

United Christian Hospital

LAHORE, WEST PAKISTAN



ANNUAL REPORT

for the year

JANUARY 1, 1961, to DECEMBER 31, 1961



FOREWORD

The motivation for the healing ministry has been well recorded in the Gospels. Since Jesus experienced so much of the love of God in his life, he must of necessity have had compassion for all those who suffered pain and disease. We believe that every hospital should be run not only with as much scientific efficiency as possible but also with all the Christian concern of which the staff is capable. It is wonderful to be healed but how much more joy there is if help is given with compassion and sympathy. Thus a real Christian witness is communicated.

All this is expressed in the motto of the United Christian Hospital: "Compassionate Healing for the Glory of God." It is hoped that this first Annual Report and those which follow will indicate the healing ministry of the hospital. The compassion and sympathy are more difficult to show, but they are a part of every item reported.

There is much reason for optimism regarding the future of the United Christian Hospital, with the promise of new buildings and equipment. We pray that as a part of the Church in Pakistan, it can play a vital role in Christian witness.

E. L. RICE, M.D.
Medical Director

ADMINISTRATION

I. *Supporting Organizations and their Representatives:*

1. The Bible and Medical Mission Fellowship:
Mr. Ronald Hills, 39 Ladbroke Grove, London W 11
2. Church Missionary Society:
Canon Harry Wittenboch, Asia secretary, Church Missionary Society, 6 Salisbury Square, London E. C. 4
Dr. Florence Collier, medical secretary, same address
3. The Commission on World Service, Evangelical and Reformed Church:
Dr. Reginald Helfferich, executive secretary, Commission on World Service, Evangelical and Reformed Church, 1720 Chouteau Ave., St. Louis 3, Missouri
4. The Methodist Church in the U.S.A.:
Mr. Henry A. Lacy, secretary for Southern Asia, Division of World Missions, Board of Missions of The Methodist Church, 475 Riverside Drive, New York 27, New York
Miss Florence Palmer, secretary for Southern Asia, Woman's Division of Christian Service, Board of Missions of The Methodist Church, same address
Dr. Harold N. Brewster, medical secretary, Board of Missions of The Methodist Church, same address
5. National Council of the Protestant Episcopal Church:
Bishop J. B. Bentley, director of Overseas Department, National Council of the Protestant Episcopal Church, 281 Park Ave., South, New York 10, New York
6. The United Presbyterian Church in the U.S.A.:
Dr. J. B. Weir, The Commission on Ecumenical Missions and Relations, United Presbyterian Church in the U.S.A., 475 Riverside Drive, New York 27, New York
Dr. Theodore D. Stevenson, medical secretary, same address

II. *Board of Directors:*

Officers: Chairman: Justice John Orcheson
Vice-Chairman: Bishop C. D. Rockey
Secretary-Treasurer: Rev. Robert Martin

Members by organization represented:

1. The Bible and Medical Mission Fellowship:
Miss D. Boswell Miss H. Quirk
2. Church Missionary Society:
Bishop L. H. Woolmer Mrs. Esther Jawahir Masih

3. The Commission on World Service, Evangelical and Reformed Church:
Justice John Ortcheson

4. The Methodist Church in the U.S.A.:
Indus River Conference: Woman's Division of
Bishop C. D. Rockey Christian Service:
Mrs. Dorothy Lockman Mrs. Mary O. Rice
Rev. S. D. Mall (alt.) Mrs. E. Hoyt Smith
Mrs. Shaw (alt.)

5. National Council of the Protestant Episcopal Church:
Dr. W. R. Orr

6. Forman Christian College:
Dr. R. M. Ewing Prof. E. J. Sinclair

7. The United Presbyterian Church in the U.S.A.:
Lahore Church Council: Sialkot Mission:
Rev. W. A. Zoerner Dr. O. A. Brown
Mr. Sardar Khan Miss Janet Swenson

8. Co-opted Members:
Dr. J. D. Brown Mr. V. S. K. Fazal

9. Hospital Officers:
Dr. E. L. Rice, medical director
Miss Anne F. Cooper, nursing superintendent
Rev. Robert Martin, hospital administrator

10. Hospital Staff Members (elected by Executive Staff Council):
Dr. Siraj Din Mr. I. Das

III. *Supporting Organizations and Staff Members sent by them:*

Bible and Medical Mission Fellowship:
Miss Anne Cooper

Church Missionary Society:
Miss Ruth Walker

The Methodist Church in the U.S.A.:
Division of World Missions: Woman's Division of
Dr. and Mrs. E. L. Rice Christian Service:
Dr. and Mrs. D. E. Bowes Miss Jean Bagnall
Mr. and Mrs. Le Young Miss Rose Mary Roberts
Miss Anita Maldonado

The National Council of the Protestant Episcopal Church:
Dr. W. R. Orr

The United Presbyterian Church in the U.S.A.:
Dr. Christina Martin and the Rev. Robert Martin
Dr. and Mrs. J. S. Karcher
Dr. Esther Morse

IV. *Administrative Committee:*

Chairman: Dr. E. L. Rice, medical director
Secretary: Rev. Robert Martin, hospital administrator
Miss Anne Cooper
Mr. Immanuel Das

Ex-Officio: Justice John Ortcheson, chairman, Board of Directors

V. *Executive Staff Council:*

Dr. E. L. Rice	Dr. J. S. Karcher	Miss Erica Garner
Rev. Robert Martin	Dr. E. Morse	Miss Jean Bagnall
Dr. C. Martin	Dr. Siraj Din	Miss Rose Mary Roberts
Dr. D. E. Bowes	Dr. David Rimal Shah	Miss Anita Maldonado
Dr. (Mrs.) Hakim	Miss Anne Cooper	Miss B. Mall
Dr. W. R. Orr	Miss Hilda Last	Mr. Rahmat Masih
		Mr. I. Das

VI. *Staff Members:*

Senior Doctors:

E. L. Rice, M.D., F.A.C.S., medical director and surgeon,
Christina Martin, M.D., M.R.C.O.G., D.T.M., chief of ob-
stetrics and gynecology service
Donald E. Bowes, M.D., C.M. (Canada), M.Sc., F.A.C.S.,
certified by American Board of Surgery and American Board
of Thoracic Surgery, chief of surgical service
Joseph S. Karcher, M.D., D.T.M., chief of medical service
Esther Morse, M.D., D.H.L., associate on medical service
W. R. Orr, M.D., anesthesiologist

Residents:

Cedric Singha, M.B.B.S., medical service
Immanuel Benjamin, M.B.B.S., surgical service
Nazir Ahmed Bhatti, M.B.B.S., surgical service
A. Shadi Khan, M.B.B.S., obstetrics and gynecology service
David Rimal Shah, B.D.S., dental service

Interns:

Jane Joshua, M.B.B.S., surgery
Vincent Dulvy, M.B.B.S., surgery and medicine
Musrur Khan, M.B.B.S., obstetrics and gynecology

Part Time in Outpatient Department:

Siraj Din, L.S.M.F.
H. A. Hakim, L.S.M.F.

Nursing Service:

Miss Anne F. Cooper, S.R.M., S.C.M., M.T.D., D.N. (Lon-
don), nursing superintendent
Miss Jean Bagnall, B.Sc., R.N., principal, nursing school
Miss Erica Garner, R.S.C.N., S.R.N., S.T.D., senior sister tutor
Miss Hilda Last, S.R.M., S.C.M., H.V. cert.

Miss Rose Mary Roberts, B.Sc., R.N.
 Miss E. Barkat Masih, R.N., R.M., sister tutor's cert. (Karachi)
 Mrs. T. Anwar, R.N., R.M., ward sister
 Miss Shanti Feroze Din, R.N., R.M., ward sister
 Miss Olive Joseph, R.N., R.M., ward sister
 Mrs. Sushila Mark, R.N., R.M., ward sister
 Mr. Rahmat Masih, R.N., ward master
 Mr. Daniel Din, R.N., ward master
 Mr. Gulzar Masih, R.N., ward master
 Miss B. Mall, R.N., R.M., operating room supervisor
 Miss D. Samuel, R.N., R.M., operating room sister
 Mr. Khurshid Alam, R.N., operating room staff nurse
 Mr. M. R. Wahab Din, R.N., anesthetist
 Mr. Ashra Ullah, R.N., staff nurse
 Mr. Bashir John, R.N., staff nurse
 Miss Z. Barkat Masih, R.N., R.M., staff nurse
 Miss Shanti Samuel, R.N., R.M., staff nurse
 Miss Inayat Khan, R.N., R.M., staff nurse
 Miss Sarojini Ghose, R.N., R.M., staff nurse
 Miss Balqis T. Din, R.N., R.M., staff nurse
 Miss Louisa H. Mall, R.N., R.M., staff nurse
 Mrs. Siraj Din, R.N., outpatient dept. (part time)
 Mrs. Bashir John, R.N., R.M., outpatient dept. (part time)

Pharmacy Department:

Miss Ruth Walker, M.P.S.
 Mr. Immanuel Das, dispenser
 Mr. Jacob, dispenser
 Miss Helen R. Masih, dispenser

Clinical Laboratory:

Miss Anita Maldonado, B.S., M.S., medical technologist
 Justin Martin, laboratory technician
 Rahmat Masih, laboratory technician
 Niamet Masih, laboratory technician
 Patrick Dass, laboratory technician

Hospital Office Staff:

Rev. Robert Martin, hospital administrator
 Mr. Hakim

Accounting Department:

Edgar Banta Ram
 Peter Hezkiel

Outpatient Department:

Samuel Davidson
 Bashir Masih

Main Office:

Leslie Engles
 David Mall
 Francis Lal

Maintenance:

John Mall

Chaplain:

Rev. A. M. David

Nurses' Matron:

Mrs. B. Bennett

Food Contractor:

P. James

Bible Women:

Miss Bhag Mall
 Miss Nora Victor

Engineering Department:

F. Le Young, engineer-in-charge
 Daniel V. Bavington, associate engineer
 Ayub Rahmat Din, supervisor

Staff Changes in 1960:

Dr. Esther Morse returned from her furlough in November.

As a result of a scholarship granted by the West Pakistan Christian Medical Association, Mr. Saleem Daniel, X-ray technician, went to the Christian Medical College Hospital, Vellore, for advanced training in X-ray technique.

GENERAL INFORMATION

I. Purpose of United Christian Hospital:

1. To present through the ministries of healing and teaching to all who come into relationship with the United Christian Hospital, the Lord Jesus Christ as Saviour of the world, and to encourage the development in them of the ideals of truth, love, and self-sacrificing service which were revealed to the world through Him and to lead men to accept Him as their personal Lord and Saviour.
2. To establish and maintain a hospital for the care of the sick and for the prevention of disease with equal benefits to all without reference to race, class, or creed.
3. To provide educational facilities as far as resources permit for those preparing to serve by the care of the sick, or the prevention of disease, or the promotion of health.
4. To promote inquiry and research as far as resources permit into matters concerning health and disease and whatever may contribute thereto.
5. To receive and administer donations, legacies or any other funds provided for the furtherance of the objects set forth in this memorandum or any one of them.
6. To carry on all business related to any object of the society and to do any and everything which it may consider necessary and proper to carry out these purposes adequately.

—Taken from Section III, Proposed New Constitution

II. Location:

The United Christian Hospital is located in Gulberg, a growing residential suburb of Lahore, West Pakistan. The buildings being used by the hospital belong to Forman Christian College and are located at

the end of the college campus nearest the canal. There are four buildings which were formerly student hostels, together with two residences, servant quarters, and other attached buildings. The hostels have been modified so that they may more adequately serve the needs of a hospital.

III. History:

The United Christian Hospital began as a temporary refugee hospital hastily organized by the Christian community in Lahore to serve the critical needs of the thousands who left India to live in Pakistan immediately after the partition of the subcontinent in August 1947. Forman Christian College provided hostels which had been emptied because students had gone to India.

On May 5, 1948, as a result of the interest and help of many people and organizations, the hospital began operating on a permanent basis as the United Christian Hospital. The property was leased for ten years, and this lease was later renewed for five more years.

In 1949, the government of Pakistan provided Rs. 31,000 as the first of its annual grants-in-aid for the operation of the School of Nursing.

On June 25, 1954, the registration of the United Christian Hospital was completed under the Societies Registration Act XXI of 1860, Punjab.

IV. Accommodations:

Inpatients are taken care of in male, female, and private wards which have the following beds:

Male Ward:		
Medical:	General (Rs. 1)	20
	Isolation or Rs. 2	2
Surgical:	General (Rs. 1)	36
	Isolation or Rs. 2	3
Female Ward:		
Medical:	General (Rs. 1)	16
	Isolation or Rs. 2	3
	Pediatric	8
Surgical:	General, adult	16
	General, cots	2
Obstetrics	General	16
and	Isolation	3
Gynecology:	Babies' cots	9
	Recovery Room	4
Private Ward:		
	Rs. 14 Rooms with bath	4
	Rs. 5 Rooms without bath	14
	Babies' cots	4
Nurses' Infirmery	2
<i>Total</i>		162

V. Support:

In order to carry on its work, the United Christian Hospital receives income from these three main sources: patients' fees, contributions from co-operating organizations and private sources, and an annual grant from the government of Pakistan for the School of Nursing (see financial statement).

VI. Training Programs:

In 1948, as the first Board of Directors made plans for the organization and development of the hospital, it was realized that a great deal of training would have to be done by the staff. As qualified staff became available, various training programs were begun. At the present time, the following training programs are being conducted.

General Nursing: Female candidates who have passed their matriculation or higher examinations and are in good health, send their applications to the nursing superintendent. These applications are considered by a selection committee and up to twelve students may be selected. Students are accepted for training in September of each year. The training lasts for three years and if they are successful in the examinations given by the Pakistan Nursing Council they receive their diplomas as registered nurses. There is no fee for admission or tuition. The students receive a stipend during training, provided by a government grant.

Midwifery: Students who have completed their three-year general nursing course may apply for midwifery training. This course lasts for one year and consists of lectures and ward experience. Each nurse is expected to assist in twenty deliveries during her training program. There is no entrance or tuition fee and the students receive a stipend from the hospital during this year of training. Upon successfully completing the examination given by the Pakistan Nursing Council they receive diplomas as registered midwives.

Laboratory Technicians: Candidates, males or females, who have passed their matriculation examinations or, better still, those who have had one or more years in college may make application for this course which has in the past lasted for twelve months, but this year has been extended to sixteen months. As many as four students may be accepted for one period of training. Those who have had courses in science and mathematics are more likely to be admitted. Students have lectures and practical work in the laboratory and after completion of the period of training, passing successfully the examinations given by the laboratory staff, they are given a certificate as laboratory technician. There is no admission or tuition fee, but students must provide the sum of Rs. 59 per month for food and other expenses and provide for their own pocket money.

After completion of the hospital's prescribed training program the student is expected to take the examination given by the laboratory registry of the West Pakistan Christian Medical Association. If this is

completed successfully the student is given a certificate as registered technician.

X-ray Technician: Candidates who have passed the matriculation examination may apply for X-ray technician's training. It lasts for six months, but will very soon be extended to the period of one year. As many as two students may be accepted for a training period. Students have lectures and practical work and experiences in the X-ray laboratory. There is no admission or tuition fee, but students are expected to provide Rs. 59 per month for food and other expenses as well as their own pocket money. After completing successfully the examination given at the end of the course, the student is given a certificate as X-ray technician.

Dispenser's Training: Candidates who have passed their matriculation examination may apply for training as dispensers. This training lasts for eighteen months. Students are given lectures and have practical training and experience in general pharmacy, special drugs and the preparation of solutions, especially solutions for intravenous use. After passing the examinations given by the staff they are given a certificate by the hospital as dispensers. The students are then expected to take the government examination for dispensers and if this is completed successfully, they receive certificates as dispensers. Students must provide Rs. 59 per month for their expenses during the training period.

Anesthetist Training: Graduate nurses or doctors with at least one year of internship, if they have a desire and aptitude for anesthetist work, may apply to Dr. Orr, the anesthesiologist, for training. The course will be for one year and will consist of lectures and experience in the use of the various anesthetic agents in actual operating-room conditions. There will be a period of probation for three months during which the student may determine his liking and aptitude for the work, and the staff may get an estimate of the student's ability for this type of work. The student must provide Rs. 59 per month if he is to have hospital quarters and food. Examinations are given at the completion of the course and if the student is successful he will be given a certificate as an anesthesiologist in the case of a doctor, or nurse anesthetist in the case of a nurse.

Other Training Programs: Twelve-month rotating internships are offered to M.B.B.S. doctors. During the twelve-month period, training is given in medicine, surgery, anesthesia, and obstetrics and gynecology.

A three-year postgraduate residents' training program is provided for M.B.B.S. graduates in each of the departments of medicine, surgery, and obstetrics.

Financial Assistance: Sometimes it is possible to help the student secure loans or scholarships for the expense of the training. A hospital may send the student and provide the expenses, in which case the student will be expected to return to the sending hospital for work. Sometimes church groups or interested individuals give assistance.

REPORTS

MEDICAL DIRECTOR'S REPORT

E. L. Rice, M.D.

The statistical statement of the hospitalized patients shows an increase of 622 over the number admitted during 1959. There were 3,601 inpatients during 1960, divided among the departments as follows:

	1960	1959
Medical Department	1,278	1,124
Surgical Department	1,012	847
Obstetrics and Gynecology:		
Gynecology	541	397
Obstetrics	390	310
New Born	380	301
Total	— 1,311	— 1,008
<i>Grand Total</i>	<u>3,601</u>	<u>2,979</u>

The total hospital days for all patients were 39,246. The statistical summary indicates only the number of patients treated in the hospital and does not tell the very many interesting and heart-warming stories of the work done for the patients.

During the year, advances had been made in several areas. Undoubtedly, the most significant advance was in the development of plans for the building of the new hospital. In July, Mr. and Mrs. Le Young arrived, having been sent by the Division of World Missions of the Methodist Church. His architectural and engineering abilities combined with his persistence and determination have greatly facilitated the progress on this project. An engineering department has been set up almost exclusively for the purpose of designing and building the new hospital on the land purchased for that purpose in nearby Gulberg. Mr. Bavington was brought out from England to assist in this work. It is expected that a duplex and staff quarters will be erected in 1961 and that by the end of that year the main hospital building will have been begun.

Dr. W. R. Orr, member of the American Society of Anesthesiologists, arrived in July under the sponsorship of the Protestant Episcopal Church (U.S.A.). Dr. Orr has made it possible to undertake new extensive surgical procedures more safely, especially in heart surgery. It is planned that he will institute a training program which will result in a larger number of personnel trained in this field for both U.C.H. and other mission hospitals in the area.

The Woman's Division of Christian Service, Methodist Church, sent Miss Anita Maldonado to take charge of the clinical laboratory. The

marked improvement in the organization and service which she has effected in the laboratory has greatly increased the diagnostic ability of the staff. With improved equipment, many new tests are being added. Tissues for pathological study are prepared routinely and bacteriology is being done. It is encouraging that three very good students are now in training in the laboratory.

The first group of dispensers to be trained by Miss Ruth Walker completed the course during the year. Having well-trained dispensers in the pharmacy department is an important step forward for the hospital.

A regular program of work has been begun in Attari Village Health Center. It takes time to see any real change in the habits of the village people, but Miss Hilda Last and her staff are working hard to improve the well-being of the people there.

A downtown clinic is being developed in what has been the Anna C. Weir Clinic, operated for several years by the Lahore Church Council (Presbyterian). Our supporting organizations have been asked for personnel and funds for this project and Rs. 6,000 have already been contributed by the Women's Finance Committee of the Indus River Conference, Methodist Church. It is expected to conduct the following clinics each week: Maternal and Child Welfare, three days; Medical and Surgical, one day each; T.B.—Chest, two or three days including using the mobile miniature X-ray equipment for mass X-rays.

The work of the hospital staff has been greatly improved and expanded as a result of gifts of equipment. The Methodist Church (U.S.A.) has contributed about \$35,000 worth of equipment during the past eighteen months. Most of this has been for the surgical department and more specifically for the thoracic surgery department. This equipment includes a heart-lung machine, equipment for central suction and central oxygen and nitrous oxide supply for both the operation theater and recovery room (for suction and oxygen) with surgical and medical diathermy units, other portable suction units and several pieces of clinical laboratory equipment. The Methodist Committee for Overseas Relief has also sent out a miniature mass X-ray T.B. unit which will be installed in the fieldcar, itself a gift from MCOR in 1954. When the equipment is ready, it will be used periodically at schools and in villages as well as at the hospital. Dr. Donald Bowes has had a major role in securing most of this equipment and his service is greatly appreciated.

Additional equipment has been provided for the anesthesia department through the efforts and contributions of Dr. Orr. Dr. Karcher, with the help of friends in his home church (Presbyterian) in Pittsburgh, has been responsible for securing two very fine binocular microscopes for the clinical laboratory.

The availability of this equipment adds considerably to the service which can be rendered by the hospital. Each gift or grant is gratefully received. Although the proportion of local income has increased, it

would not be possible to continue the work of the hospital without help from abroad.

It is also necessary to secure additional personnel if the hospital is to meet the opportunity for service which faces it. The following personnel are especially needed:

1. *General Surgeon-Orthopedist*. Since often almost half the surgical patients are orthopedic problems, a well-trained orthopedist is desirable. However, good training in general surgery is also necessary. Experience in urology and plastic surgery would be extremely helpful.
2. *Pediatrician*, with special interest in cardiac diagnosis and heart catheterization. General pediatrics alone could keep a doctor busy. However, the number of patients with congenital heart disease and other cardiac problems indicates that it would be most helpful to have a pediatrician with training in using the heart-lung laboratory equipment who could work with Dr. Bowes in thoracic surgical problems.
3. *Nurse-Midwife*, with training in domiciliary midwifery. This person would be in charge of the downtown clinic, supervising and participating in the domiciliary programme to be conducted by that clinic.
4. *Laboratory (Medical) Technologist* (by the fall of 1963). Miss Maldonado's three-year term ends in 1963. It is hoped that she will return as a regular missionary. However, another person is needed to serve during her furlough year and to assist her if she returns, especially during the time required for language study.
5. *Public Health Nurse—Health Visitor*. A person is needed to work in connection with the outpatient department, to visit in the homes of patients to check on their progress and to assist in home care. She would also do public health teaching.
6. *Medical Secretary*. To reduce the work load of the doctors, there is urgent need for a secretary or stenographer who understands medical terms to help with reports of X-rays, operations, etc., as well as to help with general correspondence. Experience as medical records librarian would increase her usefulness. It would be even more desirable to have a second person with experience or training as medical records librarian.
7. *Physician*, with Specialized Boards or Postgraduate British degree. It is especially desirable that such a person be secured before Dr. Karcher leaves for furlough in 1963.

We are grateful for the very able staff now working in the hospital and appreciate the devotion to their work and the co-operation which they constantly show. With more equipment and additional personnel, United Christian Hospital will be able to make even greater advances toward providing "compassionate healing for the glory of God."

REPORT OF CHAPEL AND EVANGELISM COMMITTEE

Since it is difficult to evaluate the results of the work in this field, no attempt is made in this report to do so. However, some facts may be of interest. During the year, a retired minister, Dr. A. M. David, has served as part-time chaplain and two Bible women have been employed full time to work especially with the patients and their relatives. The chaplain has also conducted open meetings at regular intervals which sometimes included the showing of religious films and filmstrips. Both staff and patients and their relatives were welcome to attend.

The programme for the hospital staff included the following activities:

1. Communion services in the hospital chapel at Christmas and Easter and at other times.
2. Monthly hospital prayer meetings for all hospital workers who wish to come.
3. Monthly mid-day services, conducted in turn by each department, for all members of the staff who are able to leave their duties to attend.
4. Bible study groups which meet informally.

Since attendance at all these meetings is voluntary, the number varies.

The nursing staff prepared a nativity play which was performed at Christmastime not only in the hospital compound (on two occasions), but also in Attari Village and at the Salvation Army Nurses' Fellowship meeting.

The nurses meet Christian nurses working in other hospitals in Lahore through the Salvation Army Nurses' Fellowship and groups sometimes visit these hospitals to contact Christian nurses. Some nurses from U.C.H. took part in a nurses' camp held in Murree in September, 1960.

DEPARTMENTAL REPORTS

I. *Medical Service:*

The work of the medical department in 1960 was both varied and interesting. Besides the work in the outpatient department the inpatients in this department numbered 1,278, an increase of 154 or 12 per cent over the total for 1959. Of these, 274 were pediatric cases. The average patient stay was nine days, an abnormally high figure because of several chronically ill who stayed many months. Forty-one per cent of the patients were Christians, a high proportion since the Christian population is less than 2 per cent.

The number of personnel that made the department function was larger than in previous years. Dr. Hakim and Dr. Siraj Din carried most of the load in the outpatient department. The inpatients were cared for by Dr. Singha, Dr. Peters, Dr. Nazir and Dr. Joshua taking



The entrance to the hospital compound. The hospital temporarily occupies two dormitory units of Forman Christian College.



The 1960 graduating class of nurses; Miss Jean Bagnall, Woman's Division of Christian Service, Director of School of Nursing, is in the back row.



Jane Joshua is taking the history of a sick baby from the Muslim mother.



A typical Pathan patient from the frontier area.

A Punjabi Muslim father holding his two-year-old son, who comes every two weeks for application of plaster of Paris casts. The child has congenital club-foot responding satisfactorily to treatment.





Making precast reinforced concrete beams for the roof of the domestic staff quarters of New United Christian Hospital.



Making cement bricks for the New United Christian Hospital.

turns. They were supervised by Dr. Karcher and, at the end of the year, by Dr. Morse after she returned from furlough.

The cases varied considerably from very common malaria in college students to raging fevers that resisted all treatment. The most common inpatient diagnosis was malaria followed closely by amoebiasis and the rest of the internal parasites. Then came tuberculosis and its many complications, typhoid, streptococcal and staphylococcal infections, nephritis, geriatric diseases, some cancer and fairly common rheumatic diseases.

Amoebic infections	224	
Intestinal parasites	76	
Total (amoebic and other intestinal parasites) ..	—	300
Malaria		249
Tuberculosis		234
Cardiac diseases		84
Typhoid		75
Hepatitis		14

One of the most interesting cases was a 50-year-old woman brought to the hospital severely emaciated, sneezing persistently and quite weak. On physical examination of the nose, strange looking white objects resembling plaques were noted. Rinsing the nasal passages with a mixture of kerosene, alcohol and turpentine solution, we were surprised by a flood of maggots that began crawling out. Over a period of four days of flushing, literally hundreds of maggots emerged from both auditory canals, pharynx and nasal passages. On a high protein diet with vitamin supplements she made a good recovery.

Another memorable case was a 16-year-old patient who came to the hospital with a spiking fever and hemiplegia of several weeks duration. All the tests were negative and not being able to take culture at that time, we made the diagnosis of subacute bacterial endocarditis on the basis of his heart murmur and the clinical picture. High doses of intramuscular penicillin were begun. The temperature receded, but the fever would not leave until the penicillin was increased and streptomycin added. During his long treatment we had the opportunity to follow the recovery of his hemiplegia and to supervise the progressive exercises. He made an uneventful recovery and was discharged with almost complete return from his paralysis.

During the year, members of the staff of the medical department made trips to Kasur, Sharakpur, and sometimes two other villages to hold clinics. About fifty to 100 patients were seen on these days. It is hoped to hold clinics in two areas twice a month. Plans are being made to open a drug room in one area with a nurse to see patients daily between doctors' visits.

Early in the year monthly visits were made to Stuntzabad, about 140 miles from Lahore.

II. Obstetrics and Gynecology Service:

The obstetrics and gynecology department has had an interesting year. There was a steady increase in the number of patients admitted to the department, bringing the total to a 25 per cent increase over the previous year.

In obstetrics the Antenatal Clinic is well established. While the majority of the deliveries are normal there is a sufficient number of abnormal cases to keep us busy. The I.V. pitocin drip has been frequently used to the benefit of patients and staff alike.

Private patients are of many nationalities—Pakistani, American, Canadian, British and a number from European, Middle and Far Eastern countries. The relaxation classes for these patients have been very popular. Miss Jean Bagnall has been the leader here and her efforts are most praiseworthy. One of the Pakistan patients wrote an article for *The Pakistan Times* entitled "Childbirth Through Relaxation" which was well received. The number of patients has increased 300 per cent.

During this year there was only one "rhesus baby," a Pakistani, and he needed three exchange transfusions. This led to international relationships at their best—a Pakistani baby, Scottish obstetrician, Canadian surgeon, American blood donor, Pakistani doctor and nurse, all working as a team led to the saving of this new life.

Gynecology has two main facets; those who do not have children and those who have too many. The infertility cases present a sad picture as life holds little joy for them if they do not bear a child.

Among those who come requiring abdominal surgery, the majority suffer from severe anemia as they have had vaginal bleeding, often for years. This means blood transfusion is required. Thanks to gifts from friends this blood is available. (One pint of blood costs the hospital about Rs. 25 or \$5.00.)

Throughout the year the department has read its own pathology slides—256 in all. This has added greatly to the interest of the work and also much improves the standard of the service which can be rendered.

Obstetrics and gynecology journals have been arriving regularly—two American and one British, again through the kindness of friends. These are read, underlined and then indexed by ourselves and this too has been very helpful in keeping us up to date.

Looking through the department one is reminded again and again of the help given to us by many friends, of this land and of lands across the seas. There are pretty chintz curtains, the air-conditioner, the "desert" cooler, drinking water cooler, stainless steel lockers, the journals, the blood flowing into the anemic mothers and the numerous words of appreciation expressed by a large number. To all donors all of us in the obstetrics and gynecology department say, "Thank you very much indeed."

III. Surgical Service:

During 1960 there were 17,332 patient-days-in-the-hospital on the surgical service. About 25 per cent of the patients were Christian and 75 per cent Muslim. One thousand and twelve operations (305 major) were performed in addition to 541 gynecological procedures (fifty-five major).

About 40 per cent of the patients coming to the surgical outpatient department have orthopedic problems. Malunited fractures, club feet, postpolio deformities, tuberculosis of the spine, and osteomyelitis make up most of these problems. In the weekly Orthopedic Club-Foot Clinic, slightly over 1,000 plaster casts were applied to the feet of children and babies who had congenital club-foot deformities. Many adults and adolescents gained the use of arms and legs following the operation on joints by plastic procedures and by the straightening of crooked feet by arthrodesis procedures.

The great joy of parents seeing their children walk again is indescribable. Aftab, 11-year-old boy, following poliomyelitis at an early age, developed severe deformities of the feet and walked with great difficulty on the lateral side of his feet. He underwent operations in which some of the bones of his feet were fused in a more normal position and tendons lengthened so that he can walk proudly with his playmates.

Aftab also has another problem. The paralysis affected both of his hands and forearms and the only way he can dorsally flex his hands is to turn them and let them drop down. He insists that the hands also be fixed, though thus far it has not been possible to find suitable muscles to transplant. In the wards he spent much time folding gauze for dressings. An effort is being made to learn more about the "dynamic" splints which are being used on such patients to allow them to do much more than he now can with his hands.

Then there was the young lady who came to us with the complaint that she had never been able to open her mouth in her life. At birth perhaps and certainly when she came to us at sixteen, she could not separate her teeth. Normal eating was a problem, to be sure, and she wanted help. Of the methods described in the literature, the excision of the mandibular joint or the cutting of the mandible across a little lower and inserting an adjacent muscle through the opening had not worked well with us in such patients. So in this young lady a newer method was tried—that of excising the articular surface and a bit of the condyle of the mandible, then inserting a dermal graft (the deeper half of the skin) over the top of the condyle which would serve as the new joint surface. The condyle was found to be more than twice the normal size which seemed to be the cause of her difficulty. This method worked well and her ambition of being able to chew was achieved. When she left the hospital she was able to separate her teeth margins about three-fourths of an inch.

Mahmood, 5-year-old boy, had a "blue-baby defect." After walking ten steps he would become exhausted and would squat on the ground for a rest. The effort of eating meals would turn his lips a black color and he often fainted. He suffered with a heart defect which prevented blood from reaching the lungs in sufficient amounts to be fully oxygenated. Instead the impure blood shunted through another defect in the heart to the large artery of the body causing his lips and nails to appear blue. Mahmood had an operation in which the artery of one arm was moved to the artery of the lung, resulting in more blood being purified (that arm is still all right). On a return visit for a checkup his father proudly reported that he could run fifty feet and play actively with other boys. In a few years Mahmood will have to undergo another operation in which the defects inside his heart are corrected. This operation will be possible because of the heart-lung machine recently acquired.

IV. Anesthesia Department:

In the anesthesia department there are two American-made anesthetic machines and equipment available for various types of anesthesia, ranging from the conventional "open drop" method to the closed system, intravenous and spinal.

The agents available are pentothal for intravenous use: procain, nupercaine and pontocaine for spinals; and for inhalation, oxygen and a selection of nitrous oxide, trilene, ether and cyclopropane, supplemented when indicated with relaxing agents (anectine and tubocurarine).

With these agents and systems of administration it is possible to administer anesthesia for all types of surgery including heart, lung, and brain procedures. An example of a commonly used method of anesthesia is induction with pentothal intravenously, followed by cyclopropane oxygen or nitrous oxide oxygen by inhalation, then short acting relaxing agents (anectine) intravenously, insertion of an endotracheal tube connection to the anesthetic machine and anesthesia continued with oxygen and one or a combination of the inhalation agents.

Statistical summary of anesthetics follows:

General—807 Local—401 Spinal—90 Topical—110

V. Nursing Superintendent's Report:

This has been a year of consolidation rather than advance and no major changes have been made. There has, however, been a considerable increase in the workload due to the higher average bed occupancy and the admission of more acutely ill patients.

Nursing Staff: Since there were more applicants for positions on the staff than could be accepted, a higher standard for selection was applied than was previously possible. The number of nurses in the hospital has increased slightly over last year.

In September, Miss E. Barkat Masih completed the postgraduate courses at the College of Nursing in Karachi, passing with honors. She

has since been working as Sister Tutor and has made a valuable contribution to the teaching of the students. Miss O. Joseph completed three months experience in Ludhiana Medical College Hospital and in July returned to her post as sister in the female medical and pediatric wards.

Monthly study days for all trained nursing staff provided opportunities to learn of new developments in medicine and nursing and to review and improve various nursing procedures. In November, members of the staff attended a W.H.O. Seminar on Nursing which was held in Lahore. This was a valuable opportunity to consider nursing on an international level.

In addition to the regular monthly meetings of nursing staff, a small nursing committee meets weekly to advise on nursing questions as needed. This committee is composed of the nursing superintendent, Senior Sister Tutor and two elected members of the nursing staff.

School of Nursing: A wider scope for selection of new students was possible also because there were more applicants than could be accepted. Twelve students were taken into the Preliminary Training School in October and the eleven who passed the P.T.S. examination are continuing their training. The programme of ward teaching has been extended and these students are now receiving more practical help in the wards and departments from the Sister Tutor, in addition to the classroom teaching.

The government examination results this year showed some improvement. Twenty took the preliminary examination, fifteen passed; fourteen took the final examination and ten passed.

Nursing Statistics

No. of Nursing Staff (Dec. 31, 1960):	Female Staff Ns.:
Nursing Superintendent ... 1	Recovery Room 1
Sister Tutors 3	O.P.D. (part time) 1
On Furlough 1	Wards 5
Ward Sisters:	Students:
O.R. 2	Midwifery (4th year) 9
O.P.D. (part time) 1	Third year 14
Nursing Office 1	Second year 12
Wards 2	First year 12
Ward Masters:	Auxiliaries:
Central Supply 1	Linen Room Supervisor ... 1
Wards 2	Nurses Matron 1
Male Staff Ns.:	Nursing Aides:
O.R. 1	O.R. 1
Wards 3	Central Supply 1
	Nursing Office 1
	Wards 4

Entered During Year:

Trained Staff	4
Students	12
Auxiliaries	1

Left During Year:

Trained Staff	7
Completed Training	4
Students (training incomplete)	4
Auxiliaries	4

VI. Attari Village Health Center:

About four years ago a decision was made to establish a health center in this typical rural village about ten miles from the hospital. The Methodist Church through the Medical Board agreed to secure the land site and erect a clinic building and residence for the staff. The land was secured and the clinic building has been in use for about two years. The residence was not ready for occupancy during 1960. Miss Hilda Last, public-health nurse, made regular visits throughout the year. Each week three general clinic sessions were held and one day was devoted to antenatal and infant welfare work. Clinic attendance ranged between twenty-five to forty per session. Child care is especially emphasized and some of the babies have been observed from birth to two years of age.

Gifts of multipurpose food from "Meals for Millions," Inc., and of vitamins, medicines, and milk powder from UNICEF are distributed.

The Health Center staff has continued to hold infant welfare clinics weekly at the Forman Christian College Campus School.

Attendance at the two clinics was as follows:

Infant Welfare Clinic, F.C. College School

Birth to one year	107	775	862
One to five years	50	1,293	1,343

Attari Village:

Adult Welfare Clinic	56	202	258
Infant Welfare Clinic	34	748	782
General Clinics	795	2,739	3,534

Total 6,779

Local Income:

Registration fees	Rs. 205 - 5
Medicines	586 - 3

Total Rs. 791 - 8

VII. Pharmacy Department:

During the past two years, three students have been given an eighteen-months course in dispensing and have taken a hospital examination entitling them to registration with the West Pakistan Christian Medical Association and a government examination which will give them official recognition. This is the first time that dispenser training has been given at U.C.H. and in the light of experience gained it is strongly believed that subsequent courses should be of two-years duration, with most of the lectures being given early in the course and more time being allowed for practical experience in the various aspects of the work.

It is interesting to note that within the past three years the pharmacy department has jumped from a debit balance of Rs. 4,595 to a credit balance of Rs. 12,677. The following factors account at least in part for this improved financial position.

First, drugs are more readily available, making it possible to supply almost all the requirements of both inpatients and outpatients from the pharmacy department.

Second, the number of both inpatients and outpatients has increased significantly, resulting in a requirement for more drugs. (The number of outpatient prescriptions dispensed in January, 1959 was 126, in January, 1960, 192, and January, 1961, 748.)

Third, the increased use of hospital-prepared intravenous solutions has probably contributed to this improved financial position. In January, 1959, only four types of solution were prepared and fifty bottles were issued. By January, 1961, nine different types of solution were being prepared and in that month 394 bottles were used. The present I.V. equipment is quite old and spends a great deal of time in the workshop. It is hoped that after the arrival of new equipment U.C.H. may eventually manufacture sufficient I.V. fluids to supply other mission hospitals.

VIII. X-ray Department:

X-ray examinations for the year: 2,800. For 1959: 2,413. Classified as follows:

Ankle	68	Chest	1,130
Elbow	110	Foot	64
Gall Bladder	115	Intestinal	266
Abdominal	267	Hand	41
Hip Joint	85	Jaws	20
Knee	101	Pelvis	111
Pregnancy	23	Shoulder	31
Skull	73	Spine	246
Wrist	65		

During the year two students were trained as X-ray technicians and were given certificates accordingly. They were Siraj Masih and Sishir Kumar.

IX. Laboratory Report:

<i>Urines</i>		<i>Acid Fast Stain</i>	
Reaction	3,789	Sputum	292
Sp. Gr.	3,789	<i>Gram's Stain</i>	
Albumin	3,791	Cervical Smear	2
Sugar	3,791	Pus Smear	4
Microscopic	3,789	Vaginal Smear	6
<i>Stools</i>		Throat Smear	5
Positive	1,231	Urine Smear	2
Negative	2,699	Miscellaneous	6
<i>Blood</i>		Eye Smear	2
Hemoglobin	4,623	<i>Semen</i>	
R.B.C.	111	Motility	25
W.B.C.	3,434	P.H.	8
Differential	3,245	Count	9
Sed. Rate	503	Stain	1
Bleeding Time	97	<i>Spinal Fluid</i>	
Coagulation		Cell Count	46
Time	100	Protein	34
Parasites	230	Differential	13
Hematocrit	72	Kahn's Test	1
Platelets	7	Sugar	4
Prothrombin	19	Web Test	2
Blood Pictures	156	<i>Ascetic Fluid</i>	
<i>Typing</i>		Cell Count	2
Rh. Factor	342	Differential	1
<i>Gastric Analysis</i>		<i>Blood Bank</i>	
Free Hcl.	68	Blood Drawn	394 pints
Total Acidity	68	X-Matches With	
<i>Blood Chemistry</i>		patients	394 pints
Sugars	137	Expired With	
N.P.N.	161	X-Matches	3 pints
Total Protein	5	Blood Given	391 pints
Ictrus Index	134	<i>Agglutination</i>	
B.S.P.	1	Kahn's Test	501
P.S.P.	4	Widal's Test	124
<i>Histopathology</i>			
Biopsies Done	364		

Donations: DONATIONS

*Dr. E. Morse	1,985.30
*Dr. D. E. Bowes	969.67
*Dr. E. L. Rice	874.12
*Mr. and Mrs. R. Martin	825.00
Mrs. C. Dick	730.00
Mrs. Tileston	500.00
Forman College Chapel Treasurer	500.00
Dr. J. Karcher	485.67
Miss May M. Ireland	248.00
Sunday-School Methodist	
Church, Lahore	187.50
Mr. F. D. Bertleson	150.00
Mr. and Mrs. J. Howell	100.00
Mrs. Ali	100.00
Mr. L. S. Freeman	63.00
Mr. E. Steigale	50.00
Mr. N. F. Gamble	50.00
Mrs. Bennett	50.00
Miscellaneous Donations of	
less than Rs. 50	4,214.00

*These people in most instances receive these funds from friends and pass along the gift to the hospital.

FINANCIAL STATEMENT

for the year ending March 31, 1961

Receipts:

		Rupees
Opening Balance April 1, 1960:		
Cash in Hand, Rs.	5,096.36	
Cash at Bank	9,409.59	
		14,505.95
Grants From Mission Boards		42,702.89
Government Grant-in Aid 1959-60-61		71,340.00
Miscellaneous Contributions		12,082.52
Gross Earnings From Hospital Receipts		388,729.67
<i>Total Rupees</i>		529,361.03

Expenditure:

Local Expenditure		469,497.25
Closing Balance on March 31, 1961:		
Cash in Hand, Rs.	11,255.88	
Cash at Bank, Rs.	48,607.90	
		59,863.78
<i>Total Rupees</i>		529,361.03

Rahim Jan & Co.
Chartered Accounts
Robert Martin
Hospital Administrator

MEDICAL STATISTICS

(Number of inpatients according to disease if incidence was over five cases.)

<i>I. Diseases of Body as a Whole:</i>	
Psychoneurotic reaction	35
Paratyphoid and typhoid fever	75
Amoebiasis	146
Malaria	232
Heat Prostration	9
Pernicious vomiting	9
Other	86
<i>II. Diseases of the Digestive System</i>	
Abdominal tuberculosis	27
Acute peritonitis	11
Inguinal hernia	31
Pelvic peritonitis	7
Other	21
<i>III. Diseases of the Skin</i>	
Second degree burn of skin	8
Cicatricial trichiosis	6
Carbuncle	8
Other	42
<i>IV. Diseases of the Breast</i>	
Adenofibroma of breast	6
Other	8
<i>V. Diseases of the Musculo-skeletal System</i>	
Osteomyelitis	32
Tuberculosis of bone	11
Dislocation of joint	12
Fracture with malunion	8
Simple fracture (closed)	66
Postpoliomyelitis atrophy	18
Unlisted tumor of joint or bone	11
Rheumatoid arthritis	16
Osteochondritis dissecans of joint	6
Tuberculosis of spine	36
Tuberculosis of ankle	
joint	6
Talipes equinovarus, postpolio	13
Herniation of the nucleus pulposus intervertebral disc syndrome	13
Myositis (chronic and acute)	7
Other	80
<i>VI. Diseases of the Respiratory System</i>	
Common cold	7
Injury of nose	12
Acute rhinitis	13
Nasal pharyngitis, acute	9
Sinusitis, acute and subacute	10
Bronchitis, acute and chronic	90
Bronchiectasis	21
Asthma	42
Lobar pneumonia	18
Pulmonary tuberculosis	63
Bronchopneumonia	39
Empysema, pulmonary	7
Empyema	6
Other	55
<i>VII. Diseases of the Cardio-vascular System</i>	
Hypertensive cardiovascular disease	6
Cardiac arrhythmia	6
Heart disease, type not specified	11
Cardiac failure	34
Rheumatic valvulitis inactive with deformity of valve	6
Essential vascular hypertension	12
Other	37

VIII. Diseases of the Hemic and Lymphatic Systems

Anemia, secondary	73
Anemia of pregnancy	40
Anemia, hypochromic microcytic	9
Anemia, macrocytic, pernicious anemia type (nutritional or metabolic)	8
Anemia, other	11
Splenomegaly	11
Tuberculosis of lymph node	22
Other	22

IX. Diseases of the Digestive System

Gastroenteritis	47
Hemorrhoids	48
Intestinal obstruction (unknown cause)	17
Diarrhea (unknown cause)	17
Gastritis	29
Ulcer of stomach (peptic)	13
Gastric indigestion (unknown cause)	32
Harelip (simple)	19
Cleft palate	20
Pharyngitis, acute	6
Tonsillitis and/or adenoiditis, chronic or acute	60
Unlisted tumor of stomach	6
Enteritis	12
Tuberculosis of small intestine	15
Ascariasis (round worm)	16
Ancylostomiasis (hookworm)	26
Duodenal ulcer (peptic with or without perforation)	13
Chronic colitis	21
Bacillary dysentery	22
Tuberculosis of colon	6
Amoebic colitis	72
Appendicitis, chronic and acute	46

Rectocele	13
Prolapse of rectum	7
Unlisted tumor of rectum	9
Anal fistula due to infection	28
Anal fissure	6
Abscess of perianal tissue	10
Abscess of liver	6
Amoebic hepatitis	6
Infectious hepatitis	14
Cholecystitis (chronic and acute)	45
Cholelithiasis in gall-bladder	32
Pancreatitis, acute	10
Other	113

X. Diseases of the Urogenital System

Sterility	162
Disease of kidney, type unspecified	8
Glomerulonephritis, acute and chronic	13
Nephretic syndrome, unknown cause	6
Calculus in kidney	22
Pyelitis	11
Ureteral calculus	21
Cystitis, acute and chronic	19
Cystocele	11
Calculus of bladder	20
Urethral stricture	12
Phimosis	8
Cryptorchism	6
Orchitis	8
Epididymitis	9
Hypertrophied prostate	26
Diffuse inflammation of internal female genital organs	11
Dysmenorrhoea	7
Prolapse of uterus	6
Retroversion of uterus	8
Myoma of uterus	20
Adenomyosis of uterus	9
Primary metrorrhagia	7

Chronic cervicitis	7
Cervical erosion due to unknown trauma or infection	36
Myperplasia of endometrium	8
Acute endometritis	12
Amenorrhoea or dysmenorrhoea	9
Salpingitis	17
Unlisted tumor of ovary ...	12
Newborn	327
Premature birth, living ...	38
Premature birth, neonatal death	13
Breech presentation	15
Placenta previa	9
Term birth, living child ...	341
Premature delivery	31
Inevitable abortion	22
Complete abortion	6
Incomplete abortion	56
Threatened premature delivery	11
Threatened abortion	30
False labor	13
Pregnancy, not delivered ..	29
Laceration of pelvic floor ..	7
Other	158
 XI. <i>Disease of the Endocrine System</i>	
Hypothyroidism	16
Diabetes mellitus	34
Other	22

OPERATION STATISTICS

(Number of operations with an incidence of over five for the year.)

I. <i>Operations on Regions of the Body</i>	
Aspiration (joints, abscesses, etc.)	6
Amputations	12
Exploratory incisions	6
Incision and Drainage	81
Excision, local or simple, of lesion	28
Wide excision of lesion (especially malignant) ...	9
Biopsy	17

XII. <i>Diseases of the Nervous System</i>	
Meningocele	7
Meningitis	15
Migrainous headaches	7
Neuritis, acute, and chronic	10
Other	39
XIII. <i>Diseases of the Eye</i>	
Glaucoma	6
Cataracts, all types	29
Other	20
XIV. <i>Diseases of the Ear</i>	
All types	8
XV. <i>Regional and General Diseases</i>	
Abscesses	38
General injury due to trauma	41
Fistula or deformity follow- ing operations; post- operative adhesions	6
Neoplasm metastatic	7
Undiagnosed neoplasm ...	21
Mycotic infection	6
Other	61
XVI. <i>Nondiagnostic</i>	
Fever of unknown origin ..	10
Diagnosis deferred and undiagnosed disease	76
Other	9

Skin graft	19
Destruction of lesion by curet- tage or cauterization	43
Suturing of wound	17
Application of cast, traction, or splinting	36
Exploratory laparotomy ...	31
Hernia repair (all types) ..	32
Perineorrhapy	6
Other	17
II. <i>Integumentary System</i>	
Removal of foreign body ...	15
Other	8
III. <i>Musculoskeletal System</i>	
Open reduction of fracture .	7
Closed reduction and appli- cation of cast	20
Spinal fusion	16
Thoracoplasty	8
Open reduction and fixation or repair	21
Arthrodesis of joint	9
Lengthening of tendon ...	25
Fasciotomy	6
Other	35
IV. <i>Respiratory System</i>	
Rhinoplasty	15
Bronchography	10
Bronchoscopy	6
Other	15
V. <i>Cardiovascular System</i>	
All types	6
VI. <i>Digestive System</i>	
Colostomy	6
Hemorrhoidectomy	31
Colectomy	7
Appendectomy	29
Closure of anal fistula ...	21
Cholecystectomy	23
Cheiloplasty (plastic repair of lip and harelip)	12
Palatoplasty (repair of cleft palate)	8
Adenoidectomy and/or tonsillectomy	33
Other	36
VII. <i>Urogenital System</i>	
Nephrolithotomy	8
Ureteral lithotomy	6
Cystoscopy	29
Cystotomy	23
Circumcision	69
Prostatectomy	15
Colpoplasty	7
Colpoperineorrhapy and Colpoperineoplasty	8
Hysterectomy (total and subtotal)	23
Hysteromyomectomy	7
Insufflation of uterus (Reuben's test and tube testing)	148
Insertion of radiopaque substance into uterus for X-ray	20
Hysteropexy	8
Local excision of lesion of cervix	6
Evacuation of uterus and (D and C)	205
Salpingectomy	9
Tubal ligation	52
Oophorectomy	12
Excision of lesion of ovary .	7
Application of, or delivery by obstetric forceps	24
Episiotomy	42
Caesarian Section	13
Other	51
VIII. <i>Endocrine System</i>	
Thyroidectomy	7
Other	2
IX. <i>Nervous System</i>	
All types	12
X. <i>Organs of Special Senses</i>	
Extraction of lens	20
Blepharoplasty	6
Other	17

ANALYSIS OF HOSPITALIZED PATIENTS

SERVICE	Discharged Against Advice				Total Hospital Days	Male	Female	Adult	Child	Pakistani	Non-Pakistani	Christian	Muslim	Other Religion	Major Operations	Minor Operations	Total Number of Patients
	Improved	Not Improved	Died														
Medical	1,074	145	20	39	11,621	697	581	1,004	274	1,206	72	527	751			9	1,278
Surgical	886	104	6	16	17,332	690	322	797	215	979	33	193	818	1	305	478	1,012
Gynecological ...	520	15	2	4	3,452		541	541		526	15	105	435	1	55	314	541
Obstetrics	387	1		2	3,397		390	390		368	22	125	265		46	79	390
Newborn	359	2	3	16	3,396	187	193		380	359	21	124	256			63	380
Dental	8				78	4	4	8		8		5	3	8		5	8
TOTAL	3,234	267	31	77	39,246	1,578	2,031	2,740	869	3,446	163	1,079	1,303	10	406	948	3,609