Advertiser, May 6/19

THE DEATH OF ROBER'S GOUGH.

REPORT BY THE HOSPITAL BOARD.

THE SYSTEM DEFENDED.

PRECAUTIONS THAT ARE TAKEN.

The Chief Secretary (Hon. J. G. Bice) sent the following telegram to the Under-Secretary on Wednesday last from Burra after reading the report of the remarks of the City Coroner (Dr. Ramsay Smith) regarding the treatment of the boy Robert Henry Gosgh at the Adelaide Hospital in the previous week:-"Immediate report required from the chairman of the Hospital Board on the principal points of the Coroner's finding, especially on the mexperience of the medical officer concerned, unwise atterations of rules, and safeguards necessary in cases of operations."

Mr. Bice handed to the press yesterday the report, which was prepared in accordance with this request and forwarded to him by the acting chairman (Dr. R. S. Rogers) after the meeting of the Adelaide Hospital Board on Friday last. It said:-

The Diagnosis Endorsed.

"The circumstances surrounding the death of this boy are as follow:-He was brought to the Adelaide Hospital on April 22 with a history of having been struck in the abdomen by some belting in the works of Duncan & Freser. He was seen on arrival at the consulting room by Dr. Hilda Florey, who, after a careful examination, came to the conclusion that a small wound which she found on his abdomen was superficial, and not of a penetrating nature. She was informed by the man accompanying him that no part of the belt was missing, as he had carefully examined. it himself. She decided that the case was not serious. She accordingly dressed the wound, and after the boy had had a rest allowed him to be conveyed to his ownhome. The same evening he was seen by an old and experienced practitioner (Dr. Wigg), who apparently endorsed Dr. Florey's diagnosis, as he did not call again until he was sent for two days later. On that date (April 24) the boy was evidently suffering from peritonitis, and he was admitted on Dr. Wigg's order to the Adelaide Hospital and immediately operated on by Dr. Todd. It was found that the wound in the abdominal wall was of a valvular character, and that it had thus misled the two practitioners as to its real nature. A piece of steel from the broken belt was found to have penetrated the abdominal wall and to have ruptured the intestine, so giving rise to a general peritonitis from which the boy died the day after the operation (April 25). The mistake was one which might readily have happened (and, in fact, did happen) to a practitioner of much riper experience than Dr. Florey.

The Patient Safeguarded.

"The method of staffing the Adelaide Hospital is that almost universally adopted in every large hospital throughout the world where medical schools exist. It consists of a large honorary staff of prominent men and a resident staff, comprising a resident head (medical superintendent), who is a man of experience, and eight young graduates, all of them legally qualified medical practitioners. It is not possible for a student to graduate in this Univeruntil he has had at least years' training in medicine and has passed all the very severe examination tests. Every patient in the Adelaide Hospital is under the care of a highly-experienced physician or surgeon, who visits at fixed times and directs the treatment which the patient is to receive during the intervals of his visits. The residents merely receive and carry out the instructions of the honorary staff, and in the absence of the bonoraries they are expected to 'consult with the medical superintendent in all serious cases (rule 18). The necessity of seeking advice in serious cases from those more experienced than themselves is emphasized throughout the rules (see rule 21):- In every case of emergency he shall communicate with the bonorary officer, and shall at once notify the medical superintendent,' and again in rule 15 on the same page, attempts are made to still further saleguard the patient, by the issuing of verbal instructions to each resident that he is in no circumstances to assume responsibility in a serices muc. If his honorary is not availmedical aspeniatendent.

Special Difficulties May Mislead. .

"It is, however, impossible to safeguard every situation that may arise in a large hospital, as in the case of the boy Gough. There may be special difficulties which may so mislead a medical attendant that he fails to recognise a serious case as such. It is not easy to see what other system could be substituted for the present one. Considering the number of casualities and emergencies brought daily to the hospital the number of justifiable complaints is very small. It is doubtful if they would be materially lessened by the employment of an 'experienced' and very costly staff, The 'experienced' practitioner, if a success in his profession, is generally in lucrative practice. We have the best and the most 'experienced' of these on our staff already in an honorary capacity.

Rules of the Hospital.

"The rules for resident medical officers now in force (adopted in 1910) do not appear to differ greatly from those adopted in 1899. A reference to the old and new roles which accompany this report, will show the extent to which material alteration has been effected. A few of the old rules have been deleted and replaced by others, generally to suit the altered conditions of the institution. Rule 4 of the new rules is the one wheth refers special to cases of admission. It says:-'If any question with regard to admission shall arise, he (the resident) shall refer such cases to the medical superintendent.'

A Rule in Question.

"The alteration in the rules to which the coroner particularly refers is probably rule 12 (1899). This rule does not bear upon the case of the boy Gough. It first came into force in 1899, and was abandoned in 1904. It reads:- No important operation shall be performed without a consultation by members of the senior staff, at which a majority shall be favorable thereto. At present there is no rule against such a consultation, but it was felt that the surgeons who perform all serious operations at the hospital are men of wide experience and exceptional ability, so that it was unnecessary to make such consultation compulsory, added to which its retention led to administrative difficulties. Rule 19 (1910), however, provides that notice of operations on the regular operating day shall be sent to members of the surgical and gypaecological staff, and to other members of the staff who may apply for them.

Duties of the Medical Superintendent.

"The board has on many occasions had under review the question of how to secure the highest degree of efficiency in the consulting room. It was, indeed, receiving active consideration at the time when the present case occurred, and they are prepared to still further consider the possibility of strengthening this department. The medical superintendent has many important duties to perform, and can only devote a porton of his time to patients in the consulting-room. In the honest endeawor to enlarge the scope of their usefulness it is easy to make the rules too comprehensive, in which case the time of this important officer would be occupied in attending to trivial cases with which his juniors are quite competent to deal. seems unavoidable that a certain amount of discretionary power should be left with the latter."

MAWSON'S PARTY.

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MESSAGES THAT CANNOT BE DECIPHERED.

IS THE HUT IN DANGER?

Dr. Mawson, who with six other members of the Australian Antarctic Expedition is spending an enforced winter in Adelic Land, has been trying to communicate by wireless with Austraha for several days past (says the Sydney "Morning Herald"). Owing to some at present unknown cause the messages, however, can-

not be deciphered.

Professor David, who has been anxiously awaiting a message, said when seen on Wednesday night, that possibly some slight accident had befallen Dr. Mawson's wireless mast during a blizzard, and if so the damage could not possibly be repaired until the blizzard had blown itself out. No man, said the professor, could venture aloft to repair a wireless most during an Anteretic blizzard. The wireless operator at Hobart, who has been closely listening for Dr. Mawson's messages, reports that the conditions of the atmosphere have been greatly against the transmission of wireless messages, though it was expected that Dr. Mawson's powerful wireless plant would enable his messages to be heard.

In one of Dr. Mawson's last messages he reported that the blizzards were so fierce in Adelie Land when the message was sent off that he and his comrades feared the hur would be blown down. Asked how the explorers would fare if their shelter were blown away, Professor David said .--"I do not think it likely that the hut will be blown away. It is splendidly built, and specially designed to resist the blizzards. The greatest danger of a hut being blown down in Antarctica is during the blizzards at the end of the summer months, and just when winter is setting in. That is before the snow has time to pile up against the hut and protect it. When the heavy falls of snow have set in the winds pile it up against the sides of the hut, and a huge wind screen is thus made on the windward side of the hut. screen of snow is levelled off by the blizzards to the same height as the top of the hut, leaving the nut When the snow protected. has thus been piled up and levelled off, the blizzards sweep and roar over the hut, which is protected by the snow shield. By this time, I think, Dr. Mawson's winter quarters will be similarly protected, and the danger will be over. Of course, at the end of the summer it gives one an uneasy feeling when the blizzards begin to roat and the hut begins to shake and tremble. When the snows have set in they should be comfortable and safe in the hut. Their food supply is ample."

Professor David believes that Dr. Mawson and his comrades will be safe during the rest of the Antarctic winter, but the work of refitting the Aurora is being pushed on as speedily as possible, and the vessel will leave as early as it is thought practicable for her to get through the ice

to Dr. Mawson's quarters.