

Dr. Lewis was then examined by Dr. Robertson, in answer to whom he stated that he had been a member of the honorary staff of the Hospital during various periods since 1886, totalling probably ten or twelve years. He did not consider that the management of the Hospital had been uniformly successful during this time. He thought the management was at its best in Dr. Baldwin's time. During last year, when witness was one of the honorary surgeons, cases were admitted under the Senior Medical Officer, as well as members of the honorary staff. The cases so admitted were accident cases in No. 1 Ward.

Dr. Robertson: How does one tell in the Hospital under which doctor a case is?—By the name being over the bed.

Was Dr. Collins's name placed over the bed in his cases?—No; there were blanks, and I was told that those were his cases.

Dr. Robertson: What is the position of the Senior Medical Officer in regard to meetings of the staff?—He attended the meetings according to rule.

Was his presence an advantage?—It was when the staff desired information in regard to hospital-management; but it was a disadvantage when matters affecting the relations between the staff and the Board were discussed.

Was he present when matters affecting his own position were discussed?—Yes, certainly.

What was the rule in Dr. Baldwin's time?—The Senior Medical Officer attended the meetings by request of the staff, and not as a right. I believe this worked satisfactorily.

What should be the relation of the Senior Medical Officer to the honorary staff as regards the treatment of patients?—He should certainly carry out the instructions of the honorary staff. I do not think it is fair to place all the responsibility on the Senior Medical Officer. We have had too much experience of that, and it won't work.

On such matters would his position be equal to that of the staff?—Certainly not; he should be subordinate to the staff in such matters.

What should be the tenure of office of the honorary staff?—I think the present term of one year is too short. I think three years would be better, as in such cases the surgeons would be able to do better work, knowing that they would have three years of office. The present term of one year tends to limit the choice of surgeons, as it is calculated to prevent surgeons from offering their services.

How have the Board and the staff got along together?—They have seldom got on well. The Board has generally seemed to have no confidence in the staff whatever, and as a rule would not take their advice in anything. This has been the case for the past twenty years practically. During the past ten years or so the Board has been practically dominated by one man—the Chairman. The other members of the Board have known very little about the Hospital at all.

How did you form that opinion?—From conversations with members of the Board.

In answer to further questions, the witness said that the scattered nature of the buildings make it difficult to work the Hospital. The Costley Wards were put up specially for children, as a result of general dissatisfaction as to the previous accommodation for children. One of those wards was now used for adults.

Dr. Robertson: Where was most of the operating done last year?—It was pretty equally divided between the two theatres, the better of which was that at the Costley Wards.

Will the new theatre be an improvement on the old one?—Yes, certainly.

Do you remember the Board seeking the advice of the honorary staff in regard to the theatre, and what their decision was?—I cannot remember. There are too many things connected with the management of the Hospital to remember. I think we were told that they were going to have a new theatre no matter what it cost.

Do you regard the new theatre as a luxury?—Well, I would call it a "luxurious necessity." (Laughter.) It is not a dire necessity. The old theatre was a very good one, but one could never get hot water there. It all had to be carried from the kitchen, and I have had to wait from half to three-quarters of an hour on this account.

Dr. Robertson: For what class of the community do you think the Hospital should mainly exist?—For the sick poor.

Do you object to others being treated there?—Yes; because they take the beds which should be kept for the sick poor. At present it is a weekly and sometimes a daily occurrence for poor patients to be afraid to go into the Hospital on account of being compelled to pay the fees. As a ratepayer, I also object, as the cost of maintaining the Hospital is greatly increased by taking in persons who can afford to be treated outside.

In what way does it affect the medical practitioners?—Well, it takes away patients from them. (Laughter.)

Are you sure?—Yes, absolutely sure. I have known cases in which patients who could well afford to pay for outside treatment have waited for my week in order to be treated by me in the Hospital.

Have you remonstrated against this with the Board?—Yes, but I do not remember what the answer was. This practice also unfairly affects the private nursing-homes, which are conducted for the most part by nurses who have been trained at the Hospital.

Have you ever known of a statement being made that private nursing-homes were entering into competition with the Hospital?—Yes; a member of the Board has stated to me that he does not consider it right that nurses' homes should compete with the Hospital.

Have you ever done work gratuitously in a private hospital?—Yes, I have, certainly; the patients paid the nursing-fees, which in some cases have been made the same as the Hospital fees.