Advertiser, April 30th, 1913.

HOSPITALS AND PATIENTS.

THE RESPONSIBILITY OF THE AUTHORITIES.

SEVERE CRITICISM BY THE CORONER.

A DOCTOR'S DIPLOMA.

"NO GUARANTEE OF SKILL OR EXPERIENCE."

The painful circumstances surrounding the death of a lad, Robert Henry Gough, in the Adelaide Hospital on April 25, and which were enquired into by the City Coroner on Monday and Tuesday, led Dr. Ramsay Smith to speak at some length on the responsibilities of hospital authorities in relation to patients admitted to such institutions. He recorded a verdict of death from peritonitis, following on injuries accidentally received through the breaking of a machine belt at Messrs. Duncan & Fraser's factory, where the lad had been employed, but remarked that his duty on the present occasion was wider than the mere finding of the verdict. In the first instance he had to deal with the cause of death. The boy, it appeared, was assisting at the machinery in the factory referred to, when the belt became disintegrated to some extent, and a small piece of leather flew off, together with one of the metal rivets. There was 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 was nothing irregular in what the deceased or his immediate superior was doing at the time to cause the accident, which was entirely without explanation. The boy evidently was injured, and Dr. McAree, who happened to be on the premises, after examination, advised that he be removed to the Adelaide Hospital at once. He could not say what was Dr. McAree's opinion of the accident, but the boy was taken promptly to the hospital, and was seen by one of the resident medical officers, Dr. Hilda Josephine Florey, whose duty it was to attend to and 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 injury was not serious, and advised that the lad be taken home. Here he was seen by Dr. Wigg, examined, and treated.

A Serious Case.

Two days afterwards he was again seen by Dr. Wigg, and also by Dr. Borthwick, who had been summoned when the lad's parents could not call Dr. Wigg over the telephone. Both were agreed that the boy should be sent at once to the hospital. The seriousness of his condition at that date was shown by the fact that he was taken from the waiting-room straight to the operating-table, where an operation was performed, and it was then found that the abdominal wall had been perforated, and that there was a metal fastener or rivet, that had come off the belt, inside the bowel. This missile was projecting at each end, and there was another hole, probably the hole of entrance. It was then shown that the injury had been followed by suppurative peritonitis. The missile was no small body. The belt fastener that pierced the boy's abdominal wall was of metal, and its extreme length between perpendiculars was 2 in., its width was ¼ in., with the ends turned up about a quarter of an inch, and the metal itself was nearly 1-8th in. thick.

An Enquiry Wanted.

One could not help feeling that there should be some explanation or enquiry as to how it could happen that a patient in that serious condition could be sent away from the Adelaide Hospital. It was generally recognised from a wide modern experience that the surgery of the abdominal cavity was one of the most difficult subjects in the whole range of medical practice. Even the limited subject of penetrated wounds was extremely difficult. No one who had even a small amount of experience of diagnosing and treating abdominal wounds would take any risks that could be avoided. An error in diagnosis might be fatal. Dr. Todd said in his evidence that if he had seen the deceased when he came to the hospital he would not have sent him away. Dr. Todd said that most emphatically, and the word he used showed the difference between him and the responsible surgeon who examined the boy. That word was "experience." It needed some experience to be able to find rents in clothing even as large as those shown in the clothes in court. Dr. Florey said that the man who came with the boy to the hospital remarked that it was a funny thing the clothes were not damaged. Even supposing the man had said that—and he was not casting any reflection on Dr. Florey's evidence—the remark should have had no effect on an experienced person's mind when making a personal examination of the clothing.

(Continued from Page 15.)

Other Methods of Diagnosis.

He examined Dr. Florey at some length as to the details of her observations, her treatment, her diagnosis, and her knowledge of such wounds. He did not think that anyone with experience in injuries would be satisfied with the general idea that a machine-belt could make such a wound in the abdominal wall, as the one described without showing some contusion. Again, Dr. Todd saw the method of making sure of the diagnosis would be very apt to produce the harm, and bring on the very condition that a medical man would be anxious to avoid. He referred to the probing of the wound, which might carry in parts of the clothing, and give rise to blood poisoning. Dr. Florey used a sterilised probe. An experienced officer would have used further and other methods of diagnosis, or kept the boy under constant observation, with hourly examinations for a certain period. Anyone who had had a large experience in probing wounds, even where such probing was necessary and justifiable, would have known the difficulties of finding the track of a foreign body through the fascia in the human body, especially in places where the relations of parts were different when different muscles were in action or at rest.

A Record of Inexperience.

He might go over the whole of Dr. Florey's evidence without coming to any other conclusion than that it amounted to a record of inexperience. He wished to say no word that would imply censure on Dr. Florey's action in this case, and he hoped she would 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—he thought beyond what one expected to find in a practitioner of her age and experience—and in the difficult and painful task of giving evidence at the inquest she comported herself admirably. Her evidence was given without reservation, with perhaps the slightest suggestion of apology or explanation for what she feared might have been some dereliction of duty. But on the whole, even in the matter of her duty, as laid down by the rules of the hospital, hers was the experience of one who had not mastered the rules and administration of an institution. That was what it amounted to. Therefore, one must enquire how it could come about that an officer with the best intentions, but without experience, could be entrusted with grave issues of life and death in a public institution like the Adelaide Hospital.

Functions of a Hospital.

What were the functions of a hospital? A recent medical writer, when dealing with the subject of medical inspection of schools, and the attendance of children at public hospitals, said:—"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, and 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." And that was true of every hospital that had affiliated in any way with it a medical school. If the Adelaide Hospital existed for the relief of the sick poor, the medical staff would be very different from what it was at present. At one time it did exist for the relief of the sick poor to a much greater extent than to-day. In 1879, before there was any medical school, the staff consisted of six honorary surgeons and seven honorary physicians, including specialists, and it included two resident house-surgeons, who were men of experience. Those resident surgeons remained for a period of years. Even then the honorary surgeons and physicians, as at present, gave their services for the opportunity of learning and study, in order that they might become perfect in the art of their profession. It was useless to expect anyone to believe that an honorary surgeon or physician sought the post out of pure love for the sick poor.

Surgeons Gaining Experience.

He had never yet seen any application for an honorary position in a hospital that had been backed up by anyone's testimony of the applicant's charitable virtues or his philanthropic feelings, and if there were a fraction of a grain of weight to be attached to such things he was certain they would be found in the testimonials of applicants. By 1889 the position of the hospital had entirely changed. The medical school at the University had been started, and in that year there was an honorary staff of nearly 20 all told. Four resident medical officers were appointed, as in other similar hospitals. These were there fresh from the medical school to gain their experience. The hospital then was recognised as a school for medical education; as a place where the honorary physicians and surgeons made observations and experiments (he used the word in no objectionable sense) to gain an insight into the work that they could obtain in no other way, and at the same time teach the students the elements of their profession and initiate them into what they would have to practise afterwards. The annual reports for 1911 showed that the honorary staff consisted of 30, with seven resident medical officers and a medical superintendent.

Patients Should be Considered.

There was another side of the question, apart from the question of medical education. Patients who went to a public hospital and accepted charity had also to be considered. By going there they gave up certain rights that they would have if they were attended by their own doctor at home. They sacrificed a certain amount of privacy, and had to submit to examinations which they would not be subjected to at home under the care of a physician in private practice. They had no choice in the doctor who was to attend them; they could see their relatives only at such hours, and under such conditions as were allowed by the rules governing the institution. In order to safeguard patients in the Adelaide Hospital, the rules were entirely revised and stringent provisions made regarding the attendance of honorary surgeons and physicians on cases; regarding consultations and operations—who was to operate when operations were to be done, and what operations were to be performed. And all this only after consultation of the hospital staff, and after a consensus of opinion had been arrived at. To guard the patients from injury by students, who were there to learn, a medical superintendent of high standing and wide experience was engaged as general supervisor. His duties were laid down in the rules. It would be obvious that this was really necessary in any public hospital, and it would be even more obvious when one considered that any patient who suffered injury through the neglect of the hospital surgeon, physician, nurses, or employe of the institution was absolutely without redress at law.

No Redress for Patients.

Some years ago it was shown in evidence at inquests that medical officers at the Adelaide Hospital were doing operations that they were forbidden to do. In several cases they performed operations that they had a right to, but without complying with the conditions as laid down in the rules to safeguard the patient. Juries spoke very plainly on the subject of such transgression of the rules, and the Hospital Board—he would not say in their wisdom, because he intended to use a strong term—in their ignorance redrafted the rules in such a way that almost any officer could do almost anything he liked without any constraint or restraint. He was certain that the majority of the members of the board had no idea what they were doing when they dealt with this question. Quite recently he held an inquest in a case in which it was shown that the responsible medical officer had assumed the responsibility of dealing with a case that demanded all the skill and wisdom that could be provided by the hospital. He did it without reference to the medical superintendent, and yet he broke no rule, because the Hospital Board had abolished the rule. Thus it could happen that if a man were attacked by a would-be murderer, and were taken to the hospital, the honorary surgeon, who saw him, could operate. Then if the man died, and the postmortem revealed the fact that death was due to the operation, and not to the original injury, the surgeon would have broken no rule of the hospital.