



## Catholic Hospital Digital History Book Collection

Documenting the legacy and contribution of the  
Congregations of Religious Women and Men in Canada,  
their mission in health care, and the founding  
and operation of Catholic hospitals.



## Livres numérisés sur l'histoire des hôpitaux catholiques

Retracer l'héritage et la contribution  
des congrégations religieuses au Canada,  
leur mission en matière de soins de santé ainsi que la fondation  
et l'exploitation des hôpitaux catholiques

# St. Boniface General Hospital. The book of St. Boniface.

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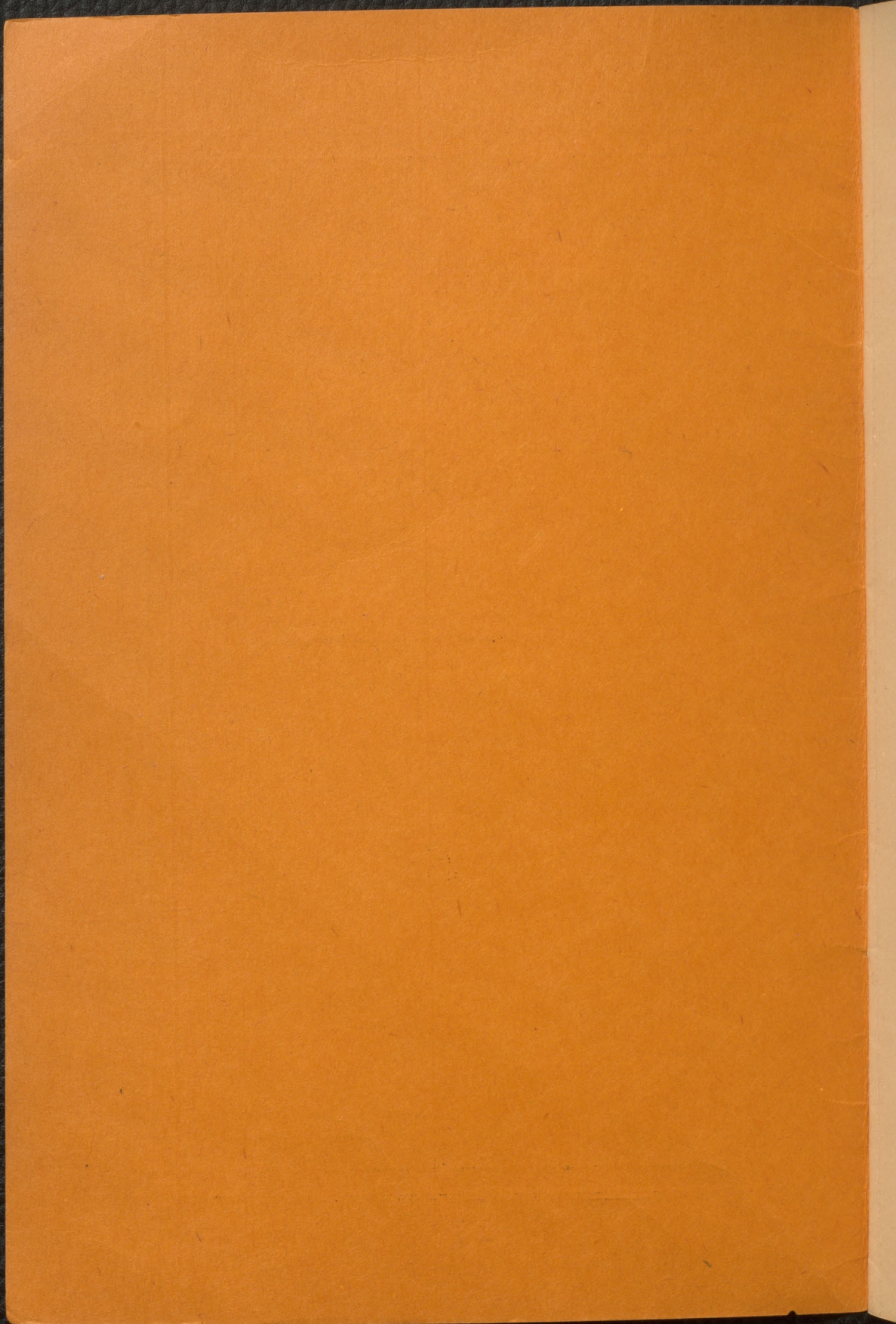
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ST. BONIFACE HOSPITAL

The Book  
*of*  
St. Boniface



1930



# Introductory



Some years have elapsed since the last report was issued by this hospital and during these years many great changes have occurred.

To publish, then, a mere report of a year's work would mean but little to those unfamiliar with the history and growth of the institution. It has therefore been deemed advisable to dwell a little on the historical background and to outline the growth of the hospital as well as to present in some detail the work of the past twelve months and the plans laid for the immediate future.

The background, the growth and the year's achievement are adequately presented in the following pages. The plans for the future, however, do not appear there and are sufficiently important to merit notice. Very largely these plans are the result of the altered attitude of the public towards hospitals. No longer is a hospital regarded as a place in which to die. More and more the public are realizing that it is for them the most favourable battle field whereon to wage the fight against disease and death.

Unfortunately the battle is not always won. Too often defeat follows in spite of the most energetic defence of the patient and his great ally—science. But science is constantly striving to forge new and more powerful weapons and these, as soon as their worth is proven, are added to the armamentarium of the hospital.

The three great causes of death are disease of the heart and blood vessels, pneumonia and cancer. The first cause is responsible for more deaths than any other two or three diseases together. Not infrequently the patient is old and debilitated. His vital organs are marked with the scars of many an engagement with disease. In such a case little more than relief can be offered. But there are other cases in which the outlook is better and the hospital doctors are carefully studying this problem of how to cure, or better still prevent, disease of the circulation.

As with heart disease so with pneumonia. It is the aged and debilitated that fall the easiest prey. Here, however, we are dealing with an acute illness and energetic measures wisely directed may save the day. For many years pneumonia patients in this hospital have been given oxygen. But the older methods of administration were faulty and so the hospital is installing the most up to date machine for supplying this vital need to the patient ill with pneumonia.

The third great cause of death is cancer. At present the study of this disease is occupying the attention of the whole medical world. A few years ago this attention was directed to tuberculosis, at that time the "Captain of the Men of Death." By concerted effort the incidence of tuberculosis has fallen to fourth place in the mortality list and medical science hopes to conquer, by similar methods, the most mysterious and dreadful of all the ills that flesh is heir to.

In this hospital preparations are under way for the formation of a Clinic for the special study of malignant tumours. This clinic will be made up of members of the staff among whom are gentlemen specially trained to make use of radium and X-rays. These, together with the surgeons and pathologist, will make careful studies of every case and will augment their own knowledge by conferring with other similar clinics and with the recently organized Cancer Research Institute.

St. Boniface Hospital is keenly aware of its duty to the sick and takes advantage of every opportunity to place at their disposal the most recent advances of medical science.

A point well worth stressing is the non-sectarian attitude of the hospital. Among the attending staff, the nurses and the patients, non-Catholics predominate. To the Sisters it is no matter whether the sick man be Gentile or Jew, Catholic or Protestant, rich or poor. To all they offer the same welcome, the same loving care and it is because of this that they have won the affection and goodwill of the many thousands who, aided by them, have wrested victory from man's most terrible and most relentless enemy.

J. C. HOSSACK.

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### THE ST. BONIFACE SANITARIUM

The new sanitarium is the outgrowth of plans which have for many years been maturing, for ever since the beginning of their work in Manitoba the Grey Nuns have realized the need for abundant accommodation for the tuberculous. It was not until two years ago that sufficient money was in sight to proceed with the project. Now the Sanitarium and Children's Pavilion are nearing completion and patients will be admitted before long.

The new sanitarium has been equipped with all the best and most modern apparatus for the diagnosis and treatment of every form of tuberculosis. First class operating rooms with every modern appliance are being installed; the x-ray department will be furnished with the most modern equipment. A first class laboratory is provided for and also space for teaching the patients useful occupations and for allowing them recreation. The children will receive special attention. Those with open tuberculosis will be nursed in special wards. Those who are not infectious will be cared for in a special pavilion separated from the main building.

The grounds of the new sanitarium cover forty acres and are situated on a beautiful bend in the Red River immediately opposite the new University Buildings. Half of the ground is covered by a fine stand of native trees and can be readily transformed into a delightful park. The sanitarium will be served by busses from Winnipeg, the centre of which is about five miles distant. Patients will thus be well removed from the City but will still not be too much isolated from their friends and families.

J. D. ADAMSON.

# St. Boniface Hospital



## ADMINISTRATION

Les Soeurs de la Charite de l'Hopital General de Montreal (Grey Nuns)

### TRUSTEES

Rev. Mother Dionne  
Rev. Sister Bisonette

Rev. Sister Maugras  
Rev. Sister Clermont

### SISTER OFFICERS

Rev. Sister Ste. Emilienne, R.N. .... Superioress  
Rev. Sister Aime de Jesus, R.N. .... Asst. Superioress  
Rev. Sister Meade ..... Superintendent of Nurses

### MEDICAL DIRECTOR

J. C. Hossack, M.D., C.M.

### CHAPLAIN

Rev. Father Fortin

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Vice-Chairman—Dr. C. M. Clare ..... Vice-President of Staff  
Secretary —Dr. Kobrinsky ..... Secretary of Staff  
—Dr. E. J. Boardman ..... Past President

### SISTER MEMBERS

Rev. Sister Ste. Emilienne ..... Superioress  
Rev. Sister Meade ..... Supt. of Nurses

### REPRESENTING THE UNIVERSITY

Dr. J. A. McLean ..... President of the University  
Dr. S. W. Prowse ..... Dean of Faculty of Medicine  
Rev. Father Bourque ..... St. Boniface College

### REPRESENTING THE NON-TEACHING STAFF

Dr. C. A. MacKenzie

### MEMBERS EX OFFICIO

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Head of Dept. of Surgery ..... Dr. G. S. Fahrni  
Medical Director ..... Dr. J. C. Hossack

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#### INTERNE

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#### NURSE SCHOOL

Drs. Fahrni, C. M. Clare, Rady.

#### DISPENSARY

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#### TECHNIQUE

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#### ST. ROCH

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#### RESEARCH

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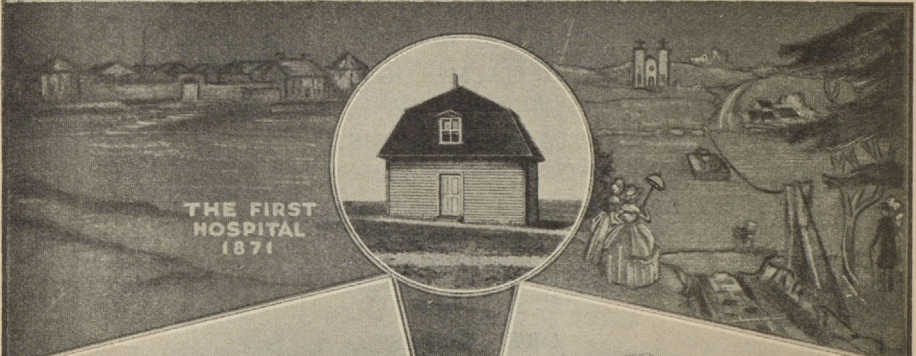
A. McMurphy

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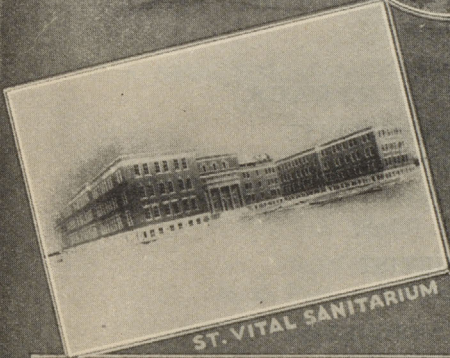
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THE FIRST HOSPITAL 1874



ST. VITAL SANITARIUM



INTERNES' RESIDENCE



ST. BONIFACE

HOSPITAL 1931



THE NURSES' RESIDENCE



ST. ROCK'S HOSPITAL (ISOLATION)

## The Story of the Hospital



The story of St. Boniface Hospital is a romance. There is romance even in the name, Grey Nuns, adopted by the sisters who founded the institution and who guide its destinies, for, contrary to popular belief, the name was not derived from the habit but the habit was selected to suit the name.

In the early years of the eighteenth century there lived in Montreal a widow by the name of Mme. d'Youville. An unhappy married life had deepened her natural sympathy for the afflicted. About her on all sides she saw the poor, the suffering and the helpless. She regarded with infinite pity these despised and rejected of men and her pity was so deep that she resolved to devote her life to the relief of their misery.

It required much courage to associate with these unfortunates. For a well born woman, such as she was, it meant the loss of caste, but this loss she counted as nothing provided that she could help. Her task was indeed difficult. Frowned upon by the great, ostracised by her former associates, she had even to endure the jibes and abuse of those for whom she had sacrificed all. She was scorned and mocked. She was reviled and calumniated. She was sneeringly called "the grisette." Later, in 1755, when Mme. d'Youville founded her Order, she took advantage of the double meaning of the word "grise" and calling her sisterhood "Les Soeurs Grises" did, in this way, convert the term of reproach into a title of honour.

The early struggles of Mme. d'Youville and her Order do not concern us here. Suffice it to say that the infant sisterhood was constantly harassed by a bitter and senseless but powerful opposition. But in spite of persecution, the Order grew steadily. For many years, however, no attempt was made to establish colonies and it was not until 1843 that the history of the Grey Nuns becomes associated with that of the Far West.

In the history of the Canadian West 90 years is a long time. In 1843 the Red River Settlement was barely a trail following either bank of the river. On the east side was the Roman Catholic Mission presided over by Mgr. Provencher, the first Catholic missionary to the West and a relative, by the way, of La Verandrye as was also Mme. d'Youville. For twenty years he had been seeking devoted women to assist him in his diocese. For twenty years he had sought in vain. At last he turned to the Grey Nuns for some one had said, "Go to the Grey Nuns—they will not refuse." To the Grey Nuns accordingly he went. He told of his great need, of his hitherto fruitless search, of the hardships that would have to be endured and then he asked for volunteers. The results of this appeal were beyond his hopes. All of the sisters without exception offered to go and after much consideration four were chosen.

It is hard to picture the journey that lay before those heroic women. To the great and real dangers rumour and active imaginations had added others. The way led through a wilderness inhabited by hostile Indians. The rivers were deep, the rapids many and dangerous. By day the heat

was terrific and by night sleep was driven away by strange noises, by hordes of insect pests which infested the camping places and by fear of wild animals that roamed about. Storms were frequent and death lay lurking in a hundred places and in a hundred shapes.

Such a journey was dreadful to contemplate by any women even when supported by the presence of husband or father or son. How much more fearsome must it have been to these four helpless women going forth alone, strangers in a strange land. They had none of the usual incentives that make men brave all dangers—the love of adventure, the lure of wealth, the longing for freedom. These they did not seek. On the contrary they sought to give, even if in giving they had to suffer. They went because the word upon their lips and engraven upon their hearts was “charity.”

They left Montreal on April 24th, 1844, on a journey that occupied 59 days. They took passage in a canoe 40 feet long and loaded with 4,000 pounds of cargo. As they shot the numerous rapids the sisters paled with fear and trembled for their safety. At the portages, of which there were 80, each sister had to carry her own bundles over the rough uneven ground through woods and swamps. At every step arose a swarm of insect life that blinded and stung them. For many days they were buffeted by gales which threatened to capsize their frail craft. For days also the rain beat pitilessly upon them until they were drenched. Even at night it found its way into their tents and soaked the ground on which they lay trying to sleep. We may not know what thoughts they had as they lay there, wet and shivering, so far from home and surrounded by the wilderness. That these were sad there can be no doubt. Doubtless they thought of their sisters in the Mother House. Doubtless they thought also of what was often the only sign of civilization met with in a day's journey—a cross marking the grave of a pioneer. And yet that grim emblem of man's mortality may have been to them an omen—*in hoc signo vinces*.

Terror, fatigue and apprehension combined to drive sleep from their eyes. On the 2nd of May one of the sisters writes that her older companions had scarcely slept since leaving Montreal. “The journey is even more terrible than I expected,” writes Sister Lagrave. All about them were the strange shores of an inhospitable land. Harassed by sleepless nights their fatigue seemed ever to increase. Each weary day dragging to its close found them more exhausted in body and more depressed in spirit, and as the setting sun heralded the approach of chilly night with tired eyes they listlessly scanned the shore for that night's camping-place.

“Drearly blows the north-wind  
From the land of ice and snow;  
The eyes that look are weary,  
And heavy the hands that row.

And with one foot on the water,  
And one upon the shore,  
The Angel of Shadow, gives warning,  
That day shall be no more.”

They tried to raise their spirits by singing but too often the hymn would end in sobs. Still they strove to overcome their dejection, the

less mournful encouraging the more sorrowful and all meeting with fortitude the day's disasters and the night's distresses.

It was but natural that these terrible first days should be days of gloom. Yet it was a gloom frequently, and finally completely, dispelled by the simple and pure faith of the Sisters. Borne aloft by many promises they never faltered, never wished to retrace their steps, never lost the heaven-sent courage which gave strength to their weary limbs. Indeed their hearts filled with joy when they thought how their Master needed them and had chosen them out of so many to serve Him in these far western fields so white unto harvest and so sorely in need of labourers. They knew that with Him supporting them they had naught to fear. They knew that the path before them was rough and difficult but they rejoiced in the hardships which made them more worthy of His love. They knew also that if the price demanded of them was great the reward was still greater. And so, when the immediate strangeness of the journey had passed over, their thoughts dwelt more and more on what lay before them. Fortified by the sacred nature of their mission the trials of the day weighed less heavily upon them and as they drew toward their destination their hearts were filled with gladness. They were now accustomed to travelling, accustomed also to the presence of their companions and they would look with pleasure on each strange new sight and refresh their eyes on the growing leafiness of the plants awakened by spring. To be aroused by the singing of birds, to hear the songs of the voyageurs and themselves to lead their companions in sacred songs became matters of routine.

Toward the latter part of June they found themselves upon the broad waters of the Red River. They were now approaching their new home, but the sense of relief and of gratitude which they experienced must have been tinged a little with regret. As their last day of travel drew to a close they contrasted it with that other day almost two months before when they had set out in fear and trembling. They reviewed the many things they had seen and learned and wondered what the future held in store for them. As was fitting the evening was peaceful. The quiet stillness was broken only by the swish of the rapidly travelling canoe and by the calling of the birds. Occasionally the evening breeze would stir the branches of the great elms that flanked the river and now and then some unfamiliar sound would break upon their ears.

“Is it the clang of the wild geese?  
Is it the Indian's yell,  
That lends to the voice of the north wind  
The tones of a far off bell?

The voyageur smiles as he listens  
To the sound that grows apace,  
Well he knows the vesper ringing,  
Of the bells of St. Boniface.

The bells of the Roman Mission  
That call from their turrets twain,  
To the boatman on the river,  
To the hunter on the plain.”

It was long after vespers when at length the tired travellers glided past the dark mass of Fort Garry and swung over to the east bank. There

they humbly knelt to give thanks for their safe arrival and rose to grasp the welcoming hands of their new associates.

The house assigned for their use was an old one and in poor repair. In summer it was uncomfortably hot and in winter it was barely habitable. The bitter winds blew the snow through the cracks in its crazy walls and within the temperature was but little higher than it was without. Mgr. Provencher's house, while far from comfortable, was an improvement and here they were assigned temporary quarters. Later on a less unsuitable residence was found for them and eventually a new house was built. But scarcely had they become comfortably established in their new quarters than they were threatened again—this time by the great flood of 1852. The waters of the river isolated them and drove them from the lower to the upper storey, where they stayed for some weeks in dreadful anticipation of being carried away by the raging torrent.

After their arrival the sisters devoted their time to giving instruction, particularly to the women and children. One of them, Sister Lagrave, also acted as physician to the neighbourhood and every day would see her driving abroad to visit her pupils and patients. Of the latter there was no lack and their ailments were many and varied. There were women in travail, there were sufferers from minor disorders and there were the many victims of the new afflictions brought over by the conquerors.

The white man casts a shadow upon the lands that he invades and the natives upon whom it falls sicken and die. In the early days of Canada the joy of welcoming fresh arrivals from Europe was neutralized by the fear of some fresh plague that they might be bringing with them. Smallpox, typhoid, measles, tuberculosis, quickly contaminated the Indian population. Far to the north, the south and the west spread these malevolent harbingers of the white man's coming. Their progress was marked by the sick, the dying and the dead. Not a tribe was left unvisited, scarce a community but paid its tribute and peoples who had not seen the white man's face died of his diseases.

From time to time fresh outbreaks of these maladies would occur and then for days and nights Sister Lagrave would hasten from bedside to bedside. There she would administer her simple remedies, raise courage and hope, and, when hope had fled, would press the dying hands more firmly about the Divine Staff, their comfort and support as they went down into the Valley of the Shadow.

The skill and devotion of Sister Lagrave caused her to be widely sought after and she bitterly regretted the absence of a place in which the more serious cases might be treated. But the district was sparsely populated, the Sisters had no money and from time to time there were wars and rumours of wars which, while they increased the desirability of a hospital increased also the difficulty of its establishment. By 1871 all of these obstacles had disappeared. Immigrants were flocking into the new city, funds had been secured and the country was in a state of peace which was to remain unbroken. Accordingly in 1871 the Sisters erected the first hospital in the West, a modest building capable of hold-

ing four patients—a building which still stands behind the present institution of which it is the parent and inspiration.

The first part of the present building was constructed in 1887. This was added to in 1893 and 1896 when the capacity had increased to 125 beds. Further additions were made in 1905 and 1914 in which year a small X-ray plant and a pathological laboratory were installed. In 1913 a laundry and powerhouse were built and these have received subsequent additions.

The cases of infectious diseases were kept isolated but in 1899 it was apparent that a separate building should be erected to house them and so St. Roch's Hospital was built. This unit has also been increased in size and a few years ago was practically rebuilt. It now has a capacity of about 100 beds. In 1927 the need both for more beds and for better accommodation for the increased number of nurses led to the construction of a magnificent new nurses' residence and the release of about 60 beds for patients, making a total of 560 beds. Meanwhile constant alterations have been going on within the building. Every device that is of proven usefulness is installed in the wards, the operating rooms, the laboratories and the kitchens. Several of the ten operating rooms are equipped with great lights which increase the convenience of the surgeon. The employment of the most recent advances in anaesthesia add to the comfort and the safety of the patients. Two years ago the X-ray department was enlarged and re-equipped. The present apparatus includes powerful machines which greatly increase efficiency in diagnosis and widely extend the range of treatment. About the same time the laboratories were enlarged and housed in a new storey added to the south wing. Here are performed by trained technicians the many tests that prove so valuable and even necessary in the detection and treatment of disease. On this floor are also the Pathological Museum, the Autopsy Room and the Research Laboratories. In these latter active work is being carried on in scientific medicine. Further details about this part of the hospital are given in the Pathologist's Report.

For many years there had been a staff of doctors who cared for the indigent sick. But in 1923 negotiations were entered into with the University of Manitoba and these culminated two years later when the hospital was accepted as an affiliated institution. Teaching now became an important part of the hospital's work and required the formation of a staff who were also members of the University Faculty. The staff was accordingly re-organized in both the Indoor and Outdoor departments. In both of these departments the work grew rapidly and for the last five years undergraduate instruction has been given regularly in all branches. The growth of the teaching and staff work are set forth elsewhere.

A very necessary part of the hospital personelle is the Interne Staff. Ten years ago six internes sufficed to care for the needs of the patients. This number has now been increased to nineteen. Most of these are fifth year students who must complete a year in hospital before they may take their qualifying examinations. This increased number is greatly to the benefit of the patients. One of the hospital's most important duties is the teaching of these young men.

Since the time of Mother d'Youville the constant desire of the Grey Nuns has been to increase their sphere of usefulness. The need for better care for the tuberculous was to them a challenge which they have accepted by building a new sanitarium. This will accommodate 200 patients and will be in operation before long.

Who among those who watched the four nuns from Montreal climb painfully up the river bank could have foreseen how great a tree would spring from the seed that day being planted? Least of all, perhaps the Sisters themselves. For them it was enough to do the day's work well. So was it also to those others who for a season bore the torch before they too passed it on to younger hands.

Yet by their careful labours these Grey Nuns have built up the largest hospital in their Order, the largest Catholic hospital in the Dominion and the third largest Catholic hospital in North America, a hospital that has been given the highest rating by the Hospital Association and one that through its Sisters and nurses has spread its influence over the whole continent, indeed over the whole world for its nurses are to be found scattered over all the continents.

The virtues of the pioneer are courage, faith and hope. These the Sisters had in full measure, but surely among pioneers these four women are peculiarly admirable for their sole urge and incentive, their motto and rule of life was—Charity.

It is but fitting then that we should remember these—

Four Brave Women,  
The First Grey Nuns  
To reach the Far West;  
Who in Courage, Devotion & Charity  
founded the St. Boniface Hospital.  
Sister Valade,  
Sister Lagrave,  
Sister Coutlee,  
Sister Lafrance.

*Si monumentum requiris circumspecte.*

J. C. HOSSACK.

### **MEDICAL TEACHING IN ST. BONIFACE**

Undergraduate teaching is the best tonic for any hospital staff. The contact with critical young minds forces members of the staff, in self defense, to be up to date; the responsibility of being regarded as examples must inspire greater effort; being placed on a pedestal forces them to look their best—and they soon learn that mere simulation of knowledge will not pass. This stimulating effect on the staff reflects to the credit of the patients by improving their treatment. In spite of this, some hospitals still regard the presence of students as a burden or even a nuisance; some have even gone so far as to demand pay for allowing students in the wards. Nothing can be so incongruous! It is analogous to the spectacle of a sick man demanding money for accepting the medicine that cures him.

Teaching, however, is not only an asset to an hospital, it is a duty that must not be renounced. To insure proper treatment for the sick of the next generation is a duty which though a little less urgent is still as binding as the immediate demands of those who are now sick. This can only be done by instruction given in hospital wards.

It is often asserted that teaching students entails discomfort and embarrassment for the patient who is used. This may be so in a few cases. It is a price that must be paid. It is however quite safe to say that "being cliniced on" confers on most patients more pleasure than distress. It is extremely rare to find a patient who objects to the experience. Some, indeed, like it too well, and one could as well condemn the practice on this ground as on the fact that it causes displeasure in a few cases.

These facts have long been realized by the governing body of St. Boniface Hospital and teaching has always been encouraged. In earlier years the position of the hospital as a teaching unit of the University was rather indefinite. In 1925 an agreement was entered into with the University which made the hospital a teaching part of the University and required that all appointments on the teaching staff be approved by the University. Since that time much more teaching has been done and at present about one-third of the clinical teaching is done by the staff at the hospital.

Students in the 2nd, 3rd and 4th years are instructed in the wards by various members of the honorary attending staff. Students in the 5th or final year who are internes in the hospital are given a regular series of lectures and clinics extending throughout the term. During the past year 648 clinics were given to students of the 2nd, 3rd and 4th years and 30 to the 5th Year.

The responsibility to teach, that falls on every hospital, does not end with undergraduate teaching. An effort should also be made to disseminate newer methods of diagnosis and treatment among the doctors who attend the hospital. In St. Boniface an effort to do this is made through "ward rounds" and clinical luncheons. Ward rounds are held once a week and all internes and doctors are entitled to attend; cases of interest are presented by anyone who may volunteer and these cases are freely discussed. In this way assistance in handling difficult cases can be had and new ideas and opinions may be brought out.

The clinical luncheons are held twice a month. Any qualified doctor is welcome. After a buffet luncheon one or two subjects of interest are introduced and discussed. These luncheons have proved a most effective means of bringing new ideas to the attention of the profession.

J. D. ADAMSON.

## THE PATHOLOGICAL DEPARTMENT

From a very humble beginning in 1914 there has been a rapid and steady growth in the activities and extent of the Pathological Department. Indeed the laboratories have mirrored both the growth of the hospital and the advances made in this branch of Medical Science.



A glance at the subjoined report will reveal how multifarious are these activities and how obvious it is that the laboratory plays a large part in the diagnosis and treatment of the sick.

At first the laboratories occupied a few small rooms which were enlarged as the work increased. But this increase became so great and the need of fresh quarters so imperative that it was decided to construct a whole flat for the use of the Pathological Department.

These new quarters are admirably planned, constructed and equipped. They are reasonably isolated being on the top floor and are also reasonably central as they communicate directly with the X-ray Department and the Operating Rooms.

The main laboratory is designed for the routine examination of urine, blood, etc. There are the necessary apparatus for blood examination and in a separate room equipment for the chemical examination of blood and microscopical examination of tissues. The Bacteriological Department is supplied with incubators, autoclave, etc., and advantage is taken of the most recent developments in this field to increase the value of the department to the physicians and patients.

There is a special Research Laboratory in which scientific work is being carried on.

The Autopsy room is on the same floor. This is very convenient for the pathologist and doctors. The room is well lighted, well ventilated and well equipped.

The Museum has a fairly good collection of preparations. It is largely used by teachers to illustrate their lectures and clinics.

There is also a Camera Room designed for the taking of Clinical Photographs of which there is now a large and interesting collection.

On the same floor is the Electrocardiograph and the Basal Metabolism Room. Both of these are in daily use.

The staff has been increased from time to time and now there are five trained technicians in addition to the Pathologist and his assistant.

## LABORATORY REPORT

From September, 1928, to September, 1930.

Miscellaneous .....	502	475
Urinalysis .....	15,771	16,417
Blood Counts .....	2,129	1,949
Wasserman .....	2,836	2,875
Gastric Analysis .....	277	263
Sputum .....	442	311
Bleeding and Clotting .....	501	383
Blood Chemistry .....	855	895
Basal Metabolism .....	427	569
Van Den Bergh .....	11	17
Liver Dye Test .....	14	8
Icterus Index .....	153	141
Sedimentation Test .....	24	14
Fragility Test .....	3	3
Cultures (swabs) .....	2,846	4,649
Smears .....	347	365
Cerebro Spinal Fluid .....	216	162
Pleuritic Fluid .....	73	95
Widal Test .....	62	85

Functional Renal Test .....	18	48
Von Pirquet .....	9	9
O.R. Tissues (1,267 paraf.) and (587 gros.) .....	1,864	1,795
P. Mortems (34 surgical and 63 medical)	97	104
P.M. Tissues (paraf. sections) .....	275	240
Animal Inoculation .....	7	12
Dark Field .....	22	19
Total .....	29,781	31,903

P.M.:—97 i.e. 32% of Deaths (293). Medical 63, Surgical 34.  
P.M. on Staff cases: 54—Medical 42, Surgical 12.  
Medicolegal cases—8.

J. PRENDERGAST.

### THE X-RAY DEPARTMENT

In taking over the combined X-Ray and Physiotherapy Departments of St. Boniface Hospital in December, 1928, I found that the departments were housed in a very suitable and compact section of the main building on the fifth floor adjoining the operating room wing. This location is very favorable for easy access to the operating surgeons and the plaster cast room. It is also removed from any possible source of annoyance to patients, which might be caused by the operating noise of the X-Ray machines.

The removal of the pathological laboratory to its new quarters gave us considerable more space, which was ideally useful for physiotherapy and waiting rooms.

With the advent of new apparatus to supplant and improve some of the older equipment the X-Ray section took on an entirely changed appearance. A new Kelly Koett motor-driven tilt-table with full range Bucky Diaphragm and its own self-contained fluorographic unit made an excellent gastro-intestinal as well as general fluoroscopic unit. The old Kelly Koett 165 KV power plus generator was changed to a new location and the transformer elevated to a level of the aerial system, giving considerable more floor space and an added safety factor. This machine is of durable construction and handles the major amount of the general work of the department.

A new Victor deep therapy 200 KV machine was also installed for therapy exclusively, and a lead-lined room with direct access to the corridor easily accommodates stretcher patients. A comfortably mattress treatment table gives the patient the maximum of body ease during long treatments. All the rooms including the therapy room, have forced ventilation by a suction fan of large capacity. The air is thus always pure and clean with no ozone or nitrous oxide odors.

The view room is well equipped with one large-sized illuminator capable of viewing twelve or more fourteen by seventeen films at one time. Also a wall-mounted Kelly Koett Stereoscope gives very satisfactory stereo-vision while the viewer is seated.

Several large steel filing cabinets hold the exposed negatives in safety from possible fire, and excess storage is provided for in a ventilated, outside, specially constructed vault with fire doors. Safety films are now being used exclusively.

The dark room is adequate in size and contains a specially constructed developing tank, with two large developing tanks of hospital capacity size, and two oversized fixing tanks with large water-bath in between. A drying cabinet with two fans in constant operation gives quick drying service.

All films are reported on within twelve to twenty-four hours, and a radiological conclusion submitted in typewritten form to the referring doctor. Copies of the reports are always filed with the patient's chart, as well as a duplicate found in the X-Ray room files.

The physiotherapy division consists of apparatus to take care of every type of treatment except hydrotherapy. Two diathermies, a sinusoidal wave, several infra red lamps, a water-cooled and two air-cooled ultra violet lamps constitute the present modalities available. Several technicians capable of body massage are the operators under supervision of the Sister in charge, and give all treatments on prescription only from the Radiologist.

Four thousand five hundred and seventy-five patients passed through the department in 1930. Six thousand eight hundred and sixteen physiotherapy treatments were given, and four hundred and seventy-nine X-Ray treatments during the same year.

Taken on the whole the X-Ray Department can be considered to be a well equipped and busy division of the hospital services, and on a par with any other institution of similar capacity.

**Summary of X-Ray and Physiotherapy Work from September, 1929, to September, 1930.**

		Grand Total
Private and semi-private .....	2,312	
Public .....	1,563	
O.P.D. ....	500	4,375
(a) Bones of extremities .....	835	
Skull .....	102	
Spine .....	168	
Pelvis .....	70	
Hips .....	101	
Jaw .....	102	
Ribs .....	44	1,422
(b) Chest:		
1. Lungs .....	1,322	
2. Lipiodol .....	24	
3. Heart .....	151	
4. Fluoroscopy .....	317	1,814
(c) Gastro-intestinal:		
1. Gastric ulcer .....	24	
2. Duodenal ulcer .....	95	
3. Malignancy .....	48	
4. Barium erema .....	99	
5. Gall Bladder .....	171	418
(d) Treatments—X-Ray:		
1. Skin .....	333	
2. Malignant .....	166	499
(e) Physiotherapy:		
1. Ultra violet .....	3,301	
2. Massage, Infra red, Diathermy .....	3,711	
3. Ionization, etc., Sinusoidal .....	621	6,816

O. G. HAGUE.

## THE OUT PATIENT DEPARTMENT

The Out Patient Department of a General Hospital is in many respects its most important part. It is an essential link between the sick poor of a community and the hospital wards, and through its activity the good works of the hospital can be increased at least two fold. The various functions of an O.P.D. will be discussed separately.

### 1. *Diagnosis.*

Opportunities for early diagnosis should be greater in an Out Patient Department than in any other sphere of medical practice, for here we have the two great essentials. We have patients presenting themselves before the symptoms have become very severe and we have all the equipment of a general hospital to assist in their examination. If with these two essentials a hospital has an energetic and well trained staff, diagnosis should be made as early as is humanly possible.

### 2. *Treatment.*

The treatment of minor maladies—medical and surgical—constitutes one of the chief duties of this department. Besides this the more serious diseases that are encountered may be allocated to the appropriate department in the hospital for treatment. After the necessary treatment in the wards is completed the cases may have their treatment again supervised by the Out Patient Staff. In this way a continuity of hospital and home treatment may be insured.

### 3. *Prophylaxis.*

Serious disease and disability may often be prevented by judicious and timely advice as to proper hygiene, diet, etc. This particularly applies to expectant mothers for whom the safe delivery of mother and child may often be assured by proper pre-natal supervision and advice. Also the health of children can frequently be safeguarded by advice to those who have charge of them.

### 4. *Social and Economic.*

Since an Out Patient Department serves only the poor and the destitute it is natural that many of the complaints that are encountered are due to poverty, misfortune and sorrow, rather than to physical disease. It is one of the chief duties of the Department to investigate and to consider the environment of its patients and to assist in so far as possible in the amelioration of distressful circumstances. Such investigation is carried out by specially trained personnel and in deserving cases help is procured through existing charitable institutions. The difficult duty of deciding which applicants are deserving and which are not devolves both upon the medical and nursing staff. This duty is as important and more difficult than any other that is undertaken by the Department.

### 5. *Educational.*

For doctors, students, internes and nurses the work in the Out Patient Department has very great educational possibilities. Here are seen the type of patient and the sort of problem that is most common in general practice. Here one sees symptoms and hears complaints for

which no explanation can be found in books on pathology but which demand the daily attention of those in general practice; here the individual and not his particular and separate organs must be studied and must be understood.

#### 6. *Dispensation of Charity.*

The service in the Out Patient Department is designed only for those who cannot afford to pay a private physician. In St. Boniface Hospital there are no outside sources of revenue that may be used for its maintenance. It is therefore a purely charitable enterprise on the part of the hospital and staff. The dispensation of charity however, cannot be haphazard or uncontrolled. Blind, sentimental and thoughtless acts alleged to be charitable may produce much harm by countenancing and even encouraging indolence and dependence. It is therefore the duty of those who dispense charity to make certain that only those who are deserving receive assistance. To this end every patient who presents himself for medical advice is asked to give a statement of his circumstances. Only those whose income is under a certain figure are accepted. If any doubt as to the accuracy of such statements arise, an investigator may be sent out. In this way every effort is made to prevent abuse of this free service. In many cases a very small nominal fee of a few cents is charged for registration and in some cases the partial cost of X-Rays or expensive medicine is collected. This is not done with the idea of making money for the hospital; what is collected in this way is insignificant when compared to the expense of the Department. These small charges are made for the effect on the patient; if he pays even a few cents for the service and the medicine he receives he will appreciate it more thoroughly and will follow instructions more carefully; also, he will not feel that he has become a pauper and his pride and his morale may have been preserved by an outlay of five or ten cents. Unfortunately many cases cannot afford even this small amount and some not only receive medical treatment but also food and clothing through the charity of this department.

So in the dispensation of charity the O.P.D. represents the remains of the original hospitals of the early centuries of the Christian era, which were established by sisterhoods and brotherhoods of the Church with the sole object of giving charity to "all those who were afflicted in mind, body and estate." This urge to charity, which might be called the soul of the hospital, must continue to be the chief driving force of any useful Out Patient Department.

#### *History and Development.*

The Out Patient Department was opened on May 15, 1924, to meet a long felt need for organized medical care of the needy who knocked daily at the doors of the hospital.

The Department began in a very humble way; a few rooms were set up for the examination of patients and six doctors were appointed to attend to the work. An interne and nurse helped. To begin with there were very few patients, some days only two or three. But as time went on the number gradually increased to such an extent that in 1925 complete re-organization of the medical staff took place and from then the

work developed very rapidly in quantity as well as in quality of service. The table below illustrates the growth in number of consultations.

1925 .....	2462
1926 .....	4851
1927 .....	9989
1928 .....	15407
1929 .....	19759
1930 .....	19840

That the quality of work kept pace with the quantity is shown by the following facts:

(1) Increase of attending medical staff from six doctors in 1924 to forty-three in 1930.

(2) Addition of Laboratory, Pharmacy, Record Room, Treatment Room and Social Service Department.

(3) Development of highly specialized clinics for investigation of certain branches of medicine and surgery thus assuring more individual study and attention to particular types of cases.

Table showing increase in number of special clinics in Out Patient Department:

1924	1927	1930
General Medicine	General Medicine Chest Clinic	General Medicine Chest Clinic Tuberculosis T.B. Contacts Pneumothorax Asthma
	Heart Clinic Goitre and Kidney Gastric Clinic Neurological Clinic	Heart Clinic Goitre and Kidney Gastric Clinic Neurological Clinic Blood Clinic
General Surgery	General Surgery	General Surgery Varicose Veins Rectal Clinic Tumor Clinic
Pediatric Clinic Orthopedic	Pediatric Clinic Orthopedic Skin	Pediatric Clinic Orthopedic Skin
Gynecology	Gynecology	Gynecology Post Natal Pre Natal
Pre Natal	Pre Natal	Pre Natal
Eye, Ear, Nose & Throat Eye Clinic	Eye, Nose & Throat Eye Clinic	Eye, Nose & Throat Eye Clinic Squint Clinic
Urology Venereal Dental	Urology Venereal Dental	Urology Venereal Dental
11 Clinics	17 Clinics	27 Clinics

#### *Future.*

With the present quarters and equipment the Department has reached a state of saturation. No more work could be properly done under the circumstances. The Sisters and the staff are therefore in a state of discontent. This state of mind is a most salutary one for any organization for it will inspire further effort and bring improvement.

There is no doubt that from year to year the Department will improve in the quality of its clinical work and in the service that it offers to the sick poor.

J. D. ADAMSON.

### ST. BONIFACE HOSPITAL SCHOOL OF NURSING

The Grey Nuns were the first in Manitoba to establish a nursing centre. In 1844 four members of this sisterhood arrived in St. Boniface and one of them in particular became actively engaged in district nursing, going from house to house doing what she could for the sick. The value of this method of nursing has been accepted by our population judging by the large group of nurses now engaged in this field.

In 1871 the Sisters opened the first hospital in the West.

In 1897 a school of nursing was established, the course of training and study requiring two and one half years. The first lectures were given on February 14, 1898. The first class of three nurses graduated in 1899. From this modest beginning the school has grown steadily both in numbers and efficiency, keeping pace with the rapid development of the nursing profession. In 1916 the course of study was extended to three years and this standard of time still exists.

The course of study and training includes all branches of practical nursing particularly in the fields of general medicine, surgery, obstetrics, pediatrics and infectious diseases. These subjects are thoroughly covered by a series of lectures and demonstrations in all branches, given by different members of the medical staff of the hospital which of course are supplementary only, to the ward training and demonstrations carried on by the teachers and officials of the school.

Every effort is made to protect the health of the pupils. Since the practice of inoculation against typhoid fever and immunization against diphtheria has been adopted by the school, very few pupils have developed these diseases. This, together with other hygienic measures, has brought the incidence of sickness in the school to a very low level.

The graduating exercises are held in the spring of each year and on this occasion those successful in their final year examinations are awarded the graduation diploma of the school. This qualifies the recipient to sit for her University examinations for the degree of Registered Nurse. At this function the medals are awarded to those taking the highest standing in the different subjects.

In 1928 the new Nurses' Residence was completed. This building was built on the most modern plans, embodying many new features for the comfort, health and happiness of the pupils. When the home was opened there were 167 nurses to be housed.

The St. Boniface Hospital Nurses' Alumnae Association is quite active and participates in many movements for the advancement of their profession. It brings together the graduates and in this manner acts as a social influence as well as consolidating the efforts of the individuals to whatever worthy cause they decide to support.

Graduates of the Nursing School are practicing their profession in many foreign lands and many of them were nursing sisters during the Great War.

G. S. FAHRNI.

## SCHOOL OF NURSING

### General Information

#### *Requirements for Admission.*

Applicants must be at least 19 years of age and must have an educational standing not lower than Grade 10. A certificate of physical fitness is necessary. This should be obtained from the applicant's doctor and should further certify that the applicant has been immunized against Typhoid, Diphtheria and Small Pox.

#### *Probation.*

The period of probation is four months. During this time the probationer is examined by a member of the staff and is then "given her cap."

#### *Curriculum.*

This is laid down by the Manitoba Association of Registered Nurses. The subjects include General Medicine and General Surgery and their various special subdivisions.

Practical instruction is given in classes and on the wards by the Sisters. Theoretical instruction is given by members of the Staff. Lectures are given on each subject and each lecture is followed by a tutorial class conducted by a teaching Sister.

The course is of 3 years duration. 70 days are allowed for holidays and sickness. Absence in excess of this time must be made up before the diploma is awarded.

The hours of duty vary from day to day but average about 8 hours.

#### *Recreation.*

In the Home is a large recreation room suitable for indoor sports and games. Outside are tennis courts and in the winter a nearby skating rink give opportunity for skating. The amusements of the nurses are left in their own hands.

#### *Perquisite.*

Most of the nurses have a room to themselves. These rooms are nicely furnished and add much to the comfort of the nurses.

A small honorarium is given each month. This is meant, not as a salary, but to assist in defraying the cost of books, amusements and the like. Laundering of uniforms and personal linen is done by the hospital.

Every effort is made to protect the nurses from ill health; when, however, a nurse is taken sick she is cared for in the hospital by members of the Staff.

#### *Awards for Scholarship.*

When training has been completed the nurse is awarded a diploma signed by the officers of the hospital. She also receives a pin. In addition eight medals are awarded annually to those who have shown special efficiency in certain subjects.



## SUMMARY OF WORK DONE

<i>Discharges—</i>		
Recovered .....	4,879	
Improved .....	2,630	
Unimproved .....	508	
Not Treated .....	50	
In for Examination .....	89	
Boarders .....	35	
Parturition .....	891	
New Born .....	834	
Still Born .....	36	
Deaths—Within 24 hours .....	45	
After 24 hours .....	280	
	10,261	
<i>Sex of Patients Discharged—</i>		
Male .....	4,580	
Female .....	5,081	
	10,261	
<i>Deaths—</i>		
Medical .....	174	
Surgical .....	109	
Obstetrical .....	2	
New Born .....	40	
Still Born .....	36	
	361	
<i>Sex of Decedents—</i>		
Male .....	217	
Female .....	144	
	361	
<i>Services—</i>		
Medical .....	2,119	
Surgical .....	1,766	
Gynecological .....	653	
Obstetrical .....	939	
New and Still Born .....	870	
Eye .....	172	
Ear, Nose and Throat .....	897	
Urological .....	193	
Dermatological .....	285	
Orthopedics .....	791	
Dental .....	106	
Pediatrics—Medical .....	334	
Surgical .....	288	
Otolaryngol. ....	723	
Boarders .....	35	
	10,261	

## STAFF CASES

<i>Services—</i>		
Medical .....	548	
Surgical .....	475	
Obstetrical .....	239	
Gynecological .....	151	
Urological .....	43	
Dermatological .....	51	
Eye .....	50	
Ear, Nose, Throat .....	630	
Orthopedics .....	131	
Pediatrics .....	202	
New Born .....	180	
	2,700	

Deaths—

	1925	1926	1927	1928	1929
Medical .....				34	
Surgical .....				21	
Obstetrical .....				1	
Gynecological .....				3	
Pediatrics .....				11	
				70	
	1925	1926	1927	1928	1929
	1926	1927	1928	1929	1930
Medicine .....	316	405	440	577	548
Surgery .....	87	195	355	444	475
Obstetrics .....	55	103	151	159	239
Gynecology .....	42	43	73	162	151
Urological .....	2	7	41	53	45
Dermatology .....	0	4	53	82	51
Eye .....	25	37	30	41	50
Ear, Nose, Throat .....	260	368	543	632	630
Orthopedics .....	20	41	57	104	131
Pediatrics .....	60	74	172	182	202
New Born .....	.....	.....	.....	.....	180
	869	1,277	1,815	2,436	2,700

### GENERAL INFORMATION

Patients are accepted regardless of their color, creed, race, or means.

The hospital is equipped to care for all cases suffering from accidents, acute diseases, curable chronic diseases and the like. There are large maternity and children's wards. Cases of infectious or venereal diseases are cared for in the St. Roch unit.

Only the mentally sick are refused admission.

Patients are admitted at any hour of the day and emergencies at night. Those, however, who come in for operation are expected to enter the hospital by four o'clock on the evening of the day previous to the day of their operation.

The Admitting Office will arrange to supply special nurses for patients requiring them. The nurse's regular fee is \$5.00 per day and \$1.00 is paid to the hospital for their meals.

### VISITING HOURS

For Patients in Private and Semi-Private Wards:

Every morning (except Sunday) from 10 to 12 and from 2 to 4 and 7 to 9 p.m.

For Patients in public wards:

From 2 to 4 and from 7 to 8.30 p.m.

Relatives of patients dangerously ill are admitted at any time.

Children are not admitted as visitors to the Children's or Maternity Wards.

Patients should have their visitors only during the hours above scheduled. There is a vast amount of routine work to be done for all

patients, which cannot be done efficiently should we allow visitors to come at all hours of the day. Our visiting hours are very liberal, and we feel that the patients will co-operate with us in asking their friends to come only at the regular visiting hours.

### RATES

Public Ward Rates—\$1.75 per day.  
 Semi-Public Rates—\$1.75 per day plus extras.  
 Semi-Private Room—\$3.00 and \$3.50 per day.  
 Private Room—\$5.00, \$6.00, \$7.00.

The Private, Semi-Private and Semi-Public rooms are expected to be paid for in advance. Deposits are to be made at time of entering the hospital, and statements rendered each week are to be taken care of during the current week. Settlement in full is to be made when leaving the hospital. Any unused balance will be refunded.

Patients who bring valuables with them may deposit them with the Admitting Clerk at the time of admission or by application to the supervising sister on the floor, as the hospital is not responsible for valuables left otherwise should they be lost or stolen.

## St. Roch's Hospital

ST. BONIFACE, MAN.



### REPORT ON INFECTIOUS DISEASES

Patients Discharged from Sept. 1st, 1929, to August 31st, 1930

Chicken Pox .....	4
Diphtheria .....	133
Erysipelas .....	48
Measles .....	36
Miscellaneous .....	41
Mumps .....	22
Scarlet fever .....	40
Skin diseases .....	67
Tuberculosis .....	120
Venereal .....	90
Whooping Cough .....	6
	— 607

### DEATHS

Diphtheria .....	10
Erysipelas .....	5
Measles .....	1
Miscellaneous .....	1
Scarlet fever .....	1
Tuberculosis .....	30
Venereal .....	1
	— 49



