REPORTS OF THE ROTUNDA HOSPITAL.


EARLY in the coming year it is hoped that the new wing will be completely finished. It comprises an operating theatre with sterilising equipment, wash up, and anaesthetic rooms, office and bath rooms on the first floor. Below there are two floors consisting of bedrooms for the Sisters and Staff Nurses, together with a sitting-room for the Sisters—the latter long needed. It is not proposed to give full details this year, but in my next report I hope to publish photographs and minute of descriptions. The only point to which I want to draw special attention is the ventilating and heating. There are to be no pipes of any description in the theatre, which is heated and ventilated on the Hot Air Principle as follows:—

The hot air is introduced into the theatre at a high level, about eight feet from the floor line, and the vitiated air from the theatre is extracted at the floor level.

Electric fans are being introduced for the purpose of blowing in the hot air and extracting vitiated air. The two fans are being fitted in a fan chamber on the roof. The fresh air will be introduced through a viscos oil filter, and heated by a hyget steam radiator supplied with steam from a new steam boiler which is to be introduced.

The quantity of air which will circulate through the theatre will be approximately 2,000 cubic feet per minute. The other rooms in conjunction with the operating theatre will be heated by low pressure steam-heated radiators.

A new storey has been added to the Pathological Laboratory, and much-needed space thus secured. It will interest those who know the hospital to hear that a four-car garage is in course of erection. Much money is still required.

It is with much regret that I have to record the death of Miss Ford, who served the hospital faithfully for nine years as Matron. After a prolonged illness, with much suffering most patiently
borne, she passed away on September 29th, 1930. She will be much missed, and her memory honoured by all who knew her.

We have been fortunate in securing the services of Miss Winifred Todd, who has acted as Sister in every department of the hospital, in addition to which she has been Assistant Matron and Matron. She has been heartily welcomed by all, who know full well that the best traditions of the Rotunda are safe in her hands.

During the year November 1st, 1928, to October 31st, 1929, 2,382 women were admitted to the wards of the hospital, of whom 2,034 were delivered. 1,805 were delivered in their own homes.

There were two deaths in the extern department. The first was from sepsis following manual removal of an adherent five months' placenta. The patient was in bad condition, and died after an illness of twenty days, the other patient was dying from bronchopneumonia on the arrival of the students. Both infant and placenta were born. She was kept alive for eight days, and everything pointed to the case being phthisical in nature.

It will be found that I have made a slight difference in the Tables this year. The extensive Disproportion Table has been omitted and a smaller one substituted.

The Cæsarean Section Table has been divided into three, namely, Classical, Lower segment and Repeat operations.

A point of great interest in the Tables dealing with infants is the fact that there was only one case of ophthalmia neonatorum during the year; this speaks well for the efficient manner in which the nurses have applied the silver nitrate, 1% which is applied as a routine prophylactic in every case.

There were two infantile deaths among 57 oil and quinine inductions, and these deaths did not appear to me to be due to the drugs. In fact, this method of inducing labour, when indicated, may be regarded as safe.

Again, there were a large number of cases of albuminuria—564 in 2,034 labours, a percentage of 27.7. Scarcely any of these cases were seen antenatally, so that the results are entirely satisfactory. There were sixty dead babies in this series. The treatment is still the same, and is very successful. The number needing induction will be found in that Table.

The difficulty in getting patients to attend the antenatal clinic is very great; they attend spasmodically or they do not attend at all. In order to diminish maternal mortality it may be necessary to withhold maternity benefit or to try some other drastic procedure in order to persuade women that antenatal care may save them from serious illness. Either the Government or the City health department must act. The medical practitioners of the city could make a start by meeting to decide on some propaganda. With regard to this subject, it is well to emphasise the fact that the great majority of the cases dealt with in the Rotunda had had no antenatal care.