MORE ABOUT SURGICAL CUTS.

The Nurse's Account

And Dr. Cantor's Explanations.

Bendigo Hospital Visited.

The injuiry into the death of the late Mrs. Cox was taken up again by P.M. Davies, as coroner, on Friday last. Detective-Sergeant Purdue presented the police case, Mr. V. F. Smith, K.C., appeared on behalf of Dr. Canton, and Sir Walter James, K.C., with Mr. A. C. Braham, for the husbanr of the deceased. The inquiry was drawing a little nearer to a conclusion. By Friday the most of the witnesses had been disposed of, but the two most important and interesting were left for the finish. They were, of course Nurse Pierssene, of the Bendigo Hospital, and Dr. Cantor. The evidence in chief of Nurse Pierssene was taken on Friday, and her cross-examination was deferred to another day with the adjournment of the inquiry.

A start was made with the evidence of a witness not intimately connected with the case. Her testimony was intended rather to show that the attention given the deceased was not considered adequate by her. The witness was Mrs. Mary Reid, living at 695 Beaufort-street, Mt. Lawley, next door to the Bendigo Hospital, who said she remembered seeing a patient in bed on the hospital verandah in the early part of January last. She was about five yards away from the side window of her (the witness's) dining room. About 1.30 p.m. on January 6 her attention was attracted by the patient calling repeatedly in a weak voice, for the nurse. This

CONTINUED FOR ABOUT FIFTEN MINUTES.

The witness did not go out at once as she expected the nurse would come at any minute. The voice was like that of a little child, it was so weak. The witness O'Reilly, remarked to her upon the woman calling out. Finally the witness went out and said to the patient, "Don't call again, dear, I will try and get the nurse for you." She did not hear any reply made to her, but the patient kept calling for the nurse. The witness called the nurse two or three times and geting no reply she threw a stone on the roof. She then went inside, thinking the stone would bring the nurse out. As she did not come out, and the calling continued she said, "This is more than human nature can stand," and went out again. The patient appeared to make a special effort by calling louder and then seemed to collapse.

The witness again called for the nurse without getting an answer. Feeling very indignant and hurt at the patient being left to call so long, she picked up a large piece of brick and threw it on the back verandah. A girl, about 17 years old came out. The witness told her the patient had been calling for about a quarter of an hour. The girl replied, "The nurse has gone to her." The witness told her there should be a bell provided. It was

NOT THE FIRST TIME

the witness added, that a similar thing had occurred. On returning inside the witness saw the nurse was with the patient. After that she became quiet. During that evening she heard the patient say to the nurse, "I do feel bad. I know I am dying. When will the doctor come to se me?" On a previous morning she had also heard

a previous morning she had also heard the patient, who was then in a room, say she felt bad and ask when the doctor would be coming to see her. After the nurse attended to the pateint on the occasions referred to, the patient remained quiet as if she had gone to sleep. At first, witness continued, there was only the patient's bed on the verandah, but subsequently a cane lounge was brought on which she thought the nurse rested.

To Mr. Smith, the witness said there was a close picket fence between the houses but she could see over it from her dining-room. She was aboout fifteen yards away from the patient when she spoke to her. The patient called out

AT LEAST A DOZEN TIMES

before the witness went out. She thought it was a shocking thing that a patient should be allowed to continue calling as the deceased was calling.

To the jury, the witness said that in connection with this case it was the first time her attention had been attracted to the hospital, and she had thought it was a shocking neglect. She was not in any way prejudiced against the hospital.

Mrs. Ethel Edith Bown, who was called by Mr. Smith, said she was a waiting patient at Bendigo Hospital from December 26 to January 1. On December 29 and 30 she slept on the verandah and in a ward on the 31st. The deceased was at that date in the ward and the nurse was in constant attendance upon her. The nurse slept that night on a lounge at the doorway opening on to the verandah. On January 1 the deceased was taken out to the verandah. She was propped up in almost a sitting position. The witness considered the nurse had been very attentive to the deceased. She also did her best for the witness.

To Detective-Sergt. Purdue the witness said that during the 30th she had a conversation with the deceased regarding her illness. That was after the operation. The deceased said she was in pain. She heard deceased ask the nurse what had been the matter with her. The nurse told her there had been a hemorrhage due to tubal pregnancy. On January 1, when the witness left, the deceased did not look very bright. She (witness) would not have liked

TO HAVE CHANGED PLACES

with her. There were some flies, she said, both inside and outside the room.

To Mr. Braham, the witness said there was only one nurse at the hospital.

To Mr. Smith, she said there was a wire door to the room, and also mosquito curtains round the bed.

To the jury, the witness said they called for the nurse when they required her. On one occasion the witness brought the nurse to the deceased. There was another female patient who left shortly before the witness. The nurse had to attend to them all. The mosquito net was taken from the witness' bed, because she did not need it, and it was given to the deceased. As far as she knew there was not a bell by the deceased's bed.

Angele Elizabeth Piersse was the next witness. She is an elderly, quiet spoken little woman, whose recollection did not seem to be too clear on some points. The coroner was proceeding to warn her that she need not answer any incriminating questions, when Mr. Smith said he had interviewed the witness. She understood the position, and desired to give evidence. The inquiry then continued along its even way.

The witness said she was a registered nurse, and had been proprietress of Bendigo Hospital for over two years. On December 29, Dr. Cantor telephoned that he was sending an ectopic case for operation. The deceased arrived about 10.30 p.m. with Dr. Cantor. He instructed the witness regarding preparations and attention. The

DECEASED WAS VERY PALE,

but chatted with the witness. Dr. Cantor came again about half an hour later and gave final instructions. He did not make any reference to any other doctors. There was a good deal to do that night, and it was about midnight when she began to prepare the deceased, and she finished about 1.30 a.m. The deceased seemed easier at that time, and was drowsy when the witness finished. The witness brought her lounge to the doorway leading to the verandah, near the deceased, who went to sleep. Nothing was given to induce sleep. It was not correct, if Dr. Cantor said that morphia was injected after the deceased reached the hospital on the 29th. The deceased passed the night quietly.

At 4 a.m. on December 30 the witness called her 18-years-old daughter, who was her assistant, and preparations were made for the operation. About 6 a.m. the operating table was brought from the operating room, and placed in the deceased's room. Between 7 and 7.30 a.m. Dr. Cantor arrived, and Dr. Kenny about 8.20 a.m.

tween 7 and 7.30 a.m. Dr. Cantor arrived and Dr. Kenny about 8.20 a.m. The deceased was placed on the table, Dr. Cantor assisting the witness. She was sure of that. If she had said in a statement she previously made that she put the

PATIENT ON THE TABLE

at 7.40 a.m. it would not be correct. She had been warned at the time she made the statement not to say anything of which she was not certain. Continuing, the witness said Dr. Kenny administered the anaesthetic while Dr. Cantor operated. The witness was present during the whole operation. She saw the incision, about six inches long, made and free bleeding internally was disclosed in the cavity. It seemed to be

AN UNUSUAL BLEEDING

and apparently came from all round the tissues. Dr. Cantor removed two or three handfuls of blood clots, and then put in swabs to soak up the blood, and keep the intestines walled back. The hemorrhage was located in the broad ligament, on the left side. Dr. Cantor put in two ligatures (stiches) and raised the uterus. She saw him remove the left tube where the rupture existed. The whole of the tube, she thought, was removed.

The witness said she had been nursing for twenty seven years and had seen many ectopic operations. She could not say if any clamping was, or was not, done, in this instance. In general, she said, the practice was to remove the tube quickly and complete the whole operation in about fifteen minutes. She did not notice any clamps being used during this operation. She was relieved, after about twenty to thirty minutes, by Dr. Kenny, and she then went to the deceased's head. From the time of the making of the abdominal incision until its closing about and hour

TO AN HOUR AND A QUARTER

had elapsed. She had a strong idea that the uterus had been removed. Later, Dr. Cantor said that such was the case. There was no unusual odors during the operation. If an aperture had been made in the bowel while she was assisting Dr. Cantor she would have expected an odor, although not a very marked one.

After the incision was closed Dr. Kenny told her to take the mask off the deceased. She was then very pale and collapsed in appearance. Dr. Kenny remarked that the deceased was very collapsed. Dr. Cantor looked and concurred. He told the witness to get hot packs, hot water bottles, and a saline injection ready. The packs were four towels wrung out of hot water and applied about the body.

were four towels wrung out of hot water and applied about the body.

In a quarter of an hour the pulse had improved, and in about an hour the deceased was reasonably conscious. She was then left quietly on the bed. Altogether, two saline injections were given. By night time the deceased's condition was much improved. The packs she said, were left on about half an hour. There were no indications of blisters then. About lunch time she noticed that the skin was red and small blisters were showing probably caused through a little water in the ends of the packs. The hot packs, she thought, had caused the marks. She had tested them in the usual way. In an extreme case they had to use extreme measures. Six hot bottles were used, no bags. If she had said previously that bags were used it was incorrect. She could not deny having said so, as she was very agitated at the time she made the statement. She also denied having said flannels were used.

The witness denied that Cox ever held a hot water bag. She had two bags, one of which leaked a little at the mouth. Cox was right when he said there was a leaking bag at the hospital. It was on an occasion when the deceased wanted two bags in Cox's presence that the

LEAKING BAG WAS USED,

but it was propped up with a pillow to prevent any leakage happening. She was present all the time the bags were being applied, about half an hour. Cox did not handle them. On the fifth day the deceased was removed to the verandah. When she left on January she had not recovered. A fistula had developed, and Dr. Cantor told the deceased she would be a much longer time in the hospital, and that it would be extra expense. The deceased said they did not have much money, and had had some bad speculations. She said she thought it might be best for her to go to the Perth Public Hospital. That was the first the witness had heard of it, and could not say if Dr. Cantor had communicated with the hospital. On the following morning the deceased was taken away.

The deceased, the witness said, had complained of pains in the buttocks. She had not complained of having internal pains. The deceased complained of wind pains, but they were quite usual after an abdominal operation. The deceased took her nourishment very well. There was nothing solid included in it. A little fruit was allowed, but the deceased did not care much for it. On January 1, about 11 a.m., the deceased was given a slight aperient, a half teaspoonful of Epsom

a.m., the deceased was given a slight aperient, a half teaspoonful of Epsom salts. In the afternon about 3 to 4 p.m., a second dose of salts was given. About 9 p.m., finding there was no result, Dr. Cantor gave an injection for the purpose, and he remained at the hospital some time. About 11 p.m. he instructed that a salt and water injection should be given. That was done, and about 11.30 p.m. the bowels responded, and twice more by 12.30 a.m. No further aperients were given. On January 4 there was diarrhoea present.

On January 5, in the afternoon, the witness noticed a discharge in an unnatural way. It had not been so in the morning. She reported it to Dr. Cantor the same afternoon. He said it looked as if a

SLIGHT FISTULA WAS FORMING.

There was, she said, no blood in the discharge. Instructions for treatment were given, and salt and water douches were employed. On January 6, the discharge was greater and continued at intervals, about five or six times that day. On January 4, a powder was given to check the diarrhoea, and it allayed it a little. Dr. Cantor did not want to stop it too suddenly. On the 5th another powder was given in the morning, but it did not have much effect as the discharge was then coming the wrong way. On January 6, Dr. Cantor felt certain there was a fistula and made an examination. He said little then, but later he said, when told the unnatural discharge was continuing, it was pretty evident that there was a fistula. On January 7 he examined the deceased again and came to the conclusion that the fistula was existing. He said that in many cases a long time in bed would repair it, or possibly it could be cured by an operation. When the deceased left the hospital she did not express any opinion. She (the witness) did not remember having said that the deceased had said she was sorry to leave. The witness had said to the deceased that she was sorry she was not leaving cured. The

DECEASED HAD NOT COMPLAINED,

except of being uncomfortable with the discharge. Neither had Cox expressed dissatisfaction. In fact she did not know that he had been dissatisfied until she read his evidence.

On one occasion the witness had just changed all the bed. A few minutes later it required changing again, but she left it until she had tea, as it was injurious to shift a patient too frequently. While she was away Cox came. Later, the deceased told her that her husband had to leave because of the smell. The witness said she was glad he had gone because she wanted to change the bed linen. She did so immediately. For the first three days deceased was in the hospital Dr. Cantor gave half morphia injections. After that bromide and then aspirins were given. The deceased usually slept from midnight to 4 a.m. The witness had used a catheter regularly for several days. From January 4 no results could be obtained from its use. The witness knew by that happening that there was an escape.

The witness said she would not deny having said on January 20 that the deceased was put on the table at 7.40 a.m. She remembered saying the deceased waited on the table until Dr. Kenny came. She was on the table for about ten minutes when Dr. Kenny arrived.

The two water bags were produced by the witness, and she undertook to produce her chart relating to the deceased.

In concluding the witness said she owned and controlled the hospital. Dr. Cantor was in no way associated with her in the business.

The inquiry was then adjourned to the following Monday.

Continuing to Detective-Sergt. Purdue on Monday morning, the 16th inst., Nurse Piersene produced the bed chart recording Mrs. Cox's condition whilst in Bendigo Hospital. A written statement made by the nurse on January 13 to the police was also produced and read. This statement, with slight variations, was a condensed account of her evidence in chief (given above). The statement, said witness, was generally correct although there were one or two slight discrepancies. The discrepancies were due to her

BEING WORRIED AND AGITATED

at the time she made it.

To Sir Walter James: The hospital was equipped for surgery cases, and had operating apparatus. There was one proper operating table and several other auxiliary or ordinary tables. The apparatus for purposes of the operations was all placed in Mrs. Cox's ward. Deceased was lying on the table when the doctor arrived for the operation. For operating purposes in this case the centre of the table was raised and Mrs. Cox's body around the loins was raised accordingly. The table was one which could be adjusted to the Trendleberg position; the operation was not performed in that position. The operating room was not as well lighted as Mrs. Cox's ward, also the doctor did not wish to have Mrs.

well lighted as Mrs. Cox's ward, also the doctor did not wish to have Mrs. Cox removed from her ward to the operating room. The last tubular operation performed in the operating room indicated that the lighting was not quite sufficient.

On the previous occasion of a tubular operation. Drs. Seed, Mitchell and Cantor were present, together with witness and another nurse. The same operating table was then in use. On the former occasion she

HEARD NO DISCUSSION

regarding the Trendleberg position; she did not hear Dr. Seed suggest that the Trendleberg position be employed. She knew the position of the different organs in the body. Patients paid the nursing fees. Dr. Cantor did not speak to her about the prepayment of Mrs. Cox's fee. She did not know he was charging Mrs. Cox twenty guineas. She heard Mr. Cox say that the doctor's fee was twenty guineas for both hospital and operating fees. She thought this

A VERY SMALL SUM.

Her charges were £1/1 for an operation and £3/3/ per fortnight. If another nurse had been called in she (the witness) would have had to pay her. In the previous tubular operation she employed an additional nurse, but she had a lot of other work in the hospital at the time. She had her family to look after as well as her patients. She rose at 6.15 a.m. every day and consequently led a very busy life. There were two wards in the hospital, two beds in each. There were three mosquito nets, one was of large size. There were

NO ELECTRIC FANS

in the hospital. Each patient had a small hand bell beside the bed. The bells when rung could be heard in all parts of the house. If the deceased rang the bell she would have heard her.

When a stone was once thrown on

her roof she (witness) was having her lunch. The deceased had not just previously rung for her. On the night of January 29, she went to sleep alongside the deceased. She rose at 4 a.m. on January 30. All the time the deceased was there she (witness) saw her every four hours. She tried to get another nurse in after the deceased was operated on. She tried to get Nurse Dutton and Nurse Atkinson and Nurse Cameron. Mr. Cox said his own sister might come, and witness thought she would but she did not. On the morning of the operation from 4

thought she would but she did not. On the morning of the operation from 4 o'clock on, the deceased was dozing. A screen was round her while preparations were made for the operation. Dr. Kenny was late for the operation. Dr. Cantor said it was an operation for an ectopic. There was prior to the operation a little discharge, which indicated a rupture. Hypothetically until a ruptured ectopic is removed bleeding would be profuse.

During the operation she saw what was done. A ligature was put round each end of the uterus to raise it. This was done to arrest the hemorrhage. Dr. Cantor next removed some blood clots, and put in some packs. He then removed the left tube and ovary. She didn't remember whether he used a clamp or not; it was usual to use a clamp. There was

A LOT OF BLOOD ABOUT.

The clamps were about 4 inches long. Dr. Kenny came along about a quarter of an hour after the operation started. These operations as a rule are done quickly. Dr. Kenny subsequently took her place. So far as she knew the sole reason for the operation was ectopic trouble. She did not know that a myoma was one cause of the trouble. She saw Dr. Cantor cut into one myoma. Contradicting herself at this stage witness said she did not know anything about the myoma from her own knowledge. There was so much blood about that she could not be positive. She heard Drs. Kenny and Cantor talk about the myoma during the operation. Before he relieved her Dr. Kenny tried to get another doctor. That was on Dr. Cantor's suggestion. Dr O'Mara lived close to her hospital, also Dr. Blanchard. The bleeding came from the broad ligament. There was no want of care on anyone's part in connection with the operation.

She first saw Mr. Villeneuve Smith three or four days after the inquiry began. She was not agitated when she saw him. When she first saw Detective Purdue she was agitated.

ANYONE WOULD BE AGITATED

when a detective cross questioned them. In her written statement to the police no mention was made of the myoma nor of blood coming from the broad ligament. After the operation, deceased was given soft foods. She suffered from costiveness after the operation, and aperients proving unsuccessful she was given an injection, which was perhaps rather drastic treatment. On the 8th day deceased complained of the action of her bowels. The chart showed her bowels moving on the evening of the 7th day

moving on the evening of the 7th day (January 5). A catheter was used every four hours according to the doctor's instructions. The doctor did not tell her the bladder had been cut. The catheter was used, although it might not be indicated on the chart. She kept the patient's bladder empty. The chart was

ONLY APPROXIMATELY KEPT.

The patient's temperature was kept better than approximately.

On the 5th day she noticed the urine was discolored. Dr. Cantor came to the hospital very frequently. Inflammation would account for the discolored urine; the urine gradually got worse in appearance. She reported this to the doctor. She maintained the dietary scale. She knew there was a leak in the bladder. She did not remember this when making her police statement. On January 2 she did not know about the leak in the bladder Deceased never sat in a chair, but sat in bed slightly raised. On the 7th day Dr. Cantor mentioned the development of a fistula in connection with the case.

To Mr. Smith: Deceased, she said, was given half doses of morphia for the first three days. After the admission of deceased, Dr. Cantor said he would try and get other doctors. Dr. Cantor decided to have the operation in deceased's ward. The patient's bed was moved to the operating table. She did not assist in the operation until advised by Dr. Cantor that Dr. Kenny was on the way. The first incision was about four inches long, but it was found to be not long enough, and the cut

HAD TO BE MADE LONGER.

Dr. Kenny on his arrival said: "What rotten cases one strikes so unexpectedly." The principal bleeding came from the broad ligament. She saw clamps on the table before the operation, but could not positively say she saw clamps used. She did not see any bowel cut during the operation If the bowel had been cut she would have smelt it. It was Dr. Kenny who during the operation rang for another doctor. Dr. Cantor did not leave the patient. It was therefore

DR. KENNY'S FAULT

that Drs. O'Mara and Blanchard (who lived close by) were not called in. Hot water bags were not used to restore the patient to consciousness. The heat had to be as hot as the patient could bear. The blisters were due to hot packs, not bags. Before applying the packs she tried them on her own face. It was not until the afternoon she noticed the blisters. Blisters were not unusual in extreme cases. Hot water bags were later applied at the patient's wish, but were not near that portion of the body, where the blisters were. Mr. Cox did not hold one of the bags on his wife.

When deceased wanted a change of linen or a sponging witness always immediately met her wishes. Dr. Cantor sent patients to the hospital the same as other doctors. Other doctors had performed operations in her hospital. The net that covered Mrs. Cox's bed was produced. It fully covered the bed, said witness, and was fly and mosquito proof. It was raised occasionally at the patient's wish, when she wanted to talk with visitors. The talk of flies crawling over the patient was ridiculous because it was impossible for them to get under the net. In ordinary cases the bedding would be changed three times a day.

The whole time deceased was in the hospital witness never spent a night away from her. On any occasion when she was out of the ward

SHE LEFT A HAND BELL

(produced) under deceased's pillow. Mr. Cox was telling an untruth if he said he was by his wife's bedside as late as midnight and 1 a.m. When in her recollection Dr. Hadley performed a tubular operation he kept his patient in the same position as Dr. Cantor kept deceased. Dr. Cantor attended deceased three or four times a day. Regarding the myoma she did not recollect much about it. It was the doctor's work not hers. When the injection was given it was only a half dose. At no time did Mr. Cox or the deceased express dissatisfaction with her treatment. The deceased, before leaving for the Perth Public Hospital, expressed a wish for

DR. CANTOR TO ATTEND HER

there.

To the Jury: Her hospital was not known as "Cantor's Hospital." All her hospital rooms opened on to the verandah. Her main door bell was broken. She had read Mr. Cox's evidence. So far as his gaining admittance to her hospital the first time was concerned, his evidence was correct. It was wrong to say that they resorted to artificial respiration to bring deceased around. She had read the evidence of witness, Mrs. Williams, which was untrue. If witness had engaged an extra nurse, her fee would have to be paid by witness. While Dr. Kenny was at the telephone no further chloroform was administered, but Dr. Cantor continued the operation. She did not hear Dr. Cantor say he had cut the

tor continued the operation. She did not hear Dr. Cantor say he had cut the bowel or the bladder. After two or three days there were indications of bladder trouble. Dr. Cantor told witness a second operation was necessary. When deceased mentioned to witness the necessity for a second operation, witness was surprised at Dr. Cantor's telling deceased that because it would worry her.

To the Coroner: Deceased could not have vomited faecal matter without witness's knowledge. No faecal matter was vomited by deceased whilst in the Bendigo Hospital.

This concluded Nurse Pierssene's evidence.

At the conclusion of the nurse's evidence, adjournment at 4.30 p.m. was made to the Bendigo Hospital, which is situated at the top of Beaufort-street, just beyond Walcott-street. The premises from the front are surrounded by a high hedge. Three verandahs encircle the front portion of the house on which several beds were placed. The beds were of iron, and appeared to be fairly new. The bed lately occupied by the deceased was shown to be on the left verandah, and was protected by a strip of canvas running from the top of the verandah roof down to the outside floor edge. There was also a portable screen alongside the bed. Lying head to head with this bed was another smaller and lower bed on which the nurse alleges she herself usually slept. The lawns appeared to be a bit dry and neglected looking but no doubt the Minister for Water Supply (Mr. W. J. George) is to blame. The two wards take up the front portion of the house, and on a superficial examination they appeared to be

BRIGHT, CLEAN, PROPERLY FURNISHED,

and all one would expect. Behind them was a comfortable sitting room of large size, well furnished, and containing a piano and small library. Two junior nurses or probationers appeared to be in attendance when the party arrived.

The remaining item of interest was the operating room and the operating table. The room is situated behind one of the wards, and made a corner of an irregular square of which the wards and the sitting room were the other corners. The operating room was found to be small, and certainly the lighting was not good. Its appointments were hardly what one would expect to find. The walls were bare. An ordinary electric light was suspended from the centre of the ceiling. Save for the operating table and another plain table the room was practically empty. The operating table to a lay mind appeared to be of a very crude type. Enamelled white, it had a framework made of, say, a strong kind of hoop iron, something like one sees as a chassis for a pram. Its flat top surface showed it to be divided into three sections and these were moved about on the notch principle, the same as the back of a pram or the back of a deck chair. Compared with a dentist's chair or even a barber's chair the thing seemed primitive.

After the inspection was completed, one of the inmates of the hospital, Mrs. Alice Sayer, of Gosnells was sworn, and said she arrived in the hospital on January 3, at about 10 a.m. Dr. Cantor came over at about 11 and saw her. After that he saw the deceased. She heard the doctor say deceased could be shifted on to the verandah. Nurse Pierssene spent practically all her time with deceased who was then on the verandah. Witness never smelt anything offensive near deceased. In the afternoon the doctor came again, and twice that evening. During the night Nurse Pierssene was up several times with deceased. The nurse slept close to deceased. At 6.30 on the 4th of January the nurse brought witness her morning tea. Witness said "You must be tired," and the nurse replied:

"I'M USED TO IT."

On the morning of the 4th Dr. Cantor called again. He saw witness, and told her she could go home. Witness was well satisfied with the attention and arrangement.

To Mr. Braham: She did not actually see the nurse sleeping on the verandah nor did she ever see deceased on the verandah.

To the Jury: She had a bell to ring in case she wanted attention. On one occasion she heard deceased calling for the nurse and the nurse went at once. Witness could not distinctly hear the conversation if one took place on the verandah between the nurse and deceased.

This concluded proceedings for the day and adjournment was made to Tuesday the 17th inst at 10 a.m.

Proceedings opened on Tuesday morning with the examination by Detective-Sergt. Purdue of Dr. Stanley Jacob Cantor, who was sworn, and said he had medical and surgical 4 a.m. He saw her at her residence, was 696 Beaufort-street, Mt. Lawley. He knew the deceased, he first met her on December 29. He received a telephone message to call on her at about 4 a.m. He sa wher at her residence, Cambridge-strett Maylands. On his arrival she was suffering from pain in the lower abdomen. He asked her how long she had been ill, and inquired

the lower abdomen. He asked her how long she had been ill, and inquired into the nature of her pain. Her replies were to the effect she had had

PAINS FOR SOME HOURS,

and they were getting worse. Previously, she said, she had had good health. Her pains were in the front of the lower abdomen. He examined her, and found that the pain was not localised.

The duration of pain was determined by a doctor from what the patient said. Her temperature was normal, pulse rate 100. She told him that a natural function was five days overdue. Deceased said she had taken castor oil, but the bowels, he thought, were regular. He detected nothing from an external examination of the abdomen. He examined the deceased, but at the time it was not possible to make an exact diagnosis. The tongue showed nothing suggestive. She stated to him she had had slight shivering attacks prior to his arrival. Shivering might be due to pain, approaching feverishness, or irritation of the nervous system, or have no definite cause at all. Internal hemorrhage was not a common symptom of shivering. There were

NO SIGNS OF INTERNAL HERORRHAGE.

He gave her a small tablet of 1-8th of morphia to relieve the pain, which tablet would not however, mask the symptoms of her trouble should it develop. He then left, promising to call again during the morning.

In the light of after events, he (now) considered the deceased was not at that time suffering from a ruptured ectopic. He visited her again about 10 a.m. He found her condition much the same. He made a full examination to determine the cause or causes of the visible symptoms. It was still not possible to exactly diagnose, and he had

TO WATCH AND WAIT.

He prescribed for her a mixture which would give relief, and not mask the symptoms which were pain and irritation of bladder and bowel. In addition to that, rest in bed was ordered. He again saw her between 7 and 8 p.m. The question of an ectopic gestation arose, either in the morning or evening. However, in the evening he concluded that there was an ectopic pregnancy. He told the patient she was possibly pregnant outside the usual place, which was equivalent to an ectopic gestation. He suggested to her a consultation with another doctor to check his diagnosis. During the afternoon slight bleeding had occurred, as if the delayed functions had begun. This discharge was not part of the internal hemorrhage. This flow was scanty, and it indicated nothing of importance. The patient complained of continued pains in the same quarter.

On his third visit he was told she had fainted during the afternoon at about 3 o'clock. She apeared somewhat anaemic. The pulse rate was still 100. Regarding the hemorrhage, she was kept in bed but no plug was used. Plugs were made of gauze, etc. Plugs in some cases were very valuable. On making an examination he found symptoms of slight pelvic haematocele or clot of blood lying at the back of the uterus. The clot might contain about an ounce or two of blood. The bleeding seemed to be slow. It developed between 10 a.m and 8 p.m. His opinion was that it

COMMENCED WHEN SHE FAINTED

about 3 p.m. This clot had nothing to do with the vaginal bleeding. These haematocle were frequently due to a ruptured ectopic but might be due to a other causes. A tumor, twisting of an organ, perforation of an organ, rupture of a cyst, aneurisms, or an actual injury due to mechanical violence; all of these could cause a ruptured ectopic.

In the evening he definitely diagnosed ruptured ectopic. At 9 p.m. Dr. McWhae joined him in a consultation, and after a separate and independent examination came to the same diagnosis. An hour later the deceased was taken to the Bendigo Hospital in his car. On arrival she was placed in bed and Nurse Pierssene was told the nature of the case. Instructions were given to have the patient's skin prepared for an operation at 8 o'clock the next morning. Full and exact instructions were given to the nurse later, when he again visited the hospital. He told the nurse not to give the patient anaema or an aperient. He also said he wanted the operation in the ward, because

IF DECEASED WERE MOVED

into the operating theatre there was a danger of hemorrhage. A small dose of morphia was given before the patient's removal to the Bendigo hospital to prevent shock, and pain, and to some extent to minimise hemorrhage. Between 10.30 and 12 that night he rang up and tried to get a doctor to assist him at the operation. Dr. McWhae was unable to attend owing to a prior engagement. He

TRIED ABOUT TEN DOCTORS,

and finally succeeded in securing the assistance of Dr. Kenny, who promised

and finally succeeded in securing the assistance of Dr. Kenny, who promised to come between 7.45 and 8 next morning.

Witness arrived at the hospital next morning at about 7.30, the deceased was in bed and he examined her. He again rang up some doctors, but was not able to get any of them. He was not able to get either Drs. Couch, Seed, Hadley, Ambrose, Trethowan, or Blanchard. The patient's condition was such that in his opinion it was unwise to delay the operation, on account of a possible recurrence of bleeding. He told the deceased that an immediate operation was necessary and suggested that as he could not get assistance she should go to the Perth Public Hospital, but she

PREFERRED TO REMAIN

at the Bendigo. She knew there was internal bleeding, and knew the nature of the proposed operation, but complications were not expected, either by deceased or witness. If she had wanted to go to the Perth Public Hospital he would possibly have rung up and made the necessary arrangements. Dr. Kenny did not arrive until about half-past 8. When he arrived the deceased was on the operating table, and had been on the table for about 20 minutes. Dr. Kenny administered the anaesthetic as soon as he arrived. Preliminary arrangements had already been made for the operation.

Fifteen minutes after the application of the anaesthetic the operation was commenced. Nurse Pierssene assisted him at the table. The nurse also had an emergency assistant outside. The usual incision was made in the lower part of the abdomen. The incision was a medium longitudinal one about three inches in length. A fair quantity of blood and blood clot was removed, showing that there had been internal hemorrhage. The uterus was brought up near the opening wound or incision. The tubes and broad ligaments were then explored and examined on both sides. He found that in addition to free bleeding, there had been blood extravasated under the peritoneum in the tissues which was especially affecting the left broad ligament, the posterior wall of the uterus; and to a certain extent the right broad ligament. There was no burst on the peritoneal surface of either tube. He

JUDGED THAT THE TROUBLE

was on the left side. He made these discoveries by the appearances. At this stage the intestines were walled off by four packs of gauze.

The bleeding was coming from the left, but no main point was showing. A ligature was placed round the ovarian artery at the outer end. A clamp was placed at the uterine end of the tube, and the inner end was also ligatured. The left tube and ovary were then removed. The length of the tube would be from 3 to 5 inches. At this stage the ovum surrounded by blood clot was found in the peritoneal cavity, next to the inner extremity of the tubs. The myomatous condition of the uterus, which had an extension half way out into the broad ligament was investigated on the left side. It was cut into, to see if it had anything to do with the pregnancy and for diagnosis purposes. It could

ONLY BE EXACTLY DIAGNOSED

by cutting into it. It was found to be a myoma or muscle tumor, and it probably caused the ectopic pregnancy in the first place, and secondly it helped to determine the position of the extravasated blood and the stripping up of the tissues, especially at the back of the uterus. When he saw the enlargement on the left side of the uterus, about half the size of the organ, he cut into it, and found it to be a myoma. In explanation, he said that the fertilisation of the ovum takes place in the tubes, and is afterwards expelled into the uterus. If there is anything unusual, the ovum will remain in the tube. In this case there was something unusual—the myoma was pressing on the tube. Ectopic or tubular pregnancy could be caused by other things besides a myoma.

After the removal of the left tube, and ovary, the bleeding continued, mostly from the back of the uterus. There was no further bleeding from the parts that had been ligatured. At this stage an extension of the myoma into the broad ligament was cut out after ligatures had been applied. He now determined to enlarge the incision into the stomach. Dr. Kenny here joined him. The subjacent tissues were protected by inserting his two fingers and cutting in between them. It was at this stage the upper part of the

BLADDER WAS ACCIDENTALLY INJURED.

The accident was soon recognised and sewn up with three stitches. The bladder was quite empty, and no contamination occurred with any tissue. He did not expect the bladder to come up so high, it came into a higher position than usual. Both uterine arteries were exposed and ligatures applied; that would prevent further bleeding from the arteries. A good deal of the hemorrhage still continued, however, and he decided to remove the uterus in order to get absolute control over the bleeding. Such action was a

over the bleeding. Such action was a definite and accepted surgical procedure in cases where it would be dangerous for a recurrence of bleeding to occur. Alternative measures were considered by witness and abandoned.

The continued bleeding, he concluded, was coming from behind the uterus. A horizontal incision was made across the peritoneal layer of the front of the uterus, and a similar incision was made at the posterior wall of the uterus, slightly higher up. Each incision was provided with a flap.

UNINTENTIONALLY THE VAGINA WAS CUT

at this stage, the reason being that either the vagina came up too high, or the incision was made too low. The

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cutting had to be done in haste; it was not desirable to spend too long on the operation. Owing to the stripping up of the peritoneum, displacements which altered what witness called physical "landmarks."

At this stage of the hearing a lot of argument ensued between the Coroner, Mr. Smith, Detective Purdue and the witness re the accidental cutting of the bladder. Extracts of evidence were read, and statements made, which all seemed contradictory. "When was the bladder cut?" seemed to be the question at issue. References were made to the "uterus," and the "opening up," and "the stitching," and "the blood," until all hands seemed to get tangled up in a maze from which there seemed to be no escape.

Continuing, the witnes declared that the bladder was cut on top when the original opening up wound was extended; if it had been cut when the uterus was removed the cut would have been at the bottom of the bladder. In that respect Dr. Kenny's evidence was wrong. Dr. Kenny was also wrong in stating that a clamp caught and brought up the bladder, and that the bladder was injured while

CUTTING WAS GOING ON

between the clamps. After two incisions and removal of the uterus, the flaps were brought together. The rest of the peritoneal layers were also brought together, with the exception of a small area at the rear of where the uterus had geen, known as "Douglas pouch." The portion undone was not fixed up because there was not sufficient time, and it was not absolutely important to fix it up, i.e., to bring the tissue together. If he had delayed, in order to completely repair the peritoneal, the patient might not have survived the operation. In most cases the portion of peritoneal not brought together would have knitted and healed of its own accord. Dr. Kenny was wrong when he said the peritoneal tissue had been so frayed and wasted as to be incapable of being drawn together.

At this stage of the operation he secured total control of the hemorrhage. Pressed by Detective Purdue, witness now gave a detailed inventory of what had been cut out of Mrs. Cox's stomach. The inventory of missing parts as far as our reporter could gather was something like this:—(1) The left tube; (2) the myoma; (3) port of the broad ligament; (4) left ovary; (5) the uterus; (6) portion of the right tube; (7) a quantity of blood and stray bits of tissue.

The pelvis, the witness continued, was then cleaned to make sure that there was no bleeding, all swabs were taken out and counted, and the bowel was inspected before being put back into its normal position, and the "opening up" incision was sewn up.

The patient was by this time anaemic, and her breathing was rapid. The operation

LASTED ABOUT AN HOUR.

The patient was now placed in bed; her head was lowered, and the foot of the bed was raised. Her arms and legs were raised, and her head was kept on one side to give her free airway. The nurse was instructed to apply hot packs; he was fully occupied himself with other details. Hot water bottles were applied. Assisted by Dr. Kenny, he gave the patient a hot saline injection. After that, Dr. Kenny left. Witness remained for another half an hour. The deceased had then improved. In about three quarters of an hour he returned, and was in and out of the hospital frequently that day. By evening she had considerably improved. Next day, December 31,

SHE FURTHER IMPROVED,

although there was an amount of pain which was usual with abdominal operations. A certain amount of intestinal wind occurred, which had to escape by way of the patient's mouth until the bowels were opened. He ordered a catheter every four hours, or at least four times a day.

On January 1 an aperient was given in divided doses. In the evening an injection was given hypodermically in the flank, to act as an aperient. Later, the bowels were opened several times; this gave her considerable relief. He was at the hospital again that night, and found her improved; her temperature was about 100, which was quite usual after such an operation. On

usual after such an operation. On January 2 her condition was better, and she was

ALLOWED TO SIT UP

in bed in what was termed Fowler's position. Deceased appeared to be more comfortable in that position than lying flat down. The bowels were now working naturally without aperients. He noticed this day several blisters on deceased's body; one on each breast, and there was a very slight irritation on part of her back. The skin was not broken in any instance. He prescribed an ointment for the blisters and skin irritation. The blisters did not suppurate.

On January 3 she had slight diarrhoea and incontinence of the bladder, which might have been due to inflammation of the bladder, or to the use of the catheter. The appearance of the urine suggested slight inflammation, although there was nothing definite. On January 4 the patient's condition was, in his opinion, better, and

SHE WAS OUT OF DANGER.

He suspected on this day that some faeces had found its way into the vagina, but he could not find any traces of it. The possibility of a fistula forming also occurred to him. Fistulas were a not uncommon accompaniment of abdominal operations. On January 5 he detected evidence of a slight fistula, and he ordered the use of douches and the application of zinc oxide ointment to the affected parts. He explored the lower bowel with his finger, but could find no evidence of fistula; he also examined the vagina without finding the fistula. He concluded that the fistula was higher up, attached to the lower part of the bowel.

On January 6 the

FISTULA HAD INCREASED,

but the treatment he prescribed for it was the only one possible. Another operation was out of the question. Discharges of an intermittent character were occurring. On January 7 the patient's general condition was anaemic, and much the same. Fistulas as a rule did not affect one's health. He prescribed a tonic for deceased, and explained to her that on account of the fistula, she would have to be longer in the hospital than was originally contemplated. He told her there were two ways of treating it: one operative, the other non-operative; both ways would take time, and involved extra expense. She then mentioned they had practically no money, because they had speculated in a business, and lost it. He (witness) explained he would make no extra charge, it was merely a matter of hospital charges. As a result of the conversation, she suggested her removal to the Perth Public Hospital. He said he would agree provided Mr. Cox and the nurse, and Perth Public Hospital were agreeable. The nurse arranged for Mr. Cox to see him that evening. Witness meanwhile rang up the Perth Public Hospital and spoke to the Junior Resident M.O., and to Dr. Barker, Chief M.O., and secured their consent to deceased's removal. He told them she wanted him to be present in case of an operation, and they were quite agreeable.

That evening he saw Mr. Cox, who said he would leave the matter entirely to his wife. After that he saw Nurse Pierssene, and she also agreed to the deceased's removal. He examined deceased before her departure, and

HER ANAEMIC CONDITION

was her outstanding feature. The fistula was of course in existence, and if left to nature would take about a month to heal. On January 8 she was in the same condition, and arrangements were made for her to go to the Perth Hospital. She was removed at about midday. Referring to the post-mortem evidence, Dr. Cantor admitted that on January 6 at the Bendigo Hospital he

LOOSENED ONE OF THE STITCHES

in the abdomen for purposes of diagnosis. The post mortem, amongst things, revealed general pelvic peritonitis and a hole in the colon. Witness was of opinion that the puncture in the colon had occurred spontaneously a few days after the operation.

Adjournment to Friday was here agreed upon.