONE.**—Wounds found dry,—no evidence of collection of pus. Gauze removed. Rubber tubes inserted, and rest of wound closed on either side.

8th. Very restless and delirious. Temp. keeps between 100 and 102. Pulse going up—130-140, but still strong. At 6 p.m. began to vomit (had had no vomiting hitherto), and vomited frequently until death at 8.45 a.m. next day (9th). Temp. went up to 103° by axilla just before death, and pulse to 160+.

**AUTOPSY.**—None.

*Case No. 3197.*—James T., male, *Æt* 20.

**ADMITTED** December 3rd, 1898, complaining of abdominal pain and vomiting.

**PRESENT ILLNESS.**—About November 26th, 1898, patient began to have slight pain in the abdomen in the region of the umbilicus. This remained stationary till the 28th, when it increased somewhat in severity. He kept up till December 1st, when he went to see a doctor, who gave him a saline purge. That night the pain increased greatly, and patient vomited several times. The pain lessened somewhat, but remained severe and general throughout abdomen till admission, December 3rd at 7.30 p.m. He vomited several times on the night of the 1st, and two or three times on the 2nd. Since then has felt nauseated. No chills. Bowels moved well on evening of the 2nd. Since the 2nd he has had some difficulty in passing urine; has had to void it every hour or two; and urine has been high-colored. No history of any previous abdominal pain.

**PRESENT CONDITION.**—On admission, 7.45 p.m., patient was in a condition of partial collapse, with cold extremities, cyanosis, and very small pulse. Temp. was 96. Pulse 96 and resp. 28. It was considered wise to defer operation for some hours, to allow him time to rally, his condition being probably due to the ride in the cab.

Abdomen was decidedly and uniformly distended, and tender to pressure all over. General rigidity, most marked in lower abdominal zone. No palpable mass. Rectal examination, negative. The urine contained a trace of albumen, and numerous hyaline and finely granular casts. No blood. It was dark amber in color and sp. gr. was 1020. Other organs were normal.

**OPERATION.** Usual incision. Walls œdematous. Escape under pressure of 330-40 of thin fetid pus, mixed with flakes of lymph. No adhesions. Appendix found away behind cœcum and to the outside of it, bathed in pus. Greatly swollen and congested; perforated near base. Broken in half during removal. Stump merely ligated off and cauterized; not sutured in. Second incision in left side; same condition of free pus. Washed thoroughly with saline. Glass tubes put down in pelvis, one in each incision; and rest of wounds packed off with numerous strips of iodoform gauze pushed in among the coils. The appendix, on opening, was found ulcerated and gangrenous; filled with pus, and containing a large concretion. A good part of the omentum which was much inflamed was ligated off and removed.

**AFTER HISTORY.**—4th. Very little pus was exhausted from the glass drains. Temp. 99-100. Pulse 108-122 and fairly strong but compressible. Distension not at all great. Vomited once or twice.

5th. Vomiting becoming more frequent. Temp. 99-99.3. Pulse 120. Lividity of lips becoming more marked, as also the dark-red toxæmic look. Pulse weaker. Epigastrium more distended. Frequency of micturition—every  $\frac{1}{2}$  to two hours.

6th. Distension more marked. Toxæmia deepening. Vomiting very frequently. Very little pain. Some delirium. Restless. Hiccoughs frequently. Hiccoughs, continued vomiting, becoming fœcal shortly before the end, and great restlessness with slight delirium were the marked features of the last 24-36 hours. Death at 5.20 a.m. of 7th. Temp. did not rise above 100° nor pulse above 128 after operation.

**AUTOPSY.**—Post-Mortem Reports, No. 87. Septic peritonitis; slight portal pylephlebitis; acute bronchitis; acute duodenitis and enteritis; congested organs; left old pleural adhesions; patent foramen ovale.

Agar cultures from heart-blood, liver, spleen and gall-bladder, sterile.

## CASES OF INTESTINAL OBSTRUCTION,

*During the Year 1898.*

By J. J. ROY, RESIDENT SURGEON.

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Ten cases of intestinal obstruction were admitted to the surgical wards of this hospital during the past year. Classifying them, we find that the conditions present were as follows :—

Three were due to cancer of the bowel.  
Two " " intussusception.  
Two " " adhesions, following previous operation.  
One was " a Meckel's diverticulum.  
One " " strangulated femoral hernia.  
One " " volvulus.

In the case due to malignant disease the obstruction in two was situated in the rectum, and in one in the sigmoid flexure.

Both the intussusception cases were of the ileo-colic variety.

Six were males ; four females.

Ages varied from 7 to 74 years.

The two intussusception cases died, one on leaving the table, the other nine hours after operation. All the other cases made good recoveries.

A brief synopsis of the ten cases follows :

*Case No. 2631.*—Male, *Æt.* 70. *Cancer of the Rectum.*

Admitted February 26. Symptoms of partial obstruction for a month previous to admission. Complete obstruction for previous four days. On admission, patient was vomiting almost constantly (not faecal matter), and abdomen was immensely distended.

OPERATION.—Median incision. Cancerous mass found in rectum, the cause of the obstruction. Maydl's colotomy was then done through a second incision in left iliac region, and an artificial anus immediately established. During the next few days the bowel was gradually unloaded of faeces and gas, and patient made a good recovery. The cancer was considered too extensive for removal. Patient was discharged on April 22nd, in fair general condition, with permanent artificial anus.

*Case No. 1501.*—Male, *Æt.* 57. *Cancer of the Sigmoid Flexure.*

Admitted August 7th, 3 p.m. Had had symptoms of partial obstruction for three months previously. Complete obstruction for five days before admission. Vomiting for one and a half days, not fæcal. Had been operated for hæmorrhoids two years previously.

OPERATION, 4.30 p.m.—Median incision. Cancerous mass found in sigmoid flexure. Median wound closed. Left iliac incision made, and the whole mass with its mesentery delivered, and retained outside abdomen by two glass rods passed through mesentery. Bowel opened and drainage tube inserted immediately above mass. Relief was rapid.

August 16th. Cancerous mass removed with thermo-cautery, 10¼ inches of bowel being resected.

September 1st. Artificial anus closed, by Greig Smith's method, without opening the peritoneum. The closure failed partially, and a small fæcal fistula remained for some few weeks; but this finally closed completely, and patient left hospital on October 17th, feeling well and passing normal stools per anum.

N.B.—March 7th, 1899. This patient remained in good health, gained weight, and there was no sign of recurrence till about a month ago, when he died suddenly with symptoms of cerebral hæmorrhage.

*Case No. 3063.*—Male, *Æt.* 74. *Cancer of the Rectum.*

Admitted September 25th. Symptoms of partial obstruction for previous three months; absolute constipation for previous eight days. Vomiting not fæcal.

OPERATION.—Median exploratory incision. Mass discovered low down in the sigmoid flexure, causing obstruction. Wound closed, and a left inguinal colotomy done (Maydl's) with insertion of drainage tube.

November 25th. Discharged. Patient recovered perfectly from the obstruction, and went out with a good artificial anus. The malignant disease was too extensive for removal.

*Case No. 2787.*—*Æt.* 7. *Ileo-Colic Intussusception.*

Admitted May 17th, transferred from medical side. Symptoms of acute intussusception followed by the chronic condition since March 28th. Sausage-shaped tumor in abdomen.

June 13th. Acute trouble in abdomen in afternoon, with appearance during evening of a large, soft, red mass at anus, which proved to be the cæcum.

OPERATION.—June 14th, 8 a.m. Median incision. Intussusception could be only partially reduced by traction. A long longitudinal incision made in bowel, and reduction thus accomplished, leaving about two feet of bowel wall to suture. Shock was great, and child died on leaving table.

*Case No. 3009.*—Male, *Æt.* 29. *Ileo-Colic Intussusception.*

Admitted September 3rd. General abdominal colicky pain for previous six days. Vomiting persistent since onset; not fæcal. Absolute constipation

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only for two days previous to admission ; before that bowels moved freely with purgatives.

OPERATION.—Incision in appendix region over mass. An acute intussusception found, the head of which had begun nearly two feet from the valve, and had extended up ascending colon to near the hepatic flexure. Reduced slightly by traction. Resection of the remainder done through ileum, and diagonally through cæcum, sparing the appendix. Intussusceptum was completely gangrenous. Small Meckel's diverticulum found at head of intussusception ; probably the cause of the trouble. General peritonitis was present. End-to-end anastomosis with silk. Patient did not rally well, and died nine hours later.

*Case No. 2668.*—Female, Æt. 16. *Obstruction by Meckel's Diverticulum.*

Admitted March 19th. Crampy abdominal pain for three days ; no sudden onset of severe pain. Absolute obstruction for about sixty hours previous to operation. Vomiting for about same time, and towards the date of admission fecal.

OPERATION.—Median incision. Obstruction was situated at a point in the ileum about  $\frac{3}{4}$  inches from its junction with the cæcum. It was caused by a tightly drawn Meckel's diverticulum, about seven inches long, which sprang from the ileum at least two feet above the valve (exact distance not determined), and was attached by its fibrous extremity to a point on the anterior abdominal wall just below the umbilicus.

The obstruction was probably an acute following upon a chronic one, as the bowel was marked by a deep old looking, partially fibrous furrow at situation of the band. The diverticulum removed in toto. Patient made a perfect recovery.

*Case No. 2474.*—Male, Æt. 21. *Obstruction from Adhesions following Operation.*

Admitted March 19th. Patient had been operated upon in this hospital for a general peritonitis on November 13th, 1897, and discharged cured on December 23rd, 1897, bowels moving regularly. Onset of acute pain with vomiting about 60 hours before operation. Absolute constipation for about the same length of time.

OPERATION.—Median incision. Definite obstruction found in a loop of jejunum from a band of adhesion. All the bowel below this, jejunum and ileum, was extremely kinked and twisted by very numerous, moderately firm adhesions, which matted the different loops together at very acute angles. All adhesions broken down. Wound closed.

April 10th. Discharged. Made a perfectly good recovery, bowels moving regularly and without purgatives.



*Case No. 3104.*—Female, *Æt. 32. Obstructions by Adhesions following Operation.*

Admitted October 16th. In August, 1898, patient had had the appendages removed on both sides. Symptoms of complete obstruction came on acutely about ninety hours before operation.

OPERATION.—Median incision. Large bowel and about one and a half feet of lower end of ileum collapsed; the rest of small bowel considerably distended, darkly congested and friable. About one foot at least of the lower end of the ileum was involved in the obstruction, which was caused by numerous firm adhesions binding the stump of the broad ligament and the intestine together and to the anterior abdominal wall, and sharply kinking the coils between themselves. Adhesions divided or torn. Bowels returned. During this process the congested small bowel ruptured at one point. The bowel was evacuated through this, and the tear closed by sutures. Abdominal wound closed; with glass drain. Patient made a perfect recovery, bowels moving regularly and voluntarily.

*Case No. 2746.*—Female, *Æt. 42. Strangulated Femoral Hernia.*

Admitted April 25th. Hernia became strangulated nine days before admission. Persistent vomiting, becoming fecal two days before operation.

April 25th. OPERATION.—Gangrenous strangulated loop of bowel resected, going one inch into healthy bowel on either side. Anastomosis by Murphy button. Bowel returned after enlarging opening. Peritoneum closed off. Rest of wound left open and packed.

May 22nd. Murphy button expelled.

May 28th. Discharged. Wound almost wholly granulated up. Perfect recovery, without incident.

*Case No. 2965.*—Male, *Æt. 28. Intestinal Obstruction by Volvulus.*

Admitted August 13th, complaining of abdominal pain and inability to pass stool or flatus.

For four or five months previous to admission patient suffered from constipation and attacks of "indigestion" characterized by anorexia and a dragging feeling in umbilical region; this without relation to meals. For past month he had been troubled with attacks of slight abdominal pain in epigastrium, lasting 15 to 20 minutes, without relation to meals, and recurring once or twice a week.

On August 7th he was seized with moderately severe colicky pains in umbilical and right iliac regions. This became a dull ache and persisted till entrance. Was nauseated on 7th and 8th, and vomited several times on the 9th and 10th. None after morning of 11th. Bowels moved normally on the 7th and 9th. After that he passed neither feces nor flatus, in spite of enemas. No chills. No urinary symptoms.

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On entrance, patient looked pale and somewhat cyanosed—toxic. Some fulness in upper half of abdomen. Slight tenderness to pressure over whole abdomen, but most tender spot was two inches below and to the right of the umbilicus. Urine high colored, but otherwise normal.

OPERATION, August 13th, 5 p.m.—Median incision below umbilicus. Small amount of free serous fluid on entering cavity. Exploring hand found collapsed coils of small bowel in the pelvis. On attempting to deliver these the collapsed portion could not be re-discovered. The sigmoid being then examined was found to contain air, but was not disturbed. Nothing else found to explain obstruction. Other abdominal organs normal to palpation. Inasmuch as one of the coils of small bowel was somewhat distended and congested, the trouble was concluded to be due to a volvulus of the small intestine reduced during manipulations in delivering.

September 7th. Discharged. Uninterrupted recovery. Bowels, after operation, moved freely with purgatives and enemata, but not without.

## REPORT UPON GALL-STONE CASES,

*For the Year ending December 31st, 1898.*

E. W. ARCHIBALD,

SENIOR RESIDENT SURGEON.

During the year there were treated seven cases of cholelithiasis and two of persistent biliary fistula, following previous operations. In one case a second operation was done, making a total of eight operations for gall stones and two for fistula. The operations may be classified as follows:—

Cholecystotomy.....	5
Choledochotomy.....	2
Cholecystotomy with choledocho-duodenotomy.....	1

The primary operation in both the cases of fistula had been a cholecystotomy.

AGE.—One was 27 years old; two were between 30 and 40; six between 40 and 50. All were females, married, and had borne children.

THE SITUATION OF PAIN at the onset was less often in the right hypochondrium than elsewhere. In four cases it was epigastric; in two of these it was epigastric in the first attack, and right hypochondriac later. In two it was from the first in the right hypochondrium. In one, it was at first in the left hypochondrium and later in the right. In one it was localized around McBurney's point.

CHILL was present in five; stated to be absent in three; not mentioned in one.

NUMBER OF PREVIOUS ATTACKS.—All had had frequent attacks before coming to hospital.

LOSS OF WEIGHT was a constant symptom, and was often marked; in one case so pronounced as to lead to the diagnosis of cancer some months before operation.

JAUNDICE was present in five cases; absent in two, and not mentioned in two.

TUMOR.—There was a definite tumor in six cases; in one of these this was a tongue of the right lobe of the liver; in the others it was the distended gall-bladder. In two there was no mass.

SITUATION OF STONES.—In two the stones were solely in the common duct; in two solely in the gall-bladder; in one in both gall-bladder and common duct; in four in both gall-bladder and cystic duct; and in one in all three situations.

Cultures were taken in four ; three of these were sterile ; one gave *B. coli* communis.

One case operated upon in February, in whom stones were removed from the common duct, had to be subjected to a second operation in June on account of persistent attacks of pain, chills, fever, with slight jaundice and other obstructive symptoms. At the second operation a large soft stone was found blocking the common duct, and was removed by a second choledochotomy. The two cases of biliary fistulae, one operated last November, '97, the other in June, '96, were cured by merely suturing the wound in the gall-bladder, and closing the skin over it. Healing took place in both cases without any trouble.

All the cases were discharged cured in from three to seven weeks, with the exception of the one just mentioned, who remained in hospital for several months, and was finally cured by a second operation.

## REPORT

## DISEASE

Abortion . . . . .  
Abscess, labial . . . . .  
" pelvic . . . . .  
" ovaria . . . . .  
Anteflexion of . . . . .  
" . . . . .  
cystic degene . . . . .  
vix . . . . .  
Anteflexion of . . . . .  
cystic ovarie . . . . .  
Anteflexion of . . . . .  
prolapsed rig . . . . .  
Anteflexion of . . . . .  
stenosis of os . . . . .  
Anteflexion of . . . . .  
vaginitis . . . . .  
Carcinoma uter . . . . .  
" . . . . .  
" . . . . .  
orrhoids . . . . .  
Carcinoma vag . . . . .  
Cellulitis . . . . .  
Cyst of broad li . . . . .  
" ovary, . . . . .  
multi locular . . . . .  
Cyst of ovary v . . . . .  
citis . . . . .  
Cyst of ovary (d . . . . .  
" " w . . . . .  
tritis . . . . .  
Cyst (extra peri . . . . .  
" intraligam . . . . .  
retroversion o . . . . .  
Cyst of ovary w . . . . .  
cervix . . . . .  
Cyst, extra peri . . . . .  
pelvic periton . . . . .

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# REPORT OF GYNÆCOLOGICAL DEPARTMENT,

For the Year ending 31st December, 1898.

By JAS. BARCLAY, M.D., RESIDENT GYNÆCOLOGIST.

DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., '98	Days in Hospital		
		Total		Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average	
Abortion . . . . .	2	8	..	8	10	..	..	..	..	..	..	..	..
Abscess, labial . . . . .	..	1	..	1	1	..	..	..	..	..	8	8	8
" pelvic . . . . .	..	2	..	2	1	1	..	..	..	..	154	77	77
" ovarian . . . . .	..	1	..	1	..	1	..	..	..	..	120	120	120
Anteflexion of uterus . . . . .	..	3	..	3	1	2	..	..	..	..	79	26 1/3	26 1/3
" " with cystic degeneration of cer- vix . . . . .	..	1	..	1	1	..	..	..	..	..	22	22	22
Anteflexion of uterus with cystic ovaries . . . . .	..	2	..	2	2	..	..	..	..	..	50	25	25
Anteflexion of uterus with prolapsed right kidney . . . . .	..	1	..	1	..	1	..	..	..	..	21	21	21
Anteflexion of uterus with stenosis of os uteri . . . . .	..	1	..	1	..	1	..	..	..	..	25	25	25
Anteflexion of uterus with vaginitis . . . . .	..	1	..	1	..	..	..	..	..	1	1/2	1/2	1/2
Carcinoma uteri . . . . .	..	8	..	8	3	5	..	..	..	..	158 1/2	79	79 1/2
" " with hæm- orrhoids . . . . .	..	1	..	1	..	1	..	..	..	..	36	36	36
Carcinoma vaginæ . . . . .	..	1	..	1	..	1	..	..	..	..	17	17	17
Cellulitis . . . . .	1	..	..	..	1	..	..	..	..	..	..	17	17
Cyst of broad ligament . . . . .	1	2	..	2	3	..	..	..	..	..	54	27	27
" ovary, single and multi locular . . . . .	..	8	..	8	8	..	..	..	..	..	191	23 3/8	23 3/8
Cyst of ovary with appendi- citis . . . . .	..	1	..	1	1	..	..	..	..	..	23	23	23
Cyst of ovary (dermoid) . . . . .	..	2	..	2	2	..	..	..	..	..	76	38	38
" " with endome- tritis . . . . .	..	1	..	1	1	..	..	..	..	..	35	25	25
Cyst (extra peritoneal) . . . . .	..	1	..	1	1	..	..	..	..	..	6	6	6
" intraligamentous with retroversion of uterus . . . . .	..	1	..	1	..	1	..	..	..	..	43	43	43
Cyst of ovary with lacerated cervix . . . . .	..	1	..	1	1	..	..	..	..	..	24	24	24
Cyst, extra peritoneal, with pelvic peritonitis . . . . .	..	1	..	1	..	1	..	..	..	..	26	26	26
Forward . . . . .	4	49	..	49	37	15	..	..	..	1	1168	..	..

DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
		Total		Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
Forward....	4	49	..	49	37	15	..	..	..	1	1168	..
Cyst, vaginal.....	1	1	..	1	1	..	..	..	..	..	21	21
Contraction of bladder.....	1	1	..	1	..	1	..	..	..	..	31	31
Cystitis.....	6	6	..	6	3	1	1	1	..	..	166	27 1/3
" with ureteritis.....	1	1	..	1	..	1	..	..	..	..	47	47
Ectopic pregnancy.....	2	2	..	2	2	..	..	..	..	..	69	24 1/2
Endometritis.....	1	6	..	6	6	1	..	..	..	..	129	21 1/2
" with hæmorrhoids.....	1	1	..	1	1	..	..	..	..	..	23	23
Endometritis with pelvic peritonitis.....	1	2	..	2	3	..	..	..	..	..	44	22
Endometritis with cystic ovaritis.....	1	1	..	1	1	..	..	..	..	..	28	28
Endometritis with ulceration of urethra.....	1	1	..	1	..	1	..	..	..	..	20	20
Epithelioma vulvæ.....	1	1	..	1	1	..	..	..	..	1	26	26
Fibro-myoma uteri.....	1	15	..	15	10	5	..	..	..	1	428	28 8-15
" submucous.....	1	4	..	4	4	..	..	..	..	..	76	19
" with cystic ovaritis.....	1	1	..	1	1	..	..	..	..	..	29	29
Fibro-myoma with pelvic peritonitis.....	1	1	..	1	..	..	..	1	..	..	8	8
Fibro-myoma with retroversion.....	1	1	..	1	1	..	..	..	..	..	33	33
Fibro-myoma with sarcomatous degeneration of ovary.....	1	1	..	1	1	..	..	..	..	..	35	35
Fibro-sarcoma in inguinal region.....	1	1	..	1	2	..	..	..	..	..	17	17
Fistula, recto-vaginal.....	1	1	..	1	..	..	1	..	..	..	4	4
Gastritis, chronic.....	1	1	..	1	..	..	1	..	..	..	10	10
Hæmatoma of ovary.....	2	2	..	2	2	..	..	..	..	..	64	32
Hydrosalpinx.....	1	1	..	1	1	..	..	..	..	..	26	26
" with vaginitis and appendicitis.....	1	1	..	1	1	..	..	..	..	..	41	41
Hyperemesis gravidarum.....	2	2	..	2	2	..	..	..	..	..	21	10 1/2
Hysteria.....	1	1	..	1	..	..	..	1	..	..	1	1
Hystero-epilepsy, associated with menstruation.....	1	1	..	1	1	..	..	..	..	..	33	33
Kraurosis vulvæ.....	1	1	..	1	1	..	..	..	..	..	14	14
Laceration of cervix with left cellulitis.....	1	1	..	1	..	1	..	..	..	..	27	27
Lacerated cervix and perineum.....	3	3	..	3	3	..	..	..	..	..	75	25
Laceration of perineum.....	3	3	..	3	3	..	..	..	..	..	82	27 1/3
Laceration of perineum with endometritis.....	1	1	..	1	1	..	..	..	..	..	20	20
Forward....	8	115	..	115	89	26	3	3	..	2	2816	..

DISEASES

Laceration of pe  
prolapsus vagi  
Laceration of pe  
retroversion ..  
Laceration of pe  
retroversion ar  
cervix .....

Metritis, chronic  
" with ar  
uterus .....

Metritis with ap  
" cy  
and appendici  
Metritis and eno  
" with lac  
vix .....

Metritis with lac  
neum .....

Metritis with pel  
tis .....

Metritis with pro  
inae .....

Metritis with pro  
nae and split re  
Metritis with oc  
pingitis .....

Malignant intra  
disease .....

Malnutrition of u  
Neurasthenia ..

Oophoro.-salping  
Oophoro.-salping  
appendicitis ..

Oophoro.-salping  
neurasthenia ..

Oophoro.-salping  
tubo-ovarium a

Oophoro.-salping  
uretheritis .....

Oophoralgia .....

Oophoritis .....

" with e  
Pelvic peritonitis  
" ..  
teria .....

Fo

Days in Hospital		DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
Total	Daily Average			Total	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Total		Daily Average	
168	..	Forward....	8	115	..	115	89	26	3	3	..	2	2816	..
21	21	Laceration of perineum with prolapsus vaginae.....	..	2	..	2	2	..	..	..	..	..	59	29½
26	27½	Laceration of perineum with retroversion.....	..	1	..	1	1	..	..	..	..	..	26	26
27	24½	Laceration of perineum with retroversion and lacerated cervix.....	..	4	..	4	4	..	..	..	..	..	122	20½
29	21½	Metritis, chronic.....	1	7	..	7	7	..	..	1	..	..	206	29 3-7
3	23	" with ante flexion of uterus.....	..	1	..	1	..	1	..	..	..	..	9	9
4	22	Metritis with appendicitis.....	..	1	..	1	..	1	..	..	..	..	31	31
8	28	" cystic ovaritis and appendicitis.....	..	1	..	1	1	..	..	..	..	..	33	33
0	20	Metritis and endometritis.....	..	1	..	1	1	..	..	..	..	..	30	30
6	26	" with lacerated cervix.....	..	2	..	2	2	..	..	..	..	..	47	23½
8	8-15	Metritis with lacerated perineum.....	..	1	..	1	1	..	..	..	..	..	28	28
6	19	Metritis with pelvic peritonitis.....	..	5	..	5	5	..	..	..	..	..	169	33 4-5
9	29	Metritis with prolapsus vaginae.....	..	1	..	1	1	..	..	..	..	..	27	27
3	33	Metritis with prolapsus vaginae and split recti.....	..	1	..	1	1	..	..	..	..	..	24	24
5	35	Metritis with oophoro-salpingitis.....	..	7	..	7	6	1	..	..	..	..	212	30 2-7
7	17	Malignant intra-abdominal disease.....	..	2	..	2	..	1	1	..	..	..	27	13½
4	4	Malnutrition of uterus.....	..	2	..	2	..	1	1	..	..	..	53	26½
0	10	Neurasthenia.....	1	2	..	2	2	..	..	1	..	..	103	51½
4	32	Oophoro-salpingitis.....	4	17	..	17	15	6	..	..	..	..	390	22 16-17
6	26	Oophoro-salpingitis with appendicitis.....	..	1	..	1	1	..	..	..	..	..	42	42
1	41	Oophoro-salpingitis with neurasthenia.....	..	1	..	1	..	1	..	..	..	..	29	29
1	10½	Oophoro-salpingitis with tubo-ovarium abscess.....	..	1	..	1	1	..	..	..	..	..	36	36
3	33	Oophoro-salpingitis with uretheritis.....	..	1	..	1	..	1	..	..	..	..	23	23
4	14	Oophoralgia.....	..	1	..	1	..	..	..	1	..	..	2	2
7	27	Oophoritis.....	..	4	..	4	3	1	..	..	..	..	91	22¾
5	25	" with endometritis.....	..	1	..	1	..	1	..	..	..	..	11	11
2	27½	Pelvic peritonitis.....	2	6	..	6	4	3	..	1	..	..	216	15 3-7
0	20	" " with hysteria.....	..	1	..	1	..	1	..	..	..	..	7	7
16	..	Forward....	16	190	..	190	147	45	5	7	..	2	4869	...

DISEASES	In Hospital 1st Jan., 1898	ADMITTED		DISCHARGED						Remaining 31st Dec., 1898	Days in Hospital	
		Total	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Total		Daily Average	
Forward . . . .	16	190	190	147	45	5	7	..	2	4869	..	
Pelvic peritonitis with oophoro.-salpingitis. . . . .	..	1	1	1	..	..	..	..	..	25	25	
Pregnancy. . . . .	..	1	1	..	..	..	1	..	..	3	3	
Procedentia uteri . . . . .	1	5	5	5	1	..	..	..	..	200	40	
" " with lacer- ated cervix. . . . .	..	1	1	1	..	..	..	..	..	26	26	
Procedentia uteri with lacer- ated perineum. . . . .	..	1	1	1	..	..	..	..	..	23	23	
Prolapsus uteri with oopho- ro.-salpingitis. . . . .	..	1	1	1	..	..	..	..	..	24	24	
Prolapsus vaginae . . . . .	..	1	1	1	..	..	..	..	..	59	59	
" " with cystic ovaries. . . . .	..	1	1	1	..	..	..	..	..	54	54	
Prolapsus vaginae with endo- metritis. . . . .	..	2	2	2	..	..	..	..	..	41	20½	
Prolapsus vaginae with hæm- orrhoids. . . . .	..	2	2	2	..	..	..	..	..	43	21½	
Prolapsus vaginae with lacer- ated cervix. . . . .	..	1	1	1	..	..	..	..	..	27	27	
Pruritus vulvæ with diabetes Puerperal septicæmia. . . . .	..	1	1	..	..	..	..	1	..	11	11	
Pyosalpinx . . . . .	2	..	..	2	..	..	..	1	..	77	35½	
Retained placenta. . . . .	..	2	2	2	..	..	..	..	..	15	7½	
Rectal polypus with anal fissure. . . . .	..	1	1	1	..	..	..	..	..	32	32	
Retroversion of uterus. . . . .	3	16	16	12	4	..	3	1	..	393	24 9-16	
" " with cystitis. . . . .	..	1	1	1	..	..	..	..	..	6	6	
" " with cystic ovaries. . . . .	..	1	1	1	..	..	..	..	..	282	31½	
Retroversion with lacerated cervix. . . . .	..	1	1	1	..	..	..	..	..	29	29	
Retroversion with pelvic peritonitis. . . . .	1	5	5	6	..	..	..	..	..	219	31 2-7	
Retroversion with prolapsus vaginae. . . . .	..	1	1	1	..	..	..	..	..	34	34	
Retroversion with prolapsus vaginae and cystic ovaries. . . . .	..	1	1	..	..	..	..	1	..	24	24	
Retroversion with prolapsus vaginae and lacerated cer- vix. . . . .	..	2	2	2	..	..	..	..	..	59	29½	
Retroversion with oophoro- salpingitis. . . . .	..	5	5	5	..	..	..	..	..	232	33 1-7	
Retroversion with urethral caruncle. . . . .	..	1	1	1	..	..	..	..	..	24	24	
Sarcoma uteri. . . . .	..	1	1	1	..	..	..	..	..	27	27	
Forward . . . .	23	247	247	198	50	5	11	4	2	6858	..	

DISEASES

Sarcomatous, m  
ovartan cyst . . . . .

Spleno-medullar  
themia . . . . .

Split recti . . . . .

" " with c  
" " with  
of cervix uteri

Sterility . . . . .

Subinvolution of  
" " exostosis of sa  
Subinvolution of  
kraurosis vulv  
ginae. . . . .

Subinvolution of  
oophoro.-salp  
Tubercular perit  
Tubo-ovarian ab  
Vaginismus . . . . .

Vaginitis . . . . .

Vaginitis with c  
Vaginitis with e  
Vaginitis with la

Remain  
Admitt  
Discha  
" "  
" "  
Not tre  
Died .  
Remain  
Averag



Days in Hospital		DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
Total	Daily Average			Total	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Total		Daily Average	
869	..			Forward....	23	247	..	247	198	50	5		11	4
25	25	Sarcomatous, multi-locular	..	1	..	1	..	1	..	..	..	..	21	21
3	3	ovartan cyst.....	..	1	..	1	..	..	..	..	..	..	6	6
00	40	Spleno-medullary leucocy-	..	1	..	1	..	..	..	..	1	..	49	49
26	26	thæmia.....	..	1	..	1	..	..	..	..	..	1	30	30
23	23	Split recti.....	..	1	..	1	..	..	..	..	..	1	25	25
24	24	" " with cystic ovaries	..	1	..	1	..	..	..	..	..	2	16	8
59	59	" " with hypertrophy	..	2	..	2	1	1	..	..	..	..	26	13
54	54	of cervix uteri.....	..	1	..	1	..	..	..	..	..	..	35	35
41	20½	exostosis of sacrum.....	..	1	..	1	..	..	..	..	..	..	15	15
43	21½	Subinvolution of uterus with	..	1	..	1	..	1	..	..	..	..	13	13
27	27	kraurosis vulvæ and va-	..	2	..	2	..	1	..	1	..	..	28	19
11	11	ginae.....	1	2	..	2	3	..	..	..	..	..	69	34½
..	..	Subinvolution of uterus with	..	1	..	1	..	..	..	..	..	..	36	36
77	35½	oophoro.-salpingitis.....	..	4	..	4	..	..	2	..	2	..	38	5 3-7
15	7½	Tubercular peritonitis.....	..	1	..	1	..	1	..	..	..	..	17	17
32	32	oophoro.-salpingitis.....	..	1	..	1	..	1	..	..	..	..	11	11
93	24 9-16	Tubo-ovarian abscess.....	..	1	..	1	..	1	..	..	..	..	8	8
6	6	Vaginismus.....	..	1	..	1	..	..	..	..	..	..	..	..
..	..	Vaginitis.....	..	4	..	4	..	..	2	..	2	..	..	..
..	..	Vaginitis with cystitis.....	..	1	..	1	..	1	..	..	..	..	..	..
..	..	Vaginitis with endometritis.	..	1	..	1	..	1	..	..	..	..	..	..
..	..	Vaginitis with labial abscess.	..	1	..	1	..	1	..	..	..	..	..	..
..	..	Total....	24	271	..	271	206	55	6	14	5	9	8201	..

Remaining 1st January, 1898 .....	24
Admitted .....	271
	— 295
Discharged, cured .....	206
" improved .....	55
" unimproved.....	6
Not treated.....	14
Died .....	5
Remaining .....	9
	— 295
Average number of days in Hospital, per patient.....	29.37

858 ..

## GYNÆCOLOGICAL OPERATIONS,

For the Year ending 31st December, 1898.

OPERATION	Total	Cured	Improv'd	Not Improv'd	Died
Abdominal section, breaking up of adhesions.....	6	2	2	2	..
Amputation of cervix, high circular.....	7	7	..	..	..
"    "    Martin's.....	20	20	..	..	..
"    "    Schroeder's.....	11	11	..	..	..
Appendectomy.....	13	13	..	..	..
Colporrhaphy, anterior.....	24	24	..	..	..
Colpo-perineorrhaphy.....	28	28	..	..	..
Colpotomy, anterior.....	1	1	..	..	..
"    posterior.....	4	3	1	..	..
Curetting of uterus.....	147	137	9	1	..
"    and cauterizing carcinomatous uterus.....	6	...	6	..	..
"    and cauterization of vagina.....	2	2	..	..	..
Dilatation of urethra for cystitis.....	1	1	..	..	..
Division of posterior lips of cervix for anteflexion.....	4	3	1	..	..
Excision of broad ligament cyst.....	1	1	..	..	..
"    hæmorrhoids.....	4	4	..	..	..
"    tubal pregnancy.....	1	1	..	..	..
"    urethral growth.....	2	2	..	..	..
Exploratory abdominal section.....	6	2	2	1	1
Hysterectomy.....	1	1	..	..	..
"    abdomino-vaginal, total.....	2	2	..	..	..
"    abdominal, supra-vaginal.....	10	9	1	..	..
"    vaginal.....	13	13	..	..	..
Ignipuncture of ovary.....	35	35	..	..	..
Opening labial abscess.....	1	1	..	..	..
"    pelvic.....	2	2	..	..	..
Oophorectomy, single.....	11	11	..	..	..
"    double.....	11	11	..	..	..
Perineorrhaphy.....	1	1	..	..	..
Removal of epithelioma from vulva.....	1	..	1	..	..
"    sub-peritoneal fibroid.....	4	4	..	..	..
"    dermoid cyst of vagina.....	1	1	..	..	..
"    extra peritoneal multilocular cysts.....	1	..	..	..	1
"    intra-uterine polypus.....	4	4	..	..	..
"    retro-peritoneal cyst.....	1	..	..	..	1
"    sarcomatous ovarian cyst, incomplete.....	1	..	1	..	..
"    ovarian dermoid.....	2	2	..	..	..
"    "    cystoma.....	4	4	..	..	..
"    "    rectal polypus.....	1	1	..	..	..
Repair of anal fissure.....	1	1	..	..	..
"    cervix (Emmet).....	12	12	..	..	..
"    recti muscles.....	10	10	..	..	..
Forward.....	418	387	24	4	3

Repair of rec  
Resection of  
"  
"  
Salpingectom  
Salpingo-oop  
"  
"  
Subcutaneous  
Uterine arter  
Ventre-fixati

Total numbe  
(a) TI  
(b) TI  
(c) TI



# REPORT OF EYE AND EAR DEPARTMENT,

For the Year ending 31st December, 1898.

DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
		Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
<b>CONJUNCTIVA</b>												
Conjunctivitis, chronic granular.	2	14	8	6	8	8	..	..	..	..	618	44
" phlyctenular	..	4	2	2	3	1	..	..	..	..	38	10
" acute granular	..	2	1	1	2	..	..	..	..	..	218	109
" gonorrhoeal	..	1	1	..	1	..	..	..	..	..	22	22
" purulent	..	1	1	..	1	..	..	..	..	..	25	25
<b>CORNEA AND SCLEROTIC</b>												
Keratitis, interstitial	..	9	4	5	4	4	..	..	..	1	343	38
" phlyctenular	..	5	1	4	4	..	..	..	..	1	208	45
" sclero	..	3	..	3	1	1	1	..	..	..	80	27
" with hypopion	..	1	1	..	..	1	..	..	..	..	7	7
Kerato-iritis	..	1	..	1	..	1	..	..	..	..	13	13
Ulceration of cornea (simple)	..	6	5	1	3	3	..	..	..	..	235	39
Inflamed macula corneae	..	1	..	1	1	..	..	..	..	..	79	79
Staphyloma pellucidum	..	4	3	1	4	..	..	..	..	..	42	11
" total	..	1	1	..	..	1	..	..	..	..	13	13
Leukoma corneae	..	4	2	2	2	2	..	..	..	..	85	21
<b>GLOBE</b>												
Glaucoma, secondary	3	2	2	..	..	5	..	..	..	..	99	49
" chronic	..	5	2	3	1	4	..	..	..	..	89	20
Buphthalmos	..	1	1	..	..	1	..	..	..	..	11	11
Puncture of sclerotic	..	2	2	..	2	..	..	..	..	..	18	9
Tumor of orbit	..	1	1	..	1	..	..	..	..	..	9	9
Phthisis bulbi	..	3	2	1	2	1	..	..	..	..	48	16
<b>LENS</b>												
Cataract, capsular	..	3	..	3	3	..	..	..	..	..	32	11
" lamellar	..	2	2	..	1	..	..	..	..	1	57	29
Forward	5	76	42	34	44	33	1	..	..	3	2389	..

DI

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Cataract, sen  
" tra  
" inf  
" con  
" imm  
" wit  
Opaque caps  
Opacities in l

Epithelioma o  
Eczema of lid  
Ectropium ..  
Granuloma o  
Lacerated wo  
Ptosis ..  
Trichiasis ..  
Blepharitis, tr

M

Strabismus co  
" di  
Ophthalmople

OPTIC NER

Detachment o  
Retinitis, pig  
" chro  
Subretinal ha  
Amblyopia, h  
Neuritis retro  
Optic atrophy

NT,

Days in Hospital	
Total	Daily Average
618	44
38	10
218	109
22	22
25	25

DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
		Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
Forward....	5	76	42	34	44	33	1	..	..	3	2389	..
<i>Lens.—Con.</i>												
Cataract, senile.....	..	33	16	17	27	3	..	..	..	3	919	27
"  traumatic.....	..	1	1	..	1	..	..	..	..	..	5	5
"  infantile.....	..	2	2	..	2	..	..	..	..	..	153	77
"  congenital.....	..	3	1	2	3	..	..	..	..	..	105	35
"  immature.....	..	1	1	..	..	1	..	..	..	..	8	8
"  with glaucoma.....	..	1	1	..	..	1	..	..	..	..	13	13
Opaque capsule.....	..	3	3	..	2	1	..	..	..	..	25	8
Opacities in lens.....	..	1	..	1	..	1	..	..	..	..	15	15
<b>LIDS</b>												
Epithelioma of lid.....	..	1	1	..	1	..	..	..	..	..	14	14
Eczema of lids.....	..	1	..	1	1	..	..	..	..	..	4	4
Ectropium.....	..	3	3	..	3	..	..	..	..	..	30	10
Granuloma of lid.....	..	1	1	..	1	..	..	..	..	..	3	3
Lacerated wound of lid.....	..	1	1	..	..	1	..	..	..	..	4	4
Ptosis.....	..	1	..	1	..	1	..	..	..	..	90	90
Trichiasis.....	..	3	..	3	2	..	..	1	..	..	40	14
Blepharitis, traumatic.....	..	1	1	..	2	..	..	..	..	..	10	10
<b>MUSCLES</b>												
Strabismus convergens.....	..	2	1	1	2	..	..	..	..	..	8	4
"  divergens.....	..	2	1	1	2	..	..	..	..	..	25	13
Ophthalmoplegia, externa.....	..	1	1	..	..	..	1	..	..	..	7	7
<b>OPTIC NERVE AND RETINA</b>												
Detachment of retina.....	1	4	2	2	..	4	..	..	..	1	96	19
Retinitis, pigmentosis.....	..	1	..	1	..	..	1	..	..	..	29	29
"  chronic.....	1	1	1	..	..	1	..	..	..	1	22	11
Subretinal hæmorrhages.....	..	2	1	1	..	..	1	..	..	1	28	14
Amblyopia, hysterical.....	..	1	..	1	1	..	..	..	..	..	24	24
Neuritis retro. bulbar.....	..	1	1	..	..	..	1	..	..	..	20	20
Optic atrophy.....	..	1	..	1	..	1	..	..	..	..	62	62
Forward....	8	149	82	67	94	48	5	1	..	9	4148	..

Days in Hospital	
Total	Daily Average
343	38
208	45
80	27
7	7
13	13
235	39
79	79
42	11
13	13
85	21
99	49
89	20
11	11
18	9
9	9
48	16
32	11
57	29
2389	..

DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
		Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
Forward....	8	149	82	67	94	48	5	1	..	9	4148	..
<b>REFRACTION AND ACCOMMODATION</b>												
Myopia, high grade .....	..	5	2	3	3	..	..	..	..	2	132	26
Astigmatism, compound hyper- opic .....	..	1	..	1	1	..	..	..	..	..	9	9
<b>UVEA</b>												
Iritis, acute plastic .....	..	4	2	2	3	1	..	..	..	..	67	77
" chronic plastic .....	1	5	3	2	4	2	..	..	..	..	184	37
Cyclitis, irido .....	..	4	1	3	4	..	..	..	..	..	12	3
" rheumatic .....	..	1	..	1	1	..	..	..	..	..	2	2
Irido-choroiditis, chronic....	..	2	1	1	1	1	1	..	..	..	44	22
Ophthalmia, sympathetic.....	..	2	1	1	..	1	..	1	..	..	140	20
Dyscoria .....	..	1	..	1	1	..	..	..	..	..	8	8
<b>LACHRYMAL DUCT</b>												
Dacryocystitis, chronic .....	..	4	2	2	2	1	..	..	..	1	64	16
Fistula of lachrymal duct .....	..	1	1	..	1	..	..	..	..	..	9	9
<b>EAR</b>												
Otitis media, acute .....	..	4	2	2	1	..	..	..	..	2	13	14
Otitis media, acute with acute mastoiditis .....	..	2	..	2	..	2	..	..	..	..	12	12
Otitis media, chronic .....	..	6	3	3	1	3	..	2	..	..	144	54
" externa circumscripto chr. ....	..	1	..	1	..	..	..	1	..	..	1	1
Mastoiditis, acute .....	..	5	2	3	5	..	..	..	..	..	106	21
" chronic .....	..	1	1	..	..	1	..	..	..	..	11	11
Tuberculosis of ext. auditory canal .....	..	1	..	1	1	..	..	..	..	..	8	4
Sclerosing of mastoid .....	..	1	..	1	..	..	1	..	..	..	4	8
Vertigo aural .....	..	1	1	..	..	1	..	..	..	..	24	24
<b>NOSE AND THROAT</b>												
Adenoids .....	..	1	..	1	1	..	..	..	..	..	9	9
Tonsillitis, chronic .....	1	1	1	..	2	..	..	..	..	..	6	2
Abscess of tonsil .....	..	1	..	1	1	..	..	..	..	..	4	4
Forward....	10	204	105	99	127	61	7	5	..	14	5161	..

*Nose and*  
Pharyngitis  
" laryngitis  
Rhinitis atr  
Spur on nas  
Atresia of p  
Deviated se  
Nasal sinus  
Lupus of n  
Empyæmia  
more ...

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Ac  
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Av

EYE AND EAR DEPARTMENT.

Total	Daily Average	DISEASES	In Hospital 1st Jan., 1898	ADMITTED			DISCHARGED					Remaining 31st Dec., 1898	Days in Hospital	
				Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died		Total	Daily Average
1148	..	Forward....	10	204	105	99	127	61	7	5	..	14	5161	..
		<i>Nose and Throat.—Con.</i>												
132	26	Pharyngitis, chronic.....	..	2	1	1	..	2	..	..	..	..	71	35
		"    syphilitic, with												
9	9	laryngitis tubercular.....	..	1	1	..	..	..	..	..	..	1	21	21
		Rhinitis atrophie.....	2	..	..	2	1	1	..	..	..	..	37	19
		Spur on nasal septum.....	..	1	1	..	1	..	..	..	..	..	31	31
		Atresia of post. naris.....	..	1	..	1	1	..	..	..	..	..	22	22
		Deviated septum.....	..	2	2	..	2	..	..	..	..	..	26	13
67	77	Nasal sinus.....	..	1	1	..	1	..	..	..	..	..	28	28
184	37	Lupus of nose.....	1	1	..	1	2	..	..	..	..	..	26	26
12	3	Enpyæmia of frontal cells.....	..	2	2	..	1	1	..	..	..	..	22	11
2	2	antrum of high-												
44	22	more.....	..	4	1	3	1	2	1	..	..	..	89	22
140	20													
8	8		13	219	114	105	137	67	8	5	..	15	5640	..

Remaining in hospital, January 1st, 1898.....	13
Admitted.....	219
	— 232
Discharged, cured.....	137
"    improved.....	67
"    unimproved.....	8
"    not treated.....	5
Remaining in hospital, January 1st, 1899....	15
	— 232
Average number of days in hospital, per patient.....	25.75

1148	..
132	26
9	9
67	77
184	37
12	3
2	2
44	22
140	20
8	8
64	16
9	9
13	14
12	12
144	54
1	1
106	21
11	11
8	4
4	8
24	24
9	9
6	2
4	4
1161	..

## EYE, EAR, NOSE AND THROAT OPERATIONS,

*For the Year ending 31st December, 1898.*

<p><b>CONJUNCTIVA.</b></p> <p>Removal of granulations on conjunctiva... 1 Crushing granulations..... 8</p> <p><b>CORNEA AND SCLEROTIC.</b></p> <p>Cauterization for ulcer of cornea..... 9 Sclerotomy..... 1 Paracentesis of ant chamber... 3</p> <p><b>GLOBE AND ORBIT.</b></p> <p>Removal of tumor of orbit..... 1 Enucleation of eyeball..... 11 Mules operation..... 3 Evisceration..... 1</p> <p><b>IRIS,</b></p> <p>Iridectomy..... 12</p> <p><b>LACHRYMAL APPARATUS.</b></p> <p>Weber's operation..... 2</p> <p><b>LENS AND CAPSULE.</b></p> <p>Senile cataract with iridectomy..... 23 " "..... 21 Lamellar cataract..... 5 Traumatic "..... 1 Congenital cataract..... 2 Capsulotomy..... 10 Discission..... 14</p>	<p><b>LIDS.</b></p> <p>Removal of epithelioma..... 1 Arlt's operation..... 2 Lids sutured..... 1 Paginstecher's operation..... 1 Cantholosis..... 1 Canthotomy..... 1 Plastic operation..... 4</p> <p><b>MUSCLES.</b></p> <p>Advancement of int. rectus..... 2</p> <p><b>EAR.</b></p> <p>Myringodectomy..... 2 Curetting ext. auditory meatus..... 1 Removal of ossicles..... 1 Trepining mastoid..... 7</p> <p><b>NOSE AND THROAT OPERATIONS.</b></p> <p>Adenoids..... 1 Cauterization of lupus of nose... 1 Nasal polypus removed with snare..... 1 Removal of spur on nasal septum..... 1 Curettag, for relief of atresia of anterior and post. nares..... 1 Plastic operation on nose (conjenital sinus). 1 Ash's operations for deviated septum..... 1 Drilling into antrum of Highmore..... 3</p>
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REP

Conjunctivitis  
"  
"  
"  
"  
Sub-conjunctival  
Hyperemia  
Burn of conj

CO

Keratitis, ph  
" in  
" su  
" pu  
" w  
" m  
Inflamed leu  
" ma  
Ulceration o  
"

Foreign body  
Wound of cor  
Sclero-kerati  
Scleritis....  
Episcleritis.  
Pterygium..

Glaucoma, su  
" ch  
Phthisis, bul  
" ante  
Ecchymosis o  
Tumor of eye

LAC

Dacryocystitis  
"  
Lachrymal d  
Epiphora...



# REPORT OF OUT-PATIENTS' DEPARTMENT,

FOR DISEASES OF THE EYE, EAR, NOSE AND THROAT.

For the Year ending 31st December, 1898.

## CONJUNCTIVA.

Conjunctivitis, acute catarrhal.....	21
"    chronic    "    .....	3
"    phlyctenular    .....	11
"    chronic granular.....	13
"    "    "    with pannus	3
"    purulent (gonorrhœal)....	1
Sub-conjunctival hæmorrhage.....	1
Hyperæmia of conjunctiva.....	3
Burn of conjunctiva and cornea.....	1

## CORNEA AND SCLEROTIC.

Keratitis, phlyctenular.....	28
"    interstitial.....	16
"    superficial.....	1
"    punctata interstitial.....	1
"    with hypopyon.....	1
"    marginal.....	2
Inflamed leucoma.....	10
"    macula.....	5
Ulceration of cornea (central).....	7
"    "    (marginal).....	10
Foreign body in cornea.....	2
Wound of cornea.....	1
Sclero-keratitis.....	1
Scleritis.....	1
Episcleritis.....	2
Pterygium.....	2

## GLOBE AND ORBIT.

Glaucoma, subacute.....	4
"    chronic.....	5
Phthisis, bulbi.....	4
"    anterior.....	1
Ecchymosis of eyeball.....	1
Tumor of eyeball.....	1

## LACHRYMAL APPARATUS.

Dacryocystitis, chronic.....	6
"    acute.....	1
Lachrymal duct. stricture.....	4
Epiphora.....	3

## OCULAR MUSCLES AND NERVES.

Strabismus, convergens.....	14
"    divergens.....	2
Paresis of right external rectus.....	1
"    left    "    "    .....	1
"    superior oblique.....	1
Paralysis of 3rd and 4th nerves.....	1
Ophthalmoplegia, externa.....	1
Nystagmus.....	1

## OPTIC NERVE AND RETINA.

Optic atrophy.....	5
Retinitis, chronic.....	2
"    pigmentosa.....	1
"    albuminuria.....	1
Neuro-retinitis.....	2
Neuritis.....	1
Detachment of retina.....	4
Amblyopia, toxic.....	2

## UVEA.

Irido cyclitis.....	
Iritis, acute plastic.....	11
"    serous.....	3
"    chronic.....	2
Mydriasis, atropine.....	1

## VITREOUS.

Opacities.....	1
Hæmorrhage in.....	1

## LENS.

Cataract, senile.....	18
"    infantile.....	4
"    congenital, with strabismus con-	
vergens.....	2
"    traumatic.....	4
"    incipient.....	2
"    nuclear.....	1
"    anti-polar.....	1
Central diffuse opacities in lens.....	2

LIDS.		EAR.—Con.	
Abscess of lid.....	1	Perforation of membrana tympani.....	1
Eczema of lid.....	5	Impacted cerumen.....	14
Ectropion.....	5	Foreign body in ear.....	1
Entropion.....	4	Mastoiditis, acute.....	1
Epithelioma of lid.....	1	Caries of anterior wall of meatus.....	1
Chalazion.....	10	Eczema of external auditory canal.....	1
Blepharitis, acute.....	14	" auricle.....	5
" marginal.....	20	Furuncle of external auditory meatus....	1
Hordeolum.....	9		
Trichiasis.....	7		
Cedema.....	1		
REFRACTION AND ACCOMMODATION.		NOSE AND THROAT.	
Hyperopia.....	85	Rhinitis, hypertrophic.....	32
Myopia.....	35	" atrophic.....	6
" high grade.....	2	" chronic catarrhal.....	11
Astigmatism, compound hypermetropia..	123	" acute.....	3
" simple myopic.....	31	Deviated septum.....	5
" compound.....	23	Ulceration of septum.....	2
" simple.....	11	Contusion of nose.....	1
Asthenopia.....	40	Nasal polypus, mucous.....	1
Presbyopia.....	14	Foreign body in nose.....	1
" with hypermetropia.....	9	Adenoids.....	36
		" with hypertrophy of tonsils.....	12
		Hypertrophy of tonsils.....	21
		Tonsilitis, acute.....	11
		" subacute.....	6
		Laryngitis, acute.....	1
		" chronic.....	3
		Pharyngitis, acute.....	1
		" chronic.....	8
		Paralysis of right vocal chord.....	1
EAR.			
Otitis media, chronic.....	17		
" acute suppurative.....	6		
" chronic.....	36		
" sclerosing.....	13		
" externa circumscripta.....	1		

## OPERATIONS IN OUT-PATIENTS' DEPARTMENT,

For the Year ending 31st December, 1898.

CONJUNCTIVA.		LIDS.	
Crushing granulations.....	1	Cantholosis.....	2
Peritomy.....	2	Hordeolum, evacuation.....	6
CORNEA AND SCLEROTIC.		NOSE.	
Cauterization for ulcer of cornea.....	1	Cauterization of inferior turbinate.....	1
Removal of foreign body from cornea....	4	" middle.....	1
		Removal of polypus from posterior nares..	1
LACHRYMAL APPARATUS.		THROAT.	
Weber's operation.....	2	Curettage for adenoids of pharynx.....	36
MUSCLES.		Curettage for adenoids of pharynx, with	
Tenotomy of internal rectus.....	11	tonsils guillotined.....	11
		Tonsils guillotined.....	4

1  
... 14  
... 1  
... 1  
... 1  
... 1  
... 5  
... 1

## REPORT OF THE PATHOLOGICAL DEPARTMENT,

For the Year ending December 31st, 1898.

COMPILED BY ALBERT G. NICHOLLS, M.A., M.D., ASSISTANT PATHOLOGIST

32  
... 6  
... 11  
... 3  
... 5  
... 2  
... 1  
... 1  
... 1  
... 36  
... 12  
... 21  
... 11  
... 6  
... 1  
... 3  
... 1  
... 8  
... 1

During the year ninety-four autopsies were performed, in the majority of cases a complete examination being allowed.

A bacteriological study was made in those cases in which the post-mortem was held within twenty-four hours of death.

1.—FEMALE 26. *Septicæmia*, subsequent to ovariectomy. Suppurative pylephlebitis in the left broad ligament; acute mitral and aortic endocarditis; acute splenic tumour; simple bronchitis; œdema of lungs; cloudy organs; acute septic pharyngitis and laryngitis; colloid struma of the thyroid; strangulation of appendix epiploica; obsolescent tuberculosis of left lung; left old adhesive pleurisy; abnormal position of transverse colon; accessory suprarenal. Cultures from pus in broad ligament gave the staphylococcus albus; from bile, cocci; from liver, a delicate bacillus, not determined; cultures from blood and spleen sterile.

2.—FEMALE 21. *Chronic Interstitial Nephritis*, hypertrophy and dilatation of left ventricle; bilateral hydrothorax; hydropericardium and hydroperitoneum; general anasarca; compression of lungs; acute hæmorrhagic gastritis and enteritis; uræmic ulcers in the colon; early atheroma of the aorta; hypoplasia of aorta and pulmonary artery; congested liver; patent foramen ovale; adenomata of the suprarenal. Cultures from gall-bladder gave staphylococcus albus; liver and spleen sterile.

3.—MALE 9 weeks. *Spina Bifida* with meningocele (operation); congestion of liver; patent foramen ovale. Cultures from liver and spleen gave streptococci.

4.—MALE 45. *General Arterio-Sclerosis*. Arterio-sclerotic kidneys; chronic myodegeneration of heart; general anasarca; hypertrophy of the left ventricle; bilateral hydrothorax and compression of the lungs; acute bronchitis; acute right fibrous pleurisy; infarction of left lung; catarrhal enteritis; congested organs; left old pleural adhesions; abnormal course of transverse colon; double right coronary artery. Liver and spleen gave streptococcus longus on agar; bile sterile.

- 5.—MALE 54. *Bilateral Acute Lobar Pneumonia*; operation for right inguinal hernia; acute purulent bronchitis; compensatory emphysema of lungs; chronic interstitial nephritis; cloudy organs; chronic gastritis; adhesive bilateral periorchitis; healed local peritonitis; obsolescent tuberculosis in right lung; bilateral old pleural adhesions; patent left inguinal canal. Cultures from wound gave a bacillus resembling the colon; from pericardium staphylococcus pyog. albus.
- 6.—MALE 54. *Aortic Insufficiency*. Diffuse nodular atheroma of aorta; co bovinum; general anasarca with hydropericardium; passive congestion and chronic oedema of the lungs; infarction of lung; white infarcts in kidney; chronic gastritis; healed local peritonitis; left old pleural adhesions; hypoplasia of great omentum; umbilical hernia; accessory suprarenal. No cultures made.
- 7.—FEMALE 61. *Diabetes Mellitus*. Chronic mixed nephritis; chronic myodegeneration of heart; atheroma of aorta; partial double right ureter. Liver gave a long spore-bearing bacillus, probably putrefactive.
- 8.—FEMALE 21. *Cerebro-Spinal Meningitis*, associated with the diplococcus intracellularis of Weichselbaum; acute purulent pericarditis; acute bronchitis and early broncho-pneumonia; left adhesive pleurisy; acute parenchymatous nephritis; acute catarrhal enteritis; acute congestion and cloudy swelling of the organs; obsolescent tuberculosis of left lung; patent foramen ovale. Nasal secretion gave abundant diplococci, negative to Gram. Diplococcus intracellularis cultivated from meninges of brain and cord, pericardial fluid; heart-blood, liver, bile, and spleen, sterile.
- 9.—FEMALE 67. *Diabetes Mellitus*. Large fibroid pancreas; right acute serofibrinous pleurisy; acute fibrinous pericarditis; partial compression of right lung; compensatory emphysema; acute bronchitis; acute duodenitis; acute parenchymatous nephritis; chronic myodegeneration of the heart; enlarged spleen; acute cystitis; chronic endometritis; early caseous tuberculosis of right lung; umbilical omental hernia; accessory folds of colon. Bacillus coli found in spleen, uterus, liver; from pericardium, bacillus coli and staphylococcus pyo. albus.
- 10.—FEMALE 25. *Vomiting of Pregnancy*. Pregnancy at fourth month; general marasmus; enlarged thyroid with parathyroid. No cultures.
- 11.—MALE 5. *General Miliary Tuberculosis*. Tubercular meningitis; acute internal hydrocephalus; solitary caseous tubercle in cerebellum; caseous tuberculosis of lungs; caseous mediastinal, peribronchial, and mesenteric glands; tubercular ulceration of small intestine; tubercular perisplenitis and perihepatitis; miliary tuberculosis of meninges, lungs, liver, kidneys, and spleen; accessory suprarenals. No cultures made.
- 12.—FEMALE 42. *Chronic Ulcerative Pulmonary Tuberculosis*. Tubercular broncho-pneumonia; bilateral tubercular pleurisy; tubercular ulceration of

13.—F

14.—M

15.—M

16.—M

17.—M

18.—F

19.—M

H

- intestines; caseous mesenteric glands; fistula in ano; acute splenic tumour; atrophied and fibroid pancreas; large fatty liver of alcoholism; Meckel's diverticulum. Cultures from lung gave fine streptococci and *B. proteus*; from heart blood, streptococci; from liver, spleen, and peritoneal cavity, sterile.
- 13.—FEMALE 32. *Suppurative Periappendicitis*; no noticeable involvement of mucosa of appendix; general septic peritonitis; acute local enteritis; acute perimetritis and endometritis; right chronic salpingitis; acute oophoritis; cloudy organs. Cultures from liver, and right side of uterus gave *B. coli*; spleen, heart blood and gall bladder, sterile.
- 14.—MALE 39. *Nephrectomy for Calculus*; amyloid disease of spleen, liver, and left kidney; acute bronchitis; fatty degeneration of heart and liver; mixed nephritis and congenital reduplication of the left kidney; bilateral old pleural adhesions. From kidney and spleen obtained bac. coli; track of wound gave *B. coli* and staphylococcus albus.
- 15.—MALE 34. *Right Acute Lobar Pneumonia*. Bilateral acute serofibrinous pleurisy; acute serofibrinous pericarditis; large fatty liver; hog-back kidneys; slight hypospadias. Diplococcus lanceolatus from right lung, right pleura, pericardium; spleen sterile.
- 16.—MALE 45. *Bilateral Chronic Ulcerative Tuberculosis of Lungs*. Left serofibrinous pleurisy; tuberculosis of pharynx and larynx, mediastinal glands, ileum; miliary tuberculosis of spleen; fistula in ano; verrucose mitral endocarditis; acute parenchymatous nephritis; focal necroses in liver; bilateral old pleural adhesions; patent foramen ovale; omental adhesions; adenoma of suprarenal. Agar cultures from lung gave staphylococcus albus and aureus, and a bacillus allied to *B. coli*. Agar cultures after four weeks in incubator gave *B. tuberculosis*.
- 17.—MALE 52. *Adenocarcinoma, probably primary in Pancreas*. Secondary growths in pleurae, lungs, peribronchial and mediastinal glands, heart, liver, spleen, bladder, suprarenals, vena cava, omentum, peritoneum, bony pelvis, and skin; pressure stenosis of oesophagus; spontaneous fracture of left pubic bone; atrophy of muscles of left leg; congenital absence of left kidney; abnormal ileo-cecal valve. Peritoneal fluid was sterile; spleen and liver gave organisms resembling streptococci.
- 18.—FEMALE 72. *General Arterio-Sclerosis* with ruptured sacculated aneurysm of the parieto-temporal branch of the right middle cerebral artery; right optic thalamus and base of brain destroyed; dry gangrene of left foot; cataract of the right eye; arterio-sclerotic kidneys; brown atrophy of heart; mucopurulent bronchitis and emphysema; acne pancreatic; senile atrophy of liver with bile cyst; cholelithiasis.
- 19.—MALE 37. *Bilateral Lobar Pneumonia*. Right plastic pleurisy; left serofibrinous pleurisy; acute bronchitis; compensatory pulmonary emphysema; dilated right heart; acute gastritis and duodenitis; acute parenchymatous

nephritis; catarrhal appendicitis; cloudy organs; obsolescent tuberculosis of lung and liver; old right pleural adhesions; double right renal artery. Cultures from pleural fluid gave a bacillus allied to colon bacillus: from pericardium, streptococci and staphylococcus albus; from heart blood, staphylococcus albus; sections of kidney obtained by Gram-Weigert method showed diplococcus lanceolatus.

- 20.—MALE 58. *Bilateral Tubercular Pyelonephritis*. Tubercular abscess of left kidney; tuberculosis of ureters, prostate and left seminal vesicle; miliary tuberculosis of lungs; cortical hæmorrhage on left side of brain; brown atrophy of heart; slight arterio-sclerosis; old local peritonitis; bilateral old pleural adhesions. Cultures from kidney on serum gave *B. coli*; after a month in incubator *B. tuberculosis*; coverslips from kidney also showed *B. tuberculosis*.
- 21.—FEMALE 56. *Cor Bovinum*. Relative incompetence of the mitral valve; general anasarca; ascites; bilateral hydrothorax; passive congestion of organs; generalised arterio-sclerosis; chronic interstitial nephritis; emphysema of lungs; slight myodegeneratio cordis; catarrhal gastritis and enteritis; absence of left fallopian tube; partial reduplication of aortic cusp of the pulmonary artery; patent foramen ovale; left old pleural adhesions. Agar cultures from heart blood, spleen, liver and peritoneal fluid, sterile.
- 22.—MALE 48. *Extravasation of Urine*, consequent upon stricture and periurethral abscess. Bilateral septic pneumonia; right plastic pleurisy; emphysema and muco-purulent bronchitis; atheroma of aorta and coronary vessels; arterio-sclerotic kidneys; old omental adhesions. Agar cultures from kidney gave staphylococcus albus; from liver, staphylococcus aureus; from periurethral abscess, *B. coli*.
- 23.—FEMALE 32. *Acute Leptomeningitis* due to influenza bacillus; cloudy organs; obsolescent tuberculosis of both lungs; abnormal position of transverse colon; double pelvis and partial reduplication of ureter of left kidney; patent foramen ovaie. Cultures from left ventricle of brain gave *B. influenzae*; from left lung, staphylococcus albus and probably *B. influenzae*; from spleen *B. coli*; liver, heart blood, and pericardial fluid, sterile.
- 24.—MALE 72. *Carcinoma Simplex of Stomach*. Secondary in pancreas, left adrenal, liver, gall bladder, lungs and pleurae; bilateral cancerous hydrothorax; general arterio-sclerosis; diffuse myodegeneratio cordis; atheroma of mitral and aortic valves; arterio-sclerotic kidneys; bilateral pulmonary emphysema; stercoral ulcers in colon; adenomatous hypertrophy of the prostate. Cultures on agar of spleen and liver were sterile; heart blood gave diplococci and streptococci.
- 25.—MALE 54. *Locomotor Ataxia*, associated with chronic ulcerative pulmonary tuberculosis; miliary tuberculosis of liver and kidneys; tubercular ulceration of jejunum, ileum and colon; chronic adhesive peritonitis and pleuritis; œdema of lungs; slight hydropericardium; diphtheritis of stomach; accessory cusp of

the pulmonary valve; accessory right renal artery; lymphangiectatic cysts of ileum. Spleen on agar proved sterile; heart blood, streptococci.

- 26.—MALE 33. *General Chronic Tuberculosis of Serous Membranes.* Death from tubercular meningitis; chronic caseous and fibroid pleuritis and peritonitis; miliary tuberculosis of heart muscle, liver, spleen, lungs and kidneys; tuberculosis of left adrenal; tubercular ulceration of ileum. Cultures from heart blood and peritoneal cavity, sterile; from brain, a fine diplococcus. A smear from the omentum gave the *B. tuberculosis*.
- 27.—FEMALE 3. *Faucial and Laryngeal Diphtheria.* Acute parenchymatous nephritis; cloudy organs; chronic follicular enteritis; hyperplasia of mesenteric glands; patent foramen ovale. Serum cultures from larynx gave Klebs-Löffler bacillus and cocci; heart blood, spleen, liver, and lung, sterile.
- 28.—MALE 19 *Generalised Chronic Serous Tuberculosis* of pleura and peritoneum. Bilateral acute tubercular pleurisy, with left hæmothorax; compression of left lung; caseation of peribronchial glands; miliary tuberculosis of lungs, liver, kidneys, and spleen; tubercular ulceration of the ileum; cloudy organs; arterial hypoplasia; amyloid bodies in prostate; abnormal course of transverse colon. No cultures taken.
- 29.—FEMALE 56. *Mitral Stenosis.* Infarction of left lung, left kidney, ileum, colon, and rectum; passive congestion of organs, right nephrolithiasis and pyonephrosis; acute cystitis; acute endometritis; prolapse of left ovary, and chronic perioophoritis; slight fibrosis of various viscera: bilateral old pleural adhesions; abnormal course of transverse colon; patent foramen ovale; bifid right third rib. Broth cultures from heart, spleen and liver, sterile.
- 30.—FEMALE 50. *Atrophic Cirrhosis of Liver,* with general hæmochromatosis of the skin and various organs; rupture of œsophageal varices; melæna; chronic parenchymatous nephritis; brown atrophy of heart; hypostatic congestion of lungs; fibroids of uterus; healed gastric ulcer; bilateral old pleural adhesions. Serum culture from brain, sterile; agar cultures from heart blood and spleen, sterile; agar cultures from liver gave a diplococcus form (a variant of *B. coli*.—Adami.)
- 31.—FEMALE 40. *Mitral Stenosis and Insufficiency.* Relapsing mitral and aortic endocarditis; cor bovinum; general anasarca; bilateral hydrothorax; hydropericardium; ascites; passive congestion of organs; acute gastritis and duodenitis; chronic interstitial nephritis; acute endometritis and endocervicitis; left pyosalpinx and perioophoritis; suppurative pelvic cellulitis; cystic ovaries; old local peritonitis; bilateral old pleural adhesions; abnormal course of the transverse colon; accessory spleen. Broth cultures from pericardial fluid gave diplococcus lanceolatus; from spleen, heart blood, and uterus, sterile.
- 32.—FEMALE 65. *Bilateral Hypostatic Pneumonia,* consequent upon pressure on the trachea from an enlarged thyroid; acute tracheitis and bronchitis; acute parenchymatous nephritis; cholelithiasis; pericholecystitis obsolescens; acne

- pancreatica ; obsolescent tubercle of right lung ; atrophic uterus and ovaries ; Liebermeister's grooves of liver ; abnormal lobation of right lung ; right old pleural adhesions. Agar cultures from left lung gave diplococcus lanceolatus ; broth cultures from spleen, heart blood, and bile, sterile.
- 33.—MALE 19. *Typhoid Fever.* Acute bronchitis ; acute parenchymatous nephritis ; right suppurative otitis media ; dilatation of right heart ; small spleen ; cloudy organs ; typhoid ulceration of ileum and colon ; catarrhal enteritis ; ascariasis ; healed pericholecystitis. Agar cultures from spleen and bile gave *B. Typhi* ; from urine bacillus typhi and pyococci ; from mastoid process, streptococci and staphylococci ; heart blood, sterile. 40.—
- 34.—MALE 29. *Bilateral Chronic Ulcerative Pulmonary Tuberculosis.* Tumour of cord and compression myelitis ; left tubercular pleurisy ; bronchiectasis and caseous bronchitis ; pericarditis tuberculosa externa ; caseous peribronchial and mesenteric glands ; tubercular ulceration of jejunum, ileum, colon, rectum, and appendix ; acute gastritis ; cloudy organs ; acute parenchymatous nephritis ; accessory suprarenal. Agar cultures from spleen, liver, and left pleura, sterile ; heart blood, staphylococcus albus ; pericardial fluid, staphylococci. 41.—
- 35.—FEMALE 52. *Acute Serofibrinous Pericarditis* (rheumatic). Acute bilateral serofibrinous pleurisy ; acute splenic tumour ; chronic mitral endocarditis ; old pericarditis adhesiva ; compression of lungs ; dilatation of right heart ; atheroma of aorta ; cholelithiasis ; chronic glandular endometritis ; acute parenchymatous nephritis. Agar cultures of heart blood, pericardial fluid and liver, sterile. 42.—
- 36.—MALE 22. *Mitral Stenosis and Incompetence: Aortic Stenosis ;* cor bovinum ; general anasarca ; bilateral hydrothorax with sero-fibrinous pleurisy ; hydropericardium with old adhesive mediastino-pericarditis ; hypostatic pneumonia ; acute pericholecystitis ; congested organs ; bile-cyst of liver. Agar cultures gave diplococcus lanceolatus in right pleural cavity, pericardial fluid, peritoneal cavity, liver and spleen. 43.—
- 37.—MALE 65. *General Arterio-sclerosis.* General anasarca ; cor bovinum ; myodegeneratio cordis ; arterio-sclerotic kidneys ; bilateral emphysema ; bilateral hydrothorax ; hydropericardium ; compression of lungs ; infarction of lung ; passive congestion of organs ; bilateral reducible inguinal hernia ; right periorchitis adhesiva ; abnormal lobation of right lung ; accessory spleen ; patent foramen ovale. Cultures sterile. 44.—
- 38.—FEMALE 65. *Cerebral Softening from Thrombosis.* Atheroma of circle of Willis ; bilateral hypostatic pneumonia ; slight myodegeneratio cordis ; senile organs ; acute bronchitis ; congestion of stomach and intestines ; cholelithiasis ; obsolescent tuberculosis of left lung. Cultures from heart-blood, spleen, and liver sterile. 45.—
- 39.—FEMALE 48. *Right Acute Lobar Pneumonia.* Muco-purulent bronchitis ; acute bilateral fibrinous pleurisy ; acute serofibrinous pericarditis ; myode-



generatio cordis; acute mixed nephritis; acute interstitial inflammation of suprarenals; hemorrhages into spleen and left rectus abdominis; atrophy of pancreas; dilatation of ductus choledochus communis; omental adhesions; ablation of ovaries and tubes (operative). Sections of kidney stained by Gram-Weigert method shewed diplococcus lanceolatus. Agar cultures gave; in heart blood diplococcus lanceolatus, staphylococcus albus and aureus; pericardium diplo. lanc.; right lung; diplo. lanc.; liver staphylo. albus; spleen sterile; right kidney staphylococci and B. proteus.

- 40.—MALE 25. *General Pyæmia* (staphylococcus), consequent upon carbuncle of the neck; embolic abscesses in lungs; bilateral fibrinous pleurisy; acute gastritis and duodenitis; cloudy organs; multiple peripheral neuritis; obsolete tuberculosis of left lung; latent tuberculosis of mesenteric glands; general glandular hyperplasia. Cultures on agar from spleen, liver, left lung, heart-blood, gave staphylococcus aureus.
- 41.—MALE 43. *Scirrhus Carcinoma of Pancreas*. Secondary in left lung, pericardium, and cesophagus; left bronchiectasis with purulent bronchitis and fibrosis of lung; splenic tumour; old adhesive pericarditis; local old peritonitis; phleboliths of prostatic plexus; cloudy organs; abnormal course of transverse colon; Liebermeister's grooves; no cultures taken.
- 42.—FEMALE 13. *Chronic Diffuse Nephritis*; general anasarca; ascites; bilateral hydrothorax; hydropericardium; chronic œdema of lungs; bilateral acute fibrinous pleurisy; hypertrophy and dilatation of left ventricle; slight mitral verrucose endocarditis; early fatty change in aorta; passive congestion of organs; persistent thymus; patent foramen ovale. Agar cultures from heart blood, sterile; from pericardial cavity, staphylococcus pyog. albus.
- 43.—MALE 4. *Tubercular Meningitis*; tubercular ulceration of intestines; tuberculosis of mesenteric and peribronchial glands; caseous tuberculosis of liver and spleen; caseous broncho-pneumonia; acute mucopurulent bronchitis; abscess of abdominal parietes; local fibrinous peritonitis; cloudy organs; ascariasis; patent foramen ovale. Agar cultures from liver, spleen and heart blood, sterile.
- 44.—FEMALE 35. *Pernicious Anæmia*; dilatation of heart; fatty degeneration of heart, liver and kidneys; hypoplasia of arterial system; follicular cysts of ovaries; old omental adhesions. Cultures from pericardial cavity, peritoneal cavity, spleen, liver and heart blood, sterile.
- 45.—MALE 2. *Tubercular Meningitis*; chronic tuberculosis of right lung, with caseation, fibrosis and calcification; obsolete tubercular pleurisy; cloudy organs; right old pleural adhesions. Agar cultures from brain, liver, heart blood and spleen were sterile; from peritoneal cavity, staphylococci.
- 46.—MALE 32. *Chronic Basal Leptomeningitis* (luetica); internal hydrocephalus; chronic syphilitic hepatitis; congestion of organs. Agar cultures from liver, spleen and heart blood, sterile.

- 47.—MALE 47. *Myodegeneration of Heart*; cor bovinum; atheroma of coronaries; general anasarca; right hydrothorax; pulmonary embolism with infarction; healing infarct of spleen; acute parenchymatous nephritis; congested organs; left old pleural adhesions; right reducible inguinal hernia; accessory spleens; patent foramen ovale. No cultures taken. 55.—
- 48.—MALE 3. *Right Broncho-Pneumonia*, following operation; septicæmia; general hyperplasia of lymph glands; cloudy organs; focal necroses in liver; ascariasis. Agar cultures from spleen, liver, heart blood and operation wound gave staphylococci; pericardium and mesenteric gland, sterile. 56.—
- 49.—MALE 80. *Bilateral Suppurative Pyelonephritis*; hypertrophy of prostate; acute cystitis; vesical calculus; false passage of urethra; catarrhal enteritis; atheroma of aorta; mitral, aortic and tricuspid valves; brown atrophy of heart; emphysema of lungs; obsolescent tuberculosis of right lung; bilateral reducible inguinal hernia; patent foramen ovale. Agar cultures from heart blood and spleen, sterile; from peritoneal cavity, *B. coli*. 57.—
- 50.—MALE 48. *Chronic Interstitial Nephritis*; uræmia; acute necrosing cystitis; sialodochitis pancreatica purulenta; caseous tuberculosis of epididymes; obsolescent tuberculosis of right lung; local acute fibrinous peritonitis; atheroma of aorta; ankylosis of right hip joint; leucoderma; bilateral old pleural adhesions; accessory spleen; patent foramen ovale. No cultures. 58.—
- 51.—FEMALE 25. *Lieno-Medullary Leukæmia*; slight hyperplasia of lymphatic glands; splenic tumour; puriform appearance of bone marrow; infarction of left lung and spleen; chronic parenchymatous nephritis; verrucose mitral endocarditis; old perisplenitis; left old pleural adhesions; cystic ovaries. No cultures. 59.—
- 52.—FEMALE 56. *Atrophic Cirrhosis of Liver*; general anasarca; ascites; right hydrothorax; enlarged mesenteric glands; lymph in omentum: compression of right lung; fibrosis and fatty infiltration of pancreas; chronic interstitial nephritis; general arterio-sclerosis of medium-sized vessels; aneurysm of right renal artery; thrombi in auricles; infarction of spleen and left kidney; old perihepatitis and perisplenitis; bilateral old pleural adhesions; omental adhesions; adenoma of thyroid; cystic ovaries. Agar and broth cultures from the spleen, kidney, liver, mesenteric glands, ascitic fluid and heart blood gave the diplococcus form of the *B. coli*; the bile, negative. 60.—
- 53.—MALE 58. *Pernicious Anæmia*; dilatatio cordis; fatty degeneration of heart and kidneys; acute follicular and diphtheritic enteritis; atheroma of aortic valves; latent tuberculosis of left lung; bilateral old pleural adhesions. Cultures from heart blood gave staphylococci; from liver and spleen, sterile. 61.—
- 54.—FEMALE 55. *Chronic Fibroid Tuberculosis of Lungs*; bronchiectasis, caseous bronchitis; catarrhal gastritis and enteritis; ulcerative duodenitis; fatty heart; cloudy organs; cholelithiasis; bile cysts of liver; Liebermeister's grooves; atheroma of aorta; old perihepatitis; old omental adhesions; bilateral 62.— 63.—

- old pleural adhesions. Agar cultures from heart blood, spleen, liver, bile and pericardial cavity, sterile.
- 55.—FEMALE 52. *Chronic Interstitial Nephritis*; advanced decomposition; atheroma of aortic valves; aorta and coronaries; uræmic ulcers in colon; chronic adhesive proctitis; chronic atrophic gastritis; senile uterus and ovaries; old perisplenitis. No cultures.
- 56.—MALE 3. *Stricture of œsophagus*, from drinking lye; operation (gastro-tomy); right broncho-pneumonia; general glandular hyperplasia; left old pleural adhesions; omental adhesions. No cultures.
- 57.—FEMALE 54. *Mitral Stenosis*; hypertrophy of auricles and right ventricle; atheroma of aorta; passive congestion of organs; tubercular ulceration of intestines and mesenteric glands; acute bronchitis; bilateral old pleural adhesions; omental adhesions; old perihepatitis; supernumerary lobe of right lung. Agar cultures from spleen, liver, heart-blood, and pericardial fluid, sterile.
- 58.—MALE 41. *Septico-pyæmia*, following suppuration about right knee-joint; amputation of right leg; thrombi in right auricle and on tricuspid valve; miliary abscesses in lungs and kidneys; bilateral sero-fibrinous pleurisy; acute splenic tumour; acute perisplenitis; suppurative prostatitis; old local peritonitis; decubitus; abnormal course of transverse colon. Serum cultures from lung, and pleural fluid gave staphylo. pyog. albus and aureus; from spleen, liver, heart thrombi staph. pyog. albus.
- 59.—MALE 30. *Typhoid Fever*; intestinal hæmorrhage; purpura; acute splenic tumour; hyperplasia of mesenteric glands; typhoid ulceration of ileum; focal necroses in liver; slight periportal fibrosis; hæmorrhage into left psoas muscle; bilateral double renal arteries. Agar cultures from spleen gave B. typhi; from pericardium staphylococcus albus and aureus.
- 60.—MALE 26. *Abscess of right Temporo-sphenoidal Lobe of Brain*; slight hydrops ventriculorum; caseous tuberculosis of spleen and kidneys; œdema of lungs; cloudy organs; acute duodenitis; patent foramen ovale; persistent thymus. Agar cultures from brain abscess and ventricle, sterile.
- 61.—MALE 47. *Tubercular Abscess of left Kidney*; caseous tuberculosis of bladder, prostate and left epididymis; left ulcerative pulmonary tuberculosis; miliary tuberculosis of lungs, liver and spleen; caseous tuberculosis of colon; acute bronchitis; cloudy organs; calcareous foci in both apices. Agar cultures from spleen and liver, sterile; from pericardial fluid staphylococci.
- 62.—MALE 7. *Tubercular Meningitis*; caseation of mediastinal glands; noma of cheek (operation); hypostatic pneumonia; acute purulent bronchitis; cloudy organs. Agar cultures from heart blood, sterile.
- 63.—MALE 56. *Scirrhus Carcinoma of Stomach*, with ulceration; hæmorrhage into stomach and intestines, secondary cancer in lungs, liver, pancreas, cæcum, peritoneum, pericesophageal, retroperitoneal, and posterior mediastinal

- glands; healing infarct of left kidney; acute parenchymatous nephritis; atheroma of aorta; cloudy organs. Agar cultures from spleen and liver sterile.
- 64.—FEMALE 15. *Fæcal Fistulæ*, subsequent to operation for ovarian cyst; localised abscess in pelvis; perforation into jejunum, ileum, and cæcum; ablation of right ovary; acute diffuse nephritis; acute enteritis; latent tuberculosis of left lung; cloudy organs; left old pleural adhesions. Agar cultures from heart blood and pericardial cavity, sterile.
- 65.—MALE 36. *Chronic Glomerular Nephritis*, with acute parenchymatous nephritis supervening; uræmia; hypertrophy of heart; congested and cloudy organs; patent foramen ovale; cystic degeneration of right kidney. Agar cultures from liver gave *B. coli*; spleen sterile.
- 66.—FEMALE 50. *Myodegeneration of Heart*; cor bovinum; bilateral hydrothorax; hydropericardium; ascites; infarction of right lung; slight chronic diffuse nephritis; passive congestion of organs. Agar cultures from heart blood, peritoneal cavity, liver, spleen, sterile; bile, *B. coli*.
- 67.—MALE 22. *Acute Perforative Appendicitis*. (operation) septic peritonitis; congestion of lungs; acute enteritis, enlarged mesenteric glands; cloudy organs; left old pleural adhesions; two accessory spleens. Agar cultures from peritoneal cavity gave *B. coli* and staphylococcus pyog. albus; from spleen and lung staph. albus; kidney and liver sterile.
- 68.—FEMALE 41. *Pernicious Anæmia*; dilatation of heart; fatty degeneration of heart, liver, and kidneys; atrophy of heart muscle; chronic vaginitis papillosa; left old perioophoritis. Broth cultures from mesenteric gland gave *B. coli*. Agar cultures from pericardial fluid, heart blood, liver, mesenteric glands and spleen, sterile.
- 69.—MALE 29. *Mitral Stenosis and Incompetence; Aortic Incompetence*; adhesive mediastino-pericarditis; cor bovinum; relapsing aortic endocarditis; general anasarca; bilateral hydrothorax; left sided simple pleurisy; infarction of lungs; passive congestion of organs; nutmeg condition of liver with fibrosis; slight arterio-sclerotic interstitial nephritis; colloid struma. No cultures.
- 70.—FEMALE 85. *Fracture of Head of Left Femur*; general senile atrophy; cholelithiasis; fistulous opening between the gall bladder and stomach; dilatation of cystic and common bile ducts; diverticula in the duodenum; brown atrophy of heart; slight atrophy and portal cirrhosis of liver; senile interstitial nephritis; senile apoplexy of uterus; bilateral old pleural adhesions. Agar cultures from liver and periportal gland gave *B. coli*; from spleen, *B. coli* and *B. Proteus*; from heart blood, sterile.
- 71.—MALE 47. *Epithelioma of Œsophagus*; bilateral gangrene of the lungs; acute sero-fibrinous pericarditis; right empyema; left sero-fibrinous pleurisy; brown atrophy of heart and liver; bilateral old pleural adhesions; prostatic phleboliths. No cultures.

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- 72.—FEMALE 14 months. *Tuberculous Cervical Glands* (operation); anæmia; cloudy organs; early miliary tuberculosis of liver; accessory fold of sigmoid. Agar cultures from liver and spleen, sterile.
- 73.—MALE 22. *Acute Perforative Appendicitis*; septic peritonitis; pylephlebitis of portal vein and mesenteric vessels; chronic aortic endocarditis; acute vegetative mitral endocarditis; acute congestion and cloudy swelling of organs. Broth cultures from spleen and bile gave *B. coli*; from peritoneal cavity, *B. coli* and staphylococci; from pericardial fluid, *B. lactis aerogenes*.
- 74.—MALE 6 months. *Acute Gastro-Enteritis*; general marasmus; acute purulent bronchitis and broncho-pneumonia; extreme fatty degeneration of liver; cloudy organs; accessory lobe of right lung; patent foramen ovale. Agar cultures from bile and liver, sterile; spleen on broth, streptococci.
- 75.—MALE 56. *Atrophic Cirrhosis of the Liver*; ascites, œdema of intestines and great omentum; acute simple peritonitis; enlarged spleen; chronic mixed nephritis; miliary and caseous tuberculosis of the left lung; miliary and obsolescent tuberculosis of the right lung; acute bronchitis; brown atrophy of heart; slight fibrosis of the pancreas; Meckel's diverticulum; bilateral old pleural adhesions. Agar cultures from mesenteric glands, right pleural fluid, pancreas, kidney and intestinal contents, gave pure growth of *B. coli*; bile and ascitic fluid gave stumpy colon forms with bipolar staining.
- 76.—MALE 8 months. *Cystic Teratoma of the Coccyx*; (operation); secondary anæmia; cloudy organs; large thymus present; patent foramen ovale. Agar cultures from kidney, urine, bile, spleen, sterile; from liver *B. coli* and staphylococcus albus.
- 77.—FEMALE 67. *Thrombosis of the Right Middle Cerebral Artery*; softening of the right corpus striatum; mitral stenosis; hypertrophy and dilatation of the heart; recurrent mitral and aortic endocarditis; aortic regurgitation; myodegeneratio cordis; hæmorrhage into the intestine and great omentum; anæmic infarcts of the spleen and left kidney; passive congestion of organs; varicose veins; acute bronchitis; right old pleural adhesions. Cultures from bile sterile; from liver *B. coli*; from kidney and urine *B. coli* and staphylococci.
- 78.—FEMALE 22. *Bilateral Ulcerative Pulmonary Tuberculosis*; tubercular broncho-pneumonia; bronchiectasis; tuberculosis of tonsils and larynx; tubercular ulceration of the intestines and appendix; local fibrinous peritonitis; acute parenchymatous nephritis; acute vaginitis and endometritis; chronic salpingitis; old perioophoritis; old perisplenitis and perihepatitis. Bilateral old pleural adhesions. No cultures.
- 79.—MALE 42. *Aortic and Mitral Regurgitation*; cor bovinum; general arteriosclerosis; atheroma of the aorta; general anasarca; ascites, left hydrothorax; brown induration of lungs; passive congestion of organs; slight acute diffuse nephritis; infarct of left lung; bilateral old pleural adhesions; accessory right papillary muscle of left ventricle, with obturator band. Cultures from heart

blood, liver, kidney, bile, spleen, sterile; from pericardial cavity staphylococcus pyog. albus.

- 80.—FEMALE 36. *Intestinal Obstruction*; (operation); local acute septic peritonitis (B. coli); acute perisplenitis and perihepatitis; recent omental adhesions; ablation (operative) of right adnexa; acute endocervicitis; caseous tuberculosis of kidneys; tubercular ureteritis; tuberculosis of bladder; cloudy organs. Kidney gave growth of B. coli.
- 81.—MALE 1½. *Chronic Internal Hydrocephalus*; (operation); partial autopsy. No cultures made.
- 82.—MALE 31. *Delirium Tremens*; acute congestions of brain and pia mater; acute gastritis and enteritis; gibbous deformity; dislocation of various organs; acute congestion of organs with cloudy swelling; healed duodenal ulcer; old perisplenitis; bilateral old pleural adhesions; abnormal course of transverse colon. Agar cultivations from bile, liver, heart-blood and spleen were sterile.
- 83.—MALE 24. *Mitral Stenosis and Aortic Insufficiency*; chronic adhesive pericarditis; cor bovinum; general anasarca; ascites; right hydrothorax; right acute fibrinous pleurisy; passive congestion of organs; calcareous tuberculosis of peribronchial glands; two accessory spleens; abnormal position of caecum, ascending and descending colon. Agar cultures from liver, spleen, bile and heart-blood, sterile, from peritoneal fluid staphylococcus aureus, from urine B. coli.
- 84.—FEMALE 54. *Pernicious Anæmia*; acute oedema of larynx; left hydrothorax; hydropericardium; fatty degeneration of heart; acute duodenitis; atrophy of stomach; accessory loop of transverse colon. Agar cultures gave streptococci in liver, spleen, pleural fluid, pericardial fluid and heart blood; gastric contents B. coli; peritoneal cavity staphylo. pyog. albus and aureus; bile, sterile.
- 85.—FEMALE 70. *Myodegeneration of Heart*; advanced atheroma of coronary arteries; moderate atheroma of aorta and slight general arterio-sclerosis; bilateral hydrothorax; passive congestion of organs; thrombosis of vessels of left broad ligament; arterio-sclerotic kidneys with acute parenchymatous nephritis; granular colpitis; rheumatoid arthritis; right old pleural adhesions. No cultures.
- 86.—MALE 19. *Acute Perforative Appendicitis*; septic peritonitis, (operation); right septic pleurisy; slight portal pylephlebitis; acute parenchymatous degeneration of liver; acute duodenitis and enteritis; cloudy organs. No cultures.
- 87.—MALE 20. *Acute Perforative Appendicitis*; septic peritonitis, (operation); slight portal pylephlebitis; acute bronchitis; acute duodenitis and enteritis; congested organs; left old pleural adhesions; abnormal lobation of left lung; patent foramen ovale. Agar cultures from heart-blood, liver, spleen and gall bladder, sterile.

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- 88.—FEMALE II. *Generalised Miliary Tuberculosis*; caseous tuberculosis of left lung; caseous peribronchial glands; tubercular ulceration of ileum; acute gastritis and enteritis; chronic anterior poliomyelitis; lateral scoliosis; patent foramen ovale; one accessory spleen. Agar cultures from heart-blood, liver, spleen, gall bladder and kidney, sterile; urine, *B. coli*,
- 89.—MALE 65. *Aneurysm of the Aorta*; dilatation of heart; hypertrophy of left ventricle; arterio-sclerosis; arterio-sclerotic kidneys, with acute parenchymatous degeneration; bilateral hydrothorax; old adhesive mediastinitis; compression of right lung; acute tracheitis and bronchitis; aortic regurgitation; tricuspid and mitral regurgitation; subacute gastritis; capsular cirrhosis of liver; atrophy of pancreas; hæmorrhoids; lateral scoliosis; bilateral old pleural adhesions. No cultures made.
- 90.—MALE 60. *Left Ulcerative Pulmonary Tuberculosis*; right indurative pneumonia; bronchiectasis; right plastic pleurisy; compensatory emphysema; slight myodegeneration of heart; sclerosis of aortic valves; calcareous tuberculosis of peribronchial glands; acute gastritis and duodenitis; fatty nutmeg liver; slight chronic interstitial nephritis; bilateral old pleural adhesions. Agar cultures from mesenteric glands, liver, kidney and urine, sterile; from gall bladder, staphylococcus albus and aureus; spleen, *B. coli*; intestine, *B. coli*.
- 91.—FEMALE 28. *Hypertrophic Cirrhosis of Liver*; cholelithiasis; icterus; right acute fibrinous pleurisy; acute serofibrinous peritonitis; acute gastritis, duodenitis and enteritis; old pericholecystitis; obliteration of cystic duct; splenic tumour; mesenteric and anterior mediastinal glands greatly enlarged; periportal glands enlarged; parenchymatous degeneration of kidneys; acute pseudo-membranous pharyngitis; retroversion of uterus; old pelvic peritonitis; acute endometritis; bilateral old pleural adhesions; patent foramen ovale. Cultures in agar, broth and serum gave *B. coli* from periportal glands, spleen, liver, bile, right pleural fluid and kidney.
- 92.—FEMALE 75. *Acute Lobar Pneumonia*; acute bronchitis; chronic interstitial nephritis; hypertrophy of left ventricle of heart; acute congestion of spleen; brown atrophy of heart and liver; old pericholecystitis; left old pleural adhesions; cysts of liver; accessory spleen. Agar cultures from blood, spleen, liver, kidney and urine, sterile; from bile, staphylococcus albus. Serum and agar cultures from lung gave diplococcus lanceolatus.
- 93.—FEMALE 49. *Mitral Stenosis*; dilatation and hypertrophy of left auricle; hypertrophy of right ventricle; passive congestion of organs; general anasarca; ascites; subacute gastritis and duodenitis; necrosis of and hæmorrhage into the pancreas; latent tuberculosis of lung; old pelvic peritonitis; bilateral old pleural adhesions. Agar cultures from kidney gave *B. coli*; from liver and spleen, diplococci and streptococci of doubtful nature.
- 94.—FEMALE 35. *Fœcal Fistula, following Perforative Appendicitis*; acute local adhesive peritonitis; acute purulent perihepatitis; miliary abscesses in right

lung and septic pneumonia ; acute purulent bronchitis ; right fibrinous pleurisy ; acute parenchymatous nephritis ; cloudy organs ; operative ablation of uterus and appendages. No cultures made.

Cases 8, 18, 20, 30, 32, 34, 52, 61, 63, 69, 70, 71, 75, 80, 82, 83, 85, 91 were of special interest, and have either been reported at the various medical societies, or have formed the text for monographs.

In the 94 postmortems tuberculosis in various forms were found 34 times, in 13 of which it was the cause of death. The cases were divided as follows :—

Obsolescent .....	12
Latent .....	5
Complicating .....	4
Fatal cases :	
General Miliary Tuberculosis .....	1
Chronic Ulcerative Phthisis .....	4
Generalised Tuberculosis .....	3
Genito-urinary .....	2
Tubercular Meningitis, simply .....	1
Serous Tuberculosis .....	1
Chronic Fibroid Tuberculosis of Lung .....	1

Cholelithiasis was found 10 times ; males 2, females 8. In one case the condition was associated with gastro-cholecystic fistula ; in another with hypertrophic cirrhosis of the liver.

The following abnormalities or anomalies of development were noted :—

Patent foramen ovale .....	22 times
Accessory folds or abnormal position of transverse colon .....	9 "
Double right coronary artery .....	once
Abnormal lobation of lungs, right .....	4 times ; left .....
Accessory suprarenals .....	4 times
Accessory spleens .....	9 "
Accessory right renal artery .....	once
Incomplete double ureters .....	twice
Reduplication of left kidney, with double pelvis .....	once
Bilateral double renal artery .....	"
Congenital absence of left kidney .....	"
Meckel's diverticulum .....	twice
Bifid rib .....	once
Liebermeister's grooves .....	3 times
Abnormal ileo-cæcal valve .....	once
Reduplication of pulmonary valves .....	twice
Bile cysts of liver .....	3 times
Persistent thymus .....	twice

The following monographs, based on work done in the laboratory, have been prepared during the year :—

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## PROF. J. G. ADAMI :

On the Stages and Forms of Syphilis, with more especial reference to the Hepatic Manifestations of the Disease.—*Mont. Med. Journal*, June, 1898.

On the Existence of a Minute Microorganism, associated with cases of Progressive Portal Cirrhosis.—*Mont. Med. Journal*, July, 1898.

On the Bactericidal Functions of the Liver and the Etiology of Progressive Hepatic Cirrhosis.—*Brit. Med. Journal. Mont. Med. Journal*, 1898.

Aneurysm of the Parieto-temporal Branch of the Right Middle Cerebral Artery.—*Mont. Med. Journal*, August, 1898.

## DR. A. G. NICHOLLS :

Preliminary Notes upon the 'Dust bodies' of the Blood, Hæmokoniën o H. F. Müller.—*Phil. Med. Journal*, February, 1898.

Remarks on a New Differential Stain for Fat, Sudan III.—*Mont. Med. Journal*, June, 1898. *Phil. Med. Journal*. July 2nd, 1898.

A case of Paranephritic Abscess with Rupture into the Stomach.—*Mont. Med. Journal*, February, 1898.

A case of Gastro-cholecystic Fistula, with accompanying Diverticula in the Duodenum.—*Mont. Med. Journal*, November, 1898.

A contribution to the Study of Bright's Disease, with special reference to the Etiological Relationship of the Bacillus Coli.—*Mont. Med. Journal*, March, 1899.

## DR. W. J. BRADLEY :

Upon the so-called Struma Suprarenalis Sarcomatodes Aberrans.—*Mont. Med. Journal*, August, 1898.

## PROF. J. STEWART and DR. C. F. MARTIN :

A case of Cerebro-spinal Meningitis, associated with the Meningococcus of Weichselbaum.—*Mont. Med. Journal*, March, 1898.

## DR. MAUDE ABBOT :

On Functional Heart Murmurs.—*Mont. Med. Journal*, January, 1899.

The pathological work in connection with the Eye Department has this year been systematised, and Dr. W. G. M. Byers is now occupied in preparing the material and keeping accurate records.

During the year 329 specimens were received from the Surgical Department. The following might be noted.

**Adenitis and Peradenitis :—**

28 inflamed glands were examined.

16 were tubercular,

12 simple inflammatory.

The glands affected were :

Cervical.....	19
Inguinal.....	6
Femoral.....	1
Axillary.....	1
Abdominal.....	1

74 appendices were received, classified as follows :

Acute catarrhal.....	18
Acute Perforative.....	18
Acute Diffuse.....	15
Chronic Relapsing.....	19
Obliterative.....	3
Normal.....	1

Cultures were made in 43 of these cases, of which 7 proved sterile. The results were :

Bacillus coli.....	27
B. coli and Staphylococci.....	7
Staphylococci and streptococci.....	1
Staphylococci.....	1

**Bones, Etc.:**—

28 specimens were examined ; noteworthy were :

Osteomyelitis.....	6
Tuberculosis.....	7
Inflammatory.....	3
Necrosis.....	4
Sequestra.....	7

**Calculi:**—

Vesical.....	6
Biliary.....	7
Urethral.....	1
Salivary.....	1

**Empyema and Pyopneumothorax:**—

5 cases, in which cultures gave :

Staph. pyogenes.....	2
Pneumococcus.....	1
Sterile.....	2

*Tumours and Neoplasms :—*

Adenomata.....	4
Fibroadenomata .....	2
Lipomata .....	2
Dermoids and Teratomata.....	4
Cystomata.....	1
Myelocele .....	1
Adenocarcinomata.....	9
Carcinomata simplicia.....	9
Scirrhous carcinomata .....	2
Epitheliomata .....	25
Endotheliomata.....	2
Struma suprarenalis sarcomatodes aberrans. ....	1
Spindle-celled sarcomata.....	2
Myeloid sarcomata.....	2
Myxosarcomata.....	1
Fibrosarcomata .....	1
Myxochondrosarcomata.....	1

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## Rules.

### RULES RESPECTING THE ADMISSION OF PATIENTS.

Patients residing in the City or Parish of Montreal, and especially those who are in indigent circumstances and wholly or partially unable to provide medical treatment for themselves, may be admitted to the benefits of the Hospital ; such as are unable to pay for their maintenance as "free patients," and such as are able to pay as "pay patients," for such consideration as may be arranged with the Superintendent on their admission. Patients from other districts, when it is deemed advisable by the Chairman of the House Committee, may be admitted on similar terms, on the recommendation of a member of the Medical Board.

Patients suffering from severe accidents or serious illness shall be admitted to the Hospital at any hour of the day or night. Other patients shall be admitted at such hours as may from time to time be decided upon. They must apply in person at the Hospital, when they will be examined and passed for admission by the House Physician or Surgeon on duty ; or, if unable to apply in person, they shall be visited at their homes by one of the House Physicians or Surgeons.

Any member of the Medical Board may send to the Hospital such patients from the city as he may see fit, with a written order for admission.

No patient shall be admitted to the Hospital whose case shall be considered incurable, or infectious, or who is insane, or whose case does not require the particular benefit of an indoor treatment.

No children under two years of age, except in cases requiring special treatment, shall be admitted into the Hospital.

## RULES FOR VISITORS.

Visitors will be admitted to the wards on Sundays from 3 to 4.30 p.m., and Wednesdays and Fridays from 3 to 4 p.m., and at no other time, except by special permission of the Superintendent.

No more than two visitors will 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 stop 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.

## RULES RESPECTING RELIGIOUS MINISTRATIONS.

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 the 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.

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