

1905.
NEW ZEALAND.

AUCKLAND HOSPITAL COMMISSION

(REPORT OF), TOGETHER WITH MINUTES OF EVIDENCE.

Presented to both Houses of the General Assembly by Command of His Excellency.

R E P O R T.

IN the year 1901, prior to the appointment of Dr. Collins, the administration of the Hospital was left in the hands of Dr. Inglis and his subordinates and of the honorary staff. Owing to certain newspaper agitation, the Hospital and Charitable Aid Board determined to make a change. The honorary staff pressed strongly for the retention of Dr. Inglis, at an increased salary, and for the appointment of a junior surgeon and physician in addition, all to be resident at the Hospital (and consequently to be single men), the honorary staff continuing to perform all save the simplest operations, except in cases requiring instant assistance. This proposal the Board negatived, and an entirely new departure was taken by the appointment of Dr. Collins as Senior Medical Officer. The intention of the Board was apparently to curtail as much as possible the work and responsibility of the honorary medical staff, and to place the Senior Medical Officer in a position unique in the history of any city hospital in the colony. The effect of this has been to create friction between the honorary medical staff on the one hand and the Board and Senior Medical Officer on the other; has caused the resignation of many of the ablest men on the honorary staff; and has prevented others from applying for the position, which is usually eagerly sought after by the first men of the profession. Since the appointment of Dr. Collins as Senior Medical Officer in January, 1902, there appears to have been a steady deterioration in the surgical and medical work of the Hospital, to the manifest detriment of the patients. The generally recognised interpretation of Rule 73 has resulted in all cases of fractures and dislocations being dealt with and by the direction of the Senior Medical Officer, and instances are not infrequent where fractures have been set and attended to by the junior residents with disastrous results. As examples of these results we cite the cases of Colhoun, Allen, McLeod, and Peake (*vide* evidence; also charges 21 and 19, and 1 and 2 of "additional charges" made by Dr. Neil in respect of these cases).

Colhoun states that he arrived at the Hospital about midnight on some date in February, 1903, with a broken arm. There should have been three medical men on the premises, but none came to see him. His arm was fixed up by a nurse for the night. Next morning Dr. Collins and Dr. Williams examined him, went away, and left the two juniors, Dr. Horsfall and Dr. Bennett, to set it. They did so, and Dr. Horsfall attended to the arm until the bone had united. Then Dr. Collins examined the arm, and found it had to be broken again, and it was broken accordingly.

William Allen arrived at the Hospital with a broken arm on the 13th February, 1903, at 10.15 a.m. He endeavoured to get a doctor, but none came to examine him until 1.30. Then Dr. Collins examined the arm and sent him upstairs to bed. The arm was set by the two juniors, Drs. Horsfall and Bennett. Ten days afterwards it was "taken down" and reset by Dr. Horsfall, assisted by a nurse. This second setting was also a failure, and a photograph, hereunto appended, taken by means of the x-rays (Exhibit 9) shows the reason. Allen had to return to the Hospital, and then undergo another operation. His arm is not strong now.

John Donald McLeod was admitted into the Hospital on Saturday, the 20th February, 1904, suffering from a broken thigh. The accident happened at Waipu on the 18th February. The limb was temporarily dealt with by a local doctor, who ordered him to the Hospital. He was admitted between 5 and 6 o'clock on the evening of Saturday, the 20th February, and the limb was not attended to until the following Monday, when it was set by Dr. Bennett, one of the junior residents, who put on a Liston splint. The broken thigh was not examined by the senior Medical Officer until a fortnight