

Isn't a compound fracture a serious case, where the man's arm was not united, and had to be set a second time?—I do not remember the case at all.

Is it usual to send for him—I am only asking for information as to the knowledge you have on the subject?—I don't think it is usual to send for him unless the case is serious, where an operation is necessary.

Mr. Reed: Has it ever been the practice to send for the Senior Medical Officer?—Yes, in Dr. Baldwin's time. He lived close to the Hospital.

The Chairman: Under the rules he should attend; it is his duty to be there.

*Sister Margetts*, recalled, said Dr. King was at present honorary visiting physician.

Dr. Robertson: Does the resident physician always accompany him on his visits to the ward?—No. He is sometimes engaged on operations.

How often is he engaged on operations?—I don't know how often, but he is more frequently than not when the honorary visiting physician make his visits.

Well, to whom does the visiting physician give his instructions in the absence of the resident physician?—To the charge nurse or the others in charge of a case.

Has any difficulty through doubt arisen in connection with issuing instructions in that way?—Not to my knowledge. I don't know of any disadvantage accruing through the resident physician being absent.

Dr. Collins: How many operating-days have we in the week?—I don't know.

Dr. Collins: Well, there are Wednesday, Thursday, Friday, and Saturday.

At what hour does the visiting physician make his visits?—At no fixed hour.

What time do operations take place in the mornings?—They start about a quarter to 9.

As a rule the physician gives the anæsthetics?—I don't know.

Do the honorary physicians often go round in the afternoon?—

Dr. King sometimes goes round in the afternoon and evening—sometimes by himself and sometimes with Dr. Walsh.

Are the visits of the honorary physician regular?—No, they are irregular.

If the visits of the honorary physician in charge of the ward are not regular, does it not throw a lot of responsibility on the charge nurses and resident staff?—I suppose so.

When the bad pneumonia cases with the troopers were in, didn't I visit the ward frequently, about eight times a day?—At that time the honorary physician's visits were more regular. I know you came in frequently when bad cases had to be looked after.

*William Peake*, carpenter and joiner, of Grey Lynn, said on the 31st January, 1903, he met with an accident, sustaining two broken legs and a broken jaw. He was sent to the Hospital on the same day and placed in No. 1 Ward. Drs. Collins, Horsfall, and Bennett operated on him. It was about half-past 2 when he was put under chloroform, and he came out about 5 o'clock. Soon after he complained to a nurse that his jaw was broken, and it was then bandaged up. A great deal of calico bandaging was used, making it very uncomfortable. The bandages would not keep the jaw in position, and on witness complaining to the nurses he was told that the doctors knew their business. Eight or nine days subsequently he told Dr. Collins that his jaw was not right. Dr. Collins put his hand inside the mouth and found the fracture, as also did Dr. Bennett. A splint was ordered, and Dr. Horsfall set the fracture. Later an abscess set in, and had to be lanced. While in the Hospital Dr. Collins examined the legs occasionally, the splints being removed only once or twice. Each time he examined it he replied, in answer to witness's inquiries, that the leg was uniting. Witness thought otherwise, as he could feel the bones moving, so he told some friends that he would like to get another doctor's opinion. Dr. Lewis was seen, and, after getting permission from Dr. Collins to examine the leg, he saw it. Just after that it was arranged for witness to leave the Hospital, and on the day he gave notice Dr. Collins examined the leg and said it was uniting. That afternoon Dr. Collins came to witness and remarked upon witness's decision to leave the institution. In the evening Drs. Lewis and Collins came to him, and the former refused to have anything to do with the case, because he was under Dr. Scott at the Hospital. Eventually his friends took him from the Hospital, after being there for six months. He was treated in a private hospital for eight weeks. It was eight or nine days before it was discovered at the Hospital that his jaw was broken. His leg had never united while in the Hospital.

Witness, asked about the diet, said there was a sameness about it which spoilt his appetite. There was no seasoning put in the food. At times the fish had to be removed from the table, it being bad. There was also some of the inside left, and also scales on flounders.

"On flounders"? asked the Chairman.

The witness replied in the affirmative, but afterwards said he would not be positive, as they might have been fins.

Continuing, he said delirium-tremens cases were admitted to the ward he occupied, and made things very uncomfortable. He was sorry for the nurses on account of the language used. He saw the juniors setting the fractures in the cases of two other patients, William Adams and Colquhoun.

Mr. McVeagh: Can you say if the Senior Medical Officer visited the wards at 9 o'clock in the mornings and 6 o'clock at night?—There were some mornings I never saw Dr. Collins at all.