

than septicæmia); in July, 1923, one death (Mrs. Barker); and the only other deaths those of the four patients whose cases are among the subjects of this inquiry. Up to the happening of the events now reported upon there had been no cases of septicæmia in this hospital.

The hospital is a substantial and airy building, better appointed and equipped and set in more spacious and sunny grounds than a large majority of licensed private maternity hospitals in New Zealand. It, has, however, one outstanding defect. On the upper floor the bathroom is separate from the W.C. and sink-room in which utensils are emptied and disinfected, and this is a proper arrangement. On the ground floor, however, bath, W.C., hand-basin, and sink are all contained in one small and inconvenient room. It is not difficult to conceive, under these conditions, the possibility of infection being conveyed to the bath which expectant or convalescent mothers use. The waste-pipe from this sink discharges into an open gully-trap instead of into the soil-pipe, which is also objectionable. These conditions existed when the hospital was licensed. Dr. Hughes was not satisfied as to these features in the sanitary arrangements, and brought his objection under notice of his superior departmental officers; but it seems he was not encouraged to insist upon any alteration. Upon the question of the sink, also, there appears to have been a misunderstanding between the Auckland Health Office and the Sanitary Department of the City Council.

Apart from the impracticability of efficient isolation facilities before referred to, the only other matter calling for criticism is that in such an institution an efficient electric-bell system should have been part of the equipment, instead of hand-bells and other devices for summoning attendants.

(H.) There are two questions which arose in the course of the inquiry of considerable importance to expectant mothers, upon which it seems desirable the Commission should express its opinion.

Both refer to the extent of the obligation undertaken by a medical practitioner when he accepts engagement to attend a maternity case. The first is as to his right to transfer his engagement without notice to his patient. As to this, the Commission's unanimous opinion is that when a medical practitioner is engaged to attend a maternity case and finds that he has to leave his practice for a holiday or other necessary purpose, it is the duty of that practitioner to acquaint his patient of the fact that he is unable to attend her. He may recommend a substitute, or allow her freedom of choice, but he certainly is called upon to give her as much notice as is reasonably possible. This procedure was not followed in one of the cases under review at this inquiry, and it is clear that failure to notify the patient in such circumstances has been sanctioned to a large extent by the custom of the profession.

The Commission desires to emphasize that the procedure indicated above is obviously the only proper one in the circumstances, and that if there be a custom of the profession to the contrary it is an objectionable custom, and should be discontinued.

The other question is whether or not it is part of the trust reposed in the medical practitioner by his maternity patient that he shall satisfy himself by reasonable inquiry, assuming there be time and opportunity for such, that the hospital she contemplates entering for her confinement is free from any suspicion of infectious disease. In the course of the inquiry certain doctors were asked whether, had they known of the septic cases in Kelvin Hospital of September and October, they would have sanctioned a patient of theirs entering that hospital in the beginning of November; and they replied in the negative. Yet none of the medical practitioners would admit that it was part of his duty to make any inquiry, however slight, holding that inquiry of this sort was the exclusive duty of the Health Department: in other words, if the Health Department allowed the hospital to remain open, the medical practitioner was justified in assuming that there was no risk of infection. If the contention of the medical practitioners be sound, then the position of the maternity patient is pitiable. The safeguards she imagined she had do not exist. Her medical adviser will not inquire, and therefore cannot advise her; and the local Health Office, as matters stand, may not be at