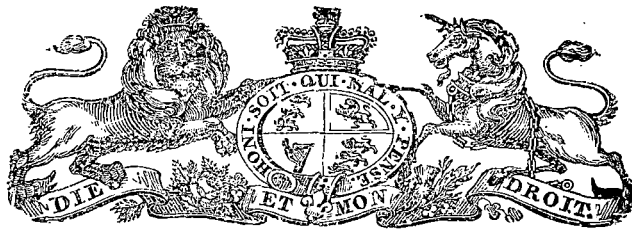


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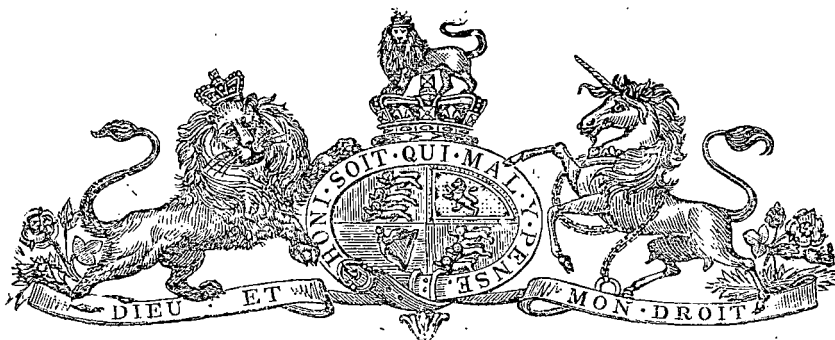
PARLIAMENT OF TASMANIA.

LAUNCESTON GENERAL HOSPITAL BILL, 1900,
(No. 51):

REPORT OF SELECT COMMITTEE, WITH MINUTES
OF PROCEEDINGS AND EVIDENCE.

Brought up by Mr Butler, October 30, 1900, and ordered by the Legislative
Council to be printed.

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SELECT COMMITTEE appointed on the 19th October, 1900, to consider and report upon "A Bill to further amend 'The Launceston General Hospital Act, 1878.'"

MEMBERS OF THE COMMITTEE.

MR. BUTLER.
MR. ROOKE.

MR. PIESSE. (*Mover.*)

DAYS OF MEETING.

Friday, October 19; Monday, October 22; Friday, October 26; Monday, October 29; Tuesday, October 30, 1900.

WITNESSES EXAMINED.

Drs. John Ramsay, James M. Pardey, Gustave Heuze Hogg, Charles James Pike, Charles Parker, George Ernest Clemons, William Gordon Maddox, John Thomas Wilson, Lavington Grey Thompson, and Mr. Frederick Stanfield.

WITNESSES EXPENSES.

Shorthand and Clerical expenses at Launceston, £6 6s. 4¹/₂. Members' expenses at Launceston, £2 5s.

R E P O R T.

THE Select Committee appointed by your Honourable House to consider the Bill to further amend 'The Launceston General Hospital Act, 1878,' have the honour to submit the following Report:—

1. Acting upon the authority conferred by your Honourable House, the Committee met in Launceston on the 22nd instant, and there examined the witnesses whose evidence is appended to this Report. On the following day the members of the Committee inspected the Launceston General Hospital, and have great pleasure in expressing their satisfaction at the result of this inspection.

2. They found ample evidence that both care and skill had been exercised by the Board of Management in providing, so far as the means at its disposal allowed, for the treatment of patients; and all your Committee heard and saw justified the high repute in which the Institution is held by the residents of the northern districts.

3. The reasons given by the witnesses who supported the appointment of Honorary Medical Officers give no ground for supposing that any dissatisfaction exists with the Management of the Board, but were confined mainly to two statements, viz., that thereby—

- (1.) The Hospital patients would be benefited, and
- (2.) The outside public, through the diffusion amongst the medical profession of the experience to be obtained by hospital practice, would also be gainers.

4. The existing system of confining responsibility of the medical charge of patients to the Resident Surgeon has worked satisfactorily, but your committee are of opinion that there are sufficient grounds for admitting (now that the members of the profession have become more numerous in Launceston) that hospital patients may derive benefit from having the services of four or six Honorary Medical Officers, some of whom may be specially qualified to treat certain diseases, and who, collectively, will have a more general experience than can be expected to be possessed by only two resident hospital doctors.

5. So far as the practice and experience to be gained at the institution can be made of service to the general public, who, as taxpayers, contribute to its maintenance, your Committee are of opinion that, provided the hospital patients are properly treated and duly cared for, this is desirable.

6. Suggestions have been made to secure this end without appointing Hon. Medical Officers to have medical charge of patients, but your Committee did not gather from the witnesses who were examined that this system would attain the end in view, while doubt was thrown upon the practicability of having an unlimited number of medical practitioners entitled to treat patients in the hospital; but opportunity for change in the *personnel* of the Hon. Medical Officers from time to time, should be afforded, so that the benefit of the hospital practice may be extended as widely as possible consistent with the maintenance of its primary object.

7. The Amendments in the Bill which your Committee recommend are indicated in the copy of the Bill attached to this Report.

GAM. H. BUTLER, *Chairman*.

Legislative Council, October 30, 1900.

MINUTES OF PROCEEDINGS.

FRIDAY, OCTOBER 19, 1900.

The Committee met at 6 o'clock.

Members present.—Mr. Butler, Mr. Piesse, and Mr. Rooke.

Mr. Butler was appointed Chairman.

The Committee deliberated.

Ordered, That Drs. L. S. Holmes, J. M. Pardey, C. Parker, C. J. Pike, J. Ramsay, G. H. Hogg, G. E. Clemons, W. G. Maddox, J. T. Wilson, Messrs. F. Stanfield, and T. Gladman, be summoned to attend and give evidence before the Select Committee.

Resolved, To meet in Launceston on Monday next to hear evidence.

The Committee adjourned till 3 o'clock on Monday.

MONDAY, OCTOBER 22, 1900.

The Committee met in the Ministerial Room, Launceston, at 3 o'clock.

Members present.—Mr. Butler (Chairman), Mr. Piesse, and Mr. Rooke.

Dr. J. Ramsay was called in and examined.

Mr. Ramsay withdrew.

Dr. J. M. Pardey was called in and examined.

Mr. Pardey withdrew.

Dr. G. H. Hogg was called in and examined.

Mr. Hogg withdrew.

Dr. C. J. Pike was called in and examined.

Mr. Pike withdrew.

Dr. Chas. Parker was called in and examined.

Mr. Parker withdrew.

Dr. G. E. Clemons was called in and examined.

Mr. Clemons withdrew.

Dr. W. G. Maddox was called in and examined.
 Mr. Maddox withdrew.
 Dr. J. T. Wilson was called in and examined.
 Mr. Wilson withdrew.
 Mr. F. Stanfield was called in and examined.
 Mr. Stanfield withdrew.
 Dr. L. G. Thompson was called in and examined.
 Mr. Thompson withdrew.
 The Committee deliberated.
 The Committee adjourned *sine die*.

FRIDAY, OCTOBER 26, 1900.

The Committee met at 3 o'clock.
Members present—Mr. Butler (Chairman), Mr. Piesse, and Mr. Rooke.
 The Minutes of the two previous meetings were read and confirmed.
 The Committee deliberated.
 Certain Amendments were proposed to be made in the Bill, and it was decided to consider them at the next meeting.
 The Committee adjourned till 3 o'clock on Monday.

MONDAY, OCTOBER 29, 1900.

The Committee met at 3 o'clock.
Members present—Mr. Butler (Chairman), Mr. Piesse, and Mr. Rooke.
 The minutes of the previous meeting were read and confirmed.
 The Committee then entered upon the consideration of the various Clauses of the Bill.
 Clauses 1 and 2 agreed to.
 Clause 3.

Amendments made:—

Page 1, line 16, after "officers," by striking out "shall be," and inserting "whose appointment must be approved by the Governor in Council, shall, in the month of January, nominate Three of their number as and to be."

Page 2, line 1, after "Board," by inserting "for the ensuing Twelve months."

Line 2, after "Act," by striking out "and shall have the professional treatment and charge of the patients."

Clause, as amended, agreed to.

Clause 4.

Amendments made:—

Page 2, line 7, after "of," by striking out "Three years," and inserting "not more than Four years, One at least of such Honorary Medical Officers shall retire in the month of December in each year."

Line 9, before "One," by striking out "November," and inserting "December."

Line 13, after "Launceston," by adding—

"(2.) An election shall be held upon every vacancy occurring in the office of Honorary Medical Officer, whether by retirement as aforesaid, or by death or resignation.

"(3.) All elections for filling up annual vacancies in the office of Honorary Medical Officer shall be held before the Thirty-first day of December in each year. Every other election shall be held within Two months from the happening of the vacancy."

Clause, as amended, agreed to.

Clause 5.

Amendments made:—

Page 2, line 14, after "Board," by striking out "may," and inserting "shall, immediately on this Act coming into force, and."

Same line, after "regulating," by inserting "subject to the provisions of this Act."

Same line, after "the," by inserting "retirement and."

Line 15, after "Officers," by inserting "ii. The professional treatment and charge of the in-patients by the Honorary Medical Officers, and prescribing the duties of the Resident Medical Officers."

Clause, as amended, agreed to.

Clause 6 agreed to.

New Clause A added (to follow Clause 4):—

"A. The approval by the Governor in Council of the appointment of Honorary Medical Officers, and of the nomination of the Three Honorary Medical Officers who shall from time to time be *ex officio* members of the Board, shall be notified in the *Gazette*."

New Clause B. added (to follow Clause 5):—

"B. After the first day of January, One thousand nine hundred and one, no vacancy among the present members of the Board, whether by death, resignation, or any other cause, excepting effluxion of time, shall be filled up while the total number of members of the Board shall be Thirteen or more."

The Draft Report was tabled, and read.

The Committee adjourned till Tuesday.

TUESDAY, OCTOBER 30, 1900.

The Committee met at 10.30 P.M.
Members present—Mr. Butler (Chairman), Mr. Piesse, and Mr. Rooke.
Resolved, That the Draft Report be agreed to.
 The Committee adjourned *sine die*.

EVIDENCE.

MONDAY, OCTOBER 22, 1900.

JOHN RAMSAY *called and examined.*

1. *By the Chairman.*—What is your name? John Ramsay.
2. You are the Surgeon Superintendent of the Launceston General Hospital? Yes.
3. How long have you been there? About four and three-quarter years.
4. During the time that you have been there how many times have the consulting surgeons performed operations on their own responsibility? They have not performed any operations on their own responsibility, but have frequently lent a hand.
5. Have they had any other general medical cases under their own treatment? Not directly.
6. Could an honorary medical officer write a prescription on his own account? He could do so by arrangement with me.
7. Have you any rule that any patient can be attended by one of the consulting staff if the patient wishes? There is no direct rule bearing on the subject, but Mr. Collins ruled that it would be quite compatible with the present rules for the patient to have operations performed, if so desired, provided that such took place in my presence.
8. Has any patient ever asked to be treated by one of the consulting honoriaries? No patient has ever asked, but they have often asked "Will Dr. So-and-So be coming up?"
9. Have you any records of the operations performed by honoriaries? They never have performed any; they have never asked to be allowed to do so, and no patient has ever asked for such.
10. They have never taken any case by itself? They have not, up to the present. Before an honorary consulting surgeon could operate he would have to have my consent, which, of course, would be but a matter of form.
11. Can medical men not connected with the hospital visit patients whom they have recommended for admission without your permission? They cannot go directly into the wards, but they come to see me, and they say "I would like to see So-and-So; how is he getting on?" And, if not too busy, I go with them, and talk over the case.
12. Have they any say in the treatment? No, they have not.
13. Would you just tell us what is really the position of the consulting staff? At present we have four honorary consulting surgeons. By arrangement about two years ago, say 13th September, 1898, I sent out letters to each of the then consulting surgeons, after having interviewed them privately, and they thought it would be a better idea than the rule that was then existing, that we should have regular days for attendance. I might say that previously to that they had been summoned to cases, and in response to these calls they sometimes attended, but they seemed to have a feeling that they would like to attend a little more regularly. We then decided that Tuesdays and Thursdays, at 3 P.M., they should come up and assist at any operations that might be going on, see any interesting cases, and go round the wards. Then there would be consultations, and if there were any operations, they assisted.
14. *By Mr. Piessé.*—Of course you pointed out to them cases of interest? Yes, I realised which were the cases of interest, and pointed them out. If we decided to operate, we fixed a day and a time that might be convenient. We would do it on a regular day, if possible, and the time would be fixed at the consultation; at other irregular times we would send them notices. Of course, in urgent cases we telephoned at once.
15. *By the Chairman.*—You are aware that the Board and yourself, even if the Bill passes, will still take the management of the hospital? No, I am not aware.
16. *By Mr. Piessé.*—Do you think that if the Bill comes into operation and honorary surgeons are appointed it will make any difference in the status of the nurses? I think it would affect the nursing staff, because of this fact—where a man has not direct responsibility he is not so likely to take a keen interest in his cases as if he were not subservient to another; consequently, I should think you would have your class of house-surgeon falling, because of the fact that, as a rule, the better class of house-surgeon gets appointments in big hospitals in big cities, and would not apply for positions in smaller hospitals;—hence the administration would fall into the hands of men of lower status. Then with regard to the teaching of the nursing staff, it depends upon the teacher. You would have your resident surgeon, a man of not such a grade as under the present system, lecturing to the nurses, and you would have a number of medical officers attending periodically for a short time, and they would then have the precept, the teaching, of this man who is in charge, and the practice of a number of other men to whom the teacher is subservient.
17. In your opinion the change would produce an inferior house-surgeon, and that would mean an inferior man to administer the hospital and also to teach the nurses? Yes.
18. *By the Chairman.*—Is not that the only way in which it would interfere with the general administration? Well, I think that is the chief principle.

19. *By Mr. Piesse.*—You at present allow of any number of medical honorary consulting surgeons? The Board has fixed it at four. I fancy the rule was altered to read “not less than three.” There were three when I first came to the hospital, and they have since been increased to four.

20. Is there any reason why no larger number has been appointed? I think not.

21. There have been no applications? I think not, but the Board would know that better than I.

22. Would it be practicable to have in, say—six or seven honorary consulting surgeons? It would be practicable to have as many as you liked.

23. Well, I know you could name them, but would you find work for them in the hospital? It would mean that they would have less to do; we find that four are ample under the present system.

24. Would the hospital work be manageable with a larger number of consulting surgeons, if they had power to operate and take complete medical control over their own cases? Well, I would not like to prophesy; one could hardly answer that. It would mean more division of labour, and if they all attended regularly there would not be much for each to do.

25. It has been stated that the thirteen medical men of Launceston could be made honorary consulting surgeons, and that their privileges would be to attend any case that they might send in, or that a patient in the hospital might wish them to attend. Do you think that this would work? I think it is less practicable than where you have a fewer number, but it could be worked.

26. Do you think that powers of that sort would work? I could not say definitely.

27. Do you think it desirable in the interests of the hospital? I think it would be better to keep the number of surgeons under six; the present number is quite ample.

28. Clause three of the Bill reads “the honorary medical officers * * * * shall have the professional treatment and charge of the patients.” What would you understand from that with regard to the position of the resident surgeons? The resident surgeons would simply act under the direction of the honoraries.

29. *By Mr. Butler.*—In your opinion, would it not be necessary to have such a rule as rule 59 of the Hobart Hospital? It would be necessary, but I don't think it would cover the ground, because the honorary medical officer is responsible entirely for the treatment.

30. In all hospitals that have an honorary medical staff, the house surgeon occupies the same position as under rule 59 of the Hobart General Hospital? In nearly all.

31. *By Mr. Piesse.*—The change, in your opinion, would tend rather to make the position not so much sought after by qualified men? Certainly so.

JAMES M'IMERY PARDEY, *called and examined.*

32. *By the Chairman.*—Your name? James M'Imery Pardey.

33. You are one of the honorary consulting medical officers of the Launceston General Hospital? I am.

34. What are your duties as such? To go up and be present at operations and consultations, and assist at such. To go up whenever called upon. We have the right to go up there on two fixed days, Tuesdays and Thursdays, the one for consultation on medical and surgical cases, and the other for operations. At other times they send for us if they want us.

35. Have you ever had sole charge of any patient in the hospital as a consulting surgeon No.

36. Does your position as a consultant give you power to treat a case or perform operations on a patient independently of the wish of the Surgeon Superintendent? No, only with his consent.

37. In the joint letter that you have signed, you state that the proposed system under the Bill was unworkable; will you give us your reasons? At present the work is done in a satisfactory manner. If the work is taken in hand by the men outside, they will not sacrifice their private work to the hospital work.

38. Have you had experience of that in any other hospital? I have been in the Melbourne Hospital and in this hospital as House Surgeon.

39. Does not the system of an honorary medical staff work well in the Melbourne Hospital? Yes; but that is a large clinical teaching hospital.

40. Do you know of any hospital as large as the Launceston Hospital worked with an honorary medical staff? Yes, the Bendigo Hospital. The Ballarat Hospital is worked on the honorary system, and that is unsatisfactory.

41. Would you act as Honorary Medical Officer if elected under the new Bill? Yes.

42. In the event of the Bill passing without the words “shall have professional treatment and charge of the patients” (Clause 3) appearing, would you consider it compulsory on the Board to frame rules giving them that charge? Yes, they would have to have full charge of the patients, and the Residents would be subject to their direction.

43. *By Mr. Piesse.*—What do you suppose are the reasons for this proposed change? Simply that certain men want to get the positions.

44. That may be; but is it not for medical benefit generally? If they did it conscientiously, and neglected their private practice, it would be.

45. *By Mr. Rooke.*—Do you not think it possible that a medical officer in Launceston could attend as one out of six in the hospital, and not neglect his private patients? No, I do not.

46. *By Mr. Piesse.*—Don't you think it would be for the benefit of the patients if four medical men in Launceston, of the highest repute, had medical charge? No, not if you had surgeon superintendents of the same status as those of the past.

47. With what object are the medical men so eager to obtain the position of Surgeon Superintendent? They will have sole charge of the patients; and the medical experience is of great benefit to those who obtain the position.

48. The experience of a hospital, divided among those who might be on the honorary medical staff, would that not be of benefit to the community? Oh yes, the knowledge gained is of great benefit.

GUSTAVE HEUZE HOGG, *called and examined.*

49. *By the Chairman.*—Your name? Gustave Heuze Hogg.

50. You are the Honorary Secretary of the British Medical Association? Yes.

51. The medical men have informed you that they will be pleased to act as honorary medical officers? Yes; Drs. Maddox, Cotterell, Clemons, Wilson, Webster, Parker, Johnson (of Evandale, who states he will come and practise in Launceston, if the system is instituted), and myself,—making eight in all.

52. You are in the habit of recommending patients to the hospital? Sometimes, not very often.

54. Have you ever recommended anyone to the hospital for an operation? No, I don't think so.

55. You know the present system that is worked at the Launceston General Hospital: do you believe the principle of an honorary medical system preferable? Certainly.

56. Will you give us your reasons? In the first place, under the present system the entire treatment of the patients and the performance of all operations rest with the two Resident Medical Officers. Now the Launceston General Hospital is the general hospital for the north, and all kinds of cases are received into it, surgical and medical cases, diseases of women and of children, diseases of the eye, ear, and throat. If there were an honorary medical staff, say, of six medical men, a subdivision of these cases could be made, and six honorary medical men could bring more experience, more skill, and more knowledge to deal with these different cases than any two resident medical men, however skilled they might be.

57. Do you know of any hospital as large as the Launceston Hospital worked without an honorary medical staff? No, I don't.

58. Can you tell us of any in the Colonies, in towns of the size of Launceston that are worked with an honorary medical staff? At Goulburn (medical staff are paid a nominal honorarium) and Newcastle, in New South Wales; Brisbane and Townsville in Queensland; Ballarat in Victoria; and Perth in Western Australia; Christchurch and Dunedin, N.Z.

59. *By Mr. Piesse.*—What further reasons have you for advocating a change in the system? It would be for the benefit of the public outside of the hospital, inasmuch as every medical man knows that by watching hospital cases he can watch them more carefully than he can private cases, and, consequently, his range of knowledge and skill is greatly increased, and this would be for the benefit of his private patients whom he treats outside.

59A. The benefit to the medical profession generally would be limited to a certain number if the Hobart system were adopted? Under the proposed Bill these medical men hold office for three years only, when others may apply, and may be elected.

60. If the practice followed here was the same as has obtained in Hobart, where the same medical practitioners have been reappointed from time to time, do you think it would tend to give that general experience, and would it be worth while to the profession to make that change? Certainly it would.

61. Even though the result was as in Hobart, where the same four have held office for several years? Yes.

62. I have understood the general desire was to get this medical education spread among the profession generally—do you think the change would produce that? Yes. Those not on the medical staff would attend with their friends, who were members of the honorary medical staff.

63. They would attend as observers of treatment? Yes.

64. Could they not do that now? Not so far as I know.

65. Supposing they were honorary consulting surgeons, would not that give them the right to attend as observers of treatment? No; they can only go two days a week.

66. Are they confined to two days a week? Yes, so far as I know, unless sent for by the Surgeon Superintendent.

67. Is there any other reason why you would advocate the change, looking to the general benefit it would be to the whole of the profession? It would be better for them to have the opportunity of watching the practice of six men than of two.

68. *By Mr. Rooke.*—From your knowledge of the profession in Launceston, do you think you would get six men to attend as honorary medical surgeons without neglecting their private patients? Certainly.

CHARLES JAMES PIKE, *called and examined.*

69. *By the Chairman.*—Your name? Charles James Pike.
70. You are an honorary consulting surgeon at the Launceston General Hospital? Yes.
71. How long have you been a consulting surgeon? Seventeen years.
72. What are your duties? We are supposed to go to the hospital on Tuesdays and Thursdays to attend consultations and operations.
73. *By Mr. Piesse.*—Have you had liberty to go at any other time? Oh, yes.
74. *By the Chairman.*—Would you simply walk in yourself? We would go and see the Surgeon Superintendent, and if he was busy we would see the House Surgeon.
75. Would that be with the object of treating any case? No.
76. Have you, as consulting surgeon, ever operated yourself at the hospital? No.
77. Have you ever had sole charge of a patient in any form as consulting surgeon? No.
78. Does your position as consulting medical officer give you power to treat a case or perform operations independently of the wish of the surgeon superintendent? No.
79. In the joint letter you signed with others, you state that the system proposed in the Bill is unworkable—why? We could not get enough honoraries to do the work.
80. *By Mr. Piesse.*—How many would you consider enough? Six.
81. *By the Chairman.*—Do you know of any hospital as large as the Launceston General Hospital worked without an honorary staff? No.
82. Would you act as honorary medical officer if elected? No; I would not have the time.
83. In the event of the Bill passing without the words “Shall have professional treatment and charge of the patients” (Clause 3) appearing, would you consider it compulsory on the Board to frame rules giving them that charge? I should think so.
84. *By Mr. Piesse.*—Would the term “Honorary Medical Officer,” being a well-understood term, carry with it the necessity of the Board appointing them to medical charge? Yes.

CHARLES PARKER, *called and examined.*

85. *By the Chairman.*—Your name? Charles Parker.
86. You are an honorary consulting medical officer at the Launceston General Hospital? Yes.
87. How long have you held this position? Since, I think, 1895.
88. What are your duties as honorary consulting officer? To go up on Tuesdays and Thursdays; Tuesdays for consulting cases which the Surgeon Superintendent wishes to consult us on. Thursday is the day for operations, at which we assist, but do not perform.
89. Does your position give you the power to treat a case or perform an operation on a patient independently of the wish of the Surgeon Superintendent? No.
90. In the joint letter that you wrote to the Chief Secretary you stated that the proposed system was undesirable. Why? Because everything is going on very well at present. I was there as Surgeon Superintendent, and I found nothing objectionable in the present system during the whole time. There have been no scandals and no squabbles; it is working well.
91. You do not think it is unworkable? No, certainly not.
92. Do you know of any hospitals in the Colonies as large as that of Launceston worked without an honorary medical staff? I am not sure; I believe there is one in Fiji.
93. You know of several worked with that system? Oh, yes.
94. Would you act as honorary medical officer if elected? Yes.
95. In the event of the Bill passing without the words “shall have professional treatment and charge of the patients” (Clause 3) appearing, would you consider it compulsory on the Board to frame rules giving them that charge? The term “honorary medical officer” would carry with it the necessity for their being placed in direct charge of patients.
96. *By Mr. Rooke.*—Do you think that you could get six medical men to accept the positions of honorary medical officers without actually neglecting their patients? Certainly.

GEORGE ERNEST CLEMONS, *called and examined.*

97. *By the Chairman.*—Your name? George Ernest Clemons.
98. Do you believe that the honorary medical system is preferable to the present consulting system? Yes.
99. Will you tell us why? As far as the patients are concerned, I believe in the honorary medical system, because in serious cases you would have the advantage of three or four, or perhaps half-a-dozen, medical officers consulting and giving their opinion about any serious cases that have occurred; whereas, if you have two resident medical men only, you have only one or two opinions about it. In surgical operations, under the proposed system you would have the same preponderance of medical opinion as to whether it was necessary or not, and you would have the advantage of the advice and assistance of those six honorary medical officers; and, further, in a special class of cases, such as diseases of the eye, ear, and throat, or diseases of women, there are bound to be one or other

of these six honorary medical officers who would have more special knowledge of, say, diseases of the eye or diseases of women, than any one Surgeon Superintendent could possibly have. Granting, for one moment, that the Surgeon Superintendent might possess more technical skill in an operation, that he might be a better surgeon, yet he could not combine in himself all the knowledge and all the skill which would be found amongst six honorary medical officers on different subjects.

100. Do you know of any hospital in the Colonies, as large as the Launceston General Hospital, worked without an honorary medical staff? I cannot say that I do. I have heard that at Bendigo the hospital is worked without an honorary medical staff, but I have no personal knowledge of it, nor have I any idea of its size.

101. You know of hospitals of about the size of the Launceston General Hospital or Hobart Hospital worked with an honorary medical system? Yes; I know of many.

102. *By Mr. Rooke.*—From your knowledge of the profession in Launceston, do you think you could get four or six medical men to attend as honorary surgeons at the hospital without neglecting their private patients? I believe so.

103. Would you, yourself, act as honorary medical officer, if elected? Yes.

104. *By Mr. Piesse.*—Have you any further reasons for advocating a change? As far as the profession is concerned, if there were a number of honoraries appointed at the Launceston General Hospital, not only would the patients inside the hospital benefit by that change, but the increased skill and knowledge that these honoraries would gain by being brought into direct contact with the patients at the hospital (and those patients, of necessity, the most serious cases that occur among men and women) would be used outside the hospital for the benefit of the public generally. Not only would it do that, but, as this inquiry shows, there is a great deal of dissension among the profession; and it would bring medical men much more into union in the town, and men who were not honoraries would have a great many more advantages than they have now; I mean in the right of seeing patients, and of becoming fully acquainted with the course of the diseases in patients they have sent into the hospital. To give you an illustration:—Under the present system, if, after sending in a case, the outside medical officer desires to know more of the nature of the man's illness, or any other details about the case, it is necessary for him to go up to the hospital and make special inquiries, otherwise he is not likely to hear any more of the case; whereas, with a system of honoraries there is surely one at least of those honoraries with whom the outside medical man is meeting constantly, either privately or in practice, and the case gets discussed. And then, suppose an honorary has an important operation on at the hospital, it is the custom elsewhere to invite a friend who is not one of the honoraries to come up and see it, or even outside of an operation, to come and see an interesting medical case.

105. If the change were brought about, would you advocate the retirement, at regular intervals, of the appointed medical officers, and the election of fresh men? Under the circumstances, I don't think I should. I would advocate their retirement triennially, for re-election or otherwise, but not their necessary and compulsory retirement, because, when there is a limited number, it would be injudicious to appoint six new men. It would be always desirable to retain on the staff a certain number of the previous men because of their increased experience, so as not to leave the hospital staff without someone who has had previous experience.

106. Do you consider it advisable to limit the time during which a man should be allowed to hold office? I think the time should be limited to, say, twenty years, after which he should have the privilege of going on as a consulting officer.

107. I understand that one reason for advocating the change is, that the benefits of the experience of the hospital might be spread generally among the profession—Would the change attain that end? Certainly, I have no doubt that is the best way of allowing medical men to take advantage of what experience they can get at the hospital.

108. Is there any other way that the same advantage could be obtained? In larger hospitals, where there are younger and deserving men waiting to get on, they sometimes appoint assistant honorary surgeons or physicians, so that these men may get a share of the active work of the hospital; then, when some of the older honoraries are nearing the expiry of their term of office, of ten, fifteen, or twenty years, you have two or more assistant officers ready to take their place.

109. In the event of the Bill passing without the words "shall have professional treatment and charge of the patients" (Clause 3) appearing, would you consider it compulsory on the Board to frame rules giving them that charge? The term Honorary Medical Officer necessitates the appointment of that officer to medical charge of the patients.

WILLIAM GORDON MADDOX, *called and examined.*

110. *By the Chairman.*—Your name? William Gordon Maddox.

111. You are a member of the Hospital Board? Yes.

112. You have been an honorary consulting surgeon? Yes.

113. Would you tell us what are the duties of an honorary consulting surgeon? Well, they are absolutely nominal. The rules say they are to be called upon and summoned to attend operations, but under the rules they are never allowed to operate or to take charge of the patient.

114. Does their position as honorary consultants give them power to treat a case or perform an operation on a patient independently of the wish of the Surgeon Superintendent? No, it does not.

115. The patient has no right to choose (his operator?) among the honorary consulting staff? No, not so far as I know.

116. Do you know of any hospital in the Colonies, as large as the Launceston General Hospital, that is worked without an honorary medical staff? No.

117. Would you act as honorary medical officer if elected? Yes.

118. You believe the honorary medical system preferable to the one now in vogue? Yes, considering the circumstances of the town. I was on the staff some twenty years ago, when the honorary medical system was found not to answer, but there were then only four medical men in the town, whereas we now have thirteen practitioners.

119. In the event of the Bill passing without the words "shall have professional treatment and charge of the patients" (Clause 3) appearing, would you consider it compulsory on the Board to frame rules giving them that charge? The clause should be distinctly stated in the Bill, and I say that as a member of the Board.

120. *By Mr. Piessé.*—When you acted as Honorary Medical Officer there were no such words in the original Act, yet you had the duties such as you would expect would have to be performed if those words, the words in Clause 3, were included? Yes.

121. *By Mr. Rooke.*—Do you think you could find, say, four or six men who could attend to the duties of honorary medical officers without neglecting their patients in Launceston? Yes.

122. *By Mr. Piessé.*—What are your reasons generally for desiring this change—Is it in the interests of the patients, or in the interests of the profession? In the interests of both.

123. Will it also benefit outside patients? Yes.

JOHN THOMAS WILSON, *called and examined.*

124. Your name? John Thomas Wilson.

125. You believe in the honorary medical system, for the Launceston General Hospital, in preference to the present system? Yes.

126. Can you give any reasons why? Well, two heads are better than one. I don't suppose there is a single man alive who combines all the experience and all the skill that would be found in a staff of medical men.

127. Do you think it would be better for the medical men? I daresay. I think the patients should be considered first. The knowledge gained would be better for the private patients also.

128. Do you know of any colonial hospital as large as Launceston worked without an honorary medical staff? I do not know of any.

129. From what you know of the profession in Launceston, do you think you could get six medical men to do the work without neglecting their patients? I think so.

130. That would not entail too much work upon them? Oh, no.

FREDERICK STANFIELD, *Chairman of the Launceston Hospital Board, called and examined*

131. *By the Chairman.*—Your name? Frederick Stanfield.

132. You are the Chairman of the Launceston Hospital Board? Yes.

133. You work the hospital with a Superintendent Surgeon and a House Surgeon and four honorary consulting surgeons? That is so.

134. Tell us the duties of the honorary consulting surgeons—what are they? So far as the Board recognises their duties they lie in this direction. Arrangements are made by the Surgeon-Superintendent appointing two days weekly for consultations and operations. The honorary surgeons, of course, know of these days—Tuesdays and Thursdays—because they are fixed for the purpose of enabling them the better to make their arrangements with regard to their private practice to fit in with the consultation practice and the operations at the hospital. Then, in urgent cases they are summoned by the Surgeon Superintendent. At other times, if they can attend, well and good; but if the case is a very urgent one requiring an operation, then, I understand the Surgeon Superintendent operates without them, if he cannot secure their attendance. Then, with respect to their relations to the Surgeon Superintendent as to operations the Board understands, and indeed there is a rule which expresses this, that the responsibility in the matter of operations rests exclusively with the Surgeon Superintendent, but he is at liberty to allow any one of the consulting surgeons to perform the operation if he think fit, and I understand that occasionally honoraries attending operations have performed them at the request or by the permission of the Surgeon Superintendent.

135. They have no right to operate on their own account, to take it as a right? They have no right, and if they do operate permission has been granted them by the Surgeon Superintendent. That is based on the fact that the Surgeon Superintendent is responsible for the operation.

136. Have you any rule in the hospital that gives to patients in the hospital power to ask for one of the consulting medical officers to attend them while in the hospital as patients? I am not aware of any written rule with regard to that, but I am of opinion, if a patient desired that one of the consulting staff should be allowed to operate, the request would be conceded.

137. But the patient could not demand it? I think not.

138. Of course, that would not be granted, except to one of the consulting men of the hospital? It would not.

139. In the event of the Bill passing without the words "shall have professional treatment and charge of the patients" (Clause 3) appearing, would you consider it compulsory on the Board to frame rules giving them that charge? I think it would probably have the effect of leaving it open to dispute as to whether the Surgeon Superintendent had not co-ordinate powers with the honorary medical officers, unless it is expressly stated in the Bill.

140. *By Mr. Piessé.*—There was a system of honorary medical officers in the Launceston Hospital before—were you a member then? I was.

141. What duties had those honorary medical officers to perform? They performed, as far as I am aware, the duties that have been for years performed by the honorary staff in the Hobart Hospital. That is to say, they had the entire responsibility of the treatment of the patients, and there was a House-Surgeon to carry out their instructions.

142. As the original Act contained no such clause as Clause 3 of the Bill, do you think it necessary that the proposed Act should? To prevent any ambiguity I think it desirable.

143. Do you know that the Hobart Act is exactly the same as the original Act on that point? I have only gathered that it is from the system of management with regard to the medical staff. That they have one or more resident officers who are subordinate to the honorary staff; and that the honorary staff is responsible for the entire treatment of the patients.

144. If you had the Hobart Hospital Bill for Launceston would not the honorary medical officers here be in the same position as those in Hobart? I could not be sure how the Board would interpret it.

145. You are opposed to the proposed change? Yes.

146. *By Mr. Rooke.*—Will you give a few general reasons? I think one of the most prominent reasons that may be assigned in favour of our present system, and against the system proposed, is the fact that under the existing system the patients get better attention than they could possibly get under the proposed system. That is to say, with a surgeon superintendent and a house surgeon who are solely responsible for the treatment of the patients, you get better results than by relying on a number of outside men whose attention is more or less necessarily diverted from the hospital work, because of their own general private practice; so that the two interests conflict. The hospital interests conflict with those of the medical man who is in general practice, because, if occasions arise—and they often do arise—where the medical man is required to attend his private patients, as a matter of course he gives them the preference, and the hospital suffers in consequence. Another advantage of the present system is that the resident medical officers, being solely responsible for the patients, take, of necessity, a greater interest in the cases. Still another great advantage of the present system is this: the resident surgeons watch critical cases night and day. Dr. Ramsey himself has told me that sometimes he is up three or four times in a night for this purpose; therefore, the patient gets all the advantage of this extra care and oversight. Then, in regard to surgical cases, it is of immense advantage to have all the more important work performed by one man; not that he is necessarily better qualified at the outset than many outside men, but on the ground that practice makes perfect. His constant practice in surgical work from day to day qualifies him to a much larger extent for the skilful performance of such work than if it were divided between six or eight men. If there were sufficient work to keep four or five men continuously employed then my argument would not apply, but as there is only sufficient work for one man, I take it that the patients get all the benefit growing out of the one man's constant practice. It makes him an expert; he has much greater confidence in the performance of his work; and, as a necessary consequence, if these premises are sound, the patients get all the benefit.

147. *By Mr. Piessé.*—Supposing your expert leaves—where are you then? Perhaps it is not always desirable "to attempt to cross the bridge before you come to it"—as a matter of fact, we have been very fortunate in the medical men we have had. But I would like to say this, that, as a rule, the House Surgeon, who generally has three or four years' experience in the subordinate position, qualifies for the higher position. Failing this, I take it that the prize is sufficiently valuable to enable us to get a thoroughly competent man from outside.

148. *By the Chairman.*—Is it not a fact that when your man becomes perfect he leaves you? The public in Tasmania get the benefit of his gathered experience at the hospital, for all our ex-surgeon superintendents are in private practice, either here or in Hobart.

149. Is it not a fact that, as soon as the patients are in a position to receive the benefit of the work he has done there, they lose it, for he goes away? The surgeon superintendents remain at the hospital for periods varying from two to eight years, and, when one leaves, another man comes along who is qualified to take his place.

150. You think it is advisable that one man should do all the operating in the hospital; but, is it not advisable that some of the outside men should get a little of the work, that their private practice may get the benefit of it? In the interests of the patients themselves, who require to undergo serious operations, I think that, in a small community like Launceston, it is a great advantage to have the operation performed by one or two men. In regard to private practice, the medical men in small communities get so few important operations that it is impossible for them to be in good practice. In the interests of the patients it is of immense advantage to them that they should have their operations performed by a man in constant practice in surgical work.

151. In your opinion the hospital should subsidise a medical man who is to take all the work out of the hands of other medical men who have to earn their living by it in the town? If the answer is restricted to the interests of the patients I should say "Yes" to that question.

152. Have you had any experience of the working of any other hospital beyond that of the Launceston General Hospital? No personal experience at all. The Bendigo Hospital has reverted to our system of management.

153. *By Mr. Piessé.*—There is a great difference now in the position of Launceston with regard to medical practitioners to what it was twenty years ago, when Dr. Maddox was Surgeon Superintendent? Yes, the number of medical men at present is three times what it was then.

154. Do you not think it is possible that out of the medical men of Launceston you might have three or four who, attending at the hospital and giving their services, in addition to the two resident officers, really secure for the patients greater benefits than they now enjoy? I think our present system, if honestly and thoroughly worked on the part of the medical men, is superior to that altered system, on the ground that if they choose regularly to attend the consultations and operations, they can keep in touch with all the work of the hospital, and the patients get a larger benefit than under the proposed system. If there must be an altered system, I think it is indispensable that the position of the Surgeon Superintendent should be preserved in connection with the hospital, not only as regards matters of discipline pertaining to the forty or fifty nurses and servants, and the general oversight of the institution, but also a direct interest in the medical treatment of the patients.

155.—Rule 59, of the Hobart Hospital, reads:—"The House Surgeon shall have charge of the patients during the absence of the honorary medical officers, and shall undertake, both with respect to in-patients and to out-patients, the general supervision of the professional work of the hospital"—Would that meet the difficulty? It would not meet my objection.

LAVINGTON GREY THOMPSON, *called and examined.*

156. *By the Chairman.*—Your name? Lavington Grey Thompson.

157. You are a Member of the Hospital Board of Launceston? Yes.

158. You have been Resident Medical Officer? Yes.

159. You have never been a Consulting Officer? No.

160. Could you tell us the duties of the Consulting Medical Officers? They are called in in cases of doubt, when the Superintendent wants assistance. The rule says, "In chronic cases, or cases involved in difficulty."

161. Their position gives them no power to treat a case on their own account, or to perform any operations without the consent of the Surgeon Superintendent? No.

162. Do you know of any hospital as large as that of Launceston worked without an honorary medical system? No, I never heard of one.

163. In the event of the Bill passing without the words "Shall have professional treatment and charge of the patients," (Clause 3.) appearing, would you consider it compulsory on the Board to frame rules giving them that charge? I think the clause should be left in; the term honorary medical officer would carry that interpretation, but I think it should be left in the Bill.

164. In the event of honorary medical officers being appointed, would you be disposed to act? I would not pledge myself.

165. *By Mr. Piessé.*—Do you approve of the proposed change? To a certain extent; the only difficulty is with regard to the Surgeon Superintendent, for, so far as I understand it, the medical care will be taken out of his hands entirely.

166. Supposing Rule 59 of the Hobart Hospital [rule read] were enforced; you don't think that would remove your objection? No, I don't think so; the position would be shorn of its attractions.

167. What is the chief attraction? It is the medical education and practice he receives.

This Public Bill originated in the House of Assembly; and having this day passed, is now ready for presentation to the Legislative Council for its concurrence.

JOHN KIDSTON REID, *Clerk of the House.*
2nd October, 1900.

**As proposed by the Select Committee to
be amended.**

A

B I L L

TO

A.D. 1900. Further amend "The *Launceston* General
Hospital Act, 1878."

PREAMBLE. **W**HEREAS it is desirable to amend "The *Launceston* General
Hospital Act, 1878":

Be it therefore enacted by His Excellency the Governor of *Tasmania*,
by and with the advice and consent of the Legislative Council and
House of Assembly, in Parliament assembled, as follows:— 5

Short title. **1** This Act may be cited as "The *Launceston* General Hospital Act,
1900."

Interpretation. **2** In this Act, unless the context otherwise requires—
"Honorary Medical Officer" means a member of the Honorary
Medical Staff of the Hospital who is a legally qualified 10
Medical Practitioner:
"The said Act" means "The *Launceston* General Hospital
Act, 1878."

Medical Staff of
Honorary
Medical Officers. **3** The Medical Staff shall consist of Honorary Medical Officers
not less than Four nor more than Six, and of Two or more Resident 15
Medical Officers. The Honorary Medical Officers [shall be] (whose
[Bill 51.]

* * The words proposed to be struck out are enclosed in brackets [] ; those to be
inserted, in parentheses ().

appointment must be approved by the Governor in Council, shall, in the month of *January*, nominate Three of their number as and to be) *ex officio* members of the Board (for the ensuing Twelve months,) notwithstanding the limitation in number of the Board prescribed by the said Act, [and shall have the professional treatment and charge of the patients.]

The Resident Medical Officers shall not be allowed to carry on private practice of any kind whatever, save in the case of consultations, and subject to the rules of the Hospital.

10 **4**(—(1.)) Honorary Medical Officers shall hold office for a period of [Three years,] (not more than Four years, One at least of such Honorary Medical Officers shall retire in the month of *December* of each year.) and shall be eligible for re-election. The Board shall in [November,*] One thousand nine hundred, proceed to elect the Honorary Medical Officers, and prior to such and to every succeeding election, applications for the position shall be invited in one newspaper published in the City of *Hobart*, and in another published in the City of *Launceston*.

(2.) An election shall be held upon every vacancy occurring in the office of Honorary Medical Officer, whether by retirement as aforesaid, or by death or resignation.)

(3.) All elections for filling up annual vacancies in the office of Honorary Medical Officer shall be held before the Thirty-first day of *December* in each year. Every other election shall be held within Two months from the happening of the vacancy.)

(A The approval by the Governor in Council of the appointment of Honorary Medical Officers, and of the nomination of the Three Honorary Medical Officers who shall from time to time be *ex officio* members of the Board, shall be notified in the *Gazette*.)

30 **5** The Board [may] (shall, immediately on this Act coming into force and) from time to time frame rules for regulating—

- (I. Subject to the provisions of this Act,) the (retirement and) conduct of the election of Honorary Medical Officers :
- (II. The professional treatment and charge of the in-patients by the Honorary Medical Officers, and prescribing the duties of the Resident Medical Officers.)

All such rules shall be deemed to be made under and be subject to the provisions of the said Act.

40 (B After the First day of *January*, One thousand nine hundred and one, no vacancy among the present members of the Board, whether by death, resignation, or any other cause, excepting effluxion of time, shall be filled up while the total number of members of the Board shall be Thirteen or more.)

45 **6** This Act and the said Act shall be read and construed together as one and the same Act.