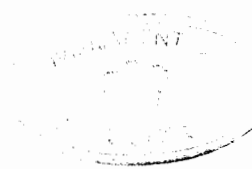


1913.
—
VICTORIA.



QUEEN'S MEMORIAL INFECTIOUS
DISEASES HOSPITAL.

R E P O R T

OF THE

BOARD OF INQUIRY

ON THE

ADMINISTRATION AND GENERAL MANAGEMENT OF,

AND MORE PARTICULARLY INTO THE

STATEMENTS RECENTLY MADE IN PARLIAMENT
IN CONNEXION WITH THE INSTITUTION;

TOGETHER WITH

AN APPENDIX.

PRESENTED TO BOTH HOUSES OF PARLIAMENT BY HIS EXCELLENCY'S COMMAND.

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R E P O R T.

City Court Chambers,
Melbourne, 7th March, 1913.

The Honorable the Premier of Victoria, &c., &c., &c.

SIR,

In accordance with the Order in Council dated the 30th September, 1912, appointing me a Board to inquire into and report concerning the administration and general management of the Queen's Memorial Infectious Diseases Hospital, and more particularly into the statements recently made in Parliament in connexion with the institution, I have the honor to inform you that I held the first meeting (preliminary) on the 1st October, 1912, the day following the issue of the Order in Council, and completed the taking of evidence on the 13th February, 1913.

The inquiry was open to the public. There have been 44 sittings for the purpose of taking evidence; 156 witnesses have been examined on oath, and a transcript of their evidence is forwarded herewith. One hundred and seventy-six exhibits were put in during the course of the inquiry.

I deem it my duty to here point out that much time and, probably, expense would have been saved, and adjournments obviated, had certain evidence been collected and charges formulated thereon before the first sitting for the hearing of evidence.

On the 8th October the first meeting for the hearing of evidence took place. At the previous meeting Mr. Webber intimated that he deemed it desirable that counsel should be appointed to appear for the public, whereupon Mr. H. Crosbie, the secretary to the hospital, stated that so far as any individual charges against him were concerned, he intended being represented by counsel. Mr. W. A. Sanderson appeared for the public, Mr. H. S. Cole for Mr. Crosbie, and at a later stage of the inquiry, Mr. E. J. Corr appeared on behalf of the committee of management of the hospital.

So far as the statements in Parliament are concerned 21 charges were formulated, and my findings thereon are set out hereunder.

Owing to the wide scope of the Order in Council previously referred to, it appeared imperative that every phase of the administration and management of the institution should be closely inquired into, and during the course of the inquiry many matters were, from day to day, alleged by witnesses that required investigation. These allegations I propose to deal with generally, and although some of them were of a trivial nature, they merited due investigation.

These general allegations, in my opinion, affected the committee of management, the medical superintendent, and the matron, and I have hereunder set out my findings thereon, so far as those held to have been proved are concerned. Those held not to have been proved and those disproved are set out further on in this report.

Body of patient Samuel Henry Waters allowed to remain in Mortuary ten days. No proper steps taken to notify relatives of death.

This charge has been conclusively proved.

The primary cause—wrong information being conveyed to the relatives of this patient—is attributable to the absence of proper particulars being placed at the disposal of the lodge porters for dissemination.

To some extent the lodge porter who gave the information that Waters was "still improving," when, as a matter of fact, death had actually taken place, and receiving the interrogation, "What, is he not dead?" is blamable. Such an interrogation should have conveyed to any ordinary mind the fact that some doubt existed as to the true position of affairs, and suggested the making of further inquiry at the proper quarter.

The secondary cause—confusion as to the address of the relatives—was brought about by the failure of the brother of the patient, C. H. Waters, to notify one Shanahan that he (Waters) had given to the hospital authorities his (Shanahan's) telephone number by which to communicate, as being the nearest available telephone to his place of abode. Owing to this omission, Shanahan, when rung up by the hospital authorities, possessed no knowledge of the Waters family or their address, or to what the message from the hospital referred, though he made immediate inquiries and again placed himself in communication with the hospital lodge, and at this stage received the reply "still improving."

The fact that the body remained in the mortuary for a period of ten (10) days cannot be too severely commented upon, and reveals a state of gross mismanagement and neglect on the part of those in authority that should not have occurred in any institution.

It was within the knowledge of the secretary—the chief executive officer—that the body was in the mortuary for a period of eight (8) days, yet no action was taken by him until the eighth day to further communicate with the relatives.

This is not the only instance where information of an incorrect character has been given to relatives.

In June, 1911, a patient named Matthew O'Brien was admitted into the institution, and information was conveyed to the parents by telephone that the patient was "just the same," when, as a matter of fact, death had taken place some hours before.

Since the above occurred, steps have been taken by the committee of management to frame rules which, *inter alia*, provide for special steps being taken after the body of a patient has been in the mortuary for seventy-two (72) hours, and for the keeping of a proper mortuary book and a mortuary attendant; but I am of the opinion that further precautionary measures should be initiated, whereby the hospital authorities will be advised that their notifications to the relatives of deceased persons have been duly promptly delivered to such relatives.

Inebriety of Secretary on or about the 29th July, 1912.

This charge has not been proved.

Whilst there is evidence that this officer partook of intoxicants on the 29th July, 1912, it has been shown that drink was only taken at such times, and in such moderate quantities, as to at no time incapacitate him, or interfere with the performance of his duties.

Secretary obtaining receipts for wages from certain employes for amounts greater than they actually received.

This implies a charge of larceny.

Receipts were so obtained owing to the pay-sheets having been made out some days prior to the pay day. Prior to the actual pay day, but after the making out of the pay-sheets, certain employes worked short time, consequently deductions were made. The employes referred to signed for the amounts originally shown, and the amounts short paid were properly accounted for by the secretary, whom I completely exonerate from the implied charge.

His methods of book-keeping were, however, faulty.

No person in attendance at Lodge Telephone on the occasion of Dr. Wheeler's and Mr. Webber's visit on the 30th July, 1912, and on other occasions.

This charge has been proved.

No person in attendance at the Hospital Block Telephone on the occasion of Dr. Wheeler's and Mr. Webber's visit on 30th July, 1912.

This charge has been proved.

Refusal of the Secretary to see Dr. Wheeler and Mr. Webber on the morning of the 30th July, 1912.

This charge has been proved.

The secretary appears to have been under the impression, whether rightly or wrongly, that the visit of these two members of the committee was unwarranted. I am of opinion, however, that it was the duty of this officer to have seen them.

Children sent to Hospital with clean heads and returned home vermin infected.

This charge has been proved.

Children permitted to run about the Hospital grounds imperfectly clad and barefooted, and no action taken by the Medical Superintendent when his attention was drawn thereto.

This charge has been proved.

Girl given man's coloured shirt for night shirt.

This charge has not been proved.

No clothing allowed to be taken to Hospital with patients from their homes, except in certain cases, when the children were taken to the institution in a night dress or shirt.

This is a medical question as to the better course to pursue. Provided proper and sufficient covering is supplied from the ambulance there should be no reason for complaint.

Patient's clothing taken to Hospital destroyed.

In one instance it has been proved that a pair of boots was destroyed during the process of fumigation, but the owner was reimbursed for the loss.

Clothing sent to convalescent patients not given them to wear—misaid by Hospital authorities.

This charge has been proved.

Owing to the faulty system heretofore in existence, clothing sent to patients has, in certain cases, not been made available to them. A new system has now been adopted which, if properly carried out, should prevent a recurrence of similar complaints.

Boiler not having been inspected for seven years, and no indication thereon as to what pressure it would stand.

The institution is in the Shire of Heidelberg, and as the provisions of the Boilers Inspection Act do not apply to shires, there is no legal obligation to have the boiler inspected; but in view of the close proximity of the boiler-house to the laundry and kitchen, where a number of hands are employed, some inspection of the boiler should, in my opinion, have been made periodically as to its state, and a notice attached thereto showing what pressure it would, with safety, stand.

Girl placed in bed with Chinese boy.

I find that in one instance a European girl was placed in bed with a half-caste Chinese boy.

It may, however, be pointed out that the ages of these two children—one a European girl and the other a half-caste Chinese boy—were five and a half years and four years respectively. Both were at the time very sick. Further, they were only placed in the same bed—one at each end—temporarily, owing to shortage of accommodation during an epidemic.

Secretary seems to control the Hospital and took no notice of complaints made to him by employes.

This charge has not been proved.

The secretary, however, as chief executive officer of the committee of management, acting under instructions from that body, did not observe certain requests made to him by individual members of the committee. In some instances no notice was taken by him of minor complaints made by certain employes.

Parents of patients not allowed inside the Hospital grounds.

This charge is not proved.

Until recently parents and others were not permitted to visit patients except in cases of serious illness, and with the approval of the medical superintendent.

This being an infectious diseases hospital the facilities afforded for visiting have properly been restricted. Since the 12th July last the visiting of convalescent patients has been permitted weekly under certain conditions.

Children on point of death refused admission on account of the Hospital authorities not having a guarantee from the Municipal Councils concerned for payment of maintenance fees.

There is no evidence to support this charge.

In the year 1907 there is evidence of the refusal by the medical superintendent of the admission of two intending patients, but it has not been shown that they were "on the point of death," or that the refusals were on the grounds of the guarantees for payment not being forthcoming from the municipalities in which they resided.

Port Melbourne Council had to sign a declaration that they would be responsible for the payment of maintenance fees for each patient admitted from within their Municipal District.

This charge has been proved.

It is revealed by the minute books of the committee of management that the secretary, under instructions, had, from time to time, notified various municipal authorities that intending patients would not be admitted unless the necessary guarantee for the payment of maintenance fees was forthcoming, but patients are not now refused admission under any circumstances when brought to the hospital.

No information given by post as to condition of patients. Insufficient information given by telephone and orally.

This charge is proved.

Less dissatisfaction would have arisen if, at stated intervals, parents or guardians had been supplied with brief reports by post as to the progress or otherwise of patients.

Limited information is always supplied over the telephone or upon personal inquiry at the lodge.

Food and clothing wasted by bad management.

This charge has not been proved.

Patients being charged two rates.

This charge has been proved.

It appears from the evidence that non-contributing councils, *i.e.*, councils not contributing towards the upkeep of the institution under the provisions of section 153 of the *Health Act* 1890, No. 1098, are charged at the rate of 7s. 6d. per patient per day, for patients from within the boundaries of their municipal districts, and that the payments by the contributing councils, based in proportion to the annual assessments of the property within their areas, work out at from 3s. 9d. to 6s. 9d. per patient per day, the last-mentioned amount being now seldom reached.

I am of opinion that the charge of 7s. 6d. per patient per day is excessive, inasmuch as it has been shown that the present cost per bed at this institution is approximately only £52 per annum.

Insufficient precautions against fire.

From a personal inspection of the fire appliances and a practical test of the fire hoses, from evidence given, and from the enclosed report and oral evidence of the Chief Officer of the Metropolitan Fire Brigade, I find that the precautions taken for the prevention of, or dealing with an outbreak of, fire, are inadequate in the extreme, and the appliances practically useless and unserviceable. In an institution where there are a number of helpless patients housed, the fire appliances should, in my opinion, be up-to-date and regularly inspected, and fire drill should be regularly carried out by certain members of the staff.

The permitting of the long growth of grass in the immediate vicinity of some of the tent wards may lead to dire consequences, as in the summer time it becomes dry and is easily ignited.

Employes' clothes sent out of Hospital to be washed without first being fumigated.

This allegation has been proved.

I am of opinion that some rule should have been framed prohibiting this course, and that provision should have been made for the washing, &c., of employes' clothes in the institution.

7

Bedding taken from fumigator to wards without being properly dried—children being placed on wet beds.

Bedding in some instances was not properly dried before being removed from the fumigator room, but I am satisfied from the evidence before me that such bedding was not used until thoroughly dried elsewhere.

Bedding generally in a dirty condition—straw mattresses rotten.

These allegations have not been proved.

The bedding and bedclothes were only discoloured by the constant use of disinfectants and the process of fumigation.

I am not satisfied from the evidence adduced that the straw mattresses were rotten, but I am of the opinion that the ticks should be refilled with fresh straw after use by each patient.

Male employes and nurses leaving Hospital grounds without changing their clothes.

So far as the male employes are concerned there is ample evidence that they repeatedly left the hospital grounds wearing the same apparel as clothed in whilst handling infected matter, and without having taken any precautions for disinfection. So far as the nurses are concerned it has not been proved that they acted similarly.

Insufficient precautions adopted by nurses to escape infection.

The evidence did not support this allegation. Reasonable precautions appear to have been taken by nurses to escape infection; notwithstanding which, a *great number* of them have contracted septic fingers. Certain medical authorities recommend the use of rubber gloves by nurses when handling septic patients.

Incinerator attendant having meals, milking cows, driving ambulance, and carrying patients without changing clothes.

This allegation has been proved.

Dead bodies carried from wards on shoulders of attendants past children playing in grounds.

This allegation has been proved.

Little or no precautions appear to have been taken to remove convalescent patients from the grounds whilst bodies were being conveyed to the mortuary.

Dissection of bodies without parents' permission.

Every phase in connexion with this matter has been most minutely inquired into and a mass of evidence taken. After a careful review thereof I am not satisfied that the allegation is proved; but taking into consideration all the circumstances surrounding the case, I am of the opinion that something more than intubation was practised on one particular body, probably tracheotomy.

It appears that a system exists at this institution of junior medical officers appointed thereto practising intubation on bodies of patients with the knowledge of the Medical Superintendent, as tuition in this process forms no part of the medical course.

The great majority of cases treated at this institution are diphtheritic; it therefore becomes essential that medical officers appointed thereto shall at once acquaint themselves with this process. Whether their operations (other than those legally authorized) cease there, no definite evidence was forthcoming.

Any unauthorized interference with bodies in a public institution is, to my mind, objectionable.

Number of oil drums taken away from Hospital grounds.

This allegation has been proved.

Oil drums, also chaff bags, were on two occasions removed from the institution and sold, the proceeds being properly accounted for.

The system of permitting material to be distributed outside, through the medium of trade, is most pernicious and may lead to the wholesale spread of disease.

Fresh coke tipped into pits without pits being cleaned.

This allegation has been proved.

The pits have, however, been tested from time to time by the medical superintendent, and a bacteriological examination of three samples of water taken therefrom, made by my direction for the purposes of this inquiry, failed to reveal the presence of any really deleterious matter.

Allowing boiler fire to be kept going all night, whilst one Falkingham was engineer, with no one in attendance.

This allegation has been proved.

Allowing cows to eat Hospital refuse, &c., and using their milk for cooking purposes.

This allegation has been proved.

The practice of permitting milch cows to graze on the grounds of an infectious diseases hospital is, in my opinion, most undesirable. The letting of the hospital grounds for the grazing of sheep, as has been done, is also objectionable.

Allowing rubbish, &c., to collect about different parts of the grounds.

The allegation has been proved.

Stagnant water was also permitted to remain in a drain at the rear of the stables, but the drainage system now appears to be in a satisfactory condition.

Allowing iron bedsteads to remain in paddocks unprotected.

I find that this is so, but they were old and practically worthless.

Not having sufficient male staff, necessitating those employed working long hours.

This allegation has been proved.

The staff has now been increased.

Having insufficient and out-of-date laundry appliances.

This allegation has been proved.

Allowing fence to get out of repair.

On several occasions the fence at one point—across an unused quarry hole—was in a broken condition. The nature of the ground precluded the erection of a substantial fence at this particular spot, except at a high cost.

Repairs were, from time to time, made as occasion arose.

Allowing stables to become dirty.

On the whole, it would appear that the stables were kept in a fairly clean condition. On specific occasions, owing to pressure of work, they were somewhat neglected for short periods.

Failing to give Falkingham (engineer) the reasons for his dismissal.

In my opinion the services of this employé were legally dispensed with, and I know of no obligation on the part of an employer to give reasons for dismissal. Falkingham, as a matter of fact, was, on leaving, furnished with a reference.

No interest taken by committee in the management of the Hospital.

A perusal of the minute books shows that there was a fair average attendance of members at committee meetings, but oral evidence has been given that the attendance of many of them was purely nominal, and that some members merely signed the attendance book and retired shortly afterwards, taking little or no part in the deliberations of the committee. This oral evidence has not been rebutted. The committee appears to have followed the usual practice of all large committees, and delegated certain powers to a sub- or house- committee, and I am satisfied that the sub- or house- committee has not, generally, shown a lack of interest in the conduct and management of the institution.

Paying casual labour from money appropriated for other purposes.

This is admitted, and no objection can be taken to the procedure adopted.

Large consumption of coal.

I find that there has been no unduly large consumption of coal.

Attendance-book not properly kept.

This allegation has been proved.

It was admitted by certain officials that the rule requiring the signing of the attendance-book was not observed.

Secretary and Matron continually away from the Hospital.

I find that their duties necessitated their being frequently away on business connected with the institution.

Ambulance service not sufficient for the needs of a city like Melbourne, &c.

It is obvious that the ambulance service, which consists of two one-horse vehicles—one for diphtheria and the other for scarlet fever patients—(one being on loan from the Health Department), is not sufficient for Melbourne and suburbs, in consequence of which intending patients have frequently been kept from four to five hours in the ambulance, owing to the number of patients to be collected and the long distances to be traversed—the lives of such persons being thereby endangered.

The equipment of the vehicles is also inadequate, there being no provision for either drinking water or stimulants; neither have proper means been taken to thoroughly disinfect the vehicles after each trip.

In many cases probationary or inexperienced nurses have been sent out on ambulance duty, which is a further menace to the lives of intending patients. The fact that on one occasion the ambulance had to call at the Alfred Hospital for the purpose of having anti-toxin injected into a patient shows the necessity of having experienced nurses for this duty.

A practice very much to be condemned is followed by nurses and drivers on ambulance duty, *i.e.*, making use of public and hotel telephones, after being in infected areas and handling infected persons, to convey messages to, or receive instructions from, the hospital authorities. This practice is, to my mind, most dangerous, as it has been proved that no precautionary measures are taken beforehand.

Abnormal use of brandy.

This is a medical matter, and one which may well be left to the Medical Superintendent.

In the opinion of the present Acting Medical Superintendent, the use of stimulants is an important factor in the treatment of diphtheria and scarlet fever, and his evidence goes to show that the brandy was only used medicinally.

No Annual Report of Secretary for some years.

This allegation has been proved, and is a breach of Rule No. 18 of the Hospital Rules and By-laws for the guidance of the Secretary.

Rules not consolidated.

This allegation has been proved.

The rules of the institution have from time to time been amended or augmented by the committee, but no proper steps appear to have been taken to prominently bring them under the notice of the officials to whom they related. The rules relating to some officials, or groups of officials, are issued in separate form. In my opinion they should be issued in consolidated form, a copy of which should be handed to each official or employé, and also posted up in a prominent place in the institution.

The necessity of this was made manifest by the fact that a number of witnesses (employés) pleaded ignorance of certain rules.

The following allegations have not been proved :—

- Clothes with excreta, blood, and other matter put through fumigator without first being washed, and then sent back to relatives.**
- Clothes with blood, excreta, and other matter washed without first being soaked in phenyle or other disinfectant.**
- Urine and general drainage water running from pits into river without being boiled.**
- Habitual drunkenness of secretary.**
- Using laundry drier unnecessarily.**
- Allowing gas to burn all night unnecessarily.**
- No instructions given to Falkingham re his work.**
- Allowing lavatories to become dirty.**
- Allowing food to run short.**

And the undermentioned allegations have been disproved :—

- Child lying in bed under broken window, and rain beating in.**
- Allowing employes to be drunk on hospital premises.**
- Allowing hot and cold water taps to keep running.**
- Allowing men to work on buildings with no one to supervise them.**
- Allowing infected children to go out of the hospital grounds.**
- Allowing patients to bathe in river.**
- Meat bills large.**

In addition to the charges and allegations herein dealt with, I find that this institution is without an "Observation" ward. The necessity for such a ward is obvious, and has constantly been emphasized by various Medical Superintendents, including the present Acting Medical Superintendent.

There is evidence that persons have been admitted, ostensibly suffering from diphtheria or scarlet fever, and after having been placed in the wards where those diseases are treated, it has been ascertained on further examination that they were suffering from some complaint other than diphtheria or scarlet fever.

It appears from the minute-books of the hospital that the committee of management has, for some years, been seized of the importance of having such a ward, but, strange to say, they have not taken any decisive action for the erection of same. It has been sworn that, for the want of funds, this ward was not established. By an examination of the records I find that this is not borne out.

The accommodation provided since July last for visiting convalescent patients, and for the patients themselves, on visiting days is most crude and unsatisfactory, and causes a great amount of friction and complaint by visiting relatives. The system in existence consists of two enclosures, 66 feet apart, without any shelter from the elements.

The permanent head of the Health Department, in a report on this institution, dated 20th September, 1910, recommended the following, in which I concur :—

"I would recommend that a room be provided, for visits to convalescent patients, at the boundary fence. The wall of separation could be furnished with a window and a grille. The patient would be in one room and the visitor in another, and though they could see and converse with, they cannot touch, each other—the access to patients' room being quite separate and distinct from that to the visitors' room. The visitors' room could also be made an inquiry depôt for visitors desiring to make personal inquiry as to the welfare of patients, or to inspect the 'State of Health' book, at a stated hour every day."

This recommendation was not, however, followed, the enclosures referred to being substituted.

An operating theatre, properly equipped, would appear to be a valuable adjunct to this institution, but I cannot say that it is indispensable, seeing that this is not a general hospital.

The kitchen and laundry at this institution are totally inadequate, and the appliances, fittings, &c., are obsolete. The arrangements in existence for the storage of foodstuffs adjacent to the kitchen, are, in my opinion, unsatisfactory.

The methods adopted for the conveyance of the food from the kitchen to the various wards, &c., are faulty, as no provision is made for the retention of heat in the food during transport.

No proper place for the preliminary examination of patients and the obtaining of particulars regarding them upon their arrival at the hospital is provided; the former is usually carried out in the ambulance, and the particulars are obtained on the verandah of the Receiving House. In bleak weather this appears to be most undesirable. It has also been shown in evidence that parents and others are subjected to long delays, without shelter, outside the Receiving House (which is also used as a Discharging House) when attending at the request of the authorities for the purpose of removing convalescent patients.

I also find that, in many instances, female patients, mostly adults, have been discharged from the hospital with the hair in a very wet condition, owing to imperfect drying by the nurses conducting the bath operations immediately prior to the discharge of the patient.

Though the means of ingress and egress to and from the hospital are carefully guarded during the day and until 10.30 p.m., I find that the main entrance gates are left unguarded and unlocked after that hour and until the following morning.

It frequently happens that intending patients are conveyed to the hospital in cabs, and these vehicles are permitted to depart after undergoing what appears to me to be an inefficient process of disinfection, consequently the danger of the wholesale spreading of infection by these public vehicles is great.

Two surface drains from the nurses' quarters convey the water from the roofs to the River Yarra, and as these pass within a few feet of the pits I see no reason why, as a matter of precaution, the water so conveyed should not be passed through the pits.

The incinerator used for the destruction of excreta, &c., from the wards, lavatories, and other places is inefficient, and is in an unsuitable position; I also find that the manner in which the matter for destruction is conveyed thereto is most objectionable.

The installing of an up-to-date incinerator has engaged the attention of the hospital authorities on more than one occasion, but action to procure one has been deferred.

A matter which is frequently voiced in no mild language by parents and relatives is the long detention of some patients, apparently cured, in the hospital. I am, however, of opinion that there is no cause for complaint in this direction. Some patients who, after a period of treatment appear to be in a perfect state of health, are germ carriers, and their liberation would be a menace to the public generally. No patient is detained in the institution longer than is absolutely necessary.

During the course of my inquiry a number of medical charts and ambulance forms were placed before me in evidence, and in many instances I found them incomplete in important particulars, and in some cases charts were missing. Other important records put before me were carelessly kept.

In view of the average number of patients treated at this hospital I am of opinion that the permanent ward accommodation is altogether inadequate, and the use of "tents," originally erected as temporary expedients, are, and have been for some time, in constant use, and appear to be regarded as "permanent accommodation."

Since the opening of the hospital a very large percentage of the nurses employed are "probationers" and many others are only "trainees," the percentage of qualified nurses employed at any time being exceptionally small. This gave rise on more than one occasion to strong representations being made to the committee for the appointment of a more highly-trained nursing staff. Not only have the Medical Superintendents been labouring under this grave disadvantage, but they have been further hampered by the constant difficulty of obtaining wardsmaids, with the result that extra work devolved upon the nurses to the detriment of their professional duties.

The rules relating to the appointment of Medical Superintendents appear to me to require drastic revision. Medical Superintendents are appointed for a certain period under an agreement which requires three months' notice on either side for the termination of such agreement. When a Medical Superintendent desires to vacate his position forthwith he simply makes the request to the committee to be allowed to supply a *locum tenens* covering the three months provided in the agreement. Such requests appear generally to have been granted, with the result that these officers are frequently changing to the detriment of the hospital generally.

In regard to assistant medical officers, much the same thing applies, changes being most frequent, and at times great difficulty is experienced in obtaining the number required, more especially at the end of the year and at the beginning.

In the effective segregation of convalescent patients at this institution those in authority have been woefully lax. I have before me undoubted evidence in this respect. The mere fact of diphtheria and scarlet fever wards being within a few yards of one another showed the greater necessity of taking some precaution, if only a dividing fence, and the placing of a nurse in charge, more especially as it is laid down by medical authorities that any lowering illness is liable to increase the chances of infection, and inflammatory conditions of the throat, particularly diphtheria, make the contraction of scarlatina more probable.

To show that the necessity for greater supervision exists, it may be mentioned that instances have occurred of convalescent patients having absconded from the institution.

I may add that I am satisfied that the patients at this hospital are generally well treated, and in my opinion it speaks well for the institution that during the last three years, with a daily average of patients of 120, 159, and 165, the percentage of deaths from all diseases treated shows 3·48, 3·9, and 5·04 respectively.

In conclusion, I desire to place on record my keen appreciation of the efficient and willing assistance rendered me by Mr. E. T. Hopton, the Secretary of the Board.

As will be seen from the report, the evidence of 156 witnesses covered 2,100 odd pages of foolscap. The exhibits were also numerous, and were kept by him in such a manner that they were promptly forthcoming when required by either counsel or myself. During the inquiry, and also in the preparation of my report, I had constantly to refer to these, and also to a complete *précis* of the evidence made by him from day to day, which necessitated a large amount of overtime being worked.

His assistance in framing my report was invaluable.

I have the honor to be,

Sir,

Your most obedient servant,

VIVIAN TANNER, P.M.

APPENDIX.

COPY OF A REPORT BY AN OFFICER OF THE BRIGADE ON THE INFECTIOUS DISEASES HOSPITAL, FAIRFIELD.

I have the honour to report having visited the Infectious Diseases Hospital at Fairfield. This hospital consists of a number of brick and wooden single-storied buildings.

The wooden buildings are of such a construction that they would be destroyed very quickly in the event of an outbreak of fire. The doors in the building should be made wide enough to permit of a bed with the patient in it being removed at a moment's notice. In some of the wooden buildings this could not be done.

The fire extinguishing apparatus consists of one and a half standpipes in the majority of the buildings and also a number of hand chemical extinguishers. These should prove effective (if kept in proper condition) in extinguishing a small outbreak of fire. In the event of one of the wooden buildings becoming well alight, no adequate means are provided for the extinction of the fire.

There is a very obsolete incinerator in a wooden shed in dangerous proximity to a wooden stable and hay-loft. This I consider should be immediately removed and replaced by an effective destructor placed in an isolated position.

In the laundry over the driers there is a space between the top of the drier and the roof of the building where dust and other inflammable material accumulates. An opening should be made to which a small iron door should be attached so that this space could be cleaned out periodically. At present it is dangerous.

The buildings are all lighted with gas, but during certain hours kerosene lamps are used about the place, and, as I understand it would not involve much expense but in fact would be an economy, I would recommend that electric lighting apparatus be installed and the buildings and grounds lighted by electricity, thus dispensing with the kerosene lamps for the grounds and the danger of lighted matches from the gas.

While lamps are used at the hospital I would recommend the lamp room or such place in the laundry which is used in this capacity be removed and some shed remote from the hospital buildings be used for this purpose.

There is a 6-inch water main supplying the hospital, with one ball hydrant suitable for the brigade to use. This hydrant requires to be properly indicated and the box cover raised. I would recommend that three pillar-ball hydrants be connected with this main, one to be erected in place of the present ball hydrant, one on the east and one on the west side of the buildings; each with 100 feet of canvas $2\frac{1}{2}$ -inch hose couplings and branches attached and a suitable box covering to protect the hose from the weather. A box should be placed in a central position to contain 200 feet of $2\frac{1}{2}$ -inch hose, and be lettered "Spare fire hose."

The $1\frac{1}{2}$ -inch hose on the existing appliances was (I am informed) tested two days ago by the engineer and found, with few exceptions, to be in a very bad condition. New $1\frac{1}{2}$ -inch hose has been ordered to replace the condemned lengths, and all the hand chemicals were recharged during the past few days.

I would recommend hand chemical extinguishers be placed in buildings not having them at present.

The employés, especially the nurses, should be instructed in the use of the hand chemical extinguishers and how to effectively get a line of hose to work. The hose should be tested by the brigade at least every six months.

I would recommend that direct fire alarm communication between the hospital and the nearest fire station be installed.

A system should be installed whereby the pressing of a button in a ward would notify the engine-room and male employés in the quarters in case of an outbreak of fire.

The eaves of the various buildings should be frequently inspected to keep them free from birds' nests, as on the occasion of my visit I noticed several nests in dangerous positions.

(Signed) H. B. LEE,

Metropolitan Fire Brigade,
(1st November, 1912),
Chief Officer.