

In the case of Mrs. Carter no serious criticism of the medical practitioner is called for, except that here again the reluctance to suspect puerperal fever is exemplified. The patient was treated by the medical practitioner in charge of the case skilfully and assiduously.

BACTERIOLOGICAL EXAMINATION.

In the case of Mrs. Morison no bacteriological examination was made.

In the case of Mrs. Jones no bacteriological examination was made until after her death.

In the case of Mrs. Dacre the bacteriological examination might reasonably have been made two days earlier.

In the case of Mrs. Delamore the bacteriological examination might and should have been made several days earlier.

In the case of Mrs. Carter no bacteriological examination was made.

In the case of Mrs. Muir bacteriological examination was promptly made.

It is universally admitted that bacteriological examination is a valuable aid to early and accurate diagnosis, the obvious advantage of which, especially in puerperal-fever cases, is that appropriate treatment may be commenced in the early stages of the disease, when the probability of its being effective is greatest.

THE NURSING AND ATTENTION.

As to whether the nursing was proper and sufficient, the Commission is of opinion that, having regard to the limitation of facilities common to practically all private maternity hospitals, it was so in every case. Minor complaints were made as to the quality of the attention to certain of the patients at the hands of the Matron and her staff, but the evidence before the Commission did not substantiate these complaints. Counsel for Mrs. Rhodes, who was at first understood to be dissatisfied with the conduct of the Matron and the nurses, and generally in regard to the treatment of her daughter, Mrs. Delamore, at the close of the inquiry explained that the complaints of his client were not of inattention to the patient; and Mrs. Rhodes herself volunteered the following statement: "May I say, gentlemen, that never at any time have I said there was actual neglect in the case of my daughter. I never have said it or wished to say it. There were many things I did not like, but I have never wished to say there was any actual neglect."

4. Whether adequate precautions were taken by the medical practitioners and nurses in charge of these cases, and by officers of the Department of Health, to prevent infection in each of these cases and to limit its spread to other cases.

The statutory duties and obligations of medical practitioners, proprietors of private hospitals, and officers of the Department of Health with regard to such precautions are set forth in—

(1.) *The Health Act, 1920*.—Under this Act puerperal fever (puerperal septi-cæmia, puerperal sapræmia) is a notifiable infectious disease. By virtue of section 79, "Every medical practitioner who becomes aware that any person professionally attended by him is suffering from a notifiable disease, or from any sickness the symptoms of which create a reasonable suspicion that it is a notifiable disease, shall in case of a notifiable infectious disease forthwith inform the occupant of the premises, and any person nursing or in immediate attendance on the patient, of the infectious nature of the disease and the precautions to be taken, and forthwith shall furnish written notices in the prescribed form to the local authority of the district and to the Medical Officer of Health"; and "Every medical practitioner who by *post-mortem* examination or otherwise becomes aware that any deceased person was affected with a notifiable disease shall forthwith furnish notice in the prescribed form to the Medical Officer of Health."

Section 82 gives power to the Medical Officer of Health to enter any premises wherein he believes there is or recently has been any person suffering from a notifiable infectious disease and to medically examine such person.

Section 87 gives power to the local authority to disinfect premises in case of infectious disease, and to authorize any Inspector to carry out such disinfection.