

The report of the ordinary and resident medical officers and the annual report of the Inspector and Director, of the Public Hospital, for 1864, with the reply of the ordinary medical officers thereto : the letter of Alexander Fiddes ... and his correspondence with the governor, and the executive committee on the subject of his resignation and retirement from the Hospital : the letter of L.Q. Bowerbank ... in reply to Dr. Fiddes, and Dr. Fiddes' reply to same : also, the evidence adduced at the coroner's inquest, held on Richard Bailey, lately an inmate of the Public Hospital.

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THE REPORT

OF THE

ORDINARY AND RESIDENT MEDICAL OFFICERS

AND

The Annual Report of the Inspector and Director,

OF

THE PUBLIC HOSPITAL, FOR 1864,

WITH THE REPLY

OF THE ORDINARY MEDICAL OFFICERS THERETO.

The Letter of Alexander Fiddes, Esq.,

F. R. C. S., EDINBURGH,

AND HIS CORRESPONDENCE WITH THE GOVERNOR, AND
THE EXECUTIVE COMMITTEE ON THE SUBJECT OF HIS
RESIGNATION AND RETIREMENT FROM THE HOSPITAL.

The Letter of L. Q. Bowerbank, Esq.,

F. R. C. P., & L. R. C. S., EDINBURGH,

IN REPLY TO DR. FIDDES, AND DR. FIDDES' REPLY TO SAME,

ALSO,

THE EVIDENCE ADDUCED

AT THE CORONER'S INQUEST,

HELD ON

RICHARD BAILEY,

LATELY AN INMATE OF THE PUBLIC HOSPITAL.

J A M A I C A :

PRINTED BY GEO. LEVY, 36, HARBOUR ST., KINGSTON.

1865.

THE REPORT

OF THE

STAFF AND RESIDENT MEDICAL OFFICERS

AND

Annual Report of the Inspector and Director

OF

THE PUBLIC HOSPITAL, FOR 1864

WITH THE REPLY

TO THE ORDINARY MEDICAL OFFICERS THEREIN.

By John A. B. Aldrich, Esq.,

Attorney at Law, New York.

IN RESPONSE TO A RESOLUTION OF THE SENATE, PASSED JANUARY 18, 1865, AND
A RESOLUTION OF THE HOUSE OF REPRESENTATIVES, PASSED FEBRUARY 1, 1865,
RELATIVE TO THE REPORT OF THE DIRECTOR OF THE PUBLIC HOSPITAL.

By John A. B. Aldrich, Esq.,

Attorney at Law, New York.

TO DR. FIDEL, AND DR. RIDER, WRITTEN BY SAME.

ALSO

THE EVIDENCE ADDUCED

IN THE CORONER'S INQUEST

HELD ON

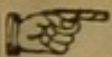
CHARLES B. ALLEY,

IN AN INQUEST OF THE PUBLIC HOSPITAL.

NEW YORK:

JOHN A. B. ALDRICH, ATTORNEY AT LAW, 111 NASSAU ST.

1865.

 The Evidence given in this Pamphlet was
reported exclusively for the "Colonial Standard."

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reported exclusively for the "Colonial Standard."

R E P O R T

OF

THE PUBLIC HOSPITAL.


The following is the Report on the Kingston Hospital, which was on the Table of the House of Assembly, by the Honorable Mr. Stmorland, on Friday, the 16th December, 1864:—

Public Hospital, 21st November, 1864.

Sir,—In accordance with the requirements of the Hospital Laws, we now lay before you herewith a Return, in triplicate, of Patients treated in this Institution during the year which ended on the 30th September last.

By Table No. 1, it will be perceived, that in framing this Return, we have made an Alphabetical List or Index of all the diseases, similar to the plan adopted in the Hospital Returns of the two preceding years, this method of classification being probably the most comprehensive, and best that can be employed for the full and complete display of the various affections occurring in the practice of a General Hospital.

In this Table there is a statement of the number of cases of each disease admitted into the hospital during the year: the result is also shown where

 For continuation of Fifth Day's Evidence, see Page 59a, 59b, 59c, at end of Pamphlet.

This arrangement is calculated to facilitate the labour of the Statistician, and may desire to tabulate the principal diseases of, and compare the rate of mortality in, a large number of hospitals.

In Table No. 3, the disease of female patients are grouped and classified in the same manner as in Table No. 2.

Table No. 4 gives a synopsis of the surgical operations performed during the year, with the rate of mortality in each.

Table No. 5 shows the monthly number of persons, male and female, who were received at the hospital for admission, without obtaining it, and who were refused, either from their having been no spare beds for their reception, or from their having been of such a character as to render their admission unwarrantable.

Table No. 6 give the respective numbers of patients who died within the space of 12, 24, 48, and 72 hours after admission.

Table No. 7 gives the average duration of the stay or residence of each patient, male and female, in the hospital.

Table No. 8 shows the occupations or trades of the several patients; and in this there appears that there were 1017 labourers, 393 servants, 314 seamen, 57 carpenters, 41 shoe-makers, 41 planters, 27 tailors, 27 sempstresses, 22 blacksmiths, and 22 fishermen; other trades and occupations were represented by much smaller numbers.

Table No. 9 gives the respective countries of patients, from which it is seen that there were 1498 Jamaicans, 177 East Indians, 122 English, 105 Germans, 34 Americans, 31 Chinese, 28 Germans, 31 Scotch, and 28 Irish; the other nationalities are in much fewer numbers.

Table No. 10 shows the dietary scale of the Institution.

Table No. 11 gives the measurement of the hospital grounds, and the cubic dimensions of the several wards.

The Return shows that the total number of patients treated during the year was 2,205, viz., 1,878 males and 327 females, being an increase of 375 on the number of the previous year.

It will also be seen that 409 left the Institution relieved, 175 not relieved, 1,236 cured, and 227 dead. Of the 1,878 male patients, 167 died, being a death-rate of 8.89 per cent.; of the 327 females, 60 died, being a death-rate of 18.3 per cent. Of the males and females united, the death-rate was 10.29 per cent., being a decrease of one and a half per cent. on the rate of mortality in the preceding year.

The average daily number of patients was 170.56, and the average residence of patients in hospital was, for the males, 30.57 days; and for the females 32.16 days; that is to say, each male bed changed its occupant twelve times and each female bed eleven times, in the course of the year.

These figures show that whilst the number of patients is the largest that has appeared in the Hospital Returns for a number of years, the rate of mortality is the smallest that has occurred—thus in the year 1860-1, with 1,500 patients, the death-rate was 15.38 per cent. In 1861-2, with 1,711 patients, the death-rate was 14.55 per cent. In 1862-3, with 1,830 patients, the death-rate was 11.85 per cent., and in 1863-4, with 2,205 patients, the death-rate was 10.29 per cent.

It will thus be perceived that, with a progressive increase in the number of patients treated, there has also been a progressive decrease in the rate of mortality, so that at the present time the death-rate here is nearly the same or very little above that of the principal hospitals in the Mother-country.

We are aware that an objection may be raised to the effect, that the death-rate of a hospital should be calculated on the average daily number of patients, and not on the total number treated in the course of the year; but this is a fallacy which we had reason to reject in our former Reports, and we perceive that, within the last few months, some distinguished members of the Medical Profession in London have written convincingly in confirmation of the view which we have entertained and expressed with regard to this matter.

Comparing the Tables of the Kingston Hospital with those of other hospitals in the British Colonies, we have to remark, that the comparison is by no means unfavourable to the former Institution; thus in the Statistical Table lately published by Miss Florence Nightingale with regard to the rate of mortality in the different Colonial Hospitals, we find only one instance of a lower death-rate than that which has occurred in the Kingston Hospital during the past year.

In all the other hospitals whose rate of mortality she has tabulated, the rate of deaths is higher. Thus in the Free Town Hospital, Sierra Leone, the mortality among males is upwards of 20 per cent., and among females 18 per cent.

At the Civil Hospital, Port Louis, Mauritius, the mortality is 21.3 for males, and 38.8 for females.

In the Ceylon Hospitals it is 20.7 per cent. for males, and 18.1 for females.

At Natal the mortality is 12.8 per cent. for males, and 6.6 per cent. for females.

In Kaffraria, the mortality for males and females is 21.8 per cent.

In the Canadian Hospitals it is 12.3 per cent. for males, and 14 per cent. for females.

In South Australia it is 15.9 for males, and 30.9 for females.

In the Hospitals of Trinidad and Demerara, in the only Reports which are beside us, the death-rate was 16 per cent. in the former Institution, and 17 per cent. in the latter.

These figures show, that in relation to hospitals in the several British Colonies, the rate of mortality here is very moderate indeed; they also nullify the allegations which have been made against the Kingston Hospital.

Hospital site, and show that such condemnatory averments rest on no foundation.

An analysis of the present Return shews that the following diseases, constitute the principal items in the catalogue of affections which have been treated in the establishment during the year :—

Firstly—Ulcers	- - - - -	513 Cases.
Secondly—Fever	- - - - -	271 ditto
Thirdly—Venereal Diseases	- - - - -	130 ditto
Fourthly—Rheumatism	- - - - -	134 ditto
Fifthly—Dropsy	- - - - -	103 ditto
Sixthly—Pulmonary Consumption	- - - - -	98 ditto
Seventhly—Bronchitis, Pleurisy and Pneumonia	- - - - -	80 ditto
Eighthly—Anæmia	- - - - -	68 ditto
Ninthly—Diseases of the Eye	- - - - -	66 ditto
Tenthly—Dysentery	- - - - -	39 ditto
Eleventhly—Stricture of the Urethra	- - - - -	43 ditto
Twelfthly—Wounds	- - - - -	36 ditto
Thirteenthly—Fractures	- - - - -	25 ditto

Comparing this list with the corresponding list of last year's Return, it is that—

Ulcers have increased by	- - - - -	120 Cases.
Fever	- - - - -	123 ditto
Venereal Diseases	- - - - -	60 ditto
Rheumatism	- - - - -	53 ditto
Dropsy	- - - - -	32 ditto
Pulmonary Consumption	- - - - -	6 ditto
Pneumonia, Pleurisy and Bronchitis decreased by	- - - - -	15 ditto
Anæmia decreased by	- - - - -	7 ditto
Diseases of the Eye increased by	- - - - -	8 ditto
Dysentery decreased by	- - - - -	4 ditto
Stricture of the Urethra by	- - - - -	2 ditto
Wounds decreased by	- - - - -	3 ditto
Fractures decreased by	- - - - -	10 ditto

As in last year's Return, Pulmonary Consumption has produced by far the largest number of deaths, 98 cases of this disease having caused 50 deaths, or 22 per cent. of the whole mortality of the Institution.

Dropsy follows next, 103 cases having caused 26 deaths, equal to 11½ per cent. of the whole number.

175 Cases of Intermittent Fever, causes	- - - - -	6 deaths
74 Cases of Remittent Fever	- - - - -	4 deaths
15 Cases of Typhoid Fever	- - - - -	11 deaths
1 Case Yellow Fever	- - - - -	1 death
6 Cases of continued Fever	- - - - -	no death.

In all 271 cases of the various forms of Fever produced 22 deaths, equal to 8 per cent. of the whole mortality.

513 cases of Ulcer caused 21 deaths, equal to 9½ per cent. of the whole; 39 cases of Dysentery, 15 deaths occurred, equal to 6½ per cent. of the whole; these five diseases combined, produced 9 per cent. of the total mortality.

80 cases of pneumonia, pleurisy and bronchitis produced eight deaths, or 8¾ per cent. of the whole.

36 cases of wounds, there was no death.

25 cases of fracture, there were two deaths, these being cases of fracture of the spine.

68 cases of Anæmia, or blood disease, there were three deaths.

43 cases of stricture of the urethra, there was no death.

130 cases of venereal disease, there were two deaths, and in 17 cases of syphilis, 1 death.

We have to observe that in a very considerable proportion of the fatal cases the patients were brought to the Hospital in a moribund condition :

after admission ; 12 within 24 hours ; 10 within 48 hours, and 13 within hours, being an aggregate of 47 deaths or more than a fifth of the entire death in the Institution.

If to these 47 deaths there be added the 50 deaths from pulmonary consumption, there is an aggregate of 97 deaths, or nearly a-half of the whole that occurred in patients, nearly all of whom, on their first appearance at the Hospital were evidently beyond the reach of curative treatment, and these 97 deaths be deducted from the total mortality, as in strict justice they should be, the death rate of the Institution would fall to between five and six per cent., notwithstanding the very high rate of mortality among the patients in the female division.

With regard to the Surgical practice of the Hospital, it will be perceived by Table No. 4, that 137 surgical operations were performed during the year and that 11 of the patients died, being a death rate of 8.2 per cent. on the total number.

Comparing the Surgical with that of the preceding year, a decrease will be observed in the rate of mortality thereby placing the Kingston Hospital in a favourable comparison with those of the United Kingdom. Taking the amputations of the extremities as the class of operations generally used in comparing the results of the practice of different hospitals, we find by the most recently published tables, that in the Hospitals of Great Britain, the rate of mortality in amputation of the forearm is, 10.81 per cent. In amputation of the upper arm, 28.34 per cent. In amputation at the shoulder joint 38.93 per cent. In amputation of the leg, 34.28 per cent. In amputation of the knee, 35 per cent. In amputation of the thigh, 41.60 per cent.

During the past year, there have been in the Kingston Hospital, 10 amputations of the forearm, of which none died, 4 amputations of the upper arm, of which none died. One amputation at the shoulder joint, that recovered. 31 amputations of the leg, of which seven died, equal to a death rate of 22.58 per cent. Three amputations at the knee, of which one died, being a death-rate of 33½ per cent. Six amputations of the thigh, of which one died, being a death rate of 16.66 per cent.

It will thus be seen, that in the foregoing class of surgical operations (which is that usually adopted as a standard for comparison between the practice of different Hospitals) the rate of mortality here has been considerably under the average death-rate in the principal Hospitals of the United Kingdom.

It is proper to mention that these statistical figures embrace amputations for injury, as well as for disease, and that they all include primary and secondary operations.

With regard to the female inmates of the Institution, we have to remark that the premises in the yard on the northside of North Street, now occupied by them, are utterly unfit for the purpose for which they are used.

This outside appendage of the Institution, consists of a range of wooden buildings, three in number, which contain altogether 28 beds. There is also a fourth room, of like construction with the others, which is used by the Head Nurse as a residence. All these rooms are old, decayed, and not water proof. None of them have any proper ventilation, inasmuch as the base of the main wall upon which the wooden structure have been raised, are entirely destitute of windows, nor is it possible to form any, in consequence of the very limited height of the wall which scarcely rises more than six feet above the level of the floor, in range No. 1, nor more than eight or nine feet in range No 2 and 3. The roof is unceiled and unboarded, the rooms are in consequence, excessively hot, and suffocating during the day, and equally so at night, from the stagnation and want of circulation of air through the ward. A certain amount of fresh air can certainly enter these rooms through the doorways and windows in their thin wooden frontage ; but in what manner the vitiated atmosphere of the wards can make its escape, it is not easy to determine. Altogether these rooms form as wretched an apology for a Hospital as can be well conceived, and are unquestionably a disgrace to the Island. The death rate here this year, and during preceding years has been

more than double what it has been in the Male Hospital, and although this startling result may be partly dependent on the limited accommodation which always confines the admissions to the more dangerous and pressing of the cases which apply, yet it cannot be doubted that the very faulty sanitary arrangement of the buildings has been chiefly instrumental in causing so great an augmentation of the female death rate over that of the male patients situated in the buildings on the other side of the Street.

The bad condition of the Female Hospital has been annually represented to Government, by the Medical Officers, for the last ten or twelve years at least, but we regret that nothing has been done for its amelioration.

It is to be hoped that there would be no impossibility in substituting a building, or rather a series of buildings, in lieu of these wretched wooden rooms, and probably in the eastern division of the Hospital square, in the extensive grounds formerly occupied as a Lunatic Asylum, there would be ample space for the establishment of such buildings as would be sufficient for the reception of from 60 to 70 females; such females wards might be constructed by the transformation of the old Asylum buildings, or what would probably be better, by the erection of new buildings upon or near their site.

With regard to the Dietetic arrangements of the Institution, we have to observe that we have done what we could to check and prevent all waste or excess in the consumption of the different articles of food and drink.

With this view, we have framed a new bed ticket on a plan more comprehensive than that of the one heretofore in use. We have also constructed a complete Dietary Table or Scale of food on which the several forms of diet are plainly defined, and the apportionment of each daily allowance into breakfast, dinner, and supper, defined likewise.

We trust that this Table will be sufficient for the guidance of the Officers and Nurses, and that it will prevent the commission of errors or mistakes in the daily distribution of the food. But whilst claiming for this Dietary Table a superiority over the one formerly in use, we think it right to state, that we have made no alteration or change in the weight or in the quantity of any of the chief articles of food formerly allowed in the several diets. These had been so well adjusted to the requirements of the sick, that neither their augmentations nor their diminution would have been expedient.

In thus reviewing the proceedings of this Institution for the past year, we have dealt somewhat lengthily with statistics, as these form the best criterion of the sanitary condition of a hospital.

The statistics certainly show that the Hospital, notwithstanding its numerous disadvantages—notwithstanding its total want of drainage—notwithstanding the wretched state of the female buildings, and the excessive death-rate there—notwithstanding the want of accommodation for the reception of accidents, the performance of surgical operations, and the treatment of surgical cases—notwithstanding the admission of 47 persons in a dying condition, and of 98 with pulmonary consumption, so that the death from these two classes of patients alone form 42.73 per cent of the total mortality—notwithstanding the occurrence of these and other disadvantages which need not be enumerated, the rate of mortality has nevertheless been such as to stand in a favourable comparison with that of nearly every British Colonial Hospital.

We submit that this fact affords irrefragable proof, and shows conclusively that the condemnatory averments which have been made against the salubrity of the Kingston Hospital site are groundless.

But while thus claiming for the hospital what we conceive to be its due, we have not hidden or concealed its imperfections, and these are neither few nor unimportant; we are glad, however, in being able to report that one of the principal of these is on the eve of removal, for a main drain, ably planned by Mr. Parry has been nearly completed.

This drain will carry off all the excretions and filth of the Institution to a distance, and in a hygienic point of view, must prove of the highest utility.

It is right to notice also some minor improvements which have lately been accomplished, and which have already tended to elevate the sanitary condition of the Institution; of these we may mention that the kitchen of the

old wall which bounded the whole Eastern side and half of the Southern and Northern sides of the old hospital square, and the removal of the wooden sheds and other old buildings which abutted thereon. These alterations have had the effect of causing a freer circulation of air throughout the buildings.

The recent alterations too, underneath the new buildings, by which an increase of over 15,000 cubic feet of clear space has been obtained, has doubtless had a favourable effect on the health of the establishment, by affording two cool and airy apartments, in which convalescent patients can take their meals and have recreation, and through which the sea-breeze can pass in much greater volume than formerly, to be dispersed upon the frontage of the old buildings to the Northward. But much remains to be done before the hospital can lay claim to a complete character.

We have pointed out what we consider to be the more pressing requirements for its efficiency, viz: a new Female Hospital, and a building for the treatment of accidents and cases requiring surgical operations, in order that such patients may be kept apart from the fever cases in A and B Wards, in the piazza of which the surgical cases are now, from necessity, placed.

But the time will come when social progression will require, and when the interests of humanity will demand, still further improvements in the buildings of this important Island Charity, so that accommodation may be provided for such cases as Small-pox, and one or two other contagious diseases, which are now, from necessity, rejected and thrown back upon the community.

Until the hospital buildings are made fit and adequate for the reception of all such cases, the Institution cannot fulfil its obligations to the public.

We believe that within the spacious enclosure of the hospital quadrangle, which comprises three acres of land, there is ample room for the establishment of such buildings as would meet all the wants of our sick population, but it must rest with the Legislature and with Government to determine how far such hospital improvements can be carried into effect.

We have done our duty in pointing out the reforms and improvements that are most urgently needed; and we trust that we have performed this duty honestly and fairly.

We have to request that you will forward the Return to his Excellency the Governor, with this letter appended thereto.

We are, Sir,

Your obedient servants,

ANDREW DUNN

ALEXANDER FIDDES

Ordinary Medical Officers.

MORITZ STERN

THOS. H. SOMERVILLE

Resident Medical Officers.

To D. P. TRENCH, Esq., Inspector and Director.

PUBLIC HOSPITAL.

The Annual Report of the Inspector and Director was laid on the table of the House by the Hon. Mr. Westmorland, on Friday, the 33rd December, 1864, and entered on the Minutes as follows :—

Message from the Captain-General and Governor-in-Chief to the Honorable House of Assembly,

L. EYRE, GOVERNOR,

“ The Governor transmits to the Honorable House of Assembly the Annual Reports and Returns, relating to the Public Hospital, for the Financial Year 1863-4.”

E. E.

No. 172.

Public Hospital, 6th December, 1864.

Sir,—I have the honor to transmit herewith to his Excellency the Governor, the usual medical, surgical and financial Returns of the Public Hospital, for the past year, which terminated on the 30th September.

These Returns are accompanied by an explanatory Report from the Medical Staff of the Hospital.

The medical and Surgical Returns will be found to embrace, on a more comprehensive scale than hitherto, the different statistics of the medical and surgical practice of the Hospital, shewing a comparative result in the latter, which will be highly satisfactory to the Government and to the Legislature.

The number of persons treated within the Sick Wards, of both sexes is shown to be two thousand two hundred and five during the year, at a gross cost of £7828 5s 8d, with a small credit to the public of £225 14s for hospital dues, lodged in the Treasury. These are collected almost exclusively from sick seamen, through the consignees of their respective vessels, the great majority of admissions being from amongst the poorest of our native population, who may be classed under the literal category of paupers. Many of these are admitted without a penny in their pockets, and have to be assisted to their homes, when discharged from the hospital, under the benevolent provision of the thirty-third clause of the act.

The average cost of each patient treated, without reference to their respective periods of residence, is £3 11s. and a fraction per head. The average daily number resident during the year has been one hundred and seventy-eight, costing an average of £36 0s. 11½d per annum, or 2s 6½d per day, against £8 10s 6d per head per annum, or 2s 7½d per head, per day, during the previous year of 1862-63.

It cannot be denied that both of these sets of figures, disclose a very high rate for the medical care and maintenance of a large proportion of the cases treated in the Public Hospital. It will be observed by the medical returns, that of the total number treated, the large proportion of five hundred and thirteen are for ulcers of the lower extremities, being an increase of one hundred and thirty-nine on the admissions under this head of the previous year, and a ratio of 23.26 per cent on the total admissions. Many of this class of patients are generally otherwise in fair bodily health : they are always the longest resident within the wards ; are the most troublesome ; and contribute not only to swell up the dieting expenses of the establishment, but occupy beds which might be otherwise available for the more legitimate objects of an hospital. The rules and dietary scales of the Institution do not admit the admission of patients of this class.

and those who are suffering from acute diseases. All are nursed, fed, and clad in the same expensive scale. Nor does it seem reasonable to expect that the Medical Officers will initiate any systematic distinction, so long as all are equally admissible, and thus equally entitled to that care and treatment which promises to be attended with the best and speediest results in their practice. It would nevertheless be quite compatible with the social condition and habits of our peasantry, to separate cases of the description referred to, and, whilst affording them the best medical care, maintain them on a scale much less costly than that on which the staple diets of the hospital are based, but whatever is to be done in this direction must be done under Legislative authority. It is my own experience, and I doubt not the experience also of others, who have had much to do with our labouring population, that in nine cases out of every ten, persons affected with ulcers are treated, and frequently with great success in their homes, by what are termed "Old Hot-house Doctors," and other empirics. The cases which are received into the Public Hospital are drawn to this *dernier* resort by the force of poverty and destitution; and it is not until they are literally starving that they appear at the gates of the hospital to seek shelter from destitution, on the plea of a disease which the Medical Officers are bound to recognise. I believe that many such cases could be treated, with due regard to humanity and charity, in an Alm's House or House of Refuge, where some hand occupation suitable to their condition might be rendered, in one way or the other, contributory to their support, provision being made for their transfer to the hospital when suffering from any acute disease, or when amputation has been determined on.

The cost of maintenance in an Alm's-House would, in all probability, not exceed one shilling per day, including everything, and the saving would be very considerable to the Hospital Fund.

Four destitute female patients who had been long resident in the hospital, and supported as inmates thereof, were transferred to St. George's Alm's House, in Kingston, under an arrangement with the Managers of that Charity, with the sanction of the Government, at a cost of four shillings each per week. The Medical Officers, though desirous to keep out a class of patients who are likely to become, by reason of their utter destitution, permanent residents, are nevertheless, sometimes compelled to admit them for some physical ailment; so that, I fear, we shall be required to make some similar provision for those who gain admission from time to time under like circumstances.

The buildings and accommodations they afford remain much in the same condition as they were last year. The excavations under the new buildings, and the works in connection with the sewer and privies, have been already alluded to in the Report of the Medical Officers. I quite concur in the condemnatory representations they have made with respect to the present accommodation for females; while I may add, that the want of accommodation for resident officers, and the absence of many of the subordinate departments of the establishment, continue to be serious drawbacks to the good order and efficiency of its management. It is my gratifying duty to report, that with all due allowance for these drawbacks, the state and condition of the hospital and its inmates has been, on the whole, satisfactory.

The Chairman of the Board of Visitors in a recent entry in the visitors book, remarks:

"The nurses and attendants were in their places, civil and attentive, and apparently kind and careful to the patients. Some of them complained of the smallness of their salaries, as compared with their duties, and especially of their not being allowed their board, or compensation for it. No Institution of the kind can, I believe, be properly conducted, in which the head attendants are not resident night and day, regulating and supervising at all hours."

I endorse this remark with much pleasure. The success of an Institution must necessarily, in a great measure, depend on the agency with which the detail is carried out; and, were the officers and nurses of the hospital made resident, and provided for as the law contemplates, I believe no incentive would

needed to ensure, on their parts, a faithful and honest discharge of the duties in their respective positions.

I annex a list of the enclosures.

I have, &c.,

(Signed)

D. P. TRENCH,
Inspector and Director.

Mon. HUGH W. AUSTIN, Gov. Sec., &c., &c.

The following communication from the late Ordinary Medical Officers of the Public Hospital, in answer to certain statements in the Annual Report of the Inspector and Director, was laid on the Table of the Honorable House of Assembly by Mr. Westmorland, and ordered to be printed:—

Public Hospital, 19th December, 1864.

Sir,—We have to acknowledge the receipt of your letter of the 14th inst., enclosing a communication from Mr. Secretary Myers, dated 13th inst., and numbered 2256, with accompanying extracts from the Annual Report of the Inspector and Director, submitted to us for our opinion thereon.

The passages in the Report of the Inspector and Director to which our attention is directed, are those relating to the costs of hospital patients, and treatment of those suffering under ulcers of the lower extremity—to ascertain whether we coincide in such observations, or whether the patients referred could not be put, as inmates of the hospital, on a scale of diet such as it is suggested would be adopted in an Alm's House, and whether the rules and regulations and dietary scale could not in that case be altered or modified to carry out such suggestions.

In order to convey our opinion on the subjects embraced in the Inspector and Director's Report, or rather in the extracts from it, which have been submitted to us, it is necessary to notice the paragraphs seriatim.

Firstly.—Mr. Trench states “that the average cost for each patient treated, without reference to their respective period of residence, is £3 11s and 6d per head. That the average daily number resident during the year has been 170, costing an average of £46 0s 11½d each per annum, or 2s 6½d per day, against £48 10s 6d per head per annum at 2s 7½d per head per day, during the previous years of 1862-3, and that these sets of figures disclose a high rate for the medical care and maintenance of a large proportion of cases treated in the Public Hospital.”

With reference to this statement of figures, it must be borne in mind that the annual cost of £46 11s ½d for each patient, and the daily cost of 2s 6½d, includes all the expenses of the Institution, which, under this calculation, are added to the strictly individual cost of the patient. The amount expended for food and drink, excluding wine, spirits, and malt liquors, has been, for each patient £16 1s 6d per annum, or 10½d per diem. Such a sum will probably appear very high or extravagant, if a comparison be made with the expenses of hospitals in other countries. Thus we find that in each department of George's Hospital, London, the expense for a patient is £46 per annum. At St. Mark's (a small hospital) it is £35 per annum. In St. Bartholomew's Hospital, London, the expense for a patient is £46 per annum. The other London Hospitals vary between these figures. In the principal hospitals of New York and Boston, the annual expense of each patient ranges between £50 and £70 per annum. We must also observe that in British and American Hospitals the emoluments of the Medical Officers are paid almost entirely from the fees paid by students. Their income does not rest as a charge upon the Hospital Fund.

Secondly.—Mr. Trench refers to the large number of ulcer cases treated in the hospital during the year, and states “That there were 513 cases of ulcers of the lower extremity, being an increase of 139 on the number treated in the previous year; that many of this class of patients are generally otherwise in good health; that they are always the largest resident in the hospital;

that they are the most troublesome and contribute, not only to swell up the dietary expenses of the establishment, but also occupy beds which might be otherwise available for the more legitimate purposes of a hospital."

In regard to this statement, we have to remark that although the total number of ulcers or sores treated during the year amounted to 513, yet the cases of ulcers of the lower extremity, did not exceed 491; so that the increase upon the number of the preceding year was only 117, but it must also be borne in mind that of the total number of patients in the hospital during the year, there was an increase of 375 over the number of the previous year, so that the relative increase of ulcers of the lower extremity has been only 41 during the year, and not more than the increase in the fever cases.

So many cases of ulcers of the legs and feet, may appear to be in excessive proportion to the other diseases treated in the Institution, but it must be borne in mind that ulcers of the lower extremity constitute a form of disease that is peculiarly incident to the labouring poor—particularly in a country like this, where the lower orders of society are mostly unprovided with shoes and stockings, and exposed by the nature of their occupations to numerous irritating agencies which tend to produce and perpetuate this class of complaint.

In the wards of the General Hospital of other countries, there is always a very considerable proportion of ulcer cases, some depending on local derangements, others arising from a faulty state of the constitution, and it is reasonable to suppose that this class of patients must always appear in large numbers at the Kingston Hospital; but all that the Medical Officers can do with the view of keeping down the numbers of such cases, is always to receive those of a more pressing and dangerous nature, and to reject those of a lighter character, and this system has been followed to the utmost of their ability.

We may further observe, that it would be a great fallacy to suppose that patients suffering from ulcers cannot be seriously ill, and that such cases might be generally treated by the simplest appliances and the poorest dietetic allowances. Such an opinion is not based on correct principles, or upon a proper conception of the nature of disease. Ulcers on the body generally, and those on the lower extremity particularly, are often the external manifestation of internal disorder and disease, and require for their successful management all the resources of Medical and Surgical Art.

But apart from the constitutional affections with which ulcers are frequently associated, the local irritation which they induce is sometimes of a very serious and dangerous character. By neglect, they are apt to assume a sloughing and gangrenous disposition, imperilling both the limb and the life of the patient. "There are few diseases," says Professor Syme, "which interfere more seriously with the patient's comfort, or unfits him more for the active duties of life—they are met with chiefly among the labouring poor, and often produce the greatest misery by impeding or altogether preventing the exertions which are required for maintaining the patient and his family."

Thirdly—Mr. Trench states that the rules and dietary scale of the Institution do not admit the principle of any material distinction between this class of patients and those who are suffering from acute diseases—all are nursed, fed, lodged, and clothed on the same expensive scale; nor does it seem reasonable to expect that the Medical Officers will initiate any systematic distinction so long as all are equally admissible, and thus equally entitled to that care and treatment which promises to be attended with the best and speediest results in their practice. That it is, nevertheless, quite compatible with the social condition of our peasantry to separate cases of this description, and, whilst affording these the best medical care, maintain them on a scale much less costly than that on which the staple diets of the hospital are based.

In reply to this, we have only to say, that when an applicant is found eligible for admission into the hospital, he is placed upon one or other of the several forms of diet indicated in the dietary table. These forms of diet vary greatly, and have an extensive range between the full diet, in which there is an ample allowance of animal food, to the spoon diet and the fever diet in which only farinaceous articles are used, and we do not perceive that any alteration or modification of the dietary scale would be necessary for any patient who was really eligible for admission.

Fourthly—Mr Trench says that “it is my own experience, and I doubt also the experience of others who have had much to do with our labouring population, that in nine cases out of every ten persons afflicted with ulcers, the patients are treated and frequently with great success, in their own houses, by what are termed old Hot-house Doctors and other empirics.”

The cases which are received into the Public Hospital are drawn from this *dernier resort* by the force of poverty and destitution, and it is not until they are literally starving that they appear at the gates of the hospital to seek shelter from destitution, on the plea of a disease which the Medical Officers are bound to recognize. We believe that many such cases could be treated, with regard to humanity and charity, in an Alm's House, or House of Refuge, where some hand occupation might be rendered in one way or the other contributory to their support, provisions being made for their transfer to the hospital when suffering from acute disease, or when amputation has been determined on. The cost of maintenance in an Alm's House would in all probability not exceed one shilling per day, including everything, and the saving would be a great consideration to the hospital fund.

In expressing our opinion on these remarks, we readily admit that in 9 cases out of every 10 persons affected with ulcers, the old Hot-house Doctors, and empirics are reported to effect very satisfactory cures. A reasonable doubt may be entertained about this; but however it may be, we must urge our objection to the service of the Hot-house Doctors, or the empirics, being brought to bear on the practice of a Public Hospital.

We readily allow that “many of the cases which are received into the hospital are drawn to this *dernier resort* by the force of poverty and destitution, and that it is not until they are literally starving that they appear at the gates of the Hospital to seek shelter from destitution; but we cannot admit that such persons are received on the *plea* of a disease which the Medical Officers are bound to recognize. They are, on the contrary, usually admitted either because they are found to be suffering from such an amount of destitution and debility as to place their life in danger, or because their local disorder really requires medical and surgical treatment.

We have to notice, lastly, Mr. Trench's suggestion that many of the ulcer cases might be advantageously placed in an Alm's House, where they would have some occupation that would contribute to their own support, and where the cost of their maintenance would probably not exceed one shilling per day, including everything. With reference to this suggestion, we have to observe, that although it would be most desirable that an Alm's House should be established in the City on a scale sufficiently extensive to receive the blind, paralytic, the incurable, and the aged, infirm, and destitute, yet we do perceive how such an Institution could be well made available for the treatment of the cases now being considered, unless a Medical and Surgical Agency similar to that of the Public Hospital were to be engrafted on the machinery by which the Alm's House would be conducted.

Persons suffering from ulcers, and who had been reduced to the verge of existence by destitution and starvation, would probably not recover their health speedily or satisfactorily on a diet consisting of about four pence a-day. It is true that life might be maintained upon this sum, with persons unafflicted with any local or constitutional disease; but it is evident that a dietary regimen of this kind could not be conducive to a sick man's recovery. The intimate object of an Alm's House is to afford an Asylum or House of Refuge, for persons incapable of taking care of themselves, and who are unable to be of further use to Society; but it cannot supply sufficient assistance to those suffering under physical disease, but who are beyond recovery, unless its provisions and its nature be prevented and its character merge into that of a Public Hospital.

In conclusion, we may repeat, that of the numerous persons with ulcers who apply for admission into the Public Hospital, the slightest cases are rejected, the more severe and dangerous taken in, and that many of this class of applicants are found to be in as much danger of their lives as if they were suffering from pneumonia or dysentery.

An Alm's House would prove a convenient auxiliary to the Hospital, by affording an Asylum for some of these patients after they had been cured, but we cannot see how such an Institution could ever be an efficient substitute for an Hospital, or how it could materially aid it, in carrying out the treatment of disease.

As to making any alteration or modification in the Hospital dietary scale, in order to assimilate it to that of an Alm's House, we do not perceive how that change could be accomplished, without lessening the efficiency of the Hospital and lowering its character.

We are, &c., &c.,

Your obedient servants.

ANDREW DUNN

ALEX. FIDDES

Ordinary Medical Officers.

To. D. P. TRENCH, Esq.,
Inspector and Director.

PUBLIC HOSPITAL CORRESPONDENCE.

To the Editor of the Colonial Standard.

Kingston, 23rd January, 1865.

Sir,—As several of my friends have requested me to lay before the public a statement of the circumstances which led to my resignation of the office which I recently held in the Public Hospital I have been induced to accede to their desire, not from any wish to obtrude my official conduct on the public, but chiefly with the view of correcting certain misrepresentations which have been circulated with regard to the reasons which induced me to sever my connection with this Institution, in which for a period of nearly three years, I have served as one of its chief Medical Officers.

It has been alleged that I was induced to tender my resignation of office, in consequence of the recent alterations or changes which the Governor has thought fit to make with regard to the periodical retirement of the Medical Officers, and that my inability to remain in the hospital as a permanent member of the Medical Staff, was the principal cause of my resignation of office. But such is not the case. I never had, and have not now, any particular desire to act in such a capacity; but in order to show this more clearly, it is necessary that I should enumerate somewhat in detail, the circumstances which first led to my late official connection with the Institution.

On the occasion of the vacancy in the Hospital Medical Staff, which occurred by the death of Dr. McGrath in 1858, I was requested to put forward my claims to that appointment, and received every assurance of being elected to the office if I desired to hold it, I declined however, and left the way open for Dr. Bowerbank, who had signified his desire to obtain the situation. He canvassed the votes of the Hospital Commissioners, in whom the patronage was vested, and he did so unopposed by me, and if I remember rightly, by any body else. The Commissioners, however, for reasons best known to themselves

did not entertain his application, and from the moment of his rejection, Dr. Bowerbank commenced his famous Hospital Campaign, which, after a duration of four years was temporarily suspended, but not terminated, by the removal of Dr. Scott from his office of Principal Medical Officer of the hospital. This gentleman's connection with the hospital terminated in March 1862, and on the 20th of that month Governor Darling wrote to me requesting that I would agree to act as Dr. Scott's successor. At that time I had become so disgusted at the discreditable manner in which the hospital controversy had been conducted, that I felt no desire whatever to form any official connection with the Institution, and this feeling on my part seems to have been pretty well understood, for early in the morning of the 21st March, the day after I had received Governor Darling's letter, Dr. Bowerbank and Dr. Campbell called upon me at my residence, and urged upon me the propriety of stepping forward and occupying the vacant post in the hospital, and among other inducements which these gentlemen held out to me, was the important one that in future everything would go on pacifically in the Institution. But I had not made up my mind on the subject, and it was not until I had a personal interview with Governor Darling, and discussed the matter with him, that I consented to act. I accordingly entered upon my hospital duties, certainly not without misgivings, but still with the hope that in the conduction of the Institution I would not encounter factious or vexatious opposition.

Towards the end of that year a new hospital bill was passed by the Legislature, and came into force early in 1863. This bill was drawn up by Dr. Bowerbank by direction of Governor Eyre and his own Executive Committee. The formality was gone through of shewing the bill to Dr. Dunn and myself prior to its final reading in the House of Assembly, and being struck with the extraordinary nature of some of its provisions, I suggested some six or seven alterations, but, as I had reason to anticipate, not one of my suggestions was carried into effect.

Early in 1863, Governor Eyre consulted me personally with reference to the working of the new Act, and at this period I was so oppressed with its anomalous character, that I then stated to his Excellency that I had no particular wish to continue longer as a Medical Officer of the Hospital, and that if he knew of any gentleman who might be desirous to fill my situation, I would not stand in way.

His Excellency seemed desirous, however, that I should remain in the Institution, and still entertaining a hope that the hospital machinery might work properly, I consented to do so. I had not yet ascertained fully that a Government which had been held by a Metcalfe, an Elgin, and a Grey, had actually fallen into the hands of a man of so feeble a capacity that he could not or would not use the ability with which Providence has endowed him, but like a young school-boy, was necessitated to repeat his lessons under the dictation of his nurse; but I was soon undeceived, for early in May, 1863, I found Dr. Bowerbank (who had been elected to the office of Chairman of the Board of Visitors under the new law) engaged in fanning the flame of a hospital conspiracy, got up with the special object of dismissing one of the Resident Medical Officers. True it is that I

found this honorable and straight forward gentleman maintaining a correspondence with the individual who had initiated the conspiracy, supplying him with writing materials and otherwise inciting him to prosecute his charges, without myself being in any way informed of the existence of any complaint, although I was several hours daily in the wards of the hospital, and was accessible to any patient who might have grievances to urge.

On ascertaining the facts connected with this reprehensible transaction, Dr Dunn and myself immediately protested against so unwarrantable a procedure on the part of Dr. Bowerbank, and we conjointly submitted to the Board of Visitors the following letter on the subject :—

“ *Public Hospital, 6th May, 1863.*

“ Sir,—As a special meeting of the Board of Visitors will be held to-day to enquire into certain charges preferred by Allan McRae, a patient, against Dr Stern, Senior Resident Medical Officer, we think proper to direct your attention and that of the Official Visitors, to the anomalous course of procedure which has led to the institution of this enquiry.

“ We are aware, that by the provisions of the Hospital Law, any member of the Board of Visitors may call and inspect the hospital at any time, and may examine any officer, servant, nurse or inmate, as he may think fit; but we do not perceive that the Act has invested any member of the Board with power to act as the Chairman has done in the case which is to be the subject of investigation to-day.

“ It would be premature to say anything now with regard to the charges made by the patient McRae against Dr. Stern: these will be, doubtless, examined carefully, and judged impartially; but we must be permitted to observe that the whole of the preliminary procedure between McRae and the Chairmnn, appears to have been irregular, inasmuch as the subject of McRae's complaints was initiated, and carried to where it now stands, without reference to either of the ordinary Medical Officers, or to the Inspector and Director.

“ We submit that the adoption of a practice like this, would reduce the position of the Medical Officers and that of the Inspector and Director, to a nullity; it would subvert all hospital discipline, and speedily effect the demoralization of the Institution.

“ We object to any member of the Board of Visitors sanctioning or holding an outside correspondence with patients in the hospital, particularly in cases where the responsible officers of the Institution have received no intimation of the existence of any complaint.

“ The question of interference with patients, by members of the Board of Visitors, is very important, and the extent and limits of such interference should be settled definitely without delay.

“ We are willing to carry out the duties of the hospital to the best of our ability, but we have no wish to hold our appointments on any other terms than such as are compatible with professional propriety; and we object to act under any system of Hospital Government, which would tend to keep the Institution in a state of perpetual disturbance.

“ We have to request that you will be good enough to lay this letter before the meeting of the Board of Visitors to-day, and that you will also transmit a copy of it to his Excellency the Lieutenant Governor.”

“ We are.

“ Your obdt. servants,

ANDREW DUNN

ALEXANDER FIDDES.

“ Ordinary Medical Officers.

“ To D. P. TRENCH, Esq., Inspector and Director.”

The Board of Visitors sat for seven consecutive days to investigate the subject of this inquiry, and at one of their meetings, on the

in May, I individually tendered to them the following letter, with a view of pointing out to the Board the improper course which the Chairman had pursued:—

“ *Public Hospital, 20th May, 1863.*

“Sirs—As the visiting Medical Officer of No 2 division of the hospital, which is under the care of Dr. Stern, and from which the patient McRae presented the charges against this officer, which are now the subject of enquiry to this Board, I have to crave your indulgence for leave to make a few observations with reference to this case.

“It is certainly no business of mine to interfere, either by words or by deeds, with the functions which this Board exercises according to law and it would not be fit or proper in me to make any remarks which might appear calculated to influence the members of the Board, or to prejudice their decision in regard to the charges which have been advanced by McRae against Dr. Stern. I may be permitted to observe, nevertheless, that the matter of this complaint which has now occupied the attention of the Board for four days, and which has also demanded the attendance of all the Medical Officers of the Hospital during that time, might probably have been settled equitably and satisfactorily in a few minutes, if a proper course of procedure, in the first instance, had been adopted.

“The plan which hospital patients should follow to obtain redress of real and imaginary grievances, would be to speak to the Resident Medical Officer in charge; but if the complaint happen to be against this officer himself, the complainant should apply to the ordinary Visiting Medical Officer, and should not succeed in obtaining redress from him, he should appeal to the Inspector and Director; and, in the event of that application also failing, the complainant would act properly in applying to any member of the Board of Governors.

“But in the case which is now the subject of investigation by this Board, the course here indicated was not pursued. McRae made no complaint to the visiting Medical Officer of his ward against Dr. Stern, although he had every opportunity to do so, neither did he mention any grievances to the Inspector and Director, but at once opened a correspondence with the Chairman of this Board, outside the hospital, which necessarily led to the enquiry which now engages your attention, an enquiry which Dr. Dunn and myself, in our letter of the 6th inst., (now before the Board), designated as anomalous and irregular inasmuch as the preliminary procedure attending it has been contrary to the rules and usages by which all well-regulated hospitals are governed.

“I may be permitted to state, that since my appointment as a Medical Officer of the hospital, now rather more than a year ago, the period of my attendance at the Institution has ranged from one to five hours—the average being probably from two to three hours. I submit that such period of daily visitation is ample to allow every patient full opportunity to speak to me on grievances, or on any other subject: and, consequently, that statements like those made by McRae, if communicated to parties outside the hospital without reference to the responsible officers inside, should be viewed with suspicion and distrust, and it will generally be found that patients making those irregular charges against Officers of the Institution, have been influenced in doing so, either by malice and ill-will, or by a propensity to provoke quarrel and stir up strife.

“It should be borne in mind that among the inmates of the Kingston Hospital there is always a considerable number of bad characters—sailors who have broken their engagements, and left their ships, and men who, when out of hospital, pass a good deal of their time in prison, or in the General Penitentiary; and in corroboration of this statement, I may mention that during the last few weeks there was treated, as a patient in the hospital, one of the incorrigible scoundrels who has figured in the annals of the latter penal establishment.

“If these and other analogous facts be duly considered, it will, I think, be evident that any interference with patients, by members of the Board of Visi-

tors, tending to lessen the authority of the responsible officers of the Institution, cannot have a wholesome or salutary effect on the management.

"I leave the important question herein involed with the Board, and with the Government, for consideration and settlement, feeling assured that the decision which will be made in regard to it will be such as may tend to uphold the discipline of the hospital, and to promote its general welfare; but I would be wanting in duty to myself, to the hospital, and to the profession to which I have the honor to belong, if I failed to protest against any repetition of that unusual mode of hospital management, upon which I have now been necessitated to give my opinion

"I am, your obdt. servant,

"ALEX. FIDDES,

"Ordinary Medical Officer of the Public Hospital.

"To the Chairman and Members of the Board of Visitors."

During this investigation, the Board was always fully attended, there being present. Dr. Bowerbank, the Chairman; His Lordship the Bishop the Rector of Kingston, the Rev Mr. Edmondson, the principal Medical Officer of her Majesty's Army; the principal Medical Officer of her Majesty's Navy, the Hon. George Solomon, and Charles Levy, Esquire.

After a full and patient inquiry, these gentlemen framed a Report, in which they unanimously agreed that the charges made by the patient McRae against Dr. Stern, were unfounded and vexatious, and that there was no ground whatever for the entertainment of his complaint.

To this Report Dr. Bowerbank dissented, and considered it necessary to furnish a Report of his own, with the object apparently of making a wild and unjustifiable attack upon every Officer of the Institution. His Report was duly forwarded to Government, along with that of the Board of Visitors; and if Governor Eyre had possessed the rudiments of Governmental knowledge, he would have immediately sent back the offensive document to its author, and requested him not to send any further Reports to Government that were in direct antagonism with the carefully considered decisions of the whole Board of Visitors.

But Governor Eyre not only received Dr. Bowerbank's one sided Report, but proceeded quickly to act upon its suggestions, for he forthwith sent down to the hospital his censure upon Dr. Stern, and some other Officers of the Institution, based entirely upon Dr. Bowerbank's representation.

In the meantime, Dr Dunn and myself had written to the Governor to furnish us with a copy of Dr. Bowerbank's Report, in order that we might answer the allegations which it contained; but after a lapse of sixteen days, and finding that no notice had been taken of our communication, we again addressed his Excellency on the subject, reminding him of the necessity of furnishing us with a copy of Dr. Bowerbank's document, which contained such serious charges against the hospital management. His Excellency at last complied with our request, and sent down a copy of the Report; but on analysing the document, we discovered in it so many misstatements and palpable untruths, that we were compelled to write plainly with regard to its spurious character—and we then took occasion to tell his Excellency, that if he believed the allegations of Dr. Bower-

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likely to be well founded, it were better that we should both retire from the hospital, rather than remain in a situation where our services would neither be beneficial to the public nor creditable to ourselves; but if, on the other hand, he considered Dr. Bowerbank's arguments to be incorrect, then it would be necessary that he should allow the Medical Officers of the hospital fair play in the discharge of their official duty. Our reply to Dr. Bowerbank's Report seems to have produced some effect upon the Government, for the Governor sent down a message to the hospital immediately afterwards, cancelling and withdrawing the censures which he had previously passed upon certain Officers of the hospital, on the strength of Dr. Bowerbank's *PARTE* statement, and at the same time he forwarded a letter to

Dunn and myself, expressing his satisfaction with the manner in which the hospital had been conducted; but strange as it may appear, it is nevertheless true, that when a Committee of the House of Assembly, (which was appointed to report upon the condition of the hospital) sent down an order that all correspondence between the Board of Visitors and the Government, and also that between the Medical Officers and the Government, should be furnished for their information, the Governor thought fit to write immediately to Mr. Bowerbank to stop the transmission of the Correspondence between the Medical Officers and the Government, although he made no objection to the several communications which had passed between the Board of Visitors and the Government, being laid before this Committee of the House of Assembly. In other words, although Governor Eyre expressed his readiness to receive the condemnatory Report of Dr. Bowerbank against the Medical Officers of the hospital, he signified his intention not to acknowledge the written statements which they had made in their own defence.

From this circumstance I concluded, and I think rightly, that Governor Eyre had abandoned his independence and relinquished his judgment in hospital matters to Dr. Bowerbank, and that he was no more than an automaton in his hands. Subsequent transactions in the hospital have not tended to remove this impression, for the several entries which Dr. Bowerbank has since made in the Visitor's Book, the Governor must have perceived that this gentleman was overstepping the bounds of his official position, and was in direct running counter to all propriety. He should have seen that Dr. Bowerbank's offensive criticism, in the Visitor's Book, with reference to the Annual Report of the Medical Officers for the year 1862-3, a criticism replete with insinuations and arithmetical blunders, was a most improper stretch of official authority, and he should have further perceived that the same censure which Dr. Bowerbank managed to put upon the Hospital Report for 1863-4, merely because the Medical Officers had expressed their opinion on the salubrity of the hospital, was an act of official arrogance and presumption beyond the limits of professional endurance.

But the Governor, instead of checking or putting a stop to these improper proceedings, seems rather to have given encouragement to them, and, to cap the climax of the whole, he finally entrusted the Board of Visitors, consisting virtually of Dr. Bowerbank and his two assistants, with full power to adjudicate upon the retirement or re-appointment of the several members of the Medical Staff. It may

be readily seen how, by a movement of this kind, the Governor so played into Dr. Bowerbank's hands, as to enable him to obtain the object which he so long desired—that of getting the hospital entirely under his own control.

I being fully cognizant of all the movements in the game, and perceiving that my means of self-defence would be materially diminished by Dr. Dunn's retirement, I had no alternative but to resign my office, and accordingly lost no time in forwarding to the Governor, the following letter:—

“ Public Hospital, 29th December, 1864.

“ Sir—Wishing to retire from the office which I now hold in the Public Hospital, I have to request that you will convey to his Excellency the Governor, this desire, so that he may be pleased to appoint another Medical Officer in my stead.

“ I am, your obedient servant,

“ ALEX. FIDDES.

“ To D. P. Trench, Esq., Inspector and Director.”

After some private correspondence had passed between the Governor and myself, which it would be improper to publish, I received the following official letter from the Governor in Executive Committee:—

“ Executive Committee Office,

“ 4th January, 1865.

“ Sir,—I am directed by the Governor in Executive Committee, to acknowledge your letter of the 29th ult., addressed to the Governor's Secretary and forwarding a communication from Dr. Fiddes, tendering his resignation as one of the Ordinary Medical Officers of the Public Hospital.

“ I am to request that you will, without any delay, convey to Dr. Fiddes, the wish of the Government that he would re-consider and withdraw the tender of his resignation, his service being, in their opinion, of very great value to the Institution.

“ I have the honor to be,

“ Your obedient servant,

“ W. R. MYERS, Secy.

“ To D. P. Trench, Esq. Inspector and Director.”

To this letter I forwarded the following reply.—

“ Kingston, 5th January, 1865.

“ Sir,—I have to acknowledge the receipt of your letter of the 4th inst., enclosing a communication from Mr. Secretary Myers of same date, in which you are requested to convey to me the wish of the Government that I would reconsider and withdraw the tender of my resignation as Ordinary Medical Officer of the Public Hospital.

“ In reply, I have to state, that I would be willing and happy to continue my professional services in the Hospital, provided I could do so with due regard to my professional position, and with proper respect for the interests of the Institution; but unfortunately the system of Hospital management, under the present Board of Visitors, is such, that no medical man, having regard for his professional character, can possibly serve as one of the responsible Medical Officers of the Institution.

“ In a most unjustifiable manner, Dr. Bowerbank has succeeded in driving away from the Board of Visitors nearly all the gentlemen who have been appointed to constitute it, so that the Board is now under the dictation of himself and his two relatives, Dr. Charles Campbell and the Rev. Duncan H. Campbell, and it is evident that the government of the hospital is now vested in Dr. Bowerbank; but inasmuch as this gentleman, from his first official connection with the Hospital to the present time, has endeavoured to thwart

obstruct the measures which have been devised for its improvement, and done a great deal to plague and annoy the Medical Officers, his presence at the Institution has become a serious difficulty to those connected with its instruction and management, and this interference on his part is the more annoying, from the fact that he himself has never afforded any proof of competency to discharge the higher and more important duties which appertain to the practice of a Public Hospital. I beg leave, therefore, to inform the Government, that unless some pledge or guarantee be furnished for the effectual correction of the abuses to which I have thus briefly alluded, I must respectfully decline to continue any longer as a Medical Officer of the Public Hospital.

"I have the honour to be,

"Your obedient servant,

"ALEXANDER FIDDES.

To D. P. TRENCH, Esq., Inspector and Director."

I had subsequently a personal interview with the Governor and Executive Committee, with reference to the subject of the Hospital Appointments, without arriving at any satisfactory solution of the difficulty; and a few days thereafter I forwarded to the Government the following communication:—

Kingston, 9th January, 1865.

"Sir,—I have to request you to inform the Governor, in Executive Committee, that I have given the subject of my resignation from the Hospital my mature consideration, and have to say that I could not continue my services at the Institution without compromising my professional position.

"I have, therefore, to ask the Governor to relieve me from the duties of my office, by appointing another Medical Officer in my place, at his earliest convenience.

"I am,

"Your obedient servant,

"ALEXANDER FIDDES.

To D. P. TRENCH, Esq., Inspector and Director."

Having waited several days without receiving a reply to this, I again addressed his Excellency as follows:—

"Public Hospital, 19th January, 1865.

"Sir,—In my communication to you of the 9th instant, I requested you to be good enough to forward to his Excellency the Governor my desire to be relieved of the duties of my office of Ordinary Medical Officer of the Hospital. Not having received any reply with reference to my application, finding that my present position in the Institution is becoming more and more anomalous and uncomfortable, I have again to request you to convey to his Excellency my wish that he will, at his earliest convenience, appoint another Medical Officer in my room.

"I am,

"Your obedient servant,

"ALEXANDER FIDDES.

To D. P. TRENCH, Esq., Inspector and Director."

On the following day I received the annexed letter from the Government:—

Gov. Sec. Office, 19th January, 1865.

"Sir,—In reply to your letter, No. 7, of the 9th instant, I am directed by the Governor, in Executive Committee, to state that whilst they regret that Dr. Fiddes is unable any longer to continue his services as an Ordinary Medical Officer of the Hospital, the decision not to withdraw his resignation leaves the Governor no alternative but to accept it, and appoint another Medical Officer.

"The Governor and Executive Committee cannot, however, allow Dr. Fiddes to retire without expressing their high sense of his professional skill and ability, and of the very valuable services he has rendered to the hospital during his tenure of office, for which they tender their best thanks.

"I am to request you to communicate the substance of this letter to Dr. Fiddes.

"I have the honour to be,

"Your obedient servant,

"HUGH W. AUSTIN, Gov. Sec.

"To D. P. TRENCH, Esq., Inspector and Director."

I have thus given a hurried, and I fear a very imperfect sketch of my official connection with the Public Hospital, and endeavoured to show the causes which have led to my retirement from it.

I am glad to say that I have received the support of the members of my profession as to the line of conduct which I have pursued, and I trust that the explanation which I have given will further secure for me the approbation of the public.

I had nothing to gain personally by throwing up a salaried appointment and coming to a rupture with the Governor and Dr Bowerbank; I would rather have avoided these, but it is evident that I could not have done so without a sacrifice of principle, and my duty to the profession made it imperative on me to act as I have done. I have willingly and voluntarily retired from the hospital, and given place to Dr. Bowerbank, who has, thereby, secured the long coveted object of his wishes; but what next? Before long there will probably be a reiteration of the old cry *Delenda est Carthago*, that the buildings in North Street must be abandoned, and a new Hospital erected somewhere else; and this will be pleasing to Governor Eyre, who it must be remembered, stands committed to a measure of this kind. But here again the Governor and Dr. Bowerbank will probably find themselves on the horns of a dilemma inasmuch as the Hospital Returns shew that the practice of the Institution up to the end of last year, was such as to stand in very favourable comparison with that of nearly every British Colonial Hospital and that the results of surgical operations had been more successful than in the principal hospitals of Great Britain. It is also well known that the rate of mortality in the Kingston Hospital has been progressively decreasing, and that there has been a steady improvement in the general economy of the establishment, dependent in a great measure on reforms and alterations which have been gradually carried into effect.

If Dr. Bowerbank cannot now maintain the professional reputation of the hospital, or if he cannot elevate its practice by means of efficient drainage and other sanitary agencies which have just been brought into practical operation, then it must be evident that his professional status must suffer, but, if on the other hand he should succeed as I hope he may do to advance and extend the improvements which have already been in progress, then there will be less cause than ever to tax a poverty-stricken country to raise an enormous amount of money for the establishment of a new hospital.

On one or other of the horns of this dilemma, the Governor and Dr. Bowerbank will be impaled.

I am, Sir, Your obedient Servant,

ALEX. FIDDES,

Fellow of the Royal College of Surgeons, Edinburgh.

To the Editor of the Colonial Standard.

Kingston, January 24th, 1865.

Sir,—I have just this moment perused in your paper of to-day's date, a paper headed "Public Hospital Correspondence," and signed "Alexander Fiddes."

Hitherto I had always entertained a high respect for that gentleman, though we had widely differed on hospital matters.

I shall not, Sir, enter into any controversy with Dr. Fiddes, but, after reading what he has written, I can only express my surprise at his conduct—his want of candour and manliness in never having expressed his sentiments to me personally—nay, I may safely say, in having remained silent when invited to state his reasons for resigning his appointment; but I feel it to be a duty I owe to myself, the Governor, the Executive Committee, and the Public, thus to declare that Dr. Fiddes' letter, from beginning to end, as regards myself, my actions and motives, is full of statements which are false, and that Dr. Fiddes *ought* to know that they are so.

I have, at the request of the Government, and very much against my interest and inclination, accepted office at the Public Hospital. While I hold this, I will do my duty fearlessly and conscientiously, and without subterfuge, and whatever the result may be at the end of the year, I care not; my duties as to the condition and management of the Public Hospital are well known.

In conclusion, to show the animus of the whole affair, I would draw attention to the fact, that this attack upon my private and professional character—made by a professional brother and pretended friend—appears in public prints the very day the Mail is made up for England.

I am, Sir,

Your obedient servant,

LOUIS Q. BOWERBANK.

To the Editor of the Colonial Standard.

Kingston, January 25th, 1865.

Sir—I perceive in your Journal of to-day a letter from Dr. Bowerbank, in which he has made some comments upon a letter of mine which appeared in the Colonial Standard of yesterday.

I observe that the Doctor, whilst refusing to enter into any controversy with me, "expresses his surprise at my conduct—at my want of candour and manliness in never having expressed my sentiments to him personally, and in having remained silent when invited to state my reasons for resigning my hospital appointment;" and he declares that my letter, from beginning to end, is full of statements that are false, and that I *ought* to know that they are so."

In reply to these remarkable assertions, I have to say, *firstly*, that Dr. Bowerbank's decision not to have any controversy with me, is a matter beyond influence and control; but I would inform him, nevertheless, that should he ever have occasion to alter his determination in regard to this decision, I will probably find me willing and ready to meet him in the controversial arena. As to my alleged want of candour and manliness in never having expressed my sentiments to Dr. Bowerbank personally, and in having remained silent when invited to state my reasons for resigning my hospital appointment, anybody who has taken, or who may take, the trouble to read my letter, will see that I have been by no means backward in giving place to my sentiments, and they will also perceive from the correspondence contained in the said letter, that I officially conveyed to government in language as plain and intelligible as I could find, my principal reasons for declining to remain longer as one of the Medical Officers of the Public Hospital. As to Dr. Bowerbank's assertion, that "my letter from beginning to end, is full of statements that are false, and that I *ought* to know that they are so." I

have only to say that an off-hand charge of this kind, is certainly a ready method of loosening a Gordian knot, and of escaping from an ugly difficulty, but is far from being a satisfactory reply to, or a refutation of the statements which are contained in my letter.

That letter is based almost entirely on documentary testimony, and I challenge Dr. Bowerbank to lay his finger on a single sentence of it which is not strictly in accordance with truth.

Finally, Dr. Bowerbank states that "to show the animus of the whole affair, he would draw attention to the fact that this attack upon his private and professional character, made by a professional brother, and pretended friend, appears in the public prints the very day when the Mail is made up for England."

With reference to this charge, I have to observe that my official connection with the hospital did not terminate until the 20th instant, and up to that period my hands were tied with regard to making any public hostile criticism on hospital proceedings. I wrote my letter on the 21st, and next day being Sunday, I was unable to put it in the hands of the Printer before the 23rd. It made its public appearance on the 24th, and as the Mail Packet for England was to sail on the morning of the 25th, I saw no good reason for keeping the document back; its transmission to England can do harm, but, on the contrary, may effect a great deal of good.

I am, Your obdt. Servant,

ALEX. FIDDES, F. R. C. S., Edin.

CORONER'S INQUEST

AT

THE PUBLIC HOSPITAL.

A Coroner's Inquest was held on Sunday the 12th February, 1865, at 11 o'clock, before Doctor Sampson Altman, Coroner, at the Public Hospital, on the body of a man named Richard Bailey, a patient who died in that Institution.

The following gentlemen were sworn on the Jury :—

Henry S. Samuel, Esquire, Foreman.	
Alexander Alberga	Andrew Lyon
Arthur Abrahams	Ellis Wolfe
Thomas S. Harvey	Wm. Berry, Senr.
Edgar L. Marshall	William Voz
Daniel Finzi	AND
Alfred Delgado	Edward J. Brandon, Esqrs.

The following medical gentlemen were also in attendance :—

Doctors Anderson, Bowerbank, Somerville, and Field, Medical Officers of the Institution.

Doctors Dunn, Fiddes, and Stern, Campbell, Scott, Robinson, Burke, and Dr. Allan, of the Lunatic Asylum.

The Hon Alex. Bravo, D. P. Trench, Esq., Inspector and Director of the Public Hospital and Lunatic Asylum, and Inspector Nairne, were also present.

The Coroner stated that the investigation was called in consequence of a letter he had received from the Inspector and Director of the hospital. He would facilitate the enquiry as much as possible. The letter requested an investigation, as also the opinion of the several medical gentlemen. He (the Coroner) was aware, and it must also be patent to the Jury, that there was some professional differences of opinion between the former and the present medical staff of the hospital, and as such was the case, he had summoned them all to assist in facilitating the investigation.

The Foreman was of opinion that this matter should not be brought before the Jury. He was certain that no differences of opinion would prevent the medical gentlemen from giving a plain decision.

The Jury endorsed the opinion of their Foreman.

The Coroner explained that he simply brought it to the notice of the Jury, to account for the number of medical gentlemen that were present at his instigation. A fair and equitable decision was required, and he repeated that he would endeavour to facilitate the same. He would request the Jury to visit and inspect the body.

The Jury then visited the body, which presented an attenuated appearance ; the teeth were firmly clenched, the parts slightly discolored, and the deceased appeared to have died in great agony.

After a close inspection of the body, the Jury returned and intimated to the Coroner that they were of opinion that a 'post mortem' examination was necessary.

The Coroner then informed the medical gentlemen of the wish of the Jury.

Mr. Andrew Lyon would like a specified number named by the Coroner.

The Coroner then named Doctors Bowerbank, Dunn, Fiddes, and Anderson.

Doctor Bowerbank would not like to assist in performing the 'post mortem' examination, being connected with the hospital. He did not think that either the former or present medical officers should be so circumstanced.

The other medical gentlemen agreed with Dr. Bowerbank.

Dr. Scott said that it was the usual custom on such occasions to appoint the junior medical officer of the Institution, and the rest of the gentlemen could be present and assist if necessary.

The Coroner was of opinion that the selection should be made between the gentlemen of the profession themselves.

Dr. Fiddes suggested the junior medical officer, which was strenuously objected to by the Jury.

Mr. Lyon held that the appointment ought to be made by the Jury. He would protest against it, if the profession were allowed to make their choice. No attempt should be made by any person or persons in appointing the medical gentlemen to perform the post mortem. He again repeated that the Coroner and Jury were the only persons empowered so to do.—After a great deal of discussion between the Faculty and the Jury, Dr. Lake, being a disinterested party, was appointed to perform the post 'mortem examination,' in the presence and with the assistance of the other medical gentlemen if necessary.

In the interim the Coroner called the following witnesses.

James William Dawkins sworn :—I am Dresser at the Public Hospital. The deceased, Richard Bailey, was admitted into the Institution on the 11th of January last. A few days after his admission, Dr. Fiddes operated on him for phymosis; the patient was also suffering from stricture and retention of urine; all the urine passed through a fistulous opening through the perinæum; after the operation the urine passed through the urethra, Dr. Fiddes tried to pass a No. 2 catheter into the bladder, but could not succeed, immediately after passing a probe. On the morning of the 27th of January last, Dr. Anderson passed a No. 2 catheter into the bladder (the same one which was afterwards broken); it was secured by tapes until 7 o'clock the same evening. Early next morning, I heard that the catheter was broken; Dr. Anderson came in at about 7 o'clock, and I informed him of it. He (Dr. Anderson) went into the ward and then passed a catheter, partially down the urethra, in order to sound and discover whether the piece was in the bladder or not, as the deceased said that it was not broken in him. Dr. Anderson proposed then, and several times after, to operate, in order to take out the broken piece, but the deceased refused, saying that there was no broken piece in him. About four or five days ago, Dr. Anderson and Dr. Bowerbank came up in No. 6 ward at about 6 o'clock in the evening, and eventually persuaded the

ceased to submit to the operation ; he consented, but said that he could not have it done that night, but the next morning. The next day between two and three o'clock the deceased was placed under chloroform, an incision was made in the perinæum, and the piece the catheter was extracted ; after the operation a No. 8 catheter was passed into the bladder for the passing of the urine ; the urine then passed freely ; the catheter was kept in for about two days, after which it was taken out and no other passed till his death. Up to the day of his death the urine passed freely.

By Mr A Lyon, a Juror—The Doctor took the outer broken piece and showed it to the deceased, yet he persisted in saying it was not broken in him, and that Dr Anderson had passed the broken piece and it was.

By Mr Wolfe, a Juror—John Lloyd, the night nurse, can give me all the information as to who drew out the outer broken piece, it was he (Lloyd) who informed Dr Field of the occurrence.

By the Coroner—The catheter that Doctor Anderson passed in, which was subsequently broken, was a silver one and perfectly sound and new. I secured the catheter with the tapes after Dr Anderson left the ward. (The witness here explained to the Jury the style in which he secured the catheter in the deceased) The tape and catheter were all broken away. Dr Anderson ordered the deceased to keep perfectly quiet; he was very restless and fidgetty, and very dull and stupid, and it was difficult for him to understand questions or directions.

Daniel Power Trench, Esq., Inspector and Director of the Public Hospital, sworn—I visited the deceased on the 8th of the present month in reply to some questions which I asked him, he said he felt better than the day I saw him. He told me that the catheter which had been introduced into him had hooked into his flesh inside ; he tried having got out of his bed, but said that he tried to pull out the catheter, and that was the way in which it got broken. He admitted having told the Doctor that he did not know how it got broken ; he told the Doctor wanted to examine him, and that he had told the Doctor to come and examine him ; that he would know best ; that the Doctor when he had examined him, told him that there was a piece of bone ; that he told the Doctor it was " so sore he must make it rest." The Doctor told him if he did not have it taken out he would die ; that about three days afterwards he gave himself up to the Doctor and allowed him to take it out. He also told me that he

felt no pain then in his bladder ; that he had felt no pain since the catheter was taken out, but that he felt very weak and had fever. He said that nobody had advised him not to let the Doctor take it out ; the reason why he objected was that he felt very weak and sore. He stated that since the piece was taken out he began to feel weak. He also stated that Dr Fiddes had cut him before he left, that " the Doctor had put in an instrument after the thing had broken in ;" that it hurt him and went right into his bladder. He said that he saw the catheter which they put into him. (A catheter, and a sound were produced to deceased, but he was unable to show which was which). He said that the dresser was present and all the medical officers were around him ; but that he could not tell who were there and who were not. I asked if he made water freely ; he said he did, and that he felt no pain then. He said he was unable to make his urine

freely before, and that was what brought him from Vere, and all that time he felt great pain. That was all that he told me. All these preceding answers I took down in reply to questions which I asked the deceased three days before his death.

By a Juror—My object in asking the questions of the deceased, was to ascertain whether it was true that he got the catheter broken, through his having got off his bed. I also wanted to know whether the night-nurse was attentive to his duty ; if he had, the patient could not have got off his bed. The deceased denied having left the bed. I knew nothing of the case until I had received a communication from the Government the evening of the 3rd instant, directing me to forward such information on the subject as to enable the Government to reply to questions asked in the House of Assembly. It was after that, that I saw the deceased and asked the questions. The answers were taken down by the Clerk. Mr. Duff, who was present.

John Lloyd, night-nurse, Public Hospital, sworn—I was nurse in the ward, where the deceased was, the night that the catheter was in him ; he threw himself about the bed all night. I advised him to lay still, as he had an instrument in him. He did not get out, I saw him every hour that night. I saw the catheter in him when I left him at six o'clock in the morning ; the catheter was in him, and the tapes all right. He did not get out of his bed. If he had I would have known. When I left the ward, the female nurse, named Smith, then took charge. I did not tell Dr. Field that the catheter was broken in the deceased. I could not have done so, because I left the catheter in him.

Izett W. Anderson, Esq., Ordinary Medical Officer of the Public Hospital, sworn—I am a Doctor of Medicine of the University of Edinburgh. I have been in practice for nearly six years. I held appointments in the Edinburgh Infirmary. I have been House Surgeon at the Demerara Hospital for a year—an Institution containing nearly double the number of patients of this hospital. I saw the deceased, Richard Bailey, about the 21st of January last, when I took charge of the surgical ward of the hospital ; I found the deceased, Richard Bailey, a patient of No. 6 Ward. On looking at his card, I found the disease to be complete "occlusion of the meatus urinarius." On the same card, under the head of remarks, it is stated "there is a fictitious opening, forming a kind of supplementary channel in the perinæum, through which, as far back as he can recollect, the urine has passed ; he has no control over the bladder." Two or three days after taking charge of the wards on my early visit, I went up to see deceased ; I sent for Dawkins, the dresser, and the catheters. I told him I was going to pass an Instrument into the deceased and enquired what size had last been passed. He told me that Dr. Fiddes had on one or two occasions tried to pass an instrument and could not get it into the bladder. I asked what size was tried. He said, a silver probe had been tried, and also a No. 2 catheter. He (Dawkins) handed me a No. 2 catheter, and said, "this is the same one Dr. Fiddes tried." With a little trouble, I passed it into the bladder, and the urine flowed through it pure and unstained with blood. I ordered the Instrument, which I passed to be tied in with tapes. I saw the deceased later in the day, on my making my visits with Dr. Field, I found him restless, and wishing to get out of bed. I told him that he must keep perfectly quiet, and not get out of bed on any account, as,

he did, he might break the instrument. I heard nothing more of the case until the next day, the 28th, when, at my early visit, Hawkins informed me that a troublesome accident had occurred—that patient Bailey had got out of his bed, and tumbled down and broken the catheter in him. I went upstairs at once to see him, but he was not in his ward, and nobody seemed to know where he was. I sent the dresser to look for him, and he was found walking about the yard. I at once had him put in bed, and asked him how the accident had occurred. He said that no accident had occurred. I showed him the broken piece of the catheter (piece of catheter produced and expected)—and asked him where the other piece was. He said that he had removed the instrument himself entire—that he had afterwards broken it, and lost the lower part. I could feel the broken piece of the catheter in the urethra, about four inches from the orifice, both by the fingers placed on the perinæum, and also by a small probe and passed down to it. I told him (the deceased) that he was mistaken—that a portion of the instrument was still there—and that he must have it removed immediately. He said that as the instrument was not there he would not submit to any operation. I told him that he would run the risk of dying if it was not taken out immediately. I gave orders that he should remain quietly in bed. I visited the hospital again in about two hours, and saw the deceased with Dr. Bowerbank, Dr. Field, and Dr. Somerville. An instrument was passed into the bladder, and it could be easily made to strike against the broken portion. We all strongly advised him to have it instantly removed, but he refused, and repeated the same statements, that it was not there, and that he would not submit to any operation; we could then only recommend him to keep in bed. I fully expected when I made my mid-day visit that he would consent to the operation, and I brought a pair of forceps with me especially for the purpose. Day after day, and several times a day, he was advised to have it removed, but he refused most pertinaciously. At length on Saturday week he began to suffer pain and to pass a little blood, and being again pressed by Dr. Bowerbank and myself, he at last consented. I operated the next day, and in a few seconds removed the instrument from the bladder. (Piece of catheter which was in bladder and removed produced.) He was much relieved after the operation, and did very well for 36 or 48 hours. There was no swelling of the scrotum or pericardium during that period, or any other symptom of extravasation of urine. At the end of this period he began to complain of chills and fever; his pulse became quick, small and feeble; tongue dry and brown; slight delirium at night. The wound, up to that time healthy, began to look foul; he continued in this state for a couple of days, at no time complaining of any pain; at the end of that period, by continually stretching the scrotum, he irritated it, and phlegmonous erysipelas set in; the same day abscesses began to form in the parotid glands of the neck, showing extensive blood poisoning; he continued gradually to get weaker, and at last, after two strong convulsions, he died yesterday evening about six o'clock. I have been present at the 'post mortem' examination, and taking the result of that in connection with what I know of the case, it is my opinion that Richard Bailey, the deceased, died of pyæmia and chronic disease of the kidneys; I have also to

state, that if the wards had been more healthy, — (At this stage of the proceedings, Mr. Andrew Lyon, a Juror, was of opinion that extraneous evidence was being taken.)

The Coroner ruled that the evidence was in no way extraneous.

Dr. Anderson in continuation—I say that if the wards had been more healthy and cleaner, better ventilated, and a number of diarrhoea cases removed from under the same roof, not such a close proximity to the open stinking sinkholes communicating with the main sewer, I believe the deceased would have had a better chance of recovery.

By the Coroner—After the removal of the No. 8 catheter, passed at the time of the operation, the urine flowed through the wound for about two or three days, after that till the time of his death, it passed through the natural channel.

By Mr. Lyon, a Juror—I consider the stinking sinkholes and the late emptying of the cesspools have been the cause of the diarrhoea now prevailing in the hospital. I offered to operate on the deceased on the 27th of January, and performed the operation on the 4th of the present month, simply because the deceased would not allow me till that time, when he consented.

By the Coroner—The Case Book was written up till the time of the accident, not after that, as I thought that an investigation would have taken place. I found no Case Book being regularly kept containing the cases of all the patients and I had consequently to enquire from the Dresser what instrument had been previously used. When I operated, the broken portion of the instrument was in the same position in the bladder as when I felt it at first.

Question by the Foreman—Is it customary to insert in the Case Book the date of the case of any particular patient? Is it correct to cease writing on that case the day any serious accident may occur to the patient, which may be the cause of subsequent examination?

Answer—There has been no custom to guide me. It, rest, entirely with my discretion to write into the book or not. There is no Case Book belonging to the hospital. The book which I now keep is a private book of my own.

Question by Mr. Lyon, a Juryman—Are there more or less cases of diarrhoea since you took charge of the hospital?

Answer—I am not able to enumerate the cases.

Messrs. Berry and Delgado were of opinion that such proceedings were most irrelevant to the matter now before them; they objected to a continuation of such questions.

Mr. Lyon said that at the commencement he too objected to the procedure of such a course, but as it was decided against him, he thought that it was no more than fair to allow the continuation.

The special Case Book as also a Surgical Journal; was placed on the table by the Inspector and Director of the hospital, in which numerous entries of surgical cases were found entered by Dr. Stern, during the time he held office in the hospital; the Journal was written up to the 14th of January.

Mr. Wolfe, a Juror, then put the following question—Can you explain why the nurses or dresser are unable to give any information of this matter?

Answer.—I am not aware that they are unable to give any information.

Mr. Lyon moved an adjournment. The feeling of the Jury was against same.

Hon. L. Q. Bowerbank, Custos of Kingston, Ordinary Medical Officer of the Public Hospital, Fellow of the Royal College of Physicians, and L.R.C.S., Edinburgh, sworn—I am one of the Ordinary Medical Officers of the Public Hospital. I took charge of the medical ward, Division No 1, on the 21st of January. On Friday, the 27th, I was in the Consulting Room when Dr. Anderson came in. I asked him if he had been through his ward, he replied yes; that he had been at some time in No. 6, passing a catheter. He was asked by Dr. Anderson what number he had got in; he replied No 2, that being the instrument which Dawkins told him that Dr. Fiddes had tried to pass on a previous occasion, but failed; and that he had tied it into the bladder. The next day on my paying my visit, Dr. Anderson informed me that this man had broken the instrument into his bladder during the operation, and he requested me to go with him for the purpose of having it removed; he brought with him a forceps of his own, which he considered adapted for the purpose. On going to the ward we found the man Richard Bailey (the deceased) in bed. He resisted any examination and denied having broken the instrument during the previous operation; he declared that he had withdrawn the instrument, and that subsequently he had broken it and lost the lower portion, this he was told was impossible as the instrument had been felt in the urethra by Dr. Anderson, Dr. Field, Dr. Somerville, and Dawkins; he over and over again declared most emphatically that he had not broken the instrument in his bladder, and refused to submit to any operation. After some difficulty, in consequence of his resistance, Dr. Field introduced a catheter into the bladder, which most distinctly struck against the instrument in the bladder. We tried all we possibly could to persuade the man to submit to its removal, which would have been done by an incision into the urethra; we had no urethral forceps, and if we had, I do not much if we would have succeeded in removing it in that way; repeated attempts were made to get him to consent, but he would not do so; on Friday morning following, he passed a little blood in his urine, and had a little pain, which seemed to have arisen from irritation caused by the instrument. On that same evening at about 8 o'clock, he consented to have it removed, and we immediately ordered the instruments to be brought. He then insisted upon our waiting till the next day; the operation was performed by Dr. Anderson in the presence of the whole of the Medical Staff; the deceased was under chloroform, and the broken piece of catheter was quickly and easily extracted; the man appeared much relieved, and went on as well as could possibly be wished, till Monday the 6th, at about 11 o'clock, when he was attacked with shivering and fever; gradually his symptoms became typhoid, up to Wednesday the wound was regarded as looking perfectly clean and healthy, a portion of the urine was passing through the incision; subsequently the nurses always informed me that the urine flowed through the natural passage; there was no retention of urine; during this time he received every attention, and had a special night nurse. On Thursday he was much worse, and the carotid glands began to swell since that period. He began gradu-

ally to sink, until Saturday evening he died. I was present at the 'post mortem' examination, and from my knowledge of the case and the appearances after death, I am of opinion that he died from blood poisoning namely, pyæmia and uræmia combined; his kidneys were in a most advanced state of disease. I consider him to have been in a most unfavorable condition for any surgical operation whatever; but there was however no other alternative but to remove the broken instrument. I have very little doubt in my own mind that the deceased would have had a better chance of his life if he had been treated in a more wholesome atmosphere than the verandah of No. B. ward. For some time past, or since my period of service, there has been a great amount of diarrhoea and dysentery in these wards, occurring as a secondary disease, I may add that one man at least has died of secondary diarrhoea, Bartindale by name.

Mr. Wolfe here thought that that was nothing to do with the inquest, if so they may as well sit as Committee on the Hospital question.

Dr. Bowerbank said that he was stating the cause of death; his evidence was to be cut short to suit any particular purpose, he would decline to continue.

Dr. Bowerbank in continuation.—The cause of this disease in these wards, I attribute to the change that has been made in the sewerage, and also to the fact that the end closets to the different wards are made use of as a receptacle for the pots and evacuation of the patients, and during my period of service all these sources of nuisance have been most offensive, especially at night, and I have been assured by the Resident Medical Officer, and the head nurse of these wards, that there are certain beds in them nearest to these closets, in which almost every single patient have been afflicted with diarrhoea. I have reported the same to the Inspector, who is doing his best to remedy this evil, and have, in the meantime, removed some of the beds so circumstanced. I am now drawing up a Report to the Government on the subject. I have also to add, that if a proper Journal or Case Book had been kept, this accident would not most likely have occurred.

Question by the Foreman.—Does the law not require a Journal to make entries of surgical and medical cases daily?

Answer.—It does not. When I say that the accident would not have occurred, I mean to say that Dr. Anderson would not have been under the necessity of trusting entirely to the report of Dawkins to enquire into the previous history of the case, but he would have at once gone to the Case Book for information; and had the night nursery of the Institution been as efficient as it ought to have been, the accident might not have occurred.

By the Foreman.—Are there not many cases of diarrhoea and secondary dysentery amongst the out-door class lately?

Answer.—Not that I am aware of in my private practice, nor amongst the out-door patients applying at the hospital for relief. A few cases have been admitted into the hospital of chronic diarrhoea and dysentery; only one sailor, I believe, suffering from acute dysentery, has been taken in. I would here notice that cases outside yield to the usual mild remedies of these diseases. Whilst in the hospital I have been apprehensive of the large quantity of lead that has been

ld necessary to be used remedially, to check the disease. I have Weiss' urethral forceps fail on one occasion to remove a body in the urethra. I have already said, that in the case of Richard Bay, I doubt that if that instrument was even used, it could have moved the piece of catheter. There is not an instrument of the kind in the hospital. I doubt if there is one in Jamaica. I do not know whether any accident of the kind has ever formerly occurred in the hospital. I have never had an opportunity of knowing what accidents occur in the hospital, there being no published statements. I should certainly not, on any occasion, operate on any patient without consent, excepting in the case of a lunatic or an infant. I did not think it necessary in the case of Bailey to order an extra night-nurse. Inflammation of the meatus does not imply stricture of the urethra, but the fact of fistulæ in perineo with urine flowing through for years, implies the existence of stricture or injury. I should have added that we had great difficulty in managing this patient, he was constantly grasping the scrotum, and scratched a sore upon it. Upon the urine constantly flowed and produced a degree of phlegmenous inflammation. When I say no stricture was formed, I mean no organic stricture.

The Coroner then informed the Jury, that it being very late, (10 o'clock p.m.), he would adjourn the investigation, binding each of them to appear the next day, at 12 o'clock, at the Court House.

SECOND DAY—MONDAY, February 13th, 1865.

The Coroner's Inquest on the body of Richard Bailey, a patient of the Public Hospital, was resumed this day at 12 o'clock, at the Court House. The Jury having severally answered to their names, at the request of Mr. Wolfe, a Juror.

Dr. Bowerbank was re-called, and, in reply to a question put by Mr. Wolfe, said—I do not think it was possible that the catheter could have been broken and left in by the operator.—Dr. Anderson had already stated that the urine flowed through the catheter, which proved that it could not have been broken.

Dr. Anderson re-called—I do not hold a diploma as Surgeon, but as Doctor of Medicine of the University of Edinburgh, to obtain which I had to go through a surgical curriculum; and passed examinations both in Surgery and Clinical Surgery.

Question by a Juror—I believe Dr. Anderson told us that previous to his appointment he seldom or never visited the hospital—what he then meant to say that his conclusions as regards the cesspools or sinkholes of this receptacle of diarrhoea, have been arrived at since his appointment to the Institution?

Answer.—Certainly.

Question by a Juror—You stated yesterday that you brought with you a pair of forceps—were they urethral forceps or the ordinary dressing forceps which would have been used for catching the instrument after it had been made?

Answer.—They were a pair of dressing forceps.

Question—Have you ever sent out a patient or any patients from the hospital, stating nothing could be done for him, since your appointment?

Answer—Not that I am aware of. If any individual patient was specified, I would be able to tell—(A Jurymen named a case of cataract, discharged.)—I have discharged two cases of cataract, one not fit for operation, and another case because the patient would not apply a lotion I ordered. In the previous case, I told the patient to return in a month, as by that time the cataract would be fit for operation.

Mr. Finzi, a Juror, was of opinion that the Jury was summoned to enquire into the death of a man name Bailey, and not to enquire about discharged patients.

Messrs Lyon and Wolfe said that as that system had commenced yesterday, it was no more than fair to pursue the same course to-day.

Question by a Juror—Was it necessary to pass anything into the urethra of Richard Bailey while the broken catheter was there, and that to your knowledge? State why it was passed, and name the object?

Answer—As the man denied the catheter was there that was the only unfailing method of diagnosis that I thought necessary to adopt.

Question by a Juror—As you felt the broken piece of catheter externally, what was your object in passing a larger one without knowing that the broken portion was there?

Answer—I did not pass a large instrument. I passed a small one, and my object in doing so was to make sure that the catheter was there. I did not consider it a dangerous experiment, as I only did so partially. There was no danger at all.

Question by a Juror—Would not a probe have been the proper instrument, and would it not have been safer to sound with it, considering the broken portion was only four inches off?

Answer—Certainly not. I used the instrument as a probe.

Question by a Juror—Was there no other means of abstracting the broken catheter than by the operation performed, or the use of the forceps?

Answer—No, no other means.

Dr. Bowerbank re-called.

Question by a Juror—Whether after the operation which was performed by Dr. Fiddes causing urine to flow freely, there was any urgent necessity subsequently for Dr. Anderson to introduce the catheter?

Answer—Most assuredly there was; on the evidence of Dawkins, the dresser, Dr. Fiddes had failed to pass a No. 2 catheter; it became the duty of Dr. Anderson to treat the deceased for stricture.

Poole Field, Esq., Junier Resident Medical Officer of the Public Hospital, sworn—I am a member of the Royal College of Surgeons of London. When I entered at the hospital on my duties on the 16th of January last, I accompanied Dr. Fiddes for the first time round the wards. I found a patient by the name of Richard Bailey had been admitted into No. 6 ward on the 11th January. It was either on that day or the day following that Dr. Fiddes in my presence made an opening in the meatus urinarius for the purpose of dividing a stricture there situated; this was done freely to allow the water to pass. On the next day the water flowed freely through the opening. On the

th of January at 8 p. m., I received a message from the night nurse, a man named Lloyd, requesting my attendance at the hospital. On meeting with Dr. Sommerville, the Senior Resident Medical Officer, I requested him to go with me to the bed-side, and I consulted with him respecting the case. I was told by the patients in the ward, Bennett, and another whose name I think is Murray, that Richard Bailey left his bed with the catheter tied in his bladder, and in endeavoring to return to it, he struck the catheter against the edge of the bed and fell, breaking the catheter in the fall; on asking the patient if such was the case, he positively denied having broken the catheter, and stated that he had removed the other portion and lost it. On manipulating I could not discover the broken part in the urethra. We then determined that a sound could be passed gently along the urethra, in order to ascertain the exact position of the broken portion in the canal. Accordingly I chose a No. 8 sound for that purpose, and introduced it gently down the canal; I did not meet with any obstruction, either in the shape of a stricture, spasm, or foreign body. On the contrary, a state of things the very reverse of stricture seemed to be present. The sound glided easily into the bladder. On gently rotating the handle of the instrument, the broken portion of the catheter was distinctly felt in the bladder. The patient was ordered to remain quiet in bed, and also informed by me that he must have the broken piece taken out or he would die. He again denied that there was anything in the bladder at all, and said that he would not consent to any operation. I then returned with Dr. Sommerville; we determined that nothing more could be done that night (the 27th), and that it would be better to wait till next day. I gave orders to the night nurse to inform Dr. Anderson in the morning of what had taken place. On the following morning Dr. Bowerbank and Dr. Anderson being present, I told them what had been done, and what occurred the night previously. With their permission I again passed the instrument, and again felt the broken piece of catheter still in the bladder, but could not feel it in the urethra. The instrument I used was a No. 12 sound. I don't think that the broken piece of catheter could have been present in the urethra, or I must have knocked against it.

To Mr. Lyon.—I was not present when the No. 2 catheter was introduced by Dr. Anderson. I was made aware of the circumstance making my daily round of the ward. I heard Dr. Anderson distinctly tell the patient to be very careful—to keep himself quiet, otherwise he might break the instrument in his bladder.

To a Juror.—It is my duty to keep the regular Book of Record in every case of interest, provided I am requested by the Medical Officers to do so. There is a public Case Book in the hospital, in which cases are entered.

Dr. Field did not object to show his private Case Book, in this peculiar case.

To the Foreman.—The broken portion of the instrument could be receded from the urethra into the bladder, and have been forced again into the urethra.

By a Juror.—After the operation was performed, a No. 8 cathe-

ter was inserted?—How long after the operation was that catheter inserted, and how long kept there?

Answer.—The catheter was introduced previous to the attempt to remove the broken portion when the operation was commenced and it was kept in between two and three days.

To the Foreman.—I am not aware that a Report was made Dr. Bowerbank on the necessity of keeping a Case Book.

Dr. Bowerbank explained that such a recommendation was made by him, but the Board of Visitors considered it unnecessary to have any such book.

Dr. Field.—The operation was performed on the 4th February between two and three o'clock in the afternoon; but when the catheter was taken out I can't say exactly; but to the best of my recollection I think it was taken out on the third day before noon, between 9 and 12 o'clock.

To a Juror.—In the Journal I made notices of the man's case to his death.

[The Books ordered by Dr. Field to be produced at the request of the Coroner and Jury.]

To a Juror.—I carried through the case in my private Case Book up to the time of the death.

To a Juror.—The catheter was kept in continuously for two three days.

A Juror observed that he considered Dr. Field was trying to confuse the Jury, but another considered that he was trying to confuse himself, as he was stating and denying so many points. Ultimately he said, I do not remember the number of hours that the catheter was kept in the bladder.

By a Juror.—Did you write up in your private Case Book the entire state of the man Richard Bailey from the time of the accident to the time of his death; and if not, why not?

Answer.—I took as much down of the treatment of the case as I thought necessary. There was a record made of the accident in the Journal, as I have already stated. From what I know of the case of Richard Bailey, (the deceased), and from the post mortem and morbid appearance presented to me, I am of opinion that he died from pyæmia and disease of the kidneys. I am of opinion that the state of the cesspool and sinks had nothing to do with the death of Richard Bailey. If the catheter introduced into the bladder of the deceased (I mean the broken one), had not been introduced, the deceased, I think, might have lived longer, although I cannot say what period.

Question by a Juror.—As a practitioner, and having had much to do with Richard Bailey's case, will you state whether or not the accident or other operation performed on him accelerated or otherwise assisted his death?

Answer.—I think it probably did.

Dr. Bowerbank here stated to the Coroner, that he had requested a Juror (Mr. Finzi) to put a question to this witness, but that the Juror refused. He begged the Coroner to take a note of the occurrence.

The Coroner said, that in the event of any Juror refusing to put

question to the witness, Dr. Bowerbank should have applied to (the Coroner) to do so.

Mr. Finzi explained that he thought the question was irrelevant to the case, as he (Mr. F.) had from yesterday opposed such a mode of procedure; he persisted in his original intention.

The Coroner then put the question to Dr. Field, who replied as follows:—

By the Coroner.—I have occasionally observed offensive smells in the hospital. I think the source of the smells came from the adjoining lane. I think that offensive smell coming from any quarter would be like injurious to all patients in the ward, especially those who have been operated on. I think that cases of diarrhoea and dysentery are frequent in the hospital.

Question by a Juror.—When you knew the catheter was broken, and after the operation, were you ever apprehensive of Richard Bailey being in danger of his life; and did you ever express any opinion?

Answer—I have already deposed that I stated to Richard Bailey, that unless the portion of instrument was removed, he would die. In respect to danger flowing from the operation, I do not remember ever expressing any opinion.

Question by a Juror.—Whether the first operation performed by Dr. Fiddes attained the end desired; and whether Bailey was at that time in a fit condition to be operated upon?

Answer.—Yes, I think the end desired was obtained. The deceased was, I think, in a fit condition for operation.

Question by Mr. Berry, a Juror.—Whether the manipulations which were carried out unsuccessfully as to render a recourse to the wound, would have caused any injurious effects after?

Answer.—No, it could not.

Question by Mr. Berry, a Juror.—Whether the broken catheter remaining so long in Richard Bailey was calculated to weaken and unfit him for further subsequent operation?

Answer—I think it was calculated to weaken him and render the operation afterwards less likely to be successful.

Dr. Field in continuation—I think the operation with the forceps would have caused less risk, had it been deemed necessary; I mean the urethral forceps; I know of no other forceps but those adapted for the urethra, likely to have been successful. The ticket of the deceased was such as to make him treated for stricture of the ureters. I think it proper to pass a probe into the urethra, knowing that a broken piece of catheter was there: I do not think it necessary to retain a catheter into the bladder for the stricture of the ureters.

The Coroner here intimated to the Jury that the Case Book and Journal of the Institution were sent by the Inspector and Director.

Book presented and inspected.

Dr. Field continued—There have been more patients admitted to the hospital of diarrhoea in my division than usual. I know of some few cases of secondary diarrhoea in my division. I have heard of another case beside the present one, where a catheter has been broken in the bladder. It is now so long that I cannot detail the facts connected with the treatment employed. The case I know of did not

occur in this Island. Cases of erysepelas have occurred in the hospital during the last month.

The examination of Dr. Field lasted two hour and a half.

Charles Lake, Esqr, L. R. C. S. Edinburgh, sworn—I have made a post mortem examination of the body of Richard Bailey, the presence of the medical officers of the Public Hospital and the other medical practitioners, summoned to attend the inquest. The deceased appeared to be about 60 years of age. The body was emaciated, the parotid glands of the neck were considerably enlarged and there was a wound one inch and a half in length, in a sloughing condition situate on the central raphe behind the scrotum; the parotid glands on dissection were found to contain pus. On opening the cavity of the thorax, the lungs were observed to be healthy, crepulating on pressure, the lower lobes were somewhat reddened from passive congestion evidently occurring immediately prior to death there were bands of adhesion between the lungs and pleura of long standing, especially on the left side. There was no fluid in the pericardium; the right cavity of the heart was dilated, and its wall somewhat thinned. It contained a fibrinous clot, the size of a walnut. A fibrinous clot about six inches in length was also present in the pulmonary artery; and extended from the right ventricle. The valves of the heart appeared healthy. On opening the cavity of the abdomen, no fluid was present; the stomach, spleen, intestines and liver were healthy. Both kidneys were much atrophied and contained pus in their mucous cavities, their capsules were firmly adherent, and their cortical and medullary portions, were blended in one. On opening the urinary bladder, its walls were observed to be much thickened, and there were patches of black discoloration on some portions of the mucous membrane. The prostate gland was of natural size and quite healthy: the urethra was of full, natural calibre throughout, and free from any contractions; the glans-penis was observed to be absent, having been apparently destroyed by pre-existing disease. But the orifice of the urethra was quite patent, a full-sized director being readily passed through what appeared to be the remains of a prepuce. The scrotum was much swollen and in a gangrenous condition, and was surrounded by a portion of gangrenous tissue, and on passing a probe through the wound, the instrument entered the canal at its membranous parts, where a sloughy tendency was apparent. From a review of the facts of the case, that is to say, the symptoms during life, and surgical proceedings adapted, and also the post mortem appearances, I have no doubt on my mind that the gangrenous condition of the perinæum and scrotum occurring in an old man, at the time, being the subject of internal disease, produced death by blood poisoning, which was the consequence of surgical operation, which appeared to me, under the circumstances of the case, to be unjustifiable.

By a Juror—Was not the insertion of a catheter altogether an error?

Answer.—I decidedly think so, for the following reasons:—In the first place, it is proved in evidence that Dr. Field passed a sound into the urethra at the time the broken part of the catheter was in the urethra; and secondly, the post mortem examination showed that there was no stricture whatever; and therefore there was no

cessity to pass an instrument. From a consideration of the facts of the case, especially gangrene setting in a few days after the operation, I think we have enough in that fact to account for death, without referring to the condition of the cesspools. I think the deceased would have lived longer if the catheter was not introduced; for a fatal issue of the case appears, in my opinion, to be dated from the first introduction of the catheter, that procedure under the circumstances being unnecessary. A medical man could certainly discover if there was a stricture at the time of passing a catheter—so would he know that there was no stricture. The obvious procedure of passing a urethral forceps, seizing the end of the instrument, and withdrawing it from the canal, would have been more preferable than the operation of cutting. I have no doubt that death would have occurred if the instrument had been allowed to remain in; but I conclude, from the facts of the case, that the instrument should never have been introduced. Dr. Field took down a few notes on three sheets of paper, but they did not contain the full post-mortem facts. I copied what was on the notes, and supplied the facts which were not mentioned, and which were observed by the several medical men at the Inquest. I have not preserved those imperfect notes. The notes were imperfectly taken—some facts not taken at all. What Dr. Field did write I copied, because the facts were observed, as well as those which I added, by the several practitioners who were present at the post mortem; I did not preserve the notes taken by Dr. Field, as they destroyed them.

At this stage of the proceedings, Doctors Anderson and Bowerbank requested the Coroner to take particular notice of the destruction of the notes taken at the Inquest by Dr. Field, and left the room.

Dr. Lake, in continuation.—I may also mention, that the notes taken down by Dr. Field were dictated by me in the presence of the several Medical Practitioners. Dr. Field acted as my amanuensis. He never put down any notes that I did not instruct him to do. A piece of catheter like that which I heard spoken of—six or seven inches long—could not pass from the urethra to the bladder, and back again to the urethra; from the anatomy of parts I should think not. I have seen urethral forceps in this Island, I think at Dr. Fiddes'. I think there would be no harm in very gently introducing a sound to ascertain the existence of the broken catheter in the meatus to insure accuracy, and also to manipulate. I would not pass a No. 12 sound in search for a broken piece of a No. 2 instrument; a much smaller one would answer. I would not be able to form any accurate and reliable opinion of the sanitary condition of the hospital, limiting my attendance there a few days. The term occlusion of the meatus, would not imply organic stricture.

The Jury requested an adjournment, it being very late, (5 o'clock p. m.)

The Coroner acquiesced and adjourned accordingly till one o'clock next day, (Tuesday).

THIRD DAY—TUESDAY, February 14th, 1865.

The investigation was resumed this day at one o'clock.

Mr. Lyon, a Juror, brought to the notice of the Coroner, the fact that the first day's proceedings of the inquiry were published in

the "Colonial Standard," as also an editorial on a portion of yesterday's evidence (Dr. Lake's) in the "Morning Journal." He (Mr. L.) thought it was not fair either to comment on, or to publish, the evidence, until the conclusion of the inquiry.

The Coroner stated that he had no jurisdiction to do so. He cited a case of a Coroner's Inquest in England in which the same mode of procedure was pursued.

Thomas H. Somerville, Esquire, Resident Medical Officer of the Public Hospital, sworn—On the 27th of last month, in the evening, at about eight or nine o'clock, I accompanied Dr. Field to Ward No. 6, to see a patient who, he said, had broken a catheter into his bladder. On arriving at the ward I found the patient in bed, with about three or four inches of a catheter dangling from the tapes, by which it had been fastened into the urethra. It appeared to us that the remaining portion of the catheter was in the urethra, but this was denied by the patient. He (the patient) stated that Dr. Anderson had never introduced any other instrument than the small piece of catheter we saw hanging by the tapes. This appeared absurd and incredible. We therefore proceeded to feel for the catheter in the perinæum, but its presence there was not satisfactorily made out. Doctor Field then proposed to pass a sound into the urethra. I assented to that proceeding, and a No. 8 sound was passed slowly through, and cautiously into the urethra, it met with no obstruction, and passed readily into the bladder, but when rotated it was felt to strike against a hard substance; I took hold of the sound myself and rotated it, and felt it strike against a hard substance. We then came to the conclusion, that the remaining part of the catheter was in the bladder. The deceased was told so, and also that an operation would be necessary for its removal; this he objected to, and denied in excited and angry terms that any part of the instrument remained in his bladder; he was then enjoined to remain quiet in bed, and the night nurse and the patients nearest to him were asked to look after him, and to keep him quiet in bed. I saw him next day, along with Drs. Bowerbank, Anderson, and Field. The deceased was then requested by each of us to submit to an operation for the removal of the broken catheter, but he obstinately refused, and continued to affirm that there was no portion of the instrument there. I was present at the operation, and as far as I observed, it was performed rapidly and skilfully. I was present at the post mortem examination, and from the appearances exhibited by the body, I came to the conclusion that the deceased had died from blood poisoning, that is to say, from the presence of pus and urea in the blood. I consider that the cause of the pus and urea being in the blood, was from absorption from the wound in the perinæum, and that the presence of urea in the blood resulted from kidney disease. The appearances of gangrene in the wound were so slight, that I cannot say whether it actually existed or not. The scrotum was swollen, excoriated, and suppurating. There was no appearance of stricture in the urethra, to the contrary, the urethra appeared to have been dilated. I don't think there was any necessity for passing a catheter for a stricture; but I do not know what other reason there might have been for so doing. A catheter may be passed for paralysis of the bladder, but then it is not usually tied in. So far as I can judge, the cesspools and sinks have nothing to do with

death of the deceased. I consider that the deceased would have had a better chance of living, if the catheter had not been passed into the bladder.

Mr Finzi suggested that the post mortem deposition, which was in writing, should be read to this witness, which was done by the Coroner.

Mr. Somerville in continuation.—I have heard read the post mortem depositions of Dr. Lake, put in in writing, I agree with the depositions, with the exception of what is stated regarding the decidedly high state of the wound and the adjacent portion of the urethra; it might have been the case, but I did not observe it.

(Question by a Juror.—Supposing you had never attended or seen the deceased, might you not have been induced, after reading the ticket, as well as hearing from the Dresser that a catheter had been previously passed, to have used such instrument without injury to the patient in any way?

Answer.—A catheter might have been passed without injury to the patient.

To a Juror.—As a Medical Practitioner, I would call on the House Surgeon, were he accessible, to state how a patient had been treated, in preference to a nurse. The nature of the wording of the ticket did not necessarily follow that he should be treated for gonorrheic stricture. I enter all the important facts in the Journal or Case Book of the hospital.

By Mr. Alberga, a Juror.—Did the operation performed by Dr. Pearson on the deceased accelerate death?

Answer.—My opinion is, that he would have died equally, and as soon, from the irritation set up by the broken catheter remaining in the bladder,

To a Juror.—I did not think it impossible for the broken portion of the catheter to have receded from the urethra to the bladder, and subsequently return to the urethra; but I do not think in this case it did occur.

By a Juror.—Did Bailey ever suffer from suppression of urine, after Dr. Fiddes' operation; or did it flow involuntarily?—Did his urine, after he was operated on by Dr. Fiddes, flow through its regular channel?

Answer.—I am not sufficiently acquainted with the case to give an answer to this question at all.

By a Juror.—Judging from the length of the portion of the instrument broken off, would you have come to the conclusion that the remainder was occupying the bladder only, or would you not have inferred that a portion of the staff must have been also in the urethra?

Answer.—I would have inferred that a portion of the staff was in the urethra.

To a Juror.—We have had a Case Book in the hospital for about four years and a half, say nearly two years; it was kept up to December 1884 and it was then superseded by a Case Book which Dr. Bower introduced, in which every case is entered. It is not customary to copy the entry in any Case Book after an accident occurs to any patient. I can't say whether the case of the deceased was written up

in the Journal antecedent to this enquiry. I have never seen the Journal; there is a distinct one for the Surgical department.

Question by Mr. Lyon, a Juror.—Do you think that any unskilful person inserting a catheter in the urethra, might possibly break same and leave it, not knowing of the accident?

Answer.—I do not think any Surgeon would possibly do so.

Mr. Lyon was not satisfied with the answer.

Dr. Somerville.—Any other person would be unskilful who did so.

To another Juror.—A No. 8 catheter might have been kept in after the operation for about 48 hours.

Mr. Berry, a Juror, not having as yet heard the cause of the breakage of the instrument in the deceased, put the following question:—

Do you know of your own knowledge what caused the catheter to break in the urethra of Bailey,—whether by accident or otherwise?

Answer.—I was informed only that it was broken by accident. I am a member of the Royal College of Surgeons of Edinburgh, and also a Licentiate of the Apothecary's Hall of London.

Question by the Foreman—Should the catheter be entirely removed at 48 hours, or be re-introduced?

Answer.—It ought to be re-introduced after 48 hours.

By Mr. Lyon.—Ought not the catheter No. 8, to have been kept into the perinæum until the wound was closed?

Answer.—Yes; but not continuously.

Cordelia Lindo, head nurse of the Public Hospital, sworn.—The deceased, Richard Bailey, was under my care as nurse. On the next morning after the instrument was broken, I was going through the yard, along with the dresser; I heard a man named Bennett call out to Dawkins, the dresser, and he (Dawkins) went up to No. 6 ward where deceased was in; immediately after Dawkins came down and ran through the yard for Dr. Field, and Dr. Field came into the hospital and went upstairs to the ward where the deceased was. I did not interfere again, being on my duty.

Mr. Alfred Delgado was of opinion that there was enough evidence for the Jury to come to a verdict; his (Mr. D's) mind was already made up as to the verdict. The Jury was strongly opposed to such a proceeding.

Moritz Stern, Esquire, Member of the Royal College of Surgeons, England—On the 14th January last I was the Senior Resident Medical Officer of the Public Hospital, Richard Bailey, the deceased was admitted on the 11th of January; the observations under the head of disease and remarks were written by me on the ticket. I noticed that my name has been erased where the signature is required, although the entries have been allowed to remain; I would therefore conclude from that that my successors saw no reason to dissent from the view I took of the case. As I was to leave the hospital on the 15th in consequence of the expiry of my term of office, I contented myself with stating the condition of Bailey as apparent to external observation, detailing at the same time his own statement; I did not write on his ticket stricture of the urethra, because I did not consider that occlusion of the meatus urinarius was necessarily indicative of

h. a condition ; the occlusion was due to a puckered and contracted condition of the prepuce, immediately around the orifice or meatus, which would have been relieved by a simple procedure : stricture of the urethra was written on the ticket of all those patients in the same and other wards, who from previous examination, and passing of instruments I found to be suffering therefrom ; I passed no instrument for any man, and I did not write stricture on the bed ticket, because I did not think that he had stricture ; on the afternoon of the 14th I came up charge of the wards under my care. I have heard Dr. Lake's report of the post mortem read and I consider it a true detail of the facts. Taking into consideration Bailey's age and condition as also his appearances at the post mortem examination, and the state of the bladder ; I think that Bailey's death could not have been very remote, and I consider that the presence for 9 days or thereabouts, of the broken catheter in his bladder and urethra was calculated in a considerable degree, to aggravate any pre-existing disease, and I believe that he died in consequence of the admixture of pus with his blood in consequence of the wound made by a surgical operation ; this accelerated, if it was not the immediate cause of death. I do not consider there was any necessity to have passed a catheter into the deceased, as he had no stricture and no paralysis of the bladder ; I do not know if Doctor Fiddes attempted to pass a catheter in this case, he did not do so before my leaving the Institution ; I do not think that the cesspools and sinks in the hospital had to do with the death of Richard Bailey, especially as the drainage of the Institution has been latterly very much improved. Weiss' urethral forceps ought to have been used ; which would have been simpler and safer than the cutting operation, and in all probability would have effected the removal of the foreign body, if skilfully used ; in the absence of Weiss' urethral forceps, there are other instruments which might have been substituted, and others, with slight additional alterations, might have been used ; the piece of catheter being only four inches from the orifice, I would not have introduced a sound at all ; being so near the external aperture, it could have been easily felt by the introduction of a long probe, as it must have been very evident from the portion broken off, that the whole of the remaining portion could have been in the bladder, but that a part of it must have been in the urethral canal.

Question by the Foreman—Are there not other instruments in the hospital that might have been used in place of Weiss' urethral catheter ?

Answer—From my impression of the collection of instruments in the hospital, I think that one might have been found, which would have effected a seizure of the broken instrument ; if the finger had been inserted into the rectum, and pressing the instrument forward might have aided its evulsion, but not effected it when used alone. I do not consider that the absence of the most improved instrument, namely Weiss' urethral forceps, was a sufficient reason for resorting to the cutting operation.

Question by Mr. Delgado, a Juror—During the short period of time you had of seeing the deceased, can you positively state whether he was suffering with stricture of the urethra or paralysis of the bladder ?

Answer—From the short period of my observation of Richard Bailey, the deceased, I was not in a position to say POSITIVELY whether or not he was the subject of stricture or paralysis of the bladder; I therefore put on his ticket the external appearances. I made no instrumental examination, as I was to leave the Institution so very shortly, I did not wish to interfere with many of the cases.

Question by Mr. Delgado, a Juror—Then after what you have stated in your answer, was there a possibility for such disease to have existed without your knowledge?

Answer—I should say there was a possibility of a stricture existing in the deceased, I did not ascertain it; but the moment the obstruction in the orifice was removed, which I believe was subsequently done, all doubts on the subject should have been removed.

Question by Mr. Delgado, a Juror—After the obstruction of the orifice of the urethra had been removed, was there a possibility of arriving at the existence or non-existence of a stricture without the aid of an instrument?

Answer—I think an instrument ought to have immediately ascertained the existence of stricture.

Question by Mr. Alberga, a Juror—Do you think the broken instrument could have receded into the bladder and return to its original locality?

Answer—The anatomy of the parts precludes such possibility. I do not think there were any cases of secondary diarrhoea in my division when I left the hospital.

To a Juror—I do not think that the experience of two or three weeks would have justified me in coming to a decided opinion on the sanitary condition of the hospital; and after my residence of three years, I do not consider it an unhealthy site. I do not consider Bailey's death to have been accelerated by being near a cesspool.

To another Juror—I consider all malarial influences prejudicial to all persons, ill or well, and more particularly to sick persons. I would not have retained an instrument in the bladder after ascertaining there was no stricture.

Thomas Allen, Esq., Doctor of Medicine, of the University of St. Andrew, Member of the Royal College of Surgeons of London, Licentiate of the Apothecary's Hall, London and Matriculated, Member of the University of London, and Medical Superintendant of the Jamaica Lunatic Asylum, on being sworn, requested, before commencing to give his evidence, to be allowed to address the Coroner and Jury, as follows:—Before giving my evidence touching the death of the subject of this Inquiry, I wish to impress upon the Coroner and gentlemen of the Jury, the great importance which I, as a medical man attach to constitutional, rather than to local causes, as producing death.

Mr. Lyon, a Juror here objected to the dictatorial tone which Dr. Allen in his address proposed to give his evidence.

The Coroner ruled that it was within his jurisdiction to hear or not, Dr. Allen's address, the intention of which he (the Coroner) conceived to be a platform on which Dr. Allen would build his opinion.

Dr. Allen, in continuation.—The importance of this consideration is so great, that all Medical men are aware, that under such constitutional mischief, and in the face even of a pressing necessity, the y

did refuse to perform any operation at all, and had best but a palliative treatment. The influence of even the most dangerous operation in a patient, where the general health is being run down by serious organic mischief, would be frequently followed by a fatal result; and hence the importance of estimating the constitutional condition of the patient.

Dr. Allen then gave the following testimony:—I have been present at the post mortem examination of the deceased, Richard Bailey. And that this patient was apparently about 60 years of age; his body condition thin; there was no unusual swelling about the abdomen; indeed, it was the reverse—it was flaccid and depressed; there was no unusual appearance at the groin nor in the anterior part of the thigh; nor was there any appearance of enlarged glands in either situation. The penis was of its usual size—not swollen; the glans of the penis appeared to present some malformation, and to be bifid; there was no unusual appearance about the glands, nor was there any laceration or wound. The meatus urinarius externus could not be easily perceived, and it required a search with the probe in several directions to find the opening; the scrotum was somewhat swollen, but not to such an extent as to prevent the recognition of the position of the testes. I observed that the cuticle over the apparent position of the testes had broken, apparently having been raised by dissection, and disclosing in both situations a whitish and leathery conditioned skin; the cellular tissue behind the scrotum, and immediately in front of an opening, about an inch and a half in length, was not swollen, nor did it present any unusual appearance; the same remarks as to the condition of the cellular tissue, behind the opening, leading to the anus, will apply, that is to say, it was in its normal state; the edges of the wound in the urethra were covered with a little superficial slough, but at no other parts did I observe black spots or on the scrotum or on the perinæum which would lead me to the opinion that there was gangrene. Nor was there, to my knowledge, any odour of gangrene about the body. Upon opening the abdomen, I observed that the peritonæal membrane covering the liver, the pelvic cavity, and the whole of the intestines, were in a usual clear, transparent and healthy condition. I examined a gland from the lower part on the front of the thigh, and found it in a usual state. I also examined a gland from the glands near Pouchet's ligament, which was about the size of a small almond, and upon dissection only disclosed increased vascularity, but no purulent deposit. The lungs I observed, had all chronic adhesions, particularly the anterior portion, which had the effect of binding the lungs tightly to the part of the chest. The posterior lobes were much congested, and in section a quantity of reddish frothy mucous or serum escaped, but I did not observe that there was any purulent deposit. The heart was larger than usual and dilated on the right side; the walls of the right ventricle were very thin and translucent; I observed a fibrous clot in the cavity. The pulmonary artery had a long fibrinous clot of several inches, and the walls were extremely thin. On opening the auricle and ventricle, I observed that the membrane lining the interior was opalescent. that at the edge of one of the valves was deposited a small reddish body about the size of a good sized bead; and on opening the aorta I observed that it was of a deep buff colour,

and that near the valves there were 6 or 8 vascular spots ; the live did not indicate any deposition of pus ; the urethra and bladder were examined in situ, the bladder whilst in the pelvis was very much contracted, not much larger than an orange, and was sacculated at its upper part ; the walls of the bladder were much thickened, and upon cutting through its coats about a table spoonfull of urine escaped. This urine did not present any very striking peculiarities. Upon opening the bladder further, exposing the whole canal of the urethra the mucous membrane both of the urethra and the bladder, did, not present any unusual appearance, except here and there a little vascularity in the urethra ; whilst in the bladder a number of veins, say 15 or 20, were enlarged, tortuous, and filled with dark venous blood. In the urethra I observed, at or about where the incision had been made, a somewhat circumscribed portion of tissue, which was thickened, and containing some small veins filled with blood, which rendered it of a somewhat darkish character. Upon examining the scrotum on sections, there was only an appearance of some glary fluid, and I saw no appearance of black spot or dead cellular tissue, which was gangrenous. Whilst examining the bladder, I found that one of the opening of the ureters was much enlarged, but its margin was round, soft, and free from any discoloration whatever. I had not an opportunity of examining the other ureter, but the kidneys were in the most advanced state of chronic disease. The kidneys were both atrophied, the membrane covering them was adherent to the tissue of the kidneys itself, and yielded before I could separate it ; upon a section being made there was very corticle substance discoverable. The tubular portion was also very distinctly marked, and both appeared to present the appearance of a somewhat brawny and uniform character ; the pelves in both were much dilated, and in one, the right I think, it was somewhat sacculated, and which, upon section, allowed a quantity of muco-purulent fluid to escape. I also observed 3 or 4 small cysts on the external portion filled with a glary yellowish fluid ; and I also removed from that kidney, what appeared to have been a bunch of small calculi, I observed the gland near the jaw, had been incised, and was apparently discharging pus. From a careful consideration of the post mortem appearances, in which I observed particularly the state of the kidneys, I have no hesitation in expressing my opinion that Richard Bailey the deceased died from constitutional effects of diseased kidneys. Any effects which any operation may have had must be due to the low state of vitality of the patient, and the serious organic mischief and blood poisoning, under which that patient laboured, as a consequence of such a condition of the kidneys. So strongly am I of opinion, of the state of this man's system and blood, no doubt at the time of his admission into the Hospital, that he had in all probability albuminous urine, which, taken in connection with the long standing disease of the bladder—the state of the urethra—and the relief of which nature gave that patient, by producing fistula in perineo, would have made most medical men apprehensive that the most trifling wound would be attended with serious and possibly fatal results. Indeed, from the state of the kidneys, I am of opinion that the man suffered under mortal disease, and that it required but a short time to show its results.

It being six o'clock, the Coroner adjourned the investigation till 12 o'clock to-morrow, (Wednesday).

The Coroner and Jury met at 12 o'clock, and were kept waiting some time on Dr. Allen, one of the Medical witnesses whose examination was to be resumed. At a quarter to one o'clock Dr. Allen arrived, and the Coroner read over the deposition which he made the previous day.

Dr. Allen—I wish to state, in describing the condition of the urethra, that near the external meatus there was a portion which was somewhat contracted and cartilagenous in character and giving, in my mind, all the possible effect of stricture. I also observed that there was a passage of about an inch in length, which allowed a good sized director to pass up, and apparently led to the upper portion of the bifid state of the glans-penis, and appeared to terminate at an illusion of an opening, if such ever existed. When I state constitutional and local causes, I mean that this patient had long-standing disease of the kidneys, connected with an abnormal state of the urea, which had terminated at some time in fistulae in perineo; that as a consequence of this kidney disease, its proper function to excrete urea or other products of an effete tissue of the blood, was reduced to a minimum.

At this stage, a Juror said that he was in a labyrinth—he did not understand one word of Dr. Allen's statement.

The Coroner was sure that at the end of his statement he would receive a popular explanation.

Mr. Lyon, a Juror.—In the meantime, Mr. Coroner, you had better get half-dozen Medical Dictionaries.

Dr. Allen, in continuation.—That as a consequence of these products being retained in the blood, they would produce all the facts of poisoning, and consequently either produce actual death of themselves, or else lower the vitality and powers of resistance to morbid influences producing disease, and thus lead to death. Now, local diseases would be a state of things by a local influence, but quite unconnected with such an amount of constitutional mischief. In a healthy subject, the cutting of a limb would be a local injury; but in a man who is in an unhealthy condition, say a brewer's drayman, or a man suffering under advanced disease of the kidneys; there you would have, supposing the case ended in mortification, a condition which would be equivalent to constitutional mortification, or in other words, a local injury maintained by constitutional disease. Any injury that a party may receive is influenced very seriously by the state of the constitution; death may be influenced more by the disease than by the wound.

Dr. Allen then cited the following from 'Eriksen's Surgery, 1863,' in support of his opinion:—

"Some diseased state of the blood appear to be predisposed in the highest degree to the occurrence of erysepelas—this is especially the case in diabetes and in granular disease of the kidneys, attended with an albumen-urea; in these affections, erysepelas will occur from the most trivial causes—a scratch, the sting of an insect, or any of the minor operations in surgery, more especially about the lower part of the body, will occasion it; and not only is it readily induced this way, but it will extend in an uncontrollable manner in these states

of the system, there being apparently in them an utter want of limiting or preparative power in any inflammation, however got up."

Dr. Allen.—I further desire to express it as my opinion, that the most dangerous complication of erysepelas, and one which nearly precludes all hopes of recovery, is its co-existence with albumen-urea. My opinion is, from the state of the man's kidneys, that he had albumen in his urine at the time of his admission into the hospital. I did not test it. My opinion is, that the lower portion of the catheter [Pieces of catheter produced and measured] which measures about four inches and a half, irrespective of the curve, was not completely in the bladder at all, and that a portion of it was in the urethra. With respect to the question, "Does it follow that the presence of gangrene can be detected by smell after death?" I have to say that that would depend on the state of the gangrene, and upon the specific influences producing it.

By Mr. Finzi.—Whether it was not a fatal error to tie a catheter into the bladder of the deceased?

Answer.—No, it was not. There was an appearance of stricture in the urethra of the deceased; it was near the external opening of the penis. I have never performed any operation on the bladder by incision.

Question by a Juror.—What would have been your practice, had you been in Dr. Anderson's place attending the deceased?

Answer.—Before answering this question, I would remark to the Jury that there is a vastly different basis for consideration, when on the one hand, I have been fully made acquainted with the amount of organic disease present in this patient, the great constitutional mischief under which he must have consequently suffered, and the actual state of the urethra and bladder, as disclosed by the post mortem examination, and as compared with this on the other hand, being taken to the bedside of the patient, and not being provided with any previous history of the case, and having to depend upon the physical character of the organ—I mean the penis—and the only information given to me, being that of a dresser, that the man suffered under a particular form of disease, and that a No. 2 catheter had been previously tried to be passed by a former medical officer, and that he had failed in so doing—I am of opinion that I should have been quite satisfied in succeeding to pass an instrument which had failed in the hands of another medical man. And I should have relied upon my own common sense as to what was required, irrespective of any particular surgical rule to the contrary. I should have seen no objection to have acted in the same manner as Dr. Anderson, upon the information that was given by the dresser, and having no other information on which I could be guided, I should have had no objection to have allowed the catheter to remain 24 hours without having knowledge of the state of the kidneys and the actual condition of the urethra.

The Inspector and Director of the hospital here presented a letter from Dr. Bowerbank, requesting him (the Inspector) to ask the Coroner to put certain question to certain witnesses who had given evidence on a previous occasion.

Dr. Allen continued—I have had practice in diseases of the urethra and the bladder, but not to any great extent, I have performed

rations on the urinary organs. I mean passing the catheters and irritating the organs for ordinary disease. My professional services have not always been confined to a Lunatic Asylum, and I have practised as a Surgeon. I have stated already in respect to the glands of the penis that it was somewhat bifid, and suffering from malformation, I think a No. 12 catheter might pass because the stricture might be spasmodic, and yet abnormally dilated. I could not tell whether a No. 12 would readily pass into the deceased, but I think I could. I could not have discovered whether there was a stricture or not, beyond the morbid state of the urethra near the glands by passing a No. 2 catheter.

Question by a Juror—Would you state your manner of action, if you taken the place of Dr. Anderson in the hospital relative to the manner in which the patient had been treated by your predecessor?

Answer.—I should have first called for the Case Book; failing that, I should have ascertained as much of the history from the patient himself, and not being satisfied here, I should have requested the Medical Officer, who would have been identified, or acquainted with the case, and who was at that time officially connected with the institution, if the statement made by a dresser, who would be supposed to be familiar with the treatment pursued, had been of such a nature as would be at all inconsistent with the description of the disease, and the remarks embodied in the man's ticket, and the treatment which had been pursued, I would have preferred the opinion of the House Surgeon to that of the dresser. I perceive by the ticket, that the deceased was suffering from complete "occlusion of the meatus urinarius." Not finding complete occlusion of the meatus urinarius, I should either conclude that there was some other condition rendering his stay in the hospital necessary for treatment, or else, that the condition of the disease under which the man was admitted, had been sufficiently alleviated or removed. From having been informed that an operation had been performed for occlusion of the meatus urinarius, I should have considered it quite proper to use a catheter or a bougie.

Question by Mr Lyon, a Juror.—From the circumstance of the broken catheter being in the urethra and bladder for eight or nine days, would it not naturally cause irritation and inflammation; and, under the circumstances, do you not think, that from the sympathy and proximity of the bladder and the kidneys, it might have enhanced the disease?

Answer.—Not necessarily so, if those kidneys had not been at an advanced state of chronic disease. Given as certain knowledge that the kidneys were in an advanced state of disease, the presence of a broken catheter in the urethra would have been the means of aggravating the tendency to the disease in such a broken-down constitution. I cannot give any opinion as to the healthiness of the hospital and its site, because I am unacquainted with them.

By a Juror.—Is it possible for the broken portion of the catheter to have receded from the urethra into the bladder, and then return to its original position in the urethra?

Answer.—I do not think, from the anatomical condition of this man's bladder, its small size, very contracted state, and thickened

condition of the muscles, that the broken portion of the catheter went completely into the bladder, and subsequently was projected into the urethra.

To a Juror.—I think that the presence of cesspools in immediate proximity to the ward, would have a most prejudicial and fatal influence, considering the state of that man's kidneys, and his low vitality from the poisoned state of his blood.

By Mr. Delgado—Whether the urine could have passed through the catheter if it had been broken on its introduction?

Answer—I say that it would have been necessary that it should have entered into the bladder before urine could have flowed through—that is, pre-supposing that there was urine in the bladder.

By the Foreman—Would you have tested the urine, before or after the operation for removing the broken catheter, had you suspected albumen-urea?

Answer—I should have looked upon the case as a most exceptional one, and should not, under the circumstances, have failed to point out, either to the patient or to the friends, the probable fatal result; and the condition of the urine of itself, would not have prevented me from operating, under the peculiar circumstances of the case, and the acquiescence of the patient having been obtained thereto. Under not less exceptional circumstances, I should make it a rule always to examine the state of the urine before performing any operation upon the genito-urino organs. I regard this as an exceptional case, because the man had long suffered from diseased urethra, fistulæ in perineo, and presumptive disease of the kidneys, and that the catheter in the urethra was the result of an accident. There was presumptive disease of the kidneys from the complete occlusion of the meatus, the fistulæ in perineo, and that he had no control over the bladder. I undoubtedly consider that the urine should have been examined before the first operation, which was performed by Dr. Fiddes.

The re-examination of Dr. Allen lasted fully three hours.

Dr. Anderson, at his request, was re-examined—Since giving my evidence, Drs. Bowerbank, Somerville, and Field have called my attention to an error which I have committed. I believe I stated that at my first examination of the deceased, and also when I operated, the broken end of the catheter was about 4 inches from the meatus urinarius; on thinking over the case I believe I would have been more correct by stating that it was about 6 inches from the orifice. I would suggest that the medical men I have above referred to, be re-called and their opinion taken on this point; and I further wish to state that this inquest was called at the request of Dr. Bowerbank and myself made through the Inspector and Director. I would also state that the examination of the deceased, to which Mr. Trench referred to in his evidence, was made by my suggestion and request.

John Bennett, sworn—I am at present a patient in the Public Hospital. I have been so for about a month and 14 days. On a Friday night I recollect the deceased, Richard Bailey, had an instrument in him; he was laying on the bed, and I went up to him, and said to him “becareful with the instrument which the Doctor has put in you.” It was dark in the evening, say about 6 or 7 o'clock. After I left him for a little time and went to my bed, directly I heard him

aning, I rose off my bed and saw the deceased stooping down and said "what is that, old man, you will injure yourself;" by this time I saw the string put around him by the Doctor cut, and a small piece of instrument was hanging down by the string; I said, "well, old man you have injured yourself, the instrument is broken in you," he said no; I asked him where the other half was, he said there was none. He took up the half and showed it to me, saying that it is the same instrument which the Doctor put in; I said you will feel it if it is so. He answered if it was so, he would feel it. It broke about 7 o'clock, as he got off the bed; he hitched it between the iron of the bed: he came off the bed sideways. When I saw that, it was candle light. The night nurse was down below. I did not observe if the night nurse came up to see deceased. I can't say whether he did; but the door which prevented my looking into the ward of deceased again. He might have come up; another patient, a young man by the name of Delisser, was in the ward with the deceased, and I saw this as well as myself. I saw the deceased next morning; he appeared quite well. When I saw the piece of instrument hanging by the string, I took it up, and put it on the table—The Doctor gave the deceased particular charge to lie quiet; I do not know whether Delisser called Dawkins; no person has ever instructed me how to give evidence here, or what to say.

Andrew Dunn, M. D., L. R. C. S., Edinburgh, on being sworn, said:—Having been summoned by the Coroner to give evidence before this inquest, and having attended a post mortem examination in connection with the medical witnesses present, I desire to state, previous to my giving evidence, that I feel the painful position I am in, from the circumstances of my having been so recently relieved from my office at the Public Hospital as Senior Ordinary Medical Officer, and Dr. Anderson, having been appointed as my successor. I beg to assure the Coroner and the Court, that I have no desire but to do my duty fearlessly, and not to say, or to do anything offensive to either of the medical men affected by this inquiry.

I have heard the evidence of Dr. Anderson and Dr. Bowerbank in relation to the case of Richard Bailey, and I am of opinion that Dr. Anderson, the Senior Surgeon of the Institution, should have proceeded at once to an investigation of the condition of the patient, without reference to any information given to him by the Dresser Dawkins, or to any Case Book or report, by the introduction of a large sized catheter into the urethra, which would have decided whether stricture existed or not, and he would then have avoided introducing a No. 2 catheter, and which I consider to have been unnecessarily made use of. From the evidence of Dawkins, the deceased was stupid.

Mr. Delgado, a Juror, objected to such a commentary on the evidence. If it was continued, he (Mr. D.) would beard the power of the Coroner and leave the room.

The Coroner ruled that there was nothing inadmissible in the evidence of Dr. Dunn, as the same privilege was accorded to the other medical witnesses.

Dr. Dunn, in continuation—Dull and fidgety, which necessarily would render the employment of an extra night nurse to control him and prevent the accident, the moment that it was ascertained that a

portion of the catheter was in the urethra and bladder, measures of a very simple nature should have been adopted, and by the use of a simple pair of forceps in a urethra of so large a dimension, such as a polypus forceps, in the absence of Weiss' urethral forceps, would have been quite equal to have extracted the broken catheter. In the absence of any attempt of the kind, the proceeding for the operation which was performed on a subject labouring under serious disease of the bladder and of the kidneys was most objectionable. The long retention of the broken portion of the instrument must have tended materially to deduce the vital powers of the patient and render him the less able to derive benefit from the operation in the perinæum; the powers of nature were evidently unequal to put on a healthy reparative action; the result was partial infiltration of the urine into the scrotum, which induced inflammatory action, terminating into gangrene, causing typhoid fever, which I believe to have been the cause of death. I was present at the post mortem examination, and I consider that Dr. Lake's report contained all the important points which were necessary to be recorded. Dr. Field took the notes at the post mortem examination, at the request of Dr. Lake; rough notes of certain portions of the evidence, which he (Dr. Lake) thought of much importance. I have every reason to believe that the "*ipsisima verba*" of Dr. Field's notes were all embodied in Dr. Lake's report. I am perfectly certain, from the history of the case, that the curved portion of the catheter was in the bladder, with the shaft remaining in the posterial part of the urethra.

Question by the Foreman.—As an old practitioner and experienced Surgeon, with the full knowledge of the broken catheter being in the urethra, would you have used a No. 12 sound or catheter to have searched for it?

Answer.—I should have considered it quite unnecessary, after reading Dr. Field's report in the Hospital Journal.

Question by Mr. Finzi, a Juror.—What influence have the cesspools and sinks of the hospital had on this case; or was the case of the deceased affected at all by them?

Answer.—The cesspools have been entirely abolished from the Institution, a main drain having been substituted, with sinks at intervals, which are regularly flushed, and which keep them in order, and which removes any offensiveness. It consequently could not have had any effect on the deceased. For the last two years, I believe, all important cases have been admirably reported by my then colleague, Dr. Somerville, the then Junior Resident House Surgeon of the Institution, and which have been publicly exposed on the Visitors' Board for their inspection, or that of any other individual entitled to inspect them.

Question by Mr. Delgado, a Juror.—Have you ever performed many operations on the urethra or the urinary organs?

Answer.—I have treated very many cases of stricture, but I have never operated on the bladder.

Question.—Have you ever performed any surgical operation involving a greater amount of surgical skill than was required in such as I have alluded to in my first question?

Answer.—For the first twenty years of my professional career, I was almost the only Operating Surgeon in St. John's and St. Doro-

as, during which period I have performed a considerable number of what are called "grand operations." The last twenty years have been entirely devoted to the practice of Medicine and Midwifery.

(Question.—Could you have obtained such a pair of forceps as I have described, as would have been necessary to have extracted the piece of broken catheter, without the use of the knife?

Answer.—It has been a rule at the hospital to lend instruments to members of the profession, on particular emergencies, and the consequence, the officers of the Institution could have applied to any of the medical men in town for any instrument which might not be at hand at the hospital; failing their not being obtained, sufficient time was afforded either to modify or reduce a pair of forceps which would have answered, as has often been the case. There was ample time afforded to obtain a suitable instrument from Mr. Arnaboldi or any other instrument-maker in town.

(Question by Mr. Lyon, a Juror —Does the operation for extracting the broken piece of catheter, which was performed, require much surgical skill?

Answer —Certainly not. It was an operation of the simplest character in its performance.

The investigation was then adjourned until Monday the 20th instant.

FIFTH DAY—MONDAY, February 20th, 1865.

The adjourned Inquest on the body of Richard Bailey, a patient who died at the Public Hospital, was resumed this day, at 1 o'clock. The several Jurors having answered to their names, the following evidence was further taken:—

Alexander Fiddes, Fellow of the Royal College of Surgeons, Edinburgh, sworn— I knew the deceased, Richard Bailey; he was admitted into the hospital as a patient on the 11th January last, at the time when I was one of the Medical Officers of the Institution, in charge of the Surgical Division; they came from the parish of Vere, and sought admission into the hospital on account of the difficulty which he had in passing his water. On the 16th January—that is on the fourth day after his reception in the hospital, I proceeded to make the measure that appeared to be necessary for his relief, which I did in the presence of Doctor Field, the House Surgeon, and of Dr Goodman, of H.M. Prison, Port Royal. The morbid condition of the penis, under which Bailey was suffering, was a complete closure of the orifice of the prepuce covering of the glans, so that, on examination, it was impossible to see any channel or set by which the urine could make its escape, I therefore desired the patient to make a forcible effort to pass his water, and, watching him whilst he did so, I discovered that the urine passed in an extremely fine stream, not larger than the finest sewing needle, at a point about three-quarters of an inch upwards from the extremity of the organ. Into this opening I introduced a probe (probe produced and inspected). I show yourselves the size of the probe which the orifice was capable of receiving, the finest end of which could only be introduced. The next step of the procedure was to rotate and move the probe underneath the prepuce, so as to ascertain whether the foreskin was adherent to the subjacent parts, and, upon finding that it was not so, I introduced a small pointed narrow knife through the fistulous opening, and divided the prepuce thoroughly from side to side, that is to say, from the spot where the fistulae was situated, around the extremity of the penis and back; on the other side to a point corresponding to that, where the sinus was placed. I ascertained that there was a complete absence of the glans-penis, it having apparently been destroyed or removed by pre-existing disease. My next object was to discover the urinary canal, but on account of the bleeding, it was impossible to bring it within the reach of the eye, I had therefore to grope for

it, and in doing so, I used, as a probe, the point of a small silver catheter. I found the orifice of the urethra in this way, and passed the catheter two or three inches along the canal so as to make sure that I had fairly brought the urethra within the sphere of surgical treatment, should the case afterwards require it. In passing the point, of the small catheter which I used as a probe into the urethra, I distinctly remember that it hitched upon the sides of the channel; in fact, there is no doubt that there then occurred that which would generally happen, whenever a fine and small instrument is passed into a morbidly dilated urinary canal, namely, that the loose and flaccid coats of the urethra collapsing and coming together, caught and interrupted the passage of the probe. There is no doubt, that if I had persevered for a minute or two in an endeavour to pass the instrument, I would certainly have done so; but catheterism of the urethra was not the object for which I interfered with the man nor would it have been proper for me to have done so at the time when the cut surfaces of the prepuce were bleeding very freely, and required to be dressed with lint. In thus having divided the prepuce in the way I have described, and in thus having obtained free access to the urethra, I did all which I could possibly do at the time, and it was left for after consideration whether any further interference might be necessary for the case. I left the hospital 4 days after the performance of this operation, that is to say, the 20th of January. On the 21st, Dr. Bowerbank relieved me of my duties at the hospital. I did not see Richard Bailey again alive, but on Sunday, the 12th February, I attended the post mortem examination on his body, under the direction of the Coroner and this Jury. I looked carefully on, whilst the examination was being conducted, and I can bear testimony to the truthfulness and faithfulness with which Dr. Lake's Report of the post mortem appearances is drawn up. In that examination, the organs of the chest were first examined, and they were on the whole as healthy as they are usually found in persons who had obtained the deceased period of life; the organs in the abdominal cavity, were remarkably healthy, with the exception of the kidneys and urinary bladder; both kidneys were wasted, contracted, and hardened, and were considerably advanced in that peculiar form of granular degeneration, which is not uncommon in persons of advanced age, and which is particularly frequent in individuals who have suffered from affections of the bladder and urethra. The bladder itself was very much diminished in size, and greatly thickened in its coats, so much so, that its vertical diameter was certainly not more than four inches, and probably not so much. I noticed particularly the condition of the urinary canal, and the part where the incision had been made for the removal of the catheter; the canal itself was morbidly wide and capacious, from its termination at the end of the penis to its beginning at the urinary bladder; there was no appearance to show that there had ever been any urinary fistulæ in connection with it. The wound in the perinæum between the scrotum and anus, through which the broken catheter had been removed, was black and discolored, and the cellular membrane immediately around it, was evidently in a sloughy condition; it was clear that in reference to the wound, nature had failed to establish those conservative and reparative processes, by effusion of coagulable lymph within and around the wound, which is essential to guard patients operated upon in this part of the body against the risk of urinary infiltration. The integuments of the scrotum were stripped of the cuticle, and presented an appearance very much like washed chamois leather; on being cut, they emitted a great deal of sero-purulent exudation, they had not been entirely dead, but had been threatening to die, and if Bailey had lived two or three days longer, there would be no doubt that the whole of the covering of the testicles would have separated by mortification. These are the chief appearances in regard to the post mortem examination, that I will trouble the Jury with. The glans-penis had been entirely gone by pre-existing disease. [Dr. Fiddes here stated that the rest of his evidence would be a commentary on the previous evidence, if the Jury desired to hear it.]

The Coroner ruled that Dr. Fiddes could do so. Mr. Delgado, objecting. Some confusion here ensued between the Foreman and Mr. Delgado.

Dr. Fiddes, in continuation—The next stage of evidence to which my attention has been directed, is that on the 27th January—eleven days after I had operated on Richard Bailey's prepuce—Dr. Anderson, the Ordinary Me-

11 Officer of the hospital, introduced a No. 2 catheter into the bladder, and secured it there by means of tapes. With reference to this procedure, it is possible for me as a Surgeon, to give my approbation, inasmuch as he appears to have taken no steps to ascertain whether the patient had any stricture at the time.

I may observe that the proper method of ascertaining the presence of a stricture in any given case, is to cause the patient to pass his water under the direction of the Surgeon; and from the character of the stream, it may be generally ascertained whether the patient has or has not a stricture, but should there be any doubt, after a trial of this kind, the principle of Surgery is that a small-sized instrument, such as a No. 8 should be passed into the canal—If found too large for the passage, a series of smaller sizes are passed in succession, from 8 downwards. It does not appear that this precaution was adopted in the present case. With regard to the breaking of the catheter, the evidence which has been adduced does not enable me to throw any light on the cause of this accident—but of one thing I feel very certain, that they *did not break the catheter by falling on the floor or against the bed with the instrument in him.*—Had he done so, the sharp point of the instrument in the interior of the bladder would probably have impinged with so rude a force against the walls of the organ as to have penetrated and passed into the abdominal cavity.—My next comments on the evidence lead me to consider the question, “What should have been done, and what was the proper mode of procedure, when it was discovered that the catheter had been broken, and 6 inches and a half of the instrument was retained in the bladder and urethra.” There can be no doubt whatever that the duty of the medical officers was to have removed that broken instrument as soon as the accident was discovered; by means of the most simple appliances the broken instrument might have been readily removed at the time. There are a great many instruments that are suitable for the removal of foreign bodies or broken instruments from the urethra or bladder, and I beg leave to show the jury a few that are especially adapted for that purpose—[Instruments produced and selected.] Here is a urethral forcep, which would have easily removed a broken catheter lying at a distance of from 4 to 6 inches from the orifice of the canal. Here is another instrument, which would readily catch a broken catheter situated at a further distance from the orifice—such as six or eight inches—or, in fact, an object situated at the neck of the bladder. The construction of this instrument is very simple—[Dr. Fiddes here explained the use of using the instrument.] Here is a third instrument shaped and curved like a catheter, which opens into two pieces at the extremity, by means of a spring at the handle; this instrument would readily have removed the broken catheter in the present instance, or any other foreign body. It has been stated in evidence by Mr. Bowerbank that there was no proper instrument in the Public Hospital for the removal of the broken catheter; that neither he nor Dr. Anderson had any instrument of their own suitable for such a purpose; and that in fact, he was unable to obtain any; but this statement seems to me to be far from satisfactory. If there was no suitable instrument to be found in the hospital, and if they had none of their own, their duty was to have applied to the members of the profession in the city, or to the Medical Depot in Fleet Street, or the Naval Hospital at Port Royal, where a very good and extensive collection of surgical instruments are kept, and if either of the medical gentlemen of the hospital had applied to me I would have been happy to have supplied them with at least half a-dozen instruments adapted for that purpose; they did not do so however, but allowed Richard Delgado to remain for 9 days and 9 nights with the broken catheter in his bladder and urethra, without once making the slightest effort for its removal. Mr. Delgado here objected to such a commentary on the evidence. He said, if such things were permitted, he would beard the power of the Coroner and leave the room.

The Coroner advised Mr. Delgado to take a note of any error that may appear in the evidence of Dr. Fiddes, and then he could cross examine the witness afterwards.

Dr. Fiddes in continuation—Dr. Bowerbank and Dr. Anderson have both said that the deceased refused to have any operation performed on him for

the removal of the instrument. It is true that he may have had a dread and fear, or a presentiment as to the result of any cutting operation, and the result has shewn that such a presentiment was well grounded, but neither Doctor Bowerbank nor Doctor Anderson, nor any of the other medical officers of the Institution, have advanced anything to shew, that the deceased ever did make any objection or opposition to the more legitimate method of extracting the broken catheter by the urethra. Dr. Field has sworn that on the night of the accident, he passed a No. 8 sound along Bailey's urethra, and introduced it into the bladder. Dr. Anderson has further sworn that on the following morning, he passed a catheter or sound into Bailey's urethra, and found the foreign body lying there, and at that examination, Dr. Field a second time passed a No. 12 instrument into the bladder; to these three consecutive operations, the deceased does not appear to have made the slightest opposition, and I submit it as a matter of plain common sense, that if the patient made no objections to the passing of three sounds in succession, he had still less grounds for objecting to the passing of a urethral forceps, an instrument possessing a much less formidable appearance than a No. 12 catheter or sound. I consider that the omission of Drs. Anderson and Bowerbank to withdraw the broken catheter immediately after the accident, and their using no means for obtaining the necessary instrument for its extraction, *was a most culpable error on their part*, an error which ultimately led to the death of Richard Bailey. At the end of nine days' retention of this instrument, they proceeded to execute a measure for the removal of it; and I have no hesitation in stating that the means which they adopted for this purpose, were most *unjustifiable and unwarrantable*. There was no necessity to have cut the man at all, inasmuch as the broken catheter could have been easily removed from the canal by a forceps, but in making the operation upon Bailey, which they did, there was another risk which appears to have been entirely overlooked, and that was, the danger of cutting a patient in the posterior part of the urethra, who is the subject of bladder and kidney disease. It is a well established principle in surgery, and it is a point which has been particularly dwelt and insisted upon by Sir Benjamin Brodie and Mr. Liston, two of the greatest authorities in surgery, that there is always great hazard and danger in cutting a patient in the posterior part of the urethra, who is suffering from disease of the kidneys and bladder; but in defiance of this principle, or in ignorance of it, because the medical officers had sufficient evidence of the diseased condition of the kidneys, from the albuminous state of the patient's urine—I repeat that, in defiance of this principle of surgery, the patient was subjected to a surgical operation which was *unjustifiable and unnecessary*. I have heard the evidence of Doctors Anderson and Bowerbank in explanation of the causes which they suppose to have been instrumental in leading to the death of Richard Bailey. So far as I can gather from their testimony, they do not attribute the death so much to the surgical ordeal through which Bailey passed, but rather to four conditions now existing within the hospital. Firstly, bad ventilation; secondly, filthiness of the wards, thirdly, pestiferous emanations from cesspools; and fourthly, a prevalence of diarrhoea in the Institution at the present time. With regard to the first of these causes, bad ventilation; all I have to state is, that the ward in which Bailey was operated upon, and in which he died, is probably one of the best ventilated buildings in the Island of Jamaica, at least I know of no better ventilated house in Kingston or in the plains of Liguanea, and if there be any doubt as to this opinion, I would recommend any person to visit the ward and judge for himself. With regard to the second cause, the filthiness of the ward, I can only say, when I was an officer in the Institution, I endeavoured to maintain cleanliness in the wards, and if they have latterly become filthy, it is entirely the fault of the present Ordinary Medical officers, one of whom has had charge since the 2nd of January, and the other from the 20th of the same month. With regard to the pestiferous emanations from cesspools, I have to observe that I am not aware of any such pits or vaults being in the Institution, and if Dr. Bowerbank has latterly introduced any such nuisances, he ought to explain his reasons for so doing. With regard to the present prevalence of diarrhoea among the inmates of the Institution, I can afford no explanation of that, but I think it right to state that during the past year, out of more than 2,200 patients treated, there occurred only 17 cases of diarrhoea, of which one died.

altogether unable to explain why since Dr. Bowerbank's connection with the institution there has been so great a prevalence of bowel complaint. I state, in conclusion, that I consider that Richard Bailey's death is entirely attributable to the unskilful Surgical ordeal to which he was subjected in the hospital by Drs. Anderson and Bowerbank; that the treatment of his case was conducted without science and without the exercise of ordinary judgment: his death has been the necessary and inevitable result of such errors; and the attempt which has been made by Drs. Bowerbank and Anderson to attribute the fatal result to bad ventilation, filthiness of the wards, pestiferous emanations, and other causes, is as *illogical* and as *absurd*, as if a Surgeon were to say, that a patient who had a carving knife driven through his liver might possibly not have died, had he not unfortunately neglected to wash his face and comb his hair on the day of the accident.

SIXTH DAY—WEDNESDAY, February 23rd, 1865.

The investigation was resumed this day, at 10 a. m.
James Scott, Esquire, Member of the Royal College of Surgeons of England, sworn:—I was summoned to attend an Inquest at the Public Hospital, held on Sunday, the 12th instant, on the body of one Richard Bailey, who had died on the previous evening in that institution. Dr. Lake having been directed by the Jury to conduct the post mortem examination of the body, I, with other Practitioners was present and witnessed the same. I have read the report which Dr. Lake prepared and read before the Jury, and I consider it faithful and accurate. I would, however, state to the Jury, considering the alleged cause of the death of Bailey, and the importance of viewing carefully the condition of certain organs of the body, I consider it my duty to make some allusions to the condition of the kidneys, bladder and testis about the perinæum and scrotum. The kidneys were in a highly diseased state, presenting that condition known as granular affection of the organs, and in their mucous cavity, there was a considerable quantity of pus, which I found also in the ureters: the bladder was small, very much contracted and having a hard feel, and on opening it, its coats were observed to be highly thickened; the mucous membrane of certain parts of it presented a blackened appearance, which appears to have resulted from the presence of urine and morbid condition, as well as from the circumstance of a foreign body of a metallic character having been in the cavity. The urethra was sound along its whole extent, preternaturally dilated, and having no stricture in any portion of the tube. The glans-penis was entirely wanting, but having an opening through it sufficiently large to allow the introduction of a large metal probe or catheter. There were no openings into the urethra from the perinæum, as the result of old fistulæ. The only opening visible there, was a wound in the mesial line, about 1 inch in length, situated immediately between the scrotum and anus. This wound was in a sloughy state throughout its whole extent, and this condition extended to the urethra, where at its membranous portion the same blackened appearance was visible. The cellular tissue, about the perinæum, and around the wound just described, presented an equal dark appearance, and unto this condition, I particularly drew the attention of some of the medical gentlemen who were present, as indicative of the direct effects of urinary infiltration. The scrotum was enlarged, intense, and presented the appearance somewhat of softened leather, but the cuticle was unaltered, and upon making an incision into the cellular tissue of the part, a considerable quantity of fluid, apparently a combination of serum and pus, and a certain amount of urine, escaped. During the dissection of the deceased, it was supposed that on account of the symptoms under which he suffered for several days prior to his death, he had been labouring under pyæmia. Most careful observation, however, resulted in the conclusion that he laboured under no such disease. The presence of a small quantity of pus, in the pelvis of the kidneys, the state of suppuration of the glands behind the angles of the testis, were no evidence whatever of the existence of pyæmia. These are particular appearances which I noticed at the post mortem examination, and which I think necessary to mention to the Jury.

to the foreman—Pyæmia is a disease characterised by purulent deposits in the several organs and parts of the body, as the lungs, the pleura, the liver, spleen, and kidneys, the matter so deposited being found in the substance of the organs. There is also a considerable quantity of purulent deposit in the joints, and also in the cellular tissue of the limbs, there being of course in connection with this condition, certain constitutional symptoms of an unmistakable character.

Dr. Scott then said—My position is a very unpleasant one, being here as a skilled witness, to give an opinion upon a case which had been treated by other members of the profession, and which resulted fatally; but in order to give an honest opinion as to the cause of death, I am bound, by permission of the Jury, to go over the statements made by the Medical gentleman, who had charge of that patient.

Dr. Scott, in continuation—I have looked over the evidence, which has been given by the Chief Medical Officers of the hospital, under whose care Bailey was more particularly. I cannot understand, why on the morning of the 22nd of January, Dr. Anderson introduced and retained in the bladder of the deceased a No. 2 catheter. He has assigned no reason for having done so, beyond the fact of his having been informed by the dresser, that on two occasions Dr. Fiddes had failed in his attempts at the introduction of that instrument. Neither the remarks on the ticket, nor the condition of the prepuce, nor the evidence of the remains of the fistulous opening in the perinæum, justify the conclusion that the deceased had stricture of the urethra. Had he proceeded as every experienced Surgeon would have done, he would have ascertained there was no necessity for the employment of the instrument. I think that according to Dr. Anderson's statement, it was his duty when he visited the hospital on the afternoon of the 27th to have removed that instrument altogether; or to have slackened the tapes and withdrawn it partially from the bladder, as the deceased's sufferings and the restlessness evinced, were no doubt the result of the irritation caused by the extremity of the instrument; at all events he ought to have administered a strong anodyne that evening, and to have placed the patient in charge of a competent nurse. The catheter having been found broken in his bladder on that same evening, when Dr. Anderson's attention was drawn to the case between 8 and 9 o'clock on the morning of the 28th, by the Junior Resident Medical Officer, feeling it with his fingers in the urethra, as he stated, he ought to have proceeded without one moment's delay to extract it, and if there was no proper instrument in the institution he ought to have taken steps to procure one from any of his brother practitioners, or elsewhere. It was unnecessary for him to have remained quiet about the matter until 10 o'clock when he called Dr. Bowerbank to see the deceased. The result of all this was that whilst Bailey underwent catheterism between 8 and 9 o'clock on the evening of the 27th, at 8 o'clock, on the morning of the 28th, and at 10 o'clock on that same morning, he was allowed to remain there unrelieved, because, as has been stated, he objected to having any operation performed upon him. He could not have objected to the introduction of a small sized urethral forceps into his urethra for the removal of the broken catheter, when on three occasions successively, within a period of 12 hours, large catheters ranging in size from a No. 8 to a No. 12, were freely introduced into his bladder. At this stage of my evidence, I desire to note my opinion in opposition to that expressed by Dr. Bowerbank, and upon which he has laid stress, in justifying the retention of the catheter into the bladder, that the existence of a fistulæ in perineo is no proof whatever of the presence of a stricture of the urethra. The retention of the broken instrument into the urethra and bladder from the evening of the 27th January, until between 2 or three o'clock in the afternoon of Saturday, the 4th of February, was as unpardonable an act, in my opinion, as any Surgeon could have been guilty of, because it having been allowed to remain there, causing irritation in the bladder, ureters, and kidneys, unquestionably tended to jeopardize the life of the deceased. On the 4th of February when Drs. Anderson and Bowerbank proceeded to remove the catheter, instead of considering the critical position in which the patient was placed, that he was then in a still more unfavorable condition for the cutting operation in the perinæum, they proceeded to perform that operation

When time had been afforded them, if only by a reference to surgical authorities for information, to withdraw the broken instrument from the urethra by the simplest process possible. The perineal section for affection of the urethra, as strictures, or for the removal of foreign bodies lying in the canal, could never have been performed by any Surgeon practically acquainted with the profession, if he once knew that his patient laboured under disease of the kidneys and bladder, especially if the disease of the kidneys be that in which an albuminous condition of the urine existed. With regard to the possibility of removing broken catheters from the urethra, I must state that accidents of this kind are not of frequent occurrence, and the only occasion in which I witnessed the removal of such foreign body was in the year 1835, St. Thomas' Hospital, where the foreign body was not in the urethra in the first instance, but in the bladder, and by means of Weiss' instrument the catheter was brought into the urethra and extracted. The case was under the care of Mr. Tyrell, whose dresser I was. The effect of that operation on the deceased in the perineum, with no very large opening into the urethra, was to determine infiltration of urine into the cellular tissue of that part and the scrotum, and to have set up a morbid action, which if Bailey had lived a day or so longer would have ended in gangrene or mortification of the part. As it was, the parts were all in a highly diseased state, which in the condition of the deceased could not have been overcome by any remedial measures. On reviewing all the circumstances in connection with this case, I can arrive at no other conclusion than that a surgical operation had been unnecessarily and unjustifiable performed on the deceased, Richard Bailey, and that his death was a direct consequence of such operation. I am of opinion that Bailey from his age and the condition of his organs, was not destined to live very long; but I cannot refrain from stating to the Jury, that I conscientiously believe that his death was accelerated by that operation. I have made no remarks regarding the portion of evidence which treats of the sanitary condition of the hospital, ventilation, &c., because I have not been there of late to have knowledge of all the alterations and improvements which have taken place. However, I know positively that the cesspools have been abolished, and a main drain established, by which all surplus water is taken from the Institution. With regard to the ventilation of A and B wards, whatever difference of opinion there may be upon the question of their construction, it is quite certain that no fault whatever can be found on the score of ventilation.

To a Juror—I have always said that the site is unobjectionable; all that was required was to make drains, improve the character of the building, get rid of the cesspools, and establish a proper system of sewerage. When I visited the hospital last, about three months ago, I noticed a decided improvement about the premises, and I was struck with the fact that by the alterations made, better ventilation had been secured. I walked through some of the wards and I was certainly pleased to find them clean and free from any unpleasant odour, the drain was then in progress, but not completed. I consider the probable cause of death of the deceased to have been a condition of parts about the perineum and scrotum, resulting from infiltration of urine from the wound inflicted by the operation.

To the Foreman—By the evidence, I do not consider any further surgical interference with the case was necessary after Dr. Fiddes had laid open the scrotum. If there was any enlargement of the prostate gland, diminishing the calibre of the urethra, and preventing the free flow of urine, the use of a No. 12 instrument would be justifiable. In the treatment of stricture at the orifice of the urethra, there would be no necessity whatever to pass an instrument and keep it in the bladder. The introduction of a short instrument at the utmost about two inches in length through the stricture would be sufficient. I was at the Kingston Hospital for 18 years, and during that time I had much experience in the treatment of affections of the urethra and bladder. I have had on two occasions to remove small calculi, and on one occasion, a portion of a pipe which had been carried into the male urethra. On those occasions, I used Weiss' instrument successfully. Those bodies were about six to seven inches from the orifice of the urethra. I very much doubt the possibility of a portion of a broken catheter having receded from the bladder into the urethra, but I consider as Dr. Anderson has stated in his evidence, that during the

in the bladder.

The Jury retired for an hour, and on their re-assembling, the following further evidence was taken :—

Charles Campbell, Esq., Doctor of Medicine, and Fellow of the Royal College of Surgeons of Edinburgh, sworn :—I was present at the post mortem examination on the body of the deceased, and I have heard the details of his treatment, whilst in the hospital, as also a great deal of the evidence on the inquiry. I shall first state : those post mortem appearances which appeared to bear upon the death of the deceased. The heart was diseased, its right cavities dilated, and attenuated to such an extent, as to have made it unable to bear any serious disease. The right lung was collapsed, atrophied and bound down to the walls of the chest by old adhesions ; both kidneys were in an advanced stage of granular degeneration, their pelves contained pus. In the cortical structure of the right kidney, there were several small cysts filled with pus. The ureters were somewhat dilated ; the bladder bore the usual evidences of chronic inflammation. In the perinæum, there was an incised wound an inch-and-a-half in length, the edges of which presented an unhealthy ash-coloured appearance, indicating a low vital action, and showing that the constitution had been unequal to the usual healthy reparative action. The scrotum was somewhat swollen, the cuticle in front was abraded, and the skin exposed, was of the appearance of washed leather. The cellular tissue of the scrotum was infiltrated with turbid serous fluid. There was to my mind, no evidence whatever of urinary infiltration. There was no smell of urine ; the alviolar tissue was not disorganised or broken down, as must have been the case in urinary infiltration. The conditions necessary to add to it, did not exist ; there was no obstruction to the free exit of the urine, as the perinæal incision was clear and free. It was a contingency not to be anticipated from such an operation ; in proof of which I may mention, that of many hundred cases of the external division of stricture in the perinæum—an operation almost identical to this—that have been recorded, not a single case of urinary infiltration has occurred. Mr. Syme, the originator of the operation, says that “it never occurs without division of the deep faciæ of the perinæum,” which certainly did not take place in this case. I dwell particularly on my belief in the non-occurrence of infiltration of urine ; as some of the witnesses have ascribed death in this case to that pathological state. I have seen exactly the same appearances, which were found in Bailey’s scrotum, in a case of renal dropsy, where no operation had been made.—The only other appearance which I wish to notice is, that the parotid glands were enlarged and were infiltrated with pus. From a careful consideration of everything I have heard of this case, I am of opinion, that death was produced from æuremic poisoning depending on the diseased condition of the kidneys. I consider that the condition of the cellular tissue of the scrotum, which has been noticed, was the result of the constitutional state of the deceased, and not the cause of the symptoms of which he is said to have died. I cannot account, in any way, for the accident which happened. I am of opinion, that with properly constructed forceps, the broken piece of instrument might have been removed. A great deal has been said of the possibility of removing a foreign body in that situation, by ordinary polypus forceps. I believe myself the thing to be impossible ; I never saw in Jamaica, until Monday last, instruments that I think could have done it—The ordinary dressing forceps are two inches too short to reach the body in that position, even if of the necessary length, such as these (forceps produced) ; it is impossible to dilate the blades, to a sufficient extent to admit a No. 2 catheter without doing injury by the hands to the channel of the urethra, especially its orifice. I consider it necessary in forceps for the urethra, that the handles must be constructed so as to cross each other, similar to the plate now shewn (plate exhibited). Any one who has attempted to use the ordinary polypus forceps in the urethra, must have experienced the difficulties which I mention. Mr. Syme, no mean authority on these subjects, says : “Forceps are used with hardly any advantage from the difficulty of extending their blades in the case of foreign body in the urethra.” It was stated in evidence, that urethral forceps were not to be procured. Dr. Fiddes says, that they might have been had at the stores of the Army and Navy. I have, since his evidence, applied at the Army Depot and learned that

...the question is, what was best to be done? I have no hesitation in saying that immediate removal by external incision was the proper course; it is an operation of little difficulty, and one from which, under ordinary circumstances, almost no danger is to be apprehended. I have had occasion to do it myself twice. Once in a case where a straw of guinea grass had been passed into the urethra, and got encrusted with calculous matter just anterior to the prostate gland. In another instance, a stone had become impacted into the urethra, about 3 and a half inches from the orifice, and which I failed to remove with forceps; it was extracted by holding it firmly and cutting down on it. A very similar case is recorded by Mr. Liston, where, without apparently having tried any forceps, he cut down in the perinæum for a straw encrusted with calculous matter. I repeat that if I failed in procuring a proper catheter, I should rather adopt the cutting operation, than to injure the urethra by tearing and stretching it, with improperly constructed instruments. From the diseased state of the kidneys, the case was manifestly a very unfavourable one for any interference; but in my opinion the operation became a necessity, the presence of the foreign body in the bladder and urethra, would have inevitably called into action those consequences, which led to the fatal issue in the case.

(Question by Mr. Delgado—You have heard it stated in evidence that the deceased died from the effects of the operation as performed on him to extract the broken catheter—that is by the use of the knife—Do you know from your personal knowledge, or from the records of Surgical cases, or otherwise, where an operation by the use of the urethral forceps has resulted in the same disastrous manner on the patient as it was with Bailey?

Answer—I can recall no such case at present to my memory, but death after the operation of lithotomy, where no cutting takes place, and where the stone is broken up within the bladder and extracted by the urethra, is by no means uncommon. I have seen fatal results follow the simple introduction of a bougie, from the same cause, as in the case of Bailey, æurimia. One case particularly occurs to me in the instance of an illustrious member of my own profession. About twenty years ago, the individual, an old gentleman of 70, began to suffer from incontinence of urine, I introduced a catheter into his bladder; he experienced such relief from it, that he insisted upon its being used three times in 24 hours. The simple introduction of the catheter set up an irritation in the kidneys that death ensued; with all the symptoms of æurimia, in the course of ten days.

(Question by Mr. Alberga—Do you say that the foreign body in the case of Bailey could have been removed by forceps? and would the instrument introduced by Dr. Fiddes have accomplished the desired end?

Answer—Foreign bodies under similar circumstances have been removed by forceps, and I do not see why it might not have been in this case with properly constructed forceps. Cases have been recorded in which even the beautiful instrument of Weiss' had failed, and consequently, the operation by lithotomy has been resorted to.

Dr. Bowerbank here entered the room, and stated that he appeared there in consequence of a letter which he had received from the Coroner, the import of which was a request that he (Dr. Bowerbank) would again attend the investigation, to be re-examined and further questioned. He expressed his willingness to be re-examined, but before doing so, he would enquire whether the Coroner had taken a note of the fact that Dr. Lake had destroyed the original notes taken at the post mortem examination by Dr. Field, and which (Dr. B.) particularly requested the Coroner to note at the time when Dr. Lake's post mortem evidence was being given.

The Coroner (after referring to his notes) said that he had not taken the note in question. He did not consider that there was any necessity for doing so, as Dr. Lake had stated in evidence the fact of the destruction of the notes. The Coroner here read over the portion of Dr. Lake's evidence relating to the notes taken by Doctor Field.)

Dr. Bowerbank—I desire to be particularly understood, that I have requested the Coroner to take a particular note of a most important matter. I put it to you, Mr. Coroner, to do it or not; in case of your not doing so, I

call on every person present to testify that I have applied to you to do so. There was never such an unheard of act as to destroy original notes taken at a post mortem examination.

Several Jurors were of opinion that Dr. Bowerbank had no right to insist on the Coroner taking anything down, it being solely in the jurisdiction of the Coroner to act as he thought fit.

Dr. Bowerbank.—I have also to state, that whilst all the other medical men have given their opinion on the post mortem appearances, I have not had an opportunity of doing so.

Mr. Lyon, (with a look of irony)—Mr. Coroner, allow me to suggest that as Dr. Bowerbank has not heard the whole of Dr. Lake's evidence regarding the post mortem appearances, (Dr. Bowerbank having left the room during the time Dr. Lake was giving his evidence) Dr. Lake's evidence be read over to Dr. Bowerbank, and his opinion taken as to whether he thinks Dr. Lake's evidence correct or not.

Dr. Bowerbank.—Mr. Coroner, I will not stop here to put up with an impertinence from any Juror.

Mr. Lyon.—Does Dr. Bowerbank allude those observations to me?

Dr. Bowerbank.—I do.

Mr. Lyon.—Then, I repel the insult four-fold; and I say that it is a great deal more impertinent in a witness to come here and order as he pleases.

Mr. Alberga called on the Coroner to perform his duty, and not allow the Jury to be insulted.

Great confusion ensued, and it was with difficulty that the Coroner, who was addressing Dr. Bowerbank, could be heard. We, however, understood him to say that his Court, although one of Inquiry, was as supreme in its integrity as a Court of Law. There was vested in him the power to fine or confine any person who was disorderly and instrumental in turning his Court into contempt or ridicule. He trusted Dr. Bowerbank would see that he was wrong and not cause any further disagreeableness.

Mr. Lyon said that he would insist that the further evidence of Dr. Bowerbank should not be proceeded with, until he (Dr. B.) had withdrawn his expression to him.

The Coroner was sure Dr. Bowerbank would withdraw the expression.

Dr. Bowerbank would do nothing of the kind.

After several angry and sarcastic allusions by both parties, the Coroner managed to obtain order, and announced that he would proceed with the re-examination of Dr. Bowerbank.

Dr. Bowerbank resumed.—I object to the evidence of Dr. Lake in reference to the post mortem appearances. First, as regards the appearance found about the right ventricle of the heart, he states that this was dilated and the coats were thin. I maintain that the right ventricle was very much dilated, and its walls very thin, so much so as to be in parts diaphanous; the kidneys were much more diseased than his description of them would lead one to suppose. He has omitted two most material points, viz., the circumscribed character of the fundus of the bladder, the presence of calculi in the substance of the kidney. He also omitted to mention that the ureters were not examined—a most important omission. Again, he states that there was urinary extravasation about the scrotum and about the wound in the perinæum. I saw no such appearances in either, and most assuredly there was no gangrenous smell arising from any part of the body. In my evidence I stated that at the post mortem examination I found no evidence of organic stricture, but that does not preclude the possibility of there having been spasmodic stricture during life. I fully intended the other day to have mentioned that I knew of two instances, during my residence in this island, in which foreign bodies had been removed from the membranous portion of the urethra; the first was a piece of Guinea grass stock which had been for some time in the bladder removed by Dr. Campbell; it was there so long as to be encrusted with calculi. The other was an old gentleman residing in Spanish Town about 80 years of age, who for years past had been in the habit of passing an elastic catheter into his own bladder; on withdrawing it one morning, he found that a portion of it was left in the bladder; this was removed some two or three days after by the late Dr. Turner and myself, and in both cases suc-

successful. I have already stated that I do not believe that if Dr. Anderson had been in possession of Weiss' urethral forceps, he would have removed the broken catheter from the position in which I felt it previous to the operation. And now, looking back to the case after the post mortem examination, I believe that the cutting operation was the best in the case of the deceased. I had not the slightest idea that there was any suitable forceps in Jamaica; and I was surprised to hear that Dr. Fiddes was in possession of such an article, and more so, as he had seen Dr. Field, and had heard of the accident. There is one point I desire to mention, and that is, that the moment Dr. Anderson and myself found the deceased was not doing well, on the Monday evening the operation. I advised him (Dr. A.) at once to speak to Mr. Trench, the Inspector and Director, and request him, the moment the man died, to inform the Coroner, as also to acquaint him to summon Drs. Fiddes and Stern, to state what they knew about the case. As soon as it was evident that the man was sinking, I recommended Dr. Anderson to request Mr. Trench, as a Magistrate, to take his (the deceased's) deposition. Two or three days after taking charge as Ordinary Medical Officer, there was a case in the hospital, which I feared might die. There were peculiar circumstances attending on this case, which induced me to wait upon the Inspector and Director, and to request him, that if the man did die, to communicate to the Coroner, and ask him to hold an inquest, if he thought proper; at the same time I mentioned to Mr. Trench my full determination, so long as I was connected with the Public Hospital, to insist, on every occasion, however trivial, on an examination by himself, or submission to the Coroner, and I acted upon that.

The Foreman then cited the following from "Jervis' Duties of Coroners":—"But under whatever circumstances, this authority must be exercised within the limits of a sound discretion (that is, the authority of calling the inquest) and unless there be a reasonable ground of suspicion that the party came to his death by violent and unnatural means, there is no occasion, except in the case of a person dying in gaol, for the interference of the Coroner." Upon these grounds, he (the Foreman) would like Dr. Bowerbank to explain his motives in asking for an investigation; and so as to enable him to do so, he put the following question:—

Had you any suspicion that the deceased came to his death by violent or unnatural means, which caused you to instigate this enquiry? If not, state what prompted you to instigate it.

Answer.—My opinion was, that the deceased died from constitutional causes, after a trivial operation—a circumstance that occurs daily in public hospitals and in private practice throughout the United Kingdom, and which, if it had occurred under the charge of any other gentlemen in the Public Hospital, or in their private practice in Kingston, would never have been heard of, much less have formed the subject of a message to the Governor, from the House of Assembly, or been the theme of scurrilous articles in the newspapers. As Dr. Anderson and myself were the persons chiefly responsible, and who were aimed at, I felt it my duty to request an investigation by the Coroner, if he thought it necessary.

Question by Mr. Lyon.—Do you consider Dr. Anderson's operation of cutting the perinæum as an accident?

Answer.—It was an act calmly and deliberately done, for the good of the man; the only regret upon our part was, that he would not consent to it days before.

Question by Mr. Lyon.—Were there any means of obtaining the urethral forceps necessary for extracting the broken catheter?

Answer.—Dr. Anderson and myself looked through the instruments of the Public Hospital, and we found there nothing that would answer the purpose. We also looked over our own set of instruments, and found nothing there either; and I did not know of a suitable forceps being in possession of any one in Kingston or Jamaica, nor do I think that a suitable instrument could be made in this island; besides this, as I have already stated, from my examination of the end of the instrument in the urethra, I doubt if it could be successfully taken out; and I verily believe now, from the man's then state of health, and from the post mortem appearances, that the cutting operation

was the best that could be performed, though unfortunate in its results. I am a Fellow of the Royal College of Physicians, and Licentiate of the College of Surgeons, Edinburgh.

It being late (5 p.m.) the investigation was adjourned till Monday the 27th instant, at one o'clock.

SEVENTH DAY—MONDAY, February 27th, 1865.

Precisely at one o'clock the Coroner and Jury met, and were kept for some time waiting on Mr Alfred Delgado, a Juror. On his arrival,

Dr. Fiddes, at his request, was re-called.—I omitted to state in my first evidence, that in the event of a urethral forceps not being obtainable at the Public Hospital, or in the collections of the different Medical Practitioners of this city, there were several workmen in Kingston, who are quite competent to make such an instrument at a very short notice; and I intended to have mentioned the names of Mr Abrahams, Mr Argote, and Mr Arnaboldi, three mechanics, all living very near each other in King Street. On Thursday last I called at Mr Argote's and showed him a drawing and a model of a urethral forceps, and requested him to be good enough to make one for me. He accordingly did so, and finished the instrument on Saturday afternoon. I beg leave to show this instrument to the Jury. (Instrument made by Mr Argote produced and inspected.) I got this instrument made in consequence of Dr. Bowerbank saying that such an instrument could not be made in Jamaica. I have further to state, that that instrument is perfectly finished, and is as well made as any from London, and that the drawing which I furnished Mr Argote to guide him in making the instrument, was taken from the work of Mr Henry Thompson, Surgeon of the University College Hospital, London, the most recent writer on the surgical affections of the urethra and bladder. I may mention that Mr Thompson is one of the greatest living authorities on these subjects. So high is his character as a practical man, that a few months ago he was specially selected to proceed to Brussels, to operate on the present King of Belgium, who had been suffering under a complaint of this class, and for which service he obtained a fee, much larger than is ordinarily given, either in England or Jamaica—four thousand guineas. I mention these facts to show that Mr Thompson is a first-class authority on matters of this kind. At page 160 of his book, in reference to the use of these forceps in removing foreign bodies in the urethra, he says:—"That with such an instrument fragments of stones may be removed almost at any depth." He says further:—"That the blades of such an instrument will open sufficiently to seize a fragment two or three-eighths of an inch in diameter; and, that with such an instrument, I have extracted large fragments with great ease; all that is necessary for the purpose, is to commence with a fair firm hold on the fragment, and to take plenty of time to withdraw it." These observations of Mr Thompson are made with reference to the removal of urinary concretions, a class of bodies much more difficult to withdraw or remove than a piece of a small silver catheter. I have once more to state, that in consequence of certain evidence which have been brought before this Court, there could be no difficulty whatever in manipulating a urethral forceps of this kind in the urinary canal, for it has been shown that the urethra of the deceased was so capacious as to admit a No. 12 instrument alongside of the broken No. 2 catheter, thus indicating that the channel was wide enough to admit a No. 14 instrument at least; and inasmuch as the diameter of the urethral forceps does not exceed that of a No. 6 or 7 catheter, it is evident that there was clear space in Bailey's urethra equal to that of a No. 7 or 8 instrument, in which the blades of the urethral forceps might have been opened and made to lay hold of the broken catheter in this manner. (Dr. Fiddes here showed the manner of extracting the broken catheter with the forceps made by Mr. Argote).

Dr. Bowerbank, after inspecting the instrument, was of opinion that it would have failed to extract the piece of broken catheter.

Dr. Fiddes—It might have failed in your hands, but would not in mine, or in that of any experienced Surgeon. Such an operation might be done with facility, and in less than a minute, by any Surgeon.

At the request of Dr. Bowerbank, by letter received from the Inspector of the Public Hospital, the following witnesses were re-called, and the following questions put to them through the Coroner:—
Mr. J. H. Somerville.

Question No. 1.—In the Medical wards of the Hospital, have there lately been cases of bowel complaints?

Answer—There have been many cases of bowel complaints, both of dysentery and Diarrhœa.

Question No. 2.—Have these diseases appeared in persons who were admitted suffering from other complaints?

Answer—Some of them have appeared in persons with other complaints, but the majority have been suffering from those complaints alone.

Question No. 3.—Have cases of Gangrene or Sloughing, occurred lately at the patients in the verandah of B. ward.

Answer—I am not sufficiently acquainted with the state of the patients in the verandah, to state whether this has been the case.

Question No. 4.—In the very next bed to the one Bailey occupied, was there a patient who had suffered from Gangrene or Sloughing?

Answer—I believe the bed next to that of Bailey, was occupied by a patient, who had undergone Syme's operation of the ankle joint, and in whom the popliteal space or cushion had sloughed.

Question No. 5.—Do the sink-holes connected with the Drains about the buildings at times smell offensive?

Answer—Occasionally they do smell offensive when the wind sets in from the quarters. I must state that the construction of those openings is as yet incomplete, and that when it is completed, no emanations can possibly issue from them.

Question No. 6.—Are the privies in the Male Hospital, under the present system of sewerage, frequently offensive?

Answer—Not to my knowledge.

Question No. 7.—Are the closets attached to the wards A. B. C. and D., clean, or are they lately so?

Answer—The atmosphere of those closets, for reasons I can explain, is generally impure and offensive. Those closets are used as receptacles for the refuse of the wards, and also for their contents, while awaiting the inspection of the Medical Officers.

Question No. 8.—What is, or was, lately kept in these closets?

Answer—I have already answered this question.

Question No. 9.—Is it a fact, that the beds nearest to these closets are the least healthy in the wards, so much so, that many of the persons placed in them suffer from bowel complaints?

Answer—Such is the case at present.

Question No. 10.—Is it a fact, that in consequence of this circumstance, persons placed in them frequently require to be removed to other beds?

Answer—They do require occasionally to be removed, from that cause.

Question No. 11.—Is it a fact that the bowel affections arising in these wards, are of so serious and intractable a character as to generally, the use of acetate-of-lead pills to check them?

Answer.—The bowel complaints arising in these wards are not so serious as admitted, but they may occasionally require the administration of lead. The Foreman—After Syme's operation, sloughing of the stump is not uncommon.

Question by Mr. Berry—Is it usual to make use of deodorising agents for removing offensive smells; and is it regularly attended to in the hospital?

Answer—It is usual, and is regularly attended to.

Mr. McLeod, head nurse in the medical department of the Public Hospital, sworn.—Dr. Bowerbank's questions were put to this witness and answered as follows:—

Answer to No. 1.—The Doctors being here present, they can best answer the question. I am the nurse of the medical and not of the surgical wards.

Answer to No. 2.—There are bowel complaints in the Public Hospital at present; some were brought in.

Answer to No. 3.—I am not able to answer this question.

Answer to No. 4.—I am not able to answer this question.

Answer to No. 5.—Early in the morning, before they are washed out, they do smell offensive, but not after.

Answer to No. 6.—I cannot answer this question.

Answer to No. 7.—Whenever there are cases of dysentery, they must be offensive, because the discharges from the bowels are kept for the inspection of the Medical Officers, from night till morning.

Answer to No. 8.—The utensils.

Answer to No. 9.—Broken down cases and phthisical cases go in to the beds of the wards C and D—I mean the two beds before the door.

Answer to No 10.—Lately we have had two or three cases taken from the door of D ward to the piazza; they were removed because the Doctors thought fit so to do. I never brought up any conversation touching these beds to the doctors.

Answer to No. 11.—I am unable to answer this question. I am not a Latinist.

Question by Mr. Lyon—Might there not be surgical patients in the verandah of B. ward, who may not come under your notice?

Answer—Mrs. Lindo is head nurse for that department; I don't interfere with surgical cases; those cases are not in my department.

Cordelia Lindo, sworn—Head nurse of the surgical ward in the Public Hospital.

Dr. Bowerbank's questions were also put to this witness, and answered as follows:—

Answer to No 1.—There have been cases of bowel complaints lately; one case was brought in which proved fatal; this case was one which I attended during Mrs. McLeod's absence. I can't say of any others, I being a surgical nurse.

Answer to No. 2.—There are no bowel complaints in the wards under my care.

Answer to No. 3.—One case of sloughing has occurred, lately in the verandah of B. ward; the patient is now getting quite better.

Answer to No. 4.—Yes, this is the same patient I have in the preceding answer referred to.

Answer to No 5.—Some mornings they do smell, but not always, and after the smell is noticed, and they are cleaned, there is no smell again.

Answer to No. 6.—Formerly they were, but Doctors Fiddes and Stern condemned them and immediately shut up the ward adjoining. The ward is called No 4.

Answer to No. 7.—When there are cases of dysentery, they are offensive.

Answer to No. 8.—Chambers were lately kept in those closets.

Answer to No. 9.—I can't answer this question.

Answer to No. 10.—Since Dr. Bowerbank has been in the hospital, he has removed the patients from the door, and put them in the piazza, and condemned the beds. I mean C. and D. wards.

Answer to No. 11.—I am unable to answer this question.

To Mr. Lyon—Bailey was in the verandah of B. ward, where there was no offensive smell. The Inspector and Director goes round the wards to inspect them three times a week, and some times oftener.

The Foreman then informed the Coroner that the Jury required no further evidence, as that already adduced was sufficient to guide them to a verdict. He (the Foreman) further stated that the Jury did not require the Coroner to read over the evidence, as they were already well conversant with it.

The Coroner then briefly charged the Jury, stating that the verdict would rest entirely on the evidence of the Medical gentlemen who had given their opinions in the case, the purity of whose motives was unquestionable, and consequently replete with importance. He urged the Jury to sift the entire evidence, and to base their opinion, after mature deliberation, on its most prominent points. He was certain they would return a fair and conscientious verdict. He then read over different points of the Coroner's Law, which, he was of opinion, would be of material service in directing them in arriving at a verdict.

purport of the law which the Coroner cited, and on which he dwelt specially, was as follows:—

That if a medical practitioner attended to a patient whose case was dangerous and he, in doing his best for such a patient, tried a remedy which was fatal, he was not amenable to the law, and a Jury could not return a verdict of manslaughter, inasmuch as the Medical man had failed in doing his duty to the patient; and in the case of a Surgeon and Accoucheur who attended a woman and injured her intestines, and she died from the effect of such injury, the Surgeon was acquitted, it having been decided that in his attempt to relieve her, an accident occurred, which proved fatal.

For further remarks from the Coroner, which in no way bore on the point at issue, the Jurors requested him to give his opinion as to the number of persons to return a verdict. Dr. Altman endeavoured to evade this question, and was in a sorry plight, and was literally besieged. He offered his advice, which the Jury unanimously rejected: They wanted his opinion, which he would not give, and left the room, directing that the Jury should be kept up. The utmost excitement prevailed within and around the court-house. Various opinions were expressed, and for three-quarters of an hour the excitement continued. Here and there were knots of persons discussing the strange conduct of the Coroner. At about half-past 6 the Coroner was sent for, and the Jury returned the following unanimous verdict:—"The Jurors find that Richard Bailey died at the Public Hospital on the 11th day of February, 1865; that he labored under chronic disease, and that his death was hastened by improper surgical treatment in the Hospital."

It ended one of the most lengthy and exciting Coroner's Inquest that had ever occurred in the island. The entire proceedings occupied a period of seven

THE END.

FIFTH DAY—February 20th 1865.—Continued.

Dr. Fiddes cross questioned by the Jury.

Question by the Foreman—After the Operation which you performed on Richard Bailey, do you consider that any further Surgical interference with the case was required?

Answer.—I do not consider any further Surgical interference with the case was necessary.

Question—Do you think that Dr. Anderson, before introducing a No. 2 catheter into the urethra or bladder of Richard Bailey, took the necessary steps to ascertain whether a stricture of the urethra existed?

Answer.—I do not think so.

Question—Do you consider that the introduction of a No. 2 catheter, and its retention by tapes was a necessary and judicious mode of proceeding?

Answer.—Under the circumstances it was not.

Question.—Did you, in your examination of Richard Bailey during life, and your inspection of his body after death, ascertain whether he had been the subject of fistulous opening in the perinæum communicating with the canal of the urethra?

Answer.—The post mortem examination of the body revealed no fistulous opening in the perinæum communicating with the urethra?

Question.—In the presence of a fistulous mark in the perinæum, obtain evidence of the existence of an aperture or opening, on the urinary canal corresponding with such a mark, do you think that the existence of a sinus in the perinæum in Bailey's case afforded any indication of the existence of the stricture in that portion of the urethra?

Answer.—I do not think that the presence of a fistulous opening afforded certain evidence of the existence of an aperture or opening in the urethra, corresponding with such a mark.

Question.—If a stricture existed at the orifice of the urethra, or any other portion of the canal, would it be possible to convey a No. 2 catheter into the bladder?

Answer.—It would not be possible?

Question.—Would it be safe and sound Surgical practice to treat a stricture at the orifice of the urethra by the introduction and retention in the bladder, of a No. 2 catheter? and would it be safe Surgical practice to introduce and retain a small catheter in the bladder in cases where there was reason to expect the presence of organic disease in the bladder and kidneys?

Answer.—It would not be so.

Question.—Under all the circumstances which have been brought under your notice, in the course of the present enquiry, do you consider that the use of the silver catheter by Dr. Anderson, in the way in which he applied it, was justifiable and warrantable?

Answer.—No.

Question.—Have you had occasion to remove foreign bodies from the urethra or bladder?

Answer.—I have, such as urinary calculi, which had descended into the urethra. I have also removed a piece of bougie which a patient had broken himself, and once a portion of guinea grass stalk, which the patient had used as a bougie, and broken in himself. I have also had to cut into the bladder for the removal of a large calculus which could not be extracted in any other way.

Question.—Have you ever known a catheter to be broken in the urethra in the course of your practice?

Answer.—I have not known an instance of any instrument to be broken in my own hands or in the hands of a Surgeon.

Question.—Do you consider it possible for the broken piece of the catheter produced, to go from the urethra into the bladder, and from the bladder into the urethra again?

Answer.—I do not consider it possible. It may have shifted a little, but my impression is that it preserved very much its original position.

Question.—During your visits to the ward, did you see the marks on Bailey's ticket, made by Dr. Stern; and did you consider it was a correct statement of his condition, so far as was apparent to external observation; and would you not have altered or corrected it had you considered it necessary?

Answer.—The ticket over Bailey's bed, marked by Dr. Stern, "Complete occlusion of the meatus urinarius," was a correct description.

Question.—When Dr. Stern was your House Surgeon, did you apply to him or to Dawkins for information as to the condition of patients, more especially those on whom you were likely to operate?

Answer.—I always applied to the Resident Medical Officer for information as to patients about to be operated on.

Question.—Do you consider the remarks on Bailey's ticket, of necessity organic stricture of the urethra, and would you proceed to treat a patient on the information afforded by the ticket?

Answer.—I proceeded to treat the deceased in accordance with what was placed on his ticket, namely, occlusion of the prepuce covering of the penis.

Question.—Had Bailey died from pyæmia, would you not have expected to find abscesses in the lungs and liver, more especially the former, and were any present in those organs?

Answer.—There was no evidence of pyæmia disclosed by the post mortem examination—there was an entire absence of those purulent collections in the internal organs of the body and in the joints, which form the essential characteristic of pyæmia.

Question.—Would not the using of a sound, unless very carefully managed, have been apt to propel the broken instrument into the bladder—and would you have passed a sound into the bladder to look for an instrument that was only six inches from the external orifice of the urethra?

Answer.—I think the catheter was already as far in the bladder of the deceased as it could possibly get.

Question by the Foreman.—Would you have passed a sound into the bladder, to look for an instrument that was only six inches from the mouth of the urethra?

Answer.—In regard to this question, I have to state, that I, Field, the Junior House Surgeon did, on two occasions, pass a sound into the bladder at the time when the broken catheter was lying in the urethra, but in doing this, I do not think that he had in any way committed any impropriety of practice, on the contrary, by passing a large sized No. 12 instrument freely into the bladder, along the urethra, he threw a light on the condition of the urethra.

, which should have been made available by the Ordinary Medical Officer in the after treatment of the case, the No. 12 catheter having passed by him in the presence of the Ordinary Medical Officers. (Question by Mr. Delgado.—Did you some time ago see the Cæsaraen operation performed by Dr. Anderson? And what is your opinion of his skill as a Surgeon, as exhibited on that occasion?

Answer.—I have to state, that I do not see in what way a Cæsaraen or any other operation should be brought to bear on the case of Edward Bailey; however, as I was present when that operation was performed, and assisted Dr. Anderson to perform it, I have no hesitation in saying that the different steps of the operation were executed in a safe and skilfully. I will not, however, state that that fact affords a confirmation of Dr. Anderson's skill as a Surgeon. The Cæsaraen operation, although very dangerous to the patient, is a very simple operation to the Surgeon, so much so that it has been frequently performed by persons not connected with the profession. There is a well authenticated instance of this operation having been thrice performed by a Miller and Sow-gelder, on his wife, successfully. I may have committed errors during 20 years' practice; I am not immaculate nor infallible. During the last 15 years, I have had occasion to cut the posterior part of the urethra 36 or 37 times for the cure of obstinate and inoperable stricture of the urethra, and also the bladder itself, for removal of stones which had formed within it; and I do not remember more than one or two instances where the result has been disastrous, and those have been on persons of extreme age. I have always been very careful, previous to performing operations on that part of the urethra, to ascertain the conditions of the kidneys; and where I had reason to believe that those organs were unsound, I have made it a point to avoid interference. I am free to admit that some cases in my clinical practice may have died after operation from organic disease, the existence of which had not been thoroughly ascertained during

(Question by the Foreman.—Did Bailey pass his urine freely after the operation you performed for phymosis, and did it flow through the urethral channel up to the time you left the hospital?

Answer.—Yes, where a stricture is situated in the orifice of the urethra the treatment should be conducted by means of a very short probe, about an inch or two in length. There is no necessity in such cases for introducing a long instrument to the back part of the urethra or the bladder.

The examination of Dr. Fiddes lasted for fully five hours.



