

o'clock, or, when operating, 6 o'clock and later. During the interval between Dr. Baldwin's resignation and Dr. Collins's appointment witness had full control of the nurses, and no friction whatever occurred. She had a testimonial from the Board in regard to the satisfactory working of the system. There had never been any friction between witness and the nurses.

Mr. McVeagh: Has it come under your observation the attention Dr. Collins has given to the surgical side in preference to the medical side?—He has appeared interested in the surgical work. I am not in the wards, so cannot give evidence definitely on the point.

Has Dr. Collins carried out his duties in regard to giving lectures to the nurses?—The lectures have not been as regular during the past two years as formerly by the honorary staff, Dr. Collins, and myself. A few have been given by Dr. Collins. In 1902 he lectured, in 1903 not so many were given, and in 1904 he has given six. The nurses had been given more lectures than the State demanded.

Are you prepared to state if the lady superintendent should have full control over the nursing staff?—I certainly think she should.

Who appoints the probationers?—Application is first made to the Secretary, and the names are submitted to me in their turn on the list, and on my recommendation they are taken on trial for three months.

Do you know the cost in the separate wards?—No; I don't know anything about the accounts.

Are you prepared to make a comparison of the cost between now and Dr. Baldwin's time?—No; I don't go into figures.

Will you tell the Commission about the restrictions it was attempted to make on the nursing staff?—Prior to Dr. Collins's appointment a nurse wishing to be out later than 8 o'clock at night obtained verbal permission from me. Dr. Collins insisted on a written pass being given. I objected at the time, but when I was told it was the wish of the Board I agreed to it.

How was it received by the nurses?—I was away on my holidays when it was brought into effect, but there was rebellion amongst the nurses. The former method was reverted to in a month's time on the authority of the Chairman of the Board.

Mr. Reed: At the time you had complete control of the nurses there was no Medical Superintendent?—No; there was no Superintendent, but the honorary staff attended daily.

Mr. Reed: It is the duty of the house steward (Mr. Schofield) to visit wards during meal-times?—Yes.

And that is the time to make complaints about the food?—Yes, if there are any complaints.

Do you know if he attends to his duties?—Yes; he attends to them most regularly.

Mr. Reed: What have you to say about the food?—I am only responsible for the food at the home, and not at the Hospital. The food generally is good compared with that given in other hospitals. I have never had complaints made to me. Now and again it might happen that the fish would be unsuitable, or other food not of the best quality, but that was to be expected at every similar institution.

Replying to Dr. Collins, witness stated the reason for not giving so many lectures in 1903 was that he was engaged with the Costley Home Commission for about three weeks, he having informed her that he would have to give up the lectures in consequence. Witness said she could not speak as to the cooking of the food in the Hospital, as she had never had meals there.

The witness, questioned by Dr. Robertson, said there were sixty nurses in the institution. This included six sisters, three charge nurses, five staff nurses, and the remainder probationers. She thought the proportion of probationers was rather large, with an approximate number of two hundred patients annually. If the buildings were better arranged it would be easier to control the nurses. First-year probationers had been in the fever wards just as assistants, but they had always had lectures from witness as to cleanliness, which was the chief point to be observed.

Mr. McVeagh: Do you know if the resident staff gave nurses clinical demonstrations at the bedside of patients?—I have never been present.

In your opinion, is it a proper course to pursue in the training of nurses?—It is done in other hospitals, and I myself have derived much benefit from it.

Can you classify the cases kept in Ward 7?—No, I can't. I only go there at intervals to inquire if there are any bad cases.

The Chairman: In the case of the patient being admitted to the Hospital at midnight with a compound fracture, who, under Rule 73, should be treated by the Senior Medical Officer, can you tell us why Dr. Collins was not there to attend the case?—He does not live on the premises.

But surely you must send for him when a serious case is brought in?—I do not know anything about the practice of attendance at night.

But the Senior Medical Officer is not only paid to be at the Hospital during the day?—I think the practice has been for the resident surgeon to attend to the patients until morning.

Until the morning, instead of sending for the Senior Medical Officer, who, according to the rules, should take charge of the case?—He is sent for in a serious case.