

WEDNESDAY, 5TH MARCH 1913.

WILLIAM CHISHOLM WILSON MCDOWELL (called by Mr. Mays), on her oath, saith.

I am a duly-qualified and registered medical practitioner, practising in Auckland. I have been practising here for seventeen years.

*To the Commissioner.]* I visited St. Helens Hospital for the first time yesterday. I am not in any way connected with the institution, and am wholly unbiased. The present building is not suitable for the purposes of a maternity hospital. A great objection to it is that it is not all fireproof, as it should be. I think the situation is good for the patients who are likely to avail themselves of it. If it were possible to add to the grounds, I think the site quite suitable for an up-to-date building. Of course, the proximity to the tram-line is an objection on account of the noise. I questioned patients yesterday who were on the side nearest to the tram-lines as to whether they were affected or disturbed by the noise. Those of them who came from the town said, "Not at all," those from the country said that after the first night or two they did not notice the noise. It is a great advantage to be near the tram-line. If the building were further from the street no doubt that ground of objection would be removed. As to the dust nuisance, that could be done away with by the city authorities. I have been wondering if it would be possible to have a branch establishment somewhere in the neighbourhood of the growing districts about Kingsland or Dominion Road. As to whether the Matron of the institution, being a qualified midwife, should be permitted to suture ruptures of the perinæum when the services of a medical man can be obtained, that depends on the nature and depth of the rupture. The experience of the Matron of such an institution as St. Helens must be greater than that of the ordinary midwife, and she should no doubt be competent to deal with ruptures that are not serious. As to serious rupture, I think the services of a medical man should be obtained to deal with them. If there is any doubt as to whether the rupture is serious or not, then it would be better to leave it in the hands of a medical man. I was going to suggest that it would be well to have a deputy medical man who would be available when the Medical Officer could not be got. If the services of the medical man were available I think he should be called in to attend to ruptures. I do not doubt the competency of the Matron, but I think it would be better to have the medical man. I think that all drugs of the nature of hyoscine should be administered under the direction of the medical attendant. I do not agree with general directions on the matter. There should be directions relating to each case—whether they should be written or not is another matter. As to a first labour, if the waters have not broken, twenty-four hours is not an excessive time. In a first labour it is well to let the labour continue as long as possible, if the mother and child are not suffering. There is then less danger of rupture of the perinæum. If the water has broken, then delivery should take place as soon as possible. I do not think the time allowed in Mrs. Porch's case was an unreasonable time to allow for the two stages—the second and third stage.

*To Mr. Mays.]* I do not regard a rupture of the perinæum not going to the muscular tissues as making the confinement abnormal. A rupture of the first degree is the most common form of rupture. Under the rules the Matron would be justified in not sending for the medical attendant if the only incident of a confinement were a rupture of the perinæum of the first degree unless it were an extensive rupture of the first degree. It is better to have the suturing done as soon as possible. Hyoscine is used as a preliminary to anæsthesia. It lessens the amount of drug required to produce anæsthesia. It is not an anæsthetic in the ordinary use of the word. It is a sedative. I would not call hyoscine an anæsthetic. I see no great objection to the Matron giving hyoscine under general directions relating to specific conditions. Personally, I think the medical attendant should see the patient before the drug is given. Mere length of time of labour is not an abnormality. Patients differ so much that I think the doctor should prescribe in each case. In my opinion, it is safer that the instructions should be direct instructions. I think it is safer if the Matron were to get specific instructions from the Medical Officer in each case, if possible. I say that an experienced Matron would probably administer such drugs safely, but I think it better to get directions from the medical man in individual cases. It should be left to the Matron to decide when she should send for the medical attendant in a prolonged labour. Personally, I think that the doctor should advise for each case as to the administration of powerful drugs. I think a good deal should be left to the medical director of the home on points not covered by the regulations. An experience of six or seven years in an institution of the kind should give the Medical Officer a pretty good idea of what is safe or unsafe.

*Cross-examined by Mr. Skelton.]* I have not much objection to a Matron of such a home as St. Helens putting sutures in small ruptures, but, personally, I think they should not do so in ruptures of the second degree—by the second degree I mean ruptures extending into the muscular tissue.

*Cross-examined by Mrs. Nicol.]* Danger of sepsis is greater with a large wound. It is desirable that there should be as little noise as possible about the home, though it must be remembered that the patients are not suffering from illness, as are those in a general hospital. I think a little noise would not do the patients in a maternity home much harm. I do not think it is part of the duty of an ordinary nurse to suture in maternity cases. Obstetrics usually come under the guidance of a physician, but there is no reason why a surgeon should not have charge of a maternity home. In the case of small operations being required, the appointment of a surgeon might be of advantage. I see no objection to a surgeon who does the dirty surgical work of the General Hospital presiding over St. Helens, presuming that the surgeon takes every precaution in making himself surgically clean. I presume that such would be done by every surgeon connected with our Auckland Hospital. A physician attending, say, a scarlet-fever case might easily bring more danger into a home than a surgeon attending a septic case. The same applies to a nurse. I am aware that a physician attends to maternity cases in a general hospital. Of course, the two branches of the profession are combined in this country. I see no reason for Dr. Goldstein seeing Mrs. Porch on the morning of the day of her confinement when he was in the home unless he had been requested by the Matron so to do.