

"Duly Qualified" Practitioners.

Conditions such as he was now considering arose through inexperienced and unskilled persons being placed in positions of great responsibility without the safeguards that were universally acknowledged to be necessary in the interests of hospital patients. It might be said that these people were duly qualified medical practitioners. What did this mean? It meant that the physician had his name on the medical register of the State. Otherwise, he was on exactly the same footing as any other man or woman of the State who could show a reasonable amount of skill in the treatment of another citizen of the State. The law would decide in every given case what that reasonable amount was, and the trend of the law was very interesting. In America, in various European countries, and in England the law did not require the same amount of skill from all medical practitioners. In one case decided lately, it was held that the registered medical practitioner who had been in general practice for some years was not to be expected to be able to put a splint properly on a fractured limb. What, then, were the privileges of a legally-qualified medical man in this State? His privileges were to recover fees at law which otherwise he would be unable to do, to sign certificates of death, of health, of disinfection, to give evidence in the courts where a medical practitioner's evidence was required, and to receive special fees for such services.

Ability Not Guaranteed.

But it might be said that the terms of registration implied qualification. To be registered he had to produce evidence of having gone through a five years' course of instruction. His degree or diploma did not testify that he possessed any skill or any experience. It did not mention either. The Adelaide University, for instance, did not require natural ability on the part of a student before it allowed him to enter a course of study. It did not undertake to provide such ability for him or to give him skill or experience, and it carefully refrained from certifying that a graduate possessed any one of the three. It afforded him the opportunity of qualifying himself to practice his profession if he had the natural ability, the skill, and the experience. No one for a moment could imagine that the mere registration of his name or the possession of a diploma by a medical man was a guarantee of skill, ability, or experience sufficient for the performance and treatment of all sorts of cases, or even of any sort in such an institution as the Adelaide Hospital. And yet that was what the constitution and rules of the hospital at present in force allowed.

A Fair Bargain.

The public were entitled to demand as a fair bargain or contract that the patients going to the Adelaide Hospital would be treated with the best skill the institution could afford, equal at least to the necessities of their case, and with all the safeguards that were universally recognised as necessary, but which were abolished with such disastrous results by the board for the time being nine years ago. These safeguards should again be imposed. It was useless to imagine that the general public or even the Hospital Board could long be kept in ignorance of the damage that was done by entrusting or making possible the entrusting of the diagnoses, treatment, and care of serious cases to officers of the institution who had not the skill and could not have had the experience necessary, and which was demanded for the protection of life, as well as for the general comfort and cure of patients. Cases such as he had referred to in which unnecessary operations led to the death of patients, were to be laid at the door not of the operator, who acted in good faith according to the light he possessed, but at the door of those who had made such acts possible.

BOY'S FATAL INJURY.

"A RECORD OF INEXPERIENCE."

CORONER'S TRENCHANT CRITICISM.

Criticism of the utmost importance regarding the management of the Adelaide Hospital in the matter of the admission and treatment of serious emergency cases was spoken by the City Coroner (Dr. Ramsay Smith) on Tuesday at the conclusion of the inquest, held in the Justices' Room at the Adelaide Police Court, concerning the death of Richard Henry Gough, aged 15 years. Deceased had been employed in the works of Messrs. Duncan & Fraser, Franklin street, and died last Friday night as the result of injuries received on the previous Tuesday, when the belt of a machine broke, and he was struck in the abdomen with great force. It was discovered when an operation was performed after a delay of two days that a steel fastener had detached itself from the belt, pierced three layers of clothing, as well as the abdominal wall, and lodged in the lad's intestines. Mr. J. H. Vaughan appeared in behalf of the relatives, and Mr. F. G. Scammell for Duncan & Fraser. Chief Inspector Bannigan, of the Factories Department, also watched the proceedings.

The only additional evidence taken was that of the deceased's father, Albert Phillip Gough, who had been recalled to produce the clothing his son was wearing at the time of the accident. The Coroner handled the trousers, and, putting his thumb through a hole some inches below the waistline, remarked—"That is plain enough." He then drew attention to a hole of the same size and similar shape in the shirt, and one corresponding in the flannel undershirt. In the case of the two last garments the margin of the perforations was bloodstained.

The Coroner (to witness)—These have not been interfered with in any way since they were removed from the deceased?—In no way at all.

—Coroner's Important Duty.—

In his summing up Dr. Ramsay Smith stated:—"There are very painful circumstances connected with the death of this boy, and the painfulness is not ended with the closing of the evidence. My duty today is wider than the mere recording of a verdict. In the first instance I have to deal with the cause of death. This boy was assisting at a machine in Messrs. Duncan and Fraser's factory when a belt became disintegrated, and a small piece of the leather flew off. One of the metal rivets also flew off. There is no evidence to show that the machinery was not properly protected. It was no part of the deceased's duty to see to the protection, and there is nothing connected with the work that he, or his immediate superior, or the foreman, was doing that was in any way irregular or unusual. The cause of the accident is entirely without explanation. It was evident to those present that the lad was injured, and Dr. McAree, who happened to be on the premises at the time, examined him and advised that he should be removed to the Hospital at once. What Dr. McAree's opinion of the injury was I cannot say. It is always unsafe to give any weight to the opinion of a medical man when it is given only secondhand by one of the laity, and it is a rule among experienced doctors to listen with all courtesy and receive with all deference the opinions of a doctor as stated by his patient, but to allow them to have no weight whatsoever in coming to a decision on the part of the responsible doctor himself.

—Pierced by Large Missile.—

"The boy was taken to the Hospital promptly and in all comfort. There he was seen by one of the resident medical officers. Dr. Hilda Josephine Florey, whose duty it was to attend on, examine, and deal with patients arriving at the consulting room. Dr. Florey heard the history of the injury, attended to the boy, concluded that the wound was not serious, and advised that he be taken home. There he was seen by Dr. A. E. Wigg, examined, and treated. Two days afterwards he was again seen by Dr. Wigg, and also by Dr. Borthwick, who had been summoned when the parents were unable to call up Dr. Wigg by telephone. The father says that both agreed the lad should be sent at once to the Adelaide Hospital. The seriousness of his condition at this date is shown by the fact that he was taken direct from the waiting room to the operating table. An operation was performed, and it was found that the wall of the abdomen had been perforated, and there was a metal belt fastener inside the bowel projecting through at each end. The size of this missile should be noted. Its extreme length between perpendiculars is two inches, and width one inch. The width of the bar is nearly $\frac{1}{2}$ in., and its thickness about $\frac{1}{4}$ in. The injury was followed by suppurating peritonitis, from which the boy died.

—Explanation Needed.—

"One cannot help feeling that there should be some explanation or some enquiry in regard to how it was possible for a lad in this serious condition to be sent away from the Adelaide Hospital in the first instance. It is generally recognised from wide modern experience that the surgery of the abdominal cavity is one of the most difficult subjects in the whole range of medical practice. Even the limited subject of penetrating wounds is extremely difficult. No one who has had even a small amount of experience in diagnosing and treating abdominal wounds would take any risk that could be avoided. An error in diagnosis may be fatal. Dr. Todd said in evidence that if he had seen the boy when he was brought to the Hospital on the first occasion he would not have sent him away, and he said so emphatically. The word he used showed the difference in his mind between him and the responsible medical officer who examined the boy on April 22. That word was 'experience.' It needs some experience to be able to find rents in clothing even as large as those that have been shown in Court. Dr. Florey said the man who came with the boy remarked it was a funny thing that the clothing was not injured. Even supposing he did say that—and I am not casting any discredit on Dr. Florey's evidence—that should have no effect upon an experienced person's mind when making a personal examination of the clothing.

—"Record of Inexperience."—

"I questioned Dr. Florey at some length concerning details of her observations, her diagnosis, her treatment, and her knowledge of such wounds. I do not think that any one experienced in injuries would be satisfied with the general idea that a leather machine belt would make such a wound on the abdominal wall as was described without showing some contusion. Again, Dr. Todd said that the methods of making sure of the diagnosis would be very apt to produce harm, and to bring on the very condition that one was anxious to avoid. He referred to probing, and said that a probe might carry in parts of clothing, and would give rise to blood-poisoning. Dr. Florey used a sterile probe. That is, there was no danger from the probe. An experienced hand, however, would probably have let the probe alone, have used other methods of diagnosis, or kept the boy under constant observation with hourly examinations for a certain time. I might go through the whole of Dr. Florey's evidence in detail without coming to any other conclusion than that it amounts to a record of inexperience.

—No Censure on Dr. Florey.—

"I wish to say no word that would imply any censure whatever on Dr. Florey in her connection with this case. I hope she will have no lasting regret that she was the cause of this boy's death. Her examination, as detailed by her, showed a great amount of conscientiousness—I think beyond what one would expect to find in a practitioner of her age and experience—and in the difficult and painful task of giving evidence I think she comported herself admirably. Her evidence was given without reservation; but with, perhaps, the slightest trace of apology or extenuation of what she feared might be some dereliction of duty. Her duty was to send for the superintendent; but here, again, it amounts to a case of one who has not mastered the rules of the institution.

—Issues of Life and Death.—

"One must enquire how it comes about that an officer, with the best intentions, but without experience, comes to be entrusted with grave issues of life and death in a public institution like the Adelaide Hospital. What is the function of a hospital? A recent medical writer, when dealing with the subject of medical inspection in schools, and the attendance of children at public hospitals, wrote as follows:—"It is generally thought that hospitals exist solely 'for the relief of the sick poor.' But this term has become a mere phrase on which a hospital depends for its appeal to the charity of its supporters. If the bare truth is to be stated, the great hospitals, both in London and in the provinces, with their medical schools, exist—partly for the treatment of accidents and emergencies, partly for the relief of the sick poor, partly for the relief of the sick who are not poor; but chiefly for the advancement of medical education." Those remarks are true of every hospital that is affiliated in any way with a medical school. If the Adelaide Hospital existed solely for the relief of the sick poor, the medical staff would be very different from what it is at the present time. Once it did exist for the relief of the sick poor to a much greater extent than it does now. In 1880 there was any medical