

(No. 66.)



1874.

T A S M A N I A.

LEGISLATIVE COUNCIL.

GENERAL HOSPITAL, HOBART TOWN.

REPORT OF SELECT COMMITTEE.

Brought up by Mr. Crowther, and ordered by the Council to be printed,
September 8, 1874.



REPORT from the Select Committee on the GENERAL HOSPITAL, HOBART TOWN; with Minutes of the Proceedings of Committee, and Evidence.

MEMBERS OF THE COMMITTEE.

MR. CHAPMAN.	MR. WHYTE.
MR. SCOTT.	MR. CROWTHER.
MR. ROBERTSON.	MR. AIKENHEAD.

DAYS OF MEETING.

1, 3, 6, 10, 12, 24, 26, 28, 31 August, and 2, 7 September, 1874.

WITNESSES EXAMINED.

Dr. Smart.	Dr. Bright.	Mr. Seals.	Mr. Hunter.
Dr. Turnley.	Mary Rankin.	Dr. M'Farlane.	Mr. Kennerley.
Mrs. Smedley.	Bridget Shelton.	Dr. Butler.	Mr. Lewis.

R E P O R T.

Your Committee met on the 1st ultimo, and proceeded to elect a Chairman; after which a visit was paid to the General Hospital. The medical staff was in attendance, and politely afforded the members all desired information. A personal inspection was made of every part of the Establishment: the wards (both male and female), kitchen, officers' quarters, cells, lavatories, bath arrangements, and Old Hospital at the back, were carefully examined. After which, the premises formerly used as a Female Hospital in Liverpool-street were gone over.

Your Committee has taken evidence upon all important matters in connection with the "management and condition," past and present, of the Hospital; has had eight sittings, and examined, at considerable length, eleven witnesses, whose evidence is hereto appended.

It will be seen, from an analysis of the evidence, that in many important essentials the General Hospital, as compared with Institutions of a similar character, is in a most defective state; and, although no serious epidemic has occurred since the abridgment of space incidental to the closing of the Female Hospital as a separate Establishment, it has barely met the demands made upon it.

Your Committee, after a careful review of the evidence taken, particularly that of Drs. Smart, Butler, M'Farlane, and Mr. Seals, has arrived at the conclusion that the General Hospital in Liverpool-street, as at present constituted, cannot "claim for itself the character of a first-class Establishment;" on the contrary, is not only defective, but greatly behind the age, will require numerous alterations and improvements, "needs the quickening influence of public opinion, and ought to be conducted upon the principle generally recognised as the soundest and most beneficial to the country." Your Committee has not confined itself in the examination of witnesses to merely the hygienic part of the question, but has endeavoured to elicit information upon matters bearing upon Board Management in connection with that Institution, in order to see in what particulars failure could be detected; and if anything during the existence of the Board, extending over a period of thirteen years, had occurred, rendering it necessary to set aside the Resolution of both Houses of Parliament, without an appeal to the Legislature. Enough appears in the evidence to show that Board Management, as applied to Hospitals and Charitable Institutions, obtains not only in Great Britain but in the neighbouring Colonies, and, as far as your Committee can judge, has worked well, and is acknowledged by every witness examined to be "good in principle." From the data

before your Committee, as afforded by the Reports of the General Hospital for the years 1860, 1861, and 1862, as well as the opinions expressed upon this point by Dr. Butler and others, failure, if such it can be called, arose from the anomalous position in which the Hospital Board found itself, there having been no Act of Parliament for its guidance, and no real responsibility.

The Report for 1861, states,—

“During that period the system adopted by the Honorary Medical Officers has worked well, and the utmost confidence has been established in it as a Public Institution. A Committee of the Board visits the Hospital every week, in order to see that the Regulations are properly enforced, as well as for other purposes, independently of the monthly meetings of the Board itself. Thus ample checks are furnished against abuse; and the fact that the meetings of the Board are open to the Press operates, besides, as a salutary safeguard.”

In the Report for the year 1862 appear the following paragraphs bearing upon the question of divided responsibility :—

“When the Board was first appointed by the Government in accordance with the Resolutions of Parliament, some discussion ensued upon the subject of its relative powers and responsibilities,—the Board contending that after the Hospital Estimate had passed Parliament (the Government, of course, taking care, before proposing it, to exercise the most rigid supervision over all its details), that then the control of such Expenditure should be vested in the Board, which should be held primarily responsible for the outlay. If that outlay was in excess of the Estimate, unless the Board made out a sufficiently strong case, and had previously received the sanction of the Executive Government, the necessity of some fundamental alteration in the constitution of the Board would then become apparent. * * * * *

“But instead of adopting this course, and so devolving upon the Board the entire responsibility of management, they decided upon keeping the entire power in their own hands, the Officers remaining in the same position as before, and the Board exercising only a nominal power in the administration of its affairs. The Board cannot help observing that, had full control been entrusted to their hands, the result would have been more satisfactory in an economical point of view; because, situated as they were, unless suggestions came from the officers of the Department itself, it was not very likely that any important economical change could be carried out, while all the Board could do was to endeavour to exercise, or to exercise, a negative control over the expenditure.”

As time wore on, and the number of Board Members became reduced either by death or resignation, the little popular interest that had been introduced by the creation of the Board became less; and as the public saw that the whole power was vested in the hands of the Executive Government,—the Board, as it were, existing only by sufferance, resignations having taken place from this cause,—fresh members could not be found to fill up all the vacancies, even were they willing to accept so anomalous a position. In reality there is no evidence to show either a want of economy or good management, but by an error of the Executive, in not giving to the Board proper powers by statutory enactment, interest ceased. And whilst upon the question of management your Committee wish to draw attention to the circumstance that the witnesses examined upon this point, including the Surgeon Superintendent, unanimously declare “that *any medical supervision*, other than the Honorary Medical Officers and Resident Surgeon, is unnecessary.”

Your Committee examined some witnesses upon the case of Mary Ann Green, a patient who it was stated had been improperly discharged from the Hospital, which the evidence does not substantiate. Your Committee also examined Mr. Hunter as to the value of the Old Female Hospital. The defects, both as to management and internal arrangements, having been made apparent by the evidence taken, and the opinion having been noted, “if the improvements were carried out,” upon which the witnesses were questioned, “the efficiency of the Hospital would be materially increased,” your Committee begs to recommend for the consideration of Parliament, and the Executive, the following suggestions :—

1. That it shall for the future be a Hospital and Dispensary as originally contemplated, public co-operation being secured.
2. A return to Board management, elective if possible, with definite powers assigned to it, as in the case of the Asylum at New Norfolk, and Education and Immigration Boards.
3. That the Government through Parliament furnish a subsidy; but in the event of annual subscriptions to the extent of £500 being forthcoming, the election of Members of the Board and all Officers be left to the subscribers: such election to be by ballot, as in Victoria.
4. That for the future none other than Female Nurses be employed, acting under the instruction of a trained Nurse who will perform the office of Matron. Special Night Nurses are also required.
5. That a skilled Cook with a competent assistant be engaged; and that the steam from the kitchen boiler be utilised,—pipes and steam chest being required.
6. That the House Surgeon reside upon the premises, and his duties be solely confined to Hospital work.
7. That a competent Dispenser, as a separate officer, be appointed.
8. That the old Hospital at the back, with the Superintendent's and Dispenser's quarters, as far as the kitchen, be pulled down, and the material utilised in the erection of new buildings.

9. That the vacated space be filled with the new buildings required ; viz.—

House Surgeon's, Steward's, and Dispenser's quarters, each having not less than four rooms.

Two large wards for females, capable of locating sixteen in each ; two smaller for isolated cases, and two for females under observation for insanity or *delirium tremens*. Attached to each of the larger wards must be a Nurse's apartment, closet, bath, and lavatory.

Two or more wards of moderate size, with Nurse's apartments, as a public sanatorium for paying patients. These to be open to any recognised Medical Practitioner, thus giving the individual, in the case of surgical operation or otherwise, the selection of his professional attendant.

Hot water to be supplied to these buildings by means of a plain high-pressure single-flue boiler.

Your Committee would recommend that, in the erection of the female wards and sanatorium, the building be of two stories, but only single ward deep, with windows back and front, a verandah connecting the whole ; and that the Officers' quarters be under the same roof, thus preserving uniformity in appearance and economy in material.

If space were available, a couple of apartments for night nurses would be an advantage.

The three cells at present used for the reception of persons under observation for insanity or *delirium tremens* to be altered and fitted for male patients of this class.

The Male Hospital will require the erection of nurses' apartments attached to the wards, four at the west end, and two on the opposite side ; and the building supplied with hot water in the same manner as suggested for the Female department.

Your Committee desires to note that, if the alterations are carried out as suggested, space will exist for a Male Lock Ward, and means be available for the purpose of isolating important cases, the necessity for which has been pointed out by every witness examined.

As the improvements and alterations will necessitate a considerable expenditure, your Committee would recommend the sale of the old Female Hospital, the funds derivable from which to be specially applied to the purposes indicated : this sum, in addition to that contemplated by the Legislature as a disbursement incidental to the erection of quarters for the House Surgeon, will, it is anticipated, go a long way towards defraying the outlay.

In making the foregoing suggestions your Committee has had continually in view but one desire ; viz., that of placing the General Hospital upon a footing equal to that of Institutions of a similar character in the neighbouring Colonies, and giving to those whose bodily infirmities compel them to seek an asylum in accident or disease all the advantages that good professional skill aided by sound hygienic arrangements can accord, and thus making the Institution one to which the colonists can look not only with pride, but rest in the assurance that it is fully equal to the wants of the community, and possesses all modern appliances for the treatment of disease.

4th September, 1874.

W. L. CROWTHER, *Chairman*.

MINUTES OF THE MEETINGS.

SATURDAY, 1 AUGUST, 1874.

Committee met at 11 A.M.

Present—Messrs. Crowther, Scott, and Whyte.

Mr. Crowther was elected Chairman.

Resolved, That the Committee meet on Monday, August 3rd, at 3 P.M., at the General Hospital, Hobart Town.

MONDAY, 3 AUGUST, 1874.

Committee met at General Hospital at 3 P.M.

Present—Messrs. Aikenhead, Scott, Whyte, Crowther, and Robertson.

Committee, accompanied by Surgeons Dr. Turnley, Smart, Bright, and M'Farlane, inspected Hospital.

Dr. Crowther proposed to call witnesses ; viz., Drs. Smart, Butler, Bright, and Turnley ; also, Mr. Seals, Dispenser.

Resolved, That the Committee meet on Thursday, August 6th at 10.30 in Council Chamber.

Issued summonses to Drs. Turnley and Smart.

THURSDAY, 6 AUGUST, 1874.

Committee met at 10.30.

Present—Dr. Crowther, Mr. Whyte, Mr. Scott, Mr. Aikenhead, and Mr. Robertson.

Examined Dr. Smart.

Adjourned at 1 o'clock until Monday, at 10.30 A.M.

MONDAY, 10 AUGUST, 1874.

Committee met at 10.30.

Present—Dr. Crowther, Mr. Aikenhead, Mr. Scott, Mr. Robertson.

Examined Dr. Turnley.

WEDNESDAY, 12 AUGUST, 1874.

Present—Dr. Crowther, Mr. Aikenhead, and Mr. Scott.

Examined Mrs. Smedley.

Adjourned at 11 o'clock until Monday, at 10.30 A.M.

MONDAY, 24 AUGUST, 1874.

Committee met at 10.45.

Present—Dr. Crowther, Messrs. Scott, Whyte, and Robertson.

Examined Dr. Bright.

Adjourned at 1 o'clock until Wednesday, 26th August.

WEDNESDAY, 26 AUGUST, 1874.

Committee met at 10.40.

Present—Dr. Crowther, Messrs. Scott, Robertson, and Aikenhead.

Examined Mary Rankin, Bridget Shelton, and Mr. Seals.

Adjourned at 12.40 until Friday, 28th August.

FRIDAY, 28 AUGUST, 1874.

Committee met at 10.45.

Present—Dr. Crowther, Messrs. Scott, Whyte, and Aikenhead.

Examined Dr. M'Farlane.

Adjourned at 12.30 until Monday, 31st August.

MONDAY, 31 AUGUST, 1874.

Committee met at 11 o'clock.

Present—Dr. Crowther, Messrs. Scott, Aikenhead, and Robertson.

Examined Dr. Butler and Mr. Hunter.

Adjourned until Wednesday, 2nd September.

WEDNESDAY, 2 SEPTEMBER, 1874.

Committee met at 10.40.

Present—Dr. Crowther, Messrs. Aikenhead, Scott, and Whyte.

Examined Mr. Kennerley and Mr. Lewis.

Adjourned at 12.35.

MONDAY, 7 SEPTEMBER, 1874.

Committee met at 11 a.m.

Present—Dr. Crowther, Mr. Robertson, Mr. Aikenhead, Mr. Scott, and Mr. Whyte.

Draft Report proposed by the Chairman, and agreed to with amendments.

EVIDENCE.

THURSDAY, AUGUST 6, 1874.

DR. SMART *examined.*

Dr. Crowther.—1. You are one of the Honorary Members of Her Majesty's General Hospital, and have been so since 1860? I have.

2. What is your opinion of Board management as originally devised and continued at the General Hospital until the year 1868? That it worked very well, and was of great value to the Institution.

3. Do you consider the system of Board management good in principle? Oh yes, decidedly.

4. State your opinion as to the defects, if any? I have always seen and always observed two marked defects. One, the difficulty in procuring the right class of men; second, the want of power to manage its own affairs.

5. Do you think nomination of Members by the Crown only advisable? No; it may be open to objection.

6. Do you not think the defects arose from that cause in a great measure? I could hardly venture to say. It possibly may in some measure.

7. Would a Board for the management of the General Hospital work better if it were elective, a popular interest having been first created, as in Melbourne? Possibly it might.

8. You are aware when the General Hospital was transferred from the Imperial to Colonial Government, it was contemplated to make it a Hospital and Dispensary in order to secure public interest and support? I believe it was.

9. If the plan had been adhered to of making it a Hospital and Dispensary, with private subscriptions, and the Board made elective, do you not think it would have proved beneficial to the general public? It would have given a wider spread of interest to the Institution, and very likely its benefits would have been more extensively appreciated.

10. Are you aware that the Asylum at New Norfolk has been managed by a Board or body of Commissioners having an Act of Parliament for its guidance, thus giving it the control of its own affairs? I am aware.

11. Do you think if the same powers and organisation existed with regard to the General Hospital, that good would result? I believe it would be an improvement on the Hospital Board as originally constituted.

12. You have been one of the Surgeons of the General Hospital since the transfer in 1860, having under your control both male and female wards? Yes.

13. You took considerable pains to improve the condition of the female department both by ventilation and otherwise? I did.

14. Were you satisfied with the result of such improvements; and if so, state your opinions? Yes; I was satisfied. The health of the inmates kept good, and no cases of an insalutary order ever occurred that I have any recollection of.

15. You found the smaller wards and private apartments of considerable use in the treatment of disease and in the matter of surgical operations? I did.

16. What is your opinion as to the abridgment of accommodation, external and internal, incidental to the closing of the Female Hospital in Liverpool-street? A diminution of ward accommodation has occurred, but I am not aware that any ill effects have arisen therefrom.

17. What space is now allotted to females, and what space has been taken away by their removal? In the old Female Hospital there was accommodation, irrespective of private wards, for about forty female patients,—the accommodation in the present wards for about twenty-seven patients; and there were three private apartments used occasionally for operations in surgery, and there are two wards less under the present arrangements.

18. Have you any fever ward available in case of any serious epidemic? None set apart.

19. Is it your opinion that private apartments are needed for males and females? I always thought one or two advantageous.

20. Were you in favour of doing away with the separate Female Hospital and placing the inmates in the male building? I had no voice in the matter, but did not oppose it.

21. Do you think, in a sanitary point of view, the alteration to be a good one? I think the Male Hospital, in a sanitary point of view, much superior to the old building on the opposite side of the road.

22. Do you think the erection of a barricade at the back of the General Hospital, enclosing the female yard, judicious? I do not think that the fence referred to makes any material obstruction to the circulation of the air.

23. During your first connection with the Hospital,—say 8 years—did anything occur in the shape of *pyæmia*, giving evidence that the Hospital was in an insalutary state? Speaking from memory, I have no recollection of any.

24. Do you think the restoration of the building to its former purpose as a receptacle for males only would be beneficial, provision being made for the females by a new building at the rear of the General Hospital? It would be advantageous, by providing for any outbreak of any serious epidemic or imported disease, but the present accommodation has hitherto proved sufficient.

25. What extra accommodation is required at the present time in the shape of private apartments for the reception of Patients? Two or three small rooms specially suited for *delirium tremens*, and for insanity, are very much wanted.

26. What is your opinion on the nursing at the General Hospital,—Dietary, preparation and distribution of food,—stating in what particulars these could be improved? I believe the nursing generally might be improved, and the Hon. Medical Officers have lately urged this question on the immediate attention of Government. I think also that the Dietary might be improved by being more varied in its character, at the same time there is no difficulty at any time in procuring all necessary extras.

27. Do you not think cooking by steam would be a great advantage as compared with the present mode? I am not aware that food cooked by steam has in any way an advantage over food cooked in the ordinary manner, and there is no want of cooking accommodation.

28. Would not in your opinion the attendance on the sick be of a better character if the wards were attended by females? No doubt it would.

29. Do you think isolation necessary for the successful performance of surgical operations? I should always consider it desirable.

30. Are there any wards at present available for that purpose? None set apart.

31. Are you aware that the deaths during the last 3 months have been more than usually numerous—if so, can you assign a cause? I am not positively aware that the death-rate for the past 3 months has been more than usually numerous, but I am aware that during that period a number of very severe injuries, such as compound fractures of the worst character, have been admitted to the Hospital, some of which have been fatal.

32. Several deaths have occurred after surgical operation—can you give a cause? I can only speak as to one, and that was a case of compound fracture near the knee, with injury to the large artery; in this case mortification occurred, extending above the knee, requiring at all hazards amputation of the thigh; the patient was old and feeble and had been confined to bed for some weeks previously, the operation was successful, and the patient died from exhaustion about 5 weeks afterwards.

33. At the present moment do you think anything exists rendering the wards in the General Hospital of an insalutary character? In the south end of the building one or two cases of *pyæmia* have occurred; the north end has shown no indications of a similar character.

34. What would you recommend to remedy this evil? The thorough cleansing of the wards has been urged on the Government by the Medical Officers.

35. Do you not think it would be advisable to remove the sick from the wards in question for a definite period of time? No doubt it would.

36. Do you think dry-rubbing of the ward floors would not be more beneficial than washing? It would be preferable; the floors are very uneven.

37. Is it the custom that in the event of the Honorary Medical Officer not visiting the ward for one or more days, the patient is not systematically attended to, the case diagnosed and entered in the register, and diet prescribed till his return? Speaking from my own experience, the condition referred to has not taken place. My arrangement with the Resident Medical Officer has always been that any case being received in my absence should be immediately examined and treated, and that no etiquette should ever stand in the way. The same arrangement I made with Dr. M'Farlane on his appointment to the Hospital, and every case admitted is at once seen to carefully.

38. Apart from your own wards are you aware that the condition I have referred to has been the custom? I am not aware.

39. What is your opinion as to the combination of the two offices, House Surgeon and Dispenser at the General Hospital? I do not approve of the combination.

40. Do you believe that the duties so combined can be properly performed by one and the same person, knowing the number of establishments he has to dispense for? I doubt if he can, but I believe they are at present remarkably well performed.

41. What are the reasons for your objection to the combination of the two offices? I think that as a permanent arrangement suitable men will not be found to fill the office.

42. Must not most unnecessary delay and inconvenience accrue to the out-patients in obtaining their medicine by this arrangement? Delay and inconvenience must accrue.

43. Do you consider the residence of the House Surgeon at the Hospital absolutely necessary? I have always advocated it.

44. How long by the present arrangement would a patient require to wait if his case were urgent before a hot bath could be supplied? If he had to depend solely on the present baths, he would have to wait from half to three-quarters of an hour; but hot water is generally available at a minute's notice from the kitchen boiler. I have always looked upon the present bath system as defective.

45. Do you not think a high-pressure steam boiler, as at Ballarat, would be a great advantage, steam being conveyed to every part of the building? In the original plans, when the Hospital was first transferred, it was contemplated to heat the baths by means of a boiler. I am of opinion that a great advantage would result, and that an immediate and continuous supply of hot water would be afforded by such method.

46. Are you of opinion that the General Hospital at Hobart, as at present arranged, is equal to the wants of the community? Judging from the demands, it appears sufficient for the present wants of the community.

47. Have you any male *venereal* wards, and are not these required? No; it would be an improvement to have one, I believe it is usual for all other British Hospitals have one.

48. Ought any well-regulated Hospital containing 150 beds, in your opinion, to be without a Dispenser as a separate officer; or any female Hospital containing 50 beds without a Matron? No.

49. Do you consider that, beyond the Hon. Medical Officers, with the Resident House Surgeon, any medical supervision necessary? Not in so far as the immediate care and treatment of the patients is concerned.

50. Is it your opinion that a person should be appointed whose chief duty would be to attend in urgent cases the poor in their own homes? I strongly recommended the appointment of a special officer, whose duty should be to attend the poor at their own homes, when giving evidence before a Commission of Enquiry some few years ago.

51. Are you of opinion that the warm-bath arrangement is such as it should be in a well-regulated Hospital? I have no hesitation in saying that it is not as it should be, or as it was originally contemplated.

52. Could you assign to the General Hospital the character of a first-class establishment? I am not sufficiently conversant with other Colonial Hospitals to offer an opinion on the subject.

53. In what particulars would you suggest alteration as to buildings? The erection of the Resident Medical Officer's quarters; the erection of separate rooms, as already proposed; and apartments for nurses.

Mr. Aikenhead.—54. Do you think that, in the event of the removal of the females from the Male Hospital, it would be desirable to erect a building especially for their accommodation? I do; there being no existing building fit for the purpose.

MONDAY, AUGUST 10, 1874.

DR. TURNLEY *examined*.

55. Your name is George Washington Turnley, and you are Surgeon-Superintendent of the General Hospital, and Medical Attendant at the New Town Asylum, the Brickfields, Cascade, Gaols, Health Officer, and have to visit the poor at their own homes that cannot visit the Dispensary? Yes.

56. At what salary? £350 per annum, £50 in lieu of travelling expenses, and £50 house-rent.

57. Will you state as nearly as you can the nature of the instructions which you act upon, presuming that such have been given you by the Government? The terms of my appointment will be found in the letter I will forward to you. [*Letter received as follows* :—]

Colonial Secretary's Office, 27th April, 1874.

SIR,

I HAVE the honor to inform you that the Government, having had under consideration the desirability of re-modelling the existing arrangements for providing Medical Attendance to the several Government establishments in and near Hobart Town, have, after personal communication with yourself, decided to devolve upon you certain additional duties to those appertaining to your present position as Surgeon-Superintendent of the General Hospital, Hobart Town; and the Administrator of the Government in Council has been pleased to appoint you to be Medical Officer to the Male and Female Gaols and Houses of Correction, Male and Female Invalid and Immigration Depôts, the Reformatory for Males at the Cascades, and to the Queen's Asylum; also Medical Attendant upon Paupers at their own houses, and Health Officer for the Port of Hobart Town.

The remuneration for those services has been fixed at £350 per annum salary, with house allowance £50, and £50 for travelling expenses.

The Government have appointed Mr. M'Farlane, M.B., as House Surgeon and Dispenser at the General Hospital, with salary at the rate of £250 per annum and quarters, with fuel and light, under agreement to remain in the service for two years; and he will commence his duties on the 7th proximo, from which date Mr. Seals's services will be dispensed with, but he will be allowed to draw salary to the end of the month.

Dr. Benson has been informed that you will undertake his duties on the 1st June.

With regard to the treatment of Paupers at their own houses, I have to request that you will confer with the Administrator of Charitable Grants, in order that such a system may be adopted as shall prevent the abuse of the advantages which it is desirable to afford the deserving poor.

I have the honor to be,

Sir,

Your obedient Servant,

THOS. D. CHAPMAN.

G. W. TURNLEY, Esq., General Hospital, Hobart Town.

58. How long have you held these appointments? I attended all the establishments, excepting the Queen's Asylum, many years ago before going to Launceston; in addition, within the last year, Cascades and Queen's Asylum, and the Out-door poor.

59. What are the days upon which you visit each establishment other than the General Hospital, and the time occupied in such visits? Cascades, Wednesdays and Saturdays usually, and other times when it is required; Orphan Schools, during sickness every day, but make a point of going every other day; Brickfields, twice a week; Cascades, twice a week. Time occupied visiting: Orphan Schools, a quarter of an hour; Cascades require a longer period,—20 minutes to half an hour.

60. What are the duties appertaining to the office of Surgeon-Superintendent of the General Hospital, and at what hour are they performed? I have the general supervision of the establishment. As a rule, I visit the Hospital at 10 every morning and go round the wards, and am in and out of the Hospital frequently during the day. I conduct the correspondence necessary; besides general supervision, and sign various papers.

61. Give as nearly as you can from memory the number of ships you have boarded since your appointment? None; but I receive a report that there is no sickness on board.

62. What are the number of poor attended at their own homes? I have never kept a record, and have only commenced a month or six weeks. I have attended every case I have been called to see. One day I attended nine, but generally three or four daily.

63. You were House Surgeon of Her Majesty's Hospital at the time of the transfer of the institution to the Colony, and remained so up to a very recent period? Yes.

64. You have always lived at some distance from the Hospital? A short distance.

65. It was your duty to attend to and prescribe for the Out-patients: about what number daily? From 15 to 20 daily.

66. A Dispenser until very recently was attached to the Hospital: do you consider such a person a necessity in such an establishment as the General Hospital? You cannot do without a Dispenser.

67. Could you, acting in the capacity of House Surgeon, have, without neglecting some important duties, compounded the medicines for those for whom you prescribed? Yes, if I were a good Dispenser.

68. Do you think the combination of the two offices, House Surgeon and Dispenser, compatible with the due performance of the functions appertaining to either? Yes. I do not see that they are incompatible, the number of admissions being so small that it is merely play doing the Hospital work—*i.e.*, the dressing work; it could be generally done in one hour daily. The duties of the House Surgeon are such within the Hospital as at times to inconvenience the Out-patients. At times he may be called away, and the Out-patients kept waiting.

69. Such an arrangement exists at the General Hospital at the present moment? Yes.

70. What are the Dispenser's duties? He dispenses the medicines for the Hospital and Out-patients, and also dispenses medicines for the outside Establishments,—Cascades, Orphan Asylum, Brickfields; but the medicines sent to the Invalid Depôts are, for the most part, in bulk.

71. Has he any clerical duties to perform? Very little; the House Steward does all the clerical work.

72. What are the duties of the House Surgeon? He visits the wards; does what dressings necessary; sees any cases that may be admitted; attends to trivial accidents himself, or in any case of importance he sends for the Honorary Medical Officers into whose ward the patient has been taken: he likewise attends to the Out-patients.

73. You are aware that within the last 3 months a very large number of deaths have taken place at the General Hospital, and that some of the wards are in an unhealthy condition; can you state the cause, more particularly those having reference to surgical operations? Two cases died of *pyæmia*, one after resection, and the other after compound fracture. I think that arose from an insalutary state of that ward. Two of the back wards were no doubt in an unhealthy condition. I suggested the removal of the patients from those wards for the purpose of cleansing them, but there is no ward available in the building; but one is being repaired in the old Hospital.

74. During the first decade after the transfer of the Hospital from the Imperial to the Colonial Government, and when under the Board of Management, did any condition of an insalutary nature exist as at present? There was one case of *pyæmia* under Dr. Brooke's care, but I am not certain that it was within that time; there was also a case of supposed *pyæmia* in No. 7 ward, but the case did not prove fatal. There were no conditions existing in connection with these wards, so far as could be detected, to give rise to *pyæmia*.

75. At that time you then had more ward accommodation, the Female Hospital being a separate establishment? Yes, we had another Hospital for females.

76. Are you satisfied with present arrangements as to the nursing, baths, and general accommodation? No; with regard to nursing, decidedly not. The baths are not bad, but are very slow; can get a bath in five minutes from the kitchen boiler, if required. As to the nursing, I am not at all satisfied with the nursing in the male wards.

77. State in what particulars these can be improved? With regard to nursing, female nurses are always better than male nurses in Hospitals. At home they usually have female nurses. This was brought under the notice of the Government many years ago; I decidedly recommend it.

78. What are the improvements you can recommend with regard to the baths? A large supply of hot water would be an advantage. With regard to accommodation, I believe the general accommodation suffices, having been there during the last 35 years.

79. Are private apartments required for the separation of the sick? I think it would be an advantage.

80. Do you think isolation would be beneficial and contribute to the successful performance of surgical operations? I think it would be beneficial, but not absolutely necessary.

81. Would not fever wards be an advantage? They would be an advantage, but I do not think they would be absolutely necessary.

82. Are separate apartments required for the temporary reception of the insane? They are.

83. How many would you recommend? Three for males, and two for females.

84. What provision at present exists? There are three very miserable cells at present, which are not fitted for the purpose.

85. Do you think the restoration of the building to its former purpose—reception of males only,—would be beneficial, provision having first been made for the females by the erection of a new building at the rear of the Male Hospital? I do not think it to be at all necessary.

86. Then you are of opinion that at present ample accommodation exists? I am.

87. Did you ever know an English hospital without a resident House Surgeon, and Matron for the Female department? I am not sufficiently acquainted with the provincial hospitals of England, but in the larger ones I know it is always the case that these officers are always present.

88. Do you consider the General Hospital as at present constituted such as to entitle it to the character of a first-class establishment? Decidedly not; I do not consider it first-class.

89. In what direction would you suggest improvement? The nursing, and the places for the reception of the insane.

90. I ask if the Honorary Medical Officers occasionally did not come for two days? They do not come every day.

91. Do you consider that beyond the Honorary Medical Officers, with a resident House Surgeon, any Medical supervision is necessary? No, it is not absolutely necessary.

92. Do you consider the two wards allotted to females sufficient to meet the wants of the community? To meet all cases that are really Hospital cases.

93. The Honorary Medical Officers have certain weeks for receiving Patients into their wards: is it so? That arrangement exists.

94. Now in the event of the Honorary Medical Officer not visiting the wards for several days, is the patient not systematically attended to, the case diagnosed and entered in the Register, and diet prescribed until his return? If the Honorary Medical Officer does not visit, the patient is visited by either myself or Dr. M'Farlane. In chronic cases I allowed it to remain, but in acute cases they were attended to immediately by myself or Doctor M'Farlane; by myself when in capacity of Resident Surgeon. The diagnosis and entries of all cases is left to the Honorary Medical Officers.

95. Have patients left the Hospital from this cause, not having been seen by some medical man? Not that I am aware of; I have heard it said so.

96. What diet are patients placed upon until such time as their cases are regularly gone into by the Honorary Medical Officers? Both spoon and full according to circumstances.

97. You acted in the capacity of Secretary to the Board of Management during its existence? I acted as Secretary to the Board of Management from Jan. 1860, to Dec. 1873, excepting a period of 3 years I was absent at Launceston.

98. It had monthly and weekly meetings, had it not? The Board sat monthly, and there was a Finance Committee and a Weekly Committee.

99. Was the attendance of Members always such as to ensure a quorum? I do not think they missed until latterly; not above three meetings in the year.

100. Were the affairs of the Hospital in your opinion administered satisfactorily and economically under the Board? Satisfactorily I may say, but at first not economically.

101. In what particular were they not economical? Excessive stores being ordered from England amounting to the sum of £3000.

102. What items were so expensive? Horsehair for the purpose of making beds, which was taken by other Establishments.

103. What were the character of the beds in the General Hospital at that time? Some flock and some were straw; it was to remedy this by ordering the horsehair from England.

104. Have any alterations of importance been made in the economic arrangements of the General Hospital since the abolition of the Board—if so, state in what particulars? Not appertaining to the Hospital.

105. At the present time what are the beds composed of? Horsehair, flock, wool, and straw mattresses.

106. Are not one quarter of them now horsehair? I believe so.

107. A part of your official duty is to attend the poor at their own homes: is it so? Yes.

108. You saw on Saturday last a female named Green on the Old Wharf. Have you seen her since? I did see her, but have not seen her since.

109. State the nature of her case, and the condition she is now in? She is jaundiced, the subject of abscess communicating with the chest, and expectorating matter; and I consider her in great danger.

110. Had you seen her in July last at the General Hospital as an Out-patient on two occasions? I cannot recollect, but very probably I did.

111. Are you aware that she was admitted to No. 1 Ward some time in June under an order from Mr. Mather, and remained Monday, Tuesday, and part of Wednesday, upon which day she was discharged, the Medical Officer in attendance stating that she had but little the matter with her and she might go home, the bed being required for more urgent cases? No; but the parents told me so. I do not recollect her particular case as a Patient in No. 1.

112. If space had been ample, would the necessity have arisen to hurry such a case as this out of the ward? If the case had been thought to be a serious one it would have been retained; that is my opinion.

113. If she were discharged as reported, do you not think it gives evidence that more female accommodation is absolutely necessary? I cannot say that it would.

WEDNESDAY, AUGUST 12, 1874.

ESTHER SMEDLEY *examined.*

114. Your name is Smedley, former name Green? Yes.
115. You have a daughter who died yesterday, whose name is Mary Ann Green, have you not? Yes.
116. Can you recollect from memory how long it is since she first took ill? About four months since.
117. How long is it since she applied, through an order from Mr. Mather, for admittance to the General Hospital? About three months.
118. She was admitted by an order from Mr. Mather: which ward was it? No. 1 Ward.
119. How long did she stay in that ward? Three days.
120. Can you recollect the days of the week? Yes.
121. What days were they? She went in on Monday, and came out on Wednesday at 5 o'clock P.M.
122. Did you see her whilst in there? I saw her on the Monday, and on Wednesday about 2 o'clock; she returned home on Wednesday at 5 o'clock.
123. Did she assign any reason for leaving the Hospital? She said the Doctor told her she might have her bottle filled up and go home, as Mrs. Robertson was coming in with a bad breast, and they wanted the bed for other patients, and there was but little the matter with her.
124. What was her condition when she came home? She could not move nor do anything, a pain being in her right side.
125. Was she yellow at that time? Her eyes were quite yellow at that time; she remained in pain till she died; she had been living at the *Thatched House Tavern*, and as she was ill I went and did her work for a fortnight.
126. Did she get worse? Yes, she got worse, and Mr. Lazarus told her she must go home: this was the first time she went to the Hospital.
127. When did she next go to the Hospital? Three weeks afterwards she went and got a form for herself: a week following she again went to the Hospital in a cab.
128. Did she see anybody then? Yes, was seen by a medical man who asked her to go into the Hospital: she was then yellow, and still complaining of her side. When she returned from the Hospital she went to bed, and never got up since. I asked Dr. Crowther to see her on Thursday, 23rd July. The Sunday following she began to cough up large quantities of matter, and did so till she died.
129. From the time of her leaving the Hospital to the time of her death was she free from pain? Never. Dr. Turnley saw her on Saturday last, at my request, and I related to him the facts that I have stated before this Committee.
130. You are sure that there can be no mistake as to the reasons assigned as regards her going home? There can be none.

MONDAY, AUGUST 24, 1874.

DR. BRIGHT *examined.*

131. *By Dr. Crowther.*—Your name is Richard Stonhewer Bright, and you are one of the Honorary Medical Officers of H.M. General Hospital, Hobart Town, and have been so since 1860? Yes.
132. What is your opinion of Board management as originally devised and continued at the General Hospital until the year 1868? It failed because it had no real power.
133. Do you consider the system of Board management good in principle? Yes, I do.
134. State your opinion as to the defects, if any? The defects were that the Board had no definite power to manage its own affairs.
135. Do you consider that the Board, as constituted at first, possessed the elements within itself of success? I think not. Because one-half of the members were nominated by the Government and half by Dr. Crowther.
136. Do you think nomination of members by the Crown only advisable? As long as the Hospital is supported entirely by Government funds no one else has a right to nominate.
137. Do you not think the defects arose from that cause in a great measure? No.
138. Would a Board for the management of the General Hospital work better if it were elective, a popular interest having been first created, as in Melbourne? It might, provided you could get a body of subscribers.
139. You are aware, when the General Hospital was transferred from the Imperial to Colonial Government, it was contemplated to make it a Hospital and Dispensary, in order to secure public interest and support? Yes.
140. If the plan had been adhered to of making it a Hospital and Dispensary, with private subscriptions and the Board made elective, do you not think it would have proved beneficial to the general public? Not more beneficial than it has been since.
141. Do you not think it would be wise to create, if possible, a popular interest in it? It certainly would.

142. Are you aware that the Asylum at New Norfolk has been managed by a Board or body of Commissioners, having an Act of Parliament for its guidance, thus giving it the control of its own affairs? Yes.

143. Do you think if the same powers and organisation existed with regard to the General Hospital that good would result? Yes.

144. You have been one of the Surgeons of the General Hospital since the transfer in 1860, having under your control both male and female wards? Yes.

145. Were you satisfied with the result of the improvements that had taken place at the General Hospital? Yes, with those in the Male Hospital.

146. Were you satisfied with the result of such improvements; and if so, state your opinions? The wards in the Female Hospital were tolerably comfortable, but not well adapted for Hospital wards.

147. In what did their want of adaptation consist? They were damp, and several of the windows had blank walls within a few feet of them, and the drainage was always very defective.

148. But you are aware that the health of the inmates kept good, and no case of an insalutary order ever occurred within your recollection? I do not recollect.

149. Did you find the smaller wards and private apartments of considerable use in the treatment of disease, and in the matter of surgical operations? Not much in the matter of surgical operations; but they were used for cases of *delirium tremens*, but were not well adapted for the purpose.

150. What is your opinion as to the abridgment of accommodation, external and internal, incidental to the closing of the Female Hospital in Liverpool-street? The number of beds for patients was reduced from about 34 to 28, but the efficiency of the Hospital was not otherwise impaired.

151. There were private wards and apartments? There were some.

152. What space is allotted to females, and what space has been taken away by their removal? There are 28 beds now available for patients; in the old Female Hospital there were 34, and in addition there were 2 rooms which sometimes contained 1 patient each. There were 5 wards in the old Hospital, 2 large and 3 small, and 2 large wards and 1 small ward now in the present; also a lock ward with four beds,—making in all 32 beds now available.

153. Have you any fever ward for females available in case of any serious epidemic? There are not, and never have been, special fever wards, but in the case of infectious disease a ward in the old female Hospital at the back could be used for the purpose.

154. Is it your opinion that private apartments are needed for males and females, especially those under observation for insanity? Separate rooms are required for the temporary accommodation of persons labouring under insanity or *delirium tremens*.

155. Were you in favour of doing away with the separate Female Hospital, and placing the inmates in the male building? I was not particularly in favour of it, but did not oppose it.

156. Do you think in a sanitary point of view the alteration to be a good one? I do not think it to be an improvement, but do not think that it is insalutary.

157. Do you think the erection of a barricade at the back of the General Hospital enclosing the female yard judicious? I do not think it injurious.

158. Can the circulation of air be as good as if that barricade did not exist? I do not think it interferes much with the access of air and light to the wards in consequence of its distance from the windows.

159. During your first connection with the Hospital had anything occurred in the shape of *pyæmia* giving evidence that the Hospital was in an insalutary state? An occasional case of *pyæmia* has occurred throughout the whole period, I believe, as in most Hospitals.

160. Do you think the restoration of the building to its former purpose as a receptacle for males only would be beneficial, provision being made for the females by a new building at the rear of the General Hospital? It would be beneficial, but is not absolutely necessary at the present time.

161. What extra accommodation is required at the present time in the shape of private apartments for the reception of patients? Two or three separate rooms for women, and two or three for males.

162. What is your opinion as to the nursing at the General Hospital; dietary, preparation and distribution of food; stating in what particulars these could be improved? The nursing in the male wards by wardsmen, as practised for the last 15 years, has been decidedly bad, and has recently become worse in consequence of the extreme difficulty in getting suitable men; and with a view to the substitution of these wardsmen by female nurses the medical staff have recently been in correspondence with the Government, who have expressed their willingness to effect a change. The nursing in the female wards is fairly good, but in the entire Hospital there is not, and never has been, a staff of night nurses nor any accommodation for them. The dietary might be improved and made more varied; and one principal means of improving the dietary would be by obtaining the best articles of food available instead of taking contracts, as by the system now in use, at the lowest possible terms.

163. Do you not think cooking by steam would be an advantage as compared with the present mode? I do not know of any great advantage.

164. Would not, in your opinion, the attendance on the sick be of a better character if the wards were attended by females? Decidedly.

165. Do you not think a nurse's apartment to each ward absolutely necessary? I not only think it is necessary, but the Medical Officers of the Hospital represented that point to the Members of the Government very strongly some few weeks ago at their inspection of the buildings. When the new building attached to the Hospital and set apart for the head nurse was built, it was then represented to the Board and Government that it was very necessary that the building should be carried up so as to give the same accommodation to the wards on the upper floor.

166. Do you think isolation necessary for the successful performance of surgical operations? In some cases it is necessary, and in most it would be desirable.

167. Are there any wards at present available for that purpose? Only one small one attached to the Female Hospital.

168. Have you frequently visited the kitchen during the time you have been attached to the Hospital? I have occasionally.

169. Do you consider the manner in which the food, particularly fried meat, chops, &c. is prepared, and supplied to the sick, such as it should be? No: it is often very much overdone. I have frequently complained of it.

170. Are you aware that the viands are generally dished up 20 minutes to half an hour before distribution? No, I am not aware of it.

171. Do you consider the cook at the General Hospital sufficiently skilled to meet the requirements of the sick? No, I should think not; but the cook is one of the same class of men who have always been employed there, with the same wages. That department of the Hospital has never been very good.

172. Do you think any man could, single-handed, perform the duties devolving upon him without a good assistant? He would require an assistant in the kitchen.

173. Does not the fried meat reach the ward devoid of heat and unsavory? I should be afraid it did from its appearance, but I have never tasted it.

174. Are you aware that the deaths during the last three months have been more than usually numerous; if so, can you assign a cause? I do not know that the gross number of deaths has been above the average, but there have been more than usual from special causes. There have been several cases of very severe surgical injury, as compound fractures in elderly men, and a number of patients suffering from wounds and abscesses, discharging freely, which have doubtless contaminated the air of the wards.

175. Do you think better nursing would have produced a more favourable result? I was very much dissatisfied with the nursing of some of the patients, and in consequence the correspondence with the Government, which I have already mentioned, was instituted.

176. At the present moment do you think, in your opinion, anything exists rendering the wards in the General Hospital of an insalutary character? They require cleansing very badly, as they have not been painted nor whitewashed for six years. This also the Government have promised to have done.

177. What would you recommend to remedy this evil? A thorough cleansing of the wards.

178. Do you not think that it would be advisable to remove the sick from the wards in question for a definite period of time? Removing them for some weeks would be beneficial, and the wards could not be cleansed unless they were removed.

179. Do you think dry-rubbing of the ward floors would not be more beneficial than washing? In theory, yes; but with the present floors, which are very much worn, I don't think it could be carried out, but if new floors were laid it would certainly be advantageous.

180. Is it the custom that in the event of the Honorary Medical Officer not visiting the ward for one or more days, the patient is not systematically attended to, the case diagnosed and entered in the register, and diet prescribed till his return? The practice is, that the patient is seen, the case diagnosed, and treatment adopted by the Resident Medical Officer at once in the absence of the Honorary Medical Officer, but it is not the practice for the Resident Medical Officer to enter the case in the Ward Register.

181. Has that always been the case? As far as I know it has.

182. Apart from your own wards, are you aware that the condition I have referred to has been the custom? I believe in some wards that the case book was for some years kept by the Resident Medical Officer.

183. What is your opinion as to the combination of the two offices, House Surgeon and Dispenser? I do not consider that it is a good arrangement.

184. Do you believe that the duties so combined can be properly performed by one and the same person, knowing the number of establishments he had to dispense for? Not without assistance.

185. Do you not think the House Surgeon's time would be fairly occupied without dispensing? Yes.

186. Are you aware that a large number of out-patients attend the Hospital? Yes.

187. What are the reasons for your objection to the combination of the two offices? Chiefly that a competent House Surgeon would usually be likely to consider his dispensing duties as somewhat unworthy of his position, and that by himself he could with difficulty do the work of both offices.

188. Must not most unnecessary delay and inconvenience accrue to the out-patients in obtaining their medicine by this arrangement? Of course they must wait longer for their medicine.

189. Do you consider the residence of the House Surgeon at the Hospital absolutely necessary? I think it desirable.

190. How long by the present arrangement would a patient require to wait, if his case were urgent, before a hot bath could be supplied? About half an hour or three-quarters; but hot water could always be had in a few minutes from the kitchen.

191. Do you think that a high-pressure steam boiler, as at Ballarat, would be a great advantage, steam being conveyed to every part of the building? Yes, it would be a decided advantage.

192. Are you of opinion that the General Hospital at Hobart, as at present arranged, is equal to the wants of the community? If it was strictly limited to Hospital patients, yes; but by the present arrangement of allowing a numerous body of persons to send patients to the Hospital, altogether irrespective of the suitability of their cases, there is sometimes a want of room.

193. Have you any male *venereal* wards, and are not these required? There are none, but it would be an improvement to have one.

194. Ought any well-regulated Hospital containing 150 beds, in your opinion, to be without a Dispenser as a separate officer, or any Female Hospital, containing 50 beds, without a Matron? No Hospital containing 150 beds should be without a Dispenser, and no Female Hospital with 50 beds should be without a Matron; but the Hobart Town Hospital does not contain nearly that number of beds.

195. Do you consider that beyond the Hon. Medical Officers, with a Resident House Surgeon, any medical supervision is necessary? No.

196. Is it your opinion that a person should be appointed whose chief duty would be to attend in urgent cases the poor in their own homes? Yes.

197. Are you of opinion that the warm bath arrangement is such as it should be in a well-regulated Hospital? No.

198. Do you think the General Hospital, as at present constituted, can claim for itself the character of a first-class establishment? No, but as much now as ever it could.

199. In what particulars would you suggest alteration as to buildings? The erection of small apartments for nurses attached to the wards, and separate apartments for the insane.

200. Do you think that, in the event of the removal of the females from the Male Hospital, it would be desirable to erect a building especially for their accommodation? It would be beneficial, but I do not think that at present it would be absolutely necessary.

201. You have beds in No. 1 Ward in the Female Department of H. M. General Hospital, and keep a register of the patients received? I have beds in No. 1 Ward, and keep a register of patients received.

202. Have you an entry of every case assigned to you in the ward? Every case assigned to me is, as far as I know, entered in my case book; but I have not written out a history of every case.

203. Can you, by reference to the index, find the name of Mary Ann Green; and, if so, when was she admitted, and when discharged? Certainly; she was admitted on the 1st June, 1874, and discharged on the 3rd June, 1874.

204. What was the nature of her disease? *Pleurodynia*, or pain in the side.

205. Does the register show that upon admission her case was diagnosed and entered? She entered the Hospital on 1st June, after my visit. She was seen by me on 2nd June, and her case diagnosed, entered in the Register, and treatment prescribed. On the 3rd June she was discharged, feeling almost well, and at her own request.

206. Have you any particulars entered of this case? None more than those I have named.

207. It is stated that she remained in Hospital Monday, Tuesday, and part of Wednesday, upon which day she was discharged,—the Medical Officer saying she had but little the matter with her and she might go home, the beds being required for more urgent cases? She entered the Hospital late on Monday, and she left on Wednesday at her own request, and was not in any sense turned out of the Hospital. My beds were full at the time, but I would not and never have turned out a Patient in order to make room for anyone else. I did not send her out, in order that a woman named Robertson might occupy her bed.

208. How many beds had you vacant at the time she entered? I had none.

209. If this Patient were discharged as reported, would it not give evidence that more female accommodation is absolutely necessary? Assuming that, it would be so; but I deny the truth of the assumption.

210. You then were not aware that this Patient was the subject of an extensive abscess, communicating with the cavity of the chest on the right side,—the evacuation of which through the lung has since taken place resulting in death? I am quite sure she was not when she entered the Hospital, nor when she left it; for the reason that the pain she complained of was entirely on the left side, that she never made any complaint of pain on the right side, and that she had then no symptoms of any abscess forming anywhere, or she would not have been allowed to leave without a remonstrance at least. The fact of this Patient being seen for the first time, as stated to the Committee, on 23rd July, fifty days after she had left the Hospital, by Dr. Crowther; and her subsequent death on 10th August, sixty-eight days from the date of her discharge, is no proof whatever that she had an abscess in the side when she left the Hospital.

211. Was she at all jaundiced at that time? Not the least.

212. Did any person named Robertson come into your ward after the discharge of Mary Ann Green? No.

213. *Mr. Whyte*.—Had any person of the same name been in the ward previously? Yes, a woman of that name was admitted on the 26th November, 1873, and discharged on 31st December, 1873. I produce No. 1 Register in which both cases are recorded.

WEDNESDAY, AUGUST 26, 1874.

MARY RANKIN *examined*.

214. Your name is Mary Rankin, and you are a Nurse in the Female Department at the General Hospital? Yes.

215. You attended No. 1 Ward? Yes.

216. Did you see a Patient of the name of Mary Ann Green in June last in No. 1 Ward? Yes.

217. What was the matter with her? She had a pain in the right side.
 218. Did she appear to be suffering to any great extent? Yes, she was suffering severe pain.
 219. When was she discharged? She asked to be discharged on Wednesday night, and her request was acceded to. Dr. Bright asked her reason for wishing to be discharged, and she said "She was quite well, but would like to take a bottle of medicine with her,"—which she did take.

BRIDGET SHELTON *examined.*

220. Your name is Bridget Shelton, and you are Head Nurse at the General Hospital? Yes.
 221. Do you recollect in June last a Patient of the name of Mary Ann Green coming into No. 1 Ward? Yes.
 222. Do you recollect what she was complaining of at the time? A pain in the left side.
 223. She remained part of Monday, and left on Wednesday evening? Yes.
 224. Can you state whether she was discharged at her own request, or by order of the Honorary Medical Officer? She was discharged at her own request, and she had no reasons for wishing to be discharged. The pain in the side on the first night appeared severe.
 225. Was any remark made by the Medical Officer, or by any person attached to the Hospital, that the bed was required for a person named Robertson? None that I know of.

MR. JOHN SEALS *examined.*

226. Your name is John Seals, and you have for many years been Dispenser at H. M. General Hospital, Hobart, and were so until the 12th May last? Yes; since 1855.

227. State the circumstances under which you were removed? In consequence of the receipt of a letter from the Colonial Secretary's Office, dated 27th April, 1874, re-organising the staff: this letter I now hand to the Committee, and that was the first intimation I had that my services were dispensed with.

Colonial Secretary's Office, 27th April, 1874.

SIR,

THE Government having decided upon reorganising the staff of the General Hospital, I have the honor to inform you that your services as Dispenser will not be required after the 7th proximo, when Dr. M'Farlane will undertake the duties of House Surgeon and Dispenser.

Your salary will be continued to the end of May, when I have to request that you will send in your claim for pension.

As Dr. M'Farlane will occupy the quarters at present in your possession, it will be desirable that you should vacate them not later than the 8th proximo, in order that they may be prepared for the reception of Dr. M'Farlane with the least possible delay.

I have the honor to be,
 Sir,

Your most obedient Servant,
 THOS. D. CHAPMAN.

Mr. SEALS, Dispenser, General Hospital.

228. Had any complaint been made against you to the Board of Management by the Honorary Medical Officers or Resident Surgeon? None.

229. You were seriously ill on one or two occasions? Twice—about three or four weeks each time.

230. Have you any certificate of competency, or as to the manner in which your duties had been performed at the Hospital? I produce my certificate, and it is to this effect:—

During Mr. Seal's tenure of office as Dispenser he discharged his duties with diligence and fidelity, and to the satisfaction of the authorities of the Hospital.

(Signed) GEORGE TURNLEY, *Surgeon Superintendent,*
 4th June, 1874.

231. What were your duties; state them in detail?

Regulations.

The Dispenser shall never leave the Hospital without the permission of the Resident Surgeon.

He shall be responsible for all medicines and other articles entrusted to his care; he shall make an inventory of the same in a book to be kept for the purpose; he shall prepare a quarterly report of such things as may be required for his department, and submit the same to the Resident Surgeon, who shall furnish the requisite supplies and report the same to the Board of Managers; he shall be accountable for the accurate and prompt dispensing of the medicines ordered by the medical officers, and have prepared and at all times in readiness such as are required to be kept for the ordinary practice of the Hospital.

He shall always be present in the Dispensary during the hours occupied in supplying medicines to the out-patients, and shall furnish them with all needful instructions.

I acted in accordance with the regulations with the exception of making an inventory of the medicines and other articles, it being extremely difficult to do so.

232. You had some other clerical duties; what were they? Admission book; bed-head ticket; enter the patient into the medical register; a diet sheet for each ward, of which there were 6; also, extra sheet, showing extras for each ward, of which there were 6; a pauper's certificate, to be forwarded to the Inspector of Police; the daily list of diets for making monthly returns; discharge book; return of patients remaining in Hospital on 1st of each month; a similar list of patients admitted during the month; total abstract of daily diet sheet; nominal list of patients on Imperial Fund; nominal list of patients paying fees; list of sick and wounded, male and female, kept monthly; daily state of wards. From 1855 to the time of my leaving the Hospital I had no special clerical assistance. I produce a specimen of each return.

233. What other duties did you perform other than those to which allusion has been made in the regulations? Dispensing medicine for Gaol, House of Correction for Males and Females, Invalid Depôts for Males and Females, and Queen's Asylum; and no complaints were ever made by the authorities attached to any of those institutions referred to regarding the manner in which my duties were performed.

234. The ward registers were daily before you? The ward register for entries of cases admitted and compounding medicines ordered by the medical men, were kept in the dispensary, and sent in to the medical men when they came, and brought back when they left; and all prescriptions were at once compounded.

235. What was the custom observed with regard to the diagnosing and entry of cases, and by whom was it performed? It was performed by the Honorary Medical Officers, unless the Medical Officers were absent for any time, when, by arrangement, the Resident Surgeon would do it.

236. Did the Resident Surgeon diagnose and enter any case in the Register under any other circumstances? As a rule he did not.

237. In the event of an Honorary Medical Officer not visiting the Hospital for two or three days, would the case be regularly diagnosed, entered, and treated before his return? The case would not be entered, but it might be treated.

238. Have you known cases leave the Hospital without such diagnosis and entry having been made, and in some instances without seeing an Honorary Medical Officer? Yes, I have, but they were seen by the House Surgeon.

239. Did the Resident Surgeon visit the wards daily? Yes, as a rule, twice a day if not more.

240. State the manner in which each visit was performed. He would go into the 1st ward, and, if there was any particularly serious case, he would go and see that case; or if his attention was called to any particular case by the wardsmen, or if any patient spoke to him as he was passing.

241. You are aware of the existence of certain Rules and Regulations drawn up by the Board—"He shall also daily visit each patient, and enquire if the treatment prescribed has been attended to, and if any cause of complaint exists; and, should any complaint be preferred, he shall enter the same in the Patients' Complaint Book immediately, in the presence of the wardsmen or nurse of the ward, and shall lay such book before the weekly Committee at each meeting?" Yes.

242. Have such ever been rescinded by the Board? No, not that I am aware of, except some alteration with regard to the number of Honorary Medical Officers.

243. Was each patient "seen daily, and enquiry made if the treatment prescribed had been attended to, and if any cause of complaint existed,"—such being an instruction, under Rule 7, to the Resident Surgeon? No.

244. What is your opinion with regard to the cooking and distribution of food? The boiled meat, with potatoes, was put out some time before the distribution; it might be 20 minutes.

245. Did not fried meat reach the wards almost devoid of moisture, cold, and unsavoury? I have heard Dr. Bright complain that the fried meat was dried up and not fit for the patients to eat.

246. Do you think a single cook, such as that employed at the General Hospital, sufficient to meet the wants of the sick? No; it is impossible for him to do it. You cannot get a good cook for 2s. per diem: you have to take convalescents at times, though others occasionally apply, and that state of things has gone on for a long time.

247. What time during your tenure of office as Dispenser was occupied daily in attending to the Out-Patients? Sometimes from 2 to 3 hours.

248. What do you think the average number of Patients to be daily? 30 per day, including Sundays.

249. The bulk of the clerical work you have stated was performed by yourself? Yes; such as I have placed before the Committee.

250. During the time you were at the General Hospital was there a Resident Surgeon? No.

251. In cases of emergency were you first called up? Yes; I was always called by the night watchman to any case of illness or to any entry during the night.

252. Did any case occur during the night that the House Surgeon could not be found? No; the House Surgeon generally being there within a few minutes.

253. From your knowledge of dispensing, do you think that such an establishment as the General Hospital should be without a Dispenser? No; my time was always fully occupied.

254. Do you think that any person can conscientiously perform the combined duties of Dispenser and House Surgeon? He could not do it with justice to the public, nor with satisfaction to himself.

255. Do you recollect, soon after the Board of Management took charge, making out an indent for Stores, Medicines, &c.? I did make it out for Medicines and Medical Stores.

256. Was the Hospital, at the time of the transfer from the Imperial Government, destitute of bedding, clothing, crockery, and almost every essential? Of crockery they had none—pewter and tin was used; I cannot tell about the bedding, but there were no horse-hair mattresses, they were all straw.

257. Have these stores lasted until the present time, and were they on hand at the time of your leaving in May last? I cannot tell.

258. Do you know whether each bed has since been supplied with a horse-hair mattress? Not all.

259. Are you acquainted with the building at the back known as the old Hospital? Yes.

260. It was given up because it was wholly unsuited for the reception of the sick? I believe it was so.

261. It has subsequently been converted for the temporary reception of the sick emigrants? Yes.

262. You are aware that the old Female Hospital was in Liverpool-street, and some considerable expenditure was made on it? Yes.

263. You are aware that a Report on the General Hospital for the year 1860 was drawn up and laid upon the Table of the Council in August, 1861? Yes.

Extract from Report, 1860: Legislative Council Journal, Vol. VI., Paper No. 10, p. 6.—"The Board has much satisfaction in being able to state that the Female Hospital is now complete, and is in every respect a most creditable institution, which will bear a favourable comparison with any other of a kindred character elsewhere. It is capable of accommodating 50 patients; has good, airy, well-ventilated wards; good kitchen with separate bath-room, with quarters for the Matron (who has also charge of the female invalids); and possesses besides separate rooms, well fitted up, for paying-patients, quite distinct from the other parts of the building."

264. That Hospital was used for a considerable time, and afforded accommodation for all cases presenting themselves? Yes.

265. There were 2 large wards, 3 small wards, and 3 apartments for the reception of paying patients? Yes.

266. Those private wards were frequently occupied while you were there? Yes.

267. By present arrangements do any such wards exist such as the separate ones and the paying ones? No.

268. Do you believe that such accommodation is actually required? Such a necessity does exist of having separate apartments, frequent applications having been made.

269. Several cases of *puerperal mania* were treated in the private apartments during the time of existence? Yes. 5s. was the amount charged, but if it exceeded that it was paid by the patient. In the event of a similar case occurring now it would have to be placed in the cells.

270. Were the private apartments during the existence of the Female Hospital used for the purpose of special cases, and for surgical operations? They were.

271. They have no fever wards by the present arrangements? No; nor apartments for isolating the sick.

FRIDAY, AUGUST 28, 1874.

DR. MACFARLANE *examined*.

272. Your name is William Holdsworth Macfarlane? Yes.

273. What salary do you receive? £250, and £50 house allowance.

274. What qualifications do you hold, and how long have you been in the profession? I am a Bachelor of Medicine of Melbourne University; I commenced the study in 1869, and passed the final examination on 21st March, 1874, and took the Degree on the 11th April. I have not attended any British Hospital.

275. You act in the conjoined capacities of House Surgeon and Dispenser at H.M. General Hospital, and have done so since May last? Yes.

276. Were you supplied with a copy of the Rules and Regulations of H.M. General Hospital, in which the duties appertaining to the House Surgeon and Dispenser are defined? I was not supplied with them, nor did I ask for them.

277. State the nature of your duties as House Surgeon, also those as Dispenser? As House Surgeon, first in the morning I go round the wards, which I do generally between the hours of 9.30 and 10 o'clock, merely to see that all is correct; from 10 to 11, I see out-patients and prescribe for them; from 11 till 12, the dispensing is done; from 12 to 1, any surgical dressings; from 2.30 to 4, more dispensing is done and more surgical dressings when necessary; from 4 to 5, I generally go round with Dr. Bright; from 5 till 6, his prescriptions are made up (when Dr. Butler and Dr. Smart come round, which they do nearly every day, I devote whatever time they deem necessary in going round the wards with them, and making up their prescriptions after they have gone); after 7, I go round the wards; and I dispense before breakfast every morning, and prescribe for any odd patients that may come in after the usual time for seeing out-patients, also making up prescriptions for patients visited at their own homes by Dr. Turnley. I wish it to be understood by the Committee that Dr. Butler and Dr. Smart attend regularly at the Hospital, though they have not regular hours.

278. Do you think that the dressing work could be done in one hour daily? In some cases the dressing might be done in one hour daily, but certainly not the bulk of the work.

279. What are the Dispenser's duties? The Dispenser's duties at this Hospital are to dispense for the General Hospital, in-patients and out-patients; to make up any prescription that any medical practitioner may send in having the words on it "No fee charged," and "General Hospital;" to dispense for the Gaol, House of Correction, Cascades, Brickfields, and Queen's Asylum.

I have no clerical work to perform other than entering the out-patients in the book.

280. Does such entry give evidence of the nature of the disease? Yes.

281. What is your opinion as to the combination of the two offices, House Surgeon and Dispenser, at the General Hospital? I think that it would be better to let the House Surgeon do his work, and have a Dispenser. I do not approve of the combination without an assistant.

282. Have you had amongst the out-patients any cases of active disease since you have been there? I have had some cases of erysipelas, and so forth.

283. Are all the out-patients seen and prescribed for before receiving their medicine? Yes, except in acute cases, when they get their medicines at once.

284. Must not most unnecessary delay and inconvenience accrue to the out-patients in obtaining their medicines by this arrangement? Delay would certainly exist.

285. What time is usually consumed in seeing the out-patients and compounding their prescriptions? The out-patients would take more than an hour to see and make up prescriptions for.

286. Have you been accustomed to dispensing? Yes, I served 6 months at a druggist's shop in Melbourne, and can produce my certificate. I have passed an examination in Chemistry at the Melbourne University.

287. Are you able to perform the combined duties with satisfaction to yourself? Before answering the question, I would wish to state that my instructions were to the effect that I was to act as Surgeon and Dispenser at the General Hospital. Dispensing for the other establishments was not named in the contract: with all these establishments combined I am not able to perform the duty to my own satisfaction.

288. Do you not think a separate Dispenser would add materially to the efficiency of the establishment? Yes, I do, decidedly.

289. You are conversant with the Victorian Hospitals? Yes.

290. Did you ever know a hospital containing from 100 to 150 beds to be without a dispenser, or a female department without a matron? No, not as far as I am aware of.

291. What is your opinion as to the nursing at the General Hospital, dietary, preparation and distribution of food, stating in what particulars these could be improved? The nursing in the Male Department is not at all good; the dietary system is very fair, the preparation and distribution as far as I have seen has been good. They are not dished up so well as in the Melbourne Hospital. I should suggest that each diet should be placed in a separate compartment in a covered tin.

292. Do you think cooking in part by steam would be an advantage; the range in the kitchen being suited for the purpose? I think it would be decidedly preferable; it is done so in Melbourne.

293. Do you think the cook at the General Hospital sufficiently skilled to meet the requirements of the sick? I cannot answer the question as I have not paid attention to the diet, but I think the food is very fairly prepared.

294. Do you think that any man could, single-handed, perform the duties devolving upon him without a good assistant? I can hardly answer the question.

295. Does not the meat (particularly fried) reach the wards devoid of moisture, heat, and unsavoury? I have seen the chops lying there cold.

296. Are you conversant as regards ward accommodation at the General Hospital? Yes.

297. Is it your opinion that private apartments are needed for males and females? Yes, there should be private apartments for males and females.

298. Do you think the restoration of the building to its former purpose, as a receptacle for males only, would be beneficial, provision being made for the females by a new building at the rear of the General Hospital? Yes, I think it would be beneficial.

299. There is no fever-ward in the building? We have no fever-ward in the new building, and there is no male *venereal* ward.

300. What extra accommodation is required at the present time in the shape of private apartments for the reception of patients? I think two wards for females and three or four for males, for *delirium tremens* and those under observation for insanity, are very much wanted.

301. Do you not think that the Hospital, as at present constituted, is defective in not having a private apartment for each nurse attached to the wards? I do; in Melbourne they have them, independently of which they have nurses' quarters as well.

302. Have you a staff of night nurses? No.

302.* Would not, in your opinion, the attendance on the sick be of a better character if the wards were attended by females? Yes, decidedly.

303. Do you think isolation necessary for the successful performance of surgical operations? In operations of a capital nature I deem it necessary that they should be isolated.

304. Are there any wards at present available for that purpose? In the female department there is one; there are no wards in the male department available for that purpose.

305. Are you aware that the deaths during the last three months have been more than unusually numerous,—if so, can you assign a cause? I think the severity of the winter has had a great deal to do with it; I could not give a cause.

306. At the present moment do you think that, in your opinion, anything exists rendering the wards in the General Hospital of an insalutary character? No, nothing that I know of at present; although in No. 4 there was a case of *pycemia*.

307. What would you recommend to remedy the evil? I should recommend a thorough cleansing of the wards; fumigate with sulphur, then whitewash and paint.

308. Do you not think that it would be advisable to remove the sick from the wards in question for a definite period of time? I would recommend the removal of the patients until the ward got perfectly dry.

309. Do you think dry-rubbing of the ward floors would not be more beneficial than washing? I think it would. In the Melbourne Hospital they never wash the floors—always dry-rub with beeswax and turpentine.

310. Do you consider the residence of the House Surgeon at the Hospital absolutely necessary? Yes.

311. How long by the present arrangement would a patient require to wait if his case were urgent before a hot bath could be supplied? About five minutes.

312. Are you of opinion that the warm bath arrangement is such as it should be in a well regulated Hospital? No, I am not.

313. Do you not think that a high pressure steam boiler, as at Ballarat, would be a great advantage, steam being conveyed to every part of the building? Yes, decidedly, I think that hot water should be in every ward: such a condition exists in every department in the Melbourne Hospital, even to the officer's and matron's quarters, also the out-patient department.

314. Are you of opinion that the General Hospital at Hobart, as at present arranged, is equal to the wants of the community? Yes, it is, judging from the demands as far as I have seen here.

315. Do you consider that, beyond the Honorary Medical Officers, with the Resident House Surgeon, any medical supervision necessary? I think supervision over the out-patients necessary.

316. Have they any in Melbourne? No; but you can always command the services of a Resident Medical Officer, in consultation, when required.

317. Could you assign to the General Hospital, as compared with Melbourne Hospitals, the character of a first-class establishment? No, I could not call it a first-class establishment.

Mr. Aikenhead.—318. Do you think, in the event of the removal of the females from the Male Hospital, it would be desirable to erect a building especially for their accommodation? I think that, unless you improved the old Hospital very much, it would be necessary to erect a new building.

319. In what particulars would you suggest alterations as to buildings? House Surgeon's quarters, separate apartments for nurses, and separate rooms already named, and special wards for capital operations.

320. How is the Melbourne Hospital managed? It is managed by a Board or Committee, having a President and Vice-President, and there are subscribers to the General Hospital.

321. To what extent have the public an interest in the Melbourne Hospital, and what plan is usually adopted with regard to the election of committee? As far as I remember, subscribers from £1 and upwards have the privilege of a voice in the election of the committee. It is done by a regular ballot in the Board-room of the Melbourne Hospital.

322. Do you know the proportion the Government pay to the support of the Melbourne Hospital? I know they grant a subsidy irrespective of the funds raised by subscription.

323. Has the system, as far as you are aware, worked well in Melbourne? Yes, except where prejudice existed.

324. Are you aware whether the Crown nominated any Members of the Board? It did nothing beyond granting the subsidy as far as I know.

325. Would a Board for the management of the General Hospital work better if it were elective, a popular interest having been first created as in Melbourne? I cannot say, but it has worked well enough in Melbourne.

326. Upon what principle are the Honorary Medical Officers elected? On the same principle as Members of Committee, as far as I can say, and are elected for 5 or 10 years.

327. Do you enter any cases in the Ward Register? I do not.

328. Upon the admission of a patient to a ward during the absence of an Honorary Medical Officer do you diagnose, diet, and prescribe for the patient? If the case is urgent, I diet, diagnose, and prescribe for it to the best of my ability. I pursue the plan adopted in Melbourne,—if the case is acute I prescribe for it at once; if chronic, and the Honorary Medical Officer does not see it before evening, I prescribe then; and if the Honorary Medical Officer were not available, I could always get Dr. Turnley to see it with me. If the improvements were carried out upon which I have been questioned, the efficiency of the Hospital would be considerably increased.

MONDAY, AUGUST 31, 1874.

DR. BUTLER *examined.*

329. Your name is Henry Butler, and you are one of the Honorary Medical Officers of H. M. General Hospital, and have been so since 1864? Yes.

330. What is your opinion of Board Management as originally devised and continued at the General Hospital until the year 1868? I think that the management by Boards at the General Hospital, if it had been carried out as originally devised by Mr. Henty, would have effected successfully his object, and was of great value to the Institution.

331. Do you consider the system of Board Management good in principle? Yes, provided its functions are defined and limited by Act of Parliament. It enlists the sympathies of a large number of persons, who from day to day take more interest in the Institution, and create a public opinion within it.

332. State your opinion as to the defects, if any? From my knowledge of Board Management, which I have gained from my connection with the Lunatic Asylum at New Norfolk, and the Board of Education, the only defect is, that from the want of full powers there is necessarily a feeling that there is at the same time a loss of responsibility.

333. Do you think nomination of members by the Crown only advisable? So long as the expenditure in the Institution is defrayed by the Crown, and can only be so by nominating the members; but it would be preferable if the Hospital could be carried on by the aid of subscriptions, and then those so subscribing would have a right of voice in the management and control of the Institution.

334. Do you not consider that the nomination of a Board without an Act of Parliament for the regulation of its affairs, while the Crown retains the controlling power in its own hands, an anomaly? Yes, it is an anomaly, and contrary to all precedent. The Board of Immigration, the Board of Education, and the Commissioners of the Lunatic Asylum, New Norfolk, have each their powers defined by Act of Parliament.

335. Do you not think the defects arose from that cause in a great measure; viz. the want of an Act of Parliament? Yes; the members of the Board had not a clear understanding of the extent of their powers, and therefore they were frequently undecided in their action, and not satisfied with their position.

336. Would a Board for the management of the General Hospital work better if it were elective,—a popular interest having been first created, as in Melbourne? I have been connected with Hospitals in Great Britain, which are always managed in this manner, and no difficulty has occurred; but in this Colony the experiment has been tried in Campbell Town, and year by year the subscriptions have decreased, and less public interest is being taken in the Institution.

337. Do you not think that the failure at Campbell Town has arisen from the portals of the Hobart Town Hospital being opened to patients from every part of the country? I have no definite information which will enable me to form an opinion.

Mr. Aikenhead.—338. Was there not an extraordinary effort made to establish the Hospital at Campbell Town? Yes.

339. You are aware, when the General Hospital was transferred from the Imperial to Colonial Government, it was contemplated to make it a Hospital and Dispensary in order to secure public interest and support? Yes, I was consulted with yourself and others: it was so intended, and rules were drawn up.

340. If the plan had been adhered to of making it a Hospital and Dispensary, with private subscriptions and the Board made elective, do you not think it would have proved beneficial to the general public? Yes, if there had been any success in obtaining subscriptions. //

341. Do you think if the same powers and organisation existed with regard to the General Hospital as at New Norfolk that good would result? Yes.

342. You are aware that considerable pains was taken to improve the condition of the female department, both by ventilation and otherwise? Yes, a large expenditure was involved.

343. Were you satisfied with the result of such improvements, and if so, state your opinions? The Hospital was considerably improved, but it was generally very damp. Some of the windows of the wards looked out on a blank wall within a few feet; but the kitchen accommodation and the ventilation were very good, and the health of the inmates kept generally good. //

344. You found the smaller wards and private apartments of considerable use in the treatment of disease, and in the matter of surgical operations? Yes. //

345. What is your opinion as to the abridgment of accommodation, external and internal, incidental to the closing of the Female Hospital in Liverpool-street? From the diminution of pauperism the accommodation now provided is adequate for purely Hospital cases; and a large number of the occupants of the wards are purely chronic cases, who could be as well treated in the Invalid Establishment. //

346. Do you think it advantageous that space enough should exist at the General Hospital to constitute it a hospital and an infirmary? Yes, but it would involve a considerable expenditure, the existing buildings are not fit for the purpose. //

347. What space is now allotted to females? I think there is room for about 38.

348. Were you in favour of doing away with the separate Female Hospital, and placing the inmates in the male building? The matter never came before me, but I think there are some advantages incidental to having the establishment under one supervision. //

349. Have you any fever wards available in case of any serious epidemic? Yes. In cases of fever to any large extent occurring they are placed in a ward in the old building, which is very unfit for the purpose. //

350. Is it your opinion that private apartments are needed for males and females? I believe that an institution having the character of a sanatorium, in which people from the country who are compelled to come to Hobart Town for advice, would be a great boon to the community; but it should be separate from the Hospital, and its doors should be open to every recognized practitioner. //

351. Do you think in a sanitary point of view the alteration to be a good one? It has not been injurious. The new apartments are certainly better than those in the old Hospital, but there is less space. //

352. Do you think the erection of a barricade at the back of the General Hospital, enclosing the female yard, judicious? I thought it unnecessary to be so lofty at the time of its erection, but it has no injurious effect. //

353. Do you think the restoration of the building to its former purpose as a receptacle for males only would be beneficial, provision being made for the females by a new building at the rear of the General Hospital? Yes, because it will allow of a special ward being provided for lock cases for males, as we have for females.

354. What extra accommodation is required at the present time in the shape of private apartments for the reception of patients? I think there should be small rooms for the reception of patients who have to undergo serious operations; there is a great want of apartments for the reception of females who are suffering from *delirium tremens*, or who are sent to the Hospital for investigation as to their sanity,—also, the male apartment for the same purpose requires improvements: this subject has been brought under the attention of the Government, who have made arrangements for the erection of buildings for the females, and improvements to those for the males.

355. Do you think isolation necessary for the successful performance of surgical operations? In some cases the want of it seriously endangers life.

356. Are there any wards at present available for that purpose? Only one, in the female division of the Hospital.

357. What is your opinion on the nursing at the General Hospital, dietary, and preparation and distribution of food, stating in what particulars these could be improved? The Hon. Medical Officers felt so strongly on the advantages that would accrue from obtaining the services of female nurses, under one skilled nurse acting as matron, that they addressed a communication to the Government recommending this change, and the Government have expressed their willingness to carry it into effect. The dietary for the large number of inmates is not good, there is not sufficient strength in the cooking department compared with other institutions. In the female department, in bad cases, the head nurse will superintend the cooking herself; and I have no doubt the same would occur if we had female nurses.

358. Did not fried meat reach the wards almost devoid of moisture, cold, and unsavoury? I have seen it occasionally looking not tempting, but I have never tasted it.

359. Do you not think that cooking by steam would be a great advantage as compared with the present mode? I have no experience, so cannot form an opinion.

360. Would not, in your opinion, the attendance on the sick be of a better character if the wards were attended by females? Yes. We have only one good male attendant.

361. At the present moment do you think that, in your opinion, anything exists rendering the wards in the General Hospital of an insalutary character? The Hospital generally wants thorough cleansing; but of late, from the large introduction within a short period of time of diseases of extensive suppurative character, pyemia became established, which has now declined.

362. Do you not think it would be advisable to remove the sick from the wards in question for a definite period of time? I think it would, if there was any place in the vicinity to which they could be removed with safety; but I know of none.

363. Do you think dry rubbing of the ward floors would not be more beneficial than washing? I do not think it would be adapted to the present floor; but if the wards were to be refloored, dusted with gypsum, and dry rubbed, it would be desirable.

364. What is your opinion as to the combination of the two offices—House Surgeon and Dispenser—at the General Hospital? and do you consider that the duties so combined can be performed by one and the same person, knowing the number of establishments he has to dispense for? I think it very undesirable. From my own personal knowledge I am aware he cannot, without large assistance.

365. Must not most unnecessary delay and inconvenience accrue to the out-patients in obtaining their medicine by this arrangement? In case of accident, or the non-attendance of the pupils who assist in dispensing, they must wait until the more necessary duties appertaining to the Hospital have been disposed of.

366. You are conversant with the duties of House Surgeon to the General Hospital, and the time necessarily required in dressing? Yes.

367. Would you consider it mere play, and requiring only one hour for its performance? Not if it was efficiently performed, as it is being done now.

368. Do you consider the residence of the House Surgeon at the Hospital absolutely necessary? If he lives in the actual vicinity, that might accomplish the purpose; but there is always an inducement to be away if the Resident Surgeon does not live on the premises: it would be preferable in every respect.

369. How long by the present arrangement would a patient require to wait if his case were urgent before a hot bath could be supplied? I have understood that it takes 20 minutes at the Hospital.

370. Do you think the present system defective? A Hospital should always be in a condition to supply hot water at any moment.

371. Do you not think that a high pressure steam boiler as at Ballarat would be a great advantage, steam and hot water being conveyed to every part of the building? I have no experience as to the steam boiler for this purpose.

372. Are you of opinion that the General Hospital at Hobart Town as at present arranged is equal to the wants of the community? With the improvements I have named, and those the Government have promised to carry out, and the diminution of pauperism, it might meet the hard necessities of the case, but it would be desirable that it should be enlarged.

373. Have you any male venereal wards, and are not these required? No; they have these in all countries where they have no special Lock Hospitals.

374. Ought any well-regulated Hospital containing 150 beds, in your opinion, to be without a Dispenser as a separate Officer, or any female Hospital containing 50 beds without a Matron? I believe a Dispenser whose duties are confined to that and clerical work is necessary, but I think that in lieu of a Matron you should have a trained nurse to superintend and instruct the other nurses.

375. Do you consider that beyond the Honorary Medical Officers with the Resident House Surgeon any medical supervision necessary? No.

376. Is it your opinion that a person should be appointed whose chief duty would be to attend the poor at their own homes? Yes; that has been a great want hitherto, and has involved a great amount of labour on private practitioners.

377. Are you of opinion that the warm bath arrangement is such as it should be in a well-regulated Hospital? Warm water ought to be available in any ward at any moment.

378. Do you consider that the General Hospital as at present constituted can be assigned the character of a first-class establishment? I think it a very good Hospital.

379. Do you think that, in the event of the removal of the females from the male Hospital, it would be desirable to erect a building especially for their accommodation? Yes; but it would not be desirable to remove them to the old building at the back,—that should be removed and a new building erected.

380. You are aware of the Report for the year 1860 being furnished to the Government in August, 1861? Yes. It was to the following effect:—

“The Board has no desire to animadvert upon departmental control; it may be good, or it may be bad, but the late experience of the Crimean War has shown that it may be defective, and needs the quickening influence of public opinion. A Medical Department is not one over which a Government can exercise a supervision, it stands apart, and can be responsible only to itself. In such cases it seems the safest course to invite the co-operation of the public, and to conduct Hospitals and Charitable Institutions upon the principle generally recognised as the soundest and most beneficial to the country.”

381. Are you still of the same opinion? Yes.

MR. HENRY HUNTER *examined.*

382. Mr. Hunter attended the Committee, and stated that he had inspected the buildings in Liverpool-street known as the Old Female Hospital, on Saturday, August 29, 1874, and begged to hand in his report on the same:—

Having inspected the premises in Liverpool-street, known as the old “Female Hospital,” I am of opinion their value, with the splendid block of ground they occupy, (about 120 feet frontage, and running through from Liverpool to Bathurst-streets), is not less than Twelve hundred and fifty Pounds, (£1250). The buildings are in a wretched state of repair.

HENRY HUNTER.

WEDNESDAY, SEPTEMBER 2, 1874.

THE HON. A. KENNERLEY *examined.*

383. Your name is Alfred Kennerley, and you are a member of the Legislative Council? Yes.

384. You were a member of the Board of Management of Her Majesty's General Hospital in 1859, such Board having been appointed in obedience to regulations of Parliament, and remained so until 1872, acting in the capacity of Chairman of the Monthly Board and Weekly Committee nearly the whole of that time? Yes.

385. What is your opinion of Board Management as originally devised and continued at the General Hospital until the year 1868? The Board at first consisted of 12 members and 3 *ex officio*, making 15 in all. Mr. Henty was Chairman; I was Deputy Chairman. After Mr. Henty resigned I was Chairman, and remained so about 12 years. For a series of years the Board worked remarkably well; and, with the assistance of the Honorary Medical Officers, effected various alterations which were great improvements on the former Imperial management.

386. Do you consider the system of Board Management good in principle? Under certain circumstances I consider it good in principle; viz., by a constant change of members, from the retirement of some annually or after a definite period of time. Had the Dispensary system, with subscriptions from the public, been carried out as originally intended, the Board might have continued to have worked satisfactorily to the present time. I attribute the failure in a great measure to the want of the original plan of a Dispensary in connection with the Hospital.

387. Are you aware that at the present time all public institutions in Great Britain are managed by Boards? I believe that a considerable number are; I am not aware that it is so in all cases.

388. State your opinion as to the defects of Board Management, if any? The Board had no constitution; i.e., it had not sufficient powers, nor were they defined by Act of Parliament. This defect, as years rolled on, became more and more apparent. The Government of the day could either approve or *veto* any suggestions made by the Board, and through that the Board felt discouraged, and from time to time members resigned, and it became difficult to fill up the vacancies.

389. Do you think nomination of members by the Crown only advisable? There is no other course, in my opinion, unless the public subscribe.

390. Do you not consider that the nomination of a Board without an Act of Parliament for the regulation of its affairs, while the Crown retains the controlling power in its own hands, is an anomaly? Yes, I do; I am not aware that there is any precedent.

391. Do you not think the defects arose from that cause in a great measure? Yes, the non-introduction of the popular element was mainly the cause of the public in general not taking any great interest in this Establishment.

392. Would a Board for the management of the General Hospital work better if it were elective,—a popular interest having been first created, as in Melbourne? I have little doubt but that it would.

393. Are you aware that the Asylum at New Norfolk has been managed by a Board or body of Commissioners, having an Act of Parliament for its guidance,—thus giving it the control of its own affairs? Yes, I am.

394. Do you see any reason why a Board for the General Hospital, if possessed of the same powers as the New Norfolk Commissioners, should not work equally well? I am doubtful as to its success.

395. Do you consider Board Management failed at the General Hospital at any time during the first seven years of its existence? My opinion is, it commenced to fail after the first three or four years from various causes.

396. Do you believe that, during your tenure of office as Chairman of the Board, the affairs of the Establishment, in an economic point of view, were satisfactorily administered? I believe that every effort was made to keep down unnecessary expense.

397. The Board has been charged with a want of economy in having ordered, during the first year of its existence, stores to the amount of £3000: can you give the Committee information upon this point? Though an ample supply was required, it is my opinion that it was a mistake in ordering such a large quantity at once from England.

398. Was not everything at the time of the transfer in a most disgraceful state: I allude particularly to the bedding, clothing, and ward necessaries generally? I consider that neither the wants nor comforts of the patients had been sufficiently attended to,—which rendered it necessary to go to considerable expense in rectifying so undesirable a condition of things.

399. After the inspection of the stores named, did not a great improvement in the appearance of the wards, and decided increase of comforts to the sick, take place? Most undoubtedly.

400. Have any fresh importations of stores been made, and is there any of the original stock on hand at the present time? I am not aware that any of the original supplies are on hand, but annual supplies have been sent for to a moderate amount.

401. Do you think, consistently with a due regard to the necessities of the sick, greater economy could have been exercised? I do not.

402. Rules and regulations for the General Hospital and Dispensary, Hobart Town, were printed and accepted by the Government? I am not aware that they were accepted; they were both complex and in some respects contradictory, and caused the Board considerable difficulty in the management of its affairs.

403. Were these at any time rescinded by any Resolution of the Board? Not as a whole, but they were amended in some particulars; but as regards the Dispensary it remained a dead letter.

404. Your name has been attached to many of the Hospital Reports, for 1860, 1861, and 1862. In the Report of the Board of Management on the General Hospital for 1860, the following is an extract—Paragraph No. 3:—

“The Board has no desire to animadvert upon departmental control; it may be good, or it may be bad, but the late experience of the Crimean War has shown that it may be defective, and needs the quickening influence of public opinion. A Medical Department is not one over which a Government can exercise a supervision, it stands apart, and can be responsible only to itself. In such cases it seems the safest course to invite the co-operation of the public, and to conduct Hospitals and Charitable Institutions upon the principle generally recognised as the soundest and most beneficial in the mother country.”

Does that embody, at the present time, your mind as to Board Management? In the main I agree with the paragraph, but I think as long as the Government find a considerable portion of the funds, the Executive should have some control.

405. In the same Report, page No. 6, 2nd paragraph, there is the following:—

“The Board has much satisfaction in being able to state that the Female Hospital is now complete, and is in every respect a most creditable institution, which will bear a favourable comparison with any other of a kindred character elsewhere. It is capable of accommodating 50 patients, has good airy well-ventilated wards, good kitchen with separate bath-room, with quarters for the Matron (who has also charge of the female invalids), and possesses besides separate rooms, well fitted up, for paying patients, quite distinct from the other parts of the building.”

Are you aware of this? Yes, I am aware of that; but I am not aware that ever accommodation was provided for 50 female patients. I always thought that the maximum was 30; and the building was by no means suited for the purpose.

406. In page No. 7 of the same Report we have the following:—

“The members of the Board have cheerfully given their attendance upon all occasions, and although they might have something to complain of in respect to the somewhat anomalous and unsatisfactory position they were placed in, between Parliament on the one hand and the Government on the other, their powers and responsibilities being undefined, they have nevertheless persevered in their endeavours to achieve a public good, keeping this alone steadily in view, and disregarding all obstacles which in any way tended to impede the attainment of this object.”

Do you still agree with that? I quite agree with it.

407. In the Report for 1861, paragraph one, there is this—

“The Board of Management of the General Hospital have much satisfaction in bringing up their Report for the year ending 31st December, 1861. During that period, the system adopted by the Honorary Medical Officers has worked well, and the utmost confidence has been established in it as a Public Institution. A committee of the Board visit the Hospital every week, in order to see that the regulations are properly enforced, as well as for other purposes, independently of the monthly meetings of the Board itself. Thus ample checks are furnished against abuse; and the fact that the meetings of the Board are open to the press operates, besides, as a salutary safeguard.”

Are you still of that opinion? That is my opinion still.

408. In paragraph No. 6, Report for 1861—

“It will be sufficient on this point to state that the expense per head of the patients in the Hobart Town Hospital will favorably contrast with the cost of patients in some of the best London Hospitals; while, if we take together the cost of the patients and the invalids in both establishments, the average per head would be lower than that of similar institutions.”

Was that the case? The paragraph is correct.

409. In the Report for 1862, third paragraph, I extract the following:—

“As some misunderstanding appears to exist in reference to the control of the expenditure for buildings, as well as the general expenditure of the Hospital, it becomes again necessary to point out that, from the first appointment of the Board, the Government, and the Government alone, have exercised a control over the expenditure. The Board have, in a previous Report, drawn attention to this circumstance.”

That was the case? Yes.

410. In 4th paragraph of the same report, I read:—

“When the Board was first appointed by the Government, in accordance with the Resolutions of Parliament, some discussion ensued upon the subject of its relative powers and responsibilities,—the Board contending that after the Hospital Estimate had passed Parliament, the Government, of course, taking care, before proposing it, to exercise the most rigid supervision over all its details), that then the control of such Expenditure should be vested in the Board, which should be held primarily responsible for the outlay. If that outlay was in excess of the Estimate, unless the Board made out a sufficiently strong case, and had previously received the sanction of the Executive Government, the necessity of some fundamental alteration in the constitution of the Board would then become apparent.”

Is this the case? The difficulties as recorded really did exist.

411. In the next paragraph we have this:—

“But instead of adopting this course, and so devolving upon the Board the entire responsibility of management, they decide upon keeping the entire power in their own hands, the Officers remaining in the same position as before, and the Board exercising only a nominal power in the administration of its affairs. The Board cannot help observing, that, had full control been entrusted to their hands, the result would have been more satisfactory in an economical point of view; because, situated as they were, unless suggestions came from the Officers of the Department itself, it was not very likely that any important economical change could be carried out, while all the Board could do was to endeavour to exercise, or to exercise, a negative control over the expenditure. Even in this they were discouraged; for when they asked that the accounts of the contractors might first be submitted to the inspection of the Board, the contractors declined to send in their accounts. Had proper control been given them, no such anomaly as this would have existed, and the Institution would have been saved the detriment it was likely to sustain from a twofold authority of this kind: and it was the more incumbent that all doubt on this subject should be removed when, unlike entering upon a new state of things, the Board were called upon to take over an old Institution with all its Officers, and all the prejudices inseparable from long habit and association. Notwithstanding these drawbacks, the fact of the Hospital having been thrown open, and the management of it being shared and participated in by the community, exercised a very salutary influence over the Institution. The Honorary Medical Officers vied with each other in their attention to the inmates and in effecting sanitary improvements; and the result has been to produce an Hospital, both Male and Female, which is creditable to the Colony, and which wins commendation from every stranger.”

Was that so? It was correct.

412. What is your opinion with regard to improvements for the future buildings, &c.? I consider it is undesirable that any amount should be expended on the existing old and dilapidated buildings, but that whatever may be required should be of a new and substantial character and modern style.

DAVID LEWIS, Esq., M.H.A., examined.

413. Your name is David Lewis, and you are a Member of the House of Assembly? Yes.

414. You were a member of the Board of Management of Her Majesty's General Hospital in 1859? Yes.

415. What is your opinion of Board management as originally devised and continued at the General Hospital until the year 1868? I think the Board of Management answered very well indeed as a Board of advice to the Executive Government; it was of considerable advantage both to the Institution and the Government.

416. Do you consider the system of Board Management good in principle? I do.

417. Are you aware that at the present time all public Institutions in Great Britain are managed by Boards? I know that there are many Institutions managed by Boards.

418. State your opinion as to the defects of Board management, if any? I think the defects of Board management, as applied to the Hospital, arose from its powers not being defined.

419. Do you think nomination of members by the Crown only advisable? I think it only advisable when the Government provide the whole of the funds.

420. Do you not consider that the nomination of a Board without an Act of Parliament for the regulation of its affairs, while the crown retains the controlling power in its own hands, an anomaly? I considered that the case, and consequently resigned.

421. Would a Board for the management of the General Hospital work better if it were elective,—a popular interest having been first created as in Melbourne? I think it would answer much better than the present system.

422. You are aware when the General Hospital was transferred from the Imperial to Colonial Government it was contemplated to make it a Hospital and Dispensary, in order to secure public interest and support? Yes.

423. If the plan had been adhered to of making it a Hospital and Dispensary, with a private subscription, and the Board made elective, do you not think it would have proved beneficial to the general public? I think it would. What was wanted was the introduction of the popular element in that manner.

424. You are aware that an Act of Parliament exists for the regulation of the New Norfolk Asylum; do you think, if the same powers and organisation existed with regard to the General Hospital, that good would result? I think it would; the New Norfolk Asylum has worked very well.

425. Do you believe that, during your tenure of office as a member of the Board, the affairs of the Establishment, in an economical point of view, were satisfactorily administered? There was every effort made by the Board to manage their affairs economically.

426. The Board has been charged with a want of economy, in having ordered during the first year of its existence Stores to the amount of £3000, can you give the Committee information upon this point? I consider the ordering of these Stores was a really economical and beneficial act.

427. Was not everything at the time of the transfer in a most disgraceful state,—I allude particularly to the bedding, clothing, and ward necessaries generally? Everything was in a disgraceful state, necessitating the ordering of the stores alluded to.

428. After the inspection of the stores named, did not a great improvement in the appearance of the wards, and decided increase of comforts to the sick, take place? Decidedly.

429. Do you think, consistently with a due regard to the necessities of the sick, greater economy could have been exercised? No greater economy could have been exercised.

430. Did the Board of Management, in your opinion, possess powers of a sufficiently defined character to ensure its being a success? I do not think so, being always subject to the caprice of the Executive.

431. Rules and Regulations for the General Hospital and Dispensary, Hobart Town, were printed and accepted by the Government, were they not? were these at any time rescinded by any resolution of the Board? I am not aware of any material alterations.

432. In the Report of the Board of Managers for the year 1860, the following is a paragraph:—

"The Board has no desire to animadvert upon departmental control; it may be good, or it may be bad, but the late experience of the Crimean War has shown that it may be defective, and needs the quickening influence of public opinion. A Medical Department is not one over which a Government can exercise a supervision, it stands apart, and can be responsible only to itself. In such cases it seems the safest course to invite the co-operation of the public, and to conduct Hospitals and Charitable Institutions upon the principle generally recognised as the soundest and most beneficial in the mother country."

Are you still of the same opinion as you were then? Yes.

433. Fifth paragraph, page 4, I refer you to; viz.,—

"It seemed desirable to teach the Colonists to look to it as a Colonial Hospital for the benefit of their fellow men, and gradually to raise it to the character of an Educational Institute, with all the appliances and all the improvements that modern science, which has made such extraordinary rapid advances in this direction, might suggest."

You are still of the opinion that that applies? It does.

434. In page 6, paragraph 2, there is this concerning the Female Hospital:—

"The Board has much satisfaction in being able to state that the Female Hospital is now complete, and is in every respect a most creditable institution, which will bear a favourable comparison with any other of a kindred character elsewhere. It is capable of accommodating 50 patients, has good airy well-ventilated wards, good kitchen with separate bath-room, with quarters for the Matron (who has also charge of the female invalids), and possesses besides separate rooms, well fitted up, for paying patients quite distinct from the other parts of the building."

Was that your opinion? I always considered it a very admirable part of the institution, and was very sorry to see it done away with.

435. Paragraph 7 of the same Report states—

"The Members of the Board have cheerfully given their attendance upon all occasions; and although they might have something to complain of in respect to the somewhat anomalous and unsatisfactory position they were placed in, between Parliament on the one hand and the Government on the other, their powers and responsibilities being undefined, they have, nevertheless, persevered in their endeavours to achieve a public good, keeping this alone steadily in view, and disregarding all obstacles which in any way tended to impede the attainment of this object."

I believe that that paragraph represented the mind of the Board at that time.

436. In the Report of the General Hospital for 1861, first paragraph, we have:—

"The Board of Management of the General Hospital have much satisfaction in bringing up their Report for the year ending 31st December, 1861. During that period the system adopted by the Honorary Medical Officers has worked well, and the utmost confidence has been established in it as a Public Institution. A Committee of the Board visit the Hospital every week in order to see that the Regulations are properly enforced, as well as for other purposes, independently of the Monthly Meetings of the Board itself. Thus ample checks are furnished against abuse; and the fact that the Meetings of the Board are open to the Press operates, besides, as a salutary safeguard."

Was that your opinion? That represented the mind of the Board at that time, and was a fact known to myself.

437. In paragraph 6 of the same Report:—

"It will be sufficient on this point to state that the expense per head of the Patients in the Hobart Town Hospital will favourably contrast with the cost of Patients in some of the best London Hospitals; while, if we take together the cost of the Patients and the Invalids in both establishments, the average per head would be lower than that of similar Institutions."

Was that the case? I believe that was the case.

438. In Report for 1862, 3rd paragraph, page 1:—

"As some misunderstanding appears to exist in reference to the control of the expenditure for buildings, as well as the general expenditure of the Hospital, it becomes again necessary to point out that, from the first appointment of the Board, the Government, and the Government alone, have exercised a control over the expenditure. The Board have, in a previous Report, drawn attention to this circumstance."

Was this the case? I know that to have been the case at that time.

439. Paragraph No. 4 is to the following effect:—

"When the Board was first appointed by the Government, in accordance with the Resolutions of Parliament, some discussion ensued upon the subject of its relative powers and responsibilities,—the Board contending that after the Hospital Estimate had passed Parliament (the Government, of course, taking care, before proposing it, to exercise the most rigid supervision over all

its details), and then the control of such expenditure should be vested in the Board, which should be held primarily responsible for the outlay. If that outlay was in excess of the Estimate, unless the Board made out a sufficiently strong case, and had previously received the sanction of the Executive Government, the necessity of some fundamental alteration in the constitution of the Board would then become apparent. In the meantime vouchers should be rendered to the Treasury for every item of expenditure. Such was the view which was entertained by a majority of the Board; nor was this in any way inconsistent with the powers and duties of the Executive Government, to whom it was constitutionally competent to hand over to the Body in question, constituted as it was under the authority of Parliament, the sum of money voted for the Institution which it was intended to manage, and holding that Body responsible for such expenditure."

That paragraph represented my mind at the time and for years afterwards.

440. Paragraph No. 5 of Report for 1862 is as follows :—

"But instead of adopting this course, and so devolving upon the Board the entire responsibility of management, they decided upon keeping the entire power in their own hands, the Officers remaining in the same position as before, and the Board exercising only a nominal power in the administration of its affairs. The Board cannot help observing, that, had full control been entrusted to their hands, the result would have been more satisfactory in an economical point of view; because, situated as they were, unless suggestions came from the Officers of the Department itself, it was not very likely that any important economical change could be carried out, while all the Board could do was to endeavour to exercise, or to exercise, a negative control over the expenditure. Even in this they were discouraged; for when they asked that the accounts of the contractors might first be submitted to the inspection of the Board, the contractors declined to send in their accounts. Had proper control been given them, no such anomaly as this would have existed, and the Institution would have been saved the detriment it was likely to sustain from a twofold authority of this kind: and it was the more incumbent that all doubt on this subject should be removed when, unlike entering upon a new state of things, the Board were called upon to take over an old Institution with all its Officers, and all the prejudices inseparable from long habit and association. Notwithstanding these drawbacks, the fact of the Hospital having been thrown open, and the management of it being shared and participated in by the community, exercised a very salutary influence over the Institution."

Was that your opinion? That was my individual opinion at the time, as well as that of the majority of the Board, and I have never seen it necessary to alter that opinion. Mr. Sheehy, in conjunction with myself, resigned because we found our position unsatisfactory.