

Register, May 1st, 1913

that near at hand are men who have made a particular study of ailments regarding which he has only general knowledge; but a five years' course of medical instruction, the winning of a diploma, and residence for months in a hospital, must surely afford some qualification for the preliminary examination of cases of accident, such as that of which the lad Gough was the unfortunate victim. In behalf of the Hospital Board, it should be remembered that the practice so strongly condemned has been in force for nine years, that it has been tacitly approved by the medical members of the Board, and that the circumstances attending the lamentable fatality under consideration were most exceptional and extraordinary. Dr. Florey was in error, but possibly even a surgeon of "skill and experience" would have acted similarly. Indeed, the doctor who treated the lad in his home "prescribed for the wound." A witness of the accident assured Dr. Florey that no part of the belt was missing; and, as the original abdominal wound—so Dr. Todd deposed—was "trivial and superficial," the lady conscientiously believed that the injury was slight. Probing the abdomen would have had a "tendency to produce the very result that it was being sought to avoid;" and, until acute peritonitis had set in, no one suspected the presence in the body of a large steel rivet. As such a peculiar accident, involving the likelihood of a fatal mistake in diagnosis, may not recur for many years to come, the high reputation of the Hospital ought not to suffer from the misadventure. The Coroner's criticisms, however, should induce the Board to take additional pains, if possible, to supply the public with "the best available skilled medical services for all occasions."

### HOSPITAL AND THE CROWN.

To the Editor.

Sir—Once more we have the sorry spectacle of Dr. Ramsay Smith utilizing the position as Coroner to make a virulent and uncalled attack on the Hospital Board, the University, and the medical profession—uncalled for, because the enquiry had nothing whatever to do with the medical profession as a whole, or with the University. The enquiry was to ascertain the facts concerning a death from a penetrating wound of the abdomen. Any one who has any experience of surgery knows that these cases are most deceptive and difficult to diagnose. Possibly Dr. Florey made a mistake in not keeping the boy in the Hospital for further observation, but it was a very pardonable mistake—one which a surgeon of vast experience might have made. Even Dr. Ramsay Smith, had he been in Dr. Florey's place, might have fallen in. Dr. Florey broke no rule of the Hospital in not seeking assistance from the Medical Superintendent. The house surgeons are entitled to deal with all cases of minor injuries, and in this case Dr. Florey thought the boy had only contusion of the abdominal wall; and, as I said before, one with more experience than this young lady doctor possessed, might as easily have made a similar mistake.

One might ask, why the Coroner lays himself out to make violent attacks on the Hospital Board, the University, and the medical profession on every possible occasion. The reason, in my opinion, is not far to seek. Dr. Smith came out here from an obscure village in the old country to accept a position on the paid staff of the Adelaide Hospital. After the honorary staff had resigned owing to certain actions taken by the Kingston Government, he and his colleagues carried on the work of the Adelaide Hospital for some years. After a time the Government and the Hospital Board—somewhat reluctantly, perhaps—saw that to carry on the work of the Hospital satisfactorily, they must have the old honorary staff back again. The old honorary staff returned. Dr. Smith was anxious to be included in the staff, but the Hospital Board turned him down. Later on he applied to be admitted to the degree of M.A. at the Adelaide University by writing a thesis on some medical subject. The University Council did not consider the thesis a fitting one for the degree applied for. So we have Dr. Ramsay Smith turned down by his old supporters, the Hospital Board; his thesis refused by the University, and himself ostracised by the large majority of the medical profession. Hence probably these tears.

At any rate, we have the Coroner going out of his way to attack these three institutions. The Coroner said:—"He might go over the whole of Dr. Florey's evidence without coming to any other conclusions than that it amounted to a record of inexperience. Therefore one must enquire how it was that an officer without experience could be entrusted with grave issues of life and death in a public institution like the Adelaide Hospital." The house surgeons at the Adelaide Hospital are appointed as a rule from applicants who have been recently granted their degree. The same practice prevails, as the Coroner should well know, in nearly every large public hospital the world over. There is no other means of filling these appointments. Men of large experience cannot be expected to take them, but these young doctors always have the medical superintendent to fall back on in serious cases, or, failing him, a member or members of the honorary staff. The house surgeons are not entrusted with serious cases and cases with grave issues of life and death. In this case in point there was no serious condition—there was no serious issue of life and death when the patient first attended at the Adelaide Hospital—according to the evidence of all concerned. This was further proved by the fact that Dr. Wigg, a man of very large experience, did not consider the case a serious or grave one when he saw the patient after he had been sent home from the Hospital. The Coroner at this inquest delivered a long address, evidently carefully prepared for the occasion, on the "functions of a hospital," "surgeons gaining experience," and "duly qualified practitioners," which, like the flowers that bloom in the spring, had nothing to do with the case. These remarks were full of absurdities and inaccuracies; but a Coroner can make the most astounding statements, and there is no one to contradict him or argue the question.

Space will not allow me to point out all the inaccuracies in this long-winded and vindictive address by the Coroner to the jury—or, rather, I should call it a pose before the lay public; but I will content myself with drawing attention to a few of his absurd statements. He says that "public hospitals exist 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." Is it likely that the Government of South Australia would use the taxpayers' money to support a hospital chiefly for medical education? Medical education is an important, but a secondary, function of all public hospitals. The primary function is its relief of the sick poor. Unfortunately, in all public hospitals there are a certain number of people who take advantage of such institutions who cannot, or should not, be included under the title of "sick poor." Necessarily a public hospital must be available for all accidents and emergency cases. The Coroner goes on to say:—"If the Adelaide Hospital existed for the relief of the sick poor, the medical staff would be different from what it is at present." I presume he means that those who are lecturers at the University would not be on the Hospital staff. Well, it is reasonable to suppose that only the best men available are appointed as lecturers and teachers at the University. Hospital appointments are often the result of political influence or personal friendship by members of the board. This does not apply to University appointments; and it is an acknowledged fact all over the world that University appointments are made from the best men available in the profession. Consequently the sick poor in a hospital to which a medical school is attached will be sure of getting the advantage of the skill and experience of the best men available in that particular city where the hospital exists. He says further that the honorary surgeons and physicians use the Hospital to make experiments on the patients—an ugly word, for the use of which he makes a lame apology. But still the sting which he meant to convey remains, and the statement is quite inaccurate. I can say truthfully that the honorary staff at the Adelaide Hospital do not use their positions to make experiments; nor do they do unnecessary operations. I feel sure that no member of the surgical staff would do an operation on a patient in the Adelaide Hospital which he would not do on the same patient were he or she a private patient. It would be interesting to know if any experiments were made, or unnecessary operations done, when Dr. Ramsay Smith and his colleague had charge of the Adelaide Hospital. Dr. Whittle, who was then the Coroner, as an honourable man would not be likely to belittle the medical profession, and consequently undermine the confidence of the sick poor in the

treatment they were to receive at the Adelaide Hospital.

The Coroner's remarks on duly qualified practitioners and their privileges are really too absurd and childish to require an answer. He says that "a degree or diploma did not testify that the holder possessed any skill or any experience—that the Adelaide University did not undertake to provide skill, ability, or experience for its graduates; and that it carefully refrained from certifying that a graduate possessed any one of the three." What other guarantee could a University give of the skill, ability, or experience of its graduates than the granting of a diploma, which meant that any student who gained its diploma had to go through five years of strenuous training at the University and in the Adelaide Hospital, and at the end of each year pass a severe examination. Surely that is the only available test of ability, skill, and experience in the medical profession, or any other profession or trade! Such ridiculous remarks coming from a man occupying the important position of Coroner I consider to be contemptible. He adds:—"It was useless to imagine that the general public, or even the Hospital Board, could long be kept in ignorance of the damage done by entrusting, or making possible the entrusting, of the diagnosis treatment and care of serious cases to officers of the institution who had not the skill, and could not have the experience, necessary and which was demanded for the protection of life, as well as for the general comfort and care of patients." From these and other remarks the Coroner would evidently wish the public to infer that the treatment, diagnosis, and care of the patients are left in the hands of the resident medical officer. No one should know better than the Coroner did such is not the case. The diagnosis, treatment, and care of patients are entirely in the hands of the honorary