

**(f.) The circumstances surrounding the illness of Mrs. Muir.**

The patient was admitted to Kelvin Hospital on the 29th October, 1923, and was confined on the day following. The medical practitioner in charge of the case was Dr. J. B. MacDiarmid.

She was perfectly well until the 8th November, when her condition became unsatisfactory. On the 9th septicæmia was suspected and treatment commenced, and a swab was procured for bacteriological examination, the result of which came to hand on the morning of the 12th, and revealed streptococcal infection. This patient made a good recovery.

This was undoubtedly a case of puerperal fever (sapræmia). The infecting organism being identical with that in Mrs. Delamore's case, and both patients having been attended for a few days by the same nurse, there is reasonable probability of a connection between these two cases.

**2. Whether any other persons who were patients in the Kelvin Maternity Hospital during the year 1923 died or became ill during or following confinement, and what were the causes of such deaths or illnesses.**

According to statistics supplied by the Medical Officer of Health, from the 1st September, 1922, to the 5th November, 1923, 231 maternity patients and fifteen minor gynecological and other cases were admitted to the hospital. The only deaths were those referred to above in detail. There were twelve abnormal confinements.

During the latter part of the year 1923 a considerable number of patients developed a rise of temperature, indicating illness in the puerperal period. All of these temperatures with one exception (Mrs. Carter) seemingly arose from common complications of the puerperium, such as inflammation of the breasts, pyelitis, and other septic conditions. The case of Mrs. Carter is somewhat perplexing. The medical attendant was Dr. W. M. McCormick. There was a history of influenza prior to confinement. She was confined on the 23rd October, 1923, and her illness, accompanied by high temperature, was diagnosed and treated as pneumonia up to the 3rd November, when puerperal fever was suspected by a consultant, who advised a special nurse and gave appropriate treatment. In the light of concurrent events it is not unlikely that this was in fact a case of puerperal fever, but it is only fair to state that on the day following the consultation other signs were noted which strongly indicated pyelitis as the cause of the temperature, which steadily declined, and the patient recovered.

**3. Whether the steps taken in regard to the diagnosis and treatment of these cases at the hands of the medical practitioners and nurses in charge were proper and sufficient.****DIAGNOSIS AND MEDICAL TREATMENT.**

The case of Mrs. Barker calls for no comment.

In the case of Mrs. Morison, the Commission, while holding that a diagnosis of puerperal fever might reasonably have been made, considers that, in view of the difficult position the symptoms presented, the view taken by the medical attendant of the case was not unreasonable. Apart from the question of diagnosis, the medical attention in this case was skilful and assiduous.

In the case of Mrs. Jones the diagnosis of pneumonia, although there were some grounds for it, was insufficient and inaccurate. Puerperal fever should have been suspected almost from the inception of the illness.

In the case of Mrs. Dacre the delay in the diagnosis of puerperal fever was but slight, and no fault can be found with the treatment given and the action taken when the diagnosis was settled.

In the case of Mrs. Delamore there was a reluctance, which is typical but none the less to be deprecated, to suspect puerperal fever, and as a natural consequence regrettable delay in diagnosing the illness as due to that cause. Even the first consultant seemingly shared in this reluctance. Apart from the delay in diagnosis the patient was skilfully and assiduously treated by the medical practitioner in charge of the case, and by the consultants.

In the case of Mrs. Muir suspicion of puerperal fever was commendably prompt, and action equally so.