

Advertiser, May 6/13

staff. They are admittedly men of skill and experience, and they and they only are responsible for the care of patients in the Hospital.

With reference to Dr. Ramsay Smith's remarks on the term "legally qualified," surely it is obvious that a five-year's course of training at the University, at the Adelaide Hospital, and at other special hospitals, followed by the passing of a diploma after the severe test of a particularly stiff examination by examiners appointed from the other States, is the only possible test or guarantee of the possession of skill and experience. Every medical student at the Adelaide University attends daily at the Adelaide Hospital, receives clinical teaching at the bedside of the patients, and has to act as clinical clerk and dresser in his fourth and fifth years. So that, besides the skill and ability guaranteed by the granting of a diploma, the experience gained in the wards of the Hospital, and hall marked by a diploma, ought to be sufficient guarantees that the holder of the diploma has experience sufficient to carry out the instructions of the medical superintendent and the honorary staff. The examination for medical students at the Adelaide University is a peculiarly stiff one. Many students who fail to pass the necessary examination at this University go to Great Britain and come back with a diploma from one of the universities or colleges there.

I feel sure that neither the University nor the medical profession in Adelaide concern themselves with any strictures Dr. Ramsay Smith chooses to pass on them. They can read between the lines, and treat them as the remarks of a disappointed man. But it is a serious thing when a man occupying the position of Coroner goes out of his way to make such extraordinary statements about the treatment which patients receive in the Adelaide Hospital. Such statements, however unfounded, must shake the confidence of patients who are compelled to go into the Hospital for treatment. In my mind it is the duty of the Government to call upon the Hospital Board to disprove these unfounded assertions. It is only in this way that the public will know how much reliance is to be placed on the virulent attack which a public officer and Coroner has just made on a valuable public institution like the Adelaide Hospital.

I am, Sir, &c.,
J. A. G. HAMILTON.

Register, May 2/13

HOSPITAL AND CORONER.

To the Editor.

Sir—The City Coroner is to be commended for the courageous way in which he spoke out at the recent inquest concerning inexperienced medical practitioners being placed in too responsible positions at the Adelaide Hospital. It is necessary, of course, that young medical practitioners should gain experience, but it should be under competent and experienced supervision. It is to be hoped that a searching enquiry into the fitness of the staff will be made, and, if necessary, changes to ensure proper attention to patients effected.

I am, Sir, &c., JOHN W. HARRISON.
Hyde Park, April 30.

Sir—In reading through the evidence in the case discussed by the City Coroner at a recent inquest, I notice a well-known and thoroughly experienced practitioner was called in some few hours after the lad was seen at the Adelaide Hospital. He examined and treated the case, but evidently did not consider an immediate operation necessary; neither could he possibly have regarded the case as a serious one, needing close observation, or I am quite sure he would not have allowed the boy to remain two days without medical attention, and then not call until sent for. In the circumstances one would naturally have expected that that doctor would have been called upon to have given evidence; but apparently the Coroner did not consider those facts of any material importance, as he appears to have ignored them.

I am Sir, &c., FAIRPLAY.

THE UNIVERSITY.

At a meeting of the University Council to-day Dr. Barrett's motion that the opinion of the faculty of medicine be invited on the subject of the establishment of a chair of clinical medicine and of clinical surgery and a chair of experimental medicine and experimental surgery was carried. The report of the faculty of arts recommending the abandonment of compulsory Greek for the taking of a B.A. degree was adopted. The revised regulations set out that candidates must take five of the following subjects:—English, Latin, Greek, French German, history, geometry, and algebra, of which either Latin or Greek and either geometry or algebra shall be compulsory.

Register, May 6/13

HOSPITAL AND CORONER.

Reply of the Board.

Last week the City Coroner (Dr. Ramsay Smith), at an inquest into the cause of the death of a lad named Robert Gough, made some strong comments in regard to the rules under which the Hospital is administered.

The Chief Secretary (Hon. J. G. Bice) was on his way to the north when he read the statements, and he promptly telegraphed to the Under Secretary that an immediate report was required from the Chairman of the Board on the principal points and the Coroner's finding, especially on the questions of the inexperience of the medical officer concerned, the unwise alterations of rules, and the safeguards necessary in cases of operations. The Under Secretary (Mr. L. H. Sholl, C.M.G.) at once communicated with Dr. Rogers, and a special meeting of the Hospital Board was held last week to consider the matter. The report was forwarded to the Chief Secretary, and on Monday he handed it to the press.

—The Circumstances.—

The report states:—"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 with some belting in the works of Duncan and Fraser. 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 own home. 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). This mistake was one which might readily have happened (and in fact did happen) to a practitioner of much riper experience than Dr. Florey.

—Hospital Staff.—

"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 University until he has had at least five 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 visit. The residents merely receive and carry out the instructions of the honorary staff, and in the absence of the honoraries 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 honorary officer and shall at once notify the medical superintendent,' and again in rule 15. Attempts are made to still further safeguard the patient, by the issuing of verbal instructions to each resident that he is in no circumstances to assume responsibility in a serious case. If his honorary is not available he is to immediately report to the medical superintendent.

—Employment of Experienced Man.—

"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 casualties 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 those on our staff already in an honorary capacity.

—The Rules.—

"The rules for resident medical officers now in force (adopted in 1910) do not appear to differ greatly from those adopted in 1890. A reference to the old and new rules 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 which refers specially 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.' 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 favourable 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 were 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 gynecological staff, and to other members of the staff who may apply for them. The board on many occasions has 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 it is prepared to still further consider the possibility of strengthening this department.

—The Medical Superintendent.—

"The medical superintendent has many important duties to perform, and can only devote a portion of his time to patients in the consulting room. In the honest endeavour 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. It seems unavoidable that a certain amount of discretionary power should be left with the latter."